

Human Resources - Quarterly Workforce Report

Quarter 2 – 2014/2015 Financial Year

Board of Directors Meeting – 30th October 2014

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1.0 Introduction & Summary

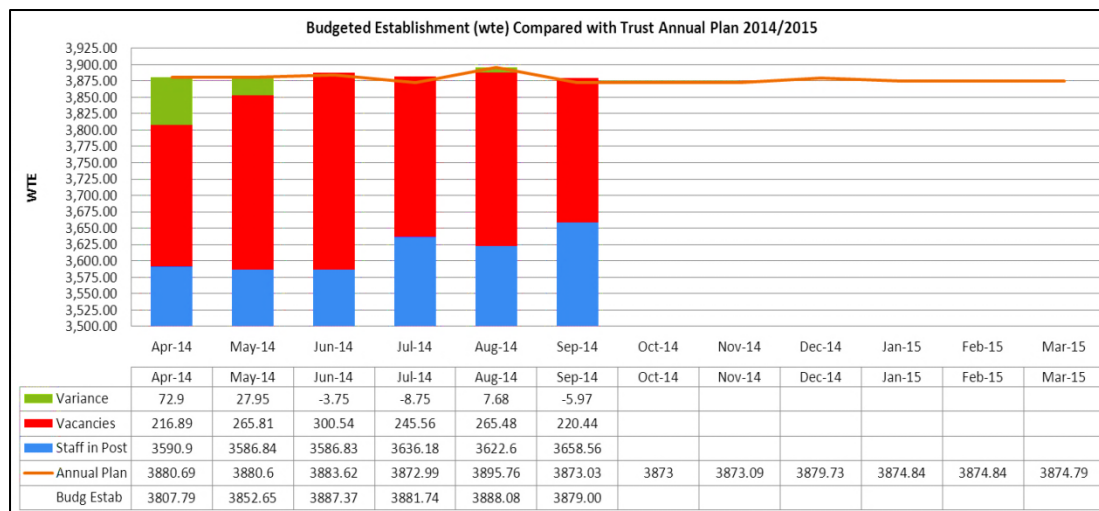
This report focuses on the key performance indicators for the Trust's workforce which are monitored monthly and quarterly, this report presents the quarterly position for the Trust specifically July, August and September 2014. The report is presented by Karen Fisher, Executive Director of Human Resources and has been written and prepared by the Workforce Information Manager with the support of the Deputy Director of HR, along with other relevant leads within the HR function.

The report contains the Trust position for establishments, staff in post, fixed and variable pay, sickness absence and appraisal information. There are other information streams that aim to compliment the workforce information provided and to update the Board of Directors on the Trust progress against the key HR targets.

Headlines

- At the end of September 2014 the Trust **budgeted establishment** stood at **3879.00**, which was a marginal decrease due to the transaction of CIP into the divisional budgets.
- **Staff in post** has increased in quarter 2 by 71 wte's with the staff in post at the end of September standing at 3658.56, it is anticipated that this will increase further in quarter 3 due to the recruitment initiatives that are taking place for Registered Nurse recruitment and Medics.
- The **vacancy rate** has decreased in quarter 2 to 5.68%, this is due to an increase in staff in post and CIP's being transacted as described above.
- **Total Pay** increased by £1.27m to £43.57m in quarter 2, fixed pay and variable pay has increased in the quarter. Central reserves and facilities figures have not been accounted for within these numbers. Pay has been significantly overspent for each month of quarter 2.
- **Fixed pay** totalled £36.75m in quarter 2 an increase of £346k. The increase is reflective of the increased staff in post and recruitment that has been taking place.
- **Variable pay** continues to remain high for the Trust totalling £6.83m in quarter 2 compared with £6.1m in quarter 1, the main pressures for variable pay is within the nursing and medical staff groups.
- **Recruitment activity** has decreased during quarter 2 due to the changeover for junior doctors being completed. A total of 175 adverts were placed onto NHS jobs in quarter 2 compared with 162 adverts in quarter 1. There were 295 offers of employment made in quarter 2.
- **Turnover** increased in quarter 2 which was attributable to the junior doctor changeover in August, turnover increased to 1.61% compared with 0.66% in quarter 1.
- **Sickness absence** at the end of quarter 2 stood at 3.74%, this is a decrease of 0.72% from quarter 1, the reduction has taken place since the launch of the new Sickness Absence Policy in July. The **cost of sickness absence** in quarter 2 was £1.04m compared with £1.2m in quarter 1. The Trust is confident that long term sickness absence is being managed appropriately with the HR department reviewing long term sickness cases on a bi weekly basis.
- **Appraisal compliance** has improved by 1% within the quarter with the 98% compliance target continuing to be driven within the divisions. Areas with high numbers of outstanding appraisals are being contacted directly.
- **Mandatory training** for the Trust stood at 78% at the end of quarter 1 with an increase to 80% at the end of quarter 2.
- There were 37 on-going cases for **employee relations** at the end of quarter 1.

2.0 Budgeted Establishment, Staff In Post and Vacancies – Source ESR & Integra (Finance System)



Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group	Q1 (ave)	Q2 (ave)
Admin & Clerical	11.68%	5.04%
Allied Health Professionals	7.36%	1.17%
Ancillary	-7.42%	-10.25%
Medical & Dental	8.13%	3.74%
Registered Nurse	15.47%	8.49%
Scientific & Professional	3.95%	2.60%
Technical & Other	3.59%	5.85%
Unregistered Nurse	12.53%	9.52%
Grand Total	6.71%	6.28%

1. The above chart shows the Trust position for staff in post and vacancies against the Trust's annual plan for the 2014/2015 financial year. Budgeted establishment is shown in the table.

2. The above table shows the vacancy rate comparisons between quarter 1 and quarter 2.

Budgeted Establishment

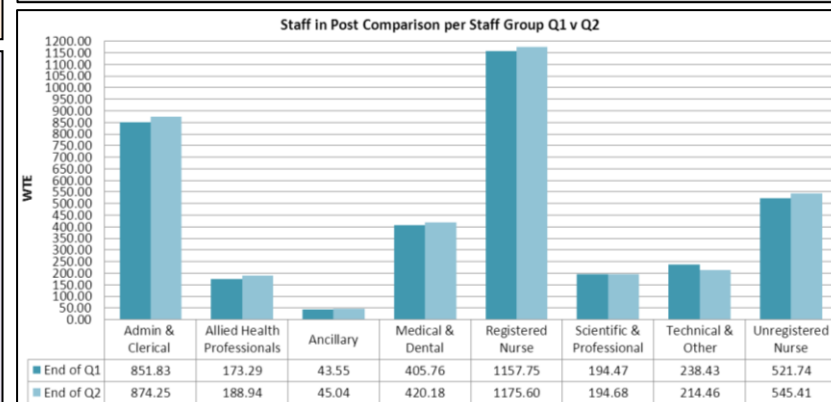
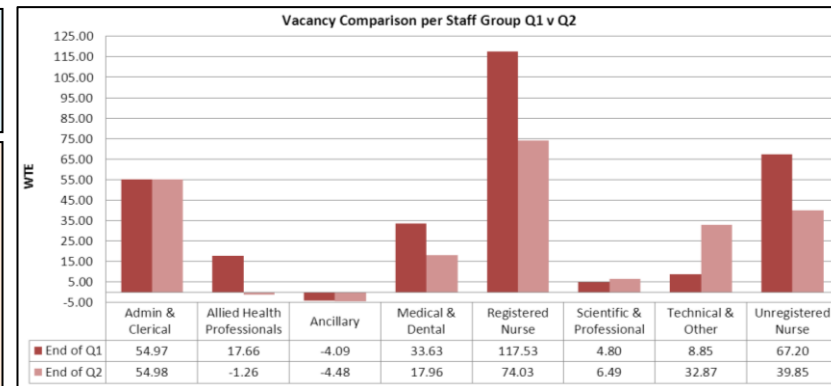
- Establishment was 5.97 wte's above annual plan at the end of quarter 2
- Establishments decreased by 8.37 wte's in quarter 2 bringing the closing establishments to 3879.00 wte's.

Staff in Post

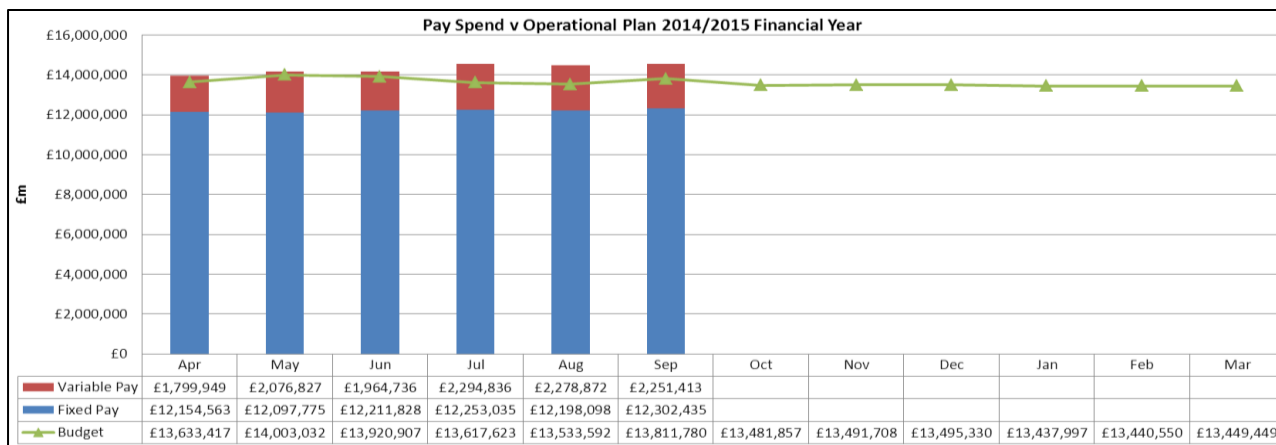
- Staff in post increased by 71 wte's in quarter 2, with 29 wte increase being due to the Newly Qualified Registered Nurse intake. The Trust had originally anticipated that 51 NQN's would join the Trust, however attrition rate was higher than expected due to delays in receiving pin numbers and competition from other Trusts with candidates accepting multiple posts and declining offers at late notice.
- The Trust has had 6 international Registered Nurse starters in Q2 bringing the total to 27 since January 2014.
- From the beginning of the financial year the Registered Nurse staff in post has increased by 16.82 wte's and the Medical staff in post position increasing by 11.32 wte's.

Vacancies

- The vacancy rate at the end of quarter 2 was 5.68% with 220 wte vacancies at the end of September, this compared to 7.73% in quarter 1.
- The decrease in the vacancy rate is attributable to the increase in staff in post position and due to cost improvement establishments being transacted within quarter 2.
- In quarter 2 the Registered Nurse staff group saw a decrease in vacancies of 43.5 wte's, 17.85 wte's are attributable to an increase in staff in post with the remainder being attributable to transaction of cost improvement plans in unidentified CIP and in non-ward based areas. Quarter 1 showed an increase in Registered Nurse establishments and vacancies due to the Keogh investment being funded into divisional budgets.

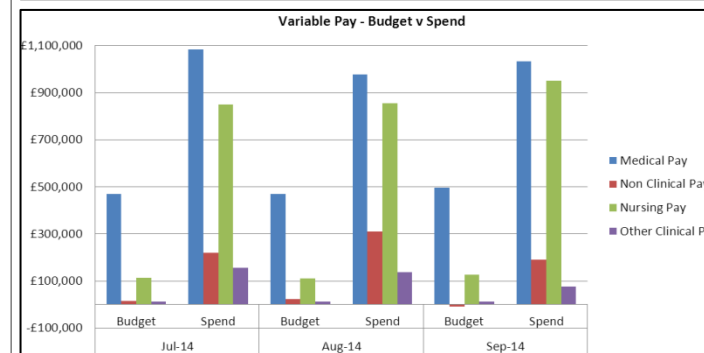
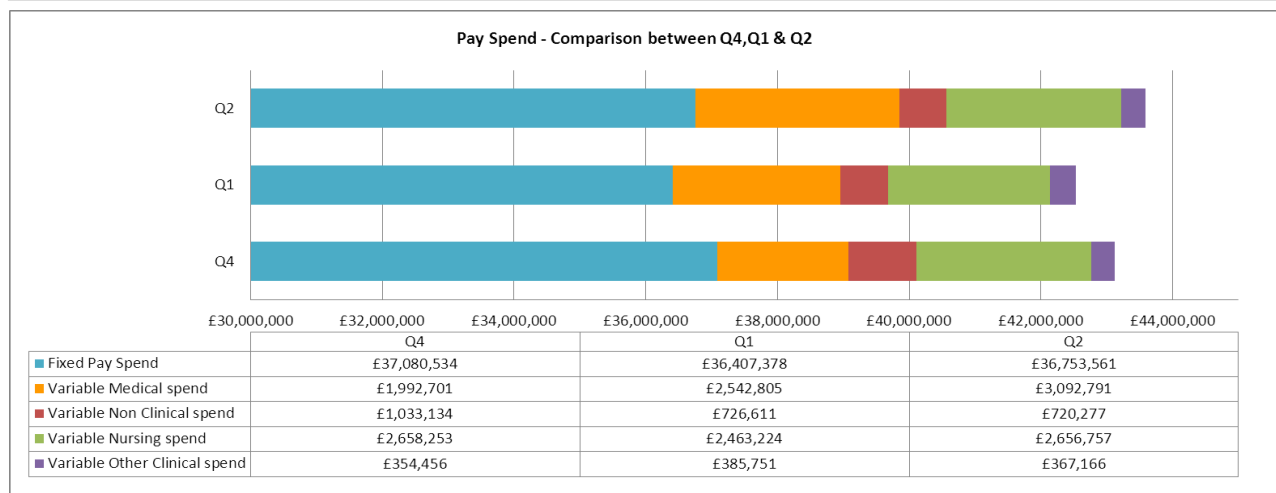
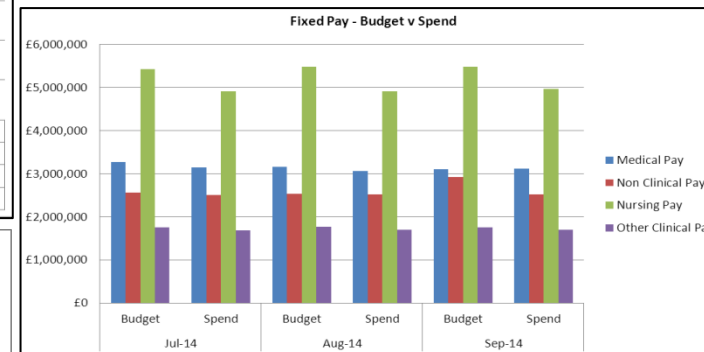


3.0 Pay Spend – Fixed and Variable Pay – Source Integra (Finance System)



1. The adjacent chart shows pay spend for July, August and September against the operational plan for the 2014/2015 financial year. **The figures do not include reserve funding or Facilities pay spend.**

2. The below charts show break down of fixed and variable pay spends.



Pay Spend

- **Pay spend** totalled £43.57m in quarter 2, this compared to a £42.3m spend in quarter 1, an increase of £1.27m.
- **Pay budget** for quarter 2 was £40.96m, this meant a £2.61m overspend which compared to a £748k overspend in quarter 1.
- **Fixed pay spend** increased in quarter 2 to £36.75m which is reflective of the increased staff in post position, fixed pay does remain underspent.
- **Variable pay spend** increased to £6.83m in quarter 2 which compared to £6.1m in quarter 1 a £718k increase. The above pay spend comparison identifies that the increase is within Medical and Nursing staff groups. The top 3 areas for variable pay spend since April 2014 are:
 - **Junior Doctor KMH** - £1,171,447 – In the first quarter of the year this spend was attributable to training doctor vacancies, the impact was seen across a number of specialties. The rotation in August saw a decrease in variable pay by £124k as there were less vacancies as a result of the changeover. There is also variable pay spend for Junior Doctor KMH attributable to Middle Grade and Locum Consultant cover (£430k).
 - **A&E Medical** - £886,561k – There has been a high number of vacancies amongst the Medical staff in A&E for Middle Grade and Consultant levels which have been backfilled by use of agency and existing staff to cover the gaps in the rotas.
 - **KMH Emergency Assessment Unit** - £451,442 – The Emergency Assessment Unit has been running on an average of 15 wte vacancies of Registered and Unregistered Nurses since the beginning of the financial year, to mitigate this the department has been relying upon agency staff to cover the vacancies, this has resulted in a significant variable pay spend.

4.0 Recruitment

Recruitment Team Update – (Source NHS Jobs)

Below highlights the recruitment activity that took place within quarter 2, with a comparison to quarter 1:

Posts Offered in Q2

Division	Q1	July	Aug	Sept	Q2
Corporate	186	25	18	18	61
Diagnostics & Rehabilitation	81	17	17	30	64
Emergency Care & Medicine	56	7	9	12	28
Planned Care & Surgery	43	18	22	26	66
Newark		2	0	0	2
Medical Staffing (Junior Doctors)	119	68	4	2	74
GRAND TOTAL	485	137	70	88	295

Quarter 1 had particularly high activity due to the Junior Doctor changeover in August; quarter 2 has seen a reduction in recruitment activity because of this but still remains high.

Total Adverts Placed in Q2 by Division

Division	Q1	July	Aug	Sept	Q2
Corporate	55	24	19	13	56
Diagnostics & Rehabilitation	51	16	16	12	44
Emergency Care & Medicine	30	7	13	16	36
Planned Care & Surgery	26	7	13	19	39
GRAND TOTAL	162	54	61	60	175

The number of adverts that have been placed in quarter 2 compared with quarter 1 has increased by 13 with the highest amount of adverts being placed for the Corporate division, this includes bank adverts.

- Trip to Ireland – The Trust attended a University recruitment fair on the 14th October 2014 in Ireland to attract Newly Qualified Nurses due to qualify in February 2015.
- A trip to Athens is planned for the 16th November 2014 where the Trust is due to interview 25-30 Registered Nurse candidates.
- A Registered Nurse Open Day is due to take place on the 1st November 2014
- The Trust is attending a recruitment fair at NUH on the 24th October 2014
- Development of SFH recruitment brand - A recruitment brand and marketing strategy is currently in development to attract potential candidates to the Trust.
- The Recruitment team has supported local recruitment fairs to promote SFH as a local employer for a variety of professions.

Hard to Fill Areas

The Trust continues to face difficulties with recruitment to **Registered Nursing** vacancies and different recruitment strategies are being put in place to attract staff to work at the Trust. Registered Nurse recruitment remains competitive at local and international level.

Medical Staff A&E – Medical staff vacancies continue to be hard to fill areas which is mirrored in the cost of the agency spend within that department.

Consultant Appointments

The following Consultant appointments were made in quarter 2:

- Trauma & Orthopaedics - Mr Sreebala Srinivasan - expected start date 10 November 2014
- Obs & Gynae - Mr Mr Tunde Solebo (Locum) – expected start date mid October
- Gastroenterology – Dr S Ahmand – started with the Trust on the 7th October 2014

NMC – New Overseas Registration Process – Recruitment from Outside of the EU

The NMC have announced a new registration process for Nurses & Midwives that have been recruited from overseas outside of the European Union.

The new process went live from the 1st October 2014 and going forward Nurses & Midwives will be required to demonstrate competences via a computer based multiple choice exam and a practical clinical exam which will be held in the UK.

The new process aims to support employers as supervised practice will no longer be required on entry to new employment. The new process will need to be supported by a robust induction programme to help new overseas recruits with socialisation into their new workplace.

Further information is available via the following link:

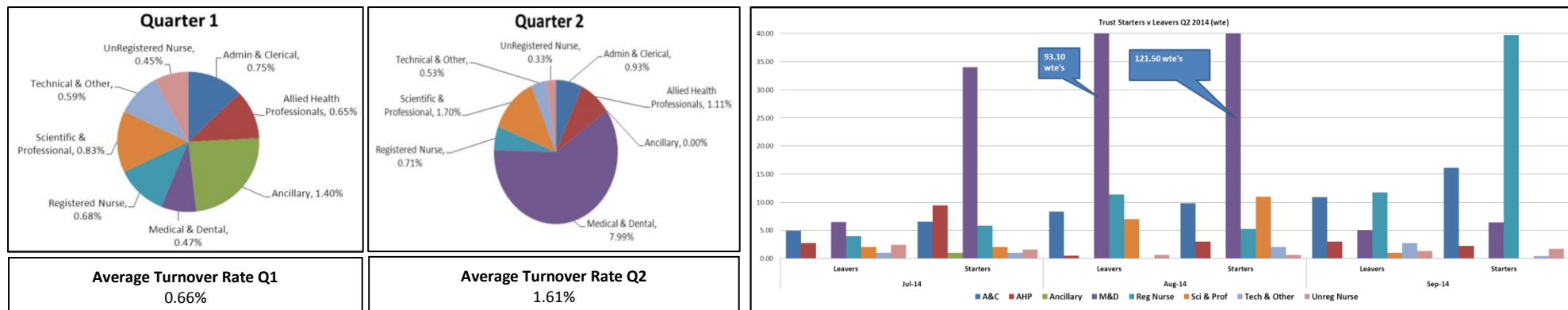
<http://www.nhsemployers.org/news/2014/09/nmc-announces-implementation-date-for-new-overseas-registration-process>

Recruitment Department & Process Review

The HR department is currently in the process of reviewing the recruitment processes, an action and implementation plan is being developed to improve the recruitment process.

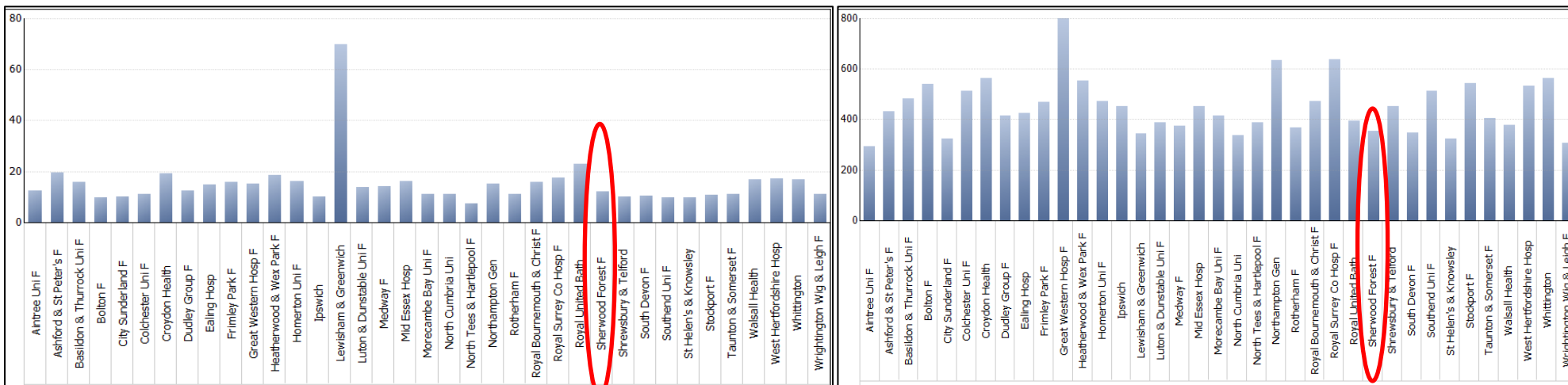
5.0 Turnover – Starters, Leavers and Exit Interviews – Source ESR

The below information shows starters, leavers and turnover figures for the quarter with comparison to quarter 1.



- Turnover has increased in quarter 2 compared with quarter 1, this was an expected increase due to the junior doctor changeover.
- There were **249.08 wte starters in quarter 2** compared to 85.7 wte's in quarter 1, 121.5 wte's were due to the junior doctor changeover in August. The Registered Nurse starters totaled 50.76 wte's in quarter 2, 27 of these being due to the Newly Qualified intake and 6 were international recruits.
- There were **175.54 wte's leavers in quarter 1** compared to 89.58 wte in quarter 1, 101.60 wte's were due to junior doctor changeover in August. The Registered Nurse staff group had 24.55 wte leavers in quarter 2 which was broadly comparable to quarter 1 when there were a total of 23.57 wte leavers.
- There were 3 dismissals from employment in quarter 2 compared with 2 in quarter 1.
- There were 25 resignations where the reason for leaving was cited as 'Other – Not Known'
- There were 4 retirements that took place in quarter 2 with 6 further retirements where the employees returned as a flexi retiree.

Benchmarking Data – July 2014 data - Source Health & Social Care Information Centre – The below data compares SFH with other Acute Medium sized Trusts and measures data over 12 months. The information excludes Dr's in training, locums and bank staff.



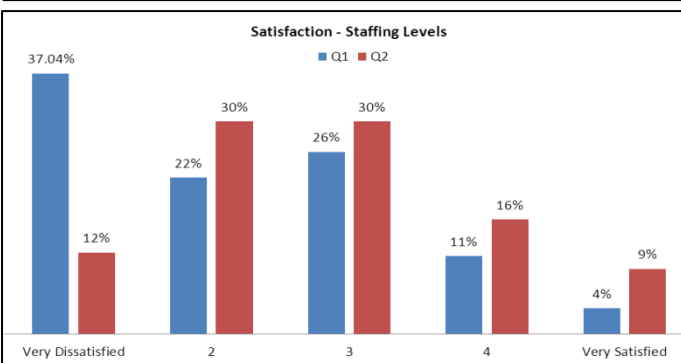
Leavers – The data shows that SFH is not an outlier for the amount of staff that have left when compared with other Medium sized Acute Trusts.

Starters – The average joiner rate for the 12 month period was 621 headcount for Acute Medium Trusts, SFH was an outlier with 510 joiners in the 12 month period.

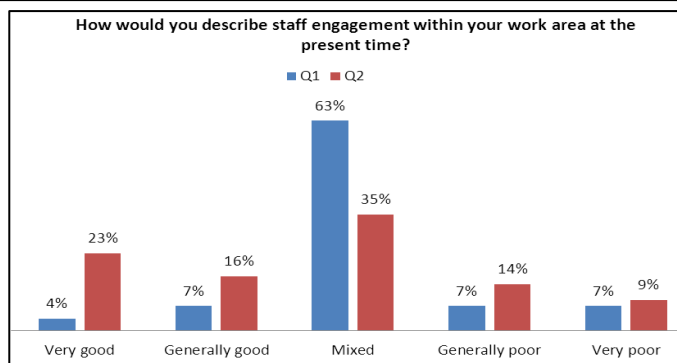
Exit Interviews – Key Messages from Quarter 2– Exit Interview Returns from Staff

The below information provides a brief summary from quarter 2 to highlight key messages from the staff who undertook an exit interview prior to leaving the Trust.

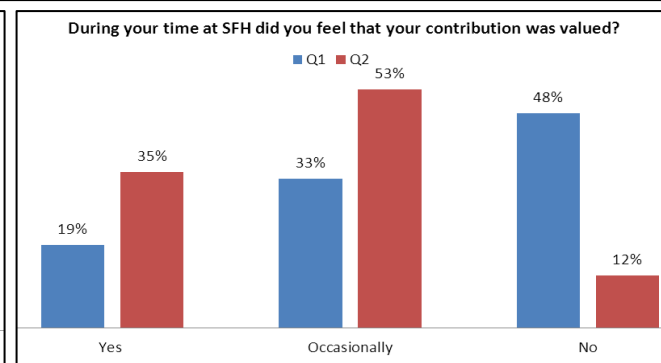
43 staff participated in the exit interview process in quarter 1, this compared with 27 staff in quarter 2. After a decline in satisfaction score in quarter 1, positively there has been an increase from 2.44 to 3.77, this is the best satisfaction score the Trust has had in over a year, 1 stands for 'poor' and 5 is 'positive'. The Friends and Family test has continued within quarter 2 and the results show that 44% of respondents were likely to recommend the Trust as place to receive treatment and 43% were likely to recommend the Trust as a place to work, the detail of the results are highlighted in section 12.0.



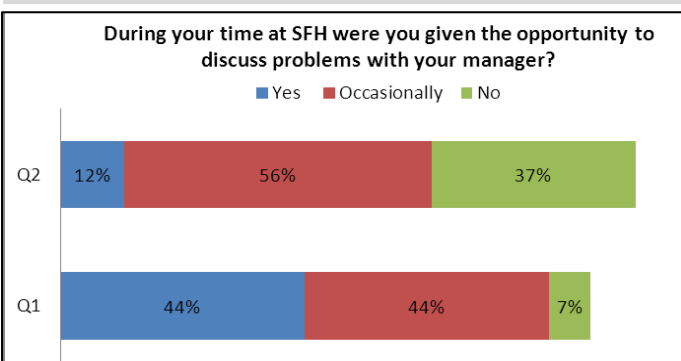
Respondents were asked to respond on a 1-5 scale, 1 being very dissatisfied and 5 being very satisfied. In quarter 2 there has been a shift towards very satisfied for staffing levels, with satisfaction in exit interviewees moving towards the middle of the scale. The 2013 Staff Survey results showed that only 24% of respondents did agree that there were enough staff at the organisation for them to do their job properly.



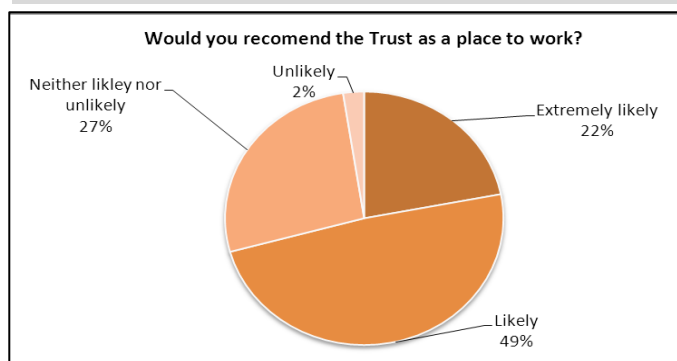
Of the 43 respondents 35% of them said that engagement was mixed at the time of them leaving. There was an improvement in the staff who said that engagement was very good to 23% compared with 4% in quarter 1. The Trust's score of 3.75 was average when compared with Trust's of a similar size for the 2013 Staff Survey.



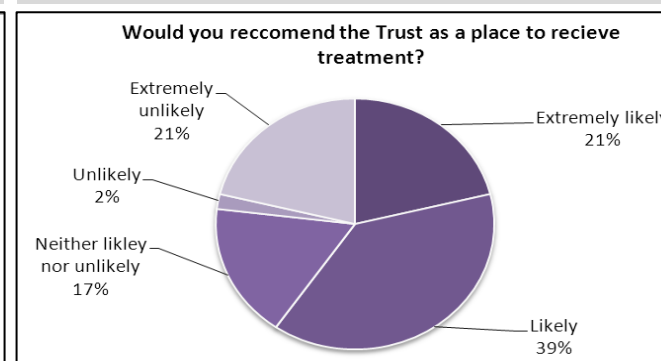
A further improvement in results as more of the Exit Interview respondents (35%) have stated that they felt their contribution was valued compared with 19% in Q1. However, 53% said they only felt valued occasionally. 64% of respondents in the Staff Survey 2013 stated that they felt valued as an outcome of their appraisal.



The results for staff being able to discuss problems with their line manager has deteriorated between quarters, 37% said they were unable to discuss problems with 56% saying they could raise problems occasionally.



49% of exit interview participants said they were likely to recommend the Trust as a place to work. The quarter 2 Friends and Family Test results also show that the majority of respondents were 'likely' to recommend the Trust as place to work.



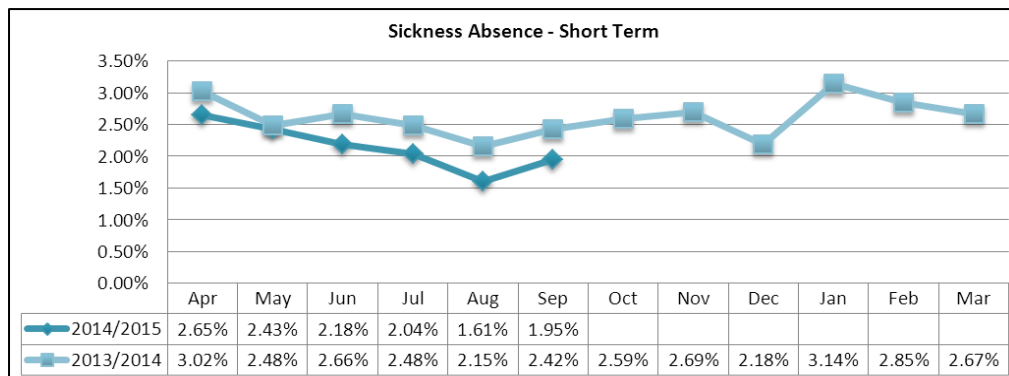
39% of exit interview respondents said they were likely to recommend the Trust as a place to work, the Friends and Family test results showed that the majority of respondents in quarter 2 were also 'likely' to recommend the Trust as place to work. Both responses to the Friends and Family test has shown a relationship with the exit interview respondents.

The below comments are taken directly from the Exit Interviews, the feedback shows a mixture of negative and positive comments, going forward the trust will be looking to build on the positive comments:

- Staffing levels were generally good but the skill mix was bad. I felt junior staff did not get the support needed as there was often only one senior nurse on shift.
- Doctors are helpful and polite 'Brilliant'.
- An excellent team of nursing colleagues and specialist nurses. A large group of us have worked together for a decade and know each other so well we complement each other.
- Trust has lots of bureaucracy and mind set of many people is wrong – some didn't seem to engage or care, whilst others have great commitment.

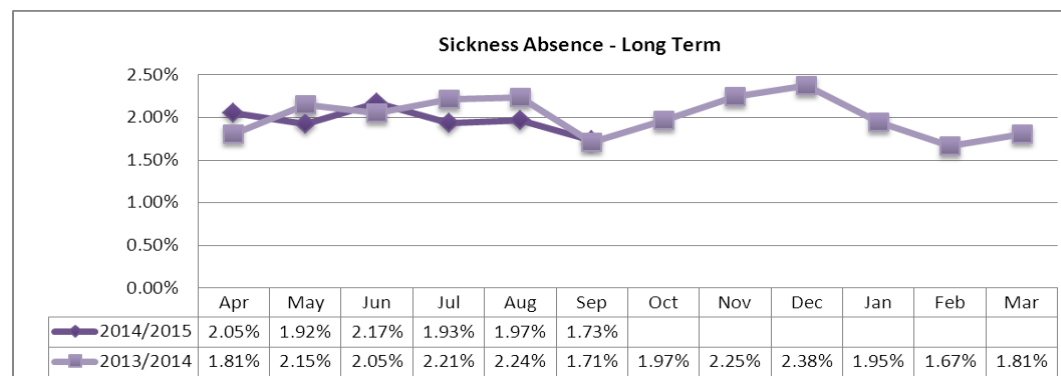
6.0 Sickness Absence – Source ESR

The below graphs provide information on sickness absence rates for the Trust per month for short term, long term, total and cost of sickness absence.



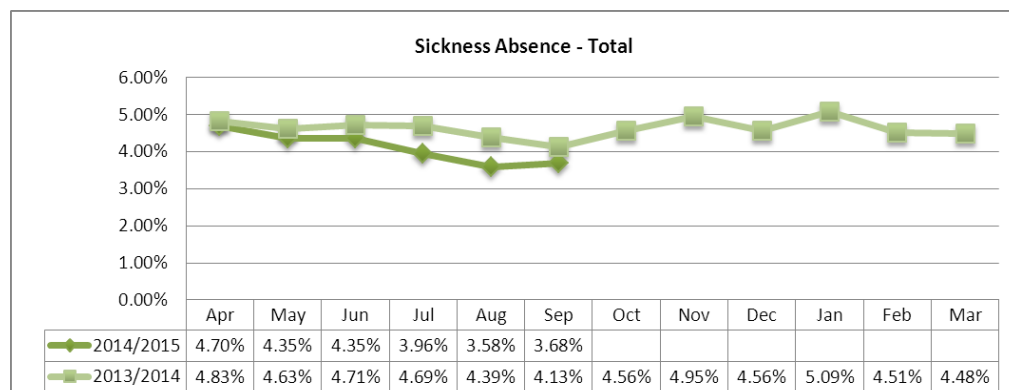
Short Term Sickness Absence

- Short term sickness for **Q2 stood at 1.86%** which compared to **Q1** when the figure stood at **2.41%**.
- Short term sickness absence has shown a further decrease in quarter 2.
- Occupational Health have now started the Flu Jab campaign, offering all staff the opportunity to take up a flu jab for free.



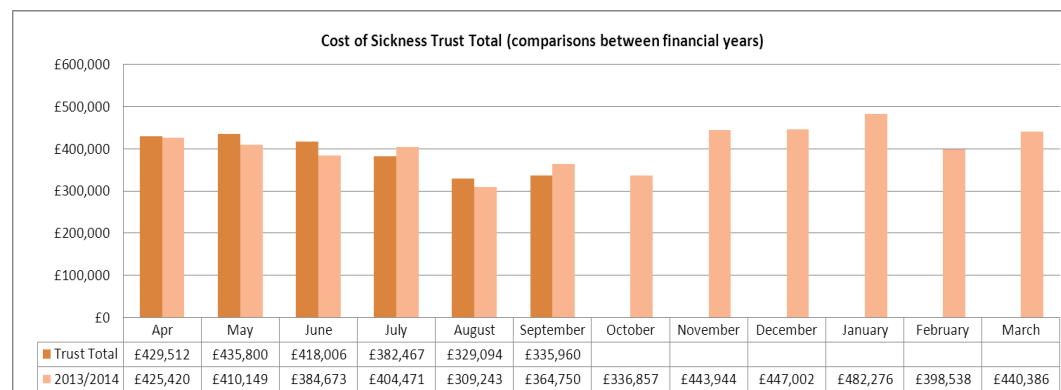
Long Term Sickness Absence

- The long term sickness absence rate for **Q2 stood at 1.73%**, this compared to **2.05% in Q1**.
- Long term sickness absence rates have shown a higher trend than 2013/2014 with rates peaking between July and August. HR are reviewing long term sickness absence cases on a bi-weekly basis to ensure that appropriate actions are being taken to return staff to work and taking a proactive approach to managing those staff who have been off from 20 days plus.
- The Trust is confident that long term sickness is being managed effectively.



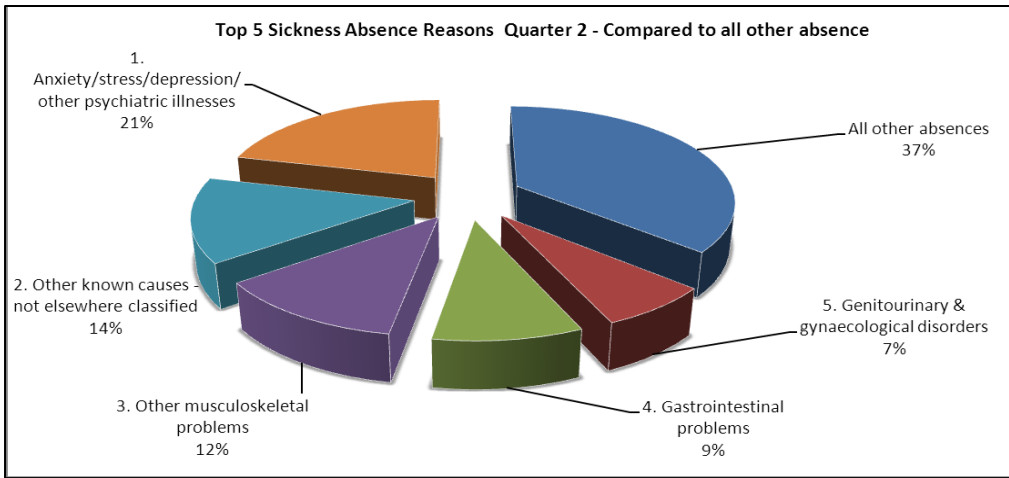
Total Absence

- Total sickness absence for the Trust in **Q2 stood at 3.74%** this compares to **Q1** which was **4.46%**.
- Anxiety/stress/depression related illnesses continue to challenge the Trust's sickness absence rates with it being the highest absence reason for a consecutive quarter. The Trust lost 2625 working days in Q2 compared with 2701 working days in Q1.
- The Trust lost an average of 6.31 working days per employee between April and September 2014, this compares with an average of 6.9 working days lost per employee in the same period of the 2013/2014 financial year.



Cost of Sickness Absence

- The cost of sickness in **Q2 totalled £1.04m**, this compared with **Q1** which was **£1.2m**.
- The financial year to date cost of sickness absence stands at **£2.33m**
- Per employee the cost of sickness absence stands at **£545**, this is based in headcount at the end of September 2014.
- The figures above represent the cost of paying staff to be off sick from work not the cost of cover.



Health & Wellbeing Agenda

The Health & Well Being Strategy has now been agreed and the group are now producing a work plan. The HR department held Health & Well being events at Newark and Kings Mill Hospitals during October, the events were well received by staff in the organisation and the option of holding another event during the Spring is being explored. The event had the following stands:

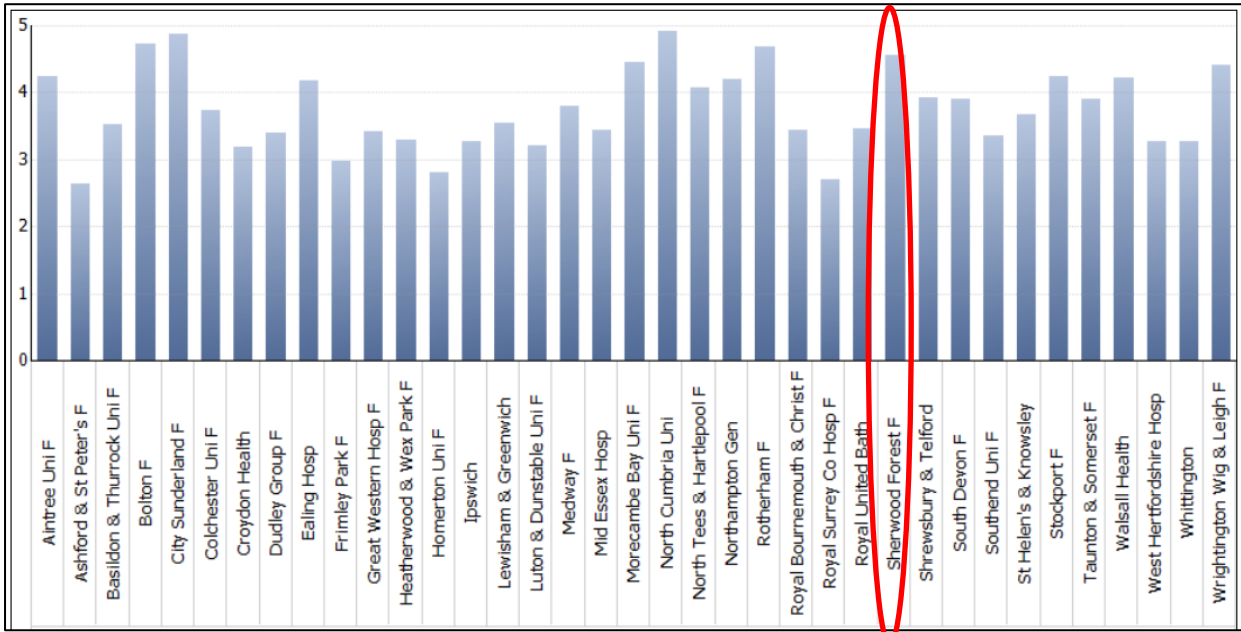
- Drug & Alcohol team
- Payroll
- Medirest – Healthy eating
- Staff side
- Training & development
- Library
- Local gyms
- Chaplaincy
- Bus to work
- Health & Safety

The Trust has a number of resources available for staff and managers to support the management of anxiety/stress/depression related illnesses. The Trust is currently in the process of arranging focus groups with staff, who are willing to attend, to understand the causes of anxiety/stress/depression and to develop initiatives and support mechanisms to support staff and reduce sickness absence related to this cause in the future. Other measures are being considered to allow for early interventions to reduce the lengths of anxiety/stress/depression related illnesses.

Sickness Absence Policy

Sickness absence rates have decreased since the launch of the Sickness Absence Policy and further work continues in order to embed the policy to continue to reduce sickness absence rates across the Trust. In the months post implementation of the new sickness absence policy the Trust decreased the amount of working days lost by 15% and the cost in quarter 2 reduced by £194k. The Trust may see an increase in numbers of appeals against dismissal and employment tribunal claims as staff are progressed through the new procedure within the Sickness Absence Policy.

Benchmarking Data – July 2014 data (latest data available from the Health & Social Care Information Centre)



Benchmarking Data

This chart shows the latest data available from the Health & Social Care Information Centre who pull raw data from ESR to produce their reports. The bar chart shows how Sherwood Forest Hospitals compares in terms of sickness absence with other medium Acute Trust's.

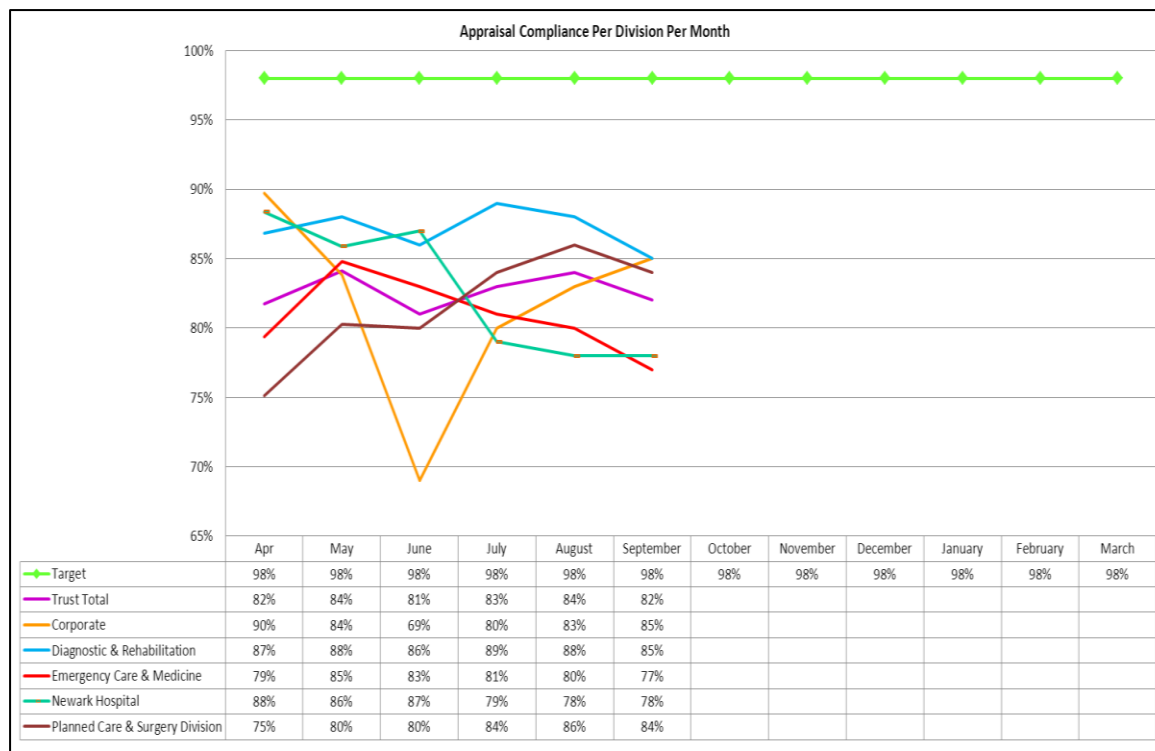
Q1 identified that the Trust had a higher sickness absence rate at the end of March 2014 of 4.68% compared with a 3.70% rate overall for Acute Medium Trusts.

Q2 showed that at the end of June 2014 the Acute Medium Trust sickness absence rate was 3.79% which was slightly higher than March 2014, and the Trust compared to this with a higher sickness absence rate of 4.57%, a reduction compared with the information that was presented in quarter 1, this corresponds with our internal information. The Trust's old Sickness Absence Policy was in force at this time.

Please note that Medirest staff are included in these figures.

7.0 Appraisal Compliance (Agenda for Change) – Source ESR and Manager Returns

The compliance target for the new financial year has been set at 98%, from the 1st April 2014 only those who are eligible for an appraisal will be measured in the compliance figure. For example those staff on maternity leave will be removed from the report.



Appraisal compliance improved by the end of quarter 2 by 1%, the compliance rate did increase during August 2014 but decreased at the end of September.

The Corporate division has made the most significant improvement in quarter 2 increasing compliance by 16%.

Planned Care & Surgery increased their compliance rate in quarter 2 by 4%.

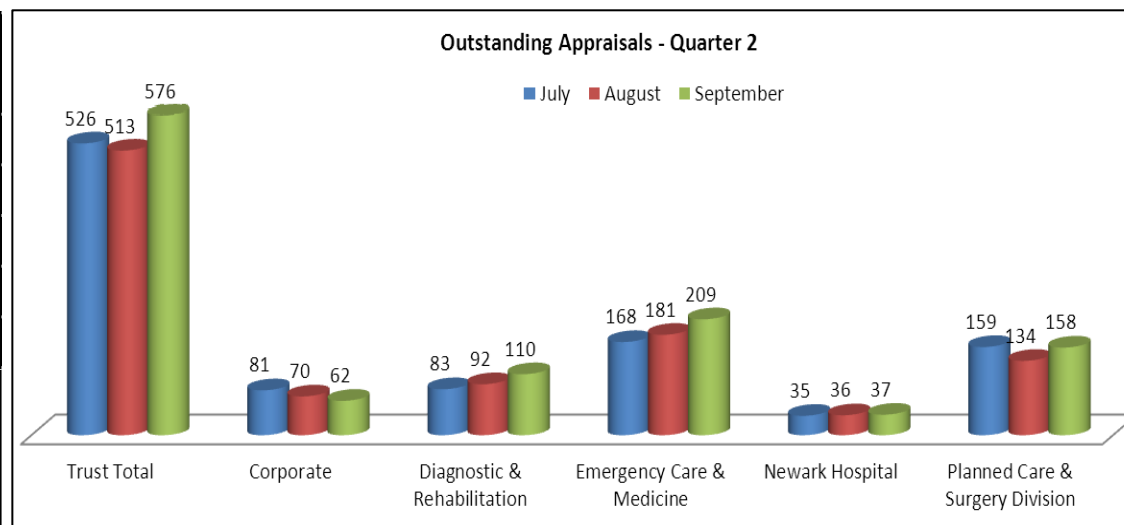
Emergency Care & Medicine division has the lowest compliance rate for appraisals at 77% and further work is needed to address areas with poor compliance rates.

The Trust continues to drive the 98% compliance target with areas of low compliance being addressed via divisional confirm and challenge meetings and directly with line managers.

Operational perception is that data remains unfit for purpose, an evaluation will be undertaken and fed back to the Workforce Committee.

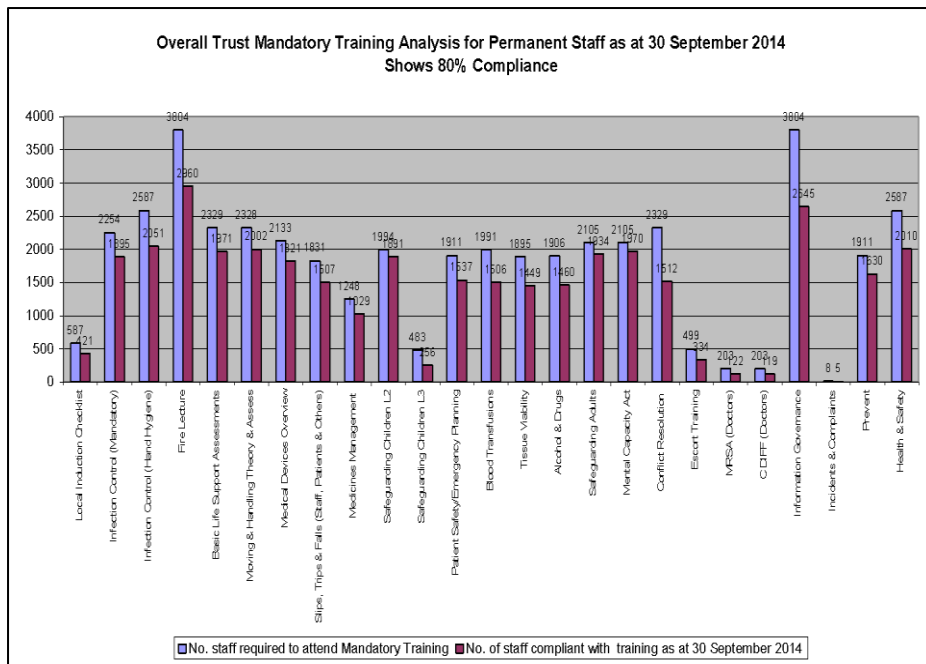
Department	Outstanding Appraisals
Theatres KMH	34
KMH Emergency Assessment Unit	25
Cardiorespiratory Technical	24
Ward 44 Respiratory	19
Ward 23 Cardiology/CCU	18

The above table shows the areas with highest outstanding appraisals at the end of September 2014, the HR department are working with managers in order to address poor performance.



8.0 Training, Education & Development

The target for mandatory training completion is 90%. The graph shows compliance by course at the end of September 2014:



Mandatory Training - From 1st April to 30th September 2014 a total of 428 places, the equivalent of 4 courses, were wasted by staff booking onto mandatory update training courses but then not turning up for the day and spare capacity on courses not being utilised. The main areas of non-compliance are focused on IG, fire awareness and conflict resolution. At the end of September 2014 the following numbers of staff were considerably out of date with these mandatory training topics:

Length of time out of Date	IG	Fire Awareness	Conflict Resolution	Safeguarding Children Level 2	Total no of staff out of date by duration
More than 2 years	86	46	138	22	292
More than 1 year	52	45	50	27	174
More than 6 months	85	75	45	8	213
Total no of staff out of date by course	223	166	233	57	

The TED Department has introduced an annual data cleansing and validation process by writing out to every individual employee in the Trust confirming all of their training and mandatory training records that are held on the OLM system, the date they completed the training, the date which their training expires and all of the mandatory training that they are required to complete. This process will ensure the accuracy of the training data held on the OLM system and remind employees when they need to complete their mandatory training requirements. All staff will receive this information by the end of November 2014.

Division	% Compliance
Trust Overall Position	80%
Corporate	80%
D&R	78%
ECM	81%
PCS	77%
Newark	73%

Fundamentals of Care Certificate

The new Fundamentals of Care Certificate as recommended by the Francis Report will come into effect in March 2015 and will require all new HCAs joining any Trust to complete the certificate to the required standard. A mapping exercise using the existing NVQ qualifications that all HCAs are required to undertake and the knowledge and skills gained from the new 5 day induction course is being carried out in order to make sure that the Trust is in a position to implement this new requirement. Initially the mapping exercise will be carried out by the NVQ Department within TED and then a wider multi-professional group will scope out the Trust requirements and content of this certificate.

Vision West Notts Studio School

The new Vision West Notts Studio School formally opened on the 4th September 2014 at the Chesterfield Road site. This unique educational initiative will provide an exciting opportunity for the Trust to encourage young people to join the NHS workforce and to undertake work experience placements in over 100 different professions within the Trust. This is an excellent example of the Trust working with and supporting the local community to be recognised as an employer of choice.

This will provide a strong platform to support succession planning at the Trust. The Deputy Director of TED sits on the Board of Governors at the School and over the next few months will be working with a wide range of Trust staff to design an innovative set of work experience programmes covering different multi-disciplinary professions.

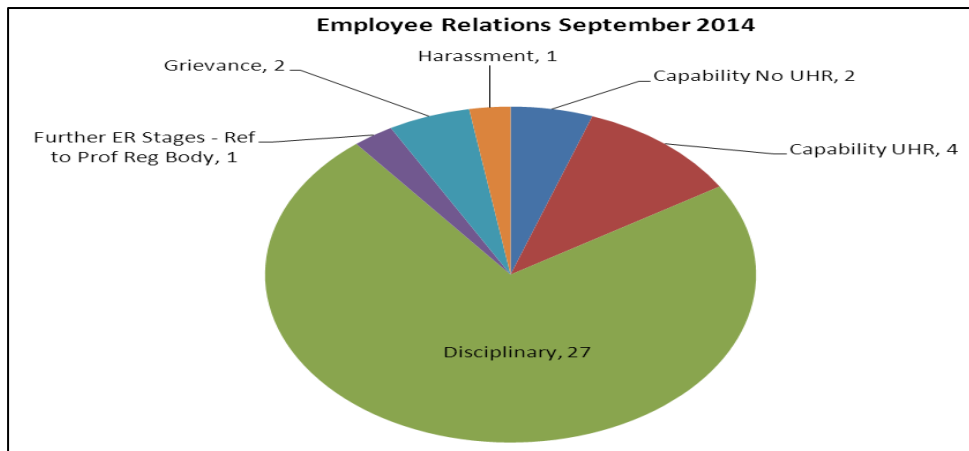
Leadership and Management Training

Cohort 13 and 14 of the Trust's Leadership and Management programme are due to commence in November and January and both cohorts are full. The next cohort of the clinical leadership programme is due to commence in late October and 12 delegates have been recruited to the course.

New Nurse and HCA Induction

The new 5 day nurse and HCA induction programme commenced in September 2014 designed to learn the lessons from the Francis Report and fully equip our new nurses and HCAs with the knowledge and skills that they need to deliver safe patient care. Initial evaluations from the course have been extremely positive and complimentary of how comprehensive the course has been and well delivered.

9.0 Employee Relations



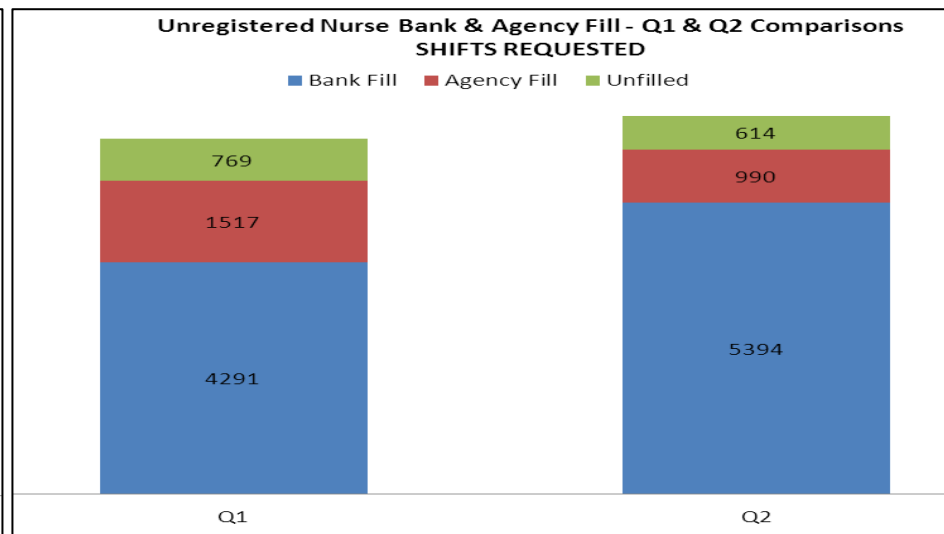
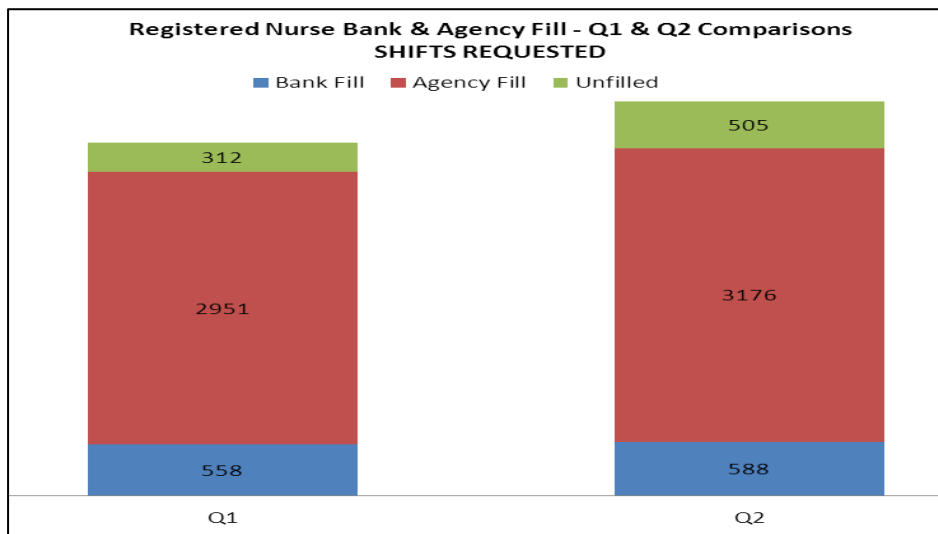
The pie chart shows that there were 37 employee relations cases on-going at the end of September 2014 compared with 22 in June 2014. This is a significant increase and HR are reviewing all cases on a regular basis to ensure delays in process are mitigated. The disciplinary cases include investigations and those due to go to a hearing.

Workforce Change:

Pathology – The Trust issued dismissal and re-engagement letters to 8 Biomedical Scientist staff on the 8th October, these staff have been issued with copies of new employment contracts, the new rota system, and new job description. They have been given a deadline to return acceptance of the new contract of the 3rd November. To date the letter has prompted one band 5 to return their consensual variation to contract letter. Plans to mitigate the potential impacts of loss of staff are being developed.

Drug & Alcohol Team – 5 members of staff have been TUPE transferred out of the organisation on the 1st October to an organisation called Crime Reduction Initiative (CRI), the Trust still provides a Drug & Alcohol service but it is now run by CRI. There were 4 Nurses and 1 Admin staff that that TUPE'd and the transfer was completed with no issues. The Trust now has an information sharing agreement in place with CRI to ensure continuation of service.

10.0 Nurse Bank



The above information shows that the Trust has increased its need for temporary staffing in quarter 2 which has resulted in the additional bank and agency use. Positively the reliance upon the bank has increased for Unregistered Nurses in quarter 2, which is reflective of the recruitment that took place in quarter 1.

A new process for out-of-hours Agency Bookings via the Duty Nurse Managers commenced at the beginning of August 2014. This process is currently being refined and will enable tighter control for out-of-hours Agency bookings. As part of the SLA with the HTE framework all Agencies will have to leave a signed timesheet copy in the area worked as well as have a reference request from the Nurse Bank system to be able to invoice for payment. Nurse Bank processes have been reviewed intensively to ensure robust controls are included.

11.0 Staff Survey

The Staff Survey results were released in December 2013, since then work has been undertaken across the Trust by divisions, working groups and committees to develop the action in response to the survey findings. The below outlines a high level action plan, and progress against these actions for quarter 1. The Trust has linked the work that is done as an outcome of the Staff Survey to the Trust's Quality for All agenda.



The fieldwork for 2014 Staff Survey has now commenced and the Trust decided to go with an 850 sample using the core questions provided for the Staff Survey. Fieldwork will close at the beginning of December and the most recent response rate is 20%. Communications continue to publicise the survey in the coming weeks.

Action Point	Actions to be taken	Progress Update	Intended Outcome
Improving communication between senior managers	<ul style="list-style-type: none"> Ensuring that information is cascaded to staff Regular departmental meetings Managers to undertake 1:1 meetings with staff Senior managers to visit clinical areas to listen to staff 	<ul style="list-style-type: none"> Each division is working to improve communication via methods such as senior managers walking the floor of departments in order to understand services and day to day operations better. Team Brief is being delivered within departments across the Trust CEO holds regular Drop In Sessions. Within the divisions this is work in progress. Internal Assurance Team visits are taking place within ECM Senior managers have visited areas to consult thoughts and provide feedback within DRD, particularly focusing on the demotivating and motivating factors from the discussions. 	<ul style="list-style-type: none"> Staff becoming aligned to work priorities of the Trust and work areas. Improved staff engagement Staff receiving key messages
Focus on appraisal and training	<ul style="list-style-type: none"> Review quality of appraisals and align new appraisal to 'Quality for All' Ensuring staff can access personal development opportunities Increase of Mandatory Training 	<ul style="list-style-type: none"> Meetings are now scheduled to align appraisal paperwork with recruitment processes. Appraisal rates have increased in the last quarter, the divisions have discussed appraisal compliance at service line meetings/confirm and challenge sessions and focus groups are being undertaken within ECM to support areas of concern. Training needs are being discussed at appraisals and PDP's developed accordingly. More capacity has been built in for training in 2014/2015 which is a response to feedback from the divisions. A new elearning work book is being piloted throughout October to allow further access to mandatory training that doesn't focus on face to face interventions. 	<ul style="list-style-type: none"> Appraisal compliance achieved Trust wide. Embedding 'Quality for All'
Focus on staff experience regarding contact with patients and other colleagues	<ul style="list-style-type: none"> Roll out of Dementia Awareness training Implement new Bullying & Harassment policy Undertake focus groups with staff regarding stress related absences 	<ul style="list-style-type: none"> Dementia training is being rolled out and is an on-going programme The policy has been approved and an implementation plan and tool kit is in the process of being developed. The focus groups are being scheduled for November with a variety of staff being invited to attend in order for robust actions to take place as an outcome. 	<ul style="list-style-type: none"> Improved staff experience
Improve Datix reporting	<ul style="list-style-type: none"> Review of Datix to ensure robust reporting system 	<ul style="list-style-type: none"> No update available. 	<ul style="list-style-type: none"> Enhanced reporting and data retrieval

12.0 Friends & Family Test

The requirement to undertake a Staff Friends and Family Test (FFT) commenced in April 2014. A proportion of staff should have the opportunity to respond to Staff FFT in three of the quarters, with all staff having the opportunity once a year, as a minimum requirement. Staff FFT wording is nationally mandated based on research, it seeks to give an overall view through use of two recommendation questions:

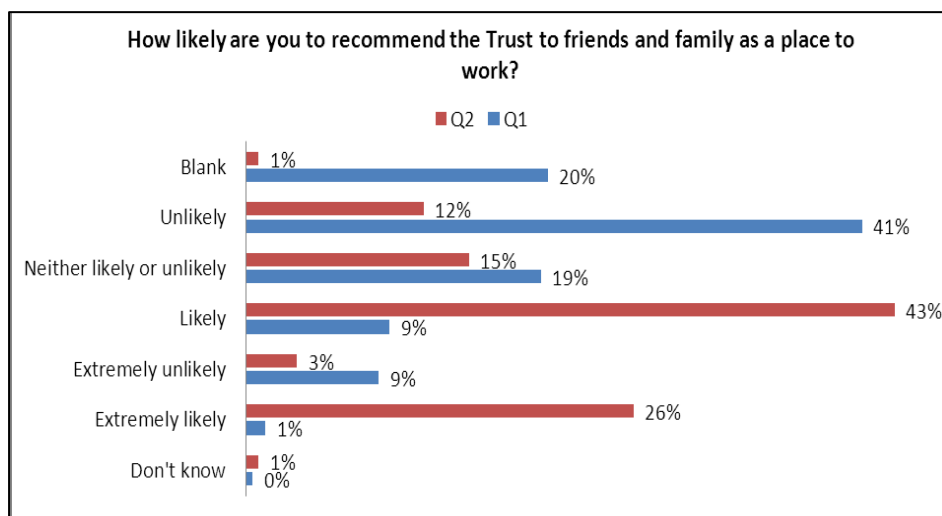
1. Would you recommend as a place to work?
2. Would you recommend as a place to receive treatment?

This is because willingness to recommend or be an advocate for your employer appears to be a good overall indicator of both engagement and quality.

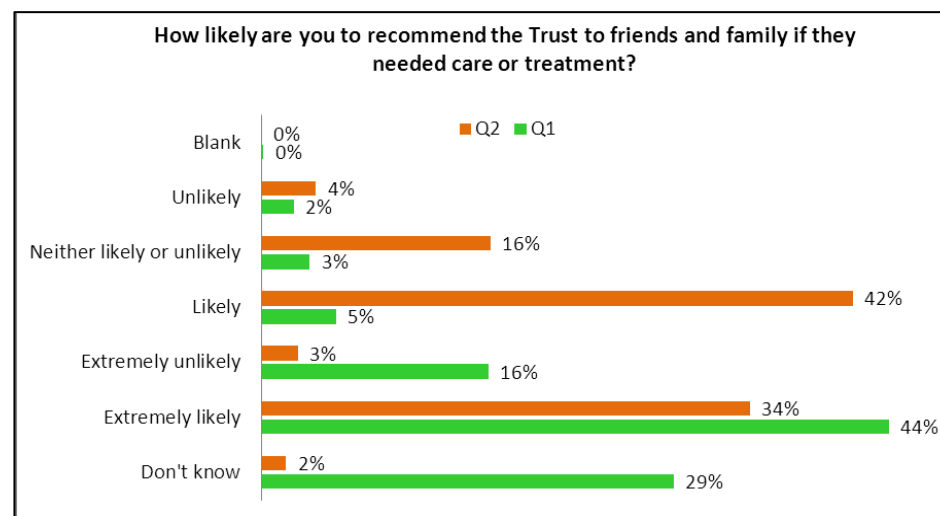
The overall aims for the Staff FFT are to:

- Identify trends in staff opinion on a more frequent basis than the annual NHS staff survey, thereby allowing action at an earlier stage;
- Supplement existing information such as the annual NHS staff survey;
- Provide a further way in which staff can put forward ideas for improvement.

There were 239 respondents to the test in quarter 2 which compared to 708 respondents in quarter 1 bringing the total year to date response 947, the decrease in responses for quarter 2 is disappointing. It is recognised that quarter 1 was a paper based questionnaire and in quarter 2 the Trust opted for online only, and this has decreased response rates, further work will be done for the next round of FFT testing to improve response rates. The highest response rate was within the Corporate division with a 40% response rate. ECM had the lowest response rate at 17%.



In quarter 1 41% of respondents stated that they were 'unlikely' to recommend the Trust as a place to work, this changed positively in quarter 2 when the results showed that staff were 43% 'likely' to recommend the Trust as a place to work with 26% responding that they were 'extremely likely' to recommend.



Results for recommending the Trust as a place to receive treatment deteriorated in quarter 2 with 42% saying they were 'likely' to recommend compared to 44% saying they were 'extremely likely' in quarter 1, positively the 'unlikely' and 'extremely unlikely' scored low in quarter 2.

The Friends and Family Test will be completed in each quarter and therefore results and comparisons will be reported to the Board on a quarterly basis. The Exit interview questionnaire questions have been changed to mirror the Friends and Family Test so that direct comparisons can be made.

13.0 Health & Safety

Accidents and Incidents

- There was only 1 staff accident reportable to the HSE under RIDDOR recorded on Datix for Quarter 2. The validity of this data is currently being examined as it may be the result of changes to the Datix reporting system.
- The one incident recorded related to a member of staff that hurt her back whilst assisting a patient to undress and this resulted in lost time.

Sharp Safety

A trial of blunt fill and filter needles has been organised on wards 33 and 34 and this will be used as part of the work for moving the Trust towards the use of safer sharps for intramuscular injections. The safer sharps working group is now looking at the issue of subcutaneous butterfly needles and the disproportionate number of injuries caused by these devices. Work also continues with Medirest looking at accidents caused by inappropriately disposed of sharps.

Contact with the Health & Safety Executive

- There has been one formal contact between the HSE and the Trust during Quarter 2 of the year.
- An HSE inspector visited the Trust on Wednesday 9 July 2014 to conduct a day long investigation on the management of work related violence and aggression by the Trust.
- The inspector found no material breach of health and safety law and was assured that from an organisational perspective the Trust is managing the risk of violence and aggression to a good degree. All the Trust risk assessments used as evidence during the inspection were deemed 'suitable and sufficient'.
- The inspector sent an email with feedback on the inspection to the trust on 14 October 2014. In the email the inspector made a number of recommendations and comments including the following:
 - A further concerted training push is required over the next 12/24 months to meet Trust targets for people with 'In Date' Conflict Resolution Training within a 3 year period;
 - Consider the scope for condensing Trust Policies and Procedures in relation to the Management of Violence and Aggression (Policy document, Guidance Document, Physical Interventions Policy, Restrictive Practices Policy etc.) into one document so that staff can readily access key procedures.
 - Building on item 2 above promote more visual examples in key ward locations/offices (particularly where handover and/or team meetings are held) of the flow charts produced in Trust Guidance for the Management of V&A document
 - Learn from incidents and review how best to record/classify these. It is important that staff continually raise all instances of physical "abuse" with Management/Ward Leaders so a clear consensus can be reached as to what needs to be reported as a Violence and Aggression incident.
- These recommendations and comments will be reported to the Health and Safety Committee and suitable actions developed to ensure that the Trust continuously improves its management of this important area of risk.

14.0 Review of Workforce Plans

The Trust submitted its annual Workforce Plan to Health Education East Midlands (HEEM) on the 4th April of this year, the plan was received well with feedback stating it was one of the most comprehensive plans that HEEM had received from the Trust. The below outlines a high level progress against key developments within the plan:

Diagnostics & Rehab:

- **Pathology** - There has been a change in management with Pathology since the workforce plan was developed. Consultation has been undertaken for new working patterns to facilitate a 24/7 Pathology service, which will support national initiatives such as 7 day working, and this will commence from January 2015. A review of the MLA staff group will also commence shortly. Two trainee Healthcare Scientists are currently undergoing training but it is not yet known whether these post will be recruited to permanently once training has been completed.
- **Pharmacy** - A Nurse lead post has been filled to commence in Dec 14. This will relieve pressure on the workload of Pharmacists. A business case is currently being prepared by Planned Care and Surgery as the Maternity and the day case units are not currently covered by Clinical Pharmacy. A pilot weekend for 7 day working was undertaken in Sept 2014 and now only requires Medicines Reconciliation and MDT link. The accepted plan for Pharmacists to start writing up discharge prescriptions (TTOs) should be ready in December. A pilot will then begin depending on winter pressures.
- **Radiography** - A second CT scanner has been approved, this will result in 3 CT scanners within SFHT. HEEM have funded Sonographer training posts this year until the universities have managed to validate a direct access degree for sonographers. SFHT will be training 2 sonographers in general abdominal ultrasound. The Francis group is looking at how to improve the service delivery for Radiology which includes the recruitment of radiologists.

Emergency Care & Medicine:

- **A&E** - The Trust was explicit within the workforce plan that there was a desire to develop the Advanced Nurse Practitioner role for the Emergency Department by recruiting and developing the role in house via succession planning. The Trust continues to undertake the recruitment process for ANP's with 2 external candidates appointed completing pre-employment checks currently.
- **Geriatrics** - The Trust took the decision to remove the Specialty Doctor cover within the community in order to create a Nurse led Geriatric Service run by Advanced Nurse Practitioners, two ANP's have been appointed to work at Mansfield Community Hospital and therefore progress against the plan is going well.
- **Cardiology** - There has been difficulties cited within the workforce plan about the difficulties faced with recruiting Cardiologists with a specialist interest in intervention and devices, the Trust has progressed with this with a 2x Consultant Cardiologists (1x interventionalist & 1x devices) 1 commencing employment on the 3rd November 2014 and 1 already commenced employment in October.

Planned Care & Surgery:

- **Paediatrics** - The workforce plan detailed that the Trust were looking to increase the Medical staff compliment within the community for Paediatrics, the original plan was to recruit 1 extra Consultant to enhance the service, the Trust have now recruited a Specialty Doctor.
- **Trauma & Orthopaedics** - The Trust has experienced difficulties recruiting an additional Consultant to focus on hips and knees for T&O, the workforce plan acknowledged at the time that this was being mitigated by the use of a Locum Consultant, the Trust has now recruited a substantive Consultant in this area.
- **Anaesthetics** - The Trust has been pursuing the recruitment of 2x Pain Relief Nurses at Band 7 level, 1 has now been recruited and the other still actively recruiting. The workforce plan identified that this development would expand and improve the delivery of the pain relief services.

Key Workforce Developments

Increase in Registered Nursing - The Trust continues to pursue its plans to increase the Registered Nursing staff in post to enhance to quality of care delivered at SFH, international and local recruitment initiatives are being pursued. The Trust does recognise that it is becoming increasingly difficult to recruit Registered Nurses locally and internationally.

Apprenticeships - There are a number of departments looking to utilise the use of apprenticeships with Training & Development and IT employing apprentices currently. As largest local employer the Trust is keen to support apprentices and develop a workforce for the future.

15.0 HR Developments

The below provides a summary of key information that the Board of Directors may wish to be aware of:

Consultant & Junior Doctor Contract Negotiations

The BMA announced on the 16th October 2014 that they have decided to cease negotiations with NHS Employers on Consultant and Junior doctor contract negotiations. The aim of the contract negotiations was to enable employers to organise their services so that patients can access high quality services every day of the week whilst safeguarding the wellbeing of individual doctors. NHS Employers expect that the DoH will consider the next steps at Government level but it is expected that local employers will consider whether they will make amendments to contracts by other means. For more information please use the below link:

<http://www.nhsemployers.org/news/2014/10/bma-walks-away-from-consultants-and-junior-doctors-contract-talks>

NICE launches consultation on provisional guidelines for safe midwifery staffing

The National Institute for Health and Care Excellence (NICE) has begun consulting on provisional recommendations for safe midwifery staffing for maternity services.

The guidelines are being designed for NHS provider organisations and others who provide or commission NHS services. They are aimed at trust boards, chief nurses, hospital and unit managers, heads and directors of midwifery, midwives and commissioners. Split into three sections the recommendations cover:

- Organisational and managerial responsibilities to support safe staffing requirements
- Factors that maternity services and midwives should take into account to determine safe levels
- The processes for assessment and monitoring that should be used to determine safe midwifery care.

More information is available via the following link

<http://www.nhsemployers.org/news/2014/10/nice-launches-four-week-consultation-on-safe-midwifery-staffing>

Industrial Action

The Trust had a total of 56 staff take strike action on the 13th October 2014 and no operational issues were reported during the 7am-11am stoppage.

Further action was taken by the Society and College of Radiographers on the 20th October 2014 with stoppage being between 9am-1pm and action short of strike continuing with members undertaking 'work to rule' from Tuesday 21st October to Friday 25th October 2014.

Further industrial action is planned by a number of Trade Unions throughout November and December, the Trust will communicate any strike action contingency plans as appropriate.

NHS Employer Updates

Good Practice in Apprenticeship Recruitment – Research from the CIPD – The CIPD have found that in order for employers to recruit successfully to apprenticeship posts they must:

- Adopt 'youth friendly' recruitment practices by removing organisational jargon
- Ensuring that feedback is provided to candidates in order for them to be considered for future positions
- Raise the profile of apprenticeships within and outside your organisation
- Provide clear information on career prospects

To read more on the research from the CIPD follow the below link:

<http://www.nhsemployers.org/news/2014/10/good-practice-in-apprenticeship-recruitment>

New System for Fitness to Practice Checks - The Nursing and Midwifery Council (NMC) has announced the first group of organisations that will help test its new system of checks on fitness to practice for nurses and midwives, which is set to be introduced under revalidation from 31 December 2015. The pilot sites will help the NMC further develop its revalidation model, guidance and forms before its wider implementation next year. The organisations participating in the pilots are:

- Aneurin Bevan University Health Board
- Guys and St Thomas' NHS Foundation Trust
- Mersey Care NHS Trust
- NHS Tayside
- Public Health England
- Western Health and Social Care Trust.

Further pilot organisations will be announced by the NMC in due course. NHS Employers will continue to work closely with the NMC to ensure the process meets the needs of the NHS across England.

Raising Concerns – NHS Employers Expert Network

NHS Employers is working with NHS England to deliver a staff facing campaign on raising concerns to improve experience in the workplace. NHS Employers recognise the work that Trust's are undertaking to improve raising concerns at work, but feel there is more work to be done. Over the next few months, NHS Employers will be developing an online toolkit which will include a suite of materials designed to help employers engage with the Board, managers and staff to improve the raising concerns culture. The aim is to ensure all staff know how to raise a concern, where to get advice, guidance and support along with improving managers understanding of their roles and responsibilities. To support NHS Employers NHS organisations are invited to join a virtual Expert Network. For more information on how to join the network follow the below link <http://www.nhsemployers.org/news/2014/10/join-our-new-raising-concerns-expert-network>

16.0 Health Education East Midlands Visit – 14th October 2014

The Trust had its first multi- professional annual inspection HEEM visit on the 14th October 2014 and was assessed against the new Quality Standards developed for a new multi-professional quality management framework that covers all nursing, medical, dental, allied health professional, wider workforce development training and education activities. This was a level 2 visit which is a medium level visit and aims to understand where the risks are and to provide support to reduce the negative impact on learners and outcomes. This outcome was anticipated and the main reason for this level being agreed was the continued issues in Radiology being cited. The areas that were visited include Radiology, Anaesthetics, Urology, Internal Medicine, Nursing Preceptorship and Pre-registration Nursing students, Audiology, Pharmacy, Cardiology, GP trainees, Trauma and Orthopaedics, Acute Stroke, ED and Paediatrics.

The quality management framework developed by HEE consists of the following 10 domains

- Patient safety
- Quality management, review and evaluation.
- Outcomes including areas of innovative practice
- Recruitment, selection and appointment of trainers and mentors.
- Delivery of approved curriculum and assessment.
- Support and development of learners, trainers and local faculty.
- Management and governance of training.
- Educational resources and capacity.
- Equality, diversity and opportunity.
- Learning and Development Agreements.

From an education and training perspective, the visiting team reported that there were many areas of good practice which included:

- The quality of pre-registration nurse education was good and that trainee nurses felt well supported by mentors.
- There was good preceptorship support for newly qualified nurses joining the Trust through a dedicated preceptorship nurse.
- That the new HEEM Quality standards were well led and managed by the Deputy Director for Training, Education and Development which was clearly demonstrated and in particular within the provision of Pharmacy teaching and learning.
- Audiology training and education was also deemed to be of a good standard and the department is currently working towards achieving national accreditation.
- Foundation Trainees were generally 'happy' with the quality of their training and education.
- Electronic surgical handover was reported as being very good.
- Supervision of trainees were reported as good.
- Foundation trainees reported that ward staff are very supportive of junior doctors.
- VitalPAC was reported as being very good and very innovative in contributing to improving patient care.
- The provision and quality of resources in the Trust's Education Centre were considered to be excellent to support multi-professional teaching and learning.

However, a number of patient safety concerns were raised at the visit and the HEEM have escalated these to the CQC. The concerns were:

- Trauma and Ortho
- Patients arriving in the anaesthetic room without signed consent forms or surgery site marked. (Unsubstantiated at time of visit)
- Trainees reported frustrations with communications and interactions with ED department and felt bullied to take patients inappropriately from ED
- Concerns expressed from a range of clinicians regarding dependence on locum medical staff of variable quality.
- Foundation trainees reported difficulty with the ICE IT system, where there appears to be a risk of confusion borne out by blood results being delivered in a non- logical chronological sequence.
- Foundation trainees in Cardiology reported lack of senior clinical support resulting in significant periods where inpatients are managed without senior input.

The Trust has begun investigations into these issues and will report back findings to the next Board. An action plan is currently being developed.

