

## POLICY REVIEW AND DEVELOPMENT PANEL REPORT

REPORT TO:	Corporate Performance Panel		
DATE:	22 <sup>nd</sup> October 2018		
TITLE:	Annual Sickness Absence Report 2017/18		
TYPE OF REPORT:	Monitoring – <b>FOR INFORMATION ONLY</b>		
PORTFOLIO(S):	Leader		
REPORT AUTHOR:	Becky Box, Policy, Performance and Personnel Manager		
OPEN/EXEMPT	Open	WILL BE SUBJECT TO A FUTURE CABINET REPORT:	No

### **REPORT SUMMARY/COVER PAGE**

<b>PURPOSE OF REPORT/SUMMARY:</b>			
<p>The purpose of this report is to provide Panel Members with an overview of the Council's key sickness absence related data for the 2017/18 year.</p> <p>The report includes headline data in relation to:</p> <ul style="list-style-type: none"> <li>• overall sickness absence rates</li> <li>• an analysis of the most commonly occurring absences</li> <li>• a comparison with other Norfolk Authorities</li> <li>• an overview of sickness absence costs and</li> <li>• an overview of identified trends</li> </ul> <p>Please note, this reports has historically been produced and presented by the Safety and Welfare Adviser post holder. Responsibility for employee welfare issues, including sickness absence, transferred to the Policy, Performance and Personnel Manager's service with effect from June 2018. This report is based on information compiled by the former Safety and Welfare Adviser prior to his departure from the Council's employment and an earlier version of this report has been presented to the Joint Safety and Welfare Committee.</p>			
<b>KEY ISSUES:</b>			
<p>The report highlights that overall sickness absence rates have decreased during the 2017/18 financial year with key data as follows:</p> <ul style="list-style-type: none"> <li>• The total number of FTE days sickness absence decreased by 14.5%</li> <li>• The average days absence per FTE employee decreased by 14.2%</li> <li>• The number of FTE days of short term absence decreased by 8%</li> <li>• The number of FTE days of long term absence decreased by 21%</li> <li>• The number of accidents rose by 130% (from 3 to 7) with an increase in the number of days lost due to accidents increasing by 250% (from 36 to 90)</li> </ul>			
<b>OPTIONS CONSIDERED:</b>			
N/A – Monitoring report			
<b>RECOMMENDATIONS:</b>			
N/A – Monitoring report			
<b>REASONS FOR RECOMMENDATIONS:</b>			
N/A – Monitoring report			

## **Annual Sickness Absence Report 2017/18 – Full Report**

### **1 Introduction**

1.1 The following facts are provided to aid understanding of the information contained within this report:

- Sickness absence is categorised by short term, long term and industrial injury.
- Short term absence relates to absences lasting less than 20 days.
- Long term absence relates to absences lasting 20 days or more.
- Absences are categorised into thirteen categories of sickness, to match benchmarking standards.
- Long term absences are shown as the total number of day's absence with the number of individuals involved.
- Industrial injuries are shown by the number of day's absence and the number of accidents.
- All absences are calculated as full time equivalent (FTE) days.

1.3 The report is supported by five appendices which give more detailed information on the following:

Appendix A - Shows absences by all categories and by service area with a summary column and comparison with other Norfolk authorities on the final page

Appendix B - Shows comparisons between full time and part time employees

Appendix C - Shows a breakdown of absence by service area and individual category by percentage

Appendix D - Provides a costings summary

Appendix E - Provides information on five year trends

### **2. Absence Rates**

2.1 As evidenced in the total column of Appendix A, the total number of FTE days lost for all absences fell from 4559.26 in 2016/17 to 3898.22 in 2017/18. This equates to a reduction of 14.5%.

The total number of FTE days lost due to short term absence decreased to 1749.07 from 1911.62 – this equates to a decrease of 8.5%.

The average number of days lost due to short term absence per FTE employee decreased from 4.34 to 3.98 – this equates to a decrease of 8%.

The total number of FTE days lost due to long term absence decreased to 2058.76 from 2611.64 – this equates to a decrease of 21%.

The average number of days per long term absence per FTE employee fell from 5.93 to 4.69 – this equates to a decrease of 21%.

Last year saw a reduction in FTE staffing by just over one from 440.34 to 439.18.

2.2 The number of accidents increased to 7 from 3 (this represents a 130% increase) and this change also saw the total number of days lost to Industrial injury increase from 36 to 90, clearly a marked increase (an increase of 250%).

2.3 Appendix B shows that absences rates decreased by 6% for part time employees, (having previously decreased by 18% in the 16/17 year). The absence rate for full time employees decreased by 15.5% during 2017/18 (compared to an increase of 23% in 2016/17).

- 2.4 Appendix C shows the most common occurring absences by percentage during the 2017/18 year, which were (figures in brackets relate to the 2016/17 year):
- a) 23% (26%) – Stress/Anxiety/Depression
  - b) 16% (12%) - Viral, colds/flu etc. (reflects mainly short term absence)
  - c) 14% (13%) - Musculoskeletal
  - d) 12% (14%) – Chest-Asthma/Bronchitis
  - e) 9% (10%) - Stomach, Liver etc.
  - f) 6% (2%) – Heart.
  - g) 5% (6%) – Back problems
  - h) 4% (5%) – For both categories Disability and Other

### **3.0 Most Common Occurring Absences**

- 3.1 Two of the three most common absence reasons remain as Stress/Anxiety/Depression and musculoskeletal.

Stress/Anxiety/Depression is nationally considered as the highest reason for absence and an increasing problem; this is reflected in our statistics. There are some instances where it may be that work was a contributory factor but on balance the majority of absences were due to personal issues.

It must be appreciated that stress can manifest itself in many other categories of absence not least musculoskeletal disorders that are now viewed as a significant derivative of stress. Significantly musculoskeletal remained high, with the two groups combined accounting for 37% of overall absences – closely matching their combined figure for last year.

During 2017/18 there was a 4% increase in absence under the category “Viral Colds/Flu”. This was due to the high levels of winter illness in the last 2 quarters of 17/18 and therefore this figure is to be expected, and is reflected in the short term absence figures.

- 3.2 However, overall the figures continue to be biased to a large degree by the inclusion of long term cases. In 2017/18 there were twelve individuals whose long term absence cases accounted for 1,196 days (1,180 FTE days) of the overall figure which accounts for 57% of the long term sickness and 30% of the overall sickness figure.

- 3.3 Of the twelve long term cases, there were five cases under the category of Stress/Depression and Mental Health, two cases under chest/respiratory and two other cases of other musculoskeletal problems.

By the end of the 2017/18 year six of these individuals had made a successful return to work. Three individuals had left the authority, two voluntarily and one unfortunately dismissed on capability grounds. One other of these individuals was one of the two ‘Death in Service’ cases mentioned below.

At the end of the 2017/18 year only two of the twelve individuals were still off. At the time the data for this report was compiled one employee had returned to work, the other was about to commence alternative employment.

- 3.3 Whilst it would not be good practice to ‘discount’ these cases it is worth noting that excluding these twelve cases, the remaining sickness of 2717 days, taken by 427 other employees would correspond to an average FTE sickness of 6.36 days per employee.

#### **4.0 Comparisons**

- 4.1 Each year we collate data to enable a comparison of our own sickness absence rates to those of the other Norfolk Authorities. This comparison is shown on page 2 of Appendix A.

#### **5.0 Sickness Absence Costs`**

- 5.1 The salary paid during sickness absence decreased by 15.8% during 2017/18, totalling £371,070 (compared to £440,715 in 2016/17). These are the visible costs; the invisible costs are likely to be significantly higher including in some cases the cost of temporary cover and overtime to cover absence etc.

A breakdown of costs by service area is provided at Appendix D. The five year picture of overall costs is given as appendix E.

#### **6.0 Counselling Referrals**

- 6.1 The total cost of referrals to the counselling support service during this reporting period was £9,450 (compared to £5,600 in 2016/17).

#### **7.0 Flu Vaccinations**

- 7.1 A total of 230 staff (compared to 232 in 2016/17) requested the flu vaccination last year at a cost of £1,590 (a cost of £1,610 in 2016/17).

#### **8.0 Physiotherapy Referrals**

- 8.1 This year there has been a low number of referrals, of just 4 referrals costing £889 compared to 6 referrals (at a cost of £1,279) in 2016/17.

#### **9.0 Ill Health Retirements**

- 9.1 There were no ill health retirements during this reporting period.

#### **10.0 Deaths in Service**

- 10.1 There were two deaths in service during this reporting period.

#### **11.0 Conclusion**

- 11.1 The headline rate of the average days absence per FTE employee decreased by 14.2% from 10.35 days in 2016/17 to 8.88 days in 2017/18.

The total overall number of FTE days sickness absence decreased by 14.5% from 4559 days in 2016/17 to 3898 days in 2017/18.

Within this figure, the number of FTE days of short term absence decreased by 8%.

Long Term absence fell by a greater margin of 21%

- 11.2 The overall reduction in sickness absence is welcomed, particularly as the figure has been made worse by the 'carry over' of long term sickness cases from the 2016/17 financial year.

- 11.3 The exception to the general improvement has been in relation to the number of 'industrial injury' cases, where there were a greater number of cases and protracted absences gave rise to the figure of 90 days absence.

- 11.4 It is worth noting that while long term, short term, overall figures and the corresponding costs have been rising steadily over the last four years, the figures for 2017/18 are at their lowest level since 2013/14.

This is despite the figures being affected by a small number of very long term cases. Each of these individual long term cases has been managed and reviewed so as to arrive at the best solution for both the individual concerned and the authority, as outlined in section 3.2 above.

- 11.5 The salary costs of absence decreased by 15.8% during this reporting period totalling £371,070 (against £440,715 last year).

## **2.0 Financial Implications**

- 12.1 As stated within the report.

## **13.0 Policy Implications**

- 13.1 Sickness Absence Management  
During the year 2018/19 the Authority is trialling a revised Sickness Absence Policy, the effect, if any, of this policy revision will be reported on in the 2018/19 annual report.

## **14.0 Consultations**

- 14.1 Accountancy, Management Team, Joint Safety and Welfare Committee

## **15.0 Access to Information**

- 15.1 Information from other Norfolk Authorities