Leicester City Council

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

Cabinet	**31 March 2008**
Performance and VFM Select Committee	**16 April 2008**
ECF	**TBC**

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Improving Attendance
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Report of the Deputy Leader

1. Purpose of Report

a) To ensure Cabinet is aware of the work of the Improving Attendance Project Board.
b) To seek Cabinet's views on and approval of a strategy to improve attendance in LCC.
c) Agree the financial resources required to deliver the strategy.

2. Summary

LCC continues to have a poor sickness absence record. Although actions have been taken to reduce absence, further effort is required. In particular, to ensure individual managers are able to fulfill their responsibilities and to reduce the pressure on staff in general.

A strategy is proposed (Appendix A) to reduce absence and improve attendance in LCC. The strategy includes proactive and reactive actions, which are intended to support those with genuine illness and challenges any culture of unnecessary time off.

3. Report

3.1. Background

The Council's sickness absence levels saw an increase in 2005/06 to 12.73 days from the previous years average of 10.4 days, due to a significant rise in reported absence in R&C and Education departments (though its is also suspected that much of this may be due to improved data collection). Since then we have seen a slight improvement to 12.38 average days in 2006/07. This is a steady reduction but remains relative poor performance. The latest forecast for the end of the year 2007/08 is 12.16 days.

Mid Year, End Year and Forecast
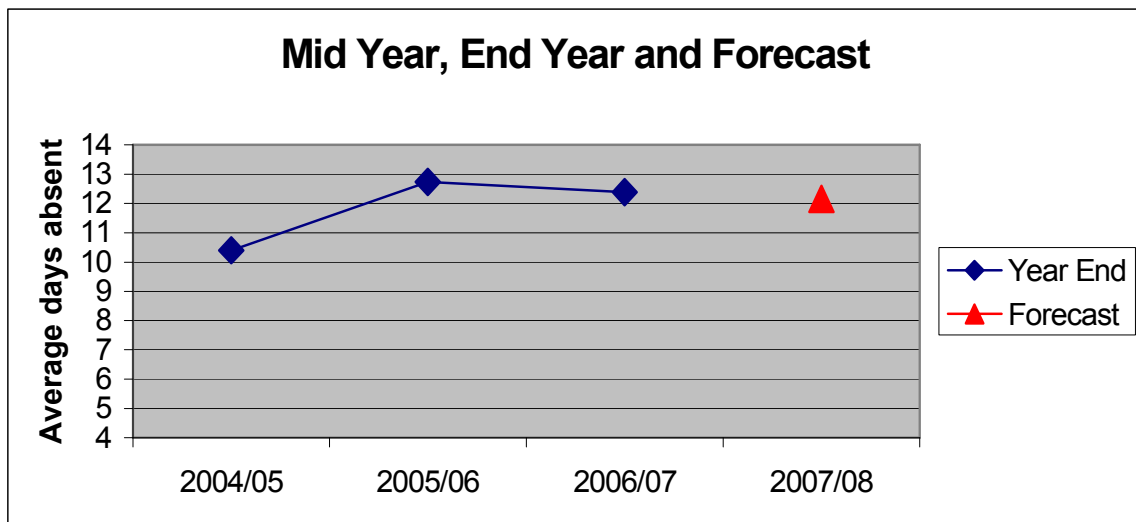
With regard to the differential between long and short term, we are broadly comparative with the public sector as a whole (CBI/AXA survey reports that long term absence accounts for 51 % of working time lost). Therefore, both long and short-term absence needs to be addressed.

Regarding the cost of absence, if sickness absence in the public sector costs £732 per employee (CIPD, 2007), the (predominantly 'lost-opportunity') cost of absence to LCC was £11.5 million in 06/07.

Data comparing the Council's performance with other authorities is at Appendix D.

3.2.   **Cabinet Improving Attendance Project Board**
In response to LCC's continuing high absence levels, a Project Board was formed in late 2007. The Board consisted of Councillors Draycott*,* Connelly and Corrall, with officer support and input. In addition, the Board received input from the Trades Unions.

The Board set out to:
a. Understand LCC's current absence record, including how we compare with other organisations.
b. Identify strengths and weakness in LCC's current approach to attendance management.
c. Consider actions taken in other similar organisations to improve attendance.
d. Produce a strategy to improve attendance.
e. Engage the Trade Unions at an early stage in the development of the strategy.

Via a series of meetings, the Board considered a number of issues. These included:
a) The Council's current Attendance Management Policy, including its 'trigger' levels and approaches to managing long and short-term absence.
b) The recently introduced quarterly 'strategic' (DMT-level) and monthly 'tactical' (Service Director-level) absence reports.
c) The 'operational' (line manager-level) reports identifying individuals who have 'triggered', planned for roll-out across LCC in 08/09.

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d) The intervention and support mechanisms that LCC already has in place. For example; Occupational Health, musculoskeletal rehabilitation, confidential counselling, the Council's stress management policy, etc.

e) The actions necessary to achieve a significant reduction in absence (to 10 days at the end of 08/09).

f) Case studies identifying the actions taken by other Local Authorities that have successfully reduced absence levels.

g) More radical options, such as 'first day absence reporting' schemes, withholding annual increments and reducing occupational sick pay.

3.3. Trades Union input

As a key stakeholder in reducing absence, UNISON were invited to input their views at one of the Board's meetings, following their interest in the Board's work. The 'conclusions' contained within UNISON's written submission (which followed the Project Board meeting) were:

'1. Leicester City Council actually has quite a punitive policy. It is the inconsistent application of that policy that causes inequality and anomalies across departments.

2. The way statistics are collated is questionable and possibly artificially inflates figures.

3. Lack of management training in the application of procedures such as Disciplinary, Grievance, Capability and Harassment and Discrimination is inadequate and we believe impacts on the overall sickness figures

4. A review of the Stress Policy is scheduled and this should be carried out, not become a talking shop on the issue as has been the case in the past. This policy has been under review ever since Local Government Reorganisation.

5. There is no need for a review of the Absence Policy as long as everyone involved in the application of the policy from both management and the trade union side are aware of the law and statutory requirements.'

The full submission from Unison can be seen at Appendix B.

3.4. Strengths and weaknesses

The recurring issues identified by the Board were:

a) Members and Senior Managers need to continue to give clear messages to employees and managers that improving attendance is a key organisational priority.

b) Service Directors and Heads of Service have a key role in ensuring senior management commitments are turned into action by line managers.

c) Individual operational and line managers have the key role in effectively implementing the policy.

d) Managers need training and support to deal with attendance management issues. This could include managing cases where employment decisions need to be made.

e) The consistent and fair application of any attendance policy is a critical issue. For LCC, reducing absence will not be achieved through simply producing a new policy.

f) Good management data is essential (for individual managers, and to enable monitoring by senior managers). For example the tactical reports that came on line in January that should enable SD's to ask pertinent questions of their managers.

g) Issuing a new absence policy is probably not as important as the above actions in successfully reducing absence,

Regarding more radical options (such as reducing occupational sick pay, withholding annual increments), the Board identified that at this point in time focus should be placed on ensuring the 'basics' are right. However, the more radical options should remain on the table should the actions proposed in the strategy (Appendix A) not achieve the desired results.

Additionally, the Board identified that a separate stream of work needs to be undertaken to review the Council's current Capability, Disciplinary, Grievance, and Harassment and Bullying policies. Information provided to the Project Board (including by the Trades Unions) highlighted the need to ensure effective policies and management processes are in place, for a variety of reasons including to avoid unnecessary periods of sickness absence.

3.5. Sickness absence in schools

Project Board primarily focused its work on sickness absence in the non-schools parts of LCC. Although some of the actions contained in the strategy will impact on absence in schools, it has been recognised that a separate work needs to be undertaken with schools. At this time absence in schools is below average in comparison to the rest of the authority, and therefore is not adversely affecting LCC's absence rate.

The recommendations therefore include a proposal for a further report re. sickness absence in schools. This report would need to consider and respond to various issues identified by the Project Board including; the lack of data from schools on causes and reasons for absence, and plans to review 'Admin Memo 33' (which covers issues such as religious leave). It is also understood that sickness absence issues are within the scope of the 'Transforming Leicester's Learning' project.

3.6. Our vision

- To have a demonstrably better than average attendance record. (Including reducing absence to an organisational average of 10 days by 09/10)
- To support individuals with genuine illness and challenge those which do not.
- Where the effect of work on individuals' health is minimised.
- Where managers know what is expected of them and have the skills and support to fulfill their responsibilities.
- To have an attendance management policy that is applied with consistency and fairness.
- Employees, Managers and Members are proud that LCC is a low absence/high attendance organisations.
- Where managers and Trade Unions work together to reduce absence and improve attendance.

3.7 The following targets are proposed (average sickness absence per employee):
- 2008/09 – 11 days
- 2009/10 – 10 days
- 2010/11 – 9 days
- 2011/12 - 8 days

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3.8   A strategy to improve attendance
A strategy is proposed (Appendix A) to reduce absence and improve attendance in LCC. The strategy includes proactive and reactive actions, to deliver the vision detailed above and build on support and intervention mechanisms already in place.

Please see Appendix C1 (Managers guide) and Appendix C2 (Employees guide).

3.9   Options involving some additional resources have been considered by the Directors' Board but they are of the view that the focus should be on managers implementing the policy effectively through existing procedures and resources. Diverting resources from other activities should not be necessary since the improvements needed should be available without that through effective and consistent management.

3.10   Responsibility for and Monitoring of the strategy
Implementation of the strategy, will be the responsibility of the Directors' Board and will be monitored via a six-monthly report (via Directors Board) to Councillor Draycott and/or Councillor Osman, including a face-to-face briefing with Cllr Draycott.   All Cabinet Leads will be kept informed by the Corporate Directors of progress and performance relating to their portfolios.

4. Recommendations (or OPTIONS)

4.1   That the strategy in Appendix A be approved, with responsibilities and monitoring as set out in paragraph 3.10.

4.2   That the targets in paragraph 3.7 be adopted.

4.3   That Corporate Directors and HR staff gave priority to implementation of the strategy, both in HR processes and in training.

4.4   That a further report be brought to the Cabinet on sickness absence in school's.

4.5   That a further report be brought so the Cabinet in June 2008 on revisions to the Council's disciplinary procedure.

5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

5.1   Financial implications, Andy Morley, Chief Accountant & Head of Finance (Resources)
The Corporate HR service is still in a period of transition, following the implementation of the Business Improvement Programme review of HR.   The full budgetary implications of the review, in terms of the detailed service that can be provided from the budget envelope, are still being assessed. The report proposes a number of actions with the objective of improving attendance. The full cost of these measures has yet to be determined, but it is expected that such cost will be met from existing resources.

5.1 Legal Implications. Peter Nicholls, Service Director, Legal Services.
The actions proposed are in accord with the current conditions of service. Therefore, there are no additional legal implications.

6. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph References Within Supporting information
Equal Opportunities	**N**	
Policy	**N**	
Sustainable and Environmental	**N**	
Crime and Disorder	**N**	
Human Rights Act	**N**	
Elderly/People on Low Income	**N**	

7. Report Author/Officer to contact:
James Royston
Head of Pay and Workforce Strategy
Ext. 7542

Key Decision	No
Reason	N/A
Appeared in Forward Plan	N/A
Executive or Council Decision	Executive (Cabinet)

Appendices
App A Improving attendance strategy
App B Unison response in full
App C1 and C2 Draft short guides for managers and employees
App D Comparative Data

Improving attendance strategy

Implementing the strategy

The strategy set out below contains a wide range and number of individual (but some time independent) actions. All actions should be achievable within existing budgets or with minimal costs. The Head of Pay and Workforce (PAWS) will manage implementation of strategy.

Strand 1 Preventing absence – proactive

Action	Outcome	Financial implications	Further information	Lead	Timescale
1. Continue to 'sell' LCC's existing interventions (rehabilitation, discounted leisure centre membership, smoking cessation, health cash plans[1], etc) by developing a specific 'well-being strategy'	Employees and managers know that the organisation is concerned about preventing ill health and the support mechanisms available to them.	Limited (printing and other promotion costs from within existing HR budgets)		Head of PAWS	Second half of 08/09
2. Promote employee well-being activities (health checks, prostate awareness, pilates or yoga groups, etc.) as time allows.	Employees and managers know that the organisation is concerned about preventing ill health (and therefore more likely to give increased 'discretionary effort').	Est. that £2-3K pa could be found from existing HR budgets, subject to other priorities		Head of P&WS	Second half of 08/09
3. Counselling - Introduce a confidential self-referral route for face-to-face counselling[2]	Employees know that the organisation is concerned about preventing ill health.	None - Information provided by Amica is that they	The costs would be recovered from increased 'per head' annual charges to cost	Head of PAWS	As part of contract re-tender during 08/09

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[1] The provider would be willing to provide materials. Only cost to LCC would be to facilitate access to LCC sites

[2] Information provided by Amica is that they do not expect there to be any significant increase in the rate of usage. Therefore, the overall increase in costs to LCC is expected to be neutral.

	Employees have increased confidence to access support mechanisms.	do not expect to be any significant increase in the rate of usage. Therefore, the overall increase in costs to LCC is expected to be zero.	centres, rather than individual managers paying for counselling if/when require for staff within their area.		
4. Review LCC's approach to work-life balance (policies and promotion). E.g. would a change to flexi-time core hours, reduce sickness absence being taken for 'non-sickness' reasons?	Sickness absence for 'non-sickness' reasons is reduced	None for review (resources implications of any changes in policy, could be considered as part of approval processes)	Various policies relate to LCC's approach to WLB. As they form part of Terms and Conditions a period of engagement with the TUs will be needed with each policy.	Head of PAWS	08/09 and 09/10 PAWS workplan
5. Develop a strategy to more effectively manage stress. E.g. by targeting manager skills (not individual 'coping' strategies), linking stress management into general attendance management training, etc.	Work and non-work stress-related absence is reduced. Employees know that the organisation is concerned about their well-being.	None for strategy development (any resources implications woul be considered as part of approval processes)	A period a period of engagement with the TUs will be needed, particularly if it results in changes to the existing LCC stress management policy.	Head of PAWS	08/09 H&S workplan

Strand 2 Reducing absence – proactive[3]

Action/output	Outcome	Financial implications	Further information	Lead	Timescale
1. Make improving attendance an explicit appraisal issue for **all managers in** 08/09 (E.g. attending training, less than last year, resolving long-term absence cases, etc.)	Managers know (and are reminded) that attendance is an organisational priority	None	The 08/09 will soon be commencing. Therefore the sooner the decision to include improving	Head of City Learning	From 08/09 appraisal cycl

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[3] HR will provide 'strategic' (DMTs), 'tactical' (SDs) and 'operational' (line managers) data to improve monitoring, help managers to apply the AMP, identify individuals and use of available interventions, etc. This date will also help senior managers to monitor line managers' activities re. attendance management.

		Reduce likelihood of managers not managing absence ('what gets measured, gets done').		attendance as an appraisal issue, the 'higher' up the management chain this subject can be introduced.		
2.	DMTs give **clear and frequent** messages that attendance is a priority and the AMP must be applied ('trigger' interviews, consultation meetings, etc.)	Managers and employees know (and are reminded) that attendance is an organisational priority.	None	The key role of DMTs is to keep the issue on their managers 'agenda'. To include a series of workforce communications, which could include: • A joint letter from ICEX and Deputy Leader. • Promotion of proposed 'short guides' (see below). • End of year figures for 07/08 (and future years). • Support mechanisms available (see 'health promotion' below)	DMTs Head of PAWS	Ongoing Throughout 08/09
3.	In **Service Areas** with below average attendance (i.e. greater than corp. average) **all managers** receive training on attendance management, then roll-out across rest of LCC[4] To support this action, the HR SSP teams will identify any issues re. different HR advice from Dept to Dept. Any relevant learning points from this process can also be	Reduce likelihood of managers not managing absence, due to lack of knowledge or confidence.	None (from within existing HR budgets) None	The organisation would need to make it unambiguously **mandatory** that managers attend.	Head of City Learning Head of PAWS	Below averag 9 months fron strategy approval (est. 200 mngrs) Remainder – with 24 month

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[4] From 09/10, all new managers should attend attendance management training within 6 months of commencing employment with LCC.

fed into any future reviews of the AMP.					
4. SDs to make sure line managers **use current procedures and the interventions available** (consultation meetings, OH referrals, musculoskeletal rehabilitation[5], etc.) e.g. via 1-2-1s with managers and taking managers through performance measures if necessary. A key part of this action relates to the introduction of 'trigger reports' across LCC during 08/09. The intended action (until it can be replace by an on-line process) will be for the HR Admin Team to send 'trigger' reports to line managers, who will be required to send a return (most probably a short form detailing completion of the required Attendance Consultation Meeting) to their Department's HR SSP team. Production of **long-term absence 'notification' reports** (e.g. a 30, 60, 90, etc. days absence) to prompt managers into relevant actions (e.g. referral to OH) will also be investigated by HR.	Best use is made of the interventions and support mechanisms available. Operational managers know (and are reminded) that attendance management is a priority for them. Reduce likelihood of managers not managing absence ('what gets measured, gets done').	None direct (though increased use of services such as OH may increase costs to individuals line managers)	Although an ongoing action, the role of DMTs is keeping this issue on line managers' 'agendas'. E.g. at its simplest, SDs could ask their managers at each 1-2-1 "do you have any staff absent, if so what are you doing to manage it?" Although the reports are always subject to further development, the content of the new 'tactical' reports is intended to assist SDs monitoring of their managers actions.	Service Directors Head of ESC	Ongoing Trigger report within 6 mont Long-term notifications – 08/09 ESC workplan
5. Make absence more explicitly a factor in recruitment decisions (inc. internal promotions)	Managers and employees (existing and prospective) know that attendance is an organisational priority.	None	This change will require review of the Recruitment and Selection Policy to ensure issue is unambiguously covered and. Consequently a period of engagement with the TUs will be needed.	Head of PAWS	As part of 08/ PAWS workpl

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[5] Take-up of musculoskeletal rehab was carried out after the first 6 months of the contract. By comparing data from the provider with LCC's own absence data, areas of high MSD absence but low rehab take-up were identified. This information was then provided onto senior management (via SRG) for information, and followed up with relevant managers by H&S function.

6. Short 'action focussed guides' for managers and employees on the current AMP to be produced and distributed[6]	Improved use of the AMP and associated mechanisms, as individuals are clear about what is expected of them.	None (except printing and distribution costs from within existing HR budgets)	A short period of consultation with TUs is advised before the guides are issued to workforce.	Head of PAWS	Within 2 month of strategy approval
7. Reduce OH referral timescales to the appointment taking place **no later than 4th week of absence in all cases** (currently only for stress). In support of this, a sample audit of current referral timescales will be undertaken during 08/09 to provide a benchmark for future monitoring.	Increased likelihood of a quick return to work and therefore reduced long-term absence (data clearly shows longer the absence, the less likely a return to work)	Likely to lead to some increase in use of OH services (met by cost centre managers, as existing practice)	This change will require amendment of the AMP and consequently a period of engagement with the TUs.	Head of PAWS	08/09 PAWS workplan 08/09 H&S workplan
8. Give clear messages to **all** employees at induction training events	Managers and employees know that attendance is an organisational priority.	None	Information could be focussed around proposed 'employees guide' to AMP (see above)	Head of City Learning	Within 1 month of short guide (see above) being issued

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[6] HR will undertake a revision of the AMP in 08/09. However, as the AMP forms part of Local Terms and Conditions this change will require a period of engagement wit the TUs, plus approval of any changed policy via the Member-led Employees Committee.

Strand 3 Reducing absence – reactive

NB. As part of 'Phases 1 & 2' there may also be some limited training needs for HR staff (from within existing HR budgets) to ensure skills in place to potentially manage cases through to dismissal. Issues arising from proposed case review meetings (in any form) would be addressed via existing AMP processes.

Strand 2 'Phase 1' – Reviewing existing cases

Action	Outcome	Financial implications	Further information	Lead	Timescal
9. Undertake targeted joint management/HR/OH case reviews for long-term absences of as resources allow.	The likelihood of long-term absences unnecessarily 'drifting' is reduced (no improvement, conclusion, support, etc.). Reduce likelihood of managers not managing absence.	Est. £2500 could be met from within existing HR budgets plus staff time.		Head of PAWS SDs	6 months from strategy approval

Phase 2 – Ongoing actions/new cases

Action	Outcome	Financial implications	Further information	Lead	Timescale
10. Targeted management/HR/OH case reviews to take place for **long-term** absences. The proposed long-term absence 'notification reports' (see above) would prompt managers to self-review all **long-term** absences of **over 3 months** and seek HR advice.	The likelihood of long-term absences unnecessarily 'drifting' is reduced (no improvement, conclusion, support, etc.). Reduce likelihood of managers not managing absence.	None.	Unless a corp. fund is established, the cost would automatically be passed to the relevant cost centre manager.	Individual managers Head of ESC (production of reports)	Following completion of 'phase 1' (see above)
11. Targeted management/HR/OH case reviews take place for all individuals	Reduce likelihood of managers not	None	See above	Individual managers	Following completion

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with **12 or more** instances of short-term/frequent **absence over rolling 2 year period**. Reviews to be prompted by relevant details being included in the monthly 'tactical' reports to SDs to prompt managers to self-review cases and seek HR advice.	managing absence. Increase likelihood of support being provided to employees with underlying medical conditions.			(reviews) Head of ESC (production of reports)	of 'phase 1' (see above) 08/09 ESC workplan
12. Instruct OH provider to recommend relevant diagnostic testing and clinical interventions in individual referrals, for individual manager's decision on whether to invest	Individuals with genuine illness/condition are supported by the organisation. The likelihood of long-term absences unnecessarily 'drifting' is reduced (no improvement, conclusion, support, etc.).	Unknown, but would be met from individual managers' budgets when the manager decided there was sufficient costs/benefit.		Head of P&WS (monitoring provider's use of funds)	Second half of 08/09

UNISON

Leicester City Branch

UNISON RESPONSE TO IMPROVING ATTENDANCE MANAGEMENT DRAFT PROPOSALS

The management of sickness absence within Leicester is, to say the least, patchy. It is the belief of some that Leicester City has a 'sickness culture'. The reality is very different in that far more people come into work when ill than feign illness and do not come into work.

Workers should not be made ill by work or be injured at work. However if they are, it is important they are given support to ensure that they make a full and early recovery. A good policy of managing sickness absence can help this. Unfortunately many managers see managing sickness absence as forcing employees back to work as soon as possible, or disciplining those who are off work more regularly than others.

Much has also been made of the difference between absence rates in the public and private sector. It is claimed that this shows that the private sector deals with the issue better and that a lot of absence in the public sector is therefore sham. However differences relate almost exclusively to long-term sickness absence and simply reflect the differences in payments made to workers while off sick between the sectors rather than any real difference in how the sectors deal with the issue.

Unfortunately many managers still see the management of sickness absence as being about trying to get an employee to return to work as soon as possible; at times through inappropriate pressure.

The sickness absence policy is in danger of becoming simply another method of management control that does nothing to tackle work-related causes of ill health and injury and can increase workplace bullying through the way the policy is implemented by managers.

Often punitive policies are used against those who are ill. We need to ensure that Leicester City Council avoids going down this route and does not ignore valid causes of sickness and individual circumstances.

A positive sickness absence policy can help to pinpoint work-related issues such as health and safety risks, stress and bullying. It can tackle those organisational issues that can give rise to absence and provide support to promote staff attendance through positive interventions, which can have a significant effect on reducing absence. It must be linked to return to work policies and rehabilitation policies.

There is considerable evidence nationally that where employers have attempted to manage sickness absence and return to work issues with trade unions or safety representatives they have made considerable inroads. We must ensure this is the case in Leicester.

The authority have to look at the issue, but as stated at the meeting on 31st January 2008 there are areas of concern for UNISON which are as follows;

LONG TERM ABSENCE ; Whilst we would support early intervention in cases of long-term absence, the Authority have usually acted compassionately in such cases where there is, for instance, an ongoing medical process or diagnosis of a serious problem, e.g. cancer, heart disease etc. We would wish that such issues continue to be dealt with the utmost compassion.

COMPASSIONATE LEAVE; We would make the point that only the former Social Care & Health Department operated a consistent policy on compassionate leave. This policy deals with leave for emergency/domestic distress, leave for bereavement, issues related to bereavement and death in service and guidelines on religious beliefs. Even then some managers needed reminding that this policy exists.

We ask that within Children & Young Peoples Services, Admin memo 33 is reviewed as a matter of urgency (work on reviewing this commenced in 2002), this deals with domestic distress, emergency leave and religious leave. There have been instances when staff have been denied time off for religious holidays.

Unfortunately failure to grant leave in these circumstances can cause distress which leads to time off work due to sickness.

CONSISTENT APPLICATION OF THE EXISTING POLICY; In the "managing short-term absence" The draft proposals state "If an employee triggers make sure you hold an attendance consultation meeting" We have represented staff at most levels of the council in such meetings – this is the very issue where mass inconsistencies occur across departments. The Housing department's firm stance, has we believe made little difference to overall absences. We would suggest that it may have <u>increased</u> the figures for long term sickness, as staff will remain absent for longer to ensure that no subsequent relapse occurs which would cause them to fall foul of the '3 occasions' trigger.

As we do not believe the Housing Department's pilot has been the success claimed, it would be inappropriate and short sighted to role it out across the authority as a model of good practice. Further there are resource implications for both HR and the Trade unions in adopting such a punitive approach.

UNISON believe that the adoption of the suggestions in the following paragraphs, coupled with the way in which absence monitoring is carried out for the future, (with the Employee Service Centre now having responsibility for monitoring), that a more consistent and fair approach is hopefully achievable.

COLLATION OF STATISTICS; - The way overall statistics are compiled adds to the average absence rates and does nothing for the council's public relations and tars us all with the same brush in the press. It is also somewhat misguided for elected members to talk to the press when quotes such as council staff being malingerers surface; whether or not they have been misquoted the damage has already been done to the council. More creativity is needed in the following areas:-

Staff who are medically clear to return to work but Leicester City Council need an Occupational Health opinion before allowing them back - yet the provider can't give an appointment as soon as required is not an uncommon situation across departments. If it takes over a couple of weeks to access Occupational Health it has an adverse impact on the figures. We believe such cases should not be counted towards the overall statistics, as it is not true sickness but more of an administrative delay due to necessary processes.

UNISON's Health & Safety Officer has been collating information into the number of days lost annually through industrial injury corporately;

During 2006/07 there were 168 periods of absence categorised by employees as being due to work related injury/ill health. These resulted in 2,648 working days lost (an average of 15.8 days per instance).

The top 2 causes of work related absence were:

- **Back/muscle** - 85 instances (50% of total instances), 1,053 working days lost (40% of total days lost).

- **Stress -** 33 instances (20% of total instances), 1,038 working days lost (39% of total days lost, an average of 31.5 days per instance).

- **Occupational Health -** The number of referrals to Occupational Health (annually) were 1,047 new OH referrals were made to Leicester City Council's Occupational Health provider, National Britannia (1,000 were made in 04/05). 26% of referrals involved a condition caused or related to a persons' work (20% in 04/05) 63% of these referrals for work-related conditions were classified as being due to 'stress, depression, anxiety, neurasthenia, mental health & fatigue' (60% in 04/05).

See chart:

Category	Work Related	Non-work Related
1. Back/neck	28	67
2. Other musculoskeletal	51	137
3. Stress/depression/etc	167	184
4. Infections	0	32
5. Neurological	6	41
6. Genito-urinary	0	42
7. Pregnancy related	1	13
8. Digestion	3	78
9. Hear/blood pressure	2	45
10. Chest/respiratory	2	44
11. ENT & eyes	4	33
12. Other	3	64
Total	**267**	**780**

Total for work and non-work related	1047	

The number of additional days lost awaiting OH appointments (annually)
At present Leicester City Council do not have a system in place to capture the data that we require.

The number of additional day lost through errors in administration (annually)

Leicester City Council has no system in place to capture this information,

With regard to cases of Industrial Injury the nature of working for the public sector is by definition a lot more challenging than the private sector with staff having to work with some of the most vulnerable sections of society. To this end there are some grey areas – for example how many staff absences in the last year due to the death of service users occurrences such as this give rise to immense stress and anxiety as in many cases service users become extended family. It is unclear whether such instances are classed as industrial injury.

Impairment Related Sick Leave; As this is the Authority fulfilling it's duties under the Disability Discrimination Act, is there a case that this should be separated out in the stats?

Medical Suspension; Overall one wonders if Leicester City Council does themselves no favours when compared with private sector companies where, we suspect, under-reporting and manipulation (e.g. conversion of sickness retrospectively to other leave) is common practice. This is evidenced in an annual report by the TUC.

Training and Development; Management Failure to correctly carry out Leicester City Council Policies such as Disciplinary, Grievance, Capability and Harassment and Discrimination often lead to staff going sick, and again we would question if these issues should not be separated out statistically.

Stress Policy; Stress and work-related stress are now the most common reasons for certificated absence – therefore any intent to improve attendance must look at this area as a priority. The corporate policy has only been in place within the last year, and we believe there is an in-built intention to review. Our Housing Convenor has been involved in approximately 20 stress action plans,

and has recently been successful in winning a grievance on non-compliance with the stress policy. Any serious attempt to improve attendance must look at the impact of this policy over the first year, lessons to be learned and any necessary improvements.

At Leicestershire County Council they have a welfare officer in each department as support for staff with individual complex cases. In Leicester we have the AMICA phone line which of course is beneficial, however it is felt more face to face support may be more help.

THE ABSENCE MANAGEMENT POLICY; The policy does not meet statutory requirements in that there are no appeal rights until the dismissal stage. For this reason members' rights to representation throughout the process must continue to be stressed and adhered to.

UNISON feel the need for a review of the policy is not required; it is difficult to see how the policy as it is written could be made more punitive, as the current triggers in theory allow the Authority to dismiss an employee after 12 individual day's absence. There are also glaring anomalies in the triggers, and some staff are aware of this. Of concern in the recent initiative is the stressing that a first or final warning can be considered at the first review stage. Although it states this, sanctions have always been cumulative and discussions with human resources reveal nobody has ever been issued a final warning without having a first warning previously. This must remain the case.

Finally when the statistics are collated they include schools and colleges therefore the situation with regard to sickness and absence management is not corporate in that Schools have a similar but different policy. It may be helpful to have separate statistics for schools.

Staff who have previously never been off sick should be taken into account. Also, it would be helpful to have statistics of staff that in the last year had 5 days (or less) or 5-10 days sickness absence. The truth is, we suspect, that many council staff rarely trigger.

CONCLUSIONS;

1. Leicester City Council actually has quite a punitive policy. It is the inconsistent application of that policy that causes inequality and anomalies across departments.

2. The way statistics are collated is questionable and possibly artificially inflates figures.

3. Lack of management training in the application of procedures such as Disciplinary, Grievance, Capability and Harassment and Discrimination is inadequate and we believe impacts on the overall sickness figures

4. A review of the Stress Policy is scheduled and this should be carried out, not become a talking shop on the issue as has been the case in the past. This policy has been under review ever since Local Government Reorganisation.

5. There is no need for a review of the Absence Policy as long as everyone involved in the application of the policy from both management and the trade union side are aware of the law and statutory requirements.

6. Fairness, equality and statutory requirements must underpin any amendment to the focus of attendance initiatives.

Gary Garner
UNISON Branch Secretary

7th February 2008

DRAFT

Managing short-term, frequent absence

Key actions for line managers

1. Employee must report their absence to you by 10.00am on the first day of absence (ensure all your staff know this)

2. Make sure you complete the (pink) 'Certification of Sickness Absence' and the 'Weekly Staff Absence Report' forms.

3. If the absence lasts more than 7 days they must provide you with a Doctor's Certificate

4. When the employee returns to work, make sure you hold a 'Return to Work Meeting'

5. If an employee 'triggers'* make sure you hold an 'Attendance Consultation Meeting'.

6. At that meeting set a date to meet again to see if attendance has improved

7. If attendance hasn't improved, set clear targets and timescales for improvement.

Want to know more?
The current Attendance Management Policy ('Appendix S') is available via the Council's **internet** site

Need some advice?
Please contact the HR Admin Team

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* LCC's absence 'trigger' points are:
- 3 or more occasions in any rolling 6 month period.
- 4 or more occasions in any rolling 12 month period.
- 10 or more days in any rolling 12 months

Key actions for line managers

1. Employees are expected to maintain contact with their line manager during periods of absence

2. If they've been absent for 30+ (working) days you can arrange a face-to-face meeting (at their home or another agreed location)

3. Think about arranging a referral to Occupational Health – this should be by the sixth week of absence at the latest

4. If the absence is stress-related, arrange the referral quickly enough that the appointment takes places by the fourth week of absence

5. Find out if you could do anything to get the person back to work (research shows that the longer a person is off, the harder it will be to get them back)

Want to know more?
- The current Attendance Management Policy ('Appendix S') is available via the Council's **internet** site.
- Guidance on managing stress related absence can be found on the H&S pages of the Council's **intranet** site (via the e-handbook)

Need some advice?
Please contact the HR Admin Team

DRAFT

An Employee Guide to the Attendance Management Policy

What is expected of you?

1. Telephone your manager as soon as possible on the first day if you are absent (within an hour of your normal start time).

2. Maintain contact with your manager while you are away from work.

3. If you are absent for more than 7 days you should send your manager a Doctor's note.

4. Co-operate with your manager when completeing the relevant LCC absence reporting forms.

5. Be honest with your manager about the reasons for your absence.

What is expected of your manager?

1. If you don't maintain contact, your manager will contact you.

2. If you are away from work for 30+ days, you manager can arrange a face-to-face meeting with you.

3. When you return to work your manager will conduct a 'Return to Work' meeting.

4. If you reach LCC's 'trigger points'* your manager will hold an Attendance Consultation Meeting with you.

5. Your manager may refer you to Occupational Health for advice about your health, if you have frequent short-term absences or are likely to be away from work for several weeks.

6. If you are absent for a long period, your manager will speak to you to develop a 'Return to Work Plan'.

7. Your manager can take disciplinary action if your attendance does not improve.

Want to know more?

The current Attendance Management Policy ('Appendix S') is available via the Council's **internet** site.

LCC's current trigger points are:
- 3 of more absences in any rolling 6 month period.
- 4 of more occasions in any rolling 12 month period.
- 10 or more days in any rolling 12 month period.

Proportion of working days lost to sickness (BVPI 2005-2006)

	Average	Top Quartile	Median	Bottom Quartile
All	9.6	8.34	9.52	10.94
London Borough	8.99	7.92	8.92	9.99
Metropolitan Authority	11.17	10.5	11.08	11.91
Unitary Authority	9.62	7.92	9.54	9.99
District Authority	9.64	8.29	9.54	10.92
County Councils	8.47	7.8	8.61	9.16

Proportion of working days lost to sickness (BVPI 2006-2007)

	Average	Top Quartile	Median	Bottom Quartile
All	9.44	8.09	9.32	10.73
London Borough	8.68	7.59	8.66	9.53
Metropolitan Authority	11.01	10.28	10.95	11.78
Unitary Authority	9.6	8.7	9.23	10.78
District Authority	9.42	8.08	9.35	10.65
County Councils	8.4	7.8	8.36	9.09

Improving Attendance Report
Additional Benchmarking Information

**Improving Attendance Report- Additional Benchmarking Information
Unitary Authority's**

Unitary Authority	Proportion of working days lost to sickness (BVPI 2005-2006)	Proportion of working days lost to sickness (BVPI 2006-2007)
Bath & N E Somerset	9.20	8.96
Blackburn with Darwen	9.30	9.91
Blackpool	11.03	11.14
Bournemouth	10.68	10.53
Bracknell Forest	7.85	7.04
Brighton & Hove	9.81	10.78
Bristol	10.95	10.62
Darlington	9.69	10.75
Derby	9.00	8.78
East Riding of Yorkshire	10.16	9.98
Halton	11.38	11.76
Hartlepool	12.34	13.52
Herefordshire	10.50	8.41
Isle of Wight	8.48	8.70
Kingston-upon-Hull	9.80	11.97
Leicester	12.73	12.38
Luton	8.73	8.81
Medway Council	7.47	8.08
Middlesbrough	11.80	10.58
Milton Keynes	8.71	9.48
North East Lincolnshire	9.47	9.06
North Lincolnshire	9.30	9.07
North Somerset	9.27	8.91
Nottingham	11.24	11.23
Peterborough	9.36	8.99
Plymouth	9.14	8.50
Poole	9.89	9.10
Portsmouth	11.20	11.30
Reading	8.80	7.80
Redcar & Cleveland	10.40	11.20
Rutland	9.51	6.43
Slough	9.92	10.15
South Gloucestershire	9.54	9.23
Southampton	9.04	8.29
Southend-on-Sea	10.24	9.90
Stockton-on-Tees	11.75	11.44
Stoke-on-Trent	12.78	12.02
Swindon	11.15	9.18
Telford & Wrekin	9.21	9.04

Unitary Authority	Proportion of working days lost to sickness (BVPI 2005-2006)	Proportion of working days lost to sickness (BVPI 2006-2007)
Thurrock	8.45	9.02
Torbay	7.03	7.79
Warrington	10.33	9.82
West Berkshire	5.44	9.74
Windsor & Maidenhead	7.32	7.26
Wokingham	6.42	7.08
York	12.48	12.91