Calderdale Council

Report to Scrutiny Panel

Name of Scrutiny Panel	Use of Resources
Meeting Date	15 July 2015
Subject	Attendance Management
Wards Affected	All
Report of	Director, Communities and Service Support

Type of Item (please tick ✔)		
	Review existing policy	
	Development of new policy	
	Performance management (inc. financial)	√
	Briefing (inc. potential areas for scrutiny)	
	Statutory consultation	
	Council request	
	Cabinet request	
	Member request for scrutiny (CCFA)	

Why is it coming here?
To enable the Panel to scrutinise the performance of the Council in relation to Attendance Management.

What are the key points?
At the last Scrutiny meeting on 11 February 2015 and the Cabinet meeting on 13 April 2015, Elected Members asked Officers to focus attention on the management of attendance in the 'hot spot' areas of Directorates. This update report is to highlight the areas where there needs to be improvements in the management of attendance to reduce sickness and improve productivity.

Possible courses of action
A sustained and consistent focus to and by the 'hot spot' areas within the Council Directorates is now taking place. This needs to be sustained and realise outcomes to reduce absence in the areas highlighted within the report. Absence needs to part of the day to day objectives, plans, appraisals for managers and a standard item at management team meetings. Human Resources will continue to support and challenge Directorates to actively manage attendance, improve productivity and deliver services within available budgets.

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Should this report be exempt?
No

Report to Scrutiny Panel

## 1.	Background

1.1	The Council's Use of Resources Scrutiny panel, Governance and Business Committee and Cabinet have actively challenged Directorates to ensure productivity and delivery of services at a time of reducing resources and capacity by actively managing staff attendance and as a result reducing levels of sickness.

1.2	A robust but fair approach to tackling absence has been implemented with a number of interventions having taken place throughout the year, with the aim of reducing sickness absence and improving performance.

1.3	Human Resources are challenging Directorates to manage and continually address absence levels. The responsibility to address the issue is within Directorates, with support from HR to actively challenge and help Directorates manage.

## 2.	Main Issues for Scrutiny

2.1	At the February meeting of the Use of Resources Scrutiny Panel the sickness absence statistics for the first three quarters of 2014/15 were discussed. There had been reductions in absence in two Directorates, but the improvements had not been across all Directorates. Members asked that Officers now concentrate on the Directorates which hadn't improved their absence statistics and focus attention on the 'hot spot' areas.

2.2	Members asked that the Director or appropriate Head of Service of the 'hot spot' areas be invited to the next Use of Resources meeting to advise members of what they are doing to address these high 'hot spot' areas and reduce their Directorate stats in line with other Directorates.

2.3	In addition a report was brought to Cabinet in April 2015. The report identified the 'hot spot' areas. The report showed a snapshot of the likely outturn at that time of year based on the first three quarters of 2014/15 and reported a slight increase on the previous year's data.

2.4	When we reported to Use of Resources in February 2015 the predicted results of 2014/15 identified a slight increase in sickness compared to the previous year:

2012/13	9.33 days (excluding schools)
2013/14	9.22 days (excluding schools)
2014/15	9.55 days **predicted** (excluding schools)

2.5	However the actual outturn was slightly better than was anticipated with a final outturn of 9.43 days for 2014/15, which is marginally higher than the last financial year. The interventions planned and the work that has taken place is starting to take shape. However the reduction is still not on schedule to achieve the one day reduction in absence set by Members, but with concerted effort by Directorates in the 'hot spot' areas we will improve attendance.

2.6 From April 2014, we have actively managed both long (>14 days) and short-term absence on a case by case basis. The information below demonstrates our approach:

	April – June 2014	July – Sept 2014	Oct - Dec 2014	Jan-March 2015	TOTAL
Attendance case hearing reviews and Disciplinaries	6	5	13	7	31

2.7 Quarter four has shown a real turnaround in comparison to the same period in 2013/14. It is pleasing to report that with the exception of Economy and Environment Directorate, all other Directorates reduced their quarter four absence statistics.

2.8 It is pleasing to report that following training to address absences relating to stress, mental health and depression the average FTE days lost in the fourth quarter has reduced from 20.74 to 16.33. We have also reduced long-term absence, which we believe is due to early intervention, counselling and support to ensure early return to work. We are currently planning further training to address this very important agenda to keep staff healthy and well and at work and reduce absence further. HR has enlisted the support of both Health and Safety and Public Health departments. I will update further at the next quarterly Scrutiny absence update meeting.

Mental health absence is often long term as the following tables illustrate – this category also incorporates stress **(see Appendix 4 for more detail).**

Quarter 3 – 1st October 2014 to 31st December 2014

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	24	121.37	4.16
Over 14 Days	58	1507.20	27.32
Grand Total	**82**	**1628.57**	**20.74**

Quarter 4 – 1st January 2015 to 31st March 2015

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	33	94.98	2.88
Over 14 Days	43	1145.74	26.65
Grand Total	**76**	**1240.73**	**16.33**

2.9 Mental Health is the primary reason for absences in the Council and accounts for a quarter of all absence. Overall mental health long-term absence has risen slightly.

- In January 2015, we engaged the service of Insight Healthcare (counselling and mental health support service) in Calderdale. The service is commissioned by the NHS to help extend care to our employee's, ie psychological therapy support, which is a **free** service to the Council. Insight have started to provide a free counselling service to all Council employees (18 or over) who are registered with a Calderdale GP. This is saving the Council a significant amount of money, not just in the counselling service costs, but also ensuring early intervention which has ensured a quicker resolution to absence cases. Staff have reported favourably on this new service, with the main advantage being that staff are now able to self-refer and there is no requirement to complete unnecessary forms/paperwork.

2.10 The final sickness statistics for 2014/15 are still showing a performance challenge within the following directorates, Adult Health and Social Care, Children and Young People's Service and Economy and Environment, where sickness absence has increased in key service areas – see **Appendix 3.** These areas are the 'hot spot' areas which HR have scrutinised with Directorates to ensure that absence is addressed and managers act in a timely and consistent manner.

2.11 Chief Executives and Communities and Service Support are still doing well and have sustained the reductions achieved in the previous quarters.

3. Consultation

3.1 No consultation has taken place as a result of the production of this report.

4. Further action and timescales

4.1 The following measures will be critical to performance improvement:

- Regular, sustained, long-term focus on attendance management.
- Maintained focus and commitment at senior levels, to monitor, review and hold managers to account for the management of attendance – regular review at management teams as well as at 1:1 individual/performance appraisal meetings.
- Targets for reduction should continue to be set – these should be at Directorate and Service level in addition to the corporate target.
- Additional management training particularly in the high/hot spot areas – HR have continued to train managers in all aspects of sickness management. Further training is about to be rolled out to help support managers and staff with stress, mental health and depression.
- We continue to deliver bite-size training to help managers better challenge short and long-term absence, and to understand the importance of managing their direct reports at a very early stage.
- Directors continue to chair sickness challenge meetings with managers and ensure that reduction of sickness is set as an objective at appraisal.

Given the accurate recording of sickness and provision and support to hot spot areas a consistent and maintained commitment at senior level within directorates, to monitor, review and hold managers to account for the individual management of attendance is the key to generating improvement.

4.2 In order to focus attention on performance improvement, the Governance and Business Committee in August 2013 set a one day reduction in sickness absence per FTE, which the Use of Resources Scrutiny Panel agreed to monitor. We are mindful that this target remains and is an important focus for all Directorates. If the 'hot spot' Directorates address the specific areas of concern, there is no reason why we can't achieve this target in 2015/16.

4.3 Included in the report is the final summary of trends by Directorate for 2014/15 which will help Directors to focus on their individual Directorate targets. **See Appendix 1.**

Please note that data excluding schools is only available commencing 2012/13.

At the time of writing, stats for 2015/16 - Quarter 1 (April – June 2015) are awaited.

5. Options Appraisal

5.1 The Use of Resources Scrutiny Panel may wish to review individual service sickness levels as contained in Appendix 1 with a view to setting achievable step targets for services.

6. Conclusion

6.1 Members are asked to note the content of this report, encourage improvement in attendance and to provide further challenge for this important area of organisational performance.

7. Appendices

Appendices 1 – Directorate Summary Data
Appendices 2 – Proportion of FTE time lost per quarter
Appendices 3 – Sickness absence summary by Directorate and Division
Appendices 4 – Mental health related absence

8. Background documents

Not applicable.

9. Documents available for inspection at

Not applicable.

DIRECTORATE SUMMARY (EXCLUDING SCHOOLS)				
Directorate	**2011/12**	**2012/13**	**2013/14**	**2014/15**
Adults, Health & Social Care	13.91	12.07	11.79	11.88
Chief Executive's Office	7.07	7.52	6.19	5.70
Communities and Service Support	8.11	7.97	8.50	7.00
Children & Young People's Services (ex Schools)			10.25	10.74
Economy & Environment	6.94	8.16	8.38	10.45
Council		9.33	9.22	9.43

The Annual Equivalent figure is based upon dividing by the number of quarters to date and multiplying by 4, no seasonal adjustment has been made.

These figures include ALL lost time, previously temporary staff with less than 12 months service were not included as per the BVPI criteria.

COUNCIL FIGURES: Please note there has been a change in the way sickness absence is recorded and reported. From April 2014 working patterns are held against employee records on Selima and sickness absence is being recorded as working hours lost. This more accurately reflects 'actual' lost time as opposed to the average hours lost, which was not reflective. FTE days lost for the employee is then calculated for reporting purposes.

DIRECTORATE SUMMARY - QUARTERLY

Directorate	2013-14				2014-15			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Adults, Health & Social Care	2.18	2.70	3.59	3.32	2.44	2.95	3.56	2.93
Chief Executive's Office	1.81	0.99	1.39	2.00	0.73	1.19	1.91	1.87
Communities and Service Support	1.91	2.03	2.39	2.17	1.92	1.81	1.86	1.41
Children & Young People's Services (ex Schools)	2.40	2.27	3.00	2.58	2.31	2.38	3.51	2.54
Economy & Environment	1.86	1.55	2.52	2.45	2.12	2.55	2.76	3.02
Council	**2.07**	**1.97**	**2.65**	**2.53**	**2.09**	**2.27**	**2.76**	**2.31**

These figures include ALL lost time, previously temporary staff with less than 12 months service were not included as per the BVPI criteria.

COUNCIL FIGURES: Please note there has been a change in the way sickness absence is recorded and reported. From April 2014 working patterns are held against employee records on Selima and sickness absence is being recorded as working hours lost. This more accurately reflects 'actual' lost time as opposed to the average hours lost, which was not reflective. FTE days lost for the employee is then calculated for reporting purposes.
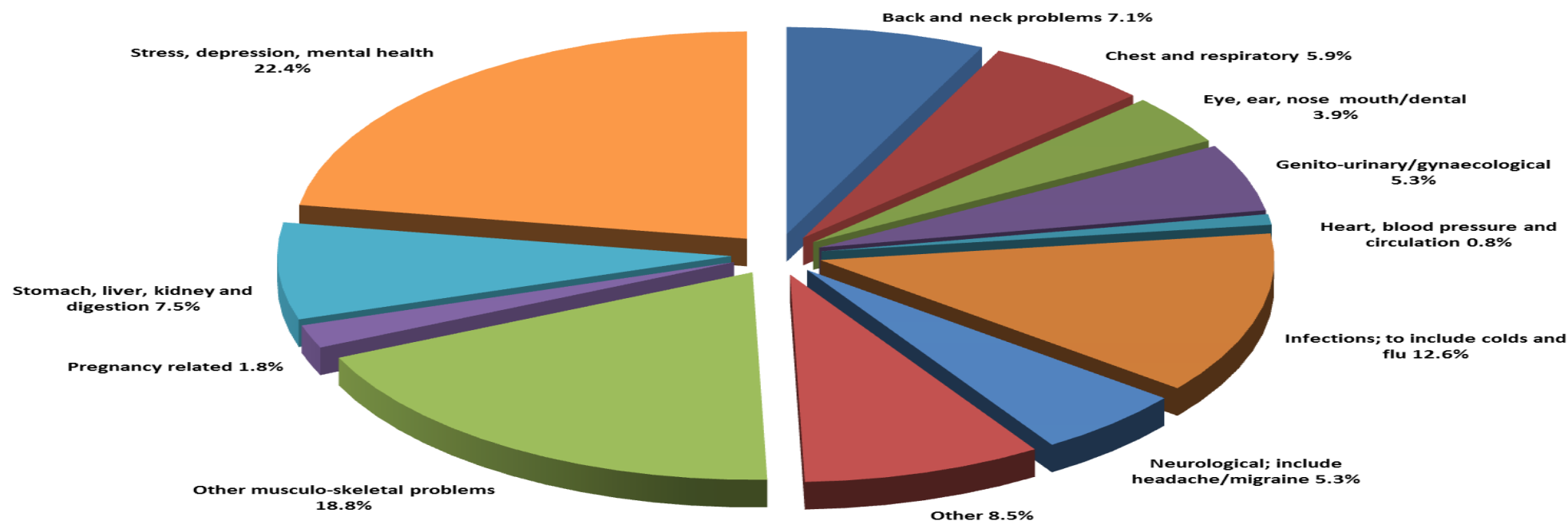
Proportion of FTE Time Lost in Quarter

Pie chart data:
- Back and neck problems 7.1%
- Chest and respiratory 5.9%
- Eye, ear, nose mouth/dental 3.9%
- Genito-urinary/gynaecological 5.3%
- Heart, blood pressure and circulation 0.8%
- Infections; to include colds and flu 12.6%
- Neurological; include headache/migraine 5.3%
- Other 8.5%
- Other musculo-skeletal problems 18.8%
- Pregnancy related 1.8%
- Stomach, liver, kidney and digestion 7.5%
- Stress, depression, mental health 22.4%

	Back and neck	Chest and respiratory	Eye, ear, nose mouth/dental	Genito-urinary/ gynaecological	Heart, blood pressure and circulation	Infections; to include colds and flu	Neurological; include headache/ migraine	Other	Other musculo-skeletal problems	Pregnancy related	Stomach, liver, kidney and digestion	Stress, depression, mental health	TOTAL (FTE Days)
Q1 14-15	565.86	303.33	172.30	176.88	100.38	317.59	168.11	567.70	967.25	84.76	733.83	1440.27	**5598.26**
Q2 14-15	702.88	203.50	101.46	222.69	225.96	369.24	241.99	785.68	888.24	141.79	602.79	1490.95	**5977.17**
Q3 14-15	571.26	707.51	231.64	150.62	112.97	892.63	486.20	505.03	1124.11	21.35	675.74	1628.57	**7107.63**
Q4 14-15	420.02	347.03	231.03	312.17	49.04	749.12	316.74	505.89	1111.22	107.89	446.98	1326.40	**5923.52**

Note: Included are staff who are directly employed by CMBC. From April 2014, the figures include ALL lost time, previously temporary staff with less than 12 months service were not included as per the BVPI criteria. School and Academy staff, casual workers and agency staff are excluded from the figures below.
Examples of absence reasons under the category 'Other' include Cancer, Diabetes, Skin Disorders and Blisters.

Sickness Absence Summary by Directorate and Division
Quarter 4 2014/2015 (1 January 2015 - 31 March 2015)

Directorate	Division	Average FTE	FTE Absence	Average
Calderdale (Excluding Schools)		**2564.53**	**5923.52**	**2.31**
Adults, Health and Social Care		**514.76**	**1506.58**	**2.93**
	Adult Social Work	40.67	134.77	3.31
	Business Support	5.26	44.36	8.43
	Commissioning	27.08	15.50	0.57
	Directorate Management Team	2.50	3.00	1.20
	Market Development and Strategic Commissioning	0.50	0.00	0.00
	Partnership & Personalisation	148.27	901.15	6.08
	Safeguarding and Quality	2.50	15.00	6.00
	Well Being and Social Care	287.98	392.79	1.36
Chief Executive's Office		**160.96**	**300.41**	**1.87**
	Chief Executive's Office	3.60	3.00	0.83
	Democratic & Partnership Services	62.53	99.50	1.59
	Finance	77.31	194.92	2.52
	Public Health	17.53	2.99	0.17
Communities and Service Support		**801.80**	**1128.26**	**1.41**
	Business Change and Performance Management	122.92	107.65	0.88
	Customer Services	304.99	473.61	1.55
	Directorate Management Team	5.50	0.00	0.00
	Human Resources	92.34	26.28	0.28
	Neighbourhoods	276.06	520.72	1.89
Children and Young People's Services (Exc Schools)		**612.90**	**1554.77**	**2.54**
	Children's Social Care	233.42	654.96	2.81
	Children's Trust	3.50	2.00	0.57
	Directorate Management Team	3.00	0.00	0.00
	Early Intervention	131.31	421.61	3.21
	Early Intervention and Safeguarding	51.06	183.81	3.60
	Learning Services	131.25	177.89	1.36
	Partnerships & Commissioning	59.37	114.50	1.93
Economy and Environment		**474.11**	**1433.52**	**3.02**
	Building Cleaning	35.92	174.74	4.87
	Business and Economy	0.00	0.00	0.00
	Catering Services	1.97	0.00	0.00
	Corporate Asset and Facilities Management	62.15	236.05	3.80
	Corporate Projects	11.50	4.00	0.35
	Directorate Management Team	4.00	0.00	0.00
	Housing, Environment and Renewal	134.53	369.00	2.74
	Planning & Highways	221.05	646.37	2.92
	Regeneration	3.00	3.34	1.11

Mental Health Related Absence

Quarter 1 - 1st April 2014 to 30 June 2014

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	29	112.40	3.88
Over 14 Days	46	1327.90	28.87
Grand Total	**75**	**1440.30**	**19.20**

Quarter 2 - 1st July 2014 to 30 September 2014

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	29	116.16	4.01
Over 14 Days	47	1374.80	29.25
Grand Total	**76**	**1490.96**	**19.62**

Quarter 3 - 1st October 2014 to 31 December 2014

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	24	121.37	4.16
Over 14 Days	58	1507.20	27.32
Grand Total	**82**	**1628.57**	**20.74**

Quarter 4 - 1st January 2015 to 31 March 2015

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost in quarter	Average FTE Days Lost per Employee In Quarter
14 Days and Under	33	94.98	2.88
Over 14 Days	43	1145.74	26.65
Grand Total	**76**	**1240.73**	**16.33**

Annual - 1st April 2014 to 31 March 2015

Total Calendar Days Absence Mental Health Cause	Number of Employees	Total FTE Working days lost	Average FTE Days Lost per Employee
14 Days and Under	94	315.25	3.35
Over 14 Days	157	5570.94	35.48
Grand Total	**251**	**5886.19**	**23.45**