
**Manchester City Council
Report for Information**

Report to: Human Resources Subgroup – 3 March 2016
Subject: Attendance Management Update
Report of: Head of HROD Service Delivery

Purpose of the report

Following on from the HR Sub Group meeting on 17 March 2015, this report provides the Group with a further update on sickness absence levels across the Council and ongoing and developing activity to prevent and manage attendance both corporately and within Directorates. Specific information in relation to a number of areas of inquiry identified at the March 2015 meeting is also set out.

Recommendation

The Sub Group is asked to note the report.

Wards Affected: All

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Background documents (available for public inspection):

- Human Resources Sub Group meeting of 17 March 2015 – *Attendance Monitoring report and minutes of the meeting.*
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 4 December 2014 – *Attendance Monitoring report and minutes of the meeting;*
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 31 March 2014 – *Attendance Monitoring report and minutes of the meeting;*
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 26 September 2013 – *Attendance Monitoring report and minutes of the meeting;*
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 7 March 2013 – *Attendance Monitoring report and minutes of the meeting;*
- Finance and Overview Scrutiny Human Resources Sub Group meeting of 31 July 2012 – *Attendance Monitoring report and minutes of the meeting;*
- Finance Scrutiny Committee meeting of 24 May 2012 – *Attendance Monitoring report and minutes of the meeting.*

1. BACKGROUND AND OVERVIEW

- 1.1 In recognition of the increasing levels of absence across the authority, this group first received information on the management of attendance in May 2012. This report highlighted both the financial and service delivery impacts of absence at a Council level and the policy and practice in place which is developing to improve attendance. Since that point absence levels have remained a significant challenge across the organisation and have seen increases in the majority of areas. However, the intelligence at managers' and the organisation's disposal to understand and address this issue has developed considerably over this time. The range of corporate, directorate and service level interventions in place to manage and proactively mitigate absence have also been significantly broadened and strengthened. There is a clear Council wide recognition of the challenges and risks which continue to be posed by sickness absence and a strong commitment and oversight by the organisation's most senior managers to improve wellbeing, proactively manage attendance issues where they occur, and ultimately reduce absence levels.
- 1.2 Whilst, as noted, above, overall absence levels remain high, the most recent data does identify some signs of improvement.
- The most recent two months data indicate a potential overall slight reduction of absence based on a year-to-year comparison. (This, however, needs to be treated with caution and may be impacted by retrospective data added to the Council's reporting system)
 - Whilst long term absence remains the predominant contributor to overall sickness, representing 64% in the last quarter, this is its lowest level of contribution since quarter 4 of 2012/13. This suggests that long term cases are shorter and/or being concluded quicker. Focus will continue to be placed on avoiding and managing long term absence. However, attention will also be given to understanding patterns and issues in relation to medium term absence and persistent short term absenteeism
 - The percentage of staff not absent in quarter 3 of 15/16 (71.19%) is at its highest level compared to the same quarter in each of the three preceding years.
- 1.3 Despite these small positive indications, sickness continues to pose a major challenge across the organisation, with an average of 13.07 days lost per FTE over 2015 and there is a continued and growing momentum to address this issue.
- 1.4 The most significant area of concern in relation to sickness absence is the Directorate for Children and Families, where an average of 16.14 days per FTE were lost last year. The Directorate is refreshing its approach to tackling both the causes of and management of absence and specific detail of this is set out within section 4.4 of this report.
- 1.5 At a corporate level, work is continuing to strengthen the framework for managing attendance, including through a review of the current policy in this area. The focus on improving health and wellbeing is also being sustained, strengthened and more focused, with an increased emphasis on mental health

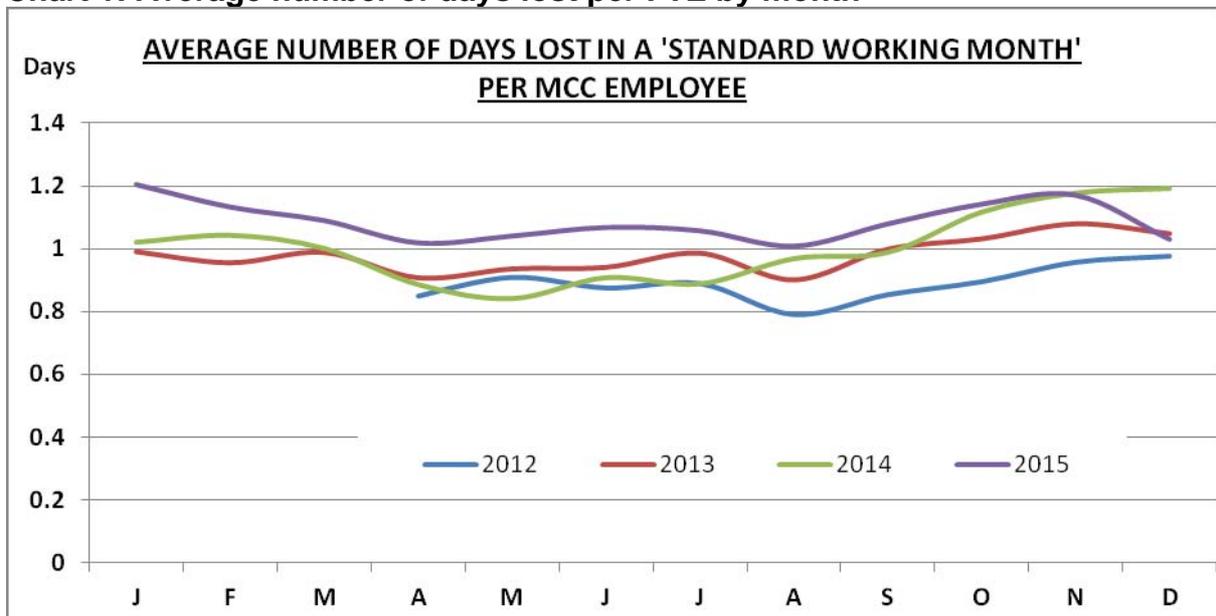
awareness for both managers and staff targeted in key areas, recognising that stress continues to represent the biggest reason for absence.

- 1.6 The remainder of this report provides more detail on absence levels and the continued and developing measures in place corporately and within directorates and services to reduce sickness levels. The Council's approach continues to place a strong emphasis on the role of line managers in recognition that strong and proactive people management is one of the most effective ways to improve attendance levels.

2 CORPORATE ABSENCE OVERVIEW

- 2.1 Across the Council a total of 81,846 working days were lost due to absence in 2015. This equates to an average of 13.07 days per FTE over the 12 month period which is higher than in 2014 (12.03) and in 2013 (11.76).
- 2.2 Absence levels started to rise in August 2014; absence then peaked in December 2014 (1.19) and January 2015 (1.20) with absence levels remaining high throughout 2015. The most recent available data indicates a marginal level of improvement from November 2015 with the average number of days lost in December 2015 (1.03) being lower than December 2014 (1.19), December 13 (1.05) and November 15 (1.17). However, this needs to be treated with caution for two reasons: firstly late reporting of sickness many result in a retrospective increase once results are refreshed as part of the next month's reporting cycle and secondly work is needed to assess if there has been any impact on sickness reporting levels through direct input by managers since the launch of the new *mi people* Self Service system.

Chart 1: Average number of days lost per FTE by month



- 2.3 Based on the organisation's current average on-costed salary, sickness absence costs the council circa £6.4m in 2015 in lost productivity. The average monthly spend on agency resources to cover sickness over the past year of £73K represents an additional cost of absence to the Council each

month. Agency costs to cover sickness peaked in July 2015 at £102k. These costs reduced in August (£78k) and September (£72k) however agency usage does tend to reduce through the school holiday period. October 2015 saw agency costs to cover sickness increase up to £87k

- 2.4 In considering absence levels, it is important to note the seasonality of trends, with levels generally higher in winter due mainly to the impact of short term infections. For this reason, it is important to consider annual comparisons of overall sickness levels. However, this seasonality has been less pronounced over the past year meaning greater emphasis can be placed on month to month comparisons and, in particular, in-year comparisons of long term absence.
- 2.5 In quarter 3 of 2015/16 64% of absence was long term (more than 20 days). This is the lowest proportion of long term absence since quarter 4 of 2012/13. The percentage of days lost due to medium term absences has, however, seen an increase. This suggests that, whilst long term absence remains the predominant contributor to overall absence levels, long term cases are ending sooner and/or medium term cases are not escalating into long term to such an extent. However, the assertion made in previous report to this committee, that a high proportion of absence is related to a relatively small number of employees remains the case, with the long term absence over the last quarter accounting for 64% of days lost but relating to only 20% of the individuals not in work due to sickness. It is important that continued focus is placed on addressing issues of persistent short term absence and promoting a culture of attendance, the greatest impact in improving attendance levels can be realised through tackling and preventing long term absenteeism.

Table 2: Absence by term

Term of Absence	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
21 days and above (ST)	65.38%	66.14%	71.14%	74.69%	64.42%
6-20 days (MT)	15.25%	15.62%	15.11%	13.08%	19.29%
1-5 days (LT)	19.37%	18.24%	13.75%	12.24%	16.29%

- 2.6 The main reasons for long term absence across the Council continue to be Stress, Depression and Anxiety.

Table 3: Top 3 reasons for Long Term absences

Reason	Q3 2015/16	Reason	Q3 2014/15
Stress	16%	Stress	21%
Depression/Reactive	7%	Depression/Reactive	7%
Anxiety	7%	Anxiety	7%

- 2.7 Other reasons for long term absences in quarter 3 of 2015/16 include Cancer (5.2%), Operations (5.1%) and Heart Trouble (3.5%).
- 2.8 In 2014 a new measure was introduced which looks at the proportion of staff with no recorded sickness absence. The aim of this measure is to provide a

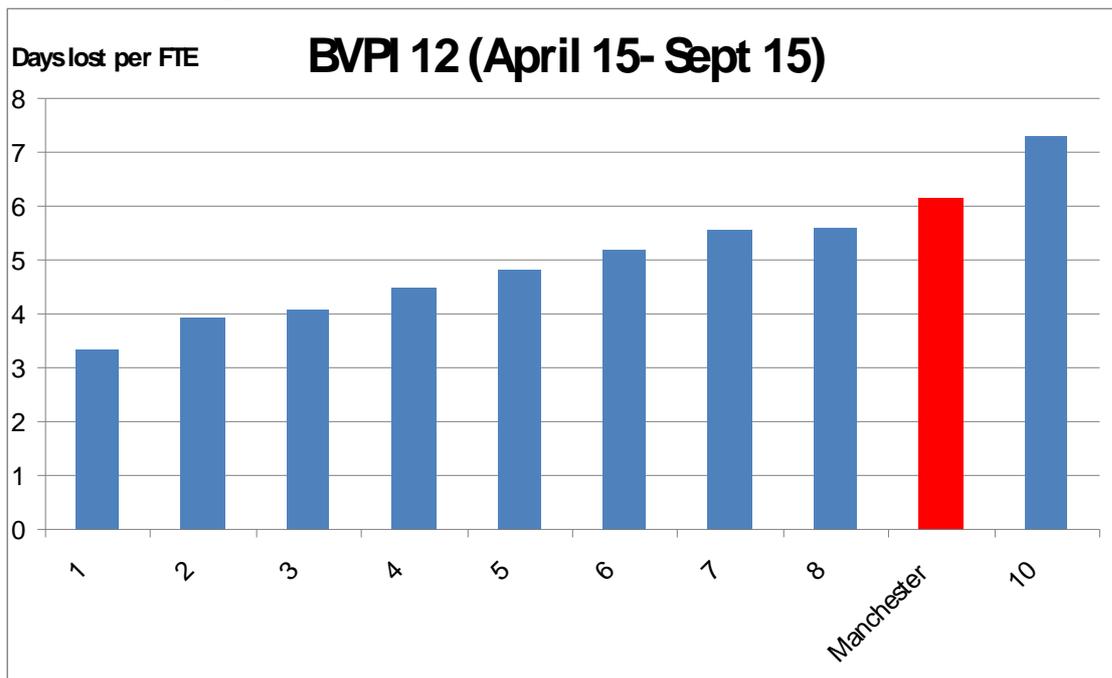
positive measure of attendance as opposed to the more negative measures of absence and also to enable consistent benchmarking across organisations (see below). During quarter 3 15/16 a total of 71.19% of staff, 4,888 individuals, had no recorded sickness absence. Whilst this is lower than the quarter 2 result (75.83%), it is an improvement on this measure from the same quarter in each of the three preceding years (67.49% in 12/13, 70.79% in 13/14 and 66.91% in 14/15).

3. BENCHMARKING

3.1 Public Sector Benchmarking

3.1.1 AGMA benchmarking shows the average days lost per FTE, placing Manchester ninth of ten authorities based on the six months from April to September 2015. However, as highlighted in previous reports to this Group, there are some concerns about the accuracy and comparability of this measure. This comparative data should therefore be seen as indicative only. It is worth noting that recent AGMA and North West benchmarking continues to cite the challenge posed to local authorities by sickness absence and the general upward trend in this area.

Chart 2: Average number of days lost per FTE from April to September 2015



3.1.2 Due to the comparability issues with the average number of days lost measure, Manchester has worked with the Core Cities to develop and agree an alternative benchmark which is more comparable. As noted above, this looks at the percentage of employees who were employed at the start and end of a twelve month period who have not had any incidences of absence. The latest complete date (Q2) places Manchester equal to three of the six reporting authorities.

Table 4: Percentage of employees with no incidences of absence October 2014 – September 2015

Core Cities	Q1 (July 14 - June 15)	Q2 (Oct 14 - Sept 15)	Q3 (Jan 15 -Dec 15)
1	45%	46%	47%
2	42%	43%	
3	38%	40%	
Manchester	39%	39%	41%
5	32%	39%	51%
6	45%	39%	
7			50%

3.1.3 It is recognised that the Council is a diverse organisation and that sector specific benchmarking may well improve our understanding if comparative sickness levels and associated issues. Whilst it is challenging to identify effective benchmarking in this area, work is being undertaken to investigate specific benchmarks for the areas of highest absence across the authority including benchmarking with appropriate private sector organisations.

3.2 CIPD 2015 Absence Management Survey

3.2.1 The CIPD (Chartered Institute of Personnel and Development) 2015 Absence Management Survey is based on responses from 578 organisations across the UK employing 1.5 million employees across all sectors. It provides a comprehensive dataset on absence trends and provides some useful insights into this area. The key findings from this report include:

- Average absence rates have increased more in the public sector than the private sector; the level of absence also tends to be higher in larger organisations and in organisations that have higher levels of staff in manual roles.
- Half of ‘public sector organisations’ reported increased ‘stress related’ absence in the last year and 40% of ‘all organisations’ reported increased ‘mental health’ absence (anxiety/depression). Larger organisations were more likely to report such increases.
- Two thirds of organisations have introduced changes to aspects of their approach to managing attendance with developing line manager capability being the most common change.
- Organisations with targets to reduce absence / absence KPIs were more pro active in their management of attendance.
- Organisations who achieved targets were more likely to manage absence by promoting health and wellbeing than those who did not achieve targets.

- There was a small increase in the proportion of organisations providing training to help managers effectively manage and support staff with mental health problems. Training most commonly covers spotting early warning signs, where to signpost employees and how to have a good quality conversation with staff members that are experiencing mental health problems.
- Organisations that achieved their absence targets were significantly more likely to manage absence through promoting health and wellbeing than those that did not achieve their targets.
- Occupational Health involvement in individual cases ranked among the most effective methods for managing long term absence. Most organisations are taking action to promote good mental health, most commonly through counselling and flexible working.

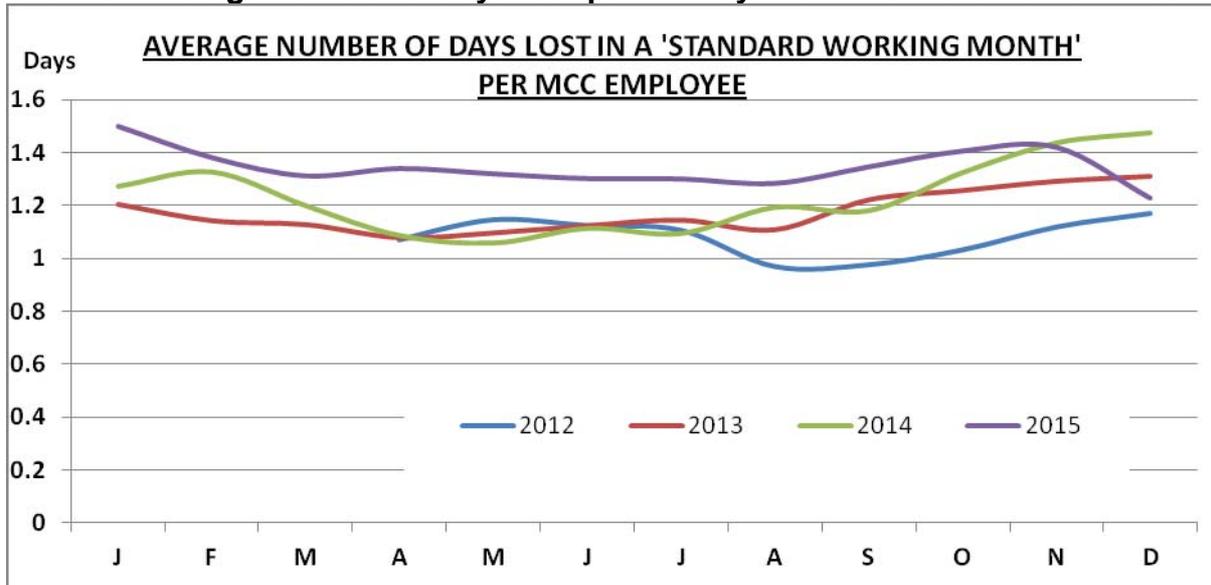
4. DIRECTORATE ABSENCE OVERVIEW

- 4.1 The general patterns and trends in absence noted above are broadly consistent across the Council. However, the information in this section provides more detail on the specific issues faced by the Council's three Directorates.
- 4.2 Over recent years the volume and quality of analysis available to support senior managers in understanding absence issues and identifying patterns and hot spots has increased significantly. This analysis includes the provision of monthly information on the 'best' and 'worst' levels of absence by service within each Directorate, quarterly analysis of service level absence rates and reasons together with completion rates for Return to Work interviews by service and bi-annual detailed analyses of sickness levels and issues across all teams in the organisation. This analytical information is supported by individual level reports on staff absence levels available to all managers via **mi people** Self Service and detailed reporting on the progress of formal Management of Attendance cases.
- 4.3 An overview of the latest absence information for each Directorate is presented below.

4.4 Children & Families

- 4.4.1 The Children & Families Directorate has consistently had the most significant rates of absence across the organisation over recent years, contributing 53% to the total days lost across the Council during 2015 with a total of 43,621 working days lost due to absence. This equates to an average of 16.14 days per FTE over the 12 months. Absence levels in Children and Families have been at their highest levels since November 2014 with a peak in January 2015 of 1.50 days per FTE in the month. Whilst the initial results for December 2015 do indicate a reduction, this needs to be treated with caution as noted above.

Chart 3: Average number of days lost per FTE by month: Children & Families



4.4.2 Based on the organisation's current average on-costed salary sickness absence cost the Directorate circa. £3.5M in 2015 in lost productivity. The average monthly spend on agency resources to cover sickness, over the past year of circa £69k represents an additional cost of absence to the Directorate each month and is by far the highest across the Council.

4.4.3 In quarter 3 of 2015/16 68.14% of absence was due to incidences of long term absence. This is a small decrease on the result from Q3 2014/15 (68.89%). Across Children's and Families short term absence has reduced as a contributor to absence by circa 3% over the past year, whilst medium term absence has seen a circa. 4% increase.

Table 5: Absence by term

	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
21 days and above	68.89%	69.88%	73.09%	77.14%	68.14%
6-20 days	15.47%	14.95%	15.64%	13.56%	19.07%
1-5 days	15.64%	15.18%	11.27%	9.30%	12.79%

4.4.4 Consistent with the other Directorates, stress is the predominant reason for long term absence. Whilst the past year has seen a reduction in this from a contribution of 25% to 21%, it remains the highest contributor to long term absence in any of the Directorate by 7%.

Table 6: Top 3 reasons for Long Term absences

Reason	Q3 2015/16	Reason	Q3 2014/15
Stress	21%	Stress	25%
Anxiety	8%	Depression/Reactive	8%
Depression/Reactive	7%	Anxiety	6%

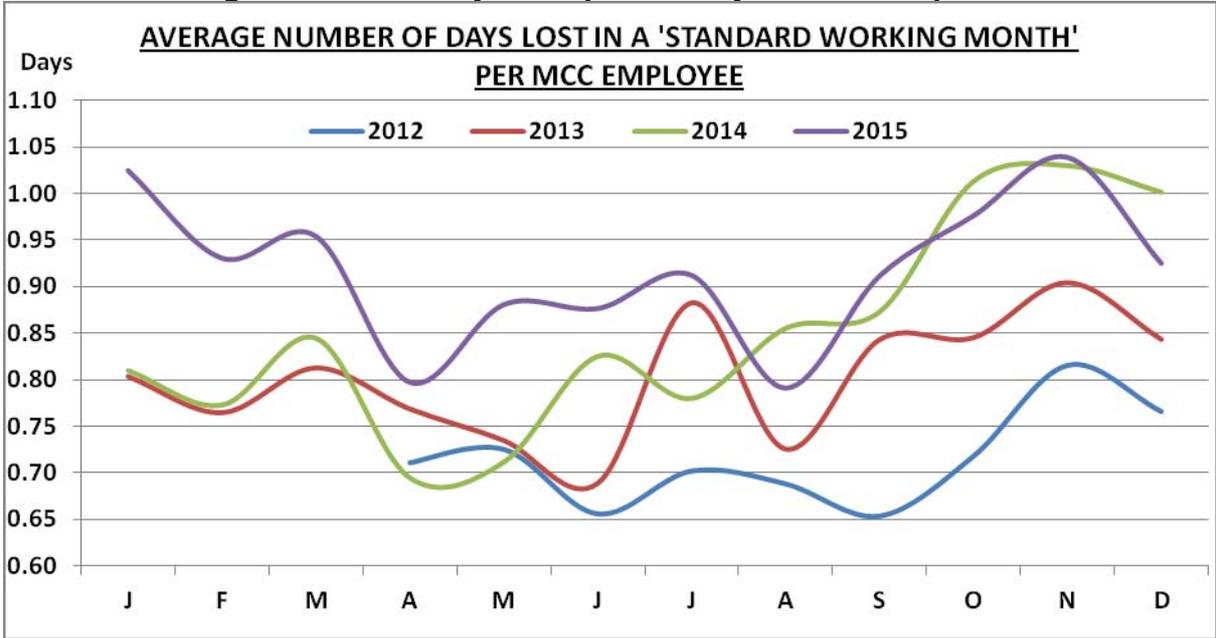
4.4.5 During quarter 3 15/16 a total of 70.94% of the Directorate’s staff had no recorded sickness. This rate sits between the other two Directorates which, when seen alongside the overall significantly higher levels of absence in Children’s and Families, emphasises the more pronounced impact of longer term absence here.

4.4.6 At the last meeting of this sub-group Members asked for information on sickness levels, by Service within the Children’s and Families Directorate and this is appended below as Appendix A. The highest rates of absence in the most recent reporting month (December) fall across a range of Services. The integrated Business Support function lost an average of 1.78 days per FTE in the month, whilst Community Provision lost 1.58 days on average and the Homelessness Service 1.41 days.

4.5 Corporate Core

4.4.1 The Corporate Core lost 26,010 days due to absence in the 12 months Jan 15 - Dec 15. This equates to an average of 11.02 days per FTE over the 12 months. Absence levels started to increase in August 2014 and continued to increase until January 2015 when absence levels were at 1.02 days per FTE. This is an increase of almost 0.20 days when compared to 2014 and 2013. Absence levels remained at their highest monthly levels until August 2015 when they reduced. The seasonal increase saw absence levels increasing in the last quarter however these were not above the 2014 peak and December saw a decrease down to 0.93 days per FTE.

Chart 4: Average number of days lost per FTE by month: Corporate Core



4.4.2 Based on the organisation’s current average on-costed salary sickness absence cost the Directorate circa. £2m in 2015 in lost productivity. The average monthly spend on agency resources to cover sickness, over the past year of circa £3k represents an additional cost of absence to the Directorate each month.

4.4.3 In quarter 3 of 2015/16 61.04% of absence was due to incidences of long term absence. This is a very small decrease on the result from Q3 2014/15 (61.40%). In the Core, short term absence has reduced as a contributor to absence by 3% over the past year, whilst medium term absence has seen a 4% increase.

Table 7: Absence by term

	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
21 days and above	61.40%	62.67%	69.78%	70.82%	61.04%
6-20 days	15.30%	15.56%	13.60%	13.11%	19.12%
1-5 days	23.30%	21.77%	16.62%	16.07%	19.84%

4.4.7 Consistent with the other Directorates, stress is the predominant reason for long term absence. However, at only 9% in the past quarter, it is the lowest contributory factor in the Core of the Council's three Directorates.

Table 8: Top 3 reasons for Long Term absences

Reason	Q3 2015/16	Reason	Q3 2014/15
Stress	9%	Stress	13%
Depression/Reactive	7%	Anxiety	9%
Cancer	5%	Depression/Reactive	8%

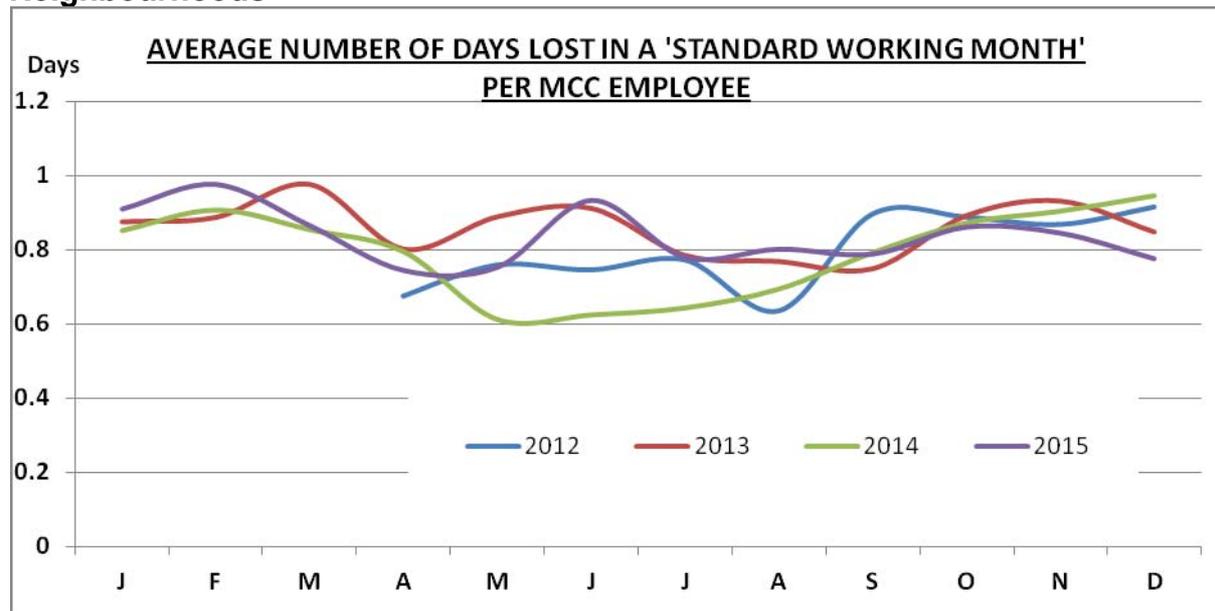
4.4.8 During quarter 3 15/16 a total of 69.64% of the Directorate's staff had no recorded sickness.

4.4.9 The Corporate Core is a diverse Directorate, with roles spanning all of the Council's job families. Absence levels vary significantly across Services. The highest rates of absence in the most recent reporting month (December), consistent with the general pattern in the Directorate are within the more front line and transitional functions. The Facilities Management function lost an average of 1.68 days per FTE in the month, whilst Catering lost 1.27 days on average and the Revenues and Benefits Service 1.18 days.

4.5 Growth & Neighbourhoods

4.5.1 In Growth & Neighbourhoods a total of 12,247 working days were lost due to absence in 2015. This equates to an average of 10.02 days per FTE over the 12 months from January 2015 to December 2015. Absence levels did see a rise at the start of 2015, however these started to reduce in March and have stayed in line with previous years until November when absence levels were lower than in previous years. The Directorate has consistently reported the lowest rates of absence across the Council.

Chart 5: Average number of days lost per FTE by month: Growth & Neighbourhoods



4.5.2 Based on the organisation’s current average on-costed salary sickness absence cost the Directorate circa. £1M in 2015 in lost productivity. The total spend on agency resources to cover sickness, over the past year of £2k represents a small additional cost of absence to the Directorate in comparison to other parts of the Council. There were no agency costs to cover sickness from February through to August 2015.

4.5.3 In quarter 3 of 2015/16 58% of absence was due to incidences of long term absence. This is reduction on Q3 2014/15 (61.97%) and is the lowest it has been in recent years. The percentage of lost due to medium term absences and short term absences has seen an increase.

Table 9: Absence by term

	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
21 days and above	61.97%	60.86%	67.17%	73.90%	58.27%
6-20 days	14.43%	17.85%	16.21%	11.09%	20.59%
1-5 days	21.29%	21.29%	16.62%	15.02%	21.14%

4.5.4 Consistent with the other Directorates, stress is the predominant reason for long term absence. However, the past year has seen a reduction in this from a contribution of 24% to 14%

Table 10: Top 3 reasons for Long Term absences

Reason	Q3 2015/16	Reason	Q3 2014/15
Stress	14%	Stress	24%
Depression/Reactive	11%	Operation	8%
Anxiety	9%	Depression/Reactive	5%

- 4.5.5 During quarter 3 15/16 a total of 74.98% of the Directorate's staff had no recorded sickness.
- 4.5.6 Absence levels across all Services in the Directorate are generally lower than the Council average with the exception of Capital Programmes and Property, which is a notable outlier. The Service lost an average of 1.15 days per FTE in December 2015, 0.28 days more than the next worst Service.

5. DIRECTORATE MEASURES TO IMPROVE ATTENDANCE LEVELS

- 5.1 A range of activities are underway across the Council's three Directorates to respond to attendance issues in general and the most significant areas of concern in particular. More detail on this activity is set out below.

5.2 Children & Families

- 5.2.1 In response to the high levels of absence within the Children and Families Directorate, an enhanced approach to absence management has been implemented to ensure that there is robust management oversight and activity to reduce absence levels.
- 5.2.2 The approach is underpinned by a set of principles:
- Managers are responsible for managing absence, supported by HROD and Legal
 - A need to take a less risk-averse approach; being more proactive in managing cases; shortening timescales for dealing with each case; more early intervention.
 - The Directorate's senior team, will understand where poor attendance is attributable to poor management and will address this
 - The Directorate's approach will ensure long term existing absence is dealt with, but at the same time reduce the rate at which new absence emerges through a focus on prevention
 - A recognition of the impact of absence on the morale of the majority of the workforce with good levels of attendance
 - An approach of zero tolerance to non-compliance – e.g. – non reporting, failure to undertake and record Return to Work Interviews, carry out Attendance Management Reviews and other management activity in line with the management of attendance policy. On going monitoring of this through performance boards and management teams.
- 5.2.3 A suite of reporting tools over and above the monthly HR dashboard and bi-annual in-depth absence report have been developed to support a more robust focus on absence. There is now greater visibility, accountability and oversight of the management of absence has been strengthened;
- 5.2.4 Absence management is a standing item on the agenda of the three DMTs (Children, Adults & Education) and the Children & Families Leadership Team. In addition, Strategic Directors brief Executive Members on absence on a monthly basis. Whilst these arrangements are starting to be effective in terms of ensuring the senior teams are sighted on performance and issues and enabling the right questions and challenges to be put to managers and

support services within the Core, they do not scrutinise the management of cases or facilitate learning across Heads of Service.

- 5.2.5 A review has been carried out by the Strategic Business Partner to understand what governance is in place to allow for this more detailed review outside of the DMTs for services with high levels of absence. Whilst different areas of the Directorate do this in different ways, overall, there are arrangements in place: Absence management is a regular item on the Adults Performance Board agenda and Heads of Service are held to account by the DASS, with opportunities for learning across Heads of Service facilitated. The Heads of Service with high levels of absence across the Directorate hold absence meetings/clinics with their managers in order to understand the issues, agree actions and monitor progress. Within Children's Social Care, meetings take place between individual managers and HROD to review absence trends and cases and managers are held to account through 1-1s with the Strategic Head of Social Care.
- 5.2.6 Access to robust and timely support and advice for managers is essential. In recognition of the particular issues in the Directorate at this point in time, an enhanced level of corporate support has been agreed to build capacity and capability within the directorate for a time limited period.
- 5.2.7 This enhanced approach has already led to a variety of targeted work, with a range of activities now taking place across services to reduce spend on absence and agency cover, support people back into the workplace and prevent future absence. Some examples of specific activities are provided below.

5.2.8 Within Children's Services

- The Head of Social Care has tasked senior managers with holding management reviews within their area which are currently undertaken on a monthly basis to actively reduce absence with these sessions supported by HROD. Overall themes and trends will then be brought back to the Head of Service for discussion. A particular area of focus is short term absence, given the limited number of requests for HR support across the directorate in relation to this category of absence. These meetings are now taking place and ensure a greater level of management oversight. Cases are now progressing in a more timely manner and feedback from Heads of Service about the support being received from HROD is extremely positive.
- Within Residential Services, where there are high levels of absence, an analysis of reasons has been undertaken to enable the development of more intelligence led strategies with the support of HROD, with monthly meetings in place to oversee this work. This has led to the return to work of 4 long term absentees during December and January. High absence levels within Residential Services are symptomatic of broader issues. A review of Residential Services has taken place and an options paper for the future of the service has been put forward for consideration.
- Early Help have shown an improving picture over quarter 2. The 3 Early Help Hub Locality Managers send monthly returns to the Strategic Lead for Early Help of all cases with sickness levels of concern, using the template

previously circulated at the Strategic Absence Clinics. The Strategic Lead has oversight of whether cases are being managed effectively. The Locality Managers also have regular meetings with HROD to discuss individual cases of concern and any issues arising.

5.2.10 Within Adults

- The programme of absence clinics is well established within Business Delivery, with targeted actions developed for every individual currently absent due to long term sickness. This sustained focus has resulted in the reduction of 30 long term sickness cases since September 2015, as resolutions have been implemented for each which include a combination of return to works, dismissal, alternative roles. Managers are working closely with HR to expedite the progression of cases.
- A separate action plan for the high numbers of staff on restricted duties is also has been being developed by the Business Delivery service in conjunction with HR. Temporary placements are being arranged across in-house services to support a return to the workplace either in their substantive role or in preparation for permanent alternative duties at the earliest opportunity and also to help develop new skills in cases where restrictions are permanent. All cases of employees on restricted duties are monitored at the absence clinics with a view to a full return to duties where possible, or permanent alternative employment achieved within a three month period.
- Across Adult Social Care the importance of managing absence is being conveyed through Locality Management teams via the Interim Strategic Lead for Localities at regular meetings. In respect of the Learning Disability services and City Wide services, further work is being carried out to ensure that there is a consistent approach to the delivery of effective sickness management in this area. Sickness management is a standing agenda item at each Adult Social Care extended leadership team meeting.

5.2.11 With the support of HROD and Legal Services a total of 15 individuals across the Directorate for Children and Families have been supported to exit the organisation due to attendance issues in 2015/2016 to date.

5.2.12 Children's Social Work Retention Payments

In June 2015 a time limited retention payment scheme was introduced to encourage Children's Social Workers to stay with Manchester until June 2016. This was one in a number of activities in response to high turnover rates within this area with, at the time of introducing the scheme, an average of 5 leavers per month. The scheme attracted much interest with a total of 217 individuals currently in receipt of the payment. Since the introduction of the retention scheme, long term absence has improved within Children's Social Care, but short term absence has increased.

5.3 Corporate Core

5.3.1 Absence continues to be a priority for the Directorate and is a regular discussion item at Directorate Management Teams. The Directorate Management Teams review the quarterly dashboard and consider trends and

areas of focus. In addition to the dashboard the teams receive a bi annual detailed presentation on absence and attendance monitoring data is included within monthly budget monitoring. Return to Work information is circulated to Heads of Service on a monthly basis highlighting areas of non compliance. These tools enable greater visibility of issues and focused discussions in relation to health and wellbeing strategies and attendance management.

5.3.2 In addition to the above there are monthly meetings between the Strategic Business Partner and colleagues across Service Delivery and Resourcing within HR to discuss cases and strategies. This enables escalation as appropriate. As a result a piece of work was undertaken by the HR Directorate Lead with Heads of Service to review short term absence across a number of service areas across the directorate with the aim of identifying any patterns. No particular themes or patterns were identified; however this will be kept under review.

5.3.3 The Core has adopted the Health Champion model within the Customer Service Organisation (CSO). 12 people within the CSO have volunteered to become Health Champions and have attended the training; this approach has had a positive impact and received good feedback via the recent Health & Wellbeing survey. The Directorate is considering other service areas that would benefit from the introduction of this approach. In addition to the development of the Health Champion model the Core is actively supporting the following initiatives:

- Positive promotion of the health and wellbeing initiatives such as the running clubs and exercise classes
- Early referral to Occupational Health to ensure the relevant support is provided, such as access to Counselling
- Mentoring and Coaching support for line managers and independent experienced Officers to improve the management of attendance cases.
- Encouragement of early intervention and open discussions between manager and employee to proactively tackle issues early to stop them becoming long term problems.

5.3.4 Business Units, Catering

It should be noted that c50% of employees in Business Units have 100% attendance. However, Catering Services within Business Units was identified as a service area with high levels of absence. A dedicated Business Support Officer is in post undertaking a co-ordination role in relation to the management and recording of sickness absence. It is however too early to assess the impact of this intervention.

Work has also been undertaken by HR in partnership with the management team to ensure managers have the tools and confidence to deal effectively with issues. This approach has included regular meetings between the management team and HR to discuss and share best practice and workshops have been scheduled to act as refresher training on the management of attendance. In addition, a joint workshop to discuss policy, best practice, share experience and reiterate roles and expectations has been scheduled. This will be led by the Head of Service with support from HR. All operational managers will be required to attend and will be responsible for cascading the message

down to all relevant Unit Managers within the service to ensure they are fully aware of the importance of the policy.

Across Business Units the need for timely completion of Return to Works has been impressed on all the service leads. The aim is to ensure accurate recording of absence by the operational management team.

5.3.5 Revenues & Benefits/Shared Service Centre & Customer Services

Within Revenues, Benefits, Shared Services and Customer Services, the management team have undertaken an audit of attendance issues across the unit – part of the review has included middle and first line managers undertaking detailed case reviews with the Head of Service, in partnership with HR, to consider the approach and strategy for each case. This approach has resulted in the conclusion of 24 long term cases since August 2015.

Following the session within the Customer Services Organisation, management support and challenge sessions will take place in mid February across Revenues & Benefits and the Shared Service Centre. This focus will continue and learning shared across the unit and beyond. The unit management team owners meet on a quarterly basis to review.

The targeted focus on improving the attendance across Catering and the Customer Service Organisation has also been undertaken through close partnership working between HR and managers via a coaching approach and providing support with challenge.

5.4 Growth & Neighbourhoods

5.4.1 Managing attendance remains a key priority for the Directorate. Over the past 6 months, work has focussed on ensuring Return to Works Interviews are completed and that cases of sickness are being actively managed in line with Council policy. Regular updates are provided to senior managers on those cases where a return to work has not been completed to enable them to take action within their teams.

5.4.2 A key area of attention within the Directorate, in relation to absence, is Capital Programmes and Property. Whilst improvements in the levels of absence have been seen over the past 6 months, it still remains the area with the highest levels of absence within the Directorate. All cases within this area are being actively managed. The service re-design that took place last year, has now begun to bed in and staff within the service are beginning to feel more settled. A number of staff engagement events have taken place and initiatives such as 'tool box talks' have been established to encourage staff to learn from each other and support their development. This is an example which has helped improve motivation and morale within the team.

5.4.3 Throughout the re-design of the Neighbourhoods Service, live cases of absence have been actively managed by the original manager to ensure continuity through a period of change.

5.4.4 It is recognised that the most prevalent cause of absence across the Directorate, as it is across the organisation, is stress. Understanding the trigger factors for this is important; whether it is from the work place or other

external factors. Over the coming months, the Directorate will do further work to promote the Health and Wellbeing activities that are available to employees.

6. THE CORPORATE APPROACH TO IMPROVING ATTENDANCE LEVELS

- 6.1 Key to improving attendance is the creation of a culture where people want to attend work and are able to discuss issues with their manager in a positive way. Managers play an integral role in improving an organisation's attendance levels by dealing with poor behaviour, reinforcing positive behaviours and taking a consistent, but not necessarily uniform approach to managing absence.
- 6.2 A recent Audit report (January 2016) on management of attendance identified three areas to improve upon. These were:
- 6.2.1 Managers managing long term absence cases who were interviewed expressed a need for additional, more detailed guidance in some areas including absence related to an industrial injury; absence falling under the Equality Act; requirements over transfer of records in the event of a change of manager; and expectations of Managers in terms of inputting absence data through *mi people*.
 - 6.2.2 Exploration of how working patterns are set up and recorded on SAP, as there were a number of inaccuracies concerning employees who do not work a standard pattern.
 - 6.2.3 Management information needs should be reconsidered along with the resources required to produce it, to streamline and focus the reporting process.

All the above recommendations are being addressed.

- 6.2 The 2015 Annual CIPD Survey found that organisations with targets to reduce absence/absence KPIs were more pro-active in management of absence. The survey points to return-to-work interviews and trigger mechanisms to review attendance as being the most commonly ranked among organisations' most effective methods of managing short-term absence. These are also the most common methods used. Return-to-work interviews also remain the most common method for managing long-term absence, followed by occupational health involvement, giving sickness absence information to line managers, risk assessments to aid return to work, trigger mechanisms to review attendance and flexible working.
- 6.3 The corporate approach/actions to support the management of attendance organisationally comprise the following:

6.4 Health and Wellbeing

- 6.4.1 In 2012 the organisation agreed an Employee Health and Wellbeing Strategy, a key aim of which was to reduce sickness absence through the improvement of overall employee health and wellbeing. There has been significant work underpinning this Strategy over the past few years including:
- The development of a suite of tools and guidance on the intranet for staff supported by weekly email broadcasts.

- The creation of a range of classes and sessions to promote physical activity with the Council currently offering low cost in-house Pilates, Zumba, Yoga, Cardio/Toning, Aerobics and Running Clubs.
- The Council is also piloting free yoga classes for social workers and training staff to conduct lunchtime walk groups
- The recruitment of an initial tranche of 15 health champions to promote health and wellbeing in their Service areas.

6.4.2 Earlier this year 16% of the workforce participated in a cross organisational employee health and wellbeing survey. The results of this are clearly aligned with data on sickness in indicating the need to further strengthen the support available around stress and mental health more broadly and work is well underway in response to these findings. Employees also expressed a desire for a greater variety of physical exercise classes.

6.4.3 In response to the survey, a future programme of activity aimed at supporting employees to “Keep Well at Work” is in development and will be introduced in the new financial year. The initial focus of this programme will be on raising awareness around stress, mental health and resilience with both staff and managers. The aim of these initiatives is to encourage employees to take responsibility for keeping well at work, by providing the motivation and support to enable them to do so and enable managers to identify potential health issues at an early stage.

6.5 Recognition/Reward and Retention Schemes

6.5.1 Rewarding 100% attendance and schemes to promote work life balance are part of the positive steps taken to address attendance, as follows:

- The launch of an Annual Leave Purchase Scheme which enables staff to buy up to five extra days of annual leave per year supporting work-life balance. Up to December 2015, 325 staff had applied to purchase a total of 801 days. A total of 147 staff have also already purchased a total of 672 days to be taken in 2016/17.
- A quarterly cash prize draw of £250 and two six monthly prize draws of £500 to reward 100% attendance. To date there have been 3 quarterly winners and one six monthly winner, from Planning, Revenues and Benefits, Children’s Social Work and Business Support.
- Children’s Social Work Retention Payments - in June 2015 a time limited retention payment scheme was introduced to encourage Children’s Social Workers to stay with Manchester until June 2016. A full appraisal of this initiative is currently being undertaken

6.6 Creating a Framework of Policy and Guidance to Govern the Formal Management of Attendance

6.6.1 The Council’s Management of Attendance Policy was implemented in February 2010. Along with this report, a revised Management of Attendance Policy is presented to this Sub-group for consideration and comment. The policy provides a broad framework for the management of attendance including a system of return to works, absence triggers, attendance management review meetings and graduated warnings, along with clear, up-to-date guidance on managing short and long-term absence, disability and the need to make reasonable adjustments along with information on related

policies such as ill health retirement, issues related to alcohol and drugs and domestic abuse

6.7 Management of the Occupational Health Function

6.7.1 The HROD Service manages the Council's commissioned occupational health provider. This includes both formal contract monitoring activity and the management of individual and specific issues that arise. The Service provides support to managers to interpret and act upon the advice provided by Occupational Health with consideration given to the requirements set out within the Equality Act.

6.7.2 From 26/11/14 to 25/11/15 there were 1,245 management referrals from Council managers to the Occupational Health provider for medical advice. For 47% the management reason for the referral was prolonged sickness absence. 35% of referrals were for employees with the medical condition - musculoskeletal disorders and 37.5% of referrals were for mental health related conditions.

6.7 Dealing with Mental Health

6.7.1 Currently the Council offers 6 free sessions of counselling for employees provided by our Occupational Health provider. This service is well utilised by staff. The first session is a triage session where it is determined if counselling will provide a benefit and if so what kind of counselling is best suited to the individual's needs.

6.7.2 A 2 day Mental Health Awareness training for managers, run by Pathways, has been piloted. A full evaluation has been conducted including follow up interviews with managers 3 months after the training. The immediate feedback was that managers valued the opportunity to discuss how to support staff but that they also wanted clearer guidance about their role and the organisation's approach to Mental Health in the workplace. This feedback will inform the content of the proposed 'Keeping Well at Work' programme.

6.7.3 A range of intranet support pages for employees on Mental health this includes signposting to self help and guidance for managers. Individual stress assessment tool developed by Health and Safety is also available and is widely used by managers. Further support for managers and employees in this area is being explored as detailed in section 6.4.3.

6.8 Providing Advice and Support to Managers

6.8.1 The HROD Service provides advice to assist managers to manage employee absence cases effectively. This advice and assistance can range from policy interpretation to active support developing strategies to manage individual instances or cases of absence. In doing so, HROD Officers are clear on the central role that managers must play. The proactive and effective management of attendance by line managers is the most fundamental driver to the timely, successful and least risky resolution of cases.

6.8.2 The HR Service escalate cases to senior management where there are escalating or emerging risks associated with the overall management of a particular case. In some service areas with high levels of absence HR are working with heads of service to track key absence cases and are actively reviewing progress. In particular monthly meetings are taking place with Adults

Services to address key cases and regular monthly meetings are taking place with Head of Service in Children Social Care to ensure senior management oversight of key cases and to address instances of non compliance.

- 6.8.3 More rigorous case management resulted in 9 staff accessing ill health retirement and 11 employees whose employment has been terminated on grounds of medical capability during 2015.

6.9 Training for Managers

- 6.9.1 Externally commissioned training entitled 'Managing Attendance in the Workplace' is being rolled out across the authority. This half day programme is designed to provide managers with the skills and confidence required to deal effectively with employee absence, while maintaining a positive and productive working environment. The training includes recognising the signs that may indicate intended absence, carrying out return to work interviews, skills to hold sensitive conversations and disability discrimination and reasonable adjustment. The course is aimed at any manager who manages staff.

6.10 Future Activities

- 6.10.1 A range of activities are planned for the future to further enhance the Council's preventative work. These include:

- Expansion of the Health Champions network.
- Reward and wellbeing market place event in February to promote existing reward and recognition and health and wellbeing opportunities available to staff.
- Exploration of potential to introduce an Employee Assistance Programme which would provide a 24 hour source of initial support to staff for a range of personal and emotional issues
- The development of a broader range of targeted interventions and opportunities around mental health
- Training on mental health awareness and stress/resilience for managers and staff.
- Exploring the opportunity to reinforce available guidance for managers on conducting return to works and other attendance meetings through role plays, short video clips and e-learning packages which can be viewed on l pads and other portable devices.
- An employee gym discount offer at Council owned facilities.

7. ADDITIONAL INFORMATION REQUESTED BY THE SUB GROUP

- 7.1 At its last meeting, the sub group requested a number of specific pieces of information and analysis which are set out within this section.

7.2 Return to Work Compliance

- 7.2.1 The Management of Attendance policy states that a Return to Work interview should be conducted within two working days of an individual's return from a period of absence. At the last meeting this group highlighted the importance of compliance with this policy and monthly information is now distributed to

Heads of Service to identify where there are incomplete RTW interviews which has resulted in increased compliance. However, there remain circa 14% of RTW interviews outstanding from incidences of absences ending between the launch of the *mi people* Self Service system in August 2015 and those ending in November 2015. These cases are being escalated within Directorates.

- 7.2.2 The completion rate varies across Directorates with the highest percentage of incomplete RTW interviews coming from Children & Families Directorate. A breakdown by Directorate and by service within the Children & Families Directorate is attached as Appendix B as requested by Members. It should be noted that there have been a number of challenges around the accurate reporting of this metric and, whilst significant work has been undertaken to assure this information, there remain a number of activities ongoing to ensure details are correctly showing in the Council's SAP system and the information below and in Appendix B should be treated as indicative of overall performance levels

Table 11: Return to Works Outstanding

Directorate	% of outstanding RTW's
Corporate Core	10%
Directorate for Children & Families	19%
Directorate for Growth & Neighbourhoods	11%
Total	14%

7.3 Disability Information

- 7.3.1 A report to the Council's Personnel Committee in December 2015 set out a range of information on workforce equality, including disability. The report also noted that, with the launch of *mi people* Self Service, staff now have the ability to update their own disability status directly through the mi self portal which has increased the number and percentage of staff identifying as disabled. The table below sets out the number and percentage of staff who identify as disabled by Directorate. It should be noted that the Council follows the social model of disability with staff asked if they identify themselves as a disabled person.

Table 12: Staff Identifying as Disabled

Directorate	Staff Identifying as Disabled	
	Number	%
Corporate Core	107	4.33%
Directorate for Children & Families	129	4.54%
Directorate for Growth & Neighbourhoods	55	4.97%
Total	291	4.54%

7.4 Patterns of Absence: Mondays and Fridays

- 7.4.1 There were 13,933 days lost as part of short term incidences of absence in 2015, 2,710 of these days were absences of 1 day or less.

7.4.2 The absence reasons of staff absent for only 1 day show a higher percentage of staff absent due to a headache/migraine. This is 10% when looking at incidences of absence of only 1 day compared to only 4% of all incidences of short term absence.

7.4.3 Employees, who took an incidence of short term absence of only 1 day, were more likely to have Mondays off than any other day of the week. The Corporate Core and Children & Families also saw increases in the number of days lost on Fridays.

Table 13: Short Term Absence by Day

Directorate	Day of absence	Percentage of days lost in the directorate by day
Growth & Neighbourhoods	Monday	26%
	Tuesday	21%
	Wednesday	20%
	Thursday	17%
	Friday	17%
Corporate Core	Monday	29%
	Tuesday	19%
	Wednesday	17%
	Thursday	15%
	Friday	20%
Children & Families	Monday	27%
	Tuesday	19%
	Wednesday	16%
	Thursday	15%
	Friday	22%
Manchester City Council	Monday	28%
	Tuesday	19%
	Wednesday	17%
	Thursday	15%
	Friday	20%

7.4.4 Looking at the cohort of staff absent for 1 day only and some of the reasons associated, it is possible to identify some patterns based on the day of the week the absence occurs. For example, 41% of all single days lost due to food poisoning occurred on a Monday, 35% of days lost due to Nausea occurred on a Monday, 35% of days lost due to Diarrhoea occurred on a Monday and 35% of days lost due to abdominal pain occurred on a Monday.

7.5 Special Leave

7.5.1 Special Leave is paid or unpaid leave, granted to employees for urgent personal or domestic reasons, including time off for appointments, leave for dependents, disability related special leave, bereavement and time off for

service with the Territorial Army. Employees are not automatically entitled to Special Leave, rather it is granted at the discretion of individual authorised managers, who will be guided by the Special Leave Provisions document and advice pages which are available on the relevant intranet pages. The table below breaks down special leave days and the employees taking special leave over the past 12 months by gender and Directorate. Detail by Service is provided at Appendix C.

Table 14: Special Leave

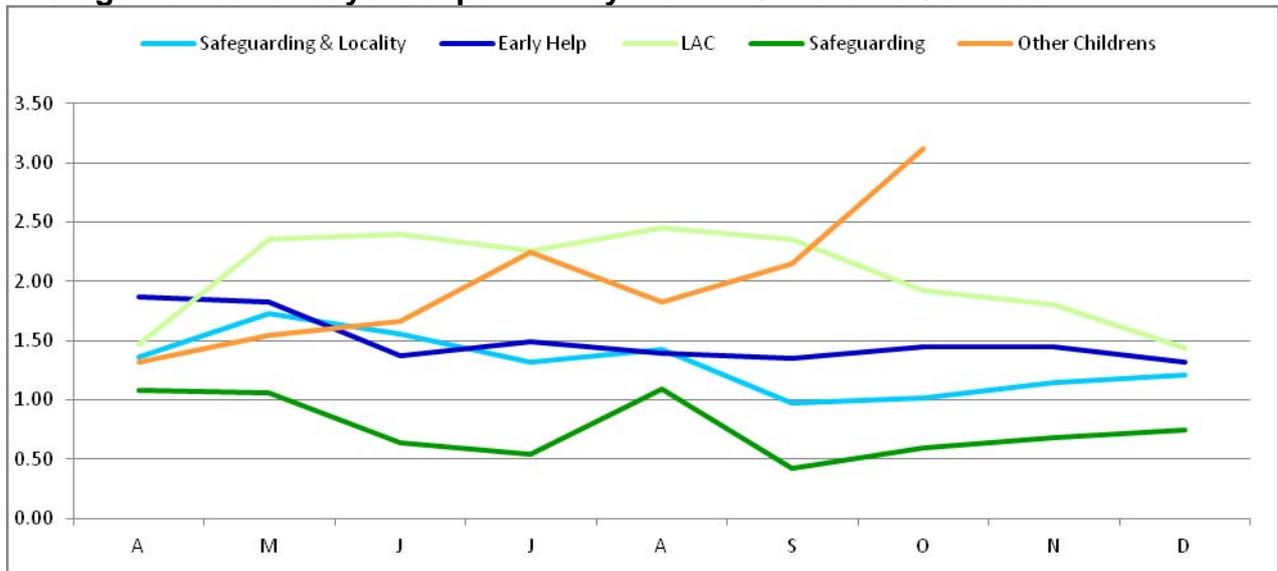
Gender	Paid		Unpaid		Total	
	Days taken	People	Days taken	People	Days taken	People
Female	502	221	1158	334	1660	555
Male	392	108	125	37	518	145
Total	894	329	1283	371	2178	700

8. CONCLUSION

- 8.1 This report provides an overview of current attendance levels across the Council and its three Directorates and sets out how the Directorates are working to drive improvements in this area in partnership with HROD. This focus will need to continue and grow over the coming months in order to deliver demonstrable improvements. This challenge is made all the more significant by the broader national context of increasing levels of absence in the public sector. At the heart of the effective management of attendance is the role of the line manager and a core focus for HROD and the Directorate Leadership Teams over the coming months will be to provide the strategic leadership and support capacity to enable line managers to deliver in this area and to bolster their capacity, motivation and skills to do so.

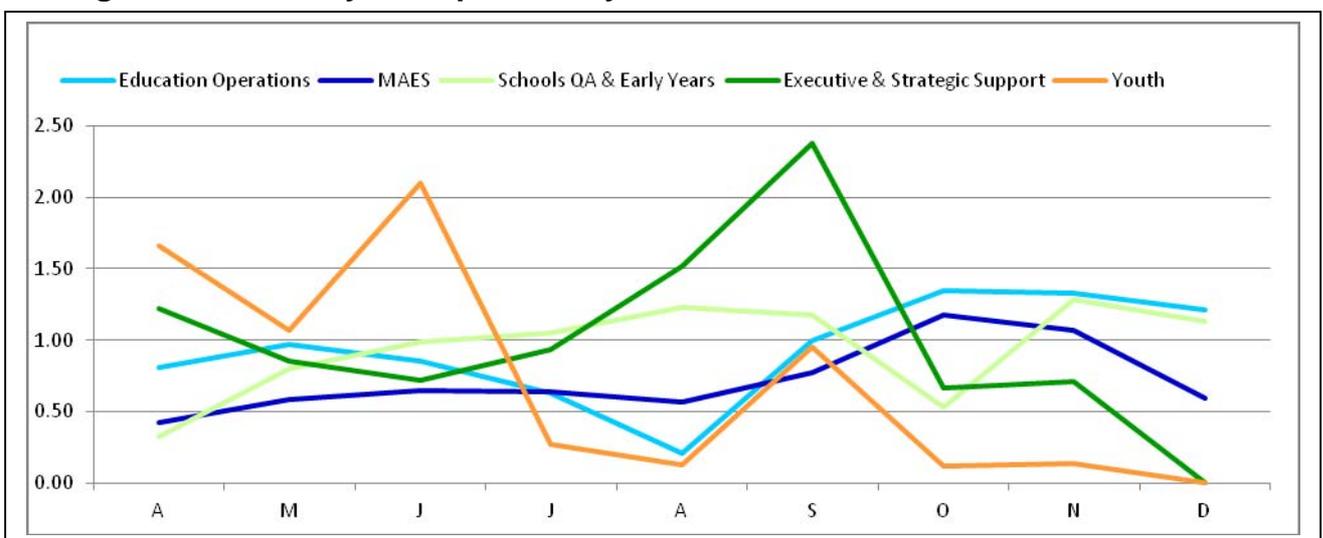
APPENDIX A: SERVICE LEVEL SICKNESS IN CHILDREN'S AND FAMILIES

Average number of days lost per FTE by month: Children's Services



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Safeguarding & Locality	1.36	1.72	1.55	1.32	1.43	0.98	1.02	1.14	1.21
Early Help	1.87	1.82	1.37	1.49	1.40	1.35	1.45	1.44	1.31
LAC	1.47	2.35	2.40	2.26	2.45	2.35	1.92	1.80	1.43
Safeguarding	1.08	1.06	0.64	0.54	1.09	0.42	0.59	0.68	0.74
Other Children's	1.31	1.54	1.67	2.24	1.82	2.15	3.12		
Children's Services Total	1.64	1.80	1.60	1.56	1.65	1.43	1.41	1.39	1.25

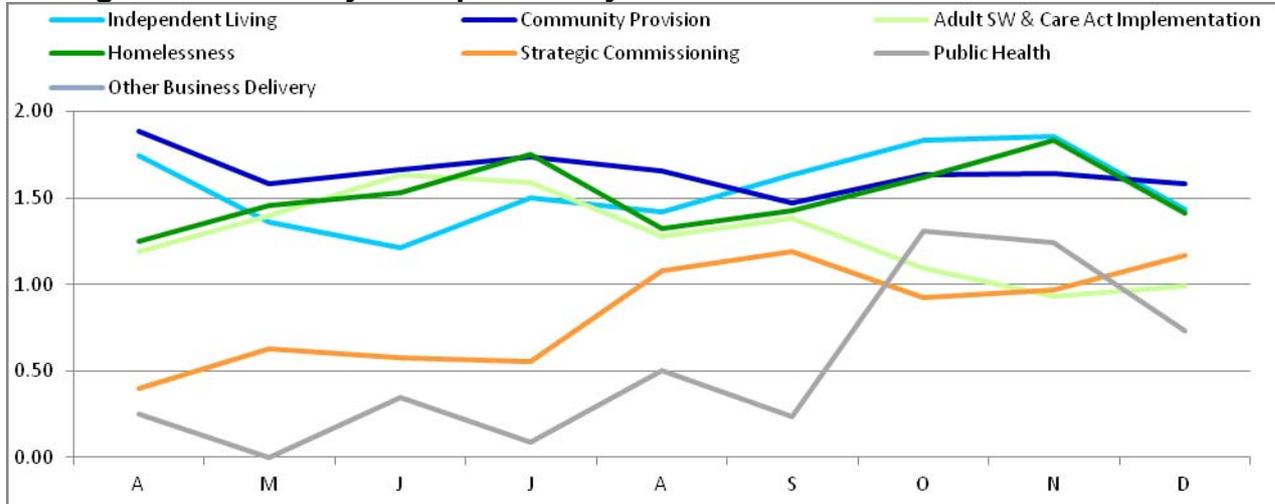
Average number of days lost per FTE by month: Education & Skills



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Education Operations	0.81	0.97	0.85	0.63	0.21	1.00	1.35	1.33	1.21
MAES	0.42	0.59	0.65	0.64	0.56	0.78	1.18	1.07	0.59
Schools QA & Early Years	0.32	0.80	0.98	1.05	1.23	1.18	0.53	1.29	1.13

Executive & Strategic Support	1.22	0.85	0.71	0.93	1.52	2.38	0.66	0.71	0.00
Youth	1.66	1.07	2.10	0.27	0.12	0.95	0.12	0.13	0.00
Education & Skills Total	0.76	0.80	0.86	0.69	0.53	0.92	1.09	1.17	0.93

Average number of days lost per FTE by month: Adults Services



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Independent Living	1.74	1.36	1.21	1.50	1.42	1.64	1.83	1.86	1.44
Community Provision	1.89	1.58	1.66	1.74	1.66	1.47	1.63	1.64	1.58
Adult SW & Care Act Implementation	1.19	1.40	1.63	1.59	1.28	1.38	1.10	0.93	0.99
Homelessness	1.25	1.45	1.53	1.75	1.32	1.43	1.62	1.83	1.41
Strategic Commissioning	0.40	0.63	0.58	0.55	1.08	1.19	0.92	0.97	1.17
Public Health	0.25	0.00	0.35	0.09	0.50	0.24	1.31	1.24	0.73
Families Health & Wellbeing Total	1.43	1.29	1.33	1.42	1.41	1.48	1.54	1.55	1.34

APPENDIX B: RETURN TO WORKS INCOMPLETE BY SERVICE IN CHILDREN'S AND FAMILIES

There are currently 279 return to work interviews outstanding from incidences of absences ending between August and November 2015 in the Children & Families Directorate, equating to 19% of those which should have been completed. The table below includes the percentage of outstanding return to works based on absence ending before December. – Areas with under 25FTE have been excluded to provide a more reliable picture. As noted above, work is ongoing to assure the accuracy of this information and the below should be seen as indicative of comparative performance levels.

Directorate	Group	Service	Total FTE	Outstanding RTW	% outstanding RTW's
Children & Families	Adult Services	Adult SW & Care Act Implementation	243	19	20%
		Community Provision	399	44	20%
		Homelessness	166	13	15%
		Independent Living	419	48	15%
		Public Health	37	2	15%
		Strategic Commissioning	67	6	24%
	Children's services	Early Help	196	24	24%
		LAC	177	7	11%
		Other Children's	71	6	20%
		Safeguarding	66	2	13%
		Safeguarding & Locality	212	23	44%
	Education & Skills	Education Operations	222	54	21%
		MAES	170	15	17%
		Schools QA & Early Years	106	12	19%
	Children & Families Total			2603	279

APPENDIX C: SPECIAL LEAVE BY SERVICE

	Service	Paid		Unpaid		Total	
		Days taken	People	Days taken	People	Days taken	People
Children & Families	Adult SW & Care Act Implementation	24	7	9	3	33	10
	Community Provision	29	9	34	3	63	12
	Early Help	30	9	1	1	31	10
	Education Operations	61	43	76	46	137	89
	Homelessness	37	15	2	1	39	16
	Independent Living Provision	30	11	23	7	53	18
	LAC	2	2	1	1	3	3
	MAES	19	6	7	2	26	8
	Other Children's	6	2	4	2	10	4
	Public Health	3	2	0	0	3	2
	Safeguarding	4	2	10	1	14	3
	Safeguarding & Locality	1	1	19	2	20	3
	Schools QA & Early Years	7	2	0	0	7	2
	Strategic Commissioning	21	4	0	0	21	4
Children & Families Total		273	115	186	69	458	184
Corporate Core	Audit & Risk Management	1	1	42	2	43	3
	Business Delivery	5	1	0	0	5	1
	Catering	42	19	857	263	899	282
	City Solicitors	59	20	41	4	100	24
	Communications	17	10	0	0	17	10
	Corporate Procurement	2	2	0	0	2	2
	Customer Services	33	13	6	4	39	17
	Executive Office	6	3	0	0	6	3
	Facilities Management	12	4	4	3	16	7
	Financial Management	34	15	3	1	37	16
	HROD	5	3	2	1	6	4
	ICT	28	12	3	1	31	13
	Manchester Contracts	7	2	0	0	7	2
	Other Business Units	13	5	1	1	14	6
	PRI	28	7	1	1	29	8
	Reform & Innovation	1	1	3	1	4	2
Revenues & Benefits	89	40	16	3	105	43	
Shared Service Centre	5	2	0	0	5	2	
Corporate Core total		384	160	979	285	1363	445
Growth & Neighbo	Capital Programmes & Property	20	8	1	1	21	9
	CC Growth & Regeneration	3	1	0	0	3	1

Neighbourhoods	Community & Cultural Services	29	17	57	2	86	19
	Manchester City Galleries	1	1	0	0	1	1
	Planning Licensing & Building Control	141	9	7	3	148	12
	Policy Partnerships & Research	1	1	0	0	1	1
	Strategic Development	13	4	12	3	25	7
	The Neighbourhoods Service	30	13	42	8	72	21
Growth & Neighbourhoods total		238	54	119	17	357	71
Grand Total		894	329	1283	371	2178	700