
Report to: Overview & Scrutiny – Regulatory, Compliance and Corporate Services

Date of Report: 12th January 2016

Subject: Levels of Disciplinary, Grievance and Sickness

Report of: Chief Personnel Officer

Wards Affected: None

Is this a Key Decision? No

Is it included in the Forward Plan? No

Exempt/Confidential: No

Purpose/Summary

To provide a report to Overview and Scrutiny in respect of levels of discipline, grievance and sickness absence.

Recommendation(s)

Overview & Scrutiny - Regulatory, Compliance and Corporate Services are recommended to:

- (i) Receive the report in terms of discipline, grievance and sickness absence levels.
- (ii) Note the latest information in respect of ongoing work.
- (iii) Note the particular initiatives being put in place in terms of the levels of disciplinary, grievance and sickness absence.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Jobs and Prosperity		✓	
3	Environmental Sustainability		✓	
4	Health and Well-Being		✓	
5	Children and Young People		✓	
6	Creating Safe Communities		✓	
7	Creating Inclusive Communities		✓	
8	Improving the Quality of Council Services and Strengthening Local Democracy		✓	

Reasons for the Recommendation:

The recommendations reflect the request made by Overview & Scrutiny for information.

What will it cost and how will it be financed?

(A) Revenue Costs N/A

(B) Capital Costs N/A

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Legal		
Human Resources		
Equality		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact on Service Delivery:

The management of the workforce is a crucial activity within the Authority.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and has no comments to make (FD 3958/15)

The Head of Regulation and Compliance has been consulted and has no comments to make (LD 3241/15)

Are there any other options available for consideration?

None considered.

Implementation Date for the Decision:

N/A

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Background Papers:

INTRODUCTION/BACKGROUND

1. This report provides Members with an update on the levels of disciplinary, grievance and sickness absence within the Authority.
2. The management of the workforce is an important activity in not only achieving outcomes for our communities but also in ensuring that the workforce is appropriately managed and motivated.

SICKNESS ABSENCE – QUARTER 1 (Detailed Analysis)

3. Based on records currently entered on the system, the total number of 'available days' from 1 April 2015 to 30 June 2015 including school-based staff was 376,194 Full Time Equivalent (FTE). Total absence, both long and short term, was 15,967 FTE days which equates to 4.24% - comprising 1.78% short term and 2.46% long term. This converts to approximately 9.67 days per employee.
4. If the data for school-based staff are extracted there were 150,211 FTE days available for the same period. Corresponding total absence, both short and long term, was 8,030 FTE days which equates to 5.34% - comprising 1.93% short term and 3.41% long term. This converts to approximately 12.17 days per employee.
5. It is difficult to compare Sefton's current performance against that of other local councils as the only information available is for the period 1 April 2014 until 31 March 2015 and equates to days lost only. However what can be determined is that the number of days lost in Sefton for that period is 10.76 (inclusive of schools) and 13.13 (exclusive of schools). The spectra of absences within the local councils range from 6.80 to 10.76 (including schools) and 7.70 to 13.13 (excluding schools) with an average of 9.19 and 10.74 respectively. From these figures it is evident that Sefton is at the top end of those spectra (although figure comparison is difficult given some Authorities' move from standard figures) and therefore it was decided that there should be a concerted effort in reducing levels of both short and long term absence through an array of initiatives detailed in paragraph 25 of this report.

Departmental performance

6. Annex 1 graphically illustrates departmental performance (exclusive of schools) for the period 1 April 2015 to 30 June 2015 (Quarter 1). Figures exceeding the short and long term targets are emboldened in a larger font within the tables below the graphs.
7. Annex 2 provides data across a period of 12 months and therefore provides a wider picture of absence levels across departments.
8. Comparing the data within both of these annexes, it is apparent that levels of absence "peaked" in Quarter 3 of 2014/15 at 6.22% but have continued to improve since then. The figures for short term absence are less problematic with no department exceeding 2.2% within Q1 for 2015/6. A corporate target has therefore now been reached after some work. It is important to note however that there are still a high proportion of departments exceeding the Council's target of long term target of 1.8%. Long term absence is now where the most attention needs to be directed.

9. Organisational change within Sefton continues and impacts on employee's wellbeing. It will also be difficult for some time to make direct comparisons across departments because of organisational change.

Reasons for absence

10. It should be noted that the reason for the highest overall absence (short and long term) in Q1 is for Mental Health, which accounts for 21.69% of total absence. Infections (17.94%), Medical issues (16.7%) and Musculoskeletal problems (15.59%) feature as the second, third and fourth types of absence, respectively.
11. 11.3% of absence is still being recorded as "other illness". Not only is there is no need for this but it is important for managers to record the reason for absence correctly. Not doing so may distort figures in other absence categories and may change the focus of how absence is targeted. If managers are unsure about how or what to record the Health Unit is available to provide advice and guidance.
12. If only short term absence is considered then the reason for the highest level of absence in Q1 is Infections (35.25%), followed by Medical issues (24.96%), Musculoskeletal problems (9.40%) and Post-operative (8.03%), respectively.
13. If only long term absence is considered then the reason for highest level of absence in Q1 is Mental Health (29.66%), followed by Musculoskeletal problems (18.92%), "Other" (13.46%) and Medical issues (12.25%), respectively.
14. The reasons for absence are reflected in the types of referral to the Health Unit during the same periods.

Referrals to the Health Unit

15. There were 171 referrals to the Health Unit between 1 April 2015 and 30 June 2015. 68 (39.8%) of these referrals were for mental health, including anxiety, stress and depression; 58 (33.9%) were for musculoskeletal type problems and 24 (14.0%) were for medical conditions such as cancer, respiratory and circulatory problems.
16. The Department with the highest number of referrals for that period, 85 (49.7%) is YPF, but this does include figures for school employees. 32 of these referrals were due to mental health, 25 due to musculoskeletal problems and 14 due to medical conditions. The departments with the second and third highest number of referrals are Street Scene, 43 (25.2%) and Older People, (19.9%).

SICKNESS ABSENCE – QUARTER 2 – INITIAL ANALYSIS

17. Following changes to the organisational structure, Annex 3 provides initial figures for Quarter 3 which will shortly be reported to the Cabinet Member – Regulatory, Compliance and Corporate Services.
18. These figures are initial figures and have been revised to indicate how the issues occur within the new organised service areas.
19. The figures are showing some improvement in short term absence, with the exception of Adult Social Care. In particular, short term absence has continued the trend of coming into target (following on from last quarter's improvement in that absence in the

vast majority of departments).

20. Further work is necessary in relation to the management of long term absence in providing support and targeting departments which are not meeting target. In some areas, because of the nature of the workforce and the sickness issues that are recurring, it is unavoidable that targets are not met.
21. Annex 3 provides an analysis of departmental performance and Annex 4 provides a 12 month analysis.

Health Unit

22. 180 referrals were made between 1 July and 30 September 2015.
23. The majority of referrals (61) in July (relative to the previous Council departmental structure) were from YPF, (42.6%), Street Scene (27.9%) and Older People (11.5%) with the main reasons being anxiety and stress (47.5%) and musculoskeletal problems (26.2%).
24. During August and September (relative to the new Council structure) the majority of referrals (119) were from Locality – Provision (29.4%), Schools (24.4%) and Adult Social Care (12.6%). It is important to appreciate that the number of referrals from schools in August and the beginning of September does reduce significantly. The main reasons for referrals were musculoskeletal problems (36.1%) and anxiety and stress (27.7%).

Initiatives

25. Targeted support has occurred within departments to help with sickness absence and this has reflected in the improvement in short term absence. Heads of Service as a standard are discussed and deal with sickness absence issues within the Strategic Leadership Board. Further and continued intervention will take place in relation to sickness absence which consists of the following:
 - a) Provision of targeted information to Heads of Service to enable better management of their sickness absence. Self sickness absence within their areas
 - b) Support (within resource) will be provided to assist managers to manage absence more effectively.
 - c) Completion of stress audits within Adults and Children's Social Care have taken place and have indicated some minor changes in practice that need to occur. Managers will continue to have their awareness of stress issues heightened and be encouraged to manage absence in accordance with agreed policies.
 - d) An integrated e-Learning and test package is being rolled out throughout the Authority to all managers who have responsibility for dealing with sickness absence. This provides guidance as to dealing with sickness absence and also provides a test which managers must pass. Targeted support will continue to take place to fill any knowledge gaps.
 - e) A Sickness Absence Panel continues to meet with 2 Heads of Service and the Chief Personnel Officer, inviting managers and Heads of Service to discuss

particular issues or problem areas.

- f) The Personnel Team will continue to monitor sickness absence and will report to the Chief Personnel Officer of any particular issues or trends that they become aware of.

Causes of Absence

26. The Council has a Sickness Absence Policy which will operate in a partnership approach with trade unions. These involve long term absence being dealt with in accordance with overall business need and short term absence being operated in accordance with recognised and agreed trigger points. All policies, where applicable, are subject to modification in accordance with the Equality Act 2010.

27. Trade unions and management recognise the need for correct management of sickness absence to enable both support for employees to be appropriate and also for the lessening of demands upon employees who remain at work.

28. Key causes of higher levels than targeted sickness absence are as follows:

- a) Managers not dealing with cases in a required way causing delay and a lack of an appropriate approach.
- b) As with some areas, due to the nature of the ageing workforce (and the nature of some work in some areas), it is inevitable that there will be a rise in levels of sickness absence.
- c) Organisational change has caused some increases of anxiety within some areas and has led to increases in absence. However, issues and trends have in some way been identified in the work that was undertaken in relation to stress audits in Children's and Adults Social Care.
- d) Due to the reduction in overall management numbers, there has been a lessening of resource of management to deal with both day to day issues and also sickness absence. This has in some cases led to a lack of focus on dealing with the management of sickness absence.

DISCIPLINARY, GRIEVANCE AND CAPABILITY

29. Annex 5 provides a breakdown of formal cases as at 3rd December 2015 as from 1st April 2015 to 30th November 2015.

30. 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 departments.

SUSPENSIONS

31. In the period 1st April 2014 to 30th November 2015, 17 employees were suspended from the Authority (not including schools)

32. Suspension takes place in order to facilitate an investigation into matters which could result in dismissal for gross misconduct. Many investigations will also include

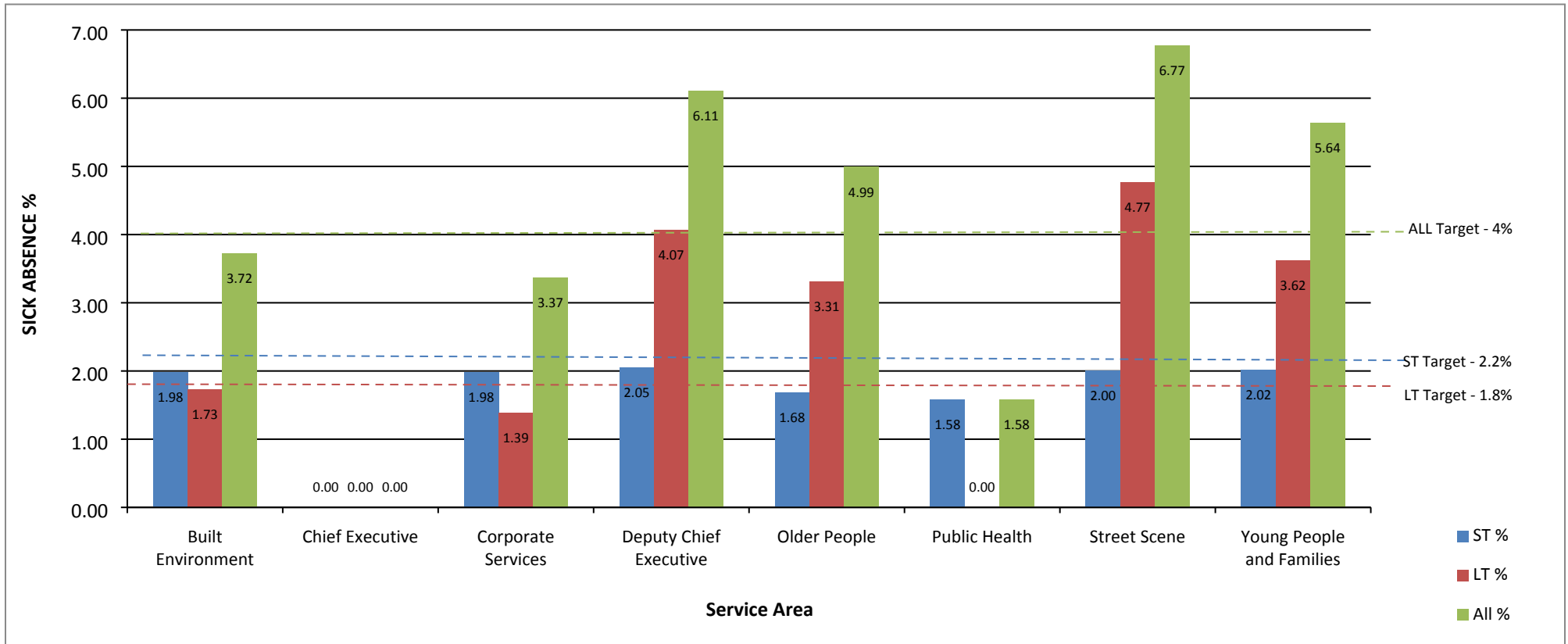
a potential referral to a professional body such as the Health Care and Professionals Council. Personnel continue to press departments to resource investigations appropriately which can sometimes be an issue.

33. The process for suspension will be a decision taken by a Senior Manager with the advice of the Personnel Department who will appoint investigation officers who are then advised.

CONCLUSION

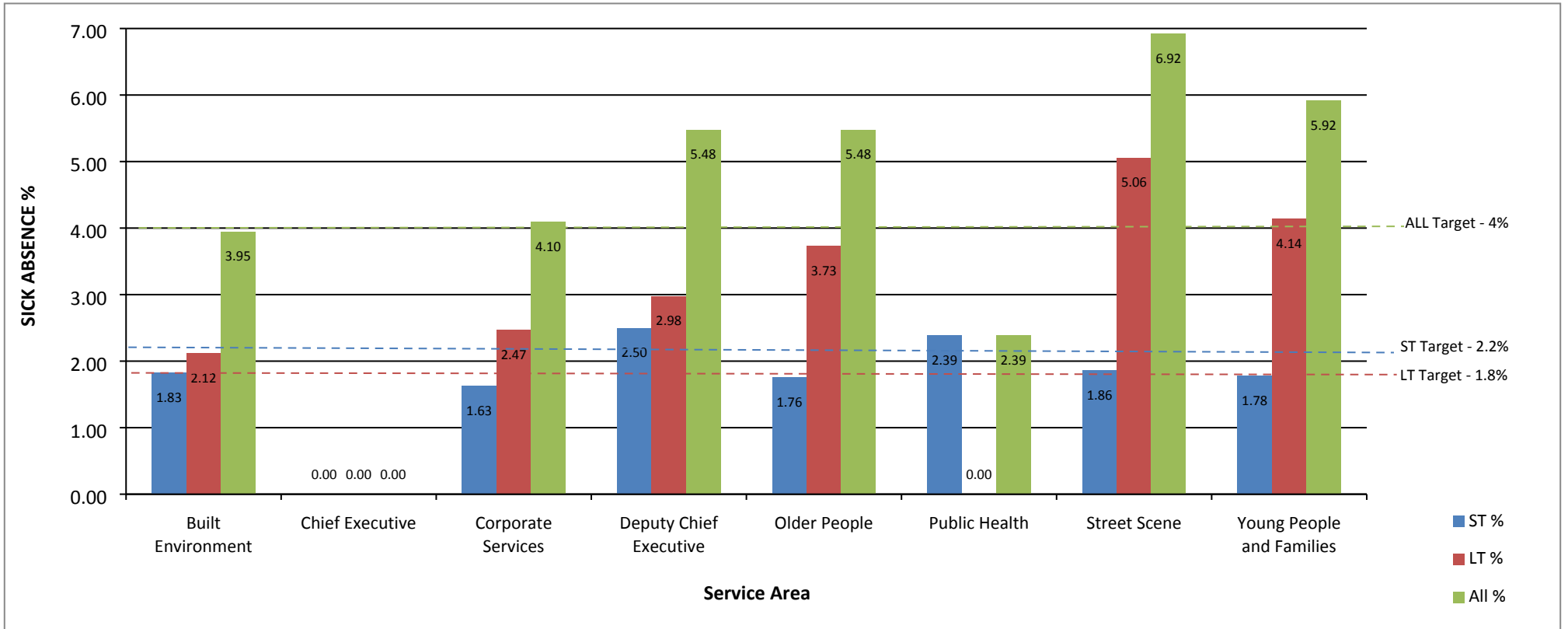
34. Members will note in particular that given short term absence has come under target, that further effort should reap benefits. In terms of long term absence figures in respect of disciplinary and grievance figures do not cause concern for the organisation against benchmarked figures.

Sick Absence by Service Area for 01/04/2015 to 30/06/2015 (Q1 2015/16)



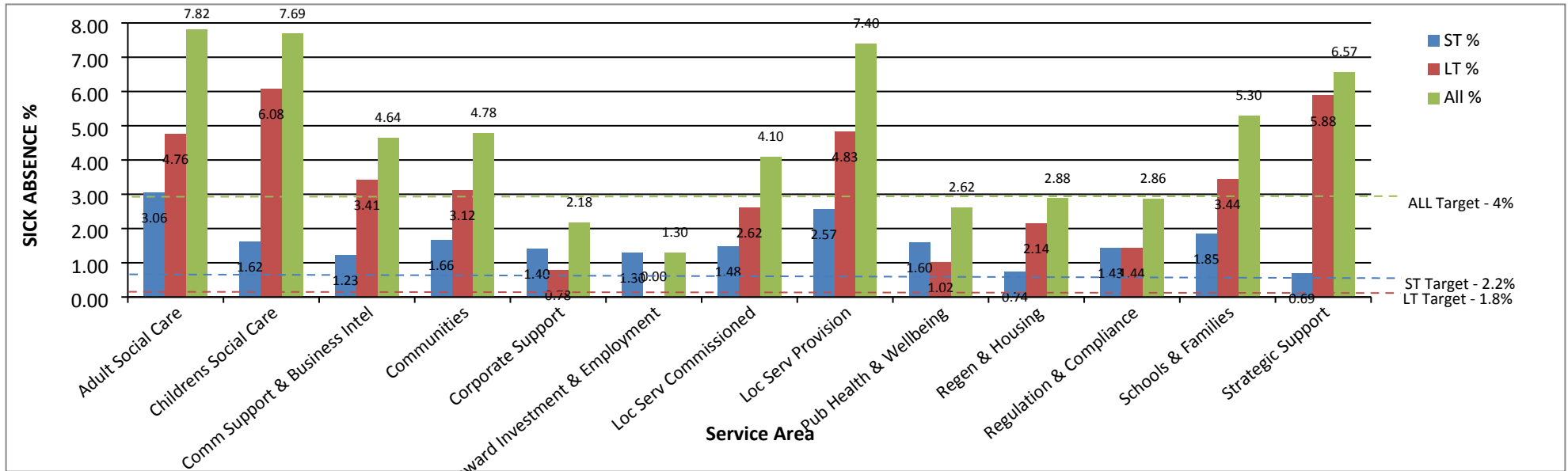
Service Area	Days Available	ST Sick Days	ST %	ST Episodes	LT Sick Days	LT %	LT Episodes	All Days Sick	All %	All Episodes
Built Environment	21,890.55	434.01	1.98	110	379.63	1.73	11	813.63	3.72	121
Chief Executive	172.94	0	0	0	0.00	0.00	0			0
Corporate Services	13,952.80	276.65	1.98	71	193.59	1.39	5	470.24	3.37	76
Deputy Chief Executive	1,417.49	29.00	2.05	10	57.65	4.07	1	86.65	6.11	11
Older People	30,902.01	519.99	1.68	159	1,023.10	3.31	32	1,543.08	4.99	191
Public Health	1,126.03	17.75	1.58	6	0.00	0.00	0	17.75	1.58	6
Street Scene	48,080.67	960.37	2.00	324	2,295.24	4.77	84	3,255.61	6.77	408
Young People and Families	32,669.46	661.53	2.02	148	1,181.78	3.62	38	1,843.31	5.64	186
Total	150,211.95	289.93	1.93	828	5,130.99	3.41	171	8,030.77	5.34	999

Sick Absence by Service Area for 01/07/2014 to 30/06/2015 (12 Months)



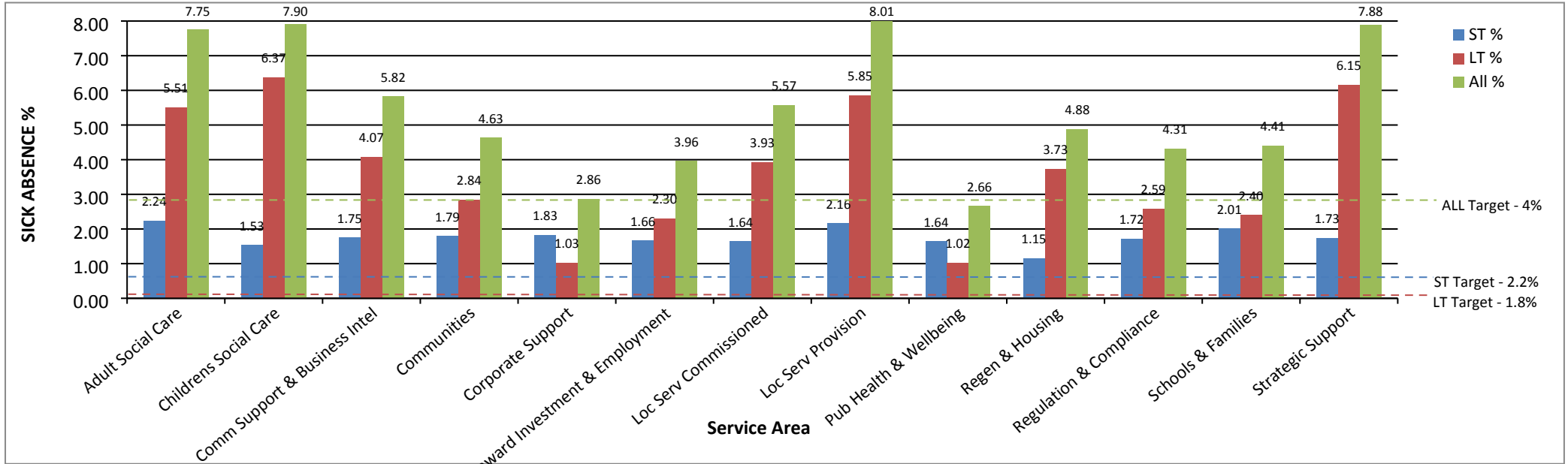
Service Area	Days Available	ST Sick Days	ST %	ST Episodes	LT Sick Days	LT %	LT Episodes	All Days Sick	All %	All Episodes
Built Environment	88,710.65	1,627.14	1.83	453	1,877.92	2.12	47	3,505.06	3.95	500
Chief Executive	642.21	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Corporate Services	57,419.77	938.04	1.63	269	1,415.53	2.47	28	2,353.57	4.10	297
Deputy Chief Executive	6,177.97	154.36	2.50	36	184.00	2.98	3	338.36	5.48	39
Older People	124,168.29	2,180.35	1.76	673	4,626.31	3.73	108	6,806.66	5.48	781
Public Health	5,100.48	121.87	2.39	40	0.00	0.00	0	121.87	2.39	40
Street Scene	194,966.67	3,619.92	1.86	1303	9,864.09	5.06	260	13,484.01	6.92	1563
Young People and Families	131,322.25	2,347.61	1.78	706	5,424.56	4.14	111	7,772.17	5.92	817
Total	609,152.71	10,989.29	1.80	3480	23,392.41	3.84	557	34,381.70	5.64	4037

Sick Absence by Service Area for 01/07/2015 to 30/09/2015 (Q2 2015/16)



Service Area	Days Available	ST Sick Days	ST %	ST Episodes	LT Sick Days	LT %	LT Episodes	All Days Sick	All %	All Episodes
Adult Social Care	12,953.31	396.73	3.06	71	615.94	4.76	18	1,012.67	7.82	89
Children's Social Care	13,380.63	216.15	1.62	46	813.39	6.08	18	1,029.55	7.69	64
Comm Supp & Business Intell	7,046.45	86.48	1.23	23	240.38	3.41	7	326.86	4.64	30
Communities	11,448.35	190.10	1.66	64	357.61	3.12	12	547.71	4.78	76
Corporate Support	11,681.62	163.31	1.40	51	91.00	0.78	3	254.30	2.18	54
Inward Investment & Employment	3,826.81	49.94	1.30	18	0.00	0.00	0	49.94	1.30	18
Locality Services Commissioned	11,482.70	169.98	1.48	54	301.14	2.62	10	471.12	4.10	64
Locality Services Provisioned	39,830.70	1,023.45	2.57	274	1,922.23	4.83	67	2,945.68	7.40	341
Public Health & Wellbeing	9,173.47	146.85	1.60	58	93.23	1.02	7	240.08	2.62	65
Regeneration & Housing	5,847.78	43.38	0.74	23	124.99	2.14	4	168.38	2.88	27
Regulation & Compliance	8,150.69	116.51	1.43	35	117.00	1.44	4	233.52	2.86	39
Schools & Families	14,316.36	265.24	1.85	62	493.13	3.44	15	758.37	5.30	77
Strategic Support	1,455.36	10.00	0.69	3	85.56	5.88	2	95.56	6.57	5

Sick Absence by Service Area for 01/10/2014 to 30/09/2015 (12 months)



Service Area	Days Available	ST Sick Days	ST %	ST Episodes	LT Sick Days	LT %	LT Episodes	All Days Sick	All %	All Episodes
Adult Social Care	50,926.77	1,141.14	2.24	261	2,805.49	5.51	59	3,946.63	7.75	320
Children's Social Care	53,101.22	814.10	1.53	205	3,382.83	6.37	58	4,196.93	7.9	263
Comm Supp & Business Intell	28,308.23	496.65	1.75	131	1,151.07	4.07	25	1,647.72	5.82	156
Communities	47,151.81	842.27	1.79	272	1,341.06	2.84	33	2,183.33	4.63	305
Corporate Support	46,237.18	845.14	1.83	234	476.41	1.03	10	1,321.55	2.86	244
Inward Investment & Employment	14,961.67	248.81	1.66	88	343.13	2.30	9	591.94	3.96	97
Locality Services Commissioned	45,139.21	742.03	1.64	216	1,773.35	3.93	43	2,515.38	5.57	259
Locality Services Provisioned	159,577.84	3,454.49	2.16	1159	9,324.16	5.85	232	12,778.65	8.01	1391
Public Health & Wellbeing	37,112.78	610.08	1.64	222	378.84	1.02	15	988.92	2.66	237
Regeneration & Housing	22,868.15	262.36	1.15	94	854.71	3.73	20	1,117.07	4.88	114
Regulation & Compliance	33,590.47	578.34	1.72	177	871.00	2.59	19	1,449.34	4.31	196
Schools & Families	55,906.62	1,123.23	2.01	333	1,341.81	2.40	32	2,465.04	4.41	365
Strategic Support	6,031.59	104.13	1.73	29	371.00	6.15	5	475.13	7.88	34

BREAKDOWN

Disciplinary Cases	36	Outcomes	
Catering	1	Dismissals	0
Cleansing	17	Final Warning	2
STU	1	Written Warning	3
Building Cleaning	1	Verbal Warning	4
Sefton Security	1	Formal Instructions	7
Sport & Recreation	2	No case to answer	4
Children's Social Care	6	Resignations	5
Adult Social Care	5	Compromise Agreement	1
Sefton @ Work	1	On-going cases	10
	35		35

(Potential misconduct - suspensions - 17)

Grievances		Outcomes	
Cleansing	4	Not upheld	1
Children's Social Care	1	Partially upheld	1
Strategic Support	1	Ongoing	4

Capability		Outcomes	
Catering	1	Completed	1
Children's Social Care	2	Resignation	1
Building Cleaning	1	Redeployment	1
		Ongoing	1

Dignity at Work		Outcomes	
Children's Social Care	2	Disciplinary	1
Finance	1	Mediation	1
Catering	1	Resignation	1
		Withdrawn	1