

To: Joint Consultative Board (Non-Teaching)

On: 1st September 2021

Report by: Director of Finance and Resources

Heading: Absence Statistics – 2020/21 Overview and Quarter 1 2021/22

1. Summary

1.1 The purpose of this report is to provide the Board with absence monitoring information. This report provides the absence information for the year 2020/21 and for the first Quarter 2021/22. 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. 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.

2. Recommendations

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




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 2020/2021 overview

4.1 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, year on year employee group and council absence performance with covid is detailed in table 1 below:

| Employee Group | Year 2019/20 | Year 2020/21 | Variance +/- year on year |
|------------------|--------------|--------------|---|
| Local Government | 14.14 | 12.59 | -1.55  |
| Teachers | 7.78 | 6.25 | -1.53  |
| Council Overall | 12.63 | 10.99 | -1.64  |

4.2 The main sickness absence reasons across the council presented in their employee group and their percentage contribution during 2020/21, are detailed in table 2 below:

| Employee Group | Sickness Reasons | % of the overall sickness absence recorded |
|------------------|---|--|
| Local Government | Psychological (non-work related) | 33.6% |
| | Musculoskeletal & Joint Disorders | 20.7% |
| | Respiratory | 17% |
| Teachers | Psychological (non-work related) | 33.1% |
| | Stomach/Bowel/Blood and Metabolic Disorders | 21.5% |
| | Respiratory | 14.5% |
| Council Overall | Psychological (non-work related) | 33.5% |
| | Musculoskeletal and Joint Disorders | 18.8% |
| | Respiratory | 17.7% |

5 Quarter 1 ending 30 June 2021.

5.1 A comparison of service and council overall absence performance for quarters ending June 2020 and June 2021 is detailed in table 3(including covid) below and table 4 (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.

5.2 **Table 3: Q1 year on year service and council absence performance with covid:**















| Service | Quarter Ending June 2020 | Quarter Ending June 2021 | Variance +/- year on year |
|---|--------------------------|--------------------------|---|
| Chief Executives | 1.45 | 0.96 | -0.49  |
| Childrens Services | 1.45 | 2.44 | +0.99  |
| Communities and Housing Services | 1.88 | 3.03 | +1.15  |
| Environment and Infrastructure | 5.39 | 4.05 | -1.34  |
| Finance & Resource Services | 1.42 | 1.71 | +0.30  |
| Renfrewshire Health and Social Care Partnership | 3.50 | 4.73 | +1.23  |
| Council Overall | 2.52 | 2.91 | +0.39  |
| Council Overall Target | 2.60 | 2.60 | n/a |

Table 4: Q1 year on year service and council absence performance without covid:

| Service | Quarter Ending June 2020 | Quarter Ending June 2021 | Variance +/- year on year |
|---|--------------------------|--------------------------|---|
| Chief Executives | 1.45 | 0.96 | -0.49  |
| Childrens Services | 1.45 | 2.32 | +0.87  |
| Communities and Housing Services | 1.88 | 2.45 | +0.57  |
| Environment and Infrastructure | 5.39 | 4.01 | -1.38  |
| Finance & Resource Services | 1.42 | 1.52 | +0.10  |
| Renfrewshire Health and Social Care Partnership | 3.50 | 4.66 | +1.16  |
| Council Overall | 2.52 | 2.78 | +0.26  |

| | | | |
|-------------------------------|------|------|-----|
| Council Overall Target | 2.60 | 2.60 | n/a |
|-------------------------------|------|------|-----|

5.3 Table 5 details the work days lost due to absence by employee group for the quarter (including covid), and table 6 without covid, and highlights the council's performance within the employee reporting groups as defined by the Improvement Service.

Table 5: Q1 year on year employee group and council absence performance with covid:







| Employee Group | Quarter Ending June 2020 | Quarter Ending June 2021 | Variance +/- year on year |
|------------------|--------------------------|--------------------------|---|
| Local Government | 3.03 | 3.43 | +0.40  |
| Teachers | 0.84 | 1.42 | +0.58  |
| Council Overall | 2.52 | 2.91 | +0.39  |

Table 6: Q1 year on year employee group and council absence performance without covid

| Employee Group | Quarter Ending June 2020 | Quarter Ending June 2021 | Variance +/- year on year |
|------------------|--------------------------|--------------------------|---|
| Local Government | 3.03 | 3.28 | +0.25  |
| Teachers | 0.84 | 1.35 | +0.51  |
| Council Overall | 2.52 | 2.78 | +0.26  |

6.0 Sickness absence targets analysis – Quarter 1

- 6.1 Local Government employee absence level of 3.43 days lost per FTE employee is **0.83 days above** the council target of 2.60 days, but if covid absences are removed, this equates to 3.28 days lost per FTE which is **0.68 days above** the council target.
- 6.2 In addition, the Teacher absence level of 1.42 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 2.91 days lost per FTE employee, which is **0.31 days above** the council target of 2.60 days, but if covid absences are removed, this equates to 2.78 days lost per FTE which is **0.18 days above** the council target.

7.0 Sickness absence reasons and support measures during quarter 1

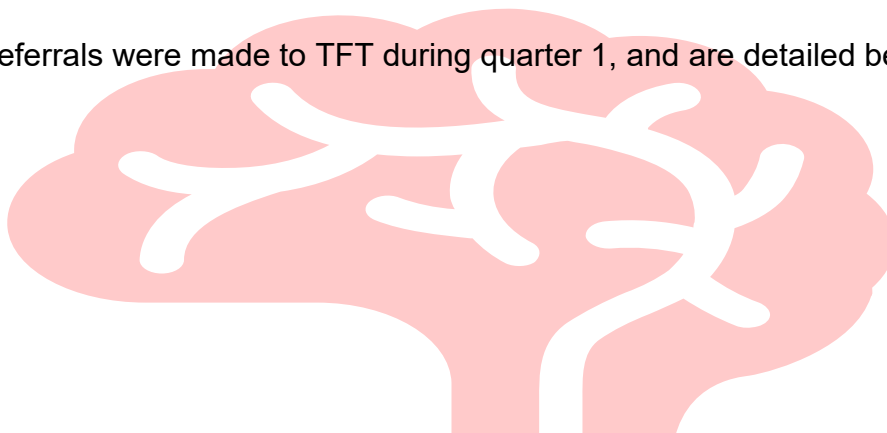
- 7.1 The main sickness absence reasons across the council presented in their employee group and their percentage contribution in this quarter, are detailed in table 7 below:

Table 7: Q1 sickness absence reasons

| Employee Group | Sickness Reasons | % of the overall sickness absence recorded |
|------------------|---|--|
| Local Government | Psychological (non-work related) | 32.4% |
| | Musculoskeletal & Joint Disorders | 20.6% |
| | Stomach/Bowel/Blood and Metabolic Disorders | 15.4% |
| Teachers | Psychological (non-work related) | 24.4% |
| | Stomach/Bowel/Blood and Metabolic Disorders | 22.9% |
| | Respiratory | 17.3% |
| Council Overall | Psychological (non-work related) | 31.4% |
| | Musculoskeletal and Joint Disorders | 19.6% |

| | | |
|--|---|-------|
| | Stomach/Bowel/Blood and Metabolic Disorders | 16.3% |
|--|---|-------|

- 7.2 Overall, Psychological (non-work related), Musculoskeletal and Joint Disorders remain the top two reasons. Stomach / Bowel /Blood and Metabolic Disorders replaces Respiratory as the third top presenting issue compared to the corresponding quarter in the previous year.
- 7.3 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.
- 7.4 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. In line with Covid 19 control measures, the counselling service continues to be operated through secure video conferencing and telephone consultations.
- 7.5 **58** referrals were made to TFT during quarter 1, and are detailed below:





Personal (69%)
Stress/anxiety/depression
Family Relationships
Bereavement/Loss



Work & Personal (20.6%)
Stress/anxiety



Work related (10.4%)
Role (the understanding of)
Demands

- 7.6 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.
- 7.7 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.
- 7.8 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 period using secure video conferencing and telephone consultations.
- 7.9 The council’s usage of the Occupational Health Service for quarter 1 is detailed below:



8.0 Coronavirus (Covid 19)

- 8.1 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.

- 8.2 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.
- 8.3 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.
- 8.4 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.
- 8.5 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.
- 8.6 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.

9.0 Measures to support attendance at work

- 9.1 A number of measures being progressed to support attendance at work, include the following: -
- The review of the current supporting attendance policies covering all employees, including teachers continues.
 - 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.

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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