

TITLE OF REPORT: Review of Absence in the Council – Monitoring Report – Six Month review

REPORT OF: Mike Barker, Strategic Director Corporate Services & Governance

SUMMARY

The purpose of this report is to update the Overview and Scrutiny Committee on actions taken since the last monitoring report which was considered on 25th June 2018.

Background

1. Members will recall that following a review of the Council’s sickness strategies, systems and procedures in 2005, Cabinet requested that the management of sickness absence continued to be scrutinised, with a view to reducing absence levels within the Council’s workforce.
2. The report presented in June 2018 provided statistical information relating to the period 1 April 2017 to 31 March 2018, along with an update on actions taken by the Council and its managers during that period. It also focussed on data relating to absence due to stress and absence by age profile.

Statistical Information

3. The average sickness days per FTE for the period 1 April 2017 to 31 March 2018 was 12.75. When monitoring absence, it is preferable to compare the same reference periods e.g. April to March each year, however, as an interim update, the average sickness days per FTE for the period 1 October 2017 to 30 September 2018 has been calculated at 11.82.
4. Quarterly average sickness days per FTE are compared with the same quarter last year, as detailed below:

Quarter	Average sick days per quarter, per FTE	Quarter	Average sick days per quarter, per FTE
April 2017 to June 2017	3.36	April 2018 to June 2018	2.99
July 2017 to September 2017	3.43	July 2018 to September 2018	2.94

5. There has been no change in the top three causes of sickness absence in the Council. Appendix 1 details the reasons for absence, highlighting that across the Council as whole, stress/depression and mental ill health accounts for just over 30.12% remains the largest cause of sickness absence. Post-op recovery/hospital treatment makes up 18.49%, and other musculo-skeletal conditions account for 14.49% of all sickness.
6. Again, whilst it is preferable to compare the same reference periods, as an interim update, the table below details the **total number of days lost due to sickness per Group, and the average days lost per FTE per Group**, comparing years April 2017 to March 2018, and November 2017 to October 2018.

Group	Total days lost: April 2017 to March 2018	Days per FTE within the Group	Total days lost: October 2017 to September 2018	Days per FTE within the Group
Care, Wellbeing and Learning	20638	16.77	18831	15.26
Communities and Environment ¹	10518	9.26	8037	9.66
Corporate Resources ²	8248	12.16	10341	10.58
Corporate Services and Governance	1337	9.21	903	6.13
Office of the Chief Executive	372	9.49	125	3.57
Total	41158		38237	

Actions Since the Last Report

Corporate Management Team

7. The Chief Executive and Corporate Management Team (CMT) take sickness absence very seriously and regularly monitor absence levels to ensure managers understand that they are responsible, and accountable, for the management of sickness absence in their respective areas.
8. CMT considered a report on sickness absence in September 2018 which focussed on how sickness is managed, with a 'deep-dive' into the actions within the Care, Wellbeing and Learning (CWL) Group. The CMT discussion provides the focus of this report and is detailed below.

HR Advice and Support

9. The HR service ensures the Council's frameworks for managing sickness are reviewed regularly; the last review being March 2015. As part of the normal policy review process, and to support the Council's drive to manage sickness effectively,

¹ Whilst the number of reported days sickness has decreased, there has also been a decrease in the number of employees within this Group (transferred to Resources in August 2017).

² Whilst the number of reported days sickness has increased, there has also been an increase in the number of employees within this Group (transfer of Trading and Commercialisation from Communities and Environment).

the policy is currently subject to review and will be discussed with our Trade Union partners in the near future. The review will ensure latest ACAS guidance and HR best practice is followed, and that any recent caselaw is incorporated. Unions are supportive of the Council applying the sickness procedures fairly, consistently and robustly.

10. The roll-out of mandatory sickness absence management training also continues. This training emphasises that it is a manager's responsibility to manage sickness absence, taking appropriate action where necessary, and ensuring it is documented and recorded.
11. The HR service also provides comprehensive monthly sickness absence data to management teams to enable effective and timely case management of both short-term and long-term absence. Absence data takes two main forms:
 - A report for each service showing who has been absent over the last 12 months, the duration (days lost) and the reason for absence; and
 - A sickness absence dashboard for Group Management Teams (GMTs) which includes trend graphs and bar charts summarising the average days lost per service and the % breakdown for the different causes of absence.
12. A summary of the intensive HR support provided to services since the last report is detailed in appendix 2
13. Efforts made to reduce sickness have resulted in a downward trend, however, the absence rate across the Council remains high and is currently³ 11.82 days lost per FTE.

CMT Focus on Care Wellbeing and Learning

14. CMT focussed on the CLW Group as sickness across that Group is high, with some teams within the Group running at more than 30 days per FTE. This is clearly unacceptable and has a negative impact on the continuity of services that can be provided to vulnerable adults, children and their families.
15. In response to this, a review of the management of sickness absence was initiated across the CWL Group. This review included consideration of how individual managers are being held to account for the management within their own teams.
16. **Actions Arising from CWL Review**

(a) Communication

The Strategic Director informed all CWL employees of her concern regarding absence levels and that addressing this issue was a priority for the Group management team. This message was conveyed via an email from the Strategic Director to every employee in CWL. The email highlighted the concerns over the high absence rates, reminded employees of absence reporting arrangements, and

³ For the period 1 October 2017 to 30 September 2018

confirmed the formal stages in the policy that would be applied consistently by all managers. Service Directors in CWL have also highlighted their concerns through service and team briefings.

(b) Procedure

The CWL Group piloted the introduction of an additional 'informal' stage in the sickness management procedure. This relates to short-term absence trigger points which is where an employee has had three or more separate periods of sickness over the preceding 12 months. Rather than waiting to see if a third absence occurs, managers in CWL sent letters after the second absence. This essentially reminds the employee that if they are absent on a third occasion within the reference period they will be invited to a stage 1 'informal action meeting'.

There was a mixed reaction from the workforce to this initiative, with concerns about the impact on otherwise good attendees who may have had two unavoidable absences, possibly related to a serious illness. Trade Unions also expressed concerns about the introduction of the letter in relation to employees with a disability and, in their view, the overall negative impact this letter could have on staff morale. However, since high levels of absenteeism persist, letters continue to be sent although managers engage with employees at the time the letter is issued to fully explain the rationale and to offer support.

(c) Presentation and analysis of data

The Strategic Director personally discusses absence management at 1:1 meetings with all Service Directors. In turn, Service Directors discuss sickness absence management at their SMTs. This ongoing review includes the presentation and analysis of absence data and the engagement with all staff regarding concerns about high sickness levels. Directors consider sickness absence as a strategic priority in Appraisal and Development discussions, with some managers agreeing individual performance targets around managing sickness.

Service Directors and managers work closely with their HR Adviser who 'case manage' every individual case to ensure the absence is being managed in accordance with the policy and associated timescales. This focusses on short-term absences where employees have met the triggers, and those long-term absence cases where there is no likelihood of an early return to work.

Sickness dashboards provided by HR are formally reviewed every month at GMT meetings to highlight trends and consider interventions. For example, absences across the Group due to 'stress, depression, anxiety, mental health & fatigue' account for 33.12% of all absences. In an attempt to address this, there has been considerable focus on the management of stress related absences, with work continuing using the action plans developed as an outcome of the recent stress surveys in CWL. The action plans, developed jointly with Unison, are designed to ensure managers identify and as far as reasonably practicable put actions in place to alleviate work related stressors.

The CWL Group also considered re-introducing congratulatory letters for individuals who have had 100% attendance in the previous year. Ultimately, this course of action was not taken forward on the basis that it could become counter-productive, particularly where colleagues have had a 100% attendance record for preceding years but may unfortunately have had one absence. As an alternative to sending individual letters, the Group is looking to recognise 100% attendance at a service or team level.

(d) Co-ordination of absence management

Every individual manager is ultimately responsible for managing the performance of their teams, including managing sickness absence. This is one of the fundamental principles of the Council's philosophy of 'managers who manage'. In some instances however, the size of the service in terms of the number of employees is so high that the managers need assistance to track sickness absence cases. To do this, Absence Management Co-ordinators (AMCs) have been re-introduced in the CWL Group. AMCs existed previously across the Council but were discontinued when support services were consolidated. The role of the AMC is to work with managers and HR to track absence cases and ensure the policy has been applied. The AMCs also ensure a consistent approach is taken and that return to work interviews take place and are recorded in the HR system, and that formal absence review meetings are held for both short-term and long-term cases. AMCs carry out this work in addition to their existing duties of employees which does however inhibit the time commitment available.

17. The table below compares the sickness data at September 2017 and September 2018 within each CWL service area and whilst absence levels remain high, it does demonstrate that the effort put into managing sickness has been successful.

Care, Wellbeing and Learning Group - Service	Average sickness days per FTE September 2017	Average sickness days per FTE September 2018
Overall - Care Wellbeing & Learning	16.94	15.26
Early Help	12.96	12.43
Social Work - Children & Families	14.79	13.44
Learning & Schools	8.02	8.14
Adult Social Care	22.54	20.27
Health & Social Care Commissioning	17.13	10.26

What will we do next?

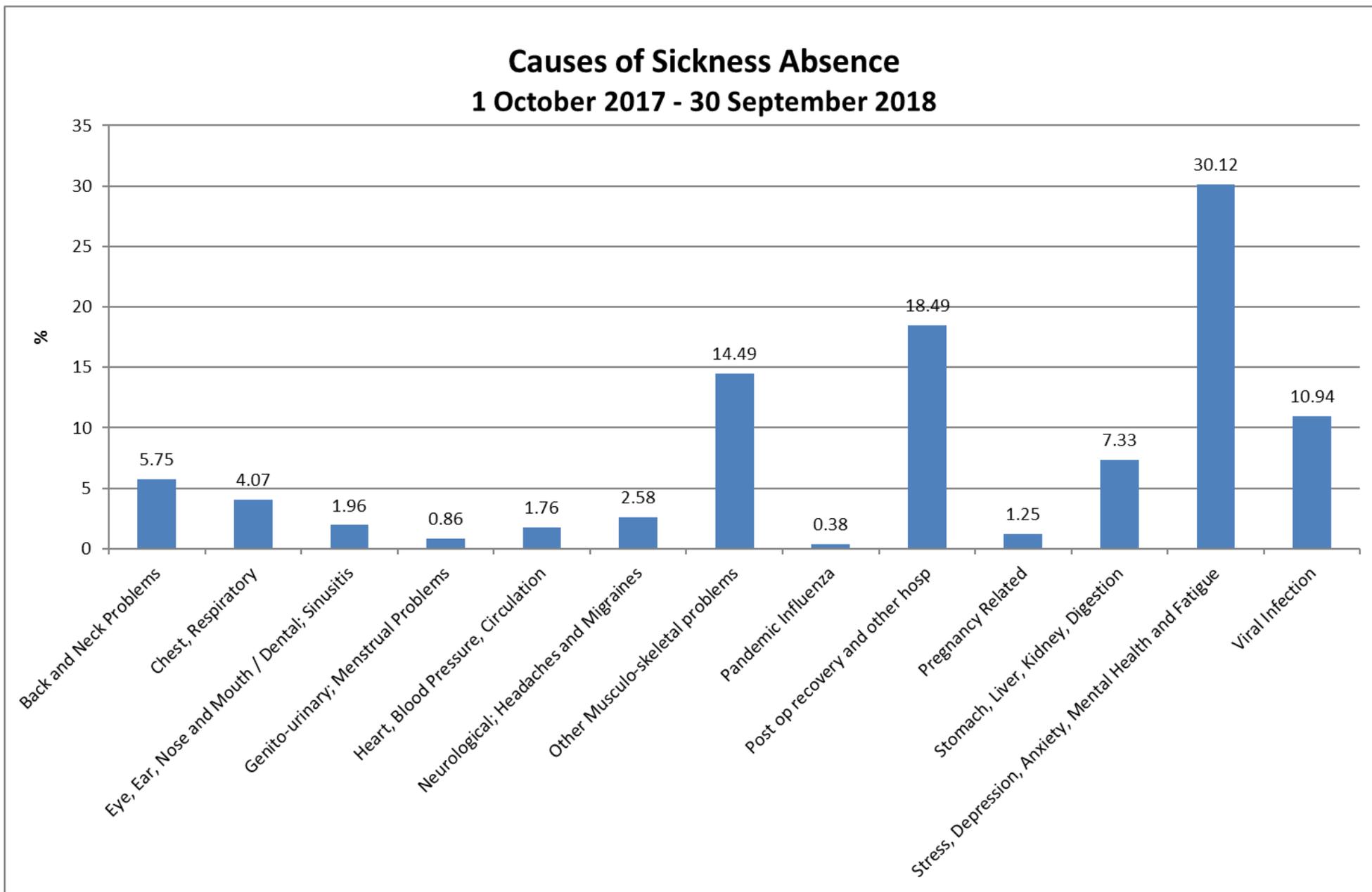
18. HR Advice will continue to provide dashboards and more detailed data to services and provide advice and support in order that managers can take appropriate action to address sickness absence effectively. The review of the Council's Sickness Policy and Procedure will be progressed with suggestions for improvements being discussed with Trade Union partners.
19. As part of the North East Better Health at Work Award the task and finish groups established will continue to develop and take forward wellbeing initiatives around the priority areas as identified by employees in the health needs assessment.

20. Strategic Directors and Service Directors will continue to monitor and address absence.

Conclusion

21. The views of the Overview and Scrutiny Committee are sought on:
- a. Whether the Committee is satisfied that this 6-month review report, with a focus on CWL, provides a suitable update on the actions being taken to reduce sickness absence levels.
 - b. Whether the Committee would prefer to receive a full report on sickness absence monitoring on an annual basis, with a 6-monthly review to be included on the overall six-monthly Assessment of Performance and Delivery report presented to this Committee. This approach would enable consistent data comparison i.e. across whole financial years.
 - c. Suggestions for improvements to the Council's Sickness Absence Policy to be discussed further with Trade Union partners.

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Reducing Sickness Absence - HR Support

Group/Service	Action
Adult Social Care & Commissioning and QA	<ul style="list-style-type: none"> • Email sent from Strategic Director to every employee in CWL. The email highlighted the concerns over the high absence rates, reminded employees of absence reporting arrangements, and confirmed the formal stages in the policy that would be applied consistently by all managers. • Pre-warning letter (after 2 absences) to employees who will hit triggers if absent again. • The selection of 3 absence management co-ordinators. • HR provide monthly spreadsheets to absence management co-ordinators broken down into long term absence or those who have hit short-term absence triggers. HR highlight the actions required to be taken by line managers for each absentee on the spreadsheet and the co-ordinators liaise with line managers to ascertain if actions have been carried out by end of month and report back to HR. • ASC Provider Services management produce a rank order of services by the % of sickness absence in each team/service (ranked lowest to highest % sickness absence).
Communities and Environment	<ul style="list-style-type: none"> • Managers are supported by HR to ensure they follow the sickness policy. This is driven by the provision of monthly dashboard information, and regular monitoring of cases.
Leisure Services	<ul style="list-style-type: none"> • Increase focus on applying all elements of the sickness absence policy and procedure and monitoring of sickness. • Communication – sickness is a key priority. Management and HR briefed operational management team on current position, target and action plan. • Internal briefing relating to sickness absence to be issued to inform all employees of the current position, the cost and to reinforce the responsibilities of management and employees in managing attendance. • Managers will present monthly business plan snap shots for each facility to all employees and will also be reported at SMT. • HR will continue to present dashboard information at SMT monthly meetings. • Monthly monitoring spreadsheet will be discussed fortnightly with the Service Director, management team and HR to ensure the policy is being followed, trends /causes identified, and proactive work undertaken to manage sickness absence. • Issuing the ‘pre-trigger’ letter has been considered but not actioned at this stage. This will be reviewed in 6 months to determine whether adding this additional stage is necessary. • Business Manager within the service will have responsibility for sickness and coordination. • Further sickness management training to be delivered by HR and OH in December (for those who hadn’t attended the HR management

	<p>sickness briefing)</p> <ul style="list-style-type: none"> • % of stage 1 and stage 2 interviews completed against those required for each service • Any concerns to be fed back to the Strategic Director, Corporate Resources
<p>Trading and Commercialisation</p> <ul style="list-style-type: none"> • Catering and Cleaning • Strategic and Hard FM • Libraries • Culture Service 	<p>The Sickness Action Plan above is being implemented across Trading and Commercialisation.</p> <ul style="list-style-type: none"> • Monthly meetings/communication with managers regarding ongoing cases • Monthly monitoring spreadsheet • HR Dashboard information presented monthly at SMT • Communication reinforcing responsibilities regarding managing sickness absence. • % of stage 1 and stage 2 interviews completed against those required for each service • Any concerns to be fed back to the Strategic Director, Corporate Resources
<p>Corporate Finance/Customer and Financial Services/ICT</p>	<ul style="list-style-type: none"> • Monthly meetings with Service Directors/communication with managers regarding ongoing cases • Monthly monitoring spreadsheet • HR Dashboard information presented monthly • % of stage 1 and stage 2 interviews completed against those required for each service • Any concerns to be fed back to the Strategic Director, Corporate Resources
<p>Social Care – Children & Families/Early Help</p>	<ul style="list-style-type: none"> • HR has developed an excel spreadsheet which allows HR and management to keep track of all sickness cases (i.e. long-term sickness, and where an employee has hit the triggers) and HR use this to record the advice given and action taken. This spreadsheet is updated on a monthly basis and any new information is highlighted (for example if an employee has had a further absence and therefore is required to progress to Stage 2). • HR attend SMT on a monthly basis (1-hour slot) and this time is used to discuss each case on the spreadsheet, with actions being considered and tracked. • Managers are expected to send HR a copy of all letters following any meetings, so HR has a record that they have been complete. • The Service follow the sickness absence procedure and manage sickness in accordance with this. • Sickness monitoring is an item on Strategic Director’s monthly 1-1s with Service Directors
<p>Corporate Services and Governance</p>	<ul style="list-style-type: none"> • As above, sickness information is emailed to Service Managers on monthly basis for action. • Review of the Sickness Management Policy and Procedure on-going.