Attendance Management (follow-up)

City of York Council

Internal Audit Memo

1.0 Introduction and scope

1.1 Veritau issued an internal audit report on Attendance Management on 9th July 2014. The overall opinion was limited assurance and four findings were raised including a priority one finding.

1.2 The priority one finding (1.1) related to the council not recording all items of sickness on iTrent. A sample of twenty employees was taken in the original audit and their HR files were reviewed. Within these files, three self certification forms and two fit notes (five separate periods of absence) were identified that had no corresponding entry on iTrent. Given the other issues raised in the audit report about the weaknesses in completing both self certification forms and monthly absence returns, it was likely that the number of sickness absences that were not recorded is significantly higher than the sample test described above would suggest.

1.3 As per Veritau's follow-up procedure, re-testing should be carried out where an audit opinion is limited assurance or lower.

2.0 Findings

Finding 1.1

2.1 The process for recording sickness absences is still being done manually rather than by fully utilising iTrent. Each month managers are required to complete monthly absence returns recording instances of sickness within their section. These returns are sent to the Human Resources Business Centre (HRBC) team who input the details onto iTrent. Managers are also required to complete self certification forms when staff return to work with these forms being scanned onto Documentum.

2.2 An additional sample of 20 staff was taken to confirm whether all instances of sickness are being recorded on iTrent. There were eight instances of sickness where self certification forms had been completed that were not included on iTrent. The error rate is therefore greater than in the original audit. The differences between the sickness records on iTrent and the self certification forms could be removed if instances of sickness are input directly onto iTrent via the absence management module by managers as they occur. Managers would be required to input start and end dates for the sickness as well as any details from the return to work interview with the member of staff. If this method of inputting entries onto iTrent was used then the records of sickness would be consistent. However, there has been no progress in implementing the absence management module.

Finding 2.1

2.3 A sample of 20 members of staff was taken during the original audit to confirm whether self certification forms were being completed for each instance of sickness. It was found that the form could not be located for 64% of absences tested. This test was repeated during the follow up audit with another sample of 20 members of staff being taken. Self Certification forms could not be found in 47% of cases with another 10% where the details on the form were different to that on iTrent. Although this represents an improvement since the audit was done over half the instances of sickness on iTrent are not supported by a correctly completed self certification form. As mentioned at 2.2 if managers input information relating to instances of sickness directly onto iTrent rather than manually completing forms then the information used for self certification forms would be created automatically and would be consistent.

Findings 3.1 and 4.1

2.4   These actions related to taking action when trigger points have been reached or obtaining doctor's notes. These both could be achieved with the implementation of the absence management module on iTrent, however as discussed at 2.2 there has been no progress on this. Interim action has been taken which is detailed below.

Actions taken to address the issues

2.5   The service has undertaken a number of actions in order to address the issues identified in the original audit. These include:

- The monthly payroll email that goes to all staff had a reminder to managers asking them to complete a sickness absence return, a copy of which was attached to the email, and return it to the HRBC even if this was a nil return.
- A separate email was sent to Assistant Directors and Heads of Service to remind them of the responsibility to send monthly absence returns from their services.
- A record was kept for two months which showed which managers had submitted returns to try and identify how many returns were expected each month.
- Management information has been taken to CMT about sickness absence
- Absence management training has been provided via the Workforce Development Unit.

3.0   Conclusions

3.1   The process for recording sickness absences requires managers to manually complete both monthly absence returns and self certification forms. Due to administrative errors this will inevitably lead to inconsistencies between these two records which were identified in both the original and follow up audits. iTrent could be used to resolve these inconsistencies if the absence management module was used. Managers would then input input instances of sickness and details of the return to work interview onto the system themselves meaning the data relating to sickness would be consistent.

3.2   Reminders and training should continue to be provided and it is recognised that efforts have been made to address the findings of the original report, however progress on the issues identified in the previous audit are unlikely to significantly improve until the absence management module is implemented.

3.3   CMT have agreed in principle to use the absence management module, however resources are currently unavailable to implement it and therefore there is no timetable in place. The council should consider the benefits that would be obtained from implementing this as soon as possible.