

Report for: Staffing & Remuneration Committee, 2nd October 2017

Item number: 9

Title: Sickness Absence June 2016 / 17

Report authorised by : Richard Grice, Interim Director Transformation & Resources

Lead Officer: Carole Engwell, HR Quality Assurance Manager

Ward(s) affected:

**Report for Key/
Non Key Decision:**

1 Describe the issue under consideration

1.1 The report provides the Committee with details of the role played by HR in supporting managers to more effectively manage sickness absence and provide details of specific interventions that have been introduced to reduce absence levels.

2 Cabinet Member Introduction

Not applicable.

3 Recommendations

The report is for information and for the Committee to note.

4 Reason for Decision

Not applicable.

5 Alternative options considered

Not applicable.

6 Background information

6.1 Day to day HR support for managers who are managing absence is available from the HR Advice team. The Advisers are the first point of contact for managers to give advice on operational aspects of policy implementation or to signpost managers to other services where specific support may be more readily available. The HR Business Partners provide strategic support to the Head of Service or to directorate management teams including identifying those areas where targeted support would be most beneficial which may be for either long term cases or where a high level of short term absence is being experienced.

6.2 The first intervention that managers must undertake is to conduct the Return to Work Interview on the employee's return from sick leave. The interview is widely regarded as best practice as it gives both parties the opportunity to discuss the effect that the absence had on the work of the team; the fitness of

the employee for work and whether the illness was such that additional absence may be likely and to brief the employee on any developments during their time away. If sickness continues, an Absence Review meeting is held when the trigger of six days absence in twelve months is reached. Both of these are local interventions which are attended only by the individual and the manager.

- 6.3 If a manager needs guidance or advice about conducting either the Return to Work or Absence Review meetings, they can attend one of the monthly drop in surgeries held by the HR Advice Team. The surgeries aim to provide timely, ad hoc guidance either for new managers who may be managing sickness for the first time, or for more experienced managers who want some advice on case management or other support networks available, such as the employee assistance programme.
- 6.4 Occasionally, specialised occupational advice is needed and before a management referral is sent, advice can be sought from the HR team to ensure that the referral is completed correctly. HR advice may also be needed when the assessment report is received, especially where reasonable adjustments are recommended including short or long term changes to the employee's working patterns or provision of specialist equipment.
- 6.5 In addition to HR or occupational health support, the employee assistance programme (EAP) is also available to managers or staff to access free, confidential advice on work, home and personal issues. In the past twelve months the EAP has been regularly used with 55% of those accessing it requesting advice on employment related issues.
- 6.6 More tailored support has been introduced in the form of a programme of training sessions that were designed and facilitated by HR and were run over the past year. The one day course was designed to provide skills and knowledge training to new managers as well as being a useful refresher training event for existing managers. Over the year, 82 line managers have attended the courses with positive feedback being received.
- 6.7 A series of monthly challenge meetings have also been introduced across the organisation, held by Heads of Service and their HR Business Partner. The sessions are intended to challenge operational managers on the steps they have taken to manage high absence in their area and to provide support for managers who have moved from informal to formal management.
- 6.8 In addition to the training programme and challenge sessions, HR Business Partners have been working with their Assistant Directors to implement more robust performance management. Heads of Service who are responsible for overall absence levels in their areas are expected to be monitored against this objective in their My Conversation review and line managers with the day to day responsibility for managing sickness are expected to show how they deal with long term or persistent short term absences in their team. As a result of the additional scrutiny, the average number of sickness days per employee has reduced in the three directorates that have shown the highest absence levels.

- Adults' Services average levels have reduced from 13.8 to 12.7 days
- Children's Services have seen a reduction from 11.4 to 10.7 days
- Commercial & Operations have seen a reduction from 11.4 to 10.0 days.

The reduction in Adults' Services has been achieved at the same time as a period of major restructures and headcount reductions in the directorate which has had an adverse impact on sickness levels.

- 6.9 The start of the pilot for the introduction of First Care, the external company who will receive calls from an individual on their first day of absence, has been set for November 2017. There will be two business areas taking part, the Commercial and Operations Directorate and the Business Support team in the Shared Service Centre. The pilot will cover both office based staff and those working off site and outside, it will last for six months and a report will be brought to the Committee after this to outline the progress made and next steps.
- 6.10 The measures that have been put in place over the past twelve months to provide targeted training, management support and to support culture change have all contributed to the reduction of absence levels and it is expected that these initiatives will continue to take effect over the coming months.

7 Contribution to strategic outcomes

Not applicable.

8 Statutory Officers' comments

Assistant Director of Corporate Governance

- 8.1 When an employee develops health issues their manager must ensure that they have a full discussion with the employee to ensure that they have a full understanding of the type of issues which will enable them to take appropriate steps to facilitate a return to work. Under the current policy, employees must telephone their line manager before 10.00am (or a time previously agreed with the employee) to say that they are unable to attend work. They must give an indication of their illness and an expected date of return
- 8.2 The return to work interview is an opportunity for the line manager to ascertain if the illness has been caused by work, for example through stress or bullying, or if the employee is experiencing any difficulties at home e.g. caring responsibilities or domestic violence.. The employee may have taken time off which should not be recorded as sick leave and should properly be recorded as a different type e.g. sick dependants leave, ante-natal care, medical screening, compassionate leave, unpaid special leave or unauthorised absence.
- 8.3 Employers have a legal duty to make reasonable adjustments for disabled employees (Equality Act 2010) and to take positive steps to ensure that disabled people are not discriminated against because of a mental or physical impairment.

- 8.4 If Occupational Health advice is that the employee is temporarily unfit for his/her substantive role, the team/service will be responsible for identifying suitable, short term, alternative employment.
- 8.5 If Occupational Health advice confirms that the employee is permanently unfit to carry out their substantive role but is otherwise fit for work and where there is no suitable alternative post within the team/service, a formal discussion will be had with the employee, as part of the Sickness Absence & Monitoring Policy. The employee will be subject to the redeployment process for a period of 3 months from the date of the meeting.

Chief Finance Officer

- 8.6 There are some financial impact for long term sickness cover which equates to approximately about 0.3% of the the agency/contractor recruited from Hays Recruitment Agency headline report for the month of July 2017. Of the total spend on agency cost in the month of £1.45m, these 3% have analysed further for their monetary values is £37.5k and are mainly within front line services such as Children and Adults

9 Use of Appendices

None

10 Local government (Access to Information) Act 1985

Not applicable.