

REPORT TITLE	ABSENCE MANAGEMENT
REPORT OF	THE CHIEF EXECUTIVE

1.0 EXECUTIVE SUMMARY

This report provides Members with a detailed study into absence levels in the organisation, alongside a summary of how this absence is being monitored, managed and improved.

Clearly, reducing sickness absence is and must remain a top priority for the Council. It is imperative that managers – starting from the Senior Leadership Team (SLT) but also throughout the organisation – follow the processes which are in place, utilise the support which is available, and spend the time required to make sure their staff are in work, healthy and productive.

This is important in relation to our duty of care to our workforce, as an employer, but also important in terms of finances and productivity: high absence levels affect the performance of services, they cost more to deliver and ultimately it is Wirral residents who are impacted.

The actions which have been designed are based on the extensive insight and management data we have on these issues. It is clear that while absence figures are higher than we want them to be, we are in line with comparator organisations.

Absence levels across the organisation are reviewed monthly by SLT, who have directed a new staff training programme which is currently being rolled out, a campaign highlighting staff wellbeing support and a programme of communications and specific interventions aimed at reducing staff absences, particularly focussing on mental health related illnesses.

The council has also enhanced the HR support which is available to managers, and implemented a new system of management reports which allows managers and supervisors to quickly identify sickness issues within their areas and take immediate action.

2.0 BACKGROUND

This report sets out a detailed study into levels of absence in the Council, and how this absence is being managed and monitored. There is a particular focus on the level and management of mental health related absence. Key findings can be summarised as:

- The Council's workforce is 3,243, within 2,725 'full time equivalent' posts. Since 2010, the Council workforce has reduced by 2,016 employees through a range of programmes including a voluntary severance, management savings, service cuts and remodelling and alternative delivery models. The Council's ongoing financial challenge mean it continues to be a challenging time for employees.
- The average days lost to sickness in 2016/17 was 10.73 days per FTE and is projected at 10.74 days for 2017/18. The estimated cost of absence was £4.4m

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in 2016/17. In comparison to the five Merseyside Local Authorities, Wirral had the third highest sickness. The reports set out how each Local Authority has different internal and external models of delivery for key services such as waste, highways and leisure which is a factor when comparing sickness absence.

- The single biggest reason for sickness is for abdominal related absence, followed by ear, nose and throat (includes coughs and colds). Mental health related absence is the third highest known reason for staff absence, 18% of all workplace absence is related to mental health issues. Approximately 10% of the workforce (2016/17 full year data) has been absent from work for a mental health related absence.
- Due to the nature of mental health illness absences are often longer-term than other types of sickness, with 40.75% of the total days lost due to staff absence being mental health related. Analysis also indicates that for each mental health related absence an average of 33.62 days are lost, which is higher than all other absence except cancer related illness.
- The Council is proactively working across the organisation with a range of interventions including new management reports, enhanced HR support, new training and a health and wellbeing launch to act positively to reduce staff absence with a focus on mental health related absence.
- Senior leadership is regularly monitoring progress and ensuring all barriers to implementation of policy are removed. Management of absence is included as part of the Accountability Statements which senior managers have signed.
- Absence levels are higher than we want them to be and this is a priority area for the organisation. The Wirral picture is in line with National findings including mental health being a major area of concern for organisations across a range of different sectors. In dealing with these challenges our approach is consistent with how other organisations are also trying to address this; and we are committed to doing so.

3.0 INTRODUCTION

This paper provides workforce and absence data between April 2010/11 and November 2017/18 and provides context and analysis in relation to the data. It should be noted figures included for 2017/18 days lost due to sickness/mental health related conditions are either part year data (April 2017 to November 2017) or in some cases forecasted to end of year.

3.1 Local Authority Workforce

The number of employees within Wirral Council has decreased by 2,016 since 2010. Headcount data is usually recorded at year end; however for the purpose of this report 2017/18 data is correct as 30 November 2017. Leavers are counted throughout the year. The total number of leavers since 2010/11 is 4,023 which indicates a cumulative total of 2,007 new starters.

Wirral has undergone service transformation through a range of initiatives including:

- A Voluntary Leavers Programme between December 2010 and June 2011
- £5.5million management saving and significant service cuts in 2013
- A major restructure programme which oversaw staff leaving the authority both voluntarily and compulsorily over 2014/15

- Services have been redesigned or integrated with partners over the past two years, including the creation of Edsential and Wirral Evolutions and the integration of social care staff with Wirral Community NHS.

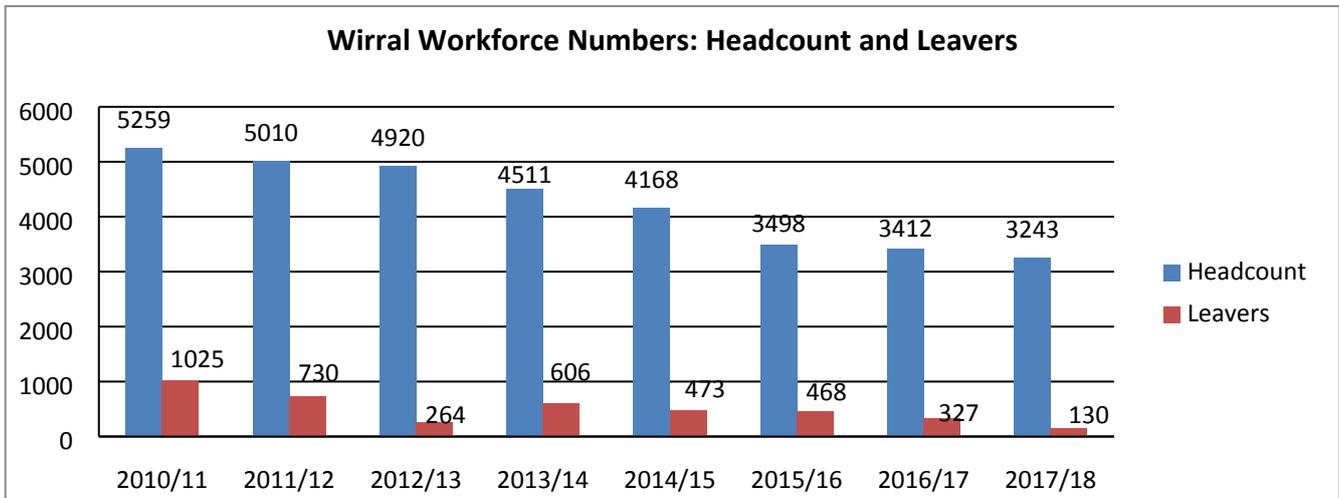


Figure 1: Wirral Workforce Numbers: Headcount and Leavers. **Source:** Wirral Council HR Selfserve System. 2017/18 headcount figure and leavers correct as at 30 November 2017.

3.2 Absence

Wirral absence figures are shown in Figure 2. In 2015/16 staff sickness absence reached the highest level since 2010/11 when 11.56 days per Full Time Equivalent (FTE) staff member were lost due to sickness. In 2016/17 sickness declined to 10.73 days per FTE and projections for 2017/18 indicate a slight increase to 10.74 days per FTE. During this period procedures for collecting sickness data have improved significantly, and as a result of this an increase in sickness levels is expected due to more absence being recorded.

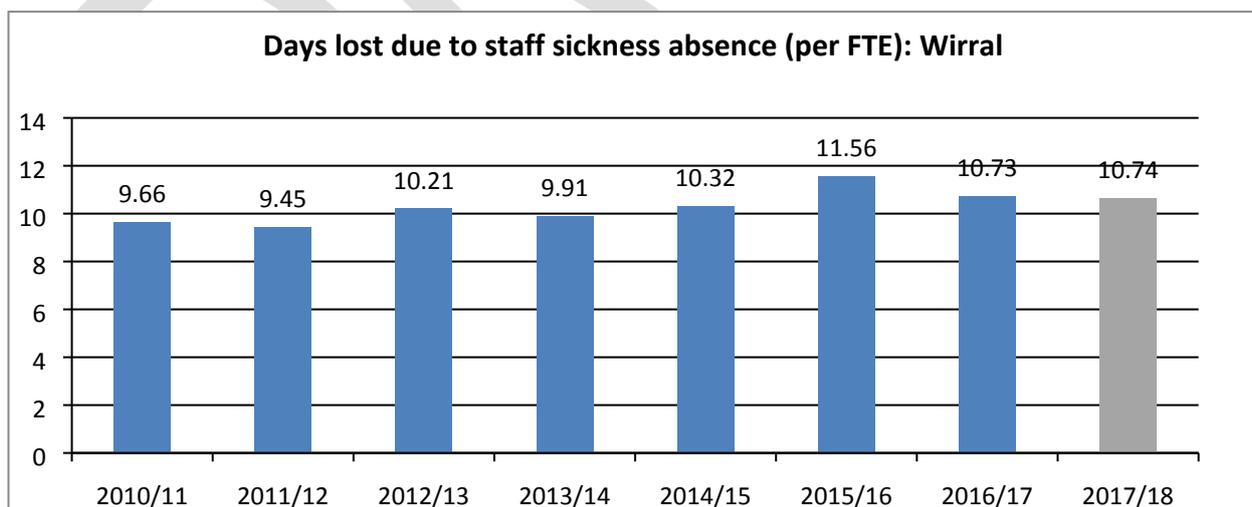


Figure 2: Days lost due to staff absence in Wirral per Full Time Equivalent (FTE) staff member. **Source:** Wirral Council HR Selfserve System. 2017/18 is a projected figure to end of year.

We can compare Wirral staff absence with Merseyside Local Authorities back to 2014/15 (Figure 3). In 2016/17 Wirral Council lost 10.73 days due to sickness per FTE, this was the third highest of the five Merseyside LAs. Of the comparators, the lowest was St Helens Council which lost 8.17 days and the highest was Sefton

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Council which lost 13.31 days. For all LAs, the trend has seen an increase from 2014/15 to 2015/16, before seeing a decrease in 2016/17.

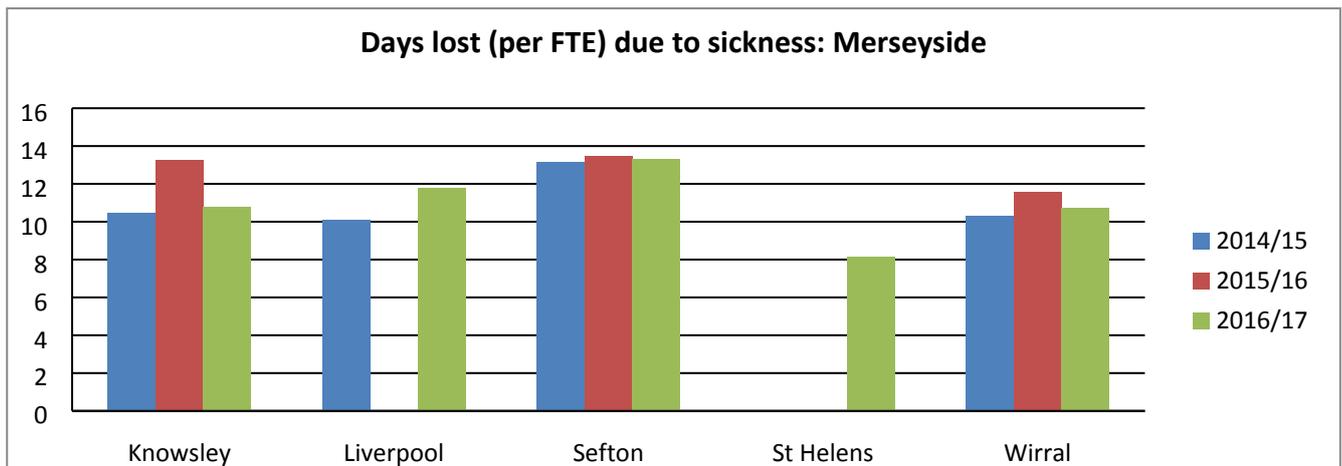


Figure 3: Days lost (per FTE) due to sickness absence in Merseyside from 2014/15 to 2016/17. Some Local Authorities have not submitted returns to the North West Employers therefore data is unavailable. **Source:** North West Employers.

As noted in 2.1 above when comparing Wirral absence with other LAs the context of the authorities' workforces can be taken into consideration. Analysis should consider the workforce size and the type of services delivered in house by individual LAs, such as waste, street cleansing, highways maintenance, homecare, and day services.

The table below provides a summary of the services provided by the five LAs. This shows the variation in how services are delivered across Merseyside. As some LAs deliver labour-intensive services in-house (such as waste) and others do not, comparing consolidated absence figures at an organisational level should be done with caution.

Local Authority	Waste	Street Cleaning Services	Highways Maintenance	Leisure	Day Services	Homecare
Knowsley	In-house	In-house	Outsourced	Delivered by LATCO	In-house	In-house
Liverpool	Delivered by LATCO	Delivered by LATCO	Outsourced	In-house	In-house	In-house
Sefton	In-house	In-house	In-house	In-house	Delivered by Sefton New Directions	Delivered by Sefton New Directions
St Helens	In-house	In-house	In-house (major works subject to external contracts)	In-house	In-house	Outsourced
Wirral	Delivered by BIFFA	Delivered by BIFFA	Delivered by BAMN. Due in-house Oct 2018	In-house	Delivered by Wirral Evolutions	Combined delivery between NHS and outsourced

Table 1: Summary of in house or external service provision for key Council services.

When reviewing national trends The Office for National Statistics found that, in 2016, public sector workers were almost twice as likely to experience sickness

absence as in the private sector. It is acknowledged that workers in the private sector may not be paid if they are absent from work due to sickness, whereas public sector workers tend to be; this may be a contributing factor of the gap.

3.3 Sickness Type

In 2017/18, as at 30 November 2017, the highest number of employees had been absent due to abdominal (including Digestive Tract) problems. The second highest was 'other', followed by 'ear, nose and throat' and 'mental health'. More than a fifth of employees have been absent due to abdominal (including Digestive Tract) problems.

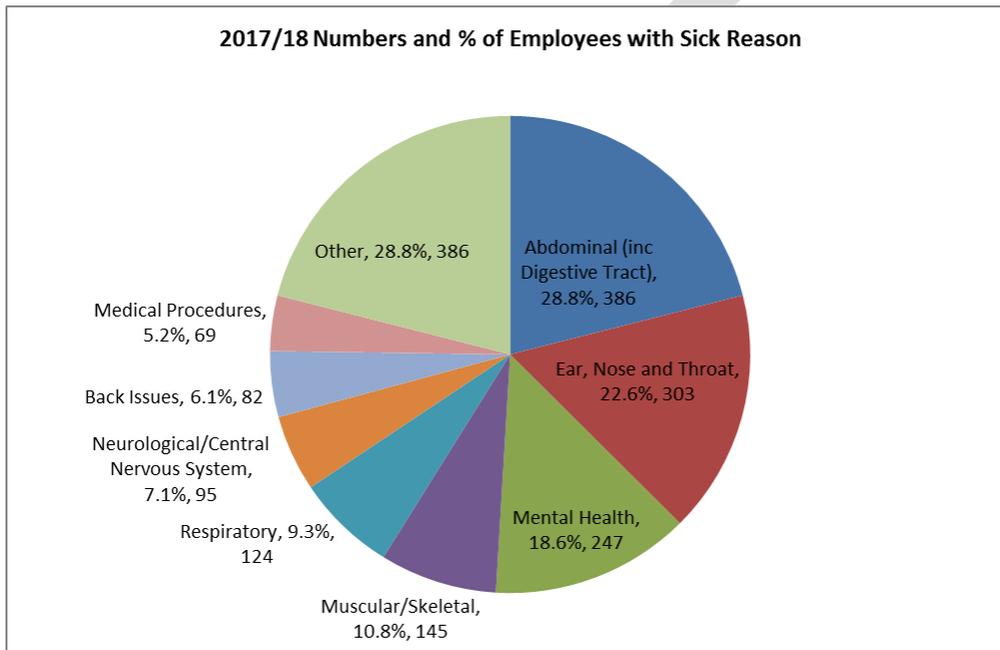


Figure 4: Of all staff with absence the numbers and percentage of employees by reason for sickness as at 30 November 2017. **Source:** Wirral HR Selfserve System. *Figures correct as at 30 November 2017.*

As the third highest known cause of staff absence, it is important to note the definition of mental health related absence for Wirral Council. This consists of a number of indicators, including anxiety, bereavement, dementia, depression, fatigue, insomnia, manic depression/bipolar depression, nervous disorder, personal problems, relationship problems, shock/trauma, and stress. Managers record the reason for absence in accordance with what the GP has recorded on employee's sick note. When a sick note is not available the manager records the cause of absence as provided by employee. Further work is required in consultation with our Occupational Health provider to categorise those employees that are referred and assessed by OH for stress into home related stress, work related stress or a combination of both. This would give us a greater insight into the issue.

The number of days lost (per FTE) due to Mental Health related conditions has seen an overall increase from 2010/11. Projections for 2017/18 indicate that 4.7 days (per FTE) will be lost due to Mental Health related conditions. If this projection is correct then this will be the highest figure for the 8 year period for this measure.

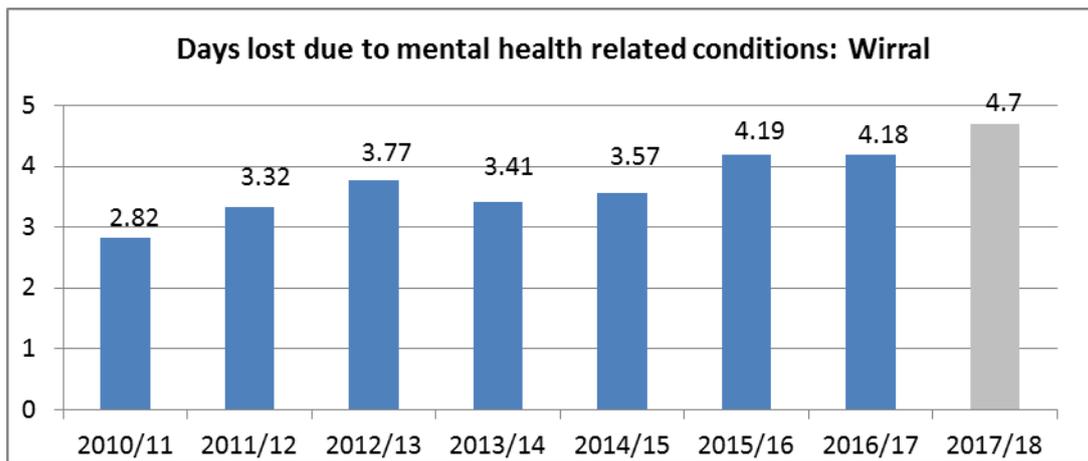


Figure 5: Days lost due to mental health related conditions in Wirral per Full Time Equivalent (FTE) staff member. **Source:** Wirral Council HR Selfserve System. *2017/18 figure is forecast.*

We can also look at the number of staff with mental health related absence. This has reduced as the staff headcount has reduced. The percentage of staff with mental health related absence has fluctuated between approximately 9 - 10.5% of staff. The percentage for 2017/18 is currently 7.6%, however this is the figure as at 30 November 2017, and is therefore expected to increase before year end. The percentage of staff with mental health related absence was at its highest in 2015/16 and slightly decreased in 2016/17.

Year	Headcount	Number of staff with mental health related absence	Percentage of staff with mental health related absence
2010/11	5,259	533	10.1
2011/12	5,010	473	9.4
2012/13	4,920	515	10.5
2013/14	4,511	435	9.6
2014/15	4,168	372	8.9
2015/16	3,498	370	10.6
2016/17	3,412	341	10.0
2017/18	3,243	247	7.6 (Nov 2017)

Table 2: Number and percentage of staff with mental health related absence 2010/11 – 2017/18. **Source:** Wirral Council HR Selfserve System. *2017/18 figures correct as at 30 November 2017.*

Between April 2017 and 30 November 2017 there were 1,376 Wirral Council employees absent from work due to sickness, 247 of these people were absent due to mental health related conditions – this means that 18% of the people absent were absent due to mental health related conditions.

Between April 2017 and 30 November 2017 there were 20,631 days lost due to sickness. Absence due to mental health related conditions represented 40.75% of the days lost in this period (8406 days), with an average of 33.62 days absence. Of the 8406 employees absent from work due to mental health related absence, 205 (14.9%) were absent due to anxiety, stress or depression. The only illness that resulted in a larger average amount of days absent than mental health related is cancer, which represented 65.47 days. The table below shows a breakdown of the

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number of days lost, and the average length of days that staff are absent from work, by reason for absence.

In 2016/17 there were 1,888 Wirral Council employees absent from work due to sickness, of which 341 of these people were absent due to mental health related conditions (18%). Although this is not directly comparable to the 2017/18 figures (figures based on 9 months), the overall percentage of staff that are absent are absent due to mental health conditions is consistent at 18%. Due to the nature of mental health related conditions being long-term it would be expected that this will remain relatively consistent at 2017/18 year end.

Absence Reason	Number of days lost	Average length of time absent (days)
Mental Health	8,406.11	33.62
Muscular/Skeletal (excluding Back)	2,194.63	15.03
Medical Procedures	983.23	14.05
Other	3,724.45	13.64
Back Issues	1,196.56	13.49
Respiratory	870.87	7.02
Neurological/Central Nervous System	587.98	6.19
Abdominal (including Digestive Tract)	1753.20	4.76
Ear, Nose and Throat	990.70	3.27

Table 3: Number of days lost by absence reason and the average length of time absent from work. **Source:** Wirral Council HR Selfserve. *Figures as at 30 November 2017.*

Merseyside Local Authorities do not publish the number of days lost due to mental health related conditions so direct benchmarking is not available however other national sources of information are available.

In May 2016 Unison surveyed 2,000 council workers and published the findings in a report '*Under Pressure, Underfunded and Undervalued*'. The survey found that 73% of council workers reported rising levels of stress (an increase from two thirds in 2008), and more than half reported that stress at work has affected both their job performance and personal life. This would suggest that mental health related conditions are increasingly affecting a significant number of Local Authority employees nationally; this is consistent with Wirral absence levels due to mental health related conditions.

According to the Office for National Statistics (ONS), in 2016, 7.7% of the reason for sickness absence nationally was stress, depression, anxiety. This was the fourth most common reason for sickness absence, and resulted in 15.0 million days lost nationally.

In 2016, the Chartered Institute of Personnel and Development (CIPD) published an annual survey report in relation to absence management. This report is the findings of a survey of more than 1,000 HR professionals. The CIPD reported that stress was the most common cause of long-term absence, and second most common cause of short-term absence. Around 40% of those surveyed reported that mental health problems (such as anxiety and depression) had increased in employees over the past year. The report suggests that the average level of employee absence has decreased, although the smallest decrease has been seen in the public sector.

3.4 Absence by Directorate

Absence can be viewed by directorate over time. When reviewing the figures it must be borne in mind that there has been significant change in the structure of the directorates over time, so information should be used with caution.

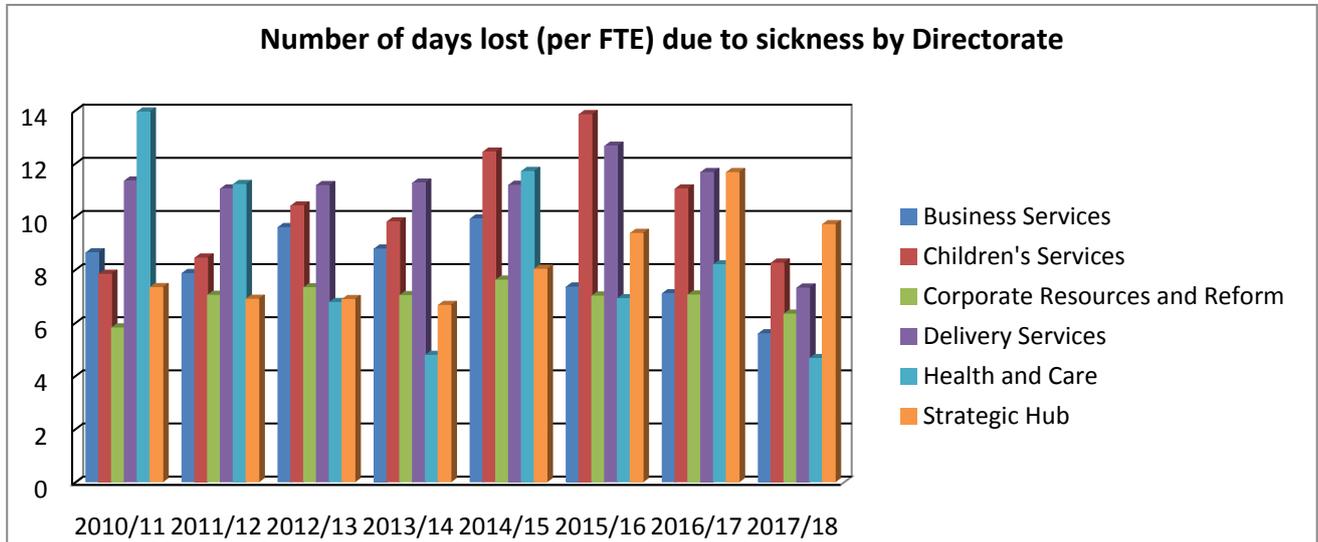


Figure 6: Days lost (per FTE) due to staff absence by Directorate. Source: Wirral Council HR Selfserve System. 2017/18 figures are correct at 30 November 2017.

It is possible to break down the number of days lost (per FTE) due to mental health conditions by Directorate. These figures may differ from the figures for Wirral Council overall, as the overall forecast accounts for over-reporting, such as managers recording sickness over the weekend whereas this data does not. Training is currently taking place to improve reporting accuracy and consistency (See 6.3). Data shows that sickness by Directorate remains fairly consistent.

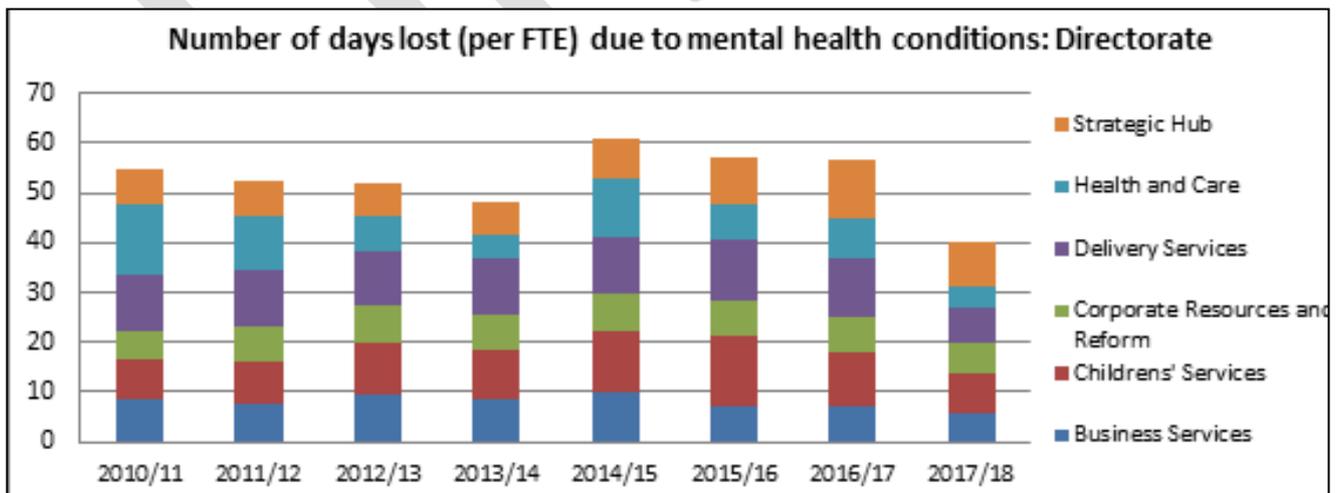


Figure 7: Number of days (per FTE) lost due to mental health conditions by Directorate. Source: HR Selfserve System. 2017/18 figures are correct at 30 November 2017.

The picture of days lost due to Mental Health related conditions within each directorate shows Business Services, Delivery Services, and Health and Care with decreases of up to 2.45% since 2010/11 in the percentage of days lost due to Mental Health related

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conditions, whereas Children's Services, Corporate Resources and Reform, and Strategic Hub have each seen an increase since 2010/11.

In order to identify how much of staff absence is linked to anxiety, stress and depression, as opposed to the wider category of mental health related conditions, it is possible to further analyse the above information. Data shows that:

- The overall number of days lost (per FTE) by Wirral due to anxiety, stress and depression reduced in 2016/17 compared to 2015/16, when this number was at its highest.
- In 2015/16 Children's Services saw the second highest recorded number of days lost, when 5.52 days were lost per FTE, since 2010/11 (when Health and Care lost 5.92 days per FTE).
- As at 30 November 2017, anxiety, stress and depression is the result of 2.46 days lost (per FTE), as opposed to mental health related conditions being responsible for 7.12 days (per FTE). This suggests that currently anxiety, stress and depression only accounts for 34.6% of mental health related absence.

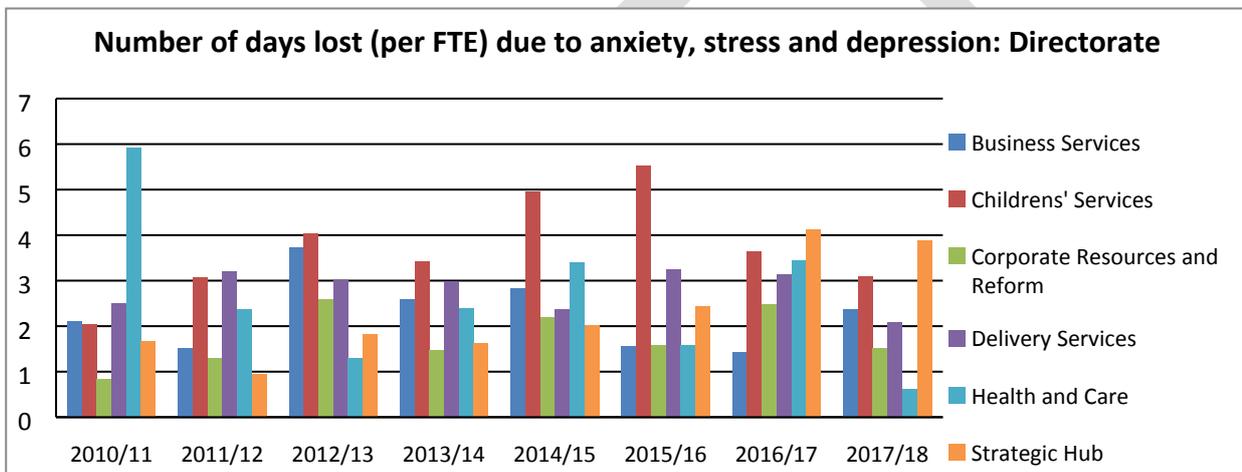


Figure 8: Number of days (per FTE) lost due to anxiety, stress and depression by Directorate. **Source:** HR Selfserve System. *2017/18 figures are correct at 30 November 2017.*

Analysis is carried out on anxiety, stress and depression across the workforce. In 2017/18, as at 30 November 2017, Children's Services have the largest percentage of staff absent due to mental health, and due to anxiety, stress or depression.

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Directorate	Headcount	Number of staff absent due to mental health related conditions	% of headcount absent due to mental health related conditions	Number of staff absent due to anxiety, stress or depression	% of headcount absent due to anxiety, stress or depression	% of those staff that were absent due to mental health related conditions absent due to anxiety, stress or depression
Business Services	335	21	6.27%	18	5.37%	86%
Children's Services	602	67	11.13%	56	9.30%	84%
Customer Resources & Reform	173	8	4.62%	6	3.47%	75%
Delivery Services	1691	129	7.63%	103	6.09%	80%
Health & Care	51	1	1.96%	1	1.96%	100%
Strategic Hub	406	21	5.17%	20	4.93%	95%
Total	3,243*	247	7.60%	204	6.3%	83%

Table 4: 2017/18 Number of staff absent due to mental health related conditions, and anxiety stress or depression – compared to headcount. **Source:** Wirral Council HR Selfserve System. *Employees may be included in more than one directorate; the total figure only includes each person once.

4.0 ORGANISATIONAL ACTION IN RELATION TO STAFF ABSENCE

Throughout 2017/18 a range of activity has been put in place across the organisation to ensure effective absence management can be demonstrated in all areas and that areas of concern are identified and appropriate actions put in place.

4.1 Managing absence

The Chartered Institute of Personnel and Development (CIPD) Absence Survey 2016 reports that the most common methods of managing short-term absence are as follows:

Method	Council
1. Return to Work Interviews	✓
2. Trigger mechanisms to review attendance	✓
3. Line Manager take primary responsibility for managing sickness	✓
4. Sickness absence information given to line managers	✓
5. Sickness absence information given to line managers	✓
6. Managers are trained in absence handling procedures for absence management	✓
7. Disciplinary procedure for unacceptable absence	✓
8. Occupational Health Involvement	✓
9. Restricting Pay*	✗
10. Flexible working Leave for family circumstances (such as emergency/carers/leave)	✓

Table 5: Most commonly used methods of addressing short term absence.

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The CIPD Absence Survey 2016 reports that the most common methods of managing long-term absence are as follows:

Rank order of methods	Council
1. Return to Work Interviews	✓
2. Occupational Health Involvement	✓
3. Sickness absence information given to line managers	✓
4. Trigger Mechanisms to review attendance	✓
5. Flexible working	✓
6. Changes to working patterns or environment	✓
7. Risk Assessment to aid return to work after long-term absence	✓
8. Line Manager take primary responsibility for managing sickness	✓
9. Employee	✓
10. Disciplinary procedure for unacceptable absence	✓

Table 6: Most commonly used methods of addressing long term absence

Tables 5 and 6 show the Council's methods and approach to managing short-term and long-term absence is consistent with how over 800 organisation that responded to the survey are managing these issues.

The CIPD Absence Survey 2016 reports that the most common methods of managing stress are as follows:

Rank order of methods	Council
Staff surveys	✗
Flexible working options/work life balance	✓
Risk Assessments/Stress Audits	✓
Training for line managers to more effectively identify and manage stress in their team.	✓
Employee Assistance Programme	✓
Written Stress Policy/ Guidance	✓
Greater involvement of occupational health specialists	✓
Trained aimed at building personal resilience such as coping techniques, mindfulness, cognitive behavior therapy, positive psychology courses	✓
Changes in work organisation for example job role adaptations	✓
Focus Groups	✗

Table 7: Most commonly used methods of managing stress

Table 7 shows the Council's methods and approach to managing stress is consistent with 422 organisations who responded to the CIPD survey. We have not done an organisational wide staff survey for a number of years but there have been a number of smaller surveys around particular themes. This included a health and wellbeing survey in Children's Services which has helped inform the workplace wellbeing strategy.

4.2 Targeted Approaches

Analysis of absence across the organisation indicates that a targeted approach can have a significant impact on staff absence figures a range of work is in place:

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A new suite of absence reporting has been developed by HR to identify 'hotspots' in relation to absence management. This reporting suite consists of the below indicators:

- Highest number of days absence lost per individual.
- Highest service days lost (per FTE) in 12 month period.
- Areas with most spells of sickness absence in a 12 month period.
- Number of staff hitting triggers by service area in 12 months.

At present, it has been identified that:

- Targeted action on employees with 60 days or more absence based on calendar days absent, starting with those with longest absence (council wide).
- The highest service days lost has been in **Children's Social Care and Commissioning Support**.
- **Leisure Services** (Europa Pools, West Kirby Concourse, and The Oval) have the most incidences of sickness absence in a 12 month period.
- **Customer Services** has the most staff hitting triggers in a 12 month period.

HR Staff have been redirected to form a dedicated resource to support managers in the management of attendance. The team is focused on working on a range of specific targeted actions including:

- Case conferences Chaired by AD: HR/OD to discuss individual long-term/complex sickness cases with service managers where concerns about progress of case and agree actions required and timescales.
- HR led meetings with Management Team in Leisure Services to review current absence levels, including spells of absence within the service and patterns of absence.
- HR led meetings with Head of Service and Managers in Customer Services to review actions taken so far with 18 staff who have hit trigger points where action is not recorded and to review consistency of sanctions put in place.

The early indications from this dedicated work is that longer terms case are reducing and cases are progressing through stages of the procedure more quickly:

- Three of the original top five long term absence cases recorded as of October 2017 left the Council's employment by 1 December 2017
- A further 10 employees on the long term absence list will have left the authorities employment in the coming months (as at 20/12/2017).

Whilst it will take some time for the impact of work on long term cases to be evidenced within absence figures, it is anticipated that this work will see a decrease in the number of days absent over the next 12 months.

4.4 Identification of under reporting

An audit was carried out in 2017 which indicated evidence of under reporting of absence. As a result a range of activity has been carried out to support staff to ensure accurate recording.

- Managers who have recorded absence as unknown have been identified and contacted – resulting in managers inputting long terms sickness not previously input. No overpayments of salary have occurred as a result of this.
- Policy, procedure and paperwork reviewed and updated including links to new E Forms replacing paper forms.
- Review and enhancement of management reports available on line to all managers for their area of responsibility.

4.5 Training

Staff training is in place to ensure managers receive the support they require to effectively manage their staff absence; this includes:

- Desk top refresher training for managers designed and was rolled out week commencing 22 January 2017. This is designed to ensure all managers are proficient in use of self-serve system, able to use the management information available and to cover the managing attendance policy and procedure.
- Identification of managers who have recorded the reason for staff absence as Mental Health with view to targeted training on Mental Health issues in the workplace.

4.6 Additional Work

A number of new initiatives are also in place or under development to support staff and managers across the organisation; these include:

- Attendance Management briefing session with all senior managers was held on 10 January 2018 to further raise awareness of their responsibilities and the support and tools available.
- Further development work with managers in hot spot areas to support managing attendance in their area, and to help them support staff. This will cover areas including:
 - Weekly meetings to discuss cases and underlying concerns/issues.
 - Stress Risk Assessments.
 - Identification of cultural issues which impact on attendance.
 - Exploring the suitability and viability of services available through PAM Assist (e.g. Group Counselling, Wellbeing Resilience Programme).
 - Launch of workplace wellbeing strategy and commitment to achieve the workplace wellbeing charter.
- Programme of Work Wellbeing Training for managers (mental health focus) to be commissioned and delivered March - June 2018.
- HR staff will carry out further analysis in relation to work and home issues and the reporting of mental health/stress related absence.
- HR staff will review the categorisation of mental health related absence to ensure a consistent approach across the organisation.
- HR to carry out analysis of reporting of absence as 'unknown' within the system and put in place appropriate support to reduce this.

4.7 Management Accountability

- The Council's most senior managers are issued with annual accountability statements which includes management of absence. Performance is managed and monitored through the appraisal and 1-2-1 process.
- There is a monthly Operational Health Report to SLT which sets out latest organisational performance in relation to days lost per FTE and a projection for the financial year.
- A new management report has been developed for Senior Managers to monitor compliance by their reports with the absence policy. This includes number of back to work interviews outstanding and highlights no action when absence triggers are met. This is used at DMT level and in individual meetings with ADs about their service area. When fully rolled out non-compliance will be escalated to SLT.
- All line managers are required to discuss absence levels as part of the performance management process.
- Internal Audit routinely audit compliance against policy and also non-reporting of absence.
- All managers have access to desk top information with detailed absence information for their teams and individuals.

5.0 CONCLUSION

Mental health related absence is the third highest known reason for staff absence, 18% of all workplace absence is related to mental health issues with approximately 10% of the workforce (2016/17 full year data) has been absent from work for a mental health related absence.

Sickness absence is a priority area for the Council and a range of initiatives including a focus on mental health support are in place. These activities include targeted approaches for specific areas and universal programmes for all staff with an ethos to support all employees across the organisation. Monitoring and oversight has been further developed to ensure accountability at all organisational levels is in place.

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