

To: Joint Consultative Board (Non-Teaching)

On: 2nd February 2022

Report by: Acting Director of Finance and Resources

Heading: Absence Statistics – Quarter 2 and Quarter 3 of 2021/22

1. Summary

- 1.1 The purpose of this report is to provide the Board with absence monitoring information for quarter 2 ending 30th September 2021 and for quarter 3 ending 31st December. The report highlights the continued support in place for employees in response to the Coronavirus (Covid-19) pandemic.
- 1.2 The council has continued to follow Government guidance throughout the pandemic, and this has contributed to a reduction in short term absence with fewer people circulating socially and within workplaces. Working from home continues to reduce the opportunity for transmission, particularly as a result of not having to commute as well as the vaccination programmes impact on suppressing the virus.
- 1.3 The council continues to support those employees on longer term absences, particularly where the absence has been impacted by delayed or postponed medical interventions.

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 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 Quarter 2, ending September 2021

4.1 A comparison of service and council overall absence performance for quarters ending September 2020 and September 2021 is detailed in table 1 (including covid) below and table 2 (without covid), which is on the following page. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of work days lost per full time equivalent (FTE) employee.

Table 1: Q2 Year on year service and council absence performance with covid















Service	Quarter Ending September 2020	Quarter Ending September 2021	Variance +/- year on year
Chief Executives	1.43	1.52	+0.09 
Childrens Services	1.52	2.22	+0.70 
Communities and Housing Services	2.09	3.04	+0.95 
Environment and Infrastructure	3.99	4.03	+0.04 
Finance & Resource Services	2.15	1.86	-0.29 
Renfrewshire Health and Social Care Partnership	3.05	5.41	+2.36 
Council Overall	2.50	2.93	+0.43 
Council Overall Target	2.10	2.10	n/a

Table 2: Q2 year on year service and council absence performance without covid:

Service	Quarter Ending September 2020	Quarter Ending September 2021	Variance +/- year on year
Chief Executives	1.43	1.34	-0.09 
Childrens Services	1.52	1.97	+0.45 
Communities and Housing Services	2.09	2.56	+0.47 
Environment and Infrastructure	3.99	3.82	-0.17 
Finance & Resource Services	2.15	1.51	-0.64 
Renfrewshire Health and Social Care Partnership	3.05	5.23	+2.18 
Council Overall	2.50	2.67	+0.17 
Council Overall Target	2.10	2.10	n/a

5. Sickness absence analysis and trends – Quarter 2

- 5.1 The following tables detail the workdays lost due to absence by employee group for the quarter: including non-teaching employees, teachers, and council overall

Table 3: Q2 Year on year employee group and council absence performance with covid







Employee Group	Quarter Ending September 2020	Quarter Ending September 2021	Variance +/- year on year
Non-Teaching	3.03	3.59	+0.56 
Teachers	0.84	1.01	+0.17 
Council Overall	2.50	2.93	+0.43 

Table 4: Q2 Year on year employee group and council absence performance without covid

Employee Group	Quarter Ending September 2020	Quarter Ending September 2021	Variance +/- year on year
Non-Teaching	3.03	3.32	+0.29 
Teachers	0.84	0.79	-0.17 
Council Overall	2.50	2.67	+0.17 

6. Sickness absence targets analysis – Quarter 2

- 6.1 non-Teaching employee absence level of 3.59 days lost per FTE employee is **1.49 days above** the council target of 2.10 days, but if covid absences are removed, this equates to 3.32 days lost per FTE which is **1.22 days above** the council target.
- 6.2 In addition, the Teacher absence level of 1.01 days lost per FTE employee is **0.12 days below** the council target of 1.54 days, but if covid absences are removed, this equates to 1.35 days lost per FTE which is **0.19 days below** the council target.
- 6.3 The Council has recorded an overall absence rate of 2.93 days lost per FTE employee, which is **0.83 days above** the council target of 2.10 days, but if covid absences are removed, this equates to 2.67 days lost per FTE which is **0.57 days above** the council target.

7 Sickness absence statistics Quarter 3 ending December 2021

- 7.1 A comparison of service and council overall absence performance for quarters ending December 2020 and December 2021 is detailed in table 5 (including covid) and table 6 (without covid), which are on the following page. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of work days lost per full time equivalent (FTE) employee.

Table 5: Q3 Year on year service and council absence performance with covid















Service	Quarter Ending December 2020	Quarter Ending December 2021	Variance +/- year on year
Chief Executives	1.55	1.78	+0.23 
Childrens Services	3.09	3.33	+0.24 
Communities and Housing Services	3.23	4.43	+1.20 
Environment and Infrastructure	3.93	4.30	+0.37 
Finance & Resource Services	2.47	2.38	-0.09 
Renfrewshire Health and Social Care Partnership	3.84	5.31	+1.47 
Council Overall	3.25	3.64	+0.39 
Council Overall Target	2.80	2.80	n/a

Table 6: Q3 Year on year service and council absence performance without covid

Service	Quarter Ending December 2020	Quarter Ending December 2021	Variance +/- year on year
Chief Executives	1.55	1.37	-0.18 
Childrens Services	3.09	3.07	-0.02 
Communities and Housing Services	3.23	3.89	+0.66 
Environment and Infrastructure	3.93	4.01	+0.08 
Finance & Resource Services	2.47	2.02	-0.45 
Renfrewshire Health and Social Care Partnership	3.84	5.05	+1.21 
Council Overall	3.25	3.35	+0.10 
Council Overall Target	2.80	2.80	n/a

8. Sickness absence analysis and trends – Quarter 3

- 8.1 The following tables detail the workdays lost due to absence by employee group for the quarter: including non-teaching employees, teachers, and council overall

Table 7: Q3 Year on year employee group and council absence performance with covid







Employee Group	Quarter Ending December 2020	Quarter Ending December 2021	Variance +/- year on year
Non-Teaching	3.46	4.16	+0.70 
Teachers	2.62	2.19	-0.43 
Council Overall	3.25	3.64	+0.39 

Table 8: Q3 Year on year employee group and council absence performance without covid

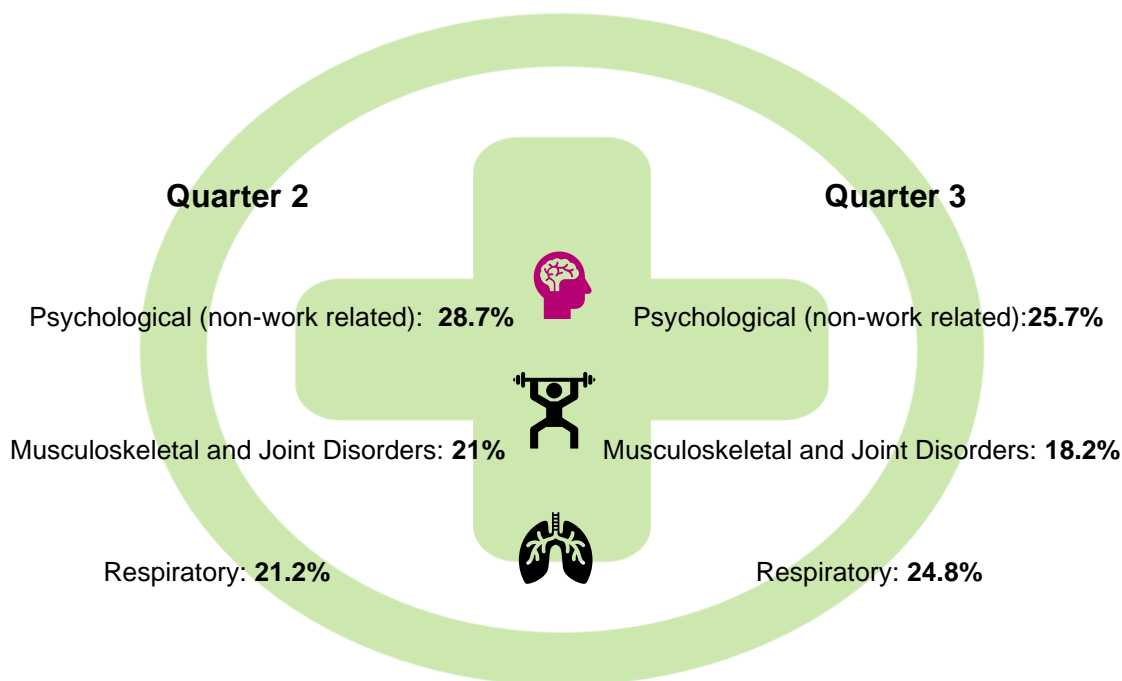
Employee Group	Quarter Ending December 2020	Quarter Ending December 2021	Variance +/- year on year
Non-Teaching	3.46	3.81	+0.35 
Teachers	2.62	2.07	-0.55 
Council Overall	3.25	3.35	+0.10 

9. Sickness absence targets analysis – Quarter 3

- 9.1 non-Teaching employee absence level of 4.16 days lost per FTE employee is **1.36 days above** the council target of 2.80 days, but if covid absences are removed, this equates to 3.81 days lost per FTE which is **1.01 days above** the council target.
- 9.2 In addition, the Teacher absence level of 2.19 days lost per FTE employee is **0.65 above** the council target of 1.54 days, but if covid absences are removed, this equates to 2.07 days lost per FTE which is **0.53 days above** the council target.
- 9.3 The Council has recorded an overall absence rate of 3.64 days lost per FTE employee, which is **0.84 days above** the council target of 2.80 days, but if covid absences are removed, this equates to 3.35 days lost per FTE which is **0.55 days above** the council target.

10. Sickness absence reasons and related support measures during quarters 2 and 3.

10.1 The main sickness absence reasons presented and their percentage contribution by quarter are:



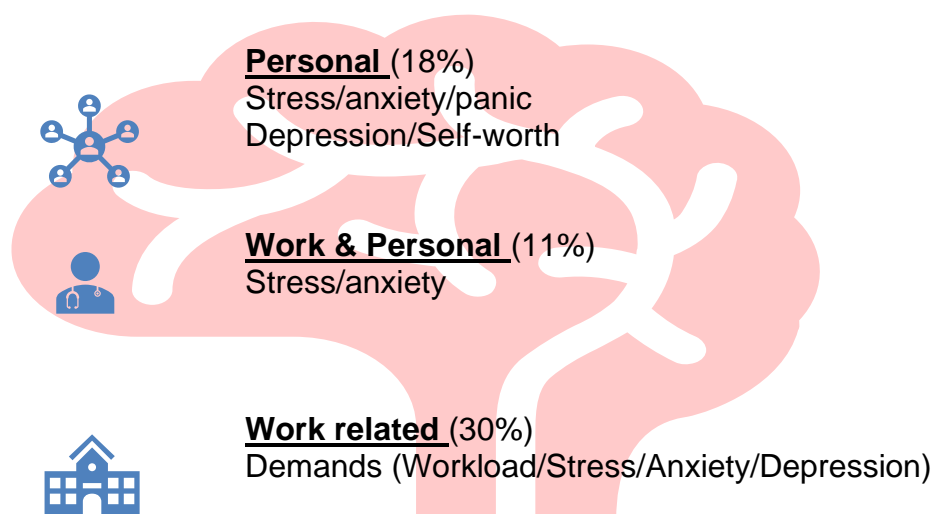
10.2 Psychological (non-work related), Musculoskeletal and Joint Disorders and Respiratory remain the top presenting reasons.

10.3 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.

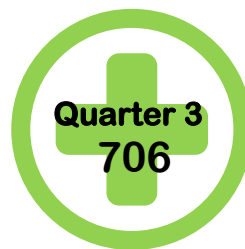
10.4 Through the Occupational Health Service, employees can access Cognitive Behavioural Therapy (CBT) for more complex psychological issues.

10.5 The Time for Talking counselling service provides confidential support to employees with a range of personal health and well-being issues. It operates a flexible approach to appointments offering telephone consultations in the early mornings or evenings as well as throughout the day. As part of the Covid-19 control measures, the face-to-face service was temporarily suspended in line with UK Government's guidance and is currently operated through secure video conferencing and telephone consultations.

- 10.6 For quarters 2 and 3 there were a **total of 519** appointments supported by the Time for Talking counselling service. The 3 main presenting reasons are **personal, work, and personal and work**. (Which are expressed below as a % of all overall referrals):



- 10.7 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.
- 10.8 HR and OD work in collaboration with the NHS Choose Life Team, who offer safeTalk and ASIST on suicide awareness and prevention. Additionally, work continues with NHS colleagues to promote the “Doing Well” service which supports employees with depression and low moods.
- 10.9 The Physiotherapy service supports employees with Muscoskeletal and joint disorder conditions through the Council’s Occupational Health Service. As part of the coronavirus (Covid-19) control measures, the face-to-face service was temporarily suspended until September in line with UK Government’s coronavirus (Covid-19) guidance. However, the service has continued to be provided throughout the period using secure video conferencing and telephone consultations.
- 10.10 For quarters 2 and 3 there were a **total of 1,479** appointments arranged through the Occupational Health Service, this includes management referrals and wellbeing referrals. The graphics below detail the referrals per quarter:



11. Coronavirus (Covid 19)

- 11.1 Covid19 sickness absence continues to be monitored through a dedicated team within HR and OD and reported to the Corporate Management Team daily. The team work closely with our colleagues in public health and monitor the impact of test and protect within our schools and workplaces.
- 11.2 The HR and OD team have been working collaboratively with all key stakeholders, including the Trades Unions, across the council to ensure that any activities being undertaken, especially by key workers, are in line with any changes to the guidance or legislation as it has emerged.
- 11.3 A key continued priority for the council is protecting the mental health and wellbeing of the workforce. The HR and OD team, working closely with the communications and marketing service, regularly engage with the workforce to provide access to a wide range of mental health and wellbeing support and services.
- 11.4 The corporate personal protective equipment group continues to ensure that stocks of PPE are maintained at a reasonable level and are available for all those who require it. The group monitors new and emerging guidance to manage impact and ensure resilience.
- 11.5 The team continue to implement updated Government guidance, reflecting changes to local policy where necessary. This includes the ways in which those who are currently working from home can apply practical solutions to ensure they are working safely, including display screen equipment or the type of office equipment they require. The health and safety team continue to offer virtual assessments and advice to support everyone with their set up. Employees with existing medical conditions are offered additional support from Occupational Health.

12. Measures to support attendance at work

- 12.1 A number of measures being progressed to support attendance at work, include the following: -
 - HR and OD, working closely with Occupational Health, embarked upon the employee seasonal flu vaccination programme. This will continue until the end of January 2022.
 - The corporate absence review group, which consists of senior managers, are currently reviewing all of the current supporting attendance policies and processes.
 - We are in the process of renewing the Occupational Health and Employee Counselling contracts with a view to developing a robust employee assistance programme. This involves collaboration with the key stakeholders across the council and trades unions.

- HR and OD and the Business World Team are working to improve the absence information available to managers, and to streamline supporting attendance related processes to facilitate prompt absence reporting, recording, and updating of relevant systems.
- Increased frequency of reporting sickness absence information to the Corporate Management Team and Absence champions. This will assist to help develop supportive strategies and interventions that will enable employees to be supported back to work.
- In collaboration with the communications and marketing service, regular information and guidance continues to be issued, particularly around well-being issues as we move through the stages of the Scottish Government's recovery route map.

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
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List of Background Papers - none.

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