
Cabinet Member (Strategic Finance & Resources)
Finance and Corporate Services Scrutiny Board (1)

29th July 2013
2nd September 2013

Name of Cabinet Member:

Cabinet Member (Strategic Finance & Resources) – Councillor Gannon

Director Approving Submission of the report:

Director of Customer & Workforce Services

Ward(s) affected:

None

Title:

12 month Cumulative Sickness Absence 2012/2013

Is this a key decision?

No

Executive Summary:

To enable Cabinet Member (Strategic Finance & Resources) to monitor:

- Levels of sickness absence for the year 2012/2013.
- The actions being taken to manage absence and promote health at work across the City Council

Recommendations:

Cabinet Member (Strategic Finance and Resources) is asked:

- 1) To receive this report providing sickness absence data for the 12 month period of 2012/2013 and accept the actions taken to monitor and manage sickness.

Finance and Corporate Services Scrutiny Board (1) is asked:

- 1) To note the 12 months' absence figures and to support the actions taken to monitor and manage absence and promote health at work and consider whether there are any comments/recommendations they wish to make to the Cabinet Member.

List of Appendices included:

Appendix 1 – Coventry City Council – Days Lost per FTE 2003 - 2013

Appendix 2 – Directorate Summary Out-turn (2011/2012 and 2012/2013)

Appendix 3 - Reasons for Absence – (April 2012 – March 2013)

Appendix 4 – Days Lost per FTE, by Directorate (April 2012 – March 2013)

Appendix 5 - Coventry City Council Percentage Breakdown of Absence (April 2012 – March 2013)

Appendix 6 - Coventry City Council Spread of Sickness Absence (By Length of Days) – (April 2012 – March 2013)

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken – (April 2012 – March 2013)

Other useful background papers:

None.

Has it or will it be considered by Scrutiny?

Yes. Scrutiny Finance and Corporate Services Scrutiny Board (1) – 2nd September 2013

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 (April 2012 – March 2013) Cumulative Sickness Absence**

1. Context (or background)

- 1.1 Annual and Quarterly Information is based on full time 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.
- 1.2 This report gives the cumulative sickness absence figures for the Council and individual directorates.

2 Performance and Projections

2.1

FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2011/12 – Qtr 4	9.13	9.78	6.79
2012/13 – Qtr 4	9.53	10.20	7.21

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2012/13 Outturn	9.53	10.20	7.21
2012/13 Target	8.50	9.13	6.30

2.2 Indicative Cost of Sickness Absence

The indicative cost of sickness absence is calculated using a range of 12 separate salary bands (or levels) to produce an average daily cost of sickness for each band. These banded daily costs are then mapped against the projected sickness outturn to produce a total cost of sickness.

The table below shows the indicative cost of sickness for 2012/13 using this method of calculation.

2012/13	All Employees	All Employees (except teachers)	Teachers
Annual Cost	£13.5m	£9.3m	£4.1m
Annual Target Cost	£12.8m	£9.1m	£3.7m
Difference	£0.7m	£0.2m	£0.4m

The 2012/2013 annual cost of sickness absence for all employees' has increased since the position at the end of quarter 4. The final position is £0.7m above the cost indicated by the target. This cost variation is mainly due to sickness absence for teachers (caused by higher levels of sickness for employees on higher salary bands). All employees excluding teachers were £0.2m above their indicative target cost and 1.0 days above their target absence.

3 Reasons for Absence

3.1 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April 2012 – March 2013 is Infections, Colds & Flu accounting for 4,801 occasions. The amount of time lost through Infections, Colds & Flu was 12,763.93.
- The amount of time lost through Stress, Depression, and Anxiety was 19,706.86 days, making it the highest cause of time lost. However, it is not possible to differentiate between personal stress and work related stress.
- The second and third most prevalent reasons for time lost due to sickness absence were Other Musculo-Skeletal Problems (17,093.47 days) and Infections, Colds & Flu (12,763.93 days).

3.2 A comparison of year on year figures across the authority reveals that

- 2008/2009 out turn was 11.44 (average sick days lost per full time equivalent employee),
- 2009/2010 out turn was 10.37 days (average sick days lost per full time equivalent employee),
- 2010/2011 out turn was 10.34 days (average sick days lost per full time equivalent employee),
- 2011/2012 out turn was 9.13 days (average sick days lost per full time equivalent employee),
- When comparing this 2011/12 out turn with last years in the same period, it 2012/2013 reveals that:-
- There has been a decrease of 17,803.24 working hours lost.
- A decrease of £488,753.20 in respect of cost of absence.
- A decrease in the number of occurrences by 603.
- A decrease in the total days lost per FTE by 2,528.14 days.

- Stress has increased by 75.70.
- Musculoskeletal has increased by 1,288.93 days.
- Infections, colds and flu has increased by 906.33 days.
- Chest, respiratory, chest infection has increased by 9.05 days.

3.3 Frequent and Long Term Absence

3.3.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during April – December 2012.

3.3.2 Appendix 6 provides a more detailed breakdown of the duration of absences.

3.4 Dismissals through Promoting Health at Work Corporate Procedure

During April 2012 – March 2013, there has been a total of 23 dismissals in accordance the Promoting Health at Work Corporate Procedure. 6 dismissals have been ill health retirement and 17 dismissals have been where the City Council cannot continue to sustain the level of sickness absence.

4. Options considered and recommended proposal

4.1 Activities during Quarter 4 from the HR Health & Wellbeing Team

4.1.1 The HR Health & Well Being Team aims to ensure a consistent approach to sickness absence management and is responsible for providing information on sickness absence to Directorate Management Teams/Senior Managers on a monthly basis and supporting managers in the application of the Council's Promoting Health at Work procedure.

4.1.2 Directorate Management Teams review summary absence reports on a monthly basis to monitor progress and determine actions needed to address any hotspots.

4.1.3 The Health & Well Being Team have also implemented the following proactive strategies to support the authority to reduce levels of sickness absence in 2012/2013:

- Robust approach is being taken to 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 Assistant Directors when employees hit a sickness absence trigger 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 in carrying out return

to work interviews and Promoting Health at Work meetings is taking place across the Council as a whole. During Quarter 4, 36 managers/supervisors and team leaders undertook training.

- Training has allowed managers the opportunity to refresh their knowledge and understanding of taking an absence call, conducting effective return to work meetings and understanding the rationale for making reasonable adjustments in the work place to facilitate an employee's return to work.
- The development of an intranet based absence toolkit 'Managing Absence - Your Guide' along with a desk top icon for easy access. The purpose of the toolkit is to enable managers to deal with the routine "day to day" sickness absence management tasks. The toolkit contains a number of simple and easy to use guides. The toolkit also provides detailed FAQs, 'how to guides' and some straightforward 'golden rules' to help managers and links to relevant policies, procedures, checklists and scripts.

4.1.4 A number of service areas hold regular 'sickness summits' on a monthly, quarterly or as needed basis.

These serve as a useful mechanism to ensure absence levels remain a high priority and are well-managed for all parties, with the aim to reduce these levels for the Council and to enable services to be cost-effectively delivered to the public.

The purpose of 'sickness summits', are to provide an opportunity for Management with the relevant Head of Service / Assistant Director, to review sickness 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 process.

The summits 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 on changes to procedure and support the Council can provide to its employees, from their Lead HR Representative, HR Health & Wellbeing Team.

One of the particular key benefits of sickness summits 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

4.2 Be Healthy Be Well Initiative

The Be Healthy Be Well initiative is joint project between the HR Health & Well Being Team and Occupational Health & Counselling Support Team which was launched in January 2012. The primary aim of the initiative is to act as central source of information and encourage Council employees to get Fit and Healthy in 2012 and beyond.

The initiative has delivered events in Quarter 4;

- Continuation of the events provided by Coventry Sports Foundation & Coventry Sports Trust such as Swimming, Indoor Football, Zumba, Badminton, Cycling, Boxercise, Pilates, Table Tennis, BoxFit, Squash & Spinning Classes for all Council employees.
- Continued promotion of the Coventry University Sports Centre early riser gym membership discount offer.
- Continued use of the mini table tennis located in the Contact Centre for staff to use in their own time provided by The English Table Tennis Association.
- Continuation with publication of the very popular & informative monthly Be Healthy Be Well newsletter to all staff.
- Creations of the intranet page advise and advertise promotion events for City Council employees.

4.3 Activities during Quarter 4 from the Occupational Health Team

The Occupational Health and Counselling team provide a vital role in supporting the management of sickness absence process. Some of the key issues the team led on during quarter 4 of 2012/13 were:-

- The Cancer Buddy Scheme is being supported and promoted through the Be Healthy Be Well Programme and directly through the HR Wellbeing Team and Trade Unions. Currently one employee has requested support through the scheme.
- January 5 Week Challenge – raising awareness of the main lifestyle factors. 15 people attended the hour long sessions and took up the challenge. 10 stated it had helped them make a lifestyle improvement.
- Ergonomic Assessor Clinics Musculoskeletal: 109 employees saw the ergonomic assessor for acute musculoskeletal problems between 1st January and 31st March 2013
- The Occupational Health and Counselling Service Accreditation, through the Faculty of Occupational Medicine have been awarded for a further 12 months from January 2013.
- The mentorship programme for student nurses and physiotherapists is continuing with student placements from, Coventry University, and Brunel University.
- Healthy Lifestyles health screening 'drop in' clinics - monthly health screening clinics are being run on a 'drop in' basis to make it easier for

employees to have blood pressure, cholesterol, blood sugar and urine tests, along with health advice.

- The Retirement Course continues to be promoted for employees and partners planning for retirement and to support the ER/VR programme. One course is run per quarter.

5. Targets 2013/2014

Business Management Group (BMG) has approved the following targets 2013/14.

Directorate	Target 13/14
Chief Executive	5.0
CLYP Central	8.25
CLYP Teachers	6.3
CLYP School Support	9.25
City Services & Development	10.0
Community Service	10.0
Customer & Workforce Services	8.0
Finance & Legal Services	8.0
CCC Total	8.5

6. Comparator Information

Coventry City Council has collected sickness out turn data for 2012/13 for the other West Midlands Metropolitan Authorities.

West Midlands Metropolitan Authority	Days Los per FTE
Solihull	8.76
Walsall	8.95
Coventry	9.53
Wolverhampton	9.56
Dudley	10.63
Birmingham	12.40
Sandwell	Awaiting Outturn

7. Timetable for implementing this decision

None.

8. Comments from Director of Finance and Legal Services

8.1 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.

8.2 Legal implications

There are no legal implications resulting from this report

9. **Other implications**

There are no other specific implications

9.1 **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) on a quarterly basis with the final quarter containing the outturn report.

9.2 **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.

9.3 **What is the impact on the organisation?**

Human Resources

The HR Health and Wellbeing team and the Occupational Health and Counselling Service, 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

Improvements will continue to be made to the reporting process through Resource link management information to improve accuracy and detail of information in relation to all absences.

Trade Union Consultation

Consultation with the trade unions is ongoing. The trade unions are kept up to date on the latest absence figures and are actively involved in casework regarding sickness absence management.

9.4 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. No equality impact assessment has been carried out as the recommendations do not constitute a change in service or policy.

9.5 Implications for (or impact on) the environment

None.

9.6 Implications for partner organisations?

None.

Report author(s):

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Enquiries should be directed to the above person.

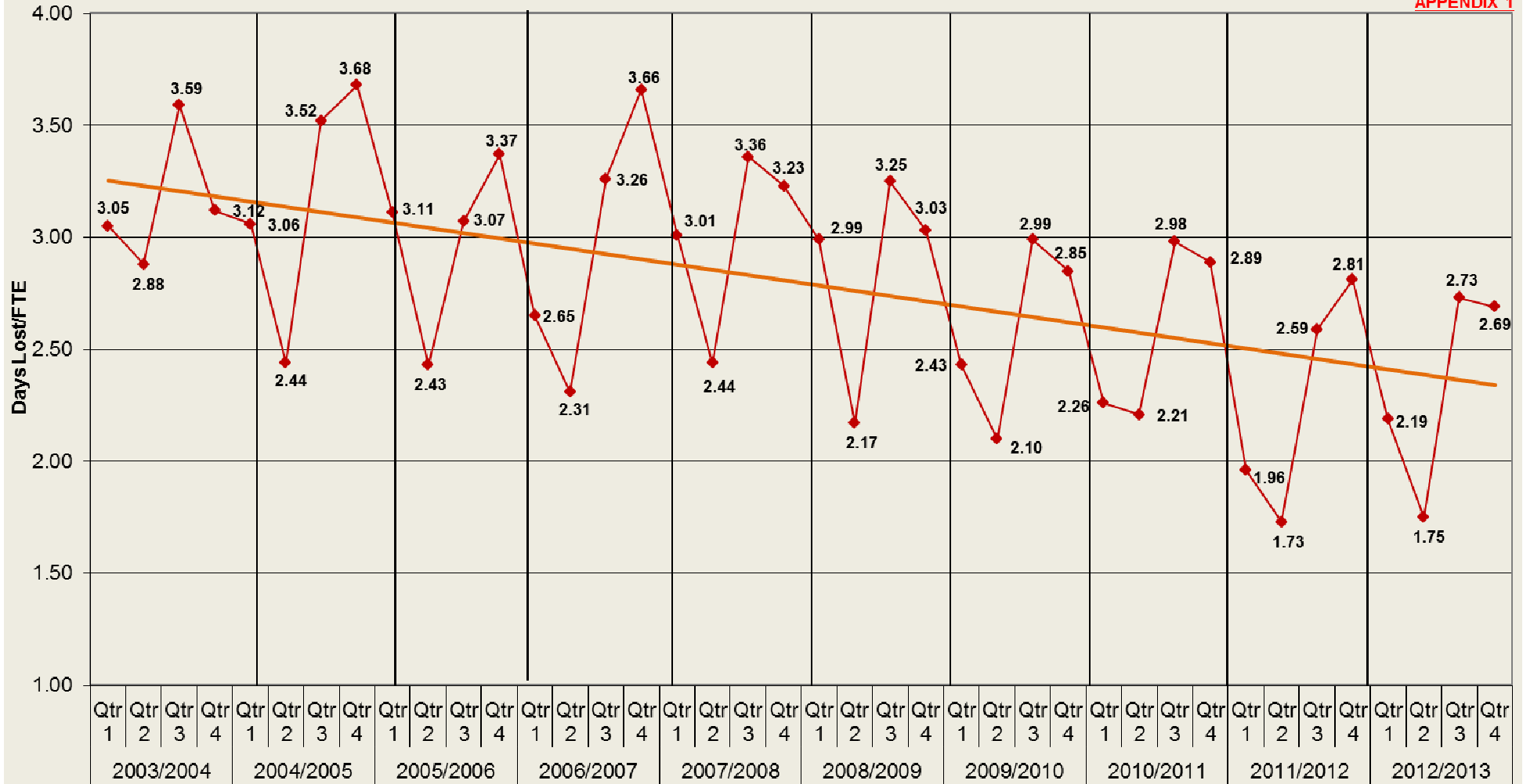
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Councillor Gannon	Cabinet Member		15/07/2013	15/07/2013

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Days Lost per FTE
2003 - 2013

APPENDIX 1



Coventry City Council

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
9.53	9.13	8.5

This demonstrates an increase of 0.40 days per FTE compared to 2011/12.

Chief Executive's Directorate

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
2.66	2.33	5.0

This demonstrates an increase of 0.33 days per FTE compared to 2011/12.

City Services & Development Directorate

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
11.26	8.66	8.0

This demonstrates an increase of 2.6 days per FTE compared to 2011/12.

Community Services Directorate

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
11.47	12.35	11.1

This demonstrates a reduction of 0.88 days per FTE compared to 2011/12.

Children, Learning and Young People Directorate**Centrally Based Employees**

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/13
8.5	9.75	8.75

This demonstrates a reduction of 1.25 days per FTE compared to 2011/12.

Teachers in Schools

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
7.21	6.79	6.3

This demonstrates an increase of 0.42 days per FTE compared to 2011/12.

Support Staff in Schools

April 2012 - March 2013	April 2011 - March 2012	Annual Target 2012/2013
10.91	10.93	9.25

This demonstrates a reduction of 0.02 days per FTE compared to 2011/12.

Finance and Legal Directorate

April 2012 – March 2013	April 2011 - March 2012	Annual Target 2012/2013
9.97	8.86	8.0

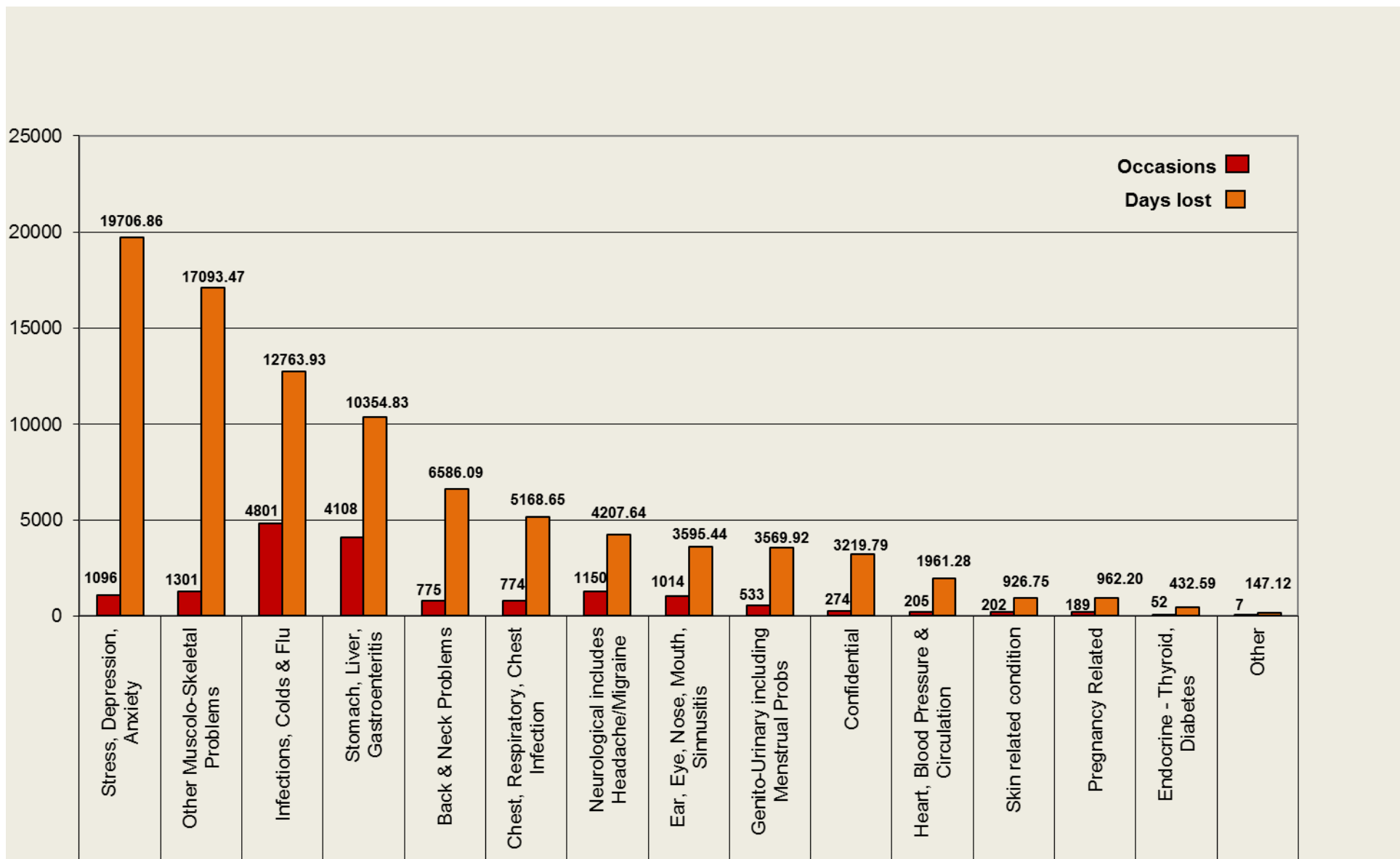
This demonstrates an increase of 1.11 days per FTE compared to 2011/12.

Customer and Workforce Services Directorate

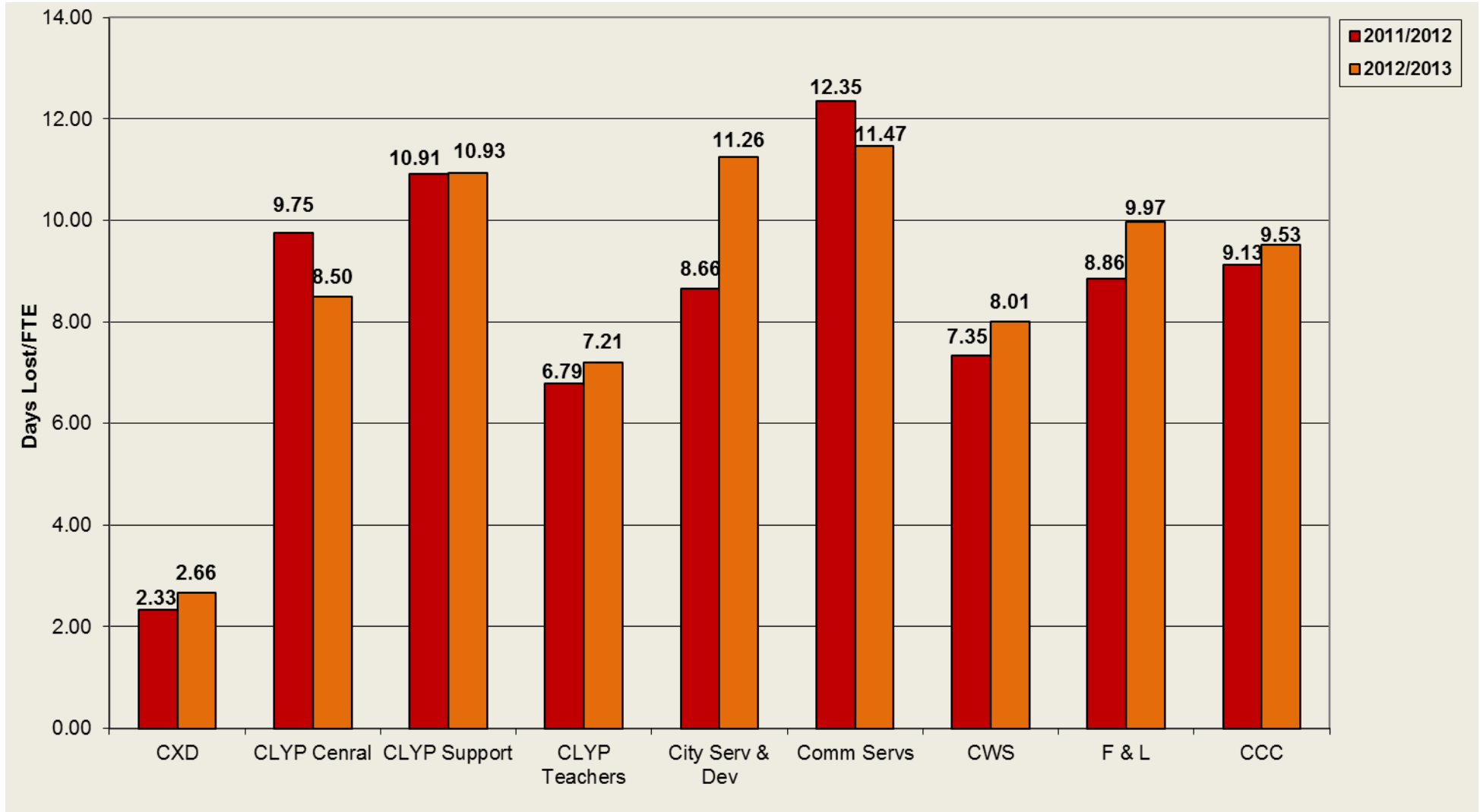
April 2012 – March 2013	April 2011 - March 2012	Annual Target 2012/2013
8.01	7.35	9.1

This demonstrates an increase of 0.66 days per FTE compared to 2011/12.

Coventry City Council – Reason for Absence March 2013



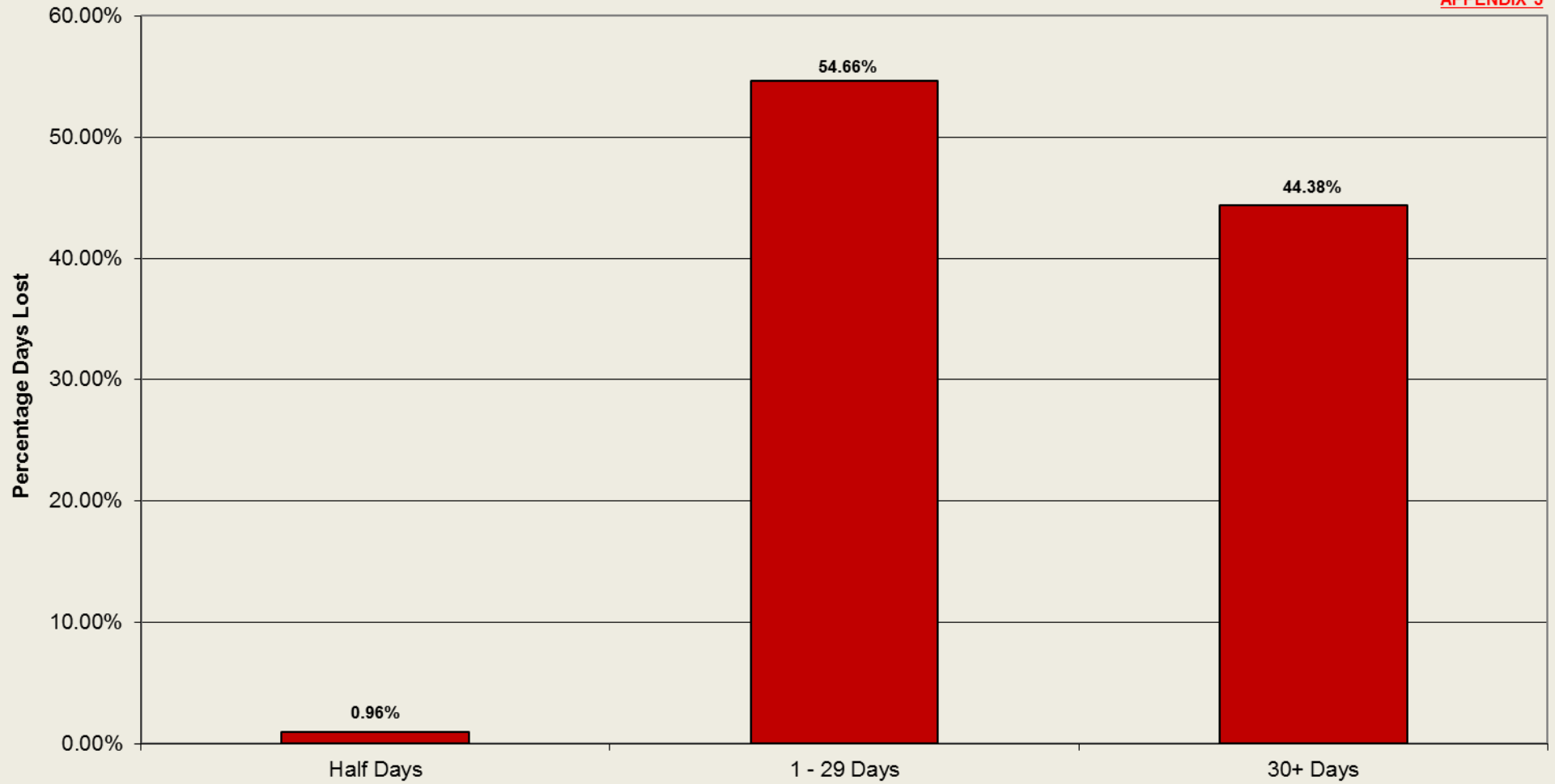
April - March 2011/2012 and April - March 2012/2013
Days Lost per FTE



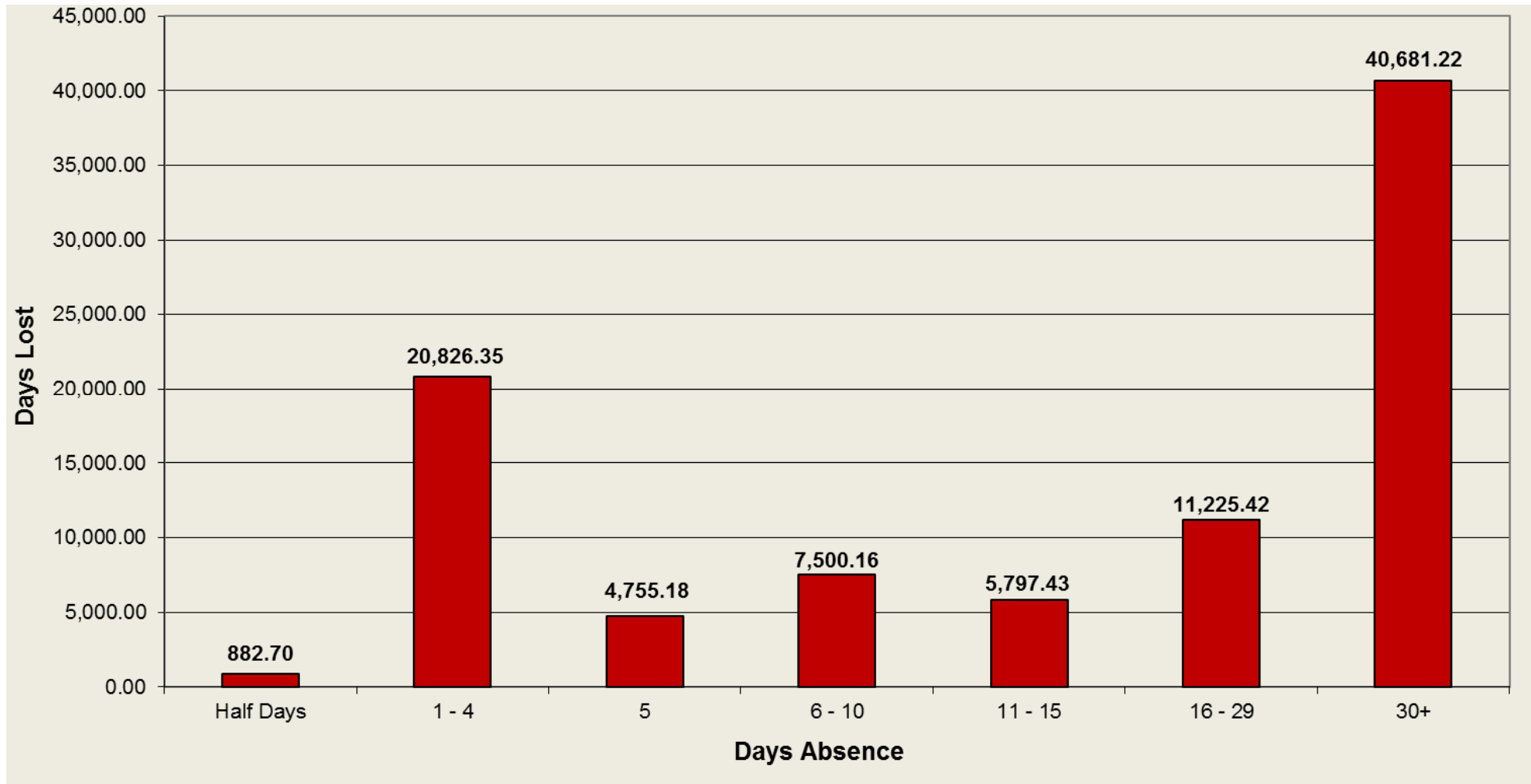
Coventry City Council
Sickness Absence – Percentage Breakdown
April 2012 – December 2013

Appendix 5

APPENDIX 5



Coventry City Council – Spread of Absence
April 2012 – March 2013
By Length of Days



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
April 2012 – March 2013

Activity	April – June 2012	July - September 2012	October – December 2012	January – March 2013	Total for Year
Pre-Employment health assessments	266	324	295	146	1031
<u>January –March 2013</u> From the pre-employment 77 assessments required additional advice and guidance to be given to the employing manager. 73 % of pre-employment forms were processed within 3 working days 100% clearance slips were returned to the Recruitment Team/School within 3 working days					
Sickness absence health assessments and reviews	351	354	430	470	1605
Work Related Ill Health Conditions reported/investigated	39	18	65	38	160
Work Place assessments carried out	3	10	9	7	29
Case conferences carried out	10	5	8	9	32
<u>January –March 2013</u> 100% of employee ill health referral forms processed within 3 working days 53% reports sent to HR/schools within 3 working days					
Vision screening and other surveillance procedures	94	50	67	52	263
Healthy Lifestyles screens and follow up appointments	674	599	285	169	1727
<u>January –March 2013</u> From the initial healthy lifestyle screens 24 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.					
Self-referrals	3	2	8	2	15

The above figures do not include advice, support and guidance, telephone enquiries, health education training, developing policies, quality standards and guidance notes, etc., in support of the Managing Health at Work process

COUNSELLING SERVICE
Promoting Health at Work Statistics
April 2012 to March 2013

Activity	Apr – Jun 2012	Jul – Sep 2012	Oct – Dec 2012	Jan – Mar 2013	Total for Year
Referrals for counselling	159	104	171	156	590
Counselling sessions	632	670	689	594	2585
October to December 2013					
From the employees seen, 39 were associated with work related stress and 1 was related to assault/bullying. 86% of counselling appointments were offered to employees within 3 working days of being referred All emergency cases were seen on the day of referral					
Mediation	4	2	0	3	9
This mediation helped to resolve perceived work related stress issues for an employee who was off sick.					
Anxiety Management group attendance including CBT	4	2	0	7	13
Group sessions are an effective and expedient way for employees to address debilitating anxiety states, including panic attacks.					
Numbers trained in effectively managing mental health, stress and interpersonal issues in the workplace	73	57	77	55	251
Directorates are using the available training to improve the skills of managers and other employees in effectively managing health at work.					
Stress Risk Assessments (number of employees involved)	51	54	213	325	643
Service evaluation					
Number of employees completing questionnaire	44	48	41	34	167
Counselling helped avoid time off work (not on sick leave)	27	31	27	23	108
Counselling helped early return to work (on sick leave when counselling started)	14	10	8	5	37
Did not affect sickness absence	3	7	6	6	22

The above figures do not include advice, support and guidance, telephone enquiries, health education training, developing policies, quality standards and guidance notes, etc., in support of the Managing Health at Work process