AGENDA ITEM 6

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

19TH MAY 2016

REPORT ON THE PROGRESS OF THE MAXIMISING ATTENDANCE PROJECT

REPORT OF THE DIRECTOR OF HUMAN RESOURCES IN DISCUSSIONS WITH COUNCILLOR MAUREEN WEBBER, DEPUTY LEADER

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1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide an update of the changes made under the Maximising Attendance Project and the impact to date.

2. RECOMMENDATIONS

2.1 It is recommended that Cabinet note the progress being made by the Maximising Attendance Project.

3 REASONS FOR RECOMMENDATIONS

3.1 Since the implementation of the initiatives within the Maximising Attendance Project there has been a change in culture for the management of absence resulting in a reduction in sickness in certain areas of the Council. Continuation of the project will enable the targeting of those areas that have not achieved a reduction.

3.2 A revised Managing Absence policy was implemented in September 2015. More time is required however, to embed the new policy and practices by means of ongoing awareness and development sessions for managers.

4. BACKGROUND

4.1 The Maximising Attendance project was initiated by a focussed review with managers across all service areas to determine the key issues with managing sickness absence from a policy and implementation perspective. The recognised trade unions were also involved in this review. Several areas emerged as areas for concern:-

- Managing long term absence
- Managing Mental Health Issues
- Managing more complex conditions.

4.2 As a result of an in-depth analysis and review of the above-mentioned areas, changes to key areas of policy and practice were implemented to provide support to the ongoing management of absence.

5. KEY POLICY CHANGES

5.1 In June 2015, the Leave of Absence policy was amalgamated to provide a more user-friendly version for both managers and employees which aids consistency of application.

5.2 Following involvement and consultation with the recognised trade unions and key stakeholders the revised Managing Absence Policy was implemented from 1st September 2015. There were a number of key policy changes:-

- Increased contact throughout an employee's sickness absence
  - Day 1, 4, 7, on receipt of a fit note, day 14, and every two weeks thereafter. The increased contact in the policy is on receipt of a fit note, day 14, and fortnightly contact.
  - This increased contact enables early support and communication which is proven to assist an earlier return to work.

- The option to refer at day 1 for Musculoskeletal Disorders and Mental Health Conditions. Again this is to ensure that timely and appropriate support can be offered to prevent a prolonged period of absence.

- Referral to Occupational Health Unit (OHU) at day 14 (revised from 28 days). Again this supports earlier intervention.

- Welfare Meetings arranged at a suitable Council premises, as opposed to at an employee's home.

- A new categorisation 'Disability Related Absence' has been created to identify employees who have a disability with a view to providing reasonable adjustments where appropriate.

- A targeted approach to contact and communication during the sickness absence process with a focus on notification, welfare meetings and return to work interviews.

5.3 The revised policy has also been adopted by Schools and the amendments have been introduced.

5.4 A revised Dignity at Work policy was implemented from 1st September 2015 to support the launch of the Managing Absence policy. As a result conflict coaching has been introduced to directly deal with the source of conflict and since July 2015 trained coaches have engaged in 16 cases (28 individuals) of conflict coaching with varying outcomes. Mediation with a qualified facilitator is offered if the coaching cannot resolve the conflict and 6 cases have proceeded to this point.

6 AWARENESS RAISING AND TRAINING

6.1 Communicating the Policy

It was vital to ensure the revised policy was communicated effectively across the Council. Therefore the following methods were adopted:

- Global e-mail sent via ICT
- Banner placed on Inform
- Payslip insert to all staff
- A3 posters distributed to all RCT Council sites for display in staff areas
- Managing Attendance guides distributed to RCT sites for staff with no IT access.

6.2 Managing Attendance Guides

Comprehensive guides were developed to support both employees and managers. An approach was taken to provide transparent information to both eliminate myths and manage expectations.

The guides are:

- Short term sickness and frequent absence

- Long term sickness absence
- Welfare Meetings
- Returning to work
- Notification and certification
- Disability related sickness absence
- The role of Human Resources (HR) and Occupational Health in supporting sickness absence.

6.3 **Employee Briefings**

The policy launch was preceded by a series of briefings for over 750 employees including:

- All HR Staff
- All Chief Officers
- All managers who have responsibility for managing absence.

This was an opportunity to reinforce the key policy changes but also to reinforce the message on expectations, contact and communication.

The revised Dignity at Work policy was also presented during the briefings which clearly identified resolution routes.

6.4 **E-learning**

The briefings were supported by the deployment of mandatory e-learning modules which reflected the guides outlined above. An additional module 'having difficult conversations' was also developed to support managers. All modules are available via the Council's E-learning platform, the RCT Source.

Managers that attended the briefing sessions have completed the full range of e-learning modules.

6.5 **Phase 2 of Managers Briefings**

Further briefings were held in March and April 2016 with Managing Mental Health as the core subject. 560 managers attended these briefing sessions along with all HR staff and Chief Officers. A mandatory e-learning module on Mental Health will be deployed via the RCT Source at the beginning of May supported by a manager's guide.

6.6 **Time to Talk Days**

Since signing the Time To Change Wales (TTCW) pledge in December 2014, we have been proactive in tackling stigma toward attitudes to mental health conditions. Regular 'Time to Talk' lunch time drop in sessions are held to raise awareness and give the opportunity for employees who may need support to have discussions and conversations about their experience. TTCW information is distributed to all employees passing the display stand. The following sessions have been held to date:

Feb 2015	-	Clydach Vale	20 conversations
Apr 2015	-	Ty Elai	40 conversations
May 2015	-	Ty Trev	25 conversations
Jun 2015	-	Bronwydd	40 conversations
Jul 2015	-	Ty Glantaf	50 conversations
Aug 2015	-	Sardis House	25 conversations
Dec 2015	-	Cynon Valley PO	20 conversations
Jan 2016	-	Rhondda PO	25 conversations
Feb 2016	-	Ty Pennant	22 conversations
Mar 2016	-	Abercynon Depot	10 conversations.

An employee has been writing a regular blog about his experience of mental ill health and these are posted on Inform in conjunction with the dates for the next sessions.

During the 'Know Your Numbers' blood pressure campaign, the Occupational Health Nurse also encouraged conversations around mental health.

7 OCCUPATIONAL HEALTH AND WELLBEING UNIT

7.1 The Occupational Health and Wellbeing Unit is a key part in the implementation of the Maximising Attendance project, working towards the ethos of early intervention.

The unit provides over 10,000 appointments each year and these cover a range of sickness absence support interventions and assessments. In general, sickness absence cases have become more complex as we are managing more chronic health conditions. As an organisation the top two sickness areas are musculoskeletal disorders and mental health which is in line with the rest of the UK.

7.2 Since the policy changes in September 2015 there have been over 300 referrals for Day 1 musculoskeletal disorders and mental health.

There was an initial increase of 40% in referrals in quarter 3 following the new policy launch, however in quarter 4 the increase in referrals was 11%.

7.3 **Clinical Interventions**

As part of the maximising attendance project several clinical interventions, mechanisms and support programmes have been developed as a targeted approach to support employees to return to work. These are:

- **Case Conferences/Discussions**
  Case conferences and case discussions have been introduced to encourage all parties involved, such as Occupational Health, Equalities, Operational HR, trade unions and the employee, to meet as soon as possible to resolve any issues and formulate a plan to move forward. To date, 87 cases have been completed over the past year.

- **Trauma Support Service**
  Over the last year employees experiencing a traumatic event can access support through Occupational Health. Traumatic events can include serious car accidents, verbal or physical assault, finding a deceased person or the death of a colleague. Current research shows that early intervention after a traumatic event is critical in preventing further health conditions such as post traumatic stress disorders developing later on in life. To date, 26 cases have been supported.

- **Rehabilitation Programmes**
  We have introduced several rehabilitation programmes for supporting employees with mental health and/or musculoskeletal disorders. These programmes have included workshops and exercise with 972 appointments having been delivered over the past year.

- **Ultra sound scanning**
  Last year we introduced a musculoskeletal ultra sound service for aiding clinical diagnostic and interventional ultra sound techniques. Rhondda Cynon Taf has the only occupational health unit that provides this service in-house. Over 1000 scans were performed last year.

- **Injection Therapy**

Ultra sound guided Injection therapy for frozen shoulders, knee problems, arthritis, tennis elbow and other musculoskeletal disorders were identified as a support mechanism for employees to return to work. Historically most GP's do not provide injection therapy until the individual has tried a period of medication such as anti inflammatory drugs. If assessed as appropriate by the Occupational Health Physiotherapist and the employee consents, injection therapy is offered to the employee. In most cases the injection therapy can provide instant relief from pain and mobility. There is significantly less of a delay for the employee if offered by us as it would take between 6-12 months to receive this service through the NHS. Ultra sound guidance is used to provide increased accuracy and efficacy of injection therapy. Occupational Health has provided 223 appointments over the last year.

- **Know Your Numbers – blood pressure checks**
  Occupation Health has supported the 'Know Your Numbers' campaign which is designed to educate everyone on blood pressure and it's complications. The campaign encourages everyone to monitor their blood pressure and understand what the numbers mean and how simple changes such as having a healthier diet, more exercise and less salt can improve your blood pressure results. Over 450 employees have their blood pressure checked each year by Occupational Health

- **Influenza vaccination programme**
  Over the last two years 2300 employees opted into the influenza vaccination programme provided in house.

- **Clinical Supervision**
  Clinical supervision is a form of 'off-loading' for certain roles such as Social Workers where, from time to time, the employee's case work may have an impact on their mental health. Supervision sessions for 31 cases were completed last year either as a group of employees or on an individual basis.

8 SICKNESS ABSENCE LEVELS

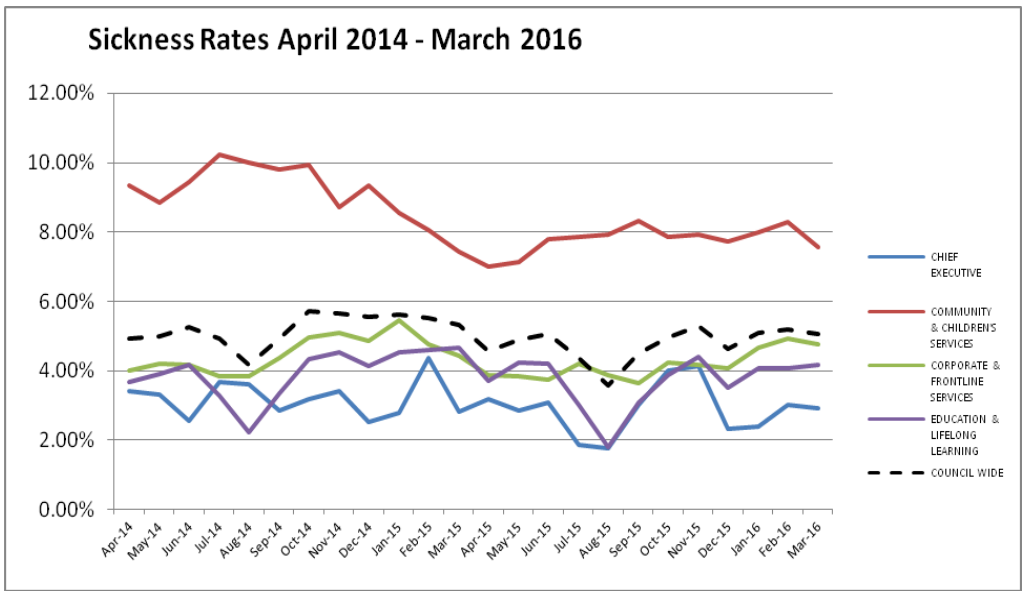
8.1 Overall Picture

In general, sickness absence rates for Chief Executive, Corporate & Frontline Services and Education & Lifelong Learning are running at similar levels now to that of April 2014 although there have been fluctuations in

these areas throughout the past 2 years. The focus on reporting and recording sickness absence may have initially caused an increase in sickness absence levels due to increased accuracy of sickness records.

Community & Children's Services have seen a reduction in sickness absence from 9.34% in April 2014 to 7.57% in March 2016.

The Graph below details the sickness absence rates for all Groups for the period April 2014 – March 2016.



Despite having a number of effective interventions through the Occupational Health and Wellbeing Unit, there are times when absence levels cause concern and cannot be sustained. Continuous monitoring takes place and where necessary formal discussions are held with employees with HR present to support Managers.

Where the absence is long term in nature this will include regular welfare meetings and sometimes case conferences at the Occupational Health and Wellbeing Unit. Where an absence does not result in a timely return to work or in the employee leaving the Council by mutual agreement, an ill health capability hearing may be convened as part of the Council's Disciplinary procedures.

Triggers are generated when either: an employee has 3 or more cases of sickness absence within a rolling 12 month period; an employee has 10 or more days sickness absence within a rolling 12 month period or an employee has 14 days or more consecutive sickness absence in one

instance. When a "trigger point" is reached this indicates that the employees sickness absence is beginning to give cause for concern, and the employee is called to a "Stage 2" interview for the Manager to explore reasons for absence and offer support to improve attendance. HR support Managers at all stages of these interviews.

8.2 Long Term Sickness Absence

In general, sickness absence cases have become more complex as we are now managing more chronic health conditions. There has been an increase in cancer cases, musculoskeletal disorders, mental health issues, trauma and suicide attempts.

In order to ensure that sufficient support is made available to managers, all HR staff were briefed in a range of sickness absence related topics. Monthly reviews of all long term sickness absence cases by Occupation Health and Human Resources have been in place for some time prior to the implementation of the new sickness absence policy. The monthly case review process has had a significant impact on both reducing the average length of long term sickness absence cases and also on the management of more complex health cases.

The table below details the reduction in the average length of long term sickness absence from 2011/2012 to 2015/2016.

Average Length (Days Lost) of Long Term Sickness Absence

	2011/2012	2015/2016	Overall Reduction
Chief Executive	94	69	26%
Community & Children's Services	107	70	34%
Corporate & Frontline Services	104	65	37%
Education & Lifelong Learning	108	75	30%
Council Total	107	72	32%

During 2015/2016, 98 long term sickness absence cases resulted in the employee agreeing to take a mutual termination.

8.3 Short Term and Frequent Sickness Absence

The briefing sessions were an opportunity to reinforce the use and compliance of trigger points within the policy. When a trigger is hit by an employee, it is the responsibility of the manager to take the appropriate course of action. Since September 2015 the following have taken place:

2nd stage interviews – 534 employees

Community and Children's Services	-	302
Corporate and Frontline Services	-	51
Education and Lifelong Learning	-	87
Schools	-	94

Disciplinary Hearings relating to sickness absence/attendance – 43 employees

Community and Children's Services	-	32
Corporate and Frontline Services	-	11

8.4 **Service Area Reviews**

Residential Care

In December 2015 a task group, led by the Service Director of Adult Services and comprising of key HR staff, Service Managers and Trades Union colleagues, was established to review the high levels of sickness absence within Residential Services. The initial priority for the group was Clydach Court Resource Centre as sickness absence levels were around 18%. A targeted approach to managing sickness issues has been implemented including holding a general staff meeting at which Trade Union colleagues were in attendance followed by individual meetings with each member of staff to review their personal sickness levels. The Management team at Clydach Court is also receiving additional support and advice to meet their responsibilities around the management of sickness absence.

Whilst still in its early stages the targeted approach, together with an internal improvement plan, has resulted in a significant reduction in sickness absence at Clydach Court. In November 2015 absence rates at Clydach Court were running between 17% - 18%, and in April 2016, with the interventions above, this had reduced to 9.75%. Further reductions are expected as the majority of long term cases have recently been resolved, and short term cases are reducing.

A number of other issues were identified as part of this work due to the holistic approach being taken, and these include looking at practices around medication and the way the whole staff rota is implemented. The approach has been implemented in Clydach Court Resource Centre, and is in the process of being implemented in Dan-Y-Mynydd Residential Home. All residential homes will be included as part of the review.

Highways and Streetcare

Historically, Highways and Streetcare has had high levels of sickness absence with long term sickness cases averaging over 100 days. This service area has been successfully targeted with managers, supervisors and HR staff working closely together in a number of key areas resulting in long term sickness cases now averaging 80 days (a reduction of 20%). Initiatives that have been introduced include:-

- Running workshops and training managers and supervisors to interview staff to respond promptly to any absence.
- Focusing on long term absence cases to progress them as quickly as possible from the commencement of the absence.
- Developing job demand checklists for all job descriptions to be able to identify earlier in an absence whether an individual can perform/continue in a role.
- Collating and sharing data with senior managers.
- Referring absences promptly, taking part in the pilot for day 1 referrals for musculoskeletal and mental health issues.
- Supporting managers to carry out second stage interviews with all staff who hit absence triggers and then proceeding to disciplinary action for persistent absences.
- Proceeding to dismissal for persistent absences and misconduct issues.

9 MAXIMISING ATTENDANCE PILOTS

9.1 First Care Day 1 Absence Management Reporting

The First Care service was introduced into Residential Services in September 2015 with a view to supporting the management of absence through the provision of a dedicated, nurse led absence reporting service. The service was implemented on a pilot basis for a one year period and covered 570 employees based across our 12 residential homes. The service was well received by employees, managers and the trade unions.

Case studies within other organisations that have implemented First Care show a reduction in sickness absence of on average 20%, with the reductions being seen from around 6 months post implementation.
The table below details the sickness absence for Residential Services for the month prior and 8 months post implementation. Although there is a fluctuation across the 12 residential homes, for the service as a whole sickness absence has reduced from 11.5% to 8.3% which equates to an overall reduction of 27%.

RESIDENTIAL SERVICES

	Aug		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Bronllwyn	2.5%		6.4%	3.5%	1.2%	6.0%	11.9%	9.9%	11.6%	5.36%
Caeglas	17.8%		14.1%	6.7%	8.8%	6.2%	4.9%	8.8%	7.7%	7.22%
Clydach Court	19.7%		16.4%	16.1%	17.5%	12.4%	11.6%	10.9%	11.8%	9.75%
Dan Y Mynydd	11.3%		14.6%	9.3%	14.1%	15.4%	14.8%	11.2%	12.4%	12.50%
Ferndale House	5.0%		2.8%	4.6%	7.5%	8.7%	7.3%	5.7%	1.4%	2.44%
Garth Olwg	13.0%		13.6%	8.2%	8.9%	4.1%	9.4%	11.9%	10.2%	6.59%
Maesyffynnon	7.8%		9.2%	7.0%	5.8%	6.5%	5.3%	8.4%	12.0%	10.26%
Parc Newydd	6.8%		7.7%	11.1%	11.8%	13.7%	13.6%	8.3%	11.8%	8.13%
Pentre House	4.6%		8.7%	4.8%	3.9%	6.3%	7.0%	9.0%	14.2%	8.08%
Tegfan	10.7%		8.8%	8.8%	9.8%	12.0%	10.8%	12.1%	10.1%	9.67%
Troedyrhiw	15.5%		18.1%	18.7%	16.9%	14.6%	11.4%	11.4%	11.0%	9.91%
Ystrad Fechan	11.4%		14.6%	7.8%	8.1%	12.3%	9.7%	8.2%	9.4%	8.75%
TOTAL	11.5%		11.6%	9.3%	10.2%	10.0%	9.8%	9.8%	10.0%	8.32%

9.2 Online Management Referral System

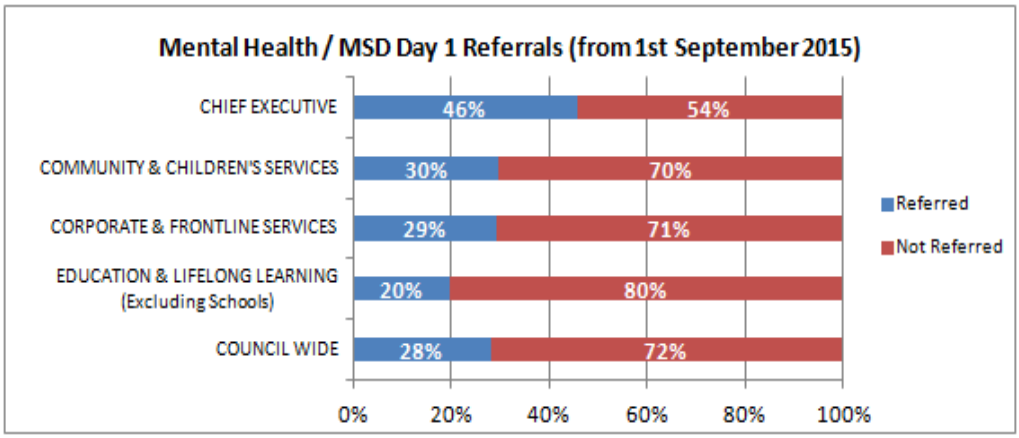
To support the launch of the revised Management Absence policy, the Occupational Health and Wellbeing Unit introduced a pilot of an online management referral system. The introduction of this system aimed to:

- Speed up the process of the referral using an online tool.
- Provide simultaneous communication to all parties involved in the case.
- Provide a more secure process for transferring sensitive medical information thus preventing data protection breaches.

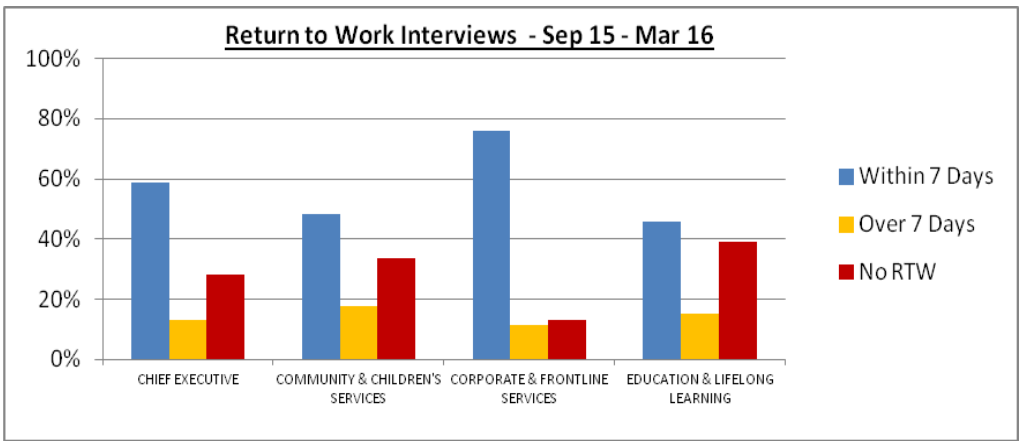
- Provide more management information so that case reviews result in a more targeted approach influencing future initiatives and interventions.

10 SICKNESS ABSENCE MONITORING

A range of data is used to monitor compliance of the Managing Absence policy. The tables below are examples of areas that can be monitored from data available from the Council's on-line referral system Cohort and the integrated HR/Payroll system Vision. The figures are reliant upon timely and accurate data entry by managers from day 1 of an absence. Ongoing awareness of the need to record sickness absence will be made through challenge meetings with Group Management Teams. Appendix 1 shows the dashboard of data that will be available to Management teams from May 2016 to assist them in ongoing monitoring and management of sickness within their service areas.



The above graph highlights the percentage of mental health and musculoskeletal absences that were referred / not referred to Occupational Health on the first day of the absence.



The above graph highlights the percentage of return to work interviews that were conducted by managers. The target for managers as stated in the policy is within 7 days of the absence closing.

11 EQUALITY AND DIVERSITY IMPLICATIONS

An Equality Impact Assessment is not needed because the contents of the report are for information purposes only. However, the Managing Absence Policy has been impact assessed.

12 CONSULTATION

Consultation is not needed because the contents of the report are for information purposes only. However, as previously mentioned full consultation took place with the recognised trade unions.

13 FINANCIAL IMPLICATION(S)

There are no financial implications aligned to this report.

14 LEGAL IMPLICATIONS *OR* LEGISLATION CONSIDERED

The policy has been developed in line with legislative requirements contained in employment law, the Equality Act 2010 and medical ethical standards.

15 LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP

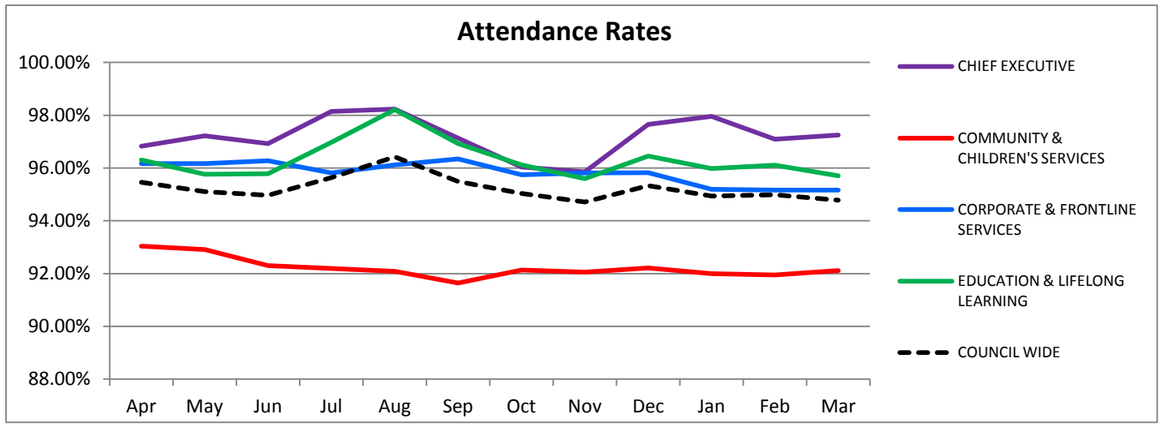
This contributes to the Corporate Plan priority – live within its means and the Wellbeing of Future Generations goal of a resilient Wales.

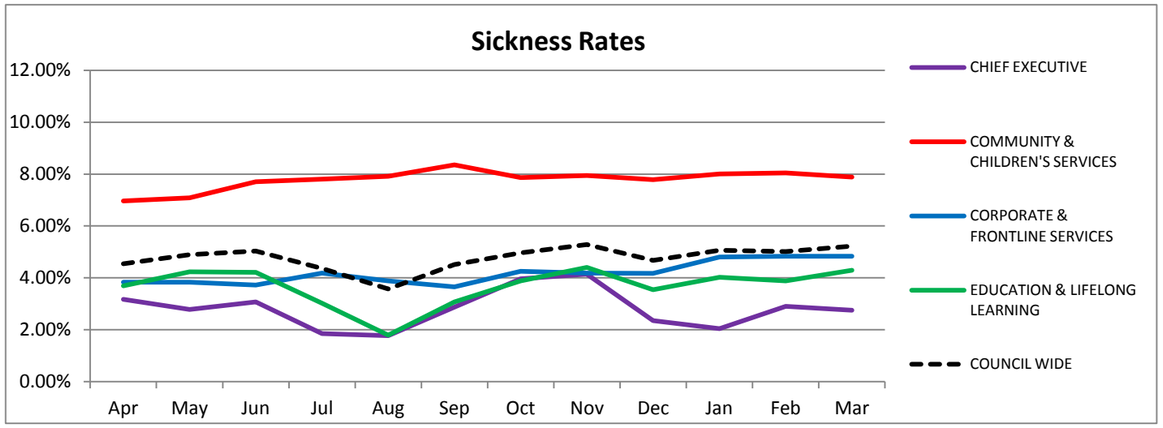
16 CONCLUSION

The Maximising Attendance project is still ongoing and success will be measured through the use of data and the self evaluation process.

COUNCIL WIDE MONITORING DATA APRIL 2015 - MARCH 2016

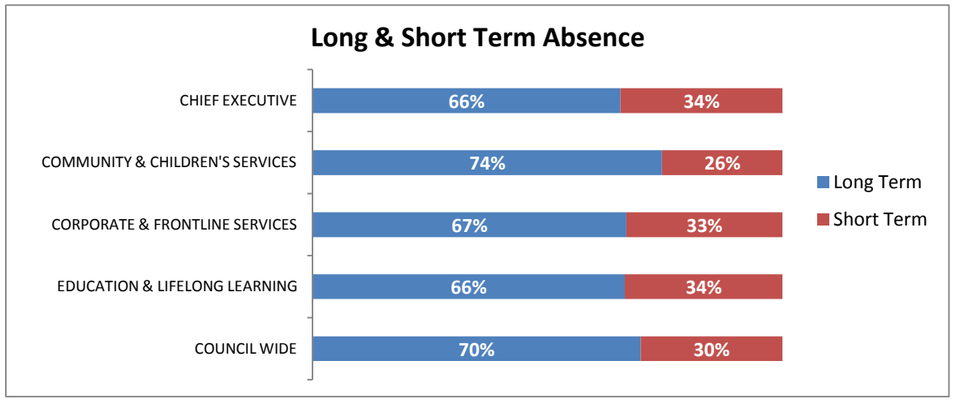
APPENDIX 1

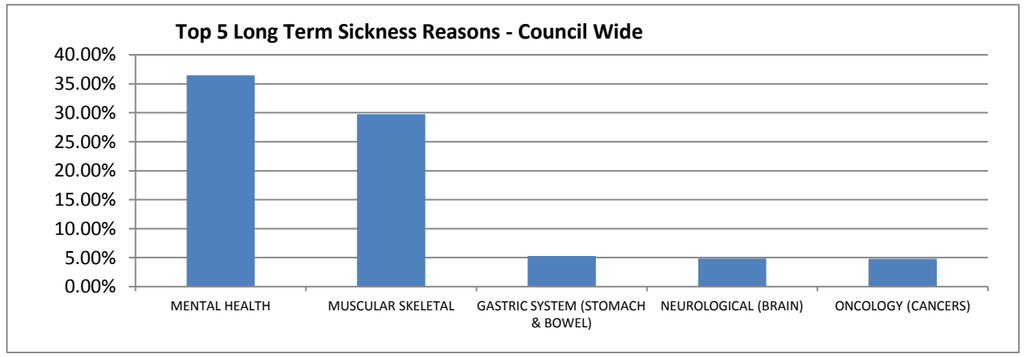


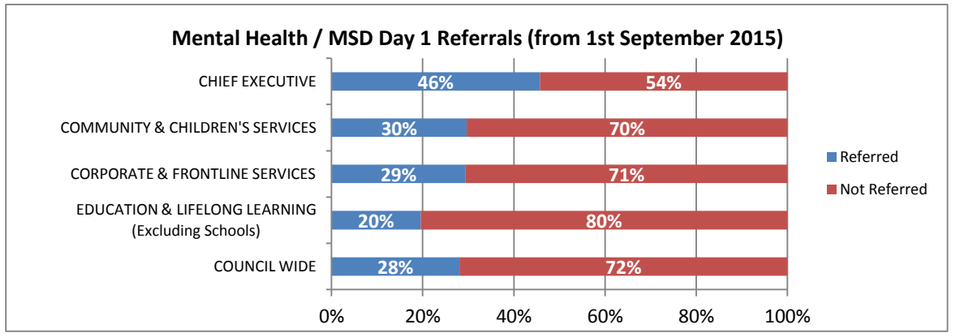


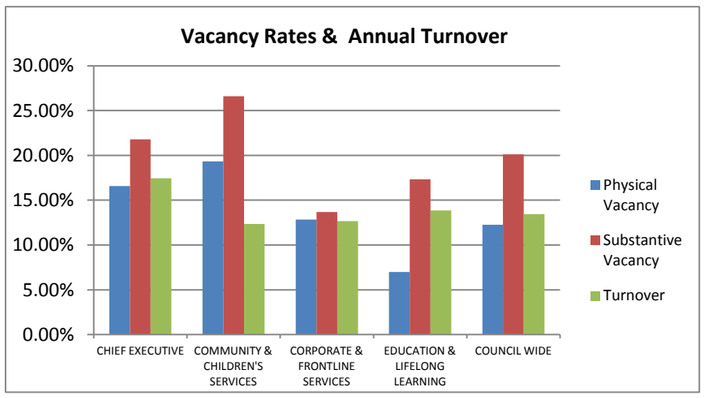
EMPLOYEES CURRENTLY SICK TODAY (28/04/2016)

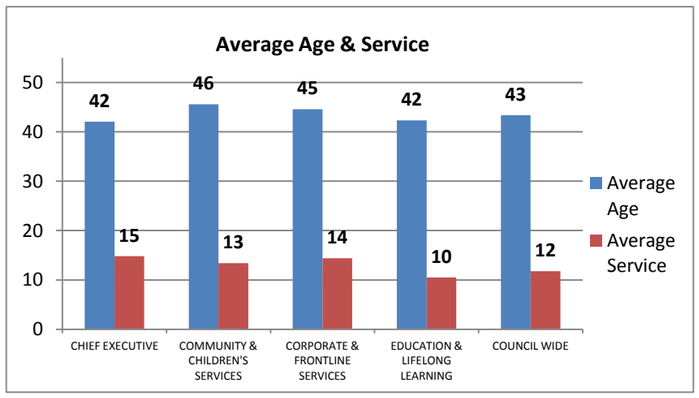
	Long Term	Short Term	Total	% of Group
CHIEF EXECUTIVE	6	2	8	2.68%
COMMUNITY & CHILDREN'S SERVICES	118	83	201	7.17%
CORPORATE & FRONTLINE SERVICES	31	32	63	5.32%
EDUCATION & LIFELONG LEARNING	120	116	236	3.43%
COUNCIL WIDE	275	233	508	4.55%

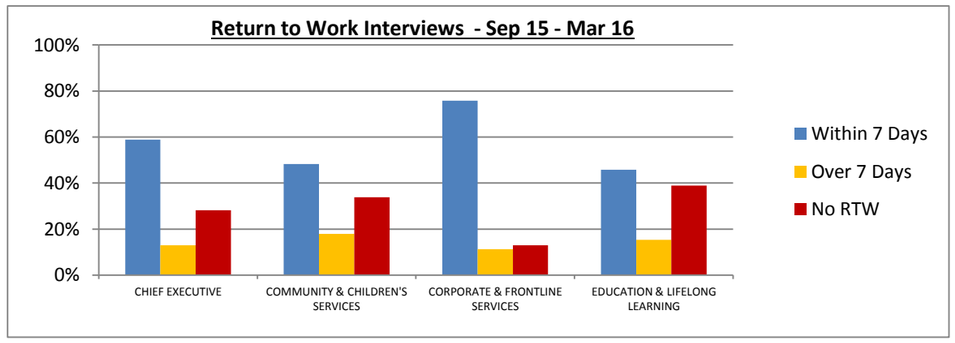












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