Paper ref:	TB (07/19) 014

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Sickness turnaround trajectory and plan		
Sponsoring Executive	Raffaela Goodby, Director of People and Organisation Development		
Report Author	Frieza Mahmood, Deputy Director of People and OD		
Meeting	Trust Board	**Date**	4th July 2019

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

The Trust Board is well informed as to the sickness absence rates in the Trust. Reducing sickness absence is a key focus for the organisation, and for the People and OD function inclusive of Occupational Health clinicians. Sickness absence levels have failed to improve and remained above acceptable levels for the past 12 months, resulting in being highlighted as a "persistent red" in the Trust's IQPR.

This position cannot be sustained as the Trust moves to the vision of being fully staffed. There is an extant aim to reduce the number of colleagues on Long Term Sickness Absence to 140 per month by March 2020, this position is currently approx. 220 per month.

The report sets out the plan and trajectory to:

- Reduce mental health related absence by a more proactive approach to work related stress, implementing a mandated mental health assessment in high risk areas, and creating an 'attendance coach' role for all
- A new approach to reducing absence related to musculoskeletal issues
- Reduce ward absence to 3%, by focussing on "hot spot" areas

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

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

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

Public Trust Board. People and OD Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	**DISCUSS** and **NOTE** the planned approach to reducing absence in the coming 12 months
b.	**RECEIVE** updates at August and October People and OD Committees
c.	**ENDORSE** the proposals for an enhanced and integrated Health and Wellbeing offer

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

Trust Risk Register								
Board Assurance Framework								
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		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4th July 2019

Sickness Turnaround Trajectory and Plan

1. Introduction or background

1. The table labelled as **Figure 1** in **Annex 1** provides a detailed breakdown of the Groups in Month Sickness Absence levels for May 19 compared with the previous month.

1.1 The Trusts in month sickness absence figure has increased by 0.06% in May 19 compared with April 19. The most notable increase is in PCCTS and W&CH at a 0.28% and 0.23% rise respectively.

2. **Figure 2** in **Annex 1** provides a detailed breakdown of the groups long and short Term sickness absence levels for the month of May 19 against a comparison of April 19

2.1 As highlighted by Figure 2 long term sickness has only reduced in Medicine and Emergency Care in May, falling by 0.25%. All other areas showed increases compared to the previous months position. However during this period of time there were 5 ill health capability dismissals and 1 ill health retirement indicating an expected reduction for long term sickness absence in June.

2.2 As indicated by **Figure 3** in **Annex 2** there are a significant number of areas with very high sickness absence to be considered in the "Top 50" worst performing hotspot areas within the Trust. The breakdown for number of departments within each group who comprise this list is as follows; Medicine (11), Surgery (13), PCCTS (10), W&CH (8), Imaging (3) and Corporate (5). In 46% of these departments there was 100% completion of Return to Work Interviews indicating some good management practice. Nonetheless the absence levels range from between 5.43% up to 18.23% which is considerably above the expected level. Please see Figure 3 for a detailed breakdown.

2.3 On the basis of the information revealed from this analysis, a review was conducted in June by the Operational HR Team of the existing sickness management support interventions in place. This was undertaken to support the Trusts commitment to creating a positive attendance culture by reducing ward based absence to 3%, driving down long term sickness absence to 140 cases from 220 on average and tackling key hotspot areas. The outcome of the review highlighted that the current strategies in place were not effective in preventing cases becoming long term or enabling cases to be proactively resolved through strong case management support and oversight from the outset.

2.4 In view of this a new plan and approach was developed to actively focus on resolution of long term sickness cases which commenced mid-June following the conclusion of the review. This plan can be identified within **Figure 6** in **Annex 5** and provides a Trajectory

on projected Long Term Sickness Absence Case Reduction This is further supported by **Figure 7** in **Annex 5** which contains a detailed breakdown of the weekly revised Sickness Absence Management Action Plan which has been developed to focus the teams activity throughout July and August 19 to deliver the expected performance in this area.

3. **Figure 4** in **Annex 3** provides a detailed breakdown of all Directorate areas within the Trust which experienced episodes of Mental Health Related Absence over a retrospective Rolling 12 Month Period of time. As indicated this reveals that there were 1720 episodes of stress, anxiety or depression for which staff were absence from work during this time. This comprises of 12.1% of all sickness absence episodes during this time which is significant.

3.1 A review of the information contained in Figure 4 pertaining to the Medicine group alone reveals that 425 of these episodes can be attributed to Admitted Care and Emergency Care directorates equating to 24.7% of all mental health related episodes of absence during this time, which again is substantial.

3.2 A similar picture emerges when reviewing **Figure 5** contained within **Annex 4** relating to Episodes of Musculoskeletal (to include Back Problems) Related Absence by Directorate Area over a Rolling 12 Month Period. This information highlights that there were 2078 episodes of Musculoskeletal related absence during this period equating to 14.69% of all absence for the Trust. Again the Medicine Group when considering Admitted Care and Emergency Care directorates alone equated to 534 of these episodes which is the equivalent of 25.69% of all Musculoskeletal related absence for the Trust which remains significant. Please refer to Figure 5 for a detailed breakdown.

3.3 On this basis albeit the Trust remains committed to supporting all staff within the Trust to receive the necessary Mental Health support it is recommended that some targeted support is provided to the areas which are highlighted within the analysis as being the most challenged in order to appropriately deploy our available resources.

3.4 There is significant evidence on the basis of the analysis outlined above to support taking a revised approach to the management of Musculoskeletal and Mental Health related absence in particular. During the review undertaken by the Operational HR team a defined area of weakness was highlighted as the lack of options available for staff that are unable to return to their contracted role for a substantial period largely for Musculoskeletal and Mental Health related treatment and recovery reasons. However it was identified that in a considerable number of these cases staff could carry out work of a meaningful nature in an alternative capacity by way of an interim placement. It is proposed that the interim placement may be either; an identified vacancy not yet filled, a post which needs cover due to sickness or maternity leave or a created post or project which fulfils service need in a certain area but which will not be filled substantively. An example of the latter would be providing administrative support in a busy office for an agreed number of hours per week. An interim placement may be of a lower band and fewer hours than the substantive role. However it is not suggested that the employee's contractual pay is affected as this would be in breach of employment obligations. The

interim placement need not be in the same department or directorate. However it is not intended to be a long-term solution. It is proposed to be for an agreed period of time and subject to regular review in order to prevent social isolation, improve wellbeing and facilitate a return to the substantive post as soon as possible. If a return to the substantive post is not feasible then other options such as permanent redeployment or ill health capability dismissal may need to be considered subject to Occupational Health advice.

3.5 In response to the need to better support directorate areas that are more challenged by Mental Health related absence as identified earlier within the analysis contained in Figure 4, Annex 3 it is suggested that a mandated mental health assessment for the high risk areas highlighted within the breakdown is necessary. This approach could be further strengthened by the piloting of a new 'attendance coach' role. It is proposed that the early focus of this role could be to provide staff with Mental Health related absences additional holistic support by; maintaining regular contact with them throughout the period of their absence, assisting them in building their confidence, taking proactive measures to engage with health care professionals/managers to undertake structured activities to enable an effective return to work and prevent social isolation during the period of their absence. This role could also be utilised to provide support for those staff that are subject to employee relations investigation processes which may have an impact on their emotional wellbeing. This is an area we are increasingly observing as being a barrier in returning to work post conclusion of these processes.

3.6 It is intended for the above offer to be further supported by a broader solution focussed health and wellbeing strategy to tackle the wider challenges the organisation faces with regards to Mental Health and Musculoskeletal related absence. The basis of this strategy would be to take an integrated approach that brings together all available services to form an 'employee journey' for staff that have or are at risk of developing mental health problems. This proactive approach would be denoted by encouraging promotion of good mental health within our workforce with a view to developing SWBH as a "Happy Place to Work". As many of these services are already in place, very few new resources are required to be allocated apart from developing a strategy to bring about coordination and procurement of a robust and bespoke counselling service to facilitate early intervention. An integrated approach would be better supported by the creation of an effective interface for coordination between staff Mental Health related services, Physiotherapy services, Health and Wellbeing services and Holistic Therapy services in order to meet current challenges.

3.7 **Figure 8** contained within **Annex 6** provides further detail on the recommended procurement of a new consolidated counselling offer which is fit for purpose in meeting current and future organisational needs, alongside additional proposals relating to an enhanced Musculoskeletal and wider wellbeing support services offer, which subject to agreement could be operational from 1st August 2019.

4. Recommendations

4.1 The Board is asked to:

a. Discuss and note the revised approach to the management of sickness absence in the Trust which is developed following a review by the Operational HR Team.
b. Receive updates at August and October People and OD Committees in relation to progress against the identified improvement plan.
c. Endorse the proposals for an enhanced and integrated Health and Wellbeing offer

Frieza Mahmood
Deputy Director of People and OD

23rd June 2019

Annex 1: Sickness Absence Breakdown – Figure 1 and 2

Annex 2: Top 50 Hotspot Area Analysis – Figure 3

Annex 3: Episodes of Mental Health Related Absence by Directorate Area – Figure 4

Annex 4: Episodes of Musculoskeletal Related Absence by Directorate Area – Figure 5

Annex 5: Trajectory for Long Term Sickness Absence & 8 Week July/Aug Plan – Figure 6 and 7

Annex 6: Proposed Health and Wellbeing Strategy – Mental Health & Musculoskeletal – Figure 8

Annex 1

Figure 1 - Group in Month Total Sickness % Figures

Group	Apr 19	May 19
Corporate	3.71	3.80
Imaging	4.94	5.02
Medicine & Emergency Care	5.16	4.97
Surgical Services	4.69	4.54
Primary Care, Community and Therapies	3.80	4.08
Women & Child Health	5.83	6.06
Trust	**4.68**	**4.74**

Figure 2 - Group in Month Long and Short Term Sickness Absence % Figures

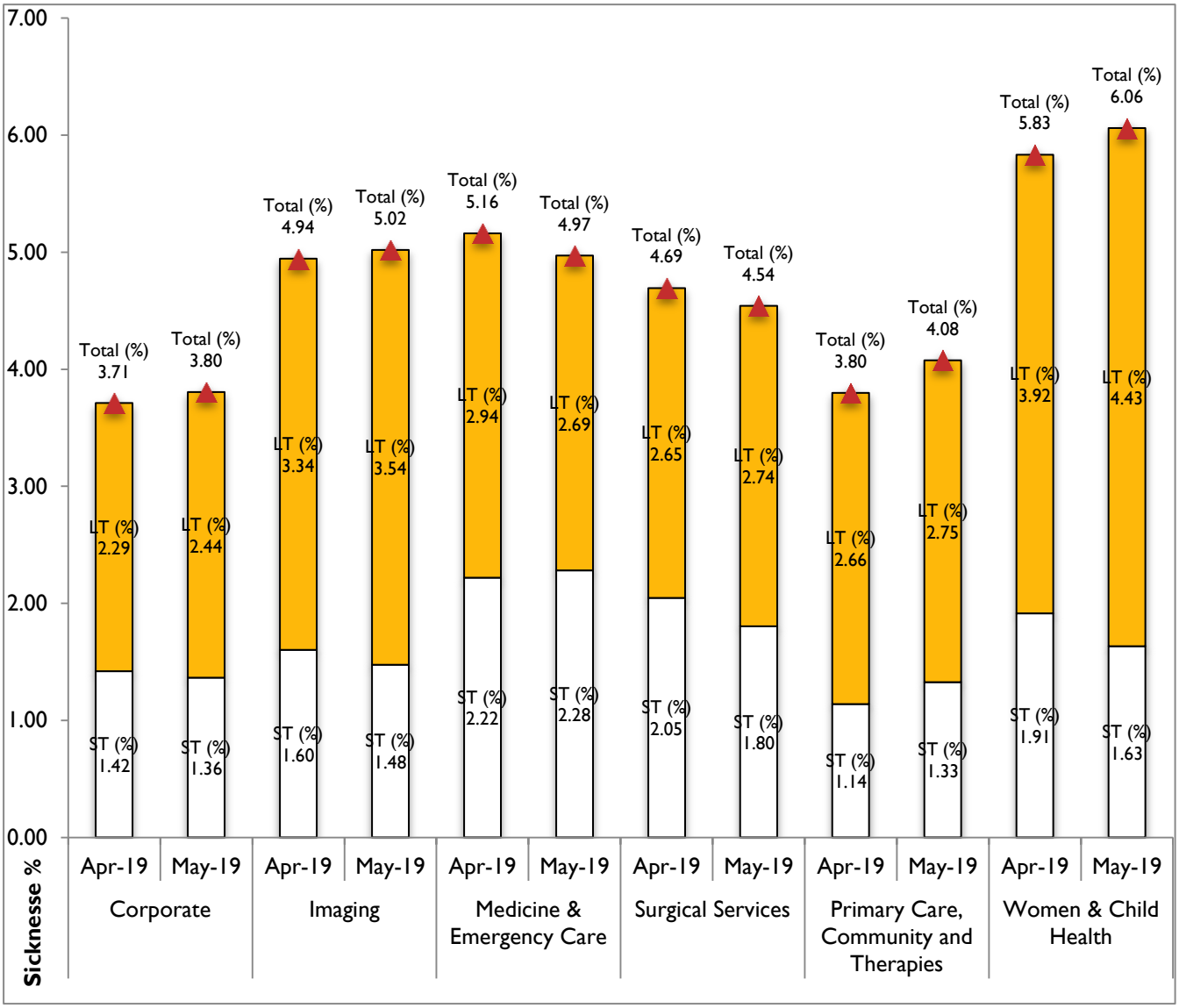

Figure 3 - Top 50 in Month Hotspots Areas – May 19

Annex 2

Group	Directorate	Department	Avail (FTE)	FTE Days Absent SUM	Sickness %	RTW %
Medicine & Emergency Care	Admitted Care	NNONN - Oncology Nursing Newton 5	571.60	104.20	18.23	0.00
Surgical Services	Specialist Surgery	SWNT3 - Newton 3	1173.75	197.80	16.85	42.86
Surgical Services	Specialist Surgery	SWDAU - Surgical Day Unit	566.71	84.60	14.93	80.00
Primary Care, Community and Therapies	iCares	NSDFR - District Nursing Friar Park	556.76	76.00	13.65	100.00
Medicine & Emergency Care	Admitted Care	CMTED - Endoscopy	1388.11	165.16	11.90	64.29
Surgical Services	Specialist Surgery	NWCPA - Pre-Assessment Unit	633.61	75.13	11.86	66.67
Women & Child Health	Maternity & Perinatal Medicine	CYMLU - Midwife Lead Serenity Unit	753.09	87.88	11.67	85.71
Primary Care, Community and Therapies	Community Medicine	NQACS - Anticoagulation Staff	487.32	54.90	11.27	50.00
Primary Care, Community and Therapies	Ambulatory Therapies	NOCST - Palliative Care	773.25	85.80	11.10	100.00
Medicine & Emergency Care	Admitted Care	SNNT4 - Newton 4	1082.73	113.81	10.51	87.50
Medicine & Emergency Care	Admitted Care	SNPR5 - Priory 5	1321.01	134.60	10.19	83.33
Medicine & Emergency Care	Admitted Care	CMD15 - D15	1195.77	115.31	9.64	68.75
Imaging	Diagnostic Radiology	NKIDS - Radiography Support Workers	779.34	73.04	9.37	100.00
Women & Child Health	Maternity & Perinatal Medicine	NYNEO - Neo Natal Unit	2769.98	252.41	9.11	57.14
Medicine & Emergency Care	Admitted Care	NMEC1 - Lyndon 4	1254.19	113.60	9.06	100.00
Women & Child Health	Acute & Community Paediatrics	NYSSN - Sandwell School Nursing	1097.39	98.18	8.95	80.00
Women & Child Health	Maternity & Perinatal Medicine	NYCMW - Community Midwifery	2762.02	246.30	8.92	66.67
Medicine & Emergency Care	Emergency Care	SMOPU - OPAU - Older Persons Assessment Unit	732.17	65.23	8.91	100.00
Surgical Services	General Surgery	CWD21 - City Surgical Unit	909.12	80.37	8.84	83.33
Women & Child Health	Maternity & Perinatal Medicine	CYDEL - Delivery Suite	1857.70	155.29	8.36	88.89
Imaging	Diagnostic Radiology	NKRAD - Radiography	1790.71	148.00	8.26	0.00
Surgical Services	Anaesthetics, Pain Mgt and Critical Care	CBITU - Critical Care Services	1677.91	138.65	8.26	100.00
Primary Care, Community and Therapies	Community Medicine	CMDOP - Dermatology OPD	591.11	48.60	8.22	100.00
Surgical Services	Specialist Surgery	BWASU - Amb Surgical Unit Team	873.36	70.72	8.10	100.00
Primary Care, Community and Therapies	iCares	NSDXH - District Nursing Oldbury & Holly Lane	519.56	42.00	8.08	50.00
Primary Care, Community and Therapies	iCares	NSDNV - District Nursing Victoria HC & Sherwood House	612.56	48.00	7.84	100.00
Primary Care, Community and Therapies	iBeds	NSICS - Intermediate Care Sheldon D47	649.60	50.56	7.78	100.00
Primary Care, Community and Therapies	iCares	NSDNS - District Nursing Central West Bromwich	528.53	41.00	7.76	100.00
Corporate	Operations	NFPTS - Patient Transport Services (Swell)	1984.13	152.00	7.66	40.00
Medicine & Emergency Care	Emergency Care	SMAMA - EAU	2156.36	159.88	7.41	100.00
Surgical Services	Anaesthetics, Pain Mgt and Critical Care	SBSIT - Critical Care Services	1804.63	133.03	7.37	100.00
Corporate	Corporate Nursing Services	SFWS1 - Ward Services Sandwell	3103.63	225.21	7.26	94.74
Medicine & Emergency Care	Admitted Care	CMD05 - Coronary Care Unit	2008.55	145.00	7.22	100.00

Group	Directorate	Department	Avail (FTE)	FTE Days Absent SUM	Sickness %	RTW %
Surgical Services	General Surgery	SWPR2 - Priory 2	1261.77	89.51	**7.09**	76.92
Primary Care, Community and Therapies	Ambulatory Therapies	CQPLB - Phlebotomists	875.65	59.20	**6.76**	66.67
Surgical Services	Ophthalmology	CXOAE - Ophthalmology A&E	608.84	39.00	**6.41**	100.00
Medicine & Emergency Care	Emergency Care	NMHAN - Acute Medicine Nurse Practitioners	674.35	42.40	**6.29**	100.00
Corporate	Medical Directors Office	CURSN - Research Nurses	1132.65	71.08	**6.28**	0.00
Women & Child Health	Gynaecology, Gynae-Oncology	CYGCW - Gynae Cancer Ward	573.52	35.95	**6.27**	66.67
Medicine & Emergency Care	Admitted Care	SNHAE - Clinical Haematology Specialists	515.84	32.00	**6.20**	100.00
Women & Child Health	Acute & Community Paediatrics	SYPCM - Paediatrics Community	499.38	30.80	**6.17**	100.00
Imaging	Nuclear Medicine	CKMPH - Medical Physics Dept	535.27	31.87	**5.95**	33.33
Surgical Services	Specialist Surgery	SWLY3 - Lyndon 3	890.73	52.92	**5.94**	88.89
Surgical Services	Theatres	CWTGN - Theatres	2979.98	175.40	**5.89**	100.00
Corporate	People & Organisation Development	NIOCC - Occupational Health	649.14	37.00	**5.70**	100.00
Surgical Services	Theatres	SWTHE - Theatres	2685.43	152.24	**5.67**	87.50
Surgical Services	General Surgery	SWSSA - Surgical Assessment Unit SGH	990.35	55.44	**5.60**	100.00
Corporate	Estates & New Hospital Project	SFCAT - Catering Department	1016.35	56.34	**5.54**	80.00
Women & Child Health	Acute & Community Paediatrics	SYLY1 - Lyndon 1	640.45	35.33	**5.52**	100.00
Primary Care, Community and Therapies	iCares	NSDTI - Tipton District Nursing Team	599.33	32.52	**5.43**	100.00

Annex 3

Figure 4 - Episodes of Mental Health Related Absence by Directorate Area over a Rolling 12 Month Period

Directorate	Absence Reason	Episodes
Admitted Care	S10 Anxiety/stress/depression/other psychiatric illnesses	254
Anaesthetics, Pain Mgt and Critical Care	S10 Anxiety/stress/depression/other psychiatric illnesses	62
Biochemistry	S10 Anxiety/stress/depression/other psychiatric illnesses	3
Breast Screening	S10 Anxiety/stress/depression/other psychiatric illnesses	1
Diagnostic Radiology	S10 Anxiety/stress/depression/other psychiatric illnesses	74
Emergency Care	S10 Anxiety/stress/depression/other psychiatric illnesses	171
Estates & New Hospital Project	S10 Anxiety/stress/depression/other psychiatric illnesses	14
Finance	S10 Anxiety/stress/depression/other psychiatric illnesses	17
General Surgery	S10 Anxiety/stress/depression/other psychiatric illnesses	82
Histopathology	S10 Anxiety/stress/depression/other psychiatric illnesses	3
iBeds	S10 Anxiety/stress/depression/other psychiatric illnesses	66
Interventional Radiology	S10 Anxiety/stress/depression/other psychiatric illnesses	3
Nuclear Medicine	S10 Anxiety/stress/depression/other psychiatric illnesses	7
Operations	S10 Anxiety/stress/depression/other psychiatric illnesses	144
Ophthalmology	S10 Anxiety/stress/depression/other psychiatric illnesses	29
Specialist Surgery	S10 Anxiety/stress/depression/other psychiatric illnesses	98
Theatres	S10 Anxiety/stress/depression/other psychiatric illnesses	73
Strategy & Governance	S10 Anxiety/stress/depression/other psychiatric illnesses	43
Maternity & Perinatal Medicine	S10 Anxiety/stress/depression/other psychiatric illnesses	168
Acute & Community Paediatrics	S10 Anxiety/stress/depression/other psychiatric illnesses	83
People & Organisation Development	S10 Anxiety/stress/depression/other psychiatric illnesses	29
Ambulatory Therapies	S10 Anxiety/stress/depression/other psychiatric illnesses	55
Community Medicine	S10 Anxiety/stress/depression/other psychiatric illnesses	44
iCares	S10 Anxiety/stress/depression/other psychiatric illnesses	105
Medical Directors Office	S10 Anxiety/stress/depression/other psychiatric illnesses	7
Gynaecology, Gynae-Oncology	S10 Anxiety/stress/depression/other psychiatric illnesses	7
Corporate Nursing Services	S10 Anxiety/stress/depression/other psychiatric illnesses	75
Black Country Pathology	S10 Anxiety/stress/depression/other psychiatric illnesses	3
Total	S10 Anxiety/stress/depression/other psychiatric illnesses	1720

Annex 4

Figure 5 - Episodes of Musculoskeletal Related Absence by Directorate Area over a Rolling 12 Month Period

Directorate	Absence Reason	Episodes
Admitted Care	S12 Other musculoskeletal problems	198
Admitted Care	S11 Back Problems	124
Anaesthetics, Pain Mgt and Critical Care	S12 Other musculoskeletal problems	48
Anaesthetics, Pain Mgt and Critical Care	S11 Back Problems	37
Biochemistry	S11 Back Problems	11
Biochemistry	S12 Other musculoskeletal problems	5
Breast Screening	S12 Other musculoskeletal problems	3
Breast Screening	S11 Back Problems	1
Diagnostic Radiology	S11 Back Problems	31
Diagnostic Radiology	S12 Other musculoskeletal problems	29
Emergency Care	S12 Other musculoskeletal problems	148
Emergency Care	S11 Back Problems	64
Estates & New Hospital Project	S12 Other musculoskeletal problems	51
Estates & New Hospital Project	S11 Back Problems	13
Finance	S11 Back Problems	3
Finance	S12 Other musculoskeletal problems	2
General Surgery	S12 Other musculoskeletal problems	83
General Surgery	S11 Back Problems	32
Haematology	S12 Other musculoskeletal problems	2
iBeds	S12 Other musculoskeletal problems	57
iBeds	S11 Back Problems	51
Interventional Radiology	S12 Other musculoskeletal problems	2
Nuclear Medicine	S12 Other musculoskeletal problems	6
Operations	S12 Other musculoskeletal problems	93
Operations	S11 Back Problems	72
Ophthalmology	S12 Other musculoskeletal problems	20
Ophthalmology	S11 Back Problems	13
Specialist Surgery	S12 Other musculoskeletal problems	82
Specialist Surgery	S11 Back Problems	28
Theatres	S12 Other musculoskeletal problems	73
Theatres	S11 Back Problems	30
Strategy & Governance	S12 Other musculoskeletal problems	29
Strategy & Governance	S11 Back Problems	20
Maternity & Perinatal Medicine	S12 Other musculoskeletal problems	108
Maternity & Perinatal Medicine	S11 Back Problems	51
Acute & Community Paediatrics	S12 Other musculoskeletal problems	61
Acute & Community Paediatrics	S11 Back Problems	29
People & Organisation Development	S12 Other musculoskeletal problems	8
People & Organisation Development	S11 Back Problems	8
Ambulatory Therapies	S12 Other musculoskeletal problems	33
Ambulatory Therapies	S11 Back Problems	9
Community Medicine	S12 Other musculoskeletal problems	22
Community Medicine	S11 Back Problems	17
iCares	S12 Other musculoskeletal problems	27

Directorate	Absence Reason	Episodes
iCares	S11 Back Problems	24
Medical Directors Office	S11 Back Problems	8
Medical Directors Office	S12 Other musculoskeletal problems	8
Gynaecology, Gynae-Oncology	S12 Other musculoskeletal problems	14
Gynaecology, Gynae-Oncology	S11 Back Problems	10
Corporate Nursing Services	S12 Other musculoskeletal problems	110
Corporate Nursing Services	S11 Back Problems	69
Black Country Pathology	S11 Back Problems	1
Total	S11 Back Problems/S12 Other musculoskeletal problems	2078

Annex 5

Figure 6 – Trajectory for Long Term Sickness Absence Case Reduction

Month 19/20	June	July	Aug	Sept	October	November	December	January	February	March
LTS Reduction Target	11	12	15	18	18	15	10	15	15	16
Ill Health Capability Hearing	6	5	8	6	3	TBD	TBD	TBD	TBD	TBD
Interim Placement Target	2	4	4	6	8	8	5	6	8	8
RTW Target including phased	6	6	8	10	10	10	5	12	10	10
Forecast closed LTS cases	14	15	20	22	21	18 – 23 pending IHC Hearing TBC	10 –12 pending IHC Hearing TBC	18 – 22 pending IHC Hearing TBC	18 – 24 pending IHC Hearing TBC	18 – 24 pending IHC Hearing TBC

Figure 7 – Proactive Sickness Management - 8 week Action Plan for 1st July – 31st August 19

Sickness Management Actions	1st July	8th July	15th July	22nd July	29th July	5th Aug	12th Aug	19th Aug	26th Aug
Validation and follow up of unknown causes with admin staff for Doctors cases disproportionately high numbers.									
Focused piece of work with admin staff managing doctors case on RTW completion to include training									
Run open absence report weekly every Thursday from ESR directly to identify current LTS and follow up									
Validation of ESR and E-Rostering to identify over-reporting through failure to complete booked shift process effectively.									
Audit RTW compliance and Sickness management processes e.g. notification protocol and follow up contact									
Identify prospective RTW or phased RTW date for all current LTS cases									
Proactively contact managers for all employees who are absent for 15 – 20 days to determine if their absence is likely to become long term and identify an appropriate case management strategy to support RTW using new SOP for pipeline cases implemented in June									
Proactively identify interim placements for any individuals who are able to return to work in an alternative capacity on a temporary basis in line with target with OH advice if mutual consent is not obtained									
Identify any LTS case which are not likely to RTW within a 16 week timeframe from the date of absence to have an appropriate case resolution plan to include ill health capability process being actioned as necessary									
Escalate any cases where managers have consistently failed to follow due process or engage with the HR team to DDP&OD for escalation to the Trusts Senior Leadership team.									
Use Hotspots report to conduct formal review of actions taken using new standard proforma through lead HRBP support and identify any additional actions based on themes and risks to be monitoring with the group.									

Annex 6

Figure 8 – Proposed Health and Wellbeing Strategy – Mental Health and Musculoskeletal

Report Title	Employee Mental Health\Emotional Wellbeing Delivery Plan.		
Sponsoring Executive	Raffaela Goodby – Director of People and Organisation Development		
Report Author	Dr Masood Aga – Lead for Health and Wellbeing Jenny Wright - Health and Wellbeing Manager		
Meeting	Executive Board meeting	**Date**	4th July 2019

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*
Integrated Approach to Employee Health and Wellbeing Strategy, Employee Mental Health Support Plan, Refreshed Coordinated Approach to Musculoskeletal strategy

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

3. Recommendation(s)	
The Committee is asked to:	
a.	Discuss and Agree the proposed Employee Mental Health\Emotional Wellbeing Delivery Plan, with recommendations for future progress.
b.	Discuss and Agree the refreshed approach to procurement and phased Employee Counselling Offer.
c.	Discuss and Agree an Integrated Approach to Employee Musculoskeletal Problems and related Mental Health Issues

4. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*							
Trust Risk Register		Risk Number(s): NA					
Board Assurance Framework		Risk Number(s): NA					
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	

1.0 Introduction

2017 Public Health Plan Commitment
10 To reduce instances of mental health absence in our organisation

Challenge: reduce sickness absence from mental health related conditions and improve the mental health and wellbeing of the workforce.

Mental health related absences are significant in the organisation; a reduction in Mental Health and Mental Wellbeing absences would have a considerable impact on the estimated cost of absences and lost productivity to the Trust.

In celebrating our diverse workforce, we as an organisation recognise that addressing the mental health needs and wellbeing of our staff would require a combination of evidence based interventions and an innovative approach. As well the data nationally available on the challenges faced by organisations in relation to staff mental health problems and best practice examples in tackling these issues, a workforce needs assessment has previously been undertaken (Jan, 2018) at Sandwell and West Birmingham Hospitals (SWBH) Trust to understand the scale of these problems within our organisation and the resources needed to address them to better support the mental health and wellbeing needs of the Trust's workforce. Mental health and mental wellbeing (MH/MWB) related absences have a significant financial impact on the Trust. Each MH/MWB related absence costs the Trust on average £2,425.53; equating to £1,694,960 a year, with Stress alone costing the Trust an estimated £361,751 a year.

In order to have a solution based focussed strategy to tackle the challenges the organisation faces with regards to these issues, we propose an integrated approach that brings together all the staff health and wellbeing services provided by the Trust to form an 'employee journey' for staff who have or are at risk of developing mental health problems. In fact we propose that the Trust takes a step further to adopt a proactive approach to preventing mental health problems within staff and encourages promotion of good mental health within our workforce with a view to developing SWBH as a Happy Place to Work. As many of these services are already in place, very few new resources are required to be allocated apart from developing a strategy to bring about coordination and procurement of a robust and bespoke counselling service to facilitate early intervention. Recognising musculoskeletal problems as another significantly important area of concern in relation sickness absence and decreased productivity, we also envisage that integrated approach to Musculoskeletal Strategy with an interface for coordination between staff Mental Health related services, Physiotherapy services, Health and Wellbeing services and Holistic Therapy services could be very helpful in meeting the challenges.

Recommendations:

- **Counselling Service**

The provision of Counselling Services has been a cornerstone of mental health support provided by SWBH to its employees who are experiencing mental health problems regardless of whether these are due to work-related factors or otherwise. The availability of this resource provides a timely intervention in comparison to the current NHS waiting times if accessed through GPs without compromising on the quality. We currently have a standalone counselling provided by Bank Counsellors which is of a high quality but not robust enough to cater to the full needs of a broader mental health strategy. The temporary provision for employee counselling through Bank Counsellors is also just an interim measure and not sustainable for the long term. We believe an integrative approach that encompasses elements of promoting good mental health,

preventing stress and mental health problems, providing timely CBT and counselling intervention for staff experiencing mental health problems and relapse prevention would be more desirable if we were to have a goal oriented support service. As any such major undertaking would involve significant costs for the Trust despite the assumption that overall it would be cost effective by having a positive effect on staff health and well-being at a marginally higher cost than the current spend, a pilot to ensure that we have a good working model is recommended before committing to any long-term contracts. This pilot proposal will bring together already successfully running mental health wellbeing workshops, holistic therapy, counselling and also referral pathways which have not been developed previously to ensure staff have access to a full range of services for full and meaningful support.

We have secured a proposal for delivery from one of our partners on this and if approved by the board, the service is proposed to commence on the 1st of August 2019. The proposed costs are comparable to the current spend on the standalone service in place. Long term measures would be to engage in a full tender exercise on completion of the pilot.

We have also been running a parallel model with another partner service since February 2019 to support those members of the staff who have enduring mental health problems and provides them with longer term support of 6-9 months which is provided at no cost to the Trust. If successful we plan to integrate this with the proposed model in the future.

- **Musculoskeletal Sickness Absence**

Musculoskeletal problems is another major area of concern with regards to staff wellbeing and sickness absence. To promote close working between staff physiotherapy, OH&WB and HR we have held meetings and propose to target all musculoskeletal absence by early identification, assessment and intervention with particular focus on proactively managing all staff members who are off work for more than 8 days with a musculoskeletal problems. The aim is prevent any long-term sickness absence (defined as 28 days or more) where possible, by taking a coordinated and proactive approach.

- **Integrated approach to Musculoskeletal Sickness Absence and Employee Mental Health**

Musculoskeletal and mental health disorders are often intertwined particularly in those with long-term musculoskeletal problems and continuing to assess musculoskeletal symptoms as a single condition, with a single causation, requiring a single intervention pathway, will result in a continued failure to prevent, assess and manage these (and other) conditions appropriately and effectively.

We propose a coordinated approach from OH&WB, Staff Physiotherapy Service and HR to focus on and proactively manage employees experiencing MSK problems. Those employees not already accessing physiotherapy services will be proactively contacted and appropriate support offered. These employees will also be screened for Mental Health conditions for them to be appropriately supported and referred into services provided within the Trust.

Supportive Services

- To provide a consistent leadership from the top and ensure that the organisation actively supports a positive approach to employee health and wellbeing, the Trust should look at making

attendance at Managers' Mental Health Training highly desirable/recommended if not out rightly mandatory.

- We also suggest development and recognition of Mental Health Champion roles within the Trust. In developing these roles the Trust could draw upon resources available nationally and through our local partners including the Organisation's highly active Disability Network and Staff Side.

- Sleep problems as a key issue amongst a large proportion of staff particularly shift workers including junior doctors. Enhancing existing rest areas and identifying employee rest areas could be helpful. Use of Energy Pods during scheduled breaks and attendance at Sleep and Relaxation workshops should be encouraged. We also aim to continue to run campaigns for self-help and healthy lifestyle at work providing information on easily achievable measures such keeping hydrated, having rest breaks, desk exercises and eye screening.

- The Emotional Wellbeing Support Workshops have recently been developed and will continue to be organised. These were commenced in July 2018 and shortlisted for a National Workforce Award. The Trust should maintain the for support workshop provision and management should be encouraged to devise ways for allowing their staff to attend in the face of pressures on staffing levels when taking time off from their areas may be difficult.

- The Trust should continue its commitments under the Mindful Employer Scheme

- The ability to react to changing situations and also proactively work on 'Hot Spot' areas of sickness absence and work-related problems depends considerably on data and feedback from these areas. To ensure that data is shared effectively and in a timely manner via ESR coordination between various stakeholders is important. Network Groups including HR, Staff Side, Occupational Health and Wellbeing, Staff Physiotherapy should be included in a unified approach .

- Integrated support for those undergoing investigation. Anecdotally, 90% of those employees who are going through a disciplinary or investigation have sickness absence. Integrated support from OH&WB to provide proactive intervention and support to employees undergoing investigation could be helpful. Resource is needed for this role to run a pilot.

- Stress Free Island App.
  The advancement of technology has changed the way people access various resources. The staff at SWBH should have access to resources that are available on smartphones and tablet computers. This App has been developed by Thrive (Software Designers) and is an evidence based app. for the prevention, screening and self-management of stress, anxiety and other mental health conditions. It is only available for SMART phone usage endorsed by Public Health England. The Trust can access the app directly from Thrive at a cost of £1 per employee. It is recommended that the Trust purchase it or consider an alternative App.

- Mental Health issues from perceived Bullying and Harassment (B&H). Data from employee counselling service suggests that B&H is the third highest reason for the staff to access counselling. Targeted support, provision of independent mediation service and considering a review of the Policy on B&H to recommend that all employees must access mediation unless there are valid and accepted reasons not to do so. Resource may be needed for this approach.