POLICY REVIEW AND DEVELOPMENT PANEL REPORT

REPORT TO:	Corporate Performance Panel		
DATE:	21 October 2019		
TITLE:	Annual Sickness Absence Report 2018/2019		
TYPE OF REPORT:	Monitoring – **FOR INFORMATION ONLY**		
PORTFOLIO(S):	Leader		
REPORT AUTHOR:	Jo Shinn, Personnel Officer (Welfare)		
OPEN	Open	WILL BE SUBJECT TO A FUTURE CABINET REPORT:	No

REPORT SUMMARY/COVER PAGE

PURPOSE OF REPORT/SUMMARY:
The purpose of this report is to provide Panel Members with an overview of the Council's key sickness absence related data for the 2018/2019 year. The report includes headline data in relation to: • overall sickness absence rates • an analysis of the most commonly occurring absences • a comparison with other Norfolk Authorities • an overview of sickness absence costs and • an overview of identified trends
KEY ISSUES:
The report highlights that overall sickness absence rates have decreased during the 2018/19 financial year with key data as follows: • The total number of FTE days sickness absence decreased by 13.15% • The average days absence per FTE employee decreased from 8.88 to 7.59 • The number of FTE days of short term absence decreased by 9.63% • The number of FTE days of long term absence decreased by 12.33%
RECOMMENDATIONS:
N/A – Monitoring report
REASONS FOR RECOMMENDATIONS:
N/A – Monitoring report

REPORT DETAIL

Introduction

1.1 Sickness absence is categorised by short term, long term and industrial injury. Short term absence covers absences less than 20 days with longer periods being classed as long term. Absences are further categorised into thirteen categories of sickness, to match benchmarking standards.

1.2 These categories have recently been refreshed to bring them in line with legislative standards and best practice. This will serve to positively impact future data reporting and will not affect the accuracy of current data reporting.

1.2 All absences are calculated as full time equivalent (FTE) days.

1.3 The report is structured with five appendices:

Appendix A - Shows absences by all categories and service area with a summary column and comparison.

Note that this year I have removed the appendix referencing full and part time workers: this comparison does not seem to offer any meaningful insight.

Note also that Industrial Injury absences and Accident reporting will be taken up by Corporate Health and Safety from this year onwards and I have therefore not included this in my report.

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

Note that sickness absence categories have been updated during the period to bring them into line with best practice and legislative standards but this will not impact on data reporting.

Appendix C - This is a new appendix this year, which builds on the data we previously submitted, comparing with County authorities. Now we have added national absence data from the Chartered Institute of Personnel and Development, as comparison with other local authorities does not seem to offer a full enough insight.

Appendix D - Costings Summary

Appendix E - Five year trends

2.0 Absence Rates

As evidenced in the total column of Appendix A the number of FTE days lost overall for all absences fell from 3898.22 to 3385.43 FTE days: a reduction of 13.15%.

The FTE days lost to short term absence decreased from 1749.07 to 1580.61, a decrease of 9.63%.

The average short term absence per FTE employee decreased from 3.98 to 3.55 (a decrease of 10.8%).

The number of FTE days lost due to long term absence decreased from 2058.76 to 1804.82, a decrease of 12.33%.

The long term absence as a figure per FTE employee fell from 4.69 to 4.05 (a decrease of 13.6%).

Last year saw an increase in FTE staffing by just over six from 439.18 to 445.78.

3.0 Most Common Occurring Absences

Note that Industrial Injury has been removed from this section and will be reported by Corporate Health and Safety.

3.1 Referring to Appendix B it can be seen that the five most common causes of absence by percentage of total FTE days were as follows (with percentage for the previous year shown in brackets):

13.87% (11.10%) - Other Musculoskeletal Problems (excluding back and neck)

13.43% (16.34%) - Coughs and colds (reflects mainly short term absence)

11.71% (9.07%) - Stomach, Liver, Kidney, Digestion

11.10% (23.99%) - Mental Ill-Health

10.60% (7.61%) - Acute medical, including heart attack, stroke

3.2 The most marked change has been the drop in mental ill health-related absences in the period. My summary would be that mental ill health absences are by their nature often lengthy and that a small number of early and effective interventions have had a very positive impact on this category of absence.

However, I would also assert that engagement with early intervention is not always made by individuals, particularly if the workplace is perceived to be impacting on mental health and that although the authority has an increasingly meaningful therapeutic offering in place, its success cannot always be guaranteed.

4.0 Long term individual cases and their bias on data

4.1 Overall the figures continue to be biased to a very large degree by the inclusion of long term cases. This year saw 14 individuals whose long term cases (each amounting for 50+ days FTE absence) ended during the period, and these in total accounted for 1,328.2 FTE days.

4.2 Of these 14 long term cases, there were five cases under the category of Musculo-Skeletal Problems, four cases of Mental Ill-Health, three of Acute Medical, and one each of Industrial Injury and Disability-Related absence.

4.3 Whilst it would not be good practice to discount these cases it is worthy of note that excluding these 14 cases, the remaining sickness of 2057.23 days (in each absence case amounting for less than 50 days FTE absence), among the 445.78 FTE employees would actually be an average FTE sickness of 4.61 days per employee.

4.4 It is also worthy of note that we have put in place new processes to better manage cases of long term sickness absence.

5.0 Benchmarking Comparison

5.1 Each year we provide comparison figures for the other Norfolk Authorities form at Appendix C.

This year, as we have established that data supplied by other authorities has deviated in its content from the initial 2013-2014 calculation, we have improved the fullness of this data to enable a comparison with national data supplied by the CIPD.

6.0 Sickness Absence Costs

6.1 The salary paid during sickness absence decreased by 4.76% totalling £353,378 (£371,070 last year). 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.

7.0 Welfare Support Referrals

7.1 During the reporting period we have honed our welfare offering to bring it into line with best practice and NICE guidelines. Therefore it is often now routine that we signpost in the first instance to the NHS Wellbeing Service. This is advantageous because mental health assessments are carried out and we are then able to offer therapeutic intervention accordingly.

7.2 Alongside the Counselling and Psychotherapy provision already in place for employees, we have added a Cognitive Behavioural Therapist and Eye Movement Desensitisation Reprocessing Therapist, and we commenced referrals here in April 2019.

7.3 The total cost of referrals to the counselling support service during this reporting period was £12,180 (£9,450 last year) but I anticipate that this will fall off sharply during the coming year as signposting to the NHS Wellbeing Service and referrals to CBT and EMDR increase.

7.0 Flu Vaccinations

7.1 A total of 221 (230) staff requested the flu vaccination last year at a cost of £1,597 (£1,590).

8.0 Physiotherapy Referrals

8.1 This year there has been a high number of referrals, with 20 (4 last year) referrals costing £4,508 (£889 last year).

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 no deaths in service during this reporting period.

11.0 Conclusion

11.1 The headline rate of the average FTE per employee decreased overall by 14.5% from 8.88 to 7.59 days. The overall number of days' sickness fell from 3898.22 to 3385.43 days last year.

Within this figure Short term absence decreased per FTE employee by 10.8%. Long Term absence per FTE employee fell by a greater margin of 13.6%

11.2 While the overall reduction in sickness absence is welcomed, the figure continues to be very heavily influenced by a small number of long term sickness cases which remain difficult both to draw to a timely close and to predict in number and outcome.

11.3 The salary costs of absence decreased by 4.76% during this reporting period totalling £353,378 (against £371,070 last year).

12.0 Financial Implications

12.1 As stated within the report.

13.0 Policy Implications

13.1 Sickness Absence Management

13.2 During the year 2018/19 the Authority trialled a revised Sickness Absence Policy. A range of recommendations have been agreed for implementation by April 2020. The key changes can be summarised as follows:

13.2.1 Continue with the 3- and 5-instance trigger points and monitor for consistency

13.2.2 Add in trigger points of

- All sickness reporting during annual leave
- Misconduct during a period of sickness absence (including improper use of social media)
- Potential patterns of sickness absence

13.2.3 Reframe and clarify the trigger process to 3-stages with:

- An initial return to work interview to be conducted by line managers prior to any escalation
- A Service Manager Review – to take place within one working week of employee's return and clarify actions available at Service Manager review stage
- An Executive Director to consider need for and to undertake a case review (this third stage can be delegated to a Service Manager) and clarify actions available at case review stage

13.2.4 Continue to allow employees to request to take annual leave during sickness absence for reasons of remuneration

13.3 Review and ensure a consistent approach to how annual leave during periods of sickness absence are handled

13.4 Continue to work collaboratively to facilitate returns to work and retention

13.5 Introduce a more timely procedure for managing long term sickness absence. HR to continue to work with relevant Service Managers to expediently resolve long term absence cases where there is no prospect of return to work in a reasonable timeframe

13.6 Better define what is a medical 'procedure' that qualifies for categorisation as sickness absence

13.7 Line Manager sickness absence training to be reframed as Wellbeing Training, to combine procedural training with training in best practice approaches to supporting employees at work

13.8 Consider the introduction of a Drugs and Alcohol policy

13.9 Continue with improvements already made to the welfare provision and introduce more improvements required

14.0 Access to Information

14.1 Information from other Norfolk authorities

14.2 Chartered Institute of Personnel and Development