

Report of	Meeting	Date
Chair of Overview and Scrutiny Task Group – Staff Sickness Absence	Overview and Scrutiny Committee	31 March 2016

FINAL REPORT – STAFF SICKNESS ADSENCE

PURPOSE

- To consider the reasons for the high sickness absence figures recorded in 2015/16, the interventions deployed by the Council to support and promote health and wellbeing in the workplace, and the proposed actions to improve the health and wellbeing provision.

RECOMMENDATION(S)

- To consider the recommendations of the Overview and Scrutiny Task Group contained within the report.

EXECUTIVE SUMMARY OF REPORT

- Chorley Council has historically performed well in terms of attendance management, particularly in 2011/12 which saw the least number of days lost per employee (5.44) compared with other local authorities in the North West. Despite this and a solid health and wellbeing and attendance management policy, unprecedented sickness absence figures have been recorded in December 2015 for both short-term and long-term absences

Confidential report Please bold as appropriate	Yes	No

CORPORATE PRIORITIES

- This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all		A strong local economy	
Clean, safe and healthy communities		An ambitious council that does more to meet the needs of residents and the local area	X

INTRODUCTION

- In the Council's attendance policy statement it states that the Council values the contribution of its staff in the delivery and maintenance of quality services to the community. Whilst recognising that employees may be prevented from attending work through ill health, the Council has a duty to maintain service delivery and minimise disruption. The Council is committed to managing attendance and sickness absence and believes that this is the responsibility of the Council's managers, trade union representatives and employees to work together to promote an attendance culture, the management of sickness absence and ill health.

6. The Overview and Scrutiny Committee noticed that the sickness absence figures during 2015/16 had increased when compared to previous years. Absence is defined as all non pre-authorised time off work including self-certificated absence, medically certified absence and unauthorised absence.

As part of our investigation, we received an overview of the authority's current performance information relating to staff absence. We also looked at information on the interventions the Council currently implements to support the health and wellbeing of its staff.

METHODS OF INVESTIGATION

7. I invited the Acting Head of HR and OD to outline the procedure that an employee is required to follow under the Sickness Absence Policy if they are unwell and feel unable to come in to work.
8. The Acting Head of HR and OD informed the Task Group that the Council's policy states that when an employee is absent due to sickness, there is a specific policy to follow. The employee needs to contact their manager directly and provide reasons for their absence, an estimate of the duration of their absence, if they have or intend to visit a doctor, and if so had any medication been prescribed. Employees are also expected to inform their manager if they had any meetings that needed to be re-arranged and outstanding work that had to be completed before their expected return.
9. This process is then repeated on days three and five of continued absence. If the level of sickness exceeded seven days a doctor's note is 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 will return.
10. If the employee 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, which includes 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 is due to a stress related illness, the welfare visit would start earlier and be more frequent than four weeks, especially if it was work related.
11. It is accepted that all employees will have occasional absences due to minor ailments. However, cause for concern arises when the frequency of such absences is considered to be excessive, or a pattern of absence becomes apparent. The incentives and initiatives that are explained in the Health and Wellbeing Strategy aims to protect and promote the health and wellbeing of employees throughout the Council. It is believed that with this support employees can take reasonable steps to ensure they are fit to maintain regular attendance.
12. 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.
13. Managers will review absence level on a formal basis when trigger points are reached or where there is a pattern of absence eg absences on Mondays or Fridays, absence directly after annual leave and absences at the end of the leave year. The trigger points are as follows –

Trigger Points	Meeting	Potential Outcome	Period Valid
3 occasions or 7 working days or more within a rolling 6 months	Stage 1	Verbal Warning	6 Months
A further 2 occasions or a further 6 working days or more in the following 6 months	Stage 2	Written Warning	6 Months
A further 2 occasions of a further 6 working days or more in the following 6 months	Stage 3	Final Warning	6 Months
A further 2 occasions or a further 4 working days or more in the following 6 months	Stage 4	Dismissal	

14. It was explained that when a trigger point was reached, the employee 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 disciplinary action. It was therefore possible that some employees would feel concerned if their absence reached a trigger point, especially if their usual sickness absence record was exemplary. However, the Task Group were reassured that this outcome is not common practice.
15. The Acting Head of HR & OD is confident that staff viewed the policy positively, and that it offered employees support and flexibility taking in to account individual circumstances.
16. The Acting Head of HR & OD informed the Task Group that as well as having a robust sickness absence policy, the Council also has a package of health and wellbeing services for employees to access as a sickness preventative measure. This includes access to counselling, physiotherapy, health insurance, health checks, fitness sessions, work related training courses, therapeutic interventions, flu jabs and eye tests.
17. In considering the sickness reporting procedure, we raised concern that on certain occasions, individuals may not be able to cope with being questioned on day one of an absence. In response we were advised that all sickness reported is handled sensitively and in strict confidence. However, to be able to support the individual and manage the impact of their absence effectively, questions do need to be asked as to the nature of their illness, the support required and the likely return date.
18. Where the absence is stress related, especially if it was related to work; external counselling sessions are offered. If the individual reported that they were suffering from stress due to their manager, the HR team work with both parties to identify what the conflict is and put solutions in place to overcome any issues identified.
19. We noted that 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 contractual working hours. We were informed that doctors seemed to be more willing to sign an individual back to work sooner if they are able to have a phased return.
20. The Task Group raised whether there was a perception, from employees that they had to come to work even when they were unfit to do so. The Acting Head of HR & OD informed us that a lot of work had been carried out to convince employees that this was not the case and if they were ill they must take time off work sick, and not come to work or use leave instead of reporting a sickness absence. It is considered important that a true record of sickness was lodged to be able to detect any trends, so that were possible preventative measures could be put in place.

21. The Acting Head of HR and OD was questioned whether mounting pressures both internally and externally about job cuts and restructures and the daily pressures of everyday life was a contributing factor 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 is no evidence to support the suggestion that this was a problem amongst employees.
22. The Task Group is satisfied that the Council's sickness absence policy was robust, fair and supportive. We are also pleased with the number of health and wellbeing opportunities being made available to staff. However, to get a balanced view we invited the Branch Secretary for Unison and a member of the Council's Staff Matters group to attend the meeting to answer questions of the Task Group on the Sickness Absence Policy.
23. The Branch Secretary for Unison informed us that she had asked its members for their thoughts on the Sickness Absence Policy. From the responses received, there is a split in opinion. From those who responded, the general feeling is that the approach for dealing with long-term absence was fair, while the approach for short-term sickness absence felt more punitive.
24. Further discussion identified that the main cause of concern for some staff is receiving a letter informing them that they have triggered the sickness absence policy and that they are required to attend an interview that could result in disciplinary action and in particular, the way in which the letter is given to them. It is felt that there are 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 is felt that a more consistent approach is needed across the Council to ensure all employees are treated the same.
25. The Branch Secretary and Staff Matters representatives support HR's view that most staff do not feel under pressure to come to work ill or take annual leave instead of reporting a sickness absence. It is 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.
26. They also welcomed the wide range of health and wellbeing initiatives open to staff, and are 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 were 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

27. The Task Group feels that the current increase in the level of sickness absence for 2015/16 did not suggest any underlying cause for concern and is a blip. We also feel that the Council's current Sickness Absence Policy and approach to short and long term staff sickness absence is fair and proportionate to manage staff sickness effectively. We were pleased with the range of health and wellbeing initiatives and interventions available to employees to help maintain a healthy workforce. It is acknowledged that a lot of work had taken place to reassure employees that the Sickness Absence Policy is to help and support employees suffering short or long term sickness. We are also encouraged that those employees who have been through the processes generally felt supported.
28. A lot of work has taken place to reassure employees that the Staff Sickness Absence Policy is to help and support those employees suffering short or long term sickness and, we felt

that employees who have been through the processes generally feel supported. However, it was accepted that employees 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.

29. The Task Group agreed it was important to have a consistent approach throughout the Council and we agreed it is essential that managers have 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 employee.

Recommendations

30. The Task Group agreed that the following recommendations be considered by the Executive Cabinet –
 1. Employees 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.
 2. Managers should receive refresher training on applying the Sickness Absence Policy to ensure a consistent approach across the Council.
 3. Review the wording in the letter that employees receive when the Sickness Absence Policy is triggered.
 4. 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.

COUNCILLOR JOHN WALKER CHAIR OF OVERVIEW AND SCRUTINY TASK GROUP – STAFF SICKNESS ABSENCE

There are no background papers to this report.

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