

Attendance Management Report September 2016

1. Background

1.1 Following the JHOSC meeting on 6th January 2016 the committee asked for a further report on:

- Sickness absence since our last report
- What actions have been taken to reduce sickness absence and increase attendance?

2. Sickness absence by site and division

2.1 The trust operates a single service model and therefore uses the Divisional management structures as the basis for collecting and presenting sickness absence data. As such the Trust is unable to give the committee a 'hospital by hospital' comparison as data is not collected on a site basis. In table (1) below the committee can see the break down by the Trust's divisional structure.

Table (1) Sickness Absence Rates by Division

	Confirmed Sickness Levels										Indicative Levels	
	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
352 B - Integrated & Community Services	5.31%	4.25%	4.72%	4.26%	4.68%	5.33%	5.57%	4.90%	5.14%	4.46%	4.11%	4.55%
352 C - Medicine	6.27%	6.16%	6.86%	6.05%	6.61%	6.89%	6.18%	6.68%	7.08%	6.91%	6.74%	7.09%
352 D - Surgery & Anaesthesia	6.10%	5.79%	5.87%	6.56%	6.66%	6.79%	6.42%	6.40%	5.18%	4.57%	4.68%	4.92%
352 E - Women & Children	5.48%	5.56%	6.56%	7.08%	7.64%	7.29%	7.08%	6.33%	6.27%	5.17%	4.73%	5.63%
352 G - Division of Support Services	5.02%	4.91%	5.70%	5.48%	5.81%	6.16%	5.93%	6.18%	5.49%	5.34%	5.08%	5.40%
352 J - Elective Access	4.64%	5.17%	5.98%	5.95%	5.00%	4.50%	4.88%	4.68%	4.50%	4.09%	4.23%	4.66%
352 K - Corporate Services Other	4.29%	4.23%	5.28%	5.15%	4.96%	4.38%	4.35%	3.86%	2.98%	2.51%	2.88%	3.47%
TRUST TOTAL	5.48%	5.27%	5.92%	5.83%	6.07%	6.19%	5.95%	5.87%	5.50%	5.04%	4.89%	5.31%

The figures for June and July are provisional as the data input by managers needs to be verified by payroll before being confirmed. As the committee can see the rate peaked in January 2016 at 6.19%. This peak was a combination of winter colds and flu along with the impact of organisational change and impact of the publishing of the maternity review which particularly impacted on the Women's and Children's division.

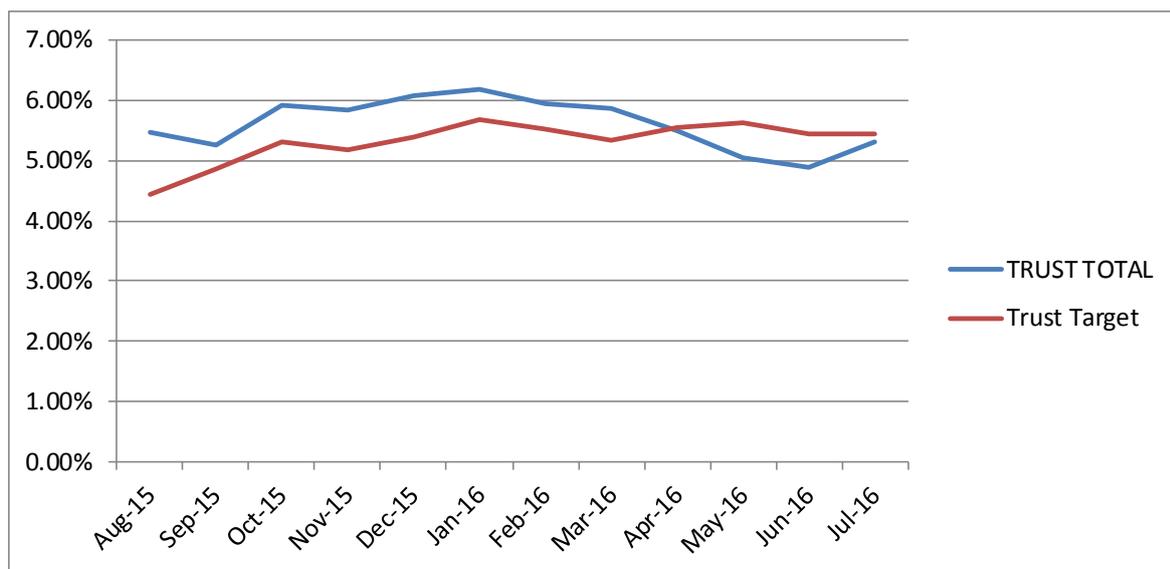


Chart (1) Trust overall sickness absence rates

The above table and the chart below show that the trend since August 2015 to July 2016 has been gradually downwards, which is positive and reflects the increased focus being given to health and well-being programmes and attendance management.

3. Management of Sickness Absence during the last 12 months

3.1 Actions taken since January 2016 include the introduction of a new attendance policy with a new trigger for management action of no more than 14 days in a 12 month period. The policy is seen as more supportive as the emphasis is on the health interview and what support can be given to staff by managers.

3.2 A focused case management HR support introduced in November 2015 has seen the average length of long term sickness fall from 149 days to 115 days which is a 23% decrease.

3.3 The Trust has also seen a shift in long/short term absence and apart from the Medical division the gap in the other divisions is growing between long and short term sickness absence. The Trust has 205 staff on long term sickness and currently as at 31st July 437 staff who have open absence cases because they have hit a trust trigger for management action. The chart below shows the number of open cases by division.

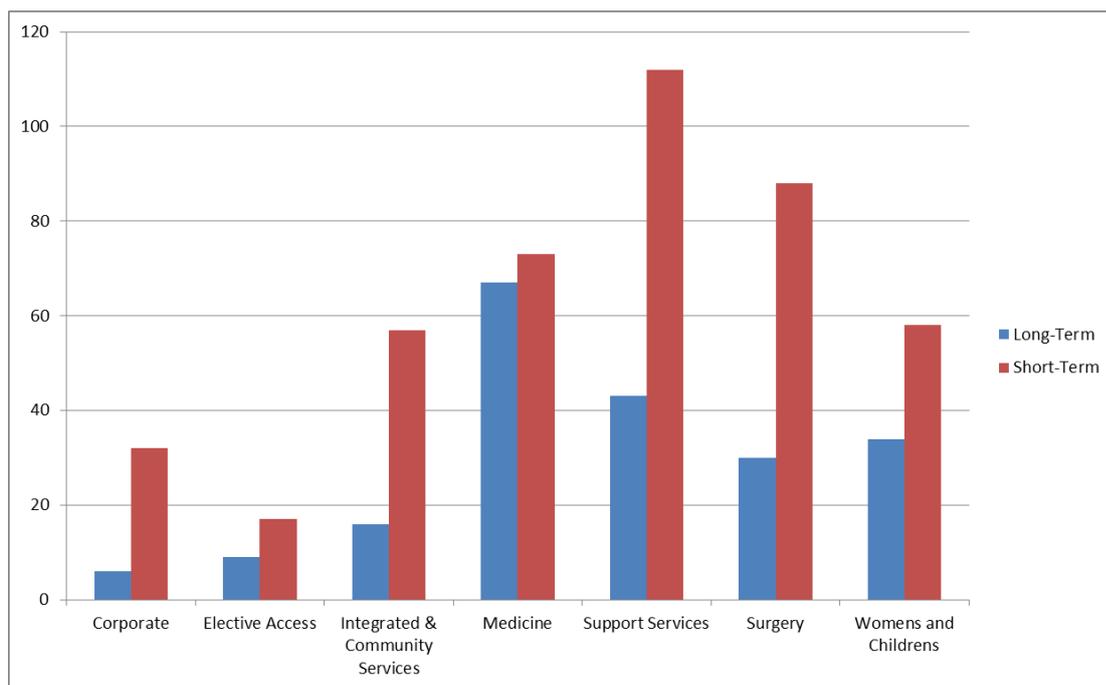


Chart (2) Trust long term/short term absence cases by division.

3.4 New health and well being initiatives include, zumba & yoga, choir taster sessions and lunchtime walking groups, which are all well supported.

4. Bank and agency spend

4.1 The Tables below show expenditure on temporary staffing for the month of July 2016. The Trust works estimates that 37% of this spend is due to sickness absence. This estimate is derived from data reported by the nurse rostering system. Therefore 1.8m is due to the cost of covering staff due to sickness absence.

Division	£000
Corporate	201
Medicine	2,055
Elective Access	152
Surgery	999
Womens	652
Integrated & Community	419
Support Services	405
Total Temp Staff	4,883

Corporate	Jul-16 £000
Agency	180
Locum Medics	(1)
Nurse Bank	1
Clerical Bank	22
Total Temp Staff	202

Medicine	Jul-16 £000
Agency	1,610
Locum Medics	213
Nurse Bank	225
Clerical Bank	8
Total Temp Staff	2,056

Elective Access	Jul-16 £000
Agency	84
Locum Medics	0
Nurse Bank	0
Clerical Bank	68
Total Temp Staff	152

Surgery	Jul-16 £000
Agency	662
Locum Medics	202
Nurse Bank	133
Clerical Bank	1
Total Temp Staff	998

Womens	Jul-16 £000
Agency	403
Locum Medics	197
Nurse Bank	51
Clerical Bank	1
Total Temp Staff	652

Integrated & Community	Jul-16 £000
Agency	296
Locum Medics	91
Nurse Bank	25
Clerical Bank	7
Total Temp Staff	419

Support Services	Jul-16 £000
Agency	297
Locum Medics	100
Nurse Bank	3
Clerical Bank	6
Total Temp Staff	406

The negative value in the corporate table reflects a refund on invoices

5. Conclusion

5.1 The Trust recognises that it has a significant sickness absence challenge. However, we are confident that the on-going implementation of our 'Healthy, Happy Here' Plan supported by efforts and further ideas of our managers, staff and their representatives will help us to successfully address this challenge over the next 6 months and achieve our target to reduce our cumulative absence levels to below 4.6% by March 2017.

J Lenney
Executive Director of Workforce & OD
1st September 2016