

Report Title: Here Levels of Disciplinary, Grievance, Dignity at Work and Sickness Absence

Date of meeting:	10 th September 2024		
Report to:	Overview and Scrutiny Committee (Regulatory, Compliance and Corporate Services)		
Report of:	Executive Director of Corporate Services and Commercial		
Portfolio:	Corporate Services		
Wards affected:	All Wards		
Is this a key decision:	No	Included in Forward Plan:	No
Exempt/confidential report:	No		

Summary:

To provide a report to Overview and Scrutiny Committee in respect of levels of discipline, grievance, dignity at work and sickness absence within the Council (excluding schools).

Recommendation(s):

The Overview & Scrutiny - Regulatory, Compliance and Corporate Services Committee is recommended to:-

- (1) Receive the report in terms of discipline, grievance, dignity at work and sickness levels.
- (2) Note the latest information in respect of ongoing work.
- (3) Note the initiatives currently being implemented.

1. The Rationale and Evidence for the Recommendations

- 1.1** This report provides Members with an update on the levels of disciplinary, grievance, dignity at work and sickness absence within the Authority (excluding schools).
- 1.2** The management of the workforce is an important activity to ensure outcomes for our communities are achieved and to ensure that the workforce is appropriately managed and motivated.

1.3. Disciplinary, Grievance and Dignity at Work

The organisation enjoys a comparatively good level of cases and this reflects on the whole, both the good overall industrial relations environment, the partnership approach that is undertaken and also the work undertaken within department. HR has a business partner model that is industry best practice and HR works across departmental management teams to facilitate this partnership working. The Council has clear and agreed processes in place for consistency across the Council.

A lot of effort is taken to avoid formal procedures where possible, i.e., through discussion with senior managers and trade union representatives.

1.4 Suspensions

In the period January – July 2024, 10 employees were suspended from duty within central Service Areas, but not including schools.

Suspension takes place in order to facilitate an investigation into matters which could result in dismissal for gross misconduct. Some investigations will also include a potential referral to a professional body such as the Health Care and Professionals Council. Personnel continue to press departments to resource investigations appropriately.

Whether a suspension is appropriate will be a decision taken by a Senior Manager with the advice of the Personnel Department.

1.5 Disciplinary

During the period January – July 2024, there have been 24 disciplinary investigations as per the table below:

Department	No. of Investigations	Outcome
Adult Social Care	5	On-going
Children's Social Care	3	On-going
Communities - (Leisure)	3	On-going
Corporate Resources – (Procurement)	1	1 st Written Warning
Economic Growth & Dev (Sefton @Work)	3	2 x 1 st Written Warning 1 on-going
Operational In House Services : Cleansing (3) Catering (1) Burials & Crematoria (1) Green Sefton (2) School Crossings (2)	9	1 Dismissed 4 x 1 st Written Warning 1 Informal Reprimand 3 on-going

1.6 Grievances

During the period January – July 2024, there have been 3 Grievances as follows:

Department	No.	Outcome
Children's Social Care	1	Not upheld
Communities	1	On-going
Operational In-House Services	1	On-going

1.7 Dignity at Work Complaints (DAW)

During the period January – July 2024, there have been 5 DAW complaints as follows:-

Department	No.	Outcome
Children's Social Care	2	1 not upheld 1 on-going
Operational In-House Services	3	All not upheld

1.8 Council Sickness Absence – Q3 & Q4 – 2023/2024

This report contains statistical data for Q3 and Q4 2023/2024 (01.10.23 – 31.12.23 and 01.01.24 - 31.03.24). The information details 'Short Term', 'Long Term' and 'All Absence' data along with previous year's figures for comparison purposes. Sickness percentages are calculated as a proportion of the total FTE days available. The current year's figures are shown in bold if the percentage is above the Council's Preferred target.

Assistant Directors are presented with their own service area information each quarter. The information presented is dependent on all service areas maintaining and updating sickness absence records on the Absence Feeder in an accurate and timely manner.

1.9 Short Term Sickness Absence Q3 & Q4

Short term sickness absence is defined as absence lasting less than 4 weeks for any single episode. The Council's long-standing target for short term absence is 2.2%.

SERVICE AREA	COMPARISON Q3 2022/23	SHORT TERM SICKNESS Q3 2023/24
Adult Social Care	2.64%	3.03%
Children's Social Care	2.05%	2.14%
Communities	3.27%	2.03%
Corporate Resources & Customer Services	1.79%	1.28%
Economic Growth & Housing	2.49%	1.26%
Education Excellence	1.84%	1.10%
Highways & Public Protection	1.52%	2.07%
Operational In-House Services	3.58%	3.26%
Public Health & Wellbeing	4.49%	2.13%
Strategic Support	2.23%	1.88%

SERVICE AREA	COMPARISON	SHORT TERM
	Q4 2022/23 %	SICKNESS Q4 2023/24 %
Adult Social Care	2.59%	2.90%
Children's Social Care	1.51%	2.33%
Communities	2.55%	1.86%
Corporate Resources & Customer	1.30%	1.70%
Economic Growth & Housing	1.36%	1.73%
Education Excellence	1.73%	1.25%
Highways & Public Protection	0.66%	1.43%
Operational In-House Services	3.15%	3.51%
Public Health & Wellbeing	0.41%	0.00%
Strategic Support	0.96%	0.73%

All but two service areas, based on recordings input into the system, remain under the Council's long-standing target of 2.2% for short term absence for Q3 in the year 2023/24. All departments are issued with sickness reports each quarter and these are reviewed at departmental management meetings with HR Business Partners to identify problem areas/cases and to take appropriate action.

Three service areas (based on recordings input into the system) exceed the Council target of 2.2%, whilst six service areas remain under the target for short term sickness absence for Q4 in the year 23/24. As stated above, regular discussions take place between management and HR Business Partners to review absences, discuss trends/reasons, and agree appropriate action.

1.10 Long Term Sickness Absence Q3 & Q4

Long term sickness absence is defined as absence lasting more than 4 weeks for any single episode. The Council's long-standing target for long term absence is **1.8%**.

SERVICE AREA	COMPARISON	LONG TERM
	Q3 2022/23	SICKNESS Q3 2023/24
Adult Social Care	4.97%	3.73%
Children's Social Care	3.74%	4.36%
Communities	4.61%	2.50%
Corporate Resources & Customer Services	2.69%	2.20%
Economic Growth & Housing	1.42%	1.60%
Education Excellence	2.86%	1.23%
Highways & Public Protection	1.49%	2.55%
Operational In-House Services	2.90%	4.14%
Public Health & Wellbeing	0.00%	0.00%
Strategic Support	0.60%	3.18%

7 of the 10 service areas have a long-term sickness percentage rate exceeding the Councils target of 1.8% for Q3 of 23/24. Similarly to comments above for short term absences, long term absences are discussed and HR support provided to managers in line with Council policy and procedures to address problem cases. The majority of long term absence involve formal action being taken.

SERVICE AREA	COMPARISON Q4 2022/23	LONG TERM SICKNESS Q4 2023/24
Adult Social Care	3.94%	2.64%
Children’s Social Care	3.31%	5.36%
Communities	3.63%	1.20%
Corporate Resources & Customer	1.61%	1.79%
Economic Growth & Housing	0.53%	1.20%
Education Excellence	4.62%	1.50%
Highways & Public Protection	1.56%	0.77%
Operational In-House Services	3.46%	4.00%
Public Health & Wellbeing	0.00%	0.00%
Strategic Support	0.00%	5.62%

Q4 2023/24 did show an improvement in the long-term sickness absence rates, with just 4 of the ten service areas exceeding the 1.8 % long term sickness target down from 7 in Q3 2023/24. There is ongoing HR support provided to Service Areas to address long term absence, with focus placed on the application of policy in long term cases and targeted issues addressed.

1.11 ‘All’ Sickness Absence Q3 & Q4 – Short and Long Combined

The Council’s long-standing target for ‘all’ sickness is 4%

SERVICE AREA	COMPARISON Q3 2022/23	“ALL SICKNESS” Q3 2023/24
Adult Social Care	7.61%	6.77%
Children’s Social Care	5.79%	6.51%
Communities	7.87%	4.53%
Corporate Resources & Customer	4.49%	3.49%
Economic Growth & Housing	3.91%	2.87%
Education Excellence	4.70%	2.33%
Highways & Public Protection	3.01%	4.62%

Operational In-House Services	6.48%	7.40%
Public Health & Wellbeing	4.49%	2.13%
Strategic Support	2.83%	5.06%

The 6 service areas with a percentage above the 4% Council target, these are indicated in bold, with the remaining 4 areas being under the 4% demonstrating the fluctuating nature of sickness absence.

SERVICE AREA	COMPARISON Q4 2022/23	"ALL SICKNESS" Q4 2023/24
Adult Social Care	6.53%	5.54%
Children's Social Care	4.82%	7.70%
Communities	6.18%	3.06%
Corporate Resources & Customer	2.91%	3.49%
Economic Growth & Housing	1.89%	2.93%
Education Excellence	6.36%	2.75%
Highways & Public Protection	2.23%	2.20%
Operational In-House Services	6.61%	7.55%
Public Health & Wellbeing	0.41%	0.00%
Strategic Support	0.96%	6.35%

Q4 shows 4 service areas with a percentage above the 4% Council target for long term absence, with the remaining 6 areas being under the 4%. The comparison of figures demonstrates the fluctuating nature of long-term (and short term) sickness absence.

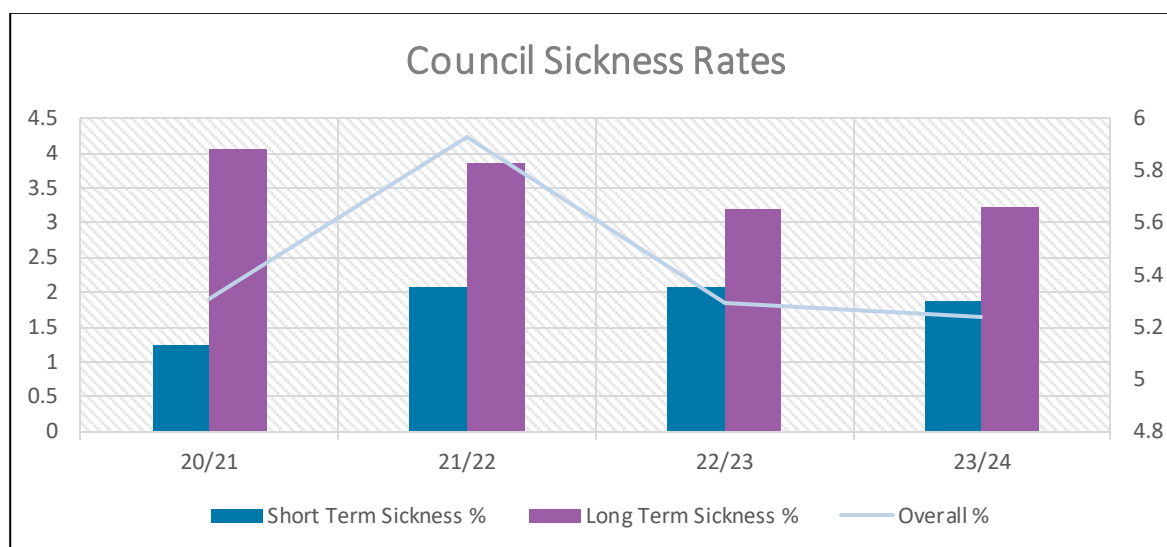
It is noted that the highest rate of sickness can be seen across Adults and Childrens Social Care and Operational In House Services. These services often have significantly higher levels of absence which can often be the case in frontline departments. Further consideration of the overall target rates should take place to review the potential of benchmarking specific services rather than using the same percentage rate for all areas.

OIHS personnel are particularly susceptible to muscular skeletal issues derived from repetitive strain. To address these matters, a 3-month trial is being created whereby the OH Unit provides a site-based provision at Hawthorne Road Depot where we can fast track staff, particularly those within the Waste Service, to either a Doctor or Physiotherapist on-site in an attempt to support staff to return to their role.

1.12 Year End Data for 2023/2024

The year end position for individual service areas for comparison are as follows:

Council All Service Areas Combined (excluding schools)	Short Term Sickness %	Long Term Sickness %	Overall %
23/24	1.87	3.22	5.24
22/23	2.08	3.21	5.29
21/22	2.08	3.85	5.93
20/21	1.25	4.06	5.31



Future consideration of the overall target rates should take place to review the potential of benchmarking specific services, rather than using the same percentage rate for all areas. This would enable departments to identify their different pressures.

It should be noted that any omissions to recording system will impact these figures. In addition, the increased use of agency workers will impact on the figures provided for the departments concerned as agency workers sickness absence is NOT recorded on the Council's Sickness Absence figures.

1.13 Sickness Absence Submissions

Sefton's absences are submitted via a separate system. Service areas teams and schools are expected to submit a monthly record of all absences, this authorises their inclusion onto the feeder file which is then uploaded into ITrent. This report includes the reason for and the period of absence.

The absence submission window opens the 2nd Sunday of the month to 7 days after the window opened and until the absences are submitted, there is a visual indicator to remind users to submit their records in a timely manner ranging from amber in the first week turning to red on the 8th day, returning to green once completed. Regular submissions are important to ensuring that individuals are paid correctly and to maintain the accuracy of our sickness reports.

Following efforts made to bring all teams up to date, we are currently in a good position, with just 50 out of 340 teams being 22 days late for submissions.

1.14 **Occupational Health Referrals**

Excluding schools, the reasons for referral to occupational health during Quarter 3 and 4 of 2023/24 were as follows:

	Q3 2023/2024	Q4 2023/2024
Mental Health	40.35%	40.29%
Musculoskeletal	20.18%	14.03%
Medical Illness	30.70%	31.29%
Post Operative Recovery	2.63%	3.96%
Reproductive	0%	2.16%
Bereavement	3.07%	5.76%
Accidents	1.75%	1.08%
Infections	1.75%	1.44%

Referrals to the Health Unit include requests for support from employees who are not absent.

1.15 **Initiatives undertaken by the Council**

- The Strategic Leadership Board continues to monitor and encourage the reduction of levels of both short and long-term absence.
- Sickness reports are provided to Assistant Directors on a quarterly basis and on an ad hoc basis on request.
- Managers are encouraged to manage absence in accordance with Council policy and procedures and to use the online testing package to fill any knowledge gaps. Briefing sessions and targeted training is arranged, as required, following the results of online testing.
- Targeted support continues within departments to help with the management of sickness absence.
- The Personnel Team work closely with departments providing information and advice and appropriate levels of support, advising managers on informal processes, and assisting managers with the more complex and formal levels of sickness absence management.
- The Personnel team continue to monitor sickness absence and report to the Chief Personnel Officer any issues or trends that are cause for concern.

- The Occupational Health Unit provide Counselling and CBT (Cognitive Behavioural Therapy) on a face-to-face basis. In addition, a specific type of CBT known as Eye Movement Desensitisation, is also available if declared appropriate by the OH physicians. Telephone and video call appointments can be arranged if that is preferred method for individual.
- Physiotherapy appointments are also arranged through the OH Unit as are pension assessments for ill health, ill health pension appeals and deferred pension cases.

1.16 Managing Absence

The Council has a Sickness Absence Policy which operates in a partnership with trade unions. Long term absence is being dealt with in accordance with overall business need and short-term absence is operated in accordance with recognised and agreed trigger points. All policies, where applicable, are subject to modification in accordance with the Equality Act 2010.

Trade unions and management recognise the need for correct management of sickness absence to provide appropriate support to lessen the demands on employees who remain at work.

2. Financial Implications

N/A

3. Legal Implications

N/A

4. Risk Implications

N/A

5 Staffing HR Implications

N/A

6 Conclusion

That the contents of the report be noted.

Alternative Options Considered and Rejected

N/A

Equality Implications:

There are no equality implications.

(Please note that Council have agreed care experience should be treated like a protected characteristic.)

Impact on Children and Young People:

N/A

Climate Emergency Implications:

The recommendations within this report will have a neutral impact.

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Services and Commercial (FD.7761/24.) and the Chief Legal and Democratic Officer (LD.5861/24....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

N/A

Implementation Date for the Decision:

With immediate effect.

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Appendices:

There are no appendices to this report.

Background Papers:

N/A