

Subject: **Maximising Attendance –
Breaking the Absence Spiral**

Purpose: To update the Integration Joint Board (IJB) on the current position relating to absence and propose a comprehensive, supportive and positive way forward to reduce staff absence.

Recommendation: The IJB endorses the implementation of a positive and proactive approach to support staff and provide an incentive to encourage 100% attendance.

Glossary of Terms	
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
NHSA&A	NHS Ayrshire & Arran
NAC	North Ayrshire Council
CIPD	Chartered Institute of Personnel and Development

1.	EXECUTIVE SUMMARY
1.1	<p>North Ayrshire Health and Social Care Partnership is experiencing an accelerating downward spiral of staff absence. Both partners, NHS Ayrshire and Arran and North Ayrshire Council are facing a significant problem. For NAC employees working for HSCP in the final quarter of the 2017/2018 financial year, the cost of sickness absence was £688,966, this was a £124,644 increase on the same quarter in the previous year. For NHS employees working for HSCP in the final quarter of 2017/18 financial year, the cost of sickness absence was £749,216, this was a decrease of £10,671 on the same quarter in the previous year.</p> <p>Attached as Appendix 1 – performance detail Quarter 4 2017/18</p>
1.2	<p>There is clearly a direct cost to absence. But there are also indirect effects. It will impact morale with staff having to cover for absent colleagues and increasing their workload. This may lead to a greater number of mistakes and errors of judgement. Lower productivity and an impact of quality of service may also be an indirect result from delays and inconsistency of provision. Furthermore, this can feed the absence spiral as other members of the team feel greater pressure.</p>
1.3	<p>HSCP is facing a major challenge. An accelerating downward spiral of staff absence has to be checked and reversed. A continuation of current trends will result in the cost of sickness absence for HSCP, across both partners, in the region of £5million for this financial year. Decisive action needs to be taken without delay but within a holistic approach. There is clearly an opportunity to intervene and secure a return on investment that will assist a transformation in staff absence.</p>
2.	BACKGROUND

2.1	A recent UK study undertaken by the CIPD shows that the average level of staff absence is 6.6 days per employee per year. Absence is highest in the public sector with 8.5 days compared with 5.6 days in private sector services. It was noted that average absence levels have increased slightly compared with last year, although longer-term data indicates a weak downward trend.
2.2	The current position for HSCP is significantly worse than the national averages with statistics showing staff absence running at almost double the national average for the public sector. Furthermore, rather than seeing a downward trend long-term, all evidence shows that this issue is growing in scale.
2.3	Alongside the issue of staff absence, the CIPD also noted an increase in unhealthy patterns of behaviour where 86% of organisations have observed 'presenteeism' (people attending work when they are ill and/or requiring to undertake additional workload due to colleagues absence). Furthermore, over two-thirds of organisations have noticed 'leaveism' (people working when they should be on leave).
2.4	Minor illness remains by far the most common cause of short-term absence. Acute medical conditions, mental ill health, stress and musculoskeletal injuries are most commonly responsible for long-term absence, as in previous years, although this year mental health and related illnesses has become the top cause of long and short-term absence.
3.	FRAMEWORK
3.1	Tackling staff absence cannot be successful using a single intervention. It must be part of a holistic approach designed to support and encourage staff wellbeing. HSCP uses a range of methods to manage attendance. Methods to monitor and review absence are already utilised. In addition it is proposed that a more comprehensive, proactive and supportive approach is introduced that focusses on staff health and wellbeing.
3.2	For the most effective way to manage attendance, the best starting point is the monitoring and review of absences and the effective use of Fit Notes and the Return to Work Interview.
3.3	Line Managers – This is a key role in managing attendance both in terms of prevention and effectively supporting staff that are absent. All managers need to be trained and developed to be able to support the health and wellbeing of their staff and teams. CIPD research shows that more than half of employers nationally are training their line managers to help them identify and manage stress in their teams.
3.4	Awareness, Training and Support – Practical support for not only managers but for staff is essential to increase awareness of key issues and opportunities and providing advice and access to support on how to cope with stress, mental health issues and other matters relating to wellbeing. Greater awareness and understanding combined with practical support can have a significant impact on attendance levels.
3.5	Flexible working - Flexible working policies which either allow staff to work from home or shift their working hours around can help staff achieve a better work/life balance and is a proven method to assist improving attendance. HSCP has the policies in place to enable a positive approach but a review of implementation should identify how to make this most effective.
3.6	Promoting healthy lifestyles – Encouraging staff to adopt a healthier lifestyle can reap

	rewards in terms of improving attendance rates. To this end the Partnership is undertaking a number of initiatives to assist staff; some examples detailed below:
	“Healthy You” Events are being held in locality settings during the months August to November. These events will showcase our Partnership’s health and wellbeing services along with other local providers and allow staff to undertake taster sessions and gain information on eg. Reflexology; Diabetes Management; Dental and Oral Health; Quit Your Way Smoking Cessation; Mini-health Checks; Addiction Services etc.
	Flu Vaccination – programme is administered each year in conjunction with our Occupational Health and Nursing colleagues. Take-up in general is quite low therefore this year we intend to undertake a campaign to encourage staff on the benefits of this immunisation programme.
	WRAP – Wellness Recovering Action Plan is a self-designed prevention and wellness process which is suitable for anyone with an interest in managing their own mental health and wellbeing and can support recovery from physical or mental health problems and create more balance in life. Further sessions for staff interested in this plan will be forthcoming.
	Mindfulness - sessions continue to be offered to staff within the Partnership via our Livewell/Health Promotion Teams.
	CALM & Moving & Handling – training programmes continue and have recently been enhanced to include work based observations and practice sessions in order to support the needs of staff in the aim of reducing MSK issues.
	Physiotherapy and Counselling – Partnership has funded additional physiotherapy and counselling time via Challenge Fund. Sessions are being fully utilised and staff feedback extremely positive.
	Staff Assistance Programmes – Support can help improve attendance by offering assistance to staff to help them cope with issues in either their work or personal lives. Support can include mentoring, peer support and counselling services which cover a range of issues including stress management, mental health particularly depression, work relationships, personal and family relationships and financial concerns.
4.	PROPOSAL
4.1	The introduction of an Attendance Reward
	Many organisations now offer staff incentives to encourage higher attendance levels and discourage unnecessary absence. For example, these can take the form of cash rewards or allowing an extra day’s holiday for anyone with 100% attendance or allowing staff to leave early on the last Friday of the month if they haven’t had a day off.
4.2	Compliance with the obligations of the Equality Act 2010 are paramount and not negotiable. The introduction of attendance incentives will need to ensure that there is absolutely no discrimination particularly against those taking time off sick because of a disability or pregnancy related illness.

4.3	The practice of offering attendance incentives is not anything new as some industries have paid them for many years. Furthermore, the Institute of Employment Studies, who provide an independent, impartial and international view on this topic, recognise attendance incentives as mainstream and good employment practice.
4.4	Wigan Council have introduced an attendance reward that enable staff who are not absent from work due to sickness to be entered into a prize draw to win a monetary reward of up to £1,000. All staff who are not absent each year are rewarded with an additional day's annual leave. This recent development has already resulted in six figure costs savings.
4.5	The Royal Mail introduced a high profile scheme to reduce staff sickness by rewarding good attendance with prizes of cars and holiday vouchers. Staff with good attendance records were entered into a draw, with prizes including 37 new cars and £2,000 worth of holiday vouchers. Royal Mail has stated that daily attendance levels have risen 11% or by 1,000 employees a day, since it was launched.
4.6	It is proposed that HSCP introduce a pilot initiative over the next 12 month period to hold a quarterly Attendance Reward. All staff that are not absent from work due to sickness for that quarter will be entered into a draw to win £1,000. Detailed findings from this initiative will be shared with the IJB and colleagues in NHS Ayrshire & Arran and North Ayrshire Council.
5	IMPLICATIONS
Financial :	There is an additional £1,000 financial commitment per quarter as a result of this proposal, to be funded from Challenge Fund attached to improving sickness absence. However, it is anticipated that this financial incentive combined with a holistic approach to staff wellbeing will reduce staff absence by 10-25% resulting in a reduction of cost of £500,000 to £1.25million.
Human Resources :	There are no additional commitments as a result of this proposal.
Legal :	There are no direct legal implications as a result of this proposal. Attendance rewards will be implemented to ensure complete compliance with the Equality Act 2010.
Equality :	Equality of opportunity will be practised and all obligations under the Equality Act 2010 will be met.
Environmental & Sustainability :	There are no negative environmental implications as a result of this proposal.
Key Priorities :	<p>The implementation of the proposal has the potential to contribute significantly to all strategic priorities of the Strategic Plan</p> <p>Furthermore, the implementation of the proposal will contribute to the achievement of the North Ayrshire Single Outcome Agreement and NHS Ayrshire & Arran Local Delivery Plan.</p>
Risk Implications :	<ul style="list-style-type: none"> • Financial minimal due to potential return on investment • Legal minimised due to utilising existing compliant model and expert advice prior to implementation • Reputational risk will be managed by strong justification and communication • Lack of holistic approach will result in short-term improvement but followed by a realignment to existing trends
Community Benefits :	N/A

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

6.	CONSULTATION
6.1	Research, consultation and engagement has involved the Partnership Senior Management Team, external organisations including a Best Practice visit to Wigan Council by Senior Representatives and extensive input to the development of this proposal by a Chartered Member, for over 25 years, of the Chartered Institute of Personnel and Development.
7.	CONCLUSIONS
7.1	HSCP needs to develop a solid, evidence-based understanding of the causes of absence and unhealthy practices such as 'presenteeism' and 'leaveism' and other factors that could adversely affect staff wellbeing. Unless wellbeing activity addresses the underlying issues affecting staff behaviour and is holistic, efforts to support staff and improve health and wellbeing could be short lived.
7.2	The aim should be to consider the health and wellbeing of staff and take a holistic approach. HSCP has a responsibility to support staff and make them aware and confident of the services available to them and how to access them.
7.3	There is a clear case for taking immediate action and highlight the importance of a holistic and integrated approach to staff wellbeing. HSCP is ideally placed to drive forward the well-being agenda through increasing organisational awareness of the value of a healthy workforce and by developing a fully integrated approach to a healthy workplace, underpinned by strong support from leaders and managers.
7.4	The introduction of an Attendance Reward within the context of a holistic approach to Maximising Attendance can have a significant and long lasting impact. It is clear that the implementation of this proposal can have a positive impact on the wellbeing of staff and for a minimal investment have a significant and immediate impact on the current spiralling costs of absence.

For more information please contact Julie Davis, Principal Manager, Business Administration, North Ayrshire Health & Social Care Partnership on (01294) 317766.

Health & Social Care Partnership

Maximising Attendance Performance Quarter 4 2017/18



Health & Social Care Partnership have not achieved their quarterly targets

£1,438,182

Cost of sickness absence for Quarter 4
in Health & Social Care Partnership

NAC Contracted Staff

461.79 Sick FTE

5,770 Days taken in Period



207 Absence Referrals

20 Ill health retirement &
capability dismissals

Top 5 Reasons

NAC Category	NHS Category
Musculo/Skeletal	Mental Health
Stress/Anxiety	MSK
Viral	Gastro
Surgical Procedure	Injury/Fracture
Gastro Intestinal	GI & Gyn

NHS Contracted Staff

1,063 Sick FTE

39,875 Hours lost in Period