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GOOD PRACTICE CASE STUDY

NHS
North West

UNIVERSITY HOSPITAL MORECAMBE BAY
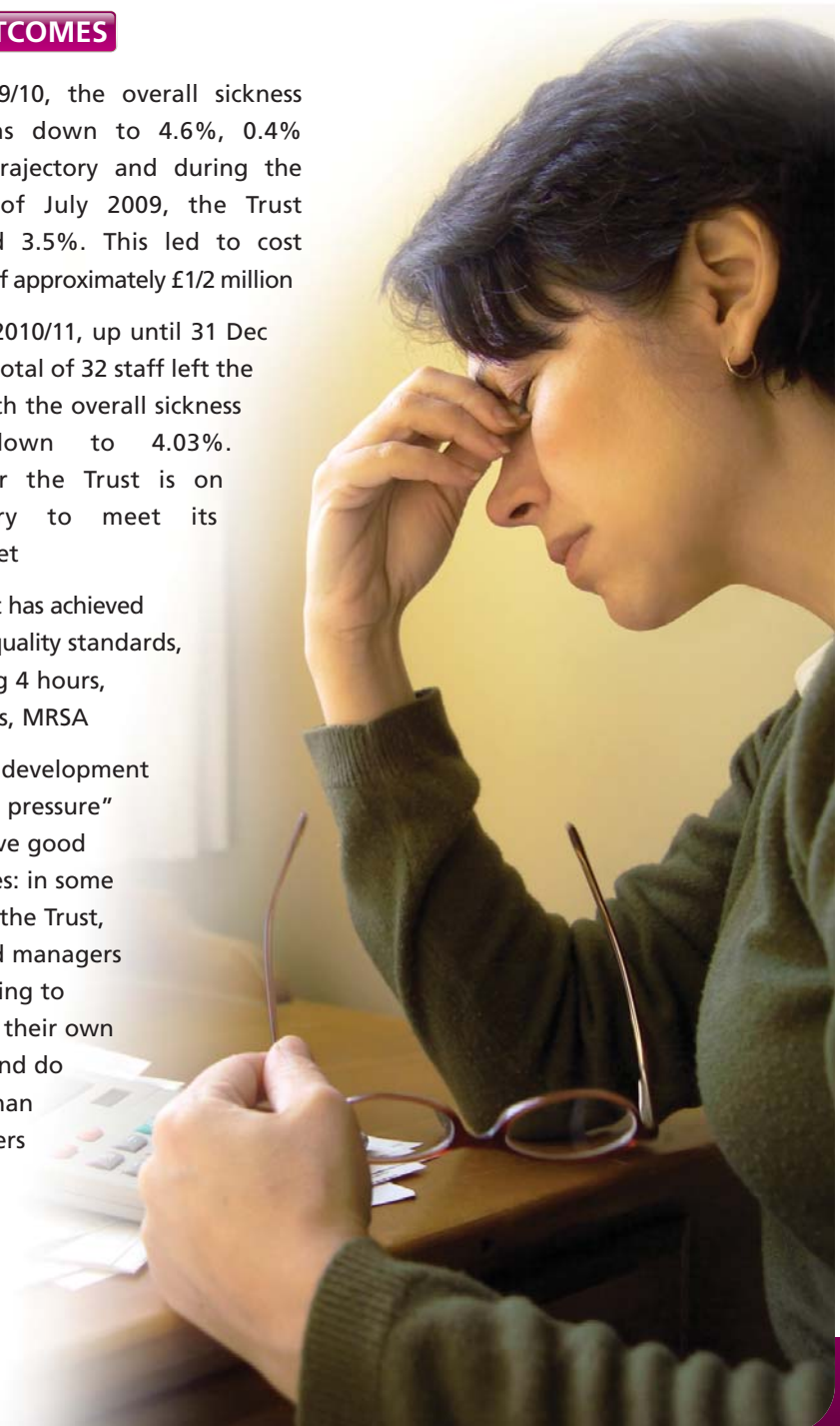
TACKLING SICKNESS ABSENCE

SUMMARY

In July 2008, reported sickness absence across University Hospital of Morecombe Bay NHS Trust (UHMB) averaged 5%, a level that was considered to be unacceptably high. There was also a tendency for the same members of staff to take sickness absence.

The HR team embarked on a structured and robust policy to address and reduce sickness absence with the aim of bringing down the average level to 3.5%. The policy included both supporting managers and individuals to recognise and own responsibility for sickness absence, and by taking a firm but sensitive approach. The policy is being delivered through a highly collaborative approach between HR, managers, staff and staff side.

The policy is on-going, and is being steadily embedded into UHMB culture with a greatly improved understanding across the Trust of the importance of managing sickness absence. Developing and implementing the policy involved a lot of work. However, once the foundations were in place, the benefits were almost instantaneous and results so far have been very promising with sickness absence going down significantly

KEY OUTCOMES

- For 2009/10, the overall sickness rate was down to 4.6%, 0.4% below trajectory and during the month of July 2009, the Trust achieved 3.5%. This led to cost savings of approximately £1/2 million

- In year 2010/11, up until 31 Dec 2010, a total of 32 staff left the Trust with the overall sickness rate down to 4.03%. However the Trust is on trajectory to meet its 4% target

- The Trust has achieved all core quality standards, including 4 hours, 18 weeks, MRSA

- Gradual development of "peer pressure" to achieve good outcomes: in some parts of the Trust, staff and managers are seeking to improve their own results and do better than their peers

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- The policy on Absence Management has achieved a high profile. For example, Board reports now include regular updates, including cost improvements. Similar reports are shared at meetings with staff side.

- Feedback from staff side is that the policy is fair, clear and efficient, which looks after the 95% of staff who are not usually absent

- The Trust achieved excellent feedback in the local press from a member of staff who had been successfully supported back into work at the Trust after a major operation

KEY AIMS

The HR team embarked on a programme to address and reduce sickness absence, including supporting managers and individuals to recognise and own responsibility for the issue.

Objectives included:-

- To develop a climate in which sickness absence was automatically reported and addressed

- To develop a robust and fair process for reporting and managing sickness absence To help managers, staff and staff side to understand why actively managing absence was so important

- To target in particular the 5% of staff who were habitual absence takers

- To reduce overall sickness absence at UHMB, with targets of
  ‣ 4.5% for 2009/10
  ‣ 4.0% for 2010/11

- Ultimately, to aim for an overall target of 3.5% sickness absence - a realistic target in a patient-centred setting

- To reduce costs associated with sickness absence

BACKGROUND

University Hospitals of Morecombe Bay NHS Trust covers an area of 1,000 square miles and employs some 5,500 staff. The Trust operates from three main hospital sites - Furness General Hospital in Barrow, the Royal Lancaster Infirmary and Westmorland General Hospital in Kendal and two centres - Queen Victoria Hospital in Morecambe and Ulverston Community Health Centre.

In July 2008, reported sickness absence across the Trust averaged 5%, a level that was considered to be unacceptably high. There was also a tendency for the same members of staff to take sickness absence.

Key issues included:

- **Although there was a sickness absence policy in place, this was not being managed effectively, leading to a culture of 'sloppiness'**

- **Many were not clear about their responsibility for managing absence**

- **There was no process for ensuring that individuals or managers automatically recorded absence, thereby leading to under-reporting .**

- **Significant cost issues: broadly, 1% sickness absence at the Trust equates to £1m due to the cost of replacing absent staff with agency, locum staff etc**

- **The impact of absences on continuity of patient care**

- **It was considered that Occupational Health was not actively managing sickness absence, and that their role needed to be redefined to become more proactive.**

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KEY STAGES OF SET-UP

Programme Development

The programme was developed and led entirely in-house, with manager and staff side support. No external resources were used. The Trust HR team undertook training with managers, including clinical leaders, starting by going back to basics – explaining why sickness absence was an issue that had to be addressed and supporting managers to understand that managing absence is a core aspect of being a UHMB manager. The training sessions also asked managers for their own views on where the Trust was going wrong in managing absence.

Training Sessions

The sessions covered employment law, and three essentials:-

- **what** managers had to do to address absence

- **why** it was important

- **how** to do it

The How included the importance of treating people with compassion – helping to understand any underlying causes of absence, and dealing with people flexibly.

HR made it clear that they would support managers to develop the skills they needed.

Joint Policy Group

Staff Side engagement and support was very important. HR set up a Joint Policy Group with the trade unions to address the issues and co-develop a policy. The aim (successfully achieved) was to develop a collaborative, structured approach in which the aims and intended outcomes were clear before the new policy was rolled out with staff. Discussions with staff side also focused on the **what, why and**

how, including discussions of cost issues. Both HR and staff side have jointly delivered training in this respect.

Partnership Agreement

A key outcome was the development of a Partnership Agreement with the trade unions about the new policy. The policy is regularly monitored through the Joint Working Group.

Policies

Return to Work (R2W) Policy

An important feature of the new process was the introduction of a robust Return to Work (R2W) policy. Anyone who has been off sick, for any period, must now have a Return to Work interview with their manager within 24 hours of returning. Not only is this good practice, but it also helps managers and staff to identify any underlying issues that can be dealt with in a practical way. R2W forms are also auditable to help review patterns of absence, identify problem areas and update on progress. This R2W policy has been formalised in the Trust's People Strategy, an agenda to development of management and leadership skills and competences.

Audit

Currently, auditing is undertaken by HR, though it is planned to transfer this responsibility to internal audit when the Trust considers that the new processes are properly embedded.

KEY CHALLENGES

- The programme has been challenging as it involves a change of culture and behaviour. HR recognise that implementing the policy is not easy.

- It has been challenging to help managers and staff understand the significance of high levels of absence, and for everyone to understand the consequences of their actions – for colleagues, patients, the Trust.

- Managers have had to learn to be active- and all staff have had to learn that the policy, including R2W, applies consistently, across the whole Trust.

- Managers are supported to take a firm but sensitive approach – and are thanked for their work:

- UHMB is seeking to address absences amongst medical staff, where absence rates are relatively low, but resulting in high costs

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- UHMB is seeking to address absences amongst medical staff, where absence rates are relatively low, but resulting in high costs

- The whole tackling absence policy will continue to present challenges until it is firmly embedded as an intrinsic part of Trust culture.

- Sustainability – in terms of maintaining the profile, "keeping it fresh", remains a challenge

- Potential challenges from the economic downturn, including risks associated with increased stress in the workplace

KEY LEARNING

- It is essential to have a very clear policy and determination to implement it as persistence pays off

- Importance of ownership amongst key stakeholders, including staff side and staff

- Importance of training

- Tackling absence policy needs to be visible and seen as a key organisational goal

- The need to develop a policy that is sustainable and embedded in organisational culture

- If starting the policy now, UHMB would have aimed to develop and deliver it faster

- Would have liked to explore potential flexibilities in relation to persistent absentees, eg use of AfC pay flexibilities

SUSTAINABILITY

- The policy is on-going and being embedded into UHMB culture

- The process was very structured and robust and is transferable to other activities. The Trust has adopted a similar structured process in developing its Performance Improvement Procedure, which aims to support staff to get where they want to be

- The Trust's Weekly News and team briefs include items on how the policy is progressing, helping to give positive reinforcement

NEXT STEPS

- For 2010/11, the target was 4% but for 2011/12 the new incremental target is 3.5% with the overall aim being to achieve a consistent maximum of 3.5% sickness absence in future.

- UHMB is looking to develop a Contribution and Reward Framework which will include rewarding those who have managed sickness absence well, including a number of other management areas such as quality and money.

- Two proposals have been drawn up, the first of which is around managers' acceptable performance in the realm of people management and proposes that any manager who fails to help achieve a 3.5% absence target across the Trust for 2011/2012, will be staged under the Performance Improvement Policy and will not progress through their increments in 2012/2013. The second proposal puts in place a means to restricting individual employees' progress through incremental scales if they are staged under the Trust Sickness Absence policy or performance management policy.

SUPPORTING MATERIAL

The following resources are available as an appendix to this case study

- Proposed policy for Acceptable Performance for Managers

- Proposal Policy for performance related incremental freezes for staff

CONTACT FOR FURTHER INFORMATION

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