The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Agenda Item 4

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Karen Charman	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:**				
			HR Strategy – Recruit , Retain and Manage Well		
CQC Domain: (safe, caring, effective, responsive, well-led)	Effective, Well Led				

Meeting Date: **27 March 2018**

Report Title: **Workforce Exception Report**

PURPOSE:

To provide the Trust Board with a continuing update on key staffing metrics together with focused updates on strategic change across the year

SUMMARY:

Key Highlights

- Staffing levels have risen and are sitting above establishment despite vacancies. This is due to the costing of both bank and agency being above 1 wte following a high usage of double time rates during February
- The additional rates incentive has ensured only a small increase in agency usage whilst the Trust was dealing with exceptional sickness levels primarily due to flu. The exceptional increase in sickness can almost be entirely explained by the increase in the "colds, coughs and flu" category of reporting
- A successful nurse recruitment Saturday was held in March resulting in 16 registered nurses being made conditional offers on the day.
- The pressure on recruitment and the whole hospital is heightened by the increasing turnover and reduced stability of staffing over a 12 month period.
- The nurse agency total spend cap has been exceeded at the end of February and is now 1% overspend for the year with March figures still to be included.
- The mandatory training PDSA group is having targeted success and a gradual increase in all training with nine out of the ten mandatory subjects seeing an increase since the group started in November 2017

Actions being Taken

- Further substantive recruitment, potentially over establishment for HCA's on ward areas, is being investigated and will be trialled as a support for registered staff.

- Sickness absence management continues to be targeted at the underlying long term absences and 80% now have a return to work date. This is key to supporting the Trusts' agency cost CIP for 2018/19
- The Statutory training group have now developed 5 PDSA service improvement projects including, resuscitation, induction, eLearning and safeguarding to build on the success to date and demonstrate a culture of continuous improvement.
- Implementation Plans for weekly pay are now seeking to launch on 1st May 2018 to further drive bank capacity and reduce the use of agency in line with Trust CIPs
- The Staff Survey Action Group have commissioned the HR Director to draft a behaviours framework for the Trust to frame staff engagement activities from recruitment to retirement in line with the desired culture as outlined by staff in the feedback from surveys since November 2017.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Sickness absence, bank rates and continuing vacancies is driving pay overspend for month 11 together with increased turnover on staff.

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

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

RECOMMENDATIONS:

Workforce Exception Report

Strategic Update – Staff Survey Report 2017

1. Introduction

The National Staff Survey is run in the NHS each year. It commences in late September and the final submissions are received by the contractor by the first week in December which is an absolute cut off.

The survey is supported by an outside contractor and is completely anonymous. Staff sometimes find this difficult to believe as they receive a personalised letter asking them to complete the survey together with a personalised reminder. We have been careful to stress that the answers are only stored under their random number and cannot be identified back to them. Should less than 10 people in an identified area reply to the survey then the results are aggregated up until they reach a level where individuals do not risk being identified

2. Results

Our response rate was 46% on a 100% sample. This represented a 1% rise on the previous year and around 150 extra surveys returned due to the increased establishment. The returns were representative both of levels in the organisation and staff groups. Overall our staff engagement scores have remained unchanged which is disappointing as the Trust was rated below average last year.

Positive results – top 5

These scores where the Trust is rated most favourably with all other acute trusts in England reflect the pride that our staff take in their work. The reporting of violence on staff has been positively encouraged by all the senior management team to ensure we can identify and protect staff.

- % staff agreeing their role makes a difference
- Staff satisfaction with the quality of work and care
- Satisfaction with level of responsibility and involvement
- Staff motivation at work
- Reporting the most recent experience of violence.

Bottom ranking results

These scores are disappointing however in most cases we can identify the pressures of increased frailty of patients, including dementia and the staffing vacancies that have produced these responses from staff. When the results were individually walked around the medical wards none of the nursing leaders recognised either incidences or a culture of staff experiencing physical violence from staff, so the Trust will need to encourage further feedback to ensure all staff are safe.

- % staff experiencing physical violence from patients
- % staff experiencing physical violence from staff
- Effective team working
- Experiencing discrimination at work
- Quality of appraisal

Over all the Trust has not seen any statistical significant changes in the scores since the 2016 survey which presents the organisation with an opportunity to grow from the relatively low base in 2018

3. Actions taken to date

Following the failure in 2017 of the Trust to feedback in a timely manner it was important that the current management team informed staff both before and as the results were announced nationally.

The Chief Executive sent a broadcast email to all staff with a link to summary report the day before the results were published nationally

The Executive Directors – in line with the CEO email – walked copies of the results around the Trust to their CQC 'buddy' areas. Where possible, Non-Executive Directors were also involved.

The sub group of the Leadership and OD committee that reports to the Workforce Committee met to plan the actions and feedback.

As a result of this the HR Director has been commissioned to use the results from the FFT, Bullying Survey, Behaviours workshops and this Survey to draft a new 'behaviours' framework for the organisation. This is likely to change our overall values into a set of principles and become the framework for our talent management strategy throughout the employee lifecycle including recruitment, appraisal and promotion. This will be circulated to all departments for local consultation and feedback through April 2018

The HR Business Partners have produced CBU level results and will be working with managers and staff to understand and plan local change that would also make a difference.

4. Next Steps

The outcomes of the actions taken, together with the feedback from the planned consultations will be presented to the Trust Workforce Committee in June together with planned changes to our reward and recognition programme.

Karen Charman
Director HR & OD
March 2018