

# Human Resources/Organisational Development Report

**Purpose of report [For information/discussion/approval]**

**Report to:** Board of Directors **Date:** 19<sup>th</sup> July 2017  
**Presented by:** Executive Director of HR/OD **Prepared by:** Ann Stringer/David Chesser

Enc. 7

## Executive summary

The purpose of this report is to provide the Trust Board with a progress report on our OD/Learning & Development, Staff Health & Wellbeing, CQC compliance and other key performance indicators.

We are making good progress in all areas, with sickness absence being below the NHS operating framework requirements and at its lowest level for some time (3.42%). We are however mindful of the move to Health Roster and whether there is an element of under-reporting.

We have a well thought out strategy for the new apprenticeship standards which is about to be enacted. This will make a substantial draw down from the apprenticeship levy as well as supporting work on developing our culture.

Our leadership strategy development is progressing well

## Risks associated with this report

Trust Board are to be assured that CQC/NHSLA requirements are met

## Assurance Framework reference

The following Board Assurance Framework references cover this report – 1.5, 2.10, 2.20, 2.21, 2.22, 2.30, 5.3 5.0 5.18.

*This report has previously been presented at:*

Workforce Committee



The topics included in this report were discussed at workforce committee since the last Board report. The paper was not presented.

## **Workforce Strategy**

### **Report to the Board of Directors, October 2016**

**Date of Sub-committee Meetings: Workforce Committees (20<sup>th</sup> April, 18<sup>th</sup> May, 15<sup>th</sup> June 2017)**

#### **1. Minutes are located on the Trust intranet**

#### **2. Our key strategic performance indicators cover the following areas:**

- Creating a learning environment for quality and continuous improvement
- Providing excellent patient centric customer service
- Management and maintenance of robust HR policies and systems for safety and compliance.

### **1. Organisational Development Activity and Progress**

#### **April – June 2017**

<b>Programme</b>	<b>Number of Sessions</b>	<b>Number of NHCT Participants</b>	<b>Number of NCUH Participants</b>	<b>Other/ Wider NHS Network</b>
Assessment Centres April - June 2017	7	47 candidates	0	0
Psychometric reports in April	17 posts	62 reports	0	0
Psychometrics reports in May	2 posts	13 reports	0	0
Psychometrics reports in June	15 posts	52 reports	0	0
Consultant Appraisal Skills	2	21	0	0
Change Management	2	24	0	0
Allied Health Professional	3	54	0	0
Nurse Leadership	3	66	0	0
Clinical Leadership Programme	3	48	0	0
OSM/GM/DD Quarterly Event	1	65	0	0
Pathology	4	18	0	0
Ray Galloway	1	70	0	0
<b>TOTAL:</b>	<b>60</b>	<b>540</b>	<b>0</b>	<b>0</b>

## **Leadership & Management Development -**

Good progress has been made over the quarter to formalise the Northumbria leadership and management development portfolio as a result of a number of drivers outlined in the previous report.

Two of these included the Collective Leadership Culture programme we are engaged in with NHS Improvement, the King's Fund and two fellow pilot trusts (Central Manchester FT and East London FT) and the introduction of the Apprenticeship Levy in April.

We have now completed the high level design for two leadership and management development apprenticeship programmes which are aimed at our front-line managers (i.e. Team leaders / supervisors at Bands 4/5) and our middle / senior managers (i.e. Bands 7/8). Band 6 leaders will access one of the two programmes according to their experience and roles.

The programmes are designed to create consistent – and high – expectation of our leaders and managers and aligned to the collective leadership culture we aspire to. By creating these as leadership and management programmes we can offset the costs for design and delivery against the Apprenticeship Levy.

The programmes will launch in quarter 3 with the first cohort and then on a rolling quarterly basis thereafter. This is designed to set our leaders up for success in their roles, continue to develop a positive, open, patient centred and inclusive culture where staff are engaged, enabled and empowered.

## **Collective Leadership Culture Programme Pilot -**

We are now nearing the end of the strategy design phase using the findings and insight from the discovery phase deployed in 2016.

Over the last quarter, our efforts have been focused on critically reviewing our relevant leadership related processes and practices to ensure they promote, reward and support the development and embedding of collective leadership. This has been done by focusing on 3 specific workstreams:

- the recruitment and talent management of formal leaders
- the development of formal leaders
- the development of wider workforce leadership behaviours

The outputs from these will then inform the resulting collective leadership strategy and appended to the People and Organisational Development Strategy 2017-2020.

As part of our wider engagement strategy, Michael West facilitated two sessions in June, one a Board development session on collective (and compassionate) leadership and one for a wider consultant / management and ACO partner audience.

The focus was on the 5 cultural elements required for collective leadership to develop (Vision and Values, Goals and Performance, Support and Compassion, Learning and Innovation and Team working) and the associated leadership behaviours.

## **Appraisal review and re-design -**

Feedback from successive Staff Surveys indicated that staff felt their appraisals were not as meaningful an experience as they might be though we had consistently high levels of appraisal completion and compliance.

This prompted a review of the current Appraisal workbook by engaging with staff side representatives, HR colleagues and senior managers from each Business Unit to discuss and debate the reasons for the adverse feedback and explore options for a revised tool for managers to use.

This resulted in a substantial redesign of the former appraisal workbook into a Performance and Development Review (PDR) document which included a reduced duplication of content, the introduction of a career conversations section and repositioning objectives and development planning at the beginning of the PDR document.

Each business unit identified a team to pilot/trial the new PDR tool in Q1 and a recent review has confirmed that the new process has been well received and we will now proceed with a full deployment of this across the trust.

The accompanying workshop for managers has been redesigned and the emphasis of this is to equip managers with the knowledge, skills, tools, behaviours and confidence to hold meaningful, high quality conversations about performance, development needs and plans and career ambitions with their team members.

### **Coaching - OD**

The internally managed coaching service (Northumbria Coaching Network) continues to grow and our coaches are in demand for their services. As a result of this and with the new leadership and management development programmes being launched in the Autumn, we are investing in a new cohort of coaches who will be trained in October.

They will join the 30 current trained coaches in the network and access the supervision and continuing professional development sessions provided on a regular basis. In due course we intend to bring the supervision element of coaching in house to build our own capability and capacity in this area.

In addition to individual coaching requests, there is also growing interest in group and team coaching and this supports our collective leadership aspirations as team working is a key component of a collective leadership culture. This will also be reflected in our new leadership and management development programmes with leaders developed to adopt coaching behaviours and skills within their teams and as part of 1-1 and performance and development review (1-1 and appraisal) conversations.

### **Delivery of the Nursing & Midwifery Staffing Strategy – OD**

Progress continues with the activities detailed in the action plan which underpins the strategy and are focused around retention, attraction, recruitment and development.

Recent and on-going activities include:

- the recent delivery of a bespoke Band 5 nursing conference in late June
- the development of an internal transfer scheme to facilitate improved mobility of nurses around the trust in support of career development
- the re-issue of the Nursing and Midwifery Survey to determine the current climate in this community relating to morale, satisfaction, engagement and career intentions

- the commencement of 20 trainee Nursing Associates on the regional 2 year training pilot programme
- the on-going provision of resilience training for nursing staff to support their health and wellbeing and to develop individual coping strategies
- exploring options for how we will respond to the new Nursing Degree level apprenticeship
- the on-going provision of coaching services to nursing staff (individually and collectively)

Progress continues to be reported at quarterly Workforce Committee meetings.

## **2. Learning and Development – Activity and Progress**

### **The Care Certificate**

389 staff have now completed the initial 3 days of the Care Certificate Programme (CCP). Of these, 293 have completed the full programme and been awarded the Care Certificate and 13 people have been awarded the Northumbria Certificate of Care. The remaining numbers are those who are due to submit their Care Certificates or who have left before their submission.

Evaluations remain positive for the programme and it has recently been reviewed within the team to ensure that it continues to meet the required standards. Sessions from the Nerve Centre team regarding E-Observations and the Chaplains around spirituality are to be added to future programmes.

To date, only those staff in substantive roles have completed the CCP and NHCFT are proposing to deliver the Care Certificate Programme to Nursing Assistants from Flexi Staffing.

The nursing assistants require a minimum of three months care experience in order to apply for a flexi bank post therefore completing the CCP would provide the knowledge, skills and competencies to support their limited experience, would ensure equity with all other NHCFT assistant staff and enable those staff to provide safe, high quality care to our patients. The CCP also contributes, significantly, to the level 2 Health Apprenticeship and gives those staff transferable learning and enhanced technical skills.

### **Apprenticeships**

The apprenticeship levy came into effect in April and to date means we are diverting c. £105k into a digital apprenticeship levy account on a monthly basis. The 'public sector duty' requires us to have 2.3% of the workforce in apprenticeships roles which equates to c. 235 Apprenticeship starts per year.

We are adopting a pragmatic approach to the delivery of this via a 'hybrid' delivery model in the first instance whereby

- some apprentices will be young people recruited as historical practice
- some will be existing staff who access an apprenticeship rather than other vocational or academic qualifications
- most will be existing staff who access programmes which we have been 'converted' into an apprenticeship e.g. leadership and management development as previously outlined
- we will also outsource some apprenticeship programmes to a local college to deliver where they are better placed to do so

We have been approved as an Employer Provider and feature on the Register of Apprenticeship Training Providers (RoATP) thereby allowing us to continue to deliver apprenticeship programmes internally. A delivery plan has been produced and a meeting is taking place with the EDs of Finance and HR/OD in July to confirm and finalise details.

### **Northumbria Trainee/Intern programme**

We are in the throes of the selection process for our Autumn 2017 intake and will have two streams running simultaneously (in addition to our existing cohorts) comprising:

- Up to 10 Trainees (formerly Undergraduate management trainees)
- Up to 10 Interns (formerly Postgraduate management trainees)

We aim to recruit a combination of General / Operational Management, Finance and HR trainees and interns onto each programme.

Trainees (i.e. school / college leavers with A' levels as their entry requirement will complete a Chartered Management Degree with Sunderland University over their 3 year programme and Finance trainees will complete an appropriate Finance qualification.

Interns will access internal learning & development opportunities and focus on gaining meaningful experience in a healthcare setting in their respective discipline.

Our existing cohort consists of 6 undergraduate trainees and 5 postgraduate trainees are at different stages of their programme with all trainees doing well and meeting the appropriate academic and work based milestones and standards. Additionally, we still have 2 trainees (1 postgraduate and 1 undergraduate) seconded to NHS Improvement for 12 months working on the national A&E project.

### **National Graduate programme**

Our historical success with the NHS National Graduate Management Trainee Scheme has continued recently with the allocation of two new Year 1 graduates in Finance and HR respectively.

The region only had 7 Year 1 graduates to place so for one trust to be allocated two is testament to the Statements of Commitment we submitted and the quality of learning experiences from former graduates. We were also successful in being accredited as a placement organisation for Year 2 (strategic) graduates though not formally allocated a graduate this year.

### **Civil Service Graduate programme**

As previously reported, historically we have been successful in securing Civil Service 'fast stream' graduates on 6 month placements. However we are now competing with a wider pool of organisations who have recognised the value – and calibre – of these trainees and demand for graduate secondments now exceeds the supply of graduates on programme. We continue to submit applications but accept that we are not as attractive as previous as a result of the increased interest in these graduates.

### **Step Into Health Programme - Promoting NHS Careers to Armed Forces Service Leavers and Veterans.**

We've held two Information (Open Day) events to date with a further two planned in the coming months. We currently have 15 placements in the application process and a further 5 placements ready to set up with managers across the trust.

We are actively attending a number of events to promote across the region working with external organisations to promote Step into Health and how they could support further. This also includes

working in collaboration with other NHS organisations to share best practice to enable them to engage with the Step into Health programme themselves.

We are supporting the Officers' Association and this has included presenting at their events as well as offering facilities to run events. We have also been networking with various reservist units to promote a career within the NHS.

In addition to this we supported the recent Armed Forces Week and signed the Covenant in our own right demonstrating our commitment to supporting Armed Forces personnel. Alongside this we have developed the Reservist policy which is under review at Policy Sub Group.

### 3. Health and Wellbeing – recognising the link between staff health and wellbeing and patient outcomes

#### NHS England Healthy Workforce pilot - update

Having taken part in NHS England's Healthy Workforce pilot alongside 11 other NHS organisations, the Trust has now been invited to continue with the pilot in a smaller group of six NHS organisations. We are asked, over the coming months, to test a 'minimum offer' covering the following areas:

Mental Health	MSK	Obesity	Flu	Enablers
Stress audits / identifying issues	Preventing injuries	Healthy food offers	Flu fighters	Excellent line management
Access to self-help interventions for common MH issues	Lower intensity therapies for managing MSK issues	Physical activities		Board-level engagement and accountability
Basic counselling	Fast-track 1:1 physio	Promoting active travel		Occupational Health Services
Access to lower intensity therapies for common MH issues		Weight management programmes		Health and wellbeing lead/team
				Staff awareness measures (e.g. branding)
				Data usage

Funding will be made available from NHS England to support this work (with the exception of flu, which is already supported by an existing programme). There will be opportunities for collaboration and sharing of best practice with the other organisations taking part. The final revision of the minimum offer will provide all other NHS organisations across England with a clear model to follow.

## **Mental health**

- **Headspace**

Headspace is an online tool that enables individuals to practice the basics of meditation and mindfulness, with introductory, bite-sized sessions available. It is also available as a mobile application, so people can practice on the go. As part of the Healthy Workforce pilot, we were given a large number of codes that would give our staff access to Headspace completely free of charge for one year (a saving of around £60). During this quarter, access codes were given out to 120 staff, bringing the total to date to 1,300.

- **Psychological wellbeing practitioner**

The PWP has continued to promote her role across the trust. Following advertising in the Staff Update, there has been a demand for team training sessions on managing stress and wellbeing as well as individual requests for support. Information on local IAPT services for staff has been made available on health and wellbeing intranet pages. Activity in the last quarter is as follows:

- 42 individual clinical appointments offered both face to face and telephone including directed self help
- 3 team training sessions delivered on managing stress at work
- Open talk for equality and diversity presentation delivered on mental health and the support available in the Trust
- 2 psycho-educational lunchtime classes delivered on managing stress and anxiety at work
- 3 nurse training sessions at NSECH provided on managing stress and resilience
- Estates and Facilities general managers meeting attended to promote the role
- Promotion of psychological wellbeing services at the Band 5 Nursing Conference

- **Resilience Training**

The trust has committed to continuing the funding of a post to provide resilience training for staff. We are currently in the process of recruiting to a new post to continue the programme of work started over the past year.

Training provided over the last quarter:

- 3 Resilience courses for all staff ( 2+1 model of delivery) – total of 9 sessions provided
- Introduction to Resilience for clinical leaders – 3 hour session

## **Musculoskeletal health**



	<b>Number of New Staff Physiotherapy Referrals</b>	<b>Capacity/ month</b>	<b>Difference</b>	<b>% above capacity</b>
<b>2016 (average)</b>	<b>105</b>	<b>79</b>	<b>+26</b>	<b>+33%</b>
<b>2017</b>				
January	143	79	<b>+64</b>	<b>+81%</b>
February	111	79	<b>+32</b>	<b>+40%</b>
March	144	79	<b>+67</b>	<b>+82%</b>
April	104	79	<b>+25</b>	<b>+31%</b>
May	100	79	<b>+21</b>	<b>+30%</b>
June (23 <sup>rd</sup> )	102	79	<b>+23</b>	<b>+29%</b>
<b>Average (2017)</b>	<b>117</b>	<b>79</b>	<b>+39</b>	<b>+48%</b>

Increased demand on the staff physiotherapy service has been accommodated by using available capacity of a Band 6 physiotherapist employed to work on an external contract.

This extra capacity is no longer available and consequently, the ability to offer appointments within 3 working days has reduced to an average of 71% for 2017 – see table below. June (month to 23/06/2017) we have managed to offer 3 working day appointments 54% of the time.

	<b>% of appointment offered within 3 working days</b>
<b>2016</b>	<b>87</b>
January 2017	91
February 2017	66
March 2017	78
April 2017	66
May 2017	73
June 2017	54
<b>Average (2017)</b>	<b>71%</b>

Actions are in place to attempt to maintain the efficiency of the service in light of on-going high demand:

- Review of current job plans resulting in a planned increased capacity to receive 79 to a maximum 91 new referrals/month
- Introduction of protected time to triage and prioritise referrals

## **Obesity**

### ***Food environment***

Improvements continue to be made to the food environment, with CQUIN targets in place to support this. The respective managers of the restaurants and HVS shops have confirmed that their services meet the following requirements:

- The banning of price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS)

- The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt (HFSS)
- The banning of sugary drinks and foods high in fat, sugar or salt (HFSS) from checkouts
- 80% drinks to be sugar-free / less than 5 grams of sugar
- 80% of confectionery and sweets do not exceed 250 kcal
- 75% pre-packed sandwiches/meals not exceeding 400 kcal or less and do not exceed 5.0g saturated fat per 100g

Last November, NHS England launched a public consultation on proposals to reduce the sales of sugar-sweetened beverages (SSBs) on NHS premises and take action on the devastating impact the country's sweet tooth has on public health. As a result of the consultation, NHS England has announced that the sale of SSBs will be banned in shops on all NHS premises from July 2018 unless suppliers voluntarily take decisive action to cut their sales over the next twelve months. This involves reducing the total volume of monthly sugar-sweetened beverage sales per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts. The Trust will be signing up to this voluntary commitment.

### ***Physical activity***

Fitness classes have continued to run across several sites, with an average of approximately 50 attendances per week. A running group is well established in Morpeth; this is delivered by a member of staff who has attended Run Leader training and volunteers his own time each week to run the session.

We have also continued to promote the availability of staff access to the physio gyms at North Tyneside General, Wansbeck and Hexham, as well as promotion of discounts and offers from external leisure partners.

Planning is underway for a new Trust-wide physical activity challenge in the next quarter.

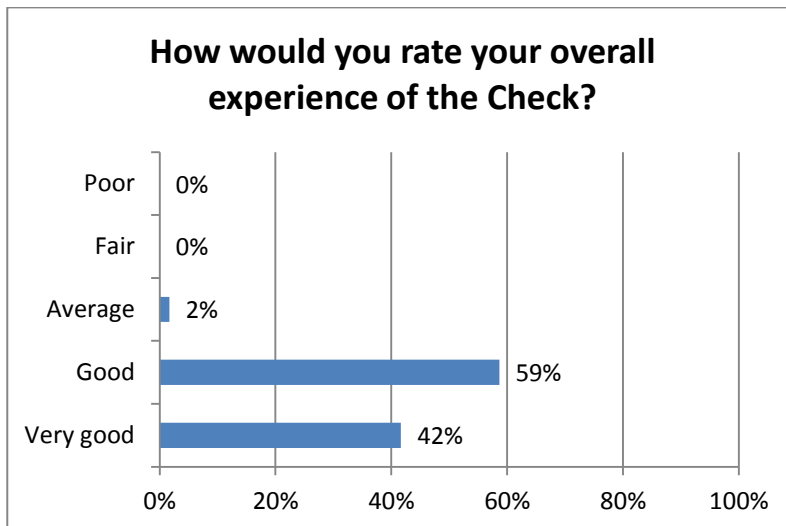
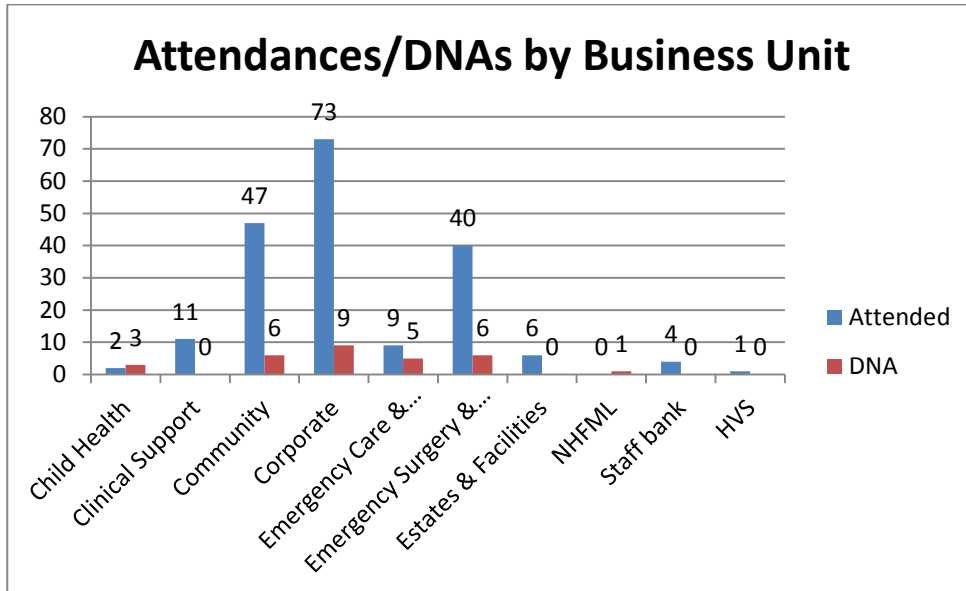
### **Staff Wellbeing Checks**

Staff Wellbeing Checks were offered Trust-wide from April 2017, with no age limitations in place. They have been promoted via the Staff Update, Team Brief, health advocates and emails to GMs/OSMs. The Checks are currently available at NSECH, NTGH, WGH, HGH, Berwick Infirmary and Alnwick Infirmary. Ad hoc sessions have also been delivered in the community.

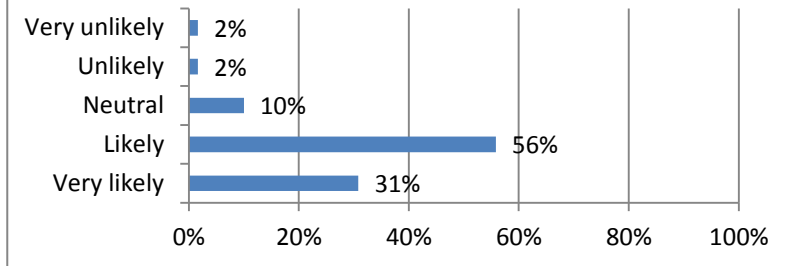
During this quarter, 193 individuals have attended for a check.

Each attendee is asked to complete an online evaluation following their Wellbeing Check; the response rate is currently 60%. Feedback has been positive to date.

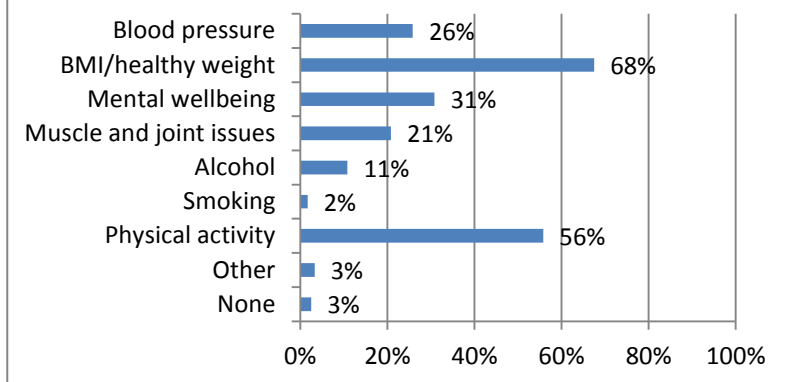
## Well Being Check: Evaluation



**Given the advice you have received, how motivated and likely are you to make positive lifestyle changes?**



**Which health areas are your priority? (you may select more than one)**



Moving into the next quarter, we will begin offering 1:1 appointments with staff who have had a wellbeing check – 1:1s will focus on their particular priority areas, with the Health Trainers helping individuals to set goals. We will also continue to promote the Checks via regular comms channels and through contact with managers. Promotional stalls are being held at different sites with good interest.

**Line manager training**

The Trust’s internal trainers for the ‘Leading a Healthy Workforce’ training have received refresher training and the roll out will resume in July, with a further five dates identified up to January 2018. Twenty places will be available at each session.

This one-day course gives managers improved skills and increased confidence for supporting staff with their wellbeing, particularly mental health. It also focuses on how a manager’s own behaviour can impact on the wellbeing of their team.

**Smoke-free**

The Trust continues to work towards becoming smoke-free in March 2018. A considerable amount of staff engagement has taken place with various staff groups and actions are being taken as a result of the feedback. Communications are initially focusing on preparing staff for going smoke-

free, taking learning from NTW’s experience, and case studies are being developed. The smoke-free intranet pages are regularly updated with information on how staff and patients can access support, and a comprehensive list of frequently asked questions.

Smoking cessation capacity is also being strengthened with plans for two Health Trainers within Occupational Health to be trained, and referral pathways have now been mapped.

Our upcoming smoke-free status is being embedded into HR processes such as induction and appraisal, and recruitment literature is being updated to reflect our commitment to staff health and wellbeing with a specific mention of smoke-free.

## CQUIN

The 2017/18 CQUIN indicator 1a ‘improvement of health and wellbeing of NHS staff’ is linked to NHS Staff Survey results, as set out below.

Question	Requirements	Baseline (2015/16 data) for 5% improvement
9a) Does your organisation take positive action on health and well-being?	Providers will be expected to achieve an improvement of 5% points in the answer “yes, definitely” compared to baseline staff survey results <u>or</u> achieve 45% of staff surveyed answering “yes, definitely”.	52% responded “yes definitely”
9b) In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Providers will be expected to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results <u>or</u> achieve 85% of staff surveyed answering “no”.	80% responded “no”
9c) During the last 12 months have you felt unwell as a result of work related stress?	Providers will be expected to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results <u>or</u> achieve 75% of staff surveyed answering “no”.	73% responded “no”

In this quarter, we have undertaken work which aims to contribute to the achievement of this CQUIN target. This includes focus groups across the Trust to better understand staff perception of health and wellbeing at work and how the organisation can make improvements. An action plan will be finalised in early July.

We are also working with the Communications team to ensure continued high visibility of the health and wellbeing programme, with consistent messages. A recent example of this was the strong focus on our commitment to staff health and wellbeing at the Band 5 Nursing conference. We also continue to recruit Health Advocates across the Trust (members of staff who have an interest in wellbeing and who engage their colleagues in initiatives).

Partnership working across different service areas/leads, such as Occupational Health, Staff Psychology and Counselling, HR and the Speciality Registrar in Public Health is ensuring that a holistic staff health and wellbeing programme is delivered and promoted in a more coherent manner.

#### **4. Progress and Achievement of Key Performance Indicators**

##### **Recruitment Time to Hire**

Monthly Stepchange reports are now incorporated into the monthly business unit dashboards so individual business units can track their recruitment activity. Stepchange reports also features monthly on the Workforce Committee agenda and is reported by exception in regards to overall time taken to recruit.

We have developed an action plan to reduce the time taken to complete the various stages of recruitment, and “Stepchange” is a recruitment management system that we have now commissioned.

We are currently leading a regional work stream on streamlining recruitment between all 11 NE Trusts, as a high percentage of external recruitment is between Trusts within the region. As well as speeding up recruitment it should significantly reduce cost.

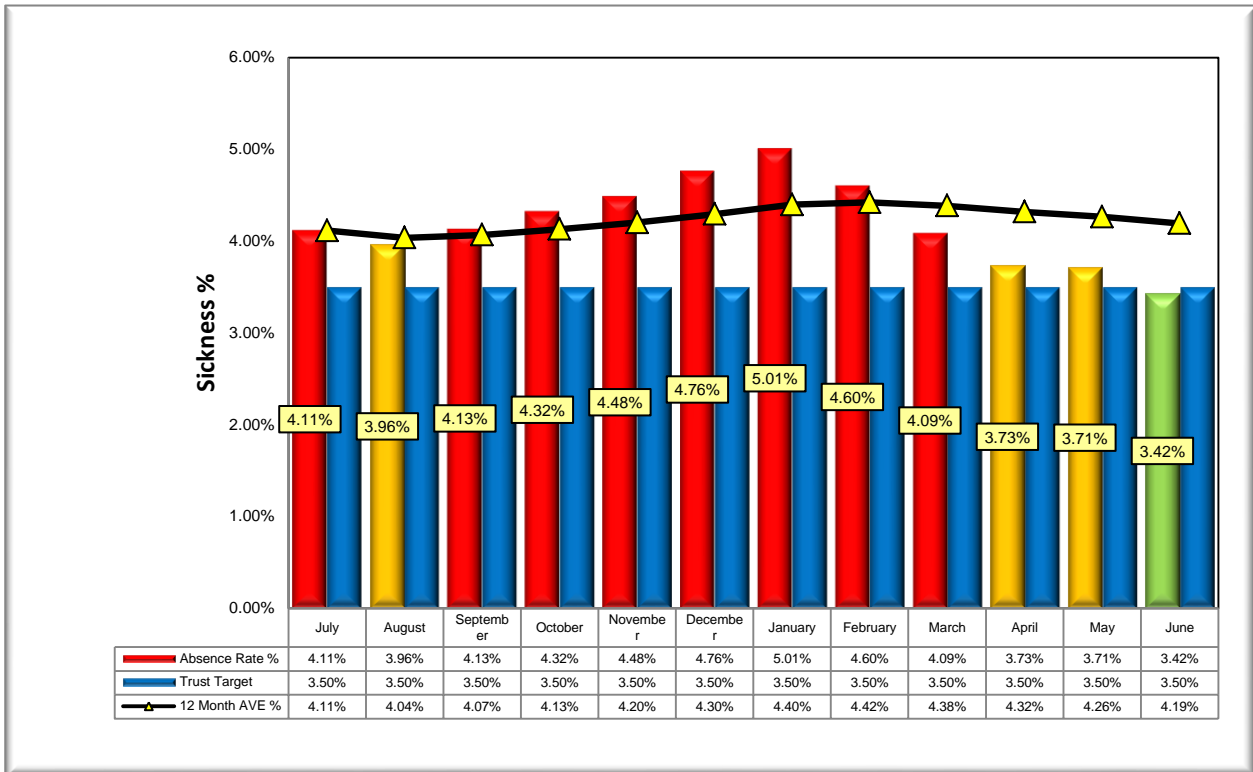
We are currently evaluating “TRAK” and alternative recruitment management system with a view to replace the current system

##### **Sickness absence results**

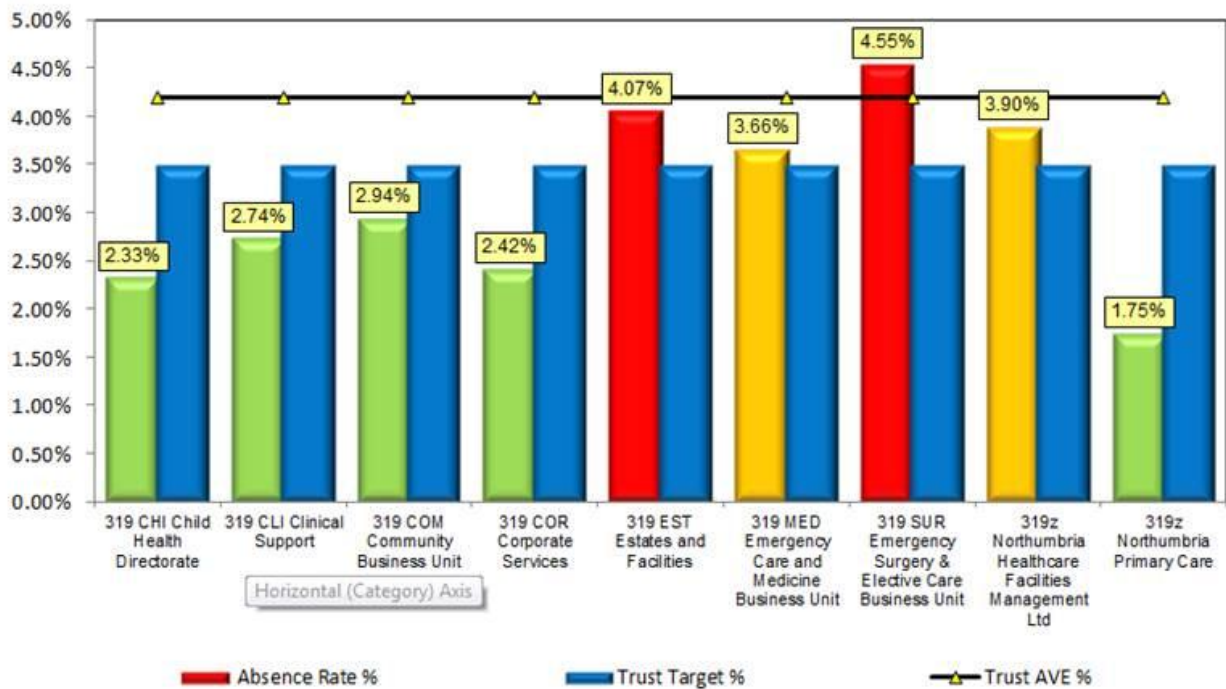
The Trust's SAR% for Q1 – Apr - Jun 2017 is 3.62% which is a decrease on Q4 (which settled at 4.56%). This follows the pattern of a seasonal decrease for this quarter experienced in previous years; however there has been a larger percentage decrease in this quarter than would usually be experienced.

The last 12 months rolling sickness absence results are as shown in the table below:

Sickness Absence Rate - Apr 2016 - Mar 2017
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Sickness Absence Rate by Business Unit June-17



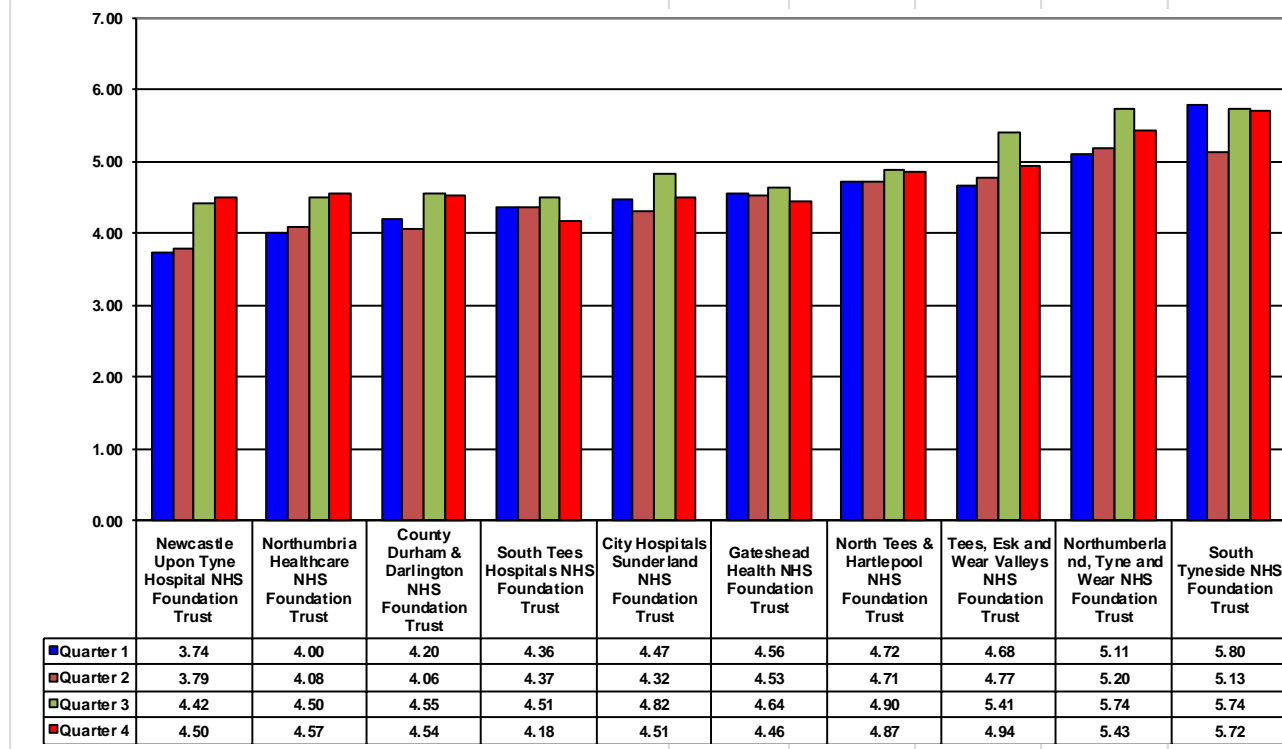
The sickness absence level in Estates & Facilities/NHFML continues to be of concern (5.69% in April and 5.35% in May) however as a result of detailed work with the teams we are beginning to manage this down. Community Business Unit sickness absence is very low and there is some work on-going to ensure this is not under-reporting as a consequence of the move to Health Roster.

## Sickness Absence Rate Benchmarking Data

The Trust also participates in a Regional Benchmarking exercise and both Q3 and Q4 results have now been received. (Q1/2 have previously been reported in January 2017)

The Trust is second lowest in the Region with a combined annual average for 2016/17 of 4.29% with the overall Regional average being 4.69%. For Q4 alone however we moved downwards in the Region at 4.57% behind the Newcastle Hospitals, County Durham & Darlington, South Tees, Sunderland and Gateshead Trusts.

Organisation	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
Newcastle Upon Tyne Hospital NHS Foundation Trust	3.74	3.79	4.42	4.50	4.11
<b>Northumbria Healthcare NHS Foundation Trust</b>	<b>4.00</b>	<b>4.08</b>	<b>4.50</b>	<b>4.57</b>	<b>4.29</b>
County Durham & Darlington NHS Foundation Trust	4.20	4.06	4.55	4.54	4.34
South Tees Hospitals NHS Foundation Trust	4.36	4.37	4.51	4.18	4.36
City Hospitals Sunderland NHS Foundation Trust	4.47	4.32	4.82	4.51	4.53
Gateshead Health NHS Foundation Trust	4.56	4.53	4.64	4.46	4.55
North Tees & Hartlepool NHS Foundation Trust	4.72	4.71	4.90	4.87	4.80
Tees, Esk and Wear Valleys NHS Foundation Trust	4.68	4.77	5.41	4.94	4.95
Northumberland, Tyne and Wear NHS Foundation Trust	5.11	5.20	5.74	5.43	5.37
South Tyneside NHS Foundation Trust	5.80	5.13	5.74	5.72	5.60
<b>Average</b>	<b>4.56</b>	<b>4.50</b>	<b>4.92</b>	<b>4.77</b>	<b>4.69</b>



In addition a further analysis on Short Term/Long Term figures is undertaken:

### Q3 2016/17 Short Term/Long Term Analysis



Organisation	Short Term %Rate	Long Term %Rate	Total	% Short Term	% Long Term
County Durham & Darlington NHS Foundation Trust	1.38	3.20	4.58	30.13	69.87
Newcastle Upon Tyne Hospital NHS Foundation Trust	1.79	2.64	4.43	40.41	59.59
<b>Northumbria Healthcare NHS Foundation Trust</b>	<b>1.52</b>	<b>2.99</b>	<b>4.51</b>	<b>33.70</b>	<b>66.30</b>
City Hospitals Sunderland NHS Foundation Trust	1.62	3.20	4.82	33.61	66.39
South Tees Hospitals NHS Foundation Trust	1.47	3.04	4.51	32.59	67.41
Gateshead Health NHS Foundation Trust	1.53	3.11	4.64	32.97	67.03
Tees, Esk and Wear Valleys NHS Foundation Trust	1.80	3.60	5.40	33.33	66.67
North Tees & Hartlepool NHS Foundation Trust	1.94	2.95	4.89	39.67	60.33
South Tyneside NHS Foundation Trust	1.76	3.96	5.72	30.77	69.23
Northumberland, Tyne and Wear NHS Foundation Trust	1.77	3.94	5.71	31.00	69.00
<b>Average</b>	<b>1.66</b>	<b>3.26</b>	<b>4.92</b>	<b>33.82</b>	<b>66.18</b>

#### Q4 2016/17 Short Term/Long Term Analysis

Organisation	Short Term %Rate	Long Term %Rate	Total	% Short Term	% Long Term
County Durham & Darlington NHS Foundation Trust	1.29	3.29	4.58	28.17	71.83
Newcastle Upon Tyne Hospital NHS Foundation Trust	1.91	2.60	4.51	42.35	57.65
<b>Northumbria Healthcare NHS Foundation Trust</b>	<b>1.62</b>	<b>2.96</b>	<b>4.58</b>	<b>35.37</b>	<b>64.63</b>
City Hospitals Sunderland NHS Foundation Trust	1.69	2.82	4.51	37.47	62.53
South Tees Hospitals NHS Foundation Trust	1.60	2.23	3.83	41.78	58.22
Gateshead Health NHS Foundation Trust	1.64	2.82	4.46	36.77	63.23
Tees, Esk and Wear Valleys NHS Foundation Trust	1.87	3.07	4.94	37.85	62.15
North Tees & Hartlepool NHS Foundation Trust	1.94	2.93	4.87	39.84	60.16
South Tyneside NHS Foundation Trust	2.10	3.63	5.73	36.65	63.35
Northumberland, Tyne and Wear NHS Foundation Trust	1.62	3.84	5.46	29.67	70.33
<b>Average</b>	<b>1.73</b>	<b>3.02</b>	<b>4.75</b>	<b>36.59</b>	<b>63.41</b>

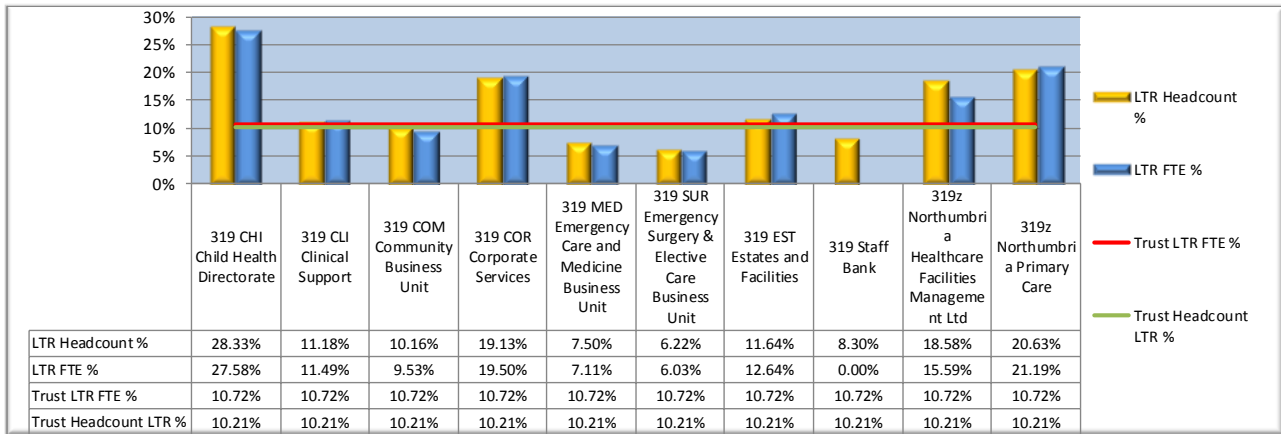
Short Term episodes equate to around 33-35% of our sickness absences overall with Long Term episodes being between 64-67% overall. Our % of Short Term episodes is lower than the Regional Average (36.59%), however our % of Long Term episodes is higher the Regional Average (63.41%)

The Short Term % rate increased from 1.52% in Q3 to 1.62% in Q4 and the Long Term % rate decreased from 2.99% in Q3 to 2.96% in Q4. We were below the Regional Average for both Short and Long Term in both quarters. This shows that it is very important that we continue to closely manage both Short Term and Long Term sickness episodes to maintain/improve our position regionally.

#### Labour Turnover

The Trust's Labour turnover is currently at 10.21% (Headcount); 10.72% (FTE) compared to last quarter's 10.01% (Headcount); 9.55% (FTE).

Labour Turnover by Business Unit - Jul 2016 - Jun 2017



## Statutory and Mandatory Training and Appraisal

For 2017/18 our approach and communication for statutory and mandatory training has been to ensure each department has targeted department set dates for statutory and mandatory training and appraisals to be completed. The relevant managers and business units will be held accountable for their performance at Workforce Committee.

### Appraisal completion for 2017/2018

For Q1 2017/18, overall compliance is standing at 11.4% (as at the end of June 2017).

### Statutory and Mandatory Training for 2017/2018

Overall compliance is standing at 62.1% (as at the end of June 2017).

## 5. Audit, Risk and Assurance Reporting

### HR Risk Register – 3 Highest Risks

- Roll out ESR Portal – New high risk added. Due to limitations of IT software, potential impact to full roll out of ESR web based portal going live 1st October 2017. Interim arrangements underway to ensure adequate access in all areas, detailed Action plan being developed by Mark Thomas to confirm out longer term solution, update due July 2017 and regularly monitored within Workforce Committee.
- Nurse Recruitment – risk remains the same as last quarter: Nurse and Midwifery strategy devised and activities underway.
- Junior Doctor contract – risk remains same as last quarter: detailed action plan in progress for completion by August implementation date.

### European Working Time Regulations (EWTR)

The EWTR Working Group has reviewed and assessed current working practices within the Trust to ensure Compliance with the EWTR and have identified breaches in relation to compensatory rest requirements within three areas – Theatres, Estates and Physiotherapy. Work is continuing to establish the current financial impact and the possible solutions; the operational issues are

different within in each department and may require different solutions, which may cause some difficulty in finding a standardised approach to managing on call services.

The functionality of the new E-rostering system (Allocate) should provide easier monitoring of compliance.

Next Steps:-

- Develop action plans to address compliance issues and agree implementation plans.

## Outcome of Internal Audit

Assurance Audit of Time Attendance and e-Rostering (TAeR) NAM1617/48 completed, providing **reasonable** assurance that the risks identified are managed effectively. The key findings were presented to Workforce Committee on 15<sup>th</sup> June 2017, as follows;

Design of the control framework

- Self-authorisation is allowed under the TAeR system.
- Annual Leave balances are not monitored effectively, resulting in some staff having a negative annual leave balance.
- Annual leave entitlement entered onto TAeR does not take into consideration any balances carried forward from the previous year; they would need to be manually updated by the TAeR team, upon notification from management. Management are not always notifying TAeR, resulting in some negative balances being erased.
- Enhancements/overtime are not always correctly submitted to payroll.
- Not all payments to theatre staff recorded on TAeR.

Compliance with the control framework

- Negative TOIL balances are not always repaid before additional hours/overtime is paid.

An action plan has been developed and due for completion by March 2018.

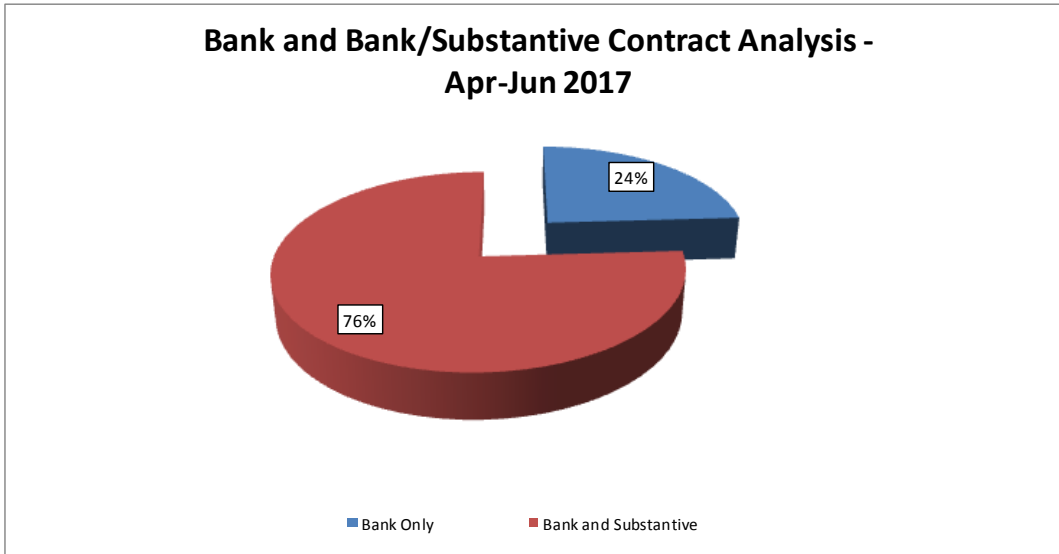
## Reliance on Bank and Agency Staff

A total of 23,133 bank shift requests were filled and worked in Q1 (Apr-Jun 17) which is a decrease on Q4 of last year. Of these 94.5% were undertaken by the Trust's Bank Staff and 5.5% were undertaken by Agency Staff. Work continues to improve the quality and availability of temporary staffing within the Trust and also manage the supply of agency staffing required by the Business Units.

For the 94.5% of Bank shift requests worked, 76% of those who worked the shifts are also substantively employed by Northumbria. The remaining 24% are employed by Northumbria as Bank Staff only. There has been a slow rise in the ratio of Bank Only / Substantive/Bank. Reasons for this could be attributed to a recruitment drive for Bank staff and it is also worth noting that a significant number of employees who take Flexible Retirement also return on a 'Bank Only' basis.

<b>Requested Shifts Filled Apr-17</b>	Total	By Bank	By Agency
<b>Trust Total</b>	7497	<b>7047</b>	<b>450</b>
<b>Requested Shifts Filled May-17</b>	Total	By Bank	By Agency
<b>Trust Total</b>	7834	<b>7428</b>	<b>406</b>
<b>Requested Shifts Filled Jun-17</b>	Total	By Bank	By Agency
<b>Trust Total</b>	7802	<b>7397</b>	<b>405</b>

<b>Combined Total for Q1 Apr-Jun 17</b>			
<b>Requested Shifts Filled Q1 2017/18</b>	Total	By Bank	By Agency
<b>Trust Total</b>	23133	<b>21872</b>	<b>1231</b>
		<b>94.5%</b>	<b>4.5%</b>



This detail should provide assurance to the Board that 76% of bank staff also have a substantive contract with the Trust.

## 7. Recommendation to the Board of Directors

Trust Board is asked to note the contents of this report.

**ANN M STRINGER**  
Executive Director of HR/OD

**DAVID CHESSER**  
Non-Executive Director