

WIRRAL COUNCIL

TRANSFORMATION & RESOURCES POLICY & PERFORMANCE COMMITTEE

29 JANUARY 2014

SUBJECT:	SICKNESS ABSENCE
REPORT OF:	HEAD OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT

1.0 EXECUTIVE SUMMARY

1.1 This report sets out the current position in relation to sickness absence across the Council

2.0 BACKGROUND AND KEY ISSUES

2.1 The report has been requested to identify sickness absence performance across the new directorates following the restructure of the Council, the process for dealing with sickness absence and the impact it has on capacity with the HR division and the wider organisation in the light of the transformation process and significant organisational change.

2.2 Following the Senior Management restructure undertaken in December 2012 the Council was re-organised into three Strategic Directorates; Families and Wellbeing, Regeneration and Environment and Transformation and Resources. The organisational structure showing which departments are in each of the directorates and the number of employees is attached at Appendix 1.

Current Performance

2.3 Appendix 2 shows current levels of absence across the Council and Schools up to 30 November 2013. The projected days lost per employee is currently 9.17 compared to 10.23 in 2013/14. This is based on the national Best value performance Indicator (BVPI)

2.4 Excluding schools, the current projected performance is 12.13 days which shows a marginal improvement compared to 12.88 days in 2012/13.

2.5 Comparisons against other Local Authorities in the region for 2012/13 inclusive and exclusive of schools are attached at Appendices 3 and 4.

2.6 The Chartered Institute for Personnel and Development (CIPD) Annual Absence Survey 2013, covering all sectors, reports the average number of lost days is 7.6 compared to an average of 9.0 days in Local Government. The reports comments that there has been a rise in absence levels this year by almost a day per employee. After a significant dip last year, private sector absence levels are back up to the levels observed in 2011. Although public sector absence has increased compared with last year, it is still less than 2010–

11 figures. These trends can be seen to reflect the economic climate as the public sector is still facing considerable uncertainty and job losses.

Reasons for Absence

- 2.7 Appendix 5 shows the reasons and rank order for absence across the Council and by department up to 30 November 2013
- 2.8 The tables show that mental health issues continue to be the most frequent cause of absence across the Council. This includes anxiety, stress and depression. In the period April to December 2013, 36% of all absence is short term (less than 20 days) and 64% is long term. In both cases mental health is most reported cause.
- 2.9 Two-fifths of respondents to the CIPD 2013 Survey reported that stress-related absence has increased over the past year for the workforce as a whole, while one-fifth report it has increased for managers and one in eight that it has increased for senior managers. Fewer than one in ten organisations report that stress-related absence has decreased. Public sector organisations were most likely to report that stress-related absence has increased.
- 2.10 In the survey, workload was ranked the most common cause of stress followed by management style, as in previous years. Nearly a third included organisational change/restructuring and non-work relationships/family among their top three causes of stress at work. Fewer organisations reported that relationships at work are among their top causes of workplace stress.
- 2.11 The Council is going through a period of major change to deal with the significant financial challenge it faces. Services are continually being reviewed and most have been through significant re-structures. Since April 2010 1314 (FTE) employees have left the organisation. The number of people employed by the Council will continue to reduce as major change programmes are implemented to increase efficiency and make financial savings. This has and continues to create a very uncertain and difficult context for managers and employees concerned about the level of change and job security.

3.0 STRATEGIES TO MANAGE ABSENCE

- 3.1 The Council's has a wide range of co-ordinated strategies to manage the issue of attendance and health and wellbeing in the workplace.

a) Attendance Management Policy

- 3.2 The Council implemented a revised Attendance Management Policy in April 2012.
- 3.3 It is the responsibility of line managers, with HR support, to manage sickness absence issues on a day to day basis in accordance with the Council's absence policy.

- 3.4 The policy sets out the framework for managing absence with comprehensive guidance for managers in the steps that should be taken in addressing short term and long terms absence concerns.
- 3.5 The policy outlines the support that should be offered to employees to improve or maintain acceptable levels of attendance but also the formal measures that can be taken where attendance is not at an acceptable level. There is a requirement for managers to undertake Back to Work interviews, maintain contact with employees throughout absence and where appropriate make timely referrals to Occupational Health for advice on supporting an employee back to work.
- 3.6 The Council's policy mirrors other Local Authorities and large organisations by containing absence 'triggers' to alert managers and employees where the number of occasions or length or absence is a cause for concern.
- 3.7 The Council policy reflects best practice measures to addressing absence adopted in other organisations and other sectors. The CIPD Annual Survey 2013 reported that return-to-work interviews and trigger mechanisms to review attendance were most commonly ranked among organisations' most effective methods of managing short-term absence. It reported that return-to-work interviews also remain the most common method used to manage long-term absence, followed by making changes to working patterns or environment (which has seen a big increase in use this year), giving sickness absence information to line managers, risk assessments to aid return to work and occupational health involvement.
- 3.8 The use of occupational health is most commonly reported to be among organisations' most effective methods for managing long-term absence, as in the last few years. The CIPD reports that an increasing proportion of organisations include changing working patterns or environment and tailored support for line managers among their most effective methods of managing long-term absence.

b) Training and other Initiatives

- 3.9 Effective management of absence in the workplace requires all managers and employees to understand the requirements of the Council's policies but also have the level of training and support they need in maintaining good levels of attendance and health and wellbeing. Training managers in handle absence is a key strategy.
- 3.10 As stress is the biggest single issue, three-fifths of organisations who responded to the CIPD 2013 survey are taking steps to identify and reduce stress in the workplace, rising to four-fifths of the public sector. Nearly three-quarters of respondents used staff surveys and approximately three-fifths use risk assessments/stress audits, flexible working options/improved work-life balance and employee assistance programmes. More than half have a written stress policy/guidance.

- 3.11 The Council has mandatory, targeted and elective training is provided and available in relation to absence, stress, health and wellbeing in the workplace.
- 3.12 All managers are required to undertake an e-learning module on application of the attendance management policy. Further mandatory training is planned for managers on their role and responsibility in managing attendance and stress under the new 'Wirral Management Development Programme' which has been developed to provide Wirral's managers with the learning, development and support they need across a range of management area. It is based on the 'Management Expectations Framework' which clearly describes what is expected of managers as they go about their work. The Framework currently has nine mandatory modules which each contain a mixture of workshops and e-learning modules and will be added to as time moves on.
- 3.13 The Council has developed and delivers a range of programmes to support managers and employees around stress and dealing with organisational change, through the period of organisational change, the level of support has been increased. The organisational change programme has been heavily promoted on the Council's intranet and employees can book onto courses online.
- 3.14 In addition, where statutory redundancy consultation has been undertaken with staff for service restructures, all consultation packs have included details of training available to all staff to help them cope with the change. Specific sessions have also been run to support those employees who have been displaced by organisational change and who are in a potential redundancy situation. This includes assistance in finding alternative work through interview skills, cv building as practical sessions on money matters, financial planning and assistance with benefits for those employees who leave the organisation.
- 3.15 The table below provides information around the sessions and employees who have attended.

Training	Employees who have undertaken this training
Attendance management e-learning	854
Stress awareness E-learning for staff and managers	2869
Attendance Management Course	226
30 days to Fantastic management	26
Stress awareness and personal resilience	36
Resilient leadership (Managing Stress and Staying Resilient)	26
Working through change	272
Leading people through change	264
Coaching	59
WRAP training	64 over 4 courses 2013
Mental Health Awareness	105 staff over 6 courses in 2013
Demystifying Mental Health	Scheduled for 7 and 14 February 2014

c) Employee Assistance Programme

- 3.16 As part of its approach to managing absence and issues that may lead to stress, the Council has in place an Employee Assistance Programme (EAP) provides free, independent and confidential advice on a range of issues including financial, legal advice, emotional and crisis support, stress management and access to counselling.
- 3.17 Employees are able to contact the EAP at any time and it does not require any prior authorisation from management. Up to 6 face to face or telephone counselling sessions can be arranged by the employee directly on a confidential basis.
- 3.18 The EAP programme can be access on-line or by telephone on a 24 hrs/7 days a week and 365 days a year.
- 3.19 The EAP is an integral part of the Council support. Where support is available through EAP, such as counselling, employees may be signposted to this by managers or Occupational Health where this is an appropriate option under the circumstances.
- 3.20 The Council has promoted availability of the EAP as a further, additional source of support and advice to employees and it has been included on all correspondence with employees who are affected by organisational change and restructuring.
- 3.21 The EAP is a confidential service. The Council does not receive any details about individuals or individual contact or interaction. The EAP does provide the Council with general performance reports about contact and usage.
- 3.22.1 In the period from April to December 2013 the EAP had 341 telephone and 342 on-line contacts from Wirral Council.
- 3.22.2 From the 1st December 2013 the EAP was also offered to Wirral schools as part of an Occupational Health Service, Service Level Agreement. As of the 10th January 2014 some 97 schools have purchased into this service and they had generated 43 on-line enquires into the EAP in December.

d) Occupational Health Support

- 3.23 Advice and support to managers and employees from Occupational Health professions is an integral element of managing absence. It assists in preventing absence where support can be provided at an early stage or assist in an early return to work through rehabilitative support from physical and mental health issues.
- 3.24 Managers can make referrals for employees directly to the OH service and appointments will be made within 10 days. All absences which are stress related should be referred immediately.

3.25 In October 2012 the management of the Council's Occupational Health Service was transferred to the Senior Manager – Health, Safety & Resilience. Following a comprehensive procurement process the Council entered into a new occupational health contract with PAM OH solutions. The overall model for the occupational health service is now a mixed service delivery with the Occupational Health Advisor (nurse) being directly employed by the Council and managed by the Snr Manager Health, Safety & Resilience. The Occupational Health Physician (Doctor), Physiotherapy and Counselling services are contracted out. This service has also been available to schools from the 1st December 2013.

3.26 Since 1 April 2013, the number and nature of referrals are as follows:

	Number of referrals (including schools)
OH Advisor (Nurse)	343
OH Consultant	218
Physiotherapy	25
Counselling	105

3.27 The new model is delivering a more timely, pro-active health advisory and intervention service through occupational health professionals addressing the key health risks across the workforce. Closer relationships have been developed between the OH professionals, managers and Human Resources on the management of more complex or serious cases.

3.28 The new arrangement is a OH Advisor (Nurse) Led service and allows for cases to be triaged by the OH service and therefore referrals to the OH Consultant are prioritised to ensure best use of time and resources under the contract.

3.29 The Occupational health contract is much more flexible model and allows the Council to more freely utilise the OH professional's time, knowledge and expertise on other issues and health promotions around health and wellbeing. Proactive surveillance and health monitoring is undertaken. They are also available to attend case conferences with managers and HR on any serious case reviews.

3.30 Following a successful Public Health Initiation Fund (PHIF) bid 316 seasonal flu vaccinations were administered to Council key workers ahead of 2013/14 winter to assist in providing some resilience for key services in the events of a flu outbreak. In addition to Council staff, the successful PHIF bid also allowed the Occupational Health Unit to arrange for 1263 of our partner, private sector domiciliary care staff to be vaccinated.

e) Fit for Wirral

3.31 The Council has developed a range of strategies under the banner of 'Fit4Wirral' to encourage health and well-being in the workplace.

3.32 Fit4Wirral aims to encourage employees to take responsibility for their health and well-being and in doing so maintain high levels of attendance in the

workplace. Employees who have had health issues are also signposted to Fit4Wirral initiatives to assist them in returning to health and back to work.

- 3.33 The Fit4Wirral strategy is part of the Council's is committed to the Health and Wellbeing of our employees. The commitment is not only to those who are absent from work in order to enable them to recover and return to work. The approach also targets employees to enable them to be healthy in work
- 3.34 The Council raises awareness through different initiatives and employee roadshows and this has included promotions on Mindful Employer and Wirral Working for Health, alcohol awareness, Pedometer challenges as well as assistance and support to cease smoking.
- 3.35 The correlation between Fit4Wirral and organisation absence levels are not always tangible but clearly the Council has an obligation to undertake and promote health and wellbeing amongst the workforce.

f) Human Resources Support

- 3.36 It is the responsibility of line managers, with HR support, to manage sickness absence issues on a day to day basis in accordance with the Council's absence policy.
- 3.37 A small, dedicated team was brought together in 2013 to provide dedicated casework support on all individual employee relations cases including absence management cases. The team provide professional advice and guidance to managers on management absence cases and support managers at meetings with employees.
- 3.38 The level of organisational change since 2010 and dedication of resources to that change and other organisational priorities has impacted on the capacity of the Human Resources to provide a more proactive and targeted support on absence management to service areas.
- 3.39 There are currently 122 live absence cases on the Human Resources casework system where employees are in a formal or informal absence process. 144 cases have been closed between January 2013 and November 2013.
- 3.40 On a monthly basis, Senior Human Resources Managers also attend Department Management Team Meetings in each service area to discuss performance in that service including levels of absence. This allows discussion around any trends or issues of absence in the service area as well as identifying any concerns around the management or progression of individual cases. This ensures absence management issues are identified as a priority with the relevant Chief Officers.

g) Development of Management Information

- 3.41 In addition to training managers on handling absence, of the strategies to improve management of absence across the Council is to increase the level

of management information available to managers. This enables managers to deal with absence issues quickly, take appropriate action and identify trends and issues of concerns in services, teams and individuals.

- 3.42 Each occasion of sickness absence and reason that is reported by managers is recorded on the HR/Payroll system. Following significant development work, all managers now have desktop access to 'Insight' which allows immediate access to live absence data for their teams. This has been directly available to managers from November 2013.
- 3.43 Insight provides live and historic data on absence and provides information by service area, teams and by absence category reason. The system alerts managers to employees who have breached the triggers in the Council's Attendance Management Policy and breaks absence down by long and short term absence.
- 3.44 The insight system provides managers with a much greater level of information than has been available previously to allow identification of patterns and trends for the organisation, service areas, teams and individuals. It also shows the comparison between departmental/team performance against the organisation.
- 3.45 By way of illustration, using Transformation and Resources Directorate, Appendix 6 is a 'screen shot' of the information available to managers for lost days per age band and a breakdown of short-term and long-term absence. Appendix 7 shows lost days by FTE. In both graphical reports, Transformation and Resources performance is shown against Council performance.

h) Staff Survey

- 3.46 The Council undertakes an annual staff survey to gather information about employee views on a range of issues about working for Wirral Council. The most recent one was undertaken in November 2013.
- 3.47 In line with best practice, to assist in gaining an understanding of the potential reasons for absence, the survey has a dedicated section on health and wellbeing and asks specific questions about stress and health and wellbeing in the workplace.
- 3.48 The results of the survey are not yet available but they will be analysed and considered in the context of the Council's current approach to absence and specifically about management of stress.

4.0 FURTHER ACTION

- 4.1 To continue the improvement in absence levels it is important to continue to apply the policy consistently across all employees. Improved data will enable managers to manage the delivery of back to work interviews and trigger levels. The implementation of a co-ordinated Business Partner approach means that a senior HR officer will liaise with strategic Departmental Teams on key people management performance information. This will include attendance levels,

policy applications and other people performance issues such as workforce costs and attendance at training.

- 4.2 Working with the improved information and analysing trends will enable us to better target support resources in specific areas to ensure that both managers are required and supported to manage absence and that employees are supported to stay in and return to work using the programmes that have been put in place.

5.0 RELEVANT RISKS

- 5.1 There are no specific risks arising out of this report

6.0 OTHER OPTIONS CONSIDERED

- 6.1 There are no specific other options to consider arising out of this report.

7.0 CONSULTATION

- 7.1 There are no specific implications arising out of this report.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 8.1 There are no specific implications arising out of this report

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 9.1 There are no specific financial implications arising out of this report. All expenditure involved has been contained within existing budgets or funded from other specific budgets or has been funded by external organisations. There are no specific staffing implications arising out of this report.

10.0 LEGAL IMPLICATIONS

- 10.1 There are no specific legal implications arising out of this report.

11.0 EQUALITIES IMPLICATIONS

- 11.1. Equality Impact Assessment (EIA)

(a) Is an EIA required? No.

12.0 CARBON REDUCTION IMPLICATIONS

- 12.1 There are no specific implications arising out of this report.

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 13.1 There are no specific implications arising out of this report.

14.0 RECOMMENDATION/S

- 14.1 The Policy and Performance Committee is asked to note contents of the report and the Council's current approach to management of absence.

15.0 REASON/S FOR RECOMMENDATION/S

15.1 To ensure Elected Members are aware of the current position relating to the management of Sickness Absence in the Council.

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APPENDICES

Appendix 1	Organisational Chart with departments
Appendix 2	Current and projected absence levels 2013/14
Appendix 3	Average Sick Days per FTE North West (Including Schools)
Appendix 4	Average Sick Days per FTE North West (Excluding Schools)
Appendix 5	Reasons for Absence/Absence Ranking
Appendix 6	Transformation and Resources Absence Data (Lost days)
Appendix 7	Transformation and Resources Absence Data (Lost days by FTE by age)

REFERENCE MATERIAL

Chartered Institute of Personnel and Development Absence Report 2013

SUBJECT HISTORY (last 3 years)

Council Meeting	Date