

Date of issue: Monday, 16 March 2015

MEETING	EMPLOYMENT & APPEALS COMMITTEE (Councillors Brooker (Chair), Chohan, Coad, Dhaliwal, N Holledge, Plenty, Sandhu, Sharif and Zarait)
DATE AND TIME:	TUESDAY, 24TH MARCH, 2015 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NEIL FRASER 01753 875015

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART 1

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	Apologies for absence.		
	CONSTITUTIONAL MATTERS		
1.	Declarations of Interest		

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

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SERVICE IMPLEMENTATION ISSUES

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| 9. | Date of Next Meeting | |
- Tuesday, 23rd June 2015

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

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Employment & Appeals Committee – Meeting held on Thursday, 22nd January, 2015.

Present:- Councillors Brooker (Chair), Dhaliwal, N Holledge (Vice-Chair), Plenty, Sandhu, Sharif and Zarait

Apologies for Absence:- Councillor Chohan and Coad

PART 1

20. Declarations of Interest

None.

21. Minutes of the Meeting held on 20th October 2014

Resolved - That the minutes of the last meeting, held on 20th October 2014, be approved as a correct record.

22. Temporary Agency Staff- Progress on Implementation and Baseline Monitoring

Claire Portsmouth, Procurement and Contracts Analyst, introduced a report updating Members on the Temporary Agency Staff Contract with Matrix. Members were advised on the key points of the report, which included:

The total invoiced amount for the year to date (April to December 14) was £8,010,106, with the forecast for the full year therefore approximately £10.4m. Although this was more than the total spent last year with Matrix (£7,804,937) the figures for this year included 'Off Contract' staff spend that had been moved to Matrix. By moving this staff to Matrix, the figures were more transparent, and were easier to manage and report on.

Over the last 6 months, efforts had been made to secure agencies to provide services under 'Professional/Executive' category posts, which mainly included staff working in niche posts or those over level 9 where specialist skills may not be available from a general recruitment agency. This agency base would continue to grow over the length of the contract, and would assist in the council having fewer requests for 'Off Contract' spend. The trend of 'Off Contract' spend was showing a marked decline overall, with a 50% reduction in those staff outside of the Matrix contract vs. the previous financial year.

In addition, a re-procurement exercise was undertaken to decrease margin costs for staff that had been employed for more than 12 weeks. Figures for the period July to September showed 97 placements were re-procured, with savings totalling almost £19k so far.

The majority of agency staff were found within the Wellbeing directorate. It was recognised that a national shortage of qualified social workers was a

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challenge that Slough continued to face. The shortage meant that Slough was required to compete against other Local Authorities in order to secure the best qualified staff able to provide the desired quality of service. This had contributed to difficulty reconciling pay parity between agency and permanent full time staff, though permanent staff did now receive a market supplement to reconcile this. Successful permanent recruitment in social care would help to alleviate these issues.

Matrix SCM had carried out a survey of Matrix users, however, responses were too small to draw any meaningful conclusions. In the future, the Council would take an active part in promoting such surveys in order to obtain a better response.

The Committee was concerned over the amount of money being spent on agency workers, and asked a number of questions, including:

Q. What was the difference in pay between an agency and non agency worker?

A. As an example, the per hour pay for a Children's Social Worker agency worker was circa £30 -35. This figure, extrapolated over a year, was broadly similar to the annual salary of a level 7 permanent employee, which included National Insurance and Pension contributions. However, the real cost was to service delivery and continuity when staff are regularly leaving, and new staff joining. Permanent staff would ensure greater service continuity, and therefore better outcomes for cases.

Q. What measures were being undertaken to reduce agency worker spend?

A. A recruitment campaign for social workers was currently underway, to employ full time social workers and therefore reduce the requirement for agency workers in these roles.

Q. What will be the impact of future staff restructures and savings plans?

A. To avoid staff redundancies from future restructures a large number of vacancies were deliberately being held back from permanent recruitment. This would enable staff displaced through restructures to obtain other employment with the council and avoid redundancy

Q. What were the margins due to the Matrix contract?

A. Matrix mark-up was 8p per hour, on top of Agency fees. Matrix provided a way for the council to manage downward the margin charged by agencies. Matrix's own forecast showed that savings would be made through the length of the contract, though an independent review of order fulfilment and margin rates would be required to validate this.

Q. Why does Slough use non-qualified agency Social care staff ?

A. Roles dictate what staff are required. The majority of non-qualified staff being used were shift workers who were called in at short notice. In particular, those staff were used within residential centres to cover illnesses etc.

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The Committee was concerned that, following previous meetings of the Employment & Appeals Committee, Officers had advised Members that spend on Agency workers would be reduced, however the figures showed that costs had increased. Members also raised concerns at the impact of temporary agency workers on the quality of service being delivered. Members requested that a further, detailed report be prepared for the next meeting, and that the Chief Executive and Senior Directors be invited to attend and present this report.

In addition, concerns were raised at the level of detail provided within reports about agency staff. The Committee asked for greater context and detail on reports, particularly those reports dealing with figures comparing and contrasting spend within current and previous time periods. A request was made for such detail to be included on all future reports.

- Resolved** -
- (a) That the report be noted.
 - (b) That a further report on Temporary Agency Staff, Matrix, and Spend be brought to the next E&A Committee meeting. That the Chief Executive and Directors be invited to attend and present the report.
 - (c) That future reports include further context and detail, particularly regarding monetary figures when comparing and contrasting different time periods.
 - (d) That a more in depth survey of Matrix users be commissioned, with steps taken to ensure staff participation.

23. Sickness Absence Performance Update

Surjit Nagra, HR Business Partner, updated the Committee on the Council's performance in reducing sickness absence, which the Committee had requested should be reported to all future meetings. It was noted that since the last report to Committee in October there had been an increase in days lost in August (+0.2 days) and September (+0.1 days), whilst October had remained static at 0.8 sick days per FTE. No explanation for the rise in sick days had been identified.

The Committee considered a summary of the balanced scorecards by Directorate, up to October 2014, which indicated that Slough BC's absence was reducing. The overall management score for the Council was 74.9 which was a significant improvement when compared to previous score of 64.6 in October. This demonstrated that the Council was positively managing sickness absence.

Managers would continue to undertake formal meetings with employees when trigger points were hit, and the Committee was advised that 97.9% of managers and supervisors had attended Sickness Absence Training.

12% of Slough workforce had met the 6 day trigger period over the last 6 months, and data available through the scorecard indicated that staff being

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managed through the formal process following this trigger had increased from 39.2% in August to 58.3% in October. Whilst this was a positive trend, it also demonstrated that there remained room for improvement.

Of the staff that had met the 6 day trigger, 61.9% had been referred to Occupational Health. However, there remained a number of staff who had not attended their Occupational Health appointments, although this did include a staff member who had subsequently been dismissed, whilst a review of another staff member was currently ongoing.

The Wellbeing directorate showed the greatest number of days lost, although it was highlighted that sickness absence within this workforce would be higher due to the nature of the work undertaken by staff, i.e. frontline support to vulnerable clients. A review of the absence target had therefore been undertaken, and had been found to be unrealistic. As such, a revised target of 9.4 days lost had been set for March 2015 for the Wellbeing directorate.

The Officer discussed the most common reasons for absence during the period 1st May 2014 to 31st October 2014, with skeletal, breaks/sprains having the highest levels of absence, common in the Wellbeing Directorate. To help prevent this, additional physiotherapy support had been arranged through the Occupational Health service for this group of staff. This included early intervention and specialist staff clinics & sessions to manage aches and pains and prevent exacerbation of musculoskeletal disorders. Examples of this additional support included organised back care clinics which involved a mix of Pilates, Yoga and Functional Exercises focussing on the promotion of back care, flexibility and core stability.

Mental health problems such as stress, depression and anxiety contributed to a significant number of days lost. To combat this, work was being developed as part of the Employee Wellbeing Project to identify initiatives via the Community Mental Health team, to identify mechanisms for staff to cope with stress and assistance for managers to address mental health problems.

The 'other' category contributed to a significant number of days lost, however work with managers was being undertaken to ensure that managers continued to look more closely and better record the true reasons for staff absences.

The Committee requested details about on the timeliness of Return to Work interviews, and were advised that these were not currently recorded centrally, however a snapshot survey may be possible. Members asked that this be considered and a report brought to a future meeting.

- Resolved** - (a) That the report be noted.
(b) That a Return to Work interview snapshot report be undertaken.

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24. Staff Wellbeing Programme Update

Surjit Nagra, Hr Business Advisor, updated the Committee on the Council's initiatives to support the Wellbeing agenda, as part of the wider Workforce Strategy.

The Committee was advised that the Wellbeing Project had been re-launched following key personnel from the original project leaving the organisation. A 'Wellbeing Champion' had then been drawn from the members of the last Management Development Programme, as it was agreed that the skills they had acquired during the previous programme would aid them in supporting the new project.

A new project board met in April 2014 to agree new terms of reference, project leads, and key initiatives, and over the last 9 months the group had supported several Wellbeing Initiatives, which included:

Wellbeing Calendar – posted on Slough's internal website, to notify staff of forthcoming Wellbeing activities.

Love Your Office Campaign – developed as a response to considerable workplace absences due to infections, the campaign focussed on making the office a healthier place. Sanitising wipes were placed around the office so that staff could clean their desks regularly, thereby preventing the spread of germs and infections. Small business cards were also placed on every employee's desk, at all sites, to promote the initiative.

Workout At Work Day – all staff were invited to join a free outdoor workout hosted by the Chartered Society of Physiotherapy. This was supported by the distribution of leaflets highlighting simple exercises that staff could do while sitting at their desk. In addition, a free one hour lunchtime yoga session was provided, run by a qualified instructor from SBC's Lifelong Learning team. The session was aimed at beginners and provided a gentle introduction to yoga. Both activities were well attended and indicated that staff were keen to keep fit and active.

Health Checks – the NHS provided free, confidential one to one health checks with health professionals, which covered issues relating to cholesterol, diabetes, blood pressure, and weight. Staff were able to discuss these issues with the NHS professional and receive advice and information booklets, where necessary. The NHS provided SBC with a summary report which highlighted that employee health was affected by poor diet and not enough physical exercise. The data from the summary report would be used when considering future initiatives.

Physical Activity Sessions – Following the health Checks undertaken, efforts were made to address the physical activity of staff members. In order to promote further activity, Montem Leisure Centre offered six weeks of fitness sessions at a reduced rate of 99p per session. Sessions included classes for Zumba, Spin and Yoga, whilst swimming at Montem and Langley Leisure

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Centres was provided for free. All sessions were well attended though Zumba proved to be the most popular. As such, Zumba sessions were continuing at the slightly increased rate of £2 per session.

Flu Jabs – Following 2014/15 Guidance from the Department of Health, Slough had promoted flu vaccinations to all staff that work with vulnerable clients, via the Occupational Health contract.

Future initiatives - the Employee Project Board had identified further initiatives which included:

- The Commit to Quit project, to encourage staff to quite smoking;
- Stress Control Workshops, hosted by Public Health and CMHT colleagues;
- Increased Physiotherapy Sessions and Back Care Clinics, to address high levels of sickness absence within the Wellbeing directorate.

The Committee requested further detail on the success of the flu jabs in improving absences.

Resolved – (a) That the report be noted.
(b) That further detail on flu jabs and absence statistics be brought to the next meeting.

25. Forward Work Plan

The Committee considered items for inclusion at the final meeting of the municipal year.

Resolved - That the Agenda for the meeting to be held on 8th April 2015 include:

- A report on Temporary Agency Staff, Matrix, and Agency Worker Spend;
- A report detailing the results of the next survey of Matrix users;
- A further sickness absence performance update, together with detail on flu jabs and subsequent absence statistics;
- A report on staff restructures;
- A report on the SBC Accommodation Strategy, including detail on the impact on services and staff during and after the various office moves.
- A report on Return to Work Interviews.

26. Members Attendance Record

Resolved - That the report be noted.

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27. Date of Next Meeting

The date of the next meeting was confirmed as Wednesday, 8th April 2014.

Chair

(Note: The Meeting opened at 6.36 pm and closed at 8.10 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee **DATE:** March 2015
CONTACT OFFICER: Roger Parkin – Director of Customer & Community Services
AUTHORS: Claire Portsmouth
(For all enquiries) (01753) 875472
WARD(S): All

PART 1
FOR INFORMATION

Temporary Agency Staff progress on implementation and baseline monitoring

1 **Purpose of Report**

This report is to provide members with an update on the Temporary Agency Staff contract with Matrix.

2 **Recommendation(s)/Proposed Action**

The Committee is requested to Resolve:

- (a) That the report be noted.
- (b) Members consider any additional information they would like to see in future reports

3 **Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

The JSNA priorities of particular relevance are:

- The Managed Service Provider will open opportunities for the local economy and SME organisation to provide temporary agency staff to the Council.
- Working with local Job Centres and other organisation to assist job seekers in finding employment and therefore increase skills and employment opportunities.
- Enables the Council to flexibility manage its workforce and meet the need to deliver front line services to residents, particularly within Health & Wellbeing.
- Delivering cashable and efficiency savings across the council.

3b. **Five Year Plan Outcomes**

The proposals within this report meet the Five Year Plan objectives as follows:

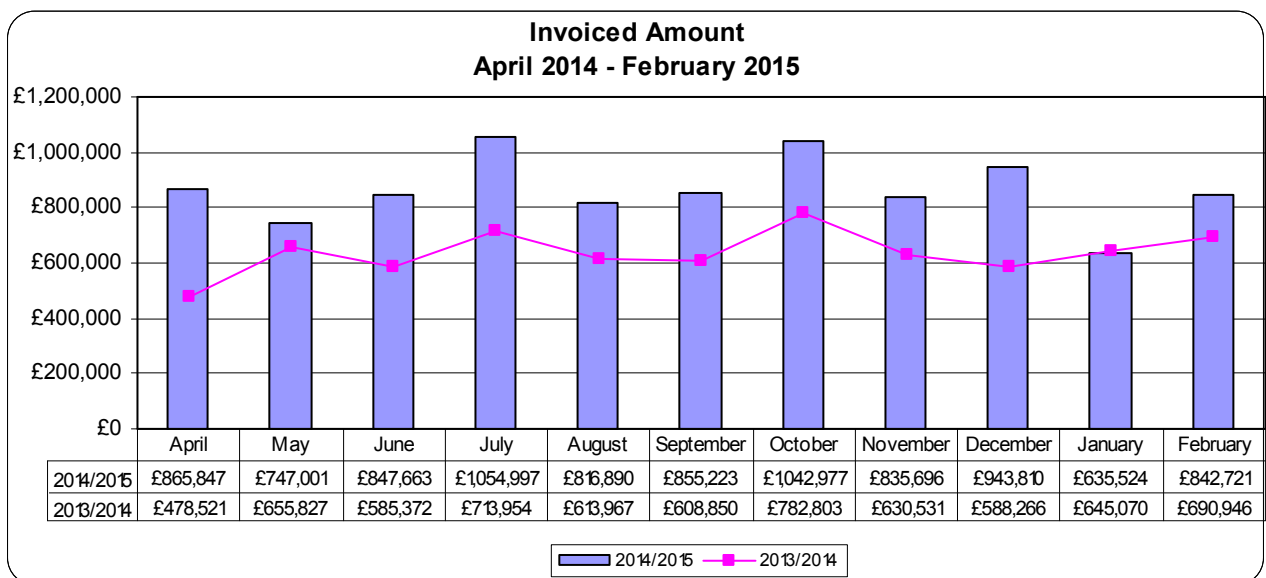
1. Improve customer experience by improving service delivery from the provider.
2. Deliver high quality services to meet local needs by ensuring access to a diverse work force through broadening access to higher quality resource (e.g. Occupational Therapists / Physiotherapists / Qualified Social Workers).

3. Develop new ways of working by introducing a new, end to end automated system for the ordering, tracking, monitoring and analysis of temporary agency staff.
4. Deliver local and national change by increasing opportunities for local and SME agencies to work with SBC.
5. Achieve value for money by ensuring significantly improved service delivery and guaranteed cashable savings.

4 Other Implications

(a) Financial

The total invoiced amount this year to date (April to February 2015) is £9,602,885. Given that our weekly invoice is on average £200k a forecast for the full year of £10.4m reported in the last report remains on target. The graph below shows this years spend against the last financial year, however I should remind you that the increase in 'off contract' spend this year will have affected the distribution.



(b) Risk Management

Risk	Mitigating action	Opportunities
Employment Issues	Service areas unable to source requirements via supply chain on Matrix. Hard to recruit roles identified and processes in place to source these posts. Current market forces in relation to Social Workers are influencing this risk	
Employment Issues	Unable to recruit on agreed pay scales in Matrix. Pay scales are aligned to council job levels and Spinal column points. Assistant Director and or HR approval	

	required to alter pay scales	
Financial	Failure to maximise savings by increasing pre-agreed pay scales within Matrix. Assistant Director and or HR approval required to alter pay scales for specialist roles influenced by market forces e.g. social workers	
Human Rights	None	None
Health and Safety	None	
Equalities Issues	Agency Worker Directive ensures pay parity between full time permanent employees and temporary agency staff.	None
Financial	None	<ul style="list-style-type: none"> • Guaranteed minimum savings of 3% on existing spend (with further opportunities to increase this) • Guaranteed maximum pence-per-hour agency fees • Pay parity between full time permanent employees and temporary staff workers in-line with Agency Worker Directive • Potential discount for workers that have been in post for longer periods of time (although the aim is to challenge the need for worker longer term posts and reduce the need) • Gainshare mechanism – whereby savings achieved over and above the guaranteed minimum will be shared between SBC (90%) and the supplier (10%) • Mechanism for supplier to credit SBC for failure to deliver agreed service levels
Other	None	None

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications.

(d) Equalities Impact Assessment

An Equalities Impact Assessment has been undertaken and was attached to previous report.

(e) Workforce

There are no implications for permanent staff.

5 Supporting Information

- 5.1 The number of Matrix placements currently stands at 240, up from the last report where the number of placements was 228. The table in fig3 later in the report gives a breakdown by directorate.
- 5.2 Work to move 'off contract' staff and to secure more agencies across the employment categories is continuing with Matrix. Margin costs through re-procurement continue and since quarter 1 has seen a reduction in our costs of £27k. This exercise will continue to be conducted on any agency where staff remain at SBC more than 12 weeks. So far a total of 97 placements have been re-procured against 191 eligible posts (50%).
- 5.3 The current economy continues to challenge pay for certain agency workers and the pay parity between SBC staff and against other temporary staff fulfilling the same post title is variable. The table below gives an illustration of the differences:

Post Title	Pay (lowest)		Pay (highest)		Pay (average)		SBC (range)	
Admin	8.37	10.05	12.50	16.44	9.53	12.05	8.42	10.50
Healthcare NQ	7.26	10.06	35.00	46.42	10.04	14.22		
Healthcare Q	8.00	11.30	45.00	60.28	30.52	37.66		
Senior Social Worker q	22.47	39.00	31.27	52.56	32.66	44.63	18.96	21.33
Support Worker nq	7.65	11.63	8.75	13.29	8.68	12.85	9.53	10.50

Fig 1

The above table shows that the basic salary for a Senior Social Worker is £3.51 per hour higher than the SBC equivalent worker and the higher pay certainly far in excess of the scale point. Work is currently being undertaken in HR on permanent recruitment for Social Workers and the application of market supplements, the figures above therefore show the current status of worker pay. It also shows that there is some disparity between the ranges paid to administration workers, and has also highlighted that we have a disparity between salary pay for temporary and permanent staff undertaking non-qualified healthcare posts (support worker in fig1) where the minimum and maximum pay rate seems to be adrift from the SBC pay scale. Work with Matrix is underway to ensure that

these posts and any incorrect administration posts are correctly coded and any pay rates rectified where necessary.

- 5.4 A report has been produced that shows 1% of the total pay to Matrix comes from agency staff expenses. The majority of these claims are for mileage with the total paid since April last year in excess of £90k. While the mileage rates being paid reflect those paid to permanent staff we continue to pay these rates when the worker reaches over 1000 miles, for which SBC pays a lump sum to permanent staff. Further investigation on this will need to be undertaken to see if this is adding an unnecessary burden to the overall pay bill and whether we need to look at paying mileage claims differently to agency workers who are reaching these higher mileage charges.
- 5.5 Matrix continue to achieve the KPI targets set in the original contract. These relate to the fulfilment of posts, the number of rejected candidates and helpdesk assistance. These rates are monitored through business reviews every quarter. Any agency that continues to perform poorly in the KPI for number of rejected candidates submitted to posts for which they have no qualification or business experience, are penalised through tiering. This ensures that SBC continues to get high quality candidates.
- 5.6 The average number of candidates submitted per advertised post over financial year to date is 11. For posts such as Administration Assistant the average number of candidates per post is 13, Senior Social Worker 16 and Family Support Worker 23.
- 5.7 Recruitment difficulties and recruitment in progress continue to be the most common reason for agency staff requests (54% over the last quarter). February alone had 20 temporary posts advertised for these reasons (77% of the total number of posts advertised that month). 35% were for Social Care Qualified posts although the split by directorate was 50/50 split between Resources, Housing & Regeneration and Wellbeing Directorates.
- 5.8 Below (fig 2) is a typical process flow and approval hierarchy for the employment of agency staff:

Typical Matrix Process Flow

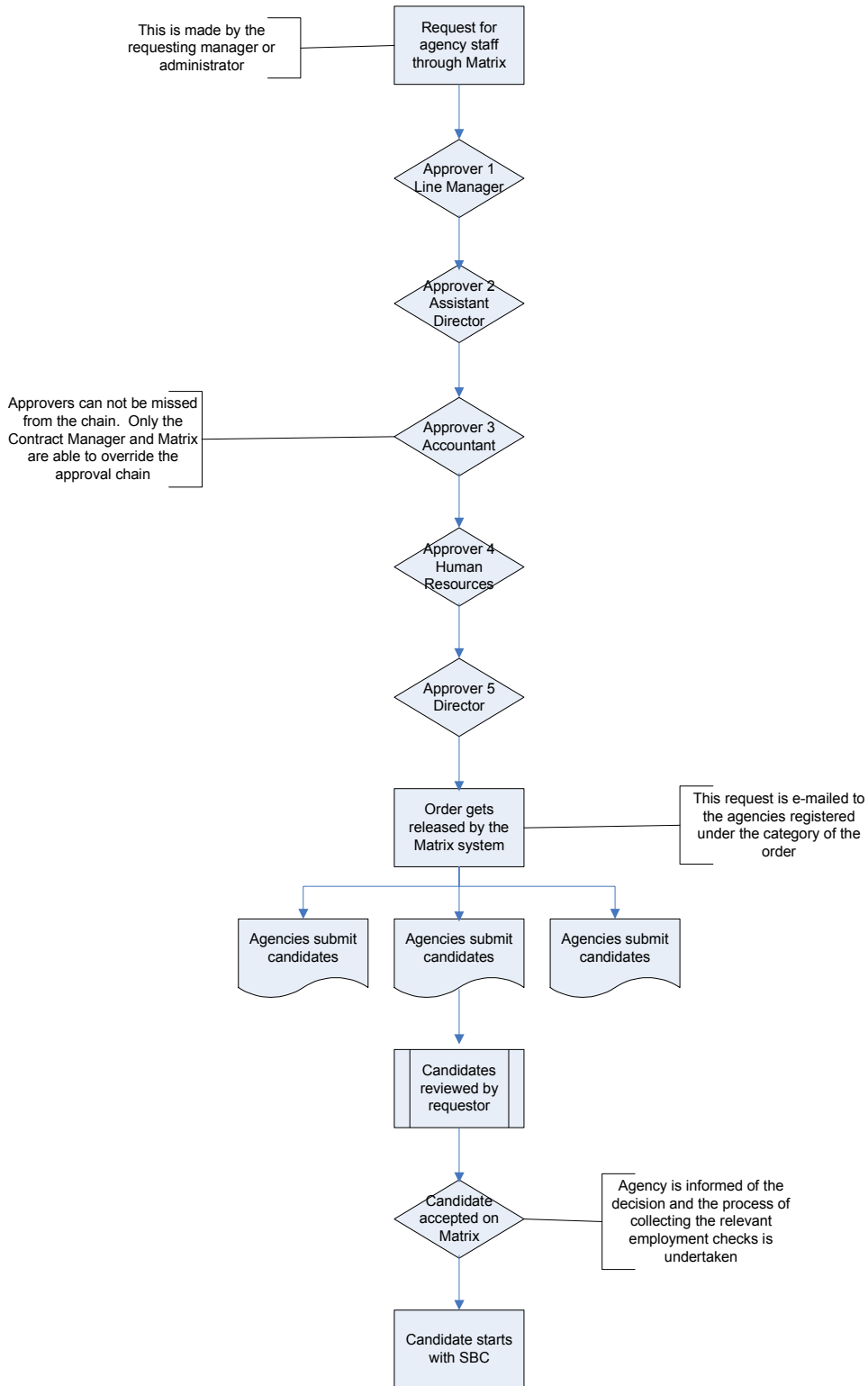


Fig 2

5.9 There currently 24 staff outside of the Matrix contract (as at February) costing a total in January and February of £145,374. This can be split into Temporary Staff (i.e. substantive post cover) £61,481 and Consultants £83,893 (fig3). The majority of spend for this period is in Wellbeing £119,222, 82%. Work will continue to move as many of these to Matrix as and when contracts come up for renewal.

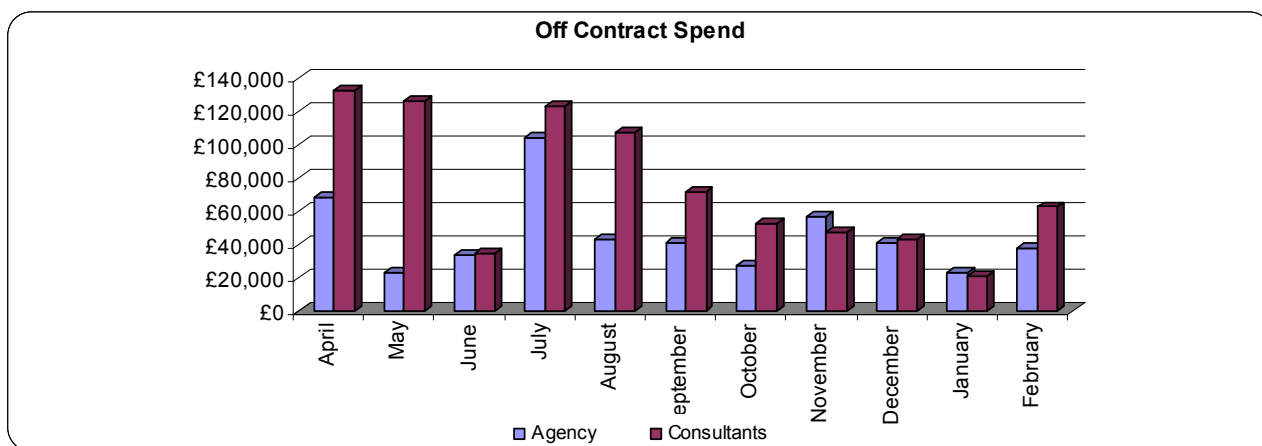


Fig 3

5.10 As requested by members, Matrix are currently working on the latest user survey on their services including the quality of candidates and communication. In conjunction, it is intended to run a parallel survey through the council's new survey portal which is currently being rolled out across the authority. This will focus more on the internal aspects of temporary staff recruitment including the levels of hierarchy approval (fig2), ease of the system and changes to pay rates etc. It is hoped that both surveys will be complete by June and a report with the findings will be submitted to the subsequent meeting of this committee.

5.11 Below is a breakdown of agency staff placements and the tenure of those staff by directorate. It should be noted that there have been changes in directorate make up since the figures in the 2014 column:

Scorecard as at 28 February 2015			2014
Directorate	Number of Placements	Tenure (weeks)	Number of Placements
Chief Executive	9	0-13 = 1 14-26 = 2 27-39 = 4 40-52 = 0 Over 52 = 2	3
Customer & Community Services	13	0-13 = 6 14-26 = 1 27-39 = 4 40-52 = 0 Over 52 = 2	19
Regeneration, Housing & Resources	33	0-13 = 10 14-26 = 9 27-39 = 8 40-52 = 0 Over 52 = 6	11
Wellbeing	185	0-13 = 32 14-26 = 32 27-39 = 32 40-52 = 12 Over 52 = 77	139
Total	240	0-13 = 49 14-26 = 44 27-39 = 48 40-52 = 12 Over 52 = 87	172

Fig 4

5.12 The table below (fig5) shows a breakdown of the number and title of active temporary staff placements by job category. The brackets represent the changes from the last report:

Job Category	Chief Exec	Customer & Community	Resources, Housing, Regen	Wellbeing	Total
Admin & Clerical	3	3	6 (+3)	18 (+5)	30 (+8)
Driving				3	3
Engineering & Surveying		2	2		4
Executive			4 (+1)	4 (+1)	8 (+2)
Facilities/Environmental		2 (+1)	1		3 (+1)
Housing/Benefits/Planning		1	16 (+1)		17 (+1)
IT	1			1 (+)	2 (+1)
Legal	3				3
Management	1 (+)	1 (-1)	1 (+)	3 (+1)	6 (+2)
Manual Labour			2 (+1)		2 (+1)
Procurement		1			1
Social/Healthcare Non-Qualified	1	3 (+2)		41	45 (+2)
Social/Healthcare Qualified			1	115 (-7)	116 (-7)

Fig 5

The number of temporary staff in Admin & Clerical roles has increased since the last report and now represents 12% of the temporary workforce against 10% previously reported, the number of social care staff however has reduced since the last report and is now at 67% (73% in the last report).

The table below (fig6) shows the tenure of staff by job category:

Job Category	0-13	14-26	27-39	40-52	52+
Admin & Clerical	11	7	6	2	4
Driving					3
Engineering & Surveying			1		3
Executive	2	2	4		
Facilities/Environmental	1		1		1
Housing/Benefits/Planning	3	8	4		2
IT	1		1		
Legal		1	2		
Management	1	2	2		1
Manual Labour			1		1
Procurement			1		
Social/Healthcare Non-Qualified	7	7	5	2	24
Social/Healthcare Qualified	23	17	20	8	48

Fig 6

6 Conclusion

6.1 There have been concerns raised by members regarding the costs and numbers of agency staff requested through Matrix. The information provided above should help to alleviate some of those concerns however, the issue still remains that Slough continues to rely heavily on agency staff. Until the structure of the council starts to settle through a number of ongoing consultations and the implementation of the five year plan, costs are likely to increase in the interim period of adjustments.

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee **DATE:** 24th March 2015
CONTACT OFFICER: Roger Parkin - Director of Customer & Community Services
AUTHORS: Charan Dhillion
(For all enquiries) (01753 523127)
WARD(S): All

PART 1
FOR INFORMATION

SBC Accommodation Strategy

1. Purpose of Report

This report is to provide members with an update on the SBC Accommodation Strategy, including detail on the impact on services and staff during and after the various office moves.

2. Recommendation(s)/Proposed Action

The Committee is requested to Resolve:

- (a) That the report is noted.
- (b) Members consider the information within the report.

3. Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3.a Slough Joint Wellbeing Strategy Priorities

The JSNA priorities of particular relevance are:

- Enables the Council to provide suitable office accommodation that supports the delivery of front line services to our residents
- Delivers cashable and efficiency savings across the council

3.b Five Year Plan Outcomes

The proposals within this report meet the Five Year Plan objectives as follows:

- Using resources wisely. Maximising the use of our office accommodation
- Investing in technology and digital transformation to enable staff to work smartly wherever they are located.

4. Other Implications

(a) Financial

The expenditure on the accommodation strategy to date is within the budget allocated. Expenditure is being carefully monitored with regular update reports provided to Corporate Management Team (CMT) and the Accommodation Working Group.

(b) Risk Management

Risk	Mitigating action	Opportunities
Employment Issues	None	
Financial	Careful monitoring of the expenditure to ensure budget is managed	
Human Rights	None	None
Health and Safety	Regular meetings with the Councils Health & Safety Representatives are taking place. Areas under refurbishment are subject to restricted access. Delivery of materials are confined to an enclosed area to prevent injuries from trips and falls	Additional safety features are included in the works schedule. Improved fire alarm system, improved reception area etc.
Equalities Issues	All equality issues are being addressed as work continues	None
Other	None	None

(c) Human Rights Act and Other Legal Implications

No implications identified

(d) Equalities Impact Assessment

An Equalities Impact Assessment was carried out before the appointment of the contractors to carry out the works programme.

(e) Workforce

To our knowledge, there has been minimal impact to staff considering the extent of work that is being undertaken to upgrade the mechanical and electrical equipment during working hours. The Works are primarily being done during office hours in order to ensure costs are kept to a minimum, therefore avoiding paying enhanced costs from contractors working out of hours.

5.Supporting Information

5.1. Background

Since the Accommodation Strategy started in 2008, the council has transformed the way we use our assets and substantial savings have been achieved ie from the closure of the The Town Hall, which accommodated 1400 desks, moving to St Martins Place which now accommdates about 800 desks.

Over the last year the Accommodation Strategy Project has introduced a number of initiatives to support new ways of working, which have received very positive feedback from staff

- 5.2 **Business Suite** has opened on the 1st floor west at St Martins Place. This offers private and quiet working space. It can be used to merely get away from the open space, if staff are visiting from another site and are between meetings and wishing to do some work or if no desk is available in their service area. Protocols for use of this room have been advertised and displayed in the room to prevent misuse or staff setting desks up as their own private working space.
- 5.3 **Informal Meeting Space** – Informal high back sofas have been introduced with open plan space, enabling informal discussions awys from the desk area. These are used on a first come first serve basis rather than being bookable. These may also be used to make a private call or to do some work on a laptop if visiting from another site or merely requiring desk space.
- 5.4 **Increased the number of meeting rooms**, therefore reducing the councils spend on hiring space.
- 5.5 **Installed lockers** on 1st floor west for Adult social care who are informally embracing desk sharing. This is enabling us to test the success of a reduced desk ratio.
- 5.6 **Reduced storage space** by removing all low cupboards between desks, encoraging staff to use space more effectively and creating a tidier environment, with vibrant welcoming colours. Storage space will be further reduced as Arvato progress with the DIP project.
- 5.7 **Virtual Meetings** – We have installed Video Conferencing in the CMT meeting room with a view to expand this facility into two additional rooms. This will reduce the need for people to travel to attend meetings.
- 5.8 **Wi-Fi** will be installed as part of this project, providing further flexibility for staff working at SMP. For example, those that have laptop will be able to work anywhere in the building, including in informal meeting spaces.
- 5.9 **Working Space in Community Hubs** – By introducing working space at Chalvey Community Centre, Britwell Centre and Manor Park Centre, staff do not necessarily need to travel back to St Martins Place to log on. Staff can work from these locations between meetings, therefore reducing C02 emissions, reducing desk requirements and enhancing use of officer time.

5.10 **Asset Challenge Project Set Up** – This project board will support the objectives of the Accommodation Strategy Project Board and Corporate Landlord. All three projects have been set up to support each other while achieving a similar objective ie financial savings for the council.

6.0 Impact on Staff

To our knowledge, there has been minimal impact to staff considering the extent of work that is being undertaken to upgrade the mechanical and electrical equipment during working hours. The Works are primarily being done during office hours in order to ensure costs are kept to a minimum, therefore avoiding paying enhanced costs from contractors working out of hours.

6.1 The general feedback from staff has been as below:-

- The new office environment looks very airy, welcoming and so much nicer to work in, with a more open and less congested feeling.
- The colouring on the walls and the graphics create a happier and more pleasant environment. When you go to the floors where the work has not started, you can appreciate the difference in the new environment.
- The informal meeting spaces and business suite have been fantastic, when you need to discuss something away from the open plan or do some quiet work.

6.2 Prior to installing the desks, there was a sense of fear from some staff, moving to work on smaller desks. Surprisingly no negative feedback has been mentioned and staff seem to have adapted well.

6.3 The main issue experienced with the desks was the height for those that are tall. These individuals felt that the desk bar located underneath the desk caused some inconvenience. Facilities Management have worked with our supplier Bates and come up with a solution, which introduces slimmer bars. Where staff with the original order find this uncomfortable, the bars have already been changed.

6.4 Chairs have been a little problematic, with so many people having different requirements and preferences, preventing a standard chair for all. Although a majority of staff are enjoying the new chairs, we have had to provide alternatives for some who have back, neck, etc. issues. Health & Safety, Facilities Management and our supplier Bates have been very accommodating trying to resolve any issues as soon as they arise.

6.5 Contractors have tried to keep noise to a minimum during office hours, however this has not always been possible, therefore there has been some inconvenience to staff from the transfer of noise. When this has been unreasonable the contractors have been instructed to stop work.

6.6 The office temperature will unfortunately not be consistent throughout the building until all the mechanical upgrading work is complete. Therefore there is some discomfort in certain areas due to the unbalancing of the system, which unfortunately cannot be resolved until the work is complete. The situation is being

managed reactively and where the environment is too hot, facilities are opening windows.

- 6.7 Following each move, staff have settled in very quickly and both IT and Facilities have worked hard to ensure staff are able to start working quite early after the move.
- 6.8 Once the project is complete, a customer survey will be carried out by Facilities Management to gather data and receive feedback from staff. This will be published to all SBC staff.

7. Conclusion

- 7.1 Despite the amount of office moves that have taken place over the last year or so, the reaction from staff has been very supportive.
- 7.2 Overall there has been minimal disturbance to service delivery to the residents of the borough

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SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee
DATE: 24th March 2015
CONTACT OFFICER: Kevin Gordon, Assistant Director Professional Services
WARD(S): All

PART 1
FOR INFORMATION**SICKNESS ABSENCE PERFORMANCE UPDATE****1 Purpose of Report**

To provide members with an update on progress of reducing the Council's Sickness absence. The report includes supporting appendices which show the latest performance figures and the Council's Overall Sickness Absence Balanced Scorecard.

2 Recommendation(s)/Proposed Action

The report is submitted for information only.

3 Supporting Information

The sickness absence balanced scorecard continues to be reported at management team meetings to monitor sickness absence in service areas. It highlights to senior management where relevant action is being taken or not, in accordance with the sickness absence policy. Additional support to help manage sickness levels in the Wellbeing Directorate has been provided by the HR team, led by the Directorate Senior Management team. This has resulted in a sustained improvement over the last 2 months with a performance management score of 73.1 in December.

Regeneration, Housing and Resources have had a fluctuating score over the last 6 months and is currently reporting as the lowest performing directorate with a performance management score of 69.2 in December. HR support is being provided to this directorate to remind managers of their duties in terms of policy compliance and completion of the sickness tracker sheets.

On the other end of the spectrum the Chief Executives directorate is the first to reach a performance score of 100 in December. Whilst it is recognised that this is the smallest directorate with the least sickness absence, it is an acknowledgement that management of sickness absence can be achieved in all aspects.

Appendix 1 – shows the graph of sickness absence rates per month (expressed as Sick Days lost per FTE) up to December 2014. Since the last report to Committee in January sickness days lost in November (0.8) and December (0.7) have remained the same as the previous year.

Appendix 2 provides a summary of the balanced scorecards by Directorate over the last year up to December 2014.

Currently the overall management score for the Council is 74.7 which is a slight decrease since the last report in January which reported a score of 74.9. This indicates that as a Council we are maintaining a positive approach to managing sickness absence.

To improve the Councils management score, compliance with the sickness absence policy is necessary. In particular managers undertaking formal meetings with employees when they hit trigger points and progressing through the different stages of the policy. 12% of our workforce has met the 6 day trigger period over the last six months, and from the data provided by managers the scorecard indicates if these staff are being managed through the formal process. This score has slightly decreased since the last report which reported 58.3% in October and is 53.5% in December which indicates that managers are managing sickness in their areas although this could be developed further.

97.9% of managers and supervisors have attended the Sickness Absence Training.

It has been acknowledged that due to the nature of the work undertaken within the Wellbeing Directorate i.e. front line support to vulnerable clients, that they will present the largest number of sickness days lost. To recognise this a revised target of 9.4 days has been agreed. Therefore in order to represent a true target for the whole Council, the overall target has been recalculated and amended to **8.1 days** which will be recorded on the January Scorecards.

From the Directorate Scorecards, 2 out of the 4 Directorates have met the new target of 8.1 days. The table below gives the comparative data for each directorate.

Directorate	Actual Number of Days
Chief Executives	4.5
Customer and Communities	6.8
Regeneration, Housing and Resources	9.4
Wellbeing	10.1

As the data indicated the Wellbeing figures are still above the 9.4 day target however this has reduced since the last report.

As already stated RHR have a high number of actual days and work is being undertaken to reduce this figure with additional support to managers to manage sickness absence swiftly.

Occupational Health is a vital component to ensure relevant medical advice is sought in a timely manner. 43.8% of staff that had hit the sickness absence trigger had been referred to Occupational Health to enable the manager to support the employee with their sickness. This is a reduction from the previous report however there was a delay in the return of the sickness trackers over the Christmas period which has had an impact on the performance scores for December. The number of staff not attending OH appointments has reduced from 4 in the last quarter to 0 in the last two months.

Month	%	Number	Management Action
November	0%	0	N/A
December	0%	0	N.A

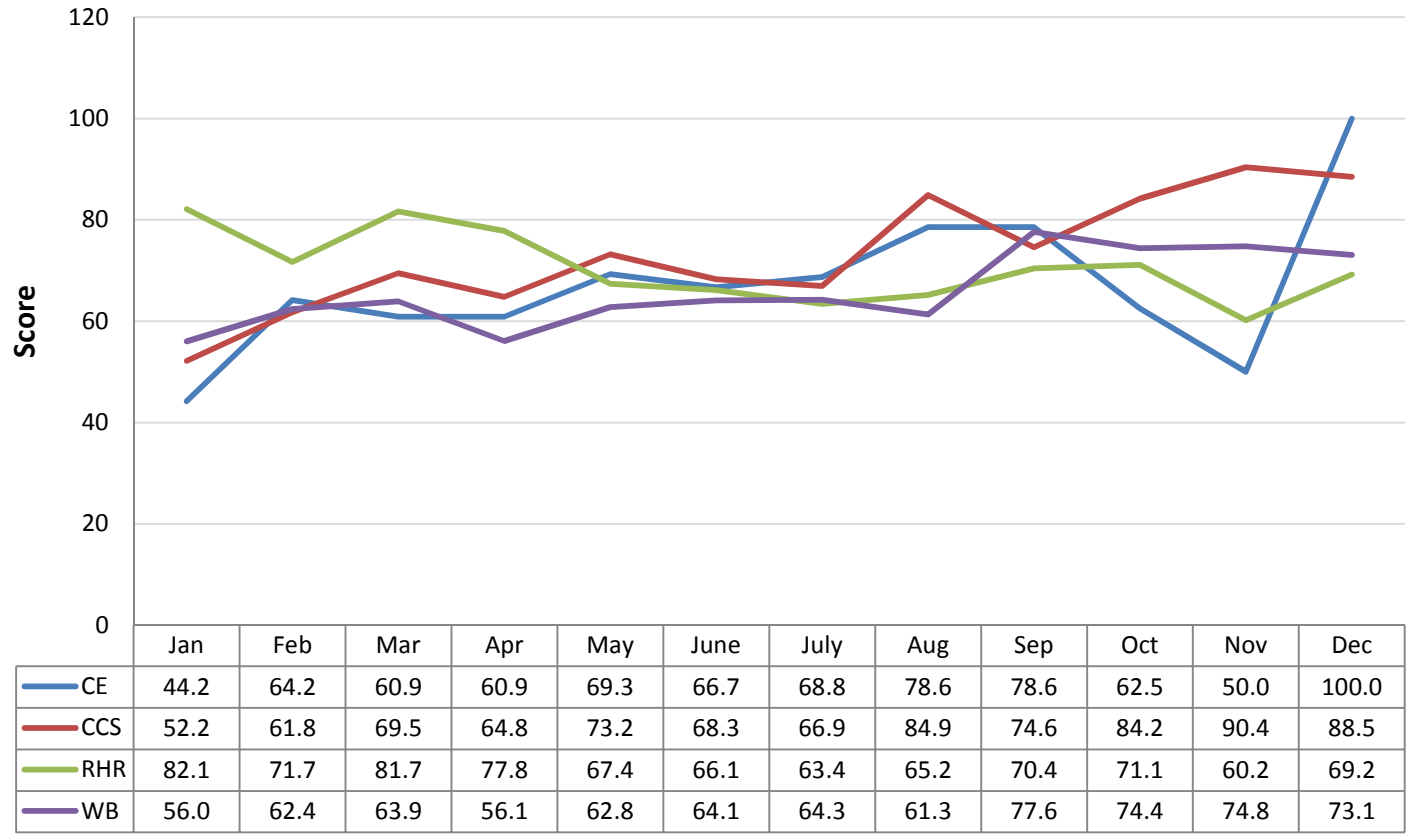
Skeletal, Breaks and Sprains: The extra physiotherapy and back care clinics that have been provided for the Wellbeing Directorate has been popular and staff are keen for this to continue. We will be reviewing the impact of these sessions once the final clinics have completed so that we can assess whether these should continue or be rolled out across the Council.

Stress: The Council has been working with our Community Mental Health team to identify a Stress Workshop to assist employees cope with mental health problems, such as stress, depression and anxiety. In addition the workshop will assist manager's address these issues with their staff. A taster workshop was attended in February and evaluation of this session is being undertaken to establish if we can tailor this for the Council.

Infections: Following the last report a request was made for information on the impact of the flu vaccinations against the sickness absence information. Managers are responsible for ensuring that arrangements are in place for the vaccination of their care workers who are in direct contact with patients and service users. This reduces the risk of transmission of infection to vulnerable clients who may have impaired immunity increasing their risk of flu. Last year Slough promoted flu vaccinations to all our staff that work with vulnerable clients via our Occupational Health contract and held 3 dates to enable workers to get their flu jab. Unfortunately we only had 28 employees attend to have the vaccination, however employees may have opted to have the vaccine at their own GP surgery or to not have at all as this is their choice. Accordingly, due to the small numbers of attendance, it is difficult to confirm that this measure had any impact on sickness absence in those service areas.

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Overall Management Score January 2014 to December 2014



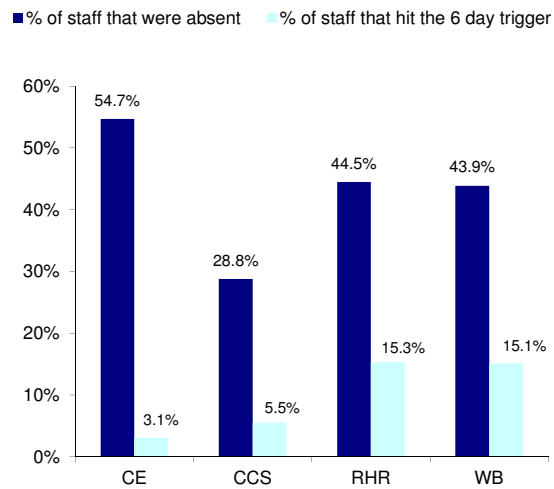
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Please see enclosed the Sickness Balanced Scorecard for December 2014 for SBC, CE, CCS, RHR and WB. Also see attached the sick days per FTE from January 2014 to December 2014.

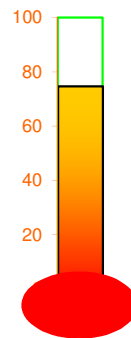
Sickness Balanced Scorecard - December 2014 Report SBC (Jul 14 - Dec 14)

	CE 64	CCS 326	RHR 229	WB 556	Total 1175
Number of staff overall					
Staff sick for at least 1 day	35 54.7%	94 28.8%	102 44.5%	244 43.9%	489 41.6%
Staff that met the 6 day sickness trigger	2 3.1%	18 5.5%	35 15.3%	84 15.1%	144 12.3%
Staff referred to OH	2 100.0%	11 61.1%	10 28.6%	36 42.9%	63 43.8%
Staff had stage 1 meeting when 6 day trigger met	2 100.0%	14 77.8%	13 37.1%	44 52.4%	77 53.5%
Staff with further absence after stage 1 meeting	0 0.0%	1 7.1%	8 61.5%	16 36.4%	27 35.1%
If further sickness, stage 2 meeting taken place	0 -	1 100.0%	4 50.0%	7 43.8%	13 48.1%
Staff with further sickness after stage 2 meeting	0 -	0 0.0%	3 75.0%	3 42.9%	6 46.2%
Staff that have had a Director Review	0 -	0 -	2 66.7%	0 0.0%	2 33.3%
Managers attended or booked onto absence course	13 100.0%	66 100.0%	53 100.0%	101 95.3%	233 97.9%

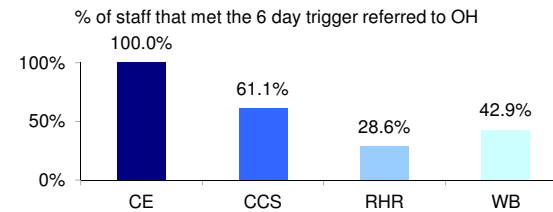
How can I improve this?
 - Use the tracker sheets that are sent to AD's / Head of Service on a monthly basis, which lists which managers have managed sickness in line with the policy.
 - Ensure managers are returning the completed tracker sheets within the deadline.



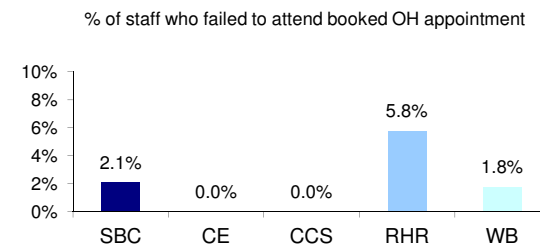
Overall Sickness Management Score **74.7**



The Overall Score has components weighted at:
 50% Applying Policy
 25% Course Attendance
 25% OH Attendance.



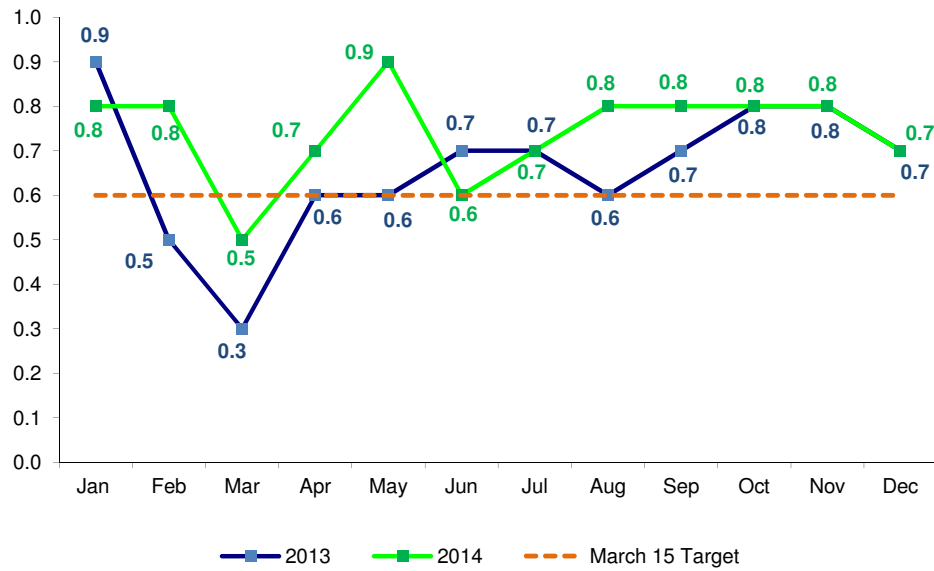
How can I improve this?
 - Speak to all managers who have staff at 5 Days sick to encourage occupational health referrals at an early stage



Please note this % relates to the period stated above.

Sickness Balanced Scorecard - December 2014 Report
SBC (Jul 14 - Dec 14)

Number of sick days per FTE (Monthly)



Actuals	
Year to Date Number of Days (January 13 - December 14)	8.9
Average Per Month (Days)	0.74

Council Targets	
Year to Date Target for Mar 2015 (Days per year)	6.8
Year to Date Target for Mar 2015 (Average Per Month)	0.6

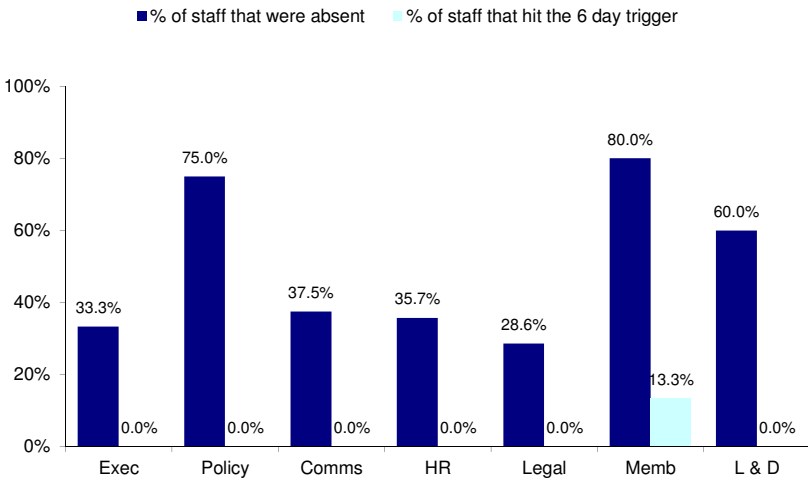
Sickness Balanced Scorecard - December 2014 Report Chief Executive (Jul 14 - Dec 14)

	Executive Office		Policy		Communications		HR Services		Legal Services		Corp Memb Serv		Learning & Dev		Total	
Number of staff overall	3		12		8		14		7		15		5		64	
Staff sick for at least 1 day	1	33.3%	9	75.0%	3	37.5%	5	35.7%	2	28.6%	12	80.0%	3	60.0%	35	54.7%
Staff that met the 6 day sickness trigger	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	13.3%	0	0.0%	2	3.1%
Staff referred to OH	0	-	0	-	0	-	0	-	0	-	2	100.0%	0	-	2	100.0%
Staff had stage 1 meeting when 6 day trigger met	0	-	0	-	0	-	0	-	0	-	2	100.0%	0	-	2	100.0%
Staff with further absence after stage 1 meeting	0	-	0	-	0	-	0	-	0	-	0	0.0%	0	-	0	0.0%
If further sickness, stage 2 meeting taken place	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Staff with further sickness after stage 2 meeting	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Staff that have had a Director Review	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Managers attended or booked onto absence course	-	-	1	100.0%	2	100.0%	3	100.0%	2	100.0%	4	100.0%	1	100.0%	13	100.0%

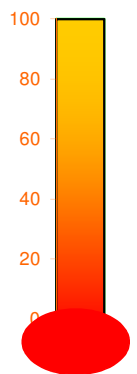
How can I improve this?

- Use the tracker sheets that are sent to AD's / Head of Service on a monthly basis, which lists which managers have managed sickness in line with the policy.
- Ensure managers are returning the completed tracker sheets within the deadline.

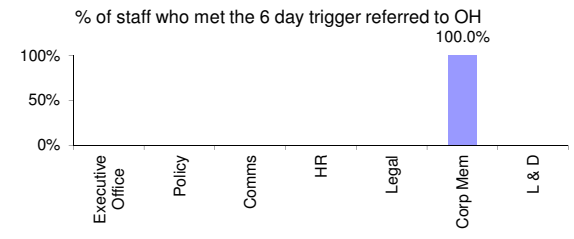
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Overall Sickness Management Score **100.0**

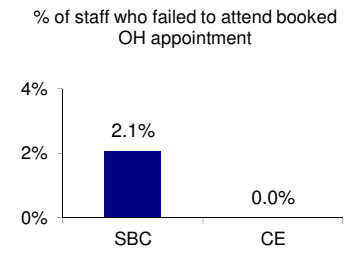


The Overall Score has components weighted at:
50% Applying Policy
25% Course Attendance
25% OH Attendance.



How can I improve this?

- Speak to all managers who have staff at 5 Days sick to encourage occupational health referrals at an early stage

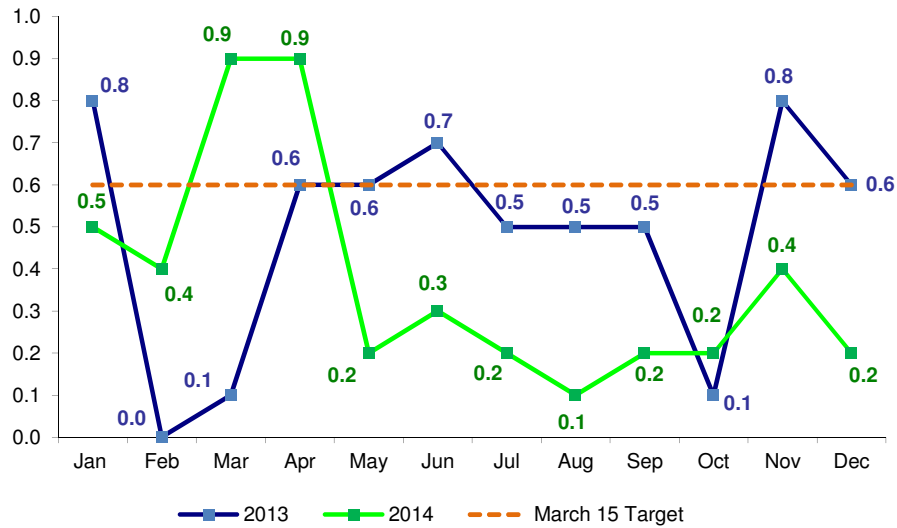


Please note this % relates to the period stated above.

**Sickness Balanced Scorecard - December 2014 Report
Chief Executive (Jul 14 - Dec 14)**

Number of sick days per fte (monthly)

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Actuals	
Year to Date Number of Days (January 13 - December 14)	4.5
Average Per Month (Days)	0.38

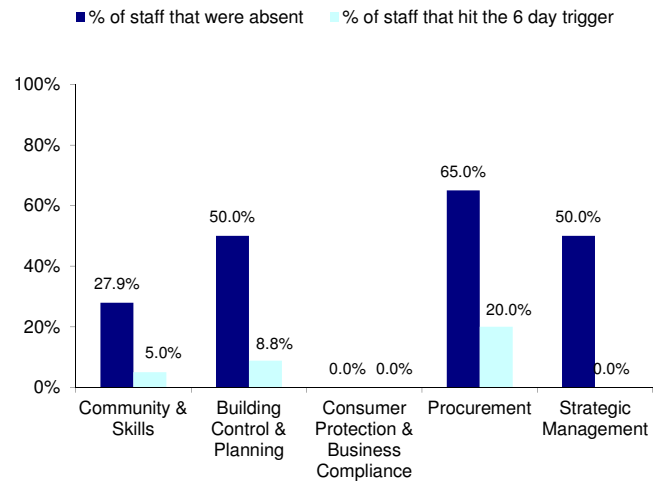
Council Targets	
Year to Date Target for Mar 2015 (Days per year)	6.8
Year to Date Target for Mar 2015 (Average Per Month)	0.6

Sickness Balanced Scorecard - December 2014 Report Customer & Community Services (Jul 14 - Dec 14)

	Community & Skills	Building Control & Planning	Consumer Pro & Business Comp	Procurement	Strategic Management	Total
Number of staff overall	219	34	47	20	6	326
Staff sick for at least 1 day	61 27.9%	17 50.0%	0 0.0%	13 65.0%	3 50.0%	94 28.8%
Staff that met the 6 day sickness trigger	11 5.0%	3 8.8%	0 0.0%	4 20.0%	0 0.0%	18 5.5%
Staff referred to OH	6 54.5%	3 100.0%	0 -	2 50.0%	0 -	11 61.1%
Staff had stage 1 meeting when 6 day trigger met	8 72.7%	3 100.0%	0 -	3 75.0%	0 -	14 77.8%
Staff with further absence after stage 1 meeting	0 0.0%	1 33.3%	0 -	0 0.0%	0 -	1 7.1%
If further sickness, stage 2 meeting taken place	0 -	1 100.0%	0 -	0 -	0 -	1 100.0%
Staff with further sickness after stage 2 meeting	0 -	0 0.0%	0 -	0 -	0 -	0 0.0%
Staff that have had a Director Review	0 -	0 -	0 -	0 -	0 -	0 -
Managers attended or booked onto absence course	35 100.0%	100.0%	100.0%	-	-	66 100.0%

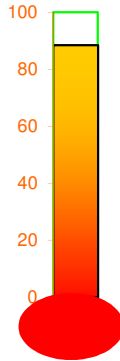
How can I improve this?

- Use the tracker sheets that are sent to AD's / Head of Service on a monthly basis, which lists which managers have managed sickness in line with the policy.
- Ensure managers are returning the completed tracker sheets within the deadline.



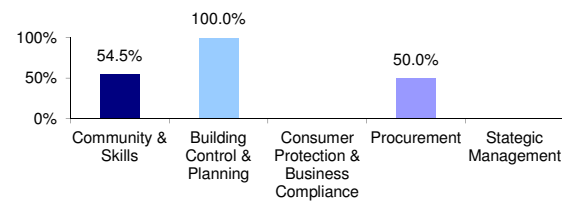
Overall Sickness Management Score

88.5



The Overall Score has components weighted at:
50% Applying Policy
25% Course Attendance
25% OH Attendance.

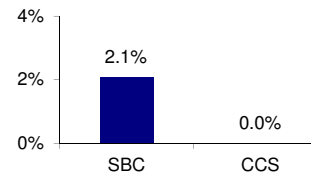
% of staff that met the 6 day trigger referred to OH



How can I improve this?

- Speak to all managers who have staff at 5 Days sick to encourage occupational health referrals at an early stage

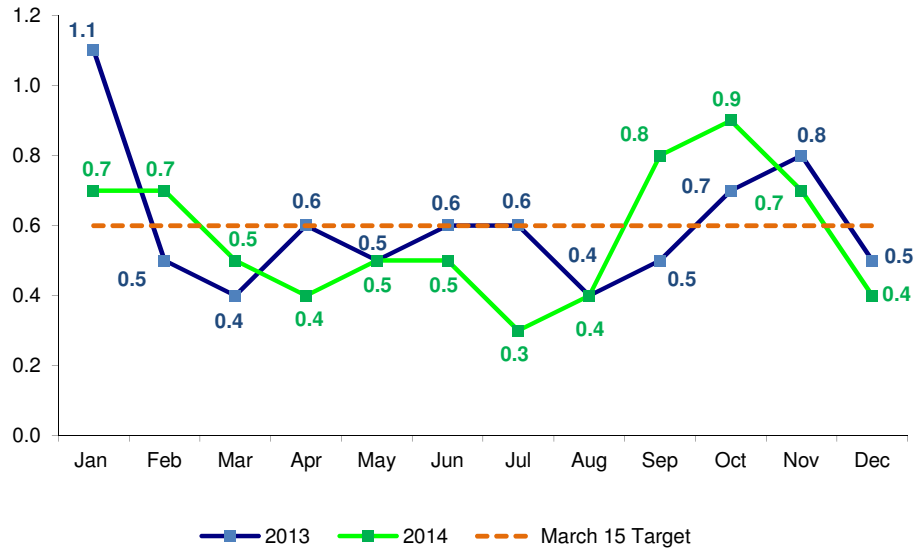
% of staff who failed to attend booked OH appointment



Please note this % relates to the period stated above.

**Sickness Balanced Scorecard - December 2014 Report
Customer & Community Services (Jul 14 - Dec 14)**

Number of sick days per fte (monthly)



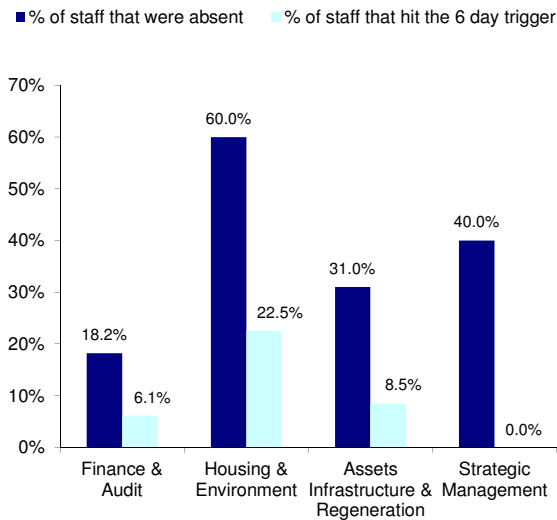
Actuals	
Year to Date Number of Days (January 13 - December 14)	6.8
Average Per Month (Days)	0.57

Council Targets	
Year to Date Target for Mar 2015 (Days per year)	6.8
Year to Date Target for Mar 2015 (Average Per Month)	0.6

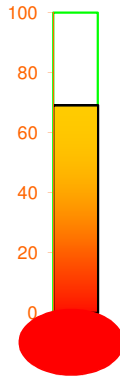
Sickness Balanced Scorecard - December 2014 Report Resources Housing & Regeneration (Jul 14 - Dec 14)

	Finance and Audit	Housing & Environment	Assets, Inf & Regeneration	Strategic Management	Total
Number of staff overall	33	120	71	5	229
Staff sick for at least 1 day	6 (18.2%)	72 (60.0%)	22 (31.0%)	2 (40.0%)	102 (44.5%)
Staff that met the 6 day sickness trigger	2 (6.1%)	27 (22.5%)	6 (8.5%)	0 (0.0%)	35 (15.3%)
Staff referred to OH	1 (50.0%)	5 (18.5%)	4 (66.7%)	0 (-)	10 (28.6%)
Staff had stage 1 meeting when 6 day trigger met	1 (50.0%)	6 (22.2%)	6 (100.0%)	0 (-)	13 (37.1%)
Staff with further absence after stage 1 meeting	0 (0.0%)	5 (83.3%)	3 (50.0%)	0 (-)	8 (61.5%)
If further sickness, stage 2 meeting taken place	0 (-)	2 (40.0%)	2 (66.7%)	0 (-)	4 (50.0%)
Staff with further sickness after stage 2 meeting	0 (-)	2 (100.0%)	1 (50.0%)	0 (-)	3 (75.0%)
Staff that have had a Director Review	0 (-)	1 (50.0%)	1 (100.0%)	0 (-)	2 (66.7%)
Managers attended or booked onto absence course	14 (100.0%)	23 (100.0%)	16 (100.0%)	- (-)	53 (100.0%)

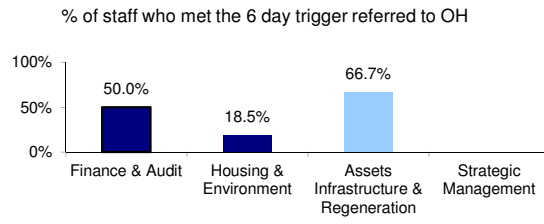
How can I improve this?
 - Use the tracker sheets that are sent to AD's / Head of Service on a monthly basis, which lists which managers have managed sickness in line with the policy.
 - Ensure managers are returning the completed tracker sheets within the deadline.



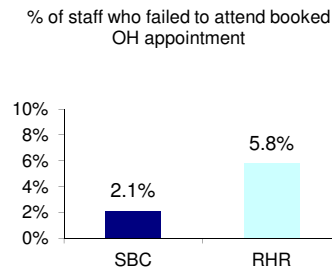
Overall Sickness Management Score
69.2



The Overall Score has components weighted at:
 50% Applying Policy
 25% Course Attendance
 25% OH Attendance.



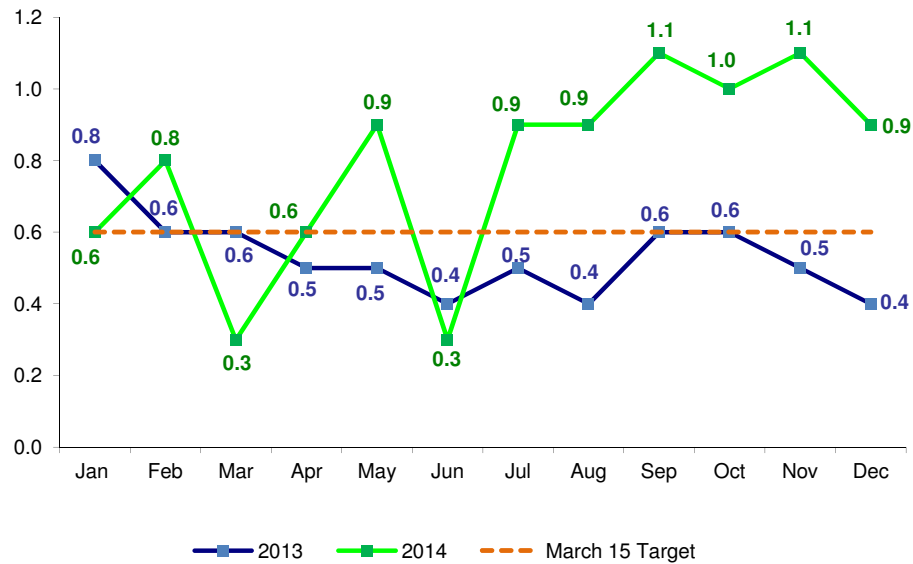
How can I improve this?
 - Speak to all managers who have staff at 5 Days sick to encourage occupational health referrals at an early stage



Please note this % relates to the period stated above.

**Sickness Balanced Scorecard - December 2014 Report
Resources Housing & Regeneration (Jul 14 - Dec 14)**

Number of sick days per fte (monthly)



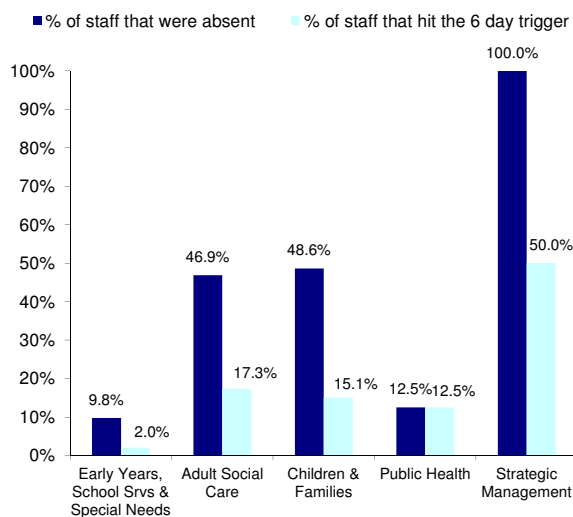
Actuals	
Year to Date Number of Days (January 13 - December 14)	9.4
Average Per Month (Days)	0.78

Council Targets	
Year to Date Target for Mar 2015 (Days per year)	6.8
Year to Date Target for Mar 2015 (Average Per Month)	0.6

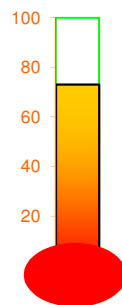
Sickness Balanced Scorecard - December 2014 Report Wellbeing (Jul 14 - Dec 14)

	Early Years & School Svcs	Adult Social Care	Children & Families	Public Health	Strategic Management	Total
Number of staff overall	51	277	218	8	2	556
Staff sick for at least 1 day	5 9.8%	130 46.9%	106 48.6%	1 12.5%	2 100.0%	244 43.9%
Staff that met the 6 day sickness trigger	1 2.0%	48 17.3%	33 15.1%	1 12.5%	1 50.0%	84 15.1%
Staff referred to OH	0 0.0%	26 54.2%	8 24.2%	1 100.0%	1 100.0%	36 42.9%
Staff had stage 1 meeting when 6 day trigger met	0 0.0%	33 68.8%	9 27.3%	1 100.0%	1 100.0%	44 52.4%
Staff with further absence after stage 1 meeting	0 -	13 39.4%	2 22.2%	0 0.0%	1 100.0%	16 36.4%
If further sickness, stage 2 meeting taken place	0 -	6 46.2%	1 50.0%	0 -	0 0.0%	7 43.8%
Staff with further sickness after stage 2 meeting	0 -	3 50.0%	0 0.0%	0 -	0 -	3 42.9%
Staff that have had a Director Review	0 -	0 0.0%	0 -	0 -	0 -	0 0.0%
Managers attended or booked onto absence course	10 100.0%	45 93.8%	43 95.6%	3 100.0%	- -	101 95.3%

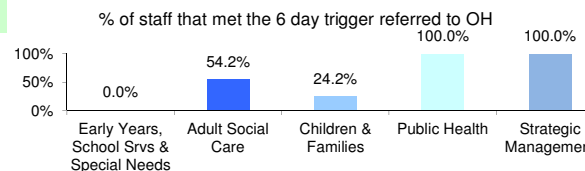
How can I improve this?
 - Use the tracker sheets that are sent to AD's / Head of Service on a monthly basis, which lists which managers have managed sickness in line with the policy.
 - Ensure managers are returning the completed tracker sheets within the deadline.



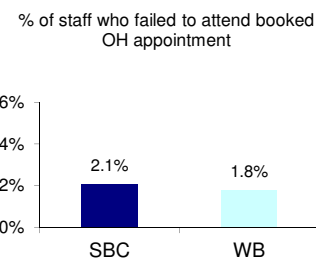
Overall Sickness Management Score
73.1



The Overall Score has components weighted at:
 50% Applying Policy
 25% Course Attendance
 25% OH Attendance.



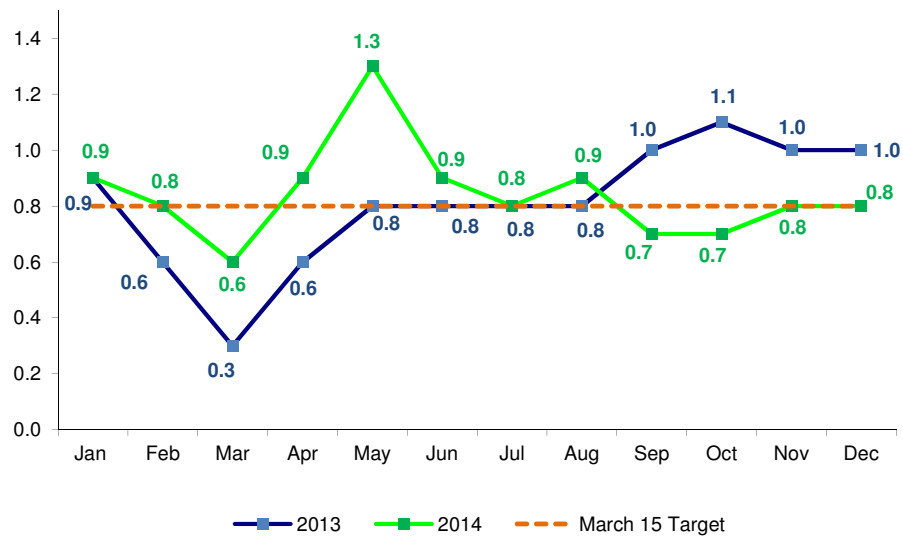
How can I improve this?
 - Speak to all managers who have staff at 5 Days sick to encourage occupational health referrals at an early stage



Please note this % relates to the period stated above.

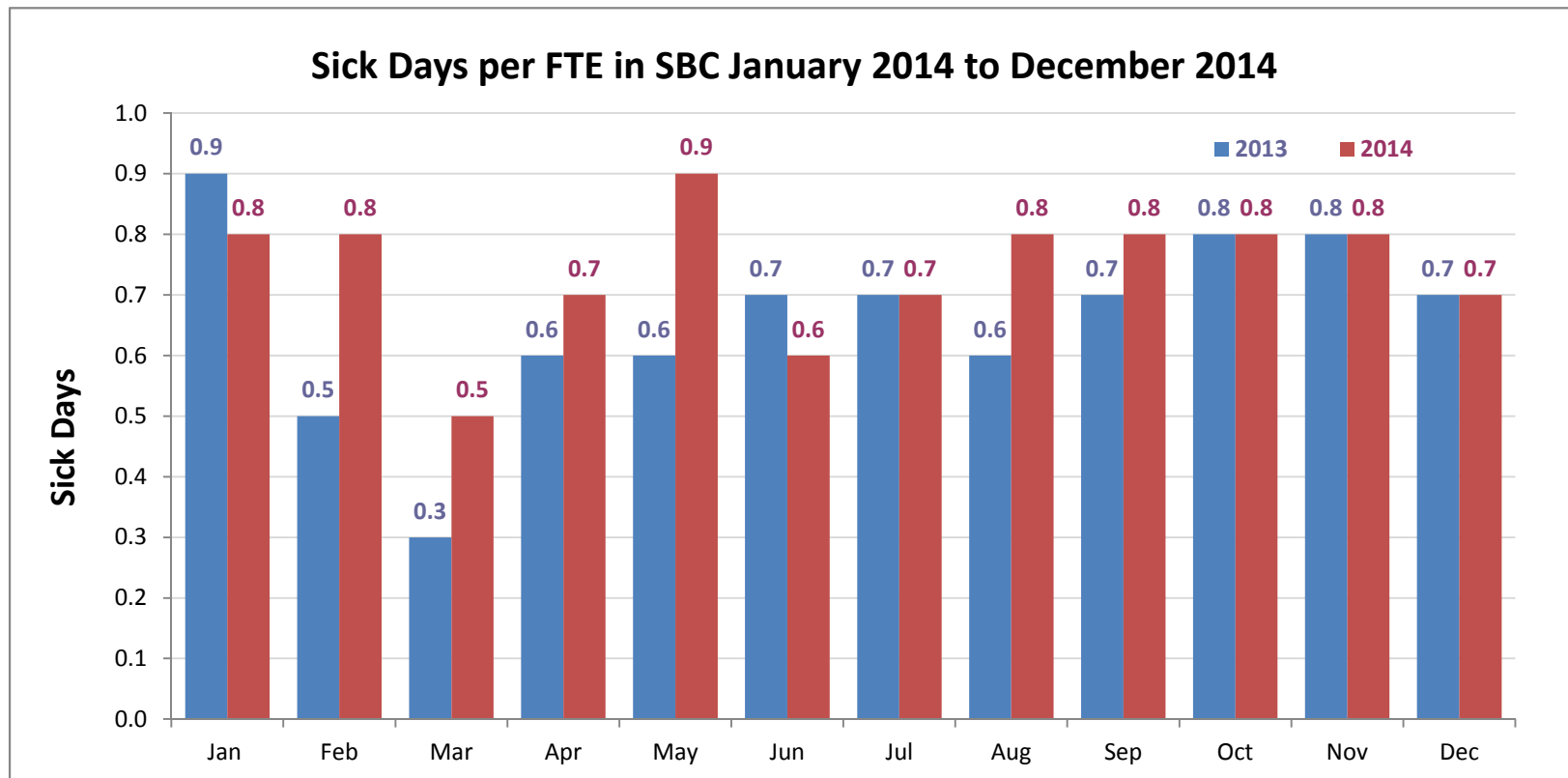
Sickness Balanced Scorecard - December 2014 Report
Wellbeing (Jul 14 - Dec 14)

Number of sick days per FTE (Monthly)



Actuals	
Year to Date Number of Days (January 13 - December 14)	10.1
Average Per Month (Days)	0.84

Council Targets	
Year to Date Target for Mar 2015 (Days per year)	9.4
Year to Date Target for Mar 2015 (Average Per Month)	0.8



In May 2014 the sick days per FTE figure increased to 0.9. Looking at the individual directorate figures, Wellbing had a figure of 1.3 days, an increase of 0.5 days compared to the same period as last year. This impacted on the overall SBC result. February 2014 also had a sharp increase compared to last year. In this case all of the directorates FTE figure increased impacting the overall Slough result.

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee

DATE: 24th March 2015

CONTACT OFFICER: Kevin Gordon, Assistant Director Professional Services

WARD(S): All

PART 1
FOR APPROVAL**SMOKING POLICY UPDATE****1 Purpose of Report**

A proposal to amend the Council smoking policy which governs times that staff are permitted to smoke during the working day

2 Recommendation(s)/Proposed Action

- 2.1 That Employment & Appeal committee agree changes to the Council Smoking Policy set out in Appendix 1, that extend the hours that staff are not permitted to smoke to 09.30am – 12.00 noon and 14.00 – 16.30pm.
- 2.2 That Employment & Appeals agree an implementation date of the 1st April 2015.

3 Supporting Information

Public Health England reports that smoking causes more preventable deaths than anything else - nearly 80,000 in England during 2011.

Even with the change in legislation in July 2007, statistics confirm that there are still more than 8 million smokers in England. Public Health England wants to reduce smoking rates by December 2015 to:

- 18.5% or less for adults (compared to 21.2% for April 2009 to March 2010) - meaning around 210,000 fewer smokers per year

In order to support staff and as part of the Council's Employee Wellbeing programme, the Council have engaged Solutions 4 Health to support staff achieve its goal of becoming a smoke free environment. Since the 13th January 2015, Solutions 4 Health have been based at the 2 main sites, twice a week to offer free one to one confidential support, provide weekly nicotine replacement therapy and expert advice to staff who want to set a quit date. Evidence proves that you are four times more likely to quit smoking with assistance.

There has been an increase in publicity to encourage staff to 'Commit to Quit'. The Public Health team have also been on hand to raise awareness and remind staff that these sessions are available. Unfortunately we do not have any data to identify how many employees smoke and therefore it is difficult to measure whether this initiative is having an impact. However so far we have 8 employees that have signed up to 'Commit to Quit' which demonstrates that there is interest and we plan on reviewing their progress with Solutions 4 Health over the coming weeks.

In 2007, the Council passed a policy as a result of the new rules regulating smoking at work which came into force and made it an offence to smoke in enclosed public places or to knowingly permit smoking. The policy was reviewed to reinforce this at the Council. In 2014 the Council reinforced the times that staff can smoke in work time which is currently anytime outside core hours (10am – 12noon and 14.00pm – 16.00pm).

Since this was reinforced it has been acknowledged that staff, in general, have complied with these hours. However the Councils aim is to further reduce smoking at work. Therefore a recommendation to extend the times that staff are not allowed to smoke during the working day is proposed. The Smoking Policy (attached as Appendix 1) has been amended to confirm that staff are not allowed to smoke within the following hours (09.30am – 12.00noon and 14.00 – 16.30pm). It is proposed to implement the revised policy from the 1st April 2015.

To support managers to deal with any queries from employees about this change Frequently Asked Questions have been written to go on the SBC Insite (attached as Appendix 2).

Appendix 1 No Smoking Policy

Appendix 2 Proposed Smoking FAQ's & Answers

No Smoking Policy

1. Introduction

Smoking is regarded as the biggest single cause of ill health and premature death in this country, with about half of all regular cigarette smokers eventually dying from smoking related conditions. Smoking accounts for over a third of respiratory deaths, over one quarter of cancer deaths and about one seventh of cardiovascular disease deaths. Cigarettes in particular contain various substances and when it burns it releases over 5,000 chemicals some of which are known to cause cancer. Women who smoke during pregnancy or are exposed to tobacco smoke also place their unborn children at risk. In addition to the hazard and discomfort associated with passive smoking, it also represents a significant fire risk.

In many work places the number of smokers has decreased substantially over the last 20 years. Attitudes to smoking are becoming increasingly negative as fewer people smoke in the U.K. There is increasing concern over the possible health risks from passive smoking. As employees have become more aware of the serious health risks faced by smokers and non-smokers, increasing pressure has been placed on employers to doing something about it.

Taking positive action to limit passive smoking will reduce health risks to smokers and non-smokers and reduce time lost through sickness absence.

With effect from 1st July 2007 new rules regulating smoking at work came into force making it an offence to smoke in enclosed public places or to knowingly permit smoking. There has been further research undertaken with regard to nicotine replacement therapy and electronic cigarettes however this is still being researched to inform decisions about the most effective and proportionate form of regulation.

2. No Smoking Council

Slough Borough Council has always been committed to providing a safe and comfortable working environment for employees and visitors and has operated a no smoking policy for a number of years. SBC aims to reduce the exposure of non-smokers to tobacco smoke at work and will consider control measures with a view to eventually eradicating smoking totally on all council sites.

However, it is recognised that smoking can become a habit and an automatic response in certain situations, as well as a dependency and a physiological addiction. The aim of this policy is not to isolate or discriminate against people who smoke, however the authority has a legal responsibility to provide and maintain a smoke free environment for employees, clients and visitors.

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3. Nicotine Replacement / E-Cigarettes

E-cigarettes are not regulated like tobacco products and there is currently no bespoke regulatory system for e-cigarettes in the UK, but they are captured by general product safety regulatory requirements. The Council requires staff to apply the same principles as if they were smoking a tobacco cigarette and does not allow smoking of E-cigarettes in the Council buildings.

4. Compliance with Legislation

- All visitors and contractors will be notified of the legislation via notices in reception areas.
- Smoking, in designated areas will only be permitted in the employee's own time and will not be permitted within the following hours (09.30-12.00 & 14.00-16.30).
- Notices reminding people they are in a smoke-free area will be displayed in prominent locations.
- Means to assist employees to quit smoking will be provided
- Any contravention of this policy by employees will be regarded as a disciplinary breach and will be treated as misconduct under the Disciplinary Policy.

5. Who is Responsible?

Directors are responsible for:

- promoting awareness of this policy to all line managers;
- making sufficient resources available to ensure implementation of the policy.
- reviewing procedures and measures with a view to promote a smoke free environment

Senior Managers are responsible for:

- ensuring that all employees receive instruction in this corporate policy, and any safety arrangements on site relevant to smoking on joining the Directorate;
- ensuring that all workers co-operate to ensure the success of this policy and monitor compliance and act upon breaches of this policy.

Building Managers / Facilities are responsible for:

- ensuring the display of appropriate signs at all entrances and throughout all corporate buildings;
- through their room booking facility, ensuring all people booking rooms are aware of the standards in this policy;
- regularly checking areas to ensure that illicit smoking is not taking place;
- ensuring corporate designated smoking areas are kept clean and 'cigarette end' receptacles are emptied regularly.
- In care homes if smoking is allowed for clients it is only permitted in a specifically designated smoking room

Employees are responsible for:

- co-operating to ensure the implementation of this policy;
- if a smoker; complying with the no smoking rules and also ensuring they use the receptacles provided to dispose of their cigarette ends.
- notifying managers on discovering incidents of illicit smoking where health and safety may be compromised (This could be under the councils Whistle-blowing Policy) and
- complying with legislation at all times.

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Health and Safety is responsible for:

- ensuring that this document is reviewed as and when required or sooner if legislation, approved codes of practice or incident forms highlight deficiencies in the policy;

Human Resources is responsible for:

- providing advice and information on this policy to all employees of SBC.

6. Legislation & References

- Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Slough Borough Council Health and Safety Policy
- Slough Borough Council Whistle-blowing Policy and Procedure
- The Health Act 2006 – Smoke Free England
- HSE: Advice on Smoking at Work
- Public Health England
- Action on Smoking and Health (ASH)

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Proposed Smoking FAQ's & Answers

- **Why are we reviewing this policy now?**

Smoking is also considered as one of the biggest causes of ill health and premature death in this country and as part of the Council's Employee Wellbeing Project and focus on reducing sickness levels across the Council this policy needs to be re-enforced.

Slough Borough Council has always been committed to providing a safe and comfortable working environment for employees and visitors and has operated a no smoking policy for a number of years.

This is not a new policy and was introduced in 2007 following new rules regulating smoking at work which came into place in July 2007 making it an offence to smoke in enclosed public places. In 2014 the Council reinforced the times that staff can smoke in work time which is currently anytime outside core hours (10am – 12noon and 14.00pm – 16.00pm). These new changes which extend the period of which staff cannot smoke to 9.30am – 12.00noon and 14.00pm - 16.30pm are a further step forward to supporting staff's wellbeing in the Council.

- **What if my staff members say this policy is discriminatory against staff who smoke?**

The aim of this policy is not to isolate or discriminate against people who smoke, however we do have a legal responsibility to provide and maintain a smoke free environment for employees, clients and visitors.

- **What do I do if my staff member still goes out for a cigarette at 11am?**

The policy is very clear that smoking is only allowed in designated areas, in the employees own time and is not permitted within the following hours (9.30am to 12.00pm and 2.00pm to 4.30pm).

Managers should ensure that all their staff are made aware of this policy and when smoking breaks are permitted and that any contravention of the policy will be regarded as a disciplinary breach and will be treated as misconduct under the Council's Disciplinary Policy.

If a member of staff abuses this policy and still goes out for a smoking break during core hours, it should be discussed individually with them and they should be advised that their actions breach the smoking policy. They should be instructed that they should only take smoking breaks outside of the permitted hours and that if they continue to breach this policy they will be subject to Disciplinary action.

- **What if my staff member offers to make up the time?**

It is made clear in the policy that smoking is only permitted outside of stated hours.

- **How do I help my staff give up?**

As part of our Employee Wellbeing campaign, the Council has arranged information events for staff to find out more about quitting smoking. Weekly stop smoking clinics are being held over the 2 main sites as below where staff can speak to a stop smoking adviser and pick up free nicotine replacement therapy.

The sessions are at:

- Landmark Place – every Thursday from 11.30am – 1.30pm
- St Martins Place – every Monday from 10am – 2pm.

- **As a manager what is my responsibility with regards to this policy?**

You will be responsible for ensuring that all your employees receive instructions in relation to this policy; and any safety arrangements on site relevant to smoking. You will also be responsible for ensuring that your staff co-operate with the instructions in this policy and to monitor compliance and act upon any breaches.

- **How will compliance be monitored?**

Regular checking of the designated smoking areas will be carried out to ensure that illicit smoking is not taking place. Any staff seen smoking outside of the permissible hours will be reported to their line managers and the appropriate action will be taken.

- **Where do I go for further advice about implementing the policy with my staff?**

For further advice please speak to your HR Business Partnership Team or the Public Health Team.

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MEMBERS' ATTENDANCE RECORD 2014/2015

EMPLOYMENT AND APPEALS COMMITTEE

COUNCILLOR	24/06/14	11/08/14	20/10/14	22/01/15	24/03/15
Brooker	P	P	P	P	
Chohan	P	Ab	P	Ap	
Coad	P	P	P	Ap	
A S Dhaliwal	P	P	P	P	
N Holledge	P	P	P	P	
Plenty	P	P	P	P	
Sandhu	P	P	P	P	
Sharif	P	P	P	P	
Zarait	P	Ap	P	P	

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

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