TRUST BOARD MEETING – NOVEMBER 2013
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 November 2013**
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 Strategic Development
PRESENTED BY:	Director of Workforce and Organisational Development
AUTHOR:	Workforce Development Manager & Transformation Projects Manager
DATE:	November 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 November 2013
(Based on data as at the end of October 2013)

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%	6.7%*	4.82%		▲
Pay Spend as % Pay Budget	100% or under	101.65%	103.7%	5	▼
OCH & CIP WTE held for OCH		Data will be available in January 2014			
Sickness absence rate (annualised)	3.5%	3.44%	3.40%	2	▼▲
Annualised turnover	10%	10.02%	10.00%	4	▼▲
Appraisal rate	90%	66.27%	66.9%	6	▲

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

* See section 4.2.1

1.0 Purpose

This paper provides an update to the Finance and Performance/RAQC Committee for November 2013 on workforce performance.

2.0 Executive Summary

This month has seen the Trust vacancy rate fall to 4.82% which is below the Trust target of 6%. This is as a result of the significant work that has been done on cohort recruitment which has resulted in 60 Band 5 nurses commencing employment with the Trust in October in addition to the Clinical Support Workers that commenced employment in September.

The OCH Workforce Gateway process was also launched in October with Divisions needing to verify their current staffing data and budgets, as well as defining service moves and interdependencies. There has been positive engagement from the Divisions in what is going to be a challenging process particularly when it comes to undertaking the 'to be' staff modelling as part of the Gateway two process.

The CRB/DBS Employment Check Project is ahead of trajectory. 76% of staff have either completed applications or booked appointments and 40% of staff that needed CRB/DBS checks have had their certificates returned.

Authorisation has also been received to implement a new innovative recruitment system called TRAC. Implementation has commenced in October.

3.0 ARC

3.1 ARC

The autumn ARC sessions are now complete with 360 attendees in total. The sessions proved to be a very useful consultation exercise to identify questions, concerns and training needs around the proposed new appraisal process.

Feedback has been collated and is being used to compile a frequently asked questions pack & the content of the forthcoming ARC sessions due to begin at the end of November. The next ARC sessions will focus on engaging managers in appraisals and the workforce strategy.

3.2 Delivering Excellence in Customer Care – Juice Training

The training dates for the rest of 2013 continue to be advertised widely across the Trust and 80% of the remaining places for 2013 have now been booked, with work continuing to ensure that as many as possible are filled. All of the current cohort of nurses and clinical support workers have been booked on to the course. The dates for January – June 2014 are being finalised with Juice Learning and will then be advertised Trust-wide. All communication will also be reviewed to ensure it continues to be as effective as possible. We will also be working with Juice to try and find a way to offer the training to staff groups and departments who are unable to attend the standard training sessions. An interim evaluation of the programme will be reviewed at December ARC steering group.

A trajectory of attendance at the JUICE training is shown in **Appendix 1 Graph 2.**

3.3 Staff Survey

The annual staff survey has been issued to 850 staff and the closing date for responses is early December. So far, the response rate is commensurate with last year. There continues to be a number of ways in which we are communicating to drive up the response rate including, reminders via post, e-mail, screensavers and front-page of Knowledge Centre.

HR managers receive weekly updates on response rates to share with their areas. Areas with lowest response rates have been advised and asked to chase staff. Reminders were given to all managers attending recent ARC sessions. There will be a two day focused period in which staff will be given time and encouraged to complete their staff surveys.

3.4   Equality and Diversity

Sir David Nicholson announced the refresh of the Equality Delivery System (EDS) called 'ESD2' on the 5th November at the London NHS Values Summit. It is designed to be more streamlined and simpler to use compared with the original EDS. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all. The main changes are to two of the outcomes in the objectives 'empowered, engaged, and well supported staff', and 'inclusive leadership at all levels'.

The Equality and Diversity Classroom sessions have been extended to cover 7 sessions during November and December covering the Lister, Mount Vernon and the QE11. This should continue to increase the compliance figures for this competency of mandatory training.

Staff survey action plans around Bullying and Harassment are underway and being reported through ARC which includes the following four projects:

- Expanding the Trust mediation service
- Introducing dignity and respect at work advisors
- Zero Tolerance
- Raising awareness of bullying and harassment.

3.5   Cultural Indicators analysis

The results of the Trust's internal "finger on the pulse" survey in September, showed improvements from the previous quarter's position with more areas showing a positive outcome.

These results are more in line with the national survey responses reported earlier in 2013, demonstrating an above average or top 20% position in a number of the cultural indicator areas measured. Aspects measured are those that research suggests have the biggest influence on staff engagement and this links directly to the areas of focus for the ARC programme e.g. team working, appraisals, opportunities to influence.

The September survey was amended to contain more questions against each indicator to ensure that our internal survey is more closely aligned to the national survey questions enabling us to track our progress more accurately.

Despite a lower response rate in September (455) compared to 570 in May (survey was open for longer), the percentage of responses from each staff group/division remained largely similar with biggest differences being:

- Increase in cancer services responses (8%)
- Decrease in surgery responses (6%)

Cancer Services results are generally more positive across the measures than Surgery and this will also have impacted on the Trust's more positive performance overall.

Lowest 20% cultural indicators

A second additional set of cultural measures were developed following the national survey results in March 2013 to reflect the need for a focus on areas performing in the lowest 20% of Trusts as well as the existing indicators most closely linked to improving staff engagement. It is therefore acknowledged that the performance in these areas has the greatest scope for improvement and as such, may take longer to influence significantly.

There has been improvement seen in the areas of work-related stress and extra hours worked from the previous quarter. The Health and Wellbeing strategy was developed in December 2012 with a recent diagnostic indicating that progress has been made against many of the aims and this may now be starting to have an impact, despite the challenges of major change programmes across the Trust.

There has also been an improvement in the area of staff experiencing discrimination. The has been a significant increase in the numbers of staff who have completed equality and diversity training in the last year or two and this may be a factor in the improved performance in this area.

Harassment, bullying & abuse by patients/visitors and by staff remain a challenge with only very marginal improvements seen this quarter. Work to address these issues through the "big ticket" staff survey action plan began in August and as such would not have had sufficient time to influence behavioural outcomes at this stage. Staff are asked to comment on behaviour experienced in the previous 12 months, so the impact of any improving actions taken will need time to affect responses.

The staff group reporting the highest levels of bullying and harassment from both patients/public and other staff is nursing and midwifery, the lowest is our doctors. The divisions reporting highest levels are medicine and clinical support services with the lowest in corporate areas.

4.0   Pay Position

The pay spend YTD is £2064K over budget. This month there was a 3.7% pay overspend on staff, with a variance to budget of £697k.

4.1   Bank and Agency Spend

The expenditure on agency was £1,046k in October, which is an increase of £236k compared to September. Since it has been recognised that there was an increase in bank and agency spend during October measures were put in place which included the daily monitoring of agency nursing and clinical support worker shifts. In addition steps were put in place so that all admin and clerical shift requests needed director approval.

Agency usage is expected to decrease in November as a consequence of the cohort recruitment within Nursing.

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

5.0   Resourcing

5.1   Vacancy Rate

The current recruitable vacancy rate for the Trust is 4.82%. This follows Challenge 600 which was undertaken to provide a better understanding of the Trust's vacancies. The vacancy level for the trust will now be calculated by subtracting the total number of staff in post (ESR) from the recruitable establishment figure. The recruitable establishment is the total funded establishment minus non-recruitable posts. The non-recruitable posts are those removed for CIP's, posts on hold for Consultations; such as TPP and Medical Records, funded bank and agency staff etc. As these posts do not reduce and are therefore not 'real vacancies' but would have continued to be reported as vacancies unless they are recorded differently. These posts in the past have skewed the reported permanent vacancy number which made it difficult to understand recruitable vacancies across the Trust. As expected the commencement of employment of the 'Cohort' nursing staff in October and November has resulted in the Trust vacancy rate dropping below 6% as projected to 4.82%.

5.2   Permanent Recruitment

Work has commenced to develop a sophisticated approach in understanding the vacancy impact on OCH. A revised OCH vacancy control process commenced on the 15th November. Further details on this process can be found in the Our Changing Hospital section of the report. There were 19 vacancies that were considered by previous VCP process this month. This comprised of 19 non clinical vacancies and 2 clinical roles. Two roles were resubmitted twice in this period. Total potential savings this month were £31 314.40 (based on mid-point salary of the pay band excluding on costs).

In October 2013 a review was carried out of nursing vacancies within the Trust to establish if there was a requirement for additional cohort days in November and December. A number of Band 5 and 2 vacancies were identified within the divisions of Surgery and Medicine and an action plan was developed based on this additional recruitment need. Further to the review two additional Band 5 cohort events have taken place; one dedicated to Surgery and one dedicated to Medicine to ensure targeted recruitment for these areas. Posts were offered to 7 successful candidates as a result of these additional dates. A band 2 cohort event took place and 13 posts were offered to successful candidates.

A number of hotspot areas have been identified within the Trust where there was a recognised need for bespoke adverts and recruitment events. Separate adverts have been placed for the following areas; Critical Care, Theatres, Emergency Department, Endoscopy and also for a Relief Pool of Nurses. Interest in all adverts has been very good to date and interviews should take place within November for the majority of these areas.

On 4th November 2013; 17 EU Nurses started their long term placements with the Trust through NHSP. Each individual has been placed in a recognised vacancy for a year.

In this month, authorisation was received for the implementation of a new recruitment and applicant tracking system-TRAC. A small team undertook full training and to become super users on this system. TRAC will be implemented at the Trust from November 2013 and this will support the department in meeting its objectives of reducing the length of time to hire. Some of the benefits of TRAC are as follows:

- By automating many of the recruitment processes, it speeds up recruitment activity.
- It allows transparency and visibility so Recruiting Managers can have real time updates about all recruitment activity within their remit.
- Reporting is improved and there are automated 'update reports' (provides an update on all recruitment for each area) which are issued on a weekly basis to Recruiting Managers.

- It has a sophisticated Communications Centre which is completely auditable and also allows all communication between candidates and HR to be visible by the Recruiting Manager.
- TRAC supports HR in providing a high quality service to Recruiting Managers and candidates.

The length of time to recruit from requisition approval to start date for new starters in this period is 15 weeks. Although it's a static position based on the previous month's timeframe further improvements are expected in the next few months due to some of the process changes and systems that have been implemented.

It's worth noting that the time to recruit from vacancy advertised to start date is 13 weeks down by 2 weeks from the previous month.

The average time to recruit from a requisition being created is currently 17 weeks. The HR team have been tasked with reducing this to 14 weeks by the end of the financial year. In order to achieve this target, there does need to be a continued reduction in the length of time that it takes for requisitions to be approved at each stage. The target for approval of requisitions is now 1 week as agreed as part of the VCP process. **See Appendix 2, Table 2, Recruitment Data**

5.4 Temporary Staffing

NHSP Contract

Overall improved bank and agency shift fill rates. One to one feedback and training sessions with key system users in each division has been completed by NHSP as part of the reimplementation project. Agency cascades process have been reviewed with NHSP and our associated operational workflows. Shift requestors and booking authorisation process flows have been reviewed and agreed. NHSP recruitment events have been successful for Care support Workers on (8 commencing in October 13) and EU nurses (32 split between two cohorts Nov 13 and Jan 14). This temporary staffing recruitment together with the dedicated permanent cohort recruitment planned new starters are starting to reduce the impact on temporary staffing demand. Daily monitoring is taking place of all agency nursing and clinical support worker shifts, and all admin and clerical shifts require director approval.

See Appendix 2 Table 4 for NHSP Performance data.

5.5 Turnover

The Trust's turnover remains stable at 10.0%. Turnover rates are being closely monitored. Detail of turnover numbers is provided within the Trust Workbook and new Divisional Workbooks, due to be issued this month.

6.0 Appraisal and Workforce Compliance

6.1 Appraisal rate

The Trust's performance is 66.93% for October 2013, a minimal increase from previous months (66.27) but remaining below the Trust 90% target.

Clinical Support Services have achieved a significant increase in month from 65% to 76%. This has been achieved by completing a review exercise to compare local data with ESR data and the resulting missing data being updated. The director of HR & OD has met with divisional directors to roll-out the approach used in CSS to all other divisions. To assure the accuracy and quality of appraisals being updated as completed, a sample audit exercise will take place in the coming month.

Currently all other divisions are reporting a lower completion rate than in September and this has therefore all but negated the larger increase in CSS. The main reason for this is that the completion rate in month is not keeping pace with the target and appraisals are dropping off as they fall due.

The data regarding staff who have not been appraised for 2 years or more is being used by DHRMs to drive individual managers to prioritise completion of these appraisals and there has been a significant improvement from 479 in September to 378 this month.

A new process has been circulated for the ongoing return of front sheets by e-mail only from this month, (going forward after the look back exercise) to avoid discrepancies with sheets forwarded by post but not received/recorded by HR.

Please refer to graph 4 and graph 5 in **Appendix 1.**

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 September the percentage of employee relations cases within the Trust was 2.35%. The total number of live employee relations cases increased from 125 (2.35%) in September to 144 (2.58%) in October, as shown in **Appendix 2, Table 6.**

A detailed table showing the HRAS performance in all employee relations areas can be found in **Appendix 2 Table 7.** The HR Team will be reviewing targets in relation to the HRAS provision, including looking at measures to assess the efficiency of the process. Further negotiations with the HR Advisory Service has resulted in an on site presence for no extra cost.

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 October the Trust percentage was 1.0% ranging from the lowest at 0.48% in cancer to the highest at 1.4% in medicine. There has been an increase in the number of disciplinary cases this month. Two new incidents involving drug errors have resulted in five members of staff being investigated under the disciplinary policy.

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 2 was 120 days.

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, 42.6% of disciplinary cases (55 cases) were managed within 90 days. **Please see Appendix 2, Table 7 and 8**

As at 31st October 2013, there were 56 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 has increased to 3.77% in October. Short term sickness increased from 1.52% in September to 1.72% in October, whilst long term sickness decreased from 2.08% in September to 2.05% in October. The number of staff on long term sick increased from 101 in September to 103 in October. Currently 30 long term sickness cases are being managed through the HRAS, which is 29% of the staff on long term sick. The increase in the number of long term sickness cases being managed is as a result of the increased focus of sickness absence out in the divisions which is resulting in proactive management under the formal stages of the absence management policy. **See Appendix 1, Graph 3, Sickness Absence.**

7.0   Medical Staffing

The Medical Consultant On Call Lister and QE2 options review went out to all Consultants week commencing 4th November 2013. The 30 day consultation will last until Friday 6 December 2013.   The 24/7 PPCI Cardiology service will have an impact on the Consultant rota and registrar rota which is currently under review to start from 6 January 2013.

The Emergency Medicine Middle Grade recruitment drive with HCL has resulted in the recruitment of four doctors so far, with four more interviews scheduled.   This is in contrast to the national position and will reduce locum costs.

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.

Please see **Appendix 4, Table 1** for Junior Doctor and Consultant recruitment report.

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

During October the Divisions were asked to complete the workforce pack for gateway one of the workforce gateway process. The purpose of gateway one was to validate the current staffing and budget data and provide details of high level service designs, when moves are due to take place and interdependencies. The gateway one workbooks were reviewed at the November OCH/CIP meetings on the 5th November. Only one division passed gateway one at this time with a second division passing through gateway one on the 12th November. All other divisions have been tasked with completing outstanding criteria by the 19th November. Details of which divisions have passed gateway one and the criteria to be achieved can be found in **Appendix 5.**

All Divisions received a draft copy of the gateway two workforce pack week commencing 11th November. However, the divisions will be unable to commence the gateway two process until they have been signed off on gateway one. During gateway two the requirement will be to model the 'to be' staffing structures at the redeveloped Lister Hospital within the pay budget that the Divisions have been allocated for October 2014. To support this piece of work the Workforce Transformation Team will be facilitating workshops with each Division.

Whilst the majority of staff will not be consulted with until February 2014 the Pharmacy Department are planning to commence their consultation at the end of November.

The Trust is committed to achieving our reconfiguration plans by avoiding redundancies wherever possible. Therefore, with effect from the 15th November the OCH Vacancy Control process will commence. The aim of this process is to assess all vacancies on a

weekly basis to establish whether they need to be recruited to either on a permanent basis, on an interim basis until reconfiguration with bank staff, or whether the post can be held as an OCH saving.

9.0 Areas of Note

9.1 TPP

TUPE transfer of staff to Cambridge University Hospitals (CUH) and Public Health England (PHE) has now been put back to the 1st April 2014 due to the OFT process. The 90 day consultation outcomes papers were launched on the 22nd October and staff briefings took place on the 29th October.

9.2 ESR

The OLM/CM revised project has been completed, with all key milestones having been achieved. The Establishment Control Project has now been established. The main project outcomes are as follows:

- Putting a system of establishment control in place providing information relating to posts, vacancies and staff in post, by linking staff personal records to the Trust establishment.
- To develop and agree the Trust Establishment Control model to be used to manage budgets against the agreed funding.
- Documentation of establishment control processes and procedures, including operational roles and responsibilities.
- To reconfigure both the Trust ESR and Finance systems to the agreed hierarchy structure as at 1st April 2013.
- Develop a monthly reconciliation process to maintain the accuracy of the Trust hierarchy between the ESR and Finance systems.
- Training of the Finance / Workforce Information teams and budget managers on the revised operational processes implemented.

The Project's Initiation Document is due to be signed by the end of the week and work has already commenced.

9.3 Policies

The Trust's human resources team, together with managers and staffside representatives, have been reviewing and developing several policies over the past few months. These are the Trust's: Appeals policy Absence policy Capability policy, Change management policy, Disciplinary policy, Grievance policy, Investigations policy, Work-life balance, Flexible working and Appraisal policy. In addition to the new HR policies, management guidance has been developed for each policy and there are a revised set of policy template letters to support leaders with the management of their staff.

A series of planned policy briefing workshops are being run in all Trust locations throughout November, each of which is designed to support line managers in implementing the new policies. All managers are being invited to attend one of the remaining sessions, where they will receive an overview of the newly developed management guidance. The sessions will be facilitated by a Capsticks' human resources advisor as part of the pro-active contract management for the HR advisory Service.

9.4 CRB/DBS Employment Check Project

The CRB/DBS Employment Check Project is ahead of trajectory. To date 596 CRB/DBS applications have either been completed or appointments booked for completion.

Please see Appendix 1, Graph 1 – CRB Look Back Exercise