

## Northumberland, Tyne and Wear NHS Foundation Trust

### Board of Directors Meeting

**Meeting Date:** 22 February 2017

**Title and Author of Paper:** Workforce Directorate Quarterly Update – Lynne Shaw, Deputy Director of Workforce and OD

**Executive Lead:** Lisa Crichton-Jones

**Paper for Debate, Decision or Information:** Information

<b>WORKFORCE STRATEGIC AIMS:</b>	✓
<b>We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do.</b>	✓
<b>We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making.</b>	✓
<b>We will lead and support staff to deliver high quality, safe care for all</b>	
<b>We will help staff to keep healthy, maximising wellbeing and prioritising absence management</b>	✓
<b>We will educate and equip staff with the necessary knowledge and skills to do their job</b>	✓
<b>We will be a progressive employer of choice with appropriate pay and reward strategies</b>	

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015.

Includes updates on:

1. Gender Pay Gap reporting
2. Tackling bullying in the NHS: A collective call for action
3. Staff Survey 2016
4. NHS National Leadership Framework
5. Trust Collective/Clinical Leadership Programmes
6. National Obesity Awareness Week: 9 – 14 January 2016
7. Team Prevent Contract extension
8. Investor in Apprenticeship Award
9. Annual GP Psychiatry Update

**Risks Highlighted to Board :** N/A

**Does this affect any Board Assurance Framework/Corporate Risks?** No

**Equal Opportunities, Legal and Other Implications:** Various aspects of Employment La

**Outcome Required:** Information Only

**Link to Policies and Strategies:** Workforce Strategy

# Workforce Directorate Quarterly Report

22 February 2017

## Strategic Aim 1

### 1. Gender Pay Gap Reporting

On 20 January 2017 the Government published draft regulations setting out a requirement for public sector bodies in England with 150 or more employees to publish their gender pay and bonus gap. The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the Regulations) bring in the gender pay gap reporting duty as part of the existing public sector equality duty (the PSED). The Regulations have been laid before Parliament and are expected to come into force on 31 March 2017.

The main requirements are for public sector employers in scope to carry out six calculations and publish those figures by 30 March 2018 at the latest. In particular they must publish:

- The overall difference in the mean and median hourly rate of pay between a male and female employee (who is not being paid at a reduced rate as a result of being on leave and defined as a full pay relevant employee in the Regulations) on a snapshot date of 31 March 2017.
- The difference in mean and median bonus pay made to male and female employees during the 12 months ending with 31 March each year.
- The proportion of male and female employees who received bonus pay in that 12 month period.

Internally, the focus over the next few months is to improve the demographic data that we hold for staff in preparation for this reporting and also other NHS England reporting requirements around Equality and Diversity.

### 2. Tackling bullying in the NHS: a collective call to action

The Social Partnership Forum (SPF) has developed 'a collective call to action' to tackle bullying in the NHS. The purpose of this is to support and encourage leaders in partnership with their trade union colleagues to take further action to tackle bullying.

The call to action invites all NHS organisations to:

- Achieve the overarching leadership and cultural change to tackle bullying
- Support staff to respectfully challenge problem behaviours
- Publish their plans and progress so staff, patients and the public can hold them to account.

In conjunction with NHS Employers tools and resources have been developed (podcasts, infographics and launch of cultural ambassador project). The call to action challenges organisations to explore their cultures in partnership with staff, commit to positive action and to track progress. This will mean:

- Engaging with staff about positive and less positive behaviours
- Broadening the range of measures, metrics and intelligence to assess culture and to track progress in tackling bullying
- Use a partnership approach, working closely with management, staff and Trade Union Representatives to devise action plan
- Make a commitment to change by setting goals for what will be different by when
- Publish progress and be held to account by patients and staff.

The Trust is already carrying out the majority of actions outlined on the checklist. We would need to consider if the information from the staff survey results is sufficient; it allows for benchmarking against other organisations and we include as part of our local questions further exploration of bullying and what cultural assessment tools we'd use to check progress eg the Culture of Care Barometer.

It is recommended that we sign up to the call for action initiative, if appropriate, following analysis of our full staff survey results.

## **Strategic Aim 2**

### **3. Staff Survey 2016**

The Survey was launched on 21 September 2016 and closed on 2 December 2016. 6171 surveys were issued, 2768 were returned giving a final response rate of 45%. This was the average rate for Mental Health Trusts using Quality Health (QH).

The results have just been published and show steady improvements in all areas. Almost all indicators are better than the QH Comparators. However, it should be noted that this is the first time that we have used QH as a survey provider and therefore the first time that we have been compared against their comparison group.

We have made improvements in all of the areas identified over the last year, but there is still room for improvement in these areas and as ever we need to consider the scores that are 'average'.

Our next steps will be to thoroughly analyse the results at more local levels. Quality Health at the start of February uploaded our survey data to an online reporting tool SOLAR. This will allow us to breakdown results using key variables such as Job Title, Directorate, and by demographic and protected characteristic information of respondents.

NHS England has stated that the publication date for the National Survey is 7 March 2017.

#### **4. NHS National Leadership Framework**

Developing People, Improving Care is a development framework, created under the umbrella of the National Improvement and Leadership Development Board. It applies to all NHS providers. It is based on concept of Continuous Quality Improvement (CQI) not transformation. It is intended 'to close the gaps' identified in the NHS five year forward view and identifies 4 critical required capabilities: system leadership, improvement skills, compassionate-inclusive leadership and talent management. It states that every team 'directing NHS funded work' need to review their people development strategies and revise priorities, systems and budgets to target the 4 critical capabilities. The document sets out a rationale to explain why we need a 'soft approach' to meet the difficult challenges of change. "This is the right response for the challenges of our times." Circumstances will require us to develop people differently. Clinicians "get little support for challenging the perceived boundaries between clinical and managerial roles." Improvement initiatives must be led by compassionate and inclusive leaders – the key to creating engaging cultures. We need to identify, develop and support leaders who have the ability to work in this way (hence the importance of talent management as part of the 4 capabilities).

The framework identifies Five Conditions or Primary Drivers common to high quality systems that interact to create a culture of continuous learning and improvement. For each Primary Driver, there are three secondary drivers and then 13 identified proposed actions. These actions are quite detailed and each will need to be considered. It also identifies who is responsible for the implementation of the actions, the majority of which sit with national bodies but three are identified as being devolved to 'all NHS funded organisations.'

- i) We need good Organisational Development capacity and capability
- ii) We need to develop our own leadership and talent management strategies
- iii) We need to embed improvement methods into training and development, especially leadership development. This needs to be focused on what we need and want from our leaders and managers.

It also states that those responsible for the implementation of actions in line with this framework at a national, regional and local level will need to track and evaluate the impact of the actions. Additionally it states that "new funding to support these actions will be hard to find," but that the challenge will be in maximizing the return on our investment in people, in making the best use of or pooling the resources that we already have, in developing innovative partnerships with other organisations and in, sharing ideas and experiences.

#### **5. Collective/Clinical Leadership Programmes**

Trust collective / clinical leadership programmes were established in 2016 and are all now fully underway. In addition, we are starting to consider the new national framework which is outlined above.

## **Strategic Aim 4**

### **6. National Obesity Awareness Week: 9 – 14 January 2016**

The National Obesity Awareness Week was selected as one of the Trust's major campaigns for 2017 following last year's health survey which highlighted weight management as being one of the biggest health concerns for our staff.

The campaign was promoted on the Trust intranet and in the monthly bulletin 'Live Well, Work Well' and Trust bulletins as well as chatterbox. Stands were arranged on seven main sites across the Trust. The stalls displayed props such as 1lb and 5lb fat globules and wine, spirit, cocktail and beer glasses which showed units of alcohol content, there was low fat and full fat cheese to taste and compare, low fat recipes and leaflets on various subjects including weight management, physical activities, healthy tips etc. We also ascertained the level of interest for the setting up of weight management and activity classes and running/walking groups.

This even generated lots of interest and positive feedback and around 108 people attended the stalls and generated a lot of discussion with the Health and Wellbeing representative in attendance. Further contact will be made with staff who took information from the stands to see if any long term lifestyle changes have been made/sustained.

In addition, interventions such as weight management and exercise classes or running/walking groups will be arranged by the Health and Wellbeing Team to support any lifestyle changes made by staff following this promotion.

### **7. Team Prevent Contract Extension**

The Trust's contract for Occupational Health services/Counselling with Team Prevent was entered into on 1 December 2014 and expires on 30 November 2017. The contract does however have a provision within it to extend the contract for up to 2 years. To change contract provider or extend beyond the current agreement extension parameters the Trust is required to undergo a full tendering process. This process would need to commence in March 2017.

We have established effective working relationships with Team Prevent. They are flexible in their approach and in addition to contracted services are assisting with absence management training, on site health clearances, have carried out an organisational health needs assessment and are providing valuable support to the regional streamlining project which has a 2 year duration.

Following discussion at Business Delivery Group and Corporate Decisions Team it has been agreed to extend the current contract for a period of two years.

## **Strategic Aim 5**

### **8. Investor in Apprenticeship Award**

The Trust has recently been awarded the Investor in Apprenticeships award. The standard requires demonstrating a high level of commitment to employing apprenticeships, in particular with regards to our strategy and clear commitment to recruitment, progression opportunities and excellent promotion and ambassadorial work. The plaque and certificate was awarded to the Vocational Training team on 24 January 2017. We understand we are the only NHS organisation to receive this level of accreditation.

### **9. Annual GP Psychiatry Update**

The Annual GP Psychiatry update took place on 14 December 2016 for the second consecutive year. The event was hosted by our Medical Development Team with 55 delegates in attendance from our GP partners throughout the NTW catchment area.

Hot topic masterclasses included CBT for GP's, Alcohol Misuse, Attention Deficit, Old Age Capacity and Assessment, Antipsychotic Prescribing, Antidepressant Prescribing and Personality Disorder.

A number of NTW speakers volunteered their time to make this event successful. Another event is being arranged for later this year.

**Lynne Shaw**  
**Deputy Director of Workforce and OD**