A consistent approach to managing sickness absence

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Introduction

Within its Workforce strategic vision for 2020, the Scottish Government recognises the vital role that the workforce plays in providing flexible, efficient and high quality healthcare in Scotland. It also recognises that when staff are valued and treated well, workforce attendance, performance and morale improves.

Within NHS Ayrshire & Arran, short term sickness absence levels peak each year between November & February. This places an enormous burden on staffing budgets and imposes pressure on service delivery, whilst disparity in managing sickness absence impacts on moral, motivation and relationships.

As part of the transformational change agenda, a new innovative and proactive sickness absence reporting and management process has been developed. The new process requires managers/supervisors to complete an electronic tool to enhance consistency of data collection and conversations with staff. To support sickness absence reporting out of hours, a sickness absence reporting line has been created and supported by the OHRD during the early implementation phase of the project. This has allowed call backs between 8am to 9am to be made and the structured conversation tool to be delivered, on behalf of the manager, to staff reporting unfit for duty.

The diagram below outlines the revised process. During office hours the manager discusses the reason for absence and takes appropriate action. Staff reporting out of hours received a call whereby their reason for absence is discussed with the sickness absence line advisor.

Aim

To improve the consistency of approach towards the reporting and management of short term sickness absence across service areas.

Objectives

• To provide managers with information on sickness absence reporting, management and support.
• To support effective communication approaches between managers and staff.
• To provide staff with appropriate support that facilitates remaining or returning to work early.
• To assess the effectiveness of a sickness absence reporting line
• To capture the learning and changes during the planning and early implementation.

A Project Plan was developed to support and guide the planning and implementation process. It outlines strategic drivers and existing practice that informed the need for changes to the reporting and management process of short term sickness absence. A risk register ensured risks to the project development were identified and addressed as a matter of priority.

The Communication Plan guided the dissemination of information and learning from the project implementation. This included:-
• Project information sheets for staff and for managers.
• Face to face engagement to maximise participation in the project and minimise data errors.
• A manager’s instruction sheet and quick reference guide
• An alternative duties guideline.

An Evaluation Plan was created to ensure that both qualitative and quantitative data was captured at strategic points throughout the early implementation of the project.

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Project Resources

• Electronic Structured Conversation Tool was developed to improve the recording and management of sickness absence. The tool captured information about the staff member; absence reporting data; reason for absence; treatment; and return to work requirements e.g. adjusted duties. The tool focused on the previously identified reasons for short term sickness absence gastro; cough, colds and flu; mental health; musculoskeletal (MSK); or other. The information captured was submitted to the OHRD for reporting and evaluation purposes.
• Training:- Managers and supervisors were provided with training on how to complete the tool. OHRD staff were provided with training on how to complete the tool and carry out call backs with the aid of scenarios.
• Support Services:- Rapid access to Occupational Health Service nurses and physiotherapists ensures that staff are fully supported within the workplace; in their return to work; and access to treatment and recommendations for adjusted duties (where appropriate)

Project Implementation

On the 1st November 2017 the project was introduced within the identified service areas with further areas becoming involved in December and January 2018.

Managers Feedback:

- on Communication: - following training, Managers were asked to complete a questionnaire about their views on the face to face training and information provided in advance of the project commencing. Of the 14 who completed it, the majority (n=13) found the information clear and easy to understand, said it covered all relevant information, and felt that the form would capture all the information relating to staff absence.

- on sickness absence: - Managers were asked to complete a survey monkey on their views of sickness absence prior to participation in the project, these are some of the comments received:-

“Managers are disheartened by the sickness absence process as it is, due to it not being enforced strongly enough” (Charge Nurse)

“this new process will be helpful and the fact that occupational health and HR are involved will impact on sickness” (Charge Nurse)

“hopefully ensure streamlining of the process and support for staff” (Charge Nurse)

- on using the new tool: - A survey monkey was sent to all 35 managers involved in phase 1, 2 and 3 of the pilot to garner their views on using the questionnaires. The survey was completed by 14 Managers, of which, most (n=12) said they felt comfortable asking the questions. Suggestions were made about the layout of the form and these changes were made prior to phase 2 of the pilot being rolled out.

- on OHRD Staff feedback:

Call-back Feedback: - On average, call backs lasted 7 ½ minutes per call and another 7½ minutes were needed for administration time.

Reflection Logs - captured staff views of the planning and development stages of the project. Key themes that emerged were:-
• Sufficient testing and planning time is required to minimise changes to the tool.
• Only one method of forwarding staff information to the sickness absence line is required to minimise duplication.
• Methods to check complete understanding of the new process with managers and staff are required.

Next Steps

Analysis of the 4 month structured questionnaire data and staff feedback (survey monkey still to be sent out) will inform the process going forward and need for additional support requirements.

Conclusion

The concept of an electronic tool that enables a consistent approach towards short term sickness absence reporting and management has been welcomed by managers. The tool has been effective in guiding and facilitating the conversation between managers and staff, and it has improved data collection, however further work will need to be undertaken before any future roll out. This is predominately around the type of data required for reporting purposes. Consideration will need to be given towards developing a new approach to the sickness absence reporting line that will be more cost effective. Overall, the new process has been successful in introducing a more consistent way of reporting and managing sickness absence.

References:– http://www.gov.scot/Topics/Health/Policuay/2020-Vision