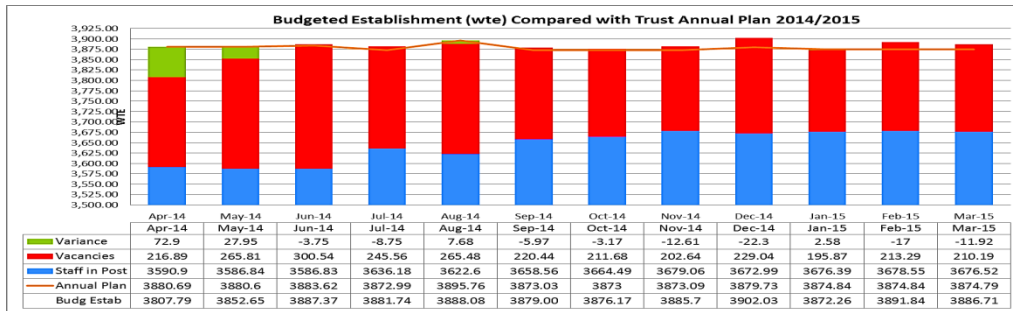


**Board of Directors – April 2015**  
**Workforce Report – March 2015 Position**

## 1.0 Budgeted Establishment, Staff in Post and Vacancies – Source ESR & Financial Ledger



Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group		
Admin & Clerical	4.77%	43.94
Allied Health Professionals	1.89%	3.50
Ancillary	-14.44%	-5.81
Medical & Dental	2.46%	10.62
Registered Nurse	5.76%	73.06
Scientific & Professional	4.89%	9.66
Technical & Other	4.61%	11.53
Unregistered Nurse	10.76%	63.69
<b>Grand Total</b>	<b>5.41%</b>	<b>210.19</b>

### Budgeted Establishment:

- At the end of March 2015 the **budgeted establishment** was **3886.71**, a decrease of 5.13 wte's in month.
- Annual plan numbers are based on budget not staff in post.

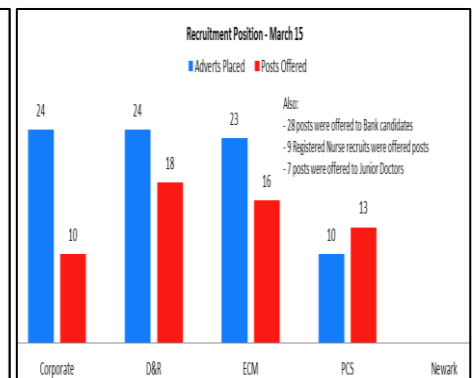
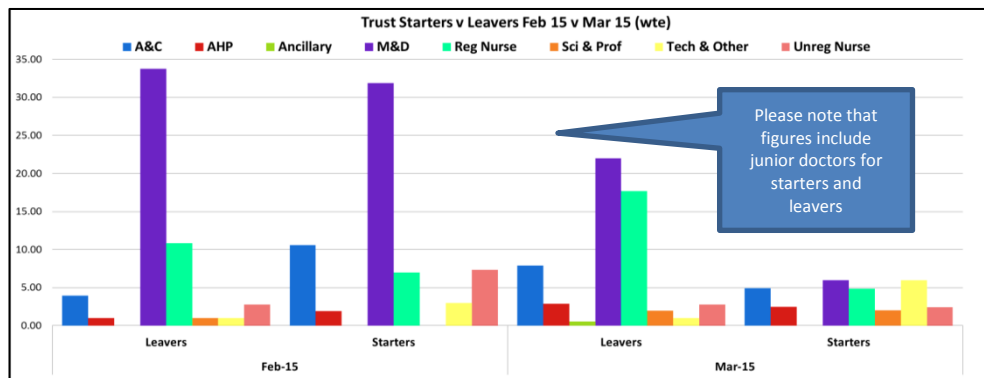
### Staff in Post:

- Staff in post** for March 2015 was **3676.52 wte's**, a decrease of 2.03 wte's, broadly comparable to February and January 2015.

### Vacancies:

- Vacancies at the end of March were **210.19 wte's**, a decrease of 3.10 wte's, with **vacancy rate** standing at **5.41%**, compared with 5.48% in February 2015.
- Registered Nursing vacancies remain a significant risk for the Trust with 73.06 wte vacancies (5.76% of Reg Nurse budget), high risk areas include: **EAU-11.13 wte** (25% of Reg Nurse budget); **Stroke Unit-13.94 wte** (29%); **Ward 52-8.98 wte** (37%); **Ward 33-8.45 wte** (44%); **Newark Hospital - 20.88 wte** (26%). HR, Nursing and Operational teams are in discussions regarding utilising flexibly between wards to ensure safe staffing and reduce variable pay spend.
- The Trust currently has 63.69 wte Unregistered Nurse vacancies, a high number due to a substantive recruitment freeze whilst the Trust operationalised the Keogh Registered Nurse plan, it has been agreed that 50% of the posts will be recruited substantively and 50% to fixed term contracts to improve the quality of patient care and reduce variable pay expenditure.
- There are 3.9 wte Consultant vacancies in Geriatrics with only 1 substantive Consultant in post, the vacancies are being covered by premium agency staff. A recruitment and retention premium for new and existing staff has been agreed and an advert has been placed in the BMJ to attract candidates. It is likely the Trust will incur premium rate costs for at least 4 months until potential candidates have been appointed, March variable pay stood at £94k.

## 2.0 Recruitment – Source NHS Jobs and ESR

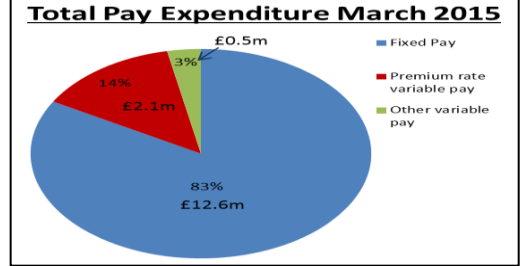
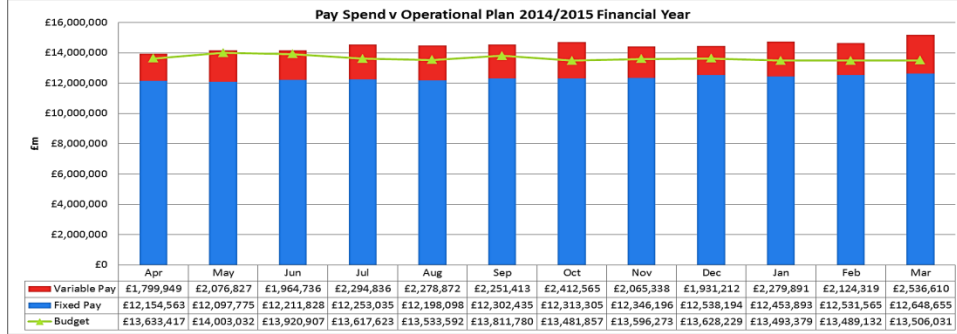


- A local recruitment open day for Registered Nurses will take place on the 25<sup>th</sup> April 2015. The Trust has launched a recruitment campaign via local radio, newspaper, the development of a website and a video to attract Registered Nurses to the organisation.
- An International Registered Nurse recruitment tendering exercise resulted in two companies being awarded with contracts to support the Trust with EU and non EU recruitment.
- Work is also being undertaken with an A&E agency to support international Medical Recruitment who are providing the Trust with potential substantive candidates at Consultant and Specialty Doctor level across all specialties.
- The introduction of an international process by the NMC for providing non EU Registered Nurses with NMC Registration will take up to 1 year. This will have an impact on the Trust's Registered Nurse recruitment plans which are currently being reviewed to reflect this.

### Movement in Month

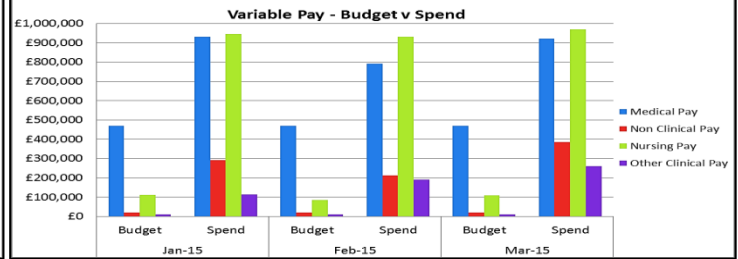
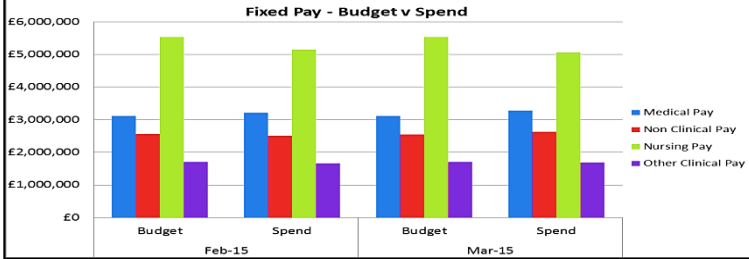
- 81 adverts** were placed throughout March 2015, compared to 22 in February. **189 adverts** were placed during Q4 compared with **123** in Q3.
- 101 posts were offered to candidates** throughout March 2015, this compared to 41 posts in February 2015. 9 offers were made to Registered Nurses, and 28 offers were made to Bank Health Care Support Workers to reduce reliance upon agency staff, a rolling advert is placed on NHS jobs bi-monthly to ensure the Trust are proactive in recruitment of these staff. 223 posts were offered to candidates during Q4 compared to 263 in Q3 when the Trust undertook the administration for the April Junior Doctor changeover.
- At the end of March there were **54 candidates within the recruitment system** compared to 133 in February 2015, **13** of those candidates had breached the 3 week pre-employment check target, **24%** compared to 17% in February 2015.
- Reasons for breaches for pre-employment checks were delays in receiving references and candidates providing proof of DBS.
- Starters – There were 6 wte Registered Nurse recruits that commenced employment with the Trust in March, 1 of those being an international recruit, 1 additional international recruit commenced employment as a Health Care Support Worker whilst they await NMC pin.
- Leavers – There were 17.68 wte Registered Nurse leavers during March 2015 an unexpected high number (8 wte's above average), this will continue to be monitored closely going forward, 7.31 wte's were due to flexi retirements who will return to work after a 1 month break, 3.27 wte's were due to retirement, 5.09 wte's were due to voluntary resignations. Service leaders have created plans that consider pending retirements and succession planning for the coming years. The Trust has also launched new appraisal paperwork which encourages managers to discuss career progression and talent development to aid succession planning.

### 3.0 Pay Spend – Source Financial Ledger



Premium rate VP – Agency, locum, overtime, waiting lists

\*\*\* Please note that these figures exclude reserve funding and Facilities (Medirect)



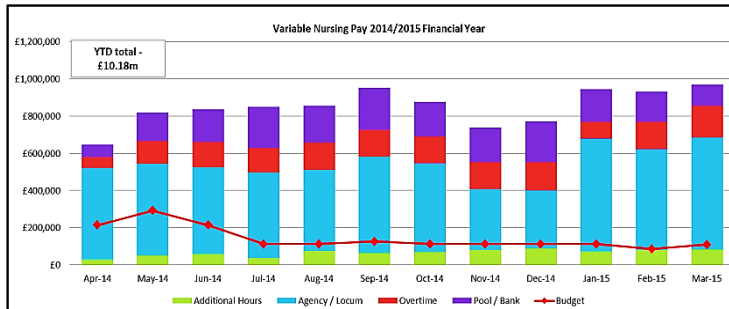
- Pay budget for March 2015 was **£13.50m**, with pay spend totalling **£15.18m**, an **overspend of £1.67m** an increase of £529k in month. The Trust has accounted for annual leave accrual to the value of £430k for 14/15 financial year for those staff who did not use their entitlement.
- Fixed Pay was **£12.64m** in March, **underspent** by £247k.
- Variable Pay was **£2.53m** in March 2015, compared to **£2.12m** in February 2015, an **overspend of £1.92m**. The Trust has developed a Booking Policy for bank and agency bookings which will come into effect from 1<sup>st</sup> May 2015, this enforces stricter controls and authorisations on booking of bank and agency staff across all staff groups in order to reduce the variable pay spend whilst ensuring patient safety. Further work will be undertaken to ensure that staff are working flexibly across the Trust to reduce the Trust's reliance upon temporary staff.
- The reported financial position continues to monitor against the original £26.4m deficit within the financial ledger, recent forecasting that has been undertaken by the Finance department has forecasted a planned £32.7m deficit.

#### Top 3 areas of variable pay (VP) spend:

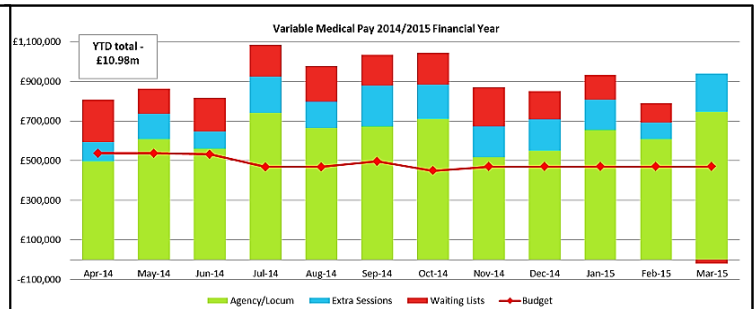
**A&E Medical - £192k** – The Trust currently has 2.2 wte Consultant vacancies being covered by agency staff and additional hours, the Trust has successfully made 1 Locum Consultant appointment due to commence on the 1<sup>st</sup> June 2015. An international Specialty Doctor commenced employment on the 15<sup>th</sup> March and will be upgraded to a Consultant after a 3 month induction process. There are 5 Specialty Doctor vacancies currently being covered by additional hours and agency. There is 1 Specialty Doctor continuing to complete a supernumerary period and will participate in the rota by the end of April, therefore a reduction in variable pay expenditure is expected for May 2015 reporting.

**Junior Doctor KMH - £156k** – The Trust continues to utilise extra cover to meet the increased demand at a premium rate of variable pay for Registrars and Junior Medics. Additional doctor cover has been put in place for the hospital at night provision. There are also a number of employee relations issues which are being managed in accordance with Trust policies and procedures.

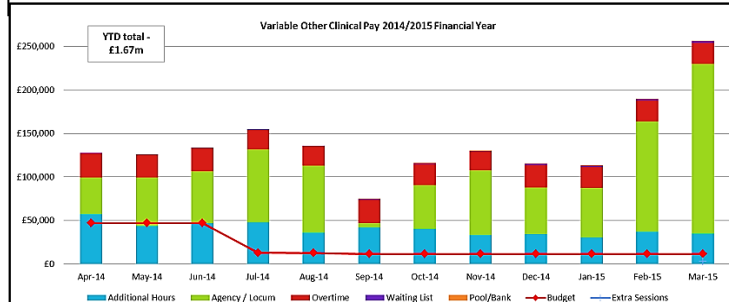
**Emergency Assessment Unit £106k** – £28k due to overtime and additional hours, £71k spend on agency staff, £5k on bank staff. The department has 11.13 wte Registered Nurse vacancies.



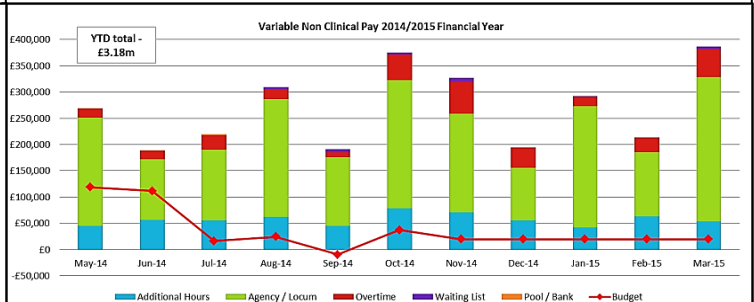
**Nursing VP** was £970k in March, this was an increase of £38k in month. Agency spend increased by £60k totalling £600k with bank spend decreasing by £47k totalling £116k. As above EAU VP was £106k and the Stroke Unit also spent £85k due to high number of RN vacancies (13.94wte's). Ward 21 was opened during Winter as a Medical ward and has been staffed by agency or bank (£64k VP).



**Medical VP** – Totalled £920k in March 2015, increase of £130k. Agency spend was £747k an increase of £138k in month. T&O increased VP by £42k due to 1 Consultant vacancy which is being covered by agency, the post has been appointed with a start date TBC, this will continue until July. Obs & Gynae increased VP spend by £39k due to Consultant maternity cover and 1.5wte Specialty Reg vacancies being covered by agency, the department has also incurred higher on call costs due to an increase in support required.

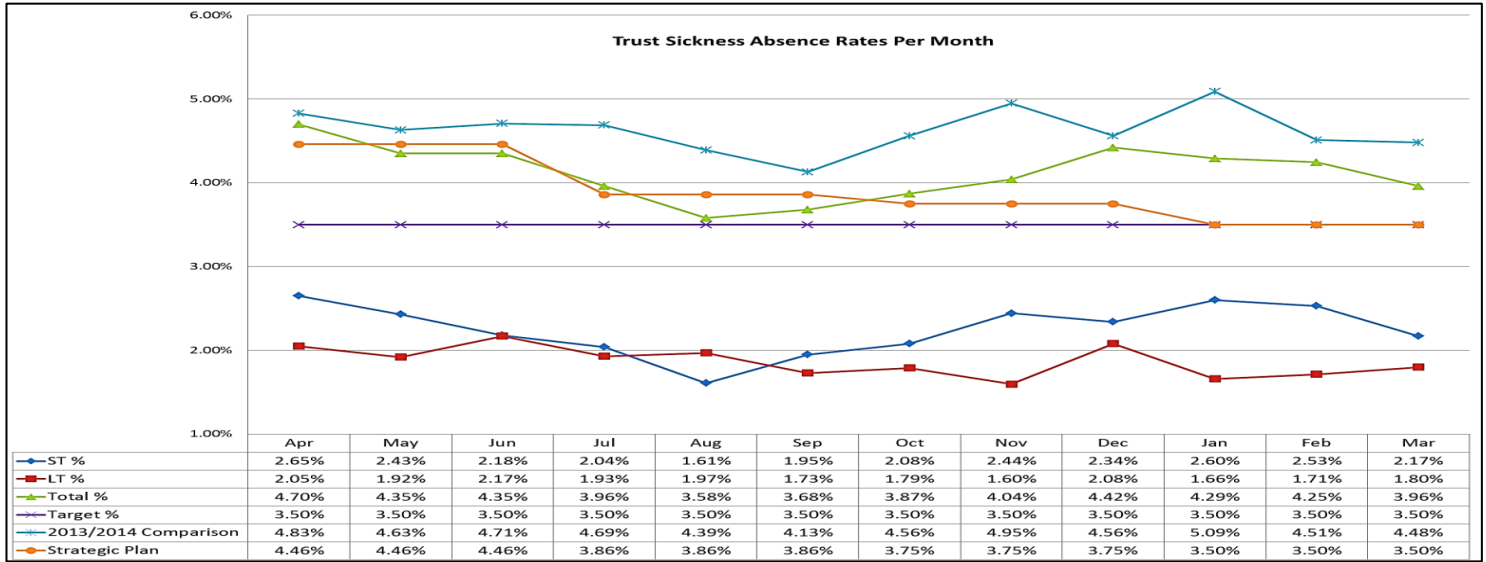


**Other Clinical VP** – Totalled £259k in March 2015, an increase of £69k due to agency spend which totalled £195k in month, an increase of £68k. Radiology had 5.5 wte vacancies during March and were also impacted by long term sickness therefore agency cover was utilised (£29k).



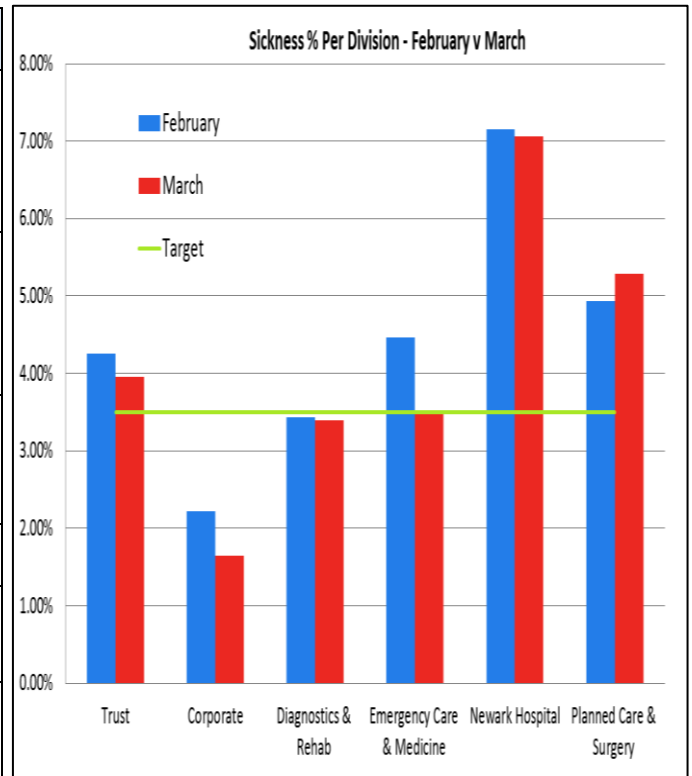
**Non Clinical VP** – Totalled £386k in March 2015, an increase of £173k in month. Agency spend increased by £152k. Overtime payments increased by £26k to £53k in month. Executive Directors spent £71k in month to support Exec level posts.

#### 4.0 Sickness Absence – Source ESR



- The Trust sickness rate decreased for a consecutive month in March 2015 to 3.96% from 4.25% in February 2015. The rate continues to remain lower than the 2013/2014 trend, rolling YTD stands at 4.12% compared with 4.63% in the same period.
- Short term sickness stood at 2.17%, a 0.36% decrease in month.
- Long term sickness increased by 0.09% to 1.80%.
- There were 593 episodes of sickness absence in March 2015 compared with 608 in February 2015.
- The Trust lost 4507.29 working days in March 2015 compared with 4352.61 in February 2015.
- An action plan has now been put in place as an outcome of the Trust's Sickness Absence Audit that took place in February 2015, the action plan is outlined below and a new sickness absence action plan will be developed in May 2015 for the 2015/2016 financial year.

Action	Progress
HR Business Partners and Assistant HR Business Partners will feed back the results of the audit to Divisional Boards	Started and to be completed by the end of April
HR Business Partners and Assistant HR Business Partners will undertake focused feedback on the results of those departments that were audited.	Started and to be completed by the end of April
The Workforce Information Team and HR Business Partners will review the audit template and share with divisions before the Q4 audit	May 2015
ROE and Medirest staff to be added into Q4 audit	May 2015
Q4 audit will be conducted jointly by the Workforce Information Team and HR Operational Team	May 2015
An new sickness absence action plan will be developed for the Trust	May 2015

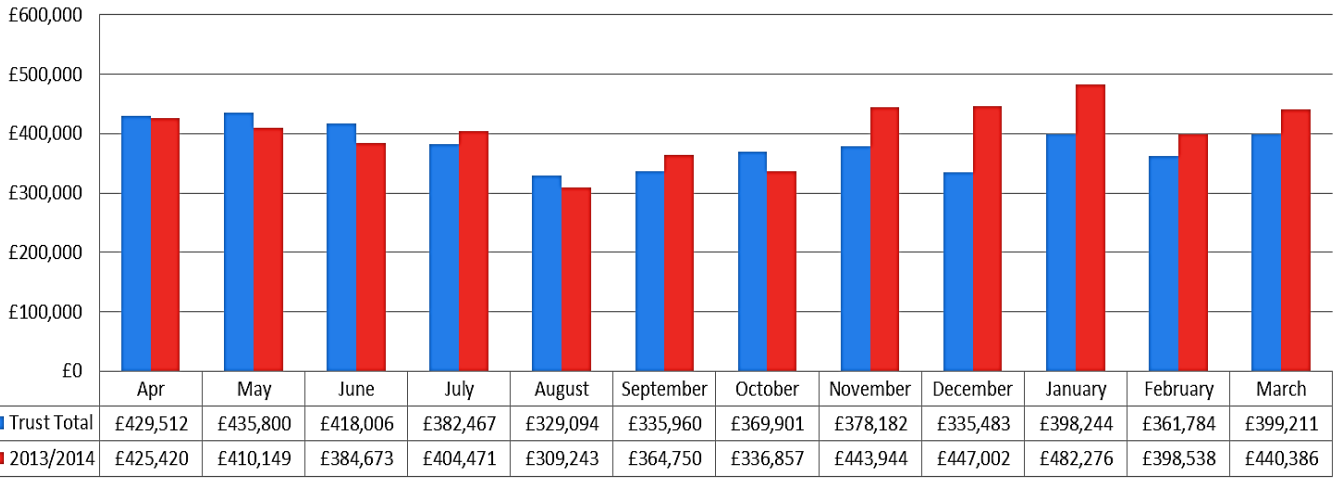


#### Top 3 Areas of Sickness Absence (FTE Days Lost) & Actions to Address

- Theatres KMH – 290 working days lost – a reduction of 32 working days in month but continues to be the highest area for sickness in the Trust for a consecutive month – all long term sickness cases have plans for a return to work, short term cases are being progressed through the policy. The HR Business Partner will be supporting the department with challenges in the department.
- Stroke Unit – 143 working days lost – Sickness issues are being impacted by the high number of vacancies, all Stage 1 & 2 meetings are being supported by the HR Business Partners and coaching is being provided on a 1:1 basis.
- KTC Nursing – 123 working days lost – a reduction of 14.52 working days. The department has experienced a number of long term sickness cases with plans in place for each, the department has a number of redeployed staff which has an impact on sickness absence levels due to musculo skeletal issues. Assurance can be provided that the department is managing sickness in line with the policy and taking proactive measures to improve sickness levels.

- All divisions decreased sickness absence rates during March 2015 apart from PCS, where long term and short term sickness increased despite the division being well staffed. On review the division has had a number of staff with long term sickness where there have been planned operations. Where there has been short term sickness absence cases plans are in place to review in line with the policy. Further work is also being undertaken by the Assistant HR Business Partner to ensure that sickness absence is closed down in a timely manner on ESR.
- Focus remains on Newark Hospital and the action plan presented to the Workforce & OD Committee in February continues to be implemented. An update will be provided to the committee in May 2015.

**Paying Staff for Sickness Absence Trust Total (comparisons between financial years)**

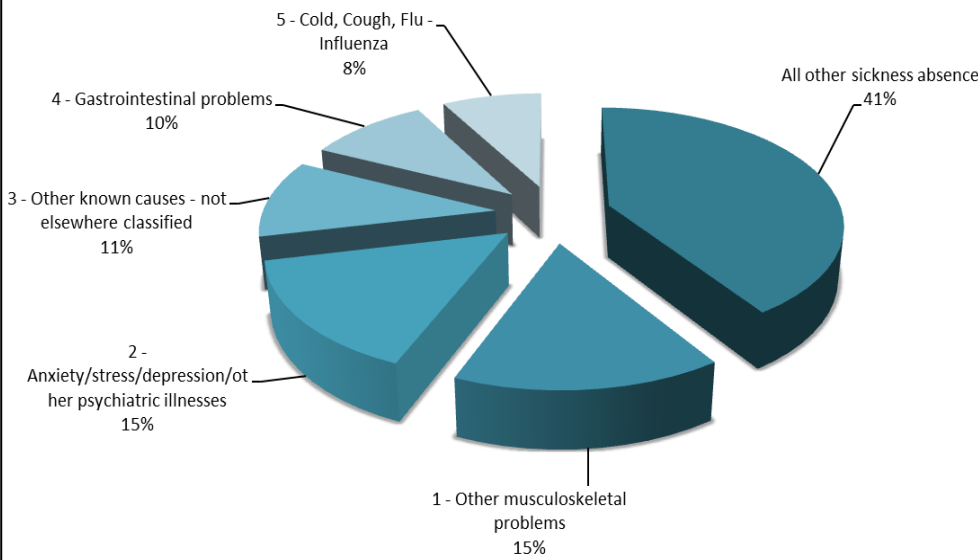


- The cost of paying salary to absent staff was **£399k** in March 2015, with **£4.57m** being the cost FYTD.

**Trends & Themes**

- Monday was the highest first day absent in March with 171 absence beings reported on a Monday (29%) compared to 168 in March 2014 (28%). The Registered Nurse staff group reported the highest number of episodes on a Monday (48 episodes, 28%)
- Per whole time equivalent staff in post, the cost of sickness absence stands at £1244 for the period of April 2014 to March 2015.
- Per whole time equivalent staff in post the number of working days lost for the period April 2014 to March 2015 was 14.82 working days, this compares with 16.54 working days in the same period of 2013/2014 financial year.

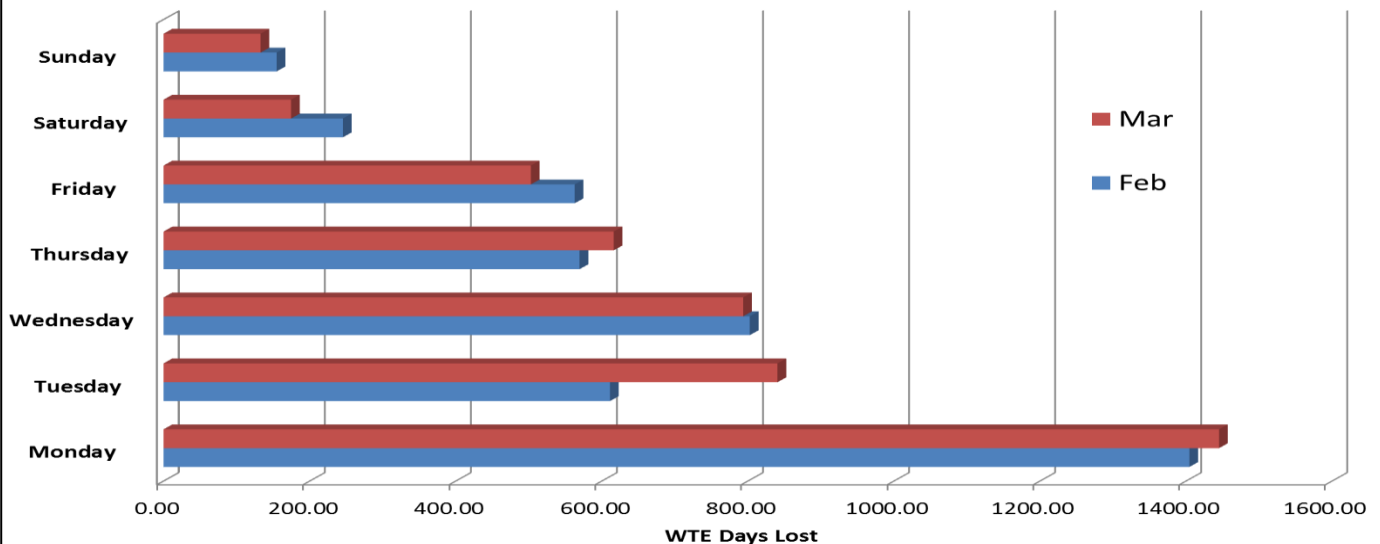
**March Top 5 Sickness Absence Reasons - compared to all other sickness absence**



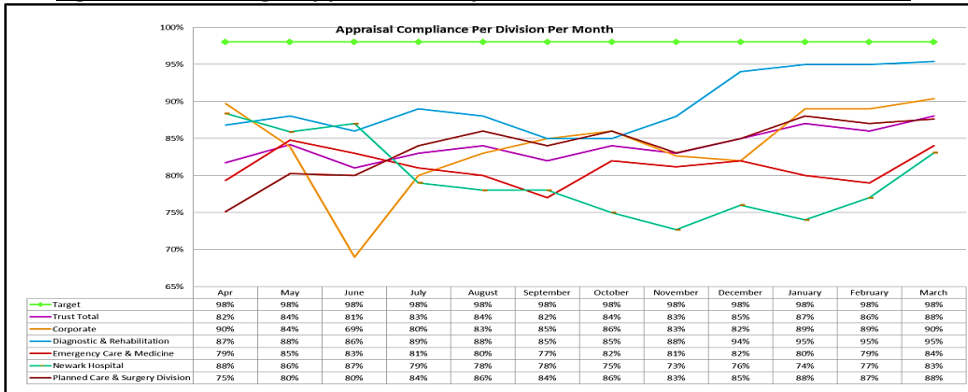
Other musculo skeletal problems was the highest reason for sickness absence during March 2015 with anxiety stress and depression being the second highest.

A lot of work has been undertaken by the HR department via stress focus groups to understand further reasons why stress anxiety is a prominent sickness absence reason. An action plan is currently being developed and will be linked to the overall sickness action plan which will be developed in May 2015.

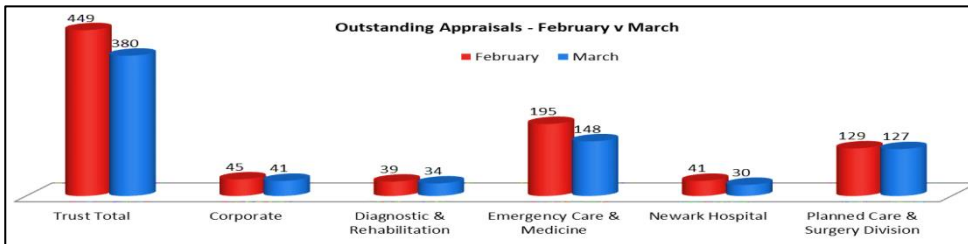
**Highest First Day Absent - Feb v March Comparison**



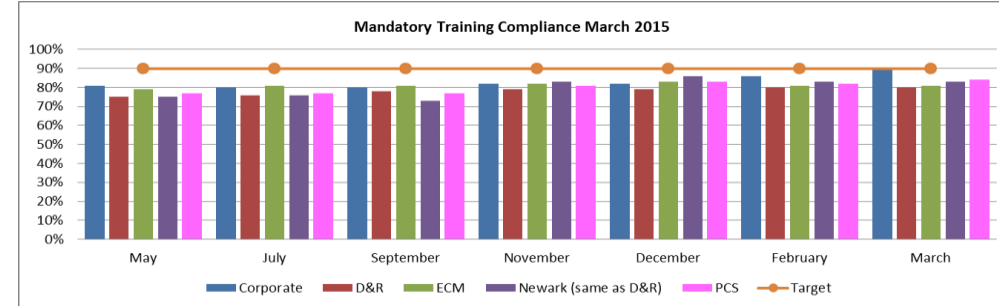
## 5.0 Agenda for Change Appraisal Compliance – Source ESR and Manager Returns



- Appraisal compliance **increased by 2%** in March 2015 to **88%**. The 98% compliance target continues to be driven within the divisions.
- There are now **380 appraisals outstanding** compared with 449 in February 2015.
- Corporate increased appraisal compliance by 1% in month.
- D&R maintained 95% compliance and continue to be 3% away from the 98% target.
- ECM have made a significant improvement and have increased appraisal compliance by 5%.
- Newark also made improvement and increased compliance by 6% in month.
- PCS have increased compliance by 1% in month.
- External auditors are currently undertaking a review of appraisal information and documentation and results are due during May 2015.



## 6.0 Mandatory Training – Source ESR

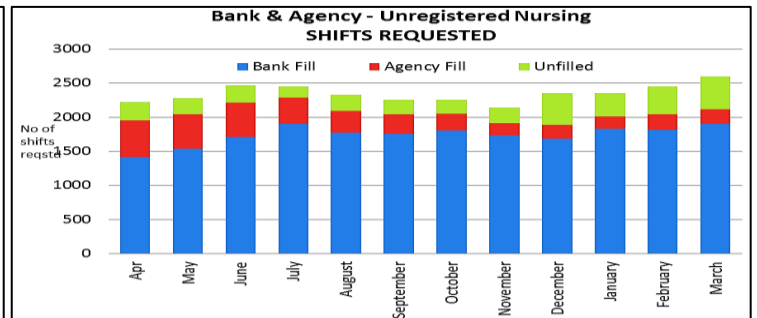
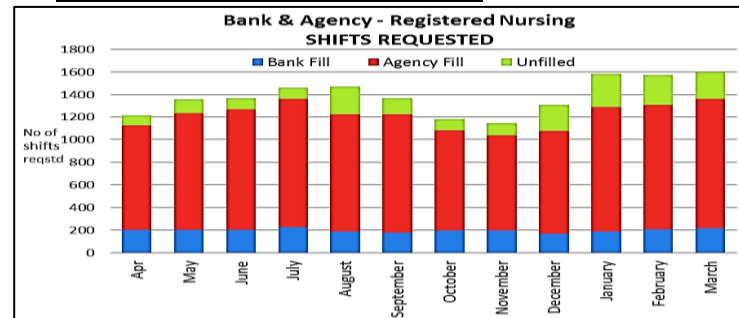


The Trust's mandatory training compliance at the end of March was 83%, an increase of 1% from February 2015:

- Corporate** increased compliance by 3% in month.
- Diagnosics & Rehab** remained the same
- ECM** remained the same
- Newark** remained the same
- Planned Care & Surgery** increased compliance by 2% in month

The Trust has not achieved the 90% mandatory training target set by the CCG for 2014/2015. There are no financial implications associated with not achieving this target. The mandatory training compliance declined recently as a result of a number of mandatory training courses having to be cancelled due to the internal major incidents that were declared. Staff booked onto these courses have been offered alternative places on upcoming courses to try and maintain the required level of compliance. Had these mandatory training courses gone ahead the compliance rate would have increased by a further 1%. Attendance at mandatory training courses still continues to attract a high number of DNAs, largely due to clinical pressures. In April 2015 the new national mandatory core skills training requirements come into effect which will initially result in a further decrease in mandatory training compliance as all admin and clerical staff will now need to undertake additional mandatory training requirements that they have previously not been required to undertake before. Sufficient training courses and e-learning training has been made available to meet these requirements and all staff have received a personal letter informing them of these new mandatory training requirements. Further communication campaigns are planned throughout 2015 to remind staff of these new requirements.

## 7.0 Nurse Bank – Source Nurse Bank System



The number of requested shifts for March increased by 169 shifts for Registered and Unregistered Nurses, 51% of those requests were filled by bank staff, 33% by agency and 17% went unfilled. 60% of the requests were for Unregistered Nurses.

**Registered Nurse Fill Rates** – Bank fill rates in March were consistent with the fill rate in February at 13% with agency fill standing at 71%.

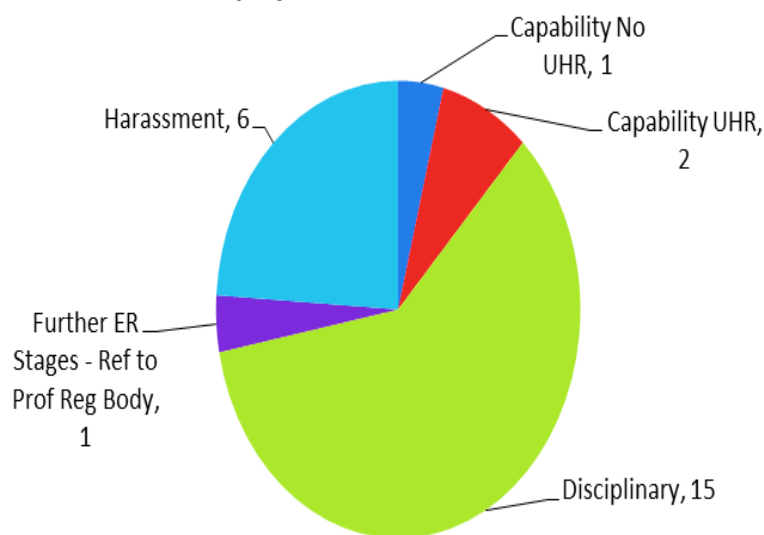
Discussions continue in relation to moving to a Master Vendor for Nurse Agency bookings.

**Unregistered Nurse Fill Rates** – Bank fill rates decreased for a consecutive month to 73% in March compared to 74% in February with Agency fill also decreasing to 8%, this impacted on the fill rate for Unregistered Nurses where unfilled shifts increased by 73 shifts. Bank recruitment still continues and substantive recruitment will be taking place so that the Trust can fill 50% of its Unregistered Nurse vacancies substantively and 50% via fixed term contracts, this has been agreed to ensure improvements in quality of care and reduce variable pay expenditure.

Nurse Bank went live with the new Health Roster Bank Staff system on 1st April 2015. The new system allows bank staff to directly book onto shifts themselves and is accessible on I-pads and Smart phones – it is anticipated this will help improve the fill-rate for bank as the system is accessible from anywhere and staff can take greater ownership of shifts they are booked for; wards have been trained to input requests into the new system. Admin & Clerical Bank & Agency bookings will also go live in the new system on 1<sup>st</sup> May 2015.

## 8.0 Employee Relations – Source ESR

### Employee Relations March 2015



The pie chart shows that there were 25 employee relations cases on-going at the end of March 2015 compared with 25 in February 2015. The disciplinary cases include investigations and those due to go to a hearing. UHR stands for underlying health reason.

**Information Governance Investigations** - There are currently 5 disciplinary investigations taking place with regards to IG breaches. The number of cases has increased since the Fairwarning System has been implemented at the Trust which monitors staff activity with patient records.

#### **Workforce Change:**

- The Newark Workforce Change continues to progress.
- A workforce change has now been approved for Cardiorespiratory and this will start April 2015.
- A Library Staffing restructure has now been approved by the Workforce Change group and will commence during April 2015.

## 9.0 HR Update

### 9.1 Workforce & Agency Intensive Support Team

The Trust are working with Monitor's workforce and agency intensive support team to pilot a project to support the reduction on the dependence of agency staff and the cost of variable pay. This will support the work the Trust is currently undertaking to improve quality and reduce variable pay spend.

### 9.2 Health Roster Bank Staff System

Nurse Bank went live with the new Health Roster Bank Staff system on 1st April 2015. The new system allows bank staff to directly book onto shifts themselves and is accessible on I-pads and Smart phones – it is anticipated this will help improve the fill-rate for bank as the system is accessible from anywhere and staff can take greater ownership of shifts they are booked for; wards have been trained to input requests into the new system. Admin & Clerical Bank & Agency bookings will also go live in the new system on 1<sup>st</sup> May 2015.

### 9.3 Pension Changes

The 2015 NHS Pension Scheme came in to place on 1 April 2015 for new members and existing members without full protection. The scheme has some different features and benefits to the 1995/2008 Scheme and there are a wide range of resources available on the NHS Employers website to support Trust's and employees.

### 9.4 Engagement of Temporary Staffing Policy

A policy has been developed and agreed to ensure tighter controls for the booking and authorising of bank and agency staff. Training will be rolled out during April and communications have now been sent out to managers within the Trust that the policy will go live from the 27<sup>th</sup> April 2015.

### 9.5 Allocate Health Rostering

The first 4 units to use Health Roster are up and running with the system and payroll will be tested during April 2015. The Medics system has been built and the medical Job Planning training dates for Consultants and the Business Unit have successfully taken place. The decision has been made to run a Hybrid system, with all completed Job Plans pre populated into the system.