

AGENDA MANAGEMENT SHEET

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

Date of Committee **18th April 2007**

Report Title **Absence Management within Local Provider Services**

Summary This report describes the key activities completed and currently being implemented in order to support improved performance within the key area of absence management.

For further information please contact: Simon Robson
Head of Local Provider Services
Tel: 01926 412612
simonrobson@warwickshire.gov.uk

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

Background papers None.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor F McCarney, Councillor R Dodd, Councillor Mrs J Compton, Councillor R Randev
- Lead Cabinet Member
- Cabinet Member Councillor C Hayfield
- Chief Executive
- Legal Alison Hallworth
- Finance Philip Lumley-Holmes, Financial Services

Manager

Other Chief Officers

District Councils

Health Authority

Police

Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee Update report on 17th October 2007

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**Adult and Community Services Overview and Scrutiny
Committee – 18th April 2007**

Absence Management

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

Recommendations

1. The Committee supports the approach and actions described within the report to improve the performance of absence management.
2. The Committee requests an update as to progress in six months.

1. Purpose

- 1.1 During the Adult and Community Services Committee held on 14 February 2007, under item 5, Performance Report, the Committee considered the report of the Strategic Director which provided commentary on a number of key performance indicators in relation to performance monitoring within the Adult, Health and Community Services Directorate.
- 1.2 During the ensuing discussion Members specifically requested a report on the pragmatic steps being taken to manage absence within Local Provider Services.
- 1.3 This report describes the key activities undertaken and currently being implemented in order to support improved performance within this key area.

2. Background

- 2.1 Absence reporting, monitoring and management have been the subject of CSCI criticism in the recent past. CSCI's concerns were that there had been no consistent and effective system of absence management within the Council generally. The main concerns 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 (SSP) system. 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 month 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 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.
- 2.5 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.

3. Current Actions to Improve Performance of Absence Management

- 3.1 Within Local Provider Services, the absence monitoring data provided by the Human Resources team is shared and discussed within the senior management team on a monthly basis and in supervisions between the Head of Service and his direct management reports.
- 3.2 There is an expectancy that all staff at/beyond trigger levels within the absence policy will be seen by their line manager and concerns regarding their attendance discussed face to face. To check this expectancy each team manager is required to provide information regarding the number of staff at and beyond trigger levels and the number of staff beyond trigger levels referred to Occupational Health. This information is monitored quarterly.
- 3.3 In order to continuously challenge the performance, effective deployment of policy and the practice of absence management, a Challenging Absence Management Performance Steering Group has been established. The group meets on a quarterly basis and comprises of the following stakeholders:
- Head of Local Provider Services
 - Service Development Team Manager (Local Provider Services)

- Locality Provider Services Managers
 - Human Resources Officer
 - Union representatives
 - Staff Care representative
 - Healthy Workforce Coordinator
 - Project Manager
- 3.4 The Head of Local Provider Services has met with Unison to discuss the role and objectives of the Steering Group. Both managers and Unions consider the involvement of staff care and the healthy workforce initiative within the group provides consideration of wider issues that effect health and enable solutions to help address wider factors in improving performance in regard to absence management. Such factors could be:
- Physical health problems of a predominantly ageing female workforce carrying out physically demanding work
 - Impact due to the use of alcohol, tobacco or medication
 - Work environment
 - Culture and management style of teams
 - Training, specifically in relation to manual handling and health and safety.
- 3.5 A suite of electronic absence management reports using HRMS source data have been developed. The suite of electronic absence management reports monitors absence by team and area of service (Domiciliary Care, Residential Care Homes and Disability Day Services). The suite of reports includes:
- Breakdown of current performance against target performance for last 12 months
 - Breakdown of long/short term absence over last 12 months
 - Comparison of current 12 months performance with previous 12 months performance.
 - Breakdown of long/short term absence by age
 - Breakdown of long/short term absence by illness.
- 3.6 The development of this suite of reports was completed in March 2007, and will be used by the Healthy Workforce Coordinating group direct/target actions to most effectively manage absence via a combination of “hard” and “soft” approaches.
- 3.7 In February 2007 managers developed reports and action plans for teams experiencing the most challenging absence which record:
- Explanation/collective factors (if known) for high levels of absence.
 - Actions taken over past 12 months to proactively manage absence with the teams with the highest levels of performance.
 - Outcome of actions taken within these teams over past 12 months.
 - Number of staff at triggers and beyond and numbers of staff referred to Occupational Health.
 - Actions planned for next 12 months to continue to address high levels in respect to these teams.
 - Individual targets set for each of these teams to improve performance over next 12 months.

3.8 Progress and scrutiny of these plans' progress will be reported at Healthy Workforce Coordinating group, Head of Service supervision, and Local Provider Services Management Team meetings.

4. Summary and Recommendation

4.1 The approaches and actions described within the report are targeted at a range of activities to better understand the reasons for absence, better support staff to improve their attendance, and improve the accountability of managers in the effective implementation of absence management procedures.

4.2 The following recommendations are made:

1. The Committee supports the approach and actions described within the report to improve the performance of absence management.
2. The Committee requests an update as to progress in six months.

GRAEME BETTS
Strategic Director of Adult, Health &
Community Services

Shire Hall
Warwick

March 2007