

Overview and Scrutiny Policy Advisory Group

Sickness Absence Management

Final Report



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Chairman's Foreword

As a cross party team, the Sickness Absence Management Policy Advisory Group (PAG) are pleased to be the first PAG that was set up under the new arrangements for scrutiny under the new administration.

The process has been very constructive and positive prompting honest debate about the authority's current levels of sickness & absence and ways in which we can recommend improvements which has been a rewarding process.

The Group have looked at the following areas:

- Background information on the authorities historical sickness and absence data
- Best Practice & promoting good attendance
- Financial affects of sickness and absence
- Barriers to managing sickness levels
- Accountability for Sickness & absence management
- Stress Management
- Whistle blowing
- Muscular skeletal related Absences

The Group felt it important to recognise that between October 2008 and September 2009 data showed that only 23% of employees have more than 5 days sickness absence whilst 77% of the organisation is absent for 5 days or less. The Group were keen at looking how the 23% could be improved and managed better which greatly influences the council's sickness absence performance figures.

Accountability for managing sickness absence was one of the themes that came through our discussions and our recommendations reflect member's discussions as well as recognising the need for support network for both managers and staff to do this effectively.

We would like to thank the officers who have worked with us to produce the enclosed recommendations, and members for their robust questioning and ideas reflected in this report.

Councillor Lee Bates
Chairman
Sickness Absence Management Policy Advisory Group



1. Conclusions and Recommendations of the Sickness Absence Management Policy Advisory Group

Manager's Role

- 1.1 Based on the evidence we received, the Policy Advisory Group (PAG) **concluded** that it is essential that the Authority tackle the inconsistencies in the approaches adopted by managers in relation to sickness absence.
- 1.2 As such, we **recommend** a programme of training/awareness raising about the policies/procedures available in order to improve standardisation and enforcement.
- 1.3 We also **recommend** that the training on the Managing Attendance policy guidance becomes part of a mandatory managers' induction process and that the importance of keeping records up to date is emphasised as a key part of the manager's role. This training would cover:
- Return to work discussions.
 - The need for absence warnings to be issued consistently at the appropriate times in line with the policy.
 - Capability on the grounds of ill health processes are considered and initiated, in discussion with Directorate HR, at the set period of absence as per the policy.
 - The need for referrals to the OHU to be made after the appropriate level of absence is reached and the referral process is adhered to as part of managing sickness absence.
 - specific messages in respect of the council's excellent provision to support employees to remain in work
- 1.4 We also **recommend** that a formal system of regular contact/interviews with absent employees is introduced, which managers must adhere to.
- 1.5 We **recommend** that Managers are made accountable for managing sickness absence in their role and are provided with appropriate support to ensure prompt and appropriate handling of sickness absence. The management of sickness absence should become an integral part of managers Job Descriptions and Personal Performance Review.
- 1.6 We **recommend** the introduction of accountability statements for senior managers which covers the management of employee issues including performance, capability, development, health & safety and welfare of people they manage.

Communications

- 1.7 We **recommend** the development of a communication strategy to raise awareness of individual accountabilities within the Managing Attendance at Work Policy, both of managers and staff, and promotion of good attendance figures within the organisation.

Sickness Absence Recording

- 1.8 We **note** the need for improving sickness absence reporting. We recognise one of the barriers to recording sickness absence is through the SAP system. We **recommend** the development of current SAP functionality where possible or the introduction of a more user friendly reporting system.

Physiotherapy Service

- 1.9 We **recommend** that provision of an external physiotherapy service is commissioned to reduce levels of absence and cost due to muscular skeletal disorders. This should be on a, on a 12 month trial funded by the authority and any identified savings reinvested in the HR service to support the management of sickness absence.

2. Setting the Scene

- 2.1 At the Corporate Review Committee meeting held on the 3 August 2009 the issue of Sickness Absence Management was submitted as a proposal for a Policy Advisory Group.
- 2.2 Reducing the number of working days lost to the Authority due to sickness absence is a key corporate performance measure. The final outturn figure for the number of working days lost for the period 2008-09 was 9.27 days which was categorised as a strong green (within 5% of target) with the end of year target set at 9.2 days.
- 2.3 The Executive have set ambitious targets for further reduction for this performance indicator. The Cabinet Lead Member for Assets, Performance and Organisation requested that scrutiny investigate mechanisms for how performance in this area can be improved including looking at good practice from the public, private and voluntary sector.

3. Scope of the Work

- 3.1 The key objective of the work is to assist the Cabinet and County Council in the achievement, on an ongoing basis, of a reduction in sickness absence rates across the County Council.

3.2 The Group will:

- gain an understanding of the County Council's current sickness management arrangements;
- identify best practice both within the Authority and externally;
- review and provide comment on the policies, arrangements and their application and; the outcome of the rates of sickness absence on service delivery.

3.3 We considered whether:

- The headline indicator, the number of working days lost to the Authority due to sickness absence, tell the whole story?
- There is a there a consistent sickness absence rate across the Local Authority or are there hot spots or low rates?
- Where there are hot spots why is this, and what targeted support is being provided to address these?
- What are the specific characteristics of areas with low rates of absence?
- What are other local authorities and the voluntary and private sector doing to address this issue?
- What specific actions should be implemented to further reduce sickness absence rates?
- What are the employee relations implications of any recommendations, including potential union responses, and how will these be managed?

4. Methods of Investigation

4.1 The scrutiny process supporting the preparation of this report involved meetings and interviews as follows:

5 October 2009

Members met to:

- agree the scope of and methodology for the review;
- receive introductory information and a presentation in order that they could determine the evidence and key lines of enquiry they wished to follow; and
- agree dates for future meetings.

29 October 2009

Members met to:

- consider the current Management of Attendance Policies and their strengths and weaknesses;
- consider the Managers Role and Accountability;
- consider the Training offered to Managers;
- consider detailed Sickness Absence Statistics - Short and Long Term and the associated costs; and
- receive a presentation from the Chair of Attendance Management Strategy Group.

23 November 2009

Members met to:

- receive an introduction to the Occupation Health Service and its role;
- receive an overview of the Stress survey and Policy for the Authority;
- consider further statistics data as requested;
- receive an update of the work of the Attendance Management Strategy Group; and
- discuss their initial thoughts on Reward Schemes and Best Practice from other Authorities.

17 December 2009

Members met to:

- consider reward/incentive schemes;
- consider Benchmarking and Best Practices at other large organisations;
- consider the development of a Policy and Communications Strategy; and
- collate issues so far.

22 January 2010

Members met to:

- consider a proposal to provide an Occupational Health Physiotherapy and Rehabilitation service for employees;
- consider the cases of Long Term Absences in excess of 12 months; and
- receive a demonstration of the SAP system for recording Sickness absence.

15 March 2010

Members met to:

- consider the provision of an in-house Physiotherapy Service;
- consider the effect of the removal of Long term absences from the statistics; and

- determine the conclusions and recommendations to be set out in their final report and be reported to the Cabinet.

5. Membership

5.1 The membership of the Sickness Absence Management Policy Advisory Group is:

County Councillor Lee Bates (Chairman)
 County Councillor Len Bloomer
 County Councillor John Cooper
 County Councillor Patrick Corfield
 County Councillor Ian Lawson
 County Councillor Geoffrey Locke
 County Councillor Kath Perry
 County Councillor Rex Roberts
 County Councillor Liz Staples
 County Councillor Simon Tagg (Vice Chairman)

6. Findings

6.1 Our considerations and findings in relation to the management of Sickness Absence are set out below.

6.2 Management of Attendance - Background

6.2.1 Members received copies of the following Policies: including HR94: Management of Stress in the Workplace Policy and Guidance information for Managers; HR15: Flexible Working; HR19: Harassment and Bullying at Work; and HR99: Whistleblowing. JR (Head of HR Profession) suggested that the best way of looking at the Policies was to work through the issues and refer back to the relevant Policy as appropriate.

6.2.2 In 2006, partly as a result of new legislation and litigation the need for a new policy had been identified. Two considerations had been an increase in cases of work related stress and the widened remit of disability legislation. At that time discussions had been entered into with the Trade Unions to agree an appropriate policy. Certain areas of the policy were the subject of ongoing discussions with the Unions including the definition of “acceptable attendance standards”. Following protracted and, at times, difficult discussions a new Managing Attendance at Work Policy had been introduced in 2006, prior to which enforcement of Sickness Absence Management had been down to the individual Manager’s discretion. This approach had led to considerable inconsistencies, leaving the Authority open to challenge.

6.3 The Bradford Factor

6.3.1 Whilst measures have been in place to identify trends of short term absence (e.g. Friday and Monday absences), the introduction of a Bradford score system

had provided formal trigger points for management intervention. The new policy introduced in 2006 and reviewed in 2007 was accompanied by a toolkit of support for Managers with intensive workshop and training opportunities provided.

- 6.3.2 The operation of the Bradford Factor was outlined to members with the three stages of action available to Managers. The method adopted in calculating the Bradford Factor was explained together with the three trigger points, 150, 500 and 875 points. Members were advised that the policies do give managers discretion in relation to trigger points. They also discussed the skills around applying the process. Members noted the importance of following the Bradford Factor three stage process correctly in order to avoid unfair dismissal allegations
- 6.3.3 Members were advised that the skill for all Managers was to differentiate between genuine absenteeism and abuse of the system. Even in cases of genuine absenteeism where absence continued at an unacceptable level following advice and input (e.g. from the Occupational Health Unit) Management action was required.
- 6.4 Managers' Role**
- 6.4.1 The policy and guidance notes set out the accountabilities and cover the rights, roles and responsibilities of: the County Council; employee; Managers; Trade Unions; and HR Advisers. The split of accountabilities to Line Managers; HR responsibility; and employee responsibility were outlined and Members discussed the details in the schedule of cases being managed by HR. The Council has a number of support mechanisms but does not have an "employees assistance programme" to pull it all together.
- 6.4.2 Members discussed training for managers and the need for clear communications in relation to their role in managing attendance. The programme for Managing Attendance Capability Workshops giving details of the take up of the training by directorates was provided to Members. Comment was made about the: directorate divisions and changes in the organisation (the Strategic Core and creation of the new Communities Directorate and Chief Executives' Office); and take up of training in each directorate.
- 6.4.3 The importance of managers keeping the SAP system updated regarding staff moves that resulted from directorate re-organisations was highlighted as failure to do this distorts the figures and makes standard absence reports unreliable. Further to the query about clarification Members discussed the split of accountability and whether these are owned and understood.
- 6.4.4 Members agreed on the need for a clear understanding of where responsibility lies for the management of long term absence and the need to improve consistency amongst managers in enforcing sickness absence management policies and procedures. Members wished to investigate the possibility of enforcing a standard requirement of regular interviews with absent staff.

6.4.5 Members supported the review being undertaken by the Attendance Management Strategy Group of the Occupational Health Referral Form and the guidance notes for Managers and employees in order to address what appeared to be a cultural issue throughout the Authority in terms of the role of Managers and the referral process.

6.5 **Communications Strategy**

6.5.1 A draft Communications Strategy on Attendance Management was circulated. It set out the Strategy's objective, target audience (notably employees, highlighting their accountabilities), short and long-term needs and actions proposed to achieve the objective. The County Council's sickness absence average rate of 8.9 days lost per year per employee was in line with the local government average nationally. The target was five days per employee per year.

6.5.2 One of the actions listed in the communications strategy related to the SAP sickness absence reporting system and Members further discussed the capabilities and limitations of that SAP system and the importance of accurate detailed information for the management of absence and decisions relating to particular employees. Whilst the main issue was the management of sickness absence it was acknowledged that accurate data was important in order to provide any evidence necessary for formal action.

6.5.3 Commenting on action taken to address long-term absence, Group Members enquired as to whether the Authority's approach to particular cases could be widely publicised in order to highlight to the whole workforce that long-term absence cannot be tolerated. Being mindful of confidentiality issues which might arise, it was suggested that, as an alternative, the Corporate Induction Programme could be amended to better highlight the consequences of long-term absence alongside its current content of explaining sickness/pay entitlement.

6.5.4 Members agreed that that the Corporate Induction Programme be amended to include specific reference to repercussions of sickness absence and the provision of refresher training to HR Advisers where required following policy review. That resources should be targeted on priority performance areas and improve monitoring and evaluation of impact training on performance.

6.5.5 Members supported that managers should be informed of the available absence management strategies to ensure improved performance and the provision of tools to improve skills and increase management capability e.g. sickness absence e-learning package is now in development. In addition, strengthened messages should be delivered at induction to ensure all staff understand how sickness absence is monitored, the importance of absence monitoring and data recording.

6.6 **Reward Schemes**

6.6.1 Members considered the results of research carried out by officers as requested, amongst local authorities on Reward Schemes in operation giving

details of various schemes and their effect on the relevant authorities' sickness absence statistics. "Rewards" varied from a day's leave, remuneration and "Thank You" cards. Other authorities were addressing sickness absence management through the promotion of healthier lifestyle campaigns, such as the Change for Life Programme supported by the County Council.

- 6.6.2 Discussing reward schemes, the Group Members noted the need to consider the detrimental effect on staff not meeting any award criteria, in many instances for reasons beyond their control (e.g. absence through injury suffered in the workplace). It was reported that the West Midlands Strategic Group were generally opposed to reward schemes.

6.7 Absence Management Strategy Group

- 6.7.1 Details were provided of the newly formed Attendance Management Strategy Group which had been set up to look at the approach being taken across directorates following concerns raised at CMT. Some key areas of concerns identified by the group include; data accuracy; inconsistent application of absence standards and processes across the County Council; management accountability; and training and communication. It was noted that some of these concerns were also highlighted in a recent internal audit report.

- 6.7.2 The Group's current workload revolved around the development of an e-learning Attendance Management Package for Managers, identifying improvements to Manager's Sickness Absence Training Workshops and reviewing the Standard Absence Management Reports including the development of work around "The Cost of Absence". The Group itself was awaiting the outcome of this Group's work in order to identify its future work programme.

6.8 Absence Statistics

- 6.8.1 Statistics on sickness absence throughout the Authority were provided to Members of the Group together with the explanation that comparative information was now difficult to obtain as it was no longer required as a Best Value Performance Indicator. Average absence per employee per annum for Staffordshire in 2008/09 was 9.27 compared with the public sector average of 9.6 (7.3 in the private sector). Current absence average was 8.8 days with the highest rates in the Social Care and Health Directorate.

6.9 Absence Statistics - Short and Long Term Absence Statistics

- 6.9.1 Members investigated the comparison of short-term and long-term absences for those divisions of Directorates which were above the Authority's average. Of note was that the headline data (namely the 9.27 average) took account of long-term absences. An analysis of short-term absence only would create a completely different picture. Cabinet had set a target headline figure of 5.

- 6.9.2 Members were advised that for long-term absence a different management approach was required, in most cases involving the Occupational Health Unit (OHU). Referrals to that Unit had to be carefully managed to meet the

Authority's need to obtain up to date medical information that was helpful in assisting the employee back to work. The current process requires an employee's consent to ensure referral is not open to challenge and documentation is managed by the HR Adviser.

- 6.9.3 Members queried whether this results in a shift in responsibility for the sickness absence management from the individual Manager to the Strategic HR Unit. To underpin the manager responsibility in this area, the process of referrals to Occupational Health required review and this would include a greater involvement by line managers in the referral process, supported by Directorate HR. This would underpin the HR role as supporting and advising the individual Manager and helping them to gain confidence.
- 6.9.4 A key issue was the development of a consistent practice across the Authority particularly in relation to the issuing of warning letters and to the compilation of data. The quality of data had been identified by the Audit Commission as a weakness.
- 6.9.5 Members discussed the number of referrals made to the Occupational Health Unit. Members, in light of the statistics, discussed focusing on the poor performance incidents.
- 6.9.6 Members commented on the fact that it was a small percentage of staff with long term absence that was affecting the overall figures. The Group were reminded that long term absence was defined as absences exceeding 20 days. Members requested and received a breakdown of sickness absence statistics which included an analysis of absence percentage rates when long term absences were removed from the calculations. Of note was that in all Units of all Directorates (with the exception of 1 Unit in the Social Care and Health Directorate) average sickness days would fall below the 5 days per employee target set by Cabinet.
- 6.9.7 It was acknowledged that a concerted effort was being made to address the number of absences exceeding 12 months and members were advised that once these cases were resolved a marked improvement in overall absence statistics would be seen.
- 6.9.8 Discussing the approach to dealing with long term absences the Group accepted that any policy had to be sufficiently flexible to allow a 'sympathetic' approach where appropriate. The adoption of a hard line towards all long term absences could prove counter-productive for the County Council in PR terms.
- 6.9.9 The Group were of the opinion that the key to resolving long term sickness absence was the consistent application of any policies. This was down to manager training and the Group briefly discussed the overwhelming demand for the in-house Staffordshire Manager training modules, attendance at which had been extremely beneficial to managers.
- 6.10 **Absence Statistics - Reasons for Absence**

- 6.10.1 Members were advised that the detailed payroll days lost through long and short term absences broken down under the “Dorset Twelve” i.e. twelve categories of sickness absence, which had been adopted in order to minimise the use of the category “other”.
- 6.10.2 Details were submitted of cases of absence exceeding 12 months and action taken to address them. It was explained that the policy on Managing Attendance at Work did not specifically refer to a 12 month deadline after which dismissal action should be implemented however this was documented in the guidance as a ‘reasonable’ period of time in which to determine the likelihood of a return. Guidance to Managers was that a long term decision should begin to be considered after 9 months of absence, at the latest, to allow the 3 month notice period to be incorporated within the overall 12 month period. Where possible an earlier consideration/decision was encouraged.
- 6.10.3 Discussing the feasibility of pre-empting illness issues at the recruitment stage, members were informed that disability was not a legal reason for refusing employment and that complications arose from the progressive nature of some illnesses. The importance of securing satisfactory references prior to making final offers was a message constantly conveyed to managers.
- 6.10.4 In considering the details of the long term absence cases presented, members queried those situations which had been allowed to continue over an excessively lengthy period of time, specifically schools cases. It was explained that HR provided an advisory service only with its powers limited to setting out the implications of not following their advice.

6.11 **Demonstration of the SAP system for recording Sickness Absence**

- 6.11.1 The Group considered demonstration of the SAP sickness absence recording/monitoring system as used by all managers (with the exception of Schools). It was explained that a separate, more user friendly, front end internet solution which interfaced with SAP, had been developed for schools at the time of the SAP introduction to avoid overload of the system. Both the SAP system and the school system were currently being modified/upgraded.
- 6.11.2 Members discussed the categories of ‘sickness’ listed in the system, the dependence on the quality of inputted information and the need for managers to individually monitor absence to implement the Bradford Score system.
- 6.11.3 The Group discussed the accuracy and limited amount of detail available on the Sickness Absence Management Recording System (SAP). It was reported that a SAP upgrade was expected towards the end of 2011 and that discussions were on-going on how that system could be developed to provide comprehensive data to assist Managers and HR centrally.
- 6.11.4 Members agreed that the SAP Development Team be made aware of this Group’s wish to see the early upgrade of the Sickness Management Absence System as a key part of any recommendations emanating from this Group.;

6.12 **Stress Management**

- 6.12.1 Members agreed to consider the key areas of long term sickness and the support provided for these causes of absence. One areas highlighted of concern to members was stress.
- 6.12.2 The key points in relation to the stress management, were outlined including: (a) stress is not an illness, but the symptoms generated by stress are; (b) that it is recognised under the DDA legislation in 2004 as a disability and employers are required to make reasonable adjustments in the workplace to enable the employee to join or remain in employment and that there is hesitation, by Managers, in handling absence where incapacity is directly linked to work related stress. However the Council as employer may make reasonable adjustments to a job but Members commented on the impact this may have on delivery of service. ,
- 6.12.3 Members noted the results of Organisational Stress Survey for 2008 and the Head of Strategic Health and Safety Service reported on the background to the development of a Managers' toolkit designed to prevent stress related absence and commented on the need to distinguish between pressure and stress, in that stress comprised an excessive, intense, prolonged period of pressure leading to illness.
- 6.12.4 In developing Stress Management policies the Authority had adopted the six key areas (risk factors) identified by the Health and Safety Executive, namely Demands, Control, Relationships, Change, Role and, finally, Support, Training and Factors Unique to the Individual. These coupled with a locally added category of Personal Health and Wellbeing formed the basis of bi-annual stress surveys carried out Authority wide.
- 6.12.5 The statistics drawn from the 2006 and 2008 surveys that had shown areas of concern to be Demands and Change and it was explained that the statistics could be broken down to a Unit level (provided more than ten responses were received from that Unit in order to protect anonymity) in order to help Managers to identify key, localised issues.
- 6.12.6 In questioning the courses of action available to Managers to help to identify stress at an early stage the Group Members were informed that standard procedures such as Return to Work discussions and PPRs provided such opportunities. Again, the importance of Managers fulfilling their responsibilities was stressed by the Group.

6.13 Occupational Health Service

- 6.13.1 The Group received a presentation on the role and responsibilities of the Occupational Health Unit. The importance of the Unit maintaining its independence from the Authority was emphasised in order to provide impartial/objective opinions on individual cases referred to them. The prime aim of the Unit was to prevent individuals suffering illness through their work and to preserve an individual's employment position. Where appropriate rehabilitation/redeployment was looked at as an option.

- 6.13.2 It was explained that the Occupational Health Service was effectively the employer's advisor on an individual's health position similar to the employee having the "independent service" of their own GP. The County Council acknowledged that the Occupational Health Unit was governed by medical/ethical considerations which, was acknowledged to sometimes lead to tensions between the County Council and the Unit.
- 6.13.3 A current key factor of any referral to the Occupational Health Unit was the need for the employee to agree to their involvement. If this agreement was not forthcoming there were 2 options available-disciplinary action or stopping pay.
- 6.13.4 The Group discussed the courses of action available to the County Council in instances where their employee's agreement could not be obtained. Difficulties were posed by the conflict between the Authority's right (via the Green Book) to refer an employee, as opposed to the individual's medical rights to confidentiality. It was explained that discussions were on-going between the HR Section and Occupational Health Unit on ways of addressing this conflict, but to date the overriding issue was the employee's medical rights.
- 6.13.5 The referral process was explained to the Group with the HR reps acknowledging the inconsistencies amongst Managers across the County Council and the Authority's historical position of being "risk averse" which had effectively led to a reluctance to follow through procedures fully.
- 6.13.6 Reference was made to instances where action being taken by management under, for example disciplinary or capability procedures, had ultimately led to sickness by the employee concerned and to the complications which had resulted both for the Management and Occupational Health Unit in distinguishing between the two issues. These instances were further complicated by GPs not being given full stories by employees seeking "sick notes". The Authority's right to challenge notes issued by GPs and the impending introduction of a "fit note" system was noted.

6.14 **Best Practice/Benchmarking**

- 6.14.1 Details were submitted of Best Practice identified during research, most specifically the procedures of the Department of Works and Pensions which involved a Physio Adviceline giving direct access to employees with muscular skeletal disorders to advice from a Physiotherapist. This area had been highlighted by members as a key cause of Long Term Sickness. A further initiative was a Nurse-led Absence Reporting Call Centre whereby the employee reported in sick to a Nurse contact rather than their Line Manager and was given immediate assistance and advice regarding the treatment of their illness. For the Authority, the Head of the HR profession was not supportive of a Call Centre system as it took away the Manager responsibility for sickness absence which was the crux of the issue to be addressed throughout the County Council.
- 6.14.2 Given that muscular skeletal disorders were the main cause of long-term sickness absence, reference was made to various schemes whereby staff

suffering such problems were given access to physiotherapy services, fast tracked through scans, Consultants and operations.

- 6.14.3 Members of the Group queried the cost of providing an at-hand physiotherapy service (either directly or through a partnership arrangement with an NHS Trust) compared with the cost of sickness absence of employees through muscular skeletal disorders.
- 6.14.4 The possible provision of an in-house physiotherapy service or access to such a service through the Occupational Health Unit was suggested as an Invest to Save Project, with a knock-on effect of changing the role of Occupational Health Unit, moving away from their administration function. That function was already being streamlined in order to divert resources to more proactive work such as the Change for Life Scheme.
- 6.14.5 A further example of best practice was Croydon Council which focussed on the top 100 long-term cases and concentrated resource and support to those cases. Together with a package of other measures including Manager HR Adviceline and Surgeries, Croydon's absence had reduced from 9.07 days per employee in 2005/06 to 5.9 in 2007/08 (excluding schools). As Staffordshire's schools absence statistics were in line with the rest of the Authority's average, exclusion of school figures was not seen to have any positive effect on the Staffordshire statistics.
- 6.14.6 Discussing the approach of focussing on the top 100 long-term absentee cases, Members of the group enquired about the County Council's longest absentees and were informed that information had been collated which would show that many were being progressed to final conclusion, either termination of employment or return to work. The Group were of the view that any absence in excess of twelve months should be dealt with decisively.
- 6.14.7 From research of best practice the common threads were high profile case management, the provision of meaningful absence data to focus attention, early intervention and management support and training.
- 6.15 **Occupational Health Physiotherapy and Rehabilitation Proposal for Staffordshire County Council**
- 6.15.1 Following their consideration of the main causes of absence and the examples of best practice considered, Members requested that proposals be investigated in order to address the main cause of sickness absence - musculoskeletal disorders.
- 6.15.2 The cost of musculoskeletal ill health was reported as a total of 61,465 payroll days had been lost at a total cost to the Authority of £3,172,609 over the period 1 December 2008 - 30 November 2009.
- 6.15.3 Officers submitted a proposal on the options for providing an occupational health physiotherapy and rehabilitation Service to the authority. The paper suggested that the total annual cost of days lost due to muscular-skeletal injuries was in the region of £3.17million and that the introduction of a direct

Physiotherapy and Rehabilitation service could realise an automatic reduction of 30% in those costs.

- 6.15.4 The paper gave an outline of the way in which the service was provided, including immediate access to triage services followed by referral for treatment (if required) at venues within reasonable distance of the employee's home. Details were given of the anticipated timescales for each stage of referral. Treatment and return to work Plans are drawn up as part of the service.
- 6.15.5 Discussing the paper Members considered the notional cost of absences (on which the paper was based) compared with the actual cost which, in reality was affected by issues such as the cost of bringing in more expensive staff to 'cover' or alternatively a salary saving where existing staff provided that 'cover'. It was accepted that, rather than pure cost implications of absence, a consideration was the number of days lost due to injury/illness and the number of days potentially lost in the future which might be reduced by the availability of immediate physio/rehab services.
- 6.15.6 The provision of an in-house physiotherapy and rehabilitation service was also looked at. Members were presented with a cost/benefit analysis of providing an in-house service explaining that the main benefits would be a close working relationship with the Occupational Health Unit, an approach to service provision which complimented the County Council's own policies and procedures and direct County Council control over the service.
- 6.15.7 The main disadvantages of providing an in-house service resulted from the large geographical area over which County Council staff were located which would result in the need for a number of area based physiotherapy facilities with considerable 'down time' due to the need for the physiotherapist to attend those locations. The estimated cost of providing area based treatment facilities which, coupled with the cost of employing one physiotherapist amounted to approximately £213,690 in the first year with on-going annual costs of approximately £93,698.
- 6.15.8 Members discussed the benefits and disadvantages of using an external physiotherapist service provider. The main advantages included no set-up costs, access to area based services provided by a number of physiotherapists. Disadvantages mainly related to the need to monitor contract compliance and the absence of direct control.
- 6.15.9 The cost of an externally provided service would in the region of £220 per case (equivalent to £1.60 per month per full time employee).
- 6.15.10 During discussions the main issues raised by members were:

The percentage of the £3.172m quoted as the cost of musculoskeletal sickness absence which actually materialised (i.e. the extent to which absences were covered by existing staff resulting in no additional costs) It was reported the musculoskeletal injury absences tended to be longer term thus requiring cover more regularly than short term absences. In addition throughout periods of

absence, costs were still incurred for staff including pension contributions and overheads.

6.15.11 Members suggested that the County Council pursue the provision of a physiotherapy service as a way of reducing the County Council's own costs and securing earlier return to work by staff. The availability of actual monies to fund a service was queried. It was suggested that a physiotherapy service be submitted as an 'Invest to save' project.

6.15.12 The Group's agreed to recommend that a 12 month trial contract be entered into with an independent physiotherapy service provider in order to assess the impact on absences caused by musculoskeletal injuries.

7. Implications

7.1 Resources and Value for Money - There are resource and financial implications in reducing the rates of sickness absence for the authority and therefore the costs.

7.2 Equalities and Legal - The framework for sickness and absence takes into consideration the provisions of the Employment Rights Act 1996, the Employment Relations Act 1999, the Employment Act 2002, the Disability Discrimination Act 1995 & 2005, the Race Relations (amended act) 2000 and the ACAS Code of Practice on Disciplinary and Grievance Procedures. An effective sickness absence policy will help managers, in part, discharge the Council's responsibilities under this legislation.

7.3 Risk - There could be implications for service delivery and reputation of the Council in not reducing the levels of sickness absence.

7.4 Climate Change - There are no direct climate change implications as result of this report.

8. Acknowledgements

8.1 The following officers supported the Working Group:

Jann Russell	Head of Human Resource Profession
Richard Taylor	Principal Adviser (Strategic Human Resources)
Lynne Phillips	Senior Adviser (Strategic Human Resources)
Nick Pountney	Scrutiny and Performance Manager
Julie Plant	Principal Support Officer

8.2 The Committee would like to thank the following County Council officers for providing additional information:

Alison Smith	Occupational Health Nurse Manager
Becky Lee	Head of Strategic Health and Safety Service
James Harper	Workforce Information Analyst

**County Councillor Lee Bates - Chairman of the Sickness Absence
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