The Pennine Acute Hospitals NHS Trust
Attendance Management Report

Attendance Management Report
September 2015

1. Background

1.1 As part of the Trust's Transformation Strategy a key corporate priority is to create an environment so that staff chose to work at the Trust, sickness absence is reduced and morale is increased. The Trust has identified attendance management as a priority and recognises the relationship between excellent care and staff health and wellbeing.

1.2 The Trust has a poor attendance rate when compared with neighbouring trusts in the Greater Manchester Area and the North West. Chart 1 shows sickness absence rates for The Pennine Acute NHS Trust (PAT) from April 2013 to June 2015.

Chart 1 *Sickness Absence Rate (%) April 2013 to July 2015*
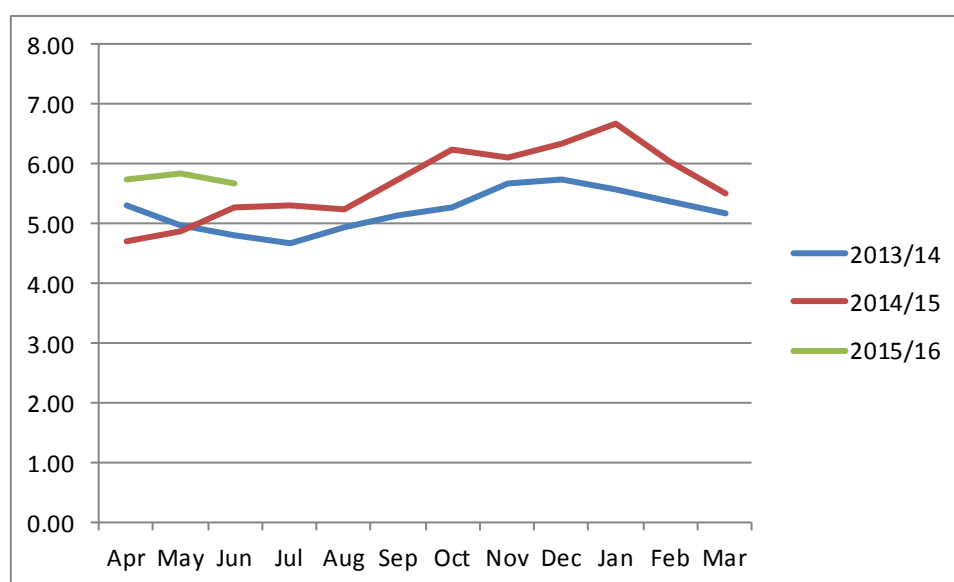
1.3 The latest benchmark figures available are for April 2015 whereby the NHS sickness absence rate overall is 4.06% and for large acute NHS Trusts the sickness absence rate is 4.23 %. The Pennine Acute Hospitals NHS Trust sickness absence rate exceeds these benchmarks by 1.59 % and 1.42% respectively.

1.4 Table 1 shows the top five reasons for sickness absence in the Trust. These have been benchmarked and we mirror our neighbouring trusts with stress and Musculoskeletal (MSK) /back problems being the top reasons for sickness absence.

Table 1 *Top Five Reasons for Sickness Absence*

Absence reason	Percentage of overall sickness
Stress/Anxiety/Depression	37.08%
Other MSK problems	25.08%
Cold, Cough, Flu	16.00%
Gastrointestinal problems	11.81%
Back Problems	10.03%

1.5 Chart 2 shows the split between long term sickness absence, which is described as absences exceeding 30 days, and short term sickness absence. As can be seen there has been an increase in long term sickness absence over the last 18 months.

Chart 2 *Long Term and Short Term Sickness Absence*
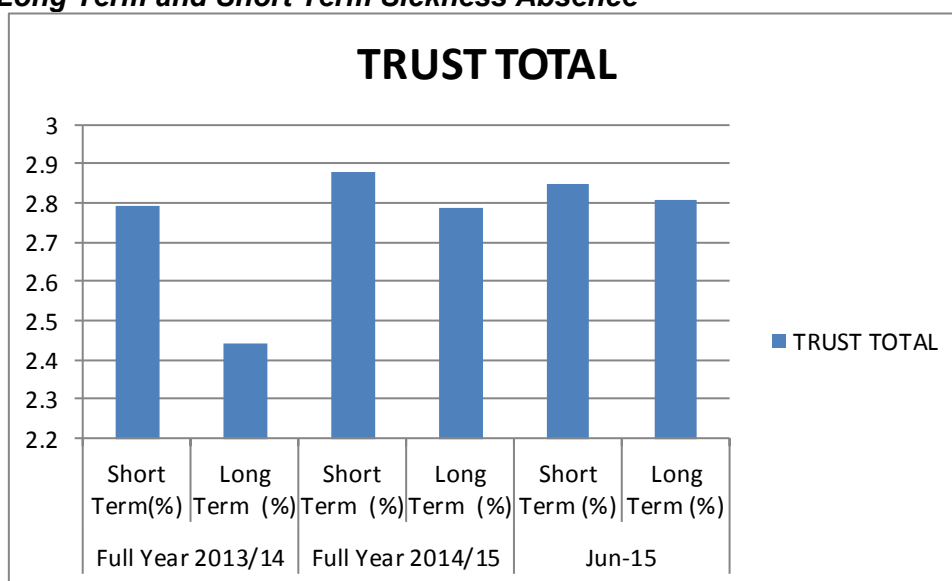
2. Staff Engagement and Sickness Absence

Following the initial studies of Borril & West in 2001 it has been shown there is a link between poor staff engagement and high sickness absence. Table 2 shows the Trust overall staff engagement score as calculated in the National NHS annual staff survey and Table 3 shows the Trusts quarterly friends and family scores. This data shows that the Trust has low staff engagement when compared nationally.

Table 2 NHS National Staff Survey Results

Year	Overall Engagement Score
2012	3.50
2013	3.58
2014	3.61

1 = poorly engaged, 5 = highly engaged staff

Table 3 *Friends and Family Scores: How likely are you to recommend to friends and family as a place to work?*

Year	% to Recommend (Place of Work)
2014 Quarter 1	58 %
2014 Quarter 2	58 %
2014 Quarter 4	59 %
2015 Quarter 1	60 %

3. Improving Sickness Absence

To improve sickness absence an overarching strategy, Healthy Happy Here, has been developed through wide engagement with staff. This strategy is supported by a number of initiatives which are outlined in this report.

Healthy Happy Here Strategy

3.1 In light of the above position of high sickness absence and low staff engagement the Chief Executive launched her Pride in Pennine CEO Challenge on "Health and Attendance" in April and May 2015. Innovative cloud sourcing technology was used to collate the views of our staff: there were over 39,000 contributions to the on line conversations.

3.2 Our aim was:
- to understand why we have low levels of job satisfaction and high levels of absenteeism,
- to empower staff to share and prioritise solutions that can address PAT's people issues, especially low levels of job satisfaction and high levels of absenteeism, and
- to create a foundation, directly from these contributions, upon which our Workforce and Organisation Development leaders can build a new plan to turn the Trust around.

3.3 The contributions were compiled and the following diagram shows the plan on a page which has been shared with all our employees.

Draft Healthy, Happy, Here Plan

	Our priorities	The solutions staff support so far			Goals
		Now	6 months	12 months	By 2017
Healthy	• Support for emotional and physical health • Access to diagnostics & care • Physical environment	• Healthy lifestyle programme • Occupational Health support • Staff support networks	• Healthy lifestyle programme • Healthier catering options • Better break areas for staff	• Improved car-parking for staff • Onsite GP/walk-in centre	• 25% reduction in sickness absence • 30% reduction in stress related sickness
Happy	• Supportive leaders and managers • Encourage & recognise the right behaviours • Career development	• Back to the floor visits for managers • Staff feedback and suggestions system	• Values-based appraisal • Leadership/ management development programme • Internal opportunities webpage	• Values-based recruitment • Smarter rewards and recognition • Personal development and training • Mentoring/Coaching Scheme	• Positive 360 degree feedback & values-based appraisals • Be in the top 25% of Trusts for job satisfaction in the NHS • The Times Top 100 employers list
Here	• Managing absence • Staffing levels & skill mix • Shift patterns	• Review shift patterns & rotas • Staffing levels and skill mix	• HR policy training for all • Develop recruitment strategy • People policy peer audits	• HR policy training for all • People policy peer audits • Enhance induction process	• c90% 'stability' 25% reduction in agency/bank • Speed of filling vacancies • Reduce vacancies to 3% • 95% retention of student nurses

3.4 A more detailed implementation plan is being developed and with an initial draft at the end of August. This will go to the Trust's Workforce and Leadership programme Board for approval.

FirstCare Pilot

3.5 The Trust is piloting a centralised model for recording compliance with the sickness absence policy called FirstCare. This pilot is due to end in October and is currently being reviewed with key stakeholders and the company. The service provides a single number for reporting staff sickness and a follow up nurse led service to offer advice. The pilot has enabled compliance monitoring for line managers following sickness absence processes and appropriate support and training to be given to line managers where required.

Occupational Health Review

3.6 As part of the review of attendance management, an analysis was undertaken on the management of the occupational health service. This review highlighted the need for a clear service level agreement between the service and the Trust. This would enable the Trust to have visibility on key performance targets and waiting times and the department could manage the expectations of the line managers and staff. Early work has seen an improvement in waiting times but there is more work to do.

Nursing Sickness Absence Plan

3.7 The Deputy Chief Nurse is leading a programme targeted at reducing nursing and midwifery sickness absence. The project group has been formed and the plan approved by

the Senior Management team. The plan involves each absent nurse having an action plan and managers performance/compliance monitored bi-weekly.

Staff Physiotherapy and Psychological services

3.8 As highlighted in table 1 stress and MSK are the most common reasons given by staff sickness absence. To support staff and reduce sickness absence the Trust has invested in increasing the capacity of the Physiotherapy service for staff and a new Psychological service for staff.

Staff Benefits

3.9 The Trust is also looking to implement a staff podiatry service and to hold Pilates and Yoga classes to enable staff to take responsibility for their own health, following suggestions from staff.

4. Conclusion

4.1 The Trust recognises that it has a significant sickness absence challenge, however, with the support of managers and staff and the Healthy, Happy, and Here programme, it is envisaged that the sickness absence rates will improve.

J Lenney
Executive Director of Workforce & OD
August 2015