

	Recommendations	Achieved/ Not Achieved	If Not Achieved, Reason(s) Why
1.	Current training arrangements in Social Care and Health Service in relation to lifting, carrying and use of equipment should be reviewed. Wherever possible, lifting and carrying training should be delivered to Social Services staff, either within clients homes or in settings that more accurately represent clients' home situations.	Yes	<ul style="list-style-type: none"> ▪ Wherever possible, moving & handling training for staff is delivered within service users homes, or in settings that more accurately represent the service users home situations. ▪ This is very difficult to achieve in domestic settings such as Home Care, due space constraints, numbers of staff requiring training, and invasion of service users privacy. ▪ During last year (2004) over 1300 full or refresher training places took place.
2.	The appropriateness of existing hoisting and lifting equipment should be reviewed to ensure it can be moved easily in home settings where carpets or rugs are present.	Yes	<ul style="list-style-type: none"> ▪ All staff are instructed to report any problems encountered when using any hoists or lifting equipment at work. This can be via patch meetings, daily team leader contacts, or at their regular moving & handling training refreshers. ▪ When environments cause problems for staff using mobile hoists (e.g. due to carpets or rugs), staff request that rugs to be removed or moved, where possible, for ease of use. ▪ When this is not possible (due to fitted carpets with high pile) an OT referral requesting an overhead hoist is made. ▪ However, if there budget constraints, or if the service user refuses to have an overhead hoist installed at home, (because of the permanency and unsightliness of the fitted structures), it does cause difficulties.
3.	The current process of risk assessment for Social Care and Health Service clients should be reviewed. Whilst care staff are in the best position to report changes in client circumstances and needs and usually do so, there should be regular programmed re-assessments of client needs and the impact upon Social Service staff providing services to them.	Yes	<ul style="list-style-type: none"> ▪ Risk assessment in home care settings are reviewed at least annually to coincide with quality visits by visiting supervisors. ▪ Any changes in the meantime should be reported by staff to their line mgr as the situation dictates, (e.g. immediately by phone, or at patch meetings) so that earlier reassessment can take place as required. ▪ Current domiciliary assessment processes are being reviewed via the new health and safety management system to further improve the assessment process. ▪ This system revisions include an audit process designed to monitor understanding and application of all key H&S requirements throughout

			the service.
4.	The Director of Social Care and Health should give consideration to what actions can be taken in relation to staff (such as home care staff), within the Service who may be geographically isolated both from each other and their managers, to:		
	<ul style="list-style-type: none"> • Promote a greater sense of belonging and cohesiveness and build morale • Provide greater opportunities for and give more encouragement to staff to raise health related issues with their managers • Allow line managers to gain a greater understanding of the needs of their staff 	Yes	<p>There is a greater awareness amongst all Managers and staff in relation to Absence Management.</p> <ul style="list-style-type: none"> ▪ Statistical information is shared at Home Care & support staff monthly patch meetings. ▪ Information is shared with staff in staffing meetings. ▪ Information has been shared analysed and discussed at Managers planned quarterly briefing sessions. ▪ There have been a number of workshops exploring the important issues and the impact sickness absence has on service delivery. ▪ The planned approach in managing third sickness reviews and capability hearings has promoted a cohesive approach and prevented delay. ▪ Weekly monitoring and actions taken in relation to all sickness reviews continues to be shared with all managers. ▪ With the introduction of the Return to Work Interview form this will ensure that have the opportunity to raise health related issues with their respective manager. ▪ The continued monitoring and actions being taken in the management of frequent and short term absences have demonstrated and resulted in : <ul style="list-style-type: none"> ○ An improvement in attendance at work ○ Increased staff morale ○ Managers have felt more supported in making decisions ○ Has given additional training opportunities and advice ○ Given the opportunity for staff to discuss health and personal related issues ○ Given the opportunity to gain relevant information, which has benefited the Occupational Health referral.

	<ul style="list-style-type: none"> Highlight, on an ongoing basis, sickness absence as an important issue and the impact this has on clients 	Yes	<ul style="list-style-type: none"> "Sickness Absence is now one of the most important issues within Social Care and Health. Managers and staff are all reminded of how absence impacts upon operational effectiveness and resource capability. Regular reports are submitted to Management teams, sickness is reported every quarterly performance day for each Branch Management Team. Articles are placed in the Social Care and Health Newsletter, specific Absence Management bulletins are sent out to staff and an Intranet page has been created with a useful information resource for staff and managers".
	<ul style="list-style-type: none"> Encourage reporting of injuries sustained at work; provide appropriate support (including recuperation and speedy access to services such as physiotherapy) where necessary; and publicise the availability of such therapies 	Yes	<ul style="list-style-type: none"> Both accident and ill health that are work related are now being recorded on standard forms. Referral processes are in place to speed up recuperation, e.g. physiotherapy, Occupational health, Staff Care Listening Services, and Lancaster Counselling. New 'South of the County' physiotherapy service agreed with 'Aycliffe Physiotherapy' and commences on 1st February 2005 35 SC&H referrals to Corporate Physiotherapy Service over last 3 months.
5.	The current focus on and actions taken within Social Care and Health to reduce sickness absence should be sustained and in particular, the actions taken ensure speedy referrals to Occupational Health and to process long term sickness absence cases through the review process.	Yes	<ul style="list-style-type: none"> Teams are visited and action plans are drawn up for individual's future attendance levels. This approach is currently being rolled out across the whole service. Direct assistance and support given to managers in dealing with long & short-term absences. In the year 2004 there were 46 staff terminated on capability grounds & 17 on permanent ill health retirement. The number of OHU referral forms returned has increased from 58% in 2003 to 70% in 2004 Staff currently off sick for 9 months or longer 55% at 3rd Review or Capability hearing stage.

6.	A review of the current arrangements, whereby staff in the Social Care and Health Service, who are absent due to illness, continue to receive payment of shift allowances etc., where these are a regular constituent of wages, may be considered timely.	Yes	<ul style="list-style-type: none"> ▪ Discrepancies and payments over and above basic wage/salary payments have been identified. ▪ Corporate approach is to link these additional payments in with the Job Evaluation negotiations with TU's.
7.	Where it does not already do so, Sickness Absence should be a regular item on all Service Management Team Meetings and Corporate Management Team Agendas.	Yes	<ul style="list-style-type: none"> ▪ Sickness Absence is now one of the most important issues within Social Care and Health. ▪ Managers and staff are all reminded of how absence impacts upon operational effectiveness and resource capability. ▪ Regular reports are submitted to Management teams, sickness is reported every quarterly performance day for each Branch Management Team. ▪ Articles are placed in the Social Care and Health Newsletter, specific Absence Management bulletins are sent out to staff and an Intranet page has been created with a useful information resource for staff and managers. ▪ Quarterly Report are also submitted to Corporate Management Team with a full breakdown of absence and these are also submitted to HR Committee ▪ Within SC&H we have a sickness Absence Management Plan with nominated lead offers ▪ <i>The Chief Officers of each Service, including SC&H, have been required to report on sickness absence as a headline issue to the Chief Executive via CMT every quarter since November 2003. This is in addition to the quarterly report to the HR Committee which is longstanding</i>
8.	Services, individually, should consider how sickness absence levels at both Branch and Team level can be reduced, and when necessary and where appropriate, develop Action Plans for so doing, indicating lead officers and timescales. Corporate	Yes	<ul style="list-style-type: none"> ▪ <i>The regular reports to CMT and HR Committee include reports from each Service, including SC&H, on planned action and progress, as well as a report of action taken and planned at the corporate level</i>

	Management Team would serve as the best mechanism for progressing this recommendation		
9.	Performance data on sickness absence at Team and Branch levels in each Service should be published at regular intervals to all employees, with an indication of the costs of absence to the Council, expressed in monetary terms.	Yes	<ul style="list-style-type: none"> ▪ In Social Care and Health every Team/Unit sickness absence performance figures are reported to Branch Performance Days on a quarterly basis. ▪ Intranet page developed concentrating on sickness absence issues and advice. Launch date 19th January 2005. ▪ Sickness Absence cost savings (per Branch) have been calculated and Branches informed of the reduction in their budgets (250k total for SC&H in 2004/5). • <i>Performance data is made available through the CMT reports, which are exhaustive, to every Chief Officer, in order that this can be used by them to raise awareness in their own Services. As Service specifications, needs for cover, flexibility etc are different between Services, CMT have been advised that the provision of meaningful comparative data on notional costs will require the adoption of a common costing model between Services, and this is being considered.</i>
10.	Managers should be better trained in how to manage sickness absence and we suggest all line managers should receive training, as appropriate, as a matter of course.	Yes	<ul style="list-style-type: none"> ▪ Social Care & Health Training programme delivered throughout 2003 and 2004. ▪ <i>A major corporate training programme begins in February 2005 as part of the launch of the new Managing Sickness Absence Policy which was agreed by the HR Committee in August 2004 .</i>
11.	Managers should be reminded of the need to conduct return to work interviews after each and every absence. However, the Working Group recognise that a balance needs to be struck between the informal nature of any such interviews and the need to note confidentially any key issues discussed.	Yes	<ul style="list-style-type: none"> ▪ New Return to Work form for Social care & Health has been devised and sent to all staff and interviews are being recoded on the Social Services Information Database. ▪ This form is completed by managers (normally face to face with staff member) after every sickness absence and replaces the self-certification form previously issued.
12.	Personnel Services should produce guidance for all Services to ensure that a more consistent approach is adopted across		<ul style="list-style-type: none"> • <i>11,12,13 There is advice in the new corporate Policy, and separate guidance has been drafted and is currently being considered by Personnel services DMT. This will also take into account the special</i>

	Services for return to work interviews.		<i>needs of employees and service settings. A consistent approach by all Services in terms of process and equalities, in line with the new policy, is very much the aim of this.</i>
13.	Whilst our preference is for face-to-face return to work interviews, in Services where it may be difficult for face-to-face return to work interviews to be held, options for alternative means of conducting interviews at the earliest possible opportunity on return (i.e. by telephone) should be explored.	Yes	<ul style="list-style-type: none"> ▪ In Social Care and Health the new Return to Work form does normally require the manager and individual staff member to complete the form together face to face. ▪ There are provisions, when this is not possible, for a return to work interview to be conducted over the telephone. ▪ Introduced system for monitoring Return to work interviews.
14.	There should be greater overall consistency between Services about procedures for notification of sickness absence and tracking arrangements. Personnel Services should review existing procedures in Services and produce corporate guidance on the arrangements to be adopted.		<ul style="list-style-type: none"> • <i>Specific advice on notification and reporting is included in the new Policy. Separate management guidance has also been produced. A major project to assure the quality of BV12 methodology and data was undertaken corporately in 2003 and included participation from SC&H. The standard methodology which resulted has been noted regionally.</i> • <i>The present Open Door corporate HR info system is available to all Services but is not the preference of all Services, some of whom, like SC&H, have preferred to develop their own local system. The Council is considering the implementation of a replacement HR info system, and the uniform management of absence information has been flagged as part of its spec.</i>
15.	Individual Services should review their existing recording and tracking procedures for sickness absence to ensure that the necessary actions in terms of review (whether or not any action is taken) are undertaken by managers when trigger points are hit.	Yes	<ul style="list-style-type: none"> ▪ Social Care & Health require managers to enter all sickness absences onto SSID and there are built in mechanisms to prompt managers when sickness absence reviews are due. ▪ Managers are informed by memo of staff in their team who have triggered for referral to Occupational Health Unit. ▪ <i>Service Chief Officers are expected to hold accountable the responsible officers for addressing sickness once targets are hit, and have been so reminded. Management teams look regularly at sickness section by section, with reference to the responsible Officers.</i>
16.	Proper management of long term sickness absence (20 days or more) and the return to work process is essential. Mechanisms should be introduced to monitor and ensure that	Yes	<ul style="list-style-type: none"> ▪ New Return to Work form devised and sent to all staff for use in SC&H from 16th December 2004. ▪ Lists containing staff on 9 and 6-month absences produced for targeting and progress chasing long term sickness absences with line managers.

	appropriate contacts between line managers and staff who are long term absent take place at appropriate times, in accordance with current policy. The return to work declaration form could potentially be used to gather such information - including comments from employees about their experience of the contact made.		<ul style="list-style-type: none"> ▪ Staff are in place to target and progress long-term absence issues. ▪ <i>The new Policy firms up practice on maintaining contact. There are a range of issues about the nature, appropriateness and confidentiality of info required of an employee at this point, as opposed to at a formal review. These issues have been discussed with SC&H</i>
17.	Personnel Services should play a stronger role in monitoring sickness absence corporately and drawing to the attention of members and officers issues which may arise that might require appropriate actions to be undertaken.		<ul style="list-style-type: none"> • <i>It is felt that the reporting arrangements to CMT and the HR Committee which were introduced in November 2003 , with detailed performance data and highlighting of trends and issues, should meet this need and further emphasise the corporate lead on these matters.</i>
18.	More rigorous monitoring of the sickness absence history of potential employees at the application stage should be undertaken. This should apply equally to internal applicants for posts. The Head of Personnel Services should develop and issue guidance to Services on this issue.		<ul style="list-style-type: none"> • <i>Corporate Guidance has been produced by the Recruitment and Development Team.</i> • <i>It needs to be remembered that this important issue, while apparently straightforward, needs to incorporate perspectives on equalities, particularly disability, and the Data Protection legislation. There is further specific policy on this area in the new Managing Sickness Absence Policy.</i>
19.	Sickness absence should form a major component in any assessment of individual employee performance at the completion of any probationary periods for new employees.	Yes	<ul style="list-style-type: none"> ▪ In Social Care and Health to be now included in probationary periods ▪ <i>As at 18, this is appropriate and needs to be considered in the light of individual circumstances, especially incidence of disability</i> ▪ <i>Pre employment screening takes place for all posts to ensure that employees are 'fit for purpose' at the initial recruitment stage.</i>
20.	All County Council employees should be reminded of the sickness absence procedures and the requirements to advise managers at the commencement of and during periods of sickness absence.		<ul style="list-style-type: none"> • <i>It is anticipated that a poster and intranet campaign highlighting the basis dos and don'ts for employees from the new policy will be running shortly.</i>
21.	The Council has already begun a process of developing and implementing policies to promote staff health and well being, most	Yes	<ul style="list-style-type: none"> ▪ Within SC&H several projects of work have begun which specifically focus on staff health and well being, these include; <ul style="list-style-type: none"> ○ Revision of SC&H stress management policy and guidance to

	recently in relation to stress. However, more could be done (particularly in relation to staff working outside County Hall) and we recommend that the Head of Personnel should prepare a report for Cabinet about how this can be promoted.		<p>reflect new HSE Standards</p> <ul style="list-style-type: none"> ○ Using staff survey to monitor and respond to excessive stress ○ Begin stress management training for managers ○ Complementary therapies pilot in mid 2005 at 5 locations across the county ○ Linking in with various national campaigns during 2005 to promote health awareness ○ In social Care & Health we have devised an action plan for accreditation to the Health at Work Awards, which have been taken up as a corporate initiative
22.	Cabinet may also wish to consider whether greater prominence should be given to staff health and well being issues within the Human Resources (People) Strategy.		<ul style="list-style-type: none"> ▪ <i>Cabinet have agreed the People Strategy, which integrates sickness and employee health into the mainstream Council HR programme of key work. It is likely to be proposed that a new structure for Personnel Services will reflect these as key issues for HR in the Council</i>
23.	A Review of progress against the recommendation in this report should be undertaken six months after its consideration by Cabinet.		<ul style="list-style-type: none"> ▪ Social Care & Health are now reviewing the publication 'Managing Sickness Absence in the Public Sector' (produced by the Cabinet Office) as a tool to benchmark our practices. ▪ <i>As here</i>