



Glasgow City Council

Operational Performance and Delivery
Scrutiny Committee

Report by Director of Governance and Solicitor to the Council

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Item 6

20th November 2019

2019/20 Q2 Attendance Management Report

Purpose of Report:

To provide Committee with an executive summary of the council's attendance management performance and staff health strategy initiatives during quarter 2 of 2019/20.

Recommendations:

It is recommended that Committee note the analysis of attendance levels and health and wellbeing initiatives across the council.

Ward No(s):

Citywide:

Local member(s) advised: Yes No consulted: Yes No

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1. Executive Summary

In accordance with the Council plan priority of “A Well Governed City that listens and responds”, an analysis of the council’s 2019/20 Quarter 2, 1 July until 30 September 2019 attendance management performance is reported.

Table 1 outlines the Quarter 2 average days lost performance of 2.4 days per employee. In keeping with seasonal patterns, the Quarter 2 performance is a reduction when compared with the Quarter 1 performance. (Table 2)

The recently published 2019 Chartered Institute of Personnel and Development (CIPD) Health and Wellbeing survey report that average levels of absence remain considerably higher in larger organisations and in the public sector, this is clearly reflected in Glasgow City Council’s performance. The contrast from the CIPD average industry performance level of 8.5 days for public services against the private sector performance of 4.9 days is also seen in the published report.

It is worth noting that the organisation achieved 94.4% attendance levels, which is still a good performance for an organisation as large and complex as Glasgow City Council, especially within the current climate of increasing financial challenges and lower staff morale, as outlined in the recent staff engagement research results.

As part of the launch programme for the new Maximising Attendance policy, there has been an increase in the communication levels with services and line managers, as they begin to support a holistic approach to managing attendance. Our new guidance on issues such as Menopause, coupled with our on-going commitment to Health and Wellbeing is crucial in raising awareness that the Council wishes to be at the forefront of best practice.

The Quarter 4 report will include a more detailed analysis of our attendance statistics since the implementation of the Maximising Attendance Policy and will include external benchmarking figures for comparison purposes, to enable the Council to compare and contrast this new best practice approach.

Table 1. Quarter 2 Absence Statistics

Sickness Absence Performance	Employee (Head Count)	Average Days lost Q2	Average Attendance Q2 % lost	2019/20 Average Days Lost YTD	2018/19 Average Days Lost
Council Total	29600	2.4 days	5.6%	5.2 days	10.6 days

Table 2. Rolling Four Quarter Average Days Lost

Financial Year Quarter	Q3 2018/19 Oct - Dec	Q4 2018/19 Jan - Mar	Q1 2019/20 Apr - Jun	Q2 2019/20 July -Sept	Rolling Year	2019/20 Target
Average Days Lost	3.2	3.3	2.8	2.4	11.7	7.4

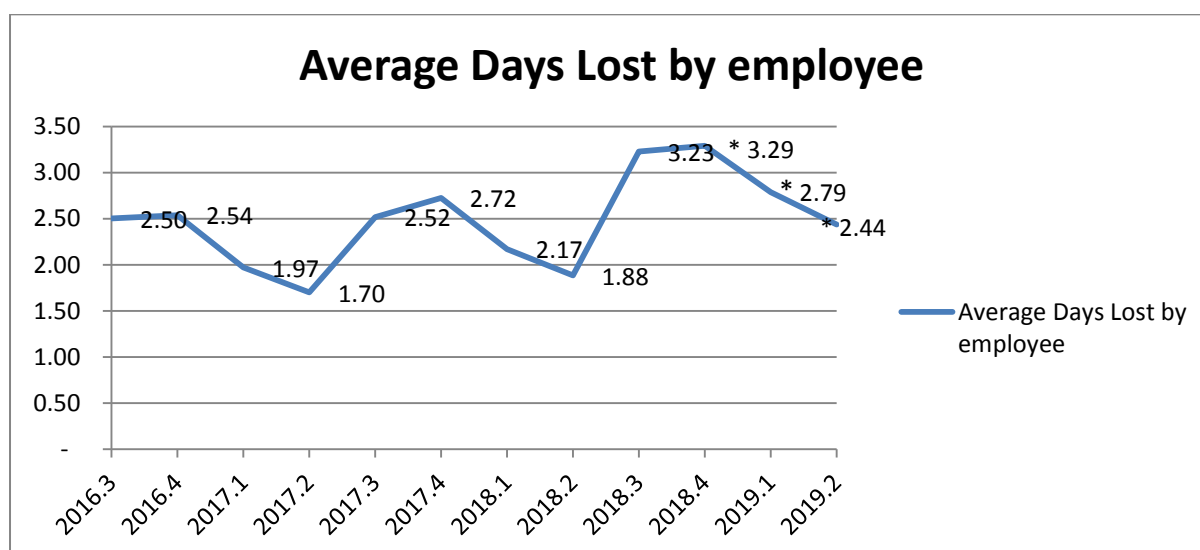
The rolling four quarters performance detailed in table 2 above show a rolling 11.7 days lost to sickness absence against last year's performance of 10.6 days and the target of 7.4 days.

Table 3. Average % and Average Days Lost per quarter

Financial Year	Q1		Q2		Q3		Q4		Full Year	
	%	Days	%	Days	%	Days	%	Days	%	Days
2016/17	4.45	2.04	4.28	1.72	5.31	2.50	5.07	2.54	4.81	8.81
2017/18	4.44	1.97	4.24	1.70	5.1	2.52	5.2	2.72	4.78	8.91
2018/19	4.52	2.17	4.62	1.88	6.3	3.23*	6.3	3.29*	5.4	10.6*
2019/20	5.66	2.79*	5.63	2.44*						

Table 3a shows the average days lost in each quarter over the rolling three years and clearly illustrates the strong seasonal pattern to sickness absence. Our attendance levels are consistently lower in the spring and summer months than in autumn and winter, which is neither unusual nor surprising.

Table 3a. Average Days Lost Per Employee



Note

* Impacted by organisational changes with return of Cordia LLP staff

Table 4. Quarter 2 Average days lost per employee breakdown by Service

Service	Employee (Head Count)	Average Days Lost Q2	Q2 Abs %	2019/20 Average Days Lost YTD	2018/19 Average Days Lost
CEO	478	0.9	1.6%	2.2	4.4
DRS*	4974	3.2	6.8%	7.0	12.5
EDS	12148	1.1	3.3 %	3.0	7.7
(Support	5581	1.7	4.5%	4.3	10.1)
(Teacher	6567	0.6	2.0%	1.9	5.7)
FS	1450	2.7	4.8%	5.3	9.2
NS	3118	3.8	7.6%	7.7	14.4
SWS*	7432	3.6	7.2%	6.8	14.2
(Support	1111	3.0	not	5.2	9.6)
(PCS front	6321	3.7	available	7.1	15.1)
line					
Total	29600	2.4	5.6%	5.2	10.6*

Note

* Impacted by organisational changes with return of Cordia LLP staff

The Chief Executive's Department achieved the lowest level of sickness absence this quarter, losing 0.9 days per employee, which is fairly typical for the largely office based professional roles. The highest level of sickness absence was within Neighbourhoods and Sustainability, losing an average of 3.8 days per employee, the levels of which are impacted upon by the largely physically demanding roles within this service area.

2. Absence breakdown by long term and short term

Top 3 reasons for absence are summarised below, by long and short term.

Long Term Absence %	Top 3 Absence Category reasons	Short Term Absence %	Top 3 Absence Category reasons
23.2%	Psychological	6.0%	Musculoskeletal
17.7%	Musculoskeletal	5.9%	Respiratory Tract
4.4%	Cardiovascular	5.2%	Psychological

The referral categories for appointments with our Occupational Health provider are detailed below and demonstrate as usual, a strong correlation to the reasons for absence.

Occupational Health Referral categories	% of appointments
Anxiety/stress/depression/other psychiatric	15.8%
Back problems	11.8%
Other Musculoskeletal	24.9%

3. Employee assistance utilisation

Service	Headcount	Utilisation (cases)	Utilisation as % of Service headcount
CED	478	17	3.5%
DRS	4974	30	0.6%
EDS	12148	129	1.1%
FS	1450	9	0.6%
N&S	3118	67	2.1%
SWS	7432	141	1.8%
Total	29600	393	1.3%

The utilisation of the employee assistance provider by service is shown above. Total utilisation has increased from 359 cases in Quarter 1 to 393 in Quarter 2, with a total utilisation figure of 1.3%. The EAP provider, due to the confidential nature of this service, are restricted in the provision of more detailed information, however, they have confirmed the utilisation of service is consistent with industry norms.

4. Staff Health Strategy

Having retained the Healthy Working Lives Gold Award for the last five years, highlighting the council as an 'exemplar public sector employer', we continue to implement our Staff Health and Wellbeing Action Plan to provide routes to encourage, support and inform employees to enable them to manage their own health and wellbeing.

It is focused across the key themes of alcohol, obesity, mental health and wellbeing, tobacco, cancer and communication and engagement. Examples of activity across the priority areas during this reporting period include:

- Marketing of the 'Go sober for October' campaign to staff in readiness for the campaign.

- Promotion of NHS approved Weigh in @ Work programme and resources.
- Delivery of Suicide awareness and prevention training to over 100 employees as part of the Neighbourhoods and Sustainability mental health and wellbeing at work pilot programme.
- Retention of the Council's Disability Confident Employer status for a further two years.
- Promotion of new NHS 24 MSK App to provide information and signposting in relation to musculoskeletal problems.
- Delivery of Breast Cancer event workshop for staff to help raise awareness of breast cancer care and screening.
- Promotion of Employee Assistance Provider webinars to staff, for example Prioritising Wellbeing.
- Ongoing engagement with staff on the importance of health and wellbeing with monthly Insider articles, including health related prize competitions.

5. Conclusions

Improving absence levels across the organisation continues to be a priority and we will continue to support employees improve their attendance through the delivery of our Health and Wellbeing activities, the implementation of our revised Maximising Attendance arrangements, and the development of the Mental Health and Wellbeing Stress Strategy, 'Your Wellbeing'. The extensive resources provided at both a Corporate and Service level require a sustained effort to continue to deliver the exemplary level of employee support and health and wellbeing activities.

6. Policy and Resource Implications

Resource

Implications:

<i>Financial:</i>	No new financial implications
<i>Legal:</i>	No new legal issues
<i>Personnel:</i>	No direct personnel implications
<i>Procurement:</i>	No relevant procurement issues

Council Strategic Plan: A Well Governed City that listens and responds:
Priority 96

Equality and Socio-Economic Impacts:

<i>Does the proposal support the</i>	Not applicable
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*Council's Equality
Outcomes 2017-22*

*What are the
potential equality
impacts as a result
of this report?*

No significant impact

*Please highlight if
the policy/proposal
will help address
socio economic
disadvantage.*

Not applicable

Sustainability Impacts:

Environmental:

Not applicable

*Social, including
opportunities under
Article 20 of the
European Public
Procurement
Directive:*

Not applicable

Economic:

Not applicable

**Privacy and Data
Protection impacts:**

No data protection impacts identified

7. Recommendations

It is recommended that Committee note the analysis of attendance levels and health and wellbeing initiatives across the council.