# Focus on Sickness Absence Trends in NHS Wales

# Focus on Sickness Absence in NHS Wales

## Executive Summary

Comparing 2010/11 to 2013/14 by organisation, shows that overall sickness has increased, that no organisation has managed to reduce their sickness, and only two organisations have stayed the same.

Populations with high deprivation have poorer health. The three University Health Boards that have highest sickness rates are AMBU, Cardiff & Vale ULHB & Cwm Taf ULHB. These geographical areas also have some of the highest deprivation scores.

Research shows that where staff engagement scores are high, scores are also significantly higher for staff health and well-being and lower for staff absenteeism. In Wales the organisation with the lowest staff engagement also has the highest sickness and the two organisations that have staff engagement scores over 60 have sickness levels under 5%.

Wales has one of the highest overall sickness rates (all employers) in the UK. The two regions that have the most similar rates are East Midlands and North East of England.

Reported sickness absence is higher in the lower pay bands (bands 1-3). The staff group with the largest variation in NHS sickness rates between England and Wales is Estates & Ancillary (a difference of 1.7%) possibly due to outsourcing in England. NHS Wales has the largest percentage of the workforce working in Estates and Ancillary – 9% compared to England 5%.

ONS concludes that workers aged 16-24 are 46% less likely to be off work due to sickness than workers aged 50 to state pension age. A contributing factor to higher sickness rates in NHS Wales is the age profile of the workforce. In the under 29 age group Wales has 4.3% less staff than comparators and in the 50-59 age band, between 1.6-3.3% more staff.

The age profile of NHS Wales emphasises the importance of the Working Longer Review work in developing appropriate working practices and employment policies to support older workers.

Nursing and Midwifery staff group band 5 account for most sickness absence days. Whist this is a large group of staff the contribution it makes to sickness rates is disproportionate and has increased in terms of this contribution over the past four years.

The top two reasons for sickness absence are Musculoskeletal (25%) and Anxiety/Stress/other psychiatric–related problems (23%). Unknown causes and not specified still account for 21% of sickness.

Whilst the majority of staff groups do not show any significant changes in reasons for sickness absence there has been an increase of 2.9% in musculoskeletal sickness for Estates and Ancillary Staff and a 6% increase in Anxiety/Stress/other psychiatric-related problems for Additional Scientific and Allied Health Professionals.

# Focus on Sickness Absence Trends in NHS Wales

## 1. Introduction

This document focuses on sickness absence rates in NHS Wales, and compares them to sickness absence rates in NHS England and the East Midlands and North East regions of England. These regions have been chosen for comparison because they are identified as having the same overall sickness rate as Wales for the whole labour market as identified by the ONS [1].

The rate of sickness absence within NHS Wales could be influenced by a range of factors, such as: staff group profile, geographical location/deprivation, age group, pay band, staff engagement and gender.

Analysis carried out explores reasons given for the sickness absence and looks at two of the highest reasons for sickness absence i.e. Stress related illness, and Musculoskeletal-related illness.

Organisations have a range of actions in place to support the improvement of staff health and wellbeing and to reduce sickness absence. This includes a variety of resources produced as part of the Working Differently Working Together programme. The latest resource is a Staff Psychological Health and Wellbeing Interactive Toolkit developed by Clinical Psychologists which has recently been issued.
In recognition of the importance of staff health and wellbeing that workstream has continued as an all Wales work stream, beyond the close down of the WDWT Programme, led by an Executive Director of Workforce & OD.

*Data sources: Graphs and tables that show English data have been sourced from iView, and graphs and tables that only have Welsh data are sourced from ESR Data Warehouse (DW). The variation in data sources does not impact on the results because data from iView is sourced from DW. Due to the limitations of DW the report does not examine the split of long term and short term sickness absence or look at the relationship of length of sickness absence.*

## 2. NHS Wales Organisations' Sickness Absence rates

It can be seen from tables 1 and 2 that sickness absence rates vary widely throughout organisations in NHS Wales. During 2013/2014, sickness rates varied from 7.6% to 3.4% between organisations.

**Table 1**: **Sickness by Organisation 2013/2014**

| Organisation | % FTE Days Sickness |
|---|---|
| ABM ULHB | 5.9% |
| Aneurin Bevan ULHB | 5.3% |
| Betsi Cadwaladr ULHB | 5.0% |
| Cardiff & Vale ULHB | 5.7% |
| Cwm Taf ULHB | 5.6% |
| Hywel Dda ULHB | 4.9% |
| Powys Teaching LHB | 4.9% |
| Public Health Wales NHS Trust | 3.4% |
| Velindre NHS Trust | 3.7% |
| WAST | 7.6% |
| **NHS Wales** | **5.4%** |

**Table 2: Sickness by Organisation 2010/2011**

| Organisation | % FTE Days Sickness |
|---|---|
| ABM ULHB | 5.3% |
| Aneurin Bevan ULHB | 5.3% |
| Betsi Cadwaladr ULHB | 4.6% |
| Cardiff & Vale ULHB | 5.2% |
| Cwm Taf ULHB | 5.4% |
| Hywel Dda ULHB | 4.9% |
| Powys Teaching LHB | 4.5% |
| Public Health Wales NHS Trust | 3.3% |
| Velindre NHS Trust | 3.6% |
| WAST | 6.6% |
| **NHS Wales** | **5.1%** |

The rolling 12 months sickness absence rate for 2010/11 was 5.1% and by 2013/14 the rate had increased by 0.3 percentage points to 5.4%.

Comparing 2010/11 to 2013/14 by organisation, shows that overall sickness has increased, that no organisation has managed to reduce their sickness, and only two organisations have stayed the same. The biggest percentage increase has been WAST whose sickness rate has increased from 6.6% to 7.6%. It is noted that Ambulance Trusts in England also have higher sickness rates than other NHS organisations, typically averaging at approximately 1.7% higher than the region in which they are based.

The three University Health Boards that have highest sickness rates are AMBU, Cardiff & Vale ULHB & Cwm Taf ULHB. These geographical areas also have some of the highest deprivation scores (see Figure 1: Diagram of Welsh Deprivation). It is understood populations with high deprivation have poorer health and increased levels of chronic conditions. Sourcing the workforce from the local population is likely to increase the propensity of sickness within the workplace. Analysis carried out by the Audit Commission [1] states that 'deprived areas have higher levels of sickness absence' also 'Deprivation on its own explains 17 per cent of the variation in trusts and 6 per cent in PCTs'. This shows that while deprivation isn't the only contributor to overall sickness it could play a significant part.

**Figure 1: Diagram of Welsh Deprivation**

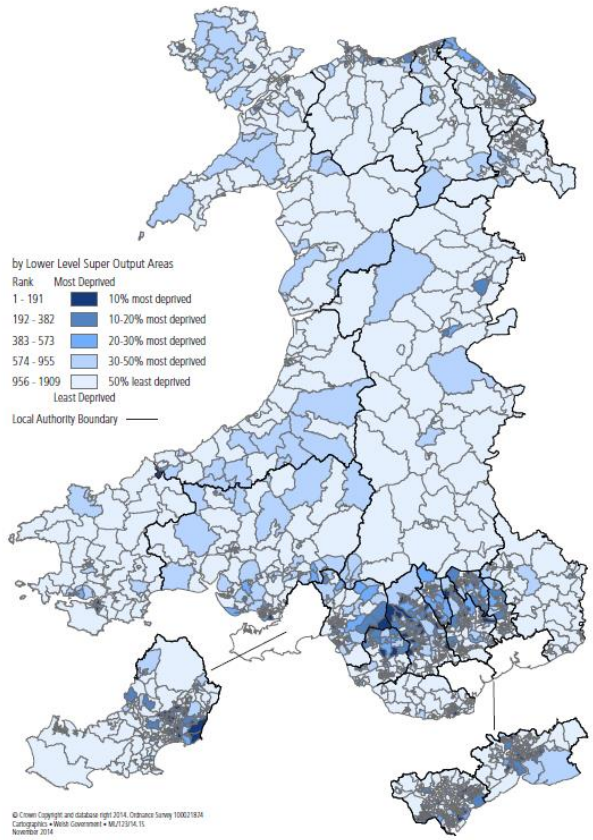



Table 3 shows the staff engagement scores by organisation taken from the 2013 NHS Wales Staff Survey. The organisation with the lowest staff engagement also has the highest sickness and the two organisations that have staff engagement scores over 60 have sickness levels under 5%. The NHS Wales resource 'Engaging your staff: the NHS Wales staff engagement resource [2]' states that 'Research shows that where staff engagement scores are high, scores are also significantly higher for staff health and well-being and lower for staff absenteeism'. Therefore, it is believed that levels of staff engagement could also be a contributory factor to sickness absence rates.

**Table 3: Staff Engagement Index 2013 and Sickness 2013/14**

| **Organisation** | **Engagement Index (2013)** | **Sickness 2013/2014** |
|---|---|---|
| Powys Teaching LHB | 67 | 4.9% |
| Velindre NHS Trust | 61 | 3.7% |
| ABM ULHB | 57 | 5.9% |
| Aneurin Bevan ULHB | 55 | 5.3% |
| Cardiff & Vale ULHB | 55 | 5.7% |
| Hywel Dda ULHB | 55 | 4.9% |
| Cwm Taf ULHB | 54 | 5.6% |
| Betsi Cadwaladr ULHB | 52 | 5.0% |
| WAST | 43 | 7.6% |

## 3. Sick absence by Staff Group and Region

The Office for National Statistics have produced a report that looks at sickness absence in the whole Labour market[3]. Figure 2 shows sickness rates for the whole labour market by region. It can be seen that Wales has one of the highest overall sickness rates in the UK. The two regions that have the most similar sickness rates to Wales are East Midlands and North East. Therefore, when comparing sickness absence rates within NHS Wales, this paper will compare NHS Wales to the East Midlands and North East in the rest of this paper along with NHS England as a whole.

**Figure 2: Labour market Sickness rates across Great Britain**

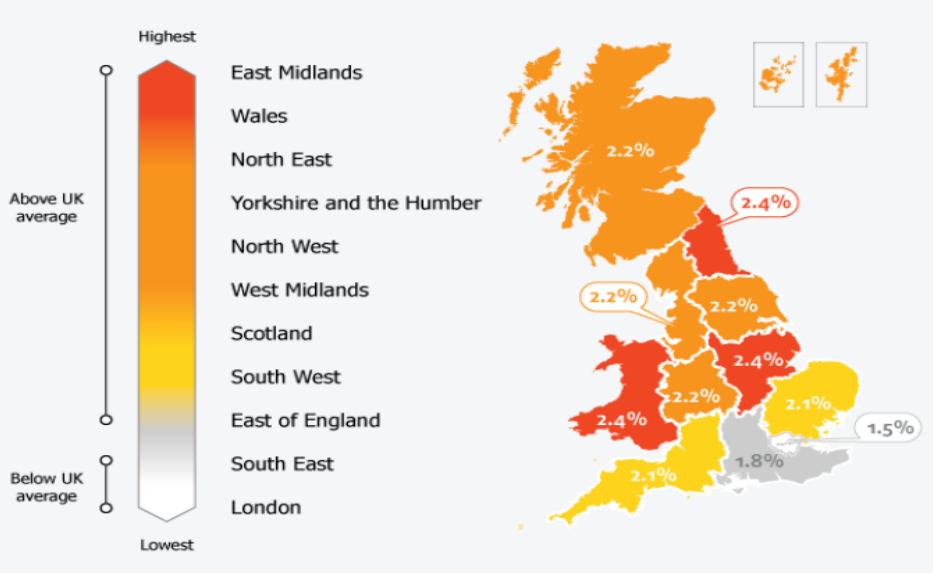



Table 4 below shows that overall NHS Wales' sickness absence rates are 1.5% higher than NHS England. When comparing sickness against English comparators (North East, East Midlands) Wales is still over 1% higher.

**Table 4**: **Staff Group by Country/Region**

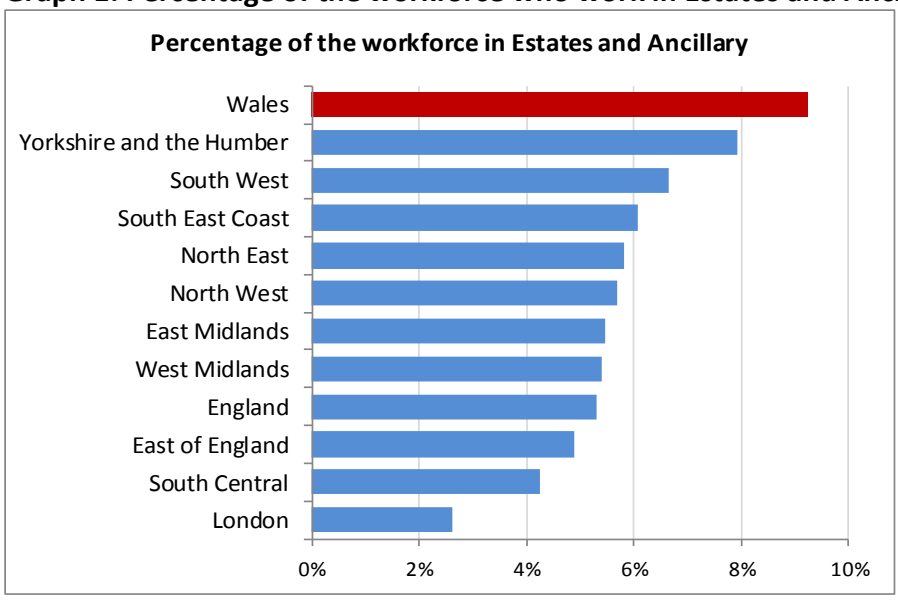
| **2013/14** | Wales | England | North East | East Midlands |
|---|---|---|---|---|
| Additional Clinical Services | 7.7% | 6.1% | 6.3% | 6.1% |
| Estates and Ancillary | 7.2% | 5.5% | 5.5% | 5.1% |
| Nursing and Midwifery Registered | 6.0% | 4.5% | 4.8% | 4.6% |
| Administrative and Clerical | 4.3% | 3.4% | 3.6% | 3.4% |
| Allied Health Professionals | 4.3% | 3.1% | 3.5% | 3.4% |
| Add Prof Scientific and Technical | 4.2% | 3.3% | 3.5% | 3.4% |
| Healthcare Scientists | 3.0% | 2.6% | 2.9% | 2.4% |
| Medical and Dental | 1.5% | 1.2% | 1.4% | 1.3% |
| **All Staff Groups** | **5.5%** | **4.0%** | **4.4%** | **4.2%** |

*(Highlighted cells are results above the Region/Country average).*

It can be seen that the highest sickness rates are evident in similar staff groups throughout all regions, however, Wales is higher than the other regions. The staff group that has the highest sickness variance with Wales is Estates and Ancillary, a difference of 1.7% for England and North East, and 2.1% for East Midlands. A possible contributory reason for this large variance is

that some English regions have outsourced some of their Estates and Ancillary workforce and NHS Wales has not. By outsourcing this workforce a large percentage of the Estates and Ancillary sickness rates will not appear in any of the English analysis. Graph 1 shows NHS Wales has a noticeable percentage difference compared to the English regions.

**Graph 1: Percentage of the workforce who work in Estates and Ancillary by Country/Region**




The other two staff groups that show more than a 1% variance with NHS Wales are Additional Clinical Services, where NHS Wales has 1.4% higher sickness rate and Nursing and Midwives where NHS Wales has 1.3% higher sickness rate. The proportions of the workforce in both staff groups are similar across the regions so potentially there are other contributing factors that are increasing sickness rates for NHS Wales. Some of these contributing factors are explored in further sections of this report.

## 4. Sick Absence by Pay Band and Region

Table 5 shows that reported sickness absence is most prominent in the lower pay bands i.e. Bands 1 to 3 which is significant because Estates & Ancillary, and Additional Clinical Services are predominately made up of these bands. This would help to explain the profile of sickness in Table 4. It is also noted that sickness is high in Band 5s and not so pronounced in Band 4. The Audit Commission [1] notes the same pattern and concluded "Morale and the ability to control one's work may also play a part".

From Band 6 upwards, sickness rates are lower across all regions. Generally, it can be seen that there is a trend, the higher the band, the lower the sickness absence rate and this is apparent for all regions.

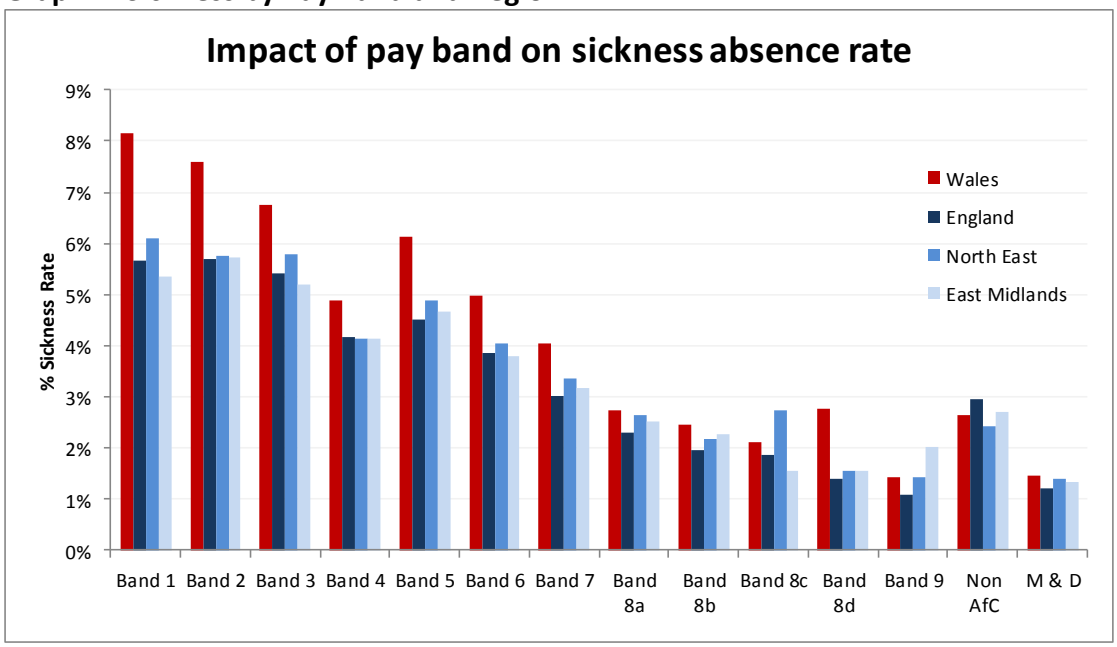
**Table 5: Sickness by Pay Band and Region**

| **2013/14** | Wales | England | North East | East Midlands |
|---|---|---|---|---|
| Band 1 | 8.1% | 5.7% | 6.1% | 5.4% |
| Band 2 | 7.6% | 5.7% | 5.8% | 5.7% |
| Band 3 | 6.8% | 5.4% | 5.8% | 5.2% |
| Band 4 | 4.9% | 4.2% | 4.1% | 4.1% |
| Band 5 | 6.1% | 4.5% | 4.9% | 4.7% |
| Band 6 | 5.0% | 3.9% | 4.0% | 3.8% |
| Band 7 | 4.0% | 3.0% | 3.4% | 3.2% |
| Band 8a | 2.7% | 2.3% | 2.6% | 2.5% |
| Band 8b | 2.5% | 2.0% | 2.2% | 2.3% |
| Band 8c | 2.1% | 1.9% | 2.7% | 1.6% |
| Band 8d | 2.8% | 1.4% | 1.6% | 1.5% |
| Band 9 | 1.4% | 1.1% | 1.4% | 2.0% |
| Non AfC | 2.6% | 3.0% | 2.4% | 2.7% |
| Medical & Dental | 1.5% | 1.2% | 1.4% | 1.3% |
| All Staff Groups | 5.5% | 4.0% | 4.4% | 4.2% |

*(Highlighted cells are results above the Region/Country average).*

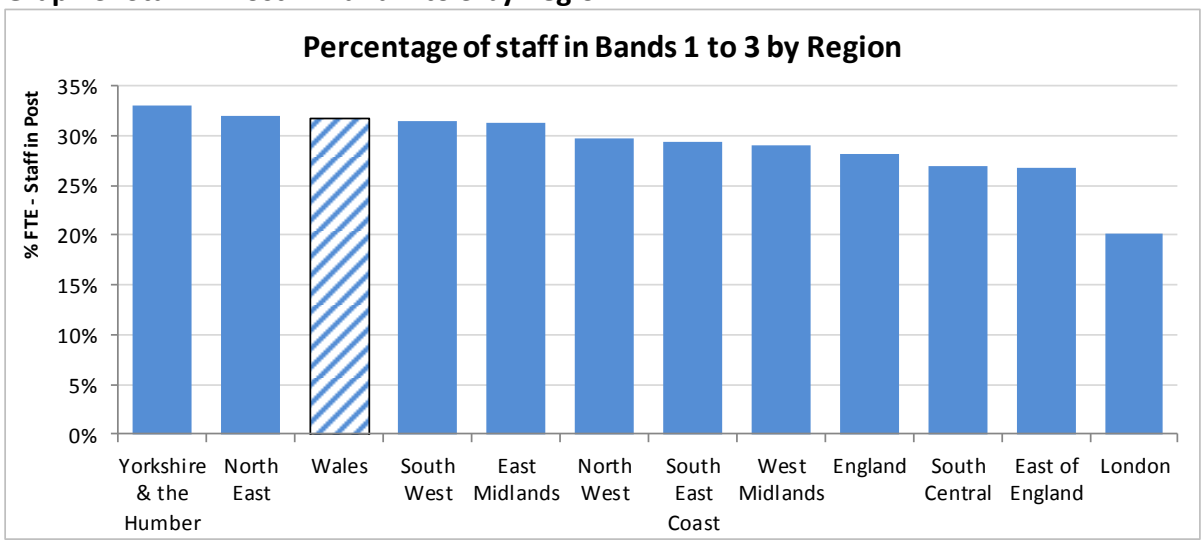
Graph 2 illustrates the correlation between higher sickness rates and pay band level. It is also noted that most pay bands in NHS Wales show sickness rates higher than the English comparators and that Band 1 to 3 have noticeably higher levels of sickness absence than for those Bands in England.

**Graph 2**: **Sickness by Pay Band and Region**




Given that Bands 1-3 have the highest sickness absence rates additional analysis has been carried to look at the proportion of staff in Bands 1-3 across the English regions and Wales (graph 3). The proportion of staff who are in Bands 1-3 varies between 20% and 33% with NHS Wales the third highest (32%). Compared to NHS England, NHS Wales has a higher proportion of Band 1-3 workers (3.6 percentage points). This potentially could be a contributing factor in why Wales has a higher sickness absence rate than NHS England. It is noted that over the past few years NHS Wales has been reducing Bands 1-3 and increasing the higher bands. Potentially in the future NHS Wales will have a similar band profile to the English average.

**Graph 3**: **Staff in Post in Band 1 to 3 by Region**



## 5. Percentage of FTE days sickness by Staff Group and Pay Band

The figures in table 6 are based on the amount of FTE days sickness absence in NHS Wales by each staff group and Pay Band and converted into a percentage of all the sickness days taken. The **sickness percentages are heavily influenced by the amount of staff in post**, so it logically follows that the more staff in post, the more sickness days they will contribute. Therefore, if sickness absence was uniformly distributed, it would be fair to expect that if a staff group accounted for 20% of the workforce they would also account for 20% of the sickness days. Table 6 gives an indication of where organisation may want to focus their attention in reducing sickness.

The Nursing and Midwifery staff group Band 5s account for the most sickness absence days. This is expected because they also account for the highest percentage of the workforce. Table 6 shows that in 2010/11, 17% of all the FTE sickness absence days occurred in Nursing and Midwifery Band 5s group and in 2013/14 this percentage had increased to 19%. Given that the staff in post percentage for this group is 15% (same for both time periods) this group are disproportionately sicker than other staff groups and have increased their sickness contribution over the past four years. Additional analysis in the subsequent sections of this report has found that this increase could be in part due to an aging workforce.

**No change ↔** **Increase ↑** **New to the top 10 ←**

**Table 6: Top 10 Comparison of sickness by Staff Group, AfC band**

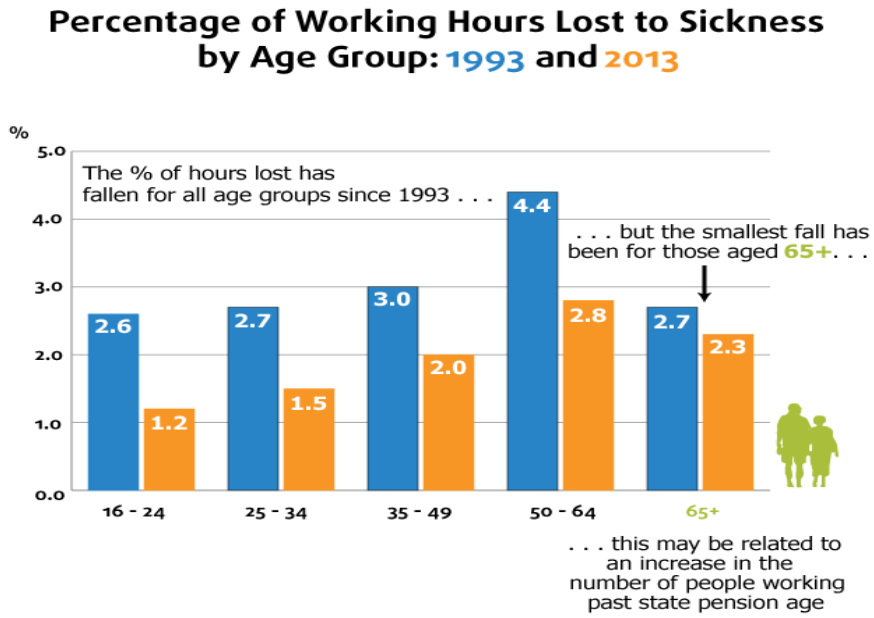
| Staff Group | AFC Band | % of the workforce 2013/14 | % of Sickness attributed 2013/14 | % of Sickness attributed 2010/11 | Comparison between 2010/11 & 2013/14 |
|---|---|---|---|---|---|
| Nursing and Midwifery Registered | Band 5 | 15% | 19% | 17% | ↑ |
| Additional Clinical Services | Band 2 | 8% | 13% | 11% | ↑ |
| Additional Clinical Services | Band 3 | 7% | 10% | 7% | ↑ |
| Nursing and Midwifery Registered | Band 6 | 9% | 9% | 8% | ↑ |
| Estates and Ancillary | Band 2 | 5% | 7% | 4% | ↑ |
| Nursing and Midwifery Registered | Band 7 | 5% | 4% | | ← |
| Administrative and Clerical | Band 2 | 4% | 4% | 4% | ↔ |
| Administrative and Clerical | Band 3 | 4% | 4% | | ← |
| Administrative and Clerical | Band 4 | 5% | 4% | | ← |
| Estates and Ancillary | Band 1 | 2% | 3% | 3% | ↔ |

## 6. Sickness Absence by Age

Graph 4 shows that, in the UK as a whole, over the past 20 years, sickness rates have fallen and those workers aged 50 – 64 have seen the greatest fall (1.7 percentage points) whilst those aged 65 and over have seen the smallest fall (0.5 percentage point). Overall the graph shows that as age increases so does sickness absence; it is believed that older people are more likely to develop longer term health problems and therefore, have increased sickness rates. The graph also shows that people who work past their state pension age (currently those aged 65+) have a lower sickness rate than workers who are 50-64. This anomaly could be two fold; workers who are aged 50-64 need to continue working up until pension age even though they have underlying sickness problems and workers who are 65+ choose to continue to work because they are fit and healthy and do not take as many sickness days.

Using logistic regression of sickness, the Office for National Statistics [3] concludes that "Workers aged 16 to 24 were 46% less likely to be off work due to sickness than a worker aged between 50 and state pension age"

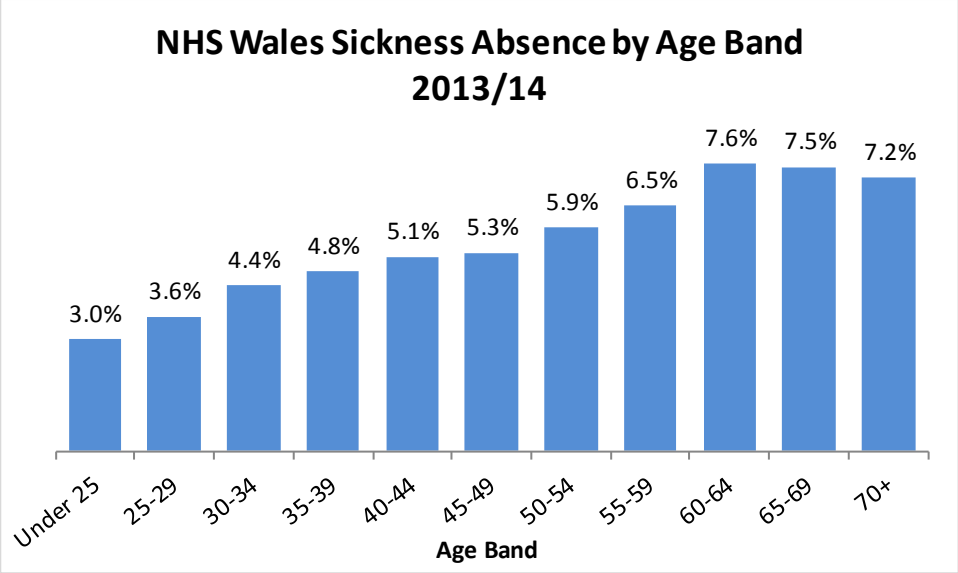
**Graph 4**: **Sickness absence rates by age group, 1993 and 2013, UK.**




*ONS - Sickness Absence in the Labour Market, February 2014*

Graph 5 clearly shows that NHS Wales sickness absence follows the same trend as the UK, in that the higher the age band the higher the sickness absence rate. The graph shows that for the age band 65+ sickness absence rate does reduces but the reduction is not as significant as the UK picture.

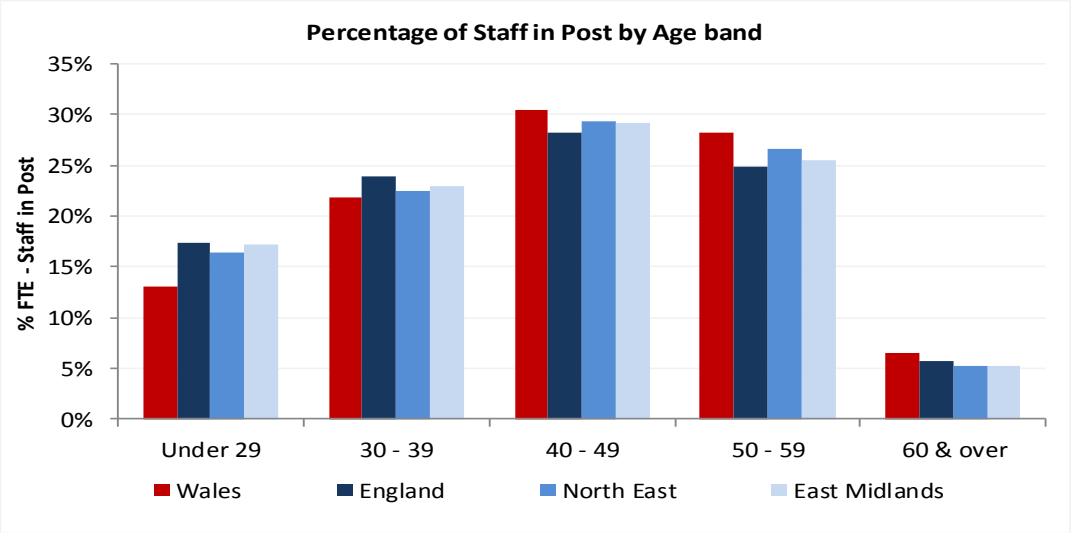
**Graph 5: Sickness Absence by Age Band, 2013/14, NHS Wales**




In section 3 and 4, comparing NHS Wales against England and English regions, table 4 and 5 shows NHS Wales has a consistently higher sickness absence rate. A potential factor could be the age profile of the workforce is having an effect on sickness absence rates. Graph 5 demonstrates that sickness increases as age increases.

The following graphs (6 & 7) and table 7 looks at the age profile of Wales compared to English regions.

**Graph 6**: **Staff in Post by Age Band, NHS Wales and Comparators**




The age profile of staff working in NHS Wales compared to North East, East Midland and NHS England is noticeably different (Graph 6). In the under 29 age group, Wales has between 3.3% and 4.3% less staff than its comparators, whereas, in the 50 – 59 age band, Wales has between 1.6% and 3.3% more staff than its comparators. Further analysis reveals (graph 7 & table 7) that when a comparison is made with all individual NHS regions of England, Wales has a noticeable lower proportion of staff aged under 29 year and a noticeably higher proportion of staff aged 50 – 59.

**Graph 7: Staff in Post aged under 29 and 50-59, NHS Wales and English Regions**

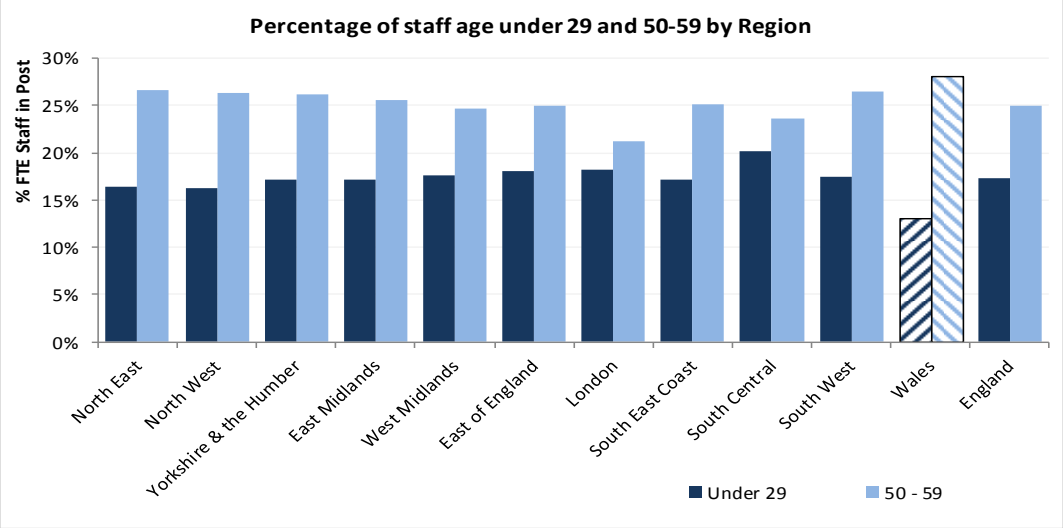
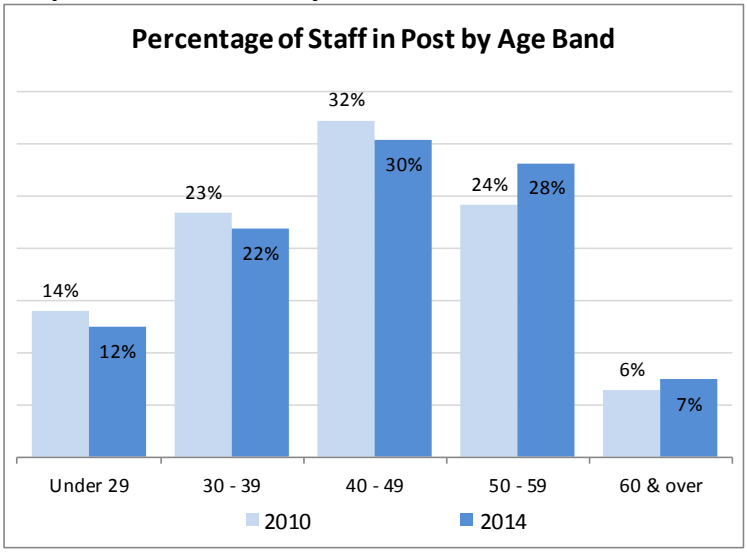



**Table 7: Staff in Post by age band and Region**

| Region | Under 29 | 30 - 39 | 40 - 49 | 50 - 59 | 60 & over |
|---|---|---|---|---|---|
| North East | 16.4% | 22.5% | 29.3% | 26.6% | 5.2% |
| North West | 16.2% | 23.3% | 28.8% | 26.3% | 5.4% |
| Yorkshire and the Humber | 17.2% | 22.7% | 28.6% | 26.2% | 5.3% |
| East Midlands | 17.1% | 23.0% | 29.2% | 25.5% | 5.2% |
| West Midlands | 17.6% | 23.3% | 29.0% | 24.7% | 5.5% |
| East of England | 18.1% | 23.3% | 27.4% | 25.0% | 6.2% |
| London | 18.2% | 27.9% | 26.9% | 21.2% | 5.8% |
| South East Coast | 17.1% | 22.9% | 27.9% | 25.1% | 6.9% |
| South Central | 20.1% | 23.9% | 26.5% | 23.6% | 5.9% |
| South West | 17.5% | 22.3% | 27.8% | 26.4% | 6.0% |
| Wales | 13.1% | 21.8% | 30.5% | 28.2% | 6.5% |
| England | 17.3% | 23.8% | 28.2% | 24.9% | 5.7% |

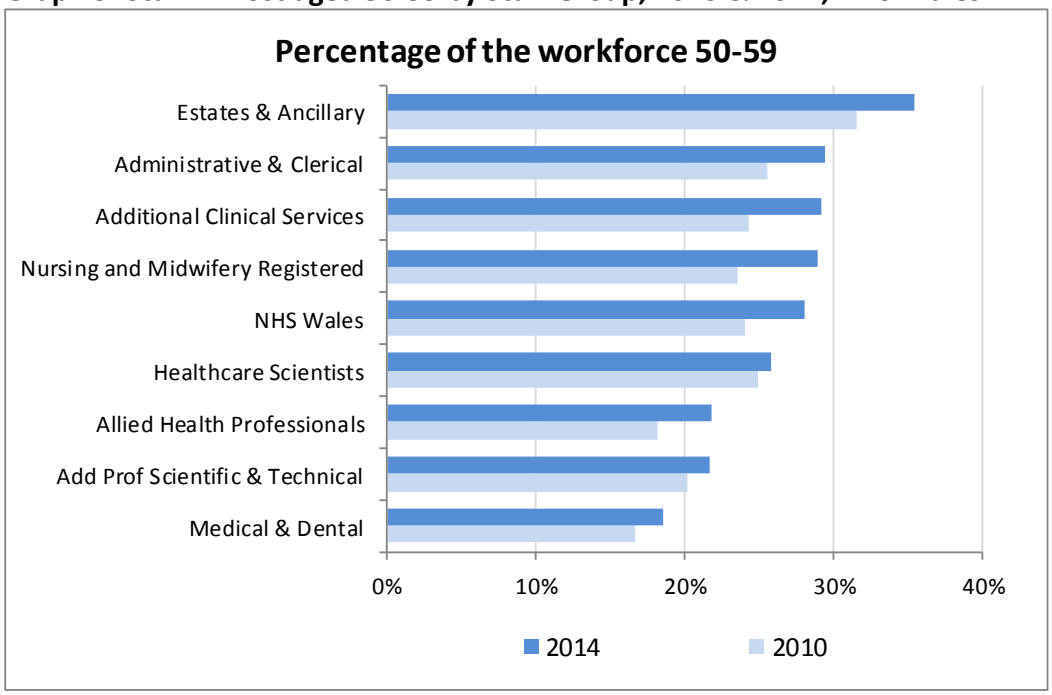
Graph 8 looks at the age profile of NHS Wales in 2010 and 2014. In 2014 there are more staff in the age band 50 – 59 than there were in 2010 (4%, over 3,000 more people). This increase in this age band is evident in every staff group.

**Graph 8: Staff in Post by Band, 2010 & 2014, NHS Wales**



Graph 9 shows Nursing and Midwifery, and Additional Clinical Services have the highest increase of staff in the age band of 50-59. This increase could partly explain why sickness absence in section 5: 'Percentage of FTE days sickness by Staff Group and Pay Band' for these staff groups have increased over time.

**Graph 9: Staff in Post aged 50-59 by Staff Group, 2010 & 2014, NHS Wales**




Given that NHS Wales has a higher age profile than all the English NHS regions and that over the past four years the age profile of NHS Wales has increased, age would appear to be a contributory factor in NHS Wales' high sickness absence rate. If there is no other intervention, it is likely that sickness rates will continue to increase.

This puts in context the importance of the **Working Longer Review** workstream of the WODDs collaborative work programme. This work is being lead by NHS Employers and will consider the research evidence base about working longer and the working practices and policies that can be put in place to support older workers. For example, there is evidence that older workers benefit from longer recovery periods following physical exertion and working longer hours.

Taking into account the age profile of the NHS Workforce it will be increasingly important for such factors to be considered by managers in the design of current and future jobs.

## 7. Sickness Absence by Pay Band and Age

From the above analysis (section 4) we have seen that higher pays bands tend to have lower sickness absence rates and higher age bands (section 6) have higher sickness absence rates. Table 8 clearly shows the impact of the correlation of pay band and age on sickness absence rates. The highest percentage of sickness absence occurs in staff who are the oldest and who have the lowest pay band. Even though Band 4s buck the trend in terms of sickness being below the national average, sickness absence for Band 4s still increases as the age band increases. The top right quadrant of Table 8 gives an indication of the section of the workforce who will need the most support in managing sickness in the future.

**Table 8: Sickness by Pay Band and Age band (2013/14)**

| Agenda for Change Band / Medical & Dental | Under 25 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 60 | Over 60 |
|---|---|---|---|---|---|---|---|---|---|
| Band 1 | 5.7% | 7.9% | 6.9% | 8.0% | 6.7% | 7.3% | 7.8% | 7.9% | 11.4% |
| Band 2 | 4.6% | 6.4% | 7.0% | 7.7% | 7.4% | 7.3% | 7.7% | 8.1% | 9.0% |
| Band 3 | 3.8% | 5.1% | 5.7% | 6.9% | 6.8% | 6.7% | 6.8% | 7.2% | 8.3% |
| Band 4 | 2.5% | 2.8% | 4.3% | 4.5% | 4.5% | 4.3% | 5.4% | 6.2% | 6.8% |
| Band 5 | 1.9% | 3.8% | 5.5% | 6.0% | 6.2% | 6.8% | 7.3% | 8.3% | 10.0% |
| Band 6 | 1.1% | 2.3% | 3.7% | 4.7% | 4.6% | 4.9% | 6.1% | 6.6% | 6.7% |
| Band 7 | 1.0% | 1.1% | 2.3% | 2.9% | 3.2% | 3.9% | 4.6% | 5.3% | 6.2% |
| Band 8a | 0.0% | 1.6% | 1.1% | 2.5% | 2.5% | 2.8% | 3.0% | 3.5% | 3.4% |
| Band 8b | 0.0% | 0.2% | 0.8% | 0.8% | 2.7% | 3.4% | 3.0% | 2.1% | 2.2% |
| Band 8c | 0.0% | 0.0% | 3.7% | 0.4% | 1.2% | 2.0% | 2.3% | 2.3% | 4.8% |
| Band 8d | 0.0% | 0.0% | 0.0% | 0.0% | 2.3% | 4.9% | 1.8% | 4.4% | 3.1% |
| Band 9 | 0.0% | 0.0% | 0.0% | 0.3% | 0.5% | 0.6% | 0.9% | 2.1% | 5.6% |
| Medical & Dental | 0.7% | 0.7% | 0.8% | 1.0% | 1.6% | 1.7% | 2.1% | 2.9% | 3.0% |
| Non AfC Band | 1.1% | 0.4% | 2.1% | 0.8% | 2.1% | 1.3% | 4.2% | 2.6% | 3.5% |
| **All Pay Bands** | **3.0%** | **3.6%** | **4.4%** | **4.9%** | **5.1%** | **5.4%** | **6.0%** | **6.7%** | **7.9%** |

*(Highlighted cells are results above the Welsh average of 5.4%).*

## 8. Sick Absence by Staff Group and Age

High levels of sickness absence are prevalent in most age groups but this is especially so within the Estates and Ancillary and Additional Clinical Services staff groups. These two staff groups have a high percentage of Bands 1-3 workers and a higher percentage of older workers (see graph 9) than other staff groups. The high levels of sickness absence in these staff groups are perhaps unsurprising given the findings that sickness absence is higher the older workforce and the lower pay band (table 8). This suggests that it is not the type of staff group that is affecting sickness absence rates but the band profile. The Audit Commission [1] found the same conclusion in that "Sickness absence is also closely linked to staff grade. Organisations with a higher proportion of staff at lower grades have higher sickness absence rates".

Table 9 re-enforces the effect of the age profile, in nearly all cases the higher the age band the greater the sickness absence rate.

**Table 9**: **Sickness by Staff Group and Age (2013/14)**

| Staff Group | Under 30 | 30 to 39 | 40 to 49 | 50 to 59 | Over 60 |
|---|---|---|---|---|---|
| Add Prof Scientific and Technic | 2.8% | 3.7% | 4.3% | 5.2% | 7.6% |
| Additional Clinical Services | 5.1% | 7.1% | 7.6% | 8.3% | 10.2% |
| Administrative and Clerical | 3.6% | 3.9% | 3.9% | 4.8% | 5.8% |
| Allied Health Professionals | 1.8% | 3.5% | 5.0% | 5.9% | 8.8% |
| Estates and Ancillary | 6.5% | 6.7% | 6.2% | 7.0% | 8.9% |
| Healthcare Scientists | 2.1% | 2.9% | 2.7% | 3.8% | 3.6% |
| Medical and Dental | 0.7% | 0.9% | 1.6% | 2.5% | 3.0% |
| Nursing and Midwifery Registered | 3.9% | 5.8% | 5.7% | 6.7% | 8.5% |
| **All Staff Groups** | **3.5%** | **4.7%** | **5.2%** | **6.3%** | **7.9%** |

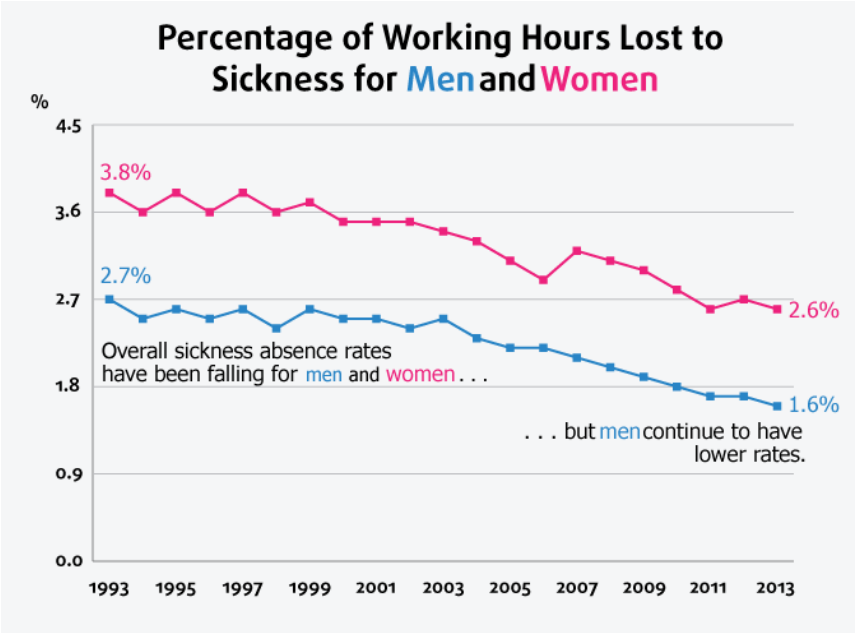
*(Highlighted cells are results above the Welsh average of 5.4%).*

## 9. Sickness Absence by Gender and Age

The ONS Report, Sickness Absence in the Labour Market, February 2014 [3] states that Women were 42% more likely to have time off work through sickness than males. Graph 10 shows that men consistently had a lower sickness absence rate than women. However, both sexes have seen a fall in their sickness absence rates over the past 20 years.

Research carried out by the Work Foundation (2014) indicates that "Presenteeism is much higher in men than women. They are much more likely to go into work while they are ill, which can have long term consequences - conditions can go undiagnosed" and "Women are more often going to be the main carer, whether for a child or an elderly relative". Therefore, while sickness amongst the sexes could be comparable, social factors will inevitably skew the rates.

**Graph 10**: **Sickness absence rates for men and women, 1993 to 2013, UK.**

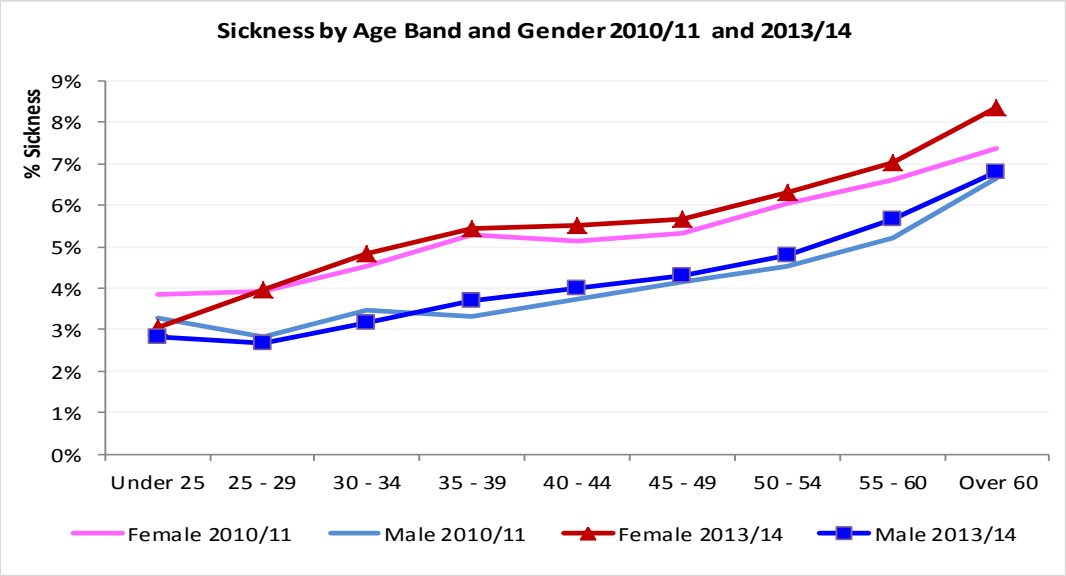



*ONS - Sickness Absence in the Labour Market, February 2014*

Graph 11 shows NHS Wales sickness absence increases with age and males have less sickness compared to females. Overall sickness absence has increased for both sexes in the past four years, 4 percentage points for females and 2 percentage points for males.

Overall the pattern of sickness absence has changed very little over the past four years, sickness rates have increased slightly. The biggest sickness absence gap in 2013/14 between men and women appear between the ages of 30 – 44, this would correlate with the observation made by the Work Foundation "Women are more often going to be the main carer, whether for a child or an elderly relative". The fact that these sickness patterns have not changed could be an indication that flexible working policies are not being fully implemented or that social norms have not changed within organisations.

**Graph 11**: **Sickness by Age Band and Gender**

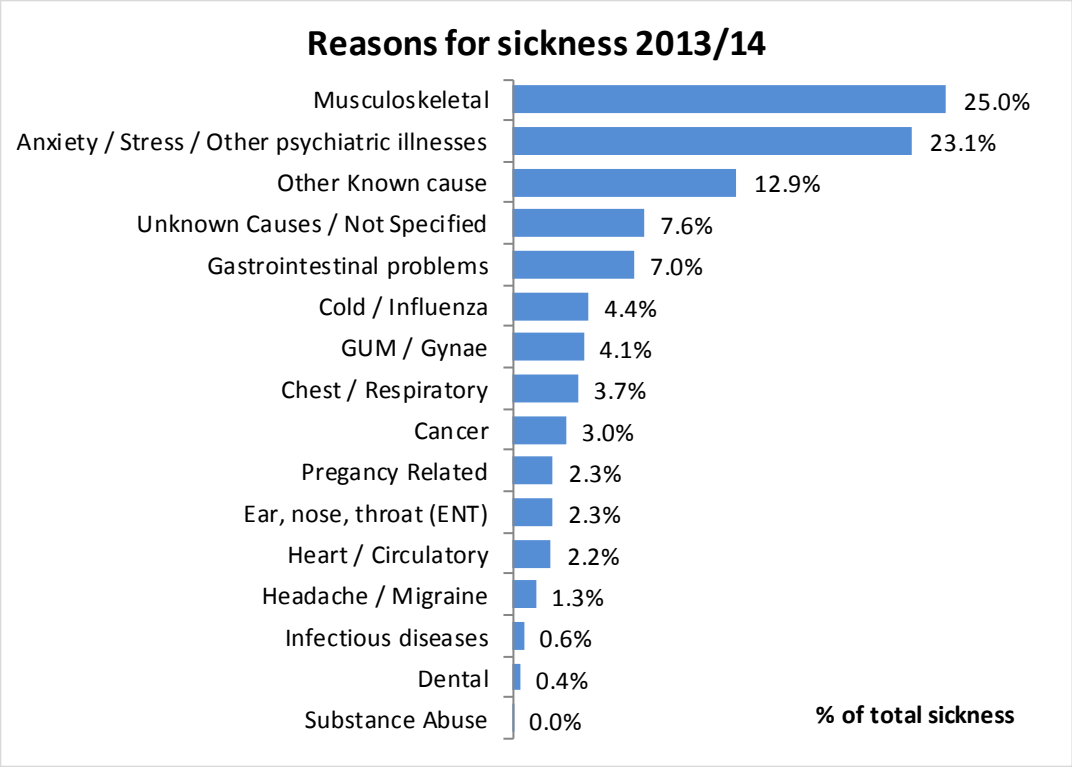


## 10. Reasons for sickness as a percentage of all sickness, 2013/14

The graph below highlights the reasons for sickness absence. The top 5 reasons account for 76% of all sickness absence in NHS Wales. However, "Other known cause" and "Unknown Causes/Not Specified" reasons account for 21% which makes detailed analyse of sickness reasons difficult.

The two top reasons for sickness absence are Musculoskeletal (25%) and Anxiety/Stress/Other psychiatric-related problems (23%). Given that these reasons account for **nearly 50% of sickness** the tables and graphs below give a more in-depth analysis.

**Graph 12**: **Summarised Sickness Reasons, 2013/14, NHS Wales**



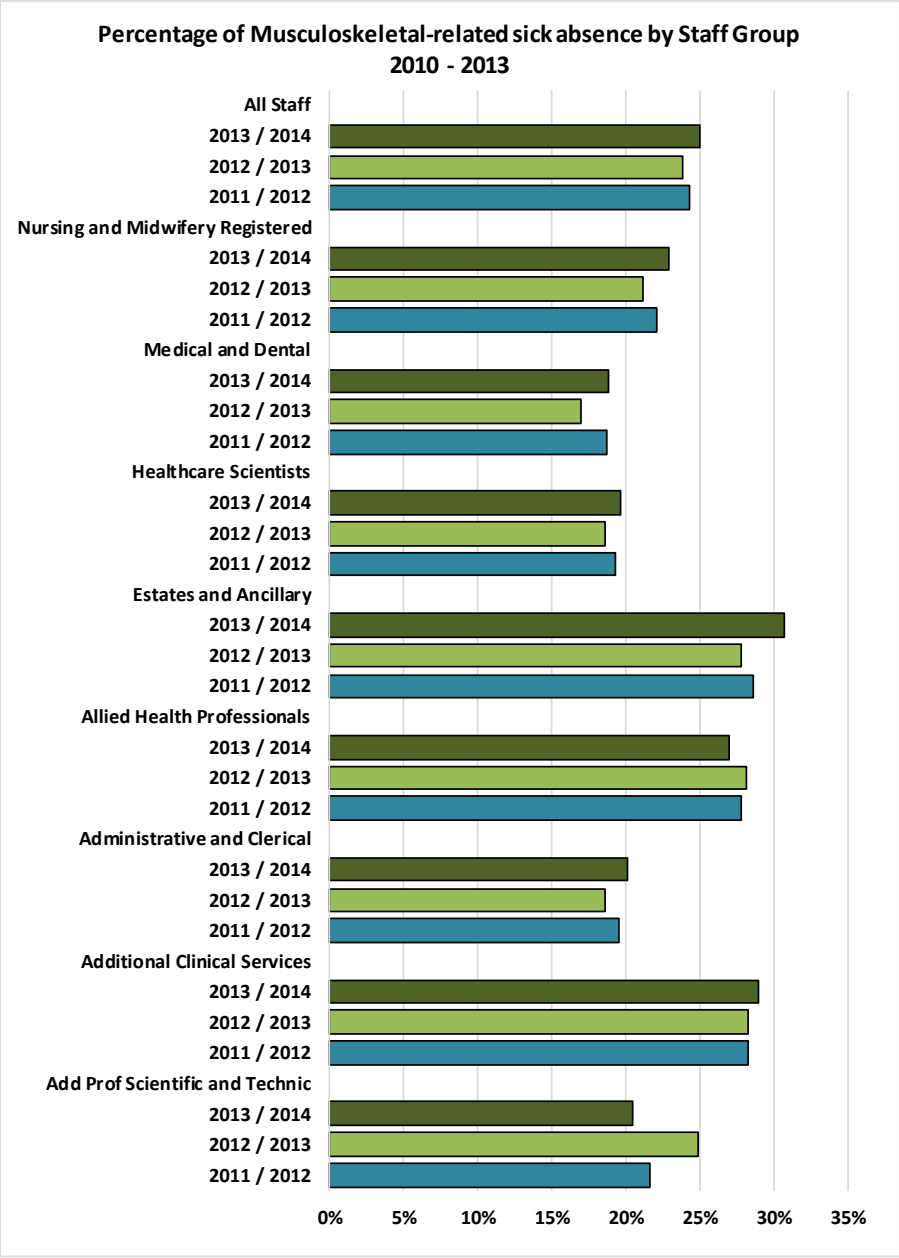

*Some of the reasons have been grouped/summarised. See Appendix 1: Sickness reasons summarised*

## 11. Three year historical profile of Musculoskeletal related sickness absence

Graph 13 focuses on musculoskeletal-related sickness absence by staff group. The majority of the staff groups do not show any significant change to reasons for sickness, however, Estates and Ancillary, Additional Clinical Services and Allied Health Professionals all report high levels of Musculoskeletal-related absence, and every year over 25% of the reasons for sickness are from this category.

Comparing 2012/13 to 2013/14 shows that the biggest reduction in musculoskeletal sickness absence was in Additional Prof Scientific and Technic, a reduction of 4.5 percentage points and the biggest increase was in Estates and Ancillary, an increase of 2.9 percentage points. (See Appendix 2: Three year historical profile for data table)

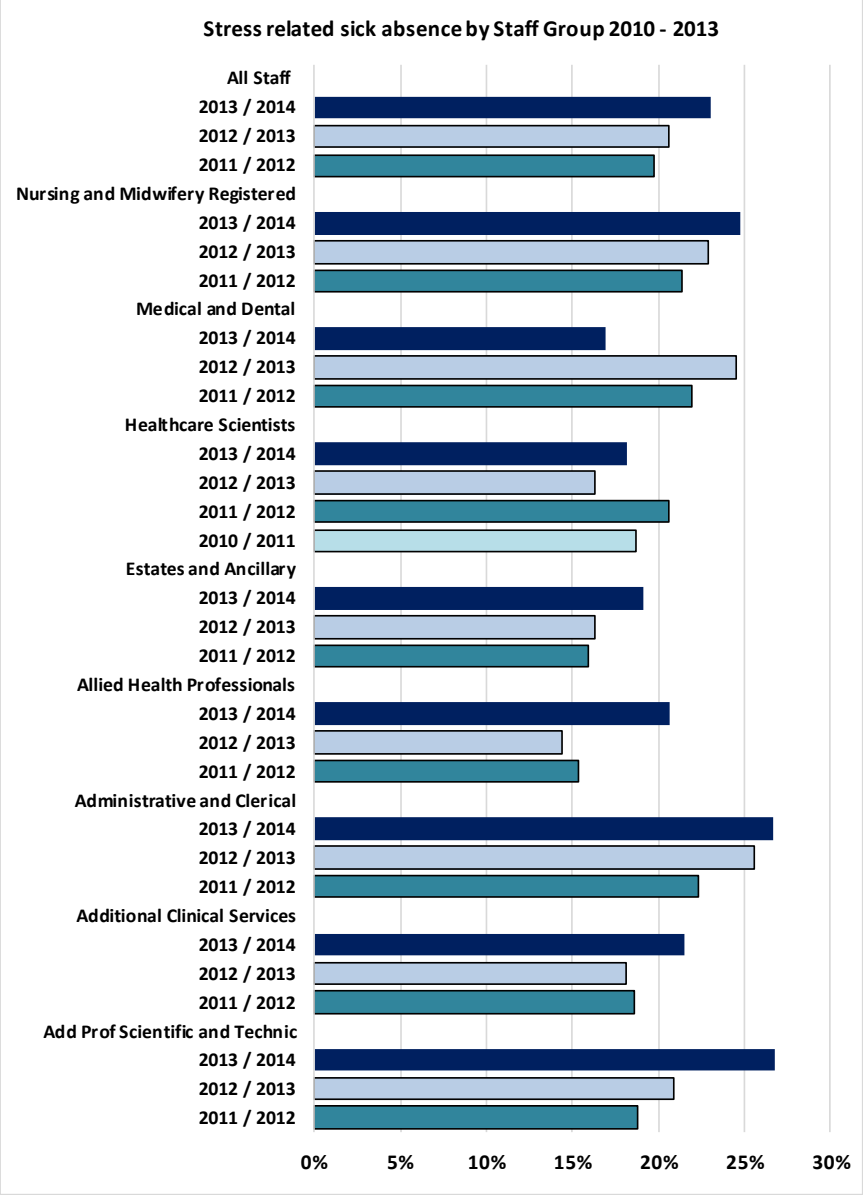
**Graph 13**: **Three year sickness profile for Musculoskeletal related sickness by Staff Group**



## 12. Three year historical profile of Anxiety/Stress/Other Psychiatric-related sickness absence

Graph 14 shows the percentage sickness that is attributed to stress related illnesses by each staff group over the last three years i.e. 2011/12 to 2013/14.

**Graph 14**: **Three year sickness profile for stress related sickness by Staff Group**




It can be seen that the majority of staff groups have shown an increase in stress-related illness over the past three years. Both Admin and Clerical and Nursing and Midwifery staff groups have had the highest rates of sickness in this category, accounting for more than 20% of the overall sickness absence each year.

In 2013/14 Medical and Dental saw the biggest reduction in stress-related illness, but because this staff group only report a 1.5% sickness rate overall, small changes can have a significant effect. Comparing the results across years 2012/13 to 2013/14, Additional Professional Scientific and Technical and Allied Health Professionals staff groups show a 6 percentage point increase in stress-related illness. The potential reasons for these increases need to be explored more fully. (See Appendix 2: Three year historical profile for data table)

# Appendix

## 1. Sickness Reasons Summarised

| Sickness Reasons - ESR DW | Summary/Grouped |
|---|---|
| Anxiety/stress/depression/other psychiatric illnesses | Anxiety / Stress / Other psychiatric illnesses |
| Stress | Anxiety / Stress / Other psychiatric illnesses |
| Other Mental Disorders | Anxiety / Stress / Other psychiatric illnesses |
| Back Problems | Musculoskeletal |
| Benign and malignant tumours, cancers | Cancer |
| Cancer | Cancer |
| Chest & respiratory problems | Chest / Respiratory |
| Asthma | Chest / Respiratory |
| Respiratory | Chest / Respiratory |
| Cold, Cough, Flu - Influenza | Cold / Influenza |
| Cold | Cold / Influenza |
| Influenza | Cold / Influenza |
| Dental and oral problems | Dental |
| Dental Pain | Dental |
| Ear, nose, throat (ENT) | Ear, nose, throat (ENT) |
| Ears, Nose and Throat | Ear, nose, throat (ENT) |
| Gastrointestinal problems | Gastrointestinal problems |
| Diarrhoea/Vomiting | Gastrointestinal problems |
| Gastro-intestinal | Gastrointestinal problems |
| Genitourinary & gynaecological disorders | GUM / Gynae |
| Genito-Urinary | GUM / Gynae |
| Gynaecological | GUM / Gynae |
| Headache / migraine | Headache / Migraine |
| Headache/Migraine | Headache / Migraine |
| Heart, cardiac & circulatory problems | Heart / Circulatory |
| Cardiac Conditions | Heart / Circulatory |
| Infectious diseases | Infectious diseases |
| Infections | Infectious diseases |
| Injury, fracture | Musculoskeletal |
| Other musculoskeletal problems | Musculoskeletal |
| Musculo-skeletal Back | Musculoskeletal |
| Musculo-skeletal Other Joint, Lower Limb | Musculoskeletal |
| Musculo-skeletal Neck | Musculoskeletal |
| Other known causes - not elsewhere classified | Other Known cause |
| Blood disorders | Blood disorders |
| Nervous system disorders | Nervous system disorders |
| Burns, poisoning, frostbite, hypothermia | Burns, poisoning, frostbite, hypothermia |
| Eye problems | Eye problems |
| Skin disorders | Skin disorders |
| Endocrine / glandular problems | Endocrine / glandular problems |
| Neurological | Neurological |
| Psychological | Psychological |

| | |
|---|---|
| Dermatological | Skin disorders |
| Blood Disorder | Blood disorders |
| Eyes | Eye problems |
| Hypertension | Hypertension |
| Pregnancy related disorders | Pregnancy Related |
| Pregnancy Related | Pregnancy Related |
| Substance abuse | Substance Abuse |
| Surgery | Surgery |
| Unknown causes / Not specified | Unknown Causes / Not Specified |
| Not Known | Unknown Causes / Not Specified |

## 2. Three year historical profile of Stress & Musculoskeletal related sickness

| Stress Related Sickness | 2011 / 2012 | 2012 / 2013 | 2013 / 2014 |
|---|---|---|---|
| Add Prof Scientific and Technical | 18.7% | 20.9% | 26.8% |
| Additional Clinical Services | 18.6% | 18.1% | 21.5% |
| Administrative and Clerical | 22.3% | 25.6% | 26.6% |
| Allied Health Professionals | 15.3% | 14.4% | 20.6% |
| Estates and Ancillary | 15.9% | 16.3% | 19.2% |
| Healthcare Scientists | 20.6% | 16.3% | 18.2% |
| Medical and Dental | 21.9% | 24.5% | 16.9% |
| Nursing and Midwifery Registered | 21.3% | 22.8% | 24.7% |
| All Staff | 19.7% | 20.6% | 23.0% |

| Musculoskeletal related sickness | 2011 / 2012 | 2012 / 2013 | 2013 / 2014 |
|---|---|---|---|
| Add Prof Scientific and Technical | 21.7% | 24.9% | 20.5% |
| Additional Clinical Services | 28.2% | 28.3% | 29.0% |
| Administrative and Clerical | 19.6% | 18.6% | 20.1% |
| Allied Health Professionals | 27.8% | 28.2% | 27.0% |
| Estates and Ancillary | 28.7% | 27.8% | 30.8% |
| Healthcare Scientists | 19.3% | 18.6% | 19.6% |
| Medical and Dental | 18.7% | 17.0% | 18.9% |
| Nursing and Midwifery Registered | 22.1% | 21.2% | 22.9% |
| All Staff | 24.3% | 23.8% | 25.0% |

## References

[1] Audit Commission, Managing sickness absence in the NHS Health briefing, February 2011
[2] Working differently working together, Engaging your staff: the NHS Wales staff engagement resource
[3] Office for National Statistics, Full Report: Sickness Absence in the Labour Market, February 2014