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The Pennine Acute Hospitals NHS Trust

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Attendance Management Report

Attendance Management Report
November 2015

1. Background

1.1 Following the JHOSC meeting on 6th October 2015 the committee asked for further information on:

- Sickness absence by site and division
- Bank and agency figures
- Management of staff sickness during service redesign work

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.

	Confirmed Sickness Levels			Indicative Levels	
	Aug-15	Sep-15		Oct-15	Nov-15
352 B - Integrated & Community Services	*5.31%*	4.25%		4.72%	4.10%
352 C - Medicine	*6.27%*	6.16%		6.86%	5.92%
352 D - Surgery & Anaesthesia	*6.10%*	5.79%		5.87%	6.58%
352 E - Women & Children	*5.48%*	5.56%		6.56%	6.82%
352 G - Division of Support Services	*5.02%*	4.91%		5.70%	5.40%
352 J - Elective Access	*4.64%*	5.17%		5.98%	5.98%
352 K - Corporate Services Other	*4.29%*	4.23%		5.28%	5.18%
TRUST TOTAL	*5.48%*	5.27%		5.92%	5.75%

Table (1) *Sickness Absence Rates by Division*

The figures for October and November are provisional as the data input by managers needs to be verified by payroll before being confirmed. The increase in October reflects a normal seasonal fluctuation due to an increase in colds and flu.

The above table and the chart below show that the trend since November 2014 to November 2015 has been gradually downwards, which is positive and reflects the increased focus being given to health and well-being programmes and attendance management. However, we are keen to increase and accelerate the downward trend in sickness levels. We have recently commissioned an enhanced absence management support service, and we are hopeful that this measure combined with the launch of a new sickness absence policy in

January will accelerate the progress currently being made.

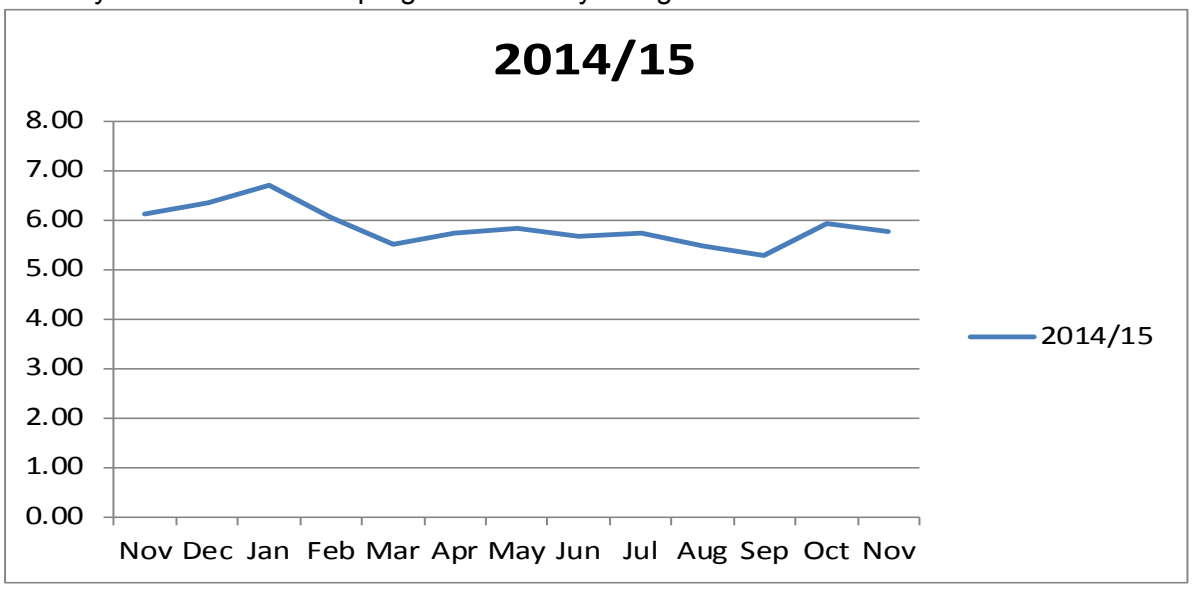

Chart (1)*Trust overall sickness absence rates*

3. Bank and Agency

3.1 The Tables below show expenditure on temporary staffing for the month of November 2015. The Trust estimates that 37% of this spend is due to sickness absence. This estimate is derived from data reported by the nurse rostering system.

Division	Nov-15 £000
Corporate	191
Medicine	1,636
Elective Access	260
Surgery	1,011
Women's & Children's	396
Integrated & Community	427
Support Services	386
Total Temp Staff	**4,307**

Integrated & Community	Nov-15 £000
Agency	314
Locum Medics	88
Nurse Bank	18
Clerical Bank	7
Total Temp Staff	**427**

Medicine	Nov-15 £000
Agency	1,291
Locum Medics	103
Nurse Bank	234
Clerical Bank	8

Total Temp Staff	1,635

Surgery	Nov-15 £000
Agency	678
Locum Medics	212
Nurse Bank	117
Clerical Bank	2
Total Temp Staff	1,009

Women's and Children's	Nov-15 £000
Agency	182
Locum Medics	167
Nurse Bank	47
Clerical Bank	1
Total Temp Staff	396

Support Services	Nov-15 £000
Agency	298
Locum Medics	73
Nurse Bank	9
Clerical Bank	8
Total Temp Staff	388

Elective Access	Nov-15 £000
Agency	130
Locum Medics	0
Nurse Bank	(0)
Clerical Bank	131
Total Temp Staff	261

Corporate	Nov-15 £000
Agency	181
Locum Medics	(4)
Nurse Bank	0
Clerical Bank	14
Total Temp Staff	192

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

3.2 In November 2015 the total temporary staffing spend across the Trust was £4.307m, of which it is estimated that £1.594m (37%) was due to covering staff sickness absence. As indicated above and as reported in October to the committee it is envisaged that the actions which are in place will drive up staff attendance and reduce the bank and agency spend related to sickness absence.

4. Management of Sickness Absence during Service Redesign Work

4.1 The Trust recognises that evidence indicates that sickness levels can increase during periods of uncertainty. Our own experience confirms this view: when large scale change has impacted on a particular ward or department the sickness absence rate goes up during the period of change and then falls once things begin to settle.

4.2 In anticipation of this happening the Trust has in conjunction with colleagues from Unison run a coping with change course prior to change happening. The Trust also has available an i-resilence toolkit which can be accessed via our intranet for staff to work through in preparation for change.

4.3 The Trust has a formal internal consultation process which seeks to ensure that staff have an influence over the design and implementation of changes which affect them and that communication is as effective as possible, both in advance of the change being implemented and during the implementation process. This consultation typically includes large meetings with whole teams and their trade union representatives and then moves to individual face to face discussions between managers, staff and their trade union representatives.

4.4 As reported in October the Trust does monitor the reasons for sickness absence and stress remains the highest reason for absence, however, over the last 3 months the Trust has seen a fall in the number of hours lost due to stress. The number of lost hours due to stress has reducing by 400 hours, which equates to 10.66 whole time equivalent staff returning to fulltime working, has been recoded which demonstrates a positive change in staff sickness absence management.

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 18 months and achieve our target to reduce our cumulative absence levels to below 4.5% by March 2017.

J Lenney
Executive Director of Workforce & OD
18th December 2015