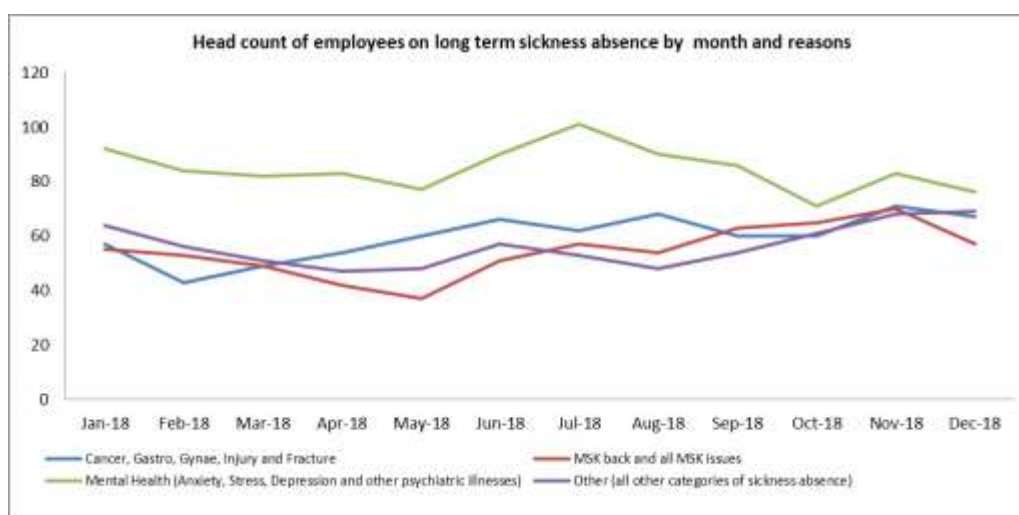


Reducing long term absence cases to 140 by March 2020

1.0 Current Long Term Sickness Absence December 2018

- The average number of employees on long term sickness absence per month is 255.
- The two primary reasons for our long term absence episodes remains firstly as mental health related conditions, with an average of 85 employees absent per month. In addition there is the recognised under-reporting of this type of absence within the Trust, which would increase this figure. The second reason is combined musculoskeletal (MSK and back problems), with an average of 55 employees absent per month.



2.0 Long Term sickness reasons

The table below outlines a target to reduce absence by March 2020.

Reason	Current average per month (Dec 18)	Target average per month by 31 st March 2020
Cancer, gastro, gynae, injury and fracture	60	50
MSK back and all MSK issues	55	30
Mental health. Anxiety, stress, depression and other	85	45
Other	40	25
Total	240	140

2.1 Focus on mental health:

- i. Central support for mental health related absence: From April '19 the Trust will implement central support for colleagues with mental health related conditions to enable them to remain at work and return to work sooner. The 'staying safe at work' team, will

include targeted support for necessary rehabilitation and mediation services to support relationship concerns between employees.

- ii. We are currently redesigning the counselling and associated support offered by the Trust. This includes access to an online App, telephone and face to face support, and links to exercise, colleague led groups, yoga, pilates, mindfulness and mental health training for managers.
- iii. Launch of mandated individual stress risk assessments as part of an annual health and well-being check. All Trust employees will complete an individual stress risk assessment with their manager on a yearly basis. These conversations are aimed to support open discussions, thereby allowing proactive interventions to be considered and implemented. Data will be collated, trends analysed and appropriate support procured and implemented.
- iv. Introducing mediation services in 2019, to reduce the amount of absence associated with investigations, dignity at work cases, and to resolve issues between colleagues sooner.
- v. Developing robust flexible working offer in February 2019, for launch in April 2019, to support managing work life balance and stress, anxiety and depression.

2.2 Additional actions needed to achieve 140:

- i. Focus on combined MSK and ergonomics: It is recognised that a greater understanding of work related MSK absence within the Trust is needed to enable an assessment of whether changes to ward based equipment, early interventions and ergonomics would facilitate a reduction in this type of absence. A detailed plan will be brought to the March People and OD Committee from the internal MSK service, supported by Health and Well Being.
- ii. The flexible working offer being developed in February 2019, for launch in April 19, will support MSK absence in some cases.
- iii. Refocused approach to reasonable adjustments, to ensure a flexible and creative approach is taken to enable employees to remain in work and achieve improved attendance levels. A central system to record and analyse this data will be developed to enable a central understanding of this data.
- iv. For colleagues on long term sick with Cancer, Gastrointestinal problems, Genitourinary and Gynaecological disorders and Injury & fracture, there will be a greater focus and proactive support actions will enable employees to either remain at work during treatment / ill health or return to work sooner. This requires a kind and creative approach, delivered in close partnership with Staffside. These colleagues may also benefit from accelerated access to diagnostic services or treatment through SWBH.
- v. Employees with the potential to turn into long term absence ('pipeline cases') will receive a letter communicating the Trusts health and wellbeing offer. The aim will be to ensure employees are fully aware of the support available to them and are positively encouraged to take up the support on offer, and proactively manage their own health and well being.
- vi. Reduction in ESR errors with the aim of reducing short term cases being incorrectly classified as long term or long term absences being incorrectly recorded. Increased education and communication will be undertaken to achieve this.