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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	27th February 2019	Agenda Item	2.2
Report Title	Sickness Absence Drill Down and Action Plan		
Report Author	Gary Darch – Senior HR Manager (Recovery & Sustainability)		
Report Sponsor	Kathryn Jones - Assistant Director Workforce and OD Staff Experience.		
Presented by	Gary Darch – Senior HR Manager (Recovery & Sustainability)		
Freedom of Information	Open		
Purpose of the Report	The principle purpose of this report is to provide an update to Workforce and OD on ABMU's sickness absence performance and actions taken to improve attendance at work.		
Key Issues	Update on Attendance Management MAAW Policy launch and November 2018 absence performance.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the activities that have taken place so far and future planned actions. 		

Abertawe Bro Morgannwg University Health Board

Sickness absence Report Update

February 2019

1. INTRODUCTION

The purpose of this report is to provide assurance to the Workforce & OD Committee on actions taken to reduce sickness absence rates, providing an update on current performance and future plans to support an increase of attendance at work.

The rate of sickness absence within ABMU Health Board is influenced by a range of factors, such as: staff group profile, geographical location/deprivation, age group, pay band and staff engagement.

Analysis carried out explores reasons given for sickness absence and focuses on two of the highest reasons for sickness absence i.e. Stress related illness, and Musculoskeletal-related illness.

2. BACKGROUND

ABMU's sickness absence performance against All Wales NHS organisations

Comparing 2016/17 to 2017/18, rolling absence (Dec17- Nov18) by organisation, shows that overall sickness has increased, with no organisation managing to reduce their sickness, and just one organisation maintaining the same level (see Table 1&2). ABMU at 5.9% is tracking a 0.33% increase on 2016/17 current rolling performance. Please note Velindre NHS Trust 2017-18 data was not available at time of report.

Table 1: Sickness by Organisation
2017/18

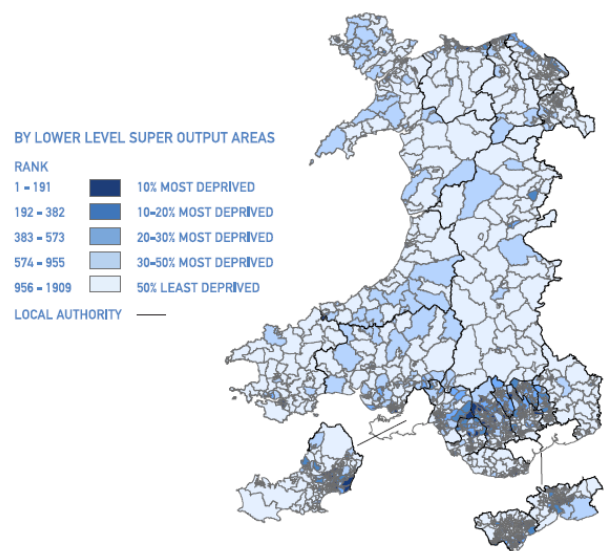
	Total Sickness Actual (Dec-17 to Nov-18)	
All Wales Organisations - Sickness Actual		
ABM UHB	5.91%	↑
Aneurin Bevan UHB	5.19%	↔
Betsi Cadwaladr UHB	4.93%	↑
Cardiff & Vale UHB	5.18%	↑
Cwm Taf UHB	5.61%	↑
Hywel Dda UHB	4.97%	↑
Powys Teaching LHB	4.68%	↑
Public Health Wales Trust	4.11%	↑
Velindre NHS Trust	0.00%	
WAST	7.37%	↑
All Wales	5.34%	

Table 2: Sickness by Organisation
2016/17

	Total Sickness Actual (Dec-16 to Nov-17)
All Wales Organisations - Sickness Actual	
ABM UHB	5.58%
Aneurin Bevan UHB	5.19%
Betsi Cadwaladr UHB	4.89%
Cardiff & Vale UHB	4.93%
Cwm Taf UHB	5.53%
Hywel Dda UHB	4.85%
Powys Teaching LHB	4.66%
Public Health Wales Trust	3.93%
Velindre NHS Trust	3.81%
WAST	6.80%
All Wales	5.13%

Notably, the three highest absence increases are from ABMU, Cardiff & Vale, and Cwm Taf Health Boards. Geographically, these areas have some of the highest deprivation scores (see Figure 1). ABMU has more deprived communities than average for Wales with over a quarter of our community falling into the most deprived categories. Areas of deprivation are particularly prevalent in urban parts of Swansea, NPT and upper valley communities. It is understood populations with high deprivation have poor health and increased levels of chronic conditions. Sourcing the workforce from the local population is likely to increase the propensity of sickness within the workplace. Analysis carried out by the audit commission⁽¹⁾ states that deprived areas have higher levels of sickness absence; although this is not the only contributor to overall sickness, it could play a significant part. The Office for National Statistics (ONS) issued a report looking at sickness absence in the whole labour market⁽²⁾ which highlighted Wales as having the highest reported absence rate in the UK.

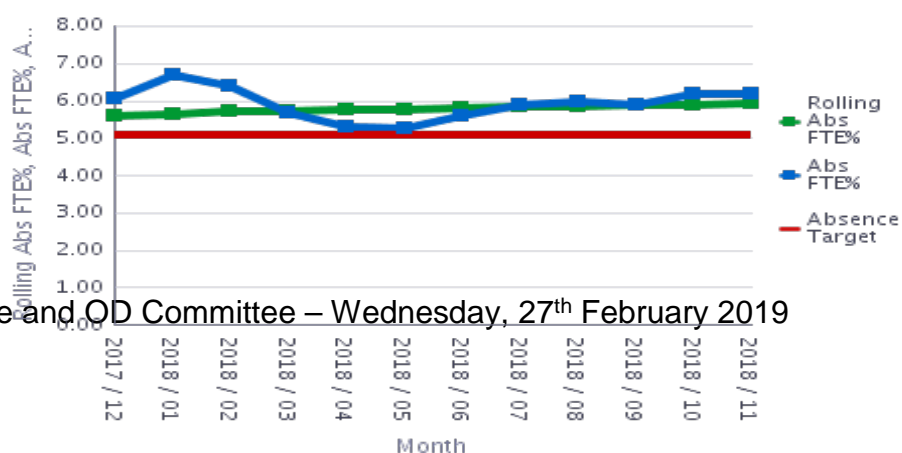
Figure 1: Welsh Index of Multiple Deprivation



ABMU – Sickness absence November 2018 performance

November 2018 in month absence performance saw an increase of 0.01% on the previous month with 6.20%. ABMU'S 12-month sickness absence rolling performance to the end of November 2018 is 5.93% (see Graph 1) and represents an overall decline in performance of 0.16% since December 2018.

Graph 1: ABMU rolling absence rate percentage (Dec17-Nov18)



Delivery Unit Performance

Table 3 shows four of the six units saw their in month performance improve in November 2018 compared to previous month with Mental Health & LD seeing the largest increase. Two units saw an improvement to their cumulative performance compared to the previous month.

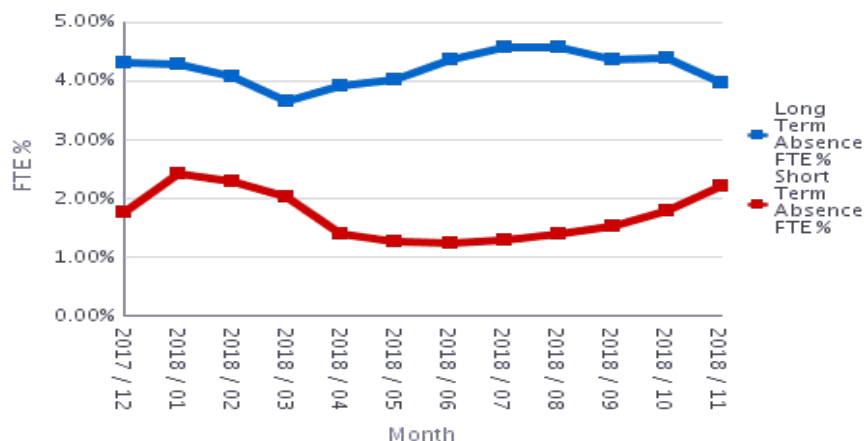
Table 3: Delivery Units Performance Nov18 in Month & Cumulative position.

	In month	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	6.35%	-0.29%	6.11%	-0.02%
Morriston	6.23%	-0.01%	6.07%	+0.03%
Neath Port Talbot	6.06%	+0.20%	5.52%	+0.04%
PCC	5.73%	-0.03%	5.62%	+0.07%
POW	5.41%	-0.23%	5.36%	+0.05%
Singleton	6.48%	+0.11%	6.16%	-0.02%

Short-term & Long-term Performance

In month, short-term sickness for November 2018 is 2.22%, which is an increase of 0.42% on the previous month. Although, Long-term sickness has decreased in month by 0.43% and reflects the first time in six months that in month rates were below 4% at 3.97%, demonstrating that actions being taken to reduce length of absence is beginning to have an effect (see Graph: 2).

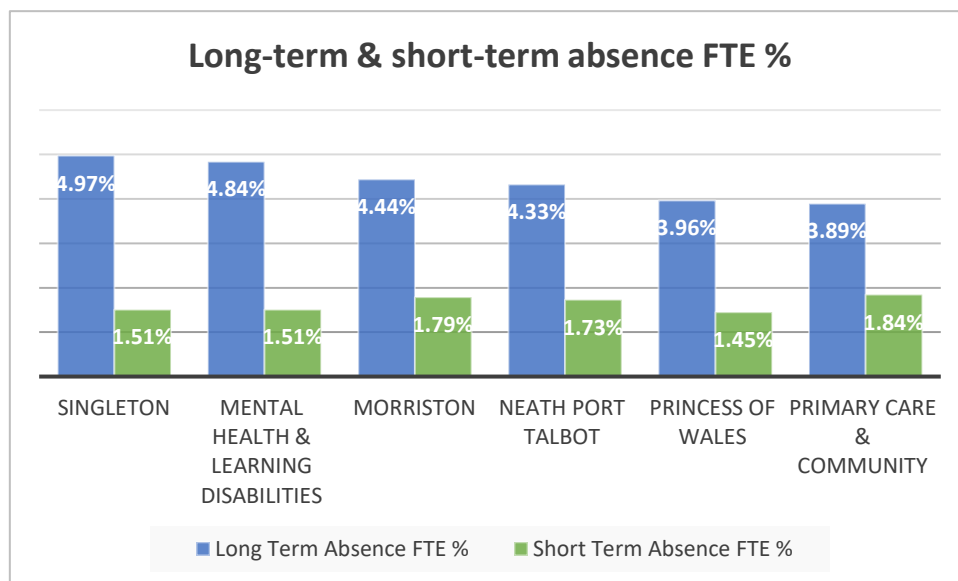
Graph 2: Long-term & short-term absence Nov 2018



Graph 3 shows four out of the six delivery units are reporting above 4% for Long-term absence percentage with two reporting under 4%. Singleton Delivery Unit has the highest reported long-term absence percentage at 4.97%, increased by 0.36% on previous month, representing their highest reported position for the rolling December 2018 to November 2019 in month performance. However, its short-term absence is the second lowest out of the delivery units with 1.51%, seeing a 0.66% decrease from previous month. Primary Care & Community are reporting the lowest long-term absence performance with 3.89%, which has seen a steady decline in the past 5

months, although its short-term absence has seen a seven-month increase, now reporting 1.84%.

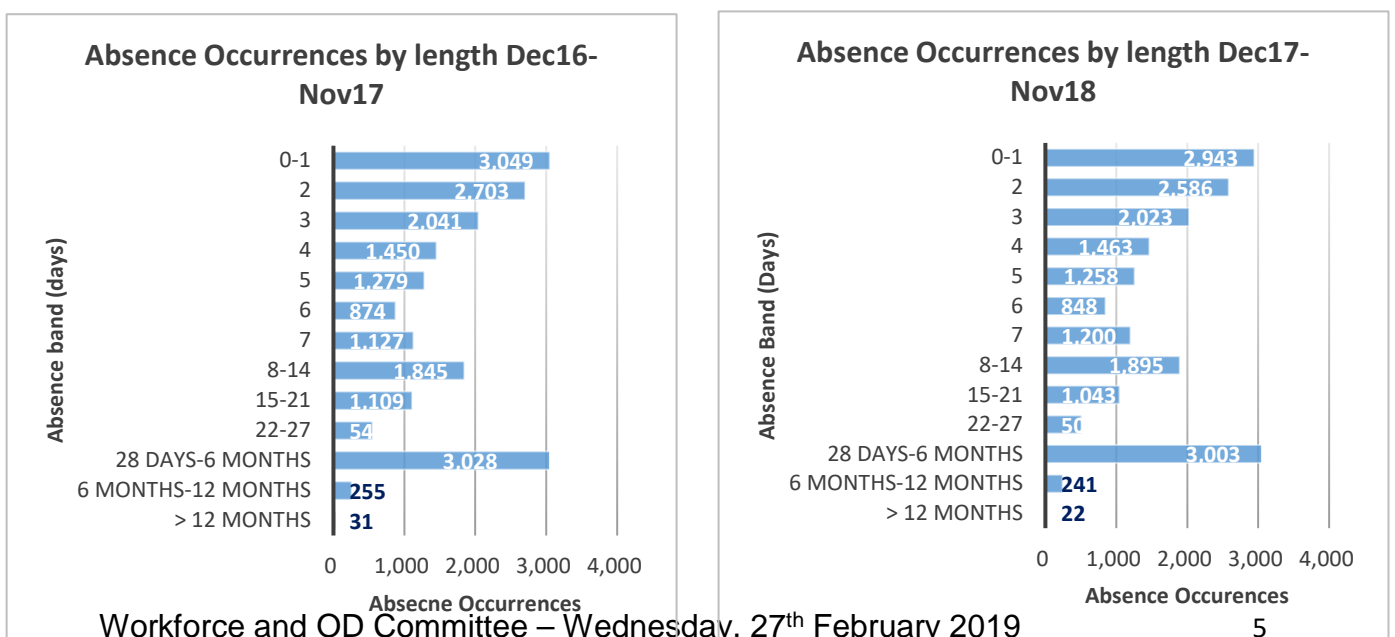
Graph 3: Long-term & short-term absence by Delivery Unit (Nov 2018)



Absence Occurrence by length

Graph 4 & 5 below reports occurrences of absence banded into days for both 2017-18 & 2016-17. Comparing these figures show that overall absence occurrences have increased slightly for both short and long-term periods from 2016-17 to 2017-18. Notably, twenty-eight days to six months banding has a pronounced increase in occurrences for both years, which reduces significantly by an average of 2,700 occurrences into the 6-12 month banding. This significant decrease in occasions of absence replicates the maximum sickness absence occupational pay entitlement of six months full pay.

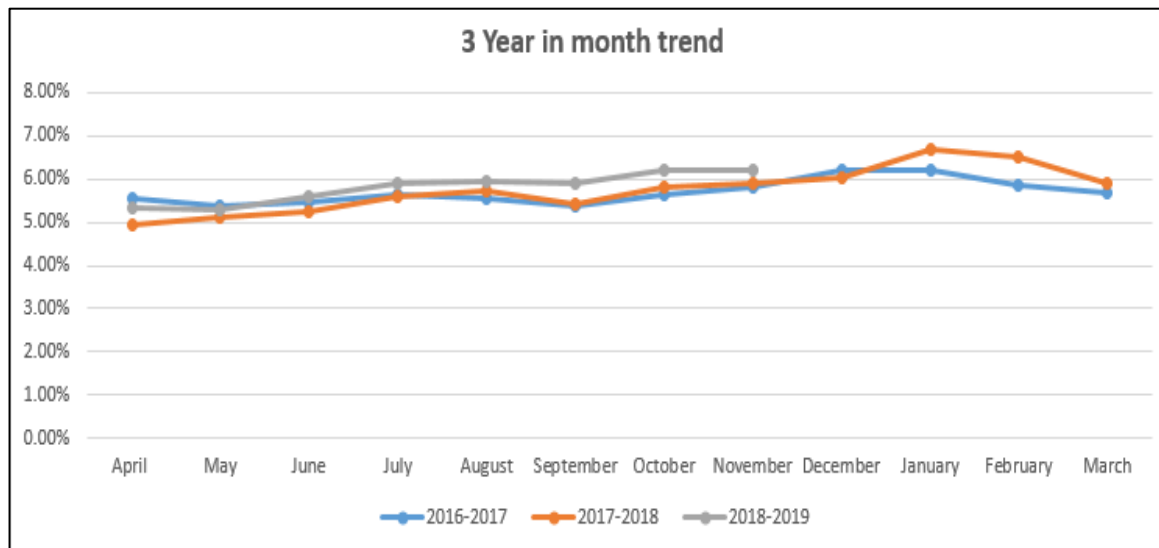
Graph 4 & 5 Absence Occurrences by banded days 2016-17 Vs 2017-18



Sickness absence - 3 year in month trend

Whilst Novembers in month performance is the first time we have seen an improvement for 4 months, the overall in month performance continues to reflect the worst in comparison to the previous 2 years. This continues to have a detrimental effect on our cumulative position, which has continued to increase each month since the end of 2017 and remains above levels seen in the previous 2 years.

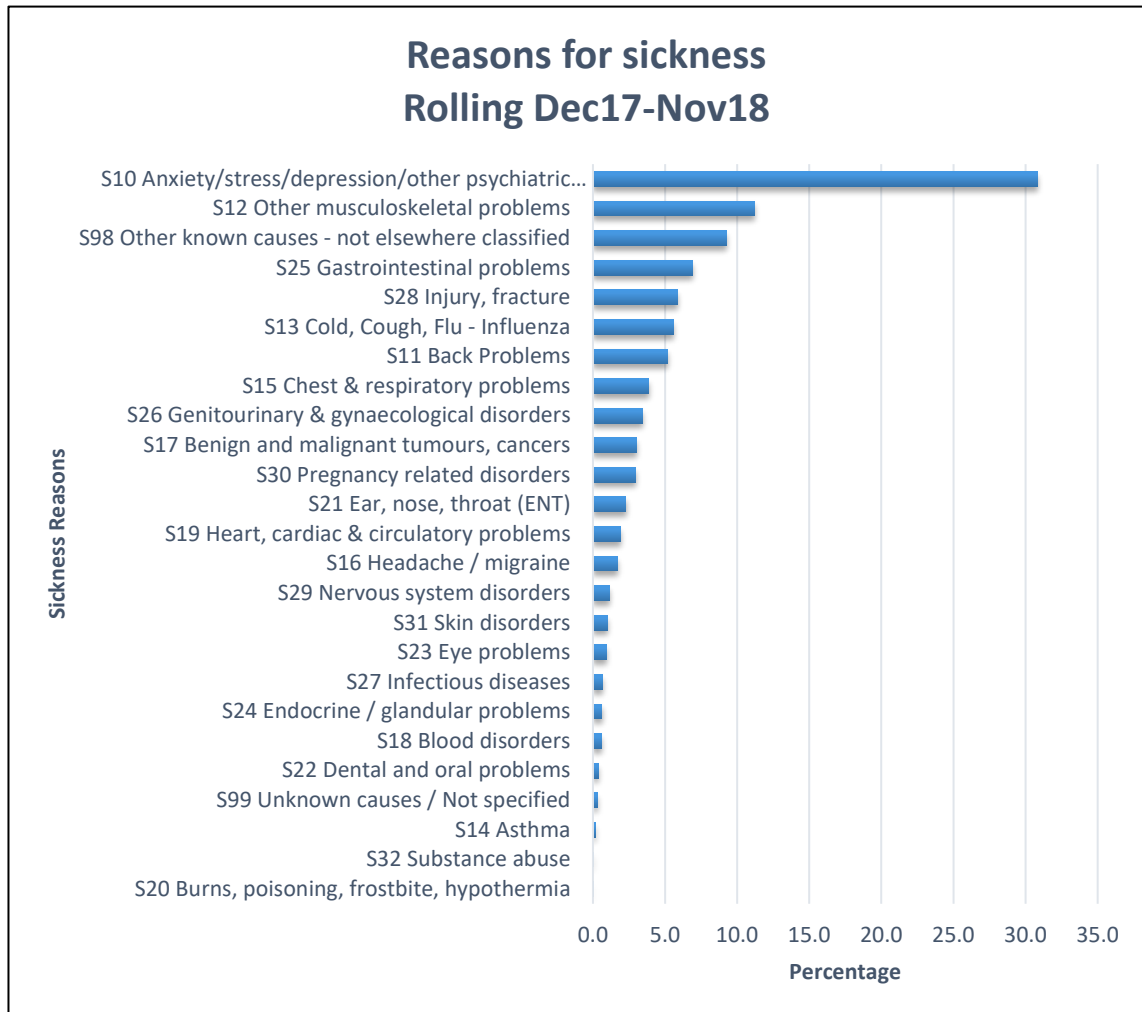
Graph 6: three year in month performance for ABMU



Reasons for Sickness as a percentage of all sickness

Graph 7 below highlights the reasons for sickness absence. The top five reasons account for 64% of all sickness absence in ABMU. However, “Other known causes” reasons account for almost 10%, which makes detailed analysis of sickness reasons difficult.

Graph 7: ABMU Sickness Reasons Rolling Dec17-Nov18

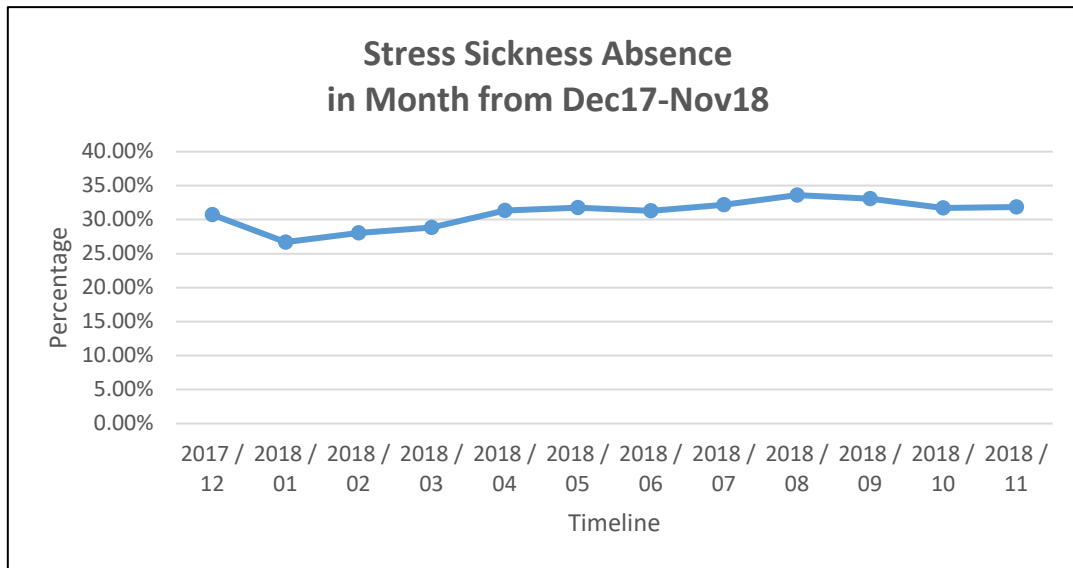


The top two reasons for sickness absence are Anxiety/stress/depression/other psychiatric illnesses (31.8%) and Musculoskeletal (11.2%). Given that these reasons account for 42% of sickness, the report will explore these reasons in more detail.

Stress related sickness absence review

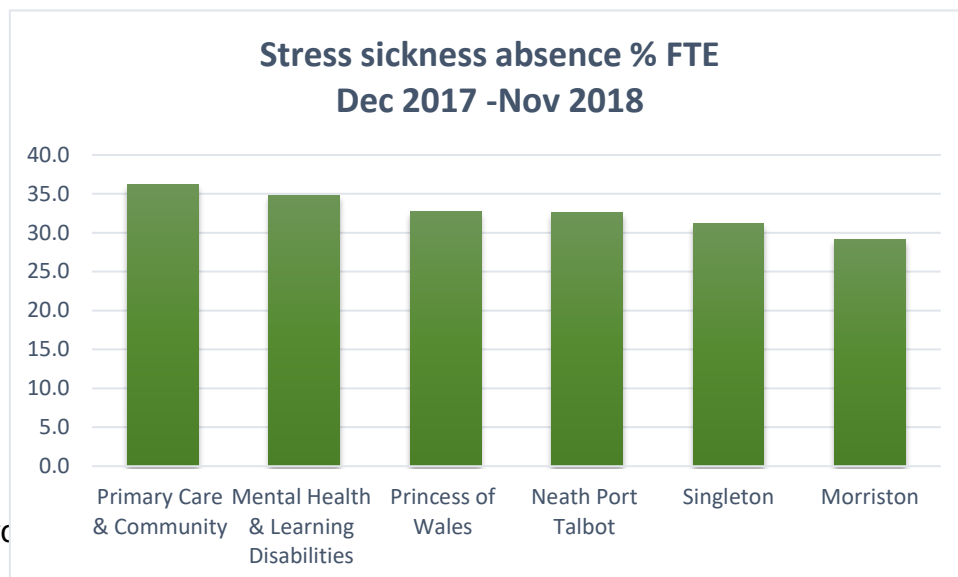
November 2018 in month stress related absence represents 31.8% of all sickness absence, which is an increase of 0.16% on previous month. As seen in graph 8 these numbers have declined in the previous 3 months since Nov18. Although, overall December 2017-November 2018 rolling stress related sickness absence has increased by 1.8%.

Graph 8: Stress absence reason in month performance (Dec17-Nov18)

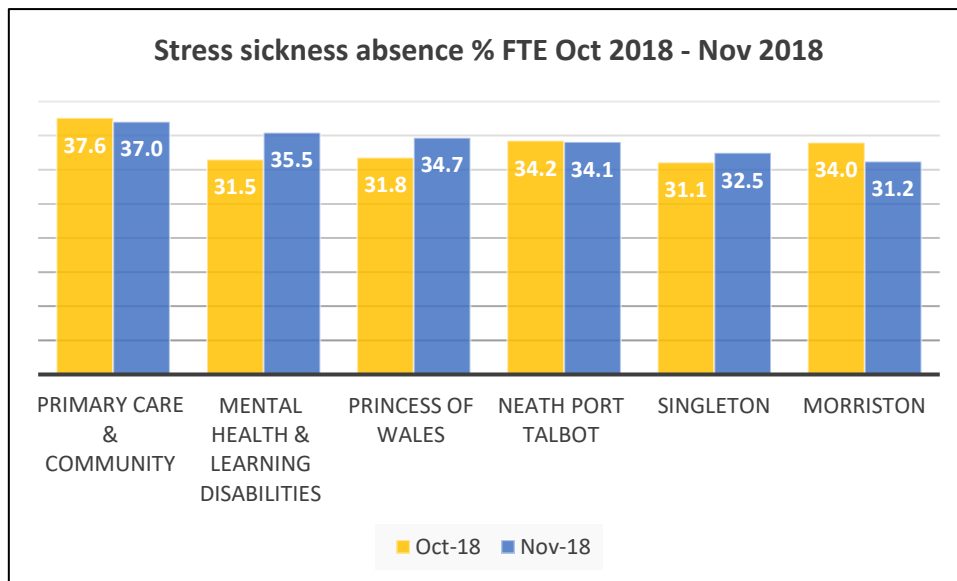


Graph 9 shows Stress sickness absence is above 30% for five out of the six Delivery Units for December 2017 to November 2018. Primary Care & Community present the highest with 36.3% and Morrision the lowest with 29.1%. Graph 10 represents October 2018 to November 2018 in month performance, showing three out of the six delivery units decreased their percentage and three increased. Morrision decreasing the most by 2.8%, whilst Mental Health & Learning Disabilities shows a 4% increase and Princess of Wales a 3% increase.

Graph 9: Stress sickness absence % FTE by delivery unit (Dec17-Nov18)

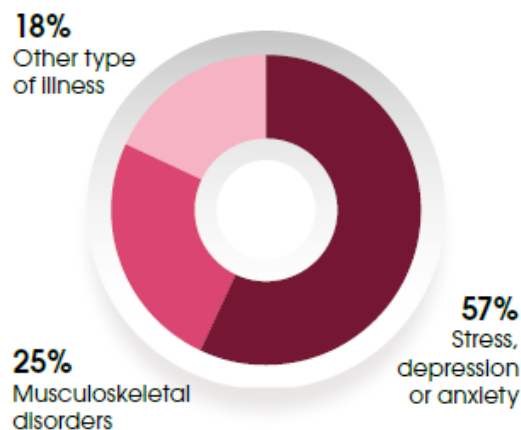


Graph 10: Stress sickness absence % FTE by delivery unit (Oct18-Nov18)



The UK Health and Safety Executive have released this year's Stress statistics (HSE, 2018). Highlighted in graph 11 they reported 57% of all absences are now stress related and reporting that 2017-2018 has seen figures almost triple. In addition, the healthcare industry holds the second highest reported rates of reported stress related conditions in 2017-2018.

Graph 11: Working days lost by type of ill health, 2017-18 (HSE, 2018).



The HSE⁽³⁾ & CIPD⁽⁴⁾ both report that presenteeism seems to be a key factor shaping these numbers and that early diagnosis of signs and symptoms of stress should be the organisations focus. Prioritising Line Manager training to identify signs of stress as the first step to correcting this trend.

ABMU's Actions

Work Related Stress Risk Assessment tool for managers has been developed for managers to utilise in conjunction with their teams to measure the risk of work-related stress. The tool adheres to the Health and Safety Executive Management Standards process and is designed to enable managers to have a conversation about work related stress and to feel more confident in addressing it in the workplace.

The aims of the 2.5-hour workshops are to:

- Promote awareness of work-related stress
- Highlight possible signs of stress
- Advise and explore ways of using the risk assessment tool

Promote ways to make positive collaborate improvements with staff

Understanding Mental Health for managers training. The aim of these sessions is to raise general awareness of mental health amongst managers, how to manage mental health issues this within the context of work and understanding stigma and discrimination. They also provide suggestions promoting wellbeing at work for managers and employees. Each workshop is two hours and facilitated by an Assistant Psychologist.

Priority appointments for staff counselling (Since October 2018) - A small number of staff counselling appointments have been made available for staff who are identified as requiring faster access for support.

The Wellbeing Champion network has been developed and to date over three-hundred Champions have been trained across the Health Board, including four Consultants.

Groups aimed at managing mental health/emotional wellbeing

The Staff Wellbeing service delivers a number of courses that enable a 'self-management' approach to stress anxiety and low mood and include 'Managing your Wellbeing', 'Mindful and meaningful Living' and 'Lighten UP'. These courses provide evidence based approaches to managing health and wellbeing and include the opportunity for early intervention/access that may contribute to being able to better manage health at work and avoid sickness absence.

Wellbeing Week

Planning is underway for the 2019 wellbeing week – a week dedicated to promoting healthy activities, which last year was attended by over one thousand staff across ABMU. Staff engaged and enjoyed a wide range of activities, which saw over fifty

sessions delivered during the week aimed at promoting physical and emotional health, including topics such as mindfulness, meditation, menopause and positive psychology. The sessions were supported by the Wellbeing Champion Network and helped promote awareness of the support services available to staff to enable access in a timely way when needed.

Early Intervention Plan

To support earlier return to work dates, it is noted from Princess of Wales best practice case study, that early intervention techniques are crucial to yielding an earlier return to work date and improved absence rates. ABMU will develop tools for Line Managers to help focus their attention on supportive actions from day three of absence. This will predominantly consists of:

- Day three phone call to all employees absent with a communication plan agreed from phone call.
- Day seven phone call highlighting the Health & Wellbeing services available, followed up by a day eight letter sent to individual's signposting them to relevant services.

Musculoskeletal-related sickness absence review

Table 4 focuses on musculoskeletal (MSK) related sickness absence, reporting a 1.3% decrease from December 2017 to November 2018. Although absence occurrences and headcount remain relatively the same, the number of days lost to MSK absence have decreased by 1,978 days in comparison to previous years, demonstrating that whilst we are dealing with the same number of reported cases we are achieving an earlier return to work date.

Table 4: MSK absence reason performance two-year comparison

Absence Reason Dec17-Nov18	Headcount	Abs Occurrences	Abs Days	%
S12 Other musculoskeletal problems	993	1,291	39,683	11.0

Absence Reason Dec16-Nov17	Headcount	Abs Occurrences	Abs Days	%
S12 Other musculoskeletal problems	1006	1,303	41,661	12.3

ABMU has carried out proactive work regarding MSK, highlighted below are the actions that have been taken to support these earlier return to work date;

Staff wellbeing advice and Support Services – The Invest to save funding secured until March 2020, is enabling faster access for advice and support for mental health and musculoskeletal issues. Since it commenced in June 2018, 633 staff referrals have been received. This provides early intervention into MSK cases and ensures the staff members receive timely support by the appropriate healthcare professional.

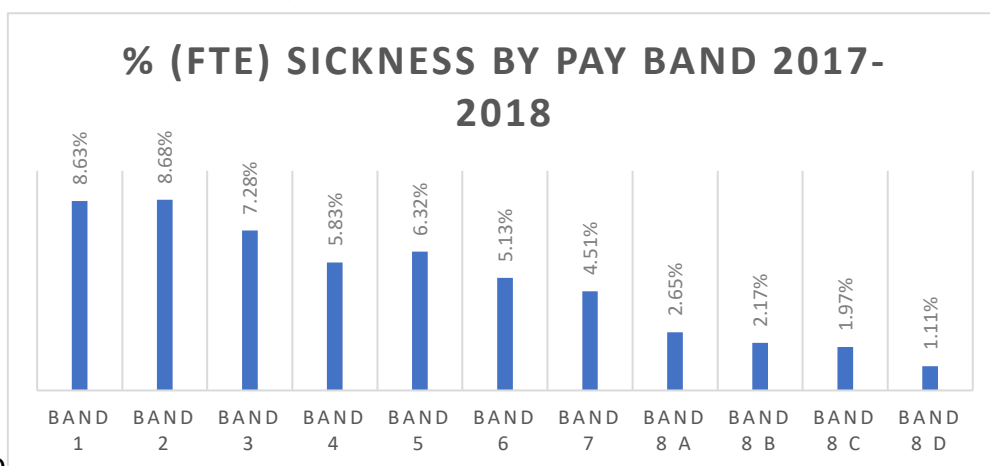
MSK Staff Pathway – Physiotherapists can utilise the MSK Staff Pathway, which enables an expedited process for diagnostics and treatment related to MSK problems. To date 235 ABMU employees have gone through our MSK expedited process in 2017-18, which represents 23% of all MSK absences receiving earlier diagnoses / treatment. This service also provides advice (sign-posting to appropriate policies and departments) in relation to workforce queries from the team’s Workforce Programme Manager.

Walk in Physiotherapy and Podiatry access for staff – ABMU staff are also able to access the Health Board’s walk in Physiotherapy and Podiatry services (including staff who live outside the Health Board’s footprint), providing rapid access for an assessment of musculoskeletal health issues.

Sickness absence by pay band and staff group

Graph 12 shows reported sickness absence is most prominent in lower pay bands. Two of the highest pay bands reaching over 8% absence are Bands 1&2. These pay bands feature more prevalent in two of our highest staff groups, these being Additional Clinical Services (HCSW) and Estates & Ancillary, who also display the highest absence rates in ABMU. It is important to note that Estates & Ancillary absence when broken down, Estates represents a very small proportion of their overall absence.

Graph 12: Percentage FTE Sickness by Pay band 2017-2018



It can be seen in graph 13 that the highest sickness rates are evident in three main staff groups reporting sickness absence above 6% these being; Estates & Ancillary, Additional clinical services, and Nursing & midwifery. Additional Clinical Services (HCSW) is reporting 8.36% rolling stating a 0.76% above all wales performance of 7.60%. Nursing & midwifery registered also shows an increase of 0.56% with 6.11% rolling absence compared to all wales 5.55%. Estates & Ancillary reporting 8.01%, standing 1.28% above the all wales level of 6.73% (see Table 5).

Graph 13: Absence rates by staff group Dec17-Nov18

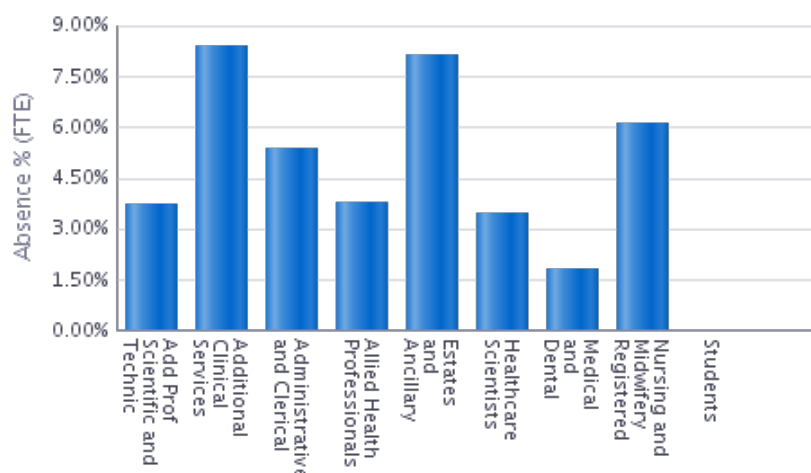
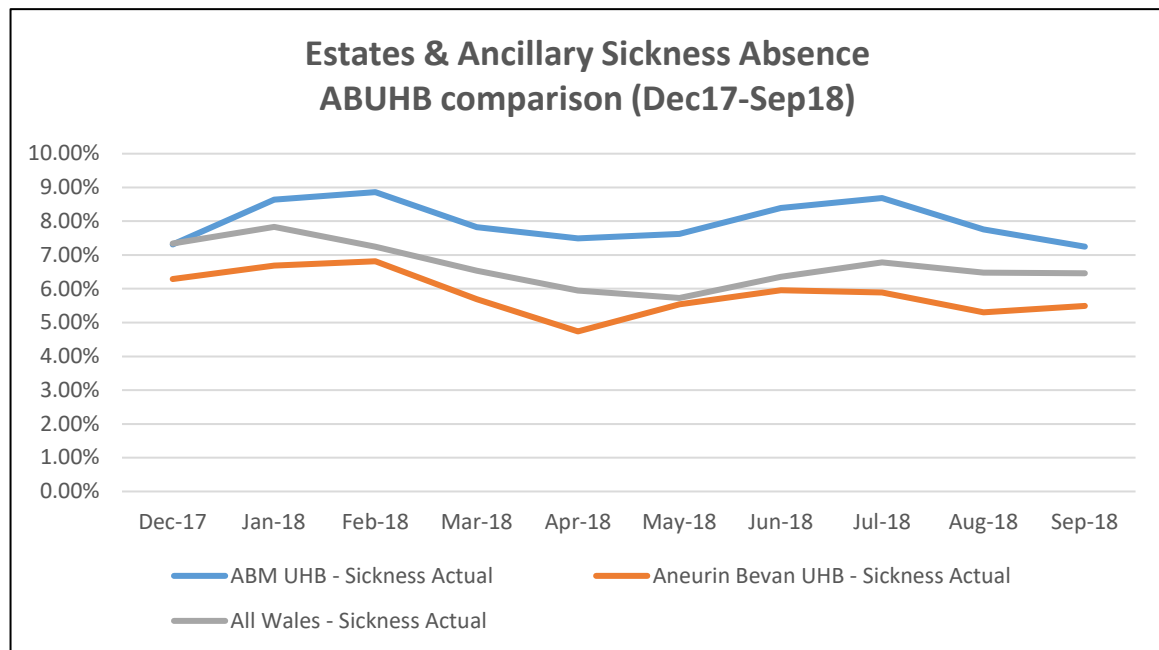


Table 5: Estates & Ancillary sickness rates by Organisation

Estates & Ancillary - Sickness Actual	Total Sickness Actual (Dec-17 to Sep-18)
ABM UHB	8.01%
Cwm Taf UHB	7.28%
Cardiff & Vale UHB	7.16%
Betsi Cadwaladr UHB	6.33%
Aneurin Bevan UHB	5.85%
Hywel Dda UHB	5.70%
Powys Teaching LHB	5.05%
WAST	3.87%
All Wales	6.73%

Compared to all organisations ABMU has the highest reported figures for Estates and Ancillary at 8.01%, which stands 0.73% above Cwm Taf who have the next highest rate (see Table 5). When benchmarking data to identify potential best practice, Aneurin Bevan were the only Health Board, tracking a decrease in their reported absence rates, which are below the all wales performance and continuing to decline (see graph 14). Currently tracking the fourth best Health Board with 5.85%.

Graph 14: Estates & Ancillary Sickness Absence - HB comparison (Dec17-Sep18)



Aneurin Bevan attributed their success to the management and utilisation of the ESR System providing real time data that is driving supportive action in a timelier manner. Aneurin Bevan also repositioned their resources to allow one Band 7 and three Band 6 posts to ensure live data entry was accurate and attendance policy procedures were being applied in a fair and consistent manner. Therefore providing the opportunity to feedback and coach line managers on the application of the attendance policy. ABMU are piloting a similar scheme within the facilities department at Singleton Hospital to replicate the good practice that saw Aneurin Bevan’s reduction in sickness rates.

Partnership working & Managing Attendance at Work Training Plan

Since the launch of the new Managing Attendance at Work (MAAW) policy on 1st Dec 2019. ABMU has trained just under 100 employees and forecasted to train 227 by end of March 2019 (see table 6). MAAW policy training and guidance states that within two years from implementation of policy all managers that are responsible for staff are to attend training at least once. When scoped for ABMU this required a headcount of approx. 3,000 to be trained. Distributed out over two years this equates to training 31 people every week consistently for two years to deliver this objective. Considering these numbers and size of task, an options paper is being developed to agree a successful and effective plan for completion.

Discussions are underway with local Trade Union reps regarding the delivery of training and the best way to approach this jointly. In addition to this, a sickness absence focus group between workforce and Trade Union representatives is arranged for March 2019. Continuing our discussions on sickness absence rates, drilling down further into patterns and trends of absence working in partnership to increase attendance at work.

RECOMMENDATIONS

It is recommended the following actions are taken, in order to reduce absence rates and increase attendance at work based on the report’s findings. Appendix 1 details ABMU’s action plan to reduce sickness absence and increasing attendance at work focused on the below areas:

- Long-term absence
- Short-term absence
- Targeting High absence areas
- Partnership working & Training plan
- Occupational Health improvements
- Proactive initiatives
- Testing absence data

Improvement Trajectory

The objective of the plan is to deliver the equivalent of a 1% reduction of in month sickness rates by March 2020. Table 7 sets out the monthly-expected improvement trajectory, guiding sickness levels to be set to a maximum of 5% by March 2020 and 5.5% by September 2019. A review point in May 2019 will be used to assess the impact of boundary change on overall absence rates.

Table 7: Monthly-expected improvement trajectory

	In Month %
Baseline	6.20%
Feb-19	6.26%
Mar-19	6.16%
Apr-19	6.06%
May-19	5.96%
Jun-19	5.86%
Jul-19	5.76%
Aug-19	5.66%
Sep-19	5.56%
Oct-19	5.46%
Nov-19	5.32%
Dec-19	5.30%
Jan-20	5.20%
Feb-20	5.10%
Mar-20	5.00%

References

1. Audit Commission, 2011. *Managing sickness absence in the NHS Health briefing*, London : Audit Commission.
2. CIPD, 2018. *Presenteeism hits record high in UK organisations as stress at work rises*, London : Simply Health.
3. HSE, 2018. *Health and safety at work: Summary statistics for Great Britain 2018*, London: HSE.
4. HSE, 2018. *Summary of the evidence on the effectiveness of Mental Health First Aid (MHFA) training in the workplace*, London: HSE.
5. Office for National Statistics , 2014. *Full Report: Sickness Absence in the Labour Market* , London : ONS.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships	
					✓		
Link to Health and Care Standards (please ✓)	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)							
<p>Actions outlined in report promote “A Healthier Wales Quadruple Aim” these being:</p> <ul style="list-style-type: none"> • Improved population health & wellbeing • Better quality & more accessible health & social care services • Motivated & sustainable health & social care workforce 							
Report History							
Appendices		Appendix 1: ABMU Attendance Management Action Plan					

