

To: Audit, Risk and Scrutiny Board

On: 23rd November 2020

Report by: Director of Finance and Resources

Heading: Absence Statistics – Quarter 1 and Quarter 2 of 2020/21

1. Summary

- 1.1 The purpose of this report is to provide the Audit, Risk and Scrutiny Board with absence monitoring information. Due to disruption linked to the COVID19 response the Quarter 1 figures were not presented to the August board cycle as anticipated and therefore this report provides the absence information for both the quarter 1 ending 30 June 2020 and for quarter 2 ending 30th September 2020. The report also highlights the continued support in place for employees in response to the Coronavirus (Covid-19) pandemic.
- 1.2 Under challenging working arrangements and the rapid response required from the council to respond to lockdown and the continued restrictions, short term absences have reduced. This may be due to 'working from home arrangements' allowing people to more easily continue to work when they may have been feeling slightly unwell.
- 1.3 Covid-19 restrictions is likely to have further contributed to the reduction in short term absence because less people have been circulating and interacting due to non-essential workplace activities being closed down. This has significantly reduced the opportunity for transmission of short-term ailments when working or commuting.
- 1.4 Additionally, there has been a strong sense of community and commitment reflected in the workforce ethos to continue to deliver essential services during such an unprecedented time, which undoubtedly has reduced short term absence to some degree.
- 1.5 Longer term absences have risen slightly compared to the same time last year, but this may be due to a range of wider factors including increased anxieties around the impact of the Covid-19 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 Quarter 1 ending June 2020

- 4.1 A comparison of service and council overall absence performance for quarters ending June 2019 and June 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.

Table 1: Q1 Year on year service and council absence performance:

Service	Quarter Ending June 2019	Quarter Ending June 2020	Variance -/+ Year on Year
Chief Executive's Services	2.60	1.45	▼ -1.15
Children's Services	2.56	1.45	▼ -1.11
Environment & Infrastructure	3.22	5.39	▲ +2.17
Finance and Resources	2.49	1.42	▼ -1.07
Communities, Housing and Planning	2.55	1.88	▼ -0.67
Health and Social Care Partnership	4.64	3.50	▼ -1.14
Council Overall	2.97	2.52	▼ -0.45
Council Overall Targets	2.40	2.40	n/a

5. Sickness absence analysis and trends – Quarter 1

- 5.1 The following table details the workdays lost due to absence by employee group for the quarter: including local government employees, teachers and council overall

Table 2: Q1 Year on year employee group and council absence performance

Employee group	Quarter Ending June 2019	Quarter Ending June 2020	Variance-/+ Year on Year
Local Government Employees	3.28	3.03	▼ -0.25
Teachers	1.95	0.84	▼ -1.11
Council Overall	2.97	2.52	▼ -0.45

6. Sickness absence targets analysis – Quarter 1

- 6.1 The Council has recorded an overall absence rate of 2.52 days lost per FTE employee, which is **0.12 days above** the target figure of 2.40 days.
- 6.2 In addition, the Teacher absence level of 0.84 days lost per FTE employee is **0.70 days below** the target of 1.54 days.
- 6.3 Local Government employee absence level of 3.03 days lost per FTE employee is **0.63 days above** the target of 2.40 days.

7 Sickness absence statistics Quarter 2 ending September 2020

- 7.1 A comparison of service and council overall absence performance for quarters ending September 2019 and September 2020 is detailed in the table 3 below. In line with the reporting requirements for Scottish Councils, absence is expressed as a number of workdays lost per FTE.

Table 3: Q2 Year on year service and council absence performance

Service/Area	Quarter Ending September 2019	Quarter Ending September 2020	Variance +/- Year on Year
Chief Executive's Services	1.41	1.43	▲ +0.02
Children's Services	1.64	1.52	▼ -0.12
Environment & Infrastructure	3.29	3.99	▲ +0.70
Finance and Resources	2.10	2.15	▲ +0.05
Communities, Housing and Planning	2.88	2.09	▼ -0.79
Health and Social Care Partnership	4.61	3.05	▼ -1.56
Council Overall	2.50	2.31	▼ -0.19
Council Overall Targets	2.10	2.10	n/a

8. Sickness absence analysis and trends – Quarter 2

- 8.1 The following table details the workdays lost due to absence by employee group for the quarter: including local government employees, teachers and council overall:

Table 4: Q2 Year on year employee group and council absence performance

Employee Group	Quarter Ending September 2019	Quarter Ending September 2020	Variance +/- Year on Year
Local Government employees	3.03	2.79	▼ -0.02
Teachers	1.64	1.52	▼ -0.12
Council Overall	2.50	2.31	▼ -0.70

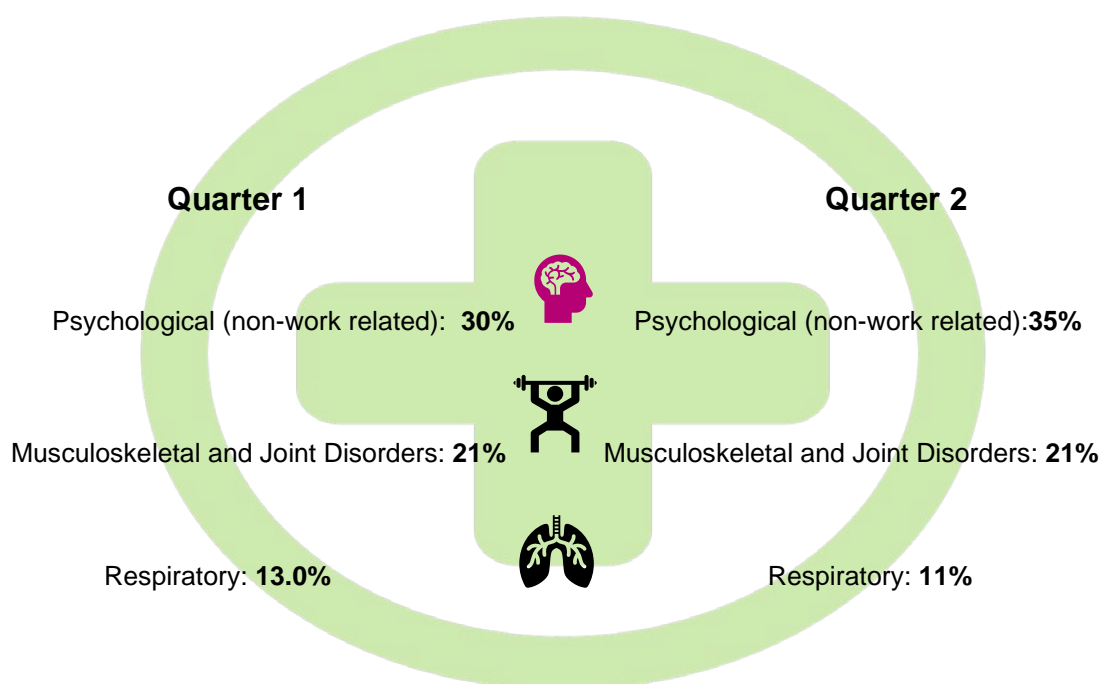
9. Sickness absence targets analysis – Quarter 2

- 9.1 The Council has recorded an overall absence rate of 2.31 days lost per FTE employee, which is **0.21 days above** the target figure of 2.10 days.

- 9.2 In addition, the Teacher absence level of 0.92 days lost per FTE employee is **0.61 days below** the target of 1.54 days.
- 9.3 Local Government employee absence level of 2.79 days lost per FTE employee is **0.69 days above** the target of 2.10 days

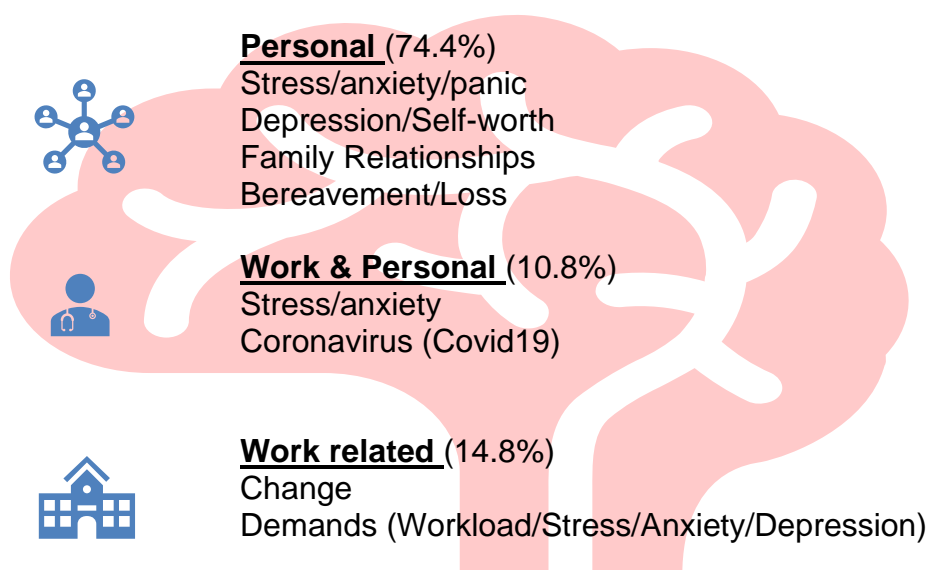
10. Sickness absence reasons and related support measures during quarters 1 and 2.

- 10.1 The main sickness absence reasons presented and their percentage contribution by quarter are:

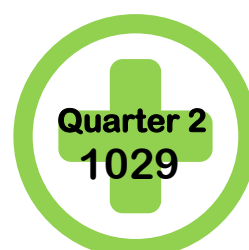


- 10.2 Psychological (non-work related), Musculoskeletal and Joint Disorders remain the top two reasons, Respiratory replaced Stomach / Bowel / Blood and Metabolic Disorders as the third top presenting issue compared to the previous year.
- 10.3 To support employees with psychological absences, the council 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.
- 10.4 Through the Occupational Health Service, employees can access Cognitive Behavioural Therapy (CBT) for more complex psychological issues.
- 10.5 The Time for Talking 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.

- 10.6 For quarters 1 and 2 there were **a total of 74** appointments supported by the Time for Talking counselling service. The 3 main presenting reasons are; **personal, work and personal and work**. (which are expressed below as a % of all overall referrals):



- 10.7 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.
- 10.8 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.
- 10.9 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 until September 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.
- 10.10 For quarters 1 and 2 there were **a total of 1367** appointments arranged through the Occupational Health Service, this includes management referrals and wellbeing referrals. The graphics below detail the referrals per quarter:



The significant increase in the number of referrals in quarter 2 reflects the support given for those employees who were deemed “clinically at risk”

(formerly shielding) to get them safely back in to the workplace, using our recently developed Covid age risk assessment document in conjunction with the occupational health service to provide professional medical guidance on the safety measures to be applied.

11. Coronavirus (Covid 19)

- 11.1 For quarter 1, ending June 2020, **131** employees were recorded sick due to Covid 19.

For quarter 2, ending 30th September **45** employees were recorded sick due to Covid 19. The table below breaks the cases down by service:

Service	Quarter 1	Quarter 2
Chief Executive's	4	1
Children's Services	19	22
Communities Housing & Planning Services	4	1
Environment & Infrastructure	60	8
Finance & Resources	12	5
Renfrewshire Health & Social Care Partnership	32	8
Grand Total	131	45

- 11.2 Covid19 sickness absence is monitored through HR and reported to the Corporate Management Team regularly.
- 11.3 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 (especially key workers) being undertaken, in line with any changes to the guidance or legislation as it emerged.
- 11.4 Protecting mental health and wellbeing has been a key priority for the HR and OD team. The 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.
- 11.5 A key priority has been to support the safe return to the workplace of all employees in line with Government guidance. This has required careful risk assessments to be carried out with all employees previously considered to be at a higher risk of illness due to COVID-19 and a detailed programme of support for those previously identified under the National Shielding List. To support employees to return to the workplace safely, the health and safety team developed a COVID age risk assessment, underpinned by Occupational Health support. The process includes careful consideration of individual circumstances and identification of specific health conditions and concerns to provide an indication of susceptibility of complications resulting from COVID-

19 infection. This has been used to support Occupational Health referrals and control measures within the workplace to ensure employees can return to work when guidance allows, and to a safe working environment. The health and safety team continue to reflect updated guidance in this approach and ensure individual risk assessments are updated.

- 11.6 A dedicated helpline was set up by the Occupational Health provider so that employees could call to discuss any Covid 19 health-related concerns they had.
- 11.7 HR and OD have driven specific campaigns and focussed communications on a number of key themes including: Financial Wellbeing, Healthy Eating, Domestic abuse, Alcohol and substance abuse, Loss and Bereavement and Support for Carers.
- 11.8 At the start of the pandemic, a corporate personal protective equipment group was established with key services across the council and this group continues to ensure that stocks of PPE are maintained at a reasonable level and available for those who require it. The group monitors new and emerging guidance to manage impact and ensure resilience
- 11.9 The team continue to implement updated Government guidance, reflecting changes to local policy where necessary. This includes the ways in which the homeworkers can apply practical solutions to ensure they are working safely, including the type of office equipment they need. The health and safety team are offering video style assessments and advice to support anyone with their set up. Where an employee has an existing medical condition, there has been support from Occupational Health.

12. Measures to support attendance at work

- 12.1 A number of measures being progressed to support attendance at work, include the following: -
 - HR and OD, working closely with Occupational Health, have embarked upon the employee seasonal flu vaccination programme. To date, there have been over 1700 vaccines allocated to school-based employees and 4000 vouchers offered up to all the other employees across the council;
 - HR and OD are working closely with services reviewing their winter preparations and plans. This includes the reintroduction of the face to face physiotherapy service at the Underwood depot to support employees during the winter maintenance programme.
 - The review of the current supporting attendance policies covering all employees, including teachers is underway and progressing well. Meetings have taken place with the respective Trade Unions to ensure this is a fully collaborative process.
 - A new approach to supporting attendance refresher training for managers is being developed with a view to it being rolled out early 2021.
 - We are in the process of renewing the Occupational Health and Employee Counselling contracts with a view to developing a robust employee assistance

programme. This involves collaboration with the key stakeholders across the council and trades unions.

- 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.
- Absence champions have been identified for each service to help develop supportive strategies and interventions that will enable employees to be supported back to work.
- 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 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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