

**Manchester City Council
Report for Information**

Report to: Resources & Governance Scrutiny Committee: HR Sub Group –
14 June 2018

Subject: Attendance Management Update

Report of: Director of HROD

Summary

This report provides the Group with an update on sickness absence levels across the Council and ongoing and developing activity to reduce and manage sickness absence and improve workforce wellbeing. Specific information in relation to a number of areas of inquiry identified at the March 2017 meeting are also included.

Appendix B provides a high level overview of key changes since the initial publication of this report in March 2018, with the body of the report remaining unchanged.

Recommendation

The Sub Group is asked to note the report.

Wards Affected: All

Contact Officers:

Name: Lynne Ridsdale
Position: Director of HR
Telephone: 0161 600 8380
E-mail: l.ridsdale@manchester.gov.uk

Name: Sam McVaigh
Position: Head of Organisation Development
Telephone: 0161 234 3976
E-mail: s.mcvaigh@manchester.gov.uk

Name: Shawna Gleeson
Position: Head of HR Operations
Telephone: 0161 245 7517
E-mail: s.gleeson@manchester.gov.uk

Name: Amy Powe
Position: Workforce Intelligence Team Leader
Telephone: 0161 234 4496
E-mail: a.powe@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Human Resources Sub Group meeting of 23 March 2017 – Attendance Management Update report and minutes of the meeting.
- Human Resources Sub Group meeting of 3 March 2016 – Attendance Management Update and minutes of the meeting.
- Human Resources Sub Group meeting of 17 March 2015 – Attendance Monitoring report and minutes of the meeting.

1.0 INTRODUCTION

- 1.1 This report provides an update on absence trends for the Council and its Directorates over the last twelve months (January to December 2017). It also presents an overview of the policies and practice in place to improve attendance, with a particular focus on supporting the essential role of the line manager in this area, and ongoing and strengthened work on employee wellbeing.
- 1.2 Absence has continued to reduce over the last 12 months. Whilst this is a positive trend, absence levels continue to be significantly above comparators and published benchmarks. Continuing to reduce sickness absence remains a priority, both corporately and for Directorates. The organisation's approach in this area focuses around two core strands:
- Supporting managers to both effectively engage and support their teams day-to-day and manage cases of sickness absence when they occur
 - Promoting employee health and wellbeing to encourage a positive culture of attendance.
- 1.3 In both of the above areas a number of new evidence based actions have been taken forward and are planned.
- 1.4 This report gives an overview of current data on attendance and wellbeing and the most recent external benchmarking. It goes on to provide an update on new and ongoing activity in this area in response to this data and more qualitative feedback from managers and staff.

2.0 ABSENCE TRENDS: KEY POINTS

- 2.1 At the point of the last report in, March 2017, the Council's absence levels had been reducing steadily since November 2015; this trend has continued through 2017 with the average days lost over twelve months remaining under 12 days per FTE.
- 2.2 Key points to note from the absence data:
- Across the Council a total of 72,535 working days were lost due to absence in 2017. This equates to an average of 11.85 days per FTE over the 12 month period which is lower than in 2016 (12.13) and in 2015 (13.17)
 - Long term absence continues to be the dominating factor impacting the overall absence trend, accounting for 66% of all absence in 2017. However, this has reduced from 2016 when it accounted for 67% of all days lost and 2015 when it accounted for 70% of all days lost.
 - Mental health reasons continue to be the main causes of absence with over 24,000 days lost in the year accounting for 33% of all sickness

absence and 41% of all long term absence. Other common reasons include injury/fracture (8%), surgery (7%), gastrointestinal reasons (6%) and back problems (5%).

- Return to work completion rates are currently at 67% for absence incidences that ended in 2017. The target is to get this percentage to 100% across the Council.
- The percentage of staff with no recorded absence in 2016/17 was 43%, this is higher than 2015/16 (42%) and 2014/15 (40%).
- The directorates showing the biggest reductions over the year are Corporate Services and Adults Services. In Corporate Services there were an average of 9.70 days lost in 2017 compared to 10.80 in 2016 (a 10% reduction) and in Adults Services there were 15.75 days lost in 2017 compared to 16.49 in 2016 (a 5% reduction).
- Despite the positive indications of reducing absence levels, over the calendar year 1,919 employees hit absence triggers as defined within the Management of Attendance Policy¹.

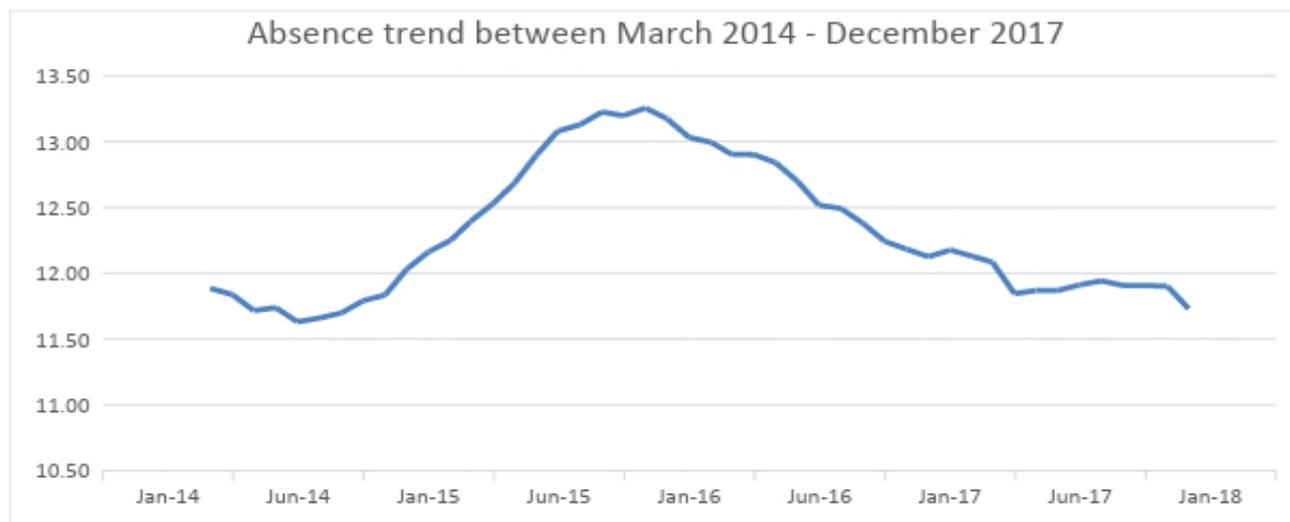
2.3 The remainder of this report provides more detail on absence levels and the continued and developing measures in place corporately and within directorates and services to reduce sickness levels and improve employee physical and mental wellbeing. The Council's approach continues to place a strong emphasis on the role of line managers in recognition that strong and proactive people management is one of the most effective ways to improve attendance levels.

3.0 CORPORATE ANALYSIS: DETAILED UPDATE

3.1 Analysis shows that absence was increasing up until 2015 with a peak of 13.17 days on average lost in the year absence levels have been on a decreasing trend since, however the level of reduction has slowed in 2017. Chart 1 shows the trend line over the last four years.

¹ 357 employees had 3 incidences of absence in 3 months whilst 1,877 employees hit the absence trigger 5 days of absence in 3 months.

Chart 1: Average number of days lost per FTE by month (as a rolling 12 month trend)



3.2 The seasonality of absence has not been as prominent in the past two years. Generally it is expected that sickness absence rises over the winter months, however the chart above does not support this having a great effect. Where there is more noticeable seasonality is with school holidays. Over 6% of the Council’s workforce are on term time only contracts and the utilisation of annual leave increases in months where there are school holidays. Generally this results in reduced short and medium term sickness absences whilst the long term absence trend is less affected.

3.3 In 2017 long term absence cases accounted for 66% of all absence in the Council, continuing the two year trend of marginal decreases here in terms of days lost as a proportion of all absence. Although this trend suggests an increase in medium and short term absences over the last two years, further analysis suggests that there may be reporting issues contributing to some of this. (i.e. managers recording individual incidences of sickness absence as multiple concurrent incidences on SAP.) Analysis undertaken in 2017 found over 700 incidences that were recorded in this way which should have been reduced down to circa 300 incidences of longer absence terms. Whilst this has no impact in terms of the overall accuracy of absence levels, it does affect our understanding of the detail. More work is being planned to understand this trend as detailed further on in this report.

Table 1: Absence by term

Term of Absence	2014	2015	2016	2017
21 days and above (LT)	66%	70%	67%	66%
6-20 days (MT)	16%	15%	16%	17%
1-5 days (ST)	18%	15%	17%	17%

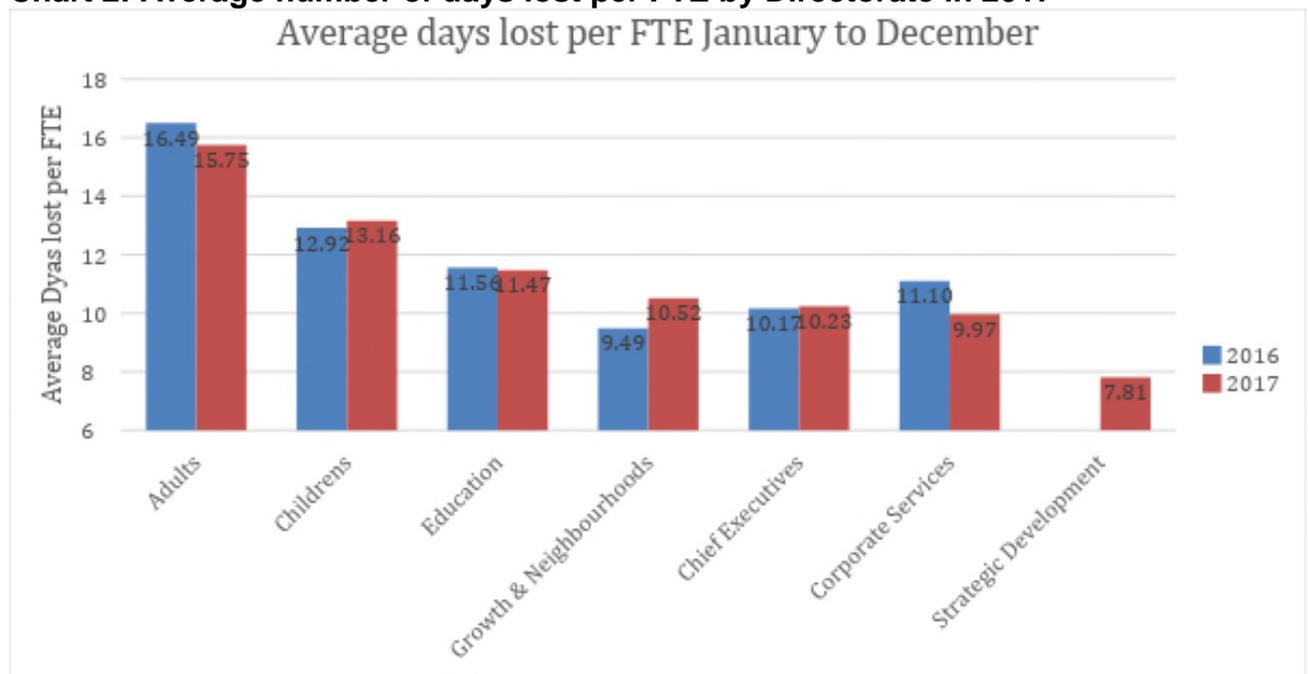
3.4 As noted above, mental health reasons such as stress and depression accounted for approximately 33% of all the absence in the last 12 months. During the year the number of absence reasons available on SAP were reduced from 300+ down to 30 in response to manager feedback. This will enable improved reporting and better analysis going forward.

Table 2: Top 5 reasons for absences

Reason	Total days lost in 2017	Percentage of all days lost
Stress/Depression	18,998	26%
Injury/Fracture	5,810	8%
Surgery	4,546	6%
Gastrointestinal	4,448	6%

- 3.5 Absence recorded by managers as disability related accounted for 8% of absence in 2017. We are currently working to strengthen our guidance and support to Managers, to ensure accurate reporting of this measure.
- 3.6 Data from the Council’s occupational health provider is broadly in-line with what would be expected given the above trends. Over 2017 there were 1,256 referrals to Healthworks for medical advice, this is an increase from 2016 when there were 1,146. 395 (40%) of referrals were for employees with a musculoskeletal disorders and 573 (47%) were for stress/depression, 187 (13%) were for other mental health related conditions.
- 3.7 The directorate breakdown shows that Adults Services continues to have the highest level of absence although the directorate has seen the second biggest reduction in days lost over the twelve months behind Corporate Services, suggesting that directorate actions are having a positive impact. The high absence levels in Adults may, in part, relate to a combination of the physicality of some of the roles here combined with an aging workforce. Over 2017/18 there have been 26 staff within the Directorate who have required the identification of a new role for medical reasons (this accounts for 46% of the total medical movers over the year).

Chart 2: Average number of days lost per FTE by Directorate in 2017



4.0 BENCHMARKING

4.1 The CIPD (Chartered Institute of Personnel and Development) 2016 Absence Management Survey is based on responses from over 1,000 organisations across the UK from all sectors. It provides a comprehensive dataset on absence trends and provides some useful insights into this area. The key findings from this report include:

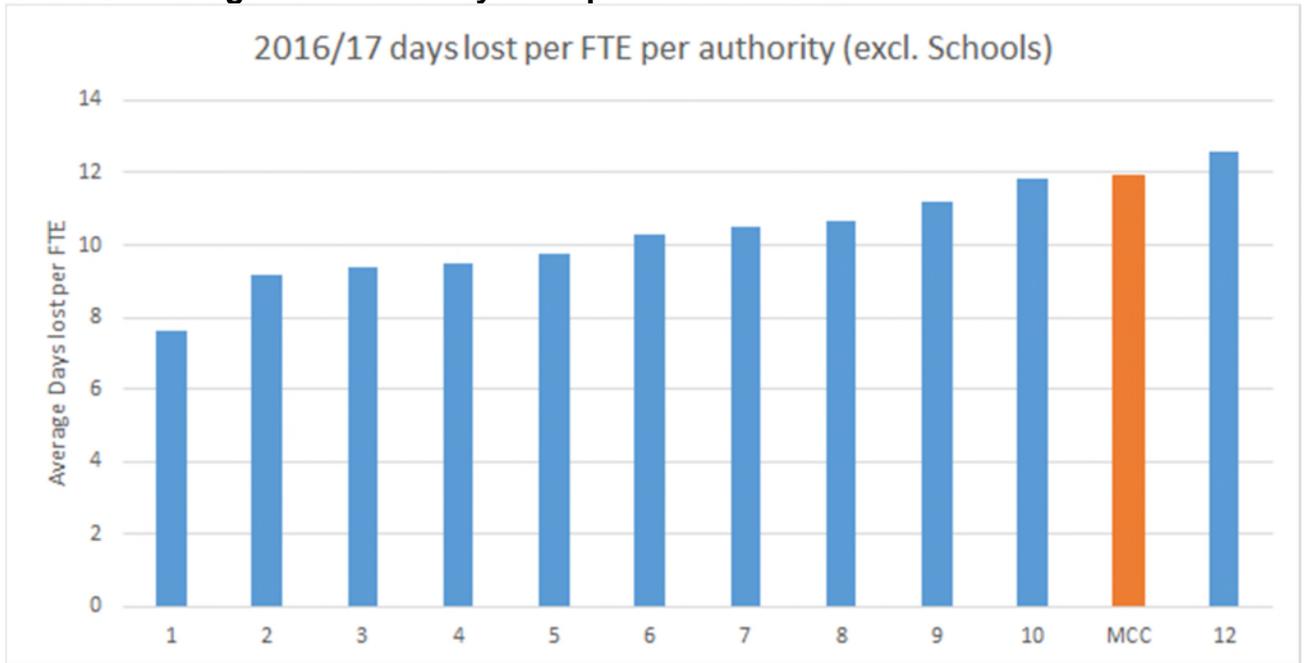
- Overall absence levels have seen a slight decrease.
- The average absence rate for private sector employees is 6.3 days compared to approximately 8.5 days per FTE in the public sector.
- There are also higher levels of absence in larger organisations regardless of sector. The average days lost for large organisations (organisations with over 5,000 employees) is 9.4. There is not a figure available for the average days lost for large public sector organisations although it seems reasonable to assume that this would be higher again.
- The report finds that manual workers have on average two more day's absence per year. A review of the absence figures in 2016 for the Council shows that 36% of all absence was from staff in the job family Service Delivery People Care and Support. Comparatively this job family only accounts for 29% of the total workforce.

An updated survey is due to be published in April 2018.

4.2 Public Sector Benchmarking

4.2.1 The average days lost for 2016/17 for those AGMA authorities where data has been collected is 10.37 days. This places Manchester eleventh out of the twelve authorities for whom figures are known; it is however a recognised trend that larger organisations are more likely to have higher levels of absence. These figures also do not take into account the different workforce profiles of each organisation. As highlighted in previous reports to this group, there are also some concerns about the comparability of this measure. This data should therefore be seen as indicative only.

Chart 3: Average number of days lost per FTE for 2016/17



4.2.2 Due to the comparability issues with the average number of days lost measure, an alternative metric has been developed and measured across the same cohort. This looks at the number of employees who have been employed with the organisations at the start and end of a twelve month period who have not had any incidences of absence. The latest data places Manchester eighth out of the twelve reporting authorities.

Chart 4: Percentage of employees with no incidences of absence 2016/17



5.0 THE CORPORATE APPROACH TO IMPROVING ATTENDANCE LEVELS

5.1 Fundamental to the success of the Council's dual approach here (supporting the management of absence and promoting wellbeing) is the importance of strong core people management. Managers play an integral role in improving an organisation's attendance levels by both creating a positive culture which promotes attendance and effectively managing absence in a consistent, but not necessarily uniform, manner when it occurs. A number of specific actions to support managers are set out across the two thematic areas.

5.2 Key to promoting attendance and reducing absence is the creation of a culture which promotes positive health and wellbeing and where people want to come into work. However, recognising that sickness absence will always occur this must operate alongside a strong policy and support framework for the management of sickness absence. This section provides an update on recent and imminent developments in both these areas.

5.3 Supporting Managers

5.3.1 It is well documented that managers have a key role to play in reducing absence (CIPD 2016), in particular through conducting effective Return to Work Interviews and using trigger mechanisms to monitor and manage absence robustly. Providing access to detailed sickness information to line managers is also essential to enable them to understand and take responsibility for managing both individual and service-specific absence issues. Within the Council, as previously noted by this Committee, there is evidence to suggest that the effectiveness of manager support and compliance with agreed policies and procedures is lower than would be expected. Steps have been taken to provide additional support here, including enhancements to SAP and improved training and casework support from HROD. However, the evidence indicates a continued challenge:

- Quarterly usage data from Healthworks shows that on average 46% of appointments are not being attended. This equated to 45 individual appointments not attended between October and December 2017.
- Return to work completion rates are currently at 67% for absence incidences that ended in 2017. The target is to get this percentage above 100% across the Council.
- 1,919 employees hit absence triggers in 2017, alongside this 758 employees were absent due to long term sickness. However, only 622 employees had absence actions recorded on SAP in the year which equates to 23%. Whilst in some cases there may not be a need for formal actions this is significantly lower than would be expected.

5.3.2 Work is now underway to conduct a Council-wide audit of all 'live' absence cases. This includes a renewed focus on cases where staff have hit absence trigger points, alongside ensuring recent or ongoing instances of long term sickness are monitored and reviewed by managers on a monthly basis.

- 5.3.3 At present there are over 750 employees, based on absence in the last three months, who are at a stage of the process where managers must consider inviting them to attend an Attendance Monitoring Review² meeting. HR capacity has therefore been put in place in the form of an 'Absence Task Force' to support managers and identify any barriers they are facing and to determine if each case has been progressed appropriately.
- 5.3.4 The task force are currently contacting managers on an individual basis to attain a case update and ensuring all records are accurate. HR will provide managers with the advice and guidance they need to ensure they are able to effectively manage each individual case in line with the Management of Attendance policy, including absence recording and RTW's. Where needed, Specialist HR support will be given to enable managers to conduct AMR meetings and take appropriate further action. Manager feedback will also be sought relating to existing or perceived barriers to effective absence management to ensure concerns are addressed and managers given the tools and support they require to undertake this essential role.
- 5.3.5 A sample of all other absence (cases where staff have not hit trigger points or been absent long-term due to sickness absence but may still have had multiple instances of absence or demonstrate patterns of absence that are of concern) will also be audited by HR. Here there will be a particular focus on reviewing the quality, effectiveness and timeliness of the RTW conversations and the follow up actions taken.
- 5.3.6 Alongside this work HR will also be using data to identify and explore areas of potential underreporting to understand the validity of this data.
- 5.3.7 Completion of this exercise should ensure that by the end of the financial year a strategy will be in place for all long term sickness cases and every employee who has hit an MoA trigger. A more accurate and in-depth picture of the Council's absence challenge will also be available. This, alongside a collation of manager feedback from the exercise will allow, where possible, barriers to effective absence management to be removed and will inform an increasingly proactive approach to enabling managers to manage absence effectively. Importantly, this work will also send a clear message to managers about the importance of this aspect of their role and stress the corporate focus on this area.

5.3.8 Sickness Surgeries

'Sickness Surgeries' for each directorate are being put in place, informed and targeted by the 'absence audit' work. Each service will have a dedicated HR contact who will meet with them on a monthly basis to discuss ongoing cases and highlight where employees have met triggers. The sickness surgeries will provide an opportunity for managers to seek case specific HR guidance and support. They will also help ensure that a fair and consistent approach to managing absence will be taken both within and across services and that any

² Attendance Monitoring Reviews (AMRs) are formal meetings to be held when staff have hit the Council's absence triggers

emerging issues or barriers to managing absence effectively are quickly identified and addressed.

5.3.9 Revised Dashboard measures and display

Increased HR capacity to support managers to manage absence will also be complimented by the provision of revised, more informative, user-friendly data that will give a clearer picture of Council-wide and Service-specific absence trends. This will included a review of the monthly absence data available, more in-depth Workforce Assurance dashboards and improving the reporting functionality of SAP to enable managers to get summary data directly for their teams. This will hopefully ensure that any potential compliance concerns are visible and can be addressed.

5.4 Promoting Health and Wellbeing

5.4.1 The Council's employee wellbeing approach is inexorably linked to improving attendance through both promoting wellness to those in work and ensuring effective specialist support is available to those absent due to sickness. A new Employee Health and Wellbeing Strategy is currently in development and contains two distinct strands:

- **High quality working life**, the objective of which is to ensure we provide 'good' work to which employees can connect and within a culture and an environment that promotes wellbeing.
- **Healthy people**, which will be achieved by a focus on specific health challenges and a quality occupational health provision and personal support in the context of individual needs.

5.4.2 The work plan to deliver the priorities will be led both corporately and at a Directorate level with periodic reviews via the Employee Health and Wellbeing Steering Group which contains senior managers from across Directorates as well as specialist leads from HROD, Public Health, Health and Safety, Communications, Facilities Management and the Trade Unions. There has been a significant focus in this area over the past year both in response to continued high absence levels and staff feedback through the BHeard Survey.

5.4.3 This work is underpinned by the findings of a health and wellbeing baseline assessment commissioned by the Manchester Health and Wellbeing Board in 2016 reviewing approaches across all health and social care organisations in Manchester.

5.4.4 The key areas of current work are summarised below.

5.4.5 Mental Health

Mental Health remains a priority for the City Council. Work here will be underpinned by work to embed a stronger more supportive management culture with strengths based About You conversations between managers and staff as the norm. This supportive discourse will encourage everyone to talk about mental health and thus reduce the stigma of mental health conditions.

The City Council's mental health offer will be presented in an accessible format that details all of the interventions available to support employees - this will be advertised via the Intranet, flyers, posters and via broadcast to ensure maximum coverage.

In response to the increase in mental health related absences in recent years, the Council commissioned a 3 module programme of mental health awareness training in the summer of 2016. The modules cover mental health awareness, mental health for managers and wellbeing at work with a total of 120 staff attending the courses during 2017. In addition, mental health awareness is now a compulsory part of the Our Manchester Leadership and Raising the Bar programmes, with 87 managers having attended this training to date.

A bespoke resilience programme 'Supporting Ourselves Through Change' has also been commissioned by the Adults' Directorate. Additional sessions have also now been procured to target staff in Children's Services, where BHeard scores were low in relation to wellbeing, with bitesize workshops being made available to the general workforce with the themes of mindfulness, managing worry and anxiety, stress management, mood and stress (CBT techniques).

In collaboration with UNITE, the Open the Door Theatre Company has been asked to deliver a series of short plays with health themes. The target audience will be staff based in Highways and Growth and Neighbourhoods and primarily those in manual roles. This project is currently in scope but themes are expected to include mental health, caring responsibilities, alcohol and substance use.

5.4.6 Employee Assistance Programme (EAP)

The EAP was launched in June 2018 and provides free, 24/7, confidential access for all employees and their dependants on a range of issues including debt, relationship problems, alcohol and substance abuse and bereavement. The service encourages self-referral and is accessible via telephone and, where appropriate, employees can access 6 quick solution counselling sessions per year via the telephone or face to face. Since the launch of the EAP 897 employees have made contact with the Service and received support with an additional 3,346 hits on the EAP health portal where employees can access information about a wide range of health and wellbeing activity including diet, exercise regimes, physical and mental health concerns.

5.4.7 Occupational Health

During 2017 there were 1,256 referrals to occupational health. 43% of these referrals were to seek advice on prolonged sickness and absence and 11% regarding short term absence. There has been a small decrease in referrals regarding mental health related issues during 2017 but at this stage it is too soon to say whether this is attributed to employees self-referring to the EAP.

5.4.8 Physical Wellbeing

A range of physical wellbeing employee led groups continue to operate with the employee running groups remaining the most popular and the Circuit training classes that run 4 days a week.

A toolkit to guide and encourage employees to set up and run employee led health and wellbeing groups is due to be launched in March. This will showcase existing successful employee led groups e.g. the Our Manchester Choir and Circuit training but also empower and encourage employees to set up more groups in their localities.

5.4.9 A range of other wellbeing interventions are in place including:

- The promotion of the Council's cycle to work bicycle hire scheme and work with Transport for Greater Manchester on a range of cycling related themes including promoting National Cycle to Work day, the provision of fold up bikes for staff to access and training sessions.
- Agreement of a gym discount scheme for employees with the Better Gyms, launched in April/May 2016 with over 80 employees now accessing this benefit.
- A programme of health-checks continues to roll out in the localities continuing from March 2018. This programme aims to raise awareness of weight management, blood pressure and guides participants about healthy nutrition regimes including interpreting food labels.
- From 1 October 2017, in response to the southern hemisphere predicted flu epidemic, employees, who were eligible, were encouraged to access free vaccinations via their primary carers. The remainder were advised to have a flu jab and claim the cost back from the City Council. 92 employees took this opportunity and leading by example, SMT members also had vaccinations during November.
- Accreditation at level 2 of the Department of Work and Pensions Disability Confident Employer Scheme by 31/03/2018 with work towards level 3 accreditation progressing throughout 18/19.
- Continued development of the support that we offer to working carers. Working together with partners across Greater Manchester Health and Social Care Partnership to identify best practice in supporting working carers. Plans to establish a working carers network for employees. This will be launched in June 2018 when Carers week happens.
- Volunteering to support an individual's personal development and the objectives and social values of the City Council continues and is supported by up to 3 days paid leave.
- The Timewise Flexible Working Project which endeavours to address the inconsistent approach to flexible working across the Council and is part of the Our Ways of Working Programme.
- Focused work with SMT and the Senior Leaders Group (SLG) to address the specific issues around senior manager wellbeing identified through the BHeard Survey.

5.4.10 In support of the emerging Employee Health and Wellbeing Strategy an annual timeline has been developed to ensure the emerging offer is promoted across the organisation and local and national health promotion campaigns are effectively marketed internally.

6.0 CONCLUSION

- 6.1 This report provides an overview of current attendance levels across the Council and its Directorates and sets out how both corporately and across Directorates work is continuing to promote wellbeing and actively manage sickness absence levels.
- 6.2 Whilst the positive trend continues, with reducing absence levels, sickness absence remains significantly higher than comparators and one of the highest across the conurbation. Focus in this area is continuing, to both strengthen the organisation's strategic approach and practical support for employee health and wellbeing and increase the support and guidance provided to managers to both effectively manage their teams and to manage instances of absence when they occur.

APPENDIX A:

1.0 DIRECTORATE ABSENCE: DETAILED UPDATE

- 1.1 The information in this section provides more detail on the specific absence trends seen across the Council's Directorates.
- 1.2 Over recent years the volume and quality of analysis available to support senior managers in understanding absence issues and identifying patterns and hot spots has increased significantly. This analysis includes the provision of monthly information on the 'best' and 'worst' levels of absence by service within each Directorate and quarterly analysis of service level absence rates and reasons. This analytical information is supported by reports on staff absence levels available to all managers via mi people Self Service and detailed reporting on the progress of formal Management of Attendance cases. HR has supported numerous services who have been interested in getting more detailed data to understand their absence trends over the last 12 months.

2.0 Adults

- 2.1 The Adults Directorate accounts for 23% of the total workforce, the largest by FTE, and accounted for 30% of all FTE days lost in 2017, 15.75 days lost per FTE. This is significantly higher than the average for the authority of 11.85 FTE days lost, which reduces to 10.6 days lost per FTE if the Adults data is removed. However, the number of days lost in 2017 for Adults, of 15.75 FTE days, is showing a downward trend, against 2015 (17.7) and 2016 (16.5).
- 2.2 70.0% of days lost in 2017 were due to long term absences, which is showing a slight reduction against 2015 (71.3%) and 2016 (70.5%).

Chart 1: Average number of days lost per FTE by month: Adults

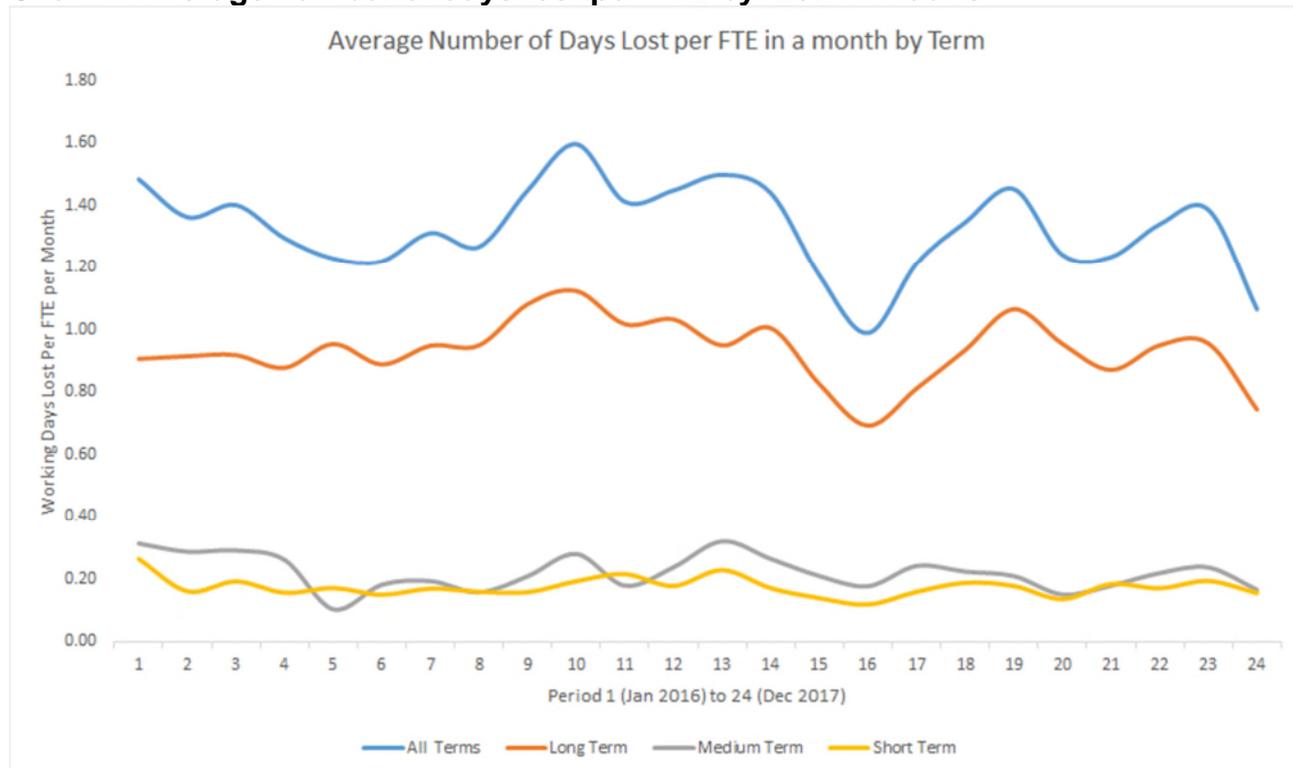


Table 1: Absence by term in Adults

Absence term	2015	2016	2017
21 days and above	71.3%	70.6%	70.0%
6-20 days	16.2%	16.3%	16.9%
1-5 days	12.5%	13.1%	13.1%

2.3 As with other Directorates Stress/Depression is by far the greatest reason for Sickness Absence, accounting for 24.4% of days lost in 2017, although this is lower than the MCC average of 26.5%. Stress/Depression accounts for the greatest percentage of Long Term absences (29.6%) and Medium term absences (18.6%), but drops to being the ninth most significant reason for Short Term absences (4.5%). Injury/Fracture makes up the next largest reason for total absence, at 9.6%.

2.4 Supporting narrative

2.4.1 There are a number of services where absence remains high, but has reduced over the last quarter. This is in the Disability Supported Accommodation, Homelessness, Independent Living and Population Health and Wellbeing services, which have all seen improvements. Some of this is due in part to the conclusion of a small number of long term sickness cases, but mainly the continuing monitoring of strategies through absence clinics.

2.4.2 Business Support has seen an increase in sickness due to seven new long term cases. The service also has 21 employees who had multiple incidences of absence over the last few months which significantly increased the number

of days lost. HROD will continue to support the managers to bring these cases to a conclusion.

2.4.3 Adults continues to place a significant focus on reducing sickness absence and promoting employees Health and Wellbeing. Adults Management Team has embedded the monitoring of absence as part of its quality and performance framework. This also links to a wider strategy to reduce the use of agency resources, particularly where they are brought in to cover sickness absence. Measures for achieving a reduction in absence are as follows:-

- Performance targets for sickness absence set at 0.9 days per FTE and monitored through Performance Board. This figure is taken from services that generally sustain good attendance levels through the year i.e. Commissioning and Strategic Business Support.
- Individual meetings with Heads of Service to look at the data that sits behind some of the key issues highlighted through the HROD Dashboard.
- Absence strategy meetings chaired by Heads of service and attended by HR for those areas where absence levels are particularly challenging. This supports early intervention and proactive case management
- Briefing sessions held with managers focusing on casework and absence management with a view to improving decision making and timescales. Also supporting managers to feel more confident to deal with complex and challenging cases.
- The drawing up of a terms of reference document for the Disability Supported Accommodation Service to assess the impact of interventions to date, with a plan scheduled between now and the end of June 2018 to identify ongoing areas of concern and provide supplementary interventions
- A set of options which are currently being developed to look at how best to support staff who work in very challenging situations i.e. Deal face to face with people who are sometimes extremely angry, work with victims of domestic violence and support those with complex problems related to substance abuse.

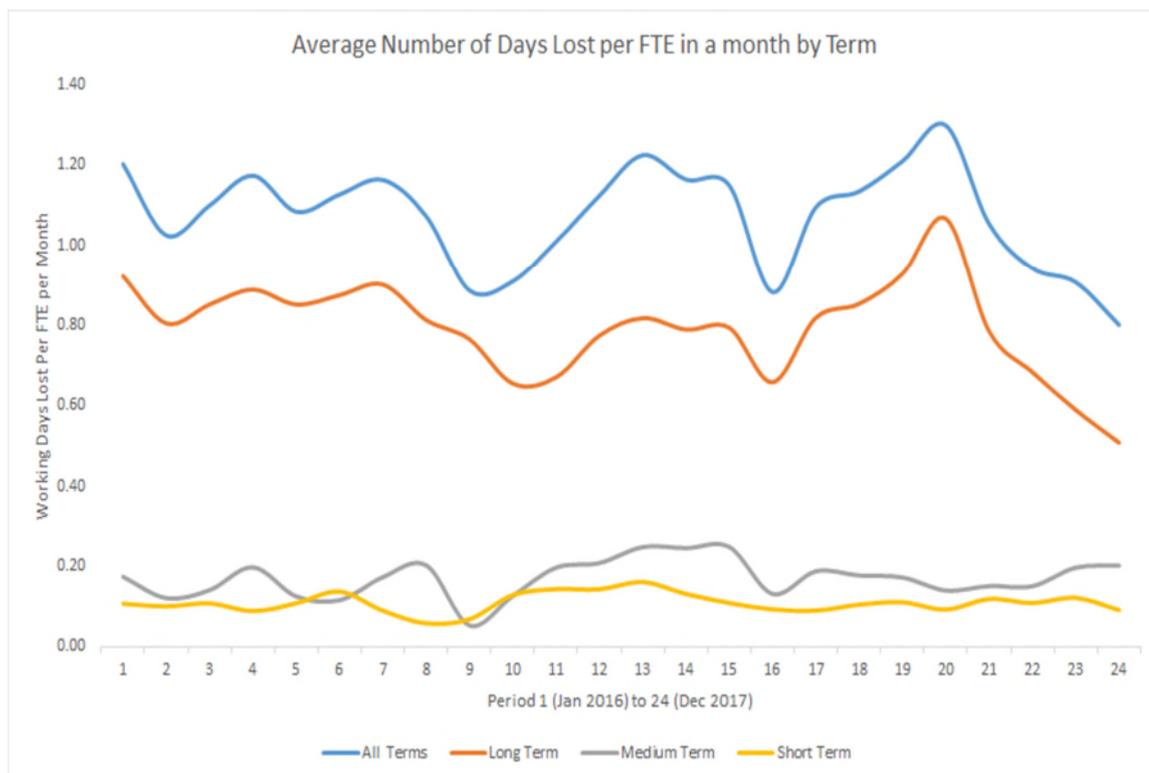
2.4.4 The services, in collaboration with HR, continue to seek the most appropriate and timely resolutions to reduce absence and manage caseloads. The Disability Supported Accommodation Service are currently being supported with 34 management of attendance cases. The training that has been delivered to the managers in this area will strengthen the capacity to conclude cases much more expeditiously than previously.

2.4.5 The RTW completion rate for the Directorate is 78%. Population, Health and Wellbeing and Strategic Commissioning have the lowest completion rates. Given the smaller sizes of these services the numbers actually outstanding are likely to be quite low but the impact on the overall compliance rate is high. Other services have high completion rates, but 100% is the target that will be monitored through future Performance Boards.

3.0 Children’s

3.1 The Children’s Directorate makes up 12% of the total FTE workforce, contributing to 13.6% of the total absence for 2017, with a total of 9,868 working days lost due to absence. This equates to an average of 13.2 days per FTE over the 12 months. This is up against 2016, when an average of 12.9 days were lost per FTE, but a significant reduction on 2015 when this measure was 17.8 days.

Chart 2: Average number of days lost per FTE by month: Children’s



3.2 In 2017, 72% of absence was due to incidences of long term absence. This is a decrease on the results from both 2016 (76%) and 2015 (79%). Medium term absences have been increasing as a percentage of total absences, from 14% in 2016 to 17% in 2017.

Table 2: Absence by term in Children’s

Absence term	2015	2016	2017
21 days and above	79.5%	75.8%	72.2%
6-20 days	11.3%	14.2%	17.5%
1-5 days	9.2%	10.0%	10.3%

3.3 Consistent with the other Directorates, stress is the predominant reason for absence.

Table 3: Top 3 reasons for absences in Children & Families

Reason	2016	Reason	2017
Stress	26%	Stress	37%
Injury/Fracture	6%	Surgery	7%
Cancer	5%	Injury/Fracture	6%

3.4 Supporting narrative

3.4.1 Absence figures are monitored and compliance checked at each monthly workforce planning meeting chaired by the Deputy Strategic Director. Children’s Management Team reports attend this meeting and are provided with monthly lists of occasions of absence outside of the HR quarterly dashboard. RTW compliance continues to be at a low rate and this will be provided in monthly reports to services as part of the workforce planning board offer. It will be important to identify where there are RTW’s which can be updated, as there are sometimes occasions on the system for staff who have since left the service and the manager is not able to update the system as a result of this.

3.4.2 Permanence currently has the highest absence rate with 0.97 average days lost per FTE in December. This is due to the service being fairly small (91 people) and them having 9 occasions of absence in the quarter (from 7 people through mainly short term absence). These absences are now resolved. Permanence managers were recently invited to the bite size MoA session in supporting managers to effectively deal with absence through identifying positive strategies. Early Help also has a sickness average (0.83) above the current Council average. This is mainly due to Contact Referral and Assessment having a high number of days lost for a small service (255 days for 27 people) and Early Help Hubs losing 771.07 days within their large service area (158 people). YOS had 15 occasions of absence within the quarter - all but 2 of these were short term. All managers within these services have been invited to the MoA bitesize sessions across the City within February and Early Help hubs have been offered additional strategy meetings (to replicate the success these have had from Fostering and Adoption). 84 of the 94 occasions look to be concluded, the remaining 10 are still live at the end of the quarter. This does show that absences are being resolved by services, however there is work to do around addressing the amount of short term absence within Early Help overall (56 occasions).

4.0 Education & Skills

4.1 5,608 FTE days were lost across the Education and Skills Directorate in 2017, equating to 11.5 days lost per FTE, which is a slight reduction on the 11.6 FTE days lost in 2016.

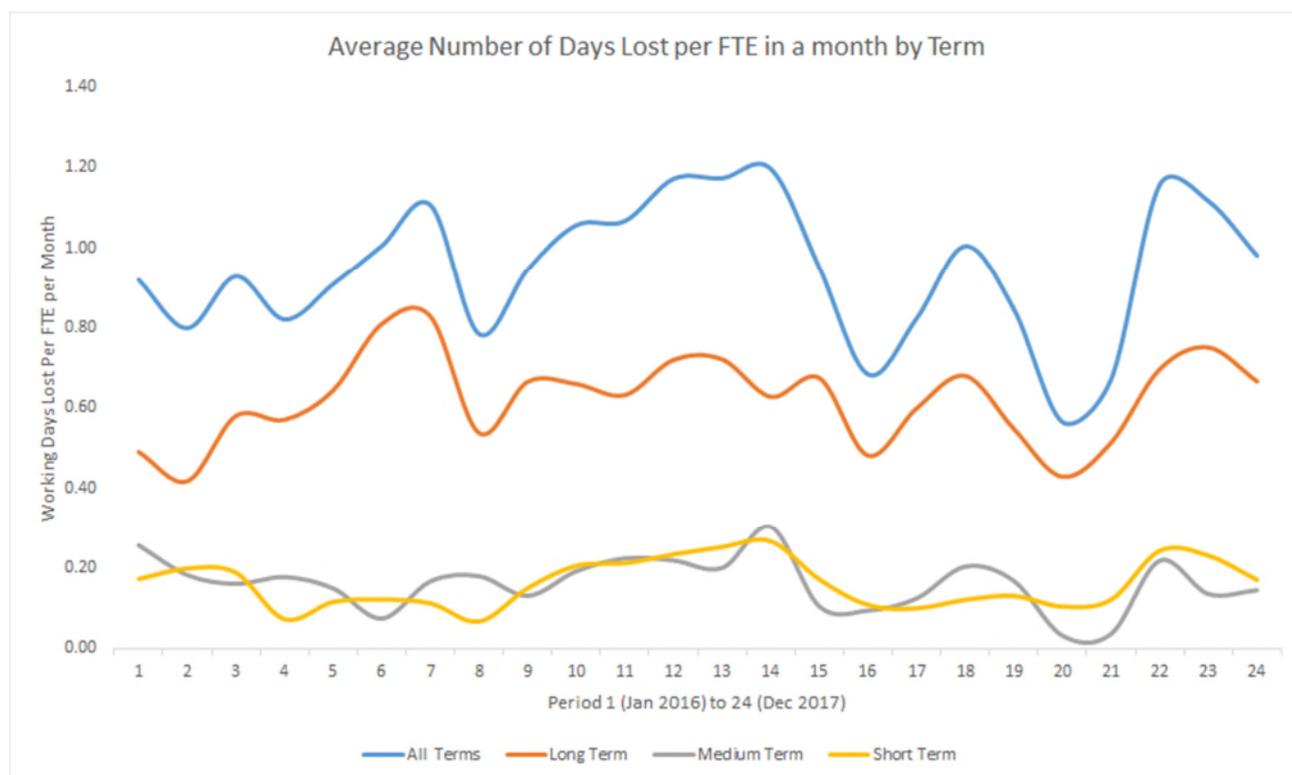
4.2 Long Term sick absence has shown a steady, albeit slight, year on year increase over the last 3 years, changing from 64% of the Directorate sick absence in 2015 to 66% in 2016 and 66% in 2017. Medium Term absences

have reduced, as a percentage of total sickness, over the same period, with Short Term remaining relatively static.

Table 4: Absence by term in Education & Skills

Absence term	2015	2016	2017
21 days and above	64.1%	65.7%	66.0%
6-20 days	17.8%	18.3%	16.1%
1-5 days	18.1%	16.0%	17.8%

Chart 3: Average number of days lost per FTE by month: Education & Skills



4.3 As with other Directorates Stress/Depression is the main sickness factor, at 22% of total sick absence in 2017, followed by Cancer at 15.2% and Injury/Fracture at 12.3%.

4.4 Supporting narrative

4.4.1 Education’s sickness average is currently below the Council average however there are service areas with higher than average figures.

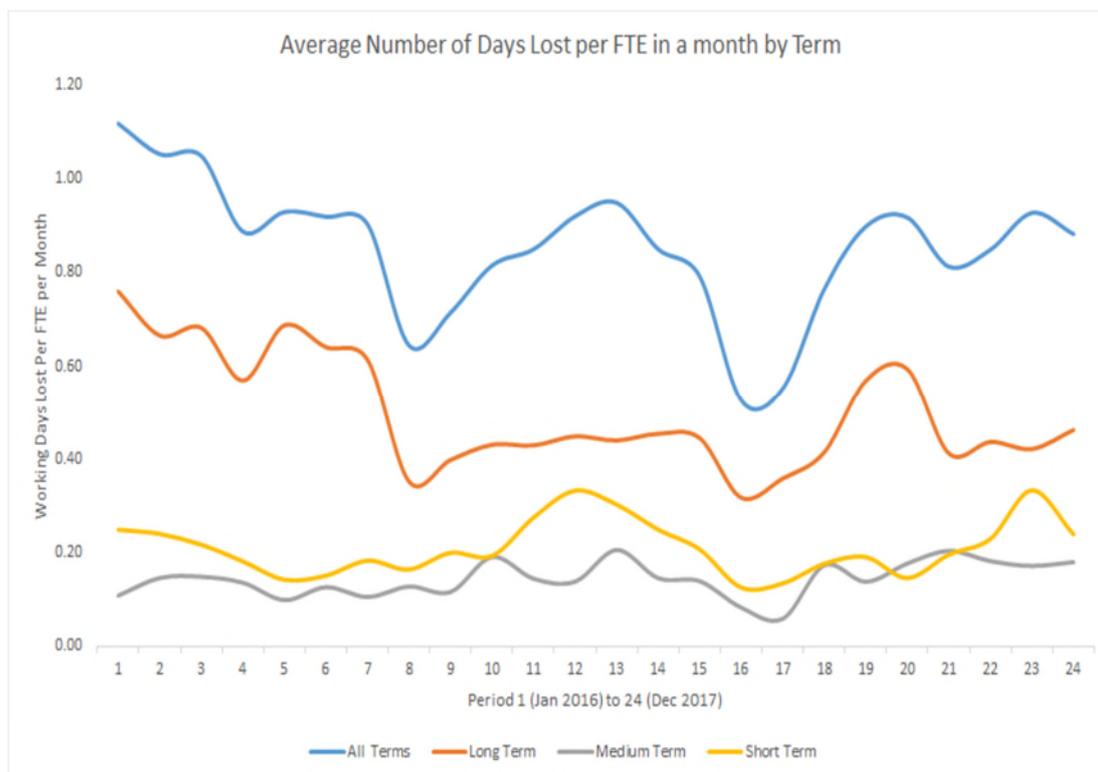
4.4.2 Schools QA and Early Years currently a high number of long term sickness cases within the service. There were also 29 occasions of short term absence in the quarter, several of these incidence were from people who had more than one absence in the quarter so we would expect a number of people to be hitting the MoA triggers. The high absence rate in Education Ops is largely reported as long term sickness from Passenger Assistants and School Crossing Patrols. Work is being done with the service manager to address

some of the issues within this service area however there is a high number of industrial injuries which take place within this team. Further support is being provided from both Health and Safety and workforce development to try and prevent these issues.

5.0 Corporate Services

- 5.1 Corporate Services lost 9,138 days due to absence in 2017, an average of 9.97 days per FTE over the 12 months which is lower than both 2015, when 11.51 days were lost per FTE and 2016, where 11.1 days per FTE were lost.

Chart 4: Average number of days lost per FTE by month: Corporate Services



- 5.2 In 2017 63% of absence was due to incidences of long term absence, this has reduced to 55% in 2017, the lowest percentage of any Directorate, with incidences shifting to both medium and short terms.

Table 5: Absence by term in the Corporate Services

Absence term	2015	2016	2017
21 days and above	68.4%	63.5%	55.0%
6-20 days	14.2%	14.2%	19.1%
1-5 days	17.4%	22.3%	26.0%

- 5.3 As with the other Directorates, stress is the main absence reason, accounting for nearly a quarter of all days lost in the year

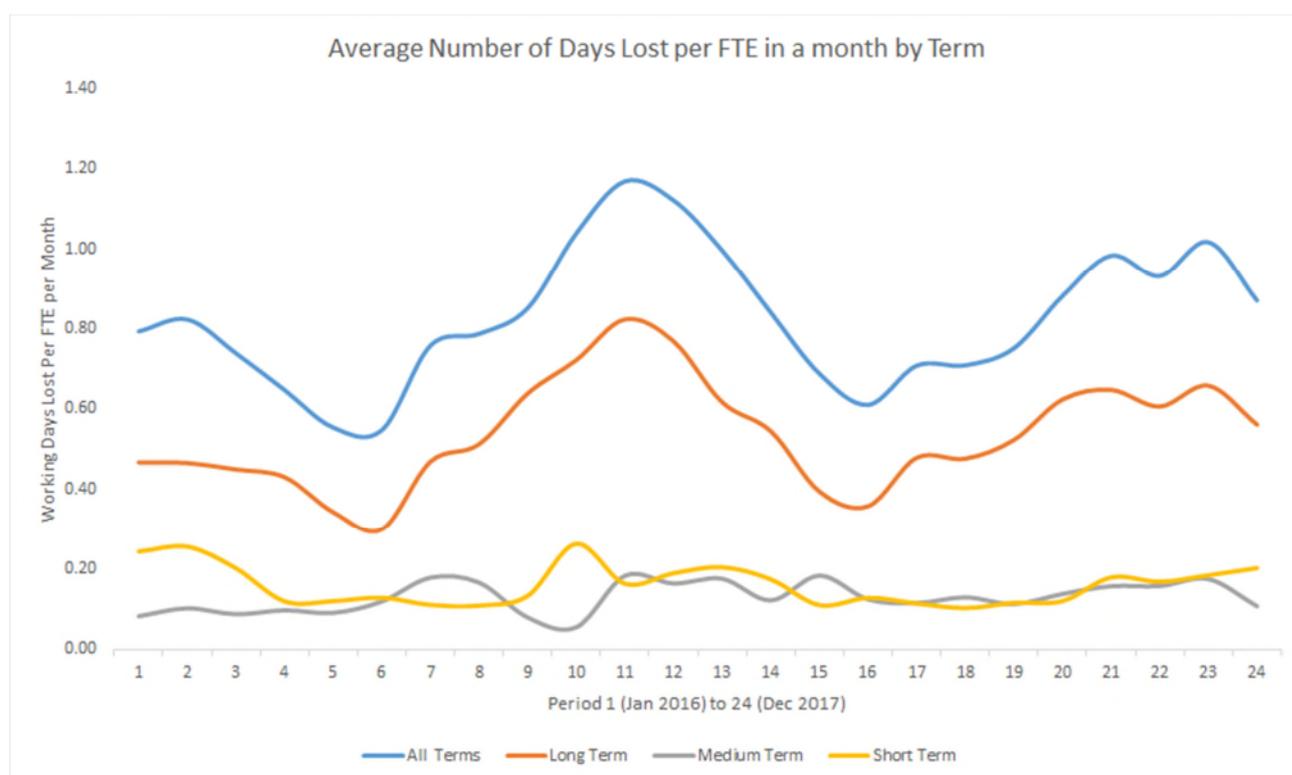
Table 6: Top 3 reasons for absences in the Corporate Services

Reason	2016	Reason	2017
Stress	22%	Stress/Depression	23%
Injury/Fracture	6%	Gastrointestinal	9%
Back	5%	Injury/Fracture	8%

6.0 Chief Executives

6.1 8,897 FTE days were lost across the Directorate in 2017, equating to 10.2 days per FTE, this has remained at the same level since 2015.

Chart 5: Average number of days lost per FTE by month: Chief Executives



6.2 Long term sickness accounted for 65.2% in 2017, down slightly from 65.7% in 2016, but still higher than 2015, which was at 61.8%.

6.3 As with other Directorates, Stress/Depression was the greatest cause of sickness absence, accounting for 26.2% of the total for the Directorate. This mainly affected long term absence, where it accounted for 36.5% of all absences, with a lesser impact on medium term absences.

6.4 Corporate Core supporting narrative:

6.4.1 Absence continues to be a priority for the Directorate and is being actively managed with support and advice from HR. Weekly Directorate Teams from within HR review the relevant data and discuss action plans to support services in a proactive way to ensure they have the tools in place to have

greater visibility of issues and focused discussions in relation to relevant strategies, including health and wellbeing and attendance management.

6.4.2 A number of measures are in place to manage absence including;

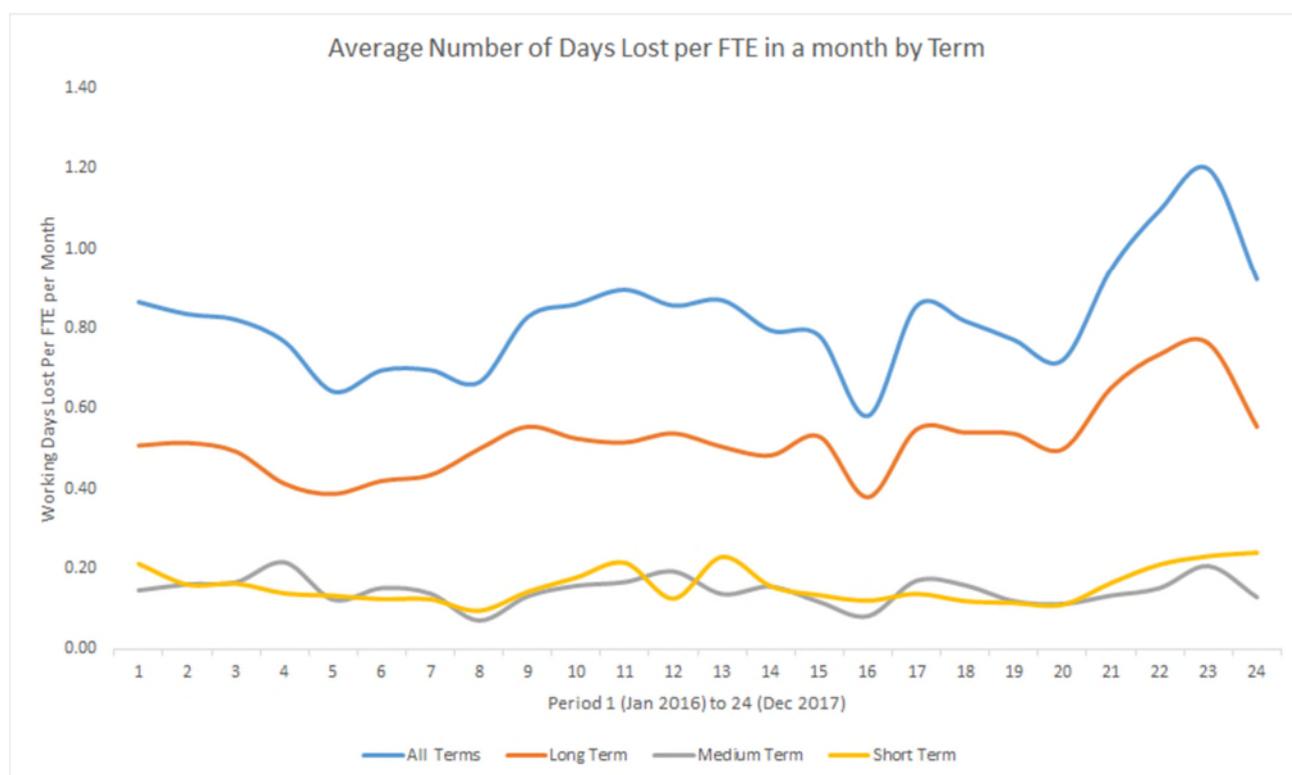
- Dedicated HR supporting sitting with the services on site to collaborate and support the development of solutions for tackling attendance issues.
- Encouragement of early intervention and open discussions between managers and employee to proactively tackle issues early to stop them becoming long term problems.
- Early referral to Occupational Health to ensure the relevant support is provided, such as access to Counselling.
- Promotion of EAP across the services to support staff to access 24/7 support.
- Absence strategy meetings held by Heads of Service to review specific cases and the strategy being applied in order to drive down the long term sickness issues.
- Continued focus on reducing sickness and promoting Health & Wellbeing as part of regular management team meetings.
- Positive promotion of the health and wellbeing initiatives such as the running clubs, choir and exercise classes.
- Quarterly dashboards are reviewed at management teams to discuss the data and what the relevant action required should be in order to promote improvements across the Core.
- Absence continues to be managed and enhanced reporting is in place across the Directorate to ensure a greater focus on robust management and timely completion of return to work (RTW) forms.
- RTW reports are produced on a monthly basis in order to highlight any areas of non compliance and discussed at management teams as well as part of the quarterly dashboard.
- Measures are being implemented to support improvement, with workshops being held for managers and supervisors to offer guidance and support with policies and how to implement them, with a focus on managing attendance.
- A number of BHeard groups and action plans have been established to ensure that strong communication and engagement across the Directorate is a focus and regular updates are provided to staff from senior managers ensuring they are more visible and engaged with the workforce.
- Mindfulness training is being offered to staff in certain areas of the Directorate in order to improve the general health and wellbeing of the workforce and therefore promote better attendance.
- The Directorate absence trend is being considered in line with the outcomes of the BHeard employee engagement survey to identify if there are any correlations between engagement and attendance in services areas.
- Particular services have organised some social and charity events to try and build a strong team dynamic and improve moral within the teams.
- Customer Organisation in particular are undertaking positive AMR's to support staff returning to work following a period of long term sickness to promote improved and sustained attendance.
- HR Business Partner working in partnership with managers and offering support and coaching approach to challenging issues.

6.4.3 There is still an increasing trend in relation to mental health related absence, this is a national trend and something that is not isolated to any specific areas in the directorate. Support for staff and managers to help prevent and support mental health related absence is continually being developed and offered as a support mechanism.

7.0 Growth & Neighbourhoods

7.1 Growth & Neighbourhoods accounts for 22% of the council’s total FTE workforce. A total of 14,624 working days were lost due to absence in 2017, which is an average of 10.5 days per FTE, an increase against the 9.5 days lost per FTE in 2016. Structural changes in 2016 will have had an impact on the year on year comparisons.

Chart 6: Average number of days lost per FTE by month: Growth & Neighbourhoods



7.2 63% of absences in 2017 were due to long term incidences, a slight increase on the 62% reported for 2016. Long term absences have remained relatively constant over the last 3 years.

Table 7: Absence by term in Growth & Neighbourhoods

Absence term	2015	2016	2017
21 days and above	65.3%	61.8%	63.2%
6-20 days	16.0%	19.1%	15.8%
1-5 days	18.7%	19.1%	17.8%

7.3 Consistent with the other Directorates, stress is the predominant reason for absence, with the 2017 percentage remaining static against 2016.

Table 8: Absence by Top 3 Reasons in Growth & Neighbourhoods

Reason	2016	Reason	2017
Stress	27%	Stress	27%
Operation	7%	Surgery	8%
Sick/III/Debility	5%	Back Problems	7%

7.4 Supporting narrative

7.4.1 Managing absence continues to be a key priority for the directorate and it is regularly discussed and monitored at DMT and management meetings using data from the quarterly HR Dashboards.

7.4.2 The Directorate is made up of a diverse workforce containing large number of employees working in front line services including Grounds Maintenance, School Catering, Neighbourhood Delivery Assistants (Parks and Library Assistants), Compliance and Community Safety, Pest Control, Market Operatives etc. Many of these employees are also Manchester residents with health conditions linked to the general pattern of public health in the City.

7.4.3 Furthermore, the Directorate's workforce has increased by approximately 229 employees due to the transfer of MAES during June 2017 which has impacted on the Directorate's sickness and compliance data.

7.4.4 Managers have been working hard to effectively manage sickness absence and seek assistance where required.

7.4.5 A number of measures are in place to manage absence including:

- A presentation on sickness absence management was delivered by the HR Partner Business at DMT on 12 December 2017 and at Wider Leadership Team (WLT) meeting (attended by over 70 Managers/Directors including from Strategic Development) on 13 February 2018. There was comprehensive discussion about the issues faced by managers with the majority citing mental health concerns as the most challenging area to manage.
- The Directorate is working to ensure all information and support relating to managing mental health concerns are available and accessible to managers and employees (on the intranet for instance). A number of initiatives are in place to support employees ranging from Employee Assistance Programme (EAP), About You conversations, Mental Health awareness to flexible working practices.
- Managers are already supporting employees to return to work from periods of absences by offering support and adjustments where required. In some instances, this has included changes to the employee's role or location and in other areas regular meetings to ensure the employee feels able to remain in work.

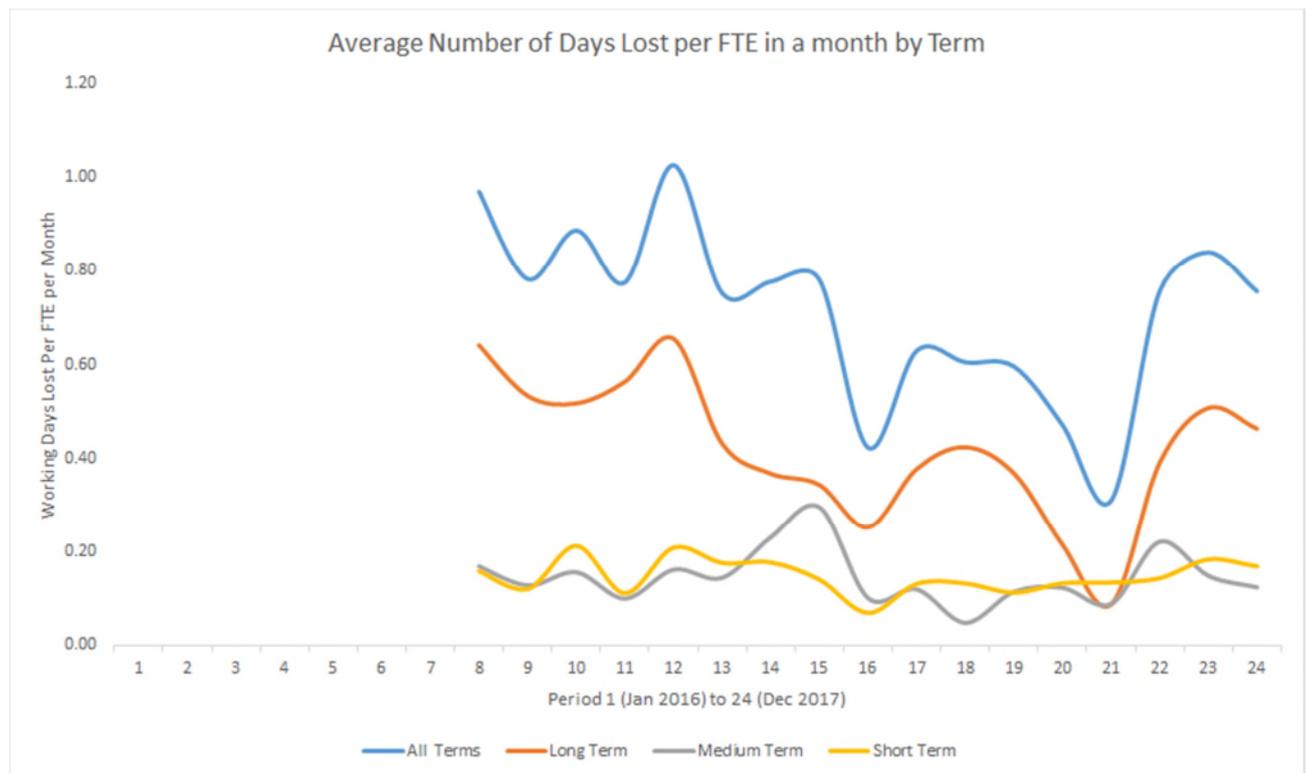
- There will be a greater promotion of the Council's Employee Assistance Programme (EAP) to ensure staff understand how to access support and person advice on welfare, legal and financial matters.
- Many colleagues from the directorate (particularly Compliance and Community Safety and MAES) have received Mental Health Awareness training delivered. This training also forms part of the final modules of the Our Manchester and Raising the Bar Leadership programmes. Feedback was positive with many managers commenting that they better understood mental ill-health and felt more confident to support colleagues through such issues. The Directorate's Workforce Development Group took a view that this course should be offered again to all services areas.
- Managers have also agreed to support longer phased return to work periods when someone has been off sick long term or struggling with serious health conditions.
- Managers will continue to use About You sessions to pick up on signs of stress and pressure to support employees before they feel unable to cope.
- The HR Management Team is providing intensive support to two services initially - Taxi Licensing and Libraries to offer absence clinics and case conferences to support managers with difficult cases.
- At the WLT meeting on 13 February, managers shared their perception that HR can often guide them through policy and process when in fact what they really needed was a 'sounding board' on how to approach conversations with challenging employees. HR colleagues took on board this feedback and in response are setting up sessions to coach managers through difficult conversations relating to managing absence. The HR Management Team will provide this additional support to two trial service areas - Parks and Compliance and Community Safety with the view that it may be extended to other service areas.
- At the WLT meeting, it was acknowledged by managers that increasing flexible working practices and opportunities for all employees could greatly help reduce absence although it was accepted that this is more challenging for front line or out of hours services. This was echoed by free text comments made by employees from Growth and Neighbourhoods/Strategic Development in the Bheard survey because increased flexibility was mentioned 25 times (19% of all comments) and working from home mentioned 22 times (17% of comments). Managers made a commitment to embrace the principles of OWOW wherever possible and use flexible working practices to help employees manage their stress, work-life balance and/or workload issues.
- Cases within the Directorate continue to actively managed with advice and support from the HR Management Team.
- The workforce development group arranged for a number of learning lunches focused on managing absence and well-being to be offered to colleagues across the directorate which were well attended and well received. These will continue for 2018/19.
- A regular meeting is held with the Council's Occupational Health provider to examine key case studies and areas for improvement which is crucial given the manual nature of many roles in the Directorate.
- The HR Business Partner is working with the HR Intelligence team to discuss information such as return to work reports to be provided to

relevant managers (there has been a brief hiatus) on a monthly basis to highlight any areas of non-compliance.

8.0 Strategic Development

8.1 Absence levels for the new Strategic Development directorate are available from August 2016. In 2017 7.8 days were lost per FTE, a reduction of 2.2 days per FTE against the average data that was available for 2016.

Chart 7: Average number of days lost per FTE by month: Strategic Development



8.2 As with other Directorates Stress in the main reason for sickness absence, accounting for 24% of sick absence. Injury/Fracture (11.7%) and Back Problems (10.5%) were the next highest causes of absence.

8.3 Supporting narrative

8.3.1 Managing absence continues to be a key priority for the directorate and it is regularly discussed and monitored at DMT and management meetings using data from the quarterly HR Dashboards. The majority of actions and initiatives for Strategic Development will be the same as those highlighted in the Growth and Neighbourhoods section and therefore won't be repeated, however some key comments to note include:

- Managers in FM Services have worked hard to manage sickness absence resulting in a downward trend from October 2016 - September 2017 with

an increase during October-November 2017, however this is reducing again.

- The HR Business Partner is working with the HR Intelligence team to discuss information such as return to work reports to be provided to relevant managers (there has been a brief hiatus) on a monthly basis to highlight any areas of non-compliance. A number of service areas confirmed that they are conducting return to work interviews but admitted that they are not always recording them on SAP in time because of the difficulties of using the system.

APPENDIX B: Key updates since the initial publication of this report

The March report set out the Council's position on sickness absence over the twelve month period January 2017 - December 2017. The report outlines the key trends corporately and at a directorate level, benchmarking information and the Corporate approach to improving attendance levels. The activity mentioned in the report is still ongoing and an updated position is provided below:

- Although the absence trend for Manchester City Council reported for 2017 (Section 2.2) was showing a year-on-year reduction, absence levels rose significantly in January 2018 across the Council due to an outbreak of Coughs, Colds and Flu seen nationally. The impact of this has meant that the financial year-on-year comparison is slightly less positive than anticipated (12.04 days for 17/18 compared with 12.09 days for 18/19). This trend has however reversed over the most recent months and we are returning to a more positive position in-line with 2017 patterns, with absence levels remaining high but reducing.
- The CIPD (Chartered Institute of Personnel and Development) Absence Management Survey for 2018 (**Section 4.1**) is now available and gives an updated position on national trends. This report found that overall national absence levels have increased compared to the 2016 survey from 6.3 days to 6.6, with the public sector average remaining consistent at 8.5 days. The key challenges identified for HR include identifying and tackling the root causes of ill health, building a robust framework to promote good mental health, strengthening the capability of line managers and ensuring a holistic approach for management of attendance.
- Following proactive work to address instances of non-attendance at Occupational Health appointments (**Section 5.3.1**) including the publication of service level data, escalation to senior managers and a review of communication processes the rate of non attendance for Q4 2018/19 has reduced to 35%, the lowest level for 18 months. This however remains considerably higher than desirable and work is ongoing to escalate issues and strengthen processes here. This includes a number of improvements to the Occupational Health system to alert employees of appointments through both email and text message and focused work with specific service areas to understand and address issues.
- The Council-wide audit of all 'live' absence cases (**Section 5.3.2**) is being conducted on a monthly bases. The focus is on employees who have hit absence triggers, quality assuring the information recorded in SAP by the manager and escalating continued non-compliance. The task force is ensuring that effective strategies are in place for all long term sickness cases and every employee who has hit a Management of Attendance trigger. This is not just a compliance exercise it is also an opportunity to identify training needs with managers and receive feedback about policy and processes which need to be considered at an operational and corporate level. These are being collected and considered on a case by case basis. For example, Catering have identified a challenge around appropriate ICT access and HROD is working

closely with the Head of Service to identify ways in which the task force can support their managers and improve compliance and engagement in this service area. - A detailed overview of this audit work is currently being finalised and will be presented verbally at the sub-groups meeting.

- The revised dashboard measures (**Section 5.3.9**) are now in place and are in the process of being shared with DMT's across the Council.
- The Health and Wellbeing Strategy (**Section 5.4.1**) is in the final stages of development following additional support and guidance from wellbeing specialists Robertson-Cooper.
- A full year analysis of EAP activity (**Section 5.4.6**) is being planned for Q2 2018/19.
- An update on Directorate absence data (**Appendix A**) is included within the workforce intelligence item elsewhere on the group's agenda.