The statistics presented in this bulletin relate to staff sickness absence during the 3 month period of July to September 2016, using data from the Electronic Staff Record (ESR). The sickness absence 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.

Key findings

- Between July and September 2016 the average sickness absence rate for the NHS in England was 3.98%, almost the same as the same period in 2015.
- The North West HEE region had the highest average sickness absence rate at 4.66%. North West London HEE region had the lowest average at 3.08%.
- Healthcare Assistants and Other Support Staff were the staff group with the highest average sickness absence rate with an average of 6.16%. Nursing, Midwifery and Health Visiting Learners had the lowest average at 0.99%.
- Amongst types of organisation, Ambulance had the highest average sickness absence rate with an average of 5.26%. Clinical Commissioning Groups had the lowest average with a rate of 2.59%.
Contents

Executive Summary 4

Revisions and Issues 4

Introduction 5

Data Quality 5

Accuracy 5
Relevance 6
Comparability and Coherence 6
Timeliness and Punctuality 6
Accessibility 7
Recent Responses to Requests for Additional Analysis 7
Performance Cost and Respondent Burden 7
Confidentiality, Transparency and Security 7

Methodology 8

Results – Quarterly Data 9

Monthly Rates for the NHS in England 9
Monthly Rates by Health Education England Region 10
Monthly Rates by Staff Group 11
Monthly Rates by Organisation Type 12

Frequently Asked Questions 13
Your views on our statistics

This publication is the more detailed quarterly English NHS Sickness Absence set of statistics. Monthly publications are also produced between the quarterly publications.

NHS Digital welcomes feedback on the methodology and tables within this publication. Please contact Bernard Horan with your comments and suggestions, clearly stating ‘NHS Sickness Absence’ as the subject heading, via:

Email: enquiries@nhsdigital.nhs.uk

Telephone: 0300 303 5678

Post: 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.
 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 July – September 2016.

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 July and September 2016 the average sickness absence rate for the NHS in England was 3.98%, almost the same as the same period in 2015.
- The North West HEE region had the highest average sickness absence rate at 4.66%. North West London HEE region had the lowest average at 3.08%.
- Healthcare Assistants and Other Support Staff were the staff group with the highest average sickness absence rate with an average of 6.16%. Nursing, Midwifery and Health Visiting Learners had the lowest average at 0.99%.
- Amongst types of organisation, Ambulance had the highest average sickness absence rate with an average of 5.26%. Clinical Commissioning Groups had the lowest average with a rate of 2.59%.

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.

Revisions and Issues

As expected with provisional statistics, some figures may be revised from month to month as issues are uncovered and resolved. Users are advised to always use the latest published tables for their analyses.
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 July to September 2016.

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 monthly and 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 NHS Digital (and DH previously) published sickness absence statistics on a yearly basis with the last publication in 2006 using 2005 data. The rates in these surveys and the latest rates are not directly comparable due to the differences in these surveys’ methodologies.

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.

NHS Digital 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 Standardisation Committee for Care Information (SCCi).

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. NHS Digital welcomes feedback on the methodology, plus the content and accuracy of tables within this publication.

Bank staff, Primary Care staff and staff from the two Trusts which are not on ESR, are not included in this data.

Prior to this quarterly publication series, NHS Digital 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 October 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 2015-16 data covers April 2015 until March 2016. 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.

**Recent responses to requests for additional Analysis**

Every month NHS Digital produces a range of additional work for customers that may be of interest to other users of NHS workforce statistics. This work is available on the following webpage: [http://digital.nhs.uk/suppinfofiles](http://digital.nhs.uk/suppinfofiles)

**Performance cost and respondent burden**

The statistics exploit recent developments (most notably the roll-out of the Electronic Staff Record, ESR) to reduce the burden on NHS Organisations to complete and return this data by extracting the data from administrative systems.

Trusts will have to ensure that staff are coded consistently (e.g. in dealing with hosted staff), and that the data quality reports made available to them are acted upon.

**Confidentiality, Transparency and Security**

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

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.
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://digital.nhs.uk/pubs/sickabsratesep16

Monthly Rates for the NHS in England

Figure 1 shows overall sickness absence rates for the NHS in England.

Between July and September 2016 there was an increase in the sickness absence rate to 3.98%, from 3.93% in the preceding quarter (April - June 2016). This figure is almost the same as the equivalent period for July and September 2016, which was 3.97%.

Please see supporting excel Tables 1 and 2 for a full list of rates for England.
Monthly Rates for the NHS in England

Figure 2 shows sickness absence rates by Health Education England (HEE) regions aggregated for each month since September 2014.

For July to September 2016 North West HEE region had the highest aggregated sickness absence rate (4.66%) followed by North East HEE region (4.46%) and Yorkshire and the Humber HEE region (4.40%).

North West London HEE region had the lowest rate (3.08%), followed by North Central and East London HEE region (3.20%) and South London HEE region (3.36%).

Please see supporting excel Tables 1 and 2 for a full list of rates by Health Education England regions.
Monthly Rates by Staff Group

Figure 3 shows sickness absence rates by staff group for each month since September 2014.

For July to September 2016, Healthcare Assistants and Other Support Staff had the highest aggregated sickness absence rate (6.16%) followed by Ambulance Staff (5.40%) and Nursing, Midwifery and Health Visiting Staff (4.66%).

Nursing, Midwifery and Health Visiting Learners had the lowest rate (0.99%), followed by Medical and Dental Staff (1.13%).

When compared with the same period last year, Administration and Estates, Healthcare Assistants and Other Support Staff, Healthcare Scientists, Scientific, Therapeutic and Technical Staff and Nursing, Midwifery and Health Visiting Staff have seen a slight rise in their sickness absence rate. Medical and Dental Staff, Ambulance Staff, and Nursing, Midwifery and Health Visiting Learners have seen a fall in their sickness absence rate.

Please see supporting excel Tables 3 for a full list of rates by staff group.
Monthly Rates by Organisation Type

Figure 4 shows sickness absence rates by organisation type for each month since September 2014.

For July to September 2016, Ambulance had the highest aggregated sickness absence rate (5.26%) followed by Mental Health and Learning Disability (4.61%) and Community Provider Trusts (4.43%).

Clinical Commissioning Groups had the lowest average with a rate of 2.59%, followed by Commissioning Support Units (2.77%).

When compared with the same period last year, Acute, Clinical Commissioning Groups, Commissioning Support Units, Special Health Authorities and Community Provider Trusts all saw a slight rise in their sickness absence rate. Ambulance, Mental Health and Learning Disability and have all seen a slight decrease in their sickness absence rate. Please see supporting excel Tables 4 for a full list of rates by Organisation type.
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.