
Cabinet Member for Strategic Finance and Resources

12 October 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:

3 month April – June 2015 Cumulative Sickness Absence 2015-2016

Is this a key decision?

No

Executive Summary:

To enable Cabinet Member for Strategic Finance and Resources to monitor:

- Levels of sickness absence for the 3 month period of April - June 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 3 month period of April to June 2015 and endorse the actions taken to monitor and manage sickness.

List of Appendices included:

Appendix 1 - Coventry City Council – Days Lost per FTE 2004 - 2015

Appendix 2 - Directorate Summary Out-turn (April – June 2015 vs. April – June 2014)

Appendix 3 – Coventry City Council Reasons for Absence (April – June 2015)

Appendix 4 - Days Lost per FTE, by Directorate (April – June 2014/2015 vs. 2015/2016)

Appendix 5 - Coventry City Council Percentage Breakdown of Absence (April – June 2015)

Appendix 6 - Coventry City Council Spread of Sickness Absence (By Length of Days) (April – June 2015)

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken (April – June 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: 3 Month (April – June 2015) Cumulative Sickness Absence 2015/2016

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
2014/15 – Quarter 1	2.17	2.33	1.58
2015/16 – Quarter 1	1.99	2.24	1.04

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2015/2016 Projected	8.84	9.87	5.35
2015/16 Target	8.50	9.14	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 – June 2015 is Stomach, Liver and Gastroenteritis accounting for 735 occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was 1,773.14 days.
- The amount of time lost through Stress, Depression, and Anxiety was 3,976.26 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 (3,024.00 days) and Stomach, Liver and Gastroenteritis (1,773.14 days).

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

- Quarter 1 (ending June 2009) out turn was **2.43** (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2010) out turn was **2.26** days (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2011) out turn was **1.96** days (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2012) out turn was **2.19** days (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2013) out turn was **2.07** days (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2014) out turn was **2.17** days (average sick days lost per full time equivalent employee).
- Quarter 1 (ending June 2015) out turn was **1.99** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 1 (2015/16) out turn with last years in the same period (2014/15), it reveals that:-

- Reduction of the occurrences of absence by **304** based on comparison with the same period last year.
- Reduction of total days lost per FTE by **2,117.54** days based on comparison with the same period last year.
- Reduction of **14,784.45** working hours' lost based on comparison with the same period last year out-turn.
- Reduction of **£148,655.58** in respect of cost of absence based on comparison with the same period last year.
- Stress has reduced by **115.76** days and by 25 occasions, based on comparison with the same period last year.
- Muscolo-Skeletal has reduced by **990.82** days and by 53 occasions, based on comparison with the same period last year.
- There has been an increase of 100.25 days lost due to Infection, Colds and Flu, but a reduction of 20 occasions based on comparison with the same period last year.

- Chest, Respiratory, Chest Infection has reduced by **26.5** days and by 20 occasions, based on comparison with the same period last year.

1.4.4 The data provided within Appendices 2 and 4 reflects each Directorates' performance and establishments.

1.5 Frequent and Long Term Absence

1.5.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during 2015/2016.

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 April – June 2015 there have been a total of **6** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **2** dismissals have been due to ill health retirement and **4** 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 1 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 on-going 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, it is confirmed there are no outstanding casework from absence triggers generated from Quarter 1.

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 1:

- **On Your Feet Campaign** – the 24th April 2015 was ‘On your feet’ day’ highlighting the fact that we all spend too much time sitting down and would be healthier and happier if we got on our feet more often. Staff across the Council including The Transformation Team, took on various challenges from standing for phone calls and meetings to sending fewer e-mails and walking to other offices instead.
- **“Step to the Summit” Scheme** – to help charity at the same time as getting fit – The workplace stair climbing challenge, from the World Cancer Research Fund encourages teams to try to climb to the top of Everest from the comfort of the office.
- **Guided relaxation for panic attacks** – guided relaxation is provided by the Counselling Service to help individuals to manage panic attacks, stress and anxiety. The groups consist of eight to 10 employees.
- **Relaxation and Anxiety Management** - continuation of free guided Relaxation for Panic Attacks and Anxiety Management using Cognitive Behavioural Therapy (CBT).
- **Rush Hour Challenge** – 3rd June 2015 which saw people travel actively to the Memorial Park from all different locations in the City.
- **The Colour Blast fun run** – Sunday 21st June 2015 is a happy, healthy and ridiculously fun 5k run held at the War Memorial Park.
- **Work Out @ Work Day** – 12th June 2015 encouraged staff to join in and continue the healthy habits being built up by teams across the Council. This included undertaking healthy lunchtime walks.
- **Golf** – opportunities for Adults to take up the game of golf and free Golf coaching at War Memorial Park.
- **Tennis** – opportunities to try tennis as part of the Great British Tennis Weekends on the 16th & 17th May and 13th & 14th June through The Lawn Tennis Association.
- **Table-Tennis** – continuation of the Challenge Martin Table tennis sessions.

- **International Day of Sports and Games** – 14th June 2015 at Fargo Village.
- **Workplace Challenge Midday Mile as part of Workplace Health Week** – Council staff stepped out for the official Workplace Challenge Midday Mile on the 20th May 2015 when staff were invited to meet up for a midday walk, jog, cycle or roller skate towards the War Memorial Park.
- **Coventry Cycling Festival** – fun for all the family in the green surroundings of Longford Park.
- **Get Active in the Workplace** – training on the 24th June 2015 aimed at inspiring volunteer employees to become a Workplace Activator and kick start physical activity in the workplace. The training is being delivered in partnership with the Council and Coventry and Warwickshire Sports and hosted by the Coventry Sports Foundation.
- **Assist-Mi** – is a new app that allows disabled people and people with restricted mobility to ask for assistance from service providers, retailers, offices and anywhere else they may wish to visit. This is currently being piloted and lists a directory of providers involved allowing two-way communication with the service provider so a user's needs can be met effectively.
- **Be Healthy Be Well newsletter** – continuation with publication of the very popular and informative monthly Be Healthy Be Well newsletter to all employees.

2.3 **Activities during Quarter 1 from the Occupational Health Team –**

- 2.3.1 The Occupational Health and Counselling team provide a vital role in supporting the management of the sickness absence process. Some of the key issues the team led on during quarter 1 of 2015/16 were:-
- Continued promotion of the **NHS Health Checks**. 106 were carried out as part of the Occupational Health and 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.
 - **Macmillan Programme** is on-going, working with the Macmillan Project Board to better support employees with cancer through the **Cancer Buddy Scheme**.
 - **The Fast Care Musculoskeletal Clinics** continues to be effective in reducing the impact of musculo-skeletal related ill health. Musculoskeletal: From the 98 cases closed, 83% demonstrated a significant improvement in pain and function. This demonstrates a positive impact on musculoskeletal problems within the organisation, linked to a reduction in sickness absence.
 - **Men's Health Week – 15th to 19th June**: Included visiting schools and workplaces Citywide, offering health checks, information and advice on lifestyle topics.

Employees were also offered health screening appointments and sports / deep tissue massage. The ergonomist also presented sessions at Whitley Depot relating to work place health conditions. Overall more than 150 attended. 50 screenings took place, 22 of whom had health problems identified.

- **Be Healthy Be Well Programme** - supporting both the sickness absence and Public Health agenda. The average number of newsletter readers per month is 1138, not including the number of readers that do not access the newsletter through Beacon.
- The Peoples' Directorate '**Keeping Well at Work Pilot**' continues to provide a fast-care Musculoskeletal (MSK) Service at Faseman House focused around social worker wellbeing.
- **Stress Audit Programme**: One Stress Audit was carried out this quarter. The audit was for the People Directorate. Managers continue to request stress audits, meeting Health and Safety Priorities.
- Two **Emotional Support Focus Groups** were run this quarter for employees working in the MASH Team. This was to help Social Workers working within a difficult service area.

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 on-going. 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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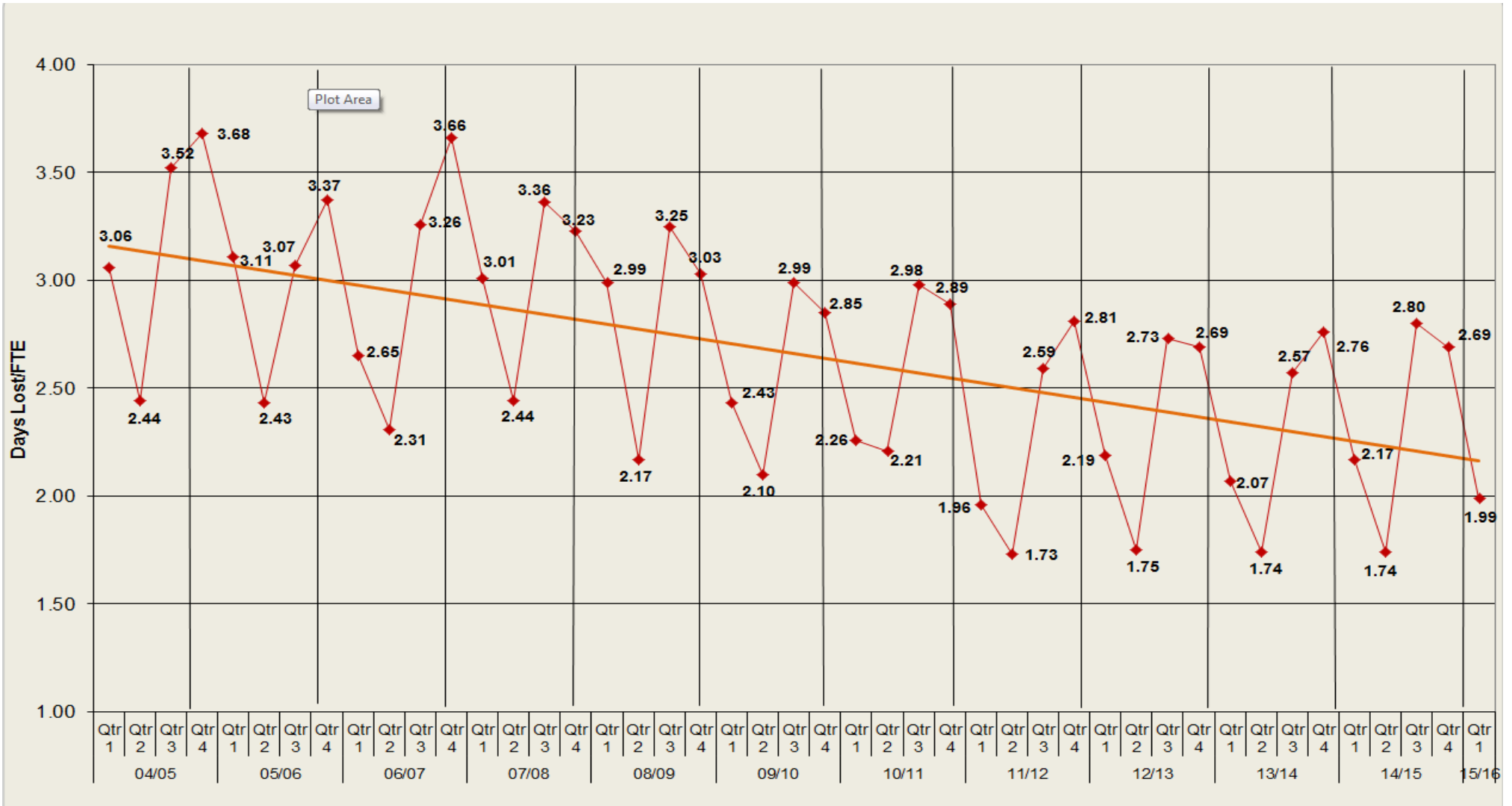
Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Kerry Crook	Human Resources Advisor	Resources	05/08/2015	10/08/2015
Angie White	Occupational Health & Safety Manager	Resources	05/08/2015	10/08/2015
Louise Hughes	Senior Accountant	Resources	10/08/2015	10/08/2015
Usha Patel	Governance Services Officer	Resources	21/09/2015	21/09/2015
Names of approvers: (officers and members)				
Shokat Lal	Assistant Director	Resources	12/08/2015	25/08/2015
Julie Newman	Children & Adult Legal Service Manager	Resources	12/08/2015	25/08/2015
Councillor Gannon	Cabinet Member	Coventry City Council	28/9/15	28/9/15
Chris West	Executive Director	Resources	12/08/2015	25/08/2015

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Days Lost per FTE
2004 - 2015



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

April – June 2015	April – June 2014	Annual Target 2015/2016
1.99	2.17	8.5

This demonstrates a reduction of 0.18 days per FTE compared to 2014/2015.

Chief Executive's Directorate

April – June 2015	April – June 2014	Annual Target 2015/2016
0.32	0.81	5.0

This demonstrates a reduction of 0.49 days per FTE compared to 2014/2015.

Place Directorate

April – June 2015	April – June 2014	Annual Target 2015/2016
2.39	2.89	10.4

This demonstrates a reduction of 0.5 days per FTE compared to 2014/2015.

People Directorate

April – June 2015	April – June 2014	Annual Target 2015/2016
2.72	2.31	9.5

This demonstrates an increase of 0.41 days per FTE compared to 2014/2015.

Teachers in Schools

April – June 2015	April – June 2014	Annual Target 2015/2016
1.04	1.58	6.3

This demonstrates a reduction of 0.54 days per FTE compared to 2014/2015.

Support Staff in Schools

April – June 2015	April – June 2014	Annual Target 2015/2016
2.12	2.31	9.0

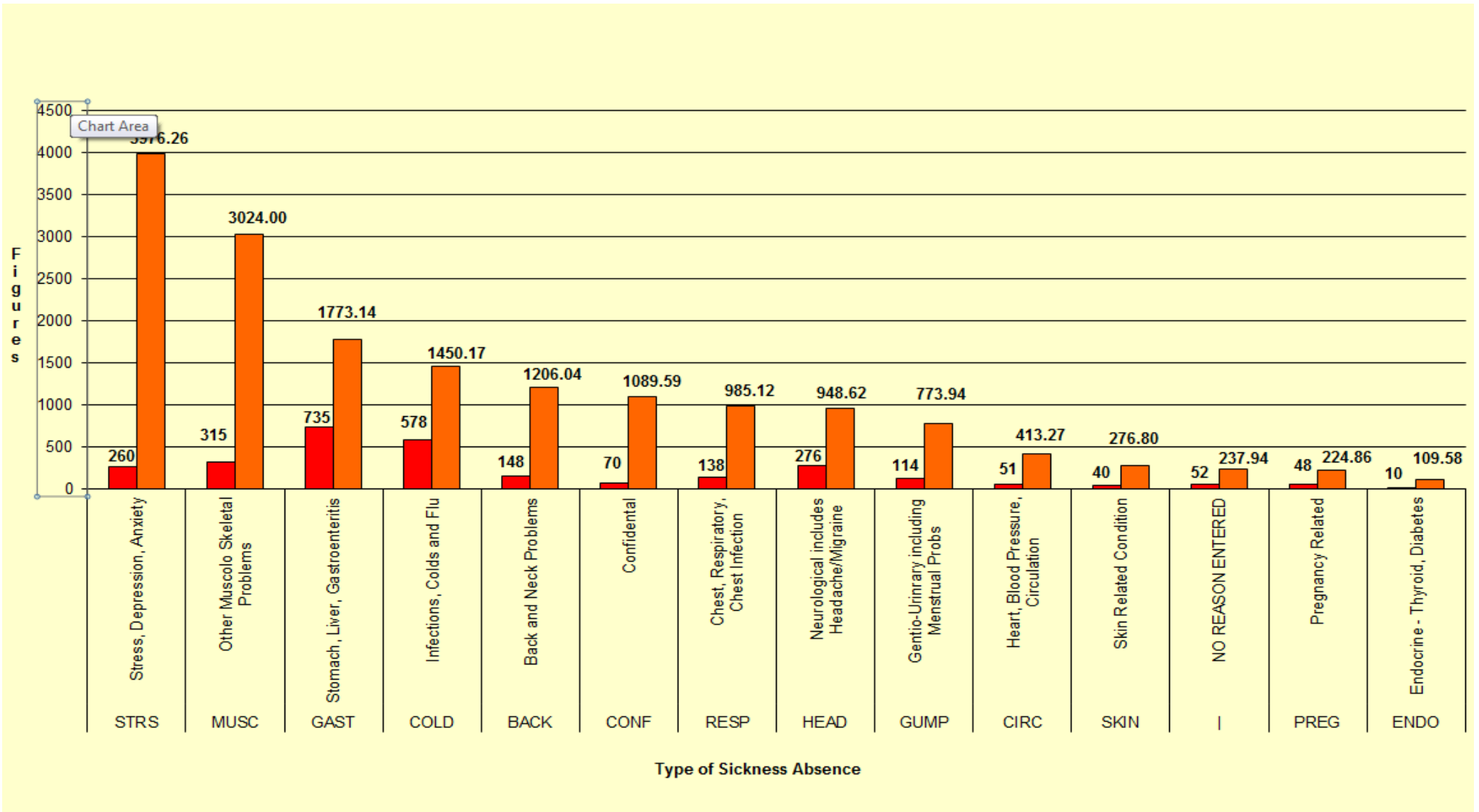
This demonstrates a reduction of 0.19 days per FTE compared to 2014/2015.

Resources Directorate

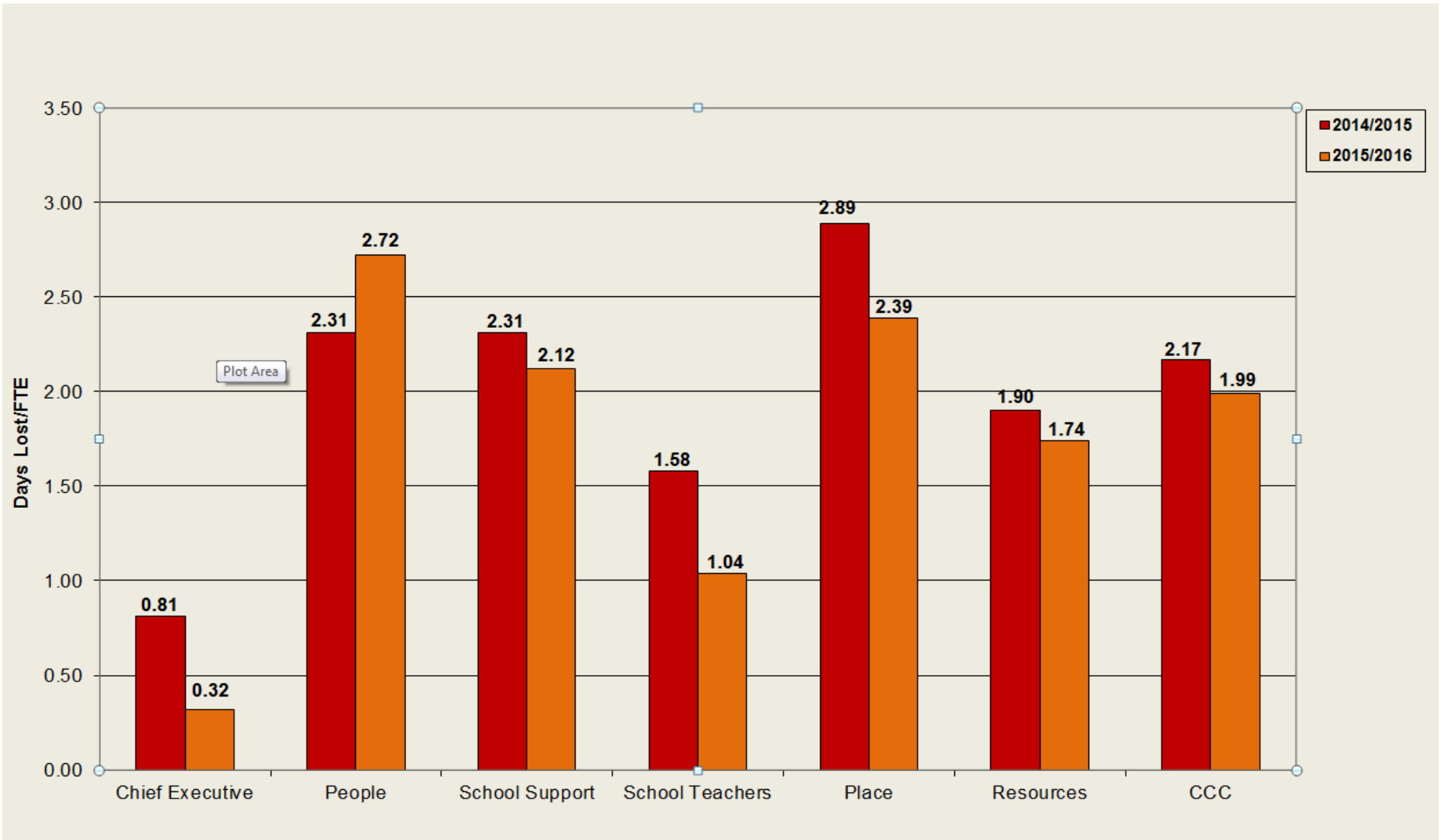
April – June 2015	April – June 2014	Annual Target 2015/2016
1.74	1.90	7.5

This demonstrates a decrease of 0.16 days per FTE compared to 2014/2015.

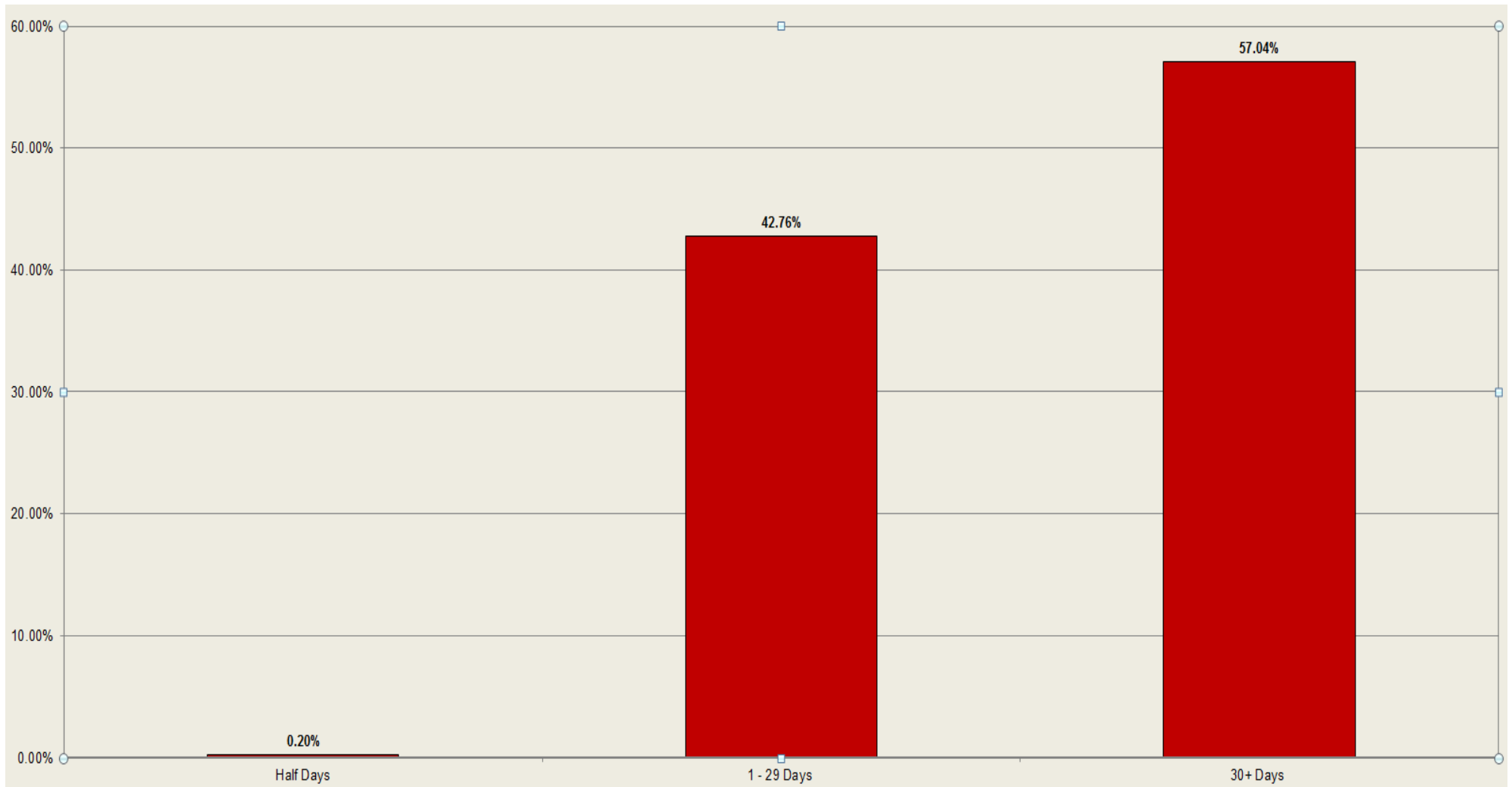
Coventry City Council – Reasons for Absence
April – June 2014



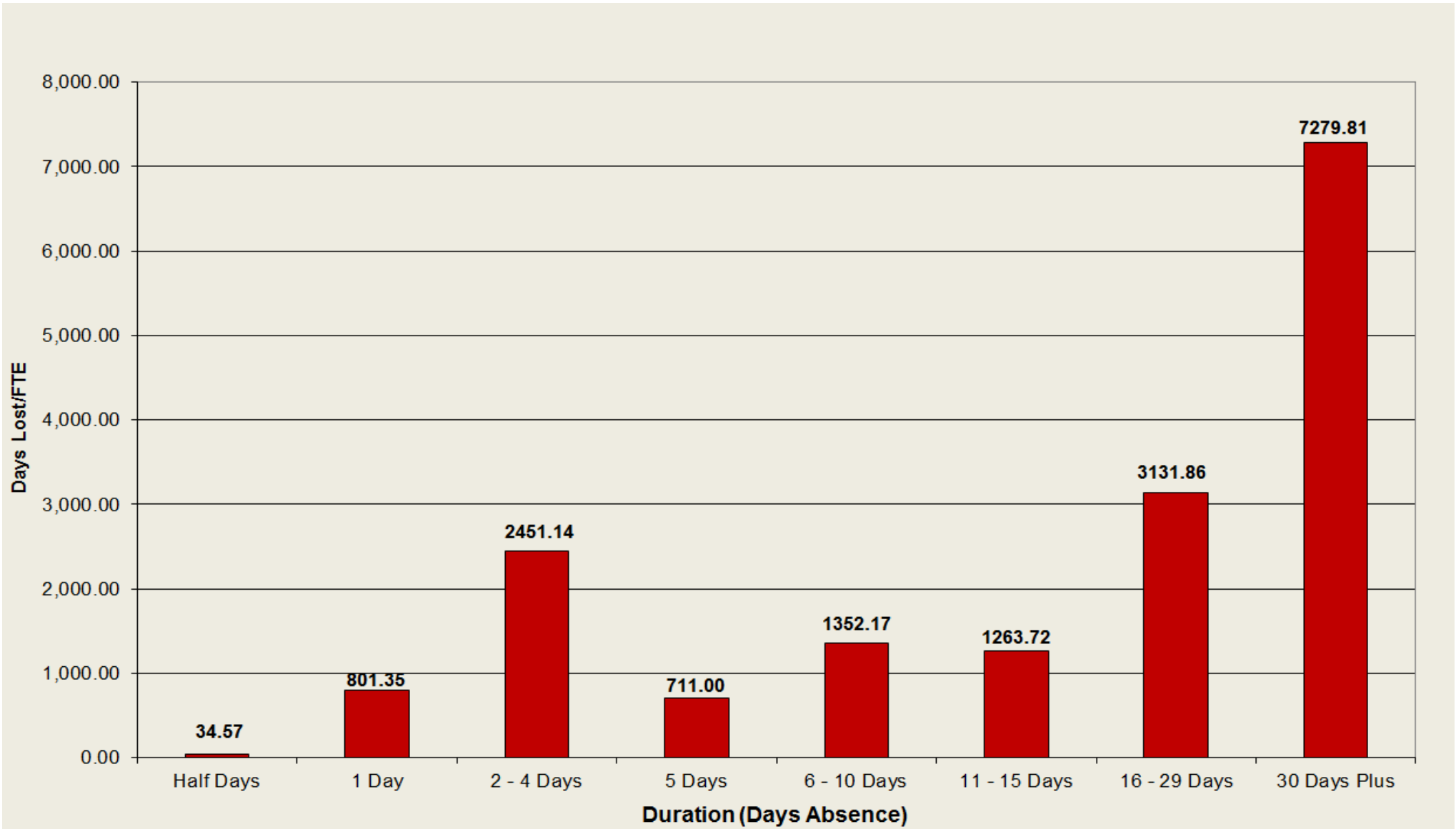
2014/2015 vs. 2015/2016
Days Lost Per FTE



Coventry City Council
Sickness Absence – Percentage Breakdown
2015/2016



Coventry City Council
2015/2016
Spread of Absence by Length of Days



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
1st April 2015 – 31st March 2016

Appendix 7

Activity	April-June 2015	July-September 2015	October-December 2015	January- March 2016	Total for Year
Pre-Employment health assessments	205				205
<p>April – June 2015 From the 205 pre-employment assessments, 110 required additional advice and guidance to be given to the employing manager. 33% 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>					
Sickness absence health assessments and reviews including case conferences	358				358
Ill health conditions reported/investigated as work related, including workplace assessments	69				69
<p>April – June 2015 Ill health condition reported as work related (breakdown): 48 musculoskeletal; 5 mental health/depression; 16 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 55% reports sent to HR/schools within 3 working days</p>					
Pre-Employment health assessments	205				205
<p>April – June 2015 From the 205 pre-employment assessments, 110 required additional advice and guidance to be given to the employing manager. 33% 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>					
Sickness absence health assessments and reviews including case conferences					
Vision screening and other surveillance procedures including vaccinations	80				80
<p>April – June 2015 From the 106 screenings which took place 54 required additional intervention to prevent a deterioration in health and maintain the employee in work.</p>					
Healthy Lifestyles screens and follow up appointments	129				129
<p>April – June 2015 From the initial healthy lifestyle screens, 54 were identified as having previously unidentified health problems, and where required offered a follow up appointment at the OHU or referred to their GP.</p>					
Vision screening and other surveillance procedures including vaccinations	80				80

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
2015/2016

Appendix 8

Activity	Apr – Jun 2015	Jul – Sep 2015	Oct – Dec 2015	Jan – Mar 2016	Total for Year
New referrals for counselling	98				98
Counselling sessions	624				624
The table below provides a breakdown of reasons for referral					
Mediation	0				0
Anxiety Management group attendance including CBT	0				0
Numbers trained in managing mental health, stress and interpersonal issues in the workplace	11				11
Stress Risk Assessments (number of employees involved)	16				16
Service evaluation					
Number of employees completing questionnaire	42				42
Counselling helped avoid time off work (not on sick leave)	28				28
Counselling helped early return to work (on sick leave when counselling started)	8				8
Did not affect sickness absence	6				6

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 Promoting Health at Work process.