

MINUTES OF OVERVIEW AND SCRUTINY TASK GROUP - STAFF SICKNESS ABSENCE

MEETING DATE **Wednesday, 3 February 2016**

MEMBERS PRESENT: Councillor John Walker (Chair), Councillor (Vice-Chair) and Councillors Julia Berry, Margaret France, Anthony Gee and Margaret Lees

OFFICERS: Lesley-Ann Fenton (Director of Customer and Advice Services), Jane McDonnell (Head of HR and OD), Fiona Daniels (Branch Secretary, Union), Deborah Bradford (Staff Matters) and Cathryn Filbin (Democratic and Member Services Officer)

16.SA1 Declarations of Any Interests

There were no declarations of any interest received.

16.SA2 Sickness Absence discussion with Union representative and Staff Matters representative

The Chair of the overview and Scrutiny Committee decided to hold a short review to see if there was an underlying reason why staff sickness figures had increased in 2015/16 given sickness had been very low and dropping each consecutive year for the last few years.

The Chair invited the acting Head of HR and OD to outline the procedure that a member of staff is required to follow under the Sickness Absence Policy if they are unwell and feel unable to come in to work.

The Acting Head of HR and OD informed members that the Council's policy states that when a member of staff is unable to attend work due to sickness, that they must telephone their manager directly to provide –

- reasons for their absence,
- an estimate of the duration of their absence
- if they have or intend to visit a doctor
- what, if any, medication had been prescribed
- any meetings that needed to be rearranged
- outstanding work that needed to be completed.

This process was to be repeated on day three and five of continued absence. If the level of sickness exceeded seven days a doctor's note was required. The individual would then be expected to contact their manager on a weekly basis to keep them informed of any improvement, or deterioration in their health and a likely date when they would be returning to work.

If the individual is suffering from a long term illness, every fourth week the individual would receive a welfare visit at a location to suit them. The visit would be undertaken by their manager and a representative from HR and would be a supportive conversation. There would be offers of welfare support and a discussion on what adjustments/adaptions (ie phased return to work, reduced hours, changed to equipment, and light duties) were required to speed up the individual's return to work. If the absence was due to a stress related illness, the welfare visits would start earlier and be more frequent than four weeks, especially if it was work related.

On their return to work, all employees were required to have a return to work interview with their manager. The purpose of the interview was to establish if the individual was fit to work, and if they required any support.

The Acting HR and OD manager was confident that staff viewed the policy positively, and that it offered employees support and flexibility taking in to account individual circumstances.

It was possible that some employees would feel concerned if their absence reached a trigger point. It was explained that when a trigger point was reached, the individual would be issued with a letter asking them to attend an interview with their manager and a member of the HR team. The letter suggests that the outcome of the interview could result with the employee receiving a verbal warning. However, the Committee were reassured that this outcome was not common practice. It was confirmed that since the current policy came in to force, only one employee had been dismissed due to their sickness absence.

As far as the Acting HR & OD Manager was aware, there were no underlying issues which had caused the increase in staff sickness, and the types of illnesses reported at this time did not have a common theme.

The acting HR and OD Manager informed members that as well as having a robust sickness absence policy, the Council also had a package of health and wellbeing services for employees to access as a sickness preventative measure. This included access to counselling, physiotherapy, health insurance, health checks, fitness sessions; work related training courses, therapeutic interventions, flu jabs and eye tests.

In consideration of the sickness reporting procedure, concern was raised by a member of the Committee, that on certain occasions, individuals may not be able to cope with being questioned on day one of an absence. In response members of the Committee were advised that all sickness reported was handled sensitively and in strict confidence. However, to be able to support the individual and manage the impact of their absence effectively, questions did need to be asked as to the nature of their illness, the support required and the likely return date.

The Council also had a number of other policies which could be followed depending on an individual's circumstances for being absent from work (eg bereavement). In this case the Council has a specific Bereavement Policy which would be applied.

Where the absence was stress related, especially if it was related to work; external counselling sessions would be offered. If the individual reported that they were

suffering from stress due to their manager, HR would work with both parties to identify what the conflict was and put solutions in place to overcome any issues identified.

It was noted that those individuals who had been off work long-term, often benefited from a phased return to work. In this case their working hours would be reduced on their first day back, increasing gradually over time until they had returned back to their contracted working hours. It was reported that doctors seemed to be willing to sign an individual back to work sooner if they are able to have a phased return.

Members raised whether there was a perception, from staff, that they had to come to work even when they were unfit to do so. The Acting HR and OD manager stated that this had been the case previously. However, a lot of work had been carried out to convince staff that this was not the case and if they were ill they must take time off sick, and not come to work or use leave instead of reporting a sickness absence. It was considered important that a true record of sickness was lodged to be able to detect any trends, so that possible preventative measures could be put in place.

A member of the Committee questioned whether mounting pressures both internally and externally about job cuts and restructures and the daily pressures of everyday life was contributing to the levels of long-term staff sickness, the Acting Head of HR and OD advised that most of the absences were physical in nature and there was no evidence to support the suggestion that this was a problem amongst staff.

Members of the Committee were satisfied that the Council's sickness absence policy was robust, fair and supportive. They were also pleased with the number of health and wellbeing opportunities being made available to staff. However, to get a balanced view the Branch Secretary for Unison and a member of the Council's Staff Matters group attended the meeting to answer questions of the Committee on the Sickness Absence Policy.

The Branch Secretary for Unison informed members of the panel that she had asked its members for their thoughts on the sickness absence policy. From the responses received, there was a split in opinion. From those who responded, the general feeling was that the approach for dealing with long-term absence was fair, whilst the approach for short-term sickness absence felt more punitive.

Further discussion identified that the main cause of concern for some staff was receiving a letter informing them that they had triggered the sickness absence policy and that they were required to attend an interview that could result in a disciplinary matter and in particular, the way in which the letter is given to them. It was felt that there were some inconsistencies of approach by managers. Most managers were extremely supportive, and gave the letter to the individual by hand and explained the process and the reason for the letter, while some did not. It was felt that a more consistent approach was needed across the Council to ensure all staff were treated the same.

The Branch Secretary and Staff Matters representative both supported HR's view that most staff did not feel under pressure to come to work ill or take annual leave instead of reporting a sickness absence. It was accepted that some individuals may be hesitant about taking time off sick, but this was a personal point of view and not one that the Council was encouraging.

They also welcomed the wide range of health and wellbeing initiatives open to staff, and were particularly complementary about the health focused days for specific teams such as one recently held for the Contact Centre Staff. A whole range of activities are available for staff to take part in, which can include blood pressure checks, bmi checks and advice on how to improve fitness and diet.

Conclusion

The Committee felt that the current increase in the level of sickness absence for 2015/16 did not suggest any underlying cause for concern and was a blip. The Committee also felt the Council's current Sickness Absence Policy and approach to short and long term staff sickness absence was fair and proportionate to manage staff sickness effectively. The Committee was also pleased with the range of health and wellbeing initiatives and interventions available to staff to help maintain a healthy workforce.

Members noted that a lot of work had taken place to reassure staff that the staff sickness absence policy was to help and support those members of staff suffering short or long term sickness and, it was felt that those members of staff who had been through the processes had generally felt supported. However, it was accepted that some members of staff may consider the staff sickness absence policy relating to the triggers somewhat harsh especially to those who have previously had very few instances of sickness absence but then have a couple of absences quite close together, although these concerns were unsubstantiated.

The Committee agreed it was important to have a consistent approach throughout the Council and the Committee agreed it was essential that managers had training on applying the policy and in particular how to support staff through the sickness absence procedures which would improve staff confidence in the Council being a caring and supportive employer.

Recommendations

The Committee agreed for the following recommendations to be considered by the Executive Cabinet –

- Staff to complete a survey, a minimum of three weeks following their return to work after a period of absence to provide feedback to HR on their experience of the application of the sickness absence policy.
- Managers should receive refresher training on applying the sickness absence policy to ensure a consistent approach across the Council.
- Review the wording in the letter that staff receive when the sickness absence policy is triggered.
- To review the current performance measure for sickness absence monitoring and establish a range of measures using figures prior to the policy being introduced when compared with current information.

Chair

Date