

**REPORT OF SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND
EMPLOYEES****SICKNESS ABSENCE PERFORMANCE AND ONGOING ACTIONS FOR
IMPROVEMENT****Purpose of the Report**

1. a) To update Members on quarterly performance information as at **30 September 2019**, in relation to levels of sickness across the directly employed Nottinghamshire County Council workforce.
- b) To seek approval for ongoing specified actions identified in the Employee Health and Well-being Action Plan to further understand the reasons for sickness absence, build our prevention agenda and therefore reduce absence levels.
- c) To seek agreement to a revised approach to reporting absence related information to Personnel Committee in terms of statistical analysis and comparison.

Information

2. This report sets out the latest available sickness absence figures for the end of Quarter 2 2019/20 as at 30 September 2019. In addition, it seeks to inform Members of the actions being taken by the Council to improve the health and wellbeing of its employees with an aim to reduce the levels of absence and to make sustainable progress towards the achievement of the target of **7.00 days average per employee per annum**. The figure for this period is 8.91 days per employee and is a further indicator of a small upward trend.
3. At Committee on 3 October there was a detailed discussion about absence, how it is reported and what it is that actually makes a positive difference of all the many interventions the Council has put in place over the last 2 years. It has been previously recognised that we have in place a comprehensive package to assist and support our employees if they become ill, but Members were keen to explore what more could be done to prevent absence occurring in the first place.
4. This report therefore has a different emphasis to those most recently considered and provides some detailed statistical information to determine whether our workforce is in line with the general population in terms of their health and attendance or whether we are an outlier. Public Health colleagues have been engaged in this discussion and are providing

the population data on the prevalence of long term sickness in the wider population. Our approach remains one of education and self-help rather than anything more prescriptive which is a more progressive approach in an organisation which seeks to trust, support and enable its workforce to maximise their performance whilst at work.

5. In terms of the population of England, 1 in 4 employees reported as having a physical health condition. Of these a further 1 in 5 also reported having a mental health condition. There is 1 in 3 employees in the current UK workforce reported as having a long term health condition, 1 in 8 employees report having a mental health condition with a further 1 in 10 reported as having musculoskeletal conditions.
6. It is reported that 42% of employees with a health condition felt their condition affected their work “a great deal” or “to some extent”. Employees with mental and physical health comorbidity were more likely to see their health as affecting work with 29% stating they were affected “a great deal” compared to 13% of those with a physical condition only and 15% of those with a mental health condition only.
7. Continuing to consider the working population, 131 million days are lost to sickness absence every year. It is reported that 42% of employees experience at least one period of absence with around 7% of employees taking periods of absence of 2 weeks or more.
8. Almost 1 in 6 people of working age have a diagnosable mental health condition and long term sickness absence attributable to mental ill health makes up 19% of the total figure. Public Health figures for 2016 show that 42.7% is the employment rate for those who reported mental illness as their main health problem (including mental illness, phobias, panics, nervous disorders, including depression bad nerves or anxiety) compared to 74% of the whole population.
9. The overall employee headcount figure at the end of September is **7273** in total which is 5385.37 full time equivalents (FTE). This figure excludes school employees and relief, supply and casual employees and can be broken down as follows:

ASC&H	- 1838
C&F	- 1789
Place	- 2404
Chief Executives	- 1257
10. Members may note that the sum of the departmental figures is greater than the overall total due to a few employees working for more than one department and therefore being counted more than once.
11. In order to understand where best to target resources to address sickness absence, we have undertaken some analysis of levels of no reported sickness absence and where absence goes over the 4 week mark identifying it as long term absence. The current balance between long and short term absence is 61.4% to 38.6%. Further work is being undertaken to understand how far the number of longest term cases (6 months and over) impact on meeting the target of 7 days. The following table shows by department the level of no absence and that over 4 weeks:

Department	% with 0 absence	% 4 weeks or more
Adult Social Care & Health	35.4%	15.1%
Chief Executive's	42.7%	9.8%
Children & Families	52.2%	12.1%
Place	51.9%	10.2%
NCC overall	46.5%	11.8%

12. This information indicates that we need to target those approaching the 4 week absence point to prevent short term stretching into longer term absence and this could be through earlier referrals to Occupational Health, more contact with the employee earlier in their absence to understand the nature of their illness and the likely impact it will have on their attendance.
13. Further work is being undertaken to consider the 80 examples of employees whose absence extends beyond 6 months. A review of the action taken on every case has been undertaken and refreshed advice and guidance has been issued to managers. It is worth bearing in mind that as people choose to work longer, the likelihood of them developing long term health conditions or disabilities in work increases and figures show that in the 12 month period to 30 September 2019 there were 7 deaths in service and for the previous 12 months it was 10. Further work will also be undertaken to understand the nature of absences attributable to mental ill health to understand the precise nature of absence in this area. The introduction of mental health action plans in January 2020 will be closely monitored to assess any positive impact of this new tool.
14. For the period from 1 October 2018 to 30 September 2019, 26 employees retired on the grounds of ill health, 12 employees were dismissed for capability due to ill health and over 1050 referrals were made to Occupational Health seeking advice on ability and fitness to return to work and what adjustments may be required to facilitate this. The termination information can be broken down by departments as follows:

Department	Dismissal Ill Health Capability	Ill Health Retirement
Adult Social Care & Health	2	9
Chief Executive's	2	5
Children and Families	4	6
Place	4	6
Totals	12	26

15. Further information has been gathered as a result of the work completed by Internal Audit on adherence to the attendance management procedures. It has previously been reported that the procedure allows for a degree of discretion for managers who know their own staff best, as to whether to take action or not. However, we are currently undertaking further investigations to ascertain whether the use of discretion and flexibility is allowing some managers the option to abdicate their responsibility for taking action. The use of "other" as an absence type has been discussed previously and we are currently exploring having this category retitled to further limit its use.
16. We have reviewed the training records of managers to understand who has accessed the relevant training to assist them in effectively managing their teams' absences. 231

managers have received this training, a figure which falls short of the number of managers overall. We are now undertaking a more detailed analysis of who needs to access the mandatory training and are contacting relevant senior managers to encourage this discussion as part of the EPDR process on a case by case basis. A recent Extended Leadership Team undertook a quiz to ascertain levels of knowledge and understanding of absence within the Council's workforce and provided the opportunity to remind senior leaders of the need to encourage take-up of a refreshed package of training. It has been agreed that the Corporate Leadership Team will lead by example and issue a communication to all managers requiring them to undertake the mandatory learning and development. This will dovetail with the ongoing delivery of Manager as Coach training which is designed to give managers greater confidence in having difficult conversations and tackling sensitive issues. A further report will be brought to Committee to report on take-up of the refreshed training offer.

17. Further analysis will be undertaken to understand the benefit of flexible working and the positive impact this may have on attendance management. This cross cutting piece of work will be informed by the ongoing work with Timewise.
18. In order for managers to address problem absence effectively, they need access to increasingly specialist occupational health advice and support. A review into the current occupational health provision will be undertaken to determine whether the current provision can be enhanced. The review will be undertaken from January to March 2020 and a further report will be brought to Personnel Committee in May 2020 with further options for Members to consider.
19. We continue to benchmark our policies, procedures and support package against organisations held up as exemplar employers in this area and by engaging in local and national networks and workshops to provide assurance that we are not missing a vital component which may deliver a further positive impact.
20. The intention of this more detailed analysis is to determine what actions have the most significant impact recognising that a one size fits all approach will not work to address both short and long term absence.

Actions for Improvement

21. Following the discussion at October's Committee, work is underway to improve the quality of the identified actions on the Employee Health and Wellbeing Action Plan. The intention is to sharpen the actions to make them more specific, measurable and time related. This includes the development of an individual employee Wellness Action Plan based on the toolkit developed by MIND and which provides detailed guidance on how managers can support the mental health of team members.

Other Options Considered

22. The management of absence is a key challenge for organisations across the public and private sector. Despite all our interventions, the last 12 months has seen a small upward trend which needs to be reversed. Looking in more detail at who and where absence occurs is a different approach to the one previously adopted. What has been seen is that when there is focussed

attention on attendance, improvement occurs whether this is on an individual or team level and we want to modify our approach to ensure we can continue to make these targeted interventions. We continue to identify, test and research new initiatives to establish their value to the Council and our employees.

Reasons for Recommendations

23. A healthy workforce will be best placed to deliver on these identified priorities. In addition, a comprehensive package of employee benefits, support and assistance demonstrates our commitment to our workforce to meet our aspiration to be an Employer of Choice and can demonstrate how employees are valued. This in turn can have a very positive impact on recruitment and retention in the competitive market for current and future talent.

Statutory and Policy Implications

24. 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

25. There are no data protection or GDPR issues arising from this report as all the information contained is generic and cannot be attributed to individual employees.

Financial Implications

26. There are no direct financial implications arising from the content of this report. However, there is clearly a cost to absence and turnover so maximising the package of support with the intention of developing a more preventative strategy has a strong business benefit to delivering this.

Human Resources Implications

27. The effective management of absence and the delivery of effective support for employees experiencing periods of ill health is a key business driver for the Council. It enables us to maximise performance but also to demonstrate the value placed on the contribution of the workforce. Whilst there are various legal obligations placed on employers to make reasonable adjustments to enable people to remain in work, there are also strong business reasons in terms of attracting and retaining quality employees who value the approach we have adopted as a caring employer.

Public Sector Equality Duty implications

28. The policies and procedures of the Council apply to all directly employed staff whatever their protected characteristic. However, given the content of the action plan, any activity around managing absence and supporting people to remain at work potentially has a greater impact

on employees with a declared disability. An equality impact assessment will be completed once the detail of the refreshed action plan has been agreed.

RECOMMENDATIONS

It is recommended that:

- 1) Members approve this shift in approach and agree to receive further reports which develop this more detailed analytical consideration of absence data.
- 2) Members agree to continue to receive information about sickness absence in future reports with more detailed case studies provided as and when they arise and to receive a further report on Quarter 3 performance at the March Committee with a further update on the agreed action plan in January 2020.

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Constitutional Comments (KK 05/11/19)

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

Financial Comments (SES 05/11/19)

30. There are no specific financial implications arising from this report.

HR Comments (JP 07/11/19)

31. The Human Resources implications are set out in the body of the report. Reducing overall absence remains a key priority area for the Council together with a package of initiatives to support employee mental health issues and wellbeing.

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