Case study: Establishing the business case for investing in stress prevention activities and evaluating their impact on sickness absence levels

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Case study: Establishing the business case for investing in stress prevention activities and evaluating their impact on sickness absence levels

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This case study describes the processes and interventions introduced by Somerset County Council to improve the wellbeing / quality of working life of their employees, including reducing workplace stress and the level of sickness absence within the organisation. There is very little real world data describing how an effective stress management process has been introduced and the impact it has had on key performance indicators such as sickness absence (e.g. Cooper et al, 1996). Accordingly, this type of information is valuable to those who are seeking to construct a business case in order to justify investment in activities to improve the wellbeing and quality of working life of their employees. The case study will therefore be of interest to both public and private sector organisations. Details of specific interventions employed (including a breakdown of costs) and the associated reductions in sickness absence are provided. In addition, the case study draws attention to the connection between improving employees’ wellbeing or quality of working life and improving individual and organisational performance. The case study describes how initiatives aimed at these two areas have been run in parallel. Evidence suggests that the combined effect of these and other specified interventions have positively influenced sickness absence rates during the past three years.

Finally, attention is drawn to other relevant research as well as identifying areas where processes could have further benefited the success of the organisation’s quality of working life initiative.

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1 Executive Summary

The case study provides a real world example of how an organisation has pursued a stress reduction strategy and begun to see meaningful change in its key performance indicators such as sickness absence rates. The study serves to provide guidance about how another organisation (public or private sector) might similarly act. It also seeks to help users understand how they may act differently in order to further improve upon the methods and actions previously adopted elsewhere. To achieve these goals, this study describes how the organisation, Somerset County Council (the Council), implemented its strategy (i.e. processes) and explains what it did in terms of actual solutions pursued (i.e. interventions) and the associated outcomes. In this regard, it provides analysis of the changes in sickness absence and explores the association between reductions in sickness absence and the stress audit it conducted and the subsequent interventions it introduced. A cost/benefit analysis of the initiative as a whole is also provided.

From the perspective of wishing to follow good practice, the various elements of a comprehensive stress prevention programme have previously been described in the HSE’s research report titled ‘Beacons of Excellence in Stress Prevention’ (Jordan et al, 2003). This case study provides evaluation of the organisation’s success in adopting these elements of good practice and as already noted an evaluation of the outcomes.

From a commercial perspective, there is generally a paucity of data describing how an effective stress management process has been implemented and the associated costs. It is this very type of information that is so highly prized by organisations as it enables them to construct a business case for investment in employee wellbeing / quality of working life initiatives. Accordingly, a further aim of this case study is to help to fill that gap in knowledge and understanding.

☐ Rationale for engaging in an employee Wellbeing / Quality of Working Life (QWL) initiative – the Council’s principal drivers for engaging in an initiative to improve employee wellbeing / QWL were the cost of sickness absence (approximately £3.7million in 2001/02) and the increasing significance of stress litigation and in particular, developments in legislation and case law (e.g. Walker v. Northumberland County Council and more recently, Hatton v. Sutherland). Also, from an operational point of view, the Council was aware of the changes in employees’ working conditions/practices, which were associated with the impact of the Government-initiated Best Value reviews. Such changes can significantly affect people’s QWL.

Section 3.2 of the Case Study provides a full description of the Council’s rationale as well as details of the stress audit conducted in 2001. Section 3.3 provides introductory comments explaining the link between employee wellbeing initiatives and individual and organisational performance improvements.

☐ The process followed and interventions introduced by the Council under its QWL initiative – the Council commissioned independent consultants to conduct a psychosocial risk assessment (stress audit) in order to identify the sources,
The Council has pursued a strategy that is closely aligned to the Beacons of Excellence Good Practice Model (Jordan et al, 2003). A summary of action taken can be compared against each aspect of the Model:

1. Top Management Commitment – the Council’s Elected Members, Strategic Management Board, and successive tiers of Management across the Council have all been involved in the QWL initiative. Funding approval has been gained at the highest levels on an ongoing basis. The QWL initiative is to be included in the Council’s forthcoming comprehensive People Strategy. Details of the funding made available for interventions and other initiatives are provided in Section 5.4.

2. Risk Analysis – as noted above, the QWL Audit at the end of 2001 represented a formal psychosocial risk assessment using a scientifically tested, valid and reliable instrument. The results of the audit provided an understanding of the starting position and will therefore enable the organisation to gauge achieved benefits when a subsequent survey is conducted. Information about the audit instrument and a summary of the results is provided in Section 3.1 and Appendix 1, respectively.

3. Stress Prevention Strategy – the results of the QWL Audit were used to help construct an Action Plan addressing the aims, responsibilities, resources and timeframes for resolving the problems identified. These have been updated and kept fresh by individual Directorates that have taken responsibility for implementation at a local level. The central Corporate Department has taken responsibility for initiating Council-wide solutions. Details of the process followed to construct the Action Plans are provided in Section 5.1.

4. A Participative Approach – the Council’s QWL project Team consisted of representatives from all major stakeholders, including Trades Unions representation. Middle Managers and employees were consulted in the process of constructing the Action Plan and ideas used where relevant. Details of the members of staff included in this team are provided in Section 5.1.

5. Interventions Concentrating on Individuals, Teams and the Organisation – a broad mixture of interventions have been introduced aimed at each of these three groups. Individual interventions have included skills training to help staff cope with incidents involving aggression and conflict from members of the public. At a team level, Managers have been trained to more effectively manage stress in themselves and their teams. At the organisational level, training for both Managers and staff in the Council’s revised performance
review and development system is aimed at both developing people to deliver higher performance standards and also reduce the opportunity for performance management creating workplace stress, if undertaken inappropriately. Section 5.2 of the Case Study provides information about the interventions the researchers consider have had the greatest impact.

The case study evidence indicates that the Council has implemented its QWL initiative in a way that closely follows the Beacons of Excellence Good Practice Model. Indeed, the Council is identified in Jordan et al’s 2003 report as being an example of good practice.

□ Outcomes from the investment in a QWL initiative, including the change in sickness absence levels – Sickness absence levels have fallen from 10.75 days in 2001/02 to 8.29 days in 2003/04. In monetary terms, this reduction represents a total saving of approximately £1.9million over the last two years. Provided that absence levels remain at current levels or fall still further, then annual savings will continue to grow compared against costs of absence borne by the Council in 2001/02 (see above). Further details are provided in Section 5.3 but it should be noted in this Executive Summary that the absence figures quoted do not include school-based staff.

In addition to the financial implications of engaging in the QWL initiative, there is evidence that the Council has managed to embed the practice of improving QWL into the culture of the organisation. This is helping the Council to achieve the goals of its People Strategy.

Finally, science shows that individual high performance in the workplace, wellbeing and commitment are all connected. That is to say, the drivers of high performance and organisational effectiveness are high performance work practices (e.g. performance management, 360° feedback) and practices that improve well-being and commitment. Both of these need to be implemented in ways that retain the balance between motivation to perform (positive) and stress (negative). The nature of the interventions introduced and the changes seen in key performance indicators such as sickness absence, suggest that the Council is beginning to see the benefits of this combined approach.

□ Cost/benefit analysis of the QWL initiative – costs or expenditure under the QWL initiative are detailed in Section 5.4 of the case study. In summary, the funding specifically allocated for the QWL initiative to date totals £390,000 (£30,000 – QWL (stress) Audit; £360,000 – interventions funding).

At this level of analysis, the cost/benefit calculation reveals a net saving of approximately £1.57million.

Further analysis is provided under Section 6.3 of the case study. In addition, Figure 1 in the case study shows the QWL audit and subsequent intervention work set against a timeline showing the associated changes in sickness absence levels.
In summary, this case study demonstrates how a comprehensive approach aimed at improving employee wellbeing / QWL can be constructed and delivered within a large organisation economically and result in positive changes to key performance indicators and achieve lasting cultural change. It is apparent that initiatives aimed at improving employee wellbeing/QWL and individual, team and organisational performance have acted in concert with one another to achieve these outcomes. Moreover, many interventions under the initiative have been funded from existing resources. Where additional funding has been required to support interventions, the amounts required are modest in comparison to the cumulative benefits that will accrue year on year.
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3 Introduction

The various elements of a comprehensive stress prevention programme have previously been described in the HSE’s research report titled ‘Beacons of Excellence in Stress Prevention’ (Jordan et al, 2003). These components include:

- Gaining top management commitment to the process and strategy;
- Taking a participative approach to dealing with the issue by involving middle managers, employees and staff groups in the decision making process;
- Putting in place a stress prevention strategy that formalises the organisational policy towards stress prevention, including aims, tasks, responsibilities and resources;
- Conducting regular psychosocial risk assessments to initially gain a baseline understanding of the present position and then to gauge improvement and benefits from organisational interventions as well as identify any new sources stress;
- Acting on the results of the risk assessments by intervening with solutions at the primary level (i.e. ‘stressor directed’ so that they eliminate, reduce or control sources of stress), secondary level (i.e. ‘response directed’ where interventions are designed to help individuals develop adaptive coping strategies through education and training) and tertiary level (i.e. ‘symptom directed’ where support is provided to assist in the cure and rehabilitation of stressed employees).

There is considerable variation in the extent and manner to which organisations succeed in pursuing a meaningful approach to stress management. Through necessity, it is an evolving process requiring regular adjustments over time in response to numerous and diverse sources of change (both from within an organisation and from the environment in which it operates). There is a paucity of data describing how an effective stress management process has been implemented and its link to resultant changes in key performance indicators (KPIs) such as sickness absence rates. It is this very type of information that is so highly prized by organisations as it enables them to construct a business case, which is all too often necessary in order to justify investment in activities designed to improve the wellbeing and quality of working life of their employees. While some examples do exist (e.g. Cooper, Liukkonen and Cartwright, 1996), the aim of this case study, therefore, is to help to fill that gap in knowledge and understanding.

The case study provides a real world example of how an organisation has pursued a stress reduction strategy and begun to see meaningful change in its KPIs. The study provides guidance about how another organisation might similarly act. It also seeks to help users understand how they may act differently in order to further improve upon the methods and actions previously adopted elsewhere. To achieve these goals this account describes how the organisation implemented its strategy (i.e. processes) and explains what it did in terms of actual solutions pursued (i.e. interventions) and the associated outcomes. In this regard, it provides comprehensive information on changes in sickness absence and explores the probable links between sickness absence rates and the audit and subsequent interventions.
3.1 Specific Context

During October and November 2001, Somerset County Council (the Council) commissioned an independent firm of expert consultants to conduct a Quality of Working Life (QWL) Audit (i.e. psychosocial risk assessment or stress audit). The survey instrument used in the audit was ‘ASSET’ (Cartwright and Cooper, 2002), which is a self-report questionnaire examining the key sources of pressure facing staff as well as their levels of physical and psychological health and commitment. The audit was designed to give employees an opportunity to consider their own wellbeing at work and to highlight particular issues that they perceived as having a negative impact upon their quality of working life. It was hoped that this would contribute towards stimulating a healthier working environment. The audit also represented a means of taking a baseline measurement of the issues at a given time and provided a meaningful and effective point of departure for subsequent intervention activities. Additionally, the Council was keen to benchmark its audit results against a wider population of public and private sector organisations. Gaining this wider perspective was possible due to ASSET having available such comparative data. The focus of this case study is on these subsequent processes and actions that were implemented by the Council once it had received its audit results, and the associated improvements in its KPIs that have been seen since.

An assessment of the quality of working life can be made through examining the levels of workplace stress. Sources of workplace stress manifest themselves in many different outcomes, ranging from high levels of sickness absence through to reduced morale and decreased levels of performance/productivity. Workplace stress is a reaction to factors and issues within the organisation’s structure, processes and workforce that left unchecked, manifests as strain. The extent to which an individual is affected is dependent upon his or her ability to cope, their personalities and the support networks available to them.

From an operational point of view, the Council found itself needing to learn how to function amidst great change from both internal and external sources. The changing nature of public service required considerable personal adjustment from the workforce. Working life within the public service experienced a transition towards conditions more usually associated with the private sector. For example, the introduction of Government-initiated Best Value reviews and more recently a significant change agenda in the areas of social services and education. Having to make such personal changes can significantly affect people’s quality of working life.

From a legal perspective, County Councils in general have found themselves in the forefront of developments in stress litigation. Some of the most noteworthy prosecutions for workplace stress have been by public sector workers, such as social services employees and teachers (e.g. the first real case of ’stress litigation’ – Walker v. Northumberland County Council). Somerset County Council has not avoided facing court action (e.g. Barber v. Somerset County Council) and has actively sought to learn the lessons from this experience in practical terms. Other recent legal cases have served to highlight the joint responsibility of employees and their employers to act against workplace stress (e.g. Hatton v. Sutherland, Jones v. Metropolitan Borough of Sandwell, and Bishop v. Baker Refractories Ltd). The audit, therefore, represented a
first stage in this process of the employees and the organisation working together to address psychosocial risk at work.

3.2 Rationale for engaging in a Quality of Working Life Audit

The Council’s drivers for engaging in the QWL Audit may be summarised as follows:

- The high levels of absence and particularly the levels of health-related sickness and its cost to the Council (see further comments below).
- A requirement to identify sources, locations and severity of underlying levels of stress across different staff groups (i.e. Directorates).
- A wish to benchmark the Council’s results with a general population comparison group (i.e. outside of the Council).
- A strong desire to respond positively and proactively, using a best practice model, to changes in legislation and case law.
- Enthusiasm from Trades Unions and Elected Members within the Council to provide a healthy place to work and so encourage high performance standards, but not at the cost of its people.
- A wish to obtain recommendations from independent experts on a range of potential solutions for the different occupational sectors, which could be used as a basis for further discussions and dialogue within the Council (recognising that such information and discussions would inform cost/benefit decisions).
- Provide a baseline measurement against which the impact of interventions to manage stress could subsequently be monitored and assessed.

The number of full time equivalent (FTE) working days lost per employee due to sickness absence is one of several performance indicators prescribed nationally for Best Value for Local Authorities by the Government. In 2000/01, the national upper quartile target number of days lost to sickness absence stood at 9.1 days. The Government set this target for Authorities to achieve within the following five-year time frame.

For the year 2001/02 (i.e. the year in which the QWL Audit was conducted) the Council calculated it lost 10.75 FTE days per FTE employee to sickness absence. The cost of 10.75 FTE days of absence in 2001/02 has been calculated as £677 per FTE employee. The cost in relation to the annual pay bill for this group of staff is estimated at £3.7million.

These figures compare with the findings of the recent CBI and AXA annual absence and labour turnover study (‘Room for Improvement’ 21 May 2004). This study shows that public sector absence averaged 8.9 days a year in 2003/04 and cost £566 per employee. This compares to private sector absence, which averaged 6.9 days and cost £450 per employee.

The Council’s figures currently exclude absence for teachers and school based non-teaching staff which to date are significantly under-reported and have been too unreliable to include. However, on the basis of the known information, and some
sample benchmarking, it is estimated that the number of absences in schools will be similar to the rest of the Council. On this basis, the total sickness bill for the whole Council is likely to be in the region of £7.4 million for 2001/02. Expressed another way, each day by which the rate could be reduced, could produce a saving in excess of £750,000.

As previously noted, the QWL Audit was run during October and November 2001. This involved issuing more than 14,000 confidential questionnaires to the Council's staff. All general employees, school-based employees, social services employees and fire service employees were invited to participate in the audit. Four separate versions of the ASSET audit questionnaire were prepared in order to enable language and specialised questions to be tailored for specific Directorates. In total, just over 6,500 employees from across the Council completed and returned questionnaires, which represents a good response rate of almost 48%. The quantitative data collected by the questionnaire was supplemented by focus groups and one-to-one interviews (including by telephone and email) carried out between late November 2001 and January 2002.

Following completion of data collection, the Council received a full written report of the audit results, in addition to which detailed separate reports were also received for the aforementioned service areas. Written reporting was supplemented by presentations of results to all key stakeholders in those areas. Reporting of results was finally completed in June 2002.

As the focus of this case study is on post-audit processes and actions, it is not appropriate to provide an in-depth account of the findings here. Instead, attached as Appendix 1 is a copy of the Council's pamphlet issued to all staff in September 2003 ("The Results of the Quality of Working Life Survey"). This document provides a useful summary of the key points in the results and will be referred to again later in this case study.

An account of the key processes and interventions that took place within the Council following completion of the reporting of the QWL Audit results is provided below in Section 5 (Outcomes/Results). That account follows a description of the methodology adopted by the researchers in undertaking this case study, which is found in Section 4 below). This section of the case study concludes, however, by providing a brief summary of the interventions introduced.

3.3 The business case for QWL interventions and an overview of post-QWL Audit activities introduced by the Council

Having described the factors which drove the Council to conduct a QWL Audit, it is useful to begin to place the post-audit activity into the context of a business case. In this regard, drawing attention to evidence that might support a link between improving employee wellbeing/quality of working life and high performing organisations, serves to provide wider evidence in support of the Council's decision to act in this area. Similarly, providing a high-level understanding of the types of interventions at this
point provides an indication of whether we may reasonably expect to see any positive change in outcome measures.

Trying to obtain high performance from staff and the problems associated with work-related stress are linked in ways that are very important for the success of any organisation. Work-related stress can be minimised by improving QWL. Implementing high performance work practices (e.g. performance management systems and 360° appraisal) in a challenging and stimulating (but not stressful) environment, deliver high levels of individual performance (e.g. Huselid, 1995). In turn, high performance delivers business benefits and these can be quantified. The scientific literature contains evidence that quantifies the link between QWL factors, such as well-being or organisational commitment and performance (e.g. Russell & Wright, 1999).

In summary, scientific research shows that high performance, wellbeing and commitment are all connected. The drivers of high performance and organisational effectiveness are high performance work practices and practices that improve well-being and commitment. Both types of practices need to be implemented in ways that retain the balance between motivation to perform (positive) and stress (negative).

In this context, it is interesting to examine the nature of the Council’s post-QWL Audit actions to see whether there is any evidence of them aiming to introduce both wellbeing and performance interventions in a cohesive manner.
4 Methodology

The following methodology was adopted to examine the relationship between intervention work undertaken in response to the Council-wide QWL (stress) audit and the subsequent decline in levels of sickness absence (one of the Council’s KPIs). The methodology predominantly involved conducting a series of 13 semi-structured interviews with key stakeholders across the central Corporate Department (i.e. Human Resources) and relevant Directorates (e.g. Social Services). Where key services are outsourced, then the scope of the work was extended to include such people as are relevant. Finally, physical evidence (e.g. staff information pamphlets, policies, absence statistics etc.) were also collected and analysed as appropriate.

The rationale for employing semi-structured interviews as the main method of data collection was that it provided an effective way of understanding employee’s experiences and perspectives. Such information about processes adopted by the Council and the outcomes achieved provides a rich picture that may then be supplemented by and compared with relevant quantitative data (e.g. sickness absence levels, numbers of staff receiving stress management training etc.).

Interviews were conducted with Corporate and individual Directorate human resource professionals who have been responsible for planning and organising the Council’s response to the psychosocial risk assessment in late 2001 (i.e. the QWL Audit). Interviews were also conducted with a small number of the Council’s line management who have been recipients of training and other interventions. These employees were included in the study in order to understand the impact of the various interventions at the level of service delivery within the Council. Finally, other interviews were conducted with third-party external providers of relevant services (e.g. outsourced Occupational Health support). Please see Appendix 2 for a complete list of interviewees.

The starting assumptions for the interviews were that i) the process of planning and implementing the Council’s response to the audit, as well as ii) the nature of interventions and employees’ participation in them, were both important. In addition, the potential application of the findings of this study by other organisations meant that the context for the interviews was as much about what the Council has actually done as what it could have done differently or more effectively, with the benefit of hindsight. This point was made to each interviewee as part of the introduction to each of the interviews so as to help them frame their thinking and responses. In summary then, the above assumptions and considerations guided the topic areas chosen for discussion in the interviews, the initial questions for which are listed below:

- Post-audit, can you tell me how the Council’s Action Plan was put together? (What contribution to the process was made by other members of your Directorate? How might things have been done differently?)
- How was your Action Plan put into action in practical, everyday terms?
- How were interventions funded?
- What was the extent of the [intervention] within your area?
- What was the feedback from participants about that [intervention]
What changes has that [intervention] made to the way you do your job? (How has it impacted on things for you?)

How do you interact with the different parts of the Council (specifically for external third-party providers)

What in your opinion has been the most effective [intervention] you’ve participated in or have knowledge of? (Why?)

Depending upon the position held by individual interviewees and their responsibilities (e.g. compilation of sickness absence data) then the nature of the interview was adjusted accordingly.

Finally, it is important to bear in mind that the semi-structured interview technique was also chosen as it allows interviewees the opportunity to raise issues and themes of their own in a relaxed atmosphere. Accordingly, although the above questions guided most interviews, opportunity was given to participants in the study to raise such points as had not been anticipated by the researchers but which related to their own and their colleague’s experiences.
5 Outcomes/Results

This is a case study examining the relationship between post-psychosocial risk assessment (stress audit) interventions and a decline in sickness absence levels. The approach has allowed the researchers to understand the nature of the processes the Council has been through following receipt of its QWL audit results as well as the specific interventions it has introduced. As already explained, both aspects are important to a case study of this nature in order for it to be meaningful to readers interested in applying the lessons learnt by the Council to their own organisations. Accordingly, this section of the case study is broken down into these and other relevant components as follows:

1. The process employed by the Council to construct a post-QWL Audit Action Plan and introduce appropriate interventions
2. Details of key interventions
3. Information about the changes to levels of sickness absence within the Council.
4. Summary of the funding of interventions and other initiatives
5. Rationale for linking interventions with changes in the number of days lost due to sickness absence

5.1 Process

5.1.1 Action plan construction and approval

Upon receipt of the Council’s QWL Audit results, it formed a QWL Project Team (the Team) to manage the Council’s response to the findings. Members of this Team included:

- A Senior HR Manager from the Corporate HR team (Chair of the QWL Project Team)
- Directorate HR Managers (i.e. Economy, Transport & Environment; Social Services; Education)
- Corporate Health & Safety Manager
- Corporate Training & Development Manager
- Trades Union representatives (e.g. UNISON)

The QWL Team was responsible for constructing the Council’s Corporate Action Plan and supporting the construction of Directorate Action Plans in response to the QWL Audit findings. A template of the Action Plan is attached as Appendix 3.

The Team was representative of all key stakeholders. The Chair of the Team reported directly to the County Personnel Officer (i.e. the Council’s Chief Personnel Officer), who has taken a close personal interest in the project from the outset and who sees it as being an important component of the Council’s overall People Strategy. As well as reporting to the County Personnel Officer, the Directorate HR Managers have direct lines of communication to their respective Heads of Services and are accountable to
them for service delivery. This direct line of communication has been important in securing their ‘buy-in’ to the ongoing process.

The Team members gathered opinion on the audit results from management teams and staff within their respective areas. This information was used to inform and prioritise ideas and solutions. By using such a consultative and participative approach, respective management teams and staff were given an opportunity to contribute rather than find outcomes being imposed upon them. As well as helping to build a more comprehensive response to the audit, this approach is considered to have minimised the amount of resistance to proposals and their implementation. In many cases, the process was described in positive terms and it was often said to have prompted wider thinking and greater creativity.

The Council’s full Action Plan was posted on its intranet site to make it available to all staff. In some cases, service Directorates also published their individual Action Plans on their part of the Council’s intranet site. This provided a way of both gathering feedback during the consultation stage and publishing the final outcome. For example, Appendix 4 shows the covering page of the Education Department’s consultation document, which clearly describes its process of gathering staff opinions.

The Council’s full Action Plan contained more than 50 separate actions. Although the Team was driven by the desire to build a truly comprehensive Action Plan, it is now apparent that this list could have been reduced without having any undue negative effect on outcomes. Service Directorate’s own Action Plans were more modest in size in most cases. The consultation process helped to ensure that as far as possible the items were realistic and appropriate to the area. Of crucial importance is the manner in which QWL Action Plans were integrated into existing Directorate activities. Buy-in to QWL appears to have been more readily secured by embedding the QWL Action Plan components into other existing Directorate activities. This was found to be preferable to having a separate/stand alone QWL Action Plan that might, for example, have contributed to job overload instead of being seen as a means of solving it.

5.1.2 Funding and selecting interventions

The Team also coordinated the funding of interventions. Some interventions were funded from existing resources, however, the Council’s elected Members did allocate new funds. In each of the years 2003/04 and 2004/05, £100,000 was provided to fund Council-wide interventions. In addition, in 2003/04, the Council made available a further £160,000 to help fund Directorate-specific interventions. In this regard, it was interesting to hear about the perceived benefit of having a very senior, well respected member of staff putting the case for new money to fund interventions. This is in contrast to the cautious attitudes often found within organisations’ senior management teams towards allocating funding for activities that are designed to enhance employee wellbeing.

In several cases, the Action Planning process showed that some interventions were required across the whole Council. Accordingly, funds were retained centrally and the intervention organised centrally. Conversely, however, some interventions were
Directorate-specific. In these cases, when resources could not be found from within Directorate’s existing budgets they were required to bid for funding. Consequently, in these situations the Team effectively prioritised activity across the Council.

An example of this centralised approach has been the selection of the stress management training provider. The Team was responsible for sourcing the provider and attended the first course as a way of evaluating its content and the suitability of the trainer.

A thorough approach to improving employees’ quality of working life does impact on budget allocation. The QWL Audit results helped to prioritise the allocation of resources – perceived demands from Directorates were cross-checked against actual problems identified by the QWL Audit.

Once the content of the Council’s Action Plans had been formalised, they were sent to the Council’s Strategic Management Board for approval. The Board constitutes the senior tiers of the Council’s management (i.e. the Chief Executive Officer, 8 Corporate Directors, and advised by the County Personnel Officer). The Action Plans were then put in front of the elected Council Members’ Executive Board to obtain their support and to funding approval. Once this process was completed, the requirements of the Action Plans were incorporated into the Council’s budget process.

5.1.3 Communication, continuity and culture

The process of constructing and then securing approval of the Action Plans and the associated funding took approximately nine months. Reporting of the QWL Audit results was completed in June 2002 and funding was made available in the Spring of 2003. The time lapse described had an impact on the continuity of communication about QWL to the Council’s staff. Although individual Service Directorates began integrating their Action Plans into existing activities (see comments above), two issues were identified at a Corporate level:

1. Staff completed the QWL Audit questionnaire during October and November 2001, however, new funding was not available until the Spring of 2003 – a gap of some 18 months. In September 2003, the Council provided all staff with a copy of its pamphlet titled ‘The Results of the Quality of Working Life Survey’ (see Appendix 1) – a gap of nearly two years. Whilst this is a highly informative pamphlet, it was nonetheless the first staff-wide communication about the QWL Audit since the questionnaire itself. These events and timings serve to highlight the importance of regular and relevant communication about the QWL process. Asking staff to complete a questionnaire raises their expectations that the organisation will act on the results. Allowing so much time to pass before providing a progress update allowed the issue to seem to fade in importance. This appears to have necessitated more effort to bring it back to the forefront of the minds of staff than might otherwise have been necessary.
2. A positive lesson was learnt from the above exercise. If the topic of QWL is to become integrated into the life of the Council, then whenever related actions are taken (e.g. provision of conflict management training), it must be highlighted to staff that the activity’s origin is to be found in the QWL process. A recent example of this is to be found in the Council’s pamphlet titled ‘Pressure and Stress at Work: Information for Employees’ (see Appendix 5), which was issued to all staff in February 2004. This advice pamphlet begins by making reference to both the original QWL Audit in 2001 and to the subsequent information pamphlet issued in September 2003, which is referred to above.

It is apparent from the present research that QWL as a topic and initiative within the Council is now becoming embedded in its culture. The QWL acronym is heard in people’s language, Service Directorate Action Plans are becoming embedded in existing work plans/schedules, QWL will be included within the ‘Reward’ and ‘Health & Safety’ categories of the Council’s forthcoming People Strategy and so on.

Finally, a remaining issue for the Council is how to maintain the momentum of the QWL initiative. Everyday organisational issues such as changes to staff responsibilities, secondments and staff absenteeism have all had their impact. For example, it is more than 12 months since the Team has met to consider progress with the Council’s Action Plans. Responsibility for implementation was mostly devolved down to Service Directorates, however, with hindsight it would probably been useful for the Team to have continued to meet in order to maintain momentum and keep the initiative moving forward.

Not surprisingly perhaps, progress with implementing the Action Plans has varied by Service Directorate. This is partly due of course to variation in the size of Directorate (e.g. contrast Social Services with Libraries, Arts and Information). During the last nine months, each area of the Council has been reviewing progress against its original Action Plan. This review process is helping to identify gaps in action implementation as well as permitting the reiteration and advertising of progress within each Directorate. Both serve to further confirm to staff the permanency of the QWL initiative and its benefits.

5.2 Interventions
Both before and after the Action Plans (Corporate and Service Directorates) were approved, the Council has introduced a significant number of different interventions. This section provides summary information about those actions that the researchers consider have had the greatest impact and why. We also draw attention to other important actions that have been introduced either i) centrally, but which are too recent or underdeveloped to have had any impact yet, or ii) at the Directorate level, in order to solve a Directorate-specific problem.
5.2.1 Centrally organised significant interventions

Table 1 below provides a list of the interventions that were organised centrally by the Corporate Department. Responsibility for the provision of Council-wide services (e.g. Conflict Management Training) has been retained by the central Corporate Department in order to maximise cost/benefit options.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Summary Description</th>
<th>Utilisation and Timing</th>
<th>Estimated Costs (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ‘Listeners Service’</td>
<td>A confidential and independent internal support for staff to help them cope with harassment and bullying at work. Trained listeners provide an independent, personal and confidential service. They are drawn from within the Council and have all received 2 ½ days of intensive training on harassment and bullying issues, which also covers the bullying and harassment policy and related procedures. Copies of the Listeners Service brochure and office poster are attached as Appendices 8 &amp; 9.</td>
<td>Availability of the service to staff from 1998/99. Numbers of staff using the service between 1998/99 and 2003/04 was 100.</td>
<td>£2,000 Costs relate to training the Listeners and an estimate of their time employed in service.</td>
</tr>
<tr>
<td>2 ‘Managing Pressure and Stress at Work: Guidelines for Managers’</td>
<td>A comprehensive 20 page document designed to assist Line Managers in developing a proactive response to stress management in support of the Authority’s Managing Pressure and Stress at Work Policy. The Guidelines highlight and address potential causes of stress, the effects of stress at work and how to identify them, what can be done to avoid/alleviate stress, and actions to take in dealing with stress cases. Guidelines are supplemented by a 1) Management Induction module on Managing Pressure and Stress and also a 2) 1 day Core Management Development Module on Managing Pressure and Stress</td>
<td>Distributed to all Line Managers in September 2001. Training delivered to 138 Managers since Oct 2003 Training delivered to 185 Managers since Nov 2001</td>
<td>£2,000 (printing costs) £minimal £37,000 (estimated)</td>
</tr>
</tbody>
</table>
| 3 | ‘Managing Stress in Yourself and Your Staff’ Training | A comprehensive 2 day course with additional 4hrs of pre-course study and approximately 45mins of home study at the end of the first day. The course makes use of the Robertson Cooper Ltd (2002) multi-media, self-learning resource ‘Under Pressure’ for pre-course learning and preparation. The course links with the ‘Managing Pressure and Stress at Work: Guidelines for Managers’ and uses these for two syndicate group sessions. Other material includes gauging pressure and preventing burnout, time management skills, dealing with difficult relationships and conflict and supporting your staff by identifying signs of stress and development of counselling skills.

The course was originally a 1 day course, however, its importance has been recognised and the course extended by another day. An outline of the present course is attached as Appendix 6.

Feedback on the course was extremely positive, with participants being able to explain how awareness had been raised and behaviours adjusted – particularly in respect of the way in which staff are supervised/managed. Good balance on the course between managing a team and coping oneself.

A variation of this course has also been run for the Executive Board of the Council. | Training delivered to 612 people since October 2001 (course revised in 2004). | Approximately £125,000 (based on costs of £200 per person, which is the cost of the revised 2 day course ‘Under Pressure’ multi media, self-learning resource (Robertson Cooper Ltd, 2002) £7,500 |
### Performance Review and Development: Guidance for Managers and Jobholders

**NOTE:**
Previously known and originally introduced as Staff Review and Development or SRAD

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>When system changed from SRAD to PRAD, briefing sessions were run for Managers to explain the changes between the systems.</td>
<td></td>
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<tr>
<td>Training of Managers to deliver the new PRAD process</td>
<td></td>
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<tr>
<td>Training for staff to participate constructively and effectively in PRAD</td>
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</table>

A comprehensive 21 page document designed to guide staff undertaking the performance review and development (PRAD) process. PRAD is one aspect of an ongoing process of performance management within the Council. Others approaches include an organised induction process, regular one-to-one meetings between job holders and their line manager and bi-annual 360 feedback for Senior Managers.

PRAD has been included here as performance management was identified as being an important element in the mix of activities that have contributed to reduced sickness absence levels. For example, management style and workload management are identified as sources of pressure for staff within the Council. Accordingly, a high quality performance management process run by trained managers is likely to have had a beneficial effect on levels of workplace stress.


Distributed to all Council staff in January 2002.

PRAD briefing for 535 Managers

416 Managers have been trained since the guidance was published in January 2002

452 jobholders have been trained since the guidance was published in January 02

<table>
<thead>
<tr>
<th>Cost</th>
<th>Amount</th>
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<tbody>
<tr>
<td>£1,500</td>
<td></td>
</tr>
<tr>
<td>£17,500</td>
<td></td>
</tr>
<tr>
<td>£75,000</td>
<td></td>
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<tr>
<td>£45,000</td>
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</tbody>
</table>
|   | Independent and Confidential Counselling Service | Professional and independent self-referral counselling service available 24hrs by telephone and face to face, if required. The service is available to all permanent staff and temporary staff employed for a minimum contract period of 6 months. The introduction of the service was marked by the counsellors running a Council-wide road show explaining to staff the nature of the service and its benefits. A copy of the service brochure is attached as Appendix 7

Feedback from users of the service has been very positive. Using criteria such as seeing positive changes in self-confidence, relationships with colleagues, family and friends, job performance, and overall sense of wellbeing, a significant majority ranked the service as either positive or very positive. Anonymous comments on feedback questionnaires echo these scores | Availability of the service to staff from January 2002.

Numbers of staff using the service ranged from 885 in 2002/03 to 743 in the year 2003/04 | £48,000+ (Jan-Dec 2002)

£69,000+ (Jan-Dec 2003)

+ Funded from Risk Management budget not QWL funding.

* Rising cost due to rise in headcount and number of face to face sessions |

|   | ‘Sickness Absence Management’ Training | Essentially a ½ day awareness training course, which does, however, include advice on how to conduct effective return to work interviews. The approach emphasises a firm but fair and compassionate approach to understanding the issues surrounding cases of absenteeism. Managers wish to know if the organisation has contributed to the absence in any way.

Feedback about this training was very enthusiastic and the ‘return to work interviews’ were widely perceived to be having a positive effect – training course ‘legitimised’ the guidelines as all Managers now have the confidence to conduct return to work | Delivered to more than 1,000 Managers since March 2002 and ongoing. | £55,000 |
<p>| | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>Presentation: ‘Linking Stress and Sickness Absence’</td>
<td>A presentation was delivered to the Council’s Senior Managers in order to draw to their attention to the link between these two issues – underlying aim was to cascade knowledge down through successive levels of Management – see also ‘Sickness Absence Management’ Training.</td>
<td>Delivered to approximately 100 Senior Managers in June 2002</td>
</tr>
<tr>
<td>8</td>
<td>‘Equality Awareness’ Training</td>
<td>The Council is committed to reaching Level 3 of the Equality Standard for Local Government by 2004. This new standard builds on the Race Equality Standard, developed by the Commission for Racial Equality in 1995, and provides a generic framework for addressing race, gender and disability. The Council uses the standard as a guideline for addressing all equalities areas. The course looks at key concepts relating to equalities and diversity. Opportunity is provided to consider how the Council’s values and beliefs can have an impact on the decisions made by its Managers. It also covers the requirements and guidance provided by national legislation and Council policies in this area, and an explanation of how to undertake impact assessments. Practical outcomes for delegates include, for example, providing knowledge and understanding of when, where and how to challenge discriminatory behaviour.</td>
<td>Delivered to top 200 Managers (Grade 8 and above) in 2002/03</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Details</td>
<td>Cost</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>9</td>
<td>‘The Results of the Quality of Working Life Survey’</td>
<td>An information pamphlet about the QWL Audit, including a message from the Council’s Chief Executive, a description of the survey, summary list of results, summary list of measures to be introduced and future plans. See Appendix 1.</td>
<td>£1,500</td>
</tr>
<tr>
<td>10</td>
<td>‘Pressure and Stress at Work Information for Employees/’</td>
<td>An information pamphlet designed to assist staff in identifying symptoms and signs of pressure and stress at work and to highlight where in the Council they can go for advice and assistance. Also includes information linking it to the QWL Audit and the Results of the Quality of Working Life Survey pamphlet. It explains about the differences between pressure and stress and advice as to what they can do if they are feeling unable to cope with workplace pressures. It cross-references with other Council Policies and services. See Appendix 5.</td>
<td>£1,500</td>
</tr>
<tr>
<td>11</td>
<td>‘Understanding and Preventing Harmful Episodes (Conflict and Risk Management)’ Training</td>
<td>A 2 day course to help staff who interface with the public, develop the skills and confidence for dealing with conflict and risk situations they sometimes face in their work and assess the risks more accurately. The course originated in the Social Services Directorate more than two years ago, however, the QWL Audit revealed a need for such training across other Directorates and so responsibility for delivery was brought under Corporate control (Training and Development team). The course has proved highly popular within Social Services and was designed and run by one of its Managers. An outline of the course content is attached as Appendix 10.</td>
<td>£10,000</td>
</tr>
</tbody>
</table>
Feedback about the course was very positive – comments described it as useful to provide staff with the confidence they need to tackle difficult situations. Training is reinforced in the workplace by monitoring of verbal abuse incidents and provision of social support to staff.

Training is supplemented by a new draft methodology designed to improve the monitoring and recording of threats of violence and physical abuse and a debriefing mechanism.

<table>
<thead>
<tr>
<th>3 areas of work:</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Services Pilot on Lone Working Call Centre Scheme</td>
<td>£2,000</td>
</tr>
<tr>
<td>2. Improved reporting of incidents and accidents through a major integrated H&amp;S software package</td>
<td>£ costs not identifiable</td>
</tr>
<tr>
<td>3. Voluntary Support Group for debriefing staff who experience assault/abuse</td>
<td>£minimal</td>
</tr>
</tbody>
</table>
In addition to the centrally organised interventions noted above, there are a number of other activities that have been introduced and which are worth highlighting. These fall into two main categories:

1. Interventions organised centrally but which have been introduced too recently or are insufficiently developed to have had any impact yet; and
2. Interventions that have been organised by specific Directorates in response to a problem in their area alone.

Examples from both these categories are described below.

5.2.2 Recent interventions organised centrally
The three examples noted below have had insufficient time to benefit the organisation, however, they are both considered to be important and likely to have a positive influence in the future.

□ **Occupational Health provision** – the Council outsources its Occupational Health services from the local NHS Trust who won the contract in a recent tendering exercise. This exercise focussed on the Council’s strategy to give the service a more dynamic approach and this has changed it significantly. The service is now more “nurse led” with nurse practitioners spending time in County Hall getting closer to the business, understanding the issues and talking to managers about the need for pro-active prevention and timely intervention rather than reactive late referral of staff. This has led to a culture change in how the service is delivered and speed of access to its provision. With the added facility for OH Physicians to provide professional advice and support on general policy and more complex issues, the Council’s managers now have better tools with which to manage staff health issues more effectively. Another major improvement in the new contract is the quality of management information that is now available to the Council. This assists the Council in making more effective use of the service by more accurately targeting the provision to achieve its goals.

Contract value: £295,000 per annum

□ **Proactive and Reactive Risk Assessments** – both these approaches have been developed within the Health & Safety function and are beginning to be deployed extensively.

In the case of the Reactive Risk Assessment, this process is designed to act as an interface between the Occupational Health Physicians and the departmental Manager. The emphasis is on identifying problematic work-related issues rather than medical issues, which are for the Occupational Health team to comment on. The process takes approximately 2 days in aggregate of the risk assessor’s time to complete. To date, 28 Assessments have been completed. The Council is now seeking to validate the outcome of the assessments by conducting post
risk assessment reviews, including using an individual stress profiling instrument.

In the case of the Proactive Risk Assessment, to date 15 Managers from across the Council have been trained to conduct such assessments. The aim of the training is to provide line managers (i.e. the assessors) with examples of best practice in stress prevention and to give them the skills and confidence to conduct the stress risk assessment processes within their own areas in order to minimise risks to their staff, i.e. at the operational or service delivery level within Directorates. This will also include the implementation of subsequent and appropriate control measures.

Costs associated with training assessors: £3,000

- **Flexible Working Policy** – high workloads is an issue across the Council. One response to this has been to update the Flexible Working Policy with the aim being to enable more flexible deployment of staff through secondments/job rotation/job swaps. The Policy has been shared with Trades Unions and is being implemented in the 2004/05 year.

### 5.2.3 Interventions organised by specific Directorates in response to a problem in their area alone.

The following examples demonstrate the Directorates’ ability to organise responses to specific issues in their areas of work.

- Within the Social Services Directorate, the QWL Audit revealed that Senior Social Workers were at highest risk from unmanageable workloads. A variety of responses have been put in place and reported on to all Social Services staff. Responses include: Managers have been participating in a range of management training including managing pressure, change and sickness absence plus enhancing core management skills; working hours being actively monitored by managers; training in post qualifying qualifications by 22 Social Workers enabling them to be appointed to Senior Social Worker roles; corporate funding to provide better cover locum for social care vacancies; reviews through service management structures reviewing workloads and skill mix; corporate funding to create better electronic access to personnel information and guidance.

- Within the Education Directorate, there is a team of Link School Development Advisers who largely operate in the field visiting schools. These employees’ working environment has been identified as a source of pressure as they often work from home (but don’t have dedicated facilities) or ‘hot-desk’ within the Directorate. The Corporate home working policy has now been applied to these staff as well as practical arrangements being developed to ease their ability to function effectively from home.
5.3 Change in number of working days lost due to sickness absence

Sickness absence is a KPI about the health of the Council. As noted earlier, the number of full time equivalent (FTE) working days lost per employee due to sickness absence is one of several performance indicators prescribed nationally for Best Value for Local Authorities by the Government. This section of the study provides details of the FTE working days lost per employee due to sickness absence for the years 2001/02 to 2003/04, including the method of calculation and summary analysis.

5.3.1 Method of calculating the number of working days lost to sickness absence

The collection of accurate sickness absence data within large organisations, which is both valid and reliable, is widely perceived to be difficult task. The process of collecting data and the method of calculation have both changed within the Council over the last five years as it has sought to improve the quality of its information and conform to the nationally prescribed performance indicator for this issue. Accordingly, the researchers have placed great emphasis on understanding the history of this work and verifying the authenticity of the numbers involved. The basis on which they may be compared year on year during the life of the QWL initiative is important if the link between changes in these numbers and the interventions introduced is to be considered credible.

Prior to 2000/01, the calculation of sickness absence was based on a manual collection system of actual working days lost. At this time, absence data was excluded for the Education and Social Services Directorates due to the size and dispersed nature of these departments and the consequent difficulty of collecting data. Had this data been included, the absence rates for the Council overall would have been falsely ‘good’.

For the year 2000/01, sickness absence was measured within all Council Directorates using the present payroll system rather than a manual collection system. The poor quality of reporting from the Education Directorate, however, meant that data from this area was again excluded from the final numbers reported for the Council as a whole.

Using the payroll system meant that statistics were based on the number of calendar days lost. That methodology has two significant weaknesses, which combine to overstate sickness absence levels:

1. Calculations include weekend days when the majority of Council employees are not contracted to work; and
2. Calculations are based on headcount rather than FTE calculations, which has the effect of overstating the level of absence in Directorates with a high proportion of part-time employees

From the 1st April 2001, the Council’s payroll system was adjusted to enable it to calculate absence statistics based on actual working days lost and FTE employees. As
noted above, this is the requirement of the Government’s Best Value Performance Indicator for calculating sickness absence and is a more accurate method of calculation. In 2000/01, the national upper quartile target number of days lost to sickness absence stood at 8.14 days per FTE. The Government set this target for Authorities to achieve within the following five-year time frame.

A further issue of relevance to the authenticity of the numbers is the accuracy with which reporting is undertaken by Directorate Managers and employees. With effect from August 2000, the manual system of reporting included a requirement to state the number of hours lost to sickness absence. This number is requested so it can be compared against contracted hours for each employee. Unfortunately, some Managers within the Council are more interested in managing absence than accurately reporting it and many incomplete forms have been returned to the Payroll Section, or not returned at all. This problem is being addressed by either telephoning the individuals concerned and asking for the information or returning every incomplete form back to the originating Manager until he or she completes them correctly. The Council report that this response system is generating greater levels of accuracy and therefore enabling progressively more accurate overall sickness absence calculations to be made for the Council as a whole.

The Council has recently signed a contract for the purchase of a new HR/Payroll IT system that will provide reliable information in a number of different formats. It is anticipated that this system will deliver information for the year 2005 onwards.

The Table below provides summary analysis of the number of full-time equivalent working days lost per employee due to sickness absence for the years 2001/02 to 2003/04. During this period, sickness absence has fallen from 10.75 days to 8.29 days per person per annum. The QWL Audit was undertaken during the final quarter of the 2001 calendar year and the Action Plan was constructed and approved and funding secured, by Spring 2003.
Table 2. Summary Analysis of the Number of Full-time Equivalent (FTE) Working Days Lost Per Employee Due to Sickness Absence

<table>
<thead>
<tr>
<th></th>
<th>2001/02</th>
<th>2002/03</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FTE Days Lost</td>
<td>FTE Days Lost</td>
<td>Change, year on year, in FTE Days</td>
</tr>
<tr>
<td>FTE Days Lost</td>
<td>10.751</td>
<td>7.512</td>
<td>10.75</td>
</tr>
</tbody>
</table>

NOTES:

1. Audited figure was 9.1. The figures for 2003/04 have been collected on a different basis using an aggregation of the FTE staff numbers across the year and including temporary staff with over one year’s service, and some Fire Brigade staff. To be able to provide a like for like comparison therefore the 2001/02 audited figure has been adjusted upwards by the same percentage. Excludes figures for Education Directorate and schools due to poor quality of reporting. If these numbers were included, the FTE days lost across the whole of the Council would be 4.6 days, which is recognised as being too low. See comments above about steps being taken to improve the accuracy of reporting.

2. Audited figure was 6.35. As noted in 1 above, The figures for 2003/04 have been collected on a different basis using an aggregation of the FTE staff numbers across the year and including temporary staff with over one year’s service, and some Fire Brigade staff. To be able to provide a like for like comparison therefore the 2002/03 audited figure has been adjusted upwards by the same percentage. The reporting for the year 2002/03 is considered to be more accurate due to better reporting for part-time employees (see earlier comments about problems of reporting) and improved reporting from historically problematic areas such as Social Services (second largest Directorate after Education and accounts for 18% of total headcount).

3. The audited figure for 2003/04 has been collected on a different basis using an aggregation of the FTE staff numbers across the year and including temporary staff with over one year’s service, and some Fire Brigade staff. As with the previous two years, this figure excludes data for the Education Directorate and schools due to poor quality of reporting. If these numbers were included, the FTE Days Lost across the whole of the Council would be 5.01 days, which is again recognised as under reporting the extent of the issue, but not by as much as in previous years due to continuing improvements in the accuracy of reporting.

The council believes there are a number of different issues influencing the 2003/04 figures, which combine to explain the rise from 7.51 days in 2002/03 to 8.29 days in 2003/04. Overall, the year on year trend (2002/03 to 2003/04) is considered to be flat by the Council, with the rise essentially being attributed to improvements in reporting in the largest Directorates.
5.4 Summary of the funding made available for interventions and other initiatives

The Action Plans were approved by the Council’s Strategic Management Board and then submitted to the elected Council Members’ Executive Board to gain their support and funding approval. Once this process was completed, the requirements of the Action Plans were incorporated into the Council’s budget process and funding was made available in the Spring of 2003.

New money was made available in the sum of £100,000 per annum (years 2003/04 and 2004/05) for the Corporate Department to centrally organise Council-wide actions (e.g. Managing Stress in Yourself and Your Staff training). In addition, £160,000 was made available to share between Directorates on a prioritised basis. In addition to these new monies used to specifically address QWL issues, funding from existing budgets at both the Corporate and Directorate levels continued to be used and in some cases were re-directed to meet key needs identified by the Action Plans.

Section 5.2.1 above provides estimates of the sums spent on the key centrally organised interventions, including those in connection with the Council’s Performance Review and Development process (PRAD). Funding for some Directorate-based activities was allocated from existing budgets.

5.5 Rationale for linking interventions with changes in the number of days lost due to sickness absence

This section of the study explains the rationale for concluding that a link exists between the above interventions introduced by the Council and the positive changes in the number of working days lost due to sickness absence. There are four components to the rationale as follows:

1. Content of the semi-structured interviews – Section 4 of this case study describes the methodology adopted by the researchers in gathering data. This includes details of the starting assumptions as well as the questions used to provide a framework for the interviews. The researcher’s interview notes were read in order to form a condensed summary of the themes to emerge from the interviews. This material was then organised to produce a common-sense understanding of the main issues.

Interviews were conducted with the individuals who have been instrumental to executing the Council’s whole QWL approach. The list of interventions provided above was initially drawn up from the repeated references to activities perceived by interviewees to have been most influential. This was supplemented by feedback on individual interventions (e.g. see comments above regarding the ‘Managing Stress in Yourself and Your Staff’ training course).

2. Examination of the contents of Action Plans – a review of the Action Plans revealed certain issues were common across the whole Council and were therefore requiring the same solutions (e.g. training Managers to use the
guidelines for Managing Pressure and Stress at Work. Accordingly, this information supported the interviewees’ remarks and was logical evidence supporting the Council’s decision to devolve responsibility to the central Corporate department for the funding and organising of many interventions.

3. Staff numbers participating in interventions – the table of interventions above (Table 1 – see Section 5.2.1) provides details of the numbers and seniority of staff that have been involved in the interventions (e.g. the number of Managers trained in the new Performance Review and Development (PRAD) programme). Major Council initiatives such as these contrast with the Service Directorate-specific activities also noted above, which will not have impacted on as many staff necessarily but were nevertheless perceived to be effective on a smaller scale. Clearly, a complete list of every activity introduced by the Council in the response to the QWL Audit findings could have been included here. However, the researchers consider that by focussing mainly on the Council-wide interventions, they have restricted the list to those that have reached the most people and therefore likely to have had the greatest influence.

4. Timing of the introduction of interventions – this point is closely linked to the staff numbers participating in the interventions. If an initiative had not been rolled-out until 2004, it will not have been capable of contributing to a reduction in sickness absence levels in say 2002/03. An example that illustrates this point is found by comparing the timing of the introduction of the ‘Managing Pressure and Stress at Work’ guidelines and related training for Managers in 2001, with the publishing and distribution of the staff pamphlet titled ‘The Results of the Quality of Working Life Survey’ in September 2003.

In view of the these points, we consider it reasonable to conclude that the above mentioned interventions have been substantially responsible for the reduction in the number of working days lost due to sickness absence.

The link between the timing of the QWL process and interventions and changes in sickness absence figure may be illustrated diagrammatically. Figure 1 below, shows the QWL Audit and subsequent intervention work set against a timeline showing the associated changes in sickness absence levels noted above.
Figure 1. QWL Audit and Subsequent Intervention Work Set Against a Timeline Showing the Associated Changes in Sickness Absence Levels

<table>
<thead>
<tr>
<th>Timeline / Sickness Absence Levels (FTE)</th>
<th>QWL Audit, Action Plan Design and Intervention Process</th>
<th>Interventions and Approximate Date of Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Analysis of results, written reporting and presentations to key stakeholders by June 2002</td>
<td>2001 - Managing Pressure and Stress at Work Guidelines for Managers</td>
</tr>
<tr>
<td></td>
<td>June 2002 - Formation of QWL Project Team to examine Audit results and construct Corporate and Directorate Action Plans</td>
<td>2001 (revised 2004) – Managing Stress in Yourself and Your Staff (training)</td>
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<td>Action Plan approval from Strategic Management Board and Elected Members Executive Board – funding approved and included in budget by Spring 2003</td>
<td>Q1 2002 – Sickness Absence Management Training; Care First Counselling Service; PRAD Guidelines and Managers Training</td>
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<td>Formal process of intervention design/selection and introduction – ongoing within Directorates and centrally</td>
<td>Q2 2002 – Presentation to Snr Mgrs – ‘Linking Stress and Sickness Absence</td>
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<td>Case Study June – August 2004</td>
<td>2002/03 – Equality Awareness Training</td>
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<td>Allow time for post-QWL Audit intervention activity to impact on wellbeing and performance then re-audit to collect post-intervention data to compare with ‘baseline’ results from original QWL Audit.</td>
<td>2003 – Proactive and Reactive Risk Assessments</td>
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<td>Q3 2003 – Pamphlet: The Results of the QWL Survey</td>
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<td>Q1 2004 – Pamphlet: Pressure and Stress at Work Information for Employees;</td>
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6 Discussion

There is generally a shortage of information available describing how an effective stress management process has been implemented and its resultant impact on KPIs such as levels of sickness absence. One of the aims of this study has been to help to address this shortfall in knowledge and understanding by providing a practical account of a successful QWL initiative undertaken by the Council since 2001.

In 2001/02, the Council ran a QWL Audit (psychosocial risk assessment or stress audit). This represented the first a first stage in a process of the Council and its employees working together to address psychosocial risks at work. The focus of this case study, however, has been on the subsequent processes and actions that were implemented by the Council once it had received its audit results, and the associated improvements in its KPIs. It has described how the organisation implemented its strategy, that is to say the processes it employed and how they might have been executed differently. It has also explained what it did in terms of the specific solutions or interventions it pursued. Importantly, we have also gathered sickness absence data, explored its accuracy and basis of calculation and then set out a viable rationale for explaining the link between the QWL initiative and the decline in sickness absence.

6.1 Progress in pursuing a ‘comprehensive stress prevention programme’

This case study commenced by making reference to the Beacons of Excellence Good Practice Model as a framework for understanding the Council’s QWL initiative. The model of a Comprehensive Stress Prevention Programme (CSPP) has been described as

‘...an all-encompassing organisational philosophy that recognises that individual and organisational health are interdependent, and the responsibility of stress prevention and management should lie with every member within an organisation (McHugh & Brennan, 1992).

Effective implementation of a worksite stress prevention programme is facilitated by the presence of a culture whereby employers and employees are all involved in the instigation of the intervention process and are willing to continually communicate, analyse and revise their plans and to learn from interventions that do not produce expected results. Such activities assist organisations to confront future challenges through the development of communication, culture, participation and negotiation (Nytro et al, 2000)’

(From: From Jordan et al, 2003 – Beacons of excellence in stress prevention, page 23)

If a comparison analysis is conducted between the Council’s QWL initiative since 2001 and the component parts of the CSPP, then it is apparent the Council has pursued a strategy that is closely aligned to the Beacons of Excellence Good Practice Model. Examples can be found of each aspect of the Model:
1. Top Management Commitment – the Council’s Elected Members, Strategic Management Board, and successive tiers of Management across the Council have all been involved in the QWL initiative. Funding approval has been gained at the highest levels on an ongoing basis. The QWL initiative is to be included in the Council’s forthcoming comprehensive People Strategy.

2. Risk Analysis – the QWL Audit at the end of 2001 represented a formal psychosocial risk assessment using a scientifically tested, valid and reliable instrument. The results of the audit provided an understanding of the starting position and will therefore enable the organisation to gauge achieved benefits when a subsequent survey is conducted.

3. Stress Prevention Strategy – the results of the QWL Audit were used to help construct an Action Plan addressing the aims, responsibilities, resources and timeframes for resolving the problems identified. These have been updated and kept fresh by individual Directorates that have taken responsibility for implementation at a local level. The central Corporate Department has taken responsibility for initiating Council-wide solutions.

4. A Participative Approach – the Council’s QWL project Team consisted of representatives from all major stakeholders, including Trades Unions representation. Middle Managers and employees were consulted in the process of constructing the Action Plan and ideas used where relevant.

5. Interventions Concentrating on Individuals, Teams and the Organisation – a broad mixture of interventions have been introduced aimed at each of these three groups. Individual interventions have included skills training to help staff cope with incidents involving aggression and conflict from members of the public. At a team level, Managers have been trained to more effectively manage stress in themselves and their teams. At the organisational level, training for both Managers and staff in the Council’s revised performance review and development system is aimed at both developing people to deliver higher performance standards and also reduce the opportunity for performance management creating workplace stress, if undertaken inappropriately.

The case study evidence indicates that the Council has implemented its QWL initiative in a way that closely follows the Beacons of Excellence Good Practice Model. Indeed, the Council is identified in Jordan et al’s 2003 report as being an example of good practice. This finding further strengthens the rationale described in Section 5.5 above, for concluding that a link exists between the interventions the Council has introduced and the reduction in levels of sickness absence.

Going forward, the Council will continue to introduce the interventions described in its Action Plan, as funding continues to be made available (this in itself sends an implicit message to staff about the organisation’s commitment to improving QWL). Regular communication about the QWL initiative, which continues to make the link
between the initiative and the actions on the ground, will serve to further embed the process into the organisation’s culture.

6.2 Linking the change in levels of sickness absence to the QWL initiative

The researchers’ rationale for linking the QWL initiative and in particular the interventions introduced, to the reduction in sickness absence statistics is at the heart of this case study. The key components of this rationale have been set out in Section 6.5. As noted above, however, these points are strengthened by virtue of the Council’s QWL initiative mirroring a good practice model, which itself is based on sound academic research and examination of practical examples from the commercial world.

The methodology adopted in undertaking this case study did not, for practical and commercial reasons, include undertaking a second QWL Audit. This would provide data about the change in perceived levels of workplace stress and individual QWL, which could then be compared with the original survey results from 2001. It would also have identified any new sources of pressure created by other initiatives and programmes introduced by the Council. If the council chooses to re-survey its staff in this way in the future, it will be interesting to examine the levels of perceived commitment (both by the employee towards the Council and the employee’s perception of the Council’s commitment towards he or she) following the Council’s investment over the past four years in this initiative.

In summary, we have adopted a pragmatic and common sense approach to compiling this case study. As noted, the methodology could have involved quantitative data collection from a subsequent audit, however, this type of data was not available. It is nevertheless clear that the range of interventions introduced by the Council have brought about a significant cultural change and produced a variety of quality outcomes, including a reduction in sickness absence.

From a scientific research perspective, there is evidence that suggests the above conclusion is indeed reasonable.

The scientific literature is very clear about work-related stress. The key causes have been identified and so have the consequences. Specific factors in the workplace such as excessive demands and excessive workload, lack of control and poor relationships with colleagues or supervisors have been shown to cause stress. The resulting stress produces a range of symptoms and negative outcomes for both individuals and organisations. For the individual, symptoms include coronary heart disease, mental illness, poor health behaviours such as drinking and smoking and lack of exercise, accidents and careless or unsafe behaviours at work (e.g. Cooper, Liukkonen and Cartwright, 1996). For the organisation, organisational symptoms include high labour turnover, industrial relations difficulties, poor quality control and high rates of absenteeism. For example, the Confederation of British Industry found that ‘workplace stress’ was the second largest cause of absence in the UK workforce (CBI, 2001).
The scientific literature also gives clear information about the effectiveness of high performance work practices: performance management systems, 360° appraisal, talent management, effective reward systems and team-building are critical in delivering high performance. A growing body of research shows that, when implemented effectively, these work practices have a direct and substantial influence on performance (e.g. Huselid, 1995, 1997; Beatty, Huselid and Schneier, 2003).

Interestingly, research supports common sense. People who are attached to their organisation and have good psychological well-being tend to be better performers. Research also shows quite clearly that there are links between performance and both attachment and well-being. Well-being is linked to job performance (e.g. Russell & Wright, 1999; Cropanzano & Wright, 1999) and so is organisational commitment (Riketta, 2002). These findings support the idea that performance can be enhanced, or damaged by well-being and commitment.

Even more importantly, recent research (Harter et al., 2002) has provided convincing evidence that employee satisfaction is linked to business-level outcomes (e.g. profit, customer satisfaction and accidents).

In summary, scientific research shows that high performance, well-being and commitment are all connected. The drivers of high performance and organisational effectiveness are high performance work practices and practices that improve well-being and attachment. Both types of practices need to be implemented in ways that retain the balance between motivation to perform (positive) and stress (negative).

6.3 Cost/benefit analysis of the QWL initiative
A cost/benefit analysis of the QWL initiative may be understood at two levels, both of which vary according to the basis of calculating funds allocated to the initiative by the Council:

1) Budget allocation of funds specifically for QWL activities

2) The sum of 1) above, plus spending allocated to fund the Council’s Occupational Health and Independent Counselling Services, which has been sourced from existing budget resources as opposed from new money.

In both of these cases, spending is compared against the savings made from reductions in sickness absence levels, as described below.

In terms of benefits (i.e. savings made), Section 3.2 above provides a breakdown of the cost of sickness absence within the Council. Further to this, Section 5.3 above provides an analysis of the changes in levels of sickness absence within the Council during the last three years. In summary, FTE absence levels have fallen from 10.75 days in 2001/02 to 8.29 days in 2003/04. In monetary terms, this reduction represents a total saving (excluding Education Directorate and schools) of £1.93million over the last two years.
Accordingly, the above savings are compared against:

1) **Budget allocation of funds specifically for QWL activities**

Costs or expenditure under the QWL initiative is detailed in Section 5.4 above. In summary, the funding specifically allocated for the QWL initiative to date totals £390,000 (£30,000 – QWL Audit; £360,000 – interventions funding).

**At this level of analysis, the cost/benefit calculation reveals a net saving of approximately £1.57million.**

2) 1) above, plus spending allocated to fund the Council’s Occupational Health and Independent Counselling Services, which has been sourced from existing budget resources as opposed to new money.

The revised and re-focused contract for provision of Occupational Health Services by the local NHS Trust is valued at £295,000. This expenditure has been funded from a pre-existing budget. It should be noted, however, that the revised contract has only recently come into operation and the new proactive approach it adopts will not, therefore, have had any beneficial impact on sickness absence statistics in the year 2003/04.

Costs for the provision of an Independent Counselling Service were £48,000 for the year to December 2002 and £69,000 for the year to December 2003. One-third of these funds were provided from the Council’s Risk Management budget with the remaining two-thirds being funded from Directorate existing budgets.

Accordingly, total expenditure amounts to £802,000 (£390,000 – 1 above; £295,000 – Occupational Health Services; £117,000 – Independent Counselling Service)

**At this level of analysis, the cost/benefit calculation reveals a net saving of approximately £1.13million.**

Finally, in addition to the financial implications of engaging in the QWL initiative, embedding QWL into the culture of its organisation is helping the Council to aspire to its objective of being ‘a great place to work’, which is the focal point of its People Strategy.

### 6.4 Areas for development within the Council’s QWL initiative

It is always easy to reflect on what actions have been taken with a critical eye. Very often it can be easy to forget that case studies, by their nature, are real world examples and so subject to a wide number and range of commercial and personal influences within the workplace. This case study reflects the actions of the Council over the past two and a half years. Much has been achieved during this time through considerable
amounts of hard work. It is always possible to do things differently and to hopefully improve on what has gone before. With this in mind, we draw attention to the process issues identified in Section 5.1 above. In addition, given the volume of training undertaken by the council in order to introduce new interventions, we also draw attention to the desirability of conducting more training evaluation.

In terms of process, the key learning point appears to be the need to have maintain the momentum of the QWL Project Team and so drive forward the Action Plans at both the Corporate and individual Directorate levels. While there are numerous examples to be found of where Directorate and Corporate Actions Plan components have been acted upon, a perception existed that a more rigorous process of progress checking by the QWL Project Team would have been beneficial. This would have maintained the profile of QWL across the Council and therefore likely to have speeded up the process of embedding QWL into the culture of the organisation. There was a sense that although this was now happening, opportunities were lost along the way.

Finally, increased evaluation of the training programmes introduced by the Council as part of its QWL initiative would have been desirable for a number of reasons. Fundamentally, training evaluation is concerned with establishing whether or not the training has worked. Techniques for evaluating training provide a way of examining the success of training programmes and identifying where change is needed. Beyond this, however, evaluation is also concerned with the overall benefits of a training programme for an organisation (e.g. increased sales, reduced absenteeism and increased organisational commitment).

Section 5.2 outlines a number of different training courses that the Council has introduced. While the semi-structured interviews conducted for this case study gathered useful feedback, they are no substitute for formal training evaluation. An evaluation framework such as that developed by Kirkpatrick (1967) would have been particularly useful as it includes evaluation of learning, changes in behaviour and results. This information would add an extra dimension to the evaluation of the link between interventions and the reduction in sickness absence levels. Nevertheless, this observation should not obscure the point that significant numbers of staff have received training in key skills called for by the QWL Action Plans. Training courses and guidelines for both stress management and performance management have been adjusted and improved and the feedback to both has been very positive.
7 References


8 Appendices

8.1 Somerset County Council Pamphlet: 'The Results of the Quality of Working Life Survey (September 2003)
The overall results showed areas where staff identified pressures as follows:

- Work overload and unmanageable workloads
- The impact of organisational change
- The threat of and/or actual violence/verbal abuse
- The impact of Information Technology

To address these causes of pressure, the Council’s plans include the following measures:

- Monitoring by line managers of hours worked
- Flexible working arrangements
- Provision of Managing Pressure and Stress at Work Guidelines
- Provision of training for managers in managing pressures in the workplace
- Support and training for staff who may be most at risk of being threatened
- Monitoring level of incidents where staff feel threatened
- Development of guidance on use of email and the intranet
- Planning on-the-job and off-the-job training to coincide with implementation of new software
- Consider how the new job evaluation scheme and pay and grading structures will develop in the future

You can view the full Corporate Action Plan on the Intranet.

Future Plans

There are separate action plans covering Archives, Community Protection, Economy Transport & Environment, Legal Services, Libraries Arts and Information, Lifelong Learning, Personnel, SCS, and Social Services.

We will soon be providing staff in these services with separate feedback on the relevant action plan.

The Council is planning to undertake a series of smaller scale surveys, directed at some of the areas identified through this survey as experiencing high pressures, to find out what progress has been made in relieving some of the causes of pressure. The Council will also undertake research on issues that have arisen since the survey was completed.

September 2003
A Personal Message from Alan Jones, Chief Executive.

“The quality of the working environment and a good work/home-life balance are the foundations of good staff morale. A happy contented and well-motivated workforce is the key to excellence in the performance of the organisation.

“Somerset County Council was one of the first public sector organisations to undertake a survey to find out how staff feel about their working environment.

“It has helped us to identify areas where the County Council needs to do more to create the conditions in which our staff feel they want to achieve more.

“It has also helped to remind us of the high levels of commitment, dedication and excellent teamwork that exist within the County Council.

“I want staff to say that the County is a great place to work and that the Council is a great employer to work for. If we can achieve this, we will also encourage loyalty, a common sense of purpose and a strong commitment to serving the people of Somerset.”

The Survey

During October and November 2001, as part of its commitment to provide a working environment that ensures, as far as it can, the well-being of all its employees, the Council commissioned a survey to find out what employees thought about their work and the effect it had on their well-being.

The survey was undertaken by Robertson Cooper Ltd., an independent company specialising in workplace health and well-being assessment. Over 14,000 confidential questionnaires were sent out and there was an excellent overall response rate of 48%. Robertson Cooper Ltd. provided the final results of the survey in June 2002.

We appreciate there has been a large gap between the completion of the questionnaires and this feedback on the results. We felt it was important that feedback to staff was accompanied by a response from the Council about how it intends to address the causes of pressure identified in the survey. We have used the time to consult with unions, to complete all corporate and directorate plans, to gain approval by the Strategic Management Board and elected members and to make a start on implementation.

The Results

Overall, the results showed that employees in the Council:

- Enjoyed better than average health and drank or smoked slightly less than the average person
- Took more than average exercise
- Considered that there were excellent working relationships across the Council
- Experienced good levels of work satisfaction
- Thought there were good training opportunities
- Felt they were able to influence how the service develops
- Had a high level of commitment to the Council
- Felt the Council was committed to them
- Reported a better than average work-life balance
### 8.2 Case Study Interviewees: Departments and Positions

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<th>Department</th>
<th>Position</th>
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<tr>
<td>County Personnel Department</td>
<td>County Personnel Officer (Head of Personnel)</td>
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<td>Assistant County Personnel Officer</td>
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<td>Personnel Policy Manager</td>
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<td>Senior Personnel Officer</td>
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<td>Graduate Trainee</td>
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<td>Social Services Directorate</td>
<td>Strategic Personnel Adviser</td>
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<td>Head of Operational Support</td>
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<td>Economy, Transport &amp; Environment Directorate</td>
<td>Strategic Personnel Adviser</td>
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<td>Head of Regulation Services</td>
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<td>Occupational Health</td>
<td>Occupational Health Physician, Taunton NHS Trust</td>
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<td>Education / Lifelong Learning</td>
<td>Strategic Personnel Adviser</td>
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<td>Senior Personnel Officer</td>
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<td>Health &amp; Safety</td>
<td>Health &amp; Safety Operations Manager</td>
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<td>Former Health &amp; Safety Manager</td>
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<td>Training &amp; Development</td>
<td>Training &amp; Development Manager</td>
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### 8.3 Somerset County Council Action Plan Template

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<th>Response Action</th>
<th>Resources</th>
<th>Responsibility</th>
<th>Links to Other Plans/Existing Processes</th>
<th>Date for Completion</th>
<th>Task Ach’d</th>
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8.4 **Somerset County Council Education Directorate**

**consultation instructions for its Action Plan**

**Departmental Quality of Working Life Action Plan**

1. You will no doubt recall that last year the County Council undertook a major audit to find out from staff across the County Council the key sources of pressure and any areas of particularly high pressure where specific action needs to be focused. As a result of the survey a Corporate Action Plan has been developed which has been approved by the Executive subject to the approval of additional funding for some actions through the Authority's Medium Term Financial Planning Process.

2. We now need to produce a Departmental Action Plan to address the key issues arising out of the audit, which are specific to the Education Department. The initial draft was considered by ELG at its meeting on 11 December 2002. It was agreed that it should be put out to all staff for consultation. Copies have also been sent to trade union representatives for their comments.

3. Generally speaking the results for the Education Department were in line with those for the rest of the County Council. The ‘positives’ are that there are high levels of commitment to the County Council and good levels of work satisfaction, particularly in terms of control over the job, level of work variety and involvement in decision-making; employees enjoy better than average health although there are some groups of staff where this is not the case.

4. The areas which have been highlighted as causing concern are as follows:

   - Work Overload
   - Job Security
   - Dealing with difficult clients/parents
   - Working Environment
   - Pay/benefits

5. It should be noted, however, that not all Groups in the Department have issues in all of the areas above. The intention is that whilst the Departmental Plan identifies the broad areas that need to be addressed, individual Groups will develop their own action plans to address issues specific to them.

6. Before the Departmental Action Plan is finalised and reported to the Lifelong Learning Policy Panel, ELG is seeking the views of staff and their representatives on its content and also to identify what staff consider should be the priorities. The ‘Date for Completion’ column is only indicative at this stage and will only be finalised once the consultation process is completed and the priorities agreed.

7. You are, therefore, being invited to comment on the Action Plan and to identify the ‘top 3’ actions you feel would make a significant difference to you in relation to the issues identified in paragraph 4 above – sensible comments only please!
8. Group Managers have copies of the survey results for the Education Department and will be able to advise you on the specific issues for your Group. Some Groups have already started to work on this.

9. Once the deadline for comments has passed I will report back to ELG who will finalise the Action Plan. It will then be reported to the next available meeting of the Lifelong Learning Panel.

Please e-mail any comments to j.bloggs@somerset.gov.uk by the 31January 2003 ensuring that the e-mail is headed up QWL Action Plan Comments.

J. Bloggs
Area Personnel Adviser
8.5 Somerset County Council Pamphlet: ‘Pressure and Stress at Work: Information for Employees (February 2004)
What can be done to reduce pressures at work?

Talk to your line manager. If you discuss the issues at an early stage you may be able to work together to develop solutions to reduce work related pressure. Even when affected by events outside of work, it is important that you make your manager aware of those events that may affect your ability to cope at work.

The solutions available may include:

- Reviewing workloads and systems of work.
- Identifying whether you have any training needs and agreeing a personal development programme with your line manager. If you are not adequately trained to carry out a job, this may increase pressures at work.
- Reviewing the type of work you are doing and your career path.
- Taking advantage of available and appropriate flexible working options. SCC encourages managers and employees to consider the solutions to achieve a better balance between work and home life. Flexible Options include: Job Sharing, Part-Time Working, Term-Time Only, Flexi-Time, Phased Return to Work, Career Break, Parental Leave and Time off for Dependents.

If your concerns are with your line manager, then contact their line manager, your Department Personnel/Staffing Officer or County Personnel for advice.

Where can I get additional information, help and advice?

- Refer to Section J of the Personnel Handbook*, the Bullying and Harassment policy.
- If you feel you are subject to bullying or harassment, then you should contact the Listener Service on 01823 355508 or “http://www.enterprise.somerset.gov.uk/personnel/personnelgroup/listners.htm”
  
- Refer to Section S of the Personnel Handbook*, the Managing Pressure and Stress at Work Policy.
- Refer to Section R of the Personnel Handbook*, the flexible working guidelines.
- Speak to your Personnel/Staffing Officer or to the County Personnel Department on 01823 355502.
- You may also wish to contact your Trade Union, Safety representative, County Health and Safety Unit or specific staff support groups.

The Quality of Working Life Survey, carried out in October 2001, asked Council Staff to identify areas where they felt pressures at work. A leaflet was sent to all staff in September 2003 summarising the results and outlining the Council’s Corporate Action Plan.

This leaflet is designed to assist you in identifying the symptoms and signs of pressure and stress at work and to highlight where you can go for advice and assistance.

What is pressure?
Pressure is the reaction people have to excessive, urgent or other types of demands placed on them.

To meet some of life’s challenges a certain amount of pressure is necessary. If we were never put under pressure, we would learn much more slowly or not at all. Pressure in itself prompts us to higher performance and usually to a sense of satisfaction.

What is stress?
The Health and Safety Executive has defined stress as “a process that can occur when there is an unresolved mismatch between perceived pressures of the work situation and an individual’s ability to cope”.

Stress is not an illness, but if allowed to persist may lead to ill health. The cause of stress may be work or home related or both. Stress can be caused by a lack of support or positive outcomes, frequent discomfort in certain situations, a lack of control, a changing environment and high demands.

What are the symptoms of stress?
The symptoms will vary substantially between individuals but may include:
- exhaustion, poor sleep, high blood pressure, headaches, blurred vision, aching neck and shoulders, digestive problems, breathlessness, fainting, skin rashes and increased susceptibility to infection.

What are the signs of stress at work?
These may include:
- A lack of confidence and a reduction in productivity and performance.
- Loss of concentration and poor decision-making.
- Erratic or poor time keeping.
- Unusual behaviour, becoming withdrawn or unsociable, displays of temper, irritability or aggression towards colleagues and customers.
- Anxiety and feelings of fear and uncertainty, which can have the effect of undermining a person’s confidence and performance.

What can I do if I am feeling that I am not able to cope with work place pressures?
Try to channel your energy into finding solutions:
- If you are worried about your health, seek medical advice and guidance from your GP.
- Try using Stress Reduction Strategies such as Physical Exercise, Massage and Relaxation Exercises.
- Talk to someone close to you about how you are feeling.
- Use the County Council’s Independent Counselling Service - Care First Counselling. It’s a 24-hour service and can offer help in managing difficulties, that are either home or work related. This service is totally free, confidential and available to all non-school based staff. The majority of schools also operate the service. Tel: 0800 174319.

If you are aware of a colleague suffering from work-related pressure/stress, please draw their attention to this advice.
8.6 Somerset County Council Training Course Outline: ‘Managing Stress in Yourself and Your Staff’
Managing Stress in Yourself and Your Staff

Compulsory pre-course study

This is a comprehensive 2 day course for which delegates are required to commit to about 4 hours pre-course study.

Failure to plan and complete the study in time will put you at a disadvantage and will inconvenience other delegates.

1. eLearning

Please study modules 1, 2, 3 and 5 of the “Under Pressure” e-learning material. Module 4 is optional. Please undertake all the on-line tests and questionnaires and make a note of any relevant conclusions and bring them with you to the course. It is not necessary to print out any results. (Likely time required 3-4 hours).

If you have access to the SCC Intranet you will access this through the SCC Learning On-line and will shortly receive an e-mail explaining how to do this (If you already have access to SCC Learning On-line access to “Under Pressure” will have been added to your Learning Plan). If you do not have access to the Intranet you may request the loan of a CD Rom or the use of a ‘Learning Station’ at County Hall to undertake this material.

2. Policy and Guidelines Documents

Please study the 2 documents enclosed, before bringing them to the course where you will need them for syndicate exercises. (Likely study time: 30-45 minutes).

Day 1 - Evening exercise

Please note that delegates will be invited to construct a “stress map” in their own time (15-30 minutes), after day 1, which will be the subject of discussion at the start of day 2.
Managing Stress in Yourself and Your Staff

2 day course for Managers, following pre-study assignment

Outline Programme Day 1

0900 Arrivals, coffee, etc.

0915 Introductions, aims, contracting
Your take on stress. What’s it all about?
Your findings from the e-package

1100 BREAK

1115 Recognising the mind/body connection
Gauging the pressure
Burnout – prevention in self and others
Relaxation exercise (time permitting)

1300 LUNCH

1345 Time management
- and you
- and others (delegation, meetings)
Work/life balance

1515 BREAK

1530 Cognitive skills
Dealing with anxiety
Types ‘A’ and ‘B’
Stress Mapping explained (evening exercise 15-30 minutes)

1645 CLOSE
Outline Programme Day 2

0900  Arrivals, coffee etc.

0915  Stress mapping discussion groups
      Assertion – the antidote to stress

1100  BREAK

1115  Difficult relationships and conflict
      Aspects of emotional intelligence
      Your influence – are you a stress-spreader?

1300  LUNCH

1345  Supporting your staff
      - spotting signs
      - counselling skills

      Syndicate exercise ‘A’ (Policy and Guidelines)
      Feedback and Forum

1515  BREAK

1530  Syndicate exercise ‘B’ (Policy and Guidelines)
      Feedback and Forum

1630  Personal and Team Goals
      Course assessment

1645  CLOSE
8.7 Independent, Self-Referral Counselling Service
Brochure: ‘Counselling, Help & Information’
24 hours a day every day of the year
Helping you to help yourself

Care First Consulting
4000 772-8983
www.carefirstconsulting.com

What is Care First Consulting?
The services of Care First Consulting are designed to provide you with the best possible care and support for you and your family. Our team of experienced professionals is dedicated to ensuring that you receive the highest quality of care and treatment possible. Whether you are looking for expert advice or assistance in managing your healthcare needs, we are here to help. 

Confidentiality
Confidentiality is a core value of Care First Consulting. All information provided to us will be held in the strictest confidence and will be used only for the purpose of providing you with the best possible care and support. We understand the importance of maintaining the privacy of your personal information and will take all necessary steps to protect it.

Who are the Care First Consulting team?
Our team of experts includes experienced healthcare professionals and support staff who are dedicated to providing you with the highest level of care and support. We take pride in our commitment to excellence and are dedicated to delivering the best possible care and support for you and your family.

Care First Consulting is here to support you every step of the way. From initial consultation to ongoing care and support, our team is committed to providing you with the care and support you need to live your best life. 

Care First Consulting for Employees

If you have any questions or concerns, please do not hesitate to contact us. We are here to support you and help you navigate your healthcare needs.
8.8 Somerset County Council Pamphlet: Listeners Service
### LIST OF CONTACTS

All e-mail addresses are Name@somerset.gov.uk or Name@educ.somerset.gov.uk unless otherwise stated.

<table>
<thead>
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<th>Name</th>
<th>Work Location</th>
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<tbody>
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</tbody>
</table>

**Central Referral Service**
(24 hour answer phone machine) 01823 355508

**Intranet**
http://enterprise.somerset.gov.uk/personnel/personnelgroup/listeners.asp

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**LISTENERS SERVICE**

- trained employee volunteers
- listen and support
- discuss problems of bullying, harassment or discrimination at work
- accessible by telephone or face-to-face
- free and confidential

Confidential & Independent
Internal Support For
Bullying, Harassment & Discrimination At Work

Fire Brigade staff should contact Personnel on (01823) 364504 for a list of Fire Brigade Listeners

Updated July 2004
Listeners Service

The Listeners service is an internal support service for Somerset County Council employees who have experienced difficulties due to bullying, harassment or discrimination at work.

Listeners provide an independent, personal and confidential service.

What is Bullying?

Bullying is about intimidation and the misuse of power, both in public and in private. It is designed to humiliate and demean the individual, undermining their skills and abilities and gradually eroding their sense of self-worth. Unacceptable peer pressure can also amount to bullying.

How do you recognise the problem?

- fear of meeting or speaking with an individual
- loss of confidence, self-worth and self-belief
- reluctance to voice your opinion
- gradual realisation you are afraid to go to work
- physical ill-health such as loss of sleep, nausea, crying, headaches, depression

What is Harassment?

Harassment is defined as an activity or event that has the effect of creating an intimidating, hostile, offensive or disturbing environment. This can include:

- unwanted behaviour of a sexual or racial nature or conduct affecting the dignity of men and women
- acting in a way that intimidates, humiliates, ridicules or undermines confidence, due to gender, sexual orientation, race, colour, ethnic origin, religious belief or disability
- acts which are known, or should be known, to be offensive to people with disabilities.

What is Discrimination?

Discrimination is defined as being treated differently or less favourably resulting in a disadvantage or adverse impact. This can include:

- part time employees being excluded from team meetings or communications
- fixed term employees not being given the same opportunities for promotion or career progression

What to do

Bullying, harassment or discrimination can be physical, verbal or non-verbal, intentional or unintentional. Everyone reacts differently to the behaviour of others; one individual may consider a type of behaviour acceptable while another does not. However, if you are experiencing unwanted behaviour of a persistent and deliberate nature, there is something you can do about it.

Talk to someone who will Listen.

Who are the Listeners?

The Listeners are employees of the County Council who have volunteered for the role. All have their usual jobs to perform. They are not counsellors, but are trained to listen and support and help you resolve difficulties caused by harassment or bullying and guide you to take appropriate action. The Listeners have a clearly defined role, which can include accompanying you to a meeting with your manager to raise your concerns, and further information relating to a Listener’s role can be found on the intranet site.

The Listeners are accessible in the first instance by telephone, but where necessary face-to-face meetings can be arranged. You may wish to make initial contact with a Listener via e-mail. However support or advice cannot be offered via e-mail and all discussions must take place either over the telephone or face to face.

Access and use of the Listeners Service is free of charge. All concerns that are raised with a Listener will be handled with sensitivity and diplomacy and all appropriate steps will be taken to assure anonymity.

It is important that you are able to make an informed decision as to whether to divulge information to the chosen Listener and that you fully understand how confidential issues will be handled. You are therefore advised to familiarise yourself with the Listeners’ Confidentiality Statement which can be found on the intranet site.

Whom you contact is your choice. You do not need to contact a Listener working in the same department as yourself. However we do ask that you do not contact a Listener known to you either socially or professionally as it is important that the Listener is able to remain impartial and objective and minimise any potential conflict of interest.

If the Listener does not respond to a message it is possible that they are unavailable. In this case either contact another Listener or if you prefer, contact the Central Referral Service on 01823 355508 and leave your name and number on voice mail. A Listener will then contact you.

Questions and Answers:

Q: Will anyone find out I have contacted a Listener?
A: No. Discussions with a Listener are confidential and will not be discussed with anyone else unless you request the Listener to do so. However, if the Listener considers there is risk of harm to yourself or others, the matter would, with your knowledge, be referred to the County Personnel Department.

Q: I think I’m being bullied but I do not want to cause trouble. What do I do?
A: The Listener can help guide you to take the most appropriate action.

Q: How will I stop the unwanted behaviour?
A: The Listener would endeavour to help you resolve issues informally at first, by suggesting how you could make it clear to the individual that the behaviour is unwelcome and must stop, or by supporting you to raise your concerns with local management. Serious cases will be fully investigated and may lead to disciplinary action.

Q: What training have the Listeners received?
A: All Listeners receive 2.5 days intensive training on bullying, harassment and discrimination issues, which also covers the bullying, harassment and discrimination policy and other related procedures. Listeners also receive regular briefing sessions on issues such as race, disability and sexuality, together with updates relating to relevant employment legislation.

Q: Where can I meet the Listener?
A: If you wish to meet face-to-face, a mutually convenient location and time can be arranged during the working day. Some Listeners may be willing to meet outside working hours if this is the only mutually available time.
8.9 Somerset County Council Training Course Outline: Understanding and Preventing Harmful Episodes (Conflict and Risk Management)
**SUMMARY**

‘To help staff working in Somerset County Councils’ directorates who interface with the public, develop the skills and confidence for dealing with conflict and risk situations they can face in their work and assess the risks more accurately.

**AUDIENCE**

All staff that work with the public.

**CONTENT**

*Day One:*
- Self Awareness
- Recognising and Preventing Conflicts
- Signalling Non Aggression
- Dynamic Assessment of Unknown
- Risk Diffusing Skills
- Post Incident Considerations

*Day Two:*
- Consideration of Day One
- Assessing the Risk
- Recognising the Problem
- Practical Risk Assessment
- Action Planning and Best Practices
- Post Incident Debriefing

**OUTCOMES**

- Be able to assess risk situations in the workplace more accurately
- Better understanding of their responses to emotive and threatening situations
- Recognition of how staff can influence the outcomes
- Have an understanding of communication strategies
- Being pro-active on preventing conflict
- Interventions that defuse and resolve conflict

**DELIVERY**

Interaction with course participants.

**TUTORS**

John Beamson and Chris Jones, both Graduate Members of the Institute of Conflict Management. John who most recently worked as a Senior Manager with Social Services has 35 years experience of dealing with challenging and difficult situations. Chris specialises in training in the Security Industry and in NHS Trusts and Local Authorities.
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