

Cabinet Member (Strategic Finance & Resources)

9 March 2015

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:

9 month (April – December 2014) Cumulative Sickness Absence 2014/2015

Is this a key decision?

No

Executive Summary:

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

- Levels of sickness absence for the 9 month period of April - December 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 9 month period of April – December 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 – December 2013 vs April – December 2014)
- Appendix 3 Coventry City Council Reasons for Absence (April – December 2014)
- Appendix 4 Days Lost per FTE, by Directorate (April – December 2014)
- Appendix 5 Coventry City Council Percentage Breakdown of Absence (April – December 2014)
- Appendix 6 Coventry City Council Spread of Sickness Absence, by Length of Days (April – December 2014)
- Appendix 7 & 8 Summary of Occupational Health & Counselling Services Activities Undertaken (April – December 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: 9 Month (April – December 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

FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2013/14 – Quarter 3	6.38	6.86	4.57
2014/15 – Quarter 3	6.71	7.27	4.69

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2014/2015 Projected (at Q3)	9.45	10.13	7.16
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.

2014/15	All Employees	All Employees (except teachers)	Teachers
Projected Annual Cost	£11.6m	£8.3m	£3.3m
Annual Target Cost	£10.9m	£8.1m	£2.8m
Difference	£0.7m	£0.2m	£0.5m

1.4.3 As given in the table above, the Quarter 3 projected annual cost of sickness absence for 'All Employees' stands at £0.7m above the target cost. This represents a worsening position of £0.3m from the Quarter 2 position, consistent with an increase 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 – December 2014 is Stomach, Liver and Gastroenteritis accounting for **2,642** occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was **6,903.38** days.
- The amount of time lost through Stress, Depression, and Anxiety was **12,693.47** 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 **11,557.94** days (**927** occasions) and Stomach, Liver and Gastroenteritis **6,903.38** days (**2642** occasions).

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

- Quarter 3 (ending December 2009) out turn was **7.52** (average sick days lost per full time equivalent employee).
- Quarter 3 (ending December 2010) out turn was **7.45** days (average sick days lost per full time equivalent employee).
- Quarter 3 (ending December 2011) out turn was **6.28** days (average sick days lost per full time equivalent employee).
- Quarter 3 (ending December 2012) out turn was **6.84** days (average sick days lost per full time equivalent employee).
- Quarter 3 (ending December 2013) out turn was **6.38** days (average sick days lost per full time equivalent employee).
- Quarter 3 (ending December 2014) out turn was **6.71** days (average sick days lost per full time equivalent employee).

1.5.3 When comparing Quarter 3 (2014/15) out turn with last years in the same period (2013/14), it reveals that:-

- Reduction of the occurrences of absence by **313** based on comparison with the same period last year.
- Increase in the total days lost per FTE by **144.88** days based on comparison with the same period last year.
- Reduction of **1,297.79** working hours lost based on comparison with the same period last year out-turn.
- Increase of **£273,452.69** in respect of cost of absence based on comparison with the same period last year.
- Stress has reduced by **2,165.52** days based on comparison with the same period last year.
- Muscolo-Skeletal has increased by **635.57** days based on comparison with the same period last year. However, there has been a reduction of the occurrences by **110** based on comparison with the same period last year.
- Infection, Colds and Flu has increased by **120.52** 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 – December 2014 there have been a total of **24** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **9** dismissals have been due to ill health retirement and **15** 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 3 from the HR Health & Wellbeing Team

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 is taking place across the Council as a whole. This includes receiving the absence phone call, conducting effective Return to Work Interviews, supporting Disabled Employees and understanding the rational for making Reasonable Adjustments in the work place to facilitate an employee's return to work.
- Training has allowed managers the opportunity to refresh their knowledge and understanding of the Promoting Health at Work process.
- 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 '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', are to provide an opportunity for Management with the relevant Head of Service / Assistant Director, to review sickness and performance 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 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 on changes to procedure and support the Council can provide to its employees and Managers, from their Lead HR Representative, HR Health & Wellbeing Team and HR Representative Performance Team.
- 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 At the request of the Cabinet Member I can confirm that there is no outstanding casework from absence triggers generated from Quarter 3.

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 3:
- 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.
 - Continuation of the volunteer workplace Health Champions Scheme with monthly seminars (e.g. Personal Training).
 - Free guided Relaxation for Panic Attacks and Anxiety Management using Cognitive Behavioural Therapy (CBT).

- Creation of a support group for employees who have relatives with mental health.
- Smoking Cessation 12-week course to assist employees to give up smoking.
- Body Beautiful Workshops.
- Continuation of the Challenge Martin Table tennis sessions.
- DEN (Disabled Employee Network) - Raising awareness around effective communication with individuals who have a hearing impairment / loss and using British Sign Language.
- DEN (Disabled Employee Network) - Reasonable Adjustment process and support event.
- Kids Run Free - Free races for children over a range of distances at the War Memorial Park.
- Free woodland “get to know your trees” walk at Coombe Country Park.
- Continuation of the lunchtime Healthy Walks.
- A new Campaign to encourage people to walk between bus stops.
- Special offers for membership at Simply Gym.
- Special offers of sports massage for employees through Fire & Earth.
- Golf offer for all Council employees at Brandon Golf Course and discounted beginner golf coaching course at Leamington and County Golf Club.
- After work activity sessions organised by Coventry on the Move Team to include; Badminton, teaching desk-based exercise and table tennis sessions.
- 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 12,000 hits between April – December 2014.
- Continuation of the intranet page to advise and advertise promotion events for City Council employees.

2.3 Activities during Quarter 3 from the Occupational Health Team

- We now have 50 Workplace Health Champions in the work place trained, who communicate the health message and motivate and empower employees to enjoy healthier lives.
- From the 46 musculoskeletal cases closed in Quarter 3 (those who had been seen more than once), 70% demonstrated a significant (70%) improvement in both pain levels and functional ability, i.e. work and daily living activities. This shows a positive impact on musculoskeletal health.
- Flu vaccines were given to 632 employees targeting frontline employees working with the elderly and vulnerable.
- The DEN group was supported for the Reasonable Adjustment Day on the 3 November 2014 raising awareness for those employees who work at Coventry City Council with a disability.
- Cancer Buddy Co-ordinator has developed a resource package which has now been completed and is available for all employees to access on the intranet. This is specifically aimed at managers on how to support an employee returning back to work from cancer or caring for relatives with cancer. Awareness sessions will be taking place and partnership working continues with Macmillan.
- Body Beautiful programme took place in November 2014 which involved employees attending 3 workshops and advice was given on exercise, nutrition and general wellbeing.
- The Occupational Health and Counselling Service are working in conjunction with Mind (the leading mental health charity in England and Wales), to provide training for managers on how to identify and work towards developing positive mental wellbeing in employees.
- The training will help managers create an open and supportive working environment so they will be better equipped to promote employee wellbeing. It will raise manager's awareness to the internal support that is available to help them support an employee experiencing mental health issues and will ensure line managers are equipped and competent in dealing with employees experiencing mental health issues.

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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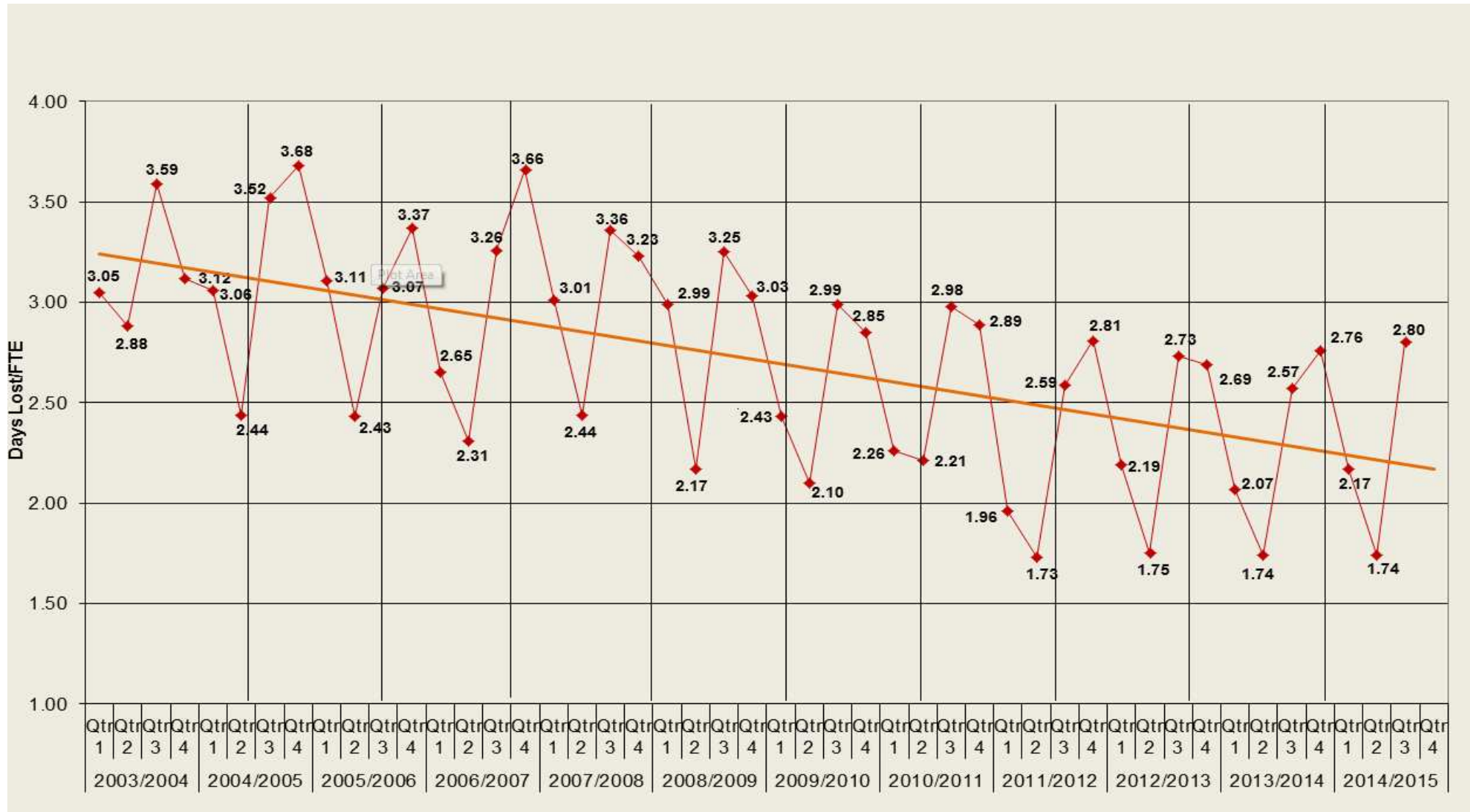
Enquiries should be directed to the above person.

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Contributors:				
Kerry Crook	Human Resources Advisor	Resources	22/01/15	28/01/15
Angie White	Occupational Health & Counselling Services Manager	Resources	13/01/15	28/01/15
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Hugh Peacocke	Governance Services Officer	Resources	22/01/15	28/01/15
Names of approvers: (officers and members)				
Shokat Lal	Assistant Director	Resources	30/01/15	12/02/2015
Julie Newman	Children & Adult Legal Service Manager	Resources	30/01/15	03/02/15
Councillor Gannon	Cabinet Member	Coventry City Council	1902/15	23/02/15
Chris West	Executive Director	Resources	30/01/15	09/01/15

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

April – December 2014	April – December 2013	Annual Target 2014/2015
6.71	6.38	8.5

This demonstrates an increase of 0.33 days per FTE compared to 2013/2014.

Chief Executive's Directorate

April – December 2014	April – December 2013	Annual Target 2014/2015
1.65	4.0	5.0

This demonstrates a reduction of 2.35 days per FTE compared to 2013/2014.

Place Directorate

April – December 2014	April – December 2013	Annual Target 2014/2015
7.53	8.31	10.4

This demonstrates a reduction of 0.78 days per FTE compared to 2013/14.

People Directorate

April – December 2014	Annual Target 2014/2015
7.59	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

April – December 2014	April – December 2013	Annual Target 2014/2015
4.69	4.57	6.3

This demonstrates an increase of 0.12 days per FTE compared to 2013/14.

Support Staff in Schools

April – December 2014	April – December 2013	Annual Target 2014/2015
6.91	6.28	9.0

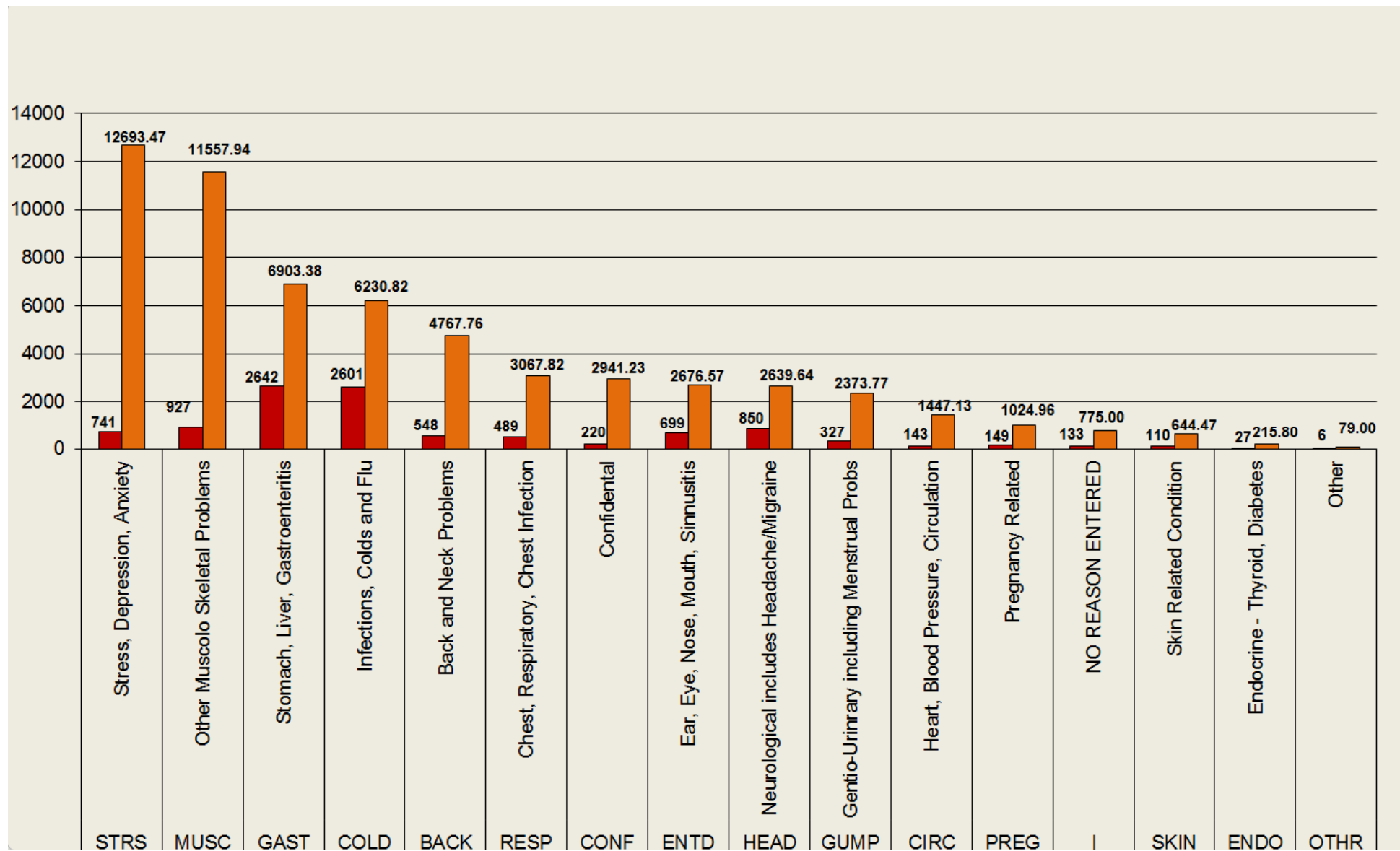
This demonstrates an increase of 0.63 days per FTE compared to 2013/2014.

Resources Directorate

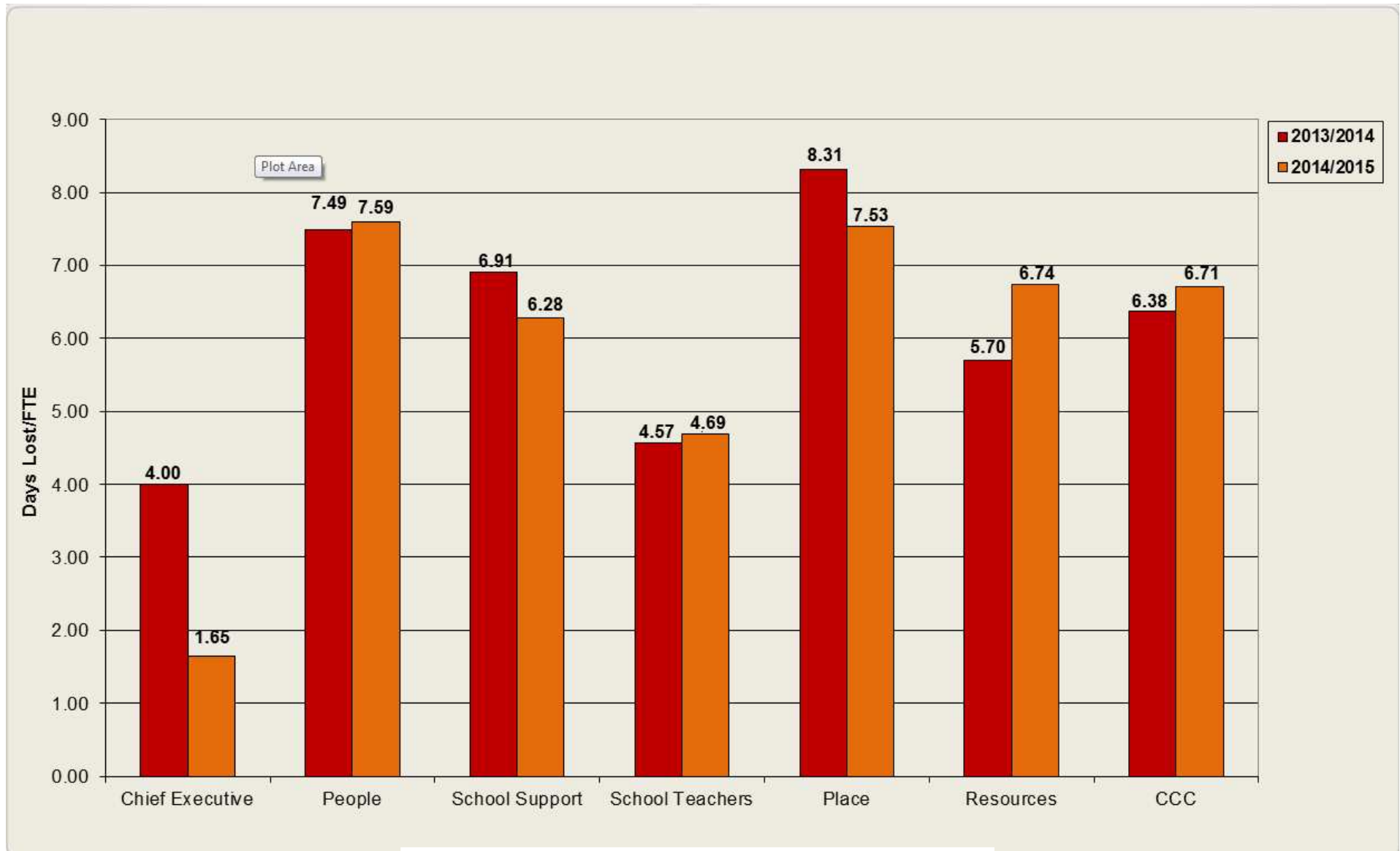
April – December 2014	Annual Target 2014/2015
6.74	7.5

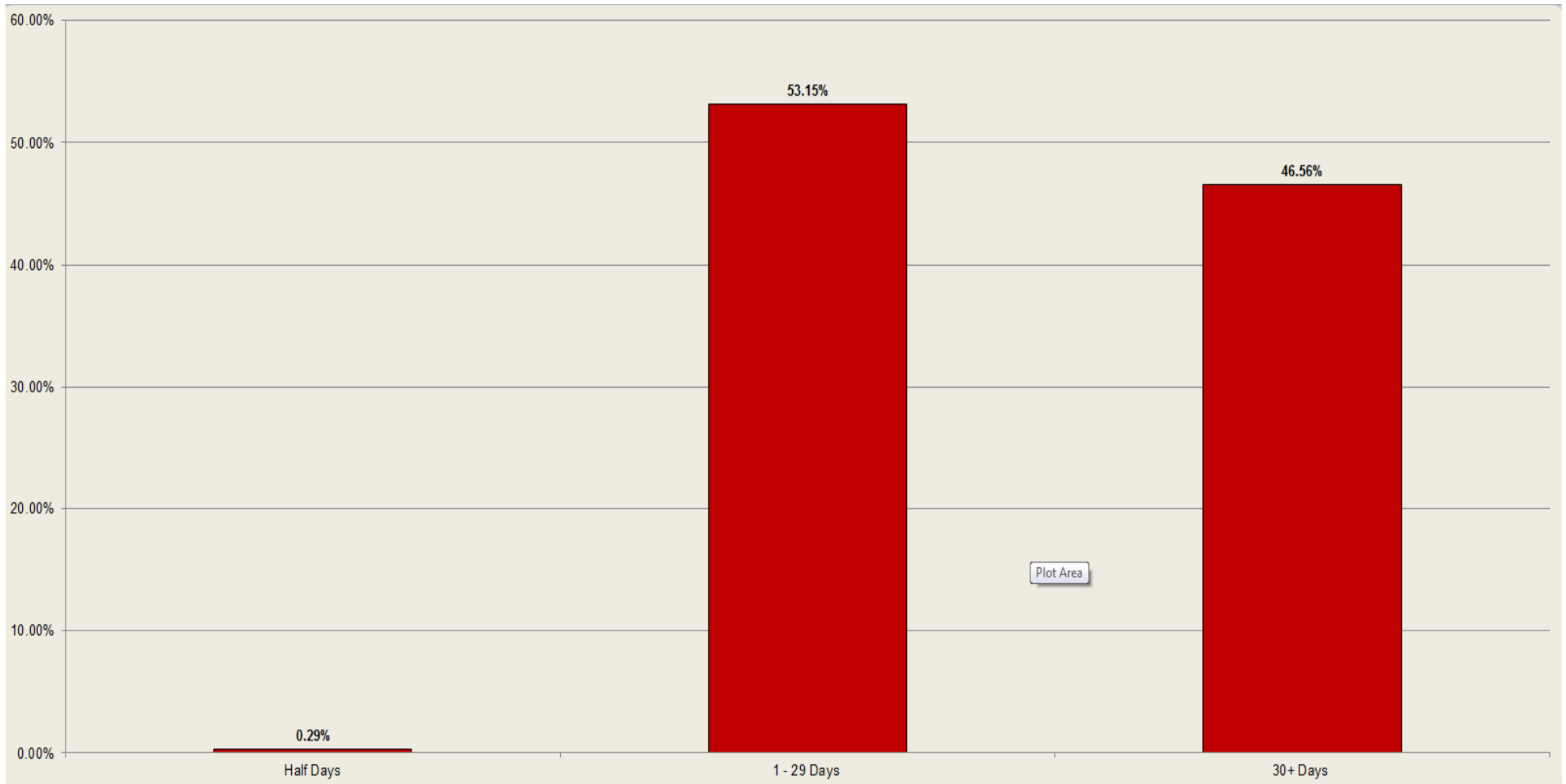
Due to the change in the structures and composition of Directorates, an accurate evaluation against last year's performance / statistics is not directly comparable.

Coventry City Council – Reasons for Absence
April – December 2014

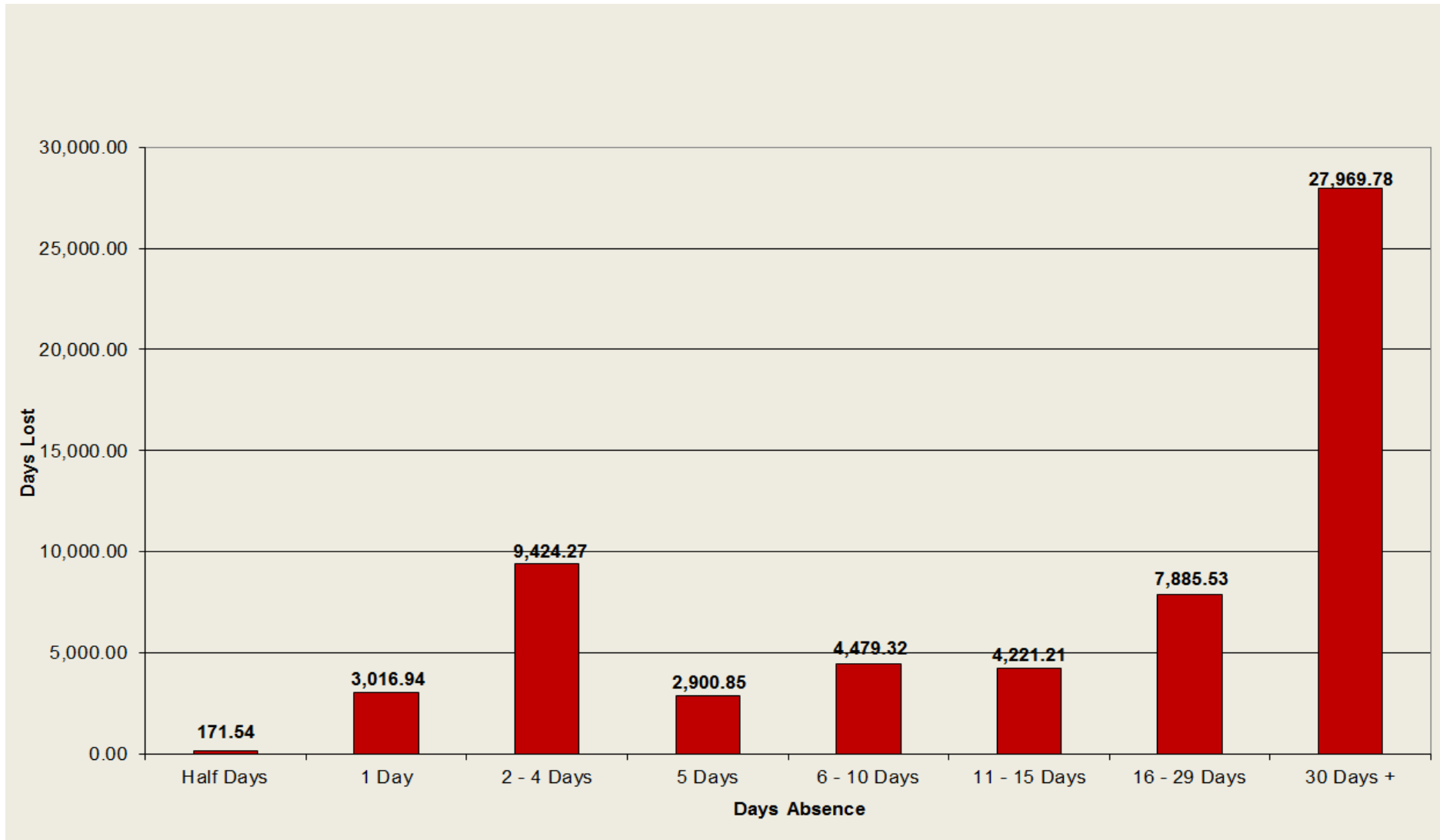


April – December 2013 vs. April – December 2014
Days Lost Per FTE





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



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
1st April 2014 – 31st March 2015

Activity	April- June 2014	July- September 2014	October- December 2014	January- March 2015	Total for Year
Pre-Employment health assessments	227	279	193		699
<u>October - December 2014</u> From the pre-employment assessments, 106 required additional advice and guidance to be given to the employing manager. 27% 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	472	443	361		1276
Ill health conditions reported/investigated as work related	72	58	35		165
Work Place assessments carried out	6	6	1		13
Case conferences carried out	7	2	2		11
Vaccinations and blood tests	36	11	695		742
<u>October - December 2014</u> Ill health condition reported as work related (breakdown): 8 musculoskeletal; 5 mental health/depression; 22 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 62% reports sent to HR/schools within 3 working days					
Vision screening and other surveillance procedures	96	65	116		277
<u>October – December 2014</u> From the 116 screenings which took place 2 required additional intervention to prevent a deterioration in health and maintain the employee in work.					
Healthy Lifestyles screens and follow up appointments	129	142	114		385
<u>October – December 2014</u> From the initial healthy lifestyle screens, 38 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.					
Self-referrals	7	8	6		21

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 Promoting 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
New referrals for counselling	148	137	153		438
Counselling sessions	648	637	580		1865
The table below provides a breakdown of reasons for referral					
Mediation					
Anxiety Management group attendance including CBT	4	3	3		10
Numbers trained in managing mental health, stress and interpersonal issues in the workplace	37	17	16		
Stress Risk Assessments (number of employees involved)	110	44	211		365
Service evaluation					
Number of employees completing questionnaire	56	23	69		148
Counselling helped avoid time off work (not on sick leave)	43	15	39		97
Counselling helped early return to work (on sick leave when counselling started)	8	7	21		36
Did not affect sickness absence	5	1	9		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