

# NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

## BOARD OF DIRECTORS MEETING

**Meeting Date:** 28 January 2015

**Title and Author of Paper:** Management of Sickness Absence  
Lisa Crichton-Jones, Executive Director of Workforce and OD and Gary O'Hare,  
Executive Director of Nursing and Operations.

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

Discussions held between CEO, Executive Director of Workforce and OD and Managing Director, Team Prevent, reiterating responsibilities and full partnership approach to health and well being.

Review of long and short term sickness cases concluded by Executive Director of Workforce and observations / actions in hand.

Sickness levels in NHS trusts across the region have all risen and are of concern on a region wide basis.

**Outcome required:** Content to be noted

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### Management of Sickness and Absence

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#### **Introduction**

This paper follows discussions at the November meeting of the Board of Directors with regards to health and well-being and the management of sickness absence within the Trust. It provides an overview of actions completed since that meeting, notably a further meeting with Team Prevent and reviews of absence by the Executive Director of Workforce and Workforce Advisors.

#### **On-going work with Team Prevent**

The Chief Executive Officer and Executive Director of Workforce met with Marilyn Dummer, Managing Director of Team Prevent on 18 December 2014. This meeting provided an opportunity for face to face discussion relating to points arising from the November Board and followed more immediate telephone briefings.

A commitment to a full partnership approach and the individual responsibilities and expectations of all partners has been fully discussed and we are all committed to the new service commencing.

Team Prevent have attended meetings with Ward and Team Managers, Directorate and Service Managers, Corporate Services Managers and staff side over recent weeks. They have been working hard to promote the launch of the new health and well-being service and continue to dispel some of the 'myths' set out in the November Board paper.

The first, new style, formal contract review meeting was held on 14<sup>th</sup> January, chaired by the Executive Director of Workforce and OD, with the Executive Director of Nursing and Operations and senior manager representatives all in attendance. The Head of

Communications was also present and will be working with Team Prevent to develop a new communications strategy with regards to health and well being; this will operate in a campaign style using a variety of traditional communications methods but also wide use of social media and supporting tools such as screen savers to raise the profile of this work.

### **Review of long term absence cases**

The Executive Director of Workforce and Workforce Advisors have reviewed all long term sickness cases where the absence has been ongoing for longer than 3 months. The following observations were made and have been shared with colleagues;

- The very vast majority of cases are being well managed by managers within the Groups and since the 'list' was run at the beginning of the month a number of people had in fact returned, or there were plans in place for people to return in the New Year.
- Where further actions could be taken, these have been identified and are either in hand or for 2/3 cases a case conference approach is planned with close overview from the Director of Nursing and Operations.
- There may be merit in revisiting our arrangements for special leave and time off for difficult circumstances and as such a review of carers leave and current best practice has commenced.
- There were a small number of cases whereby 3 months had been indicated as the expected period of return. There will be times when it is acceptable and very reasonable to wait 3 months for an employee to be fit for work, but depending on history, current length of absence etc there may be times when other actions need to be considered, ie further OH information or termination of employment. Workforce Advisors have proceeded to pick this up with managers.
- Likewise, there appeared, for a small number of cases, to be an 'acceptance' of underlying conditions. Workforce teams will remind managers of the need to still manage underlying / on-going / known conditions, including disabilities.
- Managers are fast tracking into OH faster than ever before, but as Team Prevent have indicated, there are still times when referrals aren't made in as timely a manner as they should. Such occasions are notably referrals into the fast tracking system for stress and muscular skeletal issues and managers have been reminded about this and referral times are now included in the monthly Workforce report. Whilst this is noted as a point for further improvement, the

Trust average referral time is now 16 days from the start of absence which is considerably improved on the 50+ days of a couple of years ago.

- Reporting – Work is underway with IT colleagues to ensure that our electronic systems are ‘talking to each other’ exactly as they should be. ESR self service will commence this year, however it is a large scale complex project and will take 18 months – 2 years to fully implement.
- The dates for the new management development programme have now been published and all courses are already fully booked. This new training is being run in partnership with Team Prevent and Capsticks. Workforce teams are working with operational managers to ensure that attendees are prioritised according to need or hot spot areas. Further dates are being planned for April onwards.

### **Review of short term sickness**

The Executive Director of Workforce and Workforce Advisors have reviewed cases for 20 members of staff in each group whose records indicate the highest levels of short term absence. The following observations were made and have been shared with colleagues;

The launch of the new sickness absence policy in February is awaited. This provides for an even greater robust approach to managing short term absence.

A number of staff across this sample are already in a ‘Stage 1 process’, and this approach needs to be widely implemented for all. This has already been considered by the Executive Director of Nursing and Operations with colleagues at GBM.

A ‘trigger prompt’ is considered to be helpful by many and this will be discussed with the Director of Informatics. This prompt would be a reminder as to a formal review meeting being needed and it then being set up in a timely manner.

The management skills training will include a clear message as to the importance of return to work interviews, timely management of short term absence and managers responsibilities.

The Care First trauma service needs wider promotion and this will be communicated as part of the wider work led by the Head of Communications.

A reminder will be issued to managers to ensure that appropriate handovers take place as staff move between wards or services. Continuity of absence management is essential.

A further report will be run to review those staff whom have had more than 10 occasions of absence in a three year period. Urgent Care have already taken this approach and the Group Director is personally meeting with staff with such records. A similar approach was undertaken last year and in year 9 out of the 10 staff seen have improved records.

## **Conclusion**

In general terms, the partnership with team prevent is progressing well with progress against previously identified actions. Having reviewed a number of long term and short term cases, it is considered that there is a robust approach being applied to long term absence. Managers now need to focus as robustly on short term absence with prompt instigation of stage 1 review meetings and rigorous follow up.

Board members may wish to note that having recently discussed sickness absence with other HR Director colleagues, all trusts in the region are experiencing quite significant increases in absence levels.

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Executive Director of Workforce**

**Gary O'Hare  
Executive Director of Nursing and Operations**