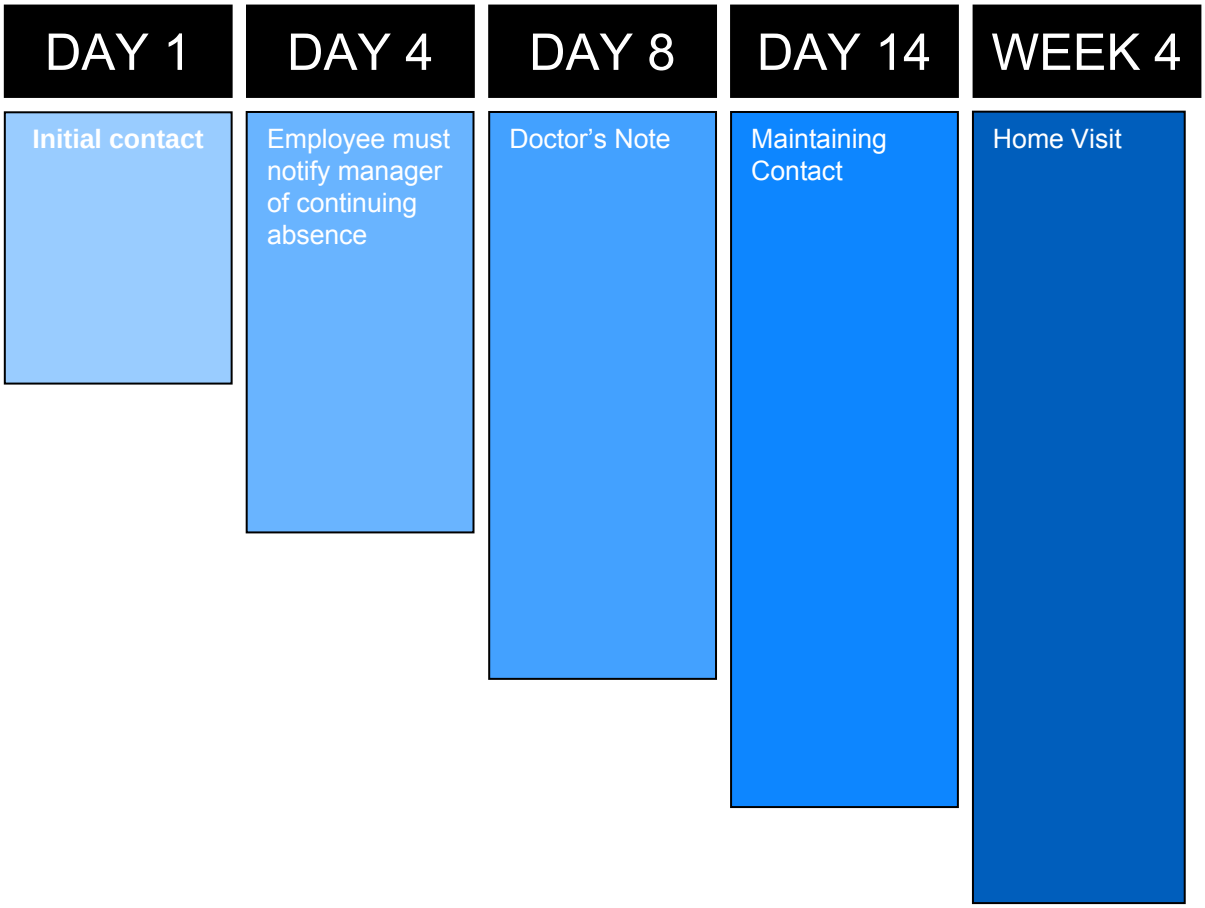
Reducing Sickness Absence



A report from Overview & Scrutiny
AMENDED VERSION

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Reports that have been submitted to Council can be downloaded from www.birmingham.gov.uk/scrutiny.

NOTE: Section 2.4.1 and Table 2 have been amended on 12/05/2011 to correct an error.

Preface

By Councillor Keith Barton, Chairman of the Equalities and Human Resources Overview and Scrutiny Committee

It is inevitable that people become ill and will sometimes need to take time away from work, but the City Council rightly expects a high level of attendance from its employees and needs to be in a position to support that.

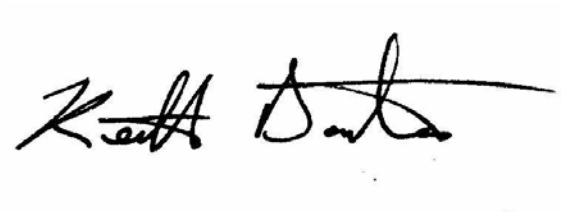
High sickness absence levels can lead to reductions in service delivery and effectiveness, increased costs and undue pressure on colleagues, all of which are untenable in the current climate. The high sickness absence levels across the organisation have been a cause for concern for some time, with the number of days taken off sick per employee each year regularly above the City Council target.

Prompted by this - and with the recent introduction of a new Managing Attendance policy – the Equalities and HR O&S Committee undertook this review to assess the position on sickness absence across the Council and investigate what more can be done to ensure a reduction in absence rates over time. Members looked to ensure that managers were responding to the new policy and that they were working towards realistic goals.

I would like to thank the range of officers who gave evidence for this review for providing an open and honest picture of sickness in their service areas. Members received encouraging feedback around the adoption of the new policy, which is broadly considered a positive improvement both in the eyes of managers and employees.

The Committee were struck by the commitment and enthusiasm of managers to make a difference to absence rates in their services. This should be harnessed and built upon. One of the ways this can be supported is through the development of specific and realistic targets for service areas. The reporting capability of the new People Solutions system, which allows for better and more detailed information on the workforce, should assist in this. The ability to build a strong evidence base on the workforce is something which the Council has not previously had and provides an opportunity to rethink and refine the goals which directorates work towards based on a range of factors, as well as identify appropriate interventions to prevent sickness.

I hope that this review will provide Members with an insight into the current climate of sickness within the Council, and highlight the areas which can be improved upon to promote a reduction in sickness absence. Change will naturally take time and as such the Committee will continue to monitor this issue as the policy and associated tools embed themselves into the organisation.



Summary

For any organisation it is vital that employee attendance is managed properly, as poor levels of attendance can lead to loss of service delivery, reduced effectiveness, increased costs and increased pressures on colleagues to cover workloads.

The Equalities and Human Resources Overview and Scrutiny Committee chose to investigate the issue of sickness absence within the City Council following a series of updates presented to the Committee, which identified high levels of absence. The key question which the Committee chose to focus on was: "What more can the Council do to deliver realistic and sustained reductions in sickness absence?"

This report reflects on the current position on sickness absence, in which a new managing attendance policy has been introduced to tackle absence rates. The Committee chose to undertake a short review building and expanding on work undertaken elsewhere in order to examine how managers are responding to the changes, what effect it is having on sickness levels and to consider what can be further improved.

The response to the new policy

Measures to tackle sickness have traditionally had a strong focus on managing the absence of employees, often with negative connotations. Recent changes to the policy have refocused this on managing attendance in order to promote and encourage a more positive attendance culture. A new managing attendance policy has been put in place in conjunction with new recording methods and new triggers, which are based on the number of days lost or number of episodes of sickness over 12 months. A number of actions are available if an employee reaches these triggers, including Attendance Review Meetings (ARM) and Attendance Improvement Plans (AIP).

Members chose to speak to managers representing front line services and back office functions across the organisation, to hear how they are tackling sickness absence within their service areas. It was also felt that this was an issue which the Trade Unions would have a strong view on and as such they were invited to provide evidence. The response we received was encouraging. Managers were generally positive about the changes and felt that it allowed them to be much more supportive of their employees. This view was echoed by Trade Union representatives, who commented that the policy appeared fairer than the previous policy.

In addition Members sought to identify any barriers managers face which prevents them from managing the process adequately. The feedback received suggested that initially there was some reluctance to adopt the new process, however senior management support for the new policy, recognising the need to reduce sickness, has resulted in strong direction to begin applying the new procedure. Managers on the whole are now complying with the new process.

The People Solutions online portal, introduced through the Excellence in People Management (EPM) Business Transformation Programme, has been one of the key practical tools available in implementing the

sickness absence policy, as well as providing up to date and more reliable absence information from a single source. This is a significant and welcome improvement for the City Council. From the evidence gathered, EPM and People Solutions allows for information on attendance to be maintained regularly, for the entire organisation, in a consistent way. Relevant information is accessible faster and is available by managerial unit. This has allowed for more significant analysis to be undertaken and this will improve as more data is added over time.

The current climate and sickness absence

A key factor in the Committee's discussions was the current economic and financial climate in which the City Council and other organisations are currently operating. This includes two aspects: financial and resource issues which affect the ability to invest in measures to reduce sickness and the impact of significant change on employee health itself.

Members heard from the Council's StaffCare counselling service, which goes some way to address the issues. Figures indicated that over 20% of issues presented by service users to StaffCare related to events outside of the workplace impacting on their work. However, contact for reasons related to organisational change, such as change of job situation and workload, are rising.

The impact that StaffCare has is encouraging; using client self-reported days absent at the beginning and end of counselling, StaffCare supported a reduction of 1,141 days absence from work.

Analysing sickness and improving targets

The Committee heard from council officers that having an in-depth understanding of sickness figures either by directorate or section is useful in allowing managers to identify the most appropriate measures that can be used to reduce and manage sickness. The Adults and Communities directorate provided a good example of how this kind of analysis can be undertaken, particularly in relation to environmental and societal factors for which the Council has little control. Managers within this service presented the Committee with information which included a cross examination of their sickness figures against features such as gender and age, to establish what is influencing the directorate's high sickness levels. This was a useful exercise for Adults and Communities to undertake, as it has and will allow them to identify measures which could best be used based specifically on their workforce to tackle sickness absence.

Officers and Members agreed that with such a large and complex organisation, one global target for sickness absence for all may not be appropriate. Simply looking at the cross section of sickness levels within one directorate shows that one target is probably not sufficient and services should be working towards a target which is realistic for themselves, but which contributes to an overall reduction in the organisation. How this is progressed would be for senior managers to decide. One view would suggest that directorate or service area targets would be appropriate, but on the other hand a target for a job type or group, which spans all directorates, could be more effective.

Conclusions

It is inevitable that people do become ill and need to be absent from work. However, the City Council rightly aims to have a high level of attendance and to deal with sickness absence fairly, consistently, and appropriately. With significant change and tough public spending cuts expected over the coming years, there is little room for complacency on this issue.

This review has highlighted some of the areas which could be further enhanced to move towards a sustained reduction in sickness absence. Ensuring that managers are well equipped to tackle sickness through the tools and guidance which is provided to them is most important. The Committee would like to see strengthened support provided to those who are working more closely to the front line, through better communication channels. Alongside this there should be a greater onus on the employee in managing their own reduction in sickness.

To assist managers in monitoring their own services' sickness rates, more analysis can usefully be undertaken of current sickness figures, taking advantage of the reporting power which the new People Solutions system provides. Finally, to provide managers with a realistic and achievable goal, the Committee would hope to see more specific targets introduced for service areas and groups.

Overall, if the Council can clearly demonstrate the limits of tolerance with regards to sickness and focus on a strong evidence base for interventions, then hopefully the organisation through greater understanding and support of its employees will be able to sustain a more significant reduction in sickness absence over time.

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R01	That the 'return to work' interview process is amended to further reflect the employee's responsibility for managing their own health and preventing sickness where possible.	Cabinet Member for Equalities and Human Resources	July 2011
R02	That the use of the Attendance Improvement Plan across the organisation is fully monitored, allowing for areas of concern and good practice to be identified.	Cabinet Member for Equalities and Human Resources	October 2011
R03	That at the objective setting stage of the PDR year, it is reinforced that managing attendance should be reflected in all employees' PDRs.	Cabinet Member for Equalities and Human Resources	June 2011
R04	That the Cabinet Member work with the Corporate Managing Attendance Group (CMAG) and Director of Public Health to examine ways in which the completion of the GP fit note could be improved, particularly in conjunction with new GP commissioning groups and to reflect the Council's increased responsibility for public health.	Cabinet Member for Equalities and Human Resources	April 2012
R05	That the Corporate Managing Attendance Group (CMAG), in their 'invest to save' work, considers the possibility of investing in the physiotherapy function, in order to reduce the amount of sickness absence related to musculoskeletal issues.	Cabinet Member for Equalities and Human Resources	October 2011
R06	That the Corporate Managing Attendance Group (CMAG) supports each directorate to undertake in depth analysis of their sickness figures, against such factors as gender and age. This is then to be fed back to the Cabinet Member for Equalities and Human Resources and CMAG for further analysis to identify common areas and enhance sharing of best practice.	Cabinet Member for Equalities and Human Resources	October 2011

R07	That sickness figures are analysed in a variety of suitable ways, to help identify problem areas and solutions to particular types of absence. This analysis could include: • Extracting known long term illnesses e.g. absence due to a broken bone; • Coding stress / anxiety and depression in sufficient detail to identify work and non work related stress where possible; • Extracting and examining separately absence which is due to a service areas policy e.g. those with a transmittable illness working in care homes; and • Identifying sickness by manual and non manual employees.	Cabinet Member for Equalities and Human Resources	October 2011
R08	That investigation is undertaken to produce a set of targets which will contribute to an overall reduction in sickness. This should be examined initially by job type or group.	Cabinet Member for Equalities and Human Resources	December 2011
R09	That alongside the regular updates on sickness through the workforce profile, the Equalities and Human Resources O&S Committee receives the Corporate Managing Attendance Group update which is regularly reported to Cabinet Member, EMT etc.	Cabinet Member for Equalities and Human Resources	October 2011
R10	That the Cabinet Member report back on the progress of these recommendations to a future meeting of the Equalities & Human Resources Overview and Scrutiny Committee.	Cabinet Member for Equalities and Human Resources	October 2011

1 Review Outline

1.1 Introduction

1.1.1 Sickness absence from the workplace is a high profile topic, of interest to business, the media and the wider public. How local authorities manage this type of absence continues to be an area of concern, as high levels of absence could mean that some services cannot be delivered as effectively as the public demands and has an impact on public perceptions of value for money.

1.1.2 The Equalities and Human Resources (E&HR) Overview and Scrutiny Committee chose to investigate the issue of sickness absence within the City Council following a series of updates presented to the Committee, which identified consistent high levels of absence. The key question on which the Committee chose to focus was:

"What more can the Council do to deliver realistic and sustained reductions in sickness absence?"

1.1.3 A review was undertaken in 2002 by the then Equalities and Human Resources Sub-Committee of the Co-ordinating Overview and Scrutiny Committee. This examined the then managing absence policy and produced a set of recommendations and targets around the accessibility and relevance of sickness information. The majority of those recommendations were concluded by 2004.[1]

1.1.4 This report reflects on the current position on sickness absence, in which a new managing attendance policy has been introduced to tackle sickness absence rates. We chose to undertake a short review, building and expanding on work undertaken elsewhere in order to examine how managers are responding to the changes, what effect it is having on sickness levels and to consider what can be further enhanced. The key lines of enquiry included:

- Whether managers were comfortable with the new managing attendance policy, and what further development is needed for them to implement the policy;
- How the new People Solutions online portal is helping in managing sickness absence;
- How Managers work with Occupational Health in some cases of sickness absence;
- Whether the corporate target for sickness absence is useful, or whether another approach will deliver better results;
- How the effect of the current economic climate within the Council might affect sickness rates.

1.1.5 Evidence was received at meetings of the full Committee and taken from a range of representatives from Council service areas and Unite the Union. Comparative evidence was

[1] 2002 Managing Absence review available from the Scrutiny Office.

considered where possible, particularly from local authorities in other core cities. The Committee would like to thank all those that provided evidence, including:

- Steve Foster and Harry Harris, Unite the Union;
- Chris Meusz and Hadyn Williams, Occupational Health Services;
- Andy Albon, Claire Ward, Donna Williams and Bill Fletcher, Corporate Human Resources;
- Steve Wise, Sheila Rochester and Pauline Mtize, Adults & Communities Directorate;
- Sheila Espin, Ann Brookes and Carl Hides, Housing and Constituencies Directorate;
- John Smail, Wal Holmes, Jane Brown and Owen Pearson, Children, Young People and Families Directorate; and
- Jean Robb, Shared Services Centre, Resources Directorate.

1.2 Structure of this report

1.2.1 The report begins by providing background information on sickness absence, looking at national absence figures both in the private and public sector. It also examines the City Councils sickness figures and the main causes of absence.

1.2.2 The City Council has recently put new measures in place to tackle sickness, through the new managing attendance policy. In addition an Executive review of sickness absence was completed by the Executive in spring 2010. Section 3 outlines the procedures which managers are currently working to, based on the main features of this new policy, as well as the results of the Executive review.

1.2.3 Section 4 introduces some of our findings, taken mainly from the evidence provided at Committee meetings. From these discussions we found broad support by managers for the new policy and areas of commonality across directorates, as well as some areas for improvement. Section 5 continues to outline findings, focusing on the possibility for target setting in different service areas or occupational groups, which managers were in favour of. In addition this section examines the additional factors which contribute to sickness and how, through greater analysis, these can be identified and interventions made more suitable.

1.2.4 Section 6 outlines the conclusions reached through this review. Whilst not providing all the answers the review has highlighted some areas in which further work can be undertaken, particularly to ensure a sound and detailed evidence base for further action.

2 Background: Understanding the Issues

2.1 Introduction

2.1.1 For any organisation it is vital that employee attendance is managed properly, as poor levels of attendance can lead to:

- Loss of service delivery / revenue;
- Reduced effectiveness and increased costs;
- Increased pressures on colleagues to cover workloads; and
- Reduced quality of service / productivity.

2.1.2 In recent years the issue of public sector sickness has been raised frequently, both nationally and in the local media. This is due to the apparently generally higher levels of sickness local authorities and other public organisations have in comparison to private companies and other sectors.

2.1.3 The following briefly outlines some of the sickness figures and trends across sectors. Much of the data available refers to past performance (the majority of figures available reflect a 2009 position), due to the time it takes to capture and analyse the relevant information, but still provides an indication of the direction of travel and context of sickness absence.

2.2 Sickness absence across sectors

2.2.1 The Chartered Institute of Personnel and Development (CIPD) released their Annual Absence Management survey report in October 2010.[2] The report sets out the key findings on absence management trends, policy and practice. The analysis is based on feedback from 573 organisations across the UK employing a total of more than 1.5 million employees over the period 1 January to 31 December 2009.

2.2.2 The report finds that the average level of absence from work across the UK for that year was 7.7 days per employee, similar to the previous year. Sickness absence remains highest in the public sector at 9.6 days per employee per year. Absence is also high in the not for profit sector at an average of 8.3 days per employee per year. Unsurprisingly sickness absence remains lowest in the private sector – manufacturing and production organisations reported an average of 6.9 days lost per employee per year while private companies providing services reported an average absence of 6.6 days per employee per year.

[2] Report available from http://www.cipd.co.uk/2010absencemanagementsurvey

2.2.3 Whilst some of these figures appear high, the survey has recorded some of its lowest levels of employee absence. For example in 2008 public sector absence averaged at 9.8 days per employee, whilst the UK average in 2008 was 8 days, dropping from 8.4 days in 2007.

2.2.4 The average annual cost of employee absence per employee varied across sectors; however the median cost of absence stood at £600 per employee per year. The average cost of absence is much higher in the public sector than in the private sector – the median cost is £889 per employee compared with £600 for private sector service organisations, £400 for the manufacturing and production sector and £600 for non-profit organisations.

2.2.5 The length of absence employees tend to have has not changed significantly over recent years. The CIPD report states that two thirds of working time lost to sickness is due to short term absence of up to 7 days, with the remaining time split evenly between absences of 8 days to 4 weeks, and over 4 weeks. In the private sector 74% of absence is due to short term illness, whilst in the public sector 36% of absence can be classed as long term. The percentage of those absent with long term sickness also tends to increase with workforce size, organisations with over 5000 employees finding that around 38% of sickness was long term, compared to 22% in organisations with 1000 to 4999 employees.

2.2.6 Various explanations have been provided for this difference in public and private sector sickness. These include:[3]

- Different organisational size, workforce mix and roles: the public sector is generally larger and has a higher proportion of manual staff, front line roles and older workers;
- Organisational culture: private firms are more likely to refer to disciplinary procedures in absence policies, dismiss or discipline employees for unacceptable levels of absence and pay occupational sick pay for shorter periods of time.

2.2.7 Larger organisations, regardless of sector, are noted to have higher average levels of absence than smaller organisations. This may be because people in smaller organisations tend to work in smaller teams and consequently their absence from work is likely to be more disruptive. However it must also be noted that smaller employers are less likely to provide as generous occupational sick pay schemes as larger employers, which may serve as an incentive to get back to work. Occupational sick pay schemes are most generous in the public sector. Over two-thirds of public sector employers provide full pay for more than 20 weeks compared with about one-third in the manufacturing and production and non-profit sectors and just over a fifth in private sector services.

[3] Knott, S & Hayday S (2010) 'Public/private sector sickness absence: the impossible divide' available from http://www.employment-studies.co.uk/pdflibrary/op18.pdf

2.3 Sickness absence in the City Council

2.3.1 The E&HR Overview and Scrutiny Committee regularly receives an update on the levels of sickness in the Council, included in a wider report on the workforce profile. At the end of the previous financial year (2009/10), sickness levels remained high at an average 11.17 days per Full Time Equivalent (FTE) employee, above the set target.

2.3.2 Appendix 2 outlines the sickness figures as at December 2010. The table shows that from April to December the average number of days taken per FTE employee was 7.45. When extrapolated out to the end of the financial year the prediction is that the average days lost per FTE employee per year will be 9.89. This is slightly higher than the target of 9.25 days per year for 2010/11, but is an improvement on previous years. From the table it is clear that there are particular sickness absence issues in both the Housing and Adults and Communities Directorates.

2.3.3 The most recent sickness figures presented to the Committee show a slight improvement on the previous year, with 2010/11 figures for each month below the levels of the previous year (see chart below). There are parallel reductions in sickness from July to September, which could be explained by the number of employees who will take annual leave over the summer period. Peaks towards the end of the calendar year can be explained in part by the regular flu season and outbreaks such as swine flu.

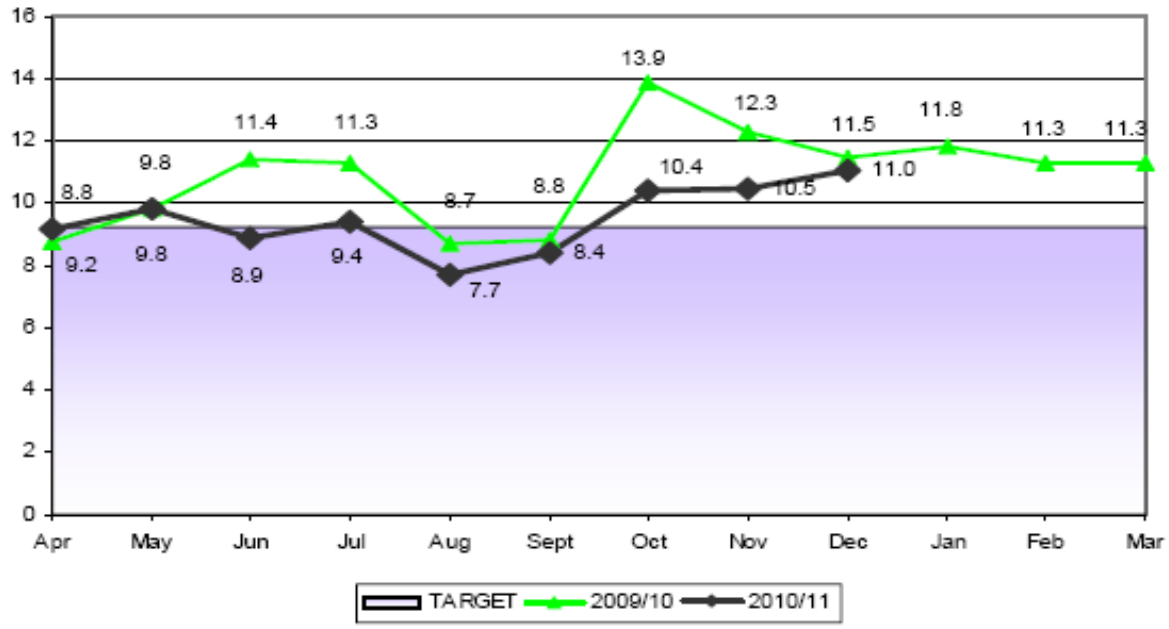


Chart 1: Annual sickness trend comparison – days per FTE per year

Causes of absence

2.3.4 The reasons for sickness absence, as at December 2010, remain largely unchanged from previous years. Extracted from the workforce report, these can be found in Appendix 3. Absence due to stress / anxiety and depression remains one of the biggest contributory factors to the City Council's absence figures, however it is unclear from the data available whether the majority of this absence is made up of work or non work related stress.

2.3.5 The figures presented do not distinguish between short and long term absence, but do reflect wider CIPD analysis on the cause of absence. The 2010 Absence Management report highlights that minor illnesses, such as colds, flu, stomach upsets and headaches and migraines are the most common cause of short-term absence. Musculoskeletal injuries and back pain are the next most common causes of short-term absence for manual employees, followed by stress. Stress remains the second most common cause of short-term absence among non-manual workers, followed by musculoskeletal injuries, back pain and recurring medical conditions.

2.3.6 The most common causes of long-term absence nationally are acute medical conditions such as stroke, heart attack and cancer, musculoskeletal injuries, stress, mental ill-health and back pain. The CIPD report comments that over a third of employers reported that stress related absence has increased. There were no significant differences in responses across sectors, however changes in stress related absence differed dependant on organisational size, with larger organisations more likely to report that stress had increased.

2.4 Sickness absence in other local authorities

2.4.1 Whilst it is useful to evaluate the City Council's sickness statistics against other sectors and parts of the UK economy, it is wise to compare the Council's performance against other local authorities, to examine absence rates against those working in a similar environment. Table 2 shows the average sickness absence in days per FTE for local authorities in Core Cities. Recorded sickness rates at the end of 2009/10 showed that:

- Manchester City Council had the highest number of average days taken off by staff at 11.93 per employee per year;
- In comparison Newcastle City Council had the lowest number of average sickness days taken at 8.67;
- Birmingham City Council had the 3rd highest figure for average days lost to sickness in 2009/10.

[*NOTE: section 2.4.1 and Table 2 corrected on 12/05/2011***]**

Average Sickness Absence Rates in Days per FTE- Core Cities (including schools)				
	2007/08	2008/09	2009/10	2010/11 target
Birmingham	10.38	10.40	11.17	9.25
Bristol	10.96	9.43	9.89	9.50
Leeds	12.18	11.63	11.03	10.00
Liverpool	11.86	11.43	11.36	10.20
Manchester	11.81	12.31	11.93	9.84
Newcastle	10.49	8.73	8.67	8.20
Nottingham	10.10	11.30	10.70	9.50
Sheffield	9.38	9.04	9.11	9.11

Table 2: Average Sickness Absence Rates in Days per FTE – Core Cities

2.4.2 Many authorities have figures that were affected by outbreaks such as Swine Flu in 2009/10, which have tended to skew figures. However Newcastle City Council in particular shows a downward trend starting from an average in 2007/08 of 10.49 days to 8.67 in 2009/10.

2.4.3 Although many authorities set targets below 10.00 days, only 3 of these achieved or exceeded this in 2009/10. The figures tend to show that any reduction in sickness is a more gradual process with rates reduced by less than 0.5 days a year in most cases. In the long term this seems to be the most sustainable way to ensure a reduction as demonstrated by Newcastle and Sheffield City Councils.

3 Findings: Attendance Management in the City Council

3.1 Introduction

3.1.1 Measures to tackle sickness have traditionally had a strong focus on managing the absence of employees, often with negative connotations. Recent changes to the policy have refocused this to look at managing attendance in order to promote and encourage a more positive attendance culture.

3.1.2 The following outlines the new managing attendance policy, which was introduced in spring 2010, and the results of an Executive review on sickness absence.

3.2 The Managing Attendance Policy

3.2.1 A new managing attendance policy has been in place since April 2010 in conjunction with new recording methods; this is outlined in tables 3 and 4 below, showing the procedure that employees and managers must follow whilst absent from work. A more detailed flowchart of the process for both long and short term absences can be found in Appendix 4.

3.2.2 Not counted and managed under separate procedures are absences due to pregnancy, injury at work, hospitalisation and recovery and disability.

Short term absences	
Day 1 of absence	The employee should contact the manager on the first day of absence, before 10.00 am, or give as much notice as possible before the shift starts.
Day 4 of absence	The employee updates the manager on when they think they might return to work.
Day 8 of absence	Contact made with manager again to let them know when the employee might return to work. From and including the eighth day a 'fit note' should be provided from the GP to the manager.
Day 14 of absence	On or around day 14 of the absence the manager will contact the employee to: • Ask how they are getting on and when they might return to work • Discuss any support that could be offered to help in a return • Arrange a home visit to take place during week four of absence. The employee will receive a letter confirming the date agreed for the home visit.

Table 3: Short term absence process

Long term absence 20 or more working days (4 weeks)	
Week 4 of absence	The home visit should be held this week. At the visit employee and manager should review progress, look at practical support that could be offered and, where appropriate, agree an action plan for any return. The manager will make a record of the discussion and send a copy to the employee
Week Eight of absence	Manager should make a referral to Occupational Health (OH) at week 8 of absence. However, a referral can be made to OH at any stage.
End of Week 14 of absence	The case should be reviewed; this will include a review of previous absence and attendance, medical advice from OH, and professional advice from HR. Following the review if there is no likelihood of a return to work within a reasonable period, the case may be referred to a Senior Manager who will consider if a Final Case Hearing would be appropriate.

Table 4: Long term absence process

3.2.3 Notices and Final Notices of Concern (NOCs and FNOCs), based upon the number of times a person is sick over 12 months, have been revised and new triggers created which are based on the number of days lost or number of episodes of sickness over 12 months. This is as follows:

> **The fourth absence (of ten working days or less) within a rolling twelve month period *or* a total number of days sickness equivalent to eleven or more working days (either as a single absence or a number of absences) in a rolling twelve month period.**[4]

3.2.4 Should an employee reach either or both of these triggers, an Attendance Review Meeting (ARM) should be held. At this meeting, the absences that have triggered the meeting are reviewed and appropriate support and actions that may improve attendance identified. Ongoing levels of poor attendance may, at the manager's discretion, result in an Attendance Improvement Plan (AIP) being created. This establishes targets for improvement and sets a date for this to be reviewed. This information is recorded on the People Solutions information management system. Targets which are developed may:

- Include specific actions to be completed within a defined time frame or taking some step that may enable the individual to better manage their condition, or for some adjustment to be implemented within the workplace by the manager;

[4] Based on an employee working 5 days per week. Pro-rata for those working less and / or part time.

- Relate to maintaining a declining number of days or episodes of sickness absence within specified time periods. The use of such targets may be used to prompt further discussion/action and/or to also discuss where there is a concern that an employee is sometimes making the choice not to attend for work. For example some individuals would alleviate the symptoms of a headache, cold, stomach upset etc with over the counter preparations and then attend for work, whilst others might not.

3.3 The Executive review of sickness absence

3.3.1 In October 2010 the E&HR Overview and Scrutiny Committee was presented with the recommendations and an action plan emerging from the Executive review on sickness absence. This review involved consultation with a range of key stakeholders within directorates and more widely on the subject of sickness, including:

- The Strategic Director of Environment and Culture, (who also chairs the Corporate Wellbeing Steering Group);
- The HR Community (including specialists and leads on Workforce Planning);
- Various teams including EPM reporting, HR Operations, Work-Related Stress, Leadership and Development, Disability Advice, Occupational Health, Schools HR, and Finance teams;
- The Trade Unions via the Corporate Trade Unions meetings.

3.3.2 The four themes which the review focused on included corporate strategy, data, managing absence and workforce health. The review found that at the time the Managing Absence Procedure was not embedded and there was little coordinated monitoring and analysis of sickness and no clear understanding of the reasons for past trends. The review also found different practices when applying the current procedure and there was perceived deficits in managerial capacity. In terms of workforce health the Executive found that the perceived success of previous workforce health initiatives could not always be evidenced.

3.3.3 The Executive review actions, which can be found in Appendix 1 of this report, looked to build on the work already underway through the EPM programme by strengthening existing planned actions or introducing additional actions where gap analysis suggests these are required. It also aimed to gather evidence and share good practice which already exists within the organisation by proposing mechanisms for evaluating and implementing what works more systematically across the council. As a result some of the recommendations of the review include:

- Gathering further detail through People Solutions and supplying managers with information through dashboards;
- Developing a network of expertise and developing a corporate well being steering group;
- Examining invest to save projects and defining a consistent evaluation process to ensure evidence based targeted intervention.

3.3.4 The actions undertaken are monitored and progressed through the Corporate Managing Attendance Group, with regular updates on progress presented to Corporate Management Team and the Executive Management Team.

4 Findings: Are Managers well equipped to tackle sickness?

4.1 Introduction

4.1.1 To ensure that any reduction in sickness is achieved and sustained the policy which supports managers needs to be the right one, and in addition managers need to have the skills, confidence and tools to drive forward change. It is this which Members chose to look at initially in the investigation.

4.1.2 The Committee chose to speak to managers representing front line services and back office functions across the organisation, to hear how they are tackling sickness absence within their service areas. Members also felt this was an issue which the Trade Unions would have a strong view on and as such invited them to provide evidence. The aim of the discussion was:

- To identify the initial success of the managing attendance policy;
- To identify areas of change managers would like to see put in place; and
- To highlight any difficulties in implementing the policy.

4.2 The recent policy change

4.2.1 The Committee asked those providing evidence to outline their response to the new policy and whether they considered it to be an improvement on past practice. The response received was encouraging. Managers were generally positive about the changes and felt that it allowed them to be much more supportive of their employees. This view was echoed by Trade Union representatives, who commented that the policy appeared fairer than the previous policy, which they felt had not provided an opportunity for constructive discussion between the employee and the manager.

4.2.2 Almost all whom the Committee spoke to commented on the change in the relationship with Human Resources (HR). HR now deals with less transactional activity and takes on a more strategic role; as such the contact with HR is diminishing. It was reinforced that HR need to be readily available to provide assistance and guidance particularly with the difficult cases of absence, despite more emphasis being put on managers to deal with the issues.

4.2.3 When asked how things might be further enhanced some managers commented that the policy was perhaps not challenging enough with regards to short term absence. They attributed the lack of a direct catalyst for improvement, such as a financial penalty, as a possible reason for this.

4.2.4 A suggestion was made regarding the paperwork associated with the policy, in particular the return to work interview process. Some managers commented that the interview and form did not give opportunity for an employee to explicitly state what they could try and do to manage their own sickness. Managers are only able to go so far and the Committee agreed that something such as this should be expected, given the employee obligation to take care of themselves and co-operate with employers to meet their duties. It is also particularly important where the same types of sickness repeat themselves. As a result of this discussion Members concluded that there is an opportunity to refine the policy, in particular the return to work interview process, to be more inclusive of the employee and encourage them to take action to reduce their own sickness. A starting point for this improvement would be to amend the return to work form to reflect employee input into the process.

	Recommendation	Responsibility	Completion Date
R01	That the 'return to work' interview process is amended to further reflect the employee's responsibility for managing their own health and preventing sickness where possible.	Cabinet Member for Equalities and Human Resources	July 2011

4.3 Implementation of the policy

4.3.1 The Committee then moved on to investigate whether the new policy, whilst appearing to be a welcome change by both managers and employees, was being implemented in the proper way. In addition Members sought to identify any barriers that managers face which prevent them from managing the process adequately.

4.3.2 The feedback received suggested that initially some managers were reluctant to adopt the new process and had not been using it. However senior management support for the new policy, recognising the need to deal with sickness, has resulted in strong direction to begin applying the new procedure. Further feedback suggested that these managers were now complying with the new process.

4.3.3 Whilst satisfied that the policy is being widely used, there was some evidence which raised concern about possible inconsistencies in the application of the policy. One example provided focused on the Attendance Improvement Plans. These plans are not a mandatory requirement of the attendance review process and are only used if the manager believes it is necessary (unless absence has exceeded 21 days in which one must be developed). This has the potential to cause inconsistencies in the application, as some managers may rely on these regularly, using them when it may not be necessary, whilst others may choose not to use them at all.

4.3.4 As such the Committee would like to see that the use of these plans is monitored as part of more general analysis to examine how much and why they are used. Records of these plans on the new

People Solutions system should be analysed to highlight areas where they may not be being used, and where they are and the reasons why these plans are created. There is also an opportunity to use AIPs to highlight areas of good practice in the application of the policy.

	Recommendation	Responsibility	Completion Date
R02	That the use of the Attendance Improvement Plan across the organisation is fully monitored, allowing for areas of concern and good practice to be identified.	Cabinet Member for Equalities and Human Resources	October 2011

4.3.5 Training was raised as an issue in some cases, particularly around handling disability related absence. More generally managers referred to the turnover of managerial staff, which was resulting in the need for continuous training of new staff coming into vacant roles. To resolve some of these issues the Children, Young People and Families Directorate in particular are now including sickness training in their induction process, which is held within 3 months of a manager beginning in their role.

4.3.6 The Trade Unions highlighted concerns about communications from the corporate centre. They felt that guidance and information relating to sickness absence, as well as other procedures, was not reaching those employees who work on the front line. One of the suggested reasons for this was the lack of access these employees have to the online tools through People Solutions and Inline. They sought to ensure that regular updates and a strong communication flow be provided to these employees and managers. As a result of this discussion the Equalities and Human Resources Overview and Scrutiny Committee will be, at the time of writing, receiving an update on the 'Access for all' programme, to ensure sufficient progress.

4.4 The Introduction of People Solutions

4.4.1 The new People Solutions online portal, introduced through the Excellence in People Management (EPM) Business Transformation Programme, has been one of the key practical tools used in implementing the sickness absence policy, as well as providing up to date and more reliable absence information from a single source. This is a significant and welcome improvement for the City Council. Previously a complete set of information was rarely available and this was beginning to be picked up externally. For example in 2009 Nottingham City Council attempted to compare sickness rates between the core cities, but found that there was not a central system of monitoring in place in Birmingham as data was held separately in each directorate/service area.

4.4.2 There is debate over how successful a new IT system can be in helping reduce sickness absence. In a recent Birmingham Post article one reader commented that People Solutions would only identify a problem, rather than provide a solution to the high sickness rates. Whilst this may be the

case, identifying sickness and hot spot areas has been extremely difficult in the past and we are encouraged by the feedback we have had regarding the use of the new system, which will help support the right kinds of solutions within service areas.

4.4.3 From the evidence gathered, People Solutions now allows for information on attendance to be maintained regularly, for the entire organisation, in a consistent way. Relevant information is more readily accessible and is available by managerial unit. This has allowed for more significant analysis to be undertaken which should improve as more data is added, making it more reliable. For example one manager was able to conclude that over the past year their service area as a whole had lost 1000 days due to sickness absence. This would have been almost impossible to measure under the old system of information capture.

4.4.4 Perhaps one of the most significant outputs from EPM and People Solutions has been the Personal Development Review (PDR) process. This means that every employee is entitled to and should have a record of their performance and progress in the organisation, against their business objectives. Some of those giving evidence mentioned a reluctance of a small minority of managers to deal with difficult people management issues across a range of managerial functions including sickness, but commented that the PDR process is now the mechanism to encourage managers to address those issues and is being utilised. Some service areas now include a discussion around sickness in six weekly catch ups with managers. We believe this mechanism could be increasingly used to address and respond to sickness, as well as other people management issues, and is a common method for doing so across all directorates. As such we would hope to see at the next round of PDRs a clear message that both managers and staff should include sickness management in their wider objectives.

	Recommendation	Responsibility	Completion Date
R03	That at the objective setting stage of the PDR year, it is reinforced that managing attendance should be reflected in all employees' PDRs.	Cabinet Member for Equalities and Human Resources	June 2011

4.5 Other issues

Fit notes

4.5.1 Reference was made during our discussions to the new requirement for GPs to issue 'fit' notes and to assess what work an individual could possibly undertake despite having an illness. Fit notes were introduced in April 2010 with the aim of allowing GPs to categorise employees as 'may be fit for work' as well as 'unfit for work' and to encourage employees to agree with the employer a phased return to work such as alternate duties or reduced hours as part of their rehabilitation.

4.5.2 We heard that, on the whole, managers and Occupational Health found that the information provided on a fit note was often limited and unhelpful. We also heard that there is little practice of encouraging employees to come into work to undertake alternate or light duties where they may have alternately taken time off sick. We felt that encouraging this could be a positive move, particularly for areas which work directly with vulnerable people. For example a care worker with mild cold symptoms could not undertake a normal role with service users, but may be well enough to undertake administrative tasks away from the front line.

4.5.3 Managers responded to this discussion by raising questions over whether a manager is able to suggest to an employee that they come into work and what right to refuse the employee would have. The temperament of a person would also become a factor in these types of cases, with different people reacting to sickness in different ways given their perception of their illness, and perception of how long they should take off work.

4.5.4 The Committee believe there is room for improvement with regards to fit notes, to ensure they become a tool which can be used to encourage a return to the workplace. It is possible that this can be taken up formally through partnership arrangements between the Council and health bodies. The Committee would hope to see a range of options examined which could provide the improvement required which may involve providing comment to National Government. In examining this, the move towards GP commissioning groups should be considered, possibly with pilot work being undertaken with the first wave of these groups. This activity should also benefit other organisations across the City and contribute to the Councils increased responsibility for public health across Birmingham.

	Recommendation	Responsibility	Completion Date
R04	That the Cabinet Member work with the Corporate Managing Attendance Group (CMAG) and Director of Public Health to examine ways in which the completion of the GP fit note could be improved, particularly in conjunction with new GP commissioning groups and to reflect the Council's increased responsibility for public health.	Cabinet Member for Equalities and Human Resources	April 2012

The relationship with Occupational Health

4.5.5 The Occupational Health (OH) service provides impartial advice to both employer and employee on work-related health issues and is concerned with the impact of work on health and health on work. The service is advisory with the aim of providing managers with appropriate health information to inform the decision-making process. Occupational health services offered include:

- Pre-employment health screening and advice;

- Health surveillance in accordance with health and safety legislation where indicated by risk assessment;
- Case management advice (e.g. in support of the Managing Attendance Procedure) including advice on appropriate adjustments and rehabilitation;
- Site visits where appropriate;
- Advice on health aspects of policy development; and
- Physiotherapy assessment and treatment in appropriate cases.

4.5.6 Managers felt that Occupational Health (OH) support was not always provided as quickly as would be expected and that reports they received back were often unhelpful. An OH representative informed us that an appointment with a member of staff is normally offered within 10 days, after cases have been triaged. However due to current resource difficulties at the time of writing appointments were currently being given within 3 weeks. Reports are provided to managers as soon as possible after this meeting, depending on the complexity of the case and whether site visits are required. With regards to the reports provided it was recognised that due to data protection and professional conduct, some information can not be provided to managers. However OH representatives confirmed that they attempt to provide as much advice and information as possible.

The current climate and sickness

4.5.7 The current economic and financial climate in which the City Council and other organisations are currently operating in was a key factor in our discussions. We queried as to whether sickness figures can be substantially reduced given the significant period of change the Council faces. This includes two aspects; financial and resource issues which affect the ability to invest in actions to reduce sickness, reflected in the above examples of OH appointments; and the impact of the climate on employee health itself.

4.5.8 Stress is a particular issue in the current climate. Nationally over a third of employers reported stress related absence had increased during 2009-10. Organisations that have made redundancies in the last 12 months were more likely to report an increase in mental health problems than those who had not and in addition those who were likely to have redundancies in 6 months time also reported a rise. A recent article on stress refers to the impact of significant organisational change:

> The inclination to work more for less will invariably impact negatively on the emotional and psychological health of employees. Providing counselling services for staff will go some way to mitigate these adverse effects[5]

[5] 'Employees seek workplace counselling' People Management Online, 4th August 2010

4.5.9 The Councils StaffCare Counselling service goes some way to address these issues. StaffCare is a confidential, self-referral counselling service that is freely available to Birmingham City Council (BCC) employees. The service can either be face to face or by telephone. It offers a high level of confidentiality in order to create the trust necessary for counselling and all records are confidential to StaffCare. The only circumstances in which there would be an obligation to disclose personal information are either where a client's welfare and safety or that of others is at risk, or when StaffCare is compelled to do so by law.

4.5.10 Anecdotal evidence from directorates shows that the majority of stress related absence is not work related. A representative from StaffCare presented us with an overview of their work and the information we received corresponded with this. StaffCare figures indicated that over 20% of issues presented by service users related to events outside of the workplace impacting on their work. However contact for reasons related to organisational change, such as change of job situation and workload are rising.

4.5.11 The causes of stress in the Council are consistent with the wider national picture. The Chartered Institute for Personnel and Development reports that the top three reasons for stress related absence were:

- Workloads / volume of work;
- Non work factors – relationships / family;
- Organisational change / restructuring.

4.5.12 The statistics from StaffCare show that 66% of people contacting the service were already absent from work or their work had been impaired in some way at the point of contacting the service. Encouraging staff to use this service before this stage and particularly at these difficult times could prevent an increase in stress and absence from developing in the future.

4.5.13 The impact that StaffCare has is encouraging. Of service users who responded to an evaluation questionnaire, 85% reported that StaffCare assisted with an earlier return to work, or helped to prevent sickness absence, and the majority rated the service a good to excellent. Overall, using client self reported days absent at the beginning and end of counselling, StaffCare supported a reduction of 1141 days absence from work.

4.5.14 Whilst remaining concerned that the number of cases of stress relating to organisational change is rising, we are pleased to see the results that StaffCare can provide for employees. Employees should be made aware of this service and encouraged where necessary to utilise it. This in turn could contribute to a reduction or shortening of long term sickness.

Preventing sickness

4.5.15 One recurring comment from managers and Trade Unions was that there needs to be an increased focus in preventing sickness rather than handling sickness absence once it has occurred. A particular example in this area is the Occupational Health physiotherapy function, originally created

to negate the difficulties of having a speedy appointment in the NHS and because the OH function did not have the ability to refer to the NHS. It was of particular benefit to manual workers, such as refuse collectors. Representatives from Occupational Health highlighted that the earlier a referral can be made the better, stopping any serious problems developing and thus a longer time absent from work. The current physiotherapy service offered by the Council is limited but available if services are able to fund appointments. As such the use of the service has reduced.

4.5.16 An action in place as a result of the Executive review is to examine areas where investment can be made to tackle the major causes of sickness. The physiotherapy function is something we would hope to see investigated further given the high levels of manual workers in the organisation and of sickness due to musculoskeletal issues. There are strong economic grounds for this kind of preventative work and would be easy to prove whether it was a success. One argument against this way forward may be that funding is not able to be directed in this way given the current financial situation; however we would stress that resources are being stretched in the current climate and the Council needs to minimise all possible absence.

	Recommendation	Responsibility	Completion Date
R05	That the Corporate Managing Attendance Group (CMAG) in their 'invest to save' work, considers the possibility of investing in the physiotherapy function, in order to reduce the amount of sickness absence related to musculoskeletal issues.	Cabinet Member for Equalities and Human Resources	October 2011

4.5.17 Another aspect of prevention which the Committee would like to see more of is the identifying of hotspot areas for various types of sickness and targeting interventions into those areas. Occupational Health commented that they are able to do analysis this with directorates, however as resources on both sides are stretched, this does not happen. Members accept that in the current position the Council finds itself it this may not be possible immediately but would like it to be a future consideration.

5 Findings: Are the targets being set realistic and achievable?

5.1 Introduction

5.1.1 After being satisfied that the managing attendance policy is broadly supported and identifying areas which could strengthen both managers and employees role in the process, we moved our investigation on to briefly consider the sickness absence target set by the City Council. The aim of our discussion was:

- To find out whether this target was reasonable, achievable;
- Examine how good practice can be built upon to ensure any reduction in sickness which does occur can be sustained; and
- Understand how the newly improved reporting tools can further assist directorates.

5.2 Understanding directorate sickness rates

5.2.1 The need for more sophisticated analysis of the causes of sickness has been identified from the Executive review so that actions can be targeted more effectively. In order to identify measures which can be used to reduce and manage sickness, having an in depth understanding of sickness figures, either in a directorate or at a lower level in service areas is useful.

Environmental and Societal Factors

5.2.2 The Adults and Communities directorate provided us with a good example of how this kind of analysis can be undertaken, particularly in relation to societal factors for which the Council has little control. Managers within this service presented the Committee with information which included a cross examination of their sickness figures against features such as gender and age, to establish whether wider societal or environmental factors are influencing the directorate's high sickness levels. Some of their findings included the following;

- The higher level of sickness absence of employees in the middle age range (of 40-55 years) suggested that further investigation of the age profile could provide further explanations of sickness absence;
- In terms of the breakdown of long term absences, over 70% of those absent due to anxiety were aged over 40 years old;

- Back problems combined with other musculoskeletal problems represented a significant proportion of sickness absence, perhaps due to the environment in which many of the employees work;
- Evidence suggests that the length of service of employees tends to be a factor in levels of sickness absence. For example it could normally be expected that children's social care has an equal or higher sickness rate compared with adult social care, however the turnover for children's social care staff within the council is very high and therefore the sickness levels are not as high as Adults and Communities who generally have more employees remain in service for a longer time.

5.2.3 This has been a useful exercise for Adults and Communities to undertake, as it has and will allow them to identify specific measures which could best be used based specifically on their workforce. The Committee would hope that the Corporate Managing Attendance Group (CMAG) ensures that this kind of analysis provided above is undertaken in other directorates, with the results then being compared and analysed. This, in addition, would allow areas of commonality across directorates to be identified and best practice shared. We do not anticipate this being a particularly resource intensive piece of work, given the new People Solutions systems information reporting capability.

	Recommendation	Responsibility	Completion Date
R06	That the Corporate Managing Attendance Group (CMAG) supports each directorate to undertake in depth analysis of their sickness figures, against such factors as gender and age. This is then to be fed back to the Cabinet Member for Equalities and Human Resources and CMAG for further analysis to identify common areas and enhance sharing of best practice.	Cabinet Member for Equalities and Human Resources	October 2011

Breaking down sickness levels

5.2.4 In discussion with officers, it was highlighted that there could be a case to analyse certain sickness absence types separately from the overall figures, this would mean examining them and the remaining sickness statistics in a more in depth way. Ways in which sickness figures could be broken down include extracting such things as:

- Known long term sickness figures e.g. for those absent after surgery;
- Absence due to the nature of service delivery (Those who cannot come into work due to the policy of the Council e.g. care workers in residential homes for the elderly);

- Known work and non work related stress (People Solutions coding could provide this information).

5.2.5 By moving towards a more analytical method and utilising the reporting tools we have directorates will be able to identify the absence which cannot be anticipated in addition to identifying measures to tackle the known types of absence themselves. As such we would recommend that the information in the new People Solutions system is regularly interrogated in this way and through any other ways which directorates may suggest as helpful, to allow senior managers to gather more insight into their sickness figures.

	Recommendation	Responsibility	Completion Date
R07	That sickness figures are analysed in a variety of suitable ways, to help identify problem areas and solutions to particular types of absence. This analysis could include: • Extracting known long term illnesses e.g. absence due to a broken bone; • Coding stress / anxiety and depression in sufficient detail to identify work and non work related stress where possible; • Extracting and examining separately absence which is due to a service areas policy e.g. those with a transmittable illness working in care homes; and • Identifying sickness by manual and non manual employees.	Cabinet Member for Equalities and Human Resources	October 2011

5.3 Corporate versus occupational targets

5.3.1 The factors which tend to influence individual directorates, as described above, adds to the notion that separately agreed targets would be useful for directorates. There is a risk, identified by managers, that commitment to a corporate target could be easily lost, given it is impossible to achieve for some and for other service areas could be considered too high.

5.3.2 Officers and Members agreed that with such a large and complex organisation, one global target for sickness absence for all may not be appropriate. Simply looking at the cross section of sickness levels within one directorate shows that one target is probably not sufficient and services should be working towards a target which is realistic for themselves.

5.3.3 The Committee would support the application of differential targets within the organisation which contribute to an overall reduction in the sickness figure. How this is implemented would be for senior managers to decide. There is an argument which could suggest that directorate or service

area targets would be appropriate, but alternatively a target for a particular type of job or group, which span all directorates, may be more appropriate. We would suggest that initially job types or groups are the focus for this piece of work, as this would mean that only a relatively small set of targets would need to be developed.

	Recommendation	Responsibility	Completion Date
R08	That investigation is undertaken to produce a set of targets which will contribute to an overall reduction in sickness. This to be examined initially by job type or group.	Cabinet Member for Equalities and Human Resources	December 2011

6 Conclusions

6.1.1 It is inevitable that people do become ill and may need to be absent from work. However, the City Council rightly aims to have a high level of attendance and to deal with sickness absence fairly, consistently, and appropriately. With significant change and tough public spending cuts expected over the coming years, there is little room for complacency on this issue.

6.1.2 This review has highlighted some of the areas which could be further enhanced to move towards a sustained reduction in sickness absence. This review demonstrated to us that some of the myths related to sickness absence were on the whole not true. Whilst it is inevitable that some people will use the system to their advantage, the perception that employees see sick leave as a right tends not to be true and the new People Solutions system was for the most part not revealing patterns which would suggest that people were using sickness absence as a form of annual leave. The recommendations in this review have clearly focused on how managers can be further supported in their efforts to reduce sickness and how the new tools available mean that the organisation can develop interventions from a sound evidence base. The Executive may wish to go further than this in the future to examine the principles behind the policy and test out new methods to reduce sickness, such as linking pay more closely with short term absence.

6.1.3 Ensuring that managers are well equipped to tackle sickness through the tools and guidance which is provided to them is most important. Members would like to see strengthened support provided to those who are working more closely to the front line, through better communication channels. Alongside this there should be a greater onus on the employee in managing their own reduction in sickness.

6.1.4 To assist managers in analysing and monitoring their own area's sickness levels, the Committee would like to see more analysis undertaken of the Council's current sickness figures, taking advantage of the reporting power which the new People Solutions system provides the organisation. This could include breaking down figures by various external and influencing factors.

6.1.5 Finally, to provide managers with a realistic and achievable goal, more specific targets could be introduced for service areas and groups. This is not to say that the majority of targets should be higher than the current corporate figure, we may find that some, for example office based services, could easily be lower than the corporate target.

6.1.6 Overall, if the City Council can clearly demonstrate the limits of tolerance with regards to sickness and focus on a strong evidence base for interventions then hopefully, through greater understanding and support of its employees, the organisation will be able to sustain a more significant reduction in sickness absence over time.

	Recommendation	Responsibility	Completion Date
R09	That alongside the regular updates on sickness through the workforce profile, the Equalities and Human Resources O&S Committee receives the Corporate Managing Attendance Group update which is regularly reported to Cabinet Member, EMT etc.	Cabinet Member for Equalities and Human Resources	October 2011

	Recommendation	Responsibility	Completion Date
R10	That the Cabinet Member report back on the progress of these recommendations to a future meeting of the E&HR Overview and Scrutiny Committee.	Cabinet Member for Equalities and Human Resources	October 2011

Appendix 1: Executive review of sickness absence recommendations

KEY RECOMMENDATIONS	PROGRESS			STATUS / CONSIDERATIONS
	Already in Some Areas	Planned/ Not Started	New Development	
Define an integrated strategic management framework for the Council			●	
Define the Occupational Health Service role within the organisation			●	
Effectively support employee health and well being	●			A number of stress initiatives in place
Define an evidence based business case approach for 'invest to save' workforce health projects, including a consistent evaluation process			●	
All Directorates to set up an Attendance Panel	●			Already in place in some Directorates
Ensure that managing sickness absence is a standing item on DMT agendas and DMTs ensure compliance with the procedures	●			Already in place in some Directorates
Confirm Terms of Reference, membership and specific proposals for CMAG Work Programme and Task / Finish Groups			●	Outline Terms of Reference agreed at Priority Review Project Board
Confirm mechanisms for delivery of Priority Review Action Plan			●	
Ensure experience of what does and doesn't work is shared between Directorates, HR and other key professionals	●			Many networks in place – CMAG to ensure full coverage across BCC
Incorporate CMAG progress into Cabinet Member, EMT, CMT, and EMCB reporting			●	Use existing reporting lines via Corporate Director of HR
Define clear roles and responsibilities for analysis and reporting requirements and expectation for the use of data, reports and management information, including Cost and Occupational Benchmarking data		●		More detailed information available from SAP
Agree reporting templates and timetables to EMT and CMT		●		
Exploit the functionality of SAP to produce effective standard reports	●			Some data still generated from HRIS
Ensure that Directorate Management Teams enforce data compliance within their Directorates			●	Monitoring data available in SAP. Compliance ongoing via Directorates.
Undertake detailed analysis of trends and patterns within occupational / demographic groups	●			

KEY RECOMMENDATIONS	PROGRESS			STATUS / CONSIDERATIONS
	Already in Some Areas	Planned/ Not Started	New Development	
Develop action plans around the most common causes of absence				
Pilot Level 2 (more detailed) reporting of sickness absence reasons			●	Available in SAP as an option – pilot to test mandatory recording
Breakdown definitions of occupational groups with similar pressures linked to sickness absence Benchmark data internally and against other organisations	●			Some benchmarking undertaken, but HRIS data not aligned to structures
Measure the impact of the revised Managing Absence Procedure			●	New triggers are expected to reduce the length of short term absences
Adopt a corporate framework for calculating the cost of sickness absence		●		SAP report in development
Report costs of sickness as part of regular updates on sickness levels to EMT and CMT			●	Carefully consider FOI implications
Revised Managing Absence Procedure: Carry out an assessment, to ensure clear and consistent communication and guidance for managers and staff		●		Guidance on People Solutions being revised and updated
Ensure that policies and the Birmingham Management Framework, Blended Learning and supporting guidance are aligned			●	
Provide an audit of networks, mechanisms and processes that will inform policy review and sharing of best practice	●			Many established networks in place
Implement the people management skills aspects of the Birmingham Management Framework including rolling out the Leadership and Development Programme		●		Framework being developed
Include people management objectives in PDRs of all line managers at whatever level of seniority			●	Process established. To complement behaviours in the Birmingham Way
Review current OHS related guidance and information available to managers			●	Existing guidance moved to People Solutions
Ensure the medical advice needs of managers are provided to enable them to make management decisions	●			Monitor via CMAG and agree appropriate action.
Clarify where and how to get advice on disability issues		●		Part of HR Future Operating Model
Review disability related training and guidance material and information available to managers		●		Consider Blended Learning options, similar to other HR developments
Consider the applicability of “disability leave schemes”			●	

Appendix 2: Sickness figures as at December 2010

SUMMARY

MONTH OF December 2010

DEPARTMENT/DIRECTORATE	TOTAL SICKNESS DAYS	AVG. FTE EMPLOYEES	AVERAGE DAYS PER FTE IN PERIOD	AVERAGE DAYS PER FTE EMPLOYEE PER YEAR	DAYS DUE TO SHORT TERM	DAYS DUE TO LONG TERM	NO. OF EMPLOYEES WITH SHORT TERM SICKNESS	NO. OF EMPLOYEES WITH LONG TERM SICKNESS	NO. OF ABSENCES
ADULTS & COMMUNITIES	5492.94	3476.81	1.6	18.6	2281.7	3211.3	512	254	766
CORPORATE RESOURCES	2136.80	2783.99	0.8	9.0	1371.3	765.5	436	55	491
CHILDREN, YOUNG PEOPLE & FAMILIES (NON SCHOOLS)	6384.60	5682.98	1.1	13.2	3191.9	3184.8	1016	273	1288
CHILDREN, YOUNG PEOPLE & FAMILIES (SCHOOLS)	12426.31	17131.81	0.7	8.5	3487.4	8938.9	2085	764	3025
DEVELOPMENT	1096.96	1077.03	1.0	12.0	716.7	380.3	199	28	237
ENVIRONMENT & CULTURE	2136.65	1998.76	1.1	12.6	1197.9	938.8	308	68	376
HOUSING	2902.19	2674.67	1.1	12.8	1298.8	1603.4	435	135	570
NOT ASSIGNED ORGANISATIONAL UNIT(S)	31.00	18.39	1.7	19.9	2.0	29.0	2	5	7
TOTAL	**32607.45**	**34844.44**	**0.94**	**11.03**	**13547.61**	**19051.99**	**4993**	**1582**	**6760**

CUMULATIVE APRIL 2010 TO December 2010

DEPARTMENT/DIRECTORATE	TOTAL SICKNESS DAYS	AVG. FTE EMPLOYEES	AVERAGE DAYS PER FTE IN PERIOD	AVERAGE DAYS PER FTE EMPLOYEE PER YEAR	DAYS DUE TO SHORT TERM	DAYS DUE TO LONG TERM	NO. OF EMPLOYEES WITH SHORT TERM SICKNESS	NO. OF EMPLOYEES WITH LONG TERM SICKNESS	NO. OF ABSENCES
ADULTS & COMMUNITIES	40249.01	3561.90	11.3	15.0	11344.3	28904.5	2511	754	3300
CORPORATE RESOURCES	14659.76	2509.94	5.8	7.8	5823.0	8836.8	1785	237	2022
CHILDREN, YOUNG PEOPLE & FAMILIES (NON SCHOOLS)	49920.35	5654.85	8.8	11.7	16923.7	32996.6	5403	992	6618
CHILDREN, YOUNG PEOPLE & FAMILIES (SCHOOLS)	105710.66	17143.77	6.2	8.2	38923.8	66787.0	13272	2062	29313
DEVELOPMENT	7215.06	1099.07	6.6	8.7	3136.8	4078.2	955	117	1082
ENVIRONMENT & CULTURE	14153.09	1981.21	7.1	9.5	5436.8	8716.3	1337	246	1583
HOUSING	25496.32	2665.34	9.6	12.7	7354.6	18141.7	2287	500	2813
NOT ASSIGNED ORGANISATIONAL UNIT(S)	5382.46	677.38	7.9	10.6	1307.1	4075.3	410	156	566
TOTAL	**262786.71**	**35293.46**	**7.45**	**9.89**	**90250.18**	**172536.39**	**27960**	**5064**	**47297**

Appendix 3: BCC causes of absence

Sickness Reason	FTE days lost to sickness			
	November 2010	December 2010	Year to date	% year to date
Anxiety, Stress, Depression[6]	5307.2	6031.4	53107.8	20.6
Other known causes – not given elsewhere[7]	3994.1	3761.2	33365.8	12.9
Injury and fracture	1859.3	2441.4	20176.5	7.8
Unknown causes / not specified	2646.6	2256.8	19385.8	7.5
Other musculoskeletal – exclude back	1814.5	1981.5	18543.3	7.2
Back problems	2089.6	2189.9	18268.7	7.1
Gastrointestinal problems	2209.0	1652.7	16136.0	6.3
Cold, cough, flu – influenza	2729.3	4860.3	15854.2	6.1
Chest and respiratory problems	1267.4	1688.8	9555.6	3.7
Benign and malignant tumours, cancers	872.2	990.1	8160.9	3.2
All other causes	5236.2	4730.6	45485.9	17.6
Total	**30025.3**	**32584.5**	**258040.5**	**100**

[6] This sickness category includes work and non work related conditions
[7] Other known causes are those not easily classified into existing categories

Appendix 4: Absence process charts

Long term absence

DAY 1	DAY 4	DAY 8	DAY 14	WEEK 4	BY END WEEK 8	BY END WEEK 14	
Initial contact **Employee** must notify manager of absence.	Employee must notify manager of continuing absence and likely return date, where possible.	Doctor's Note Employee must obtain medical certificate (s) for duration of further absence. Employee must notify manager of continuing absence and likely return date, where possible.	Maintaining Contact Manager will contact employee re: how they are getting on, prospects for return to work any support that can be offered to facilitate return to work setting provisional date for a home visit.	Home Visit Manager will either meet with employee (at home or alternative venue) or agree other means of keeping in touch. Aim of meeting is to explore options to support return to work and will form the basis of an Attendance Improvement Plan.	Referral to Occupational Health Manager will refer employee to Occupational Health with a view to determining: 1)When the employee is likely to return to work and level of recovery 2) Any support and or appropriate action(s) that may assist this process	Case Review Manager will review case, who is encouraged to seek advice as appropriate, eg from HR, occupational health, Safety Services, Legal Services etc to support in determining how best to proceed in the management of the case. This is not a hearing or meeting with the employee but an opportunity for the manager to consider the features of the case.	If there is no prospect of return to work and long term absence is going to continue: Refer the matter to a Final Case Hearing

Short term Absence process

STAGE 1	STAGE 2	STAGE 3	STAGE 4		STAGE 5
Return to work interview	**Attendance Review Meeting**	**Attendance Improvement Plan Meeting**	**Progress Review**	**Referral to Occupational Health**	**Final Case Hearing**
Triggers After every episode of sickness absence	**Triggers** **(within a 12 month rolling period)** • 4 or more absences totalling 10 days or less (pro-rata for P/T employees) • 11 days or more absence (pro-rata for P/T employees)	**Triggers** **(within a 12 month rolling period)** • 4 or more absences totalling 11or more days (pro-rata for P/T employees) • 21 days or more absence (pro-rata for P/T employees)	A Progress Review will be held no later than 3 months after issue of an Attendance Improvement Plan		If the Attendance Review and Progress Review indicate the likelihood of ongoing absence issues, the matter will be referred to a Final Case Hearing to consider: •Ill health retirement, •medical redeployment •termination of employment •Any further recommendations
Manager conducts Return to Work Interview (RTWI) and completes RTWI form	**The Attendance Review Meeting** the manager will: •review previous attendance records and identify support where necessary. •discuss the attendance pattern with employee (and representative), **No further action is necessary if the manager believes that overall attendance patterns are satisfactory** After reviewing attendance the manager will: • set a target for improvement if warranted • record and monitor absence levels within an **Attendance Improvement Plan**. ***NB If an employee has 21 days or more absence (pro-rata for P/T employees) they will automatically go into Stage 3.***	**At the Attendance Improvement Plan meeting** the manager will: •review previous attendance records and identify support where necessary. •discuss the attendance pattern with employee (and representative), After reviewing the attendance the manager will: Issue an Attendance Improvement Plan (except in cases of exemptions) set a date for a follow up meeting no later than **3 months** from the date of the Attendance Improvement Plan. The appropriate Assistant Director will be informed.		If a Final Case Hearing is triggered then the employee will be referred to Occupational Health and the advice given will be considered as part of the Final Case Hearing.	