ISLE OF ANGLESEY COUNTY COUNCIL

Committee : Corporate Scrutiny Committee
Meeting Date : 29th March, 2012
Relevant Corporate Director : Lynn Ball
Relevant Portfolio Holder : Byron Davies, Commissioner

Update Report on Sickness

1.0   Purpose of Report

To provide an update to the Corporate Scrutiny Committee following on from an earlier report on Sickness Absence Management in September 2011.

2.0   Issues for Scrutiny

To consider the issues raised by the Scrutiny Committee in relation to a number of issues, e.g.

- Reasons for target figure exceeding
- Sickness managment within directorates including issues related to conducting return to work interviews
- Further areas of support required

3.0   Background

Members will no doubt recall the original report regarding sickness absence, referring to the Authority as being the only one of the 22 in Wales who have failed to return a figure for sickness absence based on FTE (full time equivalent staffing rations).

This was one of the strategic projects identified in the review of HR in 2010, that required attention. Much work was done by Payroll, IT and HR to progress this, work that was further complicated by a transfer to a new IT system.

Carys Edwards,
HR Services Manager

March 2012

Update On Sickness Absence

Three departments/services namely Education, Planning and Public Protection, Social Services and Housing have been asked to comment on sickness absence for their respective services. Their individual comments are included as an attachment to this report.

Corporate management of sickness and absence

Sickness absence is a frequently discussed issue. It is often viewed as a HR issue, an effect of poor management and inefficient procedures and as such, therefore "easy to improve". The reality is however far more complex and whilst good management practices and sound procedures are important contributory factors this is not the whole picture. Similarly, whilst HR has a role to play in providing the necessary support, advice and guidance to services, it is the service which must address the sickness absence levels of its staff.

To enable them to do this services need:

- The availability of accurate and reliable sickness absence data. The work on integrating the Payroll and HR IT system (Northgate) is progressing but is not complete and impacting on the availability of reliable sickness data.
- Robust management procedures e.g. return to work interviews etc.
- Sound occupational health support and guidance (see background)
- A realistic target for sickness absence management (see below)

In turn services must:

- Follow the sickness absence management policy implicitly
- Monitor and review their sickness absence regularly (at least weekly)
- Action the result of such monitoring and review in a timely manner
- Review operational practices

However, each and every member of staff also needs to understand the position and the impact that sickness absence is having on service delivery. To this end the Authority has been working with the Trade Unions and will be issuing a joint statement on the matter. In November 2011 a CIPD (Institute of Personnel Management) estimated the median annual cost of absence per employee as £673.

As part of the development of the three year corporate business plan an organisational target for sickness for the 2012/13 financial year and each subsequent year will be set, which will require clear year on year improvement. This will also entail the progressing the Northgate implementation within the schools service.

<u>Current levels of illness</u>

Sickness absence can be broken down into short term and long term. Both require attention as both have impacts. The longer an individual is off ill then the greater the impact on the overall sickness absence level and trends e.g. one service has been "on target" or below consistently. The long term absence of one member of staff has now thrown that service "off target" substantially, one person in a service of approx. 90 staff.

The analysis of our "top 50" long term sickness absence cases, indicates that the top 30 have been off for more than 100 days. Of these, 14 are due to leave the organisation by the beginning of April due to ongoing work by the services to address issues.

There appear to be clear differences between services in the levels of absence. Some of these differences may be obvious e.g. a care worker with a "virus" may not be able to work due to his/her contact with vulnerable clients. Such a "virus" might not have the same impact on an administrative role. However it is important not to accept the assumption but to investigate.

Moving forward

Sickness absence management remains at the top of the management agenda for each manager. Whilst accurate, reliable data is key there are clear sickness patterns and trends that can be actioned from the existing data. There is also a clear need to reflect on the many staff that have excellent attendance levels.

Carys Edwards

HR Service Manager

Schools Sickness Absence April - November 2011

Number of long-term absences cases during the period (absence of 2 months or more)

28

Total number of school days lost due to long-term absence during the period

1760

Nature of the long-term illness and number of cases

Work related stress	**8**
Cancer	**3**
Treatment	**5**
Pneumonia	**2**
Rheumatoid Arthritis	**2**
E-Coli Enteritis/Anxiety	**1**
Bereavement	**1**
Heart Condition	**1**
Sciatica	**1**
Severe Migraines (under investiga	
Colitis	**1**
Fatigue	**1**
Abdominal Pains	**1**

Response to Scrutiny Committee

1. Why do you think the average days sickness absence per employee exceeds the target?
Because 1/3 of the absences are due to long term illnesses

2. Are there any areas of concern within the schools, and if so, what is being done to address these?
Work related stress - encouraging schools to refer to the NHS immediately, offering counselling.

3. What is being done within the schools to try to manage sickness absence?
Return to work interviews

4. Are 'Return to Work' interviews carried out consistently within the schools?
No evidence of how consistently return to work interviews are carried out within the schools.

5. How has sickness absence affected the schools?
Financial impact - wage costs, complaints from parents, cause of stress for headteachers and other staff

6. What help, if any, do you feel would be beneficial to the schools to help reduce sickness absence?
Provide the 'care call' service to schools

SICKNESS: PLANNING AND PUBLIC PROTECTION 2011- 12

CORPORATE SCRUTINY COMMITTEE 29.3.12

1.   The Service continues to keep records locally in order to monitor sickness and take action at the service level.

2.   In answer to the key questions in relation to the Service sickness record between April and December 2011 (records are kept on a Quarterly basis) see below.

3.   Even though there was an unusually high number of staff within the Service who were on long term sick (i.e. with a medical certificate) during the period April to December 2011, the average number of days sick per employee does not exceed six days. The number of days sick is 446.2, with the full time equivalent number of staff being 95.7 giving a total of **4.66 days per member of staff.** It should be said that looking at an isolated period can be misleading as sickness is subject to wide variations. The Service is more concerned about general trends.

4.   Long term sickness is a current area of concern within the Service and medical advice (including Occupational Health) is always followed.

5.   In order to manage sickness absence:
   - emphasis is placed on a healthy workforce rather than sickness
   - local records are being kept for the time being
   - staff are required to attend a brief meeting with the Head of Service if a member of staff exceeds more than 5 short term incidents within 1 year. This is to provide help not to criticise
   - return to work interviews are consistently carried out in the Service and this is also a Service PI
   - action is taken to support staff filling gaps caused by absences.

6.   In relation to the impact on service delivery, targets achieved will be lower than anticipated in some areas (e.g. a slight delay to on site response from pest control, food sampling targets fell during officer's absence) and possible financial implications due to staff members undertaking extra responsibilities for others (e.g. temporary re-grades to relevant members of staff).

7.   The Service is looking forward to gaining support as the result of Human Resources and Service efforts to install the new computer monitoring system. This should :
   - provide access to reliable corporate and comparative data
   - avoid duplication in recording information
   - enable benchmarking with other Services.

Report prepared by Brenda Williams (Team Leader Admin) and Elena White (Business Systems Support Officer)

Social Services response to Sickness Absence

Why do you think the average days sickness absence per employee exceeds the target?

Social Services throughout Wales have particular challenges in managing good attendance at work. Our employees range from those providing direct personal care through ancillary roles and support administration to professionals and managers.

Parts of social services perform much better than others. Generally speaking, the parts of our workforce at the front line of personal care and constant face to face work with the public have higher rates of poor attendance. Care roles can be physically demanding and the age profile of our workforce with higher numbers aged 40 years and over in combination leads to higher levels of physical wear and tear.

It is generally accepted in reports however that Social Care sickness absence should be compared with similar services. It is not helpful to compare with other Council departments as this is not a like for like comparison. For example the 2008 CBI and AXA sickness survey revealed that in the public sector the highest absence rates were found in health/social care services (12.6 days) and police and probation services (9.9 days).They further noted that it is not surprising that the areas with the highest sickness absence figures are also those with the highest injury or work related ill-health rates such as construction and health care.

Periods of uncertainty also contribute to poor levels of attendance and the relatively recent closures of children's establishments amidst concerns about practice standards has led to a rise in absence.

Our provider services employ 600 people and this is where we have higher levels of absence. The reasons can be partly explained by the comments above but also we need to consider the organisational culture in response to service improvement changes. The service is tightening it's grip on performance expectations and discipline. Some behaviours and standards of practice have not been tackled properly in the past. We have seen examples where sickness levels increase as discipline and capability are challenged to be corrected and improved.

There is some evidence that a culture exists of "going sick" when morale is low or in 'protest' to performance challenge.

Some employees consider their terms and conditions are not as good as in neighbouring authorities and this impacts on commitment and resilience at times when the workloads can be pressured.

Are there any areas of concern within the directorate, and if so, what is being done to address these – what is being done to manage sickness absence?

Longer term absence skews overall attendance figures but the systems to address this are effective in line with council policies. We have particular concerns for the levels of short term absence. This requires intensive management attention with return to work interviews but this alone is not proving to be effective. There is a managerial capacity issue here too.

Our residential care and domiciliary care services are currently piloting a project Galwad Gofal, in collaboration with Gwynedd, whereby the Occupational Health service monitors sickness absences and advises staff accordingly.

Are 'Return to Work' interviews carried out consistently within the directorate?

There is evidence that these interviews are being carried out but consistency across the whole directorate has yet to be achieved. It is also difficult to gauge the level of effectiveness on a case by case basis. Return to work interviewing will be insufficient alone to remedy the problem.

What impact has sickness absence had on your directorate's service delivery?

Absence has a profound impact on our services and on our performance overall. Apart from disruption to our service users, the organisation of relief cover can be expensive and the need to use good agency staff increases. It is often a challenge to find suitably qualified and experienced staff at short notice.

What support, if any, do you feel would be beneficial to your directorate to help reduce sickness absence?

The assistance and support of HR has considerably improved over the last 12 months and one improvement has been the way that frequent and prolonged sickness absences are firmly and directly addressed.

We need to change the culture of our organisation in relation to attendance. The vast majority of employees want to be at work and enjoy delivering great public services. Social Services, at the delivery end of personal care and social work has particular stresses and strains. As a result we need to focus more on how we alleviate the the negative impacts to help our workforce have better health and resilience. There is also frustration, amongst our employees who work hard, about how the relative few can so easily play the system.

In organisations where the first three days of absence are not automatically rewarded with pay, there are corresponding high levels of attendance.

Celebrating success more and openly rewarding good practice, great ideas, going that extra mile, can create a culture where more people want to be in work.

Stephen Sloss
Interim Corporate Director Housing and Social Services
22 March, 2012