

**SENIOR OFFICER AND APPOINTMENTS STAFFING SUB-COMMITTEE****13 OCTOBER 2021**

<b>REPORT TITLE:</b>	<b>ABSENCE MANAGEMENT</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF RESOURCES</b>

**1.0 REPORT SUMMARY**

1.1 This report provides the Senior Officer and Staffing Appointments Sub-Committee with update on sickness absence in the organisation with a focus on mental health and the impact of the Covid 19 pandemic, and how this is being managed and monitored.

**2.0 RECOMMENDATION/S**

2.1 The Senior Officer and Staffing Appointments Sub-Committee note the current position in relation to employee absence within the Council and the work being undertaken to address this.

**3.0 REASON/S FOR RECOMMENDATION/S**

3.1 To ensure that members of the Senior Officer and Staffing Appointments Sub-Committee are updated on the current position in relation to absence levels and the Council's approach to the management of absence.

**4.0 OTHER OPTIONS CONSIDERED**

4.1 There were no other options considered. This is a regular update to elected members on sickness absence levels and the management approach to those.

**5.0 BACKGROUND INFORMATION**

5.1 Please see attached report.

**6.0 FINANCIAL IMPLICATIONS**

6.1 Please see attached report.

**7.0 LEGAL IMPLICATIONS**

7.1 The Council manages employee absence in accordance with policy and procedures and relevant employment law.

## **8.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

8.1 There are no implications in this report. However, as outlined in the study attached, absence has an impact on staffing particularly where cover is required to maintain service delivery.

## **9.0 RELEVANT RISKS**

9.1 There is risk to service delivery arising from employee absence and risks for individuals in relation to mental health and wellbeing if the appropriate support is not in place to support them.

## **10.0 ENGAGEMENT/CONSULTATION**

10.1 None required.

## **11.0 EQUALITY IMPLICATIONS**

11.1 There are no direct equality implications arising from the report. The Council manages absence included mental health and stress related absence, in accordance with its legal obligations and the Equality Act 2010.

## **12.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

12.1 There are no environmental or climate implications arising from the report.

## **13.0 COMMUNITY WEALTH IMPLICATIONS**

13.1 There are no community wealth implications.

**REPORT AUTHOR:** Tony Williams  
Assistant Director Human Resources and Organisational  
Development

email: [tonywilliams@wirral.gov.uk](mailto:tonywilliams@wirral.gov.uk)

## **APPENDICES**

1) Absence Management Report

## **BACKGROUND PAPERS**

Chartered Institute of Professional Development Annual Survey:

<https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work>

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Employment and Appointments Committee	6 March 2018
Business Overview and Scrutiny Committee	5 March 2019

## **REPORT SUMMARY**

This report provides a study of absence levels in the organisation, a summary of how absence is being monitored and managed and the next steps in trying to reduce levels of sickness absence in the organisation.

It has been produced in the context of the COVID-19 pandemic and considers the impact this has had on absence in the workplace with a focus on mental health absence.

Managing sickness absence is a top priority for the Council. 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 Council has well developed management information and data on sickness absence. This has provided a strong evidence base for the work we have undertaken.

The key 'headlines' from the report as are as follows:

- The Council's workforce is 3,407 with 2,784 'full time equivalent' posts.
- Absence levels have fallen since the start of the COVID-19 pandemic. The average days lost to sickness in 2019/20 was 11.6 days per FTE and in 2020/21, 8.98 days per FTE. Absence levels are projected at 10.9 days for 2021/22.
- The loss is attributable to large front-line services closing for significant periods of 2019/20 and the numbers of staff working at home.
- Around 1,900 staff worked at home consistently since March 2020. The absence level for that staff group was 8.96 (average lost days) in 2020/21 compared to 10.96 in 2019/20 when they were office or workplace based.
- Covid accounted for 27% of all absence in 2020/21 with the Council losing around 3,200 FTE days.
- A total of 316 employees were reported as being off work with covid or covid symptoms in 20/21
- In 2019/20, 23% of all workplace absence was related to mental health issues. In 2020/21 28% of all workplace absence was related to mental health issues.
- As is the case across other sectors, the level of mental Health absence has been a long-standing issue as a consistently high contributor to sickness absence. There is no strong evidence at this stage that the pandemic has had a major impact on that for the Council.

- Due to the nature of mental health illness absences are often longer-term than other types of sickness, with 38% of the total days lost in 2020/21 due to staff absence being mental health related.
- Feedback from four staff surveys undertaken periodically in relation to how staff were feeling about work and their wellbeing has been positive throughout the period of the pandemic.

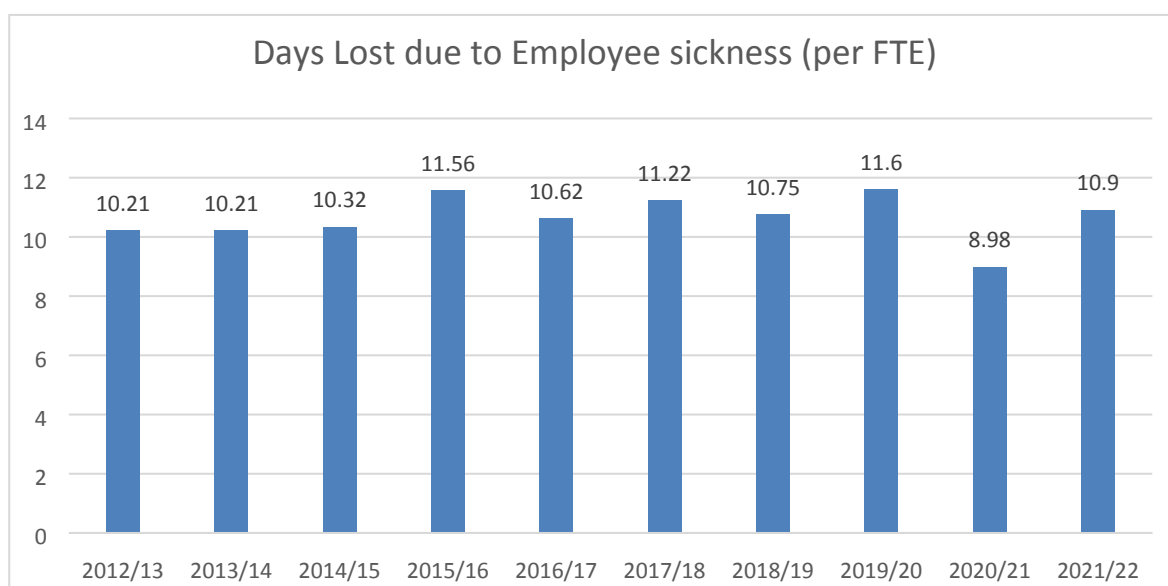
## **1.0 BACKGROUND**

- 1.1 In March 2020, as part of the Government's response to the covid 19 pandemic, Council employees were asked to work from home.
- 1.2 The subsequent 18 months have been unprecedented in terms of the challenges faced by the workforce in delivering the Council's response at each phase of the crisis. At the same time, staff have also had to face with their own health concerns and anxieties relating to covid, managing caring responsibilities and for many a whole of individual, personal and family issues during this period. Periods of school closures or children being sent home to self isolate also placed significant pressures on staff. We have made specific arrangements for staff who are clinically extremely vulnerable or have other underlying health conditions.
- 1.3 Whilst some services closed and office based staff worked at home, lots of front-line Council services have continued to work throughout. This has been a stressful and anxious experience, working within changing covid safe requirements, guidelines and risk assessments, wearing PPE and following other measures to reduce the risks of infection.
- 1.4 Whilst the move to working at home has been very successful, it is acknowledged that some staff have struggled with it. We all have different needs in relation to the social interaction that work provides. Personal and home circumstances vary and we know that some of our staff felt very isolated at home and it was not a model of working they enjoyed. The Council has made office accommodation available for staff who needed it throughout the pandemic in exceptional circumstances.
- 1.5 We also took a very pragmatic and measured approach to the application of the absence policy and breaching of triggers – effectively suspending the policy for a period of time. In light of the various guidance that has been issued in relation to covid, covid symptoms and the overwhelming priority to manage risk and health of the workforce, we did not want to create any situation where employees felt that had to come into work if they were unwell.
- 1.5 There is currently a lot of discussion, research and commentary about the impact that the pandemic on people together with the dramatic and permanent changes to working life may be having on mental health.
- 1.6 This report has been produced in the context of a difficult 18 months but is important to understand as far as possible about the health and wellbeing of our workforce.

## **2.0 ABSENCE LEVELS**

- 2.1 The Council absence figures are shown in Figure 1.

- 2.2 In 2019/20 staff sickness absence reached the highest level since 2015/16 when 11.56 days per Full Time Equivalent (FTE) staff member were lost due to sickness.
- 2.3 In 2020/21 sickness declined to 8.98 days per FTE. The projections for 2021/22 indicates a slight increase to 10.9 days per FTE. It is important to note that this is only a projected figure, but we have seen an increase.
- 2.4 During this period, procedures for recording and collecting sickness data have improved significantly which has the impact of increasing the accuracy of absence recorded.



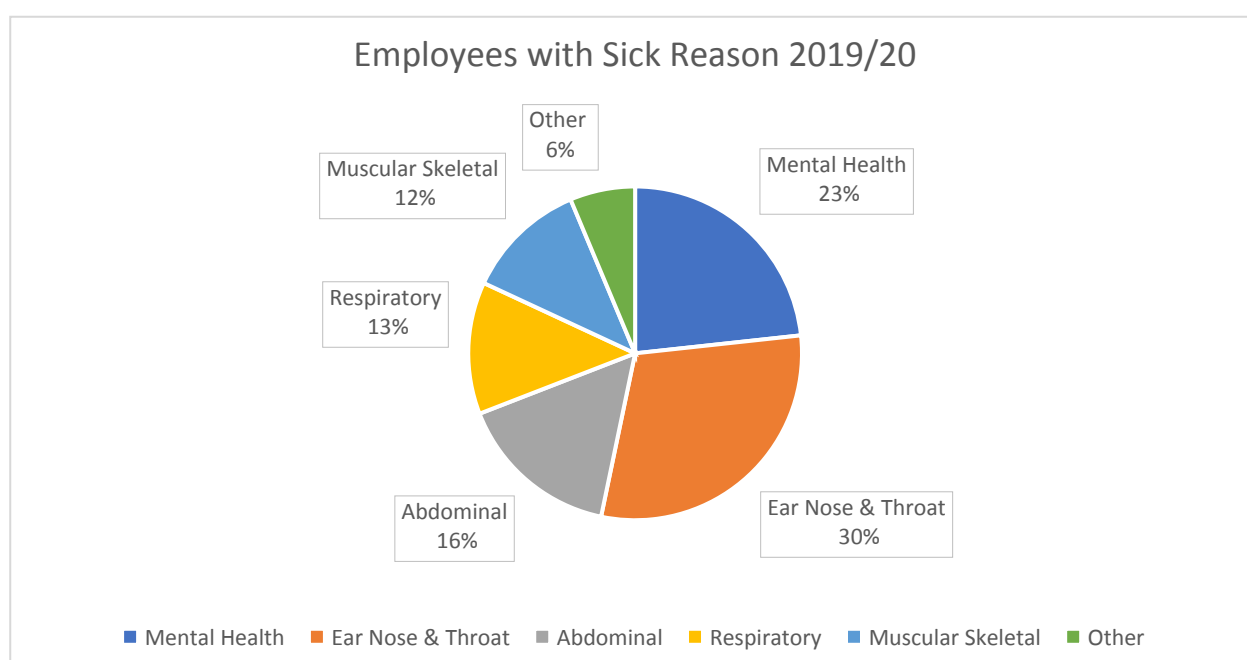
**Figure 1:** Days Lost due to Employee Sickness. **Source:** Wirral Council HR Selfserve System. 20/21 figures correct at 31/07/21.

- 2.5 There is much discussion currently in HR professional circles as to the impact homeworking (and a move to hybrid working) has on sickness levels with a commonly held view that it can reduce levels of absence, particularly short-term absence.
- 2.6 Around 1,900 Council staff have regularly worked at home full time during the pandemic. The evidence in the short term is that absence for this specific group of staff reduced by nearly two days to 8.96 days in 2020/21 compared to 10.96 in 2019/20 when the same group were office or workplace based. However, the projection for this year is 9.48 days.
- 2.7 Whilst it's still early, it provides some support to the view that staff who are homeworkers are likely to be absent less. The reasons cited for this are that homeworkers remain in work when they may not otherwise feel well enough to do so as they are not required to commute, don't have the same concerns about infecting colleagues and have greater autonomy over shaping their working day if unwell than if they were office based.
- 2.8 Absence levels in the rest of the organisation (non-homeworkers) also fell from an average of 14.29 lost days in 2019/20 to 9.87 in 2020/21. Again, this is a significant drop but can be attributed mainly due to a number of large service areas being closed during various lockdown or periods of restrictions. This included Leisure, Parks and Environment, Floral

Pavilion Libraries, Transport, School Crossing) including a period of time where many staff were unable to work at all.

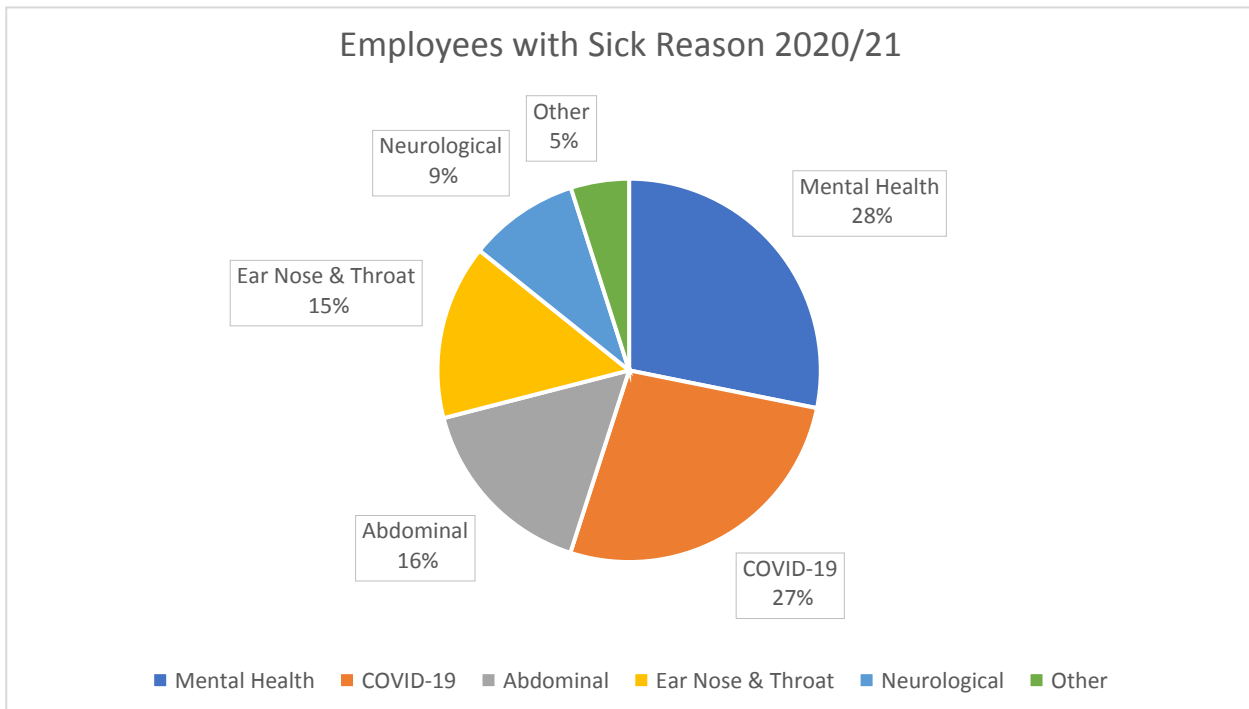
## Reasons for absence

2.9 Figure 2 shows that in the 12 months up to 2019/20 Ear Nose and Throat was the top reason for absence with 2,727 lost FTE days. However, although Mental Health is the second top reason for absence the lost FTE days are 16,312. This confirms the long-held position that where staff are absent from work with mental health related absence – their absence is invariably long-term.



**Figure 2** Of all staff with absence between April 2019 – March 2021, the percentage of employees by reason for sickness. **Source:** Wirral HR Selfserve System.

2.10 Figure 3 shows that in 2020/21 Mental Health was the top reason for absence with 13,730 lost FTE days. The next highest absence reason was due to COVID-19 with lost FTE days 3,201.



**Figure 3:** Of all staff with absence between April 2020 to March 2021, the percentage of employees by reason for sickness. **Source:** Wirral HR Selfserve System.

2.11 Table 1 below shows the top ten absence reasons for 2019/20 and 2020/21 in more detail:

Top Ten Absences 2019-20				Top Ten Absences 2020-21		
	Absence Reason	Number off	FTE Days lost	Absence Reason	Number off	FTE Days lost
1	Ear Nose & Throat	536	2,727	Mental Health	332	13,730
2	Mental Health	416	16,312	COVID-19	316	3,201
3	Abdominal	273	2,967	Abdominal	189	1,932
4	Respiratory	229	1,859	Ear Nose & Throat	174	1,031
5	Muscular Skeletal (ex back)	210	4,849	Neurological	110	2,084
6	Infectious Diseases	135	725	Muscular Skeletal (ex back)	96	3,182
7	Neurological	125	2,208	Back	59	1,501
8	Medical Procedures	125	4,675	Medical Procedures	56	1,622
9	COVID-19	105	709	Respiratory	56	807
10	Back	105	2,066	Cancer	31	1,506

**Table 1:** Top 10 reasons for Absence **Source:** Wirral Self Serve - Figures correct as at 31 July 2021

2.12 Although Ear Nose & Throat was the top absence reason in 2019/20, the days lost through Mental Health related absence for that year were higher as other absences reduced. Absences due to Mental Health in 2020/21 were the top reason for absence with the highest number of FTE days lost although they were 19% lower than the previous year. As can be expected, COVID-19 absences in 2020/21 were the 2<sup>nd</sup> highest reason with the 2<sup>nd</sup> highest number of FTE days lost.



## Absence by Directorate

2.13 We can also analyse absence by Directorate. Table 2 shows performance by each Directorate. In all functional areas, absences were less in 2020/21.

Function	Headcount September 2021	2019/20	2020/21	2021 – Aug 21 (Current)
Adult Care & Health	229	11.82	11.63	1.19
Children, Family & Education	964	12.99	10.51	3.56
Law & Governance	80	3.98	2.62	0.64
Neighbourhoods	1,125	11.76	8.58	4.50
Regeneration & Place	313	11.55	9.16	2.46
Resources	696	10.88	8.19	3.17
<b>Cumulative Total (adjusted)</b>	<b>3,407</b>	<b>11.60</b>	<b>8.98</b>	<b>3.11</b>

**Table 2:** day lost per FTE by Directorate 2019/20 – 2020/21 **Source:** Wirral Council HR Selfserve System. 20/21 figures correct as at 31<sup>st</sup> July 2021

2.14 The projected cumulative forecast for 2021/22 is 10.90 lost days per FTE. This increase is to be expected with the continued impact of COVID-19 and the reopening of services since May 2021 (Leisure, Parks and Environment, Libraries, Transport, School Crossing) and potentially due to less restrictions so more social interaction.

## Covid related absence

2.15 Table three below details the number of employees off due to COVID-19 in 2019/20 and 2020/21

	2019 -20	2020-21
Number of Employees off	105	316
FTE days lost	709.40	3,201.86
Average FTE days lost	6.76	10.13

**Table 3:** number of employees off due to COVID-19 in 2019/20 and 2020/21 **Source:** Wirral Council HR Selfserve System. 20/21 figures correct at 31/07/21.

- 2.16 This table confirms that since March 2020, of a workforce of 3,410, a total of 421 staff (12.34%) have reported sick with COVID-19 and been unable to work as result.
- 2.17 The Council has only recorded COVID-19 cases where the employee has been absent and not instances where an employee working from home has tested positive/had symptoms but continued to work.

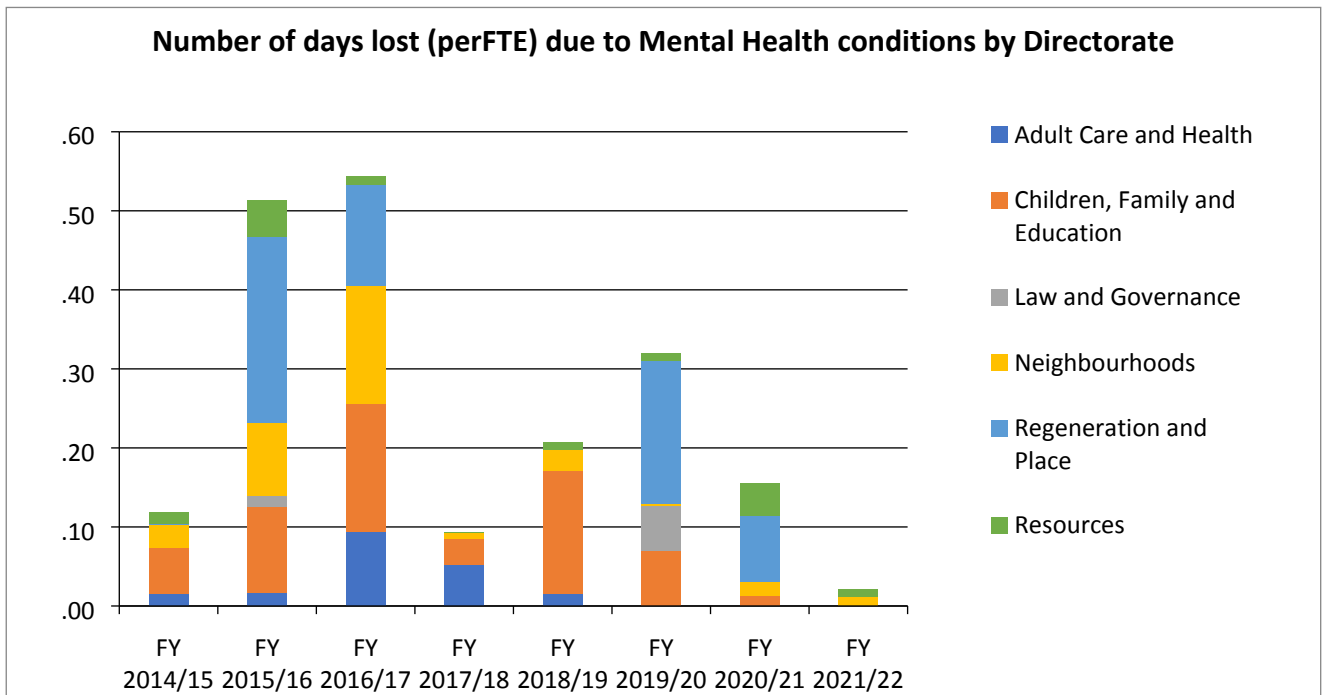
**3.0 MENTAL HEALTH RELATED ABSENCE**

- 3.1 It is important to note the definition of mental health related absence for the Council. This is general term covering a wide range of ‘conditions’ including anxiety, bereavement, dementia, depression, fatigue, insomnia, manic depression/bipolar depression, nervous disorder, personal problems, relationship problems, shock/trauma, and stress.
- 3.2 Managers record the reason for absence in accordance with what the GP has recorded on the employee’s Med 3 form (‘sick note’).
- 3.3 Table four below shows the actual number of employees absent with mental health issues each year since 2014.

Year	Headcount	Number of staff with mental health related absence	Percentage of staff with mental health related absence
2014/15	4,168	372	8.9
2015/16	3,498	370	10.6
2016/17	3,412	341	10.0
2017/18	3,239	342	10.6
2018/19	3,200	270	8.4
2019/20	3373	416	12.3
2020/21	3522	332	9.4

**Table 4:** Number and percentage of staff with mental health related absence 2019/20 – 2020/21. **Source:** Wirral Council HR Selfserve System. 2020/21 figures correct as at 31 July 2021.

- 3.4 It is also possible to break down the number of days lost (per FTE) due to mental health conditions by Directorate. See Figure four below. These figures may differ slightly from the figures for the Council overall, as the overall forecast is adjusted for over-reporting whereas this data does not.



**Figure 4:** Number of days (per FTE) lost due to mental health conditions by Directorate. **Source:** HR Selfserve System. 2021/2022 figures are correct at 31 July 2021.

- 3.5 Figure four shows that there has been a decrease across all areas in mental health related absence since 2016/17. This is consistent with national trends discussed elsewhere in the report.
- 3.6 Between 2019 – 2020 there were a total of 1,787 Wirral Council employees absent from work due to sickness, 416 of these people were absent due to mental health related conditions. This means that 23.27% of employees absent were absent due to mental health related conditions. Between 2020 - 2021 there were a total of 1,179 Wirral Council employees absent from work due to sickness, 332 of staff were absent due to mental health related conditions. This means that 19.31% of all employees absent were absent due to mental health related conditions.
- 3.7 This has been relatively consistent as a percentage over a sustained period of time, apart from 2019/20 when it increased with 416 employees absent due to mental health related conditions. However, in 2020/21 which included the period of lockdown and closed services, it has reduced.
- 3.8 Our own data alone may not provide a full picture of the impact of the pandemic on absence and mental health as some of this is unseen. In order to consider the impact of COVID-19 on organisations nationally, we have reviewed the findings of the CIPD Health & Wellbeing at Work report April 2021. The survey took place in November/December 2020 and gathered insights from 668 HR professionals spanning the private (55%), public (28%) and voluntary (17%) sectors. The key findings were that: -
- 3.9 Mental health absence is the top absence in all sectors but particularly public sector

- Research conducted by the CIPD on the impact of COVID-19 on UK working lives shows a range of worsening mental health effects on many people, particularly those with an existing mental health condition
- Respondents remain less positive regarding the skills and confidence of managers to support and assist with mental health, despite improvements over the last few years.
- Stress continues to be one of the main causes of short and long-term absence
- Nearly four-fifths (79%) of respondents report some stress-related absence in their organisation over the last year (9% don't know), although this rises to 91% of organisations with more than 250 employees
- Workloads remain by far the most common cause of stress at work, followed by management style
- The COVID-19 pandemic has created additional causes of stress, which also feature among the top causes of stress at work. As in previous years, relationships, at and outside work, are also commonly blamed for stress, as are personal/health issues
- It is possible that organisations' efforts are not keeping up with increased levels of stress this year, exacerbated by the pandemic. However, the findings also imply that many organisations need to address the deeper organisational factors that have an adverse impact on health, such as workloads and management style.
- With blurred lines between work and home, it can be even harder to switch off at the end of the day. It has become incumbent on employers to establish clear boundaries for homeworking employees to avoid increased stress and, potentially, burnout
- The latest data shows a majority of workers are satisfied with their organisation's response during the pandemic (70%) and agree that their employer has been supportive (67%). Around the same proportion (69%) report they are satisfied with the health and safety measures their employer had put in place during COVID-19. This is broadly in line with the findings of our internal staff survey, set out below.

### **The views of our workforce**

- 3.10 Since March 2020, we have consistently undertaken surveys with our workforce and asked questions about how they were feeling
- 3.11 We have carried out four key staff surveys since 2020. Throughout the surveys we have tried to measure wellbeing in the workforce, this isn't a measure of the whole workforce, as the response rates are high but do vary. However, the results do provide some insight into how people are feeling.
- 3.12 There is a backdrop to some of these results (around where we were in the pandemic etc. that could have impacted on the results) which is referenced below.

Survey	Survey Response Rate	Wellbeing Score (1-5)	Context
April 2020	47.16% 1578	N/A	<ul style="list-style-type: none"> <li>• 1st lockdown</li> <li>• Schools closed</li> <li>• Working from home</li> <li>• A requirement to shield</li> <li>• High case rates</li> </ul>
July 2020	50.06% 1676	3.34	<ul style="list-style-type: none"> <li>• Coming out of the first lockdown</li> <li>• Schools just re-opening</li> <li>• Eat out to help out</li> <li>• Things opening up</li> <li>• No immediate changes on returning to offices</li> <li>• Cases falling</li> </ul>
November 2020	39% 1261	3.30	<ul style="list-style-type: none"> <li>• In a one-month full lockdown</li> <li>• LFT Testing available</li> <li>• Staff asked about their preference for Future ways of working</li> <li>• High case rates through Autumn</li> </ul>
July 2021	35.72% 1226	3.31	<ul style="list-style-type: none"> <li>• Final stages before all restrictions being lifted</li> <li>• Successful vaccination programme</li> <li>• Future ways of work being discussed</li> <li>• Through our employee pulse surveys we asked the workforce how they are feeling about work</li> <li>• Case rates falling but Wirral remaining high</li> </ul>

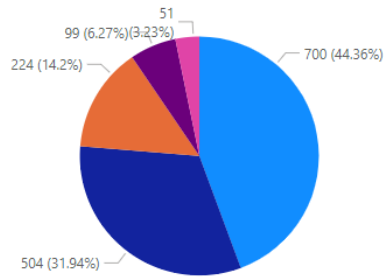
**Table 5:** response to employee survey. **Source:** Wirral Council OD Team

3.13 Since July 2020, responses have remained consistent with an average of 3.32 out of 5, 5 with being great.

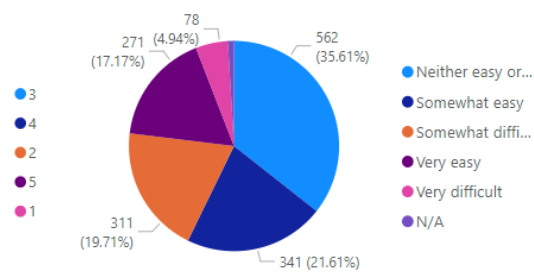
3.15 Some of the responses to the specific questions asked in relation to health and wellbeing and feelings about work, captured from the survey between April 2020 and July 2021 are set out below

## Pulse Survey 1 – April 2020 (slightly different question)

How are you feeling about work and life at the moment?



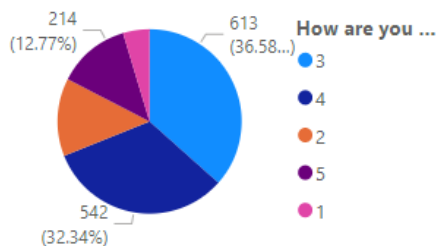
How easy or difficult is it for you to work effectively these days?



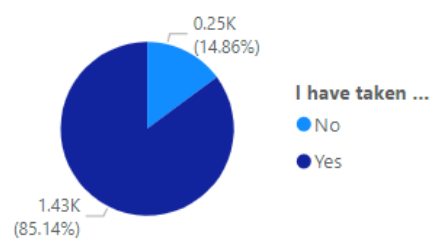
## Pulse Survey 2 – July 2020 - Wellbeing

Measure of employee wellbeing, with a focus on encouraging staff to take annual leave. We also asked about staff confidence in the measures we as an organisation had put in place to support them – this went on one step further in survey 3.

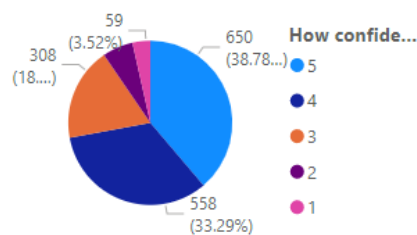
How are you feeling about work right now on a scale of 1-5?



I have taken annual leave over the last two months or I intend to within the next 6 weeks



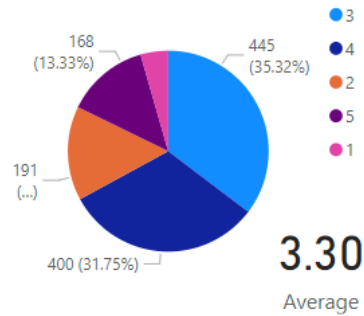
How confident are you that the organisation is taking steps to ensure your health, safety, and wellbeing at work?



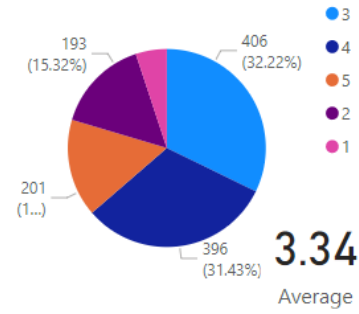
## Pulse survey 3 – Wellbeing and Resilience

In this survey we focussed on the measure of wellbeing but also offered employees the opportunity to take accountability for their own wellbeing.

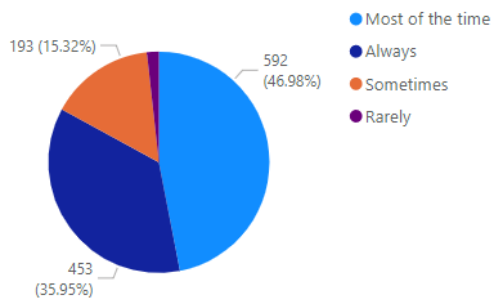
How are you feeling about work right now?



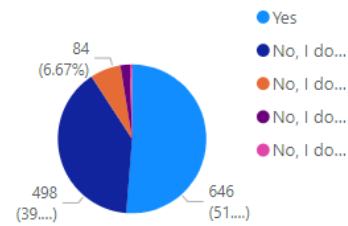
I can bounce back as quickly as I normally would?



I take personal responsibility to improve my wellbeing?



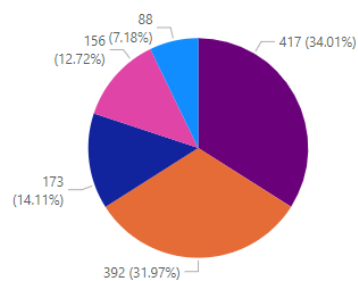
I access support that is available e.g. wellbeing newsletters, EAP support, Mental Health First Aiders



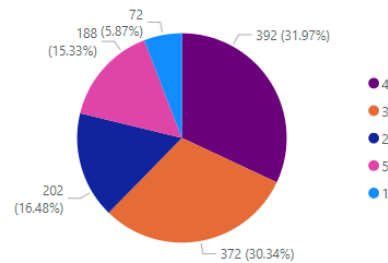
#### Pulse Survey 4

This survey predominantly focused on Equality, Diversity, and Inclusion. However, we did measure how staff were feeling about work and their levels of resilience.

How are you feeling about work right now?



I can bounce back as quickly as I normally would?



**3.16** We also asked what staff were most optimistic or pessimistic about, challenges highlighted were:

- Budget
- Covid19
- Workloads
- Lack of face to face

## 4.0 MANAGING ABSENCE AND HEALTH AND WELLBEING

4.1 The Council employee of wide range of strategies to manage absence and provide support and assistance to managers and employees.

### Occupational Health

4.2 Work has taken place with our Occupational Health provider to gain a greater understanding of referrals being made and to categorise those employees that are referred and assessed by OH.

4.3 Our Occupational Health service through external provider HealthWork, is concerned with protecting and supporting the health and welfare of staff, within their roles at the Council. The service helps line managers establish whether there are any underlying problems contributing to an employee's intermittent absence, as well as providing advice, guidance and support in the case of long-term absence, return to work advice and ill health retirement.

4.4 The Council Occupational Health Services now provide management information to detail the number and type of referrals made.

4.5 Table 5 below details the position for referrals made in 2019/20, 2020/21 and 2021 to date, along with the referrals due to Mental Health absence.

Occupational Health MI	2019/20	2020/21	2021 - date
Total New Referrals	730	562	341
New Referrals Stress, Depression, Anxiety	296 (40.55%)	384 (50.53%)	99 (41.08%)
New referrals other Mental Health	74 (10.14%)	45 (8.01%)	30 12.45%

**Table 5:** Referrals made to OH in 2019/20, 2020/21 and 2021 to date along with the referrals due to Mental Health absence. **Source:** HealthWorks - Figures correct as at 31 July 2021.

### Employee Assistance Programme

4.6 The Council provides employees with an Employee Assistance programme through Health Assured. The service provides a confidential service, emotional or practical support through qualified and experienced counsellors who are ready to listen and provide guidance. The service is available to employees and their immediate family. Advice is available 24/7, 365 days a year.

4.7 They can be contacted for advice on:

- Stress & Anxiety and other medical issues
- Family matters including divorce, relationships, domestic abuse, childcare advice



- Legal matters including consumer issues,
- Financial issues including, gambling issues, tax information

4.8 The service is completely confidential. The Council receives statistical reports from Health Assured on a regular basis. An analysis of statistical information pre pandemic and post pandemic reveals the following:

Period/ Activity	01/01/19 – 31/12/19		01/03/20 – 28/02/21		01/08/20 to 01/07/21	
Number of calls to HA	1073		718		856	
% Counselling calls (all issues)	85.3%		88.5%		91%	
Calls re Mental Health	517 (highest in Sept 2019 = 57)		378 (highest in Oct 2020 = 59)		407 (highest in October 2020 = 59)	
Category of calls	Anxiety	225	Anxiety	194	Anxiety	192
	Low Mood	179	Low Mood	85	Low Mood	94
	Depression	72	Depression	67	Bereavement	85
	Bereavement	68	Bereavement	49	Depression	71
	Work Related Stress	61	Service Enquiry	40	Service Enquiry	70
	Partner	52	Divorce/Separation	36	Work Related Stress	49
	Divorce/Separation	7	Work Related Stress	34	Concern over own health	28

**Table 6:** Contact made with Health Assured in 2019/20, 2020/21 and 2021 to **Source:** Health Assured - Figures correct as at 31 July 2021

4.9 Pre-pandemic, the number of calls made is higher than during the pandemic period. However, throughout the timescale, anxiety and low mood are featured as the top 2 reasons for employee calls, with bereavement and depression following.

### How the Council's approach compares to how other organisations manage Mental Health absence

4.10 The Chartered Institute of Personnel and Development (CIPD) Health and Wellbeing at Work Survey 2021 reports that over the last few years an increasing proportion of organisations are taking steps to support mental health at work. The table below details the findings along with details of actions in place by the Council.

Action	Council
Employee Assistance Programme	✓
Increase awareness of Mental Health issues across the workplace	✓
Access to Counselling Services	✓
Phased return to work and other adjustments	✓
Mental Health First Aid Training who can offer support and signposting	✓
Promotion of flexible working options	✓

Mental Health – Wellbeing champions to raise awareness of Mental Health and the support available	✓
Training for staff to build resilience (for example coping techniques and mindfulness)	✓
Training managers to support staff with Mental Health	✓
Increased focus on identifying mental ill health amongst those working remotely	-
Greater involvement of Occupational Health Specialists	✓

4.11 It is worth noting that the CIPD survey also found that respondents are less positive regarding the skills and confidence of managers to support and assist with mental health, despite improvements over the last few years. Managers often face conflicting demands to deliver on targets while also managing people and supporting wellbeing. Organisations need to ensure that managers are equipped with the skills and support to manage this balance effectively. Just under two-fifths of organisations are providing more line management training in supporting employee wellbeing. The role of line managers in identifying health risks and supporting wellbeing is particularly critical during periods of change.

### **Management Information and Data**

4.12 We have continually developed and improved the data available to line managers and senior managers in the organisation:

4.13 Every line manager in the organisation has immediate access on their desktop to detailed sickness information the individuals in their teams including whether the employee has breached policy triggers.

4.14 All Directors and Senior Managers have access to absence management for their directorate and service areas. A whole range of sickness reports are available via the self-serve system.

4.15 HR Business Partners attend Departmental Management Teams to present and discuss sickness absence figures and trends.

4.16 Senior Managers can 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 Directors about their service area.

4.17 Internal Audit routinely audit compliance against policy and also non-reporting of absence.

### **HR interventions**

- 4.18 This has focussed primarily on driving down the number of long-term cases and improving the management of long-term cases as well as following up on non-compliance with policy of line managers to check action where employees have breached triggers or other requirements of the absence policy have not been recorded, for example return to work interviews.
- 4.19 In 2019/20 there were 17 employees who had been absent for over 365 days. In 2020/21 this had increased to 26. Due to the pandemic many hospital appointments and operations were cancelled this has led to delays in people receiving the appropriate treatment required. However, in June 2021 there are now 12 employees with over 365 days absence of which 7 have agreed leaving dates.
- 4.20 This work has really improved the management of long-term cases and whilst it will take some time for this 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.
- 4.21 The team have continued to proactively audit and drive compliance. The number of return to work interviews being undertaken was at 62.3 % in 2019/20. This figure decreased slightly in 2020/21 59.9% but the figure for this year is increasing from April 2021 to date is 76.2 %. We continue to monitor this and support managers to ensure there is compliance with the Attendance Management Policy.

## **Launch of Workplace Wellbeing Strategy**

### **Wellbeing initiatives**

- 4.22 In 2019 a workplace wellbeing plan was developed and since then a number of wellbeing initiatives have been developed by our organisational development team. These include the following: -
- Wellbeing One Stop Shop and resources
  - Resources for Staying well at work
  - Agile Working advice
  - Toolkit for Managers to handle working from home
  - Manager Check In's
  - Manager Micro sessions including sessions on responding to stress
  - Employee Assistance Programme & Helpline
  - Occupational Health
  - Remploy - Mental Health support sessions
  - Public Health blogs
  - Staff Networking Groups
  - L&D Bulletins for opportunities
  - People Plus Staff benefits scheme
  - Discounted leisure membership
  - Risk Assessments and guidance to completing
  - Virtual reading group
  - Staff Facebook group
  - Council Choir

- Wellbeing timetable (currently on hold until we return to the office. Previously included yoga, massage, reiki, football)
- We Learn Modules – Stress Awareness, Introduction to Meditation, Nutrition Awareness, Smoking Awareness, Healthy Lifestyles, Email Stress, Display Screen Equipment, Developing Individual Mental Toughness.
- 46 trained Mental Health 1st Aiders (MHFA) with a central phonenumber (01516664040)
- A large group of Dignity at Work Champions

### **Line Manager Training**

4.23 There are a number of Welearn modules available to support people in the workplace. These include: -

- Stress Awareness
- Working Safely at Home
- Healthy Lifestyles
- Developing Individual Mental Toughness
- Promoting Positive Attendance
- Managing Health and Safety

4.24 There is now an online induction for all new starters and online Manager Essentials support.

4.25 We continue to offer line management training for all new line managers on attendance management.

4.25 We plan to continue to offer Mental Health First Aid Training, targeted as appropriate to areas within the workforce.

### **Cost of absence**

4.26 The approximate cost of absence for 2019/20 was approximately £4.2m and for 2020/21 it was 3.2m. This is based on the cost of paying employees in full (in accordance with their terms and conditions) for days not worked. It does not include cover agency or other costs that may be incurred if an employee is absent from work due to sickness. The arrangements vary across the Council depending on the nature of the service and the urgency of cover required to deliver services. The cost of absence is reflective of the decrease in absence that we saw in 2020/21.

## **5.0 NEXT STEPS**

### **Workplace Wellbeing plan and Programme of Health and Wellbeing Events**

5.1 We will continue to roll out a programme of wellbeing events in line with the wellbeing action plan and we will continue to promote health and wellbeing in partnership with Public Health.

5.2 The workplace wellbeing plan recognises that as COVID-19 restrictions are lifted and services will return, it is imperative we support the safe return of employees to work and

the re-mobilisation of services. The lifting of restrictions in August 2021 has effectively put the responsibility for managing the workplace risks on covid onto employers as another hazard in the workplace.

- 5.3 We also need to continue to monitor and support those employees that continue, and are able, to work from home bearing in mind the challenges this may bring for example, social isolation and musculoskeletal issues.
- 5.4 The impact of COVID-19 on mental health will need to be addressed. In addition, now more than ever inclusivity is vital in ensuring employees feel safe, well and are able to fully contribute and feel part of the organisation.

### **Policy Review**

- 5.5 The Council's attendance management policy (and triggers) is due for review in 2021. The review will include a benchmark of best practice from other organisation's policies.

### **Audit**

- 5.6 The Council's Internal Audit service will continue to regularly audit compliance with the absence policy and process. This has led to significant improvement in practice over the last couple of years.

## **6.0 CONCLUSION**

- 6.1 This report sets out the current position in relation to sickness absence and workplace wellbeing within the Council and considers the impact the organisational context that the COVID-19 pandemic has had on absence management. It shows that a significant amount of work continues to be undertaken and improvement in this area is a priority. The research from outside the organisation demonstrates that the Council is facing the same challenge as many large organisations, particularly in the public sector and specifically in relation to levels of mental health and wellbeing.

### **References**

Chartered Institute of Professional Development Annual Survey:

<https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work>