

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Resources, Staffing, Information and
Customer Services Portfolio Holder
AUTHOR/S: Chief Executive / HR Officer

27 March 2007

REVISED MANAGEMENT OF SICKNESS ABSENCE AND CAPABILITY POLICIES

Purpose

1. The purpose of the report is to inform the Portfolio Holder of draft revised policies for the Management of Sickness Absence and Capability.

Executive Summary

2. The draft revised Management of Sickness Absence Policy and Capability provide a number of changes to confirm compliance with legislative changes, to record current actual practice and to improve performance management. The Portfolio Holder is recommended to endorse the changes made.

Background

3. The revised Management of Sickness Absence Policy is attached as Appendix A. The Management of Sickness Absence Policy was last revised in May 2004. Since that revision there have been a number of changes in the legislation through statute and case law.
4. The revised Capability Procedure is attached as Appendix B, showing tracked changes. The Capability Procedure was last revised in August 1998. Again there have been a number of relevant legislative changes.

Considerations

5. The current Management of Sickness Absence policy has been effective in managing long term absence, particularly where there has been early intervention and advice has been sought from the Council's medical advisors.
6. The policy has been less effective in managing short-term absence. There are a number of reasons for this:
 - a) The triggers can pick up people for the same periods of sickness; 3 periods in 4 months can be part of 5 periods in 12 months. This causes frustration to managers and employees where the previous trigger has been dealt with and sickness absence levels have actually improved, bringing the policy into disrepute;
 - b) A person can have significant periods of sickness without hitting any of the trigger periods; for example 2 periods of 27 days would not hit any trigger at all currently;
 - c) Medical advice is not sought from the Council's medical advisors at an early enough point where an employee is off with a repeating problem such as back problems, IBS, headaches etc., so that reasonable adjustments are not considered which might reduce sickness absence;

- d) If there is no underlying reason for the absence the end of the process leads into the disciplinary procedure. The number of disciplinary actions under the policy is very low and there seems a general reluctance to go through this route, making there no end point for this pattern of sickness absence, again bringing the policy into disrepute.
7. It is proposed to tackle the triggers problem by changing the second trigger to 2 or more periods of absence totalling more than 10 working days, whether certificated or not in a rolling 12-month period. This means the first trigger of 3 separate episodes of sickness absence, within a rolling four-month period will pick up the odd day here and there, but the second trigger will pick up two or more absences once there is 10 days in total. The other triggers for long-term absences and repeat patterns are unchanged.
8. The revised policy proposes a capability approach to sickness, with warnings being issued for capability. This means no judgement is being made about the sickness, unless there is evidence to show a person is not sick, but is emphasising the service impact of absence and it is a “capability to do the job because of absence” problem. This makes the issue more one of performance management. Warnings allow an employee to understand the effect of their sickness absence and to try to do something about it. Research and experience shows that under this approach, a number of employees will be issued with a first warning, a much reduced number will be issued with a final warning and very few employees will get to the Case Review stage where dismissal on the grounds of capability is considered.
9. Other key changes proposed include:
- a) Changes to the notification provisions to ensure that all employees report their sickness at a time appropriate to their service area;
 - b) Makes explicit that the Council will take action, including suitably approved covert surveillance if there is evidence of someone fraudulently claiming sick pay;
 - c) Clarifies the role of the Council’s medical advisors, whoever they may be;
 - d) Clarifies the distinction between light duties and phased return;
 - e) Details the provisions for Case Review meetings, which have happened in practice, but are required to meet the statutory dismissal provisions;
 - f) Provides a more detailed definition of disability and the legal provisions around reasonable adjustments;
 - g) Changes the paragraph on terminal illness to dealing with progressive illnesses.
10. Improvements will be made in the reporting and monitoring processes for sickness. The Portfolio Holder and Executive Management Team will continue to receive high level reports concerning sickness on a 6 monthly basis. Executive Management team will also receive reports on a quarterly basis to enable them to monitor the operation of the procedure by line management at all levels. Line managers will receive operational reports on a monthly basis to enable them to act with individual employees.
11. The revised Capability Procedure emphasises that what is being managed is under performance. It deals with a consistent failure to meet the standards required, rather than unwillingness to do the job properly, which should be dealt with as misconduct under the Disciplinary policy. The revised procedure clarifies the links with other Council policies. The main changes in the policy covers what happens if the remedial measures have been unsuccessful and brings the procedure in line with the statutory dismissal provisions.

Options

12. Certain changes have to be made to the policies to comply with new legal provisions. The short-term triggers could remain in place but the current triggers are not meeting the need to manage short-term sickness absence and improve the PI values. The current policy of referring employees to the disciplinary process does not appear to be happening and the amount of sickness absence is not reducing.

Implications

13. Financial	There are no financial issues
Legal	The revised policies reflect current practice and show compliance with the statutory dismissal provisions
Staffing	The staffing implications are detailed in the report
Risk Management	There are no risk management issues
Equal Opportunities	The policy applies to all employees and clarifies the measures for disabled employees

Consultations

14. A small group of managers were involved in the drafting of the documents. SMT has been consulted. The Council's current medical advisors have been consulted. The unions have been consulted and minor wording changes have been made to reflect their concerns. Training has been arranged for all managers in sickness absence management and the new policy in April and May 2007. Training on the Capability procedure will be picked up through training in performance management later in the year.

Effect on Annual Priorities and Corporate Objectives

15. Affordable Homes	Both revised policies will improve performance management and will have an impact on service delivery and achievement of the organisational corporate objectives
Customer Service	
Northstowe and other growth areas	
Quality, Accessible Services	
Village Life	
Sustainability	
Partnership	

Recommendations

16. It is recommended that the Portfolio Holder endorse the proposed changes to the Management of Sickness Absence policy and Capability procedure with the policies to take effect from 1st April 2007.

Background Papers: the following background papers were used in the preparation of this report:

None

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