



**Glasgow City Council**

**Operational Performance and Delivery  
Scrutiny Committee**

**Report by Director of Governance and Solicitor to the Council**

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**Item 3**

**26th February 2020**

**2019/20 Q3 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 3 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 3, 1 October 2019 until 31 December 2019 attendance management performance is reported.

Table 1 outlines the Quarter 3 average days lost performance of 3.4 days per employee. In keeping with seasonal patterns, the Quarter 3 performance is an increase of 1 day when compared with the Quarter 2 performance. (Table 2)

As always, it is worth noting that the organisation achieved a 93.4% attendance level, 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, highlighted by the recent staff engagement research results.

There has been an increase in employee engagement following the new Maximising Attendance policy, as the Services adopt the support of 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 3 Absence Statistics**

<b>Sickness Absence Performance</b>	<b>Employee (Head Count)</b>	<b>Average Days lost Q3</b>	<b>Average Attendance Q3 % lost</b>	<b>2019/20 Average Days Lost YTD</b>	<b>2018/19 Average Days Lost</b>
Council Total	29802	3.4 days	6.6%	8.6 days	10.6 days

**Table 2. Rolling Four Quarter Average Days Lost**

Financial Year Quarter	Q4 2018/19 Jan - Mar	Q1 2019/20 Apr - Jun	Q2 2019/20 July -Sept	Q3 2019/20 Oct - Dec	Rolling Year	2019/20 Target
Average Days Lost	3.3	2.8	2.4	3.4	11.9	7.4

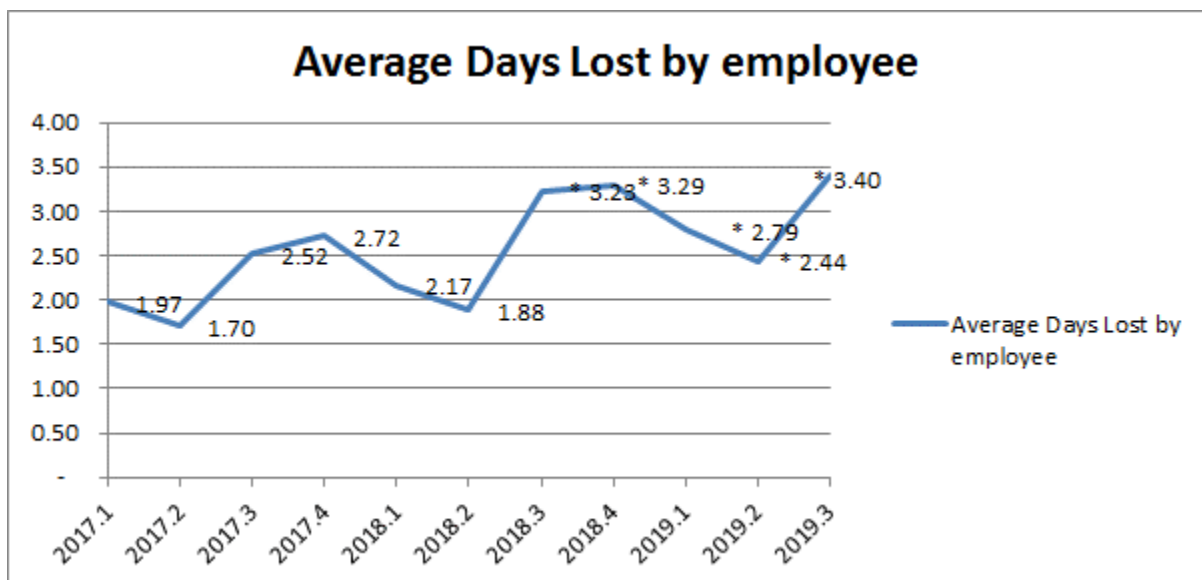
The rolling four quarters performance detailed in table 2 above show a rolling 11.9 days lost to sickness absence against last year's performance of 10.6 days and the target of 7.4 days.

**Table 3. Average % and Average Days Lost per quarter**

Financial Year	Q1		Q2		Q3		Q4		Full Year	
	%	Days	%	Days	%	Days	%	Days	%	Days
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*	6.6	3.4*				

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 3 Average days lost per employee breakdown by Service**

<b>Service</b>	<b>Employee (Head Count)</b>	<b>Average Days lost Q3</b>	<b>Average Attendance Q3 % lost</b>	<b>2019/20 Average Days Lost YTD</b>	<b>2018/19 Average Days Lost</b>
CEO	470	1.3	2.2%	3.5	4.4
DRS*	4949	4.5	7.6%	11.7	12.5
EDS	12404	2.5	5.1%	5.5	7.7
(Support	5800	3.2	6.4%	7.4	10.1)
(Teacher	6604	1.8	3.9%	3.8	5.7)
FS	1444	3.1	5.4%	8.4	9.2
NS	3073	3.8	7.6%	11.5	14.4
SWS*	7462	4.2	8.2%	10.9	14.2
(Support	1137	4.39	not	8.15	9.6)
(PCS front	6324	3.4	available	11.4	15.1)
line					
<b>Total</b>	<b>29802</b>	<b>3.4</b>	<b>6.6%</b>	<b>8.6</b>	<b>10.6*</b>

**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 1.3 days per employee, which is fairly typical for the largely office based professional roles. The highest level of sickness absence was within Development and Regeneration Services, losing an average of 4.5 days per employee, the levels of which are impacted upon by the large shift in their staff composition with many more roles of a physically demanding nature due to the transfer of facilities management to this service area, translating into higher levels of absence. Likewise, Social Work Services with a loss of 4.2 days per employee has been impacted by the transfer of homecare services from the Aleo into 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
21.6%	Psychological	10.0%	Respiratory Tract
14.8%	Musculoskeletal	7.1%	Gastro-intestinal
5.7%	Respiratory Tract	4.4%	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	20.3%
Back problems	10.8%
Other Musculoskeletal	18.4%

## 3. Employee assistance utilisation

Service	Headcount	Utilisation (cases)	Utilisation as % of Service headcount
CED	470	17	3.6%
DRS	4949	17	0.3%
EDS	12404	176	1.4%
FS	1444	22	1.5%
N&S	3073	51	1.6%
SWS	7462	131	1.8%
<b>Total</b>	<b>29802</b>	<b>414</b>	<b>1.4%</b>

The utilisation of the employee assistance provider by service is shown above. Total utilisation has increased from 393 cases in Quarter 2 to 414 in Quarter 3, with a total utilisation figure of 1.4%. 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.

Our Healthy Working Lives Gold Award is currently under review, with the aim of retaining this award level for our sixth consecutive year for 2020. 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:

- Promotion of the Improving the Cancer journey (ICJ) partnership service between Glasgow City Council and Macmillan cancer care, to raise staff awareness of available supports.
- Delivery of Understanding your Menopause workshops to support and inform staff and help break the stigma around talking about the menopause.
- Marketing of the benefits of the 'Dry January' campaign to staff in readiness for the campaign.
- Promotion of NHS approved Weigh in @ Work programme and resources, to assist interested staff with healthy weight loss.
- Roll out of free Flu vaccination programme to staff, across Services.
- Delivery of Cervical Cancer event workshop for staff to help raise awareness of cervical cancer care and the importance of screening.
- Promotion of Employee Assistance Provider webinars to staff, for example Emotional Wellness - Building better mental health.
- 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:

*Does the proposal support the Council's Equality Outcomes 2017-21*

Not applicable

*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.