

EMPLOYMENT COMMITTEE 29 JUNE 2017

ATTENDANCE MANAGEMENT

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 April 2017 and the implementation of the revised Attendance Management Policy and First Care absence triage service.

Policy Framework and Previous Decisions

2. This report is a standing item on the committee agenda.

Background

3. At its meeting on 2 February 2017, the Employment Committee considered the end of November 2016 absence position and was consulted on a revision to the Attendance Management Policy.

Absence Data

Department	2014/ 15	2015/ 16	2016/ 17	2016/ 17	2016/ 17	2016/ 17	2017/ 18
Days per FTE	End of Year	End of Year	Q1	Q2	Q3	Q4	Year to April 17
Chief Executive's	5.55	6.99	6.21	6.12	6.43	6.03	5.42
Environment and Transport	8.23	8.80	10.12	10.92	10.25	9.68	9.37
Children and Family Services	10.37	10.06	10.92	10.84	10.53	10.05	10.01
Corporate Resources	7.86	6.95	7.52	7.75	7.64	7.94	8.00
Adults and Communities	12.24	11.31	12.53	13.70	13.21	12.57	12.48
Public Health	9.14	7.84	7.44	7.54	9.00	7.43	8.06

Total	9.83	9.32	10.22	10.68	10.37	10.01	9.92
ESPO	12.07	10.88	10.13	10.97	9.71	9.75	11.47
EMSS	6.65	6.69	8.42	8.94	9.27	9.27	9.29

4. At end of Quarter 4 in 2016/17 absence reduced in the Chief Executive's, Children and Families, Environment and Transport and Adults and Communities Departments. These improvements have influenced a reduction in the corporate level of sickness absence.
5. ESPO, East Midlands Shared Services, Public Health and Corporate Resources need to take action to reverse the trend of increasing sickness absence levels.
6. Only the Chief Executive's Department remains within the corporate target of 7.5 days per FTE.

Reasons for Absence

Percentage of FTE days lost 12 months cumulative	2016/17 Dec 2016 Q3	2016/17 March 2017 Q4	2017/18 April 2017	May 16 – Apr 17 FTE Days lost
Back and neck problems	6.6%	5.8%	5.7%	2,548
Other musculo-skeletal	15.0%	17.0%	17.1%	7,647
Stress/depression, mental health	25.0%	24.5%	24.3%	10,848
Viral infection	14.9%	14.3%	13.9%	6,186
Neurological	6.0%	6.0%	5.9%	2,630
Genito-Urinary/Gynaecological	4.3%	4.2%	4.3%	1,909
Pregnancy Related	1.8%	1.8%	1.7%	781
Stomach, liver, kidney, digestion	8.6%	8.7%	8.7%	3,878
Heart, blood pressure, circulation	2.2%	2.5%	2.8%	1,236
Chest, respiratory	4.6%	4.4%	4.6%	2,043
Eye, ear, nose and mouth/dental	3.5%	3.7%	3.8%	1,697
Other	0.9%	0.7%	0.6%	263

Not disclosed	6.6%	6.6%	6.7%	2,982
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7. The table above details the percentage of 12 month cumulative FTE days lost as at the end of quarters 3 and 4 for 2016/17 and at the end of April 2017. The number of FTE days lost over the 12 month period up to 30 April 2017 is also shown.
8. The highest reasons for absence across the 3 quarters are 'stress/mental health/depression', 'other musculo-skeletal' and 'viral infection'.

Short and Long Term Absence Split

Percentage of FTE days lost 12 months cumulative	2016/17 March 2017 Q4		2016/17 April 2017 Q1	
	Long term	Short term	Long term	Short term
Chief Executive's	49.76%	50.24%	49.22%	50.78%
Environment and Transport	56.42%	43.58%	56.77%	43.23%
Children and Family Services	60.95%	39.05%	60.49%	39.51%
Corporate Resources	57.67%	42.33%	58.78%	41.22%
Adults and Communities	61.56%	38.44%	59.79%	40.21%
Public Health	54.33%	45.67%	57.49%	42.51%

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

9. The majority of departments continue to show a greater percentage of longer term absence. It is worth noting that the Chief Executive's Department has a lower percentage of long term sickness and has the lowest sickness absence levels.
10. For the category absence reason 'stress/mental health/depression' the percentage split of FTE days lost is 68.8% long term and 31.2% short term.

Attendance Management Policy Revision

11. At its meeting on 2 February 2017, the Committee was consulted over a proposal to revise the Attendance Management Policy.

12. Following Trade Union consultation and agreement the revised Attendance Management Policy was implemented on 1 May 2017.
13. The key changes to the policy are:
 - The procedure now consists of 3 stages rather than 4;
 - Stress-related absence will no longer 'trigger' the policy from the first day but will be included in the calculation for the other triggers e.g. 4 weeks or 3 occasions in 6 months. This has been replaced with specific guidance on how to support employees experiencing stress-related sickness absence;
 - The requirement for employees to report in on days 1,4 and 8 has been removed and the frequency of contact should be agreed with the manager on the first day of absence;
 - Notice periods for formal meetings is reduced to 5 working days' at stage 1 and 2, however 10 working days' notice is still required for the hearing at stage 3;
 - The time scale for the majority of phased returns has been defined as between 1 and 4 weeks, however this can be extended up to 6 weeks (and beyond) if necessary;
 - Support plans are still required under the policy unless it can be justified that the use of the plan will have no benefit to supporting the employee to improve their attendance or return to work;
 - The hearing panel will now consist of 1 rather than 2 managers and an HR representative;
 - Renewed emphasis on the completion of 'return to work' interviews;
 - Ensuring attendance management activity is recorded and evidenced on Oracle;
 - The number of Attendance Panel members will be reduced in number from 3 to 2.
14. A communication from Directors to employees advised them of the new policy, including the key changes, transition arrangements and current levels of sickness absence across the Council.
15. In order to support managers to understand and implement the revised Attendance Management Policy, two training opportunities have been delivered. These comprised a one hour briefing for experienced managers who had recently completed attendance management training and a half day workshop for managers who needed comprehensive attendance management training.

Absence Triage Service Update

16. The First Care absence service went live for a 12 month trial across Environment and Transport and in HART (Home Care) and In-House Services within Adults and Communities on 1 April 2017. The initial number of posts within the scope of the pilot is 1469.
17. Managers were offered the opportunity to attend a briefing session in March and were given access to an on-line training resource. Following this, individuals were sent either an email or a letter to introduce them to the service and provide them with all the relevant information.
18. A range of queries, mostly relating to data handling and the practicalities around the receipt of absence notifications have been received and responded to.
19. Manager drop-in sessions were held to gain feedback on the implementation and operation of the service.
20. A meeting was held with the Trade Unions in early May to gain their feedback. They have made a number of constructive suggestions and a further meeting has been scheduled for July 2017.
21. Monthly contract management meetings with First Care are taking place to ensure that the success of the pilot is monitored. Specific analysis of short term sickness absence trends within the pilot areas will be the focus as this is where the First Care Service should create an improvement. Alongside analysis of sickness absence levels, there will be regular review of the practical operation of the service.

Attendance Management - Intensive Support Project

22. A 12 month 'Intensive Support' project has been approved to support improvements in attendance management in those areas with the highest levels of sickness absence. With dedicated HR resources the project will have 2 objectives; firstly to provide robust challenge and structure to the managers with a specific focus on timeliness and consistency of application of the Attendance Management Policy and, secondly, to improve the skill, knowledge and confidence of those managers in all aspects of staff management and leadership, which amongst other benefits will improve performance and prevent sickness absence.
23. The Intensive Support project approach and delivery model has been developed and recruitment has begun to appoint to the four posts.

Increments Policy

24. The development of an Increments Policy which defines criteria for 'satisfactory service' has begun. The policy will include criteria for good conduct, capability and attendance to be achieved in order for an annual increment to be awarded. For those who are already at the top of their grade failure to maintain good

conduct, capability and / or attendance could result in the withdrawal of an increment.

25. Consultation with the Trade Unions on the Increments Policy will commence shortly, with a planned implementation date of April 2018.

Recommendation

26. The committee is asked to consider and note the contents of this report and provide any comments or feedback.

Background Papers

27. None.

Circulation under Local Issues Alert Procedure

28. None.

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Equalities and Human Rights Implications

29. The attendance management policy has been subject to an Equality and Human Rights Impact Assessment, and this was published in 2017. There are no equalities and human rights issues arising directly from this report.