

REPORT OF THE SERVICE DIRECTOR HR AND CUSTOMER SERVICE**SICKNESS ABSENCE PERFORMANCE AS AT 31ST MARCH 2013****Purpose of the Report**

1. To provide a quarterly update for Members about Nottinghamshire County Council's performance in relation to current levels of sickness absence across its workforce.

Information and Advice**Background:**

2. One of the Council's strategic priorities is to reduce the number of working days lost to employee sickness absence. At the Personnel Committee meeting on 20th March 2013 Members received updated data and analysis of the Council's performance against this key corporate performance indicator which set out that the situation as at 31st December 2012 was **8.22 days** absence on average, per employee, per annum.
3. The target for 2012/13 was **8.25 days** by 31st March 2013, with a stretch target for incremental improvement to **8.17 days** absence per employee per annum by 1st April 2014.
4. The on-going trend of performance improvement has been supported by the introduction of the Council's new Business Management System in November 2011 which enabled the majority of managers to directly undertake real time reporting of sickness absence amongst their teams.
5. In order to ensure that all absences are being appropriately reported, all managers are now regularly reminded through the Managers Resource Centre and the Attendance Management training programme of their responsibility to ensure all absence is recorded in a timely and consistent manner.

Performance:

6. The data set out in detail in **appendix A and B** to this report reflects the current, known, position at year end 2012/13, which is the end of the fourth quarter (Q4), 1st January to 31st March 2013.
7. For the final time this report combines data for the majority of direct services who now report absence through the SAP system with the figures for schools and a small number

of direct services still reported through the Cyborg system prior to the implementation of BMS Phase 2 in April 2013.

8. The validated data Q4 2012/13 indicates that the current level of sickness absence is **8.25 days** sickness per employee on average per annum. Whilst this represents a slight increase of **0.03 days** on the previous quarter it achieves the level of performance which delivers the in –year target which is **8.25 days**.
9. Overall there has been a continuing trend of improvement evidenced since the introduction of a more strategic approach to proactive, preventative employee well-being initiatives in 2010/11.
10. The recent increases in absence levels in Quarters 3 and 4 of 2012/13 are indicative of the usual prevalence of winter illness and, based on previous years; the trend is expected to “level out in quarter 1 of 2013/14.
11. Compared to the same period (Q4) in 2011/12, when it stood at **8.50 days**, an overall improvement of **0.25 days** is maintained, a reduction employee absence of 2% over the year and a 15% overall reduction since the start of the current Strategic Plan in 2010/11.
12. The charts attached to this report (**see appendix A and B**), illustrate that, whilst on an individual basis there are departments which are currently on, or over, target overall and others that remain below, the aggregate performance across the council continues to meet and exceed its established performance target.
13. Year-end regional benchmarking data reported for 2012/13 (31st April 2013), as set out in **appendix E** to this report, indicates that Nottinghamshire County Council’s current performance of 8.25 days (8.60 days when schools are excluded), is better than the average for East Midlands authorities, which is **9.05 days**.
14. The HR service will continue to work with the relevant managers at local level to develop tailored interventions to effect improvements which take into consideration and respond to the main causes of and reasons for absence in the service area concerned.
15. The next report to the next meeting of Personnel Committee will set out the known situation as at the end of the first quarter of 2013/14 that is as at 30th June 2013. This will be the first report in which all data will all be drawn from one system, SAP, following the completion of the programme of implementation of the Business Management System with schools going live in April 2013.

Stress:

16. The absence reasons report for Quarter 4 2012/13 (**Appendix C**), shows that, in common with all local authorities, during the on-going programme of organisational change and the uncertainties associated with this, absence attributed to stress and stress related illness has been, and continues to be, the single greatest cause of sickness absence in the Council.

17. Over the past few years this has fluctuated at around 20% of all recorded absence which is around the national average for County Councils.
18. In Q4 of 2012/13 stress and stress related illness accounted for **20.24 %** of all recorded absence, an increase of **1.13% %** from **19.11%** at the previous quarter.
19. In acknowledgement of stress as an issue, the Council's current Employee Health and Wellbeing Action Plan for 2012/13, which was considered and agreed at the Personnel Committee meeting on 26th September 2012, therefore had a significant emphasis on building individual resilience and preventing and managing stress as part of the Council's wider Workforce Strategy.

Long term absence:

20. Quarter 4 data indicates that **54.23%**, of all absence is currently long term (four weeks or more in duration (see **appendix D**).
21. Whilst overall the position compared with year end 2011/12 has improved by **2.81% overall**, there remains a need to reinforce HR support for managers to ensure that absent employees are facilitated to return to work at the earliest possible opportunity.

Employee Health and Wellbeing Action Plan 2012/13:

22. The outcomes of the action plan, the achievement of which has been critical to securing the council's in year sickness absence target for 2012/13, are set out in detail in **Appendix F** of this report.
23. The key indicators that can be derived from the outcomes set out in the attached plan highlight that:
 - Developing an understanding of organisational and individual resilience across the Council's workforce is likely to have a positive impact on reducing the causes of stress and ensuring that the potential for change to impact negatively on employee health and productivity is minimised
 - The programme of wellbeing information and support for employees has been successful and should be built upon
 - Nottinghamshire County Council's initial approach to proactive and preventative health and wellbeing interventions has been appropriately focussed, as evidenced by its accreditations against the "Wellbeing at Work" Workplace Health Scheme award
 - The Council should continue to invest in the wellbeing of its employees as its transformation programme gains momentum in order to maximise employee engagement and productivity.
24. The outcomes also evidence that managers are not maximising their usage of the wider toolkit of information and support available to them to effectively prevent and manage ill health and promote good health wellbeing:
 - Whilst the overall attendance rate has improved since 2011/12, 17% of NCC managers have not, as yet, undertaken the corporate attendance management training programme.

It is hoped that making this available as an eLearning package during 2013/14 will address this shortfall

- The numbers of managers accessing the eLearning package on stress management is currently below target, although initial uptake in 2011/12 was relatively high. It is anticipated that a refresh and refocus on content to include a focus on resilience building will re-engage managers
 - Use of the “Well Worker” stress audit tool by managers has fallen from the previous year and is generally not being followed through with the development of action plans to address and improve on the issues identified. This indicates that managers are finding this particular tool to be of limited value. However the tool is only one of a range of means available to managers, including policy, guidance and learning materials which, with HR support, should be accessed by managers as appropriate to identify and address actual and potential causes of stress for their teams. This message will now be more clearly communicated and promoted through leadership teams.
25. The positive outcomes arising from the action plan will be further developed and that outstanding actions arising carried forward. It is proposed that this will be undertaken as part of an employee health and wellbeing work stream forming part of a wider Workforce and Organisational Development Plan for 2013/14, closely aligned to and supporting the delivery of the objectives set out in the Workforce Strategy.
26. Having entered into effective partnership working with Public Health colleagues to successfully deliver the seasonal flu campaign for winter 2012/13 and the training of Workforce Health Champions. It is proposed build on this and work even more closely with Public Health who are now part of the Council’s own workforce, to develop, deliver and resource the other deliverables of the wider action plan.
27. Through joint working, the trade unions will continue to be involved in developing appropriate responses to the workforce challenges facing the council in the immediate future, to date this has been undertaken through the Joint Redundancy and Redeployment Working Group.

Other Options Considered

28. A range of different actions have been considered and discussed with trades union colleagues over a period of time. The adoption of a more proactive, preventative approach is having a positive impact and it is therefore recommended that this approach continues. The details of this will continue to be the subject of discussion with trades union colleagues as part of a joint working group.

Reason for other Options Considered

29. Stress, in particular, is a complex issue which requires a carefully considered holistic approach encompassing a range of different activities which will need to be supported by the HR team, managers and trades union colleagues working together.

Reasons for Recommendations

30. The recommendation in this report will enable 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

31. 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

The human resources implications are implicit in the body of the report. The trades unions are engaged in the delivery of the Employee Health and Wellbeing Action Plan through the Joint Wellbeing and Attendance Management Working Group

Equalities Implications

The Council's Attendance Management policy and procedure applies equally to all directly employed staff. There is separate policy which is applicable to all Community 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.

Financial Implications

The financial cost of sickness is significant and, along with increased productivity and engagement, there are significant savings to be drawn down from further reducing absence rates.

Establishing the true cost of absence to the Council is a complex calculation which needs to take into account a range of related factors, including the cost of providing cover in front line service areas.

Following the successful migration of all employee data into the Business Management System, during 2013/14, work will be undertaken through the SAP system to provide the full range of information necessary to inform a detailed analysis and accurate breakdown of the actual cost of absence to the authority.

RECOMMENDATIONS

It is recommended that Members:

1. Note the current levels of performance in respect of sickness absence levels and the trend of continuing performance improvement
2. Note the achievements of the Employee Health and Wellbeing Action Plan for 2012/13.

3. Approve the proposal to develop this work further in 2013/14, working with the recognised trades unions, integrating it with a wider Workforce and Organisational Development Action Plan.

Marjorie Toward

Service Director HR and Customer Service

For any enquiries about this report please contact: Claire Gollin, Group Manager HR, on 0115 9773837 or claire.gollin@nottsc.gov.uk

Constitutional Comments (KK 01/05/13)

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

Financial Comments (SEM 24/04/13)

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

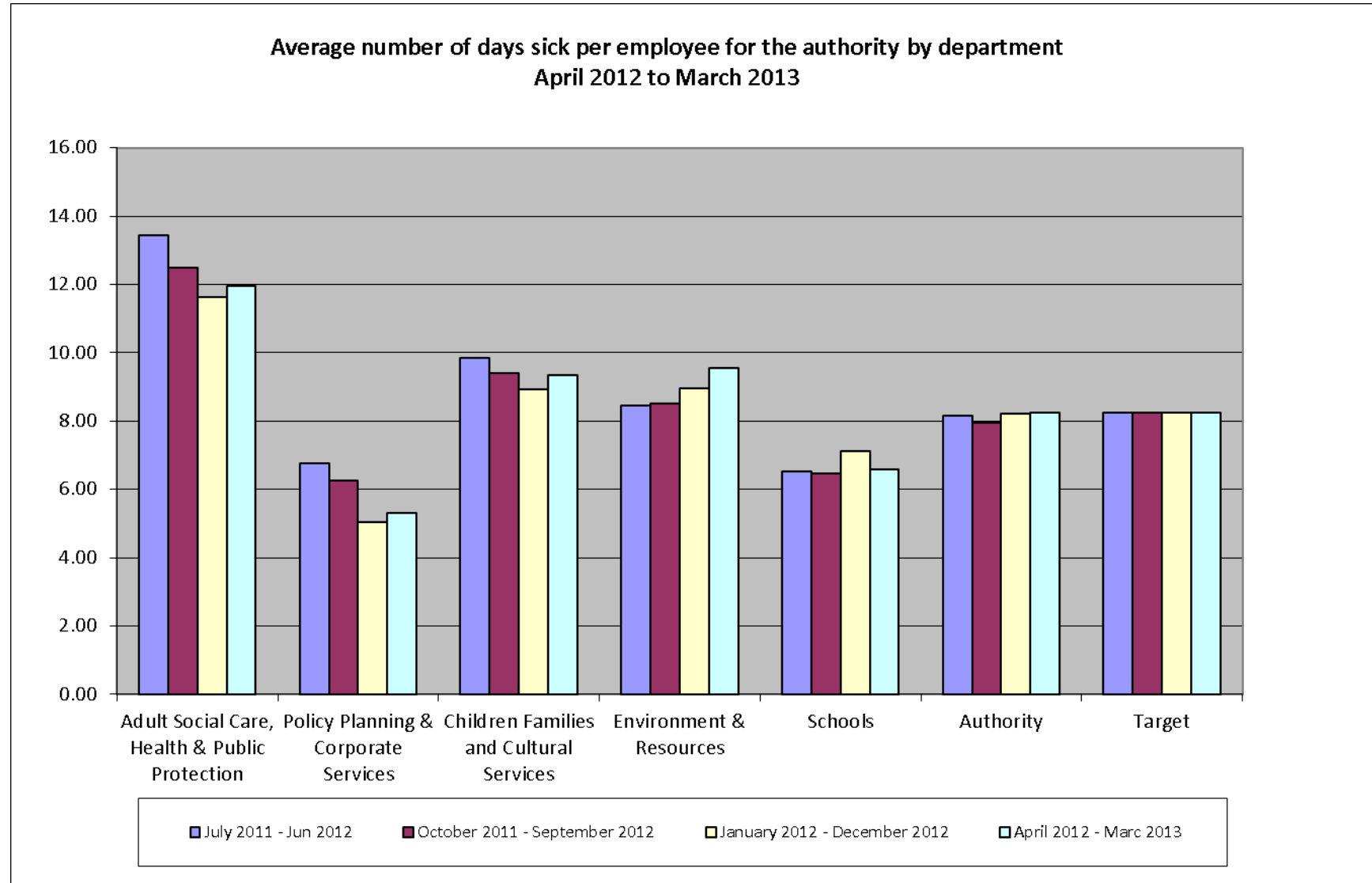
Background Papers

None

Electoral Division(s) and Member(s) Affected

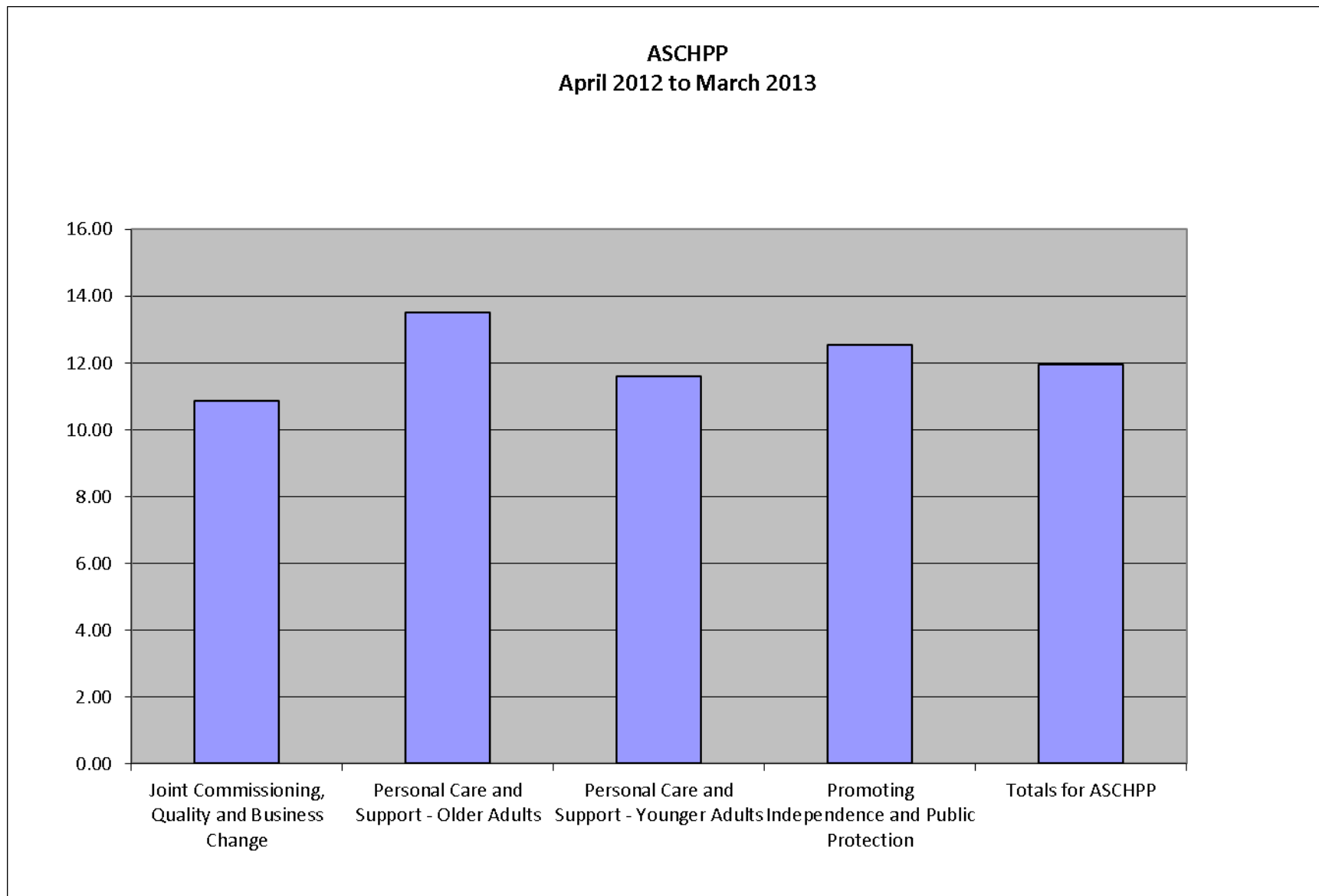
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Appendix A: Overall Performance (rolling basis)

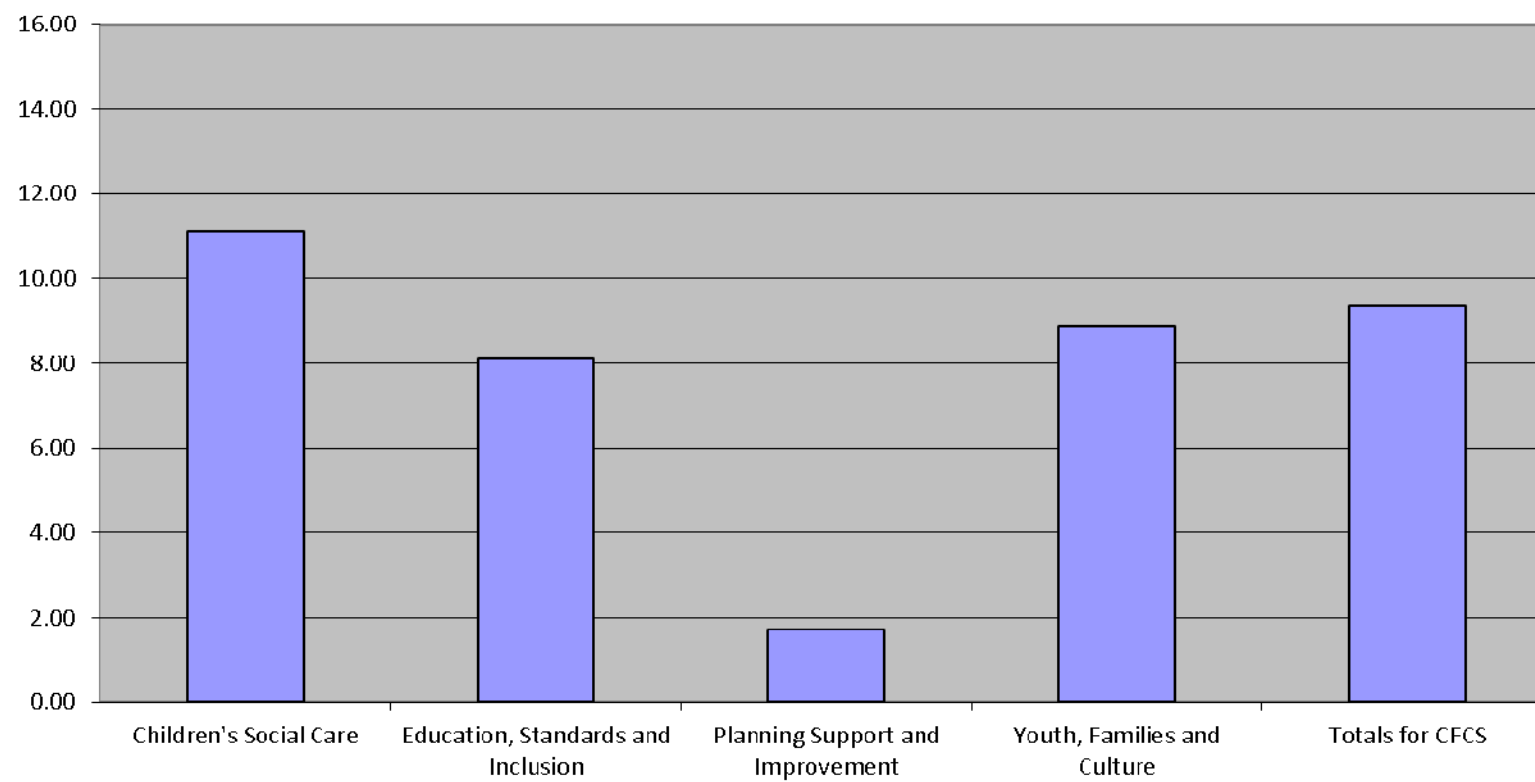


Department	July 2011 – June 2012	October 2011 - September 2012	January 2012 - December 2012	April 2012 – March 2013
Adult Social Care, Health & Public Protection	13.45	12.48	11.63	11.96
Policy Planning & Corporate Services	6.75	6.27	5.05	5.32
Children Families and Cultural Services	9.84	9.40	8.93	9.36
Environment & Resources	8.45	8.52	8.94	9.56
Schools	6.54	6.48	7.12	6.59
Authority	8.16	7.94	8.22	8.25
Target	8.25	8.25	8.25	8.25

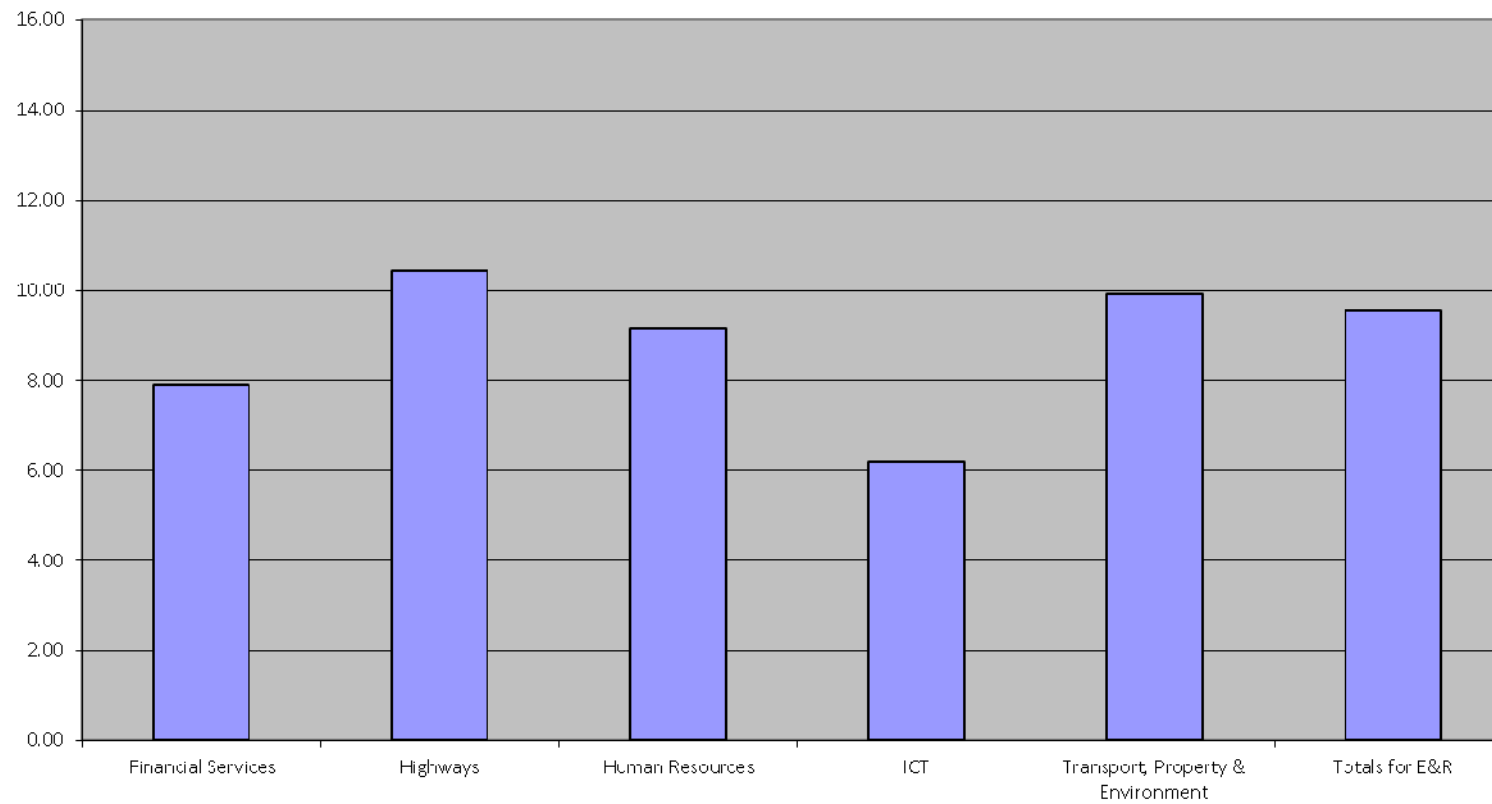
Appendix B: By department (rolling basis)



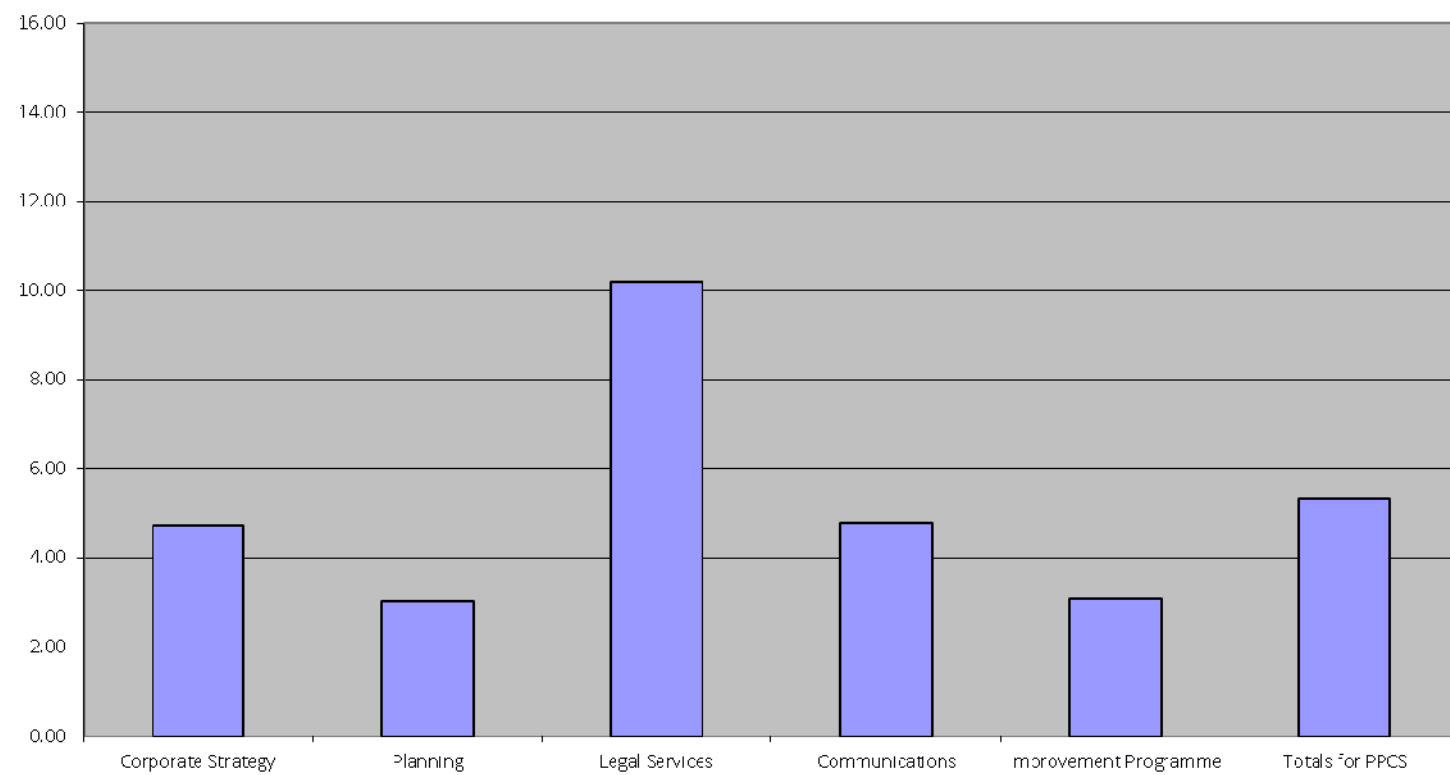
CFCS
April 2012 to March 2013



Environment & Resources
April 2012 to March 2013



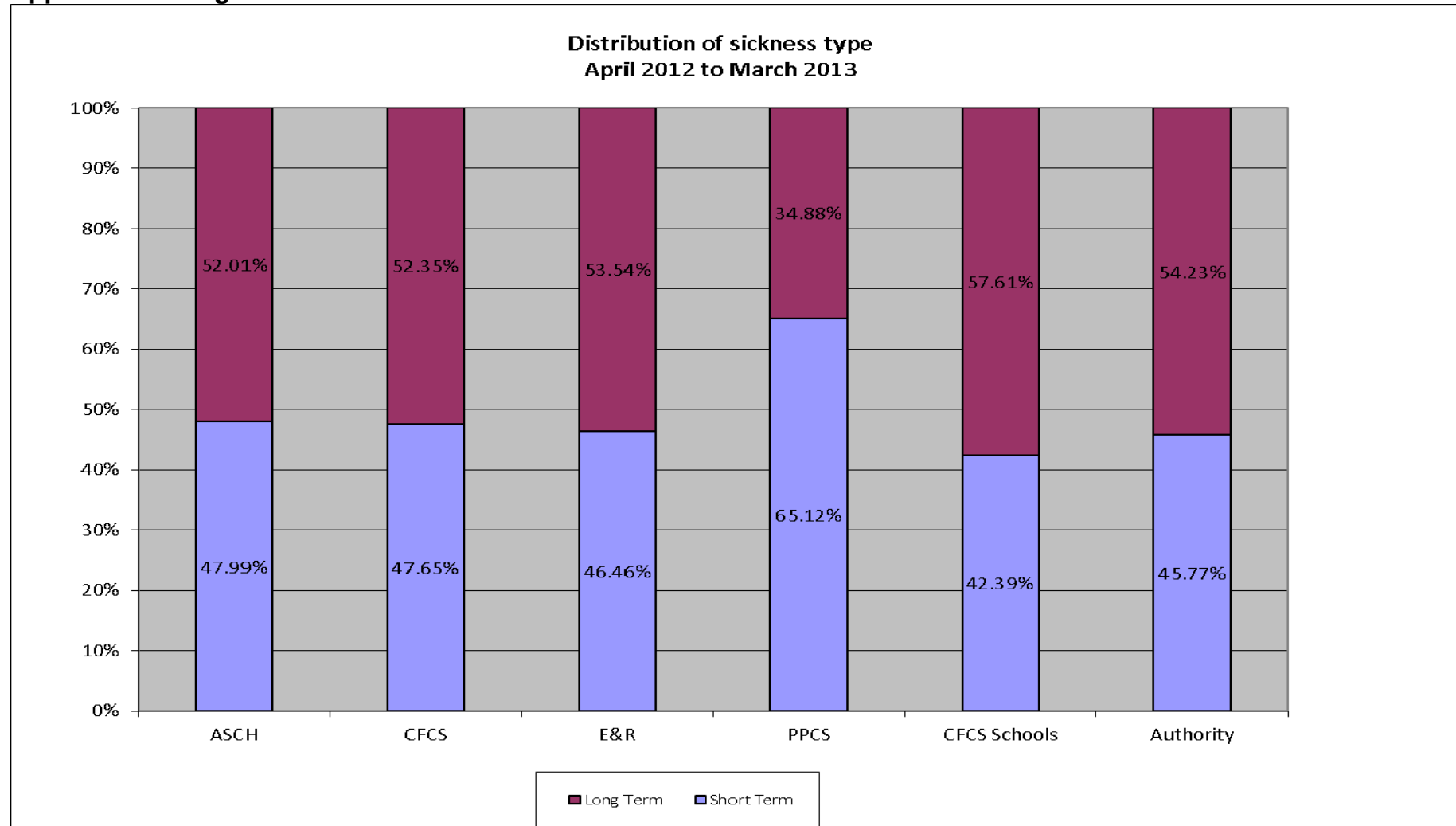
PPCS
April 2012 to March 2013



Appendix C: Reasons for Absence 1st January – 31st March 2013

Sickness Absence Description (reported)	BACK PROBLEM	OTHER MUSC PROBLEM	STRESS / DEPRESSION	COLD / FLU / SORE THROAT	HEADACHE / MIGRAINE	OPERATION / POST OP	CHEST / RESPIRATORY	PREGNANCY RELATED	STOMACH / DIGESTION	HEART / BLOOD PRESSURE	INFECTION	SKIN DISORDER	OTHER	NOT SUPPLIED
Department														
Adult Social Care & Health	7.74%	10.58%	22.97%	8.98%	1.51%	17.26%	3.41%	1.09%	7.61%	1.29%	2.71%	0.38%	14.45%	0.01%
Child Families & Cultural Services	5.81%	10.05%	28.45%	10.16%	1.97%	14.29%	3.00%	1.44%	6.94%	1.35%	2.20%	0.38%	13.95%	0.01%
Environment & Resources	9.09%	17.06%	14.80%	7.72%	1.78%	16.11%	1.86%	1.01%	8.19%	2.64%	3.16%	0.47%	16.00%	0.11%
Policy, Planning & Corp Services	6.74%	3.65%	42.09%	20.29%	2.50%	1.96%	2.85%	0.76%	9.26%	0.32%	6.25%	0.00%	3.33%	0.00%
Schools	4.87%	8.61%	18.42%	12.86%	2.81%	18.68%	3.21%	2.14%	12.08%	1.12%	3.50%	0.19%	9.08%	2.43%
Totals	6.81%	11.73%	20.24%	10.21%	2.12%	16.67%	2.79%	1.48%	9.14%	1.65%	3.04%	0.34%	12.95%	0.84%

Appendix D: Long and Short Term Absence



Appendix E: Year End Out-turn Data 2012/13 – East Midlands Region

Authority	
Rutland County Council	5.63
High Peak Borough Council	6.59
West Lindsey District Council	7.03
Boston Borough Council	7.53
Derby City Council	7.60
Nottinghamshire County Council	8.25 inc schools(8.60 ex schools)
Wellingborough BC	8.49
North West Leicestershire DC	8.86
Hinckley and Bosworth BC	8.94
Northamptonshire CC	9.14
Derbyshire County Council	9.14 ex schools
Bassetlaw District Council	9.36
Mansfield District Council	9.51
Lincoln City Council	9.70
North Kesteven District Council	10.21
Lincolnshire County Council	10.23 ex schools
X District Council	10.23
Gedling Borough Council	10.49
Nottingham City Council	10.62 ex schools
Leicester City Council	10.71
North East Derbyshire District Council	11.69
Average	9.05

Appendix F:

Outcomes of Employee Health and Wellbeing Action Plan 2012-13:

OVERALL AIM:

To improve employee health and reduce sickness absence rates to reflect average levels for County Councils by promoting working relationships and environments that encourage wellbeing and build resilience, with a particular focus on preventing and managing stress and reducing long term absence.

OBJECTIVE 1 - PROACTIVE PREVENTION OF ABSENCE:

Protecting employees from harm, reducing and managing physical and mental illness at source to avoid absence:

a) Building Competency:

Action	Expected outcome / target:	Risks	Actual Outcomes/ impact	Year-end Status (31.3.13)
Ensure linkages into organisational development and transformation agenda to enable NCC managers to be properly and measurably accountable for managing change, including effective and proactive sickness absence management to support on-going improvement.	<p>All managers take responsibility for proactively promoting a healthy and safe working environment.</p> <p>Understanding of the concept of individual and organisational resilience is reinforced through the management and leadership development programmes</p>	<p>Lack of management , engagement</p> <p>Subject to monitoring and evaluation</p>	<p>Incorporated into the NCC Leadership Development Programme November 2012 – February 2013.</p> <p>Re- focussed stress management learning materials and guidance to include dealing with change and resilience – 150 managers attended,</p>	<p>Moving forward for 2013/14:</p> <p>Develop further as a key strand of a wider Workforce Development Plan for 2013/14.</p>

	<p>commencing in Autumn 2012.</p> <p>Managers engaged in effectively planning and prioritising workloads to reduce stress at source.</p> <p>Linked into wider work on cultural change to support mitigation of the impact of staffing reductions on remaining employees(workload)</p>		<p>positive feedback.</p> <p>Linked into the Risk Management, Safeguarding and Health and Safety Competency in competency framework for use in EPDR processes.</p>	
b) Building Resilience:				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
<p>Reposition reactive approach to Stress Management through a proactive re-focus on organisational “Resilience Building” to ensure that employees have learnt resilient skills and have an increased change of coping with uncertainty and maintaining good health and attendance at work.</p>	<p>Employees engaged in identifying and managing their own, individual; reaction to the pressures of change and to changing demands at work, strengthening their individual resilience and well-being.</p> <p>On-going</p>	<p>Lack of employee and/or trade union engagement</p>	<p>Concept of individual resilience launched on Wellbeing site on NCC intranet and article in/ Front line magazine, September 2012.</p> <p>Promotion of stress awareness to coincide with National Stress Awareness Day and Wellbeing Road show with focus on maintaining good mental health (see addendum)</p>	<p>Moving forward for 2013/14:</p> <p>Develop further as a key strand of a wider Workforce Development Plan for 2013/14.</p>

			20.24% of cases attributable to stress as at year end 31.03.13 compared with 20.65% at 31.03.12 = 0.41% improvement.	
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
Planned programme of activity delivered during 2012/13 to coincide with national campaigns and awareness weeks: for examples see Addendum. Continued use of external resources Inc. links to web-based sources of expert wellbeing advice and support e.g. NHS.	Employees are given regular and proactive information and support on how to prevent, identify and respond to common health conditions and guided towards external professional sources of help and support. On-going programme, continually updated	Lack of budget - reliance on cost neutral external / voluntary resources Low level of employee engagement.	2011/12 programme added to and refreshed (see addendum)	Moving forward for 2013/14: Maintain and build on programme as part of employee wellbeing agenda
C) Promoting Healthier Lifestyles and Proactive Health Surveillance:				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
Appoint and train 6 additional Workplace Health Champions from a wide range of job types countywide, to build on and develop the existing cohort of Workplace Health Champions,	6 additional Champions recruited and trained in -year. Employees are directly informed by peers about healthy lifestyle	Failure to recruit sufficient Champions with required aptitudes	Target exceeded: total of Champions and trained and actively engaging increased by 8 to 21 with on-going programme to continue to recruit and train more Champions.	Moving forward for 2013/14: Maintain and build on this resource

Accredit to Royal Society for Public Health Level 2 qualification in Understanding Health Improvement.	choices and encouraged to make positive changes.	Low level of employee engagement		
Programme of activity accredited through NHS Change for Life Wellbeing at Work Workplace Health Scheme award through NHS Bassetlaw. Including baseline Employee health and lifestyle questionnaire to inform future targeting of well-being initiatives	Positive benchmarking of the Council's performance against requirements of a national standard. Bronze level award by Sept 12 Silver award by Feb 13.	Required criteria not assessed as met	Bronze award achieved January 2013 Silver level award achieved April 2013	Moving forward for 2013/14: Evidence collated for assessment for Gold level award, by Sept 13 as part of 13/14 action plan.
d) Preventative intervention				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
Seasonal Flu vaccination campaign for all NCC employees, Winter 2012/13.	Campaign launch and promotion August 2012 for commencement in October. Improved Duty of Care: Higher numbers of NCC employees are protected from contracting flu (no numerical target set). Reduced impact of risk of	Lack of employee engagement No comprehensive or accurate data on uptake.	Launched August 2012 (following unanticipated delay due to national shortage of vaccine re-launched 5 TH November 2012). Campaign delivered in successful partnership with Public Health, NHS Nottinghamshire and NHS	Moving forward for 2013/14: Build on effective partnership working with Public Health.

	infection to members of the public with whom NCC staff come into contact, including vulnerable service users. Fewer incidences of sickness absence attributable to flu.	Insufficient budget to meet demand.	Bassetlaw. Total of 1162 NCC employees vaccinated. Absence attributed to Colds/Flu over “winter” 2012/13 (Q3 and 4 October 12 – March 13) fell by 0.7% overall compared to the same two quarters in 2011/12.	Review approach to seasonal flu campaign 2013/14.
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OBJECTIVE 2 – MANAGEMENT AND REDUCTION OF ABSENCE :

Managing the workplace environment and developing coping mechanism in employee groups and teams:

a) Managing Attendance Effectively :

Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
Further review Attendance Management training for managers to include a focus on building resilience. Provide additional training dates and remind managers of the requirement to attend on a mandatory basis. Develop complimentary eLearning materials Corporate Directors to ensure	100% of all NCC managers are trained by March 2013 All managers take a consistent approach to the management of sickness absence in accordance with the established policies A reduction in the number of ‘Did Not Attends’ for mandatory Attendance Management training events for managers by 80% .	Lack of organisational commitment to enforcing / monitoring mandatory nature of training	9 extra course provided 83% of NCC managers trained as at 31.3.13 = 48.1% improvement on previous year “Did Not Attend” rate reduced to 17% from 30% in previous year = 56% improvement Improvement in absence rates by 0.25 days as at 31.3.13,	Moving forward for 2013/14: Online training package to be developed with complimentary seminars as more effective way of engaging managers.

that all managers are required to attend linked to Competency Framework and EPDR process.	<p>Employees are supported to remain productively in work wherever possible</p> <p>Continuing trend of falling absence rates.</p>		compared to 31.3.12	
b) Proactive management of risk from workplace stress and stressors:				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
<p>Relaunch the on line Stress Audit Tool, currently “Well worker”, which focuses on the six wellbeing indicators set out in the HSE standards to managers and Head teachers (positioned with revised policy, guidance and learning materials focussing on resilience),</p> <p>Guide and encourage all managers to complete stress survey questionnaire to identify the key stressors in their workplace and to develop and implement an action plan to prevent reduce and manage the stressors identified in their</p>	<p>Re-launch Autumn 2012</p> <p>Number of surveys completed increases by 20% during 2012/13 and number of action plans produced following completion of survey increases by end March 2013.</p> <p>The proportion of absence attributable to stress to no more than 19.40% (the local authority average).</p> <p>Reduction in number of claims against the authority related to stress in the work place.</p>	<p>Lack of management / Head teacher engagement</p> <p>Action plans not delivered</p> <p>Liabilities arising from failure to with Health and Safety Executive (HSE) standards</p>	<p>Re-launched Autumn 2012 - 6th Nov to coincide with National Stress Awareness Day 7th Nov 2012.</p> <p>31% decrease (corporate) and 22.7% decrease (schools), in stress surveys completed since 2011/12. No action plans reported as produced following completion of these surveys.</p> <p>0.41% overall reduction in stress related absence at year end 12/13.</p> <p>No ET cases directly related to stress 2 stress insurance claims</p>	<p>Moving forward for 2013/14:</p> <p>Continue to highlight to managers and Head teachers that Well Worker stress audit survey is one part of the wider stress management / resilience building toolkit available to managers.</p>







workplace accordingly.			registered any baseline comparator information for 11/12.	
Re-launch and promote Skillport eLearning package on the Management of Stress , produced for managers and Head teachers (as part of the Services for Schools offer), in a more accessible format, to help them understand stress, their responsibility for dealing with it, and how to prevent it.	<p>By end March 2013:</p> <p>Level of uptake of eLearning increases by a further 50% over whole year</p> <p>The proportion of absence attributable to stress is reduced to less than 19.40%.</p> <p>Compliance with Health and Safety Executive (HSE) Stress Management Standards across the authority</p> <p>Reduction in number of claims against the authority related to stress in the work place.</p>	Lack of management / Head teacher engagement	<p>Relaunched 6th Nov to coincide with National Stress Awareness Day 7th Nov</p> <p>25.6% increase in uptake of stress management eLearning package during 31.3.13</p> <p>Stress related absence at year end 12/13 stands at 20.24%, compared to 20.65% at year end 11/12 = a 0.41% reduction</p> <p>No ET cases directly related to stress 2 stress insurance claims registered any baseline comparator information for 11/12.</p>	<p>Moving forward for 2013/14:</p> <p>HR and Health and Safety continue to promote the eLearning package to managers and Head teachers as part of the wider toolkit of training and guidance available to them.</p>
<u>OBJECTIVE 3- SUPPORT AND REHABILITATION BACK TO WORK:</u>				
Enabling employees experiencing ill health to remain in work and where absent return to work productively at the earliest opportunity				
a) Further improve and benchmark Occupational Health standards:				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)

Accredit the Council's Occupational Health service against the national Safe Effective Quality Occupational Health Service Standards (SEQOHS), through the Clinical Standards Department of the Royal College of Physicians.	Quality of specialist OH advice and support ensured to better enable managers to support early return and sustainable rehabilitation back into work where absence occurs. Fully accredited by end March 2013	Lack of accreditation / failure to maintain accreditation	Registered for accreditation. Multi disciplinary project team including property, Finance and HR actively working towards accreditation. .	Moving forward for 2013/14: Progress work on collating evidence for submission accreditation by end July 2013
Review of Occupational Health service delivery options to schools and more widely, including opportunities to link into Public Health provision during 2013/14.	Delivery model ensures sustainable, customer focussed, value for money service provision By end 2012/13 for further review during 2013/14.	As per wider service review project Customer expectation management. Staff engagement	Improved customer feedback. Reduced number of complaints	Moving forward for 2013/14: Link into wider Service Review Programme during 2013/14
b) Targeted HR support				
Action	Expected outcome / target:	Risks	Actual Outcomes / impact	Year-end Status (31.3.13)
Further work with managers and Head teachers to action plan support for employees on long term sickness absence to return to and be rehabilitated back into work taking into	The percentage of cases of long term absence is reduced by 8.7% to 50% (or less) by 1 st April 2013. Improved management	Lack of managerial engagement Data validity – incomplete	54.23 % long term absence cases as at 31.3.13 compared to 57.04% at 31. 3.12 = 2.81% improvement overall	Moving forward for 2013/14: Managers to be encouraged to use data from

<p>account recommendations from GP Fit Notes</p> <p>Structured use of holistic data and information to support actions and decisions, taken from the following sources:-</p> <ul style="list-style-type: none"> • Stress Audits • the EPDR process • sickness absence data by department, section, teams and groups • information from Grievance & Harassment cases • data from counselling and OH referrals • feedback from managers, HR teams and Trade Unions 	<p>reporting through management self-service element of BMS</p>	<p>management information entered onto BMS</p>		<p>BMS directly to identify specific issues and engage with HR in improvement plans.</p>
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Note: figures quoted for national average for local government taken from Local Government Association Workforce report 2011 (2012 report pending)

Status key:

Exceeded target	
Achieved target	
On track to achieve target	
At risk of not achieving target	
Missed target	
No information available (pending)	

Addendum:

Indicative examples from the planned programme of activities delivered during 2012/13, to coincide with national campaigns and awareness raising weeks:

Healthier Lifestyle:

- Further Well-being Road Shows, 12 September at County Hall, 19th December 2012 (with a mental health focus) and March 2013 , at other county venues TBD
- Promotion of national Walk to Work Week May 2012
- 6 week weight loss sessions linked to national Eat Well for Life campaign, April – June 2012 at Countywide locations (73 employee participants enrolled)
- Additional after work physical activities including. Zumba classes starting 25th June at County Hall and Lawn View House (43 attendees at taster session).
- Promotion of Food and Health day 28th July 12, working with County Catering to launch healthy choices in NCC staff restaurant/snack bars.
- Smoking Cessation : June 12 onwards, one to one support for employees with NHS support team
- Promotion of national Stress Awareness Day, November 2012
- Mental Health awareness seminar 12th December 2012.

Health surveillance:

Osteoporosis and Bone Density screening sessions countywide c December 2013.

- Intranet promotion of Men's Health week 11-17 June 12
- Promotion of seasonal Flu vaccination in partnership with Public Health / NHS Occupational Health service – Winter 2012/13.
- “Movember”- localised events promoting prostate cancer awareness – November 2012
- Supporting the promotion of International day of Persons With Disability within NCC - 3rd December 2012
- Step Challenge “Get fit for 2013’ physical promotional event in partnership with National Water Sports Centre and DW Sports Fitness at County Hall and Lawn view House
- Smoking Cessation: 13th March 2013 event in partnership with New leaf. Promoting one-one sessions at County Hall and Lawn View House to coincide with National Stop Smoking Day
- Women's Cancer awareness in partnership with Macmillan Cancer Support 19th March 2013 at County Hall and Lawn View House
- Pedometer walking challenge at Mercury House on 15th March 2013.
- Blood pressure monitoring campaign 8th and 9th May 2012 County Hall and May Lawn View House
- Targeted wellbeing event for Highways staff, 15th May 2012.