

# Board of Directors Meeting

**Subject:** Workforce Report  
**Date:** 28<sup>th</sup> May 2015  
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**Lead Director:** Karen Fisher, Interim Chief Executive

**Executive Summary**

**Staff in post** for April 2015 was 3641.29 wte's compared to 3676.52 wte's in March 2015 this was a decrease of 35.23 wte's in month due to a high number of leavers particularly within the Registered Nurse staff group (21.27 wte's, 14.57 wte's were Band 5 staff), work is being undertaken to understand reasons for leaving in order to formulate plans to improve retention. Budgeted establishments for the 15/16 financial year have not yet been signed off by the divisions which has meant that vacancy rates cannot be reconciled. Work will continue throughout June to ensure that all budgets are accurate for June Board meeting. The Trust will continue to progress with recruitment to known Medical and Registered Nurse vacancies

Due to a competitive recruitment market the Trust is still facing difficulties recruiting to Registered Nurse posts although a robust recruitment plan has been developed which will improve the position throughout the year. The Trust is now pursuing its Registered Nurse Recruitment strategy with final contractual arrangements being put in place with specialist recruitment agencies to support international recruitment. To ensure safe staffing on the wards the Trust has recruited to Health Care Support Worker roles to reduce reliance upon bank and agency staff. Whilst the Trust has been unable to report on budgeted establishments and vacancies the below areas remain a concern based on March 2015 information:

**Registered Nursing:**

- EAU;
- Sconce Ward (NWK);
- Stroke Unit;
- Ward 52;
- Ward 33

**Medical areas of concern continue to be: (Known Vacancies)**

**A&E Medical** - There are 10.9 wte Medical vacancies in A&E Medical (32% of budget), 4 Consultant vacancies remain with 1 Locum Consultant due to commence 1st June 2015 and 1 Consultant is currently being employed via a limited company to cover 1 vacancy. Work is being undertaken to appoint substantively for 6.9 wte Specialty Doctor level vacancies, the Trust continue to work with specialist agencies to attract candidates to posts out to advert currently.

**Geriatrics** - 3.2 Consultant vacancies remain within Geriatrics, a recruitment and retention premium has now been agreed and an advert placed via NHS jobs after an unsuccessful advert via the BMJ, the Trust has also instructed an agency to undertake head hunting.

**Radiology** - There were 4.1 wte Consultant Radiologist vacancies at the end of April, the recruitment strategy has now been developed and has been sent out to the division for comment. The Trust intend to advertise for a Breast Radiologist once the job description has been approved with the intention to interview at the end of June 2015. Further vacancies will be advertised in June with an interview date for September 2015. As a temporary measure the Trust has engaged with the A&E agency who are looking to source a locum for a 12 month period. The department spent £60k on variable pay during April.

**Pay budget** for April 2015 was £15.06m, with pay spend totalling £15.16m, an overspend of £101k. **Pay spend** increased by £21k in month. Fixed Pay was £12.32m in April, underspent by £1.54m. Variable Pay was £2.83m in April 2015, compared to £2.53 in March 2015, an overspend of £1.64m. The Engagement of Temporary Staff Policy has now been implemented and the Trust expect to see a reduction in variable pay expenditure as an outcome, compliance with the policy will be audited. Top 3 areas of variable pay in April were:

- **A&E Medical** - £221k – As outlined above the department have vacancies being covered by agency staff and additional hours, a reduction in variable pay spend is expected in June when the Locum Consultant commences in post. An international Specialty Doctor commenced employment on the 15th March and will be upgraded to a Consultant after a 3 month induction . There are Specialty Doctor vacancies being covered by additional hours and agency.
- **Junior Doctor KMH** - £189k – The Trust continues to utilise extra cover to meet the increased demand at a premium rate of variable pay for Registrars and Junior Medics. Additional doctor cover has been put in place for the hospital at night provision. There are also a number of employee relations issues which are being managed in accordance with Trust policies and procedures.
- **Geriatrics (HCOP Medical)** - £146k – The vacancies outlined above continue to be supported by agency staff, this

is likely to continue until the Trust can recruit to vacancies substantively.

The Trust **sickness rate** decreased for a consecutive month in April to 3.75% from 3.96% in March 2015. The sickness absence rate is lower than the 2014/2015 trend (4.70% April 14). Short term sickness stood at 1.85%, a 0.32% decrease in month. Long term sickness increased by 0.10% to 1.90%. A Sickness Absence Action plan has been developed for the 2015/2016 financial year which aims to drive further improvements in sickness absence rates.

Appraisal compliance increased by 2% in April 2015 to 90%. Reminders continue to be sent to those areas where appraisal compliance is low. The Trust has submitted plans to monitor that predicts compliance with the 98% target by the end of the financial year.

The Trust's mandatory training compliance at the end of April was 78%, a decrease of 5% in month. The decrease is due to the Trust's new mandatory training requirements that came into effect from the 1<sup>st</sup> April 2015 which requires certain staff groups, predominantly admin and clerical staff, to undertake new mandatory training that they previously had not been required to undertake. Work has been undertaken to ensure staff can access courses via e-learning as well as face to face training.

The Trust's Friends and Family test results were published during quarter 4 which have shown positive responses – there were 385 responses in total. The report is detailed in Appendix 2 of the main report.

**HEEM Update**

On the 18th May 2015 the Trust received a HEEM visit to Ophthalmology as part of a review of an East Midlands wide provision of the speciality as the East Midlands has been identified as an outlier nationally in a recent GMC survey. Although the quality of teaching and education was praised, a number of service/operational issues relating to dysfunctional running of the clinics and departments, particularly relating to patient flow and staffing capacity, systems failure in the way that the department/clinic was being run were identified and reported to the CQC. The Trust also received an informal visit from HEEM in May to meet Foundation Trainees who reported many significant improvements, particularly in T&O, however many of the previous reported concerns in ED still remain. ED will be receiving an enhanced monitoring visit by the GMC on the 4th June 2015 and a further planned HEEM visit to T&O on the 17th June 2015. Action plans are in place and are being actively progressed and monitored by the Medical Director and Deputy Director of TED.

The Trust will continue to drive improvements in sickness absence and focus efforts on recruiting to the level of vacancies to reduce variable pay.

**Recommendation**

- Note the areas of performance that require improvement.
- Acknowledge the actions being taken to improve performance.

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

To consistently deliver safe, effective high quality care achieving a positive staff and patient experience	To eliminate the variability of access to and outcomes from our acute and community services
To reduce demand on hospital services and deliver care closer to home	To develop extended clinical networks that benefit the patients we serve
To provide efficient and cost effective services and deliver better value healthcare	

<b>Links to the BAF and Corporate Risk Register</b>	Strategy items impact on all strategic objectives
<b>Details of additional risks associated with this paper</b> (may include CQC Essential Standards, NHSLA, NHS Constitution)	
<b>Links to NHS Constitution</b>	
<b>Financial Implications/Impact</b>	
<b>Legal Implications/Impact</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>Is a QIA required/been completed? If yes provide brief details</b>	