

EMPLOYMENT COMMITTEE 19 OCTOBER 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 County Council's overall position on sickness absence at the end of August 2017:
 - the First Care absence triage service;
 - the attendance management intensive support project;
 - the introduction of an increments policy; and
 - the Council's flu vaccination programme for winter 2017.

Background

2. On 29 June 2017, the Committee considered the County Council's absence position to the end of April 2017 and received an update on all the areas detailed in paragraph 1 above, with the exception of the flu vaccination programme.

Absence Data – August 2017

3. At the end of quarter 1 2017/18 there were reductions in the levels of sickness absence across the majority of the departments. This was followed at the end of August 2017 by increases within Environment and Transport and Corporate Resources.
4. Only the Chief Executive's Department remains within the corporate target of 7.5 days per FTE. All other Departments need to take further action to address their current level of sickness absence.

Department	2014/15	2015/16	2016/17	2017/18	2017/18
Days per FTE	Year end	Year end	Year end	End of Q1	End of Aug 17
12 months cumulative				(June 17)	Latest position
Chief Executive's	5.55	6.99	6.03	5.98	5.50
Environment and Transport	8.23	8.80	9.68	9.17	9.43
Children and Family Services	10.37	10.06	10.05	9.50	9.44
Corporate Resources	7.86	6.95	7.94	7.98	8.30
Adults and Communities	12.24	11.31	12.57	12.23	11.83
Public Health	9.14	7.84	7.43	8.64	9.08
Total	9.83	9.32	10.01	9.72	9.68
ESPO	12.07	10.88	9.75	11.40	11.13
EMSS	6.65	6.69	9.27	8.42	7.69

Reasons for Absence

Percentage of FTE days lost	2016/17	2016/17	2017/18	2017/18	July 16 – Aug 17	July 16 – Aug 17
12 months cumulative	Dec 2016 Q3	March 2017 Q4	June 2017 Q1	Aug 2017 Latest position	FTE Days lost	Number of employees
Back and neck problems	6.6%	5.8%	5.4%	4.9%	2116	296
Other musculo-skeletal	15.0%	17.0%	17.1%	17.5%	7588	504
Stress/depression, mental health	25.0%	24.5%	24.1%	24.8%	10730	539
Viral infection (from 1/4/17 viral infection not cough/cold/flu)	14.9%	14.3%	12.8%	12.0%	5202	1518
Neurological	6.0%	6.0%	5.8%	5.5%	2268	396
Genito-Urinary/Gynaecological	4.3%	4.2%	4.3%	3.8%	1655	187
Pregnancy Related	1.8%	1.8%	1.8%	1.7%	721	59
Stomach, liver, kidney, digestion (from 1/4/17 gastro- stomach, digestion)	8.6%	8.7%	8.7%	8.8%	3820	1160

Percentage of FTE days lost 12 months cumulative	2016/17 Dec 2016 Q3	2016/17 March 2017 Q4	2017/18 June 2017 Q1	2017/18 Aug 2017 Latest position	July 16 – Aug 17 FTE Days lost	July 16 – Aug 17 Number of employees
Heart, blood pressure, circulation	2.2%	2.5%	3.2%	3.2%	1363	73
Chest, respiratory	4.6%	4.4%	4.7%	4.8%	2063	285
Eye, ear, nose and mouth/dental	3.5%	3.7%	3.8%	3.8%	1638	361
Other	0.9%	0.7%	0.4%	0.3%	122	2
Skin- burns, rashes, cuts, injury <i>New category from 1/4/17</i>	n/a	n/a	0.1%	0.2%	102	21
Cancer- all forms <i>New category from 1/4/17</i>	n/a	n/a	0.4%	1.1%	460	13
Cough, cold, flu <i>New category from 1/4/17</i>	n/a	n/a	0.3%	0.5%	237	108
Liver/Kidney disorders/conditions <i>New category from 1/4/17</i>	n/a	n/a	0.0%	0.2%	104	10
Not disclosed	6.6%	6.6%	7.2%	6.8%	2947	341

5. The Committee will recall that, from the beginning of 2017/18, revisions to the absence categories have been made, these are:
- 'Stomach, liver, kidney, digestion' changed to 'gastro-stomach, digestion'
 - New category of 'liver/kidney disorders/conditions'
 - 'Viral infections' changed to 'viral infection, not cough, cold, flu'
 - New category of 'cough, cold, flu'
 - Additional categories added
 - o Skin-burns, rashes, cuts, injury
 - o Cancer – all forms

These changes and additions will improve the understanding of the causes of absence in the future.

6. The reasons for the highest level of absence across the 4 time periods detailed in the table above 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		2017/18		2017/18	
	Q4		Q1		August	
Department	Long term	Short term	Long term	Short term	Long term	Short term
Chief Executive's	49.8%	50.2%	52.2%	47.8%	48.0%	52.0%
Environment and Transport	56.4%	43.6%	57.7%	42.3%	56.0%	44.0%
Children and Family Services	61.0%	39.0%	58.4%	41.6%	59.3%	40.7%
Corporate Resources	57.7%	42.3%	58.9%	41.1%	59.2%	40.8%
Adults and Communities	61.6%	38.4%	62.9%	37.1%	62.2%	37.8%
Public Health	54.3%	45.7%	56.7%	43.3%	57.4%	42.6%

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

- All departments with the exception of Chief Executive's show a greater percentage of longer term absence compared to short term.

Absence Triage Service Update

- The First Care absence service 12 month pilot began on 1 April 2017 within Environment and Transport, and in HART (home care) and Direct Services within Adults and Communities.
- The key advantages to the pilot are consistency in absence reporting conversations; access to nurse led medical advice and interactive dashboards for managers. Managers at all levels are demonstrating that they are able to use the interactive First Care dashboard and reports which assists them in proactively managing attendance in their areas.
- Between April and August 2017 there has not been a reduction in the level of short term (less than 4 weeks) absence that can be directly attributed to the First Care pilot. However, monitoring will continue in order to assess the impact of the triage service. It should be noted that the pilot areas have also been in receipt of other interventions which include management training, attendance management policy revision and attendance management intensive support. During October and November detailed analysis of short and long term absence trends within the first care pilot area and focus areas of other targeted attendance work will be undertaken to ensure that the impact of interventions, including First Care, is understood.

Service level data and Attendance Management Intensive Support Project

11. The table below provides details of the days lost per FTE at the end of 2016/17, quarter 1 2017/18 and at the end of August 2017, for service areas by department.
12. A pilot of the intensive support project began in February 2017 in In-House Services within Personal Care and Support – Adults and Communities. As an example of the impact of putting in place intensive support, at the end of December 2016 Direct Services was reporting 20.12 days absence per FTE, but by the end of August 2017 this had reduced to 15.89 days.
13. The intensive support project started to engage with managers across all but two departments (Chief Executive's and Public Health) from 1 August 2017. Service areas which contain teams within the intensive support project are identified in the table with an asterisk. Feedback from managers on the support that is being provided has been positive.

Department	2016/17	2017/18	2017/18
Days per FTE	Year end	End of Q1	End of Aug 17
12 months cumulative	(March 17)	(June 17)	Latest position
Chief Executive's	6.03	5.98	5.50
Planning and Historic and Natural Environment	3.81	3.73	3.30
Regulatory Services	6.95	6.61	6.14
Strategy and Business Intelligence	6.28	6.07	5.22
Democratic Services	10.69	11.50	11.24
Legal Services	3.01	3.30	3.29
Environment and Transport	9.68	9.17	9.43
Highways and Transportation*	10.38	9.79	10.09
Environment and Waste Management	4.85	4.71	5.42
Children and Family Services	10.05	9.50	9.44
Education and Early Help	9.13	8.55	8.50
Children's Social Care*	11.90	10.91	10.82
Corporate Resources	7.94	7.98	8.30
Strategic Finance and Assurance	4.89	4.42	4.66
Corporate Services	4.68	4.66	5.11
Commercial and Customer Services*	10.55	10.65	11.01

Department	2016/17	2017/18	2017/18
Days per FTE	Year end	End of Q1	End of Aug 17
12 months cumulative	(March 17)	(June 17)	Latest position
Adults and Communities	12.57	12.23	11.83
Strategic Services*	11.70	10.71	10.74
Promoting Independence*	12.26	13.07	13.46
Personal Care and Support*	15.62	14.90	14.11
Communities and Wellbeing	7.67	7.26	6.98
Public Health	7.43	8.64	9.08

* Service Area contain teams within the intensive support project

Increments Policy

14. A first draft of an increments policy which defines the criteria for 'satisfactory service' has been developed. The criteria includes: '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.
15. Consultation with the trade unions on the draft increments policy has commenced. The planned implementation date of the new policy is April 2018.

Flu Vaccination

16. It has been decided to extend the scope of staff eligible for a Council funded flu vaccination, increase the number of localities for staff to access flu vaccination clinics and provide more options for reimbursement of staff where they have arranged their own vaccination. Previously, eligible staff included frontline staff in Children's and Adult's Social Care, Customer Service Centre staff and Drivers and Escorts in School Transportation. Eligibility has been extended to all Environment and Transport staff and also to staff working in Libraries.

Recommendations

17. The committee notes the contents of this report and provide any comments or feedback.

Circulation under Local Issues Alert Procedure

18. None.

Officer to Contact

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Equality and Human Rights Implications

19. The increments policy will be subject to an Equality and Human Rights Impact Assessment. There are no equalities and human rights issues arising directly from this report.

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