

Meeting OVERVIEW & SCRUTINY (SITTING AS A SELECT COMMITTEE)

Portfolio Area RESOURCES

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DRAFT - SICKNESS MANAGEMENT SCRUTINY REVIEW

1 PURPOSE

- 1.1 To provide Members with the draft report and recommendations for the review.

2 RECOMMENDATIONS

- 2.1 That Members agree or amend the recommendations from the review below:
 - 1. That a comprehensive staff communication plan be developed and implemented prior to the introduction of First Care which, amongst other points, will highlight that this process has been introduced to improve employee wellbeing which in turn should reduce sickness levels.
 - 2. That officers seek to measure the return on investment post implementation of First Care. If possible the First Care contribution to the Council meeting its sickness target should be quantified and measured noting also that the First Care service contract also included a target for demonstrating an improvement in staff wellbeing and that the performance of the First Care Contract be revisited in a year to evaluate its success.
 - 3. That officers work with the Portfolio Holder to seek to reduce sickness absence which has been specifically associated with the undertaking of the Business Unit Reviews.

4. That the seasonal variations and peaks and troughs in certain Business Units sickness levels be recorded by officers and be provided to Members through the quarterly performance report.

5. That the Portfolio Holder and officers continue to seek to identify specific interventions which might help reduce sickness absence associated with stress, anxiety and depression (Please see Appendix E – Time to Change Action Plan and Section 4 of the Report dated 14 November 2018).

6. Approximately half of all staff has little or no sickness leave each year, the other half account for the remainder of the sickness figures (16-18 days a year). As such, Scrutiny Members support the Senior Leadership Team's efforts and measures they have introduced to address this issue and request that an update report be provided in approximately one year to further consider performance in this regard.

7. That the impact of ill health and pressures on staff who act as carers be acknowledged by the employer side as a genuine pressure and that the Council's sickness policy and other Council policies addresses this issue and provides sufficient support for carers.

8. That Councillor John Mead be requested to provide an example of the monthly staff survey undertaken in his workplace as part of the wellbeing policy with a view to potentially using a similar anonymous staff survey to gauge the wellbeing of SBC staff.

9. That the Volunteer Policy be publicised and promoted amongst staff and that an evaluation of its success be brought back to Members.

10. That the Council seeks to identify the causes of sickness covering underlying "big picture" issues such as pay restraint and austerity, office ergonomics, problems with ICT etc.

11. That from the information obtained from the two officers that HR recommended to be interviewed (Supported Housing & Customer Service Centre), the following additional recommendations be considered: (i) That officers undertake a questionnaire/survey with officers (at least with the two areas identified above, but could be broadened to include other areas) to establish staffs view of the current sickness management processes; and (ii) that further recommendations be established from 4.1.14 to 4.1.26

2.2 That any further recommendations from the meeting be submitted to a future Overview and Scrutiny Committee to agree the final report and recommendations.

3 BACKGROUND

3.1 In October 2018 the Overview and Scrutiny Committee agreed a scoping document to scrutinise the issue of Sickness Management and a meeting was arranged for 14 November 2018 and 15 January 2019, where the following witnesses provided evidence to Members:

- Matthew Scrimshire, Development Manager, First Care
- Cllr Mrs Joan Lloyd, Executive Portfolio Holder for Resources

- Scott Crudgington, CE
- Matt Partridge, SD
- Clare Davies, Senior HR Manager
- Lloyd Walker, Waste Operations Manager (representing an area with high sickness stats)
- Greg Arends, Business Improvement Manager (representing an area with average sickness stats)
- Ann Tomlin and Diane Wenham Unison
- Kirsty Cody, Customer Service Centre & Kelly Potts, Housing Investment written submission to Members questions.

4 FINDINGS OF THE REVIEW

4.1 The review established:

- 4.1.1 The introduction of First Care is a positive step by the Council to address its Sickness Management issues but care needs to be taken regarding its communication and delivery and before any such service is undertaken that staff are fully briefed on the proposals, to this end Members were concerned that there had so far been little consultation with staff on this important new service but were pleased to hear from the Senior HR Manager and the Strategic Director that a full consultation and communications plan will be used prior to the service going live. During the review Members expressed concern that views of employees had not yet been received on the new system. Officers advised that a date had not as yet been identified for the system to go live as background preparatory work was still being undertaken. It was noted that officers would develop a comprehensive communications plan to ensure employees were clear on the implications of First Care prior to the system going live.
- 4.1.2 Sickness Management remains within the control of SBC.
- 4.1.3 Some Business Units which are going through reviews are experiencing higher sickness figures.
- 4.1.4 SLT and Members share a commitment and passion for the health and wellbeing of SBC staff.
- 4.1.5 There are seasonal peaks and troughs in certain Business Units which are not always recorded.
- 4.1.6 Approximately half of all staff have little or no time off work through ill health each year, the other half account for the remainder of sickness (16-18 days a year).
- 4.1.7 Scrutiny Members support the measures that SLT have put in place so far to address sickness absence.
- 4.1.8 A focus on the issues that generate the highest number of absences is needed for stress, anxiety and depression.

- 4.1.9 As part of the review Members interviewed Ann Tomlin, Branch Secretary of Unison and Diane Wenham Chair of Unison. Unison gave their views to the Committee on the introduction of First Care as part of the Council's sickness policy, which they welcomed as it would provide consistency across the Council with every employee being treated fairly. Unison were of the view that the introduction of FirstCare Nurse led triage service would be a benefit over non-medically qualified Line Managers. The Unison representatives advised that the issues of the sickness policy and the potential introduction of FirstCare would be raised at a Unison away-day on health and wellbeing and subsequent feedback from Unison's away-day was that the discussion was positive, as Unison members believe it will then provide a consistent approach across the Council.
- 4.1.10 Members were of the view that Sickness Management needed to be considered in the context of a decade of austerity in local government with less staff delivering services that are more in demand with the public. The other "big picture" issues for staff are ICT systems that break down; ergonomics such as, toilets, heating, lighting, desk space etc. can all have an impact on staff.
- 4.1.11 Members expressed concern that views of employees had not yet been received on the new system. Officers advised that a date had not yet been identified for the system go live, as background preparatory work was still being undertaken. It was noted that officers would develop a comprehensive communications plan to ensure employees were clear on the implications of First Care prior to the system going live.
- 4.1.12 As part of the review, Human Resources approached Members of the East of England LGA with a Sickness Absence Survey (East of England LGA Survey Summary October 2018). The following 8 authorities responded to the survey with the following sickness absence rates for the last 2 years (including short term and long term where available). The context of the East of England LGA group is that the make-up of services delivered by these councils is not necessarily the same as those delivered by SBC so this can affect the figures as many no longer run their own Housing Service or Direct Services such as Refuse and Recycling. It is also worth noting that the calculation methods may vary across the authorities. Stevenage Statistics are also included:
- Stevenage Borough Council – January 2017 sickness absence was 8.27 days FTE (target 8.5 days). May 2018 9.71 days FTE and at September 2018 8.91 days FTE
- Luton Borough Council – 2017/18 = 11.65 days per FTE, 2018/19 = 11.72 days per FTE (Luton do not break down short term or long term sick leave)
- Central Bedfordshire Council – 2016/17 long term 4.84 days per FTE, short term 4.07 days per FTE. 2016/17 Total = 8.91 days per FTE. 2017/18 long term 5.42 days per FTE, short term 4.32 days per FTE. 2016/17 Total = 9.74 days per FTE
- Colchester Borough Council - 2017/18 long term 6.1 days per FTE, short term 3.46 days per FTE

Suffolk Coastal & Waveney District Councils – 2016/17 long term 3.02 days per FTE, short term 2.13 days per FTE. 2017/18 long term 4.93 days per FTE, short term 2.0 days per FTE

North Herts District Council – 2016/17 long term 1.69 days per FTE, short term 3.25 days per FTE. 2017/18 long term 2.96 days per FTE, short term 4.23 days per FTE

East Herts District Council – 2016/17 long term 2.8 days per FTE, short term 3.2 days per FTE. 2017/18 long term 3.1 days per FTE, short term 3.1 days per FTE

North Norfolk Council – 2017/18 both long and short term sickness = 6.35 days per FTE. 2018/19 both long and short term sickness = 5.88 days per FTE

Babergh & Mid Suffolk District Councils – 2018/19 total only = 1.14% days per FTE

- 4.1.13 Members undertook a series of questions with representatives from the Customer Service Centre and Housing Investment via a written submission of questions to officers as it was not possible to co-ordinate a meeting with all parties, the following is the officers responses:
- 4.1.14 Do you think staff come into work when they are ill and should not be in work, and what do you think are the reasons for this? Housing Investment: *Yes, I feel the majority of my team are very conscientious and will in essence drag themselves in work when they are unwell. I think there are two main reasons for this, firstly, if they are not in work they appreciate that someone else will have to cover their shift or scheme for that day as our service cannot wait until the next day (visiting and responding to residents emergency calls) and secondly because they genuinely care about their role and their responsibilities. The office team including myself, will come into work when we shouldn't because there is always so much to do and we don't like taking time off. As a result illnesses such as a cold are passed between the team.* Customer Service Centre: *Sometimes, we tend to find those who have been off sick through an exceptional circumstance and as a result have been placed on an informal stage are the ones who will come to work regardless of how unwell they feel.*
- 4.1.15 What causes anxiety about calling in sick and how this could be reduced? Housing Investment: *As I mentioned above but also they don't like to have formal meetings about their sickness and no matter how much reassurance I do, they still become very anxious about hitting triggers.* Customer Service Centre: *I'm unsure about this one. One person who was being managed through the sickness policy commented they felt anxious calling in because they 'didn't want to get in trouble'. We've had no other comments about this. One way to reduce anxiety about calling in, is for staff to call into a third party, where they can seek medical guidance and discuss any issues they may have about attending work or options for coming back to work.*
- 4.1.16 Do you think that adequate discretion is used with the trigger system for back to work interviews and closer monitoring if the employee has more than 8

days sickness in a calendar year? Housing Investment: *I think this is where there are inconsistencies across the organisation. If a trigger has been hit, we will monitor as per the policy and have informal meetings.* Customer Service Centre: *I'm hoping this answers the above. We feel that we are unable to use discretion when managing sickness, for example, when an adviser has been off sick because of an exceptional circumstance (something that is unlikely to be repeated like miscarriage, broken bones, car crash) they then come back and are placed on an informal stage. They then have a day or two for something viral and are scrutinised over this when, had they not had the exceptional circumstance, they would not have to justify a one off sickness like this. As a manager, this can be challenging to manage because we are of the opinion that the adviser shouldn't have been placed on a sickness stage in the first place (particularly when they have a good track record).*

- 4.1.17 Do you feel employees return to work before they are ready to, to avoid triggering the system? Housing Investment: *Yes, however I do feel they as mentioned, they are only sick if genuinely unwell, therefore they return as soon as they feel they can come into work. That said, we have sent team members back home (and I have also been sent back home) when they have tried to return too soon and I have had comments about not wanting to hit a trigger / have a meeting.* Customer Service Centre: *No.*
- 4.1.18 What is your view of how Sickness Management is managed at SBC? Housing Investment: *I think this policy has improved by using a rolling 12 month period as previously, I felt some people knew how to avoid been escalated to the next stage and would forever be on stage 1 (on review for 3 month and then go off sick a short time after the review period). I do feel there should be something separate for planned medical operations / procedures.* Customer Service Centre: *Sometimes feels like one size fits all. There should be a rolling training programme for effective management of sickness management policy. HR advice and support can be inconsistent.*
- 4.1.19 What are employee's views on how their employer views sickness and the suggested changes to the sickness policy? (perhaps a rating system to see whether they think it is more to do with saving money than with improving employee wellbeing) Housing Investment: *I think the message has been about how much sickness costs the council, rather than the wellbeing of employees. I haven't seen the suggested changes so unable to comment. I can do a questionnaire with the wider team if you would like, maybe myself and Kirsty could use the same questions to make it consistent?* Customer Service Centre: *To our knowledge we aren't aware that the team feel it's a money saver. The team sometimes comment that they feel being on an informal isn't justified because they were unwell.*
- 4.1.20 Do you feel that the Council's Sickness Policy is applied fairly and equally? Housing Investment: *I think it is inconstant. I am aware of other departments not monitoring their sickness in the same way and use flexi or annual leave instead of recording an absence as sickness.* Customer Service Centre: *Yes, applied equally but no always fairly.*

- 4.1.21 How effective is the back to work interviews? Housing Investment: *I think they are effective and I use it to discuss reasons off, and if we need to adjust anything for them to return. I will plan any phased returns. I feel this is the informal discussion / meetings.* Customer Service Centre: *We don't feel these are effective in isolation. It would be useful to have access to previous RTW forms, sickness figures, reasons and informal/formal meeting documents all in one place. This would help to look at trends and identify potential underlying issues, which then opens up discussion with the team member.*
- 4.1.22 Do you think that staff are adequately helped during periods of sickness and back into work? Housing Investment: *Yes defiantly, we will always look to see what we can do to get someone back into work e.g. someone broke their arm and was unable to drive (therefore unable to do their usual role) so we worked with them and they came into Daneshill to do alternative work / projects.* Customer Service Centre: *Yes, in our service we believe they are.*
- 4.1.23 Do you suspect that some employees take sick leave when they could come into work? Are there underlying reasons for this? If so what could be done to encourage staff to attend? Housing Investment: *Maybe in some rare cases, I think it was an old culture where you could almost have 7 additional annual leave days but I genuinely believe this has changed and is no longer the case.* Customer Service Centre: *Yes, we feel that is because of the contact centre environment. If there was more flexibility in terms of duties and flexi-time I believe advisers would attend work when they may be feeling a little under the weather. Unfortunately, a contact centre environment is demand driven and flexitime if difficult to manage and apply.*
- 4.1.24 Why are staff sick? Pressure; having to hold down two jobs to pay bills; working conditions; bullying; cuts in staffing? Housing Investment: *In our area, we work with older people, visiting many different homes every day and as a result, the team will tend to pick up all the colds or illnesses etc. that are going around. I think there are a huge number of reasons why people are sick, I have seen a lot of cases where there are pressures / issues at home make them unwell and then they struggle to cope as they normally would at work.* Customer Service Centre: *Often because they pick up bugs from customers and each other. The contact centre environment is busy and varied and there is no opportunity for a long lunch, a quiet moment or an early finish. Life style choices can sometimes impact on team members attending work but we discuss this openly and honestly with them during return to work meetings and document.*
- 4.1.25 Is the current Sickness Policy and trigger points for interviews set at the right level? Housing Investment: *Yes, I think it's reasonable however I don't feel the informal trigger is right because we bring them in for formal a meeting calling it informal, but write with an outcome etc. which is formal and confusing. please see below, I would like to see planned medical procedures to be kept separate and not affect their triggers. I think the return to work is the informal meeting. If they have only been off for one reason and hit the*

trigger then you have all the discussions needed at the return to work, then meet up to have an informal meeting to repeat the discussion. Customer Service Centre: Yes, but discretion is needed.

- 4.1.26 If you could change anything about the current Sickness Policy what would it be? Housing Investment: *I would like to see something separate for planned operations etc. I appreciate they are unable to come into work as they are not fit and sick but I don't feel bringing them in for a sickness review meeting is necessarily appropriate. I would also like to change the informal formal meetings as they are formal. Customer Service Centre: Discretion for dealing with exceptional circumstances and improved sickness data.*

5 IMPLICATIONS

Financial Implications

- 5.1 There are no direct financial implications within this report.

Legal Implications

- 5.2 There are no direct legal implications within this report.

Staffing Implications

- 5.3 If the Executive Member for Resources accepts the Committees recommendations then there could be implications for staff if the corporate sickness policy is amended. Sickness absence has an impact on the delivery of services to customers and means that duties need to be covered or reallocated to ensure continuity of service delivery. Long periods of absence as well as unplanned short-term periods of absence can cause disruptions and put additional pressure on remaining team members.

Equalities & Diversity Implications

- 5.4 Members of staff who have medical conditions or disabilities are afforded time off for medical appointments and flexibility regarding working hours.

BACKGROUND DOCUMENTS

All documents that have been used in compiling this report, that may be available to the public, i.e. they do not contain exempt information, should be listed here:

- BD1 East of England LGA Survey Summary October 2018.
BD2 SBC Sickness Absence Policy & Procedure Version 6 – June 2018