

**Update on recommendations of the Public Accounts Committee Report
The Management of Sickness Absence by NHS Trusts in Wales – Follow Up Report, Published June 2009**

PUBLIC ACCOUNTS COMMITTEE RECOMMENDATION 1

The Assembly Government provides us with a formal response setting out the action that it intends to take or has already taken to address the Auditor General's recommendations and updating trust's reported sickness absence rates for the 2008-09 financial year and, in so far as is possible, for the start of 2009-10.

DISCHARGED (See detailed response to the Auditor General's six recommendations below; plus Appendix 1, Tables 1 and 2, for updated sickness absence figures)

AUDITOR GENERAL'S RECOMMENDATIONS (REPORT JANUARY 2009)	PROGRESS	STATUS / TARGET DATE
<p>RECOMMENDATION 1 The Assembly Government's current sickness absence target of 4.2 per cent (of contracted time lost) has sharpened trusts' focus on the need to reduce sickness absence, but for most trusts it remains an unrealistic short-term goal, particularly given the inherent sickness absence related risks presented by NHS reorganisation. In the medium-term achieving an NHS wide rate of absence of less than 5.0 per cent would represent further significant progress.</p> <p>The Assembly Government should:</p> <p>a) discontinue its use of the generic 4.2 per cent target and adopt a smarter approach to target setting which reflects the circumstances of each of the new local and national NHS bodies, with a focus on continuous improvement; and</p>	<p>a) 4.2 per cent target discontinued. Differential targets and stepped improvements for each NHS Organisation have been identified and agreed by the WAG EDT. If each organisation were to achieve the first year of the stepped target, would result in an All Wales target of 4.9%. (Appendix 2)</p> <p>NHS Workforce and OD Department with the NHS Directors of Workforce and OD have established a Sickness Absence Leads Group.</p> <p>Achievement of the new targets will be monitored through the AOF.</p> <p>b) WAO has advised that Occupational Health <i>Standards</i> should</p>	<p>DISCHARGED</p> <p>November 2010</p>

<p>b) explore the practicalities of setting separate process related targets, for example around the speed of access to Occupational Health appointments in long term sickness absence cases or in response to particular sickness absence causes, such as stress related absence.</p>	<p>be explored as opposed to <i>targets</i> as stated in the recommendation.</p> <p>Lead responsibility for this work rests with the Occupational Health Review Group, Chaired by Professor Sir Mansel Aylward (see WAO recommendation 4 below). The delivery and achievement of the Occupational Health Standards is dependent on the outcome of the review and how the proposed Occupational Health Services will be resourced and managed.</p> <p>WAG will agree interim Occupational Health Standards with the Service, via the NHS Employment Strategy and Practise Group. Standards will include speed of access.</p>	<p>July 31st 2010</p>
<p>RECOMMENDATION 2 Trusts have generally updated and improved their sickness absence related policies and procedures drawing on the guidance developed by the Attendance Management Steering Group. However, there are still differences in the detail of trusts' approaches with regards to trigger point thresholds for management intervention, or provisions for rehabilitation and redeployment including the extent to which formal policies have been developed to cover these provisions.</p> <p>The Assembly Government has already agreed through the Welsh Partnership Forum (WPF) to introduce a common sickness absence policy for NHS Wales and should work with the unions, and the wider service, to agree this policy in advance of the impending reorganisation. The Assembly Government should also seek agreement on extending this common policy approach to related topics such as rehabilitation and redeployment.</p>	<p>The All Wales Sickness Absence Policy was formally ratified by the WPF on 15th December 2009 and organisations requested to implement with immediate effect.</p> <p>Future work on managing Sickness Absence will include All Wales principles on rehabilitation and redeployment; these principles will need to take cognisance of the work produced by the Occupational Health Review Group (see Recommendation 4 below).</p>	<p>DISCHARGED</p>

<p>RECOMMENDATION 3 There were initially widespread concerns about the accuracy of sickness absence figures produced from the Electronic Staff Record (ESR). However, these issues have gradually been resolved and users' confidence in the accuracy of ESR reports has improved. Now that there is greater confidence about the accuracy of sickness absence information generated from the ESR, the Assembly Government should, in advance of and following the planned reorganisation, use this information to:</p> <p>a) produce regular benchmarking reports for the service showing, as a minimum, the headline rates of absence and associated costs, the predominant reasons for absence (where available) and analysis by common staff groupings;</p> <p>b) work with local NHS bodies to identify and address an increases in sickness absence rates, or related problems such as an increase in staff turnover, that may occur during the process of NHS reorganisation and impact negatively on the ability of organisations to deliver continuity of service or meet their wider objectives;</p> <p>c) publish headline trends in sickness absence across NHS Wales alongside other key staffing information, notably staff vacancies and staff numbers; and</p>	<p>Updated NHS Organisations' sickness absence rates, taken from the ESR Data Warehouse are shown at Appendix 2</p> <p>a) Regarding production of regular benchmark reports, some information is required on a more regular basis than others.</p> <p>The NHS Workforce and OD Dept, working with NLI AH have produced model reporting templates from ESR.., NLI AH have established a new post, Workforce Information Manager and this person has joined the Sickness Absence Leads to advice on ESR reporting functionality and benchmarking data.</p> <p>Key to the success of these reports will be the quality of data input to ESR by each organisation.</p> <p>b) To date the re-organisation of NHS Wales has not resulted in an increase in sickness absence, however the situation continues to be monitored. For the 12 month period to December2009 the average sickness rate for NHS Wales showed a slight improvement on the average sickness absence levels reported in 2008.</p> <p>c) Staff vacancies are already reported on HOWIS. NHS Workforce and OD dept, working with NLI AH, have produced ESR model sickness absence reporting templates.</p> <p>Sickness Absence and other key information will also be published on 'Stats Wales' and NHS Workforce and OD Division are working with Health Statistics Analysis Unit and NLI AH to progress this.</p> <p>d) As at a) above, 'Reason for Absence' field needs to be completed in order to identify any common factors. HSS NHS</p>	<p>DISCHARGED</p> <p>DISCHARGED</p> <p>Agreement was reached to set a target of less than 10% coded to 'unknown' by 31st October 2010.</p> <p>Actively monitoring</p> <p>DISCHARGED</p> <p>Target date for publication on Stats Wales is 30th April 2010.</p> <p>Target of less than 10% coded to 'unknown' by 31st October 2010</p>
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<p>d) report on the predominant underlying medical reasons for sickness absence and, as appropriate, plan and deliver Wales-wide interventions designed to address these issues (although the onus is still on individual NHS bodies to identify and address locally the reasons for sickness absence).</p>	<p>Workforce and OD will work with Sickness Absence Leads Group and Occupational Health Review Group</p>	
<p>RECOMMENDATION 4 While there have been local improvements in service delivery, the range and capacity of each trust's Occupational Health provision remains inconsistent. The Assembly Government should:</p> <p>a) work with the Welsh Partnership Forum to progress as a matter of priority the ongoing review of Occupational Health provision across NHS Wales in the context of the wider plans for NHS reorganisation;</p> <p>b) publish its NHS Occupational Health and Safety Framework guidance in advance of the creation of the new local and national NHS bodies to clearly identify for those organisations existing policy and standards relating to this area of their work; and</p>	<p>a) <i>One Wales</i> makes a commitment to explore the opportunities to place occupational health services on a statutory basis and Professor Sir Mansel Aylward, Chair of Public Health Wales and Director of Cardiff Universities Centre for Psychosocial and Disability Research was invited to convene a task and finish group to consider the commitment. The Health Minister received the final report on the 31st March 2009 and accepted its conclusion and recommendations.</p> <p>Professor Aylward has been invited to convene a second Task and Finish Group to take forward the recommendations, and in particular to develop a costed delivery model for a national occupational health service, provided by the NHS and made viable by contributions from employers.</p> <p>Essentially, the implication of the above is that any review of the provision of Occupational Health services by the NHS for NHS staff, will be in the context of this new review</p> <p>b) The NHS Wales Occupational Health and Safety Framework follow NHS Employers "The Management of Health, Safety and Welfare Issues for NHS Staff." It was been agreed that the Framework will become a website containing information, advice and web-links to best practice for NHS Wales. The link is http://www.wales.nhs.uk/sites3/page.cfm?orgid=433&pid=41997 (Please note that this web site is currently being updated.)</p> <p>c) The NHS Wales Occupational Health Forum have agreed the</p>	<p>Target date for reporting the group's recommendations to the Minister is November 2010.</p> <p>DISCHARGED</p> <p>DISCHARGED</p>

<p>c) agree with relevant stakeholders some core indicators to measure the performance of Occupational Health services, for example, waiting times for referrals and did not attend rates.</p>	<p>following service provision and standards (Appendix 3) Please also refer to RECOMMENDATION 1, paragraph b above.</p>	<p>November 2010</p>
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<p>RECOMMENDATION 5 The previous Auditor General's report, along with the Audit Committee's report and the guidance developed by the Attendance Management Steering Group and the ESR sickness absence subgroup already contained a large number of recommended actions for individual NHS bodies and/or the Assembly Government. Many of these recommendations are still relevant or are yet to be fully actioned and reflect general good practice principles that we would expect all organisations to be carrying out as part of their efforts to manage sickness absence.</p> <p>Supplementing recommendations 2 and 4 on the development of related HR policies and the Occupational Health and Safety Standards framework guidance, the Assembly Government should draw on these previous reports and existing good practice to produce some consolidated sickness absence guidance for the new local and national NHS bodies. This guidance should include coverage of issues such as:</p> <p>a) internal performance management (both the monitoring of sickness absence trends and of compliance with core sickness absence procedures);</p> <p>b) minimum data collection and reporting requirements, including guidance on the appropriate parameters to use when generating sickness absence reports from the ESR to ensure consistency of approach and guidance on data protection when recording the causes of sickness absence;</p> <p>c) the provision of sickness absence training for managers and other staff; and</p>	<p>The short term focus and priority has been on developing the All Wales Sickness Absence Policy, which is of itself a good practice guide. In developing the policy, the WPF have drawn on good practice and principles and are now looking to develop further good practice which should facilitate consistency. Work already in train as follows:-</p> <p>a) and b) New standard reports should ensure that sickness absence trends are easier to monitor (and All Wales comparisons will ensure that organisations can benchmark). The trigger points in the new All Wales Sickness Absence Policy should provide consistency in terms of how sickness absence is managed and procedure escalated. This in turn should help facilitate monitoring of compliance with core sickness absence procedures. New standard reports cover minimum data collection, guidance etc to ensure consistency of approach.</p> <p>c) NHSWales@Once e-learning tool provides managers with training on demand at a time and place that is convenient and contains a suite of modules including an absence management module. Sickness Absence Leads group is actively looking at</p>	<p>DISCHARGED</p> <p>Target date 31st July 2010.</p>
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<p>d) measurement of the extent of replacement staff cover attributable to sickness absence (accepting that there are sometimes multiple factors that create the demand for replacement cover).</p>	<p>training - one Board has produced a Sickness Absence Management Toolkit for Managers which in terms of good practice has been shared across NHS Wales. (See also PAC Recommendation 3 below)</p> <p>d) Sickness absence is one of a range of multiple factors which influence whether replacement staff cover is used or not. For this reason, extent of use replacement staff can bge rather blunt instrument. The Sickness Absence Leads are considering the usefulness of this as a measure.</p>	<p>Target date October 31st 2010 in order to inform the AOF for 2011/12.</p>
<p>RECOMMENDATION 6 Trusts have been developing a wider range of policies to support work-life balance and to provide for other types of leave to discourage staff from reporting sick when they are not themselves genuinely ill. The development of these policies is in line with recognised good practice and the wider drive to promote workplace health and well-being across the service.</p> <p>In future, the new local and national NHS bodies should, alongside their monitoring of sickness absence rates, consider the amount of time lost to other types of special leave or during periods of phased return to work (where this time is not recorded as annual leave). This monitoring will help to determine the extent to which any future reductions in sickness absence may be due to changes in the way that absence from work is recorded, rather than representing a real benefit in terms of staff spending more time in work.</p>	<p>ESR standard report produced and was discussed with Sickness Absence Leads Group. Further work required on refining the report, which will be one of a standard suite provided to the NDG, Chief Executives Group, Workforce Directors group and local Boards.</p>	<p>DISCHARGED</p>

PUBLIC ACCOUNTS COMMITTEE RECOMMENDATION 2

The Assembly Government should publish headline trends in sickness absence alongside other key staffing information. We expect to see the Assembly Government reporting this information in the future and recommend that figures are reported at an organisational level and for common staff groups, drawing on the information available from the Electronic Staff Record.

PROGRESS

STATUS / TARGET DATE

Refer also to Auditors General's RECOMMENDATION 3 (c above).
This Audit Committee recommendation 2 is more prescriptive than WAO 3c), as it requires the publication of not only headline trends, but of staff group and also organisation specific information to be published

**Target date to publish on Stats Wales
30th April 2010.**

PUBLIC ACCOUNTS COMMITTEE RECOMMENDATION 3

The issue of management training has featured in the Committee's previous work on sickness absence in the National Assembly for Wales/Assembly Government and in Further Education. We recommend that the Assembly Government should evaluate the effectiveness of the NHS Wales@Once e-learning tool, and taking account of the results of that evaluation, explore the feasibility and cost-effectiveness of commissioning the tool (or an adapted version).

PROGRESS

STATUS / TARGET DATE

Evaluation of NHSWales@once carried out by NLIAH. To facilitate the deriving of wider benefits for the Public Sector, the evaluation results were shared with public sector colleagues via the Public Sector Employers Group on 4th March 2010. The group expressed interest in further exploring the benefits of e-learning toolkit and requested a demonstration of the system at their next meeting, on 3rd June 2010. The Group will then consider the feasibility and cost-effectiveness of commissioning the tool.
(The NHS also shared its Sickness Absence Management Toolkit for Managers, at the 4th March meeting – see Auditor General's Recommendation 5c above).

**Target date for completion of this work
will be agreed at 3rd June 2010
meeting.**

Table 1
Sickness Absence Summary for NHS Trusts - April 2008 to March 2009

Organisation	April 2008	May 2008	June 2008	July 2008	Aug 2008	Sept 2008	Oct 2008	Nov 2008	Dec 2008	Jan 2009	Feb 2009	Mar 2009
ABERTAWE BRO MORGANNWG UNIVERSITY NHS TRUST	5.34%	5.20%	5.37%	5.48%	5.40%	5.34%	5.60%	5.77%	6.28%	5.87%	5.25%	5.04%
CARDIFF AND VALE NHS TRUST	4.68%	4.57%	4.64%	4.76%	4.64%	4.75%	5.22%	5.55%	5.89%	5.50%	5.26%	5.33%
CONWY AND DENBIGHSHIRE NHS TRUST	4.83%	4.24%	4.20%	4.19%	4.13%	4.48%	4.82%	5.15%	5.43%	5.19%	4.65%	4.83%
CWM TAF NHS TRUST	5.88%	5.28%	5.27%	5.40%	5.35%	5.73%	5.62%	5.89%	6.20%	6.19%	5.62%	5.84%
GWENT NHS TRUST	5.05%	5.06%	5.25%	5.36%	4.96%	5.19%	5.56%	5.62%	5.94%	5.93%	5.05%	4.79%
HYWEL DDA NHS TRUST	4.85%	4.62%	5.22%	5.08%	5.03%	5.09%	5.40%	5.61%	5.93%	6.10%	4.83%	4.72%
NORTH EAST WALES NHS TRUST	4.69%	4.54%	4.05%	4.58%	4.29%	4.43%	4.72%	5.09%	5.65%	5.10%	4.46%	4.23%
NORTH WEST WALES NHS TRUST	4.52%	4.28%	4.04%	4.43%	4.35%	4.43%	4.21%	4.72%	5.02%	5.39%	4.67%	4.45%
POWYS LOCAL HEALTH BOARD	5.88%	5.38%	5.45%	5.12%	4.97%	5.36%	5.32%	5.68%	6.09%	6.24%	5.12%	5.03%
VELINDRE NHS TRUST	4.20%	3.88%	4.22%	4.19%	3.64%	3.92%	4.47%	3.98%	4.41%	4.09%	3.80%	4.03%
WELSH AMBULANCE TRUST	6.45%	6.31%	6.54%	6.40%	6.63%	7.25%	6.59%	6.26%	7.51%	6.37%	5.83%	6.74%

Table 2

Sickness Absence Summary for NHS Wales Organisations (new structures, including former LHBs) December 2008 - November 2009

Month	2008-DEC	2009-JAN	2009-FEB	2009-MAR	2009-APR	2009-MAY	2009-JUN	2009-JUL	2009-AUG	2009-SEP	2009-OCT	2009-NOV
Abertawe Bro Morgannwg University LHB	6.24%	5.86%	5.19%	4.96%	4.80%	5.04%	5.19%	5.53%	5.11%	4.92%	5.70%	5.74%
Cardiff & Vale University LHB	5.84%	5.28%	4.96%	4.91%	4.77%	4.77%	4.86%	5.15%	5.07%	4.70%	5.40%	5.40%
Betsi Cadwaladr University LHB	5.33%	5.11%	4.43%	4.26%	4.38%	4.28%	4.20%	4.79%	4.48%	4.39%	5.07%	5.31%
Cwm Taf LHB	6.19%	6.12%	5.44%	5.59%	5.57%	5.39%	5.22%	5.47%	5.28%	5.02%	5.45%	5.32%
Aneurin Bevan LHB	5.96%	5.85%	4.92%	4.69%	4.68%	5.00%	5.04%	5.83%	5.32%	5.33%	5.84%	5.72%
Hywel Dda LHB	5.99%	6.11%	4.80%	4.67%	4.79%	4.83%	4.88%	5.41%	5.15%	5.07%	5.61%	5.61%
Powys Teaching LHB	6.14%	6.28%	5.13%	5.06%	5.42%	5.09%	4.94%	5.31%	5.04%	4.95%	5.78%	5.78%
Public Health Wales NHS Trust	3.82%	3.95%	3.65%	3.26%	2.67%	2.61%	3.31%	3.52%	3.42%	3.47%	4.21%	4.72%
Velindre NHS Trust	4.76%	4.15%	3.87%	4.46%	3.97%	4.05%	3.42%	3.48%	3.52%	3.70%	4.26%	3.87%
Welsh Ambulance Service NHS Trust	7.50%	6.30%	5.79%	6.61%	6.52%	7.28%	6.71%	6.72%	7.12%	6.71%	7.76%	8.20%
Dec 2008 - Nov 2009	5.90%	5.63%	4.92%	4.84%	4.81%	4.88%	4.88%	5.31%	5.05%	4.88%	5.54%	5.58%

SOURCE: ESR DATAWAREHOUSE

DIFFERENTIAL TARGETS FOR SICKNESS ABSENCE

Work has been undertaken to develop appropriate targets. The methodology used is straightforward and takes the current sickness absence rate (as recorded over the rolling 12 month period – August 2008 – July 2009) and each organisation is set a percentage improvement target on their existing sickness absence level. The required improvement must be achieved with a 12 month period from the date of implementation of the new target. As soon as the target is achieved the organisation will automatically move to the next percentage improvement threshold.

The targets proposed are those which will be assessed and performance managed nationally by WAG and do not preclude any organisation setting a more challenging local improvement target if they so chose.

The improvement targets are shown in the second table below:

Current Sickness %	% Improvement Required	Required % reduction in Sickness
+ 6.5%	10%	0.65%
+ 6.0%	9%	0.54%
+ 5.8%	8%	0.46%
+ 5.6%	7%	0.39%
+ 5.4%	6%	0.32%
+ 5.3%	5%	0.26%
+ 5.2%	4%	0.21%
+ 5.1%	3%	0.15%
+ 4.8%	2%	0.10%
+ 4.5%	1%	0.05%
- 4.2%	0%	0%

Organisation	Current Sickness Absence Average % Aug 08- July 09	% Improvement	New LHB/Trust Target
ABMU	5.4%	6% = 0.32%	5.08%
Cardiff & Vale	5.1%	3% = 0.15%	4.95%
Betsi Cadwaladr	4.6%	1% = 0.05%	4.55%
Cwm Taf	5.6%	7% = 0.39%	5.21%
Gwent	5.2%	4% = 0.21%	4.99%
Hywel Dda	5.2%	4% = 0.21%	4.99%
Powys	5.4%	6% = 0.32%	5.08%
Velindre	3.8%	0%	Maintain
WAST	6.9%	10% = 0.69%	6.21%
All Wales Average	5.1%		4.9%

If the improvement targets are achieved by all organisations across Wales the overall NHS sickness absence rate would reduce to 4.9%.

WALES NHS OCCUPATIONAL HEALTH FORUM**CORE SERVICES AND STANDARDS PROVIDED BY NHS OCCUPATIONAL HEALTH SERVICES**

<u>No</u>	<u>OH Service Descriptor</u>	<u>Wales NHS OH Forum Standard</u>
1	Assess the fitness of individual job recruits	Initial OH assessment of pre-employment health declaration /questionnaire to be undertaken within 2 working days of receipt. Where indicated, recruit will be offered an appointment with OH professional within 7 working days of receipt of pre-employment health declaration /questionnaire
2	Assess the fitness of existing staff for specific work. Assess potential cases of occupational injuries and disease. Review staff who have significant attendance and /or performance problems due to ill health. Recommend suitable work adjustments, relocation, re-habilitation for individual staff. Provide advice about eligibility for ill – health retirement	Following receipt of a managerial referral, an appointment will be offered that will be within 10 working days to see an occupational health nurse and 15 working days to see an occupational health physician. Follow the arrangements for managing ill health retirement in the NHS, as published by the NHS Pension Scheme, in assessing and supporting, where appropriate, applications for ill health retirement.
3	Provide employee access to appropriate psychological support / intervention.	Comply with service level performance indicators, including delivery timescales, as agreed locally with NHS service users.
4	Provide employee access to appropriate physiotherapy assessment / intervention.	Comply with service level performance indicators, including delivery timescales, as agreed locally with NHS service users.
5	Contribute actively to the development of policies, practices and	Provide advice and services in accordance with up-to-date NHS Service user Occupational Health Policy (or equivalent)

	cultures that promote and maintain the physical, mental and social wellbeing of all staff.	
6	Monitor the health of staff exposed to specific hazards in the workplace	Provide employee health surveillance appropriate to exposure risk to comply with the Management of Health and Safety at Work Regulations relating to specific hazards such as the Control of Substances Hazardous to Health Regulations, Control of Noise at Work Regulations etc.
7	Offer immunisation programmes for biological hazards in the workplace	<p>Offer employees occupational immunisations as appropriate for their work –related risks from biological hazards.</p> <p>Provide an agreed immunisation policy clearly setting out the requirements for different staff groups.</p> <p>The OHS will be responsible for organising and providing immunisations, boosters and blood testing and for recalling staff. Employees will be recalled when boosters are due in accordance with current UK Health Departments guidance and non-attendees recalled if they fail to turn up for vaccination or blood test.</p>
8	Provide advice to NHS employees and employing organisations alike regarding work-related health issues and participate in the risk assessments of health hazards in the workplace	<p>Occupational Health advice will be available as a minimum by telephone on the same day to NHS service users during agreed operational hours.</p> <p>Occupational Health services will work in partnership with other NHS organisation risk management services including Health and Safety and Infection Control Teams.</p>
9	Analyse data using sound epidemiological methods to identify trends in staff health	(Generic OH Reporting contents/standard to be agreed)
10	Maintain and optimise employee health through health promotion initiatives relating to lifestyle risks and specific health risks in the workplace	(Standard to be agreed)