

Scrutiny Sub-Committee for Promoting Strong, Healthy and Safe Communities



28 November 2005

Sickness Absence: Review Report

Report of Head of Overview and Scrutiny

Purpose of Report

1. To up-date the Sub-Committee about the latest review of the Sickness Absence Scrutiny recommendations.

Background

2. A Scrutiny Group made recommendations in June 2004 about improvements in sickness absence management, both in Social Care and Health and also corporately, in relation to the following areas:
 - Further and improved training in relation to lifting and carrying and risk assessment
 - Increased inclusivity in relation to Social Care and Health employees who may be geographically remote; speedy referrals to occupational health and progression of long term sickness absence
 - Better management of sickness absence
 - More consistency of the sickness absence procedures and better monitoring
 - Recruitment/promotion of staff and sickness absence
 - Publicity to employees about sickness absence procedures
 - Promotion of staff health and well being
3. A review of progress towards the recommendations in the report was carried out in March 2005, when it was noted that good progress was being made. A second review meeting took place on 7 November 2005 and was attended by officers from Personnel Services and Social Care and Health.

Progress against the Scrutiny Working Group Recommendations

4. Peter Appleton, Head of Service, Social Care and Health, and David Atyeo and Geoff Longstaff from Personnel Services gave progress reports. A copy of the Action Plan template showing further progress by Social Care and Health against relevant recommendations is **attached**.

Current Sickness Absence Data

5. An update from Peter Appleton about current sickness absence levels in Social Care and Health was also provided, during which the following main points were highlighted:
 - Sickness absence levels had fallen from a high of 8.6% (22.7 days) per annum in 2002/03 to 6.9% (17.3 days) in 2004/05 and were currently on target to hit 6.5% in 2005/06
 - The reduction in sickness absence levels in County Durham Care (which now formed part of the Older Persons and Physical Disability Branch) had been sustained over the last year, although absence levels had risen in some other Branches and particularly in Children & Their Families Branch
 - The cause of the greatest number of days lost due to sickness absence across the Service in the rolling years ending September 2004 and September 2005 was now depression/stress as contrasted with musculo-skeletal previously. Trend lines appeared to indicate that absences linked to depression/stress could rise
 - Significant progress was being made in tackling long-term sickness absence and, as at September 2005, there were only 26 employees with long term absences of 9 months or more

6. Peter Appleton also advised the Working Group that attempts had been made to discuss sickness absence procedures with adjoining authorities, to determine whether there were examples of best practice which could be applied in Durham. Newcastle City Council had social services sickness absence rates higher than in Durham but there were some methods which had been employed to reduce absence rates, including a public relations planning model and internal communications campaign (including pre-campaign surveys) and simple, easy to follow, booklets for staff about sickness absence procedures. Redcar and Cleveland had sickness absence rates below those in Durham. The introduction of return to work interviews in the Authority had resulted in a marked impact on sickness absence levels. The most marked difference in Redcar and Cleveland was the Authority's changed conditions of service, which allowed notice periods for staff to be paid as a lump sum. This meant that staff whose employment was terminated on capability grounds were removed from sickness absence statistics from the date of termination,

7. David Atyeo and Geoff Longstaff from Personnel Services advised that the County Council's new Sickness Absence Management Policy had been introduced in April 2005 and training for managers was ongoing, with over 500 managers trained so far. A copy of the policy had been circulated to Members of the Working Group. Feedback from the training sessions had been extremely positive. Publicity for staff about the new procedures was available on the intranet, but there would be further publicity throughout 2005 and into 2006. In relation to stress, it was explained that the Health and Safety Executive had now produced

national standards for the management of stress which were likely to form the core of any corporate stress management strategy to be developed by the County Council. As regards the Working Group's recommendation about development of a common costing model, consideration was still being given as to how this might be developed. One possible method might involve assessment of marginal costs, although this would require a substantial amount of work to be undertaken across the Authority. David Atyeo also advised that consideration was being given to the feasibility of more proactive health and welfare strategies for the County Council.

8. As regards current trends in sickness absence across County Council Service areas, the Working Group was advised that the Best Value Performance Indicator (BVPI) for the County Council had fallen since 2003 from over 13 days per full-time equivalent employee per annum, to 9.84 days for the rolling year up to September 2005. However, progress still had to be made to reach the target of 9 days for 2005/06. Comparatively, the County Council was still in the lowest quartile nationally, as sickness absence rates continued to fall in other authorities, but Durham was still well below the regional average of 12.1 days.

Recommendation

9. The Working Group considered that further progress had been made towards the recommendations in the Scrutiny Report and recognised the efforts made by the officers concerned in addressing the issues. It was felt that no further review meetings are needed, although a further update on sickness absence levels in Social Care and Health should be provided to a future meeting of the Communities Scrutiny Sub-Committee in approximately six months time when the final figures for 2005/06 are available.

Background Papers

Action Plan template and reports and presentations from Social Care and Health and Personnel Service officers to the Scrutiny Group.

Contact: Tom Bolton Tel: 0191 383 3149

Present: **Councillor M Nicholls** in the Chair

Other Members:- Councillors Bowman, Cordon, Lethbridge and Vasey

Also Present :

Peter Appleton	Head of Service, Quality Performance, Social Care and Health
David Atyeo	Development and Performance Manager, Personnel Services
Geoff Longstaff	Senior Human Resources Officer, Personnel Services
June Clark	Assistant Retention Officer, Social Care and Health
Elsa Cleasby	Team Manager, Social Care and Health
John Chapman	Team Manager, Social Care and Health
Tom Bolton	Senior Scrutiny Support Officer, Corporate Services

Apologies were received from Councillors Armstrong, Douthwaite and Priestley and Mr Ibbotson.

	Original Recommendations	Lead	Details of Further Work / Improvements since January 2005
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 client's homes or in settings that more accurately represent clients' home situations.	SC&H	<ul style="list-style-type: none"> Proposed new training venue at Coulson Street will, once finished, have the ability to simulate a range of environments and lifting equipment. This will further improve the realism of training for staff, particularly in home care settings. As required, training can and has been offered in a service users home (subject to their agreement)
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.	SC&H	<ul style="list-style-type: none"> Further work has been undertaken this year in partnership with Home loans, OT's and Property Help desk to ensure lifting equipment used by staff is fit for purpose and regularly maintained.
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.	SC&H	<ul style="list-style-type: none"> Options for a common, interagency manual handling risk assessment processes are currently being considered to further improve the assessment process. The implementation of safety policies and procedures are currently being audited by SC&H's Staff care and safety team. These audits look at a broad range of risk management processes that managers have to use. Initial assessment process used in Home Care has been revised twice this year to further improve the assessment process.

4.	<p>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:</p> <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 • Highlight, on an ongoing basis, sickness absence as an important issue and the impact this has on clients • 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 	SC&H	<ul style="list-style-type: none"> • Home Care Operations Supervisors now take monthly staff meetings in each “patch”. • Minutes of meetings are sent to each staff member within the “patch” so that any not present are kept updated as to developments and training opportunities. • There is a greater awareness amongst all Managers and staff in relation to Absence Management. • Information is shared with staff in staffing meetings at all levels in the service. • A planned approach in managing third sickness reviews and capability hearings has promoted a cohesive approach and prevented delay. • Close monitoring of all units who report high absences /days lost (top 40 teams.) • 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 ▪ 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 • Reporting of work place accidents continues to improve. There are now new processes for logging and monitoring work related ill health cases such as stress which are helping to shape new strategies for absence management. • 96 SC&H physiotherapy service referrals processed between
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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.	SC&H	<ul style="list-style-type: none"> • Currently reviewing Health & Safety Executives new 'Stress Management' standards with the view to adopting best practice and audit tools to assist with reduction / prevention of LTSA. • The targeting of specific action aimed at reducing long-term absences continues. 23 leavers on Capability grounds and 7 leavers through Ill Health retirement between April and September 2005. • 345 new referrals / assessments to OHU processed from SC&H, and 139 review assessments, between April and September 2005.
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.	Corporate	<ul style="list-style-type: none"> • Proposals to change the calculations of payment for enhancements included in budget cycle as part of Single Status agreement.
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.	Corporate	
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 Management Team would serve as the best mechanism for progressing this	Corporate	

	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.	Corporate	
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.	Corporate	
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.	Corporate	
12	Personnel Services should produce guidance for all Services to ensure that a more consistent approach is adopted across Services for return to work interviews.	Corporate	
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	Corporate	

	alternative means of conducting interviews at the earliest possible opportunity on return (i.e. by telephone) should be explored.		
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.	Corporate	
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.	Corporate	No Change since last report
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 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 -	Corporate	

	including comments from employees about their experience of the contact made.		
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.	Corporate	
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.	Corporate	
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.	SC&H & Corporate	Absence Management is an element of Social Care & Health appraisal and probationary periods.
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.	Corporate	
21	The Council has already begun a process of developing and implementing policies to promote staff health and well being, most recently in relation to stress. However,	SC&H & Corporate	<ul style="list-style-type: none"> ▪ The revised stress policy in SC&H has been taken forward as part of a corporate initiative. ▪ Further training for staff in stress management has been developed for delivery through e-learning.

	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.		<ul style="list-style-type: none"> ▪ All services have now agreed to take forward the Health at work Award promoted by the local PCT, which is intended to promote the health and wellbeing of all DCC staff and their families.
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.	Corporate	
23	A Review of progress against the recommendation in this report should be undertaken six months after its consideration by Cabinet.	Corporate	