ARGYLL AND BUTE COUNCIL   **PERFORMANCE REVIEW AND**
                                               SCRUTINY COMMITTEE

CUSTOMER SERVICES   **29TH MAY 2014**

MAXIMISING ATTENDANCE: COUNCIL PERFORMANCE 2013/14

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1. INTRODUCTION

1.1. The purpose of this report is to update the Performance Review and Scrutiny (PRS) Committee on the Council's performance on Maximising Attendance during the period April 2013- March 2014.

2. RECOMMENDATION

2.1. It is recommended that the PRS Committee note the content of this report.

3. DETAIL

3.1. Table One below shows the Council's Performance indicator figures over the last three years

Table One: Trends in SPI figures (Average Work days lost per FTE employee)

Staff Group	2011/12	2012/13	2013/14
Teachers	7.6	8.2	6.7
LGE	9.1	10.9	11.6

3.2. Table Two below outlines the performance of each service against the targets set during the first quarter of the year. The majority of services failed to meet their targets with only Improvement and HR and teaching staff within Education managing to achieve the target set. Due to restructure the Improvement and HR service became part of Customer Services department with effect from January 2014. For the purposes of consistency the annual figures show Improvement and HR under the Chief Executive's Unit. The report for 2014/15 will show improvement and HR as part of Customer Services.

3.3. Despite targets not being met, some services including Adult Care, teaching staff within the Education service and Community and Culture have shown a significant decrease in average days lost in comparison to the previous year. The final column in Table two shows lasts years average days lost for comparison. On the other hand some services including Children and Families, non-teaching education staff and Planning and Regulatory Services have shown significant increases in average days lost in comparison to the previous year.

3.4. Overall there has been a slight reduction in the total number of work days lost due to sickness absence across the Council falling from 36 859 in 2012/13 to 36 033 in 2013/14.

3.5. The significant reduction in days lost for teaching staff was noted in a previous report as the result in a change to the reporting of absence for this group of staff. However after further analysis it has been confirmed that structure of reports have not been changed and the reduction in days lost is therefore a true reflection of the absence and consistent with reporting in previous quarters.

TABLE TWO: PERFORMANCE 2013/14

	Work Days Lost	Full Time Equivalent Staff	Actual Average days lost per FTE employee 2013/14		Target Days lost per FTE Employee	Actual Average days lost 2012/13
Adult Care	5777.15	373.7	15.46	↓	12.80	17.39
Children and Families	3164.37	218.0	14.52	↑	9.30	10.17
Community and Culture	1623.49	196.6	8.26	↓	9.30	9.96
Education (non-teaching)	6999.57	447.3	15.65	↑	10.40	11.40
Teachers	5857.71	872.8	6.71	↓	7.25	8.16
COMMUNITY SERVICES	**23422.29**	**2107.9**	**11.1**	↑	**11.60**	**10.88**
Customer and Support	1346.62	200.7	6.71	↑	6.30	6.15
Governance and Law	384.4	42.3	9.08	↑	6.20	7.56
Facility Services	2500.67	263.5	9.49	↓	8.10	9.62
CUSTOMER SERVICES	**4231.69**	**506.9**	**8.35**	↑	**7.30**	**8.17**
Economic Development	854.53	108.8	7.86	↑	7.20	7.55
Planning and Regulatory	714.94	111.8	6.39	↑	6.00	3.40
Roads and Amenity Services (including Performance and Business Improvement)	5943.57	486.4	12.22	↓	10.00	12.58
Development and Infrastructure	**7513.04**	**707.8**	**10.61**	↑	**9.60**	**10.44**
Strategic Finance	460.37	47.6	9.68	↑	6.40	6.79
Directorate& Improvement and HR	406.14	102.7	3.96	↓	6.98	7.38
CEU	**866.55**	**149.2**	**5.81**	↓	**6.80**	**7.6**
Council Total	**36033**	**3471.8**	**10.38**			

3.6. Full time equivalent figures are calculated by dividing the actual hours worked in the post by the full time hours for the post which will be either 35 or 37 hours depending on each individual post.

3.7. Long term absence accounted for 66.47% of all absence in 2012/13 and has risen to 72.5% during 2013/14. The Maximising Attendance policy is focused on early intervention when dealing with long term absence. Managers are required to have the first Attendance Review meetings during the first 4-8 weeks of sickness absence. During the course of this year a number of cases of long term absence which had not been picked up by managers are now in the process of being managed through attendance review meetings in accordance with the Council's Maximising Attendance procedures.

3.8. **Proportion of Absence**

3.8.1. It is expected that the percentage of work days lost should be proportionate to the size of the service, i.e. larger services will be responsible for a larger proportion of the Council's total work days lost. Services where the % Absence is higher than the %FTE represent higher than expected levels of absence. The services where absence is higher than expected will be targeted for specific improvement based on detailed analysis of management information. Spend to save measures to tackle sickness absence may be considered where appropriate. Table three below shows the percentage FTE for each service against the percentage of the Council's total work days lost that it accounts for. Those services in red indicate higher than expected absence levels.

Table Three: % Absence and FTE by Service

Service	%Absence	%FTE
Adult Care	**16.03**	**10.76**
Children and Families	**8.78**	**6.28**
Community and Culture	4.51	5.66
Education (non-teaching)	**19.43**	**12.88**
Teachers	16.26	25.14
Customer and Support	3.74	5.78
Governance and Law	1.07	1.22
Facility Services	6.94	7.59
Economic Development	2.37	3.13
Planning and Regulatory Services	1.98	3.22
Roads and Amenity Services	**16.49**	**14.01**
Improvement and HR	1.13	2.96
Strategic Finance	1.28	1.37

3.9. Reasons for Absence

3.9.1. The main reasons for sickness absence across the Council during 2013/14 were Stress, depression and mental health (19.91%), Stomach, liver kidneys and digestion (15.03%) and Medical treatment/ operations (13.94%).

3.9.2. Stress remains the main cause of sickness absence and measures are underway as part of last year's "spend to save" initiatives to address this. The deadline for responses to the Council's first stress audit is 30th May 2014. Following on from this, a report will be produced in August which will provide the basis for further analysis. Action plans with specific measures to minimise the risk of stress will be developed during December 2014. In addition a new "Stress at work" policy has been drafted and consultation on this will take place with the healthy working lives group and trades unions representatives prior to it being approved and implemented later this year.

3.9.3. The Council's healthy working lives group have used their first wellbeing leaflet to raise awareness of stress, the stress audit, and the support that is available through the employee counselling service. Stress awareness training sessions which are available to staff and managers are scheduled to take place across the Council area during the course of this year.

3.9.4. Stomach, liver, kidneys and digestive problems have replaced musculoskeletal issues as the second biggest cause of sickness absence. These types of illness are evident particularly in the short term absence figures where stomach upsets, vomiting and diarrhoea in the main account for around a quarter of all days lost. When added to other infection related categories including infections and cold and flu related absences, which come under chest and respiratory absence category, these infection related illnesses make up just over half of all short term absence totalling in the region of 5000 work days lost across the Council.

3.9.5. Medical treatment and operations account for around 14% of all days lost and mainly relate to instances of long term absence where employees are awaiting surgery, recovering from surgery or undergoing treatment such as chemotherapy or dialysis. Often the waiting times for surgery or treatment programmes will dictate the length of time an employee is unable to carry out the duties of their post and the Council already has in place guidance on reasonable adjustments and phased returns for employees who may be capable of doing some work. In addition Occupational Health are available to provide specific advice in these situations.

3.9.6. More detailed analysis of the reasons for long and short term absence by department are available in Appendix One.

3.10. Cost of Sickness Absence

3.10.1. Table four below outlines the actual cost of sick pay paid by each service of the Council and a comparison with last year's costings. Spend to save measures were agreed following analysis of last year's absence figures and a number of these have been implemented during the course of this year. The cost of sickness absence has

reduced resulting in savings comparative to last year totalling over quarter of a million pounds.

Table Four: Sick pay by Service £

Service	2012/2013	2013/2014
Adult Care	711 864	639 886
Children and Families	207 453	275 912
Community and Culture	161 457	126 313
Education	1 248 722	1 112 359
Directorate Community Services	520	646
Community Services Total	**2 330 016**	**2 155 115**
Facility Services	195 657	176 253
Governance and Law	20 685	28 050
Customer and Support	89 374	109 409
Directorate Customer Services	1 943	681
Customer Services Total	**307659**	**314 393**
Economic Development	60 587	69 904
Planning and Regulatory	39 142	80391
Roads and Amenity Services	562 110	395 527
Directorate Development and Infrastructure	29 610	17 537
Development and Infrastructure Total	**691 449**	**563 359**
Improvement and HR (including Directorate)	68 597	39 972
Strategic Finance	29 162	34 516
Chief Executive's Total	**97 659**	**74 488**
Grand Total	**3 426 781**	**3 107 354**

3.11. **Return to Work interviews**

3.11.1. The Chartered Institute of Personnel and Development (CIPD) view return to work interviews as the single most effective tool in managing absence. When carried out in accordance with the Council's procedures the return to work interview allows managers and employees to review the cause of each absence, check that the employee is fit to return to work and put in place any measures required to support the employee back to work. Particularly where the employee has been off on long term sickness absence the return to work interview is a good opportunity to catch up on changes that they may have missed and reintegrate them back into the workplace. Most importantly the return to work interview indicates to the employee that their attendance at work is valued and that they were missed during their absence.

3.11.2. In order to be most effective return to work interviews should ideally take place on the day the employee returns to work or at least within three days of their return. Services have a 100% target for completion of return to work interviews. Table Five below outlines the performance by department. The final column shows last year's performance for comparison. Overall all departments have shown a significant increase in the percentage of return to work interviews completed.

Table Five: % Return to work interviews completed by department April 2013-March 2014

Dept.	Return to work interviews expected	Completed RTWI's	% Complete 2013/14	Average time to complete (days)	% Complete 2012/13
Chief Executives Unit	101	97	96%	6.6	75%
Community Services	3200	2198	69%	10.2	57%
Customer Services	680	557	81%	6.7	64%
Development & Infrastructure	667	551	83%	6.5	76%

3.12. **Performance 2013/14**

Throughout the year the following measures have been put in place to support services in achieving their maximising attendance targets:

- Improvements to online guidance and resources on the hub including guidance on reasonable adjustments and phased returns to work
- Monthly management information reports outlining performance on return to work interviews and employees who have met attendance triggers
- Roadshows in each of the main Council areas outlining the key aspects of the procedures to managers as well as covering resources on the hub
- Streamlined paperwork and processes
- Occupational Health support from new Occupational Health provider including provision for periodic local clinics
- Support and guidance from the HR advice line and HR Officers where appropriate. This includes the opportunity to talk through what managers might want to cover before holding any meetings with employees or what they might want to put in an OHP referral as well as attendance at meetings in a coaching role where appropriate.
- Improved e-learning modules have been designed and are currently being developed. These will be available during 2014/15
- Emails to notify managers that action is required when an employee has met a trigger
- Emails to notify managers when an employee begins/ ends sick leave
- The Council's healthy working lives group has been formed and will be responsible for driving forward the Council's wellbeing agenda which will include preventative initiatives for improving overall wellbeing and reducing sickness absence.
- As part of the spend to save measures agreed in May last year an additional HR Assistant was appointed to support Community services. This post commenced during November 2013 and provides case management advice and training to managers in Community Services

3.13.   **Targets 2014/15**

3.13.1. Targets for maximising attendance during 2014/15 were discussed by the Council's Strategic Management Team at their meeting on Monday 12th May. The Strategic Management team have agreed the targets below for the year ahead. These targets represent the Council's goal to see a 2.5% reduction in the total work days lost during the period 2014/15. The significant variation in Chief Executive's Unit and Customer Services targets is to take account of the fact that the Improvement and HR service will now be represented under Customer Services department. Executive Directors will meet with individual Heads of Service during June to agree Service specific targets.

Table Six: Departmental Targets 2013/2014

Department	Actual 2013/14	Target 2014/15
Community Services(non-teaching)	14.3	13.9
Community Services (Teaching)	6.71	6.5
Customer Services	8.35	7.5
Chief Exec's Unit	5.81	9.4
Development and Infrastructure	10.61	10.4

3.14.   **Achieving 2014/15 Targets**

3.14.1. After analysis of the figures and reasons for absence the following corporate actions have been agreed to support services in achieving their targets.

- The Councils Healthy Working Lives group will coordinate an infection control initiative to raise general awareness amongst staff of measures that can reduce the spread of infections
- Services where staff are working in close contact with service users will put in place infection control measures/protocols and targeted training will be made available for relevant staff
- The possibility of temporary redeployments for staff on long term sick leave will be explored further and a paper submitted to the HR board for consideration
- The HR team will further investigate the online physiotherapy provision available from our current occupational health providers and produce a report for the HR Board which considers the viability of a possible pilot within services such as Roads and Amenity Services or Adult Care which experiences high absence rates due to musculoskeletal conditions.

3.14.2. In addition to these specific corporate measures HR have been working during the course of this year to improve resources for managers and the following are due to be implemented during the course of 2014/15:

- Stress audit action plans will be developed following the results of the stress audit
- A new stress at work policy is in draft format and will be agreed and implemented during the course of 2014/15. This draft policy proposes to introduce a risk assessment framework with clear guidelines for managing stress at work

- A group has been set up with representatives from each department and the Trades Unions to review the Maximising Attendance procedures with a view to clarifying areas of ambiguity and further improving guidance and tools for managers and staff
- New reports have been developed which will be implemented during the course of 2014/15. Similar to the reports currently produced on return to work interviews completed, these new reports will highlight where attendance review meetings have taken place following an employee meeting a trigger within the policy. Support can then be targeted to managers who do not appear to be conducting these meetings.

4. CONCLUSION

4.1. In conclusion this report has outlined the Council's performance on Attendance Management for the period 2013-14. Overall there has been a slight reduction in the total number of days lost in comparison to last year. Teacher's absence has fallen significantly while LG Employee absence has increased.

4.2. In order to for the Council to achieve its target of being in the upper quartile of Scottish Local Authorities, targets have been set and corporate measures have been agreed by the SMT for the year ahead. Action from managers in the form of monitoring and review of sickness absence with early intervention in the form of return to work interviews, attendance review meetings and OHP referrals will be required to ensure that absences are managed appropriately and in accordance with the Council's procedures

5. IMPLICATIONS

Policy	This complies with the Council's Maximising Attendance Policy
Financial	Failure to achieve targets in relation to maximising attendance is likely to have financial implications with respect to the cost of sick pay
HR	Failure to maximise attendance is likely to have an impact on workforce productivity
Legal	None
Equal Opportunities	This complies with the Council's Equalities policy
Risk	High levels of absence present risk to organisational Efficiencies
Customer Service	High levels of absence will impact on customer service

Douglas Hendry, Executive Director – Customer Services

For further information please contact:

Jane Fowler
Head of Improvement and HR
01546 604466

HR Officer
McAlpine
01546 604 021 Carolyn

Appendix One: Annual Trends and Analysis of absence

Analysis of Absence

To avoid the use of percentage figures and to allow for more accurate reflection of absence reasons the quarterly report which calculates the performance indicator figures has been amended to include the reason for absence. Unfortunately since this report was not amended until towards the end of this year it could not be run at the end of each quarter with the PI figures. Due to issues with the system this has meant that the total work days lost outlined below do not correspond with the total days lost outlined in Table Two. However in future years the report will be run on a quarterly basis and figures will be based on cumulative totals and will therefore correspond. The total difference in days lost is less than 900 and is due to staff moving post or leaving after the quarterly reports were run. The tables below still show a good representation of the proportion of absence in each sickness category across services.

Table Seven: Departmental absence (work days lost) by sickness category

Sickness Category	Chief Executive's Unit	Community Services	Customer Services	Development and Infrastructure	Council Total	Sickness Category as % of Work days lost
Back , Neck and Other Musculoskeletal	154.00	1672.39	393.24	1460.36	3679.99	10.47%
Chest and Respiratory	21.00	1037.89	124.41	361.35	1544.65	4.40%
Ear nose throat mouth dental	60.94	1092.70	144.22	108.54	1406.40	4.00%
Eyes		74.33	13.00	10.00	97.33	0.28%
Other/unknown		193.65	21.00		214.65	0.61%
Genito Urinary/ Gynaecological	1.00	418.92	69.78	86.25	575.95	1.64%
Heart, Blood Pressure, Circulation		997.88	248.96	161.85	1408.69	4.01%
Infections	70.94	2824.18	464.14	897.30	4256.56	12.11%
Injury/Accident	2.00	645.58	185.66	831.00	1664.24	4.74%
Medical Treatment/Operations	63.00	3021.38	635.91	1177.31	4897.60	13.94%
Metabolic			1.00	172.00	173.00	0.49%
Neurological	96.00	1377.36	680.66	450.36	2604.38	7.41%
Pregnancy Related	19.00	171.83	14.05	1.00	205.88	0.59%
Skin		27.81	9.62	93.00	130.43	0.37%
Stomach Liver kidneys digestion	82.70	3258.23	721.74	1219.64	5282.31	15.03%
Stress related	199.00	5350.14	619.06	829.94	6998.14	19.91%
Total	769.58	22164.27	4346.45	7859.90	35140.20	

Table Eight: Breakdown of long and short term absence by department and reason

Sickness Category	Chief Executive's Unit			Community Services			Customer Services			Development and Infrastructure		
	ST	LT	Total	ST	LT	Total	ST	LT	Total	ST	LT	Total
Back , Neck and Other Musculoskeletal	12.00	142.00	154.00	500.28	1172.11	1672.39	133.16	260.08	393.24	308.36	1152.00	1460.36
Chest and Respiratory	21.00		21.00	294.30	743.59	1037.89	80.49	43.92	124.41	93.35	268.00	361.35
Ear nose throat mouth dental	60.94		60.94	555.57	537.13	1092.70	115.03	29.19	144.22	108.54		108.54
Eyes				7.72	66.61	74.33	13.00		13.00	10.00		10.00
Other/unknown				23.65	170.00	193.65	21.00		21.00			
Genito Urinary/ Gynaecological	1.00		1.00	65.77	353.15	418.92	4.51	65.27	69.78	21.25	65.00	86.25
Heart, BP Circulation				42.88	955.00	997.88	35.24	213.72	248.96	26.85	135.00	161.85
Infections	45.94	25.00	70.94	1428.37	1395.81	2824.18	226.59	237.55	464.14	388.50	508.80	897.30
Injury/Accident	2.00	0.00	2.00	136.65	508.93	645.58	61.71	123.95	185.66	105.00	726.00	831.00
Medical Treatment/Operations	3.00	60.00	63.00	334.82	2686.56	3021.38	173.55	462.36	635.91	123.15	1054.16	1177.31
Metabolic							1.00		1.00		172.00	172.00
Neurological	21.00	75.00	96.00	375.08	1002.28	1377.36	71.42	609.24	680.66	64.86	385.50	450.36
Pregnancy Related	19.00		19.00	50.83	121.00	171.83	14.05		14.05	1.00		1.00
Skin				6.81	21.00	27.81	9.62		9.62	21.00	72.00	93.00
Stomach Liver kidneys digestion	82.70		82.70	1572.72	1685.51	3258.23	406.27	315.47	721.74	410.38	809.26	1219.64
Stress related	8.00	191.00	199.00	667.99	4682.15	5350.14	185.64	433.42	619.06	67.64	762.30	829.94
Total	276.58	493.00	769.58	6063.44	16100.83	22164.27	1552.28	2794.17	4346.45	1749.88	6110.02	7859.90

ST= Short Term
LT= Long Term

Table Nine: Council Totals of long and short term absence by reason

Sickness Category	Council Totals				
	ST	%ST	LT	%LT	Total
Back , Neck and Other Musculoskeletal	953.80	9.89%	2726.19	10.69%	3679.99
Chest and Respiratory	489.14	5.07%	1055.51	4.14%	1544.65
Ear nose throat mouth dental	840.08	8.71%	566.32	2.22%	1406.40
Eyes	30.72	0.32%	66.61	0.26%	97.33
Other/unknown	44.65	0.46%	170.00	0.67%	214.65
Genito Urinary/ Gynaecological	92.53	0.96%	483.42	1.90%	575.95
Heart, BP Circulation	104.97	1.09%	1303.72	5.11%	1408.69
Infections	2089.40	21.67%	2167.16	8.50%	4256.56
Injury/Accident	305.36	3.17%	1358.88	5.33%	1664.24
Medical Treatment/Operations	634.52	6.58%	4263.08	16.72%	4897.60
Metabolic	1.00	0.01%	172.00	0.67%	173.00
Neurological	532.36	5.52%	2072.02	8.13%	2604.38
Pregnancy Related	84.88	0.88%	121.00	0.47%	205.88
Skin	37.43	0.39%	93.00	0.36%	130.43
Stomach Liver kidneys digestion	2472.07	25.64%	2810.24	11.02%	5282.31
Stress related	929.27	9.64%	6068.87	23.80%	6998.14
Total	9642.18		25498.02		35140.20

ST= Short Term
LT=Long Term

Table Ten: Analysis of Long and Short term Absence by Service

Service	% Long Term	% Short Term
Adult Care	74.62	25.38
Children and Families	79.36	20.64
Community and Culture	68.32	31.68
Education	70.54	29.46
Customer and Support	54.88	45.12
Governance and Law	78.45	21.55
Facility Services	67.32	32.68
Economic Development	79.55	20.45
Planning and Regulatory Services	71.77	28.23
Roads and Amenity Services	80.26	19.74
Performance and Business Improvement	57.85	42.15
Improvement and HR	31.41	68.59
Strategic Finance	87.11	12.89