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Cabinet Member for (Strategic Finance & Resources)

14<sup>th</sup> December 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:**

6 month (April – September 2017) Cumulative Sickness Absence 2017-2018

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**Is this a key decision?**

No

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**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 2017.
- 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 2017 and endorse the actions taken to monitor and manage sickness.
- Note the need to revise our sickness and absence policies and procedures and invest in sickness absence management training as part of the ongoing workforce reform programme. This is to support the delivery of a revised target of reducing the absence from 8 days to 6 days per fulltime equivalent employee by 2019/20.

**List of Appendices included:**

*Please note that this report reflects the revised Directorate structures.*

- Appendix 1          Coventry City Council – Target Vs Actual Days Lost per FTE 2012-17
- Appendix 2          Directorate Summary Out-turn (April – September 2016 vs. April – September 2015)
- Appendix 3          Coventry City Council Reasons for Absence (April – September 2017)
- Appendix 4          Days Lost per FTE, by Directorate (April – September 2016/2017 vs. 2017/2018)
- Appendix 5          Coventry City Council Percentage Breakdown of Absence (April – September 2017)
- Appendix 6          Coventry City Council Spread of Sickness Absence (By Length of Days) (April – September 2017)
- Appendix 7 & 8      Summary of Occupational Health & Counselling Services Activities Undertaken (April – September 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: 6 Month (April – September 2017) Cumulative Sickness Absence 2017/2018**

**1. Context (or background)**

1.1 This report gives the cumulative sickness absence figures for the Council and individual Directorates.

1.2 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

**1.3 Performance and Projections**

<b>April - Sept Q1 &amp; Q2 Days lost per FTE (Full Time Equivalent) Employee</b>	<b>Combined Q1 &amp; Q2 (All Directorates including School Support Staff)</b>	<b>Officers (All non-teaching employees)</b>	<b>Teachers</b>
April - Sept Actual (cumulative) Report Total	4.05 Days lost per FTE	4.49 Days lost per FTE	2.19 Days Lost per FTE
<b>April - Sept Q1 &amp; Q2 - Sickness Costs</b>	<b>Combined Q1 &amp; Q2 (All Directorates including School Support Staff)</b>	<b>Officers (All non-teaching employees)</b>	<b>Teachers</b>
April - Sept Actual (cumulative) Report costings	£3,598,811	£3,021,068	£577,743
<b>Predicted Costs to Financial Year End 2017/2018</b>	£8,471,648	£6,897,416	£1,574,232

1.3.1 The method for calculating the cost of absence has been revised this year. It now uses real time employee data, which more accurately reflects working hours, rates of pay and employer contributions, rather than using assumed levels. This is now possible because we are able to access and collate data held on various systems.

1.3.2 Overall costs are also reduced due to the reduction in employee numbers and therefore the reduction in total days lost to absence.

**1.4 Reasons for Absence**

1.4.1 A comparison of the last 5 years actual sickness levels against targets are shown in Appendix 1

1.4.2 Appendix 3 Illustrates that:

- The most occasions of sickness absence across the City Council in April – September 2017 is Stomach, Liver and Gastroenteritis accounting for 1,124 occasions. The amount of time lost through Stomach, Liver and Gastroenteritis was 2,824 days.

- The amount of time lost through Stress, Depression, and Anxiety was 7325 days, making it the highest cause of time lost. However, it is not possible to define the root cause of the condition.
- The second, and third most prevalent reasons for days lost due to sickness absence were Other Musculo-Skeletal Problems (5,533 days), and Stomach, Liver and Gastroenteritis (2824 days).

#### 1.4.3 A comparison of Quarter 2 (2017/18) with Q2 2016/17 shows

- A reduction in the number of occurrences of absence by **294**
- A increase in the total days lost per FTE by **45.10** days
- Stress has increased by **563.39** days and by 50 occasions
- Musculo-Skeletal has reduced by **1030.36** days and by 19 occasions
- Infection, Colds and Flu has reduced by **322.83**, and 170 occasions
- Chest, Respiratory, Chest Infection has increased by **152.98** days and reduced by 19 occasions
- Stomach, Liver, Gastroenteritis has reduced by **38.85** days and by 48 occasions

### 1.5 Frequent and Long Term Absence

1.5.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during 2017/2018.

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

### 1.6 Outcomes of the Promoting Health at Work Corporate Procedure

1.6.1 During April – September **2017** there have been a total of **4** employees who left the Council in accordance with the Promoting Health at Work Corporate Procedure. **2** have been due to ill health retirement and **2** are due to the required standards of attendance not being met.

## 2. Activities during Quarter 2

### 2.1 HR Support Team

2.1.1 The 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 The HR Support Teams 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 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 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.
- 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 The sickness absence policy and procedures often referred to as 'promoting health at work' are due to be revised as part of the workforce reform programme. This will provide clarity and enable earlier management interventions to reduce our current sickness absence levels from 8 days per FTE to the national benchmark of 6 days per FTE by 2019-20.

2.1.9 There are no significant risks arising from sickness absence levels in any service area of the Council.

## **2.2 Talking Health, Safety and Wellbeing**

2.2.1 The primary aim of the initiative is to act as source of information of health, safety and wellbeing information, encouraging Council employees to maintain their safety and health at work.

2.2.2 The initiative has delivered the following events in Quarter 1 & 2:

- The **Talking Health, Safety and Wellbeing** communication on key health and safety issues continues to be promoted through Beacon, with weekly articles published each Wednesday
- Some of the articles in Quarter 1 included, 'Have you had your NHS check? Risk Assessment Training, and 'Could you help someone with cancer in your spare time? (Cancer Buddies Promotion). The total hits so far has been 2628.
- Articles in Quarter 2 – totalled 3592 hits
  - Risk Assessment Training 1,318
  - Team Picks Up Award 590
  - Workplace Inspections Are You Checking 321
  - Coventry Supports the Development of the Veterans' Gateway 134
  - RIDDOR – what's it all about? 369
  - Emotional Resilience Training 860

Cumulative hits for Quarter 1 & 2 totals = 6220

### **2.3 Activities during Quarter 2 from the Occupational Health, Safety and Wellbeing Team**

- The Managers Annual Health and Safety Self-Assessment Audit was commenced on 12<sup>th</sup> June and completed on 31<sup>st</sup> August 2017. The Audit enables the organisation to monitor compliance with health and safety requirements. The results form the basis for Service Area H&S Action Plans. A total of 10 directors and 40 senior managers completed the self-assessment questionnaire for their respective divisions and service areas. As well as compliance with legislation this also serves to remind senior managers of their health and safety responsibilities and obligations.
- The Corporate Health and Safety Training Programme has been compiled, and is to be agreed at Health and Safety Strategy Group and the Joint Health and Safety Forum. The training programme takes account of regulatory requirements and is aligned with managers and employees roles and responsibilities.
- The Mandatory Mental Wellbeing Audit programme has been reviewed to improve evaluation of outcomes and reporting of results. A question set has been developed to reduce misinterpretation. The audit improvements should increase response rates and enable more targeted action plans. The Audit continues to be benchmarked against HSE standards.

#### **Musculoskeletal**

- The 33 (30%) 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.
- The Fast Care Clinics at 3 City Arcade and Whitley Depot will continue to support high risk areas for musculoskeletal problems.
- From the 109 cases closed, 88% of those seen more than once demonstrated a significant improvement in pain and function

#### **3. Results of consultation undertaken**

No consultation has been undertaken.

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

None.

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

Employees are able to make a claim against the Council if they can demonstrate that the Council has failed in its duties as an employer when dealing with sickness absence.

## 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 areas 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 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 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**  
**2013 - 2018**

<b>Coventry - 5 Year Corporate Sickness Summary</b>			
<b>Year</b>	<b>Target</b>	<b>Actual</b>	<b>RAG Rating</b>
2013/14	8.5	9.14	☹️
2014/15	8.5	9.4	☹️
2015/16	8.5	8.51	☺️
2016/17	8	8.64	☹️
2017/18	8	Q1&2 = 4.05	☹️

<b>RAG Key Code</b>		
<b>Red</b>	☹️	<b>Above Target</b>
<b>Amber</b>	☹️	<b>Less than 1 day above target</b>
<b>Green</b>	☺️	<b>On Target</b>

**Figures include School sickness.**

<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
2017/2018	8

**Corporate / Directorate Comparisons against Target**

Appendix 2

**Coventry City Council**

<b>April – September 2017</b>	<b>April – September 2016</b>	<b>Annual Target 2017/2018</b>
4.05	3.74	8.0

This demonstrates an increase of 0.31 days per FTE compared to 2016/2017

**Place Directorate**

<b>April – September 2017</b>	<b>April – September 2016</b>	<b>Annual Target 2017/2018</b>
5.39	4.48	8

This demonstrates an increase of 0.91 days per FTE compared to 2016/2017.

**People Directorate**

<b>April – September 2017</b>	<b>April – September 2016</b>	<b>Annual Target 2017/2018</b>
5.00	5.19	8

This demonstrates an reduction of 0.19 days per FTE compared to 2016/2017

**Teachers in Schools**

<b>April – September 2017</b>	<b>April – September 2016</b>	<b>Annual Target 2016/2017</b>
2.19	1.82	8

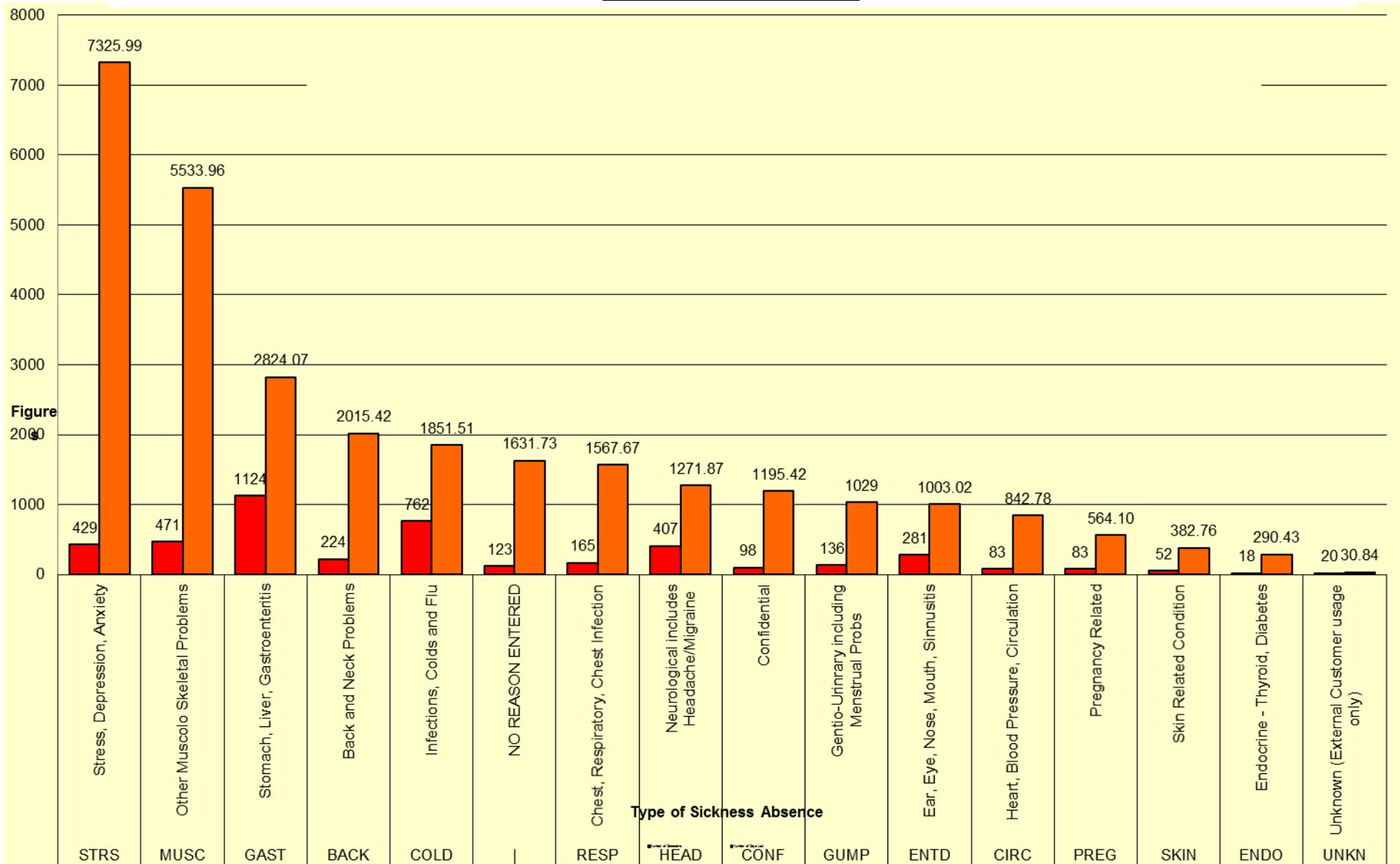
This demonstrates an increase of 0.37 days per FTE compared to 2016/2017.

**Support Staff in Schools**

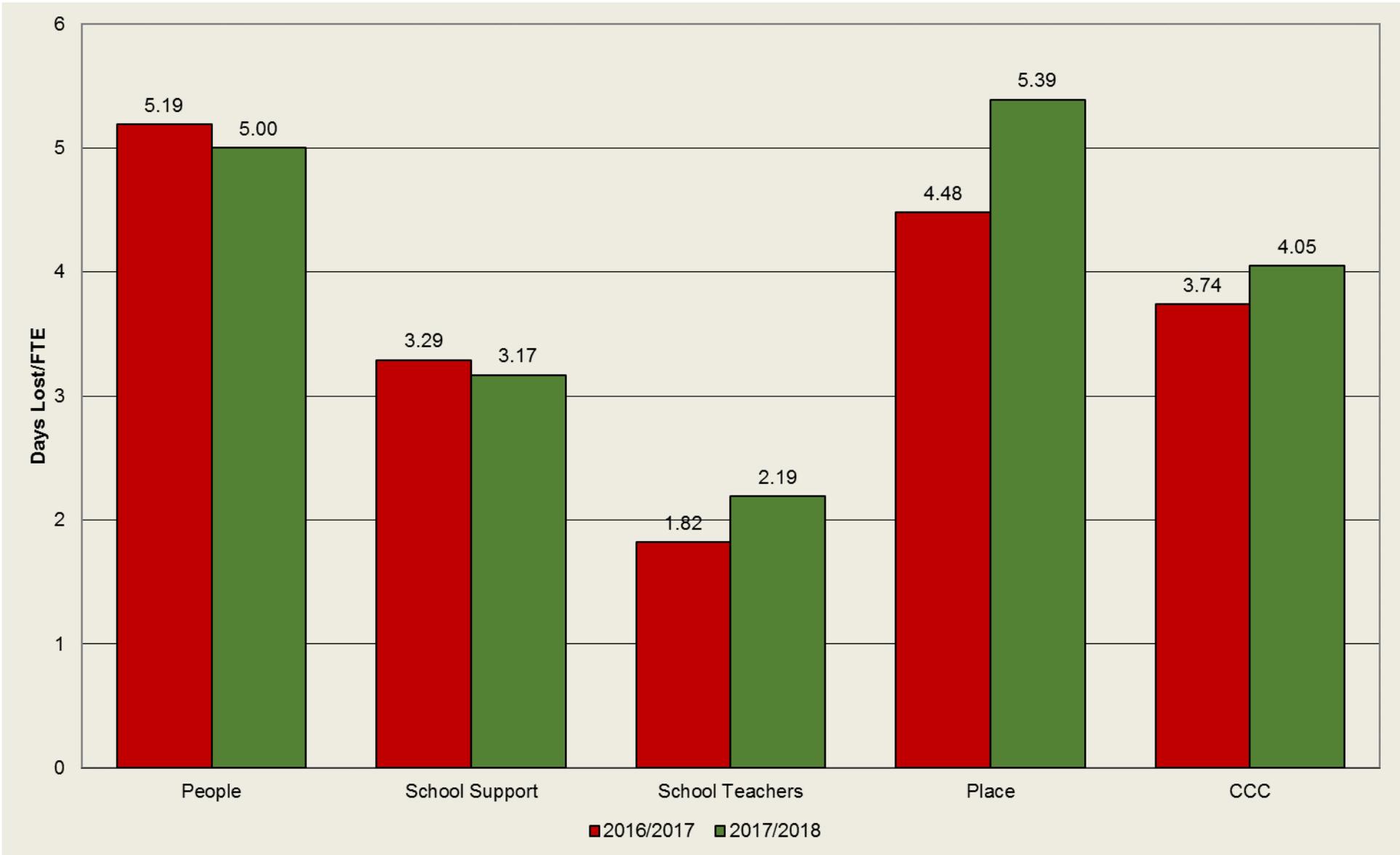
<b>April – September 2017</b>	<b>April – September 2016</b>	<b>Annual Target 2016/2017</b>
3.17	3.29	8

This demonstrates a reduction of 0.12 days per FTE compared to 2016/2017.

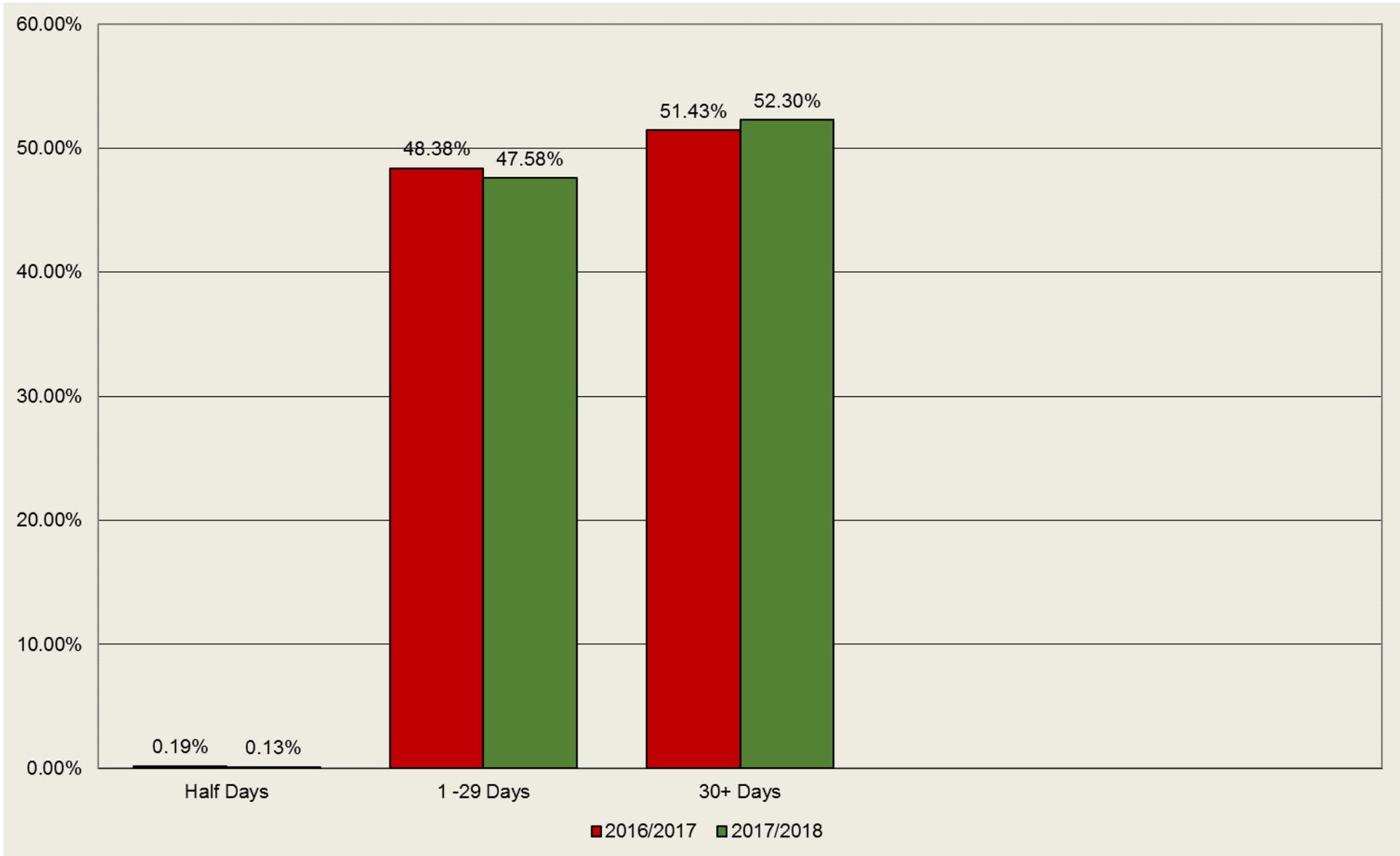
**Coventry City Council – Reasons for Absence  
April – September 2017**



April – September 2016 vs. April – September 2017  
Days Lost Per FTE

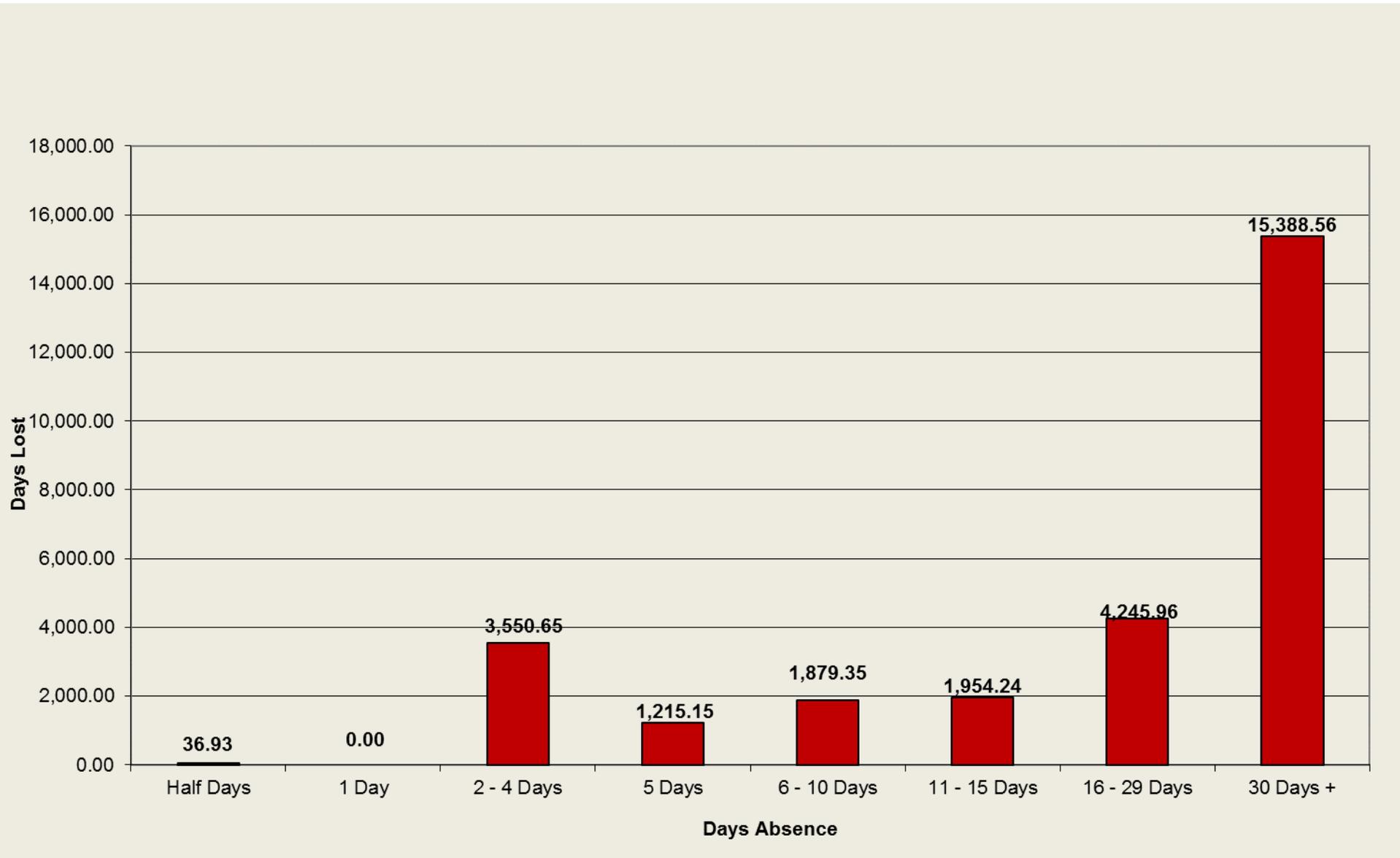


**Coventry City Council**  
**Sickness Absence – Percentage Breakdown**  
**April – September 2017**



**Coventry City Council**  
**April – September 2017**  
**Spread of Absence by Length of Days**

Appendix 6



**OCCUPATIONAL HEALTH**  
**Promoting Health at Work Statistics**  
**1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018**  
**Quarter 1 & 2**

Occupational Health Activity	April-June 2017	July-September 2017	October-December 2017	January-March 2018	Total for Year
<b>Pre-Employment health assessments</b>	245	325			<b>570</b>
<u><a href="#">July to September 2017</a></u> 65% 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>	362	367			<b>729</b>
<u><a href="#">July to September 2017</a></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 73% reports sent to HR/schools within 3 working days					
<b>Vision screening and other surveillance procedures including vaccinations</b>	66	36			<b>102</b>
<u><a href="#">July to September 2017</a></u> From the 36 screenings which took place 0 required additional intervention to prevent a deterioration in health and maintain the employee in work.					
<b>Healthy Lifestyles screens and follow up appointments</b>	85	30			<b>115</b>
<u><a href="#">July to September 2017</a></u> 10 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, 2 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**

Appendix 8

**1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018**

**Quarter 1 & 2**

<b>Counselling and Wellbeing Activity</b>	<b>Apr – Jun 2017</b>	<b>Jul – Sep 2017</b>	<b>Oct – Dec 2017</b>	<b>Jan – Mar 2018</b>	<b>Total for Year</b>
<b>New referrals for counselling</b>	97	121			<b>218</b>
<b>Counselling sessions</b>	577	571			<b>1148</b>
<b>Service evaluation</b>					
Number of employees completing evaluation questionnaires	31	22			<b>53</b>
Counselling helped avoid time off work (not on sick leave)	22	15			<b>37</b>
Counselling helped early return to work (on sick leave when counselling started)	6	5			<b>11</b>
Did not affect sickness absence	5	3			<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