



# Corporate Issues Overview and Scrutiny Committee

## Scrutiny Review of Attendance Management

October 2015

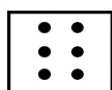
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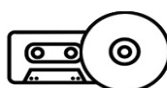
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Email: [scrutiny@durham.gov.uk](mailto:scrutiny@durham.gov.uk)  
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## Chair's Foreword

There is clear evidence that working can be good for your health, well-being, and recovery from illness. A 2009 report ([Fit for Work](#)) released by The Work Foundation, found that well-designed work environments and flexible working arrangements can help people to stay in work or gradually return to work after illness. As well as improving your income, employment can boost your confidence and self-esteem. This applies to adults of all ages, including people with health conditions and disabled people. Our health and well-being affect the people around us, so work can benefit our families and communities as well.



That said, the Council has experienced below target performance when examination of sickness absence figures has been undertaken via the Corporate Issues OSC to an extent that a review of the Council's approach to Attendance Management was agreed as a review topic for the Committee.

As part of its evidence gathering process the Attendance Management Working Group has examined and commented upon the draft attendance management policy including the Mental Wellbeing in the Workplace Policy ; considered a range of attendance management performance information setting out trends; considered the role of managers in managing sickness absence including associated training; reviewed the role of Occupational Health and the promotion of better health at work initiatives.

This report sets a series of recommendations which aim to deliver improvements in workforce attendance whilst also acknowledging the incredible job that our workforce does in ensuring that services continue to be delivered to our customers against continuing pressures being placed upon local government, particularly in respect of funding. The working group has also noted the prevailing health inequalities facing the North East Region and the challenges that they bring in terms of the health and wellbeing of its workforce.

I would like to thank fellow members of the working group and officers from Durham County Council for their valuable time and assistance in providing evidence and supporting the review as well as the contribution to the review from staff, managers and Trade Union representatives.

**Councillor John Lethbridge**  
**Chairman**  
**Corporate Issues Overview and Scrutiny Committee**

# Executive Summary

1. At the Corporate Issues Overview and Scrutiny Committee meeting held on 27<sup>th</sup> March 2014, during consideration of the Quarter 3 Performance Management report, reference was made to performance in respect of sickness absence targets not being met within Durham County Council. At this time questions were raised regarding the sickness absence management policy, the process or recording and managing sickness absence, the role of line managers in reducing sickness levels and the training available to staff. There was also interest in the link between appraisal completion and absence levels.
2. The Committee resolved that once the Committee's work on the Medium Term Financial Plan and budget was concluded, a working group would be set up to examine the sickness absence policy.
3. At the Corporate Issues OSC meeting on 20 April 2015, agreement was given to the establishment of a Working Group to examine attendance management issues including sickness absence. The Committee agreed that the working group would:-
  - receive an overview of the current policies and procedures including the role of occupational health;
  - examine statistics relating to attendance management across the Council to gain an insight into trends and opportunities for improvement;
  - consider examples of best practice and research in respect of sickness absence management, and
  - receive information on staff, manager and Trade Union opinions and experiences of the sickness policy and management.

## Focus of the Review

4. The aim of the review was to seek outcomes to improve sickness absence levels and management practices within Durham County Council.
5. The Review Group gathered evidence over 5 meetings between June and September 2015 with evidence provided via presentations and reports from the following officers:

Kim Jobson – Head of Human Resources and Organisational Development, Resources Directorate

Joanne Kemp – Human Resources Advice and Support Manager, Resources Directorate

Suzanne Weston – Human Resources Business Lead (ACE/RED), Resources Directorate

Bev Stobbart – Policy, Planning and Performance Manager, Resources Directorate

Sanjeev Sangary – Senior Human Resources Officer, Resources Directorate  
Dr Phil Wynn, Senior Occupational Health Physician, Resources Directorate  
Henk Geertsema – Internal Communications Manager, Policy and Communications, Assistant Chief Executive's  
Jenny Haworth - Head of Planning and Performance, Assistant Chief Executive's  
Tom Gorman - Corporate Improvement Manager, Assistant Chief Executive's  
Stephen Gwilym – Principal Overview and Scrutiny Officer, Assistant Chief Executive's

6. The Review group received evidence in respect of:

- The emerging draft attendance management policy and procedures including :
  - Associated timescales and management practices in relation to both short term and long term absence;
  - The role of Occupational Health and the services that it provides to managers and employees including Counselling, physiotherapy, early intervention;
  - Examples of attendance management policies from other sources to baseline best practice;
  - Information on management and employee awareness and training in this area, and
  - Management of attendance associated with protected characteristics identified in the Equality Act 2010, i.e. disability, pregnancy and maternity.
- Attendance management breakdowns of sickness absence including :
  - Information regarding the profile of sickness absence across age, gender, seniority and how this compares with other organisations
  - Trends in types of sickness absence and length of absence in the short and long terms
  - Whether any correlation between appraisal rates and sickness absence exists
  - Information on the frequency, timeframes and uptake of return to work interviews that are conducted.

- Information from employees, managers and Trade Unions and their experiences in respect of the Council's attendance management policy, procedures and management thereof.

### **Key findings and conclusions**

7. The working group examined the draft Attendance Management Policy and whilst recommending adoption of the proposed policy put forward a number of suggested amendments for consideration at paragraph 33. The current notification of absence arrangements and existing trigger points for sickness absence interviews, whilst considered fit for purpose, should be reviewed if the implementation of the new Attendance Management Policy does not deliver the expected improvements in employee attendance.
8. Performance information in respect of attendance management should be examined against the context of the austerity measures placed upon the Council since 2010. The County Council's Medium Term Financial Plan (MTFP) and service planning processes adopted have identified the need to deliver significant reductions/savings whilst trying to ensure that the quality of service delivery is maintained. Since 2011, a total of 1065 ER/VR applications have been accepted, 501 vacant posts deleted and 524 compulsory redundancies made as part of MTFP savings.
9. Against the backdrop of reducing numbers of employees, the Council's workforce has continued to deliver effective and efficient services and the Council has sought to ensure that it has policies, procedures and programmes in place which contribute to staff wellbeing.
10. Attendance management performance information including trend analysis at a national and council level was considered. Nationally whilst the private sector has seen lower sickness rates than the public sector, this gap has narrowed in the last 20 years. In considering how Durham performs against the national picture, the working group noted that:-
  - The Council has an ageing workforce and that sickness absence increases amongst those employees aged 50+;
  - The Council's workforce is predominantly female (62.9%) and, as identified in Office for National Statistics (ONS) research into sickness absence in the Labour Market, sickness absence is higher amongst female workers (12.7 FTE days lost for female and 10.2 FTE days lost for male);
  - The two highest reasons for sickness absence are mental health and fatigue (25.8%) and musculo-skeletal (23.8%) again in line with the public sector nationally;

- The Council experiences a lower number of long-term sickness absences than short term but that long-term absences account for over 60% of FTE days lost
11. These statistics should be considered against the prevailing health inequalities facing the North East in that it has the lowest life expectancy in England, the highest levels of smoking prevalence, 2<sup>nd</sup> highest levels of alcohol consumption, low levels of participation in physical activity (lowest percentage of women meeting government recommendations in the country) and the 2<sup>nd</sup> highest obesity rate.
  12. The draft Attendance Management Policy encapsulates the fundamental principle that managers have access to support and training in respect of the policy and associated sickness management procedures and toolkit. Having examined the support provided to managers through HR and the OHS, the group emphasised that, in light of the identification of the 2 highest causes of sickness absence being mental health and musculo-skeletal injury, HR/OHS training should include stress awareness, manual handling, workstation assessment and annual appraisal awareness. It is also essential that this training be systematically delivered to all managers.
  13. All sickness absence in the Council is managed by the 'My View' computer system. The current automated "reminder triggers" within the system send a reminder to managers after 30 calendar days that a Sickness Absence interview needs to be undertaken in the event that this has not already occurred. Thereafter, further reminders are sent after two further 7 day periods following which it is escalated to a senior manager. Members consider that this is too lengthy and have suggested that the initial reminder be sent after 20 days and the escalation e-mail after a further 7 days.
  14. A range of services are provided by the Council's OH service which support attendance at work. Evidence confirmed the benefits of early referral into the OH service as a key mechanism in facilitating early return to work, particularly for those cases that develop into long-term absences. In acknowledging the 2 highest causes of sickness absence being mental health and musculo-skeletal injury, the working group supported the early referral into OH particularly for such absences. To this end, the group also supported the establishment of a corporate benchmark/target for OHS referrals and asked that HR work with OH to try to forecast any impact from such changes in terms of service capacity.
  15. The existing mechanisms for employee, manager and trade union engagement were found to be fit for purpose. Members were encouraged in particular by the results of the Internal Communications survey of employees. However, the working group noted the opportunity to extend this into a comprehensive Council-wide staff survey which would gather staff opinions on such issues as health and wellbeing; attendance management; appraisals; council policy; training

and development and organisational culture. The group feel that this would provide a richer source of information and a good “barometer” against which to gauge the organisational wellbeing of the Council.

16. The working group have noted the manager and trade union feedback in respect of the draft Attendance Management Policy and would like them to be engaged in the consideration of the proposed suggestions made by the working group, particularly in respect of the sickness absence interview reminders and the development of OH referral targets.
17. The Council has a comprehensive approach to promoting better health at work with numerous excellent initiatives being cited including health and wellbeing policies, physical and mental wellbeing programmes and discounted health and leisure offers within the Council and other employers. The Council has invested significantly to ensure that the promotion of better health and wellbeing of employees is incorporated into core Council policies and procedures.
18. The transfer of public health into the Council in 2012 brought a range of expertise within the organisation in respect of health improvement and wellbeing initiatives which has been utilised to promote better health at work and there remain further opportunities to explore this key area.
19. It now needs to consider whether a more targeted series of campaigns and initiatives would encourage take up amongst members of the workforce less likely to participate in such initiatives.

## **Recommendations**

### **Recommendation 1**

20. The Working Group recommends the adoption of the draft Attendance Management Policy subject to those comments identified within paragraph 37 of this review report being considered for inclusion therein.

### **Recommendation 2**

21. The Working Group recommends that the Council continues to target long-term sickness absence as the key cause of below target sickness absence performance.

### **Recommendation 3**

22. The Working Group recommends that upon approval of the draft Attendance Management Policy, compulsory training be given to all DCC managers on the application of the new policy and associated procedures, making the links to such training as stress awareness, manual handling, workstation assessment and annual appraisal awareness and that this is incorporated into the Durham Managers’ Programme.



#### **Recommendation 4**

23. The Working Group recommends that the current automated “reminder triggers” within the My View system be amended to send a reminder to managers after 20 calendar days that a Sickness Absence interview needs to be undertaken in the event that this has not already occurred and the escalation to senior manager e-mail after a further 7 days.

#### **Recommendation 5**

24. The Working Group recommends that a review of the current OHS referral process be undertaken to include establishing a corporate target for referral into the OHS service of 30 days; an analysis of the impact upon OHS of implementing this target and an immediate referral into OHS for those employees whose absence has been due to mental wellbeing.

#### **Recommendation 6**

25. The Working Group recommends that staff, managers and Trade Unions be engaged in the examination of suggested changes to the Attendance Management policy arising from this review in respect of My View Sickness Absence Interview reminders and the development of OHS referral targets.

#### **Recommendation 7**

26. The Working Group recommends that a more comprehensive Council-wide staff survey be undertaken to inform organisational development, which would gather staff opinions on such issues as Health and wellbeing; attendance management; appraisals; council policy; training and development and organisational culture.

#### **Recommendation 8**

27. The Working Group recommends that that the Council review its current provision for the promotion of “Better Health at Work” and examine the potential to develop a more proactive and targeted approach to health and wellbeing promotion amongst its workforce.

#### **Recommendation 9**

28. The Working Group recommends that following implementation of the Attendance Management Policy and in the event that attendance management performance has not shown improvement following sustained monitoring, a review of all trigger points within the policy be undertaken.
29. It is further recommended that a systematic review of the report and progress made against recommendations should be undertaken after consideration of this report by Cabinet, within six months.

## Detailed Report

### Draft Attendance Management Policy

30. The draft Attendance Management Policy is intended to set out a procedural framework and standards of practice which enable Durham County Council to consistently manage attendance, taking account of business needs, support for absent employees and equalities, in conjunction with the Attendance Management Guidance for Managers.
31. The policy covers all employees except for school-based employees, where schools need to give consideration to their own procedures. Employees absent through industrial injury or disease are subject to this policy. It is not the purpose of the policy to deal with abuse of the self-certification procedure. This should be investigated under the council's Disciplinary Policy.
32. The following principles are to apply to the Council's policy for dealing with attendance management:
  - a. Sickness absence will be dealt with in a way that is non-discriminatory and in accordance with the Equalities Act 2010;
  - b. Good attendance is valued and all opportunities should be taken to acknowledge and recognise such attendance;
  - c. Attendance will be managed consistently and the policy will be fairly applied across the Council;
  - d. Confidentiality will be respected at all times;
  - e. Open communication between managers and employees will be encouraged and promoted.
33. The draft Attendance Management Policy will be monitored and reviewed to ensure that it continues to meet the Council's aims and complies with these principles.
34. The draft Attendance Management Policy provides a procedural framework and standards of practice which supports managers to more effectively manage attendance. Key proposals within the draft policy examined by the working group include:-
  - Better definitions of short term and long term absence;
  - Mandatory targets to manage short term recurrent absences;
  - No requirement for employees to be referred to Occupational Health Service (OHS) before a hearing for Short Term absence where there is no underlying medical conditions confirmed by the employee;
  - Shorter timescales for meetings with management (5 days rather than the previous 7);

- Rehabilitation encouraged at an early stage and Managers to notify HR of all phased returns for recording purposes and to improve consistency of application of this element of the policy.
35. The working group has considered the process adopted by employees for the initial notification of absence with the majority of members agreeing that this initial contact should be with the immediate line manager.
36. The working group examined the proposed triggers for sickness absence interviews within the draft Attendance Management Policy within the context of the Council's corporate target for sickness absence. Whilst the group were advised that there was no evidence of a causal relationship between the trigger points and sickness targets, it was the Group's view that such triggers could be reviewed after an agreed period following implementation of the new Attendance Management Policy should the desired and expected improvements in attendance management not be realised.
37. During examination of the draft Attendance Management Policy the working group commented (relevant Policy references in brackets) that:-
- Return to work interviews should be delegated in the manager's absence (Para 3.1)
  - Reference to holding sickness absence interviews where the employee is absent should be the last bullet (Para 3.3)
  - Referral to OHS for short term absence only where an underlying medical condition - concern about this although managers can refer to OHS if they have concerns about the workplace impact on health or employee health which affects performance (Para 4)
  - Where fit notes suggest absence due to Mental Health and Wellbeing then OHS need to be involved early (Para 4.1)
  - Include explicit reference to the use of Stress Risk Assessments when managing stress related absence – Use of stress management toolkit (Section 5).

#### **Recommendation 1**

38. The Working Group recommends the adoption of the draft Attendance Management Policy subject to those comments identified within paragraph 37 of this review report being considered for inclusion therein.

#### **Recommendation 9**

39. The Working Group recommends that following implementation of the Attendance Management Policy and in the event that attendance

management performance has not shown improvement following sustained monitoring, a review of all trigger points within the policy be undertaken.

## Attendance Management Performance Information

### National Trend

40. The general trend across the United Kingdom (UK) economy is that sickness absence has been falling. The average sickness per worker across all sectors in 1993 was 7.2 days. This has fallen to 4.4 days per worker in 2013. Whilst the private sector has always enjoyed lower sickness rates than the public sector, the gap has narrowed over the last 20 years.

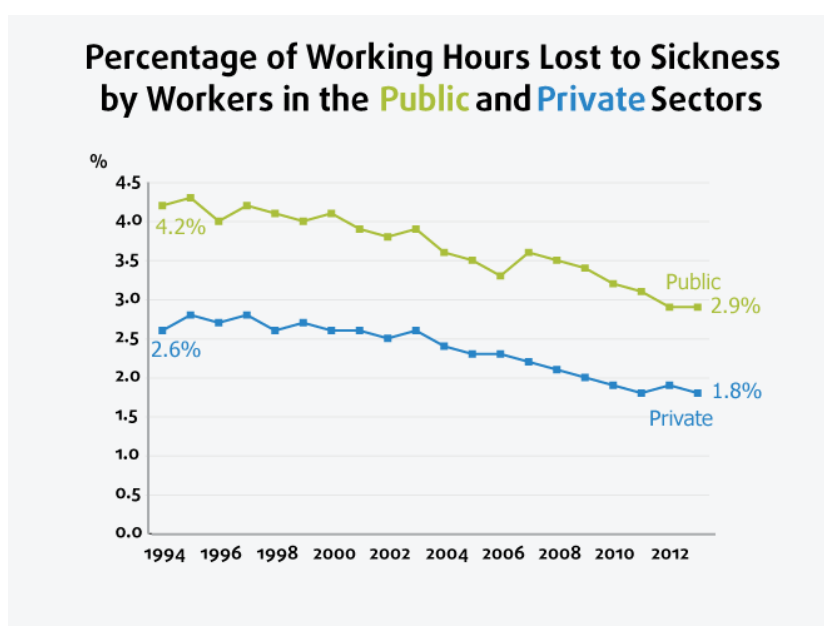


Figure 1: Source: Labour Force Survey - Office for National Statistics (2014)

41. The council's headline sickness measure of days lost per full-time equivalent is presented both including and excluding school based staff. The former Best Value Performance Indicator included sickness absence of schools based staff and remains the basis of the measure used by the Local Government Association (LGA) and the Chartered Institute of Public Finance and Accountancy (CIPFA) for benchmarking purposes, and as such is the only existing comparable measure available for local government. However, the council has no management control over schools based staff so the reporting of both measures was introduced at the beginning of 2014/15.

Table 1: Sickness absence days per FTE - some comparisons

	DCC 14/15	CIPD 2013	CBI 2013	LGA 12/13	CIPFA 12/13	Civil Service 2013	ONS 2014

<b>Sickness per FTE</b>							
• All sectors		<b>6.6</b>	<b>5.3</b>		-	-	<b>4.4</b>
• Public sector		<b>7.9</b>	<b>6.9</b>		-	<b>7.4</b>	-
• Local government	<b>9.58</b>	<b>8.2</b>	-	<b>8.8</b>	-	-	-
• Single/upper tier		-	-	<b>9.4</b>	<b>9.2</b>	-	-
<b>Long-term sick as a % of total sickness absence</b>							
• All sectors	-	<b>19%</b>	<b>30%</b>	-	-		
• Public sector	-	<b>28%</b>	<b>39%</b>	-	-		
• Local government	<b>61%</b>	-	-	<b>57%</b>	-		
• Single/upper tier				<b>56%</b>	<b>55%</b>		

<b>Organisation</b>	<b>Source</b>	<b>Frequency</b>	<b>Base</b>
Office for National Statistics (ONS)	Sickness Absence in the Labour Market 2014	Annual	Quarterly Labour Force Survey datasets and Annual Population Survey
Chartered Institute of Personnel and Development (CIPD)	Absence Management Annual Survey Report 2014	Annual	518 respondents including 123 public sector organisations of which 16 were local authorities in the 2014 survey
Confederation of British Industry (CBI)	Healthy Returns? Absence and workplace health survey 2013	Annual	153 organisations including 29 public sector organisations in the 2013 survey
Civil Service	Civil service transparency data	Quarterly	All Government departments
Local Government Association (LGA)	Local Government Workforce Survey 2012/13	Annual	151 local authorities responded to the 2012/13 survey
Chartered Institute of Public Finance and Accountancy	Corporate Services Benchmarking Club – Human Resources	Annual - by subscription (every 2 years in Durham)	36 participating unitary authorities and police forces

### **Durham County Council Trend**

42. Performance information in respect of attendance management should be examined against the context of the austerity measures placed upon

the Council since 2010. The Council's MTFP and service planning processes adopted have identified the need to deliver significant reductions/savings whilst ensuring that the quality of service delivery is maintained. Since 2011, a total of 1065 ER/VR applications have been accepted, 501 vacant posts deleted and 524 compulsory redundancies made as part of MTFP savings.

- 43. Against the backdrop of reducing numbers of staff, the Council's workforce has continued to deliver effective and efficient services and the Council has sought to ensure that it has policies, procedures and programmes in place which contribute to staff wellbeing.
- 44. Whilst sickness excluding schools is significantly worse than the measure including schools based staff, the trend is more positive, reducing from a high of almost 13 days at the end of 2010/11, to just over 12 days currently.
- 45. Three years of improvement targets were set for the current planning period, with the 'including schools' target aspiring to achieve the current CIPD benchmark average for local government by 2016/17.

**Table 2: DCC Sickness Absence Targets**

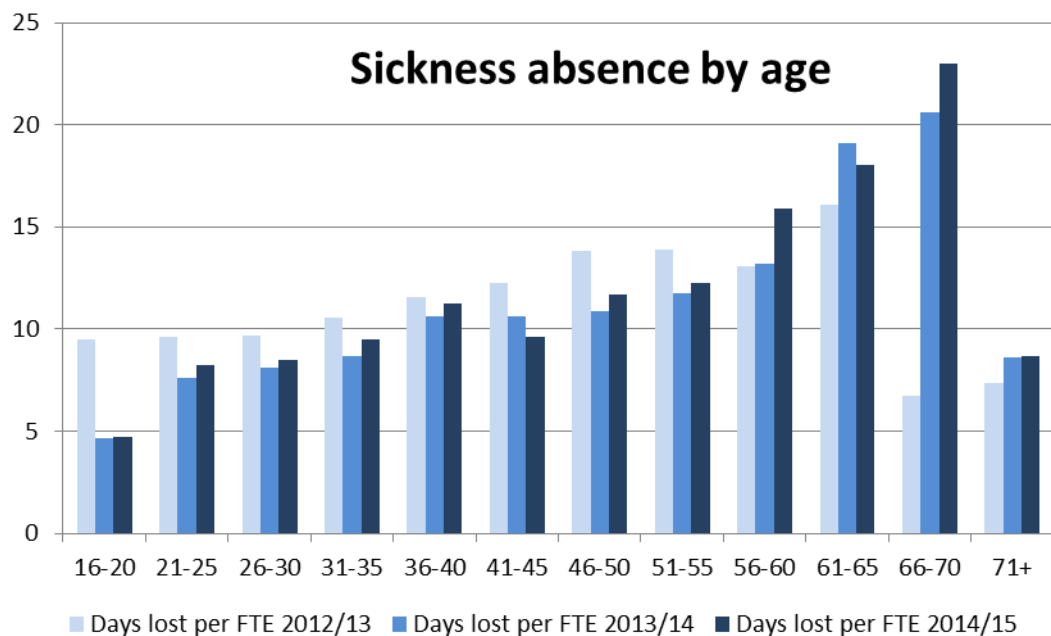
Year	Corporate sickness absence target (per FTE)	
	Including schools	Excluding schools
2014/15	8.7	11.8
2015/16	8.5	11.5
2016/17	8.2	11.2

**Nationally – age / gender /occupational category**

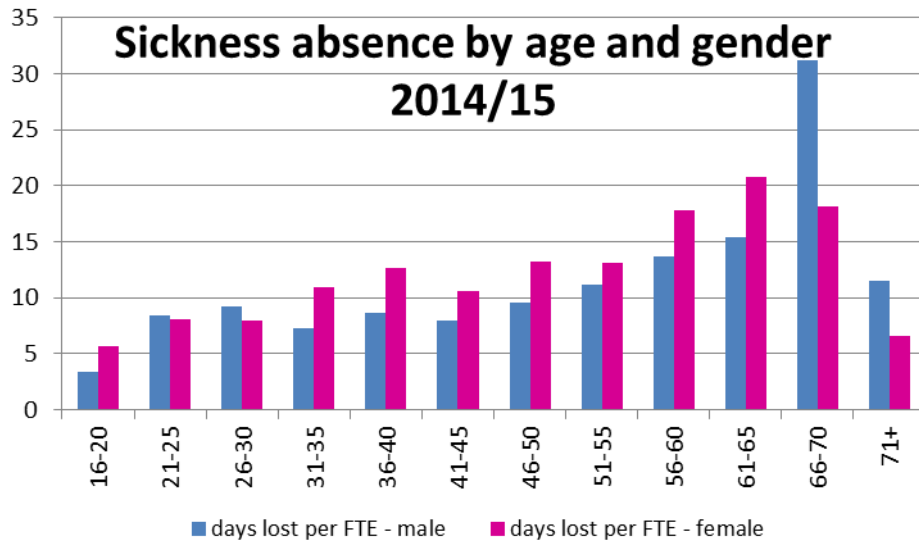
- 46. Variations in sickness absence across different services may be partly explained by the profile of the workforce. An annual report into sickness absence in the UK labour market from the Office for National Statistics (ONS) shows a number of trends against which we can compare the profile of our sickness absence to determine whether there are any significant variations.
- 47. Sickness absence increases with age, reflecting that people develop more health problems at older ages and sickness absence is more prevalent amongst lower graded employees. The ONS reports that workers aged 16-24 are 46% less likely to be off work due to sickness than those aged between 50 and the state pension age.
- 48. The national trend is that female employees have higher sickness with women being 42% more likely to be off work due to sickness than men nationally. The ONS also reports that sickness is lowest for managers, directors and senior occupational group classifications.

## Durham compared to national picture

49. Datasets of all sickness absence for both 2012/13 and 2013/14 excluding schools based staff have been analysed against these variables. In particular analysis has been carried out to establish whether any patterns emerge, how these compare with the national picture, and whether any relevant variations can be identified between different occupational groups; the patterns that emerged are all reflective of the national picture.
50. The picture in the Council is that sickness generally increases with age. The Council has an ageing workforce and in the current financial climate, there is little active recruitment taking place which would naturally see the introduction of younger employees into the workforce.

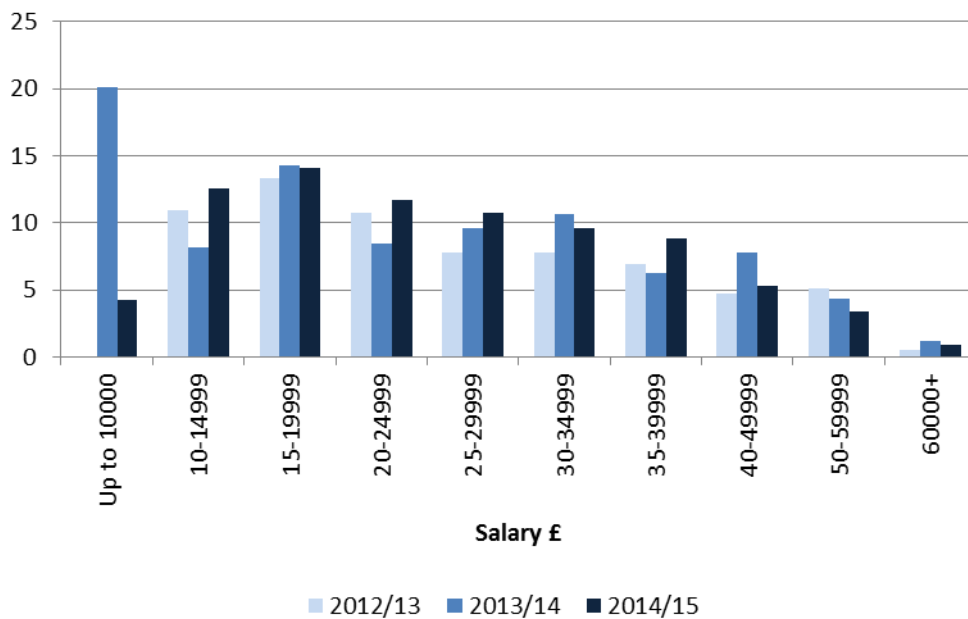


51. Sickness among female workers is higher across almost all age groups and the council's workforce is predominantly female (62.9 of non-schools based staff).



52. You can see from this analysis that female employees have more sickness absence on average than male employees and that sickness absence tends to increase with age. Please note that we have only 48 employees over the age of 65. Data from both 2012/13 and 2013/14 in DCC shows a similar pattern in terms of greater sickness absence for women and sickness absence tending to increase with age.
53. Comparing sickness absence with remuneration levels indicates that lower paid workers tend to incur more sickness absence.

### Sickness by FTE salary



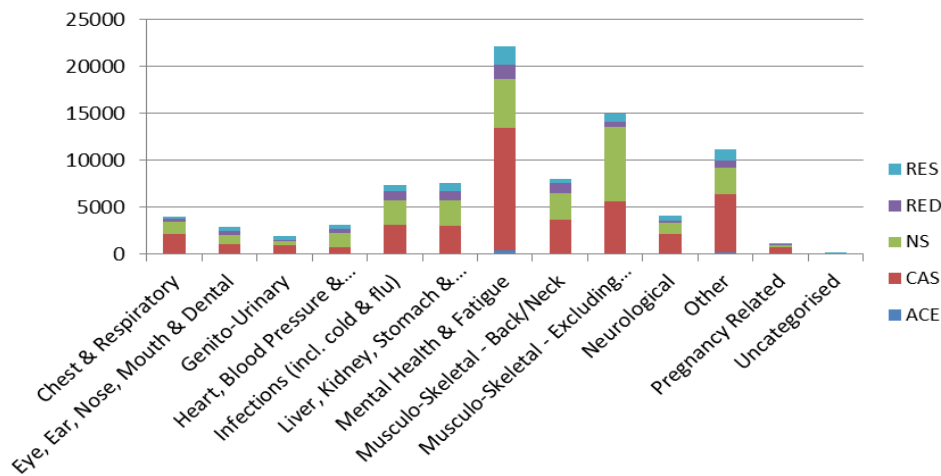
54. All of the patterns within the UK labour market are observed in the DCC workforce. The age profile and predominantly female makeup of the



workforce is typical of other public sector organisations and is one of the reasons public sector sickness is higher than those of the private sector.

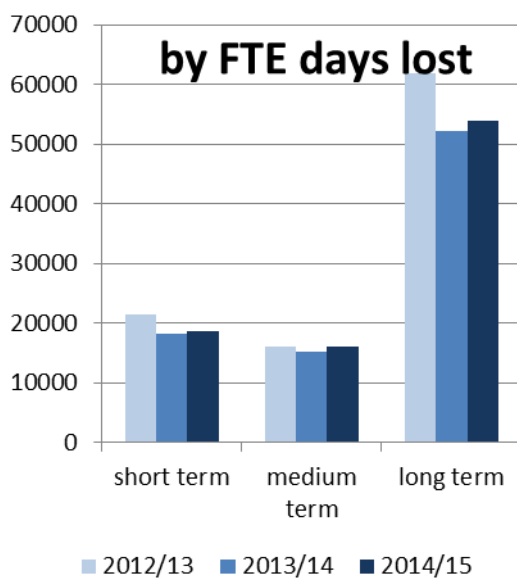
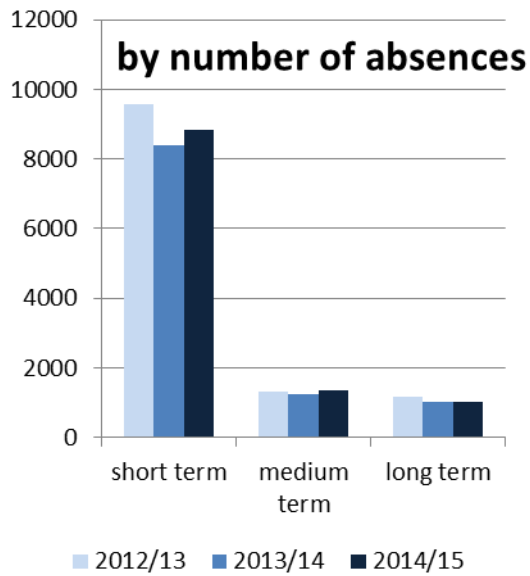
- 55. Regions within the country with the greatest deprivation and poverty also have higher sickness absence rates. The North East together with Wales and the East Midlands have the highest sickness rates in the country (2.4%) whereas London has the lowest (1.8%).
- 56. An analysis of sickness by reason in DCC shows that the two most common categories of sickness are mental health and musculo-skeletal injury which is likewise common to the public sector.

### Sickness absence by reason 2014/15



- 57. One trend where DCC differs from the national picture is the proportion of overall sickness which is considered long-term (>20 days).
- 58. In common with all industry sectors the council categorises a period of sickness absence as short-term where it is up to seven days in length and sickness is categorised as long-term when the absence period is greater than 20 days.
- 59. A breakdown of sickness absence within the Council by absence period indicates that the majority of days lost arise from a small number of long-term absences. However, further analysis reveals that the proportion of total sickness absence defined as long-term, whilst remaining the largest category in terms of days lost to sickness, is actually improving.

## Length of Sickness Absence



60. Long-term sickness absence accounted for >61% of total sickness in 2013/14. At 2014/15, the proportion reduced slightly to 60.8%. This is higher than the average of approximately 55-57% for local government (CIPFA and LGA). This is despite the fact that there has been an increase from 17 in 2013 to 40 in 2014, in the number of terminations of non-school based employee's contracts on grounds of ill health capability.

Period	2012/13	2013/14	2014/15
Short-term (<7 days)	21.7%	21.3%	21.0%
Medium-term (7-20 days)	16.1%	17.7%	18.2%
Long-term (>20 days)	62.2%	61.0%	60.8%

61. The North East region has one of the highest sickness absence rates in Great Britain although this should be set in the context of the prevailing health inequalities facing the region also. The North East has the lowest life expectancy in England, the highest levels of smoking prevalence, 2<sup>nd</sup> highest levels of alcohol consumption, low levels of participation in physical activity (lowest percentage of women meeting government recommendations in the country) and the 2<sup>nd</sup> highest obesity rate.

## **Recommendation 2**

62. The Working Group recommends that the Council continues to target long-term sickness absence as the key cause of below target sickness absence performance.

## **Attendance Management – Training for Managers**

63. One of the fundamental principles enshrined within the draft attendance management policy is the importance of ensuring that all managers have access to support and training in respect of the Council's attendance management policy and associated sickness management toolkit.
64. In order to better understand the extent of training and support provided to managers, the working group have examined the training provided to managers including the presentation slides which set out:-
- Employee and manager responsibilities within the relevant policies and procedures;
  - My view recording and reporting requirements;
  - Supporting policies covering Mental Health and Wellbeing;
  - Management procedures including triggers and interview processes for both short and long term absences;
  - Support available to employees including phased returns; light duties; modified workloads and redeployment.
65. Human resources provide 1 to 1 training and support to managers that require it including support available from the Occupational Health Service.
66. In light of the identification of the 2 highest causes of sickness absence being mental health and musculo-skeletal injury, the working group recognised the importance of HR/OHS training including stress awareness, manual handling, workstation assessment and annual appraisal awareness.
67. In 2013/14 578 managers received sickness absence training and a further 436 in 2014/15.

### **Recommendation 3**

68. The Working Group recommends that upon approval of the draft Attendance Management Policy, compulsory training be given to all DCC managers on the application of the new policy and associated procedures, making the links to such training as stress awareness, manual handling, workstation assessment and annual appraisal awareness and that this is incorporated into the Durham Managers' Programme.

### **My View IT System**

69. The working group examined the Council's corporate MyView IT system which enables managers to capture data when employees telephoned to inform they were ill. The system also removes the need for paper administration and the forwarding of such information to HR/Payroll now sits with line managers feeding directly into payroll from MyView.
70. MyView system functionality includes employees being able to access their payslips online (effecting a reduction in the expense of producing and mailing paper copies); an ability for staff to update their personal details, such as name, contact and bank details; the submission of expenses and mileage claims (with managers to then authorise as appropriate); the ability for managers to record appraisal information and training requests; and for managers to record absence.
71. The attendance management module within MyView allows for the recording of start and end dates for absences, and the reasons for the absence. It also has the facility to upload copies of fit-notes and to record return to work (RTW) interviews, sickness absence interviews and to set dates for actions thus ensuring that the system is fully auditable.
72. The working group examined the current automated "reminder triggers" within the My View system which sends a reminder to managers after 30 calendar days that a Sickness Absence interview needs to be undertaken in the event that this has not already occurred. Thereafter, further reminders are sent after two further 7 day periods following which it is escalated to a senior manager. Members consider that this is too lengthy and have suggested that the initial reminder be sent after 20 days and the escalation e-mail after a further 7 days.
73. Given the necessity of ensuring synergy between the draft Attendance Management Policy and the existing My View system, the working group considers that, as the draft Attendance Management policy is agreed and implemented, further training must be provided to managers and appropriate consideration given to updating the My View/Workforce training where necessary.

#### **Recommendation 4**

74. The Working Group recommends that the current automated “reminder triggers” within the My View system be amended to send a reminder to managers after 20 calendar days that a Sickness Absence interview needs to be undertaken in the event that this has not already occurred and the escalation to senior manager e-mail after a further 7 days.

#### **Occupational Health Services**

75. A wide range of services are provided by the Council’s Occupational Health (OH) service to support, assist and encourage employees’ attendance at work. These include pre-employment assessments; disability and reasonable adjustments advice, management concern referrals to OHS and a telephone access point for OH advice. OH provide evidence based interventions to support and enable the management of sickness absence including early intervention for long term sickness and the promotion of early referral into the OHS.
76. Additional OH support services include employee support telephone service; face to face counselling; musculo-skeletal advice/physiotherapy work place assessments, management training, policy advice and guidance, provision of data and trend analysis reports.
77. In examining sickness absence durations, the Working Group found that 92% of sickness was short or medium-term (up to 20 days) which accounted for around 40% of the total sickness absence at the Authority. Whilst only 8% of sickness was classed as long-term, this accounted for around 60% of sickness absence within the Council although this pattern was prevalent across the public sector.
78. OH provide early intervention support and guidance in long-term sickness cases, with evidence of the effectiveness of this being set out in the guidance document from the National Institute for Health and Care Excellence (NICE) on managing long term sickness and incapacity for work. This guidance identified a “window of opportunity” of around 2-6 weeks for referral to OHS where this could prevent longer-term absence.
79. As part of the benchmarking information provided to the working group, comparator information was provided in respect of 8 local authorities including Durham and 3 private sector organisations (Northumbrian Water, Gentoo and Axa.) This showed that amongst local authorities, the Council compared favourably with other peer Councils when examining trigger points for sickness absence interviews, policies to deal with long term sickness absence, phased return to work and occupational health referral timescales.

80. An analysis of work undertaken involving OH and the Council's Adult Service highlighted that Sickness absence rates (% of working days lost) in 2001/2 were 9% working days lost and that it took an average of 100 days to OHS referral whereas in 2010/11 this had reduced to 5.5% working days lost and an average of 50 days to OHS referral. This evidence led members to examine the merit of early referral into OH as a key measure in tackling long term sickness absence.
81. The Working Group identified concerns around the length of time taken to refer into the OH service with evidence indicating some cases to referral being over 300 days, again prompting members to consider the need for earlier and more timely referral into OH.
82. Given that some key interventions available through OH were aimed at tackling the top 2 causes of sickness absence (mental wellbeing and musculo-skeletal), the Working Group were of the opinion that earlier referral into the OH service was essential and that a corporate target or benchmark be set for OH referrals.
83. In view of the Working Group's desire to examine the establishment of corporate benchmarks /targets for referral into OHS, it was also anticipated that this might require HR to work with the Senior OH Physician in order to try and forecast any impact from such a change to policy upon capacity within the service, and therefore help inform Members in their consideration of this.

#### **Recommendation 5**

84. The Working Group recommends that a review of the current OHS referral process be undertaken to include establish a corporate target for referral into the OHS service of 30 days; an analysis of the impact upon OHS of implementing this target and an immediate referral into OHS for those employees whose absence has been due to mental wellbeing.

#### **Staff, manager and Trade Union feedback**

85. The Council has well-established and robust mechanisms for employee, manager and trade union engagement. Extensive employee engagement includes senior management roadshows; Open Doors corporate suggestions and queries scheme; Great Staff Great Stuff employee recognition scheme and formal communications mechanisms through corporate print and digital platforms.
86. The Council holds annual and seasonal senior management roadshows with 16 events having been held in summer 2015 across 11 venues. Questions and answers are invited both prior to and at events with post-event feedback provided. Over 850 employees attended the latest round of meetings.

87. The Council also hosts its corporate suggestions and queries scheme “Open Doors” which enables employees to ask questions and make suggestions via the intranet, phone, email or post with feedback on issues raised published. To date over 500 questions and suggestions have been processed since roll-out.
88. Over 1,500 employees have been recognised for their efforts through the Council’s “Great Staff Great Stuff” awards which were launched 3 years ago. The 2014 awards received over 150 nominations across categories which included Excellent service; Working Together; Innovation, Apprentice of the Year, Team of the Year and Employee of the Year.
89. The Council uses various digital and print publications with which to communicate and engage with employees. This is not only about transmitting corporate messages, but also sign-posting employees to engagement mechanisms and opportunities, both formal and informal. Examples include the Intranet, Emails to all PC users, Buzz employee magazine, the Employee Update and E-newsletters.
90. The use of social media also features strongly in disseminating information to our staff and the wider community via Facebook (11,758 likes); Twitter (13,535 followers); LinkedIn (3,450 followers of which 1,865 are employees) and Instagram which has been recently launched particularly to engage with young people.
91. Feedback from staff from the 2014 Internal Communications survey indicates that 71% of respondents would speak highly of Council outside work; 77% attended at least 1 team meeting per month; 88% feel recognised and valued at work and 94% feel free to express their views to managers.
92. Whilst acknowledging the positive outcomes from the Internal Communications survey, the Working Group noted the absence of a comprehensive Council-wide staff survey which would gather staff opinions on such issues as health and wellbeing; attendance management; appraisals; council policy; training and development and organisational culture. The group feel that this would provide a richer source of information and a good “barometer” against which to gauge the organisational wellbeing of the Council.
93. Managers and Trade Unions have also been engaged in the production of the draft Attendance Management Policy and have submitted their comments on the emerging policy which were examined by the working group as part of its evidence gathering. It was noted that the Trade Unions had stated that they will work within the proposed Draft Attendance Management Framework but will not signal agreement to it. Trade Unions have also stated that they acknowledge the role of managers in managing attendance as well as the role of HR in informing, supporting and developing managerial skills and competencies in applying the attendance management framework.

94. Trade Unions have proffered views that Management should acknowledge that, with a predominantly female workforce, and with CIPD Research showing women have more incidence of sickness than men, it is unreasonable to try to draw sickness absence comparisons with the Private Sector which has a different workforce make up.
95. Trade Unions are supportive of appropriate and early referral to OHS.

### **Recommendation 6**

96. The Working Group recommends that staff, managers and Trade Unions be engaged in the examination of suggested changes to the Attendance Management policy arising from this review in respect of My View Sickness Absence Interview reminders and the development of OHS referral targets.

### **Recommendation 7**

97. The Working Group recommends that a comprehensive Council-wide staff survey be undertaken to inform organisational development, which would gather staff opinions on such issues as health and wellbeing; attendance management; appraisals; council policy; training and development and organisational culture.

### **The Council's approach to better health at work**

98. During consideration of attendance management performance statistics across the Council, members of the working group felt that a key contributory factor to improving sickness absence would be for the Council to promote better health at work amongst its workforce. Reference was made to a number of initiatives adopted by the Council to promote better health and a report summarising these initiatives was brought to the Working Group.
99. Health and wellbeing of employees is currently incorporated into many Council policies and procedures in addition to a number of provisions and initiatives including:
- Provision of a broad range of Occupational Health Services (OHS) with referral pathways to 'face to face' psychological support sessions such as Cognitive Behavioural Therapy;
  - Provision of an Employee Care Programme providing 24 hour 365 days a year telephone support on a range of issues both work related and personal;
  - Employee access to a Musculo-skeletal Advisory Service, provided via the OHS by qualified physiotherapists with 'fast track' access to focused advice, support and treatment;
  - A number of targeted health campaigns are arranged throughout the year led by Health and Safety and OHS, such as 'Sun and



skin cancer awareness' for outdoor workers and 'Hand Arm Vibration Syndrome' awareness.

100. The Council's corporate intranet includes a dedicated page entitled "Better Health at Work" and this includes:-

***Physical wellbeing***

- Lunchtime Walks from County Hall Reception – Walk4life;
- Corporate Health and Fitness Membership Scheme – 18% discount on standard membership at DCC Leisure centres;
- Change4life weight management programme promotion including healthy eating, fitness and weight loss advice.

***Mental Wellbeing***

- Access to counselling and psychological support services including the Council's employee care assistance programme First Assist;
- The "tackle mental health" website developed by the Shaw Trust and which aims to provide information and easy solutions to help staff deal with mental health issues;
- Promotion of the "Five ways to Wellbeing" campaign offering useful tips on improving mental wellbeing.

***Cycling***

***Accessing a Bicycle***

101. The Council offers access to the Cycle to Work Scheme. This is currently provided by Halfords via their Cycle2work scheme. The salary sacrifice scheme offers employees the use of a brand new bicycle, whilst saving money on the cost of the hire. (Actual savings depend on the personal tax situation of the individual).
102. The salary sacrifice is where an employee gives up part of their pay due under their contract of employment. In the case of the Cycle2work Scheme the employee agrees to sacrifice a portion of their salary in return for the employer providing the loan of a bicycle. The monthly gross salary reductions will be made direct from salary through payroll.
103. The Council also offers a cycle loan scheme, which gives employees the opportunity to buy a bicycle using a loan provided by the council. This loan is then paid back through the employee's salary, normally over 12 months.

104. The Council's intranet also includes regular news items related to better health such as promotion of change4life health checks in County Hall for employees; time for sugar swaps via change4life; promotion of No smoking day and the NHS County Durham's Stop Smoking service.
105. The Council's Buzz publication also promotes better health initiatives across the Council's workforce.

### **Promotion of Employee Wellbeing**

106. The business case linking investment in workplace health and wellbeing to reduced absence costs and improved productivity and performance, is now well established, in addition to the strong moral case for such actions. There is currently a plethora of Government sponsored and private industry publications describing effective health and wellbeing initiatives in the workplace. In reviewing this literature the recurring themes appear to be
- Organisational commitment - Making health and wellbeing a core priority for senior management and ensuring line managers have appropriate training (NICE Guideline June 2015)
  - Robust systems in place to facilitate early intervention, effective management of sickness absence and return to work
  - Employee engagement – this is very closely linked to health and wellbeing
  - Targeted initiatives - based on risk, organisational aims and workforce demographics, such as the 'ageing workforce'
  - Centrally planned, branded and marketed health promotion campaigns aimed at empowering employees to make healthier lifestyle choices with specific initiatives aimed at different worker groups.
107. Sandwell Council reported a reduction in sickness absence from an average of 11.8 days per fte in 2008 to 8.5 in 2013 by running a strategic branded campaign, 'Taking Control – your health'. This included modernising sickness absence processes, ensuring early intervention, and a series of health promotion campaigns.
108. A recent article on the BBC Website entitled "Do you want your company to know how fit you are" showcases the growing number of companies that are using mobile fitness technology to promote healthier lifestyles and wellbeing amongst their workforces.
109. In 2013, about 2,000 companies offered their employees fitness trackers, according to technology research company Gartner. In 2014, this rose to around 10,000. By 2016, the firm predicts that most large companies - those with more than 500 employees - in both the US and Western Europe will offer fitness trackers with their programmes.

110. The article highlights that a lot of companies view [these schemes] as giving them a competitive advantage,...in that they can improve overall employee wellness through data collection. They're not just making workplaces better, but decreasing unplanned leaves of absence.
111. Another article on the BBC Website explains how five years ago, Liverpool's Walton Centre, a specialist NHS hospital treating injuries to the brain, spine and nervous system, had a problem with staff sickness levels.
112. In order to tackle the issue, the hospital utilised one of its patient rehabilitation gyms to offer netball/exercise sessions for its workforce. One participant explained that "keeping fit and exercising, I think it helps you to eat healthily, just to be physically healthy, mentally healthy. So that definitely contributes to a healthy lifestyle and cutting sickness rates."
113. A netball team was set up a couple of years ago as part of the hospital's response to the high level of staff sickness. With a workforce of around 1,300, sickness rates were running at an average of more than 7% a year. At times, that figure could be much higher, for example during an outbreak of winter flu.
114. Managers and unions decided something needed to be done and the idea of activity and exercise classes took off. Now, as well as netball, there is a staff football team, a running club, pilates classes, massage and aromatherapy, weight management programmes and a host of other schemes and activities. All are designed to increase physical activity, relieve stress and improve the health and wellbeing - physical and mental - of staff.
115. The Walton Centre's success has been reflected in a string of workplace awards and that figure of 7% sickness from 2010 is now just around 4%, on a par with the rest of the NHS in England.
116. The County Council has invested significantly in to ensure that the promotion of better health and wellbeing of employees is incorporated into core Council policies and procedures including the development and delivery of a wide range of County Council promoted better health at work initiatives. It has long since acknowledged the importance of promoting and maintaining a healthy workforce.
117. The transfer of public health into the Council in 2012 brought a range of expertise within the organisation in respect of health improvement and wellbeing initiatives which has been utilised to promote better health at work and there remain further opportunities to explore this key area.
118. The task facing the Council is whether it needs to consider a more targeted series of campaigns and initiatives which would encourage members of the workforce less likely to participate in such initiatives.

## **Recommendation 8**

119. The Working Group recommends that that the Council review its current provision for the promotion of “Better Health at Work” and examine the potential to develop a more proactive and targeted approach to health and wellbeing promotion amongst its workforce.