Agenda Item No.

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Karen Charman, Director of HR & OD	Decision		High	Med	Low
	Discussion	✓	✓		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	✓			
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Workforce Exception Report		
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Well-led				

Meeting Date: 31st July 2018

Report Title: Workforce Update

PURPOSE:

To provide the Trust Board with a summary of key risks in relation to workforce supply, demand and employment experience; and to update the Board with immediate actions taken against key risks.

SUMMARY:

Key areas to note

- Vacancies are above the 10% target, with vacancies at 12.41% as at the end of June 2018 mainly due to an establishment increase this financial year.
- Sickness absence is currently 4.7% as at end of June 2018, this is an increase from 4.55% as at the end of May 2018.
- Nursing agency significantly decreased in June 2018 to 77.08 FTE from 103.64 FTE in May 2018
- Non-medical appraisals increased slightly to 79.5% as at 30 June 2018 but below the target level of 90%. 239 appraisals took place in June 2018

Sickness Absence

The new Management of Attendance Policy continues to be rolled out and is based on managers knowing their staff. Concentrated efforts have been made in bringing long-term sickness cases to a close, either through termination of contracts, re-deployment, resignations or individuals returning to work.

Guidance and training is being delivered on mental health first-aid to staff and managers and a new programme is being pulled together which will also include working with the Mental

Health Liaison team.

The concentrated effort in the identified top 10 areas continues to ensure management meetings are taking place, with monthly meetings continuing to be held with managers and HR Business Partnering team to highlight staff triggering the policy and cause for concern. We have also seen an increase in return to work meetings compliance rates.

Appraisal rates

We have continued to have difficulty with releasing managers to complete appraisals due to staffing and work pressures. Trajectories have been pulled together to address the gaps which was presented in a separate report to the Workforce Committee. Appraisals continue to be raised at performance meetings and CBU Business Meetings. Monthly meetings continue to be held with managers and HR Business Partnering team to highlight individuals who have not had an appraisal and action plans developed. Some individuals are showing as non-compliant following return from long-term sickness and maternity leave and this will be actioned. In addition, the Probationary Policy will be re-communicated to all staff as 'milestone' reviews should be taking place at six months and when individuals are confirmed into post – this will form part of the objective setting and appraisal process.

Turnover

Some turnover relates to individuals leaving the organisation through sickness as detailed above. Analysis is taking place of reasons why individuals are leaving the organisation and this is presented in a separate report. We now have the recruitment pipeline on a weekly basis which includes actual resignations and known potential resignations. Managers are then encouraged to have 'stay' conversations. The exit interview process is being redesigned with emphasis on senior managers undertaking exit interviews with staff to assess reasons for leaving and potential to reverse and for all staff to be sent a copy of the survey directly from the HR Business Partnering team. The Trust is currently gaining input from the NHS Improvement Retention Direct Support Programme, a targeted and clinically-led programme aimed at supporting trusts in the top quartile of nursing leaver rates. Details of this are presented in a separate report.

Agency Use – CIP Delivery

Nurse agency spend is above last year although the usage and spend has started to reduce over the last month. Steps have been taken to reduce the agency nursing demand and increase the controls with regards to agency nursing usage for example vacant shifts are now provided to bank workers only to fill for two weeks before sending to agencies to fill. A new nursing weekly taskforce steering group has been set up with the purpose of supporting the delivery of the nursing workforce CIPS, the first meeting took place on 19 July 2018. The Group is jointly chaired by the Chief Nurse and HR Director.

Apprenticeship Levy

The Workforce Committee will receive updates on apprenticeship levy spend and plans going forward. However a brief update is provided below.

Total Levy Funds Received last month =£47,783
Total Levy Funds Paid last month = £14,104
Total Annual Levy Funds Available = £543,897

Performance against Public Sector Apprenticeship Target (2.3% of staff as new apprentice starts over the period of 1 April 2017 to 31 March 2021)

2018/19	No. of Apprentices in Post			No. of Apprentices with agreed start dates but not yet enrolled				
	Public Sector Target	QEH Internal Target	Actual	8/18	9/18	10/18	11/18	12/18
Q1	74	74	67					
Q2	74	75	68	6	5	5		
Q3	74	80						
Q4	74	90						

**figures do not include any apprenticeships started prior to 1/4/17*

Type of Apprenticeship

Type of Apprenticeship	Total no. started (from 1/4/17)	Total no. stopped	Total no. live
Business and Admin	21	1	20
Customer Service	8	1	7
Estates	1	0	1
Healthcare and Nursing	23	3	20
ICT	3	0	3
Leadership and Management	14	2	12
Pharmacy	5	0	5
Total	75	7	68

We are currently working with procurement to launch a tender to deliver a suite of management apprenticeships for existing staff over three year period, including Level 3 Team Leadership, Level 5 Management and Level 6 Chartered Management. Estimated cost is around £300,000. The plan is also to invest further in nursing apprenticeships which will enable staff to develop into senior health care assistants and to registered nurses. Combined this will result in consistent and complete investment of the levy.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Pay budgets will be exceeded if cost of workforce is not reduced.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓	✓			✓

RECOMMENDATION/S:

The Board is invited to discuss both the content and format of the report to inform and improve future reporting requirements.