

**Customer & Corporate Services Scrutiny  
Management Committee**

**13 January 2020**

Report of the Director of Customer & Corporate Services

**Attendance and Wellbeing – Day One Attendance Management**

**Summary**

1. The aim of this report is to provide the committee with an update following the recent implementation of the Day One Attendance Management system. This includes what went well, what we are continuing to work on and the ongoing actions taking place to support the wellbeing of staff and improve absence levels at City of York Council (CYC).

**Background**

2. Supporting staff in their health and wellbeing continues to be a key focus at City of York Council.
3. At CYC, levels of absence are currently, on average, just over 11 working days per FTE. This is roughly in line, in benchmarking terms, with other regional authorities. However, CIPD currently reports the average number of sickness days within public sector organisations is around 8 days per FTE.
4. CYC's aim is to reduce absence levels by a third over the next two years to around the 8 working days per FTE. However we appreciate that this will be an average, and that in some areas this will be higher and in others much lower.
5. CYC has appointed Medigold on a two year contract, they are a specialist Day One Absence Management provider who deliver support to employees on their first day of absence and support managers in their proactive management of staff wellbeing during periods of absence.

6. Medigold is an established industry expert in Day one Absence management and provides:
  - a standard process for all employees to report their absence from work;
  - where appropriate, medical and self-care advice to employees who have met an early intervention or policy trigger based on their absence record;
  - real time, direct data (for instances of employees opening, changing and the closing absences) to managers to help inform and support them in taking the appropriate actions. This may include recommendations to refer employees to our OH provider, the Employee Assistance Programme or the Osteopath. As well as tailored questions to inform return to work interviews and proactive push reports to ensure policy compliance;
  - trend analysis and bench marking of data, to include manager compliance around the holding of return to work interviews and stage management to ensure appropriate support can be given where needed.
7. In summary this provision, agreed by the Executive for the duration of two years at a cost of £180,000, will see us working proactively with employees who are absent due to sickness, providing them occupational health support for self-care, identify where an early referral to OH may be needed; provide support for managers in their management of sickness absence; provide true reasons for absence and real time data, (including compliance data with council policy) to enable targeted support to be provided where needed.
8. With both suppliers working jointly with the council to share data and review trend analysis and benchmarking data, will help the council to develop and inform solutions to keep employees with health issues at work. This more proactive approach to health management should in turn reduce the cost of absenteeism, increase productivity and staff retention.

## **Implementation**

9. The service was launched on 30<sup>th</sup> September 2019 to circa 2500 directorate based employees, following awareness raising, employees were written to individually, to explain the changes to the reporting of

absence and to provide them with the necessary information regarding the new reporting process. (See Annex A)

### **What went well:**

- Working in partnership with Medigold throughout the implementation has built a strong relationship and enabled us, as the customer, to tweak and amend the system as we received feedback in real time.
- The pre-launch communications through the manager briefing packs were sustained, engaging and informed managers early enough to ensure that the messages were communicated right across all staff groups
- Over 80% of CYC managers have received face to face training in the use of the system. This included manager's right across all directorates, in multiple site locations and received overwhelmingly positive feedback.
- The use of television screens, posters, and desktop screensavers had a positive visual impact in supporting the launch and created conversations at a crucial time in the implementation.
- There has been a clear reduction in the amount of HR officer time spent around administrative support on monitoring long term sickness, short term sickness and return to work interview compliance.
- In addition, managers have been freed from the more administrative role of opening, amending and closing absence cases on iTrent to focus solely on the employees wellbeing and managing absence.

### **What we could improve on:**

- Call handling times during the first two weeks of launch, were longer than anticipated on a small number of occasions. Medigold acknowledged the issue with service delivery and are putting in place measures to improve their resourcing and training additional staff.
- There have been some reports of negative staff experience regarding the perception of the call advisors sounding slightly 'robotic' or asking the employee the same question more than once. On each occasion we have been able to request Medigold listens back to the calls and provide us with feedback. In addition we will

look to work with Medigold to consider the scripts used and if improvements can be made.

### **Contract Management and Management Information**

10. The contract management arrangements in place consist of monthly contract meetings. In addition, we are regularly in contact with the contract manager should we identify any improvements we wish to make in the interim.
11. Given the timing of the reporting to the committee, it is not possible to provide meaningful data until the system has been running for a period of 3 months.
12. However, the Service Level Agreement will provide us with the following types of information:
  - Absence Days lost by directorate
  - Average days per employee
  - Absence reasons
  - Call statistics, number of calls, average wait times
  - Early intervention information – i.e. those absence that are musculoskeletal, psychological or injuries at work
  - Non illness/injury – including number of dependent care/compassionate leave, data that we have not systematically recorded previously.
13. Scrutiny committee should consider the above and discuss if this is sufficient to provide assurance that the contract is delivering or if additional information is required.

### **Next Steps**

14. To continue to respond to feedback and make further improvements to the system, a number of drop in sessions for any member of staff to attend are planned in over the coming months. These will be run by members of the HR team and will enable any member of staff to provide feedback and/or ask questions in relation to CYC attendance processes.

15. Further face to face manager training is planned for 2020 and training for all new starters with line management responsibility will be incorporated to the essential manager training programme from January 2020.
16. As part of the contract and continuous improvement staff will be surveyed in February, to gauge staff experience and to ensure Medigold are meeting their contractual requirements. Results of the survey will be reported to the Committee in due course.
17. We will be working with Medigold and our Occupational Health provider to identify common themes and interventions to improve staff wellbeing.
18. HR officers will spend time working within their directorates to improve the quality of Return to Work Interviews within any teams who have been identified as needing additional support. In addition, where appropriate, any ad hoc training will also be delivered helping managers get the most out of the new system. This is in the early stages of being rolled out and has been met with universally positive feedback.
19. Hotspots/targeting those with high and, equally importantly, no absence will be the activity supported by the HR team over the coming months.

### **Consultation**

20. There was no consultation involved in the production of this report. Medigold have been advised of the content prior to publication.

### **Council Plan**

21. The information outlined in this report is in line with the Council Plan and the People Plan which has health and wellbeing as a priority.

### **Implications**

#### **Financial**

22. There are direct financial cost associated with health and wellbeing, mainly through the cost of absence. Managing Health & Well Being effectively will reduce this strain on resource.

## HR

23. HR implications are throughout health & wellbeing and ensuring that practice and policy is being consistently applied is essential.

## Legal, ICT

24. There are no known Legal, ICT or other implications associated with the recommendations in this report.

## Risk Management

25. The main risks continue to relate to failure to record, track, monitor and put into place actions to monitor and manage wellbeing, which may cause sickness levels to rise.

## Recommendations

- To consider the information provided in the report.
- To agree what information is required for Scrutiny to receive on the forward plan to provide assurance that the contract is delivering.

Reason: To inform the Committee of the progress and impact of the implementation of the Day One Absence Management system.

## Contact Details

### Author:

Trudy Forster  
Head of HR  
01904 553984  
Claire Waind  
HR Manager  
01904 554519

### Chief Officers Responsible for the report:

Ian Floyd, Interim Head of Paid Service

Report Approved

Date 31.12.19

Specialist Implications Officer(s) None

Wards Affected:

All

**For further information please contact the author of the report**

**Annexes**

Annex A - Day One Absence Employee Letter and Information