
Cabinet Member (Strategic Finance & Resources)

8 September 2014

Name of Cabinet Member:

Cabinet Member (Strategic Finance & Resources) – Councillor Gannon

Director Approving Submission of the report:

Executive Director, Resources

Ward(s) affected:

None

Title:

12 month Cumulative Sickness Absence 2013/2014

Is this a key decision?

No

Executive Summary:

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

- Levels of sickness absence for the 12 month period of 2013/14.
- The actions being taken to manage absence and promote health at work across the City Council.

Recommendations:

Cabinet Member (Strategic Finance & Resources) is asked to receive this report providing sickness absence data for the 12 month period of 2013/14 and endorse the actions taken to monitor and manage sickness.

List of Appendices included:

Appendix 1 - Coventry City Council – Days Lost per FTE 2003 - 2014

Appendix 2 - Directorate Summary Out-turn 2013/2014 vs. 2012/2013

Appendix 3 – Coventry City Council Reasons for Absence – (2013/2014)

Appendix 4 - Days Lost per FTE, by Directorate – (2013/2014)

Appendix 5 - Coventry City Council Percentage Breakdown of Absence - (2013/2014)

Appendix 6 - Coventry City Council Spread of Sickness Absence (By Length of Days) – (2013/2014)

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken – (2013/2014)

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 (2013 – 2014) 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.

1.3 Performance and Projections

FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2013/14 - Quarter 4	9.14	9.81	7.10
2012/13 – Quarter 4	9.53	10.20	7.21

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2013/14 Outturn	9.14	9.81	7.10
2013/14 Target	8.50	9.13	6.30

1.4 Indicative Cost of Sickness Absence

- 1.4.1 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.
- 1.4.2 The table below shows the indicative cost of sickness for 2013/14 using this method of calculation.

2013/14	All Employees	All Employees (except teachers)	Teachers
Annual Cost	£11.4m	£8.2m	£3.2m
Annual Target Cost	£11.5m	£8.6m	£2.9m
Difference	(£0.1m)	(£0.4m)	£0.3m

1.4.3 The 2013/14 annual cost of sickness absence for all employees' has increased since the position at the end of quarter 3. The final position is £0.1m below 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 £0.4m below their indicative target cost and 0.6 days below their target absence.

1.5 Reasons for Absence

1.5.1 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April 2013 – March 2014 is Stomach, Liver and Gastroenteritis accounting for 3,922 occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was 9,559.71 days.
- The amount of time lost through Stress, Depression, and Anxiety was 20,512.37 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 (15,513.82 days) and Stomach, Liver and Gastroenteritis (9,559.71 days).

1.5.2 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).
- 2012/2013 out turn was **9.53** days (average sick days lost per full time equivalent employee).
- 2013/2014 out turn was **9.14** days (average sick days lost per full time equivalent employee).

1.5.3 When comparing (2013/14) out turn with last years in the same period (2012/13), it reveals that:-

- Decrease the occurrences of absence by **1,384** based on comparison with the same period last year.
- Decrease of total days lost per FTE by **6,444.13** days based on comparison with the same period last year.
- Decrease of **46,339.63** working hours lost based on comparison with the same period last year out-turn.
- Decrease of **£698,406.78** in respect of cost of absence based on comparison with the same period last year.
- Stress has increased by **805.51** days based on comparison with the same period last year.
- Muscolo-Skeletal has decreased by **1,579.65** days based on comparison with the same period last year.
- Infection, Colds and Flu has decreased by **3,614.07** days based on comparison with the same period last year.
- Chest, Respiratory, Chest Infection has increased by **1,395.36** days, based on comparison with the same period last year.

1.5.4 The data provided within Appendices 2 and 4 reflects the new Directorates and establishments (The implementation of the Resources, People and Place Directorates). Therefore, due to the change in the structures and composition of Directorates, an accurate evaluation against last year's performance/statistics may not be directly comparable.

1.6 Frequent and Long Term Absence

1.6.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during 2013/2014.

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

1.7 Dismissals through Promoting Health at Work Corporate Procedure

1.7.1 During 2013/2014 there have been a total of **25** dismissals in accordance with the Promoting Health at Work Corporate Procedure. In terms of the breakdown of the **25** dismissals, **15** dismissals have been due to ill health retirement and **10** dismissals have been where the City Council cannot continue to sustain the level of sickness absence.

2. Options considered and recommended proposal

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

2.1.1 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.

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

2.1.3 The Health & Well Being Team undertake proactive strategies to support the authority to reduce levels of sickness absence. They include:

- 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, 94 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 rational for making reasonable adjustments in the work place to facilitate an employee's return to work.
- The implementation 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.

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

2.1.5 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.

- 2.1.6 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.
- 2.1.7 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.
- 2.1.8 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.
- 2.1.9 At the request of the Cabinet Member I can confirm that there is no outstanding casework from absence triggers generated from Quarter 4 (2013/14).

2.2 Be Healthy Be Well Initiative

- 2.2.1 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.
- 2.2.2 The initiative has delivered the following events in Quarter 4:
- Continuation of the events provided by Coventry Sports Foundation & Coventry Sports Trust, including open weekends for all Council employees and their families to experience free taster sessions such as Swimming, Indoor Football, Zumba, Badminton, Cycling, Boxercise, Pilates, Table Tennis, BoxFit, Squash & Spinning Classes.
 - Special offers for Gym membership from Pure Gym and Virgin Active.
 - A number of taster sessions including Zumba, Healthy Eating and British Military Fitness.
 - Yoga workshops provided by Adult Education.
 - Golf offer for all Council employees at Brandon Golf Course.
 - 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 employees. At the time of writing this report the newsletter had received over 16,000 hits during 2013/2014.

- Creations of the intranet page advise and advertise promotion events for City Council employees.
- The City Council has been awarded the Workplace Wellbeing Charter. The award was presented by Dame Carol Black, Expert Advisor on Health at Work.

2.3 Activities during Quarter 4 from the Occupational Health Team

2.3.1 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 2013/14 were:-

- Further developing the **'Keeping Well at Work'** MSK and Mental Wellbeing clinics for Adult Social Care
- A **Disability Assessment Programme** is now in place to supporting Kick Start, assessing requirements for reasonable adjustments.
- **New Year Weight Loss Programme** for the START Community Team within the People Directorate.
- Helping to achieve the Workplace Wellbeing Charter Award for Coventry City Council
- Successful continuation of contract delivery for Academies, Solihull MBC and other organisations.
- **Cancer Buddy Re-launch** – with the Macmillan Partnership.

2.4 Targets 2014/2015

Detailed below are the targets 2014/15.

Directorate	Target 2014/2015
Chief Executive	5.0
People	9.5
People Teachers	6.3
People School Support	9.0
Place	10.4
Resources	7.5
Coventry City Council	8.5

2.5 Comparison Information

Coventry City Council has collected sickness out turn data for 2013/14 for the other West Midlands Metropolitan Authorities.

West Midlands Metropolitan Authority	Days Lost per FTE
Wolverhampton	7.57 **
Solihull	8.99
Coventry	9.14
Dudley	9.52
Walsall	9.62
Birmingham	10.7

**** Wolverhampton outturn does not include absence for schools.**

3. Results of consultation undertaken

No consultation has been undertaken.

4. Timetable for implementing this decision

None.

5. Comments from Executive Director, Resources

5.1 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.

5.2 Legal implications

There are no legal implications resulting from this report

6. Other implications

There are no other specific implications

6.1 **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 out turn report.

6.2 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.

6.3 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.

6.4 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.

6.5 Implications for (or impact on) the environment

None.

6.6 Implications for partner organisations?

None.

Report author(s):**Name and job title:**

Jaz Bilen, HR Business Partner

Directorate:

Resources

Tel and email contact:

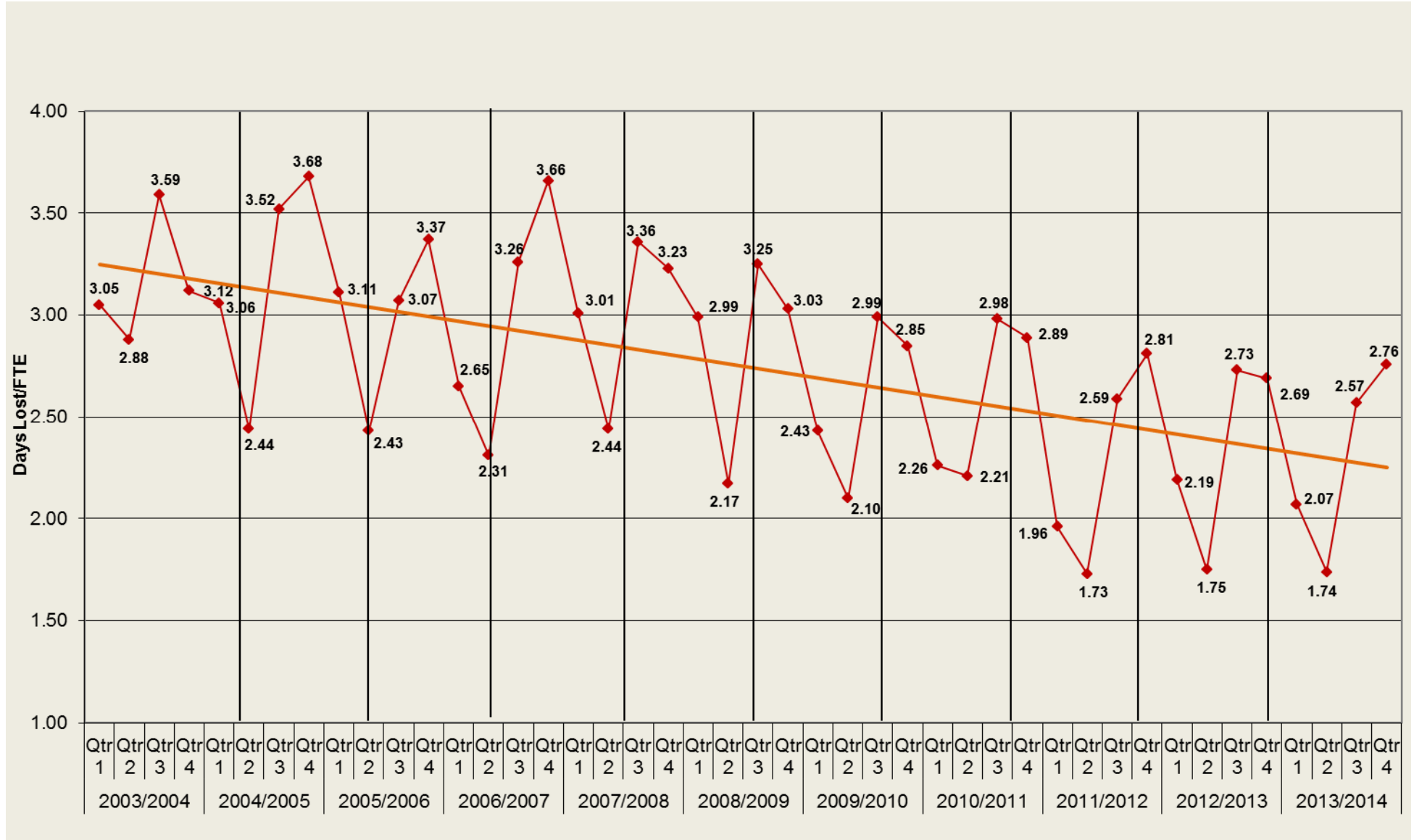
Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Jason Bratt	Senior Human Resources Adviser	Resources	30/04/2014	14/05/2014
Angie White	Occupational Health & Counselling Services Manager	Resources	30/04/2014	20/05/2014
Lindsay Hughes	Senior Accountant	Resources	30/04/2014	14/05/2014
Matthew Rossi	Governance Services Officer	Resources	09/07/2014	09/07/2014
Names of approvers: (officers and members)				
Shokat Lal	Assistant Director	Resources	07/07/2014	
Julie Newman	Children & Adult Legal Service Manager	Resources	07/07/2014	07/07/2014
Councillor Gannon	Cabinet Member		15/07/2014	26/08/2014
Chris West	Executive Director	Resources	07/07/2014	28/08/2014

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Days Lost per FTE
2003 - 2014



Corporate / Directorate Comparisons against Target

Appendix 2

Coventry City Council

2013/2014	2012/2013	Annual Target 2013/2014
9.14	9.53	8.5

This demonstrates a reduction of 0.39 days per FTE compared to 2012/13.

Chief Executive's Directorate

2013/2014	2012/2013	Annual Target 2013/2014
5.09	2.66	5.0

This demonstrates an increase of 3.03 days per FTE compared to 2012/13.

Place Directorate

2013/2014	2012/2013	Annual Target 2013/2014
11.25	11.26	10.0

This demonstrates a decrease of 0.01 days per FTE compared to 2012/13.

People Directorate

2013/2014	Annual Target 2013/2014
10.25	9.5

Due to the change in the structures and composition of Directorates, an accurate evaluation against last year's performance / statistics is not directly comparable.

Teachers in Schools

2013/2014	2012/2013	Annual Target 2013/2014
7.10	7.21	6.3

This demonstrates a reduction of 0.11 days per FTE compared to 2012/13.

Support Staff in Schools

2013/2014	2012/2013	Annual Target 2013/2014
9.36	10.91	9.25

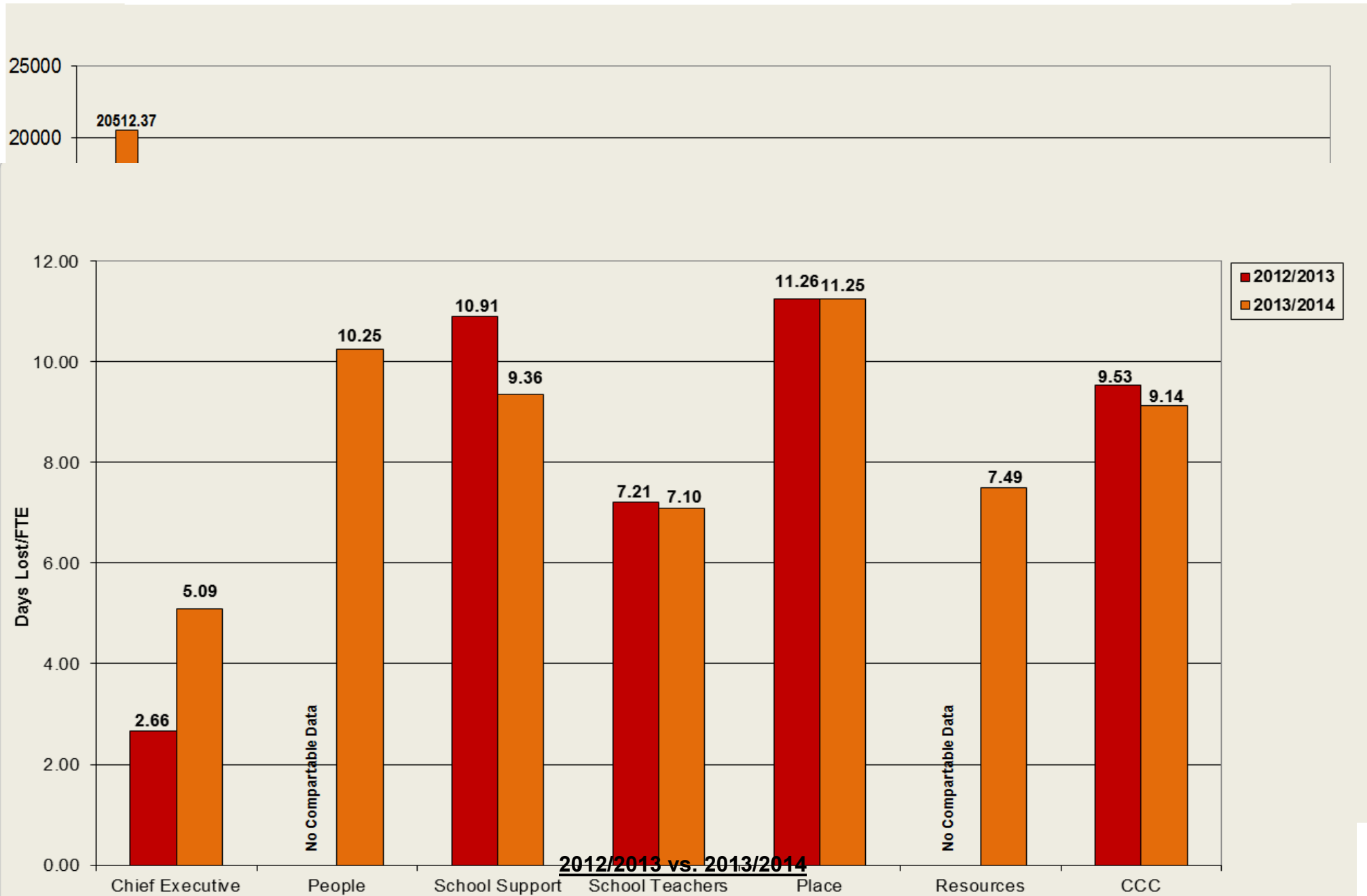
This demonstrates a reduction of 1.56 days per FTE compared to 2012/13.

Resources Directorate

2013/2014	Annual Target 2013/2014
7.49	8.0

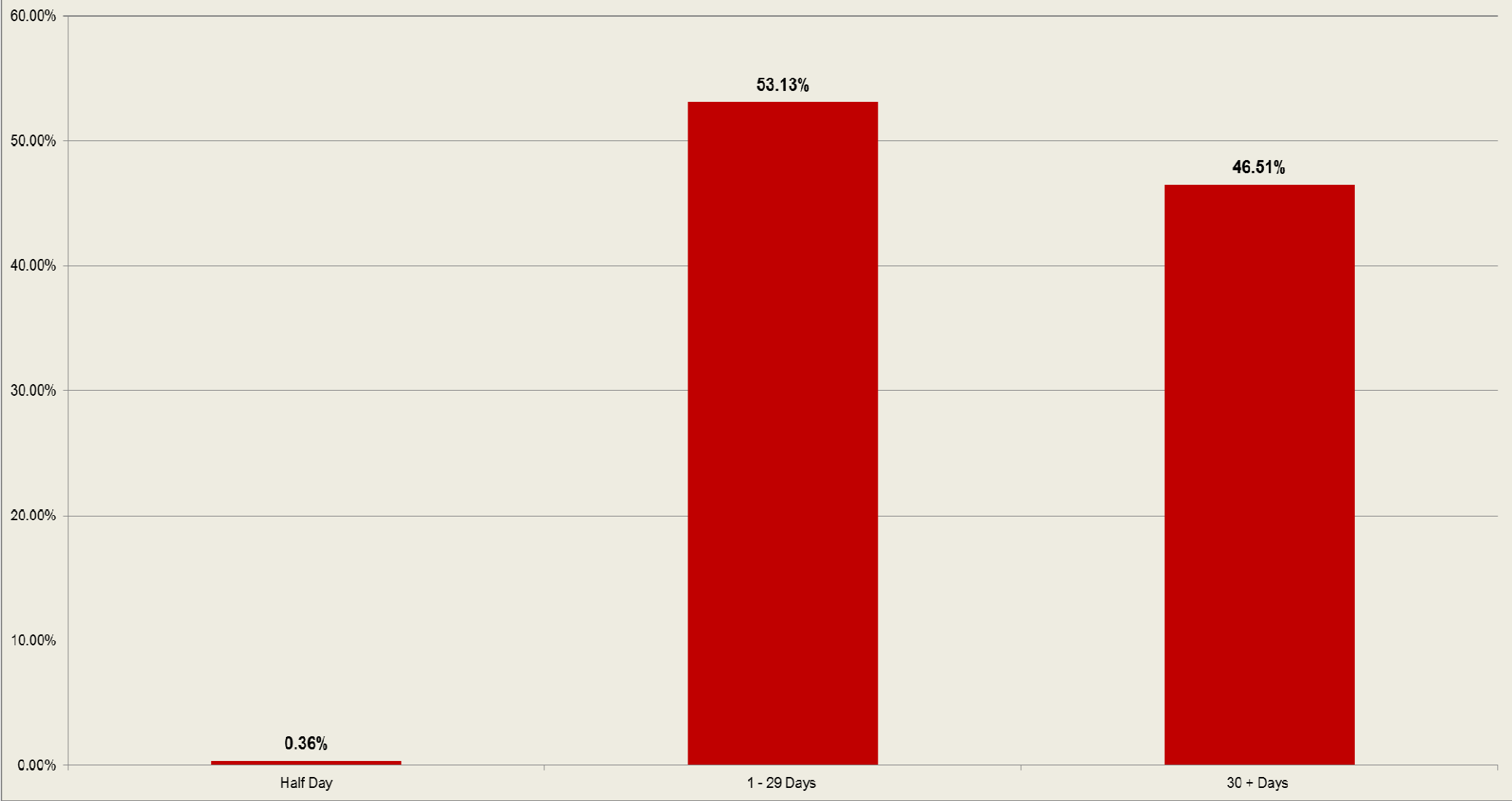
Due to the change in the structures and composition of Directorates, an accurate evaluation against last year's performance / statistics is not directly comparable.

**Coventry City Council – Reasons for Absence
2013/2014**

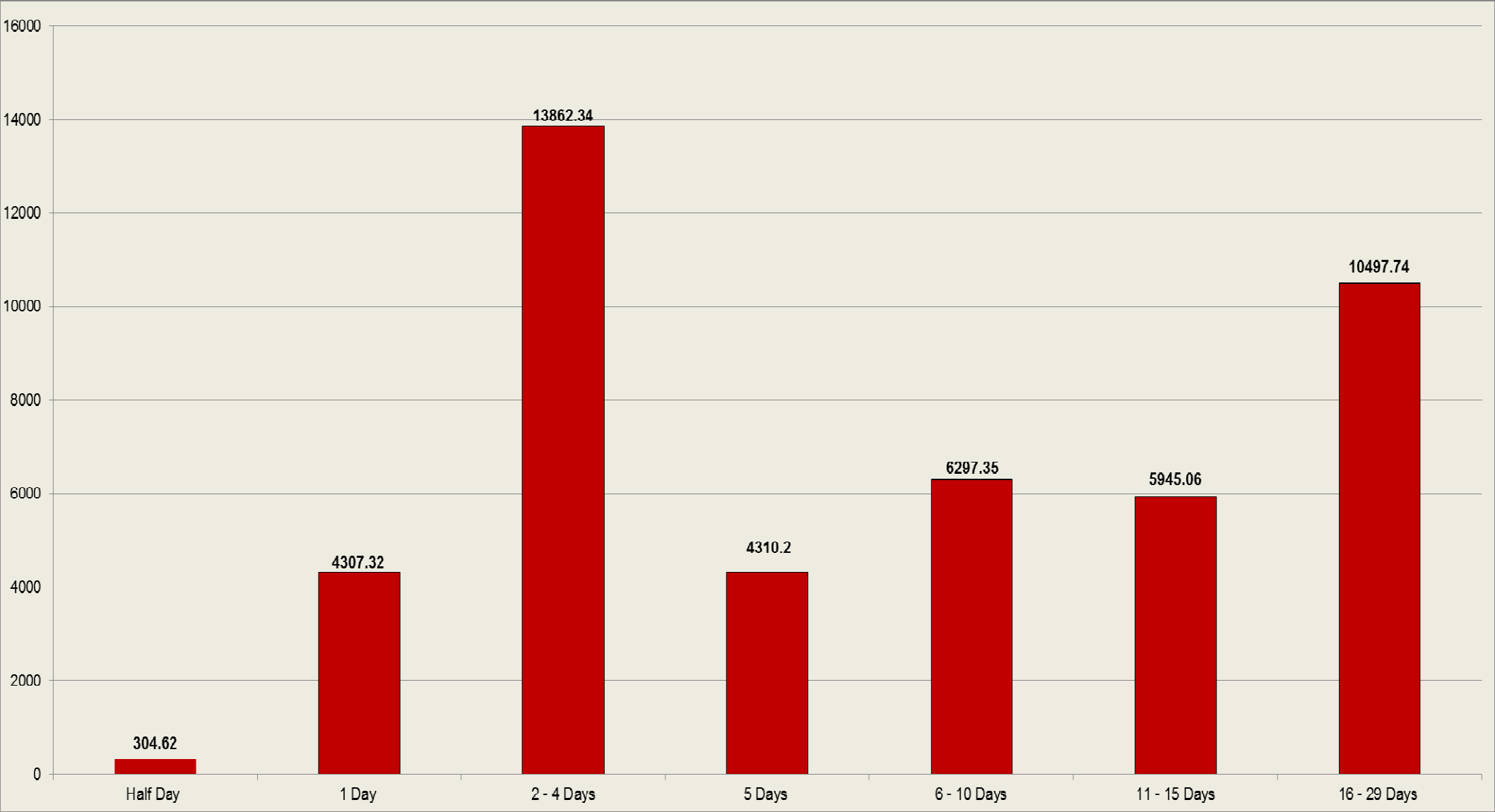


Days Lost Per FTE

Coventry City Council
Sickness Absence – Percentage Breakdown
2013/2014



Coventry City Council – Spread of Absence
2013/2014
By Length of Days



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
2013/2014

Activity	April- June 2013	July- September 2013	October- December 2013	January- March 2014	Total for Year
Pre-Employment health assessments	204	321	318	205	1043
<u>October – December 2013</u> From the pre-employment assessments, 116 required additional advice and guidance to be given to the employing manager. 46% 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	447	431	403	455	1736
Ill health conditions reported/investigated as work related	79	61	62	11	213
Work Place assessments carried out	9	7	23	4	43
Case conferences carried out	7	6	2	1	16
Vaccinations	40	40	797	36	913
<u>October – December 2013</u> Ill health condition reported as work related (breakdown): 39 musculoskeletal; 12 mental health/depression; 12 stress related. Referrals to support services, work place assessments and case conferences were part of the health management plan. Advice on workplace adjustments, medical redeployment and ill health retirement were also given. The flu vaccination programme has a significant take up this quarter. 98% of employee ill health referral forms processed within 3 working days 50% reports sent to HR/schools within 3 working days					
Vision screening and other surveillance procedures	96	102	39	35	272
<u>October – December 2013</u> From the 39 screenings which took place 39 required additional interventions to prevent deterioration in health and maintain the employee in work.					
Healthy Lifestyles screens and follow up appointments	289	213	197	147	846
<u>October – December 2013</u> From the initial healthy lifestyle screens, 66 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.					
Self referrals	2	2	3	1	10

The above figures do not include income generation work for contracts, 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
2013/2014

Appendix 8

Activity	Apr – Jun 2013	Jul – Sep 2013	Oct – Dec 2013	Jan – Mar 2014	Total for Year
New referrals for counselling	186	156	181	165	688
Counselling sessions	716	777	699	643	2835
The table below provides a breakdown of reasons for referral					
Mediation	3	10	2	4	15
This mediation helped to resolve perceived work related stress issues for an employee who was off sick.					
Debriefing sessions	0	1	0	4	5
Anxiety Management group attendance including CBT	1	6	2	0	9
Numbers trained in managing mental health, stress and interpersonal issues in the workplace	110	77	26	36	249
Stress Risk Assessments (number of employees involved)	0	493	252	563	1308
Service evaluation					
Number of employees completing questionnaire	49	41	48	37	175
Counselling helped avoid time off work (not on sick leave)	33	27	34	19	113
Counselling helped early return to work (on sick leave when counselling started)	10	11	10	11	42
Did not affect sickness absence	6	1	4	7	18

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