

# **Attendance Management Scrutiny Inquiry Report**

# Introduction and Scope



## Introduction and scope

1. The business case for sound attendance management procedures and processes is clear. Dame Carol Black in her report *'Working for a Healthier Tomorrow'* identified that absence from work through ill health is costing the country £100 billion per year, (the equivalent to the annual running costs of the NHS).
2. The Confederation of British Industry has calculated that in 2007 an average of 9 days were lost per employee in the public sector, at a cost of £900 per individual per annum.
3. In Leeds City Council the absent rate for 2007-08 was 12.18 full time equivalent days lost (LCC and Schools) against a target of 11.50. On the highest sickness day in 2007/8, 1,317 or 8% of the work force were off sick. It is estimated that sickness absence cost the authority approximately £26 million in 2007/08. This to our mind is not acceptable.
4. In the current economic climate the question we ask is can we afford this? The Council budget, agreed in February, calls for substantial reduction in sickness absence to ensure that services to those who need them continue and are not compromised. Every day of absence results in less money spent on services. The Gershon Review has also highlighted the reduction of sickness levels as a means of making efficiency savings and increasing productivity.
5. The economic argument is not our only concern. There is also a human cost to these figures. There is now clear evidence to show that working is good for one's health and that worklessness is bad, not just for the individual concerned but for the whole family. There is evidence to show that families without a working member are more likely to suffer poverty and ill health. Leeds City Council employs 32,379 people, the majority of whom have families and live in Leeds. The good health of these employees will provide better life chances for their families and go a long way towards our aim of 'narrowing the gap.'
6. When we decided to undertake this Inquiry, we were aware of the detailed and comprehensive work previously undertaken by the Overview and Scrutiny Committee and Scrutiny Board (Resources) and the subsequent recommendations made by Members. Whilst technical data would be of use, we wanted to minimise repetition of previous discussions and certainly did not want to simply cover the same ground as previous inquiries.
7. Therefore, the aim of this Inquiry was to take a more radical approach to seeking solutions to the challenges of sickness absence management within the Authority.

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This included actively identifying recognised good practice and seeking out innovative and creative approaches.

8. Similarly the Board acknowledges that there has been significant work done to establish a framework for managers at all levels to deal with absence. This inquiry did not seek to investigate the framework, but rather how the tools are being applied. With this in mind, the Board engaged with a wide cross section of officers within the Authority, private sector practitioners and recognised national leaders.
9. We are very grateful to our witnesses for their expertise and candour.

# Conclusions and Recommendations



## Conclusions and Recommendations

1.1 Two interrelated themes have emerged from our Inquiry. We make no apologies for these resembling the themes which emerged from Dame Carol Black's review. We consider Dame Black's review to be a significant piece of work in the sickness management debate and we recommend that anyone involved in staff management or HR policy development reads her work.

1.2 Our themes cover;

- Improving sickness management
- Supporting people back to work

### Improving sickness management

1.3 We are satisfied that the authority has robust sickness management procedures and management frameworks in place. These have significantly improved over the past few years and are clearly supported by the Trade Unions.

1.4 In many ways our procedures are very similar to the majority of other authorities, the NHS and those of the private sector. They are written not as a way of determining the genuineness of an episode of absence, but as a way of determining the ability to fulfil a contract. It is our view that it is the *application* of the procedures and the culture of the organisation in which they operate

which ultimately determines their success.

1.5 Both HR Officers and the Trade Unions tell us that the application of the procedures across the authority is inconsistent. This is clearly unsatisfactory and needs to be addressed as no amount of well written procedures will compensate for poor management. We welcome therefore the concept and roll out of the Enabling Managers Project. We hope that this will bring consistency in the application of procedures. We also hope it will result in team managers taking responsibility for the management of absence within their units and see it as a key component of their job and not just an add on.

1.6 A recurring comment from all our witnesses has been the importance of the role of the immediate team manager in managing absence and promoting a culture of good attendance. Line managers must consider good attendance management as important a function as good budgetary management. It is not acceptable for managers to see it as a function handed over to HR.

1.7 ASDA has a saying; "Hire for attitude – train for skill". ASDA head office will not allow promoted staff, who are to manage staff, to take up post until they have completed all the required staff

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management training including the management of sickness absence.

- 1.8 We consider the successful training of team managers to be crucial. We believe that training should focus particularly on early interventions, getting the first stages right and developing pathways back to work. All our witnesses stressed the importance of making early interventions when someone is off sick and not to allow a situation to drag on. We were pleased that this ethos is supported by Trade Unions as it removes the fear managers may have that early intervention could be perceived as bullying.
- 1.9 Historically there has been a tendency for officers to be promoted on their technical merit with little or no thought as to their ability to effectively manage their human resources. We were given an interesting statistic from Steve Sumner, (Local Government Employers' (LGE) National Health and Safety Policy Adviser) who stated that 75% of people "leave their line manager not their job". We are convinced that the key to the success of our policies lies in the ability of local team leaders to be able to apply them correctly and to be confident and skilled enough to be able to make early interventions when staff go off sick.

## Recommendation 1

**That the Council's most senior officers instil a culture where team leaders are expected , and are equipped with the skills, to take responsibility for the attendance management of their staff.**

- 1.10 Team managers with human resource skills are also best placed to create a working environment where people want to work and where people think twice about being off because of the impact it has on colleagues. We support the Council's aspirational culture of "The Council's business is my business." We consider this to be very important. Whilst we might not be able to obtain an employee's loyalty to a monolithic organisation the size of Leeds City Council, we should be obtaining peoples' loyalty to their immediate service area and colleagues. People should be made aware of the impact of their absence both on their service area and on the colleagues who have to cover for them. This should start at induction and continue throughout a person's career.
- 1.11 Managers should also keep job design under regular review and made a key part of appraisal discussions to help motivation and morale and to create a spirit of team working.

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## Recommendation 2

**That all staff recognise their responsibility to foster a culture where good attendance is expected and where unjustified absence will not be tolerated**

- 1.12 We discussed at length the reasons why some people took random days off for minor illnesses, whilst others did not. It is clear that there are a myriad of reasons why some employees will struggle to work whilst nursing minor illnesses whilst others will not. It is also likely that people will use sick days to manage some domestic difficulty. We feel it is important to establish the causes of non-attendance and get beneath the statistics. We recommend therefore that HR, in conjunction with Trade Unions, run focus groups to find out what individuals are saying about their attendance habits.

## Recommendation 3

**That HR in conjunction with Trade Unions run focus groups to find out what individuals are saying about their attendance habits.**

- 1.13 We acknowledge that the Council offers various flexible working schemes ranging from standard flexi time working to

annualised hours and compressed hours. This clearly helps staff find the right work/life balance and reduces the need for people to take sick days for domestic purposes. Having spoken to ASDA and the Council's Chief Environmental Services Officer, we are interested in the concept of 'shift swaps'. This is an arrangement whereby staff can swap shifts with colleagues to accommodate non-work commitments. We acknowledge that this will not be applicable for all services however we believe that further investigation should be made as to whether the Council can add this facility to its flexible working scheme. Having discussed this with the Council's Chief Environmental Services Officer we are of the view that a pilot should be run within Environment and Neighbourhoods to test its application.

## Recommendation 4

**That the Council pilots a 'shift swap' scheme within Environment and Neighbourhoods.**

- 1.14 When representatives from the Leeds Teaching Hospitals NHS Trust came to see us we were struck by the similarities of the issues they also faced, particularly around the skill levels of local managers, early

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intervention and the importance of fostering an attendance culture. We believe there is an opportunity to work more closely with colleagues at the Leeds Teaching Hospitals NHS Trust in order to share best practice and this should be actively pursued. We would also encourage the development of a wider network of professionals from other organisations in order to share best practice.

## **Recommendation 5**

**That the City Council in the first instance develops formal links with Leeds Teaching Hospitals NHS Trust to share best practice in the area of attendance management and that consideration is given to Leeds City Council leading on the development of a wider 'best practice' network**

- 1.15 The Council should continue to be an exemplar in attempting to pro-actively improve the health and well-being of its workforce. This recognises not only the effect on attendance and productivity in work, but the affect it will have on families and communities. We heard examples of what the Council is doing through its Happy, Healthy and Here Programme for example new Occupational Health Service; rehabilitation and early return to work pilots;

Health Awareness Weeks and Vielife. Vielife is an organisation that provides an innovative approach to health and performance by specialising in increasing the ability of people and organisations to be healthier, more effective and more productive. They achieve this through providing tailored lifestyle planning together with practical health and well-being services to the public and private sector.

- 1.16 We also believe that the City Council should continue to work with the Healthy Leeds Partnership to coordinate the many health and well- being initiatives and pilots operating in the city. The recent joint appointment of a Workplace Health Improvement Specialist with the Primary Care Trust is endorsed by Scrutiny and is well placed to drive this shared agenda. The recent work on a 'Year of Workplace Health' across Leeds is a good example of this in action.

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### Recommendation 6

**That the Council continues with its pro-active approach to health and well-being under the Happy, Healthy and Here Programme. In particular, it would encourage careful evaluation of pilots such as Vielife and rehabilitation and return to work, to see if there is merit in rolling them out across the Council.**

**It is also important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds Partnership to coordinate existing and develop new health and well-being initiatives across the city. The new Workplace Health Improvement Specialist should be supported in their role in making this happen.**

1.18 The Government has committed to help support employers develop *Fit for Work* services in a programme of piloting. We believe the new Occupational Health Service with its emphasis on prevention and rehabilitation, moving away from the traditional medicalising of absence, has many of the elements of a *Fit for Work* service. We therefore recommend that this is built upon and that the Council becomes a *Fit for Work* pilot area. We would envisage this being achieved through the Healthy Leeds Partnership and Leeds GPs

### Recommendation 7

**That the City Council actively pursues becoming a *Fit for Work* pilot area.**

### Supporting people back to work

1.17 Dame Black's report talks about the need for people in the early stages of sickness absence to receive support in order to reduce longer-term or repeated episodes of absence and recommends a *Fit for Work* service. Based on an individual case managed multidisciplinary approach a *Fit for Work* service provides an action plan for achieving recovery, with a focus on a return to *appropriate* work as part of that recovery process.

1.19 We believe the City Council, due to its sheer size, has enormous potential to facilitate a person's return to work. We do not support the view that it is inappropriate to be at work unless 100% fit, nor do we believe that being at work impedes recovery. It is our view that it is better for one's health to be in work. We therefore strongly support the concept of "fit notes". That is, understanding what duties a person *can* undertake rather than not. With the impending introduction of the fit note it is



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imperative that the Council embraces the concept of making reasonable adjustments to a person's job in order to get them back into work.

## **Recommendation 8**

**That the introduction of fit notes is endorsed and implemented as soon as is possible.**

## **Recommendation 9**

**That the City Council explores practical ways in which jobs may be adjusted in order to respond to fit notes and therefore encourage return to work.**

## **Monitoring arrangements**

- Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

# Evidence



## Reports and Publications Submitted

- Working for a healthier tomorrow – Dame Carol Black’s Review of the health of Britain’s working age population - March 2008
- Improving health and work: changing lives. The Government’s response to Dame Carol Black’s Review of the health of Britain’s working-age population
- CBI/AXA Absence and Labour Turnover Survey 2008 - Summary of Findings
- Overview and Scrutiny Committee - Inquiry into Safety, Wellbeing and Attendance – March 2006
- Report of the Director of Resources - April 2008 - Detailed Attendance Analysis
- Report of the Director of Resources - December 2007 - Update on the Development and/or Roll-out of New HR-Related Policies/Procedures.
- Report of the Director of Resources - November 2007 - Sickness Absence

## Witnesses Heard

- Professor Dame Carol Black - National Director for Health and Work, Chairman of the Academy of Medical Royal Colleges and Chairman of the Nuffield Trust.
- Steve Sumner - Local Government Employers’ (LGE) National Health and Safety Policy Adviser
- Councillor Richard Brett – Executive Member – Central and Corporate
- Stuart Price – HR Officer - ASDA
- Chris Ingham - Deputy Head of HR - Human Resources
- Andrew Mason – Chief Environmental Services Officer
- Rachael Allsop, Director of Human Resources, The Leeds Teaching Hospitals NHS Trust
- Dick Banks – UNITE
- Steve Terrington - UNITE
- Michelle Robb – GMB
- Dave Noble – UNISON

## Dates of Scrutiny

- 7<sup>th</sup> July 2008 – Scrutiny Board
- 8<sup>th</sup> September 2008 – Scrutiny Board
- 3<sup>rd</sup> November 2008 – Scrutiny Board
- 6<sup>th</sup> January 2009 – Scrutiny Board
- 29<sup>th</sup> January 2009 – Working Group
- 2<sup>nd</sup> March 2009 – Working Group
- 6<sup>th</sup> April 2009 – Scrutiny Board