

# East Herts Council

## SICKNESS ABSENCE REPORT

### 1 APRIL 2015 – 31 MARCH 2016

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#### 1. Executive Summary

1.1 The following information outlines East Herts sickness absence levels for 2015/2016.

#### 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
<b>2011/12</b>	9.1	7.2	5	2.5	7.5	3.69	1.81	5.50
<b>2012/13</b>	8.1	6.2	5	2.5	7.5	4.50	1.70	6.20
<b>2013/14</b>	8.7	7.1	5	2.5	7.5	4.64	1.26	5.89
<b>2014/15</b>	8.2	8.5	4.5	2	6.5	3.47	1.05	4.51
<b>2015/16</b>	8.0	(3)	<b>4.5</b>	<b>2</b>	<b>6.5</b>	<b>3.92</b>	<b>1.71</b>	<b>5.62</b>

(1) Figures taken from the annual CIPD Absence Management Survey as it is updated (2015 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) 2015/16 Data will be available in Summer 2016

#### 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 staff in post) are based on Full Time Equivalents (FTE). The FTE of employees in post is an average for the business year. For 2015/16, this has been calculated by obtaining the FTE as at 1 April 2015 and the FTE as at 31 March 2016 and averaging the two figures (321.97 FTE employees).

## **2.2 Benchmarking**

2.2.1 The sickness figures for East Herts have been compared to local authority averages. The council's sickness absence for 2015/16 has been compared to the Chartered Institute of Personnel and Development (CIPD) Absence Management Survey 2015. The CIPD Survey reported that the average days lost per employee per year in the local government sector was 8.0 days. At 5.62 days the East Herts figure 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 the summer of 2016.

## **2.3 East Herts council outturns 2015/16**

2.3.1 In 2015/16 the total sickness absence days per FTE was 5.62 days which is below the target of 6.5 days but a slight increase from 4.51 FTE days in 2014/15. Short-term sickness was 3.92 days below the target of 4.5 days, again a slight increase from 3.47 days in 2014/15. Long Term sickness absence was 1.71 days, below the target of 2 days in 2015/16 (an increase from 1.05 days 2014/15).

## **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 on page 3 compares the percentage of employees reaching the first two of the sickness absence triggers over the last four years. The percentage of employees hitting the '3 separate periods in 6 months' trigger has increased from 4.02% in 2014/15 to 5.65% in 2015/16. The percentage of employees reaching the '7 days in a 12-month period' trigger has also increased from 21.25% in 2014/15 to 24.29% in 2015/16.

2.4.3 The increase in the percentage of employees has been a general increase in sickness absence. Based on feedback from managers, employees and Unison the Absence Management policy has been updated to enable managers to manage absence at an earlier stage rather than waiting for triggers to be hit.

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

Absence Triggers	Reporting Year			
	Mar 13	Mar 14	Mar 15	Mar 16
3 separate periods in a 6-month period	6.06%	5.22%	4.02%	5.65%
7 days in a 12-month period (1)	6.89%	5.51%	21.25%	24.29%
Both short term triggers met (2)	~	~	~	19.00%

(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 is 3.92 days per FTE and remains low when compared to national and regional results. It also remains low compared to previous East Herts years.

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

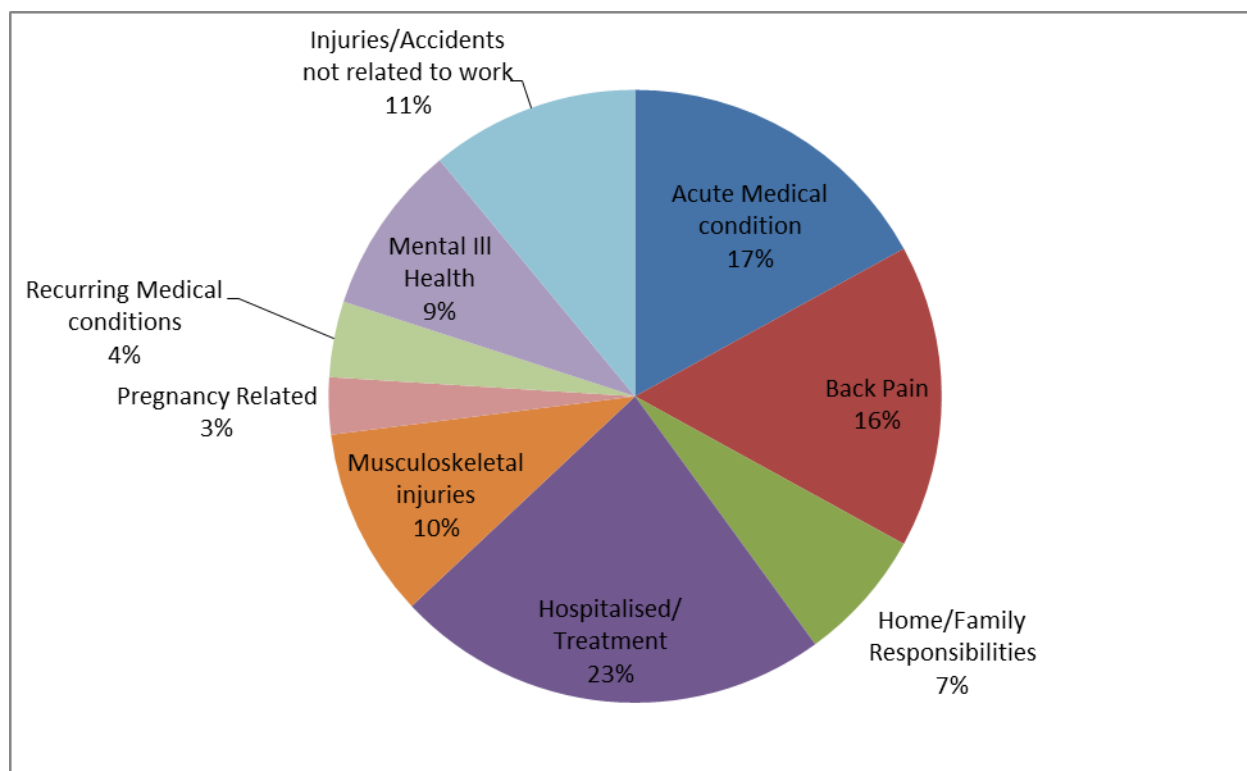
Year	Short-Term Sickness Absence Days per FTE staff in post
2011/12	3.69
2012/13	4.50
2013/14	4.64
2014/15	3.47
2015/16	3.92

#### 3.2 Short term absence by reason

3.2.1 Figure 4 shows a breakdown of the reasons for short-term sickness absence in 2015/16.

3.2.2 The Absence Management report 2014/15 approved by HR Committee in July 2015, recommended that the absence reason categories that the council reports on should be changed to bring them in line with the CIPD absence categories. The new categories used are therefore based on CIPD categories but also include East Herts additional categories of 'Disability Related' and 'Hospitalised/Treatment'.

**Figure 4 – Short Term Sickness Absence Reasons in 2015/16**



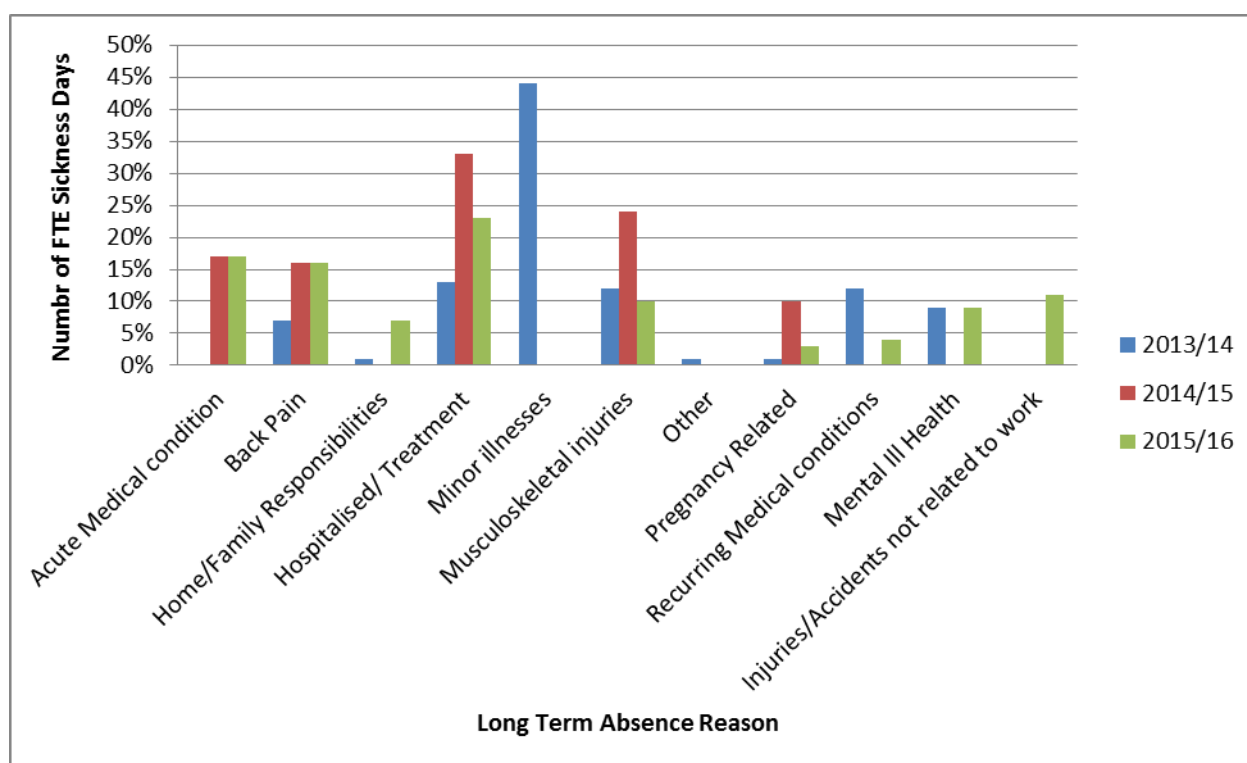
**KEY:**

- 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 (37.1% in 2015/16). The second most common reason was 'recurring medical conditions' (19.5%) which includes conditions such as asthma, angina and allergies.

3.2.4 Figure 5 on page 5 shows short term sickness absence reasons over the last 3 years.

**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.

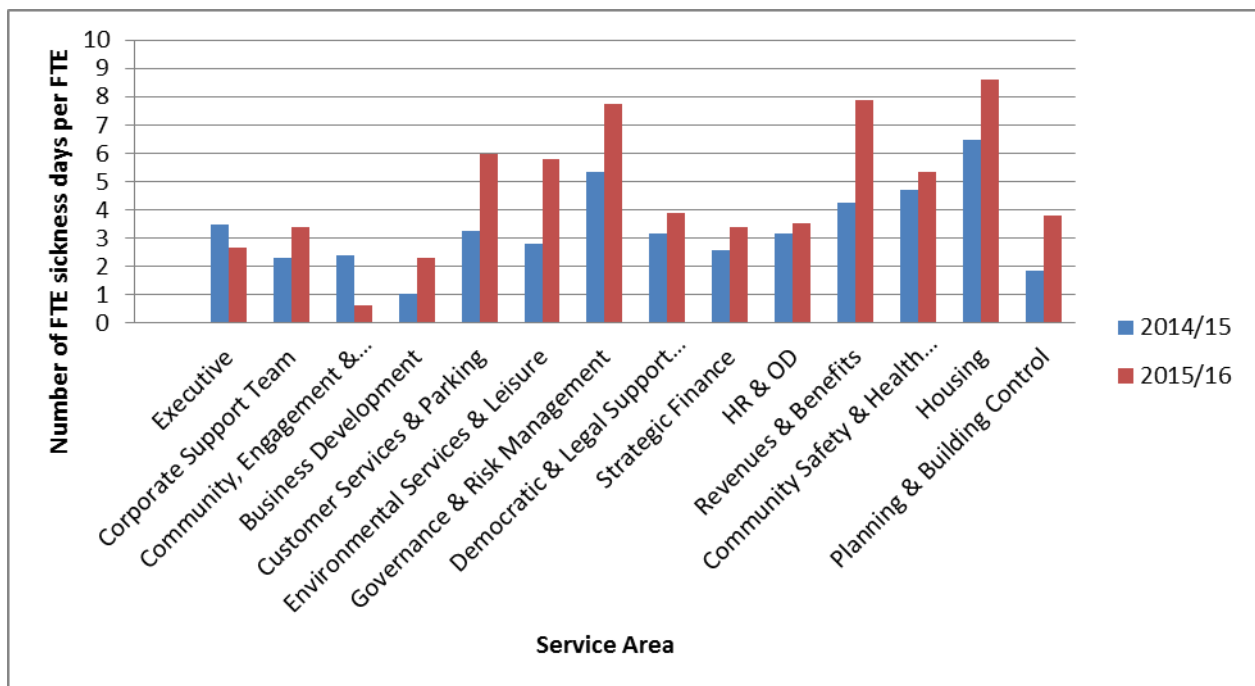
3.2.7 Short-term absence due to Mental ill health has increased from 4.7% in 2014/15 to 7.9% in 2015/16. Referrals to Occupational Health and support and advice are given to managers and employees at the first point of absence. Stress risk assessments are used by managers with employees where work related stress is cited.

### 3.3 Short term absence by service area

3.3.1 Figure 6 shows short term sickness absence by service area for the last 2 years (2014/15 and 2015/16).

3.3.2 Short Term absence per FTE for most service areas has increased in 2015/16 compared to 2014/15 (with the exception of the Executive and Community, Engagement and Cultural Services).

**Figure 6 - Short Term FTE Sickness Absence per FTE for each service area (2014/15 and 2015/16)**



3.3.3 The services with the highest short term absence per FTE are Housing (8.6 days), Revenues and Benefits (7.9 days) and Governance and Risk Management (7.7 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 1.71 days per FTE in 2015/16 which is below the target of 2 days.

**Figure 7**

Year	Long-Term Sickness Absence Days per FTE staff in post
2011/12	1.81
2012/13	1.70
2013/14	1.26
2014/15	1.05
2015/16	1.71

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

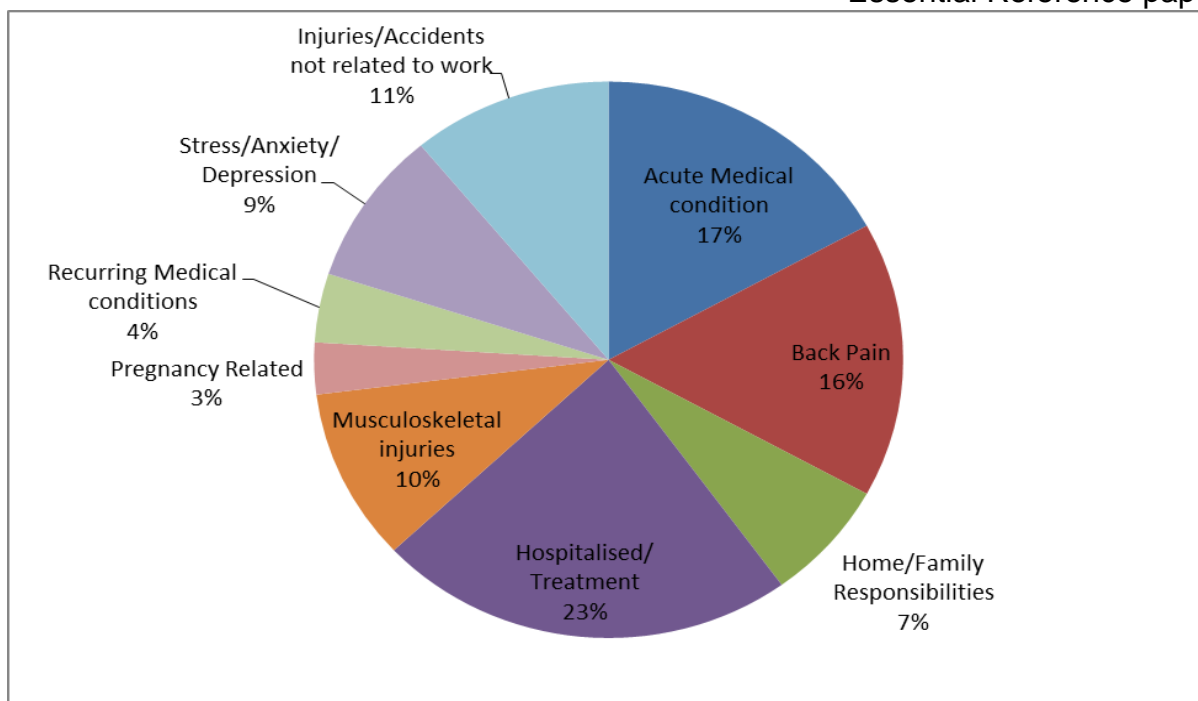
4.1.4 Of the 1814.82 FTE days sick in 2015/16, 957.60 FTE days (53%) are due to long-term sickness.

4.1.5 The long term sickness absence in 2015/16 was accrued by 19 people (compared to 7 people in 2014/15). One of these employees has now left the council. Thirteen (13) have returned to work and HR is working with managers and Occupational Health on any ongoing cases (5 as at 31 March 2016). A number of employees had a critical illness in 2015/16 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 2015/16.

### Figure 8 – Long Term Absence Reasons in 2015/16

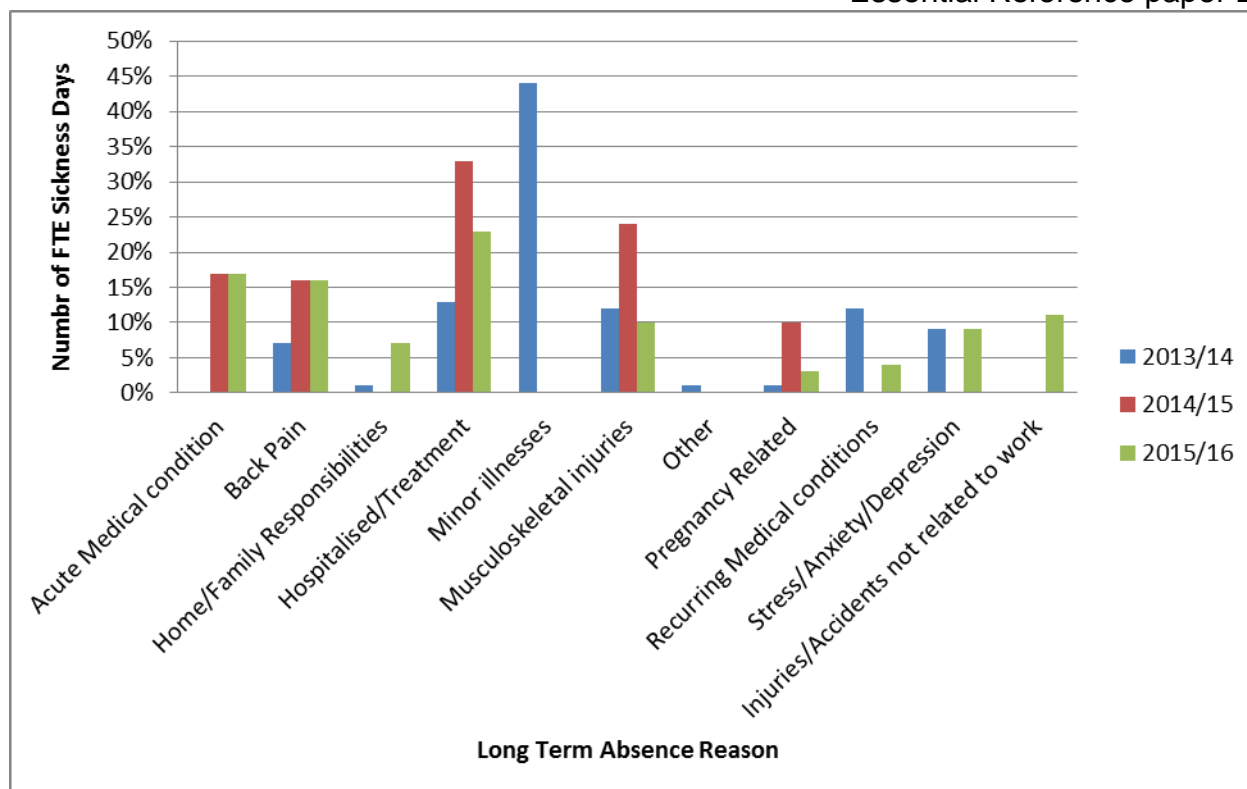


4.2.2 The most common reason for long term sickness absence in 2015/16 was ‘hospitalised treatment’ (23%). This was followed by ‘acute medical condition’ (17%) and ‘back pain’ (16%).

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

**Figure 9 – Long Term Absence reasons over the last 3 years**





4.2.4 Long term sickness absences due to mental ill health has increased in 2015/16 to 9% compared to no cases in 2014/15. HR work closely with managers to support employees who are absent due to this reason.

## 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 2015/16 was £5,749.65 compared to £4,753.70 in 2014/15. In June 2015 the council went out to quotation for the supply of Occupational Health services. Harlow Occupational Health Service Ltd was the successful bidder.

## 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.

## **7. Employee Assistance Programme**

7.1 The Employee Assistance Programme (EAP) provider changed from PPC to Capita in June 2015. 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 2014/15 Recommendations**

### **8.1 Targets**

8.1.1 The targets remain relevant and reflect best practice in 2015/16.

### **8.2 Absence Management Policy**

8.2.1 The Absence Management Policy has been revised and is being considered at HR Committee on 6 July 2016.

8.2.2 The key changes are as follows:

- The policy has been updated to include an informal stage to allow managers more discretion on dealing with absence issues in the early stages.
- To accommodate the introduction of the informal stage, one formal stage has been removed. There are two formal meetings (with associated first and final written warnings respectively) before a performance capability review is convened.
- The Stress Management Policy has been deleted and guidance on managing stress related absence has been added to this policy.
- The informal meeting between managers and employees regarding hitting sickness triggers will now be held at the return to work interview to avoid duplication of meetings. The return to work form has been amended to reflect this.
- The self-certification and return to work interview form have been combined into one form to ensure better completion rates of the return to work forms and to avoid duplication.

- 8.2.3 To support the policy, guidance has been developed on managing employees/employees with family members with cancer and critical illnesses.
- 8.2.4 To launch the new policy bite size training sessions will be arranged for managers on the revised policy to ensure that it is understood and consistently applied across the council.

### **8.3 Absence Reason Categories**

- 8.3.1 The council's absence reason categories have been changed to reflect those that the CIPD reports on which will enable easier benchmarking.

The categories are now 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

### **8.4 Health and Wellbeing**

- 8.4.1 The East Herts Health and Wellbeing Strategy 2013-2018 has continued to be supported through the delivery of the Work plan. Some of the projects in 2015/16 have been:
- Various stair climbing challenges including the World Towers challenge in June 2015 and the Everest challenge in February 2016.
  - Time to Talk day in February 2016 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 launched monthly coaching drop in sessions for employees in October 2015 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 2015 which is an annual event the council holds to encourage employees to use bikes and to walk more.
- The council promoted two group smoking cessation programmes for employees in conjunction with the Hertfordshire Stop Smoking Service.

## **8.5 Promoting the council's EAP provider**

8.5.1 The council promoted the new EAP provider, Capita, in June 2015 via the council's electronic staff bulletin, Team Update, and the intranet pages have also been updated.

## **9. Proposed actions for 2016/17**

### **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 Bitesize training for managers**

9.2.1 To support the launch of the new policy bite size training sessions will be arranged for managers on the revised policy to ensure that it is understood and consistently applied across the council.

9.2.2 Introduce mental lite training for managers supporting managers to be aware of mental health illness. This will support a recommendation from Investors in People Silver award report gained in 2016.

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

9.3.1 The council should continue to support the wellbeing initiatives as identified as part of the East Herts Health and Wellbeing Strategy 2013-2018 workplan.

#### **9.4 Promoting the council's EAP provider**

9.4.1 Human Resources will promote and continue to ensure that managers and employees are aware of the support available from the EAP.

#### **9.5 Absence Reason Categories**

9.5.1 Human Resources will ensure that the CIPD absence reason categories are built into the new HR and Payroll system.

#### **9.6 Cancer and Critical Illness support**

9.6.1 Human Resources will work with employees and managers to ensure that employees who are critical ill receive the support required as detailed in the new guidance on Cancer and Critical Illness.