

## HR Committee – 19 June 2025

### Health and Wellbeing Attendance Management 2024 - 2025

Purpose	For Review
Classification	Public
Executive Summary	<p>This report provides a summary of the Councils sickness absence rate in the previous 12 months and actions taken to manage attendance.</p> <p>Working time lost to sickness absence in 2024 – 2025 was 3.38%, down from 3.53% the previous year.</p> <p>Stress and Depression continues to be the most common reason for sickness absence (26.8%), which has slightly increased from the previous year.</p> <p>Sickness absence is proactively managed. Wellbeing support remains a priority, the report details corporate preventative support.</p>
<b>Recommendation(s)</b>	HR Committee to note the content of the report and support the proposed attendance management action plan detailed in section 8.
Reasons for recommendation(s)	Supporting employee wellbeing is vital to delivering our Corporate Plan priorities of People, Place, and Prosperity, the People Strategy and to our aim of being an Employer of Choice.
Ward(s)	All
Portfolio Holder(s)	Cllr Jeremy Heron
Strategic Director(s)	Alan Bethune
Officer Contact	Shannon Smith Senior HR Advisor 02380285571 <a href="mailto:Shannon.smith@nfdc.gov.uk">Shannon.smith@nfdc.gov.uk</a>

## Introduction

1. This report provides attendance management data from 1st April 2024 to 31st March 2025, including trend data from previous financial years.
2. Working time lost due to sickness is 3.38% over the last 12 months. The total number of sickness days has reduced by 151 days compared to the previous 12-month period.
3. The report also outlines the Council's approach to sickness absence management and an action plan for continuous improvement.

## Background

4. Since July 2022, COVID-19 absences have been treated like other sickness absences for trigger and pay purposes.
5. As of 31st March 2025, the Council's workforce headcount is 828, equating to approximately 729 FTEs. The workforce size has increased by approximately 3% compared to the previous financial year.
6. Approximately 37.2% of the workforce are in operational manual roles (Waste and Transport, Grounds and Streetscene, Housing Maintenance). This group accounts for 62% of sickness absences this year, up from 57% last year.
7. Hybrid working continues through the WorkSmart policy, promoting work-life balance and reducing workplace infection transmission.

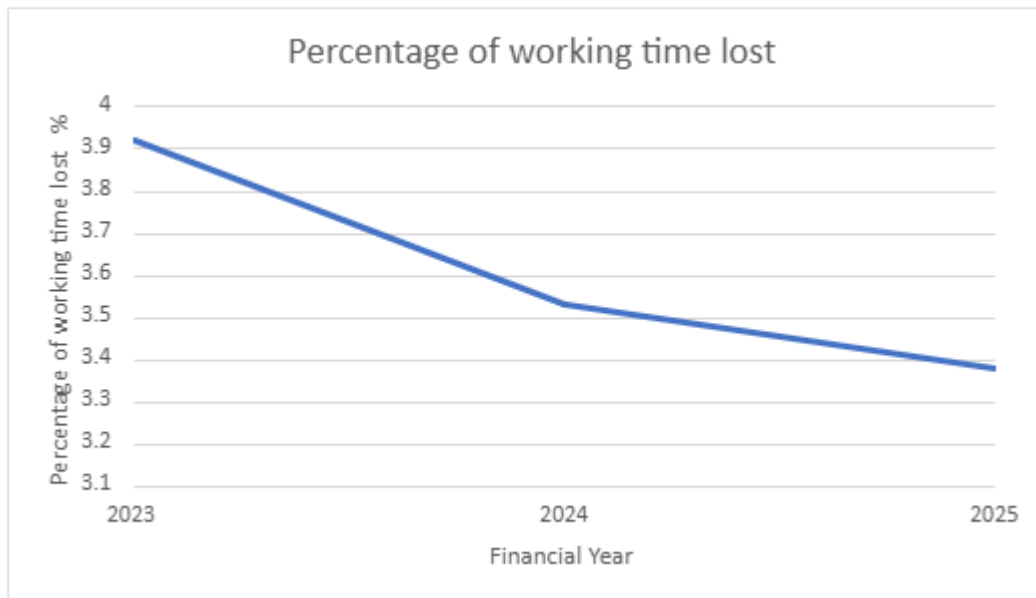
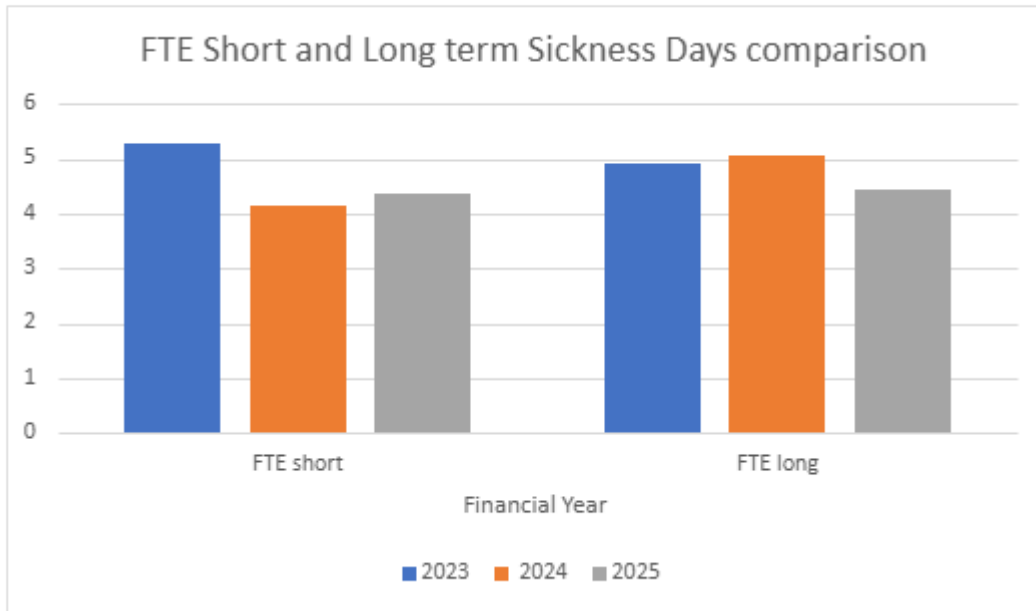
## Sickness Absence Data

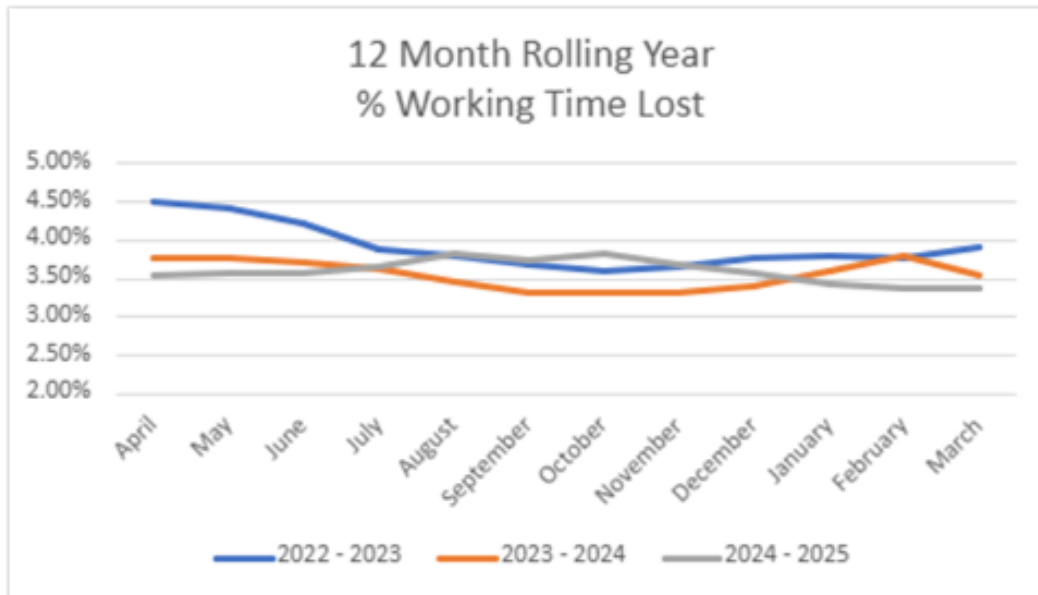
8. Average sickness absence rate per FTE and percentage of working time lost:

<b>Period</b>	<b>Total number of sickness absence days</b>	<b>Average number of sickness days per FTE</b>	<b>% Working Time Lost</b>
Apr 22 – Mar 23	7,054	10.22	3.92%
Apr 23 – Mar 24	6,618	9.21	3.53%
Apr 24 – Mar 25	6,469	8.8	3.38%

Figures were significantly lower in 23/24 and have continued to reduce into 24/25 due to a more thorough approach to absence management within HR. This includes training and upskilling our line managers to effectively tackle short-term absences, address any misuse of the system, and provide support to employees while they are off.

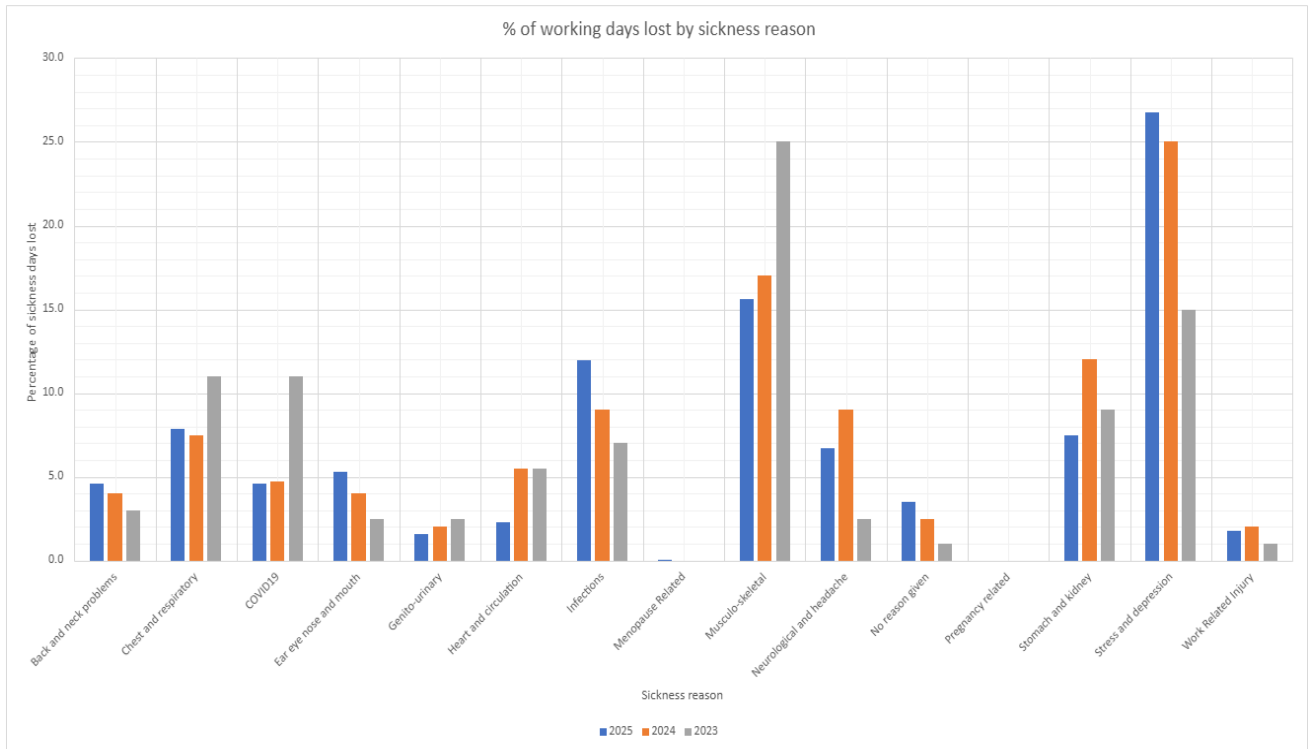
The table below shows trend data for total working time lost over the last three financial years:





The percentage of working time lost because of sickness in the last 12 months has decreased from 3.53% to 3.38%. The total number of sickness absence days has reduced by 2.25%. The total estimated productivity cost of sickness absence is circa £708,200. This is based on the median average salary and does not take account of full/half/no pay or agency cover costs.

9. The tables below show trend data for short, long term and total sickness absence per FTE. Long term sickness absence is defined as any absence lasting longer than 20 working days, in comparison to short term which are absences less than 20 working days. As of March 2025, short term absence per FTE was 4.37% and long term absence per FTE was 4.43%.
10. Appendix 1 details the total sickness days per FTE and their percentage of working time lost by Service Area. This indicates that primarily the three operational service area's continue to manage the highest proportion of short term absence. There have been various long term absences across a mix of service areas that impact on those affected.
11. The graph below shows stress and depression was the top reason for sickness absence during 24/25. This has increased slightly from the previous year.



Within the 'Other' category there were 10 work-related absences (see above 'work related injury'). Work related absence over 7 days are reported to EMT through the H & S quarterly reports and are listed as RIDDOR incidents

Absences related to musculoskeletal issues have reduced from the previous year, now accounting for 15.6% of absences, while viral infections account for 12%. Our operational workforce, which was 45% last year and is now approximately 37%, accounts for 57% of the Council's total sickness absences this financial year, down from 59% last year. Management continues to work closely with the Health and Safety team to prevent absences by supporting safe working practices.

Stress and Depression has increased by 1.8% in the most recent financial year. Work-related stress was cited in 8 cases of long-term absence. Managers and the HR team support all colleagues on a case-by-case basis, understanding all the contributing reasons for their stress & depression and exploring all supportive options available to enable a return to work. This includes:

- The use of the HSE Stress Questionnaire to understand workplace causes of stress and working with the employee on how we can mitigate these. For example improving communication lines between colleagues and managers, understanding if the level of workload is too high and addressing this wherever possible, or reviewing how tasks are assigned. This approach is often successful in supporting the employee to return in a supportive way.

- The use of wellbeing action plans to understand employee wellbeing on a more individual basis, understand triggers and keep an open communication between employees and managers on their fluctuating mental health. This can address issues earlier before they escalate
- Phased returns to work with the advice of Occupational Health. These may include a slow reintroduction to the workplace on reduced hours or temporary removal of duties whilst the colleague readjusts to returning to work. Both approaches may be used together to support a phased reintroduction. Other support we have put in place are structure work plans to enable colleagues returning to focus.
- Encouraging colleagues to engage with our wellbeing benefits which include, an Employee Assistance Programme giving instant access to emotional support through counselling, financial education and support (also available through My Money Matters), and healthy lifestyle choices for example support with stopping smoking. The EAP also has an online digital platform giving access to wellbeing courses related to various topics, such as resilience, mindfulness and managing anxiety. We also encourage colleagues to engage with Wellbeing Champions for support.

Supporting employee wellbeing remains a top priority, the Councils continued approach is detailed in section 6.

### **Benchmarking data**

12. The CIPD 2023 Health and Wellbeing Report was published in late September 2023. The HR team then reviewed it to benchmark against other similar organisations and understand general trends. The [CIPD Health and Wellbeing Report 2023](#) report did find an increase across all sectors in absences related to mental health and wellbeing. The 2023 CIPD report showed public sector employers were on average managing an attendance rate of 9.2 days per FTE. Mental ill health was the most common cause of long term absence, followed by Musculo skeletal injuries. This survey highlighted 56% of organisations do have a standalone wellbeing strategy.

### **Attendance Management**

13. Attendance Management resolutions for the last two financial years is detailed in the below table. This shows a 19% increase in cases supported by the HR team over the last 12 months.

Resolution Category	2022 – 2023 Number of cases	2023 – 2024 Number of Cases	2024 – 2025 Number of Cases
Informal advice given	13	13	19
Long Term Absence Return to Work at Step 1	14	17	23
Long Term Absence Return to Work at Step 2	11	8	6
Short Term Sickness Closed at Step 2*	10	38	37
Step 3 Case Review not resulting in Dismissal	1	1	1
Dismissal	2	1	1
Ill Health Retirement	1	2	5
Resignation during process	7	4	6
<b>Total</b>	<b>59</b>	<b>84</b>	<b>100</b>

\*Please note that the figure for short-term sickness cases at Step 1 may be higher across the workforce because HR is not required to attend these meetings unless necessary, which means there may have been more cases than HR Advisory was aware of. Typically, HR attends sickness meetings from Step Two. The current figure is likely more accurate than the previous year's because we are now actively monitoring sickness trigger alerts and recording actions taken, even if HR was not involved. This could indicate fewer people hitting sickness triggers this financial year compared to last.

14. Where occupational health support is sought, cases will progress to Step 2 Review. For employees managing long term health conditions in the workplace, adjustments are made wherever possible. Occupational Health or Access to Work advice supports the Council to make appropriate adjustments for employee's based on their needs. In most cases temporary adjustments are needed to support an employee either during an illness whilst they remain at work or upon their return once recovered/recovering. This may include a phased return to work supporting reduced hours and/or duties for a period of time.
15. In the 24-25 financial year, 46 Occupational Health referrals were made. This is a decrease from 54 in the previous financial year but an increase from 42 in the 22-23 financial year.
16. 16 employees are supported by permanent reasonable adjustments to their role/working environment.

### **Attendance Management Ongoing Actions**

17. Ongoing actions:

- Efforts related to mental health and wellness will be integrated into the people strategy, aiming to enhance overall wellness through targeted initiatives and supportive measures.
  - The HR Advisory Team have continued to provide monthly sickness statistics. This includes monthly tracking of percentage of working time lost per service area and the number of short and long term absences. This is now in its third year and therefore we are beginning to be able to identify trends. Online sickness absence reports and trend data remain available through HR Hub Management Information.
  - A robust sickness absence procedure is in place, this includes a return to work meeting with management after every absence and short and long term triggers to initiate absence management meetings.
  - Both short-term sickness and long-term sickness policies and letter templates have been reviewed to align with our procedure and against new sickness reasons in iTrent.
  - The HR Advisory Team advise and support managers through the Absence Management procedure, this includes attendance at sickness meetings from Step 2 onwards. The aim of their advice is proactive, supporting successful resolutions to absences, whilst sensitively treating cases based on their circumstances.
  - The HR Advisory Team has been receiving both short-term and long-term sickness alerts for the last 12 months. We aim to proactively follow these up with managers to discuss cases and agree if the formal process should commence based on the circumstances. This proactive approach will continue, especially in light of the recent increases in sickness absence: short-term sickness absence has risen to 4.37 days per FTE from 4.15 in the previous financial year. However, long-term sickness absence has decreased from 5.06 in the previous financial year to 4.43 days per FTE. Internal Absence Management training sessions continue to be run for supervisors and managers. This supports the introduction of new line managers and those needing a refresher to be trained in proactive absence management within the parameters of the formal process.
  - The management of reasonable adjustments was formalised in January 2023. This included improved guidance to agree reasonable adjustments, documenting and ongoing review of tailored support, based on employee circumstances. The Council continues to work with Occupational Health to support employee adjustments.
18. Wellbeing support for all employees remains a priority. The below lists various preventative support promoted by the HR Team:
- Using HSE Stress Questionnaire to understand causes of employee stress and subsequently implementing supportive actions to support

the colleague based on their responses, for example improved communication and understanding how tasks are assigned.

- Ongoing promotion of wellbeing benefits which includes the Employee Assistance Programme offering 24/7 support for all of life's events, including emotional/personal, legal, financial, addiction and career. This also provides support for healthy lifestyle choices, include stopping smoking. Colleagues also have access to My Money Matters for financial wellbeing and subsidised local gym membership.
- Several Wellbeing Champions are available and the benefits of using the support promoted to the workforce. Regular group meetings are held to improve skills and a consistent approach.
- Encouraging flexible working practices wherever possible for colleagues managing difficult circumstances to support wellbeing. We also support colleagues through all life events with policies and flexibility to encourage reasonable time away from work to respond, this includes working parents, bereavement, menopause, chronic health conditions, caring responsibilities, pregnancy loss, fertility treatment, alcohol and drug use, terminal illness and domestic abuse.
- Encouraging an open culture where colleagues can raise concerns with their manager and team early to resolve issues. The HR Team support managers to create team environments like this in their ongoing conversations as well as the introduction of a mandatory managing wellbeing at work e-learning module for all colleagues.
- Championing managers to support employees with Wellbeing Action Plans. This helps managers to develop an awareness of working style, stress triggers and responses. The aim is to support employee wellbeing at work.
- Ongoing review of up to date and ongoing mental health resources on our internal intranet pages
- Colleagues who use a DSE for their work have access to 2 yearly free eye tests and subsidised glasses and some roles have access to free flu vaccinations.

### **Attendance Management Action Plan**

#### 19. Proposed future actions:

- The HR Advisory Team will consult with Service Area's on the format of the sickness statistics provided to ensure it continues to meet service area needs.
- The HR Advisory team continue to receive short and long term sickness alerts, following these up with managers and agreeing the

right proactive and supportive approach based on individual circumstances

- The [CIPD Health and Wellbeing Report](#) identifies 56% of organisations have a standalone wellbeing policy, and the most common wellbeing benefit is an Employee Assistance Programme. We will understand other local Councils wellbeing support and strategy and use this information to understand our future support over the next 12 months.
- We aim to improve the evaluation of our wellbeing support by understanding the use of our EAP and wellbeing champions, data from the leavers questionnaire and other colleague engagement, use of our supportive leave through life events and evaluate the success of the newly introduced wellbeing e-learning module in conjunction with statistical sickness data and trends. This will help recommend more targeted support for our colleagues and embed a culture that encourages and supports employee wellbeing.
- We aim to interpret sickness absence data to identify trends and determine actionable steps, ensuring that our analysis leads to meaningful improvements and informed decision-making.

### **Corporate plan priorities**

20. Supporting colleague health and wellbeing is vital to ensure teams deliver our Corporate Plan priorities of people, place and prosperity.

Future New Forest sets out our ambitions to be an employer of choice by promoting employee wellbeing and prioritising work life balance by adoption flexible and family friendly working practices. This will be measured by average sickness absence days per employee. Therefore, this report measures our attendance management and sets out proposals to support employee health and wellbeing.

### **Options appraisal**

21. Not Applicable.

### **Consultation undertaken**

22. EMT requested that the report be connected to the initiatives outlined in the people strategy and highlight the expected impact on overall employee wellbeing.

EMT also asked that the data be interpreted to identify trends and determine actionable steps, ensuring that the analysis results in valuable improvements and informed decision-making.

EMT agreed the content of the report and action plan for submission to the HR Committee, subject to the suggested amendments for future reports as set out above.

### **Financial and resource implications**

23. Indicative attendance management costs are shown in 8.

### **Legal implications**

24. None.

### **Risk assessment**

25. None.

### **Environmental / Climate and nature implications**

26. None.

### **Equalities implications**

27. The sickness absence management procedure applies to all employees. This is interpreted fairly and consistently across the workforce whilst accounting for individual circumstances, for example where an employee is managing a long term health condition.

Sicknesses absences are managed with sensitivity and based on employee health needs, whilst ensuring a fair, corporate approach.

### **Crime and disorder implications**

28. None.

### **Data protection / Information governance / ICT implications**

29. None.

### **Appendices**

Appendix 1 – Service Area Sickness Statistics

### **Background Papers:**

[CIPD Health and Wellbeing Report](#)

## Appendix 1

Service Area	Apr 24 - Mar 25			
	Short Term Days per FTE	Long Term Days Per FTE	Total Days per FTE	% Working Time Lost
Human Resources	2.53	2.25	4.78	1.83%
ICT	2.09	3.89	5.98	2.29%
Performance and Transformation	4.65	0.00	4.65	1.79%
AD Transformation	2.75	2.59	5.34	2.05%
Legal, Information Governance & Elections	1.54	0.00	1.54	0.59%
Democratic Services	3.28	1.83	5.11	1.96%
AD Governance	2.40	0.90	3.31	1.27%
AD Accountancy and Procurement	1.08	2.38	3.47	1.33%
Estates and Valuation	2.68	0.00	2.68	1.03%
Revenues and Benefits	3.54	1.28	4.82	1.85%
<b>Corporate Resources, Section 151 and Transformation</b>	<b>2.77</b>	<b>1.68</b>	<b>4.46</b>	<b>1.71%</b>
Housing Strategy and Development	5.74	0.00	5.74	2.20%
Housing Options and Tenancy Accounts	6.45	2.79	9.23	3.54%
Housing Resident Services	4.55	2.02	6.57	2.52%
Housing Maintenance Programmes & Servicing	4.77	8.03	12.80	4.91%
Housing Major Projects	1.33	0.00	1.33	0.51%
AD Housing	4.87	4.75	9.62	3.69%
Community Safety and Support	5.01	1.61	6.63	2.54%
Environmental and Regulation	3.23	4.27	7.50	2.88%
<b>Housing and Communities</b>	<b>4.71</b>	<b>4.46</b>	<b>9.18</b>	<b>3.52%</b>
Building Control	1.06	2.76	3.82	1.46%
Development Management	3.84	6.12	9.96	3.82%
Policy, Climate Sustainability & Economic Development	1.49	0.00	1.49	0.57%
AD Place Development	2.13	2.26	4.39	1.68%
Coastal	2.73	0.00	2.73	1.05%
Enforcement	2.09	6.03	8.12	3.11%
Grounds & Streetscene	5.26	9.41	14.67	5.63%
Waste and Transport	7.37	6.94	14.31	5.49%
AD Place Operations	5.89	7.02	12.90	4.95%
<b>Place, Operations and Sustainability</b>	<b>5.14</b>	<b>6.07</b>	<b>11.20</b>	<b>4.30%</b>
EMT	0.25	6.25	6.50	2.49%
Communications	2.10	0.00	2.10	0.80%
<b>Council Total</b>	<b>4.37</b>	<b>4.43</b>	<b>8.80</b>	<b>3.38%</b>