

Escalation and Assurance Report
Joint Committee: Staff Sickness & Wellbeing
Meeting Date: 16 December 2021

Key discussion points and matters to be escalated from the meeting:

Alert:

- The Board is already sighted of the ongoing challenges across the Trust relating to sickness/absence management and (associated) staff wellbeing. As such, no “alert” is required. However, with COVID cases increasing significantly across communities (and the inevitable additional impact of that on staff sickness/absence), an **already substantial challenge looks highly likely to increase** in weeks to come.

Advise:

- Sickness/absences levels ran at **c9%** during the summer – Trust management monitors high reporting services and reviews the common reasons (anxiety/ depression/stress, muscular skeletal, COVID). Evidence indicates that older (over 50) and ethnically-diverse groups have relatively high sickness absence.
- Turnover levels consistently high too (**c13%**) – again, Trust management receives data on the most challenged services/sites and has some evidence re common reasons (but only limited confidence in overall accuracy of “exit interviews”).
- Evidence indicates highest sickness rates **collate** to highest staff turnover rates.
- **Benchmarking** with other Trusts is done but considered to be of limited use (due to differences between Trusts/communities/demographics). Attempts are ongoing to benchmark more intelligently, with more comparable Trusts.
- Some **key themes** discussed and agreed by the Committee related to (a) causes of such absences and (b) effectiveness of interventions.
- The Trust has been following an NHS policy/instruction to treat **long-term COVID-related absence** differently to all other health-related absence. This is a nation Department of Health/NHSE/I decision. Concerns have been flagged by Trusts regarding the disparity this gives rise to in managing sickness and applying triggers to other non- covid long term conditions. Triggers will continue not to apply in Covid cases until such time as a national change of policy is made, which is unlikely to be before 1 April 2022. The unions are similarly lobbying nationally and concerned about this issue.
- Some evidence that, on the ground, there are practical challenges in ensuring that teams get full allocation of “**time out**” **sessions/ breaks**. Executive leadership has, however, re-emphasised its commitment to meeting this challenge as a priority.
- There are – relative to the 2 other Trusts in the Occupational Health shared service – high levels of **OH referrals**. Further work is required to test effectiveness of the current provider.
- Evidence that inspiring teams and cultivating team bonding/morale has been and is more difficult when limited to **online sessions**. Action to share good practice in this area from Jo Gorse and the “Lively Up Yourself” programme.
- While the **wellbeing offers/services** are strong, there is some evidence that more could still be done to communicate more effectively and increase uptake.
- There will of course be an adverse **financial impact** from increased sickness absence.

Assure:
<ul style="list-style-type: none"> • A series of practical actions were agreed at the meeting – Director of HR and OD to take the lead on most of them (but it is acknowledged that HR cannot solve such challenges alone). • A couple of years ago, the Trust changed its absence management policy (to simplify the use of “trigger points”). Some evidence that that change has made the challenge of absence management relatively more manageable/consistent. • Some evidence that HR’s “supporting absence” training/leaflet for managers is useful. • Some evidence that the Trust is, despite ongoing day-to-day pressures, effective at facilitating “time to think” for teams. • Themes/actions, arising from this joint committee meeting, to be monitored at subsequent meeting(s) of WEC.
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • Those relating to staff wellbeing and staff sickness; and associated risks regarding quality and safety, and finance.
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> • Ongoing risks regarding the above confirmed – clear risk of situation worsening with impact of rising levels of COVID-related staff absence (and the impacts of the same) in coming weeks.

Report completed by: Simon Lewis, WEC Chair (finalised on 06.01.22)