

# **East Herts Council Report**

## **Human Resources Committee**

**Date of Meeting:** 5 August 2020

**Report by:** Head of Human Resources and Organisational Development

**Report title:** Employee Health and Wellbeing report 2019/20

**Ward(s) affected:** N/A

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### **Summary**

#### **RECOMMENDATION FOR Human Resources Committee:**

- (a) To note the Employee Health and Wellbeing Report 2019/2020.

#### **1.0 Proposal(s)**

- 1.1 Members are invited to consider the Employee Health and Wellbeing Report 2019/2020.

#### **2.0 Background**

- 2.1 Employee absence can be costly for an organisation and therefore it is important that the council accurately measures and monitors absence.

#### **3.0 Introduction**

- 3.1 The Employee Health and Wellbeing Report 2019/20 considers sickness absence levels across the council and compares them with previous years and benchmarking data. It also considers

what the council can do to support employee health and wellbeing.

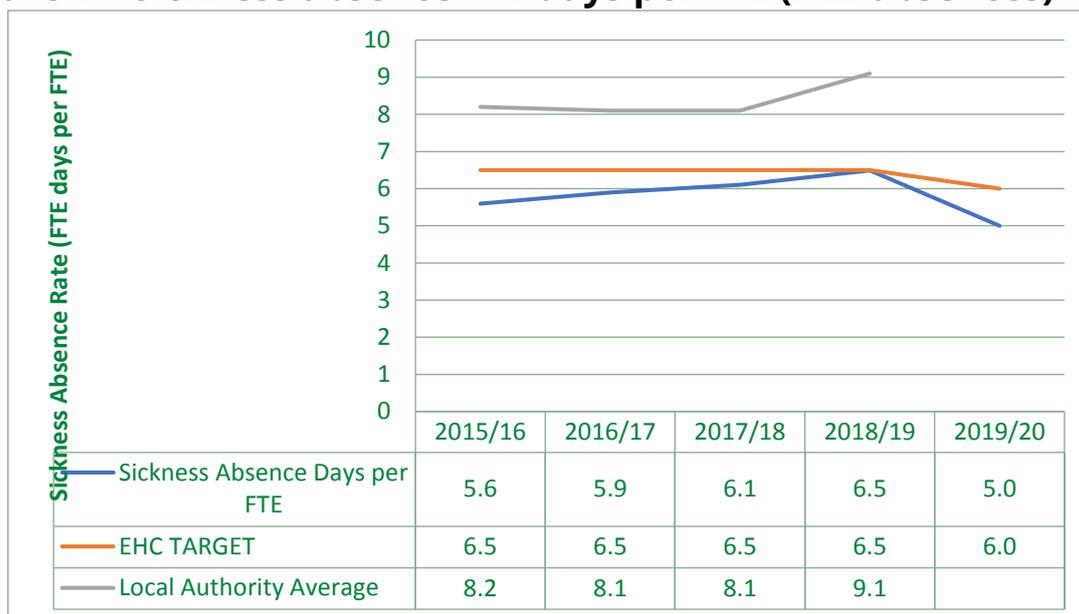
- 3.2 The council measures sickness absence in two ways: the number of full time equivalent (FTE) days absence per FTE employee and the percentage time lost due to absence.
- 3.3 The number of FTE days absence per FTE employee is calculated by dividing the number of FTE days sickness absence by the total number of FTE employees in the council.
- 3.4 Percentage time lost due to absence is calculated by dividing the total number of FTE days sickness absence by the total number of available working days.
- 3.5 This report breaks down absences into short and long term.
- 3.6 Comparisons have been made with local government averages which are taken from the LG Inform Benchmarking Metrics report 2018/19 (the latest report available at the time of writing this report).

## **4.0 Sickness Absence Levels**

### **4.1 ALL Absences**

- 4.1.1 In 2019/20, the number of sickness absence FTE days per FTE employee was 5 days which is below the council's target of 6 days and lower than in 2018/19 (6.5 days). It is also lower than the local government average in 2018/19 (9.1 days). Please see Figure 1 below.

**Figure 1 – Sickness absence FTE days per FTE (ALL absences)**



The council’s absence target was reduced from 6.5 days to 6 days in April 2019.

The local authority average is the mean of all English local authorities taken from the ‘LG Inform Benchmarking Metrics report 2018/19’ (the latest report available at the time of writing).

4.1.2 The total number of days taken as sickness absence in 2019/20 was 1379.08 FTE days. Sixty-five percent (477.19 FTE days) of these were due to short term absence and 35% (477.19 FTE days) were due to long term absence. The total percentage time lost in 2019/20 due to all absences was 1.85%. This is lower than the local government average (4.9%).

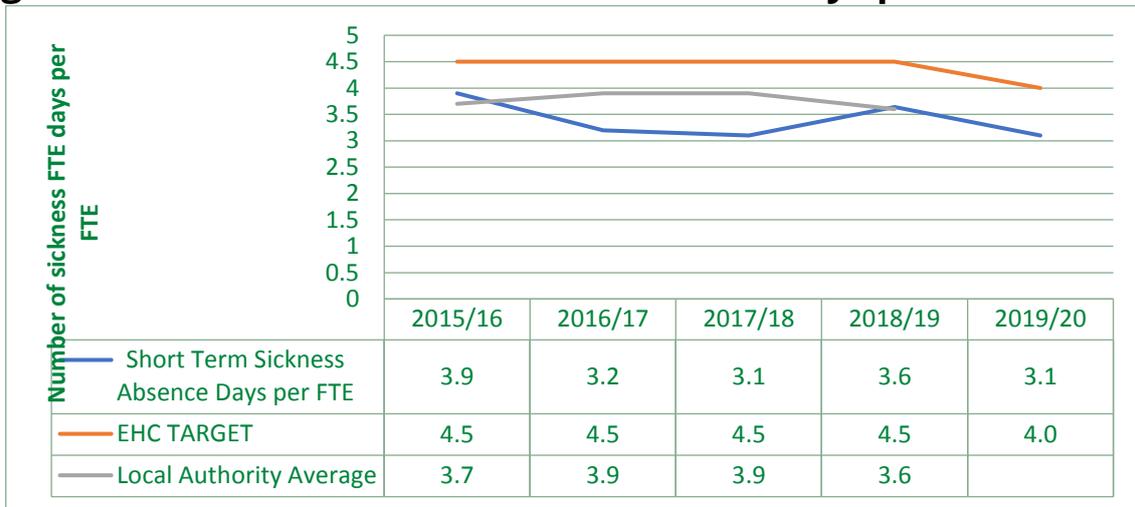
## 4.2 Short Term absence

4.2.1 Absences of less than four weeks are considered to be short term sickness absence.

4.2.2 In 2019/20, the number of short term sickness absence FTE days per FTE employee was 3.1 days which is below the council’s target of 4 days and lower than in 2018/19 (3.6 days).

It is also lower than the local government average (3.6 days in 2018/19). Please see Figure 2 below.

**Figure 2 – Short Term Sickness absence FTE days per FTE**



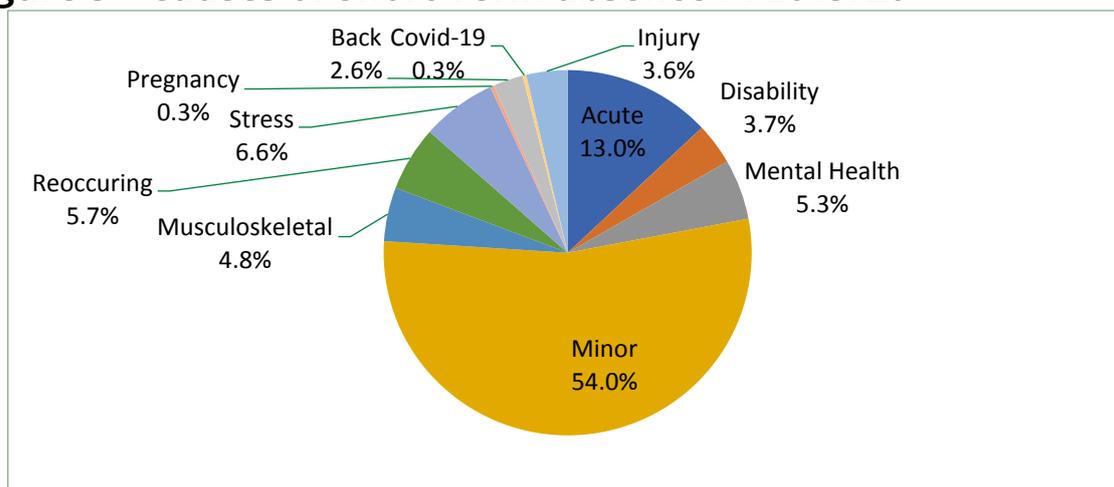
The council's short term absence target was reduced from 4.5 days to 4 days in April 2019.

The local authority average is the mean of all English local authorities taken from the 'LG Inform Benchmarking Metrics report 2018/19' (the latest report available at the time of writing).

4.2.3 The percentage of time lost due to short term sickness in 2019/20 was 1.21% which is lower than the local government average (2.6%).

4.2.4 Figure 3 below shows the causes of short term absence in 2019/20.

**Figure 3 – Causes of Short Term absence in 2019/20**



**KEY:**

- *Minor illnesses (e.g. colds/flu, stomach upsets, headaches and migraines minor operations)*
- *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)*

4.2.5 The most common cause of short term absence in 2019/20 was minor illnesses, such as colds/flu, headaches/migraines, stomach upsets, and minor operations, accounting for 54% of all short term absences. According to the Chartered Institute of Personnel and Development (CIPD) 'Health and Wellbeing at Work Survey 2018' 84% of public sector organisations responding to their survey reported that minor illnesses were in their top three causes of short term absence.

4.2.6 The second most common cause of short term absence was acute medical conditions, such as stroke, heart attack and cancer, which accounted for 13% of all short term absences (19 employees). The CIPD Survey reported that 8% of public sector organisations had acute medical conditions in their top three causes of short term absence.

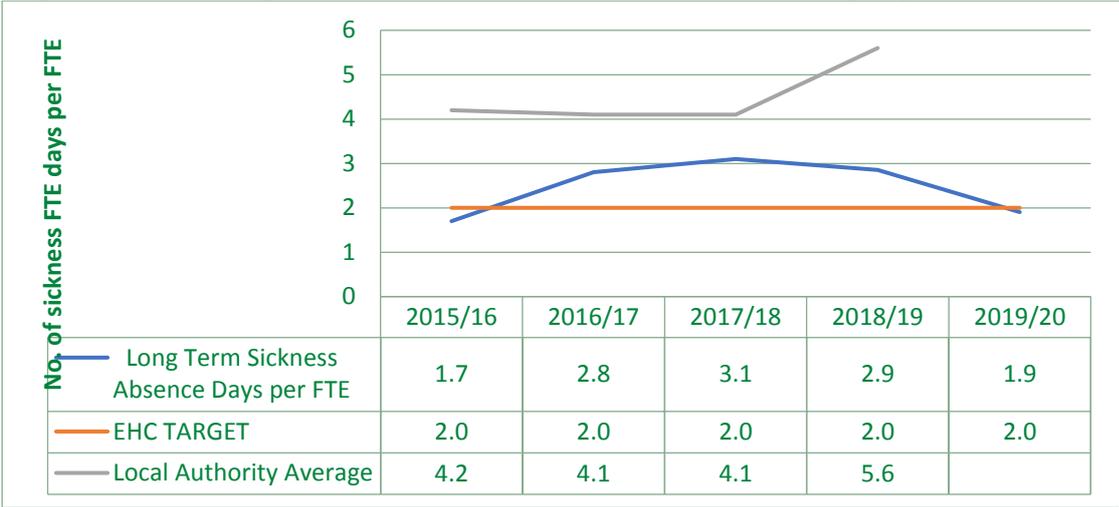
4.2.7 Stress was the third most common cause of short term absence accounting for 7% of all short term absences (8 employees). The CIPD Survey reported that 66% of public sector organisations said that stress was in their top three causes of short term absence.

**4.3 Long Term Absence**

4.3.1 Absences in excess of 4 weeks/28 consecutive calendar days are considered to be long term sickness absence.

4.3.2 In 2019/20, the number of long term sickness absence FTE days per FTE employee was 1.9 days which is below the council’s target of 2 days and lower than in 2018/19 (2.9 days). It is also lower than the local government average (5.6 days in 2018/19). Please see Figure 4 below.

**Figure 4 – Long Term Sickness absence FTE days per FTE**



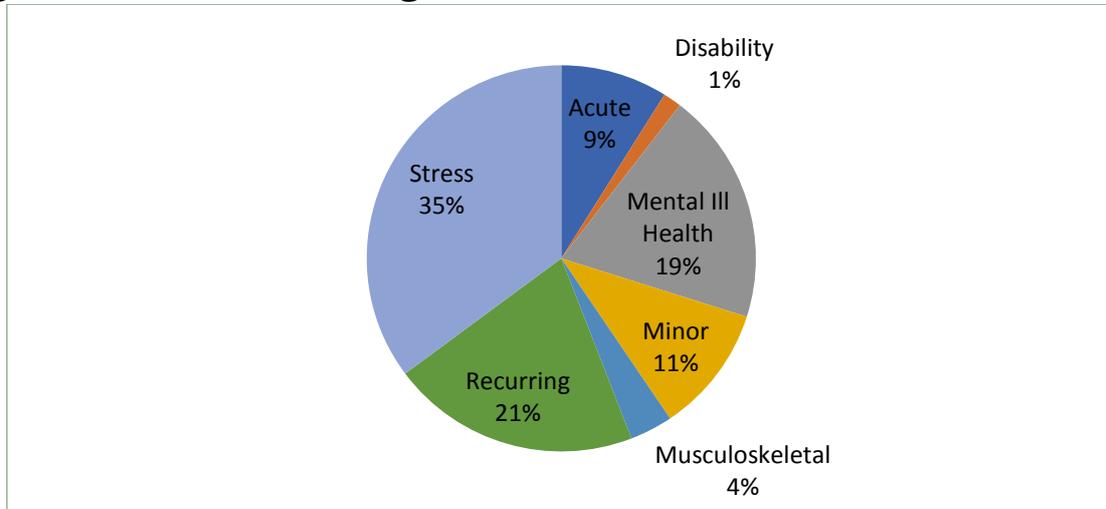
The local authority average is the mean of all English local authorities taken from the ‘LG Inform Benchmarking Metrics report 2018/19’ (the latest report available at the time of writing).

4.3.3 The percentage of time lost due to long term sickness in 2019/20 was 0.64% which is lower than the local government

average (2.3% in 2018/19).

4.3.4 Figure 5 below shows the causes of long term absence in 2019/20.

**Figure 5 – Causes of Long Term absence in 2019/20**



**KEY:**

- *Minor illnesses (e.g. colds/flu, stomach upsets, headaches and migraines minor operations)*
- *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)*

4.3.5 The most common cause of long term absence in 2019/20 was stress which accounted for 35% of all long term absence. This has fallen from 55% in 2018/19. According to the CIPD Survey, 72% of public sector organisations reported that stress was in their top three causes of long term absence.

4.3.6 Eight employees were off on long term sickness absence due to stress in 2019/20. All employees have received support from Occupational Health (OH), managers and HR. All cases have been resolved: 4 employees have returned to work and 4

employees have left the council.

4.3.7 The second most common cause of long term absence was recurring medical conditions, such as asthma, angina and allergies, which accounted for 21% of all long term absence (4 employees).

4.3.8 The third most common cause of long term absence was mental ill health which accounted for 19% of all long term absence (3 employees). According to the CIPD, 73% of public sector organisations reported that mental health was in their top three causes of long term absence.

## **5.0 How is the council addressing absence**

5.1 Absences due to minor illnesses are mostly unavoidable. Managers hold return-to-work meetings with employees after every absence, provide support, monitor absences against the council's triggers (7 days in any 12 month period and 3 occasions in 6 months) and take the appropriate action in line with absence policy and procedures.

5.2 Managers are supporting employees with acute and recurring medical conditions by e.g. allowing them time off to attend medical appointments/treatment, allowing flexible working where possible and referring them to occupational health where appropriate.

5.3 It is important that managers recognise the signs of stress at an early stage so that action can be taken to support employees. Employees experiencing stress are referred to the council's occupational health service. Managers use the Health and Safety Executive's (HSE) stress risk assessment tool which looks at the key causes of stress (e.g. demands of the job, control over their work, support from their manager and colleagues, relationships at work, the role, and organisational change) and identifies actions to help reduce the stress. Employees can also

seek confidential support from the council's Employee Assistance Programme (EAP).

5.4 The council has taken the following action to manage employee mental health in 2019/20:

- Promoting the support available from the council's trained Mental Health First Aiders (MHFAs),
- Promoting mental health awareness through events such as Time to Talk,
- Arranging lunchtime bitesize wellbeing sessions on topics such as mindfulness,
- Mental health awareness training has been arranged for all managers (some sessions have been delayed due to Covid-19),
- The council signed up to the Time to Change Pledge which demonstrates the council's commitment to change how it thinks and acts about mental health in the workplace and to make sure that employees who are facing these problems feel supported,
- The council has partnered with Able Futures, which provides up to 9 months free mental health support for employees, and promoted this to all staff through Connect.

5.5 Managers and HR are supporting all employees with health issues through e.g. home visits, referrals to Occupational Health, undertaking stress risk assessments and implementing action plans, making adjustments to their work/workplace to assist them in returning to work at the appropriate time, and offering flexible working.

## **6.0 Progress against actions taken in 2019/20 to improve health and wellbeing**

6.1 In addition to the actions already mentioned in Section 5 above, the council has achieved the following in 2019/20 to improve the health and wellbeing of its employees:

## **Promotion of Health and Wellbeing activities**

- 6.2 The Community Wellbeing and Partnerships Team in conjunction with Human Resources have developed and delivered a comprehensive programme of events throughout 2019/20 to support employee health and wellbeing.
- 6.3 To understand what events employees were interested in, Staff Forum representatives were asked to consult their colleagues. Wellbeing sessions have included lunch time health walks, Reiki and Crystal healing sessions, reflexology sessions, short 'TED-style' talks on topics such as mindfulness, improving quality of sleep; and wellness talks on e.g. hydration. Other initiatives have included free flu vaccinations for employees at the workplace and setting up a carer's support group. Initial taster events were free and HR then negotiated discounted rates for employees interested in having further sessions. The feedback from employees attending the events has been positive.

## **Wellbeing Hub**

- 6.4 The wellbeing hub page on the intranet has been updated. The hub brings together information for employees on wellbeing e.g. how to contact a Mental Health First Aider, details of upcoming lunchtime health walks, and links to further sources of support.

## **MyRewards Wellbeing Centre**

- 6.5 The Wellbeing Centre has been promoted. It provides education, support and tools for employees e.g. helping improve their quality of sleep, healthy recipes, online exercise programmes and advice on how to improve financial wellbeing.

## **Employee Assistance Program (EAP)**

6.6 The council has continued to offer an Employee Assistance Program (EAP) which supports health and wellbeing.

## **7.0 Actions planned in 2020/21 to improve health and wellbeing**

7.1 The following actions have been planned:

- Explore having an Employee Health and Wellbeing Strategy to ensure that the council is taking an integrated approach to wellbeing;
- Continue with the roll out of the Wellbeing programme – i.e. lunchtime health walks, Bike to Work week, workplace NHS Health checks, reflexology etc;
- To explore the recruitment of employee wellbeing champions to help with promoting the council's health and wellbeing programme;
- Continue to action the Time to Change Pledge to support employee mental health;
- Promote Mental Health Awareness Week (18-24 May 2020) sharing tips and guidance to improve mental health;
- Promote sources of advice on financial wellbeing e.g. debt counselling from EAP, financial tips and advice available on MyRewards, signpost to external sources of free advice e.g. debt charities, citizens advice;
- Deliver lunchtime bitesize sessions to help employees build personal resilience (such as coping techniques and mindfulness);
- Review the council's Sickness Absence Management Policy and the notification of sickness absence process;

- HR Officers to continue to meet regularly with managers to ensure managers are consistently and proactively managing sickness absence;
- Review the council's Occupational Health Provider to find a more proactive provider in helping advise on complex cases;
- To review the impact of Covid-19 on employee wellbeing via a Wellbeing survey and put actions in place to support employees;

### **8.0 Reason(s)**

N/A

### **9.0 Options**

N/A

### **10.0 Risks**

N/A

### **11.0 Implications/Consultations**

#### **Community Safety**

No

#### **Data Protection**

No

#### **Equalities**

No

#### **Environmental Sustainability**

No

#### **Financial**

No

**Health and Safety**

No

**Human Resources**

As covered by the report

**Human Rights**

No

**Legal**

No

**Specific Wards**

No

**12.0 Background papers, appendices and other relevant material**

None

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