BOARD OF DIRECTORS

Date: 11 July 2018

17

TITLE OF PAPER	**Improving Attendance Annual Report**
TO BE PRESENTED BY	Dean Wilson, Director of Human Resources Sue Rutledge HR Attendance Case Manager
ACTION REQUIRED	For information and discussion

OUTCOME	To be noted at Board.
TIMETABLE FOR DECISION	Report provided for information.
LINKS TO OTHER KEY REPORTS / DECISIONS	Absence Management Promoting Attendance Policy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: People Strategic Objective: A204 We will prioritise the health and wellbeing of our employees BAF Risk Number: A204 BAF Risk Description: Risk of low motivation and morale compromises staff motivation
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Workforce and OD Strategy and Delivery Plan, Workforce and OD Committee, Streamlining work-streams, NHS Recruitment and Retention Programme
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	The appointment of the Sickness Attendance Case Manager and the implementation of the Promoting Attendance and Managing Sickness Absence Policy, preventative initiatives, support mechanisms and having the 'case manager' approach should improve attendance levels, providing the Trust with a reduction in the sickness level and therefore the cost associated; and improvement of quality of care offered to service users as well as a much greater degree of consistency in the application of management of absence.
CONSIDERATION OF LEGAL ISSUES	As appropriate
Author of Report	Sue Rutledge
Designation	HR Adviser – Attendance Case Manager
Date of Report	12th April 2018

SUMMARY REPORT

Report to: **BOARD OF DIRECTORS**

Date: **11th July 2018**

Subject: **Improving Attendance Annual Report**

Author: **Dean Wilson, Director of Human Resources**
Sue Rutledge, HR Adviser – Attendance Case Manager

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1. Purpose

For approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (Please state below)*
				✓	

The Board of Directors are asked to receive this report for information.
It was received by EDG on 19th April 2018 and 28th June 2018 and the Workforce and OD Committee on 24th April 2018.

2. Summary

Following a pilot scheme, the Sickness Absence Case Manager commenced in role 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 Sickness Absence Case Manager role was made permanent in March 2017.

The following report is to provide the Board of Directors with an update on the progression of the Sickness Absence Case Manager role, and also report on progress since the launch of the revised Promoting Attendance and Managing Sickness Absence Policy in November 2016. There have been further changes which includes the addition of 3 new HR Advisers within the HR Team have meant there is on-going review of this work. The HR Advisory team is currently going through changes in the way it is structured, to enable better alignment with the new Care Networks. We have also taken the opportunity to review resourcing levels following recent retirements and resignations to reposition support to meet Trust needs and have made some new appointments to support this change. We will be operating an HR Partnering model whereby HR Directorate Partners and HR Advisers are aligned specifically to services – communication on this has already been issued). This will allow us to offer more focussed and effective HR advice to managers, with a better understanding of the services and HR needs.

This new process has been communicated Trust wide.

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 average % Absence from April 2017 to March 2018			Cumulative % abs rate (FTE)
457 Sheffield Health & Social Care FT			5.85%
	In-patient Directorate		7.15%
	Learning Disabilities Service		6.93%
	Specialist Directorate		6.26%
	Community Services Directorate		6.13%
	Primary Care		4.41%
	Non Med Support Directorates		3.12%
	Medical		2.66%

Trust top reason for sickness absence	Average% over rolling 12 months
Anxiety/stress/depression etc.	**33.16%**
Gastrointestinal problems	**11.23%**
Cold, Cough, Flu - Influenza	**9.97%**
Other musculoskeletal problems	**8.34%**
Injury, fracture	**5.24%**
Chest & respiratory problems	**4.67%**
Back Problems	**4.64%**
Genitourinary & gynaecological disorders	**3.35%**
Headache / migraine	**2.84%**
Benign and malignant tumours, cancers	**2.93%**
Ear, nose, throat (ENT)	**2.80%**
Heart, cardiac & circulatory problems	**2.66%**
Nervous system disorders	**1.87%**

Pregnancy related disorders	**1.20%**
Endocrine / glandular problems	**0.99%**
Dental and oral problems	**0.75%**
Eye problems	**0.66%**
Blood disorders	**0.61%**
Skin disorders	**0.51%**
Infectious diseases	**0.39%**
Asthma	**0.39%**
Burns, poisoning, frostbite, hypothermia	**0.07%**
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 35 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 to take forward.

- Further data analysis also takes place within each Directorate report and where possible 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.

    - Long Term sickness cases are analysed and presented monthly to the HR Advisers for discussions with service line managers to ensure sickness is being managed appropriately and consistently.

    - The Sickness Absence Case Manager continues to work with the 8 hot spot areas of high sickness absence, and has undertaken a dedicated piece of analysis and has provided additional support to Teams & Line Managers at –

        - Birch Avenue,
        - Woodland View
        - Substance Misuse,
        - G1,
        - Grenoside Facilities,
        - Burbage Ward,
        - Community Admin
        - Firshill.

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 8 service areas by reviewing monthly reports to include analysis of 12 months of sickness data and which highlighted the trigger points, the current situation for individual staff members highlighted the need for possible progression into the formal stages of the policy. It provides dedicated support on sickness absence for each service area. Meetings with team managers take place on a regular basis to discuss and ensure that current systems are fit for purpose, and to discuss options for better ways of recording and reporting sickness absence, and how triggers are identified and dealt with.

- This work has included addressing issues such as the initial contact when a staff member phones into work sick, and also discussing the importance of 'Welcome Back to Work' meetings, and 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 included as changes to the Promoting Attendance and Managing Sickness Absence Policy.

- Analysis has taken place to assess the aim of improving attendance and which includes the Sickness Absence Case Manager model of addressing the issue, and the modification of the Promoting Attendance and Managing Sickness Absence Policy culminating in the launch of the new policy on the 1st November 2016.

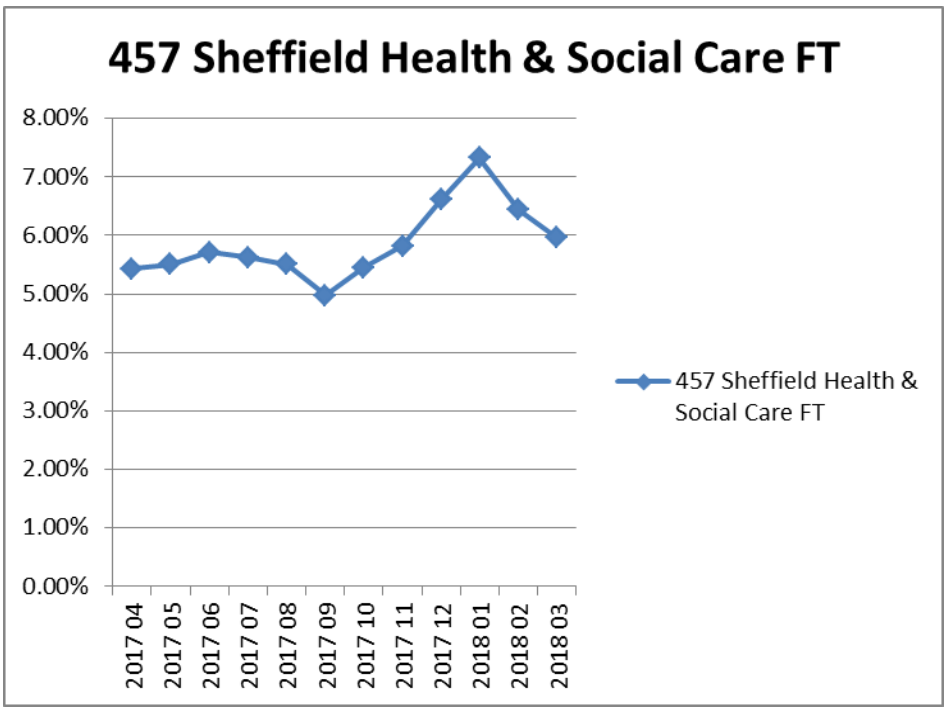
- The proposed 12 monthly review of the Promoting Attendance and Managing sickness Absence Policy is in the process of being finalised.

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 8 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.

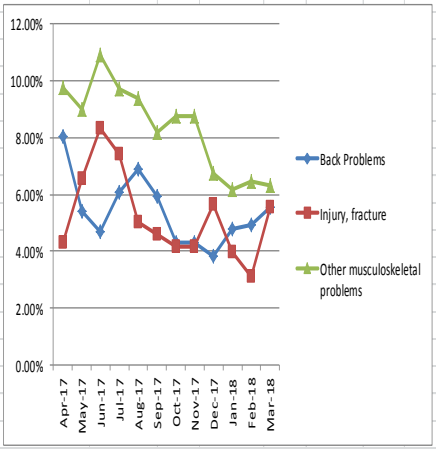


The figures above demonstrate some fluctuations in sickness absence over the 12 month period to March 2018. During the winter period in December 2017 - January 2018 the sickness increased to 7.32 % having a positive gradual reduction in March 2018 to 5.96% a reduction of 1.36%. September 2017 shows a decrease to 4.97% which is 0.13% below the Trust target. Nationally, the average sickness rate across the NHS has increased. Therefore, the Trust has bucked the national trend by reducing its sickness absence. It is however, recognised that the progress made is still in the early days especially taking into account the Trust transformation change programme.

Physiotherapy Service

The launch of the Pilot Physiotherapy Service from March 2017, with over 173 employees having used the service to date. The feedback from the users of the service has been outstanding. The Trust intends to continue this service. A more detailed report of the Physiotherapy Service scheme is attached. We have seen a significant reduction in the proportion of absence related to MSK issues since the introduction of this service.

	Apr-	%	May-	%	Jun-	%	Jul-	%	Aug-	%	Sep-	%	Oct-	%	Nov-	%	Dec-	%	Jan-	%	Feb-	%	Mar-	%	Average
Back Problems	301.59	8.06%	212.97	5.42%	184.8	4.69%	239.03	6.06%	262.37	6.89%	188.53	5.91%	157.96	4.29%	157.96	4.29%	157.34	3.84%	226.58	4.78%	188	4.93%	212.12	5.53%	**5.39%**
Injury, fracture	161.6	4.32%	257.88	6.56%	328.43	8.34%	292.11	7.41%	191.27	5.02%	146.8	4.60%	153.72	4.18%	153.72	4.18%	232.2	5.67%	186.93	3.95%	117.93	3.09%	212.79	5.55%	**5.24%**
Other musculoskeletal problems	364.81	9.75%	354.29	9.01%	429.88	10.92%	382.4	9.70%	357.71	9.40%	261.47	8.20%	321.51	8.74%	321.51	8.74%	275.39	6.73%	293.41	6.19%	245.55	6.44%	241.69	6.30%	**8.34%**



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 believe they 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 being made to staff.

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 has been in a period of significant organisational change, which has had an impact on the sickness level and therefore has presented a significant challenge.

5. With the redesign of the Trust structure which includes the appointment of managers to new areas of working and also changes to the HR system of working.

6. The delay with the required changes to the Share Point/E-forms.

3 Next Steps

To address the challenges mentioned as above:-

1. There will be even more emphasis placed on the importance of the ‘Welcome Back to Work’ (formally 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. Currently waiting for IT to amend the Share Point/E-forms Welcome Back to work form to be able to record the date of the return to work which will then be recorded in ESR.

3. To introduce into the Health-rostering training programme for managers even more emphasis on the need to ‘close down’ sickness promptly and accurately.

4. To gain an improved understanding of the links & process between Health-rostering, ESR and Payroll in relation to the effect on the sickness figures**.**

5. To support the redeployment process e.g. Resilience training via Workplace Wellbeing, redeployment support such as Literacy and Numeracy training as well as Interview techniques and also working closely with Sheffield College to support potential career changes and outplacement.

6. To gain improvement of the payroll data entries we are seeking a programme of action to rectify the delays from the payroll manager.

7. The Workforce team and Finance are currently working closely to review the hierarchy and cost centre as part of the transformation of the Trust within the ESR system. The changes to ESR will take place in during 2018 and will help with sickness reporting.

8. To use the opportunity of the transformation of the Trust to work with all managers who have been newly appointed to new areas of responsibility to provide sufficient sickness data and review service line processes to support the reduction of sickness.

Sickness Data

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

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 8 services areas previously mentioned. Also to extend this support to other high absence areas if worthwhile and resources allow.
- The Promoting Attendance and Managing Sickness Policy is constantly reviewed with Staff Side colleagues to check implementation, fairness and interpretation. Currently being finalised.
- With performance indicators such as staff engagement, PDR appraisals and sickness reporting to be featured in the Directorate Business Plans, and 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 will be scheduled in 2018, as there will be sufficient data to review since the introduction of the new policy.
- To continue with the successful Promoting Attendance Conferences, the next of which is planned to take place on 25th June 2018.

5 Monitoring Arrangements

- Progress will be monitored as part of overall monitoring for the Workforce Strategy Delivery Plan and the monthly Workforce Report.
- Weekly discussions take place with HR colleagues followed by monthly review with the Director of Human Resources. Key points or items of concern are escalated to the HR Senior Management Team where necessary.
- Reporting of levels of sickness absence is included in the Trust Performance scorecard provided to Board each month.
- The quarterly reporting to WODC as part of the Workforce Report. However, this may change subject to new terms of reference being produced for WODC.

6 Contact Details

For further information, please contact:

Sue Rutledge, HR Adviser – Sickness Absence Case Manager
E mail Susan.Rutledge@shsc.nhs.uk, contact number 18203

Sheffield Health and Social Care NHS
NHS Foundation Trust

PhysioMed
In touch with the way you work

Fast Track Physio Service (01.04.17 – 31.03.18)

Headline Results

Workflow

- The total number of referrals received 01.04.17 – 31.03.18 was 169

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Referrals	7	23	19	13	25	14	17	18	6	13	11	3	169

- 5.9% (10) of Employees were unable to contact (UTC)
- 4.1% (7) of referrals were inappropriate, therefore 152 progressed
- Inappropriate referrals were due to:
  - 2 x No longer required treatment
  - 2 x None Physio condition
  - 1 x Declined treatment
  - 1 x Had NHS physio appointment
  - 1 x Seeing other Physio
- 55.3% (84) of appropriate employees were referred direct to face-to-face (F2F) service
- 43.4% (66) of appropriate employees were referred into the Physiotherapy Advice Line (PAL) service
- 1.3% (2) of appropriate employees were referred for an Ergonomic/DSE assessment
- Only 11.8% of appropriate employees referred were absent from work due to their condition
- 88.2% of appropriate employees reported themselves at work with pain with an average productivity of 65%, highlighting the hidden cost of Presenteeism
- 55% of appropriate employees referred for treatment had their condition for over 12 weeks, resulting in direct referral to face-to-face treatment
- Domestic conditions were responsible for 54% of referrals. Work aggravated conditions were responsible for 40% of referrals. Recorded accidents on duty were responsible for 6% of referrals
- Musculoskeletal conditions were from 16 body areas. The most common conditions were:

Area	**%**
Lumbar Spine	38.5
Shoulder	20.5
Neck	12
Knee	8.5

- Employees were referred from the following age groups:

Age	%
20 - 30	14.5
30 - 40	15.5
40 - 50	29.5
50 - 60	28.5
60+	12

- Employees were referred from the following Areas:

Area	%
Clinical	66.6
Non-Clinical	33.3

- Employees were referred from 17 Directorates. The top referring Directorates were:

Directorate	%
Community	30.5
Specialist	19
Inpatients	15
Non-clinical support	7
Medical	6
Acute	5.5

- Average time taken to contact employee upon receiving referral 0.1 days
- Average time for PAL Initial Assessment (excluding voluntary delay) 1.6 days
- Average time for PAL Initial Assessment (including voluntary delay) 2.3 days
- Average time for F2F Initial Assessment (excluding voluntary delay) 1.8 days
- Average time for F2F Initial Assessment (including voluntary delay) 5.8 days

Results (Of the 141 employees discharged from the service)

- 4.3% of employees remained off work following treatment
- Of the 6 who remained off work:
  - 1 x Awaiting MRI scan results. May require surgery
  - 1 x Capable of modified duties
  - 1 x Limited response to treatment
  - 1 x Off work due to unrelated issue
  - 1 x Patient declined service at initial assessment call
  - 1 x Requires intensive physiotherapy
- The average reported reduction in pain was 62.5% (6.7 reducing to 2.5/ 10)
  - PAL: 69% reduction in pain (6.8 reducing to 2.1/10)
  - F2F: 58% reduction in pain (6.7 reducing to 2.8/10)
- The average reported increase in productivity & function was an actual figure of 32% (from 58% to 90%) equating to 1.6 days per week per person working a 5 day week pattern, an overall increase of 55%
  - PAL: 85.4% increase in productivity (48% increasing to 89%)
  - F2F: 40% increase in productivity (65% increasing to 91%)
- Of the 62 employees discharged from the PAL service, the following products were used:

PAL Product	%
PAL - Full	68
PAL - Fast Track	16
PAL - Plus	9.5
PAL - Part	6.5

- There were a total of 24 DNA's via 22 employees

Quarter	Q1	Q2	Q3	Q4	Total
PAL DNA's	3	3	5	3	14
F2F DNA's	2	4	4	0	10
Total	5	7	9	3	**24**

- Employees discharged from the F2F service had an average of 5.8 sessions including the initial assessment

Cost Benefit Analysis

This cost benefit analysis is based upon the 141 employees who have been discharged from the service, along with the associated cost of inappropriate/unable to contact referrals (17).

Assumptions

The following section uses these assumptions:

- In line with the established referral criteria all cases do not have private medical cover or are being treated by another physical therapist (physiotherapist, osteopath or chiropractor). Therefore, they are subject to the NHS waiting list for physiotherapy via their GP
- Average time to access NHS physiotherapy (via GP) = 14.3 weeks = 71.5 working days (National survey 2015)
- Average time to access OH physiotherapy = 1.6 working days
- Average time saved accessing physiotherapy per employee in comparison with the NHS is therefore 69.9 working days (14 weeks)
- The average cost of a Sheffield Health and Social Care NHS Foundation Trust employee per day is £100 (Precise data not available at time of report)

Financial Impact of Improved Productivity (self-reported)

- The average reported increase in productivity and function was 32% (from 58% to 90%) equating to 1.6 days per week per person working a 5 day week, therefore the productivity improvement saving per week is £100 x 1.6 = £160 per head
- Therefore, the productivity saving per person per week x time saved to access the NHS waiting list (in weeks) equates to £160 x 14 = £2,240
- £2,240 multiplied by the no. of employees discharged from the service equates to £2,240 x 141 = £315,840
- Therefore, the benefit to Sheffield Health and Social Care NHS Foundation Trust in improved productivity from providing the Physio Med Service to its employees for 01.04.17 – 31.03.18 is £315,840

Cost of service (01.04.17 – 31.03.18)

Product	No. Delivered	Unit Cost (£)	Total Cost (£)
Inappropriate/Unable to contact Referral	17	10	170
PAL Direct to Face to Face (F2F)	79	N/A*	N/A*
PAL Full	42	100	4,200
PAL Fast Track	10	55	550
PAL Plus	6	100	600
PAL Part	4	55	220
Face to Face (avg 5.8 Rx pp)	95	248.60	23,617
Total Cost of Service			**£29,357**
***These figures have been added to the bottom of the chart which also includes F2F referrals following PAL			

- Cost of service 01.04.17 – 31.03.18 = **£29,357**

Cost Comparison of Blended Model (PAL/F2F) with Face to Face Service

- Average cost per appropriate referral = £207.00
- Average cost per PAL/F2F referral = £153.99
- Average cost per F2F referral = £248.60
- **Blended model cost saving of 38% compared with standard F2F service**

Return on Investment (ROI)

- ROI = financial benefit / cost
- ROI = £315,840 / £29,357 = 10.8
- **ROI 10.8 : 1**