Calderdale Council

ATTENDANCE MANAGEMENT

Supporting our workforce and improving attendance

FINAL REPORT OF USE OF RESOURCES SCRUTINY PANEL

MARCH 2016

Contents

Executive Summary

Calderdale Council rightly expects regular attendance from its employees, but also recognises it needs to be in a position to manage and provide support to those colleagues who have periods of illness and/or medical conditions. The Council also understands, recognises, and accepts that in some cases, staff illnesses will require them to have to take time off away from work.

We are acutely aware that high levels of sickness absence can lead to reduced service delivery and effectiveness in the organisation, and through our review work, we have heard first hand from several members of staff, the severe impact and pressure sickness absences can have on them and others within a team having to cover workloads.

As a Council, we have become increasingly concerned that our sickness absence levels have constantly averaged around 9 days FTE per employee per annum for the past several years. Whilst our figures have remained very static, we are also aware that many of our neighbouring authorities, albeit starting from a higher base figure of recorded sickness absences, have made some significant inroads into reducing the levels of sickness absence in their organisations.

Through our scrutiny review work we have looked in-depth at the reasons for and causes of sickness absence at the Council, along with what support we provided to employees and for us to see what further changes could be made to improve matters.

We are pleased to present this report on attendance management and our findings and recommendations thereon.

Chair's Foreword

I am pleased to introduce the Use of Resources Scrutiny Panel report on Attendance Management. We have held a number of sessions and talked to staff, managers and Cabinet members. We have studied attendance statistics in depth. Our recommendations, if implemented, will help the Council redouble its efforts to ensure that we improve our attendance management performance.

Let me say at the outset that we do not have a problem with attendance management in comparison to other local authorities. We perform well when compared with our statistical and geographical neighbours. But we do have an opportunity to reduce the cost to the organisation of those staff that are unable to attend work because of illness. This is a saving we can make that will not just have no negative impact on the services we provide; it will actually improve our ability to deliver our services. The objective of our review is to improve productivity, not to blame individuals or managers.

Most of our staff are well most of the time. Around 83% are away from work for five working days or less a year. Of the remainder, some staff, sadly, have serious illnesses, others have accidents or operations that properly require several weeks of recovery. Those people who are unlucky enough to suffer from stress may need a considerable length of time to recover. And, in a large organisation such as ours, there are inevitably some people whose absence from work happens more often than it should.

The Council workforce is and will continue to become smaller. This in itself places increasing burdens on staff and may result in increased levels of stress. But it also means that the jobs of staff that are at work of covering for absent colleagues is more demanding and consequently could lead to greater stress for those people. We have been acutely aware throughout our work of the impact of staff absence on those who are present.

We agree with Councillor Smith, the Cabinet member responsible for Human Resources and with Robin Tuddenham, the Director of Communities and Service Support that managing absence is a "long haul". There is no "*magic bullet*"; rather we need steady and **sustainable** improvements in the way that we manage sickness.

The best way of reducing absence from work through sickness is to improve the health of our employees. We were impressed by the evidence submitted to us by Paul Butcher, the Director of Public Health and we have made recommendations about how we can do this by finding ways to help our workforce become more active and to help people who smoke and who drink alcohol too much. We commend the work undertaken on training managers and staff in combating stress.

There are inconsistencies in performance on sickness absence across our Directorates.   Some of this is inevitable because of the different role of staff in different parts of the Council.   But there is inconsistency in applying policy; variable quality of management; differing degrees of rigour in addressing *difficult* cases; and in some areas excellent take-up of training, less so in others.   The prime way of improving attendance is to improve the quality of management and the support that is given to managers. We make a number of recommendations in this area.

We are particularly concerned to see the link between attendance management and performance management improved.   We would like to see attendance covered in **every** staff appraisal. This would enable regular attendance at work to be an area that staff expects to be covered in their appraisal so that regular attendance is identified as a positive and support can be found to help those whose attendance is less regular.   But more importantly in some ways, we wish to see the **management** of absence covered in the appraisal of everyone with supervisory responsibilities. For those managing areas where absence rates are higher than would be anticipated, we expect that one of their performance targets for the coming year will be about addressing attendance issues in their team.

The current computer system (Selima) for recording attendance is soon to be replaced.   We welcome this as staff and managers have told us that the system is "clunky" and difficult to use. We hope the new system will be better. A good system should improve rates of completion of return to work interviews and other parts of the procedures.   It should also give us improved management information to assist the process of driving improvement and identifying and addressing problem areas.

I said earlier on that managing attendance is a *long haul.*   So the Use of Resources Scrutiny Panel should return to this subject in a year's time to assess the impact that our recommendations have had.   Governance and Business Committee and the Council's senior management should return to the issues on a far more regular basis.

I would like to thank my colleagues on the review team , Councillors Gallagher and Payne and Ted Ashman from Unison , all those who gave up their time to come and talk to us and Jackie Addison (Human Resources) and Paul Preston and Mike Lodge (Scrutiny Support) for all the work they put into supporting this review.

Rob

Councillor Rob Holden, Chair, Attendance Management detailed scrutiny review Chair, Use of Resources Scrutiny Panel

BACKGROUND

1.1 Working Party objectives

The Use of Resources Scrutiny Panel agreed to establish a detailed scrutiny review group in 2015. The review work began in August 2015, when the terms of reference for the review were agreed by the Panel (the review group objectives were slightly amended in September 2015). The objectives were:

- To consider how the characteristics of the Council workforce such as age structure, gender and levels of disability may affect the levels of absence through sickness in the workforce;

- To consider how reductions in the size of the workforce through the Future Workforce programme (FWP) to meet budget savings may impact on levels of absence through sickness;

- To identify those areas of service experiencing higher levels of sickness and understand the causes for those levels of sickness;

- To use "appreciative enquiry" to learn from the best both within the Council and elsewhere, including benchmarking information where available;

- To review the Council's current absence management policies and procedures to ensure they are effective in helping to manage levels of sickness and in providing support to staff and managers;

- To understand the measures that are being undertaken to support and challenge managers to manage attendance, and to make recommendations for improvements;

- To understand how Human Resources supports staff who are absent through sickness and to make recommendations for improvement.

1.2 Membership

The membership of the detailed scrutiny review group was Councillors Rob Holden (Chair), Angie Gallagher, Mike Payne and Co-opted member Mr Ted Ashman (Unison).

1.3 Background and Evidence Sources

This scrutiny review was established by the Use of Resources Scrutiny Panel.

During the course of our review, we received a considerable amount of background information and evidence, in particular from the Corporate Lead – Human Resources and from the Director of Public Health, along with further contributions from other Councillors, portfolio holders, together with our Scrutiny Support Team.

Evidence gathered included responses from staff to our e-call articles for their views on attendance management and specific staff and management focus group sessions.

We also received comparator information amongst West Yorkshire Local Authorities; from our statistical neighbours of local authorities; and we also invited the three recognised trades unions at Calderdale (GMB, Unison and Unitetheunion) to contribute to our review.

In addition, we prepared an optional and anonymous attendance management staff survey questionnaire, which was appended to the "Our Voice" survey and provided us with a good response and valuable feedback from staff.

Also considered were a number of background documents, including council reports on attendance management and policy documents.

We also researched and referenced information sourced locally, regionally and nationally in the context of attendance management.

The Council's Use of Resources Scrutiny Panel has a constitutional mandate to review and scrutinise levels of sickness absence across the Council and to constructively challenge and hold to account managers, human resources professionals and portfolio holders for the management of sickness absence.

In addition the Council's Governance and Business Committee has set and asked the Panel to monitor and challenge progress against a target one day FTE equivalent per employee reduction in annual sickness absence across the organisation to "a figure of eight" – the aim to reduce sickness absence levels in the Council to an average of 8 days or less per FTE employee

To put sickness absence levels in perspective, the following breakdown of statistical information was shared by the Corporate Lead, Human Resources, who added that 83% of Council staff had either no days or 5 days or less sickness absence in 2014/15. The detailed breakdown is as follows:

58.8% of staff had no day's absence: *(2243 staff had no absence)*
24.2% of staff had 5 days or less absence: *(925 staff 5 days or less)*
17% of staff had over 5 days' absence: *(647 staff had over 5 days)*

(Total: 3815 staff)

It was noted that the 17% of staff who had over 5 days' absence take approximately 20,000 FTE days sickness absences annually between them.

2. OUR REVIEW WORK – OUR RESEARCH AND FINDINGS

Developing our methodology / ways of working

2.1 We focused primarily at our first review group meeting on our terms of reference and methodology for undertaking this review going forward.

2.2 We reviewed our terms of reference to ensure they were relevant and fit for purpose, sought clarity on a few points and agreed, with slight amendments to two of the review objectives, our way forward. As a group we appreciate that the most effective forms of scrutiny take evidence from a variety of sources. So we were keen to hear not only from the management and portfolio perspective, but also from the recognised trades unions at the Council and most importantly, the voices and views of staff within the organisation.

2.3 From the onset of our review, we also agreed to adopt "appreciative enquiry" techniques as part of our research and evidence gathering. Appreciative enquiry focuses on the positive aspects of the issue being discussed. It focuses on identifying the best of existing practices. Group discussions, as an example, focused on what currently worked well, and used this as a basis for thinking about how existing activities could be improved in the future.

2.4 In terms of our methodology, we gave careful thought and consideration as to who we wanted to meet and when and at what stage during our review. We discussed and agreed a methodology on how we reached and engaged with the Council's staff, firstly in raising awareness of the purpose and remit of this review work through the medium of internal communications publicity and secondly, and more importantly, how we engaged with staff and received input and contributions from them on attendance management.

2.5 We determined to utilise the Council's internal weekly communications publication "e-call" as our primary method of communicating with our workforce. In the first instance we produced a short article informing staff of the purpose and remit of our Panel for awareness purposes. We then followed it up by a more targeted approach seeking staff views, in particular from those colleagues who had needed to take time off work and to hear how they had been supported; hearing from colleagues who had never been off work ill and also from colleagues who have had to cover/support the work of another person who has been off sick. We also asked everyone what parts of our systems they thought could be improved.

2.6 Staff could also contact the review group via contact with the scrutiny support team, either in person, by phone, in writing, and e-mail. The option taken by the majority of respondents was by e-mailing the dedicated *scrutiny@calderdale* e-mail contact address.

2.7 A very important part of our e-call consultation with staff, and our staff management focus group sessions, was that everything submitted would be treated confidentially and no comments would be attributable. We thank all those staff and managers who responded to our consultation.

2.8 A further e-call article was then published and used to inform all staff members of an opportunity for them to attend a staff attendance management focus group session, which took place on 21st October, 2015.

Hearing from our key stakeholders – our staff

2.9 At our second meeting we focused on and considered the initial responses received from staff to our published e-call articles for their views and personal experiences on attendance management.

2.10 A total of seventeen e-mail responses were received from our initial e-call bulletin to staff. The names of staff and the directorates they worked in were anonymised to maintain the confidentiality of the respondents before the review group received the information. Responses were received from every directorate (with the exception of the smaller Public Health directorate and Chief Executive's office) and a number of matters were raised and brought to our attention for more detailed consideration, which guided our thoughts and further research as our review progressed.

2.11 We also decided to hold a specific focus group on "Attendance Management" (open to all staff) and another specifically targeted at managers with staff responsibility. These meetings took place in October and December 2015 – further information about the focus groups can be found below in this section of the report.

What did Staff and Management Focus Group on "Attendance Management" tell us?

Focus group open to all staff

2.12 We held a very worthwhile, interesting and informative focus group session on the 21 October 2015 which was attended by staff from a number of directorates and the Cabinet member for Business Improvement and Resources

2.13 There was a mixture of colleagues at the session, some in management positions, some not; some who had had time off sick during their time with the Council and other who had not been off sick at all for several years or more. We also had one employee attending who also spoke on behalf of the Council's Change-Makers[1] group and fed-back that group's views on attendance management.

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[1] The Council's Change-makers are a group of council employees, cross-directorate, who meet periodically to discuss and consider matters of interest to the Council and to share their views and thoughts.

2.14 A number of themes cropped up from various participants in relation to attendance management. One that concerned us was that of an allegation of bullying in relation to sickness absence / attendance management issues. We were however informed that Human Resources were aware of the matter and investigating the case. There was a general view, which was also borne out by the Trades Union representative present, that many cases appeared to have been poorly handled or not well dealt with by some managers, including issues around return to work interviews.

2.15 Another concern raised by a participant who managed front line workers, was about the increasing amount of "presenteeism" in the workplace. The participant gave examples when she had experienced colleagues turning up for work with "flu" when they were clearly too unwell to do their duties, working with vulnerable clients. In such cases, as a manager, the participant had made a decision to send the employee home sick. The participant also shared experiences of having attended a number of case review hearings for a number of staff that had reached trigger points and been required to attend a hearing. In the participant's view, the case reviews personally attended had been handled supportively, fairly and compassionately, but did query what feedback was given to those attending the review post-meeting.

2.16 A manager talked about a corporate piece of work he had undertaken looking at measures to support people with stress in the organisation. Sickness absence through stress not only related to factors in the workplace but also factors outside work as well, which impact on attendance. Best practice in other Councils had been looked at and observed and currently an eight point plan for managing stress for cascading to managers was being developed in the Council. Courses were currently being run for managers and an e-learning resource for employees along with Focus Groups. Mention was also made of "mindfulness" training and the point was made that for all interventions to be effective, they needed to be adequately resourced.

2.17 Another participant felt that the Council did not give due recognition to those colleagues who never took a days' sickness absence off work and cited an example of another Council (Oldham) which rewarded colleagues who took no time off in a year, with an additional day's annual leave and wondered if a similar scheme could be introduced at Calderdale. The participant also mentioned that within their Directorate (Economy and Environment Directorate) – they had a monthly draw for a high street voucher, the "Health Pledge Scheme" funded from the Directorate's budget, which those who had not had time off sick in that period could enter into.

2.18 We also heard from Councillor Bryan Smith the Cabinet Member for Business Improvement and Resources. He stated that as a Councillor and as the portfolio holder, he fully accepted there will always be occasions when some people are off work sick in the organisation and will require support and looking after. He was also well aware of the concerns other staff had in having to pick up those ill colleagues' workloads and the impact and stress this can also have on these staff as well. Colleagues were informed that looking at the "hotspot" areas of

sickness absence within the Council was a priority, to look at and try and identify the reasons behind it and how we address it.

2.19 A number of comments were made on how stress is recorded and managed in the organisation and the crucial role managers have to play in this regard. There was a view that some incidences of sickness absence due to stress were being under-reported and not formally recorded as such. Another participant, who had recently taken up a management post, expressed the usefulness as a management tool of the Attendance Management policy documents that were available for reference / use.

2.20 There was a brief discussion around the general health of the workforce and a comment that those people with long term health conditions, generally "presented" 17 months earlier in Calderdale than in other areas of the country. There was also a discussion around the employment of those colleagues with a recognised disability – with the balance of the Council being positive about disability and enabling opportunities for persons with disability to be employed by the Council.

2.21 Further comments made included the correct use of procedures for calling-in / reporting a sickness absence; experiences of employees who had previously worked in the private sector on attendance management in private sector organisations; and support and training available to managers so they had the skills available to deal with attendance management issues most effectively.

2.22 The Corporate Lead, Human Resources reported on departmental "sickness absence challenges" whereby managers had to attend meetings with Heads of Service / Directors in the worst performing sickness areas; a viewpoint that a minority of managers did not follow policies and procedures on attendance management robustly; internal bitesize training courses available for managers on attendance management; and the training offered/given to new/aspiring managers. There was a feeling amongst some of the participants on training courses that "it was the same familiar faces" that went on these courses and that they should be mandatory for all managers.

2.23 The Corporate Lead, Human Resources also reported that the Council was the best performing statistically of the West Yorkshire Local Authorities (for the least number of days lost per annum FTE) and had been for several years now. She added that this did not mean the Council is complacent and there is always room for improvement.

2.24 Staff appraisals were also seen to be a good way of recognising those colleagues who have contributed well to the organisation and had no or little sickness absence in a year. It was also an opportunity for managers to pick up any incidences within their teams of staff showing signs of and/or raising the issue of stress – thought needed to be given to how this situation could be addressed when it arose.

2.25 Another participant raised the issue of some hidden illnesses (citing as an example alcohol / alcohol addiction). Reference was made to the random breath testing that now occurred for some colleagues in safety critical jobs or roles for example – these could be difficult to challenge/manage and needed to be pro-actively managed.

(Focus group session for management staff with attendance management responsibilities)

2.26 We held a very worthwhile, interesting and informative focus group on the 18 December 2015 which was attended by staff members in management positions.

2.27 There were colleagues at this session in management positions, cross-directorate, (with the exception of representation from the Chief Executive's Office, Public Health or Finance). As a Review Group we were a little disappointed more people did not attend, particularly as some people had informed us they would be attending, but in the event were not able to make it.

2.28 We had a good discussion with those who were able to come. They gave us their views about the reasons why some parts of the Council regularly demonstrate better performance than others on staff attendance and attendance management.

2.29 We discussed the Return to Work (RtW) interview that all staff should have upon to return to work following a period of sickness absence, and through these discussions, found there were inconsistencies and variations in practice in the application of the RtW procedures across the Council. A most notable difference was between those managers who completed the RtW interview entirely electronically; whereas others downloaded RtW forms for staff members to sign, then rescanned, attached and submitted these.

2.30 It was however noted that a new computer management system, which including provision of the recording and submission of RtW information was due to go live in 2016 and it was hoped this would help address the inconsistencies that currently occurred.

2.31 Another area of concern was the recording and follow-up of absences in those service areas where a staff member may have more than one manager (a prime example of this was given as sports centres, whereby different duty managers cover different shifts). The effective "handover" between managers between shifts on communicating issues of staff absences and attendance management was flagged up as an area in need of improvement.

2.32 The RtW meeting was also recognised as a means of welcoming back an employee to the organisation after a period of sickness absence. A matter that cropped up in discussions about colleagues returning from long term sickness absence was that they can accrue significant annual leave entitlement. In some cases this meant that colleagues who had returned from long term sick leave,

then took several weeks accrued holiday entitlement in a short period of time following their return. Whilst colleagues finding themselves in these situations are entitled to their holiday provision, it nevertheless impacts on services and in some cases the workloads of those colleagues who have been covering their work during the period of sickness absence.

2.33 There was also an acknowledgement amongst participants that whereas the Council had an established attendance management policy, it was not applied consistently by all managers across the Council. Human Resources do however provide support and training where needed, but this assistance is not always utilised by the managers who most need it.

2.34 There were also comments that it was the "same old managers' faces" who attended and utilised the human resources training and support provision offered for attendance management, and that we need to make sure that all managers attend training. This needs to be backed by corporate leadership.

2.35 Discussions were held around the amount of time attendance management matters typically take up of a manager's working day. Responses varied, much was dependent on the number of staff managed, the general sickness levels of the teams and in particular, the levels of complexity of the illnesses involved.

2.36 There was mention of the organisation being a caring employer and not to forget the "human element" of dealing with individuals in relation to attendance management. It was stressed that it was very important to differentiate between those colleagues who were genuinely sick and needed help and support, and those cases where individuals abuse the Council's sickness absence provisions and "hide behind the council's policies" to play the system.

2.37 There was also mention of "presenteeism", the practice of employee(s) being present at their work place for more hours than required, especially as a manifestation of insecurity by employee(s) about their jobs. Through our research, we found that whilst hard data on the costs of presenteeism in the United Kingdom were unavailable at this time, preliminary evidence shows that presenteeism could cost employers between two and seven times more than absenteeism[2][3]

2.38 Moving forward, when managers were asked where they thought we could improve as an organisation on attendance management – the following suggestions were put forward:-
  ➤ More discretion for managers with a common sense and less prescriptive approach to the implementation of the Council's policies and procedures on attendance management;

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[2] Robertson IT, Leach D, Doerner N et al (2012) Poor health but not absent: Prevalence, predictors and outcomes of presenteeism. Journal of Occupational and Environmental Medicine 54: 1344-9
[3] Westerlund H, Nyberg A, Bernin P et al. (2010) Managerial leadership is associated with employee stress, health, and sickness absence independently of the demand / control / support model. Work 37: 71-9

➢ Corporate leadership to take a stronger approach to addressing the issue of those managers who do not engage or participate with the training on attendance management;

➢ the better use of appraisals as a tool to both acknowledge and praise good attendance from staff and to discuss attendance management generally;

➢ an acknowledgement that as an organisation, we have an ageing workforce, which in itself brings with it the challenges of age related sickness absences; and also about being positive in supporting those colleagues in our organisation who have disabilities; and also that appropriate support mechanisms are put in place to both encourage and support all persons who wish to apply to join our organisation;

➢ The consistency and application of practice for the undertaking of attendance management case reviews (and the monitoring of outcomes) across the organisation was mentioned as a suggested area in need of future review by Human Resources;

➢ A suggestion that Human Resources consider the possibility of developing an "attendance management awareness course" (as a similar concept to a speed awareness course) for returnees after a period of absence. It would need to be a carefully thought out and developed scheme, and undertaken on an individual basis, perhaps between the manager and the employee at the Return to Work interview stage.

What did the Trades Unions have to say?

2.39 Another group of key stakeholders identified by the Review Group were the Trades Unions. Representatives of the three recognised Trades Unions at Calderdale were invited to attend a session of the Review Group to share their views and have a discussion on attendance management.

2.40 The Trades Unions, Unison, GMB and UnitetheUnion were invited to meet with the review group at a session held on 4th November, 2015. In the event, only Unison and GMB were able to attend, with apologies being sent by the UnitetheUnion representative. The UnitetheUnion representative was invited to attend a later meeting of the Review Group and/or make a written submission, but in the event did not attend any meetings of the review group nor make any written submissions.

2.41 Gary Baker, GMB and Ted Ashman, in his capacity as the Branch Secretary of the Calderdale Unison branch attended as key stakeholders.

2.42 Mr Baker said that probably the biggest workplace attendance management issue he had to deal with was with stress and depression illnesses. He mentioned that many people felt that they couldn't admit to be struggling with stress or depression as they had perceptions and concerns they would be

stigmatised if they had mental health issues. He added that there was help out there to assist employees with stress or depression, and it could be managed with help and support that was available both through the Council and from others. He mentioned that from his perspective, Calderdale's Human Resources team were very understanding and supportive in dealing with colleagues who had stress / depression and/or other mental health illnesses.

2.43 Mr Baker did however raise concerns that sometimes there was a tendency for some managers to "rush employees to occupational health" who presented with mental health issues, and that those colleagues were being bombarded with requests at a very early stage of their illness to go to occupational health. He mentioned the important role managers had to play, both in spotting signs of stress/mental health of employees in their teams earlier rather than later. There were also some managers who weren't very good at how they dealt with issues of health/mental health – there was however a need to raise awareness of managers across the Council about employee mental health issues and well-being generally.

2.44 A review group Councillor spoke about their personal experience of representing some members of staff in the organisation they worked for with regard to mental health issues. The role of occupational health was mentioned and how it was particularly important to communicate with employees so they fully understood occupational health's role in the process.

2.45 Ted Ashman, in his Unison capacity, spoke about his experiences of the occupational health service at Calderdale. In his view, in the past the outsourced occupational health service had not performed as well as it could have done, however in more recent times, after the service had been brought back in-house, his experience of the service was one of being both helpful and working well.

2.46 Ted added that many colleagues who presented with stress / mental health issues felt they were being scrutinised when they were ill. However his experience of the staff in the occupational health service was that they were great at putting colleagues at ease.

2.47 Work was not always the primary course of stress and mental health issues for staff, and that stress itself was a very complex topic. Work factors that could lead to stress could be for example demotivation in the workplace job. Reference was also made to GP fit notes – stress was very difficult to prove/disprove on a fit to work statement.

2.48 Reference was made to the importance of signposting and awareness around the issues of stress / mental illness and the number of people who will then present for help. It was acknowledged that there would always be some people who would never seek help, but stress / mental health should not be seen as a weakness.

2.49 It was also mentioned that most large Trades Unions had websites and whether more could more be done to raise awareness and signpost/inform people about stress / mental health issues and where they can go for help? It was acknowledged that there would always be a small number of employees who would hide behind policies and procedures, for illegitimate absence purposes, but occupational health was just one way of helping people with their health and well-being.

2.50 We are also aware that a monitoring report containing a statistical breakdown of causes of absence is reported by Human Resources to the Use of Resources Scrutiny Panel on a quarterly basis.

2.51 The Corporate lead for Human Resources and the Council's Health and Safety Manager had also visited Knowsley Council, who had recently introduced a successful eight point action plan to address issues of stress with their organisation. Calderdale was now adopting a similar action plan based on this best practice and mandatory training for those managers who had incidences of one or more members of their staff who had suffered stress / mental health absences had been prioritised as the first to go on this training course. The training has been implemented and is mandatory.

2.52 Human Resources informed us that the biggest recorded reason in the Council people were off work sick was for was stress / anxiety related illnesses. It was also noted that many factors causing stress / anxiety were external to the workplace, including matters such as economic pressures and worries; partner losing a job or child pressures. It was mentioned that some employees of the Council, in partnership with Insight Healthcare, could access some counselling services, but, the limitation of the scheme was that the employee had to be a resident of Calderdale.

2.53 Ted Ashman commented on outside stresses and the need to safeguard vulnerable people when they were ill and aim to provide support which would enable them to get back to work. He also made reference to "hotspot" areas of absences within the Council, and some of the issues surrounding hotspots, effective management which had been evidenced through comments received at the staff Focus Group session. Cases such as frontline personal/social care workers, where colleagues who had been off sick due to vomiting / diarrhoea, needed to be clear of illness for 48 hours before resuming front line duties and customer contacts was also highlighted.

The Public Health Perspective

2.54 As part of our review, we met with the Council's Director of Public Health, who had also kindly provided us with a "scene setting" background/discussion document on Workplace Health from a public health perspective to aid our deliberations on attendance management.

2.55 In introducing the document, the Director of Public Health informed us that there was strong evidence to show that work is generally good for people's physical and mental health and wellbeing[4]. It meets important psycho-social needs in societies in which employment is the norm and is central to someone's identity, social role and status. Work can also reverse the ill-health effects of unemployment[5].

2.56 However, the above-mentioned benefits of work do depend on the type of work involved. There is also a positive association between wellbeing, job satisfaction and an employee's job performance[6]. Many studies have also shown a relationship between supportive supervision and job satisfaction. These findings provide a strong case for employers to consider investing in the wellbeing of their employees on the basis of likely performance benefits.

2.57 In 2013/14, it was found that 1.2 million working people had a work-related illness[7] and half a million of these were new illnesses. Work-related illness and workplace injury led to the loss of an estimated 28.2 million working days in 2013/2014. Injuries and new cases of ill health resulting largely from current working conditions cost society an estimated £14.2 billion in 2012/13 (based on 2012 prices).

2.58 Nationally, we were informed that people's health can be damaged at work by, for example, physical hazards; physically demanding or dangerous tasks; long or irregular working hours or shift work; tasks that encourage a poor posture or repetitive injury; and tasks that mean someone is sedentary for prolonged periods of time. A lack of control over the work (including a lack of opportunity to take part in decision-making), conflicts in workplace hierarchies, and covert or overt discrimination can also affect health.

2.59 All the above factors are most prevalent among people who are in jobs that are low paid, unsafe and insecure[8]. On the other hand it is recognised that employees and employers alike recognise that these days guaranteeing job security is unrealistic[9]. It also pointed out that employers have a role in ensuring people are equipped with transferable skills that will be an asset in the future.

2.60 We also looked at the changing concept of workplace health. Historically, employee health has fallen under the health and safety banner and has been restricted to occupational health related interventions for injuries or illnesses acquired while at work. Recent initiatives have begun to challenge this relatively restrictive view of employee health, advocating an expansion of health and safety programmes to encompass a more holistic approach to wellness. This

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[4] Is work good for your health and well-being? Department for Works and Pensions (DWP) report, 2012
[5] Annual report of the Chief medical officer surveillance volume, 2012, Department of Health
[6] An independent review – Gordon Waddell and A Kim Burton, 2006
[7] Health and Safety Statistics Annual report for Great Britain 2013/14, Health and Safety Executive
[8] Fair society, healthy lives, the Marmot Review, 2011
[9] The Good work commission in "Good work and our times"

approach calls for employers to be proactive rather than reactive to employee health issues, focusing on preventative measures to avoid injuries and illnesses, rather than on the strictly rehabilitative measures in place once an event has occurred.

2.61 This critical shift in thinking has also led employers to expand the concept of employee health beyond conditions acquired at work to any condition which could potentially impact employee performance. This trend incorporates a wider spectrum of promotion interventions outside the traditional health remit, such as work/life balance initiatives, which are believed to contribute to greater employee wellbeing.

2.62 Based on these findings, we were informed that a conceptual model for wellness[10] includes three main types of interventions:

- Health and safety: These interventions are driven by government policy initiatives and shaped by statutory requirements;

- Management of ill health: These interventions focus predominantly on 'reactive interventions' and include occupational health, rehabilitation, long-term disability management, return to work schemes and absence management programmes;

- Prevention and Promotion: There is a range of interventions that could fall under the prevention and promotion banner, including: health promotion activities, work/life balance, time management schemes and primary care management.

2.63 We also looked at the economic and health evidence for a wellness programme and what works in National Institute of Clinical Excellence (NICE) guidelines, workplace health – management practices[11]. The guidelines made make recommendations on improving the health and wellbeing of employees, with a particular focus on organisational culture and context, and the role of line managers, with the aim of:

- promoting leadership that supports the health and wellbeing of employees;
- helping line managers to achieve this;
- exploring the positive and negative effect an organisation's culture can have on people's health and wellbeing;
- providing a business case and economic modelling for strengthening the role of line managers in ensuring the health and wellbeing of employees.

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[10] PriceWaterhouseCoopers, building the case for wellness (2008)
[11] National Institute of Clinical Excellence (NICE) produced guidelines (NG13), June, 2015

2.64 The guideline is for employers, senior leadership and managers (including line managers) and employees. It will also be of interest to those working in human resources, learning and development teams, professional trainers and educators, occupational health, health and safety, trade unions and professional bodies.

2.65 We looked at ideas moving forward for public health and attendance management and of potential for utilising public health reserve to develop workplace wellness programme for a period of over 24 months with the aim to develop, implement and evaluate policies/projects and initiatives as outlined below:-

- Review of policies and working practices in relation to NICE guidelines;
- Undertake workplace health needs assessment;
- Ensure organisational policies facilitate activity and healthy eating – e.g. travel expenses should encourage walking and cycling to work and between work sites.
- Building design: Provide showers and secure cycle parking to encourage active travel. Improve stairwells to encourage use of stairs.
- Physical activity: build on recent IBM[12] visit re promoting activity. Support out-of-hours activities such as lunchtime walks and the use of local leisure facilities (including contributions to gym membership).
- Workplace food provision: Actively promote healthy choices in hospitality.
- Education and promotion: Provide weight management programmes and ongoing health checks/support - potentially during the course of the working day.

2.66 We also enquired via our human resources team, the number of staff memberships that currently were members of the Council's corporate Active Lifestyles scheme. We found that as at November, 2015 that 102 staff memberships (and 40 from schools), were made through the Council's payroll and an additional 661 staff members had purchased corporate Active Lifestyles membership via bank direct debits.

The Council's Policies and Procedures – Attendance Management

2.67 An integral part of our background research for this scrutiny review on Attendance Management was to take a look at the policies and procedures the Council currently has in place in its attendance management policy.

2.68 We found that the Council's Policies and Procedures on Attendance Management are accessible for both reference and awareness purposes to all the council's staff via the internal Council intranet. The policy can be found in the HR and Workforce Development section via the Employment policies link on the intranet: Section 5 – Attendance Management policy and accessed via:-
http://connect/support-services/human-resources/polices/Pages/default.aspx

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[12] Active Borough Calderdale, getting Calderdale Moving, free IMB consultancy in Calderdale undertaken period 28th September to 16th October, 2015

2.69 Some template examples of the e-forms that managers have to complete on the internal Selima (Vision) computer management system were also submitted for our attention and consideration.

2.70 The corporate lead for Human Resources talked us through how a Return to Work (RtW) interview process should work and she also outlined the processes and procedures for RtW's with regards to the role and input in the process from the human resources perspective.

2.71 The corporate lead for Human Resources added that the current ICT system for the recording of sickness absence was in need of improvement, however a new computer system was planned for introduction in 2016, and it was anticipated that many of the flaws in the current system would be addressed when the new one was rolled out. She gave examples of current anomalies in the recording of sickness absence and RtW's that had occurred, a prime example being sports facilities, whereby you tended to have different duty managers on shift on different days.

Calderdale Council "Our Voice" Staff Survey – Attendance Management

2.72 Another approach we utilised to reach out to and invite the views of all colleagues on attendance management was through the "Our Voice" staff consultation survey which was launched on 9th December, 2015.

2.73 The main survey contained two specific questions relating to attendance management.

2.74 In addition, and included at the request of the review group, was an optional survey page, attached at the back of the "Our Voice 2015 survey" which invited respondents to the survey to complete a series of optional questions that related specifically to wellbeing in the workplace and how we manage absence.

2.75 Analysis of the findings from the Our Voice staff survey / optional attendance management surveys (undertaken during period December, 2015 – January, 2016) were shared with the review group. 71% of staff who completed the Our Voice survey also completed the additional attendance management questions [520 individuals][13]. Responses from the nine optional attendance management survey questions and two questions contained in the main survey are reproduced in the table below. The two specific questions asked of all employees on attendance management are highlighted in bold, hence the reason for more staff responses being received to these two questions

Table 1: (Next page) Responses – Attendance Management – Our Voice and Optional Attendance Management Surveys

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[13] Information source – Calderdale Council Workforce Development Team

Table 1	% Positive	Neither agree nor disagree	% Negative
I am able to achieve a healthy work life balance in my role.	69.4%	16.7%	13.9%
	444 people	107 people	89 people
I believe the Council is a flexible and supportive employer.	72%	19.1%	9%
	460 people	122 people	57 people
I am aware of our attendance management policy.	81.8%	9.9%	8.3%
	513 People	62 People	52 People
I believe our attendance management policy is fit for purpose.	54.5%	34.8%	10.7%
	345 People	220 People	68 People
I believe absence is managed effectively within my service	61.6%	26.2%	12.2%
	388 People	265 People	77 People
The building/office/depot in which I am based allows me to work in a safe and effective manner	68.9%	15.2%	15.9%
	432 People	95 People	100 People
I believe the council provides adequate reasonable adjustments for those who require them	72.1%	20.8%	7%
	451 People	130 People	44 People
I believe the council effectively promotes awareness of important health issues (e.g. smoking, healthy diet, mental health)	65.1%	24.7%	10.2%
	411 People	156 People	22 People
Overall I believe the council manages absence effectively	57.5%	31.1%	11.5%
	368 People	199 People	73 People
The working culture within the council supports my health and wellbeing	46.3%	28.7%	25.1%
	399 People	247 People	216 People
Line managers and supervisors manage staff absence effectively	65.5%	22.5%	12.%
	563 People	193 People	103 People

The Human Resources Senior Management / Portfolio Holder's perspectives?

2.76 As another key part of our review, we met with Councillor Bryan Smith, Cabinet Member, Business Improvement and Resources and Robin Tuddenham, Director of Communities and Service, who is responsible for the human resources functions at Calderdale Council.

2.77 There was a discussion around the limitations of the current (Selima) computer system for absence management recording and it was hoped the new system for the management and recording of absence management, going live in 2016, will be better able to flag up trends and emerging patterns of absence.

2.78 The Director of Communities and Service added that this was a key time for Human Resources and that the new computer system coming in needed to be functional and easy to use for managers. He added that in terms of absence management, the Council as an employer needs to ensure an effective balance between our duty of care and ensuring attendance and productivity at work. He stated that effective and prompt management action has an impact upon attendance and this is demonstrated by where effective "sickness challenge" meetings are undertaken by Directors / Heads of Service with managers to address those who have reached triggers for short and long term absence on a case by case basis.

2.79 We discussed what levels of support and training that an employee got upon a promotion to a management position to deal with absence management issues, particularly complex cases. The importance of early intervention in cases of stress, whether it was home or work related stress, and for appropriate support mechanisms to be put in place, was also raised and discussed.

2.80 The impact staff absences had on those colleagues in work upon which it fell to cover absent colleagues' workloads was also raised. Reference was made to the continued reduction in the number of employees across the Council and the Future Workforce Programme (FWP).

2.81 We mentioned the Council's human resources policies for attendance management, which we had looked at in-depth at an earlier meeting and heard about the lengthy and often long-winded procedures for dealing with absence management, particularly before any case reached a formal position.

2.82 Reference was made to those Directorates with poor attendance statistics and "hotspot" sickness absence areas. The need to relate attendance to performance management and the better use of the Council's appraisal system, along with embedding and cascading managing absence from a top down approach were all highlighted as key to secure better attendance at work.

2.83 We have found that Return to Work (RtW) interviews, and the consistency of how they are undertaken, did vary between directorates.   It was also noticeable from the staff responses from the recent optional Attendance Management staff survey (Dec 2015-Jan 2016) that many colleagues had responded that they "neither agreed / nor disagreed" to the question on whether they believed the Council managed sickness effectively.

2.84 Councillor Smith, the Cabinet member responsible for Human Resources and Robin Tuddenham, the Director of Communities and Service Support concluded by saying that managing absence requires sustained and targeted focus and is a "long haul". There is no *magic bullet*; rather we need steady and **sustainable** improvements in the way that we manage sickness.

WHAT EXTRA WE CAN DO? – OUR FINDINGS AND RECOMMENDATIONS

Our findings and recommendations can be found below under the five key headings:-

<u>Findings</u>

We found evidence of inconsistencies in performance on sickness absence across our Directorates. Some of this is inevitable because of the different role of staff in different parts of the Council. But there is inconsistency in applying policy; variable quality of management; differing degrees of rigour in addressing *difficult* cases; and in some areas excellent take-up of training, less so in others. The prime way of improving attendance is to improve the quality of management and the support that is given to managers. We make the following recommendations in this area.

Performance Management

Recommendation 1 - That all staff recognise their responsibility to foster a culture where good attendance is expected and where unjustified or unacceptable absence will not be tolerated. Good attendance is valued and all opportunities should be taken to acknowledge and recognise such attendance.

Recommendation 2 - We want to see the link between attendance management and performance management improved. We want to see attendance covered in **every** staff appraisal. This would enable regular attendance at work to be an area that staff expects to be covered in their appraisal so that regular attendance is identified as a positive and support can be found to help those whose attendance is less regular.

Recommendation 3 - We also wish to see the **management** of absence covered in the appraisal of everyone with supervisory responsibilities. For those managing areas where absence rates are higher than would be anticipated, we expect that one of their performance targets for the coming year will be about addressing attendance issues in their team.

Recommendation 4 - We also wish to see the Council's Corporate Leadership Team (CLT) instil a culture where all managers, at all levels in the organisation, are expected, and equipped with the skills to take responsibility for the attendance management of their staff, including their undertaking of all mandatory training, and that this forms part of the managers performance appraisal.

Management Consistency

Recommendation 5 - That the continued focus on "hotspot" areas of high amounts of sickness absence within the Council as a priority be supported and endorsed, including for more work being undertaken looking at and trying to identify the reasons behind it and how we address it.

Recommendation 6 – That the Council explores practical ways in which employees jobs may be adjusted in order to respond to Doctors' fit notes and therefore encourage return to work.

Recommendation 7 – there is a need to review the current guidance surrounding Return to Work (RtW) interviews, specifically in relation to ensuring that these should be undertaken, and to highlight the need for early intervention by line managers where necessary.

Recommendation 8 – Through our research and during the course of our scrutiny review, we received a number of staff suggestions as to potential ways to improve attendance as an organisation moving forward. We ask that Cabinet give consideration to implementing these suggestions.

➢ An attendance management policy operated at another council that recognises all those staff who had no days' sickness absence in a 12 months' accounting period, and grants them an additional days' leave entitlement in the next 12 month accounting period. Could we do this at Calderdale? Additionally and/or alternatively, could we offer all staff a free one months' trial membership of the Council's corporate "Active Lifestyles" scheme as a means of contributing to the health and well-being of our employees and the wider health and well-being agenda.

➢ A "Health Pledge" scheme currently operating in the Economy and Environment Directorate, whereby a monthly draw with an incentive of a High Street voucher for one employee, who had not had any sickness absence during that period (funded from the Director's budget) was held. Only eligible employees who had not had time off sick in a defined period could enter into. Could this scheme be rolled out across all directorates?

➢ More discretion for managers' with a common sense and less prescriptive approach to the implementation of the Council's policies and procedures on attendance management;

➢ Corporate leadership to take a stronger approach to addressing the issue of those managers who do not engage or participate with the training on attendance management;

➢ the better use of appraisals as a tool to both acknowledge and praise good attendance from staff and to discuss attendance management generally;

- an acknowledgement that as an organisation, we have an ageing workforce, which in itself brings with it the challenges of age related sickness absences; and also about being positive in supporting those colleagues in our organisation who have disabilities; and also that appropriate support mechanisms are put in place to both encourage and support all persons who wish to apply to join our organisation;

- The consistency and application of practice for the undertaking of attendance management case reviews (and the monitoring of outcomes) across the organisation be reviewed by Human Resources and improvements identified and implemented;

- For Human Resources to consider the possibility of developing an "attendance management awareness course" (as a similar concept to a speed awareness course) for returnees after a period of absence. It would need to be a carefully thought out and developed scheme, and undertaken on an individual basis, perhaps between the manager and the employee at the Return to Work interview stage.

Recommendation 9 – Use of Resources Scrutiny Panel should return to this subject in a year's time to assess the impact that our recommendations have had. Governance and Business Committee and the Council's senior management should return to the issues on a far more regular basis.

Healthy Workforce

Findings

The best way of reducing absence from work through sickness is to improve the health of our employees. We recognise the benefits of physical activity and how this fits with the health and wellbeing of our staff and will help toward reducing absenteeism. We were impressed by the evidence submitted to us by Paul Butcher, the Director of Public Health and we have made a recommendation below about finding ways to help our workforce become more active and for example, helping people who smoke and who drink alcohol too much.

Recommendation 10 – That Cabinet consider the utilising public health reserve to develop workplace wellness programme for a programme over 24 months. Aim to develop implement and evaluate policies, projects and initiatives as outlined below

- Review of policies and working practices in relation to National Institute of Clinical Excellence (NICE) guidelines;

- Undertake workplace health needs assessment;

- Ensure organisational policies facilitate activity and healthy eating – e.g. travel expenses should encourage walking and cycling to work and between work sites;

- Building design: Provide showers and secure cycle parking to encourage active travel and improve stairwells to encourage use of stairs;

- Physical activity: build on 2015 IBM visit re: promoting activity. Support out-of-hours activities such as lunchtime walks and the use of local leisure facilities (including contributions to gym membership);

- Workplace food provision: Actively promote healthy choices in hospitality;

- Education and promotion: Provide weight management programmes and ongoing health checks/support - potentially during the course of the working day.

Information systems

Findings

The current computer system (Selima) for recording attendance is soon to be replaced. We welcome this as staff and managers have told us that the system is "clunky" and difficult to use. We hope the new system will be better. A good system should improve rates of completion of return to work interviews and other parts of the procedures. It should also give us improved management information to assist the process of driving improvement and identifying and addressing problem areas. Review in 12 months via Use of Resources Scrutiny Panel.

Recommendation 11- That a report be submitted to the Use of Resources Scrutiny Panel and Cabinet in 12 months' time providing an update on the progress and implementation of the new computer management system, including any challenges encountered.

Training

<u>Findings</u>

We recognise that investing in the training and development of our staff on attendance management is extremely important. We particularly commend the recent work undertaken on training managers and staff in combating stress. We found that there are inconsistencies in performance on sickness absence across our Directorates. Some of this is inevitable because of the different role of staff in different parts of the Council. But there is inconsistency in applying policy; variable quality of management; differing degrees of rigour in addressing *difficult* cases; and in some areas excellent take-up of training, less so in others. The prime way of improving attendance is to improve the quality of management and the support that is given to managers.

Recommendation 12 – That compulsory training is given to all managers on the application of attendance management procedures making links to such training as stress awareness, manual handling, workstation assessment and annual appraisal awareness and that this is incorporated into the manager's training programme.

Recommendation 13 – That for corporate interventions to be effective to support people with stress in the organisation, they need to be adequately resourced.

(Findings - We heard about a corporate piece of work undertaken looking at measures to support people with stress in the organisation. Sickness Absence through stress not only related to factors in the workplace but also factors outside work as well which impacted on attendance. Best practice in other Council's had been looked at and observed and currently an eight point plan for managing stress for cascading to managers had been developed in the Council. Courses were currently being run for managers and an e-learning resource for employees along with Focus Groups. Mention was also made of "mindfulness" training as well and the point was made that for all interventions to be effective, which we fully endorse and support, that they needed to be adequately resourced).

Recommendation 14 - a need to raise awareness of managers across the Council about employee stress /mental health issues and well-being generally, through methods such as information on the Council's computer screensavers, on the website, via flyers and general signposting etc.

Recommendation 15 – That there is a need for wider and more widespread understanding amongst line managers as to how and when to refer staff, if necessary, to Occupational Health.

Membership of the Detailed Scrutiny Review

Councillor R Holden (Chair)
Councillor A Gallagher
Councillor M Payne

Co-opted Member: Mr E Ashman

Membership of the Use of Resources Scrutiny Panel (2015/16)

Councillor Mrs P Allen
Councillor A Gallagher (Deputy Chair)
Councillor G Hall
Councillor R Holden (Chair)
Councillor A Martin
Councillor M Payne
Councillor H Rivron

(*Support to this Scrutiny Review Group was provided by Mike Lodge, Senior Scrutiny Support Officer and Paul Preston, Scrutiny Support Officer, Democratic and Partnership Services*)

Summary of Persons Giving Evidence

Councillor B Smith, Cabinet Member for Business Improvement and Resources

Robin Tuddenham, Director of Communities and Service, Calderdale Council

Paul Butcher, Director of Public Health, Calderdale Council

Jackie Addison, Corporate Lead for Human Resources

Matt Radcliffe, People Development Adviser, Communities and Service Directorate

Jayne Stead, People Development Quality Assurance and Assessment Advisor, Communities and Service Directorate

Ted Ashman, (in his role as Calderdale Unison Trades Union Branch Secretary)

Gary Baker, GMB Trades Union

Focus group (staff) participants – session held October, 2015

Focus group (line management) participants - session held December, 2015

"Our Voice" anonymous staff survey returns – attendance management, January, 2016

References and Bibliography

Notes of all meetings of the attendance management detailed scrutiny review - held by the Scrutiny Support Team, Room 10, Halifax Town Hall

Background / discussion document provided by Director of Public Health – "Workplace Health" dated 3rd November, 2015

Written submissions (key stakeholder focus group evidence gathering sessions) – open to all staff, session held on 21st October, 2015; and open to managers of staff, session held 18th December, 2015

Calderdale Council News Centre – E-Call releases promoting the review group's work and calls for evidence

Chartered Institute of Personnel and Development (CIPD) – Annual management 2015, annual survey report

Calderdale's Statistical Neighbours – attendance management performance information (sourced and provided by the Council's Business Intelligence team on behalf of the review group)

Calderdale Council – sickness absence statistics, quarterly data

Calderdale Council - Sickness absence statistics, quarterly data (Smarter working only)

Calderdale Council – internal policy document – Attendance Management policy

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Westerlund H, Nyberg A, Bernin P et al. (2010) Managerial leadership is associated with employee stress, health, and sickness absence independently of the demand / control / support model. Work 37: 71-9

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