

Report to: **Adult Social Care Scrutiny Committee**

Date: **13 June 2006**

By: **Director of Adult Social Care**

Title of report: **Adult Social Care Departmental Sickness Absence Levels**

Purpose of report: **To update the Scrutiny Committee, as requested by the Audit and Best Value Scrutiny Committee in March 2006, on the review that is being undertaken by the Department to establish a greater understanding of the sickness absence trends and the action that is being taken to address the high staff sickness absence levels.**

RECOMMENDATIONS

The Scrutiny Committee are recommended to note the content of this report.

1. Financial Appraisal

1.1 There are no financial implications as a direct result of this report.

2. Background and Supporting Information

2.1 East Sussex County Council (ESCC) believes that employees are its most valuable resource and recognises the important contribution made by regular attendance at work in order to maintain high levels of service delivery to the community, in accordance with our Best Value Performance Indicator (BVPI) target. Managing attendance is not only about ensuring that employees do not take time off work unless they have a genuine reason, it is also about providing a healthy working environment and promoting and encouraging a healthy approach towards life.

2.2 With effect from June 2005, in line with East Sussex County Council's priority to deliver against BVPI 12 and reduce sickness absence across the County Council, the Personnel and Training Department introduced a new Attendance Management Procedure (See **Appendix 5**). The revised procedure tightens the trigger points for short term absence and strengthens the process in relation to the management of long term absence.

2.3 The following information has been extracted from the annual BVPI 12 totals, in relation to average working days lost per FTE (Full Time Equivalent) employee over the past 5 years. Set out in **Appendix 1** is a further quarterly breakdown of these figures and a graph to highlight these average working days lost per FTE within the former Social Services Department (up until 2005 – Adult's and Children's Services combined), and also includes outturn figures for 2005/06 (Adult's Services alone)

| Year | Absence Rate % | Average Days Lost per FTE |
|-----------|----------------|---------------------------|
| 2004/2005 | 6.76 | 15.41 |
| 2003/2004 | 6.96 | 15.87 |
| 2002/2003 | 7.36 | 16.37 |
| 2001/2002 | 7.38 | 17.19 |
| 2000/2001 | 7.58 | 17.77 |

3. Current Position

3.1 Based on 'year end' information recently received for 2005/06, which reports statistics cumulatively from '2005/06 – Quarters 1+2+3+4', there has been an annual average of **15.39** working days lost per FTE for 2005/06 within Adult Social Care (ASC). The Department's annual BVPI target was set at **15.57** days lost per FTE for 2005/06. The Adult Social Care Department has therefore achieved a 0.5% reduction in average working days lost per FTE during 2005/06 compared to 2004/05 (our lowest figure since before 2000).

3.2 Set out in **Appendix 2** are the (Adult) Social Services comparators for East Sussex. The East Sussex 2005/06 outturn for the percentage of (Adult) Social Services working days/shifts lost due to sickness absence is 6.75% (completed outturn comparator figures from other authorities have not yet been collectively produced, therefore the appendix is currently based on forecast figures for 2005/06). In relation to the forecast figures for East Sussex, amongst similar County Councils we currently stand at a lower level than Essex, Cumbria, Dorset and Suffolk, on par with Gloucestershire, Norfolk and Lincolnshire, but 1.5% higher than North Yorkshire and 2.1% higher than West Sussex.

4. **Actions to reduce sickness absence**

4.1 The arrangements for the monitoring of attendance issues include the following:

- Nominating an active Departmental Attendance Management Co-ordinator to support the Personnel and Training Department in reducing the levels of sickness absence (*This role will be carried out by Emma Marshall*)
- The Co-ordinator reporting to the ASC Departmental Management Team (DMT) on a regular basis in order to update them on quarterly absence figures.
- The Co-ordinator attending the corporate 'Attendance Management Steering Group' meetings on a quarterly basis to contribute to new ways of improving attendance and monitoring systems.
- The Co-ordinator being responsible for contacting Line Managers and sending them the relevant monthly trigger reports for their members of staff.
- The Co-ordinator visiting relevant Managers at various ASC locations throughout 2006, in order to facilitate the sharing of best practice between different divisions and support Managers in resolving areas of concern about sickness absence.
- Managers from all ASC service areas have been targeted by the Personnel and Training Department to receive Attendance Management Training.
- The Co-ordinator has recently undertaken work with the Head of Learning Disability Services to focus on specific organisational units within this service that have reported high levels of absence. Relevant Line Managers have been briefed accordingly via team meetings. A similar piece of work is to be carried out within Older People's Services.

4.2 New Health and Safety Training has been set up to assist with reducing absence levels:

- A one day '*Stress Management*' course is now being developed to help Managers implement the new policy and introduce the 'Manager's Toolkit' (See **Appendix 3** for the Stress Management Policy and Manager's Toolkit).
- A half day '*Infection Control*' course has been developed and, so far, well received. More courses are booked throughout 2006 and it is intended that Managers will cascade the information received to their staff.
- There is a proposal to pilot a '*Physiotherapy Service*' for ESCC staff experiencing musculoskeletal disorders. An 'invest to save bid' is currently being made, the intention being to fund this pilot corporately. The pilot will be with Adult Social Care, given the high level of musculoskeletal disorders within the department (Full project report is set out at **Appendix 4**).

5. **Conclusion and Reasons for Recommendations**

5.1 The Scrutiny Committee are recommended to note the content of this report and the action being taken to reduce sickness absence.

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Local Member(s): All

BACKGROUND DOCUMENTS - None