

Trust Board Report

Meeting Date:	28 th May 2012
Title:	Health & Wellbeing Project Update
Executive Summary:	To provide an update on the Sickness Management Pilot scheme.
Action Requested:	The Board is asked to note the report.
Report of:	Director of HR
Author: Contact Details:	Diane Wilding Tel 01902 695430 Email Diane.Wilding@nhs.net
Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✦ Equality of treatment and access to services ✦ High standards of excellence and professionalism ✦ Service user preferences ✦ Cross community working ✦ Best Value ✦ Accountability through local influence and scrutiny

Background Details

1 Background

The focus of this project supports the delivery of the Trust's Health and Wellbeing Strategy agreed by the Board. The key focus being to support employees' health and wellbeing to improve their attendance at work; in support of reduced sickness absence costs and backfill bank and agency costs.

The Trust has seen a steady increase in sickness absence over the last months:

4.57%	4.93%	4.54%	4.76%	5.03%	5.12%	4.74%	5.41%	5.27%	5.08%	4.46%
June '11	July '11	Aug'11	Sep'11	Oct '11	Nov '11	Dec '11	Jan '12	Feb '12	Mar 12	Apr 12

The Trust target for 11/12 was 4%. As at end of Feb 2012 the Trust cumulative year to date actual was 5.27%. Clearly this is above plan and robust measures need to be taken to bring this back into line and to enable achievement of the 12/13 Strategic Health Authority (SHA) target of 3.74%; 13/14 3.39%.

Project Enablers:

- A re-write of the current sickness absence management policy in partnership with Staffside colleagues.
- A review of sickness absence training for line managers to ensure their focus on supporting employees health and wellbeing, recognising signs early and to ensure that robust procedures are applied and consistently sustained.

The project has been developed to establish an internal IT system to ensure better management information and re-focus both HR and Occupational Health and Wellbeing support to managers to ensure that investment in time is at the right stages based on underpinning research and evidence. We have bench marked our processes against upper quartile performers and have projects in hand to implement the learning from these reviews. Key changes to processes include:

- Pilot of a “call back” system to staff reporting in sick to enable rapid Occupational Health assessment in cases when absence avoidance is possible. Divisions have committed to pilot areas in Integrated Critical Care, Endoscopy, Portering, A&E and District Nursing. This represents approximately 5% of the overall workforce.
- Integrated absence management and reporting system to include automatic alerts to managers when staff trigger the various stages of the absence policy, alerts to indicate non-compliance with escalation procedures, improved management information etc. This system will be in pilot by June 2012.


2 Pilot ‘call Back’ System – Progress Report

The initial pilot ran for a one month period from 02 April 2012; with excellent results and positive feedback from employees and line managers. All employees who have telephoned in sick to their line manager receive a ‘call back’ from the Health and Wellbeing team and Occupational Health Nurse where appropriate i.e. stress reported symptoms, musculo-skeletal etc... this means that early intervention using existing resources can be advised and fast tracked where possible. For example counselling, physiotherapy to support earlier recovery.

The impact of the pilot scheme to date is summarised:

	April '11	Dec '11	Jan '12	Feb '12	March '12	April '12
A&E	2.90%	2.17%	5.94%	6.90%	7.65%	5.08%
District Nurses NE		4.12%	7.85%	5.85%	5.80%	6.57%
District Nurses SE		7.96%	6.07%	7.45%	9.33%	8.56%
District Nurses SW		19.42%	17.82%	15.90%	11.49%	4.67%

Endoscopy	7.50%	11.68%	5.99%	9.54%	8.92%		4.32%
ICCU		7.81%	9.29%	7.77%	5.54%		3.53%
Porters	6.46%	8.09%	6.51%	5.04%	4.87%		3.54%


 Added on to the original pilot 2 weeks in at the managers request
 Not reported

Clearly, this is based on only one month's pilot and the future impact needs to be kept under close review for sustainability but early results have been very positive.

3 **The Way Forward**

We will continue the pilot in those areas and extended it to cover the following areas throughout the month of May:

- Domestics
- WMI
- Ward D5 and Ward D6
- Cardiology Ward 1
- Ward A5 and Ward A6
- Short Stay
- Deanesly
- Ward D15

A further evaluation will be carried out at the end of May with a view to developing a plan to roll-out the 'call back' scheme across the Trust.

Whilst the 'call back' scheme demonstrates its obvious benefits to both employees and the Trust; delivery of the project heavily relies on tight management control and compliance to the implementation of the sickness absence policy. The HR team will be working closely with line managers in support of delivery.

* * * * *