

## TRAFFORD COUNCIL

**Report to:** Scrutiny Committee  
**Date:** 10<sup>th</sup> January 2018  
**Report for:** Information  
**Report of:** Corporate Director, Transformation & Resources

### Report Title

**Update on Sickness Absence (including the focused workforce review in CFW)**

### Summary

1. To provide an update on absence levels and wellbeing activity in the Council
2. To provide a summary of the review of workforce health and wellbeing in CFW, including recommendations

### Recommendation

1. That the report is noted.

### Contact person for access to background papers and further information:

Name: Deborah Lucas, Acting Director of HR  
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Background Papers: None

#### **1. BACKGROUND**

- 1.1 For a number of years, the Council set a sickness absence target of 9 days absence, per employee per annum. At the end of 2015/16, this target was achieved and in order to drive further improvement, a stretch target of 8.5 days was set for the following year, 2016/17. Whilst levels of absence continued to fall during the early part of 2016/17, during the latter part of the year, the Council saw absence levels begin to rise again and by the end of the year, levels had reached an average of 10.5 days per employee per annum.
- 1.2 From the analysis undertaken in year, the increasing trend was attributable to a small rise in the number of long term sickness absence cases as well as an increase in short term cases, particularly in areas of the Council where there was organisational change.
- 1.3 In order to address the challenge of rising sickness absence levels in 2016/17, a number of measures were put in place which included the development and implementation of a Health & Wellbeing Strategy, bespoke strategies at a local level

to tackle absence levels in hotspot areas and the investment in an additional temporary HR resource specifically to support managers in improving attendance.

- 1.4 Absence levels for 2017/18 are currently averaging in the region of 10.2 days per employee, per annum.

## **2. AGMA BENCHMARKING**

- 2.1 Whilst Trafford saw absence levels increase during 2016/17, from the data collated across our neighbouring authorities, this increase was not limited to Trafford but appeared to be a general trend across AGMA.
- 2.2 For the year ending 31<sup>st</sup> March 2017, Trafford's absence level of 10.5 days represented the average number of days lost across AGMA and we were ranked fifth out of the 10 local authorities (see table below):

<b>Council</b>	<b>Average number of days lost per employee (2016-17)</b>
Tameside	7.63
Oldham	9.16
Wigan	9.75
Stockport	10.30
Trafford	10.51
Rochdale	10.66
Bury	11.21
Bolton	11.83
Manchester	11.94
Salford	12.60

## **3. HEALTH & WELLBEING STRATEGY**

- 3.1 To support an improvement in the health and wellbeing of our workforce and also to improve absence levels, a Health and Wellbeing Strategy was developed in 2016/7. A copy of the strategy is attached at Appendix 1. The strategy provides a cohesive approach to embedding a culture that improves the wellbeing of our employees. To date, a range of measures and activities have been delivered as part of the overall strategy for improving the wellbeing of our workforce and in September 2017, we received a Healthy Workplace Award from Trafford CCG in recognition of the work undertaken. The details of this are at Appendix 2.
- 3.2 In summary, Health and Wellbeing events take place throughout the year including Health and Wellbeing Days where staff come together and have access to a range of health checks, fun activities, advice and information. We have also delivered a range of local activities for staff including mindfulness sessions, yoga, guide dog interactions, Zumba, and a range of team sports – football, netball and rounders.
- 3.3 In August a standing desk trial was completed at Trafford Town Hall. Approximately 30 staff from a variety of services tried out 3 types of standing desks which can provide health benefits to users and a number of these are now in place. In addition,

a staff led lunchtime running club has been established for runners of all abilities. This group provides an opportunity for individuals to get fitter, whilst socialising with peers.

- 3.4 Wellbeing Champions have also been identified, bringing together staff who have volunteered to support peers and promote wellbeing initiatives across services. Their meetings provide a forum for them to discuss the role of the champions, update on wellbeing interventions and feedback ideas for the direction of the Wellbeing Strategy. Out of these sessions, the idea for the Carers' Support network was established and this staff group is now successfully up and running.
- 3.5 A modernised approach to delivering Attendance Management workshops is also now in place, giving managers the opportunity to discuss their cases with HR professionals and peers at a practical level and work through positive solutions to achieve the best outcomes.

#### **4. WORKFORCE UPDATE**

- 4.1 As well as the Health & Wellbeing Strategy, during 2017, a Workforce Update dashboard was also developed and rolled out. This dashboard is produced on a monthly basis and is a very visual way of highlighting areas of workforce activity across three key themes: Resourcing, Wellbeing and Talent. A copy of the report from October 2017 is attached at Appendix 2.
- 4.2 The dashboard is shared on a monthly basis with CLT, it is published on the intranet and is also shared with the Employment Committee on a quarterly basis. The analysis shines a light on key areas and was the basis for the recent review into CFW, further details of which are set out below.

#### **5. THE CFW REVIEW**

- 5.1 Following a review of the monthly Workforce Update in 2017, CLT requested that a review take place across CFW to identify where improvements could be made in key areas with a view to improving the health and wellbeing of the workforce.
- 5.2 This review was led by the Health and Safety Manager under the direction of the Acting Director of HR. Terms of reference were developed and these provided the structure and approach for the review which specifically focused on the hotspot area of social care. The review particularly drilled down into a range of factors that may have an impact on staff wellbeing; these included:
  - Sickness absence (including levels, impact and management)
  - Recruitment and retention
  - Work levels (including caseloads, management/allocation)
  - Job/role change and development
  - Employee support and development available
  - The impact of any other challenges currently being faced by the Services
  - Wellbeing opportunities for employees
- 5.3 In terms of source data, the review collated a range of qualitative and quantitative data which included reviewing absence data, interviews with managers, front-line staff focus groups and questionnaires.

5.4 The findings are detailed under four broad themes to provide a structured approach for the analysis; these are:

- **Absence Management**
- **Recruitment and Retention**
- **Work Demands and Workforce Support**
- **Wellbeing Opportunities**

## 5.5 **Absence Management**

### 5.5.1 *General*

The Workforce Update details a trend of increasing sickness absence levels across CFW, with rates being in excess of the Council target of 8.50 days per annum. As at October 2017, an average of 11.77 days were lost per employee per annum in CFW, with the main areas of concern being short term absence.

Feedback from managers indicated that they were not confident in being able to identify general patterns of sickness absence across whole service areas and they indicated that they would benefit from support to access 'real time' absence data that can be broken down e.g. to teams, absence types, long term and short term absence, to show any trends to enable improved sickness management.

It was noted that local absence data can already be obtained by managers through the HR and Payroll System (I-Trent). This feedback demonstrated that managers were either not aware of the functionality of the system, did not have the confidence in using the system and that further training/support was required.

### 5.5.2 *Short Term Absence*

A number of views indicated the difficulties managers find in dealing with short term absence. This has a major impact on teams in terms of covering workloads and demands on other staff. Managers and staff both raised concerns that short term ill health absence was potentially masking problems of more serious absence or capability due to demands of job roles in certain circumstances.

The 'Return to Work' process was highlighted as not being supportive or relevant for short term absence and was viewed as being more of a process than a valuable tool.

Through discussion with the Council's Infection Control Lead, the short term sickness absence rates also indicate the need to revisit infection control and hygiene strategies across the Council to reduce bacterial and viral related illnesses.

### 5.5.3 *Long Term Absence*

Feedback was given on the effectiveness of Occupational Health Reports to support managers with managing long term absence. There was a view that the reports could be an opportunity for Occupational Health to recommend more creative return to work approaches, as well as the routine phased return to work approach; it was felt that these could better link in with wider health and wellbeing interventions available. Managers said that they would also benefit from support to improve the quality of the referrals they make.

Mental health awareness support/training was highlighted as being beneficial for dealing with relevant cases and there was a view that guidance could incorporate a

greater emphasis on employees committing to engaging in positive steps to support their own return.

#### 5.5.4 *Interventions already in progress*

As part of the overall Health & Wellbeing Strategy and action plan to improve attendance, work is already underway to address some of the issues identified in the above findings

For example, a programme of modernised and practical 'Absence Workshops' are currently being delivered to provide managers with guidance on: how to access local absence data for their team or individuals via the I-Trent system; practical tips on attendance management and how to improve mental wellbeing support. These sessions are very practical in nature and are aimed at enabling managers to approach/prevent difficult or complex absence cases at an early stage.

HR Business Partners are also working closely with Health HR colleagues to identify joint opportunities to deliver support around mental health and building resilience across services.

In response to the findings, there are a number of recommendations set out below:

#### **RECOMMENDATIONS:**

- 1. Continue to drive the importance of managing staff absence at strategic and senior management meetings**
- 2. Promote opportunities for Social Care Managers to attend the HR led absence management workshops to receive further support for accessing local data and short term absence management guidance.**
- 3. Review the Attendance Management Policy to support staff further in managing absence e.g.**
  - **Providing a more user friendly and interactive process**
  - **Improved links to other related guidance/policies e.g. agile and flexible working, PDR process, wellbeing opportunities.**
- 4. Review the Return to Work process to ensure it is fit for purpose**
- 5. Review and reintroduce office hygiene and infection control strategies to tackle bacterial and viral illness absence.**
- 6. Review Occupational Health Referral and report process to investigate opportunities to improve the quality of referrals by managers and the subsequent quality of reports required.**
- 7. Further develop Mental Health Awareness Training and other supportive interventions for both managers and staff as part of the Employee Health and Wellbeing Strategy.**

## **5.6 Recruitment and Retention**

### 5.6.1 *General*

The 'State of the adult social care sector and workforce in England, 2017' report produced by Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 27.8%. The report details this as an indication that employers are struggling to find, recruit and retain suitable people to

the sector. Recent Department for Education Research through the 'Children's Services Omnibus Survey' also identifies an inability to recruit and retain high quality social workers as being within the top 3 risks facing Children's Social Care.

Workforce analysis has shown a high level of leavers from Trafford Social Care roles. From January to the end of September 2017, 33 HCPC registered workers left the Council (average of 3.5 per month).

#### 5.6.2 Recruitment

The recruitment process was highlighted as being a factor that was impacting on the timeline for filling roles as this takes significantly longer than the length of staff notice periods, which are typically 1-2 months, resulting in pressures on remaining colleagues and agency spend as well as causing inconsistencies for service users as we wait for roles to be filled.

#### 5.6.3 Interventions already in progress

A tracking system has already been put in place so that HR and CFW managers can track the live progress of all recruitment activity. In addition, extra support has been put in place to ensure that managers are using recruitment documentation of the highest quality which will speed up the approval and advertising process.

In addition to this, there are a number of other recommendations set out below:

#### **RECOMMENDATIONS:**

- 8. Review the recruitment process to identify further efficiencies or resources required to speed up the process.**
- 9. Improve the recruitment tracking systems already in place**
- 10. Explore creative opportunities to provide a 'pool' of social workers to meet vacancy demands.**

#### 5.6.4 Retention

Issues of retention generated a range of views and discussion from the employees involved in the review. Some of the feedback related to the impact of vacancies as well as links to work demands and workforce support.

In addition, comparative salaries and the financial attraction of agency work were mentioned as potentially drawing the workforce away from Trafford. Trafford has many employee benefits, however, there was an indication in the feedback that in certain cases, these benefits could not be offered to social care staff e.g. flexible working, compressed hours, unpaid leave, TOIL, due to business needs. The withdrawal of the essential car allowance was also highlighted as having an impact on the overall salary package attraction.

Enhancing opportunities for staff to move between services/teams and secondment opportunities was a strong theme during discussions. This was seen to provide improved enthusiasm, experience and morale as well as providing a change of work environment for very demanding roles. Continued investment in 'home grown' opportunities was also seen as vital in valuing staff in their development.

Staff also raised the importance of simple recognition of good work so that they feel valued in very demanding roles.

Exit interviews provide vital information to indicate the reasons for employees leaving the authority. However, in undertaking this review, it was apparent that staff do not always complete the exit interview form, therefore there was a lack of data to analyse.

Taking into account the feedback received, the following recommendations are proposed:

**RECOMMENDATIONS:**

- 11. Review the Trafford 'benefits package' to enhance opportunities for all staff to take advantage of the benefits and promote all existing methods of staff recognition.**
- 12. Benchmark the Social Worker remuneration package in relation to our GM neighbours to determine any material differences.**
- 13. Explore opportunities for workforce diversification and movement of employees between services to provide enhanced job role variety and experience and encourage retention.**
- 14. Promote and evaluate workforce exit data to identify appropriate strategies to improve workforce retention.**

## **5.7 Workforce Demands and Workforce Support**

### **5.7.1 *General***

Increased demands on the health and social care system are well recognised and impact on the volume and complexities of cases which in turn can impact on the workforce in terms of longer working hours and workplace stress.

As a result, it is recognised that effective case allocation can assist in reducing the impact on individuals by ensuring a fair distribution of work across the workforce. Employee feedback on how cases were allocated was mixed and ranged from cases being 'self-allocated', being allocated fairly through to allocations being too focused on numbers and not the complexities or demands of each case.

As part of the review, it was noted that case allocation is under review and in light of this the following recommendation is made:

**RECOMMENDATION:**

- 15. Caseloads should continue to be reviewed to enable a fair allocation across teams based on the demands and complexities of those cases.**

### **5.7.2 *Public Sector Reform and Trafford's Vision for 2031***

Trafford has an ambitious programme of reform to respond to increasing health and social care pressures and our Vision for 2031 includes the borough wide intervention of '*Co-designing and co-producing services to enable people, communities and businesses to work together, help themselves and each other*'.

Significant work has been undertaken in line with Trafford's Locality Plan for health and social care services to integrate with the aim of improving the quality, range and access to services for Trafford's population. Work has included:

- Integrated Health and Social Care Neighbourhood Delivery model
- One Trafford Multi –Agency Response and development of the role of the Trafford Co-ordination Centre (TCC)
- Stronger Families Programme working with more complex and vulnerable people
- Changing frontline practice including the pilot of the ‘3 conversations’ model to rethink social care delivery in Adults Social Care.

Early feedback from staff involved in the 3 conversations model is positive and staff describe it as providing social workers with more autonomy, discretion and control over caseloads and work demands .It has also significantly improved outcomes and experiences for residents.

Such transformation will have an impact on the wellbeing of the workforce as staff respond to change in how services are being delivered whilst still managing the ongoing demands. It is therefore important to have a robust workforce development work stream in place to support staff throughout the transformation.

The recommendation from this feedback is therefore:

**RECOMMENDATIONS:**

**16. A robust workforce development work stream is established to support staff throughout health and social care sustainability programme**

### 5.7.3 *Job Roles*

Given the changing landscape of social care, employees expressed views about changing job roles and responsibilities, in particular expectations in terms of additional management and supervisory responsibilities, which they see as potentially impacting on the management of caseloads. There is currently a piece of work underway to address this point and HR professionals are working with social care managers to review job roles and team functions/structures, clarifying roles and identifying any gaps so that there is effective service delivery. The process will include staff focus groups to obtain views on job roles.

**RECOMMENDATION:**

**17. To encourage Social Care staff to engage in the planned focus groups and input into the job role and functions review**

### 5.7.4 *Supervision*

The supervision process provides an important opportunity for staff to discuss cases with managers, implement reflective practice, seek support and feel valued in the work being undertaken. A review of the supervision policy has been undertaken and the adults’ model now mirrors the children’s model. Training has been provided to support managers as supervisors in undertaking supervision; training has also been provided for social care staff as supervisees to ensure that they get the most out of these sessions. Further team coaching/mentoring sessions are also planned to assess the effectiveness of the training.



All feedback from employees confirmed the value of supervision within the All Age Model, when delivered effectively and regularly. There were many examples of staff feeling that the supervision was implemented well. Informal support was also evident through peer discussions, team meetings and the 'open door' approach of many managers.

Some inconsistencies in delivering supervision were noted, however; this was usually reported as being linked to work demands and changes in team management. There was also some feedback that indicated that supervision sometimes felt process-driven and staff would like more emphasis on time for reflection and support for personal wellbeing.

**RECOMMENDATION:**

**18. Supervisors are reminded of the importance of supervision, in particular capturing personal wellbeing support and opportunities that allow for reflection**

**5.7.5 Performance Development Review (PDR)**

The PDR process is intended to be supportive and developmental to ensure that staff have the skills and support they need to carry out their role effectively.

Some staff expressed a view that the process did not meet their needs and needed to be more effective, in particular around health and wellbeing. The HR Service is currently reviewing the process and to date four staff focus group sessions have taken place to obtain feedback and ideas on how it can be improved. An evaluation of the feedback and review of the policy will then be progressed.

**RECOMMENDATION:**

**19. The analysis of the PDR feedback and subsequent changes to the PDR process should incorporate wellbeing opportunities.**

**5.7.6 Employee Induction and Training**

The induction process is vital in helping new employees to settle in, feel part of the team and to become effective in their new role as quickly as possible.

Some views from employees highlighted examples where the induction process had not been robust and had not provided sufficient support for new members of staff.

Some comments included:

- Lack of an initial introduction and learning of the required IT systems to complete the role and no initial access to online training
- No introduction to key organisational contacts resulting in the new employee feeling isolated and unsupported
- A case load was acquired within a short time of being at the authority resulting in immediate work demands

**RECOMMENDATION:**

**20. A review of the induction process should be undertaken, in particular for Social Care staff to ensure that the necessary support is in place for new starters**

### 5.7.7 Agile Working

The ongoing roll out of agile working technology has been welcomed by social care employees to give them the ability to work flexibly where the service allows.

Feedback from employees highlighted that the ability to undertake work away from the desk (including within the office building) on occasion provides benefits including reducing unnecessary travel, improves work efficiency allowing certain focused work to be completed away from distraction and improves work/life balance.

However, some feedback highlighted that the support to allow employees to work flexibly is sometimes inconsistently implemented/communicated.

**RECOMMENDATION:**

**21. Service Managers to establish a consistent approach to agile working, providing staff with the opportunities for agile working where service delivery allows.**

## 5.8 Wellbeing Opportunities

5.8.1 The Employee Health & Wellbeing Strategy has continued to provide a varied range of interventions to support staff wellbeing under the 4 key themes of healthy lifestyle, mental wellbeing, safe and healthy workplace and workforce engagement. A Health and Wellbeing Core Strategy Group oversees the delivery and direction of the strategy and the work of the group includes:

- 'Wellbeing Champions' from the workforce who help engage with peers and encourage staff to take ownership of their own wellbeing - there are however currently no Wellbeing Champions from social care services.
- A range of healthy lifestyle initiatives to provide to provide opportunities to take part in a wide range of activities including sociable groups, active travel and exercise such as walking groups, cycling and fitness classes
- Developing improved mental wellbeing support for managers and staff including the delivery of mindfulness sessions

5.8.2 The review identified that staff welcomed the initiatives that had been made available to them and that the profile and communication of wellbeing interventions had improved. A number of views raised related to the ability of staff to take advantage of some of the wellbeing interventions being offered. This was either due to the location or time of the events which precluded staff from being able to attend.

Other views related to improvements in office environments and facilities that would enhance wellbeing for staff e.g. break out areas, improved cycling and changing facilities etc.

**RECOMMENDATIONS:**

**22. The Wellbeing Strategy will ensure the continued provision and communication of a wide range of interventions at different Council locations and at different times.**

**23. Wellbeing Champions from Social Care Services will be encouraged to assist in the delivery of and promote effective wellbeing interventions for colleagues**

**24. Where possible, the Health and Wellbeing Strategy will evidence and**

**support the business case for improved building facilities that may provide improved wellbeing outcomes for employees through links with Building User Groups, Facilities Management and Corporate Landlord forums.**

## **5.9 Next steps**

- 5.9.1 This comprehensive review has highlighted a number of key themes and recommendations for improving the wellbeing of staff in the area of social care.
- 5.9.2 Findings and recommendations have been shared with the Corporate Director for CFW and these will now form the basis of an action plan to progress the existing or new work streams identified as part of the review.

## **6.0 CONCLUSION**

- 6.1 As set out in this report, whilst there have been and continue to be a number of challenges relating to the health and wellbeing of our workforce, we are making significant progress in terms of identifying the issues and developing robust strategies and action plans that will bring about improvements.
- 6.2 The action plan in relation to CFW will specifically be monitored and measured at a local level by the CFW leadership team and high level, organisational outcomes will be monitored and measured by the Corporate Leadership Team with regular workforce updates also being presented to the Employment Committee. This will ensure that sickness absence levels and the health and wellbeing of our workforce continue to take high priority.