Paper ref:	TB (05/21) 020

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Sickness Improvement Plan		
Sponsoring Executive	Frieza Mahmood, Chief People Officer		
Report Author	Anita Patel, HR Business Partner Sandra McShane, Interim Deputy Chief People Officer		
Meeting	Public Trust Board	**Date**	6th May 2021

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The health and wellbeing of our people is of paramount importance, and levels of sickness absence are a measure of how we are doing as an organisation.

Whilst we have a reduction in absence in March (down by 1.05% to 4.74%), sickness absence levels have remained above the 3% national target over the past 12 months. However, it is acknowledged that absence rates have been impacted by the ongoing pandemic, and our overall absence percentage in March was 7% in March.

The top three reasons for absence are anxiety and stress, cold/cough/flu and musculoskeletal-related.

The HR Business Partners and HR Managers are working in their Groups to develop robust action plans, together with targeted trajectories to demonstrate an improvement in absence rates which demonstrates our commitment to returning our staff to work or in ensuring a fair and equitable process when leaving the Trust.

It is recommended the Trust adopt a target absence rate of 4% for 2021/22.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	x
Quality Plan		Research and Development		Estates Plan	
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

N/A

4. Recommendation(s)

The Trust Board is asked to:

a.	Note the contents of the report and ongoing activity to support effective absence management.
b.	Acknowledge training requirements to ensure all parties are aware of their responsibilities.
c.	Discuss the current absence target of 3% with a view of lifting this to 4% for 2021/22.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 6th May 2021

Sickness Improvement Plan

1. Introduction

1.1 Our people are an important and intrinsic element of the service that we provide to our patients; without our staff we would not be able to provide the care to our patients in a safe and effective way.

1.2 Our staff health and wellbeing is important, but sickness absence levels have been running at a high percentage for a period of time. The Trust target of 3% has not been achieved, and the absence rate has remained between 4-8% over the past 12 months. The in-month absence rate in March 2021 was 4.74%, a reduction of 1.05% compared to February and the lowest since August 2020:

Table 1

Component		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Sickness (In-Month)	**%**	8.33	6.36	4.98	4.85	4.67	5.14	5.37	6.28	5.44	7.04	5.79	4.74

2. The impact of the pandemic on our absence rates

2.1. The Trust has experienced higher absence rates as a consequence of covid-19, resulting in an overall absence rate of 7% in March, broken down as follows:

Table 2

Sickness Group	on 31/03/2021
Number of staff currently self-isolated	205
Number of staff off sick non-COVID-19 related	290
Number of staff off sick COVID-19 related	60
Total number absent	555
Total % staff not in work	7%

2.2. Managers have been supported in making wellbeing calls to staff and, where possible, facilitated redeployment into other roles and/or flexible working arrangements.

2.3. Table 3 below shows a breakdown of absence by Group over the past three months, including the top three reasons for absence, and identifies the number of cases relating to:

- long term absences - defined as absences over 28 days;
- pipeline absence - between 15 and 27 days; and
- short-term absence - 1 to 14 days.

2.4. Most Groups saw a rise in absence cases in January 2021, particularly within the pipeline and short term absences. However, it is acknowledged that this was at the height of the covid-19 surge.

Table 3

Area	January 2021	February 2021	March 2021
SURGERY	145	126	87
Long term	42	59	53
Pipeline	29	27	15
Short term	26	40	19
Top 3 reasons for absence	Cold, Cough, Flu : 36 cases Anxiety, stress and depression: 22 cases Musculoskeletal: 22 cases	Anxiety, stress and depression: 31 cases Cold, Cough, Flu : 20 Cases Musculoskeletal: 17 cases	Anxiety, stress and depression : 21 cases Musculoskeletal : 10 cases Back related absences : 8 cases
MEDICINE	106	113	112
Long term	70	45	53
Pipeline	25	30	20
Short term	11	38	39
Top 3 reasons for absence	Anxiety/stress/depression/ other psychiatric illnesses : 14 cases Cold, Cough, Flu : 14 cases Other musculoskeletal problems : 9 cases	Anxiety/stress/depression/ other psychiatric illnesses : 14 cases Cold, Cough, Flu : 7 cases Other musculoskeletal problems : 5 cases	Anxiety/stress/depression/ other psychiatric illnesses : 18 cases Musculoskeletal problems: 12 cases Cold, Cough, Flu : 20 cases
CORPORATE	76	110	43
Long term	49	55	29
Pipeline	13	29	8
Short term	14	31	7
Top 3 reasons for absence	Anxiety/stress/depression/ other psychiatric illnesses : 17 cases Back Problems : 10 cases Chest & respiratory problems : 11 cases	Cold, Cough, Flu : 23 cases Anxiety/stress/depression/ other psychiatric illnesses : 14 cases Chest & respiratory problems: 29 cases	Anxiety/stress/depression/ other psychiatric illnesses : 10 cases Musculoskeletal : 5 cases Cold, Cough, Flu : 3 cases
WCH	78	51	42
Long term	31	31	25
Pipeline	10	12	7
Short term	37	8	10
Top 3 reasons for absence	Anxiety, stress and depression : 17 cases Cold, Cough, Flu : 16 cases Chest & Respiratory :16 cases	Anxiety, stress and depression : 11 cases Chest & Respiratory : 8 cases Cold, Cough, Flu : 6 cases	Anxiety, stress and depression : 15 cases Cold, Cough, Flu : 6 cases Chest and Respiratory : 4 cases

PCCT Long term Pipeline Short term	80 21 7 52	58 21 15 22	58 23 8 21
Top 3 reasons for absences	Chest & Respiratory : 18 cases Cold, Cough, Flu : 15 cases Anxiety, stress and depression : 13 cases	Chest & Respiratory : 13 cases Anxiety, stress and depression : 13 cases Cold, Cough, Flu : 10 cases	Anxiety/stress/depression/ other psychiatric illnesses 15 cases Musculoskeletal problems : 5 cases Cold, Cough, Flu :5 cases

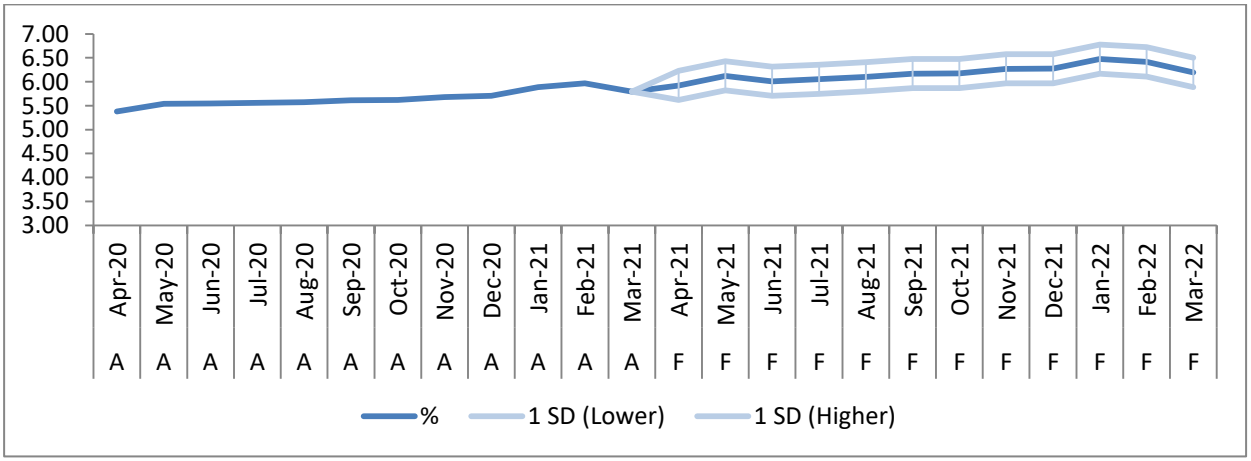
2.5. The information contained above, shows a definite trend in anxiety and stress a main reason for absence across all Groups; this is despite the Trust having a very strong and varied health and wellbeing offering. Anxiety and stress is closely followed by cold, cough, flu and musculoskeletal-related absences.

3. Forward-looking Trajectory

3.1. Table 4 looks at the previous 12 months absence and data is used to provide the basis for a forward 12 month look. Rather than just apply a straight linear regression (line of best fit) to the forward look values there has been an attempt to add into those predictions a 'seasonal variance' to see where the values might be heading. The 'feathering' takes into account a +/-1 standard deviation from the predicted values. This is the 68% confidence level that, based on the previous 12 months data, is the range within which you might expect the predicted values to fall.

3.2. However, as stated earlier, absence rates over the past 12 months have been negatively affected by the ongoing pandemic.

Table 4



3.3. Information from the March 2021 BI reports was taken to identify how many employees had confirmed they would be returning to work from their current period of absence. Further analysis was undertaken to determine how many cases of ill health capability and retirements were expected in March 2021 which would impact absence figures – see Table 5 below.

Table 5

Group	Total people absent in March	Forecast reduction in absence (headcount)
Surgery	87	21
Medicine	112	25
Corporate	43	27
WCH	42	20
PCCT	58	8
TOTAL	**342**	**101**

3.4. A return as indicated above would result in a reduction in the absence rate of c1.4%.

4. Managing Attendance

4.1. The Attendance Management Policy, launched in August 2021, is a key tool in the management of the sickness absence process.

4.2. When the new policy was introduced, the Trust was still recovering from the first wave of the pandemic and, therefore, the opportunity to fully embed the policy was difficult. However, a training programme was developed for managers to access via Connect; links to useful documents were also made available to support managers with the conversations they should have with staff in relation to absence.

4.3. Regular trigger reports are prepared by the ESR team and sent to Groups via the Operational HR team. These reports support managers to hold sickness review meetings with staff, as well as allowing managers to signpost the employee to any help and support available. However, greater ownership is required at Group level to ensure that staff absence is managed in a timely manner. There is a great variation between managers who manage absence and those that do not, which creates inconsistency in the way staff are managed and supported.

4.4. As well as requirement to review training needs, and the method of training, recent interactions between the operational HR team and managers has highlighted that there is a skill gap for managers using ESR to record absence, for example, ESR records regarding staff isolating due to covid or shielding has been recorded incorrectly meaning absence data has been incorrect. It is proposed that ESR training, ie, manager self-service (MSS) is included as part of the overall attendance management training.

5. Conclusion

5.1. Absence has been consistently high throughout the pandemic, but the Trust has responded with an improved health and wellbeing offering.

5.2. The Trust target of 3% has not been achieved and will continue to be a challenge throughout 2021/22. The average monthly average rate for the past 12 months was 5.41%. A temporary increase to the Trust target would acknowledge the ongoing impact on the pandemic, the potential for a flu epidemic and the risk of additional cases of stress/anxiety depression. A more achievable target would also recognise areas that are being managed effectively and give a sense of pride in reporting.

5.3. Managers have access to ESR BI reports which hold a vast amount of absence data, which is scrutinised by the HR team on a consistent basis and the information is cascaded to managers, with the offer of support and guidance to effectively manage staff absence.

5.4. Employee absence statistics can be a tell-tale signs for other issues within the organisation. The fact that anxiety and stress features as a high reason for absence for absence in the Trust is concerning particularly as we have such an extensive wellbeing offering for the staff.

5.5. It is recognised that due to the pandemic it has not been possible to full embed the new Attendance Management policy and it is noted that this needs to be addressed.

6.0. Recommendations

6.1. People and OD Committee are asked to:

a. Note the contents of the report and ongoing activity to support effective absence management.
b. Acknowledge training requirements to ensure all parties are aware of their responsibilities.
c. Discuss the current absence target of 3% with a view of lifting this to 4% for 2021/22**.**

Anita Patel
HR Business Partner

Sandra McShane
Interim Deputy Chief People Officer

21st April 2021