

12<sup>th</sup> September, 2012

**Name of Cabinet Member:**

Cabinet Member (Strategic Finance & Resources) – Councillor Duggins

**Director Approving Submission of the report:**

Director of Customer & Workforce Services

**Ward(s) affected:**

None

**Title:**

3 month (April – June 2012) Cumulative Sickness Absence 2012/2013

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**Is this a key decision?**

No

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**Executive Summary:**

To enable Cabinet Member (Strategic Finance & Resources) to monitor:

- Levels of sickness absence for the 3 month period from April – June 2012.
- The actions being taken to manage absence and promote health at work across the City Council

**Recommendations:**

- 1) To receive this report providing sickness absence data for the 3 month period of April – June 2012 and endorse the actions taken to monitor and manage sickness.

**List of Appendices included:**

Appendix 1 – Coventry City Council – Days Lost per FTE 2004 - 2012

Appendix 2 – Directorate Summary Out-turn (2011/2012 and 2012/2013)

Appendix 3 - Reasons for Absence – (April - June 2012)

Appendix 4 – Days Lost per FTE, by Directorate (April – June 2012)

Appendix 5 - Coventry City Council Percentage Breakdown of Absence (April – June 2012)

Appendix 6 - Coventry City Council Spread of Sickness Absence (By Length of Days) – (April – June 2012)

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken – (April – June 2012)

**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 2012) Cumulative Sickness Absence**

**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.

**2 Performance and Projections**

2.1

FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2011/12 – Qtr 1	1.96	2.14	1.40
2012/13 – Qtr 1	2.19	2.36	1.63

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2012/13 Projected	9.28	9.95	6.89
2012/13 Target	8.50	9.13	6.30

2.2 Indicative Cost of Sickness Absence

The indicative cost of sickness absence is calculated using a range of 12 separate salary bands (or levels) to produce an average daily cost of sickness for each band. These banded daily costs are then mapped against the projected sickness outturn to produce a total cost of sickness.

The table below shows the indicative cost of sickness for 2012/13 using this method of calculation.

2012/13	All Employees	All Employees (except teachers)	Teachers
Annual Cost	£13.1m	£9.0m	£4.1m
Annual Target Cost	£12.8m	£9.1m	£3.7m
Difference	£0.3m	-£0.1m	£0.4m

The Quarter 1 projected annual cost of sickness absence for all employees' stands at £0.3m above the target cost. This is broken down into all employees except teachers projecting £0.1m below target and teachers projecting £0.4m above target cost.

### **3 Reasons for Absence**

#### **3.1 Appendix 3 Illustrates that:**

- The most incidents of sickness absence across the City Council in April – June 2012 is Stomach, Liver and Gastroenteritis accounting for 929 occasions. The amount of *time* lost through Stomach, Liver and Gastroenteritis was 2,329.63 days.
- The amount of *time* lost through Stress, Depression, and Anxiety was 5,019.77 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 (4,235.24 days) and Stomach, Liver and Gastroenteritis (2,392.63 days).

#### **3.2 A comparison of year on year figures across the authority reveals that**

- Quarter 1 (ending June 2009) out turn was 2.43 days (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 (ending June 2012) out turn was 2.19 days (average sick days lost per full time equivalent employee),

When comparing this Quarter 1 out turn with last years in the same period, it (2012/2013) reveals that:-

- There has been an increase of 1,559.48 working hours lost.
- A reduction of £10,607.60 in respect of cost of absence.
- A reduction in the number of occurrences by 243.
- An increase in the total days lost per FTE by 163.62 days.
- Stress has increased by 504.72 days.

- Musculoskeletal has increased by 385.92 days.
- Infections, colds and flu has increased by 162.92 days.
- Chest, respiratory, chest infection had reduced by 175.50 days.

### 3.3 Frequent and Long Term Absence

3.3.1 Appendix 5 provides the breakdown between frequent and long-term absence levels during April – June 2012.

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

### 3.4 Dismissals through Promoting Health at Work Corporate Procedure

During April – June 2012, there has been a total of 5 dismissals in accordance the Promoting Health at Work Corporate Procedure. All 5 dismissals have been where the City Council cannot continue to sustain the level of sickness absence.

### 3.5 Targets 2012/2013

Business Management Group (BMG) has approved the following targets for 2012/13.

Directorate	Target 12/13
CXD	5.0
CLYP Central	8.75
CLYP Teachers	6.3
CLYP School Support	9.25
City Services & Dev	8.0
Community	11.1
CWS	9.1
Finance & Legal	8.0
<b>CCC Total</b>	<b>8.5</b>

### 3.6 Comparator Information

Coventry City Council has collected sickness out turn data for 2011/12 for the other West Midlands Metropolitan Authorities.

West Midlands Metropolitan Authority	Days Lost per FTE
Solihull	8.19
Coventry	9.13
Walsall	9.13
Dudley	9.27
Sandwell	9.99
Birmingham	11.70
Wolverhampton	yet to report

## **4. Options considered and recommended proposal**

### **4.1 Activities during Quarter 1 from the HR Health & Wellbeing Team**

4.1.1 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 DMTs/Senior Managers on a monthly basis and supporting managers in the application of the Council's Promoting Health at Work procedure.

4.1.2 Directorate Management Teams review summary absence reports on a monthly basis to monitor progress and determine actions needed to address any hotspots.

4.1.3 The Health & Well Being Team have also implemented the following proactive strategies to support the authority to reduce levels of sickness absence in 2011/12:

- 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 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 in carrying out return to work interviews and Promoting Health at Work meetings is taking place across the Council as a whole. During Quarter 1 over 70 managers/supervisors and team leaders undertook training
- Training has allowed managers the opportunity to refresh their knowledge and understanding of taking an absence call, conducting effective return to work meetings and understanding the rationale for making reasonable adjustments in the work place to facilitate an employee's return to work.

4.1.4 A number of service areas hold regular 'sickness summits' on a bi-monthly, quarterly or as needed basis.

These serve as a useful mechanism to ensure absence levels remain a high priority and are well-managed for all parties, with the aim to reduce these levels for the Council and to enable services to be cost-effectively delivered to the public.

The purpose of 'sickness summits', are to provide an opportunity for Management with the relevant Head of Service / Assistant Director, to review sickness cases within a given area. This is to ensure they are being picked up in a timely manner and are being robustly, consistently, fairly and appropriately managed through the application of the Promoting Health at Work process.

The summits 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, from their Lead HR Representative.

One of the particular key benefits of sickness summits 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

## **4.2 Be Healthy Be Well Initiative**

The Be Healthy Be Well initiative is joint project between the Health & Well Being Team and Occupational Health & Counselling Support Team which was launched in January 2012. The primary aim of the initiative is to act as central source of information and encourage Council employees to get Fit and Healthy in 2012 and beyond.

Various activities and events have been taking place as part of the initiative in the first quarter which

Events in quarter 1:

- Continuation with publication of the very popular & informative monthly Be Healthy Be Well newsletter
- A centrally based healthy cooking demonstration event delivered by Cook & Eat Well for employees
- To support Men's Health week a series of fitness check sessions were organised for male staff across the Council as part of the Be Healthy Be Well initiative. The "Look after Your Heart" events were organised by the Occupational Health and Counselling Team and supported by the Lifestyles Health and Fitness team from the Coventry Sports Foundation. Employees were provided with the chance to book a 20 minute session, covering both a fitness and weight assessment, looking at stamina, flexibility, grip strength and body mass or an MOT - including blood pressure, cholesterol and blood sugar measurement. PSA testing was also available on the day.
- Free relaxation & meditation classes aimed at helping staff to control stress and improve their well being through Sahaja yoga
- Discounted Badminton & Zumba classes were extended for staff
- Colleagues from Coventry Sports Foundation & Coventry Sports Trust came into the Council at various sites to provide staff with free guest passes to their establishments and vouchers for discounted events

#### 4.3 **Activities during Quarter 1 from the Occupational Health Team**

The Occupational Health and Counselling team provide a vital role in supporting the management of sickness absence process. Some of the key issues the team led on during the first quarter of 2012/13 were:-

- **"Cancer Buddy" scheme** – Volunteer 'Cancer Buddies' have now been assessed for suitability and placed on the Cancer Buddy Register. A Buddy is now available to any employee who requires support with cancer issues. The Cancer Buddy Co-ordinator is available to ensure support is appropriate for both the volunteers and those requesting a Buddy, with support from the Macmillan Service.
- **Men's Health week** – Run in June at the Occupational Health and Counselling Unity, at Whitley Depot and at Fullwood Close. Male employees could choose a fitness and weight assessment, looking at stamina, flexibility, grip strength and body mass or an MOT - including blood pressure, cholesterol and blood sugar measurement. PSA testing was also available. The sessions were in partnership with the Lifestyles Health and Fitness team from the Coventry Sports Foundation, who carried out fitness assessments.
- **"Drop in" Clinics** for health surveillance – Monthly health screening clinics are being run on a 'drop in' basis to make it easier for employees to have blood pressure, cholesterol, blood sugar and urine tests, along with health advice.
- A new **Carer Support Group**, for all those employees who have responsibility caring for someone, i.e., through disability, is now available at the OH&C Unit.
- **Sahaja Yoga Meditation and Relaxation** Workshops were run in June and July. Sahaja Yoga is a simple method for controlling and relieving stress and improving wellbeing.

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

None.

#### 6. **Comments from Director of Finance and Legal Services**

##### 6.1 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.



## 6.2 Legal implications

There are no legal implications resulting from this report

## 7. **Other implications**

There are no other specific implications

### 7.1 **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 outturn report.

### 7.2 **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.

### 7.3 **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.

#### **7.4 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.

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

None.

#### **7.6 Implications for partner organisations?**

None.

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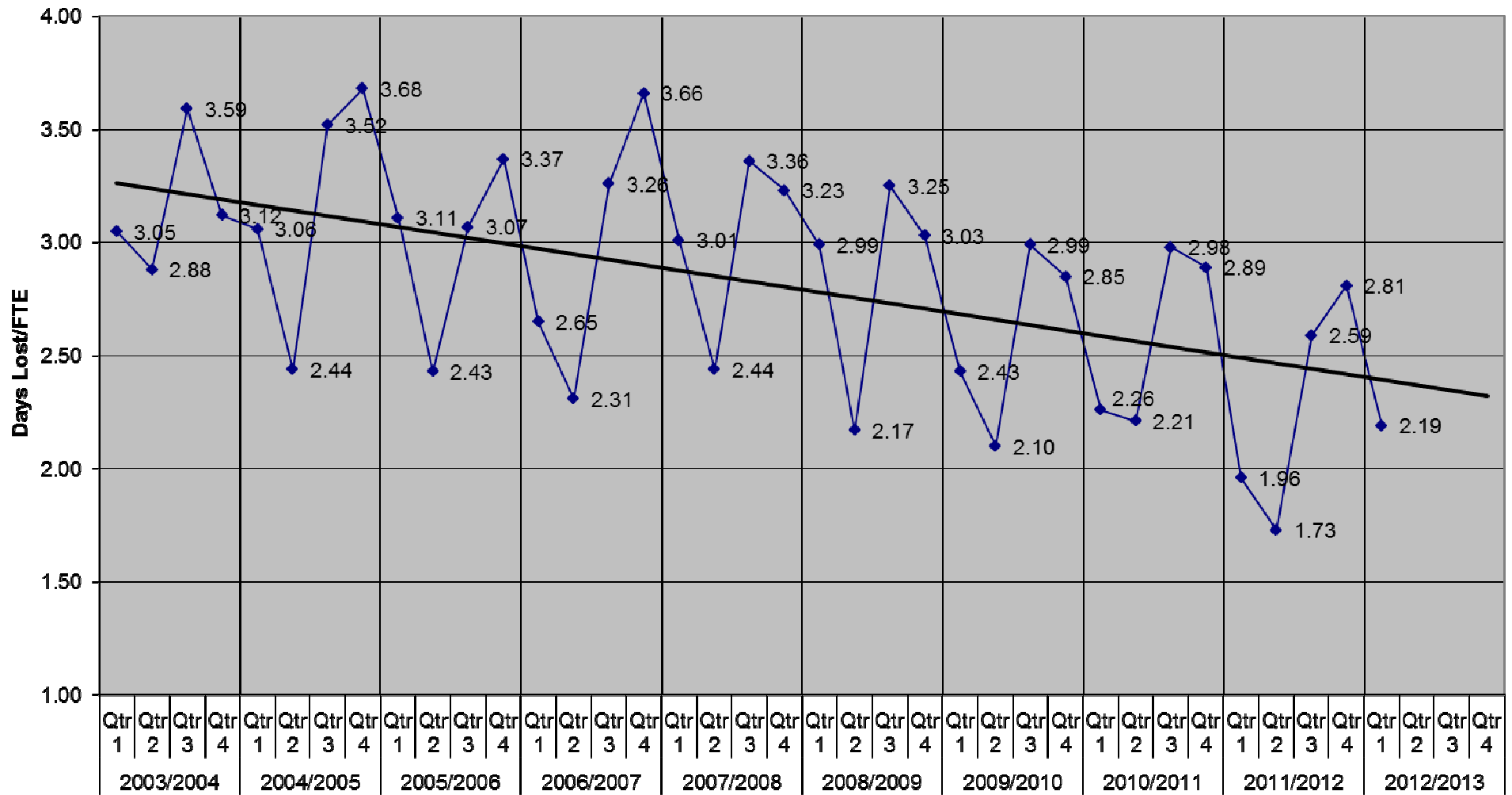
Enquiries should be directed to the above person.

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

# Coventry City – Days Lost per FTE 2003 - 2012



**Coventry City Council**

April – June 2012	April – June 2011	Annual Target 2011/12
2.19	1.96	8.5

This demonstrates an increase of 0.23 days per FTE compared to 2011/12.

**Chief Executive's Directorate**

April – June 2012	April – June 2011	Annual Target 2011/12
0.53	0.11	5.0

This demonstrates an increase of 0.42 days per FTE compared to 2011/12.

**City Services & Development Directorate**

April – June 2012	April – June 2011	Annual Target 2011/12
2.39	1.92	8.0

This demonstrates an increase of 0.47 days per FTE compared to 2011/12.

**Community Services Directorate**

April – June 2012	April – June 2011	Annual Target 2011/12
2.71	3.01	11.1

This demonstrates a reduction of 0.30 days per FTE compared to 2011/12.

**Children, Learning and Young People Directorate****Centrally Based Employees**

April – June 2012	April – June 2011	Annual Target 2011/12
2.07	2.17	8.75

This demonstrates a reduction of 0.10 days per FTE compared to 2011/12.

**Teachers in Schools**

April – June 2012	April – June 2011	Annual Target 2011/12
1.63	1.40	6.3

This demonstrates an increase of 0.23 days per FTE compared to 2011/12.

### **Support Staff in Schools**

<b>April – June 2012</b>	<b>April – June 2011</b>	<b>Annual Target 2011/12</b>
2.59	2.05	9.25

This demonstrates an increase of 0.44 days per FTE compared to 2011/12.

### **Finance and Legal Directorate**

<b>April – June 2012</b>	<b>April – June 2011</b>	<b>Annual Target 2011/12</b>
1.95	1.39	8.0

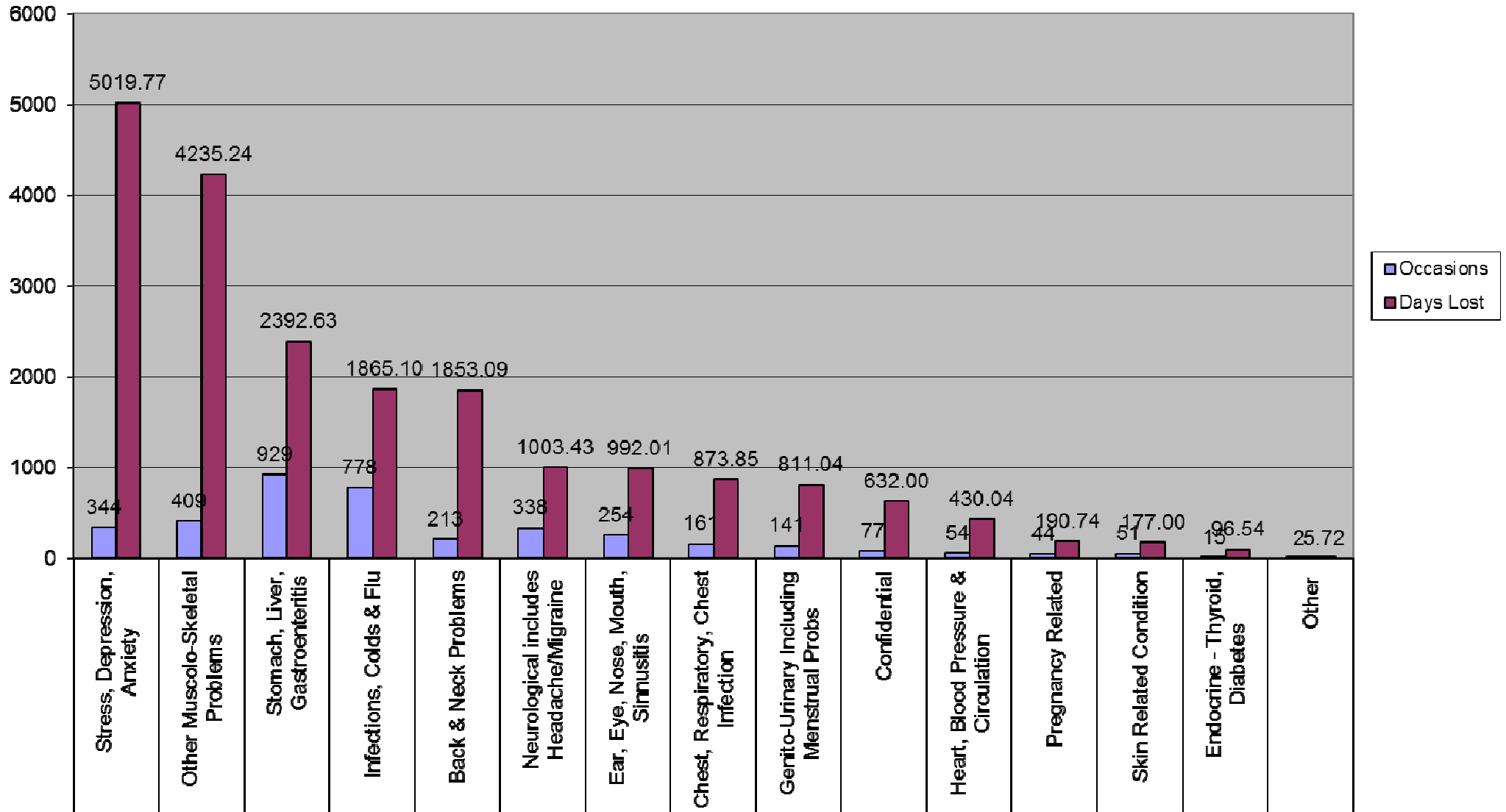
This demonstrates an increase of 0.56 days per FTE compared to 2011/12.

### **Customer and Workforce Services Directorate**

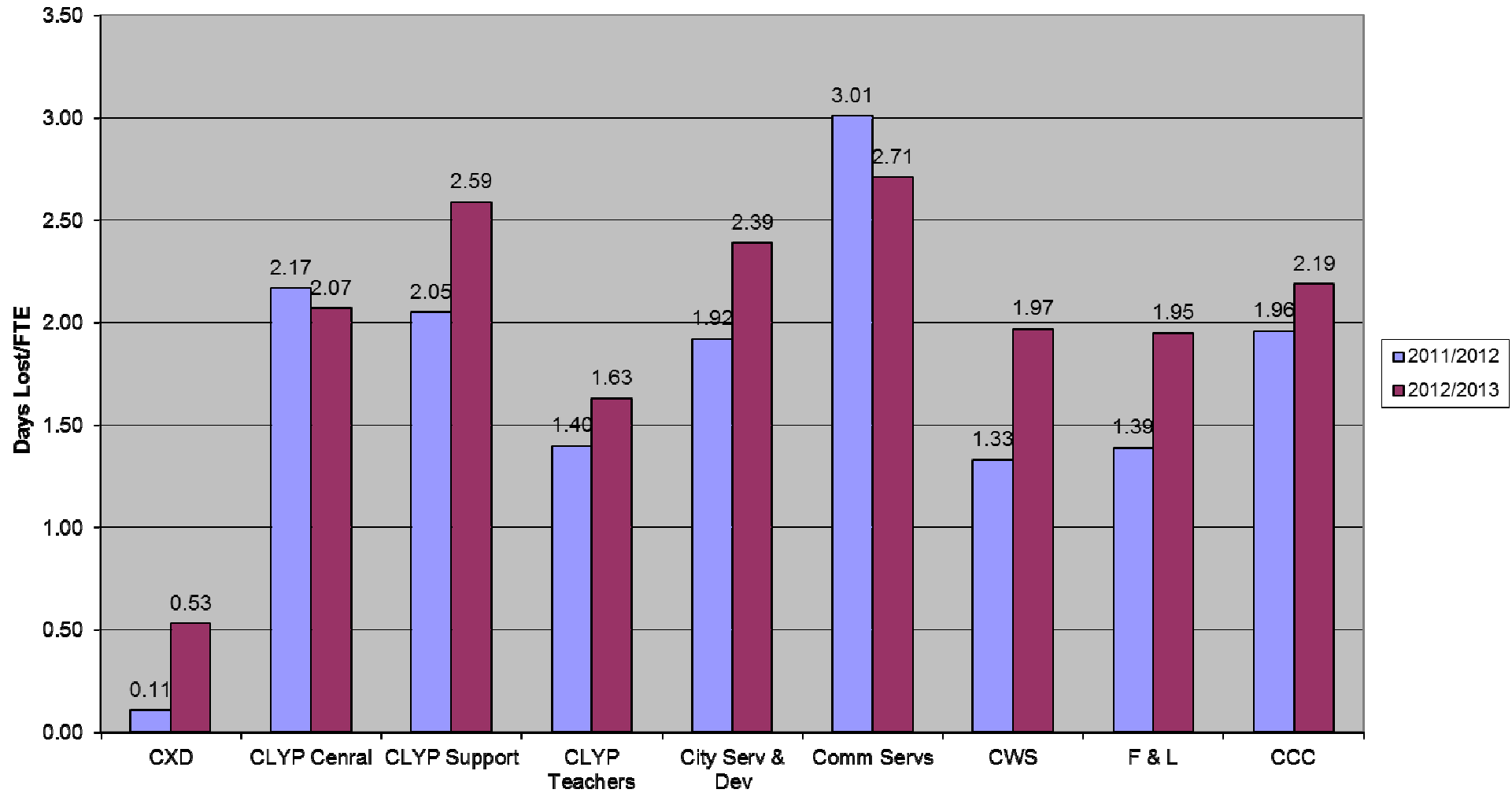
<b>April – June 2012</b>	<b>April – June 2011</b>	<b>Annual Target 2011/12</b>
1.97	1.33	9.1

This demonstrates an increase of 0.64 days per FTE compared to 2011/12.

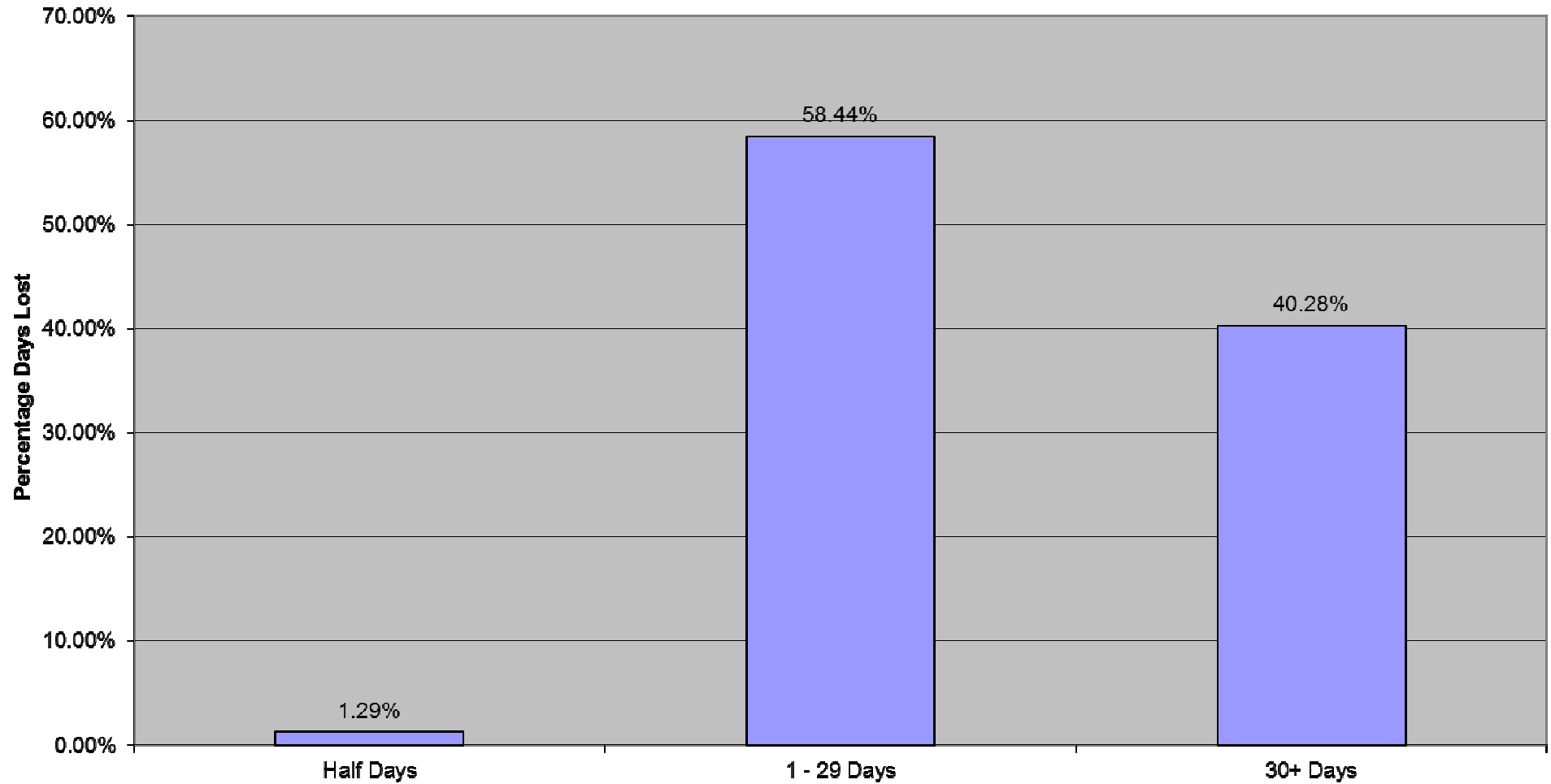
## Reasons for Absence April – June 2012



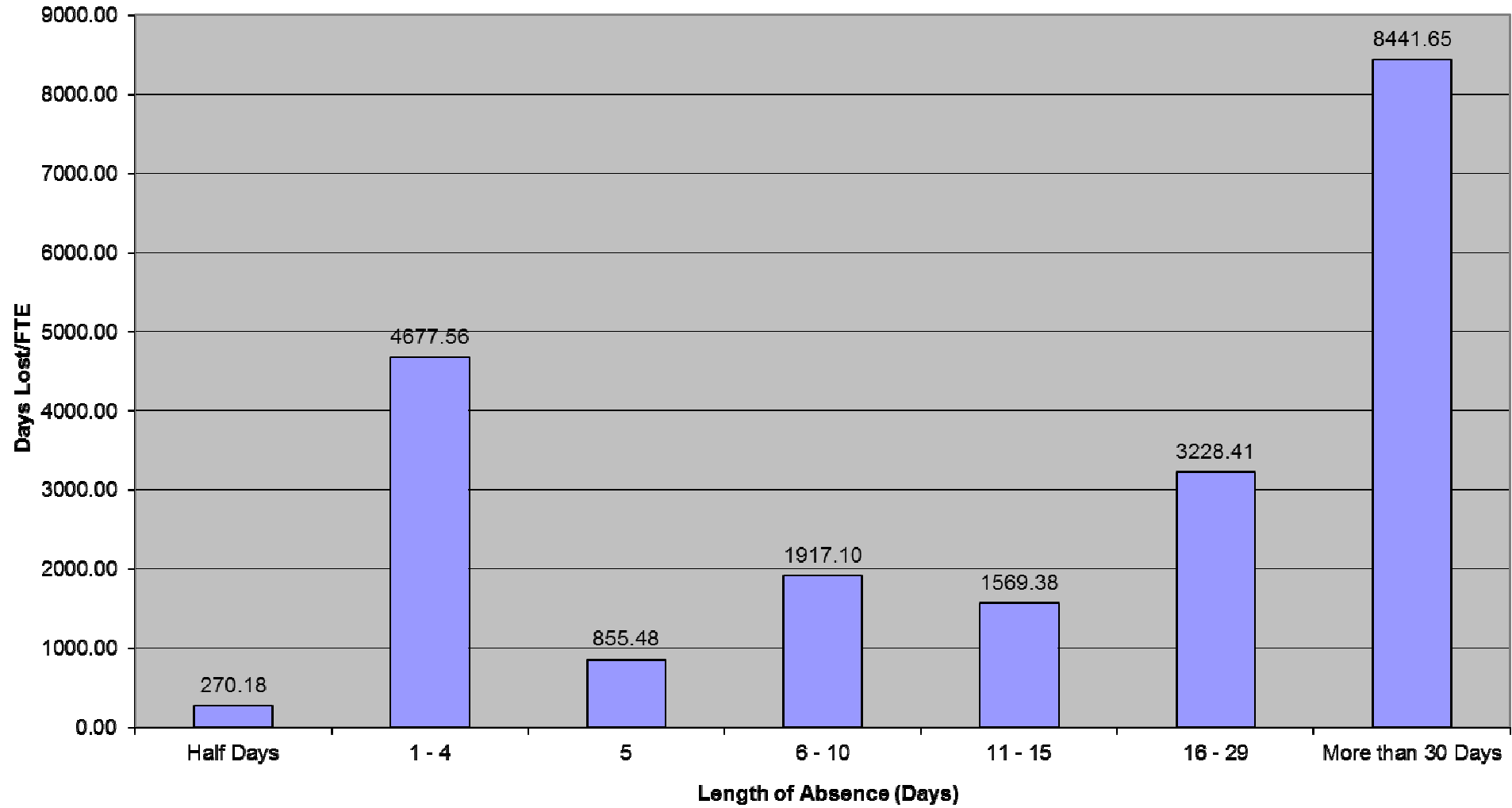
April – June 2011/2012 & 2012/2013 Days Lost per FTE







Coventry City Council Spread of Sickness (By Length of Days) April – June 2012



**OCCUPATIONAL HEALTH**  
**Promoting Health at Work Statistics**  
**April 2012 – March 2013**

Activity	April – June 2012	July - September 2012	October – December 2012	January – March 2013	Total for Year
<b>Pre-Employment health assessments</b>	<b>266</b>				<b>266</b>
<u>April to June 2012</u> From the pre-employment assessments 54 required additional advice and guidance to be given to the employing manager. 44 % of pre-employment forms were processed within 3 working days 99 % clearance slips were returned to the Recruitment Team/School within 3 working days					
<b>Sickness absence health assessments and reviews</b>	<b>323</b>				<b>323</b>
<b>Work Related Ill Health Conditions reported/investigated</b>	<b>18</b>				<b>18</b>
<b>Work Place assessments carried out</b>	<b>6</b>				<b>6</b>
<b>Case conferences carried out</b>	<b>10</b>				<b>10</b>
<u>April to June 2012</u> 100 % of employee ill health referral forms processed within 3 working days 60 % reports sent to HR/schools within 3 working days					
<b>Vision screening and other surveillance procedures</b>	<b>112</b>				<b>112</b>
<b>Healthy Lifestyles screens and follow up appointments</b>	<b>674</b>				<b>674</b>
<u>April to June 2012</u> From the initial healthy lifestyle screens 32 were identified as having previously unidentified health problems, and required follow up appointments at the OHU and referrals to their GP.					
<b>Self referrals</b>	<b>3</b>				<b>3</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*

**COUNSELLING SERVICE**  
**Promoting Health at Work Statistics**  
**April 2012 to March 2013**

Activity	Apr – Jun 2012	Jul – Sep 2012	Oct – Dec 2012	Jan – Mar 2013	Total for Year
<b>Referrals for counselling</b>	<b>159</b>				<b>159</b>
<b>Counselling sessions</b>	<b>632</b>				<b>632</b>
From the employees seen, 67 were associated with work related stress. 1 was related to assault and 0 to bullying. % of counselling appointments were offered to employees within 3 working days of being referred All emergency cases were seen on the day of referral					
<b>Mediation</b>	4				4
This mediation helped to resolve perceived work related stress issues for an employee who was off sick.					
<b>Anxiety Management group attendance including CBT</b>	4				4
Group sessions are an effective and expedient way for employees to address debilitating anxiety states, including panic attacks.					
<b>Numbers trained in effectively managing mental health, stress and interpersonal issues in the workplace</b>	56				56
Directorates are using the available training to improve the skills of managers and other employees in effectively managing health at work.					
<b>Stress Risk Assessments</b> (number of employees involved)	51				51
<b>Service evaluation</b>					
Number of employees completing questionnaire	44				44
Counselling helped avoid time off work (not on sick leave)	27				27
Counselling helped early return to work (on sick leave when counselling started)	14				14
Did not affect sickness absence	3				3

*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*