Sickness Absence Report

Agenda Item: 7.3
Reference: 10B.125

Board Meeting: 20 December 2010

Summary	This is the report on sickness absence for November 2010. This is a regular report to the NHS Direct Board, which describes activities to reduce sickness absence rates, sets out the sickness absence rates for the previous month, trends over time and the performance against key performance indicators for 2010/11. The Board should note, however, that sickness rates rose sharply in November. This is the short report. I will immediately undertake a major review on all activities relating to sickness absence, and will also update colleagues at the December board meeting with a more detailed analysis of the November figures, and an action plan to address the issues.
Issues to be considered by the Board	The Board should note the sharp rise in sickness absence cases in November.
Action required by Board	None
Accountable Executive Director	Roger Rawlinson, H R Director
Authors of Paper	Roger Rawlinson, H R Director
Date prepared	8th December 2010

1. Introduction

Following a month by month decrease throughout 2008/09, sickness absence levels rose sharply from the onset of the first wave of the flu pandemic in May 2009 and continued to increase to an unacceptable level.

The December 2009 Board meeting agreed a series of actions to reduce levels of sickness absence and asked for regular updates to come to future board meetings.

2. Update on Activities

2.1. Roll out the Lexicon system to all divisions

Lexicon has been successfully rolled out to all divisions.

2.2 Long term sickness absence project.

The number of long term sickness cases in the organisation has risen from under 80 in September and October to 90 at the end of November. Although the long term trend from a level 138 in December 2009 remains positive, November is the first month since the Board focus on sickness absence that the figure has increased.

The churn of long term sickness cases remains high. 28 cases were resolved in October:- 4 employees were dismissed on grounds of ill health, and 32 returned to work, but there were also 51 new cases during the month.

The KPI target is to reduce the number of long term sickness cases to under 50 by 31st March 2011.

2.3 Strategic Development Programme DT2a:- Roster Options Framework

It is expected that, as the new Roster Options Framework beds in, it will have a significant effect on sickness absence rates, as it gives front line employees a level of certainty about their future rostering arrangements, which will remove the temptation to use sickness absence entitlement as a means of overcoming timetabling difficulties.

All grievances related to the Roster Option Framework have been resolved.

2.4 Strategic Development Programme DT2c:- First Line Management Reconfiguration

Following the reconfiguration, all first line managers transferred to their new roles on 22nd November. Although every manager in the organisation is responsible for the sickness absence of their team, the Team Manager post is absolutely key to the robust and sensitive management of sickness absence.

2.5 Strategic Development Programme DT3:- Performance Management and Skills Development

The development of a balanced scorecard which, amongst other measures, contains sickness absence information at a front line level and can be interrogated effectively by first and second line managers, has been

completed and was launched to the first line managers on 8th December.

First line mangers will become engaged in Modules 3 & 4 of the Competent Manager programme, form 4th January. These modules address the development of team and performance management skills, but first line managers will also receive refresher training on Module 1, which addresses exclusively the management of sickness absence.

2.6 Great Place to Work

A paper outlining proposals for initiatives on recognition, health & wellbeing, involvement, and improvements in the way we work and the environment, was accepted by the Executive Management Board at its November meeting. A paper with concrete proposals for activities will come to the January Board.

2.7 Chief Operating Officer "top 15" monthly meetings with Divisional Operations Directors

The Chief Operating Officer continues to meet each Divisional Operations Director every month to focus exclusively on the specific actions being undertaken to address the fifteen employees in their division with the worst sickness records. She is supported by Julie Liggett, Deputy Director of HR. A "best practice" approach and common reporting methods have been developed.

2.8 External Sickness Reporting

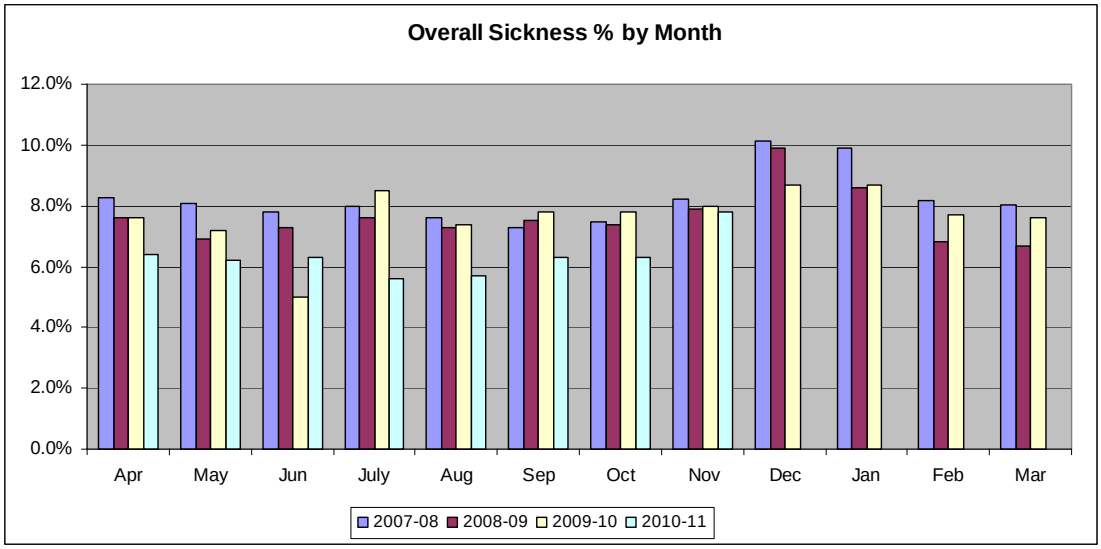
The contract for the external reporting of sickness has been awarded. The contracts manager is completing some final due diligence on data security before progressing to launch.

3. Sickness Absence Reporting

3.1 Seasonal Pattern

Table 1, below, shows the seasonal pattern of total sickness absence in NHS Direct since April 2007. There has been a sharp and very disappointing rise in sickness absence in the organisation during November, which will be examined immediately. A full analysis and action plan will come to the January Board Meeting

Table 1



(This graphs shows the levels of sickness expressed as a percentage of the overall number of hours worked)

3.2 Number of days off sick:- comparison by role and geography

The 2010/11 Key Performance Indicator for the average number of days absent through sickness per full time equivalent is 10. The current average for the organisation overall is 17, which is the same as the September figure.

Table 2 shows 1) the average number of days of sickness absence in a rolling 12 month period by role type, Table 3 shows the average number of days of sickness absence in a rolling 12 month period by number of days for frontline staff by division, Tables 4 and 5 show the percentage of staff in each front line occupational group with fewer than 4 days' absence and more than 20 days' absence respectively, in a rolling twelve month period.

These tables clearly show NHS Direct's issues with sickness absence at the front line in all its forms. It also shows, however, that sickness absence of more that 20 days per annum is a problem in all staff groups.

Table 2

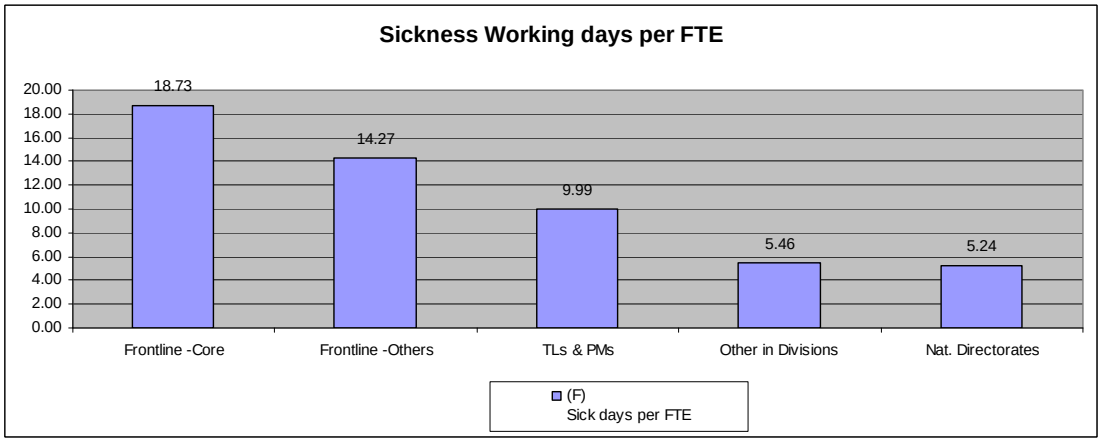
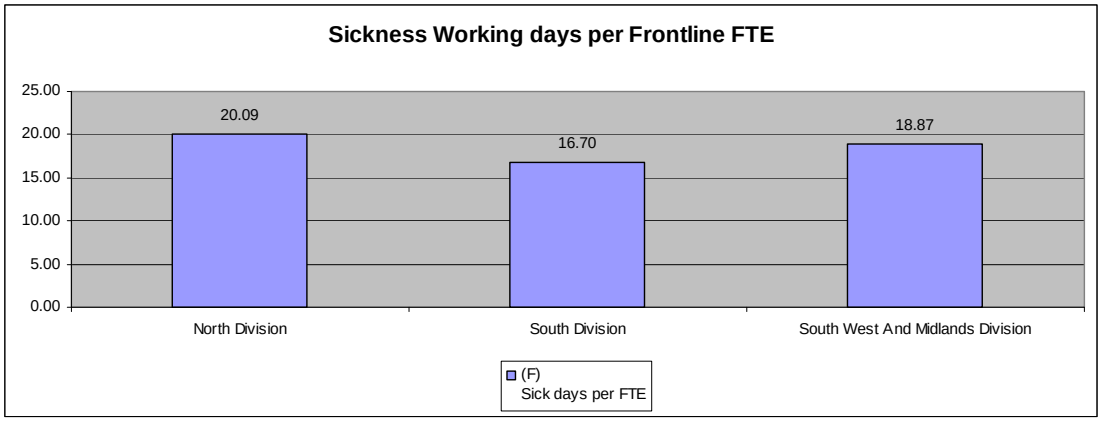


Table 3



Appendix 1 shows the average number of days sickness in the previous twelve months for front line staff by contact centre and by division

Table 4

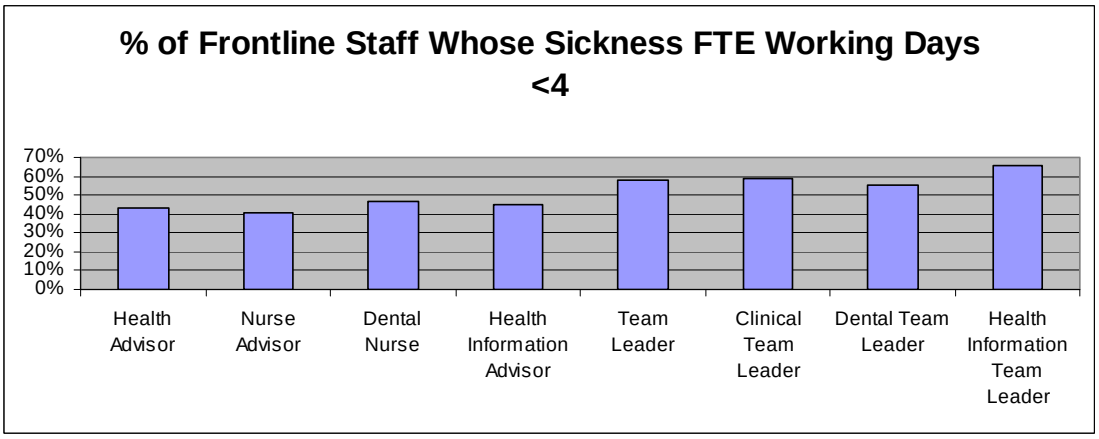
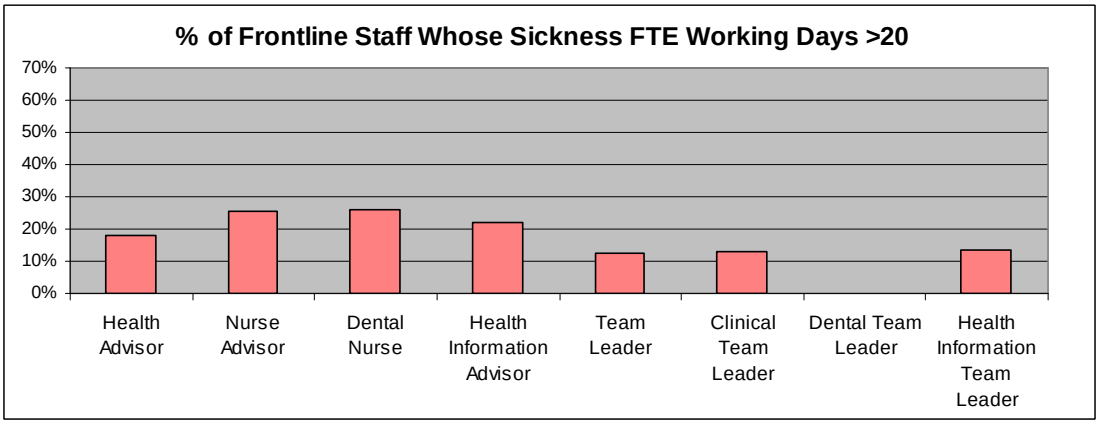


Table 5



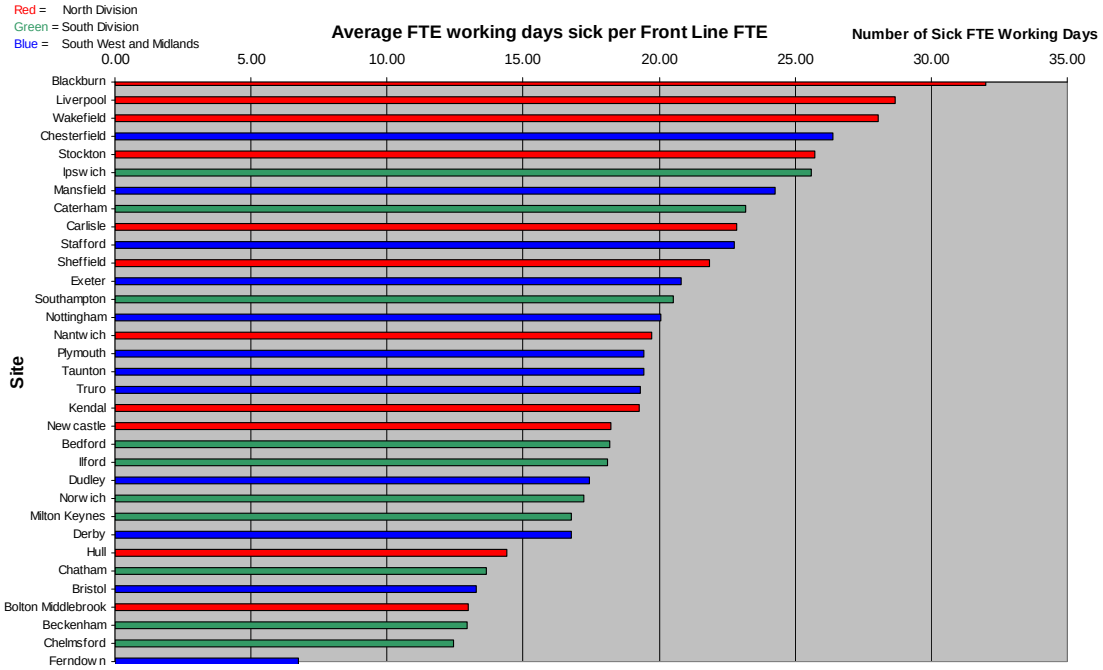
5.0 Conclusions to statistical analysis

The management activity related to sickness absence has not declined in November. In fact in response to the levelling off in the improvement in 2010 since the summer, the activity has increased, so it is extremely disappointing to a sharp decline in performance in November, both in shot and long term sickness rates.

I will immediately undertake a major review on all activities relating to sickness absence, and will also update colleagues at the December board meeting with a more detailed analysis of the November figures, and an action plan to address the issues.

Accountable officer:	**Authors of paper:**
NAME Roger Rawlinson	**NAME Roger Rawlinson**
TITLE H R Director	**TITLE H R Director**

Appendix1


Red = North Division
Green = South Division
Blue = South West and Midlands
Average FTE working days sick per Front Line FTE
Number of Sick FTE Working Days
0.00
5.00
10.00
15.00
20.00
25.00
30.00
35.00
Site
Blackburn
Liverpool
Wakefield
Chesterfield
Stockton
Ipswich
Mansfield
Caterham
Carlisle
Stafford
Sheffield
Exeter
Southampton
Nottingham
Nantwich
Plymouth
Taunton
Truro
Kendal
Newcastle
Bedford
Ilford
Dudley
Norwich
Milton Keynes
Derby
Hull
Chatham
Bristol
Bolton Middlebrook
Beckenham
Chelmsford
Ferndown