

REPORT OF THE SERVICE DIRECTOR HR AND CUSTOMER SERVICE**SICKNESS ABSENCE PERFORMANCE AS AT 30th June 2014****Purpose of the Report**

1. To provide a current update for Members about Nottinghamshire County Council's performance in relation to levels of sickness absence across its wider workforce and the measures being taken to improve the health and wellbeing of its direct employees.

Information and Advice**Background**

2. Nottinghamshire County Council (NCC) wants to be an exemplar employer, as part of this ambition one of the Council's priorities is to improve the health and wellbeing of its workforce and as a result to reduce the number of working days lost to employee sickness absence.
3. In recent years there has been a steady trend of continuous improvement in absence levels across the County Council. This reflects the impact of a change of focus away from managing sickness absence to early intervention, including supporting managers and employees to engage in proactive and preventative employee health and wellbeing.
4. Despite an ongoing trend of decreasing sickness absence levels, the unprecedented level of organisational change proposed for 2014/15 onward and the associated uncertainty makes it essential to retain a focus on employee wellbeing in order to sustain this progress.
5. The overall priority for NCC as an employer is therefore to maintain and continue to improve on its level of performance whilst building in sustainability through the increased engagement of the Council's direct workforce in the wellbeing agenda.
6. This will be reflected in a refreshed Employee Health and Wellbeing Action Plan currently under development, underpinning the Council's new Workforce Strategy for 2014 -18, and will have a particular focus on the promotion of positive mental health.

Current performance

7. HR support and advice is provided to both managers of direct employees of NCC and to the Head teachers of those NCC schools which buy back the service to enable them to manage and reduce sickness absence amongst their staff. The Council's sickness absence reporting continues to include NCC schools in which levels of reported absence are generally lower than the NCC average.

8. At Personnel Committee on 21st May 2014, when Members considered the year end outturn figures for 2013/14, a revised performance target for 2014/15 was agreed and set at **7.40 days by 1st April 2015**, including schools.
9. The general trend remains one of improvement with validated data for the first quarter of 2014/15 indicating that the current level of days lost to sickness, including NCC schools, continues to fall, from **7.39 days** sickness per employee on average per annum at the last quarter of 2013/14 to **7.22 days** as at 30th June 2014, a decrease of **0.17days** overall and well within the in-year target.
10. It is recognised that, whilst managers have recently been reminded of their responsibility to record all absence in a timely and consistent manner using the Manager Self Service element of the Business Management System, there is potential that this outcome may reflect an increase in the degree of under-reporting.
11. The reported data as set out in **appendix A** to this report, indicates that marked improvement has been achieved since the previous quarter in all NCC departments, with a particular impact again apparent in levels in NCC schools where absence has fallen from 6.29 days in the previous quarter to 6.06 days and in Children, Families and Cultural Services where an improvement of 0.4 days has been achieved.
12. The next update report to Personnel Committee will set out the known situation as at the end of the second quarter of 2014/15 that is as at 30th September 2014.

Benchmarking

13. The Council uses the **CIPFA Value for Money Indicator benchmarking data** to underpin the identification of priorities for service review as part of its proposed organisational remodelling programme. The most recently available CIPFA data, which **includes schools**, indicates average performance against all the County Councils in the benchmarking group is **also 8.80 days**, whilst across all local authorities who are members of the benchmarking network, it is **9.50 days**.
14. The lower quartile (best) performers being at **7.40 days** for County Councils and at **7.0 days** for all authorities, the Council's current performance is therefore well placed within this high performance quartile.
15. The latest Local Government Association (LGA) Workforce Survey also reports the local government average sickness FTE employee per annum as **8.80 days** for all Councils.
16. Both sets of benchmarking data demonstrate that NCC's overall performance is now considerably better than the national average for the local government sector and the Council's revised target of 7.40 days should ensure that current levels of performance can be sustained throughout 2014/15.

Reasons for absence

17. The LGA Workforce Survey reports the top three causes of reported sickness absence across all local authorities as stress at **21.9%**, muscular skeletal at **15.00%** and infections at **10.50%**. NCC's performance is better than the national average against all these categories.
18. Reasons for absence in NCC as at 30th June 2014 are set out in **appendix B** of this report. At Personnel Committee on 21st May 2014, in addition to a breakdown of reasons by department, **appendix B ii)**, Members requested a breakdown of reasons by age, set out in the table at **appendix B i)**, and by service areas in each department, set out in the tables in **appendix B iii)**.
 - **Stress:**
19. Relatively high levels of stress related absence across the local authority sector reflect the operating environment of budget reductions and organisational change which have resulted in post reductions and increased demands on those who remain in the service.
20. Feedback from the Council's 2013 Employee Survey indicated that support to employees to deal with pressure at work and to strike an effective work-life balance are areas for improvement, in particular helping individuals to handle the impact of stress, anxiety and depression more effectively.
21. Despite an ongoing improvement from a position when stress and stress related illness constituted as much as **21%** of all recorded absence it remains the most significant cause of sickness absence in the County Council. Absence attributed to stress currently stands at **17.96%** of all reported absence as indicated in **appendix B ii)**, a further improvement of **0.21 percentage points** on the previous quarter.
22. It is never the less essential that this improvement is maintained and that levels of stress and stress related illness continue to decline. HR Business Partners continue to work with managers in hot spot areas to identify causes and solutions which will include promoting the use of the Council's on-line stress audit tool to engage with staff to identify actual and potential stressors and action plan accordingly.
23. Analysis by age, **appendix B i)** shows that stress is most prevalent amongst the 56-65 age and 26-35 age groups whilst for employees aged 46-55 the most prevalent reason is Operations and Postoperative Recovery. The next most prevalent reason for absence, surgical operations and post-operative recovery, is significantly higher for employees in the 46-55 and 66 plus age groups although lowest for those aged 56-65.
24. This analysis illustrates that no direct correlation can be made between reason for absence and an employee's age, including stress, which is most likely to be an individual response to personal and work circumstances which will be the focus of the Council's future work on improving the mental wellbeing of its workforce.

- **Other reasons**

25. The next most prevalent reason for absence in NCC is surgical operations and post-operative recovery at **16.46%**, followed by absence reported against “Other” reasons at **15.64%**.
26. Within this Council absence attributable to muscular skeletal problems stands at **12.09%** an increase of **0.77 percentage points** on the previous quarter. This may reflect the comparatively high proportion of physically demanding frontline services, where this type of health problem can be work related, which are currently retained in-house compared to other authorities.
27. The percentage of illness not attributed by managers at the point of recording to any specific reason in the reporting categories currently stands at **1.18%**, following further work to remind managers of their responsibility to record absence accurately this has improved by **0.51 percentage points**.

Long term absence

28. A recent audit of the BMS Business Intelligence report identified that open ended sickness absence records on BMS (that is where managers have not recorded a return to work date), have previously been represented as all being short term rather than categorising as either more or less than 4 weeks in duration. This has resulted in an understatement of absence attributable to long term absence.
29. The report now has been modified to assign absences to the correct category and re-align the proportions of short term and long term absence.
30. As a result, the first quarter 2014/15 data indicates that **60.38%** of all absence is currently long term, that is of four weeks or more in duration (**Appendix C**).
31. This indicates that, whilst comprehensive guidance is available, the timeliness and accuracy of data entry by managers into the BMS needs to improve and consideration will be given on how this might be better communicated and monitored moving forward.

Future Focus

32. The County Council aspires to be an exemplar of good employment practice and the role of the Council's Health and Wellbeing Board in promoting improving health and wellbeing in the workplace to other local employers, extends to being a champion of good practice in employee wellbeing and engagement in its own right.
33. The Council's progress to date in improving the health and wellbeing of its workforce and reducing absence was recently recognised through achievement of accreditation against the Gold level of the Wellbeing at Work Workplace Health Award Scheme.
34. As part of its ongoing commitment, the Council's new Employee Health and Wellbeing Action Plan will have a renewed emphasis on building and maintaining good mental health and an aspiration to achieve the newly introduced Platinum level accreditation of the Wellbeing at Work Workplace Health Award.

35. As the Council enters a period of significant organisational change and transformation through the framework of the *"Redefining Your Council"* programme, it is critical that organisational and individual resilience is maximised and support is available to its employees to personally cope with change and perform their best at work.
36. In response, commissioned through the Chair of the Council's Health and Wellbeing Board and Mental Health Champion and involving the Chair of the Personnel Committee, Public Health funding has been allocated. This will enable the Council's HR team to design and deliver new learning initiatives and resources to enable NCC employees to take responsibility for their own psychological wellbeing and that of others to respond to the inevitable pressures that organisational transformation will bring.
37. The anticipated benefits to the Council arising from this approach are:
- Maintenance of improved level of attendance
 - Further reduction in the financial cost of absence to the Council
 - Reduced impact of sickness absence on service delivery and better customer experience
 - Improved mental wellbeing with an ongoing reduction in percentage of absence attributed to stress and stress related illness
 - Reduction in "presenteeism"
 - Improved individual performance, better employee engagement, commitment and innovation
 - Improved organisational performance
 - Improved general health outcomes for staff
 - Reduced attrition rates (turnover)
 - Improved organisational reputation consistent with the Council's ambition of being an exemplar employer.
38. As the initial priority, starting in autumn 2014, a series of short sessions on "Sharing Responsibility for Future Success", complemented by learning materials and resources, will be delivered for Group Managers and Team Managers, including equivalent posts in Public Health, as an optional but integral part of the Council's Leadership Development Programme.
39. This will enable participants to:
- Contribute to building an organisational culture which recognises the value of employee wellbeing
 - Identify personal coping responses
 - Enable them to lead the Council through change
 - Support their own staff appropriately.
40. The next phase will be to roll out learning resources to the wider workforce.

Other Options Considered

41. The Council's approach to employee health and wellbeing is the subject of ongoing discussions with trades union colleagues in order to consider a wide range of potential options for continued improvement.

Reasons for Recommendations

42. The recommendations will enable Elected Members to review the current levels of performance and direction of travel set out in this report and the actions that are in place to maintain a level of performance which meets the Council's identified targets and supports continuous improvement in levels of attendance across the Council. Regular update reports will be submitted on a quarterly basis.

Statutory and Policy Implications

43. 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

44. The human resources implications are implicit in the body of the report. The trades unions are engaged in the further development of employee health and wellbeing initiatives through the Joint Wellbeing and Attendance Management Steering Group.

Equalities Implications

45. 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 Elected Members note:

1. The current level of performance in respect of sickness absence levels and on-going trend of continuous improvement.
2. The actions being taken to improve employee wellbeing.

Marjorie Toward
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For any enquiries about this report please contact:

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Constitutional Comments (SLB 15/08/2014)

46. Personnel Committee is the appropriate body to consider the content of this report.

Financial Comments (NS 13/08/14)

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

Background Papers

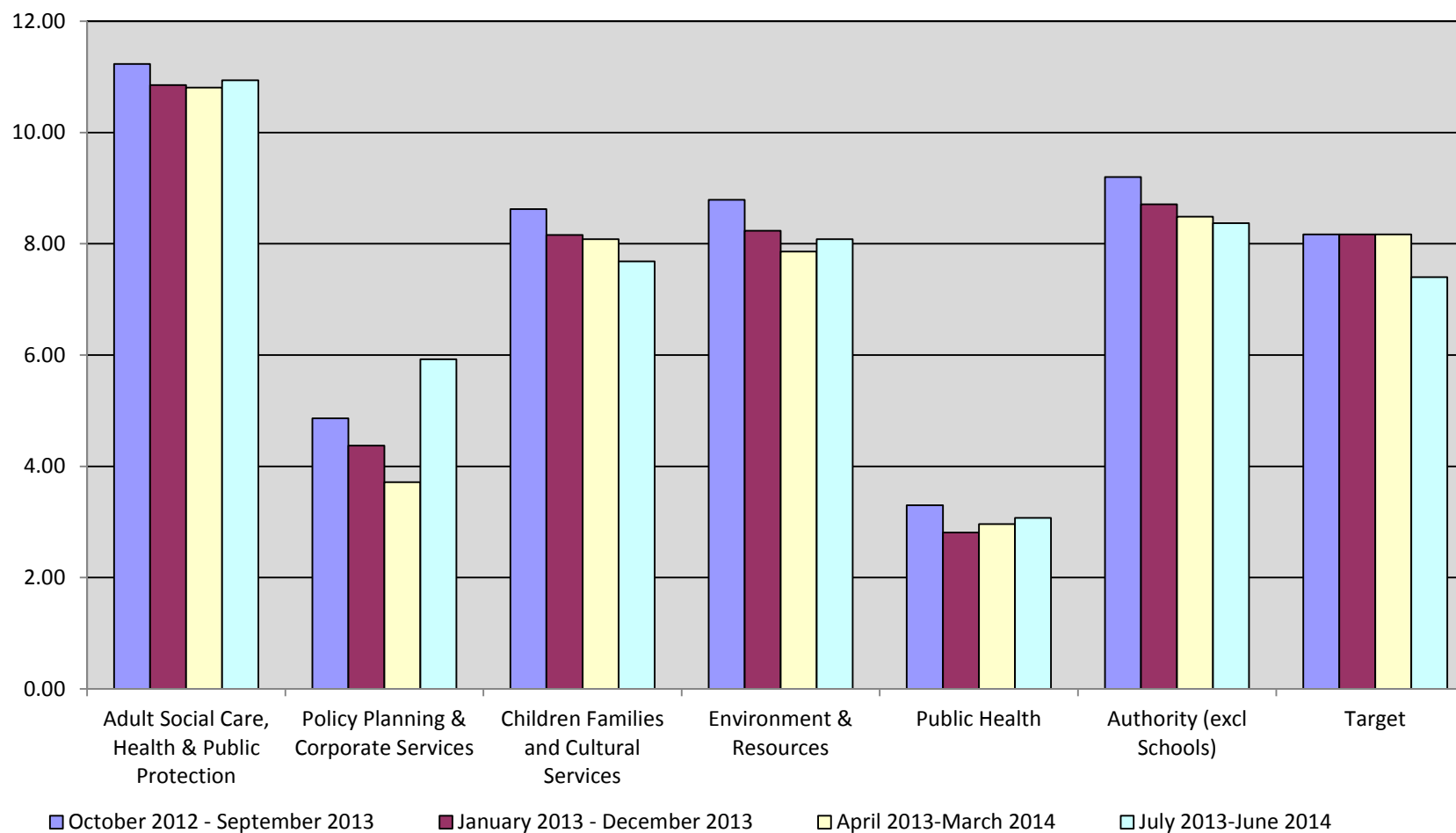
None

Electoral Division(s) and Member(s) Affected

All

Appendix A: Overall Sickness Levels by Department on rolling 12 month basis

Chart 1. Average number of days sick per employee for the authority by department (excl Schools)



**Chart 2. ASCH & Public Protection
July 2013 - June 2014**

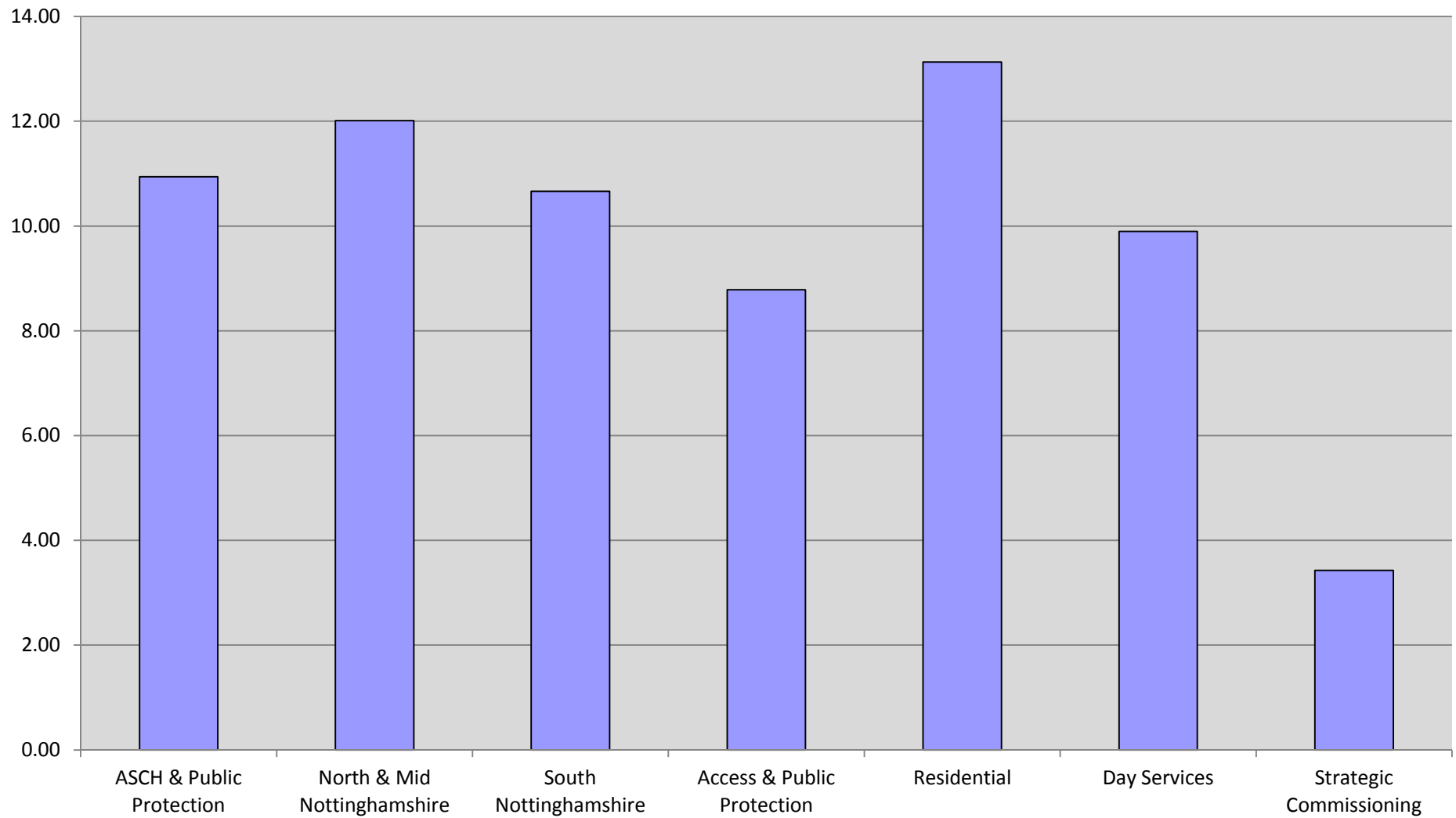


Chart 3. Policy, Planning & Corporate Services
July 2013 - June 2014

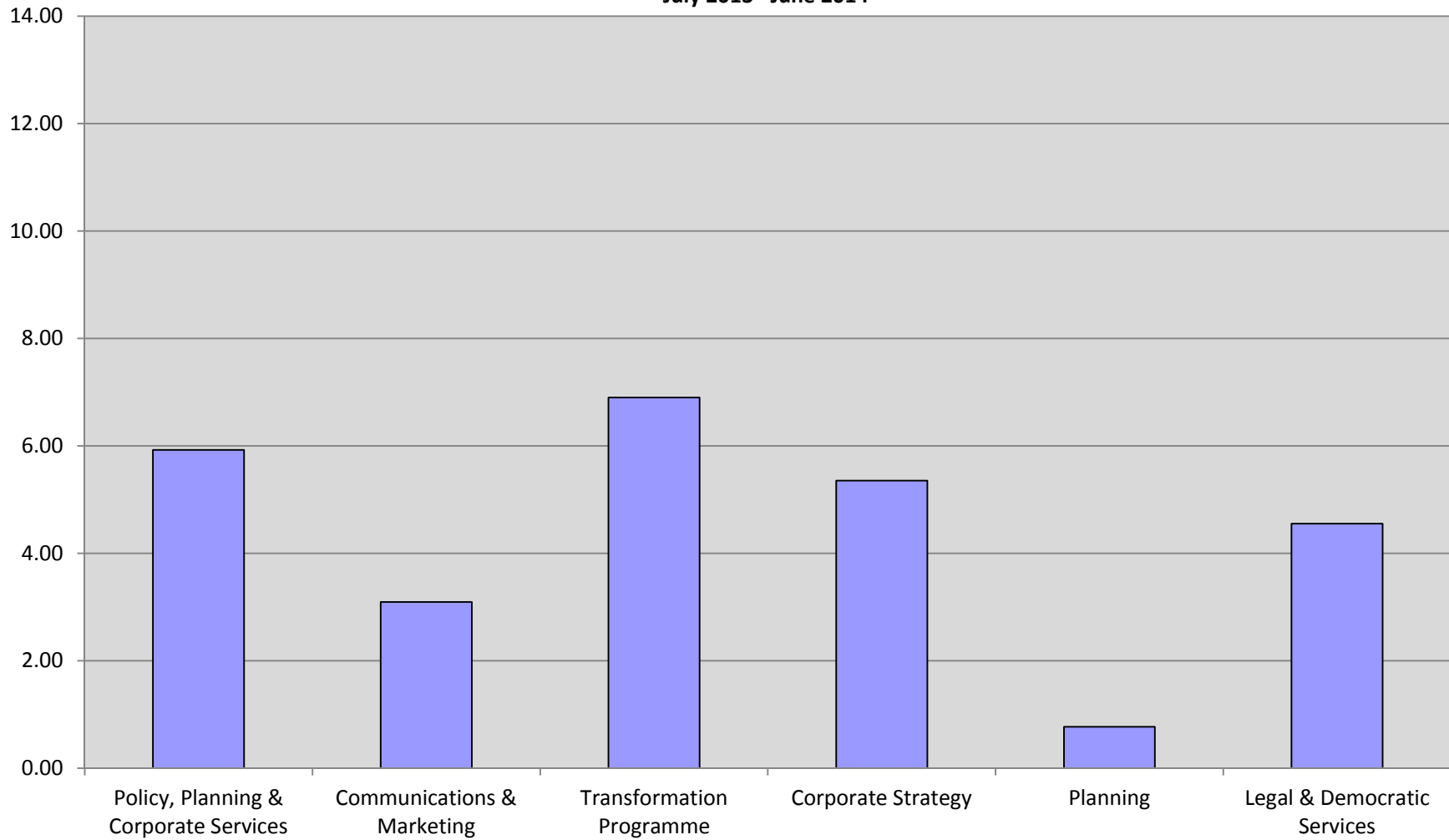
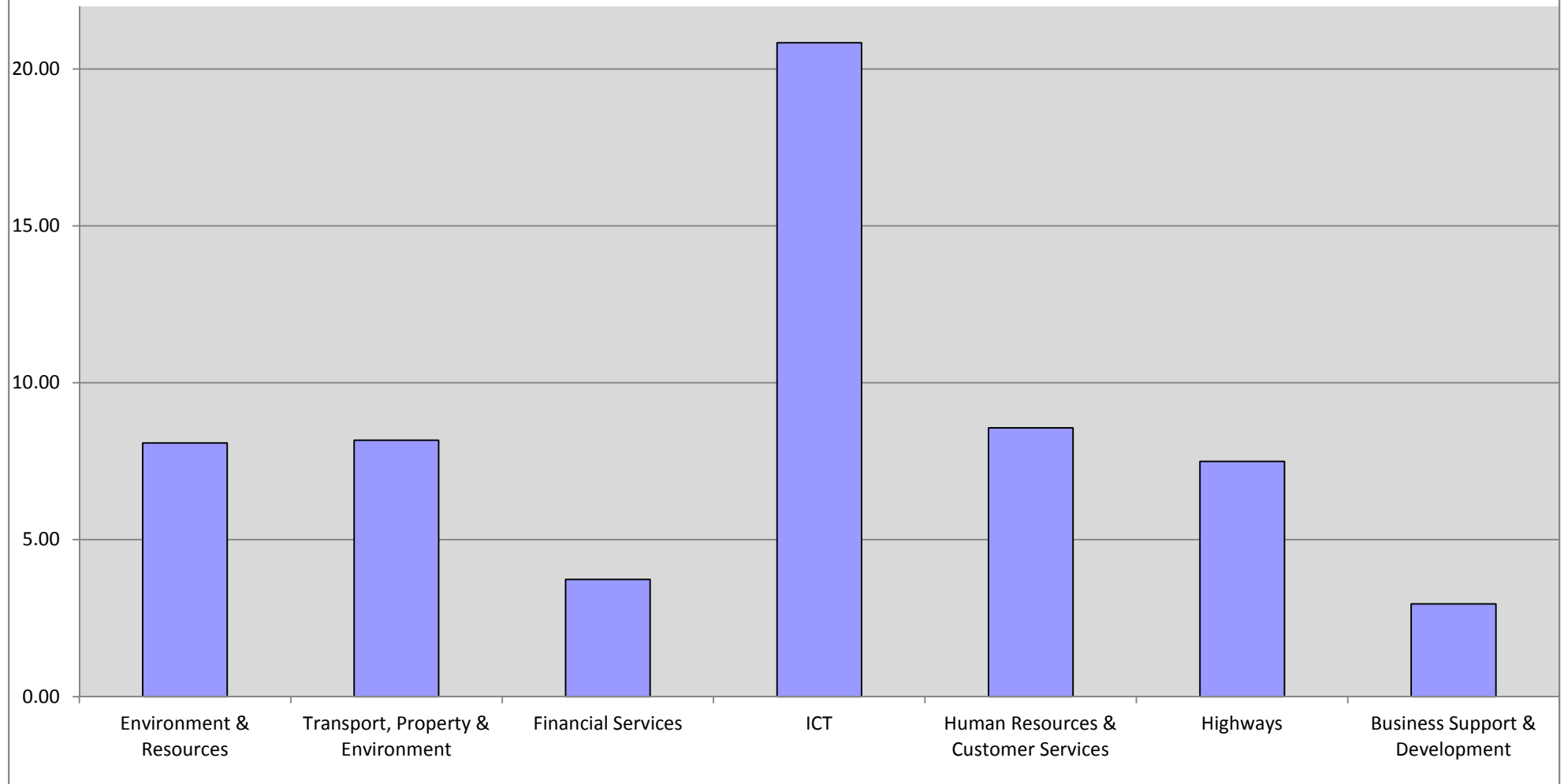
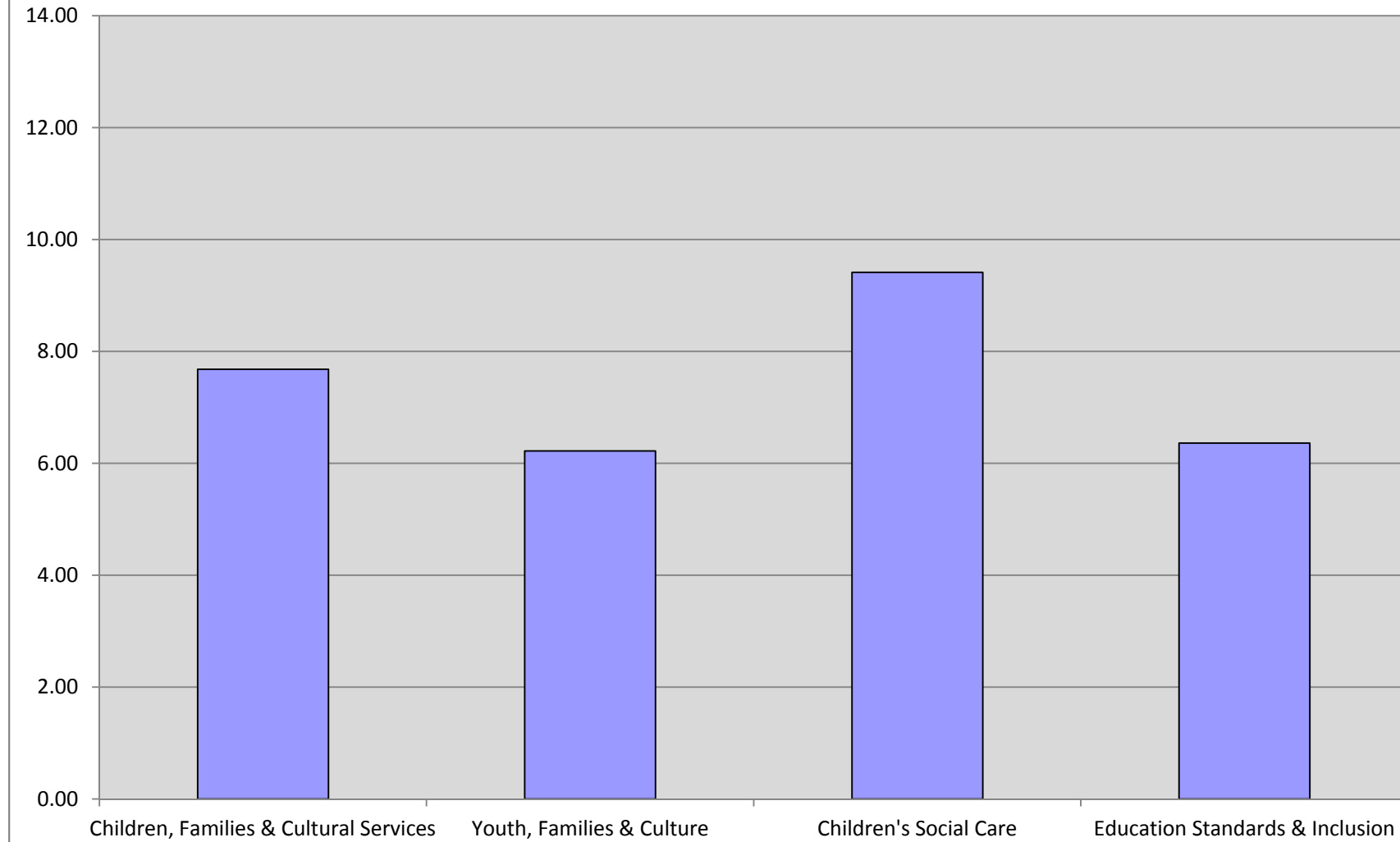


Chart 4. Environment & Resources
July 2013 - June 2014



**Chart 5. Children, Families & Cultural Services
July 2013 - June 2014**



Sickness Levels Over Rolling 12 month basis by Department

	October 2012 – September 2013	January 2013 - December 2013	April 2013- March 2014	July 2013- June 2014
Adult Social Care, Health & Public Protection	11.23	10.85	10.81	10.94
Policy Planning & Corporate Services	4.86	4.37	3.72	5.92
Children Families and Cultural Services	8.62	8.16	8.08	7.68
Environment & Resources	8.79	8.23	7.86	8.08
Public Health	3.30	2.81	2.96	3.07
NCC Schools	7.13	7.62	6.29	6.06
Authority	8.19	8.18	7.39	7.22
Target	8.17	8.17	8.17	7.40

*Public Health joined Nottinghamshire County Council on 1st April 2013. The number of days lost due to sickness has calculated accordingly on a pro-rata basis.

Appendix B: Reasons for Absence
Appendix B i) Reasons for Sickness by Age

	Back Problems	Cold/Flu/Sore Throat	Headache/Migraine	Heart/Circulation	Infection	Muscular/Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/Digestion	Stress/Depression	Not assigned
16 - 25	7.66%	6.29%	1.86%	1.82%	3.29%	14.07%	16.09%	15.26%	1.47%	2.77%	0.32%	7.92%	19.04%	2.05%
26 - 35	4.04%	6.44%	1.35%	0.66%	2.79%	14.78%	13.81%	15.05%	1.48%	2.80%	0.29%	8.82%	23.85%	3.84%
36 - 45	4.71%	7.63%	1.79%	2.41%	1.60%	12.42%	16.47%	16.56%	2.38%	3.73%	0.20%	6.75%	21.70%	1.31%
46 - 55	11.17%	4.47%	2.08%	2.34%	4.61%	16.02%	18.39%	15.02%	0.68%	2.08%	0.44%	7.22%	13.83%	1.62%
56 - 65	9.93%	12.21%	2.73%	0.80%	2.61%	4.92%	8.25%	12.65%	3.21%	3.74%	0.04%	13.23%	25.04%	0.62%
66 +	1.93%	21.59%	0.00%	0.00%	9.65%	3.14%	27.99%	23.40%	3.86%	0.48%	0.00%	7.96%	0.00%	0.00%

Total (NCC average)

6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%
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This data highlights the fact that there are some cases where data has been incorrectly entered by managers, notably pregnancy related sickness in the over 46s.

Appendix B ii) Reasons for Sickness by Department

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
ASCH & Public Protection	4.04%	6.44%	1.35%	0.66%	2.79%	14.78%	13.81%	15.05%	1.48%	2.80%	0.29%	8.82%	23.85%	3.84%
Children, Families & Cultural Services	4.71%	7.63%	1.79%	2.41%	1.60%	12.42%	16.47%	16.56%	2.38%	3.73%	0.20%	6.75%	21.70%	1.31%
Environment & Resources	11.17%	4.47%	2.08%	2.34%	4.61%	16.02%	18.39%	15.02%	0.68%	2.08%	0.44%	7.22%	13.83%	1.62%
Policy, Planning & Corporate Services	9.93%	12.21%	2.73%	0.80%	2.61%	4.92%	8.25%	12.65%	3.21%	3.74%	0.04%	13.23%	25.04%	0.62%
Public Health	1.93%	21.59%	0.00%	0.00%	9.65%	3.14%	27.99%	23.40%	3.86%	0.48%	0.00%	7.96%	0.00%	0.00%
Schools	5.62%	10.59%	2.14%	1.69%	3.52%	9.44%	16.95%	16.16%	1.70%	3.24%	0.15%	12.29%	16.50%	0.01%

Total (NCC average)

6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%
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Appendix B iii) Reasons for Sickness by Division

Table 1. ASCH & Public Protection

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
ASCH & Public Protection	4.05%	6.46%	1.36%	0.66%	2.80%	14.83%	13.83%	15.05%	1.43%	2.81%	0.29%	8.84%	23.75%	3.85%
North & Mid Nottinghamshire	3.74%	6.31%	0.62%	0.89%	2.10%	13.04%	9.26%	22.31%	0.19%	2.23%	0.19%	7.62%	29.93%	1.55%
South Nottinghamshire	2.39%	7.15%	1.61%	0.40%	2.10%	16.35%	8.21%	10.58%	2.94%	3.45%	0.00%	9.19%	32.67%	2.96%
Access & Public Protection	9.79%	8.08%	2.63%	0.05%	2.61%	4.91%	9.02%	16.39%	1.51%	0.36%	0.00%	5.52%	37.73%	1.40%
Residential	4.44%	4.88%	1.39%	1.33%	4.96%	15.27%	22.04%	10.32%	3.17%	3.14%	0.30%	8.64%	11.28%	8.84%
Day Services	2.78%	6.38%	1.38%	0.06%	2.07%	20.66%	18.39%	11.90%	0.32%	4.03%	0.79%	12.01%	15.41%	3.82%
Strategic Commissioning	5.63%	42.72%	15.96%	0.00%	5.63%	0.00%	9.39%	6.57%	0.00%	0.00%	0.00%	14.08%	0.00%	0.00%
Total (NCC average)	6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%

Table 2. Children, Families & Cultural Services

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
Children, Families & Cultural Services	4.71%	7.58%	1.79%	2.41%	1.67%	12.44%	16.46%	16.54%	2.39%	3.78%	0.20%	6.67%	21.73%	1.31%
Youth, Families & Culture	4.84%	8.48%	1.97%	1.62%	1.85%	12.36%	20.61%	12.91%	2.54%	4.31%	0.35%	7.56%	18.30%	1.68%
Children's Social Care	5.08%	6.14%	1.65%	3.81%	1.25%	12.36%	10.74%	20.67%	1.31%	3.00%	0.01%	5.29%	27.64%	1.05%
Education Standards & Inclusion	1.84%	9.30%	1.35%	0.11%	2.78%	13.43%	19.72%	18.34%	7.18%	4.48%	0.23%	8.20%	12.74%	0.29%
Total (NCC average)	6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%

Table 3. Environment & Resources

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
Environment & Resources	11.11%	4.47%	2.09%	2.34%	4.61%	16.05%	18.30%	15.07%	0.68%	2.08%	0.44%	7.26%	13.84%	1.64%
Transport, Property & Environment	12.61%	3.07%	1.51%	2.65%	4.48%	15.67%	18.95%	16.73%	0.66%	2.16%	0.26%	6.21%	13.81%	1.22%
Financial Services	1.52%	10.87%	2.40%	0.00%	0.25%	1.26%	43.74%	9.48%	0.00%	1.01%	0.00%	11.76%	17.70%	0.00%
ICT	0.00%	5.76%	1.70%	0.00%	8.03%	19.55%	12.56%	3.40%	0.00%	1.51%	8.40%	26.82%	12.28%	0.00%
Human Resources & Customer Services	2.81%	12.70%	1.85%	1.10%	3.20%	5.32%	14.34%	18.99%	1.79%	2.17%	0.04%	6.26%	28.08%	1.33%
Highways	9.90%	7.30%	5.42%	1.88%	5.75%	24.03%	16.21%	6.63%	0.44%	1.81%	0.15%	9.05%	6.92%	4.52%
Business Support & Development	11.22%	6.73%	12.48%	0.00%	0.00%	13.46%	0.00%	0.00%	0.00%	0.00%	0.00%	56.10%	0.00%	0.00%
Total (NCC average)	6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%

Table 4. Public Health

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
Public Health	1.93%	21.59%	0.00%	0.00%	9.65%	3.14%	27.99%	23.40%	3.86%	0.48%	0.00%	7.96%	0.00%	0.00%

Total (NCC average)

6.76%	8.11%	1.99%	1.76%	3.42%	12.12%	16.47%	15.63%	1.56%	2.98%	0.25%	9.76%	17.95%	1.18%
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Table 5. Policy, Planning & Corporate Services

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
Policy, Planning & Corporate Services	9.91%	12.20%	2.74%	0.80%	2.80%	4.92%	8.41%	12.44%	3.21%	3.73%	0.04%	13.22%	24.95%	0.62%
Communications & Marketing	1.86%	23.20%	6.48%	0.00%	5.96%	5.03%	1.86%	9.31%	0.15%	7.82%	0.00%	9.12%	29.20%	0.00%
Transformation Programme	11.71%	11.22%	2.66%	0.87%	2.55%	5.47%	8.05%	13.10%	3.85%	3.89%	0.05%	14.22%	21.63%	0.74%
Corporate Strategy	1.23%	13.14%	3.07%	0.00%	0.31%	0.31%	26.09%	16.27%	0.00%	0.00%	0.00%	9.52%	30.08%	0.00%
Planning	0.00%	38.04%	7.61%	10.87%	23.91%	0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	15.22%	2.17%	0.00%
Legal & Democratic Services	0.92%	15.97%	0.61%	0.00%	4.30%	2.76%	5.22%	5.53%	0.00%	3.07%	0.00%	7.58%	54.04%	0.00%
SEO & Group Business Support	0.00%	4.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	95.18%	0.00%

Total (NCC average)

6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%
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Table 6. Schools

	Back Problems	Cold/Flu/ Sore Throat	Headache/ Migraine	Heart/ Circulation	Infection	Muscular/ Skeletal	Op/Post Op Recovery	Other	Pregnancy Related	Respiratory	Skin Disorder	Stomach/ Digestion	Stress/ Depression	Not assigned
Schools	5.59%	10.55%	2.15%	1.69%	3.54%	9.48%	17.00%	16.13%	1.69%	3.25%	0.15%	12.23%	16.53%	0.01%
Ashfield Schools	6.85%	10.51%	1.53%	2.61%	4.50%	9.87%	16.36%	14.57%	2.01%	1.63%	0.09%	12.13%	17.34%	0.00%
Bassetlaw Schools	8.06%	8.87%	1.72%	0.96%	4.10%	8.25%	14.50%	15.28%	1.30%	4.98%	0.22%	14.99%	16.78%	0.00%
Broxtowe Schools	6.61%	12.74%	2.24%	1.20%	3.71%	9.60%	17.01%	15.43%	2.31%	3.98%	0.13%	12.52%	12.47%	0.00%
Gedling Schools	3.04%	10.14%	2.09%	1.61%	2.21%	9.39%	18.43%	19.64%	1.50%	2.58%	0.06%	11.96%	17.34%	0.00%
Mansfield Schools	4.44%	10.63%	2.21%	2.02%	3.40%	13.31%	12.74%	16.07%	1.23%	3.23%	0.08%	12.39%	18.22%	0.03%
Newark Schools	6.28%	11.56%	2.40%	2.78%	3.41%	7.22%	18.34%	16.34%	2.51%	2.54%	0.29%	11.07%	15.26%	0.00%
Rushcliffe Schools	2.70%	9.90%	3.02%	0.27%	3.05%	8.00%	24.94%	15.20%	0.97%	3.36%	0.18%	10.06%	18.34%	0.01%
Learning Centres	4.50%	5.62%	5.93%	0.00%	3.27%	13.29%	4.91%	33.54%	0.00%	13.70%	0.00%	6.03%	9.20%	0.00%

Total (NCC average)

6.79%	8.13%	1.98%	1.76%	3.39%	12.09%	16.46%	15.64%	1.57%	2.97%	0.25%	9.79%	17.96%	1.18%
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Appendix C: Long and Short Term Sickness

