

Human Resources - Quarterly Workforce Report

Quarter 1 – 2014/2015 Financial Year

Board of Directors Meeting – 31st July 2014

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1.0 Introduction & Summary

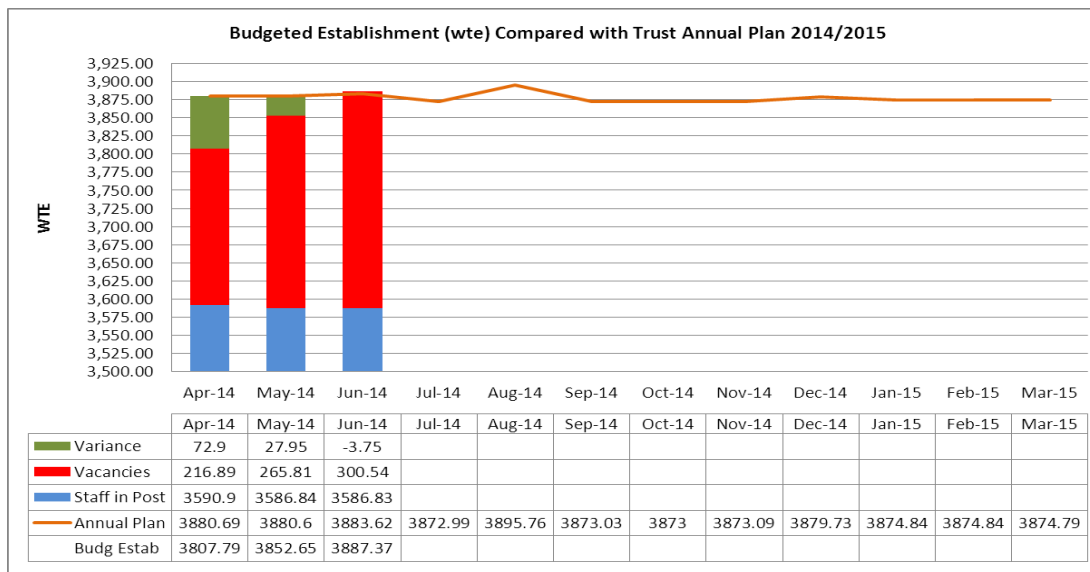
This report focuses on the key performance indicators for the Trust's workforce which are monitored monthly and quarterly, this report presents the quarterly position for the Trust specifically April, May and June 2014. The report is presented by Karen Fisher, Executive Director of Human Resources and has been prepared by the Deputy Director of Human Resources and the Workforce Information Manager, 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 June 2014 the Trust **budgeted establishment** stood at **3887.37** this is an increase in quarter 1 due to the Registered Nurse Keogh funding being filtered into divisional budgets.
- **Staff in post** has remained broadly comparable in quarter 1, it is anticipated that in the next quarter the Registered Nurse staff group will increase in staff in post numbers when newly qualified nurses and international recruits commence with the Trust.
- The **vacancy rate** has increased in quarter 1 to 7.73%, this is due to the Keogh investment being funded into the divisional budgets in June 2014.
- **Total Pay** increased to £42.5m in quarter 1, a reduction of £593k when compared to quarter 4. Central reserves and facilities figures have not been accounted for within these numbers.
- **Fixed pay** totalled £36.4m in quarter 1 meaning a decrease of £673k compared to quarter 4.
- **Variable pay** continues to remain high for the Trust totalling £6.1m in quarter 1 compared with £6.03m in quarter 4, the main increase in quarter 1 being due to the Medical variable pay spend.
- **Recruitment activity** has increased during quarter 1 with a total of 162 adverts being placed on NHS jobs. There were 484 offers of employment made in quarter 1 of the financial year with 119 of those being due to the junior doctor changeover which takes place in August 2014.
- **Turnover** remains low for the Trust with the average turnover for quarter 1 being 0.66% compared to a higher turnover rate of 0.94% in quarter 4.
- **Sickness absence** at the end of quarter 1 stood at 4.46%, this is a decrease of 0.24% from quarter 4, the increase in quarter 1 is attributable to a rise in long term sickness (more than 28 days). The **cost of sickness absence** in quarter 1 was £1.2m. The Trust is confident that long term sickness absence is being managed appropriately.
- **Appraisal compliance** measures have now been changed for the new financial year with a new target being set at 98%, the Trust appraisal compliance at the end of quarter 1 was 81% which has declined by 3% between the end of May and the end of June.
- **Mandatory training** for the Trust stood at 78% at the end of May 2014 which was the same as March 2014, mandatory training target is now 90%. The CQC cited mandatory training compliance not being on target, the Trust will continue to pursue the current initiatives in order to increase compliance.
- There were 22 on-going cases for **employee relations** at the end of June 2014.
- The **Staff Survey** action plan has now been completed and lead's for each action have been identified, an update against plan is provided within the main body of the report with notable progress being made.

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		
Admin & Clerical	6.06%	54.97
Allied Health Professionals	9.25%	17.66
Ancillary	-10.37%	-4.09
Medical & Dental	7.65%	33.63
Registered Nurse	9.22%	117.53
Scientific & Professional	2.41%	4.80
Technical & Other	3.58%	8.85
Unregistered Nurse	11.41%	67.20
Grand Total	7.73%	300.54

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 and the number of vacancies per staff group. The Ancillary staff group is showing as over established by 4 wte's.

Budgeted Establishment

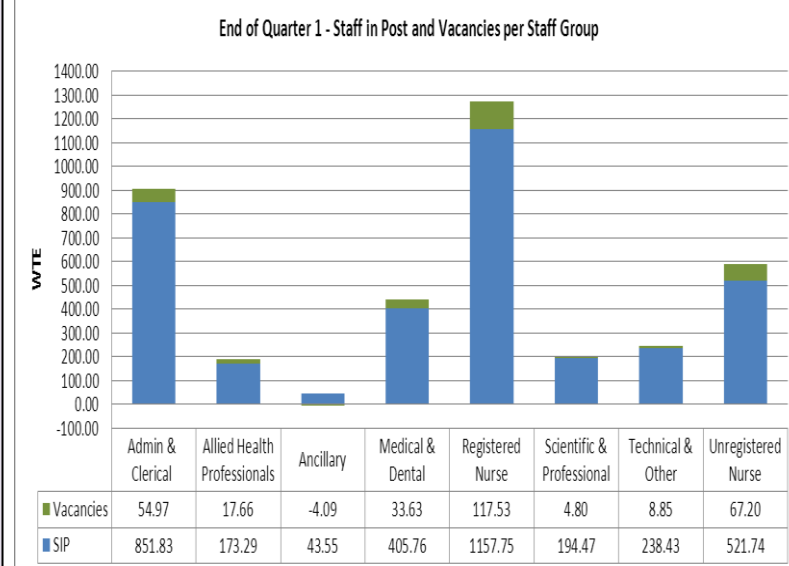
- Establishment was 3.75 wte's above annual plan at the end of quarter 1
- Establishments have increased within quarter 4 due to the Keogh Registered Nurse investment, 12.13 wte's were allocated to PCS and 43.48 wte's for ECM.
- 23.62 wte's have been removed from divisional budgets in quarter one for CIP allocation.

Staff in Post

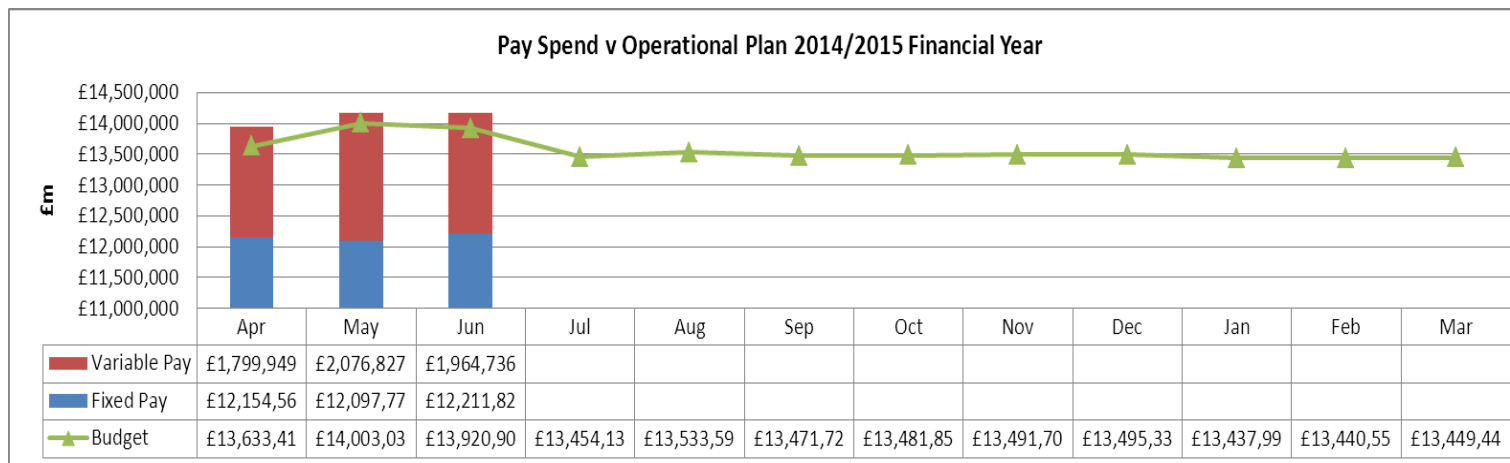
- Staff in post has remained broadly comparable in quarter 1, it is anticipated that in the next quarter the Registered Nurse staff group will increase in staff in post numbers as there are 51 NQN's due to start in September and 13 international nurses have recently been offered employment with the Trust.
- The average staff in post for quarter 1 stood at 3588.35 wte's.
- In the last 12 months the Trust has increased Registered Nurse staff in post by 41 wte's.

Vacancies

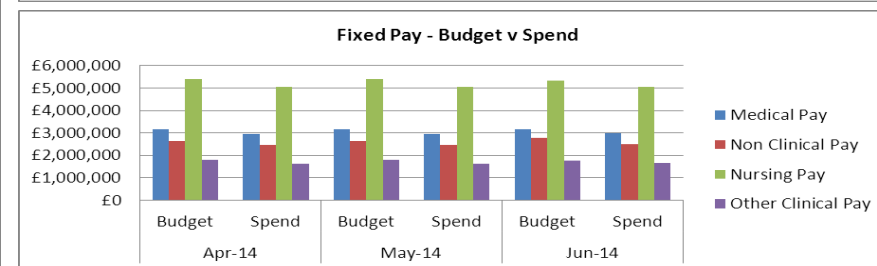
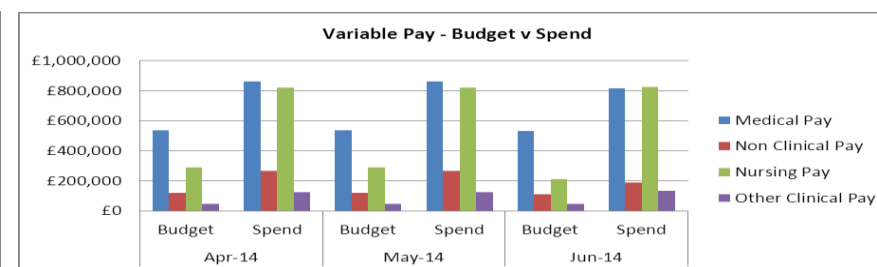
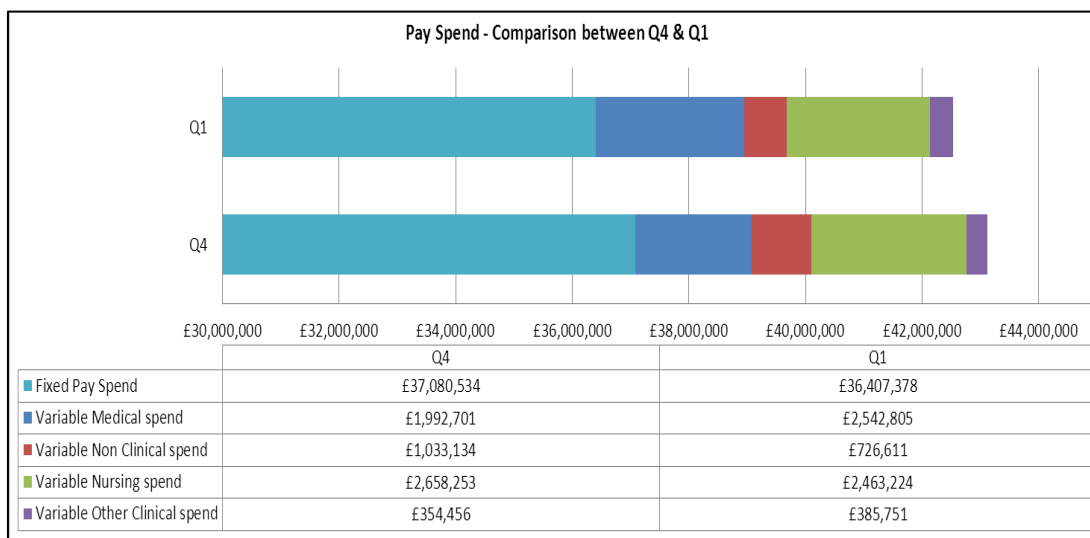
- The vacancy rate at the end of quarter 1 was 7.73% compared to 5.42% in quarter 4.
- The increase in vacancies are attributable to the Keogh investment with the main rise being seen within ECM.
- Registered Nurse vacancy rate stands at 9.22% (no of vacancies against budgeted establishment) this compares to the end of quarter 4 when it was 7.08%. The increase is due to Keogh investment being funded into the divisions.



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



1. The adjacent chart shows pay spend for April, May & June 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 £42.5m in quarter 1, this has reduced by £593k compared to quarter 4.
- Pay budget for quarter 1 was £41.5 m which has meant a £748k overspend in the first quarter
- Fixed pay spend totalled £36.4m in quarter 1 which was £673k less than quarter 4. In each month of the first quarter fixed pay has been underspent which shows a relationship with the variable pay spend and vacancy position.
- Variable pay spend totalled £6.1m in quarter 1 compared with £6.03m in quarter 4 which was a £79k increase. The above pay spend comparison identifies that the increase is within Medical staff variable pay specific to the Junior Doctors within Medicine, the Trust has faced difficulties as the Deanery did not appoint enough Junior Doctors to fill the vacancies, this impact has been seen across the majority of specialties. To mitigate this the Trust has advertised vacant posts but where appointments to vacancies have not been possible the Trust has used agency to cover the vacant shifts. The rotation for August has identified that there will be 4 FY1 and 6 Specialty Registrar gaps across different specialties and the Trust is working with an agency to fill these posts on a fixed term contract basis.
- Nursing & Medical variable pay spends remain a challenge to the Trust with consistent high levels being spent during the first three months of 2014/2015 financial year.

4.0 Recruitment

Recruitment Team Update – (Source NHS Jobs)

Below highlights the recruitment activity that took place within quarter 1, figures include the planned junior doctor changeover for August 2014:

- There has been an increase in activity during each month of the first quarter.

Posts Offered in Q1

Division	April	May	June	Sub Total
Corporate	88	29	69	186
Diagnostics & Rehabilitation	18	27	36	81
Emergency Care & Medicine	14	28	14	56
Planned Care & Surgery	9	23	11	43
Medical Staffing (Junior Doctors)	0	0	119	119
GRAND TOTAL	129	107	249	485

- 82 Bank Health Care Support Workers were offered positions with the Trust in quarter 1, Bank figures are included in the Corporate position.
- There were 51 Newly Qualified Nurses due to join the Trust in September 2014
- The increase in offers of employment in June was due to the planned junior doctors changeover where 119 posts were offered to candidates. However this still reflects an additional 23 offers during June.

Total Adverts Placed in Q1 by Division

Division	April	May	June	Sub Total
Corporate	23	15	17	55
Diagnostics & Rehabilitation	17	18	16	51
Emergency Care & Medicine	6	14	10	30
Planned Care & Surgery	3	8	15	26
GRAND TOTAL	49	55	58	162

- Extra resource has been temporarily added into the Recruitment team to manage the high volume of recruitment, further to this an interim Recruitment Manager has now been appointed in order to review the recruitment processes and utilisation of NHS Jobs 2.

Hard to Fill Areas

- Medical staff Emergency Department
- Medical staff Acute Medicine
- Medical staff Geriatrics

Skype interviews are being undertaken with international recruits on a weekly basis in an attempt to fill these roles.

Registered Nurses continue to be an area where the Trust are facing difficulties with recruitment - the Trust are currently working with an advertising agency to develop a local recruitment campaign to attract registered nurses.

Consultant Recruitment

During Quarter 1 the below Consultant appointment was made:

Consultant in Dermatology - Dr. Maaz Abid - commenced 2nd July 2014

Disclosure & Barring Service Update Service (DBS) – (gov.uk)

The DBS update service has recently been launched and it allows applicants keep their DBS certificates up to date online and allows employers to check a certificate online. Applicants will have to pay for registration costing £13 per year, and once joined applicants will be able to:

- take certificates from one job to the next
- give employers permission to check certificates online, and applicants/employees can also see who has checked it
- add or remove a certificate

Employers and other organisations can check someone's DBS certificate status online and get a result straight away. There's no registration process or fee for employers to check a certificate online, but employers must:

- be legally entitled to carry out a check
- have the worker's permission

The Trust is finding that junior doctors are utilising the service and the recruitment team are adopting practices to make use of the DBS update service.

International Recruitment (NHS Confederation)

The NHS European Office has been working with the EU to improve the mobility and quality of medical professionals who wish to practise in different EU countries, the improvements include:

- A warning system for professional regulators – this will inform different countries of rogue practitioners.
- Agreement that language checks can be made by regulatory bodies
- Automatic recognition of minimum training requirements for different medical professions.

This will mean that professional bodies will be able to inform NHS providers of relevant information at employment stage when professional checks are made.

The Trust has recruited 19 international nurses who have commenced employment with the Trust since January 2014 and 13 offers of employment were made to Registered Nurses during the trip to Rome in June 2014; start dates are currently being arranged. A higher than expected number of international candidates (31) have accepted and then declined offers of employment, international recruitment is being reviewed.

Qualified Nurse Supply & Demand – Survey Findings

NHS Employers & NHS England have conducted a survey to identify issues with the supply and demand of Registered Nurses and to gather information on the actions NHS organisations were taking to resolve any supply shortages. Key points from the survey were:

- 83% of organisations that were surveyed reported shortages in the Registered Nurse supply.
- The vacancy rate for Registered Nurses of those organisations that provided information was 10%.
- 45% of organisations have actively recruited from outside the UK in the last 12 months with 51% considering actively recruiting outside of the UK in the coming 12 months.
- Nearly half of the organisations that were surveyed are looking to increase Registered Nursing numbers.

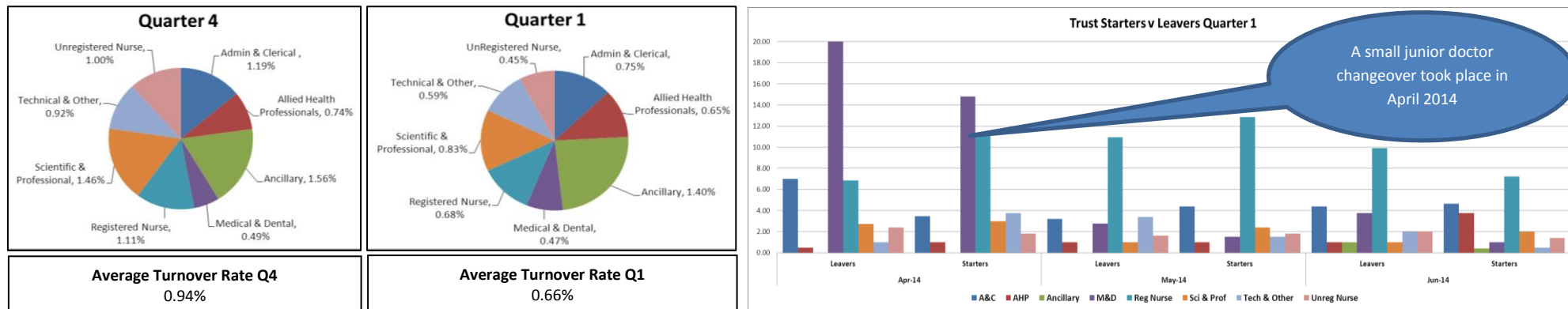
A full report is available via the following link:

<http://hee.nhs.uk/wp-content/uploads/sites/321/2014/05/NHS-qualified-nurse-supply-and-demand-survey-12-May1.pdf>

This report is reflective of the difficulties the Trust is facing with a Registered Nurse vacancy rate of 9.22%.

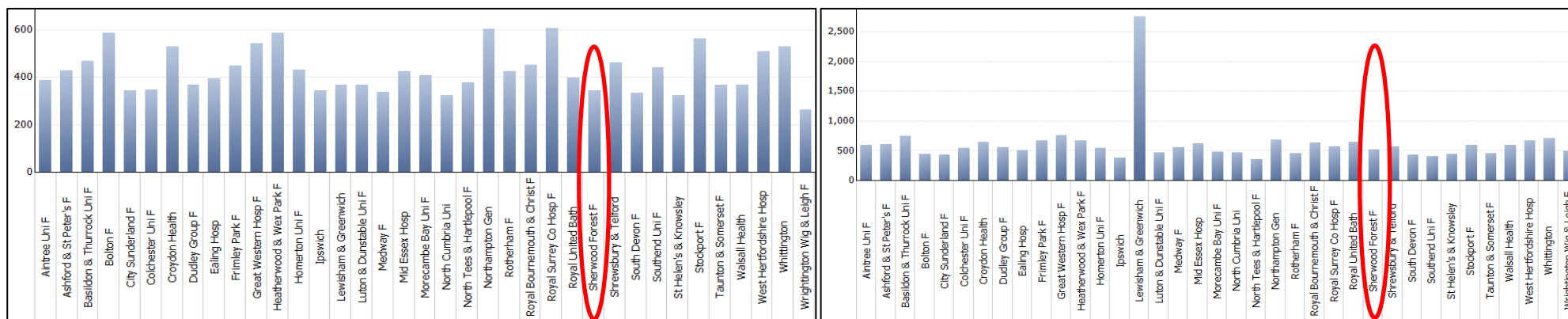
5.0 Turnover – Starters, Leavers and Exit Interviews – Source ESR

The below information shows starters, leavers and turnover figures for the quarter with comparison to quarter 4.



- Turnover has decreased in quarter 1 compared with quarter 4, this is due to a decrease in the number of admin & clerical and Registered Nurse staff leaving employment with the Trust.
- There were **85.70 wte starters in quarter 1** compared to 160.12 wte's in quarter 4, 33 wte's were due to the junior doctor changeover in February. The highest number of starters were within the Registered Nursing staff group totalling 31.61 wte this compared to 63.38 wte's that were recruited in quarter 4.
- The Trust were anticipating increased numbers of Registered Nurse starters in quarter 1, there has been a delay in issuing pin numbers from the NMC which has affected the international recruits start dates.
- There were **89.58 wte leavers in quarter 1** compared to 145.21 wte's in quarter 4, 38.53 wte's were due to junior doctor changeover in February. The highest leavers in quarter 1 with the exception of the junior doctor changeover in April were the Registered Nurse staff group 23.57 wte's, positively this is a decreased number from quarter 4 when 38.65 wte's left the Trust.
- There were 2 dismissals from employment in quarter 1.
- There were 10 resignations where the reason for leaving was cited at 'Voluntary Resignation – Work Life Balance'
- There were 7 flexi retirements and 11 staff who decided to retire completely in quarter 1
- There were 4 Consultant starters in quarter 1 within Radiology, Geriatrics, Obs & Gynae and Anaesthetics

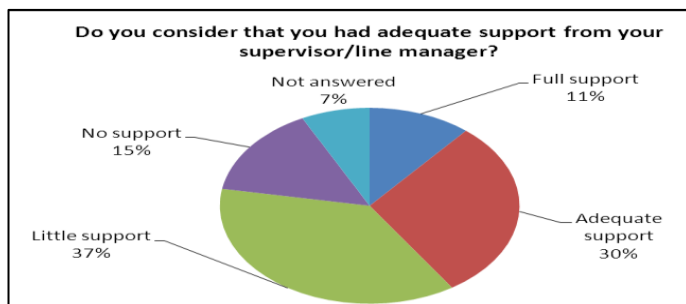
Benchmarking Data – April 2014 data - Source Health & Social Care Information Centre – The below data compares SFH with other Acute Medium sized Trusts and measures data over 12 months. The information excludes Dr's in training, locums and bank staff.



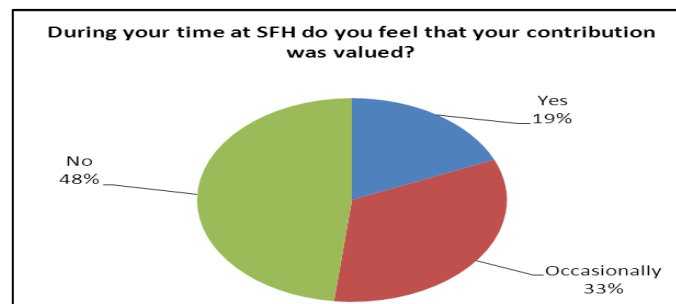
Exit Interviews – Key Messages from Quarter 1 – Exit Interview Returns from Staff

The below information provides a brief summary from quarter 1 to highlight key messages from the staff who undertook an exit interview prior to leaving the Trust.

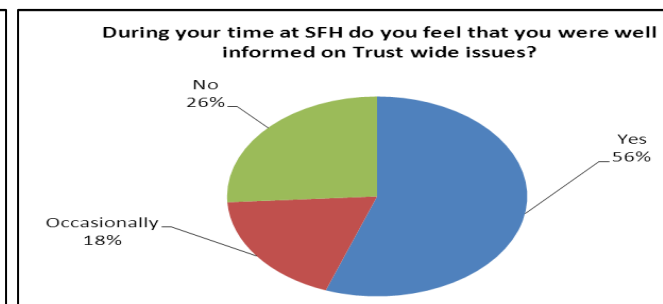
27 staff participated in the exit interview process in quarter 1, this compared with 48 staff in quarter 4. There were 89.58 wte leavers in quarter 1 compared with 145.21 wte leavers in quarter 4. It has been found in quarter 1 that there has been a decline in the average positive experience score to 2.4 from 3.3 in quarter 4. 1 stands for 'poor' and 5 is 'positive'. The Trust is disappointed in the results for quarter 1; however it is acknowledged that 10 out of the 27 respondents had gone through either workforce change or work area relocation. Staff have also been surveyed in quarter 1 with regards to the Friends and Family test and this analysis is within section 12.0. This has shown positive results of those staff who still continue to work for the Trust.



In Q1 11% of staff said they felt they had 'Full Support' from their line manager, this compared with 25% in quarter 4. The Staff Survey results for 'Support from immediate line managers' was 3.63 out of 5 with 5 being 'supportive managers'. This score was average when compared with other Acute Trust's in England.



48% of respondents in Q1 felt that their contribution wasn't valued, this compared to Q4 when 47% responded 'yes' they did feel valued.



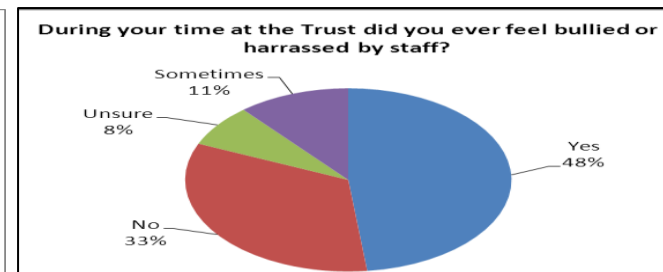
In Q1 56% of staff said they did feel well informed on Trust wide issue, this compared to 83% in Q4.

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.
- Negativity is preventing the team from being cohesive and thus reflecting in poor staff engagement.
- Mentor appointed but not put on shift together. Managers too busy and are forgetting basic things with staff.
- Nothing ever gets done on PDP
- Particular concern taken seriously and addressed but not followed up in sustaining therefore breached again
- At operational level the team were really good, professional, good team working.
- Staff excellence award ceremony is inspirational.
- Very good support including during a difficult time.



Respondents were asked to respond on a 1-5 scale, 1 being very dissatisfied and 5 being very satisfied. The response is varied, 37% of respondents were 'very dissatisfied' with staffing levels. The 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.



48% (13 out of 27) of respondents stated that they did feel bullied/harassed during their time at SFH, this compared to 33% in Q4. The 2013 Staff Survey results show that 22% of respondents experienced harassment /bullying or abuse from staff in the last 12 months. Where serious issues have been raised the information has been fed back to the appropriate senior manager in the Trust. There are currently 2 harassment investigations on-going.

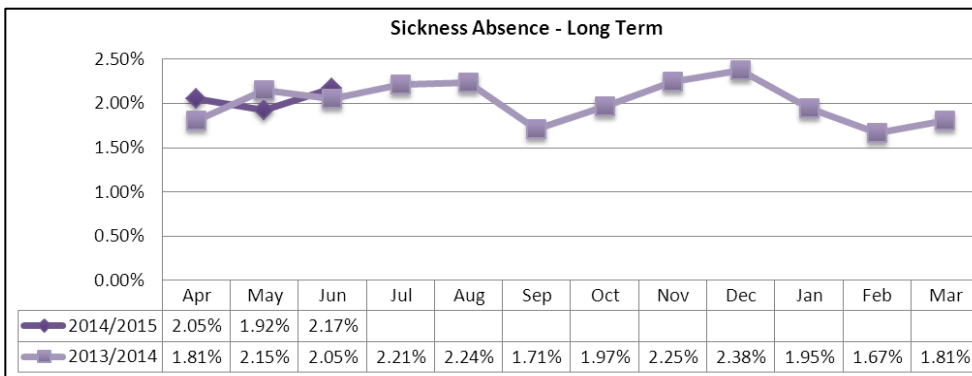
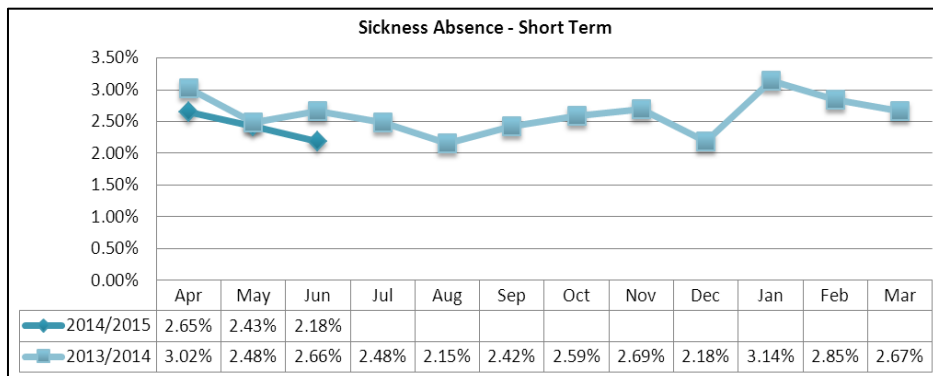
From the 1st July 2014 the Exit Interview document has been revised to inform staff of how the Trust will be using the Exit Interview feedback to meet information governance standards. The Exit Interview form now states that information will be reported to the Board of Directors on a quarterly basis and that any trends or concerns will be shared with HR colleagues in order to learn from good practice and investigate areas of concern. This will allow the Trust more freedom to address issues raised and concerns in a more open manner and the following steps have been put in place to address concerns:

- A summary will be provided to HR advisors on a quarterly basis who will then feedback to the divisions anything of concern or an identified trend
- Anything that is felt of a particular concern will be raised directly with the HR Advisor or relevant Senior Manager at the point in time in order to address or complete further fact finds.

The Trust will identify trends and triangulate results with other information sources such as Staff Survey, Friends & Family Test going forward.

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.

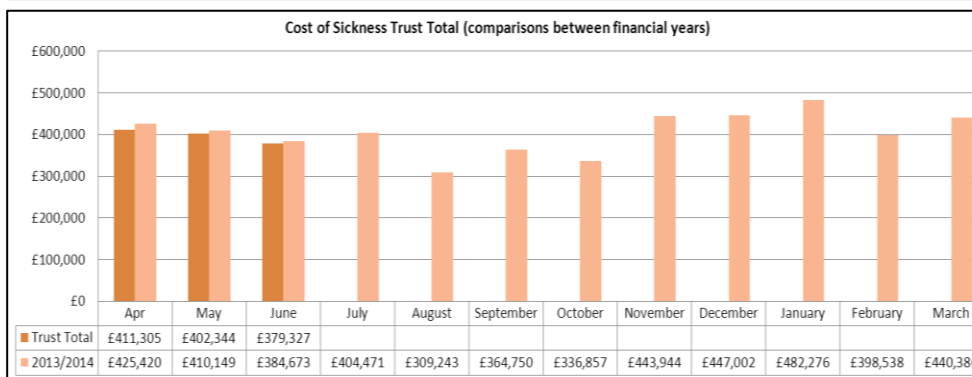
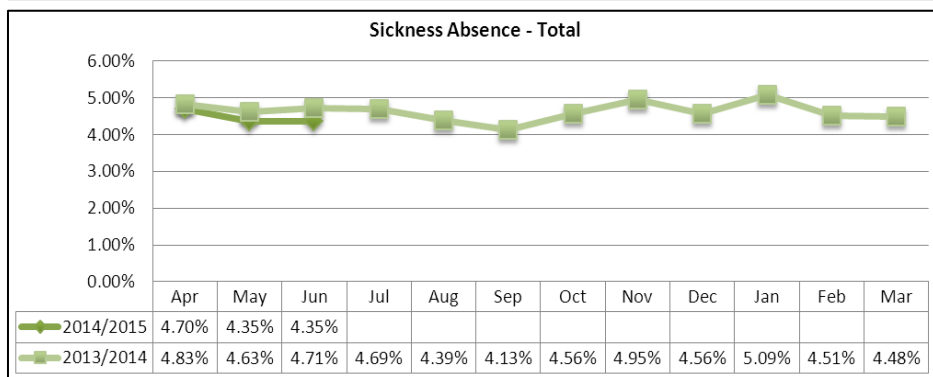


Short Term Sickness Absence

- Short term sickness absence for **quarter 1** stood at **2.41%** which compared to **quarter 4** when the figure stood at **2.89%**.
- Short term sickness absence has shown a decrease in quarter 1, it is anticipated that the downward trend continues with the launch of the Sickness Absence Policy.

Long Term Sickness Absence

- The long term sickness absence rate for **quarter 1** stood at **2.05%**, this compared to **1.81%** in **quarter 4**.
- Long term sickness absence went up in the latter part of quarter 1, analysis is being undertaken and managers are being contacted with regards to staff who are showing as open ended to validate sickness absence data. The Trust is confident that long term sickness absence is managed appropriately.



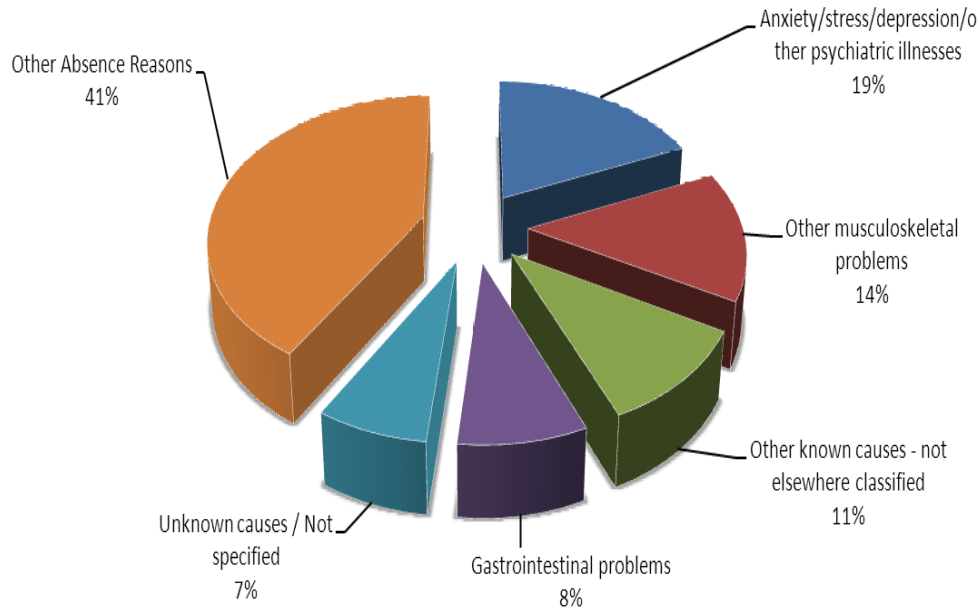
Total Absence

- Total sickness absence for the Trust in **quarter 1** stood at **4.46%** this compares to **quarter 4** which was **4.70%**.
- The highest absence reason in **quarter 1** was **anxiety/stress/depression** with **2701** working days being lost.
- The highest first day absent continues to be a Monday
- The Trust lost 3.47 working days per employee in quarter 1. This is based on headcount at the end of June 2014.

Cost of Sickness Absence

- The cost of sickness absence in **quarter 1** totalled **£1.2m**, this compared with **quarter 4** which was **£1.32m**.
- Per employee the cost of sickness absence stands at £285.89, this is based in headcount at the end of June 2014.
- The figures above represent the cost of paying staff to be off sick from work not the cost of cover.

Top 5 Sickness Absence Reasons Quarter 1 - Compared to all other absence



Health & Wellbeing Agenda

The Health & Wellbeing Committee has reviewed the terms of reference in order to re-focus its purpose and create clear objectives for the group going forward. The group are also in the process of developing a specific Health & Wellbeing strategy which will be reported back to the Board in quarter 2.

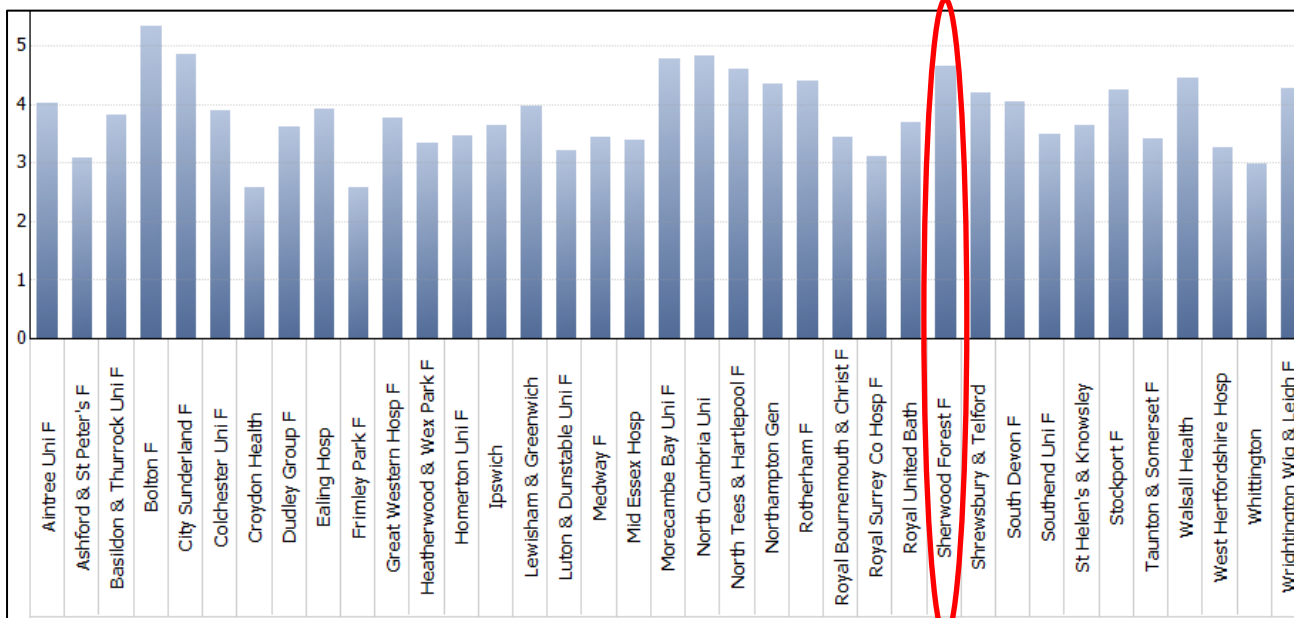
Sickness Absence Policy

The new Sickness Absence Policy went live on the 1st July and manager training sessions have now taken place.

A toolkit has also been launched to support managers throughout the process and to encourage quality documentation when managing sickness absence cases and 1:1 support is being offered to managers. Monitoring compliance in line with the policy will take place next month.

Managers are now being asked to implement the policy at a local level.

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



Benchmarking Data

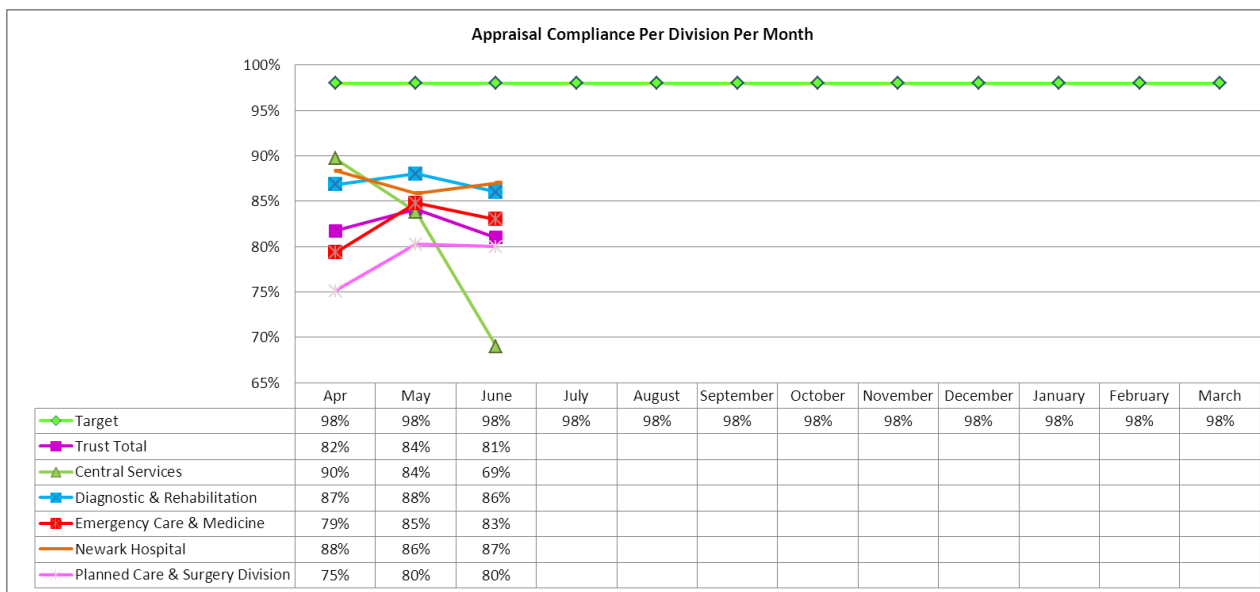
This chart shows the latest data available from the Health & Social Care Information Centre. The bar chart shows how Sherwood Forest Hospitals compares in terms of sickness absence with other medium Acute Trust's.

The Trust does have a higher sickness absence rate from the information provided which stands at 4.68% compared with a 3.70% rate overall for Acute Medium Trusts.

Please note that Medirest staff are included in these figures.

7.0 Appraisal Compliance (Agenda for Change)

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.



In quarter 1 Emergency Care & Medicine have made good progress in completing appraisals with a significant effort made in May of this year.

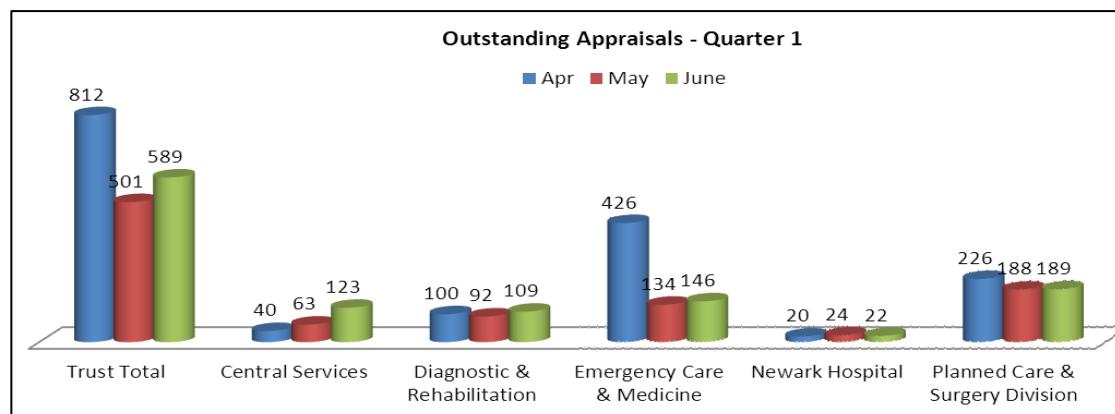
Improvements were made in the first two months of the quarter, however in June there was a significant decline with appraisal compliance decreasing by 3%.

In June all areas apart from Newark & Planned Care decreased their appraisal compliance, with Planned Care & Surgery remaining static and Newark improving by 1%.

The Corporate areas have had the biggest impact as month on month appraisal compliance has decreased.

Managers are being notified of any appraisals that are non compliant and are required to action as soon as possible in order to reach the 98% target. The Corporate areas the main focus due to the decline in compliance. Areas for concern are outlined below:

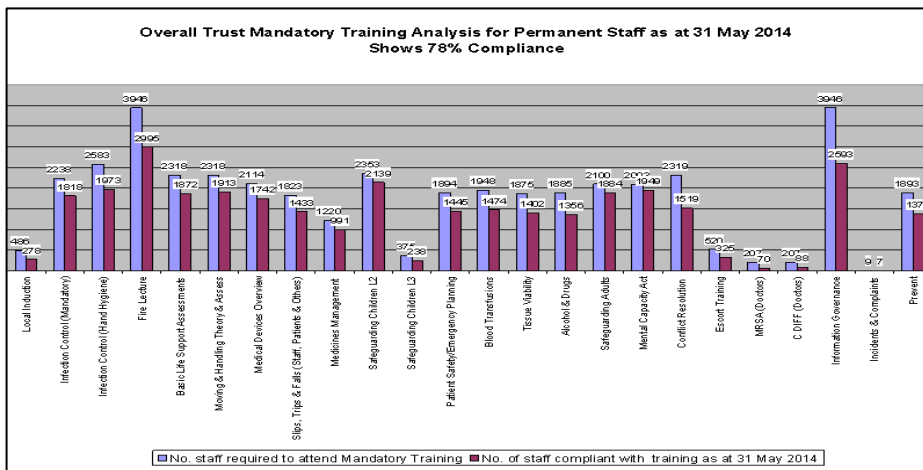
- NHIS Project Recurrent – 21 appraisals outstanding
- KTC Nursing Staff – 14 appraisals outstanding
- Ward 23 – 12 appraisals outstanding
- Ward 25 – 42 appraisals outstanding



The Executive team will be reviewing appraisal compliance at the next meeting and actions will be put in place to address decline.

8.0 Training, Education & Development

The target for mandatory training has now changed to 90%. The below graph shows compliance by course at the end of May 2014:



The overall mandatory training compliance rate for the Trust as of the end of May 2014 was 78%, which was the same as March 2014. The compliance target for 2014/2015 financial year has now been changed by the CCG's from 80% to 90%.

The Mandatory Training Policy has been updated to include the new recommendations from the National Skills for Health Mandatory Training Passport and due to this it has been agreed at the Workforce & OD Committee that for 2014/2015 a shadowing monitoring period will be introduced in order to give staff time to undertake the new training topics agreed in the policy.

From September 2014, some of the paper based mandatory training workbooks will be available as an e-learning package. Many staff have requested this functionality from course feedback and it is hoped this new initiative will help further increase mandatory training compliance by providing wider and instantaneous accessibility to certain aspects of mandatory training.

The requirements to improve mandatory training compliance in the CQC report has been noted. The Training, Education and Development department have already been working on a number of initiatives such as increased use and access of e-learning resources to help improve compliance rates and the development of a new suite of performance management reports through the ESR system which will help managers to drive compliance at a local level.

Divisional Breakdown

Corporate	81%	Same	(81% as at 31 March 2014)
D&R	75%	-1%	(76% as at 31 March 2014)
ECM	79%	Same	(79% as at 31 March 2014)
PCS	77%	-1%	(78% as at 31 March 2014)
Pool	68%	+1%	(67% as at 31 March 2014)

LETB Updates

- The first National Workforce Development Plan (for the period 2014-17) was published and it was noted more training places for Nurses and GP's have been put forward than asked for at local level. Themes are appearing around integration and more work is needed around Primary Care and Community Care, as well as Emergency Departments, and other political pressure areas.
- The Board discussed incentivising placements within Nottinghamshire to attract students to study and stay within the County following examples such as the Welsh Government looking to pay back student loans to attract students to stay in rural areas.
- The Shape of Training review was discussed at the HEEM Governing Body and the Greenaway report is currently being costed.

Junior Doctor & Pre Reg Nurse Forum feedback is attached in **Appendix 2.**

New Quality Standards for the inspection of Training and Education

Health Education England (HEE) has now developed and launched a new multi-professional quality management framework that will cover all nursing, medical, dental, allied health professional, wider workforce development training and education activities for which Trusts will be required meet the identified quality standards. From 2014, all Trusts will now receive a new multi-professional annual inspection visit and will be assessed against new quality standards. The quality management framework developed by HEE consists of the following 10 domains:

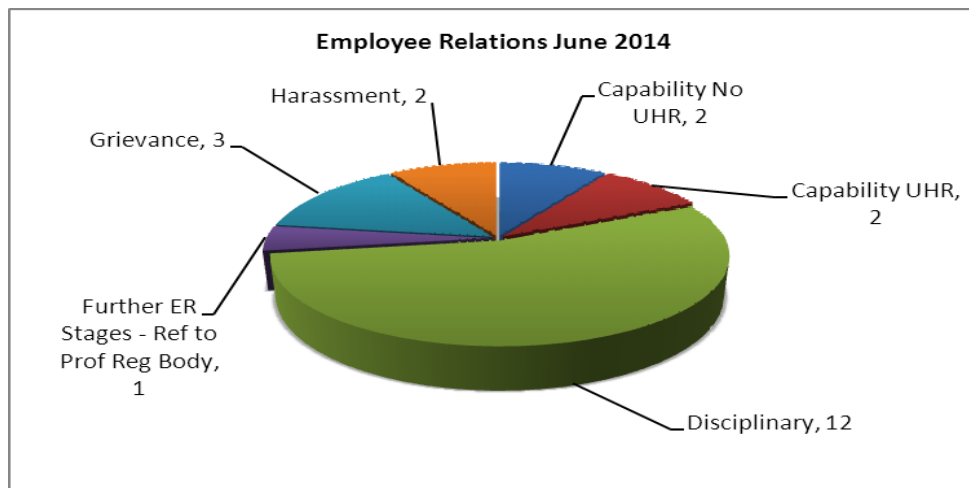
- Patient safety
- Quality management, review and evaluation
- Outcomes including areas of innovative practice
- Recruitment, selection and appointment of trainers and mentors.
- Delivery of approved curriculum and assessment.
- Support and development of learners, trainers and local faculty.
- Management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

The Trust currently enjoys a strong reputation for the quality and experience of junior doctors, practice learning and medical students and dental trainees who come to work at the organisation. We have close working relationships with HEE, LETB, Royal Colleges and HEIs. Existing quality assurance and monitoring systems have been in place for many years and our medical education quality framework was recently held up as a regional example of best practice by the University of Nottingham. Our annual Learning and Development Agreement (LDA) annual reviews led by the Executive Director of HR & OD and Deputy Director of Training, Education and Development are always extremely positive and supportive with no concerns being raised by HEE on the quality of our education provision.

This puts the Trust in a position of strength to ensure that we are able to meet all of the standards outlined in HEE's new quality framework. The Deputy Director of Training, Education and Development will now lead on implementing and managing the new HEE quality framework across the Trust to include all multi-professional training and education provision. A gap analysis will be carried out against our existing quality frameworks to ensure that all of the new HEE standards are met and quality systems updated as appropriately. Appendix 1 gives an overview of the baseline against these new standards. Appropriate action plans have been put in place in all specialities to ensure compliance with these standards are achieved. Monitoring of the compliance with the new HEE quality framework will be carried out by the Workforce and OD Committee quality monitoring cycle where the HEE dashboard report will be presented on a quarterly basis.

The date for the first inspection visit has been set for the 14th October 2014.

9.0 Employee Relations



The pie chart shows that there were 22 employee relations cases on-going at the end of June 2014. All employee relations cases are reviewed by HR on a regular basis in an attempt to reduce delays in processes.

Workforce Change:

Pathology – The move from on call to full shift rota due to be implemented from 1st November has now been delayed until 1st January 2015 due to B5 and B6 BMS vacancies which are currently being recruited to. Consensual Variation to Contract letters were issued 6th May 2014, however only 3 signed and returned; these will be reissued week commencing 28th July to ensure 12 week notice period is met.

Complaints & PAL's – A workforce change has been undertaken to amalgamate the Complaints & PAL's departments as an outcome of the Keogh review which will ensure that the providers of care within the Trust are accountable for the patients they serve and to enhance the quality of the service that is provided. The HR transactional processes have now take place and the department is now waiting for the new Patient Experience Manager to commence. Once in post the transformation phase will take place.

10.0 Nurse Bank

Month	Requested Shifts																								
	Bank request			Cancelled by the ward			Total Requests			Bank filled			Agency Fill			Remained Unfilled			Total Bank/Agency Fill						
	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Bank	Agency	Unfilled	
Apr-14	1371	2382	3753	193	162	355	1178	2220	3398	190	16%	1413	64%	1603	898	76%	524	24%	1422	90	283	373	47%	42%	11%
May-14	1511	2361	3872	202	182	384	1309	2179	3488	185	14%	1444	66%	1629	1005	77%	497	23%	1502	119	238	357	47%	43%	10%
Jun-14	1568	2482	4050	234	304	538	1334	2178	3512	183	14%	1434	66%	1617	1048	79%	496	23%	1544	103	248	351	46%	44%	10%
Quarter 1	4450	7225	11675	629	648	1277	3821	6577	10398	558	15%	4291	65%	4849	2951	77%	1517	23%	4468	312	769	1081	47%	43%	10%

Bank fill for Quarter 1 was 47% compared to 43% for Agency staff. 10% of the shifts that were requested in quarter 1 were cancelled.

Work will continue in the coming months to measure bank and agency figures with a focus on driving agency figures down.

A Project Manager has been appointed to evaluate Bank and E-Rostering systems and processes to ensure rigour in the system and protocols. An update will be given in the next quarterly report.

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.

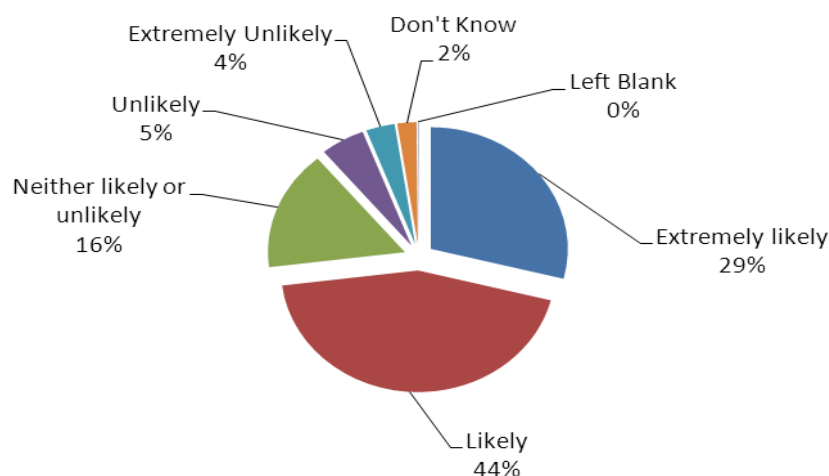


Action Point	Actions to be taken	Progress Update	Intended Outcome
Improving communication between senior managers	<ul style="list-style-type: none"> Ensuring that information is cascaded to staff Regular departmental meetings Managers to undertake 1:1 meetings with staff Senior managers to visit clinical areas to listen to staff 	<ul style="list-style-type: none"> Each division is working to improve communication between senior management and staff e.g. through Comm. Cells and other methods. Quality for all training for managers refers to 1 – 1 meetings with staff to discuss priorities, workloads etc. and the necessary skills for having difficult conversations. CEO holds regular Drop In Sessions. Within the divisions this is work in progress. 	<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 	<ul style="list-style-type: none"> The revised appraisal documentation is being circulated to managers for consultation. Appraisal training has been revised. Ensuring that all staff have a high quality annual appraisal is a target for all divisions. Areas with low appraisal rates are being supported to ensure improvement TED has planned more than sufficient capacity for mandatory training for 14/15 and a new e-learning workbook will be rolled out in Sept. 14. 	<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. The policy has been approved and an implementation plan is being developed. In development with the Health & Well Being group 	<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

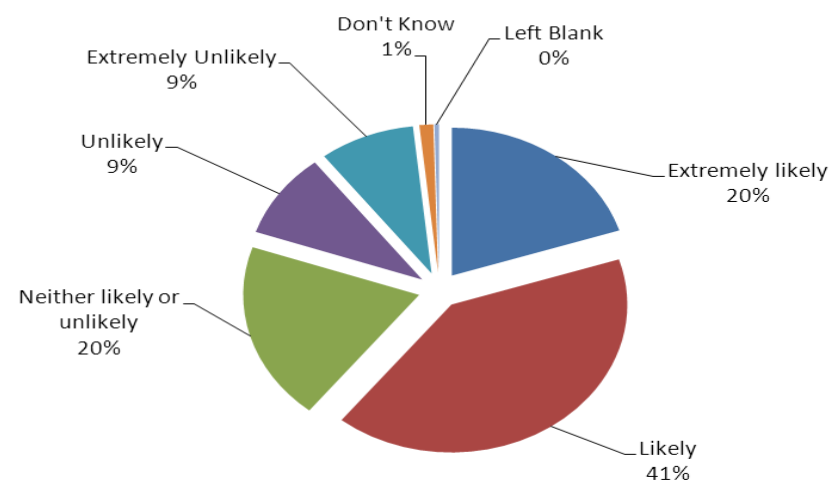
The Friends & Family test was sent out in Quarter 1 of this financial year as a requirement of the CQC and the results for each Trust will be reported on the NHS England website in September 2014. NHS England released information on the 23rd July to inform the Trust that they would be acting on the feedback of staff and patients nationally to change the presentation of the Friends & Family test to ensure that the results are easily understood. There were 708 respondents for the questionnaire's which were sent out with all payslips in May. The majority of respondents were within the Diagnostics & Rehab division who had a 28% response rate (out of 708 respondents). The Admin & Clerical staff group gave the highest response rate standing at 35% (out of 708 respondents).

How likely are you to recommend the Trust to friends and family if they needed care or treatment?



Out of the 708 respondents 44% of staff said that it was 'Likely' that they would recommend the Trust as a place to receive care or treatment with 29% saying that it was 'Extremely likely'. Of the respondents in the Exit Interview for quarter 1, 37% said that 'Yes' they would recommend the Trust as a place to receive treatment with 33% saying 'Sometimes', please note that the Exit Interview information is received from staff who were leaving the organisation.

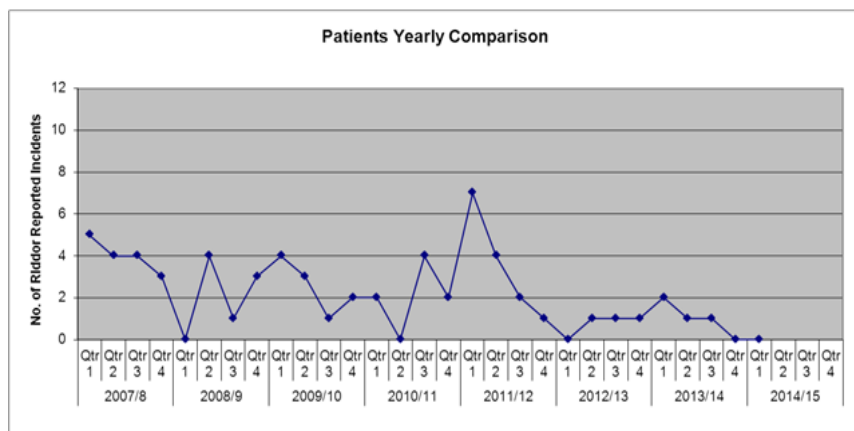
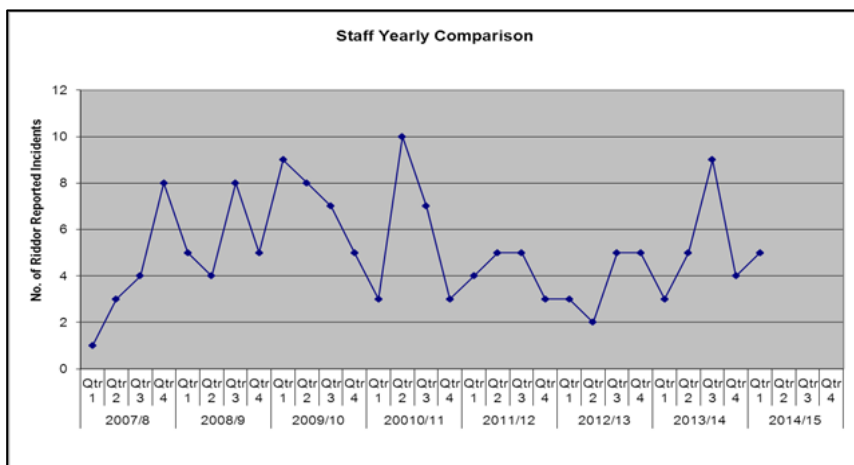
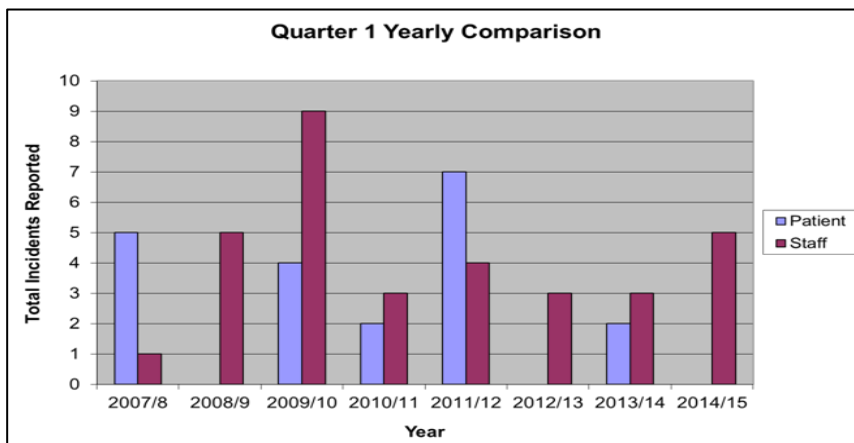
How likely are you to recommend the Trust to friends and family as a place to work?



Positively 41% of respondents said that they were 'Likely' to recommend the Trust as a place to work with 20% also saying that it was 'Extremely Likely'. This compares to the Trust's Exit Interview questionnaire for quarter 1 which shows that of the people who responded 41% said that they wouldn't recommend the Trust as a place to work, please note that this information is based on people who were leaving the organisation. 56% of staff in the Staff Survey also said they would recommend the Trust as a place to work, this was a score that compared as average against other Acute NHS Trust's.

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 are going to be changed to mirror the Friends and Family test so that direct comparisons can be made in the next quarter.

13.0 Health & Safety



Accidents and Incidents

- There were 5 staff accidents during Quarter 1 of 2014/15 that resulted in reports being made to the HSE under RIDDOR. 4 of the 5 reports were related to falls. One of the falls resulted in a fractured ankle and was caused by the uneven floor created by the partial collapse of a concrete plank over the floor void in the spine corridor. Another of the falls was due to the rough surface of the new temporary staff car park at the front of King's Mill.
- Plans are in place to repair the failed planks and provide a new floor surface on the old spine corridor. This necessary work will result in some disruption as the spine corridor will need to be closed for at least two weekends.
- There were no RIDDOR reports submitted in relation to patients during Q1 of 2014/15. This is the second quarter running where no patient related reports have had to be made.

Legislation

Sharps - A workshop event with three different suppliers of safety syringes and blunt fill and filter needles took place on Monday 28 April 2014. The costs of the favoured solution are now being complied and a report on any cost pressures will be developed. The working group for safety sharps will now concentrate of a safety version of the subcutaneous butterfly needles.

Contact with the Health & Safety Executive

- There have been two formal contacts between the HSE and the Trust during Q1 of the year.
- The first was prompted by the Trust reporting of a case of irritant contact dermatitis to the HSE, as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The inspector wanted a meeting with Health and Safety, Occupational Health and Infection Prevention and Control functions to discuss how the Trust manages the risk of work related dermatitis.
- Following the meeting the inspector stated that overall the Trust manages the risk of dermatitis well. She recognises that annual visual skin checks are difficult to introduce but thought that the numbers already coming through to Occupational Health via the skin questionnaire when added to the introduction of a visual check at appraisal would make for a robust system. It was outlined how the visual check could be completed and recorded via the appraisal system and the mandatory training system for doctors and the inspector seemed very happy with that proposal. The inspector said that the Trust would be included on HSE's database of Trust's that are properly managing the risks from occupationally acquired dermatitis.
- There will be no further action from the HSE regarding the management of work related dermatitis.
- During quarter 1 the HSE also informed the Trust that they wished to conduct an inspection of the way that the Trust manages work related violence and aggression. An inspector visited the Trust on Wednesday 9 July 2014. A previous inspection in May 2011 had highlighted a number of areas for improvement for the Trust primarily around the provision of training.
- Although formal feedback is still awaited the inspector found no material breach of health and safety law and was assured that from an organisational perspective the Trust is now managing the risk well. The inspector did, however, advise that the Trust needs to maintain momentum regarding specialist training namely conflict resolution and clinical holding and disengagement training across our high risk areas.
- There will be no further action against the Trust as a result of this inspection.

14.0 HR Developments

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

NHS Employer Updates

Insights into Junior Doctors contract negotiations – a blog by the BMA - A new blog from the BMA offers insight into the processes behind the junior doctors' contract negotiations. The BMA and NHS Employers began full negotiations in September 2013, and have been meeting on a regular basis ever since - further information is available via the following link: http://www.nhsemployers.org/news/2014/07/an-insight-into-contract-negotiations?utm_source=http%3a%2f%2fnhs-employers.org%2foi_nhsconfedlz%2f&utm_medium=email&utm_campaign=WB_210_72014&utm_term=NHS+Workforce+Bulletin+issue+425&utm_content=90954&gator_td=le56w%2bQdiphkA9xtPAliK6OFa%2buciTppcyfprOcpLo6HMS3ZQvcOijcqnqJOaF2EDqYt4hhxnj1KPTOaJ9sgwNSo%2bNs9aNnb%2f4LVTmwPAMHzNmYrOSZaBj4%2fMMvTGVeudRVYwdfBmoyLli6fMKDm1upbiqEzm4tI3pHZwxL4ZuF%2bb4LEFKyiSsu2DdQjuRZk

Electronic Staff Record - The NHS Electronic Staff Record (ESR) programme team has published a series of case studies about how Trusts have implemented / used ESR within their organisations. One of the latest case studies comes from NHS Property Services, and shows how they used the ESR self-service functionality to facilitate the transfer of 3,200 staff and helped them to meet their challenges. Case studies are available via the following link: http://www.electronicstaffrecord.nhs.uk/fileadmin/documents/case_studies/NHS%20Property%20Services%20-%20Delivering%20Value%2C%20Innovative%20use%20of%20ESR%20Case%20Study%20June2014.pdf?utm_source=http%3a%2f%2fnhs-employers.org%2foi_nhsconfedlz%2f&utm_medium=email&utm_campaign=WB_210_72014&utm_term=NHS+Workforce+Bulletin+issue+425&utm_content=90954&gator_td=le56w%2bQdiphkA9xtPAliK6OFa%2buciTppcyfprOcpLo6HMS3ZQvcOijcqnqJOaF2EDqYt4hhxnj1KPTOaJ9sgwNSo%2bNs9aNnb%2f4LVTmwPAMHzNmYrOSZaBj4%2fMMvTGVeudRVYwdfBmoyLli6fMKDm1upbiqEzm4tI3pHZwxL4ZuF%2bb4LEFKyiSsu2DdQjuRZk The Trust will be undergoing an ESR Health Check with the ESR Account Manager for the region which will determine where the Trust can utilise the use if ESR further.

NHS Longer Working Group - The NHS Working Longer Group is looking for interested organisations to be part of a research group that will be looking at the impact of adapting to an older workforce. Being part of the group will offer the chance to inform the policy agenda on managing older workers in the NHS, and provide valuable insight into the impact of working longer on different groups of staff. Further information has been requested by the Trust to determine whether it will participate in this group.

Industrial Action Ballots

NHS Employers have now officially written to all NHS organisations to say that UNISON, Unite, GMB and the Royal College of Midwives intend to hold ballots for their members in the NHS in England on whether they will support industrial action and/or action short of strike action.

The ballots are in response to the Governments decision on the 2014/2015 Pay Award.

NHS Employers have prepared guidance on industrial action and contingency planning which the Trust will use as guidance.

Ballots will take place with each Union throughout August and September with a proposed industrial action day on the 13th October 2014.

The Royal College of Nursing have decided not to ballot, however have agreed with other Unions that they will not provide shift cover for those staff who do strike.

Streamlining Programme

The Trust has now signed up to the East Midlands streamlining programme which focuses on NHS recruitment and streamlining the processes for all staff. This is a programme which has been developed and led by HR Directors in London and the East Midlands have now developed their own programme. It is thought that the programme will:

- Reduce duplication of pre-employment checks
- Ensure that staff can transfer their mandatory training records between Trusts to save time and money.
- Change the process of Junior Doctor changeovers.

In the next few months the Trust will be receiving information and commencing work to streamline processes internally.

Employee Self Service

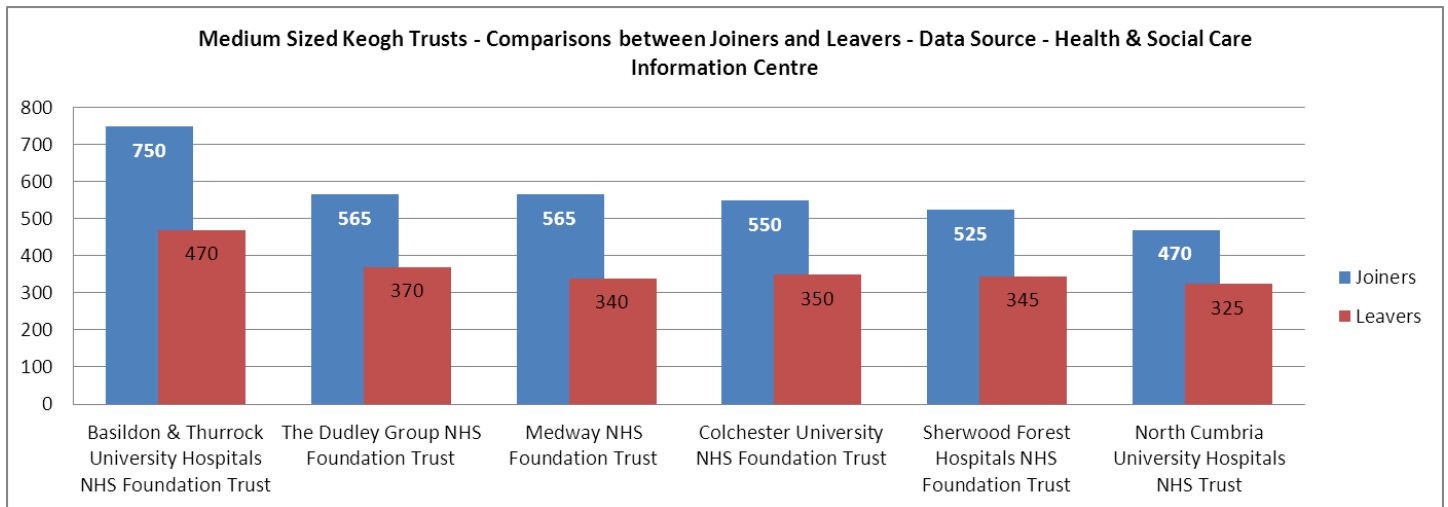
The HR Department has been rolling out Employee Self Service held within the Electronic Staff Record to all staff. Employees now have the opportunity to view and edit their own personal information, functionality includes:

- Editing address/telephone numbers/equal opportunities data
- Viewing training records
- Editing bank details
- Viewing employment history and sickness absence record
- Online payslips and P60's
- Registration and memberships

Previously staff updated all of their personal details via a paper based system, all paper based processes have now been removed. The HR team in collaboration with the IT department has set up over 700 staff with access since May 2014.

Appendix 1

The below shows comparisons of joiners and leavers at SFH compared with other Medium sized Acute trusts that underwent a Keogh review, the data shows that SFH has the second lowest amount of leavers in a 12 month period:

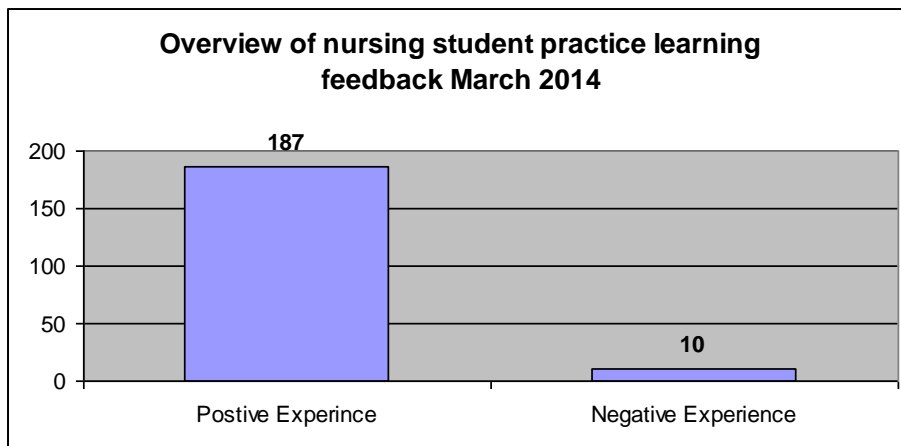


Junior Doctors Forum Feedback

The main point to note from the last 2 months JDFs is relating to Emergency Medicine where concerns are being raised regarding insufficient staffing levels at night. Work is being undertaken currently to make improvements to the rota.

Pre-Reg Nursing Feedback

End of placement feedback from student nurses were received at the end of March with 197 students completing an evaluation survey. Overall, 95% of students confirming a positive experience overall.



The main themes for concern to emerge from this set of feedback are summarised below.

- Unfriendly staff.
- Students not being welcomed or valued on the ward.
- Concerns over nursing practices.
- Attitudes of HCAs towards students.

Feedback has been given to ward leaders, Heads of Nursing and Practice Learning reps and detailed action plans are being developed at ward level to investigate concerns raised students. The Trust’s Practice Learning and Workforce and OD Committees are monitoring these for assurance.

