

**East Herts Council**

**EMPLOYEE SICKNESS ABSENCE REPORT**

**1 APRIL 2017 – 31 MARCH 2018**

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## **1. Aim/Purpose**

This report provides a detailed analysis of East Herts Council's sickness absence for the financial year 2017/18.

The report analyses sickness absence data by service, by reason and breaks it down into short and long term sickness absence.

Comparisons have been made with previous years' data and with the national local authority average.

The aim of analysing the data is to help Human Resources to identify any trends to be able to support managers in managing absence appropriately in the council.

## **2. Executive Summary**

The data shows that in 2017/18 the council has performed well with regard to employee sickness absence when compared to other local authorities. This demonstrates that the council is managing sickness absence effectively.

In 2017/18 the council's sickness absence was 6.1 days per FTE which is well below the national local authority average (8.1 days) and lower than the council's target (6.5 days). It has slightly increased since the previous year (5.9 days in 2016/17).

In 2017/18 the council's short term absence was 3.1 days per FTE which is significantly lower than the council's target of 4.5 days and the national local authority average of 3.9 days. It has also fallen since the previous year (3.2 days in 2016/17). This demonstrates that managers are effectively managing short term absence by holding return-to-work meetings after every absence, offering support and taking the appropriate action when an employee has met one of the council's short term absence triggers.

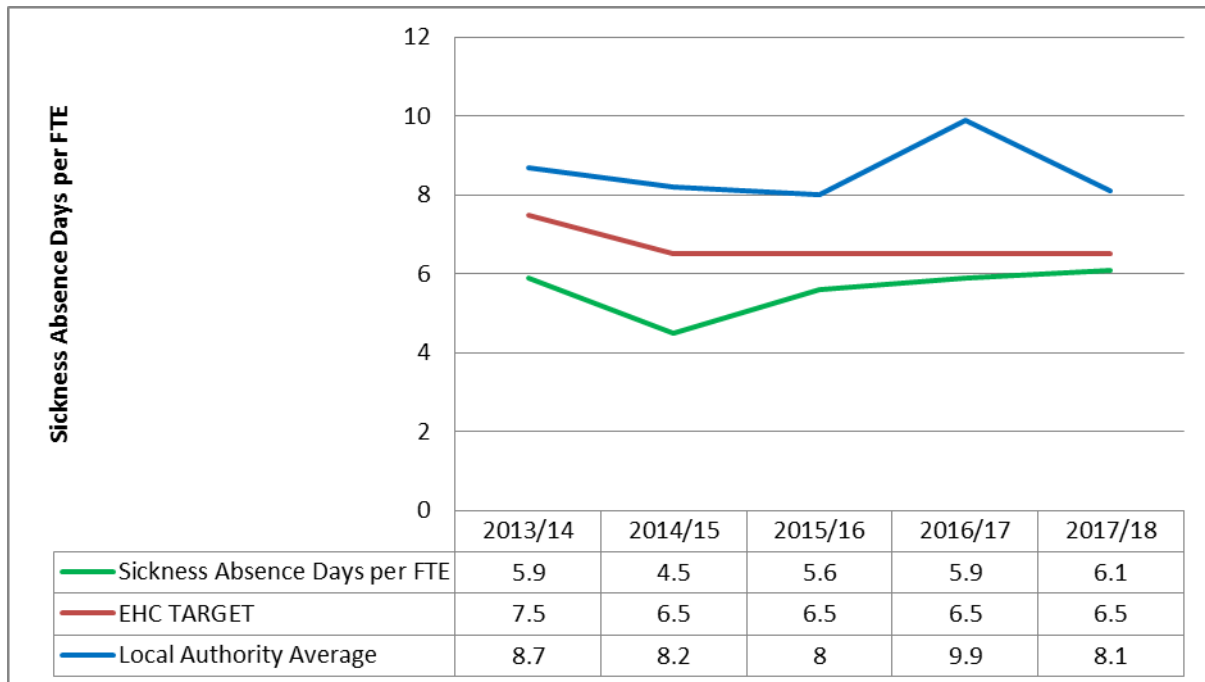
Long Term Sickness absence in the council (i.e. absences lasting more than 20 days) was 3.1 days per FTE in 2017/18 which is well below the national local authority average (4.1 days). It has increased slightly since the previous year (2.8 days in 2016/17) and for the second year

running hasn't met the council's target for long term sickness (2 days). Managers are supporting employees on long term sickness through e.g. referrals to Occupational Health and making adjustments to assist them in returning to work as soon as possible.

### 3. Sickness Absence

Figure 1 below shows that in 2017/18 the council's sickness absence was 6.1 days per FTE which is well below the national local authority average (8.1 days) and lower than the council's target (6.5 days). It has increased slightly since the previous year (5.9 days in 2016/17).

**Figure 1 – East Herts Council Sickness Absence levels in 2017/18**



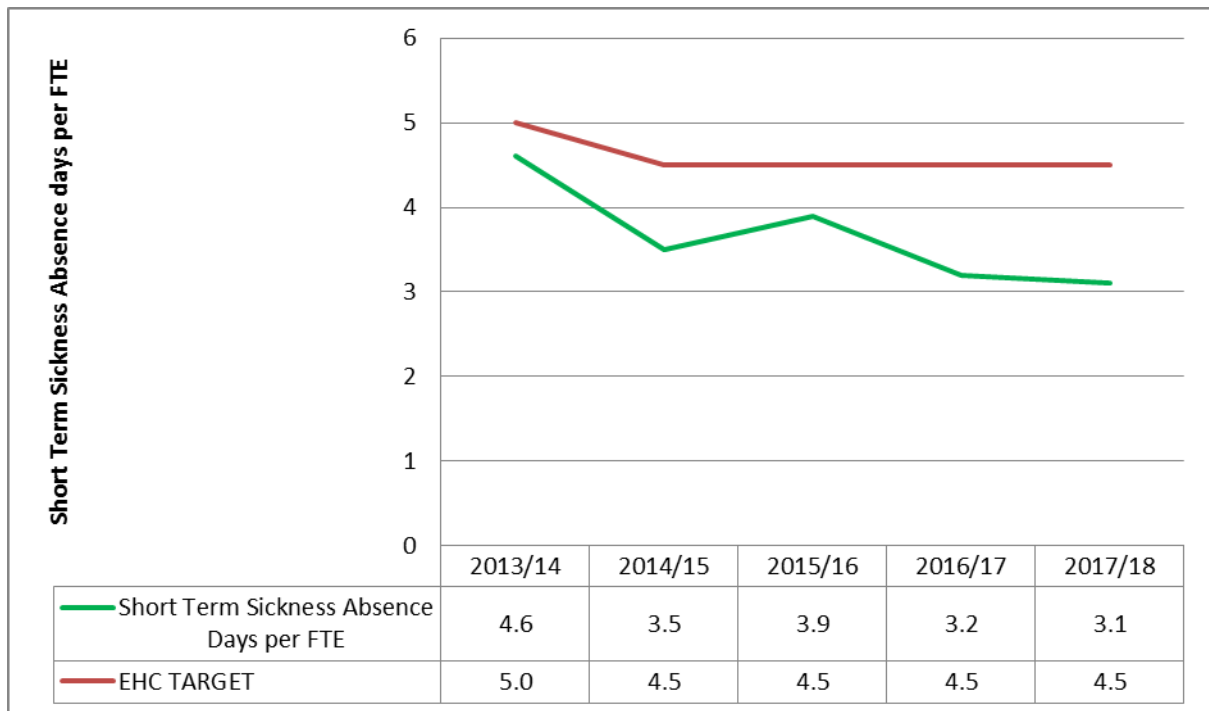
Local Authority Average figures are taken from the Local Government Survey 2016/17 which is the latest survey available.

### 4. Short Term Sickness Absence

Figure 2 below shows that in 2017/18 the council's short term absence was 3.1 days per FTE which is significantly lower than the council's target of 4.5 days and the national local authority average of 3.9 days. It has also fallen since the previous year (3.2 days in 2016/17). This demonstrates that managers are effectively managing short term absence by e.g. holding return-to-work meetings after every absence, offering support and taking the appropriate action when an employee

has met one of the council’s short term absence triggers (i.e. 7 days absence in 12 months, 3 or more occasions in 6 months or a pattern has been identified).

**Figure 2 – East Herts Council Short Term Sickness Absence levels**



#### 4.1 Short Term Sickness Absence Reasons

Figure 3 below shows that the top three causes of short term absence in the council in 2017/18 were as follows:

1. Minor illnesses (e.g. colds/flu, headaches/migraines, stomach upsets, minor operations) - 71% of all short term absences
2. Musculoskeletal injuries (e.g. neck strains and repetitive strain injury, but excluding back pain) - 9% of all short term absences
3. Acute Medical Condition (e.g. stroke, heart attack and cancer) – 5% of all short term absences

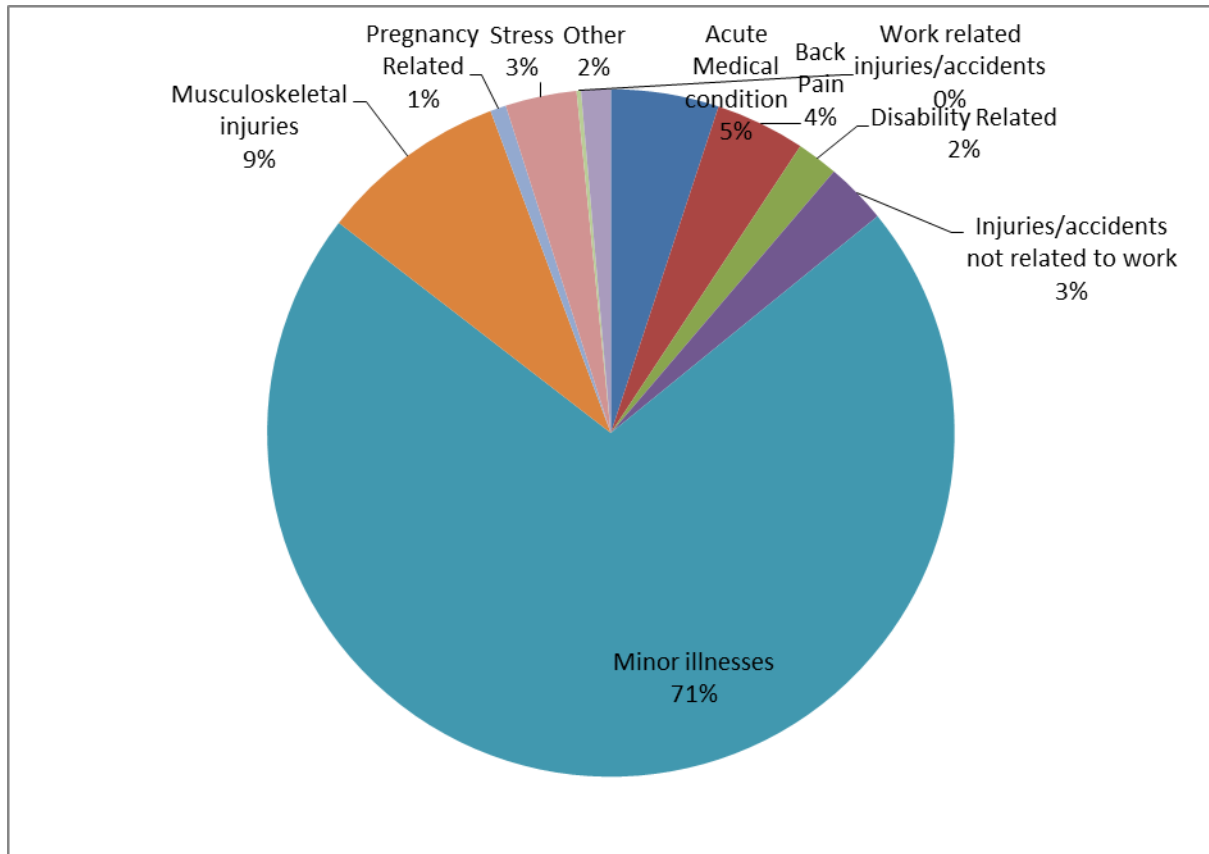
The first two are consistent with the top two reasons reported by other organisations in the public sector. The CIPD’s ‘Health and Wellbeing at Work Survey 2018’ states that the top three causes of short term absence amongst public sector organisations were as follows:

1. Minor illnesses (87% of organisations responding to the survey)

2. Musculoskeletal injuries (66% of organisations responding to the survey)
3. Stress (60% of organisations responding to the survey)

Short term absence in the council due to stress (3% of all short term absences) was low compared to other local authorities.

**Figure 3 – Short Term absence reasons in 2017/18**



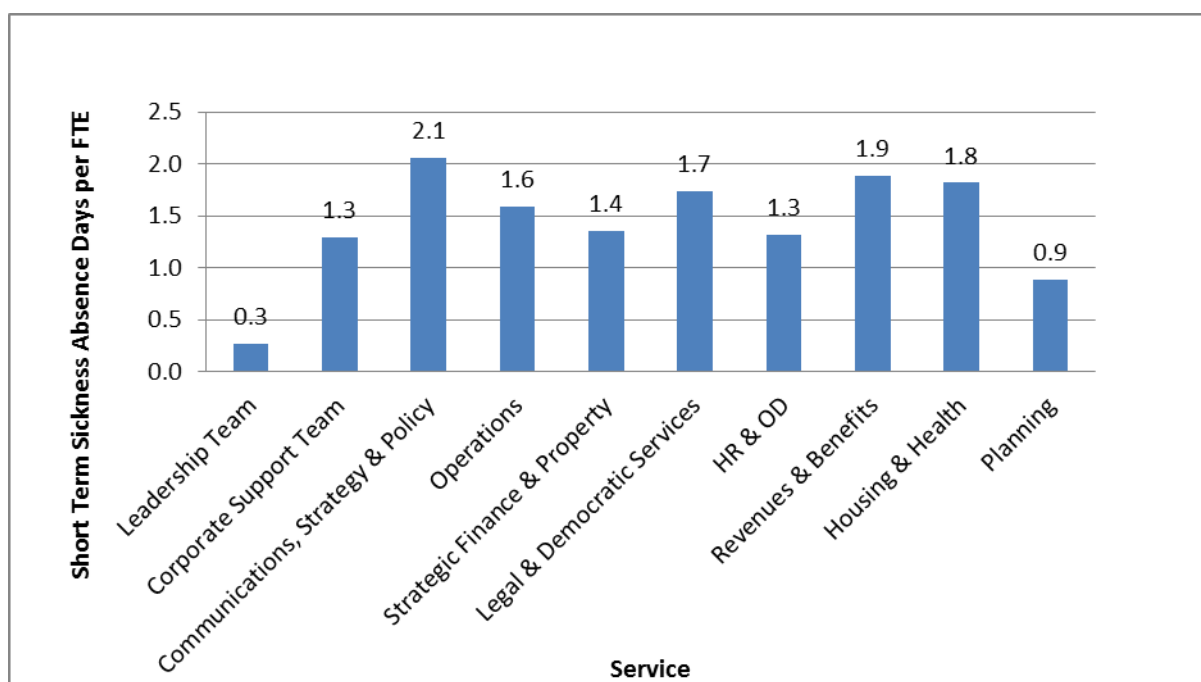
KEY:

- 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 Short Term Sickness Absence by service

Figure 4 shows that each service has short term sickness absences per FTE that are below the local authority average (3.9 days).

**Figure 4 – Short Term sickness absence per FTE in each service**



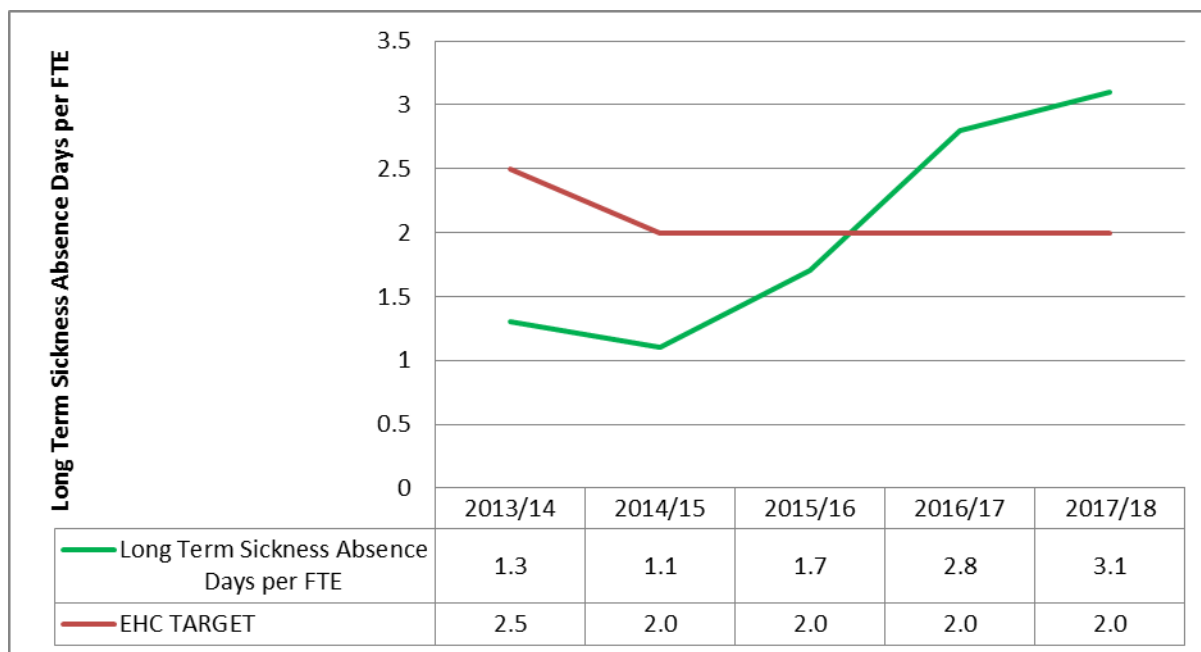
Aside from the Leadership Team, Planning had the lowest short term sickness absence in 2017/18 (0.9 days per FTE).

## **5. Long Term Sickness Absence**

Figure 5 below shows that in 2017/18 long term sickness absence in the council (i.e. absences lasting more than 20 days) was 3.1 days per FTE in 2017/18 which is well below the national local authority average (4.1 days). It has increased slightly since the previous year (2.8 days in 2016/17) and for the second year running has not met the council's target for long term sickness (2 days). Managers are supporting employees on long term sickness through e.g. referrals to Occupational Health and making adjustments to their work/workplace to assist them in returning to work at the appropriate time.

HR Officers are proactively addressing sickness absence during their scheduled regular meetings with service managers so that any issues can be identified at an early stage and support put in place.

**Figure 5 – East Herts Council Long Term Sickness Absence levels**



### Long Term Sickness Absence Reasons

Figure 6 below shows that the top three causes of long term absence in the council in 2017/18 were as follows:

1. Acute Medical Condition (e.g. stroke, heart attack and cancer) – 43% of all long term absences
2. Minor illnesses (e.g. colds/flu, headaches/migraines, stomach upsets and minor operations) - 15% of all long term absences
3. Musculoskeletal injuries (e.g. neck strains and repetitive strain injury, but excluding back pain) - 15% of all long term absences

The CIPD's 'Health and Wellbeing At Work Survey 2018' states that the top three causes of long term absence amongst public sector organisations were as follows:

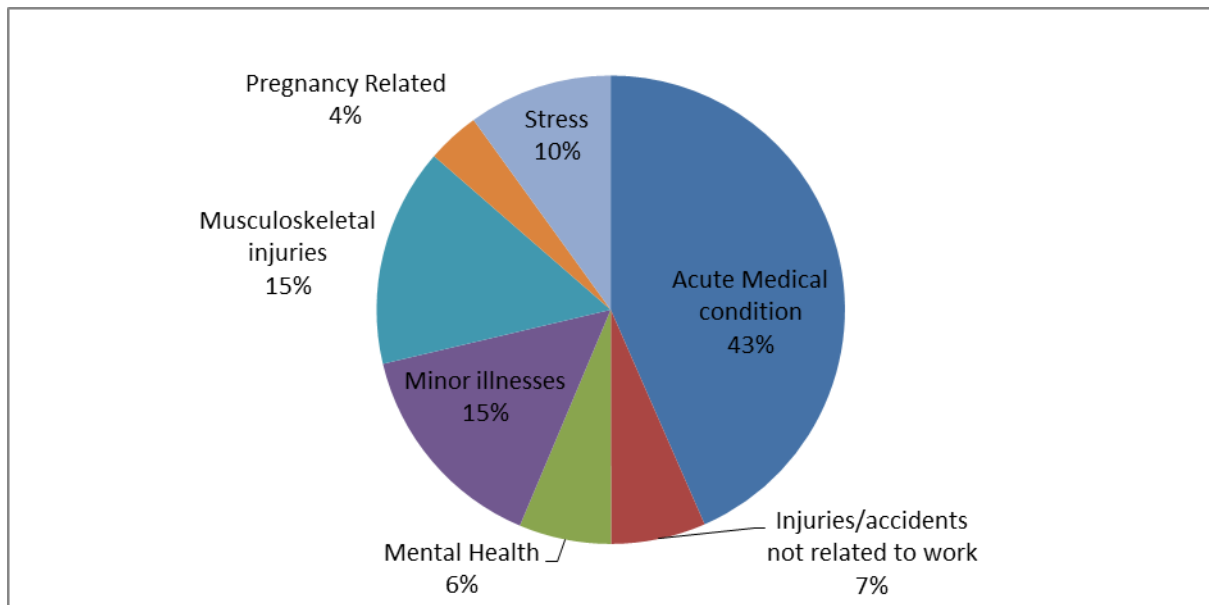
1. Stress - 71% of organisations responding to the survey
2. Mental Ill Health (e.g. clinical depression, anxiety) – 63% of organisations responding to the survey

3. Musculoskeletal injuries (e.g. next strains and repetitive strain injury) – 63% of organisations responding to the survey

Long term absence caused by stress accounted for 10% of all long term absences in the council which is lower than in other public sector organisations. The council supports employees suffering with stress through stress risk assessments, referral to Occupational Health, referral to the Employee Assistance Programme and more recently the initiative to introduce Mental Health First Aiders in the council will help support employees suffering with stress.

44% of organisations reported in the CIPD survey that acute medical conditions were in the top three reasons for long term sickness absence.

**Figure 6 – Long Term Sickness absence reasons**



**KEY:**

- *Minor illnesses (e.g. colds/flu, stomach upsets, headaches and migraines)*
- *Musculoskeletal injuries (e.g. next 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)*

**Long Term Sickness Absence by service**



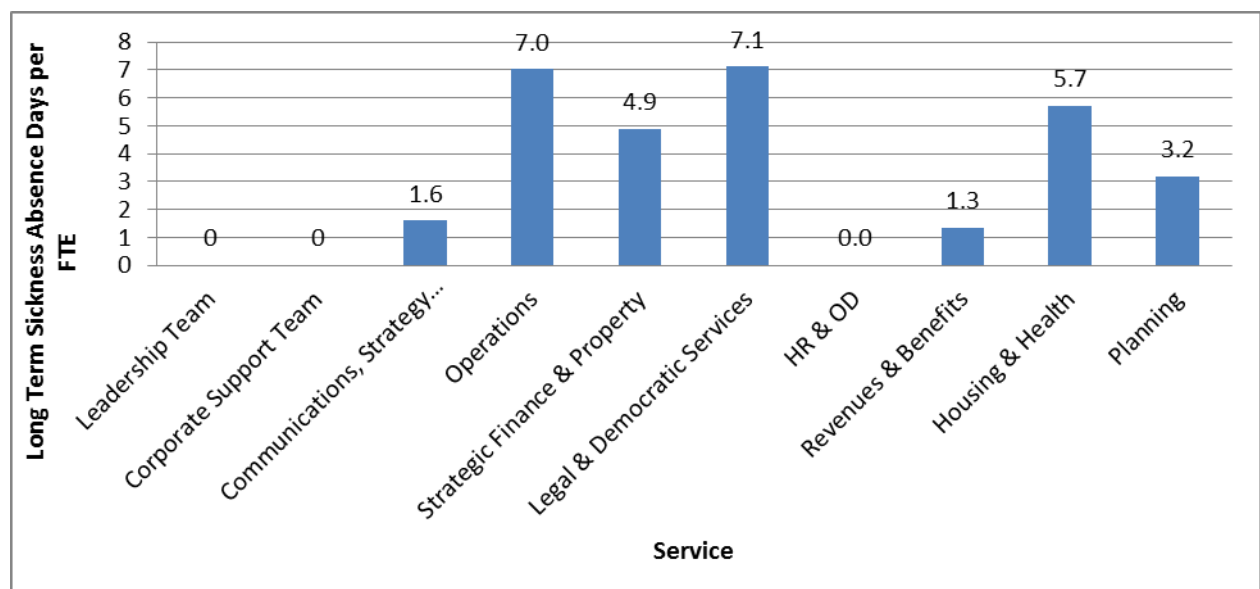
Figure 7 shows that three services had no long term sickness absence in 2017/18: the Corporate Support Team, HR & OD and the Leadership Team.

Four services had a higher long term sickness absence per FTE than the local authority average (4.1 days): Operations (7 days), Strategic Finance & Property (4.9 days), Legal & Democratic Services (7.1 days) and Housing & Health (5.7 days).

Further analysis has been undertaken on the reasons for long term sickness absence in each service so that any patterns can be addressed (e.g. if there were a number of employees absent due to stress in a particular service HR would work with managers to identify possible causes and put the appropriate support in place). The analysis found that there were no current patterns however this will be kept under review.

HR are working closely with Heads of Service and managers to understand the circumstances of each individual long term sickness absence case and to advise and support them in encouraging employees to return to work at the appropriate time.

**Figure 7 – Long Term sickness absence per FTE in each service**



## 6. Targets for 2018/19

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 for total sickness absence. These are challenging targets when compared to the national local authority averages.