



To: Finance and Corporate Services Scrutiny Board (1)

Date: 26th March 2025

Subject: Agency Staff and Staff Sickness Task and Finish Group

1 Purpose of the Note

- 1.1 To inform Finance and Corporate Services Scrutiny Board (1) of the recommendations from the Agency Staff and Staff Sickness Task and Finish Group

2 Recommendations

- 2.1 Finance and Corporate Services Scrutiny Board (1) are recommended to consider regular performance reports on staff sickness and agency use.
- 2.2 The Cabinet Member for Strategic Finance and Resource is recommended to consider a more formal oversight and monitoring of Staff Sickness and agency use.

3 Information and Background

- 3.1 The Finance and Corporate Services Scrutiny Board (1) considered a briefing note on the 11th September 2024 which provided the current workforce analytics, the data within it included the numbers employed, turnover, starters, leavers, sickness absence, agency workers, and, where possible historical data had been included for comparative purposes.
- 3.2 The report enabled a comprehensive overview and explanation of the workforce and related metrics. As a result of this item, it was resolved that the Board establish a Task and Finish group to look at issues around the use of agency staff, which was agreed by the Board at their meeting on 6th November 2024.
- 3.3 Membership of the task and finish group was:
- Cllr Blundell
 - Cllr Innes
 - Cllr Lewis
 - Cllr Toulson (Chair)

4 Meetings of the Task and Finish Group

- 4.1 The Task and Finish Group met twice. The first meeting was to agree the scope of the Task and Finish Group (Appendix A), as well as to provide the current position on sickness absence and use of agency staff (Appendix B). Members of the Task and Finish group questioned officers on the content of the presentation.

4.2 Members discussed the following:

- Service areas with high absences
- Short- and long-term sickness and the impact on services
- The work of occupational health services.
- The reasons behind high spending areas for agency staff
- Recruitment challenges
- Retention payments and market supplements

4.3 Members requested updated absence information and comparison data for other local authorities for consideration at the next meeting.

4.4 The next meeting enabled members of the task and finish group to receive the most up to date data on sickness levels, as well as the benchmarking details requested. Coventry rates were higher than those in other similar authorities.

4.5 Members asked questions about targeted interventions to address high levels of sickness.

4.6 Targeted approaches for different hotspot services areas being used were additional work to reduce muscular-skeletal absence in Adult Services. This targeted approach was having some impact on absence.

4.7 Another example given was the introduction of a 9-day fortnight in Children's Services which had also had a positive effect on absence.

4.8 The impact of working from home was also discussed with Members highlighting the areas where absence was highest, such as City Services and Adult Services, were areas where home working wasn't prevalent due to the nature of the work. There was also discussion about whether home working reduced short-term absence due to minor illness, as staff could work from home, for example with a cold, whereas, they may be absent if required to go into the office.

4.9 The rise in neurodiversity was also discussed with reasonable adjustments such as quiet areas, dedicated mental health specialists on the occupational health team, as well as support and training for managers.

4.10 The main lesson from other local authorities was effective management was key in lowering absence rates.

4.11 Members of the group recognised the steps being taken by the organisation to address staff sickness levels and supported officers in the interventions already being delivered. They identified the recommendations at paragraph 2 for the Finance and Corporate Services Scrutiny Board (1) and the Cabinet Member to continue to monitor the effectiveness of these interventions.

Appendix A: Scoping Document

Appendix B: Presentation Meeting 1

Appendix C: Absence Data Q3 Oct-Dec 2024

Appendix D: Comparison Data

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