HR COMMITTEE - 5 SEPTEMBER 2024

Health and Wellbeing Attendance Management 2023 - 2024

Purpose	For Review
Classification	Public
Executive Summary	This report provides a summary of the Councils sickness absence rate in the previous 12 months and actions taken to manage attendance.
	Working time lost to sickness absence in 2023 – 2024 was 3.53%, down from 3.92% the previous year.
	Stress/depression was the most common reason for sickness absence (25.25%), an increase from 15% in 22/23. There was an increase from 13 in 23/23 to 21 long term absences in 23/24 because of this reason; 9 colleagues sited some work issues contributed to their ill health.
	Sickness absence is proactively managed. Wellbeing support remains a priority, the report details corporate preventative support.
Recommendation(s)	HR Committee note the content of the report and support the proposed attendance management action plan detailed in section 8.
Reasons for recommendation(s)	The proposed attendance management action plan aims to proactively manage attendance and support our colleagues health and wellbeing.
	Supporting colleague health and wellbeing is vital to ensure teams deliver our Corporate Plan priorities of people, place and prosperity.
	Future New Forest sets out our ambitions to be an employer of choice by promoting employee wellbeing and prioritising work life balance by adoption flexible and family friendly working practices. This will be measured by average sickness absence days per employee.
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Introduction

- 1. This report provides attendance management data from 1st April 2023 31st March 2024, including trend data where it is applicable. Trend data from financial year 2019 onwards has been included where possible to enable a three year comparison outside of the pandemic years.
- Working time lost because of sickness is 3.53% in the last 12 months. The total number of sickness days has reduced by 6.18% in comparison to the previous 12 month period.
- Information within this report also includes the Councils approach to managing sickness absence in the last 12 months and an action plan for its continued management.

Background

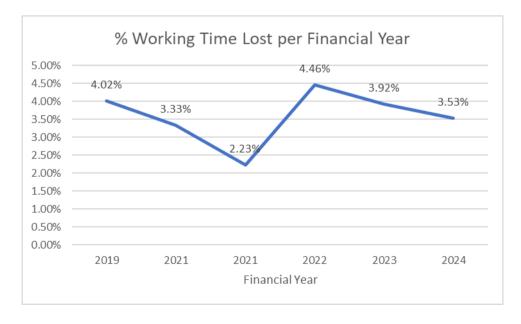
- 4. The annual sickness absence reports for financial years 2020 2021 and 2021 2022 detailed covid absences separately to sickness absence. From 1st July 2022 the Council adopted treating covid absences in the same way as any other sickness for sickness tigger and pay purposes. On this basis covid absences are not detailed separately in this data and are indicated as 'Covid-19' as a reason for sickness absence.
- 5. As of 31st March 2024 the Councils workforce headcount is 804, this equates to 719 full time equivalents (FTE's). The Councils workforce size has increased by 3% during the previous financial year.
- 6. Approximately 45% of the workforce are in operational manual roles (Waste and Transport, Grounds and Streetscene, Housing Maintenance). Proportionally the operational workforce account for 59% of the Councils sickness absence in the last financial year, this is down from 73% in the previous year.

7. The Council promotes hybrid working for its office based staff through the WorkSmart policy, with primarily a 50:50 office and remote split depending on the nature of roles. This is available to approximately 55% of employees. The Council promotes good judgement to the management of reducing the spread of common infections amongst teams. The ability to remote work also supports some employees to remain working, for example those recovering from an operation who temporarily are unable to drive or are managing reduced mobility.

Sickness Absence Data

8. Average sickness absence rate pert FTE and percentage of working time lost:

	April 21 – March 22	April 22 – March 23	April 23 – March 24
Total number of sickness absence days	7,865	7,054	6618
Average number of sickness days pert FTE	11.63	10.22	9.21
Percentage of working time lost	4.46%	3.92%	3.53%



Figures are significantly lower in the 20/21 financial year because whilst the Council responded to the Covid pandemic many employees were absent with permission self-isolating following Government guidance at that time. This totalled 7783 working days. For at least

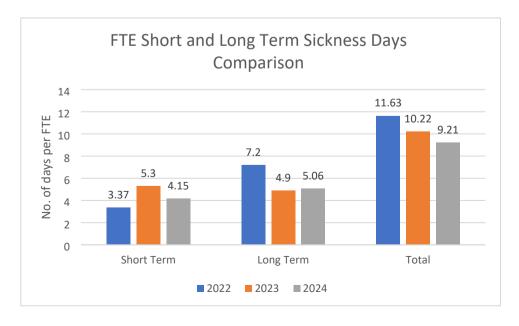
seven months of that year most of the Councils 400 Leisure Centre employees (TUPE'd on 30 June 2021) were absent on furlough.

The table below shows trend data for total working time lost over the last two financial years:



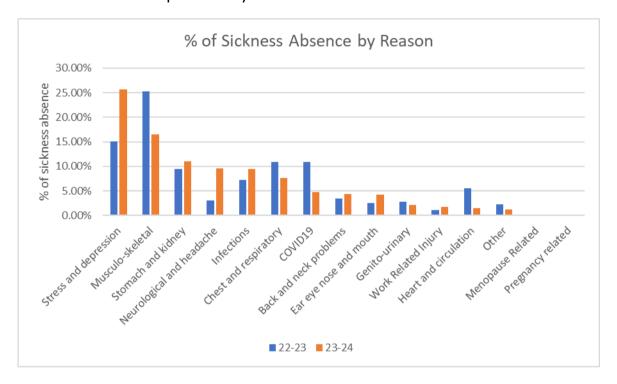
The percentage of working time lost because of sickness in the last 12 months has decreased from 3.92% to 3.53%. The total number of sickness absence days has reduced by 6.18%. The total estimated productivity cost of sickness absence is circa £733,618. This is based on the median average salary and does not take account of full/half/no pay or agency cover costs.

9. The tables below show trend data for short, long term and total sickness absence per FTE. Long term sickness absence is defined as any absence lasting longer than 20 working days, in comparison to short term which are absences less than 20 working days.



This indicates primarily a return to pre pandemic sickness levels in the past two years, and a reduction of 1.01 sickness days per FTE in the past 12 months.

- 10. **Appendix 1** details the total sickness days per FTE and their percentage of working time lost by Service Area. This indicates that primarily the three operational service area's continue to manage the highest proportion of short term absence. There have been various long term absences across a mix of service areas that impact on those affected.
- 11. The graph below shows stress and depression was the top reason for sickness absence during 23 24. This has significantly increased from 15% in the previous year.



Within the 'Other' category there were 10 work related absences. Work related absence over 7 days are reported to EMT through the H & S quarterly reports and are listed as RIDDOR incidents.

Absences related to Musculo skeletal issues have reduced in the previous year. We continue to have a large operational workforce (approximately 45% of the workforce), who account for 59% of the Councils total sickness absences for this financial year. This is a reduction from 73% in the previous year. Management work closely with the Health and Safety team to prevent absences wherever possible by supporting safe ways of working.

Stress/Depression has increased and in the most recent financial year is the highest proportion of our sickness absence; 25.25% of absences were due to this reason. This is a significant increase from 15% in the previous year. During 23/24 there were 21 long term absences

because of this reason, 9 of those cited some work issues contributing to their ill health. This is an increase from 13 long term absences related to stress/depression in 22/23. Managers and the HR team support all colleagues on a case-by-case basis, understanding all the contributing reasons for their stress/depression and exploring all supportive options available to enable a return to work. This includes:

- The use of the HSE Stress Questionnaire to understand workplace causes of stress and working with the employee on how we can mitigate these. For example improving communication lines between colleagues and managers, understanding if the level of workload is too high and addressing this wherever possible, or reviewing how tasks are assigned. This approach is often successful in supporting the employee to return in a supportive way.
- The use of wellbeing action plans to understand employee wellbeing on a more individual basis, understand triggers and keep an open communication between employees and managers on their fluctuating mental health. This can address issues earlier before they escalate
- Phased returns to work with the advice of Occupational Health.
 These may include a slow reintroduction to the workplace on
 reduced hours or temporary removal of duties whilst the colleague
 readjusts to returning to work. Both approaches may be used
 together to support a phased reintroduction. Other support we have
 put in place are structure work plans to enable colleagues returning
 to focus.
- Encouraging colleagues to engage with our wellbeing benefits which include, an Employee Assistance Programme giving instant access to emotional support through counselling, financial education and support (also available through My Money Matters), and healthy lifestyle choices for example support with stopping smoking. The EAP also has an online digital platform giving access to wellbeing courses related to various topics, such as resilience, mindfulness and managing anxiety. We also encourage colleagues to engage with Wellbeing Champions for support.

Supporting employee wellbeing remains a top priority, the Councils continued approach is detailed in section 6.

Benchmarking data

12. The CIPD 2024 Health and Wellbeing Report will be published in late September 2024. At that time the HR team will review it to benchmark against other similar organisations and understand general trends. The CIPD Health and Wellbeing Report 2023 report did find an increase across all sectors in absences related to mental

health and wellbeing. The 2023 CIPD report showed public sector employers were on average managing an attendance rate of 10.3 days per FTE. Mental ill health was the most common cause of long term absence, followed by Musculo skeletal injuries. This survey highlighted 56% of organisations do have a standalone wellbeing strategy.

13. Infinistats is a benchmarking tool across the South East Region facilitated by South East Employers. It allows us to benchmark against a series of statistics including pay for certain roles, corporate statistics relating to the diversity of our people and sickness information. It is voluntary and therefore not all Councils submit their data. The data for 2023-2024 will be published in late 2024. For the previous financial year across the South East region there was an average of 8.91 sickness days per FTE. When the regional statistics are released later in the year these will be compared to benchmark our performance.

Attendance Management

14. Attendance Management resolutions for the last two financial years. This shows a 28% increase in cases supported by the HR team in the last 12 months.

Resolution Category	2022 – 2023 Number of cases	2023 – 2024 Number of Cases	
Informal advice given	13	13	
Long Term Absence Return to Work at Step 1	14 17		
Long Term Absence Return to Work at Step 2	11	8	
Short Term Sickness Closed at Step 2*	10	38	
Step 3 Case Review not resulting in Dismissal	1	1	
Dismissal	2	1	
Ill Health Retirement	1	2	
Resignation during process	7 4		
Total	59	84	

^{*}This figure will be significantly higher across the workforce because HR are not required to attend these meetings unless the case needs

15. Occupational health support and will progress to Step 2 Review. For employees managing long term health conditions in the workplace adjustments are made wherever possible. Occupational Health or Access to Work advice supports the Council to make appropriate adjustments for employee's based on their needs. In

most cases temporary adjustments are needed to support an employee either during an illness whist they remain at work or upon their return once recovered/recovering. This may include a phased return to work supporting reduced hours and/or duties for a period of time.

- 16. In the 23-24 financial year 54 Occupational Health referrals were made, an increase from 42 in the previous financial year.
- 17. 12 employees are supported by permanent reasonable adjustments to their role/working environment.

Attendance Management Ongoing Actions

- 18. Ongoing actions:
 - The HR Advisory Team have continued to provide monthly sickness statistics. This includes monthly tracking of percentage of working time lost per service area and the number of short and long term absences. This is now in its third year and therefore we are beginning to be able to identify trends. Online sickness absence reports and trend data remain available through HR Hub Management Information.
 - A robust sickness absence procedure is in place, this includes a return to work meeting with management after every absence and short and long term triggers to initiate absence management meetings.
 - The HR Advisory Team advise and support managers through the Absence Management procedure, this includes attendance at sickness meetings from Step 2 onwards. The aim of their advice is proactive, supporting successful resolutions to absences, whilst sensitively treating cases based on their circumstances.
 - The HR Advisory Team have been receiving short term sickness alerts for the last 12 months. They aim to proactively follow these up with managers to discuss cases and agree if the formal process should be started based on the circumstances. This will continue. In the previous year there has been a reduction in short term sickness absence by 1.15 days per FTE.
 - Internal Absence Management training sessions continue to be run for supervisors and managers. This supports the introduction of new line managers and those needing a refresher to be trained in proactive absence management within the parameters of the formal process.

- The management of reasonable adjustments was formalised in January 2023. This included improved guidance to agree reasonable adjustments, documenting and ongoing review of tailored support, based on employee circumstances. The Council continues to work with Occupational Health to support employee adjustments.
- A menopause policy was adopted in September 2022 which included the introduction of a menopause brief bite training session for managers and employees.
- All Service Managers were contacted during summer 2024 to understand how many colleagues they had in their service providing what they deemed a critical service. As a result of their suggested numbers we would provide a free flu vaccination in the form of a voucher that can be reimbursed at a pharmacy for these colleagues. This resulted in the purchase of 93 flu vouchers, accounting for those who may be eligible for a central government funded voucher.
- 19. Wellbeing support for all employees remains a priority. The below lists various preventative support promoted by the HR Team:
 - Using HSE Stress Questionnaire to understand causes of employee stress, and subsequently implementing supportive actions to support the colleague based on their responses, for example improved communication and understanding how tasks are assigned.
 - Ongoing promotion of wellbeing benefits which includes the Employee Assistance Programme offering 24/7 support for all of life's events, including emotional/personal, legal, financial, addiction and career. This also provides support for healthy lifestyle choices, include stopping smoking. Colleagues also have access to My Money Matters for financial wellbeing and subsidised local gym membership.
 - A suite of Wellbeing Champions are available and the benefits of using the support promoted to the workforce. Regular group meetings are held to improve skills and a consistent approach.
 - Encouraging flexible working practices wherever possible for colleagues managing difficult circumstances to support wellbeing. We also support colleagues through all life events with policies and flexibility to encourage reasonable time away from work to respond, this includes working parents, bereavement, menopause, chronic health conditions, caring responsibilities, pregnancy loss, fertility treatment, alcohol and drug use, terminal illness and domestic abuse.

- Encouraging an open culture where colleagues can raise concerns
 with their manager and team early to resolve issues. The HR Team
 support managers to create team environments like this in their
 ongoing conversations as well as a the introduction of a mandatory
 managing wellbeing at work e-learning module for all colleagues.
- Championing managers to support employees with Wellbeing Action Plans. These help manages to develop an awareness of working style, stress triggers and responses. The aim is to support employee wellbeing at work.
- Ongoing review of up to date and ongoing mental health resources on our internal intranet pages
- Colleagues who use a DSE for their work have access to 2 yearly free eye tests and subsidised glasses and some roles have access to free flu vaccinations.

Attendance Management Action Plan

20. Proposed future actions:

- The HR Advisory Team will consult with Service Area's on the format of the sickness statistics provided to ensure it continues to meet service area needs.
- The HR Advisory team continue to receive short and long term sickness alerts, following these up with managers and agreeing the right proactive and supportive approach based on individual circumstances
- The HR Advisory Team will review the success of providing flu jabs to the workforce and propose recommendations to EMT in the coming 12 months.
- The absence management procedure will be reviewed to ensure it remains proactive and robust, whilst supporting colleague wellbeing. This will be in consultation with colleagues and unions.
- The sickness reasons will be reviewed in line with the latest CIPD guidance. The aim of this is to further clarify and understand reasons for absence and ensure managers understand the most relevant to record absences as.
- The CIPD Health and Wellbeing Report identifies 56% of organisations have a standalone wellbeing policy, and the most common wellbeing benefit is an Employee Assistance Programme. We will understand other local Councils wellbeing support and strategy and use this information to understand our future support over the next 12 months.

 We will aim to improve the evaluation of our wellbeing support by understanding the use our EAP and wellbeing champions, data from the leavers questionnaire and other colleague engagement, use of our supportive leave through life events and evaluate the success of the newly introduced wellbeing elearning module in conjunction with statistical sickness data and trends. This will help recommend more targeted support for our colleagues and embed a culture that encourages and supports employee wellbeing.

Corporate plan priorities

21. Supporting colleague health and wellbeing is vital to ensure teams deliver our Corporate Plan priorities of people, place and prosperity.

Future New Forest sets out our ambitions to be an employer of choice by promoting employee wellbeing and prioritising work life balance by adoption flexible and family friendly working practices. This will be measured by average sickness absence days per employee. Therefore this report measures our attendance management and sets out proposals to support employee health and wellbeing.

Options appraisal

22. Not Applicable.

Consultation undertaken

23. EMT requested that the sickness categories be reviewed and clarified in future reports.

EMT also asked that the future stress and depression figures be further broken down to indicate whether they related to personal or work stress, or a combination. It was also suggested that future reports examine initiatives used in other authorities which were working well, and include benchmarking on sickness.

EMT noted that NFDC sickness was at 9.21 sickness days per FTE, compared with 10.3 days in the public sector, for the South East region. Further information was sought for future reports on the number of flu jabs offered to employees, and whether they reduced sickness levels for those individuals.

EMT agreed the content of the report and action plan for submission to the HR Committee, subject to the suggested amendments for future reports as set out above.

Financial and resource implications

24. Indicative attendance management costs are shown in 3.1

Legal implications

25. None

Risk assessment

26. None.

Environmental / Climate and nature implications

27. None.

Equalities implications

28. The sickness absence management procedure applies to all employees. This interpreted fairly and consistently across the workforce whilst accounting for individual circumstances, for example where an employee is managing a long term health condition.

Sicknesses absences are managed with sensitivity and based on employee health needs, whilst ensuring a fair, corporate approach.

Crime and disorder implications

29. None.

Data protection / Information governance / ICT implications

30. None.

Appendices

Background Papers:

Appendix 1 – Service Area Sickness CIPD Health and Wellbeing Report Statistics

APPENDIX 1

Service Area	Short Term Days per FTE	Long Term Days Per FTE	Total Days per FTE	% Working Time Lost
Human Resources	3.07	0.00	3.07	1.18%
ICT	2.02	7.93	9.96	3.82%
Elections and Transformation	3.56	9.72	13.28	5.09%
AD Transformation	2.62	5.84	8.46	3.24%
Accountancy and Procurement	0.99	0.00	0.99	0.38%
Estates and Valuation	4.19	6.06	10.24	3.93%
Revenues and Benefits	3.17	3.11	6.27	2.41%
Corporate Resources, Section 151 and				
Transformation	2.81	3.97	6.79	2.60%
Housing Strategy and Development	1.34	0.00	1.34	0.51%
Housing Options, Rents, Support and Private				
Sector Housing	3.52	2.63	6.15	2.36%
Estates Management and Support	4.47	7.29	11.76	4.51%
Housing Maintenance	5.02	9.62	14.64	5.62%
AD Housing	4.38	6.95	11.33	4.35%
Legal and Information Governance	1.37	0.00	1.37	0.52%
Democratic Services	1.95	0.00	1.95	0.75%
Environmental and Regulation	2.18	10.41	12.59	4.83%
Governance, Housing and Communities	3.95	6.75	10.70	4.10%
Building Control	1.63	3.16	4.79	1.84%
Development Management	1.81	0.00	1.81	0.69%
Policy and Strategy inc Economic Development	3.09	6.75	9.83	3.77%
AD Place Development	2.15	2.51	4.66	1.79%
Coastal	3.66	0.00	3.66	1.40%
Enforcement	3.10	2.19	5.29	2.03%
Grounds & Streetscene	5.49	8.19	13.67	5.24%
Waste and Transport	6.48	3.42	9.91	3.80%
AD Place Operations	5.66	4.56	10.22	3.92%
Place, Operations and Sustainability	4.97	4.16	9.13	3.50%
EMT	0.50	0.00	0.50	0.19%
Communications	4.71	8.38	13.09	5.02%
Council Total	4.15	5.06	9.21	3.53%