

Sickness Absence Analysis

Background

At Staffing Policy Committee on 14 November 2019 sickness absence was an area of focussed discussion and as a result the committee requested more detailed analysis. Sickness absence is a key workforce metric and identifies where services are left understaffed through absenteeism. Whilst sickness absence is inevitable, excessive absences can affect staff morale as it places additional pressure on staff in managing extra workload, and this can affect service delivery.

The impact of longer-term absence can be easier to mitigate as arrangements can be made to cover absence using relief or agency staff or asking existing staff to work overtime. However, this can place additional strains on service budgets, especially in social care where they are more likely to rely on costly agency staff as cover.

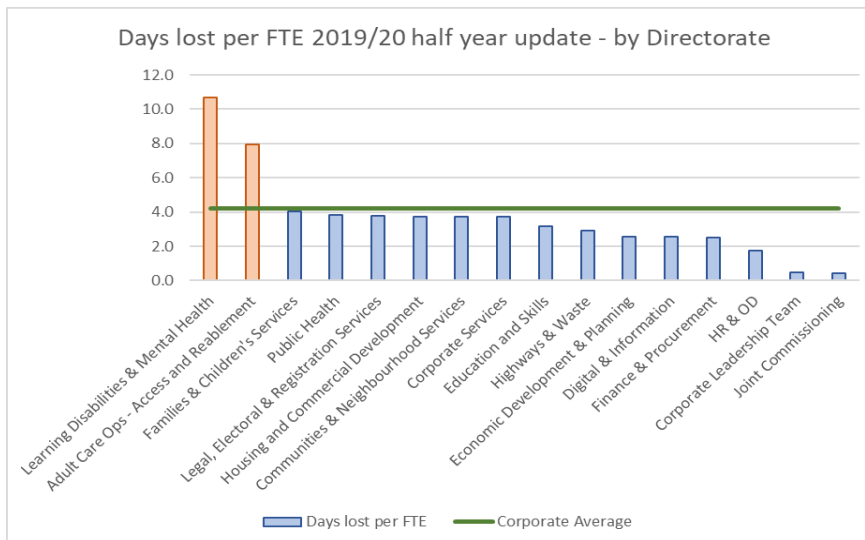
It is the more frequent patterns of short-term absences that are most challenging to manage and as a result can have the greatest disruption and negative effect on colleagues.

Sickness absence in the council follows a very clear seasonal trend; with an increase in short term absences in the latter 2 quarters (October to March) of the financial year due to the cold and flu season. This has a greater impact in some areas more than others, especially areas of higher or variable demand, such as those that are working closely with the public or vulnerable residents. To safeguard vulnerable residents, absence is often imposed as a precaution for certain sickness reasons. Whilst back office staff may have the flexibility to work from home in similar situations, frontline staff are less likely to have this option due to the nature of their work.

There is a correlation between those directorates where staff stated that they never work from home in the recent staff survey and higher sickness absence rates. Flu clinics offering free vaccinations are now part of an annual programme to try to mitigate the seasonal fluctuation. However, this usually requires staff to attend a main hub or campus and often frontline staff do not have or require regular access to these locations, so targeting specifically some of these key frontline areas with access to flu vaccination vouchers to use at outlets locally to them (e.g. Boots) may help to mitigate the impact.

A high level of sickness absence can also highlight, or be a result of, other workforce issues. For example, we know that employee relations issues in teams (disciplinary, improving work performance, grievance) can cause an increase in absenteeism, as can the impact of service restructures.

The sickness absence rate for then 2018/19 financial year was 9 days lost per FTE and was a cost to the council around £3m. This is consistent with the previous long-term trend, as the absence rate has been stable at around 9 days lost per FTE for the last 5 financial years. However, projecting forward for the current 19/20 financial year (adjusting for seasonal variation) the absence rate will be around 8.7 days lost per FTE. This might not seem like a significant reduction, however bearing in mind the rate has stayed consistent for the last 5 years, this does represent a meaningful change and demonstrates the positive impact of the actions taken to reduce sickness absence in the Families and Children's directorate; the details of these activities are described later in this report.



As can be seen in the graph above, the two Adults Social Care directorates currently have the highest absence rates. Furthermore, the levels of sickness absence across all social care services (adults and children's) have a large effect on the corporate absence rate; if we exclude social care from the calculations the projected corporate absence rate for 19/20 would reduce by 22% to 6.8 days lost per FTE (compared to 8.7 days in social care).

In a recent report from 2018, the [ONS](#) found that social care has the highest absence rate by profession, and the public sector is the highest by sector. They also state that public sector workers are 24% more likely to take time off due to sickness than those in the private sector. [HR magazine](#) has previously considered that this might be a result of the more generous occupational sick pay offered in the public sector.

Our absence rate is currently slightly above the ONS public sector benchmark: We would have to reduce our absence days by around 20% to be in line with this public sector average. However, the bodies included by ONS under their 'public sector' heading are not directly comparable to our own unitary authority. When we look at more closely matched comparators, LG Inform states the average absence rate for single/upper tier authorities only is 10.2 days, which is significantly above our absence rate.

Across the council's workforce, regular analysis shows that absence is proportionately more common in older staff, females and part time staff. 10 of the 15 current directorates have a sustained upward trend in absence rate in older staff, meaning this will increasingly become an issue as our overall workforce ages.

The council's latest [JSNA report](#) indicates that the population aged 65 and over in Wiltshire is growing rapidly and will continue to grow for many years to come. By 2030 it is estimated that the county's population of over-65's will increase by around 40%. Consequently, the demand for services to provide for the needs of this population is also very likely to significantly increase. This already has, and will continue to, place increasing pressures on services provided by adult social care; it is probable that this increasing demand is one of the main contributors to the high absence rate.

Focused Analysis:

Learning Disabilities and Mental Health Services

Key Functions

- ✓ Supporting over 18s to live or manage their lives
- ✓ Provide day and respite care
- ✓ Support adults with learning disabilities and mental health issues

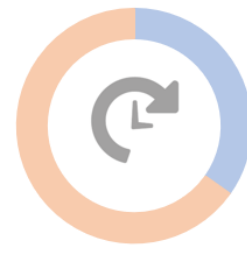
Workforce Profile



81%
of the workforce are female
73% corporately



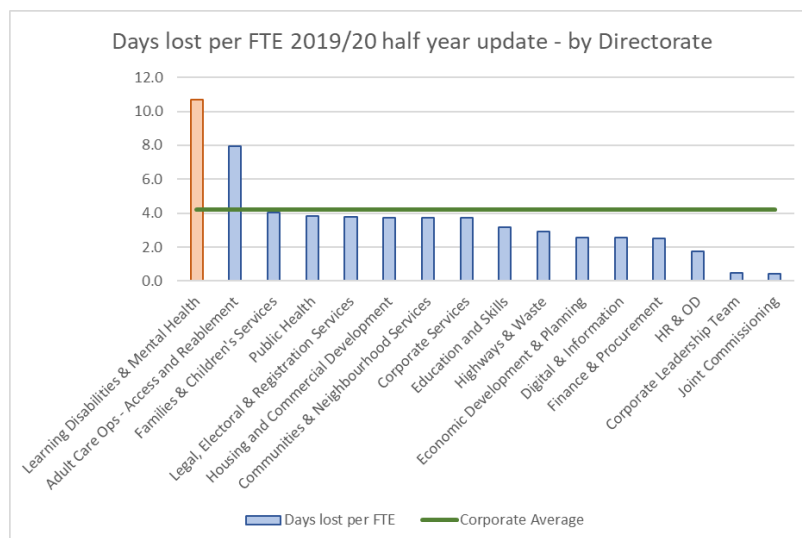
25%
of the workforce are over the age of 55
26% corporately



35%
of the workforce are part time
47% corporately

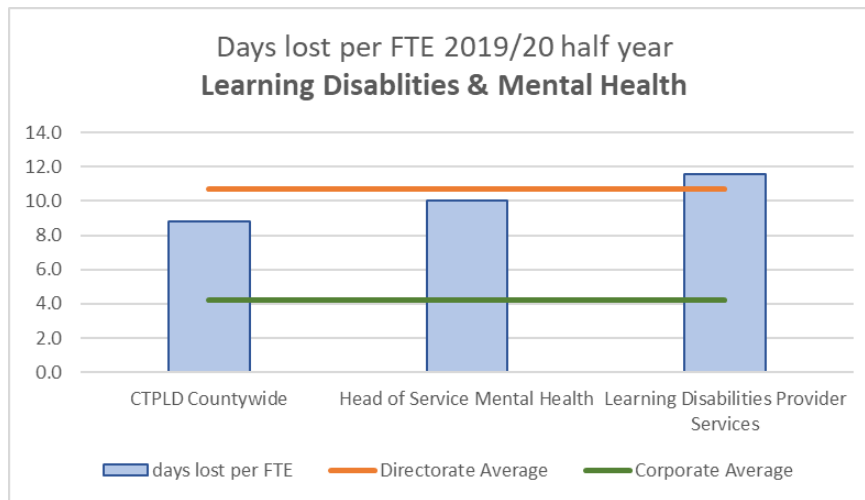
Sickness Absence

Initially, as there is a slightly lower than average rate of staff who over 55 or are part-time workers, the workforce profile above would not normally be synonymous with a high absence rate, however there is a proportionately high absence amongst females and older staff within the directorate.

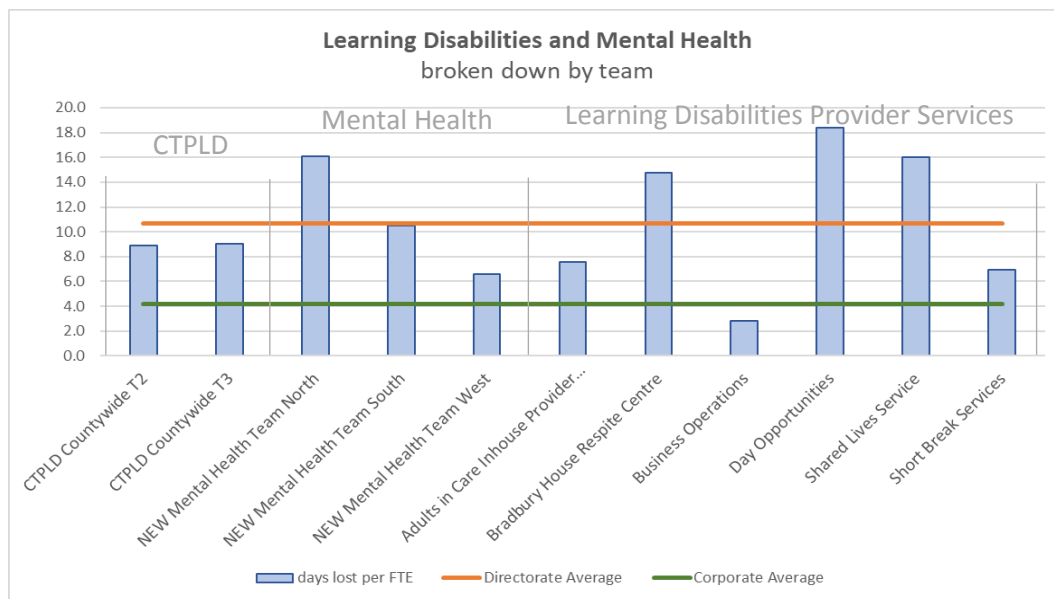


Learning Disabilities and Mental Health currently have the highest absence rate at Wiltshire Council. Projected to be up to 22.7 days per FTE over the 19/20 financial year, this is significantly higher than the corporate average and is an upward trend from previous years. Historically, the absence rate in this directorate has been adversely affected by the Learning Disabilities Provider Services. This has continued into the current year as this service has

contributed the most absence with the absence rate in the first two quarters of the current financial year being much higher than the corporate average across all services in the directorate:



The graph below breaks this down further to team level to gain a better understanding of the areas of concern.



In CTPLD we can see that the absence rate is consistent across both teams. Alongside a higher than average absence rate, CTPLD have also seen a significant number of staff leave during this period. The service has been reviewing whether there are any underlying issues that may be causing this and believe that difficulties with management, the structure and case load management may be contributory factors.

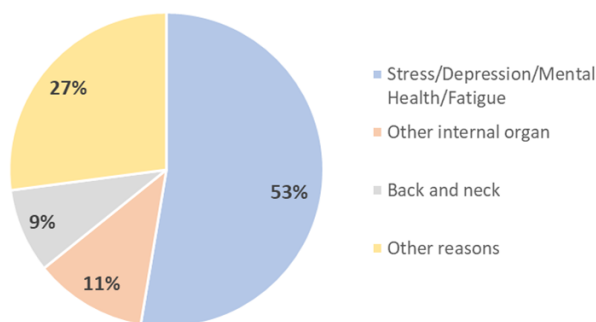
In the Mental Health service, absence in the West team is significantly lower than in the North and the South teams. HR will be working with the service to understand if there is anything that we can learn from the West team that can be applied to the other teams to help reduce their higher absence rates.

As outlined, the Learning Disabilities Provider Services consistently have high absence rates. This affects the overall rate for the directorate due to the size of the service. This absence is largely in Day Opportunities/Adults in Care In-house Provider Services and is a team that has been amalgamated as part of a significant restructure during the last year. In addition, there have been several complex disciplinary cases that are ongoing in this area which we know are contributing to the absence rates. HR business partner intelligence indicates that the new leadership now in place and overseeing the new structure is being more proactive and robust in managing workforce issues and this has led to the increase in disciplinary cases and sickness absences. This is typified by the fact that only 1 ongoing long-term case across the directorate isn't formally being managed by HR. In addition, the Registered Managers in this service are working very closely with the HR advisory team to seek advice and support to improve the management of their absence cases.

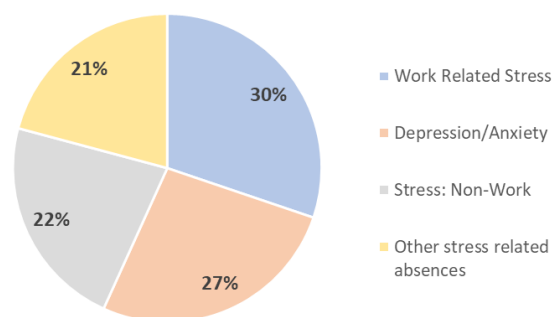
Although these actions have resulted in an increase the absence rate, this should be regarded positively as managers in this area are now actively managing issues of performance and conduct and are using the procedures and processes available to support them with this. In the long run, this is likely to have a positive impact on the morale of the workforce and therefore reduce the levels of sickness absence. Previous analysis of absence had found that areas where managers using the procedures and processes available to support them in managing their staff have better employee engagement, lower sickness absence and reduced employee turnover rates.

Stress/Depression/Mental Health/Fatigue was the most common reason for absences across the Learning Disabilities and Mental Health directorate. Currently over 50% of days lost to absence were due to this reason (compared to around 1 in 3 corporately). Learning Disabilities Provider Services were the only service who specifically noted work related stress as being the highest contributor to stress related absence – with 54% coming from Team Leaders, Community Resource Workers and Support Workers in Day Opportunities/Adults in Care In-house Provider Services.

Breakdown of Top 3 Reasons



Breakdown of Stress related absences



Many sources including [HR magazine](#), state that amongst the most common causes of absence are;

- Bullying ✓
- Disengagement ✓
- Childcare
- Lack of flexibility
- Poor leadership/management style, and ✓
- Change ✓

When looking at other workforce measures, Learning Disabilities and Mental Health have a below the corporate average engagement score, below average scores in the 'management effectiveness' and 'management performance' sections in the 2018 staff survey, and an above average number of staff experiencing bullying. There has also been significant change in the Learning Disabilities Provider Service which has recently undergone a restructure. Although looking holistically at our data there isn't a clear correlation between these factors and sickness absence, in isolation these could be contributory factors and these causes are supported by several different sources. The recent restructure was designed to help remediate these issues, particularly those related to management culture.

The HR advisory team have been working very closely to support the directorate in managing absence. They have been running bespoke absence management workshops, with some more in-depth case study style workshops scheduled over the next few months. Feedback from this has been very positive and managers feel more confident in having difficult conversations to address concerning patterns of absence with staff.

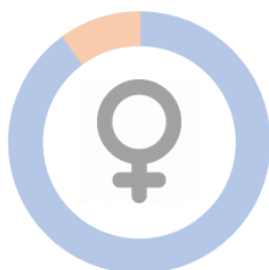
Adult social care has also engaged with a specialist consultancy to introduce the 'partners for change' programme. This is a new client model with an asset-based approach exploring what support network clients have in the community, and whether this can be utilised instead of relying on the services provided by the Council. This is much more aligned with what social workers are trained to do and will not only improve empowerment and motivation of social workers but should also help reduce some demand on our services.

Access & Reablement services

Key Functions

- ✓ Helping physically and mentally impaired adults living independently and back in their home
- ✓ Caring for and supporting adults who don't have the capacity to consent to care
- ✓ Looking after the financial and personal welfare of vulnerable adults who don't have the capacity to do so
- ✓ Working in hospitals and supporting outpatients
- ✓ Helping adults with deteriorating health before it gets to the hospitalisation stage
- ✓ Ensuring the elderly and carers are claiming all benefits they are entitled to
- ✓ Safeguarding of adults

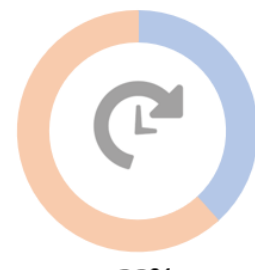
Workforce Profile



90%
of the workforce are female
73% corporately



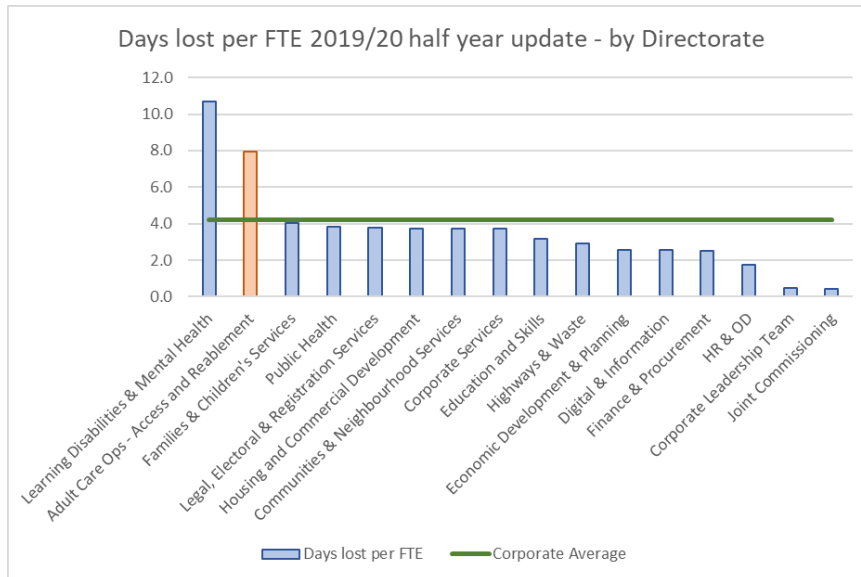
23%
of the workforce are over the age of 55
26% corporately



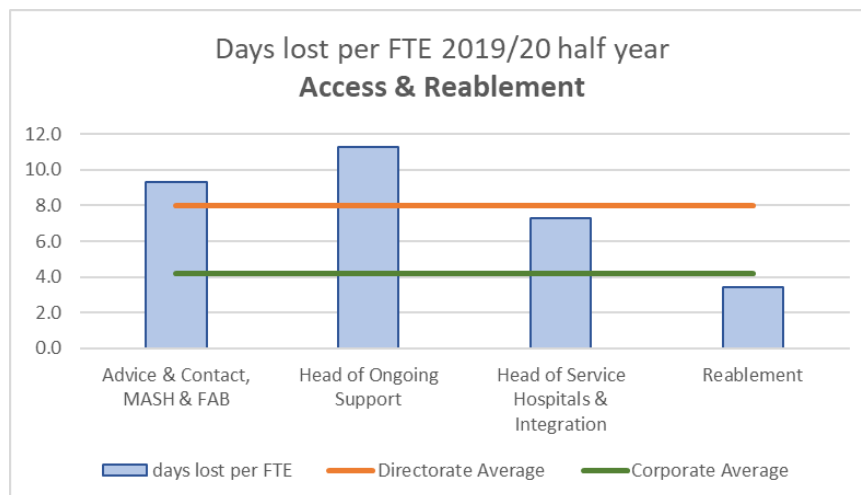
38%
of the workforce are part time
47% corporately

Sickness Absence

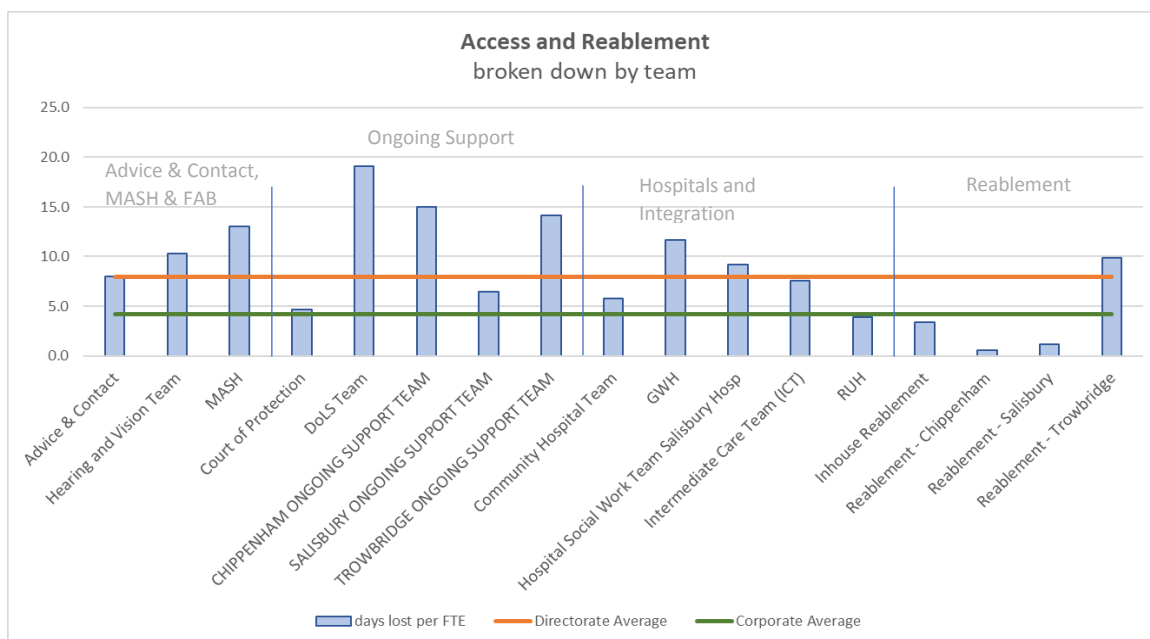
Like Learning Disabilities and Mental Health, the workforce profile above would not normally be synonymous with a higher absence rate, however there is again a proportionately high absence rate amongst females and older staff within the directorate.



Although the sickness absence rate in Access and Reablement is lower than Learning Disabilities and Mental Health, it is still currently around double the corporate average and projections for the current 2019/20 financial year predict a 47% increase from 2018/19.



The overall absence level in Access and Reablement is impacted by the absence levels in the Ongoing Support and the Advice & Contact, MASH & FAB services. In this directorate only the Reablement service currently has a sickness absence rate below the corporate average.



In Advice & Contact, MASH & FAB; looking at absence by team level we can see that the Hearing and Vision Team and the MASH team have higher absence rates, this is predominantly stress related (97% - one long term case - and 42% respectively). It should be noted these are both smaller teams (<15 staff in each) so absence rates are easily affected by a small number of long-term cases.

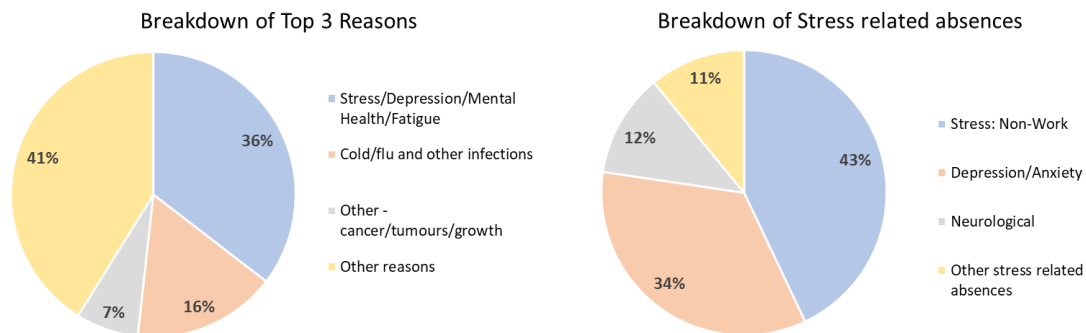
From the graph above there is a clear picture that the absence rate in the Ongoing Support service is being influenced by the Chippenham and Trowbridge teams, largely due to stress related absences (46% and 48% respectively). Interestingly the Salisbury team has a significantly lower absence and stress related absence to these, so the HR business partner will be working with the service to understand the reasons for this and whether there is anything we can use to support the Chippenham and Trowbridge teams. The Deprivation of Liberty Safeguards (DoLS) team also has a very high sickness absence rate, however being a small team, this is skewed by one very long-term case for chest/respiratory reasons, which has now been resolved.

The teams working in the Great Western (GWH) and Salisbury Hospitals also have higher absence rates than the directorate average in the Hospitals & Integration service. There are several pressures on hospital staff now which may be contributing to absence, including delayed transfers of care (DTC) with staff being put under significant pressure to support and enable the discharge patients quickly. Winter pressures will place additional burden on staff; exploring how staff in the RUH hospital (as they have the lowest sickness rates within the service) are dealing with these pressures may help to support the absence levels in the GWH and Salisbury hospital.

Although the Reablement service currently has an absence rate below the corporate average, the Trowbridge Reablement team has a high absence rate. This is largely (75%) from 1 long term absence of a level 2 occupational therapist, which is currently ongoing and support is being provided by the HR advisory team.

Stress related absences are the most contributory reason in Access and Reablement with 1 in 3 days, however this is slightly less prevalent than in Learning Disabilities and Mental Health (1 in 2) and is in line with the corporate average (although the corporate average is being

inflated slightly by social care). Cold/flu and other infections was the second most common reason for absence with around 1 in 6 absence days attributed to this reason. This is likely to increase over the next 2 quarters due to the normal seasonal variation.



Stress related absences are most prevalent in the roles of Information Officers, Customer Coordinators and Team Managers.

When looking at other workforce measures, over half of the respondents to the staff survey from this directorate indicated that they undertake some caring responsibilities; HR magazine state that caring and childcare responsibilities can influence sickness absence as they may be required at short notice to leave work or not come in at all. This information has been fed back to our HR strategy and policy team to ensure our carers policy continues to be appropriate.

The service believes that going through an extensive restructure and transformation program has also had a negative effect on sickness absence. There has also been an increased focus on performance management and robust supervision; with sickness forming a staple part of the supervision conversation, leading to an expected increase in sickness rates due to improved/more consistent reporting of sickness by managers.

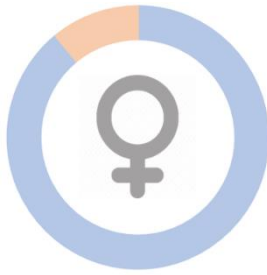
The HR advisory team have delivered bespoke training to managers in the past few weeks to ensure they are confident in following HR procedures and processes. This is evidenced by the fact that all current ongoing long-term absences are being formally managed by HR advisory and the manager. This has also led to an increase in staff leaving the directorate involuntarily, because of more robust management of sickness absence cases.

Families and Children's Services directorate

Key Functions

- ✓ Supporting young people with disabilities
- ✓ Supporting children in care
- ✓ Kinship and fostering services
- ✓ Emergency duty services
- ✓ Safeguarding children
- ✓ Ensuring quality outcomes for families

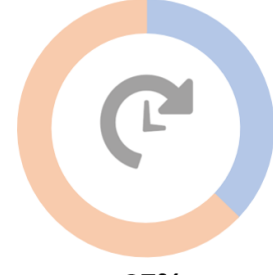
Workforce Profile



89%
of the workforce are female
73% corporately

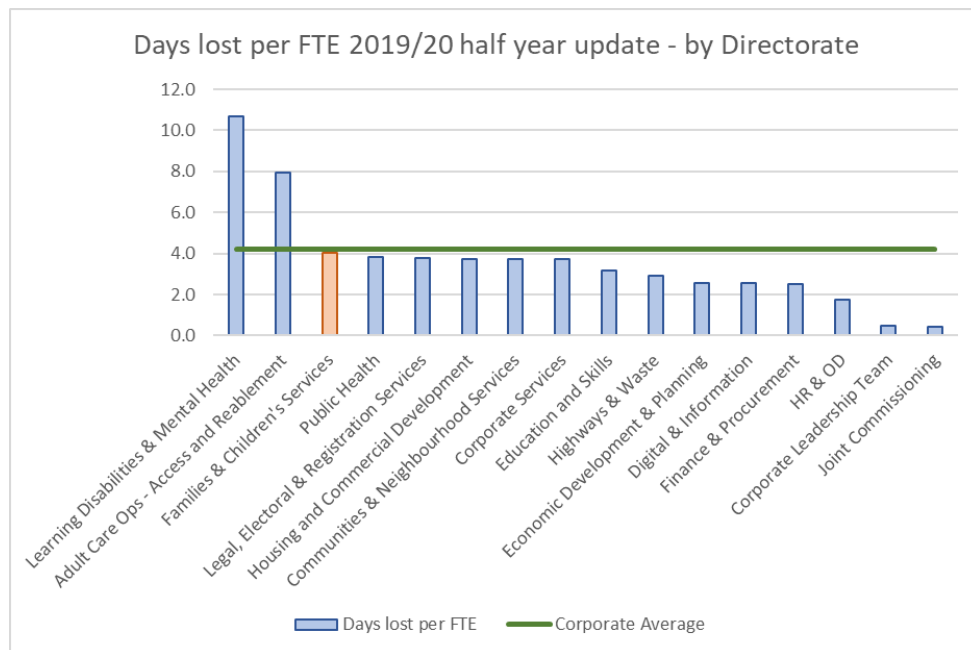


20%
of the workforce are over the age of 55
26% corporately

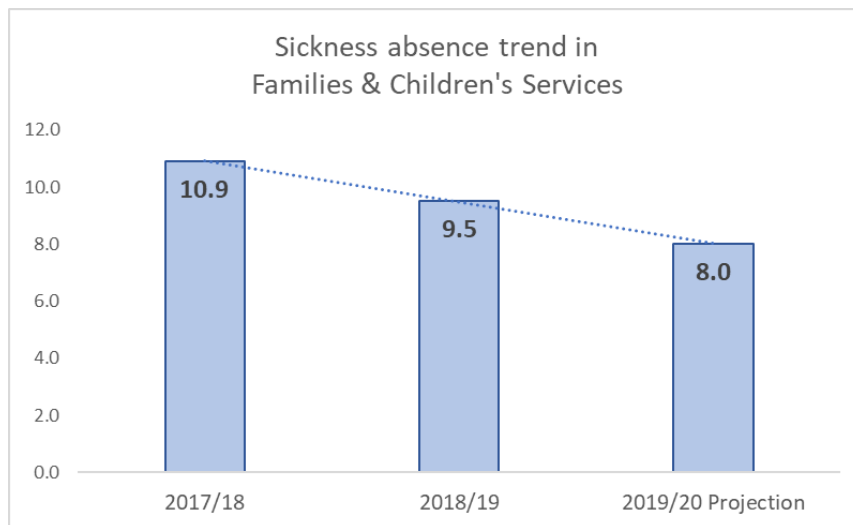


37%
of the workforce are part time
47% corporately

Sickness Absence



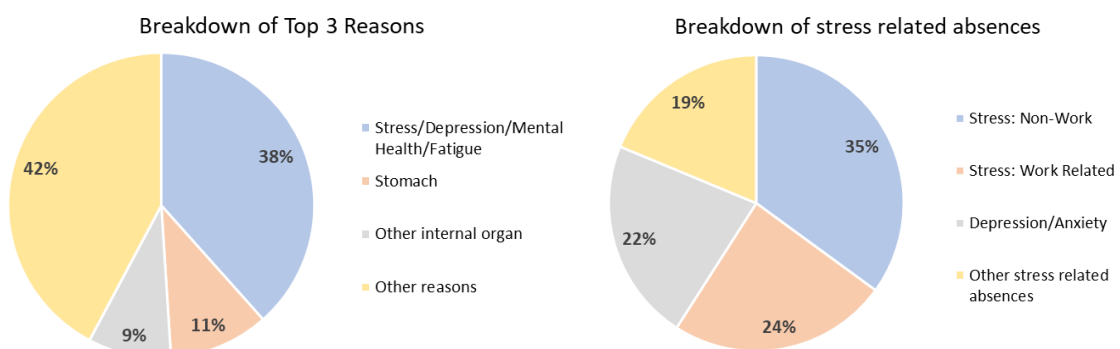
There has been a positive (reducing) trend in sickness absence in this area over the last 3 financial years. Although sickness absence rates have previously been amongst the highest rates, it is now more in line with the corporate average based on the first two quarters of the current financial year. The previous 2-year trend and a forward projection for the 2019/20 financial year is detailed in the following graph:



A projected rate of 8.0 days lost per FTE over the 2019/20 financial year would represent an improved absence rate means that this directorate will be below the current corporate average. This is a very positive message in a high-demand directorate which, in the same period, has also improved its OFSTED rating to 'good'. For a social care function to see consistent reductions in absence is very positive and there may be some lessons learnt that we can be used in adult social care services to support a reduction in absence rates.

Despite this improvement there are still areas that require continued focus. The absence rate continues to be adversely influenced by Support and Safeguarding (particularly in the West 1 team), and there is still a higher absence rate in the Children in Care and Young People service (predominantly from the in-house fostering team). Stress related reasons are the biggest contributor to absence in both services, with depression/anxiety and work-related reasons amongst the most common stress related absence types.

Family Keyworker roles have recorded the most stress related absence in Support and Safeguarding, largely due to depression/anxiety and work-related stress. This is a new role and as such the requirements and demands of it are still emerging. Where appropriate, the duties and responsibilities and workloads may need to be considered and reviewed.



Although still an area of concern, concerted efforts within the service over the last year have reduced stress related absence by almost 20%, and it is now more in line with the corporate

average at around 1 in 3 days lost. The service has been working diligently to address the issue of stress and this now seems to be having a positive effect. It is known anecdotally that stress has other effects on the social care workforce, including 'burn out' which can lead to staff turnover at a critical point in their career at Wiltshire Council.

There has been a significant change programme undertaken to transform the culture, including a focus on improved work-life balance. Managers have been requesting staff leave work on time, don't work over weekends, promoted flexible working patterns and have encouraged more regular leave patterns; all to improve employee's lifestyles outside of work. In the 2018 staff survey (and the previous health survey undertaken by occupational health), social care staff often cited high workload/caseloads as an issue. In response, the service has been creating a more stable management structure; conducting regular supervision meetings, addressing a more manageable workload and reducing email traffic. The service has also cited the flu jab and the promotion of a healthy lifestyle to be having a positive effect on sickness absence.

This change in culture is critical to addressing stress related absence, with line managers being the catalyst for this change; endorsing and enforcing initiatives and policy. Adult social care is trying to address management issues in the recent restructure and it appears the new managers are much more aligned to this culture of encouraging staff to access the initiatives at their disposal to improve their work life balance and are being more robust in preventative action. We will continue to monitor the absence in adults to see if this does improve their position, however it will be essential that the managers continue taking action to drive this change.

Other Directorates

As mentioned in the opening of this analysis if absence rates in social care were discounted the overall absence rate for the council would be 6.8 days lost per FTE. If this was the case then there would be other services with higher than this average absence rate.

Legal, Electoral & Registration Services

Key Functions

- ✓ Supporting and managing the elections process
- ✓ Ensuring the council and the services it provides complies with all legal requirements
- ✓ Registering of marriages, births, deaths

Workforce Profile



80%
of the workforce are female
73% corporately



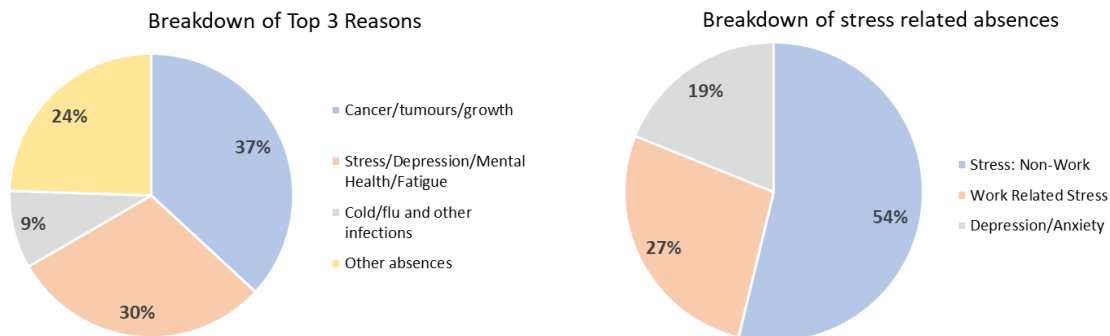
45%
of the workforce are over the age of 55
26% corporately



47%
of the workforce are part time
47% corporately

Corporately we know that sickness absence is higher in the older age bands than in the younger workforce. With an average age of 50 (above the corporate average), almost half of the workforce in this directorate being over 55, and four fifths of staff being female, the demographic profile of Legal, Electoral & Registration Services could be considered as a “higher risk” area for seeing an increased absence rate based on our corporate trends.

However, it should be noted that whilst the age demographics in this directorate are being inflated by an ageing workforce in Registration Services, this service area has the lowest absence rate within the directorate.



Cancer related absence currently contributes the most to absence levels in this directorate. This is due to 3 long term cases in each of the service areas under Legal, Electoral & Registration Services. These absence cases have been recurrent over the last 3 years and have been largely in HAY graded management roles within the directorate. This is a reason over which we have no preventative controls.

As we have little control over them and the cancer cases were discounted from the absence levels in Legal, Electoral & Registration Services; the projected absence rate for this financial year would be around 5.4 days lost per FTE.

Stress related absences have consistently been amongst the most common reason for absence over the last 3 years and contributed the most absence over the 2018/19 financial year. Stress related absence has consistently been a major factor within Legal Services and has largely been due to reasons that were not work related. This has previously been most prevalent in Senior Legal Support type roles, however currently is more prevalent in Complaints Officer and Solicitor roles.

Sickness absence saw a significant increase in 2018/19, the relevant HR business partner is working with the service to understand any reasons behind this increase.

Corporate Services

Key Functions

- ✓ Managing and enforcing the democratic processes and supporting elected members
- ✓ Internal communications
- ✓ Coordination of events
- ✓ Customer services
- ✓ Addressing and improving internal processes
- ✓ Supporting the corporate structure

- ✓ Programme management support
- ✓ Corporate policy and performance

Workforce Profile



71%
of the workforce are female
73% corporately

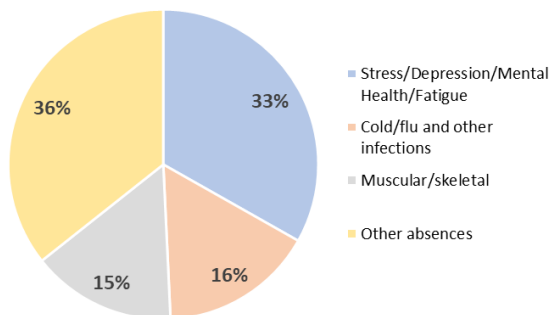


21%
of the workforce are over the age of 55
26% corporately

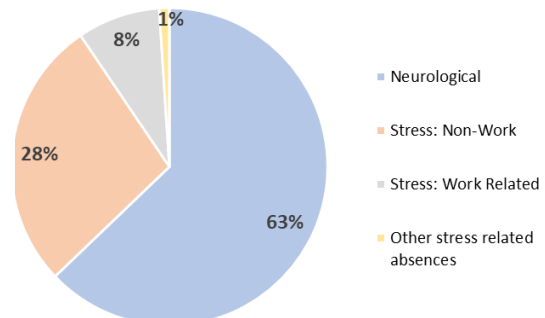


30%
of the workforce are part time
47% corporately

Breakdown of Top 3 Reasons



Breakdown of stress related absences



Respectively, Stress/Depression/Mental Health/Fatigue, Cold/flu and other infections and Muscular/skeletal are consistently the most common reasons for absence in Corporate Services. Currently all the stress related absences are in Customer Services, 99% of which was from a long-term neurological case associated with a single Customer Service Officer.

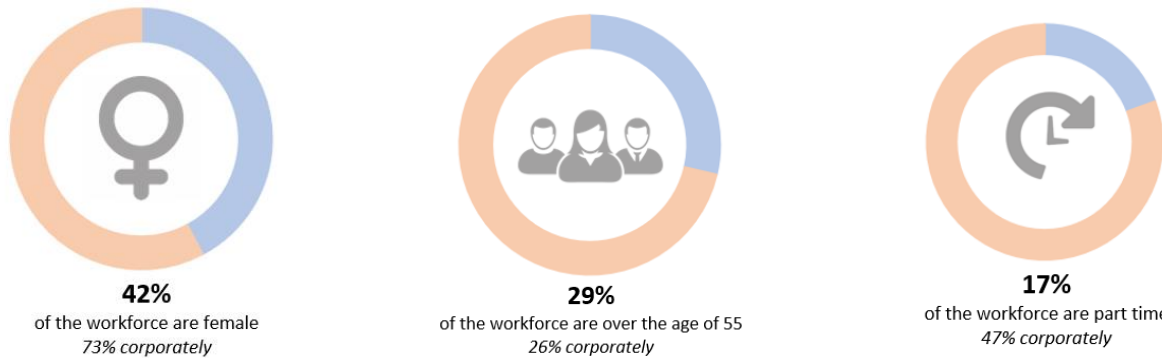
Sickness absence is on a slight downward trend in Corporate Services and this decrease is largely across the board, however is likely influenced by reductions in Corporate Assurance & Programmes and Customer Insight, DA & Business Improvement.

Highways and Waste directorate

Key Functions

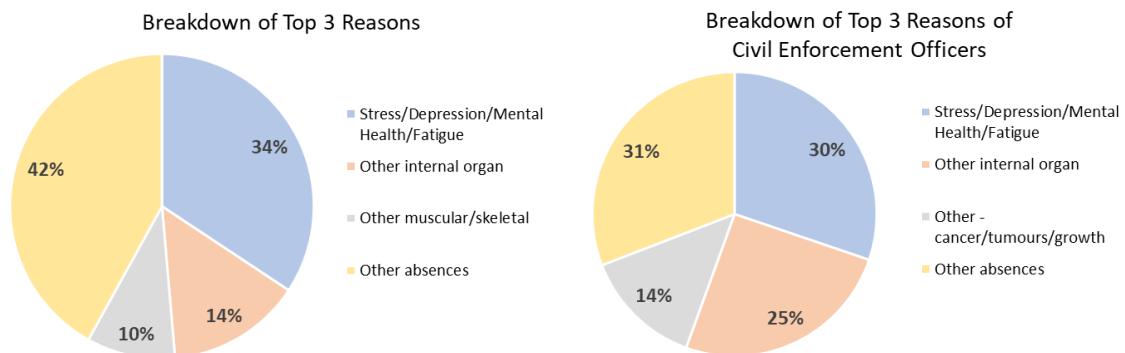
- ✓ Transport planning
- ✓ Parking enforcement
- ✓ Managing our fleet of vehicles
- ✓ Managing the waste collection contracts
- ✓ Delivering the councils waste strategy
- ✓ Minimising and preventing waste
- ✓ Ensuring service compliance with legislation and council policy

Workforce Profile



In previous years the Waste service was the highest directorates due to waste collection staff having a generally high absence rate due to the manual nature of their role. Over the years, on average, waste collection would have inflated the absence rate by around 20%. However, we have not seen this impact the corporate absence rate as this has been stable over the same period. This will likely be due to increases in other large directorate areas such as Adult Social Care and Communities and Neighbourhood Services.

Currently 54% of the sickness absence in Highways and Waste relates to Civil Enforcement Officer's in Parking Services. This represents an increase from the 2018/19 financial year where they were responsible for 31% of the absence in the directorate.



Most (74%) Civil Enforcement Officer absence is in Enforcement Team 3. This is mostly caused by depression/anxiety, followed by work related stress. The 2 cases of work-related stress were both in Enforcement Team 3. The relevant HR business partner for this area is working with the service to understand the reasons for this.

In previous years Highways and Waste have had a high absence rate, however it is projected that there will be a reduction in absence this financial year. This reduction seems across the board, apart from Sustainable Transport who are projected to have a slight increase.

There has consistently been a relatively high number of disciplinary and grievance cases in this directorate; as mentioned previously, this often has links with an increased sickness absence rate.

Other Concerns

The following directorates have been identified as areas to monitor as, although they have an absence rate lower than the corporate average, they have increasing sickness absence levels.

Education and Skills

- The directorate has seen a year on year upward trend over the last 3 financial years.
- The rate is currently projected to be 6.8 days lost per FTE for the 19/20 financial year, if this trend continues at the current rate, the rate in 2020/21 would be around 8 days lost per FTE which would be emerging as a concern.
- This increase has largely been in the Employment and Skills service; predominantly from stress related absences in Employment Support Workers.
- We will be monitoring this to see if this trend continues.

Housing and Commercial Development

- This directorate has also seen a consistent upward trend over the last 3 financial years.
- The rate is currently projected to be 8.6 days lost per FTE. This would be roughly in line with the corporate average, if this trend continues at the current rate, the rate in 2020/21 would be around 9.5 days lost per FTE which would represent a high absence rate that would require early intervention.
- This increase has mainly been seen in the Housing Operations and People service and relates primarily to muscular/skeletal issues.
- We will be monitoring this to see if this trend continues.

Communities and Neighbourhood Services

- The directorate is projected to see a significant increase (30%) in sickness absence this financial year.
- The rate is currently projected to be 8.5 days lost per FTE. This would be roughly in line with the corporate average, however before this the rate was stable at around 6.6 days
- This increase is largely projected based on an increase in Passenger Transport. HR are reviewing this increase with the Head of Service to identify any underlying factors that can be mitigated early.
- We will be monitoring this to see if there is a trend developing or if it is an anomaly.

Public Health

- The directorate is projected to see a significant increase this financial year.
- The rate is currently projected to be 7.6 days lost per FTE. Whilst this is a below-average absence rate it does represent a large increase (over double) from the previous year, so requires further investigation to understand the contributory factors.
- There has been a significant restructure in Public Health which may be affecting sickness absence rates in the short term, however;
- This increase is mostly derived from a few isolated long-term cases such as cancer or muscular/skeletal reasons.

Next steps

We will continue to monitor sickness absence and explore innovative ways to reduce our absence rate.