The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PRIVATE)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Dorothy Hosein Chief Executive	Discussion		√		
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Georgina Goodman	Strategic	√			
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: 24th November 2015
Report Title: Workforce – Exception Report

PURPOSE:

To advise the Board of areas of concerns and excellence relating to the Trust's workforce and actions being taken to address them.

SUMMARY:

Currently there are eight areas to consider relating to the Trust's workforce, these being [the]:

I. Sickness absence rate.
II. Level of completed appraisals.
III. Communication & Engagement.
IV. Influenza Vaccinations
V. International Nurse Recruitment
VI. Streamlining Project
VII. Junior Doctors potential strike action
VIII. Implications of Agency Caps

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

None as a direct result of this report.

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:

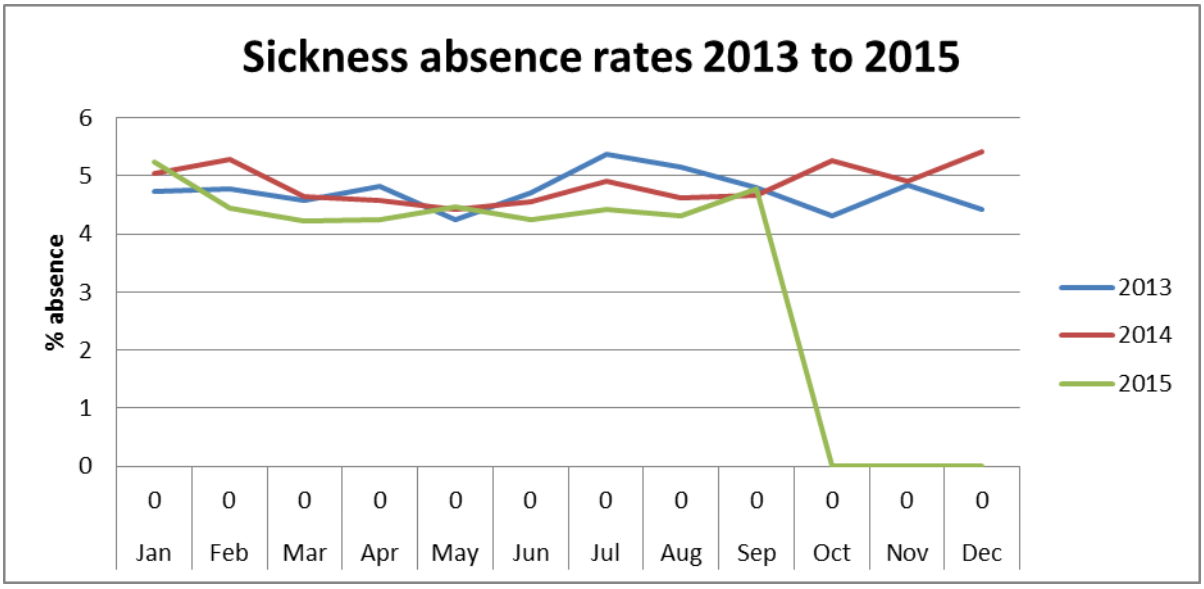
- Note the report.
- Endorse the actions being taken to improve performance.

Workforce – Exception Report

Sickness Absence:

- ***Target: 3.5%***
- ***Performance: (Oct)) 4.72%***

The sickness rate across the Trust has decreased slightly this month, but is still well above target. However when compared to the same period in the last previous two years, the rate remains consistent.



What actions are being taken to reduce sickness absence?

- A survey has been conducted in relation to FIrstcare. A total of 241 responses were received and we are in the process of pulling these together to present to the Transformation Committee on the 26th November and the Workforce Committee on the 1st December.

- Dorothy Hosein and Georgina Goodman will be meeting with Firstcare executives on the 19th November to review contract performance.

The revised/individualised sickness absence targets for each of the service groups within the divisions are now in place and performance against targets is being monitored at performance review meetings. The information in the table below illustrates performance against service group targets for Sept and Oct this [financial] year.

Service Group	% Target	% Actual Sept	Variation from target %	% Actual Oct	Variation from target %	Monthly Variation %	
Cancer Services	3.7	6.5	2.8	5.3	1.6	-1.2	↓
Diagnostic Services	3.0	3.3	0.3	3.0	0.0	-0.3	→
Emergency Services & Patient Flow	3.0	4.6	1.6	3.8	0.8	-0.8	↓

Finance & Facilities	5.5	5.5	0.0	6.1	0.6	0.6	↑
Estates	3.4	0	-3.4	0.3	-3.1	0.3	→
Finance	2.5	0.6	-1.9	1.5	-1.0	0.9	↑
Hotel services	6.6	7.5	0.9	8.2	1.6	0.7	↑
Human Resources	0.9	5.1	4.2	2.8	1.9	-2.3	↑
Medical Services	5.0	7.2	2.2	6.6	1.6	-0.6	↑
Patient Experience	2.6	1.1	-1.5	1.9	-0.7	0.8	↑
Patient Safety	1.5	1.0	-0.5	0.5	-1.0	-0.5	↓
Planning & Performance	4.0	4.7	0.7	4.8	0.8	0.1	↑
Specialist Surgical	3.5	0.7	-2.8	1.6	-1.9	0.9	↑
Support Services	1.4	5.2	3.8	3.3	1.9	-1.9	↓
Surgical Services	3.2	5.3	2.1	5.6	2.4	0.3	↑
Theatre Services	3.5	4.4	0.9	6.3	2.8	1.9	↑
Women & Children	3.0	4.1	1.1	4.1	1.1	0.0	→
Trust	3.50	4.77	1.27	4.72	1.22	-0.05	↓

Appraisals Rate:

- ***Target: 90%***
- ***Performance: (Oct) 84.08%***

The appraisal rate for Trust staff (excluding Bank staff) has decreased this month. Performance is 5.92% below the target level.
There are currently 13 appraisals overdue by 18 months plus. These are broken down to 6 permanent staff who have never had an appraisal, 3 permanent staff and 4 bank staff who are overdue.

What actions have been taken to improve performance?

The seriously overdue appraisals are being made a priority with the HRBP's resulting in 1 permanent and 1 bank staff's appraisal already taken place in November.

Communication and Engagement:

- ***Target: Average for acute trusts***
- ***Performance: (2014 Staff Survey) Lowest 20% for acute trusts***

The 2015 Staff Survey is approaching its conclusion. Surveys were distributed week commencing 28th September, to 800 randomly selected Trust staff. To date (13/11/2015) 400 surveys - 50% - have been returned, and it looks as if our response rate will be very similar to last year, when we achieved 51%. Final reminders were distributed week commencing 2nd November. The survey will close on Friday 27th November with results distributed to Trusts by mid-December.
The Comms Team continue to promote the survey with a poster campaign for internal display, and notices in The Knowledge and the weekly comms briefing emails, to help engage and encourage staff and dispel any confidentiality concerns.

Influenza Vaccinations

- ***Target: (DOH) 75% of Frontline line***
- ***Performance: (31/10/2015) 41.4% of frontline staff***

The Influenza vaccination campaign continues in the Trust. To date there have been a total of 140 hours of ward visits, bookable sessions and drop in clinics arranged to provide the vaccinations to front line staff since the beginning of October. In addition visits to meetings, Study Days and Induction sessions have also taken place. The aim continues to be to protect both staff and patients

The first upload of the Government required statistics took place on Friday 6th November for the periods 28/09/2015 – 31/10/15. Uploads are to be done monthly with the final upload w/c 1/3/16. Only frontline, patient facing Trust employees are include in the government figures.

Non frontline Staff are not relevant to this data collection, as these groups are not involved in direct patient care

Uploaded figures were as follows:

Category (DoH)	**28/09/15 – 31/10/15**	**29/9/14 – 31/10/14**
1 (Dr's)	156 = 43.7%	129
2 (Nurses)	447 = 46.5%	265
3 (AHP, ST&T)	124 = 43.3%	143
4 (Support Workers)	417 = 35.6%	440
5 (Non Patient Facing)	*124* ***not recorded by DoH***	Not recorded
Total	**1268 (1144 recordable = 41.4%)**	**977 = 37.6%**

We are up 3.85% on last year's uptake, however initial reports from the region are that uptake generally is down on last year. It is currently thought that the negative press at the end of last year's campaign surrounding the efficacy of the vaccine may be a contributing factor to this.

International Nurse Recruitment

There are plans to start the first cohort of up to 10 Philippine and Indian nurses with the Trust on the 8th January 2016. There will also be 8 Spanish nurses starting with the Trust on the same day.

The Trust requested and was successfully granted a total of 15 Certificates of Sponsorship from the Home Office UK Visa's and Immigration Department to date, to allow the Trust to recruit nurses beyond Europe subject to fulfilling the relevant criteria.

The Government has agreed to add Nurses to the Shortage Occupation List during December 2015 on an interim basis pending further work by the Government's Independent Migration Advisory Committee which is due to be presented to the Government by February 2016. The temporary rule change will mean that nurses are one of the professions which can be granted unlimited numbers of standard visas as long as they have the backing of a UK employer. Therefore the Trust will be able to successfully recruit nurses from outside the European Economic Area without difficulties gaining Certificates of Sponsorship and Visas for a least a limited time

Streamlining

The Streamlining Programme is essentially about improving HR processes to ensure that efficiencies are gained by offering a consistent approach in how we do things across the East of England. The Trust has fully engaged with the Programme since its launch event back in January 2015 and has leads for each of the key areas of the Programme.

- Recruitment
- Occupational Health
- Medical Staffing
- Statutory & Mandatory Training

Each Workstream meets on a regular basis, with the Programme Managers and an ESR Central Team representative to move the project forward.
Progress has already been made in the Occupational Health Workstream, with all Trusts agreeing their processes and recording of inoculations and in the Statutory & Mandatory Training Workstream, Trusts have been aligning the training they deliver to the Core Skills Training Framework, so that there is a consistent level of acceptable training that can be transferred Trust to Trust.

Junior Doctors Strike Action

A Working Group has been set up to manage the logistics and communications around the potential strike action planned by Junior Doctors.

The days when the Trust will be affected are:

December 1st – Emergency cover only will be provided by juniors.
December 8th - Full walk out
December 16th - Full walk out

Initial plans to mitigate the effect of such action include:

- A general meeting with the Junior Doctors (led by the Medical Director) in order to inform and engage (Held 13th November)
- Forming a working group comprising
  - Medical Director JSCC Chair
  - Medical Education Manager
  - Assistant Director of HR
  - Divisional Director
  - Junior Doctor representative
  - Emergency Planning Lead
  - Communication Lead
- Circulate a staffing template to collect and collate information about whether staff intend to strike (staff are not obliged to share that information however)
- Work with departments to ensure provision of service is secured through redeployment of staff as necessary
- Participate in NHS England and NHS Employer events to share and receive information from other Trusts

Implications of Agency Pay Caps

Monitor and the Trust Development Authority have been strongly pressed by a large number of providers to take urgent national measures to cap the rates paid for agency staff and to encourage workers back into substantive and bank roles. Subject to a consultation that closed on the 13th November 2015, Monitor propose to introduce hourly price caps for all agency staff across all staff groups – doctors, nurses and all other clinical and non-clinical staff. The intention would be to have these in place from the 23rd November 2015.

Subject to the consultation process, the price caps would ratchet down in two further stages, so that from the 1st April 2016 agency staff would not be paid any more than the equivalent substantive worker. It is proposed that the caps would also apply to bank rates

Potential implications to the Trust regarding the introduction of agency pay caps include

- Risk of temporary workforce supply issues and problems covering the service and therefore potential difficulty complying with agency pay caps – particularly in the short term after the introduction of the change
- Reduction in agency pay costs therefore improving Trust finances
- More agency workers applying for substantive or bank roles at the Trust