Manchester City Council
Report for Resolution

Report to: Human Resources Subgroup – 26 September 2013

Subject: Attendance Monitoring

Report of: Assistant Chief Executive (People)

Purpose of the report

Following on from the Finance Scrutiny Committee meeting on 7 March 2013, this report provides the HR Sub-group with a further progress update on corporate and directorate absence trends, developments since March and the actions undertaken to increase attendance.

Recommendation

The Committee is asked to note the update on attendance, including:

- Measures to support staff and retain their support during the period of extensive organisational changes, including through the delivery of the employee health and wellbeing strategy.
- The further work being undertaken to understand the motivations underlying attendance and development of strategies to address short-term absence based on this.
- Developments in the reporting of absence data to reflect trends more accurately.

Wards Affected: All

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Background documents (available for public inspection):

- Finance Scrutiny Committee meeting of 7 March 2013 – Attendance Monitoring report and minutes of the meeting.
- Finance Scrutiny Committee meeting of 24 May 2012 – Attendance Monitoring report and minutes of the meeting.
- Overview and Scrutiny Human Resources Sub-group meeting of 31 July 2012 – Attendance Monitoring report and minutes of the meeting

1. EXECUTIVE SUMMARY

1.1 In the period following the previous HR Sub-Group meeting on 7 March 2013, the average days lost due to sickness per employee over the preceding twelve months, using the corporate absence indicator, has reduced from 10.07 days in December 2012 to 9.59 in June 2013, a decrease of almost half a day over the 6 months. The continued focus on long-term absence is also showing positive results with the proportion of long-term absence reducing from 64% of all sickness absence in the period January 2012-December 2012, to 61% in the period July 2012 – June 2013. In the previous report to the HR Sub-Group, increased activity in managing stress and musculoskeletal conditions were referenced; improved management of these causes of absence reflects the reduction in the proportion of days lost due to these reasons.

1.2 The proportion of absence days lost in each month which were recorded as being due to stress showed a sustained decrease from August 2011 figures (16.64%) to October 2012 (7.68%) and has since fluctuated between approximately 8-10%. Similarly, the proportion of absence days lost in each month which were recorded as being due to the main type of musculoskeletal reason of 'back strain/trouble' showed a sustained decrease from May 2011 figures (9.72%) to December 2012 (4.56%) and has since fluctuated between approximately 5-7%.

1.3 Manchester has performed better than average in relation to the BVPI 12 measure in the context of comparable local authorities in the North West and is ranked sixth in a list of eleven comparable local authorities in 2012/13. The Authority's performance, based on data from these comparable authorities, is almost half a day per employee better than the average based on data published by North West Employers.

1.4 As requested, by the HR sub-group, this report shows in year month-on-month changes in absence trends using a new measure of 'average days lost per standard working month per employee', to show month on month changes more clearly. Unlike the corporate indicator of absence, which represents performance throughout the preceding 12 months, the new measure represents performance throughout individual months with absence generally increasing in the winter months and falling in the summer months. This measure accurately represents historic absence trends because it reports absence days against the functional area in which the employee worked at the time of absence as opposed to the functional area the employee now sits within. The pattern of monthly fluctuations in absence is such that further analysis at a micro level is now possible.

1.5 Although sickness absence has fallen over the 12 month monitoring period, increasing attendance remains a priority and the organisation is committed to continuing to work towards improving attendance. It should be noted that the corporate indicator of 'average days lost per employee' decreased during the previous Time Limited VER/VS Scheme. We continue to embed effective management of attendance to sustain this improved performance.

1.6 The three key performance trends that can be seen from a review of available data are:
- Reduction in the average days lost in the previous rolling twelve month period per employee
- Reduction in the proportion of days lost due to long-term absence
- Reduction in the proportion of days lost which were recorded as being due to stress

1.7 An overview of the range of actions implemented since March is set out below.

2 INTRODUCTION

2.1 On 7 March 2013, the HR Sub-group considered a report on attendance which provided the specific information requested by the Group along with an update on attendance levels across the authority in the interim period between 31 July 2012 and 7 March 2013.

2.2 The report also provided specific information requested by the HR Sub-group covering:
- The feasibility study on the introduction of a staff flu-vaccination programme
- An action plan related to stress related medium and long-term absence in the Directorate for Adults, Health and Wellbeing
- Further information on the incidence of stress related absence in Children's and Services and the effectiveness of actions being undertaken to address this.

2.3 This further report seeks to update Members on developments in managing attendance since 7 March 2013, including:
- Measures to support staff and retain their support during the period of extensive organisational changes, including through the delivery of the employee health and wellbeing strategy.
- The further work being undertaken to understand the motivations underlying attendance and development of strategies to address short-term absence based on this.
- Developments in the reporting of absence data to reflect trends more accurately.

3. CORPORATE OVERVIEW

3.1 Absence Trends

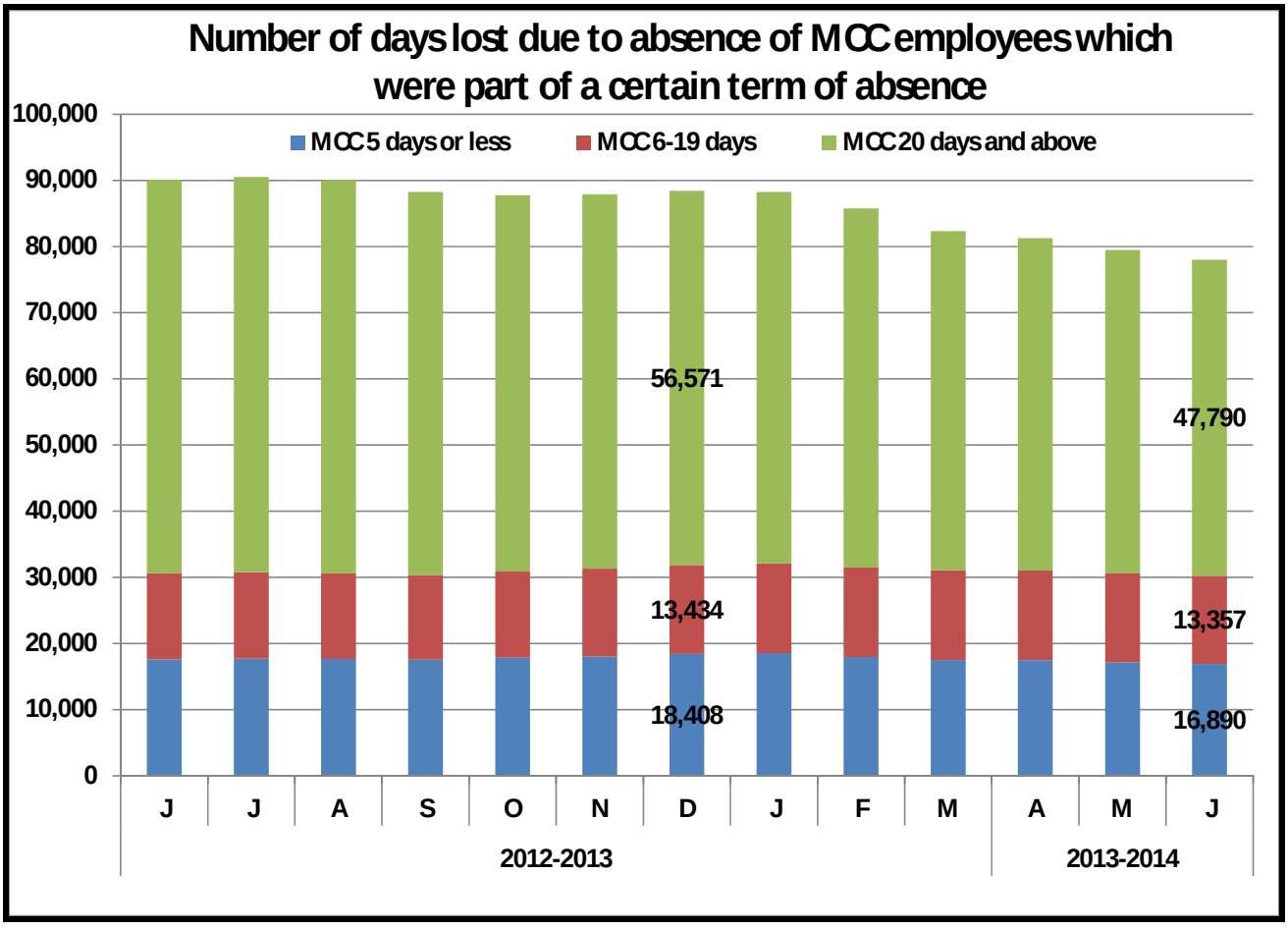
3.1.1 Since the previous report to this group, a strong focus has continued to be placed on activity to improve attendance levels. The corporate measure of attendance 'average days lost per person per year' has shown a general declining trend with the average days lost due to sickness reducing from 10.07 days in January 2013 to 9.59 days in June 2013, an improvement of half a day over the six months. The June 2013 (9.59 days) result is 0.64 days lower than that of June 2012 (10.23 days).

Table 1 - Average Days Lost Per Employee.

	2010/11	2011/12	2012/13	2013/14
April		9.15	9.97	9.80
May	11.45	8.65	10.23	9.70
June	11.26	8.7	10.16	9.59
July	11.14	8.6	10.26	
August	10.97	8.96	10.23	
Sept	10.92	9.00	10.05	
Oct	10.59	9.10	9.99	
Nov	10.48	9.08	10.02	
Dec	10.54	9.06	10.07	
Jan	10.33	9.36	10.07	
Feb	10.26	9.60	9.93	
Mar	9.61	9.88	9.79	

3.1.2 The recent improvement in sickness levels should be seen in the context of a reduction in the authority's workforce of 532 employees during the period December 2012 – June 2013. During this period days lost due to short-term absence have declined by 8.2%, due to medium-term by 0.6% and due to long-term absence by 15.5%. This is illustrated in Figure 1 below.

Figure 1 – Days lost - short term/medium term and long term absence breakdown



3.2 Reasons for Absence

3.2.1 Appendix 2 provides details of changes in the contribution of different reasons for long-term absence over the past seven months. This data shows that both stress and anxiety have been reducing month on month from December 2012 - May 2013. Days lost to stress have reduced by just over 26%, those lost due to Anxiety by 6.7%. This trend is encouraging given that stress and anxiety are towards the 'acute' end of the mental health spectrum. Depression/reactive illness is a more chronic condition requiring longer-term and potentially clinical interventions and this has also decreased by 28% over the same period. Stress related referrals to the Occupational Health provider account for 44% of all referrals. Absence due to cancer has also declined by 25%.

3.2.2 Shoulder injury and back strain/trouble are the two main types of musculoskeletal reasons for absence. In the period December 2012 – May 2013, both have declined – shoulder injury by almost 10% and back strain/trouble by 18%. Again, there has been an increase in new physiotherapy referrals to Occupational Health month on month.

3.2.3 Short term absence (of between 0-5 days) remains a significant issue for the organisation and accounted for approximately 21.6% of all days lost due to sickness absence in the past year. The main causes for short term absence remain flu symptoms, colds and upset stomachs. The main reasons for medium term absence (of between 5-19 days) which accounted for 17% of days lost due to sickness, in the past year, are stress, back, musculoskeletal conditions and chest infection. It is essential that management action is focused on these cases to avoid continued absence and movement to 'long term' where possible.

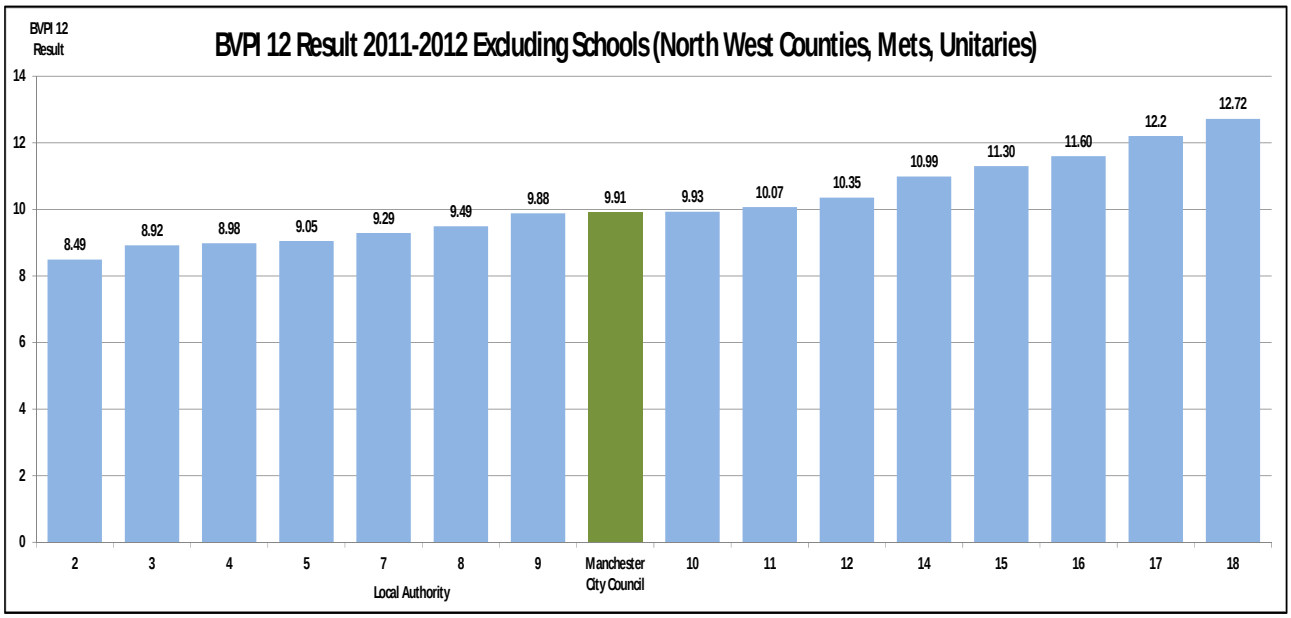
4. COMPARITIVE ANALYSIS WITH NORTH WEST LOCAL AUTHORITIES

4.1 A comparison with other local authorities in the North West shows a better than average performance in relation to the BVPI 12 measure as illustrated by the graphs below. The BVPI 12 indicator measures the average number of days lost per full time equivalent employee, including leavers, over the previous 12 months. The BVPI measure generally tends to be higher than the 'Average Days Lost' indicator because it is based on FTE rather than headcount data.

4.2 Comparable North West authorities are those North West Counties, Metropolitan and Unitary authorities who submitted a BVPI result to North West Employers and did not state any variations on the BVPI 12 calculation guidance.

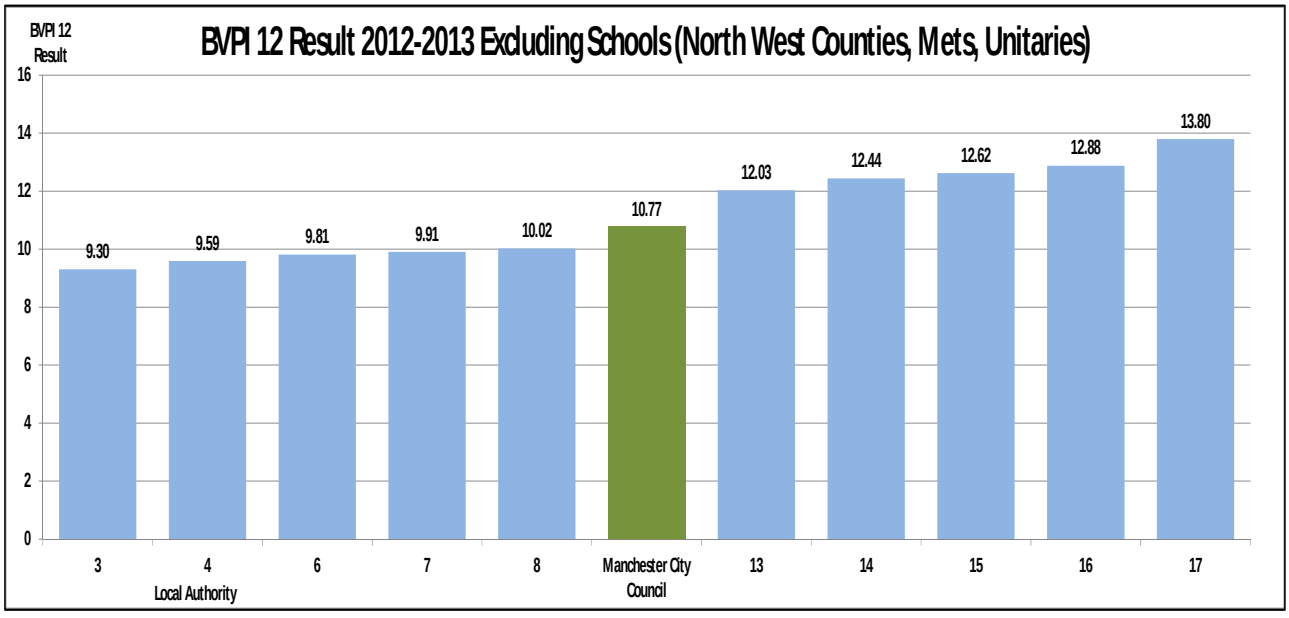
a) 2011/12 – Manchester ranked eighth in a list of 16 North West local authorities.

Figure 3



b) 2012/13 – Manchester ranked sixth in a list of 11 local authorities with Manchester's performance, half a day lower than the average performance in comparable authorities.

Figure 4



4.3 As highlighted by the North West Employers Organisation, general absence levels have increased for the first time in a number of years across North West Authorities in 2012/13. However, Manchester has improved its performance in comparison to other organisations. In both 2011-2012, and 2012-2013 Manchester's BVPI 12 result was lower than the average of comparable

Authorities with the increase from the 2011-2012 result (9.91 days) to the 2012-2013 result (10.77 days) being in line with the general trend.

5. CORPORATE MEASURES TO IMPROVE ATTENDANCE LEVELS

5.1 Corporate Strategies for Improving Attendance

5.1.1 The effective management of attendance is a key corporate priority and an indicator within the Corporate Dashboard which is reviewed quarterly by the Strategic Management Team. Management of attendance is reviewed monthly by the HROD Performance Board chaired by the Head of HROD Service Delivery, with performance data provided to directorates monthly.

5.1.2 The corporate Management of Attendance Steering Group comprising trade unions, senior managers from Directorates and HROD officers meets regularly to review progress on managing attendance and is used as a sounding board for planned initiatives and policies relating to managing attendance. The Steering Group is currently considering an Alcohol and Substance Misuse Policy for the Authority.

5.1.3 The Council has joined the recently established Sickness Absence Innovation/Action Research Group, comprising local authorities across the North West. The North West Employers Organisation has set up this Innovation Group to produce resources and guidance and explore new thinking on managing absence. One of aims of the group is to explore a range of initiatives including the use of behavioural insight approach to enhance engagement and motivation in the workforce and thereby increase attendance, which complements the behavioural insight pilot, currently being undertaken by the Council (explained further below).

5.1.4 This section outlines some of the measures in place and being developed to support attendance in general with a specific focus on the most significant contributors to high absence levels as set out above.

5.2 Supporting Managers in Managing Absence

5.2.1 The HROD Help desk has undertaken focused work to support managers in their management of absence particularly where staff are reaching absence management triggers[1].

Table 3 – Number of staff hitting absence triggers

CASES	December 2012	June 2013
Short term (less than 5 days)	130	153
Medium term (5 – 16 days)	173	206
Long term (20+ days)	243	242

[1] The triggers for absence are five or more days in the previous three months or three or more occasions of absence in the previous three months.

5.2.2 The Directorate breakdown of short, medium and long term absence cases for June 2013 reporting cycle was:

Table 4 – Number of short, medium and long-term cases

	FH&WB	Children & Commg	Corporate Core	Neighbourhoods	Total
Short-term cases	25	33	73	22	153
Medium-term cases	41	58	88	19	206
Long-term cases	42	71	112	17	242

5.2.3 When an employee hits an absence trigger the HROD Helpdesk staff talk to managers at an early stage and advises on a range of early interventions (particularly on stress and musculoskeletal disorders). The HROD Helpdesk also offers a “Drop In” facility which gives managers the opportunity to meet with a HR Service Delivery Officer to discuss more complex absence cases and develop suitable strategies.

5.2.4 Data collated via the HROD Helpdesk shows improvement in management practice since the previous HR sub Group meeting. Between December 2012 and June 2013:

- The number of staff placed on absence monitoring as a result of Attendance Management Reviews (AMR) remained stable from 37% in December 2012 to 36% in June 2013
- The number of AMR resulting in “no further action” has seen a substantial decrease from 39% to 26% - indicating that managers are taking a more pro-active approach to absence management
- The % of cases where AMRs have been completed at the time the manager was contacted by the Helpline staff has remained consistent between 72% and 78% month on month since December 2012.

5.3 Employee Health and Wellbeing Strategy

5.3.1 The Employee Health and Wellbeing Strategy agreed at Personnel Committee in October 2012 provides a framework for the Council to take a proactive and engaging approach to enhancing the health and wellbeing of its employees. The driving force of the Strategy is the aspiration that through the development of a happy, healthy and motivated workforce we will improve productivity, morale and outcomes. By encouraging all employees to take care of, and make small improvements to, their health this should yield benefits for them at home and in the workplace.

5.3.2 Following endorsement by the Personnel Committee an Employee Health and Wellbeing Steering Group has been established comprising officers from across the authority, public health and representatives of key staff groups including trade unions. The steering group is driving the delivery of the Strategy through a detailed action plan and performance framework which includes working towards the “Good work, good health” Charter.

5.3.3 On 2 September 2013 the HROD intranet site was expanded to include new pages relating to Employee Health and Wellbeing. These pages include messages about what Employee Health and Wellbeing means at Manchester City Council and its approach plus signposting to other information aimed at supporting managers and employees to improve employee health and wellbeing.

5.3.4 In addition to sections on employees' health, wellbeing and lifestyle, there is an "advice for managers" area which currently has subsections on:

- Managing employees with long term conditions
- Managing employees with musculoskeletal disorders
- Managing employees with cancer

5.3.5 The aim is to help managers better understand these conditions, their role and how they might better support employees in the workplace. This area will be developed further with the next sub topic to be about managing staff with mental health conditions. Service Delivery team staff in HROD will have training about the content of these pages and how to point managers in the direction of specific information that can give them practical assistance.

5.3.6 At the same time as the intranet pages went live, a calendar of health and wellbeing events was published which will be supported by targeted communication aimed at further driving the employee health and wellbeing agenda and promoting awareness of key issues. The calendar will include activity every month of the year on different health related topics. In some cases this will tap into national or regional health campaigns and in other cases it is activity we are planning in house. The calendar has been produced in conjunction with lead officers from across the organisation, including specialists within Public Health and incorporates health related topics most relevant to staff and targets where possible, areas with low intranet use. In all cases the aim is to promote health improvement and provide support for employees and topic areas identified are those where there is an identified need. Activities which have happened in September include seven visits of the Healthbus to employee sites across the City delivering free health checks to employees. Later in autumn we will deliver sessions with Macmillan cancer to support employees affected by cancer; and a Bug Busting campaign aimed at reducing spread of winter infections (colds, coughs etc).

5.3.7 Sample Intranet Employee Health and Wellbeing pages are attached as Appendix 3.

5.4 Occupational Health Service

5.4.1 The Occupational Health Service contract has been in place since 1 March 2012. The service now provides managers with an easy to use online portal to make referrals direct as well as accessing reports and improved management information speedily. This has lead to improved timescales in managing attendance issues. The contract has in place a contract performance management framework through key performance indicators (KPIs) on number and purpose of the referrals, diagnostic outcomes, number of re-

reviews and time to close cases and Did Not Attend (DNA) rates, which enable the Client Manager to closely monitor the service on both the qualitative and quantitative measures of the service. In May this year further improvements were made to the Occupational Health Portal to enable managers to refer directly for physiotherapy or counselling services. This fast track referral process is not appropriate in cases where an Occupational Health clinician view is needed, however for suitable cases it speeds up the time taken for treatment to be arranged as the employee will usually be contacted to arrange an appointment within 24 hours of the referral being made.

5.4.2 In the period Jan 2013 – June 2013 there have been 744 referrals to Occupational Health of which 85% were seen by an Occupational Health physician. The Occupational Health service is now predominantly Doctor-led, thus decisive and informative medical advice is received at a much earlier stage enabling proactive management of absence cases. The average time from referral to notification of appointment is 4 days and the average time from referral to an appointment is a week. These speedier timescales has enabled managers to manage absence more proactively enabling employees to return to work.

5.4.3 Preventative Occupational Health support is also being provided to Directorates on mandatory health and safety in the shape of night worker assessments, screening for Hand Arm Vibration Syndrome (HAVS) and screening for noise. This surveillance helps to identify any problems early and also assists the management and control of risk factors in the workplace.

5.4.4 Since the start of the contract there has been an increase in the number of both physiotherapy and counselling referrals. The average number of sessions per employee referred is around 6 sessions for both physiotherapy and counselling. Data collected on evaluation measures (perceived pain scores, emotional ability to cope etc) collected at the start and end of treatment continue to demonstrate improved functionality of the individual at the end of treatment compared to the beginning. Further analysis of referrals for counselling shows that 44% of all counselling referrals have a stress related element.

5.5 Improving motivation, engagement and attendance using behaviour insight approach

5.5.1 The Council has developed a pilot approach to test whether behavioural insight methodologies can be employed to have a positive impact on the organisation's short-term absence levels. The purpose of this work is to improve organisational and individual behaviours regarding motivation and engagement with work, leading to a reduction in the average annual days lost due to absence. The pilot will commence in September 2013. Work is underway in identifying the format and composition of the focus groups to be conducted with employees. Consultation with trade union colleagues on the content of the focus groups is also underway through the Managing Attendance Steering Group.

5.5.2 Externally-facilitated focus groups of front-line employees and managers from across the authority will help us to build an evidence-base of:

- key motivating / de-motivating factors at work,
- what are the positive/negative influences on employee engagement, and
- what impact this has on people's attendance at work.

5.5.3 A time-limited intranet-based questionnaire will follow the focus groups, to test the validity of the key messages arising and to enhance the available evidence-base that we have to work with. Completion of the questionnaire will be entirely voluntary and the usual conditions about anonymity and transparency will apply to this process.

5.5.4 The outcomes of this combined approach will inform further strategy aimed at improving levels of morale, employee engagement and attendance. This will be piloted in the service areas that participated in the focus groups and levels of motivation, engagement and attendance will be monitored for a period of six months.

5.5.5 The evaluation of this pilot will inform the viability of extending this approach across the organisation. It is anticipated that the approach adopted following the engagement with employees will connect with, but not duplicate, existing initiatives relating to employee attendance, health and wellbeing, and management practice on engagement and motivation.

6. DIRECTORATE OVERVIEW

6.1 The sections below detail the Directorate levels and trends in terms of sickness duration and reasons, which continue to be largely consistent across the authority, along with efforts to improve levels of attendance.

Table 5 - Average Days Lost Per Employee by Directorate – July 2012 to June 2013

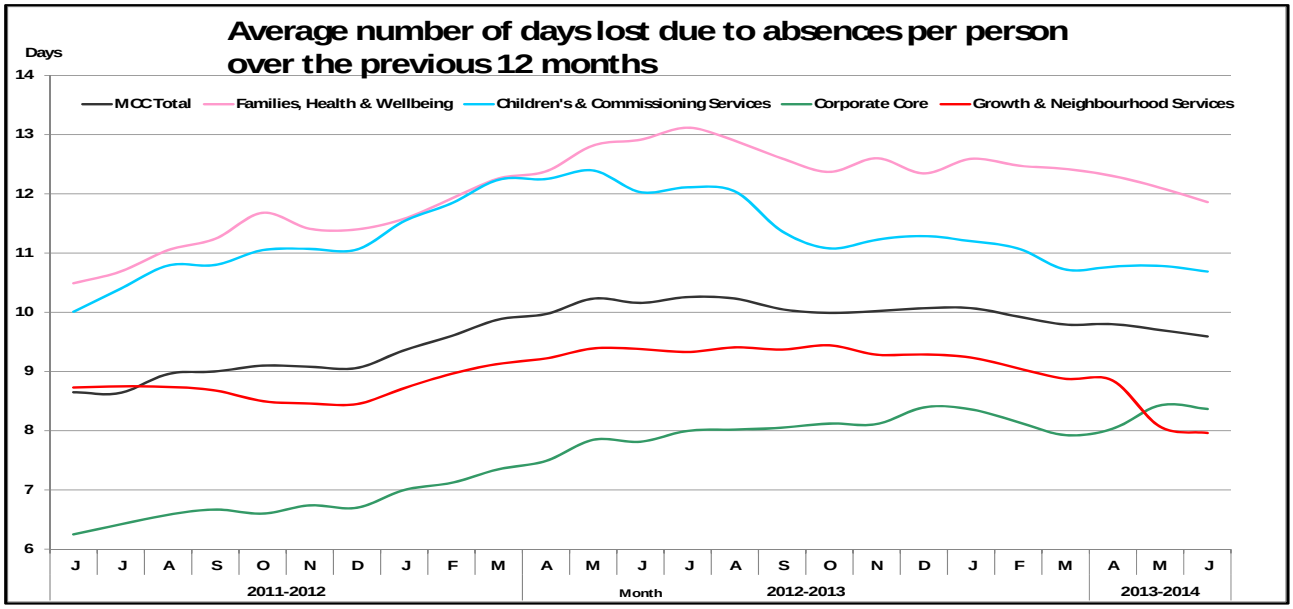
	2012-2013						2013-2014					
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total	**10.26**	**10.23**	**10.05**	**9.99**	**10.02**	**10.07**	**10.07**	**9.93**	**9.79**	**9.80**	**9.70**	**9.59**
Families, Health & Wellbeing	13.12	12.90	12.60	12.37	12.60	12.34	12.59	12.48	12.42	12.30	12.10	11.86
Children & Commissioning Services	12.11	12.04	11.37	11.08	11.22	11.29	11.20	11.08	10.72	10.77	10.79	10.69
Corporate Core	8.00	8.02	8.05	8.12	8.11	8.39	8.36	8.14	7.93	8.03	8.43	8.37
Neighbourhood Services	9.33	9.41	9.37	9.44	9.28	9.29	9.24	9.05	8.88	8.85	8.07	7.96

6.2 Within each directorate management of attendance remains a key priority.

6.3 The total agency spend incurred in covering for sickness in the period December 2012 – May 2013 for the Council amounted to £467,198 which is a reduction of 22% over the previous 6 months from May 2012 – Nov 2012. Directorate break downs of this figure are provided in the relevant Directorate section.

6.4 The graph below shows that absence levels peaked in the summer of 2012-13 and since then have started to decline steadily to date. The recent sharp decline experienced by Neighbourhood Services in May - June 2013 is in sharp contrast to the increase in Corporate Core in the same period and can be linked to the movement of Commercial Services from Neighbourhood Services to the Core.

Figure 5 - Average Number of Days Lost Per Employee by Directorate



6.5 Children and Commissioning

6.5.1 The average number of days lost per employee over the past twelve months for the Directorate has seen a sharp decline in the period December 2012 - June 2013 by more than half a day per employee, a reduction of 5.3%. In the period June 2013 65.4% of all absence within Children & Commissioning was long term absence. This is a 2.4% reduction since December 2012.

6.5.2 Analysis of those hitting absence management triggers within the Directorate in June 2013 shows that 33 (20%) of those who hit triggers in the month did so in relation to short-term absence and 58 (36%) in relation to medium-term absence. 71 (44%) hit triggers in relation to long-term absence as compared to 48% in November 2012.

6.5.3 Long-term absence continues to be the highest contributor to absence within the directorate. However, the level of long term absence has reduced in the main due to the resolution of a number of historical cases. The two service

areas identified in the last report to Scrutiny on absence as having the highest absence rates are Residential Services and Social Work. There has been a specific focus within these two service areas on activity to improve attendance levels.

6.5.4 Absence levels within Residential Services have continued to decrease. The average number of days lost per employee over the past twelve months for Residential Childcare Services has seen a sharp decline in the period December 2012 –May 2013 from 19.4 to 15.4 days i.e. a reduction of almost 21%. Long-term cases have reduced from 8 to 2. The activity to reduce absence in this area has had three key strands:

- Increased management focus and overview which has resulted in more robust management of absence.
- A number of Residential Services managers have been trained as Health Champions through an accredited programme by the Royal Society of Public Health. This programme has assisted managers in having conversations in supervision with staff on stress related issues and absenteeism and signposting individuals to universal health services.
- Training for six people to deliver a “train the trainer” model in strategies and responses of dealing with challenging behaviours of residents in order to reduce the number of assaults on staff and prevent stress-related absence.

6.5.5 The main reasons for absence within the Directorate are stress, depression and anxiety and in May there were 33 staff absent (many in the area of Social Work) for these reasons, equating to 32% of all absence cases. The activity to reduce absence in the social work service has included:

- Increased management focus and overview which has resulted in more robust management of absence
- Activity as part of a broader social work improvement plan that has included the introduction of a case management tool, focused recruitment activity to recruit to social work vacancies, improved support to newly qualified social workers, assessment backlogs have been cleared and a requirement for a quarterly review of all open cases to ensure historical cases are appropriately closed down as both of these impact on perceptions of high caseloads and the introduction of quality forums to support social work practice improvement.
- Communication and engagement – managers now begin all supervisions with a more general overview of employee welfare and how they are coping before moving onto focus on caseloads. There has been some positive staff engagement and communication as part of a “myth-busting” exercise which has focused on the significant investment into the service which has resulted in an increase in the number of social workers, the positive recruitment to vacancies and the resulting reduction in caseloads.

6.5.6 The nature of work undertaken together with statutory minimum cover requirements have meant that agency costs incurred for covering sickness within the Directorate in the period December 2012 – May 2013 was £424,975, an 11% reduction over the previous 6 months i.e. May – November 2012.

6.6 Neighbourhood Services

6.6.1 Average days lost per employee over the past twelve months have seen a steady decrease since December 2012. The Directorate has seen a reduction of more than one day per employee in this period. The sharp decrease in the period May-June 2013 can be associated to the transfer of Commercial Services to the Corporate Core.

6.6.2 In the period June 2013 58% of all absence within Neighbourhood Services was long-term. This is a 4.6% reduction in the proportion of long-term absence over December 2012. Stress and back strain/trouble are the main causes of absence in this directorate both of which have seen reductions.

6.6.3 An analysis of those employees hitting absence management triggers within the Directorate in April 2013 (prior to transfer of staff from Commercial Services) shows that 34 (21%) of those who hit triggers in the month did so in relation to short-term absence, and 52 (32%) in relation to medium-term absence. 78 employees (47.5%) hit triggers in relation to long-term absence and this is a 2.8% reduction on November 2012 when 50% of staff hit long-term absence triggers.

6.6.4 Following the movement of Commercial Services to the Corporate Core, 22 (38%) of those who hit triggers in the month did so in relation to short-term absence, and 19 (33%) in relation to medium-term absence. 17 employees (29%) hit triggers in relation to long-term absence.

6.6.5 Divisions within the Directorate where the average days lost per employee over the last twelve months is high includes Neighbourhood Delivery Teams (Central), Community and Cultural Services (South) and Environmental Strategy. Average days lost per employee in May 2013 ranged from 10.3 to 14.5 in these services and have seen an increasing trend since December 2012. The HROD Service is providing targeted support to management in these areas to help facilitate returns to work and ensure more robust management of absence cases.

6.6.6 Managers continue to work with employees and trade unions to further reduce absence levels across the service, using a number of initiatives and resources available for example referral and advice from the Occupational Health provider. Early intervention will continue to be undertaken on sickness absence, ensuring that communication is maintained with employees throughout any period of absence and attempts are made wherever possible to facilitate an early return to work.

6.6.7 Both Attendance Management and Employee Health and Wellbeing continue to be integrated into the Directorates strategic plans and can be evidenced through the review of Directorate training plans to ensure training commissioned addresses the areas identified as the most frequent causes of accidents and illness. Coupled with the above the Directorate's Management of Attendance Steering Group is being refocused to align with the Directorate's

objectives. This is a joint steering group comprising representatives from HROD, Health and Safety and managers from each service within the directorate. Membership is currently being reviewed to ensure there is coverage across all services within the new directorate.

6.6.8 HROD and Health and Safety are working together to maximise the training and support provided to managers in health and wellbeing related issues and ensure all support is fully accessible. It is planned that the support will be enhanced to include content focused on developing good basic management practice and people management skills focussing on specific areas including musculoskeletal and stress related absence.

6.6.9 The agency costs for covering sickness within the directorate totalled £3,486 and were primarily within Catering and Community Transport in the period December 2012 -May 2013, both which sit within Commercial Services. This was an 82% reduction over the previous 6 months i.e. May 2012 – November 2012.

6.6.10 The Community Transport Service has now closed with effect from July 2013 with a number of staff leaving the organisation through the VS/VER scheme and the remainder being found roles elsewhere within the organisation.

6.6.11 There is a drive from Senior Management within Commercial Services to address the level of absence, with scrutiny of this at the monthly management meetings. The HROD Service Delivery Team are supporting Catering Services in managing these cases to bring early resolution to sickness cases and reduce overall absence levels in this area.

6.6.12 Future reporting on absence levels will reflect structural changes to the Growth and Neighbourhoods Directorate.

6.7 Families, Health and Wellbeing

6.7.1 The average days lost for the Directorate over the past twelve months has seen a reduction over the period December 2012 to June 2013 with an improvement of almost half a day per employee. Long term absence accounted for 67.48% of all absence in December 2012 and this has reduced to 64% in June 2013. Learning Disability Networks, Social Work and Primary Assessment and Homelessness are services within the Directorate where the average number of days lost per employee over the past twelve months has been high, ranging from 11.4 to 14.6 days per employee.

6.7.2 Analysis of those hitting absence management triggers within the Directorate in June 2013 shows that 25 (23%) of those who hit triggers in the month did so in relation to short-term absence and 41 (38%) in relation to medium-term absence. 42 (39%) hit triggers in relation to long-term absence as compared to 48% in November 2012.

6.7.3 Although stress continues to be the main reason for long term absence within the Directorate, the number of new stress cases in the first quarter of the

calendar year (January to March 2013) is 6, which reflects a significant reduction from the previous quarter of 19.

6.7.4 The Directorate Management of Attendance Strategy Group continues to meet on a monthly basis chaired by the recently appointed Head of Business Delivery. Following the success of the previous action planning approach, a refreshed action plan is currently being finalised, which includes activity relating to improved communication of key messages, supporting the organisational Health & Wellbeing activities, positive interventions to celebrate good attendance as well as target monitoring and further development of sickness clinics.

6.7.5 In January 2013, the group proposed divisional targets based on a 10% reduction in absence levels as reported at the time, progress against these targets are monitored regularly. No target was set for Public Health due to the scheduled transfer in of staff from the PCT.

Table 6: Divisional Targets

Divisions	**Baseline**	**Progress**	**Target**
	Jan 2013	**June 2013**	**Sept 2013**
Directorate	12.59	11.86	11.34
Strategic Business Support (includes Business Change & Information Management	13.1	13.18	11.79
Integration & Partnership	5.43	3.89	4.89
Business & Quality (includes LD Networks & Homelessness)	12.78	11.93	11.50
Integrated Community Provision (includes MLDP & Social Work & Primary Assessment)	13.21	13.27	11.89

6.7.6 Whilst sickness clinics are ongoing in all service areas with challenge presented to the manager by Heads of Service on a monthly/weekly basis, the service areas with the highest absence levels in each Division have been targeted for additional focus. An additional challenge has now been set up by the Head of Business Delivery targeting these service areas. Each area has been allocated a date (one service each month) where they will be examined by an independent panel of senior managers in relation to their absence levels, activity in relation to absence monitoring and the management of individual cases.

6.7.7 Over the last couple of months focused activity has taken place in Learning Disability Networks and as a result there have been a significant number of staff supported to return to work, some facilitated by phased returns and adjustments. Although Manchester Learning Disability Partnership reflects the highest average days per employee, analysis of the absence information suggests a forthcoming reduction in absence levels due to resolution of a few long-term absence cases in the form of a return to work and VER/VS releases.

6.7.8 In preparation for the coming winter months, staff in this Directorate are encouraged to access free jabs via their GP or via an NHS vaccination programme operating at their place of work as they are co-located with NHS staff. The flu jab is offered free to the high risk groups such as main carers of people at risk of flu complications, those over 65, pregnant women. Any employee in these groups will be able to access this themselves via their GP.

6.7.9 The total agency costs for covering sickness within the Directorate in the period December 2012 – May 2013 was £21,632. This is 70% reduction over the previous 6 months i.e. May 2012 – November 2012 i.e. May 2012 – November 2012.

6.8 Corporate Core

6.8.1 The average days lost per employee for the Directorate over the past twelve months has experienced a declining trend up to March 2013. However, since the transfer of Commercial Services there has been an increase in this measure. Proportionately, long-term absence has always been low in the Core compared to other Directorates at 58.5% in December 2012. This reduced to 53.78% in April 2013. Since then the long-term absence has been increasing. Short-term absence, as a proportion of total absence, has also decreased over this period. This is in sharp contrast to what is being experienced in the other Directorates.

6.8.2 Analysis of those hitting absence management triggers within the Directorate in June 2013 shows that 73 (27%) of those who hit triggers in the month did so in relation to short-term absence and 88 (32%) in relation to medium-term absence. 112 (41%) hit triggers in relation to long-term absence as compared to 48% in November 2012.

6.8.3 Divisions within the Corporate Core with above average days lost per employee include City Solicitor's, Financial Management, Revenues and Benefits and the Shared Service Centre. All these areas have experienced an increase in the average days lost per employee over the period December 2012 – May 2013.

6.8.4 Commercial Services which previously was within Neighbourhood Services has transferred 1,230 employees into Corporate Services within the Core. Commercial Services were identified as an absence hotspot within Neighbourhood Services but they have seen a decline of 11.4% in average days lost since July 2012. The transferring of these employees into Corporate Services will have a significant impact on absence levels within the Core.

6.8.5 Currently, there are 37 employees absent due to long-term absence within Chief Executives of which a significant number work within Customer Services and account for 1,310 days lost during the last twelve months. Targeted intervention has been identified and implemented to build the capacity of managers and agree appropriate strategies to reduce the absence. Within Corporate Services, Commercial Services have the highest number of employees who have been absent for 20 days or more. Currently there are 78

employees with a total of 10,797 days lost due to sickness during the last twelve months.

6.8.6 Revenue & Benefits Service and Commercial Services have been recognised as areas for a pilot for specific intervention to reduce absence levels. This involved the local management team, working with HROD in analysing the absence patterns of all employees and agreeing a plan which included:

- Ensuring that return to work interviews were conducted rigorously and in a timely manner;
- Reviewing long-term absence, ensuring that all such employees had attended Occupational Health for further advice guidance and support;
- Case reviews on more complex issues to ensure that appropriate interventions are in place

6.8.7 This approach will be rolled out further to other areas with high absence. The HROD service will continue to work in partnership with Heads of Service and Managers across the Core to improve attendance and provide the relevant support and resources to facilitate the required outcomes.

6.8.8 The agency costs for covering sickness within the directorate during the period Dec 2012 – May 2013 totalled £17,106. This is a 42% reduction over the previous 6 months i.e. May 2012 – November 2012.

7. NEW APPROACH TO REPORTING ABSENCE: TRACKING MONTH ON MONTH VARIANCES IN ABSENCE LEVELS

7.1 At its previous meeting the HR sub-group requested that analysis be undertaken to better show in year changes in absence to illustrate month on month variances in performance more clearly than the current corporate measure which looks back over a rolling twelve month period.

7.2 A new measure of ‘the average number of days lost per standard working month per employee’ has been developed to show this detail. This measure enables a clearer understanding of discrete monthly changes in absence, unaffected by any peaks and troughs which may have occurred in the preceding twelve months, unlike the corporate indicator of ‘average days lost per employee’ which is calculated over a rolling twelve month period. The month-on-month measure clearly demonstrates the seasonal trend in absence levels with absence increasing in the winter months and falling in the summer months. The pattern of almost regular monthly fluctuations in absence are such that without undertaking a further analysis at a micro level to understand the causes of these changes and trends at service level it is difficult to draw conclusions regarding the long-term direction/trend in absence and thereby inform the development of further strategy to tackle this.

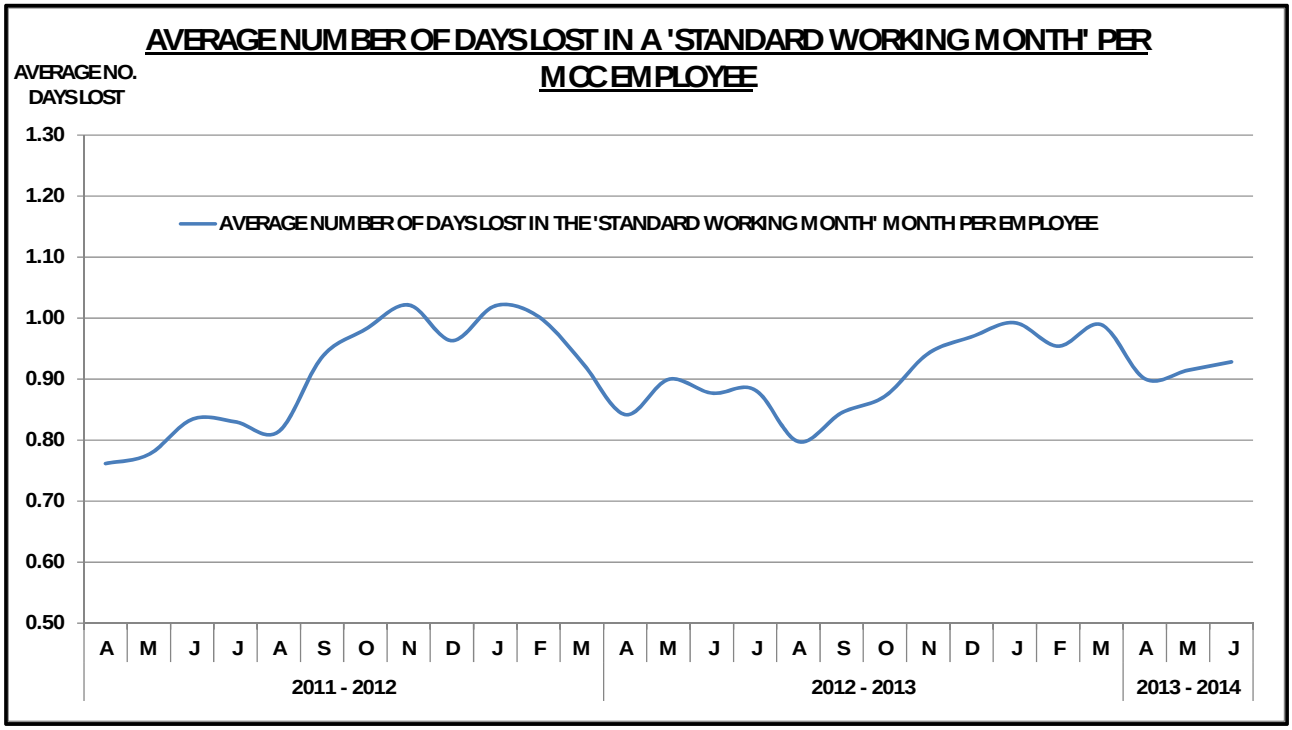
7.3 The month-on-month measure makes it hard to notice any patterns corporately or at a directorate level due to the pronounced seasonal patterns. However, it does enable us to see emerging trends more clearly and can provide a better tool when considered at a service/team level or through

longer term historical analysis. Furthermore, unlike the corporate measure, the new measure includes the absence days of employees who have left the council. Therefore the new measure will allow monthly fluctuations in absence to be further analysed at a service level and will reflect the management of attendance within each functional area.

7.4 Further work will be undertaken in the coming months to analyse 'the average number of days lost in a standard working month per employee' by service areas within the Directorates. This information can then be disseminated to Heads of Service to influence the development of further strategy to improve attendance.

7.5 The trend graph below in Figure 6 demonstrates the month-to-month variation in the average number of days lost in a standard working month. (Appendix 4 illustrates the month-on-month Directorate variations).

Figure 6 - Average number of days lost in a standard working month per employee



7.6 This trend graph illustrates the month-on-month changes in average days lost. It is clear from this data that there are seasonal variations in attendance levels with absence tending to be lower during the summer months and higher during winter. At a corporate level in both 2011-2012 and 2012-2013 financial years absence increased from August levels with the onset of winter months. Conversely, absence declined gradually from January 2012 to August 2012 and patterns would suggest a decline to a low point in the summer points of 2013-2014.

7.7 In Families, Health and Wellbeing absence levels show a general increase

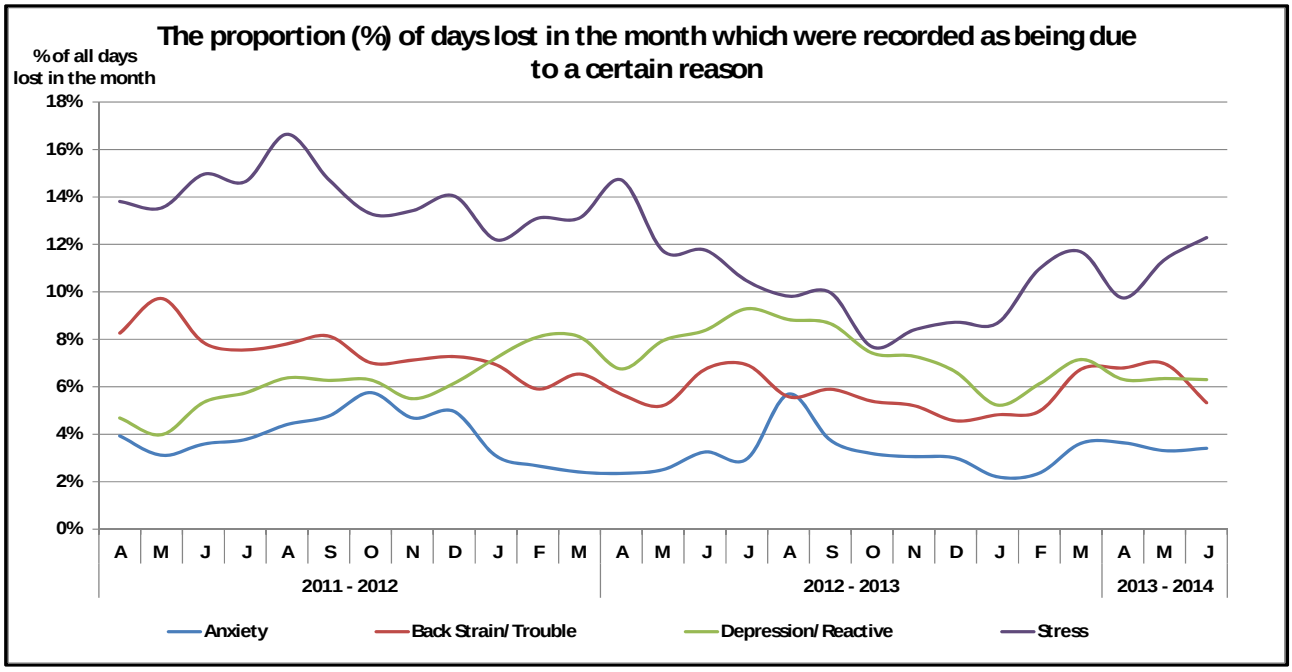
from April/May throughout summer months to a peak (October 2011 and July 2012) before a pre-winter dip (October/November). Peaks in absence levels are seen in winter months (December/January/February) before dropping again to the lows seen in April/May.

7.8 In Children and Commissioning absence levels show an increase from September and peak throughout the winter months (December, January, February) before declining to low points in the summer months. For the last two years a minor peak has been seen in May. It should be noted that the winter absence levels in 2012-2013 were much lower than those of 2011-2012 (0.10 of a day lost per month less).

7.9 In Neighbourhood Services lower absence levels are seen in the months of April and August with higher absence levels seen in winter months than in summer months.

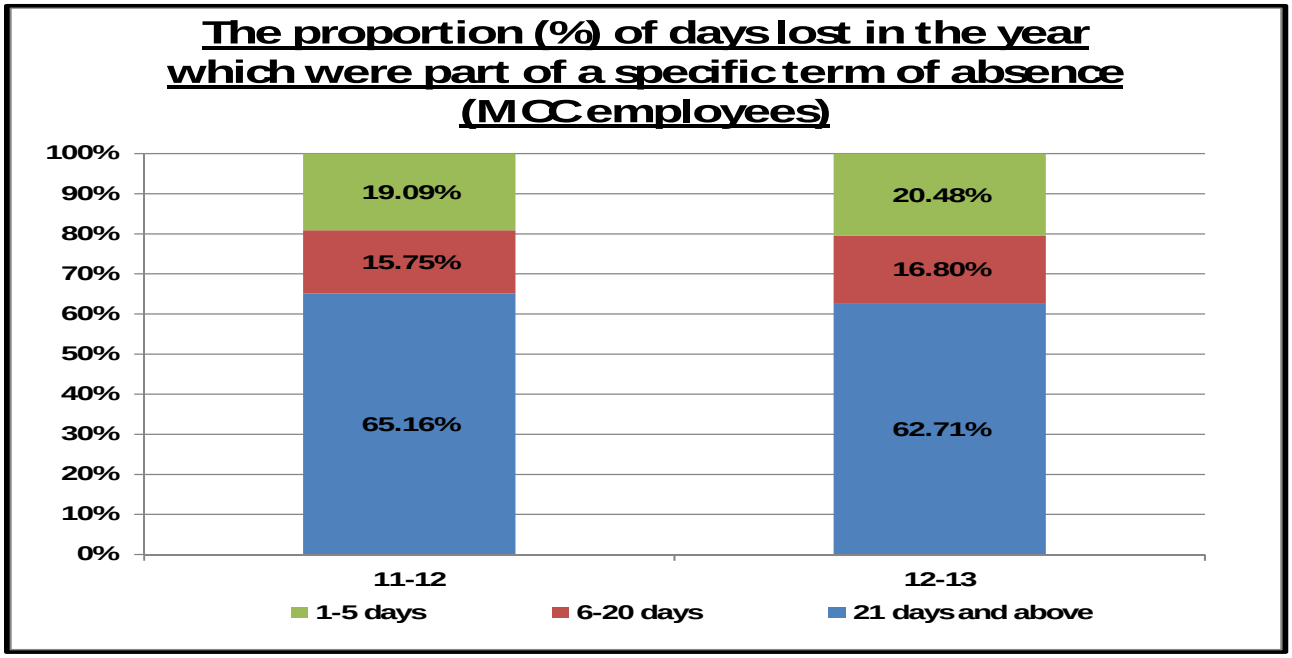
7.10 In the Corporate Core higher absence levels have been seen in winter months than in summer months.

Figure 7 - Reasons for Absence



7.11 When we consider the movement in absence related to the 4 main reasons for absence i.e. stress related and musculoskeletal in the period April 2011 – March 2012 and April 2012 – March 2013, the proportion of absence due to stress has reduced by 3.7% over the previous year. Back strain/trouble is the main type of musculoskeletal reason for absence and this has declined by 0.6% over the previous year.

Figure 8 - Duration of Absence



7.12 The proportion of long-term absence has decreased over the previous year from 65.16% to 62.71%. The proportions of days lost to short and medium term absence have correspondingly increased.

8. CONCLUSION

8.1 Sustained activity in managing attendance over the previous twelve months has supported a gradual decline in absence levels with a more pronounced reduction in the case of long-term absence. There is evidence to indicate that managers are taking a more robust approach to absence management through feedback from the HROD Helpdesk and the feedback received through the corporate Management of Attendance Steering Group and the corporate Health and Wellbeing Board.

8.2 The HROD service will continue to support managers in working to improve attendance by using a mix of approaches both addressing the management of absence during a period of absence and improving attendance through a motivated workforce. By effective Occupational Health support, the early identification of problems through health screening and surveillance together with the delivery of the Health and Wellbeing strategy work programme we hope to see a positive impact on attendance levels. Further sustainable improvement should also be supported through the behavioural insight approach over the coming months.

8.3 The Sub Group is asked to note the current performance on attendance, together with the actions being progressed to support increased attendance across the Authority.

APPENDIX 1 - Change in Absence levels

The change in terms of short, medium and long-term absence in the period December 2012 to June 2013 is shown in the table below:

	Jan 2012 - Dec 2012 Days lost	**Proportion of total days lost**	**July 2012 – June 2013 Days lost**	**Proportion of total days lost**
Short-Term (Less than 5 days)	18,408	20.8%	16,890	21.6%
Medium-Term (6-19 days)	13,434	15.2%	13,357	17.1%
Long-Term (20+ days)	56,571	64.0%	47,790	61.2%
Total	**88,413**	**100%**	**78,037**	**100%**

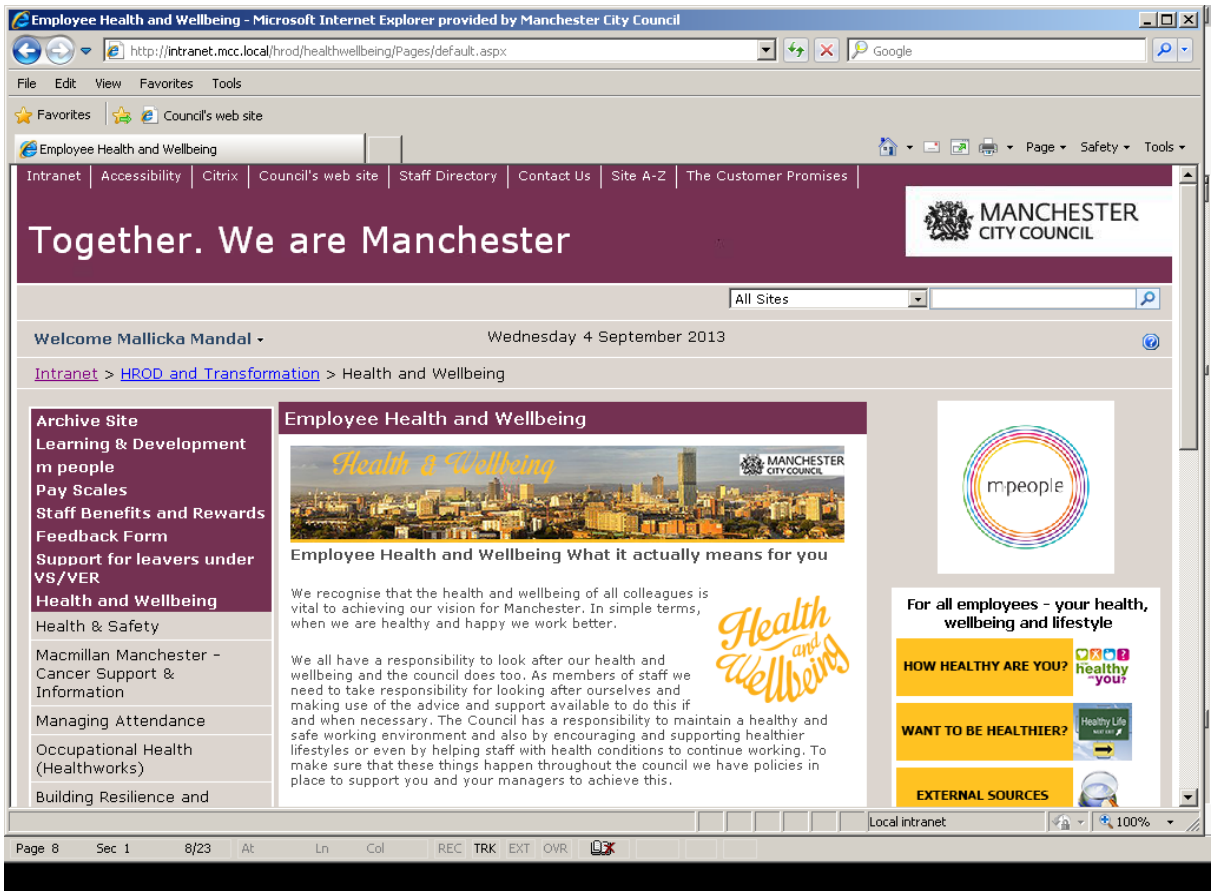
APPENDIX 2 – Reasons for Absence

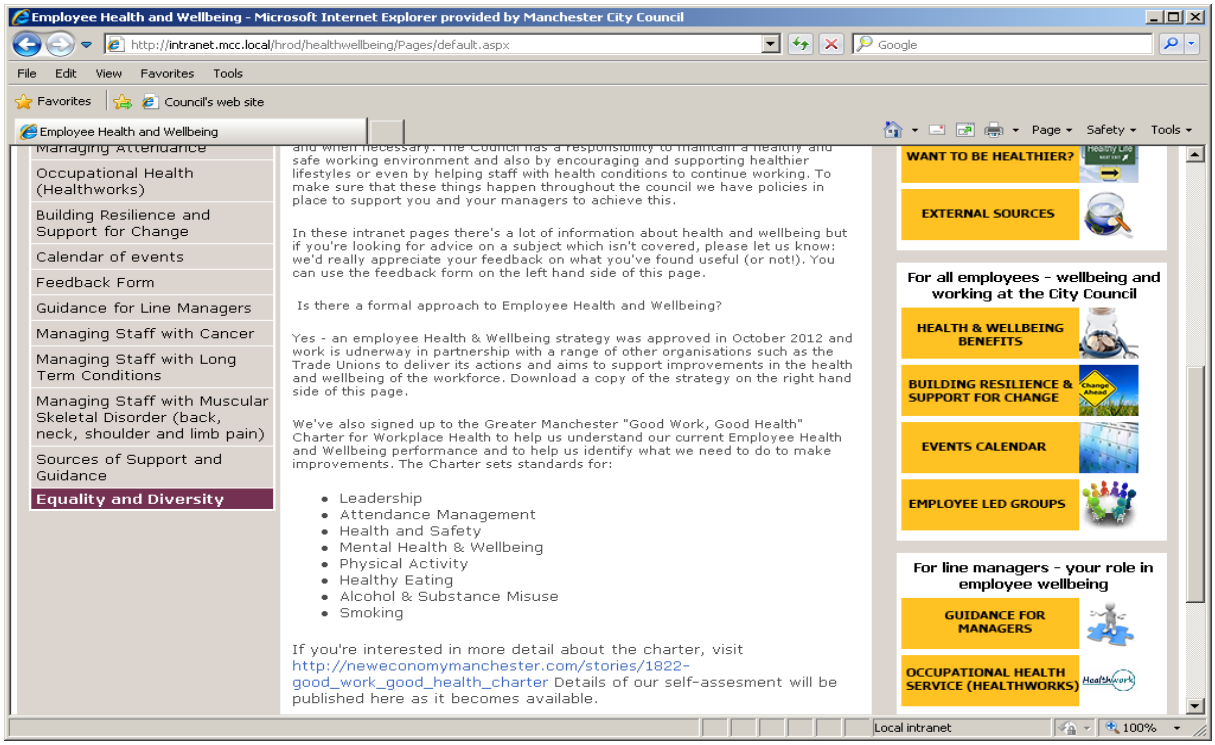
Reasons for Long-term Absence (Days Lost)

	Jan 12 – Dec 12	Feb 12 – Jan 13	Mar 12 – Feb 13	Apr 12 – Mar 13	May 12 – Apr 13	Jun 12 – May 13	July 12 - June 13
Stress	7,959	7,666	7,403	6,585	6,378	5,840	5,804
% change from Jan 12-Dec 12 figure		-3.7%	-7.0%	-17.3%	-19.9%	-26.6%	-27.1%
Depression/Reactive	6,102	5,961	5,298	4,655	4,429	4,356	4,291
% change from Jan 12-Dec 12 figure		-2.3%	-13.2%	-23.71%	-27.42%	-28.6%	-29.7%
Anxiety	2,459	2,455	2,385	2,417	2,320	2,294	2,229
% change from Jan 12-Dec 12 figure		-0.2%	-3.0%	-1.7%	-5.7%	-6.7%	-9.3%
Bereavement Reaction	2,258	2,355	2,282	2,185	2,058	1,941	1,809
% change from Jan 12-Dec 12 figure		+4.3%	+1.1%	-3.2%	+8.9%	-14.0%	-19.9%
Back Strain/Trouble	3,481	3,366	3,150	2,980	2,869	2,853	2,449
% change from Jan 12-Dec 12 figure		-3.3%	-9.5%	-14.4%	-17.6%	-18.0%	-29.6%
Cancer	1,410	1,363	1,312	1,297	1,189	1,052	1,086
% change from Jan 12-Dec 12 figure		-3.3%	-7.0%	-8.0%	-15.7%	-25.4%	-23.0%
Shoulder Injury	1,411	1,495	1,308	1,237	1,237	1,277	1,077
% change from Jan 12-Dec 12 figure		+6.0%	-7.3%	-12.3%	-12.3%	-9.5%	-23.7%
Post Operative Debility/Operation	4,290	4,351	4,437	4,515	4,031	4,159	3,928
% change from Jan 12-Dec 12 figure		1.4%	3.4%	5,2%	-6.0%	-3.1%	-8.4%

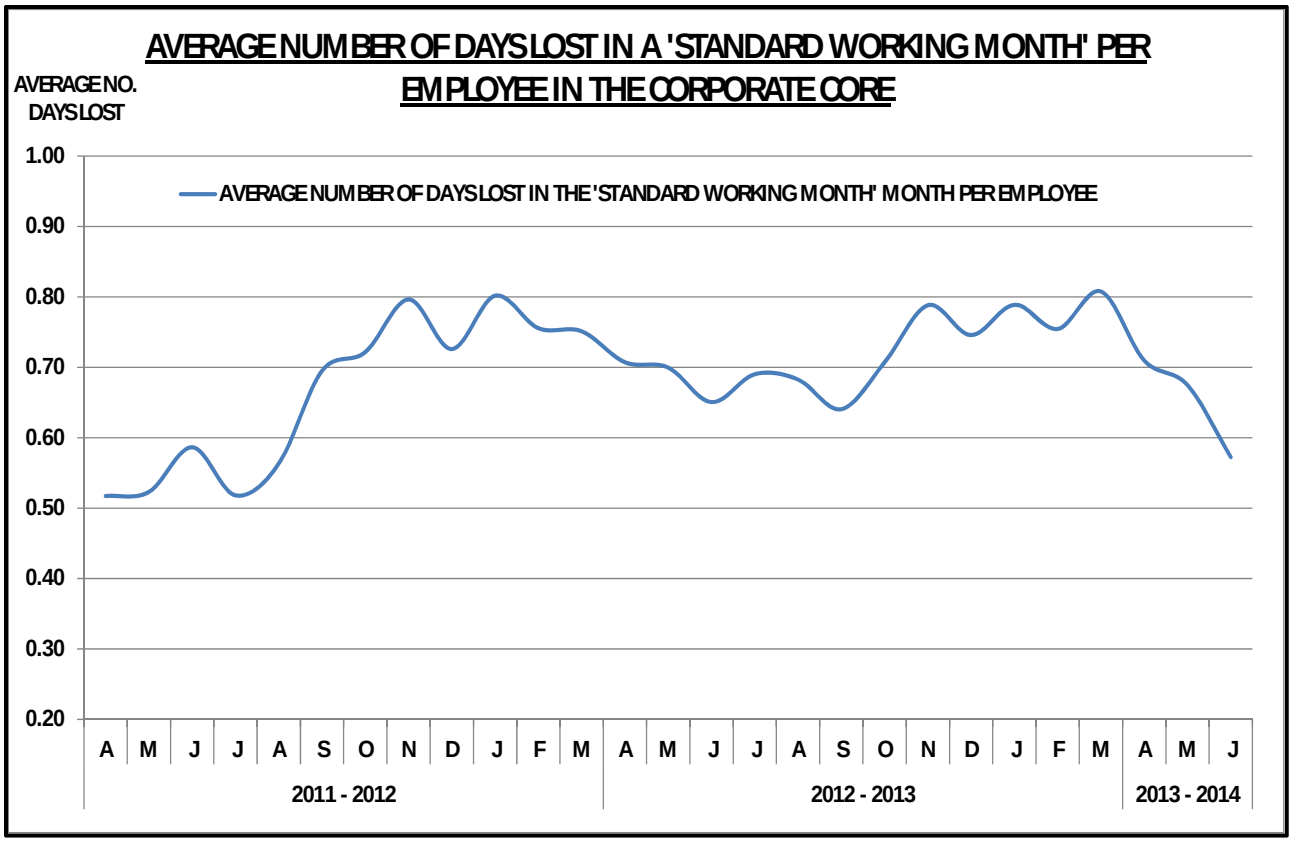
Note: Reactive illness refers to "Depression triggered by an upsetting or stressful life event."

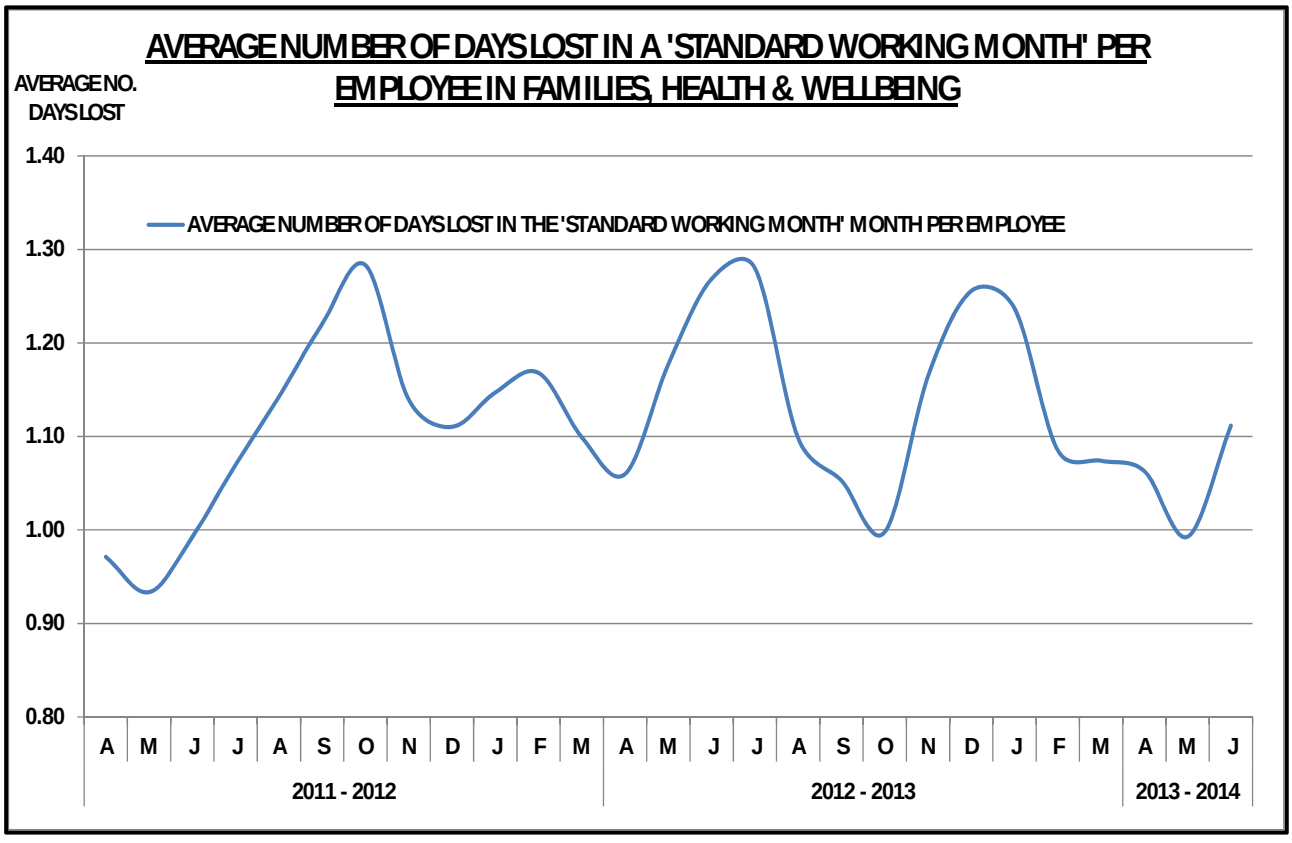
APPENDIX 3

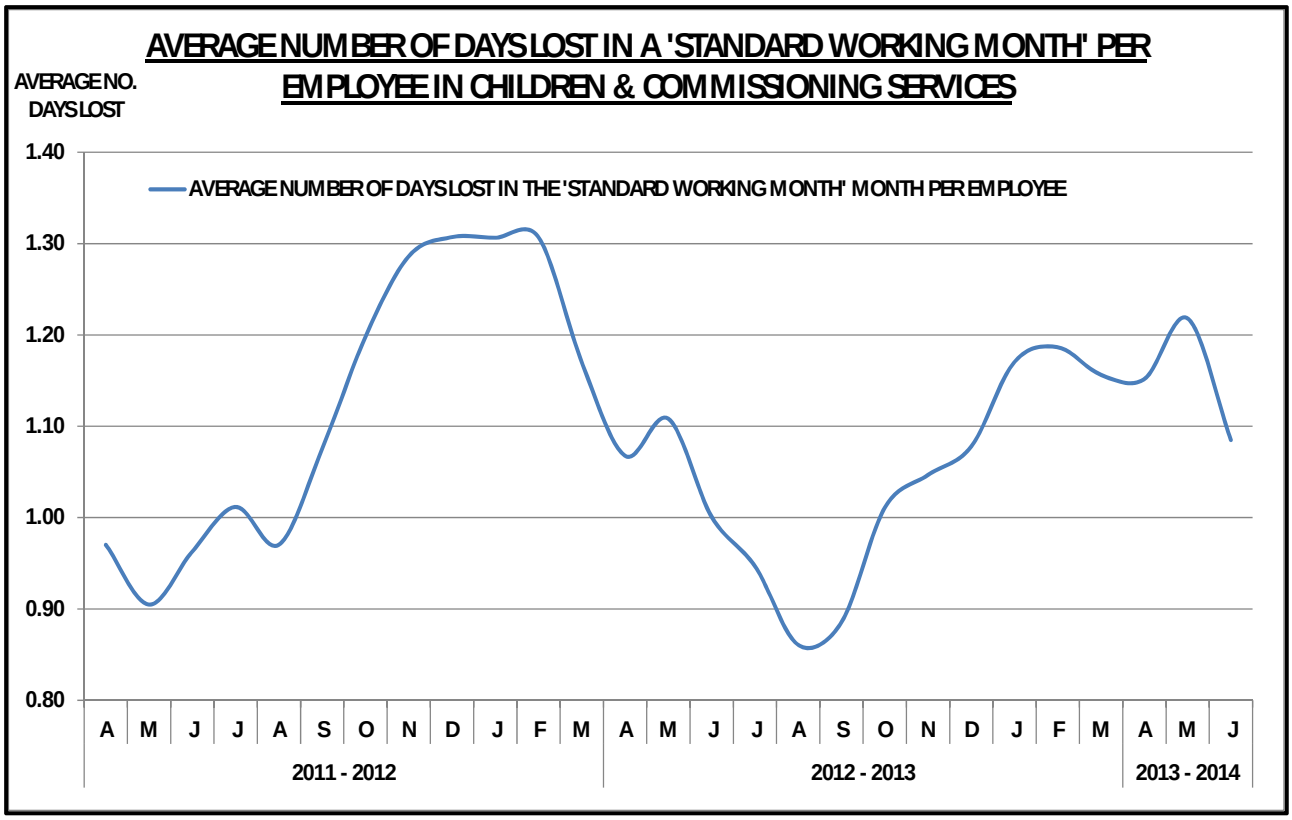

Employee Health and Wellbeing - Microsoft Internet Explorer provided by Manchester City Council
http://intranet.mcc.local/hrod/healthwellbeing/Pages/default.aspx
Intranet | Accessibility | Citrix | Council's web site | Staff Directory | Contact Us | Site A-Z | The Customer Promises
Together. We are Manchester
MANCHESTER CITY COUNCIL
Welcome Mallicka Mandal
Wednesday 4 September 2013
Intranet > HROD and Transformation > Health and Wellbeing
Archive Site
Learning & Development
m people
Pay Scales
Staff Benefits and Rewards
Feedback Form
Support for leavers under VS/VER
Health and Wellbeing
Health & Safety
Macmillan Manchester - Cancer Support & Information
Managing Attendance
Occupational Health (Healthworks)
Building Resilience and
Employee Health and Wellbeing
Health & Wellbeing
Employee Health and Wellbeing What it actually means for you
We recognise that the health and wellbeing of all colleagues is vital to achieving our vision for Manchester. In simple terms, when we are healthy and happy we work better.
We all have a responsibility to look after our health and wellbeing and the council does too. As members of staff we need to take responsibility for looking after ourselves and making use of the advice and support available to do this if and when necessary. The Council has a responsibility to maintain a healthy and safe working environment and also by encouraging and supporting healthier lifestyles or even by helping staff with health conditions to continue working. To make sure that these things happen throughout the council we have policies in place to support you and your managers to achieve this.
Health and Wellbeing
m people
For all employees - your health, wellbeing and lifestyle
HOW HEALTHY ARE YOU?
WANT TO BE HEALTHIER?
EXTERNAL SOURCES
Local intranet
100%
Page 8 Sec 1 8/23

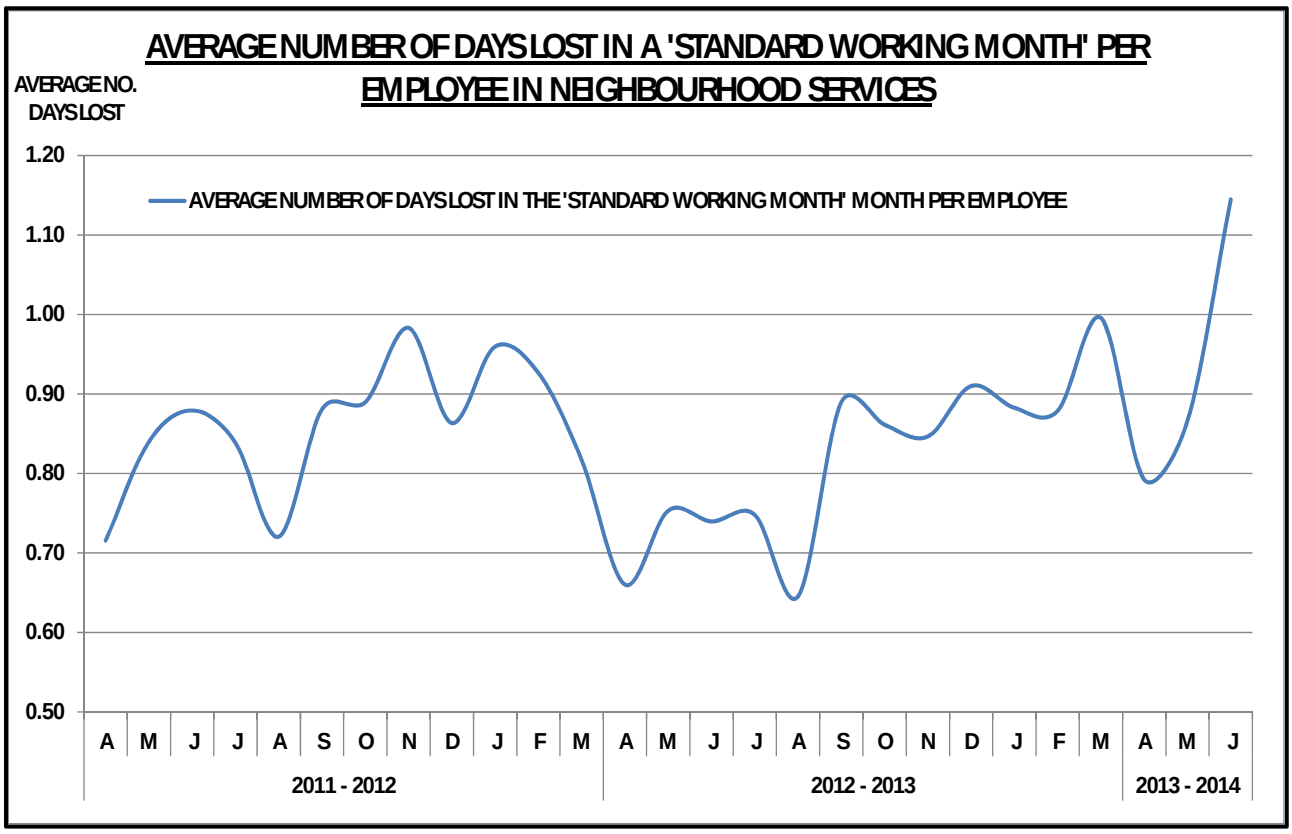

Employee Health and Wellbeing - Microsoft Internet Explorer provided by Manchester City Council
http://intranet.mcc.local/hrod/healthwellbeing/Pages/default.aspx
Occupational Health (Healthworks)
Building Resilience and Support for Change
Calendar of events
Feedback Form
Guidance for Line Managers
Managing Staff with Cancer
Managing Staff with Long Term Conditions
Managing Staff with Muscular Skeletal Disorder (back, neck, shoulder and limb pain)
Sources of Support and Guidance
Equality and Diversity
safe working environment and also by encouraging and supporting healthier lifestyles or even by helping staff with health conditions to continue working. To make sure that these things happen throughout the council we have policies in place to support you and your managers to achieve this.
In these intranet pages there's a lot of information about health and wellbeing but if you're looking for advice on a subject which isn't covered, please let us know: we'd really appreciate your feedback on what you've found useful (or not!). You can use the feedback form on the left hand side of this page.
Is there a formal approach to Employee Health and Wellbeing?
Yes - an employee Health & Wellbeing strategy was approved in October 2012 and work is udnerway in partnership with a range of other organisations such as the Trade Unions to deliver its actions and aims to support improvements in the health and wellbeing of the workforce. Download a copy of the strategy on the right hand side of this page.
We've also signed up to the Greater Manchester "Good Work, Good Health" Charter for Workplace Health to help us understand our current Employee Health and Wellbeing performance and to help us identify what we need to do to make improvements. The Charter sets standards for:
Leadership
Attendance Management
Health and Safety
Mental Health & Wellbeing
Physical Activity
Healthy Eating
Alcohol & Substance Misuse
Smoking
If you're interested in more detail about the charter, visit http://neweconomymanchester.com/stories/1822-good_work_good_health_charter Details of our self-assesment will be published here as it becomes available.
WANT TO BE HEALTHIER?
EXTERNAL SOURCES
For all employees - wellbeing and working at the City Council
HEALTH & WELLBEING BENEFITS
BUILDING RESILIENCE & SUPPORT FOR CHANGE
EVENTS CALENDAR
EMPLOYEE LED GROUPS
For line managers - your role in employee wellbeing
GUIDANCE FOR MANAGERS
OCCUPATIONAL HEALTH SERVICE (HEALTHWORKS)
Local intranet
100%

Appendix 4 – Average number of days lost per employee by Directorate






AVERAGE NUMBER OF DAYS LOST IN A 'STANDARD WORKING MONTH' PER EMPLOYEE IN CHILDREN & COMMISSIONING SERVICES
AVERAGE NO. DAYS LOST
1.40
1.30
1.20
1.10
1.00
0.90
0.80
AVERAGE NUMBER OF DAYS LOST IN THE 'STANDARD WORKING MONTH' MONTH PER EMPLOYEE
A M J J A S O N D J F M A M J J A S O N D J F M A M J
2011 - 2012
2012 - 2013
2013 - 2014


AVERAGE NUMBER OF DAYS LOST IN A 'STANDARD WORKING MONTH' PER EMPLOYEE IN NEIGHBOURHOOD SERVICES
AVERAGE NO. DAYS LOST
1.20
1.10
1.00
0.90
0.80
0.70
0.60
0.50
AVERAGE NUMBER OF DAYS LOST IN THE 'STANDARD WORKING MONTH' MONTH PER EMPLOYEE
A M J J A S O N D J F M A M J J A S O N D J F M A M J
2011 - 2012
2012 - 2013
2013 - 2014