

East Herts Council

SICKNESS ABSENCE REPORT

1 APRIL 2011 – 31 MARCH 2012

1. Executive Summary

- 1.1 The following information outlines East Herts sickness absence levels for the financial year 2011/2012.

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
2009/10*	9 (source Local Government Sickness Absence Survey 2008-2009, shire district outturn)	No longer reporting outturns	Short-term 5	Long-term 3	Total 8	Short-term 4.43	Long-term 2.04	Total 6.47
2010/11	8.64 (EELGA survey November 2010)	No longer reporting outturns	Short-term 5	Long-term 2.5	Total 7.5	Short-term 4.73	Long-term 2.06	Total 6.79
2011/12	9.6 (CIPD Absence Management Survey 2011)	7.16**	Short-term 5	Long-term 2.5	Total 7.5	Short-term 4.71	Long-term 2.59	Total 7.3

*2009/10 long-term sickness absence changed from 43 to 29 days and the sickness targets were changed to reflect this.

**2011/12 data based four Hertfordshire districts

2.1 Sickness Absence Data Calculations

- 2.2 The sickness records for all permanent employees and those on fixed-term contracts are included. 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 2011 and the FTE as at 31st March 2012 and averaging the two figures.

2.3 Comparisons

2.4 The outturns for East Herts have been compared to local authority averages. Firstly the Council's sickness absence for 2011/12 has been compared to the CIPD Absence Management Survey 2011, the average local government sickness absence was 9.6 days per employee per year. Secondly it has been compared to other Hertfordshire District Councils, the average for the four responding authorities was 7.16 days per employee. At 7.3 days the East Herts outturn is significantly below the average for local authorities across the UK. The Council's outturn is slightly higher than the Hertfordshire District average.

2.5 East Herts Council outturns 2011/12

2.6 In 2011/12 the total sickness absence was 7.3 days, an increase from 6.79 FTE sickness absence days per FTE employee in 2010/11. However short-term sickness decreased over this period, falling from 4.73 days to 4.71 days. This increase in total sickness absence can be accounted for by the increase in long-term sickness, from 2.06 days (2010/11) to 2.59 days (2011/12).

2.7 Figure 2 below compares the percentage of employees on absence triggers for the last three financial years. The trigger '3 Occurrences in 6 months' has continued to decrease. This is a positive outturn, supported by the overall decrease in short-term sickness absence and suggests that Absence Management procedures are being effectively employed. The percentage of employees on the '10 days in a rolling year' trigger increased by 2.54% over the period March 2011 – March 2012. As above this is mainly due to the long-term sickness absence cases over 2011/12.

Figure 2

Sickness Absence Management Triggers	Staff on triggers					
	Apr-09	Mar-10	Apr-10	Mar-11	Apr-11	Mar-12
3 Occurrences in 6 months	11.59%	11.32%	11.54%	9.62%	7.72%	9.38%
10 days in a rolling year	19.68%	15.36%	14.29%	14.84%	16.00%	17.38%

3. Short-Term Sickness Absence

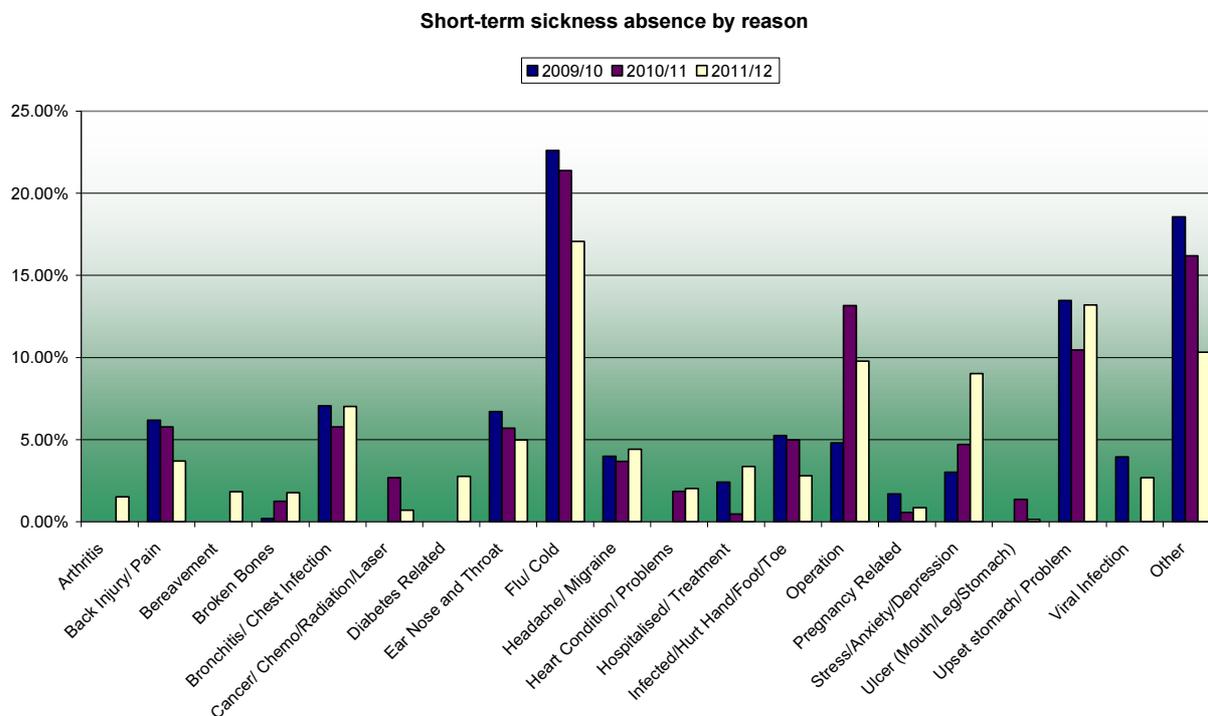
- 3.1 The short-term absence level decreased slightly in 2011/12 to 4.71 days per FTE. The outturn is below the target of 5 days.
- 3.2 Figure 3 below compares the number of short-term sickness absence days per FTE over the last five financial years. However it must be remembered that in 2009/10 the definition of short-term sickness changed from absences up to 42 days to absences up to 28 days. There has been a slight increase from 2009/10. Earlier years cannot be used for a true comparison due to the change in definition and will not be used for reporting in future years.

Figure 3

Year	Short-Term Sickness Absence Days per FTE staff in post
2007/8	5.42
2008/9	4.91
2009/10	4.43
2010/11	4.73
2011/12	4.71

3.3 Figure 4 outlines the main reasons for short-term sickness absence in 2011/12 compared with 2010/11 and 2009/10.

Figure 4



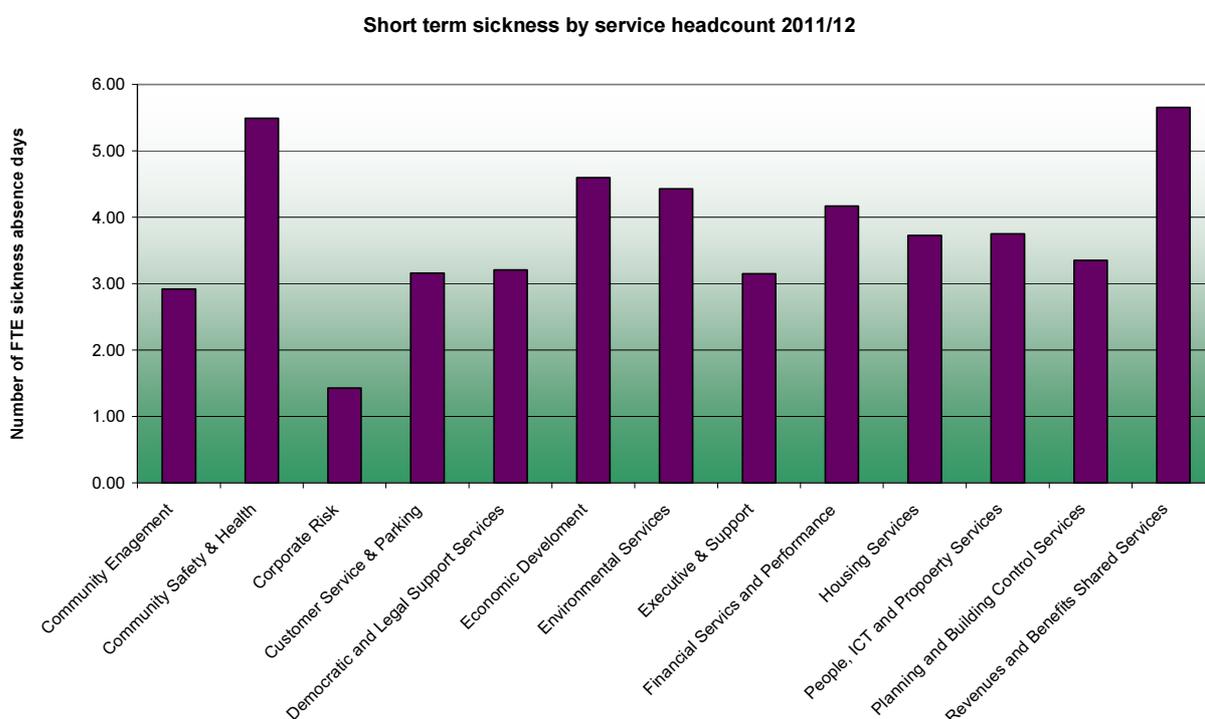
3.4 Flu/Cold remains the most common reason for short-term absence in 2011/12 at 17.06%, Upset stomach/problem is the second most common reason (13.19%). Whilst this is a change from last year's outturn (back pain/ injury) it is consistent with previous years. These outturns are also consistent when compared to the most common reasons for absence in the CIPD Absence Management Survey 2011.

3.5 In instances where a very small percentage of sickness absence was recorded for a particular reason it has been included in the 'other' category. The contents of this category may change over the years if a particular reason becomes more common. For example this year 'Diabetes related' sickness is reported on its own, whereas previously, due to the low levels, this has been included in the 'other' category.

3.6 Short-term absence due to stress/ anxiety and depression has increased from 4.70% in 2010/11 to 9.02%. It is not always possible to differentiate between personal and work-related stress at the short term sickness stage however further exploration is possible with long-term sickness. The possible reasons for this increase are analysed in long term sickness (section 4).

3.7 Figure 5 shows the number of FTE sickness absence days by the headcount in each service area for 2011/12. The Council went through a series of restructures in 2011/12. The table below is based on the current service structures. All the sickness absence of those employees who moved services over the year has been included in their current service (as at 31 March 2011) outturn.

Figure 5



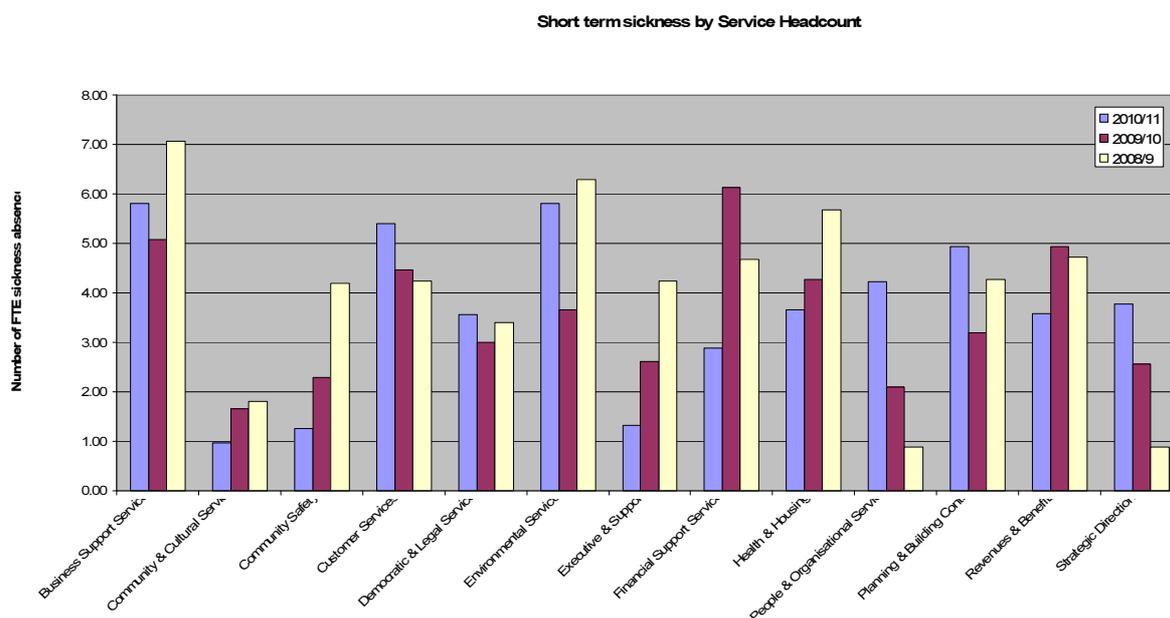
3.8 Revenues and Benefits shared service has the highest level of absence per headcount at 5.65 days. The shared service is relatively new with staff transferring from Stevenage in August 2011 with the restructure taking effect from December 2011. The majority of short term sickness in this service was due to flu/ cold or stomach upset/problems. Managers and human resources are working together to address any employees currently reaching sickness absence triggers.

3.9 Community Safety and Health Services had the second highest level of sickness absence and at 5.49 days was the only other service to exceed the Council’s target (5 days). As well as the common flu/cold and stomach upset reasons the services short-term sickness also

includes employees who had operations and a number of employees with ongoing issues which progressed to long-term sickness and were successfully managed.

- 3.10 The restructure changes to service areas over the last year has meant that comparison with previous years has not been possible for 2011/12. Figure 6 details the outturns for the original services in 2010/11 and 2009/10 for information.

Figure 6



4. Long-Term Sickness Absence

- 4.1 Figure 7 compares the number of long-term sickness absence days over the last five financial years. Long-term sickness is defined as a period of sickness lasting over 28 days, in-line with best practice.
- 4.2 Of the 2249.17 FTE days sick in 2011/12, 798.48 are due to long-term sickness. This has resulted in an increase per employee of just over 0.5 days when compared to 2010/11. The outturn for 2011/12 is 2.59 days, which is above the target of 2.5 days.
- 4.3 The long term sickness in 2011/12 was accrued by 22 people (compared to 17 people in 2010/11). Ten of these people have now left the Council (due to retirement, ill health retirement, efficiency

Essential Reference paper B retirement, voluntary redundancy, compulsory redundancy and mutual agreement), eleven have returned to work and HR are working with managers and Occupational Health on any ongoing cases.

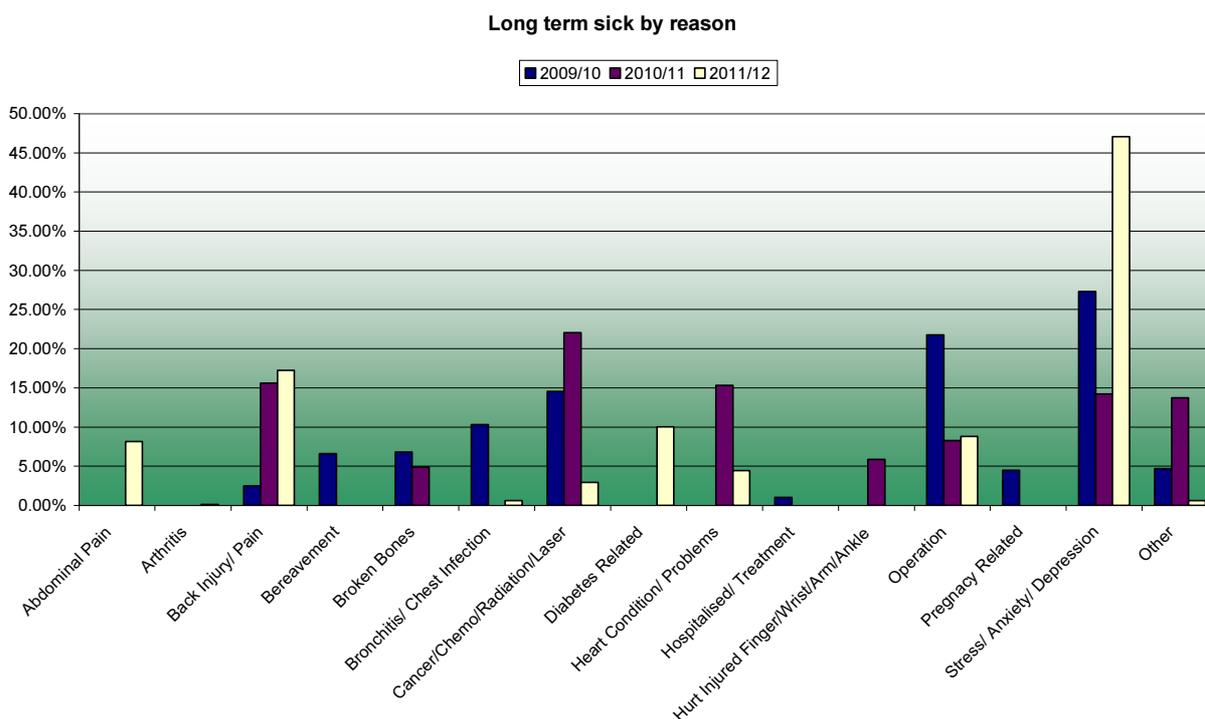
Figure 7

Year	Long-Term Sickness Absence Days per FTE staff in post
2007/8	4.14
2008/9	3.03
2009/10	2.04
2010/11	2.07
2011/12	2.59

*In 2009/10 the definition of long-term sickness absence changed from 43 to 29 days.

4.4 Figure 8 outlines the reasons for Long-Term sickness in 2011/12 compared with 2010/11 and 2009/10.

Figure 8



4.5 The most common reason for long-term sickness in 2011/12 was stress/anxiety/depression. This accounted for over 47.03% of all long-term sickness. This is due to six cases within the Council. Five of the employees have now left the organisation and the remaining case is being addressed by the line manager and Human Resources. Of these

six cases four where due to personal issues and two to work-based stress.

- 4.6 This scenario is similar to other organisations across the UK. The economic climate has increased the level of change most organisations are going through as they mitigate its effects. The climate has also increased the personal pressures individuals are under at the moment. Nearly two-fifths of employers overall (50% in the public sector) report that stress-related absence has increased over the past year, it is now the most common reason for long-term sickness in the public sector. Mental health problems such as anxiety and depression have also increased greatly over this period (CIPD Absence Management Survey 2011).
- 4.7 The Council has a Stress Management Policy which ensures that employees who are diagnosed with stress are seen by Occupational Health at the earliest opportunity. The employee assistance programme (PEP) offers counselling and useful information about dealing with change and stress. All managers who attended the Management Development Training programme in 2009/10 received stress awareness training, equipping them to recognise and address stress in the workplace. Further training was provided on personal resilience to senior managers and some staff in 2011/12 and it is proposed that this is rolled out again in 2012/13.
- 4.8 The second and third most common reasons for absence were back injury/pain (17.22%) and diabetes related (10.02%). These cases have been successfully managed.

5. The effect of home-working on sickness absence

- 5.1 A comparison between home workers and office based staff sickness absence in 2011/12, showed no differential between the two groups. (home workers 4.77 days per FTE compared to 4.70 days for office based staff). It is common to expect to see a reduction in sickness absence for home workers this was not the case for the Council in 2011/12.
- 5.2 These results may be due to a number of factors. The sample size for permanent home workers is very small (26 employees) and not all of these employees have completed a full year of home working. Several services which have a high percentage of home workers have also been through restructures during 2011/12 and this may have had an effect. Due to IT issues a number of registered home workers have had

periods when home working has not been possible. All these factors may have contributed to the lack of overall benefit in home working on sickness absence for 2011/12.

- 5.3 This effect of the issues listed above is particularly apparent in Revenues and Benefits which has been through a comprehensive restructure in 2011/12 as part of the move to shared service. In 2010/11 when the service originally took up home working there was a decrease of 1.33 days per employee. It is likely that factors other than homeworking have contributed to the increase this year.
- 5.4 Legal and Democratic Services and Financial and Performance Services also took up home working in 2011 as part of the C3W relocation programme. Democratic & Legal's short term sickness has reduced slightly in 2011/12 (3.21 days against 3.53 days). Finance and Performance's short term sickness has increased when compared to the outturns for Financial Support Services and Strategic Direction in 2010/11 (the pre-restructure teams). As both Legal and Democratic and Financial and Performance Services have been restructured over this period and it likely that a longer period of review will better demonstrate the effects of home working on their sickness absence.
- 5.5 As services stabilise after the restructures and IT issues are resolved it is expected that a more positive picture will emerge. Further take up of home working increasing the sample size, a longer period of analysis and the ability to consider ad hoc home workers will also assist future analysis.

6. Occupational Health Services

- 6.1 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 cost of the service in 2011/12 was £3,700 per annum, compared to circa £5,900 in 2010/11. This was due to the Health Adviser not attending the Council for two months during 2011/12. This cost is inclusive of the visits and associated administration and reports. HR will continue to review the potential for savings through working with the shared support services across other district councils.
- 6.2 The Council continues to support staff well-being. Staff are entitled to discounts in all East Herts leisure centres.

6.3 The Cycle to Work scheme was launched in Autumn 2011. This supports the Council's wellbeing and green policies.

7. Employee Assistance Programme

7.1 The Employee Assistance Programme (EAP) provided by PPC provides a variety of services to East Herts employees. These include telephone debt counselling, formal telephone counselling, face-to-face counselling and online guides and fact sheets.

7.2 The PPC provision for EAP is part of HCC master contract for this service. The cost has decreased to £6.98 per employee (2011/12) compared to when the Council first engaged PPC, £8.34 per employee (2009/10). In 2012/13 the cost has reduced again to £6.55.

7.3 During the period April 2011 – March 2012 the following EAP counselling services were used by employees:

- Face to Face Counselling – 2 cases
- Telephone Counselling – 3 cases

Employees also accessed the website for factsheets and information.

7.4 PPC recorded three employment issues presented by employees requesting information:

- Redundancy (actual or threat)
- Work Stress
- Restructuring

7.5 The utilisation rate for East Herts Council is 4.84%. This is a slight increase from the 2010/11 rate (4.29%) and remains lower than the average utilisation rate of 11.4% recorded by PPC. Human Resources will continue to work with PPC to devise publicity alerting employees to the services offered.

8. Progress against 2011/12 Recommendations

8.1 Targets

In 2011/12 targets were kept at 5 days FTE for short term absence, 2.5 days FTE long term absence and 7.5 days FTE total sickness absence. These targets remain appropriate for 2012/13.

8.2 Stress Related Sickness

The support available through Occupational Health and PPC was utilised for the stress related sickness cases as appropriate in 2011/12.

Personal resilience training was rolled out for Senior Managers and staff in March 2012. Other training courses throughout the year aimed to help staff manage difficult situations at work (e.g. Communicating in Challenging Situations).

8.3 The affect of Home-Working

See section 5 for analysis.

8.4 Absence Management Policy

The absence management policy was scheduled to be reviewed in 2012 incorporating best practice, legislation and recommendations from the Internal Audit report 2011. This policy will be reviewed in 2012 as part of the shared support services.

9. Proposed actions for 2012/13

9.1 Targets

Targets for 2012/13 remain as 5 days FTE for short term absence, 2.5 days FTE long term absence and 7.5 days FTE total sickness absence.

9.2 Absence Management Policy

This policy will be reviewed in 2012 as part of the shared support services.

9.3 Support for Stress related sickness and increasing Stress Awareness

The majority of the stress related sickness cases in 2011/12 were due to employee's personal circumstances, others were due to work-

related stress. It is recommended that the Council continues to promote the support available to employees.

9.4 Personal resilience

Personal resilience training was provided to senior managers and some staff in 2011/12. Given the further period of change the Council may be entering with shared support services this training will be rolled out again in 2012/13.