

Report to:	Overview & Scrutiny – Regulatory, Compliance & Corporate Services	Date of Meeting:	31 st October 2017
Subject:	Levels of Disciplinary, Grievance and Sickness		
Report of:	Chief Personnel Officer	Wards Affected:	None
Cabinet Portfolio:	Regulatory, Compliance & Corporate Services		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

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

Recommendation(s):

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

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

Reasons for the Recommendation(s):

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

Alternative Options Considered and Rejected: (including any Risk Implications)

N/A

What will it cost and how will it be financed?

(A) Revenue Costs N/A

(B) Capital Costs N/A

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
N/A
Legal Implications:
N/A
Equality Implications:
There are no equality implications.
(Please delete as appropriate and remove this text)

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Achieving the correct application of procedures, facilitating the protection of the most vulnerable.
Facilitate confident and resilient communities: N/A
Commission, broker and provide core services: Absences can have a detrimental effect upon core service delivery
Place – leadership and influencer: Correct workforce allocation allows leadership and influencing
Drivers of change and reform: N/A
Facilitate sustainable economic prosperity: N/A
Greater income for social investment: N/A
Cleaner Greener N/A

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD 4892/17) and Head of Regulation and Compliance (LD 4176/17) have been consulted and have no comments on the report.

(B) External Consultations

N/A

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Appendices:

The following appendices are attached to this report:

Annex 1 – Sickness Absence by Service Area for 01/04/2017 to 30/06/2017 (Q1 2017/18)

Annex 2 – Sickness Absence by Service Area for 01/07/2016 to 30/06/2017 (12 months)

Annex 3 – Breakdown for the Period November 2016 – September 2017

Background Papers:

There are no background papers available for inspection.

INTRODUCTION/BACKGROUND

1. This report provides Members with an update on the levels of disciplinary, grievance and sickness absence within the Authority (excluding schools).
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.

SICKNESS ABSENCE – QUARTER 1, 1st April 2017 to 30th June 2017

3. Based on current records the total number of ‘available days’, from 1 April 2017 to 30 June 2017 (excluding schools), was 151,508 Full Time Equivalent (FTE) days. Total sickness absence, both long and short term, was 6,543 FTE days which equates to 4.32%. This comprises 1.46% short term and 2.86% long term. The overall Corporate target is 4% (short term 2.2%; long term 1.8%), and as you will see from the attached graphs, for Q1 11 service areas are within target for Long Term sickness, 7 areas are within target for Short Term sickness, and the overall position is 7 areas within the 4%, with 5 service areas running overall at higher than the 4%. This is also a reduction compared to Q1 2016 which was 5.07%.
4. Annex 1 graphically illustrates departmental performance (exclusive of schools) for the Quarter 1 period. Figures exceeding the short and long term targets are emboldened in a larger font within the tables below the graphs.
5. Annex 2 provides data across a period of 12 months to 30 June 2017 and therefore provides a wider analysis of absence levels across departments. Over the 12 month period shown in the attached charts the percentage absence is 5.59% which although above the 4% target is a reduction overall from 6.1% for the previous 12 months.
6. Organisational change within Sefton will continue to impact on making direct comparisons across departments. Support is provided across all service areas and it should be noted that a number of service areas are showing a reduction in absence at this stage.

Reasons for absence & Referral to Health Unit Quarter 1 2017

2017/18 - Quarter 1					
	Reason for Absence (Short & Long Term)	%		Reason for Referral to HU (216 employee referrals)	%
1	Musculoskeletal	21.25		Mental Health	33.80
2	Mental Health	20.87		Musculoskeletal	23.61
3	Medical Illness	18.08		Medical Illness	12.50
4	Infections	15.36		Infections	5.09
5	Post Operative	14.87		Post Operative	6.02
6	Bereavement	3.76		Bereavement	1.85
7	Other	Nil			

7. At the start of 2017 the absence reason 'other illness' was removed from the system. It was considered that its use was distorting the figures for the other categories and was not providing the specific detail required. Over time the percentage of absence recorded against 'other illness' reduced and has now disappeared from the above chart. If managers are unsure about how to record absences they refer to the Health Unit for advice and guidance.

Initiatives

8. Strategic Leadership Team continues to monitor and encourage the reduction of levels of both short and long term absence.
9. A representative from Corporate Personnel Operations Team attends Departmental Management Team (DMT) as required, with relevant sickness absence information for discussion and further action as required.
10. Statistical information is provided to Heads of Service on a quarterly basis.
11. Managers are encouraged to manage absence in accordance with agreed policies, those managers who have not done so are encouraged to use the online testing package to fill any knowledge gaps. Briefing sessions and targeted training is arranged as required from the results of the online testing.
12. Targeted support will continue within departments to help with sickness absence. In addition to the services already provided through the Health Unit, additional support can include specific intervention initiatives, for example; physiotherapy services more involved in areas where physical effort is a part of the role; 'resilience' sessions for managers dealing with difficult and serious health related employee matters.
13. 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 formal and complex levels of sickness absence management. The Personnel team will continue to monitor sickness absence and will report to the Chief Personnel Officer any particular issues or trends that are cause for concern.

Managing Absence

14. 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.
15. 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.

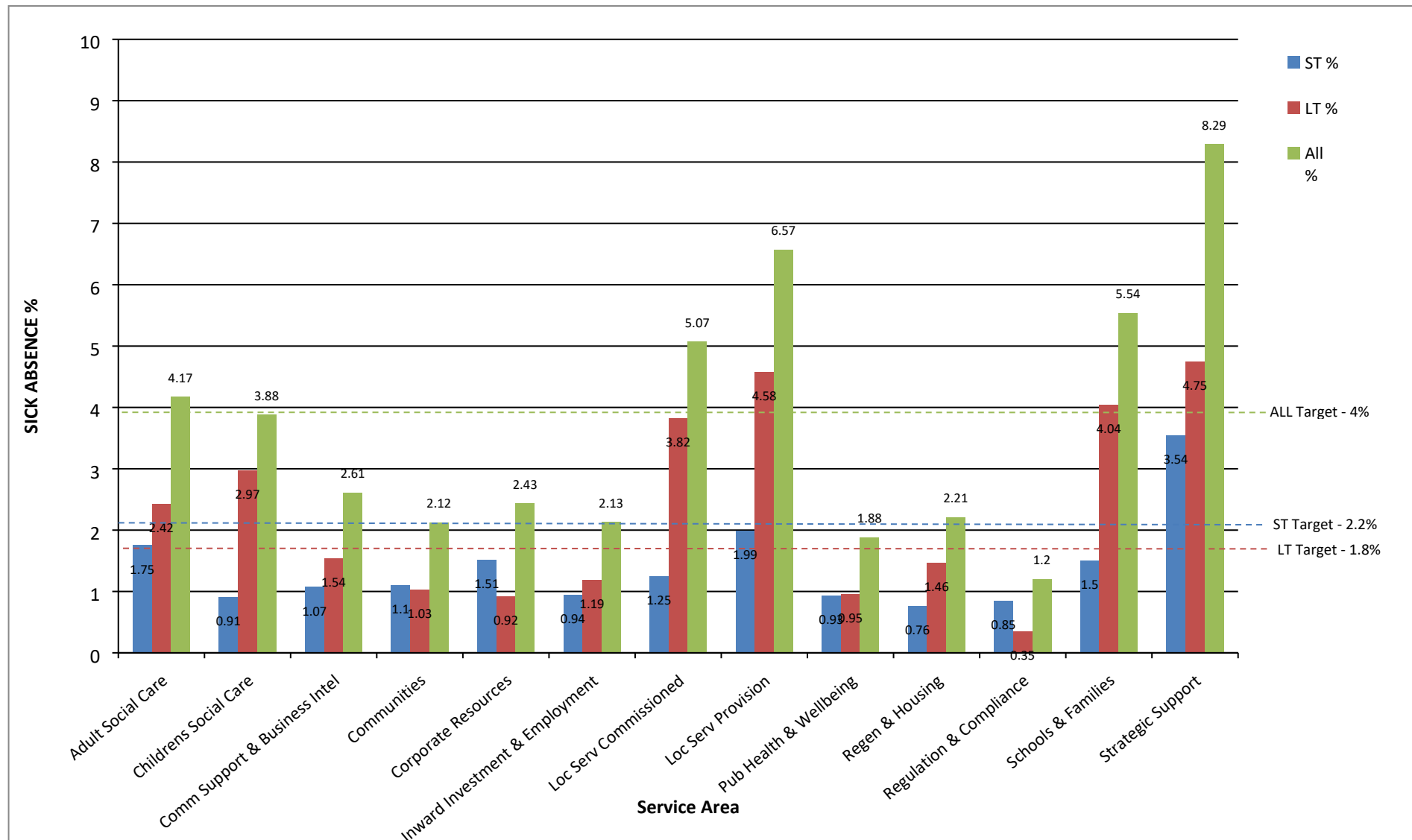
DISCIPLINARY, GRIEVANCE AND CAPABILITY

16. Annex 3 provides a breakdown of formal cases for November 2016 to September 2017.
17. 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

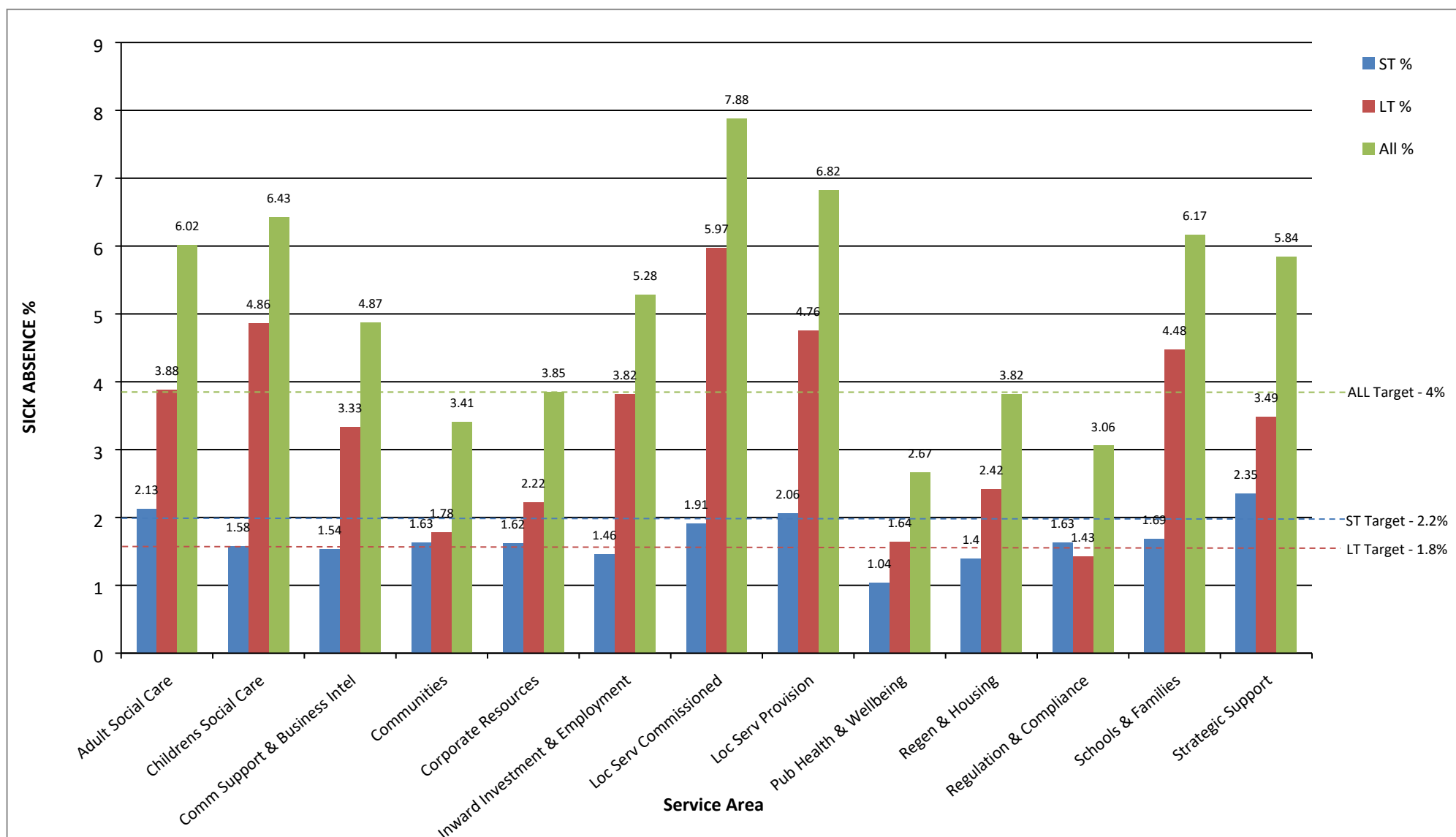
18. In the period November 2016 to September 2017, 16 employees were suspended from the Authority (not including schools)
19. Suspension takes place in order to facilitate an investigation into matters which could result in dismissal for gross misconduct. Many investigations will also include a potential referral to a professional body such as the Health Care and Professionals Council. Personnel continue to press departments to resource investigations appropriately.
20. Whether a suspension is appropriate will be a decision taken by a Senior Manager with the advice of the Personnel Department.

Sick Absence by Service Area for 01/04/2017 to 30/06/2017 (Q1 2017/18)



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	15,573.22	272.67	1.75	55	376.71	2.42	13	649.38	4.17	68
Children's Social Care	14,000.38	126.76	0.91	39	416.00	2.97	12	542.77	3.88	51
Comm Support & Business Intell	3,169.93	33.76	1.07	10	48.87	1.54	1	82.64	2.61	11
Communities	11,350.18	124.51	1.10	39	116.56	1.03	3	241.07	2.12	42
Corporate Support	11,734.99	176.68	1.51	36	108.44	0.92	3	285.12	2.43	39
Inward Investment & Employment	3,617.33	34.17	0.94	13	43.00	1.19	3	77.17	2.13	16
Locality Services Commissioned	10,722.59	133.76	1.25	42	410.11	3.82	15	543.87	5.07	57
Locality Services Provisioned	41,516.16	824.85	1.99	269	1,900.72	4.58	70	2,725.56	6.57	339
Public Health & Wellbeing	9,221.36	85.85	0.93	33	87.14	0.95	4	172.99	1.88	37
Regeneration & Housing	5,717.57	43.25	0.76	17	83.25	1.46	3	126.49	2.21	20
Regulation & Compliance	7,299.49	62.30	0.85	21	25.36	0.35	1	87.66	1.20	22
Schools & Families	16,371.18	245.64	1.50	64	661.88	4.04	17	907.52	5.54	81
Strategic Support	1,214.22	43.00	3.54	8	57.65	4.75	1	100.65	8.29	9

Sick Absence by Service Area for 01/07/2016 to 30/06/2017 (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	60,180.30	1,284.56	2.13	301	2,337.11	3.88	62	3,621.67	6.02	363
Children's Social Care	56,692.42	893.50	1.58	219	2,753.21	4.86	61	3,646.71	6.43	280
Comm Support & Business Intell	12,940.75	199.92	1.54	53	430.62	3.33	11	630.54	4.87	64
Communities	40,994.06	669.27	1.63	225	730.51	1.78	26	1,399.78	3.41	251
Corporate Resources	47,428.16	770.09	1.62	201	1,054.70	2.22	25	1,824.79	3.85	226
Inward Investment & Employment	14,752.29	215.67	1.46	76	563.92	3.82	10	779.59	5.28	86
Locality Services Commissioned	41,323.06	788.53	1.91	215	2,467.41	5.97	47	3,255.94	7.88	262
Locality Services Provisioned	166,520.55	3,425.97	2.06	1105	7,922.49	4.76	285	11,348.46	6.82	1390
Public Health & Wellbeing	36,611.24	379.23	1.04	161	599.61	1.64	24	978.83	2.67	185
Regeneration & Housing	23,211.91	325.61	1.40	113	561.71	2.42	19	887.32	3.82	132
Regulation & Compliance	29,658.24	483.45	1.63	150	423.35	1.43	13	906.81	3.06	163
Schools & Families	65,249.99	1,102.18	1.69	305	2,925.57	4.48	76	4,027.75	6.17	381
Strategic Support	5,157.04	121.42	2.35	26	180.00	3.49	3	301.41	5.84	29

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