



EMPLOYMENT COMMITTEE - 2 FEBRUARY 2017

MANAGING ATTENDANCE

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 November 2016 and to gain the Committee's agreement to a revision to the Attendance Management Policy.

Policy Framework and Previous Decisions

2. On 20 October 2016 the Committee considered the end of August 2016 sickness absence position.

Department	2014/15	2015/16	2016/17	2016/17	Year to date
Days per FTE	End of Year	End of Year	Q1	Q2	up to end of November 2016
Chief Executive's	5.55	6.99	6.21	6.12	6.57
Environment and Transport	8.23	8.80	10.12	10.92	10.49
Children and Family Services	10.37	10.06	10.92	10.84	10.70
Corporate Resources	7.86	6.95	7.52	7.75	7.58
Adults and Communities	12.24	11.31	12.53	13.70	13.37
Public Health	9.14	7.84	7.44	7.54	7.86
Total	9.83	9.32	10.22	10.68	10.46
ESPO	12.07	10.88	10.13	10.97	10.58
EMSS	6.65	6.69	8.42	8.94	8.77

Absence Data

 As detailed in the last report to the Committee, a change in the reporting system to improve the accuracy of absence reporting at the beginning of 2016/17 has resulted in an increase in reported absence. At the corporate level this could account for an increase of 0.65 additional days between the end of quarter 4 2015/16 and quarter 1 2016/17 when the change was implemented.

- 4. At end of quarter of 1 2016/17 there was an overall increase in absence across the Council. Adults & Communities, Environment & Transport and ESPO had notable increases in this quarter. At the end of November 2016 absence across the majority of the departments had begun to fall, however levels of attendance need significant improvement.
- 5. Only the Chief Executive's Department remain within the corporate target of 7.5 days per FTE.
- 6. For the 12 month period up to 30 November 2016 it is estimated that sickness absence cost the Council approximately £4m.

Reasons	2016/17	2016/17	As at end	Dec 15-Nov 16
Percentage of FTE days lost	Q1	Q2	of Nov 2016	Days lost
12 months cumulative				
Back and neck problems	6.8%	7.2%	6.8%	3,167
Other musculo-skeletal	13.4%	14.2%	14.8%	6,931
Stress/depression, mental health	28.1%	27.4%	25.9%	12,123
Viral infection	13.8%	14.1%	14.5%	6,766
Neurological	4.5%	5.5%	5.7%	2,669
Genito- Urinary/Gynaecological	4.2%	4.3%	4.3%	2,029
Pregnancy Related	1.8%	1.9%	1.9%	890
Stomach, liver, kidney, digestion	7.7%	7.8%	8.5%	3,961
Heart, blood pressure, circulation	2.6%	2.3%	2.3%	1,054
Chest, respiratory	4.3%	4.3%	4.4%	2,061
Eye, ear, nose and mouth/dental	3.2%	3.3%	3.4%	1,565
Other	1.6%	1.0%	0.9%	422
Not disclosed	8.0%	6.8%	6.6%	3,085

Reasons for Absence

- 7. The table above details the percentage of 12 month cumulative FTE days lost as at the end of quarters 1 and 2 in 2016/17 and at the end of November 2016. The number of FTE days lost in the 12 month period up to 30/11/16 is also shown.
- 8. In previous reports, the data has shown the percentage of absence reasons by separate spells of absence. To align with how other Councils report their absence reason data, the calculation has now been changed to show the figures based on FTE days lost. For the last 3 periods this shows that the highest reason for absence is 'stress/mental health/depression'. This is broadly consistent with figures reported by other Councils.
- 9. From 1 April 2017, it has been agreed that changes will be made to the absence codes. Viral illness will remain but a new category of 'cough/cold/flu' will be added. This will enable a greater understanding of how much the current percentage of viral illness is due to coughs, colds or flu and therefore the potential positive impact of the flu vaccination and hand hygiene.

	Q2 2016/17		Oct & Nov 2016/17	
Department	Long term	Short term	Long term	Short term
Chief Executive's	69.70%	30.30%	50.23%	49.77%
Environment and Transport	69.51%	30.49%	60.45%	39.55%
Children and Families Services	66.42%	33.58%	63.69%	36.31%
Corporate Resources	56.65%	43.35%	57.18%	42.82%
Adults and Communities	63.79%	36.21%	60.79%	39.21%
Public Health	26.74%	73.26%	57.33%	42.67%

Short and Long Term Absence Split

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

10. The majority of the departments continue to show a greater percentage of longer term absence. The Public Health department shows a change in the makeup of its absences between quarter 2 and November/October 2016, however this does not appear to have had a specific impact on overall absence levels.

Stress/Mental Health/Depression Absence

- 11. The Committee made a specific request to understand whether absence coded as 'stress/mental health/depression' was more prevalent in managers or staff.
- 12. For the 12 month period 01/12/15 to 30/11/16 there were 662 separate periods of absence due to 'stress/mental health/depression' across the Council. Of these 12.1%

were experienced by individuals in management positions. Taking into account the number of management roles, there is no discernible difference between the groups.

Attendance Management Policy Revision

- 13. As detailed in the report to the Committee's meeting on 20 October 2016, the Attendance Management Policy has been revised and is in consultation with the Trade Unions. The Policy is planned to be implementation from 1 April 2017.
- 14. The following amendments the Policy are subject to consultation:
 - Absence trigger point amended to 3 occasions in 12 months (currently 3 occasions in 6 months);
 - To have specific approaches within the Policy for the management of both short and long term absence;
 - The language, format and clarity of expectations will place more emphasis on managers to take action to address poor attendance;
 - Emphasis for occupational health reports to be used to support the process in an appropriate, robust manner;
 - The current four stage procedure will be reduced to three stages;
 - Notice periods for formal meetings will be reduced from 10 working days to 'at least 5 days';
 - Number of Attendance Panel members will be reduced in number from 3 to 2;
 - The specific 'stress related' absence trigger has been replaced with guidance for manager to support employees experiencing stress-related sickness absence.
- 15. The Committee are asked to agree the revisions to the Attendance Management Policy, noting that the remainder of the Policy will stay unchanged. A copy of the final Policy will be submitted to the next meeting of the Committee in June 2017, following consultation and implementation.

Absence Triage Service Update

- 16. A 12 month trial of an absence reporting triage service will begin from 1 April 2017. The Environment and Transport department and provider services with Adults and Communities Department are the service areas within scope of the trial; encompassing approximately 1,400 staff.
- 17. The service will incorporate an absence reporting line, management guidance, prompts and information. The absence reporting line will be staffed by a team of Registered General Nurses who will undertake short medical assessments, provide general primary care advice and make any necessary referrals. Managers will be provided with information and prompts for actions throughout any absence.

18. All actions within the implementation plan are on track for the implementation date and work is taking place to design and agree the communications and training for staff and managers.

Good Attendance Management Practice

 The table below details the end of 2015/16 sickness absence per FTE figures for 17 County Councils by rank order. Leicestershire County Council is joint 13th out of 17. For 2014/15 we were ranked 12th of 16.

Rank	Days absence per FTE 2015/16
1	6.2
2	6.36
3	6.7
4	7.42
5	7.47
6	7.66
7	8.27
8	8.4
9	8.44
10	8.52
11	8.58
12	9.09
13 Leicestershire	9.32
13	9.32
15	10.26
16	10.4
17	12.46

- 20. One Council which is highly performing in attendance management has implemented a policy which involves withholding and removing pay increments for a range of reasons which include taking into account sickness absence levels. There are also examples of where dedicated HR resources working with managers and holding them to account have proved effective in achieving reductions in sickness absence.
- 21. Improvements in the revised Attendance Management Policy as detailed within this report have been influenced by good practice ideas taken from both the public and private sector.

Flu Vaccination Update

22. The recent campaign to improve the uptake of front line health and social care staff to gain a free flu vaccination has been successful. During the 2015/16 flu season only 117 staff were recorded as having claimed a free flu vaccination. Following a survey of qualifying staff, the campaign, flu jab clinics and the availability of vouchers, the total number of staff participating has been 450; 206 attending a flu jab clinic and 244 claiming a flu jab voucher.

Hand Sanitisers

23. As a trial, hand sanitisers have been installed at the entrance/exit points around the County Hall campus for staff and visitors to use to see whether this improves the level of hand contact hygiene and ultimately reduces the spread of infection amongst the workforce. Hand sanitisers were installed in December 2016 and communication to staff to raise awareness of their location and use have been made in January 2017.

Actions to remove barriers for managers to improve performance management

24. This is the subject to a separate report to today's meeting.

Recommendations

The Committee is asked to note the contents of this report and approve the revisions to the Attendance Management Policy.

Background Papers

None.

Circulation under the Local Issues Alert Procedure

None.

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Equality and Human Rights Implications

25. 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.