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HSE HR Circular 007/2010   **26th April, 2010.**

To: Each Member of Management Team, HSE;
Each Regional Director of Operations, HSE;
Each Assistant National Director of Human Resources, HSE,
Each Hospital Network Manager, HSE;
Each Local Health Office Manager, HSE;
Each CEO directly funded Voluntary Hospital/Voluntary Agency.

Re: Absence Data Management.

Dear Colleague,

Background

1. **Introduction:**
   1.1. The provision of accurate, appropriate and accessible information, data and management reports is a key prerequisite to inform absence management. Research has shown that the active monitoring of absence is effective in reducing absence by demonstrating that managers are taking the issue seriously, and enabling them to better understand the characteristics and causes of absence, which in turn allows for more effective absence management at local level. All decisions taken with regard to absence management should be based on accurate, reliable, complete and timely data.
   1.2. Measurement of absence is one of the cornerstones of a successful absence management policy. It assists in the understanding of the scale, causes and characteristics of absence and supports the combined effort between HR and line management in tackling this issue.
   1.3. Not all absence can be avoided or reduced, but an organisation must be able to decrease the amount of absence when it is high. The organisation must be in a position to encourage an earlier return-to-work following an absence through its rehabilitation procedures and practices. These in turn should enhance service delivery, make better use of resources, reduce direct and indirect costs relating to absence and better support staff in their day-to-day work environment. The provision of absence data is a key enabler to support effective absence management and control.
   1.4. HSE HR Circular 008/2008, titled Monthly Return of Percentage Absence Rates – Health Services was issued on the 5th February 2008, with the primary purpose of establishing a national health service-wide reporting process of monthly percentage absence rates by organisation and staff category. A key element in the circular was a national definition of percentage absence rate, which should provide for effective comparisons on a like-for-like basis to be made and to assist in benchmarking purposes, both internally within the health services but also on an external basis.

2. **Absence Management – A Key Performance Indicator for the Health Services:**
   2.1. The HSE has placed effective management of sickness absence as a key performance indicator at all levels across the health services. A national target of 3.5% absence rate has been set out as the target for the health service.
   2.2. It is clearly recognised that progress in reducing current absence rates towards the achievement of such a target rate can deliver significant financial savings, and support service delivery.

Revised National Reporting Requirements

3. **Purpose of this Circular:**
The purpose of this Circular is to provide clarification on the national definition of percentage absence rates, to enhance current national reporting of absenteeism and to provide guidance and direction on the inputting of absence data, its classification and measurement, and reporting that should be made available at local level to front-line managers in support of effective absence management.

4. **Clarification on the National Definition of Percentage Absence Rates:**
The national definition as set out in HSE HR 08/2008 is reproduced for convenience:

The national definition of a percentage absence rate is based on the concept of 'lost time rate'. This measures lost time against available time and is expressed as a percentage. The definition and equation to be used is as follows: $$\frac{\textbf{Lost Time in period under review}}{\textbf{Available Time in period under review}} \times \textbf{100}$$

Lost time is any time lost through absences due to certified and uncertified sick leave and unexplained absences. It does not include absences due to maternity leave, carer's leave or other statutory approved leave. Attendance and absences are normally recorded in either hours or days.

Available time is contracted time less annual leave and public holidays for the period under review. In the case of monthly reports, the focus is on the period of one month. A percentage absence rate can be determined for either shorter or longer periods.

Clarifications: *The recording of Lost Time should be driven from payroll where possible as it applies to paid uncertified and certified sick leave and therefore long term unpaid absence should NOT be included in the calculation of the percentage absence rate for national reporting purposes. Lost time includes pregnancy related sick leave as opposed to non-inclusion of statutory maternity leave. Reporting of Percentage Absence Rates as part of the national reporting framework set out in this circular and the previous circular 08/2008 will not include returns for staff employed as Home Helps. However, absence data for such grade of staff should be maintained and management reports generated at local and regional level in the attendance management of Home Helps.*

5. **Additional National Reporting – Revised Reporting Requirements:**
   5.1. Effective from the 1st January 2010, the following additional national reporting of monthly percentage absence is to include a break-down of the overall reported percentage absence rates into uncertified sick leave and certified sick leave. For reporting purposes, returns should report the percentage absence report in respect of uncertified sick leave in the format attached at Appendix 1.
   5.2. Staff off paid sick leave. As such staff are not returned in the percentage absence rate set out above, a separate return of the numbers and grades of staff off paid sick leave will be returned separately on a monthly basis. This return is to include those staff where Article 109 of the Local Government Scheme is being applied as well as staff on pension rate of pay. See Appendix 1 for format.
   5.3. Monthly returns should be made to Performance Management & Management Information, National HR Directorate, in line with HSE HR Circular 008/2008.

Suggested Additional Reporting at Local and Service Level to Support Effective Absence Management

6. Maintenance of Appropriate Datasets for Absence Management Reporting at Local Service Level:

It is front line service managers through their engagement with their staff that are the deliverers of effective absence management. Line Managers require detailed absence data and reporting, at local level to enable them to have a better understanding of the scale, causes and characteristics of absence among the staff for which they have people management responsibility. It is only through having an informed position can they decide the appropriate intervention and engagement with staff to ensure effective absence management and control. It should be noted that there are a multitude of measurements that pertain to absence, and it is for each service area/employer to consider how best to record absence data in order to be able to support line managers through the provision of better and more appropriate absence reporting.

7. Other National Definitions for Absence Measurement:

To ensure that a standard definition is used throughout the health services and for benchmarking and comparison options into the future, the following two definitions should be used:

7.1. <u>Short term Absence</u>: Less than or equal to 20 working/contracted days/four weeks or equivalence In hours

7.2. <u>Long term Absence</u>: Greater than 20 working/contracted days/four weeks or equivalence in hours.

7.3. Currently most organisations are not in a position to record and report absences under these two definitions. The capacity to differentiate sickness absence into these two categories can assist the appropriate interventions as the impacts from both types warrant different approaches and they impact differently on service delivery and on staff so affected. These definition may require modifications to Information Technology (IT) - HR Management Information Systems (MIS) where they currently exist

8. Different Measurements of Absence Data:

There are many ways of measuring sickness absence, each of which provides a different information set. Their value lies in providing a series of indices to detect trends, identify variations from the norm and to diagnose causes. The three broad measures are:

8.1. <u>Measures of time lost</u>. This measure is primarily focused on how absence is measured and reported. The most common one is the Lost Time Rate and this is the focus of the national definition of percentage absence rate, currently in use in the Health Services. Issues of definition are critical when using such data for comparisons and benchmarking purposes and steps should be taken to guard against under-reporting. Calculating absence rates by staff group, function, department, or location can help to identify particular problem areas.

8.2. <u>Measures of absence frequency</u>. Measures of absence of frequencies provide a better indicator of short-term absence than the percentage absence rate and may be more valuable in planning absence control. However it tends to discount long term absence. Absence frequency rate is given by: $$\frac{\textbf{Number of absences}}{\textbf{Average number of staff}} \textbf{ x 100\%}$$

8.3. <u>Measures of absence duration</u>. There are a number of measures of absence duration. The main ones are; the average duration per spell and the average duration per person.

9. Other Measurements and the Implications for Inputting of Absence Data for IT & HR MIS:

With the focus on ensuring the provision of appropriate and timely absence sickness data to allow for effective absence management, consideration should be given to other measurements of sickness absence. There main purpose is to show where they may differ from the norm or average, thus warranting further investigation and possible specific intervention. These would of course be in addition to the measurements already outlined:

9.1. Measurements of patterns and suggested coding of sickness absence:
   (a) Distribution of absence by Day of the Week.

(b)   Seasonal pattern, e.g. link to particular times of the year, local activity/festivals etc.

(c)   By age stratification. May assist identification of patterns and incidents by age.

(d)   By gender. Is there a variance from the norm based on gender? It may be possible to combine some of these measurements.

(e)   By grade.

(f)   By function.

9.2. However many of these measures may give little insight into the actual causes of sickness absence. Consideration should also be given to having the capacity to input, measure and report on the specific causes of sickness absence:

(a)   Patterns in causes of illness – See appendix 3.

(b)   Short/long term – See definitions above.

(c)   Uncertified- self certified/certified.

(d)   Work related stress.

(e)   Accidents at work.

9.3. Suggested measures around interventions. The maintenance of such measures may assist in monitoring and assessing the efficacy of interventions in the management and control of sickness absence as well as policies and procedures around attendance management:

(a)   Return to Work Interviews – a monitoring of the number of such interviews to ensure they are being applied to all sickness absences on a consistent basis across the organisation.

(b)   Referrals to Occupational Health. Should measure the utilisation of this service in the context of absence management.

(c)   Referrals to Employment Assistance Services. As for previous one.

(d)   Suspensions/restrictions of paid sick leave.

(e)   Disciplinary actions/interventions up to dismissal.

(f)   Early retirement on grounds of ill-health/disability.

(g)   Incidences of gradual return to work of cases of long-term absence.

(h)   Health Promotion programmes.

(i)   Rehabilitation Programmes.

9.4. Alternative measurements which may also enhance sickness absence management data sets could include:

(a)   Number of staff who have zero absence due to illness.

(b)   Demographics of staff on sickness absence – gender, grade level, age, general staff category, front-office/back-office, clinical/non-clinical.

(c)   Physical nature of work.

(d)   Stress related work – differing environments, e.g. mental health, illiteracy, foreign languages, obese patients and clients, infection issues.

(e)   Training measurements; number of line managers (front-line managers) who have completed absence management training, refresher training, or alternatively capturing or reporting on those who have not undergone either training.

10. Guidance Material on Absence Management:

See appendix 2 for guidance material on examples of good practice in delivering effective absence management as an aide for managers at all levels.

11. Conclusion:

Clearly there are a multitude of sickness absences measures that can be utilised, at local and service level, rather than through national reporting frameworks, as part of the information/data base to support local sickness absence management and control and in the provision of critical information to line managers in their engagement with their staff in effecting absence management on a day-to-day basis. Management Reports on sickness absence can only be as good as the absence data inputted in the first instance.   If such reporting is to be expanded, it will require revisions to what data is gathered and inputted at local level.

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Yours sincerely,

Séan McGrath,
National Director of Human Resources.

Appendix 1: **Revised format for submission of monthly percentage absence rates, uncertified absence rates and number of staff off paid sick leave;**
Appendix 2: **Examples of good practice in the management of sickness absence;**
Appendix 3: **Guidance on reporting of medical reasons for absence.**

Monthly Reporting Template

Agency: Location/ Function Name here:

Month:		
Staff Category	**% Absent**	**Uncertified (% Proportion of Total)**
Medical/ Dental		
Nursing		
Health and Social Care Professionals		
Management/ Admin		
General Support Staff		
Other Patient and Client Care		
Total		

Note: The assumption is that your uncertified % + your certified % equals 100% of your total percentage absence rate

Headcount off-pay: Overall Total by staff category- sub-divided as follows:	**Medical/ Dental**	**Nursing**	**Health & Social Care Professionals**	**Management/ Admin**	**General Support Staff**	**Other Patient & Client Care**	**Total**
Article 109 – Serious Assault Scheme							
Staff on Pension Rate of Pay							
Others off paid sick leave schemes							
Overall Total							

Examples of good practice in the management of sickness absence

Management information:

- Clear systems for the recording of sickness absence.
- Standard definitions and shared understanding as to what is being measured.
- Systems to verify the accuracy of sickness recording.
- Identification of underlying trends in sickness absence.
- Corporate targets for the level of sickness absence, communicated to all staff.
- Regular monitoring of sickness absence trends at local and corporate level.
- Benchmarking with other organisations.

Management procedures:

- Clear documented policies and procedures that are regularly reviewed.
- Appropriate training for all management grades.
- Clear and regular explanation of policies and procedures to all staff, particularly new staff.
- Policies for the rehabilitation or redeployment of sick staff back into the workplace.
- Return to work interviews for all absences.
- Trigger points for the review of frequent or long term absence.
- Frequent and regular contact with sick staff.
- Systems to ensure the consistent application of sickness absence procedures.

Prevention of Absence:

- General health promotion campaigns.
- Recruitment and screening procedures.
- Family friendly initiatives and flexible working environment.
- Improving the physical working environment.
- Recognition of exemplar attendance
- Workplace health and safety risk assessments.
- Protection from violence and aggression.
- Physiotherapist services, counselling services or other employee assistance services.
- Encouraging staff to look after their health for example by providing discounted gym/sports facilities.
- Manual handling training.

Suggested classifications of medical reasons for sickness absence for recording purposes

One of the most effective approaches to reducing sickness absence is to identify the specific causes and direct management action accordingly. The capacity of health service organisations and managers to be able to record the reasons for absence on medical groups is an important information aide to assisting appropriate responses, both on an individual and group basis. It is recognised that not in all cases will such information be available for recording purposes for a variety of reasons.

A widely used classification is the one developed by the World Health Organisation and this is widely used by employers in the UK and Europe.

<u>International Classification of Diseases – World Health Organisation - Version for 2006</u>

<u>Code</u> **<u>Description</u>**
1. Certain infectious and parasitic diseases
2. Neoplasms
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
4. Endocrine, nutritional and metabolic diseases
5. Mental and behavioural disorders
6. Diseases of the nervous system
7. Diseases of the eye and adnexa
8. Diseases of the ear and mastoid process
9. Diseases of the circulatory system
10. Diseases of the respiratory system
11. Diseases of the digestive system
12. Diseases of the skin and subcutaneous tissue
13. Diseases of the musculoskeletal system and connective tissue
14. Diseases of the genitourinary system
15. Pregnancy, childbirth and the puerperium
16. Certain conditions originating in the perinatal period
17. Congenital malformations, deformations and chromosomal abnormalities
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19. Injury, poisoning and certain other consequences of external causes
20. External causes of morbidity and mortality
21. Factors influencing health status and contact with health services
22. Codes for special purposes

In the Special Report by the Comptroller and Auditor General on Sickness Absence in the Civil Service (August 2009), the top eight medical reasons for absence in order were listed as follows:

1. Stress/Depression
2. Respiratory related
3. Surgery
4. Pregnancy related
5. Backache/Pain
6. See Certificate on file
7. Viral Infections
8. Other