

# THE HIGHLAND COUNCIL

## Resources Committee – 15 April 2009

Agenda Item	
Report No	

### Absence Management

#### Report by Head of Personnel

#### Summary

This report provides information for members on the current absence management support arrangements and training and also an overview on current occupational health activities.

#### 1. Introduction

- 1.1 A high level of attendance at work is essential to the effective functioning of the Council and to the provision of quality services. High absence rates are costly, disruptive, reduce morale and lower service standards.
- 1.2 In order to achieve a high level of attendance at work, a number of support mechanisms are employed with the Council including the provision of absence management guidelines, training, occupational health and personnel support. Service absence figures are also monitored quarterly at Service Performance Reviews which are chaired by the Chief Executive.

#### 2. Absence Statistics

- 2.1 The Council is required to provide an annual Sickness Absence Statutory Performance Indicator to Audit Scotland.
- 2.2 The figures for the Council have regularly been below the Scottish average and for the year 2007/8, the figures were 4% for Teachers, 5% for Local Government employees and 6.1% for Craft employees. These figures can be compared with other Scottish Councils as per the table attached as Appendix 1.
- 2.3 In summary, comparing the Highland Council absence percentages with the other Scottish Councils, Highland rank in the first quartile with 5% for Local Government employees, the Scottish average being 5.8% for this group. With regard to Craft employees, Highland rank in the second quartile with 6.1% compared with a Scottish average of 6.6%. The final group Teachers at 4% rank in the third quartile for Scottish Local Councils with the Scottish average for Teachers 3.9%.

#### 3. Absence Management

- 3.1 As indicated above, Personnel and Employee Development support Service line managers to implement the Council's Absence Management Policy in a number of ways including:

- Training courses for employees and managers
- Assisting line managers with issues arising from return to work interviews
- Seeking medical reports
- Liaising with other specialists, internal and external, to the Council to enable employees to remain in employment

### 3.1.1 Training Courses

- All employees receive induction training at the commencement of their employment which includes being notified of the correct reporting procedures should an employee be unable to attend work due to sickness
- The Induction Programme for managers also covers management guidance relating to the application of the Absence Management policy and the relevance of other related policies e.g. flexible working, homeworking, stress management, harassment and special leave.
- There is also an Absence Management Course for managers and supervisors specifically covering the importance of monitoring absence, identifying patterns and causes of absence, how to conduct a return to work interview and handling long term absence.
- Attendance on training in 2008/9, as follows:
 

- Management Induction	42
- Managing Performance (includes absence management)	36
- Management of Workplace Stress (includes absence management)	43
- Absence Management (new course introduced during 2008/9)	11

### 3.1.2 Return to Work Interviews

Return to Work Interviews are an important part of absence management and can lead to managers seeking guidance from Personnel on a variety of issues arising from their discussions with employees including absence review meetings, referrals to occupational health and, in some cases, changes to an employee's contract of employment.

### 3.1.3 Medical Reports

There are circumstances where specialist medical advice is necessary to assist managers to effectively manage employee absence. Examples of referrals to the Council's Medical Advisers are to determine; when an employee may be fit to return to work; if an employee is not fit to return to work if their medical condition fulfils the criteria to enable retirement on the grounds of permanent ill health; if there is any underlying medical condition which may account for the number of short term absences; if there is a need for work place adjustments, phased returns and finally to help the Council assess its responsibilities under the Disability Discrimination Act.

### 3.1.4 Use of Internal & External Support

As a way of supporting and retaining employees in the Council who are no longer fully fit to continue working further, support can be obtained internally from the

Supported Employment Worker within Social Work to assess if an employee can join the Work Step Programme. The scheme allows employees to remain full time with a limited output and compensates the Service accordingly either with a support worker or financial input.

Advisers in the Health and Safety team can be contacted to carry out risk assessments for example in one case they advised on an evacuation procedure for an employee with a disability. In terms of external support, Job Centre Plus employ a Disability Employment Adviser under the Access to Work scheme, which aims to overcome practical work place issues in order to retain or recruit individuals e.g. a communicator for deaf employees, specialised equipment for visually impaired employees, software for employees with dyslexia. Once the disability needs assessments are carried out by the OH Adviser, part funding may be available for these types of adjustments and each is dealt with on a case by case basis.

### 3.1.5 Improvements

Services which employ Craft Workers are improving on actively managing their staff absences. This can be demonstrated with a move from the third quartile for this staff group to the second quartile. TEC Service for example are improving in their monitoring of absence levels and have undertaken targeted training for their managers across their Service. Area Business Support Officers in ECS liaise regularly with Personnel to monitor teacher absence level and Head Teachers are also seeking advice on addressing specific absence issues.

## 4. Occupational Health

4.1 The Council employs 1 Occupational Health Adviser and 1 Occupational Health Screening Nurse and, as stated in 3.1.3 above, a medical practice in Inverness and NHS OH Consultants are used for employee medical appointments. Referrals to the OH Section (eg new referrals, workplace assessments, health screening) average 700 per annum with an average 4 weeks waiting time. For the Medical Adviser service waiting times vary from 1 – 4 weeks.

4.2 The Occupational Health Adviser and Screening Nurse are involved in a number of initiatives aimed at improving the health and attendance of employees, including:

- Health MOT's for manual workers in TEC Services (Refuse Loaders) which includes checks for blood pressure, body mass index, cholesterol and lifestyle advice. This has led to smoking cessation, diet and breakfast club groups being set up. A 97-100% uptake of MOT's has been recorded in the areas covered and this will be rolled out to other groups of workers in TEC Services.
- Presentations/demonstrations on hand hygiene and blood borne disease prevention.
- Pre-retirement health course.
- Flu campaign rolled out to Social Work staff resulting in a 76% uptake, attributed mainly to onsite provision thus causing minimal disruption. It is hoped this can be rolled out to teaching staff which will be linked with a hand washing campaign.

- Second phase of Hepatitis B immunisation programme now rolled out to all 'at risk' staff eg Refuse Loaders, Community Works Operatives.
- Statutory health surveillance for specific employee groups, e.g. quarry employees, technicians, ferry employees.
- Occupational health referrals and counselling.
- Health questionnaires will be rolled out to all Social Work night workers

4.3 As can be seen in 4.2 above, there are a number of preventative measures and initiatives currently in place which are aimed at improving staff health and attendance.

#### 4.4 Proposed future Improvements to OH Service

- Implementing an OH Computer Management system to improve performance management and increase transparency in processes
- OH Resources appropriately directed and service level agreements implemented to allow reduced and guaranteed waiting times and equality of access.
- Increase in support and access for managers and employees.
- Action to improve performance and attain targets within the service plan, Healthy Working Lives application and government targets for the reduction of work related ill health.
- Increased emphasis being given to proactive employee health schemes and health promotion

### 5. Conclusions

5.1 Sections 3 and 4 above indicate the current levels of Personnel, Employee Development and Occupational Health support available to Services and employees.

5.2 Highland Council performs well, in respect of absence, in relation to local government employees. However, there is a need to focus future improvements on craft employees and teachers, where performance can still be improved upon.

5.3 An initial best value review has been undertaken by the Occupational Health Adviser and a detailed report will be submitted to Resources Committee in June.

### 6. Recommendations

6.1 Members are asked to:

1. note the range of absence management support, including training currently being provided to managers and staff.
2. note the performance in relation to absence management and the need to ensure continuous improvement particularly in relation to craft employees and teachers
3. note the proposed future improvements to Occupational Health Service as

contained in 4.4 of the report and agree a detailed report will be submitted to the next Resources Committee regarding Occupational Health

Signature

Designation: Head of Personnel

Date 9 April 2009

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Scottish Councils	Percentage of days lost due to sickness for chief officers and local government employees	Percentage of days lost due to sickness for craft employees	Percentage of days lost due to sickness for teachers
	2007/2008	2007/2008	2007/2008
	Aberdeen City	5.4%	8.8%
Aberdeenshire	5.3%	6.6%	4.2%
Angus	5.5%	4.3%	4.7%
Argyll & Bute	5.6%	5.4%	3.2%
Clackmannanshire	5.1%	3.7%	3.5%
Dumfries & Galloway	6.1%	5.7%	5.3%
Dundee City	5.3%	6.0%	4.1%
East Ayrshire	6.4%	4.7%	3.7%
East Dunbartonshire	5.4%	5.4%	3.8%
East Lothian	4.9%	7.1%	3.9%
East Renfrewshire	5.7%	9.3%	2.7%
Edinburgh, City of	6.3%	6.9%	3.2%
Eilean Siar	4.0%	5.0%	2.5%
Falkirk	6.0%	8.8%	2.9%
Fife	5.5%	6.6%	3.7%
Glasgow City	6.4%	No Service	4.5%
Highland	5.0%	6.1%	4.0%
Inverclyde	5.7%	8.6%	3.7%
Midlothian	6.0%	7.7%	3.7%
Moray	4.5%	4.0%	4.7%
North Ayrshire	5.9%	5.9%	4.4%
North Lanarkshire	6.5%	12.9%	4.5%
Orkney Islands	6.0%	No Service	3.9%
Perth & Kinross	5.6%	6.6%	4.6%
Renfrewshire	5.8%	6.1%	4.4%
Scottish Borders	5.4%	3.9%	3.0%
Shetland Islands	6.8%	6.5%	4.8%
South Ayrshire	6.5%	5.4%	4.2%
South Lanarkshire	4.9%	6.1%	3.5%
Stirling	5.5%	4.7%	3.5%
West Dunbartonshire	5.9%	7.2%	4.0%
West Lothian	5.7%	7.4%	3.4%
<b>Scotland</b>	<b>5.8%</b>	<b>6.6%</b>	<b>3.9%</b>