CITY OF
YORK
COUNCIL

Sickness Absence Management Task Group   28 January 2013

Sickness Absence Management Scrutiny Review – Draft Final Report

Summary

1.   This report presents the findings of the Sickness Absence Management Scrutiny Review and the arising draft recommendations and asks the Task Group to agree any revisions/additions to the report ahead of its presentation to the Corporate & Scrutiny Management Committee on 11 March 2013.

Background to Review

2.   At a Scrutiny Event for Members in July 2011, the Committee agreed to carry out a scrutiny review on staff sickness, specifically to identify ways of reducing sickness absence levels across the organisation.

3.   At a meeting in September 2011, Members received a briefing on City of York Council's (CYC) current sickness absence procedures and policies together with statistics and information on actions previously taken. The Committee agreed to set up a Task Group to gather information on the potential areas of focus for the review for the full committee's consideration.

4.   The Task Group met twice to receive information on a range of associated issues including:

- National survey of annual absence & labour turnover
- Recent scrutiny reviews carried out by other Local Authorities
- Comparative figures from other Local Authorities
- Comparisons with other organisation types
- CYC Attendance at Work Policy
- HR Management Information Digests
- Headlines from CYC Quarter 1 2011
- Statistics on long and short term sickness & ill health retirements
- iTrent – new CYC HR management system
- Occupational Health – NHS Contract & Costs

- CYC sickness absence management training for managers
- Induction programme for new staff
- CYCs current procedures for recording and monitoring sickness absence

5. In January 2012, this Committee received a scoping report for the review detailing the Task Group's initial findings and as a result, agreed the following objectives for the review:

   Objectives:

   i. To revise the Council's Absence Management Policy & procedures to ensure they take account of iTrent, are in line with best practice, and written in a more formal assertive language;

   ii. To identify improvements in:

      a. the provision of Management training
      b. the induction programme for all new staff

   iii. To explore ways of introducing a change in culture within the workforce moving away from a policy of 'managing absence', towards one of 'encouraging attendance'.
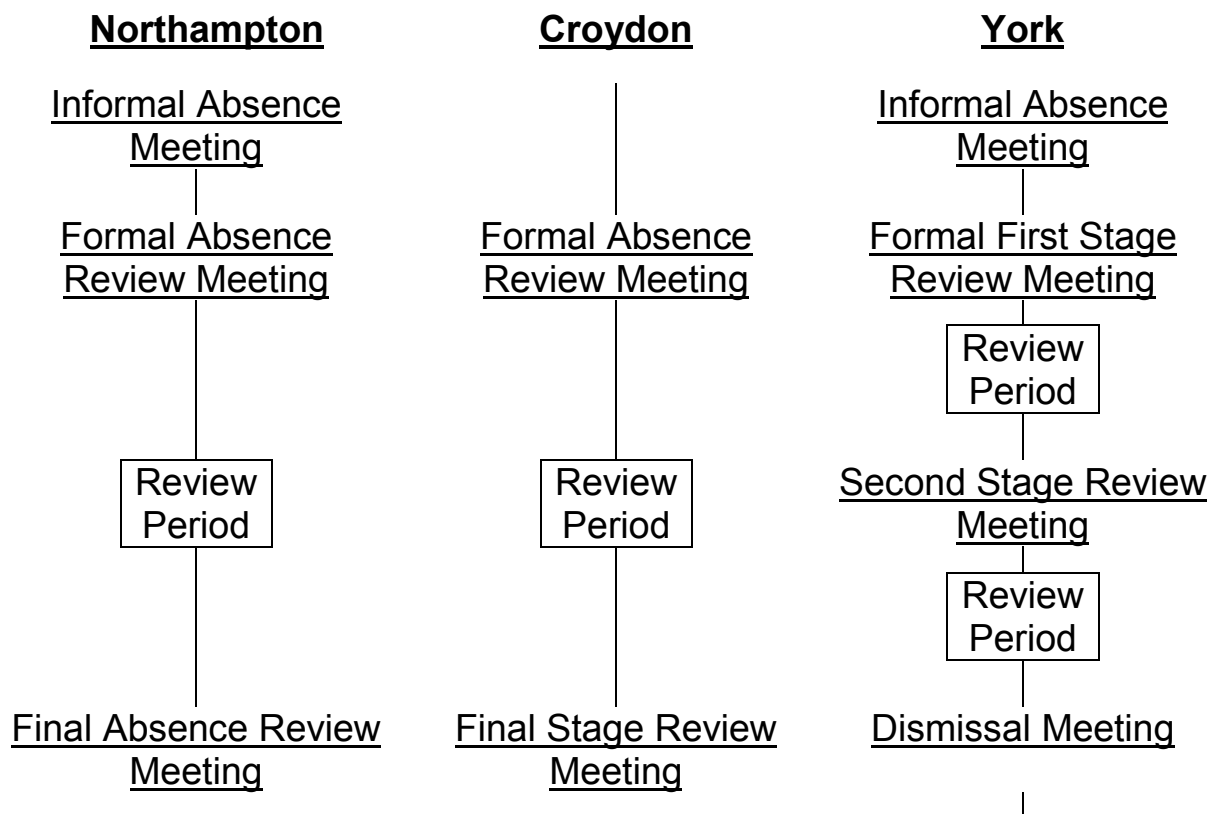
Review Findings to Date

6. Objective i – To revise the Council's Absence Management Policy & procedures to ensure they take account of iTrent, are in line with best practice, and written in a more formal assertive language
As part of their initial investigation, the Task Group looked at a number of previously completed scrutiny reviews on managing sickness absence, carried out by other Local Authorities. They identified that a review completed by Northampton Borough Council in 2011 had been based on a similar remit as that set for this review and therefore agreed to look closely at their review findings. The changes they subsequently made to their policy were based on the best practice they identified as part of their review. Their final report also referred to Croydon Council's Sickness Management Policy which had been noted as another example of best practice, and which had resulted in a significant drop in staff absence since its introduction (see paragraph 9 below). The Task Group therefore agreed to use the policies from both those councils to carry out a comparison with CYC's policy.

7. In March 2012 the Task Group met to consider and compare the policies. Their initial finding was the need for more assertive, clear and formal language within CYCs policy. HR officers confirmed that the council's

current working practices and the policy would need to be revised to take account of the introduction of iTrent, and therefore the change in style suggested by the Task Group could be incorporated into the revised policy at that time.

8. In addition, the Task Group received detailed information on the trigger points and different stages within each Council's policy.

Northampton	**Croydon**	**York**
Informal Absence Meeting		Informal Absence Meeting
Formal Absence Review Meeting	Formal Absence Review Meeting	Formal First Stage Review Meeting
		Review Period
Review Period	Review Period	Second Stage Review Meeting
		Review Period
Final Absence Review Meeting	Final Stage Review Meeting	Dismissal Meeting

9. The Task Group learnt that following Croydon Council's scrutiny review of their processes which led them to introduce their current trigger points and formal stages shown above, they had managed to reduce their levels of sickness absence from 9.07 days per employee in 2005/6 to 5.9 in 2007/8. Members noted the difference in their trigger points and their limited number of stages, in comparison to those in place in both York and Northampton.

10. The Task Group also noted that:

- Croydon have no informal stage
- Only York allows for a second stage review period before considering dismissal

11. In order to support a revision of CYC's policy, the Task Group carried out a detailed comparison of the wording of the three Council's policies. Having previously agreed that the language used in City of York Council's (CYC) policy needed to be clearer and firmer, in line with the others

looked at, the Task Group also noted that CYC's policy was lengthy, repetitive, in parts not in plain English, and trying to be all things to all parties. For example, the main body of the policy included links to letter templates for Manager's use, employee's guidance notes, flowcharts etc. The Task Group also found it difficult to find and access the policy on the Council intranet site.

12. As a result of their comparison work, the Task Group identified a series of amendments in regard to wording and format (as highlighted in Annexes A & B). They also agreed with the current policy which allows a Line Manager to use their discretion to either progress to the next stage of the process or extended the review period as appropriate. The Task Group acknowledged CYC's formal process for a further review period between the second stage review meeting and a dismissal meeting, but agreed that in their view this should remain in place.

13. <u>Objective ii - To identify improvements in the provision of Management training & the induction programme for all new staff</u>
In the early stages of the review, the Task Group queried whether there was anything relating to managing staff absence in the Council's training programme for Managers and Team Leaders, and whether as a matter of course, the council's sickness absence process was included in the induction procedures for new officers.

14. They learnt that the Council used to run a corporate induction programme which covered health and safety but made no specific reference to the sickness absence procedures. They also identified that there was currently no compulsory absence management training for managers. And, although there was a specific module on managing absence within the Effective Manager Programme, only 21 managers had participated since its re-launch in September 2010. However, at their meeting in February 2012 the Task Group was informed that the Corporate Management Team had recently agreed that a revamp of management training at the Council was required.

15. In regard to new staff induction, the Task Group learnt that the Council currently provides an induction checklist for managers to use and an employee evaluation form, both of which are made available to officers via the Council intranet. However, as they only cover absence reporting, Human Resources (HR) had already identified there was a need to provide new starters with information on the council's sickness absence procedure as a whole, particularly in terms of expectations of attendance and how the Council manages non attendance.

16. The Task Group endorsed HR's view, and agreed that in order to enable managers to properly monitor absence within their individual service areas and allow them to properly support their staff through periods of absence, all managers should be required to carry out relevant training. They agreed that suitable absence management training for managers and induction for new officers should be introduced to coincide with the introduction of the absence management module which is part of phase II of the introduction of iTrent, as it could incorporate the new working practices as appropriate. The Task Group have requested that HR draft some proposals for such training and induction for their consideration.

17. <u>Objective iii - To explore ways of introducing a change in culture within the workforce moving away from a policy of 'managing absence', towards one of 'encouraging attendance'</u>
The Task Group acknowledged that changing the culture of any organisation is difficult and takes time, and that there is no 'quick fix'. They agreed their suggested amendments to the current CYC Attendance at Work Policy and the introduction of appropriate training and induction, would be a good start to making a positive change within the organisation, particularly in conjunction with the introduction of iTrent. The Task Group also agreed that it would be helpful if the Corporate & Scrutiny Management Committee continued to closely monitor sickness absence levels following the completion of this review, and revisited the question of how best to create a change in culture once the revised policy and change to working practices had been embedded throughout the organisation.

Progressing the Review

18. In June 2012, the Corporate & Scrutiny Management Committee (CSMC) received an interim report detailing the Task Group's work on the review to date and agreed to reform the Task Group to enable work on the review to be completed. CSMC agreed the following additional tasks for the Task Group :

Task 1 - To consider and comment on officer's suggested revisions to:

- Staff induction
- Absence management related training

Task 2 - To consider and comment on officers draft revisions to the council's 'Attendance at Work' policy, which should incorporate the Task Group's earlier findings.

Task 3 – To facilitate some initial (informal) consultation with a number of managers, employee representatives and suitable external organisations– CSMC acknowledged that any revisions to the

policy would require wider consultation with officers and the unions in line with the council's HR procedures and wanted it made clear to all interested parties that any consultation carried out by the Task Group would not in any way hinder/undermine or effect that formal process.

Task 1 - Revisions to Induction & Training

19. In September 2012, the Task Group met to consider a re-drafted 'Introduction to Team York' Training Programme which included the changes they had previously proposed. The relevant slide and the accompanying notes are shown at Annex C.

20. The 'Introduction to Team York' training programme is a half day seminar aimed at introducing employees to the organisation, its core priorities and vision. It welcomes employees into the council and provides them with an understanding of what's expected from them and how they will be supported.

21. The Task Group were pleased to see that there was also a manager's checklist linked to the programme, for managers to use when they have new employees, to ensure they receive all the appropriate information they need to be successful in CYC's employment. This had also been revised to include changes previously proposed by the Task Group - see copy at Annex D.

22. In regard to absence management related training, the Task Group learnt it had previously been run completely separate to the induction training above, as part of an Effective Manager Programme of training. It was confirmed by HR that they were carrying out a review of that training programme and therefore the courses previously delivered as part of it were on hold.

Task 2 - Revisions to the 'Attendance at Work' Policy

23. The Task Group recognised there was a complex set of dependencies around the timing of the work to revise the Attendance at Work policy, including the further development of iTrent. Phase II of iTrent's implementation would see the introduction of further features such as employee self service, people manager, e-recruitment and health and safety. As part of that phase, officers would also be expected to complete timesheets, submit leave requests, record their sickness absence and complete travel and subsistence forms via iTrent.

24. As the policy was made up of a number of different policies relating to absence(s) from work, the Task Group recognised that for those to work successfully across the council, HR would need to fundamentally review all of them, whilst taking into account the findings from this scrutiny review, and agree the principles which underpin the policy with the Unions. And, that this would need to happen prior to the amending, redrafting, formal consultations and process changes which would be required, for implementation within and alongside the new iTrent system.

25. The Task Group were informed that in terms of timelines, pending Union consultations, HR aimed to have all the changes made to the CYC Attendance at Work Policy by the end of this financial year. In understanding more about HR's formal procedures, the Task Group recognised it would not be possible for them to present a revised draft of the CYC Attendance at Work Policy as part of the final report arising from this review i.e. the formal consultation process would need to take place before the revised policy was presented for sign off and implementation. Also the Task Group noted that whilst their scrutiny review final report would be presented to Cabinet for approval, the revised CYC Attendance at Work Policy would be sign off by the Corporate Joint Consultative Committee following Union negotiations etc .

Task 3 – Informal Consultation

26. With the above timeframe in mind, the Task Group agreed to proceed with their informal consultation to support their work on this review. They invited representatives from all of the Unions to meet with them to discuss any issues they might have with the council's current policy and CYC's handling of staff sickness absence in general.

27. The **Unison** representative highlighted a number of issues their Members had raised:

   • Levels of understanding and confidence in dealing with staff sickness issues vary amongst Managers across the organisation.
   • Managers are not confident enough to use their discretion
   • Managers are not facilitating the appropriate adjustments to the workplace to enable a staff member to return to work.
   • It was unclear whether all Managers were aware that there was funding available to make permanent adjustments. It was later confirmed by HR that funding for reasonable adjustments for disabled staff was held within departmental budgets. The Task Group asked that HR remind Managers aware the funding exists and who the budget holders are.

28. The Task Group recognised that the issues were all a good indication of the lack of understanding amongst Managers of what they are empowered to do and of the lack of appropriate management training.

29. They agreed with the Unison representative that to enable a sick staff member to return to work, Managers should consider temporary or in some cases permanent changes to working hours and workload/tasks. The acknowledged that although the existing policy allowed them to do that, in practice, it was not always happening.

30. The Unison representative queried whether the council was aware that Unison had a national policy on Disability Absence, and suggested that this could be looked at to ensure the Council's policy enabled the appropriate management of disability related absence, and its proper identification. The Unison representative cited an example of a staff member with Diabetes, who had experienced instances where their sickness absence arising from health issues associated with their diabetes, had been treated in the same way as other general sickness absences. The Task Group noted that Managers currently have the discretion to handle those types of absence differently but questioned whether all managers were applying it.

31. In regard to short term dependant care leave and bereavement leave, the Unison representative suggested they were not always properly identified and that a different approach to handling them needed to be adopted. In her view, it should not be lumped into an employee's sickness statistics, which she believed had previously happened in some cases.

32. In regard to stress, the Unison representative highlighted the knock on negative effects of back filling to cover sickness absence, and of workforce numbers being reduced due to budget cuts etc and suggested that Team Stress Risk Assessments could be carried out early to identify stress points in order to try and circumvent the effects of stress.

33. The Union Rep questioned whether CYC HR was providing the right level of support to staff and Managers in regard to stress, and the Task Group suggested HR may be able to provide access and/or links to MIND, to allow staff to consider their simple ideas for relieving stress. Another option may be to offer staff a 'GO TO' Person / Listener / Mentor.

34. In regard to staff Personal Development Reviews (PDRs), it was suggested that there needed to be more equality in the process because they appear to focus more on what the employee can do for the Council and less about the employee.

35. Finally, the Unison representative highlighted the long term benefits of pro-active workforce development, stating the Council needed to accept that the cost of training is necessary as it would be more cost effective in the long run.

36. The Task Group also met with representatives from the University of York and Aviva to discuss their company's approach to managing staff sickness absence.

37. The **University of York** provided a written briefing on how they manage absence (see Annex E), and a flowchart showing their management of short term sickness absence. This included 4 trigger points which Managers are responsible for identifying:

   • Informal stage – Trigger 1 - covering infrequent short term absences periods totalling 8 days or 3 instances in a rolling 12 month period

   • Formal stage – Trigger 2 = 3 or more instances of sickness absence or a continuous period of absence amounting to a total of more than 10 days in a 12 month period (including those handle under the informal stage). A formal meeting will be held and may result in the issue of first written warning

     Their formal stage allows for consideration of the potential underlying health conditions that may be dealt with under long term sickness absence management, including referral to Occupational Health, reasonable adjustments such as increase in length of trigger points, discounting of sickness absence as a result of diagnosed conditions

   • Trigger 3 = further infrequent short term absences within the rolling 12 month period. A further formal meeting will be held which may result in the issue of a final written warning.

   • Final Stage (Dismissal) – Trigger 4 = 3 or more further instances of sickness absence, or a continuous period of absence, amounting to a further 10 or more days in 12 months. Considered under ill Health Dismissal Process. Other options will be considered i.e. being given a different role (if one available), a pay cut, reduction in hours.

38. The Task Group learnt that in order to get managers to own the issues and address them, the University had recently:

   • brought in 1-2-1's with staff in order to build trust and confidence (held every 4-6 weeks), and quarterly PDRs

- Invested in Leadership in Action' programme, providing the appropriate training to Managers to give them confidence. The Task Group queried whether an annual absence management training refresher could be provided to CYC Managers?
- Brought in induction training for managers so they know what is expected of them
- Provided a copy of their absence management policy to all new staff as part of their induction

39. In regard to stress, university staff have access to a confidential stress questionnaire to help them understand what their stress relates to. The University has also entered into a contract with an external provider for the provision of anonymous confidential support for all their staff, offering financial/debt/health advice and counselling – www.well-online.co.uk

40. The Task Group were interested to learn that elsewhere in the country, some universities have entered into a joint contract with their local authority for this type of external provision, and the University representative questioned whether a similar joint contract would be of interest to the Council.

41. Finally, the Task group learnt that the University also has:

- An in-house Occupational Health Nurse and buy in a physician for ½ a day a month.

- An Equality & Diversity Team which offers support to staff in harassment cases.

- A range of discretionary leave - some are paid leave but the majority are unpaid. The University also has a generous sick pay policy entitlement (after 5 years of service) – 8 months at full pay and 4 months at half pay.

42. In regard to **Aviva**, the Task Group learnt they have on average 8-9% sickness absence days per annum, although levels vary across teams within the company. Also, that their sickness policy is made up of two stages:

- Informal Stage – following 3 sickness absences or total of 4 days or more within a rolling 26 week period.

- Formal stage – 2 further absences or a total of 2 days or more sickness absences

43. Responsibility for recording sickness absence at Aviva lies firmly with Managers. Managers are expected to have a feel for what is happening with their staff members, and to hold an informal 'return to work' interview after every absence. They are expected to complete a return to work form which should include information on the absence, and dates and reasons for any absences in the previous 26 weeks. The Manager is responsible for keeping those records up to date.

44. In addition, Aviva has a Management Advice Team that sits within HR. Primarily it is a telephone based responsive service, but there is a move towards it being more face to face and pro-active. The Team have looked at pockets of high levels of sickness absence across the organisation to try to identify root causes. In one instance it was found that annual leave was being denied to staff due to the computer system calculating how many staff was needed on any given day. This had led to leave being denied and as a result sickness absence had risen. The work of the HR Team led to a change to the system for calculating appropriate staffing levels thus allowing more leave to be granted.

45. New managers are inducted by fellow managers and therefore Aviva recognise that their induction is only as good as the manager giving it. There is some other training available for new managers but this is not offered as a matter of course. It comes in the form of a ½ day workshop which includes role playing and policy sharing. There is also some web-based training available for groups of managers but again this is not mandatory.

46. In 2011 Aviva ran a pilot scheme which trialled on-site Occupational Health and lifestyle clinics. They also offered more pro-active intervention e.g. offering to pay for physio, cognitive behaviour therapy, counselling etc, and ran sessions for managers on managing absence and stress. Since then, the organisation has seen the benefits of Managers working more closely with Occupational Health.

47. The Task Group were interested to learn that as with the University of York, Aviva also has a contract with an external provider for the provision of anonymous confidential support for all their staff. The service offers financial/debt/health advice and counselling etc. Aviva confirmed that they see it as a way of reducing stress amongst their staff thereby reducing sickness absence levels caused by stress related illness.

48. Outside of sickness absence, the Task Group were informed of Aviva's other categories of time off –some of which are paid; some unpaid. They were interested to hear that in an effort to reduce false sickness absence claims, Aviva had taken a pro-active approach to non-sickness absence

which they felt was beneficial to the company.   For example, the Company highlights forthcoming events to their staff e.g. the Olympics, recognising that staff may want to be more flexible in their working hours during that time, and they encourage managers to make appropriate arrangements to enable staff to do so.

HR Response to Task Groups Findings from Consultation

49. In response to the issues raised by the Unison Representative, HR confirmed that:

   •   Short term dependent leave or bereavement leave should not be counted as sickness absence (see paragraph 31), and agreed to investigate any such instances brought to their attention.

   •   In regard to stress (see paragraph 32), the Health and Safety Team confirmed they had been working with managers on delivering both training on Stress Risk Assessments and on Managing Workplace Stress. The Staff Survey carried out in 2011 incorporated the HSE's stress survey questionnaire and resulted in a breakdown against the six standards (demand, control, role, relationships, change and support) for each department and directorate. This information had been used to identify teams and departments who were required to undertake Team stress risk assessments and this work is ongoing. Equally work has been undertaken by the Occupational Health provider and Health & Safety team to carry out team stress risk assessments in areas that have been identified through sickness absence figures and OH referrals.

   •   In regard to providing the right level of support to staff and Managers (see paragraph 33), HR recently ran a course on Building Personal and Organisational Resilience for managers but it was poorly attended. However HR intends to put learning points from the course on line so that staff can access them whenever they want to.   The H&S team has designed and ran Mental Health in the workplace for line managers – to date there have been 5 sessions (12 delegates per session) each run in targeted areas identified from the risk assessment and survey process. They have also offered open courses for managers to sign up to but those too have been poorly attended. HR have also held drop in sessions open to any member of staff to come for a one hour session to discuss stress and its effects etc. However, although they have organised numerous sessions and advertised them on Colin and in Buzz they have only ever had one person attend. Currently, they are preparing to launch a CYC wellbeing web portal to help inform employees of help and advice on

a wide variety of wellbeing initiatives ranging from debt management; stress; healthy eating and exercise. As well as containing a lot of help and advice the webpage will act as a gateway to link to external organisations such as MIND; Macmillan Trust etc.

- In regard to offering staff a 'GO TO' Person / Listener / Mentor, the Council has recently relaunched its First Contact Network that performs the same function. First Contacts are Council employees who are trained to offer confidential support and information. They are there primarily to listen and to talk to staff about ways in which they can deal with bullying or harassment, and signpost them to relevant help or processes within the Council.

- the purpose of a PDR process (see paragraph 34), is to measure an employee's contribution and agree their development needs to help them to do their jobs and prepare them for promotion if that's what they want.

- They endorse the views of Unison expressed in paragraph 35, that the cost of training and pro-active workforce development is necessary to ensure the council reaps the long term benefits.   Also, that training needs to be monitored and managed to ensure that people attend the training they require, and that it is kept up to date. Non attendance at training is monitored and reported as it is costly to the council – see paragraphs 57-58 below. The Task Group suggested that it would also be useful to look at positive ways of promoting good attendance, for example recognition for those employees who had no or low rates of absence.

50. Following the Task Group's discussion with the University representatives, HR confirmed that:

- In regard to stress, every member of staff can complete a confidential individual stress risk assessment which is used in the same way as the University's confidential stress questionnaire i.e. to help staff understand what their stress relates to (see paragraph 39). These individual stress risk assessments are submitted to the health & safety team who along with HR officers, respond to each one on a case by case basis to find the solution to support the employee in work whilst maintaining business performance – for more information on handling stress and the counselling service, see: http://colin.york.gov.uk/beSupported/health_safety/SMS/compliance_notes/stress/

- The Council already offers a confidential Counselling Service as part of its Occupational Health (OH) Contract, which staff can self refer to for a range of issues including stress related matters. This is similar to the service offered by the University via an external provider, referred to in paragraph 39. The counselling service at York Hospitals NHS Foundation Trust Centre is an external organisation contracted to the council to provide a counselling service for staff. The service is free of charge, completely independent of management, completely confidential, and can be used for personal and/or work related difficulties. Staff can contact the service directly by telephone or email.

- In regard to the suggestion of a joint contract (see paragraph 40), HR are already in the process of talking to the York St John University about such a contract. The opportunity for which was promoted through the Higher York – health & safety and procurement groups.

51. In regard to the University's other provision (detailed in paragraph 41), HR confirmed they also provide an on site Occupational Nurse full time on CYC sites - she has two and half days of clinics, with the remainder of her time spent dealing directly with HR and managers, and a range of discretionary leave in line with legislation. In addition, they have just rewritten and started training managers on the Council's Dignity at Work Policy.

52. In response to the findings from the meeting with the representatives from Aviva, HR confirmed they offer a number of courses for managers e.g. on Stress Risk Assessments, Managing Mental Health in the Workplace (see Annex F), and Promoting Dignity at Work. They have also held a number of wellbeing events see paragraph 56 below.

53. In addition, CYC also provides information on its intranet site on a range of health issues. For example, before Christmas the importance of flu vaccination for vulnerable groups, and World Aids Day was highlighted. And in the New Year, campaigns are running to highlight sources of help for staff in debt or facing a relationship breakdown after the festive break is being provided and on how to prevent the norovirus.

CYC Occupational Health Provision

54. York Hospitals NHS Foundation Trust provides CYC Occupational Health provision to the Council. The contract was a 3-year contract that started in April 2008, with an annual review built in to allow for review of the

service levels and pricing. The Council has extended the contract for one year and is currently testing different options for service delivery before going back out to tender.

55. The contract was made up of three main elements:

   i.   Pre-employment screening - Members noted that the cost of pre-employment screening was £23 per person. Recently consideration was being given to putting in place a system whereby HR would filter the completed pre-employment health forms and only forward forms to the NHS where further consideration was required. The Task Group supported this suggestion to refine the processing of the pre-employment checks and this system has since been implemented.
   ii. On-going health surveillance looking at occupational disease lung function, noise, skin, hand arm vibration (havs) as well as immunisation such as Hepatitis b and flu vaccinations for frontline social care staff – a legal requirement under the control of substances hazardous to health and the health and safety at work etc act 1974
   iii. Ill-health referrals following either an accident at work or long term illness etc - from CYC premises and the NHS Offices enabling colleagues more choice for their appointments

56. During the period of the contract, the Occupational Health Service has increased the resources they were providing CYC to 58hrs per week to enable both a reactive and proactive service. In summary, the service has provided:

   •   Three Proactive health fairs in the past year - blood pressure, cholesterol checks and weight management (these events were also attended by other external organisations)
   •   A flu vaccination campaign for front line social care staff
   •   a self referral counselling service
   •   Health profiling to identify suitable health promotion campaigns for CYC staff

57. The CYC Lead Occupational Health Nurse is seconded to work full time with CYC. She reports into CYC's Health & Safety Manager and the Occupational Health's Clinical Nurse Manager. She meets weekly with HR colleagues on sickness absence cases, and is currently carrying out a proactive intervention in targeted areas to help to reduce sickness absence. This work was targeted from CYC sickness absence figures.

58. In conjunction with the health and safety team, the Lead Occupational Health Nurse also provides:

- Case conferences with Managers;
- Manager training on Managing Sickness Absence;
- Review CYC's inoculation and Health Surveillance program's;
- Co-ordinate health promotion campaigns and wellbeing events
- Ensure current policies and procedures represent best practice

59. The NHS invoiced for all services delivered and this was then recharged to each Directorate. The recharge levied for each directorate included a 10% uplift on the charge from the NHS, as agreed by CMT with the revenue-raised being ring fenced for proactive occupational health usage.

60. In 2008-2009, the Council paid on a charge per appointment basis. In 2009-2010 CYC paid an all inclusive price of £133,440, but received a service costing the NHS Trust £178,033.91. A breakdown of the cost for 2009-10 is shown below:

- Health Surveillance - £38,981.31
- Ill Health Referrals/Manager referrals - £53,505.60 (including £12,532 on follow up appointments)
- Counselling- £37,280.00
- Pre-employment health questionnaires £34,523
- Do Not Attend and missed appointments £13,744.00

61. The Task Group were concerned to note the costs incurred by the council when employees did not attend NHS appointments arranged through the council's Occupational Health contract. The agreed it should be made clear within the council's Managing Absence Policy that failure by an employee to attend an appointment without having provided a reasonable excuse may be considered a disciplinary issue. Within the contract the health and safety team has negotiated with the OH provider that all employees who provide a mobile number on their referral form receive a reminder text message; also due to current contract negotiations CYC have in the extension period secured a reduction in the amount charged for missed appointments.

62. HR are due to take an options paper to the Corporate Management Team, that outlines the different mix of services that can be incorporated in the next occupational health contract as well as the financial implication of each model. HR have confirmed that one of the potential options in the next OH contract will include health profiling, to ensure that that the OH provider undertake proactive health promotion work most relevant to the CYC workforce, based on the health challenges staff are likely to face. They would also welcome feedback from the Task Group for CMT on 30 January 2013 who are currently considering a report on services which may be included in the new contract.

Review Conclusions

63. In response to the objectives of this review, the Task Group concluded that:

   a) The current policy document covering everything for all was not suitable and that a short, clear and succinct policy for employees, together with a separate guide for managers would be more appropriate

   b) The organisation would benefit from all new starters receiving information on the council's sickness absence procedure and all managers receiving the relevant training.

   c) Overall, the Task Group concluded that improvements in training and induction, an updating of the policy and a rise in staff morale (there needs to be mutual respect and support to enable all staff to perform to the best of their ability), would over time assist in changing the culture of the organisation. They recognised that this would be difficult and take time, and that there was no 'quick fix'. They therefore agreed it would be necessary to revisit the question of how best to create a change in culture once the revised policy and change to working practices had been embedded throughout the organisation.

Options

64. Members may choose to:
   i) Agree revisions and/or additions to this draft final report
   ii) Agree additional recommendations to those shown below in paragraph 68

Implications

65. Implications associated with the recommendations arising from this review will be identified and included in this report, once the Task Group have agreed the recommendations they wish to propose to the Corporate & Scrutiny Management Committee. Outside of this, the implications associated with the introduction of a revised policy will be identified once the work to revise the policy has been completed.

Council Plan 2012-15

66. The Council Plan recognises that staff are the most important resource of the Council and without them it could not deliver its services and priorities.

Ensuring staff receive the proper levels of support in times of illness etc is one way in which staff can be made to feel valued and engaged.

Risk Management

67. There are no known risks associated with the recommendation below.

Recommendations Previously Identified by the Task Group

68. Having considered the current CYC Attendance at Work Policy and all of the information gathered, the Task Group has previously agreed to recommend that:

    i) The Council's policy be rewritten as two separate documents – one to be a short, clear and succinct policy for employees, and one to be a separate guide for managers

    ii) Both documents be written in a clear, assertive and more formal language

    iii) Both new documents incorporate the amendments identified in Annexes A & B as appropriate

    iv) Suitable absence management training for managers, and induction for new officers should be introduced to coincide with the introduction of the absence management module in iTrent.

    v) CSMC should continue to closely monitor sickness absence levels following the completion of this review.

    vi) CSMC should re-visit the question of how best to create a change in culture once the revised policy and change to working practices had been embedded throughout the organisation.

    vii) HR should look at positive ways of promoting good attendance, for example recognition for those employees who have no or low rates of absence.

    viii) It should be made clear within the council's Managing Absence Policy that failure by an employee to attend an OH appointment without having provided a reasonable excuse, may be considered a disciplinary issue.

Additional Recommendations

69. The draft final report arising from this review is now due to be considered at a meeting of CSMC in March 2013. Having considered all the information provided, the Task Group is recommended to agree:

- Any revisions required to this draft final report
- Agree feedback to CMT to inform their decision-making on the new OH contract
- Any additional recommendations they would like to make for CSMC's consideration.

   Reason: To conclude the work on this review in line with scrutiny procedures and protocols

Contact Details

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Tel No.01904 552063   **Report Approved** ☑ **Date** 18 January 2013

Wards Affected: **All** ☑

Background Papers: Task Group Interim Report dated June 2012

Annexes:

Annexes A & B – Suggested Amendments to the Council's Absence Management Policy & procedures

Annex C – Relevant Slide & Accompanying Notes From Re-drafted 'Introduction to Team York' Training Programme

Annex D – Managers Checklist Linked to 'Introduction to Team York' Training Programme

Annex E – University of York Briefing on Managing Absence

Annex F – Example of Management Training Module