Hyndburn Borough Council

Customer First Analysis

**Attendance Management Framework and
Toolkit**

1.   Purpose

- What are you trying to achieve with the policy?

−   Support and promote employee health and wellbeing as part of our wider Health and Wellbeing Strategy.
−   Maintain rates of sickness absence at a minimum level.
−   Provide clear guidelines and support for employees and managers on managing attendance.
−   Support the provision of high quality services.
−   Support employees through periods of illness or other difficulty.
−   Support employees who have a disability, in line with our commitments as a user of the Job Centre's "two ticks" symbol.
−   Obtain best value for money by reducing the costs associated with sickness.
−   Ensure consistent, fair and legal treatment of employees across the council.
−   Ensure that contact is maintained in an appropriate and supportive way with absent employees.
−   Ensure accurate notification and record keeping and the provision of useful and timely management information.
−   Beyond the policy, the Workplace Health Awareness (WHAT) team arrange a number of health interventions, including health checks, awareness raising and physical activities.

- Who defines and manages it?

−   The policies are informed partly by legislation, such as the Equality Act 2010 and employment legislation, including health and safety legislation.
−   HR in consultation with Management Team, trade unions and employees.
−   HR policies require final agreement from the Management Review Committee.
−   HR provide monthly absence statistics to all managers and seek feedback on how cases are being managed once absence exceed a certain level.
−   Managers are responsible for applying the policy.
−   The WHAT team plan and implement activities to support a healthy workforce.

- Who do you intend to benefit from it and how?

- Employees – through supportive management arrangements and access to Occupational Health (OH) services where appropriate. Also benefit from colleagues attending work on a reliable basis so that they do not have to take on additional workload and unfamiliar tasks.
- Managers – through having clear guidelines to follow.
- Residents of Hyndburn and other users of Council services through increased efficiency and value for money.

- What could prevent people from getting the most out of the policy?

- Inconsistent application.
- Lack of knowledge or willingness to take action in those responsible for managing the policy.
- Insufficient or incorrect information (such as a misdiagnosis or failure to identify underlying issues) could prevent the best support mechanisms being put in place. This is more likely where working relationships are less effective.
- Differences in perception, such as people feeling they are being "punished" for genuine absences, leading to reduced motivation / employee engagement.

- How will you get your customers involved in the analysis and how will you tell people about it?

- This Customer First Analysis (CFA) was completed by groups of middle and senior managers, as part of a training exercise to explain the CFA process. The points raised have then been combined to produce this document and will be recirculated for any further feedback.
- If there are any revisions to the policy, there will be full consultation with staff and Trade Unions.

## 2.	Evidence

- How will you know if the policy delivers its intended outcome / benefits?

External evidence was produced by Carol Black[1] and Waddell/Burton[2] on which the national Fit Note policy was based, which demonstrated that:

- the early provision of help can positively affect an employee's health and future attendance;
- employees are frequently able to manage conditions at work, with occupational health advice and other support, rather than go sick; and
- that being at work can be a key part of someone's health management programme.

- How satisfied are your customers and how do you know?

- Absence statistics.

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[1] Working For a Healthier Tomorrow, Dame Carol Black, 2008
[2] Is Work Good for Your Health & Wellbeing, Gordon Waddell & A. Kim Burton, 2006

- Records showing action taken under the policy, to include OH interventions.
- Number and outcomes of appeals and tribunal claims.
- Benchmarking with other organisations, ranging from the private sector to neighbouring district councils.
- Employee survey results.
- Feedback from staff (including specifically managers) and trade unions.
- Achievement of corporate strategy targets and other performance indicators.
- Analysis of outcomes by equality strand / protected characteristic.

- What existing data do you have on the people that use the service and the wider population?

- We hold employee data which includes some – but not all – equality data.
- We monitor formal use of the policy.
- We have health profiles for the borough and region which will assist in planning health interventions, e.g. smoking cessation.
- We have employee survey data has been disaggregated by equality groups.

- Are you breaking down data by equality groups where relevant (such as by gender, age, disability, ethnicity, sexual orientation, marital status, religion and belief, pregnancy and maternity)?

- We do not hold all equality data on employee records. We are only able to analyse age, disability and gender. There is an action listed below to address this.

- Are you using partners, stakeholders, and councillors to get information and feedback?

- Regular Attendance Management reports go to managers, Management Team, Health and Safety Committee, JNCC and to members.

3. Impact

- Are some people benefiting more – or less - than others? If so, why might this be?

  - We report annually on our workforce data and provide a full report to Management Team on sickness absence – see **Appendix 1**. Our Workforce report from 31 March 2013 is published on our website: **http://www.hyndburnbc.gov.uk/site/scripts/download_info.php?downloadID=824&fileID=4029**
  - The information does not show any adverse impact based on any protected characteristic.

4. Actions

- Ensure there are regular briefings on the policy for managers and that it is also effectively communicated to non-managerial staff.
- Consider other ways of acknowledging and rewarding good attendance.

–   Review the policy to ensure it reflects changes in legislation, while retaining the current trigger levels and stages. Consider an alternative to the use of the word "caution" as the disciplinary nature of the word can have unintended consequences beyond reinforcing an expectation of reliable service.

Appendix 1

# Summary report on sickness absence – 2012/13

1. Introduction

Sickness absence continues to be a key performance indicator and a high profile issue in local authorities and the public sector. The Office of National Statistics recently reported that 131 million days were lost due to sickness absence in 2011. **Employees in the public sector took more sick days than those in the private sector, an average of 8.1 days for public sector compared with 5.9 days in the private sector.**

Last year, Hyndburn Borough Council achieved its lowest figure recorded with absence at 5.81 days lost per employee. However, this year the figure has risen to 8.1.This accounts for 2433.90 days lost due to absences.

The Council values the health of its workforce and recognises that health and wellbeing initiatives play an integral part in reducing sickness absence. In recognition of the Council's commitment, the North West Health, Work and Wellbeing Partnership awarded the Council "Excellent" level in the Workplace Wellbeing Charter. Hyndburn Borough Council was the first Council in the North West to receive this award. This is due to be reviewed in November 2013 and it is expected that we will retain this level.

This report provides an analysis of sickness absence data with a view to identifying any trends which can be analysed to assist in reducing sickness absence further over the coming year.

2. Comparison of previous 10 years
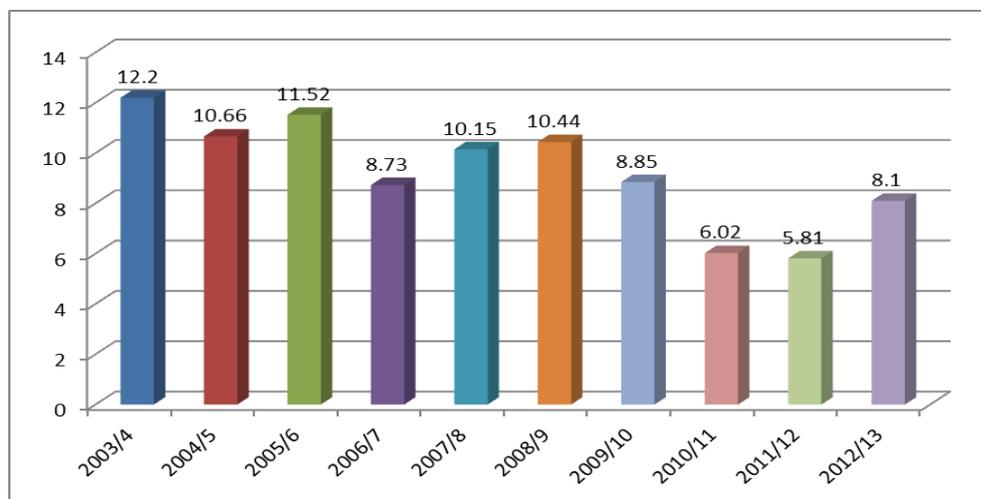
The graph above shows the sickness absence figure over the last 10 years. Absence figures have continued to reduce from the substantial figure of 12.2 days lost per employee back in 2003. However, there has been an increase in absence figures for this year.

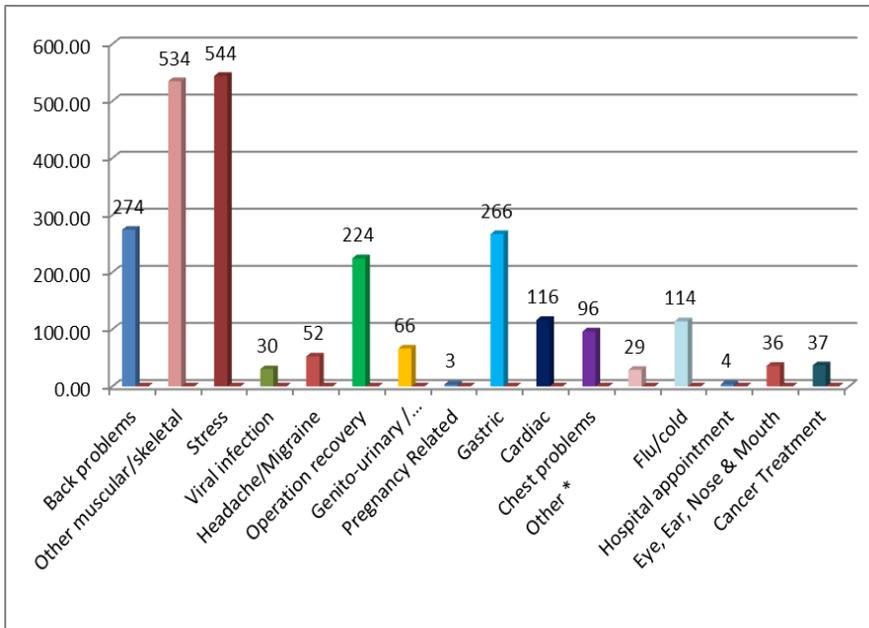## 3.   Comparison with neighbouring authorities

The graph below shows how we have performed in comparison with our neighbouring local authorities. Hyndburn has the eighth lowest number of days lost for 2012/13 with 8.1 days, the lowest amount being 5.4 days. The average across the districts is 8.4 days: therefore Hyndburn is below the average.
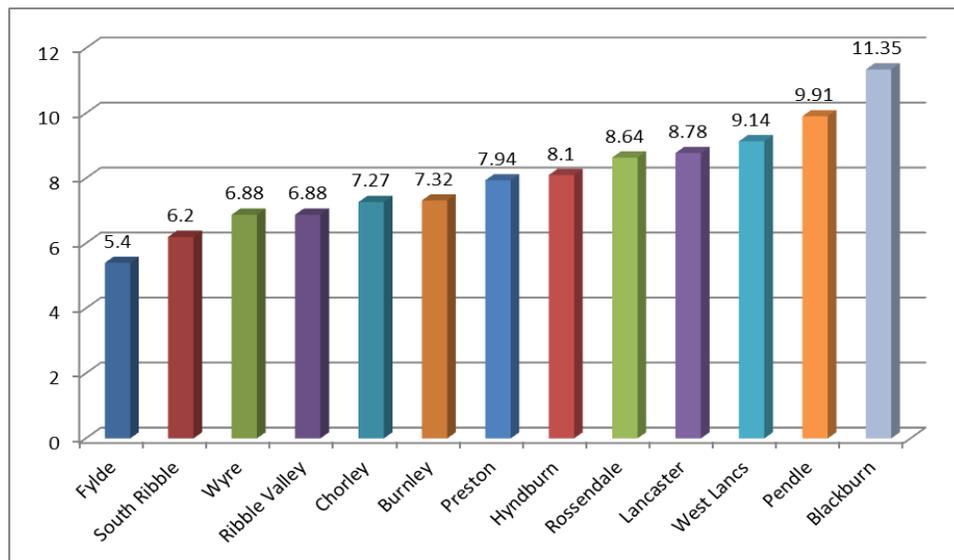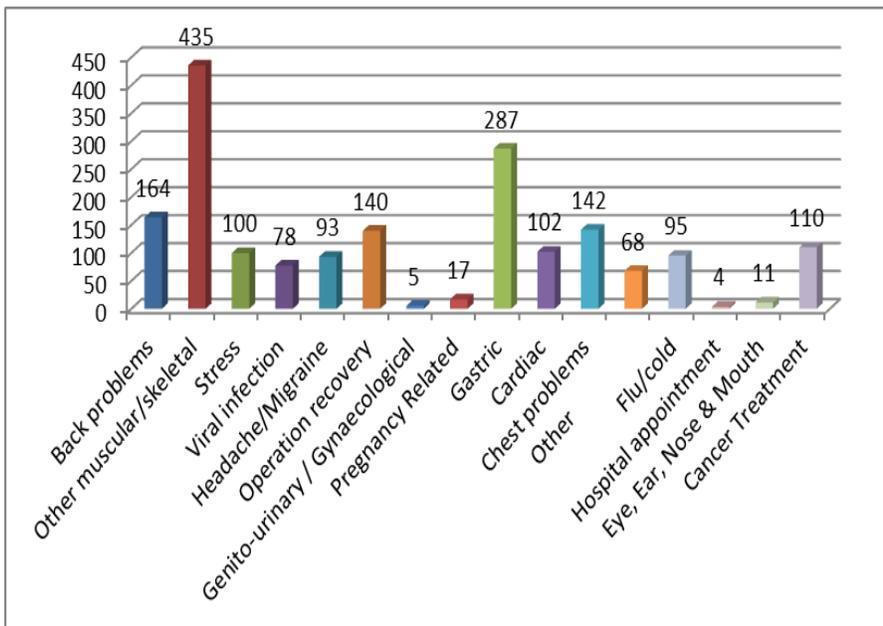

4.   Breakdown of Total Absence by Reason

4.1   The highest number of lost days over the last 12 months is as a result of stress conditions which include anxiety, depression and bereavement stress with a loss of 544 days. This is the first time that stress conditions have been the highest reason for absence. In comparison with last year, absences due to stress totalled just less than 100 days which is an increase of over 444 days.

4.2   The second highest reason for absence is due to other muscular/skeletal with 534.81 days   lost compared with 435.43 days last year which indicates an increase of 23%.

4.3   The third highest absence is due to back problems with 274.54 days lost. This also saw an increase from the year before when absences stood at 163.61 days, an increase of 68%.

4.4   Managers continue to work with the NHS to sign post employees to access services such as Backbuilders and early physiotherapy treatment to try to ensure an earlier return to work.
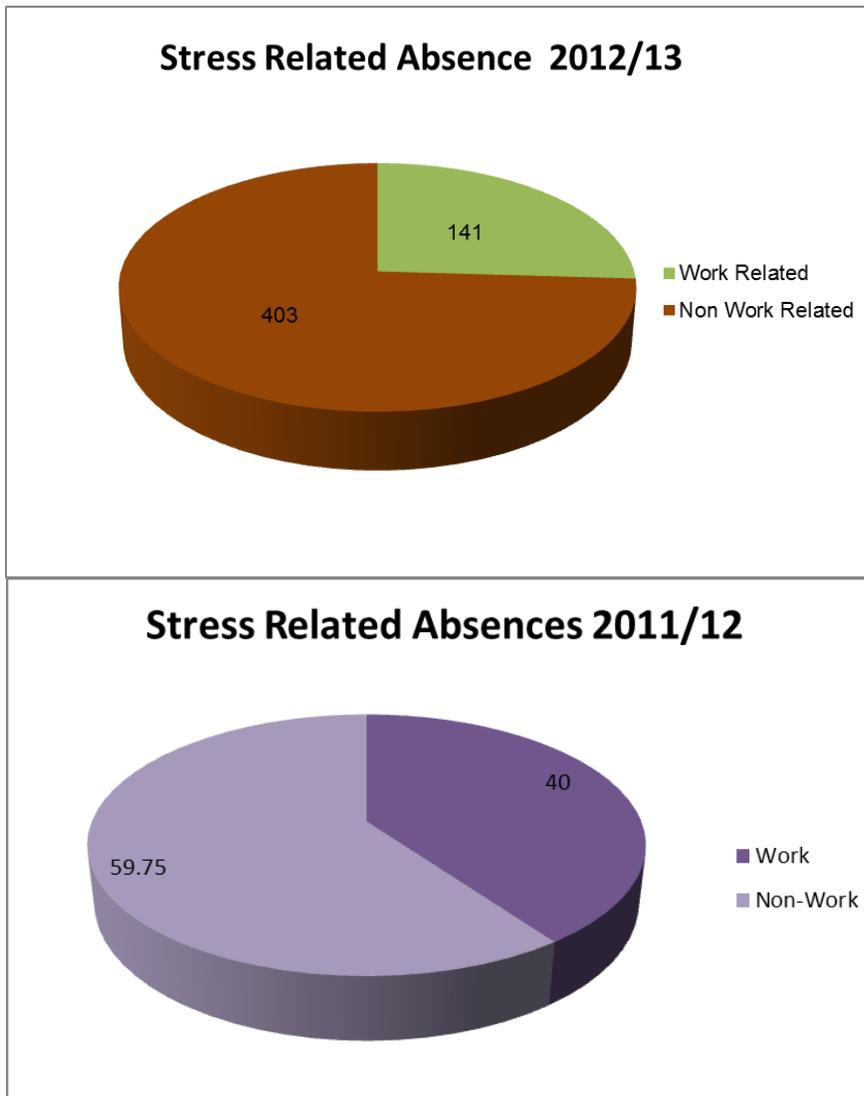
Reasons for Absence 2012/13

Bar chart showing reasons for absence 2012/13 with values:
- Back problems: 274
- Other muscular/skeletal: 534
- Stress: 544
- Viral infection: 30
- Headache/Migraine: 52
- Operation recovery: 224
- Genito-urinary /...: 66
- Pregnancy Related: 3
- Gastric: 266
- Cardiac: 116
- Chest problems: 96
- Other *: 29
- Flu/cold: 114
- Hospital appointment: 4
- Eye, Ear, Nose & Mouth: 36
- Cancer Treatment: 37

(Y-axis scale: 0.00 to 600.00)

Reasons for Absence 2011/12

Bar chart showing reasons for absence 2011/12 with values:
- Back problems: 164
- Other muscular/skeletal: 435
- Stress: 100
- Viral infection: 78
- Headache/Migraine: 93
- Operation recovery: 140
- Genito-urinary / Gynaecological: 5
- Pregnancy Related: 17
- Gastric: 287
- Cardiac: 102
- Chest problems: 142
- Other: 68
- Flu/cold: 95
- Hospital appointment: 4
- Eye, Ear, Nose & Mouth: 11
- Cancer Treatment: 110

(Y-axis scale: 0 to 450)

5. Stress Related Absences

Stress Related Absence 2012/13

141	■ Work Related
403	■ Non Work Related

Stress Related Absences 2011/12

40	■ Work
59.75	■ Non-Work

5.1 As the table shows, absences due to stress (which includes anxiety, depression and exhaustion) totalled 544 days in 2012/13 which equates to 22.4% of overall absences. This is broken down into those absences which individual's cited as "work related" (141 days) and those which were "non-work related" (403 days). The work related absence involved 2   employees on long term absence. The non-work related absences involved 16 employees.

5.2 This is a significant increase from 2011/12 when absences due to stress totalled just less than 100 days which equated to 5.4 % of overall absences.

5.3 HR work closely with Managers whose employees are absent as a result of work related stress. Stress risk assessments are undertaken with employees and early referrals to Occupational Health are actioned with appropriate support given to employees to prevent absences or achieve an early return to work.

5.4   HR have worked with colleagues at the NHS to deliver training in how to recognise and deal with mild anxiety and depression and these sessions will be held during wellbeing month in July.
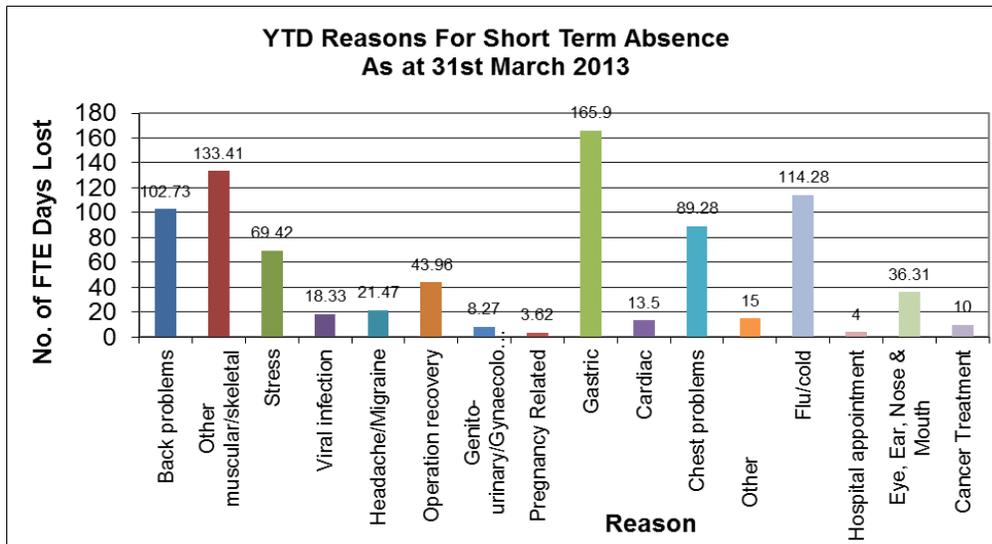
6.   Long Term Absence

The table shows the reasons for long term absence for the year:

YTD Reasons For Long Term Absence (20 + Days)
As at 31st March 2013
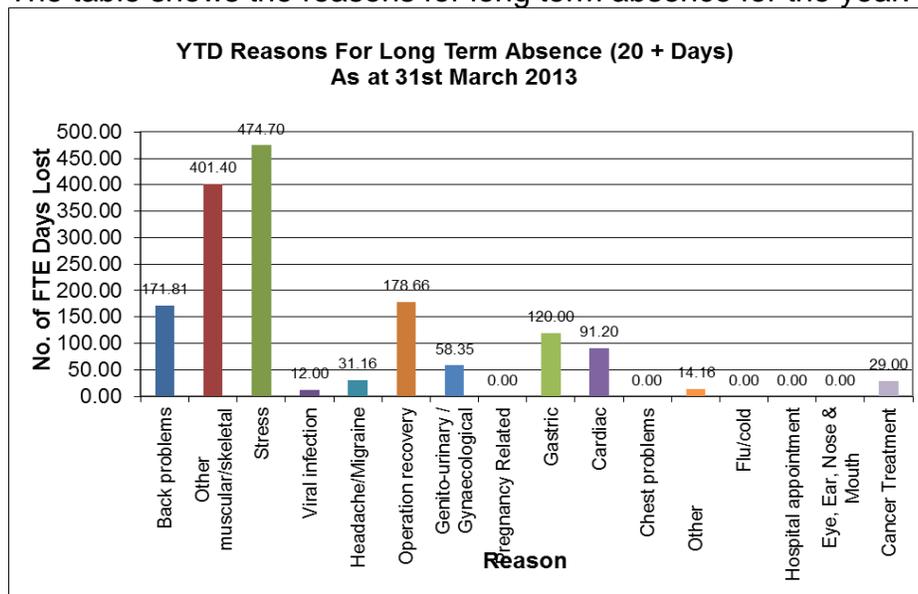
6.1   Total days lost through long term absence stood at 1582.44 this equates to **5.33 days** lost per employee (compared with 3.48 days last year). The highest amounts of days lost through long term absence were as a result of stress conditions which stood at 474 days, accounting for 30% of long term absences.

6.2   The second highest reason for absences were due to Muscular/skeletal covers conditions such as broken and sprained limbs, osteoarthritis, joint replacement, damaged ligaments and cracked ribs accounting for 401 lost days (25.4%)

6.3   The number of employees who had a long term absence stands at 26 which equates to 8.5% of the workforce.

7.   Short Term Absence

YTD Reasons For Short Term Absence
As at 31st March 2013

7.1   Muscular skeletal is the highest reason for short term absence, the second being back problems. The total number of short term days lost due to sickness totals 832.30 days which equates to **2.77** days per employee. This is a slight increase from last year when   short term absences accounted for 742.75 days, **2.33** days per employee.

7.2   When analysing the short term absence statistics, short term absence was again (similar to last year) at its highest in January with 124 days. There is a correlation with the previous two years when days lost in January were the highest for short term absences. Other than this trend, there are no other significant correlations of absences peaking in certain months of the year.

8.   Comparison between Short & Long Term

Total days lost stood at 2433.90 for the year. 1601.60 (5.33 per FTE) were due to long term absences and 832.30 (2.77 per FTE) were due to short term absences. This equates to a 66/34 split of total absences.
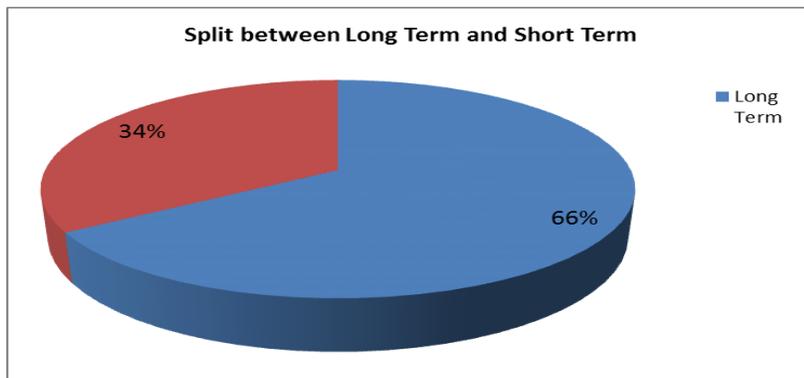

In 2011/12, total days lost stood at 1849.66 for the year. 742.75 days (2.33 per FTE) were due to short term absences and 1106.91 days (3.48 per FTE) were long term absences.

This equated to a 60/40 split of total absences. However, this year shows a significant increase in long term absences.

9.   Absence by Age and Gender

9.1   Last year, the female/male ratio split in terms of the whole workforce stood at 56.5% Male and 43.5% Female.

9.2   Of the 2433.90 days lost due to sickness absence, 1447.96 days were taken by Male employees and 985.94 taken by female employees. This equates to a 59.50%/40.50% gender split. This shows that male employees were absent for a higher proportion of days than female employees.
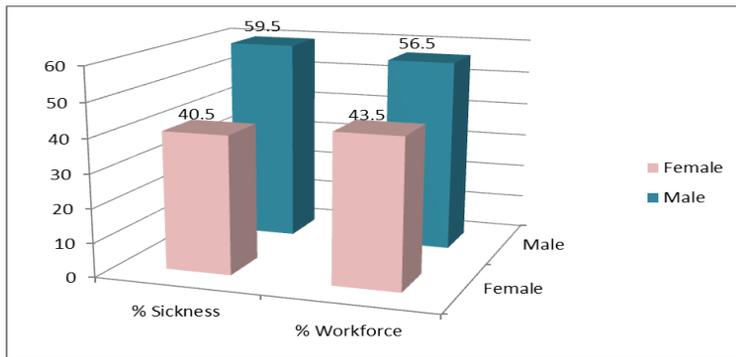

9.3   The above statistics do not correspond with the labour force survey by the Office of National Statistics (ONC). These show that, overall, the trend seems to be that women in the public sector have higher absence rates on average than men, as shown in the graph below:
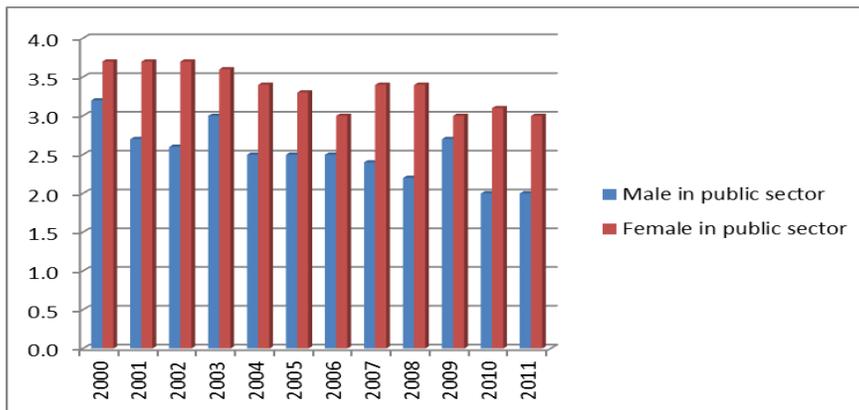

Source: ONS, Labour Force Survey datasets. This is the percentage of usual hours lost due to sickness absences. Quarterly datasets were used to generate annual averages

9.4   Absences by age groups show that of the total days taken, the highest amounts of days by percentage of workforce were taken by those within the age range of 30-39. This group represent 20.5% of the workforce but accounted for 31% of total absences. Second were those within the age range 40-49, they represent 33.8% of the workforce, absences represented 36% of absences.

9.5   The breakdown is as shown in the chart below:
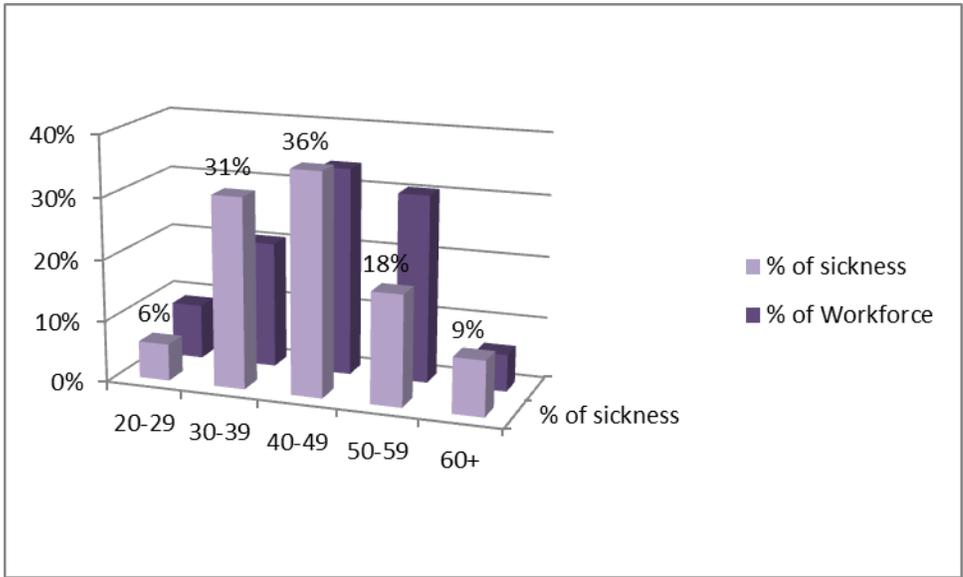
10. Absence by Service Areas – 2012/13

Environmental & Waste Services had the highest number of days' absence over the last year with 994 days. Second were Benefits & Customer Services with 253 days.
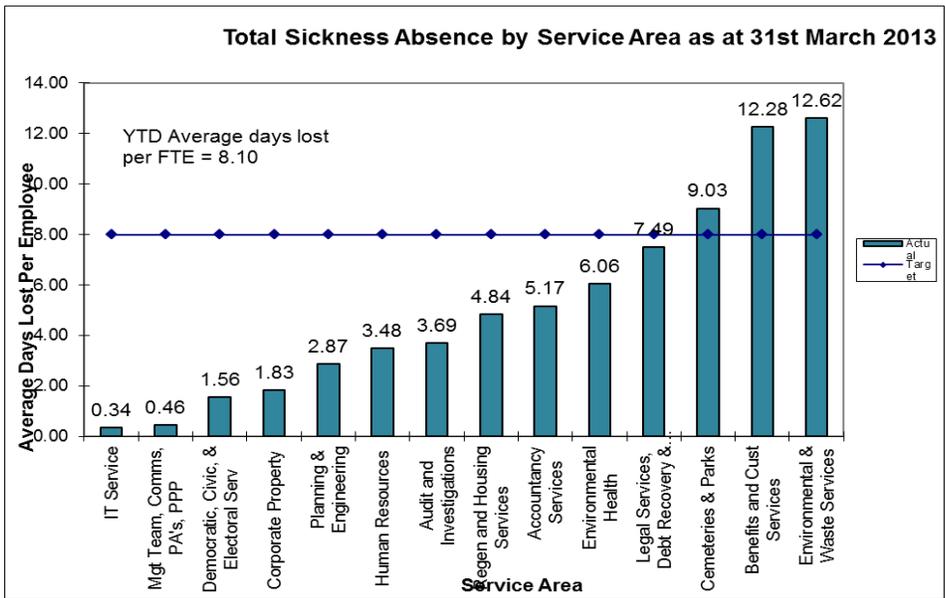
11. Occupational Health

Over the last year, 12 employees were referred to Occupational Health Unit, some of whom required more than one referral. These were for a variety of reasons as the graph below shows. 5 employees received 6 sessions each of counselling/CBT (cognitive behavioural therapy) to support and treat anxiety/depression.

Bar chart showing Depression/Anxiety at 10 and Muscular/Skeletal at 2.
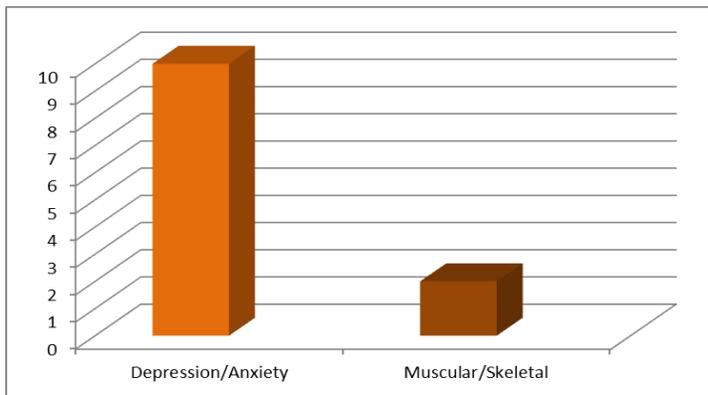
12. Summary of Formal Action

Formal Attendance Review Meetings outcomes - 89 Formal Attendance Review Meetings were held with 89 employees who triggered under the Attendance Management Procedure. 2 Final Cautions were issued, 4 Extended First Cautions, 28 First Cautions and 55 meetings concluded with no action. In addition 15 welfare meetings were held.

13. Interventions/Support

13.1 HR and the Workplace Health Awareness Team will continue to work closely with local health services to gain access to services and health initiatives to improve the health of the work force.

13.2 Wellbeing Week has been extended to over the month of July and includes:
- Cancer Awareness Sessions

- Stress Awareness Training – Living Life to the full and It's a goal sessions held by Lancashire NHS

- A number of health activities

- Raffle prize of 2 x 6 months gym   membership at Hyndburn Leisure

- Seeds/Plant Growing (Prospects)

- Running for beginners (Launch of the Hyndburn Group)

- Cycle Scheme opened during July to encourage cycle use

13.3 The HR Team will continue to work with managers to promote access to local health services, e.g.:
- Drop in Assessments for Physiotherapy (Accrington Pals Medical Centre)

- Back Builders Sessions

- Computerised Cognitive Behaviour Therapy

- Promote the Lancashire Mental Health Helpline

13.4   HR will continue to work closely with managers to ensure that employees are assisted and supported with health issues at the earliest opportunity and that the attendance management policy is implemented effectively.