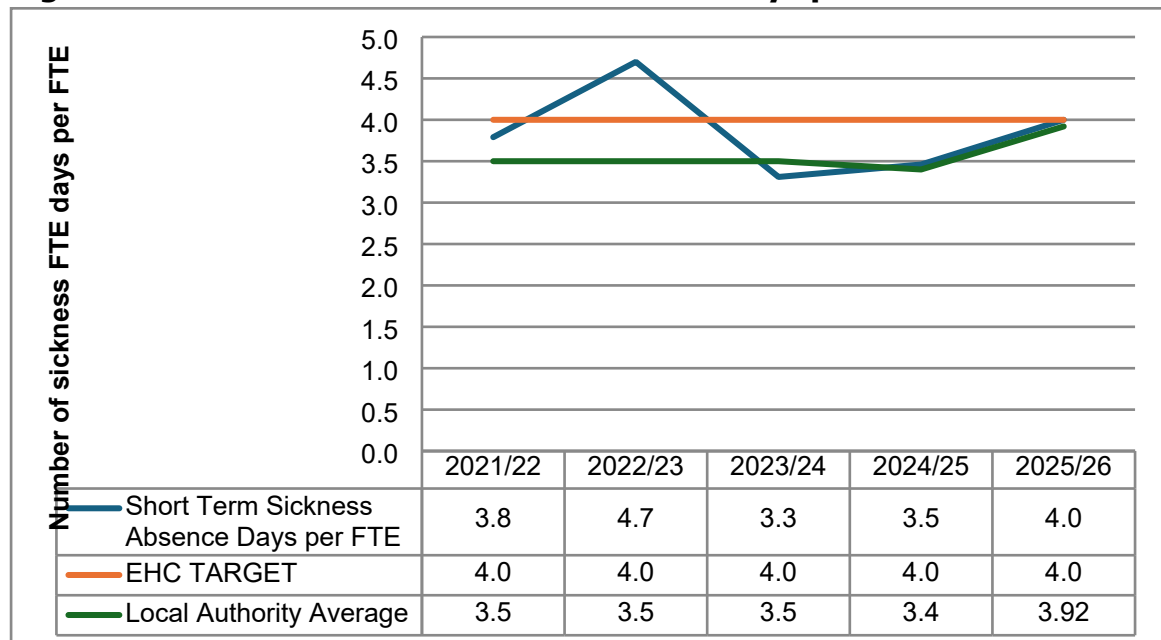


Annual Health and Wellbeing Report 25/26

1.0 Short Term Absence

- 1.1 Absences of less than four weeks are considered to be short term sickness absence.
- 1.2 In 2025/26, the number of short term sickness absence FTE days per FTE employee was 4 days which is the same as the council's target of 4 days. It is slightly higher than the East of England local government average (3.92 days in 2024/25). Please see Figure 1 below.

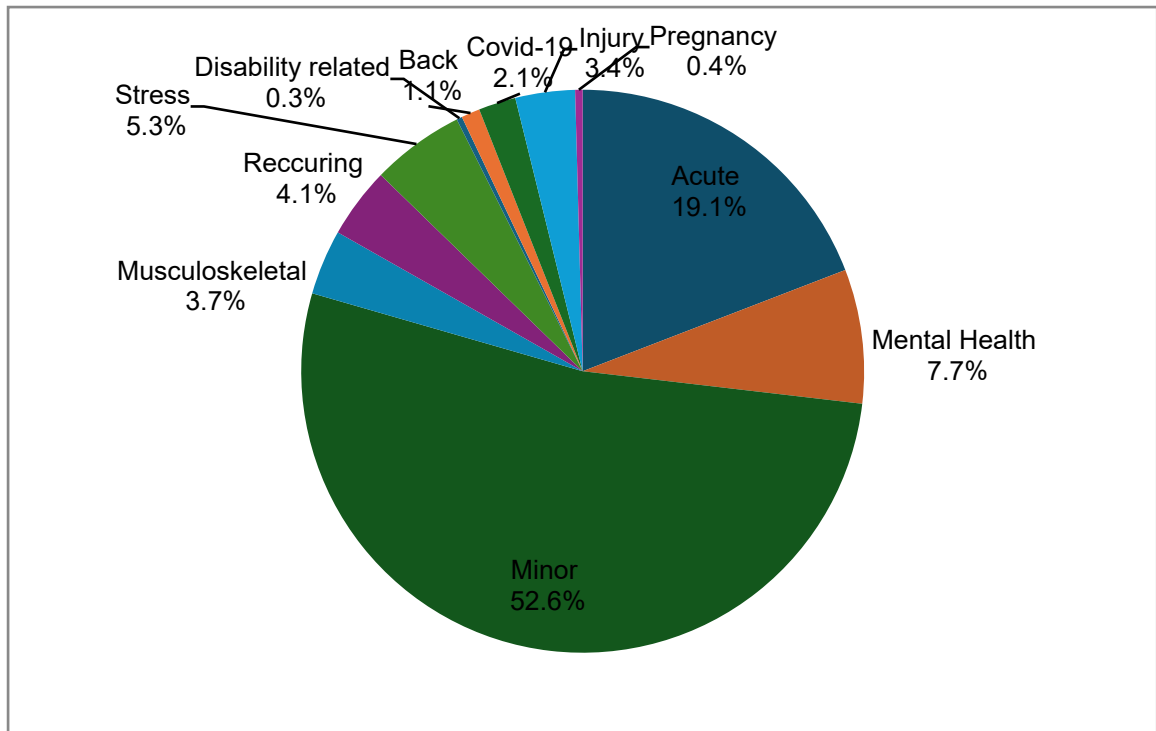
Figure 1 – Short Term Sickness absence FTE days per FTE



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 2024/25 report is the latest report available at the time of writing.

- 1.3 The percentage of time lost due to short term sickness in 2025/26 was 3.77%.
- 1.4 Figure 2 below shows the causes of short term absence in 2025/26.

Figure 2 – Causes of Short Term absence in 2025/26



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)

1.5 The most common cause of short term absence in 2025/26 was minor illnesses, such as colds/flu, headaches/migraines, stomach upsets, and minor operations, accounting for 52.6% (146 employees) of all short term absences. According to the Chartered Institute of Personnel and Development (CIPD) 'Health and Wellbeing at Work Survey April 2025' 78% of organisations responding to their survey reported that minor illnesses were in their top three causes of short term absence.

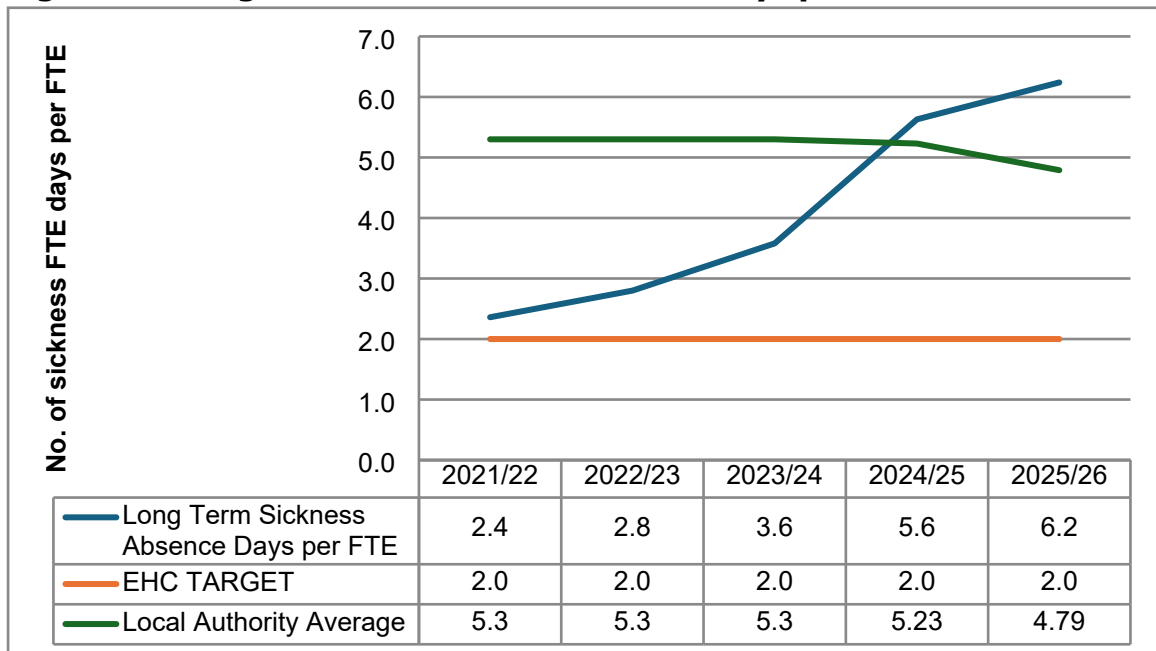
1.6 The second most common cause of short term absence was acute medical conditions (e.g., surgery, long term health conditions, accidents) which accounted for 19.1% of all short term absences (20 employees).

1.7 Mental health was the third most common cause of short term absence accounting for 7.7 of all short term absences (9 employees). The CIPD Survey reported that 29% of organisations said that mental health was in their top three causes of short term absence.

2.0 Long Term Absence

- 2.1 Absences in excess of 4 weeks/28 consecutive calendar days are considered to be long term sickness absence.
- 2.2 In 2025/26, the number of long term sickness absence FTE days per FTE employee was 6.2 days which is significantly above the council's target of 2 days and an increase on 2024/25 (5.6 days). It is also higher than the East of England local government average (4.79 days in 2024/25). It is recommended that the target of 2 days per employee for long term absence is increased to 4 days as 2 days is unrealistic and also not aligned to local benchmarking data. Please see Figure 3 below.

Figure 3 – Long Term Sickness absence FTE days per FTE



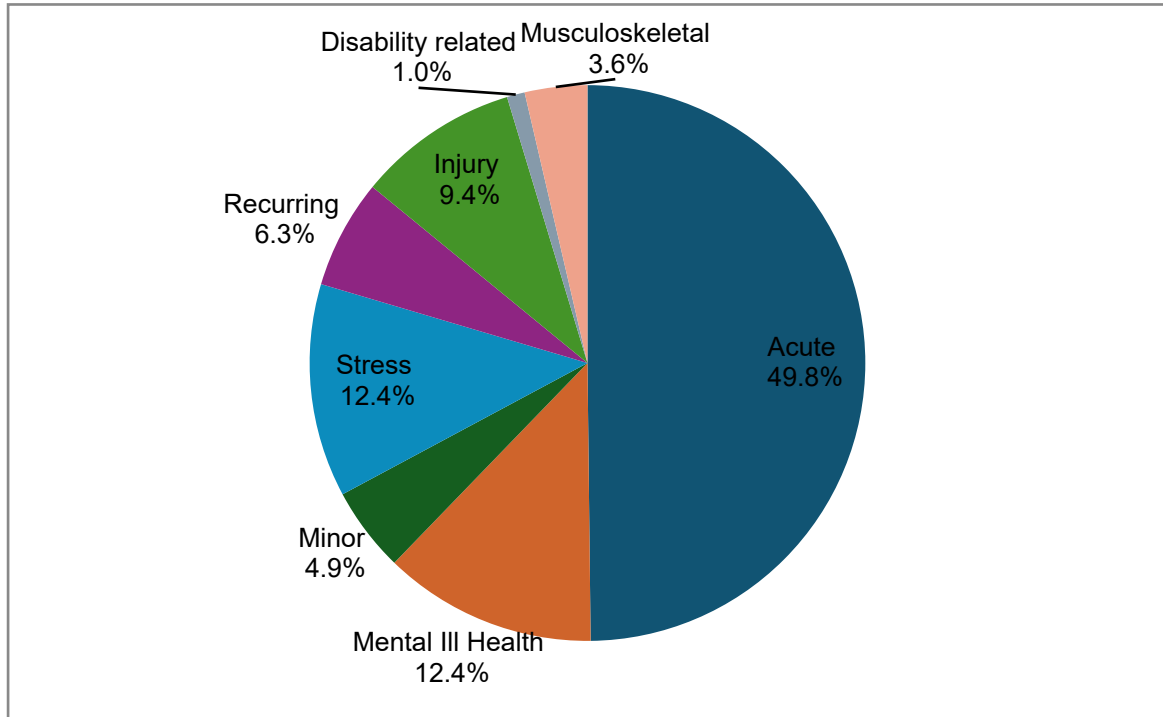
The local authority average is the mean of the East of England local authorities who are subscribed to the Infinistats benchmarking system and is taken from the 'Human Capital Metrics report'. The 2024/25 report is the latest report available at the time of writing.

- 2.3 The percentage of time lost due to long term sickness in 2025/26 was 8.39%. This is a significant increase from last year (4.48% in 2024/25).
- 2.4 There was an increase in sickness absences for acute reasons such as cancer which understandably led to lengthy sickness absences.

2.5 It is also worth noting that 44% of employees at the council are in the 50-64 age group and serious illnesses tend to become more frequent in later life.

2.6 Figure 4 below shows the causes of long term absence in 2025/26.

Figure 4 – Causes of Long Term absence in 2025/26



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)

2.7 The most common cause of long term absence was for acute reasons (e.g. stroke, heart attack and cancer), which accounted for 49.8% of all long term absence (14 employees). All employees have been supported by Line Management, HR and Occupational Health. According to the CIPD Survey, 24% of organisations reported that acute reasons were in their top three causes of long term absence.

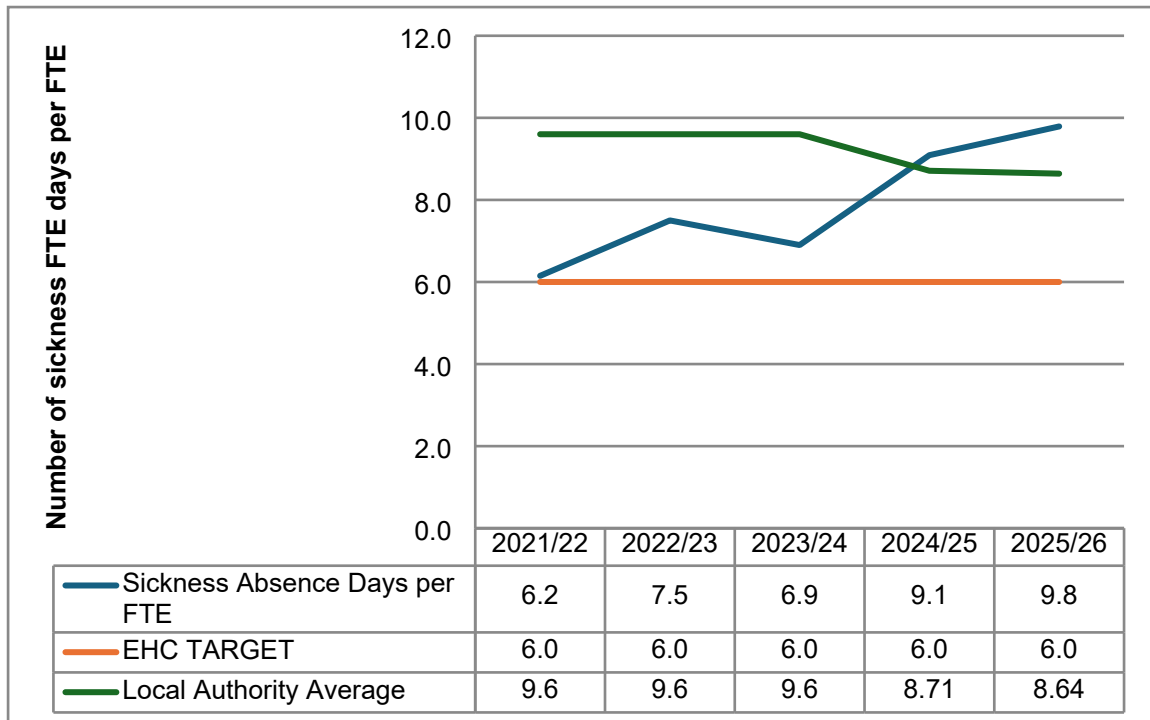
2.8 Mental ill health and stress were jointly the second most common causes of long-term absence, each accounting for 12.4% of cases (5 employees). All employees have been supported by Line

Management, HR and Occupational Health. According to the CIPD Survey, public sector organisations and larger private sector organisations (250+ employees) are particularly likely to include mental ill health among their top causes of long-term absence (51% and 50% respectively). More public sector employers also report that stress is among their top causes of long-term absence (41%).

3.0 Total absence

- 3.1 In 2025/26, the number of sickness absence FTE days per FTE employee was 9.8 days which is above the council's target of 6 days but is similar to last year's figure of 9.1 days. It is also slightly higher than the East of England local government average (8.64 days). The CIPD report that average absence levels have increased to 9.4 days per employee per year, compared with 7.8 days in 2023 and 5.8 days in 2022. the average in the public sector as being 10.6 days. Please see Figure 5 below.

Figure 5 – Sickness absence FTE days per FTE (ALL absences)



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 2024/25 report is the latest report available at the time of writing.

- 3.2 The total number of days taken as sickness absence in 2025/26 was 2766.03 FTE days. 31% (857.11 FTE days) of these were due to short term absence and 69% (1908.92 FTE days) were due to long term absence. The total percentage time lost in 2025/26 due to all absences was 12.16% which is an increase from 2024/25 (7.43%).

4.0 How is the council addressing employee absence

- 4.1 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.
- 4.2 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.
- 4.3 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).

- 4.4 Although we are 6 years post Pandemic, absences due to Covid-19 are still 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.
- 4.5 Short term absences due to mental health have decreased from 11.1% of all short term absences in 2024/25 to 7.7% in 2025/26. Long term absences due to mental health have decreased from 16.3% of all long term absences in 2024/25 to 12.4% in 2025/26.
- 4.6 Short term absences due to stress have decreased from 6.4% of all short term absences in 2024/25 to 5.3% in 2025/26. Long term absences have increased from 10.5% of all long term absences in 2024/25 to 12.4% in 2025/26.
- 4.7 The council has continued to take action to support employee mental health in 2025/26, please see sections 6 and 7 for details.
- 4.8 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.

5.0 Ongoing support for employee health and wellbeing

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

5.1 Employee wellbeing activities and campaigns

- 5.1.1 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.

5.2 Employee support

5.2.1 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 and how to contact the employee assistance programme etc.

5.3 Employee Assistance Programme (EAP)

5.3.1 The council has continued to offer an Employee Assistance Programme (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.

5.4 HR Support

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

6.0 Actions taken in 2025/26 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 2025/26 to improve the health and wellbeing of its employees:

6.1 Wellbeing activities and campaigns

6.1.1 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 (hybrid virtual/face to face staff event), employee awards, bring and share Eid event in the kitchen hub, January 'beat the blues' coffee morning, weekly 'Knit and Knatter' sessions, and monthly 'payday' drinks organised on the Friday closest to payday in Hertford.

7.0. Mental Health First Aiders

7.1 Due to staff turnover over the past few years our original group of 9 trained Mental Health First Aiders (MHFAs) reduced down to just one. However, following a recent recruitment drive we now have 9 staff volunteers who are all enrolled on the *Mental Health First Aid & Mental Health Advocacy in the Workplace* Level 2 Certificate in Mental Health First Aid. This is a government funded course offering a recognised accredited certificate. In this course candidates will learn about

different types of mental ill health and how to identify, understand and respond to signs of mental illnesses. The course is self-managed and takes between 6-12 weeks with support from online mentors and tutors.

- 7.2 To support the council's commitment to mental health the Health and Safety Adviser was permitted to utilise the old Environmental Health lab and create a safe space, named by colleagues as 'The Snug'. The snug is a designated safe space with soft furnishings providing a space for mental health first aiders to provide support for colleagues experiencing crisis or distress. There is also a networked computer and telephone which employees can access to reach out to any external support provisions. The room is not a bookable meeting space as the emphasis is on creating a calm and neutral environment.

7.6 East Herts Unity

- 7.6.1 'East Herts Unity' (EHU) was set up in 2025/26 which is a staff run group established to support staff mental health and wellbeing, and to promote diversity, equality, inclusion and representation across the organisation. The group aims to bring colleagues together, ensure all voices are heard, and help every employee feel welcomed and represented at East Herts Council. EHU staff volunteers have already hosted two internal community events designed to encourage interaction, learning and connection among colleagues.

7.7 Occupational Health

- 7.7.1 Due to our previous provider ceasing business in December 2025 we have sourced a new temporary Occupational Health provider (Innovate Healthcare) for 6 months via the ESPO procurement framework. We are already finding the new service provision to be more proactive, with a strong focus on supporting employees back to work. We are in the process of undertaking a joint procurement process with Stevenage Borough Council (SBC) for a permanent Occupational Health provider and intend to award the contract at the end of April 2026.

8.0 Actions planned in 2026/27 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.
- An 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.
- Continue with the joint procurement with SBC (already underway) of a new permanent Occupational Health Provider who will be more proactive in providing advice on complex cases and supporting employees back to work.