

# HR Briefing 2018

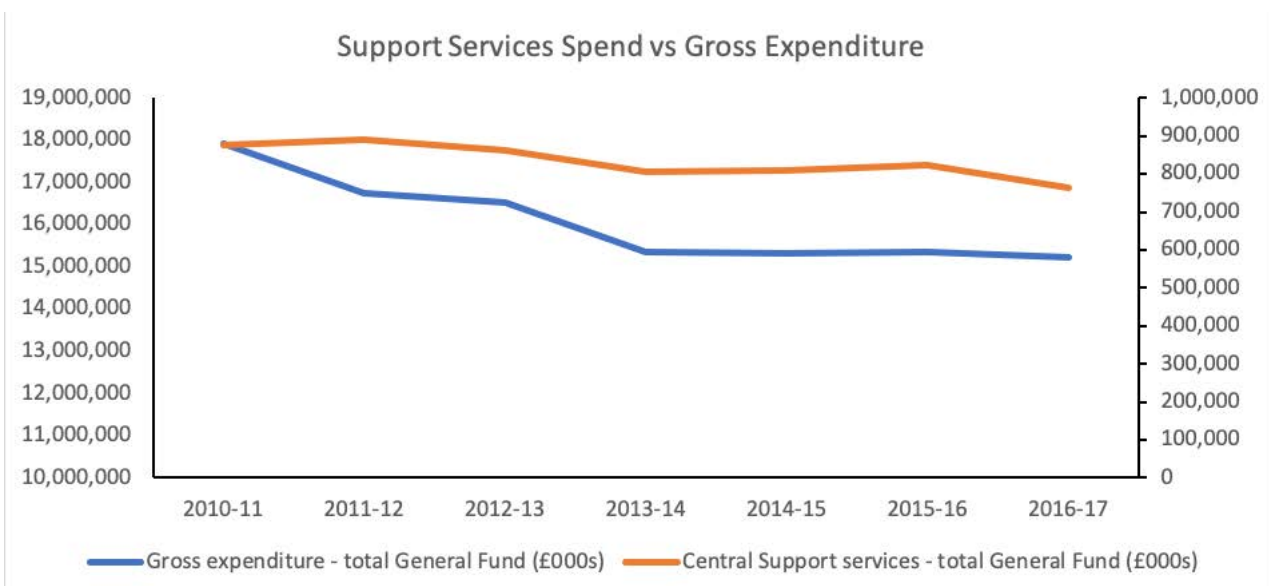
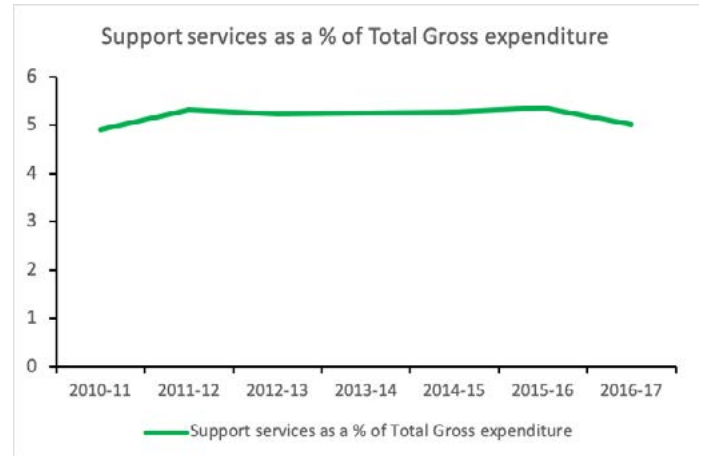
Human Resources is part of the Corporate Support Services within councils, covering a wide range of functions also including finance, corporate management, payroll, legal services and IT.

For standardisation purposes, support services are represented as a percentage of total gross revenue expenditure in the benchmarking framework. The figure has remained around 5% across the seven-year period. In 2016/17 the Scottish average was 4.92% compared to 4.89% in 2010/11, although there have been fluctuations across the period.

This briefing looks at local government trends over time for employee sickness absence, as well as the gender pay gap. It also highlights current practice and developments in Human Resources as discussed at our Benchmarking Event in June 2018.

## Support Service spend

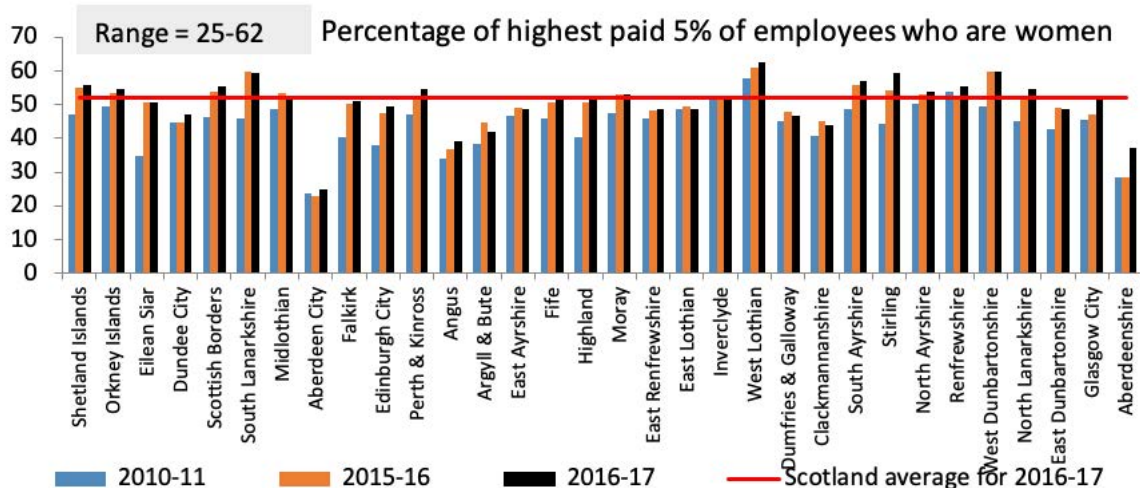
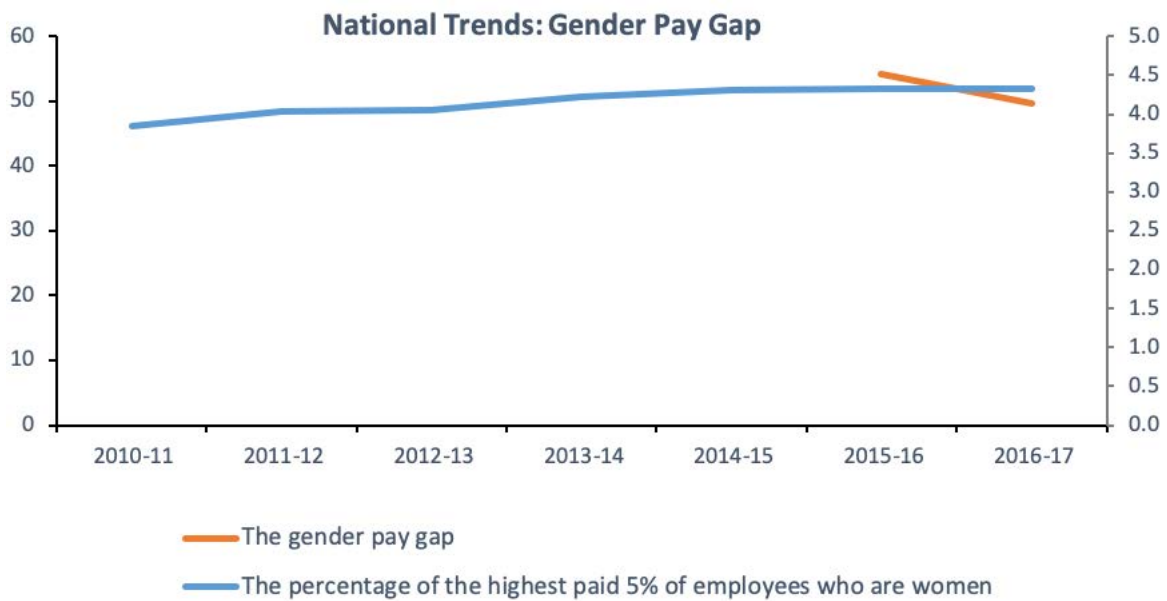
Although spend on support services and total revenue budget have reduced by similar proportions since 2010/11 (-13.9% and -14.4% respectively), year-on-year changes have not always been in parallel as the graph below shows. A significant element of the reduction in total general fund expenditure across the period was the removal of Police/Fire Services from local government in 2013/14. In terms of the reduction in the cost of support services, significant digital investment and increasing centralisation of support services may be important factors contributing to this trend. However, it is also possible an element of this increase is due to improved reporting following refined guidance from the Scottish Government in their financial return.



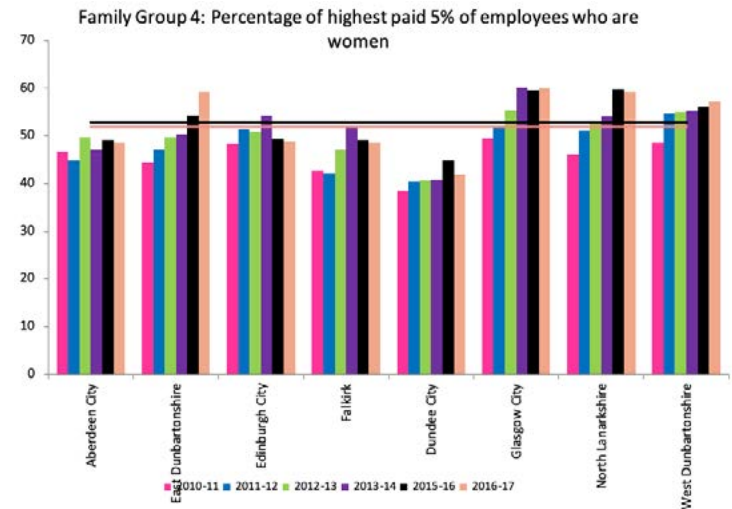
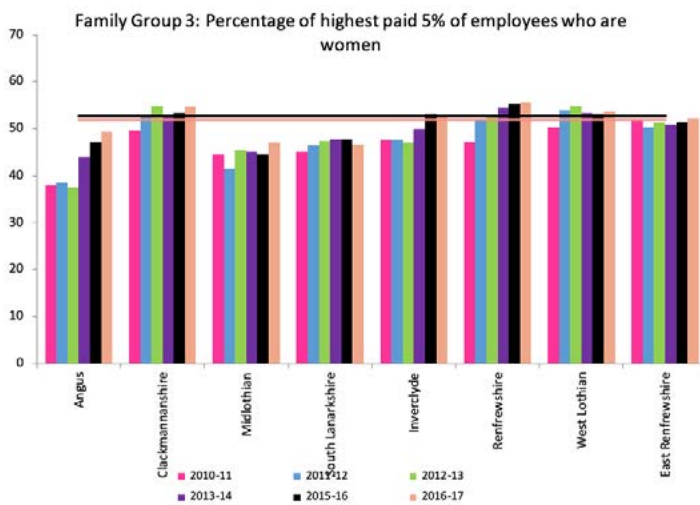
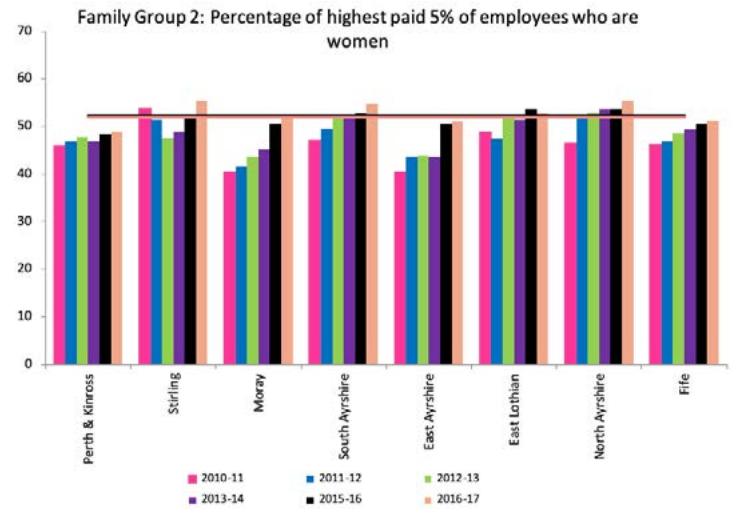
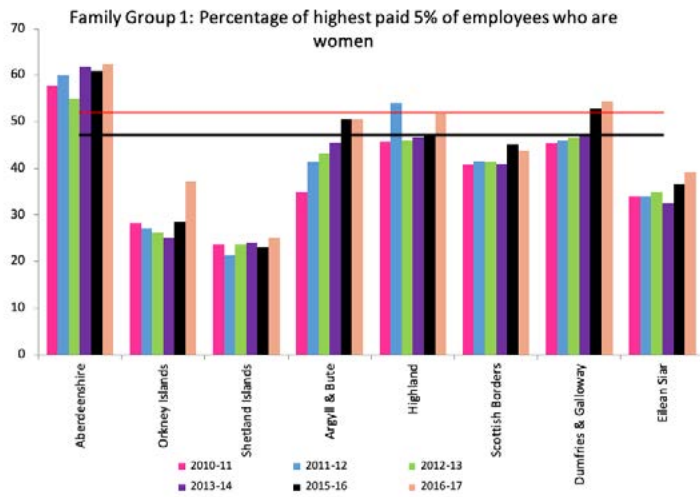
## Gender Equality

The percentage of women in the top 5% of earners in councils is a significant measure of the attempts by councils to ensure equal opportunity between genders. From 2010/11 to 2016/17 this has increased from 46.3% to 52.0%. The range across councils is from 25% to 62%.

While this is an important measure reflecting the progress that has been made in relation to gender equality in senior positions, there is a need to capture the progress being made across the wider workforce. As such, we have introduced a measure on the Gender Pay Gap which represents the difference between men's and women's earnings and is a key measure under the Public Sector Equality Duty. This measure takes the average (mean) hourly rate of pay (excluding overtime) for female employees and divides this by average (mean) hourly rate for male employees. Both part-time and full-time employees are included. This is only the second year of publication, and this measure will be subject to review and on-going development across the coming period. In 2016/17 the Gender Pay Gap was 4.14%, ranging from -7.0% to 13.7%. Those staff employed via arms-length organisations are not included within the calculation which will influence the variability observed and may be important in understanding the figures observed for Glasgow.



## Family Group Variation



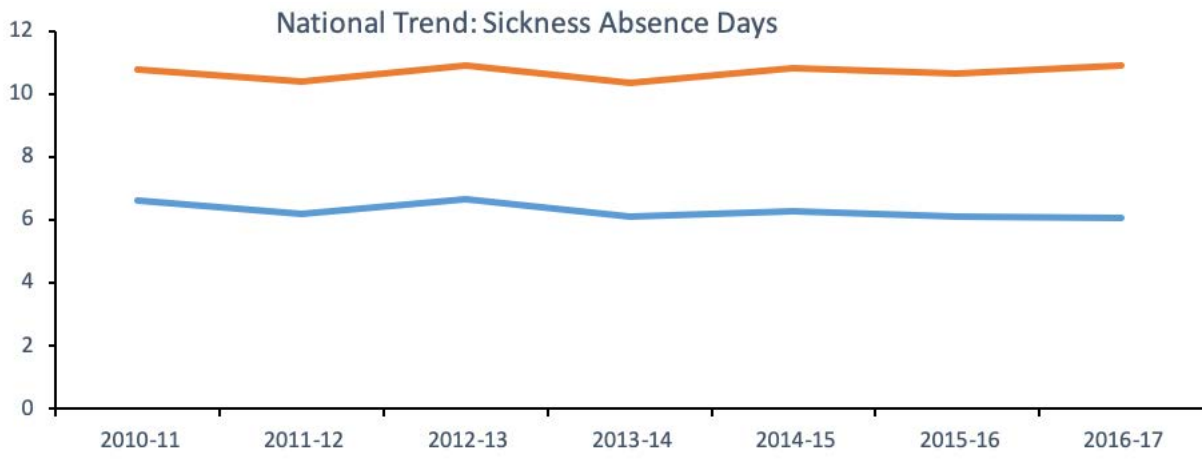
## Sickness Absence Rates

Continuing budgetary pressure on councils is influencing the evolving role of HR and corporate support in general within Local Government. While there has been no significant progress in tackling staff absence across the past 7 years, this needs to be interpreted against the pace and scale of restructuring that has taken place in Local Government in recent years, and understanding the impact of this change on the workforce. There is real concern over the high absence rates across homecare (23 days average). The driving factors for this are well rehearsed: an ageing workforce who are now doing a physically harder and more demanding job than previously, and who are facing ever increasing pressures around scheduling and time accountability.

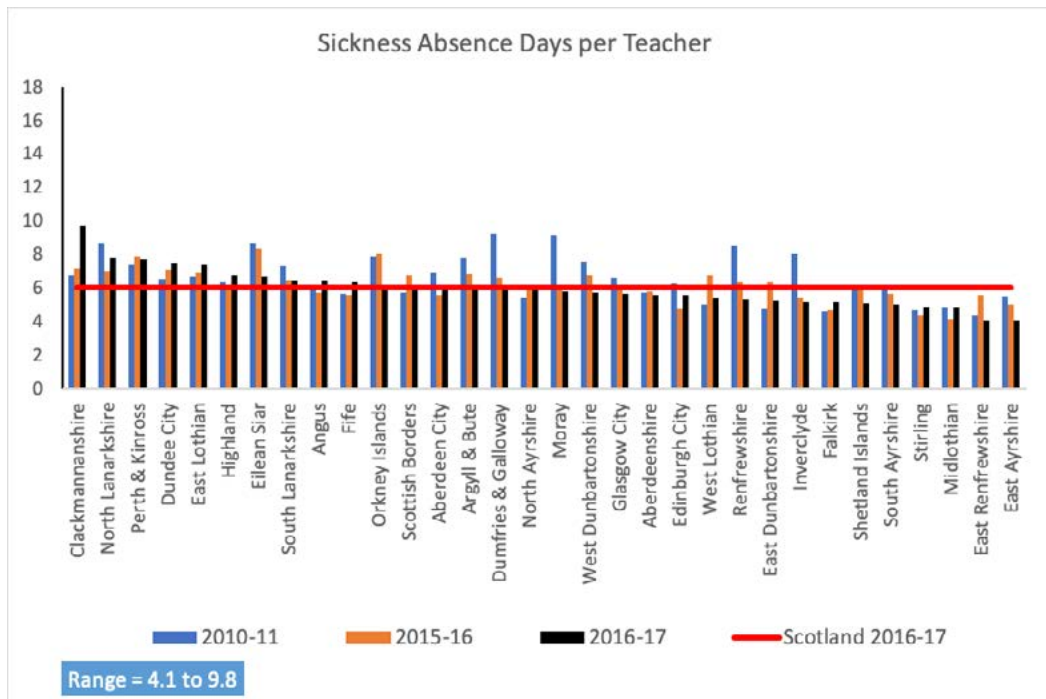
Sickness absence days for teaching staff have reduced by 8.2% since 2010/11 and has continued to decrease in the past 12 months. However, for non-teaching staff, sickness absence has increased since 2010/11, and by 2.7% in the past 12 months.

Although there have been fluctuations, overall sickness absence days for teaching staff have reduced from 6.60 days to 6.06 days since 2010/11 and from 6.09 days to 6.06 in the past 12 months. Sickness absence days for non-teaching staff are higher than those for teachers, and have increased slightly since 2010/11, from 10.8 days to 10.9 days. Although there have again been fluctuations during this period, there has been an increase from 10.6 days to 10.9 days in the past 12 months.

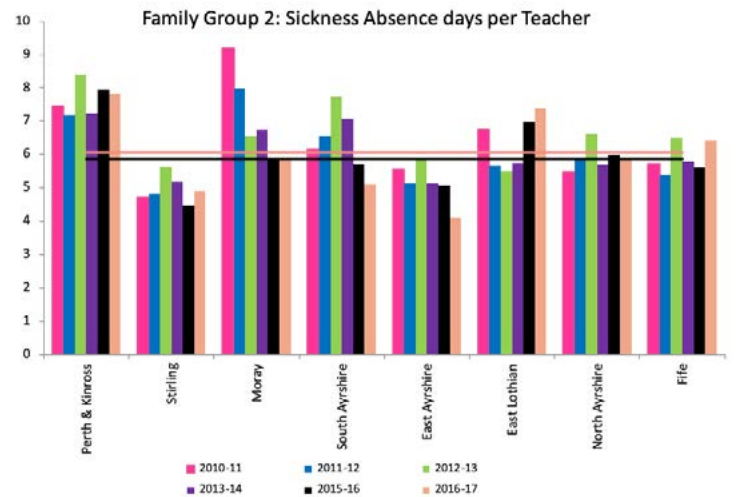
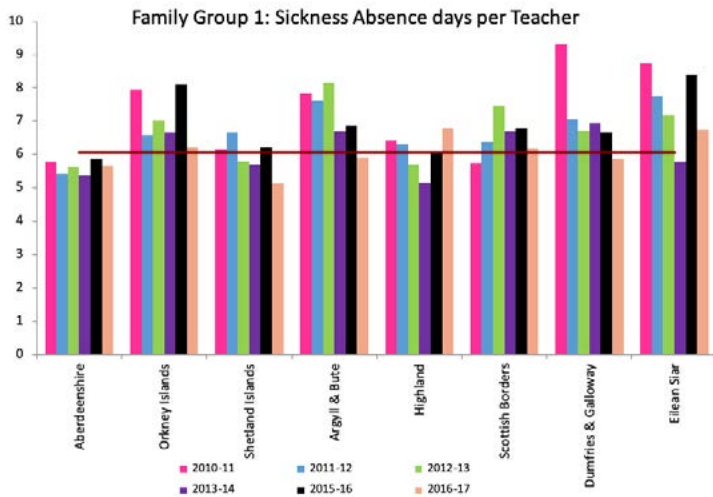
For teaching staff, the number of absence days ranges from 4.10 to 9.77, with rural authorities tending to report slightly higher levels (6.2 compared to 5.8). For non-teaching staff, the number of days range from 8.84 to 16.50 with analysis suggesting that the variation is systematically related to deprivation. Councils with higher levels of deprivation report higher absence rates (11.24 compared to 10.79 for areas with lowest deprivation).

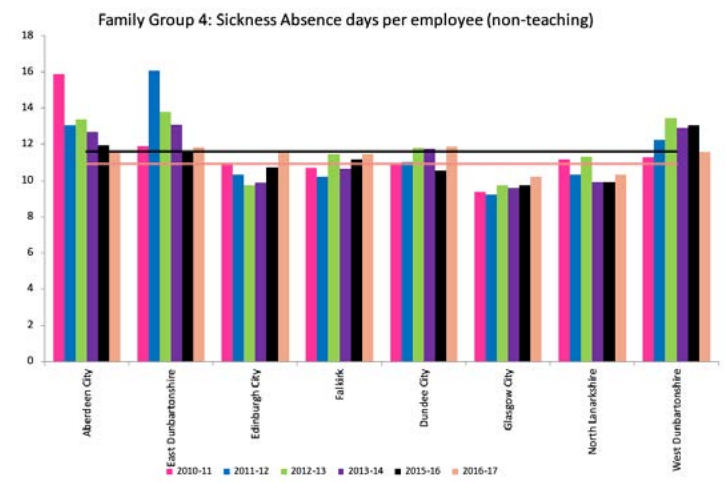
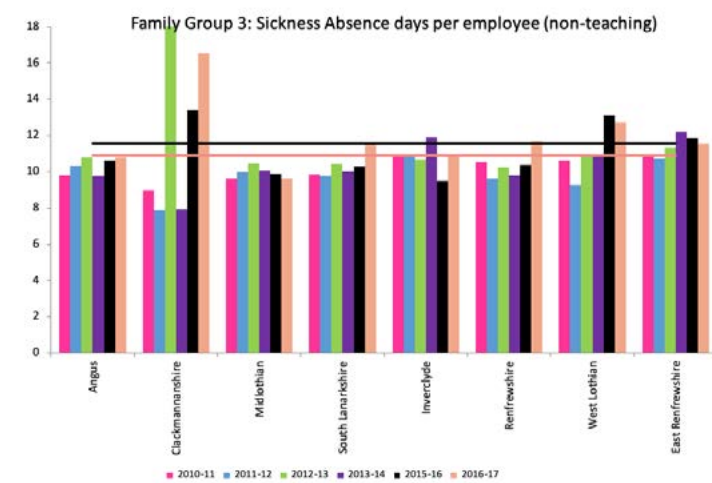
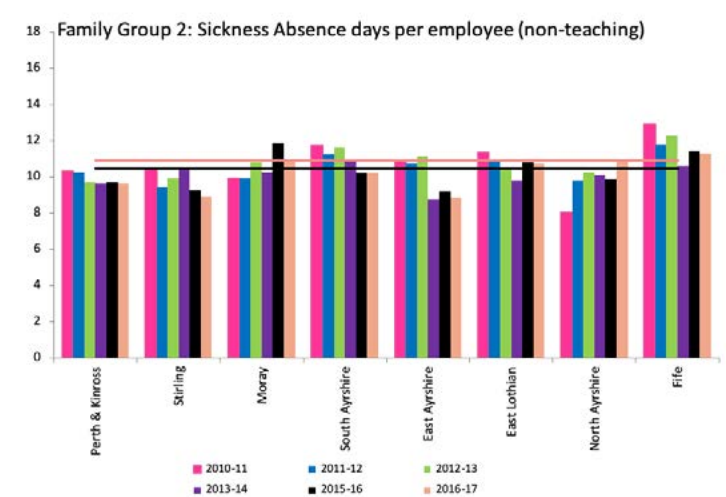
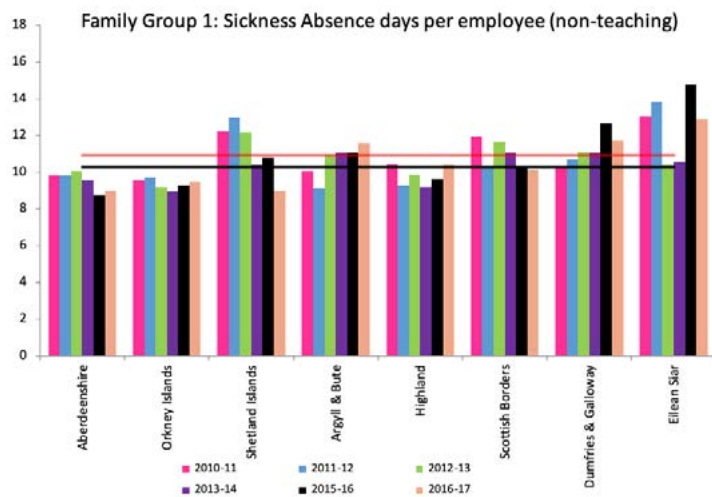
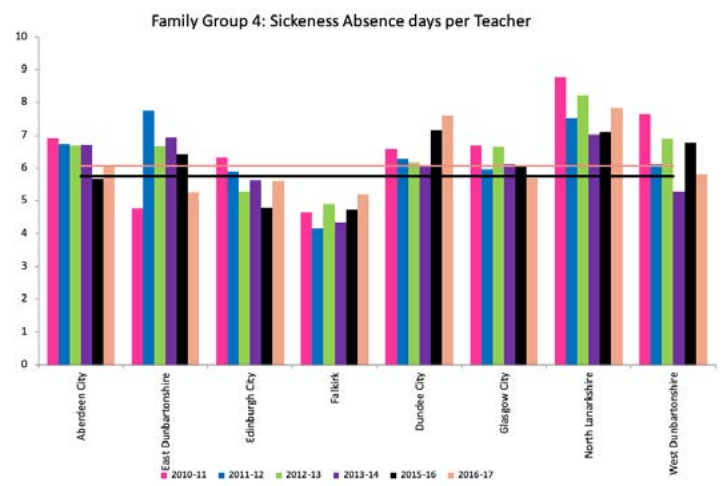
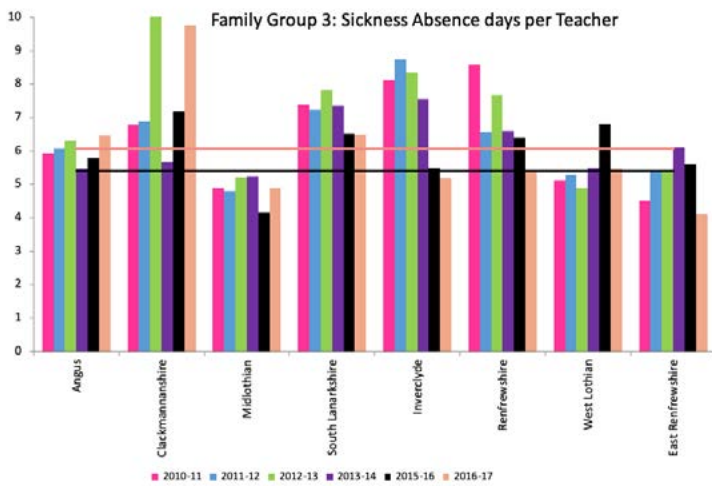


— Sickness Absence Days per Employee (non-teacher) — Sickness Absence Days per Teacher



### Family Group Variation





Work within Family Groups has identified the following factors as important in understanding the variation between authorities in sickness absence levels

- Workforce composition and age profile
- Priority given to performance management and business intelligence to support early intervention
- Strategic priority given to Health and Wellbeing initiatives
- Level of staff engagement and involvement
- Differences in Absence Management policy and procedures, including the point at which disciplinary intervention is triggered
- Level of flexible working practices
- Level and type of occupational health and counselling
- Level of resource dedicated to maximising attendance and managing absence

## Sharing Practice—2018 Benchmarking Event

The shape of HR services is changing but not in a uniform way. The approach taken is primarily determined by elected member buy-in and senior level commitment. Some Councils are opting for a 'spend to save' approach and are resourcing accordingly, while others are seeking to reduce their corporate HR function to achieve savings. Common themes across authorities are digital transformation and early intervention via health and wellbeing initiatives, but the extent to which each of these feature in local areas varies significantly.

Examples from the day:

### Prevention/ Early Intervention

Councils are taking steps towards creating a working environment where both physical and mental health are prioritised, and employee wellbeing is actively supported. This shift to a 'softer' approach focuses on being more people-centred. **East Lothian** have invested in activities to promote wellbeing at work, with a focus on tackling stress and depression through activities such as lunchtime walks, and social activities encouraging staff to have a 'buddy at work'. **East Ayrshire** achieved a Gold award in Healthy Working Lives; this is being built upon to create a legacy. An Employee Wellbeing Framework has been developed, focusing on wellbeing mainstreaming (similar to equality mainstreaming). People, rather than data, are at the heart of everything they do. The framework looks at how to successfully make the shift towards this, including how line managers can role model this behaviour. The Healthy Working Lives scheme has also been introduced in **West Lothian**. This includes training for managers on how to effectively support employee mental health, and to better understand what they can do in such situations. It was recognised that this type of scheme will help councils take a more preventative approach to issues around mental health, and to have earlier interventions which may help prevent long term absences. **Shetland** also adopted the Healthy Working Lives approach, both in mental and physical health. Their maximising attendance policy has been reframed around this approach, which now reflects a more caring vibe, and includes activities to create kinder workplaces and encourage friends at work. They also rewrote their Mental Health & Wellbeing policy to focus on cultural change needed. They registered for See Me @ Work programme focussing on reducing stigma around mental health and wellbeing and this will help identify areas for an action plan. **Perth & Kinross Council** continues to work with See Me Scotland in their ongoing commitment to being a mentally healthy employer. They are evaluating their progress and striving to achieve the next stage, the optimised level. Their employee survey around mental health has helped the council identify priorities to take forward.

As part of their recently launched 'Wellness in Midlothian' programme, **Midlothian Council** provide the opportunity for employees to look at all areas of their wellbeing and to promote a healthy lifestyle. This includes advice on diet, access to gym and leisure facilities, services to improve mental health, and money advice. They have engaged with local businesses who have been able to offer services or discounts for employees as part of this scheme.

**East Ayrshire** identified certain groups of workers who may be at 'high-risk', beginning with construction staff. Their 'WorkSafe' programme was initially implemented on-site to assess risks to health. This mobile, outreach approach has included health checks such as blood pressure tests, and mental health support. Over the five years this has been in place, staff wellbeing has improved. The next steps for this programme will involve rolling it out to other workers deemed 'high-risk'; these are likely to include Health and Social Care employees, who are more likely to be lone workers than individuals working in other service areas. In **South Lanarkshire**, a similar approach has been adopted and sees nurses engaging in outreach visits to take blood pressure and provide health checks to staff.

### Digital Transformation

There was a general discussion on the automation in terms of absence management, it was felt that this had provide some positives. For instance, in **Fife** when an employee is absent with a stress related illness, this automatically triggers a referral to a suitable support service.

It was discussed thought that discretion could be used more in some of these situations. For example, not triggering disciplinary letters to people off sick with certain illnesses that this may exacerbate and prolong the period of absence.

In **East Renfrewshire**, the HR team have adopted agile working, meaning that staff have been given laptops and smart phones and can work from a different locations outwith the traditional office setting. In addition, personnel files have been scanned and uploaded to a digital platform, but there are data protection issues that need to be resolved as the system does not automatically delete files that are out of date/no longer needed. Falkirk are hoping to use a similar system for their own files and are keen to learn from East Renfrewshire how this can be done.

## Use of data/ intelligence

**East Lothian** have made greater use of data/intelligence to make progress in improving gender equality and reducing the gender pay gap. The Single Status – job evaluation process was a key driver for this. Analysis of job applicant data highlighted that some roles were applied for by only males or females; in order to reduce the number of applicants who may have been self-restricting due to historically based gender defined roles, adverts were reworded and some roles were rebranded to make them more appealing to all genders. The job itself and whether it could be adjusted slightly to help cross over the divide and offer more of a mixture of tasks – e.g. janitor/domestic worker. The level of females applying for traditionally ‘male’ roles e.g. in Roads, Street Cleaning, has remained static. Where there are examples of this, this is actively promoted to the next generation, e.g. a female craft worker who does awareness raising outreach work in schools.

**East Lothian** have also used their People Report to identify spend on agencies and overtime, and splits by age/ gender etc. This is used with heads of service to ensure greater equality when decisions are being made. An ongoing positive relationship with unions helps to monitor overtime distribution and any differences between workforces.

**East Lothian** have a people reporting dashboard for each Service Manager and the Senior Management Team. It includes headcount, illness, team breakdown, and allows Service Managers and SMT to track illness ratings each month. This is used in HR conversations with services, and always point to one highlight and one lowlight. This dashboard is broader than absence and includes equalities data too. Also taking a dashboard approach are the **City of Edinburgh** Council where all managers are signed up, and able to view wider, overarching data such as number of people absent. Further analysis on this data allows it to be broken down into smaller data sets which are useful for managing absence levels.

**Perth** carried out analysis on the increasing absence trend. A dedicated resource in Education was funded to manage sickness cases, which had a positive impact. However, that funding has now come to an end. There is a shift towards supporting increased self-sufficiency in managers, meaning that resourcing for dedicated support roles has reduced.

## Policy & practice/ new ways of working / culture

**Fife** have introduced an Attendance Management Maturity Model (AMMM) approach to refresh their approach to absence management. This was developed in-house, working with Unison to build agreement and consensus, and to engage managers. The following structure was determined as ‘what good looks like’:

- 3 descriptors (Council, Manager, Employee);
- 4 topics (Health & Attendance; Physical Health; Mental Health; Health and Wellbeing);
- 5 Maturity levels (Ad Hoc, Reactive, Proactive, Engaged and Optimised)

The second phase was to build a picture of ‘where are we now’. This involved an AMMM self-assessment followed by Research Team analysis. Brief questionnaires were rolled out to services and front-line managers via business partners across each Directorate. It was key to ensure that they saw that the quality of discussion was the important thing in this process. Heriot Watt university were involved to strengthen the robustness and credibility of the analysis, including a behavioural model which focussed on 2 areas in particular – what influenced the individual decision to go off-sick, and what influenced the decision to return. This analysis produced a useful baseline re where the organisation is at and the publication of a ‘Being Well at Work Report’. Key conclusions were:

- AM achieved max levels possible through process alone

- AM process reduces absence but not return to work
- Not one size
- Need to head-off staff exhaustion, stress and overload
- Wellbeing has been focussed on negative aspects of attendance rather than positive aspects of good health
- Scope to be kinder
- Access to prevention through the promotion of physical activity, and mental well being

They have been successful in obtaining some funding from the CET to resource their 2-year corporate absence project, which started in April 2018. The key elements include:

- All line managers – difficult conversations skill development (ACAS course)
- Some customised Return to Work Forms (e.g. cancer)
- Mental Health First Aider network/Mentally Healthy workplace
- Re-profile counselling support (self-referral)
- First contact Nurse triage – pilot
- Increased Physical Activity (not HR led)

The CET have asked for the programme to be evaluated, for example evaluating the wellbeing training for front-line managers.

Many Councils are providing a range of services to promote employee wellbeing, with many of them focused on prevention of work-related ill health and the promotion of good health. However, there can be challenges around provision of these services; as uptake increases, a maximum threshold is reached which leads to a necessary reduction in service provision, often in the form of reducing the number of sessions offered. **East Ayrshire** encourage staff to take up offer of counselling and CBT; uptake of these services has been high, leading to a reduction from 6 sessions to 3. **Perth & Kinross** include physiotherapy as part of core contract for all staff as a preventative measure; with approximately 80% of referrals coming from in-work. They also have a full Employee Assistance Plan which includes debt-management advice, physiotherapy, and counselling – which has now been limited to 3 sessions.

**Stirling** Council have already rolled out MH First Aider training to HR, for managers and employees. **Stirling and Angus** have introduced a nurse triage system where staff phone in to a contact centre and are dealt with by a nurse/occupational health. Previously the information on the system was unreliable. This is most effective with short term absence and the involvement of a nurse has the medical knowledge/credibility to help to bust the myths. However, the critical point is that managers still have to follow up.

**West Lothian** also introduced a similar triage system. It didn't help with their absence because their main absence tends to be long term absence, but they found the data extremely helpful particularly because it is in real time

**East Ren** tried to introduce the triage system with homecare but found that staff didn't like phoning the helpline.

## Reducing the impact of unconscious bias

**East Ayrshire** are developing training in unconscious bias they can share with other councils. They are piloting with their Social Work SDS team around potential biases in the allocation of resources, they would like to roll this out corporately in the future.

**Fife** have training for Elected Members around unconscious bias. All Scottish Government staff involved in recruitment activity have to undertake unconscious bias training