Meeting Date	10 August 2021	Agenda Item	4.3
Report Title	Update on Management of Attendance at Work including Wellbeing and Occupational Health interventions		
Report Author(s)	Guy Holt – Associate Head of HR Paul Dunning, Professional Head of Staff Health and Wellbeing		
Report Sponsor	Julian Quirk, Acting Deputy Director of Workforce and OD		
Presented by	Paul Dunning, Professional Head of Staff Health and Wellbeing		
Freedom of Information	Open		
Purpose of the Report	To provide an update to the committee on Swansea Bay's sickness absence performance and actions taken to increase attendance at work in light of the Covid-19 pandemic.		
Key Issues	For the first time since the 2nd peak of Covid19, in month absence for May 21 increased by 0.45% to 6.31% in May 21. In comparison to May 20 this is an overall improvement of 2.23% (due to the first month following the 1st wave of Covid 19). In comparison to April 19 (pre Covid) this is a decline of 0.53%. Absence due to anxiety/stress related reasons has remained broadly stable for the three months to the end of May 21. Morriston was the clinical group with the highest in month absence in May 21 at 6.80% an increase of 0.54% on the previous month and Facilities are the highest non clinical group at 10.70% which was an increase 0.62% on the previous month. Operational HR resources have returned to "normal" activities and have identified a number of future actions specifically related to reducing absence and supporting staff back to work. Occupational Health and Wellbeing services continue to provide a number of interventions aimed at supporting staff through stressful and traumatic events. Additionally work has continued in making the provision of OH services more efficient, with overall waiting times continuing to improve.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐
Recommendations	Members are asked to: • **NOTE** the content of this paper and appendices • **ENDORSE** the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we are taking in relation to supporting sickness absence reduction across the Health Board.			

Swansea Bay University Health Board
Management of Attendance at Work Update
August 2021

1. INTRODUCTION

The purpose of this report is to provide assurance to the Workforce & OD Committee on current performance and actions taken to increase attendance rates, providing an update on performance throughout the Covid 19 pandemic, the impact this has had on attendance performance and current/future plans to support staff wellbeing and maximise attendance at work.

2. BACKGROUND

2.1 Previous Performance

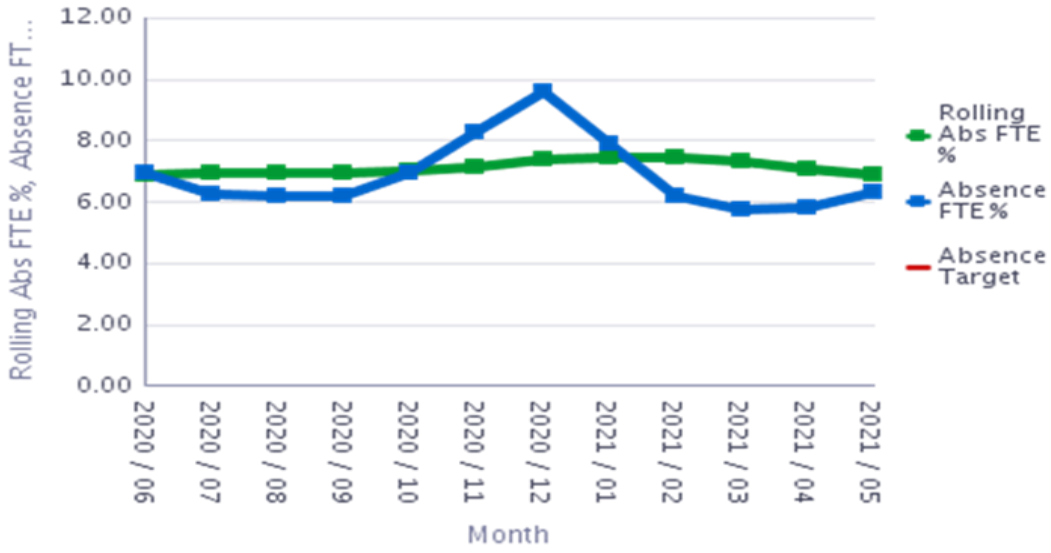
Throughout the autumn of 2019 and early winter, we had experienced a gradual increase in sickness absence rates up to 6.9 in December 19. This increase was mainly in short term absence whilst long term absence (LTA) remained broadly stable; indicating that the focus we had placed on improving LTA was having an effect. In February 20, we saw an overall improvement of absence to 6.37%, which was the best monthly performance for a number of months. In March 20, the Covid pandemic started which has continued to have a substantial impact on our sickness absence levels.

2.2 Analysis of Current Performance

2.2.1 Sickness absence May 21 performance

The latest confirmed in month absence performance, (May 21) saw an increase of 0.45% on the previous month to 6.31%. Compared to May 20, this is an improvement of 2.23% (particularly due to 1st month after the 1st wave of Covid 19). In comparison to April 19 (pre Covid) this is a decline of 0.53%. The 12-month rolling performance to the end of May 21 was 6.87%, an improvement of 0.19% on the previous month (see Graph 1). This represents an overall improvement in cumulative performance of 0.07% in the 12 months to end May 21.

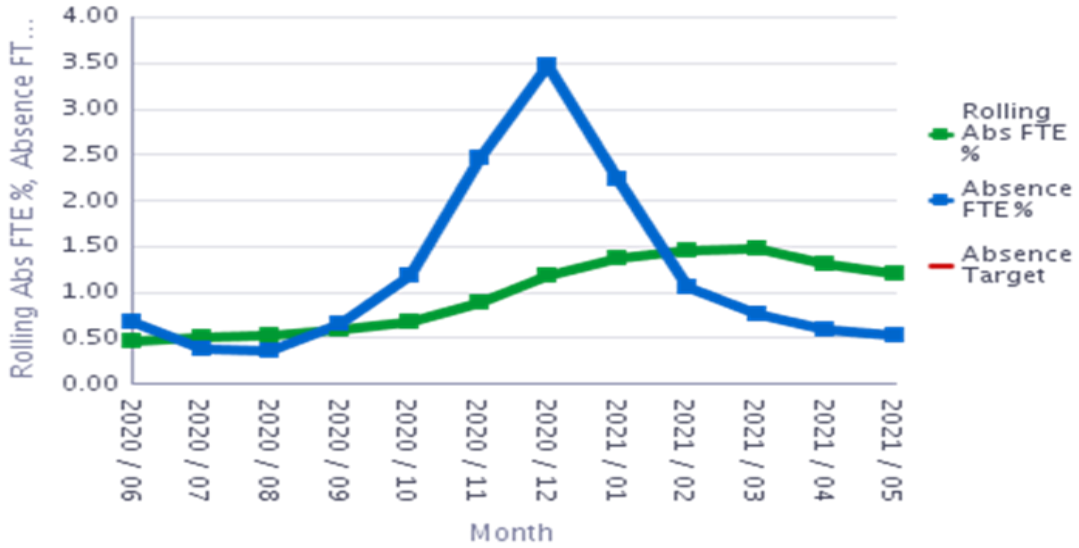
Graph 1: Swansea Bay absence rate percentage June 20 – May 21



2.2.2 Effect of Covid 19

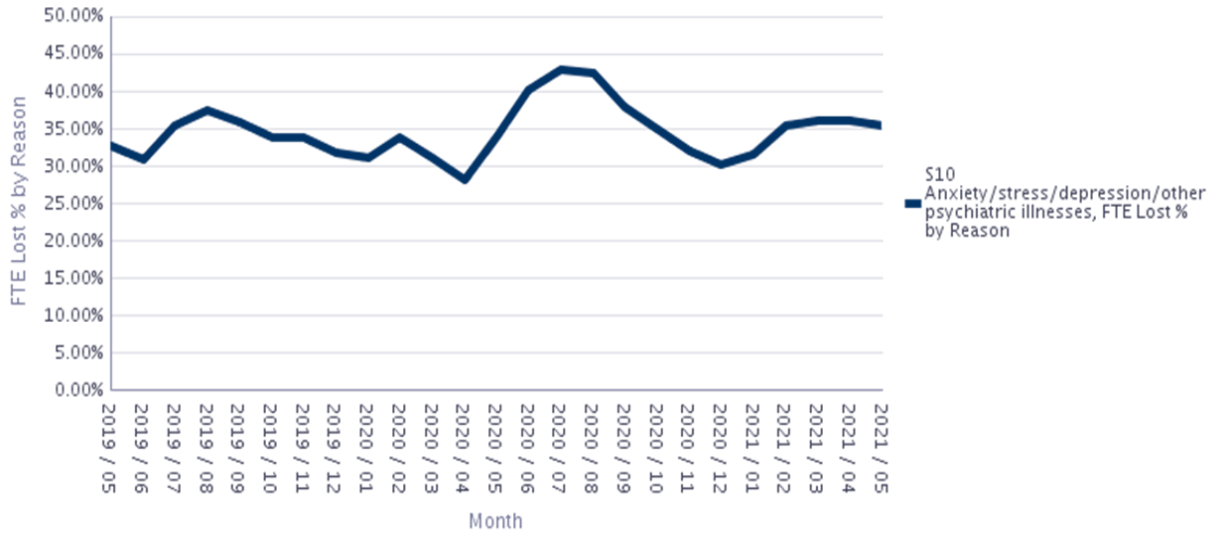
At the peak of the first wave of the Covid 19 pandemic in April 20, 2.68% of the monthly absence was atributable to Covid reasons. This reduced to a low of 0.35% by August 20 but throughout the preceeding months increased to a peak in the second wave of 3.55% by December 20. We have now seen a decrease in these rates in the first five months of 2021 and in May 21 Covid related absence stood at 0.54%, a reduction of 0.06% on the previous month. If we discount Covid related reasons from May overall absence performance we see an absence percentage of 5.77% for the month. Compared to May 20 this would represent an improvement of 2.86% and compared to May 19 (pre Covid) a very slight improvement of 0.01%

Graph 2; Covid 19 related absence to May 21



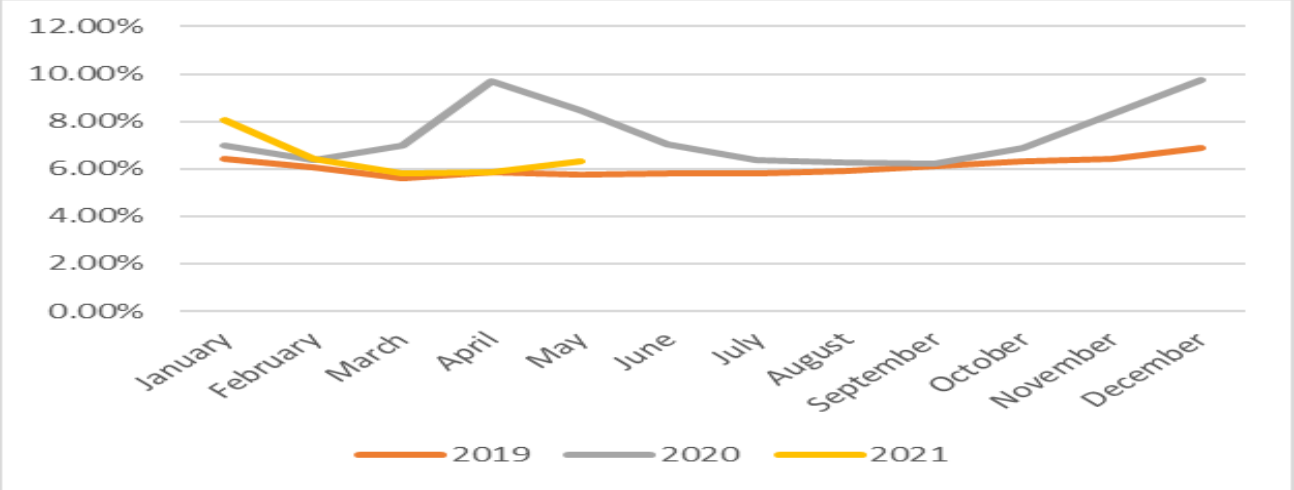
This however does not provide a full picture of the effect of Covid 19 on our attendance performance, particularly on the phycological effect on our workforce. To put this into context stress related absence at the end of March 20 made up 31.3% of our total absence, in May 21 this stood at 35.65% and is highlighted in Graph 3 below. In line with the initial wave of the pandemic when at the height of the pandemic in April 20 stress absence reduced however four months later by August 20 when the pressures due to Covid were at their lowest, stress absence had increased significantly. Whilst it was reasonable to assume stress related absence following the second wave would increase we have not seen such a sharp increase in this type of absence as we did following the first wave, with May's data showing a broadly stabilised position. This may suggest that overall our staff have become more resiliant to the pressures throughout the pandemic and that the support initiatives developed and implemented have had the desired effect in supporting staff in work. In the coming months we potentially anticipate an improvement in this absence reason.

Graph 3: Anxiety/Stress/Depression absence trend May 19 – May 21



The current position is further highlighted in Graph 4 below when comparing the last 3 years absence trend on a month by month basis. Since the first wave of the effect of Covid passed we saw five continuous months of improvement in attendance, however due to the second wave in the prevalence of Covid 19 this increased again and peaked in December 20 to between 3.53% and 2.86% above the levels of absence that we saw in December 2018 and 2019. We had seen absence generally reduce in the first four months of 2021 however as indicated above in May 21 we saw an increase and overall absence levels (inc Covid reasons) are 0.54% above levels seen in 2019 but are 2.15% lower compared to that seen in May 20.

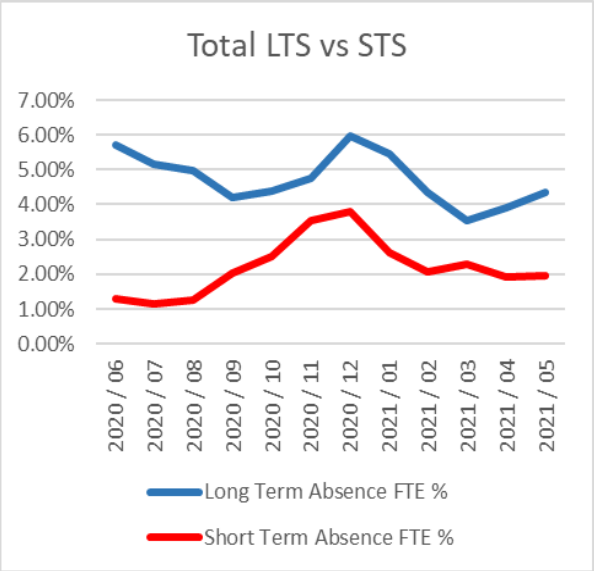
Graph 4: 3 year monthly absence trend

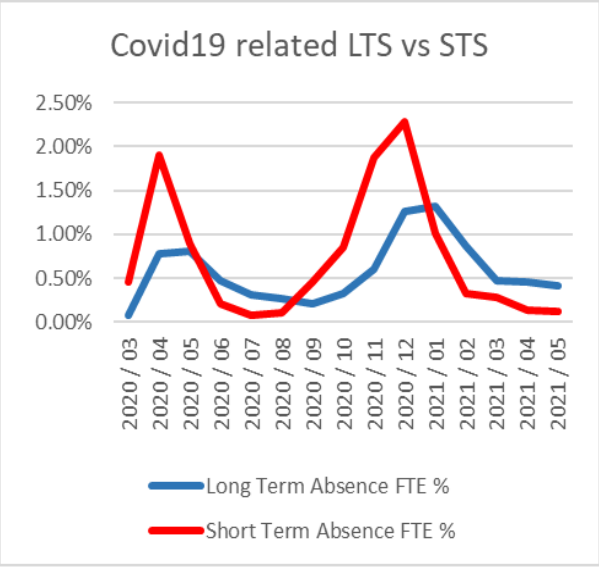


2.2.3 Short-term & Long-term Performance

In month, short-term sickness for May 21 was 1.97%, which is a marginal increase of 0.03% on the previous months reported STS. Additionally, on the latest figures long-term sickness has also increased in month by 0.42% compared to last months reported LTS to 4.34%. According to the available data this is not related to Covid reasons as both STS and LTS due to Covid reasons has decreased in May 21. The three highest reason increases in May 21 compared to the previous month were – Other reasons not classified up 0.91%, Back problems up 0.76% and Pregnancy related reasons up 0.55%.

Graph 5: Long-term & short-term absence to May 21





2.2.4 Absence occurrence by length

Table 1 below reports length of absence occurrences banded into days for both the last twelve months to the end of May 21 and the twelve months prior to this, both of these periods now have an element of Covid19 absence in them. Comparing these two periods show that in the latest period, length of occurrences between 1 and 6 days and those >12 months have improved the most by 14% and 24% respectively. The improvement in the 1-6 day period may have been affected by the ability to work from home during the Covid pandemic and is further looked at below in the staff group performance. The biggest increases have been in the 8 – 14 and 15 – 21 day occurrences, which increased by 20% and 19% respectively. Much of the 8-14 increase is likely due to Covid related reasons including 10-day isolation periods.

Table 1: Length of Absence Occurrences

Absence Band (Days)	# Absence Occurrences June 19- May 20	# Absence Occurrences June 20 - May 21
0-1	2,903	2,900
2	2,269	2,154
3	1,728	1,592
4	1,260	1,125
5	1,171	961
6	747	605
7	1,385	987
8-14	2,212	2,243
15-21	1,152	1,184
22-27	529	536
28 Days-6 Months	3,404	3,755
6 Months-12 Months	261	230
>12 Months	42	31

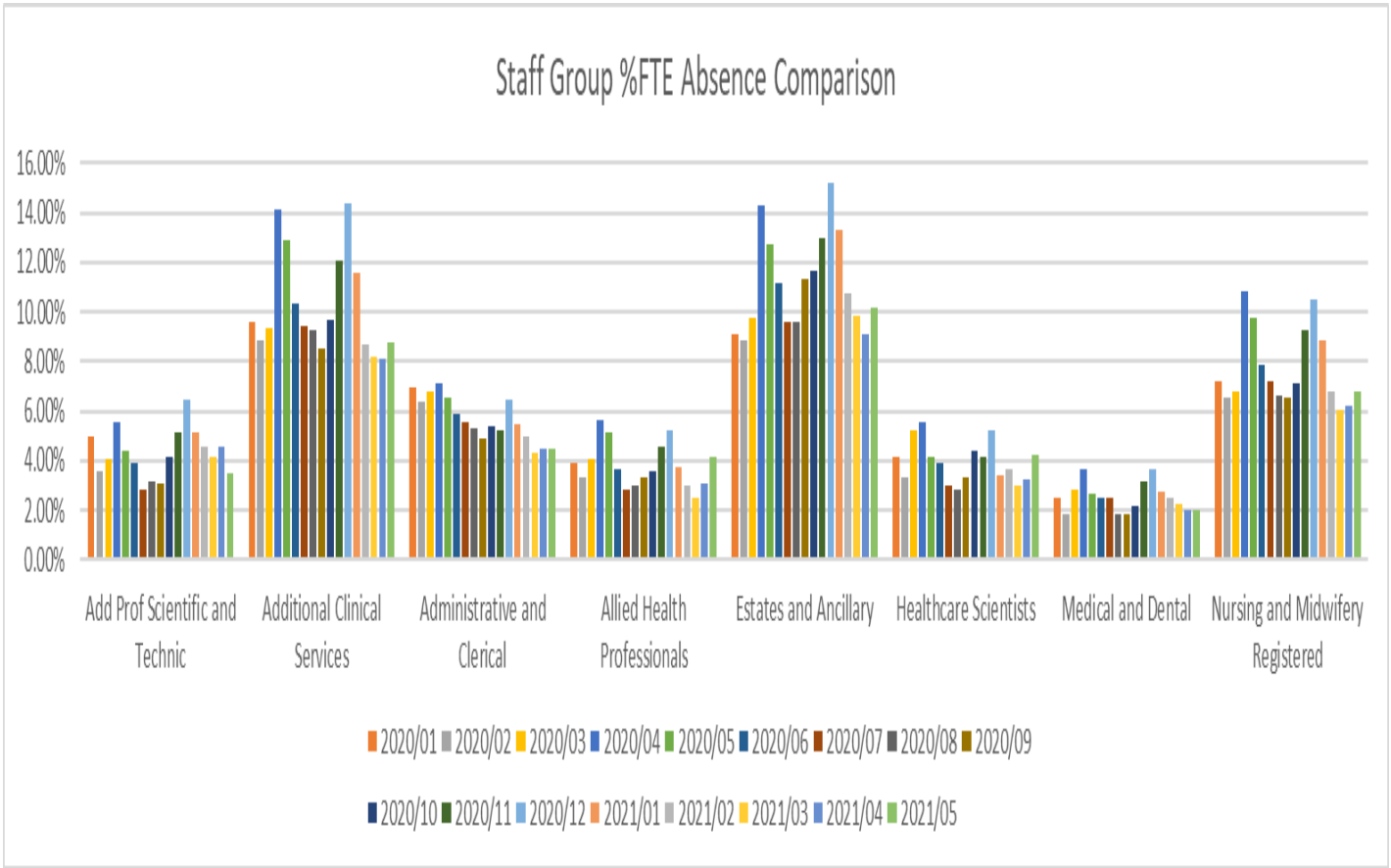
2.2.5 Staff Group Absence

Graph 6 below highlights the overall monthly absence levels across each of the staff groups from April 20 to the end of April 21 and also a comparison to Jan 20 (shown in **blue** on the left of each

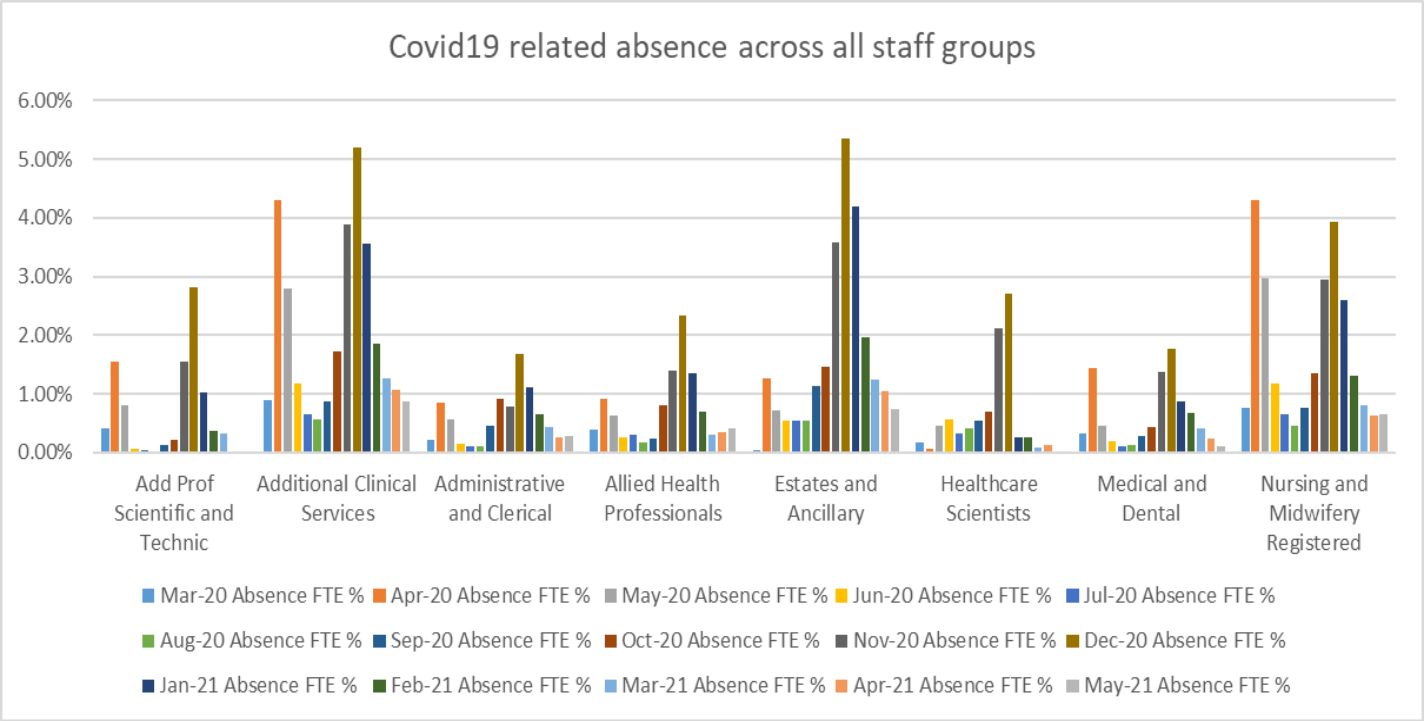
block of bars). The highest levels of absence at the peak of the Covid pandemic in April 20 were in the three groups that normally have the highest levels of absence, these being Additional Clinical Services (ACS), Estates and Ancillary (E&A) and Nursing and Midwifery (N&M). As at May 21, these staff groups had all seen an increase in absence rates compared to the previous month, of 0.69%, 1.11% and 0.55% respectively. However, whilst E&A is now 1.09% above pre-pandemic rates (Jan 20) ACS and N&M are below absence levels pre pandemic by 0,82% and 0.39% respectively.. Still of note is the Admin & Clerical (A&C) staff group, which has seen an improvement of 2.51% since Jan 20 from 6.99% to 4.48%.in May 21 This improvement throughout the pandemic is likely to be driven by the fact that this staff group in particular were able to work from home, meaning that short-term illness which would have originally prevented an individual attending their place of work, being able to continue to work due to being at home. As stated above this is also likely to have had the effect of reducing STS in the 1 – 6 day absence range.

Graph 7 below shows the level of monthly Covid related absence reported across each staff group between Mar 20 and May 21. This highlights that the increases in absence since the pandemic started, appear not to be only due to Covid related reasons. For example in April 20 Estates and Ancillary sickness levels reached 14.29%, some 6% above the levels in April 19, however only 1.27% of this increase was reported as Covid related. However, this discrepancy may have been due to reporting error which has now been corrected and in May 21 this staff group reported 0.74% of their total absence of 10.21% as Covid 19 related. E&A staff group along with ACS at 0.87% and N&M at 0.66% have the highest rates of Civid19 related absence in May 21.

Graph 6: Comparison of absence levels across staff groups



Graph 7: Covid related absence across staff groups to May 2021



2.2.6 Service Group and Directorate Performance

The following section has corporate directorates included as a separate group however, Estates and Facilities whilst part of Corporate have been reported as individual groups to avoid any distortion in the data.

Six out of the seven groups saw their in month performance for May 21 decline compared to the previous month, with Mental Health and LD, Estates and Facilities seeing the biggest declines of 1.20%, 0.69% and 0.62% respectively PCC were the only group to improve performance at 0.14%. Cumulative performance saw all groups, apart for the Corporate group improve their performance in May 21.

Table 2: Service Groups and Directorate Performance May 2021 in Month & Cumulative position.

	In month %	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	6.78%	1.20%	7.26%	0.12%
Morriston	6.80%	0.54%	7.52%	0.28%
Neath Port Talbot Singleton	5.95%	0.23%	6.35%	0.23%
PCC	5.28%	0.14%	6.10%	0.17%
Estates	6.40%	0.69%	5.40%	0.08%
Facilities	10.70%	0.62%	11.72%	0.29%
Corporate exc Estates & Facilities	4.00%	0.85%	3.54%	0.17%

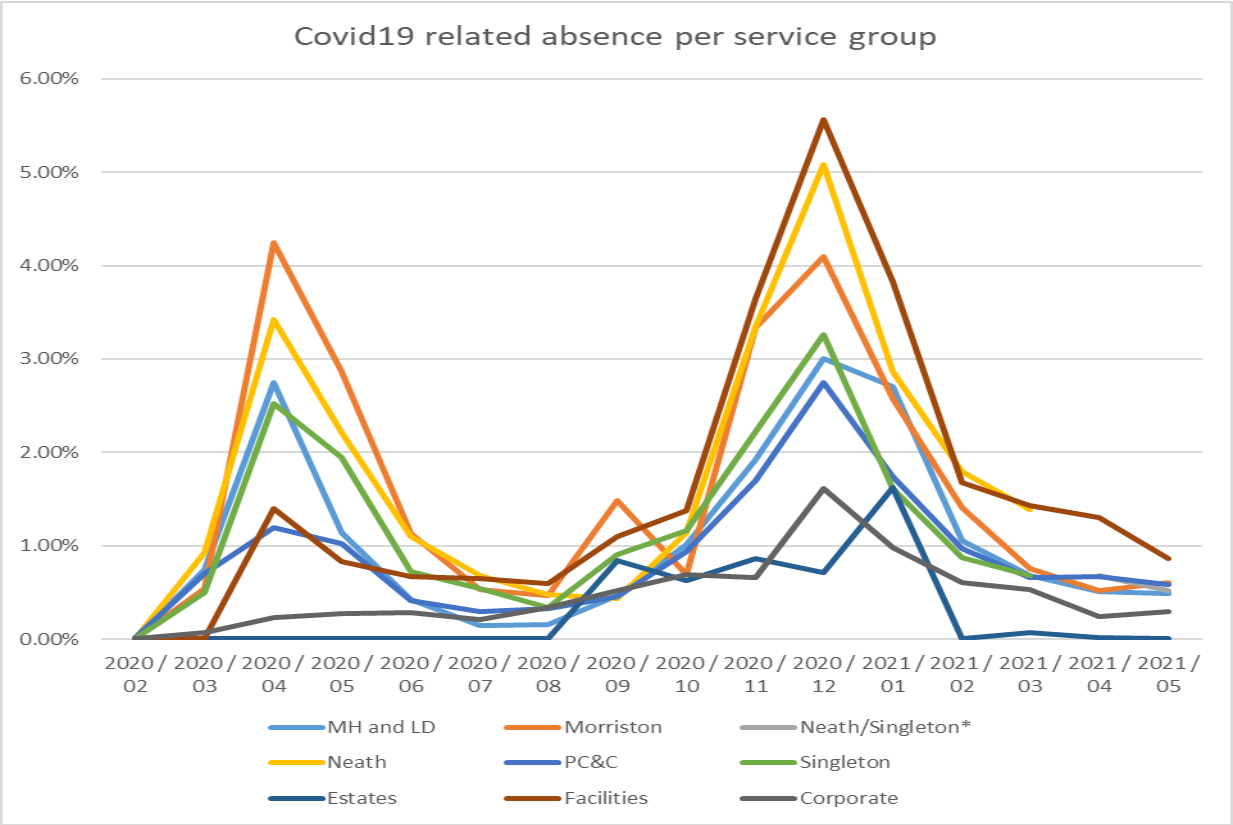
2.2.7 Covid related absence across Groups and Directorates

The effect of Covid related absence on individual groups is shown in Graph 8 below. This highlights that the largest effect of Covid in the recent peak was seen by Facilities and the former Neath group who saw Covid related absence of 5.56% and 5.08% respectively, both over 1% higher than the next most affected area. The least affected group was Estates at 0.71%

As at May 21 all of the current seven groups had Covid absence levels below 1% with Estates recording zero Covid 19 related absence in the month The next lowest was Corporate at 0.29%. The Facilities group was the highest group at 0.86%.

It is worth noting that if we deduct May 21 individual Covid absence rates from all of the groups (exc the newly combined Neath/Singleton group) total absence for May 21 and compare the output to the same month in 2019 (pre Covid), all but the PCC group* (which is 0.22% lower) have absence performance above May 19 levels with Estates 1.71% higher and Facilities 1.58% higher than May 19 levels.

Graph 8: Covid related absence across groups and directorates to May 21



* Neath/Singleton group combined data from April 21 only. The former Neath and Singleton units legacy data is until April 21

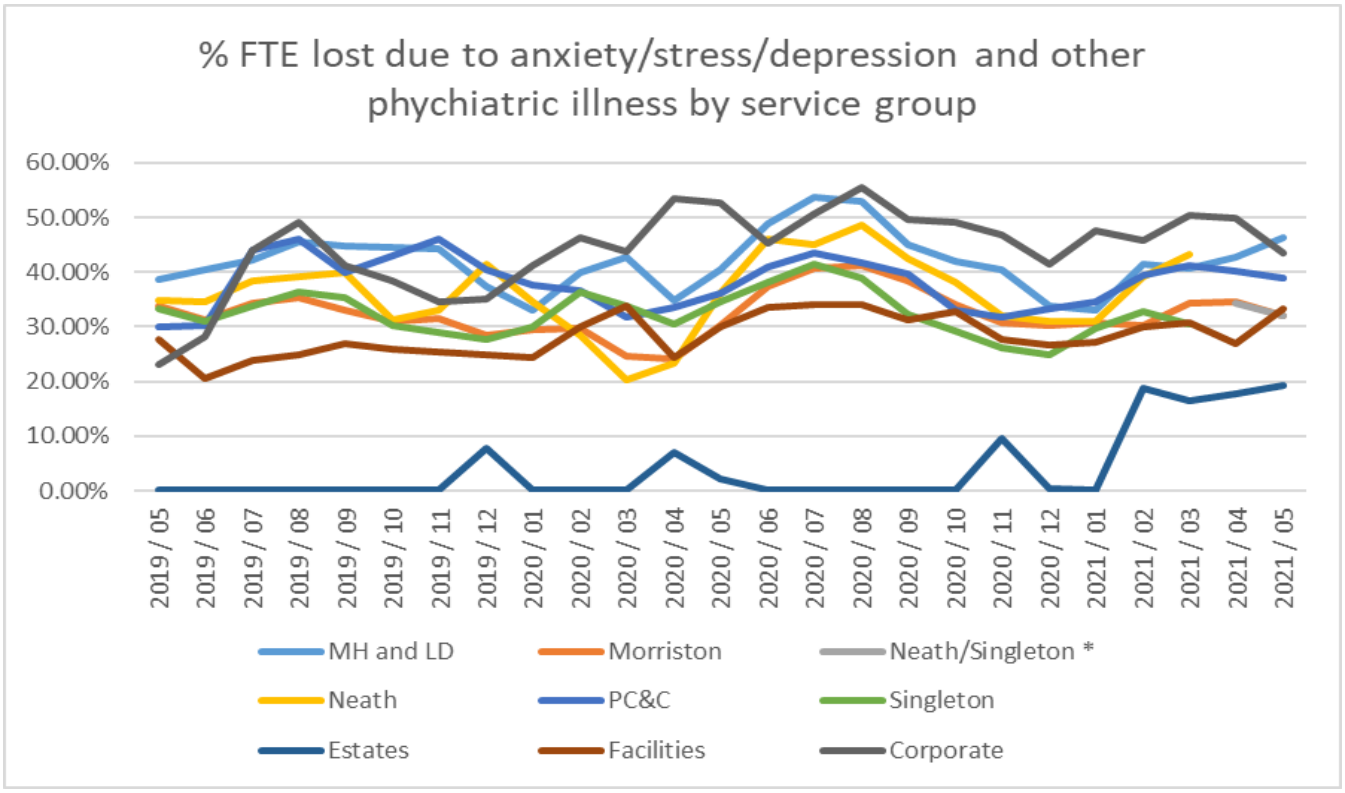
2.2.8 Stress related absence across Service Groups and Directorates

As highlighted above looking at Covid related absence in isolation does not give a full picture of the effect of the Covid pandemic on our workforce and in particular the phycological effect. Graph 9 highlights the trend of stress related absence across the service groups and directorates in the last 24 months. This shows in May 21 only the Corporate group, has absence due to phychiatric reasons lower than before the pandemic in February 20 albeit this group remains

highest overall for this absence reason (see below) In addition to Corporate, Morriston, NPTS and PC&C and saw an improvement in May 21 performance compared to the previous month.

Estates have the largest increase differencial of 19.35% between February 20 (pre pandemic) and April 21 although it should be noted they had 0% reported stress absence in Feb 20. Facilities has the biggest increase of 6.26% in May 21 compared to the previous month. As stated earlier, whilst it was reasonable to assume stress related absence following the second wave would increase we have not seen such a sharp increase in this type of absence as we did following the first wave, with May data showing a continued stabilised position.. We may however see some further increases in the coming months of overall stress related absence depending on pressures due to the expected third wave. As highlighted in previous briefs Corporate remain the group with the highest levels of stress related absence, which in May 21 accounted for 43.60% of the groups total absence, which is however a reduction of 6.27% compared to the previous month.. Having looked in more detail at what is driving this performance it is clear that the majority of absence for this reason is from the Health records dept within Informatics. In May 21 this dept accounted for a 40% of all the fte absence for this reason across the entire Corporate group.

Graph 9: Stress related absence trend across delivery units May 19 – May 21



2.2.9 Swansea Bay performance against other Health Boards in Wales

Since the outbreak of the Covid 19 pandemic, the Data Monitoring group that produces comparative sickness absence data across Wales has been stood down. The only comparative data therefore that exists is data published on the Welsh Government site Stats Wales. This data is published in quarters and the most recent quarter available is for the third quarter of 2020/21 and is shown in Table 2 below. This shows that in this quarter our absence performance declined by 2.08% compared to the previous quarter which was driven by the resurgence of the

Covd19 infection rate. However our overall performance in comparison to the other |Health Boards has improved in that we were not the worst performing in this latest quarter performance.

Table 2: NHS Wales Health Board sickness absence performance Oct 20 –Dec 20

	Oct 2020 (4) .	Nov 2020 (4) .	Dec 2020 (4) .	Oct - Dec 2020 (4)
Betsi Cadwaladr University LHB	5.23	5.48	5.50	5.40
Hywel Dda University LHB	4.76	5.32	6.27	5.45
Swansea Bay University LHB (1)	6.93	8.32	9.68	8.31
Cwm Taf Morgannwg University LHB (1)	7.34	8.85	9.18	8.45
Aneurin Bevan University LHB	5.56	5.88	7.13	6.19
Cardiff & Vale University LHB	5.43	5.87	6.74	6.02

2.3. Workforce and OD Actions

2.3.1 Previous plans

Prior to the Covid-19 pandemic, we had completed and committed to a number of actions in order to assist in the reduction in sickness absence levels. These included:

- Development of a new cultural audit tool with audits planned in a selected number of high absence areas.
- Confirm and Challenge panels set up in each delivery unit.
- Training plan developed and training being rolled out in relation to the all Wales Managing Attendance at Work Policy.
- Implementation of an Occupational Health (OH) improvement plan including increasing capacity for management referrals.
- Delivery of Mental Health awareness training sessions.
- Delivery of Work Related Stress risk assessment training.
- Focus of operational HR resource on supporting absences between 3 – 6 months in length in order to improve long-term sickness.

2.3.2 Covid-19 response and actions

The outbreak of the Covid 19 pandemic meant that from the outset of the pandemic much of our HR and OH/Wellbeing resources have been utilised in different ways meaning that focus was diverted away from providing support to “normal” activity. This has included:

- Supporting Covid specific recruitment activity across the health board including:
    - Assisting with the recruitment and on boarding of over 1400 additional staff. This has included development of recruitment campaigns
    - Sifting of mass applications
    - Supporting the on boarding of our Medical and Clinical students who were recruited into paid employment to assist in the Covid response

- Providing interview support
- Support with completion of pre-employment checks
- Provision and organisation of induction and mandatory training
- Data collation and production
- Development and support of the Covid19 vaccination recruitment strategy

- The setting up of a HR specific helpline to deal with Covid related queries from staff and managers alike.
- Staff deployment support
- Specific workforce planning support in the development of our Field Hospitals
- Specific workforce planning support in the setting up the Track and Trace system and Community Testing and Antibody facilities.

Whilst some "normal" activity had begun return at the beginning of the autumn this was further impact by the second wave of Covid19 meaning once again resources needing to be diverted as appropriate to support our response to the pandemic.

2.3.3 Staff Health and Wellbeing services

These services have been pivotal to mitigating the risks related to increased sickness absence and the Occupational Health Nursing team is for the first time fully staffed, having recently recruited 2.6 wte Band 5 Nurses, within a structure that both facilitates career development and improves the sustainability of the service. The data below (captured for the current internal audit team) demonstrates the gains that are being made in reducing waiting times for pre-employment clearances and management referrals as a result of the multi-disciplinary team working using e-processes, ensuring OH Practitioners are working to the 'top of licence' and the Doctors are only assessing the most complex medical cases.

Waiting times for reports being sent to line-managers have reduced significantly since the Occupational Health transformation programme began in 2018 when the average time was 4 weeks for a report to be sent after the clinical appointment. This is now 4 days.

Improvements to Occupational Health Waiting Times (April 2018 – May 2021)

Pre-employment Clearance Waiting times

Period	Average number of Working Days for Clearance
April 2018 – March 2019	**17 Days**
April 2019 – March 2020	**22 Days**
April 2020 – March 2021	**10 Days**
April 2021 – May 2021	**5 Days**

Sickness Absence Triage Times

Period	Average number of Working Days for Triage
April 2018 – March 2019	**Data not available**
April 2019 – March 2020	**12 Days**
April 2020 – March 2021	**3 Days**
April 2021 – May 2021	**1 Day**

Sickness Absence Appointment Waiting Times

Period	Average number of Working Days - Referral Received and Date of First Appointment Offered
April 2018 – March 2019	**30 Days**
April 2019 – March 2020	**33 Days**
April 2020 – March 2021	**20 Days**
April 2021 – May 2021	**13 Days**

Occupational Health Consultant Provision to SBU

The Occupational Health Consultant service to SBU, which historically has been delivered via an SLA from CTM Health Board ended on 30/6/21. The Consultant has agreed to continue supporting the SBU employed Occupational Health Speciality Doctor to complete his CESR Consultant training and we are currently seeking a response from CTM regarding their ability to support the Speciality Doctor with his SBU clinical training and supervision. We have also sought potential OH Consultant support from the only other NHS Wales Consultant in HD UHB, however, this is not possible at the current time. Agency Consultant support has recently been gained and agreement that UKAP reporting of staff members with a blood bourne virus will be facilitated, ensuring the continued management of this process.

DATIX Reporting

There were a high number of Information Governance errors made within Occupational Health during 2020/21, in part due to the significant increase in workload during the Coivd-19 pandemic and the resulting deployed staff to support the administrative team. The Head of Staff Health and Wellbeing and the OH Support Service Manager met with Information Governance colleagues in May to discuss planned improvements and an information governance audit is being undertaken during July 2021. One identified solution to reduce admin errors is the implementation of processes to ensure reports can be securely emailed to individual's personal email addresses with a password being sent to them via text message. Staff can access their reports in a timelier manner; this is particularly beneficial when individuals wish to review the report prior to it being sent to their line-manager. From an information governance perspective this new process is much safer and also reduces postage costs for the department.

The team has also introduced a new self-booking system, 'My Cohort', which enables individuals to book their own immunisation and blood test appointments. This system has been set up for appointments from August onwards and the hope is that this will significantly reduce DNA's which are historically high for immunisation and blood test appointments. Employees can use the system to book appointments at a time that is convenient for them.

Monthly Service Group data is now being shared with the Groups to communicate the demand on OH and the number of DNA's in each Group in an attempt to encourage the prudent use of OH Management Referrals and to develop further solutions to reduce wasted appointments.

Additional Covid resource has enabled additional Nursing, AHP and Medical resource to support the function and the following services aimed at supporting staff to both return to work and remain well in work;

- Increase in self/management referrals
- Supporting staff with Long Covid
- Supporting the All Wales Workforce Risk Assessment
- Advising on underlying health conditions and pregnancy during the pandemic
- Supporting staff with accelerated access to PCR testing and supporting SBU contact tracing

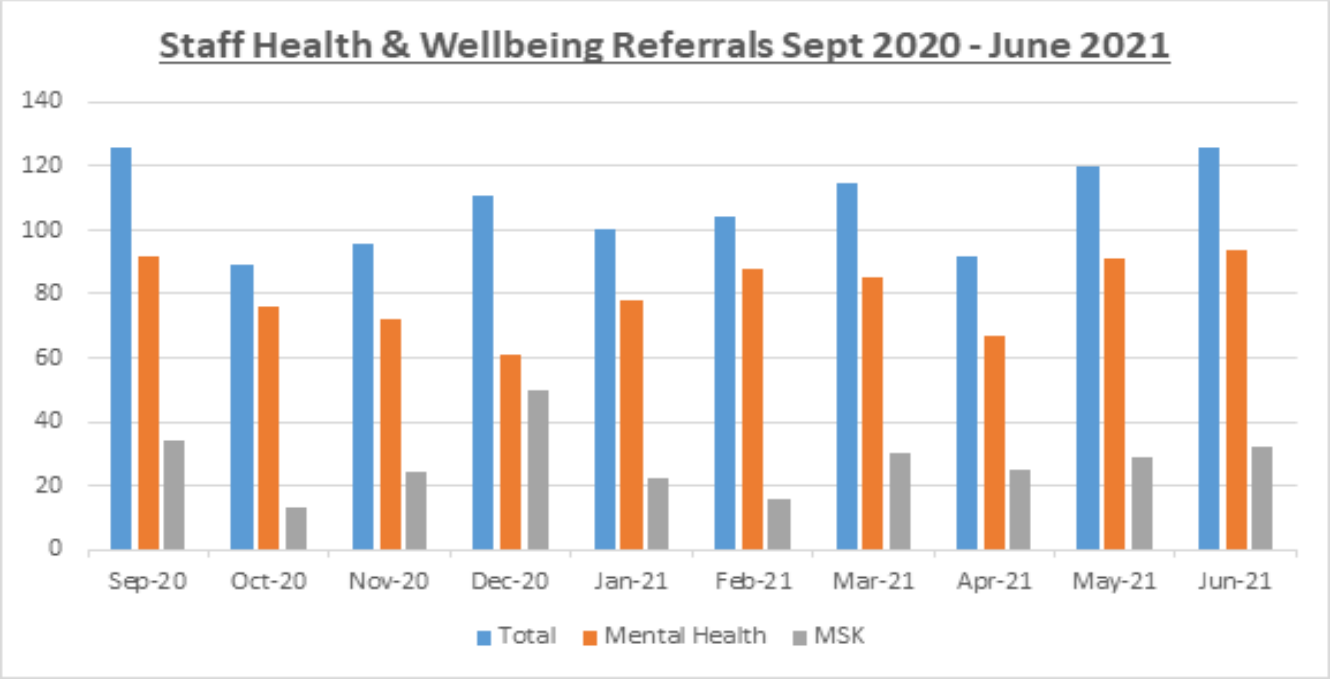
- Supporting the continued rollout of the Covid-19 vaccine/the booster programme and staff flu programme during the autumn/winter.

Support for Staff with Long Covid symptoms

The Occupational Health Long Covid support clinics were set up after it was identified that there was limited support available to staff with ongoing Long Covid symptoms. The aim was to enable more effective self-management and to signpost to other sources of support and advice. Individuals are also able to access a written report for their managers, providing guidance and recommendations to facilitate a return to work. The service commenced in November 2020 with one day of a Band 7 Occupational Therapist's time and to date over 80 staff members have been referred and assessed. Due to demand there is now a 4 week waiting list and to improve the timeliness of the service additional resource is being sought from Welsh Government via the Health Board's Long Covid Steering Group.

Staff Wellbeing Service

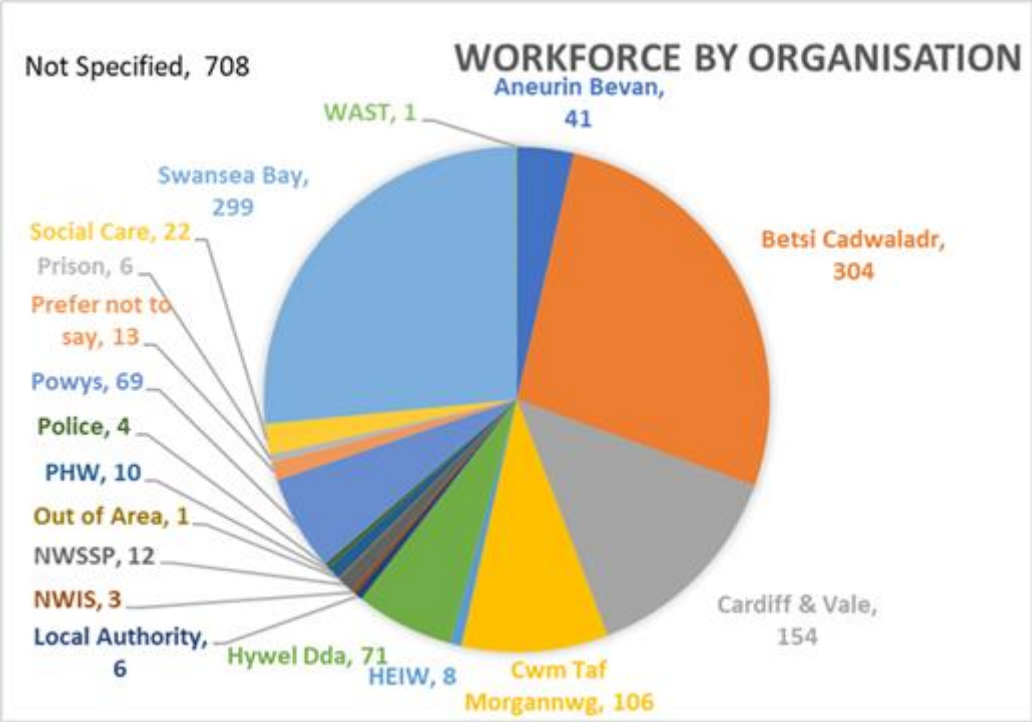
The Staff Wellbeing Service, which provides staff with a single point of access to gain timely health and wellbeing support, continues to be developed and additional counselling resource during Covid-19 has helped support the service. The table below illustrates the number of staff referrals to the Wellbeing service from Sept 2020 to June 2021 and demonstrates the high number of mental health referrals.



Within the context of Covid-19, priority has been given to work related issues in anticipation of increased incidence of work related stress, difficult deployments, burn out, compassion fatigue, traumatic events experienced in work and traumatic bereavements. The provision of a staff trauma pathway continues with specific interventions to support staff e.g. provision of G-TEP (trauma-based intervention on a group basis).

The team are signposting staff to additional on-line and community resources when appropriate and the table below demonstrates the Health Boards significant contribution of referrals to 'SilverCloud', the Welsh Government funded on-line Cognitive Behavioural Therapy (CBT) resource.

Organisational referral numbers to 'SilverCloud' as 5th July 2021



Additionally, the Wellbeing team are undertaking the following measures to support the health and wellbeing of our staff:

- Staff Post-Covid Wellbeing Strategy developed that includes a review of the evidence base, consultation with a wide range of stakeholders and conversations with colleagues at Kings College Hospital NHS Foundation Trust (see Appendix 1) – the slide below highlights the main areas of delivery within the strategy which are reflected in the Workforce & OD Annual Plan.

Staff Post-Covid Wellbeing Strategy Themes

- Development of Occupational Health Service Improvement Plan 2021/22 (see appendix 2)
- Development of Staff Wellbeing Service Improvement Plan 2021/22 (see appendix 3)
- Supporting Health Board wide virtual Wellbeing/resilience days with Senior Nursing colleagues – 2 days monthly during 2021 aimed at providing time-out for staff to 'reflect, relax and re-charge'
- Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) to remote delivery.
- Promotion of & support in the delivery of Taking Care Giving Care Mini-rounds across the Health Board (as developed by mental health colleagues) to support individual and team wellbeing - see recent evaluation in Appendix 4.
- Continuing to develop the network of 400+ Wellbeing Champions, supported by a regular programme of workshops. The Network was the winner of the SBU Living Our Values Awards in the Caring for Each Other category. There has been interest from other NHS Wales employers who are keen to adopt the concept and learn from SBU's experience, including Hywel Dda UHB and NHS Wales Shared Services Partnership.
- Working closely with related organisations such as Time to Change Wales to reduce the stigma and discrimination of mental health in work.
- Working with the Head of Fundraising and Estates to improve cycle storage facilities.
- Developing workshops to related Moral Injury.

Delivery of TRiM (Trauma Risk Management)

The programme is an early intervention/prevention approach to trauma-focused peer support compliant with the PTSD management guidelines produced by NICE and although it was first developed in the UK military, it is now used by a range of public and commercial organisations, including the emergency services and army. The approach is through peer-delivery with identified suitably trained team members, trained as practitioner's in order to facilitate the process within their own team's.

A TRiM Project Manager was appointed in April 2021 on a 1 year fixed term contract to develop a project roll out of the full TRiM training to line managers/supervisors across priority areas as part of the Staff Post-Covid Wellbeing Strategy. The Service Group Directors have now been engaged in the benefits of supporting their staff in the programme and 'March on Stress' have been appointed to deliver the 'train the trainer' training which commenced in July.
Dr Dean WhyBrow, Swansea University is supporting the Project Manager with the evaluation plans for TRiM.

Delivering the ESF funded In Work Support Service.

Working in partnership with Welsh Government, the ESF funded team continue to deliver the 'In Work Support' service, which supports the health, and wellbeing of employees in small-medium enterprises (SME's) along with business support to enable SME's to develop related policies and procedures. Many of the resources have been converted to remote delivery and a series of webinars are being delivered to support local SME's during the Covid-19 pandemic. The service is funded until December 2022 at which time WEFO will cease to exist and similarly funded services will be via the UK wide 'Prosperity Fund' which will replace EU structural funding now the UK has left the EU. Welsh Government colleagues have communicated that the In Work Support service aligns well with the Programme of Government but no more information has been made available regarding

the potential for service extension after Dec 2022. More information on the service at http://www.wellbeingthroughwork.org.uk/

2.4 Future actions

As the impact of the second wave of Covid 19 subsides, we are able to re start work in the area of our "normal" activity including supporting absence reduction. In this regard, we have commenced a review of previous and current plans and will continue adapting these to ensure that our focus continues to be in the correct areas based on the most up to date data and fit for purpose in the current situation. Initial actions include:

- A focus on the reduction of LTS and STS with an expectation that sickness reduces and remains below 6%
- All service groups sickness absence performance to be monitored via established grip and control meetings
- All service groups to have a rolling five hot spot area plan with targeted approach to improve performance.
- Corporate group stress related sickness to be further explored with report to be submitted to this committee and plan to be developed with relevant managers to support hot spot areas.
- A full action plan to be drafted for Estates & Facilities where sickness absence remains higher than other groups.

This of course remains a fluid situation and should we face a further surge of Covid cases affecting our hospitals due to easing of social restrictions we may once again need to re assign some of our resources to support the response to best utilise resources in the situation.

3. GOVERNANCE AND RISK ISSUES

Actions identified within this paper are in line and support the objectives of the all Wales Managing Attendance at Work policy, which has been through an equality impact assessment.

The risks of not taking appropriate actions to improve attendance at work include:

- Failure to maintain continued focus on sickness absence performance may lead to levels increasing.
- Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values.
- Direct effect on costs in terms of bank, agency and overtime.
- Increasing levels of sick absence increases pressure on those staff who remain at work.
- Levels of service change likely to affect health and wellbeing with most likely impact on mental health and stress related sickness.

4. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

5. RECOMMENDATION

The Workforce and OD committee is asked to:

- **NOTE** the content of this paper and appendices;
- **ENDORSE** the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we are taking in relation to supporting sickness absence reduction across the Health Board.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒

Quality, Safety and Patient Experience

Plan detailed in report comply with the MAAW policy principles and incorporate the "Healthier Wales Quadruple Aim" outlined in policy. All proposed actions are objectified to enhance the health and wellbeing of Swansea Bay staff and promote attendance at work.

Financial Implications

Many of the actions identified are behaviour-related and do not have cost implications

Legal Implications (including equality and diversity assessment)

Ensure compliance with GDPR Regulations and Equality Act 2010.

Staffing Implications

Additional supportive measure put in place for staff with effective communication applied.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Actions outlined in report promote "A Healthier Wales Quadruple Aim" these being:

- Improved population health & wellbeing
- Better quality & more accessible health & social care services
- Motivated & sustainable health & social care workforce

Report History	
Appendices	**Appendix 1** Draft Staff Post-Covid Wellbeing Strategy **Appendix 2** Occupational Health Improvement Plan **Appendix 3** Staff Wellbeing Improvement Plan **Appendix 4** June 2021 Evaluation of Taking Care Giving Care Rounds to support staff and team wellbeing. **Appendix 5 (Resources)** Open ended Sickness