APPENDIX

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Overview and Scrutiny Management Board Performance Subgroup
	DATE:	12 February 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Outcomes of Workshop on Sickness Absence

1. Background

1.1 **Present**: Cllrs Steele (Chair), Keenan, Jarvis and Walsh.

1.2 **Apologies**: Cllrs Cusworth, R Elliott, Jepson, Mallinder, Napper, Taylor and Wyatt. Lee Mann, Human Resources (HR) and Graham Saxton, Finance and Customer Services (F&CS).

1.3 **Attendees**: Cllr Alam, Cabinet Member for Corporate Services and Finance; Nathan Atkinson, Adult Care, Housing and Public Health (AC, H&PH); Ian Henderson (HR); Shokat Lal (Assistant Chief Executive); Tanya Lound (Corporate Improvement and Risk); Luke Sayers (F&CS), David McWilliams, Children's and Young People's Services (CYPS); and Paul Woodcock, Regeneration and Environment (R&E).

1.4 This was the third in a series of workshops in relation to specific underperforming measures in the Council Plan identified as a concern by OSMB. The session followed a similar format to previous ones with an initial briefing and detailed presentation setting out corporate and directorate level performance on the measure and actions to address the underpinning issues. Directorates provided more detail of actions they were taking and highlighted any service-specific matters.

1.5 **Focus of the session**

- Measure 5D2 - Sickness Absence is managed and staff wellbeing supported
- Definition: Number of days lost per full-time equivalent (FTE) – target 10.3 days
- Long term sickness absence - 20 or more days as this accounts for 70% days lost

2. Key Issues

2.1 Over the last two years, the Council had struggled to achieve the corporate target of 10.3 days lost per FTE, with an outturn for 2018-19 of 11.4 days per FTE. The number of days lost had risen each month between July and November 2019 (11.87) but had reduced in December to 11.01 days and to 10.8 days by the end of January 2020.

2.2 The main reasons for long-term sickness absence were stress/anxiety/depression 41%; back and shoulder 9%; and other musculo-skeletal 22%.

2.3 Adult social care showed the highest level of sickness absence, which reflected the anxieties provoked by a major restructure during 2019. Proactive work with the service

had seen the number of long-term absentees nearly halved between August 2019 and January 2020.

2.4

In addition to restructuring, other factors involved were the need to capture the right information on employee working patterns and a time lag on data in the new HR system.

2.5

Focused activity and work with managers helped to bring about this recent improvement in performance. These actions will continue throughout 2020 to sustain the behaviour shift in managing absence and supporting employees back to work. Activity includes:

- Updated policy and processes to ensure responsibilities for line managers in effectively managing long term absence and support are clear
- Clarity around what should be done and when, so that line managers can be held to account and non-compliance escalated
- Case conferences at Head of Service level to review long term cases with direct reports
- Regular progress reporting to Directorate Leadership Teams (DLTs)
- Data on current long- and short-term sickness data shared with managers
- New occupational health provider from October 2018 – created an integrated service and the number of referrals increased by 30% from previous contracts, plus positive feedback
- Building management capability and confidence - masterclasses in attendance management and managing stress at work, and stress risk assessment training
- HR Consultancy – dedicated officers in HR working more with senior managers to manage cases proactively
- Early intervention – day one referrals to occupational health for stress and musculo-skeletal issues
- HR system – working patterns reviewed and updated to ensure over reporting reduced

3. Directorate Information

3.1 **CYPS**

As CYPS has a large workforce, proportionately more sickness absence would be expected. A clear correlation existed between peaks in sickness absence and service restructuring, which reflected the picture across the Council overall. Social care transformation and new pathway development coincided with an upturn, with anxiety regarding expectations, caseloads and demands on staff. Early Help had the highest sickness absence levels within the directorate and this linked to Business Support, who were undergoing a restructure, being moved into that team. Stress and anxiety were understandable, so it was a question of how to support people. A standard item for meetings with trade unions gave them notice of any forthcoming consultation.

- Good support from HR colleagues on individual cases
- Weekly discussion at DLT or area management teams
- Quarterly information and standard item on the agenda for Early Help and Business Support
- Obligatory masterclasses for managers on changes to the policy had been beneficial in leading to a consistent approach
- Drilled down into cases and for some serious health issues it was a case of just managing the absence

The service did receive a number of fit notes for employees for a two-month period and if people were off for a long time it could be harder to come back to work, potentially

	adding to stress/anxiety. It was a question of being reasonable and proportionate about what could be done to help people back.
3.2	**AC, H&PH** The bulk of the long-term absences were stress-related or musculo-skeletal and with an ageing workforce there were injuries, especially to front line staff. The directorate concurred with several points made by CYPS around management actions undertaken and regarding fit notes. - Clinics and training - Trade union engagement - Discussion at DLT - Proactive use of occupational health - Stress risk management assessments As reported above, a major restructure took place during 2019, coupled with the legacy of the 2016 restructure which had led to anxiety and stress. In order to mitigate some of the stress this time the restructure had heavily involved staff in the redesign from January to May 2019, through workshops, meetings with teams and 1-to-1s. Recruitment to the new structure had taken place from May, with a significant percentage of staff in danger of no longer having a role, so this again correlated with the figures.
3.3	**R&E** As the highest number of staff, 42%, are employed in this directorate, many with part-time jobs and many with manual jobs, performance in R&E has a significant impact on corporate performance on the measure. Absence management has been prioritised and the overall position is below 10 days per FTE. - Driving through the new policies - Training and workshops, including with team leaders such as school cooks - Day one referrals to physiotherapy and for stress – counselling/support - Case management – reduction by 25%
3.4	**F&CS** As some teams within this directorate are small the graphs could show significant variation in performance against the measure by virtue of one person being absent. The main concern was in Legal Services but again this service had undergone significant changes in the last year with restructuring and a number of vacancies. Points made by other directorates also resonated for F&CS. - Individual case management - HR support - Support for managers to get the balance right between providing support and getting people back to work
3.5	**ACX** As with F&CS there are small teams in this directorate. Overall performance was below 10 days per FTE with only HR exceeding the target in Quarter 3.
4. Key Points Discussed	
4.1	**Stress-related absence** Managers had voiced concerns about engaging with staff who were absent for this reason, so there had been a focus in the training in this area as shown above. It was also important to try and capture whether the primary reason was work-related or personal, although often it was a combination of both. It might merit further work to

	unpick stress with people as it could be mainly personal but stress at work could be a tipping point. Members agreed but felt that stress, anxiety and depression were different issues and should be recorded separately and unpicked. Officers agreed it was easy to put things down to stress and that there was work to do on mental health awareness and to look at the categories and opportunities to self-declare.
4.2	**Restructures** OSMB asked if there was guidance available for managers on how to deal with staff anxiety during a restructure. It was confirmed that there were legal obligations around consultation and expectations on how managers managed the process but existing guidance probably did not go far enough in terms of considering workforce wellbeing issues. This could potentially be built into the training.
4.3	**Phased returns/Alternative jobs** Reports from Occupational Health would talk about the whole process of returning and what would work for the employee. Phased returns would be encouraged as it was difficult for people to return after a long time off. How long people would need varies on an individual basis and there might be differing views on how long for, but usually for one-four weeks. Alternative jobs, including other teams/projects would be an option to explore to help people if they were no longer able to do their own job.
4.4	**Training for Trade Unions** Trade Unions had had the training they requested and were also encouraged to attend the other sessions.
4.5	**Potential knock on impact of sickness absence on other team members** Members reiterated concerns about the potential for a negative impact on colleagues when they were trying to cover for a long-term sickness absence in their team, resulting in others having sickness absence, and asked for this to be revisited in 2020-21. The importance of preventative work on stress was emphasised. Another avenue would be developing greater flexibility in being able to move people round the organisation, not just within services. Good managers needed to be proactive to avoid any knock-on effect within a team, which could be difficult to mitigate, by using the stress risk assessment tool at an early stage.
4.6	**Maternity cover** OSMB identified that a similar pressure could result if employees were picking up additional work during a colleague's maternity leave. Budget was not always available to backfill a post and others were encouraged to act up or secondments offered. For some jobs backfill would be needed and this might mean bringing in agency staff.
4.7	**Ageing demographic – more than 50% of the Council's workforce aged over 50** Given the age profile of the workforce, the question was raised as to whether it was almost inevitable that the number of days lost to sickness absence would increase, as people's health tended to worsen as they got older. As the workforce had reduced over the last ten years there had been fewer new starters and some loss in skills and experience which might make it more difficult for on the job learning. This was recognised within some disciplines which had an ageing workforce and new people would be required to come in, such as transport and engineering, but might also reflect the nature of the national labour market. Conversely other roles might attract older people who wished to work part-time. It was harder to attract 16-25 year olds.

4.8	A number of employees aged 50+ were not leaving but rather had requested to reduce their hours. This could be difficult it they wanted to go from 37 to 30 as it could be difficult to recruit for only seven hours. These were all important issues from a wider workforce planning perspective. HR reported that progress had been made with succession planning including the developmental apprenticeships giving people qualifications so they would be able to step up to higher level posts. Good use of the apprenticeship levy was also part of this. **Wider HR policies** Linked to the demography, many people may have caring responsibilities that could lead to sickness absence due to their own health or that of others. Confirmation was given that flexible working policies helped people with caring responsibilities but it would depend on their job role. The Council had signed up to the TUC Dying to Work charter. Policies to support disabled employees were also in place.
5. Conclusions	
5.1	Overall OSMB felt positive about the improvements made recently regarding this measure. The importance of training and guidance was highlighted as it was good to have greater consistency in the application of policies across all job roles and services. Members recognised the use of measures to keep people in work with the right support and acknowledged how redeployment and phased returns could facilitate this process. Wider policies to support disabled employees and people with caring responsibilities will continue to be important.
6. Recommendations from the workshop	
6.1	That consideration be given to developing guidance for managers around enhanced emotional support for employees during a restructure, given the links to absence through stress and anxiety.
6.2	That data be disaggregated regarding absence through anxiety, stress and depression, as these should be recorded as discrete issues and to have a better understanding of sickness absence.
6.3	That follow up work be undertaken to ensure managers proactively support staff and manage workloads across teams to prevent any potential knock on effect in terms of sickness absence as a result of staff assuming additional work to cover for an initial long-term sickness absentee.