



SICKNESS ABSENCE

REPORTING METHODOLOGIES

TRACKING THE QIPP CHALLENGE

CONTEXT

You will all be aiming to reduce sickness absence to meet the QIPP challenge and to improve staff health and well-being. However...

- Do you know enough about sickness reporting methodologies and what insights they can provide?
- Do you want to check that you are using a robust approach?
- Are you sure you are using the most effective approach to help you take key actions for your organisation?

By developing a detailed understanding of what insight different methodologies of tracking sickness absence can provide, organisations can make informed decisions about monitoring sickness absence. Introducing an intelligent sickness absence reporting system will empower organisations to make proactive and forward-thinking decisions on how to tackle the issues.

This Hot Topic is designed to assist organisations in exploring different methodologies to encourage organisations to examine their current reporting practices and push forwards the benefits of a well-rounded sickness absence reporting system.

INTRODUCTION

The NHS Health and Well-being report by Dr Steve Boorman demonstrated the detrimental effect high levels of sickness absence have on the NHS workforce and patient care. The review found a predominately poor culture concerning staff health and well-being where organisations' responded to illness rather than proactively seeking to improve staff health, leading employees to have the view that staff health and well-being was not seen as a priority by their organisation's management.¹ Among several recommendations that came out the report, including the remodelling of occupational health services, utilising the national mental health strategy to

improve management practice and embedding staff health and well-being in the culture of organisations, there was an agreement between Strategic Health Authorities to reduce levels of sickness absence to 3.0% in the South and 3.4% in the North.² This target has been clarified as a twelve month rolling average of 3.4% for 2013/14 for the North West region rather than an in-month target for the end of the year. This Hot Topic aims to examine the North West region's current position against target and identify methods of sickness absence reporting that will improve understanding of sickness absence, therefore assisting in reducing sickness absence in line with the target for 2013/14.

Monitoring Sickness Absence

There are a plethora of ways to monitor and report on sickness absence, all providing a different level or direction of insight into an organisation's staff sickness rates. It is important to establish the requirements of sickness absence reporting for the relevant people to which it is being reported. For example, ward, directorate or board level reports might require different levels of granularity or focus.

Among the recommendations made by Stephen Bevan of the Work Foundation as the basic principles employers should adhere to when measuring and monitoring absence are:

1. Use measures that allow the patterns of both long-term and short-term absence to be established and understood
2. Use measures that allow intelligent analysis of the patterns of absence an organisation is experiencing in order to identify hotspots
3. Use measures that allow line managers to be held accountable for the absence of their staff, e.g. ensuring absence is accurately reported³

The main issue discussed in this Hot Topic is how to produce intelligent analysis that allows an organisation to identify patterns of absence and hot spots in the light of the North West region's 3.4% sickness absence target. Methodologies discussed include monitoring several sickness absence rates at once – in-month and rolling averages – to allow organisations to identify seasonal trends; breaking this down by for example staff group and monitoring the reasons for sickness absence all to develop a fuller picture of an organisation's position on sickness absence. Of course, there are more breakdowns that organisations can investigate such as staff function, location, occupation, job level, gender and age group.⁴ It is also important to recognise the long-term absence and short-term absence split as Bevan discusses to prevent a skewing of the figures.⁵ The importance of good sickness absence management and supporting policies cannot be underestimated, for example improved staff engagement, swifter return to work and organisational cost savings - of which there are some good examples on eWIN, supplied in the references section.



The North West Region's 3.4% Target by 2013/14

By taking 2010/11 actual in-month sickness absence rates, it is possible to first identify seasonal fluctuations and secondly calculate the in-month target sickness absence rates taking into account these fluctuations. This means rather than providing an unachievable

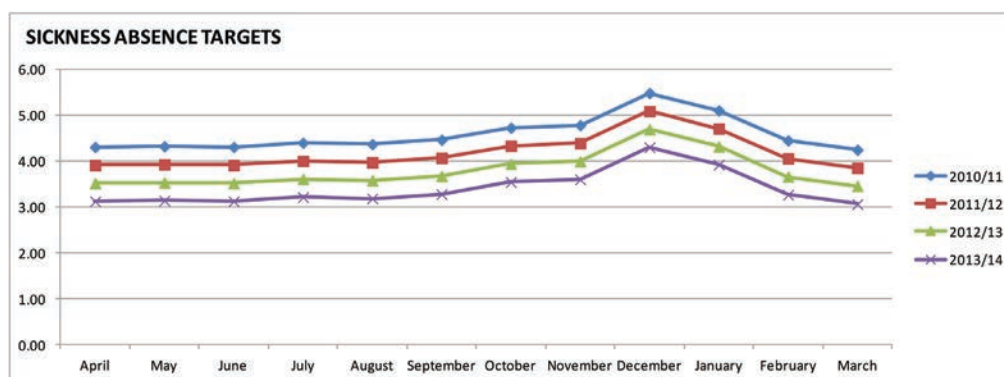
month-on-month decrease, which would expect December's sickness absence rate to be lower than June's, there is a built in allowance for increased sickness absence experienced through the winter months. By combining this with a twelve month rolling average target, sickness absence performance is monitored against a more intelligent and informative method.

Table 1 shows the North West's in-month targets based on a 12 month rolling target for 2013/14 of 3.4%.⁶ The figures for 2010/11 marked in yellow are actual sickness absence figures. Figure 1 shows these sickness absence rates in a graph format.

Table 1: North West In-Month Sickness Absence Target Based on 2010/11 Actual Rates

	April	May	June	July	August	September	October	November	December	January	February	March	Target 12 Month Average	Projected 12 Month Average
2010/11	4.31	4.33	4.31	4.40	4.37	4.47	4.73	4.79	5.49	5.11	4.45	4.25	4.58	4.58
2011/12	3.92	3.93	3.92	4.01	3.98	4.07	4.34	4.39	5.09	4.71	4.06	3.86	4.19	4.19
2012/13	3.52	3.54	3.52	3.61	3.58	3.68	3.94	4.00	4.70	4.32	3.66	3.46	3.79	3.79
2013/14	3.13	3.14	3.13	3.22	3.19	3.28	3.55	3.60	4.30	3.92	3.27	3.07	3.40	3.40

Figure 1: North West In-Month Sickness Absence Target Based on 2010/11 Actual Rates

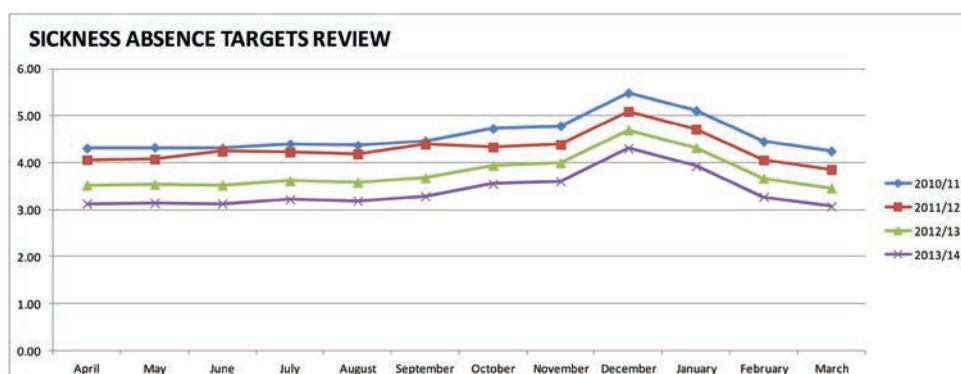


When monitoring the North West against the targets in Table 1, the data at September 2011 shows the North West is above the in-month targets therefore increasing the 2011/12 twelve month average above the 4.19% target (Table 2). The consequences of this are a larger reduction in the first six months of 2012/13 from the previous year in order to bring the twelve month average back down to target. Each month that the sickness absence is over target, the more difficult the task of reducing the region's sickness absence to a twelve month rolling average of 3.4% for 2013/14.

Table 2: North West In-Month Sickness Absence Target Based on Apr 2010-Sep 2011 Actual Rates

	April	May	June	July	August	September	October	November	December	January	February	March	Target 12 Month Average	Projected 12 Month
2010/11	4.31	4.33	4.31	4.40	4.37	4.47	4.73	4.79	5.49	5.11	4.45	4.25	4.58	
2011/12	4.07	4.08	4.25	4.23	4.19	4.40	4.34	4.39	5.09	4.71	4.06	3.86	4.19	4.30
2012/13	3.52	3.54	3.52	3.62	3.58	3.68	3.94	4.00	4.70	4.32	3.67	3.46	3.80	3.80
2013/14	3.13	3.15	3.13	3.22	3.19	3.29	3.55	3.61	4.31	3.93	3.27	3.07	3.40	3.40

Figure 2: North West In-Month Sickness Absence Target Based on Apr 2010-Sep 2011 Actual Rates



Breaking Down the North West Region's Sickness Absence

When provided with a regional target of 3.4%, it is essential to interrogate sickness absence in order to develop an action plan of how to tackle the issues. This must also be done at an organisational level for trusts to generate effective action plans to reduce their sickness absence within the specified time frame. In this Hot Topic, we will look at how monitoring organisations by their type, over specified time frames, by staff group

and reasons for sickness can help provide understanding of hotspot areas.

North West Organisation Types

If the North West is to achieve the 3.4% target, we need to understand the challenges that different types of organisations might be facing and focus on relevant targets. An example would be the difference in sickness absence rates for Mental Health trusts comparable to PCTs. Mental Health trusts' sickness absence average in the region is higher

than the North West average (Figure 3), while PCT sickness absence generally trends below the North West average especially since the staff movement associated with Transforming Community Services (Figure 4). Through acknowledging these differences, different organisation types could be given different level targets that would result in an overall North West rolling average of 3.4% for 2013/14 rather than imposing a blanket target of 3.4% for all organisations.

Figure 3: Mental Health Organisations' Sickness Absence against the North West Average

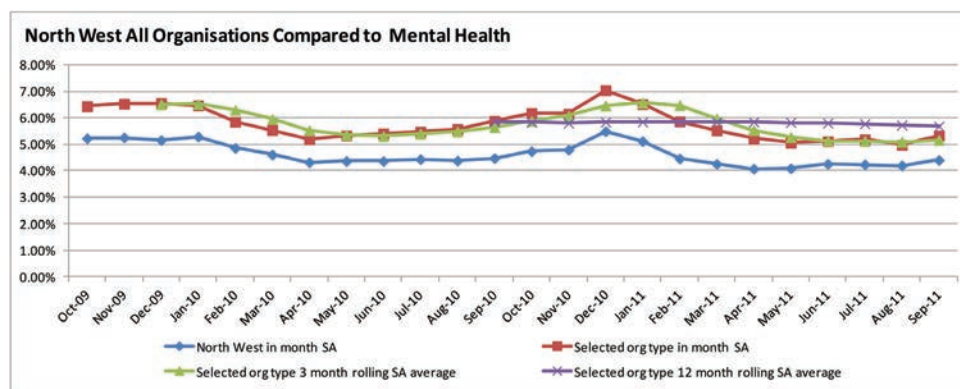


Figure 4: PCTs' Sickness Absence against the North West Average

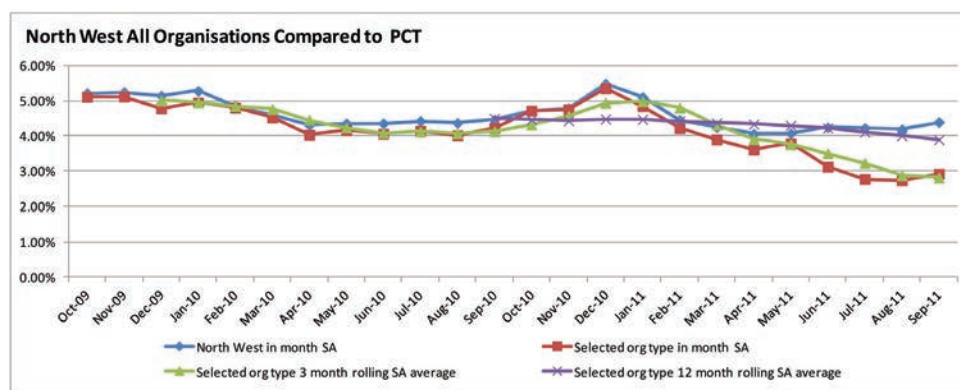
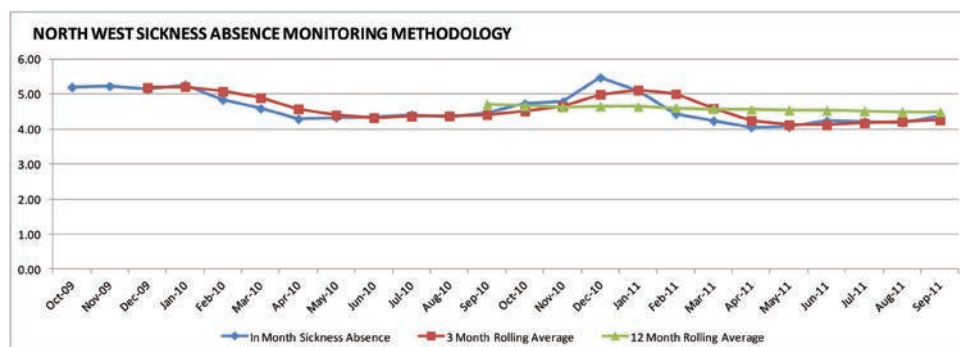


Figure 5: Time Frames for Monitoring Sickness Absence



Time Frames

Monitoring sickness absence on an in-month basis provides base data from which we can begin to track sickness absence trends and identify if an organisation's sickness rates are decreasing or increasing over a period of time. Figure 5 maps in-month rates against 3 month rolling average and 12 month rolling average for the North West, over a 24 month basis.



Staff groups

Monitoring sickness absence by staff group, using the time frames discussed above, allows organisations to compare individual staff groups to the organisation average. This will assist in identifying staff groups where sickness absence rates are high in order to develop targeted action for these staff groups. In addition, linking staff group analysis with reasons for sickness absence, organisations can identify if there are sickness absence reasons that effect particular staff groups allowing direct action to be taken to tackle the issues.

Figure 6: North West All Staff Sickness Absence Compared to Estates and Ancillary

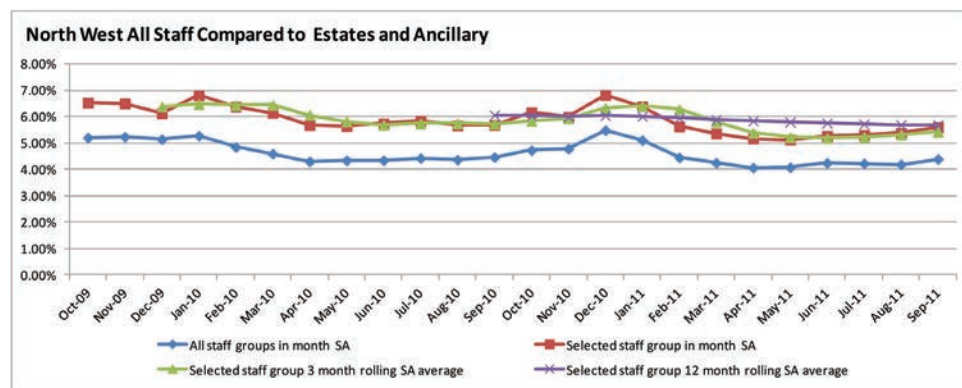


Figure 7: North West All Staff Sickness Absence Compared to Additional Professional Scientific and Technical

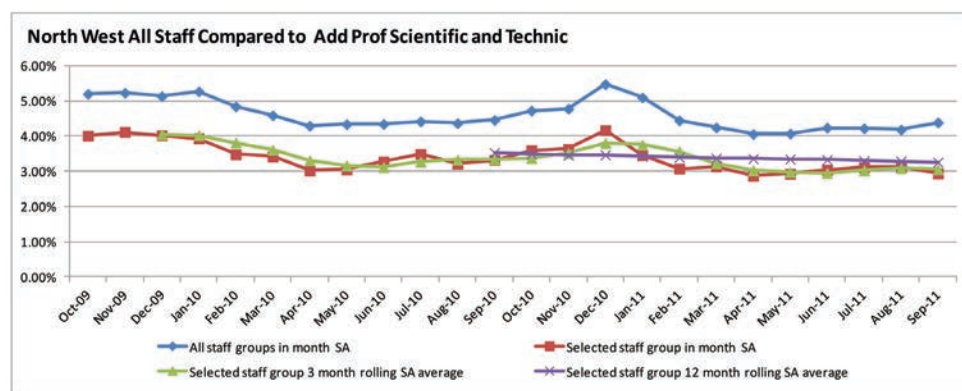
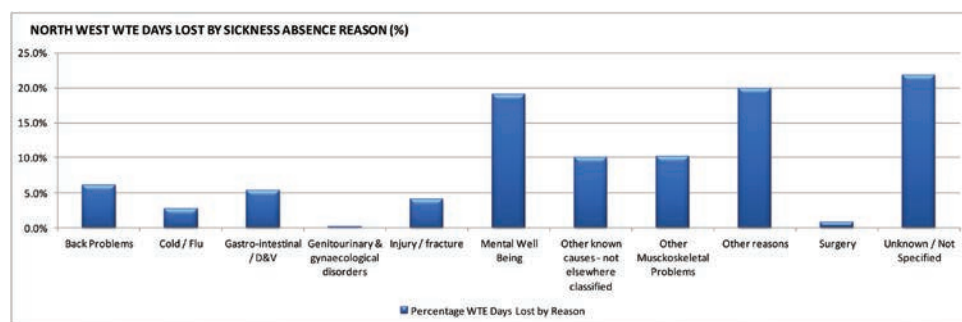


Figure 8: North West Sickness Absence Reason, September 2011



Sickness Absence Reasons

By examining the reasons staff provide for their sickness, organisations are able to provide targeted action to address pertinent issues. Sickness absence reasons is one area where good data quality is exceptionally important for organisations to be able to use the data effectively. In the North West for September 2011, over 20% of sickness absence reasons were unknown or not specified. This level of unknowns being replicated at organisational level will have a severe impact on the ability of management to build an effective action plan to tackle sickness absence.





CONCLUSION

The North West region is facing a huge challenge in reducing its sickness absence to an average of 3.4% in 2013/14. Intelligent and careful monitoring of sickness absence can help us meet this challenge, not only to meet the cost efficiency savings required by all organisations but also to improve staff health and well-being and patient care. The NHS Health and Well-being report demonstrated the clear links between staff health and well-being and patient safety, patient experience and effectiveness of patient care.⁷ By understanding the basic elements of staff sickness absence within an organisation using the methodologies described above, organisations' can establish a valuable starting point from which to fully integrate staff health and well-being into its culture in order to get the North West to meet its sickness absence target and to ensure that staff health and well-being is an integral part of NHS culture.

TAKE ACTION

There is a wide range of resources available to support organisations to improve health and well-being and effectively manage sickness absence. eWIN contains a number of resources to support member organisations, for example eWIN's Knowledge Exchange contains many case studies and articles where North West trusts demonstrate the successes they have had in improving the health & well being of the workforce. eWIN's Benchmarking Service enables north west organisations to evaluate their organisation's sickness absence rates against other comparable Trusts, and the Sickness Absence Costing Tool allows organisations to forecast the potential savings they could achieve by effective sickness absence management.

RELEVANT EWIN CASE STUDIES

- [The Blackpool Way, Blackpool Fylde and Wyre NHS Foundation Trust](#)
- [Mindful Employer: Cheshire & Wirral Partnership](#)
- [Mindful Employer: NHS Wirral](#)
- [Royal Bank of Scotland Staff Engagement](#)
- [Health and Wellbeing Survey 2010, Warrington and Halton Hospitals](#)
- [Greater Manchester: Fit For Work](#)
- [Clock on2 Health Programme: NHS Bolton](#)
- [Tackling Absence Management: University Hospitals of Morecambe Bay](#)

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1. NHS Health and Well-being: Final Report. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799, 2009. Accessed October 2011, p.8. 2. NHS Health and Well-being Improvement Framework. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128691, July 2011. Accessed October 2011, p.8. 3. Attendance Management. Bevan, Stephen. The Work Foundation, February 2003. Accessed October 2011, p.10. 4. Attendance Management, p.9. 5. Attendance Management, p.9. 6. Throughout this report actual sickness absence rates are extracted from ESR Data Warehouse and are calculated as follows: Sickness absence rate = FTE day lost / FTE days available*100. Sickness absence rates in this report do not include the NHS North West Strategic Health Authority. Sickness absence rates in this report do not separate short-term and long-term absence. 7. NHS Health and Well-being: Final Report, p.8