

**REPORT OF SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND
EMPLOYEES****NOTTINGHAMSHIRE COUNTY COUNCIL WORKFORCE AVAILABILITY
AND SUPPORT TO MAINTAIN EMPLOYEE HEALTH AND WELLBEING****Purpose of the Report**

1. To inform Elected Members of the current position of workforce availability, sickness absence for quarter 1 2020/21 and to seek approval for the refreshed actions contained in the updated Employee Health and Well-being Action Plan.

Information

2. This report seeks to inform Members of the Council's performance in terms of attendance and workforce availability. It remains the case that over 50% of the directly employed workforce have had no sickness absence in the last 12 months (Appendix E). The balance between short and long term absence has also shifted to around 65% long term (4 weeks or more) to 35% short term (Appendix C). This is helpful information and provides a clear indication of where we need to focus management attention as we know that short term absence improves when there is a concerted effort to reduce it and Members have previously received case studies which demonstrate this.
3. We also have to acknowledge that as a large employer there will always be a proportion of the workforce unavailable due to chronic ill health for example those undergoing treatment for cancer or serious heart conditions. We need to focus our efforts on the areas we can influence and adopt different approaches depending what the identified issue is. This may be a more robust line with frequent short-term absence to a more supportive approach to those experiencing longer term illnesses. This would align with our ongoing efforts to recruit more people with disabilities into the workforce and also our commitment to the Dying to Work charter which promotes employee choice in the unfortunate event of someone receiving a terminal diagnosis.
4. The table at the foot of Appendix E shows that there were 5 capability (ill health) terminations and 23 ill health retirements in quarter 1 demonstrating the managers retained a focus on managing attendance during the height of the Covid-19 pandemic. The picture varies between the departments and we aim to adopt an individual approach when managing casework as the reasons for absence and the barriers preventing an early return to work are very specific to individuals.

5. Members will recall receiving a report to July's Committee which demonstrated that the level of workforce availability throughout the Covid-19 pandemic had remained stable and comparable with four randomly selected dates prior to the outbreak. The level of availability fluctuated between 85 and 89% of the workforce and took into account people unavailable to work due to sickness absence, annual leave or for any other approved reason. This figure has dipped slightly in August due to employees being encouraged to take some of their annual leave allowance to ensure they maintain their resilience and have some time for rest and recuperation, given the intensity many are experiencing in their current work situations. It is expected that the figure will return to the previous level in September after children of all ages return to school.
6. Members will be pleased to learn that at the time of writing, it remains the case that no Council employee has died as a result of the Covid pandemic. However, we are aware of the continuing impact of the current situation on people's health, particularly their mental wellbeing and we know that we continue to have employees who have been bereaved due to Covid-19. The extended counselling provision which operates 24 hours a day, 7 days a week, continues to ensure people have access to professional support whenever they need it and the attached Action Plan (Appendix F) seeks to refresh and where appropriate, extend the support available to the whole directly employed workforce.
7. Information contained in Appendices indicates the annual 12 month rolling picture regarding sickness absence. The figure for quarter 1 2020/21 is 9.39 days which does not reflect the overall improved attendance during the Covid outbreak. This is due to the number of days absence being calculated as a 12 month rolling figure. The average number of days' absence per full time equivalent employee (FTE) for quarter 1 is 8.87 days and when the figure is extended from 1 April to 31 August 2020, the average number of days absence reduces further to 7.9 per FTE. A further report will be brought to November's Committee to report quarter 2 performance and to identify whether the overall reducing trend continues.
8. Members previously agreed to further work being undertaken to fully understand the impact of flexible working on those who could work in this way. Unfortunately the Public Health Registrar identified to assist with this piece of work and the investigation into comparing our workforce with the general population, has been seconded back to Public Health England and to date, there is no capacity within their service to offer an alternative due to their continued focus on the Covid-19 pandemic. We continue to work with Timewise to maximise the benefits and to explore further opportunities for flexible working.
9. Further work is still required to fully understand the link between flexible working and attendance so we can utilise this information to improve sickness absence overall. The availability to work figure as mentioned above, has stayed relatively constant around the high eighties percent. The unavailable for work figure includes sickness absence but also approved absence for annual leave and all aspects of paid and unpaid special leave. We have previously only looked at sickness absence in terms of those not in work either long term or regularly absent short term. The understanding of workforce availability may provide new insight into the reasons for absence. Alongside further examination of the positive benefits of flexible working on absence generally, work will be initiated across all departments to understand what the reasons for this may be and a further report will be brought to this Committee. We will explore different ways to utilise Public Health expertise despite the loss of dedicated capacity and aim to inform Members of progress in respect of this research and any actions taken as a result of this.

10. There remain areas where joint work with Public Health colleagues is possible and which will enhance our existing package of support for employees. Unfortunately, one of the known outcomes from the ongoing pandemic is a reported increase in domestic abuse. Work is now underway between HR and Public Health colleagues to refresh our policy in this area and to publicise the range of support available to all employees should they find themselves in this most difficult of situations.
11. Another area where the organisation can benefit from a more joined-up approach is the winter flu vaccination programme. We know that the Covid-19 situation continues and the possibility of local lockdowns remains a possibility. There is concern that the position will be exacerbated if we have a significant winter flu outbreak and the normal vaccination programme is being extended. We will work together to ensure an effective communications programme is developed and delivered to maximise the impact and to ensure, as far as is possible, our workforce and their families are protected.
12. The employee health and wellbeing action plan, previously approved by Members, has been refreshed to include new measures directly linked to the Covid-19 situation or where it has already been recognised there is a gap in our provision. Discussions are continuing with the recognised Trades Unions and the various self-managed groups to ensure our support package meets the needs of all and retains its currency.
13. The Workforce Recovery Group, chaired by the Service Director, Customers, Governance and Employees, has identified employee health and wellbeing as a key workstream of its programme of work and will continue to identify required actions to support the workforce as we move from response to recovery and the new future of work evolves. A new Workforce Recovery Strategy and associated action plan is being developed to address how the Council's future workforce will be supported and developed to enable them to respond positively and flexibly to the new challenges emerging. The action plan will refer to an align with the existing actions plans addressing the full range of equalities issues and the attached refreshed employee health and wellbeing action plan.

Other Options Considered

14. The Council recognises that its workforce is its most valuable asset and needs to be prepared and protected during the current emergency through the range of activities identified here. There is a raft of guidance, toolkits and risk assessments available to assist managers support their team members as well as further additions to the Council's employee wellbeing offer which has been reviewed and extended throughout the pandemic as new needs are identified and fresh resources become available. Continued work is required to better understand the reasons for absence levels, the benefits of flexible working and to identify any further actions which would improve attendance and support our employees to come to work and perform to the best of their ability.

Reasons for Recommendations

15. The Council's employees are integral to developing new ways of working and service delivery and as such understanding the things they have valued in the emergency situation will be critical to moving forward positively. The Council needs to maximise the attendance and

contribution of each employee as there are efficiencies to be made to meet the ongoing cost of the Covid response.

Statutory and Policy Implications

16. 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

17. 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

18. There are no direct financial implications arising from the content of this report. However, there is clearly a cost to the measures put in place to support and protect the workforce during the current situation. Developing a comprehensive package of support has made employees feel valued and ultimately will have a positive impact on turnover and recruitment. As an “employer of choice” there is a strong moral as well as business benefit to delivering this.

Human Resources Implications

19. The Council’s most valuable asset is its employees and it would have been unable to deliver and continue to provide services to its most vulnerable citizens without their invaluable contribution. The range of activities outlined in this report in terms of support and protection has enabled every individual to make their own contribution and ensured their positive engagement throughout. Learning from the current situation will be gathered used to inform future activity as we move to recovery and the “new normal”.

Public Sector Equality Duty implications

20. Work has been undertaken to understand the potential additional risk factors presented by Covid-19 to specific groups of employees including Black and Minority Ethnic employees and those with relevant disabilities and long-term health conditions. Targeted actions have been identified to address these specific issues. We continue to engage with the recognised Trade Unions and Council’s self-managed groups and support networks to ensure we take full account of the concerns and needs of these members of the workforce.

RECOMMENDATIONS

It is recommended that Members:

- 1) Agree to the identified further work being progressed with Public Health colleagues in the areas of domestic abuse, the winter flu vaccination programme and health promotion opportunities to effect lifestyle changes to reduce obesity and encourage smoking cessation.
- 2) Agree to receive a further report in January 2021 which provides further information on the reasons for the links between flexible working, reduced absence and workforce availability.
- 3) Agree to receive a further report on the workforce's engagement and actions with recovery at November's Committee

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Constitutional Comments (EP 24/08/20)

21. The recommendations fall within the remit of the Personnel Committee by virtue of its terms of reference.

Finance Comments (SES 25/08/20)

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

HR Comments (JP 25/08/20)

23. The human resources implications are set out in the body of the report. Significant activity has been undertaken to develop and support initiatives to maximise employee attendance.

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