

Board of Directors Meeting

Subject: Workforce Report
Date: 25th June 2015
Author: Angela Williams, Interim Workforce Information Manager, Kate Lorenti, Deputy Director of Human Resources
Lead Director: Graham Briggs, Interim Director of Human Resources

Executive Summary

Performance –

Staff in post for May 2015 was 3642.08 wte's a very small increase of 0.79 wte's, which remains stable when compared to April. Trust budgeted establishment was 4060.78 wte's which was a decrease of 33.38 wte's in month; this now brings the vacancy rate to 10.31% at the end of May.

Budgeted establishments for 2015/16 are those included within the Monitor plan and reflect the financial plan of the Trust, which is a substantially increased deficit of £44.5m. Budgeted establishments in March 2015 included divisional numbers but did not include establishments in reserves which deflated the total establishment and the number of vacancies. Establishments were reduced in 2014/15 for non-recurrent CIPs; this artificially reduced the establishment and vacancies (by 113 wte's. Establishments should only be reduced for recurrent CIPs.) In March the number of apparent vacancies deflated as there were staff in unfunded posts which compensated for the level of vacancies in funded posts (by 73 wte's), these have been included in establishments for 2015/16 and vacancies have therefore risen from 5.41% at the end of March to 10.31% in May. In the next month a reconciliation exercise will be undertaken to determine a true vacancy figure, as it is recognised there is significant variation between March figures and current figures.

Registered Nursing: Registered nursing vacancies remain a significant risk for the Trust with 211.98 wte's vacancies (15.36% of Registered Nurse budget), compared to 73.06 wte reported in March 2015. High risk areas include: EAU-13.54 wte; Sconce Ward (NWK)-12.13 wte; Ward 52-10.83 wte; Ward 33-9.86 wte; Stroke Unit-9.22 wte; Ward 42-8.06 wte. There were 73.06 wte vacancies reported in March compared to 211.98 wte in May an increase of 138.92 wte. The number of nursing vacancies will be verified in the next month.

Risk – There are 4.90 wte Specialty Doctor vacancies in A&E Medical, 2.20 wte' Consultant vacancies remain in May compared to 3.20 wte in March, two locum specialty doctors have been appointed via international recruitment start dates to be confirmed, this will reduce variable pay spend going forward. The Trust continues to work with specialist agencies to attract candidates to post out to advert currently.

Risk – Junior Doctor KMH – Recruitment to fill Junior Doctors vacancies is no longer taking place, as it is only 8 weeks to change over. Vacancies for August are currently being identified as allocations from the Deneary have not yet been finalised, plans are being developed to recruit to gaps.

Risk – Medical Staff – T&O vacancies - Recruitment has now taken place and 3.00 wte consultants have been recruited and will commence employment between June and July. 1 Locum Consultant recruited to cover Maternity leave and 1 specialty doctor due to commence in August, this will reduce variable pay going forward.

Risk – Geriatrics – Consultant vacancies continue to be a risk, Locum Specialty Doctor appointed due to commence 29th June (12 month fixed term contract). Consultant in General Internal Medicine with Specialist Interest Job description now being drafted once approved this will be advertised. There is a rolling advert for Consultant in Geriatrics and the division are working with A&E Agency head hunt for Consultant.

The Trust continues working with International Recruitment Agencies to progress with recruitment to known Medical and Registered Nurse vacancies.

Robust recruitment plans have been developed for Registered Nursing recruitment; contracts with international recruitment agencies are being finalised for recruitment trips to the EU and India.

Pay budget for May 2015 was £14.87m, with **pay spend** totalling £14.86m, an **underspend of £100k**. Pay spend decreased by £24k in month.

Fixed Pay was £12.53m in May, **underspent** by £1.16m.

Variable Pay was £2.31m in May 2015, compared to £2.83m in April 2015, an **overspend of £1.32m**

Registered Nursing: Registered Nursing variable pay was £677k in May, compared to £1071k in April a decrease of £394k in Month.

Top 3 areas of variable pay (VP) spend:

- **A&E Medical - £160k** - Specialty Doctor vacancies are being covered by agency and additional hours, two locum specialty doctors in ED have now been appointed, this will reduce variable pay spend going forward.
- **Junior Doctor KMH - £153k** – Junior Doctors change over takes place on the 5th August and therefore vacancies are being filled to meet service needs using Locum doctors.
- **Medical Staff – T&O - £145k** – The vacancies have been recruited to, use of agency staff will continue until they commence employment.

Vacancies for August Junior Doctor change over are currently being identified and plans put in place to fill these posts.

The Engagement of Temporary Staff Policy has now been implemented and the Trust expect to see a reduction in variable pay expenditure as an outcome, compliance with the policy will be audited.

The Trust sickness rate decreased for a fifth month in May 2015 to 3.51% from 3.75% in April. The sickness absence rate is lower than the 2014/2015 trend (4.35% May 14).

The cost of sickness absence was **£333k** in May a **decrease of £25k** compared to April (358k).

Anxiety/Stress/Depression/Other Psychiatric illnesses was the highest reason for sickness absence losing 733 working days compared to 608 in April.

Short term sickness stood at 1.76%, a 0.09% decrease in month.

Long term sickness decreased by 0.15% to 1.75% during May 2015.

The action plan developed from the stress focus group is being implemented across the Trust.

The Trust Appraisal compliance decreased by 1% in May 2015 to 89%. The 98% compliance target continues to be driven within the divisions. There are now 359 appraisals outstanding compared with 324 in April 2015

The Trust Mandatory Training compliance at the end of May 2015 remains at 78% and this is due to the new national mandatory training requirements which came into effect from 1st April 2015. The new requirements will require certain staff groups, predominantly admin and clerical staff and non-clinical managers, to undertake additional mandatory training that they have previously not been required to undertake. Sufficient training sessions are in place to allow staff to access this training as well as e-learning packages.

Reports from Sub Committee's

Diversity and Inclusivity Committee - Equality Delivery System 2 (EDS 2) - The D&I committee have self-assessed the organisation, the Trust is now in the process of engaging with staff, patients, careers and community groups to grade the organisation the results will inform our future equality objectives.

TED Committee – ED received an enhanced monitoring visit by the GMC on the 4th June 2015 and several concerns were identified which focused on the sustainability of ED workforce planning, the variable quality of locums, some pathways being too complexed and not communicated, behavioural issues when contacting radiology. The effectiveness of interactions between ED and some other departments in the hospital and externally, negative behaviours from nurses and bed managers, and a reluctance to use the incident reporting system because it was very time consuming. Trainees also reported good quality of teaching, better connectivity between ED & the T&O department, the fracture neck of femur pathway developed by ED & T&O was working well and benefitting the patient and the quality of their induction into ED was good. An action plan is currently being developed and a follow up visit will take place in September/October.

A further planned HEEM visit to T&O on the 16th June 2015 will be taking place and action plans are in place and are being actively progressed and monitored by the Medical Director and Deputy Director of TED. The Medical Director has met with the trainees who have reported that several positive improvements have been made.

The overall Trust action plan relating to HEEM educational visits is progressing well and is on target for a successful completion. The next HEEM Annual Quality visit has been set for 23rd November 2015.

HEEM have commissioned a 'train the trainers' course that will be of particular benefit to staff that will be assessing new HCAs and that have not formally assessed staff before. The Trust has reserved 12 places on this course and several trainers from the TED Department and HCAs from various wards have also enrolled onto this course in order to be able to deliver ongoing in house courses to ensure that we sufficient trained assessors in place and from a sustainability point of view.

An action plan is now in place in order to develop the infrastructure to implement the Care Certificate from September 2015 and will be monitored by the Workforce and OD Committee.

BAF/RISK Register and Quality Improvement Plan—external visits such as HEEM have now been included. Further inclusions relating to the outcomes of the staff survey and special measures should also be included in the Risk Register.

Workforce Planning and Information – all work priorities are progressing well. A Workforce Audit is currently taking place

which is reviewing the appraisal information and processes. An update will be presented in June. All Workforce Plans have been received and are currently being collated and will be submitted to HEEM in June.

- Recommendation**
- Note the areas of performance that require improvement.
 - Acknowledge the actions being taken to improve performance.

Relevant Strategic Objectives (please mark in bold)	
To consistently deliver safe, effective high quality care achieving a positive staff and patient experience	To eliminate the variability of access to and outcomes from our acute and community services
To reduce demand on hospital services and deliver care closer to home	To develop extended clinical networks that benefit the patients we serve
To provide efficient and cost effective services and deliver better value healthcare	

Links to the BAF and Corporate Risk Register	Strategy items impact on all strategic objectives
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	
Links to NHS Constitution	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	
Monitoring and Review	
Is a QIA required/been completed? If yes provide brief details	