The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Agenda Item No.4

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Karen Charman HR Director	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: **29 May 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

- Previous years figures have been added to as many charts as possible to allow for a longer term trend analysis
- Vacancies are above the 10% target, reflected in rising turnover and falling stability.
- Sickness absence has fallen by nearly 1% to 4.67%
- Nurse agency use has been at highest levels since July 2017- reflecting high sickness absence during March and April
- Non-medical appraisals have fallen below 80%

Actions being taken

Sickness – reduced to 4.67%

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. Further communications will be sent to all staff in relation to sickness process following the CBUs becoming operational. Guidance and training is being delivered on mental health first-aid to staff and managers. 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 are being pulled together to address the gaps – 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. 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. 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. An outline of the current programme is attached as Section 4 of the Highlight report.

Behaviour Framework

The consultation with staff has concluded with the following results:

- *92% said this makes sense*
- *83% said it's useful*
- *81% said they would use it*
- *58% said it replaces our existing values*

There were minor requests for changes and to incorporate some more elements of our current values. A final version of the framework together with the proposed launch plan will be presented at Workforce Committee in June 2018.

Voluntary Services

Voluntary Services transferred to the Human Resources Directorate in January 2018 and an annual review of their excellent work and contribution is attached to this report for the Board to note and send any comments or messages back to this valuable group. The report also highlights the ambitions for the service in 2018/19.

Karen Charman
Director of HR and OD

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
	√	√			√

RECOMMENDATIONS:

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

Report to Trust Board on Voluntary Services at The QEHKL 31st March 2018

This report provides a position statement on the Voluntary Services at The Queen Elizabeth Hospital NHS Foundation Trust Kings Lynn as of the end of March 2018 by Paul Holley-Smith, Voluntary Services Manager. Paul has been in post for 3 years and now holds the post of Regional Chair for the National Association of Voluntary Services Managers.

Overview

The level of volunteers within the Trust by nature fluctuates seasonally. Over the last summer and winter periods new volunteers have been recruited and processed, replacing those who have retired either to seek new ventures or through ill health. The demographics of the volunteers are weighted 76% to female, with the majority of all volunteers in the 45 years + age bracket. The age range is representative of the local community from 16.5 years to 91 years old!

In nearly 3 years the department has sent out 412 application packs in total. This has resulted in 161 new volunteer placements with us and a total of 61 people who have since stopped volunteering. Some volunteers have decided to retire to spend more time with their family or seeking other ventures; with a few through ill health or personal reasons. The overall retention status is very high, with an average of 12% loss per annum.

More demands and requests are being made of the Voluntary Services to support other departments i.e. supplementing the clinical staff on patient admissions in crisis situations, staff recruitment in a 'back office' capacity or actual ferrying student nurses to collect their paperwork. These additional demands have been met; however, this has highlighted the limited resilience within the admin team in being able to process applications whilst dealing with the day-to-day issues.

As part of the HR Department at the hospital Voluntary Services is now included in the strategic plan for the Trust and an active partner in improving service delivery and in the recruitment of staff.

Current Standing

- 252 Active Volunteers and those currently on hold who have freely given over 25,000 hours of their time for our patients in 2017
- 126 Potential Volunteers in Recruitment are being processed
- ·4 Departments within the QEHKL have Volunteers present assisting the Clinical and Support services staff

All Volunteers undergo the same Core Induction as regular staff members and all sign a Confidentiality Disclaimer approved by the Information Governance team. They are also fully made aware of their liability of disclosure under the Data Protection Act.

DBS Checks – All volunteers are required to have an Enhanced DBS check as an 'Adult & Child Workforce Volunteer'. Adults and Children Barred lists are also requested for each Volunteer. All new & existing volunteers are encouraged to subscribe to the DBS update service. This is complies with Recommendation 6 of the Lampard Review. Also all volunteers undergo 3 yearly reviews of their DBS in line with Recommendation 7 and guidance from NHS Employers

Training - All volunteers attend the Core Induction when first starting. Those volunteers who have completed over 1 year in service have either had, or in the process of receiving, their annual Mandatory Training. The topics covered are the annual IG training aligned with staff requirements. Other subjects are Infection Control, Conflict Resolution & the forthcoming CQC visit.

Records – we now have a system to record training needs for individuals and highlight in advance when training should be renewed. Archive files have been reviewed and, where appropriate, discarded (in line with the Trust's policy of Retention of Documents). We are still exploring the utilisation of a database [which NHS England is promoting] which will streamline recruitment, reporting and delivery.

Volunteers' Feedback – Volunteers state that they feel more valued, more inclusivity and are now better equipped to fulfil the roles that are being asked of them. This is in line with the CEO's vision of the 'Team QEH' but also aligned with the STP's and NHS goals of valuing volunteers. The volunteers feel more valued and greatly appreciated the Sheriff of Norfolk, James Bagge, attending the Christmas Party in December 2017

New & Proposed Roles for 2018 each affecting our Patients

Syringe Drivers: A Pilot scheme has been launched in April 2018 to recover missing syringe drivers utilised for patients. These units cost around £2000 each. A recent audit has highlighted these units have been difficult to locate, subsequently check their functionality, sanitise and re-issue. An amnesty has recovered a few units. Working with the MEL (Medical Equipment Library) volunteer drivers are now collecting these units, aiding the audit trail and re-issue of the vital and expensive pieces of equipment.

Pharmacy Runners: An innovative award-winning new service which has proved successful in other hospitals is now proving very successful in this Hospital. Volunteers are utilised to carry secured medicines from the pharmacy to / from wards and the discharge lounge. This has led to earlier discharge times and greater satisfaction for our patients but also relieved clinical staff to concentrate on their core role; the added benefit is improved efficiency for the Pharmacy department.

Laboratory Run drivers: More volunteers have been recruited to increase the effectiveness of this service. Volunteers drive a hospital pool car to take urgent samples to laboratories / hospitals around East Anglia - this has saved nearly 45% in costs compared to 2016, equating to just under £6k. This project started in June 2017 and is progressing very well.

Young Volunteers NHS 70th Birthday: Now the volunteering age has been dropped to 16 years of age we are accepting applications from younger volunteers. The intention is to encourage more 16-24 year olds to become involved in Health & Social care, both nationally and locally. Voluntary Services are working closely with the Governors in the proposal to the creation of a Youth Forum.

****Settle-In Service:*** This proposed service is designed to assist patients settle into their homes on the day of discharge, working together with the Red Cross. Volunteers will meet the patient in their home and assess the environment is safe for them. This has been identified in reducing re-admission.

End of Life Champions: Voluntary Services are working closely with relevant departments in order to launch a new service targeted at End-of-Life patients. This is a huge project, currently in its infancy; an update will be reported back in due course.

Blanketeers: Following on from a recent meeting with staff from Colchester Hospital Voluntary services are working closely with staff and potential volunteers at the

formation of a club for the production of comfort blankets for patients facing end-of-life issues. This simple project has made a huge difference to patients which we hope to replicate here.

Volunteer Magazine: The first volunteer-specific magazine for our services has now been published and is due to be delivered to the hospital at the time of writing. This showcases our volunteers' commitment and dedication to our hospital but also highlights their motivation and experiences. This is available nationwide, both online and locally. Local distribution will be in waiting areas and departments around the hospital and key local GP surgeries. (This has been produced on a cost-neutral basis to the Trust, being financed through local advertisers and arranged by Smile Publishing and can be viewed at: http://www.smilepublishing.com).

Progress on Objectives during the last 2-3years

The recruitment of Volunteers has been refined and improved over the last few months. It intended to implement a custom-made database for Voluntary Services management which will afford greater efficiency, resilience, and communication and concise report generation.

Closer collaboration and coordination with other Voluntary Service Managers is taking place, not only in East Anglia but nationwide, under the banner of NAVSM. We have created an East Anglian Hub and I have become the Chair of the Hub; we meet on a regular basis, sharing best practice and exchanging projects (aligned as per Lampard Recommendations and NHS England).

More efficiency and resilience in the recruitment, administration, placement, training and retention of volunteers is needed (aligned as per Lampard Recommendations CQC requirements and NHS England).

The Trust aims to improve inclusion for volunteers, and recognition that they are part of 'The Team' at the hospital and that their time is greatly valued. Recognition awards and celebratory certificates are regularly given to volunteers. In March one of our long-term volunteers celebrated their birthday with a floral gift presented by the HR Director Karen Charman.

Conclusion

This has been another very busy and demanding period with the department coping with a significant amount of refining of processes and responding to additional requests.

The needs of the organisation warrant more volunteer recruits as there is identified capacity. The process of recruitment is labour-intensive and the role of manager, administrator, and duties co-coordinator is mainly taken on by the VSM with some resilience from the admin team.

Over the coming months we will be expanding into new areas and recruiting more volunteers, whilst celebrating the successes to-date and improving the retention of our current volunteers. We are now more efficient and resilient than in the past and continuing to increase capacity in existing and new departments.

The profile of Voluntary Services has been raised both within the hospital and externally on a national level.