

BRISTOL CITY COUNCIL

HUMAN RESOURCES COMMITTEE

For Information

25th MARCH 2010

Report of: Service Director : Strategic HR & Workforce Strategy

Title: Report on Sickness Absence Support Line

Officer Presenting Report: Chris Dagger, HR Business Partner

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RECOMMENDATION

The Committee is asked to note the report.

Summary

A 'pilot' Sickness Absence Support Line operated from 2 February 2009 in some areas of Health and Social Care (residential care homes, home care service and day services), until 31 January 2010. The pilot was extended in August 2009 to include some areas of CYPS (Children's Residential Unit Managers, and Child and Family Support Team).

The Council was unable to extend the existing pilot, as this would have contravened procurement regulations.

The significant issues in the report are:

(i) the impact which the pilot scheme had in reducing sickness absence.

(ii) the decision of SLT regarding a possible in-house sickness absence support line, and a review which has been commissioned to respond to this decision.

1. Policy

1.1 None directly affecting this report.

2. Consultation

2.1 Internal

The trade unions have been informed of SLT's decision. Further consultation will be undertaken regarding the outcome of this 'review', which is being conducted jointly by representatives from Strategic HR, Shared Transactional Services, and Occupational Health & Counselling.

2.2 External

Not applicable.

3. Context

3.1 The Service Director (HR) advised SLT that there was no business case which would justify the ongoing provision, by an external provider, of a sickness absence support line for the Council as a whole. However, the continuation of a support line could be supported if a new contract provided flexibility to address those work groups where sickness absence remained high.

3.2 At its meeting on 22 December 2009 the Strategic Leadership Team considered a report on the longer term options on providing a Sickness Absence Support Line.

3.3 After careful consideration it was agreed by SLT:-

(i) To discontinue the provision of a sickness absence support line by an external provider. HR to ensure that managers in those services where pilot arrangements have been in place are firmly reminded of their responsibilities in relation to sickness absence management. Close monitoring arrangements would need to be in place.

(ii) That (via the STS centre), a proposal for an in-house support line to be investigated. (This proposal is now under review by staff from Strategic HR, the STS HR function, and from Occupational Health).

3.4 Managers and employees in the pilot work groups have been informed

the Sickness Absence Support Line provided by an external health care provider Diagnostic Health Care Solutions (DHS) ceased at midnight on Sunday 31st January 2010. From this date employees are required to revert to the former procedure of notifying their line manager of any sickness absence within the time limits which operate in each service area.

- 3.5 In accordance with SLT's request, managers have been firmly reminded that the management of sickness is their responsibility. In consultation with various Health and Social Care managers and Strategic HR, a 'Managing Sickness Absence' training programme has been developed by the Corporate Training Team. This programme will be piloted in Residential and Older People's Services in March 2010 and will include input from Occupational Health, Strategic HR and STS HR.
- 3.6 Discussions are currently taking place between Strategic HR, Occupational Health and HR STS to explore whether a sickness notification service can be operated in-house.
- 3.7 Management and TU consultation will take place before this matter is reported back to SLT/HR Committee (as appropriate).
- 3.8 A summary of the pilot "survey" outcomes is attached as Appendix C to this report.

4. Proposal

- 4.1 The Committee is asked to note the contents of the report. The outcome of the review referred to in paragraph 3.3 (ii) will be reported back to SLT for its consideration (May/June 2010).

5. Other Options Considered

- 5.1 Discussions are currently taking place between Strategic HR, Occupational Health and HR STS to explore whether a sickness notification service can be operated in-house.

6. Risk Assessment

- 6.1 There is a risk that with the discontinuation of the Sickness Absence Support Line, that sickness absence will rise in the pilot areas. This concern was highlighted by the Service Director: Strategic HR &

Workforce Strategy, at the SLT meeting.

To mitigate against this rise, an updated competence training programme has been devised and implemented for senior managers in H&SC. Managers from CYPS and Legal Services are also eligible to attend.

Consideration of the outcome of the 'review' (as set out in paragraphs 3.3 and 3.6 above), should also address potential risks attributable to absence levels increasing post-SASL.

Members may wish to monitor this 'review'.

7. Equalities Impact Assessment

7.1 Not applicable.

Legal and Resource Implications

Legal

None.

Financial

(a) Revenue:

As set out in paragraph 3.3 (ii) it is proposed to investigate the setting up of an in-house support line. Any proposal to proceed with this will require a Business Case which will clearly identify the costs and benefits of the proposal.

(Advice from Stephen Skinner, Finance Business Partner Resources, Transformation and Deputy Chief Executive)

(b) Capital:

Not applicable.

Land

Not applicable.

Personnel

As set out in Appendices A & B.

Appendices

Appendix A - Sickness Data from the original 6 month pilot in H&SC and Legal Services

Appendix B - Sickness Data from the second 6 month pilot in H&SC, Legal Services & CYPS

Appendix C - Survey Results

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 Background Papers:

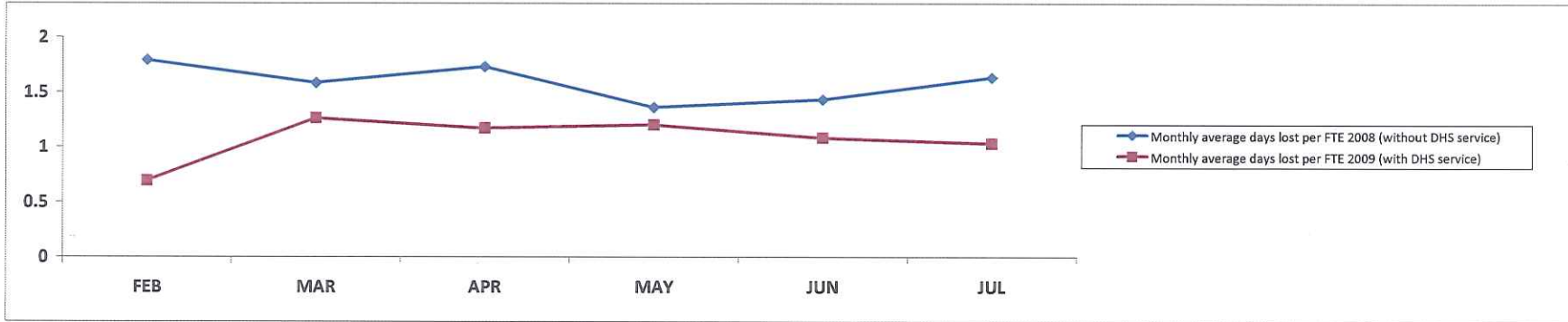
None

**Bristol Council Pilot, all areas- Service Commencement 2nd FEB 2009
Absence Rate Comparison & Efficiency Savings Report**

APPROXIMATE TOTAL NUMBER OF EMPLOYEES	1388
ESTIMATED COST OF ABSENCE PER EMPLOYEE/DAY	£90
DHS FEE PER EMPLOYEE/MONTH	£4.00

MONTHLY ABSENCE RATE PER FTE

	FEB	MAR	APR	MAY	JUN	JUL
Monthly average days lost per FTE 2008 (without DHS service)	1.79	1.58	1.73	1.36	1.43	1.69
Monthly average days lost per FTE 2009 (with DHS service)	0.69	1.26	1.17	1.2	1.08	1.03



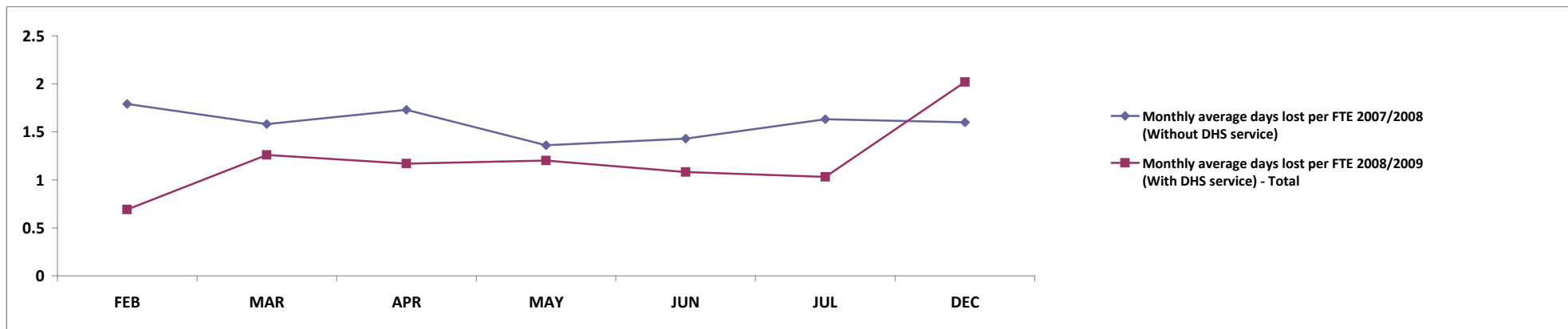
	TOTAL	FEB	MAR	APR	MAY	JUN	JUL
ABSENCE VARIATION IN DAYS LOST PER FTE PER MONTH		1.1	0.32	0.56	0.16	0.35	0.6
ABSENCE VARIATION IN % PER MONTH		-61%	-20%	-32%	-12%	-24%	-37%
ABSENCE VARIATION FIRST 6 MONTHS %	-32.46%						
ESTIMATED MONTHLY SAVINGS (£)		£ 137,412.00	£ 39,974.40	£ 69,955.20	£ 19,987.20	£ 43,722.00	£ 74,952.00
TOTAL ESTIMATED SAVINGS FIRST 6 MONTHS (£)	£ 386,002.80						
MONTHLY SERVICE COST (£)		£ 5,552.00	£ 5,552.00	£ 5,552.00	£ 5,552.00	£ 5,552.00	£ 5,552.00
TOTAL COST OF SERVICE FIRST 6 MONTHS (£)	£ 33,312.00						
RETURN ON INVESTMENT FOR CLIENT FIRST 6 MONTHS (£)	£ 352,690.80						

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DHS FEE PER EMPLOYEE/MONTH	£4.00

MONTHLY ABSENCE RATE PER FTE

	FEB	MAR	APR	MAY	JUN	JUL	DEC
Monthly average days lost per FTE 2007/2008 (Without DHS service)	1.79	1.58	1.73	1.36	1.43	1.63	1.6*
Monthly average days lost per FTE 2008/2009 (With DHS service) - Total	0.69	1.26	1.17	1.2	1.08	1.03	2.02
Monthly average days lost per FTE 2008/2009 (With DHS service) - H&SC	0.76	1.38	1.27	1.35	1.2	1.13	2.43
Monthly average days lost per FTE 2008/2009 (With DHS service) - Legal	0.34	0.68	0.69	0.44	0.45	0.52	1.05
Monthly average days lost per FTE 2008/2009 (With DHS service) - CYPS (Aug to Dec only)							0.92



* Estimate due to restructuring in pilot areas

Results of in house satisfaction survey

Employees and managers in the pilot areas were given a series of statements and asked to reflect their level of agreement /disagreement with these. The results are summarised below. A summary of the additional comments made are also provided.

Managers	H&SC		Legal	
	Response rate 45%		Response rate 42%	
I am informed promptly of my employees sickness absence	Agree:	86%	Agree:	67%
	Disagree:	14%	Disagree:	33%
I am provided with accurate information on the reason for absence	Agree:	60%	Agree:	67%
	Disagree:	27%	Disagree:	33%
I am provided with accurate return to work / follow up information	Agree:	65%	Agree:	33%
	Disagree:	21%		
I have made use of the DHS online reporting tool for monitoring purposes	Agree:	53%	Disagree:	100%
	Disagree:	20%		
The revised method of reporting helps me manage my employees absence	Agree:	47%	Agree:	33%
	Disagree:	40%	Disagree:	33%

Additional comments:-

Comments made about the need for robust notification systems and the need to maintain correct structure charts to prevent errors in notification and maintain confidentiality.

Employees	H&SC		Legal	
	Response rate 57%		Response rate 30%	
It is easy to speak to the DHS nurses	Agree:	87%	Agree:	85%
	Disagree:	4%	Disagree:	5%
My call was dealt with appropriately and sensitively	Agree:	91%	Agree:	81%
	Disagree:	2%	Disagree:	5%
The advice/guidance given was appropriate	Agree:	81%	Agree:	71%
	Disagree:	6%	Disagree:	10%
The follow up contact arrangements were easy to arrange and keep to	Agree:	74%	Agree:	66%
	Disagree:	6%	Disagree:	10%
A return to work interview was satisfactorily conducted when I returned to work	Agree:	84%	Agree:	90%
	Disagree:	2%	Disagree:	5%
I prefer to notify my sickness absence to the SASL rather than my line manager	Agree:	52%	Agree:	48%
	Disagree:	25%	Disagree:	28%
I felt pressurised to return to work earlier than I believe I should have	Agree:	12%	Agree:	10%
	Disagree:	59%	Disagree:	61%

Additional comments:-

Comments made regarding the need to contact workplace as DHS failed to do so in a timely fashion. In addition that the DHS system should be linked to HR Vision to prevent duplication.