

The Pennine Acute Hospitals NHS Trust

Attendance Management Report

Attendance Management Report November 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. However, the Trust will be restructuring itself in 2017 to manage services on a site basis. At this point site data will be available. 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	
	Oct-2015	Nov-2015	Dec-2015	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016
352 B - Integrated & Community Services	4.72%	4.26%	4.68%	5.33%	5.57%	4.90%	5.14%	4.46%	3.99%	4.35%	3.85%	3.65%	3.88%
352 C - Medicine	6.86%	6.05%	6.61%	6.89%	6.18%	6.68%	7.08%	6.91%	6.84%	7.07%	6.35%	6.00%	6.21%
352 D - Surgery & Anaesthesia	5.87%	6.56%	6.66%	6.79%	6.42%	6.40%	5.18%	4.57%	4.67%	5.02%	4.83%	4.90%	5.20%
352 E - Women & Children	6.56%	7.08%	7.64%	7.29%	7.08%	6.33%	6.27%	5.17%	4.75%	5.62%	5.97%	5.65%	5.56%
352 G - Division of Support Services	5.70%	5.48%	5.81%	6.16%	5.93%	6.18%	5.49%	5.34%	4.99%	5.34%	4.86%	4.31%	4.80%
352 J - Elective Access	5.98%	5.95%	5.00%	4.50%	4.88%	4.68%	4.50%	4.09%	4.16%	4.57%	3.97%	4.32%	5.76%
352 K - Corporate Services Other	5.28%	5.15%	4.96%	4.38%	4.35%	3.86%	2.98%	2.51%	3.13%	3.46%	3.26%	3.22%	3.30%
TRUST TOTAL	5.92%	5.83%	6.07%	6.19%	5.95%	5.87%	5.50%	5.04%	4.89%	5.28%	4.91%	4.69%	5.02%

The figures for Sept and October 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. Since then we have seen a steady decrease until October which is indicative at 5.02%. Benchmarking over the last 7 years 5.02% is the lowest ever October figure since 2009.

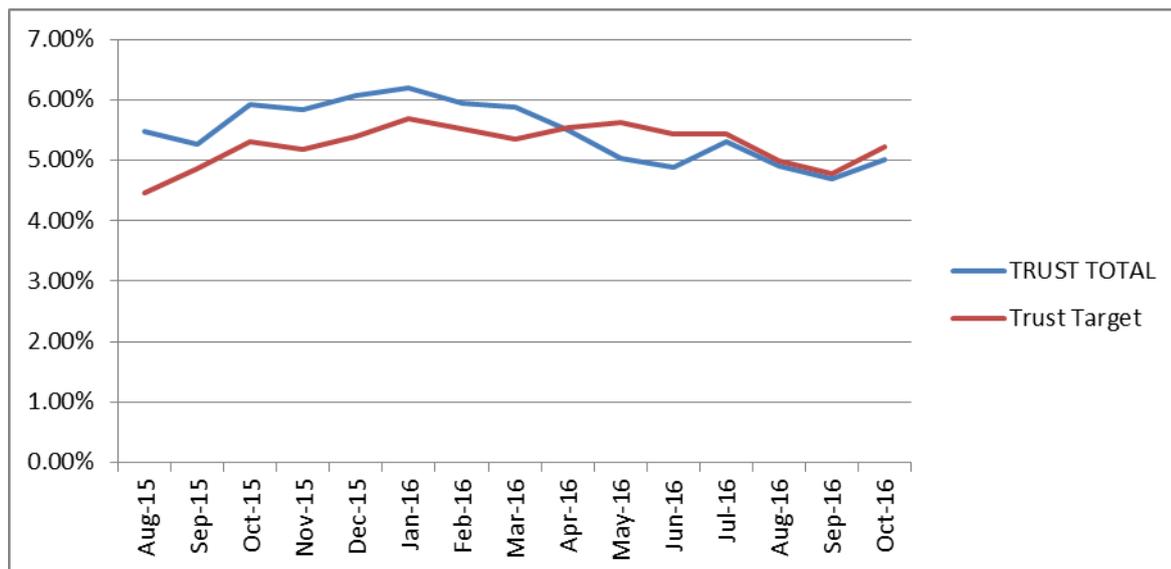


Chart (1) Trust overall sickness absence rates

The above table and the chart below show that the trend since August 2015 to October 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 112 days which is a 24% decrease.

3.3 The Trust has also seen a shift in long/short term absence. The Trust has 207 staff on long term sickness and currently as at 31st October 604 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.

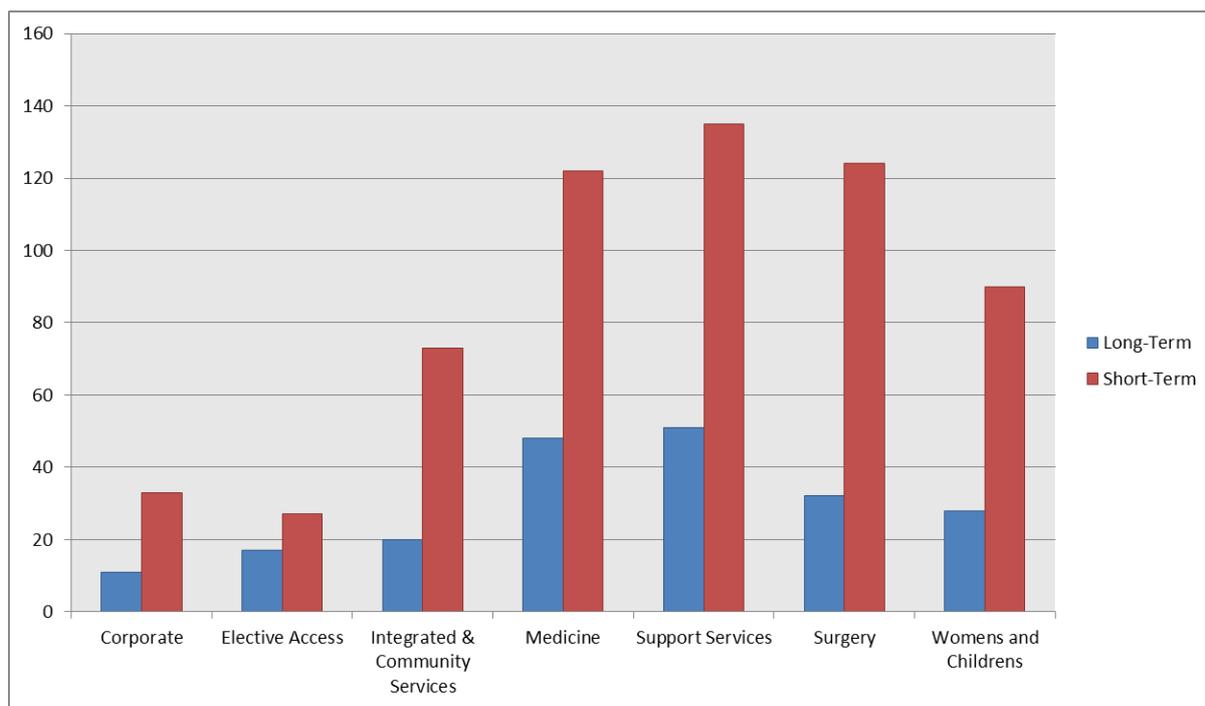


Chart (2) Trust long term/short term absence cases by division.

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

4. Conclusion

4.1 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
November 2016