
Cabinet Member for Strategic Finance & Resources

15 December 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:

6 Month (April – September 2016) Cumulative Sickness Absence 2016-2017

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 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 6 month period of April to September 2016 and endorse the actions taken to monitor and manage sickness.
- This report is submitted the Cabinet Member on a quarterly basis. Given the general downward trend, it is recommended that the report submitted to the Cabinet Member every six months and the next report be a year end report.

List of Appendices included:

- Appendix 1 Coventry City Council – Days Lost per FTE 2004 - 2016
- Appendix 2 Directorate Summary Out-turn (April – September 2016 vs. April – September 2015)
- Appendix 3 Coventry City Council Reasons for Absence (April – September 2016)
- Appendix 4 Days Lost per FTE, by Directorate (April – September 2015/2016 vs. 2016/2017)
- Appendix 5 Coventry City Council Percentage Breakdown of Absence (April – September 2016)
- Appendix 6 Coventry City Council Spread of Sickness Absence (By Length of Days) (April – September 2016)
- Appendix 7 & 8 Summary of Occupational Health & Counselling Services Activities Undertaken (April – September 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: 6 Month (April – September 2016) Cumulative Sickness Absence 2016/2017

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

Q2 – FTE	combined		Officers		Teachers	
Actual (cumulative)	8.95		9.93		5.41	
Predicted to end of year	8.94		9.87		5.46	
Q2 - £'000's	combined		Officers		Teachers	
Actual (cumulative)	5,586		4,835		751	
Predicted to end of year	13,310		11,225		2,085	

1.4 Reasons for Absence

1.4.1 Appendix 3 shows:

- Stomach, Liver and Gastroenteritis accounts for the most occasions of sickness absence (1,172 occasions). Time lost was 2,892.92 days, equivalent to 2.5 days per absence.
- Back, neck and other musculoskeletal problems was the highest cause of time lost (8100.85 days)
- Stress, Depression and Anxiety was the second highest cause of time lost. (6762 days). However, it is not possible to differentiate between personal stress and work related stress.

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).
- Quarter 2 (ending September 2016) out turn was **3.74** days (average sick days lost per full time equivalent employee).

1.4.3 When comparing Quarter 2 (2016/17) out turn with last years in the same period (2015/16), it reveals that

- Reduction in the number of the occurrences of absence by **339** occasions
- Reduction of total days lost per FTE by **2431.28** days
- Reduction of **18093.04** working hours' lost based
- Increase of **£280,051.57** in respect of cost of absence. This is in part due to the overall rise in the cost of the employment that now includes a significant rise in on-costs.
- Stress has decreased by **765.84** days and by 75 occasions
- Musculo-Skeletal has increased by **502.97** days and by 69 occasions
- There has been a decrease of **195.86** days lost due to Infection, Colds and Flu, and 49 occasions
- Chest, Respiratory and Chest Infection has reduced by **125.16** days and by 57 occasions
- Stomach, Liver, Gastroenteritis has reduced by **305.85** days and by 143 occasions.

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 2016/2017.

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

1.6 **Leavers through Promoting Health at Work Corporate Procedure**

1.6.1 Between April – September 2016, a total of four staff left the Council in accordance with the Promoting Health at Work Corporate Procedure. Three employees left on ill health retirement. One employee was dismissed for continuous absence but was subsequently re-instated on appeal to members.

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 along with the Occupational Health, Safety and Wellbeing Team, aims to ensure a consistent approach to sickness absence management, supporting managers in the application of the Council's Promoting Health at Work procedure. The Health and Wellbeing Team are responsible for providing information on sickness absence to Directorate Management Teams/Senior Managers on a monthly basis

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 and the Occupational Health, Safety and Wellbeing 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 including the management of mental wellbeing. 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 and links to the Occupational Health and Wellbeing Information Access Points.

- 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. The clinics are supported by the Health and Wellbeing Team with additional support from the Occupational Health and Wellbeing clinicians where required.
- 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 is no outstanding casework from absence triggers generated from Quarter 2.

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

2.2.1 Talking Health, Safety and Wellbeing : the primary aim of the initiative is to act as central source of information and encourage Council employees to act safely, as well as maintaining their physical and mental wellbeing.

2.2.2 The initiative has delivered the following events in Quarter 2:

- Weekly articles on key health and safety issues are promoted through Beacon. The articles so far have included near miss reporting, avoiding needle stick injury, driving safety and getting active with Workplace on the Move. To date there has been 4327 hits on these articles.
- Between 1st July and 30th September, Coventry City Council signed up to Workplaces on the Move, the Public Health England campaign to get fit and stay healthy. The initiative was a three month 'get fit' opportunity, offering colleagues the chance to get more active by getting involved in physical exercise either as an individual or in teams of five. There was competition for top place on the Leader Board, and there was a prize for the winner(s). In total: 40 employees took part, in over 1814 activities.
- A Health Information day was held at Whitley Depot on 28th September. It was a drop- in service, where employees could obtain information on a variety of health topics including: lifestyle factors, cancer awareness, NHS checks, flu vaccinations and health surveillance.
- The Mandatory Workplace **Mental Wellbeing** Audit Programme continues to be rolled out as per the Audit Programme
- The Mental Wellbeing at Work, resilience focused e-learning, which looks at maintaining mental wellbeing from a managers, employees and organisational perspective, is available on the e-learning system and has been promoted through Beacon.
- Work continues to support Social workers in the MASH team with Mental Wellbeing Support groups.
- The 'Single Point Access' tool for Mental Wellbeing will be promoted on Beacon again for World Mental Health day on 10th October 2016. See following link:
<http://beacon.coventry.gov.uk/occhealthsafetywellbeing>

Musculoskeletal

- Musculoskeletal problems were identified in Adult Provider Services and Libraries where older employees were experiencing more shoulder and knee problems. Flex and stretch and shoulder and knee injury awareness sessions were targeted for these groups Q2 and 26 employee attended. Feedback from managers has been very positive.
- The Fast Care Clinics in key areas: 3 City Arcade, Whitley Depot and Faseman House will continue to target high risk areas for musculoskeletal problems

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)?

The monitoring of Sickness absence is one of the Council's corporate plan targets and performance and oversight is achieved via the reporting of outturn to Cabinet Member (Strategic Finance & Resources)

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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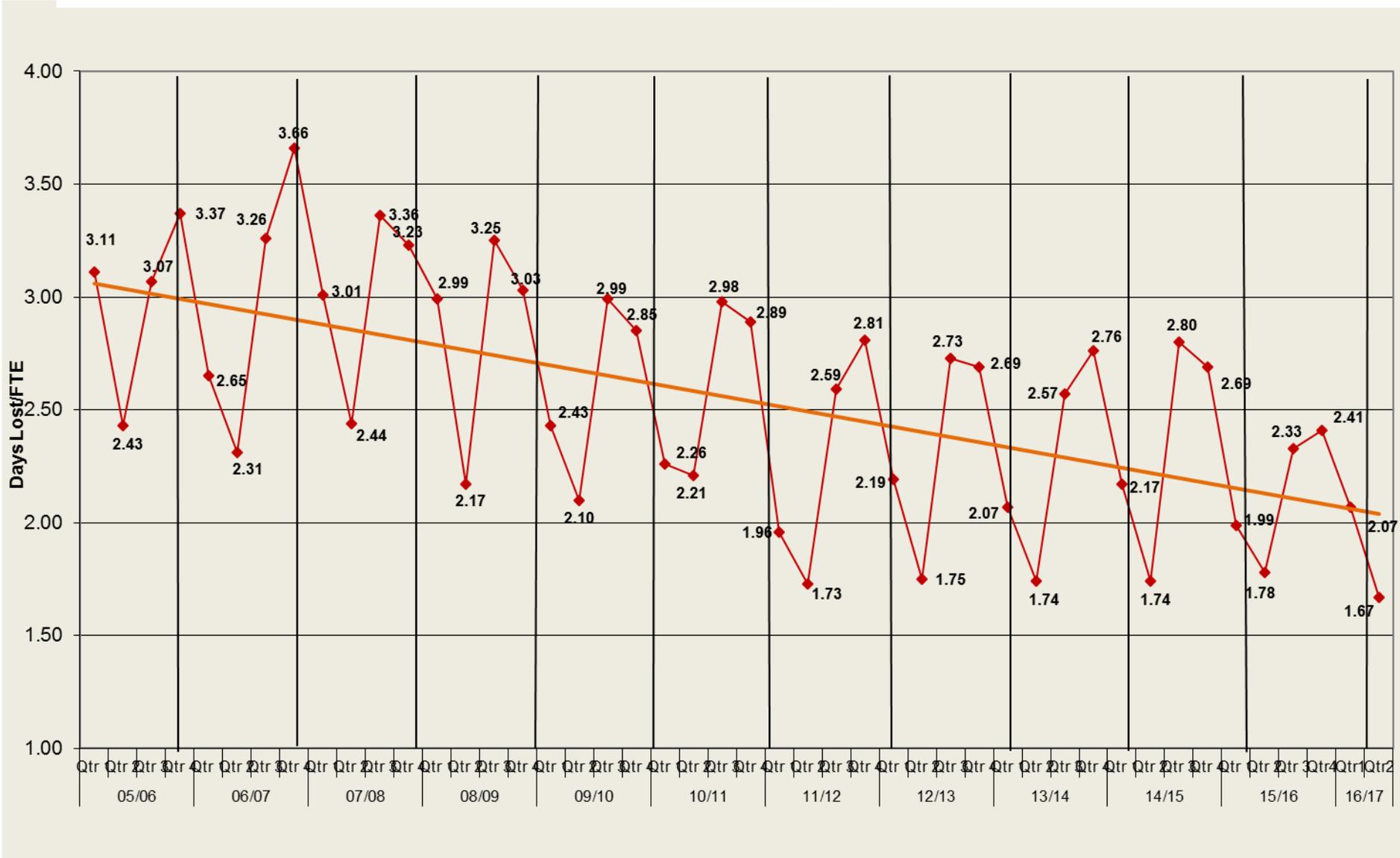
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Chris West	Executive Director	Resources	17/11/2016	28/11/2016

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Coventry City Council
Days Lost per FTE
2005 - 2016



Corporate / Directorate Comparisons against Target

Appendix 2

Coventry City Council

April – September 2016	April – September 2015	Annual Target 2016/2017
3.74	3.77	8.0

This demonstrates a reduction of 0.03 days per FTE compared to 2015/2016

Chief Executive's Directorate

April – September 2016	April – September 2015	Annual Target 2016/2017
0.24	0.43	2.0

This demonstrates a reduction of 0.19 days per FTE compared to 2015/2016.

Place Directorate

April – September 2016	April – September 2015	Annual Target 2016/2017
4.48	4.73	9.30

This demonstrates a reduction of 0.25 days per FTE compared to 2015/2016.

People Directorate

April – September 2016	April – September 2015	Annual Target 2016/2017
5.19	5.70	10.95

This demonstrates an increase of 0.51 days per FTE compared to 2015/2016

Teachers in Schools

April – September 2016	April – September 2015	Annual Target 2016/2017
1.82	1.69	4.56

This demonstrates an increase of 0.13 days per FTE compared to 2015/2016.

Support Staff in Schools

April – September 2016	April – September 2015	Annual Target 2016/2017
3.29	3.46	7.55

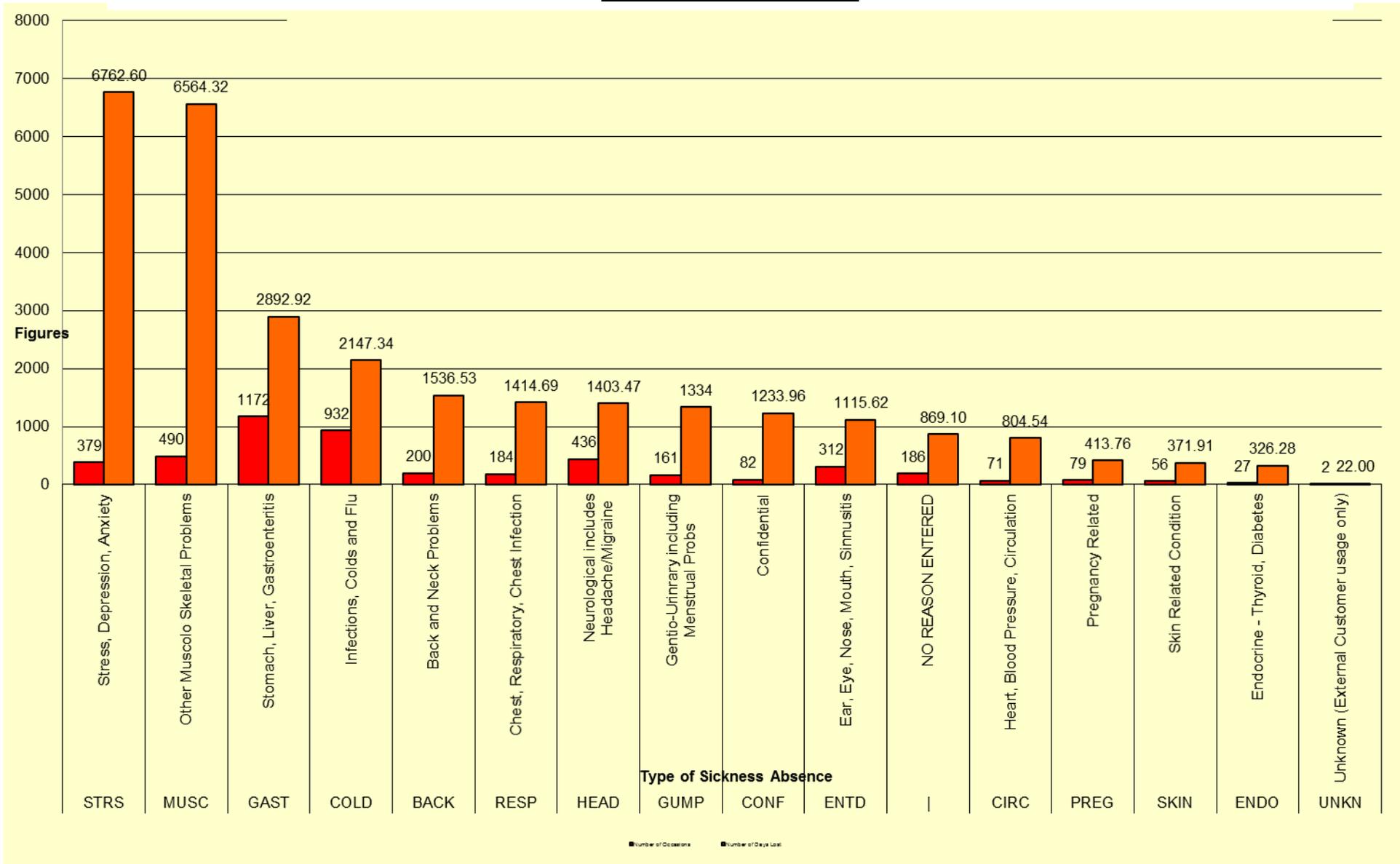
This demonstrates a reduction of 0.17 days per FTE compared to 2015/2016.

Resources Directorate

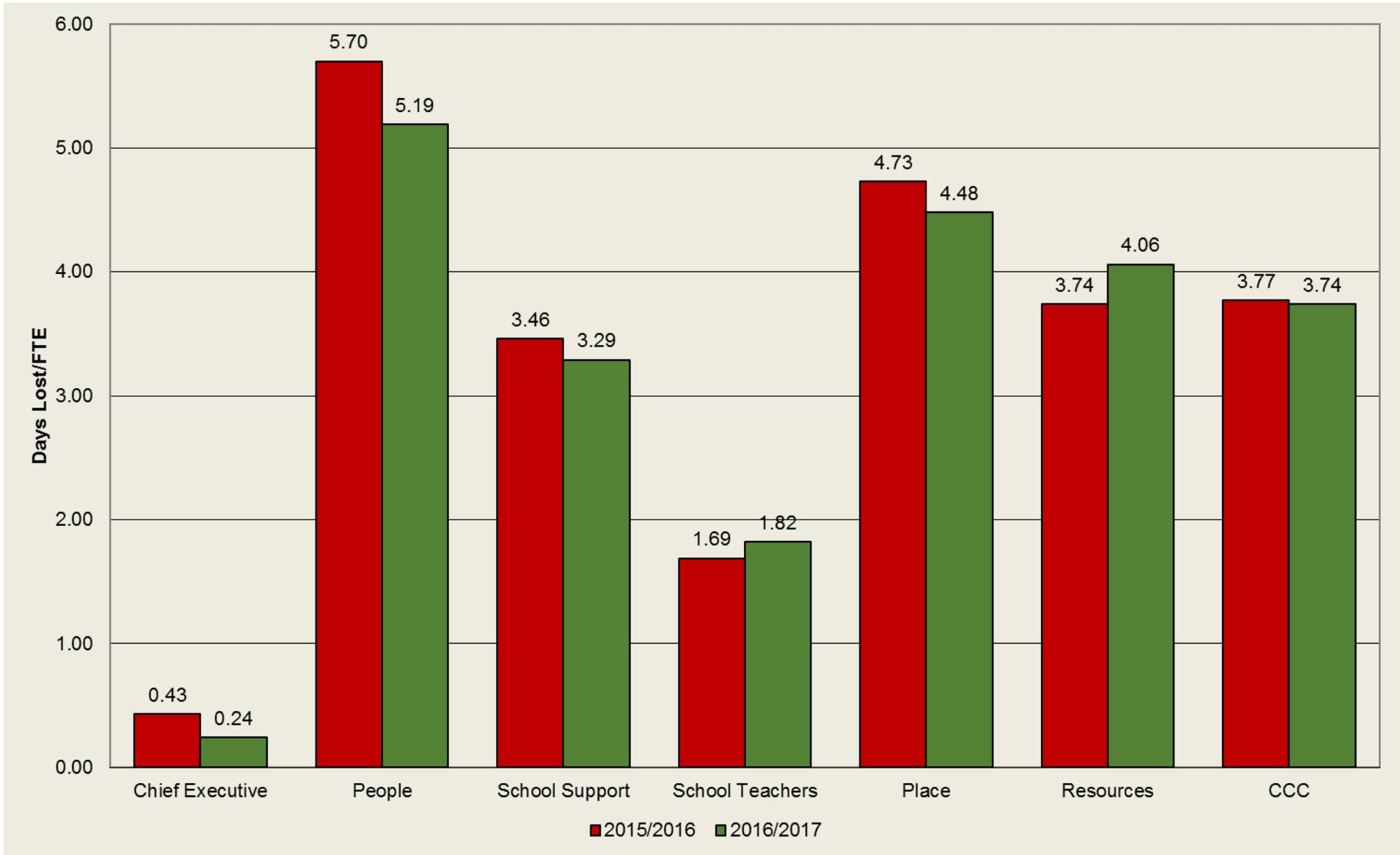
April – September 2016	April – September 2015	Annual Target 2016/2017
4.06	3.74	8.00

This demonstrates an increase of 0.32 days per FTE compared to 2015/2016

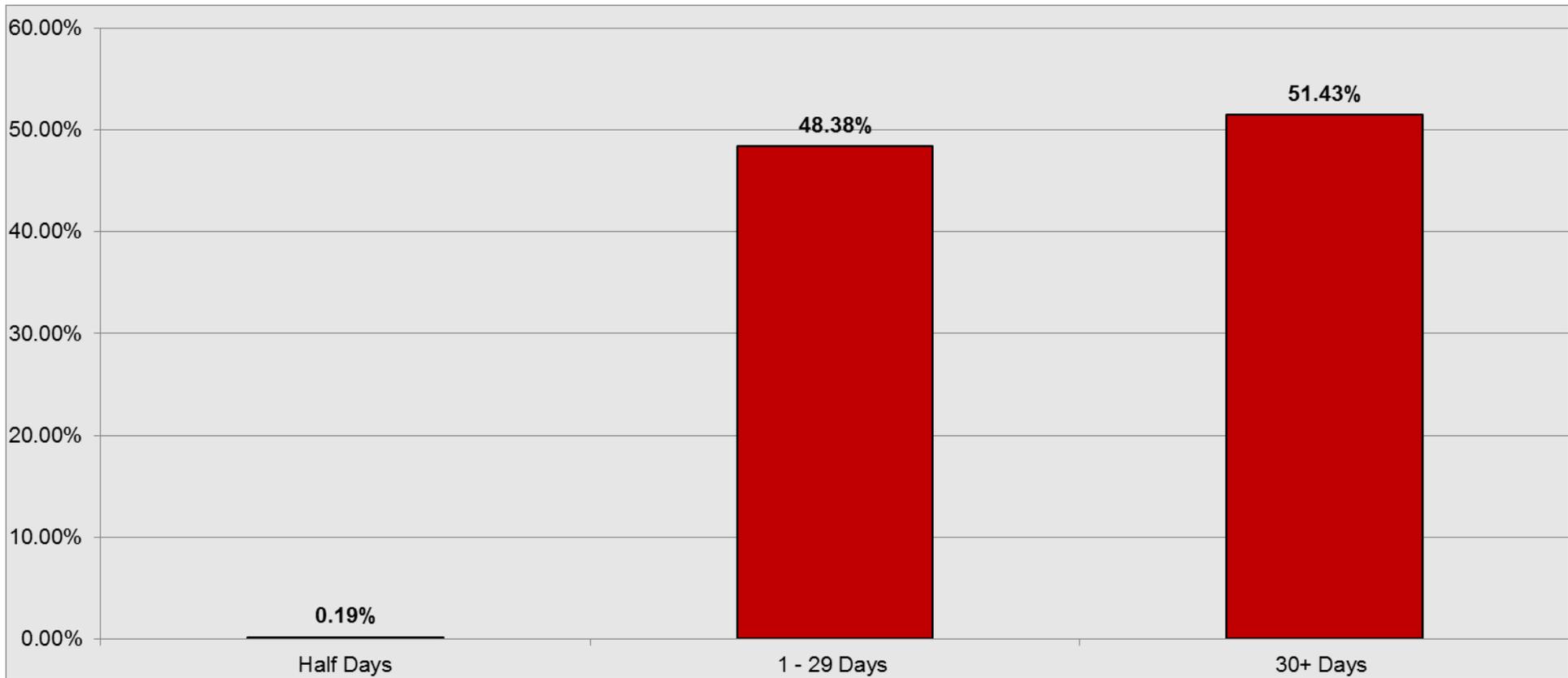
**Coventry City Council – Reasons for Absence
April – September 2016**



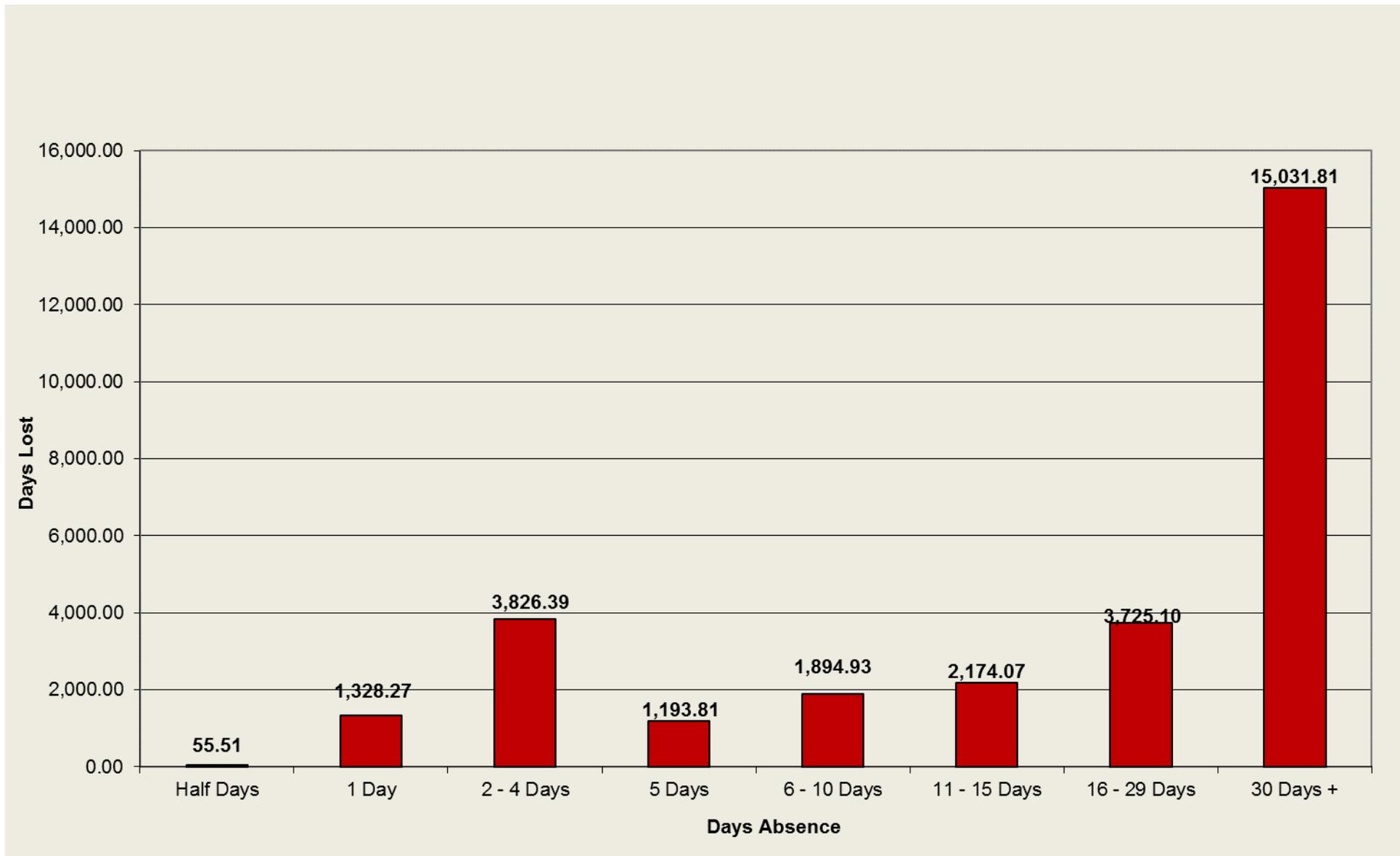
April – September 2015 vs. April – September 2016
Days Lost Per FTE



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



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



OCCUPATIONAL HEALTH
Promoting Health at Work Statistics
1st April 2016 – 31st March 2017 (Q2)

Occupational Health Activity	April-June 2016	July-September 2016	October-December 2016	January-March 2017	Total for Year
Pre-Employment health assessments	160	261			421
<u>July to September 2016</u> From the 261 pre-employment assessments, 161 required additional advice and guidance to be given to the employing manager. 35% of pre-employment forms were processed within 3 working days 100% clearance slips were returned to the Recruitment Team/School within 3 working days					
Sickness absence health assessments and reviews including case conferences	268	255			523
Ill health conditions reported/investigated as work related, including workplace assessments	43	39			82
<u>July to September 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 85% reports sent to HR/schools within 3 working days					
Vision screening and other surveillance procedures including vaccinations	85	30			115
<u>July to September 2016</u> From the 30 screenings which took place 11 required additional intervention to prevent a deterioration in health and maintain the employee in work.					
Healthy Lifestyles screens and follow up appointments	87	69			156
<u>July to September 2016</u> 44 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, 25 were identified as having previously unidentified health problems and required a follow up appointment at the OHU or referral to their GP.					

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
1st April 2016 – 31st March 2017 (Q2)

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	74			171
Counselling sessions	359	429			788
Service evaluation					
Number of employees completing questionnaire	24	7			31
Counselling helped avoid time off work (not on sick leave)	13	4			17
Counselling helped early return to work (on sick leave when counselling started)	7	1			8
Did not affect sickness absence	4	2			6

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