

TRUST BOARD MEETING – DECEMBER 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 December 2013
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 & 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 December 2013 (Based on data as at the end of November 2013)

KPI summary position

KPI	Trust Target			Number of Divisions/Corp Services Red	Position from last month & RAG
		Last month	This month		
Vacancy Rate*	6.0%	4.82%	6.00%	4	▲
Pay Spend as % Pay Budget	100% or under	103.7%	102.54%	3	▲
OCH & CIP WTE held for OCH	Data will be available in January 2014				
Sickness absence rate (annualised)	3.5%	3.40%	3.33%	1	▼▲
Annualised turnover	10%	10.00%	10.06%	4	▼▲
Appraisal rate	90%	66.9%	66.9%	6	▲▼

- ▼ 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 Finance and Performance/RAQC Committee for December 2013 on workforce performance.

2.0 Executive Summary

A major piece of work has been undertaken with regards to the CRB/DBS checks. Of the 746 staff which required confirmation of their DBS checks all 746 applications have either been completed or appointments booked for completion and there has been a 73% return rate.

The OCH Gateway Two workforce packs were distributed for completion in November. The purpose of Gateway Two is to design the 'to be' workforce model as at October 2014 within the allocated pay budget. There has been significant engagement from the Divisions in completing this piece of work. A first draft of the 'to be' workforce model has been received but further refinements are needed by most Divisions to meet the pay budgets. This month has also seen the start of the OCH pre consultation communications with staff.

The ARC sessions in November and December have focussed on training managers on the new appraisal process. To date over 350 staff have been trained on the new process.

3.0 ARC

3.1 ARC

The November/December sessions are underway, focussing on training managers in preparation for the new appraisal process. So far 5 sessions have been delivered with a total over 350 trained. A further 250 are booked in December and more sessions will be scheduled in January due to demand for places.

The annual "Celebration of Excellence" were held in November. Winners are:

Support Service Award	Jill Payne, medical secretary for respiratory service
Clinical Outcomes and Patient Safety Award	Fractured neck of femur team - Princes Wing, QEII
Patient Experience Award	Midwifery-led unit and Fred Schreuder, Consultant Plastic Surgeon
Team Award	Renal satellite project team
Continuous Improvement award	Tim Walker, consultant anaesthetist and Leanne Welch, carers lead
Team Leader Award	Tania Taylor, Senior Sister, ward 8A
Fundraising award	Camilla Hamilton for neonatal and Kerry Duggan, Forster suite
Volunteers Award	Jim Khan, PALS, Tony Clinton, Vicki Adkins Breast unit and The Sew Dementia team

Public Nomination Award

Jo Gohil, senior sister, Mount Vernon chemotherapy,
Ibrahim al Bakir, gastro registrar, QEII, Rheumatology team and
Marilyn Goodhew, senior play specialist

The event also recognised the contribution of 60 long serving staff and volunteers.

3.2 Delivering Excellence in Customer Care – Juice Training

The 2013 training sessions finished on 9 December, with 35 days, or 70 training sessions taking place this year. The January – June 2014 dates have now been finalised and make allowance for winter pressures – there are 2 sessions in late January and early February with the remaining 16 dates taking place from late February onwards. The dates are now being communicated Trust-wide and work will also continue to target specific areas with low uptake, and to find ways to offer the training to staff groups and departments who are unable to attend the standard training sessions.

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

3.3 Staff Survey

The national staff survey for 2013 has now closed and we are awaiting early indication of results in January, followed by main CQC benchmarked results towards the end of February. The response rate was 39% despite a number of reminders and methods employed to increase rates.

Work continues in line with the action plans for the 2012 survey results.

3.4 Equality and Diversity

As reported last month the EDS2 has been introduced. The system remains mostly the same as before with changes to only a few of the outcomes. See Appendix 4 for more detail on the changes. EDS leads who are affected by the changes have been communicated with and a report on the scope and actions required under the revised version will be submitted to ARC this month (December).

Equality and Diversity mandatory training classroom sessions have continued throughout November and into December. The most recent compliance figure is 72%.

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

- Expanding the Trust mediation service – The Trust has recently trained some additional mediators.
- Zero Tolerance – A zero tolerance working group has been established and meetings held with actions agreed.
- Raising awareness of bullying and harassment - The Trusts Employee Support Programme was promoted as leaflets were distributed with November payslips, alongside a Trust bulletin insert on 'Ban Bullying at Work' week during 11th -15th November, posters were distributed for display within divisions and a screen saver.

4.0 Pay Position

The pay spend YTD is £2,533,424K over budget. This month there was a 2.54% pay overspend on staff, with a variance to budget of £469,341k. This includes the Treatment Centre, whereas figures within the Finance paper excludes the Treatment centre. Further information can be found in the Finance papers.

4.1 Bank and Agency Spend

The expenditure on agency was £868,593k in November, which is a decrease of £179k compared to October. Measures have been put in place and are continuing which included the daily monitoring of agency nursing and clinical support worker shifts. In addition steps were put in place so that all new admin and clerical agency shift requests needed director approval. Agency nursing has dropped and Nursing Bank usage has remained stable.

Although the Trust has undertaken a sustained and significant recruitment drive for clinical support workers and nurses there is currently a 7.86% vacancy factor for nursing (7.2% including 15 WTE EU Nurses who commenced in November 13). The sickness rate for nursing and midwifery is stable but higher than the Trust average with an overall rate of 4.56%.

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 6.0%. The increase in rate from last month is due to new posts in ED and the Ward Review being added to the budget, these posts are currently being recruited to. 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.

5.2 Permanent Recruitment

24 Band 5 successful candidates have been appointed through additional cohort dates and bespoke recruitment drives since October 2013. Ward placements have been confirmed for all those appointed to date.

17 Band 2 new starters were appointed in October 2013 and are due to commence in January 2014.

A Band 5 cohort day is planned for 11th December. This was advertised externally and 34 applicants have been shortlisted.

It was agreed following review of Band 5 Nursing Vacancies in October 2013 that a number of departmental specific adverts would be placed. This has resulted in successful recruitment events for Endoscopy and Critical Care with a number of posts appointed to. Adverts remain open for Band 5 vacancies within the Lister Treatment

Centre and a number of candidates have been shortlisted for Emergency Department vacancies.

The length of time to recruit from requisition approval to start date for new starters in this period is 14 weeks. This is an improved position compared with last month's position. Further improvements are expected in the next few months due to implementation of TRAC and the efficiencies that will be generated from use of this system.

Additionally, TRAC supports the Trust in promoting Equality and Diversity by ensuring that all recruitment actions are undertaken fairly and in keeping with all legislation including the Equality Act 2010. For example, at the shortlisting stage, managers will only receive the sections of the application form that are appropriate. Shortlisting can only be undertaken using the pre-set essential criteria and agreed scoring system which is uploaded to TRAC prior to the vacancy being advertised. This can't be changed once the vacancy is advertised. All applicants are then automatically ranked in accordance to their scores and therefore it is expected that first few on the list will be selected for interview. If this is not the case (the need to invite in a DDA candidate etc), the manager is required to justify their action by adding a note to the system.

TRAC also has an automatic alert system to flag to managers that there are 'Two Ticks' applicants who may not have been invited in for interview. Managers will then need to ensure that there is a justifiable reason for this. There is a robust in-built audit trail in TRAC which records all actions and there is complete transparency.

The average time to recruit from a requisition being created is currently 18 weeks (for starters in this month). This has increased from last month however there have been a few requisitions in this timeframe which had lengthy delays as part of the requisition approval stage.

The average length of time taken from advert open to start date is 14 weeks which indicate that there is minimal delay in advertising posts once approval is received. 14 weeks is the London average for recruitment.

This month saw the implementation of the revised OCH Vacancy Control process whereby there is greater scrutiny of all vacancies. There were a total of 19 posts which were submitted for approval. All corporate vacancies received during this period have been placed on hold until the Gateway 2 OCH workbooks have been received and reviewed.

See Appendix 2, Tables 2 & 3, Recruitment Data

5.4 Temporary Staffing

The overall temporary shift requests for November have decreased as expected. The fill rate for NHSP in November has increased to 85.6% with a reduction in agency filled shifts at 14.4% and an increase in bank filled shifts at 71.2%. The highest level in the last 8 months.

NHSP recruitment events have been successful for Care support Workers in (8 commencing in October 13) and 32 EU nurses (split between two cohorts Nov 13 and Jan 14). This temporary staffing recruitment together with the dedicated permanent cohort recruitment planned new starters is 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 10.06%. 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

Work continues to ensure that the new appraisal process is implemented across the Trust in 2014. A full report on progress is submitted to RAQC on a monthly basis.

6.1 Appraisal rate

The Trust's appraisal rate is 66.9%. An exercise was completed in November to check and update any incorrect/missing data from ESR. The amnesty had a limited impact on the overall figures. Any gain made by the amnesty was mitigated by Divisions not appraising those staff coming up for renewal. This is due to Divisions focusing on winter pressures and completing the OCH packs.

Divisions have been issued with the data to support them in the transition process of setting staff appraisal dates in 2014 onwards to align with incremental pay progression. There is an appraisal project work stream currently scoping how appraisal compliance information will be recorded/reported during the transition phase. The new process provides a real opportunity for us to plan well in advance for forthcoming appraisals throughout 2014 and to monitor closely the staff due an appraisal on a monthly basis.

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 November the percentage of employee relations cases within the Trust was 2.6%. The total number of live employee relations cases remained stable in November, 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 which has commenced this month.

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 November the Trust percentage was 1.8% ranging from the lowest at 0.2% in Cancer to the highest at 1.6% in Medicine. The number of disciplinary cases was stable this month

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, 40% of disciplinary cases were managed within 90 days. **Please see Appendix 2, Table 7 and 8**

As at 30th November 2013, there were 55 live non-medical disciplinary cases and 4 live medical cases under the framework "Maintaining High Professional Standards in the Modern NHS" (MHPS).

6.3.2 Sickness Absence

The Trust sickness absence rate has decreased to 3.33% in November. Short term sickness decreased from 1.72% in October to 1.64% in November, long term sickness also decreased from 2.05% in October to 1.99% in November. The number of days lost to sickness in November was 5269. The number of staff on long term sick decreased from 103 in October to 99 in November. Currently 33 long term sickness cases are being managed through the HRAS, which is 33% of the staff on long term sick. The sickness rate for nursing and midwifery is stable but higher than the Trust average with an overall rate of 4.56%.

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 five doctors. 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.

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

During November the Divisions were asked to complete the workforce pack for gateway two of the workforce gateway process. The purpose of gateway two was to establish the 'to be' staffing model as at October 2014 within the revised pay budget. To support this piece of work the Workforce Transformation Team have facilitated workshops with each Division. The gateway two workbooks were reviewed at the December OCH/CIP meetings on the 10th December. Details of which divisions have passed gateway one and gateway two and the criteria to be achieved can be found in **Appendix 5**. A review of the gateway one and two workforce packs for corporate will take place on the 17th and 20th December. A clinical sign off will take place in January 2014.

Whilst the majority of staff will not be consulted with until February 2014 the Pharmacy Department commenced their consultation on the 25th November and now that the

Health Records FBC has been approved it is envisaged that the Health Records consultation will commence in January 2014.

The OCH Vacancy Control process has been established. 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. At present all corporate vacancies are being held until the 'to be' workforce plans have been agreed.

Throughout December a series of OCH workforce presentations are taking place across all four sites to inform staff about the workforce implications.

9.0 Areas of Note

9.1 TPP

TUPE transfer of staff to Cambridge University Hospitals (CUH) and Public Health England (PHE) is scheduled for 1st April 2014. This is dependent on the OFT process.

9.2 ESR

The ESR Project Team commenced the Establishment Control Project. A Project Initiation Document (PID) has been drafted and signed off by the project board and project executive team. The project is currently focusing on devising and agreeing an Establishment Control Model that aligns ESR and the ledger. This will enable accurate and detailed workforce information and granular detail of where vacancies sit.

9.3 Policies

Family Leave, Carers Leave, Career Break Policy, Special Leave and Recruitment Policy are under development and due for completion by end of January.

New HR Policy briefing workshops have been run in all Trust locations throughout November and expanded into December and the New Year, with the take up being good. The training 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 proactive contract management for the HR advisory Service.

9.4 CRB/DBS Employment Check Project

The CRB/DBS Employment Check Project is ahead of trajectory. The original scope of the project was to review 1067 files/records which were not recorded on ESR. As part of the exercise 279 DBS were identified, 26 staff upon investigation now do not meet the eligibility criteria for DBS checks and 16 are on long term sick/mat leave etc. This leaves a total of 746 staff which requires confirmation of their DBS checks.

To date 746 CRB/DBS applications (100%) have either been completed or appointments booked for completion. 512 certificates have been dispatched to date which equates to 73% being returned.

Therefore out of the 1041 records in total which require updating, 75% have been accounted for.

An ESR Validation system has now been implemented. Monthly reports are reviewed to insure all employment mandatory checks and employee information have been conducted and appropriately recorded.

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 as at end November 2013:

Department	Number of Contractors	Job Titles
Capital Projects	2	Capital Projects Project Manager Capital Projects Finance Lead
Workforce & OD	4	Interim HR Consultants (2) Interim Appraisal Project Consultants (2)
Finance	1	Interim Head of the Project Management Office
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 new Trust Workforce Strategy is currently under development. A number of workshops have been held with more planned. See **Appendix 7** for Workforce Strategy Development Plan.