

## TRAFFORD COUNCIL

**Report to:** Employment Committee  
**Date:** 1<sup>st</sup> July 2013  
**Report for:** Information  
**Report of:** Joanne Hyde, Director of Human Resources

### Report Title

**Sickness Absence Audit**

### Summary

**This report provides information on the outcome of a recent sickness absence audit and sets out the next steps.**

### Recommendation

**That Employment Committee notes the information contained within this report.**

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### Background Information

Relationship to Policy Framework/Corporate Priorities	Sickness absence performance aligns with the corporate priorities of Low Council Tax and Value for Money and Re-Shaping Trafford Council.
Financial	Improvements in sickness absence results will provide savings for the Council.
Legal Implications:	In line with relevant legislation and good practice
Equality/Diversity Implications	In line with relevant legislation and good practice
Sustainability Implications	None
Staffing/E-Government/Asset Management Implications	The revised strategy will continue to support the robust management of absence.
Risk Management Implications	None
Health and Safety Implications	None

## 1. INTRODUCTION

- 1.1 Over the past eighteen months, the HR Service has transformed into a much leaner and more strategically focussed service. This modernised, operating model essentially empowers managers to take responsibility for managing their workforce, with HR taking responsibility for the architecture.
- 1.2 This leaner service, with an increased focus on strategic, organisational improvement has meant that accountability for operational staffing matters has been devolved to line management and this transition has been facilitated through the development of effective HR policies and procedures and targeted HR training and coaching.
- 1.3 Historically, the HR function has taken a significant lead on people management issues, in particular on the management of attendance. However, since the transformation of the HR service and the migration onto the Council's new I-Trent system, this responsibility has shifted to line managers, with the HR Service facilitating the change by supporting managers on the use of the Manager Self-Service function and also by providing training on absence management procedures. In line with the modernised operating model, the expectation is that HR officers will act on a consultancy basis in respect of the most complex of cases or where cases have reached the dismissal stage.
- 1.4 The transition has been challenging as some service areas have historically been heavily reliant upon operational support from the HR Service, however, HR officers have worked diligently with managers to try and facilitate the transition.
- 1.5 Given that the revised arrangements have been in place for 12 months now and that directorates are at year end in terms of targets and performance, it has been timely to review absence management procedures in order to assess progress and implement measures for future improvement.
- 1.6 Table 1 below sets out the sickness absence figures, by directorate, as at year end 2012/13:

<u>Directorate</u>	<u>2012/13</u> <u>Year end</u> <u>result</u>	<u>Target</u>	<u>Target</u> <u>Variance</u>	<u>2011/12</u> <u>result</u>	<u>2011/12</u> <u>target</u> <u>variance</u>
CYPS	10.61	9.00	1.61	9.68	0.68
CWB	13.48	9.00	4.48	12.20	3.20
EGP	4.72	9.00	-4.28	5.75	-3.25
ETO	10.20	9.00	1.20	9.34	0.34
T&R	7.34	9.00	-1.66	9.68	0.68
<b>Total (excl Schools)</b>	<b>10.02</b>	<b>9.00</b>	<b>1.02</b>	<b>9.93</b>	<b>0.93</b>

## **2.0 BACKGROUND AND SCOPE**

- 2.1 Since the migration onto I-Trent, much work has been undertaken by the HR Management Information Team to develop robust and meaningful management information on the levels of sickness absence across directorates.
- 2.2 In this respect, a set of corporate reports has been developed for Corporate Directors and HR Business Partners. These reports specifically assist with the management of the Council's Top 50 absences as well as providing the information that feeds into Performance Manager.
- 2.3 Following migration to i-trent, the HR Management Information Team has continued to monitor system output and where faults have been identified, the team has rectified these in conjunction with Midland Software.
- 2.4 In addition to system monitoring, the Business Partner service has continued to monitor levels of sickness absence across directorates and have intervened where there have been concerns about procedural compliance.
- 2.5 With this in mind and to ensure that the sickness absence audit covered both quantitative and qualitative information, the aim of the audit was:
  - To undertake an analysis of system recording and reporting
  - To assess compliance with sickness management procedures

## **3.0 THE APPROACH**

- 3.1 In terms of the system audit, this was undertaken by the HR Management Information Team who analysed a full set of absence data from the Transformation & Resources Directorate, as a representative sample. The system audit essentially involved the cross checking of routine system absence reports with live system data, as well as the checking of data by exception (i.e. a check of all live staff sickness absence records which were not recorded on the sickness report).
- 3.2 In addition to the detailed system check, the Business Partner Service undertook a check of "open absences" reported from the system to establish whether these were genuinely "open" or whether there was a system or human error resulting in the absence not being closed down and thus producing a false indication of on-going absences.
- 3.3 Finally, qualitative "spot" checks were undertaken across all directorates to establish whether or not there was compliance with absence management procedures, in line with the Attendance Management Policy. These checks

varied across directorates, depending on the service area and in summary included:

- Spot checks on action taken by managers in long term absence cases;
- Spot checks on action taken by managers in short term cases, where triggers have been met;
- End to end analyses of absence management recording and monitoring processes;
- Detailed analyses of actions taken on all long term and short term (trigger) cases in hotspot areas.

## **4.0 SUMMARY OF FINDINGS**

- 4.1 The detailed system analysis found that current absence reports accurately reflect sickness absences held against live establishments in the I-Trent system. The exception analysis, however, highlighted that some individuals with live absence records were not being reported on the absence report; this was due to a technical error in the way that absences were linked. This technical fault meant that where a restructure had occurred and an establishment had been closed down, the absence data was remaining with the old establishment and thus not being captured as part of the live data report. The impact of this system error has been that in areas where restructures have taken place, absence figures may have been under-reported. This technical fault has now been resolved and the year end results as set out earlier in this report provide an accurate summary of the year end position.
- 4.2 In terms of “open absences” the checks which were undertaken indicated that across directorates, absence input was generally accurate and that input procedures were being followed, with only a minor number of errors. In one service area (OSfE), however, a significant number of absences remained “open” which were in fact “closed”. Further analysis highlighted that the service was not directly inputting into the I-Trent system but instead was continuing to input into the legacy “E-absence” system, which was then being followed up by a manual transfer of data into I-Trent. This is a local issue and actions are being taken as a matter of urgency to address the matter.
- 4.3 In terms of the directorate analysis relating to the application of sickness monitoring procedures, a summary of findings, by directorate, is set out below:
- 4.4 Environment, Transport and Operations
- 4.4.1 Sickness absence levels in the Environment, Transport and Operations Directorate have increased over the past 12 months and the corporate target of 9 days has not been achieved.

4.4.2 As part of the audit, spot checks were undertaken in respect of the management of both long term and short term sickness cases. In addition, an officer from the Business Partner Service spent two days on site in the “hotspot” area of OSfE, assessing the end to end process for recording absences in order to assess compliance.

4.4.3 In terms of absence recording, as stated in paragraph 4.2, issues were highlighted about the on-going use of the E-absence system; these issues are being addressed as a priority. In addition, an assessment of absence reporting and monitoring in this area highlighted that these actions are being undertaken by Band 11 officers. This not only causes delays in the recording and monitoring of absences but also impacts on the work pressures of these officers. The analysis would indicate that the day to day responsibility for recording and monitoring sickness absence needs to be reviewed to ensure that the activities are carried out by the appropriate level of officer, in a timely manner.

4.4.3 In terms of the spot checks, the findings were mixed, with some cases being monitored robustly within the formal review process and other cases not being monitored at all. It was also noted that across ETO services, there remains a heavy reliance on Business Partner support and intervention; Business Partners continue to provide targeted training and coaching to Operational Managers; attend monthly sickness update meetings with managers to provide guidance on key cases and often take the lead on Health Reviews.

#### 4.5 Children & Young People’s Services

4.5.1 Sickness absence levels in the Children & Young People’s Services Directorate have increased over the past 12 months and the corporate target of 9 days has not been achieved.

4.5.2 As part of the audit, spot checks on both long and short term sickness absences were carried out across the directorate. Whilst it was encouraging to find that in almost every case, return to work interviews and relevant occupational health assessments had taken place, there was no evidence found to support the fact that any formal health reviews had taken place for staff who had hit a trigger. This was disappointing.

4.5.3 In terms of sickness absence management training, the Business Partner Service has recently provided bespoke training for managers in the Youth Service as this was identified as being a “hotspot” area. Wider directorate training, however, has not taken place for several years. With the integration of health and adult social care into the directorate, it would seem timely for the Business Partner Service to work with the directorate to deliver refresher training for all managers, across service areas.

#### 4.6 Communities & Wellbeing

- 4.6.1 Given that sickness absence levels across the Communities & Wellbeing Directorate have been significantly high throughout the past 12 months and indeed have exceeded the corporate target by more than 4 days per person per annum, the Director of Operations indicated that she wished to take a direct and active role in the audit of sickness absence. In this respect, she has commenced a review of the management of every long term and short term sickness absence case in the directorate. This review has covered data recording as well as case management and has been supported by a Business Partner.
- 4.6.2 The initial findings from the audit are that there are some issues with data recording. For example, some absences are not being closed down, which results in open ended absences and thus the potential for over reporting on absence levels. In addition, there is an over use of “other” as a descriptive category, which does not give an accurate reflection of absence types and thus does not highlight any areas for concern.
- 4.6.3 In terms of monitoring, the early indication from the audit is that whilst there is evidence that return to work interviews are embedded into absence management practise, there is inconsistency in the application of formal health reviews, with many managers taking a misguided view that it is not appropriate to hold a formal review with an individual who is genuinely and seriously ill.
- 4.6.4 Whilst some training has been delivered to managers by the Business Partner Service over the past 12 months, as set out in paragraph 4.5.2, the integration of services under the new Children, Families and Wellbeing Directorate will provide a timely opportunity to refresh this training to all directorate managers. A number of targeted sessions have already been arranged as a result of early findings from the audit.

#### 4.7 Transformation & Resources

- 4.7.1 Sickness absence levels across the Transformation & Resources Directorate have been consistently below target and indeed have improved over the past 12 months.
- 4.7.2 As part of the audit, spot checks were carried out on long term and short term cases across the directorate. In general, the management of absence was found to be robust. There was evidence that return to work interviews, occupational health assessments and formal health reviews were being carried out systematically in almost every case that was highlighted.
- 4.7.3 In terms of training, over the past 12 months, there have been specific sessions provided for managers in Access Trafford and the Shared Service. These sessions have been delivered as small group sessions, involving up to 6 managers at a time.

4.7.4 Given the experience that has been developed in this area, managers from this directorate should be encouraged to support peers across the organisation to improve the management of sickness absence.

#### 4.8 Economic Growth & Prosperity

4.8.1 Over the past 12 months, the Economic Growth & Prosperity Directorate has consistently reported sickness absence levels below the corporate target of 9 days and indeed has shown a steady improvement in attendance since year ending 2011/12.

4.8.2 As part of the audit, spot checks were undertaken on a number of sickness absence cases where triggers had been met. Whilst return-to-work interviews were carried out in every case that was checked, there was no evidence that these were followed up by formal health reviews, even though triggers had been met. In spite of the absence of formal reviews, the cases highlighted had reported no further periods of absence and levels of attendance subsequently improved.

4.8.3 During the past 12 months, the Business Partner Service has delivered training for directorate managers; this training has been delivered in small groups, similar to that delivered to managers in Transformation & Resources.

### **5 CONCLUSION AND NEXT STEPS**

5.1 Further to the system audit and the subsequent changes that were made as a result of identified errors, the HR Management Information Team are now satisfied that the management information reports that are produced are an accurate reflection of the live data that has been input into the I-Trent system. Whilst these reports are produced at a high level for Corporate Directors and trigger reports are directly accessible to line managers via the I-Trent Self Service function, the team recognise that these reports need to be more easily accessible to directors. This will ensure that this information feeds into the performance management framework, thus improving accountability for absence management. The HR Management Information Team will undertake further work to deliver this.

5.2 In terms of the qualitative data and the spot checks carried out across directorates, whilst the findings indicate that there are some specific directorate issues which need to be addressed at a local level, there is a general inconsistency in the way that managers are approaching the formal health review process. Indeed, in a significant number of cases, formal absence reviews are simply not being carried out. This inconsistency needs to be addressed as a matter of urgency if sickness absence levels are to be reduced.

A revised strategy for monitoring sickness absence will be developed and this will include:

- The development and dissemination of regular, timely and robust management information to directors across the organisation;
- A focus on ensuring that line managers access the on-line trigger reports via the Manager Self Service function of I-Trent on a regular basis;
- A focus on accountability for the management of sickness absence through raising the profile of absence management (e.g. a standing item on DMT's) and also through the Council's performance management systems (e.g. a standing item on one-to ones);
- The development of targeted interventions, such as bespoke strategies for addressing local issues and hotspots;
- The development and delivery of additional training and support sessions for managers, including the use of peer support;
- A continued commitment to support the health and well-being of employees through the on-going analysis of absence reasons and trends

## **6. RECOMMENDATIONS**

It is recommended that Employment Commitment notes the content of this report.