Agenda Item 6
Leicestershire County Council

EMPLOYMENT COMMITTEE
20 OCTOBER 2016

SICKNESS ABSENCE

REPORT OF THE DIRECTOR OF CORPORATE RESOURCES

Purpose of Report

1. The purpose of this report is to provide the Employment Committee with an update on the Council's overall position on sickness absence at the end of August 2016.

Policy Framework and Previous Decisions

2. On 30 June 2016 the Committee considered the end of 2015/16 sickness absence position.

Absence Data

Department Days per FTE	2014/15 End of Year	2015/16 End of Year	2016/17 Q1	Year to date up to end of August 2016
Chief Executive's	5.55	6.99	6.21	5.87
Environment and Transport	8.23	8.80	10.12	10.21
Children and Family Services	10.37	10.06	10.92	10.80
Corporate Resources	7.86	6.95	7.52	7.55
Adults and Communities	12.24	11.31	12.53	12.61
Public Health	9.14	7.84	7.44	7.36
Total	**9.83**	**9.32**	**10.22**	**10.21**
ESPO	12.07	10.88	10.13	10.81
EMSS	6.65	6.69	8.42	8.51

3. Absence levels from the end of 2015/16 to quarter 1 2016/17 show a significant increase in average days. Between these two periods the reporting method has been upgraded to a new system which more accurately captures the absence of part-time

staff based on their working patterns. If the old reporting system had been used, the figure for total absence per FTE would have been 0.65 days lower. Therefore of the total increase in absence of 0.9 days FTE from the end of 2015/16 and quarter 1 2016/17, 0.65 days can be attributed to the change in reporting method, and 0.25 days is a real reflection of an increase in corporate absence.

4. At the end of quarter 1 and August 2016 Chief Executive's and Public Health departments had sickness absence levels under the corporate target of 7.5 days per FTE.

Reasons for Absence

Reasons Percentage of days lost 12 months cumulative	2015/16 Q2	2015/16 Q3	2015/16 Q4	2016/17 Q1	As at end of August 2016
Back and neck problems	4.89	5.30	5.50	5.33	5.49
Other musculo-skeletal	5.71	6.43	6.66	7.35	7.73
Stress/depression, mental health	6.54	7.57	7.36	8.76	8.79
Viral infection	28.58	27.59	30.14	32.01	32.44
Neurological	5.40	5.82	6.08	6.17	6.38
Genito-Urinary/Gynaecological	2.93	3.36	3.43	3.21	3.07
Pregnancy Related	1.71	2.11	1.93	1.98	1.89
Stomach, liver, kidney, digestion	18.62	18.36	18.44	17.88	17.40
Heart, blood pressure, circulation	0.81	0.94	0.93	1.11	1.18
Chest, respiratory	4.79	4.63	4.68	4.82	4.66
Eye, ear, nose and mouth/dental	4.44	4.64	4.78	4.85	5.17
Other	8.81	5.96	2.85	0.75	0.07
Not disclosed	6.78	7.29	7.22	5.76	5.74

5. The table above details the percentage of cumulative days lost during quarters 2, 3 and 4 in 2015/16, quarter 1 in 2016/17 and at the end of August 2016. The two highest reasons for absence continue to be viral infections and stomach problems.

6. It is important to note that viral illness includes a wide spectrum of illnesses apart from cold and flu, therefore it has been agreed that there is a benefit in having a wider range of codes, enabling better analysis of the reasons for absence. Managers have also requested that codes are expanded to include categories for cancer treatment and operations.

Short and Long Term Absence Split

	Q1 2016/17		July & August 2016/17	
Department	**Long term**	**Short term**	**Long term**	**Short term**
Chief Executive's	24.12%	75.88%	69.58%	30.42%
Environment and Transport	63.09%	36.91%	72.50%	27.50%
Children and Families Services	66.57%	33.43%	68.69%	31.31%
Corporate Resources	61.34%	38.66%	61.12%	38.88%
Adults and Communities	63.98%	36.02%	66.41%	33.59%
Public Health	42.70%	57.30%	36.53%	63.47%

Note: Long term is categorised as over 4 week continuous absence.

7. The majority of the departments continue to show a greater balance of longer term absence. The Chief Executive's department shows a change in the makeup of its absences between quarter 1 and 2 in 2016/17, noting that absence levels are decreasing in this department.

Performance Management

8. The Council's Attendance Management policy and procedure has been in place since 2009. Together with a range of guidance and support it provides managers with all the tools they need to proactively manage poor attendance within their service areas. However it does rely on managers taking prompt, balanced and robust action, and also there being clear accountability in action.

9. From autumn 2015 onwards a new programme of attendance management skills workshops with a practical focus was being offered to managers. Further work was recently finalised to make this programme mandatory and actions are being taken to ensure that managers who have not completed the course, do so at the earliest opportunity.

10. On a more general note, performance management is an area that will be given significant focus as part of the Medium Term Financial Strategy planning process. Arguably, sickness absence levels provide an insight into how well or otherwise managers are managing workforce issues. Poor attendance management often

indicates poor levels of performance management in other areas, such as capability and productivity. Initiatives to support managers to take action to manage absence will assist in reducing sickness absence levels. However, the key to sustained reductions in sickness absence is effective management. Further work is currently underway on wider performance management issues and the outputs of this will be brought to a future meeting of the Committee.

Absence Triage Service and Absence Reporting Procedure

11. To strengthen the absence management process, an externally hosted absence triage service trial is being developed. The service will incorporate an absence reporting line, management guidance, prompts and information system. The absence reporting line will be staffed by a Registered General Nurse who would undertake a short medical assessment, provide general primary care advice and make any necessary referrals. Managers are provided with information and prompts for actions throughout any absence.

12. The triage service aims to reduce absence by targeting two areas. Firstly, by standardising the absence reporting process with a robust, medically advised conversation, and secondly through ensuring high levels of return to work interview completion, and management compliance with absence triggers. These are both achieved through having a clearly understood and consistently applied absence reporting procedure together with tailored management information systems which support the process, as well as clear accountability.

13. The trial will be introduced within the Environment and Transport Department and provider services (including the HART service) within the Adults and Communities Department. The discussions with the supplier are in the final stages with a view to commencing the trial as soon as possible.

14. For staff outside of the trial it has been agreed that the Absence Reporting Procedure will be reviewed to ensure that individuals are continuing to:

- Have a conversation with their manager on the first day of absence;

- Agree an expected return to work date / time;

- Agree to seek any medical advice or treatment they need;

- Explore opportunities for smarter working to avoid / reduce their absence;

- Where necessary, agree a regular schedule of contact which provides the manager with the information they need to plan work, and the individual with any support or information they need.

Attendance Management Policy

15. As detailed in paragraph 8, the Council's Attendance Management Policy and Procedure has been in place since 2009. Since its introduction there has been a series of amendments to expand upon the circumstances under which formal action

can commence under the Policy - individuals can be kept under review and also moved to the final stage of the policy in exceptional circumstances.

16. Having considered feedback from managers and analysed trends in absence data HR is currently working to make significant changes to the Attendance Management Policy, subject to consultation with trades unions. The recommended areas of policy change could include the following:

- Review the absence trigger point (currently 3 occasions in 6 months);

- Maintain one policy but review the procedure and approach for managing long and short term absences;

- Provide more emphasis for managers to take action to address poor attendance;

- Review if and when occupational health reports are required;

- Review the procedure regarding stages, notice periods and panel makeup;

- Review the effectiveness of having a 'stress related absence' trigger point;

- Align the Probationary Policy to support any changes.

Infection Control

17. It has been agreed, in order to improve the hygiene of the working environment, desk top recyclers will be removed, as they have attracted pests, particularly fruit flies. Desk top recyclers were never intended to be used to hold food or food containers however, this has not been enforced. Teams who have voluntarily stopped using desk top recyclers report that there is no negative impact on recycling behaviour.

Recommendations

18. The Committee is asked to note the contents of this report.

Background Papers

None.

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Equality and Human Rights Implications

19. The attendance management policy has been subject to an Equality and Human Rights Impact Assessment, and this was published in 2014. There are no equalities and human rights issues arising directly from this report.

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