

**WORKFORCE & OD COMMITTEE – 31st January 2017
DOCUMENT FRONT SHEET**

<p>WODC 31-01-17 ITEM 8</p>
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TITLE OF PAPER	Improving Attendance
TO BE PRESENTED BY	Dean Wilson, Director of Human Resources
ACTION REQUIRED	For information and discussion.

OUTCOME	To be noted at WODC.
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	Workforce Report ESR
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	<p>NHS Constitution: Patients <input type="checkbox"/> Public <input type="checkbox"/> Staff <input checked="" type="checkbox"/></p> <p>HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality Act 2010 <input type="checkbox"/></p>
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	<p>The appointment of the Sickness Absence Case Manager and the implementation of the new Promoting Attendance and Managing Sickness Absence Policy, preventative initiatives, support mechanisms and having the ‘case manager’ approach should improve the attendance levels, providing the Trust with a reduction in the sickness cost, and improvement of quality of care offered to service users as well as a much greater degree of consistency of the application of management of absence.</p>
CONSIDERATION OF LEGAL ISSUES	As appropriate.

Author of Report	Sue Rutledge
Designation	HR Adviser - Attendance Case Manager
Date of Report	10 th January 2017

SUMMARY REPORT

Report to: Workforce and OD Committee
Date: 31st January 2017
Subject: Improving Attendance
From: Dean Wilson, Director of Human Resources
Author: Sue Rutledge, HR Adviser – Attendance Case Manager

1 Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	

2 Summary

The pilot of the ‘case manager’ approach was approved due to the Trust’s continued historic high sickness absence. In July 2014 the Trust Board was presented with a Report entitled ‘Promotion of Attendance at Work (Prevention of Sickness Absence)’. This report was commissioned by the HR Director, and developed in conjunction with an external consultant who had been requested to undertake a substantial piece of research at the Trust in order to identify what actions could be taken to improve the management of sickness absence, and focusing, if possible, on prevention. The outcome of that Report was to suggest further strategic development of the Trust Sickness Absence Model, and supporting actions, as a basis for discussion and agreement. One of the significant actions recommended in the report was that a ‘case management approach’ be adopted for the management of sickness absence. The basis for this recommendation was that similar interventions have had an evidence-based impact on absence at other NHS Trusts e.g. Royal Wolverhampton, NHS Lanarkshire and Harrogate & District NHS Trust, Bradford District Care.

With the commencement of the pilot scheme, a Sickness Absence Case Manager started with the Trust in early 2016. Staffing changes within the HR Department then led to the appointment of the current incumbent in August 2016. The following report is to provide the Workforce and OD Committee with an update on the progression of the Sickness Absence Case Manager role and also the launch of the Promoting Attendance and Managing Sickness Absence Policy in November 2016.

Sickness Data

Data is available from ESR relating to sickness absence. The Board will be familiar with the high-level information relating to the monthly absence figure and showing the trend over the preceding 12 months.

A more detailed Workforce Information Report continues to be produced monthly which shows other information including:

- The rates for specific Directorates (colour-coded according to whether they are above, below or around the Trust target sickness rate).
- The reasons for sickness absence (according to the specified ESR categorisation).
- Further data on number of instances, breakdown between long-term and short-term and the top 3 reasons with Directorates

Sickness cumulative % Absence from December 2015 to November 2016			Cumulative % Absence Rate (FTE)
457 Sheffield Health & Social Care FT			5.83%
	Medical		2.55%
	Primary Care		2.87%
	Non Med Support Directorates		4.72%
	Community Services Directorate		5.32%
	Specialist Directorate		6.10%
	In-patient Directorate		6.82%
	Learning Disabilities Service		6.99%

Trust top reason for sickness absence	Average% over rolling 12 months
Anxiety/stress/depression etc.	29.86%
Other musculoskeletal problems	13.68%
Gastrointestinal problems	10.42%
Cold, Cough, Flu - Influenza	10.36%
Injury, fracture	6.13%
Back Problems	4.64%
Chest & respiratory problems	3.81%
Headache / migraine	3.65%
Genitourinary & gynaecological disorders	3.52%
Heart, cardiac & circulatory problems	2.76%
Ear, nose, throat (ENT)	2.67%
Skin disorders	1.45%
Benign and malignant tumours, cancers	1.42%
Pregnancy related disorders	0.96%
Dental and oral problems	0.96%
Nervous system disorders	0.94%
Eye problems	0.81%
Endocrine / glandular problems	0.61%
Blood disorders	0.47%
Infectious diseases	0.35%
Asthma	0.29%
Burns, poisoning, frostbite, hypothermia	0.16%
Other known causes - not elsewhere classified	0.07%
Substance abuse	0.01%

Analysis undertaken by Sickness Case Manager on the sickness hot spots.

- On a monthly basis data analysis is carried out to review the worst 30 sickness cases Trust wide. Recently, further analysis has been undertaken by analysing individuals with 6 episodes or more, of sickness. This has required the analysis of 49 individual cases and is viewed as manageable. Discussion and feedback on the progression of these sickness cases then takes place with the HR Director.

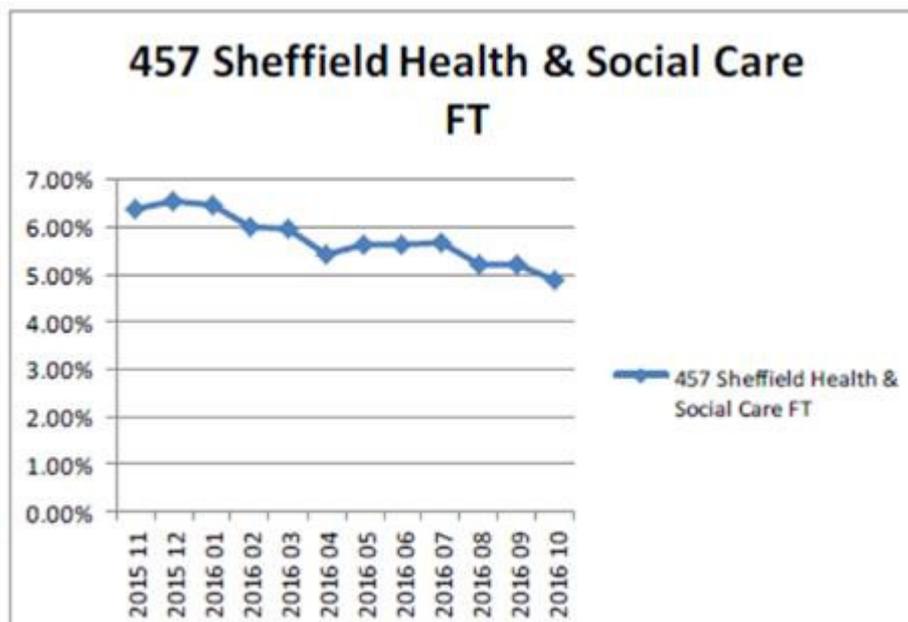
- On a monthly basis a report is created for '4 or more sickness episodes' relating to an individual who has had a sickness episode in the current month of reporting. This is distributed to the HR Advisers and Line Managers of each Directorate.
- Further data analysis also takes place within each Directorate report and any team reporting a sickness percentage of 8% or more in the month of reporting is also presented to the HR Advisers for discussion at the SMT meetings in each Directorate. All Directorates and Senior Managers receive the same consistent sickness data reports across the Trust.
- The Sickness Absence Case Manager identified 3 areas of high absence and undertook a dedicated piece of analysis and supported Team & Line Managers at Birch Avenue, Woodland View and Substance Misuse. The analysis undertaken included the reasons for the high levels of sickness in these areas and this allowed solutions for improvement to be offered to reduce sickness absence. This was done for example, by staff engagement events, survey monkey questionnaires, and performance information. Working closely with managers in the 3 service areas by reviewing monthly reports to include 12 months of sickness data which highlighted the trigger points and the current situation for individual staff members in terms of possible progression to formal stages of the policy, and therefore providing dedicated support on the sickness position for each service area. Meetings with team managers take place on a regular basis to discuss and ensure that current systems are fit for purposes, and to discuss options for better ways of recording sickness, and how triggers are identified etc.
- This work has included, addressing issues relating to initial contact when staff members phone into work sick, and also discussing the importance of return to work meetings, and also auditing if they have taken place.
- Providing HR advice and attendance at sickness meetings to support and coach line managers.
- Analysis of the reasons for the high level of sickness and making suggestions related to Staff Engagement e.g. communications, staff information board, suggestion box, survey monkey. The analysis of the questionnaire on survey monkey provided the Trust with proposals and ideas resulting in changes to the Promoting Attendance and Managing Sickness Absence Policy.
- Analysis has taken place to assess the outcome of the Improving Attendance strategy and which includes the Sickness Absence Case Manager model and the modification of the Promoting Attendance and Managing Sickness Absence Policy resulting in the launch of the new policy on the 1st November 2016.

Deliverables and actions taken since August 2016

- Re-launch of the simplified Promoting Attendance and Managing Sickness Absence Policy.
- Consistent communication regarding the launch of the new policy to maximise the delivery of the important profile to managers and confirming responsibilities in supporting the reduction of sickness.
- The implementation of briefings with teams and management on how to implement the new policy.
- Promoting Attendance and Managing Sickness Policy training revamped, including template letters for each stage of the management process and the Managers Guide, all of which are all available on the intranet for easy access and use.

- Greater emphasis on the promotion of the absence management training has taken place, and more training sessions have been made available throughout the year.
- The development of an options appraisal to re-procure a fast-track Musculoskeletal support service to include a Triage Physiotherapy referral system via an external body to deliver physiotherapy care to referred employees as quickly and safely as possible.
- The development of a fast-track Psychological Wellbeing Service.
- Work on the development of an Intranet page called 'support for you' staff web page and which will include existing and new initiatives supporting the management of sickness absence. This improvement will also support any redeployees within the Trust.
- Attendance at the Health and Wellbeing CQINN Group taking forward the new initiatives within Health and Wellbeing initiatives.
- The Health and Wellbeing intranet widget has now been made as a standard widget resulting in easier access to information.
- Working with Workplace Wellbeing on the creation of Stress resilience sessions as a preventative measure to reduce sickness absence, especially in areas undergoing significant Organisational change.
- A review of the Manual Handling Training Programme is currently being undertaken.
- The implementation of systematic message responses from Share Point/E-forms system prompting managers for the next step in the management of sickness process. This work continues to eradicate anomalies within the system.
- Support for Staff Engagement and the survey monkey especially within the 3 services areas identified above.
- Work on the Occupational Health specification and service level agreement for a tender of the service.

Indications of progress to date.



The figures above demonstrate a positive reduction in sickness over the 12 month period from 6.37% - 4.88% (Oct 2016). **A reduction of 1.49%**. Nationally, the average sickness rate across the NHS has increased to c7%. Therefore, the Trust has bucked the national trend by reducing its sickness absence to approximately 2% below the national average. It is however, recognised that the progress made is still in the early days.

Support systems available particularly for Long Term absence.

The continued support, available to staff members on Long Term sickness include - referrals to the Occupational Health Department, Workplace Wellbeing, IAPT Service, and other in-house initiatives including Coaching, Schwartz Rounds, and Health and Wellbeing information.

Challenges identified to date

1. Due to service pressures, managers sometimes do not have the management time to action return to work interviews and the prompt organisation of sickness absence meetings.
2. Managers in some cases do not 'close down' sickness absence promptly. The result of this has implications for the correct reporting of rates of sickness absence, and occasionally in incorrect payments to staff by payroll.
3. Health-rostering download to ESR and how long-term continuous absence is entered into Health-rostering has an impact on the accuracy of ESR sickness data.
4. The Trust is in a period of significant organisational change, which is likely to have an impact on the sickness level and therefore could be a significant potential challenge.

During the Winter period, sickness levels across the Trust (as well as other organisations usually show an increase).

3 Next Steps

To address the challenges mentioned as above:-

1. There will be more emphasis placed on the importance of the 'return to work' meeting being actioned in a timely manner as well as any subsequent required sickness review meetings which has been outlined in the updated Promoting Attendance and Managing Sickness Absence training programme, as well as the understanding that this is clearly identified in the policy as a requirement.
2. To introduce into the Health-rostering training programme for managers even more emphasis on the need to 'close down' sickness promptly and accurately.
3. To gain an improved understanding of the links & process between Health-rostering, ESR and payroll in relation to the effect on the sickness figures.
4. To support the redeployment process e.g. Resilience training via Workplace Wellbeing, Literacy and Numeracy training as well as Interview techniques and also working closely with Sheffield College to support potential career changes and outplacement.

4 Required Actions

The Sickness Absence Case Manager will continue with the existing and new initiatives.

To continue to provide the sickness reports and analyse the data for HR Advisers and Managers for them to take forward absence issues.

To review the service and support provided to the 3 services areas Substance Misuse, Birch Avenue and Woodland View and to extend this support to other high absence areas.

The Promoting Attendance and Managing Sickness Policy will be reviewed 6 months from the launch date of the 1st November 2016 to check implementation.

To review the reporting data methods and for new initiatives to be implemented in May 2017.

With performance indicators such as staff engagement, PDR appraisals and sickness reporting to be featured in the Directorate Business Plans, also within the People Plan for each Directorate, greater accountability from service area and senior teams will be supported.

An Internal audit of the management of sickness in the Trust is already scheduled to take place during Q4.

To continue with the successful Sickness Absence Conferences, the next of which will be taking place in Q1 of this year.

5 Monitoring Arrangements

Progress will also be monitored as part of overall monitoring for workforce strategy.

Reporting of levels of sickness absence is included in the Trust Performance scorecard provided to Trust Board each month.

The quarterly reporting to WODC as part of the Workforce Report.

6 Contact Details

For further information, please contact:

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