

Cabinet Member for Strategic Finance and Resources

3<sup>rd</sup> August 2017

**Name of Cabinet Member:**

Cabinet Member for Strategic Finance and Resources – Councillor J Mutton

**Director Approving Submission of the report:**

Deputy Chief Executive People

**Ward(s) affected:**

None

**Title:**

Cumulative Sickness Absence 2016/2017

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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 2016/2017.
- The actions being taken to manage absence and promote health at work across the City Council.

**Recommendations:**

The 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 2016 – 31 March 2017 and endorse the actions taken to monitor and manage sickness.

**List of Appendices included:**

*Please note that the Directorates listed in the tables reflect the organisational structure during this reporting period. The next report will reflect the revised Directorate structures.*

- |                |   |
|----------------|---|
| Appendix 1     | Coventry City Council: Targets Vs Actual Days Lost per FTE 2012-17                        |
| Appendix 2     | Directorate Summary Out-turn 2016 / 2017 vs. 2015 / 2016                                  |
| Appendix 3     | Coventry City Council Reasons for Absence (2016 / 2017)                                   |
| Appendix 4     | Days Lost per FTE, by Directorate (2016 / 2017)   |
| Appendix 5     | Coventry City Council Percentage Breakdown of Absence (2016/2017)                         |
| Appendix 6     | Coventry City Council Spread of Sickness Absence, by Length of Days (2016 / 2017)         |
| Appendix 7 & 8 | Summary of Occupational Health & Counselling Services Activities Undertaken (2016 / 2017) |

**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: Cumulative Sickness Absence 2016/2017**

**1. Context (or background)**

1.1 Annual and bi-annual 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**

Table shows days lost per FTE for the period of 2016- 2017

<b>Days Lost per FTE</b>			<b>Officers</b>		<b>Teachers</b>		<b>combined</b>
<b>Actual (cumulative)</b>			9.59		5.57		8.74
<b>Cost of Sickness: £'000's</b>			<b>Officers</b>		<b>Teachers</b>		<b>combined</b>
<b>Actual</b>			10,811		2,078		12,889

**1.4 Reasons for Absence**

1.4.1 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April 2016 – March 2017 is Infections, Colds and Flu accounting for **3,104** occasions. The amount of time lost through Infections, Colds and Flu was **7301** days.
- The amount of days lost through Stress, Depression, and Anxiety was **14,996** 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 days lost are due to Other Musculo-Skeletal Problems **12,963** days; Infections, Colds and Flu **7301** days, Stomach, Liver and Gastroenteritis **7056** days.

1.4.2 A comparison of the last 5 years actual sickness levels against target are shown in Appendix 1.

1.4.3 A comparison of Q4 2016/17 with Q4 2015/16 shows:

- A reduction in the number of the occurrences of absence by **442**
- A reduction in the total days lost per FTE by **5249.92** days

- Stress has reduced by **1178.52** days and by **69** occasions
- Musculo-Skeletal absence has reduced **1298.95** days and by **72** occasions
- Infection, Colds and Flu has increased by **40.78** days but with a reduction by **8** of the number of occasions
- Chest, Respiratory, Chest Infection has reduced by **63.60** days and by **60** occasions
- Stomach, Liver, Gastroenteritis has reduced by **315.18** days and increased by **1** occasion

1.4.4 Please note that the Directorates listed in the appendices reflect the organisational structure during this reporting period. The next report will reflect the revised Directorate structures.

## 1.5 Frequent and Long Term Absence

1.5.1 Appendix 5 provides the breakdown between frequent and long-term absence during 2016/2017

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 2016/2017 there have been a total of **14** dismissals in accordance with the Promoting Health at Work Corporate Procedure. **11** dismissals have been due to ill health retirement and **3** dismissals have been where the required standards of attendance have not been met.

## 2. Options considered and recommended proposal

### 2.1 Activities during Q4

HR Support Teams aim 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 HR Support Teams undertake proactive strategies to support the Council to reduce levels of sickness absence. They include:

- A robust approach 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 Service Managers 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 from HR on changes to procedure and support the Council can provide to its employees and Managers.

2.1.8 One of the 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 There is no outstanding casework from absence triggers generated from Q4.

## **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:
- Communication on key health and safety issues continues to be published on a weekly basis each Wednesday.
- The articles for Quarter 4 included: mental wellbeing 'Feeling Warm and Cosy is a State of Mind; Wellbeing at Work; Kicking the Habit; Improvements in Near Miss Reporting.
- The total hits were 1414

## **2.3 Activities during Q4 from the Occupational Health Team**

- The Fast Care Musculoskeletal Clinics continue - in key areas (3 City Arcade, Whitley Depot and Faseman House), will continue to support high risk areas for musculoskeletal problems.
- The 171 (36%) incidents of musculoskeletal problems which were assessed as aggravated by work were distributed across directorates and schools, no single area was represented as a hot spot. No single condition was significantly represented.
- From the 469 cases closed, 54% of those seen more than once demonstrated a significant improvement in pain and function
- In Q4 Conflict and Aggression Training was carried out at Whitley Depot and Resilience Training for Children's Services
- Mediation was carried out in People Directorate and 2 x schools.
- NHS Health Checks which support the Marmot Programme have continued: 57

were carried out over Q4 as part of the Wellbeing Programme. 41 required additional interventions to prevent deterioration in health.

- A Wellbeing event was run for Highways and Streetpride, requested by Service Management to look at general health and heart conditions specifically.
- A Retirement Course was run in March supporting employees making decisions around retirement. 13 City Council Employees attended.  
Mental Wellbeing
- The Mandatory Workplace Mental Wellbeing Audit Programme continues to be rolled out across the Council and schools, based on sickness absence for stress, anxiety, depression, MSK and gastric problems.

The Service continues to support social workers in the MASH team through Mental Wellbeing Support groups carried out on a monthly basis.

## 2.4 Targets 2017 / 2018

Detailed below are the targets 2013 / 2018.

<b>Coventry - 5 Year Corporate Sickness Targets</b>	
<b>Year</b>	<b>Target</b>
2013/14	8.5
2014/15	8.5
2015/16	8.5
2016/17	8
<b>2017/2018</b>	<b>8</b>

## 2.5 Comparison Information

Coventry City Council has collected sickness out turn data for 2016/17 for the other West Midlands Metropolitan Authorities.

<b>West Midlands Metropolitan Authority</b>	<b>Days Lost per FTE</b>	(excluding Schools)
Birmingham	10.48	
Coventry	10.08	
Dudley	10.99	
Solihull	10.58	
Walsall	10.47	
Sandwell	8.44	

**Outturn does not include absence for schools (we have been unable to obtain figures from Wolverhampton)**

## 3. Results of consultation undertaken

No consultation has been undertaken.

#### **4. Timetable for implementing this decision**

None

#### **5. Comments from the Director of Finance and Corporate Services**

##### **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) twice a year – at the end of Q2 and the end of Q4.

##### **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 Support Teams 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.

### **6.5 Implications for (or impact on) the environment**

None.

### **6.6 Implications for partner organisations?**

None.

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This report is published on the Council's website:

[www.coventry.gov.uk/meetings](http://www.coventry.gov.uk/meetings)

**Coventry City Council**  
**Target Vs Actual Days Lost per FTE**  
**2012 - 2017**

<b>Coventry - 5 Year Corporate Sickness Summary</b>			
<b>Year</b>	<b>Target</b>	<b>Actual</b>	<b>RAG Rating</b>
2012/13	8	9.53	☹️
2013/14	8.5	9.14	☹️
2014/15	8.5	9.4	😐
2015/16	8.5	8.51	😊
2016/17	8	8.64	😐

**RAG Key Code**

<b>Red</b>	☹️	<b>Above Target</b>
<b>Amber</b>	😐	<b>Less than 1 day</b>
<b>Green</b>	😊	<b>On Target</b>

**Figures include School sickness**

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

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
8.64	8.51	8

This demonstrates an increase of 0.13 days per FTE compared to 2015/16.

**Chief Executive's Directorate**

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
0	0.90	2

This demonstrates a reduction of 0.9 days per FTE compared to 2015/16.

**Place Directorate**

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
10.16	9.66	9.30

This demonstrates an increase of 0.5 days per FTE compared to 2015/16.

**People Directorate**

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
11	12.00	10.95

This demonstrates a reduction of 1 day per FTE compared to 2016/17.

**Teachers in Schools**

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
5.44	4.54	4.56

This demonstrates an increase of 0.90 days per FTE compared to 2015/16.

### **Support Staff in Schools**

<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
7.95	8.13	7.55

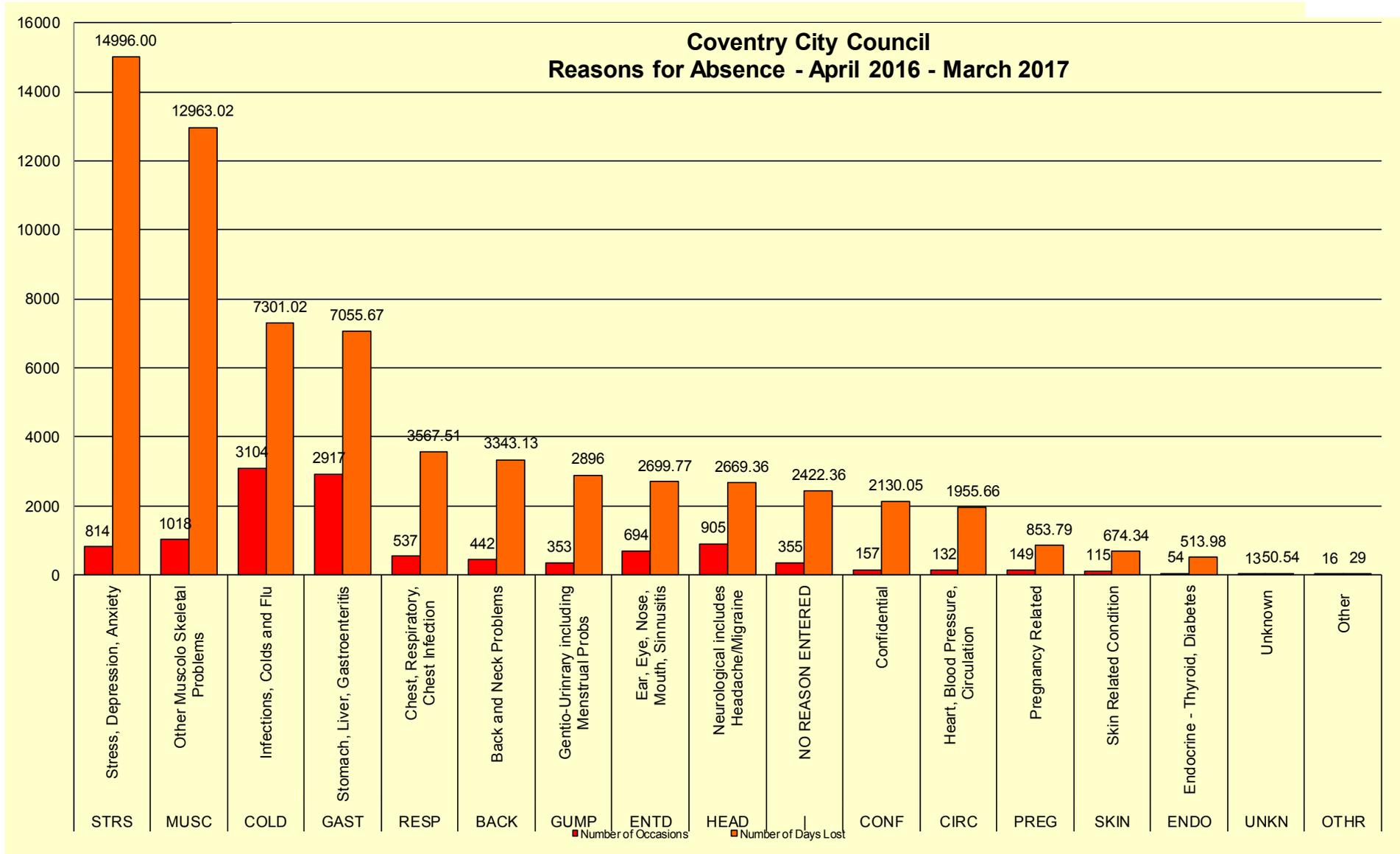
This demonstrates a reduction of 0.18 days per FTE compared to 2015/16.

### **Resources Directorate**

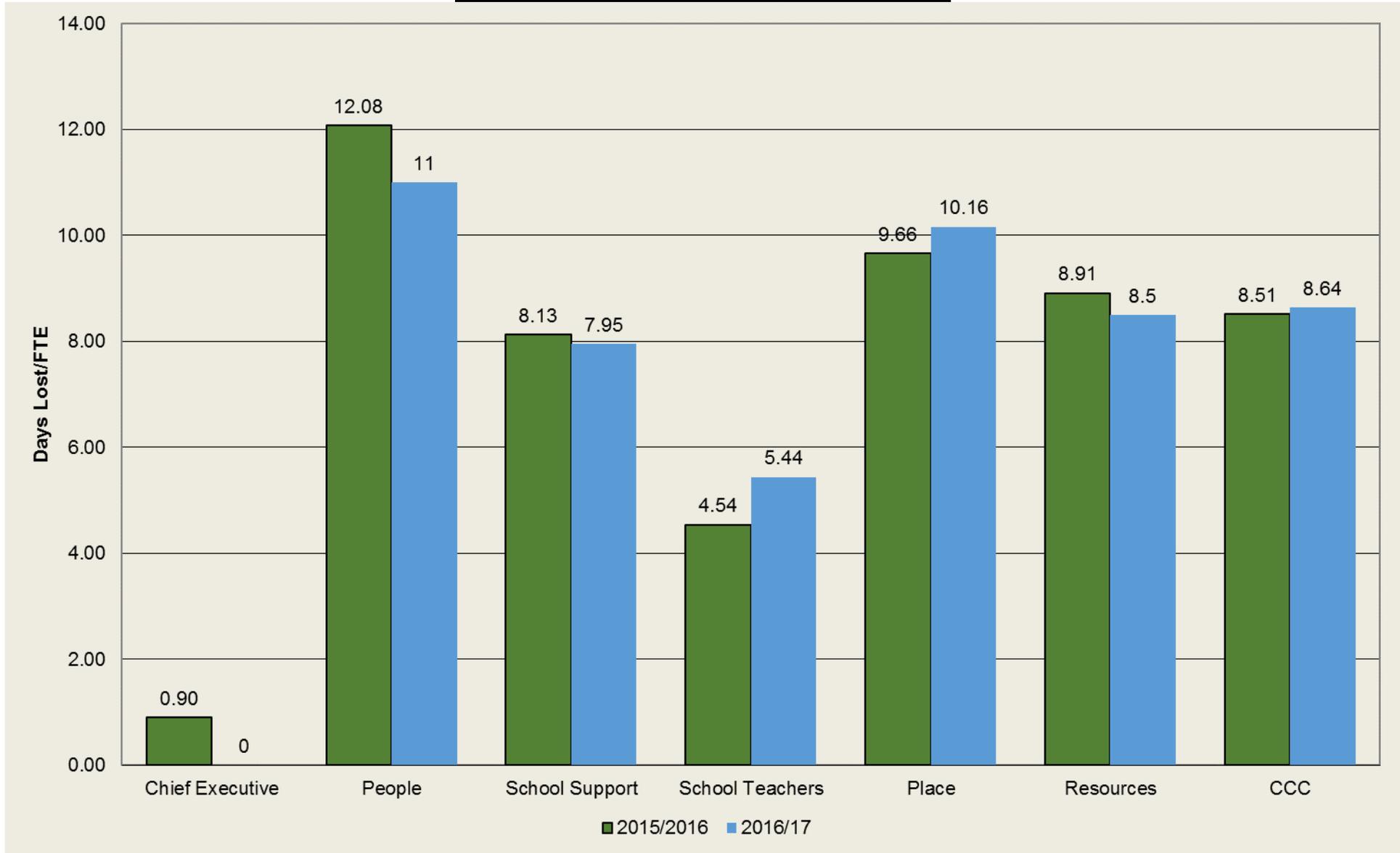
<b>2016/17</b>	<b>2015/2016</b>	<b>Annual Target 2016/2017</b>
8.5	8.91	8.00

This demonstrates a reduction of 0.41 days per FTE compared to 2015/16.

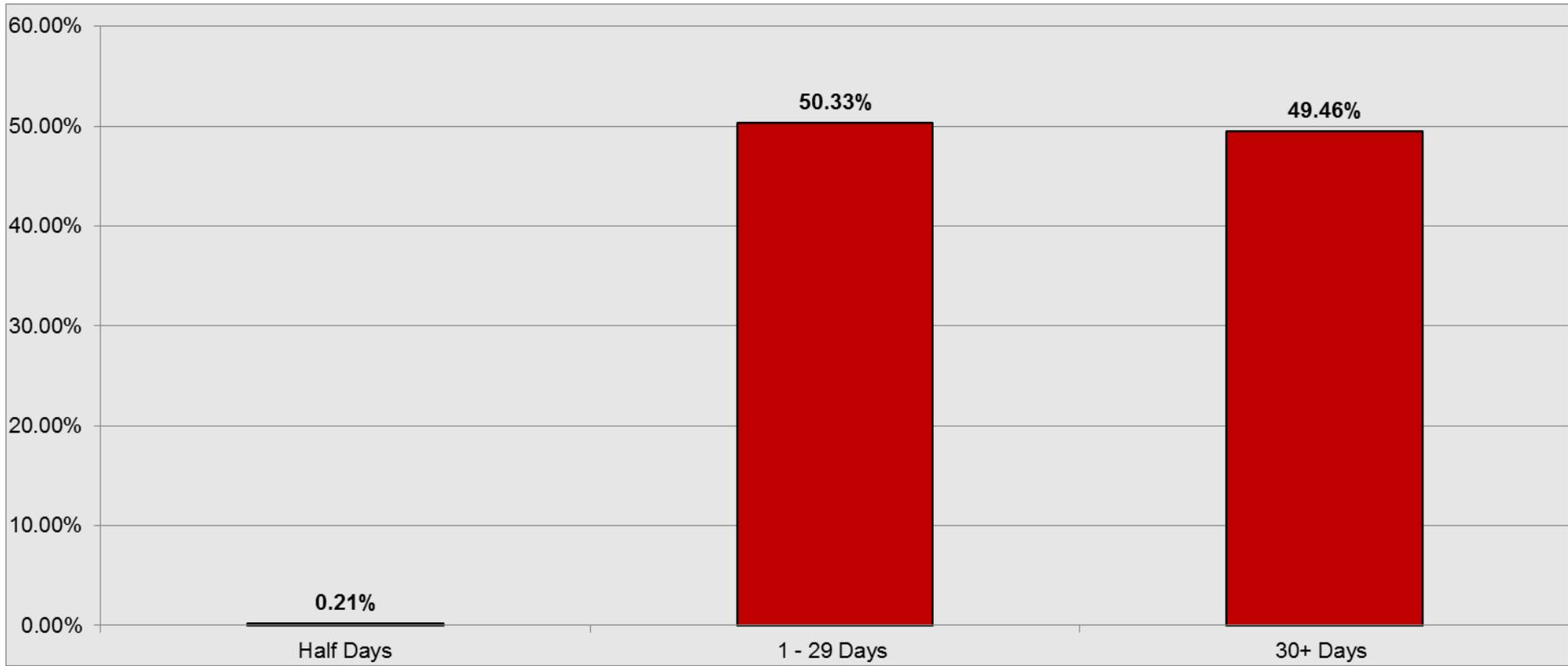
**Due to the change in the structures and composition of Directorates, an accurate evaluation against last year's performance / statistics is not always directly comparable.**



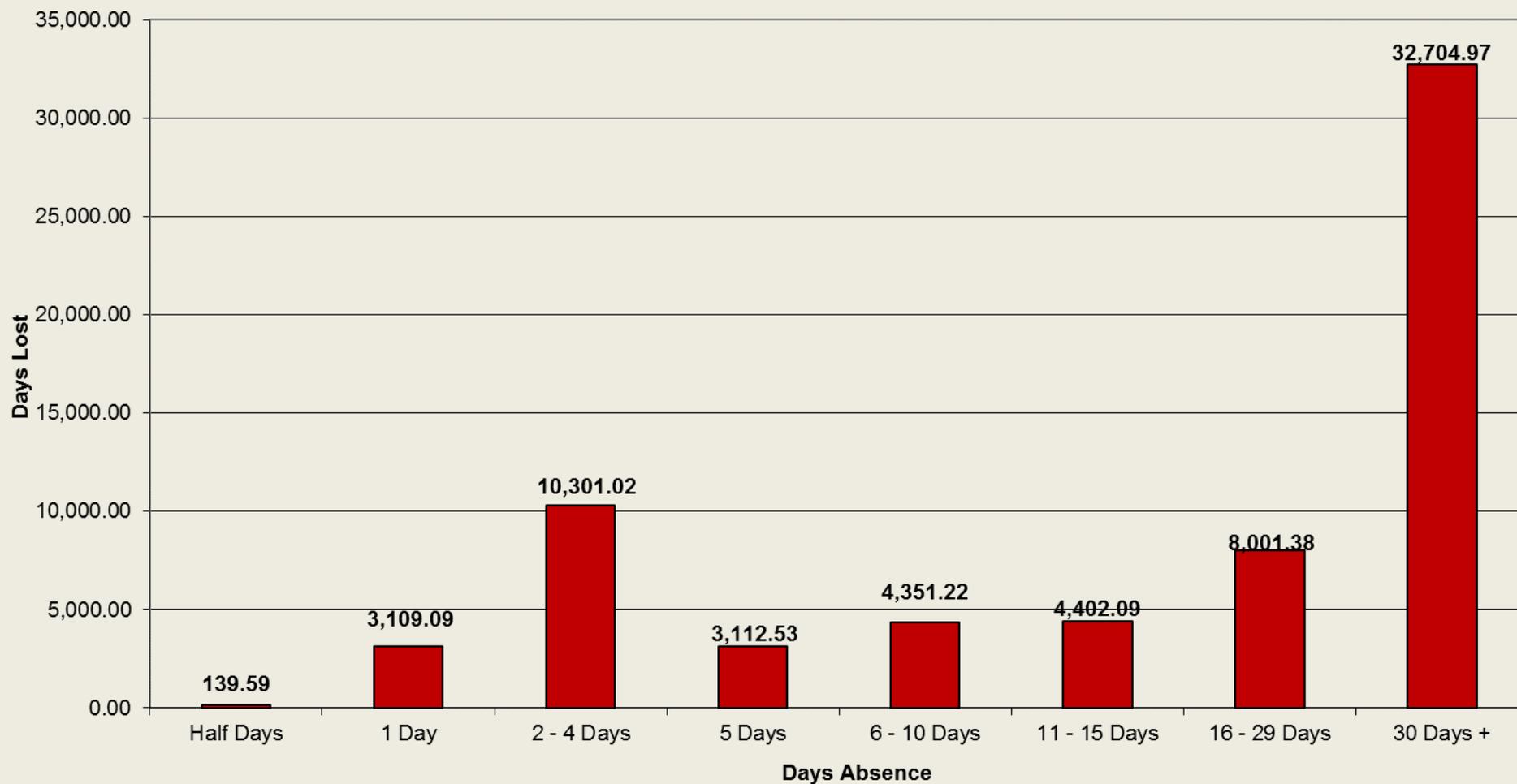
**2015/2016 vs. 2016/2017 - Days Lost Per FTE**



**Coventry City Council**  
**April 2016 – March 2017**  
**Sickness Absence – Percentage Breakdown**



**Coventry City Council  
Spread of Sickness Absence  
April 2016 - March 2017**



**OCCUPATIONAL HEALTH**  
**Promoting Health at Work Statistics**  
**1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017 (Q4)**

Occupational Health Activity	April- June 2016	July- September 2016	October- December 2016	January- March 2017	Total for Year
<b>Pre-Employment health assessments</b>	160	260	148	216	<b>784</b>
<a href="#">January to March 2017</a> 49% of pre-employment forms were processed within 3 working days 100% clearance slips were returned to the Recruitment Team/School within 3 working days					
<b>Sickness absence health assessments and reviews including case conferences</b>	267	255	262	324	<b>1108</b>
<a href="#">January to March 2017</a> 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 88% reports sent to HR/schools within 3 working days					
<b>Vision screening and other surveillance procedures including vaccinations</b>	85	30	<b>78</b>	<b>28</b>	<b>221</b>
<a href="#">January to March 2017</a> From the 28 screenings which took place 13 required additional intervention to prevent a deterioration in health and maintain the employee in work.					
<b>Healthy Lifestyles screens and follow up appointments</b>	87	69	<b>58</b>	<b>85</b>	<b>299</b>
<a href="#">January to March 2017</a> 57 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, 29 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**  
**1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017 (Q4)**

Appendix 8

<b>Counselling and Wellbeing Activity</b>	<b>Apr – Jun 2016</b>	<b>Jul – Sep 2016</b>	<b>Oct – Dec 2016</b>	<b>Jan – Mar 2017</b>	<b>Total for Year</b>
<b>New referrals for counselling</b>	97	74	114	116	<b>401</b>
<b>Counselling sessions</b>	359	429	478	493	<b>1759</b>
<b>Service evaluation</b>					
Number of employees completing questionnaire	24	7	24	23	<b>78</b>
Counselling helped avoid time off work (not on sick leave)	13	4	15	16	<b>48</b>
Counselling helped early return to work (on sick leave when counselling started)	7	1	6	5	<b>19</b>
Did not affect sickness absence	4	0	4	0	<b>8</b>

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