



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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HSE HR Circular 08/2008

5th February 2008

Each Assistant National Director, HSE
Each Hospital Network Manager and Local Health Office Manager, HSE
Each CEO, Direct Funded Voluntary Hospital/Voluntary Agency

Monthly Return of Percentage Absence Rates – Health Services

Dear Colleague,

- 1.1. As you will know effective attendance management is a key requirement in the provision of a cost-effective and high quality health service. The line manager has a key role in managing attendance and reducing absence levels. The responsibilities of the line manager include: communicating the importance of regular attendance to all employees; ensuring compliance with the sick leave procedure; managing health and safety; monitoring attendance; and dealing with employees whose attendance record is unsatisfactory in a fair and consistent manner.
- 1.2. Absence, for whatever reason, reduces the capacity of the health services to deliver services and can have a significant impact on costs and on staff morale. On the sole issue of financial costs of absence, these would include: salary costs, replacement costs and administration costs. There are, of course, many other costs both tangible and intangible to the individual staff member, work colleague, team, service delivery/function and agency/employer, arising from absences from work. For all these reasons a target of 10% reduction in absenteeism levels has been set as a key result area for the health service during 2008.
- 1.3. A key element in managing absence effectively is accurate measurement and monitoring. Only through measurement can the Health Service Executive and individual health service employers assess if it has a problem with absence, its extent and the best way to tackle it. The ability to benchmark absence rates against those of similar organisations can assist such assessments and also allow a benchmark with external organisations in the wider public service and across the economy at large. A standard definition of absence measurement is central for the health services to being able to benchmark both internally and externally

- 1.4. Only when absence is measured and reported, can specific measures be taken to tackle and reduce absence levels. The measurement of an absence rate is, in itself, of limited value unless it is part of an overall strategy to affect better attendance levels and promote a culture of attendance rather than non-attendance.

2. Purpose and scope of Circular

- 2.1. This circular sets out national reporting requirements and processes for the health services to make monthly absenteeism returns effective from the end of 2007, to the National Employment Monitoring Unit (NEMU), National Human Resources Directorate, Health Service Executive.
- 2.2. A single national definition of absenteeism returns is set out herein as the basis for making such returns at Local Health Office/Hospital/Voluntary Agency/Functional Unit levels and should be returned at both an overall level and by each of the six staff categories; Mental/Dental, Nursing, Health and Social Care Professionals, Management/Admin, General Support Staff and Other Patient and Client Care.
- 2.3. The circular has application across the health services, for all health service agencies and functions encompassed within the Health Service Executive's approved employment ceiling.
- 2.4. The reporting of percentage absence rates is a separate issue from the application of the various sick leave schemes in operation in the health services.

3. National Definition – Percentage Absence Rate

- 3.1. 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:

$$\frac{\text{Lost Time in period under review}}{\text{Available Time in period under review}} \times 100$$

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.

A percentage absence rate can be derived in respect of individual employees and for any aggregate number of employees in the health services.

The percentage absence rate can be regarded as an overall measure of the severity of the problem.

3.2. All staff must be included in the reporting system to ensure absence rates are fully reflective of the organisation being reviewed.

4. Returning Process and Format

4.1. The percentage absence rate return, to two decimal points, in respect of each Local Health Office, Hospital, Voluntary Agency and function of the health services should be returned in the format below (excel file) by the 6th of the month, one month in arrears, i.e. December returns to be returned by 6th of February following, to the National Employment Monitoring Unit, National Human Resources Directorate. National percentage absence rate reporting to NEMU mirrors current reporting in place for monthly employment monitoring reports.

Monthly Percentage Absence Rate for the Month of _____

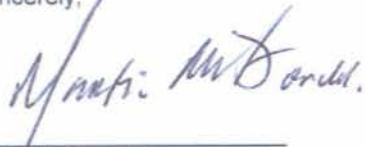
Local Health Office/Hospital/Voluntary Agency/Function	Overall Census Return for month in question	Percentage Absence Rate	Medical/Dental	Nursing	Health & Social Care Professionals	Management/Admin	General Support Staff	Other Patient & Client Care

4.2. Voluntary Hospitals and Voluntary Agencies should also return their monthly percentage absence rates, at the same time when making returns to NEMU, to the HSE HR Department in their HSE Area, in a manner similar to their monthly personnel census reports.

4.3. The first return is required by the 6th **March 2008** and will be in respect of the two separate monthly returns of December 2007 and January 2008. Thereafter, subsequent monthly returns will be made by the 6th of the following month.

- 4.4. Aggregation of rates by functions and Areas for national reports will be carried out in NEMU based on returns made by individual Local Health Offices/Hospitals/Voluntary Agencies/Functions. A monthly report will be prepared for distribution following compilation of the returns in respect of individual locations.
5. Any queries in relation to this Circular should be directed to Mr Frank O'Leary, Head of the National Employment Monitoring Unit (email Frank.OLeary@hse.ie) phone 045-880454, Maria MacPartlin (email Maria.MacPartlin@hse.ie) phone 045-882517 or Maura Beegan (email Maura.Beegan@hse.ie) phone 045-988373 or through the appropriate HR function at HSE Area level.

Yours sincerely,



Mr. Martin McDonald
National Director of Human Resources

Appendices:

1. Monthly Return by HSE Dublin Mid Leinster
2. Monthly Return by HSE Dublin North East
3. Monthly Return by HSE South
4. Monthly Return by HSE West

cc: HSE National Management Team

Dublin South West								
Dublin South West - Statutories								
Cheeverstown House								
Dublin West								
Dublin West - Statutories								
Peamount Hospital (Newcastle)								
Stewarts Hospital (Palmerstown)								
Kildare West Wicklow								
Kildare/West Wicklow - Statutories								
KARE								
Laois/Offaly								
Laois/Offaly - Statutories								
Sisters of Charity (Laois/Offaly)								
Sisters of Charity (Moore Abbey)								
Longford/Westmeath								
Longford/Westmeath								
Sisters of Charity (Lngfrd/Wst Mth)								
Population Health								
Former South Western Area								
Former East Coast Area								
Former Midland Area								
Corporate/Others								
Former South Western Area								
Former East Coast Area								
Former Midland Area								
National Corporate								
Shared Services								

Clare								
Clare - Statutories								
Brothers of Charity (Clare)								
North Tipperary								
North Tipperary - Statutories								
St. Anne's Roscrea								
Population Health								
Former Western Area								
Former Mid Western Area								
Former North Western Area								
Corporate/Others								
Former Mid Western Area								
Former Western Area								
Former North Western Area								

South Tipperary								
South Tipperary								
Regional Posts former SEA								
Waterford								
Waterford - Statutories								
Brothers of Charity (Waterford)								
Sisters of Bon Saveur (Carriglea)								
PCCC National - South								
National - South								
Population Health								
Former South Western Area								
Former Midland Area								
Corporate/Others								
Former South Eastern Area								
Former Southern Area								