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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Staff Wellbeing: Mental Health Evaluation		
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Meeting	Trust Board	**Date**	6th December 2018

1. Suggested discussion points *[two or three issues you consider the Board should focus on]*

Across Great Britain, work related stress accounts for over half (57%) of all working days lost to ill health. In the last 12 months, over 600,000 workers reported suffering from stress, depression or anxiety caused, or made worse, by work. In SWBH Mental Health related absence is the top reason for sickness absence, closely followed by MSK issues. The Trust is making changes to the offer for staff on how they access support for their mental well-being, ensuring there is an active offer to keep people at work and return to work sooner. The Trust has a target of 3% sickness absence, which will not be achieved without a robust and proactive approach to mental health.

The following slides outline for board discussion:
a) the data on sickness absence in SWBH which shows a growing trend in the number of colleagues reporting long term sick leave.
b) top level action plan to reduce sickness absence and occupational health trend data
c) action plan to reduce absence, and mental health related absence
d) proposal to mandate an annual health and well-being check inclusive of stress risk assessment
e) proposed changes to sickness absence policy including proposal to sign up to ' Dying to Work' charter. Aim to implement in Feb 2019 following Staffside consultation

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Clinical Leadership Executive. People and Organisation Development Delivery Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	**Endorse** the high level action plan including an annual mandated health and well being check inclusive of stress risk assessment in high risk areas of the Trust
b.	**Endorse** changes to sickness absence policy including signing up to Dying to Work Charter

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk 114					
Board Assurance Framework		BAF 8 and BAF 9					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

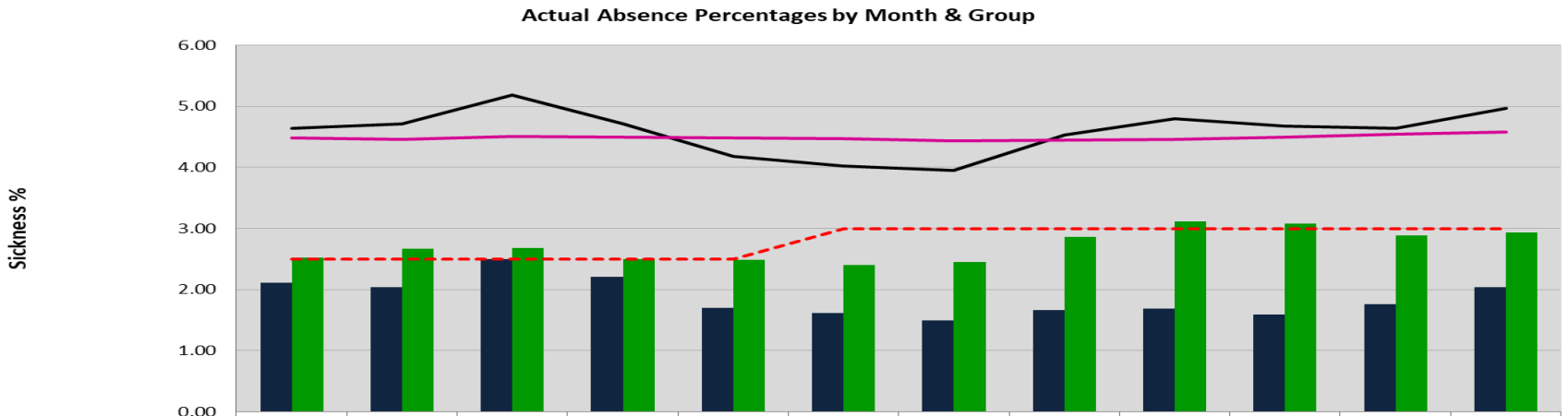
Reducing sickness absence and improving well being

Trust Board - 6th December 2018

Raffaela Goodby

Director of People and Organisation Development

Introduction



	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10
ST%	2.12	2.04	2.50	2.21	1.70	1.62	1.49	1.67	1.68	1.59	1.76	2.04
LT%	2.52	2.67	2.68	2.50	2.49	2.40	2.45	2.86	3.11	3.08	2.88	2.93
In-Mth Abs FTE%	4.64	4.71	5.18	4.71	4.18	4.02	3.94	4.53	4.80	4.67	4.64	4.97
Rolling Abs FTE%	4.48	4.46	4.51	4.50	4.48	4.47	4.43	4.44	4.46	4.49	4.54	4.58
Absence Target	2.50	2.50	2.50	2.50	2.50	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Key Points:

- March – May ‘18 monthly sickness rates improved, but was not sustained for the rest of the summer period due largely to an increase in number of colleagues on long term sickness absence.
- Clinical Groups continue to have the highest absence rates. Highest - Medicine and Emergency Care – at 5.30 % (rolling sickness, October ‘18).
- Average length of all long term sickness cases (April – October ‘18) is 101 days. Average length of absence has reduced from 112 days (in month) in April ‘18 to 81 days (in month) in October ’18. The reduction in the length of absence is a positive indicator of improvement in case management. The overall number of employees on long term absence has however increased from 229 in April ‘18 to 242 in October ‘18.
- Average length of short term sickness absence (in month) has remained consistently at either 6 or 7 days over the last 12 months. The number of employees on short term absence has increased (in month) from 710 in April ‘18 to 850 in October ‘18.
- Pathology sickness absence rates have been good, consistently remaining within 3% over the last 12 months. Given the transfer of the majority of Pathology employees out of the Trust in October ‘18, this makes the target more challenging.
- Assuming a continuation of the normal seasonal trend, without effective remedial action, the Trust we are unlikely to achieve the 3% absence target by March 2019.

Sickness absence analysis – deep dive

- **Reasons for sickness absence:** As reported in August '18 the two primary reasons for our long term sickness absence is mental health absence, followed by combined Musculoskeletal (MSK) problems. For short term absence the two primary reasons for sickness absence are 'cold, cough and flu', followed by gastro problems.

- **Analysis of Occupational Health referrals:** In view of the acknowledged issue of under reporting of mental health related absence on ESR, a review of Occupational Health referrals during the period July to September '18 was undertaken. It has indicated (based on the professional judgement of the Occupational Health professionals and not the reason for the referral):
  - Referrals due to MSK problems are roughly equal across the Trust, however MSK problems 'caused by' or 'made worse by work' were significantly higher in the Group of Medicine and Emergency Care.
  - Number of referrals due to Mental health conditions were roughly equal across the Groups, (approximately 20% of referrals) however the numbers presenting categorised as either 'work related' or 'specifically caused by work' were highest in the Group of Women and Child Health, closely followed by Surgical Services as set out in table 1 below.

Table 1: Occupational Health Referral Analysis – Mental Health Related

Group	Mental Health – Work Related %	Mental Health – Specifically Caused by Work
Women & Child Health	67	38
Surgical Services	56	33
Primary Care, Community & Therapies	45	18
Medicine & Emergency Care	25	15

Actions to reduce sickness absence to 3%
Action Plan

1. **Focus on 'Back to basics':** Ensure sickness absence cases are being undertaken in a timely and appropriate manner. Sickness absence case conferences and case management approach.

   Aim: To reduce LT sick leave % to 2% by reducing the average length of sickness absence and reducing the number of employees taking long term absence to below 150 by Jan 2019 and below 120 by the end of 2019.

2. **Additional 6 month HR Dept Resource:** Intensive focus on expediting case management and coaching managers following on from investment in Accredited Managers training programme.

   Aim: To reduce the number of unnecessary delays in sickness case management.

3. **Introduce a Wellbeing Score:** As part of next years PDR process, introduce a wellbeing score. Not mandatory to discuss but **encouraged** in a supportive way. This would help us to map self reported wellbeing across the organisation and allow future areas for intervention to be identified.

   Aim: To have a wellbeing score for 50% Trust's employees by August 2019. Data to be used to inform the development of 20/21 wellbeing plans.

4. **Focus on Medicine & Emergency Care:** Input and focus with additional support from HR team to expedite long term management , ensure management of short term absence and pipeline cases.
   - Priority focus on areas with high levels of backfill to reduce sickness costs.
   - Priority of referrals into MSK team.
   - Renewed focus on preventative measures for absences.

   Aim: To reduce Medicine & EC sickness backfill costs by £60k per month by Feb '19 and their sickness absence reduced to 5% as reported using the rostering barnacles tool.

5. Review the Trust wide provision of sickness absence data – reviewing whether current provision is fit for purpose and meets the needs of line managers.

   Aim: By March '19, to have reviewed the sickness absence information that is provided to our line managers (via Connect and ESR and Eroster) to determine whether it is best meeting the needs of our managers and can be improved.

Actions to reduce sickness absence to 3% - Focus on Mental Health
Mandated Risk Assessments launched in 2019/20

1. 'Wemind' : Our new mental health support service, launched in September 18, including:

- 'Feel stress free' app, allowing employees to proactively track their mental health and well being and access to a wealth of information.
- Provision of 'advice and face to face counselling services.
- 'Kaleidoscope' - a range of mental health workshops, for example 'Workplace Stress Management' and

2. Individual Risk Assessments: Individual risk assessments have been in place in the Trust for some years with limited impact, as the board has previously securitised. The current document is based on the HSE mandated requirement, ensuring that the organisation fulfils its statutory obligations to undertake stress risk assessments.

Whilst it is noted that the quality of the current risk assessments is variable, this may not necessarily reflect the quality of the 'conversation' that a manager may have held with their employee. The new risk assessment will be mandated as part of a new well being score, and must be held annually. This can be viewed in appendix 1

It was therefore timely that the HSE have very recently published (November '18) a new **'individual stress risk assessment** ' toolkit – available at **http://www.hse.gov.uk/gohomehealthy/stress.htm** which the Trust will launch in January '19.

Given that our data is not particularly reliable given the stigma associated with mental health and unwillingness to openly report, It is proposed that completion of the individual risk assessment be mandated for all employees and the outcomes reviewed annually.

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We plan to design a process that will enable managers to forward details of their agreed actions into the OH and Wellbeing Service . This will enable the data to be collated, trends analysed, and appropriate support procured or implemented.

3. Holding Difficult Conversations: This has been acknowledged as a key need in previous reports to the Trust Board to develop and improve the confidence and capability of managers to support staff. Work has already commenced within Surgical Services, with bespoke training sessions on conflict resolution and handling difficult conversations. A Trust wide rollout will now continue throughout the Trust, with the next focus area being Women and Child Health. This will be monitored through the People and OD Committee.

4**. Central support for mental health related absence.**

From April 2019 the Trust will implement specific central support for those colleagues absent because of mental health related absence. This will include targeted support for necessary rehabilitation, mediation between colleagues or leaders and will have the aim of returning colleagues to the workplace more quickly. A plan will be developed and monitored through the P&OD Committee

Sickness Policy - review update

- This is an update for the proposed changes to the Attendance at Work (Sickness Absence) Policy, which is planned for implementation in February 2019. Given that this policy forms part of employees terms and conditions of service, it is subject to negotiation with the Trusts Trade Unions and therefore the proposals outlined below are subject to change in light of the ongoing negotiation process.

- Key proposed **areas of change** to ensure effective management and reduction of absence levels: (these proposals were discussed and supported by the People and OD Delivery Committee on 21st November 18).

Proposed changes:

- **Revised and tighter 'trigger points**' for monitoring and the initiation of management action. Current trigger points are '3 episodes of absence in any rolling 6 month period or demonstrable pattern of absence'. The proposal is to move to trigger points along the following lines, '2 or more episodes within a rolling 12 month period, totalling 8 calendar days or more', '3 episodes within a rolling 12months' and 'any pattern that it cause for concern'.
- The introduction of **one procedure for managing both short term and long term absences**: Currently 2 separate procedures are followed, with long term and illnesses with underlying medical conditions being managed on the ground of capability as per the Sickness Absence Policy, where as short term / intermittent absences without an underlying medical cause(s), are currently managed on the grounds of conduct in line with the Trusts Disciplinary Policy. The proposal is to simplify this process and manage all cases in line with the Sickness Absence Policy on the grounds of capability.

Newly proposed elements: **the Trust board are asked for their consideration and feedback on the first 2 proposals outlined below**

- **A revised approach to the recording of absence for D & V**. In order to prevent over inflation of absence rates, the proposal is to record the 48 hour symptom free period as 'authorised paid special leave' rather than sickness absence, including an expectation that alternative working arrangements are considered in the first instance. Some concerns have been raised within this Trust regarding the introduction of this practice, including the potential of abuse of this provision. Similar concerns were raised within Royal Wolverhampton NHS Trust who implemented this practice approximately 18 months ago, however following a review they confirmed that the concerns had not transpired
- **A protected approach to managing and supporting employees diagnosed with terminal illness - signing up to the 'Dying To Work Charter'**: A number of organisations, including some NHS organisations and public bodies have signed up to the TUC's (Trade Union Congress) 'Dying to Work Charter' (attachment 2) which is essentially a commitment to support employees with terminal illness, which includes providing security of work and the right for employees to choose the best course of action for themselves, such as death in service, thereby protecting their families access to their death in service benefits. Given the strong moral and associated legal case (as most terminal illnesses will be protected by equality legislation) for adopting a different and sensitive approach to managing employees with terminal illness, it is recommended that the Trust adopts this approach and signs up to the 'Dying to Work Charter'. This will include the provision of additional financial (benefits and pension) advice.
- Specific inclusion that where there is a difference in medical opinion between Occupational Health and that of an employee's GP, the Trust will defer to the advice of the Occupational Health Practitioner.

COMPANY LOGO

DYING TO WORK

This charter sets out an agreed way in which our employees will be supported, protected and guided throughout their employment, following a terminal diagnosis.

- We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.
- Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that, safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.
- We will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period with dignity and without undue financial loss.
- We support the TUC's Dying to Work campaign so that all employees battling terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

Chief Executive of Company

TUC Regional Secretary

TUC
Changing the world of work for good