

TRUST BOARD MEETING – 24 July 2013
Workforce Paper

PURPOSE	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
PREVIOUSLY CONSIDERED BY	Finance and Performance Committee on 17 July.
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input checked="" type="checkbox"/> 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 *	<input checked="" type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input checked="" type="checkbox"/>
DIRECTOR:	Director of Strategic Development
PRESENTED BY:	Director of Workforce and Organisational Development
AUTHOR:	Workforce Development Manager & Divisional HR Manager -OCH
DATE:	July 2013

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 July 2013 (Based on data as at the end of June 2013)

KPI summary position

KPI	Trust Target	Last month	This month	Number of Divisions/Corp Services Red	Position from last month & RAG
Trust Vacancy Rate	6.0%	10.28%	10.50% (under review)	under review	▼
OCH Vacancy Rate	Data will be available in October 2013				
Pay Spend as % Pay Budget	100% or under	101.52%	100.67%	4(Medicine, Surgery, W&C, CSS)	▲
OCH & CIP WTE Substantive reduction plan	Data will be available in October 2013				
Annualised sickness absence rate	3.5%	3.43%	3.44%	0	▼▲
Annualised turnover	10%	10.31%	10.29%	0	▼▲
Appraisal rate	90%	66.25%	65.48%	5(Surgery, Medicine, CSS, Cancer & Corporate)	▼

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

1.0 Purpose

This paper provides an update to the Trust Board for July 2013 on workforce performance.

2.0 Executive Summary

A significant amount of work has taken place in June with regards to cohort recruitment. Five additional cohort days were held which have successfully resulted in 44 Band 5 Registered Nurses and 25 Band 2 Clinical Support Workers being offered posts with the Trust. As a result the Trust remains on trajectory to fill the 160 nursing posts.

A comprehensive plan to re-implement NHSP across all Divisions within the Trust commenced at the end of June. Work has commenced to automatically enrol existing substantive staff onto NHSP via a newly agreed data sharing process. Medical staff data was the first to be transferred.

The "Challenge 600" project also commenced with the review of the approximate 600 vacancies within the Trust being scrutinised to establish whether they are vacancies that are being recruited to, on hold, or CIP's.

Work has continued on the TPP staff consultation process. The TPP Operational Management Team (OMT) consultation concluded in June whilst the 1:1 meetings continue with staff included in the 90 day consultations regarding the TUPE transfer to Cambridge University Hospitals (CUH) and Public Health England (PHE).

3.0 ARC

3.1 ARC Programme

During June and July the ARC programme is being delivered within the Divisions with the aim of understanding the difference ARC has made to all staff. Each division is presenting what ARC means to them and how they have translated the quarterly sessions into working practice and are living the PIVOT values throughout their working day. The senior team, who have been invited to join the discussions, have been extremely impressed by the quality of work that the teams are doing and how our ARC leaders are making a difference to everyday practices. It is planned that the Autumn ARC sessions will cover the launch of the new Appraisal Process.

3.2 Delivering Excellence in Customer Care – Juice Training

Further training dates have been released for Juice training up until the end of 2013. These are being advertised on the ARC and training pages of the Knowledge Centre, and are also being advertised on flyers which are being handed out at Trust induction, statutory and mandatory training and the quarterly ARC sessions. In July there will also be an article in the Trust Bulletin.

A trajectory of attendance at the JUICE training is shown in **Appendix 1, Graph 3**.

3.3 Staff Survey

Following last year's staff survey results the Big Ticket Items that the Trust will take forward have now been finalised and divisions identified to work on each of the projects. The ARC steering group will sign off the high level work plan which will be implemented from summer 2013.

To support the monitoring of cultural change in the organisation a “finger on the pulse” survey has been conducted which had approximately 600 responses compared to 285 responses for the last “finger on the pulse” survey and 350 responses for the national staff survey. The July floodlights will reflect the latest survey information. The floodlights have been refreshed so it reviews the PIVOT values. It also has a new section on the improvement areas from the staff survey.

4.0 Pay Position

The pay spend YTD is £690K over budget. This month there was a 0.67% pay overspend on staff, with a variance to budget of £125K. The main drivers for the overspends were:

- The cost of opening additional capacity at both the Lister and the QEII
- Additional staffing in A&E
- Agency usage

4.1 Agency Spend

The expenditure on agency was £584k in June, a decrease of £238k compared to May. £150k of the decrease in agency expenditure was in nursing areas. Daily meetings have taken place since mid-June 2013 with the Director of Nursing, Director of Operations, Nursing Service managers and NHSP, to review the next 24 hour agency usage requests. Agency usage is expected to significantly drop as a consequence of the cohort recruitment within Nursing. Auto-enrolment onto the Bank of all Trust staff will also be a key enabler. Medical Agency rates are also being reviewed.

Table 1: Bank & Agency Spend

June 2013 position				
Total spend	Current month		YTD	
	£	%	£	%
Agency	584,355	3.1	2,193,812	4.0
Bank	729,605	3.9	2,230,557	4.0
Substantive	17,335,259	93.0	51,797,584	92.0
Total	18,649,219	100.0	56,221,953	100.0
Variance against pay budget	124,976	0.67%	689,546	1.24%

4.2 Trust Workforce plan

The workforce targets for the Trust are based on the Long Term Financial Model (LTFM), which triangulates activity, finance and workforce. The LTFM sets workforce targets based on the WTE 'Worked'. This is the sum of the WTE worked by the Trust's contracted staff, WTE of bank worked and WTE of agency worked. The LTFM will be proof tested with the use of the new Workforce Assurance Tool being implemented by the SHA and Trust Development Authority.

The LTFM is currently being reviewed, this should be finalised by September 2013. This will aid the process of identifying changes due to OCH, CIPs and Service Developments is ongoing. An OCH work stream has now been established to detail the figures by staff group at a divisional level. **Appendix 1, Graph 1.**

4.2.1 Vacancy Rate

The Trust Establishment rate has risen by 86 WTE since April 13. This has resulted in the vacancy rate rising to 10.28%. The increased WTE are within Surgery, Medicine & Cancer. Finance will provide detailed reasons for these movements next month. The main reasons appear to be:

- New posts which have been approved as part of budget setting, i.e. A&E nurses.
- The other main category is when the establishment has been increased to reflect pay budgets (i.e. maternity leave or specialising reserves). These are posts that departments could not recruit to, hence should not be reflected in the vacancy rate.

4.2.1.1 Vacancy Review

The current gap between the Trust's Establishment WTE level, derived from the ledger, and Staff in Post WTE position suggests the Trust has currently approximately 553 WTE vacancies. Each of the vacancies are currently being reviewed to assess the status;

- Is the vacancy being recruited to?
- Is the vacancy being held?
- Is the vacancy a 'true' vacancy?

This work will be a key enabler of the Establishment Control Project, which will allow real time tracking of the establishment and vacancies. It will also provide a clearer picture of the Trust's true vacancy level, discounting posts that are for budgetary purposes only and cannot be recruited to. The review is due to be completed in July 2013.

4.2.2 Turnover

Turnover has remained static at 10.29% in June. Turnover will be a key enabler to delivering the workforce changes both in terms of OCH but also CIPs. Based on workforce modelling the optimum level of turnover for the Trust is currently 10%. Further detailed work needs to be undertaken to establish if this is a requirement in all departments.

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

Workstreams have been established and work continues as follows:

- Communication – The first QEII communications workstream meeting has taken place at which the project's main stages were discussed. These include project announcement, ongoing communication about the services to be provided at the new hospital, supporting staff consultation, service transfers to the Lister, transfer of remaining services from the old QEII to the new QEII, and the formal opening of the new QEII.
- Consultation - A project team, including Trade Union representation, is in the process of being established. A piece of work has been undertaken within one division to understand which changes and therefore consultations are due to take place and when. This piece of work will be extended to all other Divisions so that an overall consultation project plan can be established for the Trust. This will inform a Trust wide understanding of the scale and complexity of the OCH consultation process, so that the best approach to consultation(s) can be adopted. A revised Change Management policy is awaiting approval by staffside.
- OCH & CIP Reductions - The team will address: Identifying OCH and CIP reductions by staff group within Divisions. Reductions will then be modelled against turnover and vacancy levels and construction of new staffing establishments and review of skill mix will take place.
- New QEII – Terms of reference have been agreed and the first meeting has taken place. The workstream is considering the risks associated with the new QEII workforce.
- Resourcing - As the Trust enters a period of significant organisational change, the Trust has been working alongside union representatives to support the employment of staff who may be affected by these changes. The Trust will have to ensure a balance of the need to hold vacancies for redeployment with the need to provide a safe & quality service. This will require forecasting future need against current delivery. This will link with the CIP & OCH work.
- Establishment Control - The Establishment Control Project will interlink with the ESR OLM/ Self Service Project currently underway. The ESR diagnostics review work by McKesson has been completed.

Anthony Gotts has been appointed as the OCH HR Project Manager and started with the Trust in July.

5.0 Resourcing

5.1 Permanent Recruitment

Work is now being undertaken to develop a sophisticated approach in understanding the vacancy impact on OCH and the LTFM. Recruitment plans are being established by staff groups starting in nursing. This work will be extended to other staff groups. In the last twelve months the Trust has recruited 602 wte, but 549 wte have left the Trust. This equates to an average of 50 wte being recruited each month. The average time taken to gain approval to recruit is 3 weeks, against a new Trust target of 1 week. The HR team have taken a number of actions to streamline the recruitment process which will be reflected in the time taken to recruit in the near future. The average time to start is currently 20 weeks. The HR team have been tasked with reducing this to 14 weeks within 6 months.

Table 3: Recruitment Data

Source: Stepchange	Target	Trust MTH	Previous MTH
Time to Start: From create requisition to start date	14 weeks	20 weeks	21 weeks
Time to Start: From requisition approval to start date	12 weeks	17 weeks	18 weeks

Further resourcing data can be found in Appendix 3 Table 2.

5.2 Cohort Recruitment

In accordance with the Revised Cohort Recruitment Programme five additional cohort dates were held in June 2013; three for Band 5 Registered Nurse recruitment and two for Band 2 Clinical Support Worker recruitment. The Band 5 additional dates were either advertised on NHS Jobs or within online bulletins on the RCN or Nursing Times websites and the Band 2 dates were advertised both on NHS Jobs and in local newspapers / online bulletins.

The Trust received a sufficient number of applicants for each of the dates and had good attendance at all the recruitment events. Band 5 candidates were required to sit the revised Drugs Calculation Test which was amended, with input from nursing colleagues in each of the divisions and this proved effective as a selection tool - an increased number of candidates passed the test and were subsequently interviewed, but we were also able to identify those who did not perform to the required standard.

In total 44 Band 5 candidates passed the drugs calculation test and interview stages and have either been offered posts within the Trust on agreed wards or have been advised that they were successful with a ward yet to be allocated. 25 Band 2 candidates were successful and will be offered substantive roles with the Trust - of these 25 candidates wards have been allocated for 12 individuals. We remain on trajectory in terms of posts offered in June 2013.

5.3 Temporary Staffing

NHSP Contract

Work continues between the Trust and NHSP to resolve existing operational and performance issues. A comprehensive plan to re-implement NHSP across all Divisions within the Trust commenced at the end of June 2013. This includes reviewing all work streams to ensure they are fit for purpose. Where required, re-training will be given in line with a new NHSP Policy that is now in draft format. Work has been undertaken to automatically enrol existing substantive staff onto NHSP via a newly agreed data sharing process. The Trust has transferred the Medical staff's data to NHSP on the 5th

July and all other staff groups will be transferred on the 19th July following a staff communication exercise. As part of this auto enrolment process medical rates of pay are being reviewed and a pragmatic agreement reached regarding a Trust payment structure as part of the re-implementation of NHSP. A new fortnightly meeting with medical chairs has been agreed prior to DEC to review the progress against the action plan and commenced on 27th June. A revised suite of reports with weekly reports going to Dec/ Exec and monthly reports to Trust Board to monitor performance against the contract has been agreed and commenced on the 8th July.

In June 2013 NHSP had a total fill rate of 90.5% (70.3% bank and 20.2% agency). This is an improvement on the previous month with the overall total NHSP fill rate increasing as well as the percentage of bank shifts filled increasing whilst the agency fill rate has decreased. However, there has been a slight decrease in the total file rate for nursing and medical staff. **See Appendix 2 Table 5 for NHSP Performance data.**

6.0 Appraisal and Workforce Compliance

Table 6: Appraisal Data

Source: ESR	Trust MTH	Trust YTD	Surgery	Medicine	CS	W & C	Cancer	Corporate
% Appraisals complete – Overall from July 2012 – June 2013	65.48%		56.82%	66.21%	65.75%	73.45%	68.09%	67.04%
% Appraisals complete – All Directors since 1 May 2013	Data will support implementation of new appraisal process.							
% Appraisals complete – Direct reports to Directors since 1 May 2013	Data will support implementation of new appraisal process.							
% Appraisals complete – Rest of the Workforce since 1 May 2013								
Consultant Job plans % complete	Data not currently available							
Corporate Induction Compliance Rates								
Junior Doctor Induction Compliance Rates*	75% ** 4 drs in Jun	95%	94%	98%	69%	96%	97%	100%
Statutory and mandatory training compliance	65.48%		68.10%	68.43%	67.76%	73.65%	54.00%	76.96%

* Compliant = Completion of *both* Part 1 (e-Induction) & Part 2 (Face to face Induction)

** 3 = Compliant

1 = Part 1 not complete

6.1 Appraisal rate

In June the Trust's appraisal rate fell to 65.48% against the 70% threshold. This gives an overall Trust red rating for the third consecutive month. **See Table 6 above.**

This month 302 staff required appraisal review in June in order for the Trust to maintain the current appraisal rate. However, as only 162 staff received their appraisal the appraisal percentage has dropped again. To maintain our current appraisal rate, 8% of staff need to be appraised each month. To achieve a 90% appraisal rate by October 2013, an uplift of 7% need to be appraised in addition to the 8% maintenance rate. The trajectory being a monthly appraisal completed rate of 15%.

Due to the Surgery Division low compliance rate, the division has undertaken an 'appraisal amnesty' in order to update and align central records with local records. Managers can submit a list of staff with 'in date' appraisals to the OD team as opposed to individual copies of front sheets. This information will be used to update central records. The surgery division indicates an increase in appraisal rates in June.

The appraisal amnesty appears to be having a measured effect on appraisal rates, not only in terms of updating the data, but in terms of encouraging managers to carry out appraisals, and may possibly be rolled out in other divisions.

The DHRM's are working with managers in the divisions to try and increase the focus on appraisal completion. In some divisions data is already being provided to managers on a monthly basis advising which staff need to be appraised and which staff have an appraisal due in the near future so that managers can concentrate on these staff. We are in the process of rolling this out to all divisions. A revised monthly process of reminders and support paperwork has been introduced. In some divisions individuals without an appraisal have been contacted directly. In addition appraisal training and support continues to be offered. Best practice will be shared between the divisions. The team are also looking at the detail of information being sent to divisions so they can directly target problem areas.

The framework for the new appraisal system has also been submitted to RACQ.

6.2 Statutory and Mandatory Training

Please refer to Statutory and Mandatory Training Performance Exception Report, June 2013.

7.0 Managing Staff

7.1 Employee relations cases

The HR Advisory Service Review has been completed and a paper was presented to the Executive Committee on 13 June 2013 and was presented to RAQC on 19 June 2013.

The expected range of employee relation cases, which includes sickness, disciplinary, grievance and capability, is between 2% and 3% of the Trust headcount. In June the percentage of employee relations cases within the Trust was 1.97%. The total number of live employee relations cases decreased from 118 (2.15%) in May to 108 (1.97%) in June as shown in Table 8 below.

Table 8: Total number of employee relations cases in progress including sickness absence

Source: Capsticks	Total Live cases as at 31 st May 2013	Total Live Cases as at 30th June 2013	Surgery	Medicine	CSS	W & C	Cancer	Corporate
Total number of cases in progress %= number of cases as % of headcount	118 (2.15%)	108 (1.97%)	28 (2.49%)	35 (2.83%)	11 (1.12%)	12 (1.62%)	5 (0.80%)	17 (2.74%)

The HR Team will be reviewing targets in relation to the HRAS provision, including looking at measures to assess the efficiency of the process.

The benchmark across five NHS organisations for the percentage of disciplinary cases of headcount is between 0.5% and 1.0%. In June the Trust percentage was 0.85% ranging from 0.16% (Cancer) to 1.62% (Medicine).

In June an Employment Tribunal found in favour of the Trust with respect to an ET claim for race discrimination, victimisation, and constructive dismissal, which was heard over 5 days at Watford Employment Tribunal.

7.1.1 Disciplinary Cases

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). The average time taken per case at quarter 1 was 131 days.

Table 7: Average time taken to close disciplinary cases

Number of Completed Disciplinary Cases	Q4 Jan-Mar 2013	Q1 Apr-June 2013	Q2 July – Sept 2013	Q3 Oct-Dec 2013
Average time taken for closed disciplinary cases (excluding MHPS cases)	139 days (31 cases)	131 days (38 cases)		

The Divisional Human Resource Managers are working closely with their line managers to reduce the average time taken per disciplinary case. In the current rolling year, 40.4% (55 cases) were managed within 90 days.

The month of June saw a reduction in the number of disciplinary cases from 60 to 47. In total 19 disciplinary cases were closed in June, of which 9 were in the Medicine division. 5 of these cases related to the same allegation but for different members of staff.

As at 30 June 2013 there were 47 live non-medical disciplinary cases and 6 live medical cases under the framework "Maintaining High Professional Standards in the Modern NHS" (MHPS).

7.1.2 Sickness Absence

The Trust sickness absence rate has remained static at 3.44% in June. Short term sickness decreased from 1.53% in May to 1.43% in June, whilst long term sickness increased slightly from 1.83% in May to 1.89% in June. The number of staff on long term sick increased from 92 in May to 102 in June. Currently 17 long term sickness cases are being managed through the HRAS, which is 17% of the staff on long term sick. The Trust sickness absence rate remains below the average of 3.8% for acute Trusts and ENHT sits within the top 30% of large acute Trusts in England. **See Appendix 1, Graph 2, Sickness Absence.**

Bi-monthly reviews to focus on sickness absence and other employee relations cases have commenced between the HR and Operations departments, to ensure that all cases are being managed efficiently and effectively. Work is also being undertaken with regards to reviewing the Bradford Score from the current trigger point of a score of 90, with a view to increasing the trigger point and the sickness absence policy is currently one of the policies being reviewed.

8.0 Medical Staffing

New job planning guidance and a pro forma has been developed and this round of job planning is due for completion by the end of August 2013. Agreement has been reached to implement electronic job planning next year. The Local Negotiating Committee (LNC) will be re launched in September following development of the terms of reference for the group. A longstanding Maintaining High Professional Standards case has been closed.

A Consultant Colorectal and General Surgeon, and a Consultant Orthopaedic Surgeon both commenced in June. Further Consultants interviews are due to take place for Urology, Orthodontist, Radiology, Diabetes, Stroke, Paediatrics (neonate), Emergency Medicine and Elderly Care. Recruitment is also planned for Consultants in Community Paediatrics, Diabetes & Endocrine, Acute Medicine, Audiological Medicine, Gastroenterology, Trauma and Orthopaedics, and Nephrology. Locum Consultant adverts are also out for Radiology & Cardiology.

Junior Doctor interviews are due to take place for an Emergency Medicine Junior Clinical Fellow, Plastics Junior Clinical Fellow and Plastics Senior Clinical Fellow. Junior Doctor posts are currently being advertised for a General Surgical Research Fellow, Urology Senior Clinical Fellow, Ophthalmology ST3+ LAS, Oncology Clinical Research Fellow and Anaesthetics Educational Fellow, whilst shortlisting for GH Hospice Specialty Registrar LAS, Renal Specialty Registrar LAS and Stroke Specialty Registrar LAS is currently being undertaken.

9.0 Areas of Note

9.1 TPP

The joint venture agreement has been signed by the Trust. The Operational Management Team (OMT) consultation has concluded and the outcomes paper has been drafted and signed off by the Trust and the TPP Project Management Board. The 90 day consultations regarding the TUPE transfer of staff to Public Health England (PHE) and Cambridge University Hospitals (CUH) continue. Approximately 150 staff have booked 1:1 meetings with 110 of those having already taken place. Over 600 questions have been received from all seven Trusts in response to the consultations and the first set of 'Questions and Answers' have been produced.

All 106 staff placed at risk of redundancy have been added to the Trust redeployment register. Workforce due diligence for CUH and PHE is near completion and the Trust is awaiting clarity from CUH and PHE as to which salary sacrifice schemes can transfer. Since the consultations were launched there has been a further loss of staff, with more resignations anticipated in August. This is having a significant effect on staffing levels within the Pathology department.

9.2 ESR

The OLM/CM revised project plan is progressing well, with the majority of the key milestones on track including a validation exercise of staffs current job role/position and staff assigned to departments. However, the ratification and final sign off of the new Competency Framework was delayed by four weeks, due to a two week delay because of last minute queries arising from a number of the Trust Subject Matters Experts (i.e. leads for Infection Prevention, Safeguarding Children etc).

The Trust Training Needs Analysis and Competency Framework documents have been signed off by the relevant subject matters experts / leads and the Trust Steering Group for all training matters. Work is on going to translate all of this information into the required formats, in readiness for this information to be centrally uploaded by the NHS Central Data team. This includes collation of all staffs current competency information from internal and external sources and the extraction of the current competency framework, in preparation for deletion.

The ESR Project Support Officer has secured a new role within the organisation and will be leaving the project in early August. Work to replace the project support officer has commenced.

The ESR Diagnostics work package that McKesson Information Solutions have been commissioned to complete is nearing completion after a presentation was delivered to the June Finance Performance Committee Board meeting. Approximately 65 Trust specific process maps have been generated, which has formed part of this work package and conversations are due shortly to determine the most effective way of communicating this information out to relevant staff groups and management teams within the Trust. These current process maps can then be reviewed, updated / streamlined as part of the establishment control project in the near future.

9.3 Policies

Further to the two policy days held in partnership between management and staffside the following policies are now with staffside for final approval:

- Disciplinary
- Grievance
- Flexible Working
- Change Management
- Attendance Management
- Capability
- Investigations
- Appeals

The changes in these policies will assist the organisation in managing employee relations cases more efficiently and effectively.

9.4 Notice Periods

With the agreement of Staffside colleagues the Trust has announced that notice periods for staff on Band 6 and Band 7 have been extended to three months. This is effective from 1st July 2013. Joint communications are providing advice to managers and staff on the implementation of this change. Longer notice periods will provide benefits to patient care and continuity of service provision in all areas of the Trust, whilst assisting teams by not having to cover vacancies for long periods of time.