

POLICY REVIEW & DEVELOPMENT REPORT

Type of Report: Monitoring	Portfolio(s): Human Resources, Facilities and Shared Services
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Panel: Corporate Performance Panel
Date: Monday 18th July 2016
Subject: Staff Sickness Absence Annual Report.

Summary

To provide an annual sickness report to the Corporate performance Panel. The headline figure this year is an decrease in the overall average sickness per employee from 9.69 days for 2014/15 to 9.10 days for 2015/16

Recommendations

Panel 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 of Appendix "A" the no of FTE days lost to short term absence decreased to 1868.53 from 2225.96, a decrease of 16%.

The number of FTE days lost due to long term absence increased to 2161.75 from 2181.13, a decrease of 1%.

Last year saw a reduction in FTE staffing from 462.13 to 446.45 a decrease of 3.5%. This average short term absence per FTE employee actually decreased from 4.82 to 4.19 (an decrease of 15%).

However with staff reduction being a greater percentage than the reduction in long term absence this actually saw an increase in the average long term absence per FTE employee 4.72 to 4.84 (an increase of 2.5%).

- 2.2 The number of accidents remained at 3 but saw the total number of days lost to Industrial injury decrease from 70 to 34 a reduction of 52%
- 2.3 Appendix "B" shows that absences rates decreased by 5% for part time employees, (last year this increased by 20%) and the absence rate for full time employees decreased by 6% (Last year increased by 31%).
- 2.4 Referring to Appendix "C" it can be seen that the most common occurring absences by percentage were:
- a) 18% (16%) – Stress/Anxiety/Depression
 - b) 16% (18%) - Musculoskeletal
 - c) 13% (13%) - Viral, colds/flu etc. (reflects mainly short term absence)
 - d) 11% (15%) - Stomach, Liver etc.
 - e) 11% (5%) - Disability
 - f) 9% (4%) - Other
 - g) 6% (7%) – Back problems
 - h) 5% (5%) – Chest-Asthma/Bronchitis

3.0 Most Common Occurring Absences

- 3.1 The most common absence reasons remain those of 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 34% of overall absences – matching their combined figure for last year.

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 1,369 days (1,166 FTE days) of the overall figure which accounts for 54% of the long term sickness and 28.5% of the overall sickness figure.

3.2 Of these 14 long term cases, there were five cases under the categories of musculoskeletal/back problems, five individuals with mental health issues, one individual with heart problems and three under the category of disability. Of the three disability cases, two were Cancers and one with a longer term ME. In balance though, at or shortly after the end of the year seven individuals had made a successful return to work (one has since made a career move and left our employment). Five others have also left the authority, two voluntarily, two Ill Health Retirements and one taking Voluntary Early Retirement only two individuals were still off at the end of the period.

4.0 Comparisons

4.1 Comparison figures for the other Norfolk Authorities are set out at Appendix "A" page 2 of 2. This does highlight that we have the second highest declared absence figure for the County, though to date two authorities have not provided figures.

5.0 Sickness Absence Costs`

5.1 The salary paid during sickness absence decreased by 10.5% totalling £403,493 (£446,869 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 £6.655 (£2,675).

7.0 Flu Vaccinations

7.1 A total of 238 (207) staff requested the flu vaccination last year at a cost of £1,666 (£1,434).

8.0 Physiotherapy Referrals

8.1 This year there has been a significant decrease in physiotherapy referrals, with 15 (21) referrals costing £2,382 (£4,096).

9.0 Ill Health Retirements

9.1 There were two ill health retirement during this reporting period.

10.0 Deaths in Service

10.1 There was one death in service during this reporting period.

11.0 Conclusion

11.1 The headline rate of the average FTE per employee decreased overall by 6.5% from 9.69 to 9.10 days.

Within this figure Short term absence decreased by 15% in terms of FTE. Although Long Term absence fell as a raw figure, as an equivalent of FTE this increased marginally by 2.5%.

11.2 Whilst the overall reduction in sickness absence is welcomed, it was a minimal decrease and indicates that additional measures and work are still required.

11.3 Recent years seem to have been following a pattern of an increasing number of significant long term absences, but the number has held steady this last year. 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 (11.76 FTE posts) as exceptions this does mean that the remaining 435 FTE employees actually have a sickness rate of 6.66 FTE days per employee (Last year this figure was 7.43 FTE Days per employee)

11.4 We saw the number of industrial injuries holding at 3 but a significant (52%) reduction in the days lost.

11.5 The salary costs of absence decreased by 10.5% during this reporting period totalling £403,493 (against £446,869 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