

## **Human Resources - Quarterly Workforce Report**

**Quarter 4 – 2014/2015 Financial Year & Full Year Highlights**

**Board of Directors Meeting – 30<sup>th</sup> April 2015**

## **Contents & Appendices – Human Resources – Workforce Report Quarter 4**

<b>Chapter</b>	<b>Title</b>	<b>Page Number</b>
1.0	Introduction	1
2.0	Budgeted Establishment, Staff in Post and Vacancies	2
3.0	Pay Spend – Fixed & Variable	3
4.0	Recruitment	4
5.0	Turnover – Starters, Leavers & Exit Interviews	5
6.0	Sickness Absence	7
7.0	Appraisal Compliance (Agenda for Change)	9
8.0	Training Education & Development	10
9.0	Employee Relations	11
10.0	Nurse Bank	11
11.0	Staff Survey	12
12.0	Health & Safety	13
13.0	HR Developments	14

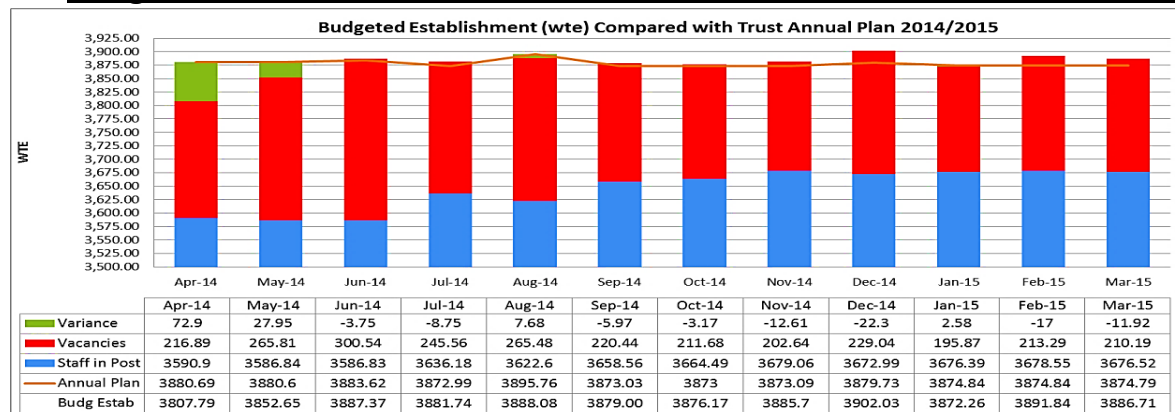
<b>Appendix</b>	<b>Title</b>	<b>Page Number</b>
Appendix 1	Staff Age Profile 31 <sup>st</sup> March 2015	15
Appendix 2	Sickness Audit Action Plan	16
Appendix 3	Manager & Newark Stress Focus Group Reports	17
Appendix 4	Detailed Staff Survey Action Plan	20

## **1.0 Introduction**

This report focuses on the key performance indicators for the Trust's workforce which are monitored monthly and quarterly. This report presents the quarterly position for the Trust specifically for the months of January, February and March 2015 and gives an overview of workforce performance during the 2014/2015 financial year. The report is presented by Karen Fisher, Interim Chief Executive and has been written and prepared by the Deputy Director of HR and the Workforce Information Manager, along with other relevant leads within the HR function.

The report contains the Trust position for establishments, staff in post, fixed and variable pay, sickness absence and appraisal information. There are other information streams that aim to compliment the workforce information provided and to update the Board of Directors on the Trust progress against the key HR targets.

## 2.0 Budgeted Establishment, Staff In Post and Vacancies – Source ESR & Integra (Finance System)



**Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group**

	Q1 (ave)	Q2 (ave)	Q3 (ave)	Q4 (ave)
Admin & Clerical	11.68%	5.04%	5.36%	3.52%
Allied Health Professionals	7.36%	1.17%	-1.01%	1.28%
Ancillary	-7.42%	-10.25%	-15.60%	-17.75%
Medical & Dental	8.13%	3.74%	3.07%	3.54%
Registered Nurse	15.47%	8.49%	5.54%	5.98%
Scientific & Professional	3.95%	2.60%	5.17%	5.68%
Technical & Other	3.59%	5.85%	5.83%	4.02%
Unregistered Nurse	12.53%	9.52%	11.25%	11.21%
<b>Grand Total</b>	<b>6.71%</b>	<b>6.28%</b>	<b>5.55%</b>	<b>5.32%</b>

1. The above chart shows the Trust position for staff in post and vacancies against the Trust's annual plan for the 2014/2015 financial year. Budgeted establishment is shown in the table.

2. The above table shows the vacancy rate comparisons between quarter 1, quarter 2, quarter 3 and quarter 4.

### Budgeted Establishment

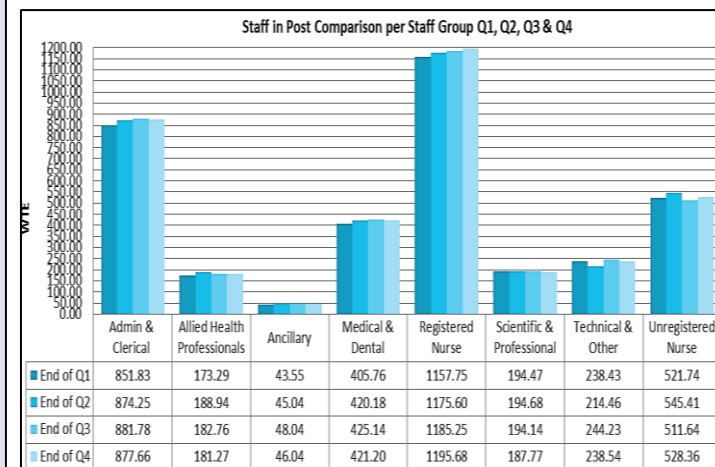
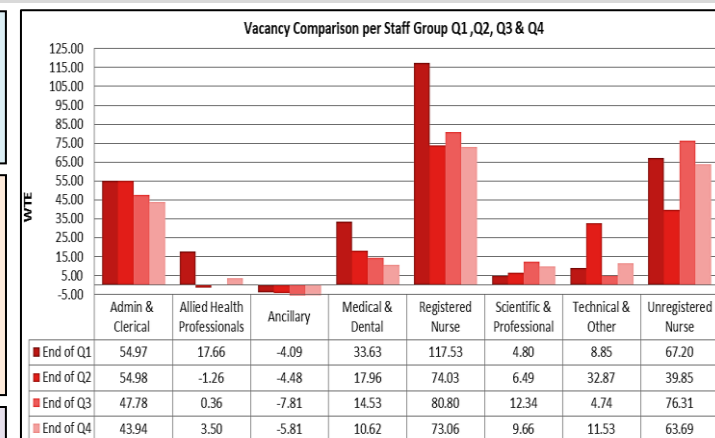
- Establishment was 11.92 wte's above annual plan at the end of Q4 and 2014/2015
- Establishments decreased by 15.32 wte's in Q4 bringing the closing establishments to 3886.71 wte's.
- During the 14/15 financial year budgeted establishment increased by 78.92 wte's, 55.61 wte's were attributable to the Keogh investment funded from June 2014.

### Staff in Post

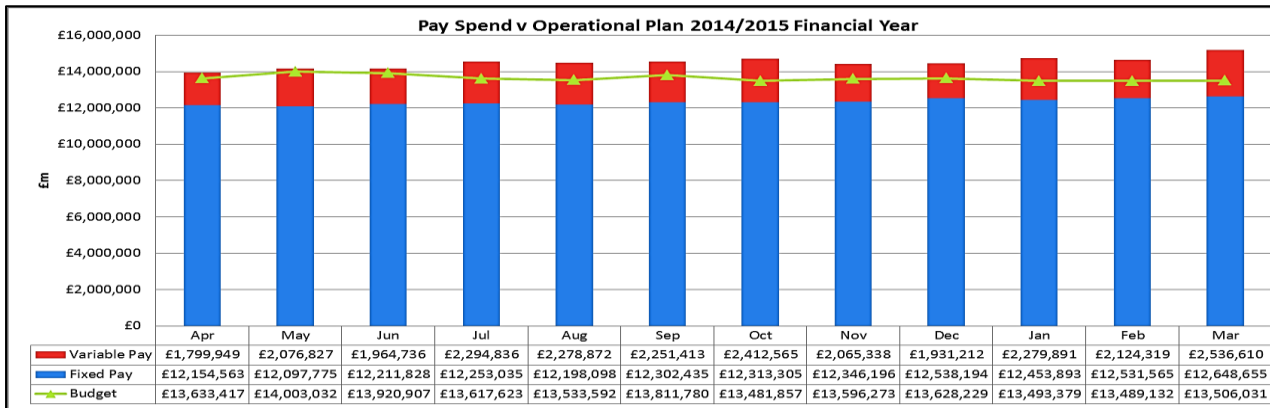
- Staff in post increased by 3.53 wte's in Q4 broadly comparable to closing staff in post at the end of Q3
- During 2014/2015 financial year the Trust increased staff in post by 85.62 wte's, 36.91 wte's attributable to the Registered Nursing staff group and 30.31 wte's attributable to the Admin & Clerical staff group.
- During the financial year the Trust has employed 47 international Registered Nurses as an outcome of recruitment campaigns in Italy and Spain, 9 of those have started as Health Care Support Workers to ensure the Trust can retain candidates whilst they await their NMC pin, it has been felt that this has also enhanced the induction process for individuals.

### Vacancies

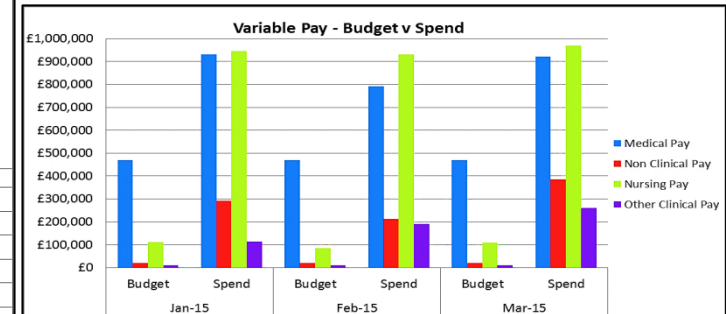
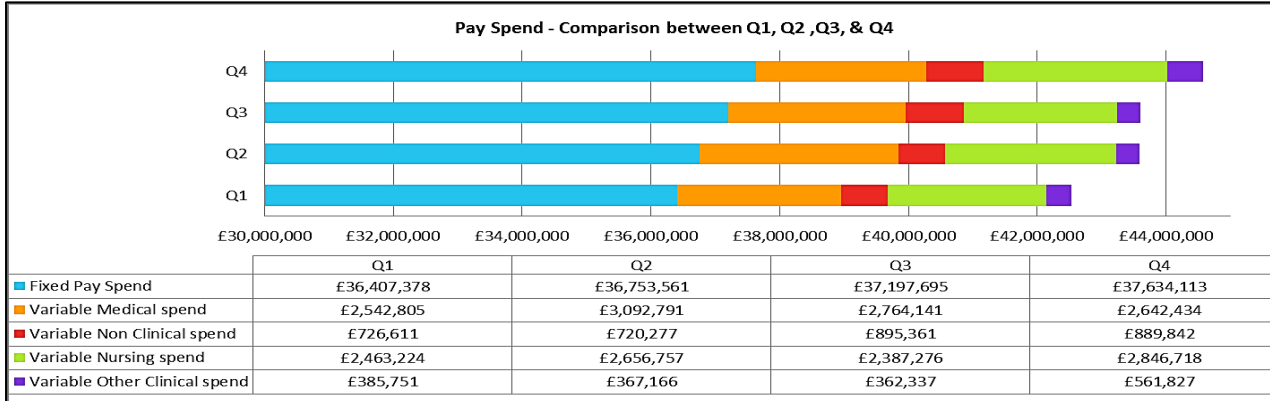
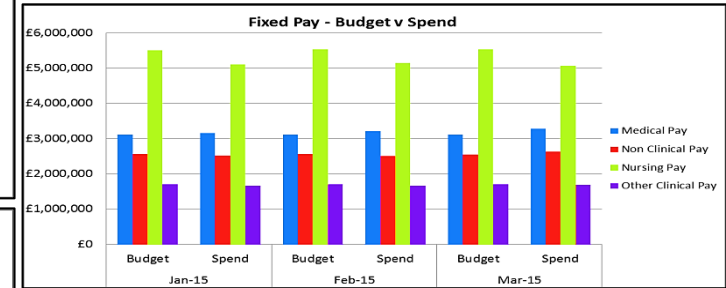
- The vacancy rate at the end of Q4 was 5.41% with 210.19 wte vacancies at the end of March 2015, this compared to 5.87% at the end of Q3. Vacancies have decreased by 6.70 wte's throughout the 2014/2015 financial year, changes have been due to increased staff in post, turnover and movements in budgeted establishments.
- Medical vacancies at the end of Q4 stood at 2.46%, there are substantive Consultant and Specialty Doctor Medical posts that have been funded via variable pay throughout the 2014/2015 financial year. From April 2015 these posts will be funded via fixed pay and therefore an increased budgeted establishment and vacancy rate will be expected for April 2015. There are 3.9 wte Consultant vacancies in Geriatrics with only 1 substantive Consultant in post, the vacancies are being covered by premium agency staff. A recruitment and retention premium for new and existing staff has been agreed and an advert has been placed in the BMJ to attract candidates. It is likely the Trust will incur premium rate costs for at least 4 months until potential candidates have been appointed. March variable pay stood at £94k. This has been an area of risk throughout 2013/2014.
- At the end of Q4 the Trust had 73.06 wte Registered Nurse vacancies (5.76% of Reg Nurse budgeted establishment is vacant) – the Trust has now approved the Registered Nurse Recruitment Strategy and is now being implemented. The Trust intends to recruit a further 80 international Registered Nurses throughout the 2015/2016 financial year. Areas of high risk for Registered Nurse vacancies are: **EAU–11.13 wte** (25% of Reg Nurse budget); **Stroke Unit–13.94 wte** (29%); **Ward 52–8.98 wte** (37%); **Ward 33–8.45 wte** (44%); **Newark Hospital – 20.88 wte** (26%). HR, Nursing and operational teams are in discussions regarding utilising flexibility between wards to ensure safe staffing and reduce variable pay spend.



### 3.0 Pay Spend – Fixed and Variable Pay – Source Integra (Finance System)



- The adjacent chart shows pay spend against the operational plan for the 2014/2015 financial year. The figures do not include reserve funding or Facilities pay spend and monitors against the original £26.4m deficit within the financial ledger, recent forecasting that has been undertaken by the Finance department has forecasted a planned £32.7m deficit.
- The below charts show break down of fixed and variable pay spends against budget.



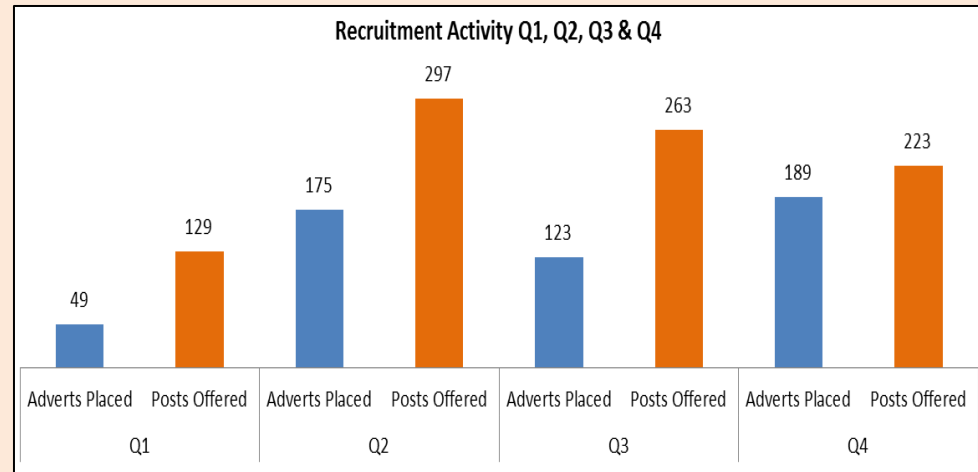
#### Pay Spend

- **Pay spend** totalled £44.57m in Q4, this compared to a £43.60m spend in Q3, an increase of £968k in quarter. Total pay spend for the 2014/2015 financial year was £174m this compares to a total spend of £166m in 2013/2014 financial year (increase of £8m). Further analysis is being undertaken into areas of pay spend increase throughout the year.
- **Pay budget** for Q4 was £40.48m, an overspend of £4.08m compared to 2.9m in Q3.
- **Fixed pay spend** increased in Q4 to £37.63m compared to £37.19m spend in Q3. Fixed pay in Q4 was underspent by £1.04m. Fixed pay in the 2014/2015 financial year was £148m compared to £144m in 2013/2014 financial year.
- **Variable pay spend** increased by £531k in Q4 to £6.94m which compared to £6.40m in Q3. Total variable pay spend for 2014/2015 financial year was £26m compared to £21m in 2013/2014 financial year, an increase of £5m.
- The top 3 areas for variable pay spend in Q4 were:
  - **A&E Medical** - £505k in Q4 compared to £604k in Q3 – A decrease in variable pay spend between quarters, however Medical vacancies still remain with 2.2 wte Consultant vacancies at the end of Q4. There continues to be an additional 5 Specialty Doctor vacancies within A&E at the end of Q4 being covered by premium rate agency staff and extra cover from existing staff. The Trust continues to pursue recruitment for A&E Medical via NHS jobs and is also working with an agency who specialise in providing potential international candidates to the Trust in order to fill vacancies, the agency is working with all Trust's in the East Midlands region which means reduced recruitment sourcing rates for the Trust.
  - **Junior Doctor KMH** - £419k in Q4 compared to £344k – The Trust has 4 extra junior doctors in T&O and General Surgery to enhance rota compliance and improve the quality of training, in April 2015 this will be funded as fixed pay. There has also been variable pay used in order to utilise extra cover at junior level to address the pressures within the Trust and there are currently 7 Surgery training posts vacant and 10 Medical training posts vacant. Adverts have been placed for vacant posts and locums/agency staff are being utilised to cover the gaps in rota's.
  - **KMH Emergency Assessment Unit** - £280k in Q4 compared to £248k in Q3 – The department at the end of Q4 had 11.13 wte Registered Nurse vacancies which has continued to impact on their use of premium rate agency staff.

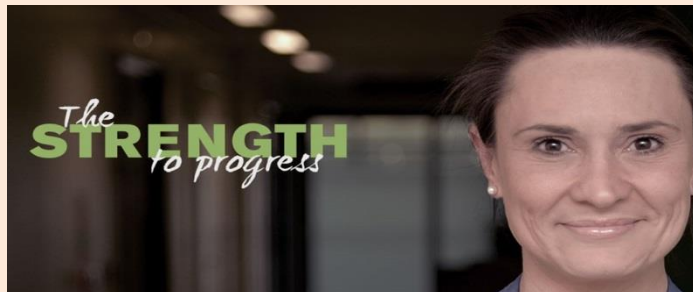
## 4.0 Recruitment

### Recruitment Team Update – (Source NHS Jobs)

Below highlights the recruitment activity that took place within all quarters:



- The number of adverts placed has been variable throughout the financial year due to the Trust taking the decision to hold recruitment to non critical posts, this is reflected in the decreased numbers of adverts and posts offered during Q3 and Q4.
- There are 21 Registered Nurses due to commence employment with the Trust between now and the end of September 2015; 5 of those starters are international Registered Nurses and 13 Newly Qualified Nurses.
- Further work will be undertaken throughout 2015/2016 financial year to recruit a further 80 Registered Nurses from the international market.
- A Registered Nurse open day is due to take place on 25<sup>th</sup> April 2015, and alongside this the Trust has launched its recruitment campaign called **'Care to be proud of'** which has involved the development of a video, local newspaper interest, radio adverts and a new website.
- The Trust is also introducing 'introduce a friend' incentives to staff at the Trust for Registered Nurse recruitment and is also looking into further recruitment initiatives that will attract candidates.



### Consultant Appointments

The following Consultant appointments were made in Q4:

- Consultant Paediatrician - Dr Dhaval Dave – expected start date 27<sup>th</sup> April 2015
- Consultant Ophthalmology - Mrs Priyanka Sharma joined the Trust on 2<sup>nd</sup> February 2015
- Consultant Microbiologist – Dr Poonam Kapila – expected start date April 2015
- Consultant Cardiologist – Dr Se Asim Riaz – joined the Trust on 3<sup>rd</sup> March 2015

### NMC non EU Registration Process

The introduction of an international registration process introduced by the NMC for providing non EU Registered Nurses with NMC Registration will take an average of 41 weeks. It is anticipated that this will increase to 52+ weeks as more and more Trusts enter the non EU recruitment market. This will impact on the Trust's recruitment plans which are currently being reviewed to take this process into consideration when recruiting non EU Registered Nurses.

Non EU Nurses will be required to go through a number of stages before physically attending the new workplace:

- Eligibility stage – online self-declaration
- Computer based test and exam – average 4 weeks
- Document submission – average 4 weeks
- Assessment stage – average 6 weeks (documents)
- Visa – average 8 weeks
- Arrive in the UK
- Further exam – average 8 weeks (some may have to re-sit which can delay the process)
- Registration – average 2 days

### Shortage Occupation Code List

A new Shortage Occupation Code list was published at the beginning of April 2015. The list has added the following roles which are relevant to the healthcare professions:

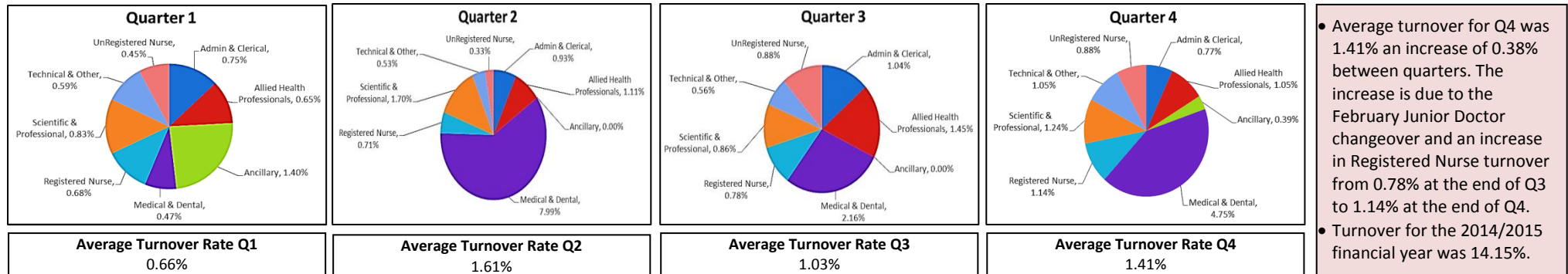
- Consultants in Clinical Radiology – the Trust is facing recruitment difficulties to these roles
- Non Consultant, Non Training roles in Paediatrics
- Core trainees in Psychiatry
- Trainee roles in Emergency Medicine
- Paramedics
- Prosthetists and Orthotists

Roles that have been removed from the shortage occupation code list include:

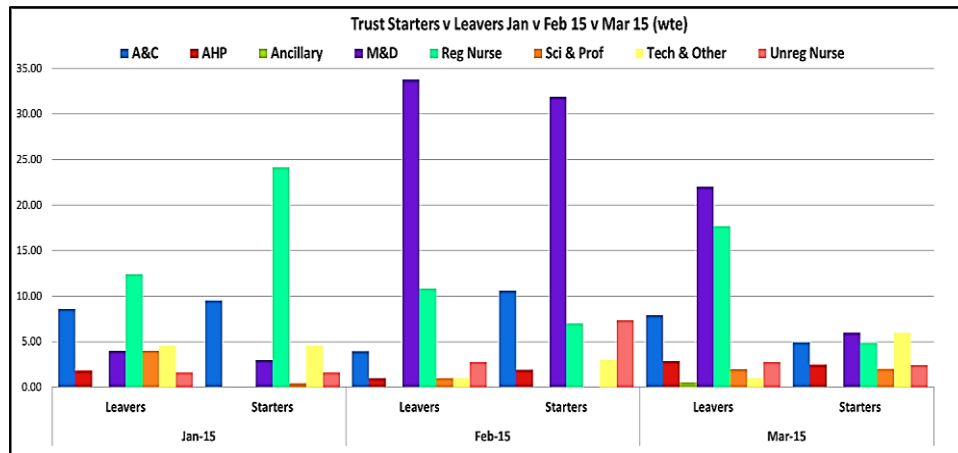
- Consultants in Haematology
- Non Consultant, Non Training roles in Anaesthetics, Rehabilitation Medicine, General Medicine
- Therapeutic Radiographers
- Specialist Nurses in Paediatrics or Neonatal (ITU)

## 5.0 Turnover – Starters, Leavers and Exit Interviews – Source ESR

The below information shows starters, leavers and turnover figures for the quarter with comparison to previous quarters.

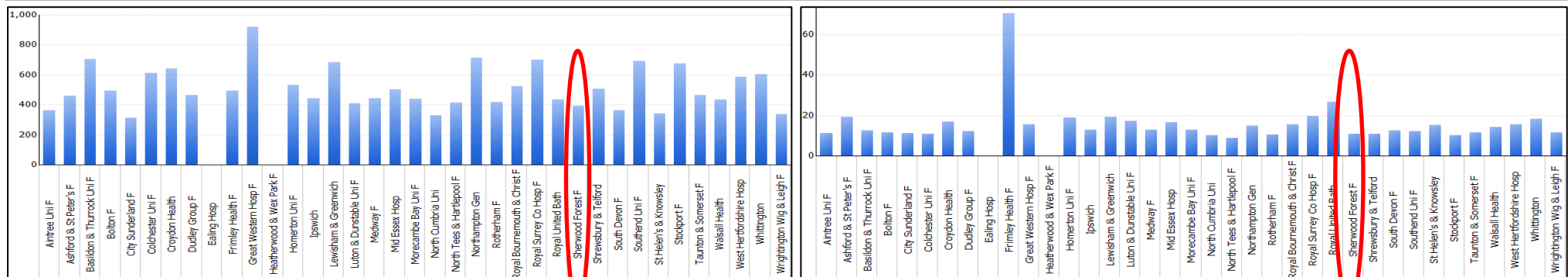


- Average turnover for Q4 was 1.41% an increase of 0.38% between quarters. The increase is due to the February Junior Doctor changeover and an increase in Registered Nurse turnover from 0.78% at the end of Q3 to 1.14% at the end of Q4.
- Turnover for the 2014/2015 financial year was 14.15%.



- There were **138.37 wte starters in Q4** compared to 109.44 wte's in Q3, the increase attributable to the Junior Doctor changeover in February 2015. There were 35.97 wte Registered Nurse starters during Q4 compared to 38.64 wte's in Q3.
- There were **155.75 wte's leavers in Q4** compared to 113.71 wte in Q3, with the increase being due to the Junior Doctor changeover in February 2015. There has been an increase in the number of Registered Nurse leavers during Q4 of 40.96 wte's compared to 27.83 wte's in Q3, this was an unexpected increase and the Trust will continue to monitor this closely in the coming months.
- There were 23 flexi retirements within Q4, all staff will return to work after a one month break typically on reduced hours.
- 19 Retirements within Q4 – the Trust has completed service line plans which review the ageing workforce and potential upcoming retirements to ensure robust workforce succession planning going forward to sustain services. The age profile for the Trust at the end of March 2015 is detailed in **Appendix 1**, service heads have developed plans that review workforce needs within the coming years and put actions in place to mitigate potential retirements. Further work is being undertaken Trust wide with regards to robust succession planning.

**Benchmarking Data – January 2015 data** – Source Health & Social Care Information Centre – The below data compares SFH with other Acute Medium sized Trusts and measures data over 12 months. The information excludes Dr's in training, locums and bank staff.



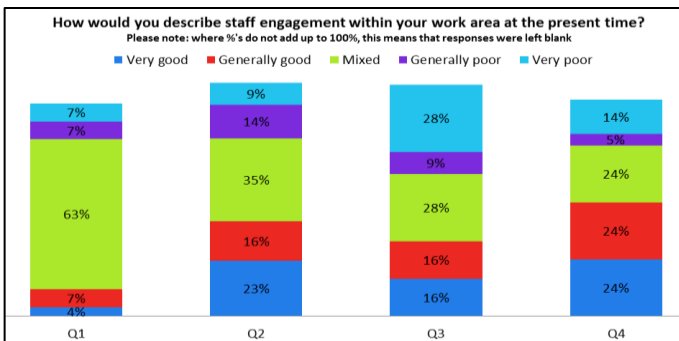
**Leavers** – The data shows that SFH had a lower rate of leavers in the 12 month period compared to other Acute medium Trust's.

**Starters** – The average joiner rate for the 12 month period was 707 headcount for Acute Medium Trusts, SFH had 465 joiners in the same period. This reflects some of the difficulties the Trust faces with recruitment.

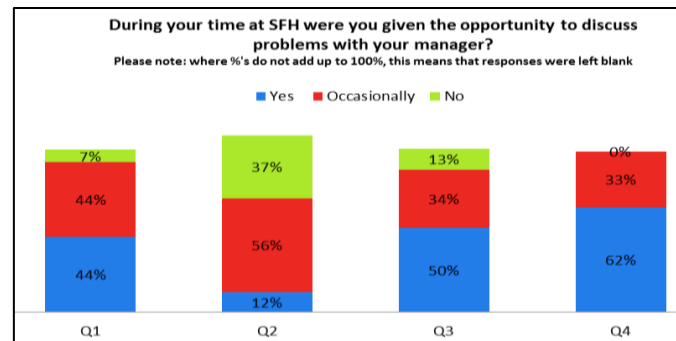
## Exit Interviews – Key Messages from Quarter 4 – Exit Interview Returns from Staff

The below information provides a brief summary from Q4 to highlight key messages from the staff who undertook an exit interview prior to leaving the Trust.

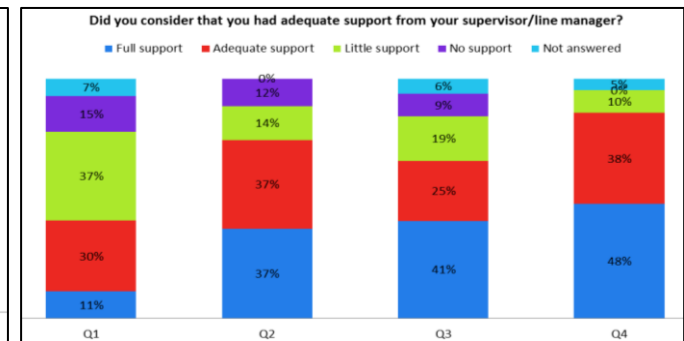
**21 staff participated in the exit interview process in Q4, this compared with 32 staff in Q3.** Disappointingly there has been a decline in numbers of staff wishing to take up an exit interview since the process was changed at the beginning of Q3 when line managers undertaking exit interviews was introduced. The HR team are ensuring going forward that follow up invites are provided to staff in a bid to improve participation rates. During Q4 there has been an increase in staff satisfaction score from 3.65 in Q3 to 3.90, 1 stands for 'poor' and 5 is 'positive'.



The above bar chart gives an overview on staff's opinion regarding engagement within their work areas, responses improved for this question during Q4 where we saw a decline in 'very good' responses in Q3 which correlates with the low staff survey response. The Trust are currently undertaking a piece of work to improve staff engagement.



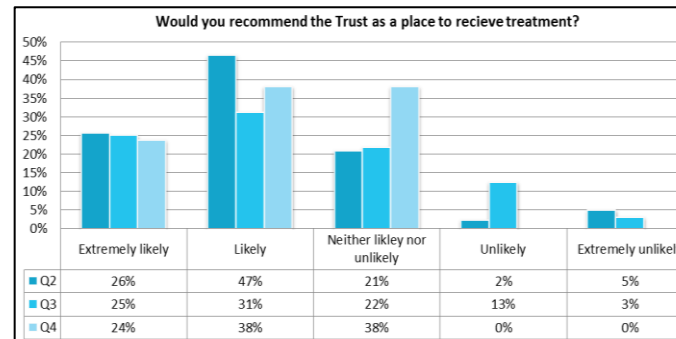
Responses improved during Q4 where 62% of respondents felt that they had opportunity to discuss problems with their line manager. This correlates with work being undertaken as an outcome of the Trust's staff survey results where the Trust continue to strive to deliver an open and honest culture via better communications between staff and managers.



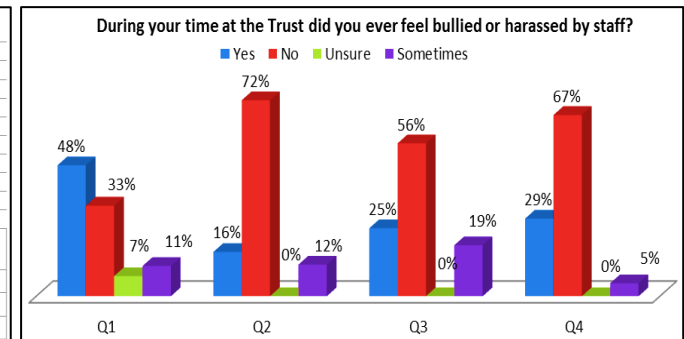
Results improved during Q4 with 48% of respondents feeling that they had full support from their manager. This may correlate with the number of flexi retirements that have taken place during Q4 as mentioned above. The Staff Survey action plan outlines a focus on managers completing of appraisals and PDP's to support staff.



Improvements have been made with staff responding that they would recommend the Trust as a place to work with 29% stating that they would. Results for this question in the Staff Survey declined and was below national average. The Trust will continue to implement measures that improves responses for this question initially developing and consulting with the Trust on the Engagement Strategy 2015.



For a consecutive quarter results have declined for staff stating that it would not be extremely likely that they would recommend the Trust as a place to receive treatment. There were improvements in respondents saying 'likely'. Positive responses to satisfaction of staffing levels during Q4 declined and staffing levels have also been noted as a stress factor during stress focus groups which could impact this question.



The number of staff saying that they had felt bullied during their time at SFH increased to 29% during Q4, the results of those saying they hadn't also increased to 67% in Q4. The Trust takes all disclosures very seriously and feeds relevant information back to the line managers and HR Business Partners for follow up where appropriate.

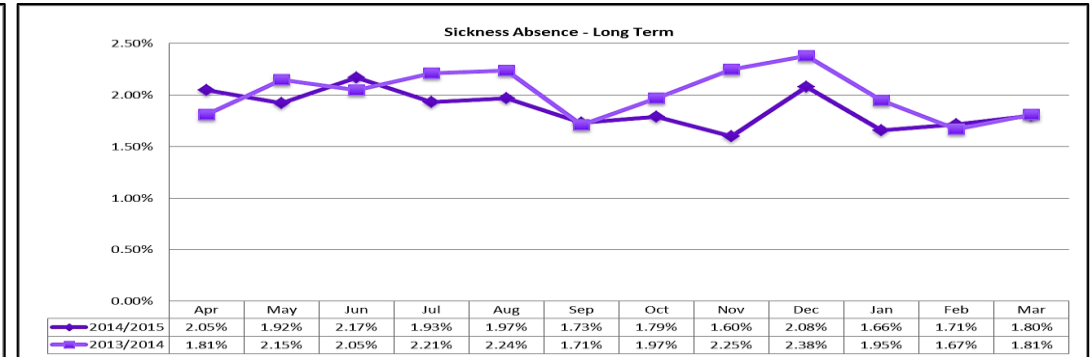
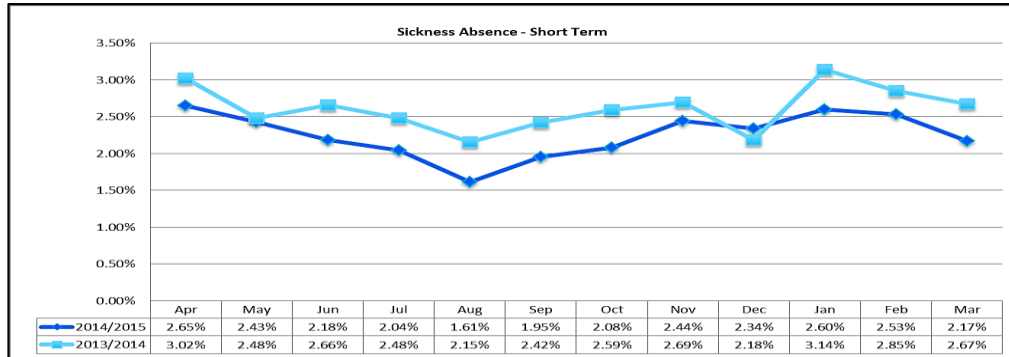
**The below comments are taken from the Exit Interviews, the feedback shows a mixture of negative and positive comments, going forward the Trust will be looking to build on the positive comments:**

- Line manager very good, managers above her were poor.
- A large part of my decision to leave with no job to go to is down to line management.
- I have enjoyed my actual job and support from staff on the ward as a Newly Qualified. My confidence and knowledge base has greatly improved.
- Patient care is compromised and far too much paperwork.
- Communication between the teams in the work area is variable, sometimes good, sometimes not so good.
- Full support when approached, but the line managers workload limits their ability to proactively engage with and support staff.
- Very friendly and caring, good prospects to move forward.
- Standard of care in the Trust is generally very good, but concerned that levels of trained staff in some areas is poor and staff not sufficiently experienced in the area they are working in.



## 6.0 Sickness Absence – Source ESR

The below graphs provide information on sickness absence rates for the Trust per month for short term, long term, total and cost of sickness absence.

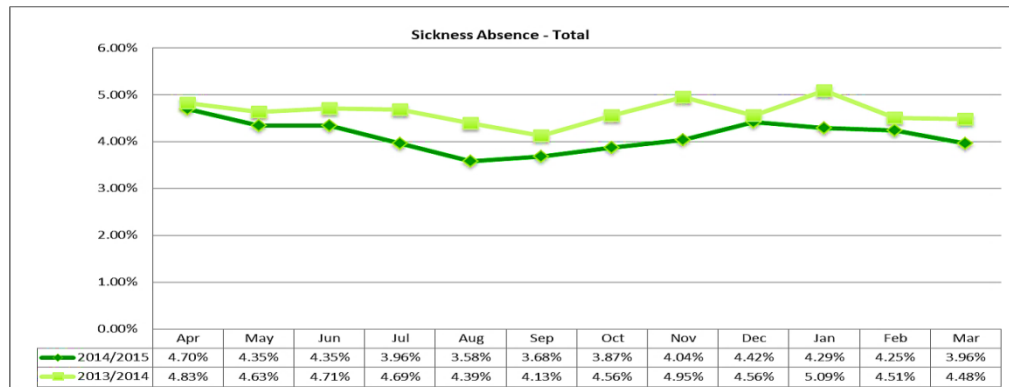


### Short Term Sickness Absence

- Short term sickness for Q4 stood at 2.43% in comparison to Q3 when the figure stood at 2.29%.
- Short term sickness absence has increased during Q4 which was in line with the 13/14 trend.
- Short term sickness absence for the 2014/2015 financial year was 2.25% compared to 2.61% in 2013/2014 financial year.
- Work continues within the HR department to ensure that divisions are complying with managing sickness cases in line with the Sickness Absence Policy.

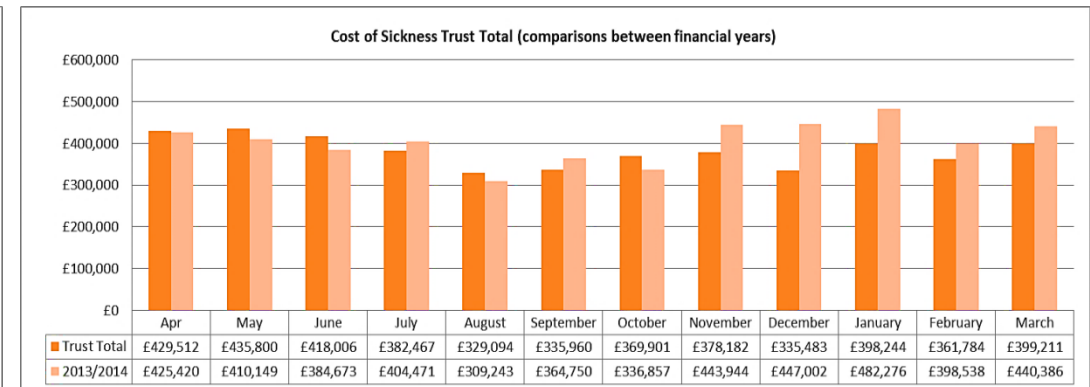
### Long Term Sickness Absence

- The long term sickness absence rate for Q4 stood at 1.72%, this compared to 1.82% in Q3 an expected decrease due to the work the HR department has been undertaking in proactively reviewing long term sickness cases from 15 days rather than 28.
- Long term sickness absence for the 2014/2015 financial year was 1.87% compared to 2.02% in 2013/2014 financial year.
- Collaboration continues between HR, line managers and Occupational Health for effective management of long term sickness.



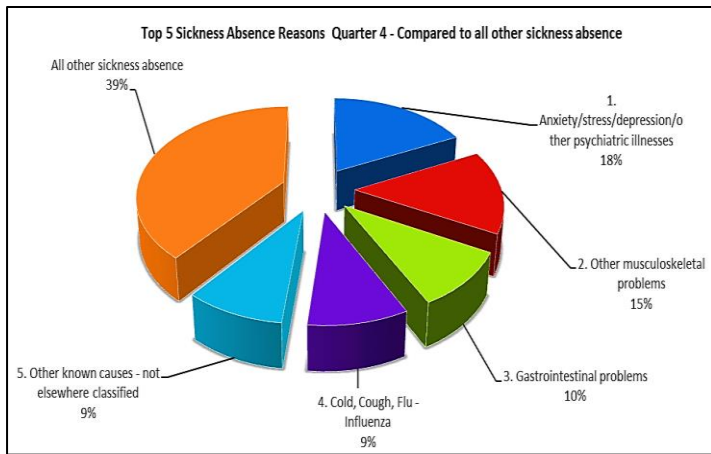
### Total Absence

- Total sickness absence in Q4 stood at 4.17% this compares to Q3 which was 4.11%, this was an expected increase due to the pressures the Trust faced during the Winter period.
- The Trust hit the target of reducing sickness absence by 0.5% in the 2014/2015 financial year with the rolling YTD figure standing at 4.12% compared with 4.63% in 2013/2014 (a 0.51% reduction).
- The highest sickness absence reason for the quarter was anxiety/stress/depression related illnesses, losing 2451 working days within the quarter, which was an increase of 567 working days when compared to Q3.
- Per whole time equivalent staff in post the number of working days lost for the period April 2014 to March 2015 was 14.82 working days, this compares with 16.54 working days in the same period of 2013/2014 financial year.



### Cost of Sickness Absence

- The cost of sickness in Q4 totalled £1.15m in line with increase in sickness rate, this compared with Q3 which was £1.08m.
- The 2014/2015 total cost of sickness was £4.57m compared with £4.84m in 2013/2014 financial year.
- Per whole time equivalent staff in post, the cost of sickness absence stands at £1244 for the period of April 2014 to March 2015.
- The figures above represent the cost of paying staff to be off sick from work not the cost of cover.



Stress/Anxiety/Depression - **Appendix 3** details the feedback that has been collated as an outcome of the focus groups in March for middle managers and Newark Hospital. These focus groups have supplemented the focus groups undertaken during Q3 with a wide range of staff from Kings Mill Hospital. The groups were undertaken as an outcome of increased stress/anxiety/depression related illnesses.

**Health & Wellbeing Agenda**

- A new poster promoting the Staff Counselling Service has been circulated to all wards and work areas to raise awareness with staff.
- The Staff Counselling Service launches a new e-counselling service on 6<sup>th</sup> April where staff can receive counselling support online if they do not wish to participate in face to face counselling. It has been agreed that posters promoting this new service would be sent to all wards and work areas.
- The Trust is also participating in rolling out Mentally Healthy Workplace Training throughout June and July 2015.
- A review on staff views of employee health and well being at the Trust is being undertaken to ensure that staff needs are being met via the current Health & Wellbeing Agenda. Meetings will be taking place in the staff canteen, ward areas, departments to ensure as many views as possible are captured.

**Sickness Audit Action Plan – Appendix 2** outlines the action plan that has been formulated as a result of the Trust’s Q2 Sickness Absence Audit. A new Sickness Absence action plan for 2015/2016 financial year will be developed during May 2015.

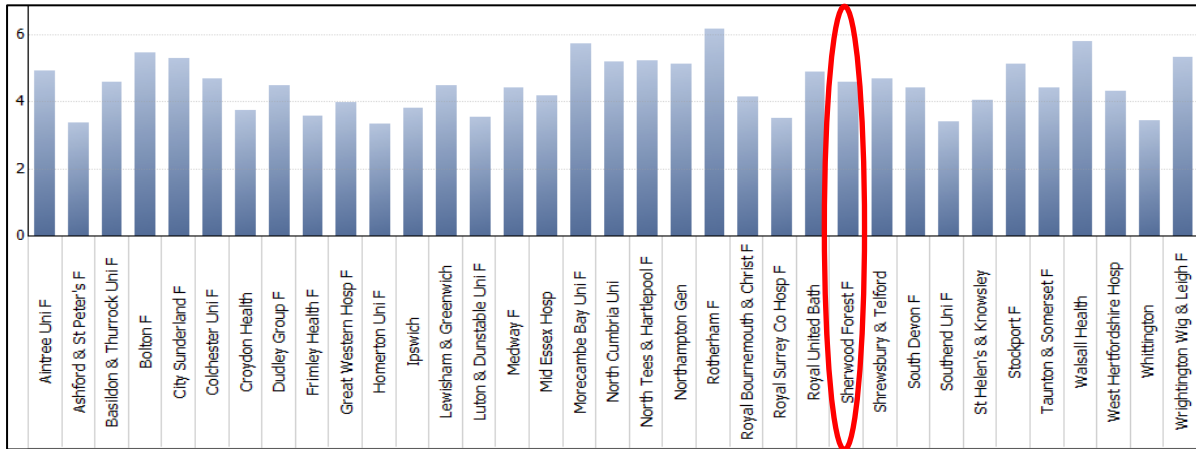
**Occupational Health Update**

- Utilisation of the service has increased by **48%** in the last 4 years. This has been accommodated through OH working more efficiently, effectively and ‘smarter’. SFHT staff equate for 82% of the work OH undertakes, the remaining 18% is income generation activity.
- OH and Wellbeing clinics are now provided at all Trust sites with an annual programme planned going forward (monthly for KMH, every other month at NH and quarterly at MCH). The clinics are an opportunity for staff to discuss any Health and Wellbeing concerns they have with an OH Nurse. Also on offer is advice on weight management, blood pressure checks, lifestyle advice and onward signposting to other specialist services. Brief intervention for smoking cessation and alcohol use is also available.
- Developing Resilience and Stress Awareness Education sessions are being delivered by OH Nurses to either groups in the workplace or individual staff. Resilience training has also been embedded into the Trust Leadership and Management course since December 2014. Positive feedback has been given so far on evaluation after completing the course.

**Benchmarking Data – December 2014 data** (latest data available from the Health & Social Care Information Centre)

**Benchmarking Data**  
 This chart shows raw data from ESR produced by the HSCIC. The bar chart shows how Sherwood Forest Hospitals compares in terms of sickness absence with other medium Acute Trust’s. Q1 identified that the Trust had a higher sickness absence rate at the end of March 2014 of 4.68% compared with a 3.70% rate overall for Acute Medium Trusts. Q2 showed that at the end of June 2014 the Acute Medium Trust sickness absence rate was 3.79% which was slightly higher than March 2014, and the Trust compared to this with a higher sickness absence rate of 4.57%, a reduction compared with the information that was presented in quarter 1, this corresponds with our internal information. Q3 showed sickness at the end of September 2014 according to HSCIC was 3.93% compared with 3.91% for all Acute Medium Trusts. Q4 information shows that sickness increased to 4.59% for December 2014 compared to an average rate of 4.51% for Acute Medium Trust’s. **Please note that Medirest staff are included in these figures.**

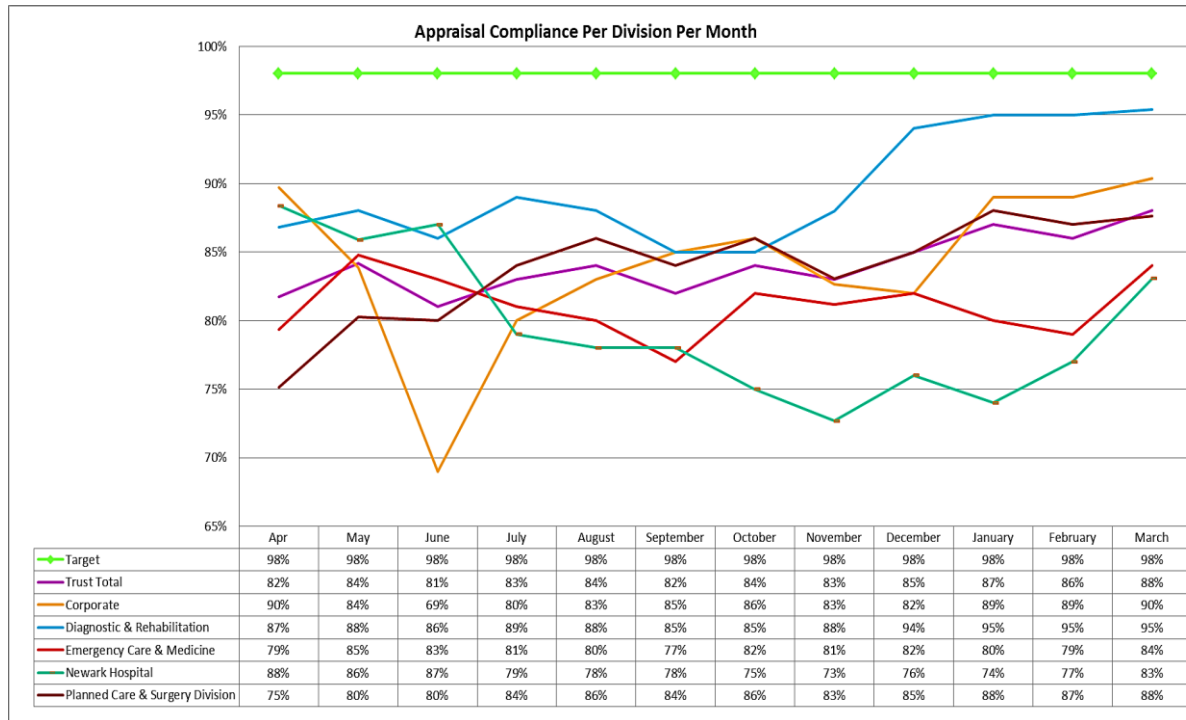
The below table shows the sickness rates for other Keogh Trust’s for December 2014 with the average sickness rate being 4.73%, positively SFH was 0.14% below the average rate.



Sickness Benchmarking Data from HSCIC (Dec 14)	%
Blackpool Teaching Hospitals NHS Foundation Trust	4.79%
East Lancashire Hospitals NHS Trust	5.54%
United Lincolnshire Hospitals NHS Trust	5.18%
North Lincolnshire & Goole Hospitals NHS Founmdation Trust	4.44%
Basildon & Thurrock University Hospitals NHS Foundation Trust	4.60%
The Dudley Group NHS Foundation Trust	4.51%
Medway NHS Foundation Trust	4.42%
Colchester University NHS Foundation Trust	4.72%
Sherwood Forest Hospitals NHS Foundation Trust	4.59%
North Cumbria University Hospitals NHS Trust	5.20%
Tameside Hospital NHS Foundation Trust	5.24%
George Eliot Hospital NHS Trust	4.60%
Burton Hospitals NHS Foundation Trust	4.50%
Buckinghamshire Healthcare NHS Trust	3.95%

## 7.0 Appraisal Compliance (Agenda for Change) – Source ESR and Manager Returns

The compliance target for the 2014/2015 financial year has been set at 98%, from the 1<sup>st</sup> April 2014 only those who are eligible for an appraisal will be measured in the compliance figure. For example those staff on maternity leave will be removed from the report.



Appraisal compliance improved by the end of Q4 by 3%, closing at 88% at the end of the quarter. Appraisal compliance has improved by 6% throughout the financial year which is a positive achievement given the pressures the Trust faced throughout the Winter period.

The Trust continues to drive the 98% compliance target with areas of low compliance being addressed via divisional confirm and challenge meetings and directly with line managers.

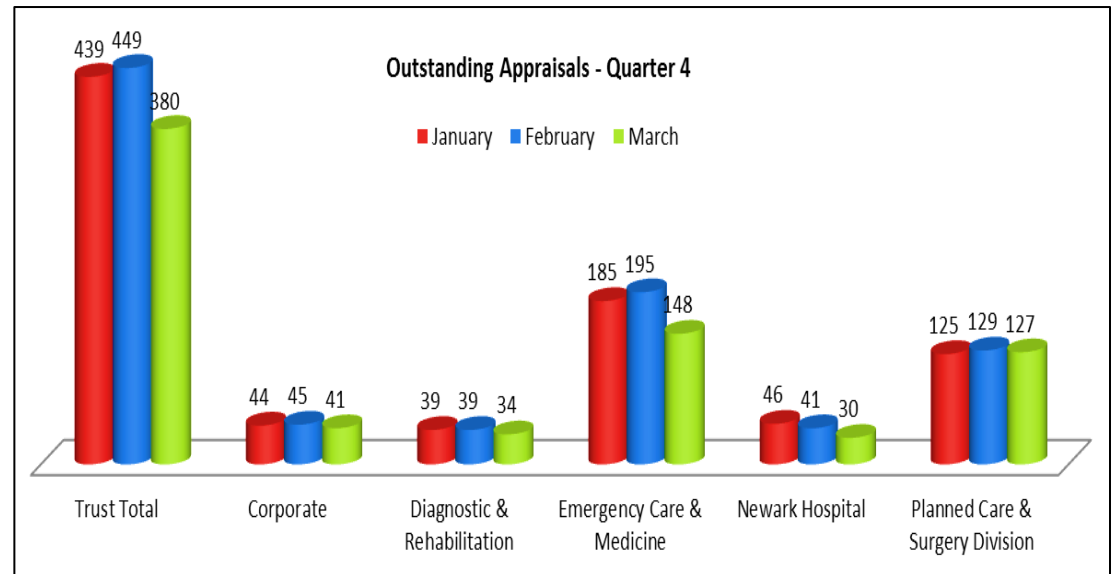
- Corporate increased appraisal compliance by 8% in Q4.
- D&R maintained 95% compliance at the end of Q4 with a 1% increase in the quarter, the division now only remain 3% away from the 98% compliance target.
- ECM have increased appraisal compliance by 2% in the quarter.
- Newark also made improvement and increased compliance by 7% in Q4.
- PCS have increased compliance by 3% in Q4.
- External auditors are currently undertaking a review of appraisal information and documentation and results are due during May 2015.

Department	Non Compliant	Total no of Staff	Compliance
Maternity	25	107	77%
Theatres	32	155	79%

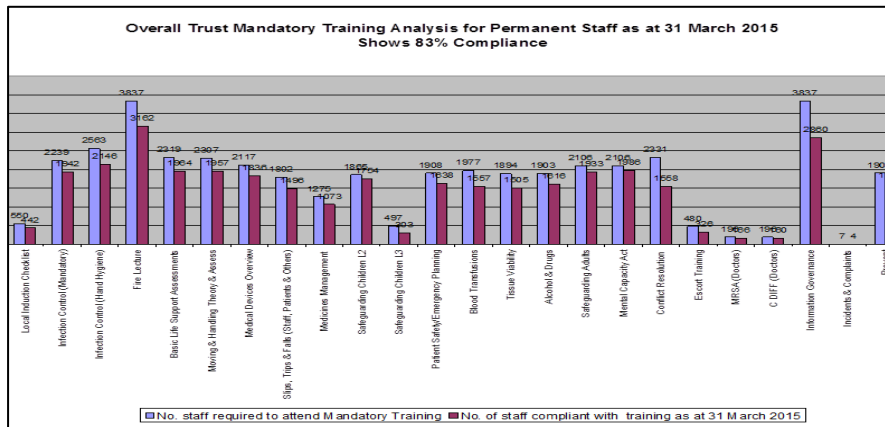
Department	No of Staff	Compliance
NHIS	121	100%
Radiology	60	100%
Ward 31	34	100%
Ward 32	32	100%

The above tables show:

- Top 4 areas with 30 or more staff with 100% compliance – the achievement should be noted and managers recognised



## 8.0 Training, Education & Development



### Work Experience Hub

Following a re-organisation of the HEEM Workforce Team, expressions of interest across the local health community were asked for regarding the hosting of the Nottinghamshire Work Experience Hub. This hub acts as the central point of contact and co-ordination of all work experience placements in Nottinghamshire and is a fantastic resource for attracting the next generation workforce into the NHS. The Trust has for many years a well established work experience programme with many notable successes. Building upon this success, the Training, Education and Development Department submitted a bid to HEEM in order to host the Work Experience Hub and in March 2015 have been informed that the bid has been successful. This is a great achievement for the department and the Trust and will help to raise our reputation as an employer of choice as well as supporting our workforce succession planning.

### Nursing Workforce

HEEM have been able to publish destination data relating to first position on completion of training. Last year the Trust had 440 nurses on placement with only 51 who have chosen to come back to the Trust. Further work will need to be carried out in order to raise the Trust's profile as an employer of choice. HEEM has reported that the overall commissions for nursing in the East Midlands has increased however, commissions for Nottinghamshire have reduced. The reason for this decrease locally is due to all commissions now being determined on a geographical head count basis and the population for Nottinghamshire has decreased. Derbyshire has seen an increase in its commissions due to the population increase. The Deputy Director for TED has raised this with HEEM as a serious concern.

### Care Certificate Launch

The new Care Certificate comes into effect from the 1st April 2015 and organisations will have 6 months to implement this for all new HCAs and relevant AHP staff within 11 weeks of commencing employment. The new certificate has been developed as part of the Cavendish Review and is designed to establish consistent standards for HCAs in the NHS and will be portable so that HCAs can move around the system without repeating training. There are 15 standards to the new certificate and some of these standards have to be assessed in clinical practice. A multi professional task and finish group has been setup to discuss how to implement and deliver this new certificate.

### Compliance by Division and Increase in Quarter

Trust – 83% (remained the same compared to Q3)  
 Corporate – 89% (increased by 7%)  
 Diagnostics & Rehab - 80% (increased by 1%)  
 Emergency Care & Medicine - 81% (decreased by 2%)  
 Newark Hospitals - 83% (decreased by 3%)  
 Planned Care & Surgery – 84% (increased by 1%)

**Mandatory Training -** The Trust has not achieved the 90% mandatory training target set by the CCG for 2014/2015. There are no financial implications associated with not achieving this target. The mandatory training compliance declined recently as a result of a number of mandatory training courses having to be cancelled due to the internal major incidents that were declared. Staff booked onto these cancelled courses have been offered alternative places on upcoming courses to try and maintain the required level of compliance. Had these mandatory training courses gone ahead, the compliance rate would have increased by a further 1%.

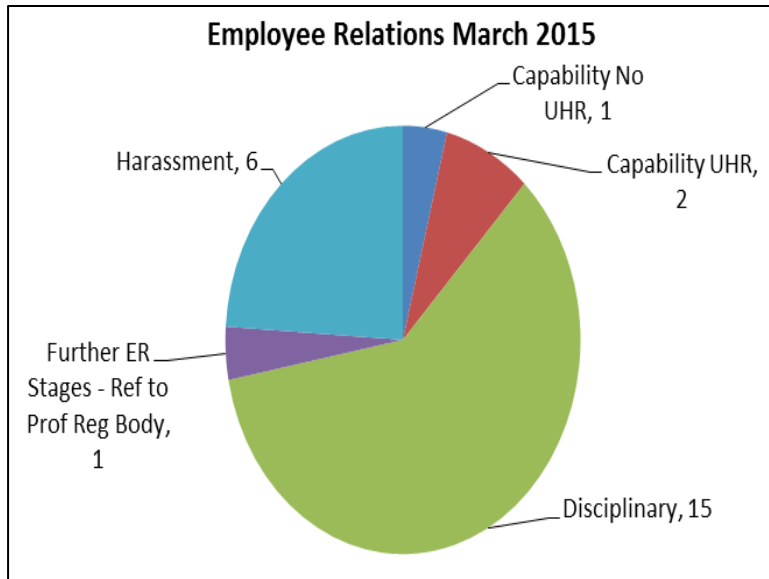
Attendance at mandatory training courses still continues to attract a high number of DNAs, largely due to clinical pressures. In April 2015 the new national mandatory core skills training requirements come into effect which will initially result in a further decrease in mandatory training compliance as all admin and clerical staff will now need to undertake additional mandatory training requirements that they have previously not been required to undertake before. Sufficient training courses and e-learning training have been made available to meet these requirements and all staff have received a personal letter informing them of these new mandatory training requirements. Further communication campaigns are planned throughout 2015 to remind staff of these new requirements.

### HEEM update

The national GMC survey has now opened which provides an opportunity all foundation trainees to comment on their training experiences, raise patient safety issues or highlight good practices whilst on placement. The survey opens in late March and closes in early May.

HEEM will send the Trust any patient safety concerns that it requires to action on a weekly basis. A further visit by HEEM took place in February 2015 and a number of other issues relating to rota non compliance, staffing shortages, ED leadership, lack of senior input, clarity of roles and responsibilities, insufficient hand over times, variability of ED locum cover, bullying by ED nurses and lack of timings being presented on manual ICE requests were raised as concerns. An action plan is currently being drawn up to address these issues and will be monitored by the Workforce and OD Committee on a monthly basis. HEEM have now informed the Trust that its recommendation to the GMC to place the ED Department on enhanced monitoring has been approved. This action is as a result of a recent visit to ED where trainees reported the lack of senior supervision and leadership and variable quality of locum middle grade support. The GMC will be planning a visit to the ED department in May. A detailed action plan has been put in place to work with the Head of Service and will be monitored by the Medical Director and Director of Post Graduate Medical Education. HEEM will be re-visiting foundation trainees on 7<sup>th</sup> May 2015 and T&O trainees in June 2015. Comprehensive action plans are in place and are progressing well.

## 9.0 Employee Relations



The pie chart shows that there were 25 employee relations cases on-going at the end of March 2015, a reduction in the quarter as a number of cases have been finalised. The disciplinary cases include investigations and those due to go to a hearing. UHR stands for underlying health reason.

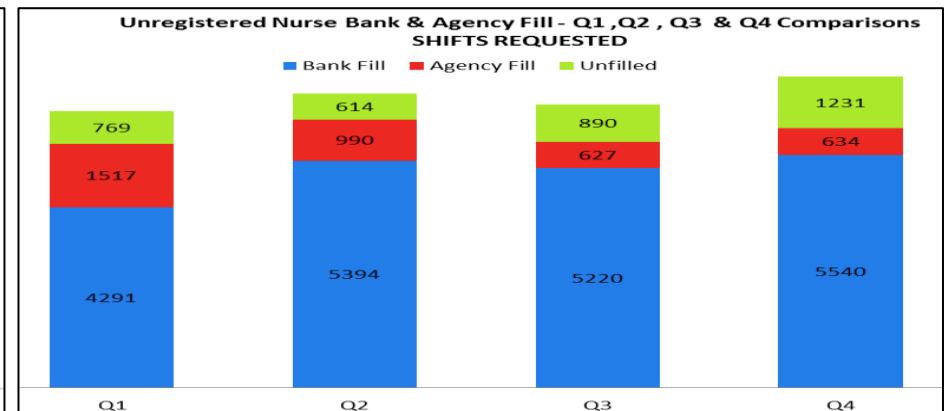
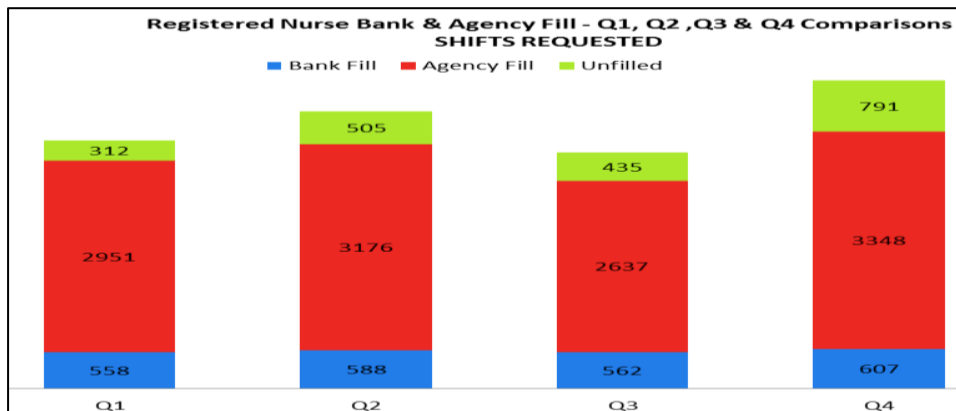
**Information Governance Investigations** - There are currently 5 disciplinary investigations taking place with regards to IG breaches. The number of cases has increased since the Fairwarning System has been implemented at the Trust which monitors staff activity with patient records.

### Workforce Change:

- The Newark Workforce Change continues to progress.
- A workforce change has now been approved for Cardiorespiratory and this will start April 2015.
- A Library Staffing restructure has now been approved by the Workforce Change group and will commence during April 2015.

**Pathology Collective Grievance** – The Trust has responded to the collective grievance submitted by staff members within Pathology with regards to annual leave back payments and asked that further evidence be submitted to support the grievance for further consideration by the Trust.

## 10.0 Nurse Bank



The number of requested shifts increased in Q4 by 1780 shifts, this was an expected increase due to the operational pressures the Trust experienced during January and February 2015. The number of unfilled shifts for Registered and Unregistered Nurses increased by 697 shifts in the quarter.

**Registered Nurses** – The majority of requested shifts continues to be filled with agency staff, the increase in shifts correlates with the increase in variable pay nursing spend in the quarter.

**Unregistered Nurses** – The Trust continues to recruit to Health Care Support Workers in a bid to mitigate reliance upon agency staff for untrained shifts. The Trust continues to recruit Health Care Support workers to the Bank. The Trust currently has 63.69 wte Unregistered Nurse vacancies, a high number due to a substantive recruitment freeze whilst the Trust operationalised the Keogh Registered Nurse plan. It has been agreed that 50% of the posts will be recruited substantively and 50% to fixed term contracts to improve the quality of patient care and reduce variable pay expenditure.

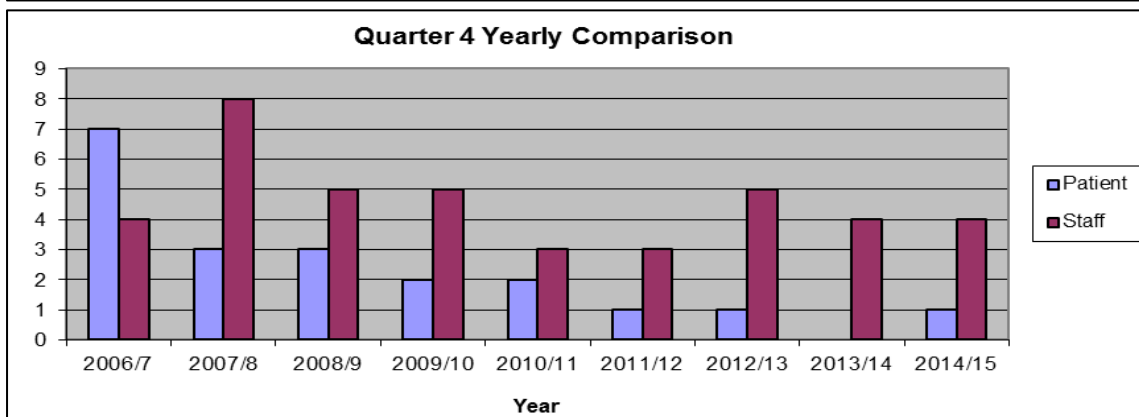
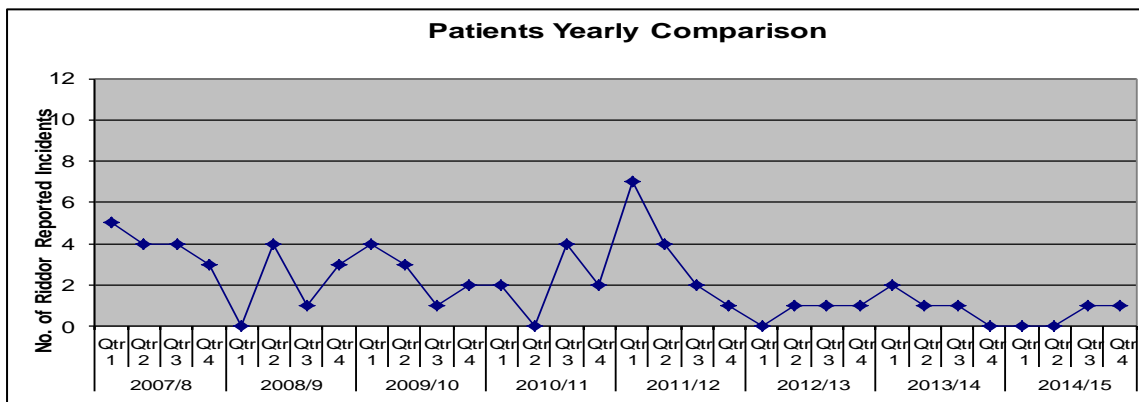
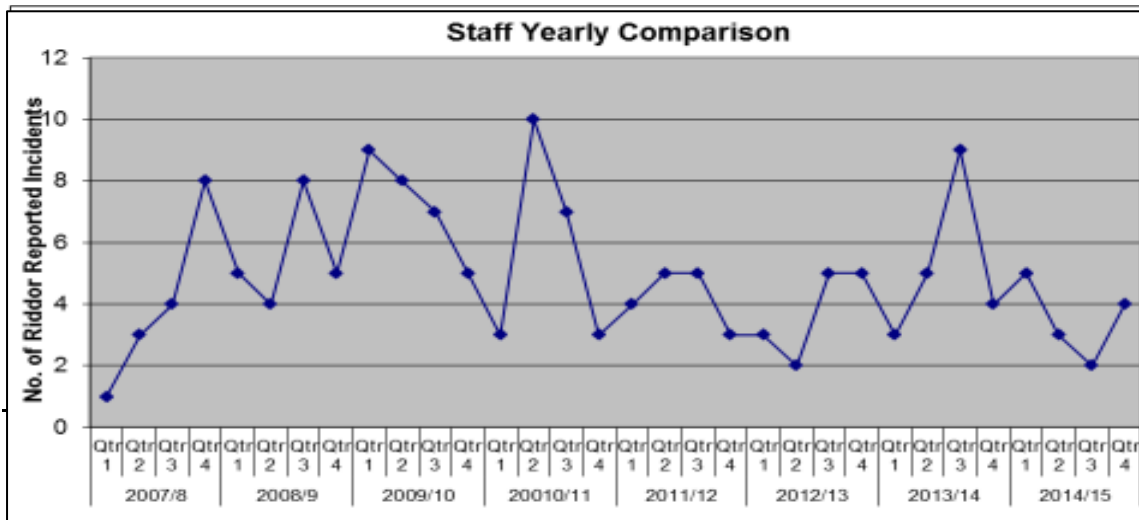
Nurse Bank went live with the new Health Roster Bank Staff system on 1st April 2015. The new system allows bank staff to directly book onto shifts themselves and is accessible on I-pads and Smart phones – it is anticipated this will help improve the fill-rate for bank as the system is accessible from anywhere and staff can take greater ownership of shifts they are booked for; wards have been trained to input requests into the new system. Admin & Clerical Bank & Agency bookings will also go live in the new system on 1<sup>st</sup> May 2015.

## 11.0 Staff Survey

The Staff Survey results were released in February 2015, since then work has been undertaken across the Trust by divisions, working groups and committees to develop actions in response to the survey findings. The Trust took the decision that during the 2015/2016 financial year 3 key questions would be focused on, the below table provides an overview on the 3 key questions, actions and progress per quarter. Appendix 4 provides a detailed breakdown of the Trust's action plan.

Key Question	Specific Action	Q1 progress	Q2 progress	Q3 progress
<p><b><i>How satisfied are you with the extent to which the organisation values your work?</i></b></p> <p>Score 2014 – 36%</p> <p>Target Score for 2015 – 45%</p>	<ul style="list-style-type: none"> <li>Ensure senior and line managers within the divisions/departments engage with staff using innovative and creative communication methods eg social media, divisional drop in sessions, listening events, walking the floor.</li> </ul>			
	<ul style="list-style-type: none"> <li>Develop an open and transparent culture where staff have confidence to raise concerns via appropriate mechanisms and have confidence these will be appropriately considered by adopting an open door policy and no blame culture. Where staff have raised concerns the Trust will develop mechanisms to ensure feedback is provided.</li> </ul>			
	<ul style="list-style-type: none"> <li>Promote a positive coaching approach within departments/service lines including praising work outside of the appraisal process.</li> </ul>			
<p><b><i>Am I able to deliver the patient care I aspire to?</i></b></p> <p>2014 Score – 78%</p> <p>Target Score for 2015 – 81%</p>	<ul style="list-style-type: none"> <li>Improve appraisal rates and achieve the Trust target of 98% compliance.</li> </ul>			
	<ul style="list-style-type: none"> <li>Ensure all staff have a personal development plan aligned to appraisals and organisational objectives.</li> </ul>			
	<ul style="list-style-type: none"> <li>Ensure all staff attend mandatory training.</li> </ul>			
	<ul style="list-style-type: none"> <li>All managers must act as a role model for the Quality for All values and behaviours.</li> </ul>			
	<ul style="list-style-type: none"> <li>Senior staff, line managers and HR to encourage staff to adopt and behave in ways that reflect the Quality for All values and behaviours.</li> </ul>			
<p><b><i>I would recommend my organisation as a place to work?</i></b></p> <p>2014 Score – 52%</p> <p>Target Score for 2015 – 62%</p>	<ul style="list-style-type: none"> <li>Ensure that all staff are consistently and fairly managed in accordance with Trust's HR policies and procedures, providing support, guidance and coaching via HR Business Partnering, Occupational Health, Training and Development</li> </ul>			
	<ul style="list-style-type: none"> <li>Support staff with their own health and wellbeing by promoting health and wellbeing initiatives</li> </ul>			
	<ul style="list-style-type: none"> <li>Promote the benefits of all staff receiving a 1:1 meeting with their line manager or designated deputy to discuss workloads, issues, review performance and identify support required.</li> </ul>			

## 12.0 Health & Safety



### Accidents and Incidents

- There were four staff and one patient related accident reports submitted to the Health and Safety Executive under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- One of the staff RIDDOR reports relates to an incident where a staff member in A&E prevented a patient from attempting to swallow 5-6 diazepam tablets. The staff member asked the patient for the box and then took the box off the patient. The patient then grabbed the staff member's wrist tight and twisted it. He would not let go and other healthcare professionals came to assist. The patient then began to be aggressive to other members of staff whilst still holding the staff members wrist. Security services were informed, and the patient was restrained and the police called. The staff member sustained a fractured scaphoid.
- The RIDDOR report for the patient incident relates to a fall and a broken neck of femur suffered as a result. The patient had attended an out patients clinic and fell near the zebra crossing to car park 1A on her return to the car park. The patient usually walks independently and there were no reports of snow or ice at that time. The carer accompanying the patient was unable to confirm anything untoward with the area at the time of the fall. On examination of the reported site of the fall one rectangular paving slab was found that had a split down the middle creating a slight lip to the level in the middle of the adjacent paving slab. The lip is approximately 8-9mm in depth. This is the most likely physical cause of any stumble in the area concerned. The paving slab has since been repaired.

### Sharp Safety

Following a trial of blunt fill and filter needles these devices have now been introduced to reduce the usage of non-safety green needles for drawing up medication.

### Contact with the Health & Safety Executive

There has been no new formal contact between the HSE and the Trust during Quarter 4 of the year.

### Training

The training course for managers on the completion of stress risk assessments for staff returning to work after a period of absence due to stress has been run during the quarter. Sixteen managers attended and the course has evaluated well. The course will be run again during the coming year.

## 13.0 HR Developments

The below provides a summary of key information that the Board of Directors may wish to be aware of:

### East Midlands Streamlining Group Update

The Trust is now actively engaged with the East Midlands Streamlining group which aims to streamline recruitment processes for all candidates and create standard best practice within the region. Updates for specific working groups are provided below:

#### **Recruitment:**

- The region is aiming to have all Trust's signed up and switched to the new ESR standard reference request functionality by May 2015 – this will allow references to be requested via ESR for each Trust which should speed factual reference requests up.
- Next steps include creating a regional vision for DBS processes, mapping the perfect recruitment process and increasing the use of inter authority transfers (IAT's) throughout the region to ensure the sharing of data is maximised.

#### **Mandatory Training**

- SFH were 43% aligned to the streamlining model proposed for mandatory training at the end of February and therefore there is further work to be undertaken.
- The streamlining project also aims to align mandatory training subjects across the region, so far SFH are 35% aligned to the proposed training models for each course.
- Next steps include carrying out a survey of new starters within the region to assess their experiences of training when starting employment and establishing a working group to create a regional approach to the use of e-learning.

#### **Medical Staffing**

- It is important as part of the streamlining that SFH sign up to the Deanery Interface a system that interfaces with ESR to allow for a smooth transition of staff into post at the Trust. Work is currently being undertaken to scope the use of the interface in the coming months in preparation for August changeover.
- Next steps include developing a regional online induction for junior doctors across the Midlands, review of regional locum rates and a review of regional policies with regards to excess travel and relocation costs.

#### **Occupational Health**

- A number of tests are being undertaken with different Occupational Health systems to determine interface possibilities with ESR
- Next steps include rolling out successful trials across the regions and formalisation of regional initiatives to ensure that they are extending to all Trusts.

### Equality & Diversity & Human Rights Week 11<sup>th</sup>-15<sup>th</sup> May 2015

For a fourth year the Equality & Diversity & Human Rights week is due to take place from the 11<sup>th</sup>-15<sup>th</sup> May 2015. To celebrate this NHS Employers will be launching a series of resources from blogs, twitter campaigns, posters to infographics. To celebrate at SFH the Trust will be holding a stand on Tuesday 12<sup>th</sup> May which is being supported by Trade Union Representatives, Nottinghamshire Constabulary and members of the Diversity & Inclusivity Committee. The theme for the week is 'linking our thinking' to represent thought diversity and how this can solve problems.

### ESR Transition to IBM Update

The preferred bidder has now been announced for the transfer of ESR to IBM from McKesson during 2015. The NHS Electronic Staff Record (ESR) team has agreed a two-stage transition approach to the new infrastructure, to help minimise the impact to users, reduce risk and ensure continuity of service. This phased approach has been agreed following planning talks with McKesson and IBM:

- **Stage one (interim service)** - With effect from 1 June 2015, IBM will take full responsibility for delivery of the ESR service. Any change to infrastructure that has a user impact will be communicated in advance to ensure a seamless transition of service. Please note there will be no planned service downtime during the transition.
- **Stage two (full transition)** - During the period June to November 2015, a phased approach to move the service to the new infrastructure will take place (this was originally planned to happen at 31 August 2015).

ESR is developing a communications to support both stages of transition and will ensure that ESR users are made aware of progress and understand any local actions that may be required.

### Employment Law Updates

#### **Shared Parental Leave – Dec 2014 - For parents of children born or matched for adoption on or after 5 April 2015**

Under this new system parents will be able to choose how they share the care of their child during the first year after birth. Mothers will still take at least the initial two week following the birth, following that they can choose to end the maternity leave and the parents can opt to share the remaining leave as flexible parental leave. Also under this new shared parental leave it is proposed to allow the husband, civil partner or partner of the pregnant women the right to unpaid time off to attend up to 2 antenatal appointments.

**New statutory pay rates April 2015** -Statutory pay for maternity, paternity, adoption and shared parental leave will increase to £139.58 per week. Statutory sick pay (SSP) rate will increase to £88.45 per week.

**Statutory adoption leave and pay April 2015**- The statutory adoption leave will no longer have the 26-week qualifying period, and adoption pay will be brought in line with maternity pay, which will be 90% of normal earning for the first six weeks.

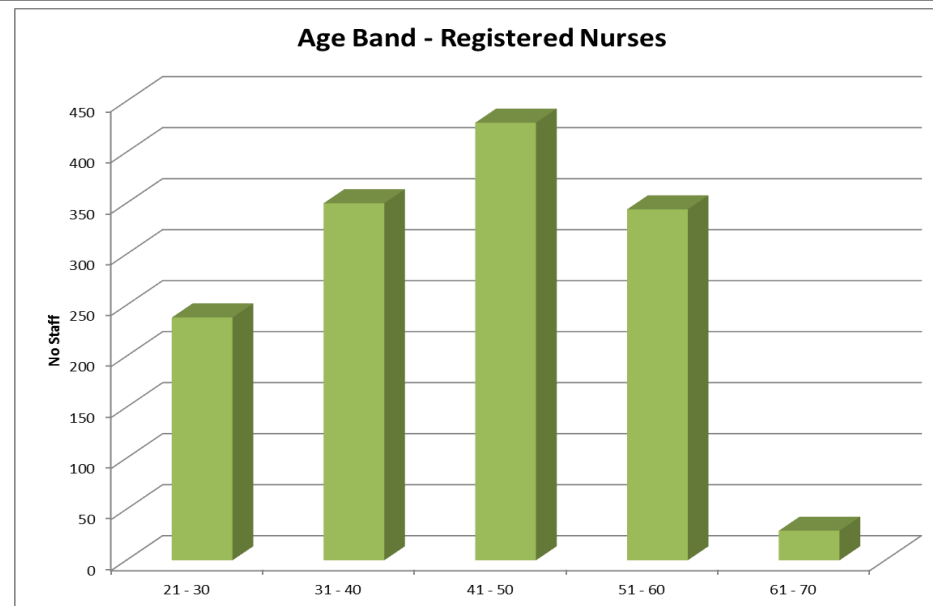
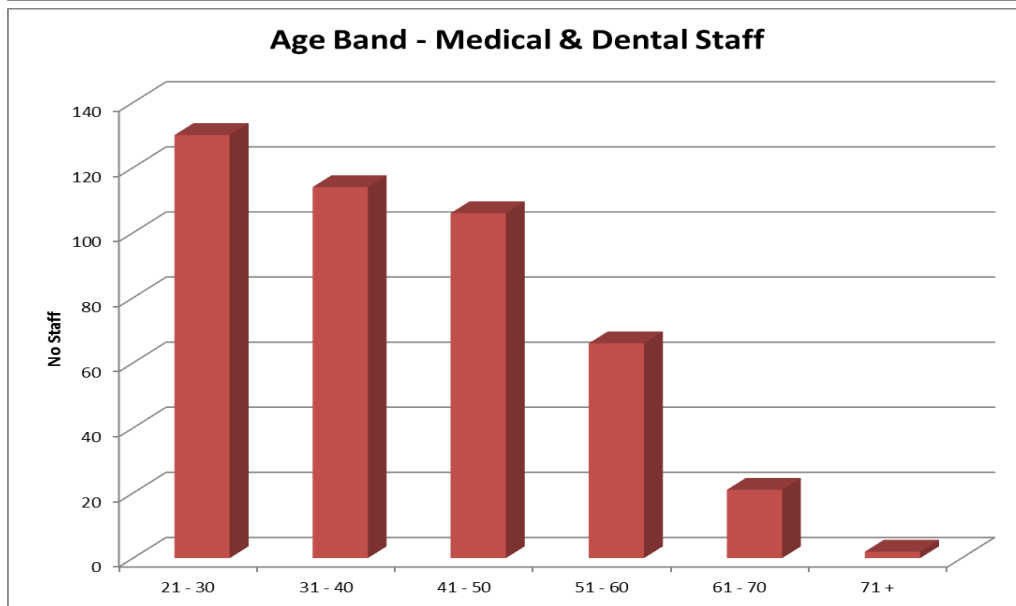
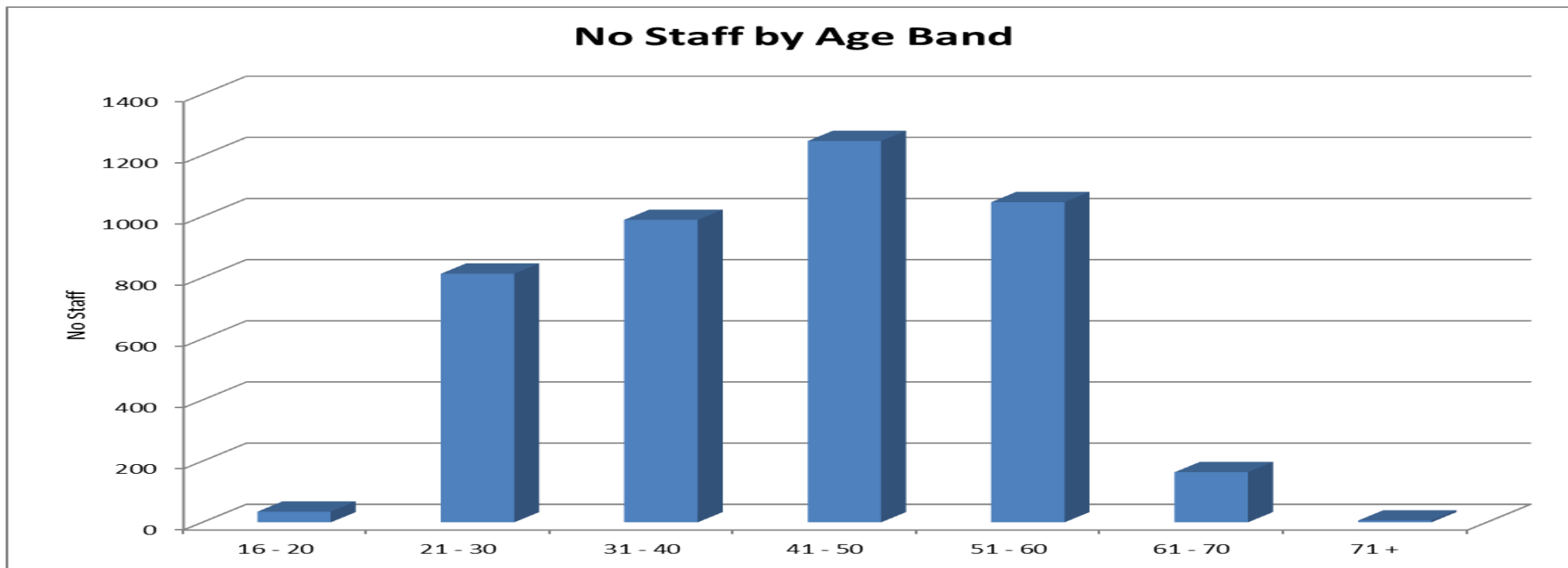
**Parental Leave extended to 18** - The right to unpaid parental leave will be extended to parents of any child under the age of 18 years.

**Surrogate parents eligible for adoption leave** - Provided they meet the eligibility criteria parents who have a child through surrogacy will be permitted to take ordinary paternity leave and pay, adoption leave and pay and shared parental leave and pay. Both parents will also be entitled to take unpaid time off to attend two antenatal appointments with the woman carrying the child.

**New limit for redundancy pay** - The limit for a week's pay when calculating redundancy pay will increase to £475.

**New compensation limits for employment tribunal awards** - The limit for a week's pay will increase to £475 when calculating compensation for basic unfair dismissal. The maximum compensation amount will increase to £78,335.





## Appendix 2 – Sickness Audit Action Plan

As a result of the Trust's Quarter 3 Sickness Audit the below action plan has been put in place after discussions within HR and the divisions:

Action	Progress
HR Business Partners and Assistant HR Business Partners will feed back the results of the audit to Divisional Boards	Started and to be completed by the end of April
HR Business Partners and Assistant HR Business Partners will do focused feedback on the results of those departments that were audited.	Started and to be completed by the end of April
The Workforce Information Team and HR Business Partners will review the audit template and share with divisions before the Q4 audit	May 2015
ROE and Medirest staff to be added into Q4 audit	May 2015
Q4 audit will be conducted jointly by the Workforce Information Team and HR Operational Team	May 2015
An action plan in the coming months will be developed for the Trust to reduce sickness absence overall	May 2015

**The next audit will take place May 2015**

**Background**

Following four Staff Stress Focus Groups held between 20/11/14 and 8/12/14, two Manager Stress Focus Groups were held in March 2015. 48 managers were randomly selected from a number of work areas (clinical and non-clinical). Attendance was low, with 4 managers attending on 6/03/2015 and 6 attending on 11/03/2015, in addition 1 manager was seen separately, at their request. It should be noted that the sampling method and low attendance could mean that the stress factors identified by managers attending the 2 sessions may not be reflected Trust wide. However, in the majority of instances the issues identified were the same whether from clinical/non clinical areas. In addition they closely reflected the stress factors identified at the Staff Stress Focus Groups. The managers present seemed to have a good awareness and understanding of the stress factors for staff and in many instances shared them.

**Staffing****Stress Factor:**

1. Staffing levels – concerns included; skill mix, covering annual leave and sickness absence and insufficient staff to facilitate T&D sickness absence.
2. Loss of some staff (often leaving voluntarily) due to workforce change and/or workload/work pressure and then struggling to recruit, thereby losing skills and expertise.
3. Agency staff - poor quality, unreliable e.g. attendance. Upsetting for staff to know that the agency nurses are getting more than they are when they are unreliable, lack the commitment and don't work as hard or offer the same quality of care.
4. Not enough time to support staff or see patients.
5. Unrealistic staffing levels/blanket staffing levels. E.g. 70/30 split when struggling to get 50/50. The view was expressed that managers/ward leaders need to be left to manage and decide the appropriate staffing levels, skill mix for their area. Blanket staffing ratios are not pertinent to all work areas.
6. Insufficient time to train new staff due to staff shortages and pressure of work.

**Results**

- Reduces quality of care.
- Poor patient experience, reduced satisfaction.
- Reduced access to training, limiting professional development and improved knowledge and skills
- Rostering and covering the service difficult.
- Recruitment and retention difficulties impact negatively on workload/work pressures, skill mix and staff wellbeing.
- Increases financial pressure.

**Communication****Stress factor:**

1. Poor communication – Business Managers don't give sufficient notice or often don't inform all necessary departments about extra clinics, theatre lists etc. There is no joined up thinking or communication, causing problems for colleagues in other work areas/departments, inefficiencies and frustration for both staff and service users.
2. Failing to listen or consult. Senior managers e.g. Execs, Heads of Nursing make decisions about a unit/work area without consulting the manager/staff. When making the decision the senior managers think and say that they have the knowledge and understanding regarding the work area, but in reality they don't. They don't listen, don't know and don't come down to find out. Managers and staff find it insulting when the senior managers say that they know and understand when it is felt that they don't.

**Results:**

- Managers feel undervalued, under mined and without influence.
- Staff don't feel that they know what is happening.
- Mixed messages.
- Frustrations and tension between work areas/teams/departments.
- Locums and staff sat waiting for patients.
- Negative impact on the patient experience.
- Money and time wasted.

**Workload****Stress Factors:**

1. Ward leaders are meant to be driving things but they don't have the time because they are tied up with computer work, audits, route cause analysis, more HR work than undertaken previously etc. Previously a lot of this was done by other department/people. The view was expressed that as ward leaders are picking this additional and time consuming work up, they need revised expectations and additional support e.g. admin support for typing things up and clinical support for the ward and the professional development of staff.
2. Role perpetually changing. Work load continually increasing whilst staffing levels are reduced. Not enough time to do all that is expected
3. No time for team down time. Handover time cut so not time to build in staff development, support or care for staff wellbeing.
4. Bombarding workload for managers and staff. Fire fighting all the time, bombarding managers and staff with work. Tasks not finished when demanding move onto next thing, or changing what we are doing.
5. Insufficient time to meet all the demands placed on them. Staff and managers are pushed to the limit all of the time. Paperwork demands are excessive (all of the charts/checking and monitoring) and some of the paperwork is inappropriate to type of patient, or duplicates existing paperwork. Need to decide priorities, empower managers and stop perpetual change, need to strip back to basic nursing. Instead of the tick boxes place the emphasis on 'quality care' and ask each ward leader and team of nurses how they are going to evidence this in their work area.
6. Barrage of emails. Managed by email.

**Results:**

- Feel guilty and frustrated at not being able to do the job to the/their desired standard.
- Feel frustrated that paperwork detracts from the time that can be spent with patients and consequently the quality of care.
- Not able to read the information they should or respond to things as quickly as demanded e.g. emails from senior managers.
- Time wasted, increased anxiety and stress for managers and staff.
- Negative impact on the quality of care.

## Management

### Stress Factors:

1. Lack of recognition/praise from higher line manager, but quick to criticism.
2. Lack of consistent management.
3. Decision makers need to come to the shop floor to see what the issues are.
4. Staff don't know the directors and senior managers.
5. The Trust/Execs/senior managers are driven by external influences e.g. CQC, Monitor, making them reactive and overly evidence based (hence excessive recording/paperwork).
6. Bringing people in (e.g. interims) when staff know the solutions.
7. Nurse managers need to work on the shop floor to share their expertise and develop managers and staff and to ease the staffing pressures.
8. Frequent changes of senior managers and interims/consultants leads to inconsistency of direction and support.
9. Senior managers failing to give feedback or give recognition to managers and staff e.g. after a visit to a ward or work area e.g. asking the line manager/ward leader to thank staff and say that they were pleased with what they had seen.
10. Ward leaders/managers are undermined by lack of consultation, because they often don't know about changes etc. making them look unimportant, lacking in influence/knowledge etc.

### Results:

- Negative and reactive management.
- Senior managers are felt to be too distant from the frontline and are therefore perceived as being disconnected and lacking in understanding.
- Fail to think about it from the inside and use our knowledge of what is best/right, we bring outsiders in who think that they know better.
- Not enough time is allowed to implement and embed change.
- Managers and staff do not feel valued, reducing morale, potentially demotivating staff and increasing the likelihood of presenteeism.
- Time wasted delays, increased anxiety and stress for managers and staff.

## Miscellaneous

1. Insufficient support during workforce change for managers or staff.
2. Supporting colleagues/staff/doctors through personal problems and concerns.
3. 12 hour shifts. Reduces quality of care and nursing consistency. It is harder to cover when someone phones in sick which means ward leaders have to stay at work to cover.
4. Sickness Absence Policy is too tight with rotas it isn't always possible to adhere to the timescales for meeting etc.
5. Improving support and information for staff who are the subject of a complaint or investigation.
6. Some cost savings are costing us money not saving it. Sterile Services is an example of this. Poor environment, lack of investment and insufficient equipment

### Results:

- Poor morale
- Presenteeism
- Increased risk

## Culture

1. Blame culture – not a nurturing one. Too many demi-gods. Poor tone when speaking to people. Negative, superior and occasionally aggressive. Managers and staff are not supported, but rather criticised and blamed. This is frustrating and insulting when the manager and staff often haven't been consulted/informed in the first place, but have had things imposed, sometimes by interims, consultants and external influences that are no longer around and never seem to be held to account.
2. No recognition, but quick to criticise
3. Need greater clarity regarding roles, responsibilities and SOPs
4. No consistency – message keeps changing
5. Reactive not proactive – Trust is not good at looking forward and having confidence in our knowledge and ability.

### Results:

- Low morale
- Poor communication/working
- Presenteeism
- Don't make the right changes/improvements.
- Reactive not proactive.

## Doctors

1. Doctors cancelling annual leave at the last minute and expecting clinics to be put in place to cover their cancelled leave.
2. Wanting to run extra clinics at the last minute
3. Wanting specific rooms.
4. Not using the computer systems to identify requirements

### Results:

- All create significant difficulties.
- Poor patient experience
- Pressure on other staff.
- Barrier to SMARTER working and maximising the benefit of technology.

## Next steps

Managers attending the sessions were aware of the existing support available to help build resilience and support staff experiencing stress. However, it was felt that this offered support once stress was causing illness, rather than proactively tackling and reducing the issues which caused stress. Work is being undertaken to identify how we can put this support in place before stress becomes a problem.

### Action

A stress focus group has been undertaken at Newark Hospital and a summary report has been produced. Recently HR has sent out a number of posters to all wards and work areas to:

- support increased awareness and early identification of the signs of stress;
- promote the Staff Counselling Service and raise awareness of this free, confidential self-referral service for staff and encourage early referral;
- launch and promote the new e-counselling service for staff;
- provide information about the stress risk assessment and associate training for managers; and
- provide a leaflet for managers listing sources of support for employees experiencing stress to enable them to signpost staff and offer better support.

Work is currently being undertaken to develop an action plan to address the stressors identified and to help to reduce levels of stress within the organisation. This action plan will interlink with the Staff Survey action plan and be informed by information from the staff survey and exit interviews. HRBPs/AHRPs continue to use information gained from exit interviews to share examples of good practice and to work with managers and work areas to improve things where concerns are identified.

## Newark Stress Focus Group Summary Report

### Background

At the request of senior management at Newark Hospital a Stress Focus Group was held on 16<sup>th</sup> March. Attendance was low with just 8 of the 45 of the randomly selected staff that were invited attending the session.

Some of the stress factors identified were common to those identified by staff and managers attending the stress focus groups held at King's Mill Hospital. However, a number of factors were

### General factors (common to those identified at King's Mill Hospital)

**Communication & not consulting staff** - it is demoralising because staff don't hear anything e.g. from Senior/Business Managers. They feel that they are asked for their views/ideas, but these are then ignored. Staff and department/ward leaders are not kept up-to-date on solutions/promises and nothing ever seems to happen. It is frustrating and demoralising to be kept in the dark.

**Not feeling valued** - staff are asked for their views and then they are ignored.

**Consultants/Interims** - concern that people are being brought in that don't know Newark. Some things suggested won't work.

**Poor management style - poor communication** - In some work areas manager/supervisor not nearby, making it hard to discuss queries/concerns with manager and also resulting in a lack of supervision and some staff are not pulling their weight.

**Stressed managers** - staff feel that they aren't approach their manager because they don't want to be 'the straw that breaks the camel's back'.

**Staffing cuts/staffing cut too tight** – e.g. reduced receptionist hours considerably cuts into nursing time. In some areas there is no effective cover arrangement. This puts undue pressure on staff.

**Unrealistic expectations/demands** - e.g. from CQC, Patients. Gold

### Newark Specific

**Lack of work** – staff expressed concern that patients aren't being given the option of coming to Newark for procedures and that some consultants will only do clinics at Newark and resist doing procedures there.

**Service reduction** - reduced services in other areas e.g. pathology and pharmacy creates problems e.g. increased waiting times and cost.

**Staff mobility** – some staff are being used like a bank. They come to work and don't know where they are going to work. They find this upsetting.

**Lack of space** - different rooms and boxes used for file storage. This makes it difficult to store and track files. Solution promised, but since nothing heard and no improvement seen.

**Poor team working** - Staff not supporting each other either through choice or because they are not allowed to. E.g. of not allowed to only one employee on a certain band and with a certain role and when she is on leave no one picks up her work because the other staff are on a different band with a different job description. The backlog of work creates a problem for the work area and stresses the individual because she knows that she will be returning to a mountain of work that will take her ages to get topside of.

**Cancellation of clinics/theatre lists** – doctors cancelling a clinic at the last minute. This creates considerable work/upset for staff and isn't good customer care. Cancelled lists results in insufficient work for Newark staff, meaning they have to have a day off in the week and instead travel to KMH at the weekend to do additional lists.

**Concern over how appointments are made** - The appointments are made at KMH and preference seems to be given to allocating appoints at KMH regardless of where the patient lives or that they may have a shorter waiting time if seen at Newark.

**Not replacing consultants who work at Newark Hospitals** - consultants who work at Newark and leave are not being replaced there seems to be a move to run/close Newark down.

### Follow Up

Information from all of the stress focus groups has been collated and together with information from other sources e.g. staff survey and exit interviews used to create an action plan to address the key areas of stress for staff and managers.

## 2014 Staff Survey Results - Action Plan 2015

The Trust has taken the decision to focus on 3 key questions Trust wide with the aim to improve responses for the 2015 Staff Survey, detailed actions to improve are listed below:

Communicating & Working Together							
Q8g: How satisfied are you with the extent to which the organisation values your work?							
2014 Staff Survey Score -							
Target for 2015 Score -							
Action Point	Responsibility - Division/Department/Committee/Trust	Lead Person	To be completed by	Intended outcome	Q1 Progress	Q2 Progress	Q3 Progress
Ensure senior managers and line managers within divisions/departments engage with staff using innovative and creative communication methods e.g. using social media, divisional 'drop-in' sessions with senior managers, listening events and walking the floor etc.	All divisions	All	Divisions to review current engagement strategies and agree future communication/engagement initiatives during May 2015.	Divisions to review current engagement strategies and agree future communication/engagement initiatives during May 2015.			
Develop an open and transparent culture where staff raise concerns via appropriate mechanisms and have confidence these will be appropriately considered, adopting an open door policy and a no blame culture. In addition ensure staff who raise concerns, near misses etc. received feedback.	All divisions	All	Listening week w/c 20th April 2015 with sessions held across the Trust. Following this work will be undertaken across all divisions to embed a listening, no blame culture.	Trust to embed a no blame culture where staff are encouraged to raise concerns knowing that these will be listened to with an appropriate response and shared learning.			

Promote a positive coaching approach throughout the departments/service lines, including praising work outside the appraisal process. Note staff doing things right.	All divisions	All	Initiate in May 2015 with on-going work to embed a supportive and developing culture which proactively recognises the endeavours and achievements of staff.	In line with Quality for all values and behaviours staff will benefit from working in a supportive and developing environment where their endeavours and achievements are proactively recognised and valued.			
Improve appraisal rates and quality achieving the Trust's target of 98% compliance.	All divisions	All	On-going	Increased clarity on roles, responsibilities and performance. Staff feeling better supported and clear on personal objectives and development and Trust and team objectives and performance. Improved succession planning.			
Ensure all staff have a personal development plan aligned to appraisals, thus ensuring staff feel supported within their roles.	All divisions	All	On-going				

### Aspiring & Improving

#### Efficient & Safe

**Q9c: I am able to deliver the patient care I aspire to**  
**2014 Staff Survey Score -**  
**Target for 2015 Score -**

Action Point	Responsibility - Division/Department/Committee/Trust	Lead Person	To be completed by	Intended outcome	Q1 Progress	Q2 Progress	Q3 Progress
To develop more e-learning provision in order for staff to access their mandatory training requirements.	TED - TED Committee	Lee Radford - Deputy Director of Training	TBC	To have 24/7 access to certain mandatory training requirements via an e-learning system and to increase staff satisfaction to access job related training.			
Contact tracing and screening following potential exposure to infection in the workplace.	Occupational Health	Rebecca Garner - OH Lead Nurse	On-going	On-going provision of a range of OH services to support the health and wellbeing of staff thereby supporting a reduction in; sickness absence and stress enabling staff to provide excellent care.			

Occupational vaccinations given in line with current Department of Health guidance.	Occupational Health	Rebecca Garner - OH Lead Nurse	On-going	On-going provision of a range of OH services to support the health and wellbeing of staff thereby supporting a reduction in; sickness absence and stress enabling staff to provide excellent care.			
Roll out of Mentally Healthy Workplace training to 100 Trust managers in conjunction with T&D and Oh nurse during 2015.	Occupational Health & TED	Trudy Stringfellow - Leadership & Management Training and Development Officer and Rebecca Garner - OH lead Nurse.	Pilot to be undertaken in May 15, with roll out and training of 100 staff by the end of September 2015.	100 staff trained by October 2015			
Muscular skeletal service available by either manager referral or OH nurse.	Occupational Health and Therapy Services.	Rebecca Garner - OH Lead Nurse.	On-going	On-going provision of a high quality muscular skeletal service to support staff to better manage symptoms/conditions thereby enjoying improved health.			
Seasonal Flu Vaccination	Occupational Health	Rebecca Garner - OH Lead Nurse.	Vaccination programme October 2015 to January 2016	Vaccination rate to remain above 70%			
Resilience training embedded into the Trust's Leadership & Management Training	Occupational Health and TED	Trudy Stringfellow - Leadership & Management Training and Development Officer and Rebecca Garner - OH lead Nurse.	On-going	Increased number of managers and staff undertaking this training. Increased resilience in the workforce.			
Expert OH advice, support and post exposure follow up in the event of needlestick, sharps or splash injuries.	Occupational Health	Rebecca Garner - OH Lead Nurse.	On-going	On-going provision of a range of OH services to support the health and wellbeing of staff thereby supporting a reduction in; sickness absence and stress enabling staff to provide excellent care.			



Ensure all staff attend mandatory training in line with their job roles.	All divisions	All	On-going	All staff supported and trained to complete their roles and responsibilities.			
Senior managers and line managers to be a role model for Quality of all values and behaviours.	All divisions	All	On-going	Quality for all values and behaviours embedded and prevalent improving the patient and staff experience.			
Senior managers, line managers and HR to promote staff to adopt and mirror Quality for all values and behaviours.	All divisions	All	On-going	Quality for all values and behaviours embedded and prevalent improving the patient and staff experience.			

**Respectful & Caring**

**Q12c: I would recommend my organisation as a place to work**

**2014 Staff Survey Score -**

**Target for 2015 Score -**

<b>Action Point</b>	<b>Responsibility - Division/Department/Committee/Trust</b>	<b>Lead Person</b>	<b>To be completed by</b>	<b>Intended outcome</b>	<b>Q1 Progress</b>	<b>Q2 Progress</b>	<b>Q3 Progress</b>
Provision of Drop-in Health and Wellbeing Clinics at all Trust sites.	Occupational Health	Rebecca Garner - OH Lead Nurse	On-going	Easy access for staff to OH advice, information and support. Lifestyle and health checks readily accessible to staff at times and in locations convenient to them during the working day.			
On-going OH support for staff and managers, including on-going signposting to other relevant services, one-to-one consultations with OH nurse or doctor, expert advice on redeployment, rehabilitation, workplace adjustment, OH surveillances etc.	Occupational Health	Rebecca Garner - OH Lead Nurse	On-going	On-going provision of a range of OH services to support the health and wellbeing of staff thereby supporting a reduction in; sickness absence and stress enabling staff to provide excellent care.			

Roll out and embed of Quality for all	Trust wide	Karen Fisher - Interim CEO and Kate Lorenti - Deputy Director of HR	On-going	Trusts values and behaviours become embedded, underpinning all that the organisation and staff do resulting in improved staff and patient experiences. Staff Survey score for staff motivation to increase by 0.20			
Staff Health & Wellbeing Events	Health & Wellbeing Committee	Anne Burton - Staff Support & Benefits Co-ordinator	Events to be held in October 2015	To support staff engagement and wellbeing by providing ready access to information and services available within the Trust and to external organisations. These events illustrate the importance of staff, whilst supporting improved knowledge and enabling staff to be better placed to care for themselves.			
Roll out Stress Risk Assessment and associated training	Health & Safety	Robert Dabbs - Health & Safety Manager	On-going	Increase clarity for managers with regard to identifying and managing stressed staff. Increased support for staff experiencing stress			
Continued provision of confidential, self referral Staff Counselling Service	Continued provision of confidential, self referral Staff Counselling Service	Karen Fisher - Interim CEO and Kate Lorenti - Deputy Director of HR	On-going	Free, confidential support for staff. Option for face to face counselling or on-line.			
Introduction of e-Counselling service	Shirley Rose - Lead for Staff Counselling Service.	Karen Fisher - Interim CEO and Kate Lorenti - Deputy Director of HR	e-Counselling to be launched April 2015 then on-going provision.	Free, confidential support for staff. Option for face to face counselling or on-line.			
Ensure all staff are consistently and fairly managed in accordance with the	All divisions	All	On-going	Consistent and fair management of sickness absence which facilitates timely return to work and			

Trust's HR policies and procedures, providing support and guidance via OH, TED and Staff Counselling etc.				offers appropriate guidance and support to staff and managers..			
Support Staff with Health & Wellbeing ensuring the sickness absence is managed consistently in accordance with the Trust's Management of Sickness Absence Policy.	All divisions	All	On-going	Consistent and fair management of sickness absence which facilitates timely return to work and offers appropriate guidance and support to staff and managers..			
All staff to have a minimum of a monthly one-to-one with their line manager (or designated deputy) to discuss workloads, issues, review performance and identify support required.	All divisions		On-going	All staff to receive the feedback, guidance and support they need to meet their objectives and perform their duties to the best of their ability.			