

# POLICY AND RESOURCES SCRUTINY COMMITTEE 11.00 am FRIDAY, 6 JANUARY 2017 COUNCIL CHAMBER - PORT TALBOT CIVIC CENTRE

## PART 1

1. To receive any declarations of interest from Members

# To scrutinise information and monitoring issues being reported by:

## Report of the Head of Human Resources

- 2. Sickness Absence Monitoring Report (Pages 3 20)
- 3. Long Term Sickness Absence Taskforce Update (Pages 21 24)
- 4. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Section 100B (4) (b) of the Local Government Act 1972

# S.Phillips Chief Executive

Civic Centre Port Talbot

Monday, 19 December 2016

## **Committee Membership:**

**Chairperson:** Councillor D.W.Davies

Vice Councillor A.Jenkins

**Chairperson:** 

**Councillors:** Mrs P.Bebell, A.Carter, Ms.C.Clement-Williams,

M.Harvey, Mrs.L.H.James, Mrs.D.Jones, A.Llewelyn, A.R.Lockyer, Mrs.K.Pearson,

L.M.Purcell, J.Warman, S.Rahaman, I.D.Williams

and Mrs.A.Wingrave

## **Notes:**

- (1) If Committee Members or non-Committee Members wish to have relevant items put on the agenda for future meetings, then please notify the Chief Executive/Chair eight days before the meeting.
- (2) If non-Committee Members wish to attend for an item of interest, then prior notification needs to be given (by 12.00 noon on the day before the meeting). Non-Committee Members may speak but not vote, or move or second any motion.
- (3) For pre scrutiny arrangements, the Chair will normally recommend forthcoming executive items for discussion/challenge. It is also open to Committee Members to request items to be raised though Members are asked to be selective here in regard to important issues.
- (4) The relevant Cabinet Board Members will also be invited to be present at the meeting for Scrutiny/ Consultation purposes.
- (5) Would the Scrutiny Committee Members please bring the Cabinet Board papers with them to the meeting.

# POLICY AND RESOURCES SCRUTINY COMMITTEE

## 6<sup>th</sup> January 2017

Report of the Head of Human Resources – Sheenagh Rees

**Matter for Information** 

Wards Affected: All Wards

#### SICKNESS ABSENCE MONITORING REPORT

## 1. Purpose of Report

1.1 The purpose of this report is to provide Member's with information in relation to sickness absence to inform Member scrutiny of the management of sickness absence across the Council.

## 2. Monitoring Data

- 2.1 This report focuses on Quarter 2 sickness data for 2016 / 2017. The monitoring data is provided in Appendix 1.
- 2.2 **Table 1** provides Members with the average FTE sick days in each service for Quarter 2 in 2015 / 2016 and in 2016 / 2017 (15/16 is the left hand column, 16/17 is the right hand column).
- 2.3 **Table 2** provides an overview of the Council's average working days lost per FTE employee in Quarter 2 each year from 2009 / 2010 to 2016 / 2017.
- 2.4 **Table 3** provides Members with an overview of the Council's absence pattern and the ratio of days lost to short term and long term absence in Quarter 2 2016 / 2017.
- 2.5 **Table 4** provides Members with the split between short term and long term absence for each service.
- 2.6 **Table 5** provides Members with head count and full time equivalent figures for each service. This is provided to help

Members understand how sickness data compares with the number of employees employed within each service. Members should note that these figures are subject to change, particularly where cross-directorate change takes place.

- 2.7 Table 6 sets out the number of employees who were absent on 3 or more occasions in each service during Quarter 2 of 2016 / 2017, and Table 7 sets out the number of working days lost by these employees.
- 2.8 Table 8 sets out the number of employees absent for 28 consecutive days or more in each service during Quarter 2, Table 9 sets out the number of working days lost by these employees.
- 2.9 **Table 10** provides Members with information in relation to why employees were absent from work during Quarter 2. This information will help inform targeted strategies in relation to managing absence and promoting health and well-being.
- 2.10To help Members understand how the reasons for absence relate to patterns of absence, **Table 11** then sets out the top ten reasons for short term absence in the quarter, and **Table 12**, sets out the top ten reasons for long term absence.
- 2.11Table 13 provides data in relation to employees leaving employment as a result of ill health. In the first two quarters of 2015 / 2016, 21 employees left the Council's employment as a result of ill health. In the first two quarters of this year 23 employees have left the Council's employment.
- 2.13Finally, and sadly, Members are advised that during the quarter, 2 employees died in service.

## 3. Short Term Absence Management

3.1 Members requested information about the management of short term sickness absence. A short presentation will be provided to Members on this subject at committee.

## 4. Risk Management

**4.1** Sickness absence must continue to be managed effectively or there is the risk that sickness rates will increase with associated loss of productivity and budgetary impact.

## 5. Financial Impact

5.1 The costs of sick pay in Quarter 2 2016 / 2017 will be confirmed at Committee.

#### 6. Consultation

6.1 There is no requirement under the Constitution for external consultation on this item.

## 7. Equality Impact Assessment

7.1 There is no requirement for an Equality Impact Assessment in relation to this item.

## 8. Workforce Impacts

8.1 This report will be shared with recognised trade unions in respective consultative forums for discussion and consideration.

## 9. Legal Impacts

9.1 The management of absence must be fair and reasonable, and managers should ensure compliance with the Council's Maximising Attendance at Work and related policies.

#### 10. Recommendation

10.1 It is RECOMMENDED that Members NOTE the sickness absence monitoring report and continue to receive further monitoring reports on a quarterly basis.

## 11. Appendices

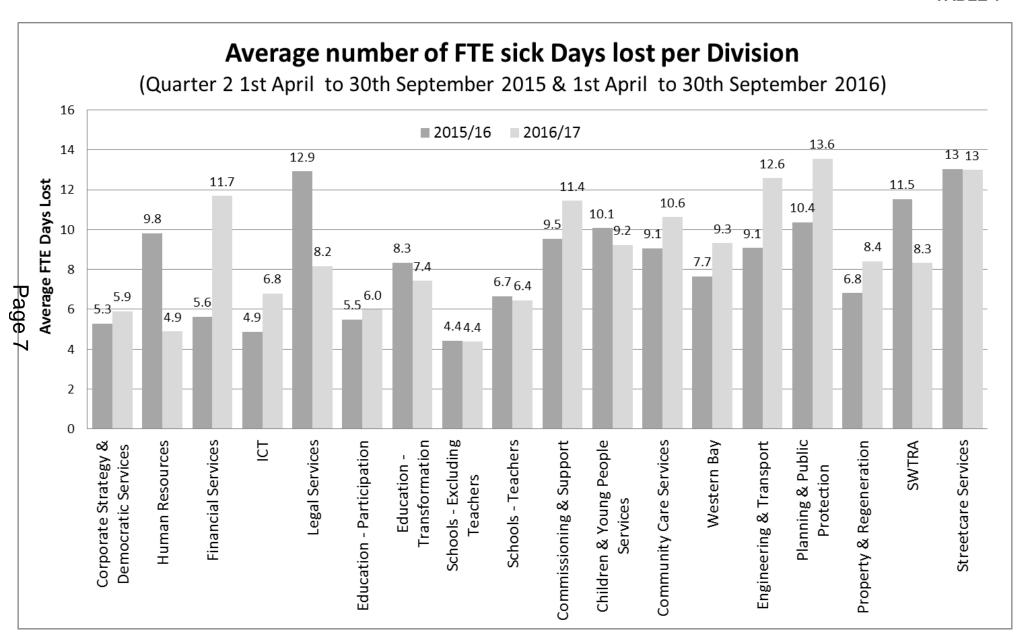
Appendix 1 – Sickness absence Quarter 2 2016 / 2017 Monitoring Data

## 12. Background Papers

12.1 The Maximising Attendance Policy and Procedure.

## 13. Officer Contact

13.1 For further information on this report item, please contact Sheenagh Rees, Head of Human Resources on extension 3315 or e-mail <a href="mailto:s.rees5@npt.gov.uk">s.rees5@npt.gov.uk</a>



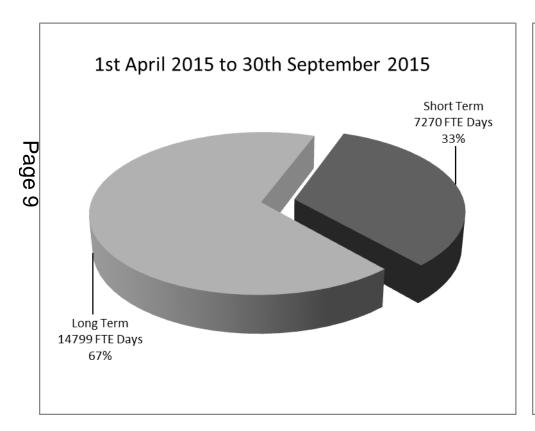
## **Quarter 2 Average Sickness Rate**

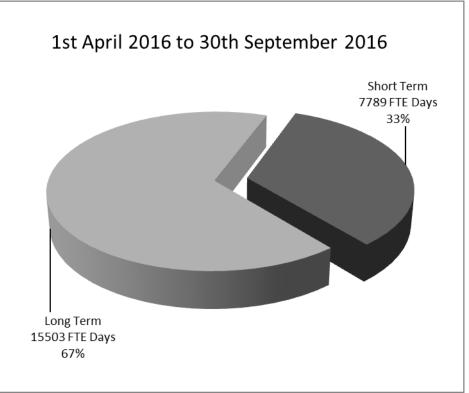
Quarter 2 Overall Sickness (Including Teachers)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
The number of working days/shifts per full time equivalent (FTE) local authority employee lost due to sickness absence.	5.2	4.3	4.3	4.4	4.2	4.2	4.2	4.6

## Ratio of short and long term sickness – number of FTE days lost

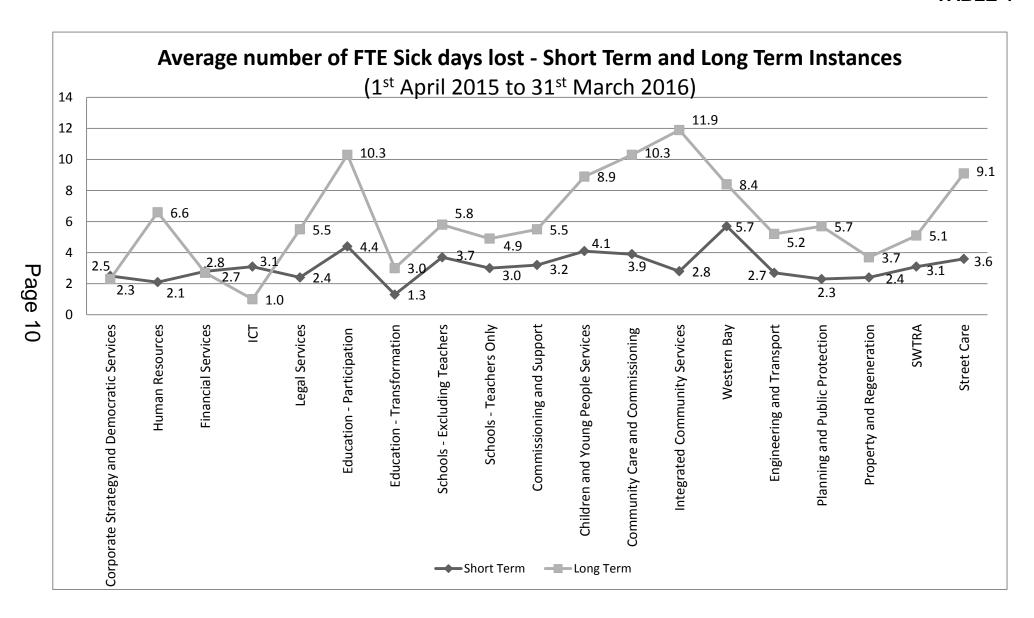
(Including teachers)

QUARTER 2 Comparison - 1st April and 2015 to 30th September 2015 and 1st April and 2016 to 30th September 2016

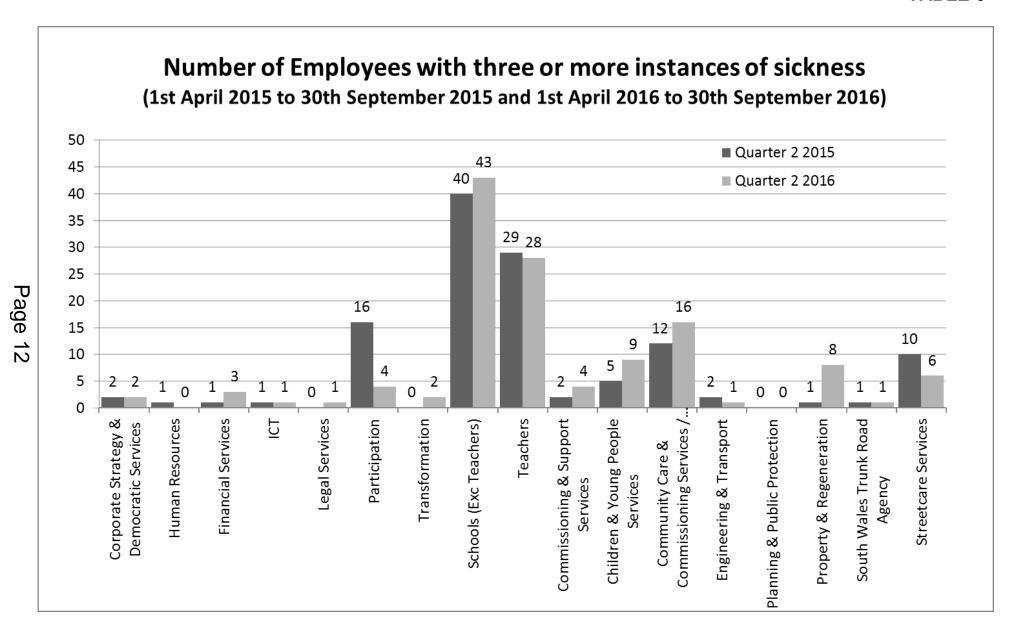


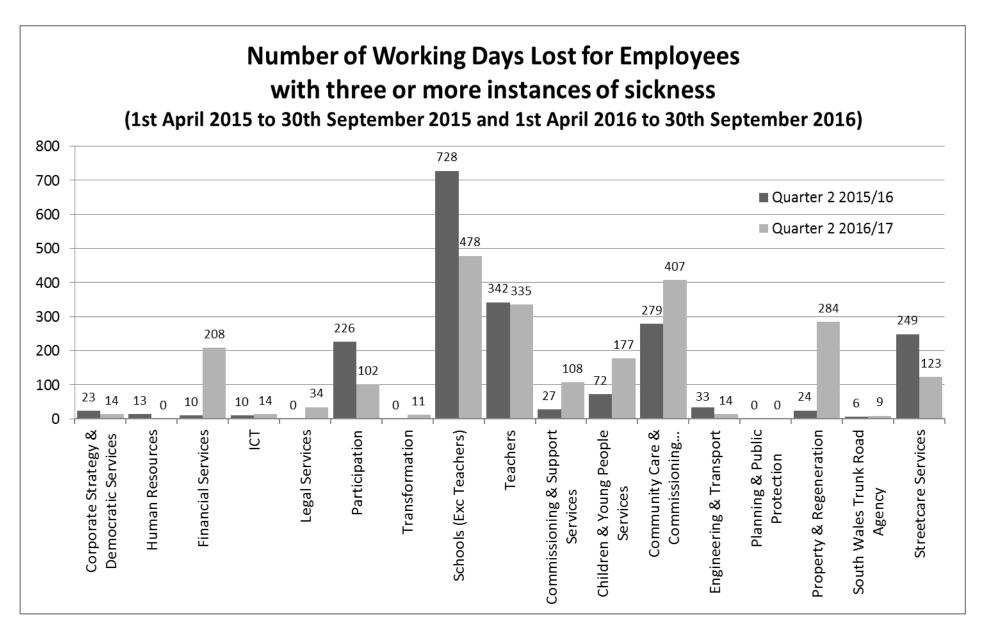


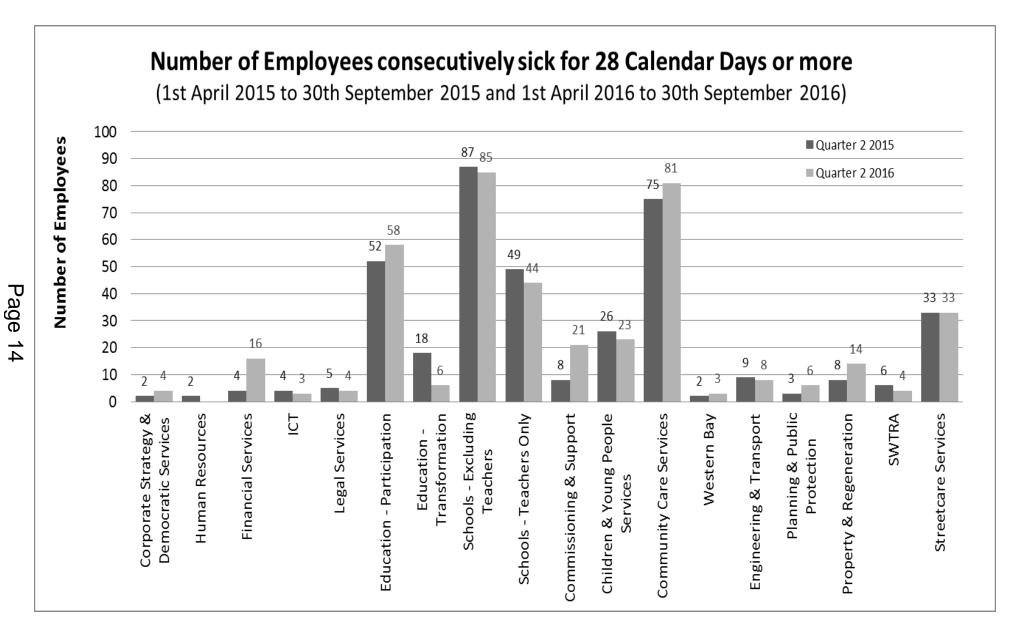
## **TABLE 4**

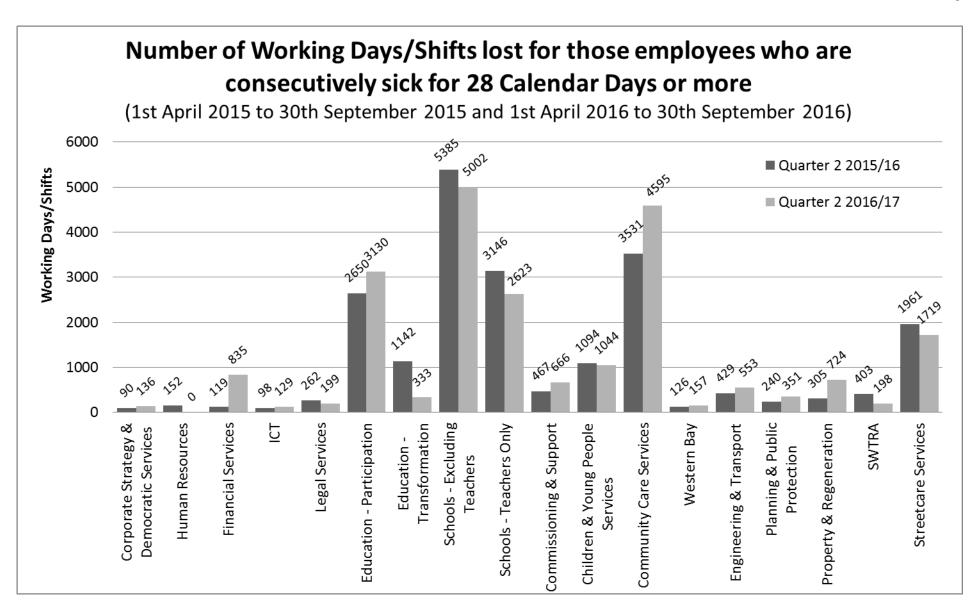


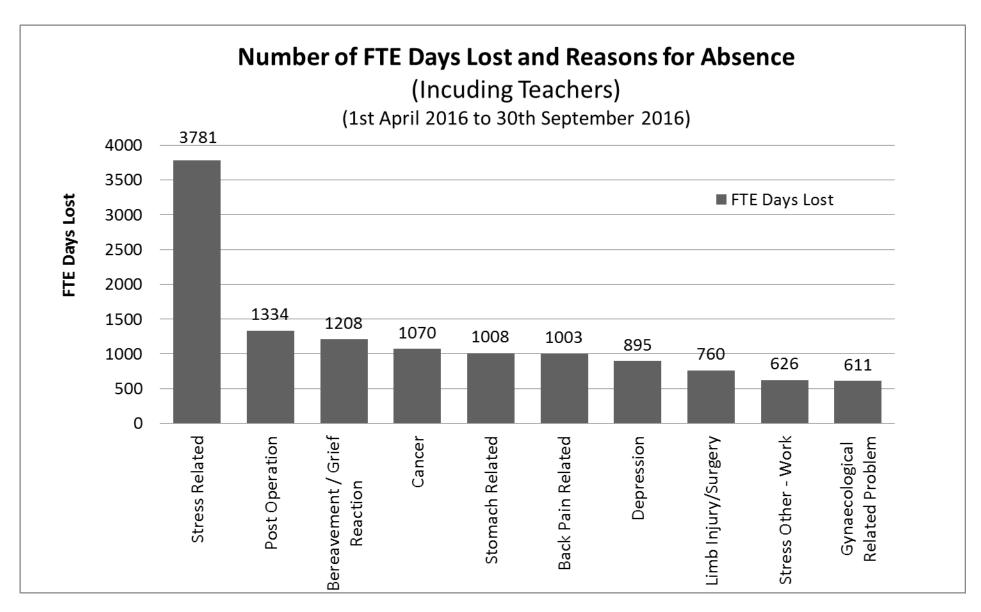
<u>Division</u>	<u>Headcount</u>	<u>FTE</u>
Corporate Strategy & Democratic Services	82	75.6
Human Resources	76	68.0
Financial Services	176	159.6
ICT	100	97.4
Legal Services	91	67.5
Participation	1029	460.8
Transformation	119	98.1
Schools	1538	941.9
Schools-Teaching	1215	1103.9
Children & Young People Services	346	292.0
Commissioning & Support Services	195	181.7
Community Care And Commissioning Services/Integrated Community Services/Western Bay	635	482.2
Engineering & Transport	162	121.6
Planning & Public Protection	94	89.2
Property & Regeneration	158	114.6
Streetcare Services	547	470.9
South Wales Trunk Road Agency	108	105.0
Total	6671	4930.0

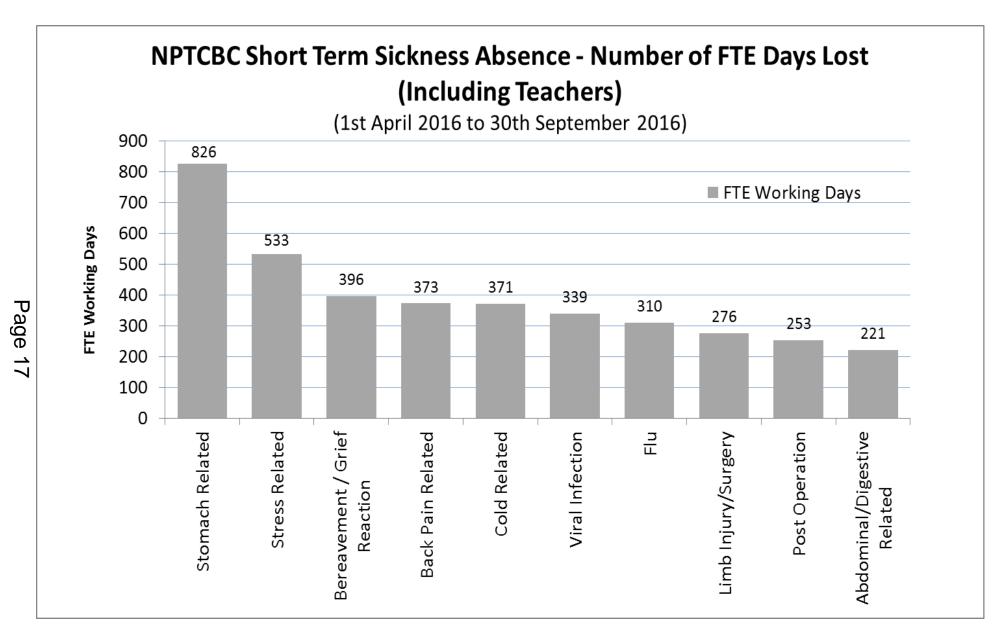


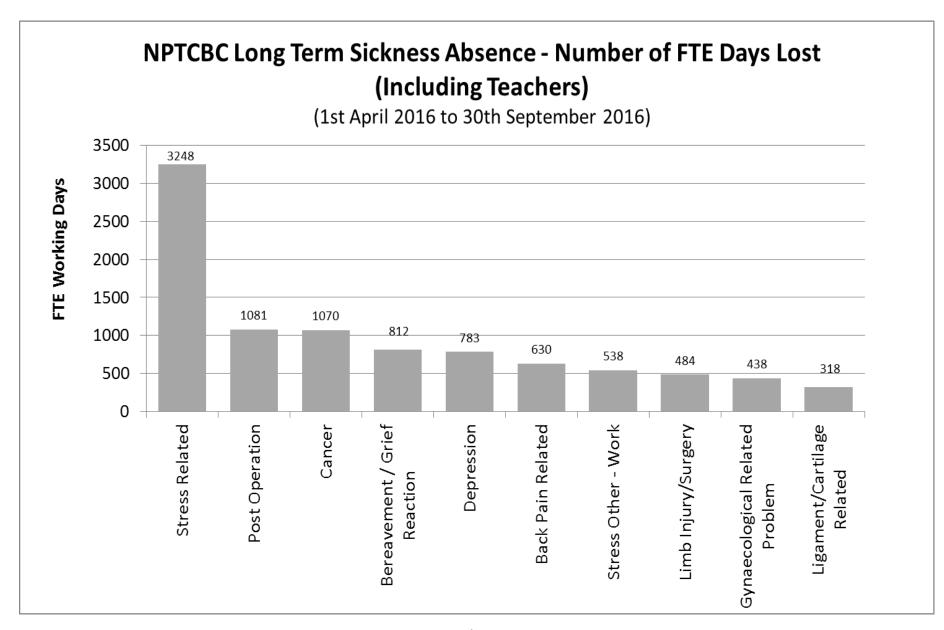












## Ill Health Leavers 1st April 2015 to 30<sup>th</sup> September 2015

Directorate	Resignation (Health Reasons)	Ill Health Retirement Tier 1	Ill Health Retirement Tier 2	Ill Health Retirement Tier 3	Dismissal - Inability Attend Work On A Regular Basis	
CHEX						
ELLL	3	1			2	
SCHOOLS	2				1	
SSHH			1	2	3	
ENV		3			2	
FCS		1				
Totals	5	5	1	2	8	

## Ill Health Leavers 1st April 2016 to 30th September 2016

Directorate	Resignation (Health Reasons)	Ill Health Retirement Tier 1	Ill Health Retirement Tier 2	Ill Health Retirement Tier 3	Dismissal - Inability Attend Work On A Regular Basis	
CHEX						
ELLL	3	2			2	
SCHOOLS	4	2			1	
SSHH	2	2			2	
ENV	1				1	
FCS	1					
Total	11	6	0	0	6	

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## Agenda Item 3

## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

## POLICY AND RESOURCES SCRUTINY COMMITTEE

## 6<sup>th</sup> January 2017

## Report of the Head of Human Resources – Sheenagh Rees

**Matter for Information** 

Wards Affected: All Wards

#### LONG TERM SICKNESS TASKFORCE UPDATE

## 1. Purpose of Report

1.1 The purpose of this report is to provide Members with an update in relation to the work of the Long Term Sickness Taskforce and the early intervention methodology pilot.

## 2. Background to the Long Term Sickness Taskforce Project

- 2.1 In September 2014, members of this Committee endorsed the establishment of the Sickness Taskforce to undertake an examination of long term sickness absence [over 28 days absent] to understand what actions would be needed to reduce the incidences of absence and / or the length of absences with the aim of reducing the costs of absence.
- 2.2 The initial phase of the Taskforce Project was a **Research Phase**. The Taskforce plotted all current cases of long term absence within identified hot spot areas to establish barriers, constraints and consider employee patterns and behaviours. Research of best practice nationally and across industries led to the development of a good practice strategy, evidence based on the principles of early intervention. Research identified that absent rates can potentially be halved over time with immediate intervention strategies that include informal contact maintained through absence. This strategy was developed with the support and input of the trade unions.
- 2.3 The Early Intervention and Effective Communication Strategy combines the following:
  - Early intervention
  - Effective communication
  - Informal Return to Work Plan Meetings with a clear focus on the return to work

- Additional HR resources utilised for **rigorous case management** and **manager prompting** at each key stage
- Clear roles and responsibilities managers retain responsibility and accountability for managing absence
- Personal manager briefings
- Stress risk assessments to be carried out for every instance of identified work related stress (even where employee is not absent)
- How to Guides on managing long term absence
- Occupational Health Referral Hotline to ensure referrals are necessary and add value
- 2.4 In February 2015, the Taskforce began a **Pilot Phase**, piloting the early intervention and effective communication strategy initially within the Environment Directorate, and have since then rolled out the strategy to the rest of the Council with the exception of Schools. A separate Schools Project has been developed by the Director of Education, Leisure & Lifelong Learning, drawing on the work of the Sickness Taskforce. The Director of ELLL will report separately on this initiative at CYPE.
- 2.5 Members of this Committee have received six monthly updates in relation to the ongoing implementation of the early intervention and effective communication strategy and the lessons learnt. This report provides the latest update.

## 4. Summary of Findings

## 4.1 Taskforce Activity for Quarter 1 and Quarter 2 2016/17

- 4.1 Data in relation to each service area has been analysed, excluding schools which are subject to a separate taskforce project, established by the Director of Education, Leisure and Lifelong Learning.
- 4.1.2 Over the course of the 6 month period, 1<sup>st</sup> April 2016 31<sup>st</sup> September 2016, the Long Term Sickness Absence Taskforce Team (the Taskforce team) managed the long term absence of 274 employees. This figure excludes school employees who may have been long term absent during this period as well as 10 employees who were absent for 28 days exactly, returning to work before case management could commence.

#### 4.2 Cost benefits

4.2.1 In order to determine whether or not the Sickness Taskforce is producing tangible cost benefits, sick pay costs in 2016 /17 have been compared to the same period in 2014/15 period, prior to the establishment of the taskforce. 214 employees were identified as long term absent in Quarters 1 and 2 of 2014/15.

Please note that these figures exclude long term absence amongst school employees.

- 4.2.2 The cost of long term sickness absence in Quarters 1 and 2 of 2014/15 (excluding school employees) equated to £1,057,621. The total cost of long term sickness absence in the same period in 2016/17 equated to £920,007. This reflects a saving of £137,614, or 13%.
- 4.2.2The additional HR resources required to case manage equate to a cost of £34,000 for the 6 month period. Off set against the reduction in sick pay costs, this equates to a net reduction of £103,614. It is important to note, however, that historical data shows that Quarters 1 and 2 (Spring and Summer months) have lower levels of absence compared to Quarter 3 and Quarter 4 (Autumn and Winter Months), it is therefore unlikely that the same level of achievement will be seen in Quarters 3 and 4.
- 4.2.3 Since the introduction of the early intervention methodology, whilst the numbers of employees who are long term sick has actually increased, the length of long term absences has reduced. In Quarters 1 and 2 of 2014/15 41% of those on long term sick were absent for more than 3 months or 65 working days. In 2015/16 this reduced to 29%, and in 2016/17, this reduced to 15%.

#### 5. Presentation

5.1 At committee the Taskforce will provide Members with a presentation setting out the activity of the Taskforce during Quarters 1 and 2. Members will of course have noted in the Quarter 2 Monitoring Report that there has been mixed success in reducing overall absence rates across the Council, and the presentation will focus on the story behind the data in each directorate, highlighting both success stories, some of the barriers to reducing absence, and how those barriers have been tackled.

## 6. Next steps

- 6.1 Funding is to be identified to support the additional resources based in the HR team to continue the work of the Taskforce.
- 6.2 It is suggest to Members that going forward, rather than producing stand-alone reports feeding back on the work of the sickness taskforce, that feedback in relation to initiatives to support the management of sickness absence be included in the regular quarterly monitoring reports which Members now receive. Members are asked to consider this and feedback at committee.

## 7. Risk Management

Sickness absence must continue to be managed effectively or there is the risk that sickness rates will increase with associated loss of productivity and budgetary impact.

## 8. Financial Impact

Excluding the School workforce, sick pay linked to long term sickness absence reduced by £137,614 in Quarters 1 and 2 of 2016/2017.

### 9. Consultation

There is no requirement under the Constitution for external consultation on this item.

## 10. Equality Impact Assessment

There is no requirement for an Equality Impact Assessment in relation to this item.

## 11. Workforce Impacts

This report will be shared with recognised trade unions in respective consultative forums for discussion and consideration.

## 12. Legal Impacts

The management of absence must be fair and reasonable, and managers should ensure compliance with the Council's Maximising Attendance at Work and related policies.

#### 13. Recommendation

It is RECOMMENDED that Members NOTE the update report.

## 14. Background Papers

The Maximising Attendance Policy and Procedure.

#### 15. Officer Contact

For further information on this report item, please contact Sheenagh Rees, Head of Human Resources on extension 3315 or e-mail s.rees5@npt.gov.uk