
Cabinet Member for Strategic Finance and Resources

12 November 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:

6 month (April – September 2015) Cumulative Sickness Absence 2015-2016

Is this a key decision?

No

Executive Summary:

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

- Levels of sickness absence for the 6 month period of April – September 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 6 month period of April to September 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 – September 2015 vs. April – September 2014) |
| Appendix 3 | Coventry City Council Reasons for Absence (April – September 2015) |
| Appendix 4 | Days Lost per FTE, by Directorate (April – September 2014/2015 vs. 2015/2016) |
| Appendix 5 | Coventry City Council Percentage Breakdown of Absence (April – September 2015) |
| Appendix 6 | Coventry City Council Spread of Sickness Absence (By Length of Days) (April – September 2015) |
| Appendix 7 & 8 | Summary of Occupational Health & Counselling Services Activities Undertaken (April – September 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: 6 Month (April – September 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 (cumulative)	All Employees	All Employees (except Teachers)	Teachers
2014/15 – Quarter 2	3.91	4.58	2.48
2015/16 – Quarter 2	3.77	4.32	1.69

Annual FTE Average Days Lost	All Employees	All Employees (except Teachers)	Teachers
2015/2016 Projected	8.98	10.93	5.04
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 – September 2015 is Stomach, Liver and Gastroenteritis accounting for 1,315 occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was 3,198.77 days.
- The amount of time lost through Stress, Depression, and Anxiety was 7,528.44 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 (6,061.35 days) and Stomach, Liver and Gastroenteritis (3,198.77 days).

1.4.2 A comparison of year on year figures of days lost 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).
- Quarter 2 (ending September 2015) out turn was **3.77** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 2 (2015/16) out turn with last years in the same period (2014/15), it reveals that:-

- Reduction of the occurrences of absence by **572** based on comparison with the same period last year.
- Reduction of total days lost per FTE by **3,297.80** days based on comparison with the same period last year.
- Reduction of **22,816.01** working hours' lost based on comparison with the same period last year out-turn.
- Reduction of **£171,000** in respect of cost of absence based on comparison with the same period last year.
- Stress has increased by **194.24** days but had decreased by 16 occasions, based on comparison with the same period last year.
- Muscolo-Skeletal has reduced by **1,051.76** days and by 75 occasions, based on comparison with the same period last year.
- There has been a decrease of 67.73 days lost due to Infection, Colds and Flu, and 67 occasions based on comparison with the same period last year.
- Chest, Respiratory, Chest Infection has reduced by **217.97** days and by 6 occasions, based on comparison with the same period last year.

- Stomach, Liver, Gastroenteritis has reduced by **716.64** days and by 77 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 – September 2015 there have been a total of **10** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **4** dismissals have been due to ill health retirement and **6** 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 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 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, it is confirmed there are seventeen outstanding cases from absence triggers generated from Quarter 2. Of these outstanding triggers thirteen are within Adult Social Care Operations; three are within Education Adult Learning & Libraries; and one is within Safeguarding Performance & Quality.

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 the Occupational Health, Safety and Wellbeing 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:

- **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 ten employees.
- **Relaxation and Anxiety Management** - continuation of free guided Relaxation for Panic Attacks and Anxiety Management using Cognitive Behavioural Therapy (CBT).
- **Assist-mi®**– is a revolutionary 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 within Coventry City Centre and lists a directory of providers involved allowing two-way communication with the service provider so a user's needs can be met effectively. After the pilot it is hoped that the app will be rolled out across the whole City.
- **Be Healthy Be Well newsletter** – continuation with publication of the very popular and informative monthly Be Healthy Be Well newsletter to all employees.
- **Sky Ride Local** – a series of free guided bike rides in the City during August 2015, in partnership with British Cycling and Sky.
- **Free cycle training** – offered to Council employees.
- **World Cancer Research Fund UK Towers Challenge** – The Council are teaming up with the World Cancer Research Fund and StepJockey to launch the Towers Challenge where Council staff are challenged to climb the stairs in CC4.
- **The Youth Service Summer Activities programme** – a series of events to keep youngsters busy and active this summer.
- **Fire and Earth** – offered discounted deals for Council staff on massage and relaxation treatments at all their locations.
- **Smoking Cessation** – Stop Smoking campaign to raise awareness of the free NHS Smokefree app, a four week programme that puts practical support, encouragement and tailored advice in the palm of your hand. This complements

the continued support available through Occupational Health's Smoking Cessation programme.

- **Cancer Support** – The Council's on-going partnership with Macmillan Cancer Support, which aims to improve the lives of people affected by cancer in the City, including Council employees. Steps are being taken to ensure that all Managers working for the Council have the skills and information they need to support an employee with a cancer diagnosis. This includes continuation of the Cancer Buddy Scheme and Cancer Awareness training sessions. To help those outside the Council, there are now five Macmillan Cancer Information hubs at libraries across Coventry stocked with a wide range of cancer information resources covering many of the issues commonly faced by those affected by cancer.
- **Be Healthy Be Well newsletter** – continuation with publication of the very popular and informative monthly Be Healthy Be Well newsletter to all employees.

2.2 Activities during Quarter 2 from the Occupational Health, Safety and Wellbeing Team

- Support has been provided to teams moving into the Customer Service Centre in Broadgate House. Focusing on: potential violence and aggression issues; MSK; individual service risk assessments and Health & Safety procedures.
- Support has been provided to schools to ensure appropriate assessments for pupils with behavioural issues (main stream and special schools).
- A Mental Wellbeing clinic has been set up at Whitley Depot for direct support with mental health issues.
- Mental Wellbeing Awareness training has been organised through MIND, for managers in the People and Places Directorates.
- E-learning for resilience has been developed and is now available.
- A leaflet on taking care of your shoulders for teachers, including exercises and good work practice, has been prepared for distribution.
- Stretch and flex sessions for Adult Social Care have been delivered in the workplace with 67 people taking part. Staff awareness of posture/preventing back pain rose from 38% to 96%.
- Three week 'Body Beautiful' challenge took place 17th, 24th June and 1st July.
- The Peoples Directorate 'Keeping Well at Work Clinics' continue to provide a fast-care Musculoskeletal (MSK) Service at Faseman House.

- The Fast Care Musculoskeletal Clinics for City Services have been evaluated and found to be effective in reducing the impact of MSK related ill health.
- Risk assessment guidance and templates have been updated on Beacon.
- Support has been provided to review manual handling risk assessments around waste collection for Places Directorate.

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 areas of Occupational Health, Safety and Wellbeing, 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, Safety and Wellbeing 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.

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

Jaz Bilen, HR Business Partner

Directorate:

Resources

Tel and email contact:

024 7683 1054

jasbir.bilen@coventry.gov.uk

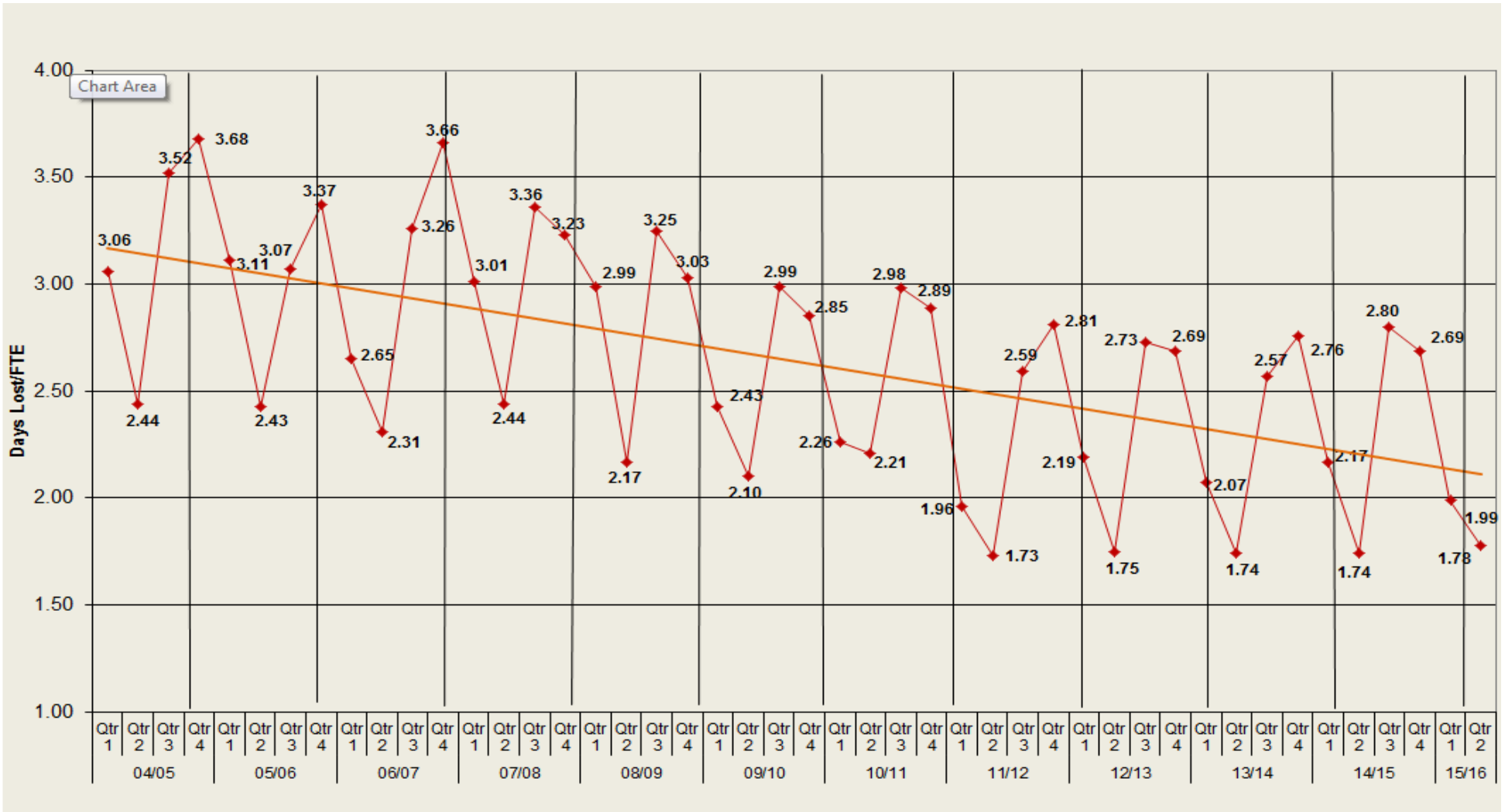
Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Kerry Crook	Human Resources Advisor	Resources	13/11/2015	18/11/2015
Angie White	Occupational Health & Safety Manager	Resources	13/11/2015	18/11/2015
Louise Hughes	Senior Accountant	Resources	13/11/2015	18/11/2015
Usha Patel	Governance Services Officer	Resources	13/11/2015	18/11/2015
Names of approvers: (officers and members)				
Shokat Lal	Assistant Director	Resources	13/11/2015	18/11/2015
Julie Newman	Children & Adult Legal Service Manager	Resources	13/11/2015	18/11/2015
Councillor Gannon	Cabinet Member	Coventry City Council	20/11/2015	23/11/2015
Chris West	Executive Director	Resources	13/11/2015	18/11/2015

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

Appendix 2

Coventry City Council

April – September 2015	April – September 2014	Annual Target 2015/2016
3.77	3.91	8.5

This demonstrates a reduction of 0.14 days per FTE compared to 2014/2015.

Chief Executive's Directorate

April – September 2015	April – September 2014	Annual Target 2015/2016
0.43	1.17	5.0

This demonstrates a reduction of 0.74 days per FTE compared to 2014/2015.

Place Directorate

April – September 2015	April – September 2014	Annual Target 2015/2016
4.73	5.17	10.4

This demonstrates a reduction of 0.44 days per FTE compared to 2014/2015.

People Directorate

April – September 2015	April – September 2014	Annual Target 2015/2016
5.70	4.63	9.5

This demonstrates an increase of 1.07 days per FTE compared to 2014/2015.

Teachers in Schools

April – September 2015	April – September 2014	Annual Target 2015/2016
1.69	2.48	6.3

This demonstrates a reduction of 0.79 days per FTE compared to 2014/2015.

Support Staff in Schools

April – September 2015	April – September 2014	Annual Target 2015/2016
3.46	3.77	9.0

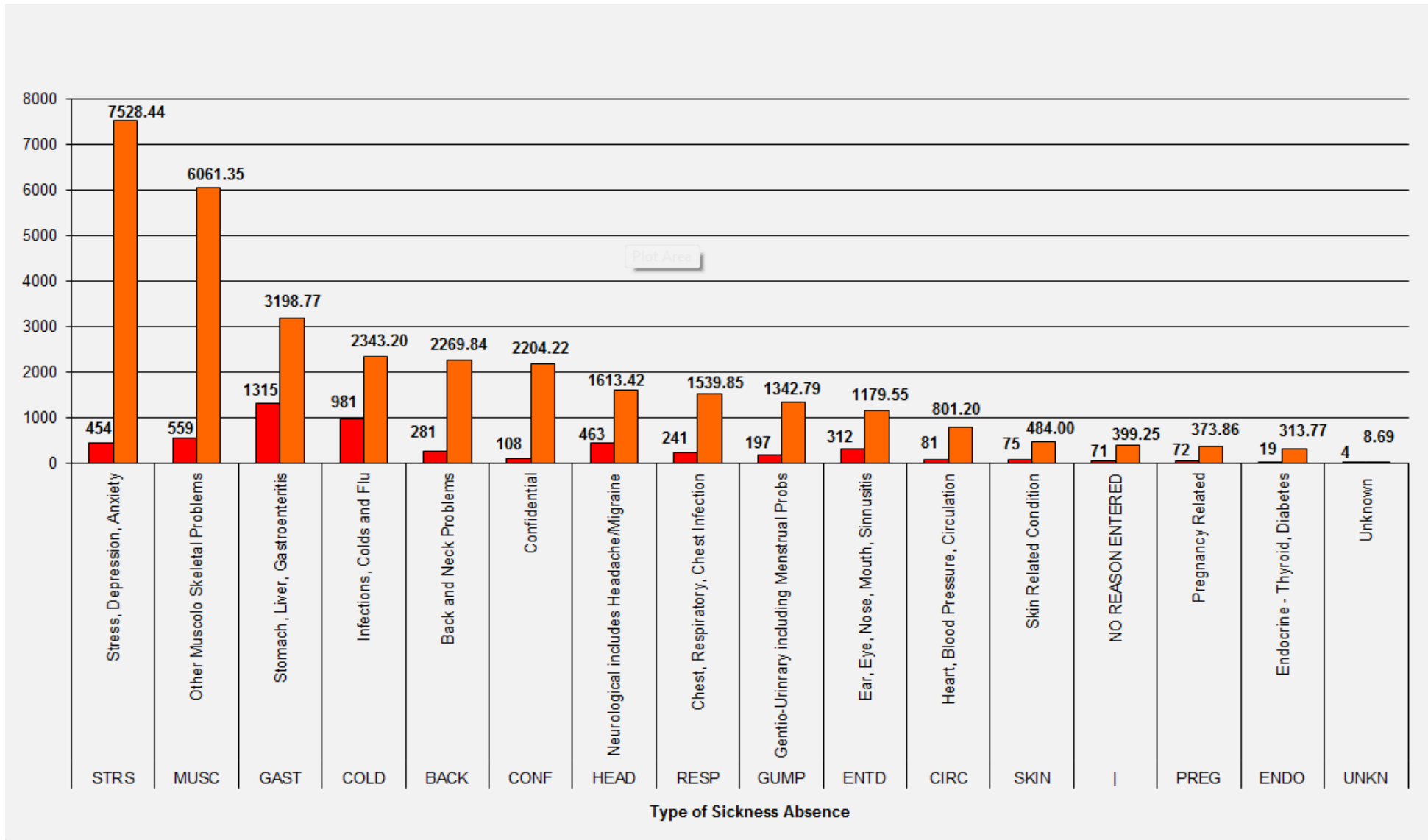
This demonstrates a reduction of 0.31 days per FTE compared to 2014/2015.

Resources Directorate

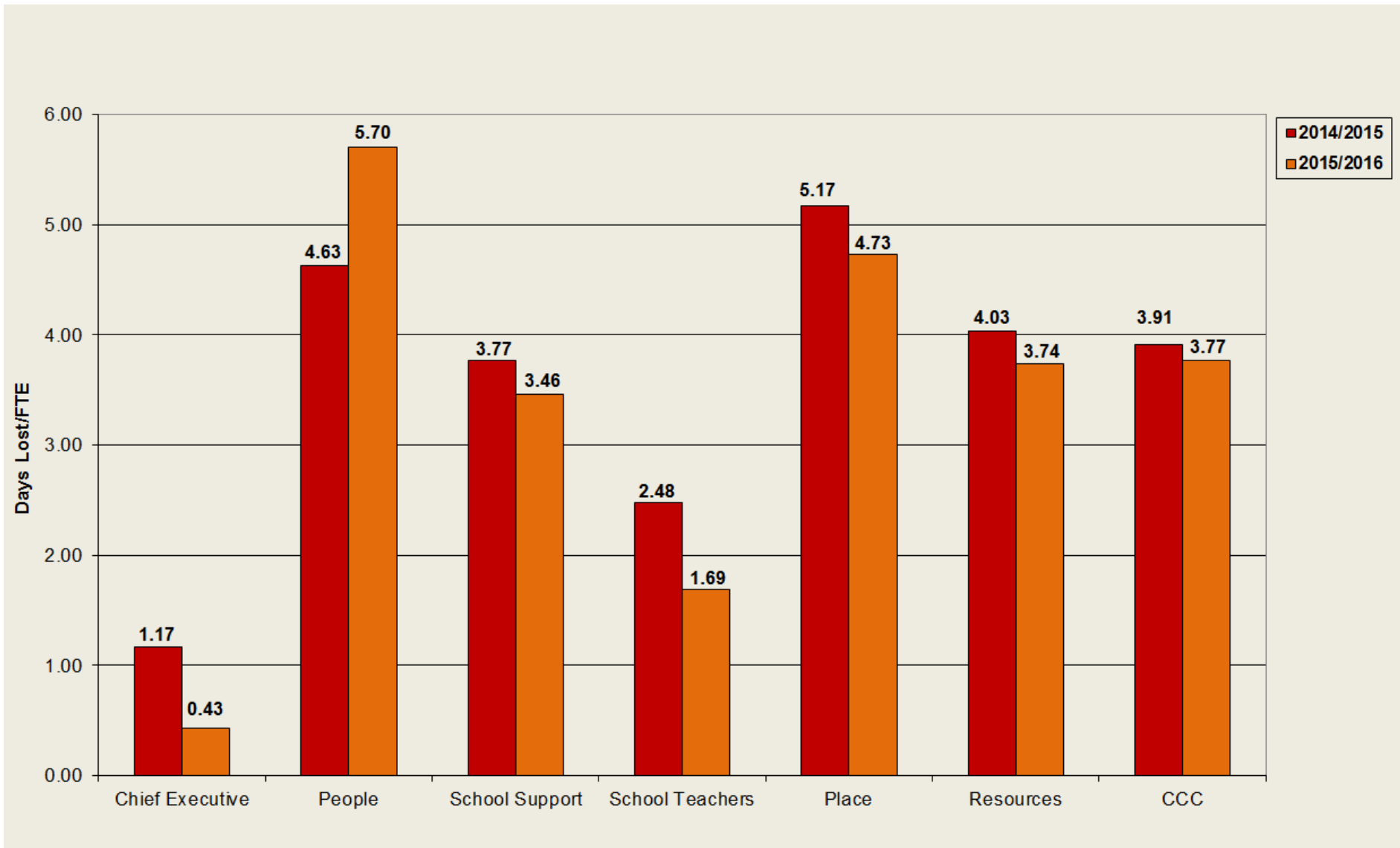
April – September 2015	April – September 2014	Annual Target 2015/2016
3.74	4.03	7.5

This demonstrates a decrease of 0.29 days per FTE compared to 2014/2015.

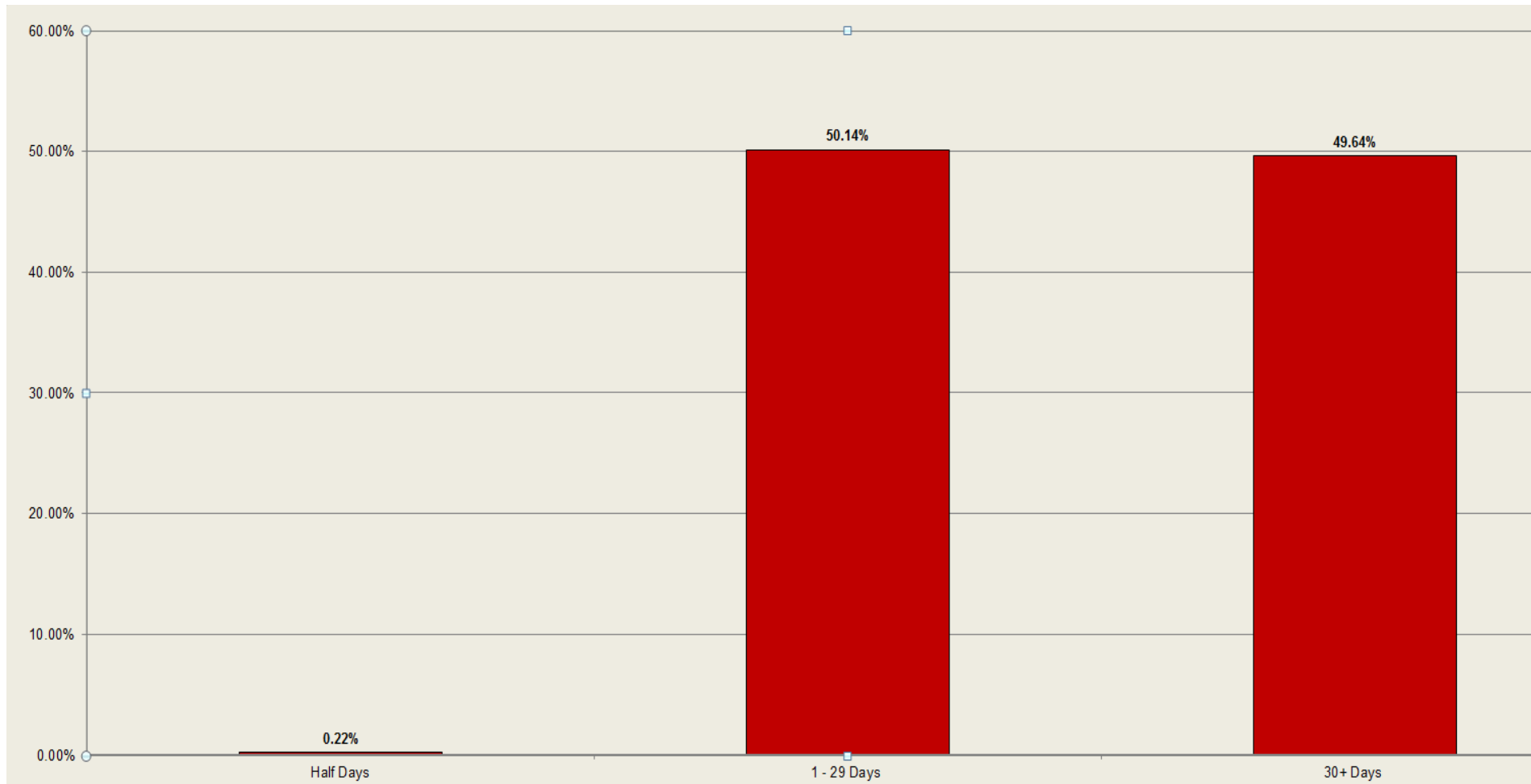
**Coventry City Council – Reasons for Absence
April – September 2015**



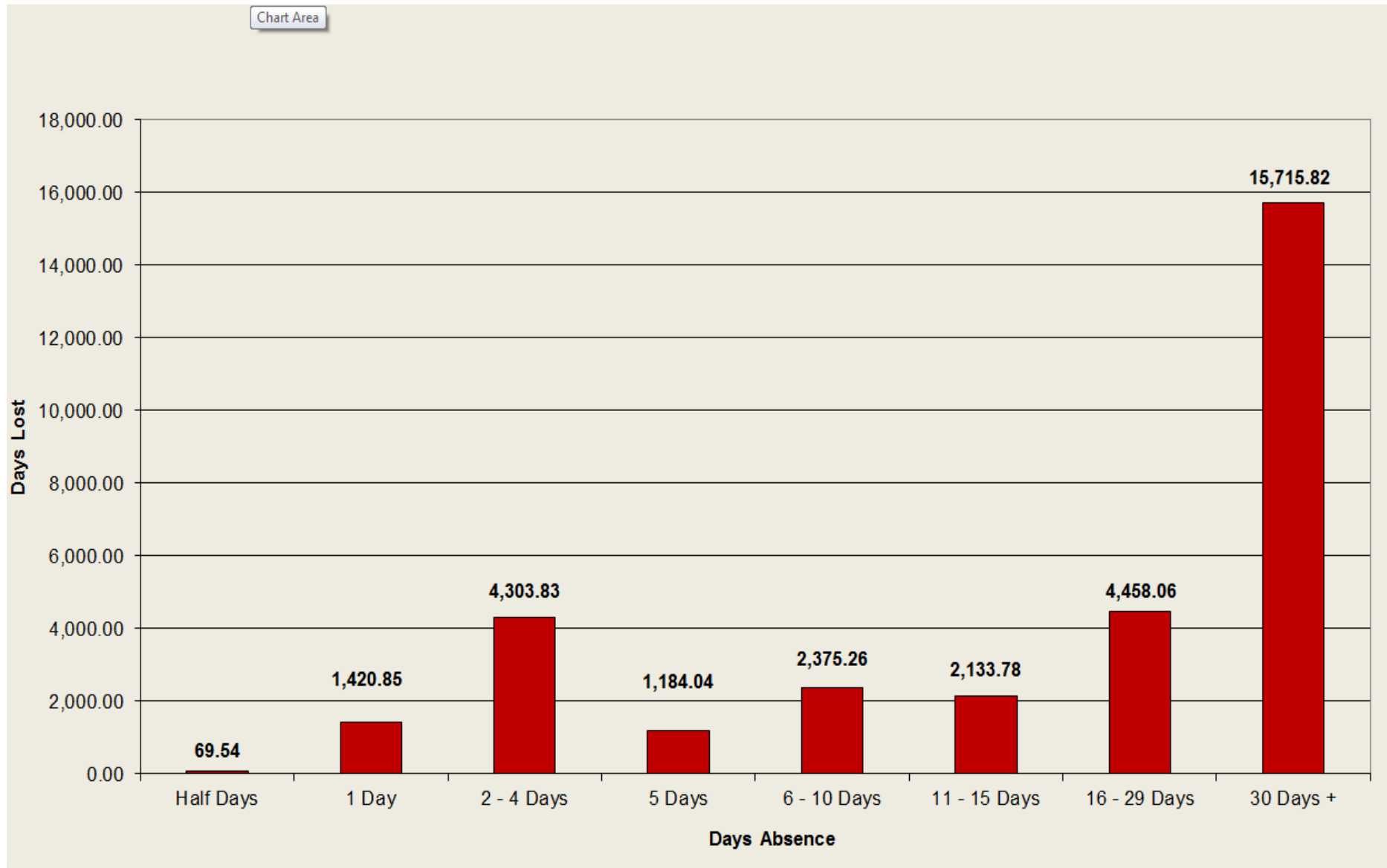
April – September 2014 vs. April – September 2015
Days Lost Per FTE



Coventry City Council
Sickness Absence – Percentage Breakdown
April – September 2015



Coventry City Council
April – September 2015
Spread of Absence by Length of Days



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

Activity	Apr – Jun 2015	Jul – Sep 2015	Oct – Dec 2015	Jan – Mar 2016	Total for Year
Pre-Employment health assessments	205	206			411
<p>From the pre-employment assessments, 126 required additional advice and guidance to be given to the employing manager. 32% 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	358	463			821
Work Related Ill Health Conditions reported/investigated	34	65			
Work Place assessments carried out	7	6			13
<p>From the 463 health assessments the following work related conditions were identified: 37 musculoskeletal; 3 mental health/depression; 25 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. 45% reports sent to HR/schools within 3 working days.</p>					
Vision screening and other surveillance procedures	80	128			208
<p><u>April to June 2010</u> From the 128 screenings which took place 37 required additional intervention to prevent a deterioration in health and maintain the employee in work.</p>					
Healthy Lifestyles screens and follow up appointments	129	110			139
<p><u>April to June 2010</u> From the initial healthy lifestyle screens, 25 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.</p>					

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
2015/2016

Appendix 8

Activity	Apr – Jun 2015	Jul – Sep 2015	Oct – Dec 2015	Jan – Mar 2016	Total for Year
Referrals for counselling	98	91			189
Counselling sessions	624	646			1270
From the 69 cases closed, 20 were associated with work related stress. 100% of counselling appointments were offered to employees within 3 working days of being referred All emergency cases were seen on the day of referral					
Managing anger and aggression training	0	177			117
Carried out for the Peoples Directorate and Business Services Contact Centre					
Anxiety Management group attendance including CBT	0	5			5
Group sessions are an effective and expedient way for employees to address debilitating anxiety states, including panic attacks.					
Stress Risk Assessments (number of employees involved)	16	159			175
Service evaluation					
Number of employees completing questionnaire	42	45			87
Counselling helped avoid time off work (not on sick leave)	28	26			54
Counselling helped early return to work (on sick leave when counselling started)	8	6			14
Did not affect sickness absence	6	13			19

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.