



AUDIT COMMITTEE REPORT

Report Title	Sickness Absence
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AGENDA STATUS: PUBLIC

Meeting Date:	11 January 2010
Directorate:	Finance and Support
Accountable Cabinet Member:	Cllr Brian Markham
Ward(s)	N/A

1. Purpose

1.1 To provide an update on progress with sickness absence management.

2. Recommendations

2.1 To note progress on sickness absence management.

3. Issues and Choices

3.1 Report Background

3.1.1 On 2 June 2009 the Audit Committee requested that a report come back to the meeting in January 2010 updating on progress with sickness absence. The report considers the issues which were causing difficulties and the measure now in place to address them.

3.2 Issues

3.2.1 There were a number of historic issues which presented difficulties in the management of sickness absence across the authority. These included:

- The Attendance Management Policy, developed in December 1999, no longer reflected the values of the organisation and was too rigid in its application.
- The quality of data from managers was poor and sickness absence is not being measured or reported accurately.
- Occupational Health provision is a reactive measure undertaken when an employee is sick and referrals are untimely and costly.

- The cost of Occupational Health referrals and a separate contract for a confidential counselling service (CiC) do not provide value for money.
- There is no joined up approach to health promotion across the Council.
- The Agresso HR Information System does not have the capacity to report on sickness absence and we have no technical expertise within HR to assist in this process.
- Sickness absence is still above average.

3.3 Update

- 3.3.1 A new Absence Policy has been developed with additional tools to help managers in the process and all managers have been briefed.
- 3.3.2 Reports have now been developed on Agresso HR and more detailed monitoring and analysis is being carried out on a monthly basis.
- 3.3.3 A comparison of the level of sickness absence for 2008/09 to-date is attached in Appendix A. The key findings are as follows:
- April/May 2009/10 saw a general reduction in sickness absence compared with the same months in 2008/9. During this period, there was a structured programme of data quality briefings to managers to improve the accuracy of absence reporting.
 - June/July/August of 2009/10 saw an increase in sickness absence due to the flu pandemic compared with the same period last year.
 - Sept/Oct/Nov 2009/10 shows a further reduction in sickness absence compared to the same period last year. In September, the new Absence Policy was implemented, together with additional support tools for managers and improved absence monitoring and analysis from Agresso HR.
- 3.3.4 Overall, there has been a reduction in sickness absence this year due to the pro-active management of sickness absence and improved reporting.

3.4 Future plans

- 3.4.1 Northampton Borough Council has recently signed up to the Northamptonshire Charter for Health & Wellbeing, together with other authorities in the area, as a commitment to contribute to improving the health of Northamptonshire.
- 3.4.2 Implementation of the Health & Wellbeing strand of the People Plan, which involves a Corporate commitment to health and wellbeing, and a co-ordinated approach to improving the health and wellbeing of staff and reducing ill health.
- 3.4.3 Approval by Management Board to introduce a nurse-led absence and accident reporting service, which gives real-time reporting of absence and accidents through a 24-hour external contact centre staffed by qualified medical professionals.

4. Implications (including financial implications)

4.1 Policy

4.1.1 This report will influence key HR policies such as work/life balance policies in the future.

4.2 Resources and Risk

4.2.1 There are staffing implications to the implementation of a nurse-led service and full consultation will be carried out as per the Council's Restructure Policy. Costs for the implementation of the nurse-led service will be contained within the current HR budget for 2010/11.

4.3 Legal

4.3.1 Procurement rules will be followed with regard to the Nurse Led absence and accident reporting service contract. Data protection will also be considered.

4.4 Equality

4.4.1 An Equalities Impact Assessment will be conducted on the Health & Wellbeing Plan.

4.5 Consultees (Internal and External)

4.5.1 The following have already been consulted – Health & Wellbeing Group, Trade Unions, Management Board, H&S Committee, HR Team.

4.6 How the Proposals deliver Priority Outcomes

4.6.1 Linked to the Corporate Plan Priority 5 – A well-managed organisation that puts our customers at the heart of what we do.

4.7 Other Implications

4.7.1 None.

5. Background Papers

5.1 None

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