

AGENDA MANAGEMENT SHEET

Name of Committee **Adult & Community Services Overview and Scrutiny Committee**

Date of Committee **10th January 2007**

Report Title **Improvements in Human Resource Monitoring and Management Arrangements**

Summary The Directorate’s HR monitoring and management arrangements in the form of absence management and ethnic minority monitoring have been the focus of some criticism in past inspections by CSCI. The Strategic Management Team has been working to address both these issues and significant improvements have been made to date. This report contains an update on the position for Members.

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Would the recommended decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision] No.

Background papers Sickness Absence Management Procedure

Report to AH&CS Strategic Management Team (February 2006) on Revised Sickness Absence Management Procedure for staff currently within the Social Services Department

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor F McCarney, Councillor M Stanley, Councillor Mrs J Compton, Councillor R Dodd, Councillor R Randev

- | | | |
|--------------------------|-------------------------------------|--|
| Lead Cabinet Member | <input checked="" type="checkbox"/> | Councillor C Hayfield |
| Cabinet Member | <input type="checkbox"/> | |
| Chief Executive | <input type="checkbox"/> | |
| Legal | <input checked="" type="checkbox"/> | Jane Pollard, Alison Hallworth, Ian Marriott |
| Finance | <input type="checkbox"/> | |
| Other Chief Officers | <input checked="" type="checkbox"/> | Graeme Betts, Strategic Director of Adult, Health and Community Services |
| District Councils | <input type="checkbox"/> | |
| Health Authority | <input type="checkbox"/> | |
| Police | <input type="checkbox"/> | |
| Other Bodies/Individuals | <input type="checkbox"/> | |

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

- | | |
|---|--------------------------|
| Further consideration by this Committee | <input type="checkbox"/> |
| To Council | <input type="checkbox"/> |
| To Cabinet | <input type="checkbox"/> |
| To an O & S Committee | <input type="checkbox"/> |
| To an Area Committee | <input type="checkbox"/> |
| Further Consultation | <input type="checkbox"/> |

**Adult and Community Services Overview and Scrutiny
Committee – 10th January 2007**

**Improvements in
Human Resource Monitoring and Management
Arrangements**

**Report of the Strategic Director of Adult, Health &
Community Services**

Recommendation

The Committee is asked to consider the progress being made with regards to improving HR monitoring and management arrangements within the Directorate.

1. Introduction

- 1.1 HR reporting and subsequent monitoring/management have been the subject of CSCI criticism and recommendations in past inspections. This has resulted in the setting of targets for improvement by officers, which have been incorporated within the Adult Health and Community Services Improvement Plan. The purpose of this report is to update Members as to progress in this area.
- 1.2 This report focuses particularly on Absence Management and Ethnic Monitoring within the Directorate. A separate corporate report was presented in September on Employee Absence to the Resources Performance and Development Overview and Scrutiny Committee.
- 1.3 If not properly managed, staff absence can have a significant effect on:
- Cost through provision of additional cover;
 - Performance; and
 - Staff morale both for the individuals themselves and their colleagues who have to bear additional responsibilities.

The lack of ethnic monitoring data means that the Directorate could not set targets for employment of people from ethnic minorities within its workforce.

- 1.4 It is essential as a good employer that the Directorate takes a consistent and concerted approach to handling such issues. Both have therefore been accorded a high degree of priority by the new Strategic Management Team

(SMT) in tackling the performance and culture issues within the Directorate.

2. Absence Management – The Background

- 2.1 On Absence Management, action had already commenced prior to the CSCI report but its effect had not been fully realised. The original issues were that there had been no consistent and effective system of absence management within the Council generally. The main factors were as follows:
- a) No effective procedures existed;
 - b) Data was held on spreadsheet systems and therefore was manually intensive to produce;
 - c) There was no trend analysis and categorisation of data on absence available for managers to act upon;
 - d) Data was based upon days lost and therefore did not accurately reflect the numbers of full-time equivalent staff.
- 2.2 The imminent introduction of the HR Management System (HRMS) meant that development of a monitoring system had not been made a priority. The only information reported had been for external purposes and was crude in nature. It was only available at a high level and used data from the Statutory Sick Pay system (SSP). This data was inaccurate as it was based around start and end dates for sickness without taking account of hours worked. It therefore tended to over-estimate sickness levels.
- 2.3 The HR team in what was previously the Social Services Department was working hard to address these issues but in September 2004, a Corporate project Team was established which took overall ownership. Three work strands were set up relating to:
- An intensive intervention exercise over a six months period to identify and work on individual cases;
 - Creation and implementation of a sickness absence procedure
 - The establishment of a Healthy Workplace Initiative, which has since become a separate project.
- 2.4 The recorded levels of sickness were particularly high in adult social care where the average days lost through sickness were shown as running at over 11% for 2004/05 based on migrated data from SSP. The degree of absence was particularly high in Homes for Elderly People and in Home Care. Assistant service managers took the initiative in addressing the issues and additional assistance was made available in the HR team to help deal with the individual cases being raised.

3. Absence Management - Progress to Date

- 3.1 A revised Corporate Policy on Managing Attendance was introduced in March 2006. Prior to this a comprehensive programme of training had been implemented for all managers across the Council who had any responsibility for managing sickness absence.

- 3.2 Between August 2005 and March 2006, the initiatives undertaken by the assistant service managers working with the Department's HR section had reduced the number of individual cases under review from 143 to 97.
- 3.3 The first report based on data from HRMS covering a twelve-month period from October 2005 to September 2006 was presented to SMT during November 2006.

The data was presented in the form of hours lost due to sickness compared to available working hours. This is the most accurate means of presenting data and is directly comparable in this way with other authorities.

a) Adult Social Care

The overall average hours lost through sickness over the 12-month period was 7%. This compares reasonably favourably with a group of other 9 Local Authorities who supplied their own absence data which varied from 5.29% - 8.6% and amongst which Warwickshire was ranked third. As this is the first month of reporting annual data it is difficult to identify any trends. This will become more apparent as this information becomes available over the coming months.

There seems to be an approx 60:40 split of long term: short term absence which again is comparable with other authorities and is a vast improvement on the situation last year. This situation has improved since the introduction of the corporate procedure on managing sickness absence.

b) Whole Directorate

For other divisions within the Directorate, data is only available on HRMS from April 2006. Over the 7-month period from April to October 2006, the Directorate as a whole lost 5.6% of time available to sickness absence, which is split 54% Long term, and 46% short-term absence. This is made up of 6.9% in Adult Social Care, 4.8% in Adult Education, 3.5% in Resource Management, 3.1% in Libraries and Information, 1.4% in Trading Standards and 1.2% in Heritage and Culture. The summarised statement on this data is attached as Appendix 1.

All data is available down to team and unit level and there are significant variations across the whole Directorate. These are currently being investigated by managers working with HR staff as part of their ongoing monthly monitoring process which is now in place.

- 3.4 SMT is setting up a further series of robust measures to improve overall absence management:
- a) Heads of Service are targeting a 1% reduction in service division costs through improved management of sickness absence within the medium term budget strategy;
 - b) Sickness absence data is incorporated within the Directorate's performance scorecard, which is reviewed monthly for each service

- division;
- c) As part of the more focussed approach, the Head of Local Provider Services has established a co-ordinating group to improve the position within this Division where the majority of higher levels of sickness absence are concentrated.
 - d) Further work is underway in relation to the outcomes from the Staff Survey. A project board is being established to which staff focus groups will report. This may assist in identifying issues related to staff absence within teams.
 - e) The need to improve management of sickness absence has been raised with union representatives at the Joint Consultative Committee, which now operates. There was broad support for the action plans, which are being put in place and the need to address issues on an individual basis with staff and help them return to work.

4. Ethnic Monitoring

4.1 Until recently, no monitoring information was available to the Directorate on ethnic minority monitoring. SMT sought to address this issue by:

- ensuring that the data was first collected and verified;
- making staff resources available within the HR section to assist with the analysis; and
- Incorporating the data within the Directorate's planning systems.

4.2 A report has now been presented to SMT, at present in relation to adult social care only, in response to the statutory duty to promote race equality as required by the Race Relations (Amendment) Act. The report provides data for the period 1st April 2005 to 31 March 2006, on the following areas:

- Staff currently employed;
- Job applicants;
- Applicants for promotion;
- Staff who receive training;
- Staff who have disciplinary action against them;
- Staff who are involved in grievances;
- Staff who leave their jobs.

The summary of this data is presented in Appendix 2.

4.3 Analysis of the data collected suggests that the social care workforce reflects the diversity of the population of Warwickshire and that we are also able to attract applications, which reflect that diversity. Where the data allows, analysis also gives a strong indication that staff employed within Social Care are treated fairly and equitably across the areas identified by Part 3 of the Race Relations (Amendment) Act 2000. The HRMS system is continually helping us to improve our data gathering and the subsequent use of the information to inform our policy, practice and outcomes, so as to ensure that we are able to demonstrate a continual development in respect of our commitment to race equality and diversity in the workforce. As required, by the key threshold, this report will be published and made available through the county council's website. It will also be extended across the whole

Directorate.

5. Conclusion

- 5.1 The action being taken by SMT is addressing the recommendations in the CSCI report and all specific targets within the Improvement Plan.
- 5.2 Members are asked to consider the progress being made and whether the approaches being taken wholly meet their concerns.

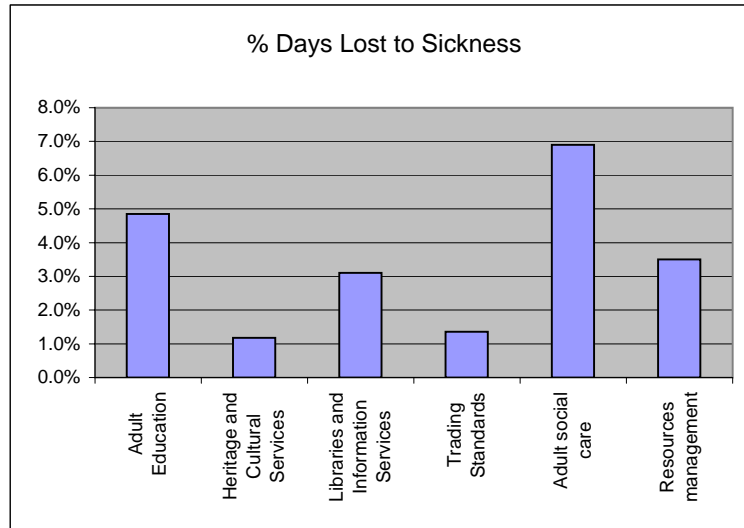
GRAEME BETTS
Strategic Director of Adult, Health &
Community Services

Shire Hall
Warwick

December 2006

ADULT HEALTH AND COMMUNITY SERVICES

Section	Sickness days	Average FTE	No Of Episodes	Average FTE Days Lost Per Employee	Episodes Per Employee	% Sickness Absence	Days Lost Due to Long-term Sickness	Long Term %	Short Term %
Adult Education	318.7	50.6	56	6.3	1.1	4.8%	124.0	39%	61%
Heritage and Cultural Services	133.5	87.5	53	1.5	0.6	1.2%	41.1	31%	69%
Libraries and Information Services	1319.0	331.4	414.0	16.6	3.5	3.1%	516.6	39%	61%
Trading Standards	102.6	58.1	45	1.8	0.8	1.4%	0.0	0%	100%
Adult social care	13264.9	1497.6	2225.0	17.6	3.6	6.9%	7723.0	58%	42%
Resources management	932.3	207.5	234.0	9.1	2.4	3.5%	314.9	34%	66%
AH&CS Department Total	16071.0	2232.5	3027.0	52.9	12.0	5.6%	8719.6	54%	46%



Appendix 2 - Ethnic Minority Report on Adult Social Care - September 2006

Ethnicity		Warwickshire population		Staff Employed	Applicants for jobs	Applicants for promotion	Staff Trained	Staff disciplined	Staff with grievance	Staff leaving posts
			%	%	%	%	%	%	%	%
White British	A1	469370	92.8	87.7	78.5	90.3	83.76	53.3	50	71.6
White Irish	A2	6057	1.2	1.14	0.86	0	1.54	0	0	1.26
Other White Background	A3	8144	1.6	1.45	2.72	0	1.39	0	0	2.51
White & Black Caribbean	B1	1708	0.3	0.51	0.93	0	0.53	0	0	0
White & Black African	B2	241	0.0	0	0.36	0	0	0	0	0
White & Asian	B3	1308	0.3	0.20	0.43	1.39	0.27	6.67	0	0.25
Other Mixed Background	B4	728	0.1	0.16	0.00	0	0.11		0	0.25
Indian	C1	12014	2.4	4.1	9.31	2.78	2.70	6.67	0	3.52
Pakistani	C2	897	0.2	0.31	0.72	0	0.32		0	0.25
Bangladeshi	C3	79	0.0	0.31	0.07	0		6.67	50	
Other Asian Background	C4	1207	0.2	0.35	1.07	0	0.27	0	0	0.50
Caribbean	D1	1444	0.3	0.90	1.0	0	1.27	0	0	0.75
African	D2	389	0.1	0.43	1.93	0	0.58	0	0	0.50
Other Black Background	D3	185	0.0	0.04	0.21	0		0	0	
Chinese	E1	1185	0.2	0.12	0.57	0	0.27	0	0	0.25
Other Ethnic Group	E2	967	0.02	0.27	0.43	0	0.69	0	0	0.25
Not stated	E3			2.1	0.86	5.56	6.31	26.7	0	18.1