



**REPORT OF THE SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND EMPLOYEES**

**SICKNESS ABSENCE PERFORMANCE TRENDS AND ONGOING ACTION FOR IMPROVEMENT**

**Purpose of the Report**

1. a) To update Members on quarterly performance information, **as at 30<sup>th</sup> June 2018**, in relation to levels of sickness absence across the directly employed Nottinghamshire County Council workforce.
- b) To seek approval for ongoing actions to further reduce absence levels.

**Information**

**Background**

2. This report sets out the latest available sickness absence figures and the actions being taken by the Council to continue to improve the health and wellbeing of its employees with an aim to further reduce these to make sustainable progress towards the achievement of the target of **7.00 days average per employee per annum**.
3. The range of strategic HR, Workforce and Organisational Development and wellbeing interventions and guidance has been extended as detailed in previous reports to this Committee. The County Council continues to give priority to providing a safe and healthy working environment which maximises workforce productivity and performance, motivates and engages all employees and actively promotes a culture of positive mental and physical wellbeing at work.
4. Absence levels and related trend data provide an indicator of how well the Council is performing in this respect and continue to be used to highlight areas of focus for both service specific and strategic actions to promote employee wellbeing and further develop the employee support package.
5. This approach has resulted in an overall trend of incremental improvement over recent years although there have been slight increases in the overall recorded level of absence in the last two reported quarters.

## Performance Monitoring and Trend Analysis

6. The Infographic in the **Appendix D** to this report illustrates in executive summary the situation as at 30<sup>th</sup> June 2018, when the headcount of direct NCC employees was 7,523 in relation to:
  - The level of performance against the current Council target and CIPFA national benchmarking data
  - The most significant causes of reported absence across the Council and by department during the quarter
  - The relative distribution of short and long term absence.
7. **The average level of sickness per employee per annum at the end of quarter 1 was 8.43 days overall.** This is a decrease of 0.11 percentage points compared to the previous quarter when it stood at 8.54 days. This reflects the fact that absence has reduced slightly in all departments except Chief Executive's where it has remained at the same level.
8. **Appendix B** to this report illustrates that stress and related conditions remain the most prevalent overall reason for absence across the Council and has increased by 0.76 percentage points since the previous quarter currently standing at **20.2%** of all reported absence.
9. Due to the particular pressure on the social care services, stress is routinely the most prevalent reported reason for absence in both the Adult Social Care and Health and Children and Families services. This currently stands at **22.09%** and **23.31%** respectively.
10. Specific research work has been commissioned from Public Health colleagues to analyse the available evidence to identify and understand in more detail the underlying causes of stress in the social care workforce in particular and then develop a targeted plan of specific actions to address these. The intention is to pilot this activity in Adult Social Care and Health with a view to rolling out the approach and any learning across Children's Social Care. This work will be informed by the employee Health checks undertaken in both departments.
11. The Council is also looking to work with Healthy Working Futures and have contributed to a bid for national funding from the Work and Health Unit Challenge Fund. We are currently awaiting the outcome of the bid. In addition, we have a workshop planned for late September to look at introducing Mental Health First Aiders and are developing additional training for managers around this issue.
12. Stress has also been the most significant reported reason for absence in the Chief Executive's department over recent quarters, currently standing at **23.45%**, which is a slight reduction from 23.79% last quarter. This was possibly as a result of uncertainty for employees around the Corporate Services Review. The new arrangements for the Chief Executive's department have been in place since 1<sup>st</sup> July 2018 and therefore there will be greater clarity for those impacted in the first quarter of 2018/19. This will hopefully result in an overall improvement in this Department moving forward.

13. The Place department continues to be the exception where the most prevalent reported reason continues to be muscular / skeletal injury which currently stands at **22.22%** compared to stress at **16.24%**.
14. Stress, depression, anxiety, mental health and fatigue also remain the most common overall cause of all absence across the local government sector, the most recent LGA data, comprising of **22.30%** of all absence across the sector nationally and **22.40%** for comparable Councils.
15. At **20.2%** the Council's overall performance reflects its commitment to taking action to prevent and manage stress and related conditions to achieve continuing improvement and continues to compare favourably with other Council's and public sector employers nationally.
16. The next most significant attributed reasons for absence across the Council are operations and post-operative recovery which has decreased to **16.01%** from **16.24%** at the previous quarter.
17. Muscular / skeletal conditions are the third most reported reason but have fallen again this quarter from **12.42 % to 12.22%**.
18. Absence due to Flu shows a decrease this quarter having moved from **10.49%** to **9.85%** since the previous quarter. As noted previously, the previous increase was predicted due to the strains of Flu prevalent across the UK early in the New Year.

### **Benchmarking:**

19. Despite the recent increase, overall the level of the Council's current performance continues to compare well against the most recently available benchmarking data for the local government sector. The Council is awaiting updated information from our identified benchmarking sources but the current figures are produced below for ease of reference:
  - The Chartered Institute of Public Finance Accountancy (CIPFA) published data for March 2017 shows that the average for comparable County Councils in the national benchmark cohort is now **8.60 days** (having increased from **8.50 days** at the previous year) and **9.30 days** for all Councils.
  - The most recent annual Local Government Association (LGA), Workforce Survey (March 2018), continues to report an average of **8.70 days** across all local authority respondents.
  - The most recent (May 2018) annual benchmarking report on absence management from the Chartered Institute for Personnel and Development (CIPD), reports the average days absence reported by respondents across the wider public sector, including Health and Central Government, as **8.50 days** and across respondent private sector services as **6.60 days**.

## **Actions for Improvement:**

20. The ongoing challenge of preventing and significantly reducing stress and stress related absence and enabling employees to improve their resilience and mental wellbeing therefore continues to be a priority of the Council's employee health and wellbeing action planning and delivery, supported by a range of existing initiatives. Members of Personnel Committee received detailed information on the progress made in promoting good mental health in the workplace at a previous meeting on 29<sup>th</sup> November 2017 with an action plan which continues to seek ways of proactively managing absence and supporting employees to maintain their attendance at work.
21. The focus on mental health at work will continue to be a key area on which to focus activity and we continue to work closely with the recognised trades unions to identify and test the effectiveness of the various initiatives in place and develop new approaches and activities to further improve employee health and wellbeing and reduce absence. This includes reviewing the current action plan.
22. The Council has also invited Professor Farmer, Chief Executive of Mind and co-author of the Stevenson-Farmer Report, to work with the Council's Extended Leadership Team to identify further actions to further improve in this area.
23. The refreshed employee support package on the platform of the Wellbeing intranet page launched in April 2018 provides additional information including how to access the new workplace Buddies and the Chaplaincy service. An update report on these will be presented to the January 2019 meeting of this Committee.
24. Recent feedback received as part of the consultation on a revised package of terms and conditions has highlighted a number of interesting points around how people are feeling and their view of working for the Council. It is considered important to listen to this information and to provide employees with a further opportunity to express their views. A series of employee workshops has commenced led by the Chief Executive. Information shared and ideas suggested by employees will be used to further inform the action plan.

## **Other Options Considered**

25. In addition to its overall strategic approach, the Council continues to benefit from the ongoing commitment of the recognised trade unions in considering options to improve employee health and wellbeing. Their active engagement and involvement, and that of the employee support groups, in task focussed, time limited, joint working groups which operate as sub groups of the Central Joint Consultative and Negotiating Panel, are helpful in developing proposals for further consideration by Members. It is also intended to work more closely with colleagues in Public Health to engage their expertise in finite pieces of work which will add to our overarching strategy.

## **Reasons for Recommendations**

26. The recommendations in this report will enable Elected Members to regularly review the current levels of performance and consider potential actions to further reduce the level of absence in order to meet the Council's identified target.

## **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Data Protection and Information Governance**

28. The data in this report and the associated appendices cannot be attributed to individual employees and therefore protects their privacy.

## **Financial Implications**

29. There is no specific budget allocation to fund the development and delivery of employee wellbeing interventions and initiatives. This is met from within the HR, Workforce and Organisational Development budgets.

## **Human Resources Implications**

30. These are set out in the body of this report. The trades unions continue to be engaged in joint working with managers and HR colleagues to further develop employee health and wellbeing initiatives including joint training and guidance and have commented very positively on joint working with management and the impact of this on staff absence levels.

31. Trades union colleagues welcome the range of services available to help support employees in their roles and prevent ill health developing. However, they have previously expressed concerns that levels of absence continue to rise, particularly in social care.

32. A workshop is planned for late September to fully understand and identify actions arising in the Stevenson-Farmer report following the independent review into workplace mental health some of which are contained in the action plan. We are also actively considering having volunteer mental health first aiders to add to the existing support package of counselling, workplace buddies, coaching, and the workplace chaplaincy as well as developing further guidance for managers.

## **Public Sector Equality Duty implications**

33. The Council's Attendance Management policy and procedure applies equally to all directly employed staff. There is a separate policy which is applicable to all maintained schools and is recommended to all schools with different governance arrangements. These procedures contain guidance which ensures that appropriate management of the sickness absence of employees with a disability complies with the requirements of the Equality Act 2010.

## **RECOMMENDATIONS**

It is recommended that Members:

- 1) Continue to receive updates regarding the revised Employee Health and Wellbeing Action Plan 2018/19 and agree any new additions to the plan.
- 2) Receive a further report on progress at the end of the second quarter of 2018/19 at November's Committee.

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**Chief Executive's Department**

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### **Constitutional Comments (KK 12/09/18)**

34. The proposals in this report are within the remit of the Personnel Committee.

### **Financial Comments (SES 12/09/18)**

35. The financial implications are set out in paragraph 29 of the report.

### **HR Comments (BC 17/09/18)**

36. The human resources implications are set out in the body of the report. Significant activity has been undertaken to develop a comprehensive support package for employees experiencing periods of both physical and mental ill health and this is subject to ongoing review to ascertain the impact of individual measures and the overall package. Where possible if business/service needs allow, employees are actively encouraged to work more flexibly to enable them to have an element of choice in how and when they work which can assist with the management of long term health conditions.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

## **Electoral Division(s) and Member(s) Affected**

- All