Borders NHS Board Action Point Tracker

Meeting held on 3 October 2019

Agenda Item: Transformation Fund Update

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
13	13	The **BOARD** noted that business cases would be submitted in 2020 to enable long term decisions to be made.	**Rob McCulloch-Graham**	**In Progress:** Scheduled timeline for business cases to be agreed. **Update 05.03.2020:** Mr McCulloch-Graham advised that the intended timeline was for business cases to be submitted to the IJB in March and then where appropriate directions would be submitted to the Board for formal approval. **Update: 02.04.20:** Mr Rob McCulloch-Graham advised that the Integration Joint Board had received papers in regard to the Transformation Fund. The action on the action tracker related to future directions to be brought to the Borders NHS Board which would be in regard to a reduction in beds. Given the current COVID-19 pandemic he was unable to provide a timeline. **Update 07.05.20:** Mr Rob McCulloch-Graham confirmed that directions would not be issued until the autumn.

Meeting held on 5 March 2020

Agenda Item: Organisational Objectives 2020-2023

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
14	7	The **BOARD** deferred approval to the next meeting to have opportunity to make comment and provide feedback on the renaming of the objectives as "Organisational Objectives". The **BOARD** noted the current next steps outlined in the report and that they would be expanded accordingly.	**June Smyth**	**In Progress:** Given the COVID 19 situation this matter has been stood down at this time. We will reassess the position at the end of the June 2020. **Update: 02.04.20:** Mrs June Smyth advised that the matter would be reassessed at the recovery stage of the COVID-19 pandemic. **Update 07.05.20:** Mrs June Smyth advised that the matter had been built into the recovery planning timeline and she would engage with the Board further in due course.

Meeting held on 7 May 2020

Agenda Item: Performance Briefing February / March 2020 – During COVID-19-19 Pandemic Outbreak

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
15	14	The **BOARD** agreed to receive a copy of the sickness absence report detailing COVID-19 and non COVID-19 absences.	**Andy Carter**	**Complete:** Paper Attached.

Borders NHS Board

Meeting Date: 4 June 2020

Approved by:	Andy Carter, Director of Workforce
Author:	Andy Carter, Director of Workforce

ABSENCE DURING THE COVID-19 PANDEMIC

Purpose of Report:

The purpose of this report is to brief the Board on absence during the Covid-19 pandemic.

Recommendations:

The Board is asked to note that the workforce did experience Covid-19 related absence layered on top of absence usually experienced at this time of year, but not at the level which had been forecast.

Approval Pathways:

This report has been compiled by the Director of Workforce in response to interest expressed at the previous meeting of the Board.

Executive Summary:

- Forecasts suggested that more than 30% of workers could potentially be absent.
- Covid-19 related absence amounted to **3.05% in March** and **5.37% in April 2020**.
- In relative terms this was **39% and 55% of total absence** experienced in March and April respectively.
- Primary & Community Services and Support Services saw more total absence than BGH.

Impact of item/issues on:

Strategic Context	NHS Scotland set a target for Health Boards to take steps to keep sickness absence at or beneath 4%.
Patient Safety/Clinical Impact	Continuity of care.
Staffing/Workforce	Resourcing/workplace productivity matter.
Finance/Resources	When Bank or Agency are brought in as cover, there can be double-running costs.
Risk Implications	Risk 1720 on Covid-19 Strategic Risk Register.
Equality and Diversity	BAME component – growing evidence of CV-19 disproportionately affecting workers identifying as BAME.
Consultation	Paper to be shared - Staff Governance Comm. & APF.
Glossary	CV-19 (Coronavirus)

ABSENCE DURING THE COVID-19 PANDEMIC

1. National Position : Sickness Absence Averages

1.1 The Scottish Workforce Information Standard System (SWISS) records sickness absence levels for Territorial and Special Health Boards.
- The average sickness absence for NHS Borders in 2019/2020 (01-April to 31-March) was 5.00%; comprising 3.07% long-term sickness (over 28 days) and 1.93% short-term sickness.
- In the same year, the average sickness absence for NHS Dumfries & Galloway was 5.04%.
- In the same year, the average sickness absence for NHS Highland was 5.62%.
- The NHS Scotland average was 5.44%; the lowest NES (1.73%), the highest SAS (8.46%).

2. Absence Modelling : Covid-19

2.1 The three Health Boards in South East Scotland performed some absence modelling, forecasting how Covid-19 could affect absence from the workplace. The model assumed a pandemic wave starting on 10-February 2020 (Week 1) and lasting 23 weeks, with a peak of absence between 01-June 2020 (Week 17) & 08-June 2020 (Week18). Scenario 1 was the worst case scenario which forecast a 2% increase in Covid-19 related absence each week, culminating in absence levels in excess of 30% by the peak. Scenario 2 was a 1% weekly increase in absence. Thankfully, neither forecast model reflected the reality experienced.

3. Health Board Position : By Categorisation and By Service Area (See Appendices 1 & 2)

3.1 The Covid-19 related absence in NHS Borders did not follow the best or worst case scenarios of the modelling exercise described above. Between March 2020 and April 2020, Covid-19 related average absence rose by 2.32%.

3.2 During March 2020, 'Other' sickness absence was 4.77%. During April 2020, this 'Other' figure was 4.31%. January and February 2020 figures were 3.6% and 4.6% respectively. When you factor out Covid-19 related absence, NHS Borders' absence level is relatively consistent & low.

3.3 Covid-19 related absence is absence from the workplace but in this pandemic, is **not** being recorded as sickness absence, in that it is not triggering the usual absence management protocols. A decision was made nationally to record it as **Special Leave** (full pay, to 6 months).

3.4 The tables overleaf show that the proportion of Covid-19 related absence relative to total absence was **39% in March 2020** and **55% in April 2020**. May 2020 data will be available soon.

3.5 In both months, self-isolating due to the worker experiencing symptoms was the most likely cause of CV-19 absence. The largest change in % absence level from month to month was in the category – underlying health condition which includes those shielding and at very high risk.

3.6 The tables show that in both months, Primary & Community Services and Support Services had the highest levels of <u>total</u> absence (CV-19 plus Other). Total BGH absence ranked 3rd.

APPENDIX ONE : Table Displaying Breakdown of **March 2020 Absence**

Clinical Board	CV-19 Caring responsibility in family (%)	CV-19 Tested positive (%)	CV-19 Self isolating : other household member symptoms (%)	CV-19 Self isolating : personally displaying symptoms (not tested) (%)	CV-19 Underlying health condition : shielded or clinically vulnerable (%)	Total Coronavirus Absence (%)	Other Sickness Absence (%)	TOTAL ABSENCE (%)
BGH	0.14	0.06	0.66	1.37	0.30	2.54	4.71	7.25
Learning Disability	0.00	0.00	2.17	3.78	0.00	5.95	0.98	6.93
Mental Health	0.00	0.12	0.97	0.95	0.28	2.32	4.33	6.65
Primary & Community Services	0.13	0.26	1.19	2.52	0.48	4.58	5.08	9.66
Support Services	0.03	0.00	0.58	1.97	0.27	2.84	4.93	7.78
Totals (%)	**0.09**	**0.09**	**0.80**	**1.74**	**0.33**	**3.05**	**4.77**	**7.82**

APPENDIX TWO : Table Displaying Breakdown of **April 2020 Absence**

Clinical Board	CV-19 Caring responsibility in family (%)	CV-19 Tested positive (%)	CV-19 Self isolating : other household member symptoms (%)	CV-19 Self isolating : personally displaying symptoms (not tested) (%)	CV-19 Underlying health condition : shielded or clinically vulnerable (%)	Total Coronavirus Absence (%)	Other Sickness Absence (%)	TOTAL ABSENCE (%)
BGH	0.14	0.43	1.17	1.49	1.98	5.22	4.50	9.72
Learning Disability	0.00	0.00	0.00	1.74	0.00	1.74	0.00	1.74
Mental Health	0.05	0.17	0.81	0.63	0.82	2.47	3.13	5.60
Primary & Community Services	0.14	1.86	0.90	2.14	1.64	6.68	4.53	11.21
Support Services	0.05	1.07	1.65	1.88	1.30	5.95	4.52	10.47
Totals (%)	**0.11**	**0.86**	**1.19**	**1.63**	**1.58**	**5.37**	**4.31**	**9.68**