

# **Renfrewshire Joint Negotiating Committee for Teachers**

**To:** Renfrewshire Joint Negotiating Committee for Teachers

**On:** 1<sup>st</sup> September 2020

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

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**Heading:** Absence Statistics – Quarter 4 of 2019/2020

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## **1. Summary**

- 1.1 The purpose of this report is to advise the Joint Negotiating Committee for Teachers of the absence statistics for the period 1 January to 31st March 2020. 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 Joint Negotiating Committee for Teachers 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. Absence Statistics

- 4.1 Service and Council overall absence performance from quarters ending March 2018 to March 2020 is 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.

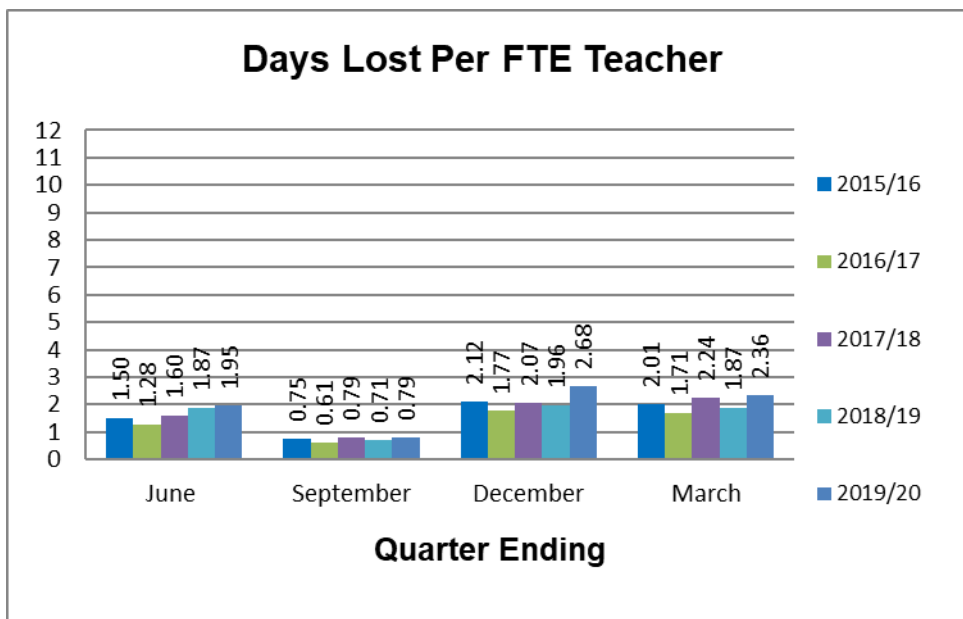
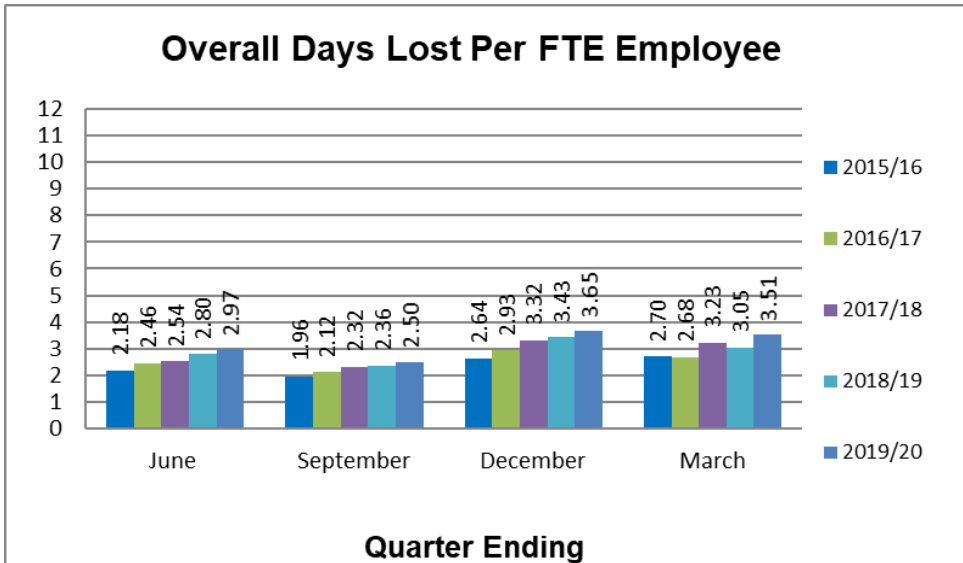
Service/Area	Quarter Ending March 2018	Quarter Ending June 2018	Quarter Ending Sept. 2018	Quarter Ending Dec. 2018	Quarter Ending March 2019	Quarter Ending June 2019	Quarter Ending Sept. 2019	Quarter Ending Dec. 2019	Quarter Ending March 2020
Chief Executive's Services	2.78	1.57	1.05	2.18	2.12	2.6	1.46	2.05	2.15
Children's Services	2.71	2.13	1.29	2.97	2.78	2.56	1.64	3.32	2.94
Environment & Infrastructure	4.49	3.75	3.18	4.51	3.53	3.22	3.29	4.86	5.08
Finance and Resources	2.59	2.56	2.62	2.78	2.42	2.49	2.10	2.56	2.79
Communities, Housing and Planning	1.88	2.04	2.72	2.61	2.36	2.55	2.88	3.69	2.63
Health and Social Care Partnership	4.34	4.02	4.64	4.64	4.13	4.64	4.61	4.39	4.44
<b>Council Overall</b>	3.23	2.80	2.36	3.43	3.05	2.97	2.50	3.65	3.51
<b>Council Overall Targets</b>	2.69	1.79	1.79	2.69	2.69	2.40	2.10	2.80	2.60

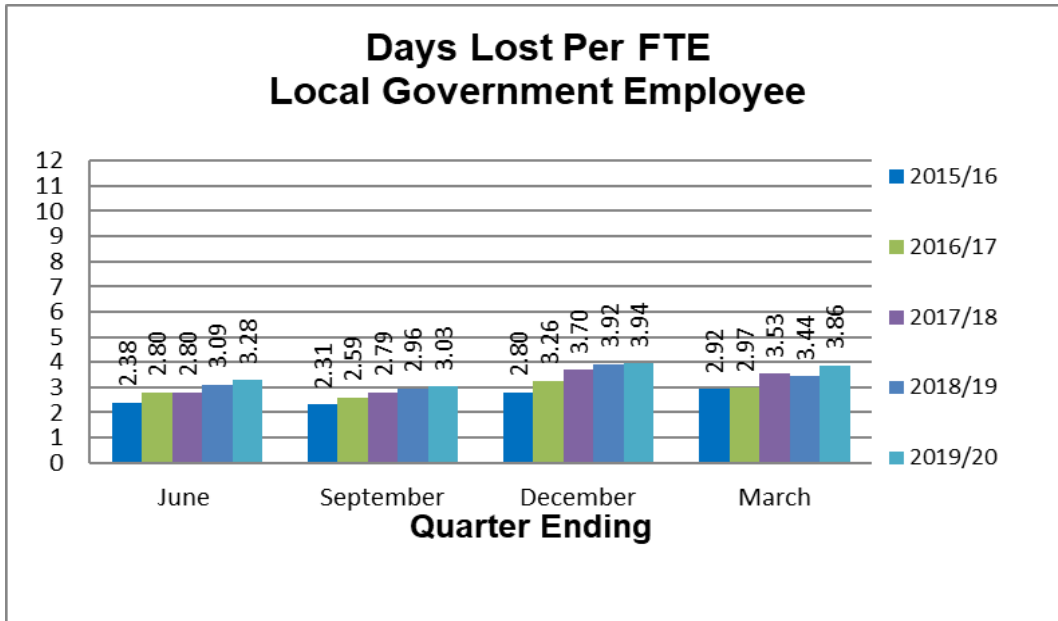
#### 5. Analysis and Trends – Quarter Ending March 2020

- 5.1 Council overall absence performance in work days lost per FTE employee from March 2018 to March 2020 compared to the previous year is as follows: -

Quarter ending	Days lost per FTE	Quarter ending	Days lost per FTE	Variance
March 2018	3.23	March 2019	3.05	-0.18
June 2018	2.80	June 2019	2.97	+0.17
September 2018	2.36	September 2019	2.50	+0.14
December 2018	3.43	December 2019	3.65	+0.22
March 2019	3.05	March 2020	3.51	+0.46

- 5.2 The following tables detail the work days lost due to absence by employee category for the quarter ending March 2020 namely: overall, teachers and local government employees.





## 6. Absence Targets Analysis – Quarter Ending March 2020

- 6.1 The Council has recorded an overall absence rate of 3.51 days lost per FTE employee, which is 0.91 days **above** the target figure of 2.60 days.
- 6.2 In addition, the Teacher absence level of 2.36 days lost per FTE employee is 0.06 days **above** the target of 2.30 days.
- 6.3 Local Government employee absence level of 3.86 days lost per FTE employee is 1.94 days **above** the target of 1.92 days.

## 7. Reasons for Absence Overview and Related Interventions

- 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 2019	Psychological (non-work related) Musculoskeletal and Joint Disorders
March 2020	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, such as the Council's Occupational Health Service and the Time for Talking employee counselling service.
- 7.3 Through the Occupational Health Service access can be provided to Cognitive Behavioural Therapy for more complex psychological issues. The Time for

Talking counselling service can provide 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 and face to face sessions at their offices in Paisley.

7.4 Over the reporting period, 67 cases were supported by the Time for Talking counselling service.

7.5 The presenting issues to the counselling service over the period were;

<b>Issue type</b>	<b>Number of cases</b>
<b>Personal</b>	
Loss/Bereavement	6
Stress/anxiety/panic	12
Depression/Self-worth	12
Family Relationships	17
Health	2
<b>Work &amp; Personal</b>	
Stress/anxiety	9
Traumatic incident/ PTSD	2
<b>Work related</b>	
Demands (Workload/Stress/Anxiety/Depression)	1
Role (Understanding of)	1
<b>Other</b>	
Miscellaneous	5

7.6 If an employee suggests to their manager that they are experiencing Psychological (non-work related) issues, then they should be given time to speak to a Mental Health First Aider and also provided with the Time for Talking counselling service information.

7.7 If an employee suggested that the stress is work related, a stress risk assessment should be undertaken to identify the perceived issues and an action plan agreed to try and resolve the issue. This can be undertaken at a local level or with the specialist support from HR and OD.

7.8 During the period January to March there were 905 appointments to the Occupational Health service, this includes health surveillance, management referrals and wellbeing referrals.

7.9 The Council continues to deliver Mindfulness Courses and Scottish Mental Health First Aider courses to raise awareness of mental health issues and provide support.

- 7.10 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. There are some well-being courses available on the iLearn system that anyone can access.
- 7.11 HR and OD continue to promote the NHS Choose Life Team, who offer safeTalk and ASIST on suicide awareness and prevention. There is also continued work with NHS colleagues to promote the “Doing Well” service which helps people with depression and low moods.
- 7.12 Specialised PTSD counselling sessions were offered to employees who were operating the COVID support lines during March.
- 7.13 In relation to addressing musculoskeletal and joint disorders the Council offers a Physiotherapy service through the Council’s Occupational Health Service however as part of the Covid measures, the service was temporarily suspended in line with UK Government guidance.
- 7.14 As part of the Council’s Health and Safety Management system, occupations which include manual handling activities as part of the role require task risk assessments. These risk assessments are reviewed on an ongoing basis to ensure that safe working practices are maintained.
- 7.15 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.

## **8. Supporting Attendance Activity**

- 8.1 Recent and planned actions to improve absence performance include the following: -
- HR and OD continue to work closely with service management teams on supporting attendance activity. In December 2019 a specialist Supporting Attendance Team was established in HR and OD to work in partnership with services and increase focus on employee health, well-being and attendance at work.
  - HR and OD 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, both the Council and NHS HR teams have presented statistics and held interactive sessions

that allowed managers the opportunity to discuss and share good practice. Further training has taken place with the operational managers.

- A 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.
- Ongoing health promotion activities aimed at raising employee awareness of health issues continue.
- HR and OD are currently revising the supporting attendance training for managers and employees.
- 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. Early intervention reminders are also displayed for managers on Business World when inputting sickness absence.
- Meetings continue with Directors and their management teams to discuss their service's supporting attendance performance.
- HR and OD continue to work closely with the absence champions for every service and identified link officers for supporting attendance issues in Environment and Infrastructure and Renfrewshire Health and Social Care Partnership. This is to help develop supportive strategies and interventions that will enable employees to be supported back to work.

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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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