EVIDENCE SEARCH RESULTS

Question/subject of request:	Is there any learning from other trusts or event other industries about how to positively manage sickness absence for Estates & Facilities.
Date requested:	26 June 2024
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Compiled by:	Roxanne Hart

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Hart, R., (2024). *Evidence summary: positively managing sickness absence,* Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

CONTACT DETAILS

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Librarian's Comments:

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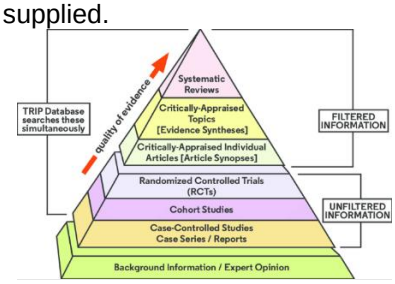

The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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Contents (click to jump to each section):

- **Contextualising workplace sickness**
- **Toolkits/interventions around mental health/stress**
- **Interventions to target respiratory illness**
- **Software**

Summary of search results:

Contextualising workplace sickness

In the NHS employee absence is at it's highest rate since 2004. The number of reported days of absences related to anxiety, stress, depression and other psychiatric illnesses increased by 26% between 2019 and 2022. Additionally to put the local picture in a national context, the estates and ancillary staff group have been, and remain the group with the second highest level of sickness absence nationally. To explore national statistics on sickness absence yourself please see here.

This item from HSJ outlines the shortfalls of the Bradford system of trigger points for illness, namely that it can place undue scrutiny on colleagues with long term conditions or other conditions which are unpredictable in nature, for example epilepsy, asthma.

Toolkits/interventions/solutions

Part of the problem may be a lack of uptake of benefits available through employee assistance programs. For example nationally (not just NHS) 20% of sickness absence is mental health related but there was only a 12% uptake in mental health interventions available through EAP. To read a future facing item which would utilise AI to make best use of employee benefits programs see here.

The HSE advice on mental health conditions guide make an interesting suggestion around the use of advance statements which an employee would make in advance detailing how they would like to be treated if they become unwell.

In terms of interventions it is not only significant what they are but also where they are targeted. For example "research suggests that interventions targeting only individuals are far less likely to have a sustainable impact on employee health than systemic solutions, including organizational-level interventions." The NHS Estates and Facilities workforce planning report have some EFM specific suggestions such as the following: 1. Create pastoral coaching and mentoring forums for the EFM profession, with dedicated time for career and wellbeing conversations.
2. Implement systems which support EFM people to understand and improve their mental health, including committing to 20% of EFM workforce trained as mental health first aiders. In 2019 NICE commissioned an evidence review around interventions for long term absence and capability to return, it is linked here.

A trial, Gray 2023, called Prevail reduced in significant reductions in self-stigma and anticipated stigma and also reduced sickness absence significantly.

This overview of reviews (Aust 2023) identified strong or moderate quality of evidence for the effectiveness of organizational-level interventions for four specific intervention approaches and two health outcomes. This suggests that the work environment and the health of employees can be improved by certain organizational-level interventions.

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Persson 2023's research seems to suggest a benefit to making internet based mental health help have a work related element as opposed to generic help.

Research has confirmed that having a manager who has suffered from mental health difficulties has a positive impact on reducing stigma around this in the workplace.

British Psychological Society have created a report around the learning associated with NHS staff and wellbeing hubs. It would be essential reading if changes were to be made to a local offering.

Finally one to watch over the next few years is this project from Kings College London which will investigate why there are differences between sickness absence rates amongst organisations and professions.

Interventions to target respiratory illness:

Finally given respiratory illness rates are being driven by Covid reinfection which saw 3 trusts in UK bring back masking in June 2024, it may be worthwhile to take a more organisational view on sickness absence. This practical short paper with an estates and facilities approach sets out the options for increasing ventilation in UK trusts and therefore reducing the spread of airborne infections.

For some estimates on potential cost savings of increased ventilation please see the detailed Royal Society of Engineering report which lists benefits beyond sickness absence reduction (nationally a savings of £23 billion per year).

I hope this is helpful. Please do let us know if you need any further information.

The library keeps a repository of evidence searches on the inSPIRE institutional repository. These results will only be shared in the repository if you have given your permission to do so.

Thank you.

Contextualising workplace sickness:

Guardian, NHS staff sickness rate in England hit record high last year, data shows, 2023.

Nuffield Trust, All is not well: Sickness absence in the NHS in England, 2023.

NHS, Estates and Facilities, Workforce Action Plan Building, developing and engaging our people, 2022

NHS Sickness Absence, Interactive dashboard, 2024.

HSJ, The NHS's approach to sickness absence is ineffective and discriminatory, 2024.

Toolkits/interventions around mental health/stress

McKinsey, Addressing employee burnout: Are you solving the right problem? 2022.

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People management, Can employee benefits technology reduce sickness absence?, 2024

NHS Employers, Sickness absence toolkit, 2024

NHS, Estates and Facilities, Workforce Action Plan Building, developing and engaging our people, 2022
Although the scope of the report goes beyond sickness absence they have some suggested actions which may have impacts on sickness absence.
1. Create pastoral coaching and mentoring forums for the EFM profession, with dedicated time for career and wellbeing conversations
2. Implement systems which support EFM people to understand and improve their mental health, including committing to 20% of EFM workforce trained as mental health first aiders
3. Align the estates and facilities workforce messaging to the themes of the new NHS Health and Wellbeing Framework and amplify the messaging across our workforce
4. Create clear and open communication channels so all our people have access to the same information, can be easily contacted and feel connected with the wider team
5. Raise the profile and status of the EFM workforce within the NHS giving our people the recognition and value they deserve.

HSE, Advice for managers on mental ill health conditions
Make an interesting suggestion around the use of advance statements which an employee would make in advance detailing how they would like to be treated if they become unwell.

NICE, Workplace health: long-term sickness absence and capability to work evidence review, 2019.

McKinsey, Reframing employee health: Moving beyond burnout to holistic health, 2023.

Gray, N. S., Davies, H., Brad, R., & Snowden, R. J. (2023). Reducing sickness absence and stigma due to mental health difficulties: a randomised control treatment trial (RCT) of a low intensity psychological intervention and stigma reduction programme for common mental disorder (Prevail). *BMC Public Health*, *23*(1), 1324.
"Prevail was evaluated highly favourably by both the staff and their managers. Prevail produced significant reductions in self-stigma and anticipated stigma due to mental health difficulties. Crucially, sickness absence was significantly reduced by the Prevail Intervention"

Aust, B., Møller, J. L., Nordentoft, M., Frydendall, K. B., Bengtsen, E., Jensen, A. B., ... & Jaspers, S. Ø. (2023). How effective are organizational-level interventions in improving the psychosocial work environment, health, and retention of workers? A systematic overview of systematic reviews. *Scandinavian Journal of Work, Environment & Health*, *49*(5), 315.
This overview of reviews identified strong or moderate quality of evidence for the effectiveness of organizational-level interventions for four specific intervention approaches and two health outcomes. This suggests that the work environment and the health of employees can be improved by certain organizational-level interventions. We need more research, especially about implementation and context, to improve the evidence.

Persson Asplund, R., Asplund, S., von Buxhoeveden, H., Delby, H., Eriksson, K., Svenning Gerhardsson, M., ... & Andersson, G. (2023). Work-focused versus generic internet-based interventions for employees with stress-related disorders: randomized controlled trial. *Journal of Medical Internet Research*, *25*, e34446.
"The work-focused and generic iCBT interventions proved to be superior compared with the control condition in reducing chronic stress and several other mental health–related symptoms.

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Interestingly, effects on work ability and short-term sickness absence were only seen between the W-iCBT intervention and the WLC groups. These preliminary results are promising, indicating that treatments that include work aspects may have the potential to accelerate recovery and reduce short-term sickness absence because of stress-related disorders"

Kalargyrou, V., Sundar, V., & Jahani, S. (2023). Managers' attitudes toward employees with depression and organizational citizenship behaviors in the hospitality industry: Assessing the mediating role of personality. *International Journal of Contemporary Hospitality Management*, *35*(2), 602-629.
The study provided support that managers who have experienced depression are more understanding of the needs of EwCD and, consequently, can reduce related stigma in the workplace. Likewise, open and agreeable managers who do not feel the constant pressure to showcase high performance and who score low on anxiety and high on organizational citizenship behavior can create a safe working environment free from prejudice and discrimination toward EwCD.

BPS, Learning from the NHS Staff Mental Health and Wellbeing Hubs: principles for staff mental health provision, 2023.

Interventions to target respiratory illness:

Michael Ralph, Head of Facilities NHS Scotland Assure, Can we protect staff, patients and visitors better whilst reducing waiting times, saving money and driving towards net zero in the NHS estate? 2024

NERA Economic Consulting, Infection Resilient Environments Social Cost Benefit Analysis Royal Academy of Engineering, 2022.
Some work undertaken on creating infection resilient environments puts the potential savings at around £23 billion per year per the Royal Society of Engineering report

Future:
King's College London, The Management of Sickness Absence by NHS Trusts, 2024

Software:

Good Shape (promotional blurb below taken from website)

- Used at Oxford Health NHS FT
- The only platform proven to reduce the cost of absence
- With GoodShape, organisations can capture accurate, real-time data about employee absence.
- Employees receive personalised support throughout their absence, while managers are notified and prompted to follow processes compliantly.
- The platform also generates reports and task lists to drive action in the short term and help mitigate future risks.
- This approach delivers tangible improvement in workplace productivity and a proven reduction in the impact of absence.

Empactis - the employee health management system (promotional blurb below taken from website)

- **(case study from NHS Trust attached)**
- Real-time visibility and management of absence to reduce cost and risk

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- Proactive employee health management, monitoring, and optimised support
- Connect, manage, support and refer any employee relations case type
- Manage practical challenges including workforce testing, risk and immunity status

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DATABASES AND INFORMATION SOURCES USED					
	Pubmed		**HMIC**		**BMJ Best Practice**
	Medline		**Social Policy and Practice**		**Cochrane Library**
	Emcare		**CINAHL**		**TRIP**
	Embase		**PsycINFO**	X	**Grey Literature**
	AMED		**UpToDate**	X	**Other**

PURPOSE OF SEARCH			
	Patient info/health & well being		**Clinical decision making (inc. patient care)**
	Executive Team support		**Research/Education/Professional development**
	Quality Improvement		**Primary Care & Neighbourhoods Directorate support**
	KM/Management decision making	**X**	**Other**

USER CATEGORY OF REQUESTOR

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	Medical students		**Patients/public**
	Nursing/midwifery students		**Physician Associates**
	Junior doctors		**Public Health (Somerset CC)**
	Nurses/Midwives	**X**	**Other**
	Allied Health professionals		

HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?			
X	**YES - share**		**NO – do not share**

KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS	**LIMITS USED**
Positively manage sickness absence Data Statistics Interventions	

METADATA (TAGS)			

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