
Cabinet Member for Strategic Finance and Resources

13 October 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:

3 month April – June 2016 Cumulative Sickness Absence 2016-2017

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 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 3 month period of April to June 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 (April – June 2016 vs. April – June 2015)

Appendix 3 – Coventry City Council Reasons for Absence (April – June 2016)

Appendix 4 - Days Lost per FTE, by Directorate (April – June 2015/2016 vs. 2016/2017)

Appendix 5 - Coventry City Council Percentage Breakdown of Absence (April – June 2016)

Appendix 6 - Coventry City Council Spread of Sickness Absence (By Length of Days) (April – June 2016)

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken (April – June 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: 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
2015/16 – Quarter 1	1.99	2.24	1.04
2016/17 – Quarter 1	2.05	2.25	1.35

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2016/17 Target	8.00	8.95	4.56
2016/2017 Projected	8.95	9.83	5.85

Projected Cost of Sickness £'000's	All Employees	All Employees (except teachers)	Teachers
2015/2016 Actual	11,130	9,130	2,000
2016/2017 Projected	11,050	8,704	2,346

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 2016 is Stomach, Liver and Gastroenteritis accounting for 716 occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was 1,617.60 days.

- The amount of time lost through Stress, Depression, and Anxiety was 3,878.63 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 (3,450.61 days) and Stomach, Liver and Gastroenteritis (1,617.60 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).
- Quarter 1 (ending June 2016) out turn was **2.07** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 1 (2016/17) out turn with last years in the same period (2015/16), it reveals that:-

- Reduction of the occurrences of absence by **79** based on comparison with the same period last year.
- Reduction of total days lost per FTE by **903.70** days based on comparison with the same period last year.
- Reduction of **6807.75** working hours' lost based on comparison with the same period last year out-turn.

- Reduction of **£74,713.45** in respect of cost of absence based on comparison with the same period last year.
- Stress has reduced by **97.63** days and by 20 occasions, based on comparison with the same period last year.
- Muscolo-Skeletal has reduced by **426.61** days and by 9 occasions, based on comparison with the same period last year.
- Reduction of **130.31** days lost due to Infection, Colds and Flu, but an increase of 15 occasions based on comparison with the same period last year.
- Chest, Respiratory, Chest Infection has reduced by **196.18** days and by 21 occasions, based on comparison with the same period last year.
- Stomach, Liver and Gastroenteris has reduced by **155.54** days lost and by 19 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 2016 there have been a total of **4** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **4** dismissals have been due to ill health retirement.

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 **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 1:

- **Think Needlestick**

The article highlighted the dangers of needlestick injuries, actions to be taken in the event you have a needlestick injury and the need to remain vigilant towards discarded needles. Most of us think needle stick injuries would be confined to health care workers, but the truth is that we all need to be aware of the dangers posed by carelessly discarded hypodermic needles. The effects to an individual can be devastating, not only in the unfortunate incident of contamination or contracting of a disease but also the psychological distress caused due to worry and uncertainty.

- **“Sing up, it’s healthy**

The article focused on the health benefits of singing. As well as the feeling of community and bonding, singing has a range of social, emotional and psychological benefits that improve our wellbeing. From improved oxygen and aerobic capacity, to feeling happier through the release of endorphins which help to reduce stress and improve the immune system. The effects are totally positive.

- **Sleeping’s so underrated**

The article emphasised the importance of a good night’s sleep and that we sometimes undervalue this. The benefits a good night’s sleep brings to your health can be quite substantial including improved mood, helping to reduce the risk for serious medical conditions such as heart disease and diabetes and reducing the potential for gaining weight.

- **Phew that was lucky**

The article was developed to raise the profile and promote the need of reporting near misses as part of the Council wide communication strategy which was identified at Health and Safety Strategy Group in April 2016. We often go by the misconception that a lucky escape from injury, ill health from a work activity, or as a result of damage to premises, plant or equipment was “just one of those things”. As a result we don’t always do anything about the situations that caused them in the first place or informing anyone about it. By identifying and reporting of near misses employees can really contribute to reducing injury, illness and damage.

- **Tasty tips to help fight the pounds whilst quitting**

The article focused on how to prevent piling on the pounds when quitting smoking. Research by a dietician at the University of Birmingham has identified that on average people gain 5kg (11lb) in the year after they stop smoking. Giving up smoking can be difficult and making the decision to quit smoking to lead a healthier life is a really positive step forward.

- **Helping you cope with bereavement**

The article talked about coping with bereavement and the help and support available to employees across the council.

- **Diabetes – identifying the risks**

The article highlighted the importance of being able to identify diabetes and gave employees the opportunity to be able to determine their potential risk from the disease through the use of a risk scoring system. This coincided with National Diabetes Awareness week where a clinic was available for those who were identified as potentially being at risk to have blood sugar check-up. Uptake was very good and 26 employees accessed the clinic; positively there were no GP referrals.

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

- The Managers Health and Safety Annual Self Audit commenced on 16th May 2016 and closed on 1st July following requests for an extension. 100% returns were received from Senior Managers following an extension, and 100% of Assistant Directors/Directors Questionnaires were also received.

A summary report on Corporate Health and Safety compliance will be available on 8th August 2016 and will be emailed to the H&S Strategy Group members. Directorate H&S compliance reports will be forwarded to Directors/ADs and presented at Directorate H&S meetings

- The popular annual health and safety legal update for senior managers was delivered by Eversheds on Thursday 16th June 2016. All senior managers were invited to attend this event, particularly those who were new to the authority or had not attended in 2015. Issues covered, included health and safety leadership; recent cases and prosecutions, and managing major risks. 38 managers and 1 trade union representative attended.

20 - People Directorate	6 - Places Directorate	12 - Resources Directorate
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Repeating the training for those managers who were unable to attend is planned for 14th September 2016.

- **NHS Health Checks** will continue: 69 were carried out over Quarter 1 as part of the Wellbeing Programme. 38 required additional intervention to prevent deterioration in health.
- In line with Public Health and Diabetes UK, the **Diabetes Initiative** took place between 15 – 17th June 2016. Diabetic Risk Questionnaires were published on Beacon and handed out for those with limited access to the Intranet. All Council employees with a significant diabetic risk score were offered a diabetic check. 26 employees took part.

Musculoskeletal

- The Fast Care Clinics in key areas: Christchurch House Annexe, Whitley Depot and Faseman House, will continue to support high risk areas for musculoskeletal problems.
 - 4 x Stretch and Flex courses were run in Q1 for Adult Social Care – Provided Services and Libraries. 25 employees attended.
 - 6 x Shoulder Injury Prevention courses were run in Q1 for Adult Social Care – Provided Services and Libraries. 49 employees attended.
 - The Revenue and Benefits move took place from Christchurch House to Cheylesmore House. Approx. 120 employees were supported with the move through the Occupational Health, Safety and Wellbeing Service.

Employees who indicated they had musculoskeletal problems were assessed by the ergonomic assessors/occupational health advisors, including workplace assessments and recommendations around reasonable adjustments made where required

Mental Wellbeing

- The MIND Mental Wellbeing Awareness training was run on 5th May 2016, supporting managers in understanding mental health in the workplace. 63 managers attended.

38 - People Directorate	12 - Places Directorate	13 - Resources Directorate
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Feedback was positive with 43 evaluation forms being completed. 31 managers stated their knowledge of this area of mental health had improved as a result of attending this training. 29 managers stated the session was useful and relevant to their work needs.

- The Mandatory Workplace Mental Wellbeing Audit Programme continues to be rolled out across the Council and schools.
- Work is to commence with John Gregg to provide additional emotional support for Social Workers. Monthly 'Mental Wellbeing Support Groups' continue currently for social workers in the Children's Social Care Team, enabling the social workers to address issues which have arisen for them from their case load, in a facilitated meeting, to help avoid burn out.

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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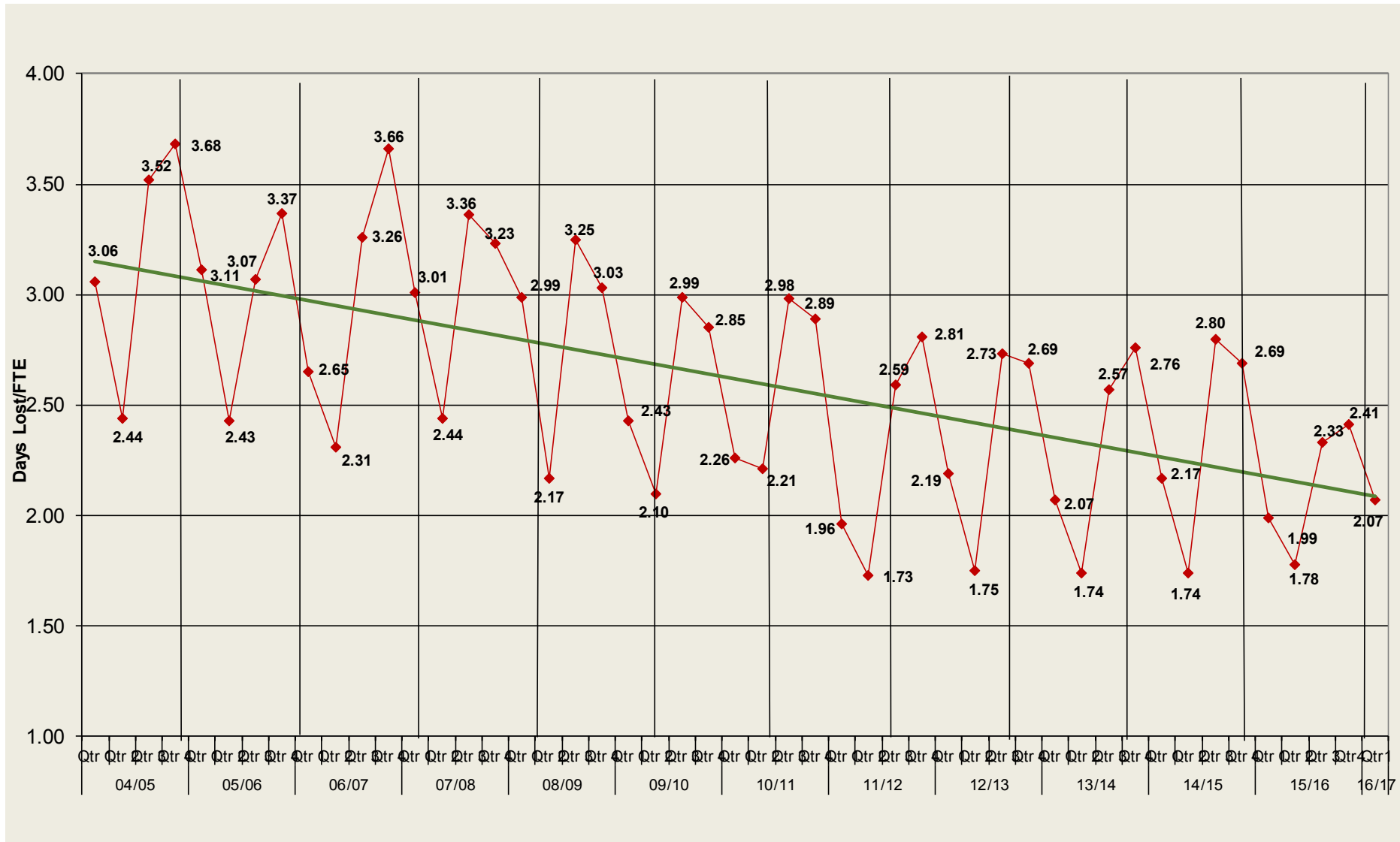
Enquiries should be directed to the above person.

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Names of approvers: (officers and members)				
Barbara Barrett	Head of HR & OD	Resources	09/09/16	29/09/16
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Councillor J Mutton	Cabinet Member	Coventry City Council		29/09/16
Chris West	Executive Director	Resources	09/09/16	

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Days Lost per FTE
2004 - 2016



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

April – June 2016	April – June 2015	Annual Target 2016/2017
2.07	1.99	8

This demonstrates an increase of 0.08 days per FTE compared to 2015/2016.

Chief Executive's Directorate

April – June 2016	April – June 2015	Annual Target 2016/2017
0.22	0.32	2

This demonstrates a reduction of 0.1 days per FTE compared to 2015/2016.

Place Directorate

April – June 2016	April – June 2015	Annual Target 2016/2017
2.10	2.39	9.30

This demonstrates a reduction of 0.29 days per FTE compared to 2015/2016.

People Directorate

April – June 2016	April – June 2015	Annual Target 2016/2017
2.82	2.72	10.95

This demonstrates an increase of 0.1 days per FTE compared to 2015/2016.

Teachers in Schools

April – June 2016	April – June 2015	Annual Target 2016/2017
1.29	1.04	4.56

This demonstrates an increase of 0.25 days per FTE compared to 2015/2016.

Support Staff in Schools

April – June 2016	April – June 2015	Annual Target 2016/2017
2.11	2.12	7.55

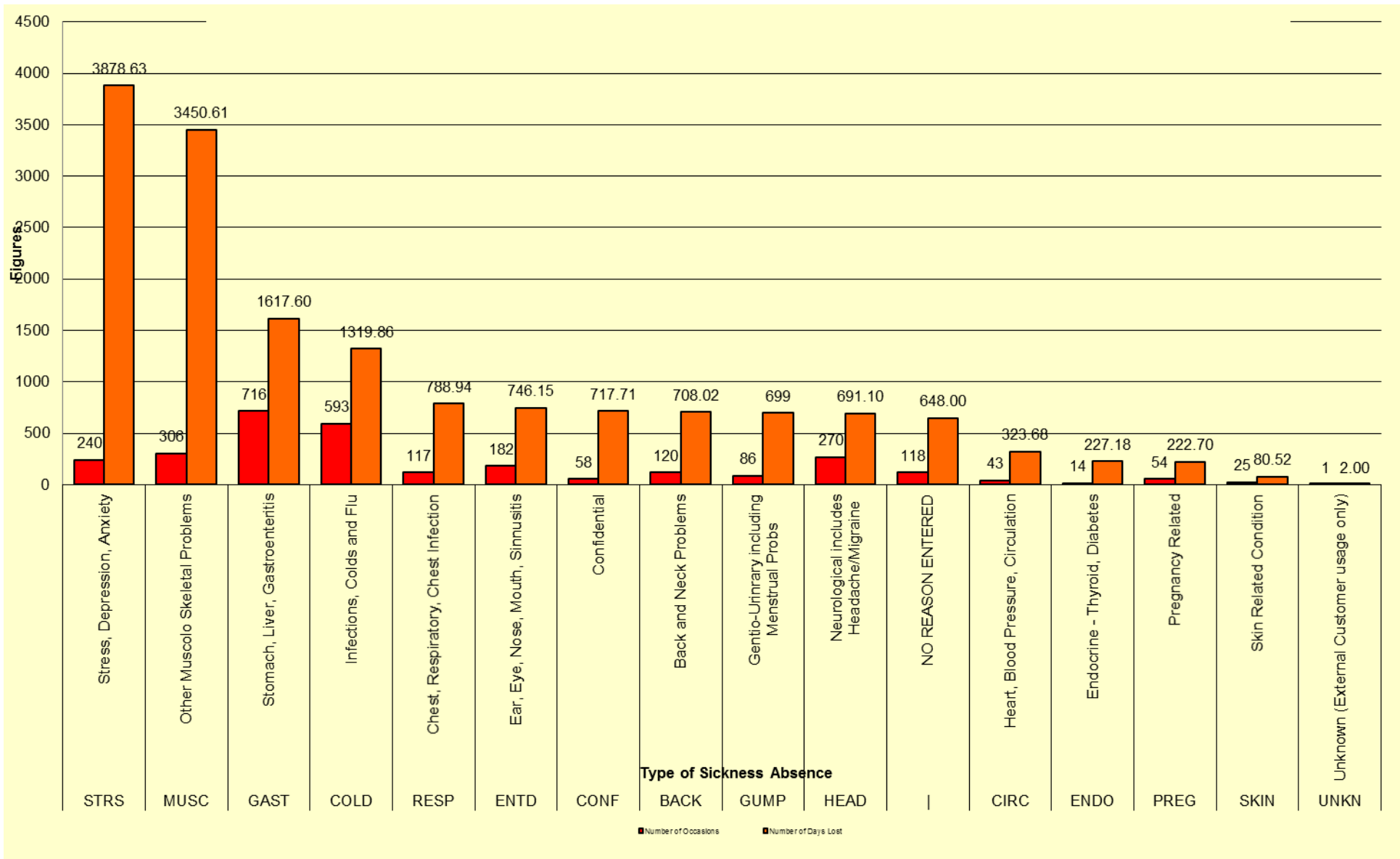
This demonstrates a reduction of 0.01 days per FTE compared to 2015/2016.

Resources Directorate

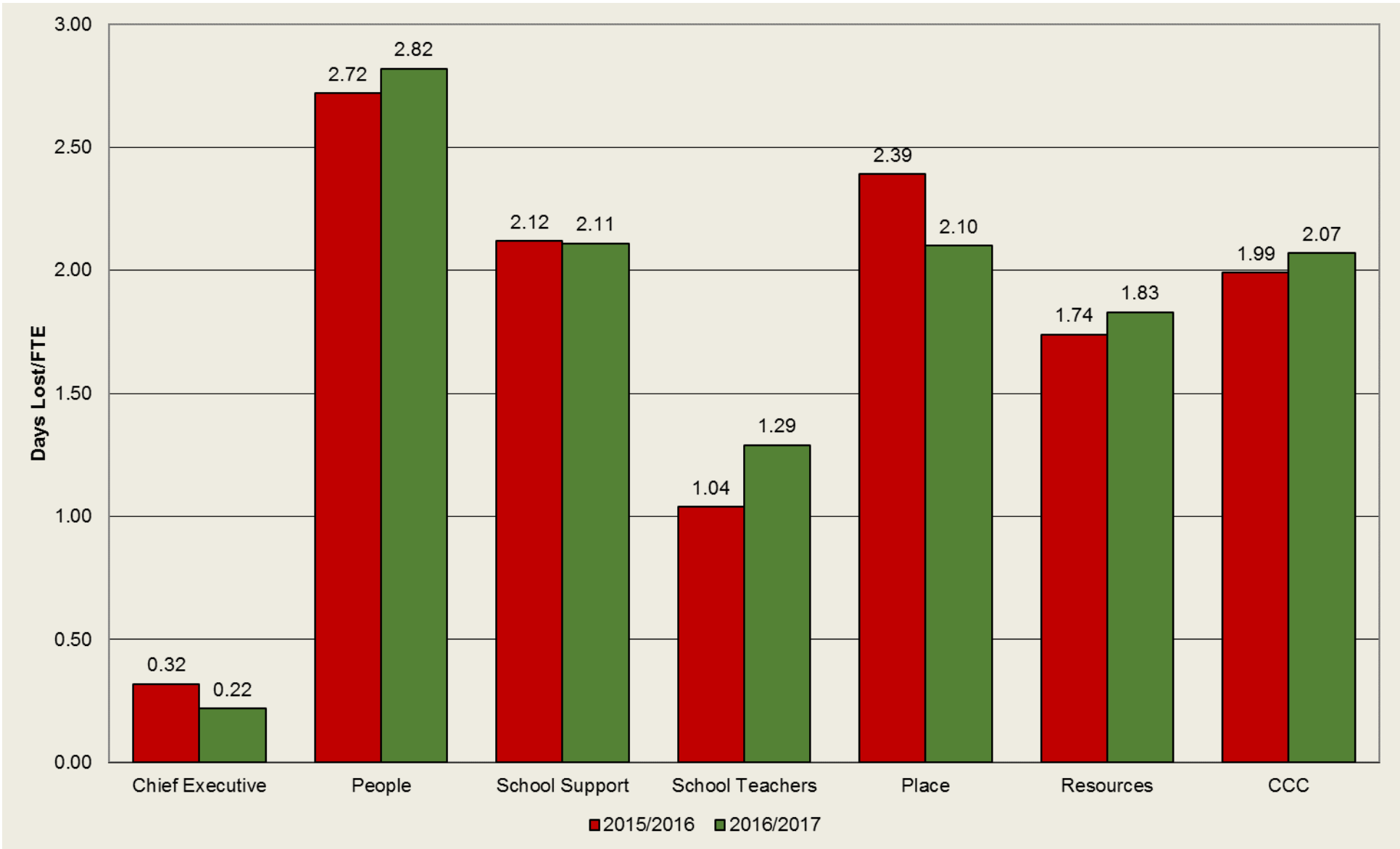
April – June 2016	April – June 2015	Annual Target 2016/2017
1.83	1.74	8

This demonstrates an increase of 0.09 days per FTE compared to 2015/2016.

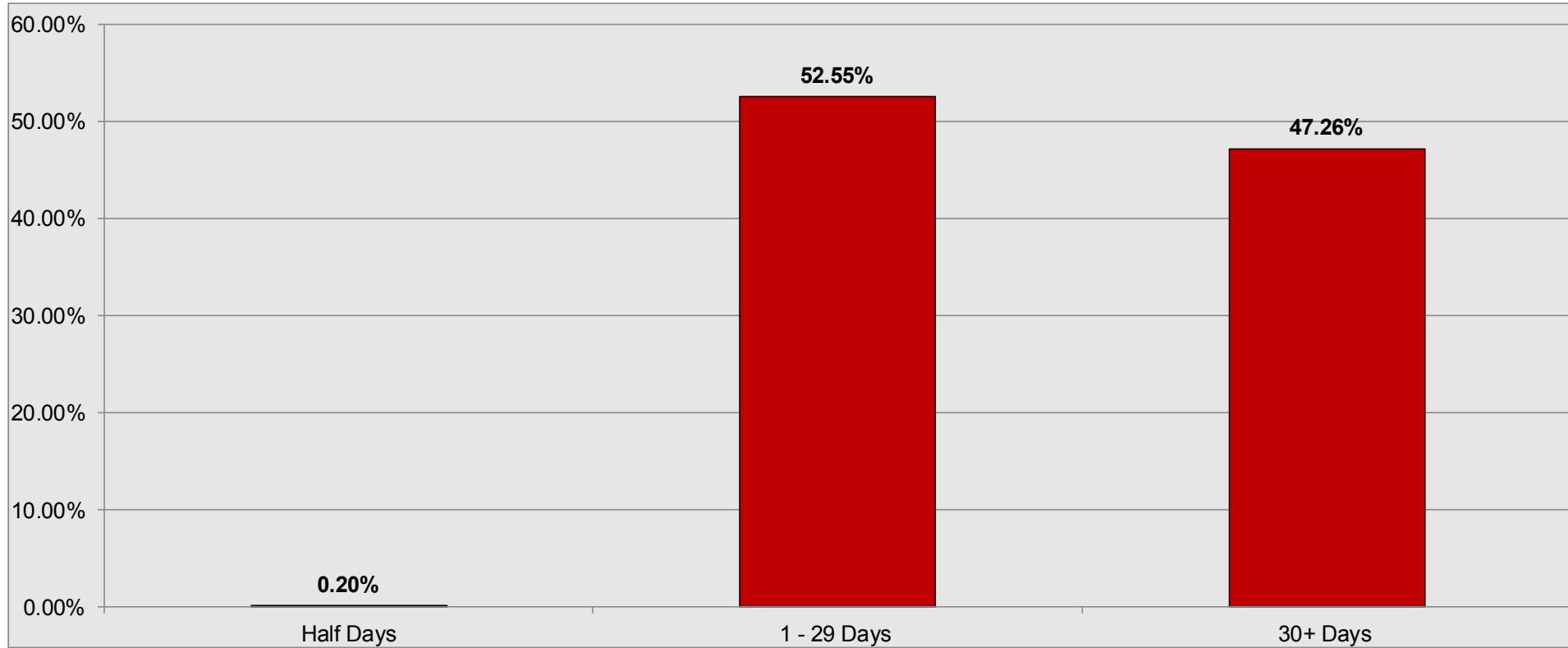
Coventry City Council – Reasons for Absence
April – June 2016



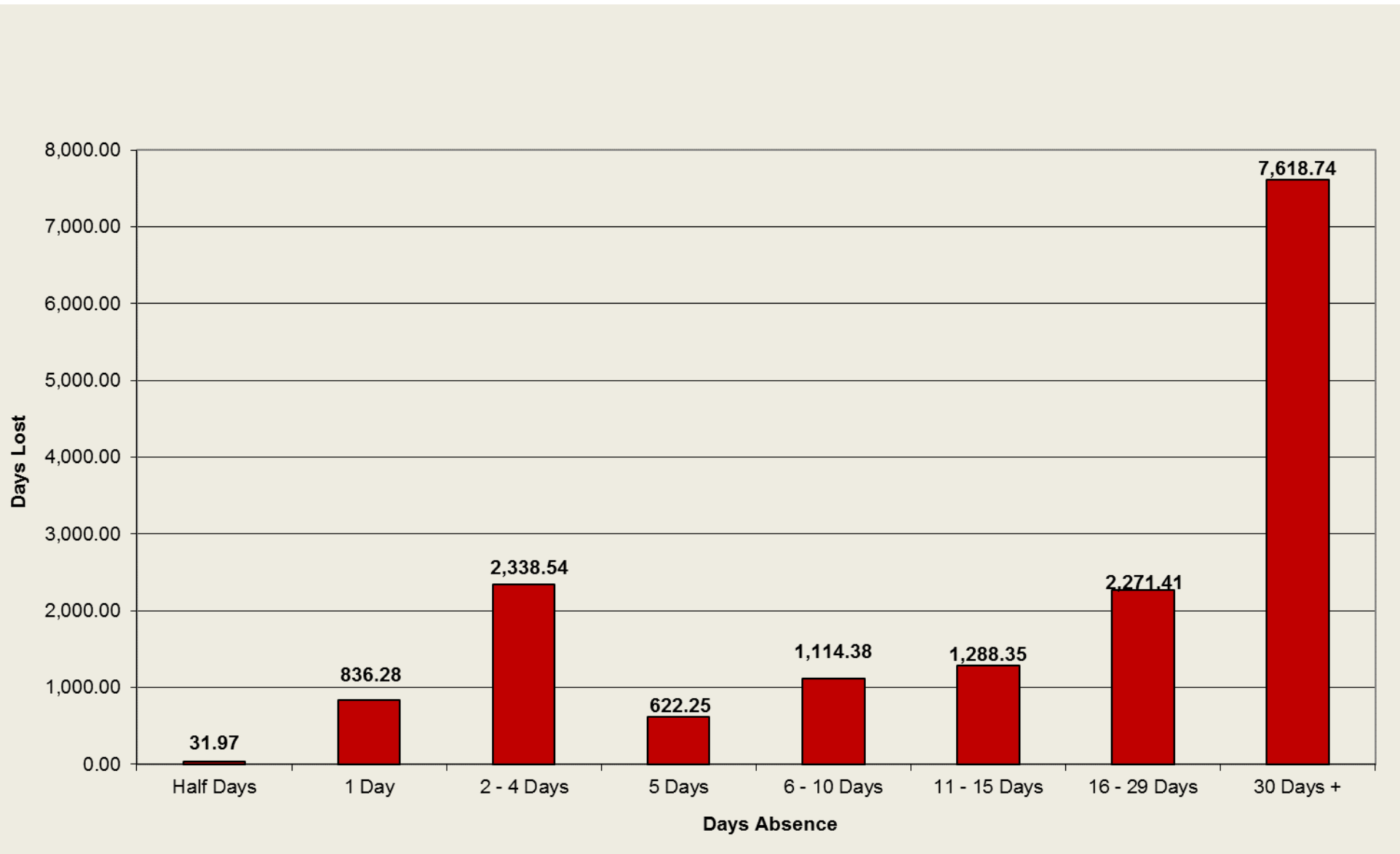
2015/2016 vs. 2016/2017
Days Lost Per FTE



Coventry City Council
April – June 2016
Sickness Absence – Percentage Breakdown



Coventry City Council
Spread of Absence by Length of Days
April – June 2016



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
1st April 2016 – 31st March 2017 (Q1)

Appendix 7

Occupational Health Activity	April-June 2016	July-September 2016	October-December 2016	January-March 2017	Total for Year
Pre-Employment health assessments	160				160
<p><u>April – June 2016</u> From the 160 pre-employment assessments, 112 required additional advice and guidance to be given to the employing manager. 44% 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	268				268
Ill health conditions reported/investigated as work related, including workplace assessments	43				43
<p><u>April – June 2016</u> 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 89% reports sent to HR/schools within 3 working days</p>					
Vision screening and other surveillance procedures including vaccinations	85				85
<p><u>April – June 2016</u> From the 85 screenings which took place 45 required additional intervention to prevent a deterioration in health and maintain the employee in work.</p>					
Healthy Lifestyles screens and follow up appointments	87				87
<p><u>April – June 2016</u> 62 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, 18 were identified as having previously unidentified health problems and required a follow up appointment at the OHU or referral to their GP.</p>					

COUNSELLING SERVICE
Promoting Health at Work Statistics
1st April 2016 – 31st March 2017 (Q1)

Appendix 8

Counselling and Wellbeing Activity	Apr – Jun 2016	Jul – Sep 2016	Oct – Dec 2016	Jan – Mar 2017	Total for Year
New referrals for counselling	97				97
Counselling sessions	359				359
Service evaluation					
Number of employees completing questionnaire	24				24
Counselling helped avoid time off work (not on sick leave)	13				13
Counselling helped early return to work (on sick leave when counselling started)	7				7
Did not affect sickness absence	4				4

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.