Manchester City Council
Report for Information

Report To: **Resources and Governance Overview and Scrutiny**
                   Committee Human Resources Subgroup - 16 March 2010

Subject: Management of Attendance

Report of: Head of Personnel

1.   INTRODUCTION

1.1   The management of attendance has been the subject of earlier reports to this
       Sub Group, the last one being in March 2009 and considerable work is being
       undertaken to improve levels of attendance, including the introduction of a
       new Management of Attendance Policy, which was approved by Personnel
       Committee on 10 February 2010.

1.2   Current absence levels are attached at Appendix 1.

2.   ABSENCE PROFILING

2.1   The total workforce is currently 11,982 and the number of employees who
       were absent due to sickness during the year ending November 2009 is 7,628,
       4,354 staff took no time off due to sickness absence during the year. The
       average number of days lost for the same period was13.64 (see Appendix 1).

       Profile of Short, Medium and Long Term Sickness Absence
       Year ending November 2009

	Short-Term	**Medium-Term**	**Long-Term**
Employees	6570	1885	1436
Occasions	13,853	2,225	1,625
Days Lost	29,757	22,390	85,872

N.B. where an individual is absent in more than one length category, he/she is counted once in each
category they appear.

       These figures represent a slight increase over the year April 2008 to March
       2009.

3.   DRAFT REVISED MANAGING ATTENDANCE POLICY AND PROCEDURE

3.1   The introduction of a revised Managing Attendance Policy, supplemented by
       an intensive implementation programme involving training managers, is
       expected to reduce overall absence levels. It will provide an effective tool for
       managers, empowering them to manage levels of sickness absence effectively

using better and more accessible management information which will provide more practical support and bring a sharper focus to the impact of employee absence on service delivery.

3.2   Research conducted during the development of the Managing Attendance Policy has highlighted the effectiveness of:

- having more overt challenge regarding levels of absence;

- ensuring that important activities are maintained while an employee is absent, such as by organising cover or work reallocation;

- inculcating in managers a much greater ownership of attendance management issues, with clear management accountabilities from Strategic Directors down to first line supervisors;

- ensuring that **all** absences are followed up by a thorough Return to Work interview immediately upon return to work, and that Attendance Monitoring Interviews are conducted purposively;

- the provision of accessible management information;

- ensuring that support and advice, from Personnel and Occupational Health specialists, is more outcome focused;

- managers keeping in touch with employees on long-term sick leave, such as by making phone calls or home visits;

- Exploring 'earlier' returns to work by liaising with occupational health specialists, other medical advisors, HR and others to help rehabilitate employees who are on long-term sick leave, to explore 'fitness to work', including identifying and implementing reasonable adjustments to work organisation and facilities under the Disability Discrimination Act.

3.3   These characteristics have been incorporated into the Managing Attendance Policy and the accompanying training package.

3.4   A corporate programme of training for circa 1,500 managers has been developed to support practical application of the new Policy but, more importantly the training is aimed at instigating a positive attendance culture across the workforce. Training for managers is compulsory and will be delivered over the next six months, in order to ensure that the Policy is applied fairly, effectively and consistently. In addition to the technical aspects of procedure, the training will focus on providing managers with the necessary skills and confidence to motivate and challenge their staff, maximise attendance and apply the new arrangements for managing absence in a proportionate and consistent manner.

3.5   The effectiveness of the new Policy will be monitored by a Strategic Steering
        Group, which will be chaired by a Personnel Manager and comprise Personnel
        Officers; Service Managers; and representatives from the Corporate Disabled
        Staff Steering Group and the Trade Unions.   A progress report on the delivery
        and impact of the revised Policy will be reported to Personnel Committee in six
        months time.

4.   DISABILITY RELATED SPECIAL LEAVE

4.1   Following discussion with the Corporate Disabled Strategic Steering Group it
        is recognised that there is a need to support disabled employees who need to
        be absent during working hours for hospital appointments, rehabilitation,
        physiotherapy, assessments or treatment.

4.2   The City Council's Special Leave Provisions have therefore been amended to
        introduce provision for Disability Related Special Leave. The amount of such
        leave will be determined by the employee's manager following consideration
        of the individual's particular circumstances, medical advice and the impact of
        the absence on operational requirements and service delivery. It is felt that
        this approach will encourage a positive dialogue between the individual and
        the line manager to ensure the removal of barriers to achieving excellent
        attendance.

5.   OCCUPATIONAL HEALTH

5.1   The Occupational Health Service plays a key role in supporting the
        management of attendance, in particular in providing advice to managers and
        employees on fitness for work.

5.2   Direct management of the Occupational Health Service has been transferred
        to the management of the Personnel Manager (Neighbourhood Services).
        The Proximity of Personnel Officers to the services they support has brought a
        more pragmatic insight into the Occupational Health Service. Work is ongoing
        with regard to improving the role of the Occupational Health Service in
        supporting the management of attendance process in order to:-

        •   support managers to use Occupational Health effectively, particularly
             around the management of absence (including meeting the requirements
             of the DDA);

        •   support managers to use Occupational Health effectively in terms of pre-
             employments;

        •   strengthen the links between the teams so that the advice which comes
             from Occupational Health is fit for purpose from the
             managers/organisation's point of view; and

5.3   The Occupational Health Service now places much greater emphasis on
        outputs and had introduced performance measures and quality standards, to
        ensure a proactive and assertive approach focusing on directly supporting

managers in addressing poor attendance. In addition, the alignment of the Occupational Health Service within the leadership of the Personnel Advisory service has formalised the joint working with personnel advisors supporting managers, and provides a direct link into the Strategic Steering Group referred to in paragraph 3.5.

5.4   The performance of the Occupational Health Service is currently under review to establish if the satisfactory improvements envisioned have been made.

6.   UPDATE ON ABSENCE MANAGEMENT PILOTS

6.1   In January 2009 it was reported to the Sub Group that two managing attendance pilot projects were undertaken.

6.2   The first involved the provision of fortnightly absence management support surgeries to senior managers within the Revenues and Benefits service (these commenced in September 2008). Senior managers would identify a number of long term / difficult absence cases to be discussed at the surgeries with a lead HR officer, Occupational Health Nurse and the senior manager. These discussions informed the development of action plans to manage cases to a conclusion.

6.3   The absence rates for the Revenue and Benefits service were reasonably stable during the 12 month review period and there is some evidence that the provision of joined up support to managers addressing long term cases did result in early improvements. All parties involved in the pilot (Managers, HR and OH Nurses) felt the surgeries provided a positive opportunity to collaborate on resolving complex cases.

6.4   The use of absence management surgeries, and the lessons learned from the pilot in the Revenues and Benefits Service, have been extended into other areas, for example Trading Services.

6.5   The second project involved the training of managers within the Learning Difficulties, Supported Accommodation, Building Cleaning and Community Transport services in appropriate approaches to supporting employees with alleged stress related issues. 64 operational managers received the training on managing stress within their teams during September 2008.

6.6   Appendix 2 sets out the average absence rates for individual employees within the respective services. The first chart illustrates the rates for all absence reasons whilst the second chart is focused on absence described as anxiety, depression, nervous debility or stress.

6.7   As can be seen from the information in Appendix 2, absence for all reasons , including those associated with mental health issues within the Learning Development Networks and Building Cleaning and Community Transport Services significantly increased following the pilot intervention. It was not possible to explain the increase by seasonal variations.

6.8   On initial examination the improvements within the Supported Accommodation service appeared to indicate a positive change in attendance levels within this service. However, the service was subject to major reorganisation with staff relocated to a newly configured Re-ablement service. Many of the staff with poor attendance were moved to other services making it difficult to determine if the results are indicative of the success of the training provided.

6.9   There was no evidence to show that the provision of the stress management training to managers in these particular areas had a positive impact on stress related absence within the pilot areas.

6.10   To explore why the stress training had little impact on absence levels, a small number of managers were interviewed to better understand some of the stress related issues presented. Managers reported that the majority of stress issues were linked to either issues outside of the workplace or performance management issues associated with employees experiencing difficulties in meeting the changing needs of the service. This feedback will be incorporated into forthcoming management of change.

6.11   The Learning Development Networks service is one of the services participating in the DHS pilot (see Para. 7) and this will provide an opportunity to see if the enhanced support and advice provided to employees when reporting their absence will better equip them to deal with personal issues outside of the workplace. The revised attendance management policy and procedure introduces more rigorous sanctions to secure an individual employee's commitment to improve their attendance.

7.   DHS PILOT

7.1   Following the sponsorship of the Adult Services Management Team and the agreement of both Councillors Priest and Evans, Executive Members for HR & Finance, Human Resources and Adult Services, Diagnostic Health Solutions (DHS) have been contracted to run six month pilots to assist Adult Social Care in testing a revised approach to the   reporting of absence, utilising NHS qualified nurses to provide support and advice to employees at the point they report their absence.

7.2   This pilot will be conducted in the Re-ablement, LD Community Networks, and Homelessness Services. Each area will be phased:

Phase	Service Area	Estimated # Employees	Commencement Date	Completion Date
1	Re-ablement	258	1st February 2010	31th July 2010
2	LD Community Networks	381	1st March 2010	31th August 2010
3	Homelessness	371	1st April 2010	30 September 2010

7.3   A critical factor in ensuring the success of the pilot will be determined by level of engagement with both managers and the workforce. In preparation for going live with the re-ablement service (phase one) all managers have briefed on the revised arrangements regarding the DHS trial and the critical priority to actively manage attendance within their services.

7.4   All briefing sessions run for employees prior to going live with phase one have been jointly attended by Trade Union representatives who have reaffirmed their input into information prepared for employees.

7.5   In outline the DHS service involves:

        7.5.1   Absence reported by employees to a nurse call centre. Whilst on the phone a qualified nurse provides health advice to the employee to secure a rapid return to work.

        7.5.2   The nurse calls the employee back periodically to check progress and provide any further advice.

        7.5.3   Managers are contacted by email/phone to ensure appropriate management measures are being taken e.g. return to work interviews.

        7.5.4   The manager gets a weekly report of absence, and can check their information any time via a web based system, to ensure that appropriate   action has been taken.

        7.5.5   Senior managers can review progress, including management action for   individual managers and services.

        7.5.6   The DHS nurses are trained specifically for supporting employees, and will follow City Council policies and processes.

        7.5.7   DHS services will also be available free of charge to the employee's immediate family.

7.6   DHS have been selected for the pilot as they already have a proven track record in working with Local Authorities including achieving significant reductions in absence for Adult Social Care (e.g. Rochdale and Oldham).

7.7   The most significant change is that employees will not report their absence to their line manager, although managers will be notified immediately to enable them to take action to cover shifts. Managers will then be expected to contact the employee to discuss the absence and any work related considerations. It will remain the responsibility of managers to implement the City Council's procedures, including carrying out Return to Work interviews, and obtaining Occupational Health advice. All forms and guidance used would remain the same although some of them would be updated web based versions for managers to complete.

7.8   A project steering group has been convened to ensure delivery and evaluation are both efficient and effective. Consultation has been undertaken with the City Council recognised trade unions, and their input will be sought at regular intervals during the pilot.

7.9   DHS will charge £4 per employee per month for this service. For the pilot areas, the total cost will be £24,240 over the six month period. DHS have given an undertaking that if absence reduces by less than 10%, their fee will be waived. A reduction in sickness absence of 10% will save an estimated £84,600 in additional costs.

Overview of staff numbers, current absence rates and projected costs per annum

Service	No of Staff	Average days off (at Nov 09)	Projected Total Annual lost days	Estimated Annual Cost	Value 10% (6 months)
Re-ablement	258	22.5	5,805	£522,000	£26,100
LD Community Networks	381	18.44	7,026	£632,000	£31,600
Homelessness	371	16.12	5,981	£538,000	£26,900
Total	**1,010**		**18,812**	**£1,692,000**	**£84,600**

7.10   The following factors are believed to be the key components of the way in which this proposal may impact on attendance within the workforce:

        7.10.1 Employees are empowered to take responsibility for getting themselves back to work quicker through the provision of timely medical advice from   medical practitioners trained and experienced in securing return to work strategies;

        7.10.2 Better real time monitoring of absence combined with recorded management action supports improved coordination of Council resources   to address attendance issues;

        7.10.3 Improved focus on an individual's absence via case management from nurse to ensure medical best practice is being explored;

        7.10.4 More rapid interventions; and,

        7.10.5 Better signposting to sources of assistance for employees (including HR,   OH, financial advice, provision of counselling, management intervention).

7.11   The test of this pilot will seek to validate within Manchester whether these assumptions can be proved in hard business outcomes for the City Council.

7.12   In addition to the collecting of hard data, a sample of managers and employees who have used the service will be surveyed to create a comprehensive evaluation of the impact of the pilot.

7.13   The outcomes described in paragraphs 6.8 and 6.9 will be fed into wider consideration of the revised Managing Attendance Policy by the Strategic Steering Group.

8.   CONCLUSION

8.1   It is envisaged that the implementation of the revised Managing Attendance Policy and Procedure, supported by the capacity-building training programme will serve to reduce the currently high levels of sickness absence. Lessons learnt through ongoing monitoring of the effectiveness of the policy together with outcomes of the pilot running in Adult Social Care will reinforce continuous improvement in the management of attendance.

Appendix 1 - City Council Absence Levels for March 2006**,** March 2007**,** March 2008 And November 2009
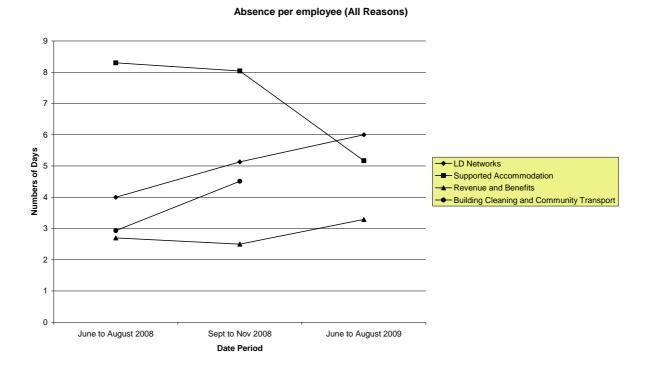
Appendix 2 – Absence Management Pilots Absence per employee (All Reasons) and Absence per employee (Anxiety, Depression, Nervous Debility or Stress)

Appendix 1

City Council Absence Levels

Sickness Monitoring Average days lost					
Department	**Mar-06**	**Mar-07**	**Mar-08**	**Mar-09**	**Nov-09**
Libraries & Theatres	10.32	10.20	12.61	11.55	12.70
Neighbourhood Services	12.63	14.85	14.89	16.02	14.66
Adult Services	Previously included in NS				17.11
Corporate Services	7.42	10.07	9.37	8.64	9.61
Chief Executive's	7.60	10.73	9.76	9.75	9.18
Galleries	5.43	7.88	6.12	Now included in Chief Executives	
Leisure	10.83	10.87	9.44	11.17	10.33
Childrens Services	10.62	12.30	13.26	12.87	13.57
Total (without Schools)	11.43	13.03	13.08	13.43	13.64

Appendix 2

Absence per employee (All Reasons)

Absence per employee (Anxiety, Depression, Nervous Debililty or Stress)