



Adult Social Care Select Committee  
17 January 2012

**Managing staff absence in Adult Social Care**

**Purpose of the report:** Scrutiny of Services/Performance Management

This report sets out for information and comment by Select Committee the progress made in addressing staff absence within Adult Social Care and how our absence compares with other similar employers; the approach taken to improving absence and how this is complemented by other Council-wide initiatives; and the action we are planning to continue improvements in employee well-being and the management of absence.

**Executive summary:**

- 1 Social Care services are widely associated with high levels of sickness absence (an average of 16 days per year is the latest data from comparator authorities), generally attributed to the physical stresses of care work, the interpersonal and emotional stresses of many roles, and the need for staff with comparatively minor illnesses to stay away when they might have come in to work were it not for the danger of infecting vulnerable people.
- 2 Even in 2008-09 ASC's average absence rate of 12.96 days per employee was low compared with average levels in similar organisations with 17.68 days per employee, but it was felt that there was substantial room for improvement. A range of management actions was put in place, and the absence rate has now fallen to 10.2 days. In financial terms, this is associated with the reduction in agency spend from £315K in 2009-10 to £144K in 2010-11 and £220K in 2011-12 (projected), and the total cost of absence has fallen from £68.4K to £64.4K in the same period.
- 3 The robust nature of the action taken can be seen in the dismissal of nine staff on grounds of medical capability in the last 12 months up to August 2011, during which time a further 33 staff resigned while subject to management action regarding their sickness records. Action continues, with the goal of reducing ASC absence to a target of eight days per employee per year. That, however, is ambitious in the context of the sector-wide levels of social care staff absence.

<b>Introduction:</b>
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- 4 In 2008 the average level of sickness absence among staff in Surrey County Council was 8.9 days per full time equivalent (FTE) employee. This placed Surrey County Council's performance for this indicator among the lowest quartile for county councils.
  
- 5 It was agreed that Surrey County Council needed to adopt a managed and co-ordinated approach to reducing absence and an Absence Management Strategy was developed that would focus attention on a number of factors. The strategy set out to:
  - a) benchmark absence with other county councils;
  - b) review of the Attendance Management Policy and Procedure in order to set clear triggers for management action;
  - c) develop people management skills in the management of absence;
  - d) improve occupational health support for employees at an early stage;
  - e) make sure absence reports were improved giving more robust monitoring of causes;
  - f) improve monitoring of the costs of absence;
  - g) develop targeted initiatives in order to reduce absence; and
  - h) review methods of recording absence.
  
- 6 Within Adults Social Care, as part of the Workforce and HR Project, a workstream was established supported by service and Human Resources representatives to take forward implementation of the strategy within the directorate. Alongside this work we launched the 'Step Change' initiative in March 2010, following agreement with senior managers and with the support of our trades unions. This initiative brought together senior managers and HR advisors in the management of absence at team level, making sure that team managers and first line managers proactively manage absence, had direct access to expert guidance and could navigate most appropriate support from the Council's wide range of additional services and tools.
  
- 7 Our trades unions were consulted on the Step Change initiative and were supportive of the approach, recognising the need to promote wellbeing and support staff who are unwell or disabled either to return to work or retire; the detrimental impact of high absence levels on service provision; and the deleterious effect of absence on the staff at work who strive to provide cover for absent colleagues.

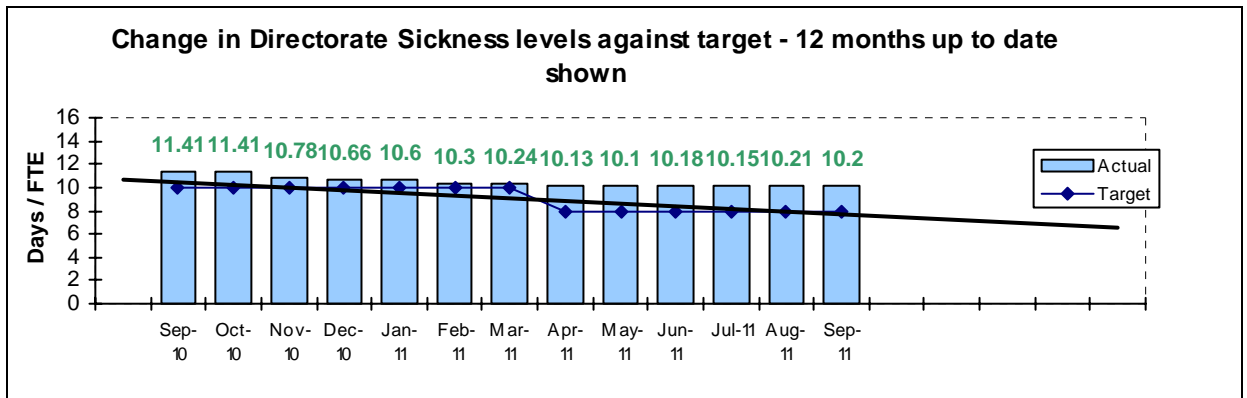
<b>ASC absence data and benchmarking</b>
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**What's been achieved?**

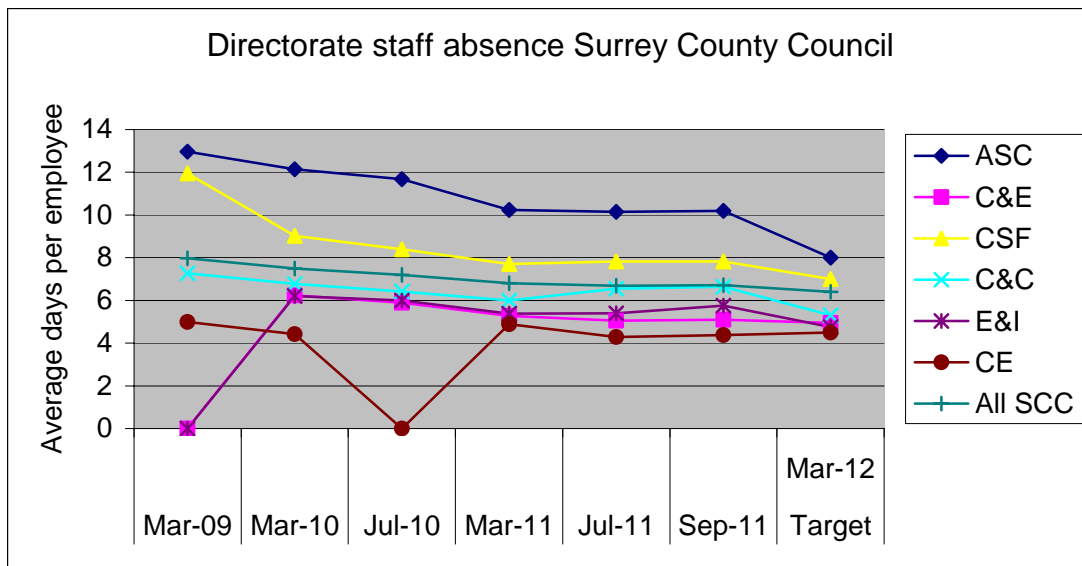
- 8 Significant progress has been made and average absence per employee has been reducing since March 2009 from 12.96 days per FTE down to

**ITEM 10**

10.15 days per FTE in July 2011. The table below shows this downward trend.

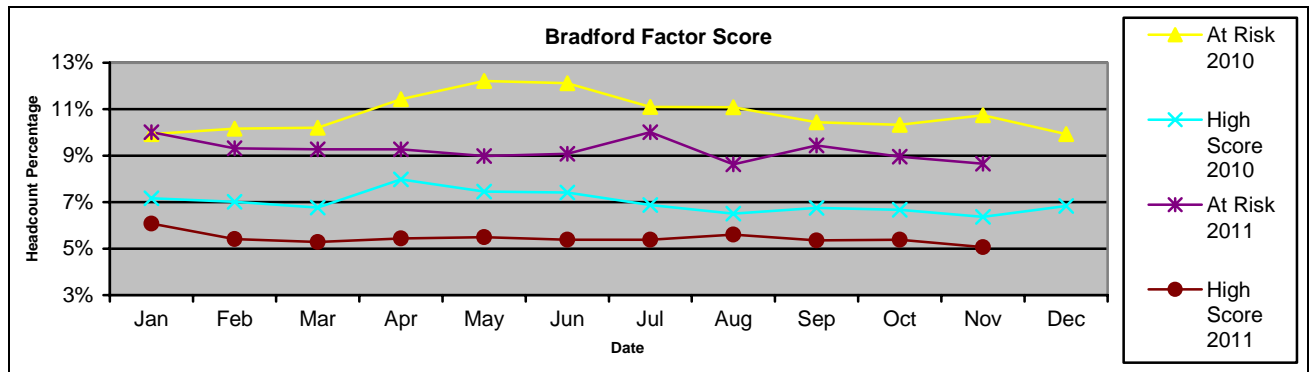


- 9 Sickness absence within Adult Social Care is, on average, greater than other directorates, reflecting the physical and emotional challenges of the work and the risk of contracting illnesses associated with working with frail and frail/elderly people. The graph below shows the average number of days of absence due to sickness for staff in the Council. It is evident that absence is reducing across all directorates and Adults and Childrens Services have both reduced the average absence by around four days per employee in the same period (detailed figures are included at **Appendix 1**).



- 10 As part of the overall reduction in sickness absence, we have also made progress in addressing short term and repeat absences due to sickness (measured by the Bradford Factor<sup>1</sup>). The table below shows the percentage of staff with a high score (BF>1,000) and percentage staff at risk of a high score (250<BF<999) over the last 12 months for 2010 and 2011. The proportion of staff with high scores in November 2010 was 6.36 per cent, compared to 5.07 per cent in November 2011.

<sup>1</sup> **Bradford Factor** is a measure of frequency of absences, calculated as follows: BF = (total length of absences in 12 month period x (number of absences)



11 These improvements in staff absenteeism have resulted in a reduction in the cost of occupational sick pay and in the spend on agency staffing for sickness cover totalling around £325K (see table below). These include a reduction in occupational sick pay and spend on agency cover for sickness absence.

Element	2009-10 £	2010-11 £	2011-12 <sup>1</sup> £
Occupational sick pay	1,740,200	1,704,700	1,504,500
Agency cover for sickness	315,100	144,100	220,200
Total cost of sickness cover	2,055,300	1,848,800	1,724,700
Annual saving	-	(206,500)	(124,100)
Total ASC pay spend	68,412,900	66,868,200	64,350,000
Cost of sickness as percentage of pay	3.0%	2.8%	2.7%

**Notes:**

1. Full year projection based on April to September and analysis of pattern

**How does this absence benchmark with similar organisations?**

- 12 The most recent benchmarking data on sickness absence can be found in the Skills for Care report<sup>2</sup>, 'The state of the adult social care workforce in England, 2010', published in May 2010. This shows that during 2008-09 an average 17.68 days were lost to absence in councils' adult social services, with an expected average of 15.6 days lost during in 2010-11. The average reported days lost to sickness varied widely between councils between 4.42 days to 47.32 days in 2008-09.
- 13 The table below shows sickness absence data in working days lost. We have a significantly lower average working days lost to sickness than the average of other councils in England.

<sup>2</sup> Skills for Care is the strategic body for workforce development in adult social care in England. Skills for Care work with employers to gather data on the social care workforce through the National Minimum Data Set for Social Care (NMDS-SC) that provides robust evidence to analyse emerging issues for the social care sector.

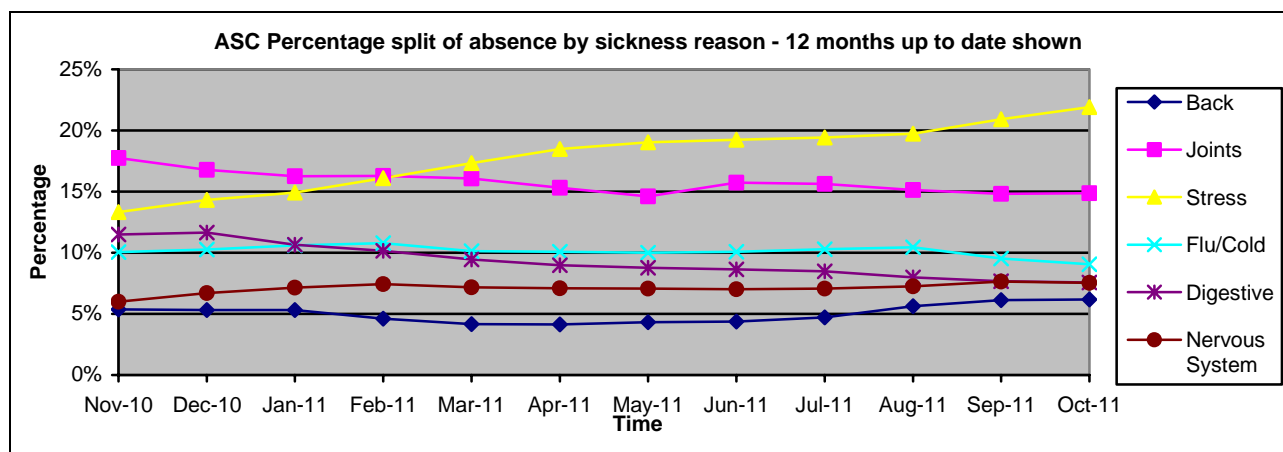
Period	Adult services minimum (days <sup>2</sup> )	Adult services maximum (days <sup>2</sup> )	Adult services average (days <sup>2</sup> )	Surrey ASC average (days)
2006-07	4.42	54.6	18.2	-
2007-08	4.68	44.46	17.16	-
2008-09	4.42	47.32	17.68	12.96
2010-11 <sup>1</sup>	4.68	41.6	15.6	10.24

**Notes:**

1. Full year projection.
2. Converted from percentage time to full time equivalent working days.

**What are the current issues?**

- 14 It should be borne in mind that the improvements in average absence for Adult Social Care have been achieved at a time of considerable organisational change. During 2010-11 and 2011-12 over two-thirds of our staff have been directly affected by changes affecting nearly every aspect of their work (teams, locations, managers, process and systems). Additionally, staff morale and personal stress levels may also have been affected by the impact of pay restraint at a time when price inflation has been high.
- 15 Analysis of the current reasons for absence shows stress-related absence overtakes absence related to muscular skeletal issues (see graph below). Stress-related absence is highest in Personal Care and Support that a service that is going through major reorganisation involving around 1,200 staff. Within Service Delivery (residential and day services) the major reason is muscular-skeletal issues relates more to the nature of the work. It's not possible to identify from the current records what sickness absence is due to staff taking more time off to protect vulnerable people from infection.



- 16 The data confirms key challenges include maintaining downward pressure on time lost to sickness absence and addressing stress-related absence.

<b>The 'Step Change' Initiative</b>
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- 17 Since the introduction of the Step Change initiative in Adult Social Care the Adults HR Relationship Team have been working proactively with all levels of management, supporting them with formal processes, coaching to build up their confidence, and providing expert advice on tools and services to assist management of absence.
- 18 Step Change initially focussed on resolving cases of long-term absence that were not being actively managed or progressed. We then set about capturing data to identify all staff whose absence had breached absence triggers set out in the Attendance Management Policy and Procedure. This includes staff with more than 20 days continuous absence in the last 12 months, staff with a Bradford Factor score of more than 1,000 (a measure of frequent short duration absences) and staff with more than ten working days absence in a 12-month period.
- 19 Each case is reviewed at quarterly 'Step Change' meetings with the HR Adviser, Senior Manager and Team Manager. Human Resources record these actions and the Senior Manager at the next Step Change meeting verifies progress.
- 20 This introduces a robust target setting approach, and also provides direct access to the HR Adviser so that further support can be identified for the manager, the employee and 'hot spots' within teams. Integral to the Step Change initiative is more effective working with Occupational Health services.
- 21 There is a huge amount of activity committed to the management of absence and the table below provides current details of the recorded activity as part of Step Change in the last 12 month period to August 2011. A total of nine staff have been dismissed for sickness capability. Further, a total of 32 staff have left voluntarily whilst action is being taken to address absence. Having reviewed exist survey information, it is not possible to identify whether these resignations where directly attributable to management action on sickness. However, it may be reasonably be inferred that staff who have developed unsustainable patterns of attendance are choosing to leave the organisation.

<b>Service</b>	<b>Informal action</b>	<b>Stage 1 (formal review)</b>	<b>Stage 2 (formal meeting)</b>	<b>Resignation during process</b>	<b>Dismissed for health capability</b>
Personal Care and Support	113	7	2	32	8
Service Delivery	60	25	9	1	1
All ASC	173	32	11	33	9

- 22 In terms of sickness capability processes, there is considerable activity at the informal stage, which seems imbalanced with the amount of formal action being taken. In future, we will seek to support managers in taking

more formalised action where standards of attendance do not improve, or improve only temporarily.

<b>Corporate initiatives:</b>
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- 23 A number of initiatives are helping us to better manage absence, including:
- a) **Absence recording;** adults have participated in a rapid improvement event to improve absence recording and internal audit has looked at accuracy of recorded information. An action plan is being developed to improve recording and time administration during 2011-12;
  - b) **Absence reporting;** team level reports are being developed to improve local management of absence and these will benefit from improvements in recording of staff structures on our HR management information made during 2010-11;
  - c) **Occupational health;** the HR Relationship team for Adults Social Care has been directly involved in the management of the Occupational Health contract and the re-tendering of this contract;
  - d) **Employee assistant and manager assist;** continue to provide impartial help and guidance for managers and staff on sickness related issues and are promoted through the Step Change initiative;
  - e) **Wellbeing assessments;** toolkits and guidance have been developed for assessing wellbeing at service, team and individual levels and has been built into the performance management policy;
  - f) **Policy development;** both the absence management and moving and handling policies have been reviewed and improved;
  - g) **Training and coaching;** management absence training has been reviewed and new coaching training developed. We will make sure that managers are committed to this;
  - h) **Work based conflict and culture;** fairness champions and mediator networks have been established within Adults Social Care to address work based conflict, bullying and harassment.

<b>Focus of future action:</b>
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- 24 Our focus for next year will be as follows:
- a) **Well being;** developing our approach to well being at a service and team level using a process of engagement with staff in the 'Healthchecks'. This initiative, developed through the Social Work Reform Board will form the basis of an open conversation with staff around issues such as their support, workload, etc. We will use this approach to better understand stress-related absence and develop an action plan to address concerns and develop a positive workplace culture;
  - b) **Training and coaching managers;** we will monitor the training of managers to make sure all have had refresher training on absence management. We are increasing the number of HR advisors within

the HR Relationship Team to increase our reach into teams coaching to managers on managing absence and promote team-based wellbeing assessment;

- c) **Step Change initiative;** we will continue to monitor and manage absence through the Step Change programme to further improve absence levels, in particular supporting managers in using wellbeing assessments and in taking more formal action under the attendance management policy. We have set a target of an average of 8 days of sickness absence per FTE;
- d) **Performance management;** roll out the new performance management policy on a team by team basis with a renewed focus on well being at team and individual level;
- e) **Occupational sick pay;** we will work with colleagues in the HR Reward team to consider how occupational sick pay could be adapted to bring downward pressure onto absence.

### Conclusions:

- 25 Adults Social Care has made improvements in the management of staff absences and levels of sickness related absence. This has been achieved at a time of considerable change thorough partnership between management, HR and trades unions. Our absence levels compare very well with other adults social care services in local authorities. It is recognised that more could be done to improve the situation through promoting well being, support for managers and adopting, maintaining a project-based approach to managing absence and working with corporate colleagues on developments to occupational sick pay.

### Financial and value for money implications

- 26 Savings have been achieved in the region of £400K over the last two years and further savings will be achieved as average absence levels improve.

### Equalities Implications

- 27 Close management of absence may well lead to claims of disability discrimination or unfair treatment. Developing the skills of managers and engaging staff in a dialogue around well being will help to establish a positive approach to wellbeing and reduce the risks of adverse impacts on any group of staff.

### Risk Management Implications

- 28 Whilst the majority of structural change is now complete, Adults Social Care continues to face tough challenges in terms of reviewing and improving services, or looking at new models of delivery, e.g. social enterprise and integration with health. This creates a climate of uncertainty that can lead to increased stress in staff. There is a risk that a failure to safeguard and promote the health and wellbeing of staff will restrict our ability to respond to the challenges ahead.



**Implications for the Council's Priorities or Community Strategy**

- 29 Improving staff absenteeism, wellbeing and the management of absence will have a beneficial impact on service quality and cost, helping Adult Social Care to deliver on its commitments and targets.

**Recommendations:**

- a) The Select Committee is asked to note the absence improvements and strategic approach to managing absence within Adults Social Care; and
- b) To comment on the priorities and action for improving absence in the coming period.

**Next steps:**

January to March 2012 – complete 'healthchecks' and prepare action plan

January to April 2012– roll out performance management training

April to March 2013 – implement management training programme

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**Sources/background papers:** 'The state of the adult social care workforce in England, 2010', Skills for Care, May 2010