



Date issued: September 2013

Our ref: 505A2013

Abertawe BroMorgannwg University Health Board: Sickness absence and wellbeing

1. Managing sickness absence has been a significant public sector issue over many years. High sickness levels can damage an organisations' ability to achieve their objectives, cost significant sums of money, take considerable time to manage, and ultimately can affect the quality of service or patient care.
2. There have been a number of reports and guidelines for managing sickness absence and staff wellbeing issued in recent years, including the 'Designed to Work' strategy, Welsh Government 2006; and the Boorman Review, 2009. In 2009, the 4.2 per cent sickness target for NHS Wales was replaced with organisational improvement targets. The Health Board's current target is 5.08%, but achieving this has remained a challenge. In 2012, Internal Audit reviewed the management of sickness absence in the Neath Port Talbot locality and the Mental Health Directorate and found a failure to apply the requirements of the Sickness Absence Policy consistently.
3. In summer 2013, the Wales Audit Office conducted a high level review of sickness absence and wellbeing. Our review looked at the organisation's approach to maximising staff attendance, through its arrangements to improve work place health and attendance, and to manage staff sickness absence.
4. We sought to answer the following question: ***Is ABM Health Board taking an effective approach to maximising staff attendance?*** To answer this, we considered:
 - the overall level of sickness absence (*the current sickness 'position'*);
 - the Health Board's strategic approach to improving attendance;
 - the effectiveness of attendance management arrangements; and
 - how information is used for monitoring & informing improvement.
5. Our review involved document reviews and interviews, and with HR, occupational health and health & well-being staff, and operational managers. We held staff focus groups with departmental / ward managers from a number of directorates including:
 - Medicine;
 - Theatres;
 - Surgery;
 - Trauma & Orthopaedics (including Fracture Clinics);
 - Mental Health; and

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- Regional services.
6. We also carried out high level data analysis to identify the comparative level and trend of sickness absence in the Health Board

Key findings

7. The table below summarises our overall conclusions. Detailed findings, presented to Workforce and Organisational Development managers 18 September 2013, are set out in the slides attached to this Briefing Note, together with the recommendations made to the Health Board. The slides will be presented to the Audit Committee, November 2013.

Overall conclusion: The Health Board has strengthened its strategic approach to attendance management but sickness absence remains comparatively high and further improvements are needed to reduce absence rates, ensure a greater focus on wellness and increase operational confidence in data.

The current sickness rate: Sickness levels remain comparatively high and have increased at a higher rate than the Welsh average over the past two years, and the 'gap' appears to be increasing.

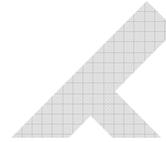
The strategic approach: The Health Board takes absence and wellbeing seriously and has strengthened its strategic approach in line with good practice; but a more consistent approach to policy implementation is needed to address current levels of sickness.

The service-level approach: Service managers feel supported to manage absence by HR but issues with timeliness of occupational health intervention and inconsistent application of policies are resulting in a focus on sickness rather than wellness.

Monitoring and reporting: The Health Board has good structures for monitoring absence although there needs to be greater focus on health and wellbeing and improved operational confidence in the data.

8. Further information can be obtained from Carol Moseley, Performance Audit Lead (Tel: 029 2032 0500/carol.moseley@wao.gov.uk).

Power Point Presentation



September 2013

Sickness absence and wellbeing

Abertawe Bro Morgannwg University Health Board

Sue Lloyd and Carol Moseley



Background

- Managing sickness absence has been a significant public sector issue over many years.
- High sickness levels can damage an organisations' ability to achieve their objectives, cost significant sums of money, take considerable time to manage, and ultimately affect the quality of service/patient care.
- A number of reports/guidelines issued in recent years: e.g.
 - Welsh Government 'Designed to Work' strategy, 2006; and
 - the Boorman Review, 2009.
- In 2009: 4.2% sickness target replaced with improvement targets. ABM's current target is 5.08%, but achieving remains a challenge.
- Internal Audit (2012) found room for improvement in two directorates.

Approach

- Our review looked at the organisation's approach to maximising staff attendance, through its arrangements to improve work place health and attendance, and manage staff sickness absence.
- We did this by:
 - Interviews;
 - staff focus groups; and
 - document review.
- We carried out high level data analysis to identify the comparative level and trend of sickness absence in the Health Board.

Questions

- Our review sought to answer the following question:
Is ABM Health Board taking an effective approach to maximising staff attendance?
- To answer this, we considered:
 - the overall level of sickness absence (the 'position');
 - the Health Board's strategic approach to improving attendance;
 - the effectiveness of attendance management arrangements; and
 - how information is used for monitoring and informing improvement.

Answer

The Health Board has strengthened its strategic approach to attendance management but sickness absence remains comparatively high and further improvements are needed to reduce absence rates, ensure a greater focus on wellness and increase operational confidence in data.

Sub conclusions

- **The current sickness rate** - Sickness levels remain comparatively high and have increased at a higher rate than the Welsh average over the past two years, and the 'gap' appears to be increasing.
- **The strategic approach** - The Health Board takes absence and wellbeing seriously and has strengthened its strategic approach in line with good practice; but a more consistent approach to policy implementation is needed to address current levels of sickness.
- **The service-level approach** - Service managers feel supported to manage absence by HR but issues with timeliness of occupational health intervention and inconsistent application of policies are resulting in a focus on sickness rather than wellness.
- **Monitoring and reporting** - The Health Board has good structures for monitoring absence although there needs to be greater focus on health and wellbeing and improved operational confidence in the data.

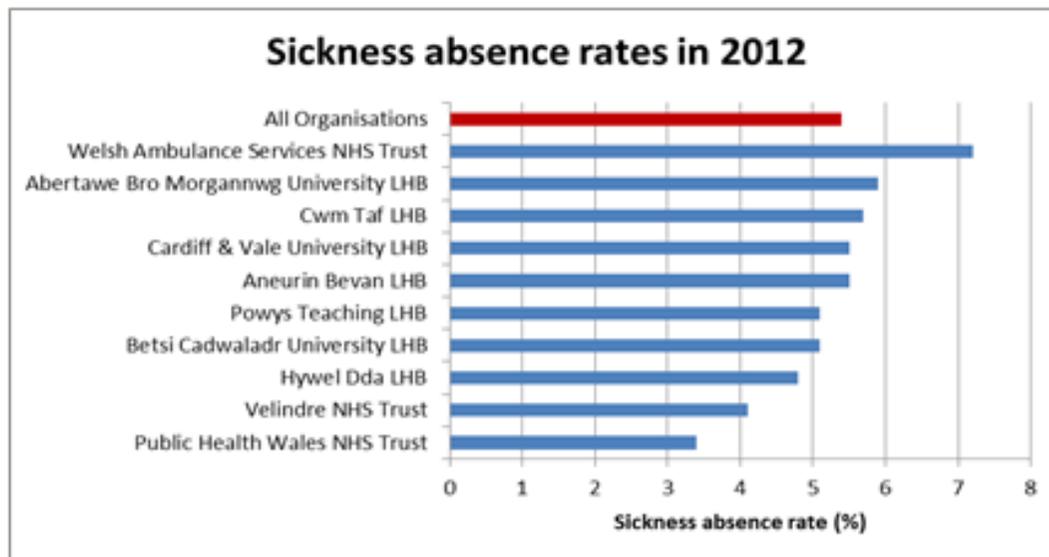
Slide 6

The current sickness rate

Sickness levels remain comparatively high and have increased at a higher rate than the Welsh average over the past two years

1. ABMU has a comparatively high rate of sickness.
 - ABMU's sickness level in 2012 was 5.9%.
 - The all-Wales level was 5.4%.
 - ABMU's rate was the second highest of all Welsh bodies after WAST.
 - ABMs position remained second highest in quarter 1 of 2013.

The current sickness rate



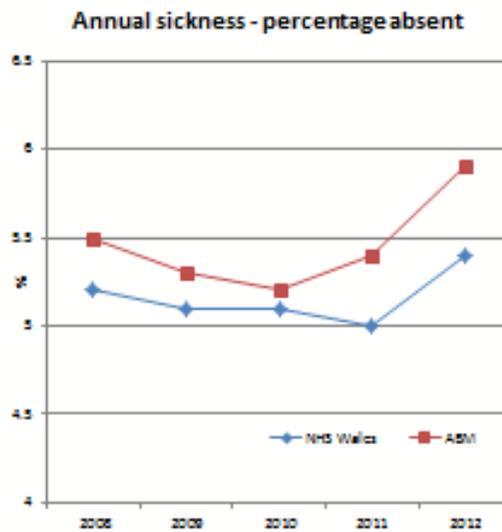
Sickness absence and wellbeing

Slide 8

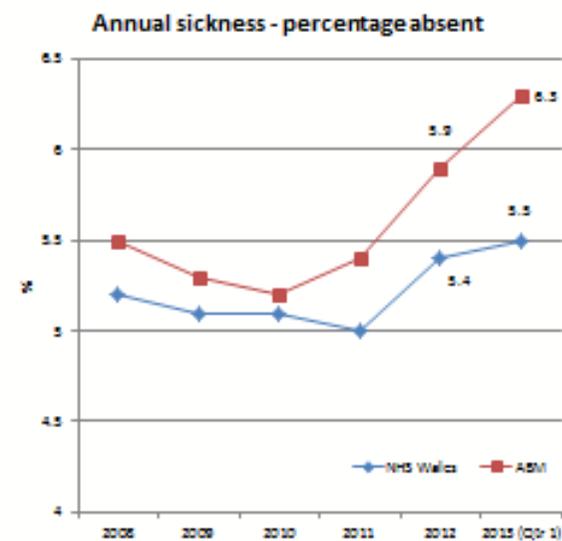
The current sickness rate

2. The sickness level in ABMU, whilst mirroring the all-Wales 'pattern', has increased at a higher rate than the all-Wales increase and the gap appears to be getting bigger.
 - ABMU's sickness level rose from 5.2% in 2010 to 5.9% in 2012.
 - The all-Wales level rose from 5.1% in 2010 to 5.4% in 2012.
 - The 'gap' between Health Board and all-Wales percentage absence appears to be continuing to grow:
 - In quarter 1 of 2013 (January – March):
 - ABMU's sickness rate rose to 6.3%; and
 - the all-Wales level was 5.5%.

The current rate of sickness

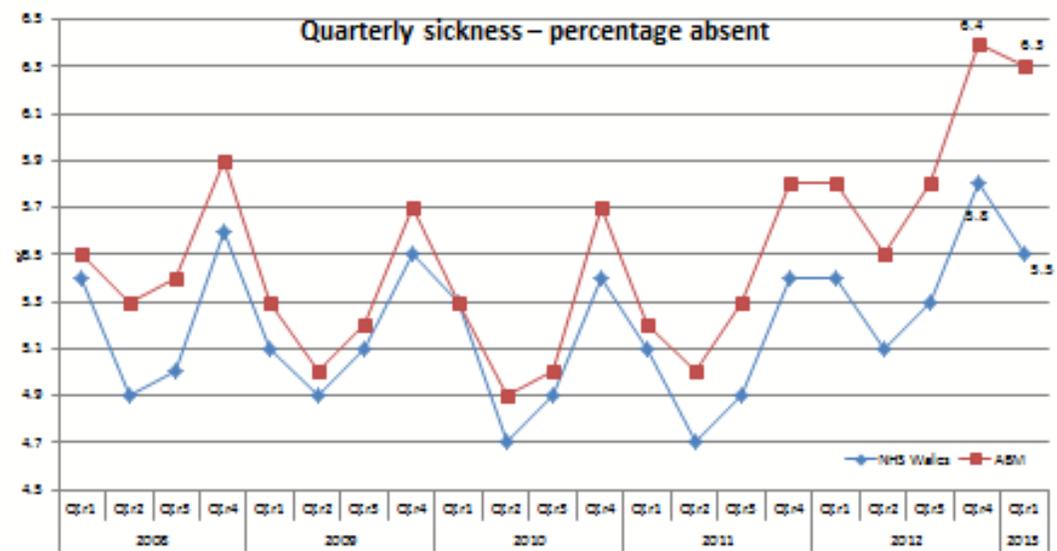


Sickness absence and wellbeing



Slide 10

The current rate of sickness



Sickness absence and wellbeing

Slide 11

The current rate of sickness

Cumulative sickness for the 12 months period Feb 2012 – Jan 2013

3. There is wide variation in cumulative sickness levels:
 - between different departments, ranging from 0% to 8.21%; and
 - and staff groups, ranging from 0.6% to 8.3%.
4. A relatively small number of departments account for much of the total time lost through sickness absence:
 - 128 of 907 departments had a sickness rate greater than 10%;
 - 60 departments lost more than 1000 Full Time Equivalent days /2.7wte; and
 - 23 departments provided services for a year whilst being more than five members of staff short.

The strategic approach

The Health Board takes absence and wellbeing seriously and has strengthened its strategic approach in line with good practice.

1. The corporate strategy and policies for staff health and wellbeing are based on the good practice principles set out in the Boorman Review.
 - a strategy for health and wellbeing is in place and is based on the Boorman principles; and
 - ABMU's policies are aligned to the all-Wales policies and the Boorman principles although there is no rehabilitation policy and the redeployment policy needs to be updated.
2. The health board's corporate health standard improved from silver to gold during 2013.

The strategic approach

The Health Board takes absence and wellbeing seriously and has strengthened its strategic approach in line with good practice.

3. The Health Board has taken specific actions to implement the Boorman recommendations although it has not formally assessed compliance with the principles.
4. The Health Board has identified four key areas to promote health and wellbeing, and developed an action plan to address:
 - progress made in some key areas (e.g. musculoskeletal pathway and fast tracking to orthopaedic services); and
 - an action plan to address NHS Staff Survey issues needs to be developed/implemented.

The strategic approach

Boorman Principles	ABMU actions
The drive to deliver an effective staff health and well-being service requires board commitment, clearly identified top management leadership and staff engagement.	Underlying structures: In place e.g. Director of Workforce and OD sits on Board and Workforce & OD Committee established (Feb 2013) Health and Well-being Board activity informs Board report. Board report includes staff metrics incorporating absence by directorate and staff group, age and social deprivation.
Optimising staff health and well-being requires an organisational culture that establishes behaviours which actively promote care and support.	A strategy for work health and well-being is in place and the Health Board has been successful in attaining a gold corporate health standard. Health & Well-being Board established and a well-being manager in post. A "Well-being through Work" scheme has been introduced.
Staff health and well-being approaches need to be embedded in the core business of every NHS organisation and seen as part of what it means to be a good employer.	At a strategic level staff health and well-being is embedded in the core business. But there are limited systems to recognise / encourage presenteeism.
Staff health and well-being services need to be properly resourced and spending on them recognised as an investment which will deliver both long-term savings and improved patient care.	Investment in occupational health has been increased, with a focus on well-being.
There need to be agreed and consistent measures of the effectiveness of staff health and well-being programmes which can be used for board reporting and other purposes, including national measurement and reporting.	Key performance indicators are currently measures of absence and need to be reviewed.

Sickness absence and wellbeing

Slide 15

The service-level approach

Service managers feel supported to manage absence by HR but issues with timeliness of occupational health intervention and inconsistent application of policies are resulting in a focus on sickness rather than wellness.

1. Ward and department managers are aware of the absence policy and their responsibilities and feel supported by workforce development staff.
2. Inconsistent application of policies is preventing sufficient focus on wellness and presenteeism as opposed to sickness.
3. The Health Board has taken significant steps to improve its occupational health services although access and timely 'intervention' is perceived poorly by managers.
4. There is little sharing of good practice across directorates:
 - e.g. learning from the Mental Health directorate.

The Health Board has good structures for monitoring absence although there needs to be greater focus on health and wellbeing and improved confidence in the data.

1. The Health Board has good structures for reporting and monitoring absence information.
2. Workforce metrics are regularly monitored but there are some concerns about the quality and focus of the data:
 - department heads/ward sisters rely on local information rather than Electronic Staff Record (ESR) data;
 - there is a six week delay in ESR data availability with approximately 30% of the data entered manually;
 - current metrics focus on measuring sickness not wellness; and
 - there is limited economic costing or correlation with other quality trigger indicators.

Recommendations: Strengthening the strategic approach

- R1 Improve staff knowledge of how to access health and wellbeing strategy/policies.
- R2 Review the redeployment policy and develop a rehabilitation policy.
- R3 Formally review progress against implementation of the Boorman recommendations.
- R4 Identify ways to celebrate presenteeism, to help embed 'wellness' into Health Board culture.
- R5 Develop an action plan that addresses areas of low staff satisfaction identified in the recent NHS Wales staff survey.
- R6 Share good practice in managing sickness absence and wellbeing between directorates.

Recommendations: Strengthening the service-level approach and supporting managers in their role

- R7 Provide training/updating to support consistent practice in implementing sickness absence and wellness policies.
- R8 Engage managers/staff so that wellness becomes embedded into the Health Board culture.
- R9 Improve communication between managers and Occupational Health (OH) and the timeliness of access to the OH service by:
- introducing an electronic OH referral system so managers can make/track referrals, and OH can accept/manage referrals, more efficiently;
 - confirming the sufficiency of OH capacity;
 - establishing jointly discussed and agreed targets for individual staff sickness management; and
 - ensuring OH and managers have up-to-date knowledge of how services are delivered.

Sickness absence and wellbeing

Slide 19

Recommendations: Improving confidence in supporting data and measurement of staff health & wellbeing

- R10 Ensure the timely availability and accuracy of ESR data, and address the lack of operational confidence in the data by:
- confirming the accuracy of manually entered ESR data (PI audit);
 - improving the speed of reporting from ESR data; and
 - identifying and rectifying any significant variation in the local data used by operational management, compared to ESR data.
- R11 Extend workforce metrics which currently focus on measuring sickness, by:
- including cost economics, performance indicators for wellness and health outcomes (as defined in the health & wellbeing action plan); and
 - strengthening staff sickness analysis to include correlation with other costs e.g. temporary staffing, or the impact of ancillary staff sickness, which may provide service quality triggers.

Sickness absence and wellbeing

Slide 20