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| Trust Board (Public) | Item: Staff Sickness Deep Dive Report |
| Date: November 2021 | Enclosure: I |
| Purpose of the Report: To analyse sickness absence data and associated trends and review how they can be mitigated. | |
| For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/> | |
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| Risk Implications – Link to Assurance Framework or Corporate Risk Register: | None |
| Legal / Regulatory / Reputation Implications: | None |
| Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> | |
| Link to Relevant Corporate Objective: | Strategic objective 2 – to have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients |
| Document Previously Considered By: | Executive Management Committee |
| Recommendations: Board are asked to note the data and trends included in this report, the underlying reasons for absence, the mitigations and measures in place and the areas for improvement identified. | |

Sickness deep dive report

1. Purpose of the report

Arising from the impact of Covid the Board asked to receive a report on sickness which consisted of a deep dive into the data, comparisons with other organisations, underlying reasons for absence and the Trust's measures for helping to manage and mitigate it.

The report includes an analysis of sickness absence during the period 2018/19 – 2021/22; a detailed analysis of sickness absence reasons for April 2021- September 2021 and sickness absence rates by group. This data is included at Annex A. Annex B provides an analysis of absence data across trusts in London with a comparison to other NHS regions correct at November 2021. All this data is analysed below together with a summary of mitigations and control measures.

2. Data and analysis

a) Kingston data

It can be seen from the tables in Annex A that absence has been consistently higher over the past year than in previous years (with one of two exceptions) and that this is largely attributable to Covid and the knock-on effects of Covid. The absence pattern generally tracks the prevalence of Covid in the general population and the workforce with particularly high absence levels in spring 2020 and winter 2021. Seasonal norms also have an impact with less absence in the summer months than in winter when colds and flu are prevalent. In terms of the analysis by staff group and cluster, recorded absence is highest in additional clinical services (largely HCAs) and Estates and Ancillary, and lowest in Medical and Dental, although this needs to be seen in the context of control systems discussed below. A further detailed analysis in the red rated areas of additional clinical services and Estates and Ancillary is provided in the annex and shows a wide distribution across service lines. Similarly, the distribution amongst Nursing shows a wide disparity with a very high figure in Imaging and a very low figure in Gastro and Endoscopy. Some of these scores will be affected by the very low number of staff which creates slightly skewed data.

Cluster analysis is also provided and this shows a very interesting disparity with cluster 7 (PPU) a clear outlier and the other clusters within the range of 3.4 - 4.2%. Similarly, whilst there is a disparity between Unplanned and Planned care (4.2% / 3.7%) the disparity is not hugely significant. Central depts record much lower sickness absence at 1.35%, probably reflective of the pressures these services are experiencing.

b) London and National comparators

With the advent of Covid, NHSE in London and nationally have been tracking absences and producing monthly reports, the latest of which is included at Annex B. The following conclusions can be drawn from this report:

- Kingston is quite high in the list of acute trusts with 4.2% absence recorded for the period ended November 2021, with an overall ranking of 8th highest in London. There are some health warnings attached to this data particularly around those trusts who scored virtually zero absences. The Trust absence figures should be seen in this context.
- London with a mean absence rate of 3.4% is the best performing sector in the country with the highest mean absence rate of 7% in the north west.
- Covid is decreasingly a major reason for absence in the London rankings.
- A percentage of staff from black, Asian and minority ethnic groups who are absent is higher than their representations in the overall workforce (e.g. Kingston 40.8% against 35% representation in the workforce).

It is difficult to draw concrete conclusions from the London and national data and so much depends on the accuracy of the reporting, but it is evident from this that the Trust has work to do in reducing sickness absence and there needs to be a focus on reducing absence in BAME staff groups.

3. Underlying causes

One of the most interesting features of sickness absence during the last 2-3 years has been the core underlying reasons for sickness. Previously musculoskeletal issues were the predominant cause of longer sickness absence but this has changed, prior to and during Covid, with anxiety, stress and other psychiatric illnesses being the biggest cause of absence accounting for 15.3% of total absences. Cold, cough and flu account for 11.7% and infectious diseases 10.6%, with musculoskeletal now ranked 4th at 8.2%. This pattern is shared across the NHS and signals the enormous stress staff, and particularly front-line staff, have experienced in the last 3-4 years with this pattern accentuated by the impacts of Covid and Covid related illness. Of course, the Trust's response to this has changed over time as well. This response and the other mitigations are discussed in the paragraph below but this pattern of absence is now sustained and will be with us for the foreseeable future.

4. Mitigations and Interventions

a) General

There has been both a national and local response during Covid to help support staff with the pressures that they have been facing. The Trust, of course, has a long standing four pillar Health & Wellbeing strategy focused on physical, mental, family and financial wellbeing. Particularly relevant to this report is the Trust's Occupational Health service which has been in the front line of dealing with physical healthcare issues. The OH service has been core to delivering Covid vaccines, flu vaccines, undertaking risk assessments, referrals of staff and the full range of screening services, but it is a small resource and quite vulnerable itself. The four acute trusts in South West London have agreed to develop a collaborative service using

a hub and spoke model that will deliver a much more resilient and comprehensive service going forward, and enable more proactive work.

b) Mental Health

In terms of supporting staff suffering from stress and mental health related issues, confidential 1:1 'Time to Talk' sessions run by the staff chaplains have been in place since before COVID and these have been fully utilised by individual staff members and teams who wish to reflect on their experiences. Since the middle of last year, a psychologist has also been on site 2 days per week to provide an enhanced assessment of significant mental health issues, brief interventions and signposting to appropriate support services. Dr Anila George offers comprehensive psychological assessments and can if needed, refer staff onto Cognitive Behaviour Therapy (CBT) which has been additionally commissioned through our external employee assistance provider – Care First. Care First provide staff with access to British Association of Counselling (BAC) accredited counsellors as well as advice on practical issues linked to debt, benefits, housing, childcare and wills. This support is available 24/7. In addition plans are underway to recruit a psychiatrist across the ICS who will help to support staff as well as a local on site counselling solution. These should be in place from January 2022 to help to meet the ongoing need.

National NHS solutions are also available. These range from helplines that are available 24/7 (e.g. the NHS staff wellbeing support helpline) to apps that are being offered free of charge that staff can download (e.g. Headspace).

All these services are regularly advertised to staff through bulletins and leaflets/ postcards as well as available on the intranet and website - <https://kingstonhospital.nhs.uk/healthcare-professionals/staff-health-and-wellbeing-kingston-works-well/staff-mental-health-and-wellbeing-resources/>.

5. Control systems

The Trust measures for monitoring and controlling sickness absence are set out in the Managing Attendance and Sickness Absence Policy; the focus is on line managers supporting staff who become unwell, early intervention, return to work conversations and support from Occupational Health and the Wellbeing teams. As far as recording sickness absence is concerned, there are two processes. Firstly, those staff who are on the Trust's e-rostering systems will have their absence recorded as a matter of time and attendance routine so it can be tracked and monitored through this by both line managers and HR, who provide the necessary support and advice to managers on absence. Sickness absence reporting is a key part of the suite of standard workforce reports provided each month. These systems cover around 80% of the staff's existing workforce with the remainder (some medical, some nursing and a minority of corporate depts) being reported through ESR directly. The use of ESR for this purpose is being phased out and Healthroster will be the primary time and attendance system for all staff during 2022. There has previously been concern about the equity and completeness of recording of absences in some key areas, particularly medical and dental. The universal rollout of rostering systems is the best response to these gaps and the Trust

have invested significantly in a rollout of these systems which also aid the rostering and overall monitoring of the workforce.

KPMG are also about to undertake a review of the effectiveness of the Trust's control systems and this will be reported back to Trust Board by the Audit Committee early in 2022 and will aid our drive towards 100% coverage and effectiveness of recording and monitoring systems.

6. Areas for improvement

Kingston has traditionally enjoyed a very low level of absence and to restore this position the following improvements are required:

- A more resilient and proactive Occupational Health service focusing on prevention and health screening
- A review and refresh of the 2017 Health & Wellbeing strategy to ensure it is relevant and up to date (via the Workforce Committee)
- 100% coverage of rostering systems for all Trust staff with accurate and timely recording and monitoring of all absence associated with it
- Continued focus on training and support for managers from the HR function in monitoring and managing staff absence

7. Recommendations

Board are asked to note the data and trends included in this report, the underlying reasons for sickness absence, the mitigations and measures in place and the areas for improvement identified.

Kelvin Cheadle
Director of Workforce