
**Customer & Corporate Services Scrutiny
Management Committee**

14 January 2019

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 address their increase with a focus on attendance management and employee wellbeing.
2. The report also provides an update on progress towards the introduction of a dedicated well-being team (through an external provider) to strengthen the authority's approach to absence management, as agreed through Executive in October 2018.

Background

Policy

3. For assurance and clarification, the current Attendance Management policy is still fit for purpose, but as in previous reports, we have identified the inconsistencies in practice. This is being addressed through managers with direct support through HR colleagues.
4. For clarification, short term absence is categorised as less than four weeks after which any continuous absence is referred to as long term sick. Staff can self-certify, without the need to see their GP, up to 7 days. This is standard practice.
5. Once a member of staff is absence for four weeks or more, they are referred to Occupational Health. There are also instances where staff may be referred before the four weeks, this is dependent upon individual circumstances and reasons for absence. Generally where the reason for absence is stress or mental health related then a referral is progressed.

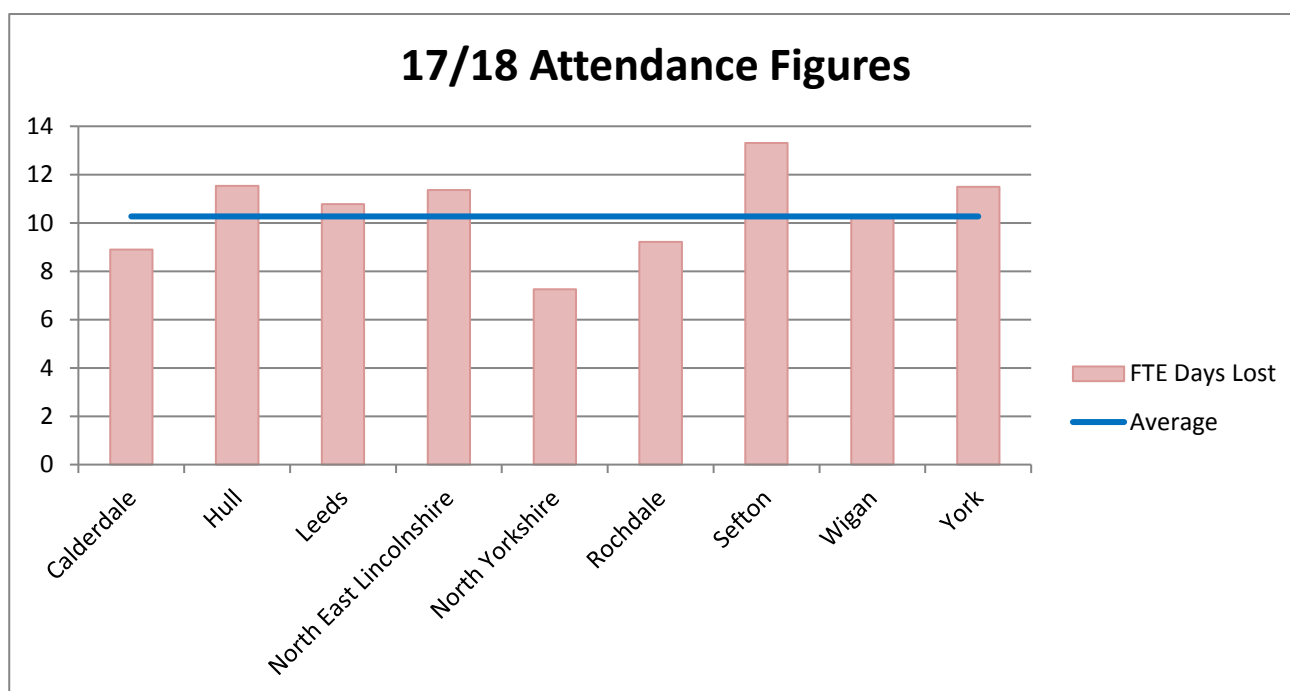
6. CYC policy has certain 'trigger points' upon which managers should arrange a review meeting with the member of staff, in the first instance this is informal.
7. The trigger points are shown below:
 - Three periods of absence in a rolling three month period
 - Four periods of absence in a rolling six month period
 - 10 or more working days in a twelve month period
 - A trend of an unacceptable pattern of absence e.g. regular Mondays / Fridays
 - A period of continuous absence lasting 4 weeks or more
8. There are four stages to the review meeting process shown below:
 - Informal Meeting
 - First Formal Review meeting
 - Second Formal Review meeting
 - Final Formal Review meeting
9. The purpose of the review meeting both, informal and formal, is to investigate the reasons for absence, identify support to facilitate a sustained improvement in attendance, or where a return to work is not foreseeable what other action can be taken.
10. Once a meeting has taken place and the evidence considered the manager may either issue a warning to improve attendance and agree a timescale for improvement. Alternatively mitigating factors may make it inappropriate to issue a warning or lessen the severity of a warning. A formal warning is a specified period during which the employees absence will be monitored. If the employees absence does not reach the specified targets at any point during the warning period the manager will progress to the next stage in the absence management procedure
11. Following a period of sickness absence a return to work interview will be held by the employee's manager. This will be held within three days of the return to work. The purpose of the meeting is to:

- Discuss the reasons for the absence and ensure the member of staff is fit to return to work. (Records of all absences, discussions and medical certificates will be kept confidential).
- Check that necessary certification has been completed and provided.
- Discuss the details of the return to work, based on any advice given by a GP in the Statement of Fitness for Work.
- Explore the need for specific support or workplace adjustments, and where appropriate consider referral to Occupational Health for advice
- Establish if the sickness is work-related and whether there are any health and safety issues or work related factors that need to be addressed.
- Provide an update on workplace developments including how the work has been covered in their absence and how the workload can be organised to accommodate any backlog.
- Clarify expected standards of attendance including absence triggers and possible consequences where standards are not met.
- As appropriate identify and raise any concerns regarding absence levels and triggers and consequences where standards are not met.

Data Analysis and Comparator Data

12. Sickness absence figures have increased from 10.2 days (rolling 12 month fte) in 16/17 to 11.5 days 17/18. As previously reported Public sector average, as reported by the Chartered Institute of Personnel and Development (CIPD), is 8.7 days.
13. The most up to date figures produced through Business Intelligence team, show for the rolling period up to September 2018 the average days lost are 11.66 days. A very marginal increase on the 2017/2018 figure.
14. Informal benchmarking has taken place to share data between authorities, however this has been difficult and as can be seen not all authorities have provided information. There should also be some caution in the use of the data as authorities use different calculations.

This graph shows the FTE days lost for 2017/18.



N.B. Some Councils use different methods for calculating FTE days lost.

15. From the above graph, York is above the average which is just above 10 fte days lost.
16. There has been no significant change since we last reported to scrutiny on absence figures across directorates. Based on the rolling 12 months to end of September 2018, Economy and Place are averaging 17.39 days lost per fte and HHASC averaging 13.87. Children's, Education and Communities (CEC) and Corporate Services are 7.71 and 8.32 working days lost.
17. The majority of time lost to sickness absence is caused by long term sickness. The ratio for long term sick across the authority is around 71% of total absence. This increases to 80% in E&P and is averaging around 62% in CEC and CCS.
18. The main reasons for long term sickness include mental health and stress related absence. Mental Health, stress and depression were the most prevalent reasons for absence across all participating councils in the recent benchmarking exercise. This was closely followed by Muskulo-skeletal related absence.

19. At CYC, Stress and Mental Health related absence accounts for 30% of the total absence figure. CEC average 37%, HHASC 36%, Economy and Place (E&P) 28% and CCS 15%.
20. Whilst there has been some discussion in identifying the root cause of absence there is no one single cause. It is an amalgamation of many aspects. These can include changes to the workplace, performance management, ill health (which cannot be avoided) and issues and life events outside of the workplace that impact on people being able to attend work.

Accountability

21. Directorates continue through their Directorate Management Teams (DMT) to regularly review absence data and other cost control information. They are holding Heads of Service to account for managing absence and trying to ensure consistency is established across the directorate.
22. On a monthly basis the Head of HR, with HR colleagues, review all long-term sick cases and ensure that referrals have been made and the appropriate review meeting has taken place.
23. As you can appreciate no two absences are the same due to personal circumstances and therefore there will be differences between cases. We must be pragmatic and ensure that staff are being supported appropriately with the aim for them to be able to return them to work as soon as possible.
24. Cost control data is also monitored and challenged by the Chief Executive and members of the Corporate Management Team (CMT) at a quarterly cost control review meeting.

Ongoing initiatives

25. Training is still provided for managers as we appreciate that managing sickness absence can be difficult. The training provided covers how to manage attendance, handle difficult conversations and understand disabilities within the workforce.
26. The data available to managers on absence continue to be enhanced along with other dashboard information. In Mid-December a “Manager”

dashboard, mainly containing HR information, was released to all Heads of Service and above and provided details of absences, Performance and Development Reviews (PDR) and additional salary costs of all staff within the manager's responsibility. The variety of information will continue to be enhanced in 2019.

27. Direct support through HR colleagues with line managers is ongoing, supporting individual cases.
28. There is a strong economic case for improving staff wellbeing, both in terms of reduced sickness absence and improved productivity for the organisation.
29. 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 CMT has approved the establishment of a Workplace Health Strategy Group.
30. The Workplace Health Strategy Group is 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.
31. 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.

Dedicated Well Being Team

32. In the last scrutiny report in July, it was proposed that a centralised well bring team be established to support the reduction in absence levels. A further report on proposals was considered by Executive in October and was subject to Scrutiny Call-In in early November.
33. It was agreed to progress with the centralised team, through an external provider, with expertise in the field, working closely with managers, HR and our own Occupational Health Provision.

34. Taking on board comments from Executive and Scrutiny, since early November we have been working with key stakeholders across the authority to build the specification for the provision. This has included the proactive involvement of the trade unions.
35. The procurement process for an external provider will be carried out in conjunction with the re-procurement of the Occupational Health provision. This will ensure that there is one provider of support for staff and that a holistic approach is taken to staff wellbeing.
36. The plan to include the external support in the re-provision of the Occupational Health contract has been welcomed by Trade Union colleagues. Such an approach will offer continuity in terms of support for staff and assist in ensuring the right support is available at the very earliest opportunity.
37. When a provider is appointed there will be clear service level agreements and the requirement for the provider to provide both quantitative and qualitative data to the authority. This data and results of their provision will be included in future updates to this committee.

Staff Survey

38. In previous scrutiny meetings we have discussed the root cause of absence and the value of conducting a staff survey to gauge how staff are feeling, and as such the authority embarked on a programme of short staff pulse surveys to establish a baseline of staff views across a range of areas, these areas are shown below.

Survey	Topic
1	My Role (informed and equipped) & Teamwork
2	Values and Behaviours
3	Inclusion, Wellbeing and Behaviour at Work
4	Reward and Recognition
5	Performance and Development
6	Leadership and Management

39. Across the first four surveys, on average around 75% of respondents would recommend the council as a good place to work. This is very positive. It should be noted our response rates are around 38%, which is a good response rate.

40. Key results from the staff survey are provided on the councils open data platform.

Consultation

41. We continue to engage with the trade unions on absence management, and they are involved in the review of Occupational Health Provision and the new dedicated well-being team through the external provider.

Council Plan

42. 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

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

Human Resources (HR)

44. 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

45. 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

46. 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

47. Members are asked to:

- i. Consider the information provided in the report.
- ii. Agree a method of how Members will be kept up to date with progress towards absence management target and new outcomes of the wellbeing strategy.

Reason: To inform Members of the sickness absence figures in City of York Council

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Report Approved ☒ Date 31 December 2018

Wards Affected:

All



For further information please contact the author of the report

Abbreviations

CCS – Customer and Corporate Services
CEC – Children, Education and Communities
CIPD – Chartered Institute of Personnel and Development
CMT – Corporate Management Team
CYC – City of York Council
DMT – Directorate Management Team
E&P – Economy and Place
EAP – Employee Assistance Programme
FTE – Full Time Equivalent
GP – General Practitioner
HHASC – Health, Housing and Adult Social Care
HR – Human Resources
PDR – Performance and Development Reviews