Agenda Item 7

Leicestershire County Council

EMPLOYMENT COMMITTEE – 6 DECEMBER 2018

ATTENDANCE MANAGEMENT

REPORT OF THE DIRECTOR OF CORPORATE RESOURCES

Purpose of the Report

1. The purpose of this report is to update the Employment Committee on the County Council's overall position on sickness absence as at the end of September 2018 and inform them of the wellbeing support offer that is available to the workforce, specifically those who are absent or who are at risk of being absent from work due to stress, depression or mental health issues.

Background

2. On 13 September 2018, the Committee considered the County Council's absence position as at the end of June 2018.

Absence Data – September 2018

3. By the end of September 2018, absence reductions have been consistently achieved in Adults and Communities and the Corporate Resources departments.

4. Only Public Health and Corporate Resources are close to the corporate target of 7.5 days per full time equivalent (FTE). All other departments need to take further action to address their current levels of sickness absence.

Department Days per FTE 12 months cumulative	2015/16 Year end	2016/17 Year end	2017/18 Year end	2018/19 End of Q1 (June 18)	2018/19 End of Q2 (Sept 18)
Chief Executive's	6.99	6.03	6.38	7.24	8.47
Environment and Transport	8.80	9.68	10.09	9.95	9.98
Children and Family Services	10.06	10.05	10.25	11.15	11.00
Corporate Resources	6.95	7.94	8.12	7.69	7.51
Adults and Communities	11.31	12.57	11.26	10.57	10.40
Public Health	7.84	7.43	6.49	6.83	7.55
Total	**9.32**	**10.01**	**9.73**	**9.64**	**9.59**
ESPO	10.88	9.75	11.70	10.96	10.08
EMSS	6.69	9.27	7.42	7.60	7.62

Reasons for Absence

5. Displayed in order of percentage of time lost (greatest first), the table below details the top 10 reasons for absence.

Percentage of FTE days lost 12 months cumulative	2017/18 Sept 2017 Q2	2017/18 Dec 2017 Q3	2017/18 March 2018 Q4	2018/19 June 2018 Q1	2018/19 Sept 2018 Q2	Oct 17–Sept 18 FTE Days lost	Oct 17 –Sept 18 No. of employees
Stress/depression, mental health	25.2%	25.8%	26.3%	26.8%	27.2%	11,366	535
Other musculo-skeletal	17.4%	17.3%	16.6%	17.0%	17.6%	7,371	529
Gastro- stomach, digestion	8.7%	8.4%	8.1%	7.8%	8.4%	3,500	1,323
Cough/cold/flu	0.9%	2.2%	7.5%	7.9%	8.0%	3,366	1,202
Viral infection not cough/cold/flu	11.8%	9.1%	6.1%	5.8%	5.7%	2,393	698
Chest, respiratory	4.7%	4.5%	4.6%	4.8%	4.9%	2,032	309
Back and neck	4.7%	4.7%	4.9%	4.9%	4.4%	1846	255

Percentage of FTE days lost\n\n12 months cumulative	2017/18\n\nSept 2017\nQ2	2017/18\n\nDec 2017\nQ3	2017/18\n\nMarch 2018\nQ4	2018/19\n\nJune 2018\nQ1	2018/19\n\nSept 2018\nQ2	Oct 17–Sept 18\n\nFTE Days lost	Oct 17 – Sept 18\n\nNo. of employees
Eye, ear, nose, mouth/dental	3.8%	3.8%	3.8%	3.9%	4.1%	1,655	421
Neurological	5.4%	4.6%	4.3%	4.2%	3.8%	1,603	434
Not disclosed	6.5%	6.5%	5.7%	4.8%	3.5%	1,455	237

Short and Long Term Absence Split

6. The table below details the number of FTE days lost due to absence and the percentage split of FTE days lost at the end of quarter 1 2018/19 and quarter 2 2018/19. 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\n\n12 months cumulative	2018/19\n\nQ1				2018/19\n\nQ2			
Department	Long term		Short term		Long term		Short term	
	FTE days lost	%	FTE days lost	%	FTE days lost	%	FTE days lost	%
Chief Executive's	668.4	42.4%	906.7	57.6%	917.9	49.1%	948.1	50.9%
Environment and Transport	4431.0	61.0%	2830.6	39.0%	4,522.9	61.8%	2,801.7	38.2%
Children and Family Services	7142.9	66.5%	3595.8	33.5%	7,029.5	65.9%	3,636.7	34.1%
Corporate Resources	4985.1	53.0%	4420.6	47.0%	5,034.3	54.4%	4,214.0	45.6%
Adults and Communities	7981.1	59.2%	5508.5	40.8%	7,878.8	59.9%	5,276.3	40.1%
Public Health	334.6	58.9%	233.9	41.1%	412.6	62.8%	244.8	37.2%

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, 2, 3 and 4, 2017/18 and at the end of quarter 1 and 2 2018/19, for service areas by department.

Department Days per FTE 12 months cumulative	2016/17 Year end (Mar 17)	2017/18 End of Q1 (Jun 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Q3 (Dec 17)	2017/18 End of Q4 (Mar 18)	2018/19 End of Q1 (June 18)	2018/19 End of Q2 (Sept 18)
Chief Executive's	**6.03**	**5.98**	**5.03**	**4.73**	**6.38**	**7.24**	**8.47**
Planning and Historic and Natural Environment	3.81	3.73	3.20	2.51	4.04	8.02	11.68
Regulatory Services	6.95	6.61	5.04	4.56	4.87	6.01	7.04
Trading Standards	8.76	1.49	2.13	5.73	9.65	8.72	11.03
Strategy and Business Intelligence	6.28	6.07	5.17	6.56	8.04	8.82	8.86
Democratic Services	10.69	11.50	9.98	5.89	8.91	9.06	13.22
Legal Services	3.01	3.30	3.21	2.93	4.02	4.70	4.95
Environment and Transport	**9.68**	**9.17**	**9.45**	**9.53**	**10.09**	**9.95**	**9.98**
Highways and Transportation	10.38	9.79	10.10	10.20	10.62	10.27	9.86
Environment and Waste Management	4.85	4.71	5.77	6.34	7.98	8.63	10.57
Children and Family Services	**10.05**	**9.50**	**9.58**	**9.75**	**10.25**	**11.15**	**11.00**
Education and Early Help	9.13	8.55	8.45	8.42	9.28	9.20	9.24
Children's Social Care	11.90	10.91	11.21	11.65	11.62	13.97	13.71
Corporate Resources	**7.94**	**7.98**	**8.25**	**8.26**	**8.12**	**7.69**	**7.51**
Strategic Finance and Assurance	4.89	4.42	4.66	4.21	4.25	4.11	5.19

Department Days per FTE 12 months cumulative	2016/17 Year end (Mar 17)	2017/18 End of Q1 (Jun 17)	2017/18 End of Q2 (Sept 17)	2017/18 End of Q3 (Dec 17)	2017/18 End of Q4 (Mar 18)	2018/19 End of Q1 (June 18)	2018/19 End of Q2 (Sept 18)
Corporate Services	4.68	4.66	4.99	5.59	5.88	6.08	5.80
Commercial and Customer Services	10.55	10.65	10.98	10.50	10.04	9.22	8.79
Adults and Communities	**12.57**	**12.23**	**11.57**	**11.38**	**11.26**	**10.57**	**10.40**
East	n/a	n/a	7.49	10.77	11.06	9.69	9.97
West	n/a	n/a	11.13	12.14	13.16	12.38	11.94
Commissioning and Quality	n/a	n/a	6.92	7.52	8.01	8.08	7.38
Departmental Support Services	n/a	n/a	9.46	10.17	9.46	7.90	5.73
Promoting Independence	12.26	13.07	13.53	14.24	15.11	14.81	14.46
Personal Care and Support	15.62	14.90	13.60	12.85	11.99	11.47	13.01
Communities and Wellbeing	7.67	7.26	6.96	7.42	7.98	7.77	7.27
Public Health	**7.43**	**8.64**	**8.80**	**7.89**	**6.49**	**6.83**	**7.55**

Wellbeing support and stress/mental health/depression absence

8. 'Stress/mental health/depression' is the Council's leading cause of time lost due to sickness absence. The table below details the time lost and related cost of absence due to 'stress/mental health/depression' sickness on a rolling 12 month basis. The data shows that the trend over this period has been increasing.

As at the end of rolling 12 months:	*2017/18 Q1*	*2017/18 Q2*	*2017/18 Q3*	2017/2018 Q4 end of year	*2018/19 Q1*	*2018/19 Q2*
FTE days lost	10,473	10,814	10,978	11,412	11,272	11,366
Cost (12mth)	£1,001,647	£1,042,760	£1,051,970	£1,105,025	£1,135,982	£1,163,710
% of time lost due to sickness absence	24.1%	25.2%	25.8%	26.3%	26.8%	27.2%

9. The Chartered Institute of Personnel and Development Health and Well-being at Work report (May 2018) suggests that public sector employers face 4 key challenges in preventing poor mental health and associated absences, these are to:

    a. Identify and tackle the root cause of ill health
    b. Build a more robust framework to promote good mental health
    c. Strengthen the capability of line managers
    d. Ensure a holistic approach

10. As a good employer, and as part of the delivery of the Wellbeing Strategy 2018-2023, the Council has a developed wellbeing offer supported by a range of activities which are detailed below; grouped under each of the 4 key challenges:-

a. Activity to help identify and tackle the root cause of ill health:

11. The Intensive Support team is collating data to help understand the underlying causes of absence due to 'stress/mental health/depression'. This data will provide an understanding of the actions which can support individuals to remain in, or return to work.

12. Questions were included in the staff survey around wellbeing which were based on the HSE stress management standards and provide a bi-yearly staff feedback.

13. The use of HSE stress audits and management stress audits has provided an understanding of the underlying causes of stress in teams and individuals which allows targeted actions to be taken.

14. Mental Health First Aiders will be using a web portal to record anonymised details of support they have provided. This will provide an insight into both

causes of poor mental health at work and the value of Mental Health First Aid. In addition quarterly networking events will give Mental Health First Aiders the opportunity to provide feedback regarding their role.

b. Activity to build a more robust framework to promote good mental health:

15. "Time to Change" is an organisation that is funded by the Department of Education and run by Mind and ReThink Mental Illness. The Council is already a Mindful Employer, and signed the Time to Change pledge in June 2018 to further strengthen the organisation's commitment to employees to make sure that the right resources are in place to support emotional wellbeing.

16. A task group led by the Health, Safety and Wellbeing service is focusing on practical ways to achieve the reduction of stress and depression across the Council.

17. Improving access and visibility of Mental Health First Aider support.

18. Providing an in-house counselling service to employees for times when they need additional, confidential support. Employee assistance programme options are also being explored.

c. Activity to strengthen the capability of line managers:

19. Stress awareness and managing employees with stress and mental health issues training is available for line managers.

20. The Attendance Management Intensive Support project team is delivering training to managers to specifically help them to manage staff who are absent due to 'stress/depression/mental health' sickness.

21. Guidance for managers on how to support employees experiencing mental health issues has recently been updated and is available via the intranet.

d. Activity to ensure a holistic approach to wellbeing:

22. The Wellbeing Strategy 2018-2023 sets out the Council's priorities to improve the health and wellbeing of staff. The attainment of staff wellbeing is delivered through a range of both physical and mental health support policies and activities.

23. To support the Council's drive towards a healthier workforce the Council has recruited a number of volunteer 'workforce wellbeing champions'. Their role is to coordinate and promote wellbeing initiatives within their own departments and many of them lead on corporate wellbeing activities, for example, couch to 5k.

Recommendation

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

Background Papers

Report to the Employment Committee on 13 September 2018 – Attendance Management
http://politics.leics.gov.uk/documents/s140191/Attendance%20Management.pdf

Circulation under the Local Issues Alert Procedure

25. None.

Equality and Human Rights Implications

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

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