

Cabinet Member for Strategic Finance & Resources

12 December 2019

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:

Sickness Absence for the 12 Month Period ending 30th September 2019

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 12 month period ending 30th September 2019.
- The actions being taken to manage absence and promote health at work across the City Council.

Reporting methodology for 2019/20:

- Is based upon a rolling 12-month period
- Excludes schools' workforce data (schools' data is inconsistent with the data of the workforce as a whole)
- Measures Sickness Absence as days lost per Full Time Equivalent (FTE)

Recommendations:

Cabinet Member for Strategic Finance and Resources is asked to:

- 1) Receive this report providing sickness absence data for the 12 month period ending 30th September 2019 and endorse the actions taken to monitor and manage sickness.
- 2) Note that the sickness and absence policies and procedures are under review, which is a joint piece of work with the trades unions and the work being undertaken to improve health and well-being with the aim of reducing absence levels. It is acknowledged this work is in the early stages.

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?

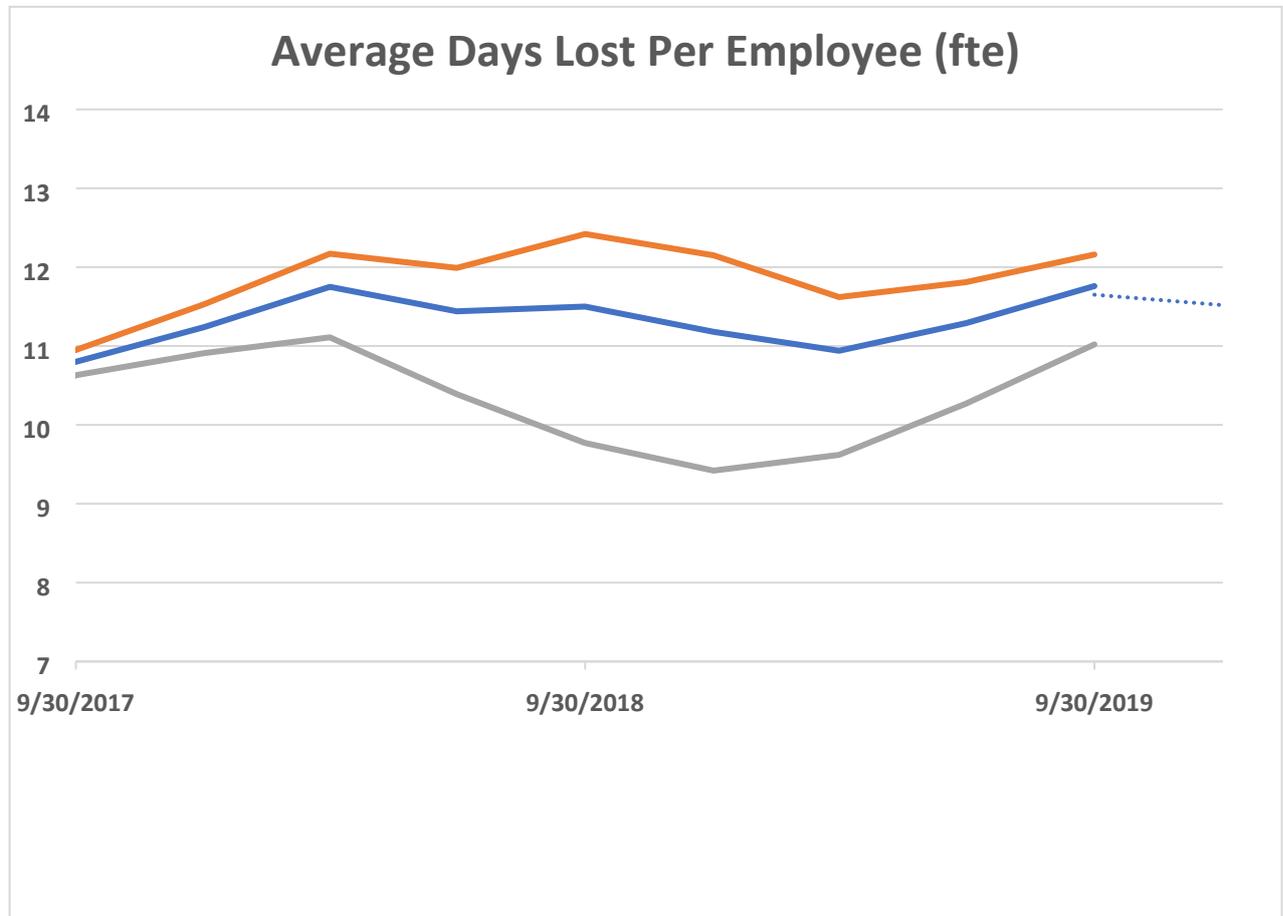
No

Will this report go to Council?

No.

1. Overall Performance

1.1 This report provides the sickness absence figures for the Council which is reported as days lost per employee (FTE) for the 12 months ending 30th September 2019. The data for the previous two years is also provided as a comparison.



1.2 A report on Sickness Absence is produced every six months based on the previous 12 months' data. The method of calculating absence (days lost per FTE employee) is the same as that widely used by other employers, including Local Authorities, and thus enabling comparison of the results.

1.3 Absence figures for schools are excluded because there are fewer working days in the year and therefore the number of days lost does not produce a sensible comparison.

1.4 The target of 9.3 days per FTE employee was set for the 2019/20 financial year.

2. Benchmarking

2.1 The below table shows comparative data for other Local Authorities within the region as at the end of the financial year 2018/19.

West Midlands Authorities 2018/19		Days lost per FTE (excluding schools)
Coventry City Council		10.94
Birmingham City Council*		10.44
Dudley Met Borough Council		12.17
Herefordshire		8.24
Staffordshire County Council		10.75
Stoke		10.96
Solihull Met Borough Council		10.54
Warwickshire County Council		9.51
Wolverhampton Met Borough Council		9.5
Worcestershire County Council		7.68

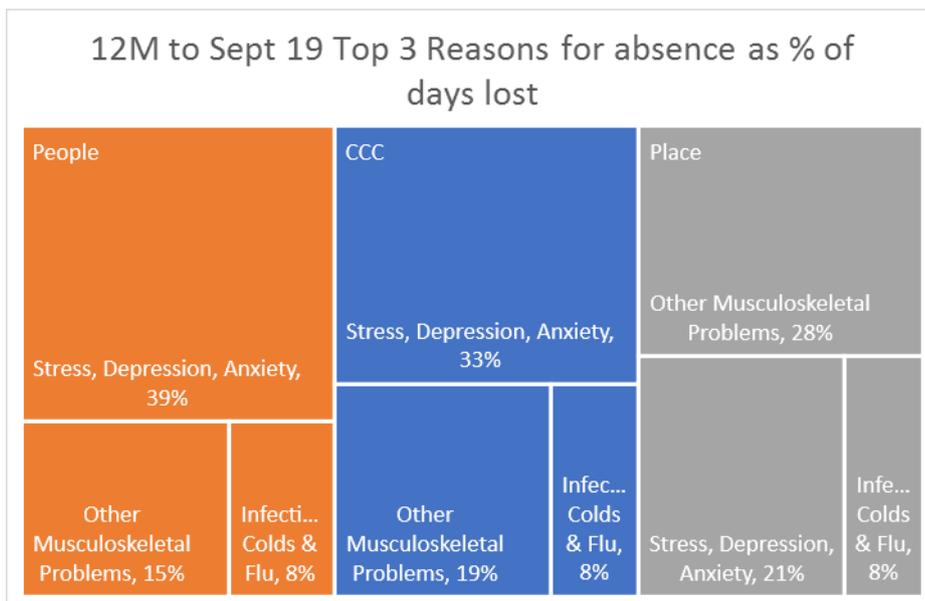
* Childrens Services are a separate trust so not included

2.2 Coventry City Council is currently at 11.76 days for the rolling 12 months to the end of September 2019.

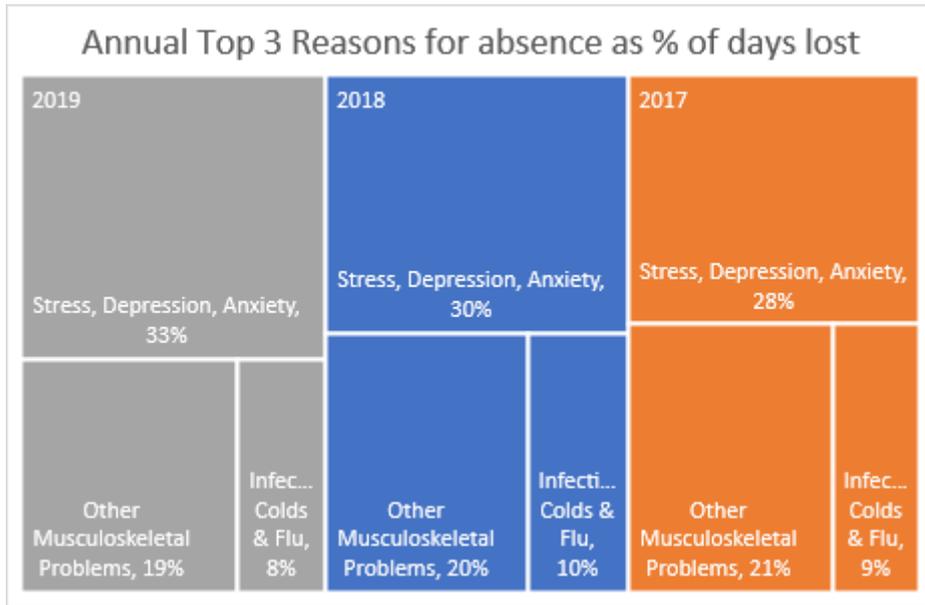
2.3 The comparative data is only available at year end.

3. Reasons for Absence

3.1 The top three reasons for absence are shown in the table below:

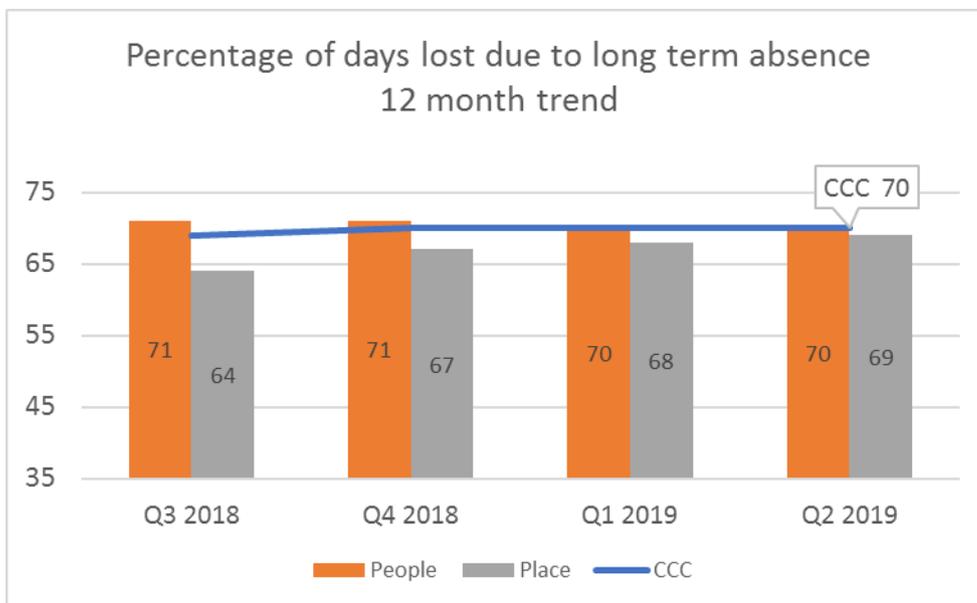


3.2 The top three reasons for absence have been consistent for the last three years. These are shown in the table below:



4. Long Term Absence

4.1 The following table shows the breakdown of long-term absence for the year ending 30th September 2019.



4.2 Long-term absence is classified as any absence lasting over 30 calendar days

5. Outcomes of the Promoting Health at Work Corporate Procedure

- 5.1 During the 12 months up to the end of September 2019 there have been a total of 18 employees who left the Council in accordance with the Promoting Health at Work Corporate Procedure.
- 5.2 Of those that have left the Council, 11 have been due to ill health retirement and 7 are due to the required standards of attendance not being met.

6. Responsive measures to sickness absence

- 6.1 In addition to a number of activities completed, others are ongoing throughout the year (as detailed further in this report) as its recognised more proactive work is required to improve attendance which in turn will reduce absence levels. A change in approach is being undertaken as the top three reasons have remained static. The aim is through a greater and more targeted emphasis on well-being this will enable better support and where possible intervention to address underlying reasons for absence. At a corporate level this is being addressed by;

- **Policies**

Promoting Health at Work policy - A review is about to be undertaken jointly with Trade Union representatives to examine what processes and procedures are effective in improving attendance. This includes taking into consideration the experience of other employers who have made progress on this issue as well as high performing Local Authorities. Terms of reference has been drafted and is under active discussion with the Trades Unions.

Dying to Work. Work is being undertaken to ensure that we have the necessary steps in place to sign up to the TUC Dying to Work Charter, which seeks to provide reassurance and protection to those employees who are diagnosed as terminally ill.

Carer Leave and Support. Guidance on supporting employees who are carers is being strengthened with the aim of maintaining workplace attendance and reducing planned absence.

- **Staff Health and Well Being Plan**

A joint piece of work is being undertaken with Public Health, Human Resources and the Trades Union Representatives to take a proactive and engaging approach to enhancing the health and wellbeing of our staff, to create a positive and healthy working environment. This will be achieved through employee support mechanisms, needs assessments, wellbeing initiatives, as well as working with staff and partners to identify and address areas for improvement, particularly where there are inequalities.

- **Mental Wellbeing**

Sessions have been running to train colleagues in mental health first aid in order to be able to recognise and support colleagues in need.

An application has been submitted to become a mindful employer, which is a national initiative which provides support to employers in supporting the mental well-being of employees.

Occupational Health will undertake a mental wellbeing audit where a need is identified or requested by a service manager.

- **Reporting**

Sickness Absence Data. Occupational Health reviews sickness absence data on a quarterly basis to identify areas or teams with a significant (over 30%) increase in absence. The areas identified are then discussed with Directors to review any interventions which may be required.

Manager Induction. This is a new initiative, with the pilot taking place in December, this will include showing managers how to record absences in order to improve the accuracy of reporting.

- **Wellbeing Initiatives**

Menopause. Guidance for managers is now available on the intranet and training is planned for January 2020.

Personal Adjustments Passport. Currently being developed with the Disabled People's Strategic Forum for consistent recording and reviewing of colleagues work place adjustments.

Influenza. Occupational Health are currently offering vaccinations to front line workers.

7. Activities during the current year

7.1 HR Support Team

7.1.1 The HR Teams aim to ensure a consistent approach to sickness absence management and to provide information on sickness absence to Management Teams/Senior Managers on a monthly basis. HR colleagues also support managers in the application of the Council's Promoting Health at Work procedure.

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

7.1.3 HR Teams undertake proactive strategies to support the managers in the reduction of sickness absence levels. This includes:

- Robust approach in the management of sickness absence casework with no more than 4 meetings having to take place before a decision is made about an employees' continued employment.
- A monthly system to alert senior managers when employees trigger a sickness absence point and have not been seen as part of the Promoting Health at Work Procedure.

7.1.4 A number of service areas across Coventry City 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.

7.1.5 The purpose of 'performance clinics', are to provide an opportunity for Management with the relevant Head of Service /Directors, to review sickness and performance patterns and 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.

A review of the management information produced will be included as part of the changes to the sickness absence process, this will be an opportunity to consider what would help managers effectively manage the process.

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

7.2 Occupational Health, Safety and Wellbeing Service

7.2.1 Current Wellbeing Activities

Due to the level of interest, the yoga and massage sessions have continued at lunch times at Friargate in the Wellbeing room. It is proposed to roll this out to the Children's Teams based at Moat House Leisure and Neighbourhood Centre.

The choir continues to meet at Friargate on a weekly basis

7.2.2 There are several activities carried out for staff in relation to some of the following subjects:

- Resilience Training for Care Staff
- Managing Difficult People and Dealing with Stress for Highway Operatives
- Conflict and Aggression Training for staff working in Housing and Homeless

7.2.3 Monthly newsletter - Be Safe, Be Healthy, Be Well:

This is sent to employees and featured articles differ each month, recent examples include:

- Avoiding musculoskeletal injury in the workplace
- The importance of reporting near misses within the workplace – Health and Safety
- Get your running shoes on
- Gardening advice for September
- Sepsis – how aware are you?
- Eleven amazing health benefits of singing in a choir
- Five-a-day fruit and veg is good
- Eight tips to help you to look forward to retirement
- How to handle your social media-induced FOMO

7.3 Public Health

- 7.3.1 In November 2018 the Health and Wellbeing Board including the Council signed up to a commitment to develop a standalone wellbeing induction for all new staff and to register and work towards meeting the THRIVE bronze standards. Thrive at Work builds on our previous Workplace Wellbeing Charter status and is being undertaken by a range of local employers as part of the Year of Wellbeing and our Business Development function. Public Health, Occupational Health, Human Resources and Trade Union representatives are working to develop an organisational Health and Wellbeing Strategy based around the Thrive at Work standards. The purpose strategy and therefore the group is to better understand our sickness absence patterns and identify opportunities to reduce sickness absence and improve health and wellbeing across the organisation.
- 7.3.2 Progress on completing the THRIVE programme standards; Occupational Health are coordinating and assimilating evidence supported by HR and Public Health. A gap assessment needs to be done on each standard and a health needs assessment (staff wide survey) is required for accreditation. Both of these will support us in shaping an action plan as part of the development of the Councils wellbeing strategy. The next stage for the Health and Well-Being Group will be to undertake a gap analysis to assess what further work needs to be undertaken to meet the standard and this includes conducting an employee survey
- 7.3.3 Public Health have also been supporting the iBCF (Improved Better Care Fund) funded adult social care Making Every Contact Count (MECC) programme. Social workers across the council have been trained in MECC and motivational interviewing to support them around health behaviour change with clients. The programme has also supported awareness of staff wellbeing and creation of health and wellbeing champions within social care.

8 Results of consultation undertaken

- 8.1 Trade union colleagues are kept up to date on the latest absence figures and are actively involved in casework regarding sickness absence management.
- 8.2 Absence from work is also as part of the reported Health & Safety Governance arrangements.

9 Timetable for implementing this decision

- 9.1 None.

10 **Comments from Director of Finance and Corporate Resources**

10.1 **Financial Implications**

The actual impact of sickness absence on the Council is the financial cost of replacement cover where this is required in specific service areas plus the notional cost of the effect of the absence on the Council's ability to deliver its services.

10.2 **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.

11 **Other Implications**

There are no other specific implications

11.1 **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.

11.2 **How is risk being managed?**

The Promoting Health at Work Strategy is the subject of an ongoing review of working conditions, accidents, work related ill health, and industrial injuries in addition to managing absence. This will involve liaison with colleagues in safety management and Occupational Health and will also include analysis of sickness data to identify the relationship between specific causes of absence and occupational group.

11.3 **What is the impact on the organisation?**

Human Resources

The HR/OD teams 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

None.

11.4 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.

11.5 Implications for (or impact on) the environment

None.

11.6 Implications for partner organisations

None

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