

ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	The Executive
Date:	20 April 2015
Subject:	Scrutiny Outcome Panel – Sickness Absence Management Review
Portfolio Holder(s):	Councillor Alwyn Rowlands
Head of Service:	Not Applicable
Report Author: Tel: E-mail:	Scrutiny Outcome Panel of the Corporate Scrutiny Committee care of : (01248) 752039 care of : gwrce@anglesey.gov.uk
Local Members:	Not Applicable

A –Recommendation/s and reason/s
As outlined in the attached Report

B – What other options did you consider and why did you reject them and/or opt for this option?
Not Applicable

C – Why is this decision for the Executive?
As outlined in the Scrutiny Procedure Rules in the Council’s Constitution

CH – Is this decision consistent with policy approved by the full Council?
Yes

D – Is this decision within the budget approved by the Council?
Not Known

DD – Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	To submit verbal comments at the Executive meeting
2	Finance / Section 151 (mandatory)	The savings identified in the report is a misleading figure that would not be achieved as cash saving. If a decision is to be made to extend the Sickness Co-coordinator it should be done only after a more detailed analysis is carried out. Any extension would also need to be funded from an identified budget.
3	Legal / Monitoring Officer (mandatory)	No observations on the report
4	Human Resources (HR)	<p>Head of Profession and a Human Resources representative attended a number of the Scrutiny Outcome Panels as contributors.</p> <p>Sickness absence levels in Table 1 represent the figure at March 2013 (14.45 days). This figure had reduced to 12.38 days in March 2014.</p> <p>Human Resources have concerns about the legitimacy and practicality of requesting fit notes after 3 days absence which contravenes national standard practice. Doctors are not obliged to produce fit notes until after 7 days absence and may charge a fee (some may not provide one at all in which case employees will be unable to comply).</p> <p>Some of the Sandwell initiatives are already provided by the Authority and were not discussed during the meeting when Human Resources were present.</p> <p>Current levels of support provided to managers by the Sickness Absence Co-coordinator will not be sustainable in Human Resources if the post is not extended.</p>
5	Property	Not Applicable
6	Information Communication Technology (ICT)	Not Applicable
7	Scrutiny	Scrutiny Outcome Panel was set up following the Corporate Scrutiny Committee's monitoring of the Scorecard and negative press report concerning sickness absence in the Council during April 2014.
8	Local Members	Not Applicable
9	Any external bodies / other/s	Not Applicable

F – Risks and any mitigation (if relevant)		
1	Economic	Not Applicable
2	Anti-poverty	Not Applicable
3	Crime and Disorder	Not Applicable
4	Environmental	Not Applicable
5	Equalities	Not Applicable
6	Outcome Agreements	Not Applicable
7	Other	Not Applicable

FF - Appendices:
Appendix : Scrutiny Outcome Panel Report – Sickness Absence Management Review

G - Background papers (please contact the author of the Report for any further information):
Chair of the Scrutiny Outcome Panel. (C/O Geraint Wyn Roberts, Scrutiny Unit, Isle of Anglesey County Council, Council Offices, Llangefni LL77 7TW

ISLE OF ANGLESEY COUNTY COUNCIL	
SUBJECT:	Scrutiny Outcome Panel Report – Sickness Absence Management Review
DATE:	20 April 2015
REPORT AUTHOR:	Scrutiny Outcome Panel of the Corporate Scrutiny Committee (together with assistance from the Scrutiny Manager).
Report Considered by Corporate Scrutiny Committee on:	24/3/15
Tel: E-mail:	care of: 01248 752039 care of: gwrce@anglesey.gov.uk

1) **RECOMMENDATIONS:**

- 1.1 Extend the Sickness Co-ordinator post. Since the post was created during 2013 the Sickness Co-ordinator post has been instrumental in bringing down the sickness rates in the Council from 14.45 days (32,143.35 p.a.) to 12.38 days (29,109.5 p.a). Using the daily average salary of £76.37 we can estimate a saving of productivity of £231,694 and reducing the additional costs we incur having to bring in cover e.g direct social care jobs. *[cross-ref: Conclusion 5.1]*

- 1.2 That the Executive should consider opening discussions with unions with a view to reaching an agreement that employees must provide a fit note from their Doctor after 3 working days sickness absence (instead of current 7 days) and that the Executive consider whether or not it would be financially possible for the Council to reimburse the medical fee (if any) incurred by the employee in obtaining a fit note. *[Cross ref:C5.3]*

- 1.3 That the Executive ensures that **all** Senior Officers and Managers receive training on the Managing Sickness Policy and that all employees are made aware of the importance of reducing sickness levels within the authority to protect delivery of frontline services. The report articulates the Key Priorities of managing the Process for Managers in Appendix B.

- 1.4 That an additional team award for best attendance be added to the annual ceremony held in the Chamber. This would be for the Managers to manage via MyView and Human Resources (HR) on the Northgate system at the

end of year. [Cross ref:5.2]

- 1.5 Consideration should be given to rewarding individual employees with an outstanding attendance record.
- 1.6 That the Council pursue some of the examples outlined in the report under paragraph 5.4. The Sickness Co-ordinator's post would be best placed to pursue such a programme and to further bring down the high sickness figures experienced in the Council. [Cross ref: 5.4]

2) REASON FOR REPORT:

- 2.1 In April 2014 the Council received bad press coverage stating Anglesey Council employees were among the highest in Wales for taking days off sick. Although this meant we had the lowest number of total days lost in comparison to other North Wales Councils, as a percentage of the total number of staff employed it was the highest (see Table 1).

Table 1. North Wales Councils' Comparisons per year	Total number of days lost	Total No of days lost as a percentage of staff Numbers
Flintshire	60,926	11.03
Wrexham	49,252	9.9
Gwynedd	43,980	8.5
Conwy	37,300	10.8
Denbighshire	34,184	8.6
Anglesey/Ynys Mon	32,143	14.45

- 2.2 The Corporate Scrutiny Committee agreed this Panel be set up to try to add value by reviewing the current practices and offering some ideas for a way forward to lower the days off and thus make savings for the council to enable more monies to reach the front line services.

3) METHODOLOGY:

- 3.1 The Scrutiny Panel members completed the Scrutiny Proforma/Project plan for the task and finish Panel along lines discussed by the Scrutiny Committee (**Appendix D**)
- 3.2 A completed Proforma sets out in writing the Terms of Reference for the Panel and the outcome(s) they are seeking. The proforma assists with a number of headings to create consistency with Scrutiny Reviews and it thus also helps to

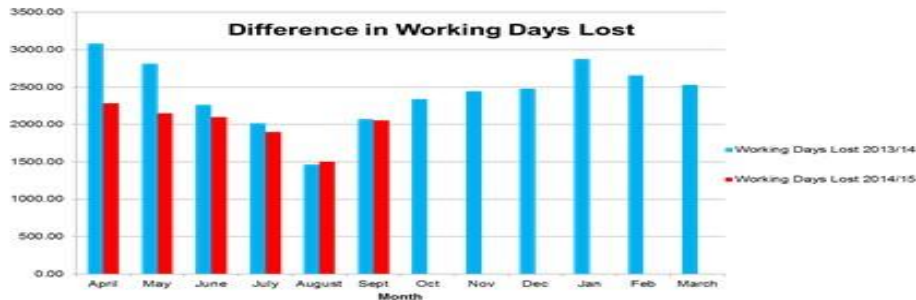
avoid going off on any tangents as is so easily done when reviewing a topic. The proforma also aids keeping to a set timeframe.

- 3.3 The Proforma also helps concentrate the Panels minds to decide on who should contribute to their review(s), when the review(s) should start and finish and what and how they wish to gather evidence.
- 3.4 A discussion took place among the Panel on 10th November 2014 where they completed the drafting of their Proforma and drew up a list of questions that they wished answering during the Review. This would enable them to draw some conclusions to assist in their considerations before making any recommendations.
- 3.5 The Panel in the first instance sought data from the Human Resources Section (HR). They requested a presentation from the Head of HR on the Managing Absence Policy as it stood now. In addition, they also sought the Sickness Absence Co-ordinator to attend the next Panel Meeting.
- 3.6 The Panel would seek to cost any recommendation as a result of this review.

4.0 FINDINGS:

- 4.1 The Chartered Institute for Personnel Development (CIPD) 2011 estimated costs per day at £100 or we could use Anglesey's daily average salary rate to estimate the cost saving being made with reducing sickness absence rates. The Committee chose the latter figure. (cross ref: 1.1)
- 4.2 The IOACC has revised its Absence Policy and it covers a vast number of reasons why staff may be absent, the Panel felt a context should be established; they wanted to know what would be the return on investment to compare the sickness absences figures against other absences? This would establish if sickness absence was the area to concentrate on, as the category of absence costing the Council the most.
- 4.3 On the 2nd December 2014 members received a presentation by the the Head of H.R's and answers to a **number of questions** the Panel Members had drawn up and circulated earlier to enable officers to prepare for the meeting (**Appendix A**).
- 4.4 Answers to questions as listed in Appendix A shows that there are no records of special or compassionate leave recorded only Sickness which in effect meant this was the category of absence the Panel should concentrate on.

- 4.5 **Appendix A & B** identified the breakdown of days lost monthly in Anglesey Council and the comparison year on year 2013/14 to 2014/15.
- 4.6 The data represented in the graph below shows that an assumption often made, that December is the month were most staff are off ill, is not true and is in fact April. The winter months are higher than summer and autumn but the 3 spring months of March, April & May are still slightly higher than the 3 months of winter.



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5) **CONCLUSIONS:**

- 5.1 In reference to Appendix B (para 4 'Return to Work Interviews' and related Para 5 'Managing Short Term Absence') and receiving anecdotal evidence, the members concluded that the 'return to work interviews' were now being used as a tick box exercise to meet the pressure to report by sending the forms forward to the centre for corporate performance scorecard purposes.

Although recording is important, the key priority of their use is to ensure the Managers/Supervisors are holding a discussion with their staff, after each and every absence, to ensure staff realise they are valued but also to enable managers, who are under pressure, to record emerging trends. This is a consequence of financial cutbacks resulting in smaller teams and thus less capacity to cover. Service delivery is hit immediately once a person is off and this is part of the 'raising of awareness' work the Sickness Absence Co-coordinator post has been undertaking with Officers.

- 5.2 The Panel liked the idea of praise rather than the normal negative messages going out to staff and in reference to the answer to question 9 (Appendix A) it intimated that Services should be sending a letter of congratulation to staff who have 100%

attendance, it was mooted this could be extended to the now established Team Awards, that take place in the chamber and published on the Council's WEB pages.

- 5.3 Members also did some literature research and in particular based their recommendation 1.2, following perusal of the Local Government Employers extensive Report 2007 on the prevention & management of sickness absence, specifically in regard notification and certification of sickness. In addition, discovered an article in the Management Journal, November, 2014, covering how Sandwell Council got to grips with sickness rates. They have reduced their sickness rates steadily downwards from an average 11.8 days in 2008, to 8.1 today.

YEAR	2008	2010	2011	2012	2013	2014
No. of Days	11.8.	10.6	9.7	9	8.5	8.1

- 5.4 Sandwell Council realised fine words in a Policy are not enough and set about making the following practical changes;-
- i. First they modernised making it quicker & easier for managers to record absence, via implementation of new technology, cutting out delays.
 - ii. Second, employees calling in sick now have to ring the occupational health team rather than their manager. This meant they got quick direct advise on how to manage the symptoms of their illness; agree how long it was likely to take to get better, get follow up treatment and if appropriate offers of treatments.
 - iii. HR realised they could not do it all themselves and sought specialist contributors: a specific charity to help them design a programme to help those on long term sick
 - iv. Obtain assistance from charities to encourage and support colleagues going through cancer treatments.
 - v. A counselling service, part of a wider employee benefits package
 - vi. Retail pharmacy, which provided free-to-employees 'flu jabs'

- vii. Launched a wellbeing group, with the banner 'Taking control of Your Health Your Future', this brought together existing employee welfare initiatives and targeted the 3 main causes of sickness absence: Stress – Infections – muscular skeletal conditions. They worked with public health to share information and resources. Again they sought other willing outside specialists, willing to support the initiative.

- viii. Their Outcomes were measurable: e.g. 850 staff had health checks, the employees slimwell club estimated a loss of over 26 stones in weight from its membership. The event focusing on stress cut working days lost for this reason to 8.7% and the infection event, chalked up an 11% cut. Money wise they estimated these 2 events and a muscular skeletal event have saved more than £200,000 in lost time.

6. NOTE REGARDING RECOMMENDATIONS: *In Scrutiny reports the 'Recommendations' are moved to the beginning of the report as they are considered the most important i.e Outcome of the Scrutiny Panel. **The report format:** sets out the way in which the Panel's Review would take place (Methodology, Why holding a Review (Purpose of the Review/Report), what information was gathered (Findings) to draw deductions from (Conclusions). These conclusions then lead to the recommendation the Panel propose to their parent Committee. If the Scrutiny Committee agrees with the report then the report becomes the substantive Report from Scrutiny and thus covered by the Council's Constitution and must be received by the Executive at its earliest convenience*

Author: Ms B.A.Symonds, on behalf of the Scrutiny Outcome Panel Members and their parent 'Corporate Scrutiny Committee'.

Job Title: Scrutiny Manager

Date: January 2015

APPENDIX A- List of Questions from Panel Members to HR Officers and their Answers received 2nd December, 2014.

APPENDIX B- Summary Notes re presentation from Head Of HR received by Panel on 2nd December

APPENDIX C- Extract from the HR web pages on the IOACC intranet 'Monitor'

APPENDIX D- Scrutiny Template to Plan a Project Proforma: For the Scrutiny Outcome Panel (SOP) reviewing Sickness Absence Management - version3 (Final).

Appendix: A

1. How many categories of Absence are there covered under the Managing Absence Policy?
 - a) Sickness Absence only
 - b) Human Resources do not hold any data records on special leave; jury duty, parental leave.
 - c) Managerial responsibility

2. What are they? N/A

3. Do you collect data on these categories? If Yes...
 - a) Yes, we categorise each sickness into categories suggested by Occupational Health due to the different reasons given for sickness.
 - b) Sickness Reasons is mandatory as it holds a lot about the support we can offer staff i.e. Occupational Health for Back problems, Medra Counselling for stress
 - c) Cold Flu / Stomach bugs are the majority of sickness reasons given

4. Can you provide data for the last 3 years on them?
 - a) No, the Co-ordinator Post only been in-situ from 01/04/2013

5. With regard the 'sickness absence category... Do you have a further breakdown of these e.g. By department, By illness e.g. Stress/ skeletal /cold flu etc., Long-term V Short term?
 - a) Yes, Breakdown of service is published on the corporate scorecard with a split of long term v short term, number of Work Related Stress, number of RTW completed.
 - b) Not required to report on sickness reasons. Service info provided on a monthly basis to Heads Of service and individual medical information is confidential and shared with Occupational Health.

6. Is Short-term absence analysed further into 1 day 2 days 3 days etc. up to certification i.e. after 7days?
 - a) No, Northgate does not contain this information

7. When does short term become long term for recording purposes?
 - a) Long Term absence is regarded as absence where the employee is away from work for a period of four weeks or more

8. How much training have the Managers received on dealing with sickness absence procedures?
- a) Human Resources have completed 6 sessions of Sickness Absence Management training, total of 95 managers have responded to our invitation and have attended, and 12 on the waiting list, next training due Jan 2015.
 - b) Information is continuously available to managers via the Managers section on Monitor and the self service system "MyView", templates and info sheets available and via access directly to the sickness absence co-ordinator at anytime
 - c) All Anglesey Managers also now have the Managers Toolkit Folder, the first section containing guidance on the managing of absence.
9. How do you inform staff regarding the sickness rates ?
- a) Sickness Bulletin, HR Bulletin is provided to managers with the expectation that they will forward to their staff.
 - b) Heads of Service receive monthly sickness results
 - c) The HR Co-ordinator arranges regular sessions with the Service directorate co-ordinators bringing them up to date with important changes to the policy, and gaining valuable feedback on their concerns within the service.
 - d) Services should be sending a letter of congratulation to staff who have 100% attendance
10. Do you ever move to dismiss due to sickness problems? If yes...
- a) Yes, but dismissal should be last resort.
11. Have you got figures showing how many people have left each year, over the past 3 years via this process?
- a) Only last 2 years
 - b) During 2012/13, 16 members of staff who were on long term sickness absence left the Authority, 8 of whom retired on ill-health grounds and the employment of 8 members of staff was terminated on the grounds of long term sickness.
 - c) During 2013/14, 14 members of staff who were on long term sickness absence left the Authority, 2 of whom retired on ill-health grounds, the employment of the remaining members of staff being terminated on ill-health grounds.
 - d) Unable to complete short term as Capability Panel was only introduced April 2014.
12. Which departments have lower sickness rates than others? Have you an explanation for this?
- a) Corporate Scorecard will show which department have lower sickness rates.
 - b) Adult services have the highest sickness rate due to the nature of their work.

13. When do you refer staff to Occupational Health?

a) The manager refers to Occupational Health following a period of sickness absence normally 1 month or several short term absences within a period of time. Managers should refer immediately any causes of mental health issues such as stress/depression/anxiety or any cases of musculoskeletal or back problems.

14. Do you know how much time your team spend on policing and recording data re corporate sickness? What about the time spent in the directorates? Do you have an ICT system to assist with this recording?

a) The corporate system used to record sickness absence is Northgate and that records all sickness absence.

b) Co-ordinators in each service are responsible for inputting all sickness absence data for their service; this data provides management information report for managers and the sickness absence coordinator.

c) Ensure accuracy by checking the report for obvious anomalies

d) Attend some team meetings in services

15. What is the average time it takes to process a dismissal on poor attendance grounds?

a) Every circumstances and individual and context are different

b) We have introduced the Capability Panel to dismiss on poor attendance; this is new since April 2014.

c) Can't give an average time, 6-12 months – all processes must be followed and authority must act reasonable at all times. Dismissal is last resort after exploring other options.

16. How much time in HR is taken up with Appeals on these grounds?

a) Appeals, take usually a couple of hours before a members panel + prep time beforehand.

APPENDIX B

1. Principles

- Key priority of Isle of Anglesey County Council is to reduce sickness absence and maximise attendance at work
- The manager needs to be up to date with the absence levels in their team.
- Managers should understand the cause of absence as this may reflect a trend or patterns in absence that impacts across the organisation.

2. Notification

Employees must notify their line managers personally before 9.30 am on the first morning of sickness indicating the **nature of their sickness** and **expected date of return**.

Priority

Self-certification for the first seven days, followed by the requirement for a Statement of Fitness for Work ("Fit note", formally referred to as a "sick note) on the eighth day.

Care Home/Shift Workers before start of shift.

3. Maintain Contact with Absent Employees

Regular contact with members of staff should be maintained during a period of absence, which should be **documented** and **monitored**. You should be maintaining regular contact at fortnightly and then weekly intervals with the employee during periods of long term sickness.

Priority

Manager should take positive steps to keep in touch so that the employee knows the organisation is interested in his or her health and support is available

4. Return to Work Interviews

On the day of return to work after any period of absence, the line manager **must** conduct a return to work interview with the employee.

Priority

Complete within **5** working days

Consider whether Trigger levels have been reached

Send relevant paper work on to service Sickness Co-ordinator to be kept in personal file

+ input details on Northgate.

5. Managing Short Term Absence

When a pattern of recurring short-term sickness absence is identified, the line manager must arrange an Attendance Review Meeting with the employee concerned.

Priority

"MyView" Manager Module allows you to view these trends and should be monitored on a regular basis at least once a month.

6. Attendance Review Meeting (ARM)

Level of Absence reaches the Authority's "Trigger" level

Three or more periods of sickness absence within a financial year

Recognisable pattern of absence (frequent Mondays, Fridays or more than one indication that an employee is regularly falling just short of a trigger)

Other circumstances considered by the manager to be sufficiently problematic, such as

failure to record a valid reason for absence

Frequent periods of longer-term absence

Attendance Review Meeting (ARM)

The purpose of the Attendance Review Meeting will be to explore reasons for absence from work and to identify underlying issues that may need to be address. Council's amended policy includes a referral to the **Capability Panel** of any case where sickness

absence has not improved following the Attendance Review process.

7. Long Term Sickness Absence

Long term absence is regarded as any absence where the employee is away from work for a period of four weeks or more.

Employee must submit relevant medical certificate

Managers must refer to Occupational Health

8. Phased Return to Work

It is recognised that in certain circumstances, e.g. following a prolonged or debilitating illness, after surgery or whilst recovering from an injury, it may be not be appropriate for the employee to return immediately to their full contracted duties and hours of work

Authority has a duty to consider reasonable adjustment in disability cases



SICKNESS BULLETIN

CURRENT POSITION

	Qtr. 1	Qtr. 2
2013/14	3.4	2.36
2014/15	2.78	2.34
TOTAL: April – September 14/15		5.12
TOTAL Working Days Lost April - September 14/15		11,983.51

Corporate Target 14/15 - 10 days

RETURN TO WORK INTERVIEWS

On the day of return to after any period of absence, the line manager must conduct a return to work interview within 5 working days.

Can you please remember to use the corporate version of the RTW form, **Monitor – Human Resources – Managers Section – Managing Absence Policy**

% RTW completed:

	Qtr. 1	Qtr. 2
2013/14	32%	52%
2014/15	80%	82%

ACTION GOING FORWARD

Long Term Sickness recording form - Long term absence is regarded as any absence where the employee is away from work for a period of four weeks or more. The manager should take positive steps to keep in touch so that the employee knows that the organisation is interested in his or her health and wellbeing, and that support is available.

Keeping in contact with employees on long term sickness absence -

A template letter can be found on Monitor for managers to send to employees, requesting their preferred method of contact during their period of absence.

Regular contact with members of staff should be maintained during a period of absence

Important to maintain regular contact with employees on long term sickness, this should be documented and monitored on the available recording form on Monitor.

Attendance Review Meeting

When a pattern of recurring short-term sickness absence is identified and trigger points are reached, the line manager must arrange an Attendance Review Meeting with the employee concerned **within two weeks** of Return to Work.

My View manager module - Reminder that the "MyView" system enables Managers to view a Planner showing the absences of their team or individual members of their team, from which they can identify absence patterns, for example (Friday and Monday patterns).

Managing absence training - if you feel a manager within your department / service would find it beneficial to attend then please send your nominations to HR.

Stress Questionnaire - if reasons for absence is Work Related Stress, we will be requesting the employee to complete a stress Questionnaire in order to try to identify the cause.

Occupational Health - The referral form should always be signed by the staff member, this ensures that the staff member is fully aware of the information being shared with Occupational Health. A signed form also ensures that the worker understands that they agree to attend arranged appointments.

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CONTACT

Alun Roberts,
 Sickness Absence Co-ordinator
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Sickness Reasons within Northgate

Accident – other	Neurological (Headaches and Migraine) Shingles
Accident at Work	Asthma
Back or neck problems	Heart, blood pressure & circulation
Pregnancy related	Stomach, liver, kidney & digestion (include stomach upset, bowel related illness)
Stress other	Genitro – Urinary (Menstrual problems)
Work related stress	Dental issues
Operation - pre and post	Cancer / Cancer
Musculoskeletal problem–Fractures, Muscles Tendons Ligaments	Depression
Cold / Flu	Be reavement
General infections - (ear/nose/throat/eye)	Endocrine (Under/Over Active Thyroid)
Chest & Respiratory - chest infections	Diabetic
Anxiety, neurasthenia, fatigue & mental health	

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APPENDIX: C.

EXTRACT FROM IOACC INTRANET WEB PAGES:

- [Sickness leave](#)
- Employees must notify their line managers before 9.30 am on the first morning of sickness indicating the nature of their sickness and expected date of return.
- [Sickness Absence](#)

Found in attached file(s)

- [Self Certification Form](#) - Adobe PDF
- [Long term sickness absence management](#) - Adobe PDF
- [Sickness Process](#) - Adobe PDF
- [Long term sickness - keeping in touch](#) - Adobe PDF
- [Return to work interview record form](#) - Word
- [Working hours and time off work](#)
- Information on annual leave, special leave arrangements, sickness, time off work for parents and time off in lieu.
- [Managing Absence Policy](#)
- Sickness absence management is a key process by which the employer aims, through various methods, to achieve better employee attendance at work.
- [Corporate courses](#)

Found in attached file(s)

- [Sickness Absence Course](#) - Adobe PDF

OCCUPATIONAL HEALTH: Isle of Anglesey County Council now provides an Occupational Health service to all the Council's employees.

The service is provided by Gwynedd Council Occupational Health Unit, and has been available since October 2011. A Nurse led clinic is held in Council Headquarters, Llangefni every Tuesday and Thursday.

Line Managers have a 'duty of care' to their staff members and as such should always:

- Refer in good time – immediately in cases of mental health issues such as stress/ depression / anxiety or in cases of musculoskeletal illness/ problems
- Monitor absences / Recognize trigger points
- Address Short Term Absences by conducting Return to work interviews
- Ensure Occupational Health are informed of planned absences e.g. elective surgery

It has been proven time and time again that early contact by a manager / Occupational Health gets people back to work sooner. *There are Line Manger referrals and Employee counselling referrals.*

SCRUTINY PROJECT PLAN



CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL

CORPORATE SCRUTINY COMMITTEE'S - SCRUTINY OUTCOME PANEL

Review Topic **Managing Absence Policy, specifically Sickness absence.**

<p>Terms of Reference:</p> <p><i>(Set specific objectives – be clear as to <u>what is</u> and <u>what is not</u> to be included in the topic)</i></p>	<p>In April 2014 IOACC again received bad press coverage, stating Anglesey Council employees were among the highest in Wales for taking days off sick. The Chartered Institute for Personnel Development (CIPD) 2011 estimated an average cost per day at £100. Thus the Committee agreed this Panel be set up to try to add value by reviewing the current practices and offering some ideas for a way forward to lower the days off & thus make savings for the Council to enable more monies to reach the front line services and save jobs with redundancies looming .</p> <p>The IOACC has revised its Absence Policy and it covers a vast number of reasons why staff may be absent. The Panel felt a context should be established, they want to know what would be the return on investment to compare the sickness absences figures against other absences. This would establish if this was the area to concentrate on as the one costing the Council the most.</p> <p>The aim then would be to review current practice and contrast with other authorities with better outcomes and suggest further actions for improvement, if possible. Panel would seek to cost any recommendation as a result of this review.</p>
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<p>Evidence Gathering</p> <ul style="list-style-type: none"> • Documents (What? Why?) 	<ul style="list-style-type: none"> • IOACC Absence Management Policy...which includes ref to manager sickness absence • Occupational Health Procedures • Numbers of employee on the books? • Establish; training in place • Communication of the policy too (a) Managers(b) rest of staff
<ul style="list-style-type: none"> • Internal Contributors (Both Members & Officers – Who? Why?) 	<ul style="list-style-type: none"> • Head of HR • Sickness Absence co-ordinator • HR Officers

<ul style="list-style-type: none"> • External Contributors (E.g., Service Users, Community Representatives, Key Stakeholders, Experts, Other Organisations – Who? Why?) 	Not decided at this time
<ul style="list-style-type: none"> • Site Visits (Optional – e.g., Users, Community representative, Key Stakeholders, Recognised Experts, Other Organisations, etc. – Who? Why) 	Depends on Members view in to the process re; value of going out to meet public or other stakeholders for consultation
<p>Consultation /Research</p> <p>(Other methods – Who? Why? What?)</p> <p>(Does the committee wish to publicise their reviews?)</p>	Report back to the Executive to expedite possible savings to be made 2014-15 budget but definitely for the 2015-16 budget.

<p>Format of Meetings</p> <ul style="list-style-type: none"> • Venue of Meetings (Can they be held in the Community?) 	<ul style="list-style-type: none"> • 1st meeting - Chair & Scrutiny Manager to meet HR Officers to agree useful way forward as not to duplicate work already undertaken • 2nd Meeting – 10/11/14 – Intro Head of HR to the Panel Members, draft the Panels Proforma for Cttee’s approval to proceed • 3rd Meeting – 2 December’14- Presentation from HR summarising the main points of the Absence Management Policy and how we are where we are. Private V Public sector. Plus outline progress planned to mitigate issues. • Q How do you think we could help? etc., (see bottom of table for more questions from Panel to be answered.
<ul style="list-style-type: none"> • Frequency of Meetings <p>(Members availability, getting contributors)</p>	<p>1 meeting every 6 wks</p> <p>Aim to complete at end of Q3 2014-15.</p>
<ul style="list-style-type: none"> • Co-Options 	<p>(Does the Committee wish to co-opt members onto the committee for the investigation? If so, why?) – Not at this point.</p>

<ul style="list-style-type: none"> • Member Involvement (Full Committee, Task & Finish Working Group) 	<p>Panel Members.</p> <ul style="list-style-type: none"> • Cllr Meirion Jones (Chair Corporate Scrutiny Cttee) • Cllr Gwilym Jones (V/C) • Cllr Victor Hughes • Cllr Jim Evans • Cllr Peter Rogers (initial meeting) <p>Officers consulted:</p> <ul style="list-style-type: none"> • Scrutiny Manager, Bev Symonds • Head of HR • HR Officer • Sickness Absence Co-ordinator
<ul style="list-style-type: none"> • + Responsible officer to complete as review progresses) 	<p>Version 3 Final Jan 2015. B.A.Symonds. Scrutiny Manager.</p>

Panel worked up QUESTIONS:

Q How many categorises of Absence are covered under the Managing Absence Policy? Q What are they?

Q Do you collect data on these categories? If Yes... Q Can you provide data for the last 3 years on them?

Q With regard the 'sickness absence category... Do you have a further breakdown of these

e.g. By department, By illness eg. Stress/ skeletal /cold flu etc., Long- term V Short term? Q Is Short-term analysed further into 1 day 2 days 3 days etc. up to certification i.e. after

7days?

Q When does short term become long term for recording purposes?

Q How much training have the Managers received on dealing with sickness absence procedures?

Q How do you inform staff re the sickness rates?

Q Do you ever move to dismiss due to sickness problems? If yes...

Q Have you got figures showing how many people have left each year, over the past 3 years via this process?

Q Which departments have lower sickness rates than others? Have you an explanation for this?

Q When do you refer staff to Occupational Health?

Q Do you know how much time your team spend on policing and recording data re corporate sickness? What about the time spent in the directorates? Do you have an ICT system to assist with this recording?

Q What is the average time it takes to process a dismissal on poor attendance grounds? Q How much time in HR is taken up with Appeals on these group