

East Herts Council

SICKNESS ABSENCE REPORT

1 APRIL 2008 – 31 MARCH 2009

1 Executive Summary

The following information outlines East Herts sickness absence levels for the financial year 2008/2009.

This includes commentary on sickness absence levels against set targets and comparisons with other relevant bodies. Sickness absence has been analysed by short and long-term absence, department and reason.

General areas of concern are highlighted and recommendations made.

2 Sickness Absence Overview

Figure 1

Year	Sickness Absence Days per FTE Staff in Post							
	Local Authority Average (Source: IRS Employment Review)	Herts District Group Average	East Herts Target			East Herts Outturns		
2006/7	10.6	9.3	7.0			9.6		
2007/8	9.8	9.3	6.0			9.6		
2008/9	9.8	No longer reporting outturns	Short-term 6	Long-term 2.5	Total 8.5	Short-term 4.91	Long-term 3.03	Total 7.94

Sickness Absence Data Calculations

The sickness absence data collated over recent years has been done so in accordance with the Best Value Performance Indicator (BVPI) 12. However, at the end of the 2008/9 financial year the BVPIs were dissolved and replaced by National Indicators and as a result BVPI 12 is no longer monitored in this way.

Days lost to sickness absence include those that are self-certified, certified by a GP, long-term or disability related.

The sickness records for all permanent employees and those on fixed-term contracts exceeding one year are included. Temporary and agency staffs are excluded from the calculation.

All calculations (sick days and staff in post) are based on Full Time Equivalents (FTE). The FTE of staff in post is an average for the financial year. This is calculated by obtaining the FTE as at April 1st 2008 and the FTE as at 31st March 2009 and averaging the two figures.

In 2008/9 the Council's sickness absence targets were changed from 6 days per FTE to 6 days per FTE for short-term absence and 2.5 days per FTE for long-term absence. This was taken

from the CIPD target of 8.5 days for local government organisations and was split into long and short-term absence.

Comparisons

The outturns for East Herts have been compared to local authority averages. These figures are published by the IRS Employment Review and are based on a sample of local authority employers (this has varied between 17 and 27 employers over the past 3 years).

In previous years the outturns for East Herts were also compared to the average outturns for the Herts District Average Group. Since the dissolution of the BVPIs, this group has not reported sickness outturns and so there are no figures available for 2008/9.

At 7.94 days, the East Herts outturn is significantly below the average for local authorities at 9.8 days, which is a positive improvement for the Council. They have also improved since 2007/8, from an average of 9.6 days per FTE to 7.94 days per FTE. This is mainly due to various HR initiatives such as:

- A review of Occupational Health and subsequent recommendations implemented.
- HR Officers took a more proactive approach to supporting managers and employees to help staff return to work.
- The Stress Management Policy was launched.
- The Management Development Programme provides managers with guidance on absence management issues.
- The health check data reported to SMG was revised to include projected figures for absence to ensure managers had the data available to manage sickness absence in accordance with the Council's Absence Management Policy.

3 Short-Term Sickness Absence

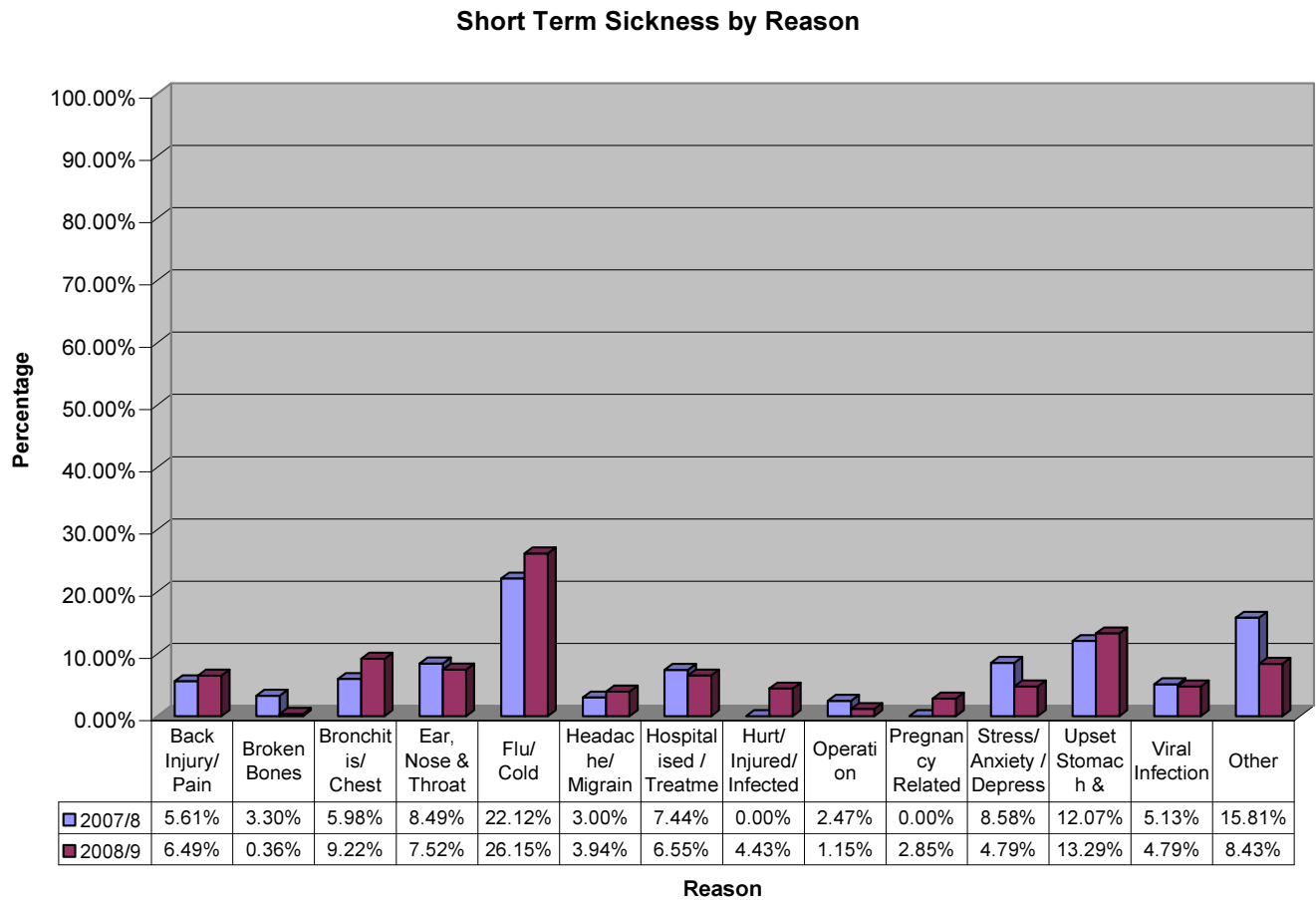
Figure 2 below compares the number of short-term sickness absence days per FTE over the last three financial years.

The Council's level of short-term absence has reduced over the last three years and is well within the target of 6 days for 2008/9. This has been achieved through better absence management, such as regular updates to Heads of Service through monthly DMT health check meetings and the introduction of the Management Development Programme.

Figure 2

Year	Short-Term Sickness Absence Days per FTE staff in post
2006/7	6.23
2007/8	5.42
2008/9	4.91

Figure 3 outlines the main reasons for short-term sickness absence in 2008/9 compared with 2007/8.



Flu/Cold was the most common reason for short-term absence in 2008/9 at 26.15%, this is a 4% increase from 2007/8, which could be attributable to the flu bug that affected several employees between December 2008 and January 2009. Upset stomach and related illness is the second most frequent reason, which has changed since 2007/8, when it was Other Injury. Both of these reasons are consistent with the most common reasons for short-term absence identified by the CIPD in the 2008 Absence Management Annual Survey. Short-term absence due to stress/ anxiety and depression has halved since 2007/8; this is also the case with long-term absence and the reasons for this reduction are discussed later in the report.

Figure 4 breaks down short-term sickness by service area and compares the results against those for 2007/8.

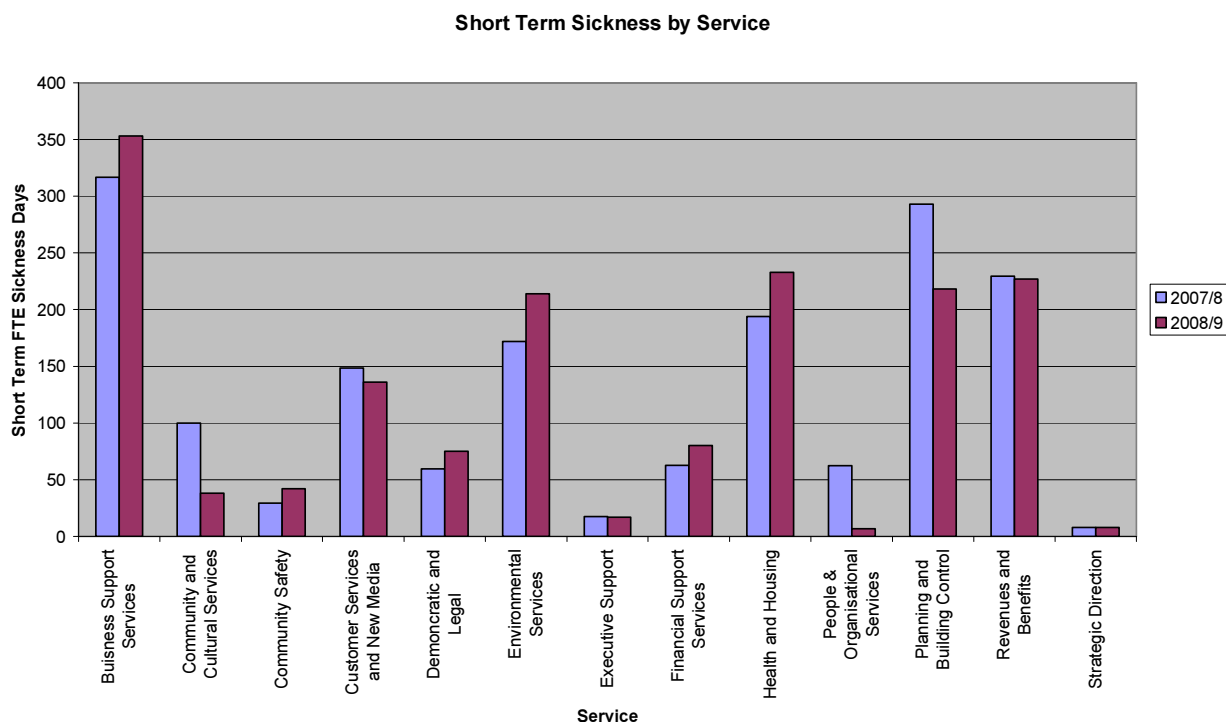
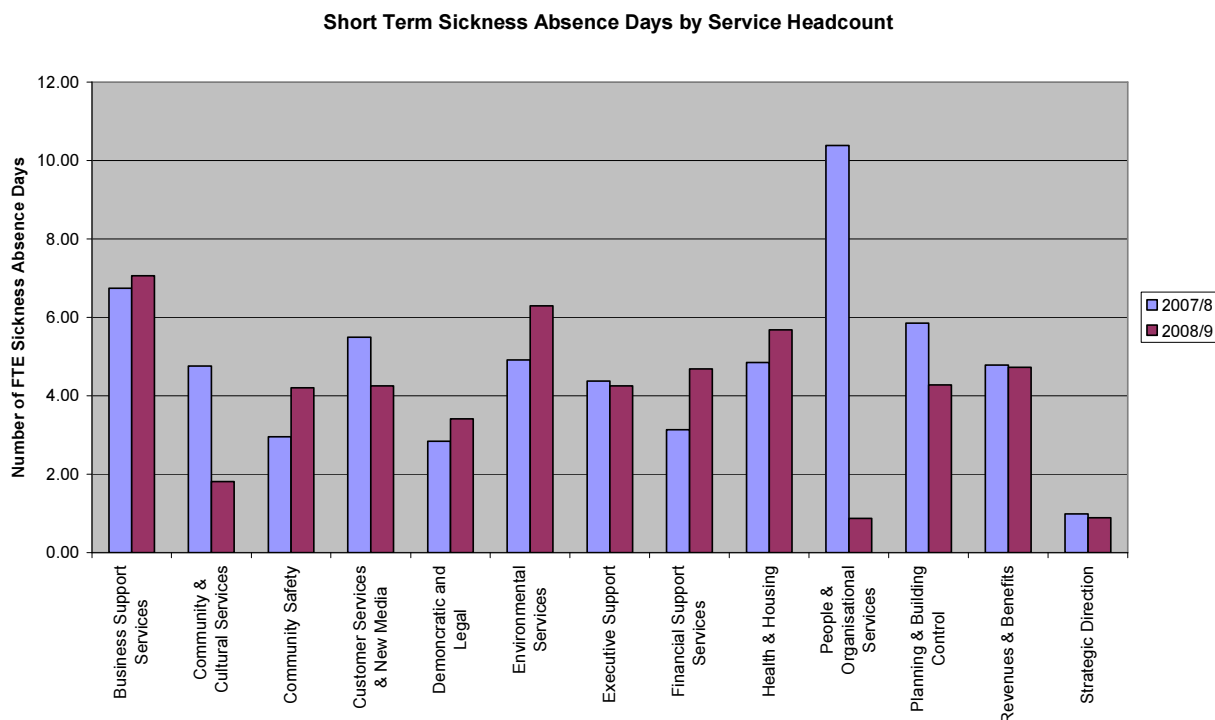


Figure 5 shows the number of FTE sickness absence days by the headcount in each service, compared with 2007/8



Business Support Services and Environmental Services both had a reasonably high level of absence per headcount. This is attributable in part to some specific cases which were longer than most short-term sicknesses but still below level to be considered long-term sickness, but in the main is due to reasonably high number of short-term absences. However, it should be recognised that both People and Organisational Services and Community and Cultural Services have improved their absence levels in the past year.

4 Long-Term Sickness Absence

Figure 6 compares the number of long-term sickness absence days over the last three financial years. Long-term sickness is defined as a period of sickness lasting over 43 days (6 weeks). This has been amended for 2009/10 where long-term sickness will be defined as period of sickness lasting over 28 days, which is in-line with best practice.

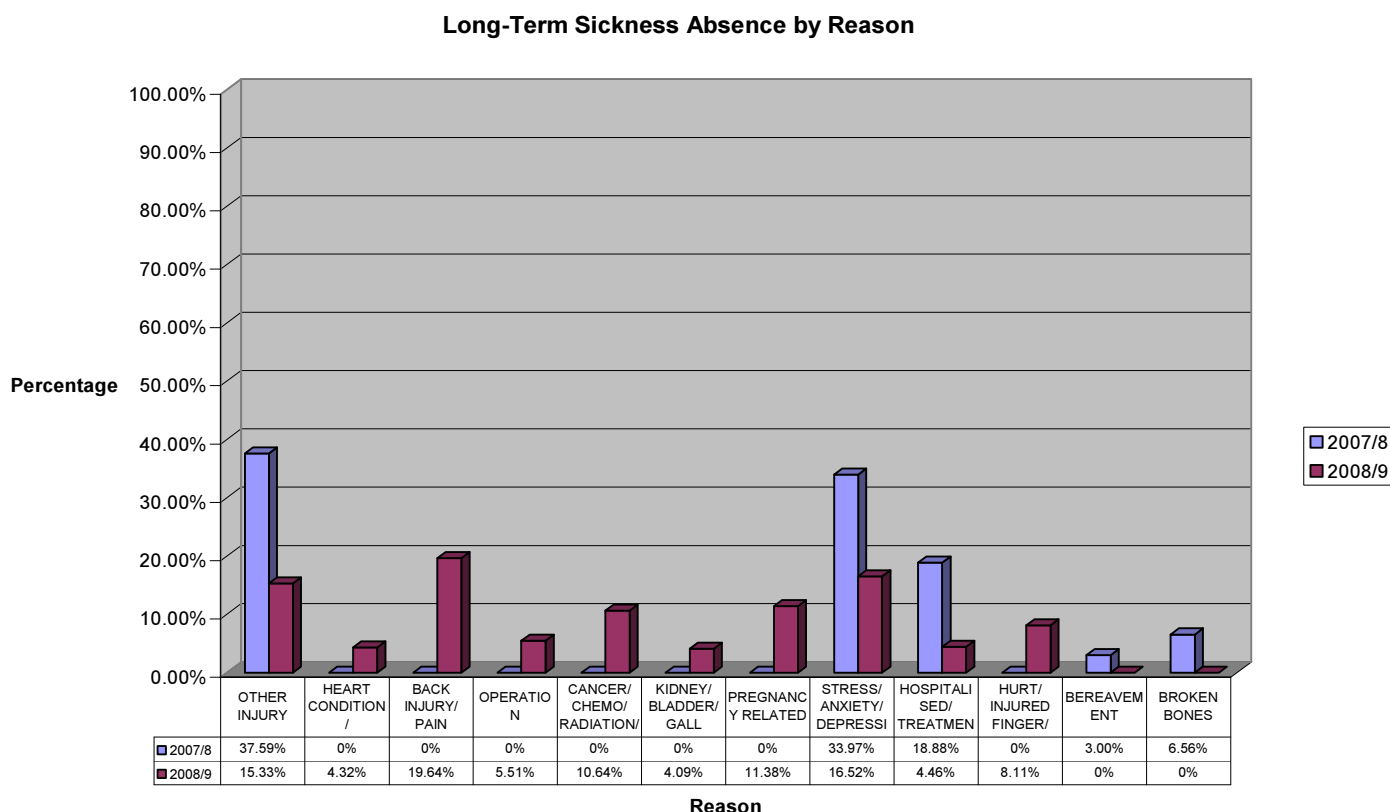
Of the 2465 FTE days sick in 2008/9, 1525 are due to long-term sickness. This equates to a decrease in almost one day per FTE due to long-term absence from 07/08. A number of the long-term sickness cases were due to back injury and stress/ anxiety/ depression, followed by pregnancy related illnesses. HR and Occupational Health are monitoring all cases of long-term sickness. The long-term sickness in 2008/9 was accrued by 15 people, 3 which have now left the council.

There has been a decrease in long-term sickness since last year and although the level is still not quite within the Council's target of 2.5 days, the Council is clearly moving in the right direction. Long-term sickness cases have been managed by working with Occupational Health to assist them in return to work, making reasonable adjustments where beneficial.

Figure 6

Year	Long-Term Sickness Absence Days per FTE staff in post
2006/7	3.41
2007/8	4.14
2008/9	3.03

Figure 7 outlines the reasons for Long-Term sickness in 2008/9 compared with 2007/8.



Almost 20% of the Council's long-term sickness in 2008/9 was due to Back Injury/ Pain. One of these cases involved an operation and all cases were seen by the Occupational Health Adviser to

assist their return to work. Stress, Anxiety or Depression was the second most common reason for long-term sickness at 16.52%. However, the amount of long-term sickness due to stress, anxiety or depression has halved in the past year. This can in part be attributed to:

- The launch of the Stress Management Policy in October 2008. The launch was supported by accompanying briefing sessions and a Stress Awareness Leaflet.
- In line with the new Stress Management Policy, employees signed off with stress and/or depression are immediately referred to Occupational Health. If the stress is deemed to be work related, the Occupational Health Adviser also carries out a stress risk assessment, in conjunction with the manager.
- The Council's employee assistance programme, PPC. This includes a telephone helpline, counselling and information pages on the website. Employees suffering from stress are reminded of this assistance.

5 Occupational Health Services

The Council's Occupational Health Adviser visits the offices (Hertford or Bishop's Stortford) once a fortnight, although additional visits are possible if required. The current cost of the service is circa £9600 per annum. This figure is inclusive of the visits and associated administration and reports. To ensure best value HR are reviewing the potential savings of changing the service to one managed as part of a Shared Service and Pathfinder.

In 2007/8 a review of the service took place and new forms and procedures were put into place to ensure a quicker response and that managers receive the details required to manage sickness absence.

In 2008/9 there were approximately 36 referrals to Occupational Health. The Occupational Health Adviser also assisted in an ill health redeployment and an ill health retirement.

The Council is committed to the well-being of its staff. Currently members of staff are entitled to substantial discounts in all the East Herts leisure centres. Lunchtime Pilates and yoga sessions are also available at Wallfields and the Causeway. It is planned that a Cycle to Work scheme is introduced later in the year which will encourage staff to make healthier journeys to work. With the introduction of the C3W programme, members of staff are being encouraged to work more flexibly which can help employees to balance their work, home and personal priorities better.

6 Employee Assistance Programme

The Employee Assistance Programme (EAP) provided by PPC is being monitored to see how many employees are using the service.

During the period April 2008 – March 2009 the following EAP services were used by employees:

- Webpage Hits – 95 hits
- PDF information sheet downloads – No cases
- Face to Face Counselling – 6 cases
- Telephone Counselling – 6 cases
- Information Requests – 3 cases

The main reasons employees sought counselling were due to psychological issues and work related issues. Web pages most commonly accessed were those regarding personal life and ill health.

While it is clear that the EAP is a valuable resource for employees, usage of almost all EAP services has dropped slightly since 2007/8. This is despite the new Stress Management Policy promoting the use of EAP and providing details on how to access its services.

7 2007/8 Recommendations- Progress

Targets

The new targets of 6 days per FTE for short-term absence and 2.5 days per FTE for long-term absence have been adopted and reported to HR Committee in the HR management reports on a quarterly basis. Updates are also provided to Heads of Service in their monthly DMT health check meetings.

Stress Management Policy

The new Stress Management Policy was launched in October 2008. Detailed briefings were arranged for managers, informing them about stress awareness, absence management and the support aids available to them.

Sickness Absence Data

The sickness data collated in 2008/9 was analysed on a quarterly basis and each Directorate was considered separately to ensure both patterns within Service Areas and patterns within the Council as a whole were highlighted and managed.

8 Moving Forward- Recommendations for 2009/10

New Absence Management Policy

The Council's Absence Management Policy has been revised and will be published in July 2009. Upon launch of the new policy, training and briefing sessions will be arranged for managers to ensure consistency of approach.

The revised policy places greater emphasis on informal meetings to ensure that management issues are addressed early on.

Promoting EAP

From the analysis of EAP usage, it is recommended that PPC' services are re-promoted to staff through Team Update, Team Brief and the intranet. PPC can provide advice to employees on a wide range of subjects, from health and wellbeing to personal and work related issues.

In the current economic climate, the advice PPC can provide around financial planning and dealing with debt could prove particularly valuable to employees.

In addition, there are factsheets available on change at work that may be helpful to employees whilst they are going through the C3W programme.

Targets

For 2009/10 the point at which a sickness absence is classed as long-term has changed from 43 to 28 days. As such, it is recommended that the sickness targets are changed to 5 days per FTE for short-term sickness and 3 for long-term sickness, leading to an overall target of 8 days.

The targets reflect the fact that there will be an increase in long-term sickness and a decrease in short-term sickness and as the Council was under its target for short-term sickness in 08/09 but over the target for long-term sickness, this seems to be a more realistic target. These targets are less than the CIPD' recommended target of 8.5 days for local government organisations and as such, are stretching targets aimed at ensuring the focus remains on reducing absence- particularly long-term.

It should be noted that these targets are based on sickness absence levels in 08/09 and do not take into account the possibility of a flu pandemic which is a potential threat for 09/10. It is recommended that if a flu pandemic were to occur, the absence would not contribute to the target as this would skew the figures. It would be recorded separately to record the impact of the flu pandemic on the Council.