

Cabinet Member (Strategic Finance & Resources)

1 December 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:**

6 month (April – September 2014) Cumulative Sickness Absence 2014/2015

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**Is this a key decision?**

No

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**Executive Summary:**

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

- Levels of sickness absence for the 6 month period of April - September 2014.
- 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 6 month period of April – September 2014 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 (April – September 2013 vs April – September 2014)                      |
| Appendix 3     | Coventry City Council Reasons for Absence (April – September 2014)                                   |
| Appendix 4     | Days Lost per FTE, by Directorate (April – September 2014)   |
| Appendix 5     | Coventry City Council Percentage Breakdown of Absence (April – September 2014)                       |
| Appendix 6     | Coventry City Council Spread of Sickness Absence (By Length of Days) (April – September 2014)        |
| Appendix 7 & 8 | Summary of Occupational Health & Counselling Services Activities Undertaken (April – September 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: 6 Month (April – September 2014) Cumulative Sickness Absence 2014/2015**

**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**

<b>FTE Average Days Lost</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
2013/14 – Quarter 2	3.81	4.49	2.51
2014/15 – Quarter 2	3.91	4.58	2.48

<b>Annual FTE Average Days Lost</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
2014/2015 Projected	9.17	9.81	6.69
2014/15 Target	8.50	9.14	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 2014/15 using this method of calculation.

<b>2014/15</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
Annual Cost	£11.3	£8.0m	£3.3m
Annual Target Cost	£10.9m	£8.1m	£2.8
Difference	£0.4m	-£0.1m	£0.5m

- 1.4.3 The costs provided in the 2014/15 Quarter 1 report used banded daily costs that were incorrectly scaled. In the Quarter 1 report the quoted overall annual cost for 'All employees' was given as £13.3m, with a target of £12.8m, giving a difference (above target) of £0.5m. Recalculating these figures, using the corrected daily costs, gives annual cost of £12.0m, a target of £10.9m and a corrected difference (above target) of £1.1m.

As given in the table above, the Quarter 2 projected annual cost of sickness absence for 'All Employees' stands at £0.4m above the target cost. This represents an improvement of £0.7m from the Quarter 1 position, consistent with a reduction in the projected days lost.

## 1.5 Reasons for Absence

### 1.5.1 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April – September 2014 is Stomach, Liver and Gastroenteritis accounting for **1,368** occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was **3,874.52**.
- The amount of time lost through Stress, Depression, and Anxiety was **7,200.17** 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 **7,058.63** days and Stomach, Liver and Gastroenteritis **3,874.52**.

### 1.5.2 A comparison of year on year figures across the authority reveals that:

- Quarter 2 (ending September 2009) out turn was **4.53** (average sick days lost per full time equivalent employee).
- Quarter 2 (ending September 2010) out turn was **4.47** days (average sick days lost per full time equivalent employee).
- Quarter 2 (ending September 2011) out turn was **3.96** days (average sick days lost per full time equivalent employee).
- Quarter 2 (ending September 2012) out turn was **4.05** days (average sick days lost per full time equivalent employee).
- Quarter 2 (ending September 2013) out turn was **3.81** days (average sick days lost per full time equivalent employee).
- Quarter 2 (ending September 2014) out turn was **3.91** days (average sick days lost per full time equivalent employee).

1.5.3 When comparing Quarter 2 (2014/15) out turn with last years in the same period (2013/14), it reveals that:-

- Reduction of the occurrences of absence by **555** based on comparison with the same period last year.
- Reduction of total days lost per FTE by **856.47** days based on comparison with the same period last year.
- Reduction of **6,126.97** working hours lost based on comparison with the same period last year out-turn.
- Reduction of **£291,912.67** in respect of cost of absence based on comparison with the same period last year.
- Stress has reduced by **1,722.66** days based on comparison with the same period last year.
- Muscolo-Skeletal has reduced by **88.82** days based on comparison with the same period last year.
- Infection, Colds and Flu has reduced by **623.95** 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 2014/2015.

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 April – September 2014 there have been a total of **11** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **9** dismissals have been due to ill health retirement and 2 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 2 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 2, 51 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 are no outstanding casework from absence triggers generated from Quarter 2.

## 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 2:
- 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.
  - Free guided cycle ride in Coventry through Skyride.
  - Special offers for membership with the British Military Fitness.
  - Creation of the rolling club for all types of wheels (roller skates, skateboarding)
  - 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 8,000 since April – September 2014.
- Creations of the intranet page to advise and advertise promotion events for City Council employees.

### 2.3 **Activities during Quarter 2 from the Occupational Health Team**

- The Workplace Health Champion training of volunteers has commenced and the Health Champions are now participating in the Be Healthy Be Well and Health Promotion Programmes.
- From the 69 musculoskeletal cases closed in Quarter 2 (those who had been seen more than once), 76% demonstrated a significant (75%) improvement in both pain levels and functional ability, i.e. work and daily living activities. This shows a positive impact on musculoskeletal health.
- The flu vaccination programme has been organised and will be delivered in October and November to front line staff.
- Work has been carried out to support the DEN Groups event to raise awareness of people with disabilities on 3<sup>th</sup> November.
- The continuation of the MSK clinics for '**Keeping Well at Work**' for the People and Place Directorate.
- A Mental Wellbeing Toolkit is being developed as a 'quick click' to mental wellbeing information.
- Cancer Buddy Training was provided to employees volunteering to be Cancer Buddies.

### 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.

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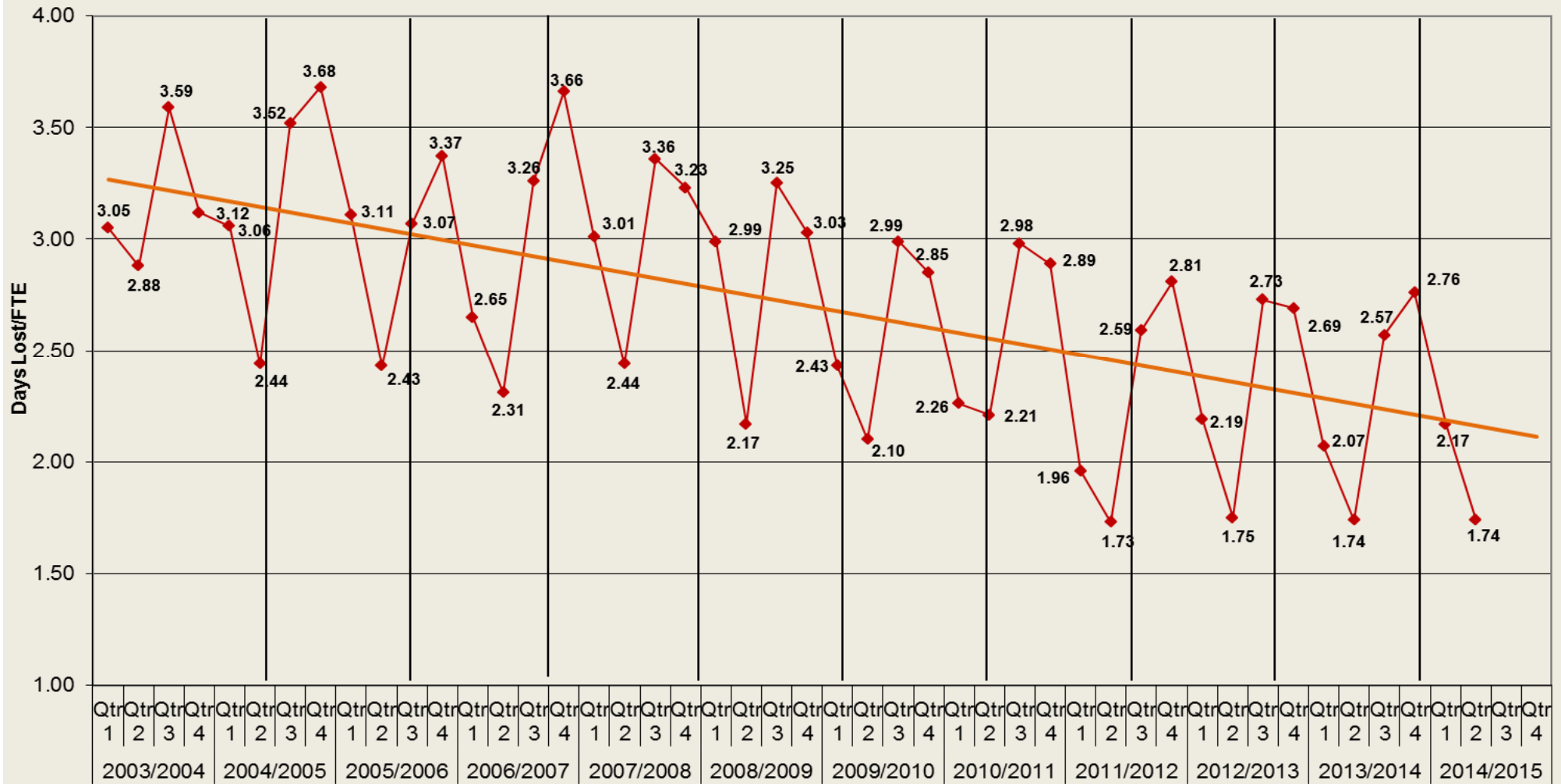
Enquiries should be directed to the above person.

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Louise Hughes	Senior Accountant	Resources	01/10/2014	07/11/2014
Hugh Peacocke	Governance Services Officer	Resources	20/11/2014	20/11/2014
<b>Names of approvers: (officers and members)</b>				
Shokat Lal	Assistant Director	Resources	20/11/2014	20/11/2014
Julie Newman	Children & Adult Legal Service Manager	Resources	10/11/2014	11/11/2014
Councillor Gannon	Cabinet Member		14/11/2014	19/11/2014
Chris West	Executive Director	Resources	10/11/2014	

This report is published on the Council's website:

[www.coventry.gov.uk/meetings](http://www.coventry.gov.uk/meetings)

**Coventry City Council**  
**Days Lost per FTE**  
**2003 - 2014**



## Corporate / Directorate Comparisons against Target

Appendix 2

### Coventry City Council

<b>April – September 2014</b>	<b>April – September 2013</b>	<b>Annual Target 2014/2015</b>
3.91	3.81	8.5

This demonstrates an increase of 0.10 days per FTE compared to 2013/2014

### Chief Executive's Directorate

<b>April – September 2014</b>	<b>April – September 2013</b>	<b>Annual Target 2014/2015</b>
1.17	2.25	5.0

This demonstrates a reduction of 1.08 days per FTE compared to 2013/2014.

### Place Directorate

<b>April – September 2014</b>	<b>April – September 2013</b>	<b>Annual Target 2014/2015</b>
5.17	5.20	10.4

This demonstrates a reduction of 0.03 days per FTE compared to 2013/14.

### People Directorate

<b>April – September 2014</b>	<b>Annual Target 2014/2015</b>
4.63	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

<b>April – September 2014</b>	<b>April – September 2013</b>	<b>Annual Target 2014/2015</b>
2.48	2.51	6.3

This demonstrates a reduction of 0.03 days per FTE compared to 2013/14.

### **Support Staff in Schools**

<b>April – September 2014</b>	<b>April – September 2013</b>	<b>Annual Target 2014/2015</b>
3.77	3.54	9.0

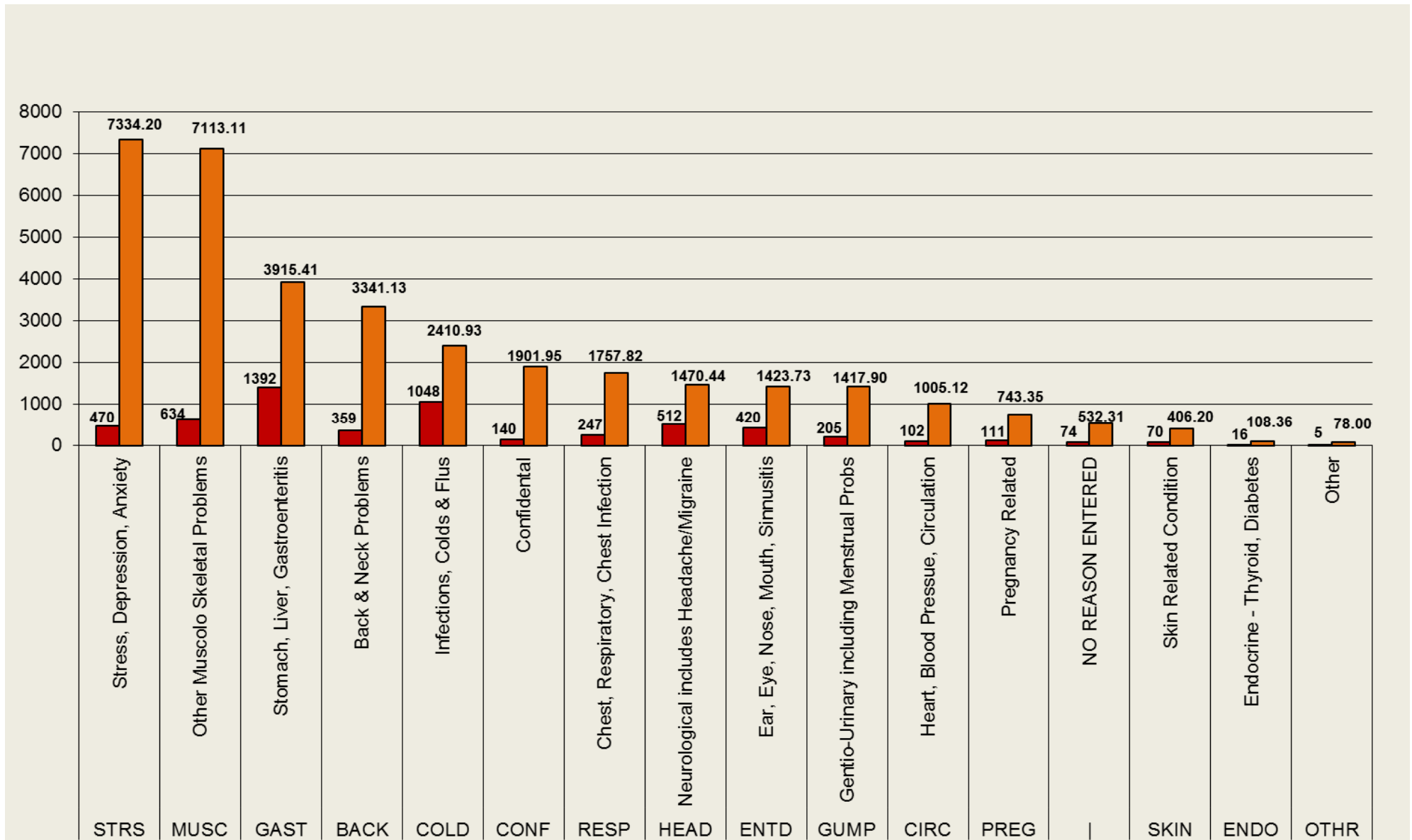
This demonstrates a reduction of 0.23 days per FTE compared to 2013/2014.

### **Resources Directorate**

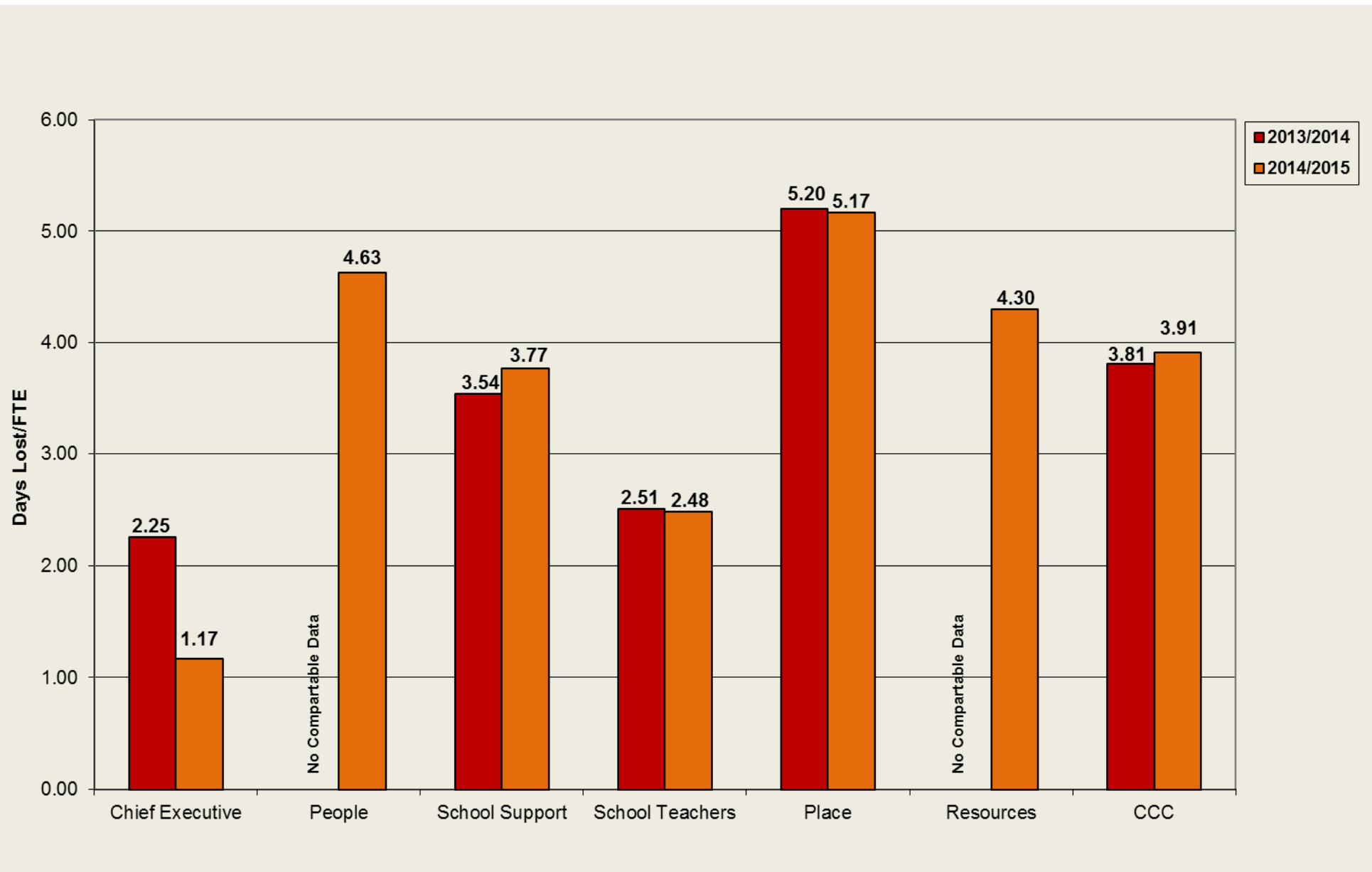
<b>April – September 2014</b>	<b>Annual Target 2014/2015</b>
4.30	7.5

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

**Coventry City Council – Reasons for Absence  
April – September 2014**

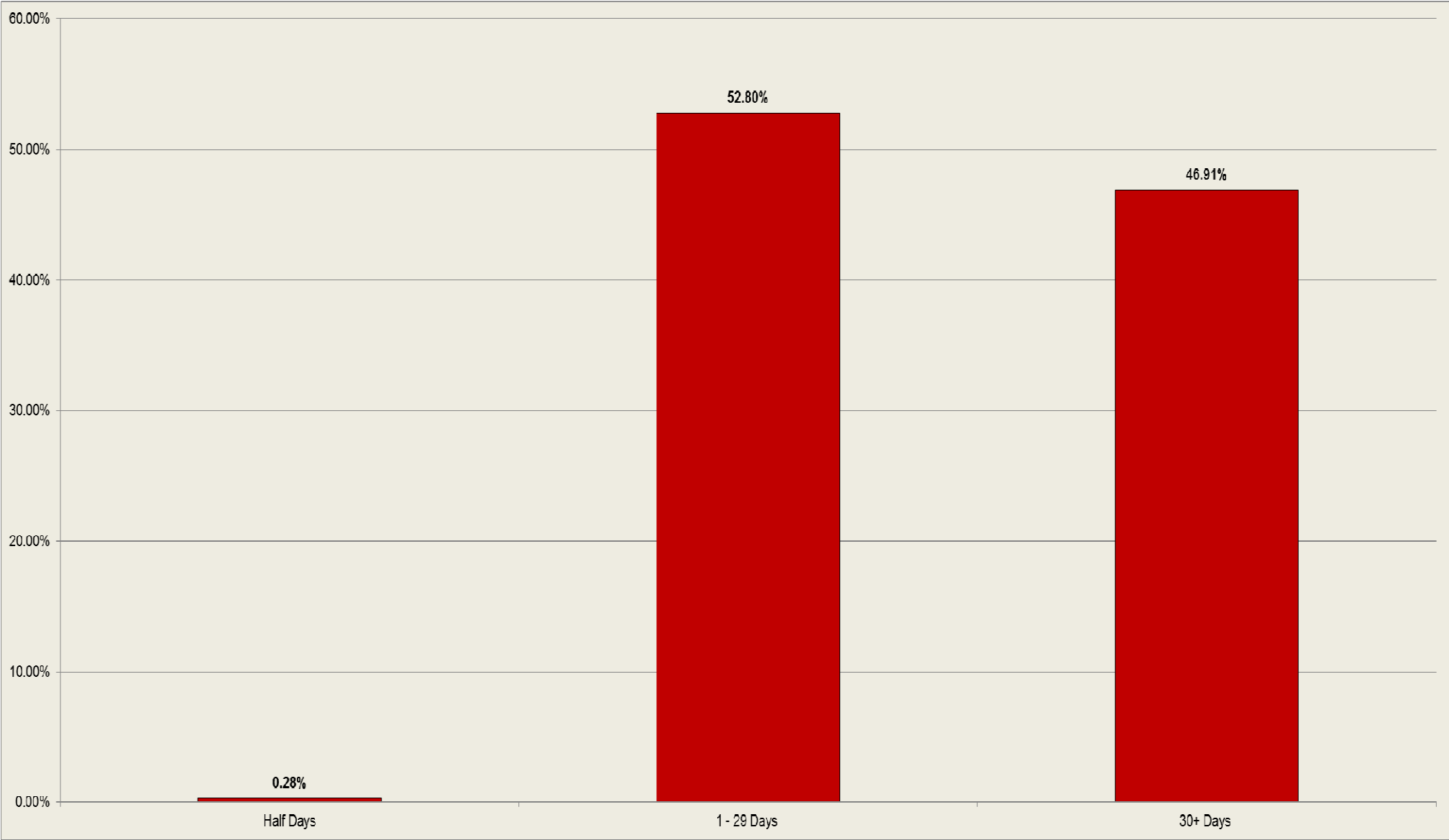


**April – September 2013 vs. April – September 2014**  
**Days Lost Per FTE**

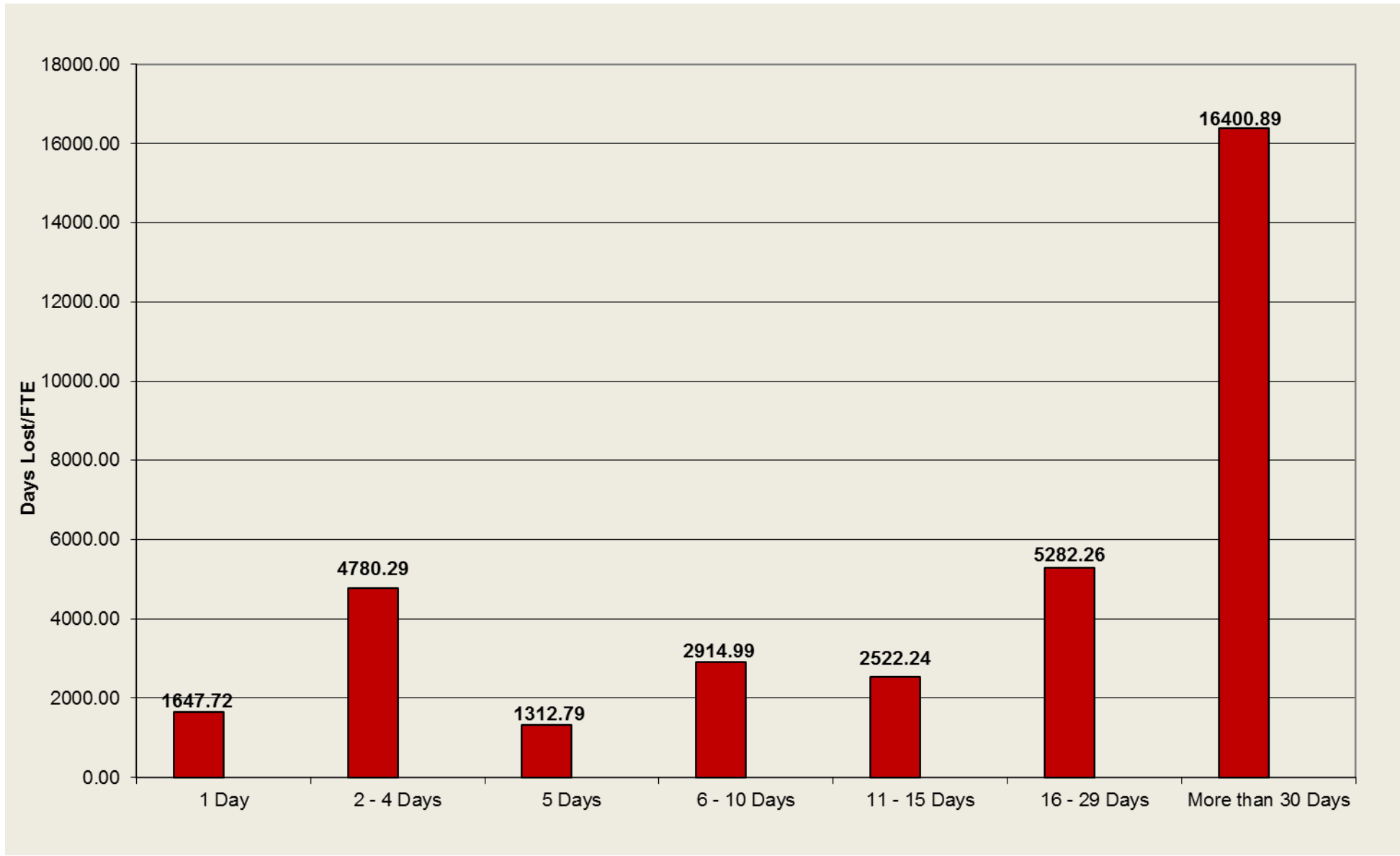




**Coventry City Council**  
**Sickness Absence – Percentage Breakdown**  
**April – September 2014**



**Coventry City Council**  
**April – September 2014**  
**Spread of Absence by Length of Days**



**OCCUPATIONAL HEALTH**  
**Promoting Health at Work Statistics**  
**1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015**

Activity	April- June 2014	July- September 2014	October- December 2014	January- March 2015	Total for Year
<b>Pre-Employment health assessments</b>	<b>227</b>	<b>279</b>			<b>506</b>
<p><b><u>April to June 2014</u></b>            From the pre-employment assessments, required additional advice and guidance to be given to the employing manager.            21% of pre-employment forms were processed within 3 working days            100% clearance slips were returned to the Recruitment Team/School within 3 working days</p>					
<b>Sickness absence health assessments and reviews</b>	<b>472</b>	<b>443</b>			<b>915</b>
<b>Ill health conditions reported/investigated as work related</b>	<b>72</b>	<b>58</b>			<b>130</b>
<b>Work Place assessments carried out</b>	<b>6</b>	<b>6</b>			<b>12</b>
<b>Case conferences carried out</b>	<b>7</b>	<b>2</b>			<b>9</b>
<b>Vaccinations</b>	<b>36</b>	<b>11</b>			<b>47</b>
<p><b><u>April to June 2014</u></b>  <b>Ill health condition reported as work related (breakdown):</b> musculoskeletal; ... mental health/depression; ... 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.            100% of employee ill health referral forms processed within 3 working days            36% reports sent to HR/schools within 3 working days</p>					
<b>Vision screening and other surveillance procedures</b>	<b>96</b>	<b>65</b>			<b>161</b>
<p><b><u>April to June 2014</u></b>            From the 96 screenings which took place .... required additional intervention to prevent a deterioration in health and maintain the employee in work.</p>					
<b>Healthy Lifestyles screens and follow up appointments</b>	<b>129</b>	<b>142</b>			<b>271</b>
<p><b><u>April to June 2014</u></b>            From the initial healthy lifestyle screens, were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.</p>					
<b>Self referrals</b>	<b>7</b>	<b>8</b>			<b>15</b>

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**  
**2014/2015**

Appendix 8

Activity	Apr – Jun 2014	Jul – Sep 2014	Oct – Dec 2014	Jan – Mar 2014	Total for Year
<b>New referrals for counselling</b>	<b>148</b>	<b>137</b>			<b>281</b>
<b>Counselling sessions</b>	<b>648</b>	<b>637</b>			<b>1285</b>
The table below provides a breakdown of reasons for referral					
<b>Mediation</b>					
This mediation helped to resolve perceived work related stress issues for an employee who was off sick.					
<b>Anxiety Management group attendance including CBT</b>	4	3			<b>7</b>
<b>Numbers trained in managing mental health, stress and interpersonal issues in the workplace</b>	37	17			<b>75</b>
<b>Stress Risk Assessments</b> (number of employees involved)	110	44			154
<b>Service evaluation</b>					
Number of employees completing questionnaire	56	23			79
Counselling helped avoid time off work (not on sick leave)	43	15			<b>58</b>
Counselling helped early return to work (on sick leave when counselling started)	8	7			<b>15</b>
Did not affect sickness absence	5	1			<b>6</b>

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