

**Subject:** People Services Information Update

**Meeting:** Strong Communities Select

**Date:** 13<sup>th</sup> September 2018

### **Purpose**

To provide the committee with the requested HR data and information.

### **Recommendations**

That Members note the information provided.

That Members receive an annual attendance report to include information on sickness/turnover and occupational health matters.

### **Key Issues**

Members at the Strong Communities select committee of 14<sup>th</sup> June 2018, where they considered the latest iteration of the People Strategy, sought reassurance and comfort regarding a number of People Services issues including:

- The availability of HR data
- Our approach to colleague engagement
- The availability of HR advice and guidance on the hub
- The cost of sickness absence to the authority
- Numbers of referrals to Occupational Health
- The need for an employee handbook
- An update on the CICO recording system
- The potential requirement for training in implementing collaborative and other service models
- The requirement to include an executive summary in the new “People to Purpose Strategy”

The following addresses each of these issues in turn

### **HR Data including dash board demonstration**

We have a data dashboard available to managers which provides a wealth of HR data and information for managers to use to enable them to:

- Manage sickness (data includes long and short term sickness reasons for sickness) Please see appendix 1 attached for detailed analysis of 2017/18 sickness data
- Workforce plan (data includes age/gender profile/turnover/reasons for leaving/grading structure)

HR officers, via their business partnership meetings with managers, are able to discuss the data and particularly any specific areas for concern on a regular basis. However discussions are not limited to scheduled meetings, advice and guidance are provided as and when managers require it.

## **Colleague Engagement**

We look to engage with colleagues across the organisation using a range of methods including:

- The bi-annual staff survey – returns have increased since colleagues were engaged in designing the questions included although returns are not at the level we would hope for. We are reviewing our approach to the staff survey to determine in what format we will survey our colleagues which is due next year.
- Mon Minds where colleagues are able to come together to discuss specific issues or any matter they want to raise
- Mon Minds Operations specific to operational colleagues working in Waste/ highways and street scene
- Question and answer sessions
- We trialled Teamphoria a digital platform for colleague engagement which operates in a similar way to Facebook – colleagues fed back they didn't like the platform as it was yet another thing to do when they are already extremely busy
- The "Go to Group" which provides an opportunity for colleagues to have a confidential conversation with nominated officer across the authority outside of their normal working area.
- Direct engagement through thematic sessions run across the county eg well-being sessions where we provide colleagues with information on issues that support well – being whilst also holding question and answer sessions that allow anonymity if colleagues do not feel comfortable speaking in a group.

We continue to look for and trial new ways to engage our workforce and this week we are going to trial the use of an approach where we ask a specific question involving a yes/no response using voting buttons to assess the well-being and engagement of our colleagues.

## **Availability of HR advice and Guidance on the Hub**

Members were concerned that the hub was blank. Unfortunately members do not have access to the People services section of the hub hence inability to find anything. The HR team is a small team of 6 officers covering corporate services and 2 officers supporting schools. The provision of advice and guidance on the hub allows colleagues to get answers to questions quickly and easily without having to speak to an HR professional. Some examples of the information available to colleagues include-

- FAQ's on specific topics
- Workflows on how to manage attendance
- Videos to help managers conduct return to work interviews

- Information on how to work force plan
- Information on new or revised policies

We continue to add to the information to enable colleagues to easily access simple advice and information to support them in their roles.

### **Cost of Sickness**

The nominal cost of sickness for 2017/18 is £2,622,738, this is a basic calculation of FTE days lost multiplied by hourly rate. This estimate does not reflect replacement costs where individuals absent from the work place have to be replaced or where an individual has reduced pay or no pay after a 6 and 12 months period of sickness absence respectively.

### **Number of Referrals to Occupational Health and Counselling Service**

In 2017/18 we made 116 referrals to occupational health and 479 counselling sessions were provided. The attendance management guidance outlines when a colleague should be referred to occupational health. We have recently outsourced our occupational health service in order to speed up referrals and to access better information management and support for managers in managing sickness. We also offer colleagues the opportunity for one to one coaching to support them to deal with specific problems or concerns.

Counselling is offered in a range of circumstances including when a colleague is either attending the workplace or absent from the workplace for an extended period for a range of reasons, for example sickness, suspension. Counselling is identified as an independent support mechanism. We offer six sessions if required.

### **Employee Handbook**

Colleagues have told us that they would like an employee handbook and it is the intention to produce a number of hard and digital copies, which include the information our colleagues have told them is important to them, for circulation in November this year.

### **CICO Recording**

The new system for recording CICO's, individual appraisals, is now available via MyView to enable managers to hold all information on individual colleagues in one place. We will shortly be asking colleagues if they have had an appraisal this year via the new voting button, identified earlier, so that we can ascertain the numbers completed and then send a reminder to all managers about the importance of the appraisal process.

### **Training**

We have a range of mandatory training that all colleagues must attend including:

- Corporate Induction
- GDPR/Information Security
- IT induction
- Well-being of future generations

- Equalities
- Safeguarding
- VAWDASV (violence against women, domestic abuse)

In addition we have array of mandatory Managers training including:

- Managers induction
- Managers functions as a leader
- Managing attendance and well-being
- Managing finance
- Political decision making
- Performance appraisal (CICO)
- Well-being of future generations
- Health and safety
- Safe recruitment

Learning and development activity has been identified and prioritised to meet the current and future needs of colleagues within Monmouthshire. We canvass all colleagues about their training needs and we then either design the training or commission the training to meet the needs identified. Our EVOLVE leadership programme is designed to support the organisation to respond to significant organisational problems and provide training to enable colleagues to deliver organisational change including how to collaborate effectively, capitalise on digitisation etc.

Our coded pathways provide organised, fully comprehensive training pathways to support individual learning and development for all colleagues. We also access a range of ILM external course to support individual learning and development.

### **Executive Summary “People to Purpose”**

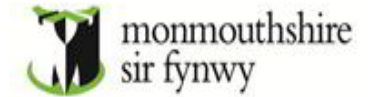
An executive summary has been included in the strategy which has since received Cabinet approval and forms part of the suite of the council’s enabling strategies.

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# APPENDIX

## People Services



### Report: Attendance Management

### Analysis of 01/04/17 to 31/03/18

**Table 1: Overall summary position for the Council 01/04/2017 – 01/03/2018**

1 April 2017 to 31 March 2018 <i>(2016/2017 in italics taken from final data sheet for Q1/Q2/Q3/Q4)</i>							
Area	Av emp no*	FTE*	Q1	Q2	Q3	Q4	Cumulative <small>Note 1</small>
Enterprise	610.00	250.35	<i>(1.99)</i> 1.64	<i>(1.93)</i> 1.22	<i>(2.24)</i> 1.99	<i>(1.27)</i> 1.89	<i>(7.42)</i> 6.53
SCH	754	484.71	<i>(3.76)</i> 3.26	<i>(2.82)</i> 3.10	<i>(3.50)</i> 3.58	<i>(4.50)</i> 4.72	<i>(14.60)</i> 14.46
Schools	1700	1088.35	<i>(2.01)</i> 2.05	<i>(1.71)</i> 1.23	<i>(3.06)</i> 2.45	<i>(2.74)</i> 2.91	<i>(9.51)</i> 8.83
CYP	86	64.10	<i>(NA)</i> 2.59	<i>(NA)</i> 2.91	<i>(NA)</i> 1.67	<i>(NA)</i> 1.52	<i>(NA)</i> 8.69
SLU	16	13.30	<i>(NA)</i> 0.23	<i>(NA)</i> 0.00	<i>(NA)</i> 1.42	<i>(NA)</i> 4.59	<i>(NA)</i> 6.24
Operations	566.00	421.33	<i>(3.07)</i> 3.48	<i>(4.51)</i> 3.96	<i>(3.91)</i> 4.59	<i>(3.97)</i> 3.80	<i>(15.44)</i> 15.48
Resources	51	44.48	<i>(1.18)</i> 1.70	<i>(1.29)</i> 1.80	<i>(2.05)</i> 1.96	<i>(1.74)</i> 2.16	<i>(6.27)</i> 8.12
<b>Whole Authority</b>	<b>3978.00</b>	<b>2484.28</b>	<b><i>(2.54)</i> 2.46</b>	<b><i>(2.45)</i> 2.12</b>	<b><i>(3.11)</i> 2.94</b>	<b><i>(3.08)</i> 3.29</b>	<b><i>(11.19)</i> 10.81</b>

\*From Q1 dashboard. Note 1. 2017/2018 outturns from dashboard. Some variation in cumulative total from spreadsheet due to in year team changes.

Table 1 provides the end of year out turns for days lost due to sickness per full time equivalent (FTE) for 2017/2018 for the whole authority and for Enterprise, SCH, CYP, Schools, SLU, Operation and Resources. For comparison the out turns for 2016/2017 are provided in red italics. The overall out turn for 2016/2017 was 11.19 days therefore there has been a marginal improvement overall. However, the adjusted NAWpi for 2016/2017 was 11.5 days lost per FTE and the adjusted NAWpi for 2017/2018 is 10.9. Therefore in terms of the published figures there has been an improvement of just over ½ day per FTE.

The Council's target was to achieve 10.5 working days (or fewer) lost through sickness absence per FTE for 2017/2018. Whilst there are improvements in absence levels, notably made in some schools, the effect of continuing high levels or absence in some areas has contributed to this target being missed.

The latest report from the office for National Statistics in March 2017 (2018 report not yet released) providing labour market sickness absence information stated that 4.3 working days were lost to sickness absence per FTE in 2016 which was the lowest figure recorded since 1993. The report also stated that public sector workers have higher levels of sickness absence than private sector workers; women have higher levels than men and older workers and workers in caring, leisure and those in elementary occupations <sup>1</sup> have higher levels of sickness absence. Clearly, the above covers many areas of the Council's workforce where a higher level of absence would be expected but also indicates that achievement of 10.5 days per FTE or less for sickness absence is a realistic expectation overall.

Note 1 *Examples: cleaners, food preparation assistants, refuse workers*

The out turns for Schools, Enterprise and Resources were below 10.5 days with 8.83, 6.53 and 8.12 days lost per FTE respectively. Schools showed an improvement of 0.7 days per FTE and Enterprise 0.9 days per FTE. Schools and Enterprise represent 54 % of the Council's total workforce therefore the decrease in days lost through sickness absence made a substantial contribution to the improvement in the Council's overall figure for the half year out turn. Although it should be noted that in Leisure where there is a significant proportion of casual workers their sickness absence is not included.

SCH and Operations out turns are 14.46 and 15.48 days lost per FTE respectively. Both representing level outturns with last year.

SCH achieved similar levels to last year, which is positive, as the 2015/2016 out turn was 19.48 days lost per FTE. Therefore, the improvement made last year was at least sustained overall. When the split between Children's Service and Adult Services is looked at; Children's Services had similar out turn to Council's average at 10.85 days lost per FTE. However, Adult services out turn is 17.66 days per FTE and has shown no significant improvement across 3 years: 15/16 19.21 days per FTE and 16/17 17.69 days per FTE.

For Operations, whilst there is an expectation that the sickness absence levels will be higher due to the pre-dominance of elementary jobs, there is scope to return to at least to the 2015/2016 levels of 11.98 days per FTE. The Q4 out turn showed significant improvement over Q3 where there would be an expectation of higher levels of absence.

The combined FTE for SCH and Operations represents 36.5% of the Council's workforce and therefore, it is important that there continues to be an attendance and well-being focus in these areas to understand 1) the factors that may be contributing to the higher levels of absence and 2) the relevant interventions that can be implemented.

It should also be noted that from June 2017, the MCC Occupational Health Adviser left to take up a post in Cardiff City Council. Whilst interim provisions were put in place and recently a new provider was procured for a comprehensive Occupational Health service, the flexibility and responsiveness afforded by the previous arrangements were compromised. Anecdotally there is evidence that this may have impacted on the support for managers and employees in the management of their attendance. However, initial monitoring of the new Occupational Health arrangements are positive.

Some highlights:

- Year on year there has been an overall decrease in the days lost per FTE although only a modest improvement but almost achieving the 10.5 days lost per FTE target.
- Enterprise, schools, CYP, SLU and Resources all below the Council's average days lost per FTE.
- Enterprise showed a year on year improvement
- Schools showed a year on year improvement.
- SCH and Operations both representing large proportions of the workforce have out turns higher than the Council's average days lost per FTE but both areas more or less level with 2016/2017.
- For SCH, achieving a similar level with last year is positive as the 2015/2016 out turn was 19.48 days lost per FTE. This year Children's Services had similar out turn to Council's average at 10.85 days lost per FTE. However, Adult services were 17.66 days per FTE and have shown no significant improvement across 3 years: 15/16 19.21 days per FTE and 16/17 17.69 days per FTE. As previously referred to an area to focus on (refer to SCH sickness analysis reports).
- For Operations, again achieving level with last year can partly be seen in a positive light given that Q4 usually higher than Q3. There was an improvement in Q4 which may point to an improving situation.

**Table 2: Top three reasons for absence by percentage of working days lost**

<b>Top three categories for reasons for sickness absence and percentages half year out turn 2017/2018</b>			
Enterprise	23% Anxiety/Stress/Depression/other	16% Infection	12% Hospitalisation 12% Back, neck and shoulder pain
SCH	27 % Anxiety/Stress/Depression/other	18% Infection	9 % Back, neck and shoulder pain 7%% Hospitalisation 7%Muscular Skeletal
Schools	23 % Infection	21% Anxiety/Stress/Depression/other	11 % Hospitalisation 11% Serious illness 9% Pre-existing condition 9% Gastro Intestinal
CYP	41 % Anxiety/Stress/Depression/other	16% Pre-existing condition	11% Serious illness
SLU <sup>3</sup>	57% Hospitalisation	NA	NA
Operations	26 % Anxiety/Stress/Depression/other	15% Infection	12 % Back, neck and shoulder pain
Resources	31 % Anxiety/Stress/Depression/other	19 % Pre-existing condition	13% Serious illness
Whole Authority	25% Anxiety/Stress/Depression/other	19% Infection	9% Hospitalisation 8% Pre-existing condition 8% Back, neck and shoulder pain

Note 3. FTE and level of absence too small for percentage to be meaningful

Table 2 shows the top three reasons by directorate and for the whole authority in terms of the percentage of working days lost. The 12 sickness absence categories used in MCC are as follows:

Back, neck and shoulder pain	Breaks/Fractures	Cardiovascular
Gastro Intestinal	Hospitalisation	Infection
Migraine/Headaches	Muscular Skeletal	Pre-existing condition
Respiratory	Serious illness	Anxiety/Stress/Depression/(other <sup>5</sup> )



Anxiety/stress/depression/other: The percentage of all absence associated with anxiety/stress/depression/other has increased but the number of working days lost to this condition has fallen marginally but remains high in comparison with 2014/2015 levels. It is recognised that employees may be experiencing more mental ill health and/or that they are more inclined to report their mental health problems rather than providing an alternative reason for absence. There is variation across the directorates/areas ranging from 17% to 41% and before any Council wide conclusion is reached, it is important to note that further detailed analysis does take place for each directorate/area. For schools it is not the top category in terms of the percentage of working days lost. Whilst it is important to acknowledge at an organisation level that there is a significant number of working days lost per FTE due to mental health issues, there needs to be an awareness that the factors relating to this type of absence need to be subject to more detailed analysis to inform the relevant interventions that might be applicable to a service/area/school. These may be at the level of the team, where it may be work related or at an individual colleague level where it may be work related but there may be also be personal circumstances that require organisational supportive measures.

<b>2014/2015</b>	<b>2015/2016</b>	<b>2016/2017</b>	<b>2017/2018</b>
5133 days 20%	6004 days 21%	7038 25%	6813 (31%)

A recent government paper, Thriving at Work (October 2017), seeks to encourage employers to develop mental health awareness among employees; provide employees with good working conditions; promote effective people management; routinely monitor employee mental health and wellbeing; encourage open conversations about mental health and the support available when employees are struggling.

MCC recognises the importance of this work and promoting good mental health and one of our priorities, this year, has focused on supporting mental health wellbeing within the workplace. Table 4 sets out information in relation to the on-going support, activity, awareness raising and training that is available.

Infection: This reason accounts for 11 % of the total number of days lost to sickness absence and in schools, it the category with the highest number of working days lost and generally the reason entered for colds and flu. It is unclear why in terms of working days we are seeing an increase in this area. An improvement in the episodes and frequency of infection related sickness absence would be beneficial because within the areas of schools, Operations, Leisure and SCH Direct Care there are also replacement staff/colleague costs as well as the cost of sickness absence itself.

<b>2014/2015</b>	<b>2015/2016</b>	<b>2016/2017</b>	<b>2017/2018 (half year)</b>
3746 days 14%	3741 days 13%	4954 18%	5037 (19%)

Hospitalisation, Serious illness and Pre-existing condition: When hospitalisation, serious illness and pre-existing condition are considered together, they account for 24% of the total number of days lost per FTE. It may be a feature of an ageing work force in areas of the Council. However, it is important that colleagues with pre-existing conditions and/or those experiencing serious illness/hospitalisation are supported to remain in the workplace and are supported to be able to sustain their return to work through effective management intervention and adjustment.

Back, neck and shoulder: This is category that features particularly in SCH and Operations. For the whole Authority when combined with Muscular Skeletal they accounted for 3909 working days lost. 1350 days and 1186 working days from Operations and SCH respectively. As these categories of absence are pre dominantly occurring in an Adult Services and Operations these are areas we may need to look further at for their manual handling/back care arrangements and the associated support that is provided to colleagues.

**Table 3: Long and short term percentages**

<b>Long Term/Short Term percentages of absence half year out turn 2017/2018</b>		
Area	Long Term %	Short Term %
Enterprise	54	46
SCH	59	41
Schools	56	44
CYP	46	54
SLU	57	43
Operations	71	29
Resources	72	28
Whole Authority	61	39

Table 3 shows the percentages of long-term and short-term absence. Clearly, long-term absence outweighs short-term with some variation across areas. It is difficult to reach any Council-wide conclusion and it is important to note that further detailed analysis does take place for each directorate/area. Small teams can be greatly affected by one long term sickness situation and each case needs to be treated on its merits.



		<p>Talent LAB - mindfulness, and positive psychology and 'Let's Talk about Stress' and various associated training sessions – plus personal 121 coaching and support (both individual and team basis)</p> <p>Attendance Management policy training sessions</p> <p>Mental Health best practice – guidance document to support managers</p> <p>Explore further intervention(s) for Adult Services and Operations for Anxiety/stress/depression/other as appropriate based on detailed analysis on factors that are specifically impacting in these areas</p>	<p>On going</p> <p>On going</p> <p>Completed</p> <p>Available</p>
Reducing absence associated with Infection	High levels of short term absence	<p>What actions are managers taking to help support colleagues who report absence for this reason? What proactive actions can be taken or explored to prevent this type of absence? Are managers reviewing &amp; monitoring trends and ensuring attendance review meetings are carried out in line with policy?</p>	<p>Scheduled HR Business Partner meetings with managers &amp; head-teachers</p>
Reducing Muscular-skeletal disorders	High levels of long term and short term absence	<p>Look at Manual Handling Protocols and training. Do they need a review?</p> <p>What actions are managers taking to help support colleagues who report absence for this reason? What proactive actions can be taken or explored to prevent this type of absence? Are managers reviewing &amp; monitoring trends and ensuring attendance review meetings are carried out in line with policy?</p> <p>Consider fast track referral to physiotherapy service</p>	<p>Discuss at DMT</p> <p>Scheduled HR Business Partner meetings with managers</p> <p>Consider pilot in an area</p>

Reducing long term absence associated with Hospitalisation Serious Illness Pre-existing conditions	High levels of long term absence	Explore strategy to support an older workforce	To explore in longer term.
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