Sickness Absence Rates in the NHS: April – June 2013
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Executive Summary

This publication relates to sickness absence rates for NHS staff calculated from the Electronic Staff Record (ESR). Rates have been calculated by dividing the “Full Time Equivalent (FTE) Number of Days Sick” by the “FTE Number of Days Available” from the absence dimension on the ESR Data Warehouse. Rates are presented in 5 separate tables showing the National and Health Education England (HEE) region monthly rates, National and HEE region quarterly rates, rates by staff group, rates by type of organisation and rates at organisation level. These statistics cover the 3 month period of April to June 2013.

This is the 17th quarterly publication using sickness absence data from the ESR Data Warehouse. The Health and Social Care Information Centre (HSCIC) welcomes feedback on any aspect of this bulletin. The figures are not directly comparable with previous figures from the Department of Health (DH) or the Office for National Statistics (ONS). The HSCIC will continue to produce these statistics quarterly in the future, with an annual summary to be updated once a year each July, so that an accurate time series can be established. This will be useful for NHS organisations as a tool for understanding NHS staff health and well-being in light of the Boorman Review, and identifying appropriate benchmarks for sickness absence within their own organisations and staff groups.

- Between April and June 2013 the average sickness absence rate for the NHS in England was 3.85%, a decrease from the same period in 2012.
- The North West HEE region had the highest average sickness absence rate at 4.37%. North Central and East London HEE region had the lowest average at 3.14%, although Special Health Authorities and other statutory bodies would have had the lowest rate (3.57%) if classed as a region.
- Ambulance Staff were the staff group with the highest average sickness absence rate with an average of 6.08%. Medical and Dental Staff had the lowest average at 1.19%.
- Amongst types of organisation, Ambulance Trusts had the highest average sickness absence rate with an average of 5.71%. Clinical Commissioning Groups had the lowest average with a rate of 1.65%. Strategic Health Authorities and Primary Care Trusts have been excluded from this comparison but included in table 4, as the majority were dissolved in April 2013, and the remaining few are remnants within ESR as a result of transition, the aim is for these to be fully dissolved by September 2013.

From July 2013 we have started to migrate our other monthly and quarterly workforce publications to the new Health Education England (HEE) regions to replace the SHA regional timeseries. From October 2013 onwards we will only publish information based on the new HEE regions. Sickness Absence data will still be available for the old SHA regions on request for the foreseeable future.

It should be noted that the structural change in the NHS that took effect as at the 1st April 2013 impacts on how organisations in existence prior to April 2013 can be allocated to the new Health Education England (HEE) regions. The main impact is in those areas where regional organisations have altered their boundaries, for example London Ambulance Service serves all 3 London HEE regions but is allocated wholly to the Health Education North Central and East London region.
Introduction

This statistical bulletin relates to sickness absence rates for staff at NHS organisations on the Electronic Staff Record (ESR). ESR is a payroll and human resources system which, since April 2008, contains staff records for all NHS employed staff with the exception of GPs and those employed at the two foundation trusts which are not on the system. It replaced over 30 separate HR and payroll systems which were previously in use.

The statistics presented in this Bulletin relate to staff sickness absence during the 3 month period of April to June 2013.

This is the 17th quarterly publication using sickness absence data from ESR. The first four publications in this series were labelled as experimental statistics. As the publication has now been running successfully for over a year the experimental tag has been removed. These figures are not directly comparable with previous figures from the DH or the ONS. The HSCIC will continue to publish these figures on a quarterly basis, with an annual summary to be released once a year in July.

This is important data, as it is useful for NHS organisations as a tool for understanding NHS staff health and well-being in light of the Boorman Review, and identifying appropriate benchmarks for sickness absence within their own organisations and staff groups. NHS organisations are able to access more detailed reports about sickness absence within their own organisations. As recommended in DH’s response to the Boorman Review they should make full use of the ESR’s sickness absence reporting and monitoring functions to understand the health and well-being of their workforce. DH will use this data - alongside NHS staff survey data - over the coming years to evaluate changes in staff sickness absence and staff health and well-being.

The NHS workforce is extremely diverse in terms of occupations and skills compared with many other public sector employers. For instance, NHS work is often physically and psychologically demanding which increases the risk of illness and injury. The NHS is also one of few organisations that operate 24 hour services, for 365 days a year.

Prior to starting this quarterly publication series the HSCIC (and DH previously) published sickness absence statistics on a yearly basis with the last publication in 2006 using 2005 data. Comparisons between the rates in these surveys and the latest rates are not directly comparable due to the differences in these surveys’ methodologies.
Methodology

A monthly extract is downloaded from the ESR Data Warehouse detailing the number of Full Time Equivalent (FTE) calendar days available and the number of FTE calendar days of sickness absence for each member of NHS staff in England on ESR. Sickness absence rates are then calculated for the whole English NHS and for each HEE region, staff group, organisation type and individual organisation (Agenda for Change band data is included in the annual tables). This rate is derived by dividing the total number of sickness absence days by the total number of available days for each group.

Sickness absence rates are calculated using FTE calendar days and include non-working days, which is 365 days of the year (366 days for a leap year). This may result in a slight under count of Sickness Absence when compared to Sickness Absence rates calculated using FTE worked days only as non-working days such as weekends are included in both the numerator (if they are included in a period of reported sickness) and denominator. Typically not all non-working days lost to sickness will have been reported by an employee and therefore captured on ESR. However if the numerator is used to calculate an average number of working days lost per employee this will result in an over count of Sickness Absence for the NHS due to non-working days being included.

The figures published include the following components:

- Numerator: Full Time Equivalent (FTE) Days Lost to Sickness Absence (including non-working days)
- Denominator: Full Time Equivalent (FTE) Days Available (including non-working days)
- Rate: Sickness Absence Rate

The term FTE in this context is that a full time member of staff who is off sick for 5 days (including any non-working days) then numerator=5, denominator=365; however a half time member of staff who is off sick for 5 days (including any non-working days) then is numerator=5 and denominator=182.5.

This methodology is consistent throughout this publication series so that different NHS organisations, regions, staff groups and organisation types can be compared accurately over a time series. However, care should be taken when comparing these rates to those using different methodologies.

The average number of working days lost per employee is not included in this publication but is published in the DH Annual Report. This is based on taking HSCIC published annual sickness absence rate for an organisation and applying it to a standard annual number of working days. The DH use the definition of 225 working days as per the Cabinet Office guidance. For example an organisation with a sickness absence rate of 5% would be shown to have an average number of 11 working days lost per employee when using 225 working days.

In its calculation, DH applied a factor of 225/365 to the numbers of both sickness absence days lost and days available, in order to achieve the best estimates on a comparable basis to working day figures supplied by other government departments and comparable to working day figures published for the wider economy by e.g. ONS.
In general, while lower sickness absence rates indicate lower levels of sickness absence, it should be noted that lower rates can also indicate under reporting of sickness absence. It should also be noted that these figures relate to just three months of the year, and sickness absence is subject to marked seasonal variation.

The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics.

Data Quality

Accuracy:

The data is extracted from an operational system which may change slightly over time due to its live status and potential additional updates. Current analyses have shown that data for the same time frame, extracted 6 months later has a difference at a national level of less than 0.1%.

No refreshes of the data will take place either as part of the regular publication process, or where minor enhancements to the methodology have an insignificant impact on the figures.

The HSCIC seeks to minimise inaccuracies and the effect of missing and invalid data but responsibility for data accuracy lies with the organisations providing the data. Methods are continually being updated to improve data quality.

Relevance:

The statistics exploit recent developments (most notably the roll-out of the ESR) to improve the service enjoyed by users of NHS workforce information and to reduce the burden on NHS Organisations to complete and return this data.

Relevance of NHS workforce information is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by an NHS-wide Information Standards Board.

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with recommendations of the Code of Practice for Official Statistics.

Comparability and Coherence:

This is the latest publication of a quarterly series of Sickness Absence statistics using data from the ESR. The HSCIC welcomes feedback on the methodology, plus the content and accuracy of tables within this publication.

Bank staff and Primary Care staff are not included in this data.

Prior to this quarterly publication series the HSCIC released sickness absence statistics in 2006 using 2005 data. In that survey and the ones in previous years, organisations were
asked to report a single rate for their entire organisation, which they calculated themselves for either the entire year, or for whichever months they were able to collect data for.

Sickness absence rates from this survey series and historical surveys cannot be meaningfully compared as this will not produce “like for like” estimates for the following reasons:

- This survey series contains rates based solely on the number of days lost to sickness absence. In the previous series organisations were instructed to calculate their own rates based on either hours or days lost;
- The quarterly figures in this survey series are based on a snapshot of 3 set months of data, and sickness absence is subject to marked seasonal variation. Historical surveys were based on data from between 1 and 12 months of the year, from any part of the year, with the months used varying between organisations.

**Timeliness and punctuality:**

The ESR data will be published within 4 months of the data time stamp. For example, a quarterly publication, published in April uses ESR data for April, May and June of the same year. The June data is extracted from the ESR Data Warehouse in mid-September, providing Trusts with 2 months of ESR operational use to ensure their business processes have captured all relevant sickness absences in their Trusts for June.

Data will typically be published on or around the 20th of each month.

The new annual summary data is based on 12 months of data from April in one year to March in the next. For example, the 2011-12 data covers April 2011 until March 2012. March data becomes available in June so it is the aim to update the annual summary every year within the July quarterly publication.

**Accessibility:**

The quarterly publication consists of high-level NHS Sickness Absence statistics at a National and HEE region level. Rates are presented in 5 separate tables showing the National and HEE region monthly rates, National and HEE region quarterly rates, rates by staff group, rates by type of organisation and rates at organisation level. Further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

**Performance cost and respondent burden:**

The statistics exploit recent developments (most notably the roll-out of ESR) to reduce the burden on NHS Organisations to complete and return this data by extracting the data from administrative systems.
Sickness Absence Rates in the NHS: April – June 2013

Results – Quarterly Data

Graphical representations of sickness absence rate trends over the last 25 months are presented here.

Tables containing the quarterly data are presented separately in Excel format on our website: [http://www.hscic.gov.uk/pubs/sickabsrateaprjun13](http://www.hscic.gov.uk/pubs/sickabsrateaprjun13)

Monthly Rates for the NHS in England

Figure 1 shows overall sickness absence rates for the NHS in England. Between March 2013 and April 2013 there was a slight fall in the sickness absence rate from 4.08% to 3.98%. There was a continued fall in sickness absence rate from April 2013 (3.98%) to May 2013 (3.79%), before slightly rising in June 2013 (3.80%). This sickness absence rate fall is similar in the same period in the previous year when April 2012 saw a slight fall in rate from March 2012 (4.18% to 4.00%). On the other hand, there was a slight rise in the sickness absence rate from April 2012 (4.00%) to May 2012 (4.12%), which then saw a fall in June 2012 (3.93%). Please see supporting excel Tables 1 and 2 for a full list of rates for England.
Figure 2 shows sickness absence rates by Health Education England (HEE) regions aggregated for each month since June 2011. For April to June 2013, North West HEE region had the highest aggregated sickness absence rate (4.37%) followed by North East HEE region and Yorkshire and the Humber HEE region (4.13%). North Central and East London HEE region had the lowest rate (3.14%), followed by North West London HEE region (3.30%) which had the second lowest rate; although Special Health Authorities and other statutory bodies would have had the lowest rate (2.57%) if classed as a region. All regions, have seen a decline in their sickness absence rates based on the same period in 2012, apart from South London which saw a slight rise (from 3.40% in April – June 2012 to 3.44% in April – June 2013). Please see supporting excel Tables 1 and 2 for a full list of rates by Health Education England regions.
Figure 3 shows sickness absence rates by staff group for each month since June 2011. For April to June 2013, Ambulance Staff had the highest aggregated sickness absence rate (6.08%) followed by Healthcare Assistants and Other Support Staff (5.69%) and Nursing, Midwifery and Health Visiting Staff (4.65%). Medical and Dental Staff had the lowest rate (1.19%), followed by Nursing, Midwifery and Health Visiting Learners (1.27%). Ambulance Staff, Medical and Dental Staff, Nursing, and Midwifery and Health Visiting Learners have seen a rise in their sickness absence rate based on the same period in 2012. Administration and Estates, Healthcare Assistants and Other Support Staff, Nursing, Midwifery and Health Visiting Staff, Scientific, Therapeutic and Technical Staff, and Healthcare Scientists have seen a fall in their sickness absence rate based on the same period in 2012. Please see supporting excel Tables 3 for a full list of rates by staff group.
Figure 4 shows sickness absence rates by organisation type for each month since June 2011. For April to June 2013, Ambulance Trusts had the highest aggregated sickness absence rate (5.70%) followed by Mental Health and Learning Disability Trusts (5.41%) and Community Provider Trusts (5.32%). Clinical Commissioning Groups had the lowest average with a rate of 1.65%, following by Commissioning Support Unit (1.96%). Ambulance organisation types saw a rise in sickness absence rates compared to the same period in 2012. Acute, Community Provider Trust, Mental Health and Learning Disability and Special Health Authority organisation types saw a fall in sickness absence rate compared to the same period in 2012. Please see supporting excel Tables 4 for a full list of rates by Organisation type. Please note that for Strategic Health Authorities and Primary Care Trusts the majority were dissolved in April 2013, and the remaining few are remnants within ESR as a result of transition, the aim is for these to be fully dissolved by September 2013.
Frequently Asked Questions

Q: Can you provide data on the reasons for Sickness Absence?

A: We do not publish data on reasons for Sickness Absence at present. However preliminary work to make this data available via the ESR Data Warehouse for use in future publications is being undertaken.

Q: Can you provide long term Sickness Absence rates?

A: As our absence data is downloaded monthly and is only available from April 2009, it is not possible to provide long term Sickness Absence rates at present.

The HSCIC welcomes feedback on this publication. Our contact details can be found on the last page of this document.