

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Policy and Resources Select Committee
Date:	31 October 2013
Title:	Managing Attendance
Reference:	5334
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1.0 Summary

- 1.1 The purpose of this report is to provide an update on absence management within the Council. This report provides an overview of : -
- the current sickness absence trends, both at a corporate and department level;
 - actions being taken across the organisation to support the long term focus of reducing sickness absence; and
 - future interventions that could be considered to support longer term management of sickness absence.

2.0 Contextual Information

- 2.1 As a best practice employer the County Council is committed to reducing sickness absence and promoting health and well being, both for the benefit of the organisation and its employees.
- 2.2 The Council has put in place a number of corporate interventions to support the ongoing management of sickness absence. These measures alongside interventions implemented by specific departments have over the past 12 months resulted in a positive downward trend in the levels of sickness absence across the organisation.

3.0 Corporate interventions

- 3.1 Building on the significant achievements of the 'Working Well in Hampshire' campaign, which highlighted the importance of managing sickness absence and provided a framework for action, a number of Corporate interventions have been put in place. These are:

- **regular trigger reports** which are generated and sent to managers where staffs absence levels have reached or are about to reach trigger points.
- **HR analysis of monthly short term frequent absences** and active follow up with managers to prompt and check that action is in hand.
- **return to work interviews** carried out with the employee to confirm their fitness to work and ensure there are no issues or concerns for the employee.
- **improved case management of long-term sickness absence** has been successfully piloted within Children Services. From the outset of a long term absence case HR works closely with the business and the Health and Wellbeing Service (HAWS) to identify options and agree actions and timeframe for early resolution of absence and supporting the individual back to work.
- **manager advice line for stress related illnesses**, providing immediate access to advice and guidance for managers.
- **introduction of first day referrals** for mental health related absences.
- **review of the Council's Managing Attendance policy**, providing details on expectations, parameters and approaches to managing absence. There is also a separate 'how to guide' for managers, detailing best practice in handling short and long term absences, mental health issues or on going absence associated with an underlying condition.
- **more active engagement between HR, the manager and the HAWS** to proactively manage an employees return to work, including options such as a phased return or return on lighter duties.
- **remodelling of the HAWS unit** which has resulted in significant increase in service quality and provision, including average time from HAWS referral to appointment reducing from 9 to 3 weeks and 70% of counselling now completed by phone.
- at the end of the referral a **session is scheduled between the manager and the physician** to discuss the options for the employees return to work to ensure that they meet the needs of the business.
- **joint working with the HAWS, Health & Safety and Public Health** to support the co-ordination of internal and public initiatives, supporting employees to remain healthy at work.

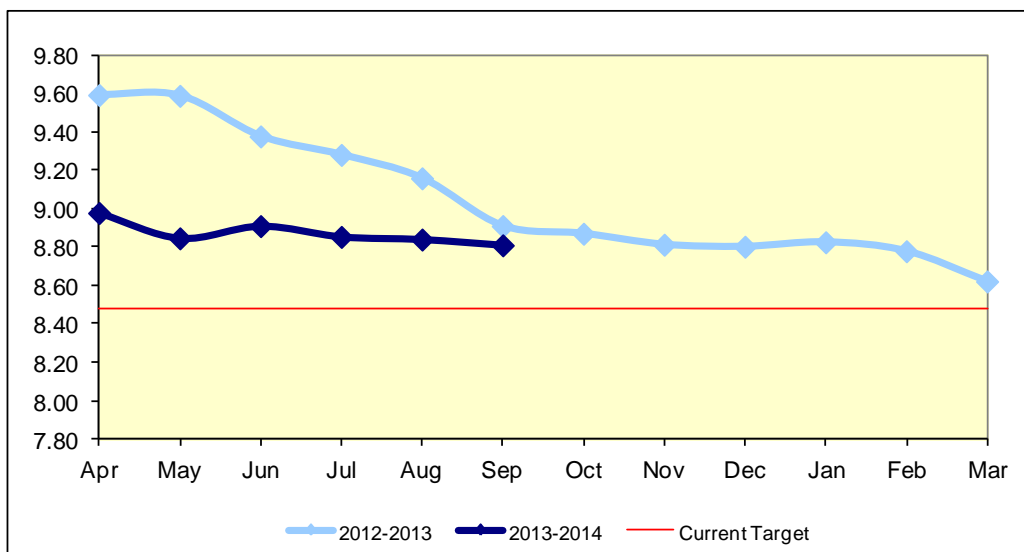
4.0 Departmental interventions

- 4.1 Attendance management is an integral part of departments performance reporting and subject to scrutiny by DMT's, with managers being held accountable for managing absences.

- 4.2 Workshops to assist managers in managing attendance have been implemented and targeted intervention programmes for those areas where sickness absence levels are higher have been deployed to maximise the impact and build workforce resilience.
- 4.3 In Children Services the early review of long-term sickness absences, as detailed in section 3 above has had a very positive impact on absence levels.
- 4.4 Appendix A of this report contains a detailed table of each department's position against target, actions taken to date and proposed future actions to address sickness absence levels.

5.0 Outputs of current interventions

- 5.1 In June 2012 a stretching target of 8.48 FTE days per FTE was set for the Council (excluding schools). At the time the target was set the Council's average number of FTE days lost, per FTE was 9.59.
- 5.2 There was a continual reduction in sickness absence levels throughout 2012/13, as shown in table 1 below. In March 2013 the Council's sickness absence level reached its lowest level of 8.62 FTE days per FTE, just 0.14 FTE days above the target. This was a significant achievement in context of such a stretching target and of significant organisational change being undertaken.
- 5.3 In April 2013 there was an increase in the absence levels to 8.98 FTE days per FTE. This was a result of the outsourcing of Children's Centres and the movement of Education Centres into Schools. The Council's measure of sickness absence (FTE days per FTE) is impacted by any significant and sudden decrease to the FTE regardless of the amount of sickness absence. If the movement of these staff had not occurred the Council's reducing trend was likely to have continued and the corporate target likely to have been met.
- 5.4 Since this anomaly in April there has been a further continual and gradual reduction in sickness absence to the current level of 8.81 FTE days per FTE (excluding schools), for the preceding 12 months.
- 5.5 Comparison with the Local Government Association workforce survey 2011/12 (the latest available) shows that HCC's sickness absence level is below that of other comparable County Council's/single tier authorities who reported an average sickness absence of 9.1 FTE days per FTE.
- 5.6 Table 1 - Current Absence Level (FTE days per FTE) – All Departments



5.7 On the whole departments sickness absence levels are showing a positive downward trend, as shown below:

	FTE days sickness absence per FTE			
	Target	Sept. 2013	% Variance - Sept 12 to Sept 13	% Variance to Target - Sept. 2013
Adults Services (OP/PD In House)	15.50	15.61	n/a	0.71%
Adults Services (rest of Department)	10.50	11.30	n/a	7.62%
Children's Services	7.50	8.11	-3.22%	8.13%
CCBS	6.50	6.81	5.26%	4.77%
Corporate Services	5.75	5.77	-1.87%	0.35%
ETE	6.64	6.79	-5.17%	2.26%
Whole Council (excl. schools)	8.48	8.79	-1.35%	3.66%

Notes:

Figures based on the proceeding 12 months

6.0 Sickness absence trends

6.1 Duration of sickness absence

6.1.1 While long term sickness absence (i.e. 20 absence days or more) accounts for only 5% of absence occurrences within the Council, 49% of sickness days are a result of long term sickness absence.

6.1.2 Long term sickness absence within Children's and Adult Services, in particular the in-house care provision within Adult Services, is higher

than the corporate figure. The pilot of a new approach to the management of long term absence cases within Children's Services has resulted in a reduction to durations of long term absence and better outcomes for both staff and managers. The extension of this approach across the organisation, and particularly within Adult Services, may similarly result in a positive impact on the duration of long term absence cases, and consideration is being given to the practicality of this currently given other pressures and resource constraints.

6.2 Sickness absence reasons

6.2.1 The top five reasons for sickness absence in 2012/13, based on the amount of absence time, account for 70.2% of all sickness absence as follows:

Sickness Absence Reasons by length April 2012 - March 2013

Absence Reasons Group	% of total absence	% Change in Sickness Days since 2011-12	Average FTE Days Per Occasion
1) Mental Health	12.3%	-2.1%	14.4
2) Muscular	21.9%	-1.7%	9.0
3) Medical Condition	13.5%	+0.1%	4.7
4) Stomach	10.4%	+1.5%	2.1
5) Ear Nose Throat	12.1%	+0.2%	2.0
All Other Reasons	29.6%	-2.0%	5.3
Total	100.0%	-12.1%	4.4

6.2.2 The top five reasons have remained unchanged from last year. However, there has been a decrease in absences due to 'Mental Health' and 'Muscular' conditions. This reduction in 'Mental Health' may be a reflection of the initiatives and focus being placed on the management of these cases and supports the argument for continued focus on the management of both mental health and muscular cases.

7.0 Future interventions to support absence management

7.1 The positive trend in the Council's sickness absence levels is evidence that a concerted focus on absence management can produce significant decreases in sickness absence in the short term. However, to maintain the current momentum a more strategic, longer term approach will be required to ensure that lower sickness absence levels are maintained.

7.2 In addition to the initiatives identified in sections 3 and 4 of this paper the following interventions are being investigated: -

- **fast track physiotherapy service** for muscular skeletal conditions, to reduce the timeframe to appointment to support a

faster return to work for staff.

- **dedicated stress counselling service** for staff and managers.
- **job re-design** – to consider where there are specific roles with high absence whether the role can be re-designed or specific support provided to staff to proactively reduce the likelihood of absence
- **structured case management approach for those cases that account for the longest sickness absence** by identifying the cases to be targeted, the interventions to be applied and a defined period of time to enable progress to be monitored, with clear outcomes and 'plan' agreed in advance between all parties.

7.3 It is important that we consider the health, well-being and resilience of our people. 'Transforming the Council *through* you' programme aims to ensure our people have the necessary skills, behaviours and competencies to deliver the Council's priorities now and through our changing future landscape. In liaison with Public Health colleagues the Council is consider ways that we can best do this and integrate options within future work.

8.0 Other developments

8.1 Method of calculating sickness absence

8.1.1 With the migration of a number of HR processes to the new Integrated Business Centre (IBC), consideration is being given to whether there is a more appropriate measure to monitor absence levels within the Council.

8.2 Consolidation of absence codes

8.2.1 Following a review of absence reporting codes it is proposed to consolidate the reason codes into a smaller set of standard categories, which cover the majority of absence types. Moving to fewer, more clearly defined categories provides the opportunity to take a corporate view on the top reasons for absence and put in place a corporate response and interventions to reduce the underlying causes.

9.0 Conclusions

9.1 The Council has made significant progress in reducing its overall absence levels from 9.59 FTE days per FTE when the target was set, to the current rate of 8.81 FTE days per FTE. This has been achieved through combined HR, department and management interventions which have had a positive impact on the levels of sickness absence at both a corporate and department level.

9.2 It will be important for departments and the organisation as a whole to

maintain the focus on managing sickness absence if the Council is to continue the significant achievements it has made in reducing sickness absence, while having consideration to capacity and resources.

- 9.3 The development and implementation of relevant strategies and interventions to support attendance, as outlined in section 7, will play an important role in further reducing sickness absence levels going forward.

Appendix A

Departmental Progress Update from HR Business Partners on Behalf of DMTs

Department	Progress toward target	Key actions taken to date to manage absence	Proposed future actions
<p>Adult Services</p>	<ul style="list-style-type: none"> • The in-house care provision sickness absence level has been below the target of 15.5 FTE days per FTE each month since the target was set in March 2013, with the exception of September 2013. In September sickness increased slightly, by 0.13 days on the previous month, to 15.61 FTE days per FTE. In July the department began consulting on potential home closures. This inevitably had an impact on sickness levels, particularly in those homes affected. • Sickness absence within the rest of Adult Services is lower than the in-house care provision. However, sickness levels are above the target level of 10.5 FTE days per FTE and have consistently been so since the target was set in March 2013. One of the inadvertent consequences of the focus that is being placed on attendance management has been a increase in the reporting of sickness absence, which will have impacted the sickness absence measure. 	<ul style="list-style-type: none"> • Currently a lot of support from the EPC team has been directed to Provider Services. The Strategic HR Adviser for Adults identified that absence was not being managed in some sites by the appropriate staff. Therefore, following a discussion with the senior manager it was agreed that a series of absence workshops would be delivered by the team in EPC. This would train the appropriate staff to enable them to manage absence in the future. • From June 2013 to September 2013, 8 workshops have been run and these sessions have been attended by 140 staff. • EPC staff have also attended team meetings in the Integrated Mental Health Teams and the Admin teams around the County to talk about absence management. • EPC staff have also supported managers in those residential and nursing homes that have been identified as having high levels of sickness. This support has been well received and the outcome of this has 	<ul style="list-style-type: none"> • Following the delivery of the absence workshops, ensure that those staff new to managing absence are confident and competent in their approach to this process. • To run a series of workshops for the Integrated Mental Health Teams and Admin Teams as required. • EPC staff to continue to support managers in those residential and nursing homes that continue to have high levels of sickness. • In line with the absence intervention programme continue to support managers in managing absence appropriately.

		<p>been a reduction in sickness levels and staff having more confidence in managing absence.</p> <ul style="list-style-type: none"> • In line with the absence intervention programme Adult Services managers are contacted directly (on a monthly basis) when staff have met an absence trigger point. This contact is to ensure that managers are taking the appropriate action and to offer to provide HR support where necessary. 	
<p>Children's Services</p>	<ul style="list-style-type: none"> • Sickness absence levels have decreased each month in the financial year to date, from 8.97 FTE days per FTE in April 2013 to 8.11 FTE days per FTE in September, a decrease of 0.86 days per FTE. Although September's sickness absence figure of 8.11 FTE days per FTE is 8% higher than the target figure, this is the lowest level of sickness absence Children Services has reported since April 2010, which is a significant achievement. • There was a dramatic increase in the absence level in April 2013, from 8.11 FTE days per FTE in March 2013 to 8.97. This was a result of the move of Education Centres from Children's Services into Schools. The significant reduction to the FTE in April 2013, created a reduced average FTE over 	<ul style="list-style-type: none"> • Setting of branch specific sickness absence targets. • Regular reporting and review of sickness absence data by Children's Services Departmental Management team • Detailed reporting for Children and Families Branch (where absence is highest) to identify trends and comparisons across teams and highlight areas for management review and action • Action to correct a number of areas of under recording of sickness absence as these have been identified through management reporting and review • Use of trigger reports by managers to identify areas for review and potential action at an early stage – supported by monitoring and support from human resources 	<ul style="list-style-type: none"> • Continuation of regular reporting to Departmental and Branch management teams • Continued focus upon Children and Families Branch to seek to maintain significant progress made since April 2013 in reducing sickness absence • Continued focus upon early identification and resolution of long term sickness absence • Contribute to a corporate review of the sickness absence targets and how these are measured to identify an improved monitoring and target setting mechanism that will not be disrupted by changes in workforce numbers and enable improved monitoring of trends across years • Action planning to support corporate developments for supporting

	<p>the period, leading to a significant increase in the sickness measure.</p>	<ul style="list-style-type: none"> • A programme of workshops to assist managers in managing attendance including input from occupational health and other managers to learn from experience and success • Early review of long-term sickness absence with input from management, human resources, occupational health and employment law team where necessary to identify options and agree actions for early resolution of the absence 	<p>attendance management</p>
<p>Corporate Services</p>	<ul style="list-style-type: none"> • Corporate Services sickness absence level was 5.77 FTE days per FTE in September, the lowest level since April 2012, just 0.02 days above the target. This is a significant achievement and reflects the focus of both the department and managers to monitor, review and take appropriate action to drive sickness absence levels down. 	<ul style="list-style-type: none"> • Regular review of absence data by Departmental Management Team. • A programme of 13 mandatory workshops delivered to 340 managers which focussed on practical tools to help managers manage attendance. Analysis of feedback received was used to inform the support provided by HR to managers. • HR continue to support the absence intervention programme, contacting managers directly (on a monthly basis) when an employee has met an absence trigger and has been absent within the previous month to ensure issues are identified and addressed at an early stage with appropriate involvement of HR and Occupational Health. 	<ul style="list-style-type: none"> • Build on existing practice, evaluating success and reviewing where appropriate to ensure continued proactive absence management. • To explore the HR interventions which appear to be most effective in reducing absence for Hantsdirect so that best practice can continue to be built on and developed • On-going targeted challenge and support for identified hot spots to enable specific interventions to be deployed to maximise the impact of managing attendance • Further development of the use of available absence data to inform the HR interventions and support organisational and individual resilience.

		<ul style="list-style-type: none"> • Monthly analysis of absence data to identify absence hotspots and top 10 absence cases, to provide HR challenge and support. Attending management team meetings, direct support and coaching of managers, liaising with Health and Wellbeing. • Close working between HR, Health and Wellbeing and managers in Hantsdirect which is starting to bring about a reduction in absence and culture change in the team. 	
<p>CCBS</p>	<ul style="list-style-type: none"> • Sickness absence levels were below the 6.50 day target for 7 months of the previous financial year and April 2013. However, since April the figure has increased to a current level of 6.81 FTE days per FTE, approx. 4.7% above the target figure. An increase had been anticipated as an outcome of the transfer of IT services staff from CCBS to Corporate Services, the previous year, as the measure is impacted by any significant and sudden decrease to the FTE regardless of the amount of sickness absence. However the trend has continued over the summer months despite the continued interventions of the Departmental Management team and Employment Practice Centre (EPC) team over that period. The target for CCBS is one of the lower 	<ul style="list-style-type: none"> • Management Teams regularly review absence data by service. This involves reviewing absence figures and identifying current/potential future hotspots and trend data and agreeing strategic action plans (where appropriate). • The Strategic HR Adviser for CCBS meets with Senior Managers to review absence information and discuss individual cases, in addition actions are agreed to target specific/potential future hot spots as necessary. • Through the above CCBS DMT and HR ensure that the Department maintains a consistent approach to absence management with the intent that well-being is appropriately supported within the department. • HR support managers to identify both 	<ul style="list-style-type: none"> • Where hot spots have already been identified "bite sized" learning sessions and workshops are delivered for managers by EPC staff. • Particular hotspots such as HC3s have targeted HR support for absence management, this strategy has been extended to cover business service areas, with positive feed back from Managers.

	<p>targets in departments. The staff profile of the department includes Hampshire Catering services, where statistically sickness is inherently more prevalent due to the high proportion of catering staff, and this impacts on the sickness absence levels of the department.</p>	<p>long term and short term absence issues, providing support and action as required.</p> <ul style="list-style-type: none"> In line with other Departments CCBS managers are contacted directly (on a monthly basis) when a member of staff has met an absence trigger and has been absent within the previous month to identify what action the manager is taking and to provide support on managing the absence appropriately. 	
<p>ETE</p>	<ul style="list-style-type: none"> Sickness absence levels fell during 2012 and the early part of 2013, from 7.3 FTE days per FTE to 6.47 FTE days per FTE in March 2013, and in March, April and May 2013 were below the target level of 6.64. However, the sickness absence figures have slowly increased since March 2013. ETE's current sickness absence level of 6.79 FTE days per FTE is 0.15 days higher than the target of 6.64. A key reason for the rising average absence rate is that since the target was set 'Core' department staff numbers have fallen by approx. 100 posts resulting in the School Escort and School Crossing Patrol services making up a higher proportion of the departments workforce. As a 	<ul style="list-style-type: none"> Development of an integrated performance reporting framework to monitor performance against departmental and corporate targets. The data is broken down by service stream (branch) and is subject to scrutiny at both DMT and SMG level with strategic/high level action plans implemented where specific action is required. DMT and HR continue to advocate absence management, encouraging best practice and robust management (be it individual cases or to address an emerging pattern/trend), ensuring that the department maintains a consistent approach. HR continue to support the absence intervention programme, contacting managers directly (on a monthly 	<ul style="list-style-type: none"> Build on existing practice, evaluating success and reviewing where appropriate to ensure continued proactive absence management. To explore the HR interventions which appear to be most effective in reducing absence for the school escort service and apply to the school crossing patrol service so that best practice can continue to be built on and knowledge can be shared across services. On-going targeted support for identified hot spots enabling specific interventions to be deployed to maximise the impact of managing absence. To continue to build workforce resilience as part of the ETE Transformation agenda.

	<p>consequence, the departmental average is now more heavily influenced by the sickness absence levels among School Escorts and School Crossing patrol staff which is inherently higher due to the demographics of the staffing groups and with a reduction in the 'Core' department, the overall average is skewed.</p>	<p>basis) when an employee has met an absence trigger and has been absent within the previous month to ensure issues are identified and addressed at an early stage with appropriate involvement of HR and Occupational Health.</p> <ul style="list-style-type: none"> • Implemented a targeted absence intervention programme for the School Escort and School Crossing Patrol services (absence hot spot) to assist the services in reducing absence. The targeted intervention has resulted in an overall reduction in absence levels for both staff groups with the programme moving to a maintenance phase so that good practice can continue to be built on. 	
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CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Absence Management Update	4386	25 October 2012
Managing Sickness Absence	3385	27 October 2011
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

Not applicable

2. Impact on Crime and Disorder:

Not applicable

Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

No impact

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact