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**13<sup>th</sup> March, 2013**

**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:**

9 month (April – December 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 9 month period from April – December 2012.
- The actions being taken to manage absence and promote health at work across the City Council

**Recommendations:**

**Cabinet Member is asked:**

To receive this report providing sickness absence data for the 9 month period of April December 2012 and accept 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 - December 2012)

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

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

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

Appendix 7 and 8 - Summary of Occupational Health & Counselling Services Activities Undertaken – (April – December 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:**

**9 Month (April – December 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 3	6.28	6.83	4.32
2012/13 – Qtr 3	6.84	7.39	4.98

Annual FTE Average Days Lost	All Employees	All Employees (except teachers)	Teachers
2012/13 Projected	9.49	10.12	7.35
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	£13.5m	£9.2m	£4.3m
Annual Target Cost	£12.8m	£9.1m	£3.7m

Difference	£0.7m	£0.1m	£0.6m
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The Quarter 3 projected annual cost of sickness absence for all employees' stands at £0.7m above the target cost. This is broken down into all employees except teachers projecting £0.1m above target cost and teachers projecting £0.6m 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 – December 2012 is Infections, Colds & Flu accounting for 3,238 occasions. The amount of *time* lost through Infections, Colds & Flu was 8,582.24 days.
- The amount of *time* lost through Stress, Depression, and Anxiety was 14, 321.91 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 (13,085.89 days) and Infections, Colds & Flu (8,582.24 days).

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

- Quarter 3 (ending December 2009) out turn was 7.52 days (average sick days lost per full time equivalent employee),
- Quarter 3 (ending December 2010) out turn was 7.45 days (average sick days lost per full time equivalent employee),
- Quarter 3 (ending December 2011) out turn was 6.28 days (average sick days lost per full time equivalent employee),
- Quarter 3 (ending December 2012) out turn was 6.84 days (average sick days lost per full time equivalent employee),

When comparing this Quarter 3 (2011/12) out turn with last years in the same period, it (2012/2013) reveals that:-

- There has been an increase of 10,581.80 working hours lost.
- An increase of £43,351.63 in respect of cost of absence.
- An increase in the number of occurrences by 246.
- An increase in the total days lost per FTE by 1478.86 days.
- Stress has increased by 652.70 days.

- Musculoskeletal has increased by 1,865.63 days.
- Infections, colds and flu has increased by 1,343.33 days.
- Chest, respiratory, chest infection has increased by 171.76 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 – December 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 – December 2012, there has been a total of 23 dismissals in accordance the Promoting Health at Work Corporate Procedure. 6 dismissals have been ill health retirement and 17 dismissals have been where the City Council cannot continue to sustain the level of sickness absence.

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

### **4.1 Activities during Quarter 3 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 2012/13:

- 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 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 in carrying out return to work interviews and Promoting Health at Work meetings is taking place across the Council as a whole. During Quarter 3 over 35 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.

The programme has continued to deliver arrange of activities and events as part of the initiative these have included:

- Continuation of the events provided by Coventry Sports Foundation & Coventry Sports Trust such as Swimming, Indoor Football, Zumba, Badminton, Cycling, Boxercise, Pilates, Table Tennis, BoxFit, Squash & Spinning Classes
- Continued promotion of the Coventry University Sports Centre early riser gym membership discount offer.

- Continued use of the mini table tennis located in the Contact Centre for staff to use in their own time provided by The English Table Tennis Association.
- Promoted the Back to Netball campaign – discounted sessions for staff
- Continuation with publication of the very popular & informative monthly Be Healthy Be Well newsletter

#### **4.3 Activities during Quarter 3 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 second quarter of 2012/13 were:-

- The Cancer Buddy Scheme is being supported and promoted through the Be Healthy Be Well Programme and directly through the HR Wellbeing Team and Trade Unions. Currently one employee has requested support through the scheme.
- The Occupational Health and Counselling Service Accreditation, through the Faculty of Occupational Medicine have been awarded for a further 12 months from January 2013.
- The mentorship programme for student nurses and physiotherapists is continuing with student placements from, Coventry University, and Brunel University.
- The Flex and Stretch Programme has been rolled out as follows over 2012: 240 employees attended the sessions. The intervention was evaluated, with employees rating improvement in postural awareness and preventative measures.
- Mental Wellbeing Policy and Guidelines have now been implemented. Training for managers introducing the Mental Wellbeing Policy and Guidelines has been rolled out to Directorate Management teams in Community Services, CLYP, City Services & Development, CWS and Finance and Legal Services.
- The Retirement Course continues to be promoted for employees and partners planning for retirement and to support the ER/VR programme. One course is run per quarter.

#### **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. No equality impact assessment has been carried out as the recommendations do not constitute a change in service or policy.

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

None.

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

None.

**Report author(s):**

**Name and job title:**

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**Directorate:**

Customer & Workforce Services

**Tel and email contact:**

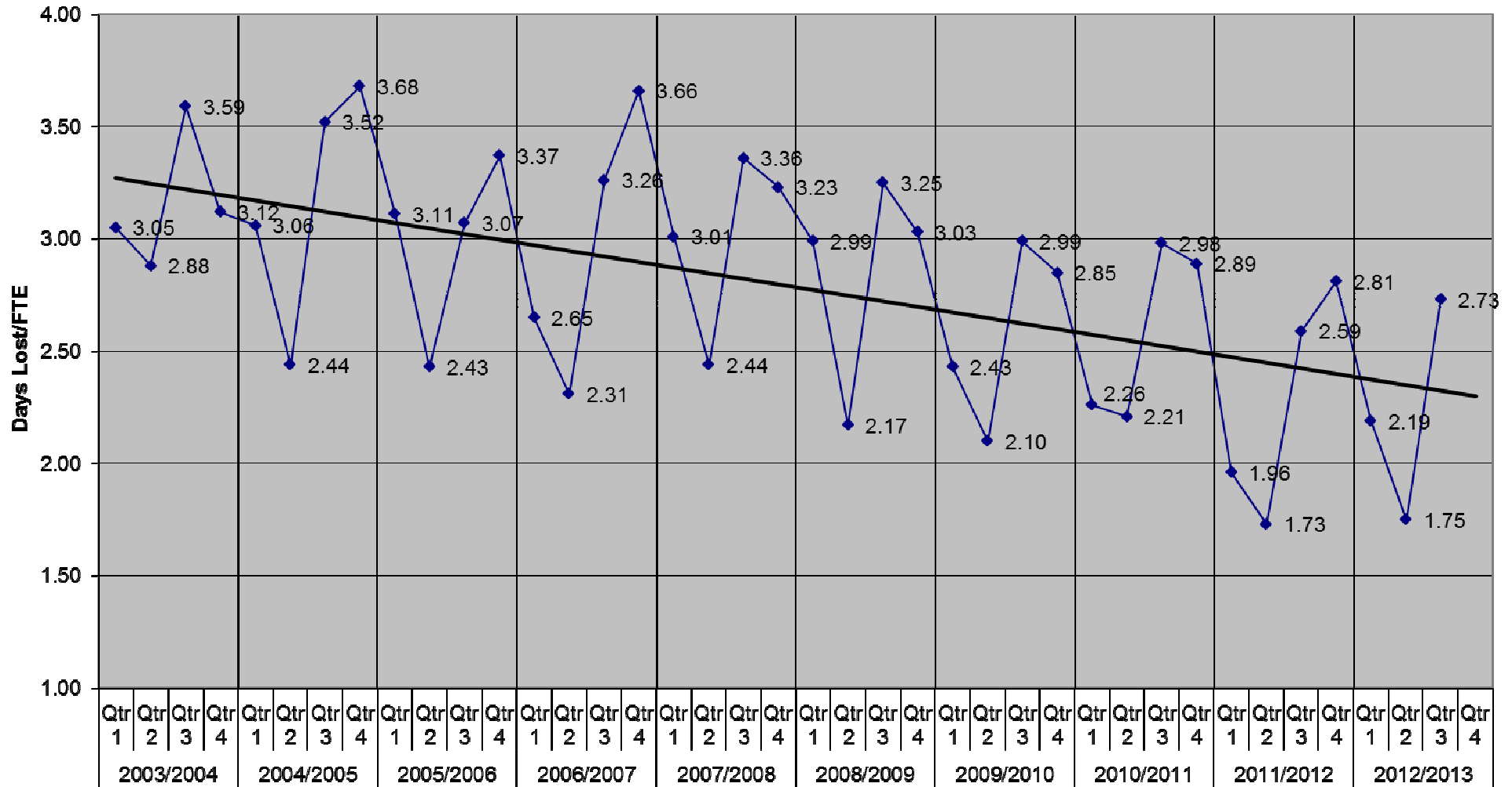
Enquiries should be directed to the above person.

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Lindsay Hughes	Senior Accountant	Finance & Legal	15/02/2013	15/02/2013
Clarissa Evans	Commercial team manager	Finance & Legal	27/02/2013	27/02/2013

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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**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
6.84	6.28	8.5

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

**Chief Executive's Directorate**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
1.94	1.52	5.0

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

**City Services & Development Directorate**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
7.86	5.85	8.0

This demonstrates an increase of 2.01 days per FTE compared to 2011/12.

**Community Services Directorate**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
8.49	8.98	11.1

This demonstrates a reduction of 0.49 days per FTE compared to 2011/12.

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

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
6.15	7.07	8.75

This demonstrates a reduction of 0.92 days per FTE compared to 2011/12.

### **Teachers in Schools**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
4.98	4.32	6.3

This demonstrates an increase of 0.66 days per FTE compared to 2011/12.

### **Support Staff in Schools**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
7.84	6.96	9.25

This demonstrates an increase of 0.88 days per FTE compared to 2011/12.

### **Finance and Legal Directorate**

<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
7.13	6.31	8.0

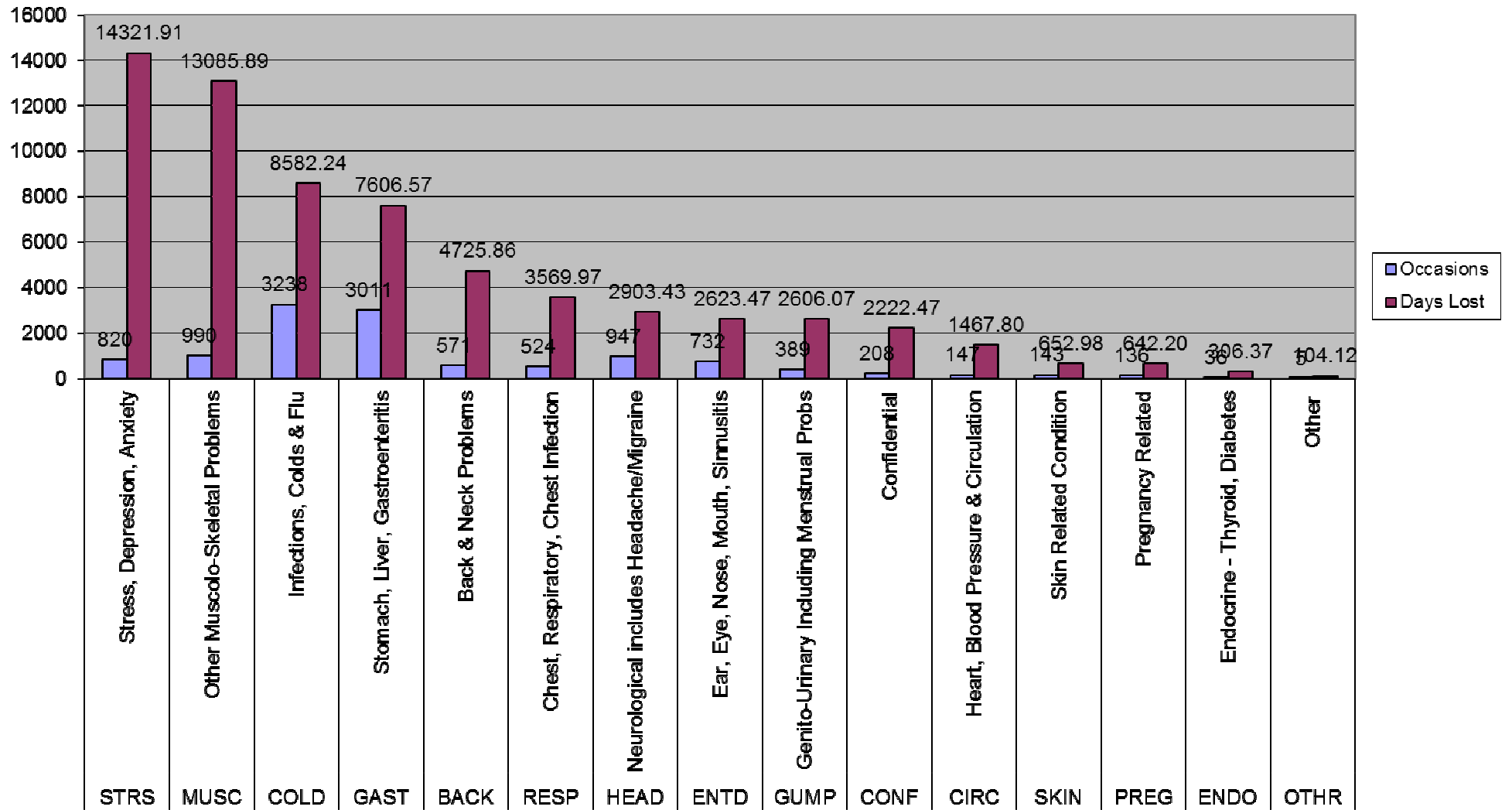
This demonstrates an increase of 0.82 days per FTE compared to 2011/12.

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

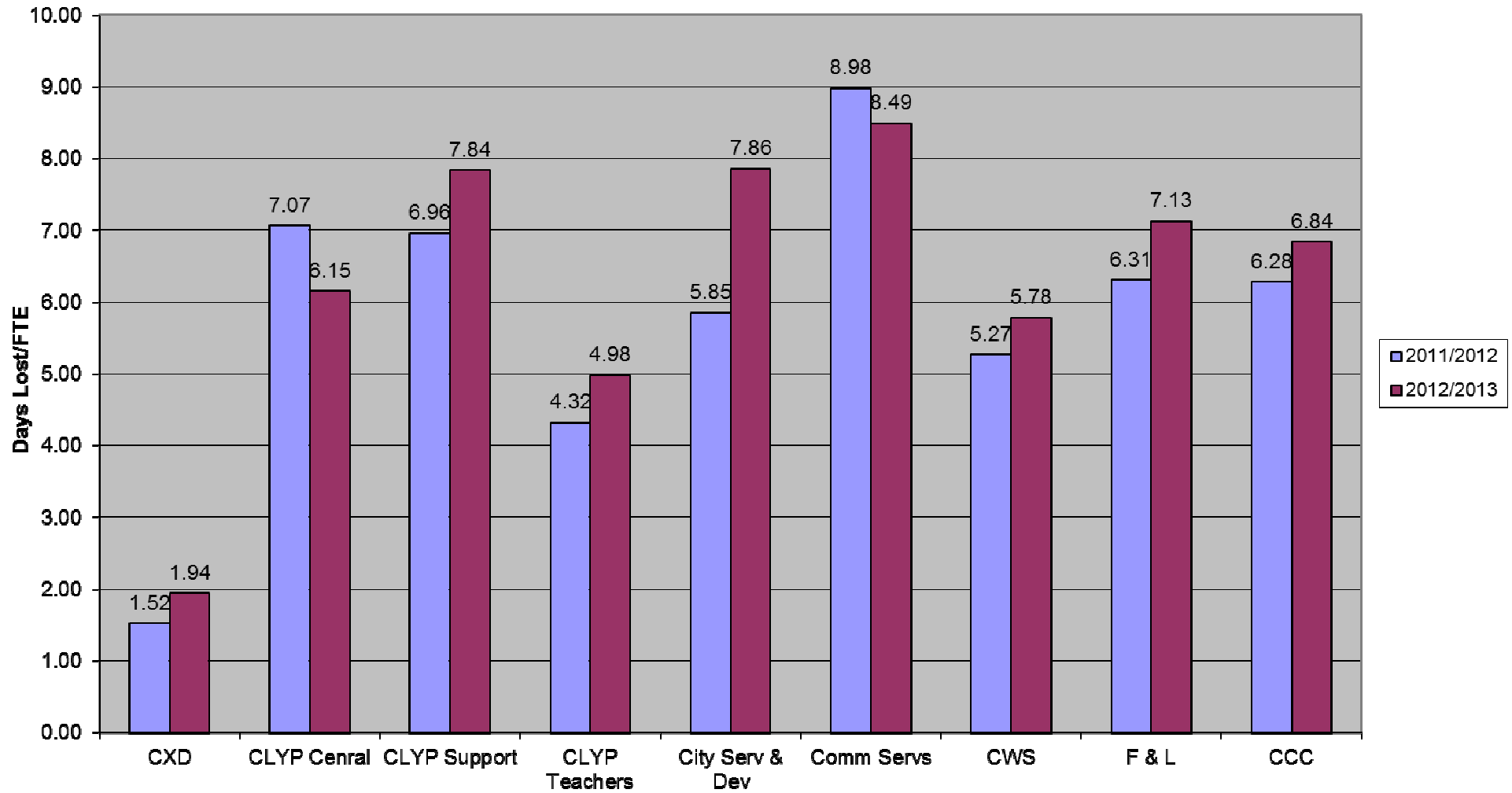
<b>April – December 2012</b>	<b>April – December 2011</b>	<b>Annual Target 2012/13</b>
5.78	5.27	9.1

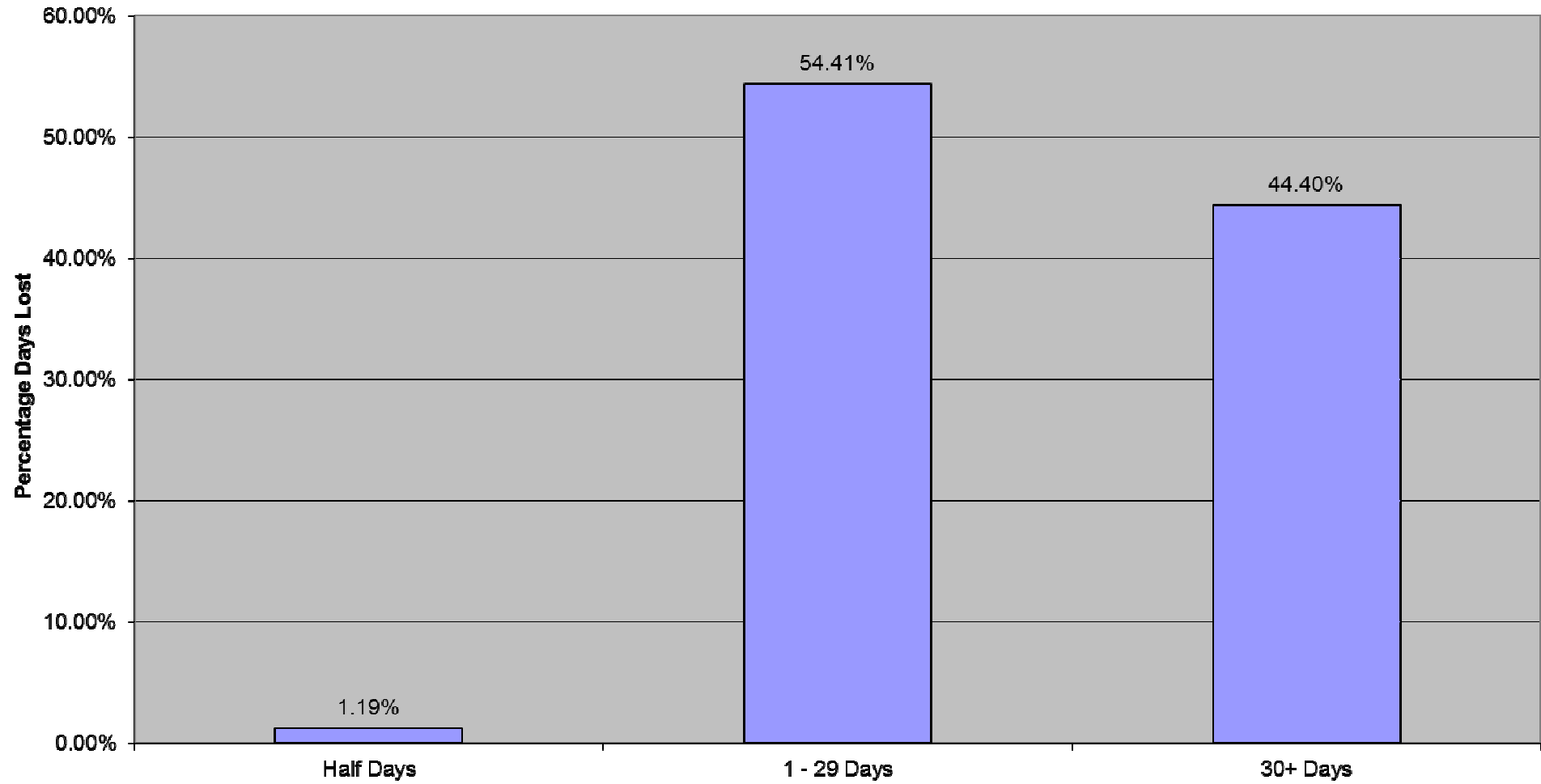
This demonstrates an increase of 0.51 days per FTE compared to 2011/12.

## Reasons for Absence April – December 2012



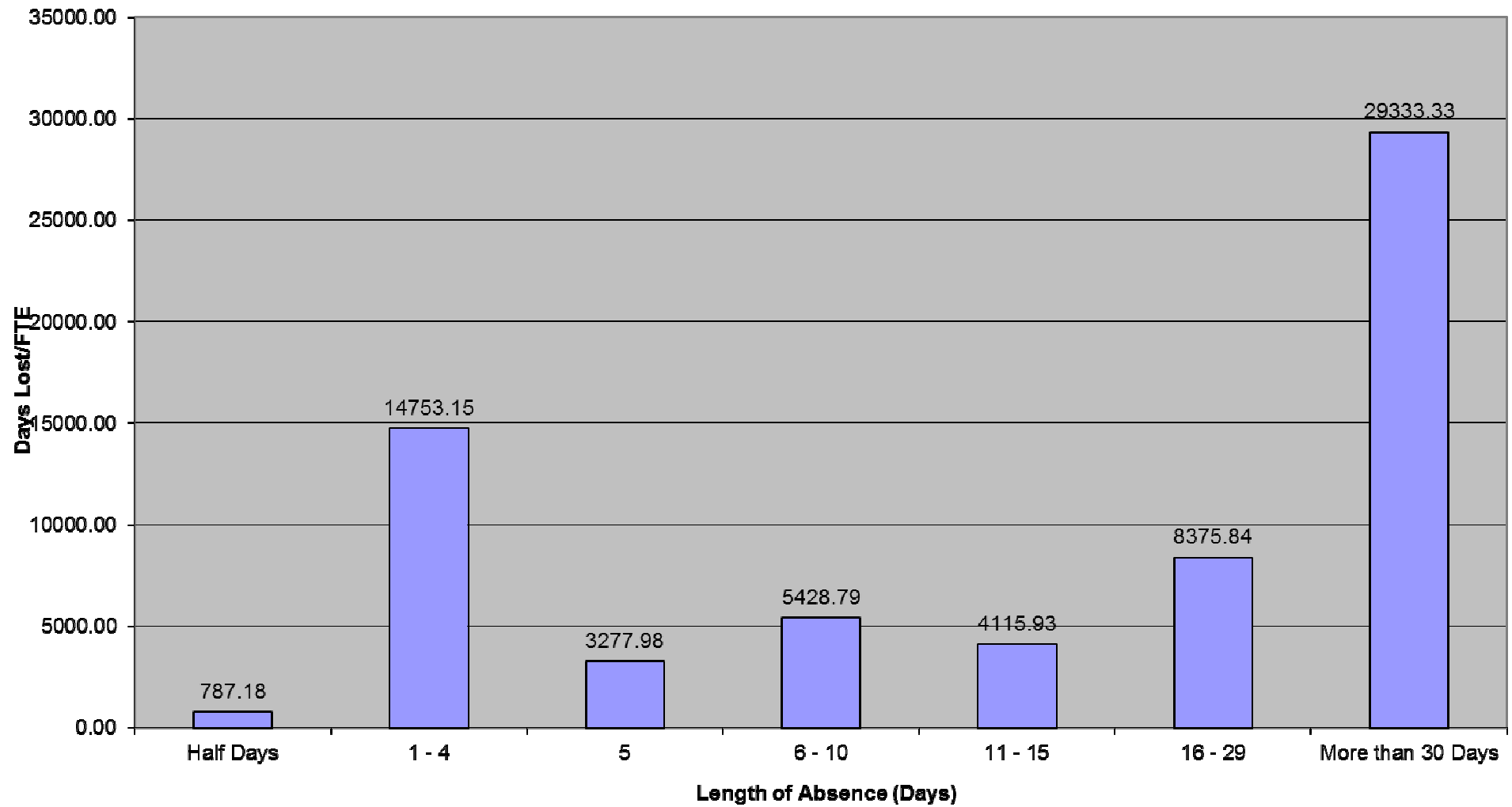
April – December 2011/2012 & 2012/2013 Days Lost per FTE







Coventry City Council Spread of Sickness (By Length of Days) April – December 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>324</b>	<b>295</b>		<b>885</b>
<u>October – December 2012</u> From the pre-employment 19 assessments required additional advice and guidance to be given to the employing manager. 59 % of pre-employment forms were processed within 3 working days 95 % clearance slips were returned to the Recruitment Team/School within 3 working days					
<b>Sickness absence health assessments and reviews</b>	<b>351</b>	<b>354</b>	<b>430</b>		<b>1135</b>
<b>Work Related Ill Health Conditions reported/investigated</b>	<b>39</b>	<b>18</b>	<b>65</b>		<b>122</b>
<b>Work Place assessments carried out</b>	<b>3</b>	<b>10</b>	<b>9</b>		<b>22</b>
<b>Case conferences carried out</b>	<b>10</b>	<b>5</b>	<b>8</b>		<b>23</b>
<u>October – December 2012</u> 99% of employee ill health referral forms processed within 3 working days 62 % reports sent to HR/schools within 3 working days					
<b>Vision screening and other surveillance procedures</b>	<b>94</b>	<b>50</b>	<b>67</b>		<b>211</b>
<b>Healthy Lifestyles screens and follow up appointments</b>	<b>559</b>	<b>616</b>	<b>261</b>		<b>1436</b>
<u>October – December 2012</u> From the initial healthy lifestyle screens 82 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>2</b>	<b>8</b>		<b>13</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>104</b>	<b>171</b>		<b>434</b>
<b>Counselling sessions</b>	<b>632</b>	<b>670</b>	<b>689</b>		<b>1991</b>
<b>October to December 2013</b>					
From the employees seen, 12 were associated with work related stress and 1 was related to assault/bullying. 96% 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	2	0		<b>6</b>
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	2	0		<b>6</b>
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>	73	57	77		<b>196</b>
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	54	213		<b>318</b>
<b>Service evaluation</b>					
Number of employees completing questionnaire	44	48	41		<b>133</b>
Counselling helped avoid time off work (not on sick leave)	27	31	27		<b>85</b>
Counselling helped early return to work (on sick leave when counselling started)	14	10	8		<b>32</b>
Did not affect sickness absence	3	7	6		<b>16</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*