

Email Survey Response Form



Topic	Sickness/ Absence
From	Dacorum Borough Council
Date	Oct 18
<ol style="list-style-type: none"> 1. Please could you provide your sickness absence rates for your organisation over the last 2 years for both short and long term sickness absences 2. How far back do you review an individual's sickness absence record – 12 months, 24 months or over a longer period? 3. What are the top 3 reasons for sickness absence in short term absences in your organisation? 4. What are your top 3 reasons for long term sickness absences in your organisation? 5. What interventions did you find the most useful in helping a successful return to work after long term sickness absence? 6. What interventions have you found most useful in reducing sickness absence levels overall? 7. What is your intervention/support for stress (both personal and work place stress)? 8. Do you offer a health insurance benefit to your employees eg Simply Health? If yes, has this impacted your sickness absence rates? 	
Responses Received: 8	

Authority and Contact	Response	Documents Shared
Luton Borough Council	<p>Q1: Figures not available which separate short and long term sickness rates. 2017/18 = 11.65 days per FTE, 2018/2019 = 11.72 days per FTE</p> <p>Q2: Rolling 12 months.</p> <p>Q3: 1) Gastro; 2) Musculoskeletal; 3) Respiratory</p> <p>Q4: 1) Musculoskeletal; 2) Mental Ill Health; 3) Medical Procedure</p> <p>Q5: Phased Return to Work, Reduced Hours</p> <p>Q6: Dedicated HR Advisor for managers to seek advice/support from. Senior management hold managers accountable.</p> <p>Q7: Stressor Assessments, OH referral, Employee Assistance Programme</p>	

APPENDIX H

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	Q8: No.																											
Central Bedfordshire Council	<p>Q1: 2016/2017 Long Term Sickness = 4.84 days per FTE, 2016/2017 Short Term Sickness = 4.07 days per FTE, 2016/2017 Total = 8.91 days per FTE. 2017/2018 = Long Term Sickness = 5.42 days per FTE, Short Term Sickness = 4.32 days per FTE. Total = 9.74 days per FTE. Q2: Rolling 12 months. Q3 and Q4:</p> <table><tr><td rowspan="4">Oct 16 - Sep 17</td><td>Top 3 ALL</td><td>Top 3 Long</td><td>Top 3 Short</td></tr><tr><td>01 - Anxiety/stress/depression/other mental health</td><td>01 - Anxiety/stress/depression/other mental health</td><td>04 - Cold, cough, flu - influenza</td></tr><tr><td>04 - Cold, cough, flu - influenza</td><td>03 - Musculoskeletal problems</td><td>16 - Gastrointestinal problems</td></tr><tr><td>16 - Gastrointestinal problems</td><td>02 - Back problems</td><td>01 - Anxiety/stress/depression/other mental health</td></tr><tr><td rowspan="4">Oct 17 - Sep 18</td><td>Top 3 ALL</td><td>Top 3 Long</td><td>Top 3 Short</td></tr><tr><td>01 - Anxiety/stress/depression/other mental health</td><td>01 - Anxiety/stress/depression/other mental health</td><td>04 - Cold, cough, flu - influenza</td></tr><tr><td>16 - Gastrointestinal problems</td><td>16 - Gastrointestinal problems</td><td>16 - Gastrointestinal problems</td></tr><tr><td>04 - Cold, cough, flu - influenza</td><td>03 - Musculoskeletal problems</td><td>01 - Anxiety/stress/depression/other mental health</td></tr></table> <p>Q5: Phased Return agreed between the employee and line manager whilst seeking advice from OH. Q6: Currently under review. Q7: Occupational Health and/or Employee Assistance Programme, Health Assured. Q8: N/A.</p>	Oct 16 - Sep 17	Top 3 ALL	Top 3 Long	Top 3 Short	01 - Anxiety/stress/depression/other mental health	01 - Anxiety/stress/depression/other mental health	04 - Cold, cough, flu - influenza	04 - Cold, cough, flu - influenza	03 - Musculoskeletal problems	16 - Gastrointestinal problems	16 - Gastrointestinal problems	02 - Back problems	01 - Anxiety/stress/depression/other mental health	Oct 17 - Sep 18	Top 3 ALL	Top 3 Long	Top 3 Short	01 - Anxiety/stress/depression/other mental health	01 - Anxiety/stress/depression/other mental health	04 - Cold, cough, flu - influenza	16 - Gastrointestinal problems	16 - Gastrointestinal problems	16 - Gastrointestinal problems	04 - Cold, cough, flu - influenza	03 - Musculoskeletal problems	01 - Anxiety/stress/depression/other mental health	
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Colchester Borough Council	<p>Q1: 2017/18 = Long Term Sickness = 6.1 days per FTE, Short Term Sickness = 3.46 days per FTE. Q2: Use Bradford Factor over 12 month rolling period. Q3: 1) Cold/Coughs & Flu; 2) Gastro; 3) Musculoskeletal</p>																											

APPENDIX H

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	<p>Q4: 1) Musculoskeletal; 2) Mental Health – Anxiety, depression, other psychiatric illnesses; 3) Mental Health – work related stress.</p> <p>Q5: Home visits, Employee Assistance Programme, OH</p> <p>Q6: Bradford Factor for short term absence, Employee Assistance Programme</p> <p>Q7: Employee Assistance Programme, Mental Health First Aiders, Wellbeing Champions, OH.</p> <p>Q8: Discounted rates available. No data collected.</p>	
Suffolk Coastal & Waveney District Councils	<p>Q1: 2016/2017 = Long Term Sickness = 3.02 days per FTE, Short Term Sickness = 2.13 days per FTE, 2017/18 = 4.93 days per FTE, Short Term Sickness = 2.0 days per FTE.</p> <p>Q2: 12 months.</p> <p>Q3: 1) Gastro (abdominal pain, gastroenteritis, vomiting); 2) Respiratory (cold/cough/flu); 3) Mental Health – stress.</p> <p>Q4: 1) Mental Health – Stress; 2) Other Known Causes; 3) Hospital/Post Operative.</p> <p>Q5: OH, Regular Contact, Phased Returns/Reduced Duties.</p> <p>Q6: OH, Regular Contact, Phased Returns/Reduced Duties.</p> <p>Q7: Mental health first aiders, stress policy, stress risk assessment part of annual team reviews.</p> <p>Q8: No.</p>	
North Hertfordshire District Council	<p>Q1: 2016/2017 = Long Term Sickness Absence = 1.69 days per FTE, Short Term Sickness Absence = 3.25 days per FTE</p> <p>2017/2018 = Long Term Sickness Absence = 2.96 days per FTE, Short Term Sickness Absence = 4.23 days per FTE</p> <p>Q2: We review the rolling 12 month period for employee triggers under the attendance procedure policy. However, the HRBPs also review overall absence history to establish possible recurrent health issues/absence history patterns etc and advise the line manager on further action to consider.</p> <p>Q3: Reviewed the last 6 months 1) Stomach issues; 2) Musculoskeletal; 3) Colds/Infections</p> <p>Q4: 1) Stress; 2) Musculoskeletal; 3) Cancer</p> <p>Q5: HR BPs liaise with line managers/OH referrals, Meetings between manager and employee and HR/Employee Assistance Programme.</p> <p>Q6: HR BPs review all triggers under the attendance procedure policy and advise manager of action to consider.</p> <p>Q7: OH, Employee Assistance Programme.</p> <p>Q8: Yes but not impacted sickness absence rates that aware of.</p>	
East Herts Council	<p>Q1: 2016/2017 = Long Term Sickness Absence = 2.8 days per FTE, Short Term Sickness Absence = 3.2 days per FTE</p> <p>2017/18 = Long Term Sickness Absence = 3.1 days per FTE, Short Term Sickness Absence = 3.1 days per FTE</p> <p>Q2: We have a trigger of 7 days in 12 months however we may look back over the previous year to see if there is a pattern.</p>	

APPENDIX H

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	<p>Q3: 1) Minor illnesses (colds/flu, headaches/migraines, stomach upsets, minor ops) – 71% of all short term absences; 2) Musculoskeletal injuries (eg neck strains and repetitive strain injury but excluding back pain) – 9% of all short term absences; 3) Acute Medical Condition (eg stroke, heart attack, cancer) – 5% of all short term absences.</p> <p>Q4: 1) Acute Medical Condition (eg stroke, heart attack, cancer) – 43% of all long term absences; 2) Minor Illnesses (eg colds/flu, headaches/migraine, stomach upsets and minor ops) – 15% of all long term absences; 3) Musculoskeletal injuries (eg neck strains and repetitive strain injury but excluding back pain) – 15% of all long term absences.</p> <p>Q5: Manager maintaining contact including a home visit where necessary, referral to OH, Phased return and adjustments where appropriate.</p> <p>Q6: Return to work interviews after every absence, training managers on absence policy, managers taking action when trigger has been met.</p> <p>Q7: Referral to OH, HSE stress risk assessment questionnaire, reminder of Employee Assistance Programme for eg counselling, will be introducing Mental Health First Aiders later this year.</p> <p>Q8: No.</p>	
North Norfolk Council	<p>Q1: 2017/18 = for both long and short term sickness = 6.35 days per FTE 2018/19 = for both long and short term sickness = 5.88 days per FTE</p> <p>Q2: 12 months</p> <p>Q3: 1) Cold and/or Flu; 2) Diarrhoea and/or vomiting; 3) Headaches & Migraines</p> <p>Q4: 1) Anxiety/Stress/Depression; 2) Organ problems; 3) Stomach and digestive problems</p> <p>Q5: -</p> <p>Q6: Introduction of short term absence triggers (this was years ago but not having them in place before had a dramatic impact). More recently, I would say the overall wellbeing drive in our organisation has really assisted in bringing levels down.</p> <p>Q7: HSE stress risk assessments, OH, Employee Assistance Programme, Wellbeing Programme, Mental Health First Aiders, Access to counsellor (but only by HR referral).</p> <p>Q8: Yes Simply Health although ours is a cash plan, not health insurance. No evidence either way but as it's a cash plan, then I would say doubtful.</p>	
Babergh & Mid Suffolk District Councils	<p>Q1: We currently report on total (no short term/long term split) = 1.14% days per FTE.</p> <p>Q2: We used Bradford Factor over 52 weeks.</p> <p>Q3: 1) Virus/infection; 2) Headache/Migraine/Neurological; 3) Gastro (abdominal pain, gastroenteritis, vomiting, diarrhoea)</p> <p>Q4: 1) Mental Health; 2) Musculoskeletal; 3) Hospital/Post Operative</p>	

APPENDIX H

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	<p>Q5: Close relationship with the manager definitely helps and phased return to work.</p> <p>Q6: One to one meetings with the individuals, manager and HR Advisor when Bradford Factor is over 100.</p> <p>Q7: Access to Employee Assistance Programme (free to all employees, online, phone, a mobile app); in house Mental Health First Aiders.</p> <p>Q8: Simply Health, Benenden (Health Scheme), BHSF, BUPA – difficult to say as we have been with them for so long. When they were first introduced we didn't have any metrics or sickness stats so nothing to compare to.</p>	