

REPORT FOR DECISION

MEETING: **AUDIT COMMITTEE**

DATE: **22ND FEBRUARY 2011**

SUBJECT: **SICKNESS ABSENCE IN ADULT CARE SERVICES**

REPORT FROM: **EXECUTIVE DIRECTOR ACS**

CONTACT OFFICER: **Kat Sowden - Head of Workforce Modernisation**

TYPE OF DECISION: **NON-KEY DECISION**

FREEDOM OF INFORMATION/STATUS: This paper is within the public domain

SUMMARY: This report presents Members with a detailed account of sickness absence in Adult Care Services and the action being taken to reduce sickness absence in the department.

OPTIONS & RECOMMENDED OPTION The Committee is asked to note the contents of the report.

IMPLICATIONS:

Corporate Aims/Policy Framework:

Do the proposals accord with Policy Framework? Yes.

Financial Implications and Risk Considerations:

Sickness absence results in additional costs to the organisation wherever an employee's absence is required to be covered. This entails the need for additional hours, overtime and/or agency usage. This results in an increased cost to the organisation. Failing to control sickness absence effectively will result in increased expenditure in these areas. Measures taken to control sickness absence must be in accordance with Council policies and employment legislation in order to minimise the risk of litigation.

Statement by Director of Finance and E-Government:

Equality/Diversity implications: YES – Disabled employees are at increased likelihood of sickness absence and action taken to minimise sickness absence could impact this group. The department works in accordance with Council’s Managing Attendance Policy which has been subject to ECIA.

No

Considered by Monitoring Officer:

Are there any legal implications? No

Staffing/ICT/Property: Yes
This report concerns management of sickness absence of employees of the council. Action described within the report can affect the continued employment of individuals.

Wards Affected: All

Scrutiny Interest: No

TRACKING/PROCESS

DIRECTOR: Mike Owen

Chief Executive/ Management Board	Executive Member/Chair	Ward Members	Partners
Scrutiny Commission	Executive	Committee	Council
		Audit 22/2/11	

1.0 BACKGROUND

1.1 In the August 2010 meeting of the Audit Committee the BVPI12 report on sickness absence was presented. This indicated that Adult Care Services sickness absence (17.7 days lost per FTE) was significantly higher than the Council average of 11.04 Days lost per FTE. A request was therefore made for an account of action taken to address sickness absence in Adult Care Services.

2.0 CONTEXT

2.1 Although it is acknowledged that sickness absence within the department is significantly higher than that of other departments, it should be noted that if FTE days lost are reviewed over a number of years, this has actually significantly reduced in ACS. (See Appendix 1)

- 2.2 At the same time the FTE count within ACS has also reduced from 775 FTE in April 2008 to 726 FTE in December 2010. This reduction means that analysis of sickness absence on a per FTE or per person basis indicates an increase, despite the fact that total FTE days lost has actually generally decreased in the department.
- 2.3 The department utilises the Managing Attendance Policy approach of return to work meetings and stage meetings to manage sickness absence.
- 2.4 In 2009/10 all sickness absence recording was transferred into Trent through self service. This allows managers both to input sickness absence to the system immediately and to see summary information on attendance in their team on a daily basis.

3 ACTIVITY IN RELATION TO SICKNESS ABSENCE IN THE DEPARTMENT

3.2 Long Term Absence

Long term absence is defined here as any absence 20 weeks or more in duration. The department applies the long term sickness approach of the Council by writing to employees at 50 days and 100 days of absence. At the 100 day absence stage employees are asked to make decisions regarding their future employment.

- 3.3 Employees are referred to occupational health for advice and assessment on or before the point at which they have been absent from work for 6 weeks.
- 3.4 In addition, Adult Care Services operates a weekly fast track referral system to occupational health. This involves the Occupational Health Nurse operating on site with Adult Care Services to provide 6 appointments per week for individuals where it is deemed that earlier intervention could be appropriate.
- 3.5 The department utilises a case management approach for employees with long term or frequent absence issues. This includes joint case conferences with the employee, occupational health and management to try to resolve issues and enable return to work as swiftly as possible.
- 3.6 The department regularly provides employees with the opportunity to return to work in a phased manner if this is recommended by occupational health. This involves either building up hours of work and/or duties of work gradually over a 4 week period. The employee experiences no financial detriment during this period.
- 3.7 Analysis of employees who were long term absent in 2010 revealed the following:
 - In the period 1/1/10 – 31/12/10 39 employees reached 20 weeks of absence or more.
 - These cases equated to 5187.75 days lost in that period. This is 36.63% of the total days lost in the department for that period.
 - Of these 39 cases, 25 cases have been resolved. These resolved cases contributed 2964 days lost in the period considered (57.13% of the total of days lost by the 39 employees)
 - 14 cases remain unresolved at present. Of these:

- 5 cases are cancer patients undergoing treatment or who are now known to be terminal and exploring most appropriate options
- 3 cases are employees with severe mental health issues where intervention is highly complex and requires time and sensitivity
- 1 employee is due to return to work in January following surgery
- 1 employee is due to return to work in January
- 1 employee is considering future options
- 2 employees are awaiting redeployment once advice from specialists and Occupational Health Physician is available
- 1 employee attempted a return to work which failed and will therefore be reconsidering their options
- There are currently 14 employees at the 50 day stage of absence.
- The absences of these employees in the period 1/1/10 – 31/12/10 equate to 1081.37 days lost 7.63% of the total days within the department for that period.

3.8 Frequent Short Term Absence

Frequent Short Term Absence is defined here as more than 3 absences in a rolling 12 month period. The department applies the short term trigger stages to employees with 3 or more absences in a 12 month period and ultimately consideration is given to termination of employment for employees who reach stage 3 and have not achieved the required improvement in their attendance.

3.9 HR Officers have provided enhanced tools and training for managers to ensure that they are able to implement the Managing Attendance Policy. This has included training all managers and supervisors on sickness absence management as well as providing ad hoc refreshers and team input as required. Managers are provided with tools which enable them to calculate attendance at work in order to set appropriate targets.

3.10 In 2010 the department adopted an approach of intensively case working the 'Top 10' most frequent absentees. This has involved intensive input with 13 employees to date. Outcomes from this work are as follows:

- The absences of these 13 employees totaled 649.25 days.
- Of these, 4 cases have resulted in the employee leaving the organization via retirement, mutual termination or resignation. These employee's absences totaled 196.75 days (30.30% of the total days lost by this group of employees).
- 4 employees have seen improved attendance and are still being monitored to ensure that this continues.
- 5 employees have regular absence relating to disabilities and these are being closely case managed and monitored to try to improve attendance. Of these, one employee has now commenced a period of long term absence related to their disabilities. Another employee has indicated that they will be resigning their post.

3.11 The department provides support to employees to improve their health and wellbeing and to prevent them becoming unfit for work. This support includes funding for both physiotherapy and mental health related treatments where occupational health recommends this. Funding in 2010 was:

- Physiotherapy referrals to date in 2010/11 total 35 at a cost of £4,580. Of these, 9 cases were absent from work whilst the other 25 were preventative action to avoid an absence occurring.

- Referral for Cognitive Behavioural Therapy in 2010/11 totaled 2 at a cost of £375.
- 3.12 In 2010, the department has increased the sophistication and amount of information of data provided to managers regarding sickness absence. As well as managers being able to access summary data via People Manager (Trent) they also receive the following:
- Quarterly absence statistics across the department which is provided in a format which allows team comparison, traffic lighting and projections. See Appendix 2.
 - Quarterly posters detailing the names of employees in their team who have achieved 100% attendance so that this can be discussed at team meetings and celebrated.
- 3.13 The department provides bespoke interventions with particular teams or individuals where this is deemed appropriate. For example, based on analysis of high levels of short term absence in a particular team the Head of Service has worked closely with the management team and HR to develop an action plan for improvement. This included meeting with the full staff team to make clear the impact and cost of their absence and to understand their views on this. As a result of the meeting several aspects of sickness absence management within the specific team were modified e.g. restricting overtime when employees hit formal stages to ensure they are not over working at times and putting their wellbeing at risk. The team were also set a challenge to achieve 100% attendance for a week. They managed to achieve this in the week immediately following the meeting.

4.0 CONCLUSIONS

- 4.1 Analysis of the sickness information for Adult Care indicates that although sickness levels are high, significant work is being undertaken to try to manage the impact of sickness absence and minimize this wherever possible. The department have been proactive in developing approaches which focus on prevention as well as resolving sickness absence issues.
- 4.2 The department will continue to work to continuously review and analyse patterns in sickness absence in order to develop new approaches to managing absence.
- 4.3 Implementing more radical approaches to sickness management such as reducing sickness pay, phased returns being facilitated using someone's own annual leave etc are things which employees themselves have suggested an may have an impact in improving attendance further. However, this is not something that the department could implement alone and it would require Council wide implementation and consultation.

Pat Jones Greenhalgh
Executive Director Adult Care Services

Background documents:

Managing Attendance Policy

For further information on the details of this report, please contact:

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