

**To: Joint Consultative Board (Non-Teaching)**

**On: 5<sup>th</sup> June 2019**

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

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**Heading: Absence Statistics – 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019**

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## **1. Summary**

- 1.1 The purpose of this report is to advise the Joint Consultative Board (Non-Teaching) of the absence statistics for the period 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019. The report details the absence statistics by service and by category of staff.
- 1.2 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. Information is also provided on supporting attendance activity.
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## **2. Recommendations**

- 2.1 It is recommended that the Board notes the content of this report and that this report reflects the absence statistics for the period 2018/19 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019.
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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. Absence Statistics - Ending 31<sup>s</sup> March 2019

- 4.1 Service and Council overall absence performance for the quarters are detailed in the table below. 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.

Service/Area	Quarter Ending March 2017	Quarter Ending June 2017	Quarter Ending Sept. 2017	Quarter Ending Dec. 2017	Quarter Ending March 2018	Quarter Ending June 2018	Quarter Ending Sept. 2018	Quarter Ending Dec. 2018	Quarter Ending March 2019
Chief Executive's Services	3.41	1.78	2.90	2.16	2.78	1.57	0.80	2.18	2.60*
Children's Services	2.17	2.07	1.35	2.35	2.71	2.13	1.29	2.97	1.68
Environment & Infrastructure	3.34	3.67	3.28	4.33	4.49	3.75	3.18	3.42	3.53
Finance and Resources	2.37	2.29	2.16	2.20	2.59	2.56	2.62	2.78	3.40*
Communities, Housing and Planning	2.18	1.73	2.40	2.63	1.88	2.04	2.72	2.61	3.81*
Health and Social Care Partnership	3.65	2.36	3.88	5.13	4.34	4.02	4.64	4.64	4.13
<b>Council Overall</b>	2.68	2.54	2.32	3.32	3.23	2.80	2.36	3.25	2.84
<b>Council Overall targets</b>	2.69	1.79	1.79	2.69	2.69	1.79	1.79	2.69	2.69

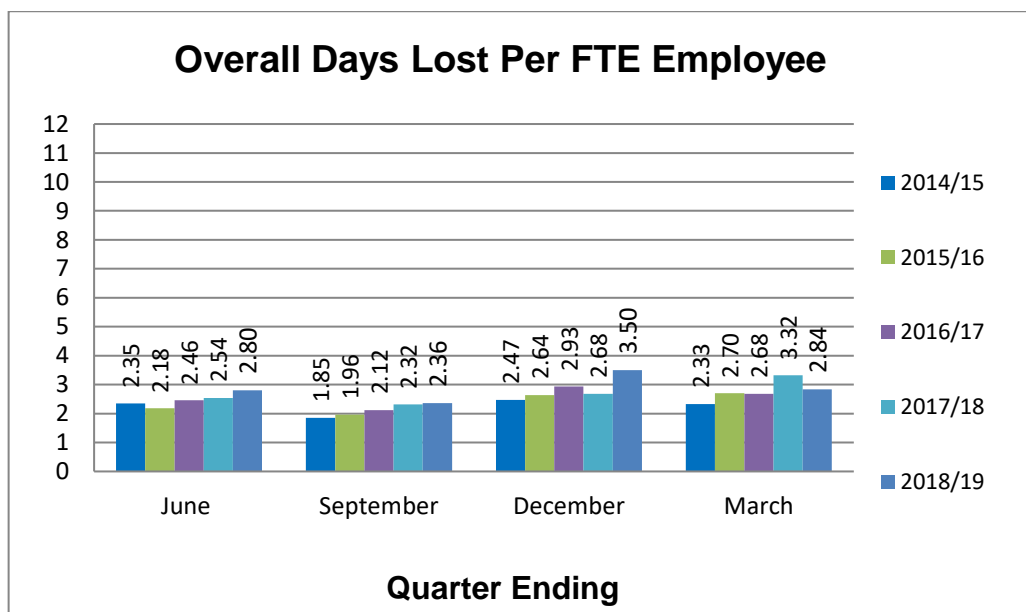
\* These figures are provisional and subject to further verification following the ongoing transition to new absence management systems.

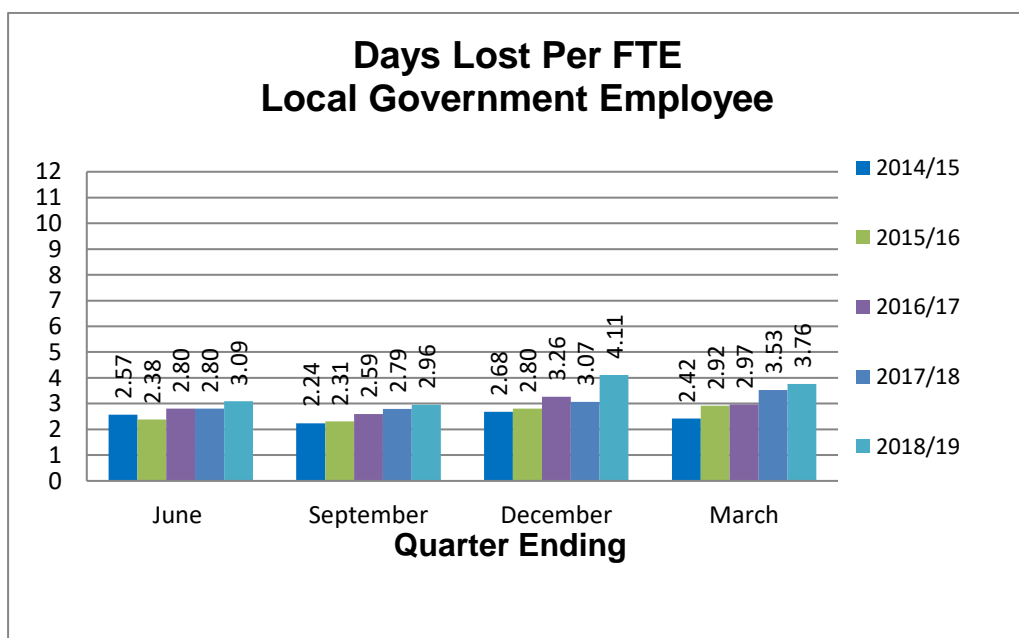
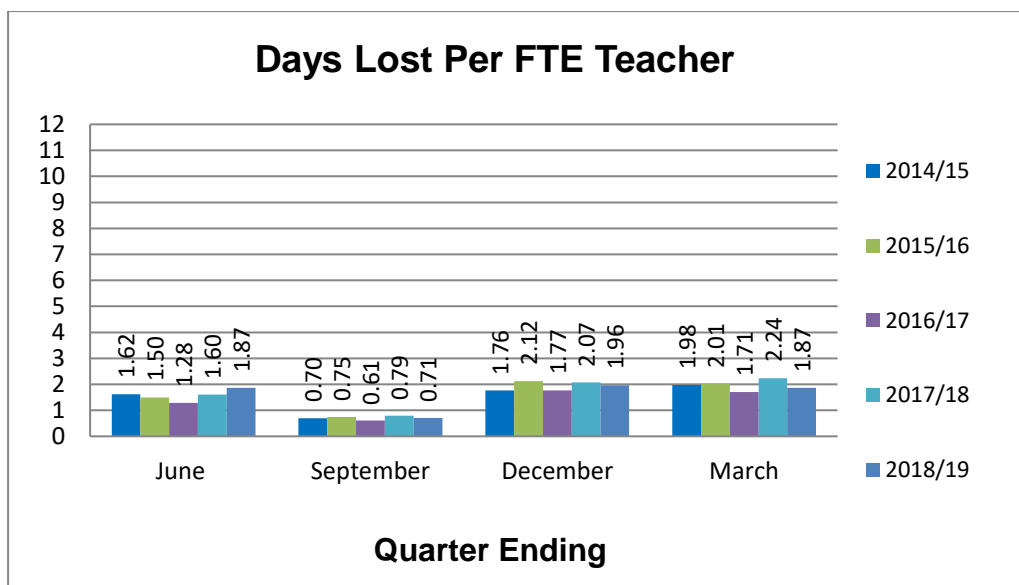
#### 5. Analysis and Trends - Ending 31<sup>st</sup> March 2019

- 5.1 The number of days lost per FTE employee due to absence is as follows: -

Quarter ended	Days lost per FTE	Quarter ended	Days lost per FTE	Variance
March 2017	2.68	March 2018	3.23	+0.55
June 2017	2.54	June 2018	2.80	+0.26
September 2017	2.32	September 2018	2.36	+0.04
December 2017	3.32	December 2018	3.25	-0.07
March 2018	3.23	March 2019	2.84	-0.39

5.2 The following tables detail the percentage absence levels by employee category for the quarter ending 3<sup>1st</sup> March 2019 namely: overall, teachers and local government employees.





## 6. Absence Targets Analysis: ending 31<sup>st</sup> March 2019.

- 6.1 The Council has recorded an overall absence rate of 2.84 days lost per FTE employee, which is 0.15 days **above** the target figure of 2.69 days.

In addition, the Teacher absence level of 1.87 days lost per FTE employee is 0.43 below the target of 2.30 days.

Local Government employee absence level of 3.76 days lost per FTE employee is 1.84 days **above** the target of 1.92 days.

## 7. Reasons for Absence overview

- 7.1 The illness categories with the highest level of absence, compared to the same quarter in the previous year are as follows:

Quarter Ending	Illness categories
March 2018	Psychological (non-work related) Musculoskeletal and Joint Disorders
March 2019	Psychological (non-work related) Musculoskeletal and Joint Disorders

- 7.2 To address Psychological (non-work related) absences the Council provide a range of support services that employees can be referred to at an early stage for assistance. 'timefortalking', the Council's employee counselling service provider, continues to be utilised. The service operates a flexible approach to appointments offering telephone consultations in the early mornings or evenings as well as throughout the day and face to face sessions at their offices in Paisley. The consistent presenting issues to the service relating to Psychological (non-work related) include;

- Loss/Bereavement
- Stress/anxiety/panic
- Depression/Self-worth
- Family Relationships

If an employee suggests to their manager that they are experiencing Psychological (non-work related) issues, then they should be provided with the timefortalking service information.

The following table details the employee usage of the service and the types of appointments

Total Referrals	200
Referrals Male	47
Referrals Female	153
Self-Referrals	149
Management Referrals	51
Face to Face Counselling	160
Telephone Counselling	13
No contact	20
Client didn't engage	7

Further to this, the Council continues to deliver Mindfulness Courses and Mental Health First Aider courses. Courses are open to all employees and have been planned until June 2019.

Training for both courses has been undertaken over the past 6 months as part of our development of preventative approach to employee well-being. The mindfulness course training has been successful with over 40 attendees, and

The Mental Health First Aider Course attracted 49 delegates. Feedback from those employees who have attended the courses has been very positive.

HR and OD are working with the counselling service to provide other types of training which can be delivered, for example personal resilience.

There are also Council policies, guidance and training to assist managers and employees that are specific to stress related issues.

HR and OD continue to promote the NHS Choose Life team, who offer safeTalk and ASIST on suicide awareness and prevention.

HR and OD continue to work with our NHS colleagues to promote the “doing well” service which helps people with depression and low moods.

- 7.3 In relation to addressing musculoskeletal and joint disorders the Council offers a physiotherapy service through the Council’s Occupational Health Provider, and this service can be accessed by all employees.

As part of the Council’s Health and Safety Management system, occupations which include manual handling activities as part of the role, the task risk assessments are reviewed on an ongoing basis to ensure that safe working practices are maintained.

HR and OD continue to investigate the practical options for further training and interventions available that may reduce the impact of musculoskeletal and joint disorders.

A successful pilot programme of providing a physiotherapy service specifically to Environment and Infrastructure based at the Underwood Rd depot has resulted in the service being made a permanent feature. This involves the physiotherapist being onsite 2 days per month and is a blend of fixed appointments and drop in sessions.

Environment and Infrastructure have undertaken a review programme of all existing employees training, this includes manual handling, and are starting a refresher programme with the road workers.

## **8. Supporting Attendance Activity**

- 8.1 Recent and planned actions to improve absence performance include the following: -

- HR operational teams continue to work closely with service’s management teams on supporting attendance activity, HR operational teams continue to proactively contact and support managers who have absence cases of 2 to 4 weeks in duration, to monitor action taken to date and proposed next steps. This approach has been very successful in assisting and supporting

employees back to work, particularly those who have been on restricted duties.

- Within the Renfrewshire Health and Social Care Partnership, a leadership development day was dedicated to supporting attendance. Both the Council and NHS HR teams presented statistics and held interactive sessions that allowed managers the opportunity to discuss and share good practice.
- A review of the current supporting attendance policies covering all staff, including teachers continues. Meetings have taken place with the respective trades unions to ensure this is a fully collaborative process.
- Continued delivery of supporting attendance training at a corporate level for managers, with the provision of tailored training for managers and employees at a service level on request;
- Ongoing health promotion activities aimed at raising employee awareness of health issues continue.
- HR have introduced a supportive call back service, initially within Environment and Infrastructure. An HR Adviser contacts employees when they report their absence due to sickness and ensures that they are being supported properly throughout the absence. The HR Adviser also contacts the employee's line manager to ensure the correct process is being followed and that all support mechanisms have been offered. This additional support is fully endorsed by the Trades Unions.
- HR and the Businessworld teams work 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;
- Meetings continue with Directors and their management teams to discuss their service's supporting attendance performance.

### **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

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