Agenda Item 8

Leicestershire County Council

EMPLOYMENT COMMITTEE: 4 FEBRUARY 2015

REPORT ON SICKNESS ABSENCE

REPORT OF THE DIRECTOR OF CORPORATE RESOURCES

Purpose

1. The purpose of this report is provide an update on the overall Council and departmental performance in relation to sickness absence, both at the end of Q2 (1st July 2014 to 30th September 2014) and two months into Q3, which is the latest data available. The report will identify the actions being undertaken to address current sickness absence levels and provide an update on the implementation of the Workplace Wellbeing Charter to improve workplace health.

Background

2. The Committee received a report on the 21st October 2014, which identified an absence level of 8.76 days per fte at the end of Q1 (1st April to 30th June 2014), above the absence target of 7.5 days per fte. Whilst there had been a decrease in absence levels at the end of Q1, the data was issued with a health warning in terms of its accuracy (pending the implementation of the new reporting tool).

3. The report outlined the trends in sickness absence and the actions taken to date to address absence levels in terms of the role of the manager, the range of communications through Managers Digest to ensure that all absence cases are managed robustly and the need to consistently use the Managing Attendance policy.

4. The Committee also endorsed the introduction of Public Health England Workplace Wellbeing Charter National Award for England - Self Assessment Standards, as an approach to support the wider health and wellbeing of all staff.

Absence data

5. The table below shows the figures (days per fte) from the out turn position for 2013/ to the end of Q2 and two months into Q3 for 2014/15, which is the latest data available. There has been an increase in absence levels per fte at the end of quarter 2 for 2014/15 from the Q1 position, with levels now reducing slightly into October and November for Q3. Although absence levels remain high and above the target of 7.5 days per fte, it is essential to continue with the robust approach to case management and work supporting the slight decrease.

Department	2013/14 Out turn	**2014/15 June Q1**	2014/15 July	2014/15 August	**2014/15 Sept. Q2**	2014/15 Oct	2014/15 Nov
Chief Executive's	7.51	**6.37**	6.58	6.61	**6.83**	7.04	6.66
E&T	10.06	**8.80**	9.90	9.94	**9.34**	9.31	8.54
C&FS	9.84	**8.93**	10.43	10.21	**11.29**	10.69	10.01
Corporate Resources	7.11	**6.54**	7.61	7.10	**6.92**	7.11	7.36
Adults and Communities	11.16	**10.60**	11.74	11.33	**11.63**	11.68	11.09
Public Health	7.11	**5.46**	7.87	7.96	**7.32**	7.48	8.19
Total	**9.47**	**8.76**	**9.93**	**9.61**	**9.78**	**9.72**	**9.31**
EMSS			7.63	6.83	**6.13**	6.19	6.47
ESPO	8.58	8.34	8.88	9.03	**9.56**	9.98	10.34
Total			**9.78**	**9.48**	**9.65**	**9.62**	**9.28**

6. Reasons for sickness absence have remained consistent since the report to Committee on the 21st October 2014, with viral infections, and stomach, liver and kidney problems remaining the two highest reported reasons for absence.

7. The percentage of Not Known recorded as the reason for sickness absence has slightly increased from the out turn position of 8.90% at the end of 2012/13 to 9.05% in September 2014. Absences recorded under the category of Other have decreased slightly from June 2014.

8. Unfortunately both the June (Q1) and September (Q2) reports show that absences related to figures for stress/depression, mental health and fatigue are now beginning to increase slightly. A number of service reviews and restructures are currently taking place and therefore it remains necessary to monitor this situation going forward. A review of the Mental Health First Aid (MHFA) training is also taking place to ensure this programme supports the wider health and wellbeing agenda.

Actions

9. As agreed by the Employment Committee on 21st October 2014, support for robust case management is taking place with Human Resources (HR) providing additional support to managers addressing both short and long term absences. This work has the dual focus of reducing sickness absence levels and promoting the wider health and wellbeing of staff. During Q2, HR contacted all managers who have had an absent employee and have provided support and guidance to ensure that the Managing Attendance policy and procedure is being applied consistently and robustly.

10. Each month cumulative absence data has been provided to Departmental Management Teams, including an update on any issues and concerns relating to the absence process and any actions which need to be undertaken within each department.

11. Departmental Management Teams also receive on a monthly basis all absences which have hit a trigger within the policy i.e. short term absences (three periods of absence in six months) and long term (absences of 20 days or more) with a commentary outlining any action which has been taken and where absences are not being addressed by managers. This information allows the Departmental Management Team to have discussions with managers in their area to ensure that all absences are managed consistently in line with the policy.

12. HR continue to actively support managers in completing the absence details in Oracle accurately and in a timely manner. Queries arising from monthly reports have evidenced that over reporting has occurred where absences have not been closed down at the point of return. Following correction of the omission, this results in readjustment of reports during the quarter and creates difficulty in managing the reporting on a monthly basis.

13. Referrals to Occupational Health are monitored and supported through HR, with the trends in, and impact of, the referrals being monitored. Whilst referrals are based around the circumstances for the individual member of staff, it has been possible to identify that managers are using Occupational Health appropriately to support an individual to return to work, including returning on therapeutic arrangements. Occupational Health have also supported managers where the appropriate and reasonable decision is that the member of staff is unable to return to work.

14. In addition to this, the programme of HR workshops have been used to remind managers of their responsibility in relation to managing attendance and to address any operational concerns or questions managers may have.

15. In October 2014 the Employment Committee agreed to use the principles of the Workplace Wellbeing Charter National Award for England - Self Assessment Standards which will enable the Council to benchmark against an established and independent set of standards, in order to ensure that the organisation has a range of policies, procedures and activities in place to support the health, safety and wellbeing of employees. As an outcome of this Departmental Management Teams are currently being engaged in this initiative, including the creation of a Workplace Wellbeing Group to implement the Charter, involving a representative from each department.

16. As part of the process of embedding the Charter and wellbeing into an organisation, departmental representatives on the Workplace Wellbeing group will be asked to identify Champions within their departments who will contribute towards supporting both the development of workplace wellbeing programmes and supporting their effective implementation within the County Council.

Recommendations

Employment Committee is requested to:-

  a) Note the contents of this report;

  b) Support the continued focus on managing attendance and proactively addressing sickness absence levels;

  c) Continue to support the use of the Public Health England Workplace Wellbeing Charter National Award for England - Self Assessment Standards to identify good practice and gaps in the Council's approach to the health, safety and wellbeing of employees and actions required to address this;

  d) Support the identification of workplace champions from across the organisation;

  e) Support Leicestershire County Council's public commitment to taking action on employee health and wellbeing by signing up to the Public Health Responsibility Deal and sharing progress on an annual basis alongside other signatories.

Background Papers

Report to Employment Committee on Sickness Absence on 21st October 2014.

Circulation under the Local Issues Alert Procedure

None.

Officers to contact

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Equal Opportunities and Human Rights implications

None