

**Board of Directors**

**Subject:** Workforce Report  
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**Highlights**

**Sickness Absence:** August performance is 3.80% with Short term sickness at 1.68% and Long term sickness at 2.12%. The trust sickness rate decreased from July 2015 by 0.15%. Long term sickness decreased by 0.1% and short term decreased by 0.15%. The main reasons for absence were Anxiety/Stress and Other - musculoskeletal. The cumulative position for August 2015 stands at 3.76%. This has increased by 0.01% from July 2015 but is showing an overall downward trend in line with the improvement in the sickness absence percentage.

**Appraisal:** Appraisal compliance has decreased by 4% since June 2015 with July 2015 showing at 86% and August was 85%. The 98% compliance target continues to be driven within the divisions. There are now 445 appraisals outstanding compared with 328 in June 2015. All outstanding appraisals are being reviewed by Assistant HR Business Partners and discussed at Confirm & Challenge meetings to drive improvement. Action plans are being reviewed to ensure that appraisals are undertaken in a timely manner and remain compliant.

**Mandatory Training:** August performance of staff completing mandatory training is 80%, this is a 1% improvement from July 2015.

**Budgeted Establishment**

The budgeted establishment validation exercise has now been completed. In July 2015, the Trust vacancy rate was 8.79% which has risen to 9.19% at the end of August 2015. The vacancies equate as follows

Aug-15		
Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group	WTE Vacs	% Vacancies
Admin & Clerical	89.37	8.95%
Allied Health Professionals	4.76	2.40%
Ancillary	-7.39	-19.25%
Medical & Dental	51.25	10.97%
Registered Nurse	172.69	13.08%
Scientific & Professional	25.86	12.07%
Technical & Other	17.46	6.72%
Unregistered Nurse	34.64	6.35%
<b>Grand Total</b>	<b>388.65</b>	<b>9.19%</b>

There were 212.89 WTE leavers in August which included the Doctors rotation. Of that 212.89 WTEs there were 15.31 WTEs Band 5 nurses. (2.60 WTEs taking flexible retirement the remainder were Voluntary Resignations with a variety of reasons, no themes identified).

Overall WTE budgets have been increased due to non-achievement of C.I.P. in 2014/2015 which have been reversed.

## **Medical Staff - update**

Following the Junior Doctors changeover in August 2015 there remain 12 trainee vacancies, recruitment processes have commenced. There are 9 trainee vacancies within Emergency Care and Medicine and 3 vacancies within Planned Care & Surgery.

In addition there are a number of Trust Grade vacant posts, 9 vacancies within Emergency Care & Medicine and 2 vacancies within Planned Care and Surgery. These vacancies are being advertised through NHS jobs on a rolling basis and in the British Medical Journal periodically to attract candidates. The A & E Agency is also sourcing candidates for the Trust to interview.

The vacancy levels with Emergency Care and Medicine are impacting significantly on variable pay expenditure for this staff group.

**Staff in post:** Staff in post numbers has decreased by 48.32 WTE from July 2015. 21.47 WTE are Registered nurses.

**Variable Pay:** Variable pay was £2.85m in August 2015 against the actual budget of £1m. This is a decrease from July 2015 of £0.21m and has an overspend of £1.74m against Budget.

## **HEEM**

The trust has now agreed a bespoke support package for ED in partnership with Health Education East Midlands to help improve some of our ongoing challenges within the department.

HEEM came to visit the Trauma and Orthopaedic Department in July 2015 and were extremely impressed with how quickly the new leadership of the department has made a massive difference to the quality of training to junior doctors. HEEM have suggested that the trust showcase this area as part of the annual quality visit in November 2015. Ophthalmology also received a HEEM visit in September 2015 and again they were very impressed with the improvements that the department had achieved.

In October 2015 the GMC and HEEM will be carrying out a further inspection of the ED department.

## **Diversity & Inclusivity**

Workforce Race Equality Standard (WRES)

The Trust published its Workforce Race Equality Standard (WRES) results on 1st July 2015 on the D&I internet site; see attached. Analysis of data for the nine metrics is being undertaken to develop an action plan, to complement EDS2 outcomes and address any areas of inequality.

**The Board is asked to to note and discuss the results attached.**     [Action Plan for Equality Delivery System2 implementation updated 04 9 15.docx](#)

EDS2

The Equality Delivery System2 outcomes became mandatory from 1st April 2015. The Trust continues to engage with staff and users/carers to grade us against the outcomes; see action plan attached.

## **Thematic Analysis**

**Nurse recruitment:** Nurse recruitment plans have been successful, an international recruitment trip to the Philippines resulted in 62 offers of employment being made and recruits are expected in groups of 20 from March 2016.

There are however current concerns over the awarding of visas which need to be taken into account in relation to anticipated numbers joining the trust. The issues regarding visas concern Yearly

allocations and Monthly allocations of visas as our first cohort are due to arrive in March 2016 there is a small risk that not as many Visas will be granted at the end of the year (allocations run from April 2014 – April 2015). There is also some concern over the government proposal to those migrants who do not earn over £35,000 per year after their first 6 years in residency will be deported. Currently this news is circulating in the Philippines and candidates are becoming apprehensive none of our candidates have dropped out and the agency is working with the candidates to allay any fears they have. It should be noted that there are national concerns over visa provisions in particular that nurses are not currently on the shortage profession list. NHS employers are working on behalf of Trusts with the government to resolve these issues.

European recruitment continues with recruitment trips to Italy, Romania, Spain, in early September. A further trip to Greece in late September and Croatia in November are also planned. To date 17 offers of employment have been made.

The Trust recruited 1 NQN's who commenced on 3 August 2015.

A nurse recruitment campaign has been running this month cumulating in a recruitment day on the 26<sup>th</sup> September at Kings Mill Hospital.

**Doctor Recruitment:** The Trust had 116 Junior Doctors commence with induction on 5 August. The process went well.

## Operational

### Diagnostic and Rehabilitation (DRD)

#### Sickness

Total sickness absence rates increased in month to 4.15% which is the highest the division has been in the last 15 months.

There are no major areas of concern and all long term cases are being managed in line with the policy.

In the third trust Sickness absence audit, the overall compliance rate for the division was 90%. The last audit result for the division was 56% so an increase of 34% was noted.

The area with the highest sickness absence is Clinic Prep – 2 people on short term sickness, 1 staff member on long term sickness is being managed through the process. Reception has 3 staff currently on short term sickness

#### Appraisals

Overall division compliance decreased to 89%. In order to improve compliance levels those areas with non-complaint appraisals have been asked to submit reasons for non-compliance and dates when these appraisals will be completed, these will be monitored via the performance meetings.

In the first Trust appraisal audit, the overall compliance rate for the division was 91%.

#### High area of variable pay

Radiology – Locums in post to cover vacancies.

Actions – recruitment and retention premia agreed to attract candidates. One consultant appointed in August with a start date of Dec/Jan. Post to be re-advertise in September.

#### Budgeted establishments

Focused meetings took place with DRD managers regarding vacancies. All vacant posts were

reviewed and risks of not recruiting to these posts considered in order to determine whether financial savings could be made.

The outcome is that all vacant posts in the establishment are required and the division vacancy rate is accurate.

### **Workforce change**

Verbal agreement has been received to TUPE the Ashfield Health Village General Office/Reception provision to NHS Property Services. Consultation is to commence in September to transfer with effect from 1st October. This affects one member of staff.

Work on proposals for 7 day services within Therapies and Pharmacy is re-commencing in September. This is following the work the Improving for Excellence team commenced earlier this year.

The Integrated Sexual Health Services tender has now been submitted and the outcome is expected on 2nd October.

### **Emergency Care & Medicine**

#### **Sickness**

The sickness absence rate is currently 3.72% which is a decrease of 0.34% since last month, the Trust target is 3.5% therefore it is still 0.22% above the Trust target. Long term sickness absence has increased this month by 2.26%.

#### Hot spot areas

- Area 1 MIU Newark 15.81%
- Area 2 Ward 34 11.39%
- Area 3 Oakham Ward 8.06%
- Area 4 Newark PPC 9.80%
- Area 5 Ward 51 8.02%

Confirm and challenge meetings continue to be undertaken. Support is being provided to managers where required. Master classes are available for managers and sickness absence is being highlighted at all meetings.

The Deputy Director of HR is meeting with the HRBP's and AHRBP's to review all long term sickness absence cases to ensure effective implementation of the Sickness Absence Policy.

#### **Variable Pay**

There continues to be high variable pay spend in A&E Medical. There are 2.2 Consultants and 6.0 Specialty Doctor Vacancies being covered by agency staff and additional hours within the Trust. Variable pay has been impacted by increased demand in A&E including additional Consultant, Specialty and Junior Doctor cover. The division have advertised for Speciality Doctors in ED with a CESR rotation and a Recruitment and Retention Premia. The aim of the CESR rotation is to facilitate rotations for Speciality Doctors in ED in various specialties including Paediatrics, Anaesthetics, IUC and Acute Medicine over 4 years, at the end of the rotation the doctor will be able to apply for recognition of their experience to enable them to be included on the Specialist Register with the GMC and therefore will be able to apply for Consultant vacancies. The recruitment and retention premia. The rotation vacancies have been advertised and interviews are scheduled for 24th September 2015.

Junior Doctor variable pay is still high. 8 junior doctor vacancies within ECM which are being covered by internal locums and agency.

Due to capacity issues in Endoscopy the division have had an increase in variable pay due to increased Waiting List Initiative Clinics. The Business Case for the 8th Consultant has been approved and the post has been advertised on 2 occasions but there have been no successful applicants. The Head of Service is currently reviewing the job description and advert prior to advertising to attract candidates.

### **Planned Care & Surgery**

#### **Sickness Absence**

The percentage for Planned Care & Surgery has increased from last month from 4.29% to 4.54%. This increase is mainly due to long term sickness which has increased from 2.34% last month to 2.58% this month.

Hot spot areas are

Sterile Services 11.83%

Neonatal 10.19%

Ward 32 10.94%

Ward 25 9.42%

Confirm and challenge meetings are taking place and long terms sickness cases are being reviewed with HR at the meetings and action plans agreed with managers. Much of the long term sickness is due to planned surgical procedures.

#### **Variable Pay Spend**

Variable pay has reduced since last month.

The main areas are of variable spend are as follows:-

Urology £67,134

Ophthalmology £42,710

The above is mainly due to waiting list initiative work that is taking place within those areas.

#### **Appraisals**

Movement in Month

- Appraisal compliance = 85%. decrease of 3% from the previous month
- Number of outstanding appraisals = 154
- Mandatory Training compliance is 83%

Associated Risks/Actions

- Action – Confirm and challenge sessions are continuing to address services any non-compliant appraisals to ensure that the Trust target is achieved.
- Risk – Services begin to focus on non-compliant appraisals and not on the appraisals that are currently due that month, this is being addressed.

#### **Medical Staff - update**

Following the Junior Doctors changeover there remain 12 trainee vacancies that the Trust is recruiting to. There are 9 trainee vacancies within Emergency Care and Medicine and 3 vacancies

within Planned Care & Surgery.

In addition there is a number of Trust Grade vacant with 9 vacancies within Emergency Care & Medicine and two vacancies within Planned Care and Surgery. These vacancies are being advertised through NHS jobs on a rolling basis and in the British Medical Journal periodically to attract candidates. The A & E Agency is also sourcing candidates for the Trust to interview.

A proposal has been agreed by the Executive team to pay Recruitment and Retention premia to Specialty Doctors in the Emergency Department, this is in addition to the Recruitment and retention premia packages that have previously been agreed for Consultants in ED and Geriatrics and Stroke. The specialty Doctors in ED will undertake a rotational programme for four years to obtain their Certificate of Entry to the Specialist Register. These posts have been advertised and four shortlisted candidates are due to be interviewed on 24th September 2015.

Work is being undertaken to further develop international recruitment for Medical Staff.

### **Recruitment update**

Nurse and Medical updates contained in thematic analysis.

### **Ageing Midwifery Workforce**

At the last Trust board meeting the ageing midwifery workforce was discussed. A summary of the age range of the WTE midwifery workforce is detailed below.

Salary Band	Less than 50 yrs of age	50	51	52	53	54	55	56	57	58	59	60+
Band 5	14.33											
Band 6	46.72	4.60	1.87	8.91	0.60	1.90	2.24	2.40	2.95	1.41	0.98	2.29
Band 7	8.40	2.92	1.0	2.70	1.90	0.92	1.00	0.70				
Band 8		1.00		1.00	1.00	1.00						
Total %	60.52	7.42	2.50	10.98	3.05	3.32	2.82	2.70	2.57	1.22	0.85	1.99

The above shows that 40% of the midwifery workforce is between the age of 50 and 60 with over 30% being between the ages of 50 and 55 all of whom are in the pension scheme with the right to retire at age 55. Where midwives have already retired at 55 years of age, there has been a trend within the department to retire and return on a less than full time basis. Three midwives have taken this option within the last 18 months and this can easily be accommodated in the Acute Midwifery setting. When discussing this option with some midwives, who have not taken this option, it tends to be the 12 hour shifts that put them off returning to practice after retirement. Staff that have retired and returned have said that they wanted to optimise their pensions but did not feel that they wanted to retire from the profession completely.

Returning to practice as a community midwife has proved to be less successful as to

operate in the community and provide continuity of care for women a midwife needs to work at least 26.25 hours and those returning want to work less hours. A job share has been trialled in the past, however, it proved difficult to provide that continuity of care that was required.

The service currently operates with one midwife for every 28 births which is the ratio recommended by safer childbirth for hospital births. There has also been an investment in Maternity Support workers at band 3 and currently there are just under 90% midwives to 10% Support Workers which is the ratio suggested by expert midwifery opinion.

Since January 2014 there have been 11 adverts for midwifery posts and the service has been successful in recruiting on all of those occasions. Most recently 46 applications were received with 23 being shortlisted for 8 vacancies, all of which were appointed to.

Currently Midwifery is proving to be more popular in the acute setting rather than the community setting this is due to some midwives not wanting the responsibility of having a case load, the role also required community midwives to provide on call cover and work 5 days, whereas colleagues in the acute setting work three long days. The Head of Midwifery is currently reviewing different models of caring for pregnant women in the community.

## Strategy

The current doctors' contracts across all grades are unsustainable for the NHS and work has been undertaken by NHS employers to develop new contracts.

The requirements for the Junior doctors contract include:

- Doctors in training feel valued and engaged.
- Produce the next generation of medical professionals.
- Improve relationships. (among doctors, employer and deaneries)

Key elements of the proposals for Junior doctors contract are:

- Higher basic and less variable pay.
- Supplementary pay targeted more specifically at additional and unsocial hours.
- Safer working hours.
- Work scheduling – a form of job planning.

There is support for the implementation of a new contract for junior doctors and it is anticipated that this will be in place for August 2016, this will have an impact throughout the Trust with potential redesigning of junior doctor rotas to meet the new requirements.

The requirements for the new consultant contracts are as follows

- Revenue neutral.
- Provide for the highest quality of care and highest quality of excellence and professionalism.
- Meet the needs of patients and is fair for doctors.
- Supports the move to 7 day services and the wider aims of the NHS.
- End of time served pay progression.
- Expansion of plain time hours/ fewer premium hours.
- Removal of consultant veto to non- emergency work outside of 7am – 7pm Monday – Friday.
- Convert Clinical Excellence Awards into performance payments.
- Reduction in starting salary for consultants.
- New or amended contract – depending on agreement being reached? (transition costs)

The new consultant contract would apply only to new consultants; negotiations are also commencing to remove the consultant veto to non- emergency work outside of 7am – 7pm Monday to Friday in the existing consultant contract to enable 7 day working.

The implementation of a new contract for the Trust would require the Trust to develop local performance payments (alternative to Clinical Excellence Awards) this would require the development of a local assessment process based on national guidance) and overseen by managers. To date the BMA have not been supportive of the introduction of the new consultant contract, the Trust is awaiting further guidance from NHS Employers.