



**AUDIT COMMITTEE**

**NURSE CALL CENTRE PILOT**

**REPORT BY HEAD OF SUPPORT SERVICES**

**A. PURPOSE OF REPORT**

To provide the Committee with an update on the nurse call centre pilot, review the outcomes and outline subsequent actions. The report will also consider the pilot in the wider context of sickness absence management and the current Sickness Absence Strategy.

**B. RECOMMENDATION**

It is recommended that the Audit Committee note the continued use of the 'Nurse Call Centre' approach, and the current sickness absence strategy to achieve reductions in employee absence levels and improved productivity. Periodic updates on the Nurse Call Centre Contract can be provided for the Audit Committee.

**C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Making best use of our resources
	Focusing on our customer needs
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	Sickness Absence Management Policy and Procedure.
<b>III Resources - (Financial, Staffing and Property)</b>	Pilot costs were accommodated within existing service budgets.
<b>IV Consultations</b>	Regular consultations with Trade Unions and service managers during the course of the pilot

**D. TERMS OF REPORT**

**D.1 Introduction**

A pilot scheme was proposed to determine the impact of a nurse call centre approach on the management of sickness absence with the objective of reducing absence levels and improving productivity. The nurse call centre approach undertaken in the pilot included:

- the use of a call centre, serviced by qualified nurses, to capture employee calls when reporting sickness absence;
- provision of medical advice and guidance to employees who report a sickness absence;
- provision of medical advice and guidance to employees who are attending work, but who are experiencing symptoms of sickness;
- advising the relevant manager of the employee's absence, together with any relevant associated information;
- logging of all calls and provision of real-time, online data and statistics;

## D.2 Pilot Group

In selecting the service areas for participation in the pilot, the absence rates across all services were reviewed and those services with the highest absence rates were targeted as a core group. To ensure a wider context for review of the outcomes, a cross section of other services and employees was selected beyond the core group.

The pilot, which was launched in November 2008, was initially run for a six month period and involved 665 staff participating from five service areas:

Service Area	No. of employees
Waste and Re-cycling	130
Housing and building – Apprentices	85
Customer Contact Centre	85
Revenues	145
Residential Elderly Care	220
<b>Total</b>	<b>665</b>

A review of the pilot, undertaken in March 2009, indicated a general reduction in sickness absence levels in the pilot group. On the strength of this, the pilot was extended for a period of three months and widened to include three more service areas, bringing the total number of participating employees to 1100 from eight service areas:

Additional Service Area	No. of employees
Nets and Lands	257
Housing Operations	160
Children's Resource Team	18
<b>Total</b>	<b>435</b>

For the pilot exercise, Active Health Partners (AHP) was selected as the provider of the nurse call centre service. The cost of this service was £5 per employee per month.

## D.3 Success Criteria

The pilot was undertaken to determine the potential beneficial outcome for the council in relation to the following sickness absence management related indicators:

- **A Reduction in overall Sickness Absence Levels**

The sickness absence levels for the pilot group has reduced over the pilot period in comparison with the 12 months prior, as illustrated below.

This reduction in sickness absence equates to net productivity savings in excess of £93,000 for the period to November 2009. In addition to this saving there has been revenue savings of £16,714 in relation to Residential Elderly Care as result of a reduction of 207 days in the number of days requiring backfill.

Service Area	Cumulative Sickness Absence Levels (12 months)			
	01/12/07 to 30/11/08 Sick Days	01/11/08 to 31/10/09 Sick Days	01/12/07 to 30/11/08 SPI	01/11/08 to 31/10/09 SPI
Revenues Unit	1,396	1,242	4.56%	4.10%
Customer Service Centre	1,400	1,552	7.18%	9.05%
Building Services - Apprentices	503	447	3.24%	2.48%
Waste Management	2,579	2,227	7.24%	5.93%
Residential Elderly Care	3,794	3,587	8.11%	7.73%
Original Pilot Group	9,672	9,055	6.53%	6.06%
NETs and Land Services	4,489	4,010	7.57%	6.54%
Housing Operations	1,210	1,159	5.23%	5.17%
Housing Need	722	945	6.17%	6.92%
Children and Families	150	137	5.76%	4.89%
Extended Pilot Group	6,571	6,251	6.80%	6.27%
<b>Combined Pilot Group</b>	<b>16,243</b>	<b>15,306</b>	<b>6.64%</b>	<b>6.14%</b>

The increase in the absence rate in the Customer Service Centre reflects the level of long term sickness absence and in particular a few lengthy cases that are now historical. These issues were escalated during the period of the pilot and have now been resolved through effective sickness absence management.

The Housing Need Service had similar long term sickness absence issues to Customer Service Centre and this is accentuated by the small number of employees in the Service.

An analysis of Residential Elderly Care highlighted that two of the residential units had not reduced their absence rate. The instances of absences were reviewed in these units and there were several lengthy absences, which necessitated service intervention.

- **Policy Compliance**

The nurse call centre systems prompt managers to undertake the appropriate action when required, to ensure compliance with the council's policy and procedures, which has delivered demonstrable improvements in compliance.

Manager compliance rate for undertaking return to work interviews increased to 94% in November 2009 from 84% in January 2009. At the same time the Absence Assessments (undertaken when employees breach the established triggers) increased to 88% in November 2009 from 46% in January 2009.

- **Delivery of Improved Management Information**

The quality and availability of management information has improved the analysis of absence reasons and trends. Real-time, on-line statistics are provided for absence levels and include a breakdown of short term and long term absence.

This management information can be accessed by managers at both a local level and a council wide level. The system also reports on the usage of the reporting provision by service managers, giving an indicator of their activity in monitoring sickness absence.

- **Positive Impact on Employee Relations**

A user group of Trade Union representatives and managers participating on the pilot was established in December 2008 and has met monthly for the duration of the pilot. The feedback from this group was regularly reviewed to assist with the improvement of the service and improvements to the council's policy and procedure.

A manager's survey was conducted during the pilot. Managers responded that the system assisted them carrying out return to work interviews and absence assessments. They found the reports useful, but the feedback on the impact of the nurse contact was mixed.

#### **D.4 New Nurse Call Centre Contract with FirstCare**

Based on the success demonstrated by the pilot, the council undertook a tendering process to procure a two year contract for the provision of a nurse led call centre facility. The contract is based on 500 employees and has an option for the council to extend for a further year. The contract was awarded to FirstCare, who will provide the service at a cost of £4 per employee, per month.

The pilot with AHP is due to terminate on 4 December 2009, with a handover process to FirstCare, commencing on 23 November 2009.

#### **D.5 Integration with the Council's wider Sickness Absence Strategy**

During the course of the pilot Human Resources have undertaken a review of the council's sickness absence management policies and procedures and are proposing amendments to the policy, procedure and overall management of sickness absence:

- **Revised Policy and Procedures**

The revised policy/procedure proposes that the monitoring period for current trigger levels of 6 days and 3 separate occurrences be increased from 6 to 12 months. There will also be no distinction between short term and long term sickness absence, as absence will be considered as either continuous, intermittent or a combination of both.

Consultation is currently underway with the Trade Unions in relation to these proposed changes, with a proposed roll out early in 2010. A report has been submitted to the 4 December 2009 meeting of the Partnership and Resources Policy Development and Scrutiny Panel for consideration.

- **Dedicated Human Resources Absence Management Team**

A small team is to be established within Human Resources, which will focus on ensuring the effective management of sickness absence across the council. This team will mirror part of the service that was provided by the nurse led call centre pilot by providing regular management information in relation to employees who have met sickness absence triggers and monitoring the action taken by managers in such cases.

This team will also work to identify strategies for improving sickness absence across the council and will provide a central source of advice and support to managers in dealing with sickness absence cases.

- **Improved Absence information**

The implementation of electronic sickness returns has improved the timeous submission of service submissions, including nil returns, which, ensures that sickness absence reporting is fully monitored and Heads of Service are updated monthly on the receipt of sickness returns from their service.

## **E. CONCLUSION**

The pilot has provided evidence that a more systematic and consistent approach to managing sickness absence can result in significant benefits. This has provided the impetus to review all aspects of absence management with a view to developing more effective processes and enabling a consistent approach to absence management across the council.

## **F. BACKGROUND REFERENCES**

Sickness Absence Management Policy and Procedure

Appendices/Attachments: None

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