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# The management of sickness absence in further education institutions in Wales



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I have prepared this report for presentation to the National Assembly under the Government of Wales Act 1998.

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**Report presented by the Auditor General for  
Wales to the National Assembly on 13 May 2005**



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# Summary

## The Big Picture

Further education institutions, in common with many other areas of the public sector, are heavily dependent on their staff for delivering their objectives. Sickness absence can therefore have a significant effect on institutions; where staff cover for absent colleagues, this might only mask the problem temporarily, while actually contributing to increased absence in the longer term because of extra work pressures.

In 2002-03, the sector had a reported overall average annual absence rate of 8.9 days for each full-time equivalent person employed. This rate compares well with public sector comparators, although it remains higher than the private sector; at individual institutions, the rate of absence ranged from 4.8 days to 16 days. While we found examples of good practice, the nature and quality of the policies and procedures which institutions currently have in place means that more needs to be done to bring all institutions up to the standards of the best. This will require action on a number of levels: the introduction of better policies and procedures within institutions; and more priority accorded to sickness absence - regular monitoring against set targets - from institutions' Boards of Governors and senior management teams. There is also a role for the National Council in assisting institutions tackle the problem through, for example, promulgating best practice and facilitating benchmarking between institutions.

The Welsh Assembly Government has recognised the benefits to be gained from even a small reduction in absence levels. The recommendations in this report will help further education institutions deal with sickness absence more effectively. Moreover, many of the lessons set out in this report, together with the work we carried out earlier in the NHS in Wales, will be applicable to many other organisations in the public sector in Wales.



1 The management of sickness absence has a high profile, particularly in the public sector, as organisations come to have a better appreciation of the cost implications and the disruption that staff absence can have to service delivery. A certain level of sickness absence is inevitable, and the presence in work of employees who are suffering or recovering from illness or injury presents its own risks to the individual, their colleagues and their students. Staff should only return to full duties when fit to do so. However, the Welsh Assembly Government, in its strategic consultation document, *Making the Connections: delivering better services for Wales* (October 2004), explicitly recognises that the potential benefits for reducing sickness absence and workplace stress are substantial, with a reduction of one day a year sickness absence for each member of staff across the public sector in Wales representing an efficiency gain of around £25 million. It is therefore important that further education institutions manage sickness absence effectively, as well as generally promoting and protecting the health of its workforce.

2 This is the second report by the Auditor General for Wales on the management of sickness absence. In January 2004, the Auditor General published a report on the management of sickness absence by NHS trusts in Wales. In this report, we examine the management of sickness absence in the 25 further education institutions in Wales, a sector that is heavily dependent on its teaching and non-teaching staff for the achievement of its objectives. In total, the sector employs over 15,000 people, about half of whom are part-time. The total salary costs of these staff were some £238 million in the academic year 2003-04<sup>1</sup>, 67 per cent of total institution expenditure.

3 This report examines:

- the level of sickness absence in institutions (**Part 1**);
- institutions' sickness absence policies and the extent to which they have been fully implemented (**Part 2**); and
- whether institutions have the information available to them to tackle the issue effectively (**Part 3**).

Good practice in managing sickness absence is summarised at Appendix 2, while Appendix 3, which sets out in matrix form the extent to which institutions comply with best practice in terms of managing sickness absence, can be used to identify the minimum basic procedures, tools and information that should be contained in a sickness absence policy.

### **The reported rate of sickness absence across the sector compares favourably with public sector comparators**

4 Only 14 of the 25 further education institutions in Wales routinely measure their level of sickness absence, and do so using different approaches. We sought to obtain data from as many institutions as possible. Based on the 22 institutions which provided us with information, we calculate that average sickness absence across the sector in the academic year 2002-03 (the most recent year available when we carried out our fieldwork) was 8.9 days for each full-time equivalent member of staff. This is about the same as teachers in maintained schools in Wales and lower than a range of other public sector comparators, although it is higher than the private sector. Absence levels at individual institutions ranged from 4.8 days to 16 days.

- 5 Human resource managers in institutions suggested to us that some cases of short-term absence were not routinely reported, with classes being covered by colleagues. Under-recorded sickness absence presents the risk of overpayment of sick pay to staff. Although eight institutions reported that they saw cost as a significant negative impact of sickness absence, only two actually collected any data on costs. We estimate that the total value of staff time lost to recorded sickness absence in 2002-03 was about £8 million. Only four institutions were able to provide any information on the cost of replacement staff brought in to cover sickness absence. Although this is a relatively small proportion of institutions, if we were to extrapolate the costs of these four institutions across the sector the total cost of replacement staff would be around £1.5 million. Other expenses relating to sickness absence include overtime for staff covering absent colleagues, administration, and the costs of occupational health services, but the lack of data available precludes any sector-wide estimation of these costs.
- 6 We conclude that were further education institutions in Wales to reduce their levels of sickness absence by one day for each employee each year, in line with the example in Making the Connections, the sector would benefit from the value of additional staff time and savings from reduced replacement staff costs to the value of around £0.9 million a year. (These figures for potential savings do not reflect any costs that might need to be invested by institutions in driving down sickness absence levels, such as training and better computer systems.)
- 7 The effects of sickness absence on institutions go much wider than costs. The absence of teaching staff can clearly disrupt students' learning. We found examples where this disruption has resulted in students leaving courses which, in turn, potentially affects institutions' funding. Institutions reported that it was harder to find external cover for short term absences; and where classes are covered by colleagues, the additional workload placed on them can add to the stress involved, and potentially lead to further sickness absence.
- 8 Individual colleges are self governing institutions accountable to their Board of Governors and it falls to them to ensure that they obtain value for the public funding granted to them. Nevertheless, ELWa - the National Council for Education and Training for Wales (the Council), as the major funder of institutions, has a responsibility to ensure that funds are used in an economic, efficient and effective way with its role being that of providing guidance and support to assist the autonomous institutions to deliver improvements. The Council considers human resource policies, including sickness absence, as part of its audit service 'framework of control' reviews; these reviews also ensure that human resource policy is included in the institution's own internal audit service plans. The Council has not issued any advice or guidance on handling sickness absence, and does not consider that monitoring sickness absence levels falls within its area of responsibility as it is primarily a matter for local management.
- There are weaknesses in many institutions' sickness absence policies and in the way that they are implemented**
- 9 We found that all institutions had a sickness absence policy, but that they varied considerably in age, focus and content:
- a although the majority of policies were up to date, a quarter were drafted before 2002, with two policies dating back to





before 1997. Ten institutions had not set a deadline for revising their policy and nine institutions intend to update their policy within a two year period. It is important to update policies regularly to ensure that changes in legislation and changing patterns of sickness absence within the individual institutions are taken in to account; and

- b** while there were some examples of good practice, in general, policies tended to be written with the needs of management in mind, rather than staff. Consequently there tended to be insufficient information for staff on, for example, certification, what they should expect when returning to work and the availability of occupational health and counselling. The policies of eight institutions focused mainly on statutory and occupational sick pay arrangements with little reference to procedures for managing or reporting sickness absence.

**10** We found that institutions failed to apply consistently their policies for managing sickness absence:

- a** A **certificate of illness** is the basis for recording sickness absence. All institutions require self-certificates for short-term absences, and medical certificates to cover periods of absence beyond the seventh continuous calendar day. We found that the level of institution compliance with these routine requirements for certifying sickness absence was mixed: while some institutions achieved 100 per cent, across the sector fewer than 80 per cent of relevant certificates were submitted in line with policy requirements.
- b** Three institutions do not carry out any **return to work interviews**. Only nine institutions comply with best practice in requiring such interviews for all sickness

absence incidents. At these institutions, we found that only 16 per cent of staff had received a return to work interview following their most recent period of absence. Our examination of sickness absence records at the institutions we visited found that fewer than 10 per cent of return to work interviews had been carried out in accordance with set procedures.

- c** **Trigger points** - defined levels of absence at which a personal absence review becomes necessary and possible management action taken - are an important monitoring tool. Most institutions use triggers, largely for long term absence. But we found that where triggers were reached, the relevant management intervention occurred in fewer than 10 per cent of cases.
- d** **Occupational health services** can help to minimise sickness absence in a number of ways, such as pre-employment health checks and supporting staff return to work. All institutions, except three of the smallest, provide occupational health services to their staff. Most institutions sourced their occupational health services through either a local authority or NHS trust, but there was widespread dissatisfaction with the services received, mainly relating to the time between referrals and appointments. Institutions have not found it easy to find suitable alternative providers.

**11** Whilst some institutions take a proactive approach to promoting health and well-being, in general, sickness absence policies do not make substantial reference to the importance of health and well-being as a tool for reducing the level of sickness absence. However, one institution, Pembrokeshire College, has succeeded in achieving the Assembly's Corporate

Standard for Workplace Health, achieving a gold award.

- 12** Primary responsibility for managing sickness absence lies with those closest to the issue - line managers. The role of the human resources function, together with senior management, is to provide the necessary advice and guidance. We found, however, that the culture in institutions was often that sickness absence was an issue for human resources, with line manager involvement restricted to submitting basic information on a weekly or monthly basis. Responses to our staff survey confirmed this: of respondents with staff management responsibilities, only 54 per cent said that they had responsibility for managing sickness absence.
- 13** Lack of staff awareness may contribute to low levels of compliance with prescribed procedures in some areas. Many staff, particularly those with no management responsibilities, were unaware of all the correct procedures to follow. There was a higher awareness of the basic procedures, such as who to report to when off sick and when a self certificate should be submitted, than for others, such as the arrangements for referrals to occupational health.
- 14** One reason for the lack of staff awareness may be the inadequate levels of training: only eleven institutions reported that they provide training on sickness absence management to managers. Overall, just over half of relevant staff had received training in some form of sickness absence management, of which about a third had done so formally.

**Institutions do not have the information to manage sickness absence effectively**
- 15** Tackling sickness absence proactively

  - reducing the risk of it arising in the first place - requires good quality management information, stemming from the analysis of robust, up to date data. With such information, sickness absence can be managed based on an understanding of the characteristics and causes of absence, and policy can be developed and action taken on specific areas of need. We found wide variation in the quality and amount of basic data collected, such as dates absent and length of time absent, and causes of absence.
- 16** Sickness absence does not always command a high profile with institutions' Boards of Governors and senior management, partly because a lack of information means that they are unaware of the problem. We found that only 12 institutions report levels of sickness absence to their Boards of Governors. Six institutions do not report levels of sickness absence to its senior management team; of those which do, five do so less frequently than quarterly.
- 17** Only four of the 25 institutions have set targets for reducing levels of sickness absence; again, this is in part due to the lack of information available against which targets can be set. At those institutions, only one per cent of staff reported that they had been made aware of any target set by their employer. All of those aware of a target were management staff with responsibility for managing sickness absence, but none of them were able to identify the target correctly.
- 18** Best practice suggests that the most useful trends for sickness absence analysis are days of the week, causes and length of absence, and age or gender. The extent to which institutions carried out analysis on these trends was variable, with no institution analysing all of them. In some cases this was because they did not have the systems



in place to generate the base data needed. We found that:

- a** only three institutions analyse trends in sickness absence by days of the week. Our finding that, across the sector, one-day absences on Mondays were particularly prevalent, accounting for nearly a third of all such absences, illustrates the potential benefit of undertaking such analysis;
  - b** no institution analyses sickness absence by age or gender; and
  - c** sixteen of the 25 institutions differentiate between short and long term absence - with 10 of them calculating the proportion of time attributable to each. Differentiation in this way is important as different management approaches are generally required in each case.
- 19** Similarly, management action in relation to sickness absence is likely to be more effective if it is informed by information on the causes of absence. Although 19 institutions collect information on the causes of sickness absence, only six

subsequently carry out any meaningful analysis. Work-related stress is seen by management as a particular problem across the sector, with eight institutions having a separate, standalone policy on stress. Around half of institutions collect data on work-related stress, and four have set targets for its reduction.

## Recommendations

### We recommend that the National Council:

- i. take the lead in identifying and disseminating best practice in terms of managing sickness absence.

### We recommend that institutions:

- ii. routinely monitor their levels of sickness absence, using a common definition of sickness absence to facilitate benchmarking;
- iii. review their sickness absence policies using the examples of good practice contained in this report. Institutions should continue to review their sickness absence policy regularly to reflect changes in patterns and trends of absence, changes in legislation and guidance from the Council;
- iv. require self certification and carry out return to work interviews for all sickness absences;
- v. routinely use the frequency and level of sickness absence as triggers for management intervention - and comply with their own policies;
- vi. review their occupational health provision and assess whether current arrangements meet their requirements;
- vii. ensure that line managers are made aware of their responsibilities for managing the sickness absence of staff under their management. Those responsible for managing sickness absence should be provided with adequate training in the practical application of procedures. Human resource staff should provide guidance and support where necessary, particularly when dealing with problematic and long term cases;
- viii. ensure that all staff are fully aware of the correct procedures that should be followed for managing sickness absence. Induction training for all new starters should include guidance on sickness management;
- ix. look to use IT systems to collect and analyse sickness absence data, ideally through integrating human resources and payroll systems;
- x. consider the need to set targets for reducing the levels of sickness absence in the form of reducing the percentage of working time lost;
- xi. report performance against targets to senior management teams at least quarterly and to Boards of Governors at least annually;
- xii. analyse the underlying trends of sickness absence - including long and short-term absence, causes of absence, including incidents of work-related stress - in determining the action to be taken in reducing levels of absence; and
- xiii. consider the need to develop a policy for managing and reducing work related stress.



## Part 1: The reported rate of sickness absence across the sector compares favourably with public sector comparators

### Key points on levels of sickness absence in further education

- a** Based on the data available, the further education sector lost an average of 8.9 days per full time equivalent member of staff in 2002-03 to sickness absence, with the possibility that an unquantifiable amount of additional absence goes unrecorded. The absence rate at individual institutions ranged from 4.8 days to 16 days.
- b** Benchmarking with other relevant sectors is difficult because of the lack of data, but the rate in further education is about the same as in maintained schools in Wales. It is lower than other public sector comparators in both Wales and the UK, although it remains higher than the private sector.
- c** Only 14 of the 25 further education institutions in Wales routinely calculate the levels of sickness absence. Three of the smallest institutions were unable to provide us with the basic data required for us to calculate a sickness absence rate.
- d** The cost of sickness absence to the further education sector in Wales in 2002-03 was about £8 million in lost time and £1.5 million in replacement staff costs. Were the sector to reduce the level of absence by one day per year, it would benefit from the value of additional staff time and savings from reduced replacement staff costs to the value of around £0.9 million a year.
- e** Sickness absence can cause disruption to institutions' core services. Institutions have difficulty in finding adequate cover, particularly for shorter term absences and, where it cannot be found, extra workload is placed on existing staff. These extra burdens can lead to the risk of stress and further staff absence. Disruption to classes can also affect students' learning.
- f** ELWa - the National Council for Education and Training in Wales has not issued any advice or guidance to institutions on managing sickness absence, and does not consider that monitoring sickness absence levels falls within its area of responsibility as it is primarily a matter for local management.

### Sickness absence is an important issue

**1.1** In this report we examine the management of sickness absence in the further education sector in Wales (see **Figure 1**), a sector that is heavily dependent on its teaching and non-teaching staff for the delivery of its services. In carrying out our study, we used a similar methodology to the one we had used in undertaking our examination of

NHS sickness absence. Our study methods are described in Appendix 1. In summary, this involved a survey of all 25 institutions in Wales; a survey of a sample (1,400) of staff employed by institutions; and visits to seven institutions (Coleg Glan Hafren, Coleg Gwent, Coleg Llandrillo, Coleg Llysfasi, Neath Port Talbot College, Pembrokeshire College and St David's 6th Form College), which together represent institutions of varying size and

geographical distribution. Our survey work was carried out in 2004 when the most recent full-year data available on sickness absence related to the 2002-03 academic year.

**1.2** The Welsh Assembly Government, in its strategic consultation document, *Making the Connections: delivering better services for Wales (October 2004)*, explicitly recognises the importance of tackling sickness absence across the public sector in Wales. One of the ways the Assembly Government intends to meet its value for money targets is through making better use of the time, skills and expertise of staff. It points out that the potential benefits for reducing sickness absence and workplace stress are substantial, with a reduction of one day a year sickness absence per member of staff across the public sector in Wales representing an efficiency gain of around £25 million.

**1.3** This is the second report by the Auditor General for Wales on the management of sickness absence. In January 2004, the Auditor General published a report on the management of sickness absence by NHS trusts in Wales. In preparing this report, we drew on the research paper, *Current thinking on managing attendance: a short guide for professionals*, prepared by the National Audit Office, the Institute for Employment Studies and the Institute of Work Psychology<sup>2</sup>. This paper, directed at a practitioner audience, summarises current thinking and evidence on different types of absence problems and the efficacy of different solutions.

### Scope and methodology

**1.4** In this report we examine the management of sickness absence in the further education sector in Wales (**Figure 1**), a sector that is heavily dependent on its teaching and non-teaching staff for the delivery of its services. In carrying out our study, we used a similar methodology to the one we used in our examination of NHS sickness absence. Our study methods are described in Appendix 1.

In summary, this involved a survey of all 25 institutions in Wales; a survey of a sample (1,400) of staff employed by institutions; and visits to seven institutions (Coleg Glan Hafren, Coleg Gwent, Coleg Llandrillo, Coleg Llysfasi, Neath Port Talbot College, Pembrokeshire College and St David's 6th Form College), which together represent institutions of varying size and geographical distribution. Our survey work was carried out in 2004 when the most recent full-year data available on sickness absence related to the 2002-03 academic year.

### Figure 1: The further education sector in Wales

The further education sector in Wales comprises 25 institutions providing a wide range of education and training for 16-19 year olds and adults, from GCSEs and A/AS levels, to vocational courses and evening classes for adults. From the latest data available, in 2002-03<sup>1</sup>, there were over 43,000 full-time students and nearly 220,000 part-time students enrolled at further education institutions in Wales, an overall increase of 26 per cent since 1997-98.

Funding for institutions is mainly provided by the ELWa - the National Council for Education and Training for Wales which provided total grants of £256 million in 2003-04 (73 per cent of institutions' total income). The remainder of income came from education contracts, tuition fees and charges, other grants, other operating income and investment income.

In 2002-03, the sector employed more than 15,000 staff, the majority of whom, 58 per cent, were employed on a part-time basis. Total salary costs in the sector were £238 million in 2003-04, 67 per cent of total institution expenditure.

**1.5** The remainder of Part 1 considers the level of sickness absence in institutions and how it compares with other sectors, the cost of lost time and replacement staff and the effects that it has on providing services. Part 2 of the report examines the content and implementation of institutions' sickness absence policies, and Part 3 considers the extent to which institutions



use management information to tackle sickness absence. Appendix 2 sets out the range of accepted good practice which we identified from our literature review of sickness absence management.

### Not all institutions routinely monitor sickness absence

- 1.6** Only 14 of the 25 further education institutions in Wales routinely measure the level of sickness absence. However, these institutions use a variety of different definitions to calculate these figures. To determine the sickness absence levels across the further education sector in Wales, we had to generate data from each institution and, where necessary, recalculate sickness absence levels to a common base (**Figure 2**).
- 1.7** In their responses to our survey, three of the smallest institutions (Coleg Harlech/WEA North, WEA South and the YMCA)

were unable to provide us with data on their sickness absence levels. Based on figures reported to the Wales Audit Office by the remaining 22 further education institutions in Wales, we calculated that average sickness absence in the academic year 2002-03 was 8.9 days per full-time equivalent member of staff (this represents an average of five per cent of total working days lost, where working days exclude annual leave, bank holidays and weekends). The total number of days lost to sickness absence across the sector in Wales was over 80,000, the equivalent of some 370 full time staff. Data for earlier years is extremely limited and of insufficient quality to be able to compare with our calculated level of absence.

- 1.8** However, human resource managers at further education institutions indicated that the levels of sickness absence were actually higher than their statistics suggest. They were aware that some cases of short term absence were not routinely reported by

## Figure 2: Definitions used in calculating levels of sickness absence

We calculated the **average number of working days lost per full time equivalent (fte)** by asking each institution for the number of working days lost to sickness absence and the number of ftes employed:

$$\frac{\text{Total number of days lost}}{\text{Total number of ftes employed}}$$

In this report we have preferred to use this measure - average number of working days lost per fte - wherever possible, not least because it is the most straightforward to understand. Many institutions employ a different measure, with the days lost expressed as a percentage of days available for work. But there are a number of different ways of determining the days available for work, depending on how annual leave, bank holidays and weekends are treated. These differences make comparisons problematic.

**Percentage of working days lost** (excluding annual leave, bank holidays and weekends) - Bridgend College, Swansea College, Coleg Sir Gar, Coleg Gwent, Coleg Powys, Gorseinon College, Yale College and Merthyr Tydfil College

**Percentage of working days lost** (including weekends, including bank holidays and annual leave) - Pembrokeshire College

**Percentage of contracted days lost** (excluding weekends and bank holidays, but including annual leave) - Coleg Llandrillo and Coleg Meirion Dwyfor

**Average number of days lost (fte)** - Barry College

**Average number of days lost per head** - Coleg Llysfasi and Deeside College

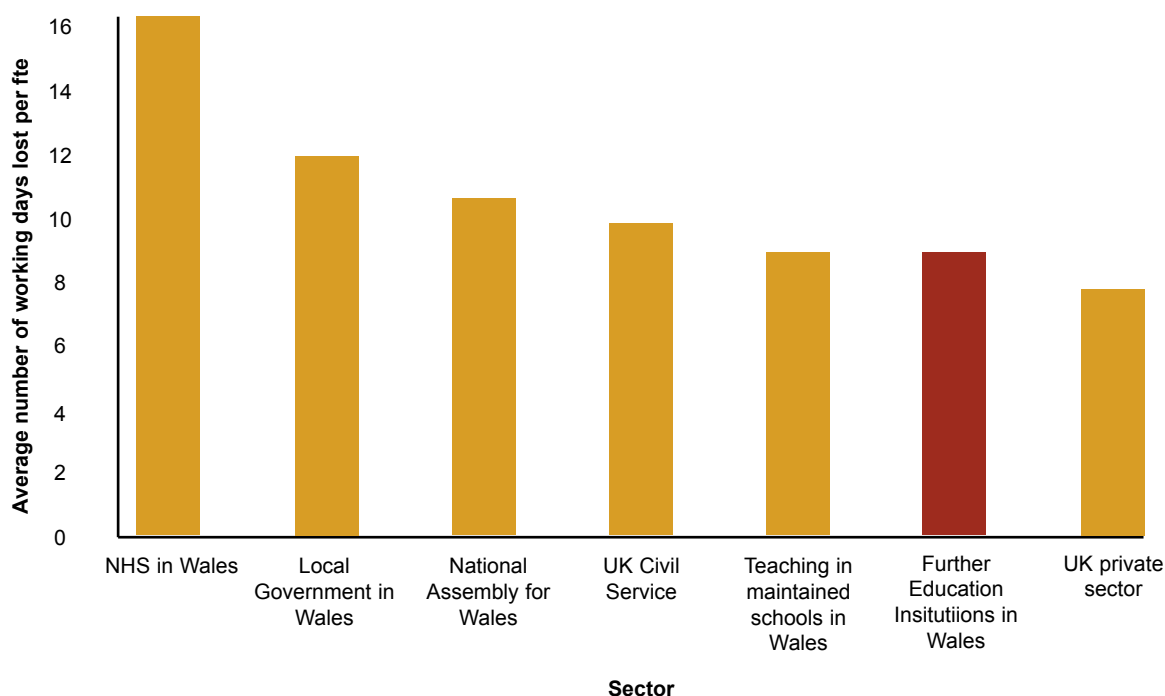
Source: Wales Audit Office survey of further education institutions, 2004

departments to the central human resources function. This under-reporting is likely to be higher in institutions which do not require certification for all absences (see paragraph 2.8). In some cases, when a member of staff informs their line manager or colleague that they are absent, classes/lectures may be covered by colleagues with relevant knowledge, with the result that the absence goes unrecorded. Under-recorded sickness absence presents the risk of overpayment, where staff are not entitled to full occupational sick pay, or where the change from full to half, or half to nil pay occurs later than if this absence had been recorded. Human resource managers were unable to quantify the level of unreported sickness absence with

any degree of certainty.

- 1.9** It is very difficult to compare the level of sickness absence we calculated more widely, owing to the lack of data in both further education sector elsewhere in the UK and other education sectors. The only comparable data is from the Assembly Government which calculated that full time teachers in maintained schools in Wales in the calendar year of 2003 took an average of nine days sickness absence, about the same as than the rate in further education. Sickness absence levels in the further education sector in Wales also compare favourably with other areas of the public sector, in both Wales and the UK (**Figure 3**).

**Figure 3: Sickness absence levels in the UK**



Source: AGW report January 2004: *The management of sickness absence in NHS Trusts in Wales*; Wales Audit Office survey of further education institutions, 2004; *Analysis of sickness absence in the Civil Service*, AON Ltd 2004; *Audit Commission in Wales and Chartered Institute of Personnel and Development Employee Absence Survey 2004*.



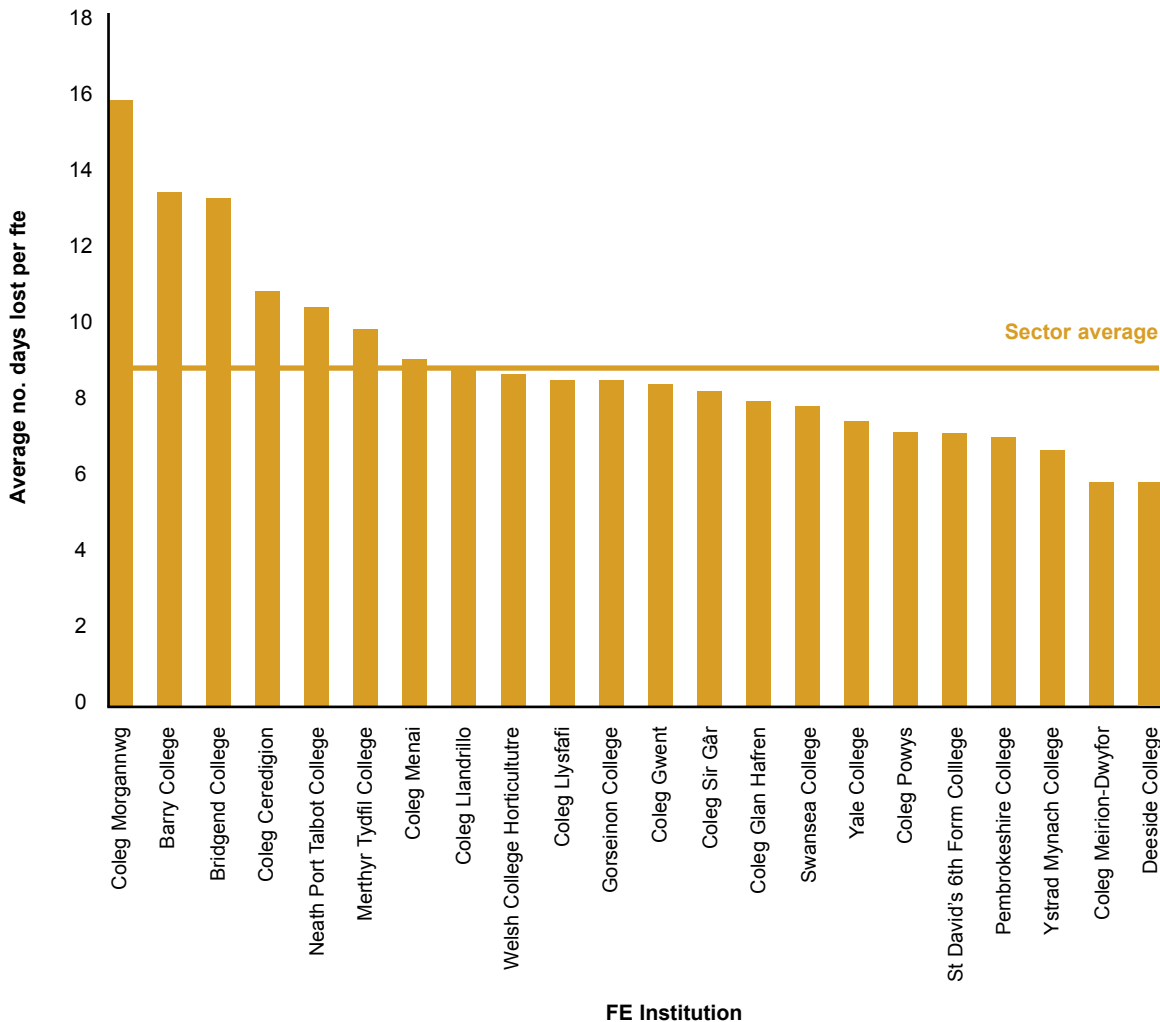


**Reported levels of sickness absence at institutions ranged from 4.8 days to 16 days**

**1.10** In the absence of comparable data from institutions in Wales, before our examination it was not possible to benchmark levels of sickness absence across the sector.

**Figure 4** below shows the level of sickness absence for 2002-03 in the 22 institutions that were able to provide us with data. The Figure shows that there was a wide variation in the level of sickness absence, from 4.8 days to 16 days.

**Figure 4: Calculated levels of average number of working days lost in further education institutions in Wales in the academic year 2002-03**



*Note: The figure for Coleg Morgannwg is for 2003-04. This institution is the product of a merger during 2002-03 of Pontypridd College and Aberdare College; no data from the latter was available before the merger in 2002-03.*

Source: Wales Audit Office survey of further education institutions in 2004

## The total value of staff time lost to sickness absence and the cost of replacement staff was about £9.5 million in 2002-03

**1.11** In our survey of institutions, eight cited cost as a significant negative impact of sickness absence. Only two of these, Coleg Glan Hafren and Welsh College of Horticulture, collect data on the costs of sickness absence. In the absence of consistent and robust data from the further education sector in Wales, we estimate that the value of staff time lost to sickness absence amounted to around £8 million in 2002-03 (or £7 million excluding the cost of employers' National Insurance and pension contributions)<sup>5</sup>. However, the possibility that absence rates are higher than reported (paragraph 1.8) suggests that the cost is greater.

**1.12** Costs are incurred by institutions when replacement staff are brought in to cover sickness absence. However, such costs are not routinely measured, with only four institutions, Coleg Meirion Dwyfor, Coleg Sir Gar, Gorseinon College and Pembrokeshire College collecting the relevant data. Although this is a relatively small proportion of institutions, if we were to extrapolate the costs of these four institutions across the sector the total cost of replacement staff would be around £1.5 million. However, this excludes any overtime costs incurred by institutions for internally sourced staff covering absent colleagues, for which no data is available.

**1.13** In addition to these costs, 12 institutions were able to provide data on the costs of occupational health services - a total of £52,000<sup>6</sup> (an average of £7.42 per full-time equivalent staff member at these institutions). However, occupational health service costs tend to vary significantly and it is therefore not possible to extrapolate this figure to provide an indicative cost for

all institutions. Costs are also incurred by institutions in managing and administering sickness absence, but institutions do not routinely collect this data.

**1.14** Based on our findings, we conclude that were further education institutions in Wales to reduce their levels of sickness absence by one day per person a year, in line with the example in *Making the Connections*, the sector would benefit from the value of additional staff time and savings from reduced replacement staff costs to the value of around £0.9 million a year. These figures for potential savings do not reflect any costs that might be incurred by institutions in driving down sickness absence levels - through, for example, putting in place the measures outlined in Parts 2 and 3 of this report.

## Staff shortages cause disruptions to teaching and lecturing and put extra pressures on staff leading to further absence

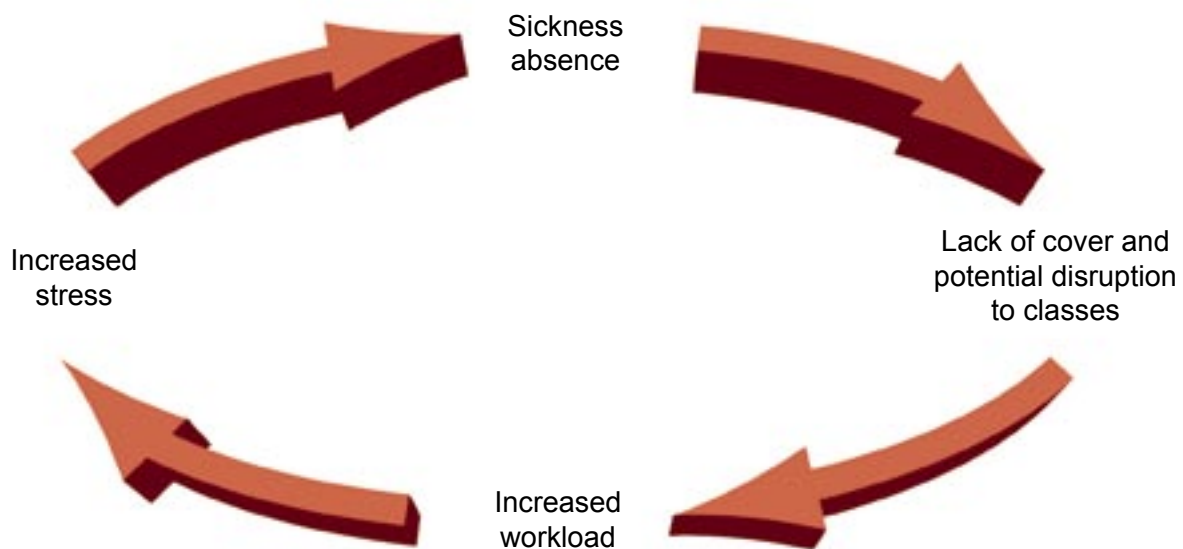
**1.15** The effects of sickness absence on further education institutions are wider than costs. Our survey of institutions in Wales asked for examples of the negative impact of sickness absence; the main issues reported by the institutions were the problems in finding staff to cover absence, the consequent effects on other staff and disruption to classes. The risk is that a vicious circle is created, as illustrated in **Figure 5**.

*"Some staff do find the increases in teaching hours demanded in recent years very stressful and this has clearly contributed to some prolonged absences for sickness. I'm coping OK but I do wonder if it will be too much for me as I approach retirement age"*

Source: Wales Audit Office survey of further education staff, 2004



**Figure 5: The relationship between staff shortages, stress, sickness absence and the effect on classes**



Source: Wales Audit Office

**1.16** Our survey and visits to further education institutions confirmed that obtaining adequate cover for sickness absence can prove to be difficult. This difficulty was due to a number of factors, including the need to find teaching staff with the required specialist knowledge and experience and, in some cases, the need for Welsh-speaking staff. Furthermore, institutions found it harder to find replacement staff to cover short-term sickness absence. In cases of longer term absence, institutions are able to offer more attractive longer-term contracts to the staff coming in. Where cover is provided by in-house staff, the additional burden on staff can exacerbate levels of stress and hence lead to increased sickness absence. Where replacement cover cannot be found, there is often disruption to and cancellation of classes (**Case Study A**). In some cases, the disruption has resulted in students leaving the course; reductions in class sizes can have an adverse effect on institution funding.

#### **Case Study A: Disruption to classes**

The short term sickness absence of a member of the lecturing staff caused disruption to the students. Some students, having travelled considerable distance to the college, on public transport, had to stay in the college with no work for the day as the line manager was unable to provide cover. Some of the students were on day release from employment and on finding out as they arrived that the classes/lecturers had been cancelled were unable to return to their employment, therefore having an impact on both the student and the employer.

## **Sickness absence in institutions does not have a high profile with the National Council**

**1.17** As noted above, the bulk of institutions' resources are provided by the ELWa - the National Council for Education and Training for Wales (the Council). The responsibilities of the Council in relation to institutions are set out in the box below. The Council considers human resource policies, including sickness absence, as part of its audit service

'framework of control' reviews; these reviews also ensure that human resource policy is included in the institution's own internal audit service plans. The Council has not issued any advice or guidance on handling sickness absence, and does not consider that monitoring sickness absence levels falls within its area of responsibility as it is primarily a matter for local management.

## **ELWa - the National Council for Education and Training for Wales**

The Council is an Assembly sponsored body established under the Learning and Skills Acts 2000. On its formation in 2001, it took over the majority of the functions of the four Training and Enterprise Councils and the Further Education Funding Council for Wales. At this point it assumed responsibility for funding, planning and promoting all post-16 education and training in Wales, with the exception of higher education; this includes further education, private and voluntary sector training provision, adult continuing education, and sixth forms. The Council has a duty to secure appropriate and reasonable provision, which will meet the need of those receiving training through the implementation of the policies and priorities of the Assembly.

Further education institutions are autonomous organisations, and are therefore formally accountable to their Board of Governors rather than the Council. Although the individual colleges are self governing institutions, and it falls to them to ensure that they obtain value for money from the public funding granted to them, the Council has a responsibility to ensure that public funds are used in an economic, efficient and effective way. A financial memorandum between the Council and each institution sets out the terms and conditions on which funding is provided. The Council's role is one of providing advice, guidance and support to assist the autonomous institutions deliver improvements.



## Part 2: There are weaknesses in many institutions' sickness absence policies and in the way that they are implemented

### *Key points on sickness absence policies and their implementation*

- a** All institutions have sickness absence policies but they vary according to age, content and focus. There is variation in deadlines set for revising policies, with two unchanged for up to eight years. Policies tend to be written with the needs of management, rather than staff, in mind and, in some cases, focus almost entirely on sick pay arrangements with little information on procedures for managing sickness absence.
- b** All institutions require both self and medical certification for cases of sickness absence, although six institutions do not require certification until four days absence. We found that compliance with these procedures was inconsistent - fewer than 80 per cent of certificates were submitted in line with policy requirements.
- c** Three institutions do not carry out any return to work interviews. At the nine institutions that stated that they carry out return to work interviews for every absence, only 16 per cent of staff reported actually having an interview following their most recent absence. Our examination of records at the institutions we visited found that fewer than 10 per cent of return to work procedures had been carried out in accordance with procedures.
- d** Nine of the 25 institutions have defined triggers for management intervention in relation to short-term absence, and 21 institutions do so for long-term absence. We found that where triggers had been reached, the relevant intervention occurred in fewer than 10 per cent of cases.
- e** All institutions, except for three of the smallest, have arrangements for occupational health provision, the majority through local authorities and the NHS. A number of institutions are dissatisfied with the service they receive but have had difficulty in finding suitable alternatives.
- f** Few institutions widely promote the importance of health and well being to staff as part of their efforts in reducing levels of sickness absence.
- g** Around half of those staff responsible for managing staff did not see their duties extending to the management of sickness absence. While others, particularly the human resources function, can have an important role to play, line managers are best placed to deal with sickness absence in the first instance.
- h** Most staff are aware of the basic procedures for reporting and certifying sickness absence, but many are unaware of some of the other procedures, such as return to work interviews and arrangements for occupational health.
- i** Only half of the managers responsible for managing sickness absence have received training.

**2.1** Many of the causes of sickness absence lie outside the sphere of control of employing organisations, and there remains relatively little evidence of the efficacy of particular interventions on overall levels of sickness absence. However, a good sickness absence policy, properly implemented, should go some way to facilitating prevention and ensuring that when sickness absence arises, cases are handled appropriately. This part of the report examines:

- a** the sickness absence policies of further education institutions in Wales in terms of their broad content;
- b** some of the more detailed procedures in policies and the extent to which institutions were complying with these procedures; and
- c** who is responsible in institutions for managing sickness absence and the levels of training provided.

### **Sickness absence policies in the sector tend not to include much of the information needed by staff and management**

#### **Sickness absence policies tend to reflect the needs of managers, rather than staff**

**2.2** Research suggests that the most effective technique of dealing with sickness absence is to adopt a policy which deals with both the prevention of non genuine absence and gives sufficient priority to those who are legitimately absent and aiding their return to work. The column headings from Appendix 3, which summarises in matrix form the extent to which institutions comply with best practice in terms of managing

sickness absence, can be used to identify the minimum basic procedures, tools and information that should be contained in a sickness absence policy. As autonomous bodies, and in the absence of central guidance from the Council, further education institutions have designed and developed their own internal procedures for the management of sickness absence.

**2.3** We carried out a critique of further education institutions' sickness absence policies and found that even though all institutions have a sickness absence policy<sup>7</sup>, they varied considerably in age, content and focus. Our survey found that a quarter of policies were drafted before 2002, with two policies dating back to before 1997. We also found that ten institutions had not set a deadline for revising their policy and nine institutions intend to update their policy within a two year period. A continual updating of policy is important to ensure that changes in legislation and institutions' own changing patterns of absence are taken in to account.

**2.4** We also analysed the content of sickness absence policies and found that, in general, policies tended to be written with the needs of management in mind, rather than staff. Consequently there tended to be insufficient information for staff on, for example, how to report absence, what they should expect when returning to work and the availability of occupational health and counselling. In line with this finding, our survey of staff found that those with management responsibilities had a far greater understanding of policy and procedures for managing sickness absence than non-management staff (although that may also reflect shortcomings in the way that policies are communicated to staff). While it is important for those with staff management responsibilities to know how to handle cases of sickness absence, it is also important for all staff to know their entitlements and obligations, and that all



cases of absence will be dealt with in a consistent manner.

**There is variance in the amount and quality of information on sickness absence measures in policies with a significant proportion dedicated almost entirely to arrangements for sick pay**

- 2.5** We found that there was significant disparity in the amount and quality of information contained in policies on the basic elements of managing sickness absence, such as reporting absence, certification, return to work interviews and the provision of occupational health. For example, Ystrad Mynach College's *Management and Control of Attendance Policy* contains information of sick pay arrangements and certification of sickness absence but nothing on return to work interviews or occupational health arrangements.
- 2.6** The main focus of the sickness absence policies in eight of the 25 institutions was on statutory and occupational sick pay arrangements with little reference to procedures for managing or reporting sickness absence. While it is important that staff are aware of their rights and the arrangements for payment when absent due to sickness, the focus on statutory arrangements suggests that these institutions do not have formal procedures for managing sickness absence.

**Sickness absence policies are poorly implemented**

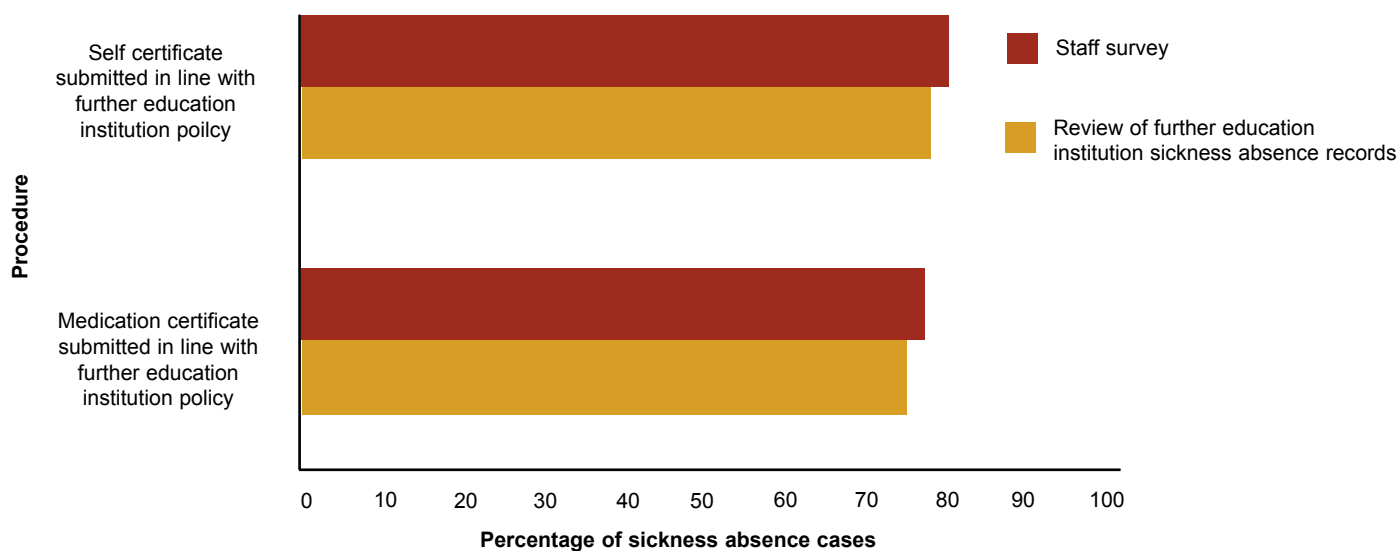
- 2.7** This section of the report considers the extent to which institutions comply with their own policies. It covers the key management steps in dealing with sickness absence: certifying absence, carrying out

return to work interviews, management intervention and triggers, and the provision of occupational health services.

**All institutions require certification of sickness absence**

- 2.8** The basis for managing sickness absence is the availability of data, usually generated from the certification of staff sickness absence. The sickness absence procedures of all 25 further education institutions in Wales include requirements for:
- a** employee self-certification - 19 of the 25 institutions require self-certification for all absences. Six institutions require self-certification for absences of four or more calendar days; and
  - b** medical certification - all institutions require medical certificates to cover periods of absence beyond the seventh continuous calendar day.
- 2.9** Our examination of sickness absence records at a sample of institutions found that the level of compliance with these routine requirements for certifying sickness absence was mixed: while some institutions achieved 100 per cent, across the sector overall fewer than 80 per cent of relevant certificates were submitted in line with policy requirements. This finding was confirmed by our survey of staff which pointed to a very similar level of compliance in both cases (**Figure 6**).

**Figure 6: The extent of institutions' compliance with their procedures for sickness absence certification**



Source: Wales Audit Office survey of further education staff, 2004 and examination of further education institution sickness absence record.

**2.10** One reason for the failure to submit self-certificates in all cases is the systems in place for transmitting information. The majority of institutions visited by the Wales Audit Office operate a system whereby certificates are submitted to line managers or departmental administration staff who forward them on a weekly or monthly basis to the central human resources function.

On our visits to further education institutions, we found that, in some cases, because the incident had been reported by line managers to human resources on the first day of absence, the procedure for filling in a self certificate when the employee returned to work had been overlooked. This was especially the case with larger institutions operating on multiple sites.





## Return to work interviews are not routinely undertaken

- 2.11** Return to work interviews have been identified as "the most powerful tool in managing absence"<sup>8</sup>. Best practice is that line managers should hold interviews with staff on the day they return to work after every period of absence. The purpose of the interview is to treat the interviewee sympathetically: welcome them back, check that they have recovered, review their absence record, check the data on cause and length of absence, ensure that the correct forms/certificates have been submitted and, where appropriate, discuss any underlying work-related problems contributing to the absence.
- 2.12** Our survey of further education institutions found that only nine institutions required return to work interviews for all sickness absence incidents (**Figure 7**). At other institutions, the length of absence which required return to work interviews ranged from a continuous absence of two weeks or more, to a total of five days absence over a six month period. We also found that three institutions, Coleg Ceredigion, Coleg Harlech and Neath Port Talbot College, do not carry out any return to work interviews.

**Figure 7: Requirements for return to work interviews in further education institutions in Wales**

Requirement for return to work interview	Number of institutions
All absences	9
Absences of a specified length	7
At managerial discretion	6
Never	3

Source: Wales Audit Office survey of further education institutions 2004

- 2.13** Although nine institutions reported that they carry out return to work interviews for all absences, our staff survey found that only 16 per cent of staff employed by these institutions had received a return to work interview following their most recent period of absence. It may be the case that where such interviews are informal in tone - as can be appropriate - they are not recognised as return to work interviews by staff. In institutions which stated that they only carried out return to work interviews at the discretion of management, only 10 per cent of staff with a period of absence had received an interview. Our examination of sickness absence records at the institutions we visited found that fewer than 10 per cent of return to work interviews had been recorded as having been carried out in accordance with set procedures. We were also told that in a number of cases, return to work interviews are carried out, but are not documented. Nonetheless, 10 per cent is a very low level of compliance.
- 2.14** Our survey of staff in all institutions found that interviews were more likely for staff returning from a long term absence (more than 20 days), with 36 per cent of staff with a long term absence stating that they had received an interview. The causes of long term absence by their nature can be more serious than other reasons for absence. From institutions' perspective, this is particularly the case when work-related stress is involved. While these are important issues, institutions should be aware of the importance of taking all the necessary action, including return to work interviews, to limit regular short term absences.

**2.15 (Case Study B)** is an example of an effective procedure relating to return to work interviews. In addition, a number of institutions told us that they were seeking to introduce a combined form, containing both the self certificate and record of return to work interview, as has been implemented by Coleg Glan Hafren. This is a sensible approach as it maximises the likelihood of both forms being completed.

#### **Case Study B: Return to work interviews at Welsh College of Horticulture**

Welsh College of Horticulture has provided guidance notes to managers on conducting return to work interviews. The notes inform managers when interviews should take place and emphasises the point that if the line manager is absent when the employee returns, the interview must be carried out by a more senior manager.

The notes also include a suggested agenda for the meeting which includes a welcome back to work, ensuring that relevant certificates have been completed, the reasons for absence, previous absence records and any action that needs to be taken by the employee or the College. The guidance also states that, if needed, the employee should be reminded of their responsibilities and if applicable, disciplinary procedures.

The suggested agenda also forms part of the return to work interview form. This informs the employee returning to work what they can expect to happen during the meeting, and helps to ensure consistency throughout the College.

#### **Triggers are not used effectively to initiate management intervention in response to frequent and long term cases of sickness absence**

**2.16** Trigger points are defined levels of absence at which a personal absence review becomes necessary and possible management intervention and action taken. Such action could include a review of an

employee's sickness record, a referral to occupational health or a disciplinary warning. A Chartered Institute of Personnel and Development survey in 2004 found that in the public sector triggers were the second most effective measure of managing absence after return to work interviews. Triggers may be set in terms of a particular number of spells of absence, or a cumulative amount of absence, in a given period - for example, five spells of absence in a six month period, or five weeks' continual absence. However, whilst the use of trigger points is a useful and important tool for managing sickness absence, and are used to apply a consistent approach in generating action, they should not be not used automatically to generate formal warnings to staff about levels of sickness absence: each case of absence should be considered on the individual circumstances of the employee involved.

**2.17** In order to apply triggers effectively, institutions need to differentiate between short and long term absence. Short and long term absence require different approaches and procedures, with short term absence effectively managed through return to work interviews, close analysis of employees' sickness absence records, disciplinary procedures and trigger points. Long term absence, however, is most effectively managed by regular contact with the absent employee, the use of occupational health services, enabling rehabilitation through phased returns to work and if necessary, redeployment. Although each case of sickness absence should be managed on its own merits, institutions which do not differentiate between short term and long term sickness run the risk of applying inappropriate methods of managing sickness absence.

**2.18** Sixteen of the 25 further education institutions in Wales differentiate between



short term and long term absence and 10 calculate the proportion of time attributable to each. The most common definitions are for short term absence to be up to 20 working days and long term absence as anything longer. However, there is significant variation in institutions' definitions (set out in Appendix 4). And in the case of Deeside College there is a gap between short term and long absence. The College defines short term absence as any absence of less than seven days and long term absence as anything more than 31 days continued absence. It is therefore unclear how absences between eight and 30 days should be handled.

**2.19** We found that only nine further education institutions in Wales have defined triggers for management intervention for the monitoring of frequent short term absence, and that 21 institutions have triggers in place for long term absence. Four institutions, Coleg Harlech, Yale College, YMCA and Ystrad Mynach College, do not have triggers for either frequent absence or long term absence. For the ten institutions that do not have frequent absence trigger points and do not require self certification for each absence, there is a risk of an increased level of short term incidents of sickness absence because there is no information available for it to be accurately monitored.

*“Those who are continuously taking time off never seem to be challenged. Far too many staff are abusing the system and it is unfair to those who take time off for genuine illness only. Other employers have more rigorous procedures and unless this improves at the college, people will continue to abuse the system”*

Source: Wales Audit Office survey of further education staff, 2004

**2.20** Our examination of sickness absence records at institutions showed that where triggers were reached, the relevant management intervention occurred in fewer than 10 per cent of both frequent and long term absence cases. One of the most likely reasons for this is the fact that return to work interviews are so frequently overlooked. In the case of short-term

### Case Study C: Deeside College's use of the Bradford scoring system

The Bradford scoring system measures an individual's irregularity of attendance by combining absence frequency with duration. The formula ( $S \times S \times D$ ) determines a score for the individual's sickness absence record where:

S = the number of separate spells of sickness absence in a 12 month period; and

D = the total number of days sickness absence in the same period.

The Bradford system's bias towards the number of spells of absence means that it should not be used in isolation, but applied with discretion. Deeside College uses the Bradford scoring system alongside more conventional triggers. When an employee reaches a score of 200, the human resources department raises the issue with the employee's line manager so that appropriate action can be taken.

Our work on the management of sickness absence in NHS trusts in Wales found other ways of utilising the Bradford scoring system. In particular, North Glamorgan NHS Trust reports Bradford scores back to managers on a monthly basis using a traffic light system:

Red - Bradford scores over 800

Amber - Bradford scores over 250

Green - Bradford scores under 250

Note: since completing our survey, Coleg Meirion Dwyfor has also started to use the Bradford index as a trigger for short term absences.

absences, return to work interviews offer the opportunity for line managers to consider the absence record of an employee and whether a trigger point has been reached.

**2.21 Case Study C** provides an example of one way of determining the point at which management intervention becomes needed.

## Occupational health provision is poor and health and well-being could be more widely promoted

**2.22** Occupational health services play an important role in managing sickness absence, directly through providing support in bringing people back to work, and indirectly through pre-employment health checks, evaluating reasons for absence and promoting health and well being. All institutions except three of the smallest, Coleg Harlech, WEA South and YMCA, provide occupational health services to their staff, but the source of such services varies - **Figure 8**. The majority of institutions receive occupational health provision through either the local NHS trust or through an arrangement with a local authority (a historical arrangement since 1993 when institutions were under the control of local authorities). Two institutions, Pembrokeshire College and Swansea College, have internal provision.

**Figure 8: Sources of occupational health provision in further education institutions in Wales**

Occupational health provider	Number of institutions
NHS	9
Local authority	8
None	3
GP	2
Internal provision	2
Private company	1

Source: Wales Audit Office survey of further education institutions 2004

**2.23** The majority of further education institutions in Wales expressed dissatisfaction with the service that they were receiving from their occupational health providers. The major complaint was the time between referrals and appointments, an issue also highlighted in our work on the management of NHS sickness absence in Wales. Some institutions stated that it can take up to three months for employees to be seen. Other reasons why institutions were dissatisfied with the occupational health services they were receiving included:

- a where the service was provided by the local authority or NHS trust, the perception that priority was given to the provider's own staff;
- b the quality and length of time taken to receive feedback from providers; and
- c services provided by GPs with no specific training in occupational health.

**2.24** A number of institutions were so dissatisfied with the service that they were receiving that they were seeking to make alternative arrangements with other providers. However, institutions such as Neath Port Talbot College and St. David's 6th Form College had such difficulty in finding a suitable service that they looked as far as Birmingham and Bristol (**Case Study D**).



## Case Study D - Occupational health provision from the private sector

Neath Port Talbot College was dissatisfied with its occupational health provision. This was mainly because of the time taken to obtain an appointment, the poor quality of feedback.

In an effort to obtain a better service, the College set up a contract with Reading-based company, Adastral. Conditions in the contract mean that occupational health professionals visit the College on a needs basis from their Bristol office and provide advice and guidance on sickness absence management, stress awareness and management and health promotion. The contract enables the human resources function at Neath Port Talbot College to have direct contact with occupational health professionals, whereas previously the College had to go to communicate with administrators in the local authority who would then pass on information to occupational health staff. Referrals can be made quickly, with appointments made within two weeks and with almost immediate feedback.

Although the costs of the service per referral are higher than previously, the College is satisfied that this is offset by the increase in quality of service

**2.25** Delays in occupational health referral impact on the ability of institutions to identify the help and support that could be provided to facilitate the return to work of absent staff, or to help address underlying health problems. Rehabilitation is an important procedure in bringing people back to work, where hours of work and tasks can be adjusted to suit an employee's needs as a result of a period of sickness (**Case Study E**). Redeployment is also effective where it offers the employee a different temporary or permanent role (**Case Study F**). Research<sup>9</sup> has found that employees who are offered modified tasks return to work twice as often as those who are not and that if done promptly, it can reduce lost time by 30 per cent.

## Case Study E - Phased return to work

Swansea College has introduced a programme for a phased return to work. The programme is for either long term absences or for cases of absence which have had a high impact on the employee, such as stress and depression.

The programme involves a four week phased return to work during which the employee may work reduced hours on full pay and receives regular reviews from the College's Medical Officer. At the end of the four week period, the case is reviewed by human resources staff. The employee then has three choices:

- a return to working full contracted hours;
- to continue working reduced hours, but with a proportional reduction in pay; or
- a continued period of a phased increase in working as back to working full contracted hours, but with a reduction in pay.

As well as helping to reduce the amount of long term sickness absence, the programme has also helped improve employees' perception of the human resources function. The College reported that such schemes helped staff to appreciate that sickness absence can be sympathetically managed on a case by case basis.

## Case Study F - Access to work grant

An employee was on long term sickness absence due to a musculoskeletal disorder. Following advice from occupational health services, the employee had a phased return to work, gradually working up to full time over a two month period when their situation and condition would be reviewed.

The employee received a disability assessment which involved a hazard, risk and ergonomic assessment. Following this, the College decided that the employee would benefit from a change of post and a reduced hours contract. The employee was then assessed by an Access to Work assessor from Disability Wales and an application was made for a grant for special aids and equipment. The College received an Access to Work grant of £1,270 towards the extra employment costs that resulted from the employee's disability. This grant was paid following proof of purchase of specialist equipment including a chair, software, keyboard and mouse.

Since the employee returned to work and started the new post, they have not been absent from work and continue to be assessed by occupational health services.

- 2.26** More generally, there is scope for institutions to do more to promote health and well-being among staff. According to the British Heart Foundation, physical activity programmes at work reduce absenteeism by up to 20 per cent and physically active employees take 27 per cent fewer sick days than less active colleagues. Employees who are more physically active were also found to be better at managing stressful situations at work.
- 2.27** Our analysis of further education institutions' sickness absence policies found that none of the policies made a substantial reference to the health and well being of staff. A few policies made reference to support, or assistance through occupational health schemes, but the processes and procedures were not clear. There was evidence however, of some institutions taking a pro-active approach to health and well-being through other policies and schemes (**Case Study G**). In particular, Pembrokeshire College is the only further education institution to have been awarded the Assembly's Corporate Standard for Workplace Health (**Case Study H**). For comparison, in our earlier report on sickness absence in the NHS, we found that 13 of the 15 NHS trusts in Wales had passed through the Corporate Standard assessment process, although only two had achieved a gold award.<sup>10</sup>

### Case Study G - Health and well being at institutions

#### **Coleg Morgannwg: Occupational Health and Safety Statement**

The statement sets out a detailed approach to occupational health. It includes pre-employment health assessments for all applicants. There is a system of health screening programmes for staff in certain risky fields, such as ceramics and motor vehicles. The College arranges eye tests for staff that use VDUs and lung function tests for appropriate staff. It promotes a healthy lifestyle and runs activities and events including free staff membership of a local health club.

#### **Coleg Llandrillo: Work-Life Balance Strategy**

The strategy contains a section on promoting a healthy lifestyle, encouraging staff to use college facilities for sports and classes such as yoga. The College's occupational health service includes advice on health and health monitoring.

### Case Study H - Corporate standard for workplace health

Originally developed by Health Promotion Wales in 1996, Health at Work: The Corporate Standard, is the national mark of quality for workplace health promotion in Wales. The Standard is endorsed by the Health and Safety Executive, the CBI in Wales and the Wales TUC. The assessment and award of the Standard is administered by the National Assembly for Wales to public or private sector organisations which have demonstrated commitment to protecting and improving the health of their workforce.

Pembrokeshire College applied for the standard in 2001 and, following the completion of an assessment form and a visit by a team of assessors with relevant health promotion experience, was awarded a gold award in 2002. The assessment comprised an evaluation of the institution's performance in the areas of health and safety, work-life balance, support from management, communication, staff support/counselling, policy development and occupational health provision.

The College implemented a number of initiatives in order to achieve the standard. This included the recruitment of a full-time occupational health nurse who is fully involved in staff development, health awareness for staff and students, health assessments, return to work interviews and staff "MOTs". The College has also carried out a staff satisfaction survey as part of the Health and Safety Executive's pilot project on work related stress.

*"Since my employment I have gained a life style of either sitting behind a wheel of a car or a desk, and my self esteem and energy levels are a constant concern to me. Most of us will have no choice but to grab a few minutes to purchase a baguette loaded with mayonnaise. As work takes up approx 75 per cent of people's lives, I feel an analysis of people's diets during work times would be beneficial and how a more thoughtful, planed menu could help"*

Source: Wales Audit Office survey of further education staff, 2004



**At many institutions, the management of sickness absence is not carried out by trained line managers**

**Sickness absence management is generally perceived to be the responsibility for human resources staff**

**2.28** Clear lines of responsibility help to manage sickness absence effectively. On our visits to further education institutions, we were told by human resource managers that the culture in institutions dictated that sickness absence was an issue that had to be dealt with by the human resources function, and that line managers did not become actively involved, aside from submitting basic information on a weekly or monthly basis.

**2.29** Although they need to have the back up of human resources staff and senior management, it is line managers - those closest to the staff - that are best placed to deal with absence on a day to day basis. However, our survey of further education staff found that, of respondents with staff management responsibilities, only 54 per cent said that they had responsibility for managing sickness absence. In general, therefore, the human resources function should move away from directly managing

sickness absence to providing advice and guidance to line managers - thereby giving them the ability and confidence to deal with cases of absence as they arise. In this respect, the training of line managers managing sickness absence is essential (see paragraph 2.32).

**Staff are unaware of some of the correct procedures, making implementation of policy inevitably poor**

**2.30** Effective sickness absence procedures require staff to be aware of what action should be taken following a period of sickness absence. We found that further education institutions use a variety of ways of communicating sickness absence policies and procedures to staff, including the provision of hard copies at induction, the availability of the policy on institution intranets, and desk training by human resources staff and line managers. Despite these efforts, many staff, particularly those with no management responsibilities, were unaware of all the correct procedures to follow (**Figure 9**). Awareness of other procedures, such as how sickness absence affected pay and when referrals to occupational health were made, tended to be lower still.

**Figure 9: Percentage of staff who were clear on procedures for managing sickness absence**

Sickness absence management procedure	Staff with sickness absence management responsibility	Staff without sickness absence management responsibility
Who to report to when off sick	93	90
When to complete a self certificate	89	72
When to submit a medical certificate	75	70
When a return to work interview is carried out	54	25

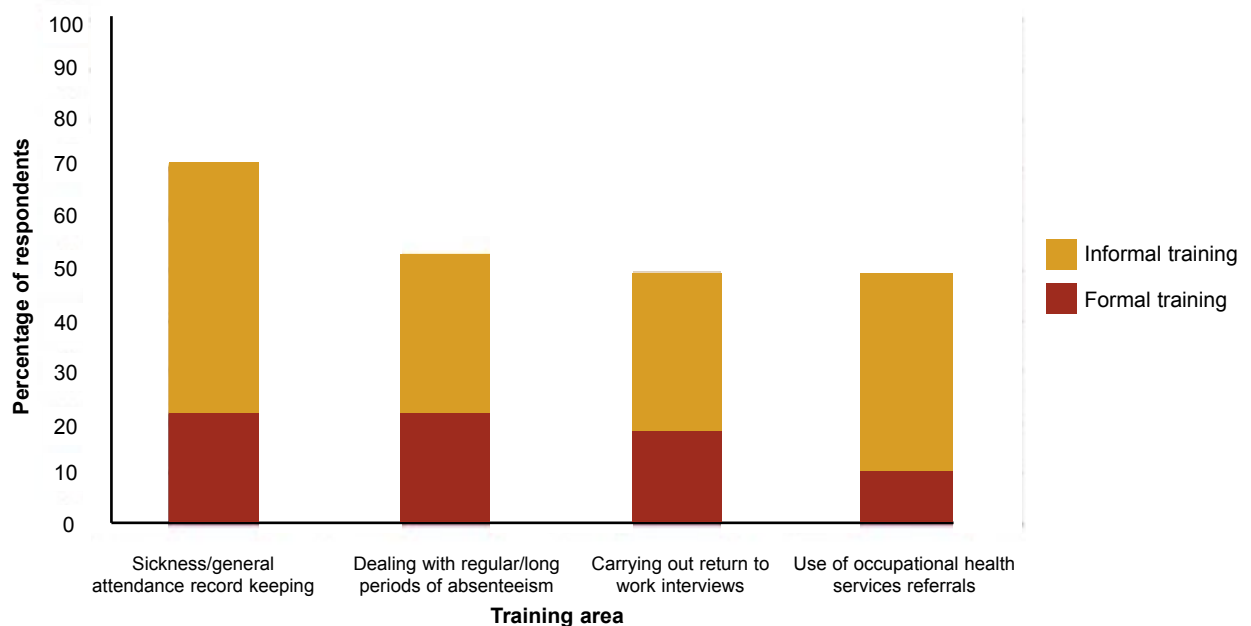
Source: Wales Audit Office survey of further education staff, 2004

**2.31** The lack of clarity of the correct procedures arises for two main reasons. First, the inconsistent application of procedures by staff managing sickness absence leads to uncertainty on the part of those who were absent. Secondly, the lack of clarity may arise because of poor communication. This is related to the fact that policies tend to be written for staff managing sickness absence, rather than other staff. We found that management, and those staff with sickness absence management responsibilities, were more likely to feel that instructions and guidance were clear (Figure 9). However, even staff with sickness absence management responsibilities were not clear on the basic procedures, for example, nearly half did not know when a return to work interview should be carried out.

**There is inadequate training of staff with responsibility for the management of sickness absence**

**2.32** Not only should managers have an understanding of the correct procedures to apply in managing sickness absence, but they should be confident in doing so in an effective and consistent manner. Eleven of the 25 further education institutions in Wales reported that they provide training on sickness absence management to managers. However, only five institutions provide sickness absence management training as a stand alone issue; of the others, three do so as part of general management training and three when requested by staff. Our survey of further education staff reflected this relatively low level of training amongst managers responsible for managing sickness absence (Figure 10). Overall, 52 per cent had received training in some element of sickness absence management, of which 34 per cent had done so formally.

**Figure 10: Training received by staff with responsibility for managing sickness absence**



Source: Wales Audit Office survey of further education staff, 2004





## Part 3: Institutions do not have the information to manage sickness absence effectively

### **Key points on the information on sickness absence used by institutions**

- a Twelve institutions report sickness absence levels to Boards of Governors; in six institutions senior management teams are not routinely informed of the levels of sickness absence.
- b Four institutions have set targets for reducing levels of sickness absence, in each case at an institution-wide, rather than departmental level. Only one per cent of staff at those institutions said that they were aware of a target for reducing levels of sickness absence.
- c Few institutions analyse sickness absence variables, such days of the week, age and gender, causes of absence and the length of absence.
- d Not all institutions differentiate between long term and short term absence, which require different approaches to management.
- e On the basis of responses to our staff survey, work related stress accounts for 19 per cent of all absence, higher than the level reported by staff in NHS trusts in Wales. Twelve institutions collect data on work related stress and five have set targets for its reduction. Eleven institutions do not cover work related stress in any policy.

**3.1** The provision of additional information, beyond headline figures, is vitally important for those managing sickness absence. With accurate and timely information, sickness absence can be managed based on an understanding of the characteristics and causes of absence and policy can be developed and action taken on specific areas of need. This part of the report examines the information that is made available to those directly managing sickness absence and those who are in a position to influence policy, such as senior management and Boards of Governors. In particular, it examines:

- a recording systems;

- b targets for reducing levels of sickness absence; and

- c monitoring underlying trends.

### **Sickness absence recording systems are not sufficient to provide the necessary information**

**3.2** The accurate recording and reporting of data is key to the effective management of sickness absence. All institutions, except Coleg Harlech, use IT systems for collecting sickness absence data, but there is a wide variation in the quality and amount of basic data collected, such as dates absent and length of time absent, causes and submission of certificates. Without this base

data, more sophisticated analysis is not possible.

**3.3** Ideally, sickness absence data should be generated from integrated personnel and payroll systems, to avoid the risks inherent in separately entering the same data into multiple systems and because payroll-only systems are not generally designed to undertake sickness absence analysis. We found that only three institutions, Bridgend College, Coleg Gwent and Coleg Llandrillo, have integrated human resources and payroll systems. This is partly because in some institutions payroll functions are carried out by local authorities. Many institutions told us that they did not have the resources to invest in better systems.

**3.4** Organisations which intend to address sickness absence need the support of their Boards of Governors and senior management teams, who, in turn, need reliable, robust and sufficient data on which policy decisions can be made and organisational and cultural change can be instigated. Reporting levels of sickness absence and specific trends raises awareness of the issues with Boards of

Governors and senior management teams. Despite the costs to institutions and the wider adverse effect that sickness absence can have, our visits to further education institutions and evidence from our survey suggest that sickness absence does not always command a high profile with institutions' Boards of Governors and senior management. This is partly due to the lack of information that reaches them in terms of quality and quantity. **Figure 11** shows how frequently information on sickness absence levels is reported to those charged with running institutions.<sup>11</sup>

**3.5** Four institutions have set targets for reducing levels of sickness absence (**Figure 12**); these are all institution-wide targets, rather than for particular staff groups and/or departments. One of the reasons for the absence of targets is widespread lack of data on sickness absence; without baseline data there is nothing against which to set a target. Our staff survey confirmed the lack of sickness absence targets set by institutions: very few staff, only one per cent of respondents at an institution with a set target, reported that they had been made aware of any target set by their employer.

**Figure 11: Frequency of reporting of sickness absence levels in the 25 further education institutions in Wales**

Frequency of reporting	Board of governors*	Senior management team**
Monthly	1	8
Quarterly	6	6
Less frequently than quarterly	5	5
Never	13	6

\*Given their more strategic remit, we would expect Boards of Governors to deal with such information less frequently than senior management teams.

\*\* The fact that 19 institutions stated that they report information to their senior management teams, whereas only 14 institutions routinely measure the levels of sickness absence, is explained by the fact that some institutions report individual cases of concern and obvious trends, such as flu outbreaks.

Source: Wales Audit Office survey of further education institutions, 2004



All of those aware of a target were management staff with responsibility for managing sickness absence. When asked what the target was, not one respondent correctly identified it.

- 3.6** However, even when institutions start to measure the levels of sickness absence, targets cannot be set until sufficient time has passed to collect reliable base data. Pembrokeshire College staff told us that they had only been measuring levels of sickness absence for two years, and would only be setting a target later this year, when they would have nearly three years of reliable, baseline data.
- 3.7** When targets are set, institutions should be aware of the risk that they might be perceived by staff as a personal entitlement to a given level of sickness absence (“taking a sickie”). One way of mitigating this risk is to set targets in relative terms - a percentage reduction in days lost - rather than citing a target number of days lost. All staff and, at a minimum, those with responsibility for managing absence, should be aware of any targets set at both a departmental and institution wide level.

### Further education institutions do not routinely determine underlying trends of sickness absence

**3.8** In managing sickness absence, as well as developing the headline indicators, the analysis of underlying trends from data collected is an essential means of ensuring that activity is targeted at the primary areas of concern. Best practice suggests that the most useful trends for analysis are days of the week, causes and length of absence, and age/gender. Fourteen of the 25 further education institutions in Wales analyse information on one or more of these trends. However, no institution analyses information on all of these trends (Appendix 3). Five institutions reported that they analyse data on trends, but without the context of an overall sickness absence rate, while two institutions, Gorseinon College and Pembrokeshire College, produce an overall absence rate but do not analyse any data on underlying trends.

**Figure 12: Sickness absence targets set by institutions**

Institution	Target	Deadline	Performance against target
Bridgend College	4 per cent working time lost (representing a one per cent reduction from the 2002-03 level)	June 2004	4.13 per cent
Deeside College	Average of fewer than 7 working days lost per full time equivalent	August 2004	6.1 working days lost
Coleg Gwent	1 per cent reduction in working time lost	2005	Unknown
Coleg Llandrillo	3.5 per cent working time lost	2003-04	3.8 per cent

Source: Wales Audit Office survey of further education institutions, 2004

### **Few institutions analyse trends in absence for particular days of the week or by age/gender**

- 3.9** Only three institutions, Coleg Ceredigion, Coleg Llysfasi and Welsh College of Horticulture, analyse the trends in absence on particular days of the week. We examined patterns of absence on particular days of the week from the institutions we visited. We found that one day absences on a Monday were particularly prevalent, accounting for 31 per cent of all such absences (against the 20 per cent that might be expected) and 12 per cent of all cases. Focusing management attention on one day absences on Mondays might therefore have a significant impact in terms of reducing overall sickness absence.
- 3.10** This example illustrates the potential benefits of carrying out such analysis. In some cases, working patterns can be altered to suit the needs of individuals - for example, where child care issues are a problem. One of the institutions which does analyse in this way, Coleg Llysfasi, arranges its part time teaching to take place on Tuesdays, Wednesdays and Thursdays to reduce the potential for one day absences on Mondays and Fridays. The institution also ensures that all institution-wide events and important staff meetings are held between Tuesday and Thursday.
- 3.11** No institution analyses sickness absence by age/gender. The composition of the workforce and understanding the reasons behind higher rates of absence for particular groups of staff can be important in developing sickness absence policy. For example, there may be a particular problem with flu among employees of a certain age; such information might usefully inform

initiatives such as providing flu jabs. Also, absences of certain days of the week may be more prevalent in certain age groups or genders and triggers can be adjusted accordingly.

### **Little analysis is carried out on trends in the length of absence**

- 3.12** Determining trends in the length of absence is important for a number of reasons including the determination of whether management effort and policy effort should be placed on short or long term absence or both. It is also important in determining the levels at which triggers should be set (paragraph 2.16). Since the figures reported by institutions to the Wales Audit Office on the levels of short and long term absences were based using a number of different definitions (see Appendix 4), we analysed the data from our visits to institutions, using a common base of any absence greater than 28 calendar days lost being treated as long term.
- 3.13** We found that short term absence accounted for 95 per cent of cases and 59 per cent of lost time. One day absences were a particular problem, accounting for 38 per cent of all cases and 9 per cent of lost time. The fact that certification for short term absence and return to work interviews are both under-used may contribute to the high amount of cases of one day and short term sickness absence. This is particularly the case with the six institutions not requiring certification until the fourth or fifth day (see paragraph 2.8), where short term absence will be more difficult to track.
- 3.14** A survey by Industrial Relations Services in 2003<sup>12</sup> cited managing long term absence as being the greatest challenge facing human resource professionals, ahead of short term



absence and stress management. The potential benefits of a proactive approach to the management of sickness management and the introduction of health and well being initiatives are exemplified by Pembrokeshire College (**Case Study H** on page 28). The College has nearly a thousand employees and our analysis of their sickness absence records found that long-term absences of 20 days or more accounted for only 4.4 per cent of absence in 2002-03; only two absences were greater than 25 days, with the longest at 40 days. This is in contrast to the other institutions we visited, which each had several cases of absence of more than 150 days.

**A limited amount of data is collected on work related illness**

**3.15** One of the most effective approaches to reducing sickness absence is to identify the specific causes, and direct management action accordingly. The Institute for Employment Studies and Institute for Work Psychology found that most organisations implement absence policies without prior consideration of what lies behind their absence statistics, and that a general intervention that is not based on an analysis of the problem is less likely to be effective than a specific intervention

aimed at preventing the identified cause of the problem. We found that although 19 institutions collect information on the causes of sickness absence, only six subsequently carry out any meaningful analysis.

**3.16** Work-related ill health includes work-related accidents (including repetitive strain injury) and work-related stress. In terms of the former, we found that 16 institutions collect data on work place accidents. Analysis from available data found that time lost to accidents across the sector was negligible, with less than half an hour lost per full-time equivalent member of staff.

**3.17** A Chartered Institute of Personnel and Development survey in 2004 found that work-related stress in public services had increased by more than 60 per cent over the previous year, making it particularly important that institutions are able to minimise their levels of work related stress. We found that that only thirteen institutions collected data on work-related stress, and only four institutions have set targets for its reduction (**Figure 13**). This is unsurprising given that most institutions do not know how much sickness absence is actually attributable to work related stress.

**Figure 13: Targets for reducing work related stress in further education institutions in Wales**

Institution	Target
Coleg Lllysfasi	Reduce to nil
Coleg Meirion Dwyfor	Reduce to nil
Pembrokeshire College	Reduce from previous year's level
Welsh College of Horticulture	Reduce by 5 per cent year on year

Source: Wales Audit Office survey of further education institutions, 2004

**3.18** Eight institutions view work related stress as an issue worthy of a separate stand alone policy. The majority of these policies focus on defining stress, outlining action that can be taken to prevent and reduce work related stress and setting out procedures and responsibilities. Six institutions address work related stress as part of another policy/strategy such as part of a Health and Safety Strategy. Some policies, and in particular, Coleg Meirion Dwyfor's *Strategy for Reducing Work Related Stress*, set out the symptoms and possible causes of stress in some detail to aid recognition in its early stages so that immediate action can be taken (see **Case Study I**). Other specific initiatives in an effort to reduce work related stress include:

- a the use at Deeside College of the occurrence of "stress" on a self certificate as a trigger point for an immediate referral to occupational health; and
- b the introduction at Coleg Llandrillo and Yale of stress management training and stress awareness days for staff at all levels.

**3.19** Due to the lack of reliable data on work related stress from further education institutions in Wales, we used the results of our staff survey to estimate the amount of sickness absence attributable to work related stress. Staff reported that 19 per cent of all sickness absence was as a result of work related stress<sup>13</sup> this is significantly higher than the 14 per cent reported by NHS staff in our work on sickness absence in the NHS in Wales. This amounts to more than 17,000 days lost at a cost of more than £2 million in lost. The perceived high levels of work related stress were reflected in the answers to other questions we put to staff in our survey. The two measures that staff considered would be most likely to reduce levels of sickness absence were reduced workload and increased opportunity for more flexible working (see Appendix 5). Both measures are widely recognised as being related to work related stress.

*"We work in very crowded, cramped rooms which adds to the stress we are under. Our workload is such that most of us have to work at home at least 3-4 evenings/week and at least a day each weekend. I am never able to "switch off" and am constantly anxious about work related issues"*

## Case Study I – Strategy for Reducing Work Related Stress

Coleg Meirion-Dwyfor has recognised work related stress as being a particular problem and has introduced a policy aimed at raising awareness of the issue and outlining action that can be taken to reduce it.

The policy provides details on the symptoms of stress and what individual staff and, importantly, managers, should look out for, with the main sign being a change in behaviour which is clearly dysfunctional and disruptive, turning an effective employee in to an ineffective one. The policy sets out the possible causes of stress including environmental issues (e.g. working conditions), organisational and work culture, job design and personal issues. The policy also sets out the institution's legal responsibilities in relation to work related stress which include duty of care, a safe system of working, and statutory health and safety responsibilities.

In setting out the action that can be taken to reduce the levels and occurrence of work related stress, the institution makes a number of statements of responsibility for both the institution as a whole and for individual members of staff.

The institution uses the policy alongside a stress questionnaire for staff and, where action is deemed necessary, it is followed up by an individual stress assessment to identify the main issues causing the stress and inform to management of the causes and any necessary action that needs to be taken.

Source: Wales Audit Office survey of further education staff, 2004



## Appendix 1: Study methods

### Key features of our study methods

- We carried out formal audit visits to Coleg Glan Hafren, Coleg Gwent, Coleg Llandrillo, Coleg Llysfasi, Neath Port Talbot College, Pembrokeshire College and St. David's 6th Form College. These institutions were selected to represent varying size and geographical location.
- During these visits we consulted with human resources staff, finance (payroll) staff, institution Principals, other senior staff with responsibility for human resources (e.g. Vice Principals), trades union representatives and staff. We also examined the sickness absence records of over 200 randomly-selected institution employees. These included evidence from self certificates, medical certificates, central and departmental attendance records and payroll records. This work enabled us to assess the extent to which institutions' procedures for managing sickness absence were being implemented.
- A survey of all 25 further education institutions in Wales to establish information on a range of sickness absence issues including policy, recording systems, statistics, targets, benchmarking, training, triggers, return to work interviews, certification, costs, staffing numbers and expenditure and occupational health provision and expenditure.
- To generate comparable figures for sickness absence across the sector, we asked institutions to calculate the number of days lost in the 2002-03 academic year and the number of full-time equivalent staff employed during that period (see **Figure 4**). For those institutions with relatively well-developed systems this was straightforward. In a number of cases, however, this required institutions manually to calculate the required figures on the basis of paper records.
- A survey of staff - teaching and non-teaching - employed by institutions. We distributed surveys to each institution, the number of which was based on the relative size of the institution. We also took into consideration the number of full and part time staff at each institution and weighted the sample accordingly. The survey was to assess responsibility for managing staff and managing sickness absence, the communication and perceived clarity of local sickness absence procedures, knowledge of absence rates and targets, the extent of training in sickness absence management and the process of procedures during the most recent period of absence. Our survey was forwarded to 1,400 (10 per cent of the total workforce) staff, with 587 completed returns, representing a 42 per cent response rate. A summary of survey results for each institution has been made available on request.
- A presentation of our key findings to the Fforwm Personnel Network. Fforwm is the body representing all further education institutions in Wales: it provides a voice for institutions, whilst also

facilitating the sharing of best practice across the sector. The Personnel Network is made up of human resources staff from institutions and provides the opportunity for sharing experiences, best practice and new ideas, and to debate the challenges and opportunities relating to human resources issues in the further education sector in Wales.

- Liaison with other relevant organisations such as ELWa, Learning and Skills Council, Fforwm, and the Association of Colleges.
- A background literature review including research papers, best practice guidance, previous value for money audits carried out by the Auditor General for Wales, the Comptroller and Auditor General and other supreme audit institutions.

### **Methodology for estimating the value of staff time lost to sickness absence**

- We estimated the sickness rates of all further education institutions under the definition of percentage of working days lost. We applied these percentage rates to the overall staffing costs of institutions to provide an estimation of the total value of staff time

lost to sickness absence. We did not make any adjustment for the possibility that more junior, lower-paid staff might have more sickness absence than their higher-paid colleagues.

- The calculated figure accounts for lost productivity and not the amount of sick pay paid to absent employees. Due to a lack of meaningful data from institutions, we were unable to calculate the amount of sick pay paid at full, half and nil-pay.

### **Methodology for estimating replacement staff costs**

- We estimated the cost of replacement staff per day for the institutions which were able to provide data and applied this across the sector based on the number of days absence at each institution. The total estimated cost does not include overtime costs.



## Appendix 2: Examples of good practice in the management of sickness absence

### Management information

- clear systems for the recording of sickness absence
- systems to verify the accuracy of sickness recording
- identification of underlying trends in sickness absence
- corporate targets for the level of sickness absence, communicated to all staff
- regular monitoring of sickness absence trends at the local and corporate levels
- benchmarking with other organisations

### Management procedures

- clear documented policies and procedures that are regularly reviewed
- appropriate training for all management grades
- clear and regular explanation of policies and procedures to all staff, particularly new staff
- policies for the rehabilitation or redeployment of sick staff back into the workplace
- return to work interviews for all absence
- trigger points for the review of frequent or

long term absence

- frequent and regular contact with sick staff
- systems to ensure the consistent application of sickness absence procedures

### Prevention of absence

- general health promotion campaigns
- recruitment and screening procedures
- family friendly initiatives and flexible working arrangements
- improving the physical working environment
- workplace health and safety risk assessments
- protection from violence and aggression
- physiotherapy services, counselling services or other staff clinics
- encouraging staff to look after their health, for example by providing discounted gym/sports facilities
- manual handling training

# Appendix 3: The use of procedures for managing sickness absence in further education institutions in Wales

Further Education institution	Level of sickness absence measured	IT systems used to collect data	Value of staff time lost to sickness	Calculated replacement staff costs	Sickness absence rates reported to Board	Sickness absence rates reported to senior management	Sickness absence target calculated	Sickness absence policy updated in two year period	Self certification required for all absences	Return to work interviews for all absences	Definition of short and long term absence	Triggers used for frequent short term absence	Triggers used for long term absence
Barry College	•	•				•					•		•
Bridgend College	•	•			•	•	•		•	•	•		•
Coleg Ceredigion		•				•			•		•		•
Coleg Glan Hafren		•	•			•			•	•	•	•	•
Coleg Gwent	•	•			•	•	•	•	•		•	•	•
Coleg Harlech/WEA North							•	•	•				
Coleg Llandrillo	•	•			•	•	•	•	•	•	•		•
Coleg Llysfasi	•	•			•	•			•	•	•	•	•
Coleg Meirion-Dwyfor	•	•		•	•	•					•		•
Coleg Menai		•				•			•	•	•		•
Coleg Morgannwg		•						•	•	•	•	•	•
Coleg Powys	•	•			•	•		•	•		•	•	•
Coleg Sir Gâr	•	•		•	•	•			•		•	•	•
Deeside College	•	•			•	•	•	•	•		•	•	•
Gorseinon College	•	•		•							•		•
Merthyr Tydfil College	•	•			•	•			•		•		•
Neath Port Talbot College		•				•		•	•				•
Pembrokeshire College	•	•		•		•		•	•				•
St. David's 6th Form College		•						•	•				•
Swansea College	•	•			•	•					•		•
WEA South		•				•			•	•		•	•
Welsh College of Horticulture		•	•			•			•	•	•		•
Yale College	•	•			•	•			•				
YMCA		•											
Ystrad Mynach College		•							•	•			•

• procedure in place (•) data collected but no analysis carried out

## Appendix 3: The use of procedures for managing sickness absence in further education institutions in Wales

Further Education institution	Occupational health services provided	Rehabilitation addressed in policy	Redeployment addressed in policy	Training provided on sickness absence management	Training on sickness absence management as a stand alone issue	Analysis on days of the week	Analysis on causes of absence	Analysis on length of absence	Data collected on work related accidents	Data collected on work related stress	Target for reducing work related stress	Work related stress stand alone policy
Barry College	•	•	•			(•)	•	(•)	•			
Bridgend College	•	•	•			(•)	(•)	•	•	•		•
Coleg Ceredigion	•					•	(•)	•	•	•		
Coleg Glan Hafren	•	•	•			(•)	(•)	•		•		•
Coleg Gwent	•	•		•		(•)	•	•	•	•		•
Coleg Harlech/WEA North												
Coleg Llandrillo	•	•		•		(•)	•	•	•	•		
Coleg Llysfasi	•	•	•	•	•	•	(•)	(•)	•	•	•	•
Coleg Meirion-Dwyfor	•	•	•	•			(•)	(•)	•	•	•	•
Coleg Menai	•			•		(•)	(•)	(•)				•
Coleg Morgannwg	•	•	•	•		(•)	(•)	(•)		•		
Coleg Powys	•			•	•	(•)		•	•			
Coleg Sir Gar	•			•	•	(•)	(•)	•	•			
Deeside College	•					(•)	•	•	•			
Gorseion College	•		•			(•)	(•)	(•)	•			
Merthyr Tydfil College	•					(•)	•	•	•			
Neath Port Talbot College	•	•	•			(•)	(•)	(•)		•		•
Pembrokeshire College	•	•	•	•		(•)	(•)	(•)	•		•	
St. David's 6th Form College	•	•				(•)		•		•		•
Swansea College	•	•	•			(•)	(•)	(•)	•	•		•
WEA South		•	•	•		(•)		(•)				
Welsh College of Horticulture	•	•		•	•	•	•	•	•	•	•	
Yale College	•		•			(•)		•	•			
YMCA						(•)	(•)					
Ystrad Mynach College	•	•				(•)	(•)	(•)				

• procedure in place (•) data collected but no analysis carried out

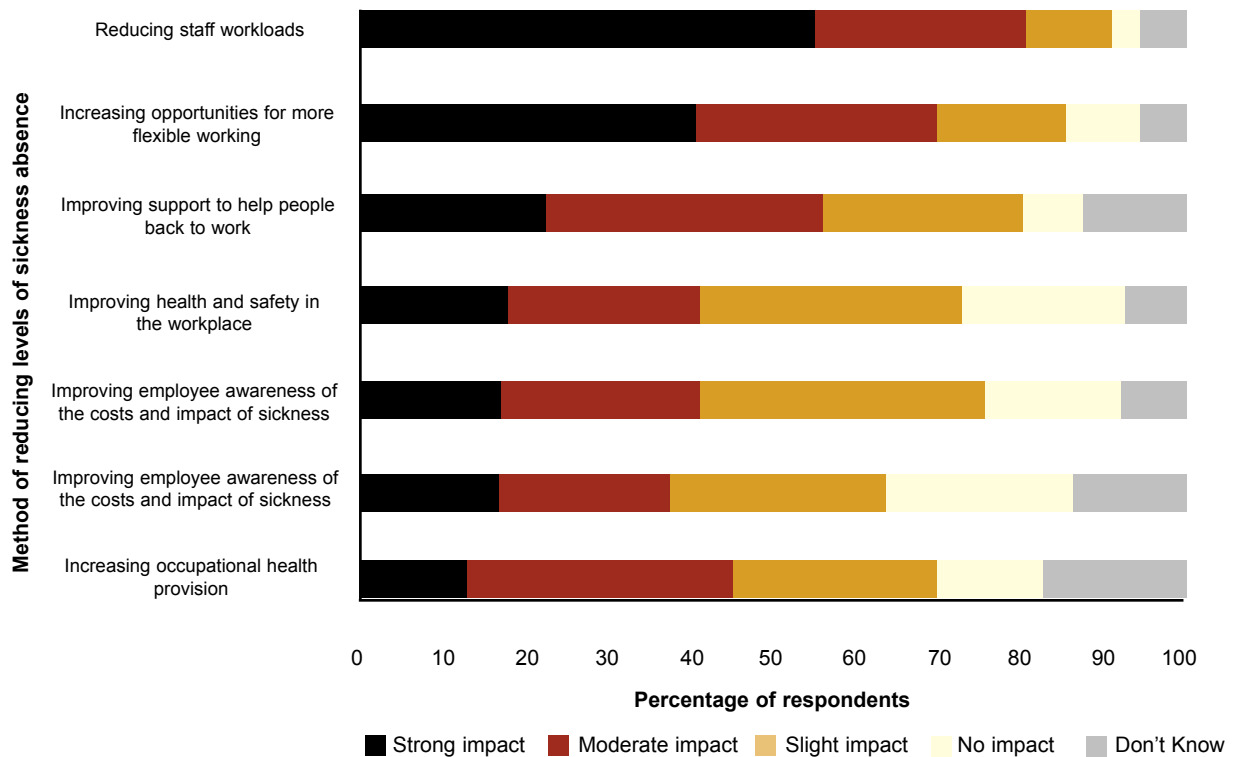
## Appendix 4: Definitions of short and long term absence used in further education institutions in Wales

Institution	Definition of short term absence	Definition of long term absence
Barry College	Less than one month	One month or more
Bridgend College	Less than 20 working days	More than 20 working days
Coleg Ceredigion	Less than four weeks	More than four weeks
Coleg Glan Hafren	Between one and three days	Continuous absence of over a period of time which can usually be attributed to an underlying medical condition
Coleg Gwent	Less than 20 working days	More 20 working days
Coleg Llandrillo	Less than 20 working days	More than 20 working days
Coleg Llysfasi	Less than four weeks	More than four weeks
Coleg Menai	Less than eight weeks	More than eight weeks
Coleg Morgannwg	10 days or three separate cases in a year	More than five weeks
Coleg Powys	Fewer than 20 days	20 days or more
Coleg Sir Gar	Less than 100 days aggregated per year	More than 100 days aggregated per year
Deeside College	Less than seven days	31 days continued absence
Coleg Goseinon	Absence of five days in a three month period taken over two or three separate occasions or 10 days in a six month period or 20 days in a 12 month period	Absences over 28 calendar days
Merthyr Tydfil College	Less than four weeks	More than four weeks
Swansea College	less than six weeks	More than six weeks
Welsh College of Horticulture	Less than five days	More than five days

Source: Wales Audit Office survey of further education institutions in Wales, 2004



## Appendix 5: Perceived level of impact of methods of reducing levels of sickness absence in further education institutions in Wales



Source: Wales Audit Office survey of further education staff

## Notes

- <sup>1</sup> All years referred to are academic years unless otherwise stated
- <sup>2</sup> Current thinking on managing attendance: a short guide for HR professionals, Institute for Employment Studies, Institute of Work Psychology and National Audit Office, 2004. It is available at [http://www.nao.org.uk/publications/nao\\_reports/04-05/040518\\_researchpaper.pdf](http://www.nao.org.uk/publications/nao_reports/04-05/040518_researchpaper.pdf)
- <sup>3</sup> All years refer to academic years unless otherwise specified
- <sup>4</sup> The health sector tends to have relatively high levels of sickness absence owing to, for example, stressful situations and exposure to contagious illness.
- <sup>5</sup> See Appendix 1 for the methodology we used to calculate the value of staff time lost to sickness absence and replacement staff costs
- <sup>6</sup> Costs incurred in providing occupational health services are not necessarily directly related to sickness absence as they can include health screening and workplace health promotional schemes.
- <sup>7</sup> YMCA Wales Community College employs only three full time members of staff and a number of fixed term part time tutors. Sickness absence policy and procedures form part of employees' contracts rather than being a stand-alone document.
- <sup>8</sup> Current thinking on managing attendance: a short guide for HR professionals, Institute for Employment Studies, Institute of Work Psychology and National Audit Office, 2004
- <sup>9</sup> Nordqvist C, Holmqvist C, Alexanderson K (2003) 'Views of Laypersons on the Role Employers Play in Return to Work when Sick-Listed' *Journal of Occupational Rehabilitation*, Vol. 13, No 1, March 2003
- <sup>10</sup> Our report on sickness absence management in the NHS triggered concerns about the value of the award which has resulted in its redevelopment
- <sup>11</sup> Coleg Gwent, which had a particularly high level of sickness absence in 2002-03, reports quarterly to both its Board of Governors and senior management team.
- <sup>12</sup> Absence Management Still a Challenge, IRS (2003)
- <sup>13</sup> The attribution of absence to work-related stress by staff may not necessarily reflect medical diagnosis.