OVERVIEW & SCRUTINY

The Resources Scrutiny Panel

Report on

The Council's Sickness Absence Management Scheme

25 October 2000

Kirklees Metropolitan Council

JQ295

RESOURCES SCRUTINY PANEL

MEMBERS: Councillor R Briggs **(Chair)**
Councillor Mrs M Bower
Councillor S May
Councillor J R Smithson

HEAD OF SERVICE: Mr J Griffiths
SUPPORT OFFICER: (Head of Economic Development Services)

COMMITTEE ADMINISTRATOR: John Quarmby
(Tel. 01484 221703)

WITNESSES: Mr G Harker, Human Resource Adviser
Mr T Hood, Chief Housing Officer
Ms H Armitage, Assistant Personnel Officer
Mr J Griffiths, Head of Economic Development Services
Ms H Smith, Acting Manager, Employee Health Care
Dr C Ash
Mr R Otter, Head of Highways and Transportation
Ms N Dixon, Human Resource Strategist

Meetings of the Panel were held on:

20 January 2000, 30 March 2000, 14 April 2000 and 23 August 2000

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1. BACKGROUND

The Resources Scrutiny Panel as part of its work programme for 1999/2000 were asked to undertake scrutiny of the Council's Sickness Absence Monitoring Scheme. At the time the Panel undertook scrutiny the Council's Human Resources Adviser was updating the scheme in consultation with other Officers.

2. GOVERNMENT PROPOSALS TO REDUCE SICKNE4SS ABSENCE

The Panel noted the following:-

(a) That the Government intended to set targets to reduce sickness absence levels in the public sector and that for Local Government figures supplied by the Local Government Management Board for all large Councils (Metropolitan, Unitary and Counties) would either serve as, or influence the benchmarks around the targets to be set.

(b) The Cabinet Office had challenged all public sector bodies to reduce absence levels by 20%/30% by the year 2003.

(c) That the Government targets and the Cabinet Office targets implied a reduction of 0.6% over 5 years or a reduction of 1.5% over 3 years respectively.

(d) The LGMB had commented on the targets as follows:

"It would be unrealistic to suppose that such reductions could be achieved easily by most authorities. A recent study carried out using the Government's Labour Force Survey has shown that across the economy as a whole, absence levels have remained static for fifteen years. A recent report by the Health and Safety Executive points to a substantial increase in work related injury and illness. We know that the workforce is ageing and that age is positively correlated with sickness absence. There can be little doubt that most sickness absence recorded in local authorities is as a result of genuine and sometimes serious illness."

(e) In the current year (1999/2000) the Council's employee costs were £257m., so a sickness absence rate of 4.9% in simplistic terms represented a loss of service of £12.5m. This figure was likely to include the cost of cover for sick staff or the payment of overtime to catch up with lost work. This would be paid from the employee budget line.

(f) In order to achieve the Government targets, the following actions would need to be taken:

(i) ensure that managers undertook return to work interviews immediately on an employees return

(ii) improve the existing monitoring arrangements

(iii) improve communications between the Council's Doctors and Line Managers in order to avoid misunderstandings about each others requirements and constraints

(iv) continue to develop pro-active measures such as the employee assistance programme in Social Services

(v) ensure that time limits for dealing with ill health referrals from Managers, personnel staff and the Council Occupational Health Care Team are developed and adhered to.

3. CURRENT SCHEME - THE ENQUIRY PROCEDURE

The following information was taken from evidence supplied by witnesses:

1 Following a continuous four week absence the manager should initiate an enquiry with regard to a 1-3 months long term absence developing. An enquiry should be related to the length of absence not to sick pay and should be initiated at the very latest after three months absence. It is anticipated that within one month of the original absence the employee will have been contacted by the manager.

2 Where it is necessary for the manager to visit the employee at home to discuss the situation, it must be arranged by mutual consent and at an appropriate time for the employee. Such visits need to be approached with sensitivity and care in order to avoid adversely affecting the employee's well being.

3 In all cases, consultation must be a proper exchange of information and not just an opportunity for managers to state their own views on the situation. the purpose of the consultation is to both give and receive information with a view to formulating appropriate action.

4 Having visited the employee, and the sickness absence is of a predictable duration, departmental action need only be limited. Managerial action will be required to cover the work temporarily until the employee returns. The manager should nevertheless keep in touch with the absent employee, offering opportunity for the employee to be kept up to date with developments within the workplace i.e. through newsletters, KMC information "Inside Kirklees" etc.

5 Where the absence is unpredictable and the prognosis is doubtful it will be necessary to obtain a formal prognosis from the Authority's Medical Officer. The manager can request the employee to "submit to an examination by a medical practitioner". (Details in the National Conditions of Service).

6 In order that informed decisions can be made in the knowledge of all relevant facts relating to long term illness, medical information from the Medical Officer employed by the Authority is essential. Supplementary information from the employee's General Practitioner is also considered. Under the Medical Reports Act 1988 the employees consent must be obtained in writing giving the Authority's Medical Officer access to confidential information.

THE REVISED SCHEME (NOW IN OPERATION)

(a) **Monitoring**

Sickness absence will be monitored by managers and action taken in accordance with the procedure, particularly if a pattern of sickness absence emerges which gives cause for concern.

The monitoring information on sickness absence levels will be made available to managers for consideration and discussion. Statistics will be made available in service or unit format, in order to preserve individual confidentiality.

Regular reports will be presented for Member consideration.

(b) **Monitoring**

Record keeping must be carried out accurately when dealing with ill health. In cases which have been to Employment Tribunals procedural fairness has been considered of the utmost importance, and this can only be provided if accurate records are kept of all developments and action taken.

Monitoring of sickness absence levels is imperative; failure to monitor and control absence or operate the procedure fairly and consistently may result in perpetuating unsatisfactory absence levels, the disillusionment of other employees and potentially incur expensive cases at an Employment Tribunal.

An accurate, updated and confidential record of absence should be kept, on the agreed attendance record sheet or grid, for each member of staff. This will provide the management information to enable absence to be properly managed.

Statistical information drawn from payroll, is also available from the appropriate Personnel or Staffing Administration Section, which will be useful for retrospective comparative purposes and high level trend analysis, although it is no substitute for management information.

Employees should be aware that, as a matter of routine, these records are kept for everybody. Managers should be open with this information and share it with the individual concerned, particularly during return to work interviews.

A thorough analysis of evidence about the scale, nature and impact of sickness absence is undertaken and reported to managers and Councillors periodically.

Managers are expected to ensure day-to-day documents to monitor attendance are maintained.

In addition to day-to-day monitoring of attendance by services, there is also corporate monitoring taking place using the Authority's computerised personnel information system.

Corporate monitoring reports are produced regularly and distributed to Resources Teams. Managers then receive monthly reports on absence rates for discussion with senior managers.

(c) **Reviews**

Timing of reviews by managers/personnel officers of sickness absence is important but difficult to prescribe. It is suggested that the first review should take place no earlier than 21 days and not later than three months, from the first date of absence. Subsequent reviews as necessary should occur at monthly intervals, or whenever the employee's status changes significantly.

Following a continuous three-week sickness absence, the manager should establish contact with the absent employee to:

* Assess the nature of the illness (taking advice from Employee Healthcare where appropriate)

* Provisionally assess length of absence.

* Initiate an action plan to facilitate a return to work or mutually suitable arrangements.

* Monitor absence, i.e. maintain contact with the employee if return to work is not imminent.

* consider filling the employee's post on a temporary basis if return to work is not imminent.

The manager may request medical advice to assist any decision to be made with regard to employment. The medical position may be clear from the previous discussion with the employee at the 3-week stage. However, a report may be obtained from the Authority's Employee Healthcare Unit (who may, with the employee's consent, contact the employee's General Practitioner). It is important to

stress to managers that if a formal medical assessment is requested, the employee knows, and fully understands, the reason why the manager has requested further medical information.

In some cases it becomes apparent that an employee will be incapable of returning to their previous job, recognising that injury or illness may have some long-term consequence that affects their ability to do their job. On these occasions the manager must ensure that alternative hours and ways of working have been explored before redeployment is considered, or the decision to terminate an employment contract is made. Attention must be paid to the provisions of the Disability Discrimination Act when consideration is given to alternative ways of working and/or redeployment.

Managers should keep the post open until the current postholder has successfully returned to their post, or arrangement made for them to be redeployed or their employment terminated on medical grounds.

(d) **The Return to Work Interview**

After any episode of sickness, irrespective of the length of the absence from work, employees should have a meeting with their line manager (or nearest equivalent). This should be done as near to their first day of return to work as possible and not left until a nominated person returns to duty. At this meeting an Absence Management Form must be completed. If an employee and manager are unable to meet the employee must complete and sign and Absence Management Form and forward this for their manager to sign.

In most cases completing an Absence Management Form will suffice. However, when a trigger is met a deeper return to work interview may be necessary - this will usually be when a pattern is emerging or an ongoing medical problem warrants further discussion. In accordance with the Disability Discrimination Act, the Council has an obligation to consider making reasonable adjustments to help employees with disabilities to work. Aside from the legal obligation the Council would wish to consider ways to help employees to attend work and operate efficiently and effectively.

COMMENTS MADE BY WITNESSES

Monthly print outs are available from the ARCAST Personnel and Payroll system which provide information on sickness absence levels.

One witness advised that the information referred to above was received by his Service on a 6 monthly basis.

That cases of long term sickness were referred to Employee Healthcare, who would arrange for the member of staff concerned to be seen by one of the Council's Doctors. This is based on an appointments system. Problems had occurred when an employee had failed to keep the appointment which resulted in some time passing before a further appointment could be arranged.

At such appointments, the employee could be accompanied by a friend, Trade Union representative etc. Having been seen by the Doctor advice would be passed by Employee Healthcare to the manager who had the ability to challenge that advice if it was considered incorrect.

It was suggested to the Panel that advice given by Employee Healthcare was not always sufficient for the manager to make a decision as to the employees future work prospects. An example given was an employee being allocated "light duties" when returning to work without an explanation been given of what such duties might be.

In those cases where the Council's Doctor wished to obtain further information from the individual's G.P. then the permission of that individual had to be obtained. The employee had the right to a copy of any correspondence received from his/her G.P. or Consultant.

Employee Health Care could arrange for an assessment to be made of the anticipated length of time that an employees sickness was expected to continue. Part of that process included a formal interview with a representative of Personnel. At times the process appeared judgmental.

EMPLOYEE HEALTHCARE

The Service was established in 1993 to meet the occupational health needs of Kirklees Services and their workforce. Occupational Health Services focus on the impact an individual's health can have on the organisation and the affect the organisation can have on the work forces health.

By providing a variety of services Employee Healthcare aims:

- To provide Occupational Health Advice to managers of employees who are experiencing health problems which impact on their employment.

- To advise on the potential health effects of an individual or group of individuals arising out of the working environment.

- To provide information to enable managers to form links between incidence of ill health and enable them to identify common factors in the work environment.

- To act as a liaison and conduit from other health and medical professionals external to the Council.

- To facilitate an employee's return to work, their substantive post, adjusted post or alternative post, by utilising other employee health care services i.e. counselling, workplace assessment, HEAL Scheme, health advice.

- To enable the employee to meet its duties under health and safety and other employment legislation.

- To approve and facilitate access to pension benefits according to pension regulations, where appropriate.

Additional information supplied to the Panel by Employee Healthcare and Dr Clare Ash:

- Referrals were generally received by the Service after the employee had been absent for 8 weeks although this varied from Service to Service.

- Prior to the employee being interviewed by one of the Council's Doctors the line manager would be asked to provide information on the duties of that person. This was usually by means of the employees job description being forwarded. The job descriptions were not always up to date.

  The information supplied was checked by Employee Healthcare who then had to make a judgement on the length of time of the first appointment with the Doctor.

  The employee was given 14 days notice of the date and time of the appointment. The Service had looked to reduce the time to 7 days but had found this to be impractical.

Occasionally "home visits" were arranged but these were not considered to be cost effective.

The waiting time for an appointment (including the fourteen day notification) was five weeks.

Should a large number of referrals be received at one time then the Doctors were requested to undertaken additional sessions.

Sessions were usually of 3½ hour duration and during that time appointments were made for 7 to 9 employees.

If the employee failed to attend the appointment then his/her manager was notified. The manager would then decide whether or not to proceed with a further appointment.

Occasionally appointments were cancelled due to the employee's Trade Union representative being unable to attend on that particular day.

The Authority did not undertake pre-employment medical examination. Suggested that these might be useful for certain types of employment.

Currently Employee Healthcare had four Doctors contracted to cover 3½ days per week. The Doctors would look at the medical history of referrals and examine the employee if considered necessary. They acted in an independent capacity and considered their role to be one of supporting the employee in returning to work, with appropriate "after care".

A growing number of employees were referred to Employee Healthcare with stress related illnesses and it was suggested that such illnesses were generally not understood by management. More information/training should be provided in this area.

CONCLUSIONS

1. The Panel supports and endorses the proposal that Heads of Service and Line Managers undertake return to work discussions immediately upon the employee's return from sickness absence.

2. The Panel supports the proposal that Heads of Service and Line Managers undertake more detailed return to work interviews when triggers are reached

i.e. when the employee has been absent for:-

- 6 days in 6 months
- 3 times in 6 months
- in a regular pattern e.g. either side of weekends, following overtime.

3. The Panel recommends that the existing monitoring arrangements as provided to Heads of Service by the Resource Groups should be reviewed so that information provided by the ARCAST System is available on a monthly basis.

4. The Panel recommends that communications between Doctors at the Employee Health Care Unit and Heads of Service/Line Managers are improved in order to avoid misunderstandings about each others requirements (e.g. job descriptions not reflecting the employees work) and constraints.

5. The Panel recommends that the employee assistance programme in Social Services should be made available to all employees.

6. The Panel recommends that staff should be advised that they may, if they wish, return the 'sick note' to the relevant Personnel Section rather than to the Line Manager. The Panel wish to remind Managers that the content of such notes may, on occasions, give confidential information which the employee would not wish to be released and the notes should be treated as such. The Panel has noted that the line manager may need to be aware of personal matters e.g. where an employee is taking medication for a condition and the employee operates machinery.

7. The Panel endorses the time limits for dealing with ill health referrals and urges that these be adhered to by Managers, Personnel Staff and the Employee Healthcare Unit. The Panel has noted that on occasions, appointments with the Council Doctors are not kept, often without notice being given by the employee that they are unable to attend. This is a waste of the Doctors time. Every effort should be made to notify the Unit of a cancellation and the reasons therefore. The Panel recommends that this matter be monitored by the Head of Service.

   The Panel noted that if an appointment was not kept then the Line Manager was asked if a second appointment should be made. The Panel recommend that a process is established whereby a second appointment is automatically made for a missed or cancelled appointment.

8. The Panel recommends that the Resources Management Board give further consideration to the introduction of pre-employment medical examinations for employees who undertake physical work (e.g. heavy lifting).

9. The Panel has noted that the Scheme provides general information for Managers on managing stress. The Panel has noted that the majority of illness is "stress" related and would support the provision of specialist training for Managers on how to diagnose the early stages of stress among staff and action which can be taken to reduce stress.

10. The panel supports and endorses the aims of the Employee Healthcare Unit and seek assurances that advice from the Unit on the potential health effects of an individual or group of individuals arising out of the working environment is adopted by Line Managers.