2.3   Staff Attendance/Absence During COVID-19
Presenter: Lisa Gostling
PPPAC Attendance during COVID

Appendix 1

PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	29 October 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Staff Attendance/Absence During COVID-19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kim Warlow, Workforce Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation

Following discussion at the June 2020 PPPAC meeting, it was agreed for a report to be presented to a future meeting, focusing upon staff absence during the COVID-19 pandemic. The report reviews how the pandemic has impacted upon attendance and wellbeing between the period March to September 2020.

Cefndir / Background

The report provides a review of attendance and the causes for staff absence during the period March to September 2020. During this time, the UK saw the announcement of a global pandemic and since the beginning of the pandemic, more research and data have become available highlighting the effect of COVID-19 on the workforce and how this has impacted on health and wellbeing. Within the report, data collected from the Electronic Staff Record (ESR), together with locally collected data from Workforce Teams has been used to assess the causes of absence and how positive attendance can be encouraged within HDdUHB.

Asesiad / Assessment

Since the announcement of a global pandemic earlier this year, there has been a huge impact on all aspects of work, the economy and health. The lockdown period and the subsequent time thereafter can be seen as having a considerable impact on attendance.

Overall, absence is beginning to decrease since the peak in March and April 2020, however, mental health continues to be the largest cause of absence with 32% of absence now attributed to S10 (anxiety/stress/depression/other psychiatric illnesses) reasons. Since April 2020, there has been increasing pressure on wellbeing services within HDdUHB which can be evidenced within the findings. The current focus should continue towards supporting mental health services and awareness.

Since shielding ended in August 2020, the majority of staff have returned to work or are homeworking in some capacity. Changes in the availability of homeworking and remote services have played a large positive impact in the ability for 'at risk' staff to work and learn in a

safe environment. The most common reason for non-returns (not including the commencement of maternity leave) are that staff are waiting for occupational health advice and a lack of suitable alternative work. Continued support should be given to how we work imaginatively to create COVID-19 safe working environments and utilise deployment for our 'at risk' staff.

In terms of risk assessment completion for our Black, Asian and Minority Ethnic (BAME) staff, it can only be evidenced that 44% have been completed, therefore efforts are being reinvigorating by directly contacting managers to ensure risk assessments are completed and staff are working in an appropriate environment based on their risk assessment score.

Statistical information is contained within Appendix 1.

Argymhelliad / Recommendation

The People, Planning and Performance Assurance Committee (PPPAC) is requested to note the Staff Attendance/Absence During COVID-19 report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Performance data
Rhestr Termau: Glossary of Terms:	Included within report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	N/A

| **Effaith: (rhaid cwblhau)** **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	N/A
Ansawdd / Gofal Claf: **Quality / Patient Care:**	N/A
Gweithlu: **Workforce:**	Improved Wellbeing
Risg: **Risk:**	N/A
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

Appendix 1

<u>Attendance During COVID-19</u>

Sickness Statistics
<u>Increase/Decrease Trend</u>

Overall absence has decreased since its peak in March and April 2020. COVID-19 related absence was at its highest at the end of March 2020 (*see Chart 1, Page 3*) which correlates with the absence increase below.

Graph 1. Total Absence
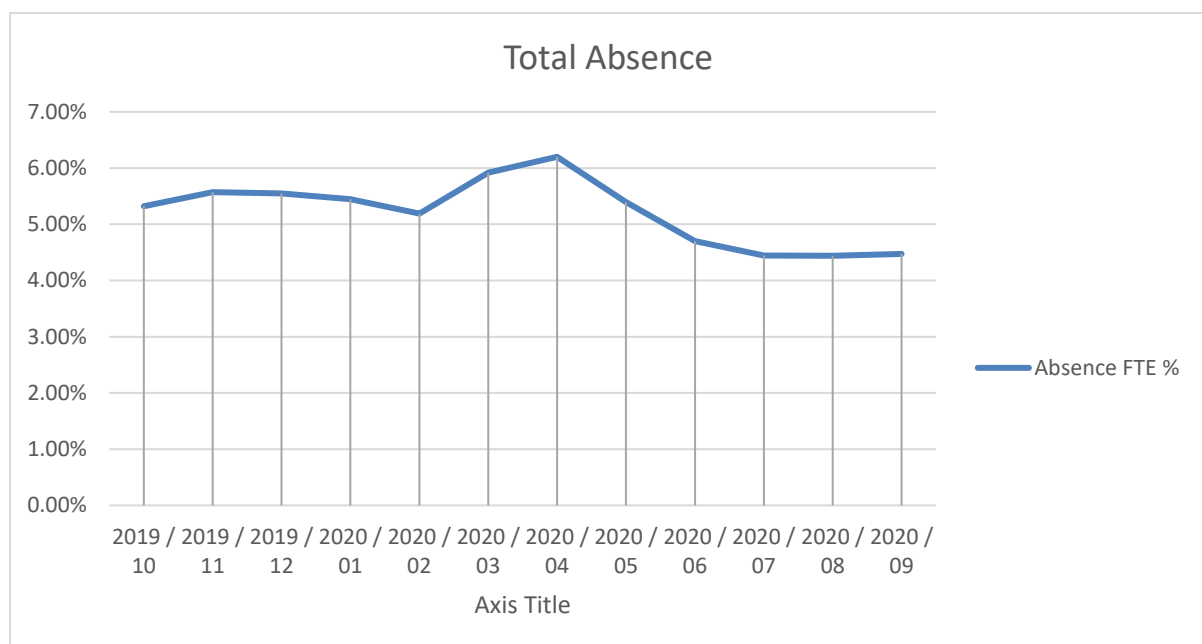
<u>Absence Reasons Trend</u>

Mental health continues to constitute the highest cause of absence within HDdUHB, closely followed by other musculoskeletal problems.

According to research undertaken by the Chartered Institute of Personnel and Development (CIPD), mental health related absence is the most common cause of long-term sickness absence in UK workplaces. [1]. This is consistent with the findings below, which demonstrates long term sickness as higher than short term sickness (*see Graph 3, Page 2*) and our mental health absence is a considerable cause of absence within the HDdUHB (*see Graph 2 Page 2).*

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[1]CIPD: Coronavirus (COVID-19): Mental health support for employees 5th October 2020
https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return

In terms of COVID-19, lockdown and impact on sickness figures, research undertaken by the CIPD demonstrates that:
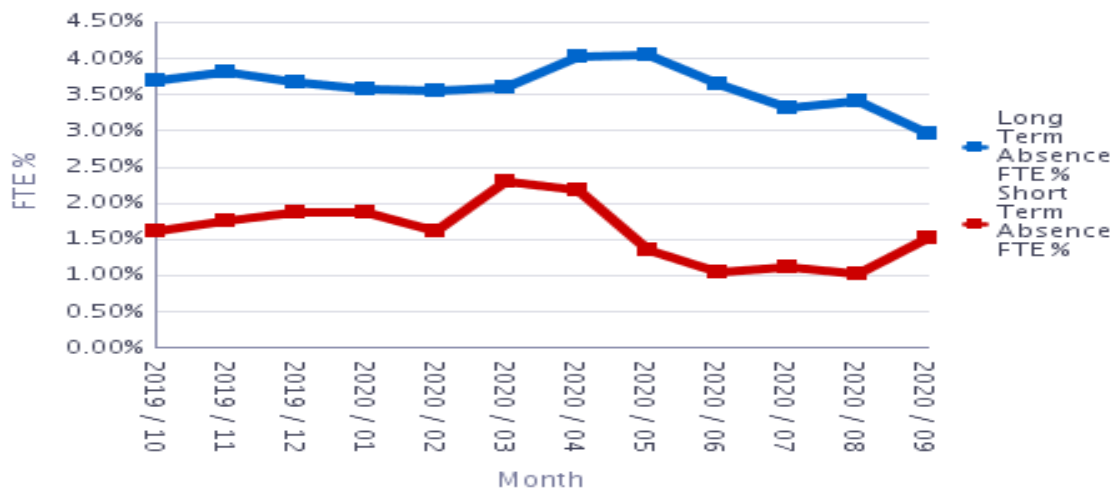
"The health impacts of lockdown include findings of fatigue, musculoskeletal conditions, poor work life balance, reduced exercise and increased alcohol consumption. In relation to mental health specifically, employees were reporting reduced motivation, loss of purpose and motivation, anxiety and isolation."[2]

This is also consistent with our findings that show that musculoskeletal is also a considerable factor in our absence figures (*see Graph 2*), which could also have been exacerbated by the lockdown situation if the above CIPD findings are taken into account.

Graph 2. Top 5 Reasons for Absence
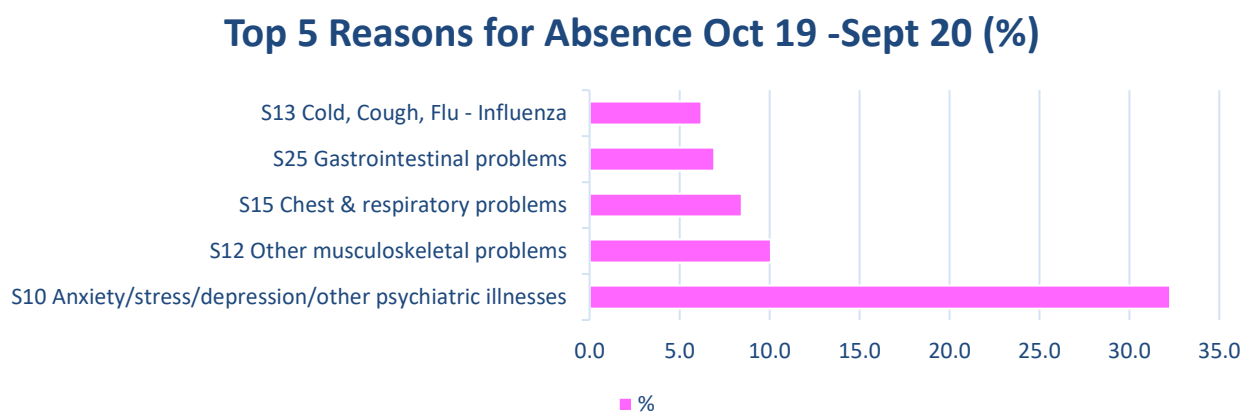
Graph 3. Long Term versus Short Term Absence

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[2] CIPD: Coronavirus (COVID-19): Mental health support for employees 5th October 2020
https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return

COVID-19/Non COVID-19 Statistics

It can be evidenced from the table below that the highest months for COVID-19 related absence, were in March and April 2020, which correlates with the spike in absence seen in overall absence *(See Graph 1, Page 1)*. Self-isolation was also at its highest point in these months, which would correlate with the increase in COVID-19 cases, and also the introduction of shielding by the UK Government for the most vulnerable individuals. There was also a minor spike in self-isolation cases in June 2020.

The spike in June 2020 may have been influenced by the introduction of the "All Wales Covid-19 Workforce Risk Assessment Tool" which was introduced at the end of May 2020 by Welsh Government. As a result of the risk assessment being conducted in June 2020, more staff who were previously not required to self-isolate , i.e. BAME staff with underlying health conditions, would be classified as being at higher risk and therefore have to self-isolate if alternative work could not be found.

Chart 1. COVID-19/Non COVID-19/Self Isolation figures

Key

Sickness Absence	Covid-19 Sickness Absence	Self-Isolating
All sickness absence reasons excluding S13, S15 and S27	S13 Cold, Cough, Flu S15 Chest & respiratory problems S27 Infectious diseases	Staff absent due to a member of the household being symptomatic, staff in a vulnerable age group or category or pregnant

2nd March 2020			
Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
453	53	9	515

20th March 2020			
Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
454	276	556	1286

27th April 2020

Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
449	**222**	**431**	**1102**

25th May 2020

Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
449	**124**	**361**	**934**

29th June 2020

Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
472	**50**	**376**	**898**

20th July 2020

Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
433	**45**	**290**	**768**

24th August 2020

Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
454	**46**	**131**	**631**

20th September 2020

| Sickness Absence excluding COVID-19 Absence	COVID-19 Sickness Absence	Self-Isolating	Total
431	**59**	**137**	**627**

Number of Sickness Terminations

There has been a higher level of sickness terminations during August 2020. Some of these factors may have been contributed to by a delay in meetings which would have normally taken place, however been delayed due to the pandemic.

There has been a slight increase in sickness terminations since 2019, with a total of 14 during the same period last year (2019) (*WF& OD statistics*) compared to 19 from March to September 2020.

Graph 4. Number of Terminations due to Sickness Absence
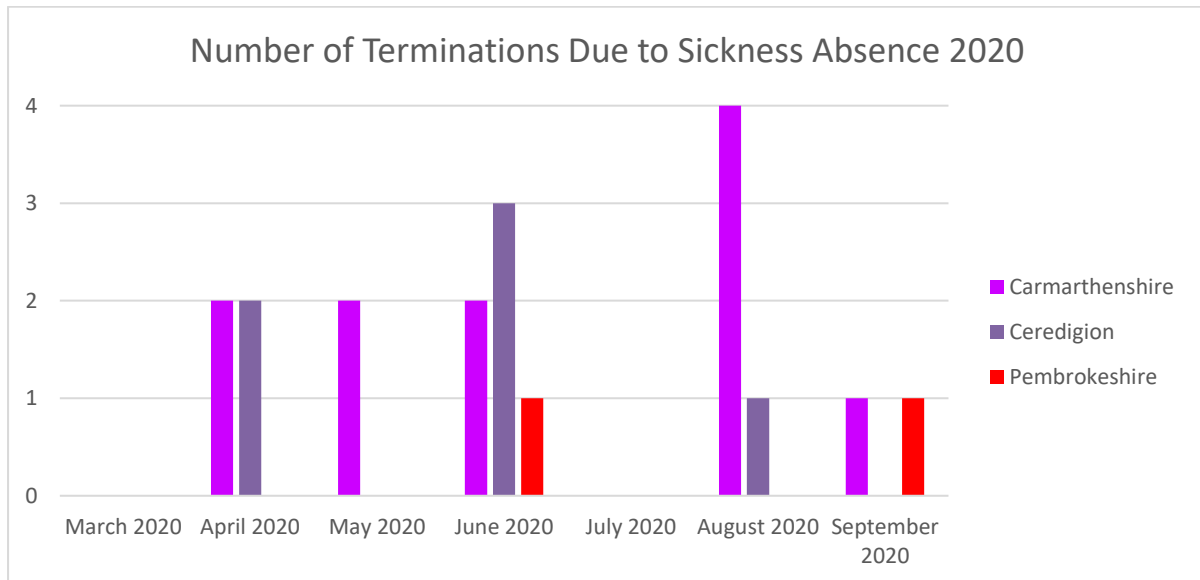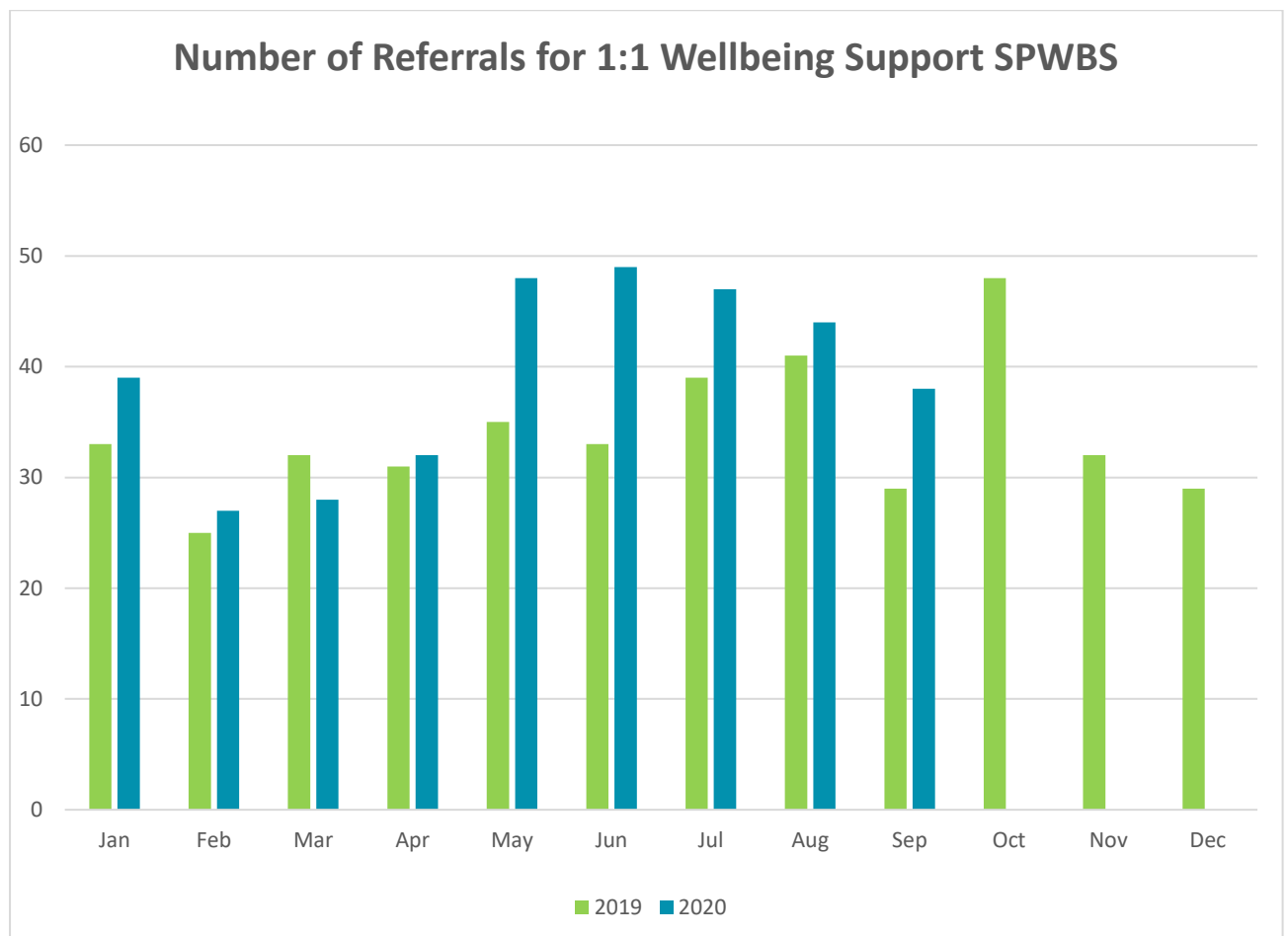

Wellbeing Services

Unfortunately, due to service pressures the Occupational Health Department were unable to provide their figures.

The Staff Psychological Wellbeing team were able to provide data on the increase on demand they have experienced. The chart below highlights the demand for staff psychological wellbeing services which has increased since the introduction of lockdown.

Research conducted by the mental health charity Mind have found that more than half of adults (60%) and over two thirds of young people (68%) declared that their mental health had got worse during lockdown. [3]

Within HDdUHB, we have seen a notable increase in absence contributed to by mental health from March 2020 (*29%: ESR April 2019 to March 2020*) to 32% in September 2020.

Graph 5. Wellbeing Referrals

Number of Referrals for 1:1 Wellbeing Support SPWBS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	33	25	32	31	35	33	39	41	29	48	32	29
2020	39	27	28	32	48	49	47	44	38			

■ 2019 ■ 2020

Staff at Higher Risk of COVID-19

Status of Staff Members Post Shielding

359 staff were listed as 'shielding' or potentially shielding on ESR following the government guidance released in March 2020. Following the pausing of shielding on 16th August 2020, managers contacted the 359 staff to review the status of the staff members post shielding. As at 28th September 2020, 250 responses had been received. The outcomes of these responses are as follows:

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[3] CIPD: Coronavirus (COVID-19): Mental health support for employees 5th October 2020
https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return

Chart 2. Status of staff post shielding

Status of Staff Members Post Shielding	Total
OTHER NOT LISTED	29
STAFF MEMBER BACK IN WORK WITH MODIFIED DUTIES	91
STAFF MEMBER BACK IN WORK WITHOUT MODIFIED DUTIES	67
STAFF MEMBER DEPLOYED TO DIFFERENT DEPARTMENT/ROLE	5
STAFF MEMBER OFF WORK AND NOT WORKING FROM HOME	32
STAFF MEMBER WORKING FROM HOME	26
Grand Total	**250**

Graph 6. Status of Staff Post Shielding

Status of Staff Members Post Shielding

OTHER NOT LISTED
12%

STAFF MEMBER WORKING FROM HOME
10%

STAFF MEMBER OFF WORK AND NOT WORKING FROM HOME
13%

STAFF MEMBER DEPLOYED TO DIFFERENT DEPARTMENT/ROLE
2%

STAFF MEMBER BACK IN WORK WITHOUT MODIFIED DUTIES
27%

STAFF MEMBER BACK IN WORK WITH MODIFIED DUTIES
36%
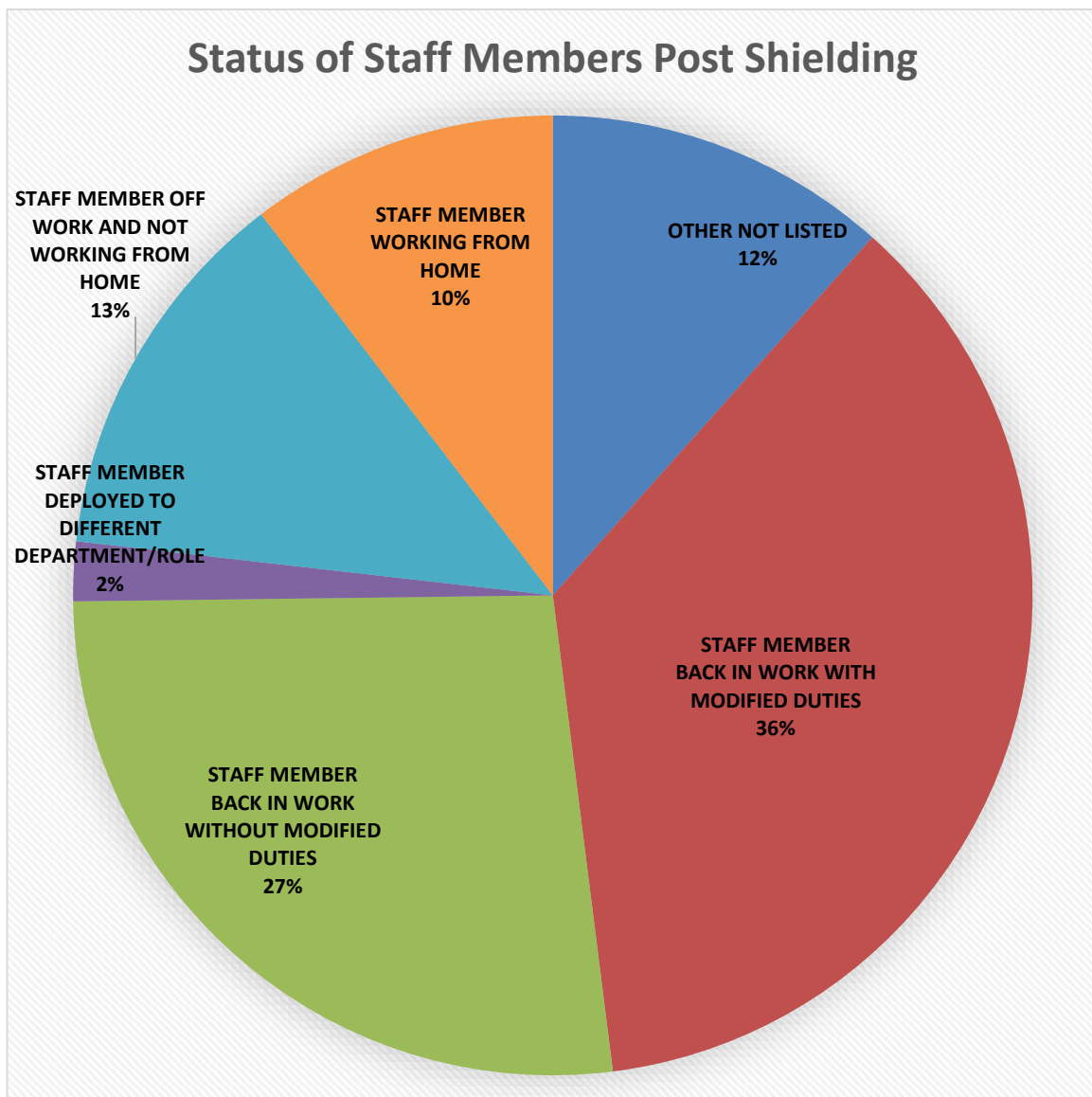
Reasons for Non Return from Shielding

When we analysed the responses contained with Graph 6 above, 61 of the 250 staff responses were recorded as 'Other -Not Listed' and 'Staff Member off Work and not Working from Home', of these 61, a breakdown of the reasons that these staff could not return to work was created.

Chart 3. Reasons for Non-Return

Staff that are listed as Other Reason or Not Back in Work	Total
NOT BACK IN WORK, NO SUITABLE WORK AVAILABLE	18
ON ANNUAL LEAVE	2
ON MATERNITY LEAVE	13
SICKNESS ABSENCE	4
SPECIAL LEAVE	1
STAFF MEMBER ADVISED TO RETURN TO CURRENT ROLE	1
STAFF MEMBER HAS LEFT/LEAVING THE SERVICE	10
UNPAID LEAVE	1
WAITING FOR OH GUIDANCE	11
Grand Total	**61**

Graph 7. Reasons for Non Return Post Shielding

Reasons for Staff Not Returning to Work/ Or Other Reason Listed
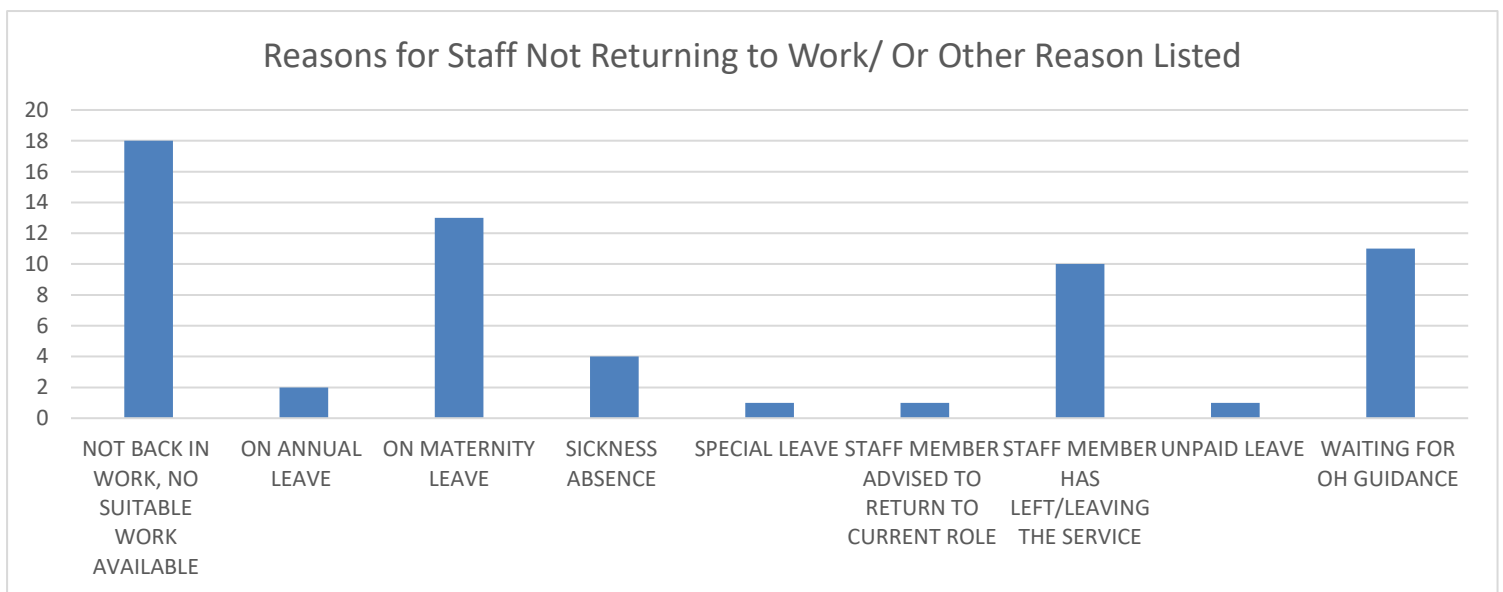
Anomalies

Some of the staff listed as 'shielding' on ESR were in fact not shielding and recorded incorrectly, conversely, other staff were not listed as 'shielding', however were. Staff have been working to identify the incorrect entries. It is also worth noting that although we have had a 70% response rate so far, we are still awaiting responses from managers for a further 109 staff.

Black, Asian and Minority Ethnic (BAME) Risk Assessments

According to the British Psychological Society: *A disproportionate number of people from Black, Asian and minority ethnic (BAME) backgrounds are dying as a result of Covid-19. Statistics have shown that Black men and women are between 4.2 and 4.3 times more likely to die from the coronavirus than White men and women (Ford, 2020).*[4]

As a result, during the pandemic there was an increased focus on how to manage the risk for BAME staff. The All Wales Risk Assessment was introduced at the end of May 2020 and since then, data has been collated on the number of risk assessments that have been completed with BAME staff. To date, 341 risk assessments have been completed, equating to 44% of the workforce identified as BAME. We are still encouraging managers to submit this information to the Workforce & OD Department to ensure that the risk assessments are being undertaken.

TOTAL NUMBER OF BAME STAFF IN SERVICE SINCE LAST REPORT (10th July 2020)

779

TOTAL NUMBER OF BAME STAFF IN THE 'AT RISK' AGE GROUP (10th July 2020)

319

TOTAL NUMBER OF BAME STAFF WHO HAVE BEEN RISK ASSESSED (up until 6th October 2020)

341

TOTAL NUMBER OF BAME STAFF WHO HAVE BEEN RISK ASSESSED AT LAST REPORT (up until 24th August 2020)
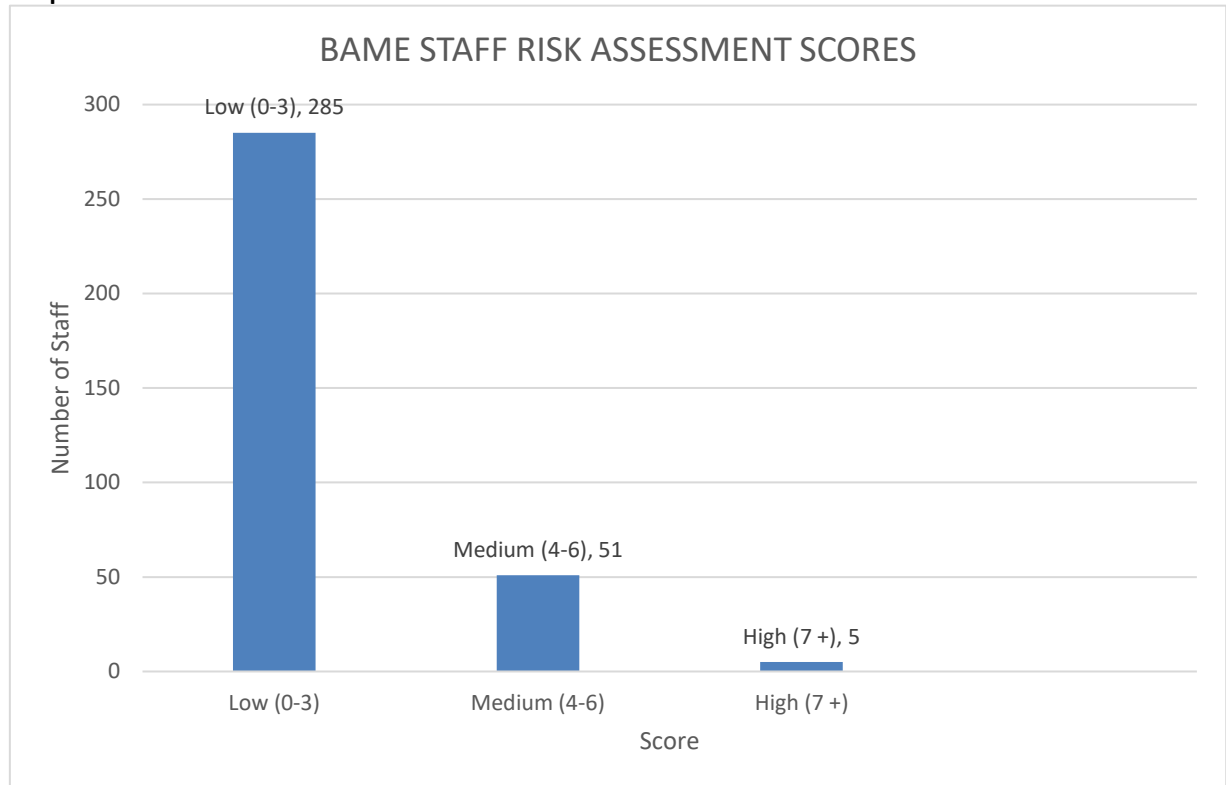
312

TOTAL NUMBER OF STAFF THAT DO NOT HAVE THEIR ETHNICITY LISTED ON ESR

585

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[4] British Psychological Society *Considerations for people from minority groups in the Covid-19 pandemic* July 2020

Graph 8. Outcomes of Risk Assessments

BAME STAFF RISK ASSESSMENT SCORES

Low (0-3), 285

Medium (4-6), 51

High (7 +), 5

Number of Staff

Score

Training and Education

New Approach for Virtual Training Developments

23 staff attended the Managing Attendance at Work online training. Feedback from the first session was positive, delegates appreciated covering the segments of the Managing Attendance at Work Policy, the importance of compassionate leadership and details relating to the Menopause Policy.

There is a further session arranged for the 22nd October 2020, where a total of 32 staff have booked to attend. At present, there are plans in place to continue the training on-line until the end of December 2020.

As learning is a well-known positive factor in improving wellbeing and by encouraging managers to manage attendance well, it is anticipated that this will have a positive impact on overall absence.