

CASE STUDY: REDUCING LONG-TERM ABSENTEEISM

Mid Cheshire Hospitals NHS Foundation Trust (MCHT), like many similar medium-sized district general hospital trusts, has had a problem with staff absenteeism. The Trust's rolling average, despite being well within the target of 4.51%, which was previously set by clinical commissioning groups (CCGs) and NHS North West, steadily increased from 2007 to 2012. Absence was costing the Trust more than £1 million each year per percentage point and a high level of absenteeism was also leading to poorer quality of service, due to a resultant increase in the use of temporary and agency staff.

Recognising the importance of this, the Trust's head of human resources, put forward a business case in July 2012, requesting the secondment of a human resources (HR) specialist to spearhead the implementation of several measures designed to reduce staff absenteeism. It was agreed that long-term absence should be the main priority for the Trust to address, and its Managing Attendance Policy was updated to reflect this. A training programme was developed to assist with the management of long-term sickness absence, which was undertaken by 210 managers. A voluntary health improvement assessment (HIA) was also introduced for staff who had suffered a long-term health issue in the past, and a case management approach is now undertaken, which involves closer working between managers, HR and

occupational health staff. This has led to a significant decrease in the Trust's long-term sickness absence figures. When the project began, Mid Cheshire was ranked sixteenth out of twenty eight against other similar trusts in the North West for sickness absence performance, however by September 2013 it had risen to third place.

Key Outcomes

- **Overall reduction in sickness absence** - there was an overall reduction in the Trust's rolling twelve months absence figures, dropping from 4.51% to 3.56% which is an overall reduction of 21% between August 2012 and February 2014.
- **Reduction in number and duration of long-term sickness absences** - with regard to long-term absences, where an employee has been absent for more than 4 weeks, the average number dropped from 55 in September 2012 to 29.5 by June 2014, with a headcount throughout of 3,300 staff. The major part of this absence came from long-term sickness absence. Short term absences of fewer than 4 weeks, and categorised as being under or over 7 days, remained fairly constant throughout.
- **Reduction in costs** - the reduction in long-term sickness absence had a significant impact on overall



costs, with an approximate reduction of £0.9 million. The costs of short-term absence remained more or less static at circa £1.6 million. These figures are based upon every percentage point equating to approximately £1 million in staffing costs. However it is difficult to quantify how much exactly is saved in terms of agency spend, management time and workforce productivity.

- **Positive staff feedback** - a training programme, which was developed and delivered to 210 managers as part of this programme, received very positive feedback. The following are some examples of participant feedback:

"The best course I've done since I've been at the Trust, well presented and highly relevant"

"I feel much more confident in this area now"

The following is a quote from the staffside chair:

"I have been pleased to be included and involved in the development of the project and, on the whole, I am very happy with the outcomes for individuals. I feel it is an important part of recovery to focus on what you can do rather than what you cannot do"

AVERAGE LENGTH OF ABSENCE (days)



Background

Mid Cheshire Hospitals NHS Foundation Trust manages; Leighton Hospital, Crewe, the Victoria Infirmary, Northwich and Elmhurst Intermediate Care Centre in Winsford. The Trust was originally established in April 1991 and became a foundation trust in April 2008. It employs approximately 2,900 members of staff and has around 540 hospital beds.

Long-term Sickness Absence

Dr Richard Preece, the Trust's occupational physician, was pivotal in collating and presenting data with regard to sickness absence. Data showed that the majority of cases were resolved by the end of the second week, and that the greatest amount of absence was caused by a small number of people. It followed that the most effective way of reducing overall absence was to place more emphasis on the management

of this group of staff. The Trust's strategy therefore was to take a two-pronged approach to reducing long-term sickness absence, which involved a robust individual case management approach alongside close partnership working with occupational health (OH). This enabled OH to become more responsive to the Trust's business needs, whilst a multi-disciplinary approach across the Trust allowed other staff to help address this shared issue.

Key Aims

- Reduction of sickness absence
- Encouragement of a positive attendance culture
- Staff feeling appropriately supported whilst off sick
- Reduced reliance upon bank and agency staff for sickness absence cover

Key Stages of Setup

- The project commenced in August 2012 with the appointment of a managing attendance lead. It was sponsored at board level by the acting director of HR. From the outset, the head of HR demonstrated confidence in the proposed investment and was able to influence the Trust's executives and secure funding for the project.
- A project initiation document containing the project scope, definition, objectives and timescales was produced and a project steering group was appointed with terms of reference agreed.
- When the project commenced, the project manager assumed the role of leader and mentor for the team of HR advisers, offering guidance and support for difficult and complex cases as well as holding team meetings to share best practice.
- Data was reviewed monthly by the Executive Workforce Committee via progress reports which showed gradual reductions in absence. Exceptions or obstructions were escalated from the steering group to this committee.
- Crucial to the project was the close monitoring of each case of long-term sickness by the Trust's HR adviser team, led by the project manager. Working with operational managers, they ensured that support was in place for individuals able to undertake some form of work, even though unfit for usual duties, so they were enabled to return to work in some useful capacity.
- Regular joint team meetings were also held between HR and occupational health advisers, providing a forum for case management discussion for the more complex cases. This proved invaluable in helping to bring about favourable resolutions.

How it Worked

Updating of the Trust's Managing Attendance Policy

There were several adjustments made to the policy in conjunction with trade union colleagues, the most potent of which was clarification of the issue around employees on long-term sick returning to work before the end of the period originally set by a GP's fit note. There is a widespread misunderstanding about this with even qualified professionals mistakenly insisting upon having a GP sign the person back to work before they can actually work. Other changes included minor amendments to process and the introduction of an additional short-term sickness trigger.

Managers' Training

Following the change in policy and emphasis towards long-term sickness absence, a training programme was developed by the managing attendance lead, with bespoke materials designed to assist learning. Training involved case studies, video demonstration, role play and interactive discussions. Over 210 managers were trained throughout the Trust.

Introduction of the Health Improvement Assessment (HIA)

The HIA is an optional measure designed to offer support and assistance to anyone who has suffered a health issue that has kept them away from work for a week or more. This group of people are not usually referred for routine occupational health appointments, since they are back at work fairly quickly. The HIA is a way of offering an overall health check, with a view to offering advice and support or identifying further interventions e.g. referrals to physiotherapy, recommendation of visit to GP for further investigation, lifestyle advice and so forth. Uptake of the HIA has been steady, and those referrals that have taken place have resulted in further referrals or interventions that would not have otherwise been offered.

Close Working with Occupational Health

A key component of the Trust's success in dealing with long term sickness absence cases has been close working with the occupational health team. This has enabled a closer understanding of the needs of managers when referrals are made and has helped to ensure that the right support and assistance is available to enable individuals to return to work earlier than they otherwise would.

Case Management Strategy

The Trust has found it helpful to ensure that each case of long-term sickness absence is monitored closely and that the management of long term sickness generally is co-ordinated. Assistant HR advisers have played a big part in this, working closely with the managing attendance lead. In this way the Trust was able to ensure that those who were able to undertake some form of work, even though they were

unfit for usual duties, were enabled to return to work in some useful capacity.

Motivational Interviewing

In order to help occupational health advisers to gain the new skills needed for their discussions about early return to work for those who are able, the Trust engaged the services of Dr Tim Anstiss, a medical doctor with further training in occupational medicine and motivational interviewing. Dr Anstiss conducted a course of training for key members of the Trust's OH and HR teams, providing an invaluable tool to help with difficult conversations that can arise when dealing with long-term sick cases.

Resources

A total investment of £78,000 was agreed. This covered additional hours for occupational health to implement the HIA programme and backfill cover for the project manager. £10,000 was made available by NHS North West to help support this.

In order to sustain the improvements, a business case for investment in physiotherapy and mental health services is currently being prepared. The Trust is also considering investment in a sickness absence notification system.

Key Challenges

- **Finding time for training** - as in all trusts, managers' time is at a premium and it was important to engage support from senior management, to make the managing of sickness absence a priority.
- **Dealing with exceptionally difficult cases** - there are always particularly difficult cases which arise and which are outside of the sphere of experience of some managers. It is still necessary to ensure that appropriate expert HR assistance is available to deal with those very difficult cases. For example, when an employee is terminally ill or where the individual is signed off sick with stress but actually away from work in order to look after a very sick relative.

Key Learning

There is widespread misunderstanding about GP fit notes, with many believing that a GP needs to sign a person back to work before they can actually work. In fact the Department of Health fit-note guidance actively encourages early returns to adjusted duties, prior to the end of the fit note, wherever possible.

It was clear that long-term sickness accounts for by far the largest part of all staff absences. It is also the costliest element of dealing with sickness absence, both in terms of cover arrangements and management time; although short term sickness absence is universally reported by

operational managers as having the far greater nuisance value. Organisations often place more emphasis on managing short term sickness absence, not realising that whilst each instance may be irksome, it contributes a very small amount to sickness absence as a whole.

Sustainability

Following the training, managers are now much more able to manage individual cases without assistance. However, in order to fully embed the changes HR experts are always available to help with the more challenging cases.

Next steps

- The Trust is considering the implementation of an automated absence notification system, of the kind which is in place at some other trusts. It is believed that this will be the next step towards reducing short and medium term sickness absence. A business case is currently being prepared.
- In order to assist further with both short and long term sickness, the Trust is reviewing its physiotherapy arrangements, with a view to introducing a physiotherapy review for all individuals who are absent with some form of musculoskeletal disorder. There is also the possibility of introducing a mental health provision (cognitive behavioural therapy or similar) at a very early stage of absence for stress/depression/anxiety.

Supporting Material

Mid Cheshire NHS Trust has already been asked to share learning with colleagues from neighbouring trusts and are happy to provide presentations, case study and discussion sessions upon request.

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