**Customer & Corporate Services Scrutiny
Management Committee**

09 July 2018

Report of the Director of Customer & Corporate Services

Attendance and Wellbeing

Summary

1. This report provides an update on the sickness absence figures in City of York Council (CYC) and the work being undertaken to decrease them, with a focus on attendance management and employee wellbeing.

2. The report also sets out some options in relation to strengthening support for absence management, which will be considered further in a report to Executive.

Background

3. Sickness absence figures are increasing at CYC from 10.2 days (rolling 12 month fte) in 16/17 to 11.5 days 17/18. Public sector average, as reported by the Chartered Institute of Personnel and Development (CIPD), is 8.7 days.

4. Local authority absence figures from neighbouring councils have been obtained and are shown in the graph below. CYC are 12th out of 18 authorities and above the average.

Sickness Days Lost Per FTE By Authority
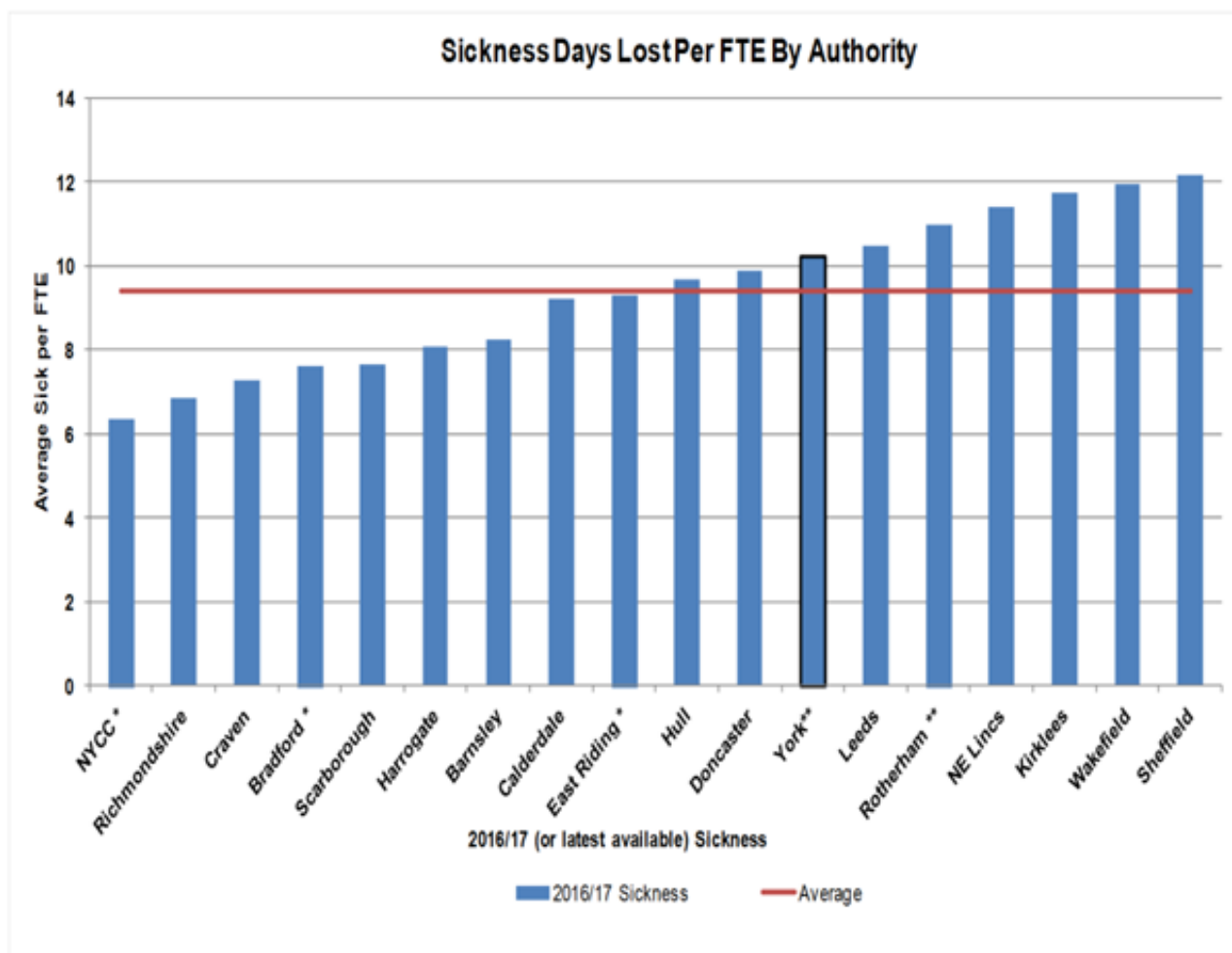
5. There is variation in the levels of sickness absence across Directorates. Economy and Place (E&P) and Health, Housing and Adult Social Care (HHASC) have the highest levels, with Customer and Corporate services having the lowest sickness levels overall with an average of 8.5 days. There are a number of teams in the Council where sickness is very low. However there are conversely areas where levels are around twice the Council overall average.

6. The majority of time lost to sickness absence is caused by long term sickness. The ratio of days lost is approximately 80(LTS):20(STS). Typical reasons for long term sickness include musculoskeletal and stress- related absence.

7. During 2017/2018 23,000 working days were lost to sickness absence and, while not a real term cost, this is estimated to have lost the organisation around £2,267,000 in working time.

8. It should be noted that the mean age of staff in CYC is 45.5 years old and E&P and HHASC are the directorates with the highest mean ages (49 and 48 years old respectively). These two directorates have hot spots of significantly high absence levels. The manual requirements of the role, coupled with the high average age of the workforce, means there will be higher than average sickness levels in these areas.

9. Where delivery of frontline services is essential, absence costs result in actual costs to the Council. . This is particularly relevant to the hotspot areas in E&P (notably Waste, Public Realm, Highways and Fleet) and HHASC (notably Adult Social Care). In many areas of the Council, for example most of Corporate Services, absence does not result in a direct cost, however there is clearly a loss of productivity.

10. There has been a focus within Human Resources (HR) on managing attendance and absence over the past 12 months, specifically since October 2017, and this may have led to an increase in absence figures due to more accurate recording. An increase may also be seen due to the new iTrent manager self-service reporting system currently being rolled out across CYC.

11. Regardless of the reasons for the increase in the figures, we cannot continue to allow a steady increase in sickness absence for a number of reasons:

    a. It is unfair on the colleagues left within the workplace to support the absence of staff. In some instances a temporary replacement is not a practical solution and therefore work may be divided amongst colleagues.

    b. Significant resource is being spent by CYC in terms of working days lost and the raw cost of temporary cover.

    c. High sickness absence figures are potentially indicative of low staff wellbeing. CYC is committed to a working environment which promotes employee wellbeing and health.

12. We should be mindful of the reduction in staff numbers and savings that have had to be made in periods of austerity; this will have had a potential

impact on the remaining staff who find that they are having to take on additional work.

13. We recognise that there will be occasions throughout their working lives when individuals may need to take time off work due to ill-health. However we need to acknowledge that CYC levels of sickness absence is higher than comparable organisations and this must be addressed.

14. Our intention is to put in place a supportive and well managed attendance framework where staff are encouraged to support each other, take responsibility for their own attendance and be supported by management and HR.

15. It is understood that managing sickness absence can be difficult for managers. Therefore, training sessions have been put in place specifically for managers to learn how to manage attendance, handle difficult conversations and understand disabilities within their workforce.

16. The data available to managers on attendance is being enhanced, and the absence management module on manager self service is being rolled out.

Action Proposed

17. It is clear that we need to take a more radical approach to managing attendance. Employees must be given appropriate support whilst in work and, if they are ill, encouraged to return to work as soon as possible. Absences need to be managed consistently in line with policy and not unnecessarily prolonged by poor management. To ensure this is achieved, attendance management training for line managers is in place to ensure consistency and support for all employees.

18. In many areas there is very proactive management of sickness and resulting low levels. However this is not consistent across all areas. There needs to be a culture change in some areas around absence management within CYC. All levels of management must accept their responsibility in reducing absence levels through proactive wellbeing initiatives and managing individual instances of sickness. This will be achieved through training, extra resource and support for management.

Draft Proposals

A range of proposals are set out below. Some of these will be subject to a further report to the Executive setting further details out.

(i)   Targets

19. It is proposed to set a target for CYC to reduce days lost through sickness absence by a third by April 2020. This would put CYC's sickness absence figure at 8 days bringing it below the public sector average and towards the lower quartile in the neighbouring authorities.

20. It is understood that this is an ambitious target however with support of senior management and dedicated resources, it will be achievable.

21. Progress towards the target is to be monitored on a monthly basis.

(ii)   Employee Health and Wellbeing

22. National policy reminds us that good quality work in itself is good for staff health and wellbeing. For example, work plays an important role in promoting a person's mental wellbeing, supporting self-esteem and personal identity and providing opportunities for fulfilment, social interaction and building friendships. Put simply – work is good for us!

23. But we know that the work environment can also have potentially negative effects and be a source of ill-health through accidents, exposure to harm and prolonged stress, for example. Prolonged stress can be linked to a number of mental health conditions such as anxiety and depression and physical health conditions such as headaches, back pain and conditions brought on as a result of prolonged stress such as heart disease.

24. There is a strong economic case for improving staff wellbeing, both in terms of reduced sickness absence and improved productivity for the organisation.

25. CYC already has a range of initiatives for staff which can help to improve their health and wellbeing. This includes Health Checks, stop smoking support, healthy lifestyle advice, access to counselling, walking and

cycling at lunchtimes and various activities organised through the staff lotteries fund. But we recognise there is more that can be done so the Corporate Management Team (CMT) has approved the establishment of a Workplace Health Strategy Group.

26. The Workplace Health Strategy Group will be chaired by the Director of Public Health with representation from across all Directorates and will be focused on developing a co-ordinated, council wide strategy and delivery plan for improving health and wellbeing of the workforce that will help to deliver the target for reduced sickness absence by a third by 2020.

(iii) Support for Employees

27. Employees who are unable to work will be supported by the organisation and their managers to return to work as soon as possible. To ensure appropriate support is available, we will continue with the Employee Assistance Programme (EAP), Occupational Health, Osteopath and Counselling provision.

28. We need to ensure support is available to managers. Managers need to understand their role and responsibilities and the practicalities of managing absence. HR will run workshops and drop in surgeries for managers to use to support them.

29. Being more robust in absence management does not preclude providing support for our employees and we should be seen to demonstrate that we are a caring organisation wanting the best for our staff. CYC should be a place where staff are proud to work and a recent staff survey shared that 71% of employees would recommend the council as a place to work, which is positive.

(iv) Policies and Procedures

30. A review of policies and procedures is required to ensure consistent implementation of attendance management. It is not thought that the trigger points and processes in current policies and procedures are being consistently applied across CYC. The review will help CYC understand why they are not being followed and whether a change to policy may help encourage more consistent implementation.

(v) Dedicated Wellbeing Team

31.   The option of creating a central wellbeing team to help achieve a reduction in absence of a third by April 2020 will be set out to the Executive in coming weeks. This team will ensure consistency is applied across the workforce but will not take absence management responsibility away from managers. Options around funding will be set out in the report to Executive.

32.   At the current time, it has not been decided what the format of the centralised wellbeing team will be. There is an option to buy in the proposed service through an external provider or CYC could employ the team directly. If employed directly, the roles will be evaluated and graded accordingly. Regardless of source of provision, the team will be responsible to the Head of Human Resources.

33.   A necessary addition to any wellbeing team will be an Occupational Health Nurse. This will be procured either through our current Occupational Health contract or via North Yorkshire County Council (NYCC) for the temporary period. It is envisaged that the nurse will make contact with any member of staff who has reported sick that day where they have hit a trigger point or where there has been concern raised by the manager. Initial health advice and signposting to primary care services can be made at this stage as appropriate, improving the likelihood that the employee receives the appropriate treatment and support. Further discussion is required with the service provider or NYCC to finalise the details.

Consultation

34.   Head of Human Resources has met with Unison and GMB regarding the levels of absence and the need for a more robust approach. They are supportive of the high level detail provided and are willing to be involved in the reviews. They are supportive of the consistent approach the centralised wellbeing team will bring.

Council Plan

35.   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

36. No specific implications at this stage, though the costs of a wellbeing team will need to be considered by the Executive.

Human Resources (HR)

37. If sickness absence is not tracked and managed appropriately, the implications for staff members could be significant if appropriate support or responses are not put into place, either through worsening absence or symptoms, or through litigation action taken against the council.

Equalities

38. The poor recording of sickness absence reasons and related management action could result in reasonable adjustments or occupational health advice not being provided where staff are covered by the Equalities Act in relation to disability.

Risk Management

39. The main risks continue to relate to failure to record, track, monitor and put into place actions to monitor sickness, which may cause sickness levels to not be accurate, and in turn cause actions to be put in place that are not proportionate or in line with policy. Mitigations will be put in place as detailed in the main body of the report.

Recommendations

40. To consider the information provided in the report agree to the set up of the centralised team and other associated actions around amendments to policy and practice.

41. Agree method of how members will be kept up to date with progress towards absence management target and new outcomes of wellbeing strategy.

Contact Details

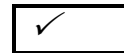|	
Author:	**Chief Officers Responsible for the report:**
Trudy Forster	
Head of HR	Ian Floyd, Deputy Chief Executive
	Sharon Stoltz, Director of Public Health
(01904) 554519	

Report Approved ✓ **Date** 29/06/18

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Abbreviations

CIPD – Chartered Institute of Personnel and Development

CMT – Corporate Management Team

CYC – City of York Council

EAP – Employee Assistance Programme

E+P – Economy and Place

FTE – Full Time Equivalent

HHASC – Health, Housing and Adult Social Care

HR – Human Resources

LTS – Long Term Sickness

NYCC – North Yorkshire County Council

STS – Short Term Sickness