

Cabinet Member for Strategic Finance and Resources

19th July 2018

Name of Cabinet Member:

Cabinet Member for Strategic Finance and Resources – Councillor J Mutton

**Director Approving Submission of the report:
Deputy Chief Executive People**

Ward(s) affected:
None

Title:
12 Month Cumulative Sickness Absence 2017/2018

Is this a key decision?

No

Executive Summary:

To enable Cabinet Member for Strategic Finance and Resources to monitor:

- Levels of sickness absence for the 12 month period of 2017/2018.
- The actions being taken to manage absence and promote health at work across the City Council.

Recommendations:

Cabinet Member for Strategic Finance and Resources is requested to receive this report providing sickness absence data for the 12 month period of 1 April 2017 – 31 March 2018 and endorse the actions taken to monitor and manage sickness absence.

- Note the need to revise our sickness and absence policies and procedures and invest in sickness absence management training as part of the ongoing workforce strategy programme. This is to support the delivery of the corporate target of reducing the absence to 8 days per full time equivalent employee (FTE) by 2019/20.

Future Reporting Methodology for 2018/19

In future years improvement to our systems and employee record keeping systems will enable us to report more effectively and consistently, including:

- A rolling 12-month period
- Focus on core council workforce data separate from schools workforce data
- A change from “days lost” to reporting sickness absence per Full Time Equivalent (FTE) as the main measure.
- Align the reporting of long term absence to our policy and procedure framework

List of Appendices included:

Appendix 1	Coventry City Council: Targets vs Actual Days Lost per FTE 2013-18
Appendix 2	Directorate Summary Out-turn 2016/2017 vs. 2017/2018
Appendix 3	Coventry City Council Reasons for Absence (2017/2018)
Appendix 4	Days Lost per FTE, by Directorate (2016/2017 vs 2017/2018)
Appendix 5	Coventry City Council Short/Long Term Breakdown of Absence (2017/2018)
Appendix 6	Coventry City Council Breakdown of Short Term Absence, by Length of Days (2017/2018 vs 2016/17)

Other useful background papers:

None.

Has it or will it be considered by Scrutiny?

No.

Has it, or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No.

Report title: 12 Month Cumulative Sickness Absence 2017/2018

1. Context (or background)

1.1 This report provides the cumulative sickness absence figures for the Council and the two directorates.

1.2 **Annual** and bi-annually employee information is based on full time employee equivalent (FTE) average days lost per person against the FTE average days per person available for work. This is the method that was previously required by the Audit Commission for annual Best Value Performance Indicator reporting. The City Council continues to use this method to ensure consistency with previously published data.

1.3 Performance

The below table shows days lost per FTE for the period of 2017- 2018 – Coventry City Council corporate target is 8 days

Performance for Q1 - Q4 2017/2018				
April 2017 - March 2018 Q1 - Q4 Days lost per FTE (Full Time Equivalent) Employee	Combined Q1 - Q4 (All Directorates including School)	Core Council & School Support		School Teachers
April - March 2017/18 Actual (cumulative) Report Total	9.41 Days lost per FTE	10.32 Days lost per FTE		5.53 Days Lost per FTE
April 2017 - March 2018 Q1 - Q4 - Sickness Costs	Combined Q1 - Q4 (All Directorates including School)	Core Council & School Support		School Teachers
April - March 2017/18 Actual (cumulative) Report costings	£8,160,700	£6,822,862		£1,337,838

1.3.1 The method for calculating the cost of absence has been revised this year. It now uses real time employee data, which more accurately reflects working hours, rates of pay and employer contributions, rather than using assumed levels. This is now possible because we are able to access and collate data held on various systems.

1.3.2 A comparison of the last 5 year figures actuals against target are shown in Appendix 1, and appendix 2 shows the figures per council area.

1.3.3 Comparison Information

Coventry City Council has collected sickness out turn data for 2017/18 for 3 other West Midlands Metropolitan Authorities in order to benchmark against Coventry City Council. Please see table below.

West Midlands Metropolitan Authorities	Days Lost Per FTE (Excluding schools)
Coventry City Council	11.44
Birmingham City Council	10.45
Sandwell Metropolitan Borough Council	8.94
Solihull Metropolitan Borough Council	11.39

*We have been unable to obtain figures from Dudley, Walsall and Wolverhampton

1.4 Reasons for Absence

- 1.4.1 Appendix 3 illustrates the overall reasons reported for sickness absence; the charts below show the most common 3 'Reasons by Days Lost' and 'Number of Occasions':

Top 3 Reasons for Absence by Days Lost (2017-2018)		
Reasons	Days Lost	Position
Reporting of Stress, Depression and Anxiety	16225	1st Highest Days lost
Musculo-Skeletal Problems	11983	2nd
Infections, Colds & Flu	7448	3rd

Top 3 Reasons for Absence by Occasion (2017-2018)			
Reasons	Occasions	Days Lost	Position
Infections, Colds & Flu	2872	7448	1st Highest occasions
Stomach, Liver, Gastroenteritis	2472	6682	2nd
Reporting of Stress, Depression, Anxiety	868	16225	3rd

- 1.4.2 A comparison of 2016/17 with 2017/18 indicates that there has been a reduction of 1017 occasions of sickness absence, and an overall increase in the total numbers of days lost per FTE of 1678. Appendix 4 illustrates the increase in days lost per FTE across the areas within Coventry City Council.

The table below illustrates where the reasons for sickness absence have either increased or decreased by both 'Occasions' and 'Days Lost' per FTE

Comparisons of Absence Results from Q4 2017/18 with Q4 2016/17 by FTE Days Lost and Occasions			
Impact in 2017/18	Type	By Days lost	By Occasions
Increased ↑	Reporting of Stress	1229	54
Reduced ↓	Musculoskeletal Problems	979	77
Increased ↑	Infections, Colds & Flu	147	232 (reduction)
Reduced ↓	Chest Respiratory, Chest Infection	465	90
Reduced ↓	Stomach, Liver, Gastroenteritis	372	445

1.5 Frequent and Long Term Absence

- 1.5.1 Appendix 5 demonstrates a comparison between the short-term and long-term sickness absence levels during 2016/17 and 2017/18

Appendix 6 shows a more detailed breakdown of length of absence for 2017/18.

1.6 Outcomes of the Promoting Health at Work Corporate Procedure

- 1.6.1 During 2017/2018 there have been a total of **15** employees who left the council in accordance with the 'Promoting Health at Work' Corporate Procedure. **8** have been due to ill health retirement and **7** are due to the required standards of attendance not being met.

2. Activities during Quarter 4

2.1 HR Support Teams

The HR teams aim to ensure a consistent approach to sickness absence management and to provide information on sickness absence to management teams/senior managers on a monthly basis. HR colleagues also support managers in the application of the Council's 'Promoting Health at Work' procedure.

- 2.1.2 Management teams review summary sickness absence reports on a monthly basis to monitor the progress and determine actions needed to address any hotspots.

- 2.1.3 HR teams undertake proactive strategies to support the managers in the reduction of sickness absence levels. This includes:
- Robust approach in the management of sickness absence casework with the application of a revised model, resulting in no more than 4 meetings having to take place before a decision is made about an employees' continued employment.
 - A monthly system to alert senior managers when employees trigger a sickness absence point and have not been seen as part of the 'Promoting Health at Work' procedure.
 - Training is provided to managers to support dealing with both practical and procedural issues. An ongoing programme of training is taking place across Coventry City Council as a whole. This includes: receiving the absence phone call, conducting effective 'Return to Work' interviews, supporting employees with a disability, and understanding the rationale for making reasonable adjustments in the workplace to facilitate an employee's return to work.
 - Training has enabled managers the opportunity to refresh their knowledge and understanding of the 'Promoting Health at Work' procedure.
- 2.1.4 A number of service areas across Coventry City Council hold regular 'performance summits / clinics' on a monthly, quarterly or as needed basis. These incorporate both the management of sickness cases as well as areas of performance concerns, which in some cases have a direct link.
- 2.1.5 These serve as a useful mechanism to safeguard the general well-being of the organisation ensuring performance and attendance are well-managed for all parties. This guarantees absence levels remain a high priority with the aim to reduce these levels for the Council and to enable services to be cost-effectively delivered to the public.
- 2.1.6 The purpose of 'performance clinics', is to provide an opportunity for management teams with the relevant Head of Service/Directors to review sickness and performance patterns and cases within a given area. This is to ensure cases are being addressed in a timely manner and are being robustly, consistently, fairly and appropriately managed through the application of the Promoting Health at Work procedure and other relevant processes.
- 2.1.7 The clinics provide an opportunity for managers to share good practice and experience in managing absence levels, as well as to gain further advice, support and updates from HR colleagues on the application of changes to procedure and the full support the available to its employees and managers.
- 2.1.8 One of the particular key benefits of performance clinics has been to identify hotspot areas, or key issues/reasons for absence within service areas. This enables the advice, support and resources to be tailored to ensure these issues are addressed and managed and that our employees are appropriately supported. This has proved to be very useful in making a positive impact in the working environments and on attendance levels.

- 2.1.9 There are no significant risks arising from sickness absence levels in any service area of the Council

2.2 Occupational Health, Safety and Wellbeing Service

Activities from the Occupational Health Team

- The Fast Care Clinics at 3 City Arcade and Whitley Depot will continue to support high risk areas for musculoskeletal problems.
- The 137 (36% of referrals) incidents of musculoskeletal problems assessed as aggravated by work, were distributed across directorates and schools, no single area was represented as a specific hot spot. No single condition was significantly represented.
- From the 378 cases closed in 2017-2018, 55% of those employees seen more than once reported a significant improvement in pain and function.
- **The Corporate Health and Safety Training Programme**

Mandatory courses for health and safety are now accessed through Melearning or the Health and Safety Training Calendar

- **Courses currently available on Melearning:**

- An introduction to Managing Health and Safety (this replaces the introduction to H&S Management and H&S at Work)
- Working with DSE
- Manual Handling (objects)
- Handling Violence and Aggression at Work
- Fire Awareness
- CoSHH

- **The Mandatory Mental Wellbeing Audit Programme**

The revised Mandatory Mental Wellbeing Programme has been piloted in payroll service area and with an external client. The improved programme will be rolled out over 2018. Sickness absence statistics are currently being analysed to inform the next six month of the programme.

- **Occupational Health, Safety and Wellbeing Information Portal**

The Occupational Health, Safety and Wellbeing Service has created an Information Portal on Sharepoint which was launched on 7th May 2018. Access to health and safety committee meeting documents, as well as information on managing health and wellbeing in the workplace, will now be more easily accessible to managers, employees and trade unions.

3. Public Health

- 3.1 Public Health is developing the Year of Wellbeing programme for 2019 across Coventry and Warwickshire with a key theme around workplace wellbeing. Working in partnership with the Business Development team, Public Health is providing funding to widen the support under the European Regional Development Fund (ERDF) scheme to provide opportunities for all organisations to sign up to the Workplace Wellbeing Charter (THRIVE).
- 3.2 The Council has held the Workplace Wellbeing Charter status from 2014 to February 2018 and we now require assessment against revised standards and reaccreditation. We are leading this work across businesses in Coventry, so as exemplars of this approach we need to have a strong organisational focus on prevention, especially around preventative action to reduce stress and improve wellbeing in the workplace.
- 3.3 Public health supports the adult social care Making Every Contact Count (MECC) programme: social workers will be trained to deliver motivational interventions around health behaviours with clients and also get an opportunity to build the benefits of this into their own working lives. A MECC officer has been recruited and training and implementation will commence in September

4. Results of consultation undertaken

Trade union colleagues are kept up to date on the latest absence figures and are actively involved in casework regarding sickness absence management.

Absence from work is also as part of the reported Health & Safety Governance arrangements.

5. Timetable for implementing this decision

None

6. Comments from the Director of Finance and Corporate Services

6.1 Financial Implications

Sickness absence impacts on the ability of the Council to deliver its services with replacement cover required in many service areas at an additional cost to the Council

6.2 Legal implications

Employees are able to make a claim against the Council if they can demonstrate that the Council has failed in its duties as an employer when dealing with sickness absence.

7. Other implications

There are no other specific implications.

7.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard)/organisational blueprint/LAA (or Coventry SCS)?

Sickness absence is one of the Council's corporate plan targets and performance is reported to Cabinet Member (Strategic Finance & Resources) twice a year at the end of Q2 and the end of Q4.

7.2 How is risk being managed?

The Promoting Health at Work Strategy will require further development to examine more intensively issues such as working conditions, accidents, work related ill health, and industrial injuries in addition to managing absence. This will involve liaison with colleagues in the area of safety management and Occupational Health, and will also include analysis of sickness data to identify the relationship between specific causes of absence and occupational groups.

The CIPD (Chartered Institute of Personnel) findings suggest average days lost to be 6.6 days, which represents an increase in 2018 for the majority of organisations (as per the Health and Well-being at Work Survey Report May 2018)

7.3 What is the impact on the organisation?

Human Resources

The HR/OD teams support absence management across the whole City Council. The teams support managers to deal with sickness promptly and consistently within all directorates.

Information and Communication Technology

Data warehouse: Throughout 2018/19 HR data including sickness absence will be stored on the Data warehouse enabling us to use the latest corporate reporting tools improving consistency, timeliness, analyses and presentation of statistics.

7.4 Equalities/EIA

The application of the sickness absence management processes are continually reviewed to ensure compliance with the Council's duty under Section 149 of the Equality Act 2010.

7.5 Implications for (or impact on) the environment

None.

7.6 Implications for partner organisations?

None.

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This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Target Vs Actual Days Lost per FTE
2013 - 2018

Coventry - 5 Year Corporate Sickness Summary (Figures include School sickness)			
Year	Target	Actual	RAG Rating
2013/14	8.5	9.14	☹️
2014/15	8.5	9.4	☹️
2015/16	8.5	8.51	😊
2016/17	8	8.64	☹️
2017/18	8	9.41	☹️

RAG Key Code

Red	☹️	Above Target
Amber	☹️	Less than 1 day above target
Green	😊	On Target

Corporate / Directorate Comparisons against Corporate Target**Coventry City Council**

2017/18	2016/17	Annual Target 2017/2018
9.41	8.64	8

This demonstrates an increase of 0.77 days per FTE compared to 2016/17

Place Directorate

2017/18	2016/17	Annual Target 2017/2018
10.89	10.16	8

This demonstrates an increase of 0.73 days per FTE compared to 2016/17

People Directorate

2017/18	2016/17	Annual Target 2017/2018
11.58	11	8

This demonstrates an increase of 0.58 day per FTE compared to 2016/17

Teachers in Schools

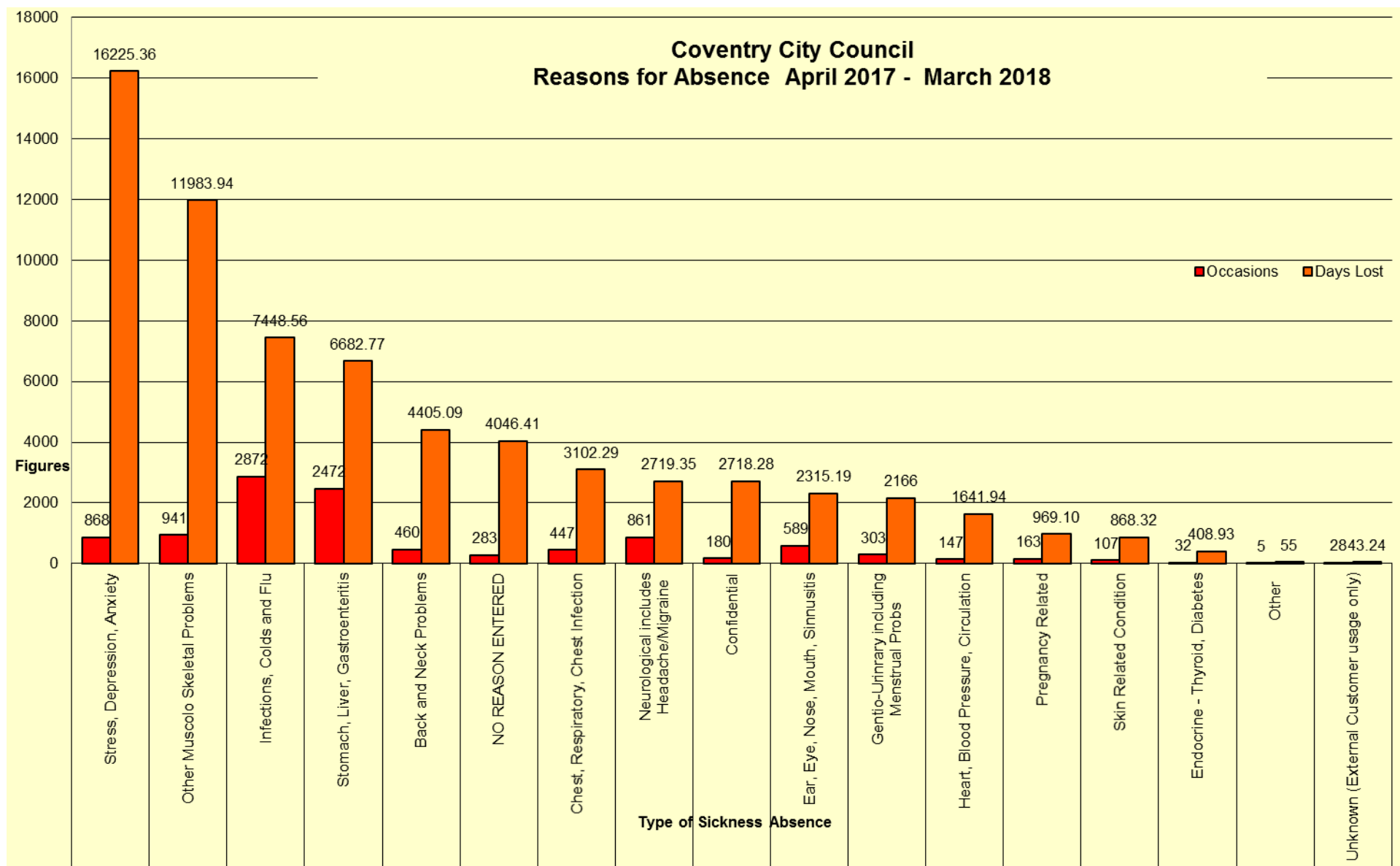
2017/18	2016/17	Annual Target 2017/2018
5.53	5.44	8

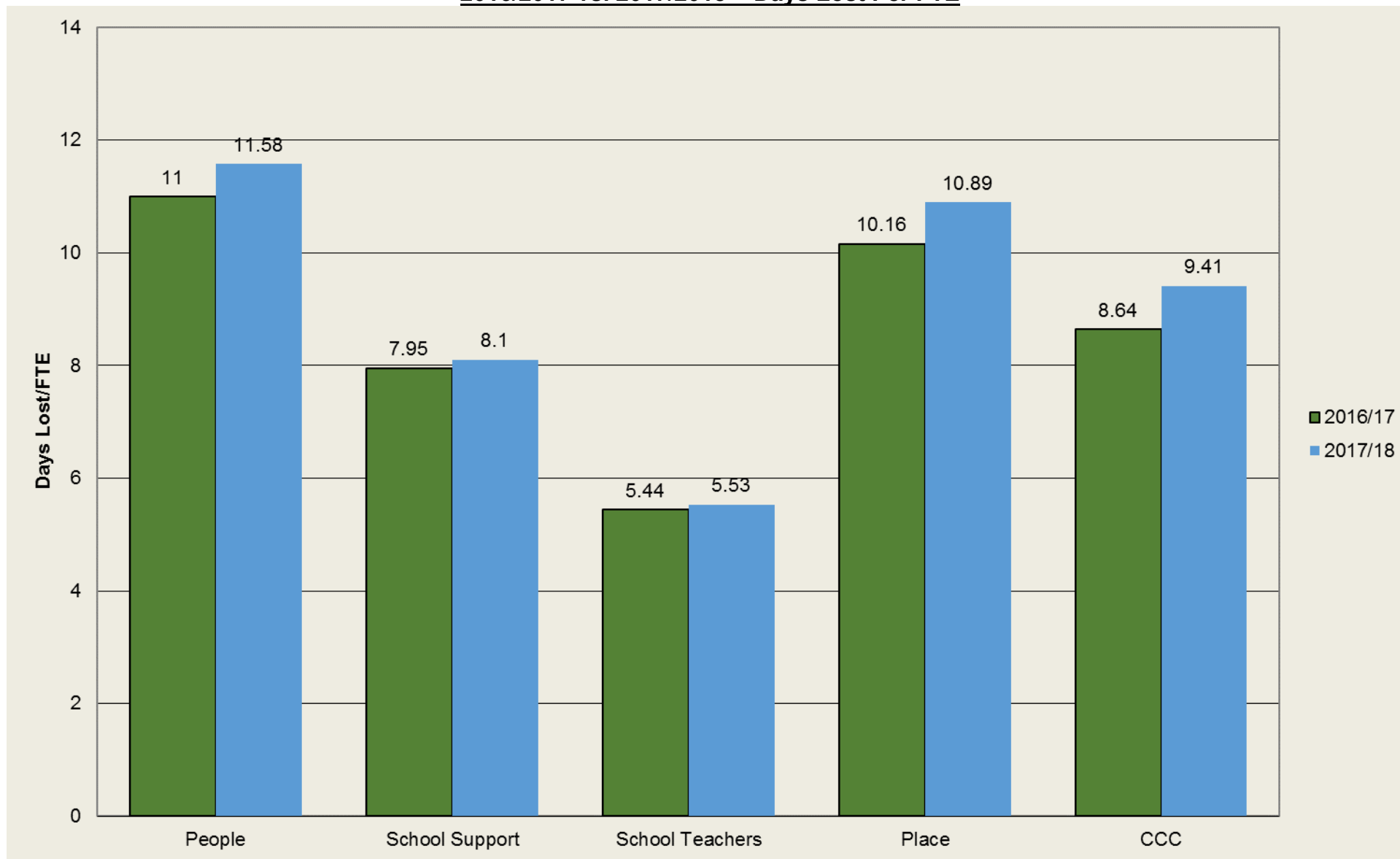
This demonstrates an increase of 0.09 days per FTE compared to 2016/17

Support Staff in Schools

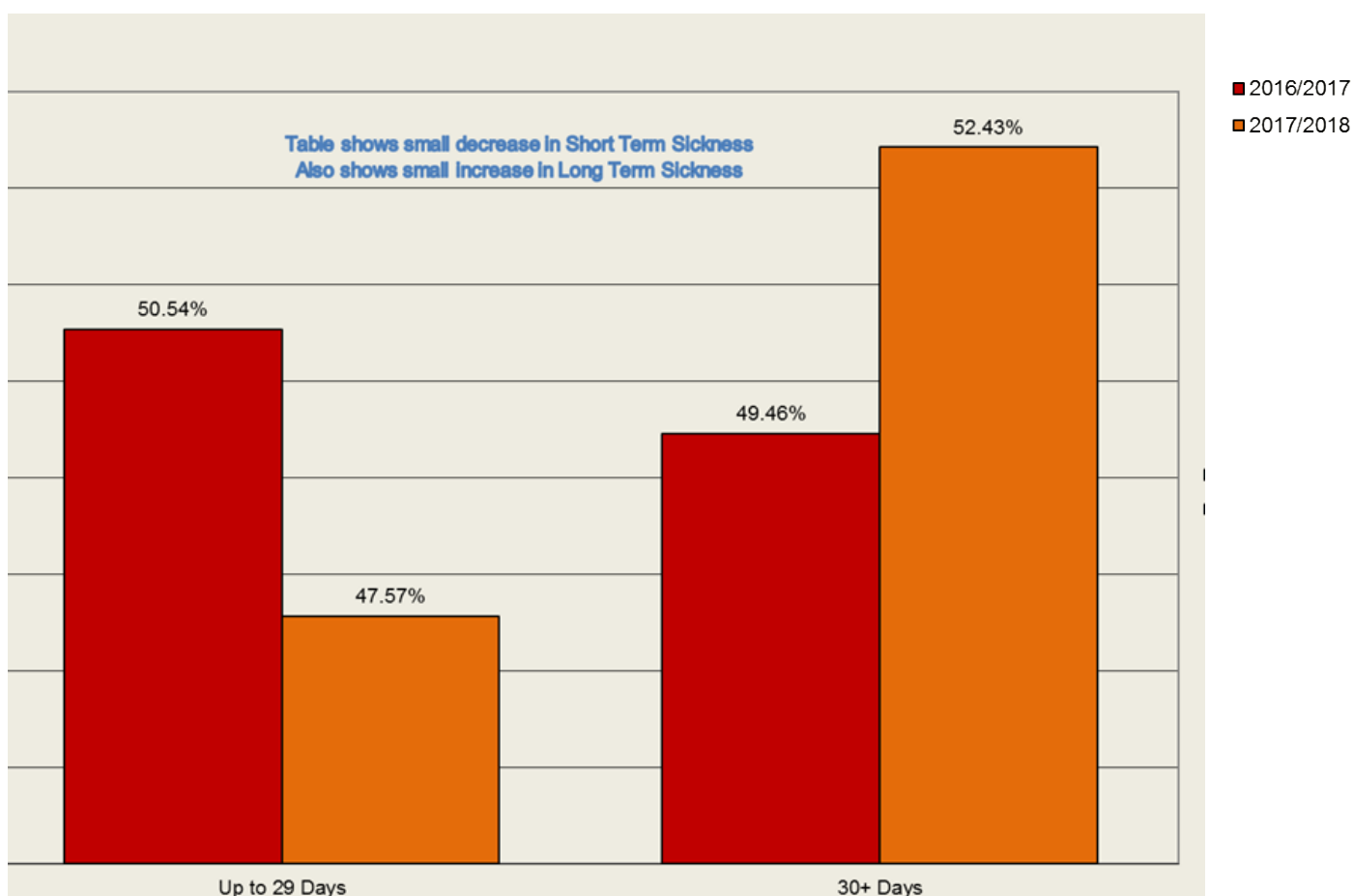
2017/18	2016/17	Annual Target 2017/2018
8.10	7.95	8

This demonstrates an increase of 0.15 days per FTE compared to 2016/17



2016/2017 vs. 2017/2018 - Days Lost Per FTE

Coventry City Council
April 2016 – March 2017 Vs April 2017 – March 2018
Sickness Absence – Short/Long Term Breakdown



Appendix 6

