

Cabinet Member for Strategic Finance and Resources

21 July 2016

**Name of Cabinet Member:**

Cabinet Member for Strategic Finance and Resources – Councillor J Mutton

**Director Approving Submission of the report:**

Executive Director of Resources

**Ward(s) affected:**

None

**Title:**

12 month (April 2015 – March 2016) Cumulative Sickness Absence 2015/2016

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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 2015/2016.
- 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 2015 – 31 March 2016 and endorse the actions taken to monitor and manage sickness.

**List of Appendices included:**

- Appendix 1 Coventry City Council – Days Lost per FTE 2004 - 2016
- Appendix 2 Directorate Summary Out-turn 2015 / 2016 vs. 2014 / 2015
- Appendix 3 Coventry City Council Reasons for Absence (2015 / 2016)
- Appendix 4 Days Lost per FTE, by Directorate (2015 / 2016)
- Appendix 5 Coventry City Council Percentage Breakdown of Absence (2015 / 2016)
- Appendix 6 Coventry City Council Spread of Sickness Absence, by Length of Days (2015 / 2016)
- Appendix 7 & 8 Summary of Occupational Health & Counselling Services Activities Undertaken (2015 / 2016)

**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 2015 – March 2016) 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**

<b>FTE Average Days Lost</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
2015/16 - Quarter 4	8.52	9.64	4.54
2014/15 - Quarter 4	9.40	10.14	6.86

<b>Annual FTE Average Days Lost</b>	<b>All Employees</b>	<b>All Employees (except teachers)</b>	<b>Teachers</b>
2015/16 Outturn	8.52	9.64	4.54
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 2015 – March 2016 is Infections, Colds and Flu accounting for **3,112** occasions. The amount of time lost through Infections, Colds and Flu was **7260.24** days.
- The amount of time lost through Stress, Depression, and Anxiety was **16,174.52** 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 **14,261.97** days (**1090** occasions); Stomach, Liver and Gastroenteritis **7370.85** days (**2916** occasions) and Infections, Colds and Flu **7260.24** days (**3112** occasions)

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).
- 2015/2016 out turn was **8.51** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 4 (2015/16) out turn with last years in the same period (2014/15), it reveals that:-

- Reduction in the number of the occurrences of absence by **3076** based on comparison with the same period last year.
- Reduction in the total days lost per FTE by **12,269.77** days based on comparison with the same period last year.
- Reduction of **86,315.04** working hours' lost based on comparison with the same period last year out-turn.
- Reduction of **1,131,076.63** in respect of cost of absence based on comparison with the same period last year.
- Stress has reduced by **1545.29** days and by **151** occasions based on comparison with the same period last year.
- Muscolo-Skeletal absence has reduced **1468.10** days and by **143** occasions based on comparison with the same period last year.
- Infection, Colds and Flu has reduced by **2306.24** days with and by **868** occasions, based on comparison with the same period last year.

- Chest, Respiratory, Chest Infection has reduced by **634.22** days and by **120** occasions, based on comparison with the same period last year.
- Stomach, Liver, Gastroenteritis has reduced by **2128.83** days and by **901 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 2015/2016

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

## 1.6 Promoting Health at Work Corporate Procedure

1.6.1 During 2015 / 2016 a total of **28** employees left the Council's employment in accordance with the Promoting Health at Work Corporate Procedure. **15** employees left due to the ill health retirement and **12** where the City Council could not 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 employees continued employment.

- A monthly system to alert Assistant Directors when employees hit a sickness absence trigger point and have not been seen as part of the Promoting Health at Work Procedure.
  - Training is provided to managers to support dealing with both practical and procedural issues. An ongoing programme of training is taking place across the Council as a whole. This includes receiving the absence phone call, conducting effective Return to Work Interviews, supporting Disabled Employees and understanding the 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 Talking Health, Safety and Wellbeing**

2.2.1 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:

- Talking Health, Safety and Wellbeing articles are being published weekly on a Wednesday, in the Beacon daily communication. Some of articles are featured below:
- The first article, which looked at needle stick injuries and safe working, was accessed 450 times.
- Sing up, it's healthy - Looked at how singing can improve your health, and was accessed 228 times.
- Sleeping's so underrated – Looked at how a good night's sleep makes for better mental wellbeing, and was accessed 742 times.
- Phew that was lucky! – Looked at highlighting the need to report near misses in the workplaces, and was accessed 488 times.
- Tasty tips to help fight the pounds whilst quitting – Looked at how to prevent piling on the pounds when quitting smoking, and was accessed 314 times

## **2.3 Activities during Quarter 4 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 organization
- The Ergonomic Assessors continue to support the Kickstart workplace moves, enabling MSK issues to be dealt with immediately. The Occupational Health Service is also facilitating the replacement of office seating where required.
- The Cancer Buddy Programme continues to offer support to employees experiencing cancer, either directly or indirectly.

- Macmillan Cancer Awareness training for managers took place in Q4 to raise manager's awareness of support available to employees with cancer. 22 managers took part.
- The Occupational Health, Safety and Wellbeing Service provided a significant contribution to the Council achieving the Workplace Wellbeing Charter Award in April 2016.
- The Mandatory Workplace Mental Wellbeing Audit Programme has increased the number of audits being carried out, providing additional support for managers and employees in managing stress in the workplace. The school Audit Programme commenced on 1st April 2016.
- The Single Point Access Tools for Occupational Health, Health and Safety and Mental Wellbeing have been made available on Beacon, for ease of access to key information, including policies, and guidelines
- No Smoking Day took place on the 9<sup>th</sup> March 2016. Employees were able to 'drop in' to the Occupational Health unit to collect information and book appointments to access the smoking cessation service.
- The Mental Wellbeing at Work, resilience focused e-learning, which looks at maintaining mental wellbeing from a managers, employees and organisational perspective, was finalised and is to be made available on the e-learning system and promoted to employees in Q1.
- Two 'Emotional Support Groups' took place this quarter for social workers.
- Focus groups and training took place for supervisors and team leaders in both the Place and People Directorates following Mental Wellbeing Workplace Audits.
- Anxiety management support has been provided to employees in the People Directorate who are involved in the administration of medicines.

## 2.4 Targets 2016 / 2017

Detailed below are the targets 2016 / 2017.

<b>Directorate</b>	<b>Target 2016 / 2017</b>
Chief Executive	<b>2</b>
People	<b>10.95</b>
People Teachers	<b>4.56</b>
People School Support	<b>7.55</b>
Place	<b>9.30</b>
Resources	<b>8.00</b>
<b>Coventry City Council</b>	<b>8</b>



## 2.5 Comparison Information

Coventry City Council has collected sickness out turn data for 2015/16 for the other West Midlands Metropolitan Authorities.

West Midlands Metropolitan Authority	Days Lost per FTE
Wolverhampton	10.3 **
Coventry	10.21**
Solihull	10.31**
Dudley	12.04**

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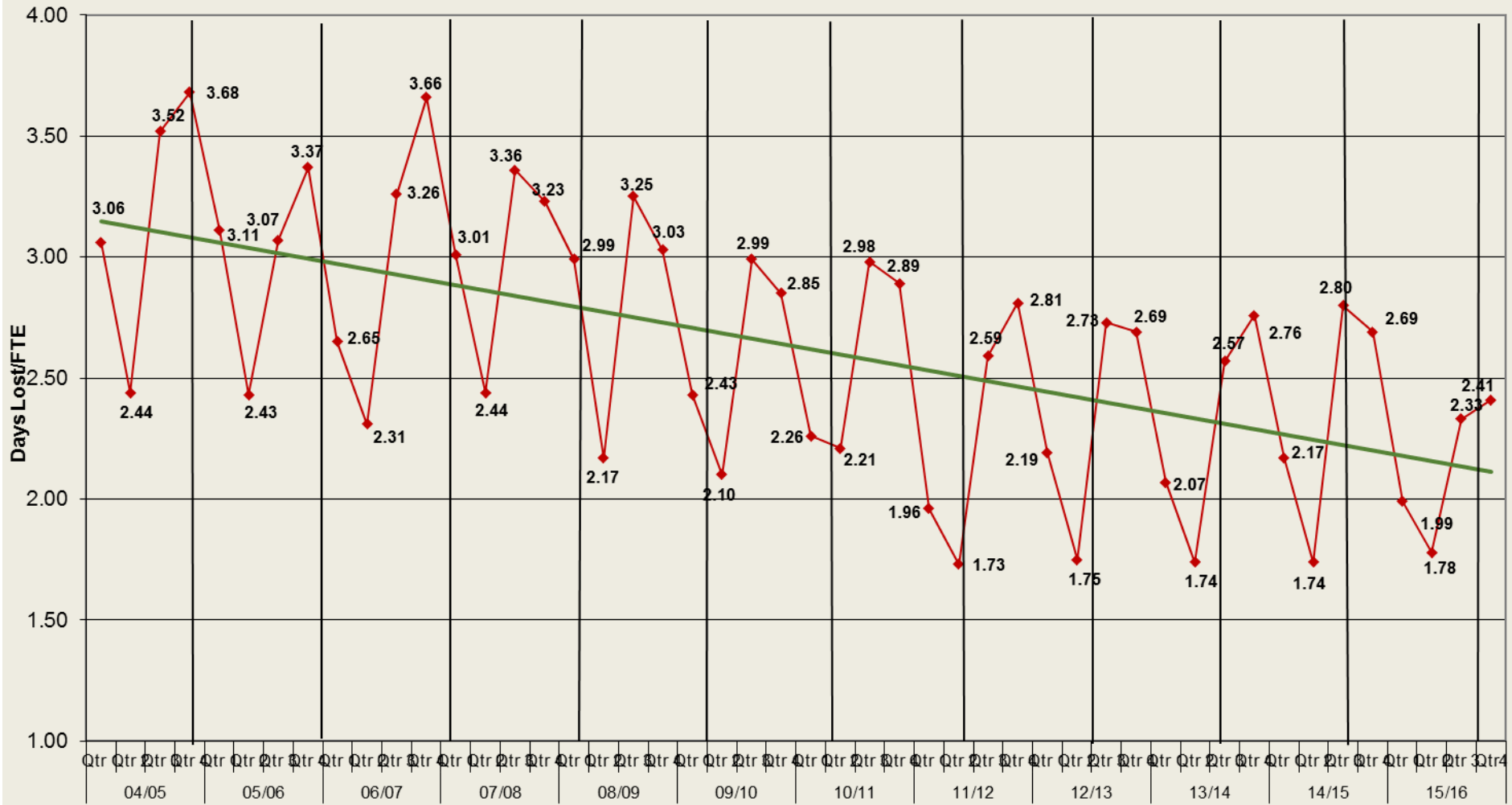
Enquiries should be directed to the above person.

<b>Contributor/approver name</b>	<b>Title</b>	<b>Directorate or organisation</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
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Wilma Green	Senior Job Analyst	Resources	14/06/16	17/06/16
Angie White	Occupational Health & Safety Manager	Resources	14/06/16	17/06/16
Louise Hughes	Senior Accountant	Resources	14/06/16	17/06/16
Gurdip Paddan	Governance Services Officer	Resources	14/06/16	17/06/16
<b>Names of approvers: (officers and members)</b>				
Barbara Barrett	Head of Operational HR	Resources	14/06/16	17/06/16
Julie Newman	Children & Adult Legal Service Manager	Resources	14/06/16	14/06/16
Councillor Mutton	Cabinet Member	Coventry City Council	20/06/16	
Chris West	Executive Director	Resources	14/06/16	17/06/16

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**  
**2004 - 2016**



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

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
8.51	9.40	8.5

This demonstrates an reduction of 0.89 days per FTE compared to 2014/15.

**Chief Executive's Directorate**

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
0.90	2.38	5.0

This demonstrates a reduction of 1.48 days per FTE compared to 2014/15.

**Place Directorate**

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
9.66	10.49	10.4

This demonstrates a reduction of 0.83 days per FTE compared to 2014/15.

**People Directorate**

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
12.00	10.60	9.5

This demonstrates an increase of 1.4 days per FTE compared to 2014/15.

**Teachers in Schools**

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
4.54	6.86	6.3

This demonstrates a reduction of 2.32 days per FTE compared to 2014/15.

### **Support Staff in Schools**

<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
8.13	9.92	9

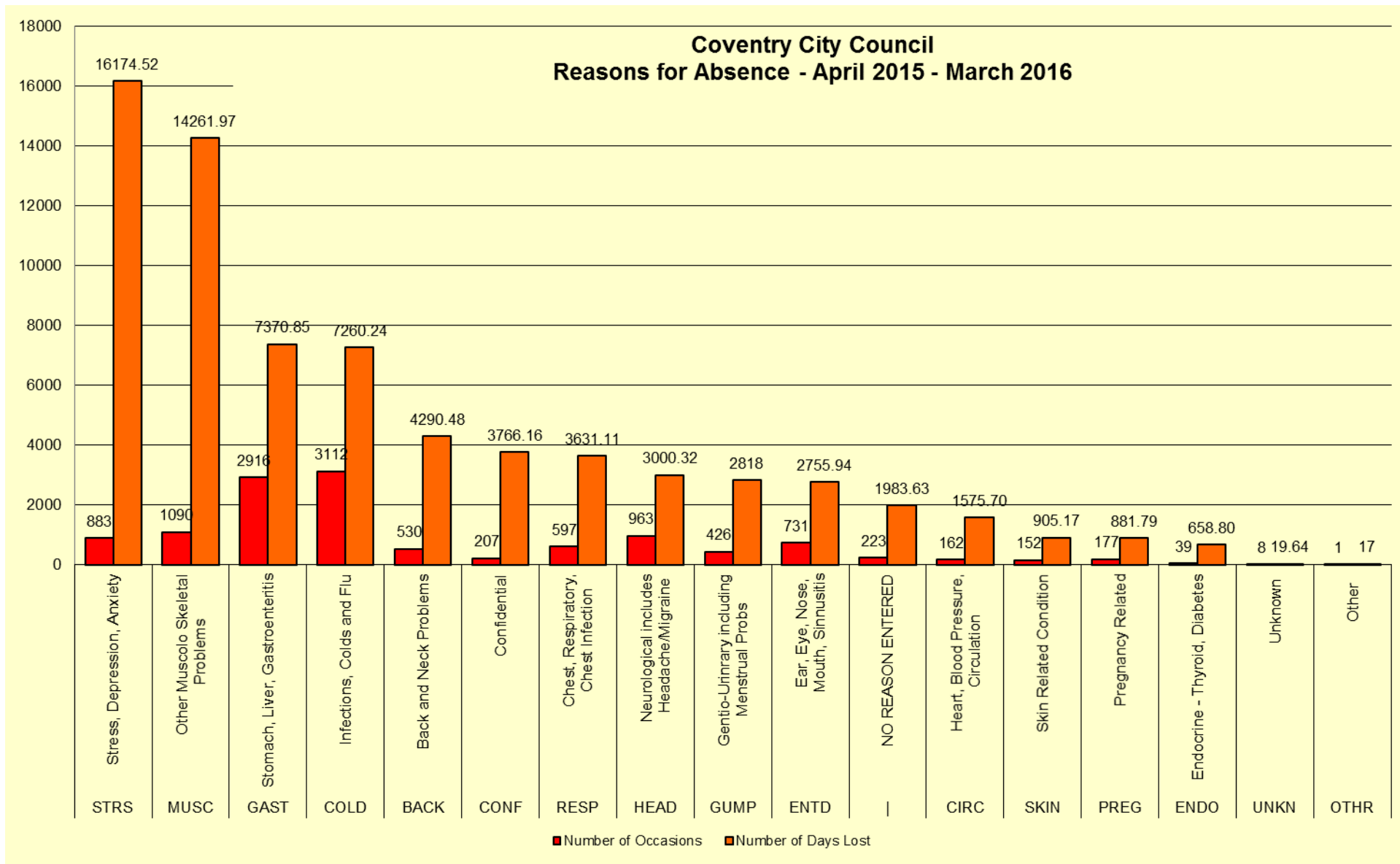
This demonstrates a reduction of 1.79 days per FTE compared to 2014/15.

### **Resources Directorate**

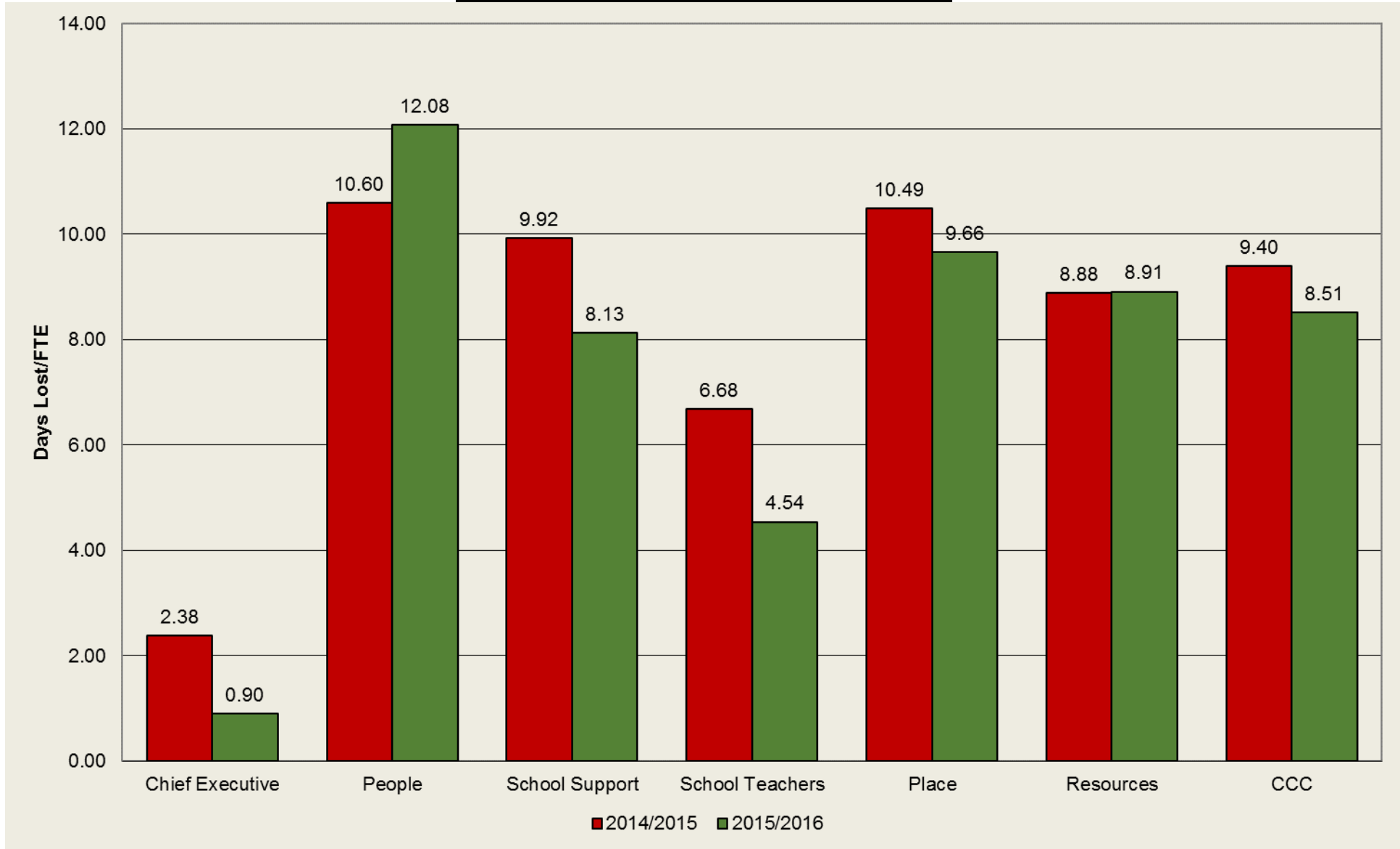
<b>2015/2016</b>	<b>2014/2015</b>	<b>Annual Target 2015/2016</b>
8.91	8.88	7.5

This demonstrates an increase of 0.03 days per FTE compared to 2014/15.

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.

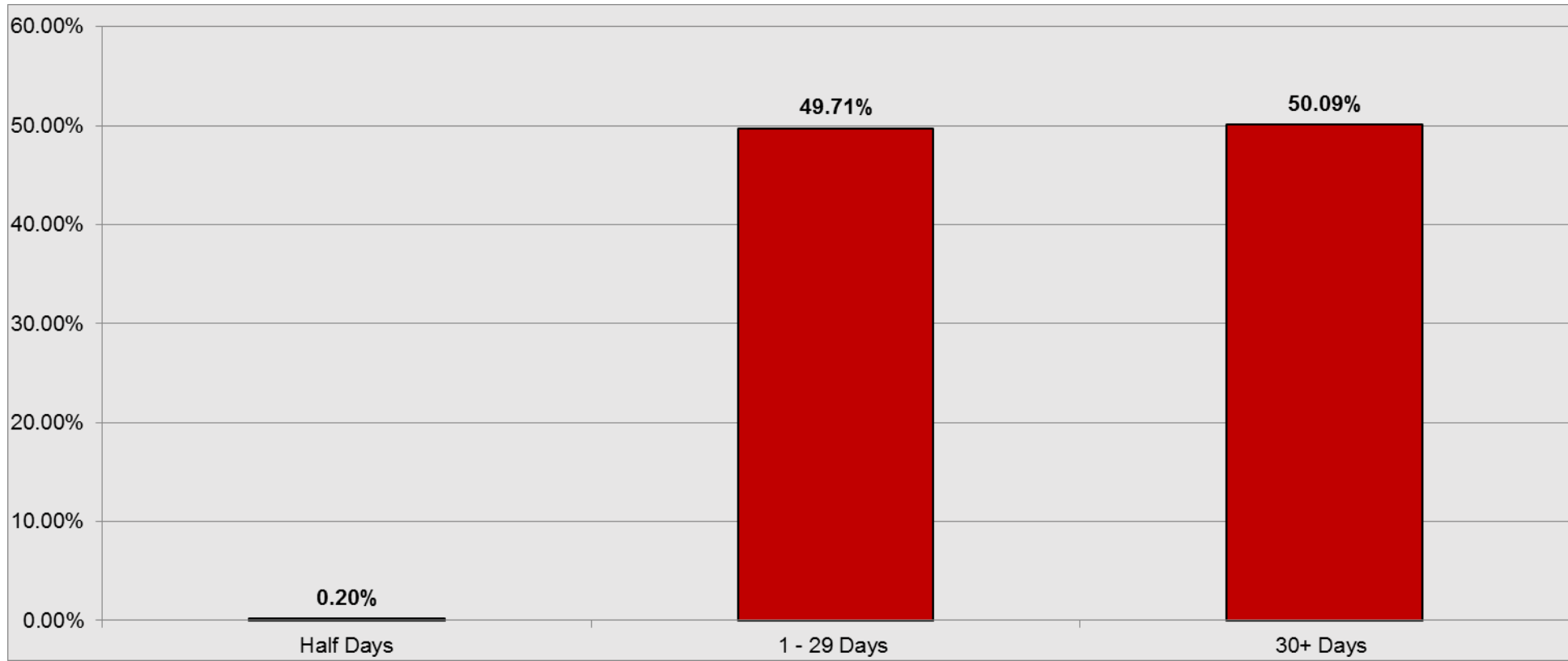


**2014/2015 vs. 2015/2016 - Days Lost Per FTE**

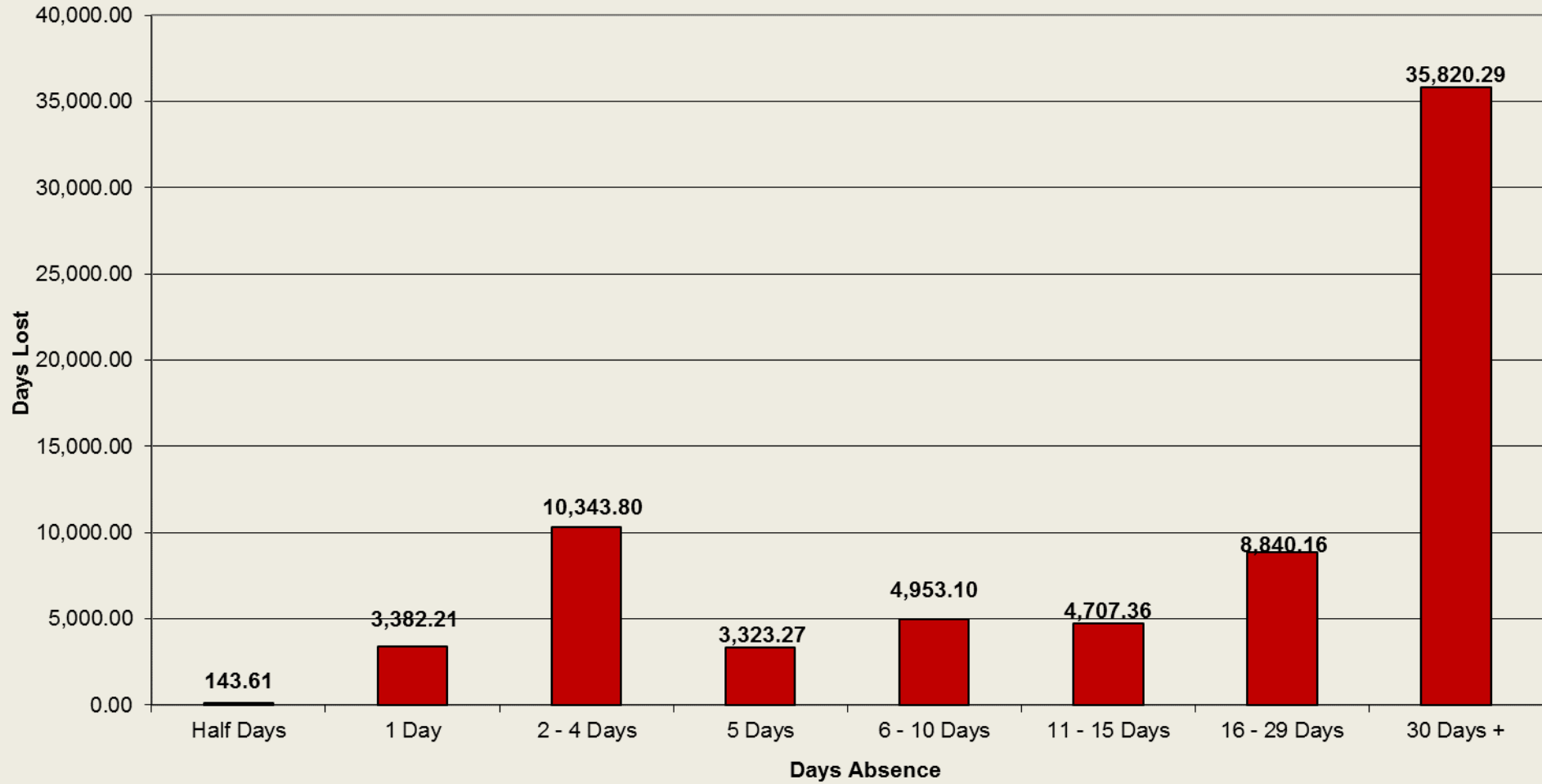




**Coventry City Council**  
**April 2015 – March 2016**  
**Sickness Absence – Percentage Breakdown**



**Coventry City Council  
Spread of Sickness Absence  
April 2015 - March 2016**



**OCCUPATIONAL HEALTH**  
**Promoting Health at Work Statistics**  
**1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016 (Q4)**

Occupational Health Activity	April- June 2015	July- September 2015	October- December 2015	January- March 2016	Total for Year
<b>Pre-Employment health assessments</b>	205	206	197	87	<b>695</b>
<p><b><u>January - March 2016</u></b>            From the 87 pre-employment assessments, 38 required additional advice and guidance to be given to the employing manager.            88% 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>					
<b>Sickness absence health assessments and reviews including case conferences</b>	<b>358</b>	<b>463</b>	<b>424</b>	<b>426</b>	<b>1671</b>
<b>Ill health conditions reported/investigated as work related, including workplace assessments</b>	<b>69</b>	<b>65</b>	<b>59</b>	<b>45</b>	<b>238</b>
<p><b><u>January - March 2016</u></b>  <b>Ill health condition reported as work related (breakdown):</b> 20 musculoskeletal; 8 mental health/depression; 17 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            83% reports sent to HR/schools within 3 working days</p>					
<b>Vision screening and other surveillance procedures including vaccinations</b>	<b>80</b>	<b>128</b>	<b>52</b>	<b>72</b>	<b>332</b>
<p><b><u>January - March 2016</u></b>            From the 72 screenings which took place 42 required additional intervention to prevent a deterioration in health and maintain the employee in work.</p>					
<b>Healthy Lifestyles screens and follow up appointments</b>	<b>129</b>	<b>110</b>	<b>74</b>	<b>89</b>	<b>402</b>
<p><b><u>January - March 2016</u></b>            56 were NHS Health Checks aimed at individuals between 40 and 75 years of age who are registered with a Coventry GP            From the initial healthy lifestyle screens, 42 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 Managing Health at Work process

**COUNSELLING SERVICE**  
**Promoting Health at Work Statistics**  
**1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016**

Appendix 8

<b>Counselling and Wellbeing Activity</b>	<b>Apr – Jun 2015</b>	<b>Jul – Sep 2015</b>	<b>Oct – Dec 2015</b>	<b>Jan – Mar 2016</b>	<b>Total for Year</b>
<b>New referrals for counselling</b>	98	91	99	137	<b>425</b>
<b>Counselling sessions</b>	624	646	586	423	<b>2279</b>
<b>Numbers trained in managing mental health, stress and interpersonal issues in the workplace</b>	11	182	44	22	<b>259</b>
<b>Stress Risk Assessments</b> (number of employees involved)	16	159	679	1691	<b>2545</b>
<b>Service evaluation</b>					
Number of employees completing questionnaire	42	45	16	31	<b>134</b>
Counselling helped avoid time off work (not on sick leave)	28	26	14	25	<b>93</b>
Counselling helped early return to work (on sick leave when counselling started)	8	6	2	5	<b>21</b>
Did not affect sickness absence	6	13	0	1	<b>20</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.