

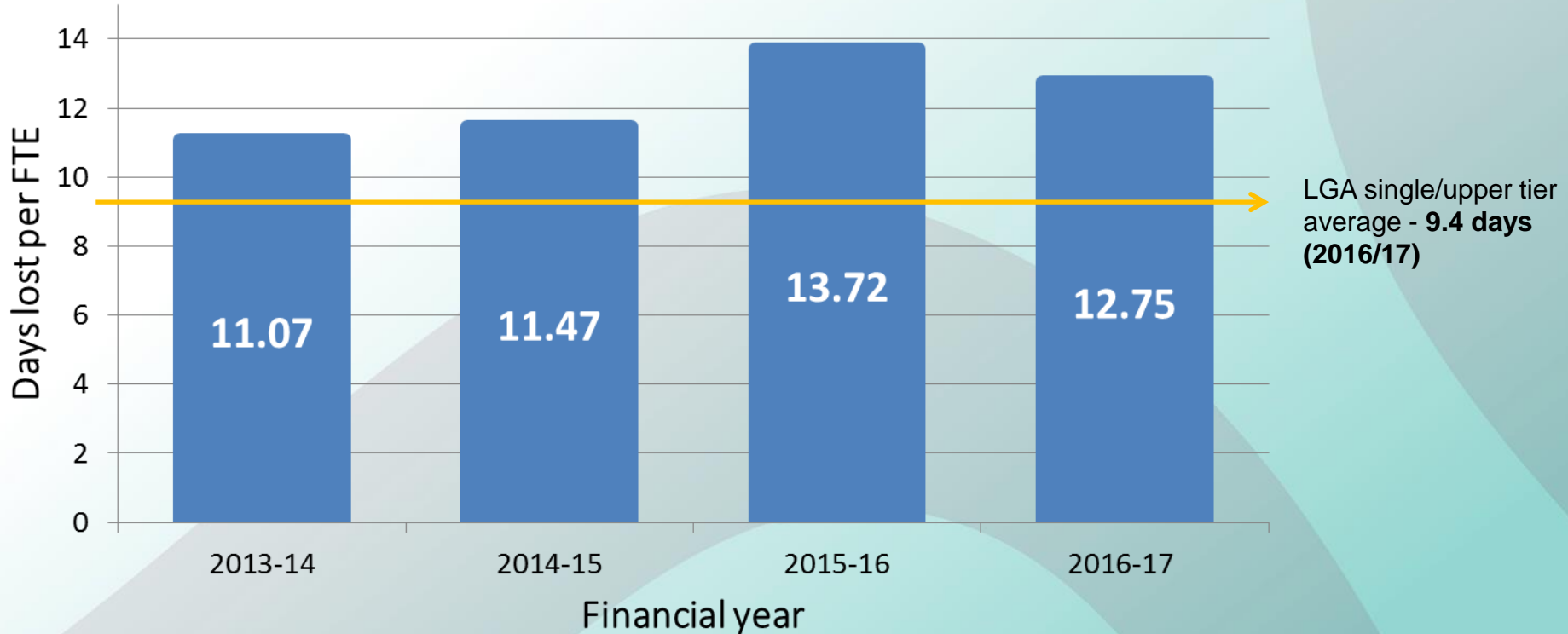
Employee Absence Reduction Project

Background – Existing arrangements

- Current absence policy implemented April 2015. Allowed greater flexibility and removed ‘triggers’.
- Range of health and wellbeing support – confidential counselling (Amica), Musculoskeletal Injury & Rehabilitation Service (IPRS), Occupational Health, stress awareness courses, stress support plans, mental health first aiders
- Monthly absence data for managers
- HR support for managing individual cases
- Pay during absence – 6 months full-pay, 6 months half-pay

Background – absence levels

- 2016/17 absence was 12.75 days per FTE reduced from 13.72 in 2015/16. Remaining above upper tier authority average of 9.4 days

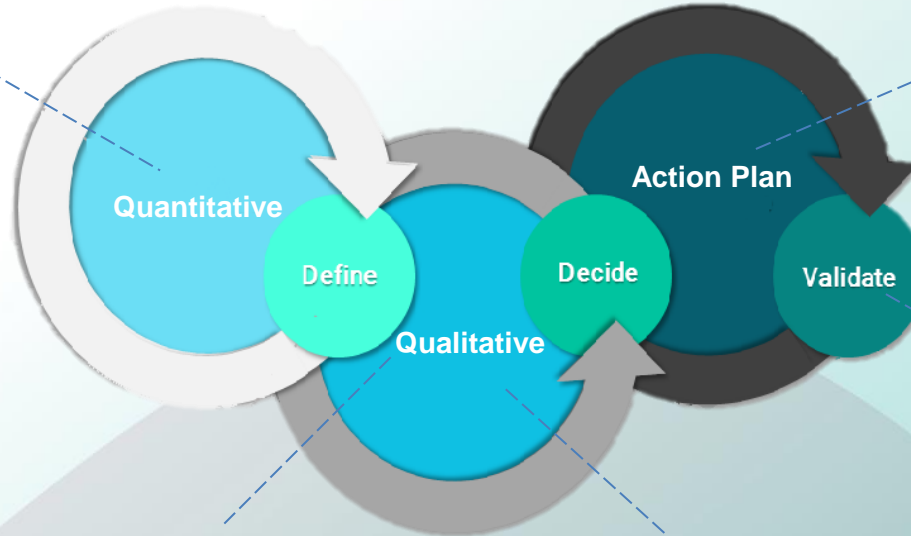


Background – project initiation

- An Absence Reduction group was set up at the request of the City Mayor to undertake an in-depth analysis of employee absence management issues within LCC.
- Group was tasked with identifying actions to be taken to reduce the level of sickness absence.
- Group was made up of HR, Operational managers and representatives of Unison GMB, Unite and UCU trade unions

The Approach

Quantitative research
Enhanced understanding
of our absence profile



Evidence based, targeted and relevant action plan
Initial focus on action with short term impact and on long term absence

Evaluate Impact
Evaluate impact of interventions against quantitative and qualitative measures

Support Structures, Policies and Practice

Understanding our support structures, capabilities, use of policy and practice to identify how we manage absence

Culture

Management style/approach, working environment and engagement and its impact on absence

Absence Profile LCC 2016/17

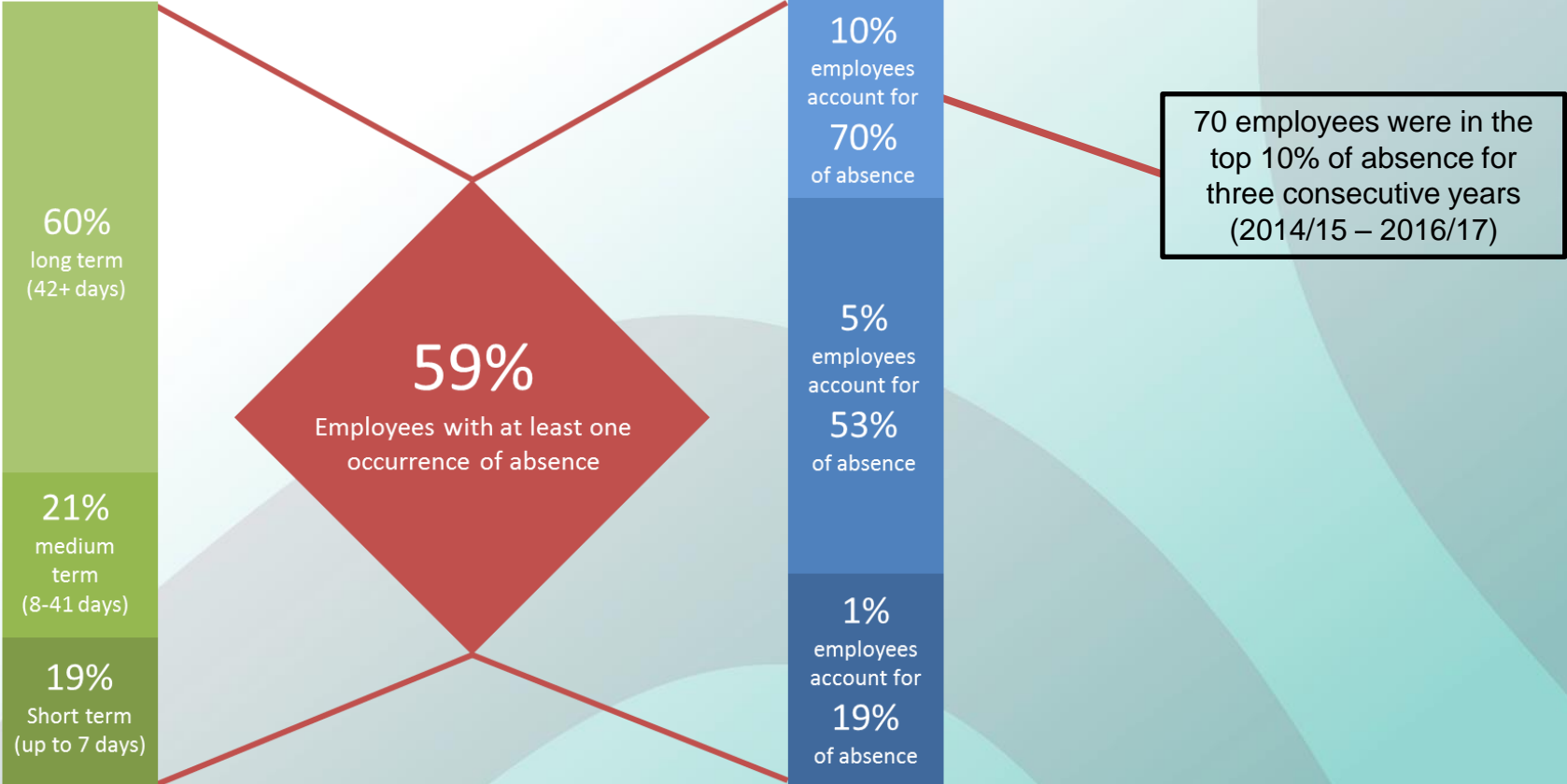
Days absence per FTE by Division

Division	FTE Employees	Days lost	Average days absence per FTE
Adult Social Care & Safeguarding	309	7,294	17.72
Adult Social Care & Commissioning	407	5,386	17.28
Children's Social Care & Early Help	797	12,379	15.45
Housing	972	14,616	15.02
Estates & Building Services	221	2,858	14.25
Learning Services	596	6,724	11.44
Neighbourhood & Environmental Services	613	6,924	11.41
Planning, Development & Transportation	316	2,934	9.26
Finance	573	5,331	9.18
Public Health	193	1,556	8.13
Delivery, Comms & Political Governance	117	1,327	7.35
City Barrister & Head of Standards	81	471	5.77
Tourism, Culture & Inward Investment	170	960	5.63
LLEP	25	44	1.77
Total		69,014	12.75

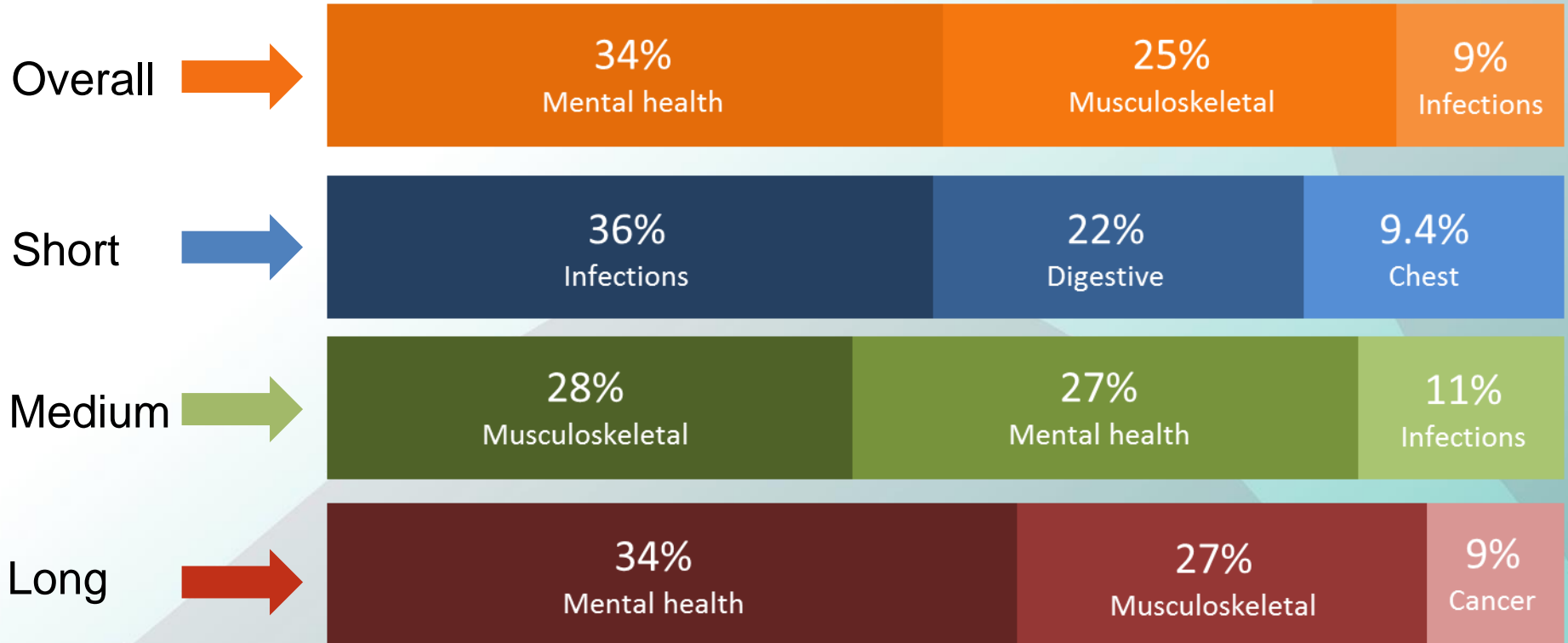
LGA single/upper tier average - 9.4 days

Local Comparators
 Derby City Council – 14.2 days
 Nottingham City Council – 9.7 days

Absence term and proportional split



Top 3 reasons for absence



Sickness Reasons sub-categories

Mental Health

- Stress
- Depression/Postnatal Depression
- Addiction/Substance misuse
- Anxiety

Musculoskeletal

- Back
- Joints
- Bones
- Nerves
- Muscles

Infections

- Cold
- Influenza
- Bacterial Infection
- Infectious diseases

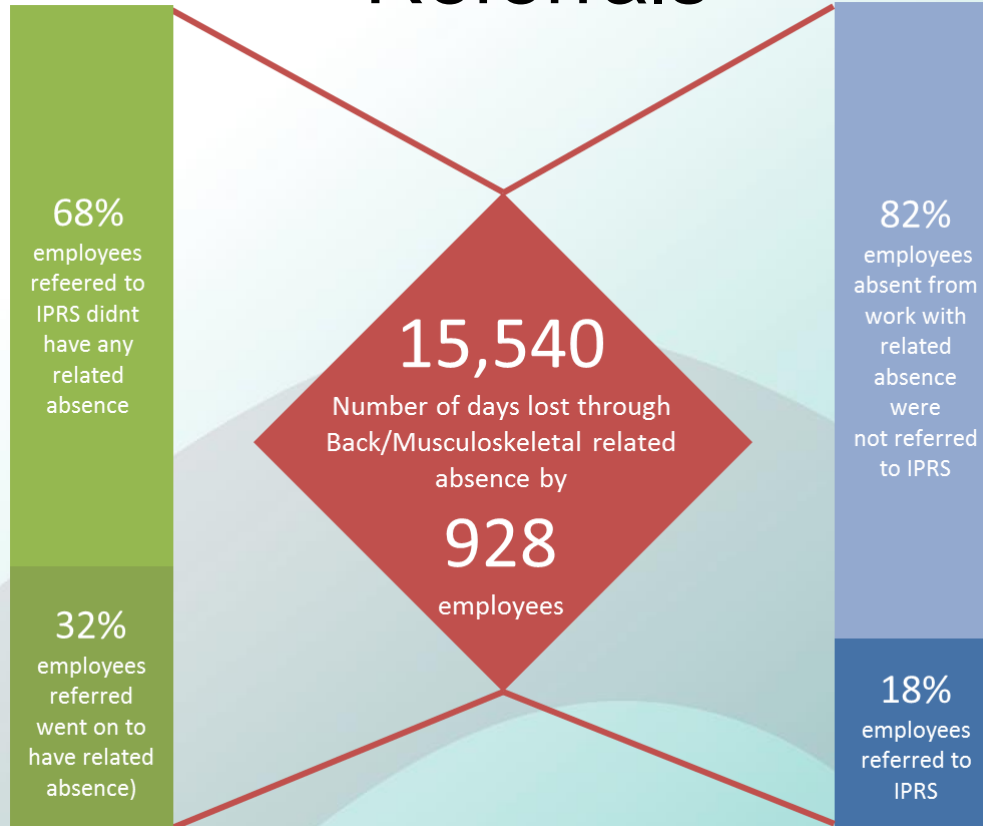
Digestive

- Sickness/Diarrhoea
- Stomach
- Bowel
- Pancreas

Chest

- Infection/Virus
- Asthma
- Bronchitis
- Lung Disease

Musculoskeletal Rehabilitation (IPRS) Referrals

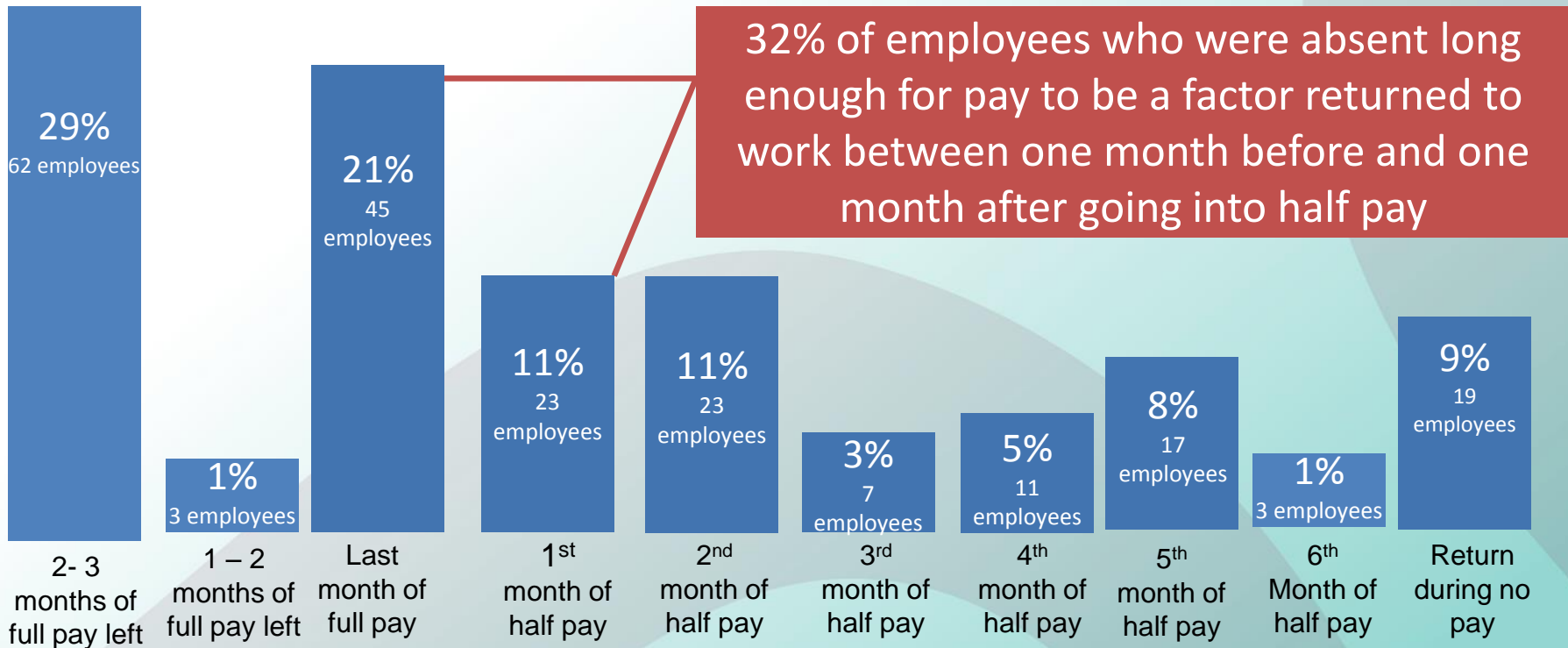


Occupational Health Service (HML) Referrals

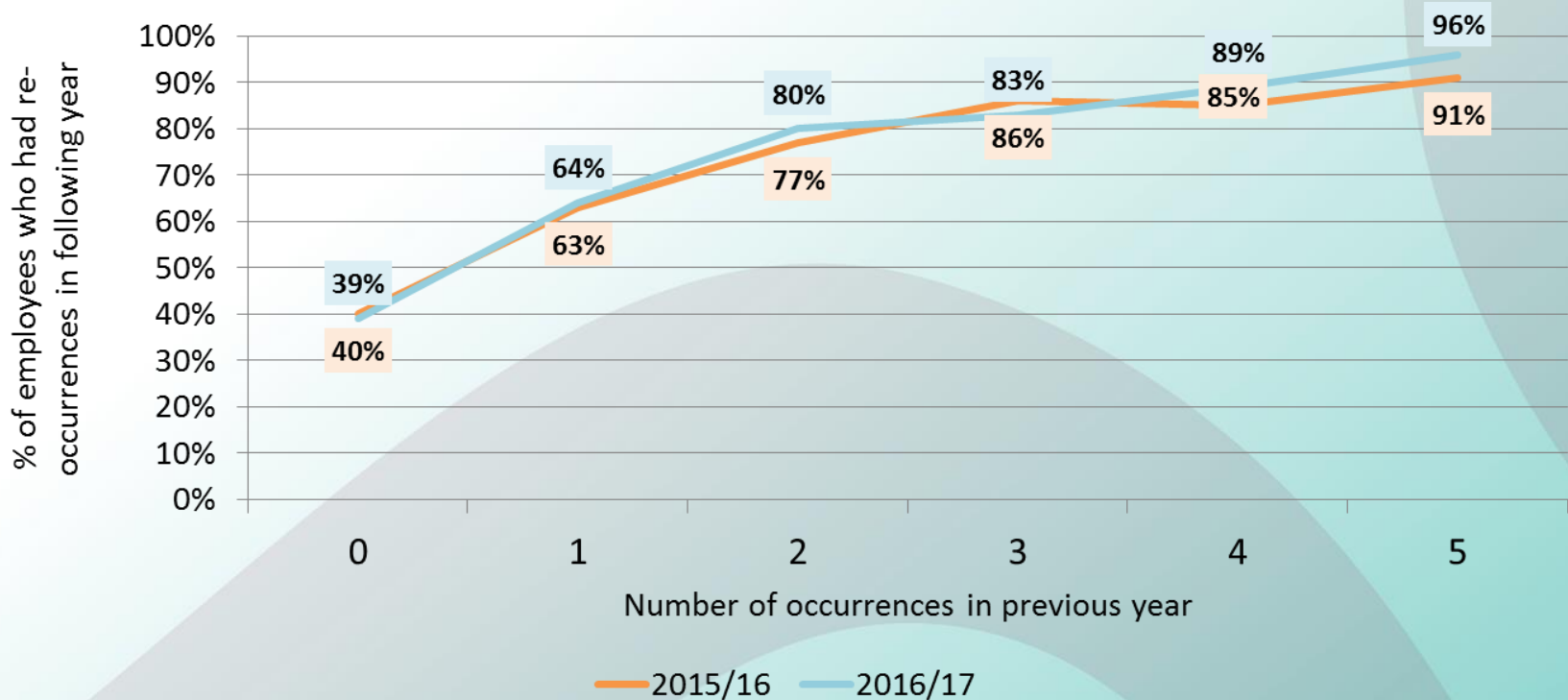
- Majority of employees referred return within 2 months of referral

		Return to work after referral			
		within 1 month	1-2 months	2-3 months	More than 3 months
Point of absence referred	1 month or less	37%	29%	12%	22%
	1-2 months	44%	15%	17%	24%
	2-3 months	24%	21%	21%	34%
	More than 3 months	42%	31%	4%	24%
	Overall	39%	24%	13%	24%

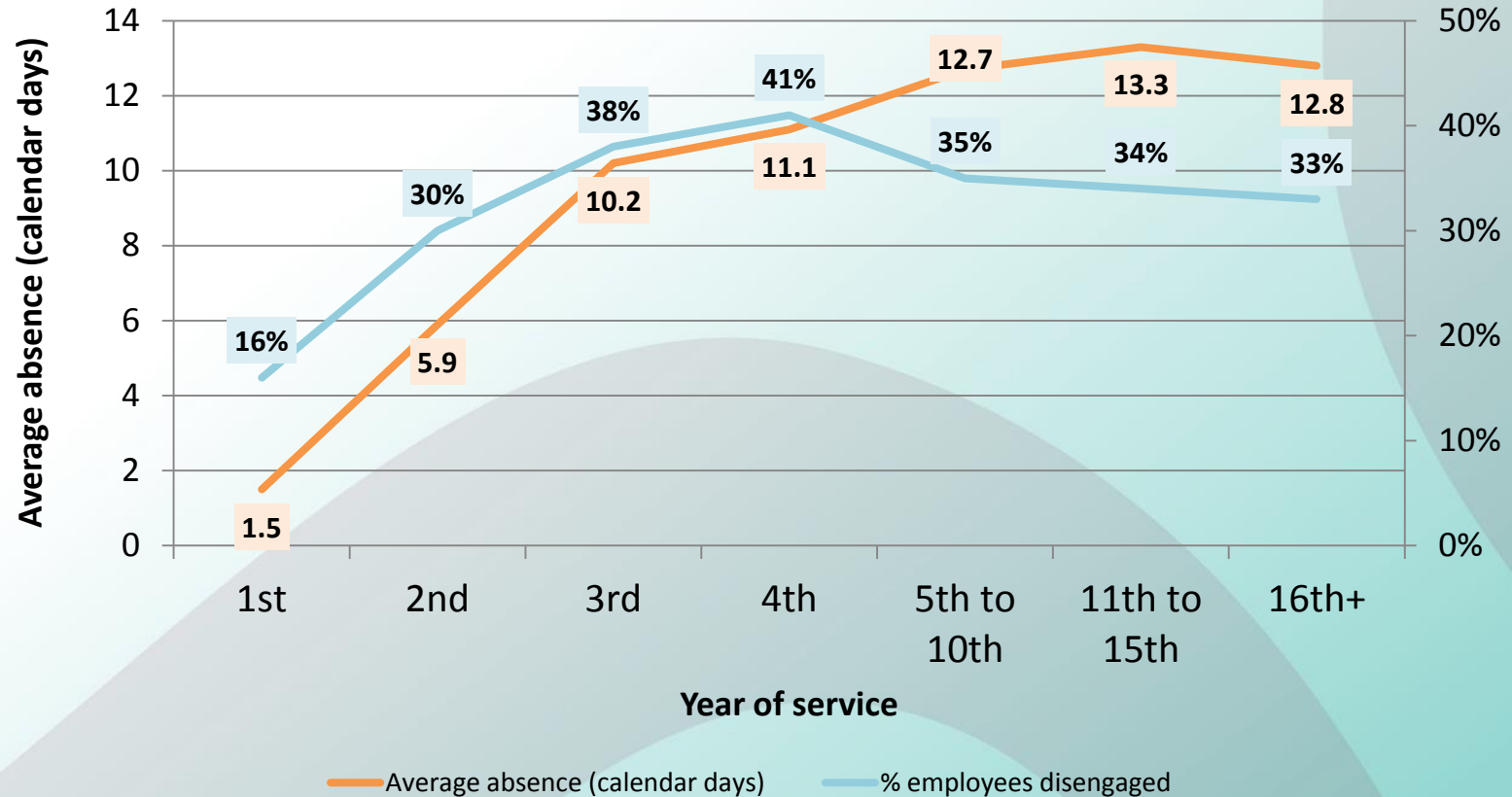
Absence and sick pay



Historic absence as an indicator of future absence



Absence and length of service



Impact of warnings

- Issuing stage 1 warnings dramatically reduces the likelihood of further absence within the 6 months following the warning being issued

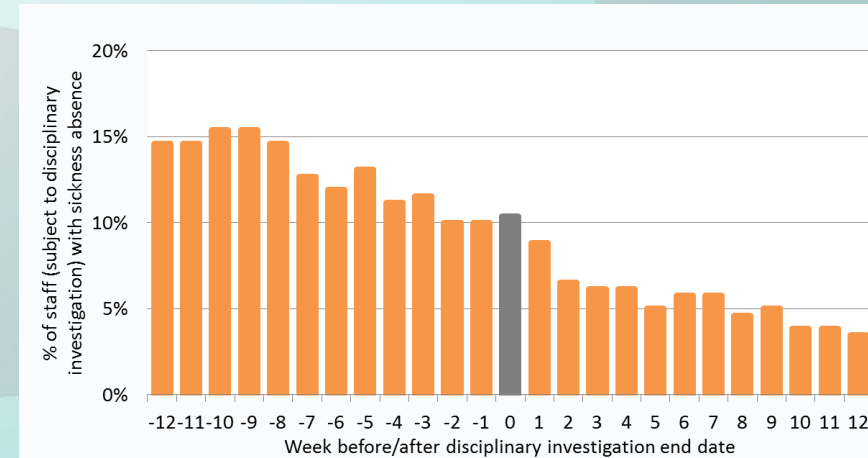
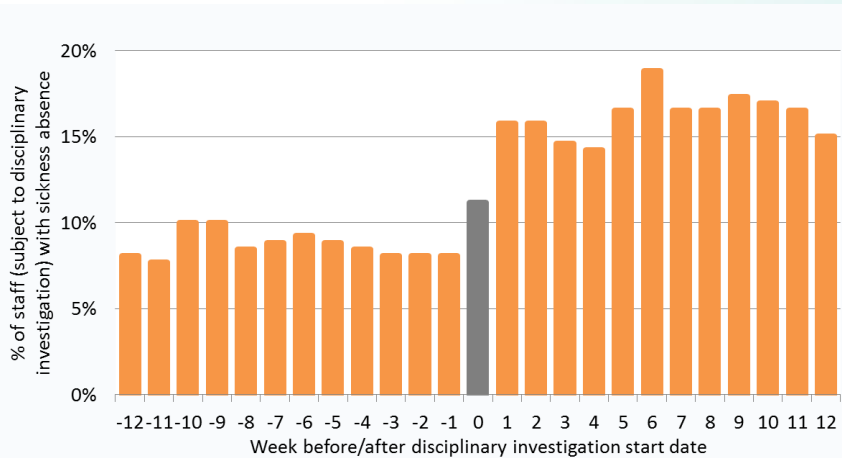
Employees issued stage 1 warning	Employees with <u>no</u> absence in six months following issue of warning
182	128 (70%)

Employee Engagement and Absence

- We recently surveyed 10% of the organisation. This survey identified how we enable best work and allowed us to identify our staff engagement levels.
- Direct correlation between engagement level and absence profile
 - ✓ Actively disengaged employees: On average 24.2 days absence
 - ✓ Fully engaged employees: On average 8 days absence
 - ✓ Shorter service = more engaged
 - ✓ Dissatisfaction with the job itself = more likely to be absent, especially mental health

Absence and disciplinary action

- In the weeks following the start of disciplinary action there is an increase in the number of employees absent
- As the disciplinary action comes to a conclusion we see a reduction in the absence



Review of management practice

Only marginal differences in practice between all managers interviewed
but:

- ✓ link between close/active monitoring of absence and lower levels of absence
- ✓ Leadership forums with absence on the agenda appear to enable effective and consistent absence management
- ✓ Half of managers uncomfortable with flexible nature of policy/using discretion – may cause inaction. Flawed policy? Training need?
- ✓ Managers uncomfortable with managing mental health absence

Working Group – Agreed Actions/outcomes

- ✓ Raising awareness of employee support services has seen an increase in uptake
- ✓ Offering mental health first aid training to targeted areas of the organisation with proportionately high mental health absence
- ✓ Undertaking case reviews of those employees within the top 1% & top 10% of absence who are still currently off work.
- ✓ Improving quality of occupational health reports alongside the provider
- ✓ Reviewing and redesigning the existing stress action plan with Unions
- ✓ Evaluate approach to organisational reviews

Further Action

- It is anticipated that the agreed actions from the working group will go some way to helping to improve our absence profile however it will be some time before we can evidence impact.
- The analysis of our absence profile and management practice identified inconsistencies and shortcomings of our approach to managing absence
- Therefore a further set of actions have been developed that, according to our findings, will enable enriched management of absence within LCC

Additional Actions underway

