

East Herts Council

SICKNESS ABSENCE REPORT

1 APRIL 2016 – 31 MARCH 2017

1. Executive Summary

1.1 The following information outlines East Herts sickness absence levels for 2016/2017.

2. Sickness Absence Overview

Figure 1 – Sickness Absence Days per FTE over the last 5 years and comparisons with the council's targets and local government averages

Year	Sickness Absence Days per FTE Staff in Post							
	Local Authority Average (1)	East of England LGA Average (2)	East Herts Target			East Herts Outturns		
			Short Term	Long Term	Total	Short Term	Long Term	Total
2012/13	8.1	6.2	5	2.5	7.5	4.50	1.70	6.20
2013/14	8.7	7.1	5	2.5	7.5	4.64	1.26	5.89
2014/15	8.2	8.54	4.5	2	6.5	3.47	1.05	4.51
2015/16	8.0	7.64	4.5	2	6.5	3.92	1.71	5.62
2016/17	9.9	(3)	4.5	2	6.5	3.18	2.78	5.96

(1) Figures taken from the annual CIPD Absence Management Survey as it is updated (2016 is the latest). The figures are based on the average days lost per employee per year for local government (5% trimmed mean)

(2) Average sickness days per FTE (District Councils)

(3) 2016/17 Data unavailable

2.1 **Explanation of Sickness Absence Data Calculations**

2.1.1 The data includes sickness absence for all permanent employees and those on fixed-term contracts. Agency staff are excluded from the calculation.

2.1.2 All calculations (sick days and employees in post) are based on Full Time Equivalent (FTE). Unless stated otherwise, the FTE of employees in post is an average for the business year. For 2016/17, this has been calculated by obtaining the FTE as at 1 April

2016 and the FTE as at 31 March 2017 and averaging the two figures (309.49 FTE employees).

2.2 Benchmarking

2.2.1 The council's sickness absence for 2016/17 has been compared to the Chartered Institute of Personnel and Development (CIPD) Absence Management Survey 2016. The CIPD survey reported that the average days lost per employee per year in the local government sector was 9.9 days. At 5.96 days the East Herts figure is significantly below the average for local authorities across the UK.

2.2.2 The East of England Local Government Association (LGA) Sickness Absence Benchmarking data for 2015/16 has just been published. Reflecting on 2015/16 and 2016/17 the council falls below the average FTE total number of sickness days and is below both the short term (3.41 days) and long term (3.5 days) sickness figures for 2016/17. This demonstrates that the council has a good absence level when compared with other East of England councils.

2.2.3 The LGA has published the Local Government Workforce survey 2015/16 in March 2017 which summarises:

- On average, 4.9 per cent of days were lost due to sickness and 8.8 days per FTE employee.
- The most common cause of sickness absence was "stress, depression, anxiety, mental health and fatigue" (18.9 per cent of days lost (districts)).

2.3 East Herts council outturns 2016/17

2.3.1 In 2016/17 the total sickness absence days per FTE was 5.96 days which is below the target of 6.5 days but a slight increase from 5.62 FTE days in 2015/16. Short-term sickness was 3.18 days which is below the target of 4.5 days, and a slight decrease from 3.92 days in 2015/16. Long Term sickness absence was 2.78 days in 2016/17, which is above the target of 2 days and an increase from 1.71 days in 2015/16.

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 compares the percentage of employees reaching the first two of the sickness absence triggers over the last four years. The percentage of employees reaching the '7 days in a 12-month period' trigger has decreased from 24.29% in 2015/16 to 14% in 2016/17. The percentage of employees hitting the '3 separate periods in 6 months' trigger has decreased from 5.65% in 2015/16 to 4% in 2016/17.

Figure 2 – Percentage of employees reaching the council's absence triggers over the last 4 years

Absence Triggers	Reporting Year			
	Mar 14	Mar 15	Mar 16	Mar 17
7 days in a 12-month period (1)	5.51%	21.25%	24.29%	14.00%
3 separate periods in a 6-month period	5.22%	4.02%	5.65%	4.00%
Both short term triggers met (2)	~	~	19.00%	17.00%

(1) The trigger was 10 days in a 12-month period prior to March 2015

(2) Figures for both short term triggers met were not reported on prior to March 2016

3. Short-Term Sickness Absence

3.1 Overview

3.1.1 Figure 3 shows the number of short term sickness absence days per FTE employee over the last 5 years.

3.1.2 The short-term absence level for 2016/17 is 3.18 days per FTE and is below the target of 4.5 days. It remains low compared to previous years and when compared to national and regional results.

Figure 3 – Short Term Sickness absence days per FTE over the last 5 years

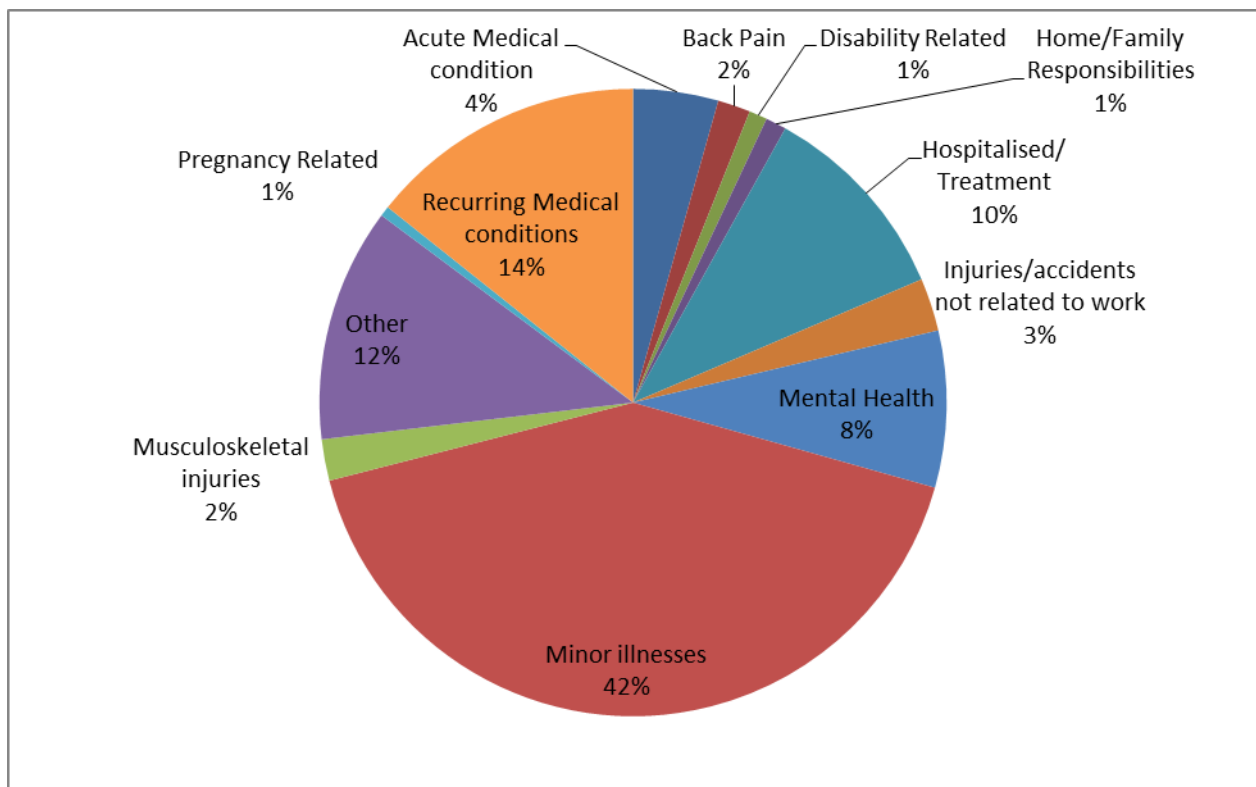
Year	Short-Term Sickness Absence Days per FTE staff in post
2012/13	4.50
2013/14	4.64
2014/15	3.47
2015/16	3.92
2016/17	3.18

3.2 Short term absence by reason

3.2.1 Figure 4 shows a breakdown of the reasons for short-term sickness absence in 2016/17.

3.2.2 The Chartered Institute of Personnel and Development (CIPD) absence categories have been used with the addition of two East Herts categories of 'Disability Related' and 'Hospitalised/ Treatment'.

Figure 4 – Short Term Sickness Absence Reasons in 2016/17

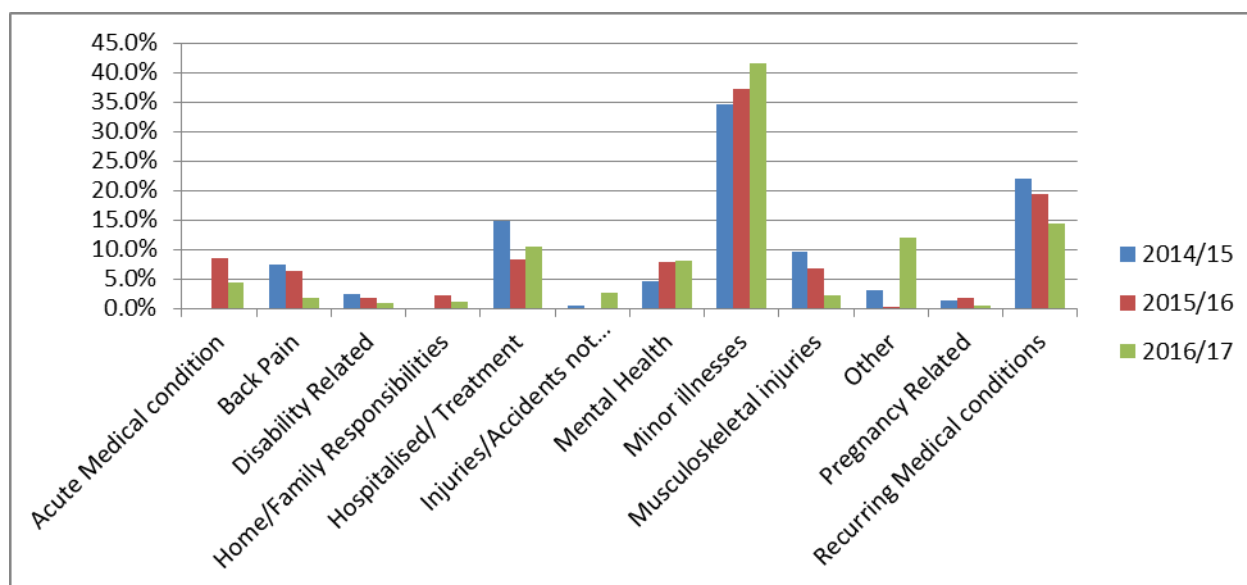


KEY:

- Minor illnesses (e.g. colds/flu, stomach upsets, headaches and migraines)
- Musculoskeletal injuries (e.g. neck strains and repetitive strain injury, but excluding back pain)
- Recurring medical conditions (e.g. asthma, angina and allergies)
- Mental ill health (e.g. clinical depression and anxiety)
- Acute medical conditions (e.g. stroke, heart attack and cancer)
- Home/Family Responsibilities (e.g. bereavement)

3.2.3 Minor illnesses continue to be the most common reason for short term sickness absence (42% in 2016/17). EELGA reported in 2015/16 that 12.55% of absences were caused by minor illnesses. The second most common reason for East Herts was 'recurring medical conditions' (14%) which includes conditions such as asthma, angina and allergies.

Figure 5 – Short Term Sickness Absence reasons over the last 3 years



3.2.6 The categorisation of 'Other' picks up any sickness absence reasons that are not covered in other definitions.

3.2.7 Short-term absence due to mental health issues has increased slightly from 7.9% in 2015/16 to 8.1% in 2016/17. The Local Government Workforce Survey 2015/16 reported the most common cause of sickness absence was "stress, depression, anxiety, mental health and fatigue" (18.9% of days lost (districts)). EELGA reported in 2015/16 that 10.59% of absences were due to mental health.

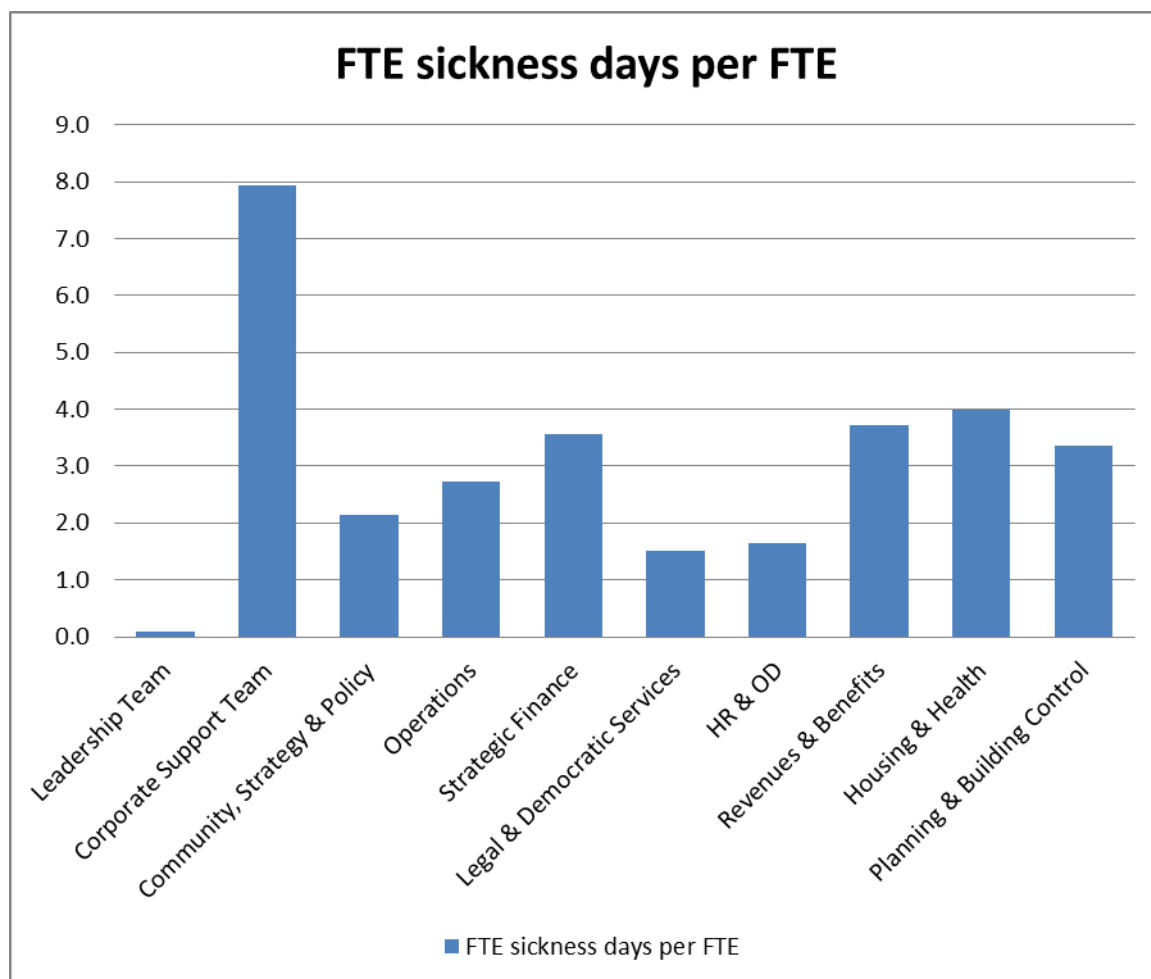
3.2.8 Referrals to Occupational Health and support and advice are given to managers and employees at the first point of absence for mental health related absence. Stress risk assessments are used by managers with employees where work related stress is cited.

3.3 Short term absence by service area

3.3.1 Figure 6 shows short term sickness absence by service area.

3.3.2 The data is based on FTE figures as at 31 March 2017.

Figure 6 - Short Term FTE Sickness Absence per FTE for each service area (2016/17)



3.3.3 The services with the highest short term absence per FTE are Corporate Support (7.9 days) (although the figures are skewed due to the small number of FTEs in this area), Housing and Health (4.0 days) and Revenues and Benefits (3.7 days).

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

4. Long-Term Sickness Absence

4.1 Overview

4.1.1 Long-term sickness absence is defined as a period of sickness lasting over 28 calendar days which is in-line with best practice.

4.1.2 Figure 7 shows the long term sickness absence days per FTE employee over the last 5 years.

- 4.1.3 The long term absence level is 2.78 days per FTE in 2016/17 which is above the target of 2 days. EELGA reported in 2015/16 the average long term sickness for districts based on FTE was 3.5 days. The Local Government Workforce Survey 2015/16 reported 5.3 days per FTE. So although the council's long term sickness absence is above target for 2016/17 it is below benchmarking data.

Figure 7

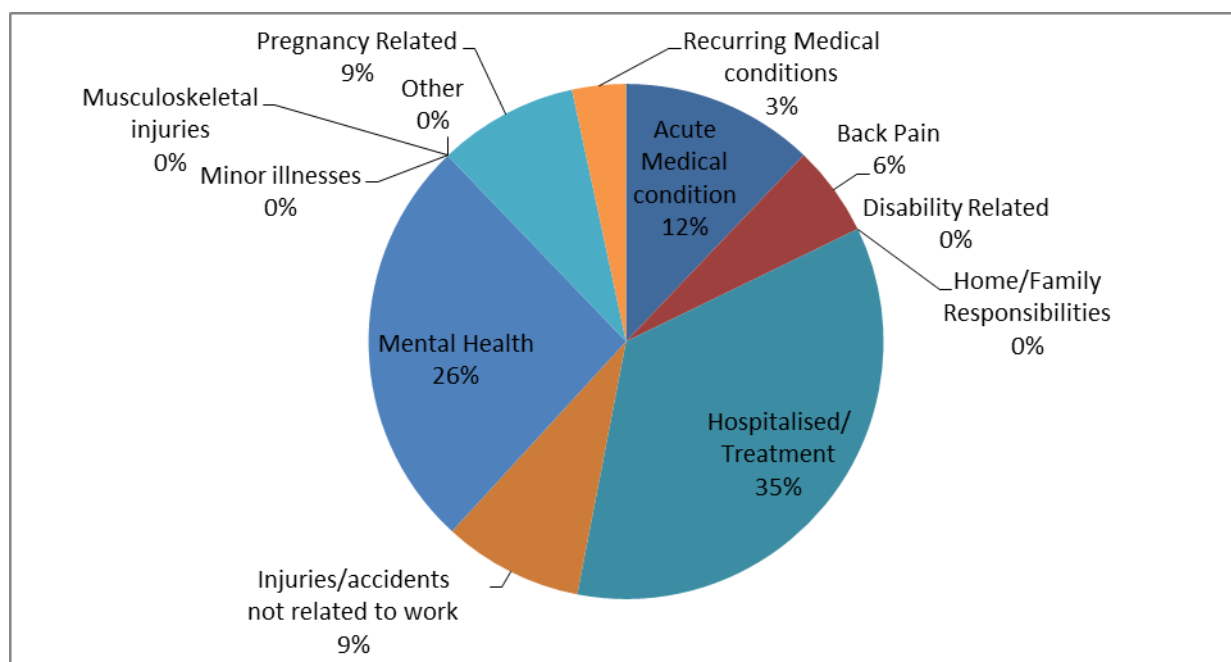
Year	Long-Term Sickness Absence Days per FTE staff in post
2012/13	1.70
2013/14	1.26
2014/15	1.05
2015/16	1.71
2016/17	2.78

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

- 4.1.4 Of the 1841.05 FTE days sick in 2016/17, 857.62 FTE days (47%) are due to long-term sickness.
- 4.1.5 The long term sickness absence in 2016/17 was accrued by 23 people (compared to 19 people in 2015/16). Twenty two employees have returned to work and HR is working with managers and Occupational Health on the remaining 1 case. A number of employees had a critical illness in 2016/17 and therefore need time off for operations, re-cooperation and recovery. To support employees a new guidance document on cancer and critical illness has been developed.

4.2 Long Term Absence by Reason

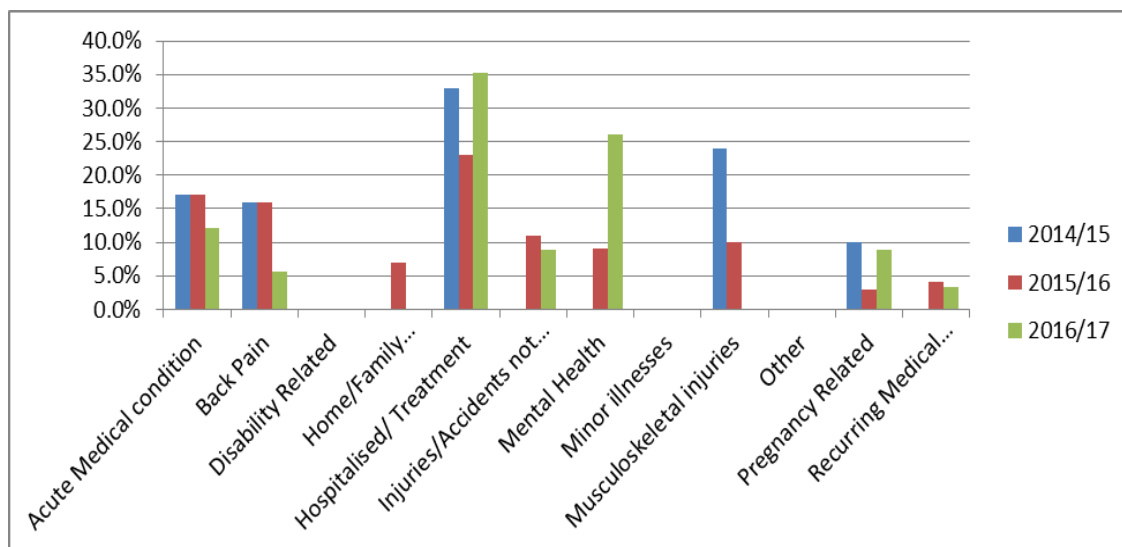
- 4.2.1 Figure 8 shows long term absence reasons in 2016/17.

Figure 8 – Long Term Absence Reasons in 2016/17

- 4.2.2 The most common reason for long term sickness absence in 2016/17 was 'hospitalised treatment' (35%). This was followed by 'mental health' (26%) and 'acute medical condition' (12%). EELGA reported in 2015/16 the most common reason for long term sickness absence was heart, cardiac and circulation problems (11%); mental health was 7.01%.
- 4.2.3 Long term sickness absences due to mental ill health have increased in 2016/17 to 26% compared to 9% in 2015/16. This relates to 5 employees who stated their absence was caused by stress/anxiety and depression. Public Health England reported in their Health and Wellbeing at Work Survey 2014 that 19% of long term sickness in England is attributable to mental health.
- 4.2.4 The five employees who were absent due to mental health cited a combination of work and personal factors. They have been supported by Occupational Health, given the appropriate phased return to works and reasonable adjustments have been put in place. Employees have also been given time off to receive specialist support as appropriate.
- 4.2.5 Various methods have been used over the year to help reduce

workplace stress and/or promote mental wellbeing. For example; mindfulness training, mental health awareness training for managers, dementia friends training, 'Time to Talk' days, yoga and fitness awareness programmes.

4.2.5 Figure 9 shows long-term sickness absence reasons over the last 3 years.



5. Occupational Health Services

5.1 The council's Occupational Health Services are supplied by a provider called Harlow Occupational Health Service Ltd. 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 2016/17 was £5,499 compared to £5,750 in 2015/16.

5.3 In 2016/17 the council made 20 referrals to Occupational Health. Outcomes from Occupational Health have included:

- Phased return to work e.g. temporary reduction in hours and duties
- Allowing time off to attend hospital appointments and for treatment
- Practical risk assessments
- Display Screen Equipment (DSE) assessments e.g. provision of equipment such as a special chair, monitor riser
- Changes to work environment e.g. lighting

- Restrictions on physical activities e.g. heavy lifting
- Taking regular breaks
- Temporarily reducing workload and duties
- Regular manager support
- Temporarily restricting driving
- Temporarily working from home
- Stress risk assessment if work related stress
- Recommendations of relaxation techniques e.g. yoga
- More flexible hours

6. Health and Wellbeing

6.1 The council continues to support employee wellbeing and has launched a number of initiatives as part of its Health and Wellbeing Strategy 2013-2018.

6.1.1 Some of the projects in 2016/17 have been:

- Time to Talk day in February 2017 which was a national initiative to encourage employees to take a break from work to have a tea or coffee with their colleagues and to raise awareness of mental health issues.
- HR continue to offer monthly coaching drop in sessions for employees which are an opportunity for employees to develop themselves through confidential one to one discussions to enhance their skills, knowledge or work performance.
- Continued promotion of the Cycle to Work Scheme.
- Bike Week Breakfast was held in June 2016 which is an annual event the council holds to encourage employees to use bikes and to walk more.
- Weekly yoga sessions for employees take place

7. Employee Assistance Programme

7.1 The Employee Assistance Programme (EAP), Capita, 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.

8.0 Progress against 2015/16 Recommendations

8.1 Targets

8.1.1 As per the report.

8.2 Bitesize training for managers

8.2.1 Bite size training sessions for managers and employees on the revised Absence policy were rolled out in summer 2016 to ensure that the policy is understood and consistently applied across the council.

8.3 Health and Wellbeing

8.3.1 The council has continued to support the wellbeing initiatives as identified as part of the East Herts Health and Wellbeing Strategy 2013-2018 workplan.

8.4 Promoting the council's Employee Assistance Provider (EAP)

8.4.1 Human Resources have continued to promote the EAP service to ensure that managers and employees are aware of the support available.

8.5 Absence Reason Categories

8.5.1 The CIPD absence reason categories have been built into the new HR and Payroll system.

8.6 Cancer and Critical Illness support

8.6.1 Human Resources are working with employees and managers to ensure that employees who are critical ill received the support required as detailed in the new guidance on Cancer and Critical Illness.

9. Proposed actions for 2017/18

9.1 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 The council will continue to support health and wellbeing initiatives and promote the employee assistance programme and occupational health as services available to both managers and employees to support recovery and health.
- 9.3 To support mental health and wellbeing and explore methods to help reduce sickness related absence including some of the following interventions:
- Wellbeing in the workplace courses
 - Employee assistance programme
 - Launch Emoquo (behavioural e-learning programmes for managers)
 - Wellbeing week and stress awareness sessions
 - Workplace stress assessments
 - Automatic referrals to occupational health
 - Mental health courses (e.g. mindfulness) and yoga/fitness sessions