Leicestershire County Council

EMPLOYMENT COMMITTEE – 1 FEBRUARY 2018

ATTENDANCE MANAGEMENT

REPORT OF THE DIRECTOR OF CORPORATE RESOURCES

Purpose of the 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 November 2017, with specific focus on:

   - the First Care absence triage service;
   - the attendance management intensive support project; and the introduction of an increments policy.

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

Background

2. On 19 October 2017, the Committee considered the County Council's absence position to the end of August 2017 and received an update on all the areas detailed in paragraph 1 above.

Absence Data – November 2017

3. By the end of November 2017 absence reductions have only been consistently achieved in Adults and Communities, and the Chief Executive's Department.

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 levels of sickness absence.

Department Days per FTE 12 months cumulative	2014/15 Year end	2015/16 Year end	2016/17 Year end	2017/18 End of Q1 (June 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Nov Latest position
Chief Executive's	5.55	6.99	6.03	5.98	5.03	4.52
Environment and Transport	8.23	8.80	9.68	9.17	9.45	9.29
Children and Family Services	10.37	10.06	10.05	9.50	9.58	9.68
Corporate Resources	7.86	6.95	7.94	7.98	8.25	8.38
Adults and Communities	12.24	11.31	12.57	12.23	11.57	11.47
Public Health	9.14	7.84	7.43	8.64	8.80	8.49
Total	**9.83**	**9.32**	**10.01**	**9.72**	**9.60**	**9.56**
ESPO	12.07	10.88	9.75	11.40	11.47	12.05
EMSS	6.65	6.69	9.27	8.42	7.54	7.35

Reasons for Absence

5.   The reasons for the highest level of absence across the 5 time periods detailed in the table below are 'stress/mental health/depression', 'other musculo-skeletal' and 'viral infection- not cough/cold/flu'.

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 Sept 2017 Q2	2017/18 Nov 2017 Latest position	Dec 16 – Nov 17 FTE Days lost	Dec 16 – Nov 17 Number of employees
Back and neck problems	6.6%	5.8%	5.4%	4.7%	4.5%	1,939	268
Other musculo-skeletal	**15.0%**	**17.0%**	**17.1%**	**17.4%**	**17.4%**	**7,416**	**462**
Stress/depression, mental health	**25.0%**	**24.5%**	**24.1%**	**25.2%**	**25.5%**	**10,854**	**513**
Viral infection not cough/cold/flu	**14.9%**	**14.3%**	**12.8%**	**11.8%**	**10.2%**	**4,364**	**1232**
Neurological	6.0%	6.0%	5.8%	5.4%	4.8%	2,061	374
Genito-Urinary/Gynaecological	4.3%	4.2%	4.3%	3.7%	3.9%	1,651	164
Pregnancy Related	1.8%	1.8%	1.8%	1.6%	1.4%	599	51
Gastro- stomach, digestion	8.6%	8.7%	8.7%	8.7%	8.5%	3,624	1130
Heart, blood pressure, circulation	2.2%	2.5%	3.2%	3.0%	2.9%	1,245	61
Chest, respiratory	4.6%	4.4%	4.7%	4.7%	4.5%	1,907	268
Eye, ear, nose and mouth/dental	3.5%	3.7%	3.8%	3.8%	4.0%	1,692	351
Other	0.9%	0.7%	0.4%	0.2%	0.1%	17	2
Skin- burns, rashes, cuts, injury	n/a	n/a	0.1%	0.3%	0.7%	306	37
Cancer- all forms	n/a	n/a	0.4%	1.6%	2.3%	968	17
Cough, cold, flu	n/a	n/a	0.3%	0.9%	2.2%	921	367
Liver/Kidney disorders/conditions	n/a	n/a	0.0%	0.3%	0.5%	199	16
Not disclosed	6.6%	6.6%	7.2%	6.5%	6.8%	2,883	340

Short and Long Term Absence Split

6. The table below details the percentage split of FTE days lost at the end of quarter 1 and 2, 2017/18 and at the end of November 2017. All departments with the exception of Chief Executive's show a greater percentage of longer term absence compared to short term.

Percentage of FTE days lost 12 months cumulative	2017/18 Q1		2017/18 Q2		2017/18 Nov 17 Latest position	
Department	Long term	Short term	Long term	Short term	Long term	Short term
Chief Executive's	52.2%	47.8%	43.1%	56.9%	36.7%	63.3%
Environment and Transport	57.7%	42.3%	56.4%	43.6%	59.7%	40.3%
Children and Family Services	58.4%	41.6%	60.3%	39.7%	60.3%	39.7%
Corporate Resources	58.9%	41.1%	59.2%	40.8%	58.9%	41.1%
Adults and Communities	62.9%	37.1%	62.1%	37.9%	62.4%	37.6%
Public Health	56.7%	43.3%	58.2%	41.8%	54.3%	45.7%

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

Service level data

7. The table below provides details of the days lost per FTE at the end of 2016/17, quarter 1 and 2 2017/18 and at the end of November 2017, for service areas by department. From quarter 2 2017/18 Adults and Communities shows changes in its service level data to reflect the implementation of a department wide restructure.

Department Days per FTE 12 months cumulative	2016/17 Year end (March 17)	2017/18 End of Q1 (June 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Nov 17 Latest position
Chief Executive's	**6.03**	**5.98**	**5.03**	**4.52**

Department Days per FTE 12 months cumulative	2016/17 Year end (March 17)	2017/18 End of Q1 (June 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Nov 17 Latest position
Planning and Historic and Natural Environment	3.81	3.73	3.20	2.47
Regulatory Services	6.95	6.61	5.04	4.33
Strategy and Business Intelligence	6.28	6.07	5.17	5.48
Democratic Services	10.69	11.50	9.98	7.14
Legal Services	3.01	3.30	3.21	3.04
Environment and Transport	**9.68**	**9.17**	**9.45**	**9.29**
Highways and Transportation	10.38	9.79	10.10	9.97
Environment and Waste Management	4.85	4.71	5.77	5.85
Children and Family Services	**10.05**	**9.50**	**9.58**	**9.68**
Education and Early Help	9.13	8.55	8.45	8.35
Children's Social Care	11.90	10.91	11.21	11.59
Corporate Resources	**7.94**	**7.98**	**8.25**	**8.38**
Strategic Finance and Assurance	4.89	4.42	4.66	4.66
Corporate Services	4.68	4.66	4.99	5.45
Commercial and Customer Services	10.55	10.65	10.98	10.88
Adults and Communities	**12.57**	**12.23**	**11.57**	**11.47**
East	n/a	n/a	7.49	10.40
West	n/a	n/a	11.13	12.23
Commissioning and Quality	n/a	n/a	6.92	7.61
Departmental Support Services	n/a	n/a	9.46	9.85
Strategic Services	11.70	10.71	10.61	10.12
Promoting Independence	12.26	13.07	13.53	14.07

Department Days per FTE 12 months cumulative	2016/17 Year end (March 17)	2017/18 End of Q1 (June 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Nov 17 Latest position
Personal Care and Support	15.62	14.90	13.60	13.13
Communities and Wellbeing	7.67	7.26	6.96	7.32
Public Health	**7.43**	**8.64**	**8.80**	**8.49**

Attendance management intensive support project

8. The 12 month attendance management intensive support project began to engage with managers from 1 August 2017 in the following areas:

    - Adult Social Care

    - Children's Social Care and Early Help

    - Supported Employment (Corporate Resources)

    - Operational Highways and Passenger Fleet

9. To date the project team have delivered practical interactive workshops to 195 managers, focusing on improving their skills, knowledge and confidence in managing attendance. 155 managers are still to attend. It is expected that training will be completed by the end of March 2018.

10. The next steps for the project will be to deliver a 'part 2 workshop' to managers from March 2018 which will focus on supporting employees experiencing stress. Further analytical work is also being undertaken to profile sickness absence and explore any potential correlation between age, gender, length of service, grade etc. The outcome will be used to identify future actions.

Absence triage service update

11. 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.

12. Having undertaken a review of its impact at 8 months a decision has been made not to continue with the First Care service beyond 31 March 2018, when the pilot is due to end.

Increments policy

13. Consultation with the trade unions on the first draft of the increments policy which defines the criteria for 'satisfactory service' began in September 2017.

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 withdrawal of an increment.

14. As expected, trade union colleagues have expressed a number of concerns about the introduction of the policy. Given the initial success of the intensive support project, which is to be extended, it is intended to allow time to assess the impact of the project before proceeding with any further consultation on the draft increments policy.

15. At this stage it has been agreed with the trade unions to pause the consultation to allow some more time for the Intensive Support project to take effect.

Circulation under the Local Issues Alert Procedure

16. None.

Officer to Contact

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Equality and Human Rights Implications

17. There are no equalities and human rights issues arising directly from this report.

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