

## BOARD OF DIRECTORS REPORT

**Subject:** Quarterly Workforce Report  
**Date:** Thursday 17th April 2014  
**Author:** Kate Lorenti - Deputy Director of Human Resources  
 Lauren Tilstone - Workforce Information Manager  
**Lead Director:** Karen Fisher, Executive Director of Human Resources

### Executive Summary – Quarterly Reporting

- At the year end position the Trust exceeded budgeted establishment plan due to variable pay spend being converted to fixed pay spend.
- Staff in post increased in quarter 4 by 54 wte's. The nursing staff group increased staff in post by 38 wte's and remain the most representative staff group for the Trust.
- The vacancy rate continues to decrease, in quarter 4 the average wte's vacant stood at 221 wte's compared with 270 wte's at quarter 3.
- Total Pay increased to £43.11m, and increase of £1.8m compared to quarter 3. Central reserves figures have not been accounted for within these numbers.
- Fixed pay totalled £37.08m in quarter 4 meaning an increase of £86k compared to quarter 3.
- Variable pay continues to remain high for the Trust totalling £6m in quarter 4 compared with £5.5m in quarter 3, this does not reflect in the activity of staff in post increasing, vacancies and sickness decreasing.
- During quarter 4 a total of 155 adverts were placed on NHS jobs via the Recruitment team. Approximately 52 offers of employment were given to international nurses during quarter 4.
- The cumulative turnover rate for the Trust throughout 2013/2014 financial year stood at 9.73%. For quarter 4 average turnover was 0.94%, this was slightly higher than quarter 3 which was 0.73%.
- The year ending figure for sickness absence was 4.63%, with the cost of sickness absence for the 2013/2014 financial year totalling £4.84m (2012/2013).
- Appraisal compliance throughout the year had been on the increase, since January 2014 the total compliance has declined by nearly 4%, the appraisal rate now stands at 73.66%.
- Mandatory training for the Trust stood at 78% at the end of March 2014.
- There were 19 ongoing cases for employee relations at the end of March 2014.
- The Staff Survey action plan has now been completed and lead's for each action have been identified.
- There were 4 staff incidents during quarter 4 relating to Health & Safety.

### Recommendation

The Trust Management Board are asked to note the content of this paper.

### Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience

Achieve financial sustainability

<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	<b>Several key workforce issues and targets are highlighted within the risk register.</b>
<b>Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)</b>	---
<b>Links to NHS Constitution</b>	<b>NHS pledges to staff and staff responsibilities</b>
<b>Financial Implications/Impact</b>	<b>Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment activity.</b>
<b>Legal Implications/Impact</b>	<b>None</b>
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	
<b>Monitoring and Review</b>	<b>Trust Management Board and divisional performance review meetings.</b>
<b>Is a QIA required/been completed? If yes provide brief details</b>	<b>No</b>

## **Human Resources - Quarterly Workforce Report**

### **Quarter 4 & Year End Position**

**Board of Directors Meeting – April 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 January, February and March 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.

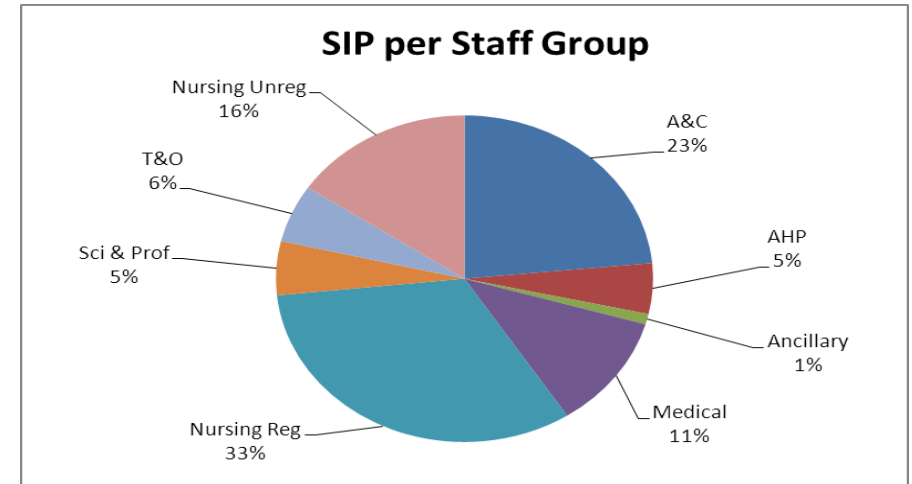
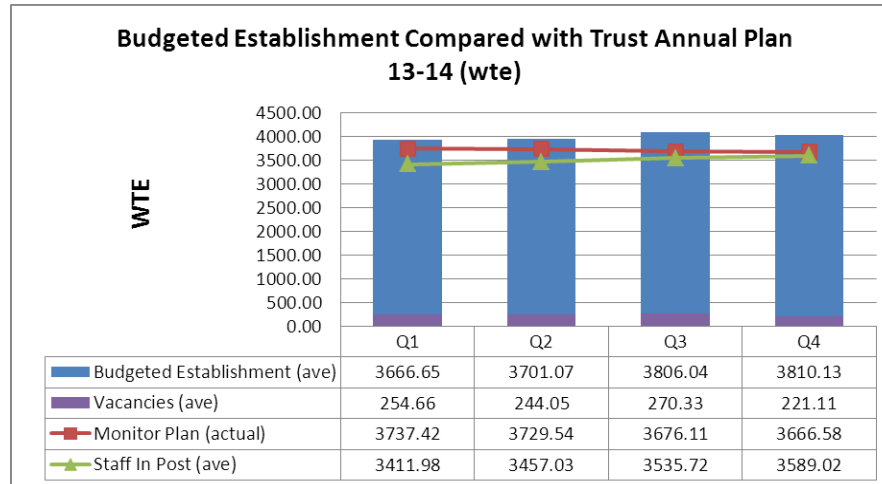
The report contains Trust and Divisional positions for establishments, staff in post, fixed and variable pay, sickness absence and appraisal information. There are other information streams that aim to compliment the workforce information provided and to update the Board of Directors on the Trust progress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

### **Headlines**

- At the year end position the Trust exceeded **budgeted establishment** plan due to variable pay spend being converted to fixed pay spend.
- **Staff in post** increased in quarter 4 by 54 wte's. The nursing staff group increased staff in post by 38 wte's and remain the most representative staff group for the Trust.
- The **vacancy rate** continues to decrease, in quarter 4 the average wte's vacant stood at 221 wte's compared with 270 wte's at quarter 3.
- **Total Pay** increased to £43.11m, and increase of £1.8m compared to quarter 3. Central reserves figures have not been accounted for within these numbers.
- **Fixed pay** totalled £37.08m in quarter 4 meaning an increase of £86k compared to quarter 3.
- **Variable pay** continues to remain high for the Trust totalling £6m in quarter 4 compared with £5.5m in quarter 3, this does not reflect in the activity of staff in post increasing, vacancies and sickness decreasing.
- During quarter 4 a total of 155 adverts were placed on NHS jobs via the Recruitment team. Approximately 52 offers of employment were given to international nurses during quarter 4.
- The cumulative **turnover rate** for the Trust throughout 2013/2014 financial year stood at 9.73%. For quarter 4 average turnover was 0.94%, this was slightly higher than quarter 3 which was 0.73%.
- The year ending figure for sickness absence was 4.63%, with the cost of sickness absence for the 2013/2014 financial year totalling £4.84m (2012/2013).
- **Appraisal compliance** throughout the year had been on the increase, since January 2014 the total compliance has declined by nearly 4%, the appraisal rate now stands at 73.66%.
- **Mandatory training** for the Trust stood at 78% at the end of March 2014.
- There were 19 ongoing cases for **employee relations** at the end of March 2014.
- The **Staff Survey** action plan has now been completed and lead's for each action have been identified.
- There were 4 staff incidents during quarter 4 relating to **Health & Safety**.

## 2.0 Budgeted Establishment, Staff In Post and Vacancies

The below establishment and staff in post figures include Projects & Non Executives to ensure a direct comparison with the Trust's annual plan (13/14 financial year). Please note that Medirest staff are not included in the figures due to this being a hosted service.



1. The above graph shows the budgeted establishment against the Trust's annual plan for 2013/2014 financial year, it also provides a view of staff in post against budgeted establishment. The vacancy factor is represented also against budgeted establishment.

2. The above pie chart shows the percentage of the workforce by staff group compared to the total staff in post. The information shows that the Registered Nursing staff group are the biggest staff group for the Trust, with the Admin & Clerical workforce being the second. The above makeup compared with 2012/2013 is broadly the same.

### Budgeted Establishment

- The budgeted establishment has exceeded Trust plan from October 2014 due to variable pay budget that was set at the beginning of the financial year being converted to fixed pay. One of the key areas was Emergency Care & Medicine where 117 wte's were converted from variable to fixed pay.
- 2014/2015 budgeted establishment planning has taken account of the Keogh investment and cost improvement plans and divisions will be monitored against the plans on a monthly basis.
- Budgeted establishment increased for all staff groups throughout the 2013/2014 financial year with the largest increase being within the Registered Nursing staff group where budgeted establishment increased by 57 wte's.

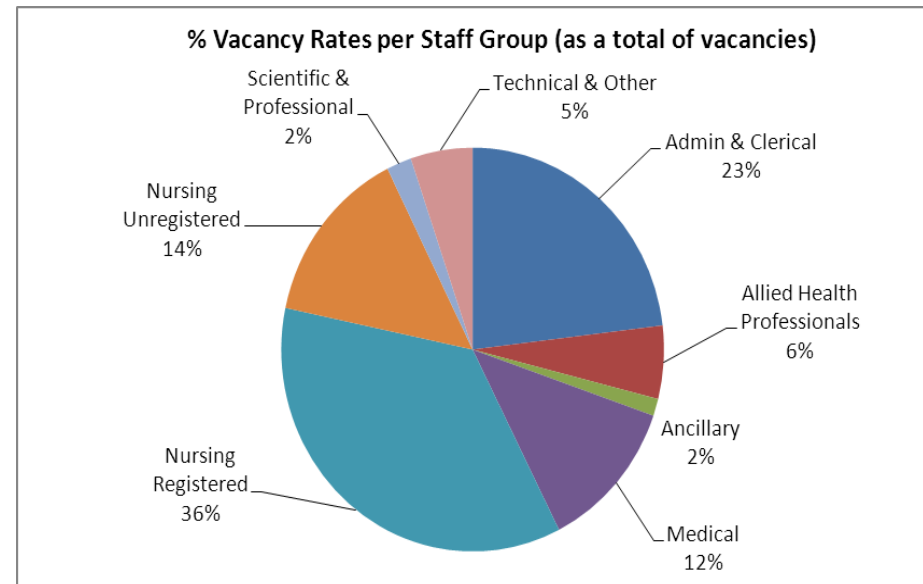
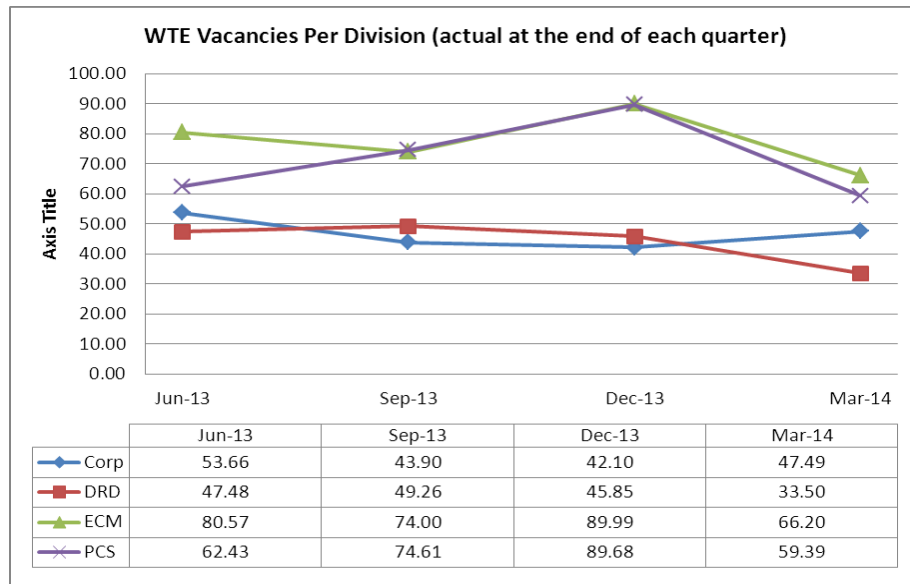
### Staff In Post

- Trust staff in post increased throughout the year by 217 wte's.
- Throughout the year staff in post within the Registered Nursing staff group has increased by 67 wte's, this figure takes into account the movements throughout the year of starters and leavers.
- The admin & clerical staff group has increased by 60 wte's since the end of March 2013.

The below is vacancy information based on staff in post and budgeted establishments:

	Q1				Q2				Q3				Q4				Year End Position (average)			
	Corporate	DRD	ECM	PCS	Corporate	DRD	ECM	PCS	Corporate	DRD	ECM	PCS	Corporate	DRD	ECM	PCS	Corporate	DRD	ECM	PCS
Establishment	477.28	936.47	1053.93	1198.97	474.38	950.13	1091.26	1185.31	478.43	952.91	1157.94	1216.76	488.26	945.40	1161.22	1217.80	479.59	946.23	1116.09	1204.71
SIP	413.95	888.90	976.78	1132.35	417.82	903.92	1018.76	1116.53	436.00	905.51	1062.85	1131.36	440.77	911.90	1095.02	1158.41	427.14	902.56	1038.35	1134.66
Vacancy	63.33	47.57	77.15	66.62	56.56	46.21	72.50	68.78	42.43	47.40	95.09	85.40	47.49	33.50	66.20	59.39	52.45	43.67	77.74	70.05
Vacancy %	13.27%	5.08%	7.32%	5.56%	11.92%	4.86%	6.64%	5.80%	8.87%	4.97%	8.21%	7.02%	9.73%	3.54%	5.70%	4.88%	10.94%	4.62%	6.96%	5.81%

3. The above table shows average establishment, staff in post and vacancy information per quarter, per division. The vacancy rates we can see on average has varied throughout the financial year for the divisions, particularly within ECM and PCS.

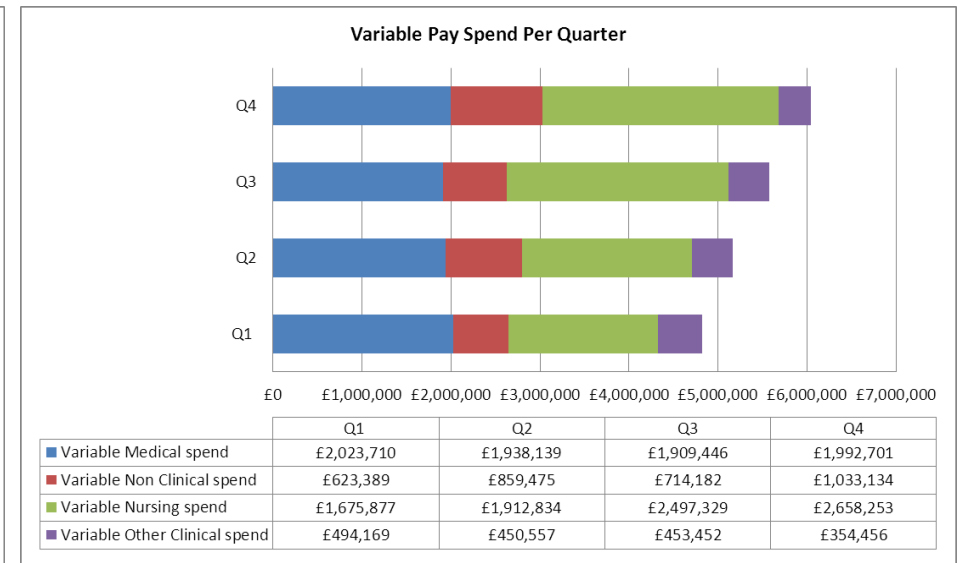
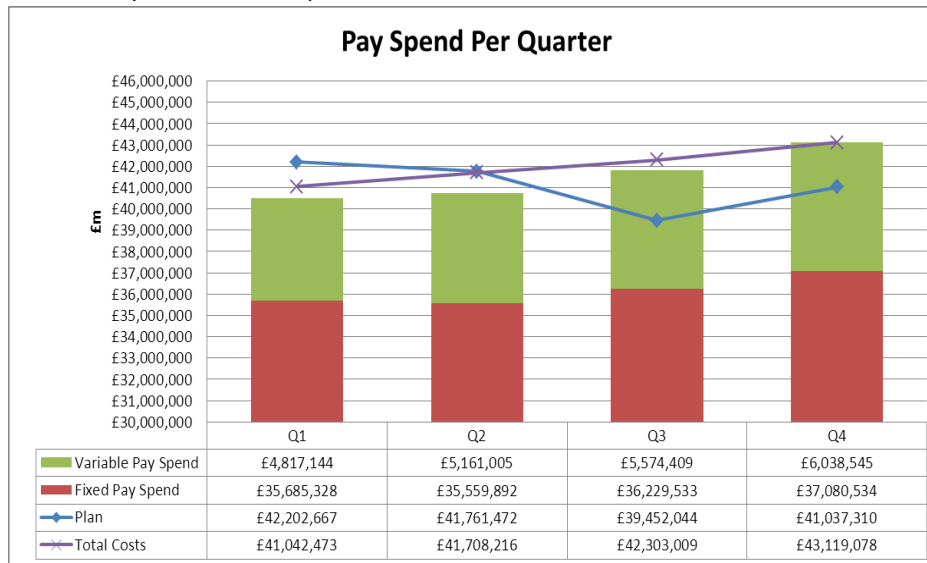


**Vacancies**

- The average vacancy factor at year end was 221.11 wte's.
- The vacancy rate has decreased within quarter 4, with Planned Care & Surgery seeing the biggest decrease. Work continues in terms of recruitment to vacant posts, retention of staff is something the Trust will focus on throughout 2014/2015 financial year.
- The staff group with the highest vacancy factor is the Registered Nursing staff group, however this would correspond with the budgeted establishment information as the Registered Nursing staff group are the most representative.

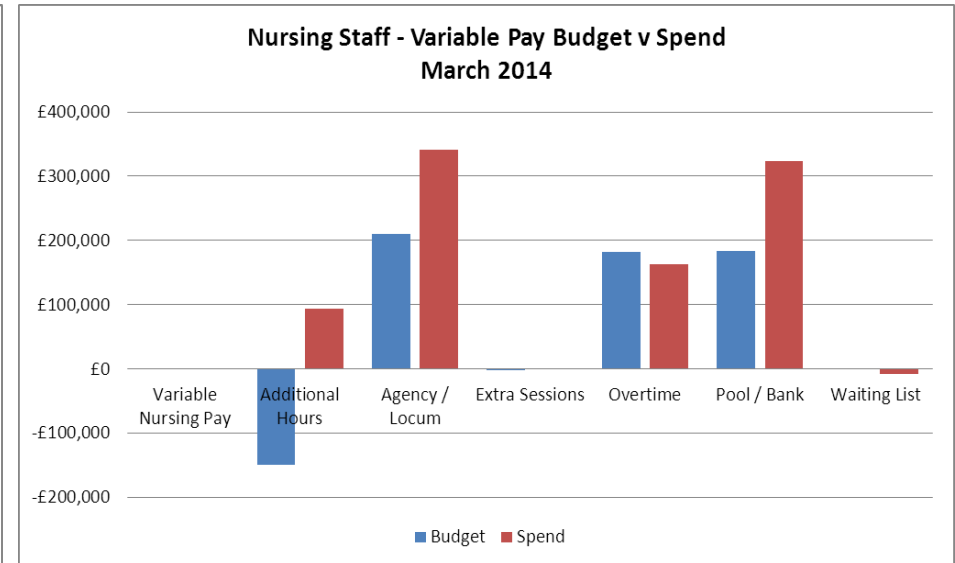
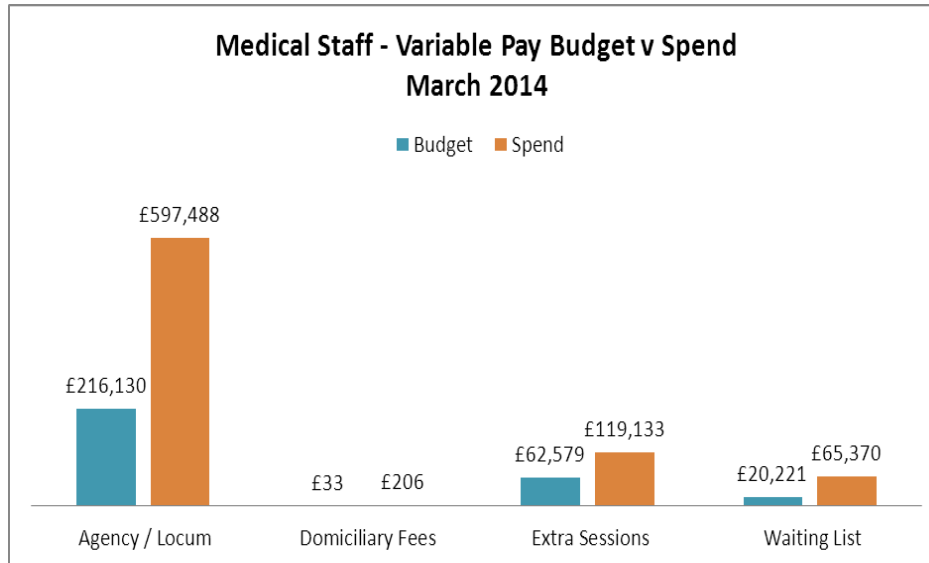
### 3.0 Pay Spend – Fixed and Variable Pay

The below provides detail on pay expenditure to the Trust with a breakdown and analysis of fixed and variable pay. The information source is the Integra System used by the Finance department.



Variable pay spend has increased throughout the year, particularly within the nursing staff group, there seems to be little relationship between this pay spend, the decrease in vacancies (increase in SIP) and the decrease in the sickness absence rate. The below graphs show a breakdown of variable pay for medical staff and nursing staff, we can see that in March 2014, against each variable pay budget each line has overspent.





## 4.0 Recruitment

### International Recruitment

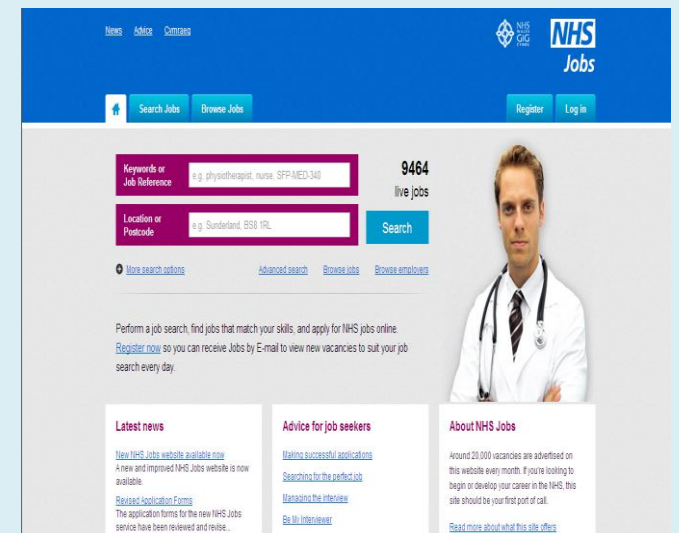
During quarter 4 the Trust went out to Italy to boost the recruitment campaign in order to fill the nursing vacancies. The campaign was successful and the Trust has offered employment to 52 people. Work is now being undertaken on accommodation, induction programme and suitable on-going support and mentoring to ensure retention of the new starters.

The Trust continue to be aware that it faces competition as other NHS Trusts are undertaking international recruitment to address the nursing shortage. The Nursing Times found that out of the 105 acute NHS Trusts, 40 of those have actively recruited in the last 12 months.

The Trust also continues to pursue international recruitment for Medical staff with one Locum Consultant Acute Physician appointment during quarter 4.

### NHS Jobs

The new look NHS jobs 2 was launched within quarter 4 of the financial year. One of the features that recruitment are using is sending reference requests via the system which is allowing for quicker reference responses. Going forward the HR department look to utilise the system in order to improve the recruitment process and maximise the benefits of the new system.



## Local Recruitment

During quarter 4 the following recruitment activity took place:

### Total Adverts Placed in Q4 by Division

Division	January	February	March	Sub Total
Corporate	13	6	12	31
Diagnostics & Rehabilitation	25	16	15	56
Emergency Care & Medicine	12	8	10	30
Planned Care & Surgery	14	11	13	38
<b>GRAND TOTAL</b>	<b>64</b>	<b>41</b>	<b>50</b>	<b>155</b>

### Posts Offered in Q4

Division	January	February	March	Sub Total
Corporate	11	13	17	41
Diagnostics & Rehabilitation	26	13	37	76
Emergency Care & Medicine	18	6	14	38
Planned Care & Surgery	19	7	19	45
Medical Staffing (Junior Doctors)	2	5	17	24
<b>GRAND TOTAL</b>	<b>76</b>	<b>39</b>	<b>87</b>	<b>224</b>

32 Junior Doctors also joined the Trust on 5<sup>th</sup> February 2014, all attended the Trust's local orientation day.

### Hard to Fill Areas

- Nursing shortage continues
- **Consultant appointments continue to prove difficult particularly within:**
  - Geriatrics
  - Radiology
  - Emergency Department

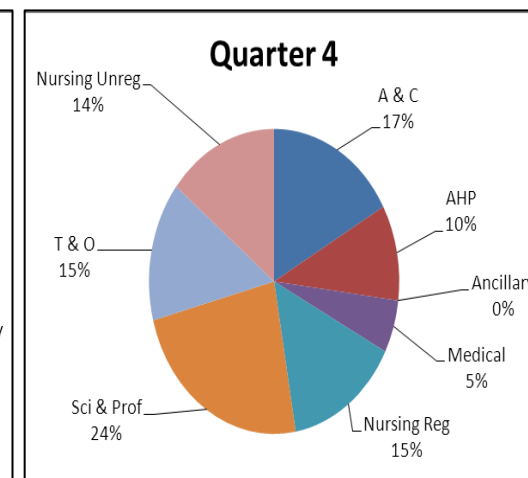
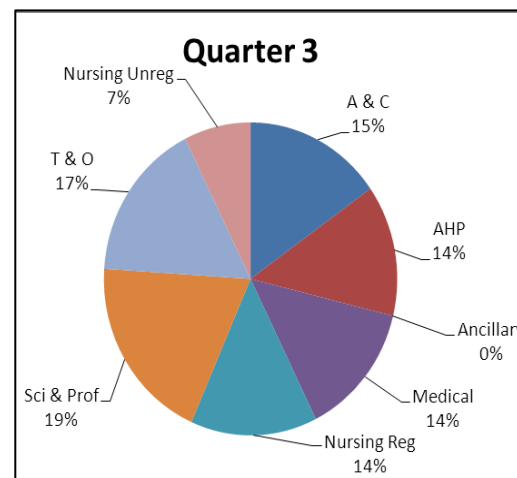
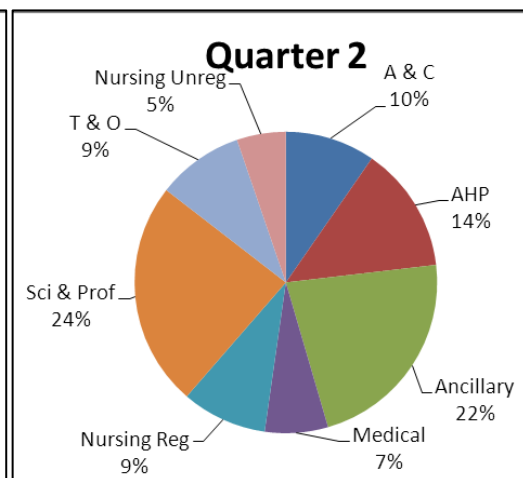
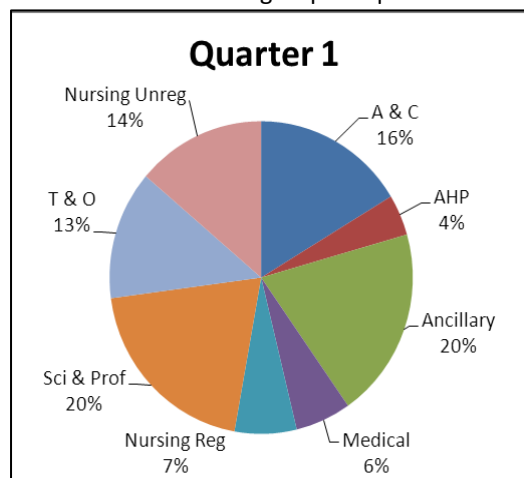
### Consultant Recruitment

During quarter 4 three substantive Consultant appointments were made

- General Surgery – substantive appointment that will commence on 1<sup>st</sup> April 2014
- Anaesthetics – substantive appointment due to commence August/September
- Respiratory – substantive appointment that will commence 11<sup>th</sup> August 2014

## 5.0 Turnover – Starters, Leavers and Exit Interviews

The below information shows starters, leavers and turnover figures for the quarter and the year end position. The pie charts show the percentage of turnover per staff group compared to total turnover.



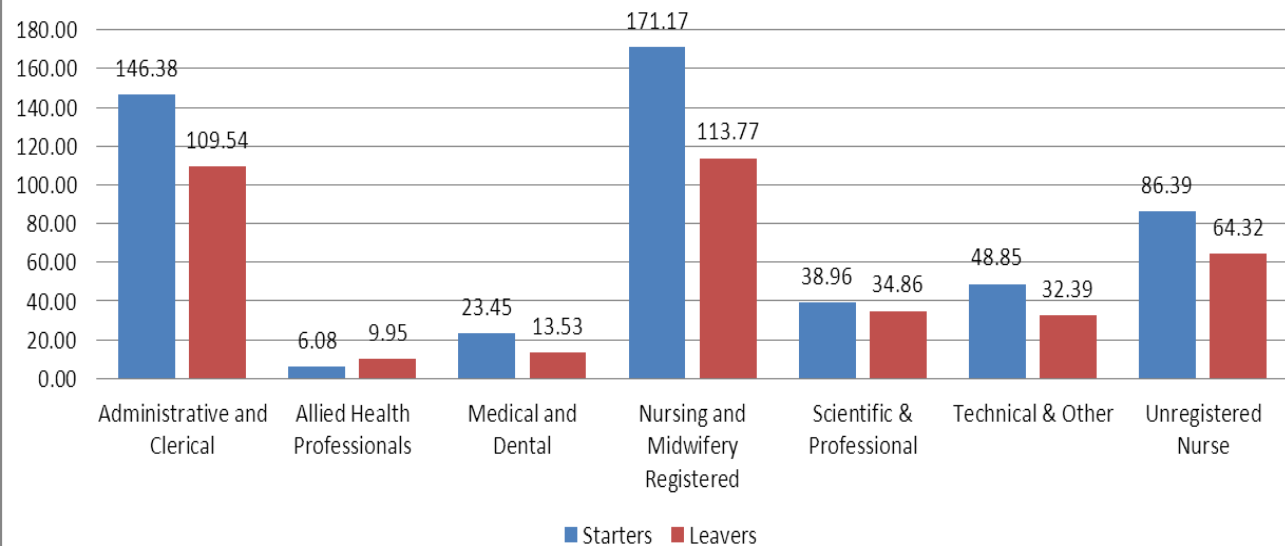
Average Turnover Rate Q1 – 0.80%

Average Turnover Rate Q2 – 0.90%

Average Turnover Rate Q3 – 0.73%

Average Turnover Rate Q4 – 0.94%

## Starters & Leavers by Staff Group Full Year

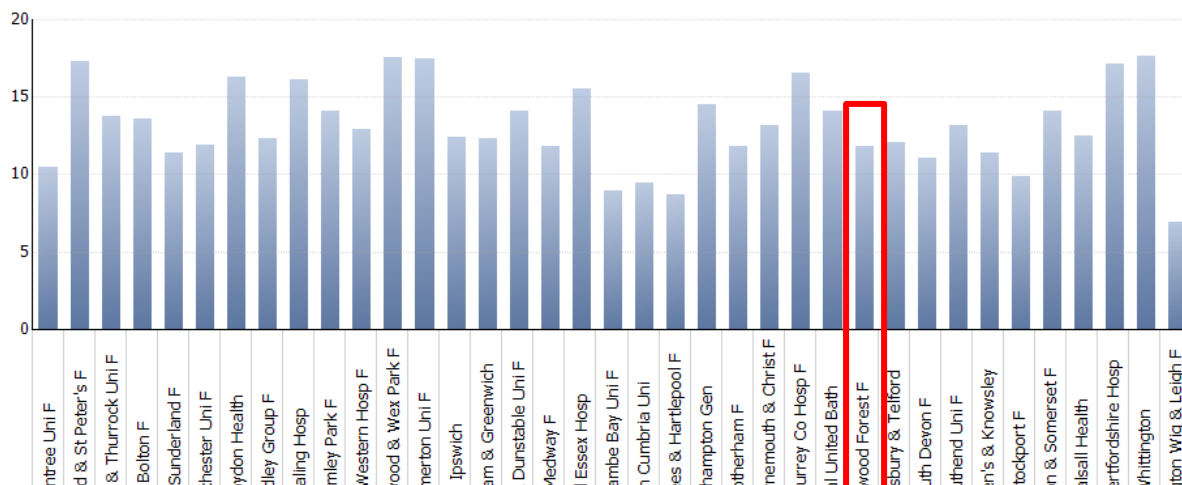


The **year ending** turnover rate 2013/2014 financial year stood at (figure), this compares to 2013/2013 financial year figure which stood at 9.73%.

Although the Trust has had a high number of leavers within the Registered Nursing staff group work has been done to recruit more staff in that area to the Trust, the graph shows that there have been 57.94 wte more starters than there was leavers. The work to fill the vacancies still continues.

## Benchmarking Data – Feb13-Jan14 (latest data available from the Health & Social Care Information Centre)

Leaver Rate – The graph represents percentage leavers.

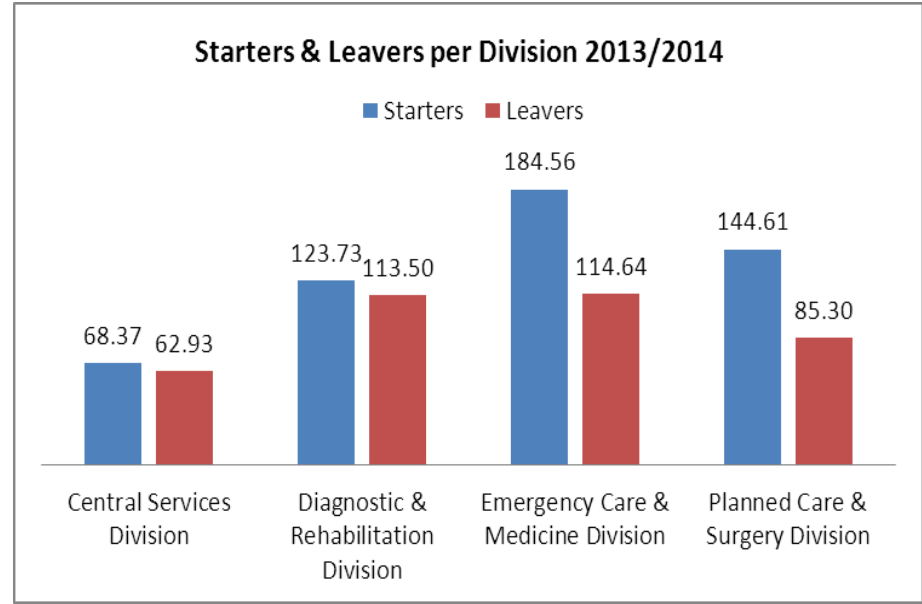
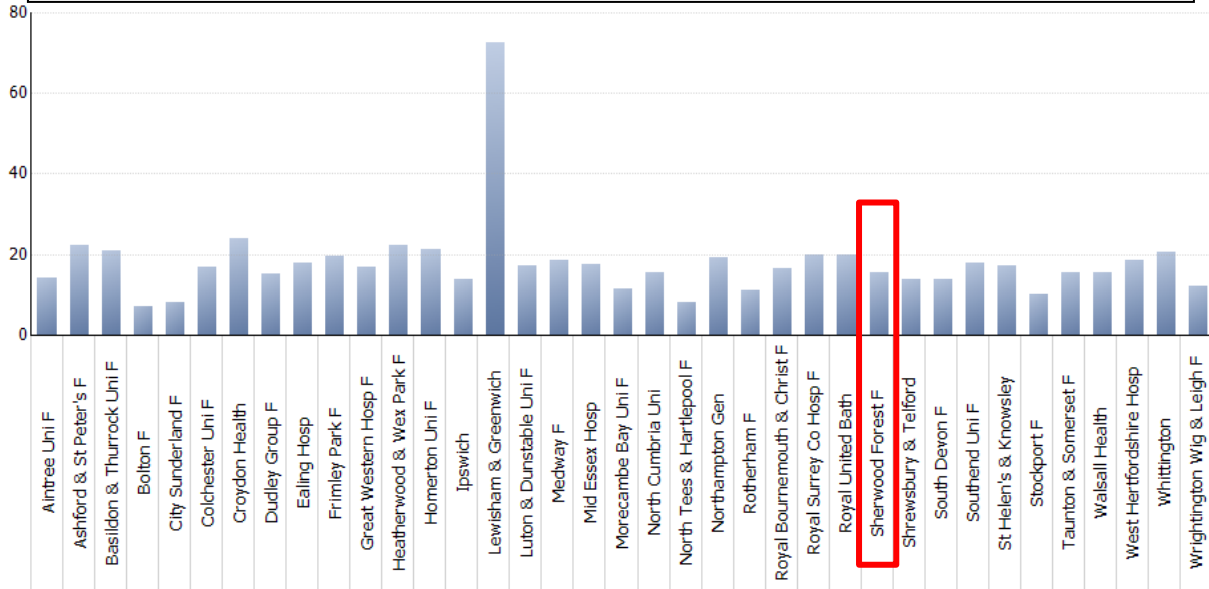


Leaving Reason	WTE Leavers
Voluntary Resignation - Other/Not Known	103.48
Flexi Retirement	36.74
Voluntary Resignation - Promotion	35.96
Voluntary Resignation - Relocation	34.68
Retirement Age	27.33

Within quarter 4 there was one dismissal from the Trust for 'Some Other Substantial Reason'

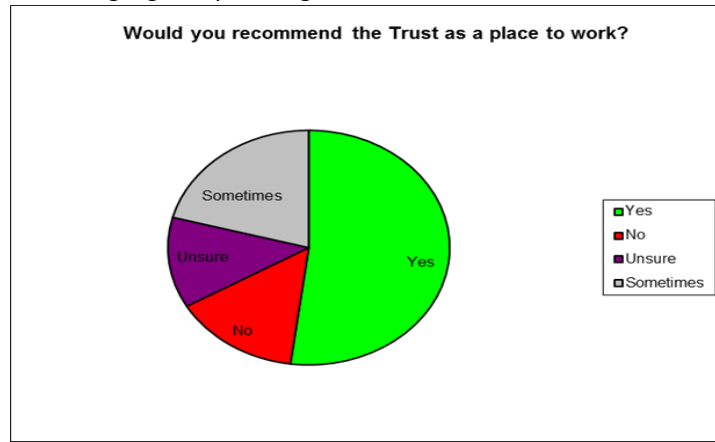
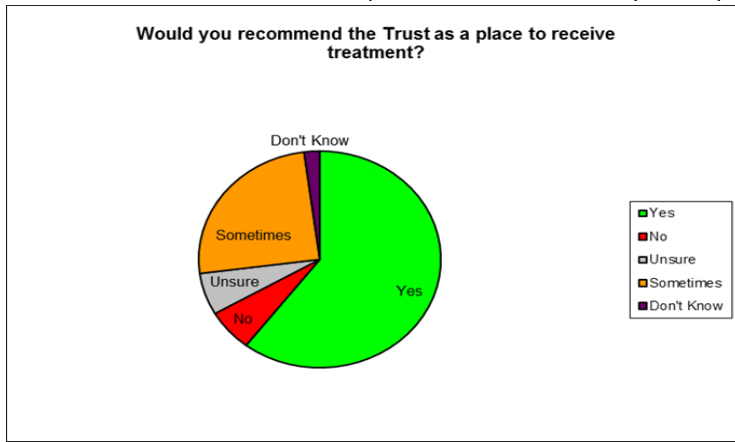
Throughout 2013/2014 financial year a total of 22 Consultants commenced employment with the Trust. 8 of those Consultants were employed as Locum Consultants.

Joiner Rate – The graph represents percentages of joiners.

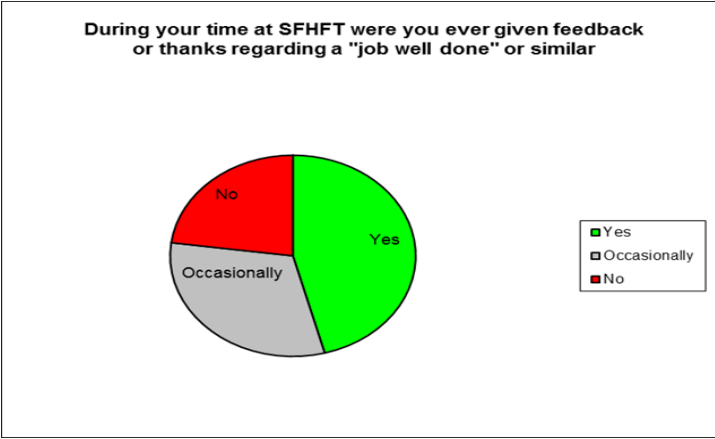
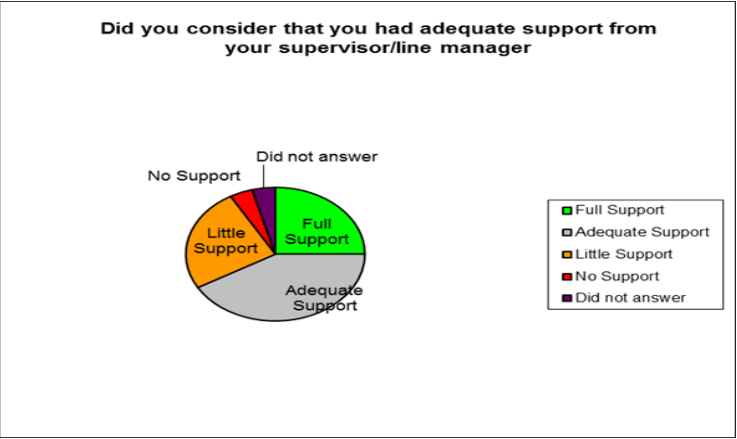


### Exit Interviews – Key Messages from Quarter 4

The below information provides a brief summary from quarter 4 to highlight key messages from the staff that left the Trust, full summary for exit interviews undertaken between 1<sup>st</sup> January and 31<sup>st</sup> March 2014 is contained in **Appendix 1**:



Positive feedback has been given by staff that have left in terms of whether they would rate the Trust as a place to receive treatment and a place to work. These

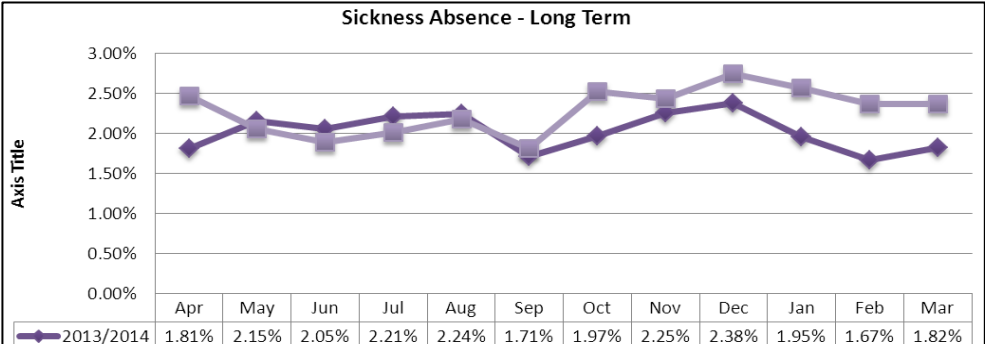
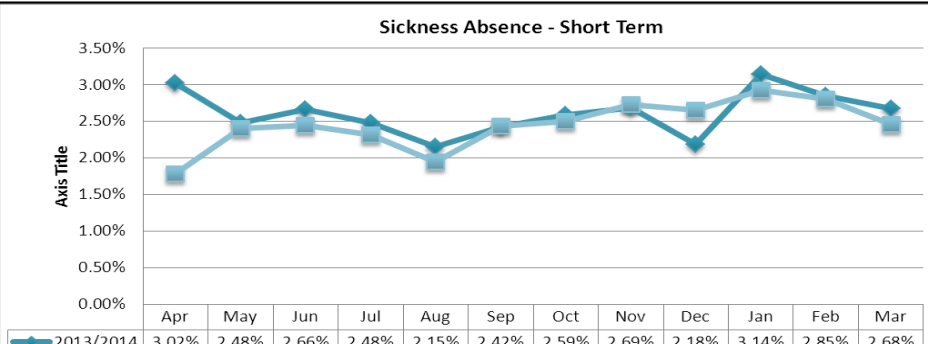


The below are comments directly taken from the Exits Surveys from staff that have left:

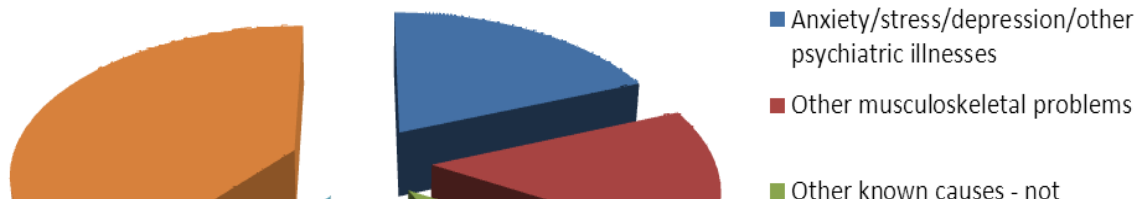
- Failed by the Trust at all levels. I was treated badly following my attempts to flag up serious concerns regarding safety and quality of service.
- Rostered hours were often appalling – 2 long days followed by 3 nights with no day off in between – 57 hours!
- The team work very hard and are generally a pleasure to work with. It is very difficult to keep up the pace and thoroughness for 12 hours. I go home feeling inadequate a lot. Also noted new nurses not being adequately supported it seems to be 'sink or swim' approach.
- Immediate line manager very supporting.
- Immediate team is fine –supportive, helpful and get the job done and work well as a team. Direct line manager and manager above – very bad, horrendous. There is no support they have been patronising, unorganised and show minimal respect for staff.
- Experience very good at SFH.

**6.0 Sickness Absence**

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.



### Top 5 Absence Reasons (Full Year) - Compared to Total Absence

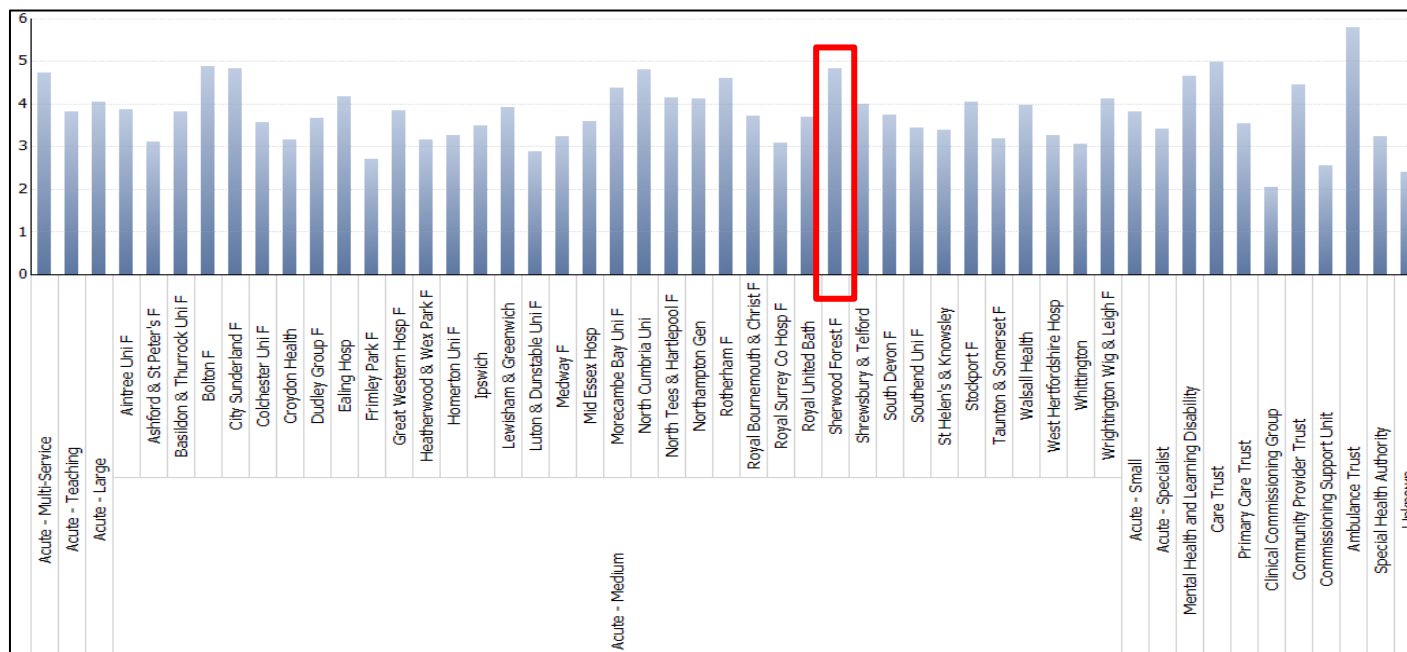


### Health & Wellbeing Agenda

The Health & Well Being group meet on a monthly basis at the Trust to focus on key initiatives to improve the well being of Trust employees and to support the improvement of sickness absence levels at the Trust. The group is currently being refocused and a work plan for the year is being developed with key objectives and aims of what the group wish to achieve.

### Sickness Absence Policy

**Benchmarking Data – Apr-Dec 2013** (latest data available from the Health & Social Care Information Centre)



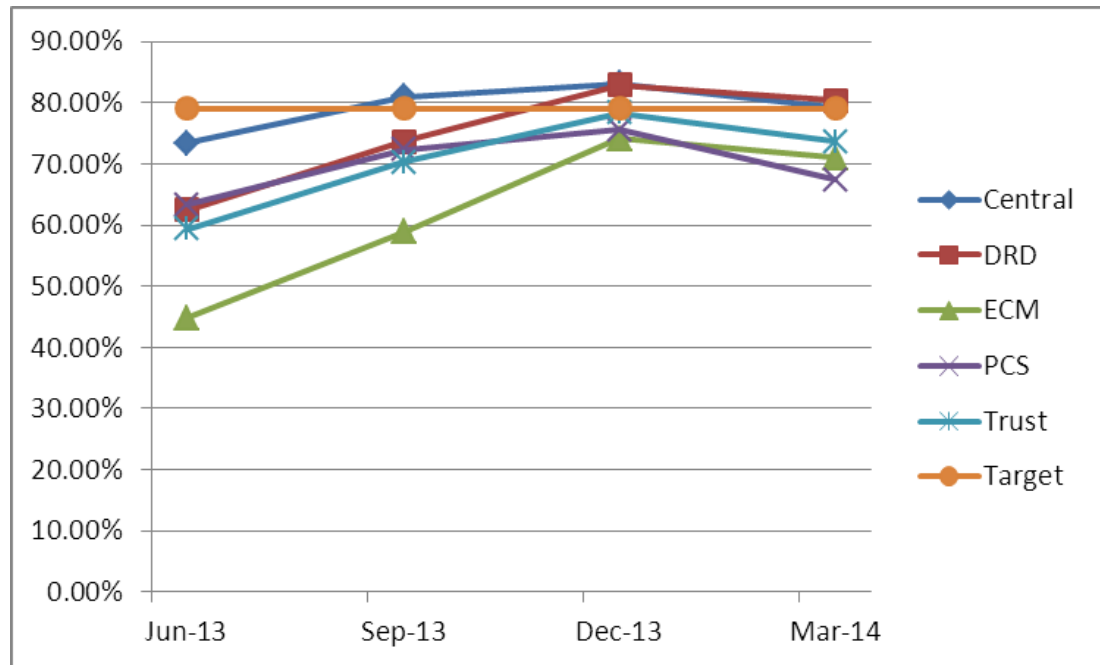
**Benchmarking Data**

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

The Trust does have a higher sickness absence rate from the information provided.

Please note that Medirest staff are included in these figures.

The target for appraisals is currently 79%. The appraisal rate for all Agenda for Change staff at the end of quarter 4 stood at (figure), there has been an increase/decrease in appraisal rate within the quarter, managers are supported by HR to address their appraisal compliance issues. The below graphs show compliance by quarter per division and the compliance per staff group.



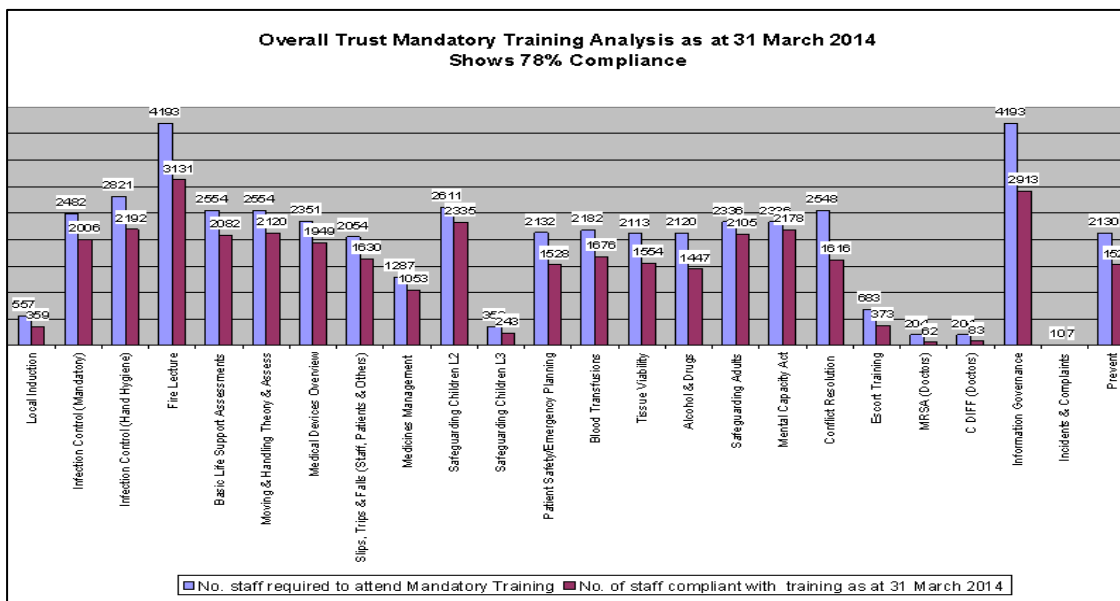
Areas of Concern (SMT)			
Corporate	DRD	ECM	PCS
<ul style="list-style-type: none"> <li>Strategy &amp; Development</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>All SMT's compliant with the 79% target.</li> </ul>	<ul style="list-style-type: none"> <li>Community Services</li> <li>Non Acute Medicine</li> </ul>	<ul style="list-style-type: none"> <li>Support Services</li> <li>Maternity &amp; Gynae</li> </ul>

**Appraisal Reporting**  
 The HR function is currently reviewing how appraisal compliance is reported, the new style will be presented in the new financial year.

## 8.0 Training, Education & Development



The target for mandatory training is ???, compliance at the end of quarter 4 stood at (figure), the below graph shows progress for the Trust and division throughout the 2013/2014 financial year.



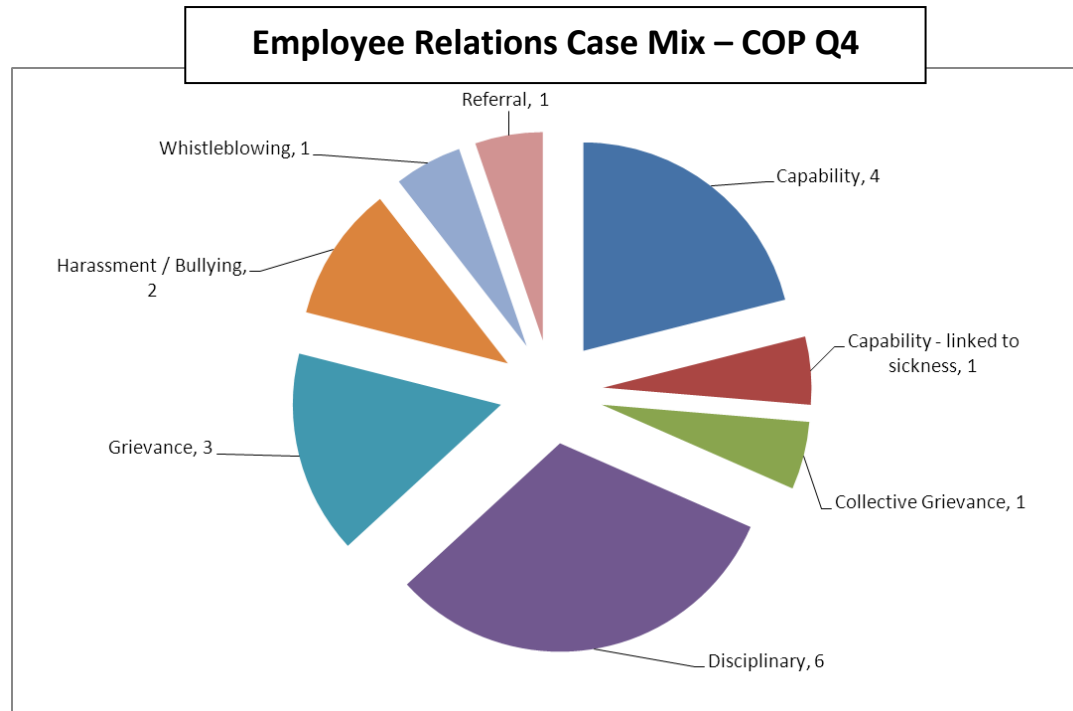
Division	Compliance Rate	Movement
Central	81%	+5%
D&R	76%	+1%
ECM	79%	No movement
PCS	78%	-1%
Pool	67%	+2%

#### Key Highlights for Quarter 4

- From the 1st April 2013 to the end of January 2014, a total of 804 mandatory training places have been wasted due to staff not turning up on the day. This is the equivalent of 8 mandatory training courses being lost.
- At the end of January 2014, over 500 staff was identified as being at least 3 months out of date with their mandatory training and over 354 of these staff were at least 6 months out of date. Over 288 staff were also one year out of date with their mandatory training. These staff names have been referred to divisional managers again to take the necessary action needed to improve this situation.
- The Trust continues to enjoy excellent feedback from student nurses from the Universities of Nottingham and Lincoln undertaking practice learning opportunities at all hospitals within the organisation. Many students report that most wards are very welcoming and have supportive staff resulting in an excellent learning experience. A few issues were identified with attitudes of a couple of HCAs which were swiftly addressed at a local level.
- In March 2014 the Trust received a planned interim quality visit from the LETB for its Post Graduate Medical Education provision. Significant progress on the actions identified in the November visit had been made. The two main areas of concern are in Urology regarding lack of cross cover arrangements with Chesterfield and the attitude of Radiologists towards junior doctors, both of which are being addressed by the Director of Post Graduate Medical Education.

## 9.0 Employee Relations

The below table shows case mix at the end of each quarter, the data does not drill down to detail due to confidentiality reasons, the information takes account of all the divisions:



### **Workforce Change**

During quarter 4 there were 6 workforce change papers presented to the workforce change group, all were approved.

## 10.0 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 2013 NHS Staff Survey findings. Please see **Appendix 2** for a detailed action plan.

This year the Trust aim to link all the work that is done as an outcome of the Staff Survey to the Trust's Quality for All agenda. Below is a summary of the action plan:



<b><u>Action Point</u></b>	<b><u>Actions to be taken</u></b>	<b><u>Intended Outcome</u></b>
Improving communication between senior managers	<ul style="list-style-type: none"> <li>• Ensuring that information is cascaded to staff</li> <li>• Managers to undertake 1:1 meetings with staff</li> <li>• Senior managers to visit clinical areas to listen to staff</li> <li>• Regular departmental meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Staff becoming aligned to work priorities of the Trust and work areas.</li> <li>• Improved staff engagement</li> <li>• Staff receiving key messages</li> </ul>
Focus on appraisal and training	<ul style="list-style-type: none"> <li>• Review quality of appraisals and align new appraisal to 'Quality for All'</li> <li>• Ensuring staff can access personal development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Appraisal compliance achieved Trust wide.</li> <li>• Embedding 'Quality for All'</li> </ul>
Focus on staff experience regarding contact with patients and other colleagues	<ul style="list-style-type: none"> <li>• Roll out of Dementia Awareness training</li> <li>• Implement new Bullying &amp; Harrassment policy</li> <li>• Undertake focus groups with staff</li> </ul>	<ul style="list-style-type: none"> <li>• Improved staff experience</li> </ul>
Improve Datix reporting	<ul style="list-style-type: none"> <li>• Review of Datix to ensure robust reporting system</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced reporting and data retrieval</li> </ul>

## 11.0 Health & Safety

The below provides an update of the latest Health & Safety information for Quarter 4:

### Accidents & Incidents

- There were 4 staff accidents during Quarter 4 of 2013/14 that resulted in reports being made to the HSE under RIDDOR. This is slightly better than the same quarter last year and a return to more normal levels compared to the peak of 9 in the third quarter of 2013/14.
- There were no RIDDOR reports submitted in relation to patients.
- A visitor suffered a fractured shoulder following a trip over the raised edge of the plinth under the display cabinets in the main KTC Street. A rope barrier has been placed around the plinth to keep people away from the raised edge.

### Legislation

#### Sharps

- A workshop event to try and obtain consensus on the way forward with safety syringes and blunt fill and filter needles has been arranged for Monday 28 April 2014

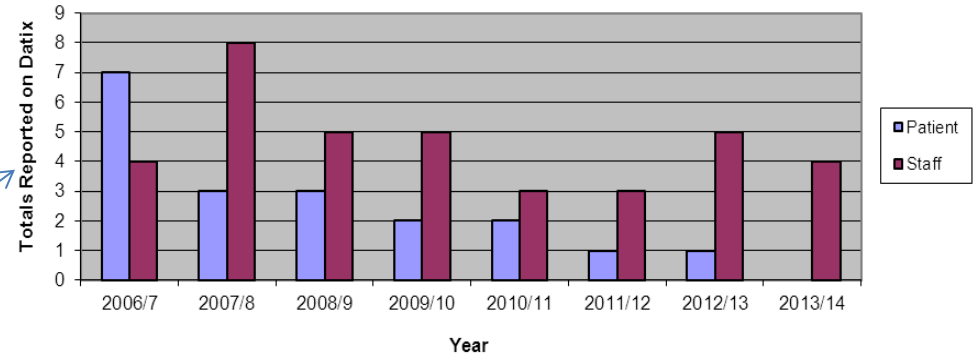
#### Consultative Documents

- The Health and Safety Executive (HSE) have recently issued consultation documents on proposed changes to the Construction Design and Management (CDM) Regulations 2007.

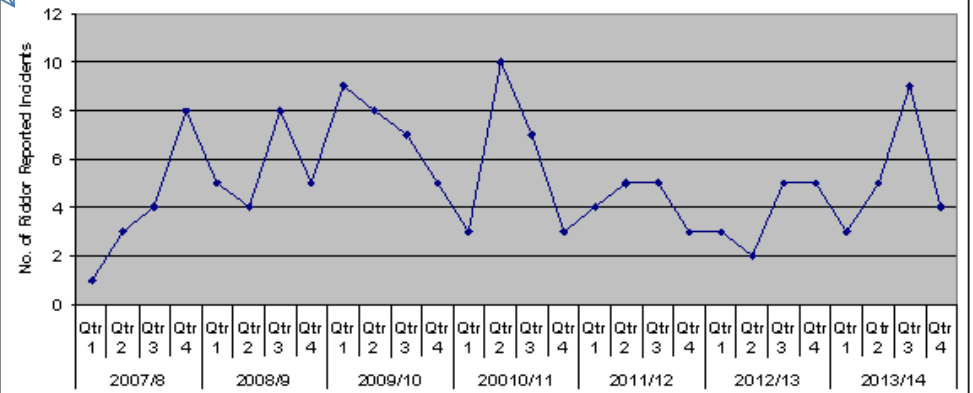
#### Contacts with the Health and Safety Executive

- There have been no formal contacts between the Trust and the HSE

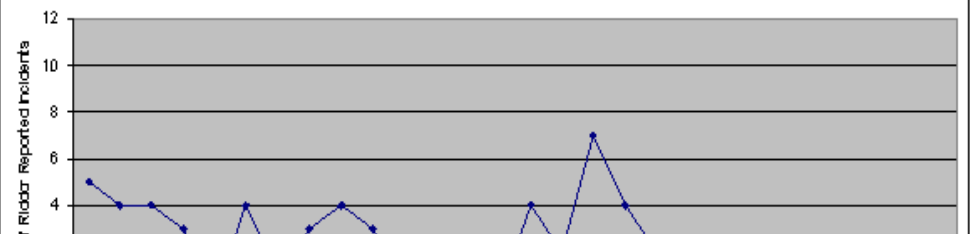
Quarter 4 Yearly Comparison



Staff Yearly Comparison



Patients Yearly Comparison



## 12.0 HR Developments

The below updates the Trust on the latest developments within the HR function:

### Pay Award

The Government has now responded to the NHS and Doctors and Dentist's Pay Review Body and announced their plans for the next two years in terms of the pay awards for NHS staff.

The NHS and Doctors and Dentist's Pay Review Body proposed 1% uplift to all payscales, however the Government has rejected this and announced an annual increase of 1% via either incremental pay or a non-consolidated payment:

- Those staff who are not eligible to receive an incremental pay rise e.g. those at the top of the pay scale, will be given a 1% pay rise which is a non-consolidated payment to be paid from 1st April 2014. This 1% increase will be non-consolidated which means that the pay scales will remain the same; this also means that the 1% uplift is non-pensionable. The consolidated pay scales (current payscales) will continue to remain the basis for banding supplements, overtime, unsocial hours enhancements, sick pay.
- Other staff will receive at least a 1% pay increase via incremental pay progression subject to meeting requirements of terms and conditions and local performance requirements.
- The same approach will apply for the 2015/2016 round where staff who are not eligible to receive incremental pay will then receive a non-consolidated pay rise of 2% (equivalent to an additional 1 per cent non-consolidated in each of the two years concerned).
- The Government has been clear that if the NHS Trade Unions are prepared to agree an incremental progression freeze for one year in 2015/2016 then they would be prepared to consolidate the 1% and 2% uplift.

### Employment Law Updates

Please note the below developments in employment law in the coming months:

- **Early Conciliation** - 6<sup>th</sup> April 2014 – Those lodging a claim to the Tribunal will need to notify Acas first, conciliation will be offered. If conciliation is unsuccessful it will be at this point that the claimant can proceed to tribunal.
- **Statutory maternity, paternity and adoption pay** - 6<sup>th</sup> April 2014 – The rate of statutory pay will increase from £135.45 to £138.18.
- **Flexible Working** – 30<sup>th</sup> June 2014 – The government intend to extend the right to apply to flexible working to all employees. Employers will still have the right to refuse requests on the grounds of business needs.

The Government has conducted an independent review into fitness for work and sickness absence, the review is available under the following link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181072/health-at-work-gov-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181072/health-at-work-gov-response.pdf)

The review looks at:

- Developing a health and work assessment and advisory service
- Improving sickness absence management
- Supporting healthcare professionals
- Reforming the benefits systems
- Future direction for the health and work agenda.

### NHS Employers Updates

NHS Employers are commencing stage 2 of the national negotiations regarding changes to Agenda for Change Terms and Conditions of Service. NHS Employers will be negotiating on the following areas:

- Annual leave entitlement
- Redundancy payments and agreements

Nationally the HRD's have been requested to determine what other

### HR Restructure

### HR Priorities 2014/2015

- Continued support for sickness absence management.
- Policy review



## Exit Interview Summary March 2014

### Background

In order to supplement the information gained from the annual staff survey the exit interview system was centralised with all responses logged to enable analysis. This system was launched in January 2013. This report covers 1<sup>st</sup> January 2014 to 31<sup>st</sup> March 2014 and 48 staff responded to the offer of an exit interview. Quantitative data from the last quarter is shown for comparison alongside the data covering 1<sup>st</sup> January 2014 to 31<sup>st</sup> March 2014.

The results from those staff having an exit interview this quarter show:

- An increase in the number of leavers from Admin and Clerical and Allied Healthcare Professionals;
- Nursing and Midwifery continues to have the highest number of leavers;
- 39% of staff left within 12 months;
- 5 of the 48 staff interviewed gave work life balance as the reason for leaving;
- 29% felt that they had little or no support from their line manager;
- 43% left to work for another NHS trust, a rise of 2%; and
- 23% were retiring.

The average score reflecting how positive an experience working for the Trust has been where 1 is poor and 5 is very positive.

	1 <sup>st</sup> January to 30 <sup>th</sup> June 2013	1 <sup>st</sup> July to 30 <sup>th</sup> September 2013	1 <sup>st</sup> October to 31 <sup>st</sup> December 2013	1 <sup>st</sup> January to 31 <sup>st</sup> March 2014
Average score	3.8	3.3	3.2	3.3

The number of leavers saying that they would recommend the Trust to family and friends as a place to receive treatment has risen slightly from the last quarter (57%) to 62% this quarter. Similarly the percentage of those interviewed who would recommend the Trust as a place to work has risen from 40% in the period from 1<sup>st</sup> October to 31<sup>st</sup> December 2013 to 52% this quarter.

The number of staff interviewed that have felt bullied or harassed or feel that they have not been treated with professional respect and courtesy by staff, patients and visitors continues to be a concern. Eight of the 48 staff interviewed had been subjected to physical violence from patients, relatives or visitors and 2 had been subject to physical violence from staff with 16 staff saying that they had felt bullied with a further 2 saying that they had felt bullied sometimes. Two staff stated that they had felt bullied whilst working for Sherwood Forest Hospitals, the narrative suggested that some staff felt bullied as a result of raising concerns.

Of the 48 staff interviewed 22 had raised a concern and 6 said that they had whistleblown with just 9 of them feeling that their concerns were listened to/suitably addressed.

Just over 33% (an increase of 10%) had experienced problems at some point balancing their work and home life and approximately 16% (a decrease on the 23% last quarter) had felt under pressure to work additional hours. Five staff said that things changing would affect their decision to leave the Trust.

	March 2014	December 2013
<b>Total Exit Interviews Carried Out</b>	<b>48</b>	30
<b>Gender:</b>		
<b>Female</b>	<b>36</b>	29
<b>Male</b>	<b>12</b>	1

### 1. Staff Group

	Mar 14	Dec 13		Mar 14	Dec 13
1. Ancillary	2	1	6. Managerial	2	2
2. Administration & Clerical	14	6	7. Nursing & Midwifery registered	15	15
3. Technical & other	0	0	8. Unregistered nursing	1	2
4. Scientific & Professional	0	0	9. Medical & Dental	4	2
5. Allied Health Professional	9	2	10. Other (Please specify below)	1	0

### 2. Contract Type

	Mar 14	Dec 13		Mar 14	Dec 13
1. Fixed Term full time	6	2	4. Permanent full time	18	15
2. Fixed Term part time	2	3	5. Permanent part time	19	10
3. Bank	2	0			

### 3. Service History

	1. In current post		2. With SFH		3. Time in NHS	
	Mar 14	Dec 13	Mar 14	Dec 13	Mar 14	Dec 13
Less than 6 months	10	2	7	0	4	0
6 – 12 months	8	4	4	4	1	3
1 – 2 years	5	5	6	5	2	2



2 – 5 years	6	9	3	8	7	6
More than 5 years	17	8	21	11	27	15

#### 4. Locality

Division	Mar 14	Dec 13
PCS	10	6
ECM	14	10
DRD	12	4
Corporate/Central	10	2
Medirest	0	1

#### 5. Site

	Mar 14	Dec 13
<b>KMH</b>	<b>40</b>	26
<b>Newark Hospital</b>	<b>4</b>	3
<b>MCH</b>	<b>1</b>	1
<b>Other</b>	<b>1</b>	0

#### 6. Reason for Leaving

	Mar 14	Dec 13
1. Employee Transfer	3	4
2. End of Fixed Term Contract	1	2
3. End of Fixed Term Contract –Completion of Training Scheme	0	0
4. End of Fixed Term Contract – End of Work Requirement	0	0
5. End of Fixed Term Contract – External Rotation	3	0
6. End of Fixed Term Contract - Other	1	0
7. Flexi Retirement	0	0
8. Mutually Agreed Resignation	3	0
9. Pregnancy	0	0
10. Redundancy – Compulsory	2	0
11. Redundancy – Voluntary	0	0
12. Retirement – Ill Health	2	0
13. Retirement Age	6	2
14. Voluntary Early Retirement	2	0
15. Voluntary Resignation – Adult Dependents	0	2
16. Voluntary Resignation – Better Reward Package	1	2
17. Voluntary Resignation – Child Dependents	0	0
18. Voluntary Resignation – Health	0	1
19. Voluntary Resignation – Incompatible Working Relationships	3	5
20. Voluntary Resignation – Lack of Opportunities	1	0

21. Voluntary Resignation – Other/Not Known	4	3
22. Voluntary Resignation - Promotion	3	0
23. Voluntary Resignation - Relocation	5	5
24. Voluntary Resignation – To undertake further education or training	3	3
25. Voluntary Resignation – Work Life Balance	5	1

## 7. Satisfaction

Please score (where 1 is very unsatisfied and 5 is very satisfied) your level of satisfaction with the following within your work area:

	Mar 14	Dec 13	Mar 14	Dec 13	Mar 14	Dec 13	Mar 14	Dec 13	Mar 14	Dec 13
<b>Score 1 to 5 (where 1 is very unsatisfied and 5 is very satisfied)</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>5</b>
1. Department	7	3	7	1	13	6	9	7	12	12
2. Line Manager	3	5	8	3	9	7	15	4	13	11
3. Staffing levels	10	5	14	7	11	12	7	3	5	3
4. Resources/equipment	7	3	9	2	10	8	14	8	5	7
5. Career structure/progression	7	4	10	3	10	10	13	6	5	6
6. Pay & Conditions	3	2	6	2	9	8	19	8	10	7
7. Training & Development	5	2	7	3	11	9	15	7	8	9
8. Working relationships	6	3	2	0	7	1	16	9	15	15
Other (Please specify below)										
9.										

### Examples of additional comments Q7:

In the early days training, but in the last 3 years there is no time due to work pressures.

The ward was very busy which was fine but there was not extra staff for training so no one had time to teach me the job. I felt as though I was left to it and on a busy ward I felt very isolated and more of a hindrance most of the staff could not be bothered to teach me.

Generally there was low staff morale in the department. Short staffing has contributed to this.

When at work there is always a piece of equipment broken, computers are too slow and things don't work properly.

Training has been very good.

**8. What have you enjoyed about working at SFH?** Tick all that apply.

	Mar 14	Dec 13		Mar 14	Dec 13
1. Actual job	40	24	4. Social interaction	29	21
2. Good terms and conditions	20	9	5. Other (Please specify below)	9	8
3. Training opportunities	20	11			

**Examples of additional comments Q8:**

Made a lot of friends and will take good memories with me.

Good team working.

Personally I feel that I have been encouraged to develop professionally at SFH and have had good opportunities.

Have always loved my job.

Working with patients is great.

**9. How would you describe staff engagement within in your work area at the present time?** (Please √)

	Mar 14	Dec 13		Mar 14	Dec 13
1. Very good	10	4	3. Mixed	13	9
2. Generally good	15	8	4. Generally poor	7	8
			5. Very poor	2	4

**Examples of additional comments Q9:**

Experienced staff have left fed up, new staff morale is poor.

Depends who's on, it can be affected by some people in the team

Because morale is low I feel that this impacts a great deal on engagement. People don't feel they want to go the 'extra mile' and put in more effort.

We are still suffering from the organisational change process. Greater emphasis on staff needs to be in place to fully support people through this process.

**10. Did you consider that you had adequate support from your supervisor/line manager?** (Please √)

	Mar 14	Dec 13		Mar 14	Dec 13
1. Full support	12	9	3. Little support	12	5
2. Adequate support	20	9	4. No support	2	6

**Examples of additional comments Q10:**

Also noted new nurses not being adequately supported, it seems to be a 'sink or swim' approach.

Immediate line manager was very supportive.

Immediate team is fine – supportive, helpful and get the jobs done and work well together as a team. Direct line manager and manger above that – very bad- horrendous. There's no support, they've been patronising, unorganised and show minimal respect for staff.

### 11. During your time at SFH:

	Mar 14	Dec 13	Mar 14	Dec 13	Mar 14	Dec 13
<i>Yes/Occasionally/No:-</i>	<b>Yes</b>	Yes	<b>Occ</b>	Occ	<b>No</b>	No
1. Were the views of staff taken into account?	<b>12</b>	7	<b>25</b>	18	<b>10</b>	5
2. Did you feel that your contribution was valued?	<b>23</b>	12	<b>14</b>	14	<b>11</b>	3
3. Were you ever given feedback or thanks regarding a 'job well done' or similar?	<b>22</b>	12	<b>15</b>	11	<b>11</b>	6
4. Were you given the opportunity to discuss problems with your manager?	<b>30</b>	15	<b>10</b>	6	<b>7</b>	7
5. Did you have an annual appraisal?	<b>32</b>	18	<b>1</b>	1	<b>10</b>	8
6. Did your appraisal result in a Personal Development Plan being developed?	<b>25</b>	12	<b>3</b>	5	<b>13</b>	6
7. Did you feel that you were well informed on Trust wide issues (via newsletter, Team Brief, Weekly Bulletin emails etc)?	<b>40</b>	23	<b>6</b>	6	<b>2</b>	1
8. Did you feel that you were well informed on team/departmental issues?	<b>20</b>	13	<b>19</b>	12	<b>9</b>	5
9. Do you feel that the Trust promotes equality and diversity?	<b>36</b>	20	<b>6</b>	5	<b>3</b>	2

#### Examples of additional comments Q11:

Reason for leaving is only progression to another role.

Yes had monthly Team Brief which only gave information from CEO with little depart. information.

Did have annual appraisals and PDP, but nothing ever happened as a result.

Views of staff often ignored and sometimes made to feel silly for mentioning certain things.

### 12. Staff Experience

	<b>Mar 14</b>	<i>Dec 13</i>	<b>Mar 14</b>	<i>Dec 13</i>	<b>Mar 14</b>	<i>Dec 13</i>	<b>Mar 14</b>	<i>Dec 13</i>
	Yes	Yes	No	No	Unsure	Unsure	Sometimes	Sometimes
1. Would you recommend the Trust as a place to work?	<b>25</b>	12	<b>7</b>	8	<b>6</b>	3	<b>10</b>	5
2. Would you recommend the Trust as a place to receive treatment?	<b>29</b>	17	<b>3</b>	3	<b>3</b>	5	<b>12</b>	3
3. During your time at the Trust were you treated with professional respect and courtesy by patients and visitors?	<b>35</b>	17	<b>1</b>	1	<b>2</b>	1	<b>10</b>	8
4. During your time at the Trust were you treated with professional respect and courtesy by staff?	<b>30</b>	18	<b>2</b>	4	<b>0</b>	0	<b>16</b>	6
5. During your time at the Trust did you ever feel bullied or harassed by patients or visitors?	<b>6</b>	8	<b>36</b>	16	<b>1</b>	0	<b>5</b>	3
6. During your time at the Trust did you ever feel bullied or harassed by staff?	<b>16</b>	8	<b>30</b>	16	<b>0</b>	2	<b>2</b>	2
7. During your time at the Trust were you ever subjected to physical violence from patients or visitors?	<b>8</b>	8	<b>39</b>	17	<b>0</b>	0	<b>1</b>	2
8. During your time at the Trust were you ever subjected to physical violence from staff?	<b>2</b>	1	<b>46</b>	27	<b>0</b>	0	<b>0</b>	0
9. During your time at the Trust did you ever have to raise a concern?	<b>22</b>	11	<b>21</b>	15	<b>2</b>	0	<b>2</b>	2
10. During your time at the Trust did you ever have to whistleblow?	<b>6</b>	3	<b>38</b>	24	<b>1</b>	0	<b>0</b>	0
11. If yes to 9. or .10., do you feel that you were listened to and that your concern was suitably addressed?	<b>9</b>	4	<b>5</b>	6	<b>4</b>	2	<b>5</b>	0

**Examples of additional comments Q12:**

Experience very good at SFH.

Failed by the Trust at all levels. I was treated badly following my attempts to flag up serious concerns regarding safety and quality of service.

Rostered hours were often appalling – e long days followed by 3 nights with no day off in between – 57 hours!

The team work very hard and are generally a pleasure to work with. it is very difficult to keep up the pace and thoroughness for 12 hours. I go home feeling inadequate a lot.

**13. Flexible Working**

	<b>Mar 14</b>	<i>Dec</i>	<b>Mar 14</b>	<i>Dec</i>	<b>Mar 14</b>	<i>Dec</i>	<b>Mar 14</b>	<i>Dec</i>
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		13		13		13		13
	Yes	Yes	Occasionally	Occasionally	No	No	N/A	N/A
1. Have you experienced problems balancing your work and personal life?	16	7	10	3	20	17	2	3
2. Did you feel under pressure to work additional hours?	8	7	10	8	28	13	2	1
3. Have you experienced problems finding appropriate childcare or adult care?	6	0	2	1	26	16	14	11
4. Were you aware of opportunities to help with the cost of childcare e.g. Childcare vouchers, on-site nursery, tax credits?	15	10	0	0	7	2	26	16
5. Are you aware of the Trust's Flexible working policy?	38	19	0	1	7	6	3	1
6. Have you used the Trust's Flexible Working policy?	15	4	0	0	28	22	4	2
7. Did you feel that your manager understood your personal commitments?	24	16	3	5	12	4	8	2
8. If any of these things changed, would this affect your decision to leave the Trust?	5	6	0	0	31	18	11	2

**Examples of additional comments Q13:**

The workforce review has led us to believe that we will have to work full-time. I'm not able to do this so felt that I had to look for alternative work.

**14. Overall**

Please indicate (where 5 is very positive and 1 is poor) whether your experience of working at SFH was positive. Average score is: 3.3 compared to 3.2 in the last report.

Score 1 to 5 Where 1 is poor and 5 is very positive		1	2	3	4	5
Mar 14		5	8	10	13	12
Dec 13		5	0	7	7	4

Please use the space below to make any further comments about your experience of working for SFH?

**Further comments Q14:**

There are some really good people here who are not appreciated and developed and others who just take advantage and are allowed to get way with it.

I found the working conditions, rota and culture impossible to manage a healthy balance (not encouraged to do so or have a life outside of work). The whole experience was overall a disappointment and source of stress (unnecessarily).

It was the wrong job for me.

I have enjoyed my initial time in ..... and the patient contact of my current role. However, I think management in the Trust need to appreciate they are managing people with lives and deserve to be treated with compassion, empathy and respect. All 3 things are sadly lacking.

I have always loved my job.

**15. Please tick to indicate whether your new employment is:**

	<b>Mar 14</b>	<i>Dec 13</i>		<b>Mar 14</b>	<i>Dec 13</i>
1. NHS	<b>20</b>	20	4. Retiring	<b>11</b>	1
2. Other Public Sector	<b>3</b>	0	5. Not working	<b>4</b>	3
3. Private sector	<b>8</b>	3			

Staff Survey Action Plan in Response to 2013 Findings

Communicating & Working Together																	
Action Point	Responsibility		Lead Person	To Be Completed By										Aim			
	Division	Trust		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Intended Outcome	2013 Staff Survey Score
Improving communication between senior managers and staff.		Internal communications plan to be developed and implemented.	Head of Communications												Improved internal communication particularly with regard to key priorities and messages for the Trust.	23%	29%
		Senior managers to review to cascading/sharing of information with staff e.g. Team Brief.	Divisional Managers												Well informed staff who are aware of key messages and priorities for the Trust.		
		Encourage regular 1:1 meetings to discuss workload, key priorities etc	Divisional Managers												Staff aligned to work priorities within the ward/work area.		
		Regularly consult staff on their thoughts, ideas and feedback	All Managers												Improved staff engagement.		
		Senior managers to maintain contact/visit wards and work areas to communicate key messages and listen to staff concerns.	Senior Managers												Well informed staff who are aware of key messages and priorities for the Trust. Staff feel valued, improving staff morale and engagement.		
	Ensure that managers are having regular departmental meetings e.g. Comms cells.	Divisional Managers												Well informed staff who are aware of key messages and priorities for the Trust. Staff feel valued, improving staff morale and engagement.			

Aspiring & Improving																	
Action Point	Responsibility		Lead Person	To Be Completed By										Aim			
	Division	Trust		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Intended Outcome	2013 Staff Survey Score
Continue to increase the appraisal rate whilst ensuring that all appraisals are of a high quality.		HR to continue to monitor and report appraisal rates.	Workforce Information Manager												Appraisal rates monitored to help achieve 90% appraisal rate. Support for improvement can be targeted to areas with lower appraisal rates.	38%	51%
		Quality assurance measures to be implemented e.g. random sampling of appraisal documentation, surveying appraisees.	Deputy Director of HR												High quality appraisals, with the opportunity to target support should quality assurance measures identify the need.		
Identification of training needs and delivery of training opportunities.	Ensure that a minimum of 90% of staff within the division have a high quality appraisal resulting in a PDP in line with Trust policy.		Divisional Managers												Minimum 90% appraisal rate achieved. Clear PDP informing training needs and succession planning.		
Align appraisal process to refreshed Trust values.		Review the appraisal framework documentation and align to Quality for all	Staff Support & Benefits Co-ordinator												Clear alignment to Trust values ensuring all managers and staff are clear regarding expected attitudes and behaviours. Facilitates the embedding of Quality for all, supporting improved staff experience and quality of care.	38%	51%
		Appraisal training aligned to Quality for all and revised appraisal framework and documentation.	Opportunity to access Appraisal training on-going. Alignment to Quality for all.	Training, Education & Development											Appraisal training clearly aligned to Trust values ensuring all managers can ensure that staff are clear regarding expected attitudes and behaviours and have the necessary knowledge and skills to undertake high quality appraisals. Facilitating the embedding of Quality for all, supporting improved staff experience and quality of care.		



Respectful & Caring																				
Action Point	Responsibility		Lead Person	To Be Completed By												Aim				
	Division	Trust		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Intended Outcome	2013 Staff Survey Score	Target for 2014 Score		
<b>Violence, abuse, harassment and bullying</b>																				
To reduce the instances were staff experience this from patients and relatives.		Launch, roll out and embedding the Trusts values encapsulated in Quality for all.	Executive Director of HR															Improved management of instances of bullying and harassment. Improved awareness, knowledge and skills enabling managers to better recognise instances of discrimination and effectively challenge and manage any such occurrences. Improved understanding of when, where and where incidents happen facilitating learning to be shared to improve the knowledge and skills of staff and reduce the likelihood of similar instances happening. Improved attendance at mandatory and other training facilitating improved knowledge and skills across the workforce. Improved knowledge, understanding and skills with regard to nursing and managing dementia patients leading to a reduction in the instances of challenging situations. Mandatory training requirement to be achieved. Practitioners to have increased confidence and competence in managing challenging behaviour.	20%	15%
		Actively promote the values and behaviours for the Trust and evidencing those values in the clinical teams and on wards and embedding them into the culture of the organisation. Facilitate staff attending the Quality for all sessions.	Divisional Managers																	
		Implement a new Bullying and Harassment Policy	Deputy Director for HR																	
		Design and Implement D & I training for managers.	HR Manager with lead responsibility for Diversity and Inclusivity.																	
		Review Datix and how it provides information on violent incidents to obtain more information.	Datix Project Lead and the Health & Safety Manager																	
		Review to see how attendance at training (including H&S training) can be improved.	Deputy Director of Training and the Health & Safety Manager																	
		Roll out of Dementia Awareness training for clinical staff																		
	Continued roll out of the Clinical Intervention training	Training, Education & Development																		
To reduce the instances were staff experience this from staff.		Launch, roll out and embedding the Trusts values encapsulated in Quality for all.	Executive Director of HR														Facilitates improved staff and patient experience, supporting the provision of high quality care. Recruitment process aligned to Trust values facilitating the recruitment of high calibre, well motivated staff in tune with the Trust's values. Facilitates and supports the embedding of Quality for all.	4%	2%	
		Actively promote the values and behaviours for the Trust and evidencing those values in the clinical teams, on wards and in all work areas and embedding them into the culture of the organisation.	Divisional Managers																	
		Review job descriptions, vacancy advertisement, interview etc. to align recruitment to the Trust's values.	Deputy Director of HR																	
		Confidential self referral listening service available with OH.	Lead Occupational Health Nurse																	
	Confidential self referral to Staff Counselling Service	Lead Occupational Health Nurse and Staff Counselling Service Lead																		



Efficient & Safe																	
Action Point	Responsibility		Lead Person	To Be Completed By										Aim			
	Division	Trust		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Intended Outcome	2013 Staff Survey Score
Improve the effectiveness of data capture on Datix and improved reporting.	Review Datix and ensure that it provides a robust incident reporting system for the Trust which is fully utilised by staff and facilitates the recording and retrieving of information regarding incidents and near misses..		Datix Project Lead												Enhanced reporting and data retrieval regarding incidents and near misses which is widely used and valued by staff and supports improved safety and the provision of high quality care.	3.47%	3.51%

## EXECUTIVE TEAM BRIEFING PAPER

### ON JUNIOR DOCTORS FORUMS

#### **1. INTRODUCTION**

This paper presents the Executive Team with an overview of how Junior Doctors Forums (JDFs) operate and support the Trust's patient safety and clinical governance agendas.

#### **2. OVERVIEW**

Junior Doctors Forums are operated in each division and cover the following areas:

Emergency Medicine	General Surgery
Trauma and Orthopaedics	Obstetrics and Gynaecology
Paediatrics	Anaesthetics

JDF's are the responsibility of the division and are organised by a rota co-ordinator for each division on a monthly basis for the Emergency Care and Medicine Division and a bi-monthly basis for the Planned Care and Surgery Division. Each JDF is chaired by a junior doctor who volunteers to discuss the views and concerns of fellow junior doctors.

A senior medical and nursing service representative, normally the service director, and a member of the medical education and HR departments also attend the meeting. The Director of Post Graduate Medical Education and Foundation Programme Directors attend meetings on an ad hoc basis. The newly appointed Patient Safety Teaching Fellow also attends these meetings.

Each JDF is minuted and action plans are drawn up by the Rota Co-ordinators to address any concerns raised or areas for improvements identified. Divisional Clinical Directors are also cited on issues raised in JDFs. Action plans are reviewed and monitored at all subsequent meetings and escalated to relevant senior staff where necessary.

The Trust's Medical Education Committee also reviews the outcomes and themes from all JDFs on a quarterly basis as part of its quality monitoring framework. The Director of Post Graduate Medical Education and Foundation Programme Directors also raise any significant concerns with the relevant service director to gain assurance that appropriate action is being taken by the speciality to address any concerns raised. Themes from the Medical Education Committee are also reported to the Workforce and OD Committee via the Deputy Director of TED which then feeds into the Trust Management Board (TMB).

In addition to JDFs, the Planned Care and Surgery Division also operate weekly journal clubs in some specialities which also provide another forum for junior doctors to provide feedback and raise concerns. At the end of each attachment, the Foundation Programme Directors undertake feedback sign off sessions with junior doctors where educational, operational and clinical issues can be raised. These are presented to the Medical Education Committee and themes and outcomes are fed back to service directors by the Foundation Programme Director where necessary.

The Trust received its annual Educational Review of junior doctor medical education and training by the Deanery in November 2013 and received extremely positive feedback relating to the quality of education and training that junior doctors received at the Trust.

In March 2014 an interim quality visit by the LETB also received positive feedback with two main areas remaining of concern. The first relates to Urology cross cover arrangements with Chesterfield hospital and the second relates to negative attitudes of Radiology consultants toward junior doctors, particularly during out of hours cover. The Medical Director has raised at a Board level the issues with Chesterfield relating to cross cover arrangements and the Director of Post Graduate Medical Education is working with Radiology staff to improve attitudes and behaviours.

### **3. CURRENT THEMES EMERGING FROM JDFS**

Appendix 1 gives an overview of the current themes and concerns that are emerging from JDFs.

### **4. RECOMMENDATIONS**

In order to give the Board a greater understanding and assurance in relation to issues and themes emerging from JDF's, the Deputy Director of Training, Education and Development will include a summary of themes and issues emerging from JDF's into the quarterly HR Executive Performance Report as necessary and updates are given to the Workforce and OD Committee which feed into TMB.

## APPENDIX 1 - EMERGING THEMES FROM JUNIOR DOCTORS FORUMS

SPECIALITY	CONCERN	ACTIONS	RESPONSIBILITY
Emergency Medicine	It is accepted that more Consultant input = increased workload for juniors and the Hospital at Night are recruiting support workers to help with this.	Ongoing recruitment is required to the Hospital at Night Team	Julie Dixon
Emergency Medicine	High levels of sickness are being experienced in ED.	Clinical fellows were being rotated to help cover gaps on the wards and to improve their training experience.	Julie Dixon.
Obs & Gynie/Paeds	Ongoing voicera issues were reported.	The IT Department has been contacted to resolve this problem.	NHIS
Trauma and Orthopaedics	Trainees said that they appreciate the increased level of supervision that the new revised T&O ward rounds are providing. They also said that they feel adequately supported with regard to sick patients by the orthogeriatric team.	NA	NA
Trauma and Orthopaedics	Trainees raised concerns of high levels of workloads during weekends.	To review staffing levels and smarter working practices.	Dilip Malkan
Trauma and Orthopaedics	Trainees raised concerns that the management of patients with sepsis and acute kidney injury is very poorly managed on the orthopaedic wards.	DM to investigate.	Dilip Malkan
SPECIALITY	CONCERN	ACTIONS	RESPONSIBILITY
Trauma and Orthopaedics	Ward 11 does not have a pulse oximeter so that observation charts are not complete and as a result some patients do not receive medical attention until they are in extremis.	DM to investigate.	Dilip Malkan

General Surgery	Lack of Urology cover was expressed as a concern for out of hours patients.	Mr Dube to escalate this to the Divisional Management Team for an update on the cross cover arrangements with Chesterfield	Mr Dube
General Surgery	Trainees raised lack of standardisation or protocols in place for specialty specific levels of assessment.	Junior doctors to work with consultants to standardise this approach.	Junior Doctors