

Report of the Director of Human Resources to the meeting of the Corporate Overview and Scrutiny Committee to be held on 26 October 2017

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Subject:

Managing Attendance

Summary Statement:

This is an update report with regards to managing attendance as requested in the Committee Resolution of 5 April 2017.

The report provides information on sickness absence in the Departments of Children's Services, Health and Wellbeing and Place.

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Overview & Scrutiny Area:

Corporate



1. SUMMARY

- 1.1. This is an update report with regards to managing attendance as requested in the Committee Resolution of 5 April 2017.
- 1.2. The report provides information on sickness absence in the Departments of Children's Services, Health and Wellbeing and Place.

2. BACKGROUND

- 2.1. A report on Managing Attendance was considered by Overview and Scrutiny Committee on 5 April 2017. The Committee resolved that a further report be brought focussing on areas where sickness levels were particularly high such as Children's Services, Health and Wellbeing and Environment and Sport.
- 2.2. As a result of Council restructuring, the functions of Environment and Sport have been incorporated into the Department of Place. For the purposes of this report, sickness absences for these functions have been considered separate to the overall absence in the Department of Place.

3. CHILDREN'S SERVICES

- 3.1 Children's Services acknowledge that there is a high rate of sickness absence within the Department and have been working with HR colleagues to support managers to address this. During the last year the following actions have been taken to address sickness levels within the department.
 - Two sessions have taken place looking at sickness at the cross departmental 3rd tier and above managers meetings. These sessions focus on data which includes specific links to sickness, the equivalence in staffing numbers and discussion about strategies. Managers were required to review their own teams sickness levels and use supervision to ensure that correct procedures were being actioned in relation to challenge and support
 - An agreement has been made with HR that all 4th tier managers would receive a specific list of the sickness rates with their teams to enable them to challenge individual managers.
 - A focus on the top 20 long term sick cases has resulted in the discharge of a number of cases.
- 3.2 We have a number of examples of where proactive work with individuals has resulted in long sickness absences being concluded. In one case, an individual returned from long term sick due to "keep in touch/pastoral visits" and discussions with their line manager which helped the individual return to work more quickly through the support offered, including an agreed plan to phase them back in gradually including a temporary change in duties. In another team this approach resulted in the return of two staff one coming up to a full year without a day off, and another who has gone six months without sickness absence. Stress is a major reason for sickness absence but there are many instances where appropriate management action has resulted in staff

returning to work. As an example, one member of staff was off for 4 weeks with work related stress but following advice from HRplus and Employee Health and Wellbeing the manager and member of staff put in place a stress management action plan. After implementing a phased return to work, the employee is now successfully back at work. A number of staff members have been on formal monitoring with final improvement notices issued.

3.3 Children's Services are working with colleagues from the Office of the Chief Executive to simplify sickness reporting to both:

- Ensure that line managers remain aware of sickness and take appropriate action at the appropriate times to promote return to work.
- Analyse the causes of reported sickness at service, team and individual level to inform strategies which will promote "wellness" across the service.

3.4 While still in development, the use of "Power BI" software has enabled Children's Services to identify that, at service level, "stress" is the most commonly reported reason for sickness absence (With home based, or 'personal' stress being slightly more significant than work based stress.). Sickness has been tabled at the Employee Wellbeing meeting relating to high sickness rates and a discussion about wellbeing at work. This resulted in notes going to all staff about sessions being run on emotional wellbeing by public health in City Hall, and discussion about improvements to the working environment to improve wellbeing. Children's have supported Public Health to run weight reduction sessions within Margaret McMillan Tower, and a lunchtime walking group has been established

3.5 While it is difficult to impact directly on personal / home based issues we can aim to reduce the impact of workplace stress by ensuring that:

- We engage and communicate with staff so they understand the changing demands which are placed upon the service.
- We embrace and actively model the Bradford Behaviours Framework.
- Staff workloads are monitored and are equitable in relation to level of skill / experience of individual workers.
- Staff members receive regular supervision which not only addresses performance, but is supportive, promoting both emotional well being and continuous professional development.

3.6 For the first quarter of 2016 (April, May and June), an average of 3.26 days were lost through sickness for each full time equivalent employee. In 2017 this fell to 2.89 days.

4. HEALTH AND WELLBEING

4.1 The Department has continued to be focused on improving the level of absence from work as a result of ill health. Compliance with the council's sickness absence procedures is discussed as a standard agenda item at team meetings. This is further underpinned in one to one supervisions and appraisals.

Any deterioration in attendance levels or levels of absence that reach corporate review points are discussed with individuals and enter into an appropriate process.

All managers maintain regular contact with the employee during their absence and make a referral through to Employee Health and Wellbeing.

Open discussions are had throughout the period of absence exploring ways of facilitating an earlier return to work through alternative/amended duties, phased return, reasonable adjustments and self care. There have been a number of positive examples where this has accelerated staff to return to work. There has been good feedback from individuals stating they felt supported by the process.

Managers have access to their team's attendance and will advise of any pattern in absenteeism and address this with individuals. Proactive referrals to Employee Health & Wellbeing are made particularly for physiotherapy and counselling services.

In the department, members of the senior team hold regular meetings to monitor compliance and discuss particular trends and analysis of the data produced. Refresher sessions for managers managing absence have been arranged for Autumn and Winter this year.

- 4.2 For the first quarter of 2016 (April, May and June), an average of 3.88 days were lost through sickness for each full time equivalent employee of the Department of Health and Wellbeing. In 2017 this fell to 3.27 days. Public Health and Environmental Health have seen a 67.7% reduction in the number of working days lost when comparing 2016 absence to 2017, and a 34.3% reduction in the reported absences across the teams. Long term absence has reduced from 592 days to 124 days in 2017. There has also been an improvement in short term absences 154.94 working days lost in 2016 compared to 120 days lost in 2017. Across all teams in the Department, the numbers of days lost has reduced from 2016 to 2017.

The top five reasons for absence are:

- Fracture/Sprain/Musc 17.83%
- Depression/Anxiety 12.15%
- Stress – non work related 11.77%
- Back problems 7.12%
- Stress – work related 7.08%

5. ENVIRONMENT AND SPORT

- 5.1 **Monitoring of sickness** – managing attendance continues to be discussed at the Departmental Management Team (DMT) meetings on at least a quarterly basis. Absenteeism and support for managers to help them to keep staff in work and to assist staff to return to work as soon as possible following a period of absence is also a key part of monthly Senior Management Team agendas in the 5 service areas. A new template has been developed since the merger of the 2 Departments and this includes information split into service areas showing the following:

- comparisons with sickness in the previous year,
- breakdown of sickness by team in each service,
- top 5 reasons for sickness and short- and long-term absence by service and team.

This information is used to identify trends and determine priorities and action to be taken.

- 5.2 **Focus groups** – as fifth tier managers are responsible for most of the employees in the Department, it was agreed to use focus groups as a way of skilling up managers to improve attendance. Managers from teams in all service areas are represented at the meetings. The first meeting took place in May 2017 and following a presentation on the support available to employees, we used short- and long-term case studies to allow managers to discuss issues, provide information and to share good practice. There were specific discussions about having the difficult conversations with staff to encourage employees to return to work in a timely manner, ensuring that the appropriate support is in place.
- 5.3 **Self-management strategies** – there was an emphasis on approaches to encourage employees to take responsibility for their health and wellbeing at the second focus group meeting in June 2017. Our contracted physio therapy service presented information about absenteeism and early intervention strategies to encourage staff to remain at work and to facilitate an early return to work through regular contact and support. In response to requests from managers, representatives from Sano agreed to deliver sessions to at risk groups. Physiotherapists will be running sessions for desk-based staff who work at the Contact Centre and staff who work at the Recycling Plant. The HR Business Partner also responded to queries from the first focus group.
- 5.4 **‘Stress buster’ sessions**, delivered by Bradford Care Trust – the 45 minutes workshop on managing stress will be delivered to the next focus group meeting in October 2017 to encourage the managers who attend to promote this to their staff and other managers. ‘Stress non work-related’ and ‘depression/anxiety’ are in the top 5 reasons for sickness in the Department and it is hoped that such sessions, along with other measures relevant to the individual employee’s needs, will help to reduce this.
- 5.5 **Good practice** – there will be an emphasis on identifying and sharing examples of good practice in terms of managing attendance at future meetings of the focus group, from within and outside of the authority.
- 5.6 **Long-term sickness** – this continues to account for over two thirds of the sickness in the Department. Managers are encouraged to be proactive in identifying opportunities for alternative duties for employees who are unable to undertake their substantive role owing to an injury/sickness providing training where appropriate. There are numerous examples of this in the Department including Council Wardens and other staff who have worked in the Contact Centre. Recent capability case conferences supported by the Employee Health and Wellbeing Manager, the HR Business Partner and officers from Redeployment have been effective in dealing with complex cases.
- 5.7 **Outcomes** – a good example of a positive outcome is in the Waste Collection Service. The Management Team has weekly meetings to discuss every case of sickness and to ensure that all possible action is being taken. They have started undertaking the initial welfare visits at an earlier stage and have noticed that this has accelerated the employee’s return to work. Temporary alternative duties are used extensively in this area to facilitate a quicker return to work, including office duties, and additional training is offered to enable staff to undertake other roles until they are fit enough to return to their substantive roles. This Team has an ageing workforce with over 60% of employees over the age of 50. This impacts on sickness as the role is physically demanding. However, by implementing the actions above, the team have experienced a decrease in the amount of musculo-skeletal related sickness absence.

5.8 Comparative data is not available for this area as the previous Department of Environment and Sport was merged with other areas of the Council to form the Department of Place.

6. CORPORATE ACTIONS

6.1 Since the Corporate Overview and Scrutiny Committee in April, CMT continues to focus upon sickness absence to ensure it is managed appropriately in order to protect front line services and jobs at a time of reducing budgets.

6.2 A new manager of the Employee Health & Wellbeing Service has now been appointed. She is currently identifying priority areas for additional interventions to further assist in the reduction of sickness absence.

6.3 The HRplus service advises managers on the management of sickness absence. The service provides advice and support, progress chases cases and ensures consistency of application of procedures across all Departments. Managers are required to take action as early as possible to resolve an employee's ill health and absence issues and to helping the employee achieve an early and sustained return to work. As soon as an employee reaches a "trigger point" due to their sickness absence they are sent an email to alert them and to remind them to seek advice and support from HRplus. HRplus will advise and coach managers on the most effective way to manage to absence. Should an employee remain absent through sickness for 26 weeks, a further review is carried out which can result in the employee being referred to a capability hearing unless they are due to return to work.

6.4 The HR Service provides support to Council managers on managing sickness absence and measuring performance. HR Business Partners collate management information which they present and discuss at Departmental Management Teams. This includes information about staff who are off for prolonged periods, advising on the correct processes to be following and identifying particular areas where sickness levels are high and action needs to be taken. The HRplus service and the internal HR Service have an excellent working relationship and work closely together to provide advice and assistance to the organisation in managing attendance.

6.5 A Wellbeing Strategy has been drafted with a focus on mental health. As a result, a mental health initiative is soon to be launched aimed at helping our managers spot and deal with the early signs of distress, increasing the likelihood that they may be able to prevent a condition from becoming acute and therefore reduce long term absence. The initiative will include the creation of a dedicated Mental Health online site as part of our HRplus service and a series of Mental Health workshops targeted initially at the service areas with the highest level of mental health absence. A Mental Health e-learning course has also been developed to help managers deal effectively with staff who are experiencing mental ill health.

7. FINANCIAL & RESOURCE APPRAISAL

The Council continues to address the cost of sickness absence by the management of this agenda.

The cost of sickness absence is twofold in terms of both human and financial factors. The human cost is the impact of absence on other colleagues in terms of covering additional workloads.

The financial impact is clearly the cost of the absence and the fact that work does not get undertaken or it incurs additional expenditure within some departments due to the nature of the service and the need for absences to be covered to ensure that frontline services can be delivered to the citizens of Bradford.

It is difficult to determine the additional costs the Council incurs to cover for sickness absence as such activity is combined with other service coverage issues such as annual leave or workload pressures. Departments can cover absence in a number of ways such as reprioritising work, cover with existing staff or identifying additional staffing resources.

A number of services cover long term sickness absence through the use of casual staff and overtime. These Departments are predominantly Children's Services, Health and Wellbeing and Place.

8. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 8.1 Departments continue to manage sickness absence through their DMTs and management structures.
- 8.2 Attendance management forms part of the Councils overall performance framework and is monitored through CMT.

9. LEGAL APPRAISAL

None

10. OTHER IMPLICATIONS

None

10.1 EQUALITY & DIVERSITY

None

10.2 SUSTAINABILITY IMPLICATIONS

None

10.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

10.4 COMMUNITY SAFETY IMPLICATIONS

None

10.5 **HUMAN RIGHTS ACT**

None

10.6 **TRADE UNION**

The Trade Unions are an integral part of the Attendance procedures in supporting employees as appropriate.

10.7 **WARD IMPLICATIONS**

None

10.8 **AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

None

11. **NOT FOR PUBLICATION DOCUMENTS**

None

12. **RECOMMENDATIONS**

12.1 The Corporate Overview and Scrutiny Committee considers the report and challenges to both sustain and further improve performance.

12.2 That all Departments continue to prioritise sickness absence and maintain all efforts to further improve performance.

13. **APPENDICES**

None

14. **BACKGROUND DOCUMENTS**

- Corporate Overview and Scrutiny Report – 5 April 2017