Meeting Date	10th December 2020	Agenda Item	2.1
Report Title	Attendance Management Update		
Report Author	Guy Holt, Associate Head of HR Paul Dunning, Professional Head of Staff Health and Wellbeing		
Report Sponsor	Kathryn Jones, Director of Workforce & OD (Interim)		
Presented by	Kathryn Jones, Director of Workforce & OD (Interim)		
Freedom of Information	Open		
Purpose of the Report	The principle purpose of this report is to provide an update to the Workforce and OD 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			
Specific Action Required *(please ✓ one only)*	**Information** ✓	**Discussion**	**Assurance**	**Approval**
Recommendations	Members are asked to: • **NOTE** the activities that have taken place so far and those to come.		

ATTENDANCE MANAGEMENT UPDATE

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 the increase of 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 2019. 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 2020 absence levels were 6.37% which was the best monthly performance for a number of months. In March 2020 the Covid pandemic started which has had a substantial impact on our sickness absence levels.

3. ANALYSIS OF PERFORMANCE

Summary of key points

- Since February 2020, monthly absence increased to a peak of 9.72% in April 2020, a level not previously experienced and 3.84% higher than in April 2019. Current levels have now reduced by 3.5% in September 2020 this is in line with levels seen in September 2019.
- Four out of five of the service groups are seeing an improving monthly trend with Neath currently experiencing the biggest improvement of 0.66% in September 2020 compared to the previous month.
- Morriston has had the largest percentage of absence due to Covid related reasons. At the peak in April this was 4.24%
- Whilst the direct effect of Covid has increased absence levels, the mental health of our workforce has been negatively affected with absences due to psychiatric reasons accounting for 38% of absence in September 2020, levels not previously experienced. This however is a reduction of 4.5% compared to the previous month.
- Across the delivery units, Neath has experienced the largest increase in psychiatric related absence, accounting for nearly 43% of their total absence in September 2020.
- Whilst both short term and long-term absence increased since March 2020 both short term and long term absence in September 2020 had broadly returned to pre Covid levels.
- Across our staff groups Additional Clinical Services (ACS), which includes our HCSWs, Estates and Ancillary (E&A) and Nursing and Midwifery (N&M) groups absence levels have been most impacted and both E&A and N&M groups remain higher than the same time last year, whilst ACS is 0.06% less than levels in September 2019. As expected the majority of the increases is due to Covid related reasons but the E&A group requires further analysis to identify the reasons for the increase as the recorded data does not show it is due to Covid reasons.

3.1 Swansea Bay – Sickness Absence September 2020 performance

The latest confirmed in month absence (September 2020) performance saw an improvement of 0.04% on the previous month to 6.23%. The 12-month rolling performance to the end of September 2020 remains unchanged at 6.98% (see Graph 1) and represents an overall decline in performance of 0.98% in the last 12 months.

Graph 1: Swansea Bay absence rate percentage Oct 19 – Sept 20
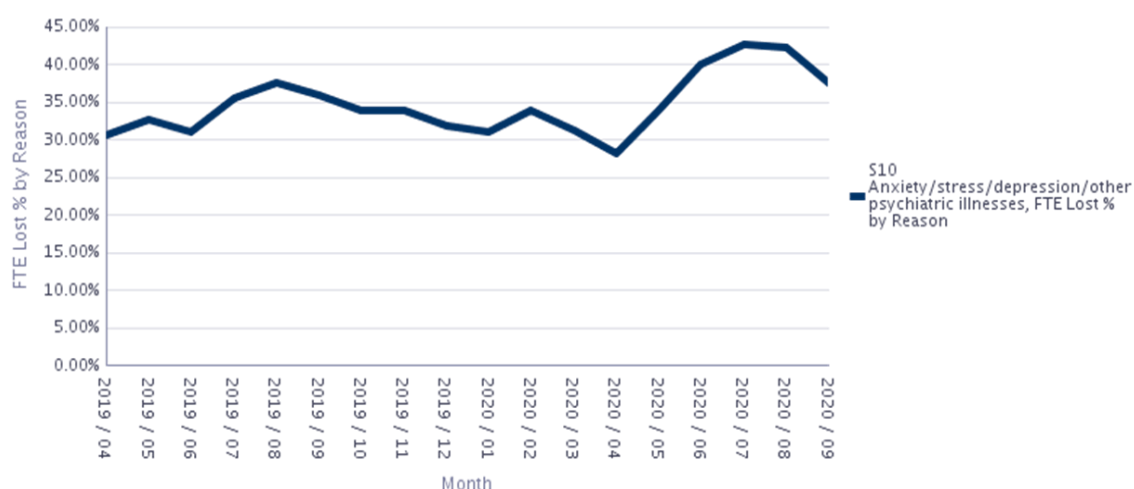

3.2 Effect of Covid 19

At the peak of the Covid 19 pandemic in April 2020, 2.68% of the monthly absence was atributable to Covid reasons. In September 2020 this had fallen to 0.67% however this is an increase 0.30% on the previous month due to the increase in prevelance of Covid 19 in the community and our hospitals toward the back end of September. If we discount Covid related reasons from September performance we see an absence percentage of 5.56% for the month. Compared to September 2019 this would represent an improvement of of 0.47%.

Graph 2; Covid 19 related absence

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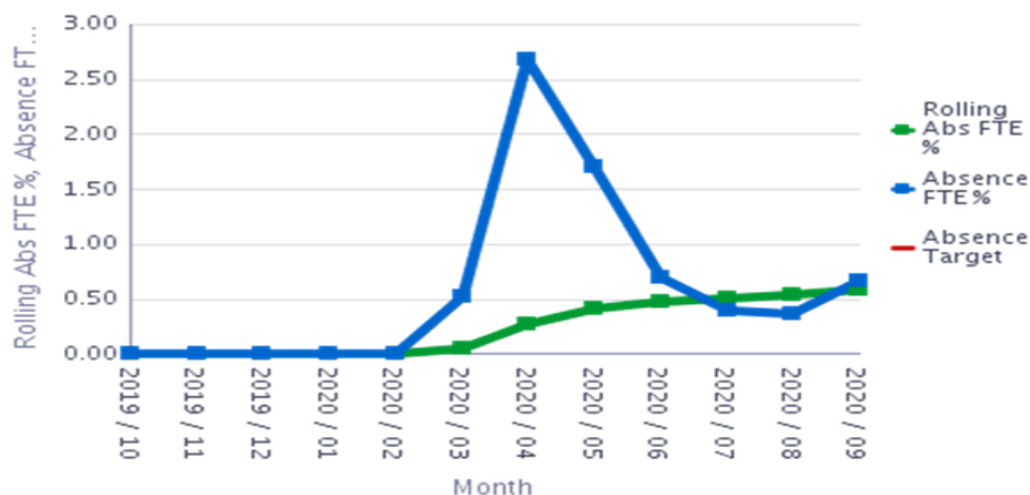
This however does not provide a full picture of the effect of Covid 19 on our attendance performance, particularly on the phycological effect on our workforce. To put this into context stress related absence at the end of March 2020 made up 31.3% of our total absence, by September 2020 this stood at 37.7% and is highlighted in Graph 3 below. This is however a 4.5% improvement on the previous month It is reasonable to assume this increase is directly attributable to the effect of Covid 19 on our workforce and whilst this increase has begun to reduce, the current second surge of Covid 19 is likely to have a further detrmental effect on our staff mental wellbeing.

Graph 3: Anxiety/Stress/Depression absence trend April 19 – September 20

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 initial peak of the effect of Covid has passed we have seen four continuous months of improvement in attendance, which is now levelling out and remain in the region of 0.36% above the levels of absence that we saw in 2018 and 2019. Whilst we have seen a steady improvement in the last four months it is unlikely to be sustained in the coming months due to the increase in Covid 19 infection rates and hospital admissions.

Graph 4: 3 year monthly absence trend

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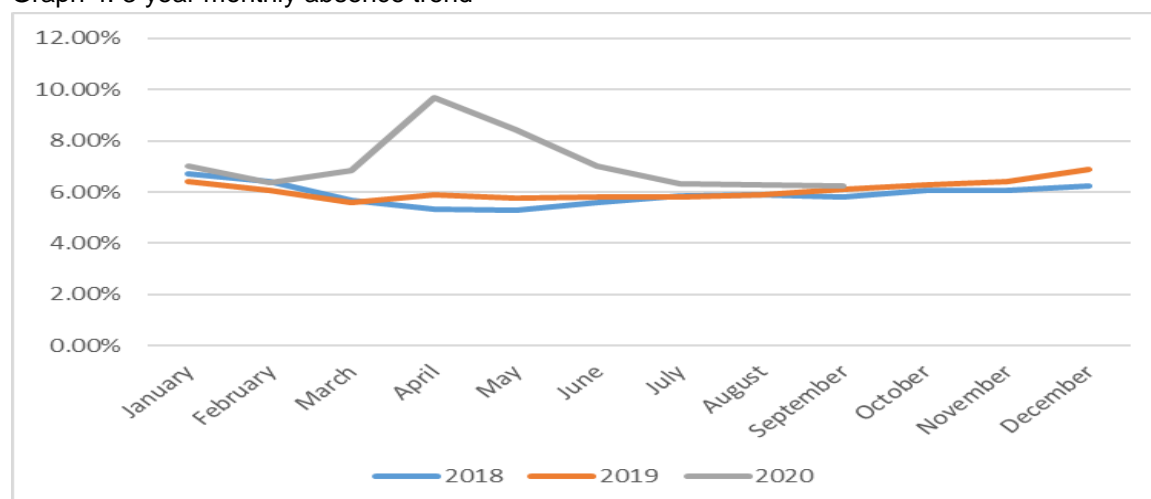
3.3 Short-term & Long-term Performance

In month, short-term sickness for September 2020 was 2.03%, which is an increase of 0.43% on the previous month. This increase is likely due to the increase in new Covid 19 infections, which began toward the end of September but is circa 1.5% lower to the peak in short term sickness we saw in April 2020.

Long-term sickness has continued to decrease in month by 0.47%% to 4.20% and reflects the fourth consecutive months decrease since long term rates increased at the start of the pandemic. (see Graph 5 below) This current level of LTS represents a 0.14% improvement on the levels we saw pre pandemic.

Graph 5: Long-term & short-term absence Oct 19 - Sept 2020
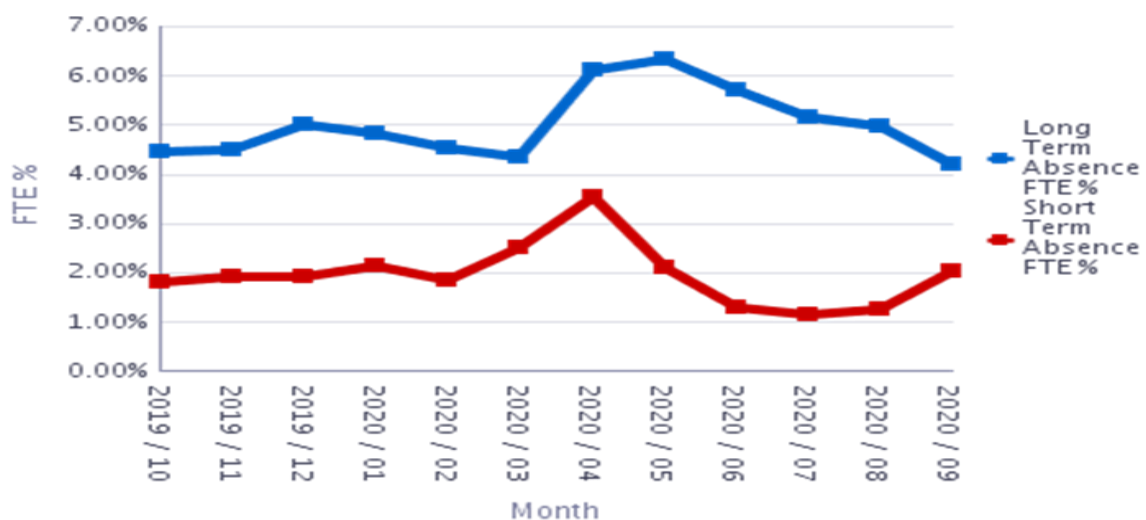
3.4 Absence occurrence by length

Table 1 below reports length of absence occurrences banded into days for both the six month period prior to Covid 19 and the following six months when Covid had commenced.

Comparing these two periods show that in the "Covid" period length of occurrences between 1 and 6 days dropped quite considerably whilst the biggest rise was in the 8 - 14 and 28 - 6-month occurrences. Occurrences in length between 6 and 12 months have also increased.

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Table 1: Length of Absence Occurrences

| Absence Band (Days)	Absence Occurrences Oct 19 to March 20	Absence Occurrences April 20 to Sept 20
0-1	1,756	1,049
2	1,389	790
3	1,017	682
4	721	510
5	733	469
6	419	336
7	722	709
8-14	1,112	1,220
15-21	597	629
22-27	280	268
28 Days-6 Months	1,959	2,041
6 Months-12 Months	205	171
> 12 Months	16	13

3.5 Staff Group Absence

Graph 6 below highlights the overall monthly absence levels across each of the staff groups from March 2020 to the end of September 2020 and also a comparison to September 2019 (shown in yellow on the left of each block of bars). The highest levels of absence at the peak of the Covid pandemic in April 2020 were in the three groups that normally have the highest levels of absence, these being Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery. These same staff groups also saw the biggest increase in absence when comparing April 2020 levels to the month before the pandemic in February 2020, these increases being 5.25%, 5.4% and 4.27%. As at September 2020, ACS was 0.06% below levels in September 2019 however both Estates and Nursing and Midwifery were 2.42% and 0.54% above September 2019 levels respectively.

Graph 7 shows the level of monthly Covid related absence reported across each staff group between March 2020 and September 2020. 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 2020 Estates and Ancillary sickness levels reached 14.29%,some 6% above the levels in April 2019, however only 1.27% of this increase was reported as Covid related. This may be due to incorrect reporting and will require further analysis to identify this disparity.

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Graph 6: Comparison of absence levels across staff groups
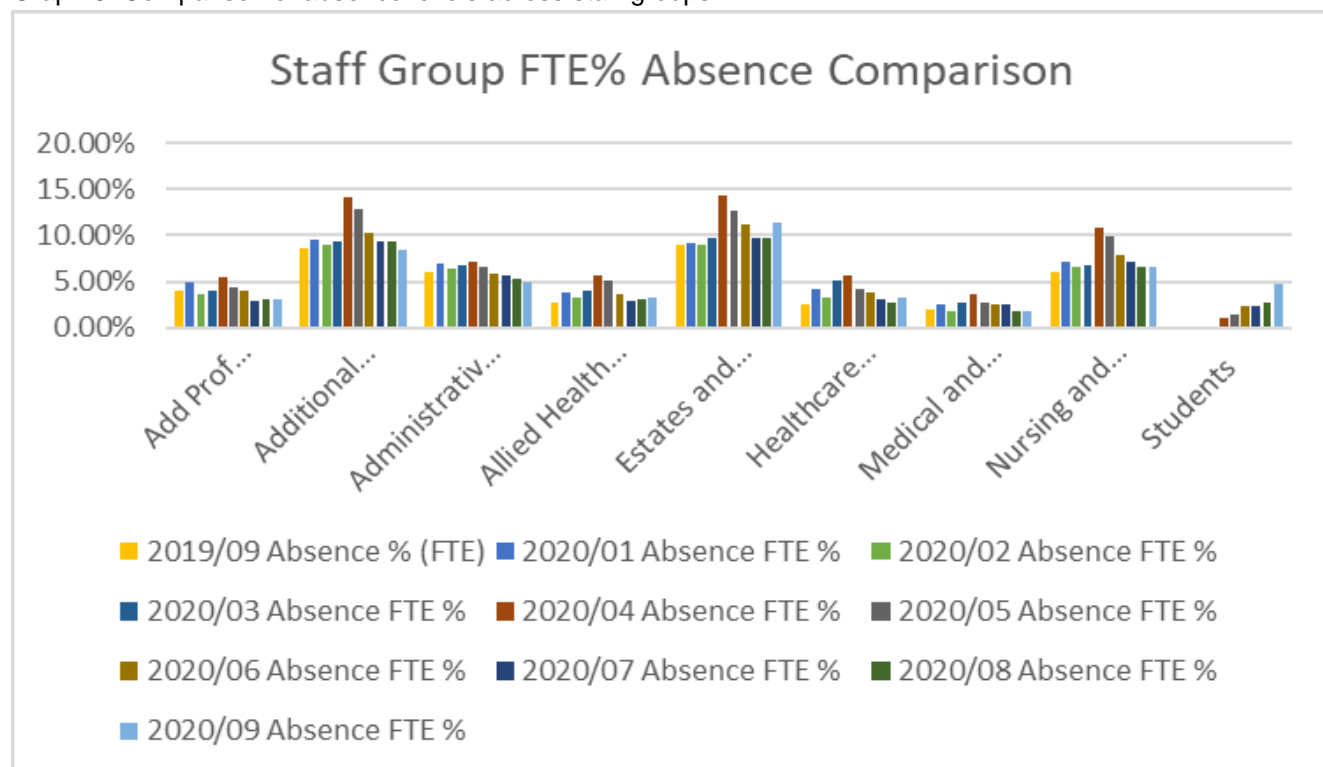
Graph 7: Covid related absence across staff groups to September 2020
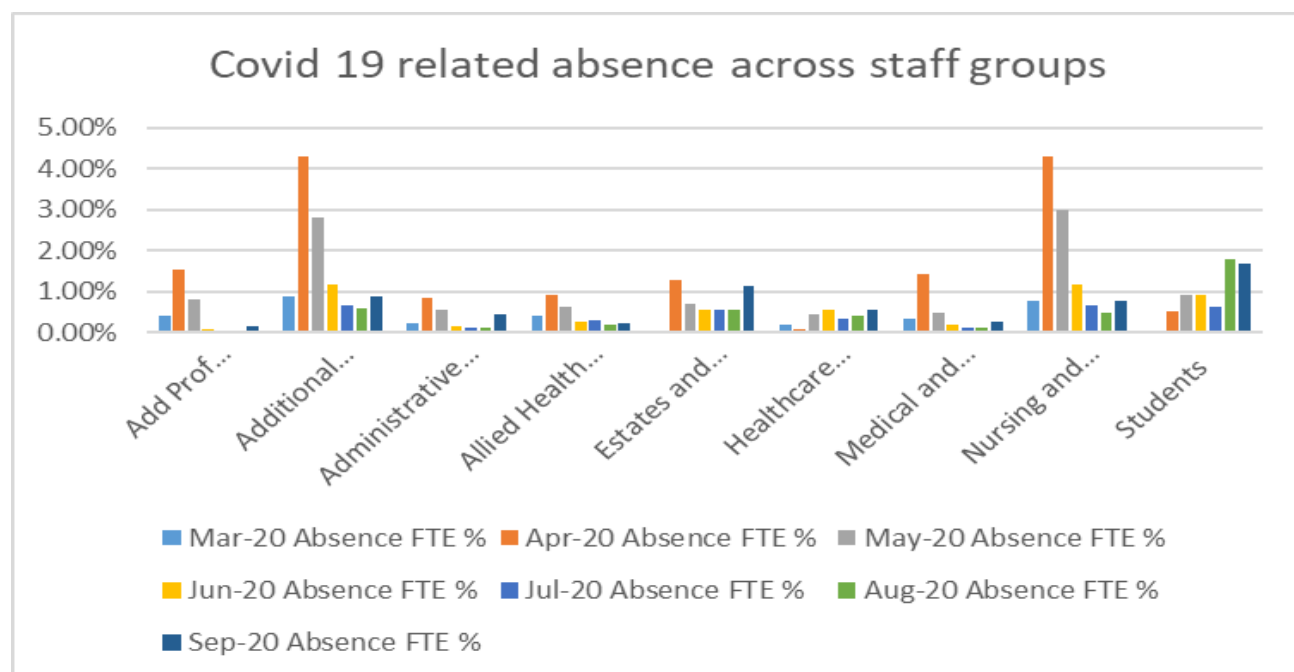
3.6 Service Group Performance
Four of the five groups saw their in month performance for September 2020 improve compared to the previous month, with NPT seeing the largest improvement of 0.66%. PC&C saw the only deterioration in performance of 0.19%. In cumulative performance with NPT saw the largest improvement of 0.58% whilst Morriston saw a 0.18% worsening of performance.

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Table 2: Delivery Units Performance September 20 in Month & Cumulative position.

	In month %	+/- on previous month	Cumulative %	+/- on previous month
Mental Health and LD	7.06%	0.59%	7.95%	0.05%
Morriston	6.04%	0.29%	7.41%	0.18%
Neath Port Talbot	6.30%	0.66%	6.72%	0.58%
PCC	5.57%	0.19%	5.81%	0.07%
Singleton	5.35%	0.29%	6.50%	-0.20%

3.6.1 Covid Related Absence Across Units

The effect of Covid related absence on individual units is shown in Graph 8 below. This highlights that the largest effect of Covid was seen in Morriston, who at the peak saw Covid absence levels of 4.24%, 0.8% above Neath, the next most affected unit. The least affected unit was PC&C and at the peak had levels of 1.19%, which was 1.34% lower than Singleton, which was the next least affected unit. This would suggest that in hospital services were impacted substantially more by Covid related absence. All units in September had between 0.43% and 0.90% Covid-19 related absence apart from Singleton recording the highest and NPT the lowest. What is worth noting that if you take off the 0.90% of Covid absence from Singleton's overall in month performance they achieve an absence rate of 4.45% which is substantially lower than where their average performance was pre Covid.

Graph 8: Covid related absence across service groups to September 20
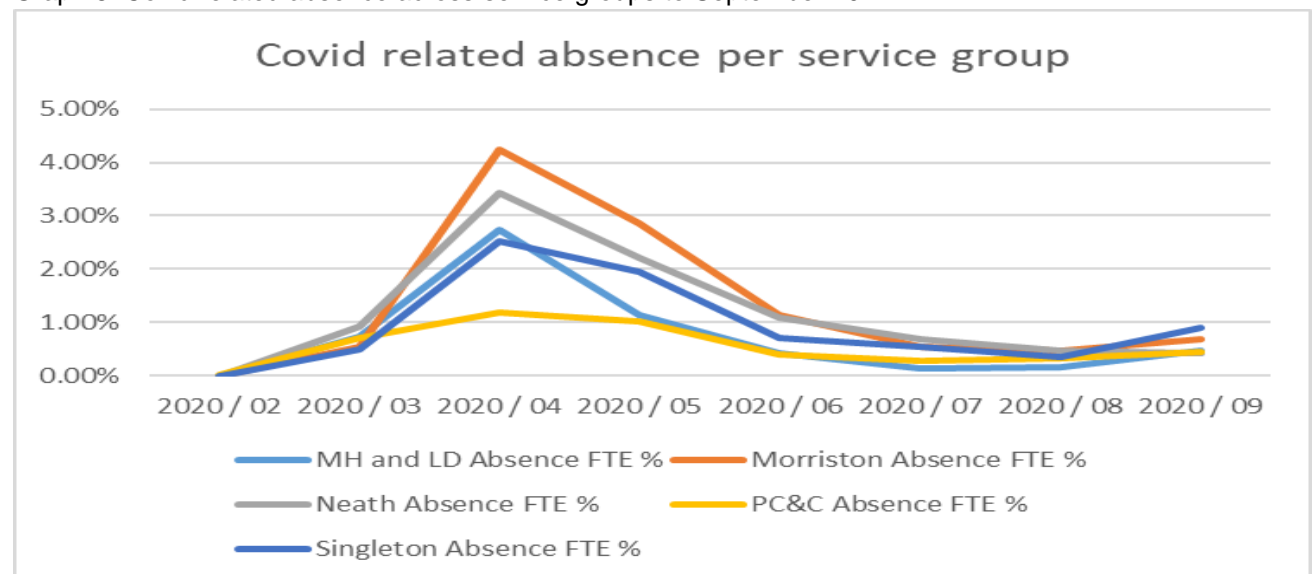

3.6.2 Stress related absence across Service Groups

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

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across the delivery units in the last 12 months. This shows that absence due to phychiatric reasons has increased in all units since before the pandemic in February 2020. The largest increase has been seen in Neath which has increased from 29% in February 20 to 42.6% in September 2020, an increase of 14%. The smallest increase between the same time periods has been in Singleton where their rate has now improved by 4%.

Graph 9: Stress related absence trend across delivery units Oct 19 – Sept 20
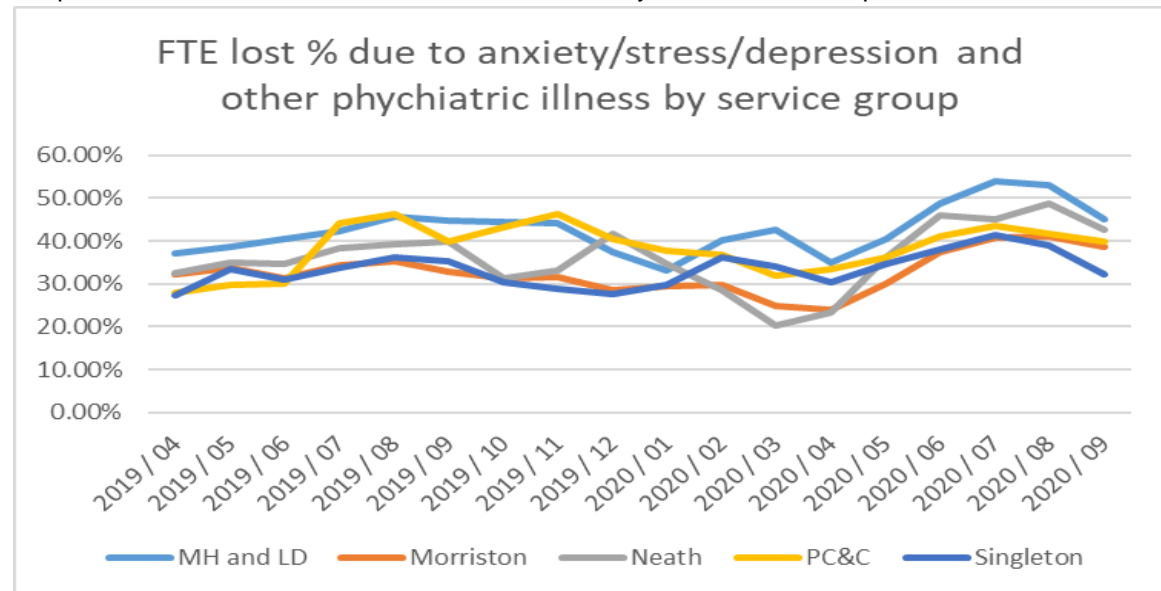
4. WORKFORCE AND OD ACTIONS

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.

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
- 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.

Staff Health and Wellbeing Services have been pivotal to mitigating the risks related to increased sickness absence. Additional Occupational Health investment from the Health Board until March 31st 2021 has enabled additional Nursing, AHP and Medical resource to support the function and will facilitate the following services aimed at supporting staff to remain in work and to provide prevention based interventions to help staff to remain well at work;

- An 78% increase in self/management referrals (August - October 2019 compare to same period in 2020)
- Supporting the rollout of the Covid-19 vaccine
- Supporting the All Wales Workforce Risk Assessment
- Advising on underlying health conditions and pregnancy during the pandemic
- Supporting staff with accelerated access to antigen testing and supporting SBU contact tracing
- Integration with serology/antibody testing of staff and related surveillance

In addition to the above the service are also supporting a number of other initiatives and interventions aimed at supporting staff through the pandemic. This includes:

2020/21 Staff Flu Campaign
It is anticipated that the Covid-19 pandemic has increased awareness amongst the general public and staff of the implications of respiratory infection and continued community circulation of the virus has resulted in a significant increased demand for the flu vaccine this year. As at 15/11/20, 9066 vaccinations had been administered to staff with 59.92% of frontline staff having received the vaccine, making this the Health Board's most successful staff flu campaign to date. Historically, the campaign has been modelled on a blended approach of mobile vaccinators, 'drop in' Occupational Health vaccination clinics and peer vaccinators who are trained to administer the vaccine to colleagues. Due to social distancing, this year's campaign has not included Occupational Health drop-in clinics or mobile vaccinators in clinical settings and a greater emphasis on trained Delivery Group peer vaccinators has helped ensure availability/access to the vaccine and maximum take-up amongst staff.

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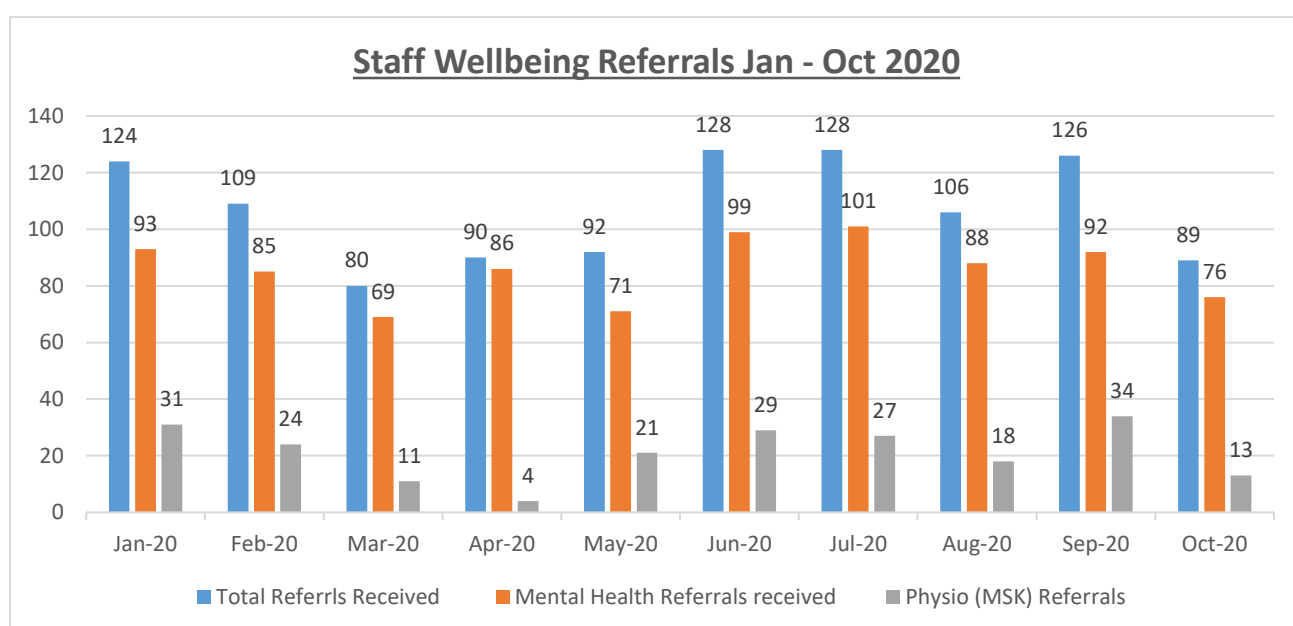
Covid-19 vaccinations for staff

The Head of Staff Health and Wellbeing is attending the immunisation silver meetings, chaired by the Executive Director of Public Health to inform the strategic plan for staff Covid-19 vaccines. It is anticipated that the vaccine may be available early December and National guidance is awaited from UK Government regarding a National on-line training programme for vaccinators. A 12 month, fixed-term Band 7 Staff Immunisation Coordinator role has been secured to coordinate the staff training for the Covid-19 vaccine. it is anticipated that the flu peer-vaccinators will support the Delivery Group's Covid-19 staff immunisation programme.

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 to reduce waits, particularly related to stress, anxiety and depression. Current waits are 7 working days for emotional health and 2 days for musculoskeletal problems.

The Executive team agreed to permanently fund those staff who were 'at risk' due to the conclusion of Welsh Government Invest to Save funding, ensuring stability for the team during the remainder of the pandemic and beyond. The partnership working during the pandemic (with colleagues from Learning & Development, Psychology, Chaplaincy and Service Improvement) has been externally validated with the team winning the Best Multi-Disciplinary Initiative in the Personnel Today Occupational Health and Wellbeing Awards, recognising the Health Board's focus on a multi-disciplinary response to staff wellbeing during the first wave of the pandemic. In addition, the Occupational Health Service won the 'Occupational Health Team of the Year (Public Sector)'

The table below illustrates the number of staff referrals to the Wellbeing service from January to October 2020, and demonstrates the high number of mental health referrals

Staff Wellbeing Referrals Jan - Oct 2020

Month	Total Referrls Received	Mental Health Referrals received	Physio (MSK) Referrals
Jan-20	124	93	31
Feb-20	109	85	24
Mar-20	80	69	11
Apr-20	90	86	4
May-20	92	71	21
Jun-20	128	99	29
Jul-20	128	101	27
Aug-20	106	88	18
Sep-20	126	92	34
Oct-20	89	76	13

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In 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 23.11.20
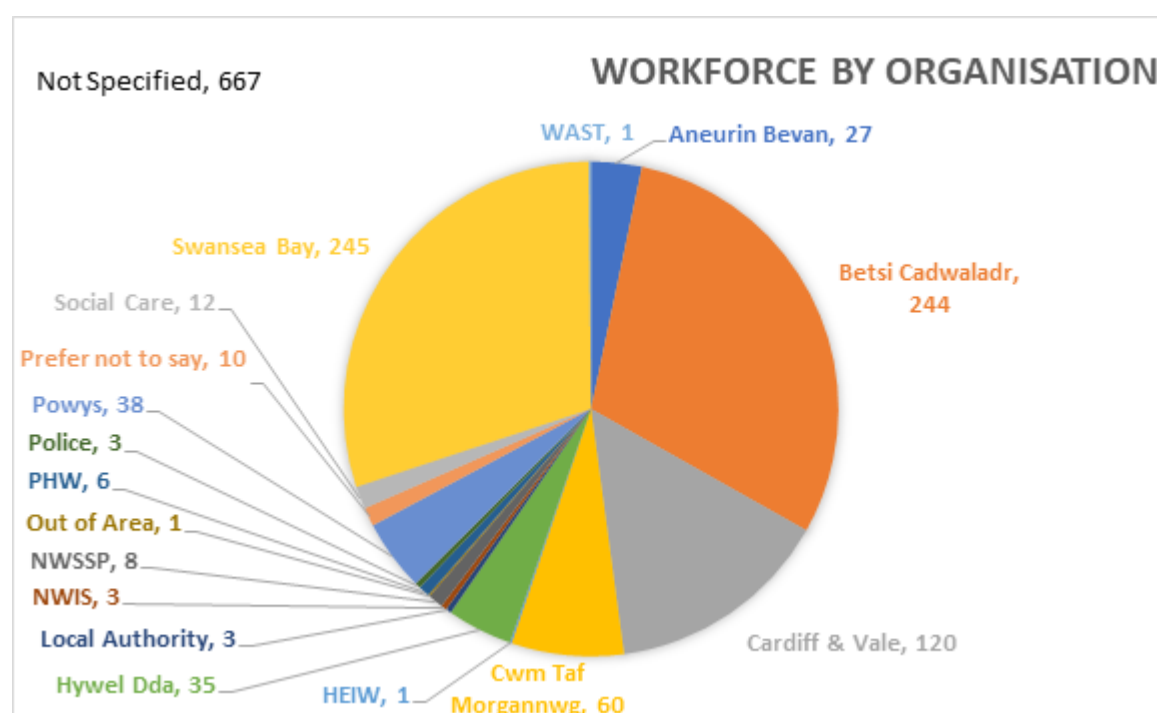
Additionally, the team are undertake the following measures to support the health and wellbeing of our staff:

- Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) to remote delivery, enabling increased capacity.
- Conversion of Managing Your Wellbeing self-management course to remote delivery
- Promotion of & support in the delivery of Taking Care Giving Care Rounds Mini-rounds across the Health Board (as developed by mental health colleagues) - see below.
- Continuing to develop the network of 380 Wellbeing champions, supported by a regular programme of workshops. The autumn series has been delivered via Teams. The project was short-listed in the Wales HR Network Awards in the category Best HR Initiative, and in the SBU Living Our Values in the Caring for

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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.
- 'Winter Wellbeing' presentation in development, introduced by Tracy Myhill, to communicate support for staff during continued Covid-19 pandemic
- Supporting Health Board wide virtual Wellbeing days with Senior Nursing colleagues – 2 days monthly for next 12 months aimed at providing time-out for staff to 'reflect, relax and re-charge'.

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 and suitably trained team members trained as practitioner's in order to facilitate the process within their own teams.

In light of time and capacity pressures there is a phased approach to the implementation of TRiM in SBUHB:

Phase 1.
A cohort of twenty three colleagues from across the health board have been trained to deliver REACTmh training to frontline employees. REACTmh enables supervisory staff to recognise when colleagues may be experiencing adverse effects of trauma and provides a framework to help them have a psychologically minded conversation and signpost to appropriate internal and external professional services where necessary. To date, 35 training cohorts have been run and over 250 staff have been trained as REACTmh practitioners.

Phase 2.
A successful charitable funds application has been made enabling the procurement of an externally sourced 2 day training programme to develop an infrastructure of trauma risk management practitioners and supervisors across key priority areas of the Health Board. The tender process for this is currently being undertaken.

Phase 3.
It is hoped that further numbers of trauma risk management practitioners and supervisors from additional areas of the Health Board can be develop to enable a sustainable cultural shift in the way colleagues' mental health and wellbeing is supported in the future.

Taking Care Giving Care (TCGC) Mini Rounds
TCGC Rounds enable staff from different areas (or whole teams) to focus specifically on the emotional impact of their work related to the flow of compassion and is undertaken through posing questions for discussion within a group context. As an organisation which strives to provide compassionate leadership, the TCGC model compliments this well. The evidence base for compassionate care is more fully explained in the following presentation:

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https://www.youtube.com/watch?v=QF4elAMjPJE&t=52s

132 colleagues have received training to enable them to facilitate the delivery of the TCGC Mini Rounds.

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 has been planned/delivered to support local SME's during the Covid-19 outbreak.

Future actions
We are still in the shadow of the Covid pandemic, however given that in hospital activity has substantially reduced we are able to re start work in the area of our "normal" activity including supporting absence reduction. In this regard, we are currently reviewing previous and current plans and will revise 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. We aim to complete this review early in 2021 and will update this committee of our revised plan at that time.

This of course remains a fluid situation and should we face a second surge of Covid cases, which affect our hospitals, we may once again need to re assign some of our resources to support the response to best utilise resources in the situation.

5. RECOMMENDATIONS
The Workforce and OD committee is asked to note the content of this paper and to support the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we plan to take 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 ABMU's 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.

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	

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