
**Manchester City Council
Report for Information**

Report to: Overview and Scrutiny Human Resources Subgroup - 5 October 2010

Subject: Managing Attendance

Report of: Assistant Chief Executive (People)

Contact Officer:

Name: Sharon Kemp
Position: Assistant Chief Executive (People)
Telephone: 0161 800 7966
E-mail: s.kemp@manchester.gov.uk

1.0 Purpose of the Report

1.1 To brief the Subgroup on the Corporate and Departmental approach to reducing overall absence levels to date much of which has centred on the training of managers and the implementation of a management information infrastructure to enable sickness absence to be consistently and effectively managed.

2.0 Background

2.1 Managing Attendance remains a key managerial and political priority, as it significantly impacts on the capacity and ability of the Council to deliver services and achieve its strategic objectives. Absence due to sickness within Manchester City Council (excluding schools) is currently averaging 12.99 days per person. 60% of all absence being attributable to long term sick i.e. 20 days or more. See analysis of absence levels Appendix 1. Whilst sickness absence levels remain unacceptably high, the overall trend is a downwards trend, see Appendix 2.

2.2 Whilst some progress has been made in achieving reductions, a continuous focus on managing long term absence, is required to see significant progress.

3.0 Managing Attendance Policy

3.1 The Council's new Management of Attendance Policy was implemented with effect from February 2010. A half day training programme is currently being delivered across the authority. Over 1200 managers have attended compulsory training and the programme is scheduled for completion by 31 October 2010. The programme is a practical and hands on approach to the application of the revised policy.

3.2 The programme looks at developing a positive attendance culture, what motivates employees to attend work and provides guidance and support on the management of stress and disability related absence. The management of Attendance Policy has raised the profile of absence management across the authority and has encouraged managers to realise the impact of absence on the delivery of services and become more flexible in their approach to the implementation of reasonable adjustments to facilitate an employee's early return to work enabling them to sustain continuous attendance. Recording mechanisms are now in place through the SAP portal to monitor and report management actions including, return to work interviews conducted, attendance monitoring reviews, improvement notices and attendance management warnings.

4.0 Managing Attendance Steering Group

4.1 A Strategic Steering Group has now been formed and meets quarterly to:-

- monitor absence levels;
- evaluate the effectiveness of the revised Policy and Procedure; and
- review its implementation, including the progress and effectiveness of training for managers.

The Group comprises of representatives from Service Managers, Personnel Advisers, Occupational Health, Health and Safety, the Corporate Disabled Staff Steering Group and the trade unions. The group reports back to the ACE People and makes recommendations to bring about improvements in the application of the Managing Attendance Policy and means of achieving reductions in absence.

5.0 Managers' Desktop (MDT)

5.1 Key to enabling managers to effectively manage absence is to provide regular consistent baseline data. A SAP module called Managers Desktop (MDT) is currently being rolled out across the Council. MDT provides an easily accessible source of information and once implemented will replace the current manual distribution system.

5.2 MDT enables managers to monitor absence effectively and access a range of reports to enable managers to focus on individual and team absence. These include:

- Average absence levels per employee, by service and directorate
- Employees who meet the Council's sickness absence criteria (triggers)
- Employee absence report showing disability related absence

5.3 At present, 916 out of 1300 managers have been trained to access sickness information via the SAP portal and are live on the system, 384 managers are pre booked to attend training and the training is scheduled for completion by

31 October 2010. Following the training, managers will be able to access employee absence records and absence reports at any City Council desktop location.

6.0 Management Accountability

- 6.1 Focus on the management of long term absence is the most effective means of achieving reductions. To assist with the oversight and scrutiny of service managers, Directorate Management Teams receive monthly reports highlighting employees who have been off sick for more than 20 days and who are still off sick. The reports highlight employees with the highest level of absence and enable managers and senior managers to identify and target long term absentees within the service from an early stage and track the progress of their absence through to conclusion. Sickness absence management is a key area of focus for all management teams.
- 6.2 Management focus groups have also been formed in Directorates. The meetings are attended by Personnel Advisory and Service Managers at which the focus is on individual case management. To engender management accountability, service managers are required to maintain case management logs and discuss absence at 1-1s and appraisals.

7.0 Performance Targets

- 7.1 Directorates are currently setting absence targets at directorate, service and team level effective from 1 October 2010. Development work is in hand with ICT so managers receive performance reports directly. This will enable them track their absence levels against targets and financial data to highlight the cost of absence by service area.

8.0 Sickness Absence Surgeries

- 8.1 A contributing factor and positive step towards achieving reductions has been the introduction of managing attendance surgeries. These are monthly meetings attended by departmental managers and Occupational Health Advisors. The purpose of the surgeries is to discuss and focus on specific cases of long term absence and jointly agree strategies on how to remove blockages and bring cases to a conclusion. The benefits of the introduction of surgeries has been realised within Neighbourhood Services where a reduction of almost 2 days per person has been achieved over the past 12 months, see Appendix 2.

9.0 Diagnostic Health Solutions Pilot – Adult Services

- 9.1 The Diagnostic Health Solutions pilot commenced in the AS Reablement Service 1 February, LD Networks 1 March and Homelessness 1 April 2010. The pilot has run for 6 months and has been lead by Paul Teale (Adult Services). The Senior Responsible Officer was Paul Cassidy (Assistant Director Adult Services).

- 9.2 The aim of the pilot was to achieve reductions in absence of 10% or more through the implementation of a new reporting process involving the capture of live sickness data at a central point through which employees would report their absence and discuss their condition/reason for absence with a qualified NHS Nurse. The NHS Nurse would then follow up the absence with the employee and update a data base which was accessible to service managers. The system would then prompt managers to validate if employees had returned to work and remind them to carry out Return to Work interviews and or Attendance Management Reviews.
- 9.3 A full review of the Pilot was conducted early September 2010. Whilst there had been improvements in two areas of Adult Services, Homelessness and Community Networks and the service was appreciated by staff and their families, there is no substantive evidence to support a clear link between the provision of medical advice and an early resolution of the absence, as at the point of commencing the pilot, there was a surge in management activity in relation to long term absence which was more likely to have contributed to the reductions in absence than the pilot.

However, the key learning points from the pilot are:

- Managers welcome access to “real time” sickness absence data and management reports allowing for performance management
- Employees welcome the opportunity to discuss medical issues with Occupational Health Advisors

- 9.4 The review concluded, the City Council should investigate whether a real time absence monitoring system could be developed internally at a cheaper cost than that charged by DHS. This matter is currently being investigated by the Personnel Advisory Manager Neighbourhood Services and the Corporate Payroll Manager.

10.0 Occupational Health

- 10.1 On 2 June 2010, Personnel Committee approved a proposal to procure an external Occupational Health provider to deliver the Council’s Occupational Health Service and requested that consultation with AGMA colleagues be undertaken with a view to establishing interest in a collaborate procurement exercise before proceeding.
- 10.2 AGMA authorities and members of the Manchester Partnership were subsequently consulted. As many have already outsourced their Occupational Health Services, they are contractually committed for the duration of the existing contracts, but indicated they would be interested in partnering Manchester at the end of the contracts. The tender specification will therefore be constructed as a Framework Agreement to facilitate the addition of partners post contract commencement.

- 10.3 The Head of Corporate Procurement and Personnel Advisory Manager Neighbourhood Services are currently finalising the draft service specification in consultation with the AGMA authorities, trade unions, Corporate Disabled Staff Group and Manchester Partners with a view to implementing revised delivery arrangements with effect from 1 April 2011.

11.0 Employee Wellbeing

- 11.1 In 2008/9 Manchester City Council worked with the Wellcome Foundation to explore ways of increasing levels of wellbeing within Communities. As part of the review the Deputy Chief Executive Performance asked that a small task group be formed to consider the implications of this study on our workforce. The underpinning philosophy was that a more resilient and healthy workforce would be best placed to meet the emotional, physical and material needs of our residents.
- 11.2 The task group identified an opportunity to participate in a national project with the University of Lancaster offering access to the latest research into wellbeing in the workplace. In July 2009 it was agreed Manchester City Council would participate in a pilot programme with Manchester University to establish how reductions in absence could be achieved through focussing on specific reasons for absence in particular depression and stress related absence.
- 11.3 Phase 1 of the project is an information gathering exercise and a series of focus groups led by the University. The research and findings to be concluded by end of September 2010. On completion of the analysis an action plan will be prepared based on best practice through the University and national network groups. Results and impact will be closely monitored and results shared quickly to enable other parts of the Council to benefit. The main factor of success being a reduction in absence levels.
- 11.4 It is recognised that a range of issues will be identified and may improve productivity and performance. For example, early findings in Environment On Call indicate that some basic health and safety awareness could reduce muscular skeletal problems. Within Building Cleaning completion of the questionnaires has highlighted the difficulties in communicating with a disparate and diverse workforce.

12.0 Next Steps

- 12.1 The necessary steps have and are being taken to ensure managers have the appropriate framework, tools, guidance, processes and procedures in place to manage absence effectively. As outlined above long term absence remains the key challenge. Evidence of action taken to date demonstrates that reductions in absence are achievable through consistent focus. Reducing sickness absence remains an area of high priority for the new HR/OD Service.

Appendix 1

BVPI 12 - Average Working Days lost due to Absence			
Year end July 2010			
Department / Service Area	No. of Employees	Absence days	Average days lost
Neighbourhood Services	3,579	46,876.00	13.10
Corporate Services	1,310	12,457.00	9.51
Chief Executives	1,897	15,818.50	8.34
Children's Services	2,619	38,225.50	14.60
Adult Services	2,317	36,547.00	15.77
MCC Excluding Schools	11,722	152,248.50	12.99

includes delimited structure

Appendix 2

