Wellbeing and Attendance Management Policy

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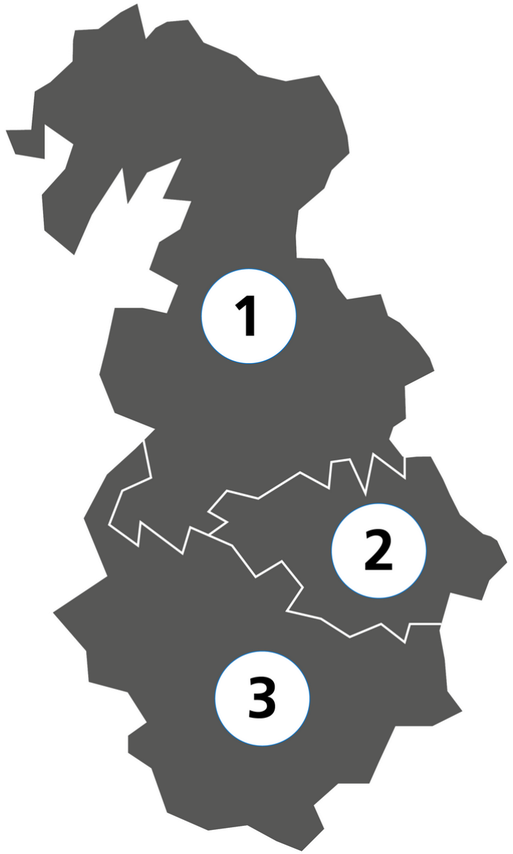
LINK to Wellbeing and Attendance Management Policy Flipbook:

https://online.flippingbook.com/view/500629833/

North West

1. Lancashire and South Cumbria
2. Greater Manchester
3. Cheshire and Merseyside



*Health Profile for the North West of England 2021

Worsening Health Outcomes

Geographically diverse region, with a growing populational that is experiencing worse than national average outcomes, such as lower life expectancy, higher levels of poverty and deprivation, high prevalence of smoking, obesity and domestic abuse.

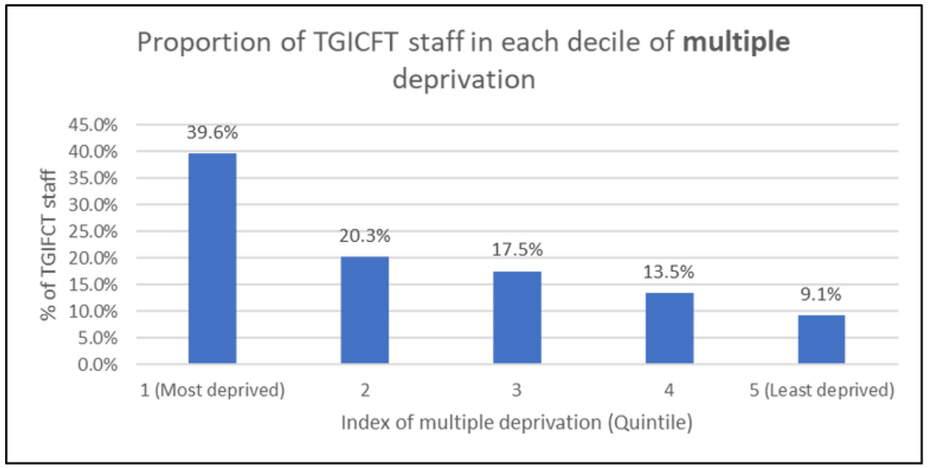
Highest Sickness in the UK

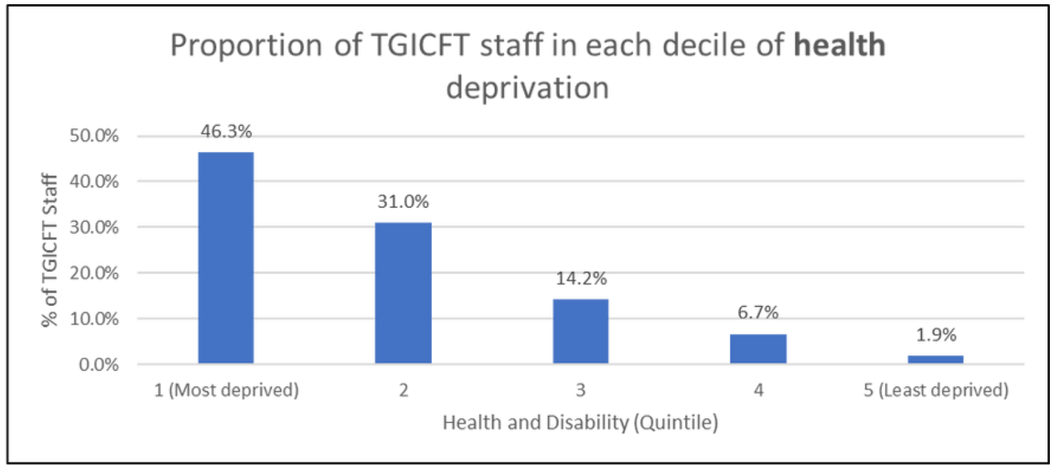
Sickness rates in the North West have been the highest in the country for some time and our current policies have not changed this. In fact sickness levels have been creeping up over the past 2 years with NHS data describing significant increase in stress and anxiety.

Evidence is already demonstrating the link between how our colleagues feel and patient outcomes. By shifting the focus we will:

- Improve the wellbeing of our people and their experience at work
- Improve motivation and ultimately productivity
- Cause less harm due to factors such as presentism
- Provide better safer services for our patients and service users

Example of Tameside & Glossop: Indices of deprivation

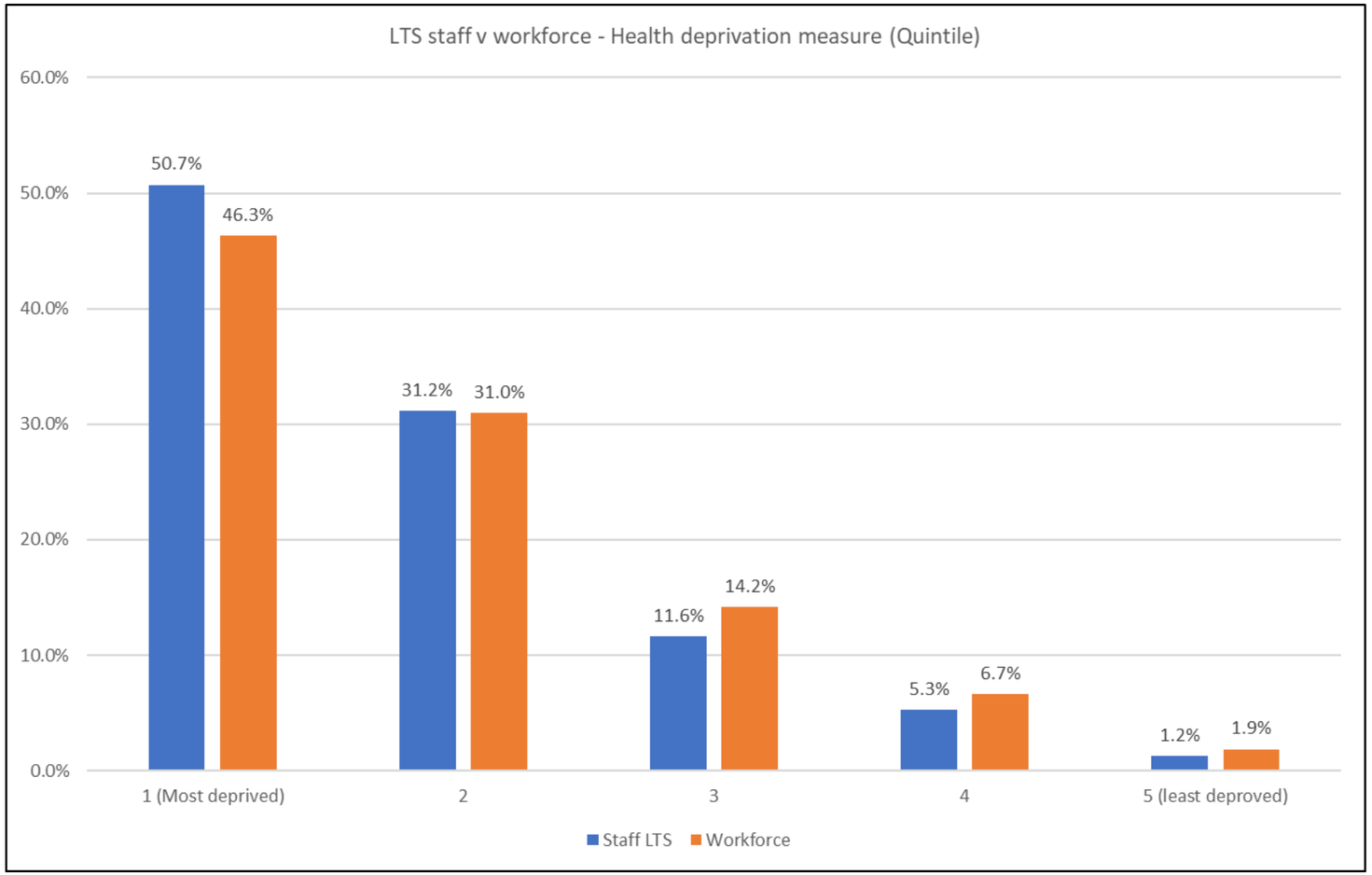




Almost 40% of staff employed at the Trust live in the most deprived quintile (bottom 20%) of postcodes in **England and Wales**, compared to 9.1% of staff in the least 20% deprived postcodes.

46.3% of staff employed at the Trust live in the most deprived quintile (bottom 20%) of postcodes in **England and Wales**, for **Health** compared to 1.9% of staff in the least 20% deprived postcodes.

LTS and Health Deprivation



Those staff with at least one period of long term sickness absence in the last 12 month, are more likely to live in the bottom quintile of health deprivation compared to the workforce overall.

Case Study

Discussion how you would manage through your current policy? Be honest!!

Think about the negative impact? implications of our current sickness policy.

I have worked for the NHS for the past 5 years and I have had endometriosis symptoms for many years but only received an official stage 4 diagnosis last year.

I often feel fatigued as a direct result of the condition, and this can be compounded by lack of sleep due to pain.

I had to take time off for surgery on 4 occasions over 12 months to manage severe symptoms and had to attend a number of GP and hospital appointments at short notice. I am now waiting for major surgery in the near future.

I am often in pain and need to take regular controlled medication to manage this pain so I can function, and I repeatedly need to use the bathroom at short notice due to heavy bleeding, I often have to walk off the ward to do so.

Samantha’s Story

I have worked for the NHS as a registered nurse for the past 5 years and I have had endometriosis symptoms for many years but only received an official stage 4 diagnosis last year. I have worked on a ward where unfortunately I was very unsupported to manage these symptoms.

I was often in pain and needed to take regular medication and repeatedly needed to use the bathroom at short notice. I was told that If I continued to use the bathroom then I would be disciplined, this led to me standing in a busy ward often bleeding through my uniform in front of colleagues, which as you can imagine was very embarrassing. I was also told I needed to look for an office job.

I had to take time off for surgery and was told if I continued to take time off work sick then my contract of employment would be terminated.

This mentality was so detrimental to my mental health that I dreaded going to work and I ended up on medication for anxiety. My anxiety increased when I received sickness absence trigger letters, and I dreaded the return-to-work meetings.

Samantha’s Story

I now work on a new ward and the manager is so supportive, we agreed personalized workplace adjustments, she provided me with a locker for my controlled medication and heat pads, she allows me to wear scrubs and take a shower during shift if needed.

She changes my shifts at last minute sometimes to allow me to access vital health appointments and is flexible with start times if I need to wait for medications to start working.

She allows me extra time to take medication on shift and when I recently had to take time off for surgery, she even messaged me on Christmas day to ask how I was doing.

It was unbelievable the difference this support at work made to my mental health and was the only reason I decided to stay with the NHS.

What we realised...

Too much focus on absences

Solely focusing on sickness absence misses the point in supporting our colleagues through a needed culture of wellbeing.

Too little support for working staff

We spend a disproportionate amount of time dealing with those who aren’t at work and not enough on those who are.

Policy fostered a hostile environment

Colleagues feel the need to ‘defend’ themselves against the risk of escalation through a policy.

What we came up with...

Focus on holistic wellbeing

Shifting the focus so that we can really support the holistic well-being of our people from prevention activities, health promotion and self-help right through to supporting colleagues with complex needs.

Reduce ineffective punitive triggers

Shift our current ineffective approach from punitive trigger focused processes, to individualised, person centred case management and truly prioritising our colleagues wellbeing.

Co-produced policy

We co-created a new policy with staff side colleagues that provides an exciting opportunity to change the way we approach and manage sickness attendance.

Bedrock of the policy is about...

Helping people stay well at work and an increased focus on supporting wellbeing and creating an environment where colleagues can thrive and be at their best

There is a constant theme throughout the policy of ensuring we take account of an individual's needs and circumstances – recognising that everyone's circumstances will be different

It focuses on the need to support colleague wellbeing with compassion, ensuring that we are having regular wellbeing conversations within 121's, wellbeing check-ins, appraisals, with our teams so that we can act promptly on wellbeing concerns before an individual goes off sick.

It makes it clear what the expectations of colleagues are, around self-care and self-management, as well as what the organisation will do to support colleagues

Main Differences to Policy

Triggers

The traditional ‘Return to Work’ interviews present a real risk of solely focusing on absence triggers and missing the critical opportunity of talking through and understanding what is impacting on a colleagues wellbeing and what support can be provided through compassionate leadership, in order to help that colleague return to work and feel truly supported.

The historical cycle of trigger management has been removed and the focus is now based on a wellbeing culture within work environments, building trusting supportive relationships between the manager and colleague, understanding the pressures on colleagues health and wellbeing, knowing what support can be provided and working together with a joint commitment to improve overall individual and team wellbeing.

Main Differences to Policy

Dying to Work Charter

The charter is about choice in the event of a terminal diagnosis. It's about giving an individual options around how they want to proceed at work.

Personalised Workplace Adjustments Policy (PWAP)

The understanding and greater application of the Personalised Workplace Adjustments Plan and the policy.

Informal Stage to Absence Management Process

This is a manager led meeting, with the aim to talk through what support has already been established, to ensure all support opportunities have been considered before progressing onto absence management process.

Welcome Back Health Reviews

‘Return to Work’ meetings will be replaced with Welcome Back Health Reviews that are designed to support a person-centred case management approach to a colleague returning to work and mutually agreeing SMART goals where required in order to help improve wellbeing and attendance.

Personalised Action Plans (PAP)

There are 2 Personalised Action Plans, a short term and a long-term PAP.

Welcome Back Health Reviews

Disability leave is a period of time off work which has been approved by a manager for a reason related to a colleagues’ disability. For example, to attend a hospital appointment or to receive treatment.

Steps to Implement

Where to start
Develop a policy working group – with the right people and a lead. Start the conversations around WHY, WHAT, HOW, WHEN, WHO.

Communication
Start to drip feed the launch of the policy and its aim. Have a robust plan so that every leader, manager, colleague are informed.

Resources
Develop resources required before launching, including; training for managers, toolkits, videos, posters, letters templates, action plans, transition doc etc...

Space
Create a space to store all the resources and materials.

Transition Mapping
Create a transition mapping document for managers.

Consistency Panel
Set up consistency panel, oversight group or HR audits. Ensure a clear feedback mechanism. Monitor impact and implementation.

Prepare
Be prepared for nervousness and challenges.

Evaluation
Training, tweak as required and when business as usual. Get feedback from colleagues, managers, HR, Trade Unions and HR Audits.

Top tips

1. Get the right people involved at the beginning and co-create together. Ensure Executive support.
2. Don’t underestimate the time it may take; co-creating the right policy for you, supporting materials, ratification, communicating, implementation, training, feedback and support, measuring impact.
3. Arrange peer review support for HR colleagues, share learning, allow FAQs and challenging conversations.
4. Arrange touchpoints between managers and HR whilst you are implementing. Use a coaching approach
5. Upskill managers: Link to training, wellbeing support and other policies within the organisation.
6. Make wellbeing the golden thread.
7. Capture case studies and best practice.

How would you feel about the removal of triggers in an attendance policy and how will this work in your practice?

In the chat: Score yourself on a scale of 1 - 10 How confident do you feel in applying a no trigger absence process? (1 is low 10 is high)

Q&A

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