

BRISTOL CITY COUNCIL
HUMAN RESOURCES COMMITTEE

For Information

January 2011

Report of: Strategic Director of Corporate Services
Title: Sickness Absence - follow up report
Officer Presenting Report: Karen Stephens, HR Adviser, Strategic HR
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RECOMMENDATION

Committee is asked to:

- (1) Note that the Council sickness absence rate was 7.57 days per employee as at 30 September 2010.
- (2) Note that the sickness absence rate for the Council workforce compares favourably with the public sector average of 9.6 days per employee.
- (3) Note that absence management continues to remain a key priority for the council and that targeted action continues to be taken to improve the health and well-being of our workforce

Summary

In July 2010 Members endorsed the decision of SLT to discontinue the Sickness Absence Support Line for parts of Health & Social Care, Legal Services and Children, Young People & Skills. It was also resolved that sickness absence training would continue for managers in areas of high absence within H&SC and CYP&S, and that managers would receive regular information from STS regarding sickness absence. HR were tasked with ensuring that managers were firmly reminded of their responsibilities in relation to sickness absence. Members requested a report on sickness absence activity across all Directorates in January 2011.

The significant issues in the report are:

- In overall terms, the sickness absence rate has reduced compared to performance in 2009. Overall performance compares favourably to the rest of the public sector.
- All Service Managers receive monthly reports detailing any sickness absence in their teams.
- Sickness absence training sessions have been run during 2010 in Heath & Social Care, Legal Services and Children & Young People's Services.
- Targeted HR support for managers in H&SC has been put in place to deal with complex sickness absence cases.
- A Health at Work Task Group has been recently established to focus on developing preventative strategies to help reduce absence.

1. Policy

- 1.1 The Managing Attendance Policy clearly states it is a manager's responsibility to manage attendance effectively and in accordance with the policy.

2. Consultation

2.1 Internal

The views of HR Business Partners, the Learning partner for H&SC and STS HR management have been requested in preparing this report. The HR Business Partner for H&SC has highlighted that although there are areas of improvement, sickness absence in H&SC remains considerably higher than other departments, which affects the Council average. Dedicated support of 1fte HR Adviser has been provided to H&SC, which has greatly assisted with specific sickness absence cases. This support is likely to continue post December 2010 and the on-going project is currently being scoped by HR and H&SC management.

2.2 External

The Chartered Institute for Personnel and Development 2010 Absence Management Survey highlighted that absence management in the public sector was 9.6 days per employee. In the manufacturing and non-profit sectors, the absence rate was found to be 6.9 and 8.3 days per employee respectively. In the private sector, employee absence was found to be 6.6 days per employee.

3. Context

- 3.1 A sickness absence support line was piloted during 2009/10 within some areas of Health and Social Care, C&YPS and Legal Services. This was discontinued on the basis that there was “no business case which would justify the ongoing provision”. Instead, the Committee recommended that management training should continue in areas within H&SC and CYP&S, where there are high levels of sickness absence, and that managers receive regular information from the STS regarding sickness absence of individual employees.
- 3.2 A number of management training initiatives within Health & Social Care, Legal Services, and Children, Young People & Skills have been undertaken as follows:
- H&SC has run 5 management training sessions - attended by 66 managers
 - CYP&S has run 5 management training sessions - attended by 81 managers
 - Legal Services has run 1 management training session - attended by 9 managers
- 3.3 For the purposes of comparison, sickness absence statistics for Bristol City Council for the periods ending September 2009 and September 2010 are as follows;

Directorate	Average number of workings days/shift lost per employee 1 Oct 2008 - 30 Sept 2009	Average number of workings days/shift lost per employee 1 Oct 2009 - 30 Sept 2010
City Council	7.70	7.57
City Development	6.51	5.75

Directorate	Average number of workings days/shift lost per employee 1 Oct 2008 - 30 Sept 2009	Average number of workings days/shift lost per employee 1 Oct 2009 - 30 Sept 2010
CYP & Skills	6.77	6.61
Deputy CX	4.51	1.81
Health & Social Care	15.02	15.41
Neighbourhoods	7.33	7.61
Resources	5.33	5.27
Transformation	6.03	6.42

- 3.4 Members will note that between 1 October 2009 and 30 September 2010 Bristol City Council sickness absence overall has reduced marginally by 0.13 days/shifts per employee. Four Directorates have seen a reduction; Transformation and Health & Social Care have both seen increases of 0.39 days/shifts per employee, and Neighbourhoods an increase of 0.28 days/shifts per employee.
- 3.5 With the phased roll-out of manager self service, e-forms and the increased requirement for 'nil' returns, there has been a greater emphasis on sickness absence reporting across the Authority. Arguably, more accurate sickness absence reporting is likely to lead to a potential increase in absence figures.
- 3.6 Health & Social Care have focused upon the management of sickness absence as a priority in recent months. Although there has been improvement in several areas, across much of H&SC sickness absence remains well above the council average. A team was set up to review short and long term absence cases, to advise upon necessary action and bring them to a conclusion. Several training courses have been held, and an HR Adviser is currently seconded to H&SC on a full time basis to support them.
- 3.7 Further analysis shows that the average number of working days/shifts lost (within H&SC), for the period 1 October 2009 to 30 September 2010, once long term sickness absence is excluded is 6.36. This demonstrates that the vast majority (59%) of sickness absence within the Directorate for the period in question relates to long term, rather than short term absence.

- 3.8 Early signs are that this action and focus is achieving positive results. There were 211 long term sickness cases within H&SC as at 1 October 2009 and during the period from 1 October 2009 until 30 September 2010; 154 employees returned to work, 24 were dismissed on health grounds. Action is required / being taken for a further 33. In order to achieve sustainable change and improvement, further work is necessary. Therefore, this project is currently being re-scoped by H&SC and HR management with a view to continuing and possibly up-scaling dedicated resources to support the management of sickness absence.
- 3.9 Sickness details by employee for a rolling 12 month period are sent by STS HR Systems on a monthly basis to all service managers for their work area. This information details each period of absence, start date end date, time lost and reason codes, and provides managers with accurate data to enable them to manage individual cases of absence. These reports now emphasise the responsibility of line managers in managing the sickness absence of their staff.
- 3.10 A **Health at Work Task Group** has also recently been established as part of the People Strategy. The group includes representatives from Strategic HR (including Occupational Health & Health and Safety), Learning and Development, the Public Health Policy Team and Sports Services as well as trade union representatives. The work streams cover areas such as:-
- Workplace Initiatives such as smoking cessation workshops and health walks etc, in conjunction with NHS Bristol.
 - Supporting absence reductions in Health and Social care with targeted initiatives to find the employee perspective on sickness absence and what may “make a difference” in reducing absence.
 - Communications and providing accessible health resources to all employees on line via the Council's public web site. These resources will also be publicised to all other employers in the City.
- 3.11 The work of the Task Group is overseen by the Executive Member of Health and Care who receives regular reports. The work of the Task Group is also consistent with the objectives of the recently published Public Health White Paper and in particular the obligation on all employers in respect of health at work.
- 3.12 At its previous meeting, this Committee endorsed the OH&C Annual Report for 2009/10. It was agreed that subsequent annual reports will cover the Council's sickness absence levels (year by year) and any new initiatives which may emerge.

4. Proposal

- 4.1 That sickness absence continues to be monitored and managed by line managers, with HR support as requested, in accordance with the Managing Attendance Policy.

5. Other Options Considered

- 5.1 Members made the decision to discontinue the Sickness Absence Line in July 2010 for reasons set out in this report.

6. Risk Assessment

- 6.1 Inefficient or ineffective management of sickness absence will be costly. Up to date sickness absence details of their staff will enable managers to take appropriate, timely action in line with the Managing Attendance procedure.

7. Equalities Impact Assessment

- 7.1 There will be no adverse impact on any employee if the Managing Attendance Policy is implemented fairly.

Legal and Resource Implications

Legal

There are no direct legal implications arising from this Report. The Council's Managing Attendance Policy and Procedure provides clear guidance to managers and staff in dealing in sickness absence.

(Advice from Husinara Jones for Head of Legal Services)

Financial

(a) Revenue:

There are no direct financial implications arising from this report.

(Advice from Stephen Skinner, Finance Business Partner Resources, Transformation and Deputy Chief Executive)

(b) Capital:

Not applicable.

Land

Not applicable.

Personnel

1. A more robust approach to managing sickness will encourage employees to improve their attendance.
2. Reducing sickness absence will reduce pressure on colleagues who have to cover absentees.
3. Supporting employees to reduce their sickness absence will have a positive impact on their well being

Appendices

None.

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:**

“CIPD Annual Absence Management Survey 2010 – Executive Summary”

http://www.cipd.co.uk/NR/rdonlyres/818634DC-5292-47D9-A284-5D55FBB824CE/0/5343_Absencemanagementsurvey2010Execsummary.pdf

“Healthy lives, healthy people White Paper: Our strategy for public health in England” . Published by HM Government - 30th November 2010

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf