

POLICY AND RESOURCES SCRUTINY COMMITTEE

(Council Chamber - Port Talbot Civic Centre)

Members Present:

6 January 2017

Chairperson: Councillor D.W.Davies

Vice Chairperson: Councillor A.Jenkins

Councillors: A.Carter, M.Harvey, Mrs.L.H.James,
A.R.Lockyer, L.M.Purcell and I.D.Williams

Officers In Attendance Mrs.S.Rees, Ms.S.Porter-Thomas,
Ms.A.Hutchings, N.Evans and Miss.C.Davies

Cabinet Invitees: Councillors P.A.Rees, A.N.Woolcock

1. SICKNESS ABSENCE MONITORING REPORT

Members considered the monitoring report that highlighted the sickness absence data for Quarter 2 2016/2017.

Members asked how the Council could ensure that the management of absence be fair and reasonable and how would managers ensure compliance with employment law? Officers advised that if Managers comply with the Policy Framework this will help ensure compliant with relevant employment legislation. As every policy contains elements of manager discretion, Managers are also supported by being provided with appropriate training.

Members queried sickness levels within schools. It was suggested that a standard item be added to the Schools Standard Monitoring Group requesting updates from each school on the level of sickness and how sickness is being managed.

Members commended the report and highlighted that it was interesting to note that sickness in Schools in relation to the teaching workforce has reduced in the quarter by 5% and in relation to support staff it has stabilised. Members were particularly interested that more

non-teaching staff have had 3 or more instances of sickness absence but that the days lost by these employees has reduced, which would tend to suggest that sickness is being better managed within schools.

It was noted that Stress at work related sickness was being managed well and officers highlighted that even though Stress related sickness had not decreased, it was now being more accurately recorded and was now split between work related stress and other stress. Work related stress accounts for less than 15% of stress related absence.

Members queried whether bereavement and grief related absences had increased due to the authority becoming an older workforce. Officers highlighted that there is a perception that the Authority is an older workforce, however it generally falls within the middle age category. Officers informed the committee that data could be collected to research whether there was any link between reasons for absence and reasons for absence.

Members were advised that specific job roles could affect sickness levels, for example a carer could be expected to have more sickness than an office worker.

Members asked whether there were individuals who continue to challenge the system in relation to sickness absence and officers stated that there have been particular areas within the policy that have been challenged and this has resulted in a review of the policy to tighten the policy and make it even more robust.

Following Scrutiny the report was noted.

2. **LONG TERM SICKNESS ABSENCE TASKFORCE UPDATE**

Members were provided with an update in relation to the work of the Long Term Sickness Taskforce and the early intervention methodology pilot. Officers asked members to note that the figures contained within this report were only in relation to the work of the task force, so specifically in relation to long term absence only and excluding the school workforce and should not be confused with figures considered in the previous report.

Members received a presentation on the activity of the taskforce during Quarters 1 and 2. The presentation focused on the story behind the data in some directorates and highlighted some of the

barriers to reducing absence and how those barriers have been tackled.

Members queried how many employees come to the end of the return to work policy and are formally dismissed. Officers highlighted that in table 13 of Appendix 1 to the Sickness Absence Monitoring Report and the figure of dismissals between 1 April and 30 September 2016 was 6.

Members queried whether Managers are monitored when they are provided with new procedures to utilise within their teams. Officers highlighted that this is a role for Heads of Service, who are provided with monthly sickness data reports, and should discuss sickness absence as a regular item at manager meetings and supervision sessions.

Members asked about the timescales for dealing with long term sickness absence and Officers stated that it would generally take approximately 6 months to deal with individual cases but the general steps were as follows:

Informal – Manager to arrange a Return to Work Plan meeting with the employee within 28 days of the start of the absence to discuss the nature of the absence and the potential return to work format.

Formal 1 – within six weeks from the first informal contact

Formal 2 – within eight weeks from the 1st Formal Contact

Formal 2 Review – within 4 weeks of formal 2

Formal 3 – within 8 weeks of the formal stage 2 review.

Members requested that the formal stages of the return to work be provided to all members. Officers agreed that this would be circulated outside of the meeting.

Following Scrutiny the report was noted.

CHAIRPERSON