

## Report to the Trust Board

<b>Meeting Date:</b>	14 <sup>th</sup> February 2011
<b>Title:</b>	Report of the Director of HR
<b>Executive Summary:</b>	The report covers the following areas: i) TCS – HR Update ii) Changes to National Terms & Conditions/Policies iii) Occupational Health
<b>Action Requested:</b>	The TMT is asked to <b>note</b> the report of the Director of HR.
<b>Report of:</b>	Director of HR
<b>Author: Contact Details:</b>	Denise Harnin Denise.Harnin1@nhs.net
<b>Resource Implications:</b>	
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	Appendix 1: Letter to Staffside Appendix 2: Report on the National Clinical Audit of Occupational Health Practice in Depression Detection & Management of Long-term Sickness Absence in the NHS in England
<b>NHS Constitution: (How it impacts on any decision-making)</b>	In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of:  <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

## Background Details

<b>1</b>	<p><b><u>TCS – HR UPDATE</u></b></p> <p>In response to the impending acquisition of the WCPCT provider services detailed arrangements are being implemented to meet the legal and technical requirements of the transfer. The transfer will be undertaken under the Transfer of Undertakings (Protection of employment) Regulations 2006.</p>
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	<p>Part of our own obligations under TUPE includes the need to collectively consult trade unions, both our own and those in the PCT, who will transfer. Meetings have taken place to start process (Appendix 1 - letter attached).</p> <p>In addition, consultation on four key policies has started with the staff side to align operational practice post transfer vis;</p> <ul style="list-style-type: none"><li>• Management of Change (Pay Protection)</li><li>• Disciplinary Policy</li><li>• Grievance Policy</li><li>• Sickness Management Policy</li></ul>
2	<p><b><u>Changes to National Terms &amp; Conditions/Policies</u></b></p> <ul style="list-style-type: none"><li>• <b><u>Default Retirement Age</u></b></li></ul> <p>The Government has announced that the Default Retirement Age (DRA) is to be removed and will be phased out between 6 April and 1 October 2011. This means that from 6 April 2011, employers will not be able to issue any notifications for compulsory retirement using the DRA procedure. Between 6 April and 1 October, only people who were notified before 6 April, and whose retirement date is before 1 October, can be compulsorily retired using the DRA. After 1 October, employers will not be able to use the DRA to compulsorily retire employees.</p>
3	<p><b><u>Occupational Health</u></b></p> <p>Appended to the report is summary outlining the trusts response to the national Clinical Audit of Occupational Health Practice in Depression and Management of long term Sickness absence in the NHS in England. The results are reflective of the on-going progress being made in the provision of Occupational Health Service for staff (Appendix 2).</p>

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Dear Colleague

**Proposed transfer of undertaking of Wolverhampton City PCT Community Services to the Royal Wolverhampton Hospitals Trust**

I am writing to formally inform you that it is proposed that Wolverhampton City Primary Care Trust (WCPCT) Community Services will transfer to the Royal Wolverhampton Hospitals Trust (RWHT). In advance of this proposed transfer I am obliged to inform you of certain matters as required by the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE Regulations 2006).

This is confirmation that I have informed you that this transfer is proposed to take place. It is proposed that the transfer will be completed on 1<sup>st</sup> April 2011. The reasons for the transfer are to:

- Transform care pathways and service delivery models;
- Improve the quality of services and of patients' experiences;
- Increase patient choice and personalisation;
- Transfer care from hospitals to provide services closer to home;
- Increase the efficiency and productivity of community services;
- Integration of health and social care services.

**Legal implications**

It is intended that the TUPE Regulations 2006 will apply to transfer the contracts of employment and the continuity of employment of employees from WCPCT to RWHT.

Working together with colleagues who transfer from the PCT will provide significant opportunities to improve patient care, to innovate and to build up capability within our financial resources. We will be able to align care pathways and integrate corporate services to have more efficient working in both the hospital and community settings. There will be some changes in the way we work and people's jobs will evolve to fit in with these new possibilities. We will want to make sure all of this is transacted openly and fairly, in accordance with good practice. We will therefore want to work with you and the PCT's Staff Side over the next couple of weeks to ensure that our policies and processes are up to date, fit for purpose and consistent.

On 26<sup>th</sup> January 2011 we commenced consultation about these proposed changes to policies and processes, with a view to seeking your agreement to them for implementation post transfer. As promised, for point of reference, please find enclosed a summary of the key policy changes; I will contact you shortly to arrange to discuss further.

If you would send to me any representations that you have in respect of these proposed changes I would be grateful.

Please let me know if you have any queries arising out of the issues raised in this letter.

Yours faithfully

**David Loughton CBE**  
**Chief Executive Officer**

## **National Clinical Audit of Occupational Health Practice in Depression Detection & Management of Long-term Sickness Absence in the NHS in England**

This is the second round of a national clinical audit carried out by the Health & Work Development Unit (HWDU) supported by the Royal College of Physicians, Faculty of Occupational Medicine and NHS Plus. The Trust did not participate in the first round in 2008 but did join the initiative for this round and is registered for future audits.

The preliminary site report on the national depression audit in relation to long term sickness absence was issued in December 2010 and some highlights are included in the table below. National reports have now been circulated to Chief Executives and show comparative data provided by the participating Trusts which represent 82% of all departments providing services to the NHS.

The audit required Trusts to submit data for at least **40** cases for staff referred for occupational health advice when they had been off sick for 4 weeks or longer. The audit was based on the rationale that there is a greater likelihood of depression in cases fulfilling this criterion.

The outcomes provide valuable data on the quality of our current practice in managing long term sickness absence and some insight into the quality of referrals made by managers.

<b>Audit element</b>	<b>National Average</b>	<b>RWHNHST outcome</b>
<b>Number of cases submitted</b>	46	<b>62</b>
<b>Gender of staff referred</b>	84% F 16% M	<b>85% F 15% M</b>
<b>Job roles with highest referral rates</b>	Nurses qualified & unqualified 45%	<b>Nurses qualified &amp; unqualified 66%</b>
<b>Period of absence @ 1<sup>st</sup> appointment following referral</b>	5 – 12 weeks	<b>4 – 57 weeks</b>
<b>Evidence that occupational health professional (OHP) has assessed possibility of depression</b>	41% YES 26% YES but no evidence of depression 42% not asked	<b>45% YES 14% YES but no evidence 32% not asked</b>
<b>Evidence that OHP has asked whether workplace factors have contributed to depression</b>	70% asked	<b>68% asked</b>
<b>If YES did the patient attribute symptoms to work issues?</b>	YES 64%	<b>YES 53%</b>
<b>Evidence that OHP shared information with manager</b>	YES 84%	<b>YES 100%</b>
<b>Evidence that barriers to a return to work were discussed @ first</b>	YES 92%	<b>YES 100%</b>

Audit element	National Average	RWHNHST outcome
<b>consultation</b>		
<b>Evidence of referral to OH physiotherapy service @ first consultation</b>	14%	<b>40%</b>
<b>Evidence that referral to OH counselling service @ first consultation</b>	36%	<b>59%</b>
<b>Evidence of a return to work action plan</b>	97%	<b>100%</b>

Key outcomes for the OH service to work on in partnership with HR colleagues and managers are as follows:

- Two referrals of staff that had been off sick for over a year resulted in a poor comparison with the average range of 5 to 12 weeks of sickness absence before being seen for the first time by an OH professional and it is suggested that audit outcomes might be a powerful element of sickness absence management training for managers.
- The audit provided evidence that the quality of OH advice given to managers following referral is of consistent quality in that 100% of reports shared relevant information with managers, identified barriers to a return to work and included a rehabilitation action plan.
- The service compares very favourably with the national picture in terms of access to staff counselling and fast track physiotherapy both of which are key to the recommendations of both the Dame Carol Black and Dr Steve Boorman Reports one sickness absence management and staff health & well being.
- Other detailed data covering the clinical management of cases by OH nursing & medical staff will be informing internal training initiatives in the coming year. Wolverhampton PCT data is available in a separate report.

Mary Brassington/January 2011

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