

# East Herts Council

## SICKNESS ABSENCE REPORT

### 1 APRIL 2014 – 31 MARCH 2015

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#### 1. Executive Summary

- 1.1 The following information outlines East Herts sickness absence levels for 2014/2015.

#### 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		
<b>2010/11</b>	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
<b>2011/12</b>	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
<b>2012/13</b>	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
<b>2013/14</b>	8.7 (CIPD Absence Management Survey 2013)	7.1 days*	Short-term 5	Long-term 2.5	Total 7.5	Short-term 4.64	Long-term 1.26	Total 5.89
<b>2014/15</b>	8.2** (CIPD Absence Management Survey 2014)	***	Short Term 4.5	Long Term 2	Total 6.5	Short Term 3.47	Long Term 1.05	Total 4.51

\* The EELGA Sickness Benchmarking analysis 2013/14 reported that the average sickness days per employee in District Councils was 7.1 days

\*\* Average days lost per employee per year for local government

\*\*\* 2014/15 Data will be available in Summer 2015

## **2.1 Explanation of Sickness Absence Data Calculations**

- 2.1.1 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 employees in post is an average for the business year. For 2014/15, this has been calculated by obtaining the FTE as at 1 April 2014 and the FTE as at 31 March 2015 and averaging the two figures (310.57 FTE employees).

## **2.2 Benchmarking**

- 2.2.1 The outturns for East Herts have been compared to local authority averages. The Council's sickness absence for 2014/15 has been compared to the CIPD Absence Management Survey 2014. The CIPD Survey reported that the average days lost per employee per year in the local government sector was 8.2 days. At 4.51 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 was unavailable at the time of completing the report however, this is expected in August 2015.

## **2.3 East Herts Council outturns 2014/15**

- 2.3.1 In 2014/15 the total sickness absence days per FTE was 4.51 days, a decrease from 5.89 FTE days in 2013/14. Short-term sickness has decreased over this period from 4.64 days to 3.47 days. Long Term sickness absence has also decreased from 1.26 days (2013/14) to 1.05 days (2014/15).

To note the short term, long term and total sickness absence are the lowest reported (from 2015 to 2010). It should also be pointed out that the targets levels were reduced in 2014/15 and the outcomes are below those targets.

## **2.4 Employees on sickness absence management triggers**

- 2.4.1 The Absence Management Policy states that an employee's sickness absence levels must be reviewed when one of following trigger points is reached:

- 7 days sickness absence within any 12 month period

- 3 separate periods of sickness absence in a 6-month period; or
- A pattern of absence which gives cause for concern, such as frequent absenteeism on a Monday or Friday or avoiding particular work tasks

2.4.2 Figure 2 below compares the percentage of employees reaching the first two sickness absence triggers over the last four years. The trigger '3 separate periods in 6 months' has continued to decrease. This is a positive outturn. The percentage of employees reaching the '7 days in a 12-month period' trigger however, has increased significantly (21.25% in 2014/15 compared to 5.51% in 2013/14).

2.4.3 The increase in the percentage of employees reaching the 7 days in a 12-month period in 2014/15 is due to this trigger being lowered from 10 days in 2013/14 to 7 days in 2014/15. Another contribution to this data is the launch of the revised Absence Management Policy in July 2014 and the training and development for managers and employees on the process; including the importance of return to work interviews and meetings with employees who hit the trigger points.

**Figure 2**

Absence Triggers	Reporting Year			
	Mar 12	Mar 13	Mar 14	Mar 15
3 separate periods in a 6-month period	9.38%	6.06%	5.22%	4.02%
7 days in a 12-month period*	17.38%	6.89%	5.51%	21.25%

\* This was 10 days in a 12-month period prior to March 2015

### 3. Short-Term Sickness Absence

#### 3.1 Overview

3.1.1 Figure 3 shows the short term sickness absence days per FTE employee in post.

3.1.2 The short-term absence level has decreased in 2014/15 to 3.47 days per FTE. The outturn is below the target of 4.5 days.

**Figure 3**

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

2014/15	3.47
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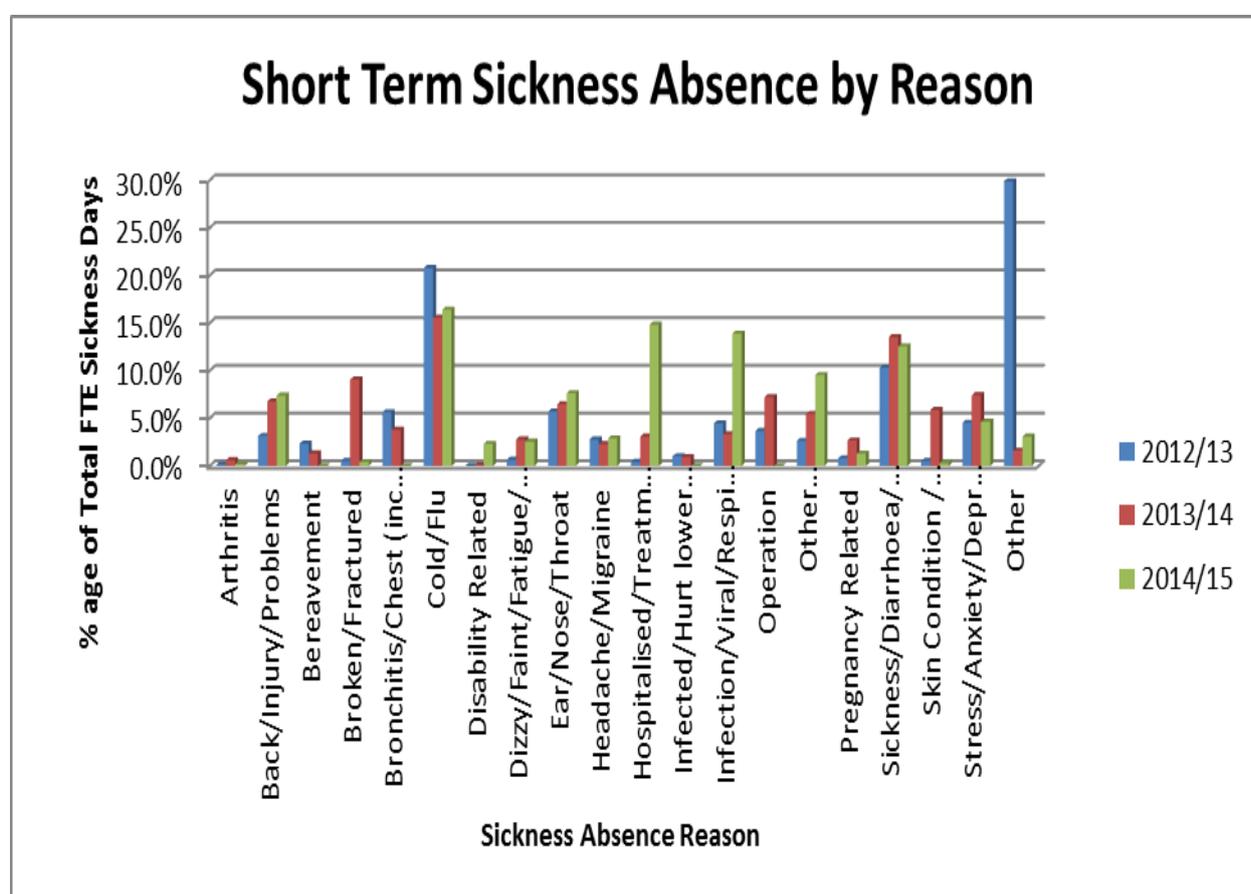
## 3.2 Short term absence by reason

3.2.1 Figure 4 outlines the main reasons for short-term sickness absence in 2014/15 compared with 2013/14 and 2012/13.

3.2.2 The Absence Reason categories that the Council reports on in 2014/15 have changed since the 2013/14 Absence Report. The categories from the 2013/14 Absence Report have been retained to ensure comparisons can be made with previous years' data.

3.2.3 It is recommended however, that when the new HR & Payroll system is in place, the absence reason categories are changed to reflect those in the CIPD Annual Survey Report on Absence Management. This will enable more detailed comparisons to be made with other employers on absence management, if required.

**Figure 4**



3.2.3 Cold/Flu remains the most common reason for short-term absence in 2014/15 at 16.4%. Hospitalised/Treatment is the second most common reason in 2014/15 (14.8%). This is a change from 2013/14

where the second most common reason was sickness/diarrhoea/stomach(13.5%).

- 3.2.4 The categorisation of 'Other' picks up any sickness absence reasons that are not covered in other definitions.
- 3.2.5 Short-term absence due to stress/anxiety/depression has decreased from 7.4% in 2013/14 to 4.7% in 2014/15. The monitoring of this type of sickness absence has improved in 2014/15 with the updated return to work interview process. Referrals to Occupational Health and support and advice are given to managers and employees at the first point of absence.
- 3.2.6 Short term absence due to 'Other injury/Muscular pain' has seen a continuous rise since 2012/13 and has almost doubled since 2013/14 (5.5% in 2013/14 to 9.5% in 2014/15).

### 3.3 Short term absence by Service

- 3.3.1 During the latter part of 2014/15 some services were restructured resulting in team changes.
- 3.3.2 Table 1 below shows how the service names have changed since the Absence report 2013/14 was approved. The changes are shown in red text.

**Figure 5**

Service Name (2013/14)	Service Name (2014/15)
Corporate Support Team	Corporate Support Team
Communications, Engagement & Cultural Services	Communications, Engagement & Cultural Services
Corporate Risk	Governance & Risk Management Service
Financial Services & Performance	Teams split into either Strategic Finance or Business Development
Customer Services & Parking	Customer Services & Parking
Environmental Services	Environmental Services
People, ICT & Property Services	Teams split into either HR & OD, Strategic Finance, or Governance & Risk Management
Democratic & Legal Services	Democratic & Legal Services
Revenues & Benefits	Revenues & Benefits
Housing Services	Housing Services
Community Safety and Health Services	Community Safety and Health

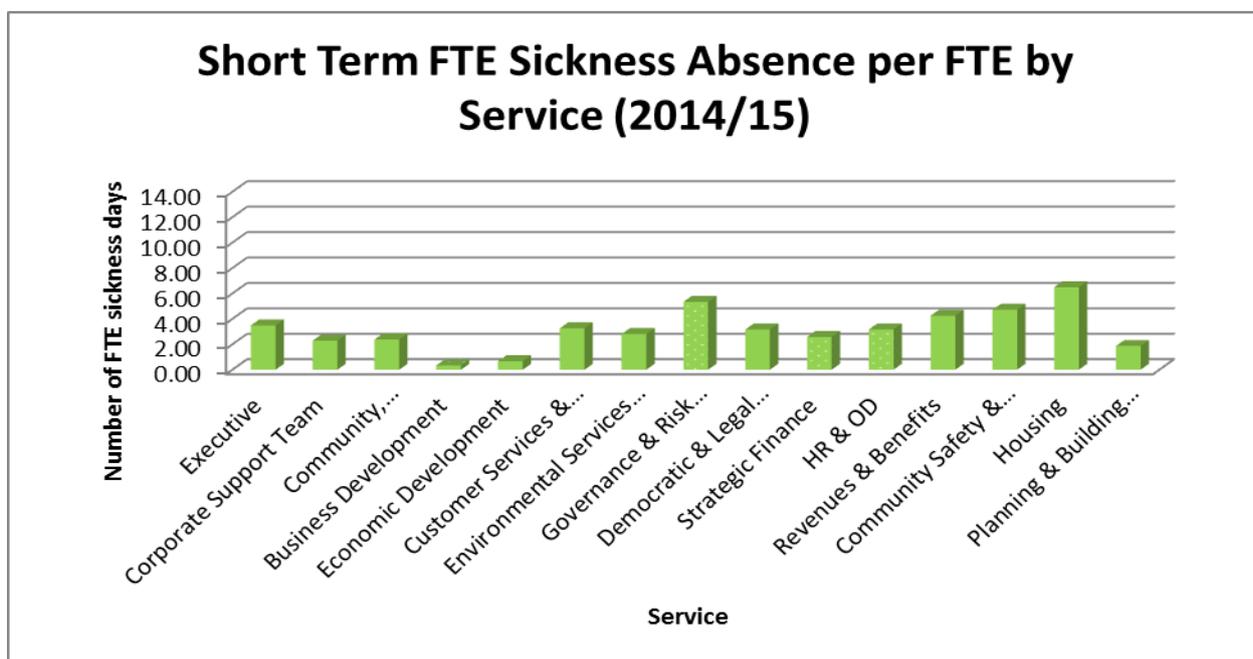
	Services
Planning & Building Control	Planning & Building Control

Red text indicates where service areas have been restructured in 2014/15

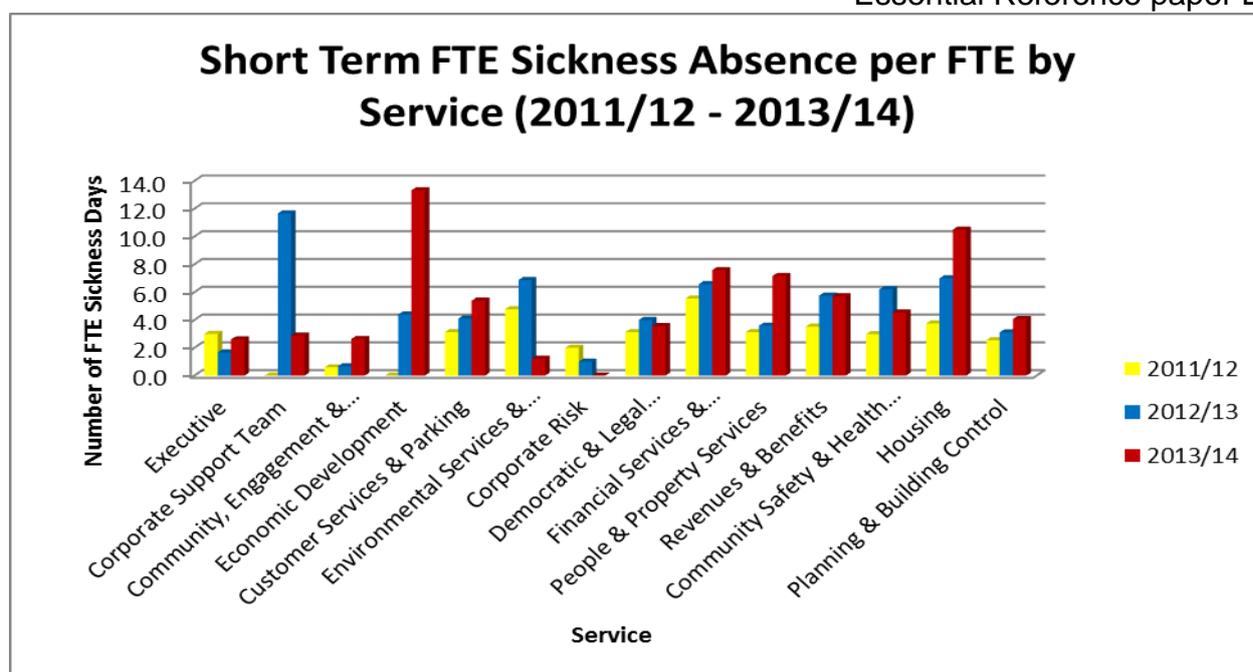
3.3.3 As a result of the service restructures, to enable comparisons to be made between the data reported on in the Absence reports from the previous 3 years and the current 2014/15 data, two Figures have been produced. Figure 6 details short term sickness absence by service for 2014/15 and Figure 7 shows short term sickness absence for the previous 3 years (2011/12, 2012/13 and 2013/14).

3.3.4 The shaded columns show where there have been changes in the service area since 2013/14.

**Figure 6**



**Figure 7**



3.3.5 The service with the highest level of short term sickness absence days per FTE is Housing (6.49 FTE). The main reasons were due to 'Hospitalised/Treatment' and 'Disability Related' sickness.

3.3.6 The second highest service was Governance and Risk Management (5.34 FTE). The majority of short term sickness in this service was due to headache/migraine and sickness/diarrhoea/stomach problems.

3.3.7 Managers and Human Resources continue to work together to address any employees reaching sickness absence triggers.

#### 4. Long-Term Sickness Absence

4.1 Figure 8 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 which is in-line with best practice.

4.2 Of the 1403.87 FTE days sick in 2014/15, 327.68 are due to long-term sickness. The outturn for 2014/15 is 1.05 days, which is a decrease since 2013/14 (1.26 days) and significantly below the target of 2 days.

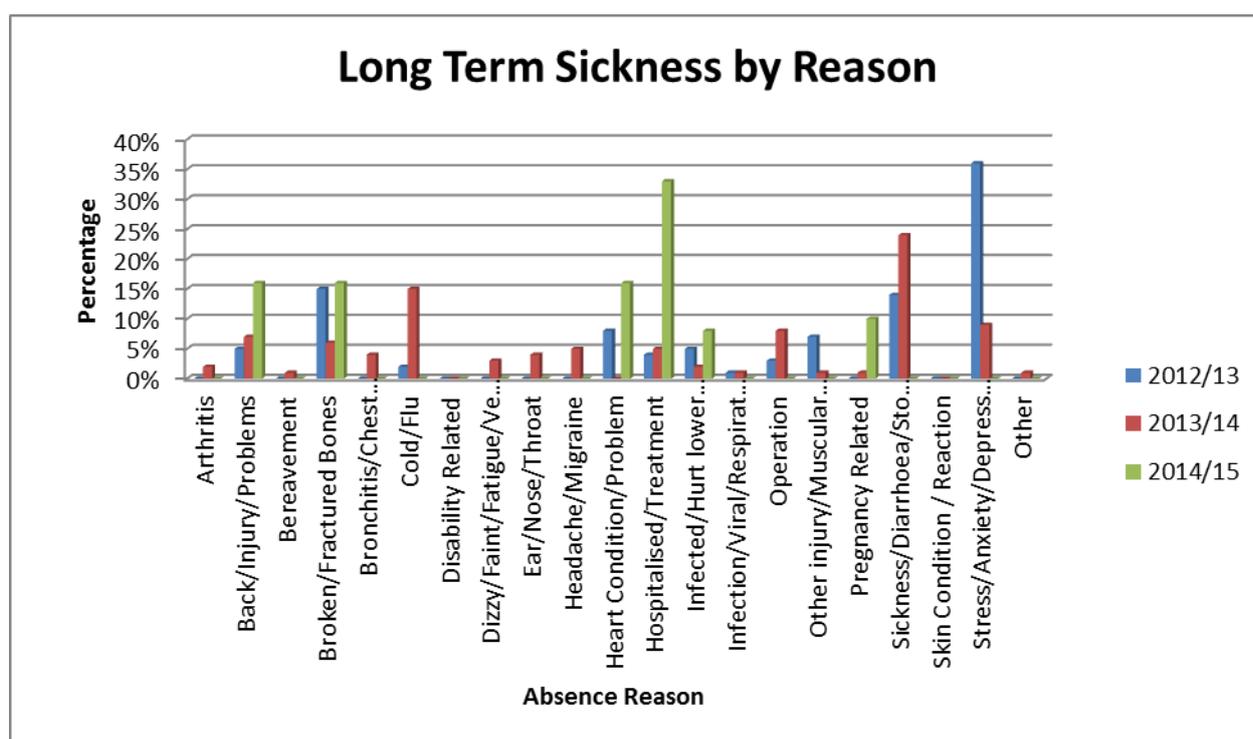
4.3 The long term sickness absence in 2014/15 was accrued by 7 people (compared to 11 people in 2013/14). Two of these people have now left the Council. Three have returned to work and HR is working with managers and Occupational Health on any ongoing cases.

**Figure 8**

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
2014/15	1.05

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

4.4 Figure 9 outlines the reasons for long-term sickness absence in 2014/15 compared with 2013/14 and 2012/13.

**Figure 9**

4.5 The most common reason for long-term sickness absence in 2014/15 was hospitalised/treatment. This accounted for 33% of all long-term sickness absences. Other reasons included back injury/problems (16%), broken/fractured bones (16%) and heart condition/problems (16%). In 2013/14 sickness/diarrhoea/stomach problems was the most common reason for long-term sickness absence (24%). Other reasons included cold/flu (15%) and stress/anxiety/depression (9%).

4.6 It is worth noting that there were no long term sickness absences due to stress/anxiety/depression in 2014/15 which is a change from previous years (36% in 2012/13 and 9% in 2013/14). This is a success and may be partly due to the Management Development Training

Essential Reference paper B

programme which all managers attended in 2013/14 where they received stress awareness training, equipping them to recognise and address stress in the workplace.

## **5. Occupational Health Services**

- 5.1 The Council's Occupational Health Services are supplied by a provider called Harlow Occupational Health Service Ltd. If needed, East Herts employees are referred to the offices to see an Occupational Health Doctor. The doctors work with both the Council and employees in maintaining attendance at work and advising the Council of any reasonable adjustments that may be appropriate.
- 5.2 The cost of the service in 2014/15 was £4753.70 compared to £2701.50 in 2013/14. The Council recently went out to quotation for the supply of Occupational Health services. The tender process is expected to be completed in June 2015.

## **6. Health and Wellbeing**

- 6.1 The Council continues to support employee well-being and has launched a number of initiatives as part of its Health and Wellbeing Strategy 2013-2018. Please see Section 8.4 for further information.
- 6.2 The Cycle to Work scheme was re-launched in May 2015. This supports the Council's wellbeing and green policies.

## **7. Employee Assistance Programme**

- 7.1 The Employee Assistance Programme (EAP) is currently provided by the Positive People Company (PPC) through the Council's life insurance policy with Legal and General. PPC provide a variety of services to East Herts Council employees including telephone debt counselling, formal telephone counselling, face-to-face counselling and online guides and fact sheets.
- 7.2 The EAP provider will change to Capita with effect from 14 June 2015. The new programme will be very similar to the current one with two significant additions:
- Free online health risk assessment tool which can provide the employee with information on their health age score, health risks based on health conditions, family history and lifestyle, a personalised goal planner and alerts, and provide recommendations based on evidence-based research;

- Face to face counselling will be available to more people and will no longer be restricted to those that Legal and General cover for Group Income Protection (GIP) and employees not covered by the Council's Legal & General GIP policy will also be eligible, without charge.

7.3 Management information on the usage of the EAP service is usually included in this report. However, Legal and General do not provide this for organisations of less than one thousand staff.

## 8.0 Progress against 2013/14 Recommendations

### 8.1 Targets

8.1.1 Targets were reduced for 2014/15 (4.5 days FTE for short term absence, 2 days FTE long term absence and 6.5 days FTE total sickness absence) to reflect the reduction in long term sickness and overall sickness absence being below target.

8.1.2 In 2014/15 the Council met the reduced sickness absence targets (3.47 days FTE for short term absence, 1.05 days FTE for long term absence and 4.51 FTE total sickness absence).

### 8.2 Absence Management Policy

8.2.1 The revised Absence Management policy was rolled out by Human Resources through a series of briefings in September 2014 highlighting the key changes to the policy and the process of managing absence. However, managers have reported confusion regarding the interpretation of certain parts of the policy. For example, there is uncertainty regarding *when* they should hold a First Health Review meeting as paragraph 14.1.2 seems to provide managers with some discretion over whether they should convene such a meeting. It states:

“The manager must consider the trigger points above and ***if it is felt that there is a potential problem*** they should convene a First Health Review Meeting with the employee”.

Text has been emboldened and italicised for the purposes of this report and does not appear so in the Absence Management Policy

- 8.2.2 Managers have also frequently asked whether it is always necessary to issue a verbal warning at the end of the first health review meeting as the last bullet point on paragraph 14.1.4 of the policy states:

“The manager ***should*** issue a verbal warning”

Text has been emboldened and italicised for the purposes of this report and does not appear so in the Absence Management Policy

- 8.2.3 Human Resources continue to support managers to ensure the absence management policy is consistently applied across the Council.

### **8.3 Support for Stress related sickness and increasing Stress Awareness**

- 8.3.1 Both short and long term sickness absence due to stress/anxiety and depression have decreased since 2013/14 (short term from 7.4% in 2013/14 to 4.7% in 2014/15 and long term from 9% in 2013/14 to 0% in 2014/15).

- 8.3.2 For work-related stress, managers are making more use of stress risk assessments as a tool to go through with employees to help them to identify the causes of stress and actions that can be put in place to address the causes.

- 8.3.3 The EAP service continues to offer support to East Herts employees experiencing stress whether it's work-related or personal. For example, they offer telephone counselling, online resources such as factsheets, articles and links to specialist resources.

### **8.4 Health and Wellbeing**

- 8.4.1 The Council continues to support the health and wellbeing of its employees. A number of projects have been implemented through the East Herts Health and Wellbeing Strategy 2013-2018 workplan which will help to improve employee wellbeing and resilience. Some of the projects are:

- Health and Wellbeing intranet pages have been developed for employees and Members. The pages are divided into the Five Ways to Wellbeing themed sections of Connect, Give, Be Active, Take Notice and Keep Learning

- Launch of Step Jockey which encourages increased stair usage for employees in place of using the lift.
- Five Ways to Wellbeing theme launched to employees with merchandise.
- The Herts Healthy Workplace Challenge was promoted which enables employees to track and record their physical activity levels along with a number of other physical activity options on the intranet pages.

## **9. Proposed actions for 2015/16**

### **9.1 Targets**

- 9.1.1 It is recommended that the Council retains the current sickness absence management targets of 4.5 days FTE for short term absence, 2 days FTE for long term absence and 6.5 days FTE total sickness absence.

### **9.2 Absence Management Reporting**

- 9.2.1 Given the confusion regarding the interpretation of some parts of the absence management policy, it is recommended that either the policy is revised to make it clearer and/or further briefing sessions are held for managers on the application of the policy to ensure the policy is interpreted correctly.
- 9.2.2 It is recommended that the Council's sickness absence categories reflect those that the CIPD Annual Absence Management Survey reports on to enable more detailed benchmarking. The CIPD categories are as follows:
- Minor illnesses (e.g. colds/flu, stomach upsets, headaches and migraines)
  - Back pain
  - Musculoskeletal injuries (e.g. neck strains and repetitive strain injury, but excluding back pain)
  - Stress
  - Home/family responsibilities
  - Recurring medical conditions (e.g. asthma, angina and allergies)
  - Mental ill health (e.g. clinical depression and anxiety)
  - Injuries/Accidents not related to work

- Acute medical conditions (e.g. stroke, heart attack and cancer)
- Work related injuries/accidents
- Pregnancy-related absence
- Drink or drug related conditions

9.2.3 It is recommended that this change takes effect once the new HR and Payroll system is implemented.

### **9.3 Health and Well-being**

9.3.1 The Council should continue to promote the wellbeing initiatives for employees as identified as part of the East Herts Health and Wellbeing Strategy 2013-2018 workplan.

### **9.4 EAP provider**

9.4.1 The Council should promote the new EAP provider to all employees with effect from June 2015 to ensure that they are aware of the new services on offer and any new contact details.