

Attendance Management Update

Date: 27 March 2023

Report of: Chief HR Officer

Report to: Strategy and Resources Scrutiny Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

The report provides an update regarding the current position in relation to attendance management and the support we offer to managers and employees in relation to health and wellbeing.

Whilst absence levels remain above the pre pandemic levels, the interventions that have been in place since August 2022 are having a positive effect, resulting in a 11.6% reduction of days lost per FTE and a 23% reduction of long-term sick cases.

The targeted interventions involved: a) renewed and robust management reporting of attendance management to leadership teams b) the prioritisation of HR support to thirteen service areas that experienced higher levels of absence; c) specific focus on the management of long term sickness cases; d) renewed effort on addressing the primary reasons for ill-health in the workplace, particularly mental and emotional wellbeing; e) building manager capacity and capability in this area and f) continued effort on building the overarching staff health & wellbeing offer (under the brand of #BeWell).

Recommendations

Strategy and Resources Scrutiny Board is asked to:

- a) Note the content of the report and the ongoing work and progress to reduce the level of absence including the further development of the #teamleedsbewell offer.
- b) Identify any actions arising from scrutiny's consideration of this report.

What is this report about?

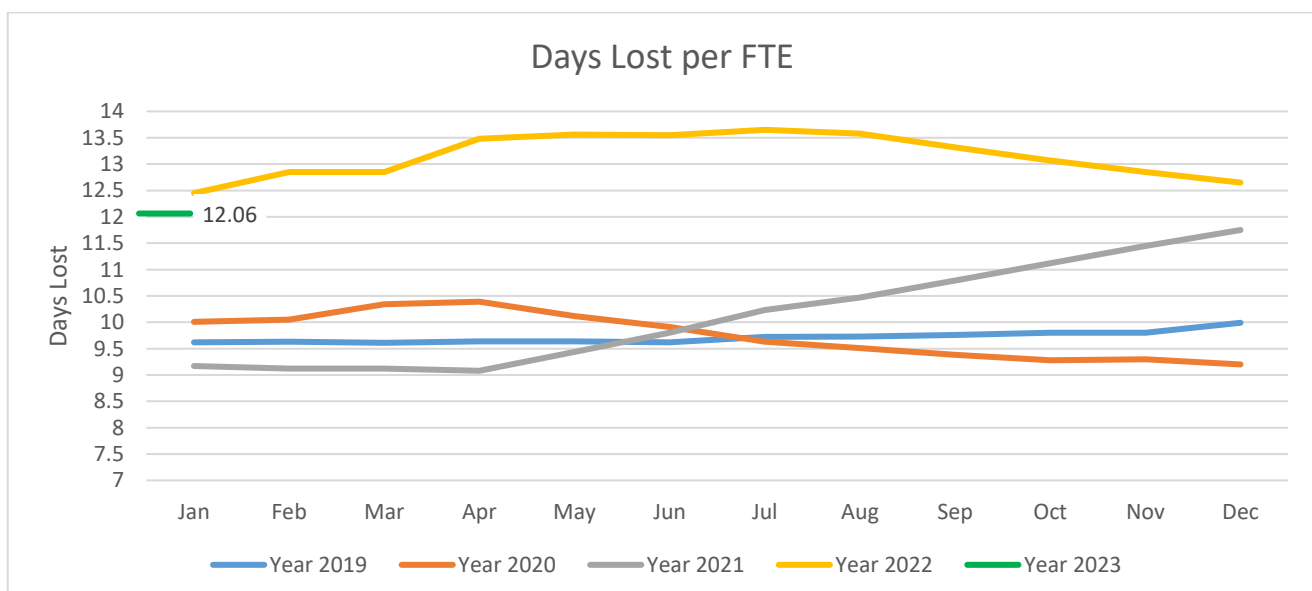
- 1 The report provides an update regarding the current position in relation to workforce attendance. This includes an outline of the level of sickness absence across the Council, highlights 13 priority service areas that have been identified for additional support from the HR Business Partnering Team and provides an overview and update of the Health and Wellbeing offer that is already in place and has previously been reported to Scrutiny.

What impact will this proposal have?

- 2 This item will allow further scrutiny of the Council's approach to managing attendance and supporting the health and wellbeing of our employees. This work also contributes to the recommendations made in the Peer Challenge in relation to supporting staff health and wellbeing particularly in relation to areas that are experiencing workload pressures.
- 3 Managing attendance is a key priority for the organisation as we have seen an increase in sickness absence since the pandemic. Initially this was due to Covid, temporary changes in our approach to managing attendance, the on-going effects of Covid and then high instances of other infections and increasing reports of mental health related illness. This picture largely mirrors the position in other large and peer group organisations.

Overview of absence level across the Council

- 4 In July 2022 we saw a peak in sickness absence across the organisation at 13.65 days lost per FTE. Since planned interventions have taken place the level of sickness has now reduced by 11.6% to 12.06 days lost per FTE in January 2023. All directorates have seen a reduction.
- 5 In addition to the overall days lost per FTE, we have also worked to reduce the number of long-term sick cases (absence of more than 28 days consecutively) and have achieved a 23% reduction.
- 6 In 2022 we experienced the highest number of days lost in comparison to the previous four years. However, days lost per FTE has been reducing since August 2022 which reflects the additional support that has been in place both through HR and locally within services. Comparing sickness to pre pandemic levels, we can see in January 2023 days lost per FTE (12.06) was 2.43 days higher than 2019.



- 7 In 2020 we can see that sickness started to increase between February – April 2020 (the start of the pandemic). After this, changes were made to how we recorded Covid related illness (it did not count toward triggers as part of the Attendance Management Process). Those that would have been able to work normally, as they felt well, but had to isolate due to Government Covid Guidance would be recorded as special leave. Therefore, resulting in sickness being lower (this accounts for the downward trend). From April 2021 when testing became more widespread, and guidance changed resulting in people returning to work and an increase in socialising, we can see an increase in sickness levels through 2021. Following the 'living with Covid guidance' with effect from 1st May 2022 the recording for absence reverted to the original rules and all sickness including Covid began to count towards triggers. The special leave element was removed other than for frontline workers that were unable to attend work even if they felt well.
- 8 When looking at the number of sick days per FTE this is now at the lowest levels this year from a peak of 1.44 days in March 2022, there has been a steady decrease since July and is now down to 0.99 sick days per FTE in January 2023.

Main Interventions: Reporting

- 9 The targeted interventions involved refreshing our management reporting of attendance management to leadership teams at a corporate, directorate and local level. The quantitative reporting and qualitative narrative support leaders and managers to review and respond to the management of attendance, pursuant to our policy, good practice, and values. Progress is reported through the line management route and presented in formal performance management KPIs.
- 10 From week commencing 6th March 2023, the BSC will send an early intervention letter to all managers of employees who have been off ill for two weeks. The letter provides information on support services for both employees and managers to help facilitate early discussions, and subsequently enable earlier returns to work.

Main Interventions: Targeted Service Support

- 11 Analysis over the summer of 2022 identified that a few specific service areas experienced notably higher levels of sickness. As a result, manager and HR support was re-prioritised to specifically support these thirteen services. The service areas are set out in Table 1

Table 1 – Thirteen priority service areas identified for additional support – detailing the percentage decrease in days lost per FTE

Service Area	Percentage reduction in days lost per FTE since August
Cleaning/ FM	-10%
Catering	-7%
Fleet	-10%
LBS	-24%
Passengers	-14%
Contact centre	-11%

Housing	-5%
Environmental Services	-15%
Parks	-8%
Customer Access and Welfare	-11%
Looked After Children	-11%
Care Delivery (OPS, MH, PI)	-1%
Assessment / Provisions	-7%
Total overall reduction	-10%

12 Table 1 shows that progress has been made in all areas with positive reductions in the level of sickness absence since targeted work first began in August 2022. Since August 2022 there has been a 10% reduction in the number of days lost per FTE. Across the thirteen areas we have also seen a 23% reduction in long-term sickness cases.

13 The most significant impact has been within Leeds Building Services (LBS) where there has been a 24% reduction since August 2022. This has been achieved through collaborative working between colleagues within HR and senior management within the service on long term sickness cases, to ensure that managers are proactively progressing cases through the Managing Attendance Policy. Further success has been achieved via early intervention and proactive conversations being undertaken with colleagues as soon as a period of absence occurs reducing the overall number of days sickness absence that otherwise may have been taken.

14 The additional support wrapped around these services has predominately come from the HR Business Partnering Teams (that are already aligned to each directorate). To ensure that the support is directed to where it is needed most, resource has been pivoted to help drive the improvements. The best results have been seen where services have also invested time and resource locally to support staff back to work. This has been joint team effort to build capability and capacity within services to manage attendance locally. A couple of examples have been highlighted below as examples of proactive interventions that services have put in place.

15 Civic Enterprise Leeds have recruited three Attendance Co-ordinators who are supporting managers with overdue cases, reviews stages and long-term sickness absence. The Co-ordinators commenced in role in January 2023, and we are hopeful that this will result in further improvements. Environmental Services have also benefited from a new Wellbeing and Welfare Advisor role based at Newmarket House, that is providing support to individuals including signposting towards appropriate assistance and being proactive by arranging various wellbeing collective and group activities. Housing have also engaged with staff through a staff wellbeing survey and are working with staff to co-produce solutions where needed. These initiatives have been shared with the Extended Best Council Leadership Team to encourage others to consider these approaches and encourage others to share learning and wellbeing initiatives they have tried.

Main Intervention: Long Term Sickness Cases

16 The HR team continue to prioritise supporting these service areas with regards to absence management for both long and short-term absences. Identifying trends, working closely with the

Occupational Health Service, and supporting managers to use the stages and support available through the Improving Attendance Policy.

- 17 When analysing the job roles impacted by Long Term Sick (LTS), we can see that the top 11 roles impacted by LTS in February accounted for 31% of all long-term sick. Most of these roles fall within the top thirteen target service areas that are receiving additional support, therefore there is an expectation that as work continues there will be a reduction of sickness levels within these roles. Emphasis has been focused on supporting managers to review and address LTS cases, with appropriate referral to and support from the Occupational Health Service. HR are supporting managers to build their confidence in dealing with such cases and closely supporting managers with complex cases.
- 18 Progressing individuals through the stages of the Managing Attendance Policy ensures that individuals are receiving the right support with an aim to supporting people back to work. For some this may involve reasonable adjustment in the role or being redeployed in an alternative position. Where staff are unable to fulfil the contractual requirements in any role individuals may exit the organisations through either dismissal or ill-health retirement.

Main Interventions: Reasons for Ill-health

19 Over the last year mental and emotional ill-health has been the main reason for sickness absence. The second highest reason was Covid with a peak in January 2022 in line with the Omicron peak. From November 2022 Covid is no longer in the top three, this has been replaced by viral infections. Mental Health covers an extensive list of sickness reasons that includes but is not exclusive to acute stress, depression, addiction, eating disorder, nervous debility, post-natal depression, panic attacks and dementia. The existing BeWell offer has recently been augmented to specifically prioritise support for staff with mental and emotional ill-health. The response is focussed on the delivery of three key headings:

- **Promotion** (Driving organisation-wide change towards a culture of positive mental health and wellbeing)
- **Prevention** (Getting the basics right by increasing confidence and capability)
- **Support** (Supporting those who are suffering, or at risk of suffering, from poor mental health).

20 The Council also continues to maintain its status as an active Mindful Employer and our hundreds of Mental Health First Aiders continue to offer vital support to those that need it. Our Healthy Minds Group is very active and new topics continue to be added to our extensive list of wellbeing support sessions. Sessions include topics like “Let’s talk wellbeing through change,” “Let’s talk stress,” “Let’s talk supporting staff at work” and ‘listening ear’ sessions for frontline colleagues. Workplace Wellbeing Champions also continue to play a critical role in signposting employees to support, raising awareness, and holding wellbeing events in their local areas.

Main Interventions: Building Manager Capability & Support

21 The launch last year of the Be Your Best leadership and management development offer has enabled us to build capability, confidence, and support for managers in managing staff

wellbeing and ill-health. Support being offered currently includes but is not limited to: “Be Your Best” core management training programmes, flexibly delivered let’s talk sessions on a range of topics including stress, our “supporting staff at work” package and specific health-related sessions, “listening ear” sessions facilitated by our team of Mental Health First Aiders and team wellbeing assessments designed to put practical steps in place to manage issues raised by teams. Our Occupational Health and Wellbeing Service is also currently consulting on proposals to extend our on-site counselling offer, offer targeted physiotherapy, implement health checks (similar to those carried out by the NHS) and to implement a rehabilitation programme which will help employees return to work after an illness or disability and help employees with chronic health conditions to stay in work.

Main Interventions: Embedding the #BeWell Offer

- 22 Our #TeamLeedsBeWell" wellbeing brand is becoming increasingly recognised across the organisation and provides a wealth of information and guidance to support both managers and individuals with all wellbeing needs. Over recent months two of the Extended BCLT sessions have dedicated time to further developed the offer, helping raise awareness and increase visibility of all the support available. The focus has been to ensure leaders are supported, engaged, and well informed to support their teams.
- 23 Whilst we continue to promote the offer, it is recognised that the #TeamLeedsBeWell offer is not embedded across all parts of our frontline workforce. As such the HR team are working with frontline representatives to enhance communications. A wellbeing roadshow is being developed to highlight parts of the offer that will make the most difference to those working in frontline roles. The roadshow will visit frontline work bases across the city with the aim of making our wellbeing offer more visible and accessible.
- 24 Work also continues to support employees around financial wellbeing. For example, our Money Awareness Week will take place from 17th to 21st April 2023. We recognise that the cost-of-living crisis is affecting everybody and can have a significant impact on individual wellbeing. We have continued to commit to paying the Real Living Wage with effect from the 1st April 2023 of £10.90. In addition, last year we launched a new Staff Benefits Portal/App that enabled staff to access a range of salary sacrifice schemes, retail discounts and easy access to a wealth of guidance to help staff spend money wisely.
- 25 We will continue to undertake further benchmarking and good practice analysis, working with partner and Anchor organisations on city-wide wellbeing initiatives, including those relating to the emerging Fair Work Charter. The Fair Work Charter is a West Yorkshire Mayor led initiative; more information will follow once the framework is available. The Staff Survey will also be an important opportunity to assess the wellbeing of our workforce, with the results (due mid May 2023) helping us to identify priority areas and resource focus for the coming year.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

- 26 The interventions and support offer detailed in this report enable key elements of the People Strategy particularly, ‘Being Our Best – you are supported to be well at work’ but extends

across manager expectations and strengthening our organisational culture and values by providing holistic health and wellbeing programmes.

27 This will therefore support and enable the delivery of the Organisational Plan and Best City Ambitions.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

28 Consultation and engagement are ongoing with the Chief Executive, CLT, BCLT, Extended BCLT, Cabinet and Lead Member for Resources regarding the actions and initiatives taking place.

What are the resource implications?

29 There are no specific resource implications contained in this report. However, delivery requires the on-going input from managers and the HR team to provide support, develop interventions and promote Health and Wellbeing initiatives from existing resource.

What are the key risks and how are they being managed?

30 The risk to the organisation of increased levels of sickness absence, is the lost productivity and potential increased costs where services need to secure additional cover to maintain service delivery. There is also a potential risk that staff in work then experience additional pressure if the capacity in the team is reduced.

31 This report details the response to reducing the current levels of absence which will mitigate the above-mentioned risks.

What are the legal implications?

32 This report has no specific legal implications.

Options, timescales and measuring success

What other options were considered?

33 Various options are being considered in relation to our response to managing attendance as detailed within the report. The reasons for sickness are multifaceted and therefore require a range of interventions which we will continue to develop to respond to matters that are impacting on attendance.

How will success be measured?

34 Success will be measured through the monitoring of the managing attendance data that records details in terms of the level of sickness across the Council, including any trends and patterns.

What is the timetable and who will be responsible for implementation?

- 35 Managing attendance is an on-going process that will always be in place. The intensive support that is currently in place will be maintain to support local managers to build the capacity and capability for the on-going management of attendance locally.
- 36 Whilst HR will continue to support services, the accountability of team and service performance remains the responsibility of local management teams. Regular management information will continue to be provided as part of the framework mentioned above.

Appendices

- None

Background papers

- None