



## **REPORT OF THE SERVICE DIRECTOR – CUSTOMERS AND HUMAN RESOURCES**

### **EMPLOYEE HEALTH AND WELLBEING AND SICKNESS ABSENCE PERFORMANCE UPDATE AS AT 1<sup>st</sup> JULY 2016**

#### **Purpose of the Report**

1. This report sets out updated information in relation to levels of sickness absence across the Nottinghamshire County Council workforce and highlights the current actions being taken to further improve the health and wellbeing of its direct employees.

#### **Background**

2. Sickness absence performance data and reasons reporting is drawn down from the information input by line managers into the corporate Business Management System (BMS), its analysis is reported to Members at regular quarterly intervals.
3. The current organisational structure and headcount reduced overall from 8,093 at the end of June to **7,545 at 1<sup>st</sup> July 2016**. To enable the establishment of a new benchmark relevant to this the data in this report takes into account the transfer out of previous NCC employees to Inspire on 1<sup>st</sup> April 2016 and to Via and Arc from 1<sup>st</sup> July 2016, as set out in the Workforce Planning report to this Committee.
4. This report therefore covers the period from **1<sup>st</sup> April 2016 up to and including 1<sup>st</sup> July 2016**.
5. **Appendix A** to this report sets out current performance and comparison between departments and service divisions, **Appendix B** illustrates the reasons for absence across the Council as at 1<sup>st</sup> July 2016 and **Appendix C** sets out the relative distribution of short and long term absence.
6. Sickness absence performance information informs the development of the Council's Employee Health and Wellbeing Action Plan which identifies a series of actions to effectively address the actual and potential impact of ongoing and significant organisational change on employee wellbeing and minimise its impact on levels of attendance.
7. Regular updates are provided to Members on the development and implementation of the plan, setting out the current status of ongoing and completed actions. A

further update reflecting the situation as at September 2016 is attached as  
**Appendix D.**

## **Overall Performance and Trends**

8. Following systems review amendments have been made to the basis of BMS reporting. As a result it has been established that, as at 1<sup>st</sup> July 2016, the actual average overall reported sickness levels stood at **8.21 days** on average per fte per annum. This establishes a new baseline for comparative trend analysis and performance improvement moving forward.
9. Whilst this adjusted figure exceeds the Council's current in year target of **7.00 days** by 1<sup>st</sup> April 2017, the Council's performance remains better than that of its benchmark comparators: the local government (LGA) average for County Council's is **9.00 days** (**8.50 days** for all local authorities) and the CIPFA benchmark average for County Councils is **8.40 days**. Regionally the average number of fte days lost to sickness across all East Midlands Council's is currently **9.30 days**.
10. In addition to continuing to perform well against the national and regional benchmark averages for the sector, the overall trend remains one of continuous year on year improvement over recent years from a high of **10.15 days** as at 30<sup>th</sup> June 2010.

## **Interventions for Improvement**

11. The data set out in the appendices to this report, indicates that, with the exception of schools, all NCC departments are currently performing below target. This data is being used to identify service areas where improvement is most required and/or there are specific reasons for high levels of absence and prioritise these for intervention.
12. As part of their overall work with service managers to address people management issues, using a targeted "surgery" model developed with Children's Social Care, HR Business Partners will use absence data to provide advice and support to managers.
13. This is designed to enable managers to focus on improved workplace wellbeing, including maximising the use of new, more flexible ways of working, to reduce and prevent absence and, where absence occurs, to tackle individual absence issues and identified service "hotspots" and "spikes".
14. A further example of targeted HR intervention is the current drive to contact line managers of employees with long term sickness absence (20 days or more in duration) to establish what management action is being taken and, where appropriate, follow this up with information to support a referral to the Occupational Health service. As necessary, where no response is received, the case will be escalated to a more senior departmental manager.
15. **Chart 2 in Appendix A** illustrates that absence levels remain most significantly higher than the corporate average for the ASCHPP department overall, standing at **12.79 days** as at 1<sup>st</sup> July 2106. This will be brought to the attention of the de-

partmental leadership team with a view to engaging their departmental managers to work with their Senior HR Business Partner to identify appropriate responses to reduce absence levels in those services, including Direct Services and Mental Health teams, where this is most pronounced.

16. The data in this report illustrates that there will inevitably be higher absence levels in the Council's remaining Direct Services both within the Place department, including Catering and Cleaning, and in some areas of ASCHPP social care for older adults such as START teams and hospital based staff, arising from the duty to maintain hygiene standards and protect service users and customers from the risk of infection. These factors need to be taken into account when prioritising interventions.
17. A range of learning materials on preventing and managing sickness absence continues to be available to all managers as part of a suite of eLearning undertaking this with regular refresher activity is a core requirement of their Employee Development and Performance Review. In the 12 months 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016 a total of **105** NCC managers completed this package.
18. Follow up class room based learning on the practical application of all people policies and procedures, including absence management, is available on completion of eLearning modules. HR Business Partners access information about which managers have completed this learning as part of their interventions in service areas.
19. In addition there are specific learning packages to enable managers to respond to supporting their staff to remain in work including managing employees with Mental Health issues and for managers and staff to build their personal resilience to work related pressures.
20. Interventions to prevent and reduce absence must be balanced against the need to avoid "presenteeism", or working whilst sick, which can lead to loss of productivity, poor health, exhaustion and workplace epidemics.
21. The aim of any formal procedural intervention under the Council's attendance management policy (other than in cases where the severity of the illness meets the criteria for ill health retirement), is to enable the employee to return to work, perform well and sustain acceptable levels of attendance moving forward. There will however be occasions when this fails and formal sanctions have to be put in place. Employees have a right to appeal to Members against decisions to terminate their employment on these grounds.
22. The number and spread of appeals to Members on these grounds over the period since **April 2013** were as follows:

<b>Appeals to Members against dismissal on the grounds of sickness absence (April 2013 – Sept 2016)</b>			
<b>Department (pre and post 1.9.2015 organisational structure)</b>	<b>Number of Appeals</b>	<b>Appeal Dismissed</b>	<b>Appeal Upheld</b>
CYP/CFCS	7	6	1
ASC/ASCHPP	6	6	
Communities/ Place	2	2	

Environment and Resources/ Resources	6	6	
Unrecorded	1	1	
<b>Total</b>	<b>22</b>	<b>21</b>	<b>1</b>

### Reasons for Absence:

23. The 14 categories historically adopted by the Council for managers to attribute a reason for each occurrence of employee sickness absence when recording the absence on the BMS System, reflect those used by the Local Government Association (LGA). This allows for direct comparison with other local authorities and national performance benchmarking.
24. Despite the regular reissue of management guidance, there remains a need to reduce the percentage of managers recording attributable absence against the "Other" reason reporting category and encourage them to attribute all absence to one of the specific reasons wherever possible using this category on an exception basis. A further reminder will be issued to managers during September.
25. The Council's commitment to supporting employees diagnosed with terminal illness was expressed on 17<sup>th</sup> August 2016 in its signature of the Trade Union Congress's (TUC), "Dying to Work" Charter. To underpin this commitment, from 1<sup>st</sup> October 2016, an additional reporting category will be added to the BMS system to enable managers to separately record absence relating to diagnosed terminal illness. This will be reflected in reporting arrangements from quarter 3 onward.

#### • Stress:

26. In recent years the most common overall cause of all absence across the local government sector has been reported as attributable to stress, depression, anxiety, mental health and fatigue. The most recently available LGA data indicates that this currently comprises of **22.20%** of all absence across the sector.
27. Stress also remains the most prevalent cause of sickness absence in the County Council. Reported absence attributed to stress and related conditions has decreased from the previous quarter and currently stands at **18.81%** of all reported absence as indicated in **Appendix B** compared with **18.86%** at the previous quarter.
28. The need to build individual and organisation resilience to prevent, proactively respond to change and manage stress, including effective workload management, with a particular focus on mental health awareness, is reflected in the Council's current Employee Health and Wellbeing Action Plan which is contained in **Appendix D**.
29. This action plan includes providing corporate HR and Workforce Planning support to departments to deliver their action plans arising from both the Children's Workforce and Adult Social Care Health Check reports for 2015/16 which identify workload management and workforce health, wellbeing and support as key areas for focus.

30. Levels of reported stress remain highest in ASCH (**24.93%**) and CFCS (**23.40%**). This reflects the particular pressures of the front line social care operating environment.

- **Other reasons:**

31. The next most prevalent reason for absence across the Council continues to be surgical operations and post-operative recovery which, whilst unavoidable, can usually be planned to minimise the impact on service continuity. As at the 1<sup>st</sup> July 2016 this stood at **17.97%**, a decrease from **18.30%** at the previous reporting period.

32. Across the local government sector absence caused by muscular-skeletal problems is currently reported as **15.70%**. The NCC percentage currently stands at **11.70%** a decrease from **12.05%** at the previous quarter. This is likely to decline further in future reporting periods following the transfer out of direct NCC employees undertaking physically demanding front line Highway's roles to Via.

### **Long term absence**

33. Managers are supported through HR and Occupational Health input to make early interventions and ensure that reasonable adjustments are in place to enable those employees whose illness is "long term", that is where continuous absence exceeds 4 weeks as indicated in **Appendix C**, to return to work at the earliest reasonable opportunity.

34. Managers are also encouraged to use the toolkit of measures available to them under existing policy, including trigger levels and return to work interviews, to respond to short term, repetitive or regular absence and patterns of absence.

### **Employee Health and Wellbeing Action Plan**

35. Supporting the Council to be a Healthy Organisation is a key theme of its current Workforce Strategy, the Employee Health and Wellbeing Action Plan sets out the actions and measures identified to achieve this.

36. Corporate responses to further improve the health and wellbeing of the Council's workforce continue to be applied and new initiatives identified on an ongoing basis, these are set out in the current Employee Health and Wellbeing Action Plan contained in **Appendix D** to this report.

37. Building on the Council's success as the first public sector employer in Nottinghamshire to be accredited against the Gold level standard of the Wellbeing at Work award, it was confirmed in August 2016 that Nottinghamshire County Council is the first Local Authority employer to achieve accreditation against the new Platinum level standard which is the highest level of award under the current scheme. This demonstrates the quality and breadth of the Council's support for the improvement of the health and wellbeing of its workforce.

38. The current action plan sets out both ongoing work and as at September 2016, new areas of focus which include the development of management guidance, jointly under development with the trade unions, on:

- Supporting employees with Dyslexia to perform well at work
- Offering practical support to employees diagnosed with terminal illness (reflected in the Council's commitment to the TUC "Dying to Work" Charter).

### **Other Options Considered**

39. The Council's approach to employee health and wellbeing is the subject of ongoing discussions with trade union colleagues which now take place through task focussed time limited joint working groups as sub groups of the Central Joint Consultation and Negotiating Panel.

### **Reasons for Recommendations**

40. The recommendations in this report will enable Elected Members to review the current levels of performance set out in this report and the actions that are in place to improve the level of performance in order to meet the Council's identified target. Regular update reports will continue to be submitted on a quarterly basis.

### **Statutory and Policy Implications**

41. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Human Resources Implications**

42. These are set out in the body of this report. The trades unions continue to be engaged in joint working to further develop employee health and wellbeing initiatives, as set out in **Appendix D**.

### **Equalities Implications**

43. 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 Personnel Committee:

1. Note the current level of performance in respect of sickness absence levels and review the current target.
2. Note the current actions being taken by HR Business Partners to work with departmental managers to reduce absence and improve the health and wellbeing of their workforce.
3. Note the achievement of the Platinum Level Wellbeing at Work Award.

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**For any enquiries about this report please contact:**

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**Constitutional Comments (KK 08/09/16)**

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

**Financial Comments (SES 07/09/16)**

45. There are no specific financial implications arising directly from the report.

**Human Resources Comments (CLG 19/08/16)**

46. The human resources implications are implicit in the body of the report. The trade unions have asked that we highlight the continuing support the Authority provides for employees and managers and benefits that staff receive and are keen to see this continue.

**Background Papers**

Trades Union Side comments

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

All