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**Manchester City Council  
Report for Resolution**

**Report to:** Human Resources Subgroup – 4 December 2014

**Subject:** Attendance Monitoring

**Report of:** Head of HR/OD Service Delivery

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**Purpose of the report**

Following on from the Finance Scrutiny Committee HR Sub Group meeting on 31 March 2014, this report provides the HR Subgroup with a further progress update. The report sets out corporate and directorate absence trends and also identifies the absence levels for Directorates for January to July 2014 inclusive. It also provides an update on the actions currently being undertaken to improve attendance since the last report.

The report for the next Finance Scrutiny Committee HR Subgroup meeting in March 2015 will contain absence data for August – December 2014 inclusive.

**Recommendation**

The Committee is asked to note the update on attendance including updated attendance figures and initiatives to improve attendance.

**Wards Affected:** All

**Contact Officers:**

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**Background documents (available for public inspection):**

- Finance and Overview Scrutiny Committee HR Sub Group meeting of 31 March 2014 – Attendance Monitoring report and minutes of the meeting;
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 26 September 2013 – Attendance Monitoring report and minutes of the meeting;
- Finance and Overview Scrutiny Committee HR Sub Group meeting of 7 March 2013 – Attendance Monitoring report and minutes of the meeting;
- Finance and Overview Scrutiny Human Resources Sub Group meeting of 31 July 2012 – Attendance Monitoring report and minutes of the meeting;
- Finance Scrutiny Committee meeting of 24 May 2012 – Attendance Monitoring report and minutes of the meeting.

## **1. EXECUTIVE SUMMARY**

- 1.1 This report gives an update on corporate and directorate absence trends for January to July 2014 inclusive.
- 1.2 The pronounced seasonal trend to sickness continues to be seen when looking over the last 2.5 years, with the impact of short term sickness underlying this trend.
- 1.3 Sickness levels (days lost per standard working month per f.t.e.) were higher in January and February 2014 than in 2013; however from April to July there is an improvement in this year's sickness levels compared to the previous year. The improvement in May and June were particularly significant compared to 2013.
- 1.4 Long term sickness continues to be the major contributor to total days lost due to sickness with improvements in days lost due to long term sickness driving the recent improvements seen in total days lost due to sickness.
- 1.5 The biggest reason for long term sickness is in relation to mental health. Year on year analysis (2012/13 financial year compared to 2013/14 financial year) shows that sickness related to stress; anxiety and mental health are up on the previous year. This is consistent with findings for similar organisation in a large national absence survey.
- 1.6 The Directorate for Children and Families consistently has the highest number of days lost due to sickness per f.t.e. (equivalent to approximately 3.5 – 5 additional days lost per f.t.e. per year).
- 1.7 The divisions with the highest average days lost per f.t.e. are identified, that is those with an average of above 1 day lost per standard working month per f.t.e (which approximately equates to an average of more than 12 days lost per year per f.t.e). These divisions are all within the Directorate of Children and Families.
- 1.8 There were 3044 employees who had no sickness at all in the 2013/14 financial year.
- 1.9 There are many Initiatives in place aimed at reducing sickness levels. A large area for focus is in relation to mental health and these include a review of counselling services, launch of new intranet pages on mental health, resilience training for employees and training for managers to develop their skills in managing staff with mental health issues.
- 1.10 There are also a range of activities aimed at improving the compliance with the management of attendance policy such as online sickness notification system and alerts; learning sessions and development of dedicated intranet pages for managers; support and challenge meetings with senior managers and new compliance reporting to identify areas of high sickness and low compliance to policy.

- 1.11 Work to use behavioural change methodology in support of improving attendance and motivation is ongoing with updates provided on the work stream activity.

## **2 INTRODUCTION**

- 2.1 The Finance Scrutiny Committee HR Sub-group last met on 31 March 2014. This report provides Members with an update on trends in absence and the organisational approach to improving attendance. It also includes the specific information requested by the HR Sub-group at its last meeting.

## **3. BENCHMARKING - COMPARITIVE ANALYSIS WITH NORTH WEST LOCAL AUTHORITIES**

- 3.1 There continues to be a range of challenges around accurate and consistent benchmarking across local authorities, with significant differences in the nature and detail of the calculation methodologies which are used. In the absence of any truly comparable measure, Councils' interpretations of the BVPI12 indicator are the best available source of comparison, with this information reported annually. The latest available data looks across the 2013/14 financial year and indicates that Manchester had a level of absence which was higher than that reported across comparators, with the indicator showing 11.32 days average absence across 2013/14, compared to the average of 10 days across Greater Manchester and 10.61 days across unitary, metropolitan and County Councils in the North West, with Manchester ranking 7 out of 9 in the Greater Manchester comparative data and 13 out of 17 based on comparable North West authorities.
- 3.2 At the last meeting of this group Members noted the importance of supporting the development of more effective and consistent comparative data and asked for work to be undertaken to encourage the development of improved and strengthened benchmarking. Manchester has begun this work through a data sharing exercise across North West authorities and a workshop with technical leads to both share experiences and understanding and give initial consideration to how barriers could be overcome to allow valid and fair comparisons of absence to be made. One popular option considered was the development of a measure which showed the percentage of employees who had no absence over a period. The outcomes of the session are currently being compiled for consideration by those authorities involved.

## **4. CORPORATE AND DIRECTORATE OVERVIEW**

### **4.1 Corporate Indicator of Absence**

The method of calculation for the Corporate indicator below means each monthly figure includes data from the preceding 12 months. To give a clearer picture on the recent trends, absence levels are also reported according to the following definition - 'the average number of days lost per standard working month per employee'. This definition is used for the remainder of this report as it provides a clearer demonstration of discrete monthly changes in absence,

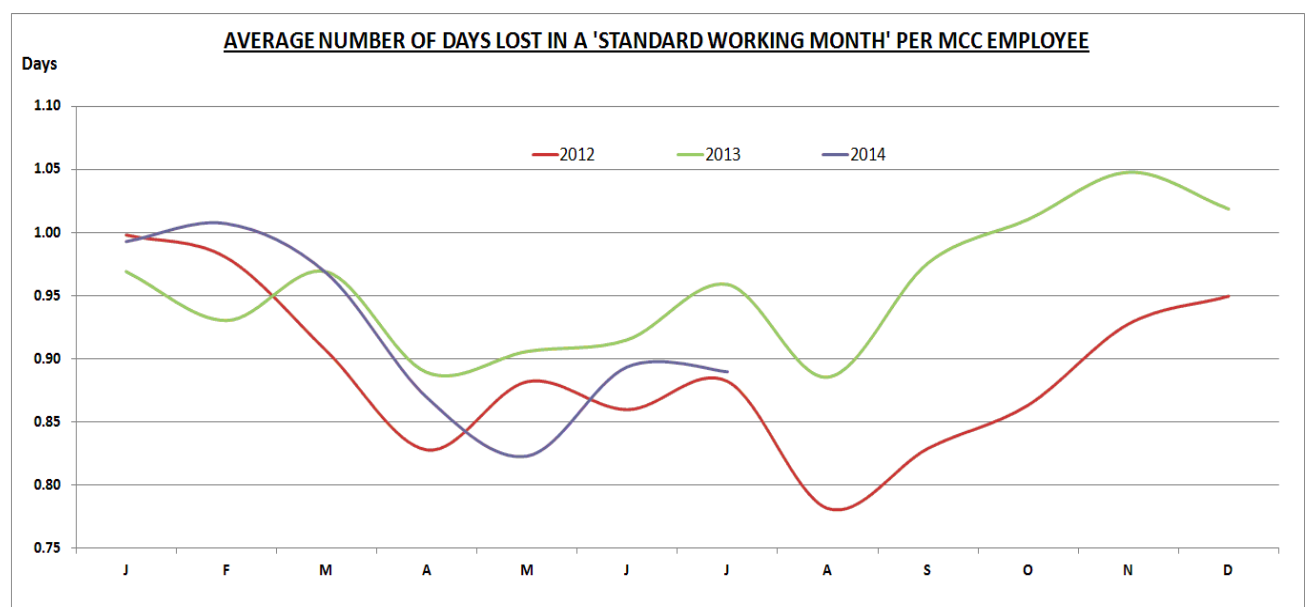
unaffected by any peaks and troughs which may have occurred in the preceding twelve months. It also reports staff employed in that directorate / service at that time; and factors in the actual working patterns of employees for improved accuracy. It is therefore proposed that future reports will focus on this definition.

	2010/11	2011/12	2012/13	2013/14	2014/15
<b>April</b>		<b>9.15</b>	<b>9.97</b>	<b>9.80</b>	<b>10.47</b>
<b>May</b>	<b>11.45</b>	<b>8.65</b>	<b>10.23</b>	<b>9.70</b>	<b>10.33</b>
<b>June</b>	<b>11.26</b>	<b>8.7</b>	<b>10.16</b>	<b>9.59</b>	<b>10.39</b>
<b>July</b>	<b>11.14</b>	<b>8.6</b>	<b>10.26</b>	<b>9.81</b>	<b>10.22</b>
<b>August</b>	<b>10.97</b>	<b>8.96</b>	<b>10.23</b>	<b>9.79</b>	
<b>Sept</b>	<b>10.92</b>	<b>9.00</b>	<b>10.05</b>	<b>9.86</b>	
<b>Oct</b>	<b>10.59</b>	<b>9.10</b>	<b>9.99</b>	<b>10.03</b>	
<b>Nov</b>	<b>10.48</b>	<b>9.08</b>	<b>10.02</b>	<b>10.08</b>	
<b>Dec</b>	<b>10.54</b>	<b>9.06</b>	<b>10.07</b>	<b>10.19</b>	
<b>Jan</b>	<b>10.33</b>	<b>9.36</b>	<b>10.07</b>	<b>10.23</b>	
<b>Feb</b>	<b>10.26</b>	<b>9.60</b>	<b>9.93</b>	<b>10.35</b>	
<b>Mar</b>	<b>9.61</b>	<b>9.88</b>	<b>9.79</b>	<b>10.55</b>	

Table 1. Average Days Lost Per Employee.

#### 4.2 Organisational and Directorate trends – January - July 2014.

This report focuses on the trends in absence seen since the last meeting of the HR Subgroup in March 2014, i.e. over the 7 months from January 2014 up to and including July 2014. As previously reported, marked seasonal variations effect absence levels. Therefore, the latest available data (Jan – July 2014) is best compared to same period for (Jan – July) for the preceding years.

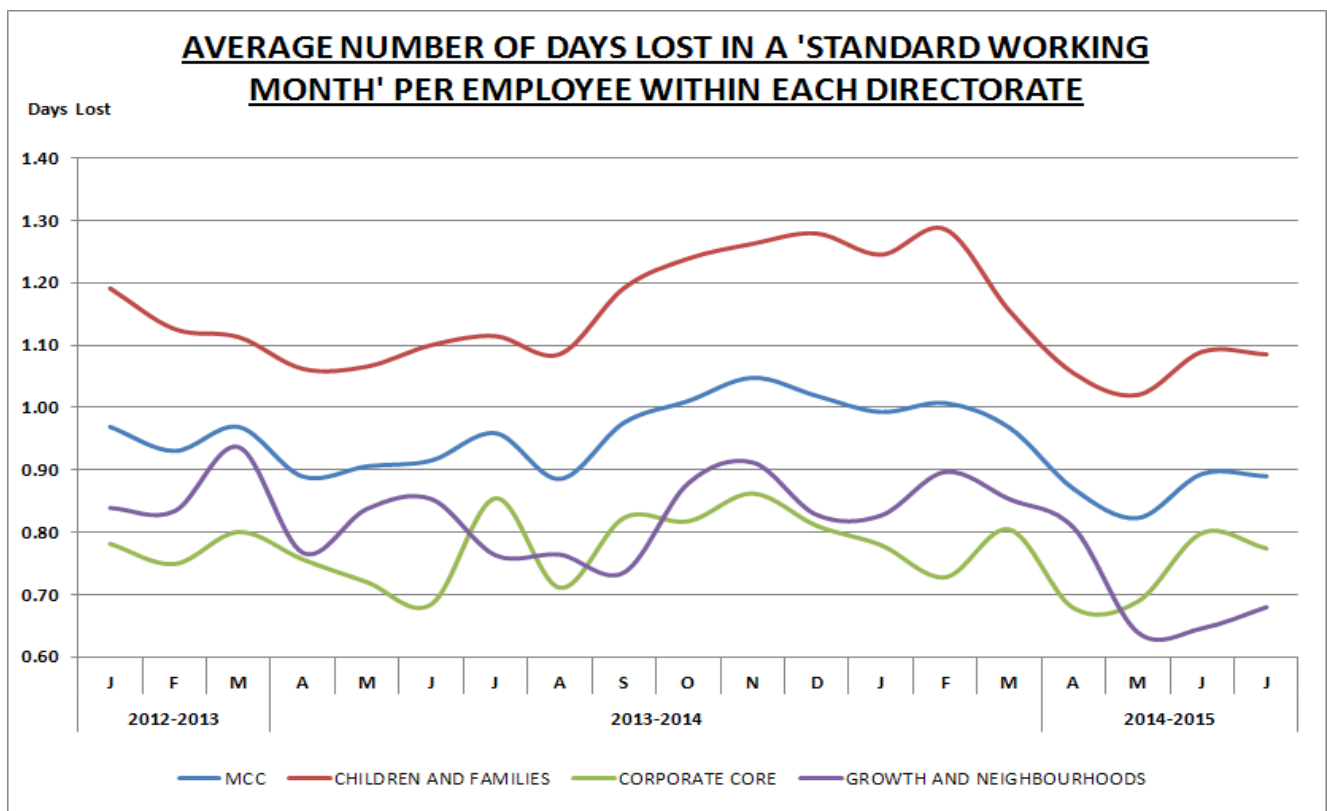


Graph 1. Average number of days lost in a standard working month per City Council employee

4.2.1 As noted above, there is a clear seasonal pattern to sickness absence. August is a low point each year with further dips at other holiday points such as Easter and Christmas. Also, increased absence over the autumn and winter period can generally be seen to decline in spring.

4.2.2 Data for the last 7 months shows that absence was higher in January and February this year than it was in 2013, however from April 2014 onwards the average days lost in a standard working month per employee has remained lower in 2014 than 2013. In May and June 2014 this was particularly significant with 0.08 and 0.07 less days lost per FTE respectively than in the comparable months in the previous year.

4.2.3 More information on absence reasons and durations is set out below, however at a high level, it is worth noting that the main driver for the pronounced seasonal trend is short term absence; and the main sickness reasons for short term absence are related to minor infections, colds and other viral infections such as throat infections etc. The updated data in this report includes the period January to July so includes late winter, spring and early summer.



Graph 2. Average number of days lost in a standard working month per employee within each directorate.

4.2.4 There have been significant organisational changes across the Council over the last seven months, including the amalgamation of the new Children and Families Directorate from April 2014. More detail on these organisational changes and their impact is provided in the Directorate Sections. (It should be noted that data has been combined for the former Families Health and Wellbeing and Children and Commissioning Directorates prior to the formation

of the combined Directorate so that there is valid comparator data for this Directorate for the period prior to April 2014).

4.2.5 Graph 2 illustrates that the Children and Families Directorate consistently has the highest level of absence within the City Council, usually 0.3 – 0.4 average days lost per estimated employee per month higher than the other two Directorates. This would equate to an additional 3.5 - 5 days sickness over a year. Looking at the pattern for the corporate trend and the Children and Families Directorate trend it can be seen that corporate performance is heavily influenced by absence patterns in Children and Families Directorate.

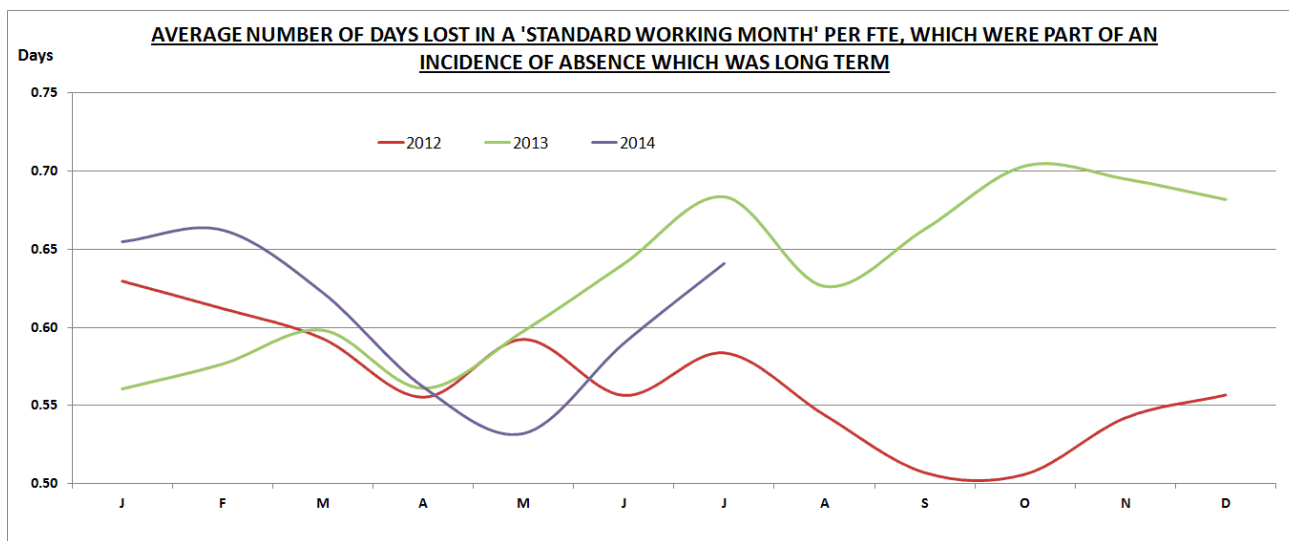
4.2.6 Table 2 below summarises recent Directorate absence patterns (over the last 4 months) and also gives relative Directorate sizes. Children and Families is the largest Directorate.

DIRECTORATE AVERAGE	2014-2015				Average of the monthly results from April 2014 to July 2014	FTE
	A	M	J	J		
<b>DIRECTORATE FOR CHILDREN AND FAMILIES</b>	1.06	1.02	1.09	1.09	<b>1.06</b>	2874
<b>CORPORATE CORE</b>	0.68	0.69	0.80	0.77	<b>0.74</b>	2381
<b>GROWTH AND NEIGHBOURHOODS</b>	0.81	0.64	0.65	0.68	<b>0.69</b>	1365

Table 2 – Directorate average number of days lost in a standard working month per f.t.e.

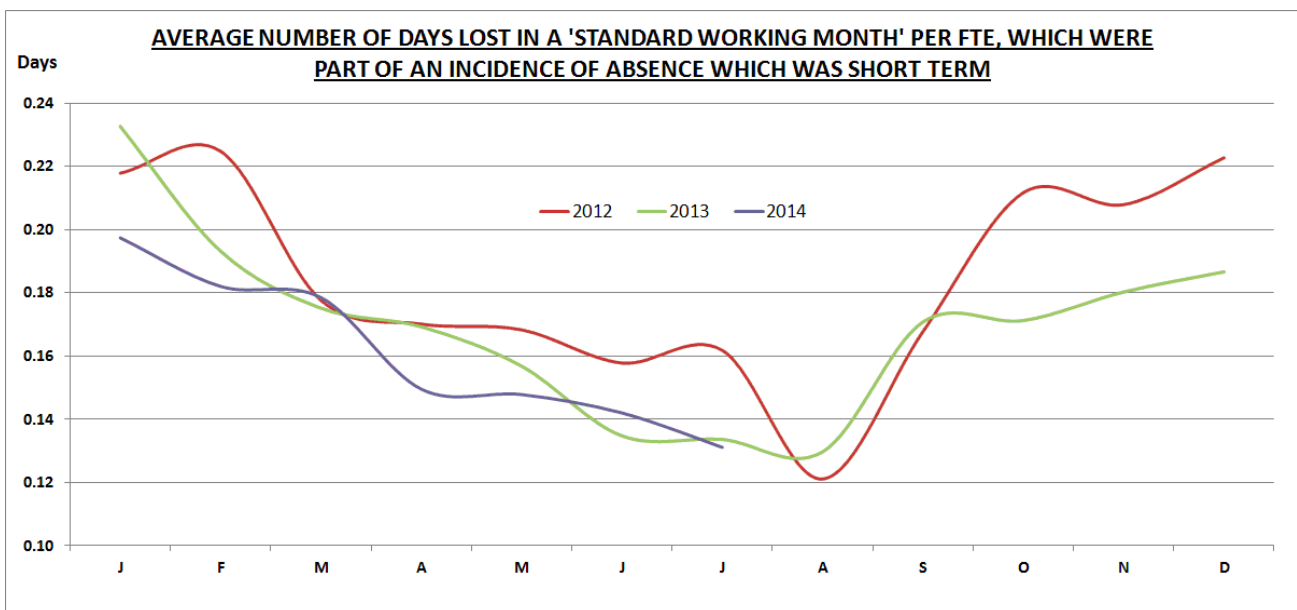
4.2.7 Graphs in Appendix 3 give more detail on Directorate trends over the last 3 years with an individual graph for each Directorate with yearly trends overlaid. The Directorate sections of this report provide an analysis of these trends.

### 4.3 Duration of absence.



Graph 3. Average number of days lost in a 'standard working month' which were part of an incidence of long term sickness per employee.

- 4.3.1 This measure is an indication of trends in the amount of time lost each month per employee due to sickness which was long term. Long term sickness is the biggest contributor to total days lost due to sickness. Long term sickness is sickness of more than 20 working days.
- 4.3.2 The average number of days lost (which were part of a long term incidence of absence) per FTE was higher in January and February 2014 than it was for these months in 2013 (0.65 and 0.66 compared to 0.56 and 0.58 respectively). However, in May, June and July 2014 the average days lost figures were less than the comparable months in 2013 by approximately 0.05 days lost each month.
- 4.3.3 January, February and March had higher long term sickness levels than the same months in the previous year and it was this sickness that drove the overall corporate increase in sickness for early 2014 compared to the previous year. From May onwards however there is an improvement in long term sickness levels compared to 2013.



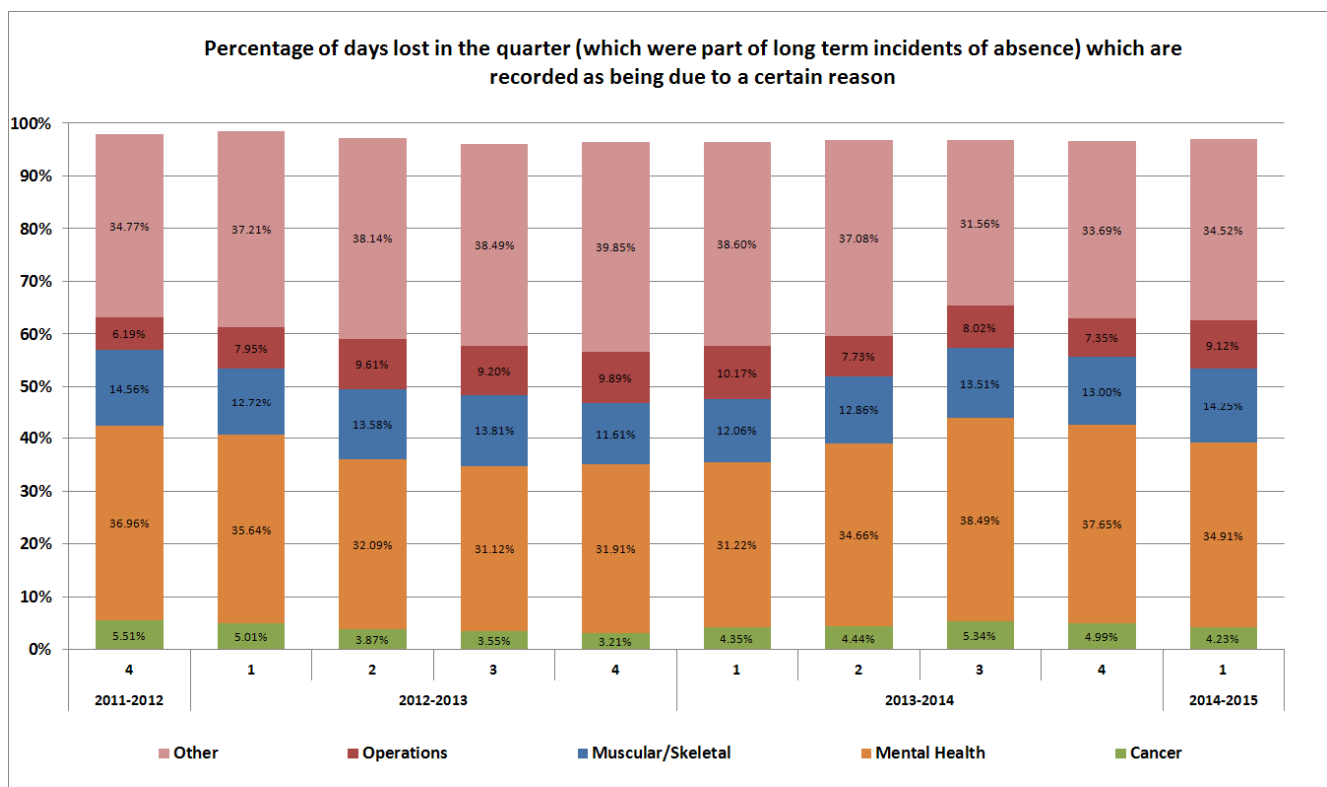
Graph 4. *The average number of days lost in a standard working month per employee (which were part of a short-term incidence of sickness).*

- 4.3.7 The above graph is an indication of the trends in the amount of time lost each month per f.t.e. due to sickness which was short term. Short term sickness is sickness of duration of 5 working days or less. There is little difference between the 2014 and 2013 figures.
- 4.3.8 Seasonality has a far more pronounced effect on average days lost due to short term sickness than long term sickness and there is a consistent seasonal pattern. The general pattern for the last 3 years has been that days lost are lowest in August (approximately 0.13 days) and then increase steadily to a peak of approximately 0.20 days in winter.

## 5 THE RELATIVE TIME LOST DUE TO SHORT AND LONG TERM SICKNESS.

- 5.1 The graph at Appendix 4 shows the proportion of the total days lost which was attributable to short / medium and long term sickness for the years of 2012-2013 and 2013-2014.
- 5.2 The percentage of total time lost due to long term absence throughout the financial year increased from 62.59% in 2012-2013, to 67.35% in 2013-2014.
- 5.3 Detailed analysis of the 2013-2014 data compared to 2012-2013 data shows that comparatively more employees had incidences of long term absences in the 2013-2014 financial year. Additionally comparatively fewer employees have had incidences of short term absences in 2013-14 financial year. The average time lost per absentee reduced for both long term absentees and short term absentees from 2012-2013 to 2013-2014 (53.8 > 52.0 and 4.2 > 3.9 respectively).
- 5.4 This suggests that the increased percentage of total days lost to long term sickness is due to more employees becoming long term sick rather than those who are long term sick staying off for longer. This could indicate that overall long term sickness is being managed when people do become sick; but there is an increasing prevalence for employees to succumb to long term sickness due to their health or external factors. The next section will look at the main reasons for sickness.

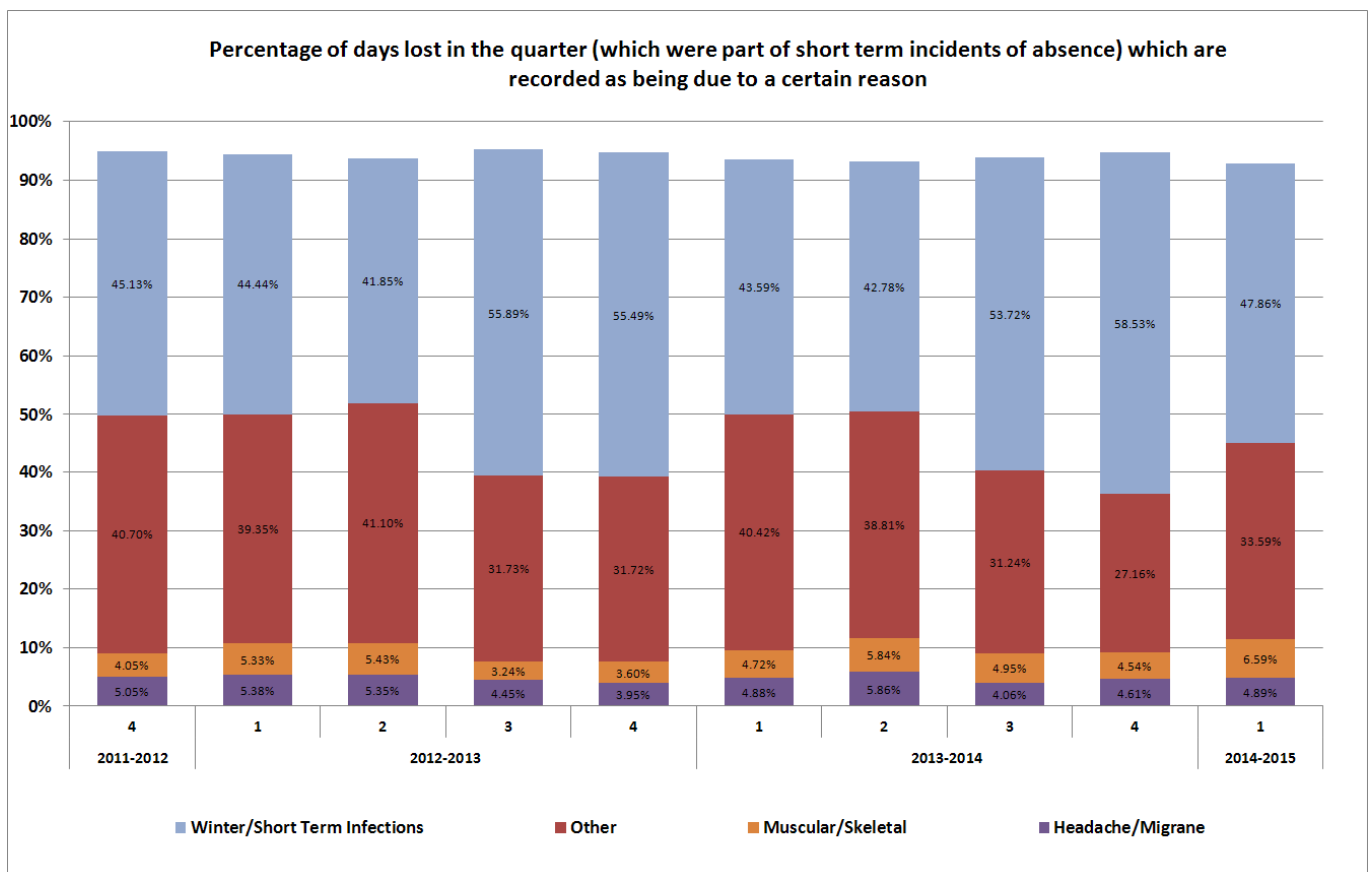
### 5.5 Reasons for absence





Graph 5. *Percentage of days lost in the quarter that were part of long term occasion of absence and the reason given. (Quarter 2 2014 is was an incomplete quarter and is hence not included).*

- 5.5.1 Mental health continues to be the main contributor to long term sickness. This grouping includes absence relating to stress, anxiety, depression and bereavement reaction. Comparing the % of days lost due to the mental health grouping between Q1 (Apr, May & June) of last financial year to this year shows an increase of almost 3%.
- 5.5.2 The other main contributors to long term sickness are operations/post operative debility and musculoskeletal disorders.
- 5.5.3 Comparison of the Top 5 groupings for reasons for long term sickness across the City Council for 2012/13 financial year compared to 2013/14 financial year shows that absence due to stress and anxiety have increased by around 5%. Appendix 2 gives more detail on this.



Graph 6. *Percentage of days lost in the quarter that were part of short term occasion of absence and the reason given. (Quarter 2 2014 is was an incomplete quarter and is hence not included).*

- 5.5.4 For short term sickness, the main reasons for sickness are minor infections (cold / virus, upset stomach, vomiting, chest infection etc) which are much more predominant in the winter. In Q1 2014 this accounted for almost 50% of all short term sickness. Sickness relating to mental health and wellbeing is a

much smaller contributor to short term sickness indicating that either employees generally cope with symptoms and carry on working or become unwell and are likely to then be off work for a longer period (i.e. generally long term).

- 5.5.5 Comparison of the Top 5 groupings for reasons for short term sickness across the City Council for 2012/13 financial year compared to 2013/14 financial year shows slight decreases in flu and viral infections, this is consistent with the national picture of winter 2013/14 being a mild winter in terms of flu outbreaks in the community. Appendix 2 gives more detail on this.
- 5.5.6 The CiPD (Chartered Institute of Personnel and Development) 2014 Absence Management annual survey report surveyed 518 organisations (covering 1.4 million employees) across the UK and so gives a good insight into national trends. It found that average absence levels remain highest in public services and lowest in private sector. Absence levels also tend to increase with organisation size regardless of sector.
- 5.5.7 40% of respondents to the CiPD survey report that stress related absence has increased over the last year a trend which extends to middle managers, only 1 in 10 organisations reported a decrease with larger and public sector organisations more likely to report stress related sickness had increased. This is consistent with what the data is showing for sickness for the City Council (appendix 2). In the CiPD survey Workload was ranked as the most common cause stress followed by non-work relationships / family, management style and relationships at work. As far as the broader category of mental health goes the picture was the same with 40% reporting an increase in mental health conditions (such as anxiety and depression) in the last 12 months with larger organisations most likely to report an increase.

## **5.6 Employees with no sickness.**

- 5.6.1 41% of employees (3044 employees) who were employed throughout the 2013-2014 financial year did not have a single day of absence (of any duration) in the financial year. This is an increase of 2.7% from the 2012-2013 figure, indicating that a greater proportion of employees have had no absence in 2013-2014 financial year.
- 5.6.2 53.7% (3989 employees) of employees who were employed throughout the 2013-2014 financial year did not have any absence that was short term in duration (i.e. 5 working days or less) within the financial year. This is an increase from the 2012-2013 year of 5.4% indicating a lower proportion of employees have had spell of short term sickness in 2013-2014 financial year compared to the previous financial year.
- 5.6.3 84.1% of employees who were employed throughout the 2013-2014 financial year did not have any absence that was long term in duration (i.e. 20 working days or more) within the financial year. This equates to about 5500 employees who took no long term absence in this year compared to just over 1000 who did. This is a decrease of 4% from the 2012-2013 year indicating a larger

proportion of employees have had a spell of long term sickness in 2013-2014 compared to the previous financial year. This is consistent with the findings in terms of relative % of days lost due to short / medium and long term sickness – see paragraphs 5.3 and 5.4.

	2012-2013	2013-2014
Percentage of employees who had an incidence of absence	38.84%	41.00%
Percentage of employees who had a LT incidence of absence	88.14%	84.17%
Percentage of employees who had a ST incidence of absence	48.35%	53.73%

## 6. CORPORATE MEASURES TO IMPROVE ATTENDANCE LEVELS

6.1 The effective management of attendance is a key corporate priority; details about corporate strategies and initiatives currently in place to help tackle absence levels are given below (the next section of the report deals with directorate specific approaches).

### 6.2 Employee Health and Wellbeing Strategy

6.2.1 The Employee Health and Wellbeing (H&W) Strategy provides a framework for the Council to encourage and support all employees to take care of; and make small improvements to their health, yielding benefits at home and in the workplace. The Employee Health and Wellbeing Steering Group is the overseeing body for the implementation of the strategy and comprises a mixture of HROD, Trade Union and management representatives.

6.2.2 The report of March 2014 summarised the wide range of activity that had taken place to support employee wellbeing up to March of this year. Since then the main priority has been to establish the best way forward to promote better mental health and wellbeing in the workforce and to start activity to this end. There has also been a continuing push to promote physical activity (there is strong evidence that higher activity levels greatly increases an individual's mental wellbeing).

6.2.3 Activity relating the support better employee mental wellbeing includes –

- A “Fight the Winter Blues” communication campaign has been developed with targeted communications (including posters / flyers) to promote the positive effects of exercise on emotional wellbeing as it gets dark and cold (and the range of exercise options available now at City Council sites). It will also direct employees to information about seasonal affective disorder (SAD) and also the new intranet pages on mental health.
- Healthwork currently provide courses of face to face counselling for employees with a range of specialist therapy from CBT (cognitive behavioural therapy) to bereavement counselling to stress or anxiety management. Currently a review of counselling provision is being carried out with Healthwork to see if the provision can be broadened to make it accessible to

more employees who may not feel they need a full course of counselling but where other support (e.g. short drop in sessions or signposting to other support e.g. debt management) may be helpful.

- Intranet pages focusing on mental health and wellbeing will be launched in December. These pages will promote awareness on this topic and include resources to support managers as well as information and signposting for all staff. There will be information and practical tips on how to build resilience and look after your own mental wellbeing for staff.
- A confidential health and wellbeing staff survey is being developed and this will have a focus on mental health and wellbeing. This is currently being discussed with the Trade Unions. Data gathered from this survey should give a more accurate picture of the health of the workforce, underlying causes and what will be most effective in improving mental wellbeing. The findings will be discussed at the H&W Steering Group and help inform future actions
- A pilot training course has been developed in conjunction with our partner Pathways. Arrangements are being made to deliver this to managers in hot spot areas in Growth and Neighbourhoods Directorate. The course will develop softer skills and confidence in managing employees with mental health issues and develop awareness of the need for early intervention and openness.
- Lunchtime mindfulness sessions at Manchester Art Gallery have been promoted to staff. Mindfulness is a tool that has a large following as it helps combat negative thinking and can help individuals cope better with the pressures of life.
- Training for HR Advisors on mental health and the workplace. This included the use of mental health recovery action plans and how to promote this tool to support appropriate managers and employees.
- Ongoing activity relating to other areas of health and wellbeing includes –
- Health Champions – an ongoing role has been scoped out and individuals have been recruited to be a part of a future Health Champion network to engage staff in improving their health in a more personal way (also part of the behaviour change pilot). The first meeting of the network is being set up for December and a proposal for early work areas has been drawn up (which includes mental health and wellbeing as a priority).
- As cancer rates have been identified as high in Manchester and in the City Council workforce there has also been activity to improve cancer awareness; including spotting early warning signs for a range of cancers via email broadcasts and new intranet pages. Information has been provided on a different cancer every month. The Movember campaign has run again this November – this promotes awareness of men's health including cancer and mental health.

- Further work is ongoing to expand previous work done to encourage staff to get more active. The aim is to promote a wider variety of ways to get more active to engage more staff than previously in this message. To this end new information on cycling has been added to the intranet. Additional fitness classes have been added or are being added by year end at the Town Hall and Wenlock Way. These include Zumba and Bollywood Dancing (to try and add a fun element and appeal to those who perceive they are less fit) and Yoga (to support relaxation and mental wellbeing as physical wellbeing). The feasibility of setting up walking groups is being explored and more information on the benefits of walking and local routes will be added to the intranet pages. Walk to run courses have also been offered in October by the employee running groups.
- A new “health and wellbeing” award has been introduced under the Awards for Excellence scheme this year. This recognises those employees going above and beyond to improve the health of colleagues or residents. There were 27 nominations which is a great response for a new award and the nominees are excellent role models to help spread the word about the benefits of a healthy lifestyle.
- A second bug busting campaign will take place in winter 2014 /15. This follows on from the campaign last winter to reduce the risk of catching winter infections.

6.2.3 The last HR subgroup meeting the committee asked for consideration to be given of the feasibility of a dedicated space for employee health and wellbeing. An interim location has now been found in Heron House. However, when a new tenant is found for this building an alternative location for the fitness classes / groups currently held there (including yoga) will be required. Several possibilities are being explored and Capital Programmes and Property have been asked to help further with this search and factor it into long term accommodation reviews. An improved location is now in use in Wenlock Way as a dedicated Health and Wellbeing space and it accommodates more people than the previous location used.

6.2.4 The last HR Sub Group meeting raised queries about the healthiness of food at 104. A customer survey has been carried out to help inform future ideas about expanding healthier choices. There is experimentation with offering healthier pre packed options including omega 3 pots, protein pots and “slighter” salads. This survey found that the workforce were happy with the salad bar arrangements and options offered. Natural fruit juice with no added sugar is used on fruit salad. Public Health Manchester has shared best practice information on healthy catering with Manchester Central who operates 104 and it has been agreed that 104 will be audited against the City wide “Truly Good Food” award.

### **6.3 Improving Motivation, Engagement and Attendance Using Behavioural Insight – Behaviour Change Pilot**

- 6.3.1 The initiatives that make up the Workforce Behaviour Change Project are at varying stages of progress and are being measured via varying methods of evaluation. The project group is monitoring the progress and emerging effectiveness of each initiative and will seek to understand their combined effect on absence over the course of the project. A new option is being worked up for a scheme to reward staff with good attendance levels. This will be launched in the New Year.
- 6.3.2 The '**Reinforcing the Management of Attendance Policy**' initiative, led by HROD, will improve managers' behaviours regarding the application of and compliance with the Council's attendance policy. The initiative involved the roll-out of an online absence notification system (live from 1 April 2014) and improved communications about effective attendance management. The communication methods being used are learning sessions with managers within the pilot areas, and electronic guidance and information on the HROD intranet pages.
- 6.3.3 Four learning sessions have been held since April and more are booked for December 2014 and into the New Year. Post-session evaluation indicates that they have been well received, although a correlation between these and tangible changes in managers' absence-management behaviours can not yet be demonstrated in those areas.
- 6.3.4 The enhanced intranet information is in development and is due to be launched in January 2015.
- 6.3.5 The initiative will carry out a series of quantitative evaluations of the usage of the online reporting system, which will demonstrate the proportion of managers complying with the policy at each stage of managing a period of absence, and the timeliness with which managers do this. It will also identify hotspots correlating to poor compliance and high absence levels for targeted interventions. There will also be a qualitative evaluation of the learning sessions and how helpful these are in equipping managers with the right tools to reduce absence. Evaluation of the intranet information's effectiveness is currently being considered.
- 6.3.5 The '**Health and Wellbeing Champions Pilot**' is led by Public Health Manchester and HROD (commissioned by the Employee Health and Wellbeing Board), and is a systematic training programme to support employees to understand and improve their own behaviours regarding their health, and encouraging them to support health improvement within their 'sphere of influence' (i.e. their colleagues, families etc). The pilot courses have all taken place and 15 volunteers are to take on an ongoing Health Champion role for their service area and this network of individuals will help formulate and support / embed health and wellbeing activity within Directorates. The first meeting of this Health Champion network is being set up for December and they will be asked to help support the work to improve mental wellbeing of staff.

- 6.3.6 A first stage evaluation of the pilot is underway, assessing pre-course and post-course feedback from 31 people across the engaged areas of Customer Service Centre, Social Work Teams and Street Cleansing Service. Early indications show that 100% of participants reported an improvement in their motivation to improve their own health and wellbeing following the course. Similarly, 100% of people wanted to use their learning to improve the health of others and wanted to share their learning. Further evaluation will take place 3 months after the courses finished to assess whether attendees have followed through on their stated intentions to use their learning to motivate behaviour changes in themselves and / or in their peers.
- 6.3.7 The training provider is planning to deliver a free course for managers in January, to increase awareness of and support for the pilot and its benefits as management support for the work of the Health Champions will be crucial to their success.
- 6.3.8 The '**Employee Running Groups**' initiative, led by HROD on behalf of the Employee Health and Wellbeing Board, encourages changing behaviours around healthy living through engagement in exercise.
- 6.3.9 Seven run groups across four locations have been in operation since February and at this point about half of the participants were not currently running or had never run. There are around 40 staff that go out with the run groups every week and there have been several individual successes (recorded via case studies / feedback from members) with employees who have gone from no exercise to maintaining improved fitness. Goals such as completing the Great Manchester Run have been major achievements and for many individuals their attitudes to a healthy lifestyle have changed massively. Feedback shows that improvements in mental as well as physical wellbeing have been experienced and these are as valued as much as increases in fitness.
- 6.3.10 Run Group Leaders are volunteers who carry out all this work in their own time and hence don't systematically record levels of participation, which reduces the ease of quantifying whether there is growing interest in running groups (which would indicate a viral change pattern) or to assess whether participants' fitness is improving through sustained engagement in the activity. As the initiative is in its first year, we have no benchmark to measure behaviours (i.e. seasonal peaks and troughs in engagement) against, making varying behaviours more difficult to quantify.
- 6.3.11 The project group is investigating options to incentivise Run Group Leaders to gather more data, making an evaluation of this initiative more feasible.

#### 6.4 **HROD support to line managers.**

- 6.4.1 HROD Service Delivery provides advice and support to managers in relation to specific absence cases and sign posts managers to the resources available. Service Delivery will continue to challenge managers to ensure the timely and effective management of cases. There will be an increased focus

on the provision of absence related intelligence and the escalation of poorly managed cases to senior management. This will contribute to improved senior management awareness of management performance in relation to absence at a service level. Where specific absence related themes or issues are identified within service areas Service Delivery will support management to identify and implement targeted interventions.

- 6.4.2 Online Notification** – As mentioned in 6.3.2 an online absence notification system has been introduced to replace the previous paper driven system to give managers an easy and timely absence reporting mechanism. As part of the initial roll out the system prompts and reminds managers to ensure they have the relevant meetings with the employee (e.g. return to work interviews when sickness ends, attendance monitoring reviews if they have hit triggers) and that they update the reasons for absence if required. Additionally, the system enables notification of disability related absence; this is reliant upon effective reporting and employee consent to disclose disabled status. HROD Service Delivery will encourage managers to ask appropriate questions to improve reporting.
- 6.4.3 To complement the online system the Intranet is to be further developed to incorporate an attractive, easy to use, dedicated *‘everything you need to know about managing sickness absence’* site for managers. To ensure areas with little PC and intranet access are not being omitted then a placement is being arranged within school catering (more information in the Directorate section).
- 6.4.4 Compliance Checks and Management of Attendance ‘Hotspots’** - MOA compliance reports are under development and HROD have started to identify ‘Hotspot’ areas where absence figures exceed the Council average (which was 0.87 days lost per month based on the recent data which roughly equates to 10.5 days lost per employee per year). The areas identified will be shared with Heads of Service with a brief analysis of the absence and any intelligence evident from existing case support. The reports will outline:
- High absence in excess of the corporate target
  - Localised absence reasons
  - Patterns of sickness absence (Short / Medium / Long Term)
- 6.4.5 This report will highlight managers and employees that are failing to adhere to the expectations set out within the Managing Attendance Policy including absence notification, timely Return to Works, Attendance Management Reviews and Occupational Health Referrals. Services will be expected to take action to address non compliance and checks will be made to establish improvement. An example of this is Business Units identifying the need for a 3 months placement within school catering. Repeated failure to comply will result in escalation through Assistant/Strategic Business Partners to Directorate management teams.
- 6.4.6 Long Term Absence Cases** – the most extended long term sickness cases (those in excess of 100 days in duration) will still be assigned to an individual HR Officer. This officer’s role will remain to support the manager to assess the circumstances and seek a resolution.



6.4.7 **Support and Challenge meetings with service managers** - In October 2014 meetings took place with the Executive Member for Finance and Human Resources; the then Assistant Chief Executive (People) and service heads to discuss absence levels in their areas and the actions being taken.

6.4.8 The insight provided through these meetings highlighted some of the challenges and service specific issues that impact upon absence management. The sessions also highlighted examples where managers were overcoming challenges and endeavouring to resolve issues, change behaviour and positively influence the attendance of their staff. This allowed good practice to be pooled and shared across services and will be incorporated into revised guidance and toolkits that are in the process of being developed. Actions were agreed with individual Heads of Service to improve absence management practice and some of these are cited in the Directorate Sections below. HR Service Delivery Officers will be maintaining contact with individual Heads of Service to track progress and provide assistance.

## 7. DIRECTORATE MEASURES TO IMPROVE ATTENDANCE LEVELS

7.1 This section highlights specific Directorate absence trends or patterns and the activity targeted on reducing absence at Directorate and Service level.  
*Appendix 3 contains Directorate level graphs for days lost over the last 2.5 years.*

### 7.2 Children & Families Directorate.

#### 7.2.1 Overall Absence Trends

7.2.2 The “average days lost in a standard working month per FTE” measure for January – July 2014 showed higher absence levels at the beginning of the year than in the 2 previous years; however there was an improvement in April and 2014 absence has been better than the 2 previous years ever since. Breaking this down further shows that days lost solely due to long term sickness was higher than last year in January – April but has improved since and is driving the total days lost pattern. Conversely average days lost for short term sickness has been equivalent or lower in 2014 than the same period in 2013.

7.2.3 The Q1 2014/15 figures for absence indicate that long term sickness accounts for 67.41% of days lost (medium term accounts for 17.97% and short term sickness 14.62%).

7.2.4 When considering the reasons for long term sickness the overall grouping of mental health has remained at 41% of days lost to long term sickness from Q1 2013 to 2014. This is a significantly higher % than both other Directorates (25 % for Growth & Neighbourhoods and 29% for Corporate Core in Q1 this year). The percentage of days lost of long term sickness due to musculoskeletal disorders and cancer are also slightly higher when comparing Q1 this year to last year.

### 7.2.5 Directorate Activity and Interventions

7.2.6 The current (i.e. latest figures for September) total number of long term absence cases (more than 20 consecutive days) is 86. The majority of these cases are within Reablement (17%) followed by Networks (14%) and Social Care (9%). However, it should be noted that over half of the cases within Reablement (8) are newly added, whereas the cases within Social Care have all been absent for more than 100 + days, with 44% of the cases being absent for more than 200 days. Of these cases:-:

- 29% relate to stress, anxiety and depression. The majority of all stress related absences are within Social Care.
- 23% relate to musculoskeletal problems. The majority of cases are within Social Care and/or, Networks where manual handling is one of the main functions of the role.
- The remainder are a mix of reasons e.g. cancer, operations, chest infections

7.2.7 All of these cases are subject to active management interventions. There are a number of areas within the directorate with absence levels higher than the organisational average (see appendix 1). The top four service areas in this category include:

- Strategic Business Support (1.50 days)
- Safeguarding (1.31 days)
- Business Delivery (1.28 days)
- Care (1.11 days).

All these service except Business Support are frontline services.

7.2.8 Social Work teams have been identified as an area where absence is a particular concern within both Care and Safeguarding Divisions. Days lost in social work teams are largely attributable to long term sickness cases.

7.2.9 Safeguarding Services also includes Children's residential care, Fostering & Adoption, the Permanence social care team and the Safeguarding Improvement Unit. Residential Care has historically been an area with high levels of sickness.

7.2.10 There has however been some targeted activity undertaken in Care and Safeguarding including:-

- Actions plans developed for effective management of cases
- Copies of the Macmillan 'Work and cancer toolkit' acquired for each Residential setting to inform managers of strategies to support employees in the workplace.
- A process for effective management of incidents in the workplace and response to workplace assaults has been developed. Use of debriefs

following incidents and informal support from colleagues aim reduce absence associated with these incidents.

- The impact of absence upon service delivery highlighted as an agenda item at all team meetings
- Acknowledgement of employees with full attendance. The absence records have been provided to the Heads of Service who can distribute the information to local managers.
- Assessment of good practice elsewhere to identify elements that can be incorporated within Social Work management induction.
- Ongoing key case reviews between HR and Senior Management.

7.2.11 Supported accommodation for customers with Learning and Physically Disabilities (Networks) within Business Delivery Division has high levels of absence relating to musculoskeletal disorders. Manual handling is one of the main functions of the majority of roles within the service. A focused piece of work is currently being undertaken to determine whether the absences are linked to work related injuries. In addition, a review of each case will be undertaken to ensure, where practical, alternative duties can be considered to support an earlier return to work.

7.2.12 This is also an area where it has been acknowledged by the service that managers have not been proactive previously in managing attendance and have been overly reliant on support to resolve cases. A shortage of Network Managers which contributed to this has now been addressed and a set of actions to ensure accountability by managers is in place in the future which includes –

- Highlighting concerns in this area of the service with the Network Managers. In particular the total days lost and how that translates to lost officer time.
- The network managers will conduct an audit of all line managers to check compliance with Management of Attendance policy expectations. Non compliant managers' performance to be addressed in supervision.
- Senior management to regularly monitor absence cases to ensure correct application of the Management of Attendance policy. Appropriate HR support will be given when requested.

7.2.13 Strategic Business Support covers a number of divisions including Business Change and Information Management, Business Development, Comms and Engagement and Policy. Business Development which was an area where high absence levels were experienced is no longer part of this service and staff are now deployed elsewhere across other positions in the Council. This was an area that experienced high levels of absence at around 1.11 days lost per employee. However the Business Change and Information Management division still has a higher than average absence rate of 1.63 days lost per FTE. This is an area which covers all the Business Support roles throughout the North, South and Central localities and centrally located services. In order to address absence across all areas within Strategic Business Support the Head of Service and Business Support Leads are working with staff via the following strategies:-

- For staff who have mental health concerns, managers ensure close monitoring to identify triggers and ensure that interventions i.e. Conversations regarding causes, referrals to Healthworks, strategies to support remaining in work, are put in place.
- Daily phone calls and 1:1's to ensure that staff come into work especially where the absence reason is attributed to mental health issues
- Temporary reduction in working hours to enable the build up of a stable working pattern and a subsequent return to full time work
- Early referrals to Healthworks
- Organisation and use of Counselling to try and reduce length of absences
- Provision of equipment to ensure that staff are safe in their work environment and can continue to work where adaptations are required.

7.2.14 In Central and North localities there has been an improvement in staff returning to work. There are actions in place to bring individual cases to a conclusion and these are ongoing. All managers in Business Support follow the Managing Attendance policy rigorously to ensure that sickness both long and short term remains a high priority and is managed accordingly.

7.2.15 A review of the stress cases across the directorate has been carried out. This has identified that the triggers for absence were evenly split between work related and personal related issues. The work related factors are varying and include reasons such as, Capability or Disciplinary Procedures; service redesign; incidents involving service users and/or their families and workload. In the majority of cases managers have offered support and explored options to facilitate an early return to work. Of the cases reviewed almost half have now returned to work. With regards the remaining live cases; Service Delivery within HROD will continue to support managers to develop strategies and timeframes for resolution

7.2.16 In addition to the actions put in place across the Directorate at divisional level to proactively manage absence, a monthly assurance board has also been set up where challenge and support for areas with high levels of absence will be monitored. This will call Heads of Service on an ongoing quarterly basis to explain how they will address absence issues within their managers and what strategies they intend to develop to bring absence levels down. Actions relating to this will be monitored on an ongoing basis.

### **7.3 Corporate Core Directorate.**

### **7.3 Corporate Core Directorate.**

#### Overall Absence Trends

7.3.1 The configuration of the Corporate Core has changed over the last 12 months with a number of services moving to Growth and Neighbourhoods Directorate and other services moving into the Corporate Core. The services moving into Corporate Core (for example Business Units) are primarily front line and

historically had higher absence levels than the average for Corporate Core Directorate. This should be considered when making longer term comparisons as these changes can influence absence trends pre and post this date.

- 7.3.2 When looking at the “average days lost in a standard working month per FTE” measure for January – July 2014 in the Corporate Core the number of days lost has remained at the same level or reduced each month with the exception of June 2013 when there was an increase in absence.
- 7.3.3 Long term sickness continues to be the main reason for absence across the Core and this seems to be an increasing trend with long term absence being higher in all months in 2014, with the exception of July in comparison to same period in 2013. In contrast there has been a decrease in short term absence and a decrease in medium term absence. These shifts have resulted in the levels of absence remaining at the same consistent when comparing the two periods, with the exception of June 2013 when there was an increase in absence in comparison to the previous year.
- 7.3.4 Trends across the Core follow those seen corporately with stress related absence increasing; this has resulted in mental health related absence being the main reason for long term absence in the Core. Absence related to muscular skeletal conditions also continues to be a significant contributor to absence levels across the Core; this is a similar trend to the previous year. However, there is a positive decreasing trend of cancer related absence; with absent related to this reason decreasing.

#### Directorate Activity and Interventions.

- 7.3.5 There has been an upward trend of mental health related absence across the Core with this now being the main reason for long term absence. There have been a number of interventions that have been introduced across the Directorate to support employee's that are absent due to mental health to return to work and improve their health and wellbeing. There is also ongoing pro active activity to support those people with mental health issues that continue to attend work to maintain their attendance.
- 7.3.8 These interventions include:
- Positive promotion of the health and wellbeing initiatives such as the running clubs and exercise classes
  - Early referral to Occupation Health to ensure the relevant support is provided, such as access to Counselling
  - Mentoring and Coaching support by line managers and independent experienced Officers
- 7.3.9 Whilst these interventions have been introduced and initial analysis indicates that there are a number of factors both in and outside of the workplace that impact on mental health. It is recognised that absence related to stress/anxiety/depression is increasing and there is a need to undertake a more targeted detailed piece of analysis to understand the reasons behind these levels of absence and support the prevention of issues in the future.

- 7.3.9 Absence related to musculoskeletal conditions is the second biggest reason for long term absence in the Directorate, with a number of current long term sick cases relating to musculoskeletal disorders. These cases are being proactively managed with some recent positive outcomes including, a return to work, one phased return to work and the other two having projected return to work dates in November.
- 7.3.10 In relation to musculoskeletal related absence, there is a clear training and activity plan in place to ensure robust preventative activity to minimise absence due to MSD, particularly for manual workers. Work is also ongoing with Health and Safety colleagues to ensure effective processes and procedures are in place to mitigate risk of injury or long term physical impact for those in manual roles.
- 7.3.11 There are a number of other service areas across the Core that have either higher than average absence or increased absence in comparison to the previous year. These are Revenues & Benefits, Shared Service Centre, Financial Management, Business Units and Customer Service Organisation. The City Solicitors Division has the highest average number of days lost across the Core in a standard working month; this can be attributed to two long term absence cases. These cases have been proactively managed with a conclusion being reached for one case and the second being carefully and sensitively managed as it links to an acute medical condition. These two cases have had a significant impact of the absence figures for City Solicitors, as one has now been resolved this should have a positive impact on the figures.
- 7.3.12 There are a sequence of learning sessions being scheduled across these service areas to engender management behaviours to positively influence attendance and good communication with staff. There is also an ongoing focus on early intervention to try and prevent absences escalating into becoming long term absence. In addition to which, examples of more targeted interventions are provided below.
- 7.3.13 *Customer Service Organisation*, regular HR surgeries that enable managers to talk through issues and share experiences, bug busting/infection control sessions with staff, staff training around healthier lifestyles with a number of people being appointed as Health Champions to encourage and mentor colleagues to look after their own health. There has also been a targeted focus on promoting fitness/running sessions and biking to work. To ensure that staff are aware of the level of absence and impact on the service and colleagues the management team have held a number of briefing sessions with staff to share absence statistics across the Customer Organisation.
- 7.3.14 *Financial Shared Service*, similar to the Customer Organisation a number of interventions and support mechanisms have been implemented by the Head of Service. These include the introduction of a robust governance framework to ensure compliance and the correct application of policy. The objective being to ensure Return to Work and Attendance Management Records have been completed on time and in line with the policy. This includes a regular review of

actions being taken following absence and when absence triggers have been hit.

7.3.15 *Business Units*, have introduced a number of interventions, which include working closely with HR/OD management to review compliance with attendance reporting and implement changes where required. The service have also requested the support of dedicated resource for a time limited period to support with the management of cases with the aim of improving practice and attendance. This role will review current management arrangements and assess the effectiveness, to identify potential barriers, development requirements and produce an options appraisal that could be implemented to improve the MOA across the whole of Business Units.

7.3.16 Regular meetings with HROD and the Heads of Service to discuss overall absence levels, trends, hotspot areas and strategies for resolution. Activity related to prioritised and absence management will continue to be monitored on an ongoing basis.

## **7.4 Growth & Neighbourhoods Directorate**

### **Growth & Neighbourhoods Directorate**

#### Overall Absence Trends

7.4.1 Growth and Neighbourhoods Directorate, in its current composition, has been in place for a year. It should be noted that in the forming of the directorate, some services transferred in, whilst others transferred out. This should be considered when making longer term comparisons. For example, the transfer of Business Units (including a large group of term time school catering staff) to the Corporate Core Directorate in July 2013 can be clearly seen to influence absence trends pre and post this date.

7.4.2 Trends for Growth and Neighbourhoods follow those seen corporately when looking at the “average days lost in a standard working month per FTE” measure for January to July 2014. February saw higher levels of absence than in corresponding month in 2013 but since then there has been an improved picture. There was no dip in April in days lost this year as had been seen in both previous years and May and June were significantly better than the same months in 2013. Across these two months in 2014, the directorate saw an average reduction of 0.2 days lost per employee.

7.4.5 Average days lost in a standard working month per FTE as part of a short term sickness spell have been higher in 2014 than in 2013 for all months except May; however long term sickness comparing the same period was lower in 2014 than in 2013. Quarterly analysis comparing average days lost in Q1 this financial year to Q1 in the last financial year shows a significant improvement in average days lost to long term sickness (down to 1.34 from 1.78 average days lost).

- 7.4.6 If considering average days lost in a year *just* for staff who were long term sick (i.e. those who had at least one period of absence over 20 days) there is 4.2 days improvement for this financial year versus last financial year.
- 7.4.7 When considering the medical reasons for long term sickness then the overall grouping for mental health has increased as a percentage of days lost (28.7% of days lost from 22.5% of days lost) when comparing the same period this year to last year. The percentage of days lost of long term sickness due to Musculoskeletal disorders has also increased (18.6% of days lost from 12.8% of days lost) for Q1 this year compared to last financial year.

#### Directorate Activity and Interventions

- 7.4.8 When looking at the top 5 absence reason categories for quarter 1 in 2013/14 the highest reason category was musculoskeletal (MSD), compared with the same quarter this year, where the main reason for absence relates to mental health. Musculoskeletal issues had always been a significant cause of absence for the directorate, which was largely attributable to the significant number of front line, manual workers.
- 7.4.9 As Business Units transferred out of the directorate in 2013, including a large proportion of these workers, it was expected that absence levels relating to MSD would reduce. Comparing these figures however, the percentage of absences in this category has remained broadly static and there has been an overall increase in the number of absences linked to mental health.
- 7.4.10 When analysing the detailed absence reasons for the same period (including short, medium and long term), one notable change is the increase in proportion of stress related absence, which has moved from the 5<sup>th</sup> most common reason for absence to the 1<sup>st</sup>, an increase from 4.64% of total days lost to 10.45%. Looking at the detail of individual stress related cases, only a very small number are due to work related stress and they have not increased. Where work related stress has been flagged by employees as an issue this has prompted the necessary management action. It is worth noting that this has often been related to significant organisational change taking place in these teams (which for example has led to changes in working patterns). Support for all staff has been offered in these circumstances such as enhanced communication, additional 1:1 time with managers and workshops aimed at helping staff develop techniques to cope with change and to build their resilience.
- 7.4.11 Appendix 1 gives the average days lost per f.t.e. figure for all Directorates; for Growth and Neighbourhoods this is 0.69 days. The service areas within the Directorate where the average days lost per FTE is higher than the directorate average are Regeneration, Neighbourhood Strategy and Delivery (NDT) and Community and Cultural Services (CCS).
- 7.4.12 The total number of long term absence cases (more than 20 consecutive days) is currently 15. The areas with the highest absence of this type are NDT at 46% and CCS with 40%.



Of the total cases:-

- 40% relate to stress, anxiety and depression. Of these are cases are within NDT, CCS, Galleries and Licensing. Two thirds of these cases relate to personal circumstances, the other third are work related.
- 26% relate to musculoskeletal issues. Of these, 50% are within NDT operations and the others are split across CCS and Regeneration.
- The remainder are a mixture of chronic illness and bereavement reaction across various services.

7.4.13 All of these cases are subject to active management interventions. It should be noted that NDT and CCS have a significantly higher number of staff than other services within the directorate and so it would be expected to see a proportionately higher number of cases in these areas.

7.4.14 The average days lost per employee per month within Regeneration is 1 day. A review of the absence information for this service area has shown that there was a month on month increase in the number of long term cases from March through to May this year which has resulted in higher than average absence figures for the service. Targeted work has been undertaken to address these issues and of the top 5 medium to long term absence cases for this period, four have now successfully returned to work and the fifth case is due to go to an Attendance Management Hearing. There has therefore been a decrease in the overall absence levels for this area over the last few months and the absence cases are being proactively managed.

7.4.15 The average days lost per employee per month within NDT is 0.85 days. This is a service area which has historically had higher than average absence levels, The majority of operations staff within this area are Manchester residents and therefore the general health issues seen in the city are often reflected in the workforce. There is subsequently a high proportion of MSD related absence, time off due to operations and illness relating to colds and flu. This is a picture reflected nationally in both public and private sector organisations.

7.4.17 Absence levels within CCS are similar, with the average days lost per FTE per month at 0.75 days. This service also has a predominantly front-line customer facing workforce of approximately 300 FTE, which has historically had higher than average levels of absence. From April to July 2014 there have been a total of 31 employees in the service absent due to long term sickness, however this has reduced and at present there are currently only 7 long term cases (including two from Galleries). The absences have been due to a range of reasons including musculoskeletal, operations and mental health related. There are no clear patterns in the reasons for absence and the cases are being actively managed with support from HROD.

7.4.18 There is a significant amount of work underway in the directorate to address absence levels. Specific activity underway within NDT includes targeted communication with the management team to highlight concerns in this area of the service. In particular the total days lost and how that translates to lost officer time. Discussions have also been taking place around identified

barriers for successful returns to work and approaches to address these. Managers are also being encouraged to use and access to Managers Desk Top to ensure robust oversight and management of individual cases.

- 7.4.19 It has also been agreed that the service will conduct a limited audit of compliance with management of attendance policy expectations, to check that AMR's and return to work interviews have been conducted within expected time frames and gain assurance that management are collectively following procedure. HROD are also supporting managers to review trigger reports and check if opportunities have been missed to progress cases and also undertake case reviews of current long term absence cases.
- 7.4.20 As a pre-emptive measure to try and reduce stress related absence, change workshops have been delivered to NDT Team Leaders and are now being rolled out across the wider workforce to help staff deal with potential stress being experienced as a result of forthcoming changes to the service. These sessions focus on building resilience and coping with change.
- 7.4.21 There have been pilot Health Champion workshops held for NDT staff that have a physical job to help them think about life style choices and the big impact this can have on their health. The main theme running through these two day workshops was to encourage staff to think about aspects of their own health and well-being, allowing them to make informed changes. Twenty staff members took part in the workshop learning about issues from smoking and drinking to introducing 7 a day into your diet. The workshop was delivered in a way to allow staff members to choose which part of their life style they would like to change. Four staff subsequently signed up to become ongoing health champions and back in the work place there has been enthusiasm from those attending by improving their health and well-being and encouraging other to follow suit. Several have reported that they have given up smoking, reduced their alcohol intake and changed their eating habits.
- 7.4.22 In addition to the actions put in place across the Directorate at divisional level to proactively manage absence, there is also a strong focus on increasing attendance at a cross directorate level. The directorate management team are provided with a quarterly overview of absence levels and hotspot areas and are keen to drive an improvement in performance in this area through their respective services. It was agreed in response to the last report that some targeted work should be undertaken in response to the levels of stress related absence across the directorate and some practical interventions and approaches should be explored.
- 7.4.23 A range of options for piloting have now been developed by HROD, including the use of health self-assessments for staff, targeted management training to be delivered by health specialists 'Manchester Fit for Work', use of a Health and Wellbeing Practitioner for drop-in sessions and the introduction of the 'WRAP' tool, a wellness recovery action plan. These will now be considered by the directorate management team and preferred options will be taken forward by identified managers from services where stress related absence is most prevalent.

7.4.24 In relation to musculoskeletal related absence, there is a clear training and activity plan in place to ensure robust preventative activity to minimise absence due to MSD, particularly for manual workers. Work is also ongoing with Health and Safety colleagues to ensure effective processes and procedures are in place to mitigate risk of injury or long term physical impact for those in manual roles.

7.4.25 There are also quarterly meetings with HROD and the Heads of Service from the Regeneration, NDT and CCS to discuss overall absence levels, trends, hotspot areas and strategies for resolution. Activity undertaken in relation to absence management will continue to be monitored on an ongoing basis.

## **8. SERVICE LEVEL DATA**

8.1 Significant work has been undertaken to develop service level data via the methodology utilised to produce the analysis within this report (i.e. the average number of days lost per standard working month per employee). The capacity to produce this service level information is now in place and data will be available to support managers in the next 2-3 months.

8.2 For the purpose of updated information to HR Sub Group the data broken down to a sub Directorate level has been used to identify the Divisions which have the highest average days lost per standard working month per employee. This was initially established for the period April – July 2014 but then data going back further was used to ensure that those reported were consistently the Divisions with the highest average days lost over the last 16 months.

8.3 Appendix 3 gives the information on Divisions with average days lost above 1 day per month and also the Directorate averages for comparison. All of those above 1 day per month on average are from Children and Families Directorate.

## **9. CONCLUSION**

9.1 There continues to be a very large focus placed on improving attendance and the report demonstrates the scale of the efforts being made both corporately and in some areas at Directorate level.

9.2 There are encouraging signs in relation to the levels of short term absence and numbers of employees having no sickness at all. This could well be driven by all the focused activity to improve attendance.

9.3 Long term sickness continues to be the largest contribution to overall days lost and this is driven by a relatively small % of employees of which some have serious medical conditions requiring sensitive management. The biggest reason for long term sickness relates to mental health with increases in this financial year in relation to stress and anxiety related sickness. This is in line with reported national trends especially for large public sector organisations. The City Council needs to continue to develop and try initiatives to help

employees build resilience and to give managers the skills to manage most effectively to reduce the impact of poor mental health or wellbeing.

- 9.4 The Corporate Priorities mean that future expectation is for increased management ownership of absence management; and a reduced reliance on support in doing so. This will be challenging for some areas (including some areas with high sickness levels) and so efforts will need to be made by all to support this ongoing transition.

## **Appendices**

1. Table of Average Days Lost in a standard working month per f.t.e. by Directorate (includes Divisions above 1.0 days lost per month average).
2. Table of Top 5 Reasons for Sickness for Manchester City Council – Comparison for last 2 financial years.
3. Graph x 3 - Average days lost in a standard working month per f.t.e. by Directorate for the last 3 years.
4. Graph – Percentage of total days lost due to short / medium and long term sickness for the years of 2012-2013 and 2013-2014.

**Appendix 1**  
**Average Days Lost in a standard working month per 'FTE'**

	2014-2015				Average of the monthly results from April 2014 to July 2014	FTE
	A	M	J	J		
<b>DIRECTORATE FOR CHILDRENS AND FAMILIES</b>						
Strategic Business Support	1.96	1.21	1.24	1.59	<b>1.50</b>	88.52
Safeguarding	1.25	1.20	1.49	1.31	<b>1.31</b>	321.99
Business Delivery	1.29	1.30	1.34	1.17	<b>1.28</b>	693.72
Care	1.09	1.03	1.04	1.28	<b>1.11</b>	898.46
<b>DIRECTORATE AVERAGE</b>	<b>1.06</b>	<b>1.02</b>	<b>1.09</b>	<b>1.09</b>	<b>1.06</b>	<b>2874</b>

(\* see footnote)

**Average Days Lost in a standard working month per 'FTE'**

	2014-2015				Average of the monthly results from April 2014 to July 2014	FTE
	A	M	J	J		
<b>CORPORATE CORE</b>						
<b>DIRECTORATE AVERAGE</b>	<b>0.68</b>	<b>0.69</b>	<b>0.80</b>	<b>0.78</b>	<b>0.74</b>	<b>2381</b>

**Average Days Lost in a standard working month per 'FTE'**

	2014-2015				Average of the monthly results from April 2014 to July 2014	FTE
	A	M	J	J		
<b>GROWTH AND NEIGHBOURHOODS</b>						
<b>DIRECTORATE AVERAGE</b>	<b>0.81</b>	<b>0.64</b>	<b>0.65</b>	<b>0.68</b>	<b>0.69</b>	<b>1365</b>

As well as providing all Directorate averages the data for any Division where the average of the monthly results from April 2014 to July 2014 is above 1 day is also provided.

(This would equate to over 12 days lost per employee per year when scaled up as an approximate estimation).

**Appendix 2 - TOP 5 REASONS FOR SICKNESS FOR MANCHESTER CITY COUNCIL**

**LONG TERM**

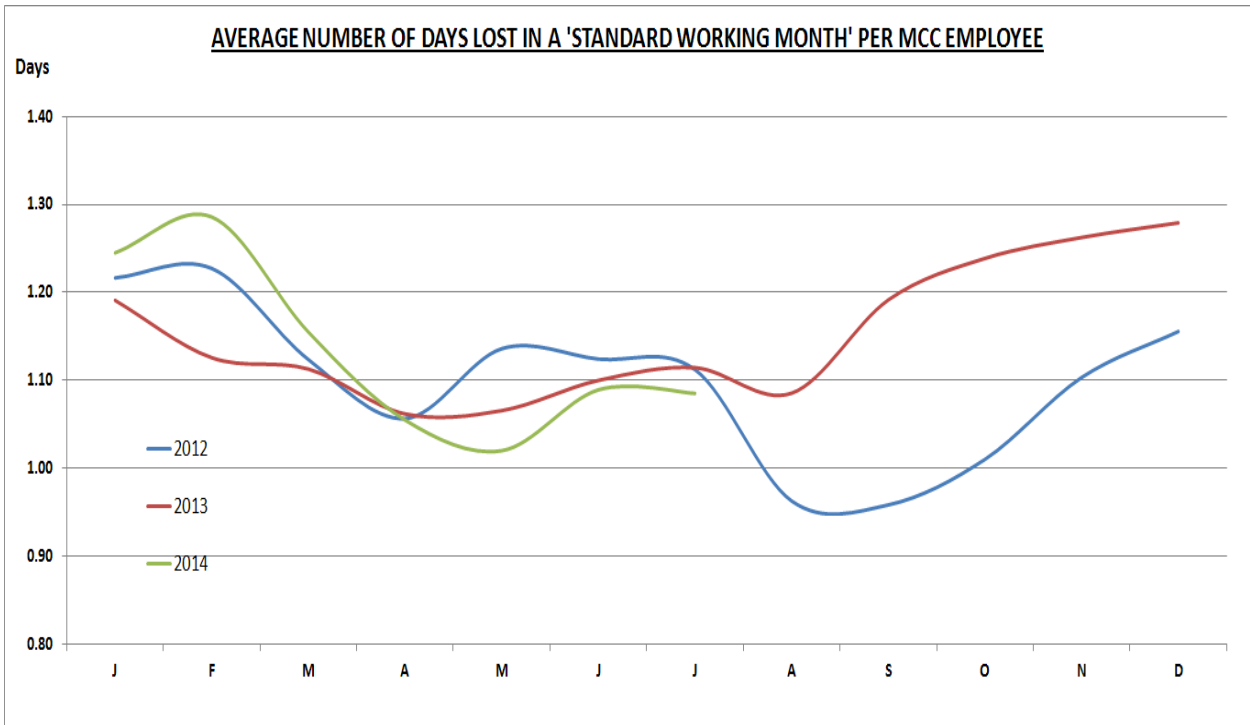
	2012-2013		2013-2014		Difference
	DAYS LOST	PERCENTAGE OF TOTAL DAYS	DAYS LOST	PERCENTAGE OF TOTAL DAYS	
Stress	6906.00	<b>13.44%</b>	9293.99	<b>17.03%</b>	3.59%
Depression/Reactive	5557.04	<b>10.82%</b>	5421.75	<b>9.93%</b>	-0.88%
Back Strain/Trouble	3264.97	<b>6.35%</b>	3056.47	<b>5.60%</b>	-0.75%
Anxiety	1907.05	<b>3.71%</b>	2789.11	<b>5.11%</b>	1.40%
Operation	1958.83	<b>3.81%</b>	2435.33	<b>4.46%</b>	0.65%
TOTAL	51379.20		54576.20		

**SHORT TERM**

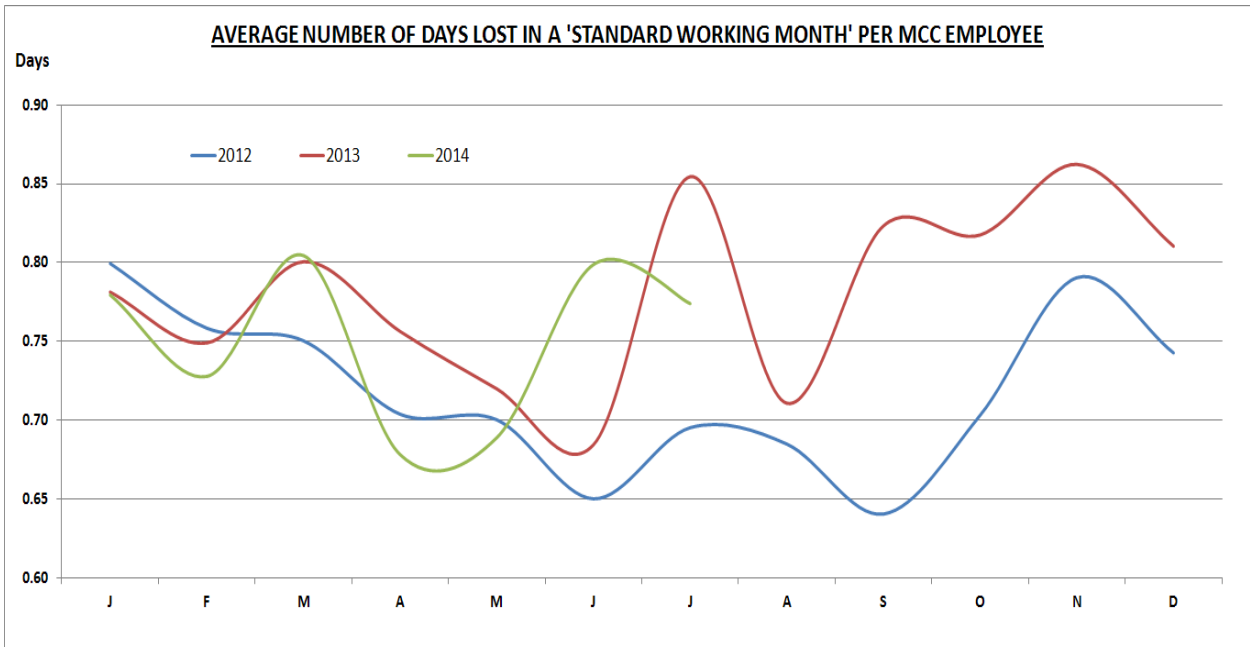
	2012-2013		2013-2014		Difference
	DAYS LOST	PERCENTAGE OF TOTAL DAYS	DAYS LOST	PERCENTAGE OF TOTAL DAYS	
Influenza	1466.27	<b>8.69%</b>	940.24	<b>6.76%</b>	-1.93%
Cold	1243.85	<b>7.37%</b>	1139.15	<b>8.19%</b>	0.81%
Ill/Sick/Debility	1350.51	<b>8.01%</b>	1025.85	<b>7.37%</b>	-0.63%
Viral Infection	1404.29	<b>8.32%</b>	900.25	<b>6.47%</b>	-1.85%
Upset Stomach	921.55	<b>5.46%</b>	1090.79	<b>7.84%</b>	2.38%
TOTAL	16868.88		13913.35		

**Appendix 3 - Average days lost in a standard working month per f.t.e. by Directorate for the last 3 years.**

**CHILDRENS AND FAMILIES DIRECTORATE**

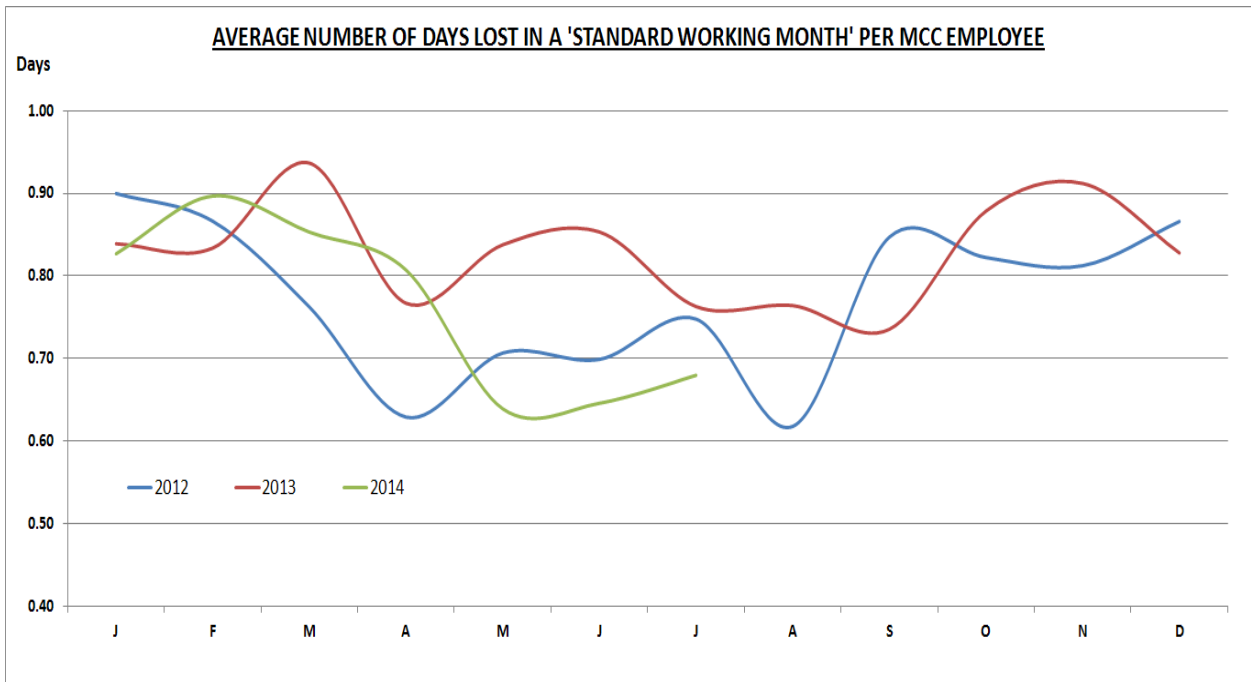


**CORPORATE CORE DIRECTORATE**





GROWTH AND NEIGHBOURHOOD DIRECTORATE



**Appendix 4 - Percentage of total days lost for Manchester City Council by Short / Medium and Long term incidences for the years of 2012-2013 and 2013-2014.**

