

East Herts Council Report

Human Resources Committee

Date of meeting: Wednesday 4 June 2025

Report by: Strategic HR Lead

Report title: Employee Health and Wellbeing report 2024/25

Ward(s) affected: None

Summary

RECOMMENDATIONS FOR Human Resources Committee:

- a) To consider the annual Employee Health and Wellbeing Report 2024/25 including the actions (in section 8.0) planned for 2025/26 and provide any comments to the Strategic HR Lead.**

1.0 Proposal(s)

- 1.1 HR Committee Members are invited to consider the Employee Health and Wellbeing Report 2024/25.

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 2024/25 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 Infinistats Human Capital Metrics report 2023/24 (the latest report available at the time of writing this report). The Chartered Institute of Personnel and Development (CIPD) 'Health and Wellbeing at Work Survey April 2023' (also the latest report available) has also been used to make comparisons with other organisations.

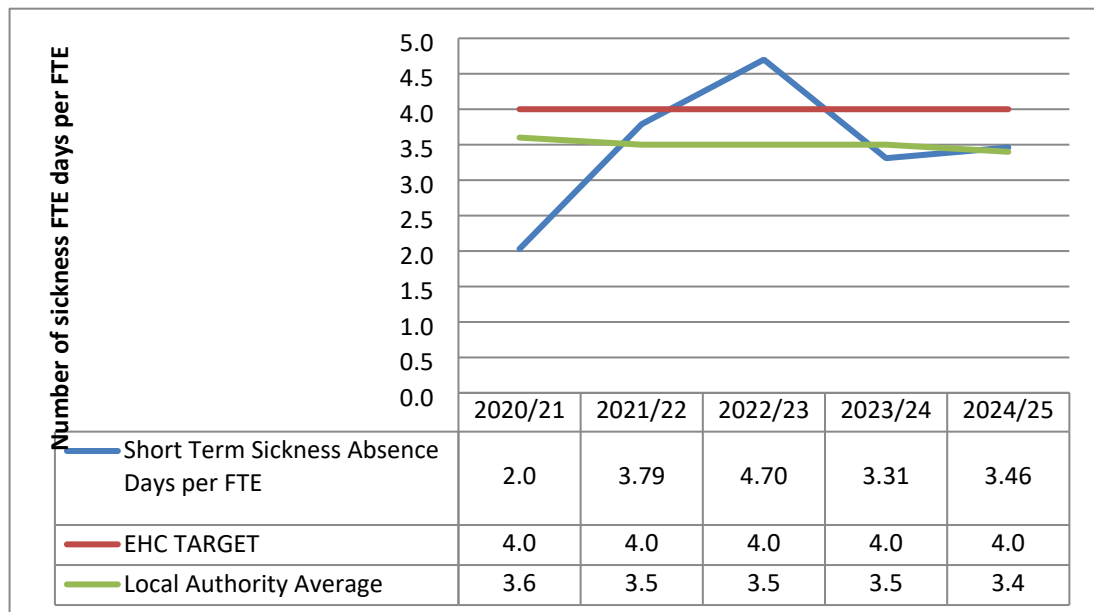
4.0 Sickness Absence Levels

4.1 Short Term absence

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

4.1.2 In 2024/25, the number of short term sickness absence FTE days per FTE employee was 3.46 days which is below the council's target of 4 days. It is the same as the East of England local government average (3.4 days in 2023/24). Please see Figure 2 below.

Figure 2 – Short Term Sickness absence FTE days per FTE

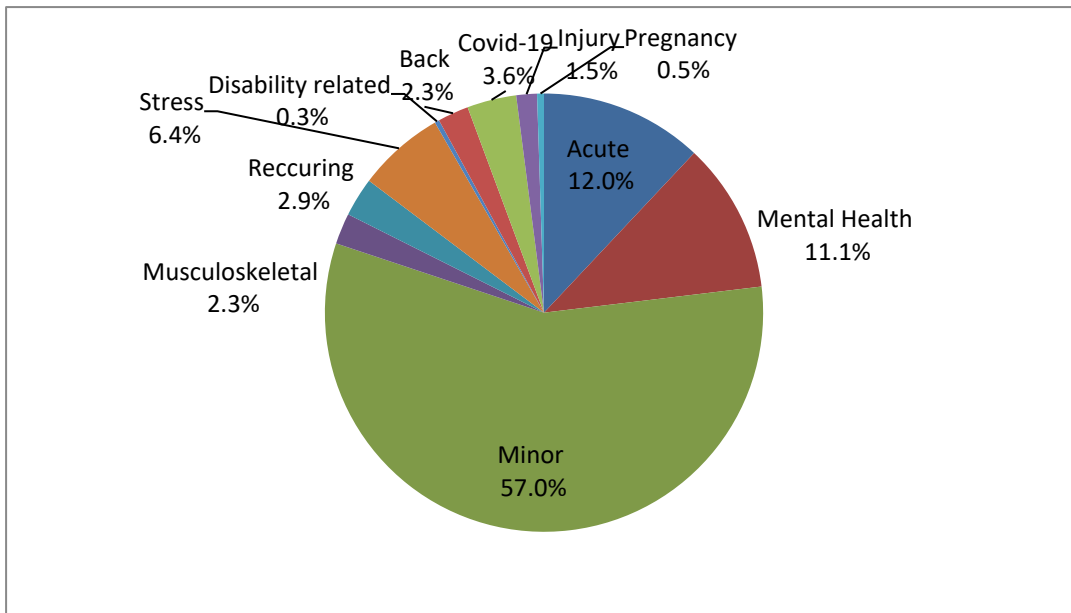


The council's short term absence target was reduced from 4.5 days to 4 days in April 2019. The local authority average is the mean of the East of England local authorities who are subscribed to the Infinistats benchmarking system and is taken from the 'Human Capital Metrics report'. The 2023/24 report is the latest report available at the time of writing. Due to COVID no data was recorded 20/21 so we have carried over the 18/19 data for that year.

4.1.3 The percentage of time lost due to short term sickness in 2024/25 was 2.95%.

4.1.4 Figure 3 below shows the causes of short term absence in 2024/25.

Figure 3 – Causes of Short Term absence in 2024/25



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)*

4.1.5 The most common cause of short term absence in 2024/25 was minor illnesses, such as colds/flu, headaches/migraines, stomach upsets, and minor operations, accounting for 57% (140 employees) of all short term absences. According to the Chartered Institute of Personnel and Development (CIPD) 'Health and Wellbeing at Work Survey April 2023' 94% of organisations responding to their survey reported that minor illnesses were in their top three causes of short term absence.

4.1.6 The second most common cause of short term absence was acute medical conditions (e.g., surgery, long term health conditions, accidents) which accounted for 12% of all short term absences (16 employees).

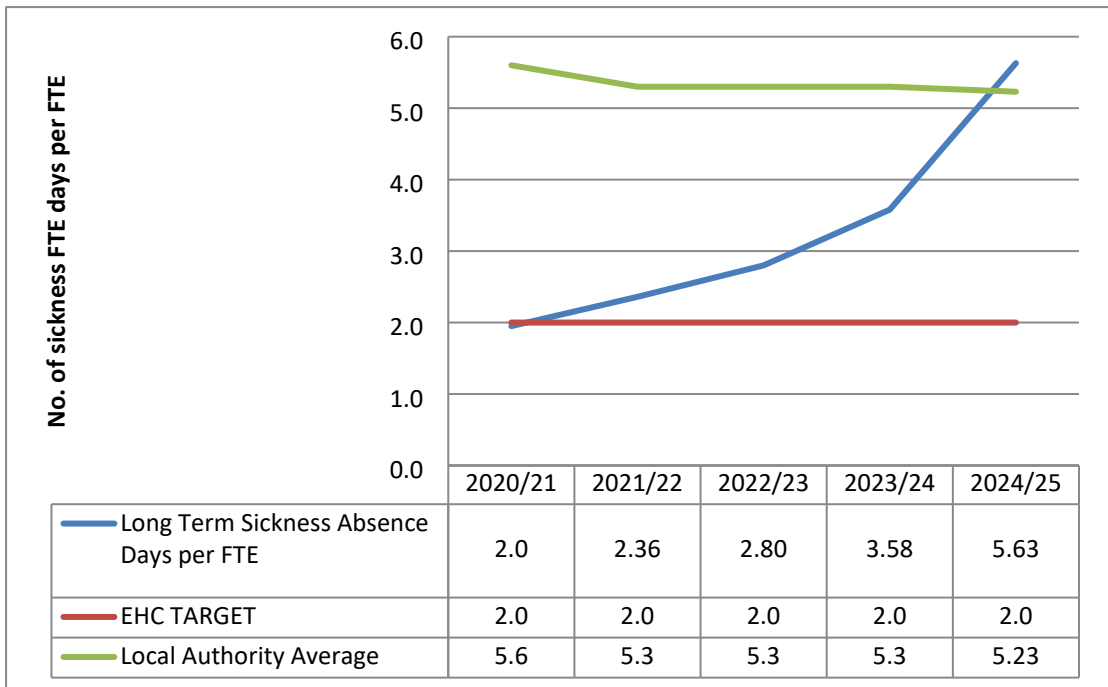
4.1.7 Mental health was the third most common cause of short term absence accounting for 8% of all short term absences (7 employees). The CIPD Survey reported that 39% of organisations said that mental health was in their top three causes of short term absence.

4.2 Long Term Absence

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

4.2.2 In 2024/25, the number of long term sickness absence FTE days per FTE employee was 5.63 days which is significantly above the council's target of 2 days and an increase on 2023/24 (3.58 days). It is also slightly higher than the East of England local government average (5.23 days in 2023/25). Please see Figure 4 below.

Figure 4 – Long Term Sickness absence FTE days per FTE



The local authority average is the mean of the East of England local authorities who are subscribed to the Infinistats benchmarking system and is taken from the 'Human Capital Metrics report'. The 2023/24 report is the latest report available at the time of writing. Due to COVID no data was recorded 20/21 so we have carried over the 18/19 data for that year.

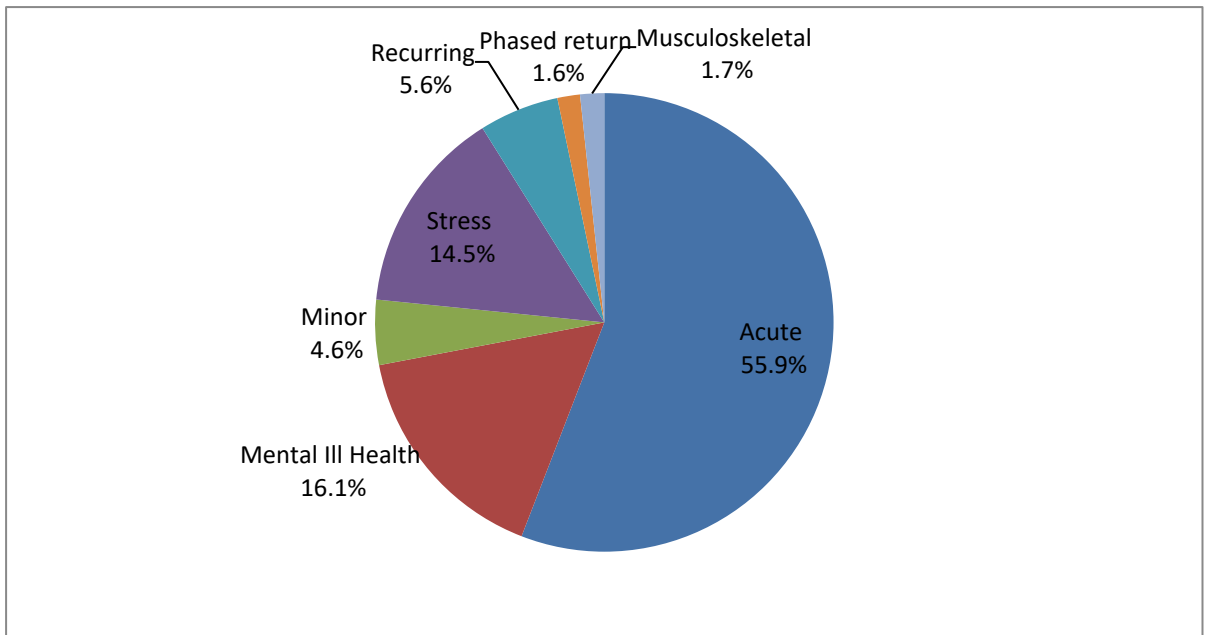
4.2.3 The percentage of time lost due to long term sickness in 2024/25 was 4.48%. This is an increase from last year (1.49% in 2023/24).

4.2.4 There was an increase in sickness absences for acute reasons such as cancer which understandably led to lengthy sickness absences.

4.2.5 It is also worth noting that 47% of employees at the council are in the 50-64 age group and serious illnesses tend to become more frequent in later life.

4.2.6 Figure 5 below shows the causes of long term absence in 2024/25.

Figure 5 – Causes of Long Term absence in 2024/25



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)*

4.2.7 The most common cause of long term absence was for acute reasons (e.g. stroke, heart attack and cancer), which accounted for 55.9% of all long term absence (17 employees). All employees have been supported by Line Management, HR and Occupational Health. According to the CIPD Survey, 46% of organisations reported that acute reasons were in their top three causes of long term absence.

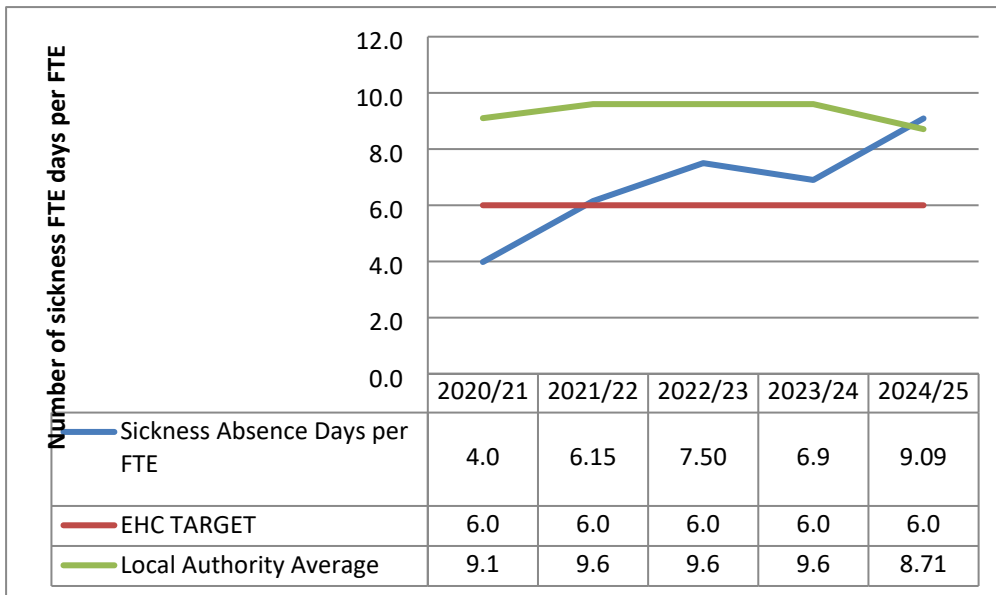
4.2.8 The second most common cause of long term absence was mental ill health, which accounted for 16.1% of all long term absence (5 employees). All employees have been supported by Line Management, HR and Occupational Health. According to the CIPD Survey, 63% of organisations reported that mental ill health was in their top three causes of long term absence.

4.2.9 The third most common cause of long term absence was for stress which accounted for 14.5% (7 employees). All employees have been supported by Line Management, HR and Occupational Health. According to the CIPD Survey, 37% of organisations reported that mental ill health was in their top five causes of long term absence.

4.3 Total absence

4.3.1 In 2024/25, the number of sickness absence FTE days per FTE employee was 9.09 days which is above the council's target of 6 days and has increased from 6.9 days in 2023/24. It is also slightly higher than the East of England local government average (8.71 days). The CIPD report the average in the public sector as being 10.6 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 the East of England local authorities who are subscribed to the Infinistats benchmarking system and is taken from the 'Human Capital Metrics report'. The 2023/24 report is the latest report available at the time of writing. Due to COVID no data was recorded 20/21 so we have carried over the 18/19 data for that year.

4.3.2 The total number of days taken as sickness absence in 2024/25 was 2674.25 FTE days. 39% (1062.31 FTE days) of these were due to short term absence and 61% (1611.94 FTE days) were due to long term absence. The total percentage time lost in 2024/25 due to all absences was 7.43%.

5.0 How is the council addressing employee 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 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 where appropriate and are supported through a stress risk assessment. Managers use the Health and Safety Executive's (HSE) stress risk assessment tool (with HR support) 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 Absences due to Covid-19 are carefully monitored by HR and a special Covid-19 reason code was set up on the HR system to enable this. We continue to advise employees to work from home if they get a positive Covid test (and are well enough to work) to avoid the potential spread of the virus to other employees.
- 5.5 Short term absences due to mental health have increased from 7.6% of all short term absences in 2023/24 to 11.1% in 2024/25. Long term absences due to mental health have decreased from 20.9% of all long term absences in 2023/24 to 16.3% in 2024/25.
- 5.6 Short term absences due to stress have decreased from 8% of all short term absences in 2023/24 to 6.4% in 2024/25. Long term absences have increased from 7.4% of all long term absences in 2023/24 to 10.5% in 2024/25.
- 5.7 The council has continued to take action to support

employee mental health in 2024/25, please see sections 6 and 7 for details.

5.8 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 Ongoing support for employee health and wellbeing

The council has a lot in place to support the health and wellbeing of its employees, including:

6.1 Employee wellbeing activities and campaigns

6.1.1 The council aims to provide a variety of activities and training to support employees' physical and mental health and wellbeing. The HR and Communications teams also promote various national campaigns such as Mental Health awareness Day/week.

6.2 Employee support

6.2.1 The council has a support section on its intranet where employees are signposted to sources of wellbeing support e.g. how to contact a Mental Health First Aider, access to support from UNISON, how to contact the employee assistance programme etc.

6.3 Employee Assistance Programme (EAP)

6.3.1 The council has continued to offer an Employee Assistance Program (EAP). The service is 24/7, easy to access, confidential and free of charge. Employees have unlimited access to information, support and guidance on a wide range of topics including work/career, relationship/family, money management/debt and health/wellbeing.

6.5 HR Officers continue to support managers in consistently and proactively managing sickness absence.

6.5.1 HR Officers meet regularly with managers to ensure they are consistently and proactively managing sickness absence in their teams.

7.0 Actions taken in 2024/25 to improve employee health and wellbeing

In addition to the ongoing support already mentioned in Sections 5 and 6 above, the council has achieved the following in 2024/25 to improve the health and wellbeing of its employees:

7.1 Wellbeing activities and campaigns

7.1.1 A variety of campaigns were supported and events held each month to support employee mental, physical and social wellbeing such as International Women's Day (virtual staff event), promotion of dementia action week, employee awards, bring and

share Eid event in the kitchen hub, and monthly 'payday' drinks organised on the Friday closest to payday in Hertford.

7.5 Mental Health First Aiders

7.5.1 4 of our Mental Health First Aiders (MHFAs) took part in a 13 week Mental Health in the Workplace Bootcamp, comprising of online and face to face training sessions, followed by a final assessment. The course covered a wide range of matters from workplace culture, understanding the role of a MHFA, and listening and support techniques. All current Mental Health First Aiders also received refresher training in 2024/25.

7.6 Mental Health First Aiders

7.6.1 'Managing Change' training was organised for managers as part of the Blueprint programme to support the delivery of the transformation programme.

8.0 Actions planned in 2025/26 to improve employee health and wellbeing, to:

- Develop a combined blended working, flexi time, overtime and TOIL policy. Ensure expectations of blended working are clear and that flexibility works effectively for both employees and services and communication is well maintained. Ensure the flexi-time scheme works effectively with blended working and gives consideration

to core contact hours.

- Continue to support national wellbeing campaigns with the support of the Communications team to promote and offer wellbeing activities to employees.
- Relaunch the Mental Health First Aiders programme by seeking new volunteers and working on improving the information on the intranet. The East Herts Together group are looking at Equality, Diversion and Inclusion as wider topic and the MHFA programme will come under this as well as better promotion of mental health awareness.
- A recent access audit commissioned by the Health & Safety Officer identified a need to consider neurodiversity both in the physical office space as well how we display and present information. We are also investigating whether we can source an e-learning module on neurodiversity.
- Seek volunteers to be part of an Equalities Group. Volunteers would represent different areas of equality and diversity as the council is too small to have individual staff groups for all of the different diversity strands.
- Finalise the procurement (already underway) of a new Occupational Health Provider who will be more proactive in helping advise on complex cases and supporting employees back to work.

9.0 Risks

- 9.1 The risks are that if wellbeing is not supported or managed that staff absences increase, staff resilience is weakened which affects the corporate risk: Staff capacity and skills to

deliver services.

10.0 Implications/Consultations

Community Safety

No

Data Protection

No

Equalities

Wellbeing support is aimed at supporting employee's health both physical and mental health. Mental health is potentially a disability depending on its impact and therefore it is important to make reasonable adjustments and provide support.

Environmental Sustainability

No

Financial

No

Health and Safety

No

Human Resources

As covered in the report.

Human Rights

No

Legal

No

Specific Wards

No

11.0 Background papers, appendices and other relevant material

11.1 None

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