



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

**EMPLOYEE HEALTH AND WELLBEING AND SICKNESS ABSENCE  
PERFORMANCE UPDATE AS AT 30<sup>th</sup> SEPTEMBER 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 data in this report reflects the second quarter of 2016-17, that is the position as at 30<sup>th</sup> September 2016. At this date the headcount of direct NCC employees was **7,535**.
4. **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 30<sup>th</sup> September 2016 and **Appendix C** sets out the relative distribution of short and long term absence.
5. This data is available through the Manager Self Service element of the BMS to all NCC managers. It enables them to focus on improving workplace wellbeing to prevent and reduce absence in their service area and, where absence occurs, to respond to individual issues and identify any reasonable adjustments to enable the earliest possible return to work.
6. Sickness absence performance information also 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. An update reflecting the position at September 2016 was reported to the previous meeting of this Committee on 28<sup>th</sup> September 2016.

## Overall Performance and Trends

8. The average (or Mean) days sickness per employee per annum as at 30<sup>th</sup> September 2016 stood at **8.30 days** overall, an increase of **0.09 days** on the revised baseline of **8.21 days** established following systems review in quarter.
9. The overall trend within this authority remains one of improvement over recent years from a high of **10.15 days** as at 30<sup>th</sup> June 2010.
10. Taking this into due consideration, Personnel Committee agreed on 28<sup>th</sup> September 2016 to retain the existing in year target of **7.00 days** by 1<sup>st</sup> April 2017.
11. The data set out in **Appendix A** to this report, indicates that, with the exception of schools, all NCC departments continue to perform below the in-year target.
12. **Chart 2** of the **appendix** illustrates that absence levels remain most significantly higher than the corporate average in the ASCHPP department. Subsequent to this being brought to the attention of the Departmental Leadership Team, the Senior HR Business Partner is working with departmental service managers to identify appropriate responses aimed at reducing absence levels in those service areas where it is most pronounced.
13. Overall absence in the department now stands at **12.51 days** an improvement of **0.28 days** on the previous quarter.
14. A range of other HR and Learning and Development interventions to enable departmental managers to work toward reducing absence levels in their service areas with the support of their HR Business Partner, were described in detail in the previous report to this Committee.
15. In summary, these expert interventions include:
  - Targeted surgeries to provide advice and support to managers to improve attendance in those service areas where it is most required
  - Supporting managers to focus on improved workplace wellbeing to reduce and prevent absence, including that relating to stress, and to build a culture of resilience in a climate of change
  - Identifying outstanding long term absences and supporting managers to tackle these and engage with Occupational Health for appropriate professional advice
  - The provision of a range of bespoke learning materials and training interventions on preventing and managing absence

- An established attendance management policy with a range of guidance and tools, including an online stress audit tool, to assist managers to identify actions for improvement
- Access to an employee counselling service through manager referral.

16. In addition the corporate Employee Health and Wellbeing Action Plan sets out a range of pro-active and preventative strategic measures, co-ordinated through the HR team, aimed at further improving the health and wellbeing of the Council's workforce. A further 6 monthly progress update will be reported to this Committee in due course.

## Benchmarking

17. The method of calculation of the mean average number of days lost per fte per annum across the Council is a measure of working time lost due to sickness absence compared to the sum of the available working time made into an average for a FTE employee.

18. It compares the number of hours lost to recorded sickness absence for the previous 12 months against the available Full Time Equivalent (FTE) during the same period to determine an 'FTE Days lost per FTE employee' figure. It also allows for the actual hours sickness to be taken into account giving due weight to the absence days of part time workers.

19. This methodology of calculating the time lost to sickness absence originated from the now discontinued Best Value Performance regime as required under the Local Government Act 1999. It continues to be used nationally as a robust and consistent calculation which takes account of the varied terms and conditions and composition of local authority workforces.

20. The Council's current **Mean** average performance is comparable or better than that of its benchmark comparators:

- The most recently reported (2015), CIPFA benchmark average for County Councils is **8.40 days**.
- The most recently reported (2015), local government (LGA) average for County Council's is **9.00 days (8.50 days** for all local authorities)
- The Chartered Institute of Personnel and Development (CIPD) annual Absence Management Survey Report for 2016, published since the last report to the Committee, records the average level of employee absence reported by its local government respondents at **9.90 days**.
- Regionally the current reported average number of fte days lost to sickness across all East Midlands Council's is **9.30 days**.

21. The CIPFA VfM Indicators also report on the **Median** of working days lost to sickness absence per annum. The most recent report indicated that across those County Councils within its benchmark grouping who responded to the annual survey this stood at **7.60 days**.

22. A Median calculation takes the mid-point of a range. For all NCC employees the range of recorded days sickness in the 12 months up to 30<sup>th</sup> September 2016 lies between 0 and 260 days.

23. Within this overall range:

- 47% of employees have no sickness absence
- 40% had between 1 and 19 days absence
- 13% had 20 days or more (long term absence) – the longest period being 260 days.

24. Taking the weighting within each part of this range into account this indicates that the overall Median absence over this period was **7.32 days**.

### **Reasons for Absence**

25. The reason 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). These allows for direct comparison with other local authorities and national performance benchmarking.

26. As highlighted in the previous report, from quarter 3 of 2016 onward the additional reporting category of “terminal illness” will be included in reporting arrangements.

- **Stress:**

27. 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.

28. Stress also remains the most prevalent cause of sickness absence in the County Council. Reported absence attributed to stress and related conditions currently stands at **19.08%** of all reported absence as indicated in **Appendix B** compared with **18.81%** at the previous quarter, an increase of **0.27 days**.

29. Levels of reported stress remain highest in ASCH (**23.33%**) and CFCS (**26.05%**). This reflects the particular pressures of the front line social care operating environment.

30. 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.

31. There is potential that the uncertainties for the impact of the Council's recent Section 188 notices listing posts for potential deletion, issued in order to implement previously agreed business cases during September and October 2016, could increase stress levels in those service areas affected.

32. A range of learning interventions and coaching provision is available to support affected employees to maintain their resilience and attendance at work during the ongoing consultation period. Further detail is provided in the Workforce Planning update report to this Committee.

- **Other reasons:**

33. 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> September 2016 this stood at **17.73%**, a decrease from **17.97%** at the previous reporting period.

34. Across the local government sector absence caused by muscular-skeletal problems is currently reported as **15.70%**. NCC continues to perform well in comparison, the percentage of absence attributed to this reason currently stands at **11.63%** a decrease from **11.70%** 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**

35. Managers are supported through HR and its Occupational Health service 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.

36. 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.

### **Other Options Considered**

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

38. The current focus of these working groups is on producing specific management guidance on supporting employees with diagnosed terminal illness and those with Dyslexia.

39. Once this current cycle of work is complete it is proposed to re-instate the Joint Employee Wellbeing and Attendance Management Group as a sub group of the CJCNP to support the identification of further strategies for improvement.

### **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 crime and disorder, 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, sustainability and the environment and ways of working 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 including joint training and guidance.
43. Trade union colleagues are supportive of the positive steps made by the authority to support and help staff; particularly in target areas where absences are higher than other departments. However trade union colleagues remain concerned that budget reductions will impact on staff resilience.

### **Equalities Implications**

44. 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.

2. Note that HR Business Partners continue to work with departmental managers to reduce absence and improve the health and wellbeing of their workforce.

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**Constitutional Comments (KK 07/11/16)**

45. The proposals in this report is within the remit of the Personnel Committee.

**Financial Comments (SES 08/11/16)**

46. There are no specific financial implications arising directly from this report.

**Human Resources Comments (CLG 24/10/16)**

47. 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 and Published Documents**

None

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

All