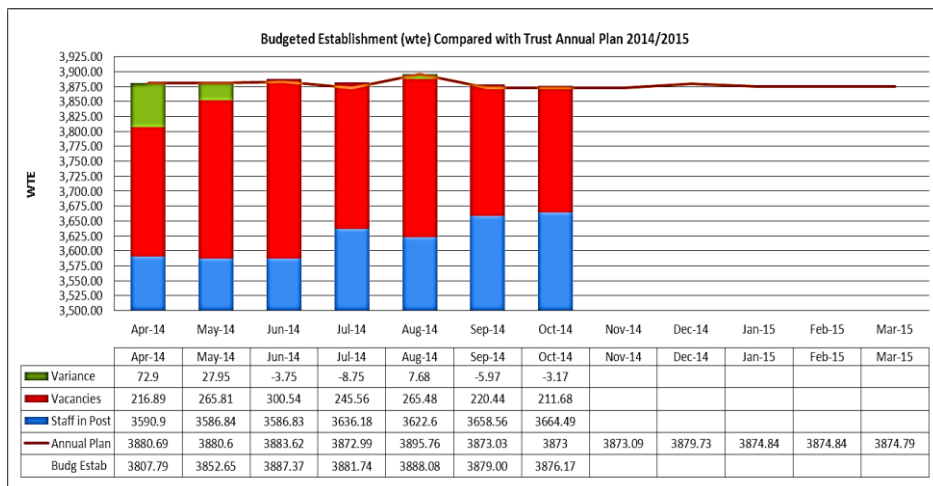


Board of Directors – November 2014
Workforce Report – October 2014 Position

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



Budgeted Establishment:

- At the end of October 2014 **budgeted establishment was 3876.17 wte's** which is broadly comparable to the September position.

Staff in Post:

- Staff in post for October 2014 was 3664.49 wte's** which was an increase of 5.93 wte's.
- Medical & Dental vacancies remain a challenge for the Trust with international options being utilised for hard to fill areas.

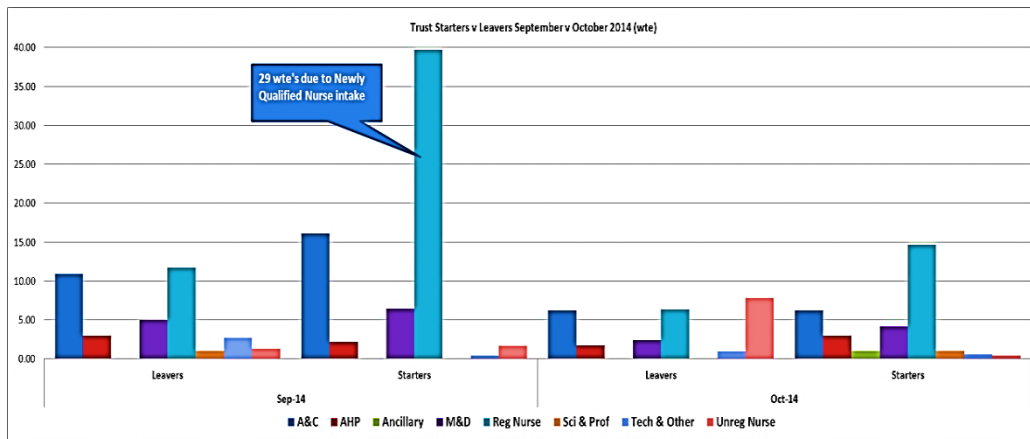
Vacancies:

- The Trust's **vacancy position** has decreased in October 2014 to **211.68 wte vacancies** from 220.44 wte's vacancies in September 2014.
- The **vacancy rate** now stands at **5.46%** compared to 5.68% in September 2014.
- The Registered Nursing staff group has the highest vacancy rate with 60.87 wte vacancies at the end of October.
- Medical & Dental vacancies have reduced to 15 wte's, there are a number of recruitment initiatives taking place to fill medical vacancies that are currently being funded from variable pay. Work is being undertaken to transfer this to fixed pay.

Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group

Staff Group	Vacancy Rate	Number of Vacancies
Admin & Clerical	6.07%	56.29
Allied Health Professionals	-3.06%	-5.60
Ancillary	-15.97%	-6.48
Medical & Dental	3.45%	15.15
Registered Nurse	4.89%	60.87
Scientific & Professional	5.05%	10.34
Technical & Other	12.35%	30.43
Unregistered Nurse	8.60%	50.69
Grand Total	5.46%	211.68

2.0 Recruitment

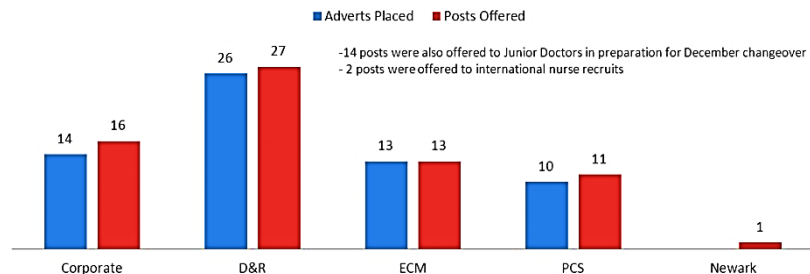


International Recruitment of Registered Nurses

The Trust has now taken the decision to appoint international recruits as Health Care Support Workers with evidence of their preregistration pin numbers. This will improve attrition rates and provide new recruits with an enhanced induction period. This will also reduce supernumerary periods once pins have been received and helps the Trust in managing the Health Care Support worker vacancies.

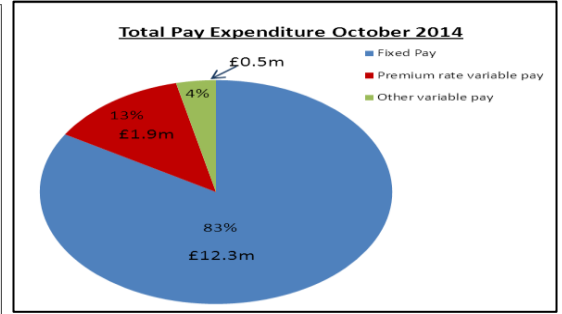
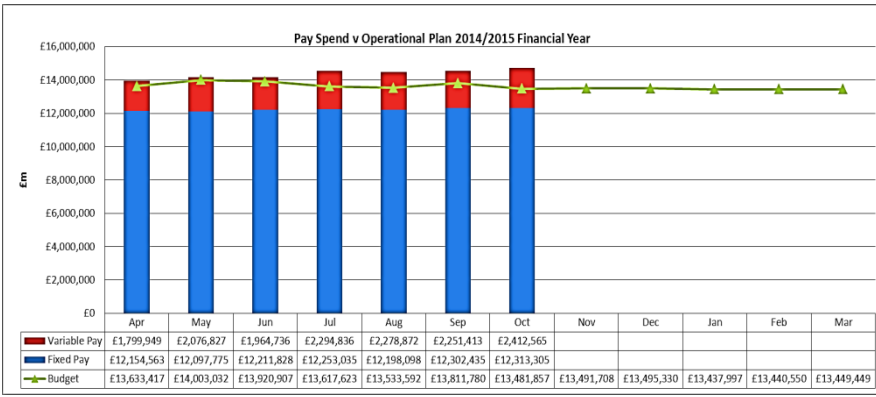
- 63 adverts** were placed throughout October, compared to 60 in September.
- 84 posts** were offered to candidates throughout October, this compared to 90 posts in September. 14 posts have been offered to Junior Doctors for December changeover.
- At the end of October there were **200 candidates within the recruitment system** compared to 195 in September 2014, **22** of those candidates had breached the 3 week pre-employment check target **11%** compared with 13% in September 2014.
- Reasons for breaches with regards to pre-employment checks were delays in receiving references and candidates providing proof of DBS clearance.
- Recruitment are now preparing for the Junior Doctor changeover in December, 14 posts have been offered.
- An additional Admin & Clerical Band 3 post has been agreed to focus on international recruitment for Medical staff to support the recruitment process.

Recruitment Position - October 2014



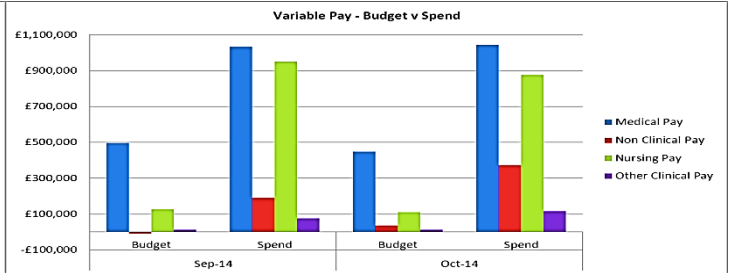
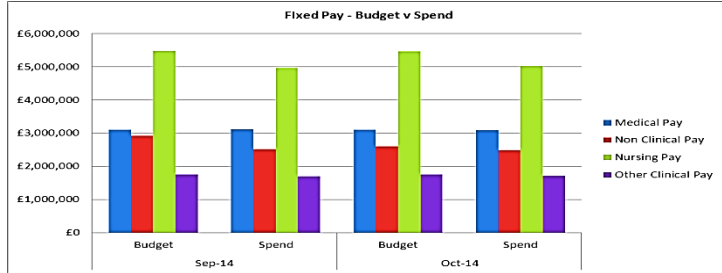
- All Nurse Recruitment is being dealt with by one member of staff in the recruitment team which has improved processes.
- The Open Day on the 1st November recruited **7 Registered Nurses**
- Recruitment for Registered Nurses is taking place in Rome & Athens on the 17th & 18th November. It is expected that 25 candidates will be interviewed.
- The Trust is working with an external marketing company to develop the Trust's recruitment brand, this will be launched in the 1st quarter of 2015.
- The Recruitment team are participating in the East Midlands Streamlining Programme, the group is working towards streamlining recruitment processes.

3.0 Pay Spend – Source Financial Ledger

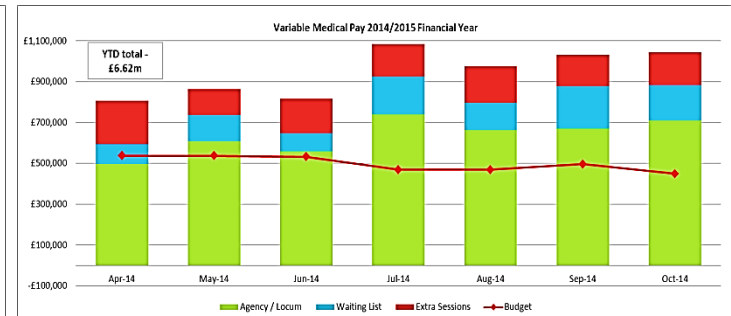
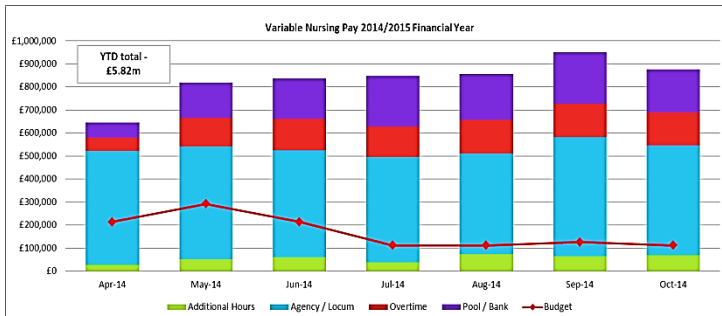


Premium rate VP – Agency, locum, overtime, waiting lists
Other VP – Additional hours, extra sessions, pool & bank

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

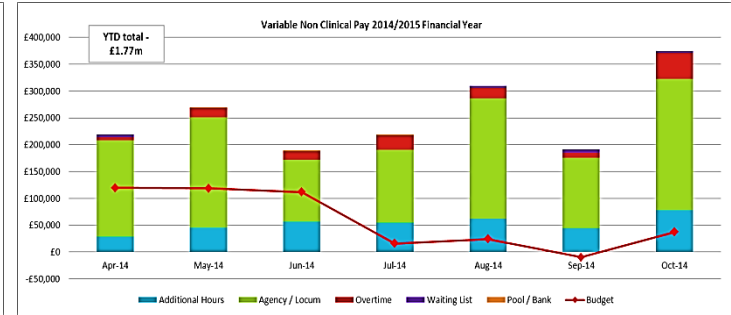
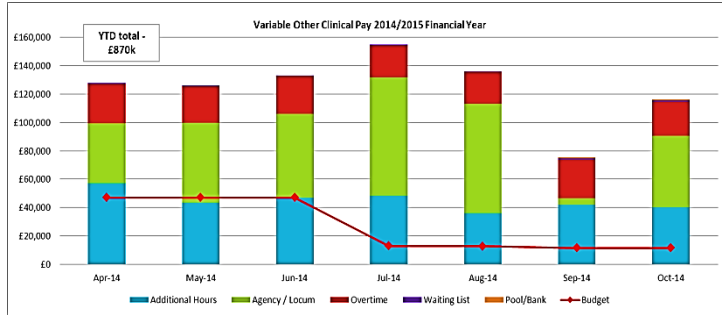


- Pay budget for October was **£13.54**, with pay spend totalling **£14.72m** this meant a **£1.18m overspend** in month.
- Fixed Pay was **£12.31m** in October *underspent* by £619k, fixed pay increased for another month by £11k.
- Variable Pay remains at an unacceptable rate of **£2.41m** in October, compared to **£2.25m** in September. Despite the decrease the Trust continued to *overspend* on variable pay by **£1.8m**.
- The top 3 areas for variable pay spend were:
 - **A&E Medical** – Due to covering 5 Consultant and 9 Middle Grade vacancies. International recruitment is being undertaken to reduce spend. The department has two Specialty Locum Doctors who are serving 4 month supernumerary periods, the impact of this will be seen during January & February.
 - **Junior Doctor KMH** – The Trust has a known cost pressure for four extra Juniors in T&O and General Surgery to enhance the quality of the training. Extra cover has been utilised due to the pressures within ED.
 - **Service Improvement** – Variable pay will be transferred to fixed pay in November, 9 interims were in place and this has now been reduced to 2. The project has now recruited to 6 substantive positions with 4 currently being shortlisted for.



Nursing VP – Totalled £877k in month a decrease of £74k when compared with September 2014. The bank spend reduced by £38k and agency reduced by £42k. NQN's recruited in September have served a 4 week supernumerary period and therefore it is predicted that nursing variable pay will reduce in November.

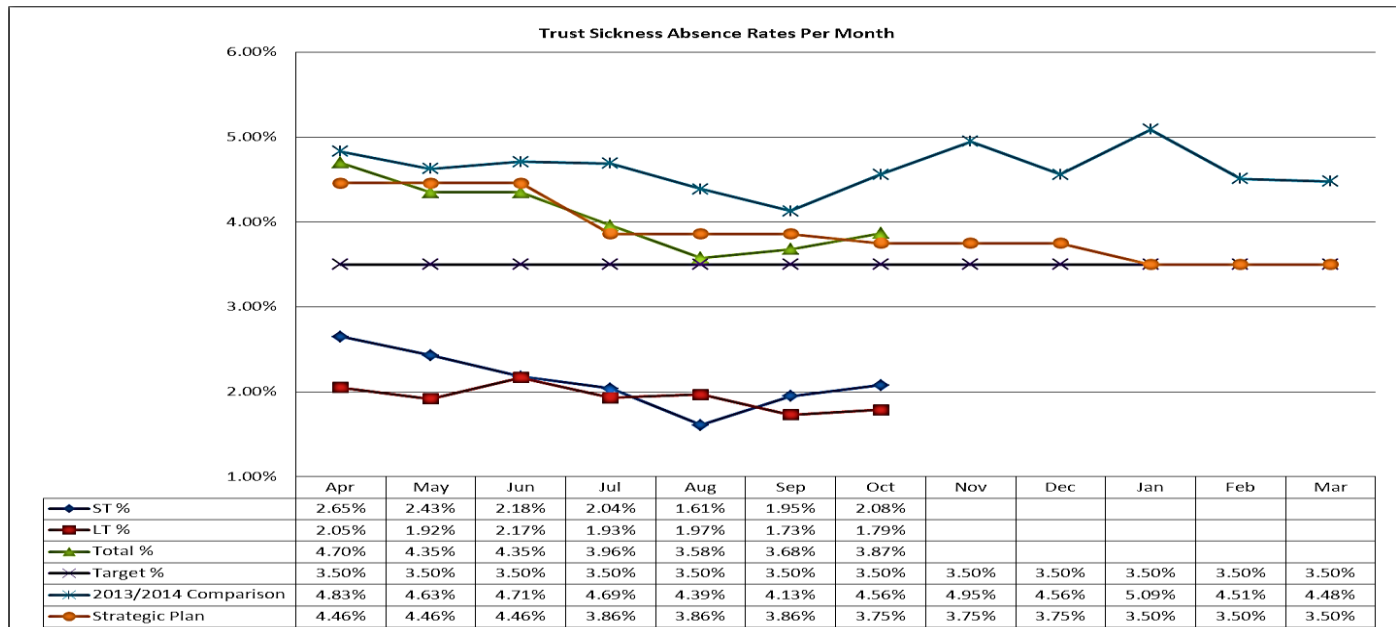
Medical VP – Totalled £1.04m in month which, an increase of £11k. Agency spend is driving variable pay. The Trust has a high number of vacancies which are being funded via variable pay, as they are recruited to the funds will be transferred into fixed pay. Vacancies will also be funded by reducing existing substantive Consultants additional PA's. WLI decreased as planned by £33k.



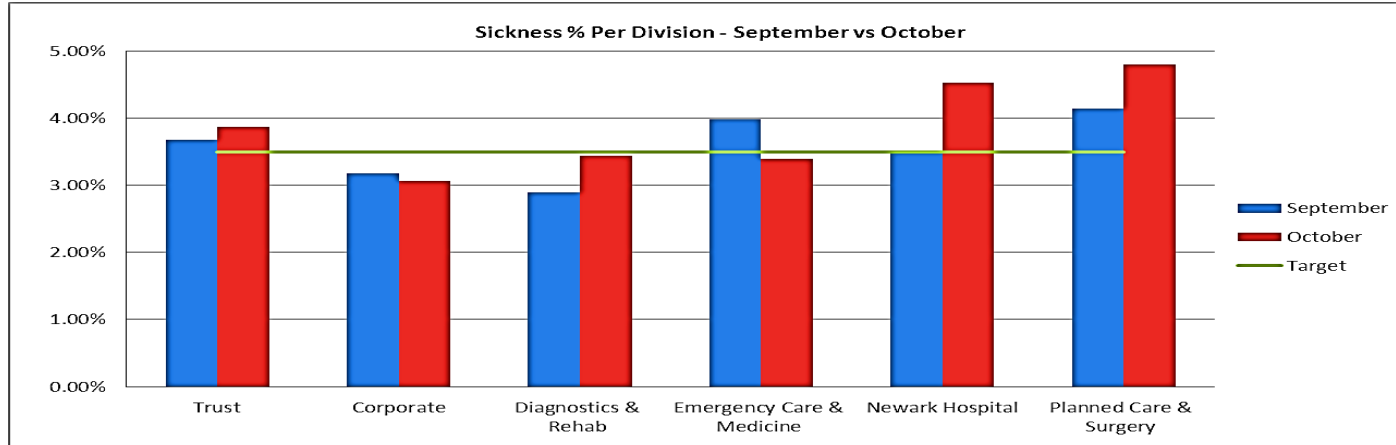
Non Clinical VP – Totalled £374k in month which was an increase of 183k, this is due to difficulty in recruiting substantive project management resources and increased resources due to the implementation of the new Medway PAS system.

Other Clinical VP – Totalled £116k in October compared with £75k in September, £34k of the increase is due to utilisation of Agency staff in Radiography & Ultrasound to cover a vacancy and to support increased activity.

4.0 Sickness Absence – Source ESR



- **Sickness absence** increased in October to **3.87%** compared with 3.68% in September 2014.
- Sickness absence compared with 2013/2014 financial year positively continues to track below the trend, the focus will be to maintain this to the end of the financial year. The year to date sickness rate stands at 4.07% compared with 4.56% in the same period last year.
- In October there were 551 **episodes** of sickness absence, this compares to 511 in September 2014.
- **4376.93 working days** were lost due to sickness absence in October 2014, this compared to 4002 working days in September.
- The HR department are proactively reviewing 20+ days absence on a bi weekly basis to ensure that cases are being managed effectively in order to reduce long term sickness absence.
- Assistant HR Business Partners are meeting with all managers to review individuals who have triggered the new Sickness Absence Policy and supporting actions to address issues.
- Focus is being maintained on the new Sickness Absence Policy during the Winter months.



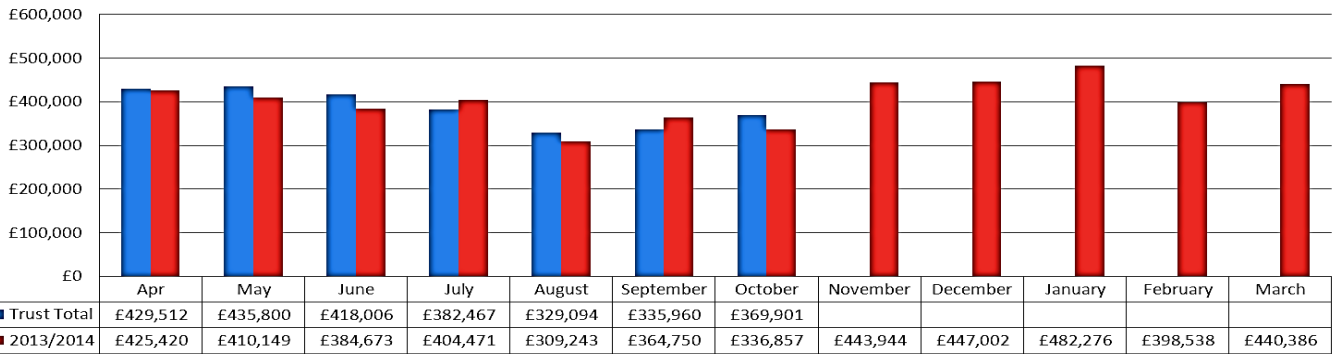
Emergency Care & Medicine have improved their sickness position in October 2014, with the main area of improvement being within PPC due to a new manager in place who is proactively managing sickness absence. Sickness absence rates also decreased in the Corporate areas during October.

PCS, D&R and Newark showed an increase in sickness absence rates in October with further work being undertaken to address issues, D&R are reviewing sickness absence cases at each confirm & challenge meeting that is taking place, PCS have action plans in place for each long term sickness case where either return to work dates are planned or capability hearings have been arranged. Newark's sickness rates are being reviewed with individual managers in conjunction with the Assistant HRBP.

Planned Care & Surgery – a focused piece of work is being completed with Maternity & Gynae to understand further the issues with sickness absence. Areas that have increased sickness absence in month are being reviewed in the divisions and action plans are being developed. Staff uncertainty with the ward configuration may have contributed to sickness levels.

Department	FTE Days Lost	Absence Reason
Theatres KMH	300.12	Back problems
Maternity	223.96	Genito & Gynae
Ward 21	120.04	Anxiety/stress/depression
Ward 25	101.64	Nervous system disorders
KTC - Nursing Staff	101.96	Other known Causes

Cost of Sickness Trust Total (comparisons between financial years)

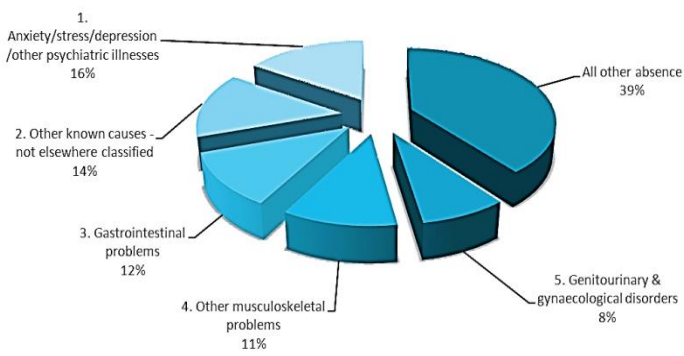


The cost of sickness absence was £369k in October 2014. The year to date cost stands at £2.62m, the cost in the same period last year was £2.63m.

Trends & Themes

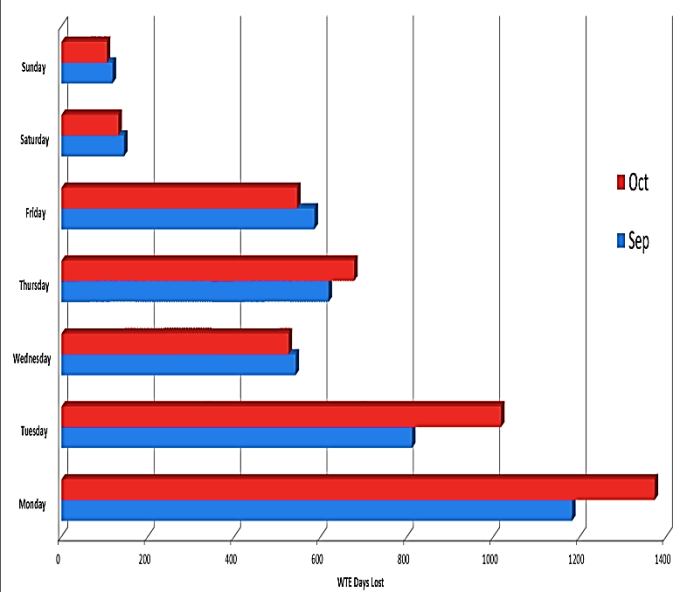
- Monday has been the highest first day absent for every month of the financial year, with working days increasing significantly on Monday's and Tuesday's, 35% of Mondays being the highest first day absent was due to the Admin & Clerical staff group.
- So far the Trust has lost 8.55 working days per employee between April and October 2014, this compares with 9.98 working days lost in the same period of the 2013/2014 financial year.

October Top 5 Sickness Absence Reasons - compared to all other absence



Anxiety/stress/depression related illnesses have been the highest sickness absence reason for each month of the 2014/2015 financial year. There are a number of focus groups being arranged throughout November and December to understand the reasons behind anxiety/stress/depression related illnesses and to develop initiatives and interventions. Other known causes continues to be an absence reason that is used when entering absence onto the system and managers are reminded on a monthly basis to avoid using 'unknown causes' and 'other known causes'.

Highest First Day Absent - Sep-Oct Comparison



Sickness Absence Policy – Implementation Review

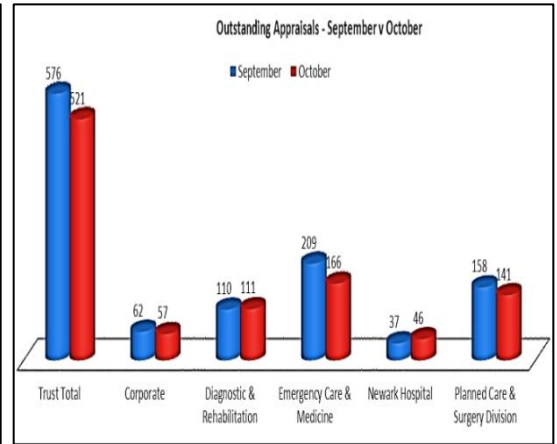
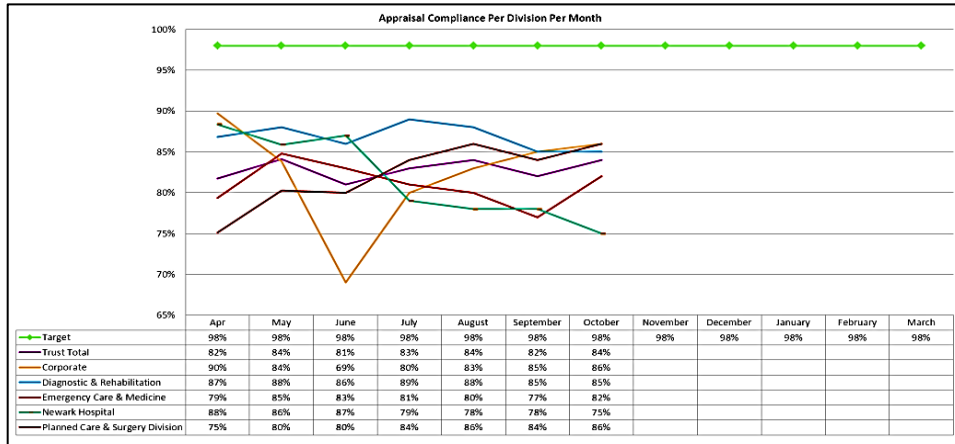
Whilst plans are being made for a full audit in each quarter to measure the implementation of the Sickness Absence Policy, the HR Department have undertaken a review based on quarter 2 information to determine whether those staff who have triggered the Trust's Sickness Absence Policy are being managed appropriately. The below outlines the number of episodes of triggers in quarter two:

No of Triggers Per Month	Qtr2			
	Jul-14	Aug-14	Sep-14	Total
2 Episodes in 6 Months	153	146	160	459
15 Days +	144	132	123	399

The review found, based on the files that were reviewed the Trust was on average 50% compliant with the policy. Assistant HR Business Partners have been working with the managers who's areas were audited to feedback the results and outline areas for improvement. The following actions are also being undertaken as an outcome of undertaking the review:

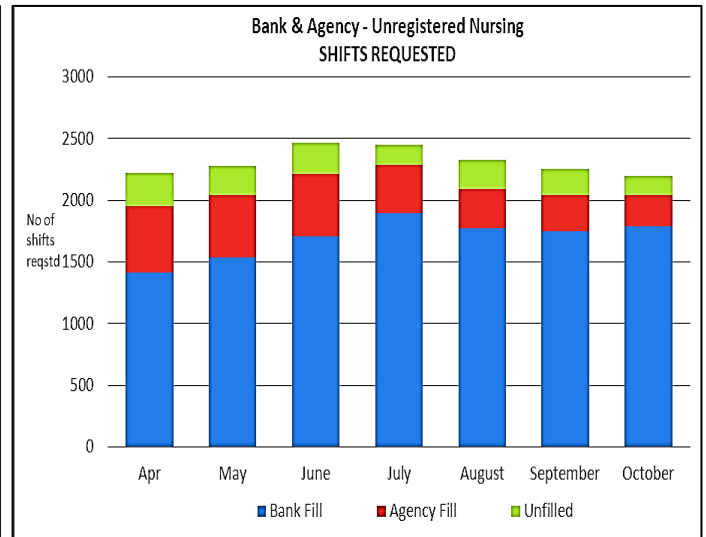
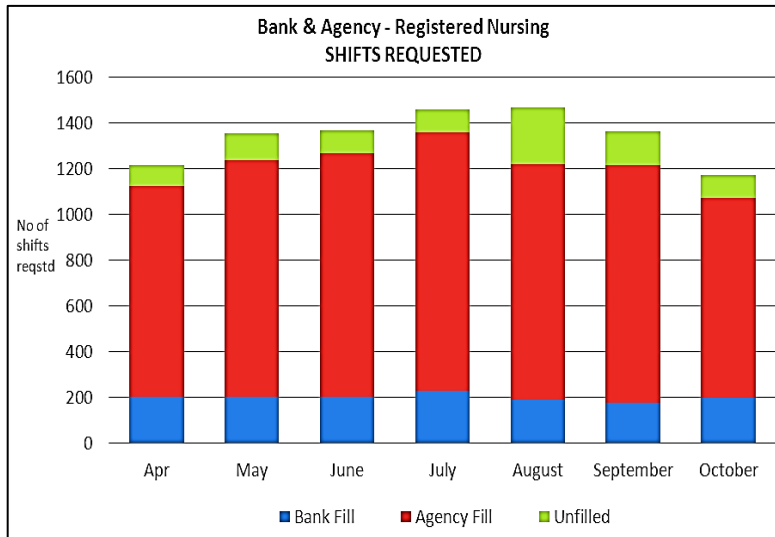
- Managers should take the responsibility of implementing the new Sickness Absence Policy within their departments
- The 'Reporting Sickness & Contact Form' should be amended to prompt managers to correct staff and record discussions of not reporting sickness absence appropriately in line with policy.
- HR need to publicise and reinforce to managers that the forms and documentation launched alongside the new policy should be used – they prompt and guide managers into taking appropriate action. A consistent approach needs to be taken for paperwork.
- Managers must use the supporting documentation launched alongside the Sickness Absence Policy to ensure compliance with each stage in the policy.
- Managers need to ensure that documentation completed is placed on the personal file for evidence when managing future episodes of absence.
- HR should work with each area that was audited to coach managers on implementing the policy correctly within their departments.

5.0 Agenda for Change Appraisal Compliance



- Appraisal compliance **increased by 2%** in October 2014 to **84%**. The 98% compliance target is still being driven, with regular reminders being sent to managers on the number of outstanding appraisals within the divisions.
- There are now **521 appraisals outstanding** compared with 576 in September 2014.
- Improvement has been recognised within Emergency Care & Medicine and Planned Care & Surgery, with Newark decreasing compliance rate in month.
- A review of the data quality is currently being undertaken with the top 5 areas of non compliance with the 98% target and this will be reported back to the Workforce Committee.
- Action plans are being put in place for the divisions where some managers are delegating responsibilities to ensure completion. Feedback from the divisions identifies that operational pressures are affecting completion.

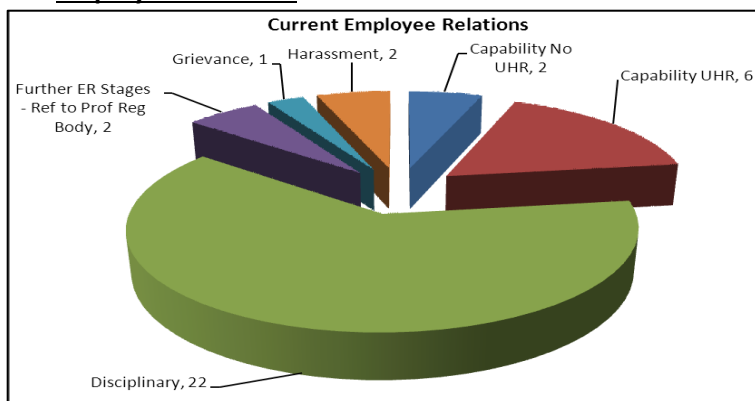
6.0 Nurse Bank



The number of requested shifts requested reduced for a consecutive month in October 2014. For Registered Nurses the Trust continues to rely heavily on agency staff to fill vacant shifts although the number of Registered Nurse shift requests reduced by 190 requests. For the Unregistered Nursing staff group the Trust positively for another month has increased its reliance upon the bank and reduced agency which is attributable to the recruitment drive for Unregistered Nurses to the Trust's Bank, a further 25 Bank Health Care Assistants were appointed during October with pre-employment checks currently being undertaken.

The new process for out-of-hours Agency Bookings via the Duty Nurse Managers is progressing and refinement continues. Scoping has also commenced to review the benefits of using a Tiered Provider or a Master Vendor for the booking of Agency Staff via the HTE framework. Work continues on promoting the efficient utilisation of Nurse Bank so that benefits are maximised.

7.0 Employee Relations



There are currently 22 on going disciplinary cases at the Trust, these are cases that are currently under investigation or are due to go to disciplinary hearing.

The HR team review employee relations cases on a weekly basis to ensure cases are being progressed in a timely manner.

There are 6 cases that have currently been referred to capability hearings due to an underlying health reasons.

8.0 HR Update

8.1 EAT Judgement on Overtime & Holiday Pay Calculations

The EAT judgement *Fulton v Bear Scotland Limited* and *Wood v Hertel (UK) Limited*, delivered on 4 November 2014, confirmed that non-guaranteed overtime pay should be included in calculation of a worker's holiday pay.

To help NHS organisations, NHS employers have worked with Capsticks to produce guidance on the implications of ET decisions for the NHS. The guidance examines whether holiday pay should be calculated using basic salary only, or whether 'additional payments' should also be included, and if additional payments should be included, which ones.

The Trust has received a letter from the BMA asking the Trust to confirm when backdated payments will be made and how these will be processed. The Trust is seeking further legal advice and a coordinated response regionally is being put together.

8.2 Industrial Action – 24th November 2014

The dispute over the 2014/2015 pay award between the government and Trade Unions continues. Staff Side plan further strike action week commencing 24th November 2014. A four hour stoppage will take place between 7am-11am on Monday 24th followed by a week of work to rule.

The Trust continues to work closely with its staff side representatives to ensure that the impact to services across the Trust is mitigated.

Key principles of recent industrial action will apply for the week commencing 24th November 2014.

Quarter 2 - Sickness Absence Implementation Review

Sickness Absence Policy Audit	Triggered		Absence Correctly Reported Correctly?		Fit Note submitted in line with 3 calendar days timescale? (8th Calendar Day)	Was the sickness absence recorded correctly on ESR/E-Rostering?	Return to Work Interview completed?			Trigger identified by manager?	Sickness Review Meeting taken place?				% Compliance with Policy
	2 separate occasions in a 6 month period	1 occasion of 15 calendar days	Was the absence reported correctly?	Was the 'Reporting Sickness & Contact Form' completed?			Was a RTW completed ?	Held within 48 hour timescales ?	RTW Form Completed correctly?		Was the invite sent giving employee 7 calendar days notice?	Held within timescales of 14 calendar days?	Documentation complete?	Targets set?	
Corporate															
Finance		x													25%
SP & CD	x				N/A										55%
NHIS Desktop Support	x				N/A										64%
					N/A										90%
					N/A										82%
Diagnostics & Rehab															
KTC Nursing Staff		x													17%
KTC Nursing Staff	x														17%
					N/A										9%
PPC KTC	x														75%
															100%
Emergency Care & Medicine															
Cardiorespiratory Technical	x				N/A										18%
					N/A										64%
Ward 33	x				N/A										66%
															58%
EAU	x				N/A										45%
															58%
Newark															
Outpatients Newark		x													17%
PPC Newark	x														58%
					N/A										9%
PPC Newark	x				N/A										55%
					N/A										73%
Planned Care & Surgery															
NICU	x														17%
					N/A										18%
Ward 25	x				N/A										82%
															83%
Intensive Therapy Unit	x	x											N/A	N/A	80%
					N/A										56%
% Compliance per stage			33%	40%	58%	93%	74%	51%	59%	68%	43%	31%	25%	25%	

Average compliance 50%

