

To: Audit, Risk and Scrutiny Board

On: 18 March 2024

Report by: Director of Finance and Resources

Heading: Absence Statistics – Quarter 3 of 2023/24.

1. Summary

- 1.1 The purpose of this report is to provide the Audit, Risk and Scrutiny Board with the absence information for the period 1 October 2023 to 31 December 2023.
- 1.2 Longer term absences continue to be impacted due to lengthier 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 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 3 – 1 October 2023 to 31 December 2023 overview.

4.1 The main presenting issues and their percentage of the overall absence percentages for the period were:

- Psychological (26%)
- Stomach/blood/bowel and metabolic disorders (19%)
- Muscoskeletal (18.6%)
- Respiratory (17%)

4.2 A comparison of the council overall absence performance for the period is detailed in tables 1 and 2. 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









Employee Group	Quarter Ending December 22	Quarter Ending December 23	Variance +/- year on year
Local Government	4.22	4.12	- 0.10 
Teachers	2.36	2.28	- 0.08 
Council Overall	3.74	3.64	- 0.10 

Table 2

Service	Quarter Ending December 22	Quarter Ending December 23	Variance +/- year on year
Chief Executives	1.35	1.96	+ 0.61 
Childrens Services	3.62	3.48	- 0.14 
Environment, Housing, and Infrastructure	N/A	3.93	N/A
Finance & Resource Services	2.38	2.45	+ 0.07 
Renfrewshire Health and Social Care Partnership	5.58	5.40	- 0.18 
Council Overall	3.74	3.64	- 0.10 
Council Overall Target	2.80	2.80	N/A

5.0 Sickness absence targets analysis for quarter 3.

5.1 The local government employee absence level of 4.12 days lost per FTE employee is **1.32 days above** the council target of 2.80 days.

- 5.2 The teacher absence level of 2.28 days lost per FTE employee is **0.74 days above** the council target of 1.54 days.
- 5.3 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.

6.0 Sickness absence support measures during quarter 3.

- 6.1 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.
- 6.2 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 telephone consultations in the early mornings or evenings as well as throughout the day.
- 6.3 Referrals increased by 23% this quarter, with female employees accounting for 80% of referrals. A higher % of employees requesting support were ‘in work’, at 61%, where as, it has typically been around 50%. Changes and demands in personal life were still the highest reason for referral with a rise of 10% this quarter in ‘Demands at work’. Children’s Services continue to be the highest referring service. There was a marked increase in the 25-34 and 45-54 age range in referrals. In the Core Assessment, counsellors reported an average start score of moderate psychological distress falling to an average score of mild distress at the end of counselling. Time for Talking responded to a need for support from Health & Social Work Centre, in November.

A total of **277** referrals were offered during the reporting period. This generated an attendance rate of 82%. The main presenting issues are detailed below:



Personal

Demands or changes in life.
Role/Control.
Relationships.



Work & Personal

Stress/anxiety/depression.



Work related.

Role (the understanding of).
Demands.
Changes.

- 6.4 Telephone consultations remain the most requested type of intervention, however more face to face appointments are being requested.
- 6.5 HR&OD are working with our mental health first aiders across the council to further strengthen the supports on offer to our staff. We plan to deliver further mental health first aider courses throughout the year.
- 6.6 The Physiotherapy Service supports employees with Musculoskeletal and Joint Disorder conditions through the council's Occupational Health Service. The service has continued to be provided throughout the quarter using face to face appointments, video conferencing and telephone consultations.
- 6.7 The council's usage of the Occupational Health Service (OHS) for quarter 3 was **1,051** appointments offered. OHS provides advice and guidance on the impact of ill health on work and what steps the council and/or the employee may make in order to secure a return to work. The main appointment types are detailed in the table below:

Appointment referral type	Number	Main types of intervention
Wellbeing	384	CBT/DBT/Physiotherapy.
Management	445	Presenting health condition advice and guidance.
Health surveillance	222	Audio/ Hand Arm Vibration/Vaccines.

- 6.8 We continue with our Occupational Health Surveillance programme, offering audiometry, spirometry, hand arm vibration screening, and nightshift questionnaires. We have not been required to report any new occupational diseases to the Health and Safety Executive.
- 6.9 The council offered the flu vaccines to any employee not covered under the criteria for an inoculation from the NHS. We worked with our OH provider from October to December 2023 to deliver face to face inoculations. As part of this programme, we worked closely with our partner organisations (One Ren, RVJB and Scotland Excel) to provide to their employees.

7.0 Ongoing measures to support attendance at work.

- 7.1 A number of measures continue to be progressed to support attendance at work, and include (but not limited to) the following: -
- We are continuing to develop, with the support of the corporate communications team and the Businessworld team, an engagement and training plan around the new policy and its application.
 - We have developed a comprehensive and inclusive guidance document that supports the new managing absence policy.

- To link with the engagement plan, we have developed a short training course that outlines the main changes between the old and the new policy, ensuring managers will be equipped to manage staff absence and take accountability for their absence status.
- We have developed in collaboration with the Business World Team, a suite of appropriate reports to enable managers to analyse their absence data. This will also provide an opportunity to increase the frequency of reporting sickness absence information to the Corporate Management Team.
- A new health and wellbeing plan that supports our People strategy, has been approved. This will focus on mental, financial, physical and social and themes.
- Throughout the reporting period, HR&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.
- In collaboration with the communications and marketing service, regular information and guidance continues to be issued, particularly around wellbeing issues.
- As part of the council's health and safety management system, risk assessments are reviewed on an ongoing basis to ensure that safe working practices are maintained, reducing the opportunity for ill health or injury.
- We 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.
- We continue to promote our supporting polices such as menopause, pregnancy loss, control of smoking, and carers.

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** - ensures legal compliance with health and safety and equality legislation.
 - 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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