Walsall Council

Personnel Committee

Monday, 19 April 2021 at 6.00 pm

To be held via a Microsoft Teams Digital Meeting

Public access to meeting via: https://youtu.be/bkzJSlSqu00

Membership:

Councillor M. Bird (Chair)
Councillor A. Andrew (Vice-Chair)
Councillor B. Allen
Councillor N. Gultasib
Councillor A. Harris
Councillor K. Hussain
Councillor A. Nawaz

Quorum: Three Members

Democratic Services, Council House, Lichfield Street, Walsall, WS1 1TW
Contact**:** Dr Paul Fantom   ☎ 01922 653484   E-mail**:** paul.fantom@walsall.gov.uk
If you are disabled and you require help to and from the meeting room, please contact the person above.
www.walsall.gov.uk

Agenda

Part 1 – Public Session

1. Apologies.

2. Declarations of Interest.

3. Local Government (Access to Information) Act 1985 (as amended):

    To agree that, where applicable, the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda.

4. To approve the Minutes of the meeting held on 15 March 2021 – Copy **enclosed**

5. Annual Health & Safety Report covering the year 2019-20 – Copy **enclosed**

6. Sickness Absence Policy – Copy **enclosed**

7. How will we work in the future – A blended working approach – Copy **enclosed**

Part 2 – Private Session

8.   Senior Recruitment – Copy **enclosed**

(Exempt information under Paragraphs 1, 2 and 4 of Part I of Schedule 12A of the Local Government Act, 1972) (As amended)

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.

Securities	Any beneficial interest in securities of a body where:
	
	(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and
	
	(b) either:
	
	    (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
	
	    (ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.

2. Information which is likely to reveal the identity of an individual.

3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6. Information which reveals that the authority proposes:

   (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or

   (b) to make an order or direction under any enactment.

7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:

   (a) Constitutes a trades secret;

   (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);

   (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

PERSONNEL COMMITTEE

Monday, 15 March 2021 at 6.00 pm

Digital meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Committee Members present:	Councillor M. Bird (Chair)
	Councillor A. Andrew (Vice-Chair)
	Councillor N. Gultasib
	Councillor A. Harris
	Councillor A. Nawaz
In attendance:	Ms M. Leith, Interim Director of Human Resources, Organisational Development and Administration
	Dr P. Fantom, Democratic Services Officer

WELCOME

The Chair opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed the members of the public viewing the meeting to the papers, which could be found on the Council's Committee Management Information system (CMIS) webpage.

Members and officers confirmed that they could both see and hear the proceedings.

16/21 **APOLOGIES**

Apologies for absence were received on behalf of Councillors B. Allen and K. Hussain.

17/21 **SUBSTITUTIONS**

There were no substitutions.

18/21 **DECLARATIONS OF INTEREST AND PARTY WHIP**

There were no declarations of interest or party whip for the duration of the meeting.

19/21 **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 (AS AMENDED)**

Resolved (by assent)**:**

That the public be excluded from the meeting during consideration of the item set out in the private agenda for the reasons set out therein and Section 100A of the Local Government Act 1972.

20/21 **MINUTES**

A copy of the Minutes of the meeting held on 8 February 2021 was submitted [Annexed].

Resolved (unanimously by roll call)**:**

That the Minutes of the meeting held on 8 February 2021, a copy having previously been circulated, be approved and signed by the Chair as a true and accurate record.

21/21 **1% PAY INCREASE TO RECOGNISE AND REWARD STAFF FOR THEIR HARD WORK AND RESILIENCE THROUGH THE COVID PANDEMIC**

A report was submitted seeking approval to increase by 1% the pay for those employees directly employed by Walsall Council [Annexed].

The Interim Director of Human Resources, Organisational Development and Administration, Ms M. Leith, presented the report and highlighted the salient points. The proposed uplift, which would be effective from 1 April 2021, related to the employees directly employed by the Council and was being made in recognition of the hard work and commitment of staff over the last 12 months in response to the Covid-19 pandemic. The uplift was a stand-alone proposal and was independent of the pending national pay awards for 2021/22. It excluded those staff directly employed by schools, such as teachers, teaching assistants, administration and business support staff, school apprentices and school management.

During discussion, the Committee acknowledged the hard work of the Council's employees and Members in providing assistance and support to thousands of the Borough's residents during the last year to help them to better contend with impact of the Covid-19 pandemic.

Resolved (unanimously by roll call)**:**

That, in recognition of the hard work and resilience shown in response to the Covid-19 pandemic, an increase in pay of 1% for all those employees of Walsall Council in scope be approved, to come into effect from 1 April 2021.

There being no further business, the meeting terminated at 6.14 pm.

Chair..

Date..

Personnel Committee – 19 April 2021   **Agenda Item 5**

Annual Health & Safety Report covering the year 2019-20

1.   Purpose of the report

This report is an information item presenting the Annual Health & Safety Report, covering the year 2019-20, taken to Corporate Management Team (CMT) on 18 February 2021. This report is aimed at Members, but with key data of interest to all senior managers in Walsall Council.

2.   Recommendations

Members are recommended to:

1. Note the contents of the Annual Health & Safety Report and share it as appropriate to help promote a positive health & safety culture across the council.

Sponsoring Director

Simon Neilson
Executive Director – Economy Environment & Communities
18 February 2021

3.   Report detail

3.1   CMT agreed to the production of an Annual Health & Safety Report, to be presented at Personnel Committee. This year's draft report was agreed at CMT 18 February 2021, and the final version is attached to this report (Appendix 1).

The report gives an overview of how we manage health & safety in Walsall Council, along with key statistical information and key achievements for the year.

This is our fourth annual report since they were reintroduced in 2017. The reports have been well received and so we have stuck with the format.

We believe the underlying message is that health & safety is well managed across the council. We have systems to ensure that the right controls are in place, and regularly audit those systems both for reassurance, and to help identify areas for improvement – after all, we are a complex organisation and standards can slip from time to time, particularly during times of restructure and change.

Looking at our accident and aggressive incident data on the whole there have been no dramatic changes and we appear to be very much in steady state – as would be expected with relatively mature systems in place. There has been a

jump in non-employee accidents in Economy & Environment; however, we believe that this is due to increased reporting by Leisure Services, albeit with some potential over-reporting of sporting incidents – many of which appear to be pure "accidents" not connected to our facilities and hence not reportable. Work to understand the nature of these incidents and ensure greater consistency was unfortunately curtailed by the start of the first lockdown and few service users have used our leisure facilities since then.

Despite having relatively mature systems, we are committed to continuous improvement in health & safety. As such, we continue to develop policies, systems and procedures to achieve that aim – we have a rolling programme to review our internal standards, and many of our processes have been simplified and modernised over recent years – a trend that will continue.

Please note: the period covered by the report is predominantly before the covid-19 pandemic – the impact of which will be reflected in next year's report.

That said, it is worth noting that the start of 2020/21 impacted on the health & safety service in quite dramatic ways – due to lockdowns and other restrictions, most of our auditing and fire risk assessment activities were put on hold for much of the year in order to avoid any non-essential visits. However, this did allow the health & safety team to concentrate on the many Covid-19 challenges that quickly started to come through – this included providing model risk assessments; undertaking reassurance checks on school Covid-19 risk assessments before they were allowed to reopen to more pupils; carrying out reassurance checks on risk assessments for corporate buildings before they were allowed to reopen; supporting both the Reset and Space Occupancy (SOG) Group; and, whilst liaising with Public Health, Children's Services and other colleagues, dealing with numerous enquiries and contributing to communications relating to coronavirus.

4.   **Financial**

There are no direct financial implications of this report; however, Members will be aware that having the right systems in place and keeping people safe helps prevent both criminal and civil proceedings against the authority, and helps mitigate if things go wrong. Members will also be aware that the level of fines for health & safety offences has increased significantly in recent years, in line with Sentencing Council guidelines.

5.   **Legal**

Other than the general duty to ensure the health, safety and welfare of staff and others, which our policies, monitoring and reporting help achieve, there are no direct legal implications of this report.

6.   **Risk Management**

Our policies, systems and procedures help us mitigate against the health & safety risks faced by the council. Audit programmes are also in place to help monitor systems and give a level of assurance that our risks are being managed effectively.

7.   People

Our health & policies, systems and procedures help keep our staff and customers healthy and safe.

8.   Consultation

The Annual Health & Safety Report will be shared with directorate Health & Safety Committees, where the contents and learning points will be discussed with union colleagues and management representatives.

Author

Chris Close
Health & Safety Manager
Human Resources
☎ 654620, ✉ Chris.Close@walsall.gov.uk

Annual Health & Safety Report

Covering the year 2019-20

February 2020

Walsall Council

Document information

Document title	Annual Health & Safety Report 2019-20		
Owner	Health & Safety Team		
Version	1.0	Status	~~Draft~~/Final/Live
Last updated	18/02/2021	Last updated by	Health & Safety Team
Purpose	Annual report to members outlining key health & safety data		

Document accessibility

If you would like this information in another language or format contact:

Health & Safety Team

Phone   01922 655793

Textphone 01922 654000

E-mail   safetyandfire@walsall.gov.uk

1. Introduction

It is best practice for local authorities and other large organisations to summarise their health & safety performance in an Annual Report. This is Walsall Council's fourth annual report since they were reintroduced in 2017.

The report summarises how Walsall Council manages health & safety and gives key performance data for the reporting period.

Health & safety legislation requires employers to have competent health & safety advice and appropriate systems in place to manage health & safety. In Walsall, we have a small central team of advisers consisting of a health & safety manager, two health & safety advisers, a fire safety adviser, and a part-time health & safety support officer based in Human Resources. In addition, we have a health & safety training officer (also based in HR) and a health & safety/training manager based in Clean & Green (Economy Environment & Communities).

2. Corporate management

The council's health & safety management system is aligned to HSE's guidance "Managing for health & safety" (HSG65) and follows the **Plan, Do, Check, Act** approach to management.

The council has a Health & Safety Policy in place that is reviewed every three years (last revised Feb 2019, published Sep 2019); in addition, there is a suite of 32 Safety Management Standards (SMSs). These are reviewed on a rolling programme (see appendix 1).

The council's main health & safety forum is the Corporate Health & Safety Board that meets three times per year; the Board is chaired by the Executive Director of Economy Environment & Communities (the "nominated director" for health & safety). Following each Board, a report is taken to Corporate Management Team (CMT) outlining the main issues discussed at the Board and any learning points. Each directorate and recognised trade union is represented at the Board and it is supported by the health & safety team.

Each directorate has established a Health & Safety Committee that meets three times per year; committees are chaired by the directorate's "lead officer" who is also their representative at the Board and sits on their Directorate Management Team (DMT). Committees consist of both management and trade union representatives, with support from a member of the health & safety team.

The Board/Committee meeting cycles are designed to feed into each other and help ensure effective communication. The links between the Board/CMT and Committees/DMTs are also designed to help monitor health & safety and ensure that key information is considered at the right level.

We have a range of active and reactive measures in place to help monitor health & safety performance. On the active side, we have a programme of health & safety audits and fire risk assessments (FRA) of all corporate establishments, including council schools – generally, premises have an audit and FRA every two years.

On the reactive front, the Board and Committees receive regular reports on our accident, near misses, and aggressive incidents, and directorates are expected to take appropriate remedial action to help prevent recurrence.

3. Regulatory intervention

This year has seen no regulatory intervention from either the Health & Safety Executive (HSE) or the Fire Authority, and no notices have been served on the council.

If we receive any regulatory intervention, CMT and the Board would be notified and informed of the implications for the council, including what actions are required to address the issues.

4. Communication

Directorates are charged with ensuring that they take ownership of health & safety issues and communicate corporate initiatives and learning points effectively to their staff. Over and above this, the health & safety team ensures that the policy, SMSs, and a range of guidance and tools are available on the council's intranet site Inside *Walsall*. A comprehensive range of clear, up to date, school related guidance and tools is also available on the schools' intranet Walsall Link (access to the traded pages requires user name and password).
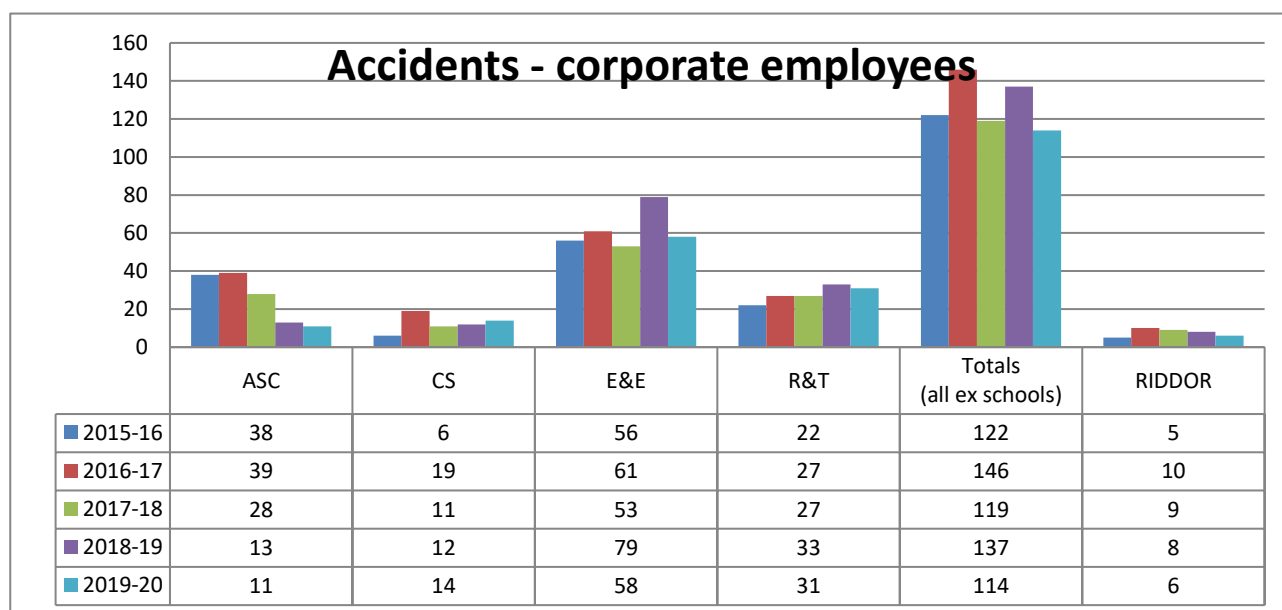
In addition, key health & safety messages and changes in procedures are communicated via Inside Walsall, and other communication channels as appropriate.
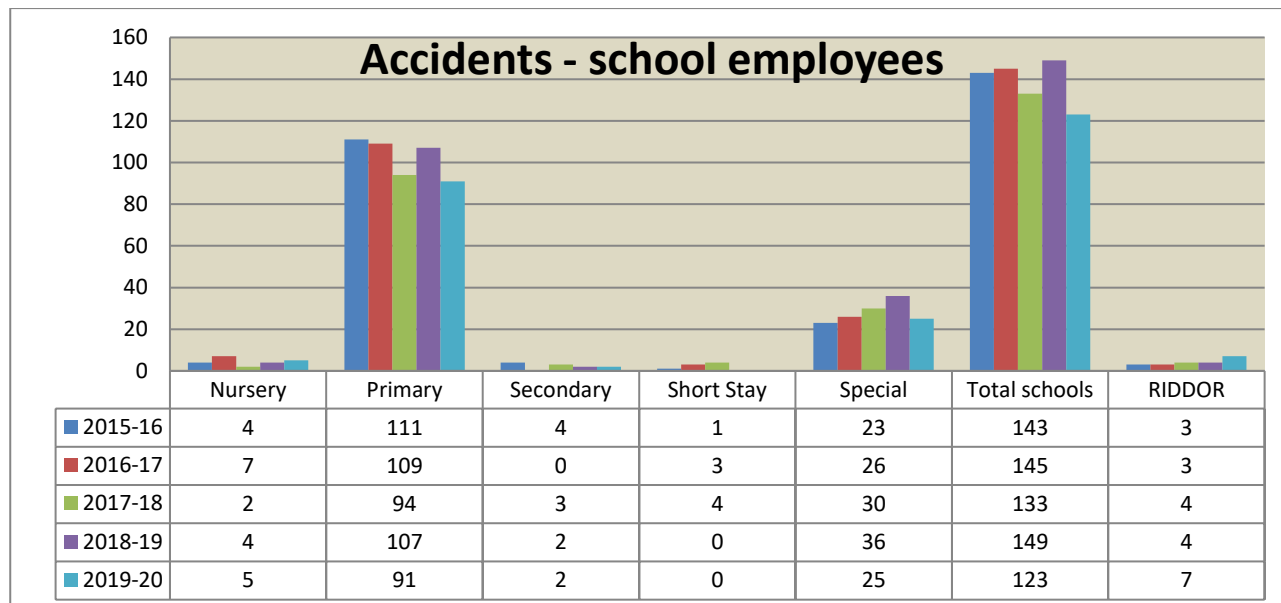
5. Statistical information

Key statistical information on accidents, aggressive incidents, and work-related liability claims, along with an overview of auditing activity and fire risk management are included in this section. For clarity, we split accident/incident data for schools from the overall corporate data.

Note; the end of the financial year coincided with the start of the coronavirus pandemic (initial lockdown started 23 March 2020) and the start of most staff working from home. This new way of working had a dramatic impact on accident numbers in 2020/21, and on the health & safety audit and fire risk assessment (FRA) programmes, which will be reflected in next year's report; however, the impact on 2019/20 accidents/incidents was minimal.

5.1 Accidents – employees

Accidents - corporate employees

	ASC	CS	E&E	R&T	Totals (all ex schools)	RIDDOR
2015-16	38	6	56	22	122	5
2016-17	39	19	61	27	146	10
2017-18	28	11	53	27	119	9
2018-19	13	12	79	33	137	8
2019-20	11	14	58	31	114	6

There has been a small fall in accidents to employees; however, we should not read too much into small changes[1], and we note that there has been a slight fall in accidents reportable under RIDDOR[2].

Accidents - school employees

	Nursery	Primary	Secondary	Short Stay	Special	Total schools	RIDDOR
2015-16	4	111	4	1	23	143	3
2016-17	7	109	0	3	26	145	3
2017-18	2	94	3	4	30	133	4
2018-19	4	107	2	0	36	149	4
2019-20	5	91	2	0	25	123	7

The number of employee accidents in schools have fallen slightly; however, the small change is probably not significant over the short term. RIDDOR incidents have risen, but the overall figure is low so we shouldn't read too much into it – schools sometimes "over-report" sporting injuries (which aren't reportable under RIDDOR).

Annual accident incident rates

The following table provides incident rates (per thousand FTE employees, excluding casuals)

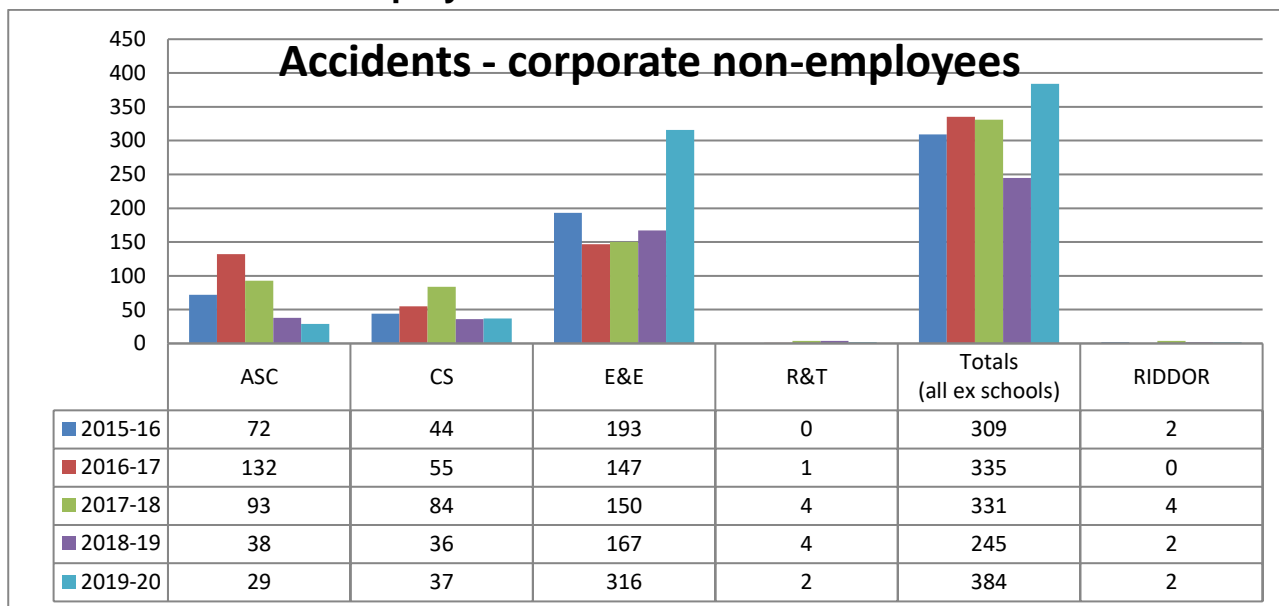| Directorate	2015/16	2016/17	2017/18	2018/19	2019/20
Adult Social Care	65.9	80.1	63.9	32.6	33.7
Children's Services	8.2	30.7	18.0	19.4	22.8
Economy & Environment	44.7	77.1	68.5	105.5	77.6
Resources & Transformation	30.7	30.3	31.7	38.8	36.0
Overall (exc. schools)	**37.2**	**52.3**	**44.5**	**52.4**	**44.7**
Note: we only calculate incident rates for schools where the council is the employer					
School employee accident rate	36.7	45.4	46.4	52.0	42.6

It is worth noting that the fall in the incident rate in Adult Social Care, probably due to the closing of Hollybank, has been sustained.

In 18/19, we received a number of Near miss/Damage incidents reports from Economy & Environment that were not always health & safety related. We clarified with E&E what should be reported to the H&S team and what only needs recording locally, this may account for the incident rate falling to more a "normal" level.

---

[1] Accident/incident trends and significant incidents are discussed at both the Board and H&S Committees
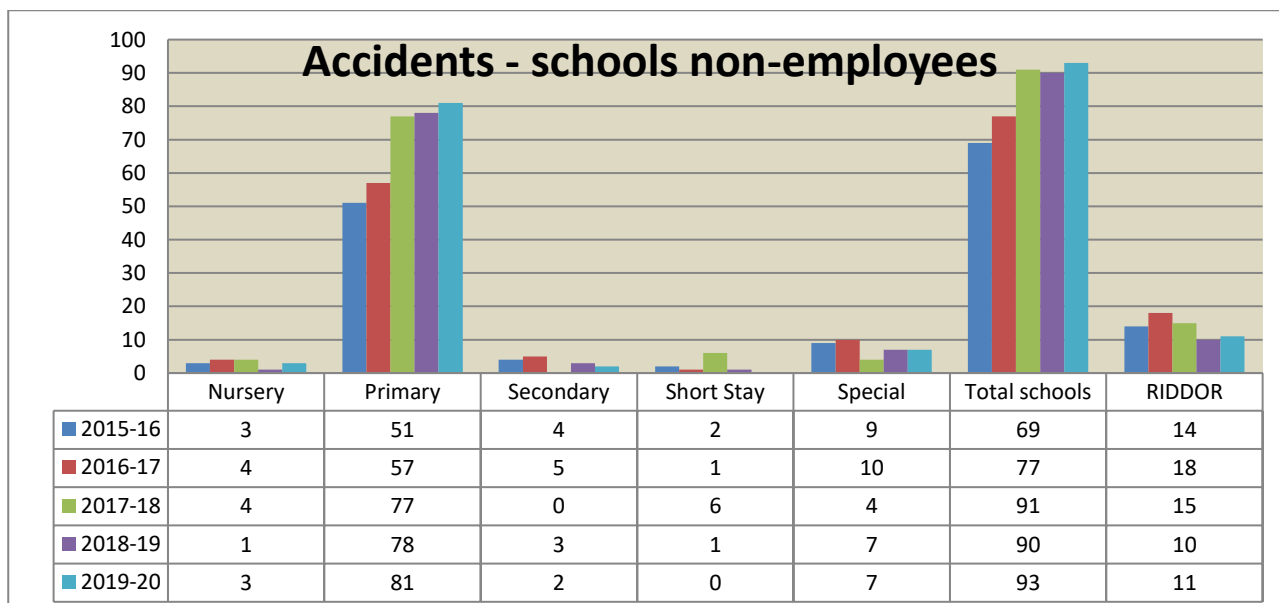[2] Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

5.2 Accidents – non-employees

Accidents - corporate non-employees

	ASC	CS	E&E	R&T	Totals (all ex schools)	RIDDOR
2015-16	72	44	193	0	309	2
2016-17	132	55	147	1	335	0
2017-18	93	84	150	4	331	4
2018-19	38	36	167	4	245	2
2019-20	29	37	316	2	384	2

A few points are worth noting:

- The large fall in non-employee accidents in Adult Social Care, which we suspect was due to the closure of Hollybank, has been sustained
- There was a large increase in non-employee accidents reported in E&E, notably from our leisure centres. We have worked with Leisure Services to better understand accidents in their area and believe that accidents are now being reported more consistently (albeit progress in this work was curtailed by the start of the first lockdown and few service users have used our leisure facilities since then)

Accidents - schools non-employees

	Nursery	Primary	Secondary	Short Stay	Special	Total schools	RIDDOR
2015-16	3	51	4	2	9	69	14
2016-17	4	57	5	1	10	77	18
2017-18	4	77	0	6	4	91	15
2018-19	1	78	3	1	7	90	10
2019-20	3	81	2	0	7	93	11

The number of non-employee accidents in schools has risen slightly, as have RIDDOR reportable incidents. Given the diverse schools community, trends can be difficult to spot; however, the data is examined in more detail at Children's Services Health & Safety Committee to establish any learning points.
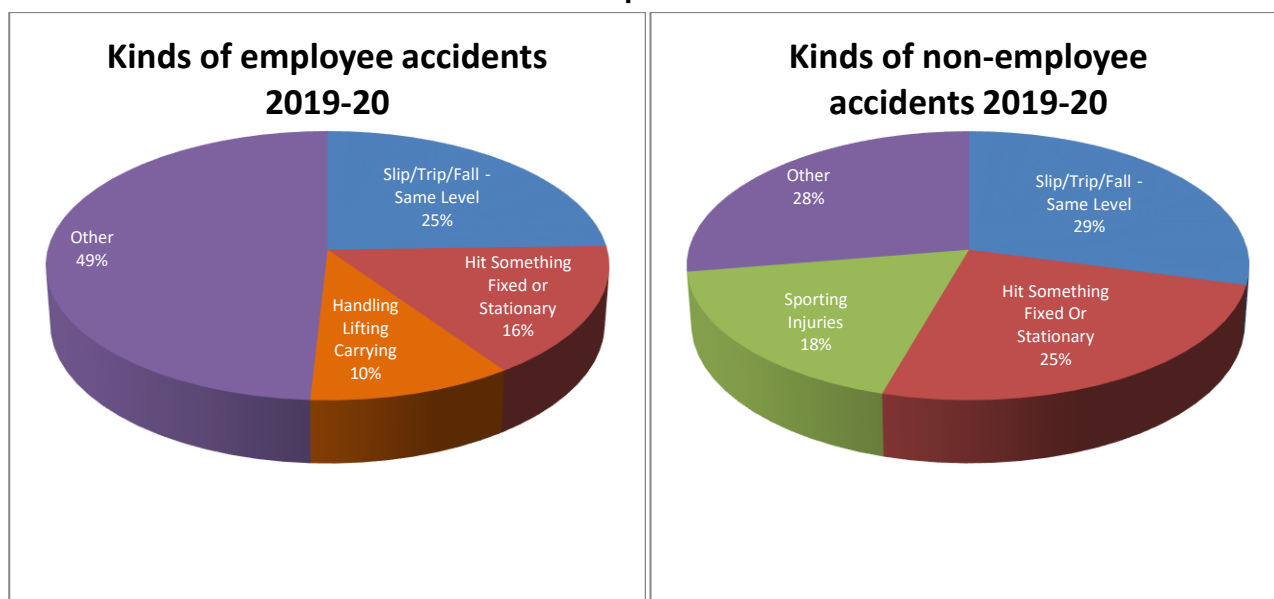
5.3 Kinds of accident

The top three "kinds" of accident for employees/non-employees both corporately and in schools were (numbers of incidents in brackets):
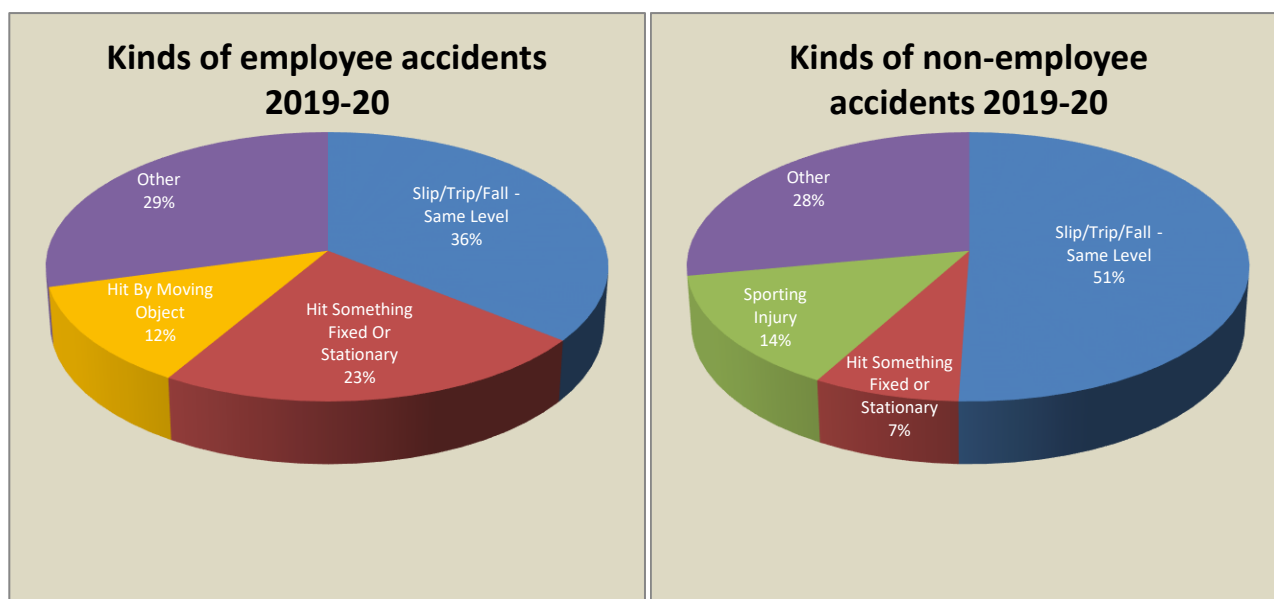
	1st	2nd	3rd	Others
Employees	Slips/trips/falls on same level (28)	Hit something fixed or stationary (18)	Handling, lifting and carrying (12)	(56)
Non-employees	Slips/trips/falls on same level (112)	Hit something fixed or stationary (97)	Sporting injury (69)	(106)
School employees	Slips/trips/falls on same level (44)	Hit something fixed or stationary (28)	Hit by moving object (15)	(36)
School non-employees	Slips/trips/falls on same level (47)	Sporting injury (13)	Hit something fixed or stationary (7)	(26)

This can be better illustrated as percentages on the following charts:
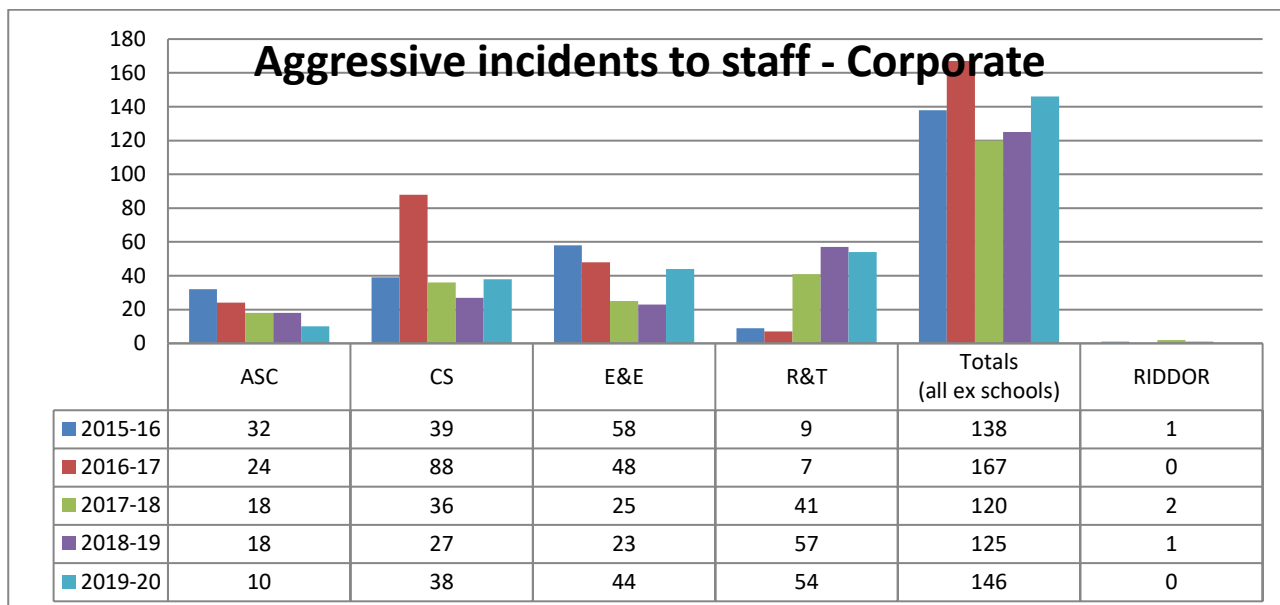
Corporate

Kinds of employee accidents 2019-20

Slip/Trip/Fall - Same Level 25%
Hit Something Fixed or Stationary 16%
Handling Lifting Carrying 10%
Other 49%

Kinds of non-employee accidents 2019-20

Other 28%
Slip/Trip/Fall - Same Level 29%
Hit Something Fixed Or Stationary 25%
Sporting Injuries 18%

Schools

Kinds of employee accidents 2019-20

Other 29%
Slip/Trip/Fall - Same Level 36%
Hit By Moving Object 12%
Hit Something Fixed Or Stationary 23%

Kinds of non-employee accidents 2019-20

Other 28%
Slip/Trip/Fall - Same Level 51%
Sporting Injury 14%
Hit Something Fixed or Stationary 7%

It is interesting to note that slips/trips/falls on same level is the main cause of accidents both corporately and in schools. However, when we look at these in more detail, it appears that there are many scenarios behind this kind of accident and there is no one simple solution that will work in all circumstances, although good housekeeping always helps. The prevalence of this kind of accident does illustrate however, that accidents often have simple causes.

"Hit something fixed or stationary" is, once again, often a significant "kind" of accident and the prevalence may at first seem strange; however it covers a range of common incidents including walking into furniture. As with slips/trips/falls, there are many scenarios behind this kind of accident and no one simple solution.
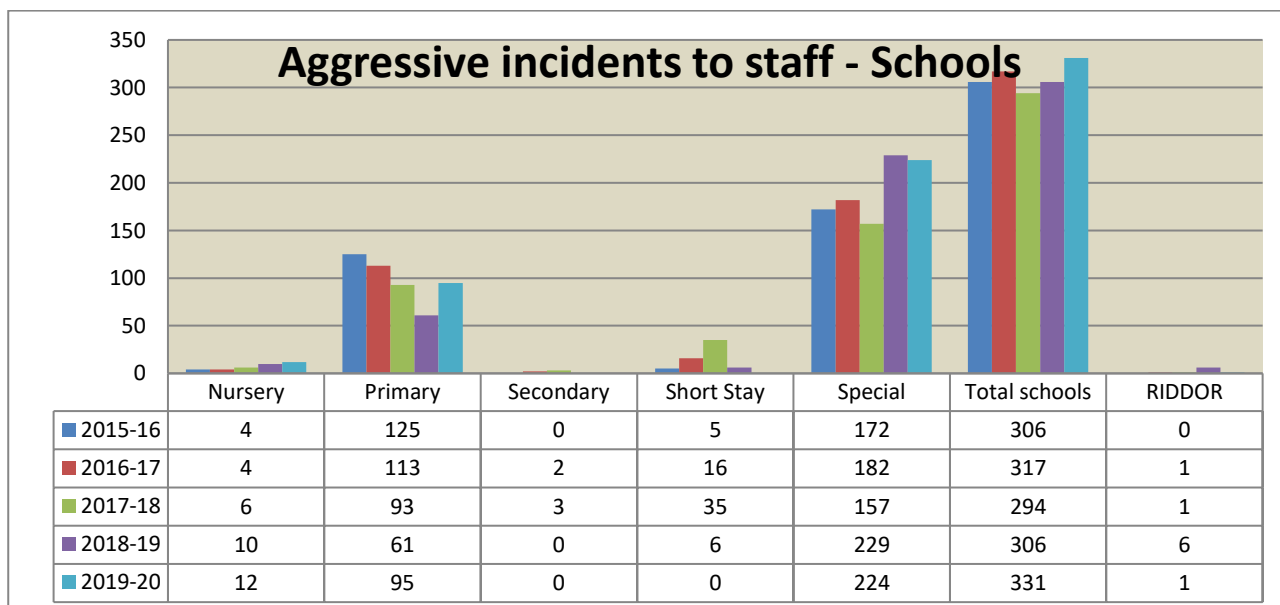
5.4 Violence and aggression (to staff)

We collect data on physical assaults, threatening behaviour, and verbal abuse aimed at our staff. Physical assault tends to be reported more than the other categories; but "physical assault" encompasses a wide range of incidents from simple scratches through to more serious issues; however, the vast majority are minor incidents, many with no intent behind them.

Aggressive incidents to staff - Corporate

	ASC	CS	E&E	R&T	Totals (all ex schools)	RIDDOR
2015-16	32	39	58	9	138	1
2016-17	24	88	48	7	167	0
2017-18	18	36	25	41	120	2
2018-19	18	27	23	57	125	1
2019-20	10	38	44	54	146	0

Overall incident numbers have risen slightly; however, a few points should be noted:

- Incidents in Children's Services have risen slightly; however, we recognise that in care environments, a small number of children displaying disruptive behaviour can seriously affect incident numbers; consequently, figures can be volatile year on year
- Having fallen in previous years, incidents in Economy and Environment have risen to earlier levels – this could just be natural variation but we will continue to monitor incident levels and discuss them with E&E – surprisingly, many of these incidents are in our libraries

Aggressive incidents to staff - Schools

	Nursery	Primary	Secondary	Short Stay	Special	Total schools	RIDDOR
2015-16	4	125	0	5	172	306	0
2016-17	4	113	2	16	182	317	1
2017-18	6	93	3	35	157	294	1
2018-19	10	61	0	6	229	306	6
2019-20	12	95	0	0	224	331	1

Overall, the changes in number of aggressive incidents to staff in schools do not appear to be particularly significant; however, as stated earlier a small number of children displaying disruptive behaviour, for instance in special or short stay schools can seriously affect incident numbers;

consequently, figures can be volatile year on year. This year's fall in incidents in special and short stay schools appears to have been mainly offset by a rise in primary schools. We continue to work with Children's Services Health & Safety Committee to see if there are any underlying causes.

Annual violence and aggression incident rates

The following table provides incident rates (per thousand FTE employees, excluding casuals)

Directorate	2015/16	2016/17	2017/18	2018/19	2019/20
Adult Social Care	55.5	49.3	41.1	45.2	30.7
Children's Services	53.0	142.4	58.9	43.7	61.8
Economy & Environment	46.3	60.7	32.3	30.7	58.9
Resources & Transformation	12.6	7.9	48.2	67.0	62.7
Overall (exc. schools)	**42.0**	**59.8**	**44.9**	**47.8**	**57.3**
Note: we only calculate incident rates for schools where the council is the employer					
School aggressive incident rate	97.4	108.4	109.4	115.0	119.5

Corporately, the overall aggressive incident rate is slightly higher than that for accidents; however, in schools, the aggressive incident rate is markedly higher. Please note, for most staff incidents of aggression are rare; however, some staff are more exposed to aggression due to the nature of the service users/customers they work with, hence, we tend to get "hot spots", and this is where resources should be concentrated.

5.5 Employers' liability and public liability claims

During the financial year 2019-20:

- There were 13 employer's liability claims received with two relating to pupils (one currently still open and one closed at £7,293). Out of these 13 claims a total of seven were closed at a cost of £12,322.00
- There were 7 public liability claims related to work/council premises with two relating to defective premises but both closed at nil. Out of these 7 claims only one has been paid at £12.50 and there remain two still open

Both employer's liability and public liability can include historic claims – some of which take a while to come through and/or be settled. The cost of historic claims settled during 2019-20 were:

- Employer's liability claims total 10 claims paid during this period in sum of £53,126
- Public liability claims related to work/council premises total 4 claims but closed at no cost

Note 'net claim costs' quoted above include legal fees.

5.6 Auditing activity

Generally, our premises have an audit every two years; although this can be adjusted according to the risk profile of the establishment, (e.g. higher risk premises can be done more frequently). The audits are thorough and examine the management arrangements for health & safety at each establishment, in order to check compliance with legislative requirements, best practice and the council's Safety Management Standards.

During 2019-20, there were 18 management audits[3] of schools and 18 intermediate audits. In addition, one corporate management audit and 11 corporate intermediate audits were carried out, along with 18 desktop reviews of lower risk premises.

Following an audit, managers/headteachers receive an Audit Report that includes an Action Plan setting out any issues that need addressing. The head of service or, in the case of schools, the schools' improvement team also receives a copy of the report. Managers/headteachers are asked to return a copy of the completed Action Plan to the health & safety team to show they are addressing any issues raised. Any learning points are shared as appropriate with directorate health & safety committees.

5.7 Fire risk management

Generally, our premises have a fire risk assessment (FRA) every two years, although this can be adjusted according to the risk profile of the establishment. Establishments are expected to review their FRA each year, and inform the health & safety team of any major changes that may affect the current FRA.

During 2019-20, there were 38 FRAs of schools, along with 26 FRAs of corporate premises.

Following an FRA, managers/headteachers receive an FRA Report that includes any deficiencies that need addressing, along with an Action Plan. The head of service or, in the case of schools, the schools' improvement team also receives a copy of the report.

Our FRA programme is quite mature and most premises have few substantive issues; consequently we only ask managers/headteachers to return a copy of the completed Action Plan if there are substantive issues raised. Any learning points are shared as appropriate with directorate health & safety committees.

6. Joint consultation

We consult with staff and appropriate trade unions representatives in the development and monitoring of our health & safety systems, policies, procedures and risk assessments.

In addition, we formally consult with trade union colleagues at both the Corporate Health & Safety Board and directorate Health & Safety Committees.

7. Key achievements (overview)

During 2019-20, we reviewed and updated the following safety management standards (SMSs):

- Work at heights
- Accident and incident reporting
- Manager's Responsibilities

We also updated the COSHH SMS and produced a new Training & Competence SMS both of which were due to be approved at March's Corporate Health & Safety Board. However, that meeting was cancelled due to the start of the coronavirus pandemic and so the SMSs were not published until August 2020.

---

[3] Most of our establishments have a "four plus two" year audit programme; that is they receive a full management audit every four years, with a two yearly intermediate audit based around a self-audit questionnaire and the previous audit's Action Plan.

In addition, we revised the COSHH assessment process and published a new assessment form. We also updated the Supporting Children with Medical Conditions Policy for use within our schools.

During 2019/20 our colleagues in Learning & Development launched the Mental Health First Aider initiative and of March 2020, 50 individuals had signed up to be mental health first aiders – these have proved to be an invaluable resource during the coronavirus pandemic

On the training front, in order to help ensure staff competence, we have comprehensive programmes of health & safety and fire safety training available both corporately and, as a traded service, to schools. This training aims to cover core health & safety topics, such as management of health & safety, risk assessment, accident investigation, and first aid. The training is often supplemented by more role-specific training arranged locally by service areas/schools. In 2019/20 we delivered the following[4]:

- 60 face to face training courses were delivered corporately with 508 attendees
- 43 face to face training courses were delivered to schools with 387 attendees
- 13 face to face fire training courses were delivered corporately with 109 attendees
- 4 face to face fire training courses were delivered to schools with 105 named attendees

A range of health & safety eLearning courses is also available for staff.

Our training offer and course take up was summarised in our Annual Health & Safety Training Report published in July 20.

8. Monitoring health & safety performance

We have a number of active and reactive monitoring systems in place, most notably the audit/FRA programmes and statistics/analysis of accidents and aggressive incident data collected by the health & safety team.

The Corporate Health & Safety Board receives a regular report outlining developments in health & safety. The report includes data on accidents and incidents, along with some interpretation of the results and any trends identified. The Board is also kept up to date with the audit/FRA programmes and any emerging issues.

Following the Board, a report is taken to CMT outlining the main issues discussed at the Board and any learning points.

Each directorate health & safety committee receives regular updates on learning points from audits/FRAs, along with more detailed analysis of accidents/aggressive incidents for their areas.

Directorates are asked to feedback to the Board/their committee any circumstances that influence accidents/incidents numbers and any initiatives taken to reduce the instances. In addition, directorates are now asked to feedback to the Board what action they have taken to share learning points raised at the last Board; how changes to SMSs, procedures, etc., have been communicated across the directorate; and how the directorate is checking that learning points are acted upon and amended procedures are implemented/monitored.

---

[4] There was some disruption to the training programme in March 2020 due to the start of the coronavirus pandemic

9. Strategic action plan - (long term corporate)

We believe that the building blocks are in place to ensure that we manage health & safety effectively; however, we want to ensure that we have the right health & safety culture in Walsall. To that end, a number of initiatives are already in place, for instance:

- We have increased engagement with managers, staff and the unions on key issues with a requirement that directorates update each Board on any outstanding matters
- Three times a year a report is presented to CMT to highlight trends, key issues and ensure effective responses have been put in place
- Most members of CMT and a number of their direct reports have attended health & safety for leaders training to reinforce the senior accountability for health & safety
- We have a Corporate Health & Safety Objective, along with a set of actions to help ensure that we keep health & safety on track
- We launched the annual health & safety sense check in December 2018 and have asked line managers to use a simple form once a year as a "sense check" that they are on top of all their main health & safety responsibilities

Going forward:

- The start of 2020/21 impacted on the health & safety service in quite dramatic ways – due to lockdowns and other restrictions, most of our auditing and fire risk assessment activities were put on hold for much of the year in order to avoid any non-essential visits. However, this did allow the health & safety team to concentrate on the many Covid-19 challenges that quickly started to come through – this included providing model risk assessments; undertaking reassurance checks on school Covid-19 risk assessments before they were allowed to reopen to more pupils; carrying out reassurance checks on risk assessments for corporate buildings before they were allowed to reopen; supporting both the Reset and Space Occupancy (SOG) Group; and, whilst liaising with Public Health, Children's Services and other colleagues, dealing with numerous enquiries and contributing to communications relating to coronavirus.
- We have restarted the audits and FRAs, but have had to develop new approaches to delivering these programmes – particularly the audit programme that is now done predominantly online
- Our training programme has had to be adapted as well to be delivered remotely wherever possible
- Inevitably, we will continue to have to reprioritise work to take account of our new ways of working and the continuing restrictions in place – in uncertain times, flexibility is key
- We will continue to work with key service areas to better understand their accident and incident data – are we capturing the right data, is it being reported and investigated consistently; however, we know that 2020/21's data is not easily comparable to earlier periods due to the changes in how we work and our more limited face to face customer interactions
- As resources and directorate capacity allow, we still want to engage directorates in some higher level auditing, that concentrates on planning, communication, and monitoring – to help ensure that we are embedding health & safety in the organisation and that we are closing the loop (the **Plan**, **Do**, **Check**, **Act** model)

10. Conclusion and development

The health & safety team has a work programme that includes a schedule of regular revision of all key health & safety documentation, along with a programme of audits/fire risk assessments of all corporate premises. In addition, the team continues to modernise our health & safety procedures, to ensure that they add value and do not impose an unnecessary bureaucratic burden.

The team, alongside colleagues in Learning and Development continually review all health & safety training offered corporately, to ensure it meets the needs of our customers and is fit for purpose.

As stated above, we believe that the building blocks are in place to ensure that we manage health & safety effectively; however, the council is committed to continuous improvement in health & safety and, as such, will continue to develop policies, systems and procedures to achieve that aim.

We want to ensure that we have the right health & safety culture in Walsall. We also want to ensure that there is effective succession planning so that the systems we put in place remain effective and do not fall apart if we lose key staff through retirement or restructure.

Having robust health & safety systems in place, along with the right health & safety culture, and effective succession planning helps compliment some of the wider workforce themes identified in the Corporate Workforce Strategy 2017-20, particularly the theme of having a "*valued workforce*".

Monitoring of our policies, procedures, and training both by directorates and by our auditing systems should help ensure that health & safety remains one of our top priorities and we keep both staff and customers safe.

Appendix 1 – list of current Safety Management Standards

SMSs are reviewed on a rolling programme; however, reviews can be reprioritised to reflect emerging issues and changes in legislation, etc.

SMS	Issued
Accident and Incident Reporting	November 2019
Aggression & Violence	June 2015
Asbestos Safety	March 2015
Contractors – Selection and Control	November 2020
COSHH	August 2020
Driving$^\$$	September 2017
DSE	November 2017
Electricity & Gas	September 2017
Fire and Evacuation	January 2019
First Aid	September 2017
Health Surveillance and Assessment	April 2015
Infection Control	April 2015
Legionella	March 2016
LOLER (Lifting Operations)	April 2018
Lone working/Home working	November 2020
Managers' Responsibilities	November 2019
Manual Handling	September 2017
New and Expectant Mothers	April 2018
Noise	November 2017
Personal Protective Equipment (PPE)	April 2018
Pressure Systems	March 2015
Radiation	July 2018
Risk assessment	November 2017
Safety Signs	July 2018
Stress	December 2016
Training & Competence	NEW – August 2020
Vibration	March 2015
Work at Height	November 2019
Work Equipment/PUWER	May 2016
Working conditions	June 2015
Workplace Inspections	September 2016
Young Workers	August 2016

$^\$$reviewed; awaiting further input before publication

Other substantive guidance	
Educational Visit Standards	November 2018
Schools' Safety Guides	November 2020
Supporting Children with Medical Conditions Policy	November 2019

Personnel Committee – 19 April 2021

Sickness Absence Policy

1.   Purpose of the report

1.1   To gain Personnel Committee approval for the revised Sickness Absence Policy (appendix 1) endorsed by CMT at their meeting of 01 April 2021.

2.   Recommendations

2.1   Personnel Committee is recommended to approve the revised Sickness Absence Policy (appendix 1) endorsed by CMT (01 April 2021).

3.   Background Information

Aim

3.1   This report provides a summary of the rationale for reviewing the Sickness Absence Policy and outlines the main changes of the revised policy.

3.2   To revise the current Sickness Absence Policy in line with changes set out in section 3.5 below, alongside reflecting the options included within the HR STP 2021/22+, approved as part of the budget process by full council 25 February 2021, which were:
   - 'Redesign of the Occupational Health contract', and;
   - 'Cessation of the Physio contract'.

3.3   To also update the Sickness Absence Policy to reflect increased importance of the Employee Assistance Programme (EAP) and access to Mental Health First Aiders; as well as reflecting changes/benefits brought about via the Council's new integrated HR/Payroll and Finance system, One Source; and, finally to refine points of clarification raised through consultation.

Know

3.4   The current Sickness Absence Policy was approved in September 2019. This latest review addresses the following:

   - changes required to address the HR STP proposals to reduce the use of the Occupational Health contract where viable (i.e. non-essential/beneficial) and the cessation of the physiotherapy service;
   - update and refine any points of clarification since its implementation in September 2019;
   - reference the subsequent introduction One Source.

3.5   The main changes to the policy are outlined below;
   - Access to Mental Health First Aiders (MHFA) is now referenced in the policy (appendix 1, section 1.5);

- Clarification that the Bradford Factor Score (BFS) is calculated across a rolling 12 month period at the point an absence is closed (appendix 1, section 3.3);
- Clarification that Sickness Absence Review (SAR) meetings include welfare visits and case reviews (appendix 1, section 3.5);
- Confirmation that where necessary SAR meetings can be held virtually (appendix 1, section 3.6);
- Clarification regarding employees being able to take annual leave during long term sickness (appendix 1, section 3.16);
- Managers accountabilities further clarified in relation to One Source tasks, GDPR and ensuring employees are made aware of other alternative policies where these might be more appropriate (appendix 1, section 4.1);
- The removal of any reference to physiotherapy services and in particular the removal of the suggestion to make an early referral to physio when an absence is related to a musculo- skeletal condition;
- Managers are encouraged to make early referrals to Occupational Health where such referrals are required or would be beneficial to expedite a return to work, however this is not an automatic requirement and managers do not need to refer at every stage in the sickness absence process, unless there is a supportive/beneficial reason to do so (appendix 1, section 5.1.3, 5.5.5, 6.1 and 8.1);
- Specific and standalone referencing of the Employee Assistance Programme (EAP) as a reminder of the support available through other channels (appendix 1, section 5.1.5);
- Clarification of the self-certification process through One Source (appendix 1, section 5.2.1);
- Clarification of the Fit note process through One Source (appendix 1, section 5.2.2);
- Clarification of the Return to Work process, now a Document of Record (DOR) in One Source (appendix 1, section 5.3.3);
- Confirmation that phased return to work plans can be agreed between an employee and line manager without the need for an Occupational Health referral (appendix 1, section 5.6.1);

Council Corporate Plan Priorities

3.6   This policy review is directly aligned to the internal focus priority within the Corporate Plan, delivering services that are efficient and effective.

Response

3.7   Subject to approval, HR will prepare a workforce communication regarding the implementation of the revised policy and finalise the accompanying Sickness Absence Guidance document for simultaneous launch.

Review

3.8   Employment policies will usually be reviewed on a three yearly cycle, unless legislation or internal organisational need prompt a review earlier.

4. Financial Implications

4.1 The budget approved by Council on 25 February 2021 included the following savings proposals:

- Redesign of Occupational Health contract £15,000;

- Consider ceasing of physio contract £24,000;

    Both of these proposals are allocated over 2 financial years, 50% in 2021/22 and 50% 2022/23. The revised policy allows these proposals to be fully delivered in the timescales agreed.

    There are no further financial implications arising from the other amendments to the policy.

5. Legal Considerations

5.1 There are no legal issues arising from this report.

6. Risk Management

6.1 There are no significant risks from the policy revision. A minor risk linked to the cessation of the Physiotherapy Service could be the potential negative impact on attendance levels, however the uptake of physio in terms of usage is relatively low and the impact of this could be further mitigated through promotion of self GP referrals and NHS physiotherapy services. Based on a 'normal' (non-pandemic) year, data shows that for the full year period between April 2019 – March 2020, only 11 initial physio appointments (out of a total of 87 initial appointments in that 12 month period) were held with employees who were off sick at the time.

6.2 The reduction in Occupational Health referrals is not viewed to have a negative impact on attendance levels as these will still be available and will be utilised where required to either support employees and/or to expedite a return to work.

6.3 An equality impact assessment is attached (appendix 2).

7. People

7.1 The policy is applicable to all Council employees but excludes school employees where the Governing Body has delegated authority and for whom separate arrangements apply. This policy does not apply to casuals, agency workers, consultants or any self-employed individuals working for the Council.

7.2 There is no direct impact on our citizens as a result of this policy. The procedure is however, part of the employment framework that helps to ensure that residents of Walsall get the best possible services from council employees.

8. Consultation

8.1 The policy has been consulted upon with senior managers and trade unions across the Council between 4 - 19 February 2021, this was further extended to 26 February 2021 for trade union colleagues and included a discussion at ERF on 16 February and a separate meeting with trade unions on 26 February 2021.

8.2 Feedback from managers' consultation resulted in some minor wording amendments to aid clarification and understanding. However no comments or issues were raised by managers in relation to the cessation of the Physiotherapy Service or the reduction of automatic / non-essential/beneficial Occupational Health referrals.

8.3 Trade union colleagues initially had reservations regarding the reduced use of Occupational Health, however these concerns were discussed and alleviated through clear explanation, agreement to revise the Sickness Absence Guidance in support of the policy changes and the introduction in the policy of the requirement for managers to document the rationale for referrals / non-referrals to Occupational Health.

8.4 Trade union colleagues continue to have concerns regarding the cessation of the Physiotherapy Service that they wished to be brought to the attention of Personnel Committee.

Unison have stated the following in their consultation response;

"In the time of national pandemic namely covid-19, when the impact of 'long covid' is emerging, and the importance of physiotherapy on this condition is beginning to be understood. Why would this service be removed? The implications are we will potentially have staff needing physio, waiting for NHS appointments when the NHS is already stretched to breaking point. Resulting in staff being off longer than needed as they cannot get physio appointments. Ending up with more people at final stages and in sickness hearings. This is an ill-timed removal of a successful service which actually helps keep people in work and gets them back to work sooner".

Author

Nic Rickhuss
HR Manager – Strategy & Planning
Human Resources
✉ nicola.rickhuss@walsall.gov.uk

Appendix 1

Sickness Absence Policy

Walsall Council

Version Control

Document title	**Sickness Absence Policy**		
Owner	Human Resources	Status	Live
Version	2.0	Approved on	TBC
Effective from	TBC	Review date	TBC
Last updated	04/03/2021	Last updated by	HR Strategy and Planning
Purpose	This policy is intended to support employees in respect of their health and wellbeing at work and provide a framework to support managers to effectively and sensitively manage employee sickness absence in a fair, consistent, supportive and legally compliant manner across the council.		

This policy links to:

- Corporate Plan
- Walsall Proud Programme
- Code of Conduct
- Disciplinary Policy
- Performance and Ill Health Capability Policy
- Probation Policy
- Family Friendly Policy
- Safety Management Standards
- Equality & Diversity Protocol

- Workforce Strategy
- Behaviour & Standards Framework
- Annual Leave and Bank Holiday Entitlement
- Flexi-time scheme
- Special Leave Guidelines
- Sickness Absence Guidance
- Appeals Policy
- Information Governance Policy

This list is not exhaustive.

For further advice or guidance on this policy, or if you would like this information in another language or format please contact:

HR Operational Services Team

    Telephone: 01922 655656

    Text phone: 01922 654000

    Email: hrdoperationalservices@walsall.gov.uk

For questions or advice regarding the process for submitting sickness absence related Document of Records (DoR), please refer in the first instance to the One Source page that can be found on the intranet homepage or by clicking here. Alternatively, to log a call with One Source helpdesk please raise a call through the system or contact **01922 65(4320)**.

Contents

1.0   Introduction

1.1   Walsall Council is PROUD. We are proud of our past, our present and for our future. The council is committed to reducing inequalities and ensuring all potential is maximised and its employment policies, procedures and guidelines are designed to support this vision and deliver the council's priorities.

1.2   The council is committed to creating an environment that provides opportunities for all individuals and communities to fulfil their potential. This policy provides a framework in which employees will be supported to deliver the council's priorities in line with the council's expected behaviours and values; professionalism; leadership; accountability; transparency and ethical.

1.3   The council's values and behaviours will be at the core of everything the council deliver and through a culture of continuous improvement the council will increase performance, efficiency and champion the design of services to meet the needs of customers. As a digital by design council, employees will be empowered to deliver new ways of thinking and new ways of working, encouraging innovation and creativity in a learning environment. The council is committed to technological investment to deliver transformation in order to improve the efficiency and effectiveness of its services, both internally and externally.

1.4   This policy framework promotes the council's strategic priority of internal focus ensuring all council services are effective and efficient and helps embed the behaviours and values expected of all employees as part of the Behaviour and Standards Framework.

1.5   The council aims to encourage all its employees to maximise their attendance at work while recognising that employees will, from time to time, be unable to come to work because of ill health. By implementing this policy, the council aims to strike a reasonable balance between the pursuit of its operational needs and the genuine need of employees to take time off work because of ill health through providing a productive and supportive working environment, including an employee health and wellbeing offer, Employee Assistance (and counselling) Programme (EAP), Occupational Health (OH) and access to Mental Health First Aiders (MHFA).

1.6   While the council understands that there will inevitably be some sickness absence among employees, it must also pay due regard to its operational needs. If an employee is persistently absent from work, this can damage efficiency and productivity, and place an additional burden on the employee's colleagues.

1.7   The council has other policies in place to deal with time off work for personal reasons/family reasons/special leave/compassionate leave etc...

2.0   Scope

2.1   This policy applies to all council employees (including Directors, Executive Directors and the Chief Executive)*;*

2.2   With the exception of;

2.2.1 School-based employees/workers where the governing body has delegated authority and for whom separate arrangements apply.

2.3 Casuals are not employees and therefore ordinarily this policy does not apply to casuals, however, under some circumstances they may be entitled to statutory sick pay (SSP). Therefore managers are required to notify Payroll and record the sickness absence on the absence reporting function of One Source.

2.4 This policy does not apply to contractors, consultants, agency workers or any self-employed individuals working for the council.

3.0   Principles

3.1 Sickness absence will be managed in a prompt, sensitive, fair, consistent and supportive manner and as such will apply to all cases of sickness absence, including pregnancy and disability related absence and absence caused as a result of an accident at work.

3.2 This policy applies to the management of both short term sickness (STS) and long term sickness (LTS) absence (which is defined as lasting more than 4 weeks) and details separate processes for each which can be interchangeable allowing managers to move between managing cases under both procedures (as appropriate).

3.3 The Bradford Factor scoring (BFS) system is used to measure and monitor attendance and is underpinned by an ethos of improving attendance levels. The BFS is calculated by multiplying the number of sickness episodes by the number of sickness episodes by the total number of working days absent (across a rolling 12 month period at the point an absence is closed).

3.4 A BFS of 150 or more triggers the STS absence management procedure which requires formal sickness absence review (SAR) meetings to be held in order to address unacceptable levels or patterns of absence and for appropriate support to be offered with a view to assisting the employee to improve their attendance.

3.5 An employee absence that lasts for a minimum of four weeks triggers the LTS absence management procedure which requires formal sickness absence review (SAR) meetings (made up of welfare visits and case reviews) to be held in order to support and facilitate the employees return to work and assist the employee to maintain their attendance.

3.6 Employees should be given 5 working days written notice of formal SAR meetings and are entitled to be accompanied at these meetings by their recognised trade union representative or a Walsall Council work colleague. Any meetings held as part of the sickness absence process (including return to work meetings, welfare visits, case reviews or sickness absence hearings) can be held virtually where it has not been possible to hold them in person. However, in person meetings should always be the preferred option where this is possible to aid the supportive approach and nature of this policy and procedure. Further guidance for holding virtual sickness absence meetings can be found in the sickness absence guidance.

3.7 This policy is formulated on the assumption that, if the council suspects there to be misconduct, its separate disciplinary policy will apply. For example, the council may take disciplinary action if there is evidence that;

- Absence is not genuine or not for the reason provided;
- The employee is undertaking inappropriate activities while off sick, such as carrying out work for another organisation;
- The correct sickness absence notification and evidence procedure has not been followed.

3.8 The council pays occupational sick pay (OSP) for sickness absence (including pregnancy and disability related absence) in line with an employee's terms and conditions of employment.

3.9 OSP may be extended at the discretion of the council in exceptional circumstances.

3.10 The council reserves the right to withhold or suspend OSP at its discretion. Circumstances in which OSP may be withheld include;

- Failure to comply with this policy including reporting your absence as required, keeping in touch with your manager as agreed, providing appropriate certification/ / Fit Notes as required;
- The employee refuses to attend a medical examination or OH assessment at the reasonable request of the council or fails to attend without reasonable explanation;
- The employee makes or produces any misleading or untrue statement or document concerning their fitness to work;
- The employees contract is legitimately terminated (this can occur before the expiry of OSP)

3.11 The employee will normally be entitled to receive statutory sick pay (SSP) when OSP is withheld or suspended, although the council can withhold or suspend SSP if it is not satisfied that the employee is ill, and no evidence of sickness is provided.

3.12 Employees should be given written notice if their SSP or OSP is being withheld or suspended.

3.13 The council reserves the right to cease any other payments during a period of sickness absence e.g. honorarium payments.

3.14 Where the sickness absence is due to injuries sustained as a result of a third party and the employee is successfully able to make a claim for compensation or loss of earnings from that third party, Walsall Council is able to recover salary paid during the absence from the person(s) who are held responsible. The employee must notify Payroll of the circumstances of the accident and the persons acting on their behalf, employees should refer to the council's third party accident guidance. Once the legal claim is completed the employee is responsible for ensuring that any monies recovered in respect of the absence are repaid to the council.

3.15 Where an employee becomes sick during a period of planned annual leave, they must follow the sickness absence reporting procedure contained in this policy and obtain a

Fit Note (not self-certification) for the full period of sickness in order to reclaim any annual leave. Any medical charges incurred for the provision of the Fit Note will not be reimbursed by the council.

3.16 Being unfit for work does not preclude employees taking a period of annual leave (usually) during a long term period of sickness absence to take a holiday where this would be beneficial e.g. for designated/advised rest and recuperation during a period of sickness absence relating to mental health / depression. Employees should request such annual leave in writing in the usual manner and submit this to their line manager for approval before the period of leave commences.

3.17 Where an employee wishes to take annual leave at the end of a period of absence, this will be approved in line with usual considerations based on operational requirements.

3.18 This policy and accompanying procedure is underpinned by and should be read in conjunction with the sickness absence guidance which offers further advice and support to employees and managers in the implementation of this policy.

4.0 Accountabilities

4.1 Managers are accountable for the following;

- Applying this policy and procedure consistently, fairly and objectively in accordance with the council's vision and purpose and clearly demonstrate the council's management behaviours and values;
- Taking responsibility for monitoring and managing their employees' attendance and absence;
- Fully complying with managers' duties under the sickness absence reporting and sickness absence procedures;
- Properly recording each employee's sickness absence on One Source in a timely manner;
- Ensuring the employee provides medical evidence for sickness of more than seven calendar days;
- Conducting a return-to-work interview each time the employee returns from a period of sickness absence;
- Speaking to the employee about the absence and the reason for it in a fair and factual way;
- Being supportive towards the employee and, where appropriate, seeking to identify ways in which to assist the employee to improve their attendance in the future;
- Being alert to patterns of absence, for example frequent absences on Fridays or Mondays, or immediately before or after bank or public holidays;
- Trying to establish any underlying reasons for frequent absence and, where the underlying cause is identified, take steps to help the employee to manage the cause;
- Seeking medical advice, if appropriate, to determine whether or not there is any underlying medical cause for the employee's (frequent) absence;

- Showing a reasonable degree of tolerance and sympathy towards the employee's sickness absence, while at the same time making clear that continuing frequent absences from work are unacceptable;
- Checking whether or not the employee's absences are in any way work related, for example as a result of workplace stress;
- Bearing in mind that the council may seek a medical report on an employee, for example from the employee's doctor or OH;
- Fully complying with the manager's duties to only access/process information in accordance with the data protection legislation and ensure all absence records are maintained confidentially and in line with GDPR requirements;
- Being aware of the potential for discrimination when managing absence, particularly where the employee's ill health is related to pregnancy or disability;
- Keeping in mind the council's duty to make reasonable adjustments for employees with disabilities when managing absence;
- Using sickness absence data and associated reports to drive managerial actions;
- Ensuring employees are aware of the support mechanisms available to them via the council and emphasise the importance of raising any concerns as soon as possible to seek necessary support;
- Ensuring employees are made aware of other alternative (leave and time-off) policies where these maybe more appropriate (e.g. to prevent an employee reporting a sickness absence when they are not sick themselves and there is a more appropriate approach e.g. emergency time off for dependents);
- Consulting with HR if unsure about anything or special circumstances arise, for example if it appears that the employee may have a disability;
- Understanding the consequences of failing to adopt these standards.

4.2   Employees are accountable for the following;

- All employees should support the delivery of the council's vision and purpose, clearly demonstrating the council's behaviours and values;
- Notifying their manager by telephone if they are unable to attend work due to ill health, as soon as reasonably practicable (refer to section 5.1 of this policy);
- Continuing to notify and keep in touch with their manager while they are unable to attend work;
- Being prepared to give their manager a clear reason (i.e. the nature of the illness or injury) why they cannot attend work, and estimate how long they think the absence will last;
- Informing their manager of any urgent work issues and duties that require attention in their absence;
- Informing their respective managers of any other positions they may have within the authority;
- Raising any concerns relating to their health including identifying any disabilities or ongoing/underlying health conditions to their line manager as soon as possible so that appropriate support can be discussed/considered;
- Being open with their manager about the reasons for their absence, to give the manager the opportunity to provide support where possible;
- Telling their manager of any extenuating circumstances, for example personal or family problems or an unmanageable workload;

- Providing medical evidence for sickness of more than seven calendar days;
- Being available for relevant meetings/contact in relation to their sickness absence, or to make their manager aware of the reasons why they are unavailable;
- Avoiding activity which may delay their recovery and affect their eligibility for sick pay;
- Attending a return to work interviews with their manager each time they return from a period of sickness absence;
- Bearing in mind that the council may seek a medical report, for example from the employee's doctor or OH;
- Cooperating with the council with regard to the possible implementation of any adjustments to job duties, hours or working conditions, particularly those suggested by a doctor;
- Notifying the council where they have recovered payments through a third party insurance company as a result of being off sick;
- Taking personal responsibility for their own health and wellbeing, maximising their attendance at work;
- Complying with their contractual obligations under this policy and understanding the consequences of failing to do so.

5.0   Procedure

5.1   Sickness absence reporting

5.1.1   Employees are required to call their manager to report their sickness absence by 10.00am or at least 2 hours before the start of a shift (or in line with agreed local arrangements). Employees must ensure that they make this call themselves and speak to their manager directly, unless the nature of the absence prevents them from doing so.

5.1.2   When an employee reports their sickness absence, the manager should establish the reason for sickness absence, the likely length of absence, whether the employee is intending to seek medical advice, briefly whether there are any work related consequences e.g. meetings that will need to be cancelled, and confirm with the employee an appropriate contact telephone number for use during the period of absence.

5.1.3   Managers should consider early referrals to OH where this would be beneficial for the employee and/or expedite the return to work and may be appropriate in order to support and encourage a return to work in some stress related sickness absence cases (refer to section 8.0 of this policy and the sickness absence guidance).

5.1.4   The manager must record the sickness absence on the absence reporting function of One Source within 24 hours of notification, as this may affect employee sick pay.

5.1.5   Depending on the reason for sickness absence, it may be appropriate for the manager to remind the employee of the council's free confidential Employee Assistance (and counselling) Programme (EAP).

5.2 Sickness certification

5.2.1 Employees are able to self-certify for any absences of between 1-7 days (this includes weekends). Self-certification is done automatically on the employees return to work via their manager conducting a return to work meeting and completing the relevant paperwork (refer to section 5.3 of this policy and the sickness absence guidance).

5.2.2 Once employees have been absent for more than 7 calendar days they are required to submit a Fit Note (Statement of Fitness for Work) covering their sickness from the 8th calendar day onwards, which must reach their line manager no later than the 11th day of absence. Ongoing absence will require a Fit Note to be submitted within 3 days of the end date of the previous Fit Note and must cover the entire period of absence including any non-working days and any weekends. Managers should record the Fit Note details on One Source completing the certification proforma (Document of Record) (refer to the sickness absence guidance detailing the process on how to do this).

5.2.3 A doctor's Fit Note may state that the employee:

- is "not fit for work", in which case the employee should remain off work; or
- "may be fit for work", if the doctor's recommendations are followed (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations).

While there is no legal obligation on the council to follow the recommendations, managers should take what the employee's doctor has written seriously and give fair consideration - in consultation with the employee and HR - as to whether or not any of the changes recommended by the doctor can be accommodated.

5.3 Return to work (RTW)

5.3.1 When the employee returns to work the manager must record the date on the absence reporting function of One Source within 24 hours of their return, as this may affect sick pay.

5.3.2 On the employees first day back at work or within 3 days after any period of sickness absence (where this is impracticable as soon as possible thereafter), the manager will conduct a return to work (RTW) meeting to understand the reasons for the absence, establish if there are any underlying medical conditions or additional support required and discuss a reintroduction to work plan if appropriate.

5.3.3 The RTW meetings should take place in private and are supportive meetings designed to provide the opportunity for two way communication between the employee and the manager. The manager should discuss the Bradford Factor Score with the employee and take the appropriate action outlined below:

- Record the meeting using the RTW proforma (Document of Record) (refer to the sickness absence guidance detailing the process on how to do this);

- Check the Bradford Factor Score (BFS);

- **A BFS of 80–149** indicates a point of concern. This concern should be raised with the employee, actions to improve attendance discussed along with any support that may be available, and the employee reminded of possible actions and outcomes under the sickness absence policy,

- **A BFS of 150+** acts as a 'trigger point' within the sickness absence policy. The employee should be notified of this and informed that they will be invited to attend a formal sickness absence review (SAR) meeting to discuss their attendance and any additional support if considered appropriate.

5.3.4   The sickness absence guidance provides further detail on how the BFS is calculated and provides managers with additional advice on conducting supportive RTW meetings.

5.3.5   There is no requirement for managers to provide any notification period to conduct the RTW, nor is there any requirement to be accompanied at these meetings.

5.4   Sickness absence review (SAR) meetings (trigger BFS 150+ on RTW)

5.4.1   The formal sickness absence review (SAR) meetings provide the opportunity for the manager and employee to discuss the employee's attendance, the consequences of this and to explore what additional support could be considered. Managers should refer to the sickness absence guidance for further advice on conducting SAR's.

5.4.2   SAR stages and the possible outcomes are outlined below;

Current Live Warning Status	Action	Possible Outcomes	Note
If the employee has no active absence warnings (and BFS is 150+ on RTW)	Stage 1 SAR meeting	First Absence Warning*	A First Absence Warning must be confirmed in writing and is active for 12 months from the date the absence ended
If the employee has an active First Absence Warning (and BFS is 150+ on RTW)	Stage 2 SAR meeting	Final Absence Warning* Extend absence review period**	A Final Absence Warning must be confirmed in writing and is active for 12 months from the date the absence ended, and then reverts to a First Absence Warning for a further 12 months
If the employee has an active Final Absence Warning (and BFS is 150+ on RTW)	Stage 3 SAR meeting - Full case review to be held in order to determine whether to proceed to hearing stage	Progress to Sickness Absence Hearing Extend absence review period**	The employee should be informed that a decision to progress to a hearing may result in dismissal

*There is no right of appeal against absence warnings issued at stages 1 and 2 or a decision to progress to a hearing at stage 3.
**Extensions to the absence review period can only be actioned once in any live warning period and must be for no longer than 6 months.

5.4.3   In exceptional circumstances managers may decide to take no action at any of the above stages, however this should only be used in extenuating circumstances and the justification must be clearly recorded. If no action is taken the employee retains any current live warning status.

5.4.4   The sickness absence guidance provides further detail on extending absence review periods, taking no action, what might constitute extenuating circumstances, what should be discussed during SAR meetings and the process for confirming and recording SAR meeting discussions and outcomes.

5.4.5   SAR meetings can also be instigated where the manager identifies unacceptable patterns of absence without the BFS trigger point being reached, these meetings will

follow the same 3 stage progressive process outlined above and may result in a sickness absence hearing under this procedure.

5.5   Managing long term sickness (LTS) absence (trigger 4 weeks + continuous absence)

5.5.1   Where an employee is, or will be absent for four weeks or more the LTS absence management procedure is triggered and consists of progressive formal sickness absence review (SAR) meetings (made up of welfare visits and case reviews) in order to support and facilitate the employees return to work.

5.5.2   Managers must complete as a minimum the four stages outlined below:

LTS Stage	Approximate Timeframe	Note
Early contact stage **Welfare Visit/Contact**	4 weeks into absence – however this can be carried out at any point up to 4 weeks	This contact can be carried out via telephone, by mutual agreement
Stage 1 **8 week Case Review**	8 weeks into absence	HR may be in attendance at this meeting
Stage 2 **12 week Case Review**	12 weeks into absence	HR may be in attendance at this meeting
Stage 3 **16 week Final Case Review**	16 weeks into absence	HR should be in attendance at this meeting

5.5.3   These stages normally take place over a 16 week period, with 4 week intervals between each stage, however these timeframes are indicative and managers should apply appropriate flexibility in conducting the stages in order to be supportive and practicable e.g. delaying a meeting by a week is reasonable to wait for an occupational health assessment. Meetings can also be brought forward where this is practicable and justified.

5.5.4   Ongoing and regular contact should be maintained with employees while they are on LTS absence and managers may hold additional meetings at any stage in order to provide further support to the employee and progress the management of the absence.

5.5.5   The sickness absence guidance provides further detail on managing LTS absence, including maintaining contact, what should be discussed during case review meetings, the additional support that should be provided to employees, OH referrals/assessments and the process for confirming and recording contact and case review meeting discussions and outcomes. OH referrals should be considered throughout the process and referrals made when these will be most beneficial to

support the employee or expedite a return to work, managers should document the rationale for referrals / non-referrals at stage 1, 2 and 3 of the LTS process (refer to the sickness absence guidance for further information).

5.5.6   When a RTW from LTS absence is achieved, managers should give consideration to the appropriateness of offering the employee a phased RTW (refer to section 5.6 of this policy).

5.5.7   On the employees RTW the normal process for managing attendance in cases where the BFS has been triggered (150+) should be followed (refer to section 5.4 of this policy).

5.5.8   If the employee is unable to sustain their RTW, resulting in a further period of LTS absence within 6 months of their RTW date, it may be appropriate to commence the LTS absence management process at the same stage they were at when they returned to work. Alternatively, it may be appropriate to recommence at the beginning of the LTS absence management process. Managers will make such decisions on a case by case basis dependent up on the circumstances of the employee.

5.6   Phased RTW

5.6.1   The council recognises that an employee returning to work (usually following a long period of absence) may require a period of time to enable them to settle back into the workplace and their job role. Consideration may be given to adjusting hours worked and/or tasks undertaken or a phased RTW of between 1 to 4 weeks may be agreed between the employee and the manager dependent on the circumstances.

5.6.2   A phased return is not an automatic entitlement and the manager will need to make a decision based upon the information available. The nature of the phased return should meet the needs of the employee and the service and any phased RTW arrangement should be regularly reviewed by the manager and adjusted accordingly.

5.6.3   Any further extensions beyond a 4 week phased RTW will normally only be agreed on medical advice (e.g. from GP's / Consultants / Surgeons) and in such circumstances, the employee will be required to use annual leave, to supplement the extension. Flexi-hours or TOIL accrued prior to the absence may also be used.

5.6.4   At the end of the phased return period, employees are expected to return to work on normal contractual hours and duties. If this is not possible (i.e. based upon medical grounds), then reduced hours may be considered on a temporary or permanent basis (pay will be affected), subject to service delivery, or alternatively other options may be considered under the performance & ill health capability policy.

6.0   Disability related absence

6.1   Employees are encouraged to advise their manager if they have a disability and/or their absence is related to an ongoing/underlying medical condition so that appropriate support can be provided.   Managers should consider and discuss reasonable adjustments with the employee at an early stage, additionally OH intervention may be relevant to support complex discussions/cases. Whilst managers should be taking

reasonable steps to prevent any substantial disadvantage to an employee with a disability, where reasonable adjustments have been implemented and attendance levels are still unacceptable the employee's absence should continue to be managed in accordance with this policy.

6.2 The sickness absence guidance provides further detail on disability related absence and offers advice and guidance for managers regarding further support that can be offered during the sickness absence process.

7.0 Maternity related absence

7.1 Where it is confirmed that absences are related to pregnancy/maternity, such absences will still be included in the BFS but managers will need to automatically discount these for the purpose of calculating absence triggers.

7.2 If the employee is absent from work with a pregnancy-related illness, within 4 weeks of their due date, maternity leave will start automatically (refer to the council's family friendly policy for further guidance).

8.0 Stress related absence

8.1 Stress is a major cause of sickness absence in the workplace and is most effectively supported in the early stages of absence. Where sickness absence is stress related managers should be making contact with the employee as soon as possible in order to fully support the employee. Where elements of the stress related sickness absence could be linked to the work environment or aspects of the role, then the earlier managers and employees have an open and honest conversation the sooner supportive measures can be put in place to address / improve the situation and these are often more successfully addressed at the lowest possible level by direct line management as early as possible before any escalation. However where this is not possible or appropriate, it may be more appropriate to provide specific support (through an OH referral) or facilitate discussion through other parties (e.g. senior management) dependent on the case. Managers should ensure that the employee is reminded of the councils free confidential Employee Assistance (and counselling) Programme (EAP).

8.2 The sickness absence guidance provides further detail on managing stress related absence. Managers should also refer to the Safety Management Standards on the Health and Safety intranet pages to establish the reasons for stress and carry out a stress risk assessment (where applicable).

9.0 Terminal illness

9.1 Where the employee is terminally ill careful and sensitive management will be required. Where employees are able and wish to continue working managers will work with them to make adjustments where reasonable and provide all appropriate support.

9.2 The council will work to ensure the employees preferred outcome is taken into consideration and will explore all available options including the continuation of work, reviewing ill health retirement (IHR) and death in service benefits, extending OSP and potential termination under this or any other relevant policy.

9.3   The sickness absence guidance provides further detail on managing sickness absence due to terminal illness and covers IHR and extended OSP.

10.0   Ill health retirement (IHR)

10.1   Ill health retirement may be considered for employees who are members of the Local Government Pension Scheme (LGPS) where it is anticipated that the employee will not be able to return to work in any capacity for the foreseeable future. Before a decision is taken on applying for IHR, managers must;

- Consider all possible alternatives, where practicable;
- Ensure that the employee is a member of the LGPS;
- Ensure that they fully consult with the employee and make them aware of the possible pension implications of the outcome so that they can make an informed decision;
- Ensure that any discussions with employees are handled sensitively, being mindful of the employee's medical condition;
- Explore this option at an early stage as the process may be lengthy.

10.2   IHR can only be determined via an OH assessment and approval. It is likely that OH will request additional medical reports in order to inform their decision.

10.3   Following this process, the employee will be notified as to whether IHR has been granted and, if so, the level of pension benefits that will apply.

10.4   Where IHR is approved, the employee will be offered the opportunity to attend a sickness absence hearing. However, the employee may choose not to attend if they wish, this does not affect their access to any benefits.

11.0   Medically enforced absence (medical suspension)

11.1   If a manager is concerned about an employee's state of health and believes that their health, safety or welfare, or that of others, may be at risk as a consequence of the employee continuing at work, consideration to suspend them on medical grounds may be an option. Managers must seek HR advice in these circumstances.

11.2   Any medical suspensions must be kept under close review (no less than every two weeks) to ascertain the suitability of a return to work or until the employee notifies of their sickness absence.

11.3   A referral to OH should also be made, where appropriate, with a meeting arranged following this to discuss the options available. Where it is confirmed by OH or the GP that the employee is not fit to attend work, the employee's absence will start the date the medical suspension began. In such circumstances, sickness absence entitlement will begin to erode and the sickness absence policy will apply, including the calculation of the BFS.

12.0   Probationers

12.1   For all new employees, sickness absence will be monitored under the probation policy with the potential to dismiss. However, the principles of return to work discussions and the application of the BFS mechanism will still apply. Managers should speak to HR if they have concerns about a probationer's attendance record.

12.2   In deciding whether these standards are met for employees whose probation was recently completed, the attendance during the whole of the employment is considered, not just from the date that the permanent appointment was confirmed.

13.   Appeal process

13.1   Employees have the right to appeal against their dismissal and if they wish to exercise this right, they should submit their appeal in writing to the Director of Human Resources within 10 working days of the date of their formal notice letter.

13.2   All appeals will be held in accordance with the council's appeals policy. Employees have the right to representation at appeal hearings.

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Sickness Absence Policy		
Directorate	Resources and Transformation		
Service	HR Strategy and Planning Team		
Responsible Officer	Rebecca Lloyd		
Proposal planning start	October 2020	**Proposal start date (due or actual date)**	April/May 2021 Sickness Absence Policy launch (including OH reduced usage from April /May 2021 and cessation of Physio from October 2021)

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	**Yes**	**Revision**
	Procedure	**No**	**N/A**
	Guidance	**No**	**NA**
	Is this a service to customers/staff/public?	**Yes**	**Revision**
	If yes, is it contracted or commissioned?	**Yes**	
	Other - give details		
2	**What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?**		

The purpose of the Sickness Absence Policy is to set out acceptable standards of attendance and the process for monitoring and managing sickness absence in a fair, consistent, supportive and reasonable manner, in line with relevant employment legislation.

The purpose of this review and consultation is as a result of the STP 21/22 budget proposals, where it was proposed to 'Redesign the Occupational Health contract' (P5) and 'Consider ceasing of the physio contract' (OP60).

Occupational Health (Proposal P5) - The proposal recommends a reduction in the levels of usage of the Occupational Health service through a targeted HR approach, with only essential cases being referred. These essential cases include:
- Pre-employment form screening/assessments
- Inoculations/Vaccinations
- Complex Cases

- Immediately prior to sickness absence hearing
- Ill Health Retirement (IHR) cases

Physiotherapy (Proposal OP60)
Overview - Physiotherapy services are a source of specialist care that provides individual advice and physiotherapy to employees to promote and protect their health, safety and wellbeing, and to prevent further injury in relation to musculoskeletal conditions. Therapeutic interventions offered include assessment, diagnosis and subsequent treatment plans, self-care advice and home exercise plan. The proposal is to cease usage of the physio contract.

Revision of the Sickness Absence Policy
The above changes reflect a refocussing on the practical operation of the sickness absence policy on key support areas, such as supporting employees through stress-related illnesses and promoting positive mental health, whilst ensuring the limited resources the council have are directed in the most effective ways. This includes a refocusing of the use of some OH appointments and a reduction in the reliance of physiotherapy as an internal offered service.

The review is also an opportunity to update the current policy to ensure this is aligned with current practice. This is a revision of the current policy which was last revised in July 2019. The policy will be applicable to all employees and managers.

Reference to physiotherapy has been removed from the sickness absence policy, and timeframes for when Occupational Health referrals should be made has been revised. Instead of automatic referrals at certain points in the sickness absence process, now managers should consider whether an OH referral would be beneficial for the employee and/or expedite a return to work, potentially reducing the number of OH referrals that might not be required/advantageous.

3	Who is the proposal likely to affect?		
	People in Walsall	**Yes / No**	**Detail**
	All		The services apply to all council employees, including those in schools, Assistant Directors, Executive Directors and the Chief Executive.
	Specific group/s		
	Council employees	**Yes**	
	Other (identify)		The policy applies to all council employees, excluding those in schools where the Governing Body has delegated authority, casual employees and agency workers.

4	**Please provide service data relating to this proposal on your customer's protected characteristics.**
	As of 1st October 2020 the total number of Walsall Council employees was 6636 (3131 Corporate; 3505 Schools).
	From the annual Employment Monitoring Report as 31 March 2020 the Council's Corporate workforce is made up of 67.7% females. 23.55% of the workforce are classified as Black and Asian and minority ethnic.
	In total there were 151 employees (4.88% of the workforce) who declared they had a disability, as defined by the Equality Act 2010.
	3.81% of the workforce are under 25 years of age, 28.16% of the workforce are 55 years

or older, 42.85% of the workforce are aged between 40-54 years old and 50-54 years old are the largest age group making up 17.69% of the workforce.

Usage figures for both OH and Physio detailed below:

OH Initial Referral data is as follows;
April 19 – March 20 – 438
April 20 – March 21 – 299 (level impacted due to Coronavirus Lockdowns)

Physiotherapy Initial Referrals is as follows:
April 19 – March 20 – 87
April 20 – March 21 – 33 (level impacted due to Coronavirus Lockdown)

We are looking to work with both providers to further improve the level of equalities data specifically in relation to referrals/usage moving forward.

5	**Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).**
	Initial consultation to cease the Physio Service and reduce the use of non-essential OH referrals/appointments took place as part of the initial budget consultation process approved by full council 25th February.

Formal consultation on the proposed changes being incorporated in to the review of the Sickness Absence Policy also took place 4-19 February 2021. The policy was circulated initially to Senior Managers and Trade Union colleagues, consultation for TU's was extending until 26 February 2021. Feedback was also sought through attendance at DMTs, SLTs, conducting focus groups with targeted managers.
The consultation was opened up with Trade Unions at the Employee Relations Forum (ERF) on 2 February with a dedicated meeting held on 26 February 2021.

Consultation focused specifically upon the reduction of availability of OH as a service and the ceasing of the physiotherapy service as well as other minor changes.

The revised Sickness Absence Policy will be submitted to CMT on 1 April 2021, followed by Personnel Committee for approval on 19 April 2021.

Consultation Activity

Complete a copy of this table for each consultation activity you have undertaken.

Type of engagement/consultation	Consultation with wider council via meetings and email.	Date	19/02/21
Who attended/participated?	Senior Managers (tier 3 and 4), plus HR, Legal, Payroll and Finance		
Protected characteristics of participants	A range of protected characteristics including, gender, race, age, disability.		
Feedback			

Several mangers commented on the use/role of Mental Health First Aiders (MHFA). It was felt that they should not be a substitute for OH/EAP as they are not trained counsellors and also employees may not wish to talk to other employees about their concerns, as they are not independent enough. However, others felt that they can be useful in supporting staff and should be mentioned. It was not intended that MHFA replace OH/EAP, but that they are there as an alternative support mechanism. It was agreed further guidance on MHFA and mental health would be included in the supporting guidance rather than refer to MHFA in the policy.

Feedback was received on taking annual leave whilst off sick and the affect this has on the Bradford Factor Score. It was agreed that these will be picked up in the supporting guidance rather than the policy.

There was no direct feedback related to the changes in OH referrals or the removal of physiotherapy.

Other feedback was related to minor wording changes for clarification and to aid understanding.

Type of engagement/consultation	Consultation via email and a meeting	Date	26/02/21
Who attended/participated?	Trade Unions		
Protected characteristics of participants	A range of protected characteristics including, gender, race, age, disability.		
Feedback			

Trade Unions commented on the withdrawal of the Physiotherapy Service. They felt that under the current circumstances of the Covid pandemic and with the impact of Long-Covid that physiotherapy is an important service, especially where NHS waiting times are extended. By not having the service staff may be off longer than needed, and end up with more staff in sickness hearings.

Feedback was received about employees being made aware of other time off policies instead of using the absence policy. The intention wasn't for employees to used alternatives they were sick, but if it was a family member not them themselves then more appropriate to use other time off mechanisms – wording amended to aid

understanding and clarity.

Feedback was received on the use of Mental Health First Aiders. The MHFA service was not intended to replace OH referrals for stress, it was a reminder of the availability of the service – wording amended. It was noted that the trade unions were initially concerned with a reduction in the use of the OH service and the move away from immediate referrals, this was discussed and explained with the trade unions to clearly explain that where an OH referral would be either beneficial for the staff member, the organisation or would support or expedite a return to work then they should be used. The proposed reduction in use is to focus on the removal of non-essential / beneficial referrals, duplicate referrals and a reduction in referrals at too earlier stage to be of use they need to be subsequently redone. Trade Unions understood this change and in order to ensure consistency and due consideration, it was agreed a step be introduced in the policy that required managers to make comment on / note down OH referral decisions (both when they did happen but also when a decision was made not to refer at relevant points in the process).

The changes in the policy are not to remove OH referrals where they are required. The intention was that it need not be automatic where it is not required or advantageous.

Feedback was received on other areas of the policy, however these would be picked up in the supporting guidance, rather than the policy, this includes;
- Managing and supporting mental health and work related stress;
- Occupational Health Referrals and the recording of the consideration decision relating to referrals or not (as the case may be);
- Undertaking virtual meetings.

6	**Concise overview of all evidence, engagement and consultation**

Formal consultation with managers raised no concerns over protected characteristics.

Feedback from consultation resulted in some minor amendments to clarify wording and aid understanding, and raised points or gave example which would be best suited to be included in the supporting guidance.

The trade unions were opposed to the removal of the physiotherapy service, as they felt this was an erosion in terms of assisting and supporting staff to remain and/or return to work.

Mitigation identified in the action plan below, as follows;

Managers/HR to signpost to other physio services available, i.e. via GP etc. Production of a centralised document outlining these services (in conjunction with Public Health) Managers to also be reminded of the importance of H&S reviews e.g. risk assessments / DSE and actioning equipment requirements / use of access to work

7	**How may the proposal affect each protected characteristic or group?** **The effect may be positive, negative, neutral or not known. Give reasons** **and if action is needed.**		
	Characteristic	**Affect**	**Reason**	**Action needed Yes / No**

Age	Negative	**OH** - Potential for older employees to be adversely impacted by inability to access OH service (i.e. for conditions more likely to affect older employees). Or where seeking specialist advice on reasonable adjustments where these may relate to an age-related condition.	**Yes**	
	Mitigation	Discretion to refer to OH for complex cases, or those where a referral would be beneficial therefore removing any adverse effects on those requiring support who may have protected characteristics. Ability to refer to OH for Ill-health retirement.		
	Negative	**Physio** - Potential for older employees to be adversely impacted by inability to access physio service (i.e. where there is an age-related condition which requires physio support.	**Yes**	
	Mitigation	Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable.		
Disability	Negative	**OH** - Potential impact on employees who require specialist support or advice regarding reasonable adjustments as a result of a disability-related condition, including mental health and stress related conditions.	**Yes**	
	Mitigation	Discretion to refer to OH for complex cases, or those		

6

		where a referral would be beneficial therefore removing any adverse effects on those requiring support who may have protected characteristics. Ability to refer to OH immediately prior to sickness absence hearing or for Ill-health retirement cases or those where disability adds complexity / requires additional support as a reasonable adjustment.		
	Negative	**Physio** - Potential impact on employees who require specialist physio support or advice in relation to a disability-related condition, including mental health and stress related conditions.	**Yes**
	Mitigation	Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable.	
	Mitigation	**The Policy:** Potential impact on employees who require reasonable adjustments for communication who do not understand the policy e.g. employees with learning disabilities.	**Yes**
Gender reassignment	Negative	**OH** - May require support from OH services in relation to mental health / stress related to their protected characteristic.	**Yes**
	Mitigation	OH referrals where required will be available should there be any unforeseen issues	

7

		Negative	**Physio** – Potential impact on employees who may require bespoke physio during transition.	**Yes**
		Mitigation	Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. updated DSE and equipment provisions / support form access to work where applicable. Does this protected characteristic prevent people from accessing GP services and therefore referrals to physio?	
	Marriage and civil partnership	Neutral	**OH / Physio -** The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here	**No**
	Pregnancy and maternity	Negative	**OH** - Potential impact on employees who are pregnant and who may require assessment of reasonable adjustments required as part of a pregnancy-related condition	**Yes**
		Mitigation	Discretion to refer to OH for complex cases, or where there is a rationale / benefit to the referral.	
		Negative	**Physio** - Potential impact on employees who are pregnant and who may require physio advice or support as part of a	**Yes**

			pregnancy-related condition.	
		Mitigation	Manager to signpost employee to alternative relevant support services (i.e. via GP etc) and ensure actions within council control are progressed accordingly i.e. maternity risk assessment and updated DSE and equipment provisions / support form access to work where applicable.	
	Race	Negative	**OH** - Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work and also any specific health issues relating to particular ethnicities	**Yes**
		Mitigation	OH referrals where required will be available should there be any unforeseen issues here	
		Negative	**Physio -** Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work.	**No**
	Religion or belief	Negative	**OH** - Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work.	**Yes**
		Mitigation	OH referrals where required will be available should there be any unforeseen issues here	
		Negative	Potential impact on employees where cultural sensitivities prevent them accessing such services outside of work.	**No**

	Sex	Neutral	**OH – Physio** - The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here	**No**
	Sexual orientation	Neutral	**OH – Physio** -The amendment applies to all employees – no impact foreseen OH referrals where required will be available should there be any unforeseen issues here Does this protected characteristic prevent people from accessing GP services and therefore referrals to physio?	**No**

8	**Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.**	(Delete one) **Yes**
	This links to the cessation of physio service and the reduction in OH referrals EQIA's	

9	**Which justifiable action does the evidence, engagement and consultation feedback suggest you take?**	
	A	No major change required
	B	**Adjustments needed to remove barriers or to better promote equality**
	C	Continue despite possible adverse impact
	D	Stop and rethink your proposal

Action and monitoring plan				
Action Date	**Action**	**Responsibility**	**Outcome Date**	**Outcome**
Pre-implementation / Day of launch	**OH** - The change of usage to be communicated to managers/HR Ops colleagues/OH provider –	Managers to ensure that they give full consideration as to whether the case warrants referral to OH and to discuss with Senior HR Advisor if any questions or concerns. Managers should also note down rationale for decisions related to referring or nor referring introduced as an additional measure.	As and when required	
Pre-implementation / Day of launch	**Physio** - The ceasing of the service to be communicated to managers/HR Ops colleagues/Physio provider	Managers/HR to signpost to other physio services available, i.e. via GP etc. Production of a centralised document outlining these services (in conjunction with Public Health). Managers to also be reminded of the importance of H&S reviews e.g. risk assessments / DSE and actioning equipment requirements / use of access to work	As and when required	
Pre-implementation / Day of launch	To ensure employees understand the requirements of the policy and support them to achieve the desired outcome.	Employee's line manager should make themselves available to explain the policy to ensure understanding and offer support to allow individuals to achieve the requirements	As and when required	
Pre-implementation / Day of launch	To ensure employees who are on maternity leave / LTS to be made aware of the revised policy	Employee's Line Manager	As and when required	

Walsall Council

Pre-implementation / Day of launch	The comms regarding the changes to be made available in other languages on request for employees whose first language is not English.	Appropriate liaison as required with the council's Interpretation, Translation, Transcription and Easy Read service (ITTE)	As and when requested	
Pre-implementation / Day change takes effect	Alternative formats (audio and Easy Read) for disabled employees to be made available on request.	Liaison as required with the appropriate council procured services; audio formats from Walsall Society for the Blind and Easy Read from the Community, Equality and Cohesion team.	As and when requested	
Pre-implementation / Day change takes effect	Expand on support to managers regarding making referrals in the sickness absence guidance	S&P – relaunch guidance when revised policy is implemented	April/May 2021	
Ongoing	Continue to review impact on an ongoing basis	**Physio/OH** - Seek staff views initially after 6 months following cessation of physio service and then consider subsequently in line with the regular policy review and consultation cycle (currently every 3 years)	March / April 2022 and then ongoing	

Update to EqIA	
Date	**Detail**
11/03/2021	Update on policy consultation February 2021.

Contact us

Community, Equality and Cohesion

Resources and Transformation

Telephone 01922 655797
Textphone 01922 654000
Email equality@walsall.gov.uk
Inside Walsall: http://int.walsall.gov.uk/Service_information/Equality_and_diversity

Personnel Committee – 19 April 2021

How Will We Work In The Future – A Blended Working Approach

Service: All

Wards: All

1.   Purpose of the report

1.1   This report sets out the high-level considerations for how we will work in future, with the proposition 'work is what we do and not the location where it is carried out'.

1.2   Since 23 March 2020, we have found it necessary to work completely differently, to adapt processes and services to continue to deliver in a global pandemic.

1.3   Across Britain, lockdowns are starting to ease and there is a sense of a return to some degree of normality. However, there is still a lot of uncertainty and the extent to which everyday life will return to pre-Covid conditions is unclear.

1.4   Many aspects of working remotely have worked really well, we have been able to capitalise on the investment in technology, finding different and better ways of working. It will be a lost opportunity if we do not consider the advantages of working in this way and blend them into how we work in the future.

1.5   In order to make sure Walsall Council is in the best possible position to respond to ongoing challenges, making sure that our approach is people lead we need explore new and different models of working, looking at how we capitalise on investments to date consider any new investment that may be required.

2.   Recommendations

2.1   Personnel Committee are asked to approve that the first principles of blended working are as set out in points 3.1, 3.2 and 3.3.

2.2   Personnel Committee agree that officers test these principles and bring forward to Cabinet proposals for the future ways of working – a blended working approach.

3.   Principles

3.1   Agree work is what we do not where we do it.

3.2   To test the principle 'where staff have been able to work from home that they continue to do so that these staff do not return to work in any of our

buildings to carry out their daily routine tasks. That we continue to predominantly work from home locations as we have done for the past year.'

3.3   Staff currently working from home will continue to do so and will only meet in our buildings for the purposes of collaboration, team building, on boarding and development opportunities.

4.   Know

Blended working builds on the concept of flexible working and could be defined as a way of working that combines on and off-site working, as well as flexibility in when, and for how long, workers engage in work-related tasks based on service need. Whilst not all jobs can be performed in a flexible manner, a large proportion of Council roles can, and as a modern and forward thinking employer, we need to explore and embrace different ways of working.

4.1   **Assumptions**: In order to test the principles in point three the following statements are assumed to be correct:

- Social Distancing – Hands, Face, Space will need to be maintained going forward.

- There will be no change to working arrangements until at least September 2021.

- While staff are not returning to the Civic Centre then the First Stop Shop area does not re-open to the public.

- Notwithstanding that in future formal decision making and regulatory committees may need to be held as physical meetings from beginning of May 2021, the above principle regarding staff will apply to Members.

4.2   There is no consistent view or set of expectations regarding what will happen when Lockdown eases or restrictions are removed in June 2021, if indeed, all restrictions will be removed.

4.3   Perceptions of service need may be different when the population is not living under restriction.

4.4   The public may expect a return to 'normal service'. Normal service is planned to be different in future and new ways of accessing services through the Council's website and Customer Relationship Management System need to be prioritised to support the changes and maintain improve customer satisfaction.

4.5   For some staff the job cannot be done at home and they have continued throughout this period to working as close to their usual way of working as possible.

4.6   Some service areas are looking at working differently but in a work base or locality.

5.   Council Corporate Plan Priorities

5.1   Internal Services – deliver quality and adapt to meet the needs of customer facing services.

6.   Risk Management

6.1   There are no risks directly associated with approving this report.

7.   Financial Implications

7.1   There are no direct financial implications for this report. However, to progress blended working there will be costs associated with alterations to buildings and further enhancements to provision of information technology in respect of both software and hardware and cleaning regimes. These costs will be assessed as part of the overall business case for change and will require funding through the capital programme. There are likely to be permanent revenue cost savings on operational running costs. At this time, it is not possible to be exact but a full cost benefit analysis will be undertaken.

8.   Legal Implications

8.1.   The position on Members' ability to continue to attend meetings remotely is uncertain, currently central Government has indicated that it does not intend to extend to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. However, a declaration is being sought from the High Court to clarify whether or not remote meetings can continue to be held in accordance with existing legislation governing meetings. This issue is due to be determined on 21 April 2021. The government is supporting this legal challenge and is seeking further evidence in relation to the continuation of virtual meetings.

9.   *Procurement Implications/Social Value*

None at this time.

Personnel Committee – 19 April 2021

10. *Property Implications*

10.1 How buildings are used in future is a key consideration, moving to using buildings only for one off purposes will require buildings to be adapted to meet future need.

10.2 Creation of dedicated meeting spaces equipped with appropriate technology to hybrid meetings where some attendees can be in the office and others in different locations, including home.

10.3 Capital investment will be required to make alterations.

10.4 A system for booking space will need to be in place so that numbers accessing the building can be managed. This would include continuing with Health and Safety assessments, and the requirement of an increased office cleaning regime which has a resource implication.

11. *Health and Wellbeing implications*

11.1. Some staff, who have found it difficult to work from home but had done so because it was a mandate by Government, may wish to return to the office.

11.2 Conversely, staff may not feel safe coming into work.

11.3 Continued Health and Safety monitoring of workstations in the home will be required and additional equipment (e.g. monitors, keyboards, headsets) may be required for staff who had previously not been concerned as they believed that this was not a permanent arrangement.

11.4 Sickness absence has reduced significantly, there is likely to be a number of factors affecting this reduction, however the impact is fewer lost working days. Staff have benefited from not needing to travel to work which has contributed to reducing carbon emissions over the period.

11.5 Lack of social interaction at work has left some staff feeling isolated and vulnerable, a factor that has been exacerbated by not being able to socialise outside of work.

12. **Staffing implications**

12.1 A full programme of communication and engagement with staff will be required including a follow up staff survey to the one that was carried out in October 2020. The output from the survey will enable a comparison of how staff are feeling then and now.

12.2 Focus groups on new ways of working will emerge from the issues identified in the staff survey.

Personnel Committee – 19 April 2021

12.3 Skills, knowledge and experience of staff and managers will be different as new ways of working emerge / develop this will lead to a requirement for new and innovative Learning and Development programmes and Organisation Development interventions.

12.4 Systems and processes will need to change to reflect service improvements gained from new ways of working.

12.5 Review of Employment Polices will be required; consideration of a different remuneration package may also need to be considered if there is to be a long-term move to working from a home location. Alongside this as part of the 2021 pay negotiations the LGA may agree to develop guidance for Local Authorities on home being a work location.

13 Reducing Inequalities

13.1 A comprehensive Equality Impact Assessment(s) will be required to provide evidence based assessment to support the decision-making processes within the proposals. To understand the potential impacts on protected groups, ensuring proposals do not present barriers or disadvantage for those groups.

14. *Consultation*

14.1 Initial consultation with trade unions has taken place, there will need to be an ongoing dialogue with unions as blended working arrangements are developed and implemented.

15. Options considered and discounted at this time.

15.1 A full return to office accommodation working arrangements prior to Corvid Pandemic. This option is not viable at this time, although there is no guidance currently available which covers the period when lockdown eases or for when restrictions are removed, it is illogical that some form of social distancing will not be required and most buildings cannot be adapted to accommodate volumes of staff that previously occupied them.

15.2 A return as described in 15.1 would negate the benefits of technology that have occurred throughout the past year and diminish the value of the investments that have been made. Technology can be exploited further and this will continue to bring benefits to staff in new ways of working, to residents in ease of accessibility to online services and to the efficiency of the Council as a whole.

15.3 A partial return to the office on designated days for particular teams or service areas to undertake routine activities is unlikely to maintain increases in productivity or be helpful to service delivery. It also seems counterintuitive to the concept of a modernised workforce / new ways of working. It could increase staff's feeling of wellbeing and motivation but this would need to be tested.

Personnel Committee – 19 April 2021

16.   Respond

16.1   Test the temperature with staff and establish how they feel about continuing to work remotely through the staff survey.

16.2   Ask Directorate Management Teams to undertake a more detailed SWOT analysis of what the principles at section 3 would mean for them – considering impact on service delivery, Service Transformation Plans (STP's), staffing, finance, new ways of working, service modernisation etc.

16.3   Take the findings from the above to test the first principle of blended working and develop for CMT consideration a full implementation plan.

17.   Review

17.1   Review and reflect all of the information gathered in respect of blended to ensure that the blended working proposals enable effective and efficient service delivery.

Author
Michele Leith
Interim Director of HR, OD & Admin
☎ via Teams
✉ michele.leith@walsall.gov.uk