

Cabinet Member for Strategic Finance and Resources

7 March 2016

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:

9 month (April – December 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 9 month period of April - December 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 9 month period of April – December 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 – December 2015 vs April – December 2014)
- Appendix 3 Coventry City Council Reasons for Absence (April – December 2015)
- Appendix 4 Days Lost per FTE, by Directorate (April – December 2014/2015 vs. 2015/2016)
- Appendix 5 Coventry City Council Percentage Breakdown of Absence (April – December 2015)
- Appendix 6 Coventry City Council Spread of Sickness Absence, by Length of Days (April – December 2015)
- Appendix 7 & 8 Summary of Occupational Health & Counselling Services Activities Undertaken (April – December 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: 9 Month (April – December 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 3	6.71	7.30	4.74
2015/16 – Quarter 3	6.10	6.95	3.20

Annual FTE Average Days Lost	All Employees	All Employees (except Teachers)	Teachers
2015/2016 Projected	8.62	9.69	4.83
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 – December 2015 is Stomach, Liver and Gastroenteritis accounting for **2,119** occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was **5,354.06** days.
- The amount of time lost through Stress, Depression, and Anxiety was **11,921.97** 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 **10,300.09** days (**834** occasions) and Stomach, Liver and Gastroenteritis **5,354.06** days (**2,119** occasions).

1.4.2 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).
- Quarter 3 (ending September 2015) out turn was **6.10** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 3 (2015/16) out turn with last years in the same period (2014/15), it reveals that:-

- Reduction of the occurrences of absence by **2,056** based on comparison with the same period last year.
- Reduction of total days lost per FTE by **9,021.03** days based on comparison with the same period last year.
- Reduction of **63,493.38** working hours' lost based on comparison with the same period last year out-turn.
- Reduction of **£776,953.43** in respect of cost of absence based on comparison with the same period last year.
- Stress has decreased by **771.50** days and by 84 occasions, based on comparison with the same period last year.
- Musculo-Skeletal has reduced by **1,257.85** days and by 93 occasions, based on comparison with the same period last year.
- There has been a decrease of 1,779.51 days lost due to Infection, Colds and Flu, and 656 occasions based on comparison with the same period last year.
- Chest, Respiratory, Chest Infection has reduced by **673.03** days and by 98 occasions, based on comparison with the same period last year.

- Stomach, Liver, Gastroenteritis has reduced by **1,549.32** days and by 523 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 – December 2015 there have been a total of **22** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **11** dismissals have been due to ill health retirement and **11** dismissals have been where the City Council cannot continue to sustain the level of sickness absence.

1.7 Audit Findings

1.7.1 When the 12 month (April 2014 – March 2015) Cumulative Sickness Absence 2014-2015 report was considered at the Cabinet Member for Strategic Finance and Resource meeting in July 2015, the Cabinet member requested that an audit be undertaken to ensure that sickness absence procedures were being followed across the Council (excluding schools).

1.7.2 The audit was completed in December 2015 and key findings are as follows:

- In 93% of absences, there was evidence that a return to work meeting took place or that the employee had left the Council before the meeting could take place.
- In 95% of absences which resulted in a promoting at work trigger being hit, there was evidence that a promoting health at work meeting had taken place, been arranged or established that the employee had left the Council before the meeting could take place.
- In absences that required a fit note to be provided, the audit found notes in 91% of cases.

2. Options considered and recommended proposal

2.1 Activities during Quarter 3 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 cases 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:
- 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.
 - Smoking Cessation 12-week course to assist employees to give up smoking.
 - 10-minute workout ideas.
 - DEN (Disabled Employee Network) - Raising awareness around effective communication with individuals who have a hearing impairment / loss and using British Sign Language.
 - Continuation of a support group for employees who have relatives with mental health.

- Continuation with publication of the very popular and informative monthly Be Healthy Be Well newsletter to all employees. This stopped at the end of December 2015 and a new programme of communication will be rolled out through Beacon in 2016 with weekly news stories and information on safety, health and wellbeing issues.
- 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 -

- **The Fast Care Musculoskeletal Clinics** continue to be effective in reducing the impact of MSK related ill health. From closed cases a significant percentage improvement was demonstrated, showing a positive impact on musculoskeletal problems within the organisation.
- **The Ergonomic Assessors** have supported 'Moving to the Customer Service Centre' which enabled MSK issues to be dealt with immediately.
- **The Macmillan Programme legacy** continues. The City Council was nominated for a charity award by the UK's Charity and Social Enterprise Sector. Although the Council did not win, we were recognised for the hard work carried out by all those involved, especially the **Cancer Buddy Scheme**.
- **Be Healthy Be Well Newsletter** stopped at the end of December 2015. A new programme of communication will be rolled out through Beacon with weekly news stories and information on safety, health and wellbeing issues in 2016.
- **The Mandatory Workplace Mental Wellbeing Audit Programme:** started on 1st November. The programme for The City Council will be based on the following sickness absence statistics: stress, gastric problems and musculoskeletal conditions. Managers and staff will be fully informed and supported through the process by the Occupational Health, Safety and Wellbeing Team. The programme will be rolled out to schools from 31st March 2016, and will be part of the Health and Safety Audit Programme.
- **The Mental Wellbeing in the Workplace project** continues to be rolled out; it is planned to launch the Mental Wellbeing Information Access Point will be launched on 14th January 2016. In partnership with MIND, **Mental Wellbeing Awareness sessions** were run for managers on 4th November 2015, 72 managers attended, and Wellbeing @ Work e-learning will be launched in February 2016.
- **A Mental Wellbeing clinic** has been set up at Whitley Depot for direct support with mental health issues.
- **Women's Health Week** took place from 21st to 25th September 2015, providing NHS checks and additional advice on women's health issues.

- **The influenza vaccine programme** was completed. Approx. 772 vaccines have been delivered across the local authority so far.

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 for Strategic Finance and 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.

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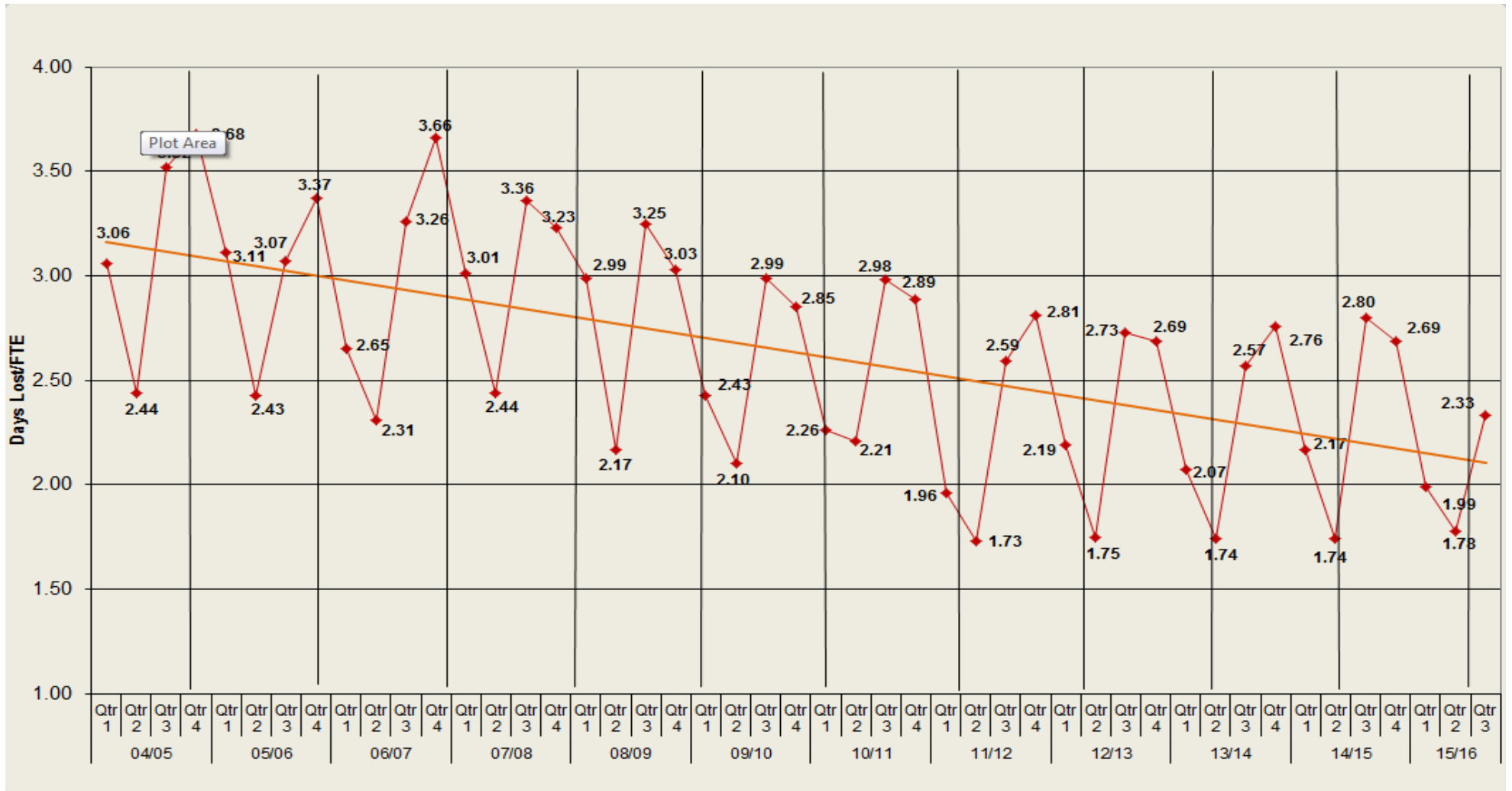
Enquiries should be directed to the above person.

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Angie White	Occupational Health & Safety Manager	Resources	09.02.16	15.02.16
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Usha Patel	Governance Services Officer	Resources	12.02.2016	22.02.2016
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Julie Newman	Children & Adult Legal Service Manager	Resources	09.02.16	15.02.16
Councillor Gannon	Cabinet Member	Coventry City Council	22.02.2016	22.02.2016
Chris West	Executive Director	Resources	09.02.16	15.02.16

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 – December 2015	April – December 2014	Annual Target 2015/2016
6.10	6.71	8.5

This demonstrates a reduction of 0.61 days per FTE compared to 2014/2015.

Chief Executive's Directorate

April – December 2015	April – December 2014	Annual Target 2015/2016
0.23	1.65	5.0

This demonstrates a reduction of 1.42 days per FTE compared to 2014/2015.

Place Directorate

April – December 2015	April – December 2014	Annual Target 2015/2016
7.19	7.53	10.4

This demonstrates a reduction of 0.34 days per FTE compared to 2014/2015.

People Directorate

April – December 2015	April – December 2014	Annual Target 2015/2016
8.68	7.59	9.5

This demonstrates an increase of 1.09 days per FTE compared to 2014/2015.

Teachers in Schools

April – December 2015	April – December 2014	Annual Target 2015/2016
2.96	4.69	6.3

This demonstrates a reduction of 1.73 days per FTE compared to 2014/2015.

Support Staff in Schools

April – December 2015	April – December 2014	Annual Target 2015/2016
5.69	6.91	9.0

This demonstrates a reduction of 1.22 days per FTE compared to 2014/2015.

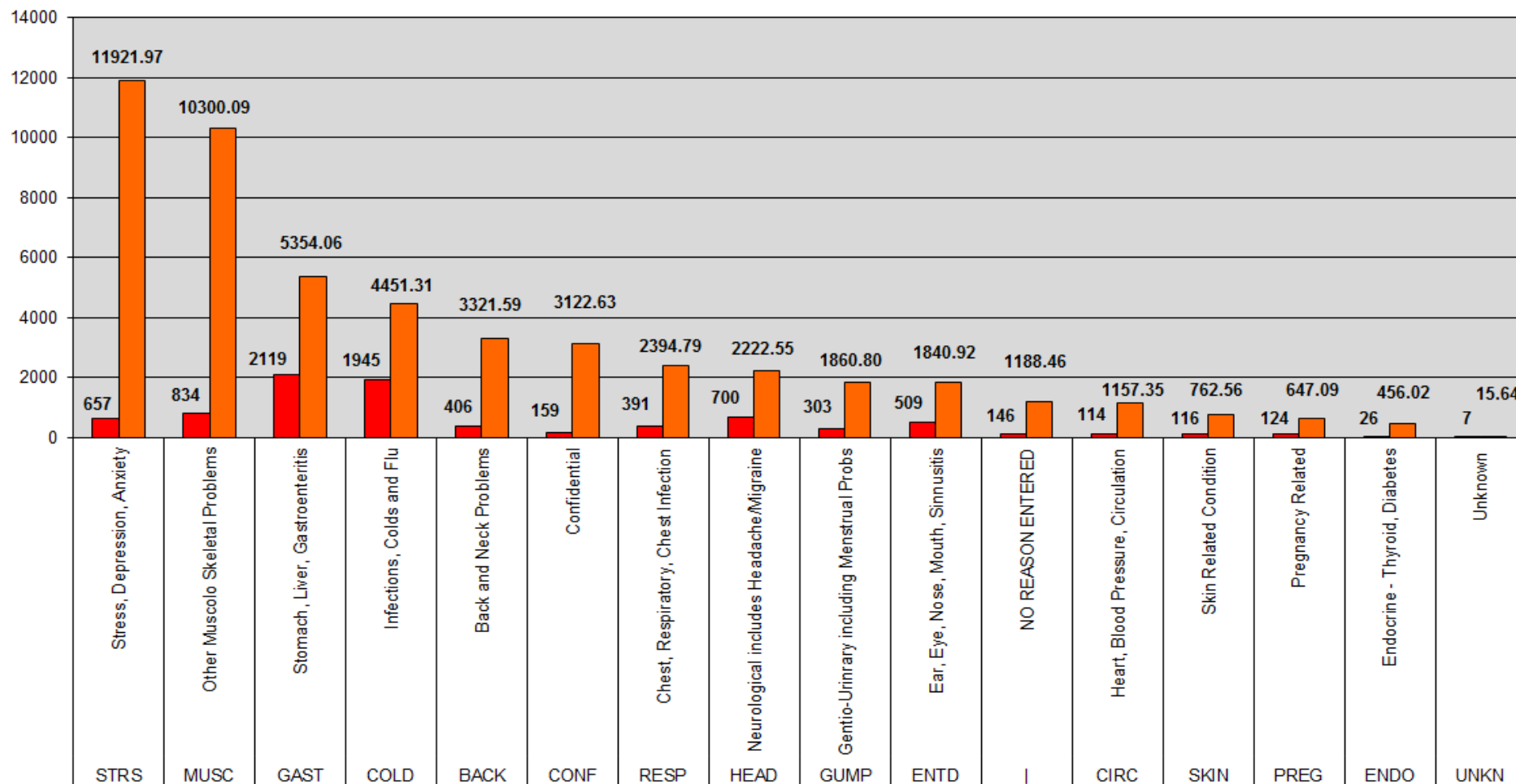
Resources Directorate

April – September 2015	April – September 2014	Annual Target 2015/2016
6.54	6.74	7.5

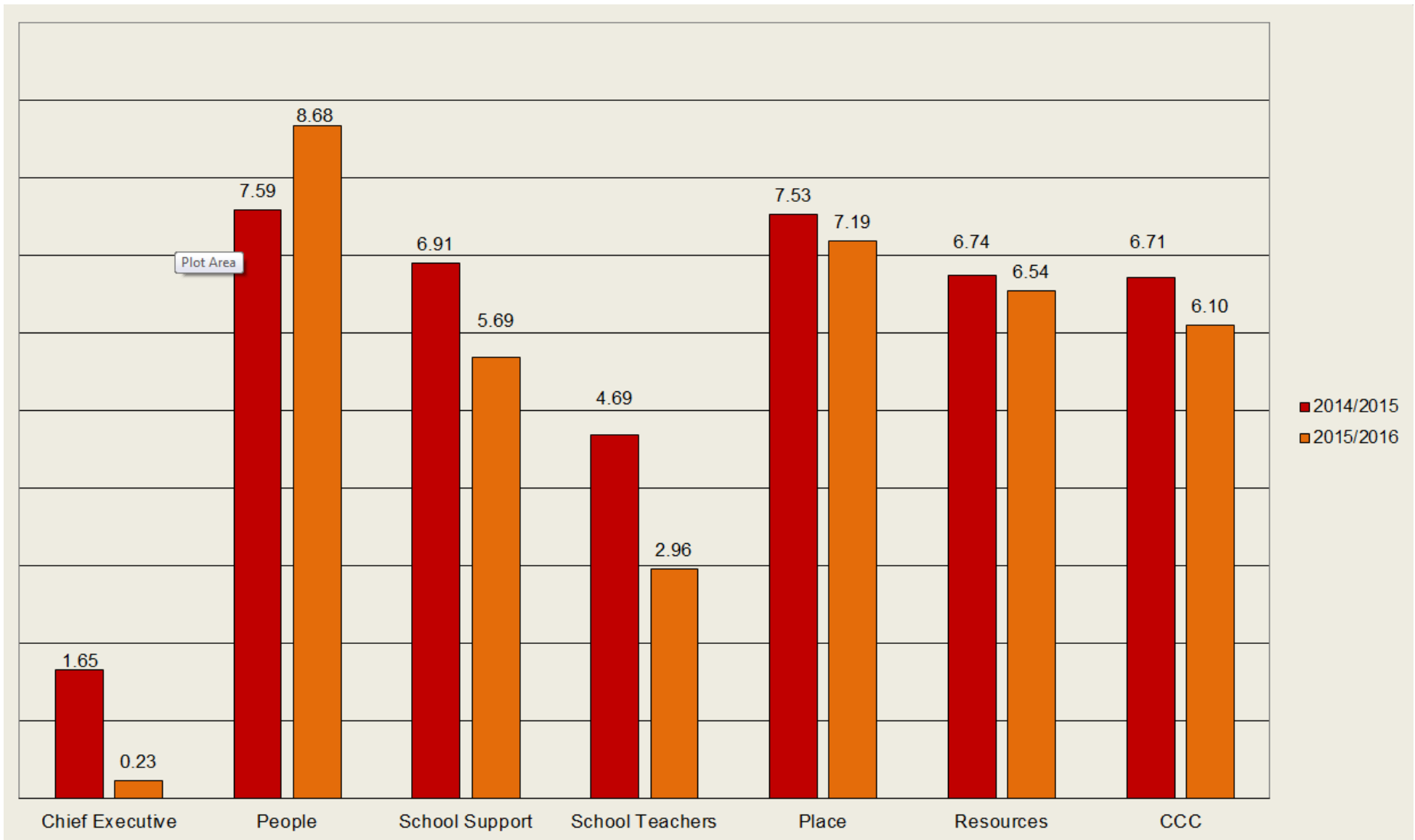
This demonstrates a decrease of 0.20 days per FTE compared to 2014/2015.

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

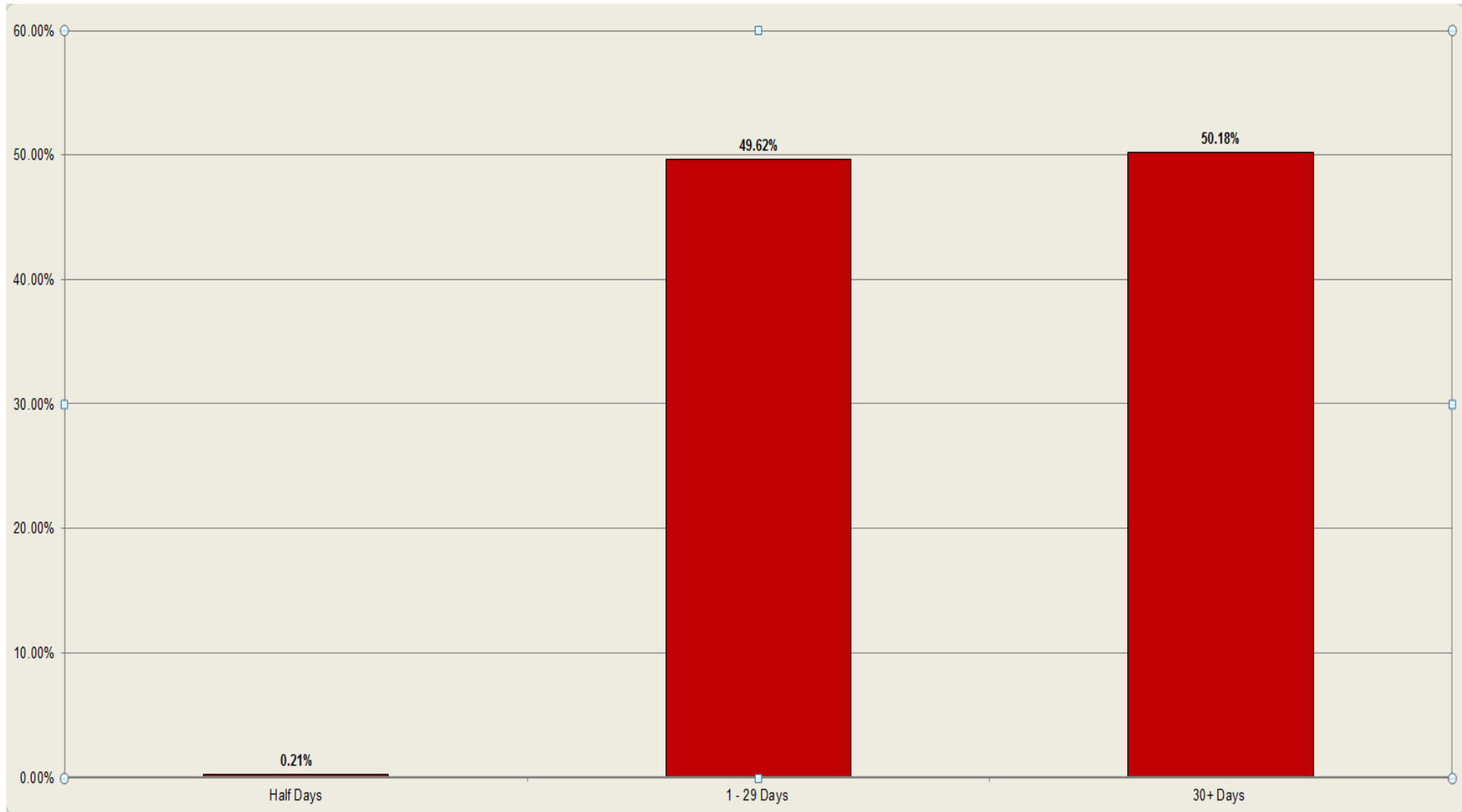
Appendix 3



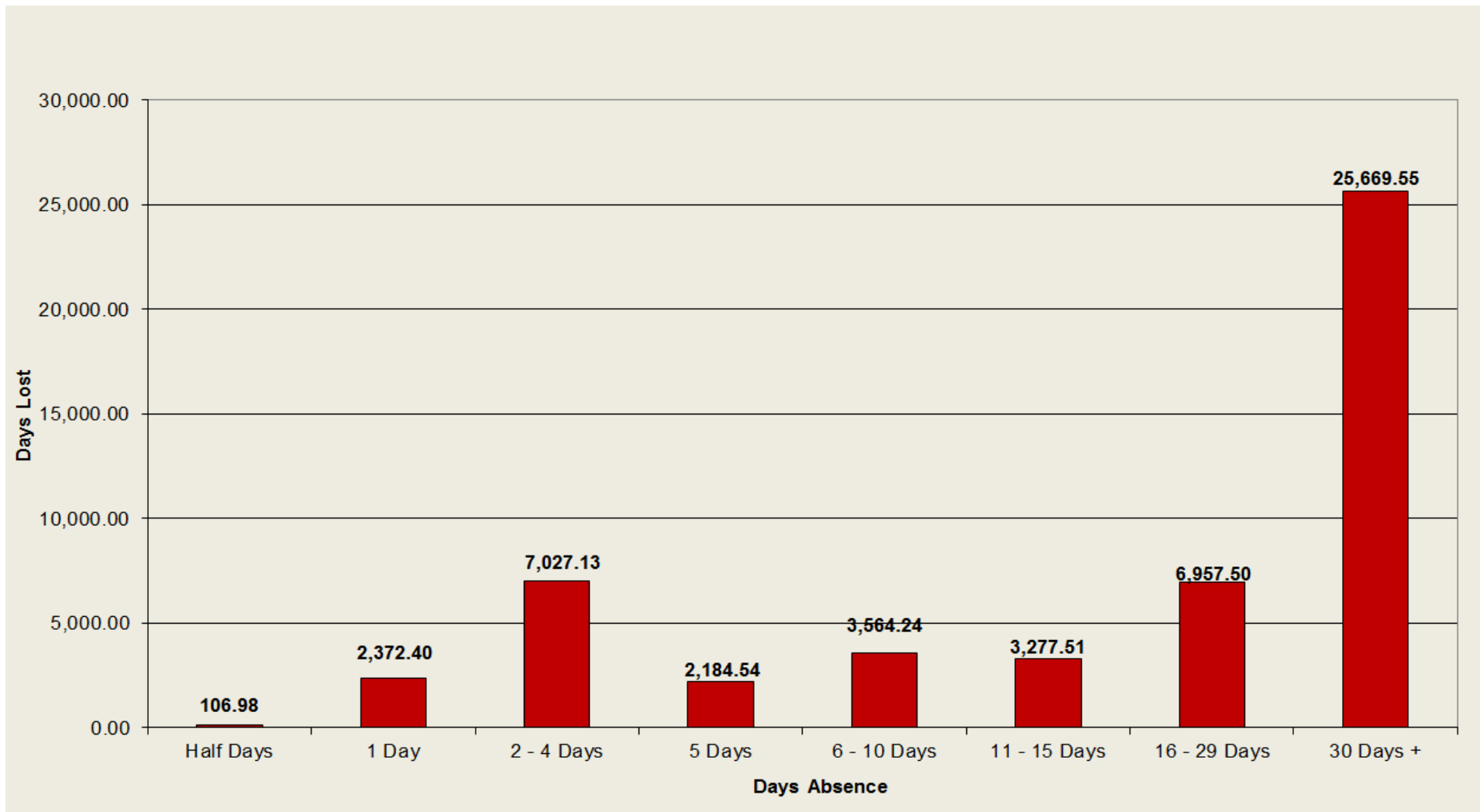
April – December 2014 vs. April – December 2015
Days Lost Per FTE



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



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



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

Occupational Health Activity	Apr – Jun 2015	Jul – Sep 2015	Oct – Dec 2015	Jan – Mar 2016	Total for Year
Pre-Employment health assessments	205	206	197		608
<p><u>October – December 2015</u> From the 197 pre-employment assessments, 107 required additional advice and guidance to be given to the employing manager. 45% 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	463	424		1245
Ill health conditions reported/investigated as work related, including workplace assessments	69	65	59		
<p><u>October – December 2015</u> Ill health condition reported as work related (breakdown): 37 musculoskeletal; 6 mental health/depression; 16 stress related. Referrals to support services, workplace 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 46% reports sent to HR/schools within 3 working days</p>					
Vision screening and other surveillance procedures including vaccinations	80	128	52		260
<p><u>October – December 2015</u> From the 52 screenings which took place 20 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	74		313
<p><u>October – December 2015</u></p> <ul style="list-style-type: none"> • 52 were NHS Health Checks aimed at individuals between 40 and 75 years of age who are registered with a Coventry GP <p>From the initial healthy lifestyle screens, 29 were identified as having previously unidentified health problems and required a follow up appointment at the OHU or referral 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 Promoting Health at Work process.

COUNSELLING SERVICE
Promoting Health at Work Statistics
2015/2016

Appendix 8

Counselling and Wellbeing Activity	Apr – Jun 2015	Jul – Sep 2015	Oct – Dec 2015	Jan – Mar 2016	Total for Year
New referrals for counselling	98	91	99		288
Counselling sessions	624	646	586		1856
The table below provides a breakdown of reasons for referral					
Managing anger and aggression training	0	177	0		117
Carried out for the Peoples Directorate and Business Services Contact Centre					
Anxiety Management group attendance including CBT	0	5	0		5
Group sessions are an effective and expedient way for employees to address debilitating anxiety states, including panic attacks.					
Numbers trained in managing mental health, stress and interpersonal issues in the workplace	11	182	44		
Stress Risk Assessments (number of employees involved)	16	159	679		854
Service evaluation					
Number of employees completing questionnaire	42	45	16		103
Counselling helped avoid time off work (not on sick leave)	28	26	14		68
Counselling helped early return to work (on sick leave when counselling started)	8	6	2		16
Did not affect sickness absence	6	13	0		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