

Board of Directors

Date:	4 November 2020	Attachment Number:	11																
Title of Report:	Health and Wellbeing of our People																		
Purpose of the report and the key issues for consideration/decision:	There is an increased risk of colleagues not maintaining their health and wellbeing due to reset, winter and Covid surge, with the potential to lead to higher levels of sickness absence which could impact on the ability to deliver high quality services. This risk is currently recorded on the high level corporate risk register and as part of the Board Assurance Framework with a current risk score of 15. This report describes the actions currently being taken and future actions to respond to gaps in controls and assurance.																		
Prepared by:	Katherine Duke, Deputy Director of People and Organisational Development																		
Presented by:	Joanne Harrison, Director of People and Organisational Development																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td>X</td> </tr> <tr> <td>Quality of Care</td> <td>X</td> <td></td> <td></td> </tr> </table>			Financial Sustainability		Empower & Engage Staff	X	Quality of Care	X										
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Quality of Care	X																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>X</td> <td>If Yes, Score</td> <td>15</td> </tr> </table>			No		Yes	X	If Yes, Score	15										
No		Yes	X	If Yes, Score	15														
Which CQC Standards apply to this report:	Safe, Caring, Well-led																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td>X</td> </tr> <tr> <td>National Policy/Legislation</td> <td></td> <td>Patient Experience</td> <td>X</td> </tr> <tr> <td>Human Resources</td> <td>X</td> <td>Terms of Authorisation</td> <td></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>X</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital		Equality & Diversity	X	National Policy/Legislation		Patient Experience	X	Human Resources	X	Terms of Authorisation		Governance & Risk Management (BAF)	X	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>X</td> <td>Receive for information</td> <td></td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss	X	Receive for information		Decision									
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Previously Considered By:	<table border="1"> <tr> <td>People Committee</td> <td>Date:</td> <td>30.09.2020</td> </tr> </table>			People Committee	Date:	30.09.2020													
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Recommendations:	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> Consider, challenge and confirm the controls that are currently in place. Consider, challenge and confirm the mitigating actions outlined in the report are appropriate to respond to the risk. Comment/identify any further mitigating actions required. 																		

Health and Wellbeing of Our People

November 2020

1. Background

In the context of the Covid-19 pandemic, our people’s response across the organisation has been nothing short of exceptional in the provision of services. This was carried out in the first wave in the context of a pause on elective and non-urgent treatment to enable a surge response which resulted in colleagues being redeployed into new areas of work, training and development of new skills, working from home and in some cases being away from their families.

As we move into a second Covid-19 surge the context is different; organisations are being asked to reset services and provide elective and non-urgent treatments again, at a time where we are also seeing increasing activity as we move into the traditional winter period. Nationally this is known as the triple effect; Covid-19, reset and winter.

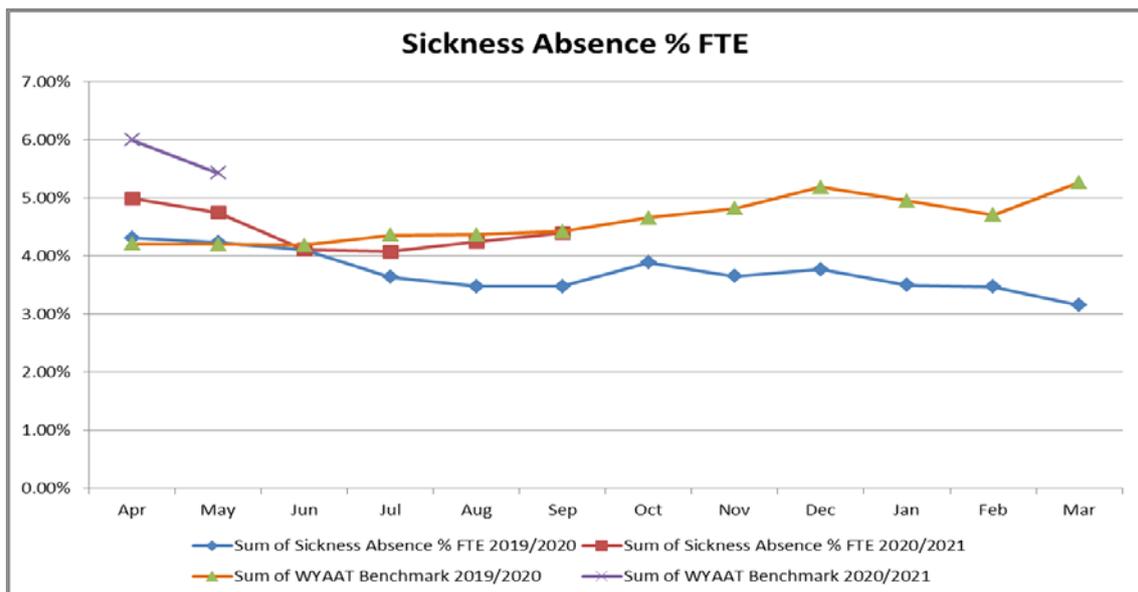
As a Trust we have encouraged colleagues to take breaks and utilise annual leave throughout the pandemic response. However we recognise going into this period our colleagues are tired, people have not been able to get the respite that they would usually have, ie going away on holiday and there has been the continued impact of Covid on all of our daily lives.

2. Current position

In light of this context the Trust recognises that there is an increased risk of colleagues not maintaining their health and wellbeing due to work pressures, leading to higher levels of sickness absence impacting on the ability to deliver high quality services. This risk is currently recorded on the high level corporate risk register and as part of the Board Assurance Framework with a current risk score of 15.

Figure 1 shows the sickness trend information benchmarked against the West Yorkshire Association of Acute Trusts (WYAAT). The red line demonstrates the reduction seen following the first wave of the pandemic with sickness levels returning to 4% in July., From that point an upward trend is seen with current sickness absence being recorded as 4.4% in September. This is likely to increase further with normal seasonal variations and the added impact of a second wave of Covid-19.

Figure 1: Sickness Absence Trend benchmarked against West Yorkshire Association of Acute Trusts (WYAAT).



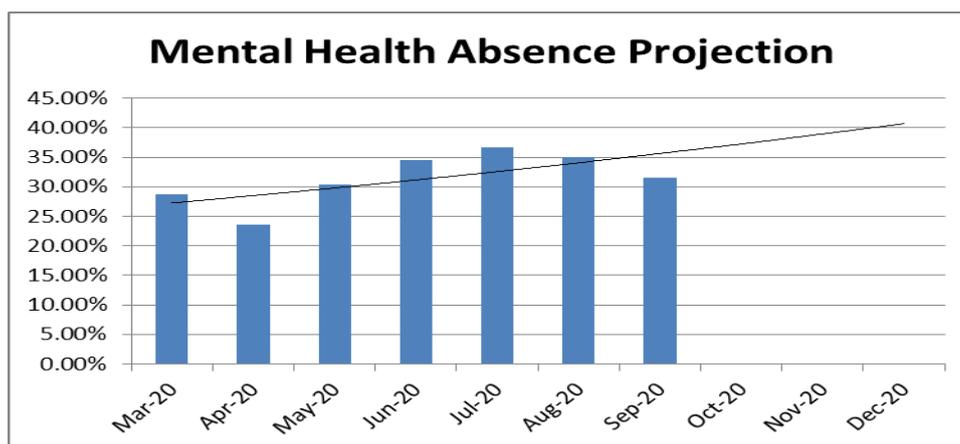
Overlaid on top of this absence position is absence due to isolation and shielding which accounted for a further 2.92% absence, resulting in a total absence of 7.32% in September. This adds to increasing demand at short notice for temporary staffing to support teams to provide high quality care.

The staff groups with the highest levels of absence are: Scientific and Technical at 11%, Additional Clinical Services at 11% and Healthcare Scientists at 8%. The staff groups with the lowest levels of absence are Nursing and Midwifery at 5.6% and Medical and Dental at 4.8%.

From a diversity perspective white colleagues have the highest sickness absence levels at 4.25% and the highest levels of Covid absence at 0.21% (highest proportion of males but the second lowest number of Covid absences since March 2020). Our BAME colleagues have the highest levels of isolation and shielding at 3.83%. Colleagues aged 66-70 had the highest proportion of sickness or isolation and those aged 36-40 were the highest contributors to Covid absence.

The top three reasons for sickness absence in September was mental health absence (ie stress, anxiety and depression) at 32.85%, other musculoskeletal at 11.48% and back problems at 8.83%. Figure 2 shows the mental health absence rate since March 2020 and the future projection. Absence due to mental health conditions tends to be more long term in nature and presents a bigger risk to service provision and also a longer lasting impact on the individual.

Figure 2: Mental health absence and projection



Over the course of the six month period March 2020 to August 2020, mental health sickness absence has fluctuated by 56% measured from the lowest to highest point. The graph above shows the projection of mental ill health absence over the period of October 2020 to December 2020. There is a risk that mental health absences could reach as high as 40% of all sickness absences by December 2020.

2. Controls and Assurance

Current Provision

In response to the risk of increased absence levels, there are a number of interventions that were already in place and actions that have already been implemented across the Trust, including;

- Robust support available via the Employee Health and Wellbeing service, including access to an Employee Assistance Programme.
- Rapid access MSK service.
- On-going support and encouragement for people to take appropriate breaks and periods of annual leave.

- An increased commitment to psychology input through a dedicated role funded through charitable funds.
- A robust approach to supporting colleagues who were shielding to return to work, including online briefings which have continued through October. At the peak there were over 100 colleagues shielding this has reduced now reduced to 11.
- Risk assessment process commenced in May 2020 and now embedded as part of the new starter process; the most recent completion rates indicate that 89% of colleagues in vulnerable groups and 87% of BAME colleagues have been supported to undertake a risk assessment. Further work is underway to support bank colleagues to complete a risk assessment to increase completion rates.
- Access to a number of initiatives available as part of the NHS England/Improvement led campaign, eg Headspace.
- Working from home risk assessments and online DSE assessments available.
- Financial support and advice available through the Bradford Credit Union.
- Staff reward and recognition arrangements in place including monthly and annual awards.
- Network groups for protected characteristics including; BAME, LGBTQ+, Gender, Disability.
- Staff Survey / Staff FFT action plans.
- Introduction of 'wobble' rooms as part of Covid-19 response which remain in place.
- FTSU Guardian / Guardian of Safe Working roles in place.

Further Planned Actions

Due to the increased risk of absence a number of additional actions are being progressed as part of the Year One People Strategy Implementation Plan;

- Mental Health awareness training to be rolled out.
- Formal clinical alliance with Bradford Teaching Hospitals to provide leadership and resilience in the Employee Health and Wellbeing service.
- A new schedule of Schwartz rounds to be launched.
- Engagement work around the strengths and opportunities of the current health and wellbeing offer with a view to developing and launching a refreshed health and wellbeing offer across the Trust.
- Launch of new Wellbeing at Work policy.
- Develop and embed the Resilience Resides in Teams approach.
- Develop and launch a colleague benefits package with an ambition to align this at Bradford and District place in the future.
- Establish and embed an approach to Health and Wellbeing conversations with the supporting training and guidance for managers, conversations should include inclusion elements where appropriate.
- Develop a role outline for a board level Wellbeing Guardian and undertake relevant appointment process.
- Promotion of Staff Survey to ensure high levels of engagement with follow up analysis of results and development of actions plans.
- On-going promotion of existing Health and Wellbeing offer and FTSU Guardian.

Assurance

Progress in relation to controls and additional actions is monitored regularly through sickness absence data at weekly Gold meetings, divisional IPRs, People Committee and Board of Directors.

Our current levels of sickness absence are demonstrating negative assurance when compared to last year's data, however historically we have benchmarked well against other organisations. From the latest SITREP information nationally all absence rates were at 5.2% with the North East and Yorkshire at 6%. Covid absences nationally were 1.6% with the North East and Yorkshire at 1.8% which includes Covid sickness and isolation. It can be seen that Airedale is tracking higher than this currently; however, this is mainly being driven by higher levels of isolation when compared to other West Yorkshire and Harrogate Trusts.

There are clear examples of positive assurance at a first, second and third level including agreed funding for a dedicated staff support Clinical Psychologist post, Staff Survey and Staff Friends and Family Test results (particularly for Quarter 1 and 2 of 2020). In addition to this we have accompanying action plans developed for further learning and to embed our approach to working in partnership with staff networks and colleagues to address this together.

Given the current levels of sickness absence across the Trust and the emergent nature of the Covid-19 pandemic, further assurance and monitoring is being undertaken through the weekly and monthly absence reports and the Integrated Board Report. The gaps in assurance are being addressed through active recruitment to the permanent psychology post, recruitment to key roles in Employee Health and Wellbeing are being progressed through a Service Level Agreement with Bradford Teaching and the roll out of mental health first aid training is being explored at Bradford and District Place.

3. Conclusions

The importance of the wellbeing of our people remains a key priority and is recognised as a strategic ambition as part of the People Strategy. The risk identified linked to reset, winter and the Covid-19 pandemic will continue to be monitored with significant actions already being taken and future plans for further work.

The People and Organisational Development team continue to develop and implement mitigating actions in partnership with operational colleagues and as part of the implementation of the People Strategy. This risk will continue to be reviewed and monitored to ensure that appropriate actions are taken and the impact of these actions will be measured through Gold, IPRs, People Committee and the Board of Directors.

4. Recommendations

The Board of Directors is asked to:

- i. Consider, challenge and confirm the controls that are currently in place;
- ii. Consider, challenge and confirm the mitigating actions outlined in the report are appropriate to respond to the risk;
- iii. Comment/identify any further mitigating actions required.