

BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Thursday 29 th August 2019
Title:	HROD Trust Board Report
Lead Director:	Vivienne Toal Director of Human Resources & Organisational Development
Purpose:	For Approval
<u>Key strategic aims:</u> The report provides an update on the Trust's Health and Wellbeing agenda specifically referring to the review and future of Occupational Health & Wellbeing Services and the work of the new Consultant Clinical Psychologist. The report also provides an update on resourcing pressures across both the Medical and Non-Medical workforce, outlines key productivity information including sickness absence, turnover and skills mix, and also shows detail of staffing levels, flexible workforce costs, posts approved & agency/bank usage.	
<u>Key issues/risks for discussion:</u> Section 1 – Health and Wellbeing Key points to note: • A review of the Trust's Occupational Health Service has been completed. Key recommendations from the review focused on a number of issues including: more focus on broader health and wellbeing activities, potential relocation of the service to achieve greater visibility for staff, development of a communication strategy to change the perception of the work of Occupational Health and a review of and investment in resources including the appointment of a Consultant Clinical Psychologist. • Discussions are at an advanced stage with colleagues in Northern Trust to develop a joint occupational health and wellbeing service provision between the 2 Trusts. This would include the current Occupational	

Health and Wellbeing Service Manager working strategically across both localities to develop a truly multidisciplinary approach to health and wellbeing for staff, with the recruitment of an Occupational Health & Wellbeing Locality Manager in each Trust to manage the service on a day to day basis.

- A new Consultant Clinical Consultant started in post on 28 March 2019. Dr McGurk provides a Clinical Psychology Service in both Occupational Health and within HROD Directorate. She has dealt with referrals for individual or teams group who need psychological assessment and intervention for difficulties related to their work. She also offers psychological assessment, consultation, training and therapeutic intervention for teams within the Trust. Most recently this has included working with the Family Intervention Team, Children and Young People's Service Directorate.
- Three H&WB workstreams have now been established to support the Trust's aim of achieving and maintaining a healthy workforce providing safe, supportive, and health promoting workplace. These include: Better Physical Health and Wellbeing work stream and most recently the Better Psychological Health & Wellbeing and Employee Experience workstreams.

Section 2 – Resourcing Services - Key points to note:

- Continued ongoing and significant workforce pressures across a range of staff groups, including all areas of Nursing & Midwifery (including support posts), Social Workers, Domiciliary Care Workers, Allied Health and Medical Professions.
- Continued high volume of posts approved in the Trust during April – June 2019, and associated drop in the Trust's performance against KPIs which are now below the HSC average. The reasons for this are multi-faceted but are being further investigated and changes made to address this.
- A range of local and regional developments underway to identify and implement improvements wherever possible to increase the volume of applicants, improve the speed of recruitment and enhance the 'applicant experience'.
- The current tax charges for high earners, primarily senior doctors and GPs, has begun to impact on service delivery, as medical staff are now reducing or ceasing any additional activity beyond contracted hours. This situation is expected to significantly worsen. It is expected that the DOH NI will follow the position in England in relation to the issuing of a consultation relating to greater flexibility and control for senior doctors over their contributions.

Section 3 – Workforce Information - Key points to note:

- The Trust's cumulative sickness absence rate for 2019/20 year to date is 5.02%, which is slightly higher than the figure of 5.00% for the same period last year (ie April – June), but lower than the 2018/19 cumulative figure of 5.35%.
- Regional HSC Sickness Absence information for 2019/20 year to date indicates that the Southern Trust has the lowest level of cumulative sickness absence for 2019/20 (excluding WHSCT who have not yet submitted their figures).
- The Staff in Post figure as at 30 June 2019 shows an increase of 19.16 WTE since 31 March 2019, and an increase of 388.05 WTE in comparison with the baseline figure for 31 March 2018.
- The flexible costs for 2019/20 have increased by an average of just over £2m per month compared to 2017/18 figures, and by almost £800K per month when compared with 2018/19.
- The Total Year to Date Flexible Workforce Cost as a % of the Year to Date Total Salary Bill as at 30 June, is 13.36%.

Summary of SMTdiscussion:

HSC Workforce Strategy Programme Board and Reference Group structure has now been established by the Department of Health, with Southern HSC Trust Director of HR representation on the Programme Board. While some progress has been made in relation to securing additional training places for some professions, there is a significant concern that in a number of professions as outlined in the Resourcing section of this month's Resourcing report, there is simply insufficient supply of staff to deal with the demand.

A Social Work Workforce Planning Review is due to commence, led by the Department of Health.

In addition, an early action under the Strategy was the completion of a review of required undergraduate medical student places. Professor Keith Gardiner, Dean and Chief Executive of the Northern Ireland Medical and Dental Training Agency (NIMDTA), was accordingly commissioned by the DoH to undertake a review to determine the optimum number of medical student places that NI requires per year to meet the medical component of healthcare (Medical Student Places in Northern Ireland Review 2018). The final report was published in January 2019 and made 10 recommendations. As envisaged at Recommendation 1, the Department is convening a

Strategic Group and the work derived through this Strategic Group will be aligned to the HSC Workforce Strategy. The role of the Strategic Group is to focus on developing - collectively - a system-wide approach to raise the quality of HSC's medical education 'offer' as a way of addressing the increasing challenges of attracting doctors into speciality training programmes after completion of their foundation training.

Human Rights/Equality:

N/A

Trust Board Report

Human Resources & Organisational Development (HROD) Directorate

Version	1
Presented to Board of Directors	Thursday 29 th August 2019
Authors of report	• Maxine Williamson, Deputy HR Director (Workforce and OD) • Karen Anderson, Head of Workforce Information • Iain Gough, Head of Resourcing • Zoe Parks, Head of Medical Staffing
Presented by	Vivienne Toal, Director of HROD

INTRODUCTION & PURPOSE

Section 1 this month provides an update on progress of our Health and Well-being agenda, specifically the future of our Occupational Health service and the role of new Consultant Clinical Psychologist post.

Section 2 provides an update on resourcing pressures across medical and non-medical workforce.

Sections 3-4 of the report provides workforce productivity information (turnover, sick leave etc).

SECTION 1 – Review of Occupational Health Service

1.1. Context

Regionally the Department of Health (DOH) in 2018 launched the HSC Workforce Strategy which outlines the plans to review by 2021 the investment in and establishment of sustainable Occupational Health Services for HSC Workers, which can be used as a model for the rest of the NI workforce.

The Trust committed in 2018 to review the Occupational Health Service (OHS) current scope and model of delivery in promoting health and wellbeing of staff. The Trust Health & Wellbeing Strategy incorporates key actions to promote the physical and psychological health and wellbeing of our staff and staff from the Occupational Health Service are key members of the Strategy's associated working groups.

1.2 Role of OH

The OHS undertakes health protection activities for staff such as pre-employment health screening, immunisations (including annual flu vaccine), follow up of sharps injuries to staff and provision of physiotherapy assessment for staff. However, the highest level of activity relates to providing specialist opinion on fitness for work and recommendations on workplace adjustments following a period of sickness absence. OHS also works closely with the Trust Physiotherapy Service in the provision of dedicated OH physiotherapists working in different localities across the Trust. Employees can refer themselves for OH physiotherapy assessment and advice. Additionally, a newly enhanced service has successfully been introduced over the past year and enables sickness absence management referrals relating to musculoskeletal issues to be seen directly by OH physiotherapists within the OH department.

1.3 Review of OH

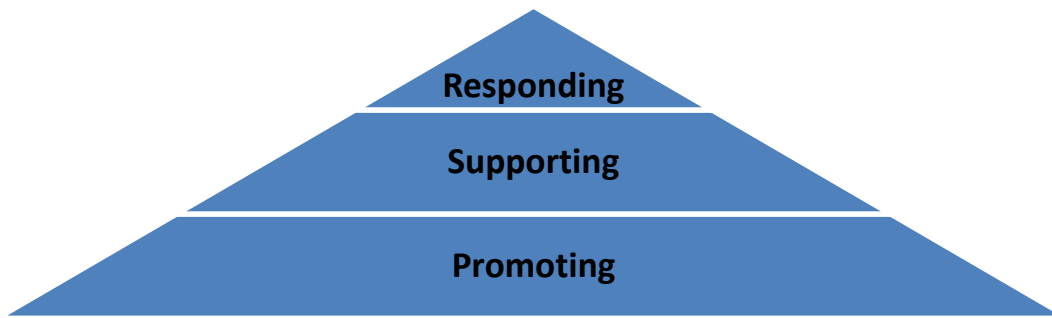
The purpose of the review completed in December 2018 was to identify elements of the current service model which work well, and areas for improvement to optimise the protection and promotion of staff Health and Wellbeing and fitness for work. It was also to provide recommendations for the future development, scope and perception of Occupational Health Services across the Trust.

A scoping exercise was undertaken to gather the views of service-users and stakeholders associated with the OHS, including employees and line managers who had recent experience of using the OHS, as well as Directors, Senior Management Team (SMT) and Assistant Directors, Corporate HR, Employee Relations staff, Trade

Unions Representatives and a range of managers from across directorates. The views of Occupational Health staff were also sought. The review consisted of three data collection methods including postal survey, online survey and focus groups.

From the feedback received an number of key recommendations were made, some of which included:

- Perception/Brand – Although the feedback on the level of support provided was very positive it is important OHS should be seen as part of a caring organisation. This could be achieved through development of a new communication strategy, outlining for example the profile of team and OH services including self-referral. Methods include posters, u-matter, global and share point (page tiger).
- Reach –St Luke’s Hospital in Armagh was reported to be both geographically and metaphorically disconnected from the majority of clinical staff within the Trust. Relocation of the main OH department to a suitable area within or in close vicinity to Craigavon acute site would be recommended, with a dedicated satellite presence in Daisy Hill Hospital. This would not only address the present issue of geographical distance from the large majority of clinical and support staff but it would also go a long way to projecting a change in the current OH brand associated with staff and speaks to a new chapter in the development of the OH service.
- Role – Sickness absence appears to have become a dominant role for OH over recent years and therefore a review of current protocols/activity levels to achieve more streamlined, lean ways of working is required to ensure more focus on broader health and well-being activities.
- Communication – There was a recognised need for more regular and direct communication between OH and front-line staff. Therefore there is a need for increased consultation with service users, a review of the current OH User Group meetings and closer links made with Promoting Wellbeing Team and Recovery College.
- Strategic Direction – OH needs to adopt an evidence-based and strategic approach to staff wellbeing using a *Stepped -Care Model* which incorporates the three levels at which the OH service can intervene.



Dr Emma Carroll Staff Well-being – Pyramid Model (2017)

- Resources – a review of and investment in the current resources within the OH Service including a more broad ranging multidisciplinary team: Consultant Clinical Psychologist for Staff Wellbeing and review of current OH physiotherapy resource allocation, Occupational Therapy.

1.4 Future of OH

Currently the role of Head of OH is filled through the secondment of the Occupational Health and Wellbeing (OHWB) Service Manager in the Northern Trust, working in the Trust two days a week. In order to take forward the recommendations from the review it is recognised this post needs to be filled on a permanent basis. In light of the regional direction of travel on the future of occupational health service regionally as referred to in the HSC Workforce Strategy, discussions are at an advanced stage with the Northern HSC Trust to establish a joint occupational health service provision, between our two Trusts. This would include the current OHWB Service Manager working across both localities with a strong strategic remit, and the recruitment of a OH&WB Locality Manager in each Trust. A local lead is required at Band 8a across each Trust area to enable local services to deliver safe and effective services and for the Trust to drive the transformation agenda for the service as outlined in the review. This is a really exciting opportunity to work collaboratively with another Trust to help improve sustainable occupational health and wellbeing services for our staff.

2.0 Appointment of Consultant Clinical Psychologist for Staff Wellbeing

2.1 Role of Consultant Clinical Psychologist

Dr Lorraine McGurk was employed on 28 March 2019 as Consultant Clinical Psychologist for Staff Wellbeing. Within this role, Dr McGurk provides a Clinical Psychology Service using an evidence-based and strategic approach drawing on a range of psychological theories, models and research.

Using the stepped –care model, the Clinical Psychologist can intervene at three different levels outlined above ‘The Pyramid Model’.

1. Promoting: Help develop an organisational culture that promotes staff well-being, resilience and engagement.
2. Supporting: Aiding the development of skills and knowledge in areas known to impact on psychological well-being, resilience and engagement, and also by supporting and responding to aspects of working that challenge these areas.
3. Responding: Support staff by responding to identified stress or difficulty and involves specific input to an individual or team who have identified or have been identified as experiencing difficulties.

Dr McGurk offers these three areas of intervention through her work in the Occupational Health Service (2.5 days a week) and with the Human Resources & Organisational Development Directorate (Organisational Development) (2.5 days a week).

2.2 Provision of Clinical Psychologist Service - Occupational Health Service

A referral pathway and internal referral form has been established for the Clinical Psychology Service in Occupational Health. Referrals are accepted for individual or teams group who need psychological assessment and intervention for difficulties related to their work. The Clinical Psychologist is also available for advice and consultation to Occupational Health staff.

Table 1: Clinical Psychology Activity in OH Service (May – August 2019)*

Total No of Referrals -	14
Current Waiting List	6
Total No of appts offered	36
Total No of Discharges	3

Reason for Referral	
Accumulative workplace stress	2
Workplace Bullying	3
Traumatic Incident at work	2
Interpersonal relationship stress	3
Distress related to investigative processes	4

* clinical data provided in separate sections to protect confidentiality of the staff attending OH Clinical Psychology Service.

Type of Professionals Referred	
Domiciliary Care Worker	3
Medical Doctor	1
Social Worker	1
Professional & Technical	4
Domestic Services	1
Social Care Worker	1
Residential Social Worker	1
Staff Nurse	1
Student Nurse	1
Social Care Assistant	1

Future service development plans include the provision of group-based psychological interventions which will be co-delivered with a member of the Occupational Health team.

Feedback from those who have been discharged from the Clinical Psychologist caseload has been received and has been positive. In particular, they reported that they felt valued and supported by the Clinical Psychologist, that they felt more able to manage their distress; make healthy decisions; and to return to their duties (1 staff member); that the support and recommendations made by Dr McGurk were helpful to them in managing their distress; that they felt more able to continue their work; and that changes were made in their work life as a result of this contact.

2.3 Provision of Clinical Psychologist Service – Human Resources Department (Organisational Development)

The Clinical Psychologist offers psychological assessment, consultation, training and therapeutic intervention for teams within the Trust. In regard to targeted team intervention, Dr McGurk is working with the Family Intervention Service, Children and Young People's Directorate. The referral was made by HR following a complaint made under the Whistleblowing Policy and subsequent independent review of the service. HR had concerns because of issues raised internally by staff relating to the challenges of their role. This work is currently in the assessment phase. To date it has included a review of relevant written documentation in relation to the concerns, Clinical Psychologist's attendance at the steering group, direct contact with staff members of each team, and consultation with team leaders.

Contact has been made directly with the 9 teams on site in their workplace and their team leaders. Meetings have also been arranged collectively with the team leaders. Social work managers will also be invited for a consultation and measures collected as part of the assessment process. From the data gathered to date, it is expected that there will be general recommendations made regarding organisational changes that could be made to improve and enhance the psychological wellbeing of staff in each team, as well as specific training and group intervention provided to the teams by Dr McGurk. Through the use of psychometric measures and qualitative feedback, an assessment will be made on the impact of the work of the Clinical Psychologist.

2.4 Health and Wellbeing Workstreams

Three workstreams have been established to support the Trust's aim of achieving and maintaining a healthy workforce providing safe, supportive, and health promoting workplace. These include:

- The Better Physical Health and Wellbeing work stream
- Better Psychological Health and Wellbeing work stream

- Employee Experience work stream

The Better Psychological Health and Wellbeing workstream is to be chaired by Dr McGurk. The aim of the group is to focus on the psychological health and wellbeing of staff. The workstream will evaluate the current stress toolkit and Trust's Stress Management Policy. It will also review current services and practices to support the psychological health and wellbeing of staff within Occupational Health services and Human Resources. If necessary, the group will also recommend additional approaches and initiatives to improve, promote and enhance the mental health and emotional wellbeing of Trust employees. The first meeting of members will be in October 2019.

The Employee Experience workstream is chaired by Maxine Williamson, Deputy HR Director (Workforce and OD) and will focus on ensuring positive employee experiences through creating a happy and safe work environment and a great place to work. The work will include reviewing and engaging with staff on the results from the HSC staff survey, acting as champions for our new HSC values and behaviours and collective leadership and informing the development of an OD / People Strategy for the Trust.

2.5 Future work of Clinical Psychologist role

Over the coming months there are plans to embed the role further through:

- Directly supporting HR teams in their work (e.g. Employee Relations team)
- Offering psychologically-informed perspective/input to staff training offered in the trust (e.g. HROD Team)
- Exploration of feasibility of reflective practice (e.g. Schwartz rounds) for staff working in both CAH and DHH hospital sites

SECTION 2 – Resourcing

1.0 Nursing & Midwifery

The Trustwide implementation of the Nursing & Midwifery Action Plan (2019-2021) includes a specific workstream focusing on the attraction and recruitment of staff. An output from this group has been the development of an annual recruitment plan, detailing the schedule of recruitment events for different staff groups within the nursing and midwifery family. This group will also be responsible for engaging with nursing students and recently qualified staff, with the aim of ensuring their placement, induction and preceptorship experiences in the Trust are enhanced.

1.1 Adult Nursing

- Vacancy levels have increased slightly since last reported to Trust Board – as at 23rd July 2019, there were 126 unfilled Band 5 posts with the BSO Recruitment Shared Service Centre (RSSC), compared to 110 in February 2019. Vacancy levels remain high across many areas on all hospital sites, with particular pressures in specific wards/departments such as Theatres (CAH and DHH), 3 South Surgical (CAH) and Female Medical Ward (DHH). In line with the Trust's annual recruitment plan, a DHH-specific recruitment event was held on-site on Saturday 8th June and this generated conditional offers to 9 Registered Nurses and 6 final-year nursing students. Further recruitment events are planned to take place in November, December and January which will target specific specialties and applicant groups.

1.2 Mental Health Nursing

- The number of Band 5, 6 & 7 vacancies recorded on HRPTS across all Mental Health services are currently totalling 58. (19 of which are in Bluestone.) These vacancies, in addition to the significant service demands, means there are substantial pressures on our services and staff. A recruitment day is being planned to take place on the CAH site on Saturday 28th September, for the recruitment of Band 5 and Band 6 staff across all Mental Services as well as Learning Disability and CAMHS.

1.3 Children's Nursing

- As at 23rd July, the number of unfilled Band 5 vacancies with the RSSC is 5 – a decrease from the 11 vacancies reported in February. However, further regional advertising undertaken over the last few months has failed to fill the existing vacancies in the Trust and discussions are ongoing amongst Children's Nursing Leads regionally, in relation to progressing a UK-wide recruitment campaign.

1.4 Midwifery

- The number of unfilled vacancies with the RSSC has increased significantly since the last report to Trust Board (15 in February; 28 as at August). As part of the Trust's annual recruitment plan, an on-site recruitment event is being planned for late October, supported by a significant advertising campaign across various media channels and educational providers.

1.5. Nursing Assistants/Senior Nursing Assistants

- A new approach is being implemented for the recruitment of this group of staff. The vacancy level at 23rd July was 46 posts, however this is mainly due to the timing of a new waiting list being recently created – the majority of these posts will be filled over the next month. To supplement this waiting list, the Trust will have regular targeted advertisements with specific 'hard-to-fill' areas noted, to ensure a regular supply of applicants throughout the year. In addition, recruitment to the Trust's Nurse Bank will be via an 'open registration' process and will be managed by the Trust's Resourcing team from September 2019, rather than by RSSC. All this work will be underpinned by new (regionally developed) Job Descriptions / Personnel Specifications, which will be provide consistency across all areas of the Trust.

1.6 International Nursing

- There are currently 49 non-EU Nurses working in the Trust, 43 of whom have already achieved registration with the NMC and are working as Band 5 nurses. The timeline for achieving full registration with the NMC continues to be maintained at an average of approximately 12 weeks which, as previously reported, compares very favourably with Health Trusts in the rest of the UK.
- Nurses continue to arrive in relatively small numbers each month, from the Philippines and India. All non-EU recruitment activity to date has been in partnership with a single contracted supplier – it has become clear in regional contract monitoring meetings that whilst this supplier will be able to meet the initial target of 622 Nurses recruited to the HSC, it may be late 2020 before this is achieved rather than the original target date of March 2020.
- The Nursing & Midwifery Council have also recently announced plans to change their approach in terms of processing overseas applicants on to the professional register – it remains to be seen what the full implications of this will be for the supply of applicants and for Trust resources, with a workshop planned for early September to more fully discuss this.

1.7 Nurse Bank activity

- During June 2019, requests to fill ad hoc shifts equated to an average of approximately 533 WTE each week (for both registered and unregistered staff) – this is the highest level of requests ever recorded in the Trust. In light of this, the level of cover provided by Bank staff understandably dropped to approximately 56%

(average of 302 WTE each week), whereas the amount of cover sourced via recruitment agencies rose to 38% of hours requested (average of 204 WTE each week).

- The Resourcing and Nurse Bank teams will be working collaboratively over the remainder of 2019 to focus on improving the speed and efficiency of recruitment on to the Bank, but equally importantly on streamlining the provision of mandatory training to ensure the actual supply to Trust wards/departments is improved. This is the subject of a specific quality improvement project being take forward by a HR Graduate Trainee. Simultaneously, regional discussions are ongoing at a senior level (Trusts, DOH, Trade Unions) to agree ways to address the use of high-cost 'off-framework' agencies, which continues to be extremely high across a range of areas.

2.0 Allied Health Professionals

- The number of permanent vacancies at Bands 5 and 6 is shown below, compared to the numbers previously reported to Trust Board in February:

	End of January 2019		End of June 2019	
	Band 5	Band 6	Band 5	Band 6*
Physiotherapy	14	15	27	26
Occupational Therapy	6	10	5	15
Radiography	5	3	3	3
Speech/Language	2	5	3	8
Dietetics	0	4	2	2
Podiatry	1	0	2	0

** whilst the Band 6 figures are reported as 'vacancies', a proportion of these will be filled internally via the Trust's 'flexible pool' arrangements.*

- A Trust-wide recruitment event for posts at Bands 5-7 across a range of AHP professions, took place recently. This has resulted in a number of 'hard-to-fill' posts in Occupational Therapy and Speech & Language Therapy being filled as well as 9 offers for Physiotherapists Band 5/6.
- Professional AHP Leads, in conjunction with Resourcing staff and RSSC, are currently evaluating the effectiveness of this event, including the media used for advertising/ promoting the event as well as lessons learned in relation to the processing of applicants, in order to inform arrangements for a similar exercise in future.
- The significant pressures in relation to Physiotherapy in particular are set to increase in light of the development of Multi-Disciplinary Team in Primary Care in the Newry locality.

4.0 Social Care and Social Work

4.1 Domiciliary Care

- Building on lessons learned from a series of recruitment events in October 2018, the Trust held a single on-site event on Saturday 1st June which resulted in a total of 75 conditional offers. Successful applicants were also able to complete all pre-employment checks on the day, including Occupational Health assessment, ensuring that the time required to confirm their appointment to the Trust was significantly reduced.
- With full engagement of RSSC staff, work is now underway to plan two more recruitment days during September, in anticipation of the increased staffing challenges in Domiciliary Care throughout the winter period.

4.2 Social Work

- As at 1st July, the Trust had a total of 58 unfilled vacancies for Band 6 posts across all programmes of care, with the majority being in Children and Young People's Services. There continues to be particular challenges in recruiting to Family Intervention Teams and specific recruitment exercise has therefore been carried out recently for posts in this area – the advertisement closed on 6th August and there have been 11 applications received.
- A Trust-wide information and recruitment day for Social Workers across all programmes of care, took place in May 2019. There was an excellent response to this campaign, with 213 applications received, 186 of whom were called for interview. Of the 159 who attended on the day, 138 were assessed as appointable – a pass rate of 87%. Despite some challenges in the 'allocations' process for successful applicants, 31 have accepted permanent posts in the Trust and a further 3 are currently working in temporary posts pending a suitable offer of permanent employment. 105 applicants remain on a waiting list, pending an offer of a post which matches their specific preferences.

5.0 Transformation Programme

- As at 1st August, of the 324 posts to be recruited in this Trust as part of Transformation projects, 271 posts (85%) had a confirmed start date, 24 posts (8%) were at conditional offer stage and a further 26 posts (7%) were actively being recruited. This represents a significant achievement from all involved in this process, given the very challenging timescales.
- There has been a significant amount of work undertaken by Planning, Finance, HR and service managers in terms of the financial commitments into 2019/20 from transformation funding, in light of some reduced allocations from central funding.
- In addition, the Trust will soon be required to commence recruitment to a Multi-Disciplinary Team in the Newry area, which will bring a requirement to recruit approximately 80-90 staff in a range of professions during 2019/20. (Mental Health Practitioners will be recruited and employed by the GP Federation)

6.0 Overall summary of activity and associated improvement plans/proposals

- Over the past 3 months, the number of posts approved across the Trust has increased slightly to an average of 228 per month, compared to 207 per month for the same period in 2018/19.
- However, the high level of activity noted above is still being processed in RSSC and inevitably this has impacted on their performance. The Trust's Key Performance Indicators have been below the HSC average for three consecutive months, for both 'bespoke recruitment' and 'recruitment from waiting lists'. There are a range of factors which appear at this stage to be the reasons for this decline – these include:
 - an increasing number of 're-offers' required in order to get a confirmed acceptance of a post (it is difficult to report on this accurately however RSSC reports based on available data estimates the re-offer rate across the HSC to have risen from 10% to 13%). Work has commenced in terms of reviewing the model of recruitment for some staff groups – moving away from traditional 'cyclical recruitment' towards more bespoke or 'clustered' advertisements. Some pilot exercises have been undertaken from which there will undoubtedly be learning and an evidence base developed for future models to be implemented.
 - The impact of manager and applicant behaviour in contributing to KPI figures – including the time taken to complete shortlisting and confirm interview outcomes (acknowledging that issues with the E-Recruitment system contribute to this) as well as delays in applicants completing the necessary tasks required of them at the 'pre-employment check' stage.
 - The increasing number of reviews required of pre-employment check information, prior to confirming conditional offers, and possible delays at this stage of the process.
- At the end of June 2019, RSSC had a total of 1,185 unfilled posts from the Trust, at various stages of the recruitment process, 69% of which were at the latter stages of pre-employment checking and confirming appointments. This is a decrease from the 1,374 posts reported at the end of December 2018.
- The Trust's Resourcing team will continue to work collaboratively both directly with RSSC colleagues but also as part of the regional Strategic Resourcing Innovation Forum, at which the Trust is represented at Head of Service and Deputy Director level.
- Below are some examples of current local and regional improvement work, aimed at improving the speed and quality of recruitment services as well as enhancing the volume and experience of applicants interested in working for the HSC.
 - From September 2019, roll-out of a 'dashboard' for managers to be able to access detailed information on their requisitions, including progress of pre-employment checks. This is supplemented by improved information on the time taken to approve requisition requests, giving Trust managers better visibility of the full end-to-end recruitment process for their posts.

- In the coming weeks, the Resourcing Team will have access to all our waiting list information, which will permit us to maintain some level of proactive contact with candidates on the list at regular intervals. It will also facilitate analysis of waiting lists in terms of an earlier identification of ‘problem areas’ which may require a proactive approach to recruitment.
- Implementation of a ‘candidate passport’ to facilitate the storage/view of pre-employment check information between Resourcing and RSSC, and which will help with ‘on-boarding’ activities for new recruits.
- New arrangements for customer engagement with RSSC, with dedicated slots ring-fenced for Trust managers with RSSC Team Leaders each week, to discuss and resolve any issues.
- A range of enhancements to the E-Recruitment system to assist managers in completion of the various tasks required of them.
- Planning is underway to deliver a Careers Fair in Newry in October 2019, to showcase the range of careers on offer in the Trust to students in the Newry, Mourne and Armagh areas. This will provide a blueprint for similar events in other areas of the Trust as well as initiating links with local schools which can be fostered and enhanced in other ways.

7.0 Medical Recruitment

Between 1st March 2019 to 31st July 2019, the Southern Trust advertised 51 times. These included a variety of posts including temporary & permanent consultants, temporary and permanent Specialty Doctors, Locum Appointments for Service, Clinical Fellows and GP’s with Special interest.

There have been a number of key appointments made to some consultant and speciality doctor posts across the Trust; significant challenges however exist in filling a number of posts permanently, with General Medicine, Daisy Hill particularly challenging to fill, resulting in high numbers of locum doctors in place. Despite extending the closing date for Senior Clinical Fellows in Daisy Hill Hospital, the applicant response rate has been extremely limited, which is very disappointing. There has been limited success with the Medical Training Initiative (MTI) for Daisy Hill also. Engagement with clinicians within Medicine is regular and ongoing, and discussions are progressing in relation to the best way to sustain Acute Medicine across sites given the challenges with staffing in Daisy Hill Hospital.

7.1 Consultant Recruitment from 1st March 2019 to 31st July 2019 Permanent Posts

Between 1st March 2019 to 31st July 2019, the Southern Trust has advertised Consultant posts 18 times for 24 consultant posts in a variety of specialties. The recruitment during these dates focused on the following specialties;

- Radiology
- Anaesthesia & Intensive Care Medicine
- Psychiatry in Support & Recovery
- Microbiology
- Child & Adolescent Mental Health Services
- Palliative Medicine
- Emergency Medicine
- Diabetes & Endocrinology
- Paediatrics
- Acute Care at Home / Geriatrics / Stroke
- Gastroenterology
- Cardiology

During this period the Trust was successful in making 7 consultant appointments. Appointments were made in the following specialties:

- 2 Consultants in Emergency Medicine
- 2 Consultants in Haematology
- 1 Consultant in Geriatrics DHH
- 1 Consultant Physician (Gastroenterology) CAH
- 1 Consultant in Microbiology

7.2 Specialty Doctor Recruitment from 1st March 2019 – 31st July 2019 Permanent Posts

Between 1st March 2019 – 31st July 2019, the Southern Trust has advertised Specialty Doctor posts 14 times for 17 Specialty Doctor posts. Some of these are re-advertised posts for hard to fill specialties such as Emergency Medicine, Anaesthetics, Haematology, Paediatrics and Geriatric Medicine. The recruitment during the above dates focused on the following specialties;

- Obstetrics & Gynaecology
- Cardiology DHH
- Acute & Respiratory Medicine DHH
- Trauma & Orthopaedics
- Acute Medicine

- Haematology
- Anaesthetics
- Rheumatology
- Paediatrics & Community Paediatrics
- Geriatric Medicine
- CAMHS (Child & Adolescent Mental Health Services)
- Emergency Medicine

During this period the Trust was successful in making 4 Specialty Doctor appointments in the following specialties:

- Cardiology DHH
- Trauma & Orthopaedics
- Anaesthetics DHH

7.3 International Recruitment

The International Medical Recruitment project resulted in the following recent appointments to the Southern Trust.

General Medicine Daisy Hill Hospital

3 x Specialty Doctors commenced in the Direct Assessment Unit, Daisy Hill Hospital site during March & April 2019.

Anaesthetics Daisy Hill Hospital

2 x Specialty Doctors commenced in post in April and July 2019. (2 withdrew from the project.)

Haematology

1 x Specialty Doctor appointed following interview. Pre-employment checks ongoing and Tier 2 visa to be arranged.

7.4 Pension / Tax issues

There is significant media reporting in relation to the implications of the annual allowance for senior medical staff.

The annual allowance is the amount most people can put into a pension and get tax relief - including their own and employer's contributions, and tax relief from the Government - and is set at £40,000. However, a complicated addition, commonly referred to as 'the taper', was introduced by former Chancellor George Osborne in the 2016/2017 tax year. This means the annual allowance is gradually reduced from £40,000 to £10,000 for those whose total income, including any growth in their 'pension rights' over the year, is between £150,000 and £210,000.

However, tax charges can take effect if income is over £110,000 a year because of the way pension rights are calculated. High earning doctors who work unpredictable additional shifts to reduce waiting lists find it hard to work out how close they are to the £110,000 threshold. As a result they are being hit by unexpected tax bills - some of five-figure sums - for making contributions towards a pension they might still be years away from drawing.

This situation is then resulting in a number of medical staff wishing to reduce their Programmed Activities, (PAs) and/or cease undertaking any additional Waiting List Initiative (WLI) sessions in order to avoid being impacted by significant tax bills.

Whilst a consultant full time contract is 10 PAs, the Trust currently pays approximately **277** Additional Programmed Activities over and above the basic contract of 10PA's to Consultant Medical Staff across the Trust. This roughly equates to approximately **1,100 weekly hours** of consultant work. The Trust is currently experiencing consultants ceasing to undertake WLI sessions, and a number of doctors seeking to reduce the number of PAs, including requests to work part time contracts. Whilst the detail is being worked through currently, there is scope for a potential reduction of between 10 and 25% in some specialties in the Trust – a significant potential impact on services.

The Government has announced plans to consult on measures to give doctors more flexibility and control over their pension contributions. In NI, it is likely that a similar consultation will follow closely on the heels of this consultation announced by the UK Government.

SECTION 3

3. Workforce Productivity Information

3.1 - Workforce Information – Monthly Trend Information

Workforce Information Area	2016/2017 Baseline Information (31 Mar 2017)	2017/2018 Baseline Information (31 Mar 2018)	2018/2019 Baseline Information (31 Mar 2019)	2019/2020 – Monthly Trend Information											
				HRPTS Figures											
				Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Turnover (permanent staff only)	8.3%	7.9%	8.5%	8.5%	8.6%	9.0%									
Administrative & Clerical Staffing Levels	17.6%	17.3%	16.8%	16.9%	16.9%	17.0%									
Skills Mix – Nursing & Midwifery	79:21	79:21	79:21	-	-	79:21									
Skills Mix - Allied Health Professional (AHP)	88:12	88:12	85:15	-	-	85:15									
Sickness Absence	4.91%	5.11%	5.35%	4.98%	4.96%	5.13%									

The Trust's Internal Sickness Absence Target for 2018/19 was 4.93% - 2019/20 target still to be agreed.
The above absence figures do not include Domiciliary Care Workers.

Key Observations:

- **Turnover (permanent staff only)** – the turnover rate has increased slightly to 9.0% in June 2019 which is slightly higher than the baseline position of 8.5% as at 31 March 2019.
- **Administrative & Clerical Staffing Levels** – the % admin & clerical rate as at June 2019 is 17.0% and is slightly higher than the March 2019 baseline position of 16.8%.
- **Nursing & Midwifery Skill Mix** – the Nursing & Midwifery skill mix remains consistent at 79:21 as at June 2019 compared to the March 2019 baseline position.
- **AHP Skill Mix** – the AHP skill mix as at June 2019 remains consistent at 85:15 compared to the March 2019 baseline position.
- **Sickness Absence** – the monthly sickness absence rate is 5.13% in June 2019 which is lower than the March 2019 baseline of 5.35%. The cumulative 2019/20 sickness absence as at June 2019 is 5.02% which is slightly higher than 5.00% for the same period last year (ie April – June 2018).

Please note the following in relation to figures from HRPTS:

Some Domiciliary Care workers are reported as zero hours, including those with contracted hours on fortnightly pay. Similarly, some GP Out of Hours Medical Staff who previously had a number of hours recorded are now recorded as zero hours.

3.2 - Regional HSC and CIPD Benchmark Information

- Regional HSC Sickness Absence information for 2019/20 year to date is provided below (with the exception of WHSCT who have not yet submitted their figures). Figures indicate that the Southern Trust has the lowest level of cumulative sickness absence as at June 2019.

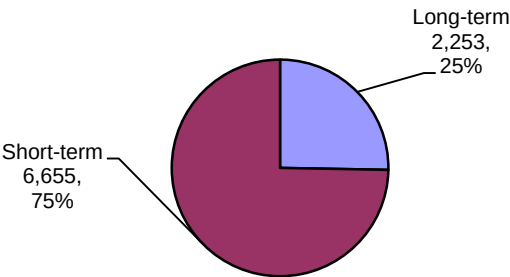
Trust	Cumulative 2019/20 % Hours Lost (YTD June 2019)
Northern Trust	6.66%
Belfast	6.62%
South Eastern Trust	5.96%
Southern Trust	5.02%
Western Trust	N/A

- CIPD Health & Wellbeing at Work Survey 2019:
Public Sector (Health) % Working Time Lost – 4.2%, Average Days Lost Per Year – 9.7
SHSCT % Hours Lost (Cumulative 2019/20 YTD as at June 2019) – 5.02%, Average Days Lost Per Year (2018/19) - 13.95
- The CIPD Resourcing & Talent Survey 2017
Overall Turnover Rate – 16.50% (Public Sector Rate - Turnover rates have not been included in the most recent CIPD survey due to a lack of turnover data being provided by respondents, however the 2013 report indicated a rate of 9.40% for Public Sector)
SHSCT Rate (rolling year as at June 2019) – 9.0%

3.3 - Long and Short Term Sickness

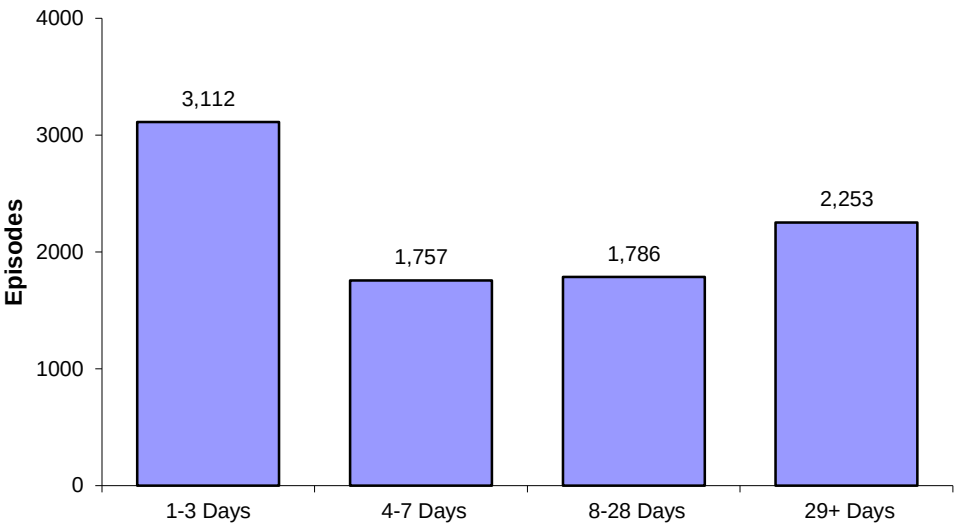
Trust Long and Short Term Sickness Absence Summary – 1 July 2018 – 30 June 2019

Number of Episodes of Long Term/Short Term Sickness
July 2018 - June 2019
(excluding Domiciliary Care Workers & GP Out of Hours Medical Staff)

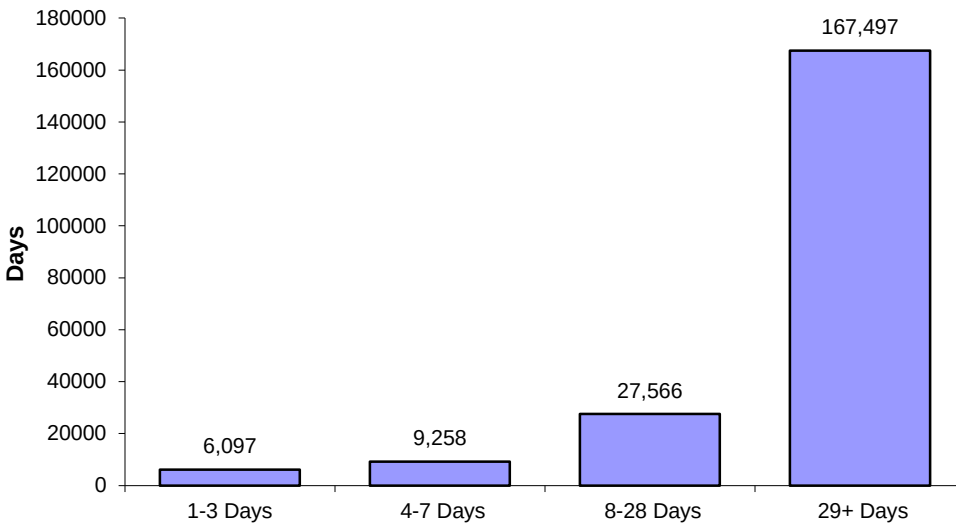


Long Term Sick Leave is defined as 29 calendar days or more

Number of Episodes by Absence Length Category
July 2018 - June 2019



Calendar Days Lost by Absence Length Category
July 2018 - June 2019



3.4 - Number of Episodes and Calendar Days Lost by Short and Long Term Absence Length by Directorate

Number of Episodes, Calendar Days Lost by Short and Long Term Absence Length by Directorate during the period 1 July 2018 – 30 June 2019

Directorate	WTE as at 30 June 2019	Short Term (1-28 days)			Long Term (29+ days)			Total Number of Episodes	Total Calendar Days Lost
		No. of Episodes	Calendar Days Lost	% Calendar Days Lost	No. of Episodes	Calendar Days Lost	% Calendar Days Lost		
Acute Services	3,874.21	3,579	20,852	22.9%	960	70,065	77.1%	4,539	90,917
Older People & Primary Care	1,579.48	1,113	7,701	21.2%	380	28,704	78.8%	1,493	36,405
Mental Health & Disability Services	1,502.78	857	6,659	17.1%	438	32,338	82.9%	1,295	38,997
Children & Young People's Services	1,432.18	808	5,751	16.9%	375	28,319	83.1%	1,183	34,070
Finance & Procurement	245.56	114	877	21.2%	36	3,261	78.8%	150	4,138
Performance & Reform	154.48	84	487	18.7%	28	2,116	81.3%	112	2,603
HR & Organisational Development	131.75	76	453	21.0%	23	1,701	79.0%	99	2,154
Medical	44.71	10	75	10.6%	8	632	89.4%	18	707
Executive Director of Nursing	36.70	11	53	0.0%	7	489	0.0%	18	542
Chief Executive's Office	12.60	5	19	100.0%			0.0%	5	19
Total	9,014.46	6,655	42,921	20.4%	2,253	167,497	79.6%	8,908	210,418

The figures below include all Domiciliary Care Workers and GP Out of Hours Medical Staff

	Short Term (1-28 days)			Long Term (29+ days)			Total Number of Episodes	Total Calendar Days Lost
	No. of Episodes	Calendar Days Lost	% Calendar Days Lost	No. of Episodes	Calendar Days Lost	% Calendar Days Lost		
<i>Domiciliary Care Workers</i>	597	4,069	15.5%	247	22,243	84.5%	844	26,312
<i>GP Out of Hours Medical Staff</i>	22	107	22.9%	2	360	89.1%	24	467
Total	619	4,176	15.6%	249	22,603	84.4%	868	26,779

Note:

- For multiple post holders within one Directorate, episodes of sickness absence which have been recorded against each post held are counted once in the figures above. Episodes recorded for multiple post holders across Directorates have been counted against each Directorate; however these are only counted once in the overall totals
- Excludes Staff with WTE 0.03 or below. Domiciliary Care Workers and GP Out of Hours Medical Staff are reported separately.

SECTION 4

4. Workforce Movement, Flexible Workforce Costs, Posts Approved & Agency/Bank Usage

4.1 – Monthly Staff in Post Comparison & Variance with Baseline Positions

Directorate	Baseline 31 Mar 18	Baseline 31 Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Variance between Mar 19 & Current Month
Acute Services	3,858.80	3,908.07	3,895.23	3,887.63	3,874.21										-33.85
Older People & Primary Care	1,472.16	1,565.17	1,578.85	1,569.63	1,579.48										14.31
Mental Health & Disability Services	1,513.39	1,525.86	1,502.31	1,508.59	1,502.78										-23.08
Children & Young People's Services	1,418.67	1,426.61	1,436.28	1,435.71	1,432.18										5.57
Finance & Procurement	100.38	240.20	244.26	242.86	245.56										5.35
Performance & Reform	142.97	151.08	152.68	151.48	154.48										3.41
HR & Organisational Development	263.49	124.19	128.83	129.85	131.75										7.56
Medical	37.26	40.53	42.07	40.57	44.71										4.19
Executive Director of Nursing	0.00	1.00	35.09	37.59	36.70										35.70
Chief Executive's Office	12.49	12.60	12.60	12.60	12.60										0.00
Total (exc Domiciliary Care Workers & GP OOH Medical Staff):	8,626.41	8,995.30	9,028.20	9,016.52	9,014.46										19.16
*Domiciliary Care Workers	289.93	308.02	309.63	309.70	308.36										
GP Out of Hours Medical Staff	1.18	0.30	0.30	0.30	0.30										
Total	291.10	308.32	309.93	310.00	308.66										

Note: These figures exclude staff with WTE 0.03 or below, staff on career breaks and staff on external secondments

* There is a piece of work ongoing to offer Domiciliary Care Workers minimum hour's contracts.

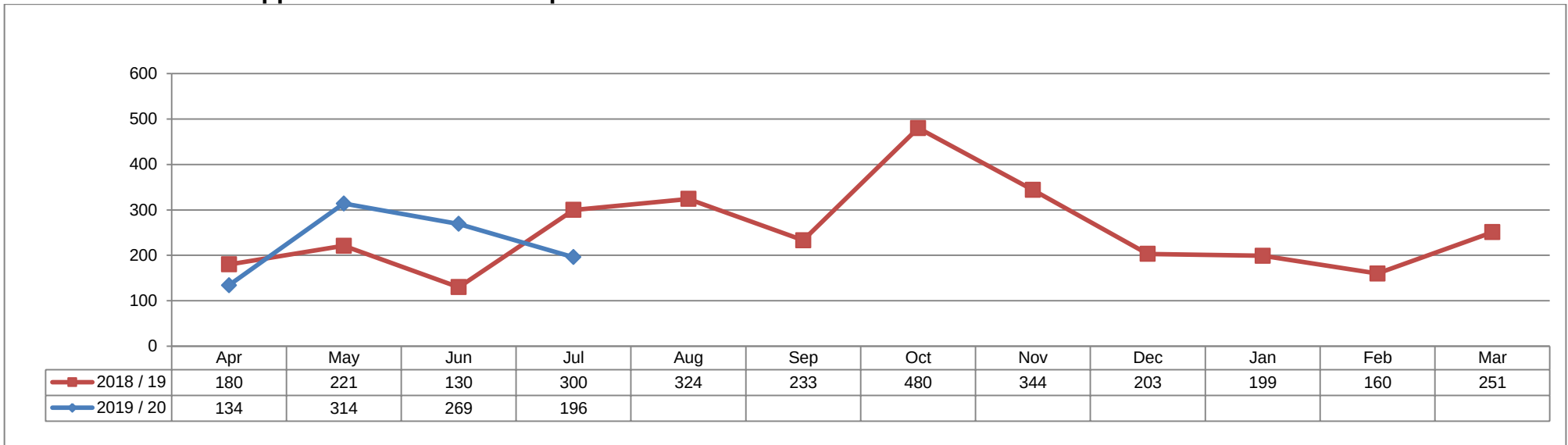
4.2 - 2017/18, 2018/19 and 2019/20 Staff Levels (WTE), Overtime, Bank, Agency and Locum Costs and 2019/20 Costs as % of Total Salary Bill

Staff Levels WTE and Costs (£)	WTE			Variance Staff WTE March 2018 and Current Month	Monthly Average Flexible Workforce Costs				2019/20 Costs as % of Total Salary Bill
	Baseline Position		2019/20 to date as at 30 June 2019		2017/18	2018/19	2019/20	2017/18 Baseline & 2019/20 YTD Variance	
	Mar-18	Mar-19							
Staff Levels WTE	8,819.61	8,995.30	9,014.46	194.85					
Overtime Cost (£)	£2,548,002	£2,999,519	£851,021		£212,334	£249,960	£283,674	£71,340	0.72%
Bank Cost (£)	£11,573,666	£13,380,686	£3,320,845		£964,472	£1,115,057	£1,106,948	£142,476	2.81%
Agency Cost (£) (including M&D Agency Costs)	£22,547,516	£33,620,899	£10,701,980		£1,878,960	£2,801,742	£3,567,327	£1,688,367	9.06%
Locum Cost (£) (M&D Locum Staff employed by SHSCT)	£2,111,240	£3,696,053	£904,989		£175,937	£308,004	£301,663	£125,726	0.77%
Total Costs	£38,780,424	£53,697,157	£15,778,835		£3,231,702	£4,474,763	£5,259,612	£2,027,910	13.36%

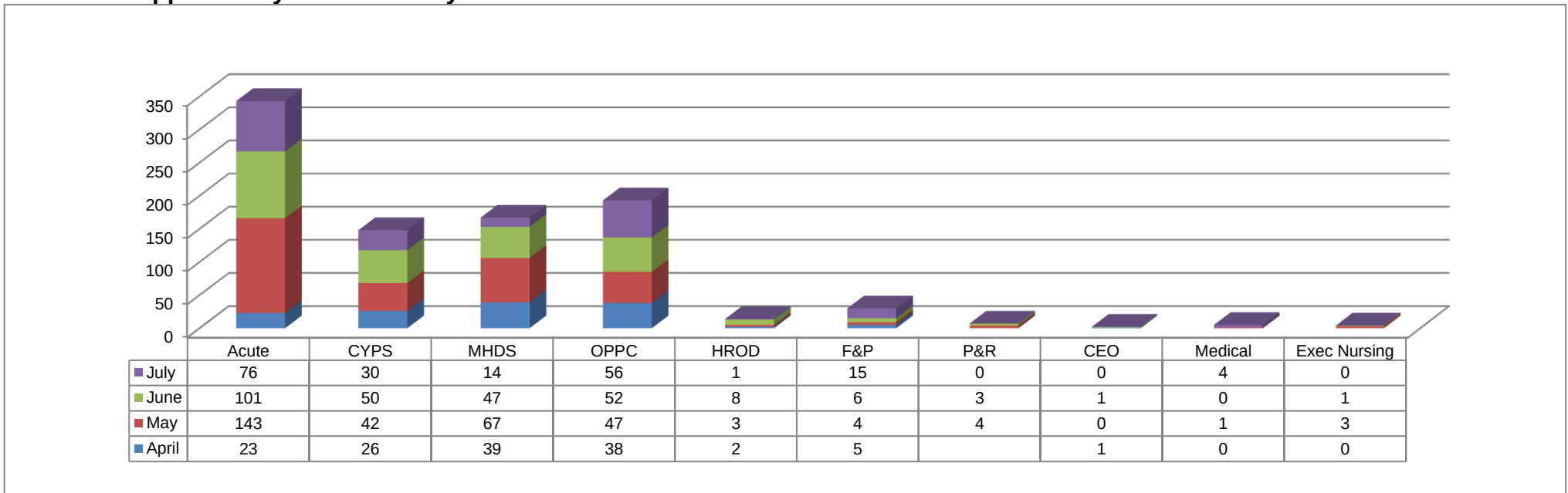
Notes:

- Staff Levels WTE figures above have been taken from HRPTS and exclude staff with WTE <= 0.03, Career Breaks and External Secondments. Flexible workforce WTE is not included in these figures.
- Cost information has been extracted from information provided by Finance & Procurement Directorate

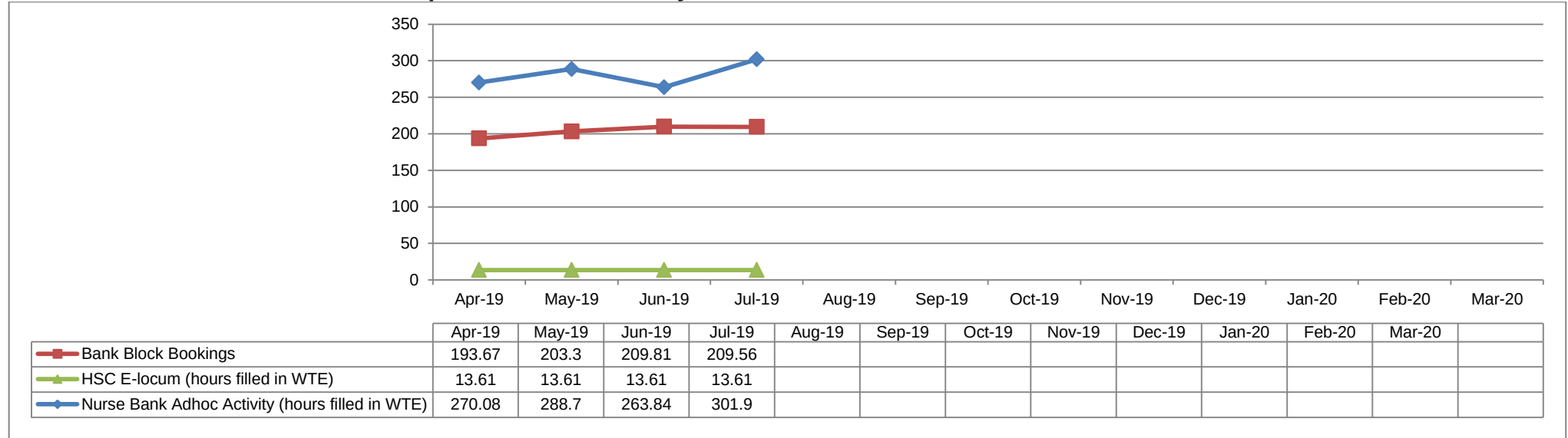
4.3- Trend of Posts Approved in 2019/20 Compared to Previous Financial Year



4.4 - Posts Approved by Directorate by Month 2019/20



4.5 - Trend Charts for 2018/19 and April 2019 Bank Activity



4.6 - Trend Chart for 2018/19 and April 2019 Agency Activity Compared to Previous Financial Year – WTE Snap Shot at Month End AND Ad Hoc Usage *NB: updated information is not available for some elements of agency activity, and therefore previous month's data has been 'rolled over'*

