

To: Joint Consultative Board (Non-Teaching)

On: 24 May 2023

Report by: Director of Finance and Resources

Heading: Absence Statistics – Quarter 4 22/23

1. Summary

- 1.1 The purpose of this report is to provide the Board with the absence information for the period 1 January to 31 March 2023.
- 1.2 During the period, Short- and Long-term absences continue to be exacerbated due to lengthier NHS treatment and medical intervention waiting times.
- 1.3 The report details the absence statistics by service and by category of staff. The report provides information in relation to absence targets and how services have performed against them. An analysis of the reasons for absence has also been compiled and details are included within the report.

2. Recommendations

- 2.1 It is recommended that the Board notes the content of this report.
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3. Background

- 3.1 The Audit Risk and Scrutiny Board agreed that absence levels will be reported on a quarterly basis. It was agreed that the report will include the following information relating to supporting attendance: -
 - Absence statistics broken down by service and category of staff.
 - Reasons for absence broken down by service and category of staff.
 - Progress made by services in relation to their supporting attendance action plans.








4. Sickness absence statistics for quarter 4 - 1 January to 31 March 2023.

- 4.1 A comparison of the council overall absence performance for the quarter (Q4) with the same quarter in 2022 is detailed in table 1. Table 2 details services performance. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of workdays lost per full time equivalent (FTE) employee.

Table 1 Council performance – Q4

Employee Group	Quarter Ending March 2022	Quarter Ending March 2023	Variance +/- year on year
Local Government	3.63	4.16	+0.53 
Teachers	2.15	2.72	+0.57 
Council Overall	3.24	3.79	+0.55 

4.2 **Table 2** Service performance - Q4

Service	Quarter Ending March 2022	Quarter Ending March 2023	Variance +/- year on year
Chief Executives	1.97	0.97	- 1.0 
Childrens Services	3.12	3.89	+0.77 
Communities and Housing Services	3.20	3.90	+0.70 
Environment and Infrastructure	3.50	3.80	+0.30 
Finance & Resource Services	2.24	2.38	+0.14 
Renfrewshire Health and Social Care Partnership	4.69	5.47	+0.78 
Council Overall	3.24	3.79	+0.55 
Council Overall Target	2.60	2.60	n/a

5. Sickness absence targets analysis for Quarter 4.

- 5.1 The local government employee absence level of 4.16 days lost per FTE employee is **1.56 days above** the council target of 2.60 days.
- 5.2 In addition, the teacher absence level of 2.72 days lost per FTE employee is **1.18 days above** the council target of 1.54 days.
- 5.3 The council has recorded an overall absence rate of 3.79 days lost per FTE employee, which is **1.19 days above** the council target of 2.60 days.

6. Sickness absence reasons and related support measures during Quarter 4.

- 6.1 The main sickness absence reasons, and their total of the overall absences expressed as a percentage, across the council, during this quarter were:
- Psychological 29.5%
 - Respiratory 18.9%
 - Muscoskeletal 17.6%
 - Stomach/bowel/blood and metabolic disorders 15%
- 6.2 To support employees with psychological absences, the council provides a range of support services that employees can be referred to at an early stage for assistance, such as the council's Occupational Health Service and the Time for Talking employee counselling service.
- 6.3 The Time for Talking (TFT) counselling service provides 24-hour confidential support to employees with a range of personal health and well-being issues. It operates a flexible approach to appointments offering consultations in the early mornings or evenings as well as throughout the day. **22.9%** of the sessions were face to face, **25.7 %** were by secure video call and **51.4%** were by telephone.
- 6.4 **326** sessions were offered by TFT during quarter 4 of which 83% were attended. 82% of the staff attending felt significantly better after their sessions. The main presenting issues are detailed below:



Personal

Stress/anxiety/depression
Family Relationships
Change



Work & Personal

Stress/anxiety
Demands



Work related

Change
Demands
Roll

- 6.5 Stress risk assessments are undertaken to support employees who have identified stress as having an impact on their wellbeing. An action plan is agreed and undertaken at a local level with the specialist support from HR and OD.
- 6.6 HR and OD work in collaboration with NHS colleagues, to offer safeTalk and ASIST courses on suicide awareness and prevention as well as anxiety awareness courses. We also promote the "Doing Well" service which supports employees with depression and low moods.
- 6.7 HR and OD have been working with the mental health first aiders (MHFAs) across the council. A forum has been set up and further training is in the process of being

organised. MHFAs can play a significant part by supporting or sign posting an individual who may be experiencing mental ill health.

- 6.8 The Physiotherapy service supports employees with Muscoskeletal and Joint Disorder conditions through the council's Occupational Health Service. The service has continued to be provided throughout the quarter using secure face to face appointments, video conferencing and telephone consultations. Employees will receive an appointment within 10 days, following a referral.
- 6.9 The council's usage of the Occupational Health Service (OHS) for Q4 was **1025** appointments. OHS provides advice and guidance on the impact of ill health on work and what steps the council and/or the employee may make to secure a return to work.

Appointment referral type	Number	Main types of issues
Wellbeing	354	CBT/DBT/Physiotherapy
Management	506	Various health issues
Health surveillance	165	Audio/ Hand arm vibration

7. Measures to support attendance at work

- 7.1 A number of measures continue to be progressed to support attendance at work, including the following: -
- HR and Organisational Development (OD) continue to develop a health and well-being strategy that will be launched later this year.
 - HR and OD have been working with service management teams to focus upon the absence data and look at interventions to support their staff. The biggest focus has been on the reduction of longer-term cases.
 - HR and OD have been promoting the employee benefits scheme, which includes cycle to work. This may encourage employees to become active and healthier, which may help reduce spells of absence.
 - HR and OD have been working with the corporate procurement team to change the current employee counselling contract into an employee assistance scheme. This will allow for other types of support and therapies to be made available to those suffering from mental ill health.
 - We continue to actively manage our OH provision. We will ensure that we continue to fully utilise all the available resource to support our staff who are off sick as well as those who are returning to the workplace either with an ongoing condition or are in recovery.
 - The council offered the flu vaccine out to all staff not covered under the criteria for an inoculation from the NHS. We worked with our OH provider from October 2022 and the last of the sessions were delivered in January 2023. We offered vouchers for

those who could not attend in person. As part of this programme, we collaborated closely with our partner organisations (One Ren, RVJB and Scotland Excel) to offer to their staff too.

- As part of the council's health and safety management system, occupations which include manual handling activities as part of the role, require task risk assessments. These risk assessments are reviewed on an ongoing basis to ensure that safe working practices are maintained.
- We continue to review our statutory and mandatory training courses. Included in the review is the suitability of the moving and handling training courses for people movement and manual handling training for objects.

Implications of this Report

- 1 **Financial Implications** - Improvement in attendance impacts on the financial costs of absence.
- 2 **HR and Organisational Development Implications** - HR and Organisational Development Practitioners will continue to work with service managers and consult with the Trade Unions, on the implementation of the Supporting Attendance at Work Policy and Guidance and initiatives detailed in this report.
- 3 **Community Planning**

Children and Young People - none.

Jobs and the Economy - none.

Community care, health, and wellbeing - provides for continuous improvement in health and attendance.

Safer and Stronger - provides for improved service performance across the Council.

Greener - none.

Empowering our communities - none.
- 4 **Legal Implications** - none.
- 5 **Property/Asset Implications** - none.
- 6 **Information Technology Implications** - none.
- 7 **Equality and Human Rights Implications** - none.
- 8 **Health and Safety Implications** - it is integral to the Council's aim of securing the health and well-being of employees.
- 9 **Procurement Implications** - none.

- 10 **Risk Implications** - Without continued effective supporting attendance focus, there is a risk that sickness absence levels will adversely impact on the Council both financially and in terms of service delivery. Consequently, supporting attendance activities are monitored via the Corporate Risk Register.
- 11 **Privacy Impact Implications** - none.
12. **Cosla Policy Position** – none
13. **Climate Risk** - none

List of Background Papers - none.

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