East and North Hertfordshire **NHS**
NHS Trust

TRUST BOARD MEEETING – MARCH 2014
WORKFORCE PAPER

PURPOSE	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
PREVIOUSLY CONSIDERED BY	FPC in March 2014

Objective(s) to which issue relates *	☑ 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services
	☑ 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction
	☐ 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services
	☑ 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable
	☐ 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services
	☑ 6. To improve our staff engagement and organisational culture to be amongst the best nationally

Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial: increased workforce costs HR: failure to meet agreed standards Legal: failure to meet CQC and other national standards Patient Safety: failure to maintain appropriately trained workforce
Healthcare/ National Policy (includes CQC/Monitor)	CQC 13 and 14 NHSLA
CRR/Board Assurance Framework *	☑ **Corporate Risk Register** ☐ **BAF**

ACTION REQUIRED *			
For approval	☐	For decision	☐
For discussion	☑	For information	☑

DIRECTOR:	Director of Workforce and Organisational Development
PRESENTED BY:	Director of Workforce and Organisational Development
AUTHOR:	Workforce Development Manager & Transformation Projects Manager
DATE:	March 2014

We put our patients first   We work as a team   We value everybody   We are open and honest
We strive for excellence and continuous improvement

* tick applicable box

East and North Herts NHS Trust

Workforce Report March 2014
(Based on data as at the end of February 2014)

KPI summary position

KPI	Trust Target	Last month	This month	Number of Divisions/Corp Services Red	Position from last month & RAG
Vacancy Rate	6.0%	5.36%	5.64%		▼▲
Pay Spend as % Pay Budget	100% or under	104.03%	102.91%	3	▲
OCH & CIP WTE held for OCH	200	91.8 WTE*	110.9WTE*		
Sickness absence rate (annualised)	3.5%	3.42%	3.48%	2	▼▲
Annualised turnover	10%	10.43%	10.63%	4	▼▲
Appraisal rate	90%	68%	48.8% (65.4%)	4	▼

▼   Position has worsened compared to Trust target
▲   Position has improved compared to Trust target
▼▲   Position is stable

* A breakdown of these posts is given in section 5.3 of the report

1.0 Purpose

This paper provides an update to the Trust Board for March 2014 on workforce performance.

2.0 Executive Summary

This month has seen a significant reduction in the number of employee relations cases within the Trust, with ten disciplinary cases being closed in month. The benefits of the focussed worked that is being undertaken on employee relations within HR and the Divisions is now starting to show positive results.

In addition this month has also seen the launch of the Our Changing Hospital collective consultations with the Trade Unions as well as the commencement of the individual Division/Department consultation launches which will continue throughout March and April. Managing change and conducting 1:1 interview training has also been delivered to assist managers and dedicated OCH workforce pages have been set up on the Knowledge Centre.

The 2013 staff survey results have also been received this month in which the Trust benchmarks as average for staff engagement but with a small increase in the overall score compared to last year. The Trust had eleven areas of strength benchmarked against other acute Trusts.

3.0 ARC

3.1 ARC Sessions

The spring 2014 sessions have now commenced and are focusing on Our Changing Hospitals and the plans for the next 6 months, supporting leaders with some change management training and an opportunity to ask questions. The sessions also include a cascade of the 2013 staff survey results and an engagement exercise to gather feedback to help formulate an action plan for improvements. 775 managers attended last quarter's ARC sessions to be trained on the new appraisal process.

3.2 Delivering Excellence in Customer Care – JUICE training

The programme resumed at the end of January 2014. Work has continued to ensure the maximum take-up of the places available Discussions have commenced with the customer service training provider to plan the development of an in-house training programme to be used when the current programme ends in June 2014.

A trajectory of attendance at the JUICE training is shown in **Appendix 1 Graph 1.**

3.3 Staff Survey

The 2013 staff survey results have been received and are being widely communicated. A full report is being submitted for discussion at RAQC.

In summary, there are 28 key findings in the survey linked to the national staff pledges. In addition, there is an overall staff engagement score and the Trust benchmarks as average for this but shows a very small increase in the overall score compared to last year. Our results showed 11 areas of strength, benchmarked against other acute Trusts: (above average & top 20%)

- Staff recommending Trust
- Staff motivation at work

- Staff feeling satisfied with quality of care they are able to deliver
- Well structured appraisals
- Staff having health and safety training
- Availability of hand-washing materials
- Witnessing potentially harmful errors/near misses
- Staff experiencing physical violence from patients/public
- Staff experiencing physical violence from staff
- Staff experiencing bullying or abuse from patients/public
- Staff having equality and diversity training (best 20%)

6 key findings are rated as average. 11 areas are below average or bottom 20%

- Staff agreeing that their role makes a difference to patients
- Work pressure felt by staff
- Effective team working
- Working extra hours (worst 20%)
- Support from immediate line managers
- Work related stress
- Reporting errors/near misses
- Staff experiencing bullying, harassment or abuse from staff
- Feeling pressure to attend work when feeling unwell (worst 20%)
- Good communication between senior managers and staff
- Believing the Trust provides equal opportunity for career progression/promotion

From April 2014, all Trusts will need to undertake the "friends and family" test for staff on a quarterly basis and this data will be collected nationally from July 2014. The Trust's "finger on the pulse survey" already captures similar data on a quarterly basis and will be amended to reflect the national requirements.

3.4   Equality and Diversity

The Equality Delivery System 2 has been communicated to staff and the leads responsible for outcomes. An engagement plan for stakeholders and staff is currently being developed with events being planned from March through to May.

Equality and Diversity mandatory training classroom sessions continued throughout December and January. Recent compliance figures stand at 75%.

Staff survey action plans around Bullying and Harassment continue and are being reported through ARC which include the following:

- Dignity at Work Advisors Training took place on 4th February, with an additional session on 26th February.
- Expanding the Trust mediation service – Additional mediators have been trained.
- Zero Tolerance – A zero tolerance working group has been established and meetings held with actions agreed.

4.0   Pay Position

The pay spend YTD is £4,045,670 over budget. This month there was a 2.9% pay overspend on staff, with a variance to budget of £538,920.

4.1 Bank and Agency Spend

The expenditure on agency was £827,150 in February, representing 4% of pay spend. Bank spend was £788,472, which was 4% of pay spend. Additional information can be found in the Finance paper.

Please refer to **Appendix 2, Table 1 Bank and Agency Spend**

5.0 Resourcing

5.1 Vacancy Rate

The Trust vacancy rate has remained stable at 5.6% in February. This is due to 204 WTE being deemed non recruitable and 110.9 WTE being held for OCH or temporarily filled.

The overall nursing vacancy rate is 9.63% which breaks down as follows - 8.93% registered and 11.76% non registered. Work is underway to establish the recruitable vacancy position within nursing and how this will impact on OCH. This process will be repeated across all staff groups.

Work is ongoing within the Divisions and Finance so the Ledger will reflect the real vacancy rate. Additionally, ward establishments are being reviewed to have a consistent approach to the incorporation of the 21% for headroom (17% Annual Leave & Training and 4% absence cover). This will in enable a clear budge for flexible and substantive pay spend.

5.2 Permanent Recruitment

This month saw the implementation of a multidisciplinary work group, with input from Nursing, Operations, Finance, HR and OCH Team, to review and establish where the 'recruitable' vacancies are in the Trust. This work is critical in order to provide a level of assurance that there will be sufficient vacancies available for staff affected by change. As a manual validation exercise will need to be undertaken, a staged approach will be adopted starting with the nursing and midwifery staff group.

There continues to be on-going work with the directorates/wards/departments to provide ad hoc training to departments on the use of TRAC while also developing specific campaigns and solutions to support the recruitment to 'hard to fill' roles.

In previous months, the time to fill timescales included the notice period that the employees had to work prior to taking up their post with the Trust and this can vary from no notice up to 12 weeks' notice. As there is also very limited control that the Trust has over notice periods and the spectrum of notice required, a more robust method of measuring will be the 'time to fill' up to the date that the start date has been agreed.

The average time taken this month from vacancy created to unconditional offer/start date agreed is 39.4 working days or 7.8 working weeks. If a rough estimate of 6 weeks is provided as the average notice period, the average time taken from vacancy being created to start date will be 13.8 weeks.

It took 18.3 working days or 3.6 working weeks from a conditional offer being issued to unconditional offer /start date being agreed which shows on-going progress with the pre-employment checks stage being completed in under 4 weeks. This is one of the areas where there will be on-going focus as this is the part of the process that the Team has most control over.

On average it has taken 10.3 days from requisitions being created to being authorised by the respective authorisers. Delays have occurred as managers were at this stage using the system for the first time and were still familiarising themselves with the new processes. It is expected that this timeframe will reduce as managers become fully conversant with using TRAC.

On average managers took 5.1 days to shortlist their applications and work continues with the respective divisions to ensure that the timescales are adhered to as much as possible.

5.3 Vacancy Control Panel

The vacancy control panel has met since November, to review a total of 217.19wte vacancies. The outcome of the panel is shown in the table below:

OUTCOME	WTE
Substantive Recruitment	**106.29**
Total of Positions held or temporarily filled	**110.9**
Fixed Term Contracts	49.1
• Fixed Term Contract for OCH	28.31
• Additional Posts Recruited to by Fixed Term Contract	20.8
• Held for OCH	18.52
• Secondments	10.4
• On hold for corporate or other review	0
• Filled with bank staff for OCH	6.88
• Nurses on long term placements	26
• VCP in progress	5.6

The month of February saw a reduction in the number of posts being held or filled with fixed term contracts due to Corporate posts previously on hold being released.

See Appendix 2, Tables 2 & 3, Recruitment Data

5.4 Temporary Staffing

Temporary staffing demand continues to increase. This demand is due in part to the OCH programme and vacancies being held (on some wards as much as 20%) to enable the successful redeployment of staff whose role is subject to change. It is recognised and expected therefore, that demand is likely to increase rather than decrease over the next few months due to our limited ability to fill shifts with bank staff due to demand exceeding capacity, and we are therefore likely to see in increase in agency spend rather than a decrease. In addition, short term sickness levels have increased coupled with an increase in the number of patients admitted at high risk of falls or mental health issues (dementia) who, following risk assessment as per trust policy, require 1-1 nursing (Specialling) .

A HR role is currently being reviewed and the remit will be revised to become a temporary staffing manager and the interface between Trust management and our temporary staffing provider NHS Professionals. The focus of the role will be to work closely with the ward staff to review the demand, roster requirements and to increase the lead tie for shift requests in turn improving the fill rates in line with safe staffing requirements.

The HR team and E-Roster Nursing team are jointly working to review the impact of rostering on the temporary staffing demand. Detailed analysis of demand per ward area is being undertaken with the booking reasons and lead times. Work is also underway to review the effectiveness of the E-roster interface to NHS Professionals and the planned roll out programme. The golden key and padlock were removed for an interim period during February and the school half-term period to increase fill rates due to amount of unfilled shifts and short notice requests. The fill rate for short notice shifts has improved however the agency expenditure for this period has also increased. During the month there has been an increase in demand for temporary staffing for specialising and short term sickness with ward based Nursing staff.

The New Doctors service is continuing to make good progress with improving bank fill and a reduction in agency cover. This should be further enhanced by the recruitment of two full-time NHSP Doctors booking co-ordinator who will based on site within the emergency department. This expansion of the NHSP provided service is an no additional cost and should reduce retrospective bookings and increase the recruitment activity of doctors onto the NHSP bank.

See Appendix 2 Table 4 for NHSP Performance data.

5.5   Turnover

The Trust's turnover remains stable at 10.6%. Turnover rates are being closely monitored. Detail of turnover numbers is provided within the Trust Workbook and new Divisional Workbooks.

6.0   Appraisal and Workforce Compliance

6.1   Appraisal rate

The number of appraisals due for completion in February was 257. The completion rate is detailed below:

Appraisal Summary Feb 2014					
	Total Due	% Complete	% Complete, Booked or valid reason	% Not Complete: Operational Pressures	% Not Complete: No Reason Given
Cancer	24	**70.8%**	**95.8%**	0.0%	4.2%
CSS	50	**56.0%**	**60.0%**	24.0%	16.0%
Medicine	62	**39.3%**	**45.2%**	16.1%	38.7%
Corporate	34	**64.7%**	**64.7%**	0.0%	35.3%
Surgery	51	**29.8%**	**76.5%**	21.6%	2.0%
W&C	36	**50.0%**	**72.2%**	0.0%	27.8%
Total	**257**	**48.8%**	**65.4%**	**12.8%**	**21.8%**

In order to closely monitor where individual appraisals due are not being completed and to ascertain reasons for non completion, divisions are required to work with their DHRM to submit a monthly exceptions return. This process should support improved identification of departments and individual managers who are not consistently undertaking appraisals when due and will enable appropriate support or performance management measures to be put in place.

In view of the reduced compliance rates in February it is vital to gain a full understanding of the reasons for non-completion, particularly as there were less appraisals due in February that in the previous month.

Reporting cycle timelines are such that the exception data for February is not fully complete by all divisions and a fuller position and analysis will be provided in April. This will include a breakdown of staff groups where appraisals are not being completed and exception reasons not being submitted.

A letter has also been sent to staff with increment dates in March, April, and May advising them that they need to be fully compliant in statutory and mandatory training to be eligible for their incremental pay progression. This has reflected positively in the number of staff becoming compliant in their statutory and mandatory training.

6.2   Statutory and Mandatory Training

Please refer to Statutory and Mandatory Training report by the Nursing Education team.

Details of appraisal data and statutory and mandatory training can be found in **Appendix 2, Table 5.**

6.3   Employee relations cases

The expected range of employee relation cases, which includes sickness, disciplinary, grievance and capability, is between 2% and 3% of the Trust headcount. In February the percentage of employee relations cases within the Trust was 2.3%. The overall number of live employee relations cases reduced to 128 in February, as shown in **Appendix 2, Table 6.**

The focus on employee relations by the DHRM's and the implementation of Human Resources Advisors locally has had a positive impact with an overall reduction in the number of employee relations cases. There was an overall reduction of ten disciplinary cases during February with the main reductions being seen in Medicine and Surgery. The benefits of the monthly reviews with the Divisions and closer monitoring of the cases is now being seen.

A detailed table showing the HRAS performance in all employee relations areas can be found in **Appendix 2 Table 7.**

6.3.1 Disciplinary Cases

The benchmark across five NHS organisations for the percentage of disciplinary cases of headcount is between 0.5% and 1.0%. In February the Trust percentage was 0.6% ranging from the lowest at 0.1% in Corporate to the highest at 1.0% in Medicine.

The Trust's Key Performance Indicator is to complete all disciplinary cases within 90 days (benchmark in quarter one and quarter two 2012/13 from three of Capsticks' NHS Clients was 90 days). It is evident that the information provided in Table 8 indicates the time to close disciplinary cases continues to improve, based on current and recent activity. In addition there remain a number of outstanding long term cases that the HR team along with Capsticks are currently working on as a priority to resolve.

Please see Appendix 2, Table 8

The Divisional Human Resources Managers are working closely with their line managers to reduce the average time taken per disciplinary case. In the current rolling year, 52% (51 cases) of disciplinary cases were managed within 90 days. **Please see Appendix 2, Table 7 and 8**

As at 28th February 2014, there were 35 live non-medical disciplinary cases and 6 live medical cases under the framework "Maintaining High Professional Standards in the Modern NHS" (MHPS**). See Appendix 3.**

6.3.2   Sickness Absence

The Trust sickness absence rate fell to 4% in February. Short term sickness decreased from 2.19% in January to 2.06% in February and long term sickness also decreased from 2.27% in January to 1.94% in February. The number of days lost to sickness in February was 5372. The number of staff on long term sick decreased from 110 in January to 94 in February. Currently 34 long term sickness cases are being managed through the HRAS, which is 36% of the staff on long term sick. The sickness rate for nursing and midwifery is higher than the Trust average with an overall rate of 5.4%. Further work is underway to understand the nursing sickness rate and what action is required to reduce the operation impact – this will be reported in next months report.

See Appendix 1, Graph 2, Sickness Absence.

7.0   Medical Staffing

7.1   Recruitment

The Emergency Medicine Middle Grade recruitment drive with recruitment agencies has resulted in the recruitment of five middle grade doctors. The Obstetrics & Gynaecology Department have also been involved in permanent Locum Middle Grade recruitment as a result of 3 middle grade vacancies. 1 Senior Clinical Fellow has been appointed through ID Medical due to start in April 2014. An AAC panel has been set up for 2 April 2014 to recruit into 1 vacant Consultant post in Stroke Services following the resignation of a newly appointed consultant. There is ongoing recruitment drive to fill existing vacancies especially middle grade posts in A&E and across the Trust.

7.2   Job Planning

The Trust is currently undergoing a procurement process for the implementation of an IT system for managing job planning. A draft specification has been sent to 2 potential providers following feedback from sessions aimed at introducing the 2 available systems to clinicians and other potential users of the system.

7.3   General

The Primary Percutaneous Coronary Intervention (PPCI Service) aimed at 7-day working to improve patient care in the Cardiology Department starts on 7 April. Consultant job plans are being reviewed and updated to reflect the new service. There is also ongoing review of Consultant Job Planning process within the surgery division and alignment to April start date for all job plans.   Confirmation of Deanery training posts and the design of a new doctor's spreadsheet with access for key stakeholders has taken place through the Deanery ESR Interface project.

8.0   Delivery of the 'Our Changing Hospital' (OCH) programme

Work on Workforce Gateway 3 continues whilst the final sign off of the Workforce Gateway 2 process is reliant on the Divisions/Departments achieving the financial savings required.   OCH/CIP PMO meetings continue to take place to address this. A summary of where each Division/Corporate area is in terms of the gateway process can be found in **Appendix 4, Table 2.**

A substantial amount of work has been undertaken to commence the OCH Consultation process on time. To meet the Trust's legal obligations with regards to collective consultation with the Trade Unions the S188 document was sent to the Full Time Officer on the 28th February 2014. An overarching consultation document – an introduction to the change process has also been produced. All staff affected by the changes will receive this overarching document, together with a Division/Department consultation document, the change management procedure, the selection procedure, and the Q&A document.

In accordance with the consultation timeline the following departments have commenced consultation, which will last for 45 days:

- Health Records
- Strategic Development
- Workforce and Organisational Development
- Finance
- Trust Management – Admin
- Trust Management – Clinical Audit
- Nursing Practice – PALS
- Nursing Practice – Chaplaincy
- Nursing Practice – Resuscitation
- Nursing Practice – Patient Experience

Other consultation launches due to take place in March include Estates, Facilities, Data Clinical Coding, Data Patient Systems, Medical Education and Radiology. Approximately 3750 members of staff will be consulted.

During consultation affected staff will have the opportunity to have a 1:1 meeting with their manager, together with either a work colleague or staff side representative (if they are a member of a trade union). Staff will also be encouraged to provide feedback on the consultation and to ask questions. This information will inform the outcomes document produced following the consultation.

The Pharmacy consultation outcomes paper was launched on the 27th February and all staff have been written to advising as to whether they are slotting into a post or will need to go through a competitive slotting in process. The selection process will commence in March.

To support managers in managing change and conducting 1:1 interviews four training sessions have taken place which have been well attended. A further two training sessions are planned on the 25th and 27th March.

OCH workforce presentations have taken place across all Trust sites during February and March. The Q&As arising from these presentations as well as the presentations can be found on the newly developed OCH workforce pages on the Knowledge Centre. Copies of all consultation documents that have been launched and any documents associated with the consultation process can also be found on these Knowledge Centre pages.

Work has also been undertaken to look at the selection and redeployment processes needed for OCH. Pivotal to this is a piece of work currently being undertaken to establish exactly what vacancies we have within the Trust so that an informed judgement can be made as to whether the Trust needs to cease or continue with

recruitment in certain staff groups, so that there are enough posts held that displaced staff can be redeployed into.

9.0   Areas of Note

9.1   TPP

In the lead up to the TUPE transfer of in scope Pathology staff to Cambridge University Hospitals (CUH) and Public Health England (PHE) a significant amount of work has been undertaken to ensure that all the legal due diligence requirements have been met. In addition trial payroll runs have also taken place. Staff transferring to CUH have also received a communication regarding the transfer or termination of salary sacrifice schemes, and processes have been put in place to ensure staff are not financially disadvantaged as a result.

At risk staff have received their expression of interest forms which need to be completed by the 21st March, so that selection processes can commence once TUPE has taken place. 22 workshops have been run to assist staff in the completion of these forms.

Discussions around the resourcing of temporary staff post transfer was raised at the TPP Board Meeting.

In addition all staff have been written to gain permission to transfer their occupational health files to CUH. Once the TUPE transfer date of the 1/4/14 is officially confirmed staff transferring will also receive a TUPE letter from the Trust confirming the transfer.

9.2   ESR

The ESR Establishment Control Project is continuing to progress with a number of its key tasks and activities. These include;

- The Trust Establishment Control Model which will provide critical structure and information to be used to manage budgets against the agreed funding across the Trust and is being submitted to the ESR project board for sign off.
- Agreement to align the Trust hierarchies between ESR and the Finance system has been reached, with the required tasks agreed and planned.
- Work on the large process re-engineering / design phase of the project is nearing completion. However, this has incurred some creep against the project plan, but will not have an impact on the overall project life cycle.
- Work has commenced on planning the future education workshops that the project will conduct with all Trust budget managers.

In conjunction with this, the project team is continuing to conduct its Establishment Control Steering Group and project team meetings, acquiring input from the operational teams that will be impacted by the changes implemented during the project.
Presently the project team will continue to focus on two key elements in line with the project plan. Firstly, the team will finalise the process re-engineering / design phase of the project. Secondly, the project team will complete the scheduling of the upcoming budget managers education workshops. The establishment control project is due to conclude at the end of June.

9.3   Policies

The HR team are currently working on four policy reviews (including Recruitment and selection, Fixed Term Contracts, Smoking, Data Access Requests). Time as been allocated in April for partnership negotiations with staff side to agree the revised HR Policies.

9.4   CRB/DBS Employment Check Project

This project has now concluded and all staff have been checked. An audit of this process has been arranged with PWC for April 2014.

9.5   Independent Contractors Quarterly Update

Information provided by the Divisions and Directorates has identified 10 people working in the Trust and falling within the definition of self-employed contractors during the period December 2013 to February 2014:

Department	Number of Contractors	Job Titles
Capital Projects	2	Capital Projects Project Manager Capital Projects Finance Lead
Workforce & OD	5	Interim HR Consultants (2) Interim Appraisal Project Consultants (2) ESR Project Manager (1)
Facilities	1	Facilities Manager
Occupational Health	1	Locum Consultant Physician in Occupational Health
Medical Division	1	Locum Consultant Physician in Neurophysiology

9.6 Workforce Strategy

A significant piece of work has been undertaken in developing a first draft of the Trust's Workforce Strategy for 2015-2020. This work has been influenced by widespread engagement with staff across the organisation including senior clinicians and directors. The strategy consists of five ambitions each of which is underpinned by a number of key objectives. Each ambition also includes some key commitments that we expect from our workforce. The draft will be considered as a separate paper at RACQ and FPC in March.