

# POLICY REVIEW & DEVELOPMENT REPORT

<b>Type of Report:</b>	<b>Portfolio(s):</b>
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## PR&D Panel:

**Date:** Tuesday 23<sup>rd</sup> June 2015

**Subject:** Staff Sickness Absence Annual Report.

### Summary

To provide an annual sickness report to the Joint Safety & Welfare Committee. The headline figure this year is an increase in the overall average sickness per employee from 7.57 days for 2013/14 to 9.69 days for 2014/15

### Recommendations

Committee Members are invited to note the report.

## 1 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. 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.

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 with County 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"	-	Costings Summary
Appendix "E"	-	Five year trends

## **2.0 Absence Rates**

- 2.1 As evidenced in the total column on page 2 of Appendix "A" the no of FTE days lost to short term absence increased to 2225.96 from 1830.58, an increase of 22%.  
The number of FTE days lost due to long term absence decreased to 2181.13 from 2327.83, a decrease of 6%.  
However, with the transfer of staff with the creation of Alive Leisure and the associated Alive Management, this was set against a reduction in FTE staffing from 549.57 to 462.13, a decrease of 16%.  
This does mean that the average short term absence per FTE employee actually increased from 3.33 to 4.82 (an increase of 45%) and the average long term absence per FTE employee also increased from 4.24 to 4.72 (an increase of 11%).
- 2.2 The number of accidents reduced to 3 (from 6) but saw the total number of days lost to Industrial injury increased from 59 to 70 (after an increase last year from 54.5 to 59 days).
- 2.3 Appendix "B" shows that absences rates increased by 20% for part time employees, (last year this decreased by 25%) and the absence rate for full time employees increased by 31% (Last year decreased by 7.8%).
- 2.4 Referring to Appendix "C" it can be seen that the most common occurring absences by percentage were:
- a) 18% (10%) – Musculoskeletal
  - b) 16% (12%) - Stress/Anxiety/Depression
  - c) 15% (10%) - Stomach, Liver etc.
  - d) 12% (16%) - Viral, colds/flu etc. (reflects mainly short term absence)
  - e) 7% (8%) - Back problems
  - f) 6% Eye/Ear/Nose/Mouth/Dental/Sinusitis (New category)
  - g) 5% (5%) – Chest-Asthma/Bronchitis
  - h) 5% (11%) – Disability

## **3.0 Most Common Occurring Absences**

- 3.1 There has been a change in one category for this reporting period, with Surgery having been replaced by Eye/Ear/Nose/Mouth/Dental/Sinusitis, this was felt appropriate as surgery was covering a proportion of sickness from within other categories. For example back surgery now falls into the Back Problems category, where surgery for carpal tunnel syndrome would be recorded in the musculoskeletal category.  
The largest increases were that of musculoskeletal and Stress/Anxiety/Depression. Stress/Anxiety/Depression is nationally considered as the highest reason for absence and an increasing problem; this is reflected in our statistics, with a marked increase on last year. 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 disorders also increased by a marked amount, with the two groups combined accounting for 34% of overall absences.

However the figures continue to be biased to a large degree by the inclusion of long term cases. This year saw 14 long term cases account for 1,140 days of the overall figure which accounts for 52% of the long term sickness and 25% of the overall sickness figure.

- 3.2 Of these 14 long term cases, there were seven cases under the category of musculoskeletal and surgery, two individuals with cancers, one individual suffered a heart attack and one individual off with mental health issues. In balance though only three individuals were still off at the end of the period, of the other 11, three have left our employment, one is on maternity leave and the other seven have all made a successful return to work.

#### **4.0 Comparisons**

- 4.1 Comparison figures for the other Norfolk Authorities are set out at Appendix "A" page 3 of 3. This does unfortunately highlight that we have the highest absence figure for the County. While other authorities (Norwich & South Norfolk) have had an increased figure, this has not been as significant as ours.

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

- 5.1 The salary paid during sickness absence increased by 21% totalling £446,869 (£370,532 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 break down 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 £2,675 (£4,856).

#### **7.0 Flu Vaccinations**

- 7.1 A total of 207 (202) staff requested the flu vaccination last year at a cost of £1,434 (£3,546), Though the number of employees taking this up increased marginally a significant reduction in the cost was seen because of increased competition and a re-negotiation of the rates.

#### **8.0 Physiotherapy Referrals**

- 8.1 This year there has been a significant decrease in physiotherapy referrals, with 21 (12) referrals costing £4,096 (£2,366).

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

- 9.1 There was one ill health retirement during this reporting period.

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

- 10.1 There were no incidents of death in service during this reporting period.

#### **11.0 Conclusion**

- 11.1 The headline rate of the average FTE per employee increased overall by 28% from 7.57 to 9.69 days. Within this figure Short term absence increased by the greatest amount up 45% in terms of FTE. Long term absence increased by 11%. While in part the increase might be attributed to the transfer of staff to 'Alive', with those in this group tending to be from a particular demographic group, this clearly does not explain the overall figures.
- 11.2 The increase in short term sickness is the indicator of greatest concern, and it appears that there is a need to examine this area and investigate if there is something that might be done to both explain the increase and control this in the future. Towards the end of this reporting period Management Team requested a more in depth report and review with the Safety and Welfare Adviser of sickness within each Directorate.

11.3 Each of the recent years seem to have been following a pattern of an increasing number of significant long term absences. Each of these individuals have been managed and reviewed so as to arrive at the best solution for both them and the authority as seen at 3.2 above. For information it is worth noting that treating the top 14 long term absences (13.17 FTE posts) as exceptions this does mean that the remaining 449 FTE employees actually have a sickness rate of 7.43 FTE days per employee.

11.4 Though we saw a reduction in the number of industrial injuries this still saw a slight increase in the days lost.

11.5 The salary costs of absence increased by 21% during this reporting period totalling £ 446,869 (against £ 370,532 last year).

## **12.0 Financial Implications**

12.1 As stated within the report.

## **13.0 Policy Implications**

13.1 Sickness Absence Management

## **14.0 Consultations**

14.1 Accountancy

## **15.0 Access to Information**

15.1 Information from other Norfolk authorities