

East Herts Council

SICKNESS ABSENCE REPORT

1 APRIL 2013 – 31 MARCH 2014

1. Executive Summary

- 1.1 The following information outlines East Herts sickness absence levels for 2013/2014.

2. Sickness Absence Overview

Figure 1

Year	Sickness Absence Days per FTE Staff in Post							
	Local Authority Average (Source: IRS Employment Review)	East of England LGA Average	East Herts Target			East Herts Outturns		
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	9.1 (CIPD Absence Management Survey 2011)	7.16**	Short-term 5	Long-term 2.5	Total 7.5	Short-term 3.69	Long-term 1.81	Total 5.50
2012/13	8.1 (CIPD Absence Management Survey 2012)	6.18	Short-term 5	Long-term 2.5	Total 7.5	Short-term 4.50	Long-term 1.70	Total 6.20
2013/14	8.7 (CIPD Absence Management Survey 2013)	No data** available	Short-term 5	Long-term 2.5	Total 7.5	Short-term 4.64	Long-term 1.26	Total 5.89

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

**2013/14 No data collated for 2013/14. This information may be available by September 2014

2.1 Sickness Absence Data Calculations

- 2.2 The sickness records for all permanent employees and those on fixed-term contracts are included. Agency staff 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 business year. This is calculated by obtaining the FTE as at April 1st 2013 and the FTE as at 31st March 2014 and averaging the two figures.

2.3 Comparisons

- 2.4 The outturns for East Herts have been compared to local authority averages. The Council's sickness absence for 2013/14 has been compared to the CIPD Absence Management Survey 2013; the average local government sickness absence was 9.0 days per employee per year. At 5.89 days the East Herts outturn is significantly below the average for local authorities across the UK. The East of England Local Government Association Sickness Absence Benchmarking Survey is currently being completed in August 2014.

2.5 East Herts Council outturns 2013/14

- 2.6 In 2013/14 the total sickness absence was 5.89 days, a decrease from 6.20 FTE sickness absence days per FTE employee in 2012/13. However short-term sickness increased over this period, rising from 4.50 days to 4.64 days. The decrease in sickness absence can be accounted for by the decrease in long term sickness, from 1.70 days (2012/13) to 1.26 days (2013/14).
- 2.7 Figure 2 below compares the percentage of employees on absence triggers for the last three years. The trigger '3 occurrences in 6 months' has continued to decrease. This is a positive outturn. The percentage of employees on the '10 days in a rolling year' trigger has decreased in 2013/14 and this is supported by the decrease in long term absence cases.

Figure 2

Sickness Absence Management Triggers						
	Apr-11	Mar-12	Apr 12	Mar 13	Apr 13	Mar 14
3 Occurrences in 6 months	7.72%	9.38%	8.66%	6.06%	4.70%	5.22%
10 days in a rolling year	16.00%	17.38%	14.53%	6.89%	2.76%	5.51%

3. Short-Term Sickness Absence

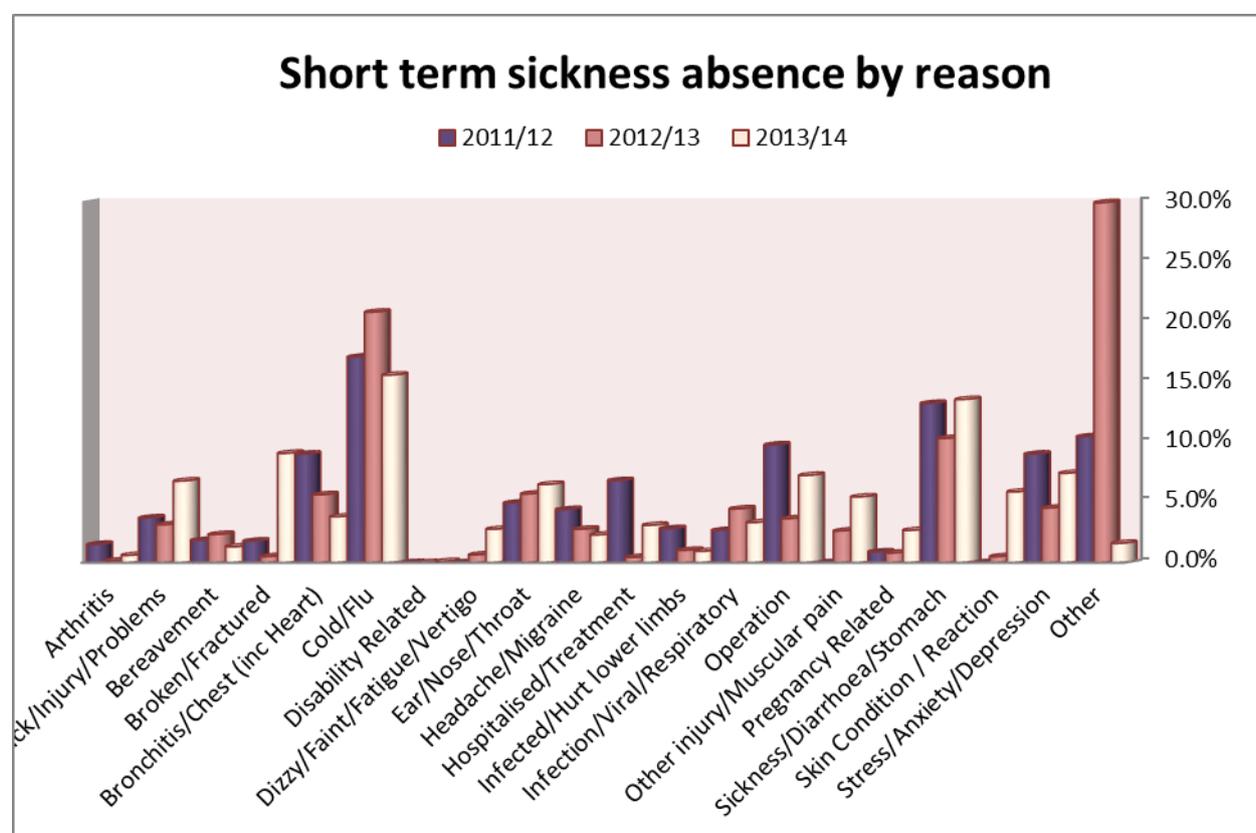
3.1 The short-term absence level increased slightly in 2013/14 to 4.64 days per FTE. The outturn is below the target of 5 days.

Figure 3

Year	Short-Term Sickness Absence Days per FTE staff in post
2009/10	4.43
2010/11	4.73
2011/12	3.69
2012/13	4.50
2013/14	4.64

3.2 Figure 4 outlines the main reasons for short-term sickness absence in 2013/14 compared with 2012/13 and 2011/12.

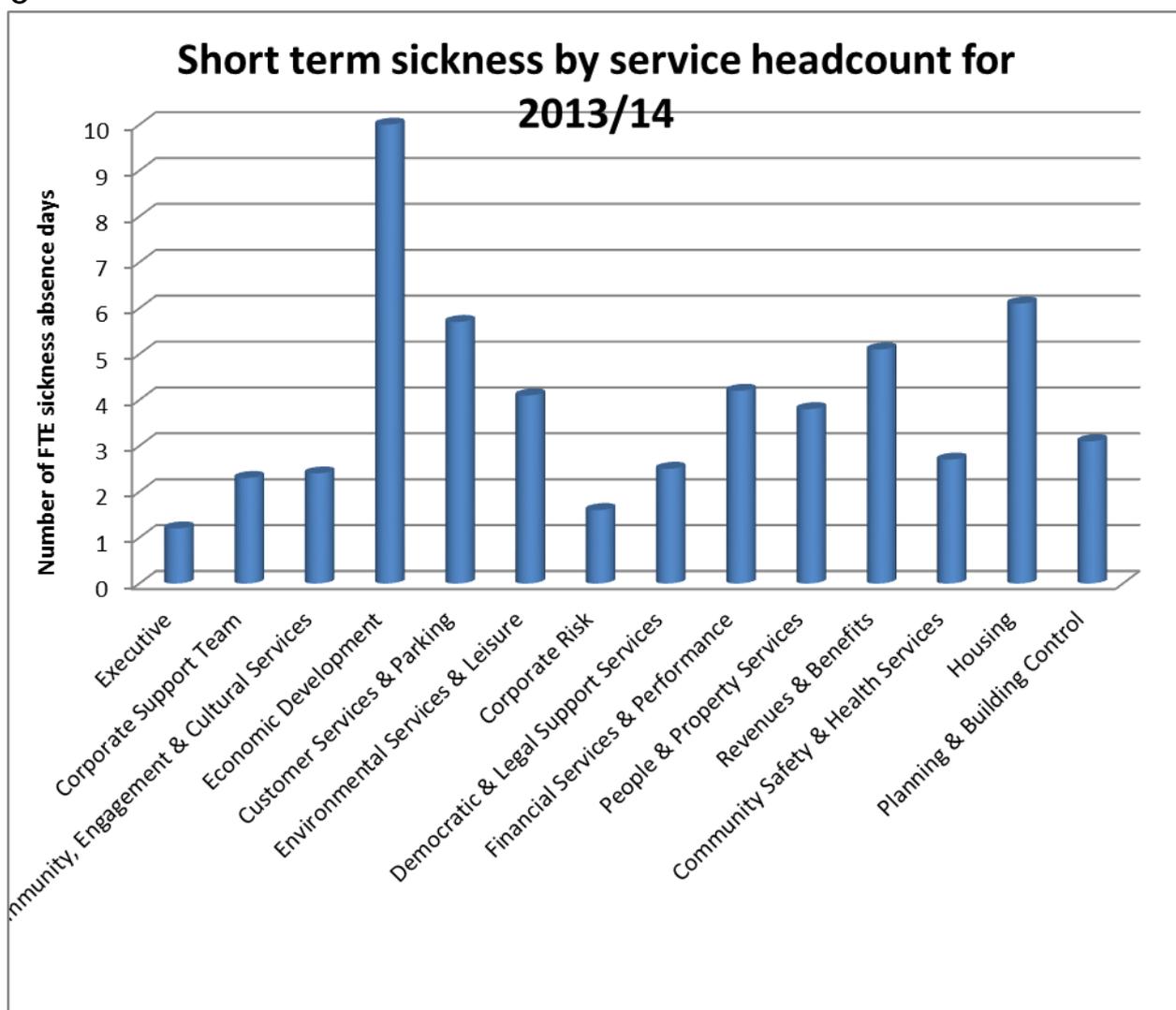
Figure 4



3.4 Cold/Flu remains the most common reason for short-term absence in 2013/14 at 15.6% and Upset sickness/diarrhoea/stomach is the second most common reason (13.5%). This is a change from 2012/13 outturns of the most common reason for absence being Other (29.9%) and the second most common being Cold/Flu (20.8%).

- 3.5 The categorisation of 'Other' picks up any sickness absence reasons that are not covered in other definitions.
- 3.6 Short-term absence due to stress/anxiety and depression has increased from 4.50% in 2012/13 to 7.4% in 2013/14. The monitoring of this type of sickness absence will be improved in 2014/15 with the updated return to work interview process.
- 3.7 Figure 5 shows the number of FTE sickness absence days by the headcount in each service area for 2013/14. The table below is based on the current service structures.

Figure 5

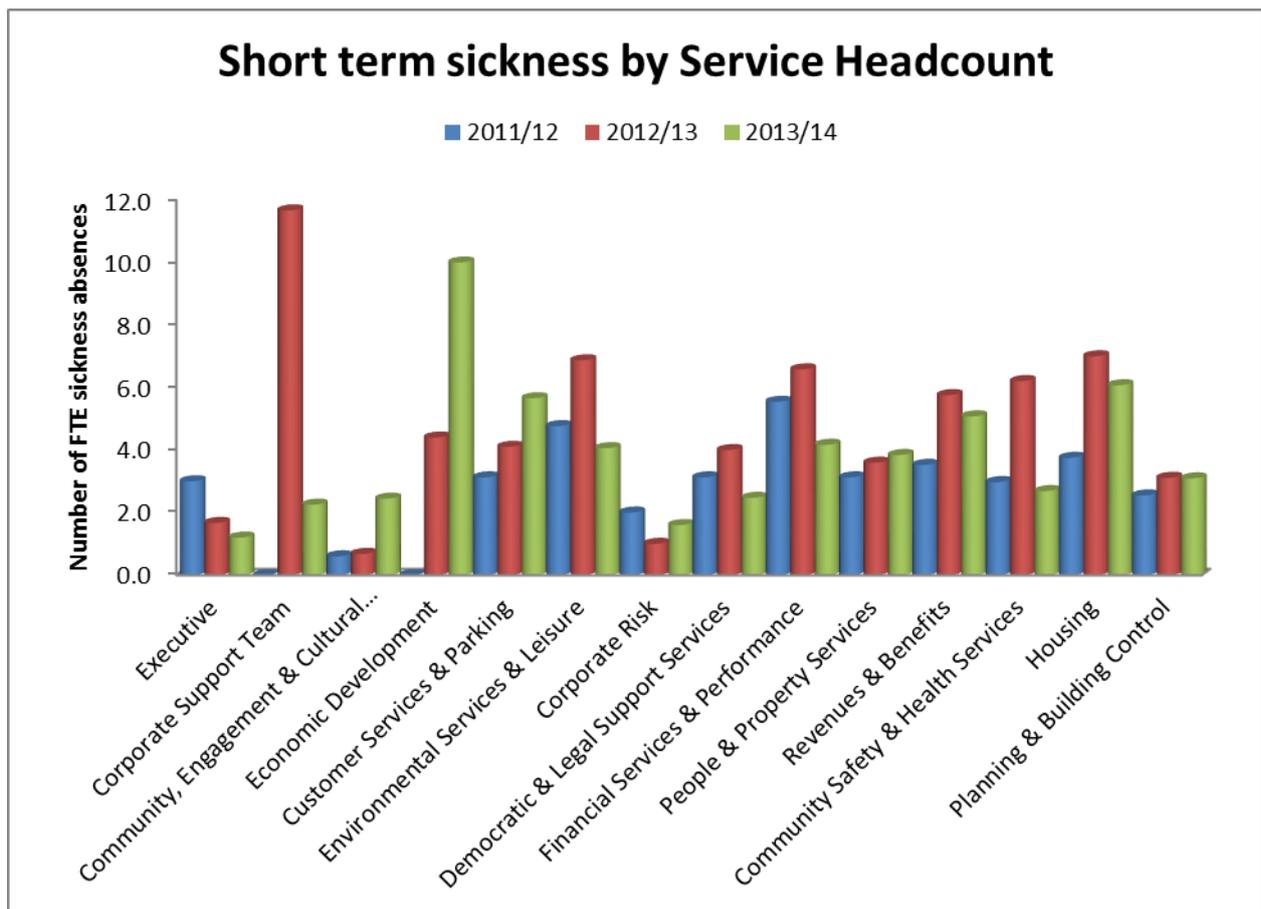


- 3.8 Economic Development had the highest level of absence per headcount at 10 days. The majority of short term sickness in this service was due to bereavement and stress/anxiety. Managers and

human resources remain working together with line managers to address any employees currently reaching sickness absence triggers.

- 3.9 Housing Services had the second highest level of sickness absence at 6.1 days. There were varied reasons within the department including cold/flu, bronchitis/chest infections, stomach upsets. The services short-term sickness also includes employees who had operations and a number of employees with on-going issues which were successfully managed.

Figure 6



- 3.10 Figure 6 shows the comparison of short term sickness by Service headcount. In 2013/14 there was a decline in short term sickness absence in Executive; Corporate Support team; Environmental Services and Leisure; Democratic and Legal Support Services; Financial Services and Performance; Revenues and Benefits; Community Safety & Health Services and Housing Services compared to outturn figures in 2012/13.

4. Long-Term Sickness Absence

- 4.1 Figure 7 compares the number of long-term sickness absence days over the last five years. Long-term sickness is defined as a period of sickness lasting over 28 calendar days, in-line with best practice.
- 4.2 Of the 1771.83 FTE days sick in 2013/14, 377.59 are due to long-term sickness. The outturn for 2013/14 is 1.26 days, which is below the target of 2.5 days.
- 4.3 The long term sickness in 2013/14 was accrued by 11 people (compared to 24 people in 2012/13). Two of these people have now left the Council. Nine have returned to work and HR is working with managers and Occupational Health on any ongoing cases.

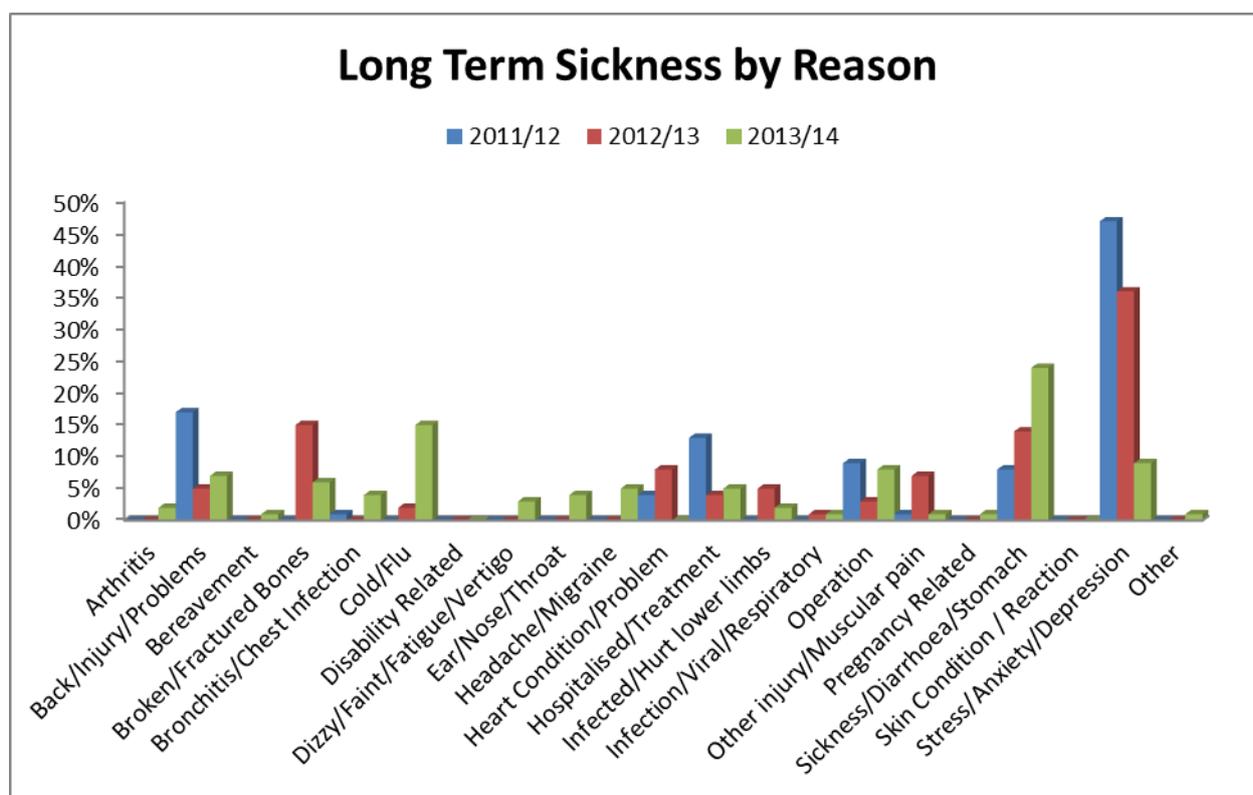
Figure 7

Year	Long-Term Sickness Absence Days per FTE staff in post
2009/10	2.04
2010/11	2.06
2011/12	1.81
2012/13	1.70
2013/14	1.26

*The definition of long-term sickness absence is when an employee is absent for a continuous period of 28 calendar days.

- 4.4 Figure 8 outlines the reasons for Long-Term sickness in 2013/14 compared with 2012/13 and 2011/12.

Figure 8



4.5 The most common reason for long-term sickness in 2013/14 was Sickness/Diarrhoea/Stomach. This accounted for 24% of all long-term sickness. Other reasons included Cold/Flu (15%) and Stress/Anxiety/Depression (9%). In 2012/13 Stress/Anxiety/Depression was the most common reason for long-term sickness (36%). Other reasons included Fractured/Broken bones (15%) and Sickness/Diarrhoea/Stomach (14%).

4.6 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 (PPC) offers counselling and useful information about dealing with change and stress. All managers who attended the Management Development Training programme in 2013/14 received stress awareness training, equipping them to recognise and address stress in the workplace. It is proposed that this is rolled out again in 2014/15 to support the launch of the revised Absence Management policy July 2014.

5. The effect of home-working on sickness absence

5.1 A comparison between home workers and office based staff sickness absence in 2013/14, showed no differential between the two groups. (home workers 4.80 days per FTE compared to 4.71 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 2013/14.

6. Occupational Health Services

- 6.1 The Council's Occupational Health Services are supplied by a provider called Harlow Occupational Health Service Ltd. If needed, East Herts staff are referred to the offices to see an Occupational Health Doctor. The doctor's work with both the Council and employees in maintaining employee attendance at work and advising the Council of any reasonable adjustments that may be appropriate.
- 6.2 The cost of the service from August 2013 to present date was £2701.50 compared to £3791.14 in 2012/13. The Council plans to go out to quotation for the supply of Occupational Health in 2014/15.
- 6.3 The Council continues to support staff well-being. Staff are entitled to discounts in all East Herts leisure centres.
- 6.4 The Cycle to Work scheme was re-launched in March 2014. 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 During the period April 2013 – March 2014 the following EAP counselling services were used by employees:

- Face to Face Counselling – 1 case
- Telephone Counselling – 4 cases

Twelve employees also accessed the website for factsheets and information.

- 7.4 PPC recorded six employment issues presented by employees requesting information:
- Disciplinary – 2 cases (actual or threat)
 - Work Stress – 2 cases

- Restructuring – 1 case
- Difficulties with Line Management – 1 case

7.5 In 2013/14 the cost of the PPC provision of EAP was £6.06 per employee. This had decreased from the cost in 2012/13 which was £6.55.

7.6 The utilisation rate for East Herts Council in 2013/14 was 3.19%. This is a slight decrease from the 2010/11 rate (4.29%). Human Resources will continue to work with the EAP to devise publicity alerting employees to services offered.

7.7 From April 2014, EAP is still being provided by PPC but has been transferred to the Council's insurance policy, Legal and General. This has provided a saving to the Council of £2,000.

8.0 Progress against 2012/13 Recommendations

8.1 Targets

In 2012/13 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. Targets have been reduced for 2014/15 to reflect the reduction in long term sickness and overall sickness absence being below target.

8.2 Stress Related Sickness

The support available through Occupational Health and PPC was utilised for the stress related sickness cases as appropriate in 2013/14.

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 Absence Management Policy

The Absence Management policy was approved by HRC in July 2014 and incorporates best practice, legislation and recommendations.

The policy has been updated to reflect various changes to legislation, including those regarding the Equality Act 2010. The policy includes key changes which are in-line with best practice given by the CIPD, LGA and EELGA.

The policy links with the Council's Health & Safety Policy, the Stress Management Policy, the Policy and Procedure for Employing and Retaining People with Disabilities, the Disciplinary policy and sets out the Council's obligations to employees under the Disability Discrimination Act 1995 and (Amendment) Regulations 2003.

The policy has been updated to highlight the following;

- Definitions of Absence
- Disability Absence
- Employee, Senior Manager, Line Manager and HR responsibilities in managing attendance, including the recording of absence and a robust Return to work process.
- New sickness absence trigger points;
 - Three or more instances of sickness absence in any six-month period
 - Seven or more days sickness absence within any twelve-month period
 - Any other recurring recognisable pattern, such as frequent absenteeism
- The removal of the 'informal' absence management process.
- An updated Return to Work Interview form.

9. Proposed actions for 2014/15

9.1 Targets

Targets for 2014/15 were approved by HR Committee on 16 April 2014. They are 4.5 days FTE for short term absence, 2 days FTE long term absence and 6.5 days FTE total sickness absence.

9.2 Absence Management Policy

The revised Policy will be rolled out by Human Resources to line managers through a series of briefings in September 2014 highlighting the key changes to the policy. The briefings will also highlight the process of managing absence and will assist managers in managing individual sickness cases appropriately.

9.3 Support for Stress related sickness and increasing Stress Awareness

Personal resilience training was provided to senior managers and some staff in 2012. The majority of the stress related sickness cases in 2012/13 and 2013/14 were due to employee's personal circumstances and work-related stress. It is recommended that the Council continues to promote the support available to employees through EAP.

9.4 Health and Wellbeing

A programme to support the Council's Health and Wellbeing has now been designed which is focussed towards resilience and wellbeing. This will be delivered in 2014/15 to managers and staff.