Implementation Update of Approved Recommendations From Sickness Absence Management Scrutiny Review

Recommendation	HR Response in May 2013	Implementation Status as of November 2013
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	A revised draft Attendance Management policy and procedure has been written - currently in consultation with unions (including school unions) on these documents. Deadline for feedback is 27th March 2013. A draft manager's guidance is being finalised and will be distributed for feedback with virtual user group and unions beginning of April. The completed policy and procedure aim to be launched end April.	Consultation completed, revised policy and procedure launched 15th October 2013, effective from 21st October 2013.

Separate mangers toolkit prepared and placed on COLIN wef 21st October 2013. |
| ii) Both documents be written in a clear, assertive and more formal language | The policy and procedure has been made shorter. The process for notifying of absence and the procedure for dealing with absence is easier to read and more formal in language. | Completed, copy attached for information. |
| iii) Both new documents to incorporate the amendments identified in Annexes A & B of final report | The amendments identified in annex A & B have been incorporated into either the policy, procedure or manager's guidance the only exception is the following: *Referral to Occupational Health must be done after 1 month*. There maybe occasions where it is inappropriate to refer an employee to | As per response in May 2013 |

	occupational health after 1 month e.g. if the employee is in hospital or terminally ill. We have included guidance on when an OH referral may be delayed. The procedure states the following: *Where absence lasts for four weeks the employee will normally be referred to occupational health'.*	
iv) Mandatory training on absence management to be introduced for managers e.g. through the introduction of an eLearning package & use of Team Talk.	The attendance management training is currently been scoped to be available along side the roll out of the policy. Manager training will initially target areas of the council which have high sickness absence levels or long term cases that require progression through the procedure. This training will be managed and recorded via the Workforce Development Unit as part of the core training offer.	ACAS commissioned to provide half day training for managers. Pilot course ran on 30th September with further dates scheduled for 5th November, 21st January and 12th March, to be run as part of core training offer, managed through the Workforce Development Unit.
v) HR to consider the one off purchase of an online training package for managers in an effort to reduce Health Nurse training costs	The initial delivery model for training is expected to be face to face, this is due to the development time, and cost of developing an eLearning package. However the potential to move to an e-learning package will be explored.	Potential to move to e-learning options from April 2014 under consolidation of training budgets. WDU to consider.
vi) Mandatory induction for new staff should be introduced.	The corporate induction training is currently under review. Plans are to conduct bi-annual induction events for all new employees. Managed and recorded via the Workforce development unit.	As per response in May 2013.

	The induction checklist now includes a summary of Attendance Management information to be covered in an employee's first week of employment these include: reporting absence, certification, trigger points, return to work interviews & Occupational Health service.	
vii) Manager's to be held accountable for staff in their team failing to attend Occupational Health appointments without an appropriate reason, and the number of missed appointments should be reported to Corporate Joint Consultative Committee.	OH notifies managers of OH appointments made for their employees and informs them if they do not attend. Detailed in the manager's guidance are their responsibilities to ensure their employees attend OH scheduled appointments. The policy also states that sick pay is conditional upon the employee attending an Occupational Health appointment where required. Therefore occupational sick pay can be stopped where an OH appointment is missed and the employee is notified of this deduction in pay. HR business partners will start to provide data to DMT's on the volume of employees who fail to shows for OH appointment in their directorates and reasons provided. There is a proposal to recharge the cost of 'No Shows' to manager's own budgets.	Employees advised of requirement to attend occupational health appointments in writing. Managers made responsible for ensuring employees attend with no shows being recharged to directorate budgets. Quarterly meetings are been held to review the overal trend for DNA's for OH referrals and health surveillance, the aim of this is to monitor the rate of DNA's and identify any hot spots where work with a specific dept/manager is required.

viii) Managers should report quarterly to DMT on absence figures.	iTrent sickness absence reports are currently under development; however the reports are dependant upon development work around management structures and sickness absence reasons. Sickness absence reports will be gradually rolled out across directorates in line with People Manager implementation, Midland HR is required to support this work. It is anticipated that no MI reports will go out to directorates until the structure work is completed, which is not likely to be until the end of June 2013.	The structure work on iTrent has been delayed due to a re-phasing of People Manager rollout work - all structure work will now be completed by 31st October 2013 to provide accurate management information reporting, taking into account recent Directorate restructures. The introduction of iTrent People Manager will enable managers to input sickness absence directly on to the iTrent system. This should ensure that all sickness is input in a timelier manner so will further improve the accuracy of iTrent sickness absence reports.
ix) HR should look at positive ways of promoting good attendance, e.g. recognition for those employees who have no or low rates of absence e.g. letter from Chief Executive, Xtra Factor Award.	Promotion of good attendance is most successful at a local manager level. Guidance will be included for managers to recognise good attendance in PDR's and 1:1 meetings, to make recognition more personal. A council wide recognition scheme would incur administration costs. Such schemes can also have equalities implications and negative effects on employees where absences are unavoidable e.g. to attend an operations or linked to a disability. The staff survey will ask a number of questions to highlight trends and reasons why staff may have poor attendance or are not engaged e.g. pressure of work, stress,	

	bullying. Addressing these issues in subsequent action plans will assist in improving attendance. The following question will also be included in the next survey to help further inform the work to promote good attendance - '*I feel good attendance should be recognised*' In addition HR will continue to a promote ways to maximise attendance e.g. flexible working opportunities.	
x) Two HR officers should be designated as 'GO TO' officers (see 4th bullet point in paragraph 49 of final report).	The First Contact Network is a staff volunteer group available to offer support to employees who are being bullying or harassed at the work. Within HR the Employee Relations (ER) team is the key contact for employees who have queries in relation to the Attendance Management Procedure or who need general guidance on other policy related issues. However, there is currently no provision in place for staff to access completely impartial advice as per the recommendation. This will be reviewed following the completion of the HR restructure.	
xi) CYC's Counselling Services should be re-publicised.	The counselling services will be re-published during the launch of the policy, during Attendance management training and on colin, buzz etc. There have been some	The demand for the counselling service continues to increase and has been promoted through events like the health and wellbeing week recently held in West Offices. The triage

	recent changes to the counselling services available for staff. Due to a significant increase in demand for counselling services year on year and the fixed price nature of the previous NHS contract, when the negotiations to extend the NHS contract took place the current level of service across the OH contract could not be maintained for the previous price. Employees will continue to self refer for counselling services; OH will then triage the referral. Where counselling is not the best source of assistance the employee will be signposted to either a specialist charity organisations or mainstream NHS services.	service put in place by the OH provider to ensure that counselling is the best route of support continues. However as we are moving to a new OH contract, the specification requires a more flexible approach to counselling with requirement for the providers to offer a variety of delivery methods i.e. telephone; and web based counselling as well as the more traditional face to face service
xii) 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.		