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**To:                Audit, Risk and Scrutiny Board**

**On:                22<sup>nd</sup> March 2021**

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**Report by:    Director of Finance and Resources**

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**Heading:      Absence Statistics – Quarter 3 of 2020/21**

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## **1.      Summary**

- 1.1    The purpose of this report is to provide the Audit, Risk and Scrutiny Board with absence monitoring information. This report provides the absence information for the quarter 3 ending 31<sup>st</sup> December 2021. The report also highlights the continued support in place for employees in response to the Coronavirus (Covid-19) pandemic and highlights the steady improvements in performance by all services in this quarter.
- 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. A significant increase of those working from home has reduced the opportunity for transmission, particularly as a result of not having to commute.
- 1.3    The strong sense of community and commitment reflected in the workforce ethos to continue to deliver essential services during such an unprecedented time, has undoubtedly reduced short term absence to some degree.

## **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 3 ending December 2020.

4.1 A comparison of service and council overall absence performance for quarters ending December 2019 and December 2020 is detailed in the table 1 below. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of workdays lost per full time equivalent (FTE) employee. The table clearly demonstrates the improved performance by all services compared to the corresponding quarter in the previous year.

4.2 **Table 1: Q3 Year on year service and council absence performance:**











Service	Quarter Ending December 2019	Quarter Ending December 2020	Variance +/- year on year
Chief Executives	2.50	1.55	-0.95 
Childrens Services	3.32	3.09	-0.23 
Communities, Housing and Planning Services	3.69	3.23	-0.46 
Environment and Infrastructure	4.86	3.93	-0.93 
Finance & Resource Services	2.56	2.47	-0.09 
Renfrewshire Health and Social Care Partnership	4.39	3.84	-0.55 
Council Overall	3.65	3.25	-0.40 
Council Overall Target	2.80	2.80	n/a

Table 2 details the workdays lost due to absence by employee group for the quarter and again highlights the councils improved performance within the employee reporting groups as defined by the Improvement Service.

**Table 2: Q3 Year on year employee group and council absence performance**

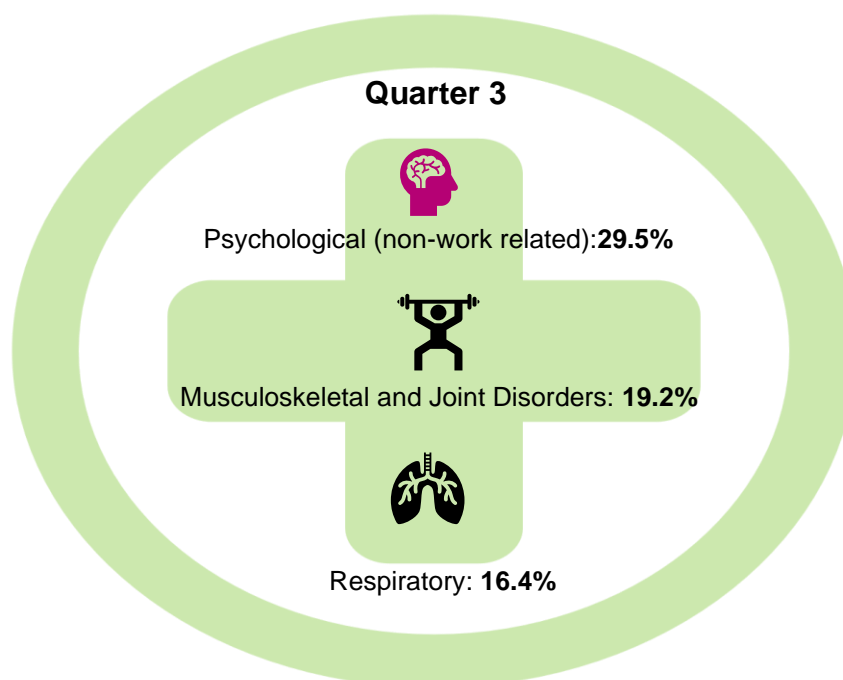
Employee Group	Quarter Ending December 2019	Quarter Ending December 2020	Variance +/- year on year
Local Government	3.94	3.46	-0.48 
Teachers	2.68	2.62	-0.06 
Council Overall	3.65	3.25	-0.40 

## 5. Sickness absence targets analysis – Quarter 3

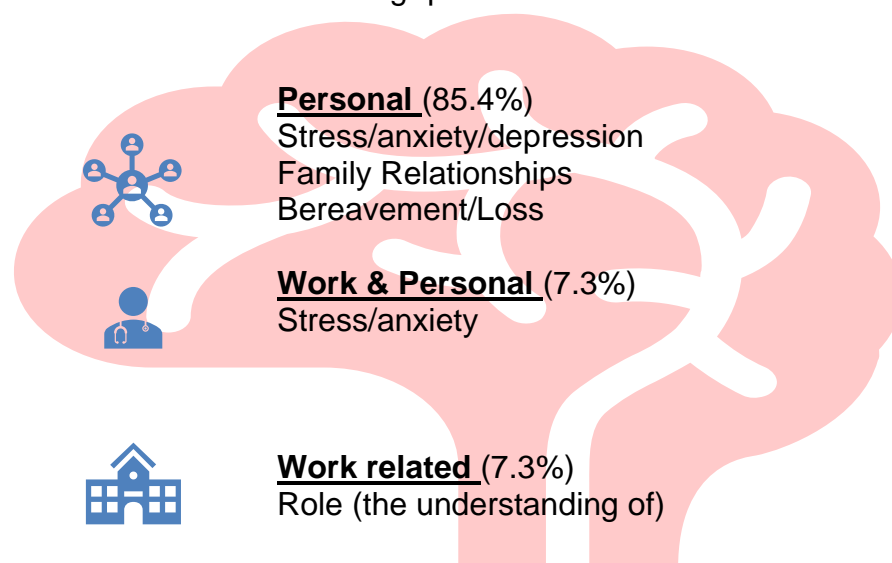
- 5.1 The Council has recorded an overall absence rate of 3.25 days lost per FTE employee, which is **0.45 days above** the target figure of 2.80 days.
- 5.2 In addition, the Teacher absence level of 2.62 days lost per FTE employee is **1.08 days above** the target of 1.54 days.
- 5.3 Local Government employee absence level of 3.46 days lost per FTE employee is **0.63 days above** the target of 2.80 days.

## 6. Sickness absence reasons and related support measures during quarter 3.

- 6.1 The main sickness absence reasons across the council presented and their percentage contribution in this quarter are:



- 6.2 Psychological (non-work related), Musculoskeletal and Joint Disorders remain the top two reasons, Respiratory replaced Stomach / Bowel /Blood and Metabolic Disorders as the third top presenting issue compared to the previous year.
- 6.3 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.
- 6.4 Through the Occupational Health Service, employees can access Cognitive Behavioural Therapy (CBT) for more complex psychological issues.
- 6.5 The Time for Talking (TFT) 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.
- 6.6 Referrals made to TFT during quarter 3 are detailed below:



- 6.7 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.
- 6.8 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.

- 6.9 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 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.
- 6.10 The Council's usage of the Occupational Health Service is detailed below:



The types of presenting issues to the OH team over the quarter were: Muscoskeletal and back problems, stress and anxiety, asthma, and heart/cardio.

We continue to provide support for those employees who were deemed “clinically at risk” (formerly shielding) and those with an underlying health condition to get them safely back in to the workplace or support them from working from home, using our Covid age risk assessment document in conjunction with the occupational health service to provide professional medical guidance on the safety measures to be applied.

## **7. Coronavirus (Covid 19)**

- 7.1 Covid19 sickness absence is 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.
- 7.2 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.
- 7.3 A key 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. This has included; development of a wellbeing hub on the council

website for all employees to access; enhancements to the staff counselling service to include specialist Post Traumatic Incident support for employees affected by COVID-19; mental health awareness training for managers and supervisors updated and promoted widely through the wellbeing hub.

- 7.4 The dedicated helpline has been set up by the Occupational Health provider so that employees can call to discuss any Covid 19 health-related and continues to be operational.
- 7.5 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. Brexit has not adversely affected supplies and the group will continue to monitor this position closely.
- 7.6 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.

## **8. Measures to support attendance at work**

- 8.1 A number of measures being progressed to support attendance at work, include the following: -
- HR and OD, working closely with Occupational Health, delivered a successful employee seasonal flu vaccination programme. To date, there have been over 1700 vaccines allocated to school-based employees and 4000 vouchers offered to all employees across the council.
  - The review of the current supporting attendance policies covering all employees, including teachers continues. Meetings have taken place with the respective Trade Unions to ensure this is a fully collaborative process.
  - 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.
  - 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 revised recovery route map.

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### **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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