

MANAGEMENT OF ATTENDANCE AND PERFORMANCE

1 EXECUTIVE SUMMARY

This report updates Members on the Management of Attendance and Performance throughout the authority, the BVPI level as of September 2007 stood at 9.95 days which was above the target set for 2007/8 of 9.20 days, but below the national target for Metropolitan Authorities of 10.50 days.

The report also updates Members as to the steps being taken by departments to effectively manage sickness absence, related corporate initiatives an analysis of the reasons for sickness absence and draws comparisons with a survey on sickness absence recently published by the Chartered Institute of Personnel and Development.

2 BACKGROUND

Performance

The current sickness levels for the authority stand at 9.95 days for the twelve month period up to September 2007. The figure reveals an increase in the sickness levels reported to committee in June for the 12 month period ending March, of 8.98 days and stands above the target of 9.20 days for 2007/08.

Steps being taken by departments to effectively manage sickness absence

At Committee in June, Members resolved that the next report on this matter include information on initiatives within the Adult Social Services Department to deal with its sickness levels. However due to increasing levels of sickness absence in other departments I have included further information for other departments.

Adult Social Services

The Department established an action plan in July 2006 were the overall objective to reduce sickness within the department to 5%. This comprised actions around; promotion of a healthy lifestyle and well being, identifying steps to reduce short and long term absence and working in partnership with colleagues across the authority to ensure an holistic approach to management of attendance.

Some of the actions implemented include;

- Attendance surgeries undertaken on a quarterly basis on long term and complex cases.
- One to one support from departmental HR for individual managers

- Attendance management training to over 50 managers
- Capability and disciplinary training to some 50 managers

The steps identified above have resulted in;

- 51 staff being issued with oral warnings under the capability procedure
- 7 staff issued with Final written warnings under the capability procedure
- 2 dismissals under the capability procedure
- 273 staff referred for Occupational Health support
- 50 staff having received counselling
- 29 staff having received physio

Management information is sent to all managers including league tables of teams/units; furthermore the department is currently piloting the Employee Assistance Programme and Agile working scheme. The department has also continued to provide health and safety training which has led to the successful defence of six claims against the department.

There are still some development areas including looking at rewarding good attendance, further promotion of healthy lifestyles and wellbeing and working with other departments to identify good practice and seek possible funding to support the steps taken to date and develop new initiatives.

The department has seen the overall trend reduction over the last couple of years however there remains peaks and the department has taken steps by supporting managers with direct HR support and this will continue as it is intended that the improvements will be sustainable.

Other Departments

Finance

The department regularly publicise the sickness data and discuss it at Team Brief with senior managers highlighting the need to be proactive in its management. The Support Services manager has one to one discussions with Section heads regarding specific cases that need further action eg capability measures, and managers understand the role of and regularly refer staff to the Occupational Health Service. The Department is part of the employee assistance pilot scheme and promotes this service on a regular basis. The department also has a system in place to monitor the return to work interview process and managers are reminded of their responsibilities.

Technical Services

On 22nd October 2007 the Department changed the way staff report sickness and the way sickness is monitored. Staff now telephone one central point to report sickness and their Line Managers are automatically sent the information along with the back to work interview form, reports from the Corporate HR system showing any previous sickness absence in the previous 12month period and the reasons for the sickness.

Staff in Dock Road Depot, Transport and the School Crossing Patrols still reports their sickness to their Supervisors, for operational reasons, however, their sickness is monitored centrally.

The Return to Work interviews are monitored to ensure that they are being carried out at the earliest opportunity following the return of the member of staff and that if any triggers have been hit, that the correct action is being taken by the Line Manager.

The system also allows the Absence Coordinator to see all sickness absence and give advice to Managers on getting staff back at the earliest opportunity and also early intervention from Occupational Health where appropriate. It also ensures a consistent approach across the Department in relation to Absence Capability.

It is acknowledged that this may, in the first instance, show an increase in sickness due to more stringent reporting of sickness, however, it is intended that in the long term, sickness absence will reduce due to better management of absence.

Children's & Young People

Human Resources continue to provide help and advice to managers to deal with capability issues and other measures to reduce sickness include training. The department has also extended the Employee Assistance Programme scheme to the whole dept, and a well being programme in schools is still continuing. Continual monitoring by the department is ongoing.

Corporate Services & Regeneration

The two departments have shared access to the absence support officer who provides management information, direct advice and support to Managers helping them to deal with sickness and capability issues. The Wallasey complex is also piloting the Personal Health Manager in partnership with our Occupational Health provider. Corporate HR also provides advice and support on a regular basis to managers and departments to assist with attendance management.

Analysis of the reasons for Sickness

In accordance with the resolution of the June Committee that the next report include a breakdown of the reasons for sickness absences, I have included the following table which breaks down the most frequently reported reasons for sickness over the past two years and for the first six months of this year;

Reason	Days lost 2005/6	%	Days lost 2006/7	%	Days lost 1 April -30 Sept 2007	%
Mental Health	30,717	19.63	39,070	21.11	19,771	21.42
Muscular/skeletal (exc back)	19,269	12.31	21,419	11.57	11,204	12.14
Ear, Nose and Throat	18,416	11.77	18,120	9.79	5,181	5.61
Medical Procedures	16,018	10.24	17,443	9.42	10,707	11.60
Abdominal Problems (inc Digestive tract)	11,878	7.59	15,634	8.45	6,934	7.51
Back Problems	9,664	6.17	12,583	6.80	8,090	8.76
Infectious Disease	6,209	3.96	5,770	3.11	2,243	2.43

Corporate Initiatives

In order to seek to optimise attendance levels across the Council, in addition to departmental initiatives and actions, the Corporate HR Team continually seek to support this aim through a range of initiatives. Current initiatives include:

Stress Management

Members will recall my previous reports (8 February and 29 June 2006) updating them on the survey of staff carried out last summer based upon the HSE questionnaire. Arising from the survey a Senior Management Group consisting of representatives from each department and the Corporate Health and Safety Officer, have developed and commenced implementing a range of actions designed to minimise the levels of stress experienced by the workforce, in summary this includes reviewing current policies and support, improve communication through the launch of a Core Brief document, relaunch KIE, introduce further health and well being initiatives such as personal health manager, and seek other funding sources as part of a LPSA bid under a banner of 'improving longevity' in respect of any of the planned actions etc .

One aspect which I intend to review is Work Life Balance. Although the Council fully supports the governments initiative, some research which has been undertaken with the North of England sickness absence Consortium has indicated that although many managers are aware of work life balance they remain unclear of how it can help to reduce sickness. I will of course report back to Members in the near future on how I intend to proceed with the review.

Health and Well-being

One of the major initiatives over the last couple of years has been the drive towards the improvement of employee well being, with 16% more organisations looking seriously at well being initiatives to improve the well being of their workforces.

Improving well being can be achieved through a number of ways including;

- Policy changes e.g. the introduction of effective work life balance initiatives
- Increasing physical activity e.g. the Invigo8 scheme which has 522 local authority and PCT staff have signed up.
- Other initiatives which can still be used around improving access to healthy food options via our sandwich bars, improving the environment that employees work etc.

My department has contributed to a review of well being by the Joint Well Being Group and I await feedback on that consultation, together with proposals as to how we can further improve the health and well being of the Council's workforce.

Absence Management Survey

The Chartered Institute of Personnel and Development (CIPD) published there annual absence survey in August. This is one of several surveys which the Council contributes too and which are used to monitor performance against public and private organisations. The survey will also occasionally advise of new initiatives around the improvement of performance and attendance within other sectors.

It needs to be stressed however that the survey is heavily influenced in terms of the sickness levels by the size of the organisations for instance this year of the 805 replies only 127 employed more than 2000 people. In addition, the methods of defining sickness data are not standard across each organisations.

Key findings include;

- Average level of employee absence has increased across all organizations to 8.4 days, from 8.0 days the previous year.
- The highest average level of employee absence is in the North East at 11.3 days.
- Minor cases of illness remain the number one cause of short term absence for both former manual and non manual employees, followed by back pain, musco-skeletal injuries home and family responsibilities and stress.
- Back pain is the leading cause of long term absence for manual workers while stress is the main cause of long term absence for non-manual workers
- Return to Work interviews with trigger mechanisms and the use of disciplinary proccures are seen as the most effective approach to managing short term
- The involvement of occupational health services and the provision of flexible working and rehab programme are the most effective approach for managing long term absences.
- An increasing number of employees are now focusing on promoting employee well being as a means of reducing absence through a well being strategy which includes counselling , stop smoking support, healthy food and activity options.

Overall the report indicates that the rates of employee absence have increased from 8.00 to 8.40 days, with absence levels increasing in the public sector to 10.30 days.

I stated earlier in my report that the overall size of the organisations was a factor of the 805 organisations surveyed 127 employed over 2000 staff and of these only 34 were in local government. However for organisations with 2000 or more staff the average number of days lost was 10.00 days overall and 11.10 days in the public sector. In terms of seeking to identify trends, the general view across all sectors is that sickness is increasing.

The report also provides some information on the reasons for sickness, and gave the following reasons for illness as being the leading causes of absence

97.8 %	-	minor illness
55.6%	-	stress
49.7%	-	musculo-skeletal
46%	-	back problems (46%)
45.3%	-	home/family responsibilities

Stress was also rated as the leading cause of long term absence for non-manual employees, ahead of acute medical conditions, mental health, musco-skeletal and back problems.

The survey also identified that the top three causes of work related stress were;

1. work load
2. management style
3. organisational changes

Other causes of stress included relationships at work, pressure to meet targets and the lack of support from line managers.

Considerations around the increasing levels of sickness absence in departments

As can be seen from the CIPD survey sickness levels are increasing across sectors and this has certainly been the case in 5 departments out of 6 for the first 6 months of the year and a number of reasons for this have been identified by departmental teams.

However from a corporate perspective, the Council has embarked upon a period of significant and sustainable change. This will provide for a transformation as to how we provide services, with large scale workforce planning, redeployment and the re-skilling and re-training of many employees. This at a time when employee's jobs are being evaluated for a new pay structure and the Council is seeking to harmonise terms and conditions of employment, some upward and some down. It is considered that during a period of such change it is inevitable that the perceptions of employees can be detrimentally affected and that this can affect attendance levels.

3 PROPOSED STEPS

Nevertheless it will be essential that managers and departmental support staff manage absence in accordance with the Council's attendance management processes and that departments continue to support the range of initiatives designed to optimise attendance.

The Corporate HR Team will also continue to explore further initiatives which will be the subject of further reports to Committee.

4 STAFFING AND FINANCIAL IMPLICATIONS

There are no specific staffing or financial implications arising out of this report although the effective management of and monitoring of absence levels will continue in order to see to optimise attendance.

5 EQUAL OPPORTUNITIES IMPLICATIONS

The authority will ensure that staff who are suffering from genuine illness will receive the necessary support and assistance to aid an early return to work.

6 HUMAN RIGHTS IMPLICATIONS

There are no specific implications arising out of this report.

7 LOCAL AGENDA 21 IMPLICATIONS

Reduction in absence has a positive effect in relation to our staff, their families the delivery of our services and this in turn should have an impact on the overall well being of the population of Wirral

8 COMMUNITY SAFETY, PLANNING IMPLICATIONS

There are no specific implications arising out of this report.

9 BACKGROUND PAPERS

No background papers were used in the preparation of this report.

10 RECOMMENDATION

That the report is noted

JIM WILKIE
DEPUTY CHIEF EXECUTIVE / DIRECTOR OF CORPORATE SERVICES

SEPTEMBER 2007 Including Temps

Based on BVPI definition

Former Officer	FTE	Days Lost	Sick days lost per FTE
Children and Young People	2784.48	26841.48	9.64
Finance	749.33	7582.90	10.12
Technical Services	323.61	3275.81	10.12
Regeneration	658.18	6967.24	10.59
Adult Social Services	756.57	11156.95	14.75
Corporate Services	249.33	1618.20	6.49
Sub Total	5521.49	57442.58	10.40
Former Manual			
Children and Young People	782.87	9354.98	11.95
Finance	3.83	23.92	6.25
Technical Services	109.14	834.65	7.65
Regeneration	366.60	5211.22	14.22
Adult Social Services	557.23	11348.32	20.37
Corporate Services	6.68	54.90	8.22
Sub Total	1826.35	26827.99	14.69
Total	7347.84	84270.57	11.47

All Employees			Sick Days lost per FTE-Oct 06 - Sept 07
Department	FTE	Days Lost	
Children and Young People	3567.35	36196.46	10.15
Finance	753.16	7606.82	10.10
Technical Services	432.75	4110.46	9.50
Regeneration	1024.78	12178.46	11.88
Adult Social Services	1313.80	22505.27	17.13
Corporate Services	256.01	1673.10	6.54
Sub Total	7347.84	84270.57	11.47
Teachers	2646.72	16655.90	6.29
Managed Schools	607.42	4568.50	7.52
Total	10601.98	105494.97	9.95