

**Subject:** Attendance Management  
**Date of Meeting:** 1 February 2011  
**Report of:** Strategic Director Resources  
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**Wards Affected:** All

**FOR GENERAL RELEASE****1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide the Governance Committee with an overview of the action the council has taken to manage sickness absence within its workforce and how its performance in this regard compares with other local authorities over the last five years.

**2. RECOMMENDATIONS**

- 2.1 That the Governance Committee notes the report.

**3. BACKGROUND INFORMATION****Historical levels of sickness absence**

- 3.1 How well an organisation manages sickness absence within its workforce was reflected in its Best Value Performance Indicator, BVPI 12, which measured the average number of working days/shifts lost due to sickness absence per employee.
- 3.2 The figures for Brighton & Hove in each of the last 5 years is shown in Table 1 below. The table also shows how the council has performed in relation to all English authorities and Unitary authorities specifically over the same period.
- 3.3 Table 1:

FTE days lost due to sickness per employee	2005/06	2006/07	2007/08	2008/09	2009/10
Councils in England	9.6	9.4	9.4	9.2 *	No data available
English Unitaries	No data available	10.5	No data available	9.3 *	No data available
Brighton & Hove	9.81	10.92	10.12	9.99	10.18

Key: \* Not a BVPI figure - taken from the Local Government Employers' Sickness Absence Levels and Causes Survey 2008-2009

3.4 A summary of how the council's sickness absence results for 2007/08 compared with a number of other authorities for which benchmarking data could be obtained is shown in Table 2. Due to the abolition of BVPIs, this is the final year for which data is available.

3.5 Table 2:

Local authority	Average number of days lost due to sickness per employee
Hampshire	6.85
West Sussex	7.72
East Sussex	7.95
Croydon	8.13
Kent	8.22
Isle of Wight	8.43
Westminster	8.88
Sefton *	8.89
Surrey	8.90
Torbay *	9.31
Southampton *	9.41
Calderdale *	9.42
York *	9.54
Bournemouth *	10.12
Brighton & Hove *	10.18
Blackpool *	10.23
Canterbury	10.28
Birmingham	10.38
Newcastle *	10.49
Bristol *	10.62
Brent	11.20
Portsmouth *	11.22
Leeds	12.18
Hull	12.81
Adur	15.22

Key: \* authorities that form part of the Audit Commission/ CIPFA Family Group

3.6 Although the level of sickness absence within the council in 2007/08 was not as high as some authorities for which benchmarking data was available, it has hovered just above the average for local authorities in England and other unitary councils over the last five years. It was recognised that there was room for improvement.

**Action taken by HR to improve attendance levels**

3.7 Various approaches to achieving a reduction in levels of sickness have been taken over the last few years. These have included revising the policy, substantial training for managers and some targeted work in key areas.

3.8 In June 2005, an external grant from the Department of Health was secured and used to establish a temporary sickness improvement team within HR. The objectives were to review management information and work with front-line managers to improve effective use of staffing resources and in particular to work

with them to reduce sickness absence within social care services. Sickness data was analysed so that interventions could be targeted to best effect and a coaching and skills development programme was provided for managers to equip them to deal more effectively with sickness cases.

- 3.9 This work, which continued until the end of March 2006, contributed to a reduction in sickness absence across the council as a whole. Indeed, the BVPI 12 figure for 2005/06 was the lowest it had been for 5 years.
- 3.10 However, once dedicated HR resources were no longer available, levels of sickness absence increased slightly in the following two years.
- 3.11 In view of this situation, and given the success of the HR improvement team in 2005, a similar HR project targeting sickness levels in adult social care and housing was introduced in June 2008.
- 3.12 The adult social care and housing service was selected as this area had much higher levels of sickness absence (an average of 16.54 days per employee per year) compared with the rest of the council.
- 3.13 The project, which was supported by senior management, implemented the following initiatives to improve the approach to sickness management:
- introduction of instant sickness reporting – previously sickness was reported at the end of each month which meant that there was an inevitable delay in being able to provide up-to-date management information on sickness
  - provision of weekly sickness absence data to managers highlighting those employees whose attendance levels were giving cause for concern
  - provision of monthly reports on the performance of the service in terms of the sickness trends and the levels and causes of employee absence
  - supporting managers to meet with employees as soon as their absence was giving a cause for concern
  - introduction of case conferencing to ensure the effective management of sickness cases
  - comprehensive training for managers in effective sickness management
  - distribution of concise guidance in the form of factsheets on various aspects of attendance management to line managers
  - introduction of fast-track referrals to occupational health for individuals with stress and musculo-skeletal conditions – these were the two most prevalent causes of absence within the service
  - introduction of wellbeing initiatives to encourage staff to adopt healthier lifestyles.
- 3.14 By the end of the nine-month project, the average number of days lost due to sickness per employee had reduced from 16.54 to 14.78. Improved levels of attendance also led to a 9.74% reduction in spend on agency workers compared with the previous year.
- 3.15 Keen to build on this success, a similar approach was used to target sickness hotspots within the Culture & Enterprise directorate between April and September 2009. These new approaches to attendance management resulted in a drop in sickness of 16.5%.

- 3.16 Although these projects resulted in the sickness absence figure for the council dropping to a similar level to that seen after the adult social care initiative in 2005/06, it has unfortunately increased again. It was therefore necessary to review our approach to attendance management in order to ensure that improvements achieved could be sustained.
- 3.17 We therefore investigated the strategies employed by other authorities that had been successful in reducing and maintaining lower levels of sickness within their workforces.
- 3.18 One factor that appeared consistent across those authorities that had achieved low rates of sickness, was that they had managed to get their managers to consistently and rigorously apply their organisation's sickness procedures.
- 3.19 Members will be aware that at the last meeting they approved a new Attendance Management Procedure which is designed to improve the effectiveness of sickness absence management across the organisation.
- 3.20 The main features of that policy are:
- a single procedure providing a step-by-step approach for managers to follow when managing any sickness absence issue
  - "fast-tracked" appointments to occupational health for staff who have mental health or musculo-skeletal conditions appointments so as to promote earlier recovery
  - absence management is presented as a problem-solving rather than a "disciplinary" process
  - more advice for line managers on supporting sick employees, particularly those with disabilities and mental health conditions
  - clear guidance on time off for medical appointments and planned treatment to manage or improve conditions as part of reasonable adjustments for disabled staff rather than showing this as sick leave
  - re-setting "Attendance Concern Levels" at three (from four) spells of absence in six months to ensure that standards are understood and support can be offered quickly
  - Absence Review Meetings to be held for all staff who reach council "Attendance Concern Levels" in order to avoid inertia or inconsistent treatment of employees
  - new guidance for employees on the purpose of the Absence Review Meeting and how to prepare and engage to make it an effective process from the employee's perspective
  - the issuing of a formal warning following most Absence Review Meetings although there is discretion not to warn (for example where the nature of the absence makes recurrence unlikely or where an exemplary employee has an unusual bout of illness)
  - an improved appeal process with emphasis on appeal grounds being provided in advance.
- 3.21 A small group of HR professionals has been established to plan for, and oversee, the implementation of the new procedure. The main aims of the group are to achieve a reduction in levels of sickness absence across the organisation by:
- improving the quality and timeliness of sickness absence data captured

- improving the value to managers of the sickness absence reports produced by the new HR system
  - ensuring that the management of sickness absence is viewed as a high priority by managers
  - improving the speed and effectiveness of management interventions in sickness cases, particularly long-term cases that make up a significant proportion of employee absences.
- 3.22 A key priority of the group will be to look at how to maximise the capabilities of the new HR system (PIER). For example, work is currently underway to enable the system to automatically send e-mail alerts to line managers as soon as one of their employees reaches an Attendance Concern Level.
- 3.23 An e-learning package is also being developed and this, combined with a skills development programme for managers, will ensure that managers are better equipped to manage attendance effectively when the new policy is launched in April.

#### **4. CONSULTATION AND ENGAGEMENT**

- 4.1 It has not been necessary to consult with stakeholders due to the nature of this report.

#### **5. FINANCIAL & OTHER IMPLICATIONS**

##### Financial Implications:

- 5.1 There is a cost associated with sickness absence. This includes the time lost for each employee who is away from work as well as the cost of providing cover arrangements (where deemed essential by management) through the payment of overtime to colleagues or the engagement of additional temporary or agency workers. Financial savings will be realised, and value for money evidenced, if the council can achieve and sustain a reduction in the average number of days lost per employee due to sickness absence.

*Finance officer consulted: Anne Silley*

*Date: 17/01/11*

##### Legal Implications:

- 5.2 The council's policy and approach to managing sickness absence in the workplace complies with relevant legislation, codes of practice and case law.

*Lawyer consulted: Oliver Dixon*

*Date: 17/01/11*

##### Equalities Implications:

- 5.3 The council's policy and practices on managing sickness absence comply with the Equalities Act 2010.

##### Sustainability Implications:

- 5.4 None.

Crime & Disorder Implications:

5.5 None.

Risk & Opportunity Management Implications:

5.6 Effective sickness absence management leads to improved productivity and performance on an individual and collective team basis. It is also likely to facilitate staff retention and result in improvements in the quality, continuity and cost effectiveness of service delivery.

Corporate / Citywide Implications

5.7 Above average levels of sickness absence impair the council's ability to deliver efficient and effective services that offer value for money to the City's residents.

**SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents In Members' Rooms**

None

**Background Documents**

None