Veritau

Absence Management Review
City of York Council
Memorandum

For: Head of Human Resources
Status: Final
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1   INTRODUCTION AND SCOPE

1.1   The council aims to maximise attendance at work and minimise absence due to sickness through early intervention, employee support and the promotion of health, safety and wellbeing initiatives. Officers have been updating the Customer & Corporate Services Scrutiny Committee on the sickness absence figures and its ongoing work in improving the well-being of employees and supporting managers in attendance management.

1.2   In January 2019 the council awarded a contract to provide industry expertise in managing short term absence from day one. This was to ensure consistent and fair practice along with more timely support to individuals. This service (Medigold/ DayOne Absence) was launched on 30th September 2019.

1.3   At the time of the Medigold introduction, levels of absence for the Council were on average just over 11 days per FTE. The Chartered Institute of Personnel and Development public sector benchmark for public sector organisations is around 8 days per FTE.

1.4   As at the end of March 2021, the average number of sickness days per FTE (rolling 12 months) was 8.8 days compared to 11.6 at the end of March 2020. The introduction of Medigold and a number of other factors such as the impact of Covid-19 and changes to working practice, have meant that sickness levels across the council have been consistently reducing since the start of 2020, and these reductions have been seen across the vast majority of teams and services[1].

1.5   Our review was to provide assurance to management that procedures and controls within the council's absence management process ensured that:

- All sickness absence is accurately recorded, identifying the reasons for the absence.

- Managers receive sufficient and timely data under the Day One Absence Management arrangement.

- Records of all absences, discussions, medical certificates and information relating to an employee's health are obtained and stored appropriately as required.

- Absences are monitored.

1.6   Verbal feedback from this review was given initially in December 2020 and followed up in June 2021. There were no significant weaknesses found during the initial review or the follow up.

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[1] Finance and Performance Outturn 2020-21, Exec 26 June 2021

2   FINDINGS

All sickness absence is accurately recorded, identifying the reason for the absence.

2.1   In the original review, a sample of employees who had been absent from work in 2019/20 for sickness absence was taken. Both short term and long term sickness was reviewed to ensure compliance with the absence management policy.
For the majority of the sample tested, sickness absence was recorded correctly. There were occasions where the dates or reason for absence had been incorrectly recorded. This information should be corrected on the return to work interview by the manager who confirms that all the information contained upon the form is correct. It is only the manager who confirms that the information within the Medigold system is correct.[2]

2.2   There were instances where the incorrect reason for absence was recorded in iTrent[3] (Medigold information still needs to be entered into iTrent, this is carried out manually). Initially there was no mapping of Medigold reasons for absence to established iTrent absence reasons. This has been resolved and any errors found have been corrected.

2.3   During the review, we noted that where individuals had been off for an extended period of time the reason for the absence was not updated. Numerous examples of this are when an individual takes compassionate or bereavement leave and subsequently goes on sickness leave (with the correct medical notes from a doctor). This has a consequence for both management information and the individual's sickness entitlement. This has subsequently been resolved.

Data Analysis

2.4   A comparison of data from both Medigold and iTrent were taken for the same absence periods. It was found that there was a number of discrepancies between the two systems. Subsequent work has been carried out by the service to investigate any anomalies and where necessary correct individual records. This routine is now carried out by HR on a regular basis to ensure that the two systems are correct and complete.

Records of all absences, discussions, medical certificates and information relating to employees health are obtained and stored appropriately as required.

2.5   At the time of the original review some managers were still completing paper return to work forms and emailing a copy to HR. The return to work interview should be carried out within three days to ensure compliance with the Absence Management policy however this was not always practical due to working arrangements.

2.6   The return to work interview asks about trigger points; however some managers had not completed this section of the form or incorrectly completed the form.

2.7   It was also not clear to managers if they should complete return to work forms for absences other than sickness despite guidance specifying this, resulting in a

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[2] Previously, the employee would sign a declaration on the sickness form to confirm that the information was correct.

[3] The Council's HR and payroll system

number of queries to HR. The return to work interview is tailored for sickness absence. Dependent care leave and compassionate leave forms should be completed from the HR forms available online on the intranet and uploaded into the system and individual files. There was an inconsistency on the system of managers completing them correctly.

2.8   HR now monitor, through reports and manual checks, that the correct documentation has been uploaded to Medigold. The Stage Management process has also been introduced on Medigold to monitor trigger points within the Absence Management policy.

Managers receive sufficient and timely data under the Day One Absence Management arrangement.

2.9   All managers have direct access to the Medigold system and can see real-time and historical information on their employees. They are sent emails direct from the system with workflow items to action (e.g. to update absences, return to work forms to be completed, Stage Management actions.)

Absences are monitored

2.10   Initially, when Medigold was implemented at the council, there was not an established suite of management reports. An agile approach was taken to the reports available and the level of customisation required on an ongoing basis, Reporting requirements have subsequently been reviewed and the requirements of the council confirmed.

3   CONCLUSION

3.1   At the time of the original review, Medigold had only been in place for approximately 6 months. Whilst some issues were found and documented in section 2, the service has adapted protocols and reporting requirements (due to the Covid-19 pandemic) and in doing so has corrected the issues found.

3.2   As the extension to the contract has been approved by the Executive on June 24, the service will begin a full assessment as to the benefits of Medigold (in more normal conditions).This includes some quality assurance work in relation to return to work and stage management processes to ensure that the information entered into the system is complete and correct.