Sickness Absence
Agenda Item 7.2
Reference: 10B.059B

Board Meeting: 24 May 2010

Summary	At its meeting on 22nd December 2009 the Board agreed a series of actions to address the high levels of sickness absence in the organisation. It also requested that reports to come to the Board on a regular basis to update on the progress of the work being undertaken. This report provides an update on each of the agreed areas of activity, as well as a number of initiatives not included in the original action plan. It reports the levels of sickness absence from January to April 2010. There was a specific question at the April 26th 2010 Board Meeting to ascertain the extent to which the pattern of sickness absence was seasonal, which is addressed in this report.
Issues to be considered by the Board	Is the Board satisfied with the level of progress on the actions being taken by the organisation in response to the high levels of sickness?
Action required by Board	To acknowledge the progress made by the organisation in undertaking the activities designed to reduce the levels of sickness absence.
Accountable Executive Director	Roger Rawlinson, H R Director
Authors of Paper	Roger Rawlinson, H R Director
Date prepared	12th May 2010

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1. Introduction

Following a month by month decrease throughout 2008/09, sickness absence levels rose sharply from the onset of the first wave of the flu pandemic in May 2009 to an unacceptable level.

Following a discussion at its 24th November 2009 meeting, the Board asked for a report to be prepared for the 22nd December 2009 meeting setting out the actions the organisation intended to undertake in order to reduce the levels of sickness absence.

A report was presented to the 22nd December 2009 Board setting out the additional activities the organisation had begun to undertake to address the issue of sickness absence The board endorsed the actions, and asked for an update report to come to future board meetings.

2. Update on Activities

2.1. Roll out the Lexicon system to all divisions

Lexicon has now been successfully rolled out to all divisions.

2.2 Retrain first and second line managers on the use of the Positive Management of Attendance Policy and Guidance

This work forms Module 1 of the Competent Manager Programme element of the Strategic Development Programme. A comprehensive skills course for team leaders and clinical team leaders has been developed by the DT3 group. At the end of April a total of 112 first line managers had been trained on Module 1 of the Competent Manager Programme, which focuses exclusively on sickness absence management. The new Performance Managers will receive similar training as soon as they are in post.

2.3 Set up a small team at the HR Service Centre to assist the management of employees suffering long term sickness absence in supporting return to work or departure from the organisation.

All HR field teams have been tasked in the 2010 HR plan to focus on long term sickness, so that cases are actively managed back to work or out of the organisation. In order that cases can be addressed swiftly and effectively, one of the HR managers at the HR Service Centre in Hedge End spends three days per week exclusively on the 30 “longest term” sick cases, ensuring that all the relevant case documentation is up to date and correct, and that managers are advised well on the actions they are able to take.

The number of cases has fallen from 137 at the end of December 2009 to 86 at the end of March 2010.

The target is to reduce the number of long term sickness cases to under 50 by the end of June 2010, and the target in the 2010/11 Business Plan is to reduce the number of cases to fewer than 30.

2.4 Bring in assistance to support the management of short term sickness in the worst performing area, Yorkshire & Humber

From January to March this work came under the auspices of the Teleperformance Project, which addressed a range of performance management issues centring on the Wakefield site and the West Yorkshire Urgent Care Service. There was some very limited success in reducing sickness absence rates.

From 1st April additional HR support has bee drafted into the Wakefield site, to focus exclusively on reducing sickness absence in the Yorkshire & Humber contact centres.

In addition to the national initiatives in this paper all team leaders and clinical team leaders are receiving 1:1 coaching sessions to ensure that all sickness cases are well and actively managed.

The local target is to reduce sickness in Yorkshire and Humber by 40% by 31st August 2010.

2.5 Strategic Development Programme DT2:- Contracts Framework & Operational Restructure

It is expected that two staff consultations, which have recently been completed, will have a significant effect on absenteeism. The Contract Framework consultation was completed on 19th April, and gives front line staff a greater level of certainty about their future rota patterns. The Operational Restructure consultation was completed on 12th March will strengthen line management capability and focus on staff management issues.

2.6 Strategic Development Programme DT3:- Performance Management and Skills Development

The development of a balanced scorecard which, amongst other measures, contains sickness absence information for all front line staff and front line teams and can be interrogated effectively by first and second line managers, has been completed and will be launched on 1st June. It is also forming the basis of Module 2 of the Competent Manager Programme for first line managers.

The newly appointed Heads of Performance, Divisional Directors of Nursing and Performance Managers will enter a development programme on appointment, which will focus immediately on sickness absence management, building on the skills training set out in paragraph 2.2

2.7 Develop the capability of the Electronic Staff Record for reporting and managing sickness, and ensure that sickness absence is a key element of the CCC/ESR integration project.

Both these projects are in the early phases of implementation with completion dates of 30th September.

2.8 Chief Operating Officer "top 15" monthly meetings with Divisional Operations Directors

The Chief Operating Officer, meets each Divisional Operations Director on a monthly basis to focus exclusively on the specific actions being undertaken to address the fifteen employees in their division with the worst short term and long term sickness records. She is supported by Julie Liggett, Deputy Director of HR.

A "best practice" approach and common reporting methods have been developed. This initiative will continue at least to the end of 2010/11.

3. New Activities

3.1 Home working for colleagues suffering from long term conditions

As part of its review of the Milton Keynes Plymouth and home working "lite" projects the Alternative Ways of Working Board is looking at the potential to use home working to allow colleagues with long terms conditions to return to work for NHS Direct from their homes. There are two cases we intend to use as pilots, so that the concept can be included in the home working evaluation and proposal paper, which will come to the board on 26th July 2010.

3.2 Health & Well Being

I have joined the National Reference Group to the Health & Wellbeing Programme run jointly by Department of Health and NHS Employers. The programme is being implemented following the publication in November 2009 of the Boorman Report, which made a series of recommendations to NHS organisations. For NHS Direct, there are a number of initiatives in the "Great Place to Work" section of the 2010/11 Business Plan, which resonate strongly with the Health & Wellbeing Programme, and will be included in the next report to the Board.

3.3 Working for two employers

A significant number of NHS Direct employees work for more than one employer. Work is being undertaken to ensure that each employee agrees to the obligations of employment with NHS Direct, and that managers in both organisations are aware of the contractual arrangements for each employee.

3.4 Addressing "hot spot" days

Detailed analysis of sickness absence trends and short term "hot spots" reveals that sickness is high on Sundays and bank holidays when, under the Agenda for Change agreement, employees receive sick pay at the enhanced rate they would have received had they worked. We have instructed line and HR managers to be acutely aware of these "hot spots" and manage their staff accordingly.

3.5 Attendance Management Tool Kit

An "Attendance Management Tool Kit" has been erected on the HR Team Microsite on the Intranet. It contains all absence related policies, guidance for managers, and all the relevant forms and template letters needed to manage absence successfully.

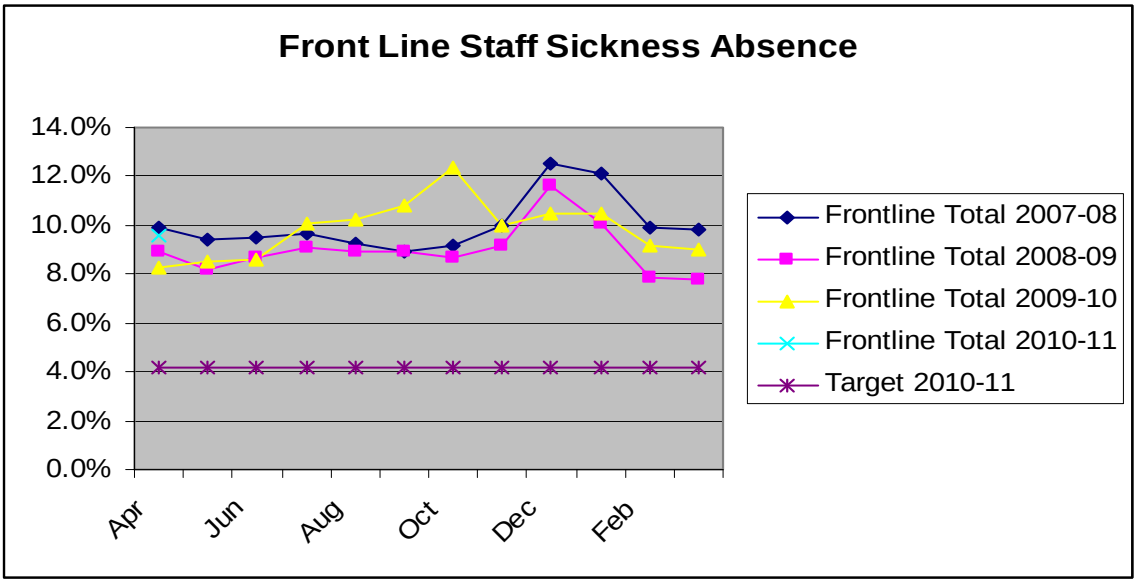
4. Media Coverage

Articles have appeared during the past month in the Daily Telegraph (17th April), E Health Insider (21st April) and The Spectator (1st May), which all referenced information from the paper to the March Board, which addresses the high levels of sickness in the organisation and the actions being taken. We responded to the Daily Telegraph and E Health Insider with a comment, which was used in full in the Daily Telegraph article. We have responded separately to The Spectator with a letter to the editor, which has been acknowledged but has not yet appeared in the publication.

5. Seasonal Patterns

The Board asked for a year on year comparison of seasonal trends. The chart below shows month by month sick rates over the past three years. The data shows that sickness is usually highest in December and January. This pattern was different in 2009 as a result of the "pandemic flu effect" from July 2009.

The Board can see from the provisional April 2010 figures that there is no obvious improvement yet apparent compared to historic trends.



6. 2010/11 Sickness Absence targets

The agreed sickness absence targets in the 2010/11 Business Plan are as follows:-

- For each whole time equivalent in NHS Direct to be sick for no more than 10 days in the year. 10 days equates to 4.2% sickness absence
- No more than 30 long term sick employees by the end of 2010/11.

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