

Cabinet Member for Strategic Finance and Resources

13 July 2015

**Name of Cabinet Member:**

Cabinet Member for Strategic Finance and Resources – Councillor Gannon

**Director Approving Submission of the report:**

Executive Director of Resources

**Ward(s) affected:**

None

**Title:**

12 month (April 2014 – March 2015) 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 for Strategic Finance and Resources to monitor:

- Levels of sickness absence for the 12 month period of 2014/2015.
- The actions being taken to manage absence and promote health at work across the City Council.

**Recommendations:**

Cabinet Member for Strategic Finance and Resources is asked to receive this report providing sickness absence data for the 12 month period of 1 April 2014 – 31 March 2015 and endorse the actions taken to monitor and manage sickness.

**List of Appendices included:**

Appendix 1	Coventry City Council – Days Lost per FTE 2003 - 2015
Appendix 2	Directorate Summary Out-turn 2014 / 2015 vs. 2013 / 2014
Appendix 3	Coventry City Council Reasons for Absence (2014 / 2015)
Appendix 4	Days Lost per FTE, by Directorate (2014 / 2015)
Appendix 5	Coventry City Council Percentage Breakdown of Absence (2014 / 2015)
Appendix 6	Coventry City Council Spread of Sickness Absence, by Length of Days (2014 / 2015)
Appendix 7 & 8	Summary of Occupational Health & Counselling Services Activities Undertaken (2014 / 2015)

**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 (April 2014 – March 2015) 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>
2014/15 - Quarter 4	9.40	10.14	6.86
2013/14 - Quarter 4	9.14	9.81	7.10

<b>Annual FTE Average Days Lost</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
2014/15 Outturn	9.40	10.14	6.86
2014/15 Target	8.50	9.13	6.30

## 1.4 Reasons for Absence

1.4.1 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April 2014 – March 2015 is Infections, Colds and Flu accounting for 3,979 occasions. The amount of time lost through Infections, Colds and Flu was 9551.47 days.
- The amount of time lost through Stress, Depression, and Anxiety was 17,734.52 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, third and fourth most prevalent reasons for time lost due to sickness absence were Other Musculo-Skeletal Problems (15,995.34 days); Infections, Colds and Flu (9,551.47 days) and Stomach, Liver and Gastroenteritis (9,537.96 days).

1.4.2 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).
- 2014/2015 out turn was **9.40** days (average sick days lost per full time equivalent employee).

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

- Decrease in the number of the occurrences of absence by **200** based on comparison with the same period last year.
- Decrease in the total days lost per FTE by **1,164.17** days based on comparison with the same period last year.
- Reduction of **10,433.21** working hours' lost based on comparison with the same period last year out-turn.
- Stress has reduced by **2,777.85** days based on comparison with the same period last year.
- Muscolo-Skeletal absence has increased by **481.52** days based on comparison with the same period last year. However, there has been a reduction of the occurrences by **190** based on comparison with the same period last year.
- Infection, Colds and Flu has increased by **401.61** days with an additional of **323** occasions, based on comparison with the same period last year.
- Chest, Respiratory, Chest Infection has increased by **490.04** days with an increase in **85** occasions, based on comparison with the same period last year.

1.4.4 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.

## **1.5 Frequent and Long Term Absence**

1.5.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during 2014/2015.

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

## **1.6 Dismissals through Promoting Health at Work Corporate Procedure**

1.6.1 During 2014 / 2015 there have been a total of **33** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **14** dismissals have been due to ill health retirement and **19** 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**

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 employee's 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 rationale 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 4.

## **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:

- Provision of free taster sessions of squash, tennis and the Gym for Council employees through Coventry and North Warwickshire Sports Club.
- Continuation and promotion of the volunteer workplace Health Champions Scheme.
- Try the CC4 stair challenge - Workplace Health Champion Robert Houghton ran a pilot local workplace health event during March for people who occasionally use the stairs at CC4 from the ground floor to the 9th floor, which is 180 steps.
- 10 minutes to change your life - free 10 minutes to change your life guides by The British Heart Foundation each containing a week-long challenge to help individuals get started.
- Free guided Relaxation for Panic Attacks and Anxiety Management using Cognitive Behavioural Therapy (CBT).
- Continuation of a support group for employees who have relatives with mental health. The purpose of this group is for individuals to meet up with others to share their thoughts and experiences and to support their own wellbeing.
- Continuation of the Smoking Cessation 12-week course to assist employees to give up smoking.
- Continuation of the Body Beautiful Workshops.
- A Cook and Eat Well session gave Council staff tips on how to have a healthy diet.
- Council staff who live across the border in Warwickshire were invited to get some tips from The Master Gardeners scheme run at Ryton Organic Gardens to help people across Warwickshire to get back out in their garden and start growing their own fruit and vegetables.
- DEN (Disabled Employee Network) – Promotion around raising awareness of effective communication with individuals who have disabilities and a Reasonable Adjustment process and support event.
- Running – The Magic Mile in Longford Park every 3<sup>rd</sup> Sunday of the month and the ‘Couch to 5K programme’, which can turn a couch potato into a successful five kilometre runner over the course of nine weeks.
- Continuation of the Challenge Martin Table tennis sessions.

- Tennis Easter Holiday camps run at Warwick University.
- Cycling - Cycle Coventry ran a Cycle Safari. There was also a family-led ride with bike ride to Wyken Slough Pond and with 'BikeRight' and Warwickshire Wildlife Trust.
- Continuation with publication of the very popular & informative monthly Be Healthy Be Well newsletter to all employees.
- Continuation of the intranet page to advise and advertise promotion events for City Council employees.

### **2.3 Activities during Quarter 4 from the Occupational Health Team**

- We now have 50 enthusiastic employees as Workplace Health Champions in the work place who continue to help promote health and wellbeing in the workplace and motivate and empower employees to enjoy healthier lives.
- From the 64 Musculoskeletal cases closed in Quarter 4, 73% displayed a significant improvement in pain. This demonstrates a positive impact on musculoskeletal problems within the organisation, linked to a reduction in sickness absence.
- The Peoples Directorate 'Keeping Well at Work Pilot' continues to provide a fast-care Musculoskeletal (MSK) Service at Faseman House.
- The Fast Care Musculoskeletal Clinics for City Services. They have been evaluated and found to be effective in reducing the impact of musculoskeletal-related ill health.
- Macmillan Programme is on-going, working in partnership with the Macmillan Project Board to better support employees with cancer and employees supporting others with cancer through the Cancer Buddy Scheme. A resource package is available for all employees to access on the intranet.
- 'Body Beautiful' 3 Week Challenges took place in January and February 2015. Each week dealt with a different subject covering stress, healthy diet, exercise, coping with change and learning how to relax. 9 people attended the hour long sessions and took up the challenge, 5 stated it had helped them make a lifestyle improvement.
- 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.

- NHS Health Checks were commenced January – March 2015. 138 were carried out by the Health Promotion Nurses as part of the Occupational Health & Counselling Service Wellbeing Programme. NHS Health checks are aimed at individuals between 40 and 75 years of age who are registered with a Coventry GP. 100 were identified as having previously unidentified health problems, enabling interventions to take place before the onset of serious long term ill health, helping to reduce lifestyle related absence.
- Be Healthy Be Well Programme; supporting both the sickness absence and Public Health agenda. The average number of newsletter readers per month is 1338, not including the number of readers that do not access the newsletter through Beacon.

## 2.4 Targets 2015 / 2016

Detailed below are the targets 2015 / 2016.

Directorate	Target 2015 / 2016
Chief Executive	5.0
People	9.5
People Teachers	6.3
People School Support	9.0
Place	10.4
Resources	7.5
<b>Coventry City Council</b>	<b>8.5</b>

## 2.5 Comparison Information

Coventry City Council has collected sickness out turn data for 2014/15 for the other West Midlands Metropolitan Authorities.

West Midlands Metropolitan Authority	Days Lost per FTE
Wolverhampton	8.91 **
Walsall	9.60 **
Coventry	9.40
Solihull	10.17
Dudley	10.26
Birmingham	10.46**

**\*\* 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 of 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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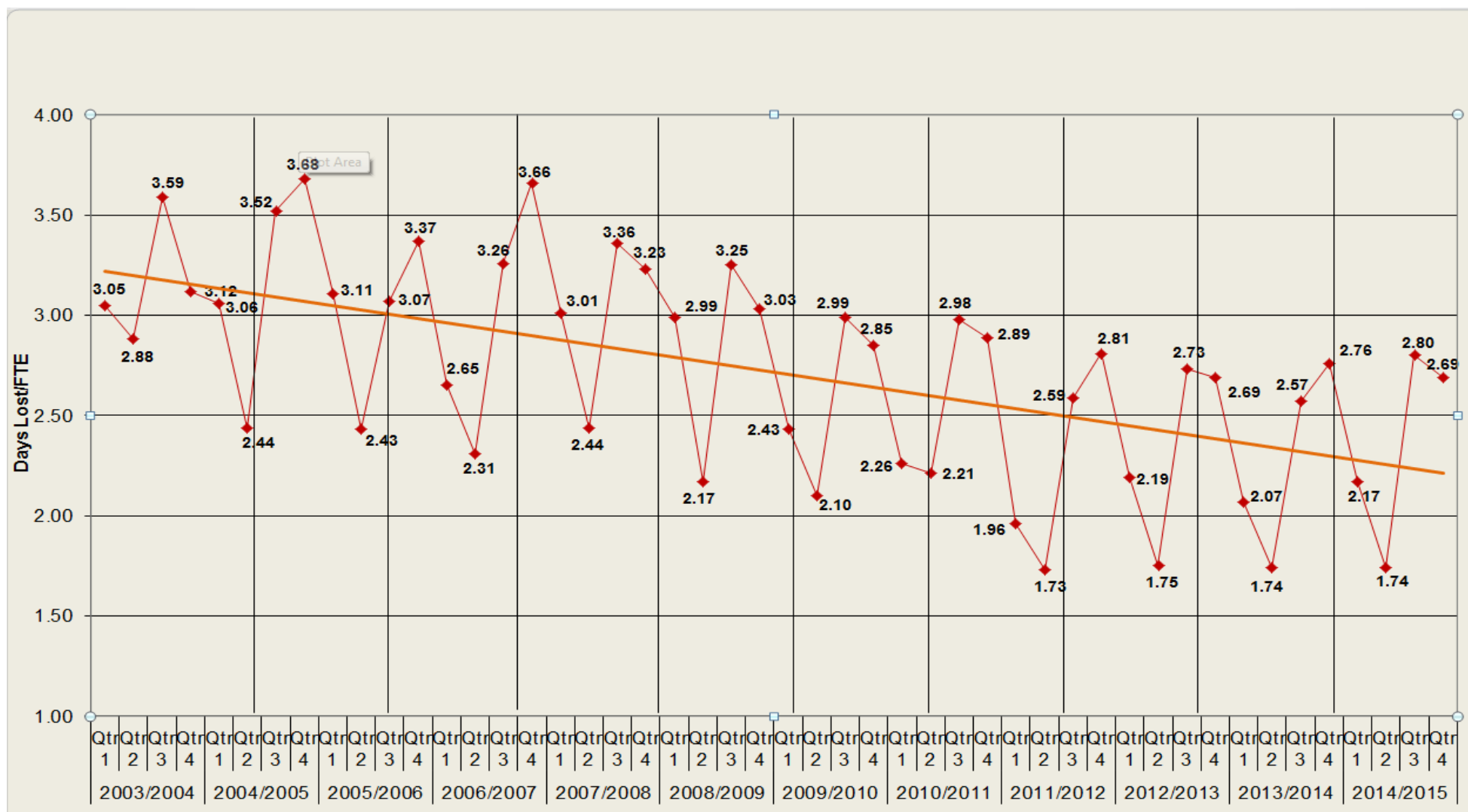
Enquiries should be directed to the above person.

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<b>Names of approvers:</b> (officers and members)				
Shokat Lal	Assistant Director	Resources	28/05/15	01/06/15
Julie Newman	Children & Adult Legal Service Manager	Resources	28/05/15	29/05/15
Councillor Gannon	Cabinet Member	Coventry City Council	22/06/15	22/06/15
Chris West	Executive Director	Resources	28/05/15	01/06/15

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 - 2015**



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

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
9.40	9.14	8.5

This demonstrates an increase of 0.26 days per FTE compared to 2013/14.

**Chief Executive's Directorate**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
2.38	5.09	5.0

This demonstrates a reduction of 2.71 days per FTE compared to 2013/14.

**Place Directorate**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
10.49	11.25	10.4

This demonstrates a decrease of 0.76 days per FTE compared to 2013/14.

**People Directorate**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
10.60	10.25	9.5

This demonstrates an increase of 0.35 days per FTE compared to 2013/14.

**Teachers in Schools**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
6.86	7.10	6.3

This demonstrates a reduction of 0.24 days per FTE compared to 2013/14.

### **Support Staff in Schools**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
9.92	9.36	9.0

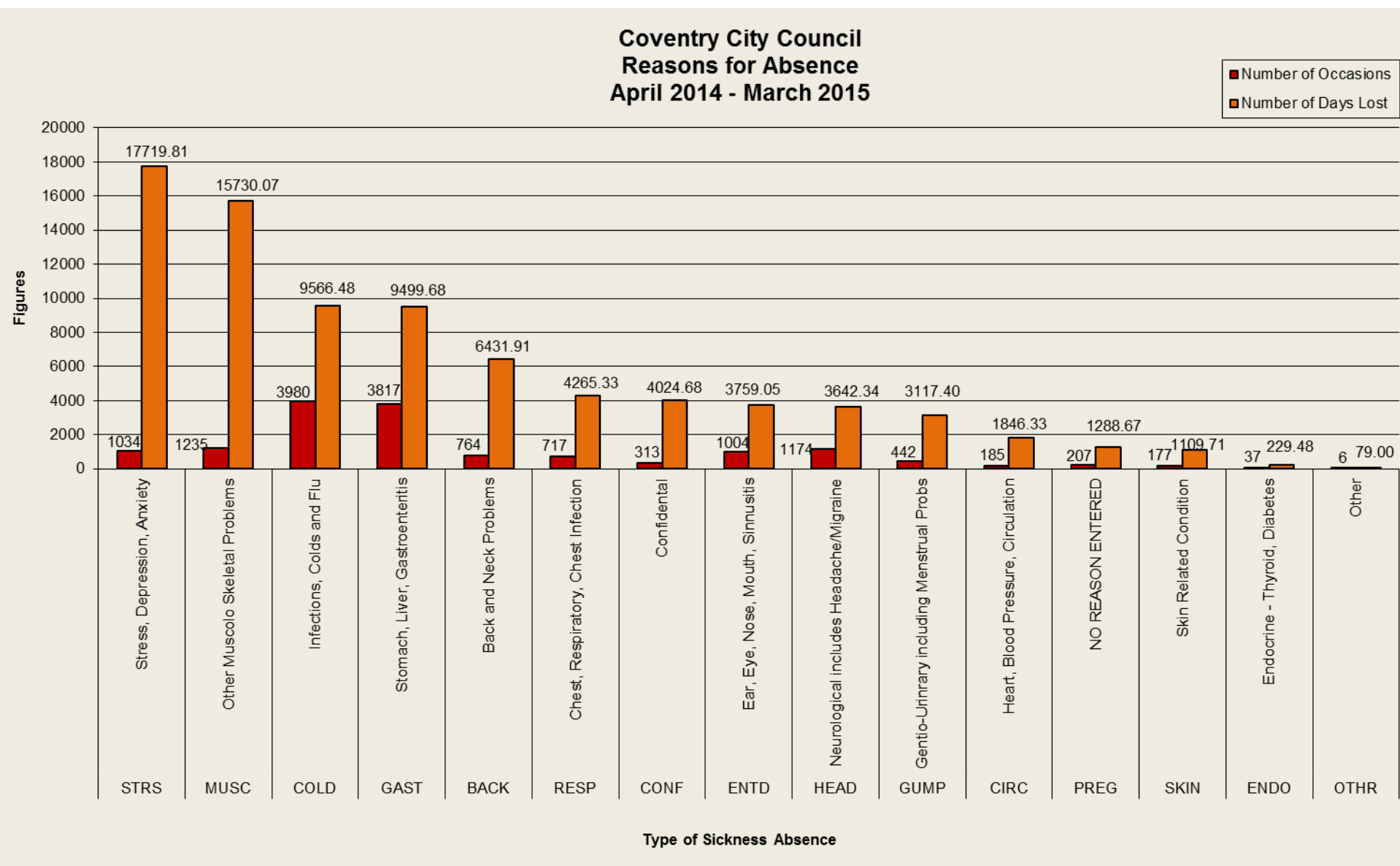
This demonstrates an increase of 0.56 days per FTE compared to 2013/14.

### **Resources Directorate**

<b>2014/2015</b>	<b>2013/2014</b>	<b>Annual Target 2014/2015</b>
8.88	7.49	7.5

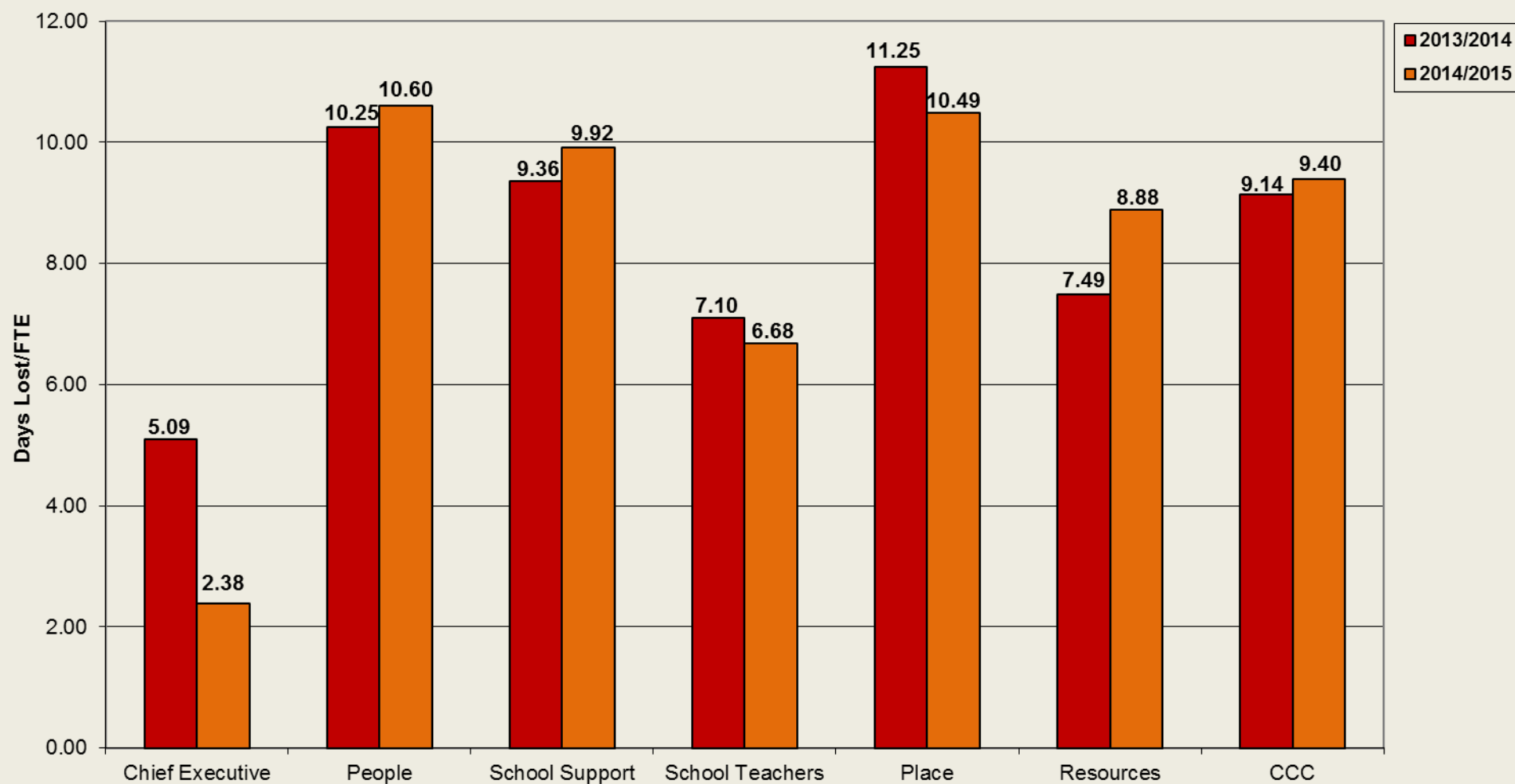
This demonstrates an increase of 1.39 days per FTE compared to 2013/14.

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



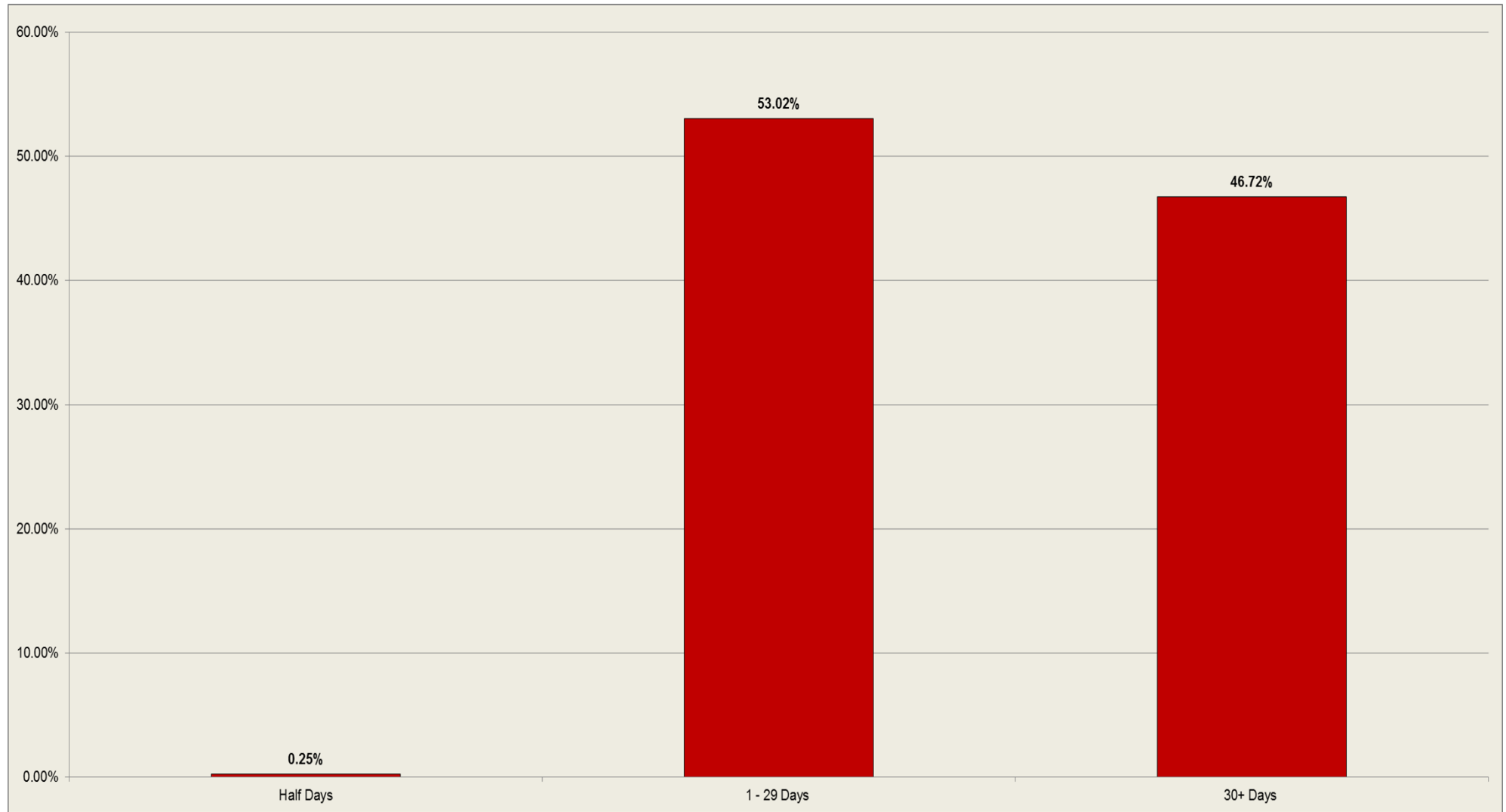


**2013/2014 vs. 2014/2015**  
**Days Lost Per FTE**

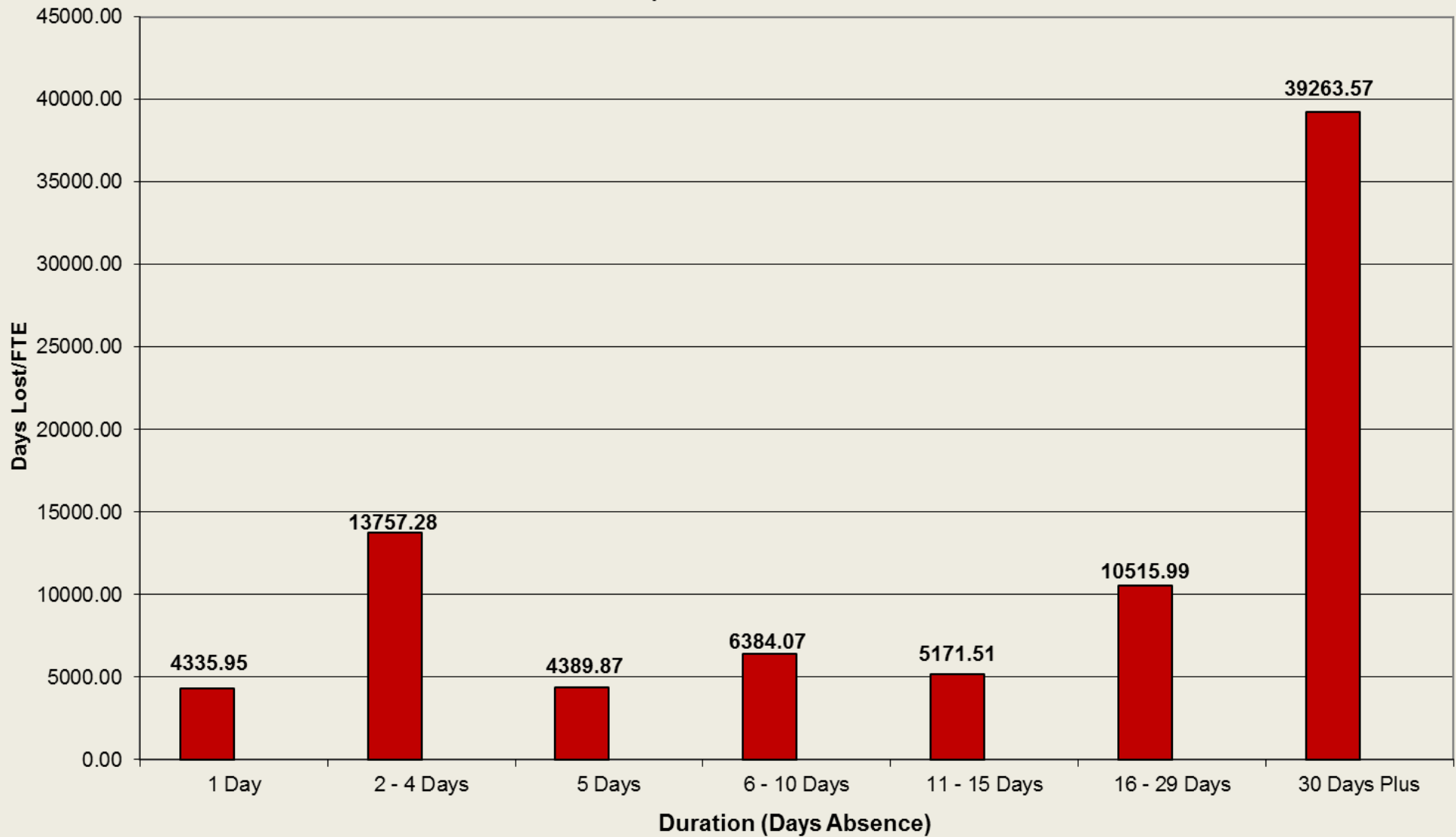


**Coventry City Council**  
**April 2014 – March 2015**  
**Sickness Absence – Percentage Breakdown**

Appendix 5



Coventry City Council  
Spread of Sickness Absence  
April 2014 - March 2015



**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>191</b>	<b>137</b>	<b>820</b>
<b>January – March 2015</b> From the pre-employment assessments, 28 required additional advice and guidance to be given to the employing manager. 19% of pre-employment forms were processed within 3 working days 100% clearance slips were returned to the Recruitment Team/School within 3 working days					
<b>Sickness absence health assessments and reviews</b>	<b>472</b>	<b>443</b>	<b>361</b>	<b>331</b>	<b>1607</b>
<b>Ill health conditions reported/investigated as work related</b>	<b>72</b>	<b>58</b>	<b>35</b>	<b>64</b>	<b>229</b>
<b>Work Place assessments carried out</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>13</b>
<b>Case conferences carried out</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>14</b>
<b>Vaccinations</b>	<b>36</b>	<b>11</b>	<b>695</b>	<b>16</b>	<b>758</b>
<b>January – March 2015</b> <b>Ill health condition reported as work related (breakdown):</b> 45 musculoskeletal; 5 mental health/depression; 14 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 43% reports sent to HR/schools within 3 working days					
<b>Vision screening and other surveillance procedures</b>	<b>96</b>	<b>65</b>	<b>116</b>	<b>71</b>	<b>348</b>
<b>January – March 2015</b> From the 71 screenings which took place 38 required additional intervention to prevent a deterioration in health and maintain the employee in work.					
<b>Healthy Lifestyles screens and follow up appointments</b>	<b>129</b>	<b>142</b>	<b>114</b>	<b>163</b>	<b>548</b>
<b>January – March 2015</b> From the initial healthy lifestyle screens, 42 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.					
<b>Self referrals</b>	<b>7</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>25</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**  
**1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015**

Appendix 8

Activity	Apr – Jun 2014	Jul – Sep 2014	Oct – Dec 2014	Jan – Mar 2015	Total for Year
<b>New referrals for counselling</b>	<b>148</b>	<b>133</b>	<b>153</b>	<b>142</b>	<b>580</b>
<b>Counselling sessions</b>	<b>648</b>	<b>637</b>	<b>580</b>	<b>591</b>	<b>2456</b>
The table below provides a breakdown of reasons for referral					
<b>Anxiety Management group attendance including CBT</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>13</b>
<b>Numbers trained in managing mental health, stress and interpersonal issues in the workplace</b>	<b>58</b>	<b>17</b>	<b>16</b>	<b>14</b>	<b>105</b>
<b>Stress Risk Assessments</b> (number of employees involved)	<b>110</b>	44	211	795	<b>1160</b>
<b>Service evaluation</b>					
Number of employees completing questionnaire	<b>56</b>	23	69	38	<b>186</b>
Counselling helped avoid time off work (not on sick leave)	<b>43</b>	15	39	29	<b>126</b>
Counselling helped early return to work (on sick leave when counselling started)	<b>8</b>	7	21	9	<b>45</b>
Did not affect sickness absence	<b>5</b>	1	90	0	<b>15</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.