

Board of Directors

Subject: Workforce Report
Date: 19 November 2015
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HIGHLIGHTS

SICKNESS ABSENCE:

October performance is a disappointing 4.48% against a target of 3.5%. Short term sickness accounts for 2.41% and Long term sickness for 2.07%. Short term sickness increased by 0.35% and Long term sickness increased by 0.16%. The top 3 main reasons for absence were Anxiety/Stress 0.89%, Gastrointestinal problems 0.55% and Other – musculoskeletal 0.55%. The cumulative position for August 2015 now stands at 3.89%

Anecdotally the increase in Anxiety/Stress absence of 0.89% is attributed to the outcomes of the CQC report and staff shortages. Validating such feedback is difficult. The robust process management arrangements we have had in place for several months are at best slowing rather than reversing the trend. Our QIP strategies for staff engagement and recruitment and retention become the levers for recovering our class leading position.

	Trust	Corporate	Diagnostic s & Rehab	Emergency Care & Medicine	Newark Hospital	Planned Care & Surgery	<i>Diff in Month for Trust</i>
Apr-15	3.75%	1.52%	2.68%	3.50%	5.57%	5.31%	<i>-0.21%</i>
May-15	3.51%	2.67%	3.22%	2.87%	7.46%	4.41%	<i>-0.24%</i>
Jun-15	3.78%	2.51%	3.75%	3.74%	7.18%	4.14%	<i>0.27%</i>
Jul-15	3.95%	2.23%	4.15%	4.06%	6.07%	4.29%	<i>0.17%</i>
Aug-15	3.80%	1.90%	3.95%	3.72%	4.47%	4.54%	<i>-0.15%</i>
Sep-15	3.97%	3.52%	3.31%	3.71%	6.36%	4.73%	<i>0.17%</i>
Oct-15	4.48%	4.28%	4.61%	4.07%	6.30%	4.78%	<i>0.51%</i>

HR will continue to work with the divisions to support the management of absence. All long term sickness cases are reviewed every two weeks and sickness absence actions plans are reviewed with the divisional senior management teams. Trajectories for improvement have been agreed and will be monitored.

Diagnostics and Out patients

- The divisional management team have signed up to achieve the Trust targets of 3.5% by February 2015. The division’s hot spots are:-

Community Pulmonary Rehab	38.46%
Pathology Central Services	12.90%
PPC KTC	18.37%

Sickness rates within Community Pulmonary Rehab whilst showing a reduction in long term sickness from previous months are still the division’s highest area for sickness. Pathology Central Services has shown a significant increase from 7.13% (September) to 12.90% in October 2015.

Sickness Absence Trajectories

Month	Sickness Absence
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Month	Sickness Absence Trajectory
Dec-15	4.0%
Jan-16	3.8%
Feb-16	3.5%

Actions

- Confirm and Challenge sessions to continue to address areas of high level and sickness and to examine how sickness absence is being managed
- HR to continue to work with Managers to address competency levels and introduce master classes, continued coaching and support
- Continuing sickness audits highlighted that paperwork not being completed correctly HR will follow up with Managers to ensure competency in this area

Emergency Care and Medicine

Hot spot areas

- Ward 44 – 12.47%
- Ward 51 – 12.09%
- Ward 43 – 11.15%
- Discharge lounge – 9.68%
- Night Coordinators – 9.62%

Sickness Absence Trajectories

Month	Sickness Absence Trajectory
Dec-15	5.97%
Jan-16	5.44%
Feb-16	4.47%
Mar-16	4.00%

Planned care and Surgery

Hot spot areas

- Day Case Unit – 11.72%
- Sterile Services – 11.24%
- Ward 25 – 9.97%
- Ward 11 - 8.52%
- Ward 14 – 8.08%

Sickness Absence Trajectories

Planned Care & Surgery sickness absence trajectory is;

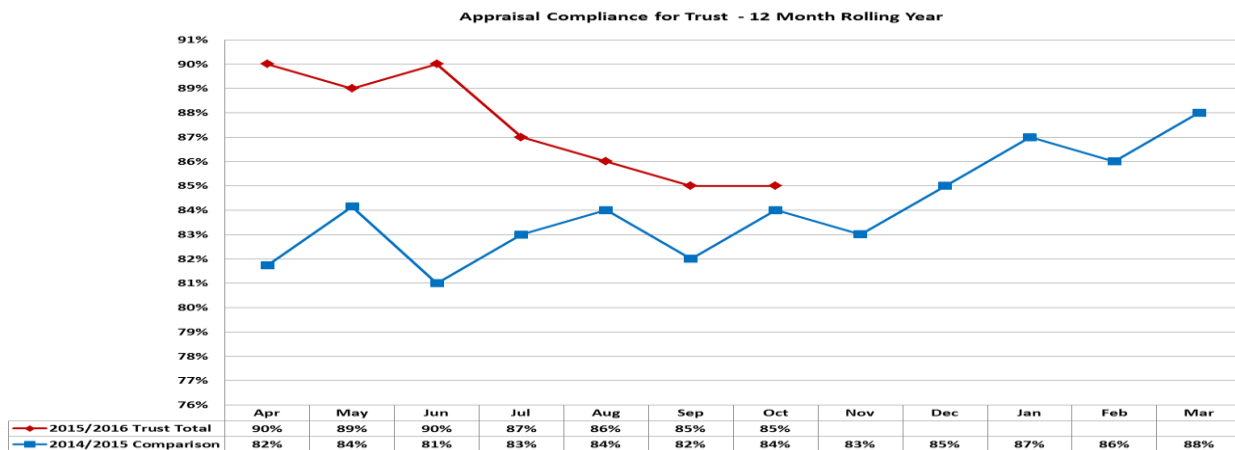
	Trajectory
Dec-15	5.25%
Jan-16	5.50%
Feb-16	4.68%
Mar-16	4.00%

Medicine and Surgery continuing actions

- Confirm and challenge sessions are continuing to address services with high levels of sickness absence
- Managers are being asked to have an action plan in place for dealing with their sickness cases
- HR are continuing to work with managers to address competency levels via sickness master classes, coaching and support
- Another sickness audit has taken place in November 2015 the results are currently under review and appropriate action will be taken.

APPRAISAL:

Trust wide appraisal compliance is 85% for October 2015 (85% for September, 86% August 2015). The graph below (red) shows a stable line that is a higher level of compliance than the same time in 14/15 but materially less than the out turn for 2014/15.



At a divisional level Diagnostics & Rehabilitation has stabilised at about 90% (93% June, 89% July, 90% August and September, 91% October) whilst Emergency Care & Medicine has decreased by 8% since June (88% June, 80% October) and Planned Care & Surgery decreasing by 7% (90% June, 83% October)

The 98% compliance target continues to be driven within the divisions. 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. Trajectories for compliance improvement have been developed and have been agreed with divisional teams.

VACANCIES:

In September 2015 the Trust vacancy rate was 8.27% and has very marginally decreased to 8.25% in October 2015. However, of concern is that both Registered Nurse and Medical Dental vacancies have increased since September, RGNs from 11.32% to 13.66% and M&D from 11.39% to 12.09%. The vacancies overall equate as follows:

Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group	Oct-15		Sep-15		Difference	
	WTE Vacs	% Vacancies	WTE Vacs	% Vacancies	WTE Vacs	% Vacancies
Admin & Clerical	39.61	4.05%	54.00	5.52%	-14.38	-1.48%
Allied Health Professionals	5.21	2.62%	4.17	2.10%	1.04	0.52%
Ancillary	-5.39	-14.04%	-7.39	-19.25%	2.00	5.21%
Medical & Dental	56.35	12.06%	53.23	11.39%	3.12	0.67%
Registered Nurse	185.62	13.66%	149.45	11.32%	36.16	2.34%
Scientific & Professional	21.13	9.90%	21.32	9.98%	-0.18	-0.09%
Technical & Other	17.30	6.66%	17.69	6.78%	-0.38	-0.12%
Unregistered Nurse	12.49	2.43%	40.36	7.40%	-27.88	-4.97%
Grand Total	332.33	8.25%	332.84	8.27%	-0.51	-0.03%

(Please note that the increase in nurse vacancies is as a result of a 40wte adjustment in establishment not a just a reduction in available staff)

(NB The minus figure denotes where a particular staff group is over established. However this reconciles within the overall establishment to give the total establishment and vacancy figure)

There were 36.49 WTE new starters in October, of those 15.08 WTE were Registered Nurses and 12.08 WTE were Band 5 Registered Nurses. Across the Trust there are 185.61 WTE Registered Nursing vacancies of those 159.46 WTE are within the Band 5 Nursing grades.

There were 33.72 WTE leavers in September, of those 12.19 WTEs were Registered Nurses, out of these there were 2.41 WTE where the reason for leaving was unknown. 5.18 WTE's were Medical & Dental staff.

Work continues to support recruitment. Further EU recruitment trips for registered nurses are planned to Romania for December 2015 and January 2016. Plans are being developed for another nurse recruitment trip to the Philippines. The first cohort of recruited Philippine nurses are expected to arrive at the end of March / beginning of April 2016 initially the recruits will be supernumerary and will be given support from the Trust to pass their OSCE test. It is expected that they will receive full NMC registration within 6 weeks of commencement. A further local recruitment campaign is planned for January/ February 2016.

Work is being undertaken on Medical recruitment and each medical vacancy now has a recruitment plan and timescale for recruitment. Discussions have been held with international medical recruitment agencies to support medical recruitment and a number of options are being considered as to how to progress this in a safe and efficient manner. Medical recruitment plans have been presented to Divisional Board meetings this month.

STAFF IN POST:

The staff in post numbers has increased by 8.01 WTE's, of these 2.29 WTE's were Registered Nurses.

VARIABLE PAY:

Variable pay expenditure was £2.8m in October 2015 against a budgeted of £1m. Expenditure has decreased from September 2015 by £0.2m. The five areas with the highest variable pay spend are shown below:

Cost Centre	Department/Ward	October	September	Variance
EH17065	Neurology Medical Staff	89628	30930	58697
EH34053	Stroke Unit	62669	39881	22788
EE17061	A & E Medical - NWK	51194	39527	11667
EC34043	Ward 43 Respiratory	70000	61475	8525
EE17059	Junior Doctor KMH	312143	306245	5898

HEEM

On the 23rd November 2015 HEEM will be carrying out its annual quality inspection visit of multi-professional education and training provision at the Trust. They will be focusing on the following areas:

- Acute Medicine and GP trainees
- Nursing and AHP Practice Development
- Royal College Tutors
- Urology
- Trainer recognition
- T & O journey
- ED
- Nursing re-validation
- Geriatrics and Respiratory recruitment
- Cardiology
- Medical Students teaching session
- Obs and Gynae and Surgery trainees
- Progress on 7 day working

There will be a 'Market Place' event where the Trust has an opportunity to present areas of best practice in education and training to HEEM and will focus on the following areas:

- Preceptorship support for new nurses
- Leadership Development
- Wider Workforce Development
- Professional Practice Development
- Vital Pak/Clinical Pathways
- Library and Knowledge Service
- Hospital at Night
- Pathology

The Director of Post Graduate Medical Education, Deputy Director of TED and Medical Education and Quality Manager have met with each service lead and consultants/trainers to ensure that there are no service issues that are currently occurring that we are unaware of that could impact on the outcome of this visit. Apart from the known issues in ED which are currently being addressed through the bespoke ED support package, no other issues were identified. All trainees/students will also be engaged to prior to the visit again to try and ensure that there are no surprises.

HOTSPOTS AND HEEM ACTION PLAN

The issue remain active and are being monitored and progressed.

- **ED** – separate action plan and support package is now in place. The main issues relate to sustainability of the workforce, high use of locums, interaction with other departments within the Trust, appropriateness of referrals, handover and cultural alignment of the workforce.
- **HCOP and Respiratory** – ability to recruit to substantive consultant positions rather than relying on locums to provide clinical supervision to trainees continues to be challenging. Advertisement for new posts continues.
- **Radiology** – behavioural interactions with junior doctors and ED and the recruitment to substantive consultant post are on-going as two consultants have recently retired from the Trust.
- **Urology** – Although the Trust has assurance that weekend and out of hours cover is in place, trainees continue to report that this is variable and is continuing to be checked at junior doctor forums.

HEEM ED BESPOKE SUPPORT PACKAGE

The Trust is also working with HEEM on developing a bespoke ED support package to help us progress a number of issues relating to developing a sustainable workforce, improving handover and referrals and improving cultural behaviours and interactions with other departments within the hospital. As part of this support package a leadership fellow will be working with the Trust on looking at the referral process. A specialist HR consultant has also been engaged to help us progress this piece of work and to focus on ensuring that we have safe staffing practices.

On 5th October 2015, a joint GMC/HEEM visit took place to review the progress of the ED action plan following their visit in June 2015. The GMC and HEEM recognised the hard work, energy and progress made so far but acknowledged that there is still work to be done. They thought that the new ED trainees junior doctor forums were responsive and functional. They also noted that patient flow

improved. They felt that the ED consultants were fatigued and poorly aligned. The need to recruit permanent consultants was identified as a priority. Continuing issues raised by medicine trainees related to handover, quality of referrals, delay in initiation of treatment and foundation doctors being inappropriately asked for specialty opinion. These issues will be addressed through the HEEM ED support package. HEEM will be revisiting ED on 23rd November 2015 as part of the Trust's annual quality visit.

GMC Survey

In September 2015, the GMC published its annual survey results which is made up from anonymous feedback from trainees, triangulation from HEEM and GP survey results.

The Trust Scores and Rank shows that overall Sherwood Forest Hospitals NHS Foundation Trust is ranked 12th out of the 13 Trusts in the East Midlands. We scored 13th in overall satisfaction, clinical supervision, adequate experience, feedback and local teaching. However, in terms of handover, the Trust was ranked 1st.

The majority of red areas involve ED, acute and general internal medicine and Geriatrics. Whilst highlighting areas of concern, it is difficult with anonymised data to seek out specific issues. It is also possible for a single 'disgruntled' individual to markedly affect the rating for a whole group. These results were discussed at the recent Educational Supervisors Forum and at the Medical Education Managers meeting and disseminated electronically to all Educational Supervisors. Some of the reasons will be e.g. recruitment difficulties in Geriatric Medicine and E D. We will be working with HEEM to address issues especially around ED and Acute Medicine.

UNIVERSITY OF NOTTINGHAM QUALITY VISIT

On the 19th November 2015 the Medical School from the University of Nottingham will be undertaking their annual quality visit of our undergraduate medical education provision. Third, fourth and fifth year medical students, consultants and medical nurse educators will be interviewed from a variety of specialities.

From the last visit in November 2014 the Trust received excellent feedback on this provision and no recommendations for improvements were identified.

MANDATORY TRAINING:

The overall percentage of staff completing Mandatory training in October has increased by 1% to 81% from the September figures. The target is set at 92% with a 2% tolerance.

EMPLOYEE RELATIONS CASES (key UHR = underlying health reasons)

	Open	Closed in October 2015
Capability No UHR	1	2
Capability UHR	5	0
Disciplinary	15	4
Flexible Working	0	0
Further ER Stages	1	0
Grievance	1	0
Harassment	6	1

RECRUITMENT UPDATE

Recruitment Activity

The number of vacancies advertised increased in October compared to September from 34 to 72. The main increases are in Nursing, Medical and Admin roles.

Staff Group	May15 Adverts	Jun15 Adverts	Jul15 Adverts	Aug15 Adverts	Sep15 Adverts	Oct15 Adverts
Additional Clinical Services	8	6	6	11	1	4
Professional Scientific & Technical	6	1	4	1	2	1
Administrative & Clerical	23	18	26	26	4	21
Allied Health Professionals	3	7	4	12	4	3
Estates & Ancillary	0	0	0	0	1	0
Healthcare Scientists	1	2	6	2	2	0
Medical & Dental	11	14	17	28	7	21
Nursing & Midwifery Registered	16	12	26	18	13	22
	68	60	89	98	34	72

Vacancy Control

Vacancy Control measures were put in place in September 2015. The executive panel meets weekly to review all request submitted to cover all workforce vacancies. There have been 237 requests reviewed by the panel to date. Some requests do not require advertising as they are extensions to existing arrangements or additions to previous recruitment activity.

	Sep-15	Oct-15	Nov-15
Total Requests	61	118	58
<i>Approved</i>	54	98	50
<i>Approved with Modification</i>	6	15	3
<i>Deferred</i>	1	5	5
<i>Rejected</i>	0	0	0
Perm or FTC	23	78	30
Temporary (Bank or Agency)	38	40	28
Corporate	10	20	13
D&R	36	32	20
ECM	5	28	10
PCS	10	38	15

Recruitment Team Performance

The Recruitment Team has suffered with a number of vacancies which meant reorganising work within the team. This has resulted in an increase in overall time to hire as the team absorbed the work. Following the appointment of a new Recruitment Manager, the team is now reviewing all processes in line with local and regional streamlining targets. New starters have joined HR and the team is now fully established, so pressure will reduce and work is being done to bring all activity back with agreed KPIs.

THEMATIC ANALYSIS

NATIONAL LIVING WAGE (NLW)

The NLW will replace the existing national minimum wage for all workers aged 25 years and over and will take effect from April 2016. This is compulsory and the rate is initially set at £7.20 per hour from April 2016 to rise to £9.00 per hour by 2020.

Within SFHT the bottom of band 1 is £7.72 per hour which is higher than the rate required, so in terms of the workforce the Trust is compliant.

The only staff group to be affected are Modern Apprentices in year 2, who are over the age of 25 years. The Trust currently employs 12 Modern Apprentices and this will only impact one apprentice. The Trust will need to ensure that it complies with the legislation for all new apprentices taken on over the age of 25.

Bank and substantive roles are paid at an equivalent rate of pay for the role.

From 2020 there is a proposed increase to £9.00 per hour for the National Living wage. This is more likely to have an impact for the Trust but a full analysis cannot be made as there is no clarity regarding pay awards going forward, as this is subject to national negotiation but the Trust will be required to comply. National pay negotiations will take this into account.

The approximate cost resulting from the 2020 increase to £9.00 per hour would result in an increase of £1.2m on salary costs. This calculation does not include the increased costs for Bank staff as it would be difficult to predict the hours paid to this group. Based on our current staffing levels the change would affect approximately 1500 employees on Grades 1 and 2, with 600 of these being Bank staff. This example assumes that pay rates remain static and is on basic salary alone without any enhancements.

Failure to comply with the legislation will result in employers being fined 200 per cent of unpaid wages up to a maximum of £20,000 per unpaid worker. *(Information sourced by SFHT Finance Dept)*