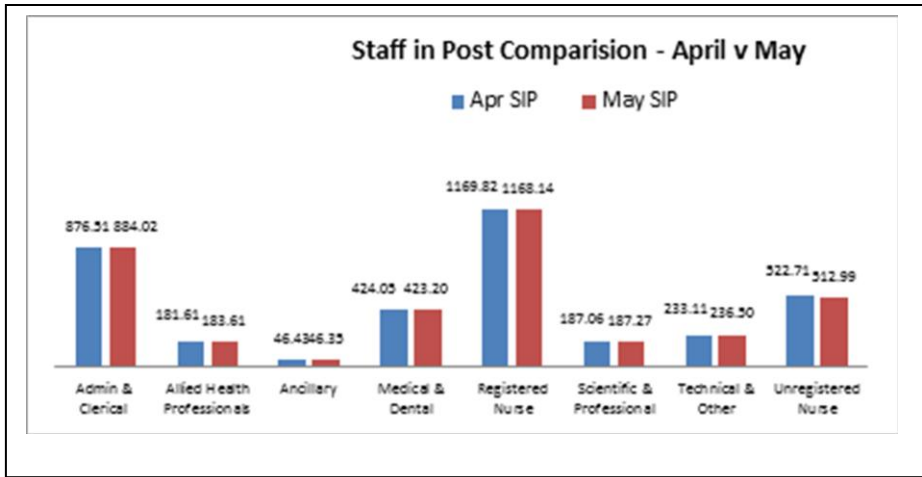


**Board of Directors – June 2015**  
**Workforce Report – May 2015 Position**

## 1.0 Budgeted Establishment, Staff in Post and Vacancies – Source ESR & Financial Ledger

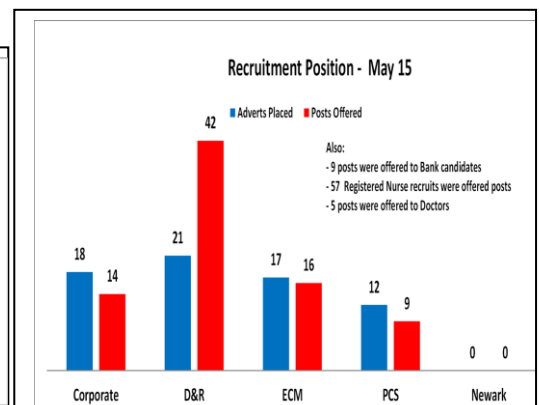
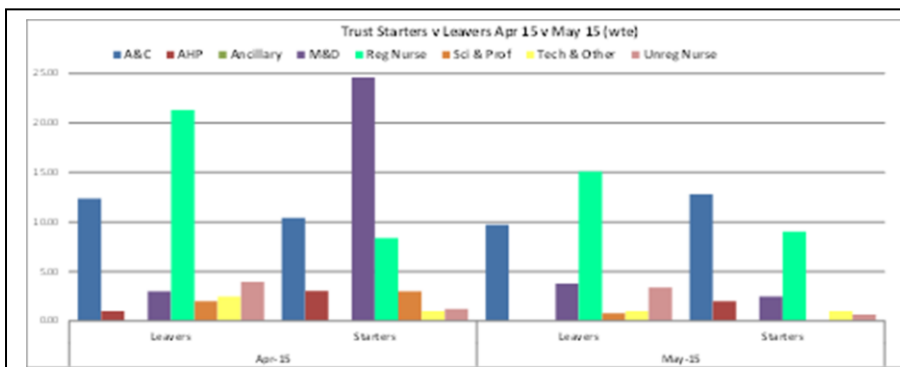


### Movement in Month

- At the end of May 2015 the **budgeted establishment** was **4060.78 wte's**, a decrease of **33.38 wte's**. The decrease is due to Ward 21 budget being removed (35.34 wte's)
- Staff in post** for May 2015 was **3642.08 wte's**, a very small increase of **0.79 wte's**, which remains stable when compared to April
- The number of vacancies at the end of May 2015 was **418.70 wte's** compared to **452.87 wte's** a decrease of **34.17 wte's**
- The **vacancy rate** now stands at **10.31%**, a decrease of **0.75%** in month.

- Registered Nursing:** Registered nursing vacancies remain a significant risk for the Trust with 211.98 wte's vacancies (15.36% of Registered Nurse budget), compared to 73.06 wte reported in March 2015. High risk areas include: EAU-**13.54 wte**; Sconce Ward (NWK)-**12.13 wte**; Ward 52-**10.83 wte**; Ward 33-**9.86 wte**; Stroke Unit-**9.22 wte**; Ward 42-**8.06 wte**. There were 73.06 wte vacancies reported in March compared to 211.98 wte in May an increase of 138.92 wte. The number of nursing vacancies will be verified in the next month.
- Risk** – There are 4.90 wte Specialty Doctor vacancies in A&E Medical, 2.20 wte' Consultant vacancies remain in May compared to 3.20 wte in March, two locum specialty doctors have been appointed via international recruitment start dates to be confirmed, this will reduce variable pay spend going forward. The Trust continue to work with specialist agencies to attract candidates to post out to advert currently.
- Risk** – Junior Doctor KMH – Recruitment to fill Junior Doctors vacancies is no longer taking place, as it is only 8 weeks to change over. Vacancies for August are currently being identified as allocations from the Deneary have not yet been finalised, plans are being developed to recruit to gaps.
- Risk** – Medical Staff – T&O vacancies - Recruitment has now taken place and 3.00 wte consultants have been recruited and will commence employment between June and July. 1 Locum Consultant recruited to cover Maternity leave and 1 specialty doctor due to commence in August, this will reduce variable pay going forward.
- Risk** – Geriatrics – Consultant vacancies continue to be a risk, Locum Specialty Doctor appointed due to commence 29<sup>th</sup> June (12 month fixed term contract). Consultant in General Internal Medicine with Specialist Interest Job description is being drafted once approved this will be advertised. There is a rolling advert for Consultant in Geriatrics and the division are working with A&E Agency head hunt for Consultant.

## 2.0 Recruitment – Source NHS Jobs and ESR

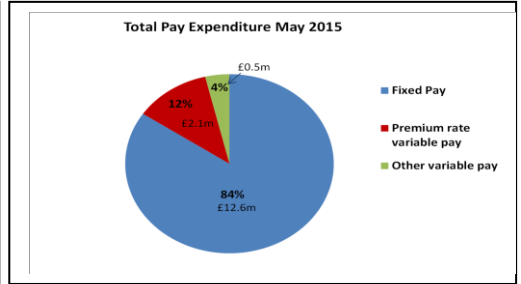


### Movement in Month

- 68 adverts** were placed throughout May 2015, compared to 63 in April.
- 153 posts were offered to candidates** throughout May 2015, this compared to 100 posts in April 2015. 57 offers were made to Registered Nurses, and 9 offers were made to Bank Health Care Support Workers and Admin staff, the Trust continues to strengthen the pool of available staff within the Bank office in a bid to eliminate reliance upon agency staff for Admin and Health Care Support Worker roles.
- At the end of May there were **226 candidates where within the recruitment process** compared to 143 in April 2015, 9 of those candidates had breached the 3 week pre-employment check target, **6%** compared to 13% in April 2015.
- Reasons for breaches for pre-employment checks were delays in receiving references and candidates providing proof of DBS.
- Starters** – There were 27.97 wte starters during May 2015 this compared to 51.67 wte's in April. There were 9.01 wte Registered Nurse recruits commenced employment with the Trust in May compared to 8.36 wte's in April. There was a 0.50 wte Consultant starter during May in Respiratory.
- Leavers** – There were 33.70 wte leavers during May 2015 compared to 46.10 wte in April. Of the 33.70 wte's 15.09 wte's were Registered Nurses (10.89 wte Band 5), 22.43 wte's were voluntary resignations and 1.80 wte's end of fixed term contracts. 9.55 wte's were due to retirements, 5.43 wte's were flexi retirees who will return to employment with the Trust in the next month. Numbers continue to be higher than expected, work is being undertaken to understand this.

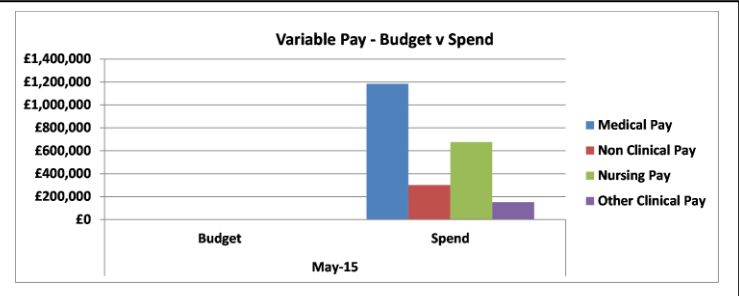
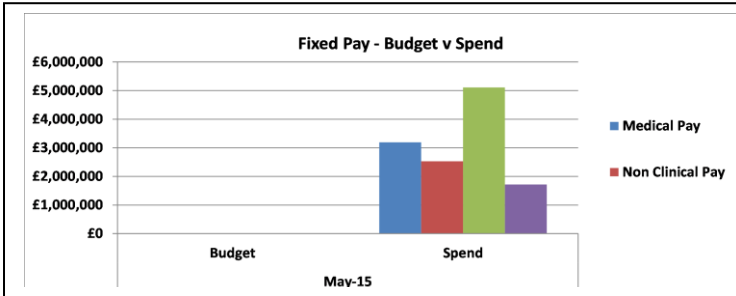
- Action** – The Trust continues to work within the East Midlands Streamlining group to streamline the recruitment processes for candidates. A collaborative approach to Junior Doctor recruitment has been agreed by the streamlining group and regional HR Directors and posts have been advertised.
- Risk** – Registered Nurse leavers have increased during March and April, work is being undertaken to understand this, please see Appendix 1 which gives a breakdown of leavers by reason for leaving and age group.
- Action** – Robust recruitment plans have been developed for Registered Nursing recruitment; contracts with international recruitment agencies are being finalised for recruitment trips to the EU and India.

### 3.0 Pay Spend – Source Financial Ledger



**Premium rate VP** – Agency, locum, overtime, wait lists  
**Other VP** – Additional hours, extra sessions, pool & bank

\*\*\* Please note that these figures exclude reserve funding and Facilities (Medirest)



- **Pay budget** for May 2015 was **£14.87m**, with **pay spend** totalling **£14.86m**, an **underspend of £100k**. Pay spend decreased by £24k in month.

- **Fixed Pay** was **£12.53m** in May, **underspent** by **£1.16m**.

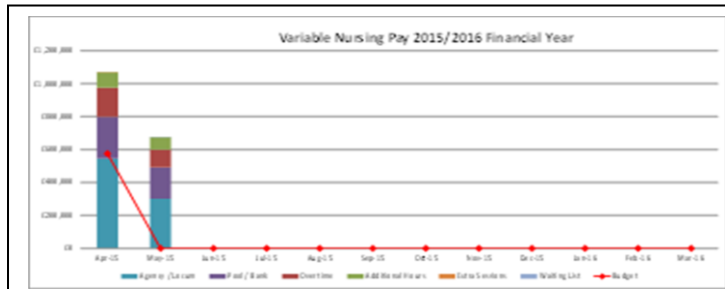
**Variable Pay** was **£2.31m** in May 2015, compared to **£2.83m** in April 2015, an **overspend of £1.32m**

**Registered Nursing:** Registered Nursing variable pay was £677k in May, compared to £1071k in April a decrease of £394k in Month.

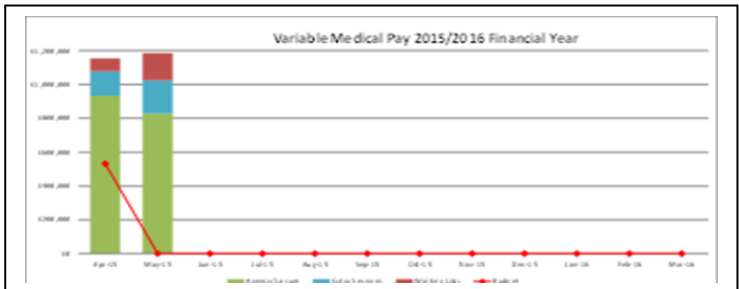
**Medical & Dental** variable was £1184k in May, compared to £1154k in April an increase of £30k in Month.

**Top 3 areas of variable pay (VP) spend:**

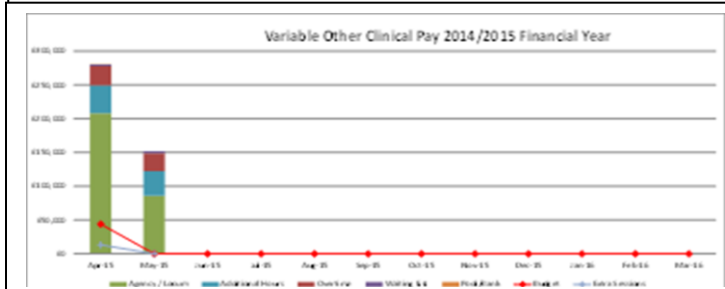
- **A&E Medical - £160k** - Specialty Doctor vacancies being covered by agency and additional hours, two locum specialty doctors in ED have now been appointed, this will reduce variable pay spend going forward.
- **Junior Doctor KMH - £153k** – Junior Doctors change over takes place on the 5<sup>th</sup> August and therefore vacancies are being filled to meet service needs using Locum doctors.
- **Medical Staff – T&O - £145k** – The vacancies have been recruited to, use of agency staff will continue until new recruits commence employment. 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.



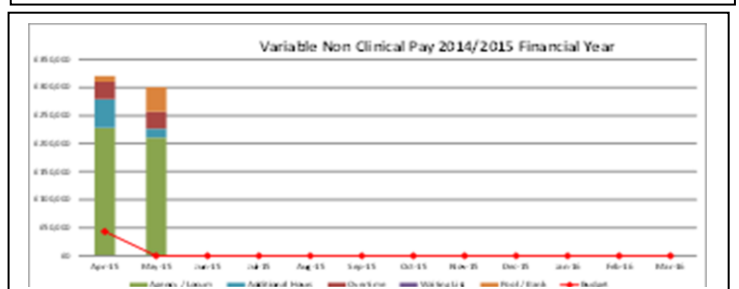
**Nursing VP** was £677k a decrease of £394k in month. Agency spend decreased by £244k totalling £301k. Bank spend decreased by £63k totalling £189k. Additional hours and overtime payments also decrease by £88k during May totalling £184k. Ward 52 was the highest area of agency spend in May (£32k) with Ward 51 being the second highest (£30k), these spends are reflective of the number of vacancies outlined above.



**Medical VP** was £1.18m in May 2015; this was an increase of £3k in month. Agency costs decreased by £105k during May totalling £828k in month, high areas of spend are outlined above. £159k spend was incurred for waiting lists during May with the main areas of spend being within A&E Medical (£154k), Junior Doctor (£134k) and Medical T&O (98k).

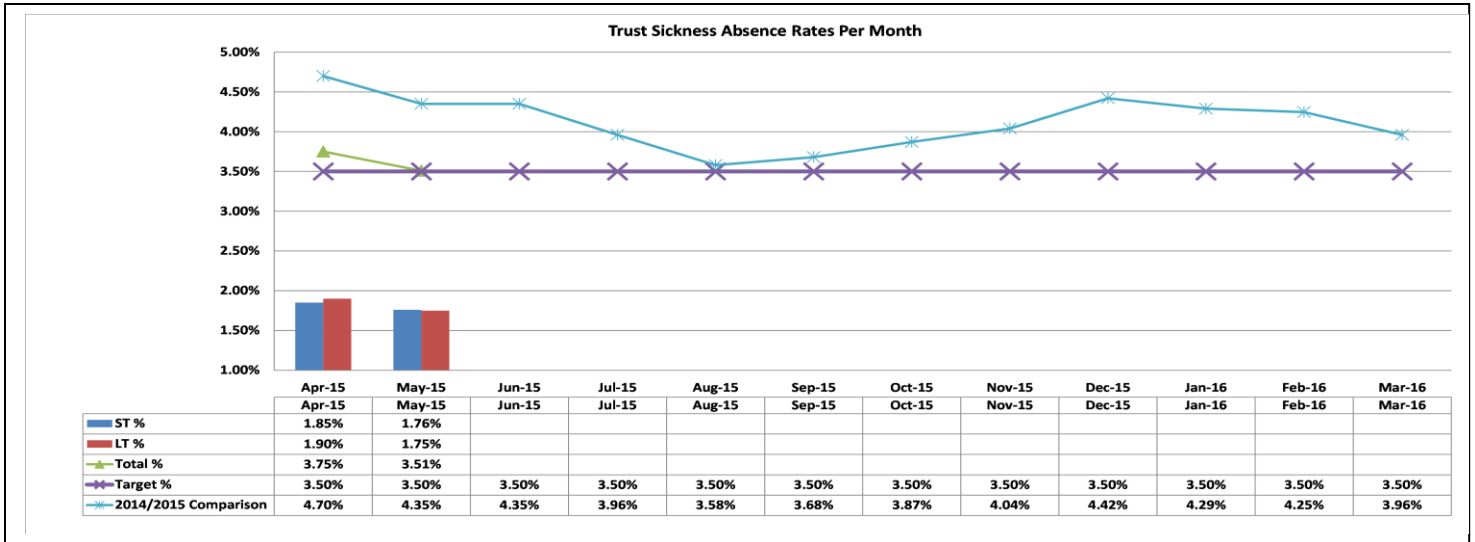


**Other Clinical VP** – Totalled £151k in month a decrease of £142k. Agency spend decreased by £122k totalling £85k in month with the highest areas being Therapy Integrated-Med (£69k) and Pharmacy (£23k) where there are 3 vacancies being covered by agency staff. Additional hour's payments totalled £36k during May with the highest area being the Day Nursery (£6k). Overtime payments totalled £26k with Pharmacy being the highest area (£6k) to cover 9 wte vacancies.

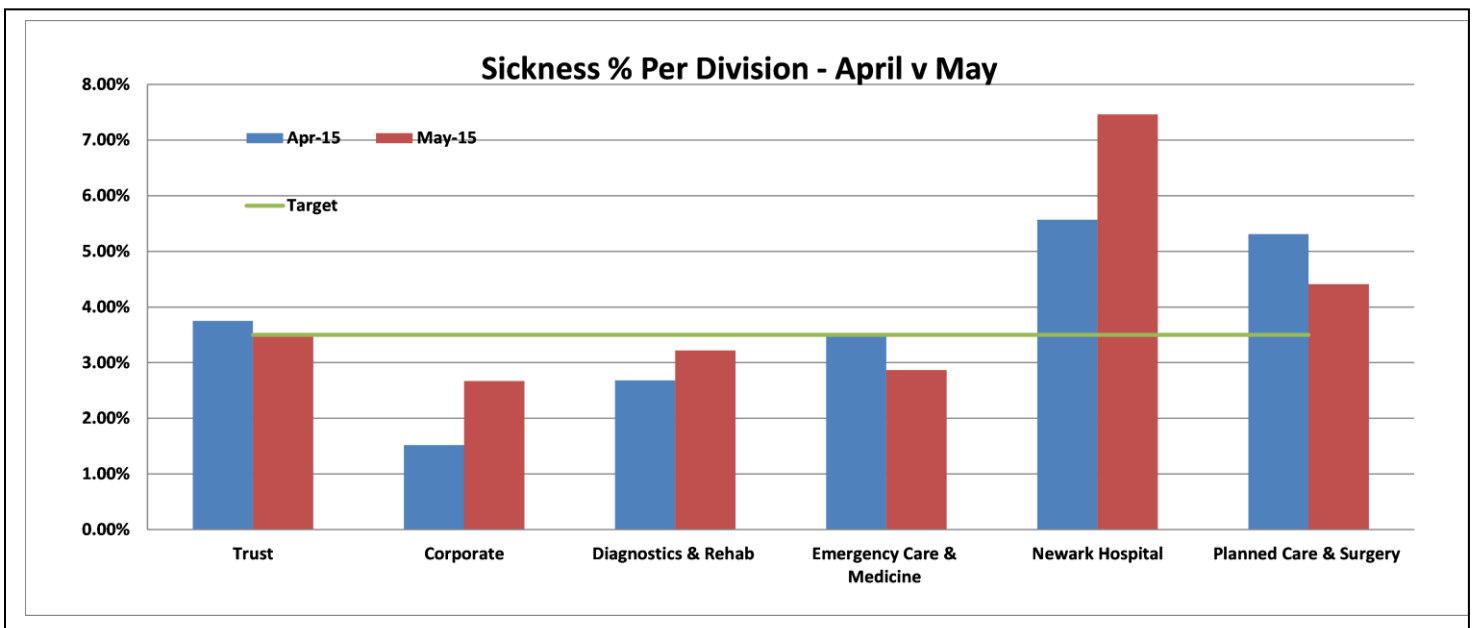


**Non Clinical VP** – Totalled £300k in May 2015, a decrease of £20k in month. Agency spend totalled £210k in month which was a decrease of £28k, the highest areas for agency spend were Turnaround (£83k), Divisional Management (£38k). Additional hour's payments totalled £16k in month a decrease of £34k compared to April with the highest area being Admissions-Days (£2k). Overtime payments totalled £29k in month which was a decrease of £2k.

#### 4.0 Sickness Absence – Source ESR



- The Trust sickness rate decreased for a fifth month in May 2015 to 3.51% from 3.75% in April. The sickness absence rate is lower than the 2014/2015 trend (4.35% May 14).
- The cost of sickness absence was **£333k** in May a decrease of £25k compared to April (358k).
- **Anxiety/Stress/Depression/Other Psychiatric illnesses** was the highest reason for sickness absence losing 733 working days compared to 608 in April.
- Short term sickness stood at 1.76%, a 0.09% decrease in month.
- Long term sickness decreased by 0.15% to 1.75% during May 2015.
- The action plan developed from the stress focus group is being rolled out across the Trust.
- There is no correlation between areas of high vacancies and high sickness absence levels.



**Actions per Division**

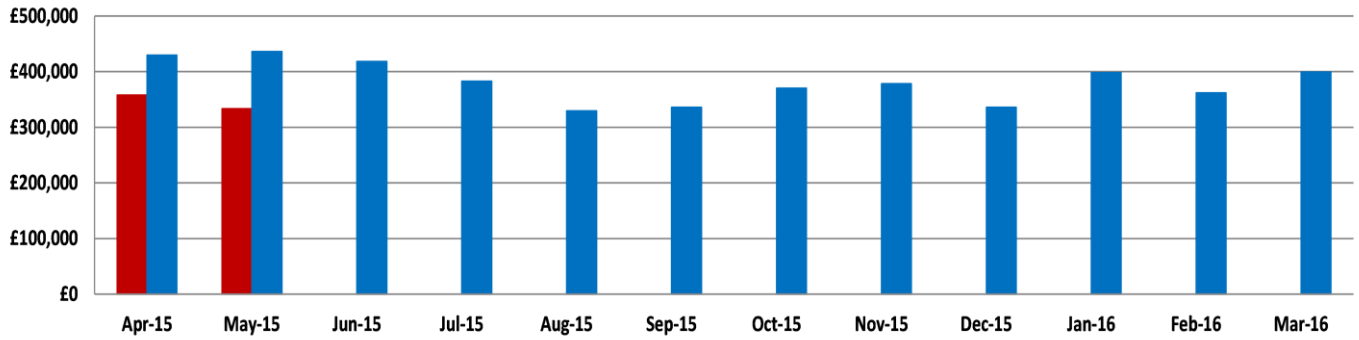
**D&R** – Highest areas of concern PPC KTC - 7.19%. CaSh – 21.32% staff are being managed through the sickness absence policy and sickness will reduce in June. High sickness absence % in other services are due to small numbers in teams.

**ECM** - sickness absence in May 2015 was 2.87% compared to 3.50% in April 2015. There has been Significant amount of work undertaken within the division to support the reduction in sickness absence. HR Business Partner and Occupational Health continue to meet with the managers of the top 5 areas of concerns to review and support the managers in managing these long terms cases. All individual cases have been reviewed in these areas. AHRBP continues to provide training and coaching for managers on the new policy and procedure and work with managers to address competencies levels via 121 coaching and support.

**Newark** – Some cost centers have been removed and therefore WTE has caused the overall sickness % to increase to 7.20% from 5.57%, small numbers in teams means high % even if only 1 individual is absent. Sickness has increased across clinical areas actions plans are in place to support managers.

**PCS** – Ward 14 sickness absence was 10.14% The main area of concern related to LTS – return to work plans are in place for June - August. Assistant HR Business Partners continued to support and coach newly appointed Ward Managers.

## Paying Staff for Sickness Absence Trust Total (comparisons between financial years)



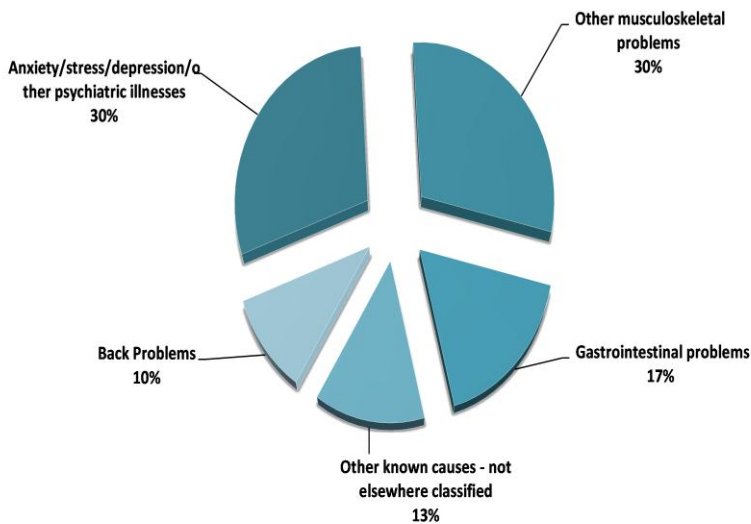
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Trust Total	£357,852	£333,323	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
2014/2015	£429,512	£435,800	£418,006	£382,467	£329,094	£335,960	£369,901	£378,182	£335,483	£398,244	£361,784	£399,211

- The cost of paying salary to absent staff was **£333k** in May 2015.

### Trends & Themes

- Tuesdays was the highest first day absent in May with 104 absence beings reported on a Tuesday (24%) compared to 99 absence being reported on Monday. This compares to 111 in April 2015 (23%). The Registered Nurse staff group reported the highest number of episodes on a Tuesday (39 episodes, 38%)
- Per whole time equivalent staff in post, the cost of sickness absence stands at £92 for the period of May 2015.
- Per whole time equivalent staff in post the number of working days lost for the period May 2015 was 1.08 working days, this compares with 1.03 working days in the same period of 2014/2015 financial year.

### May 2015 - Top 5 Sickness Absence Reasons - compared to all other sickness absence

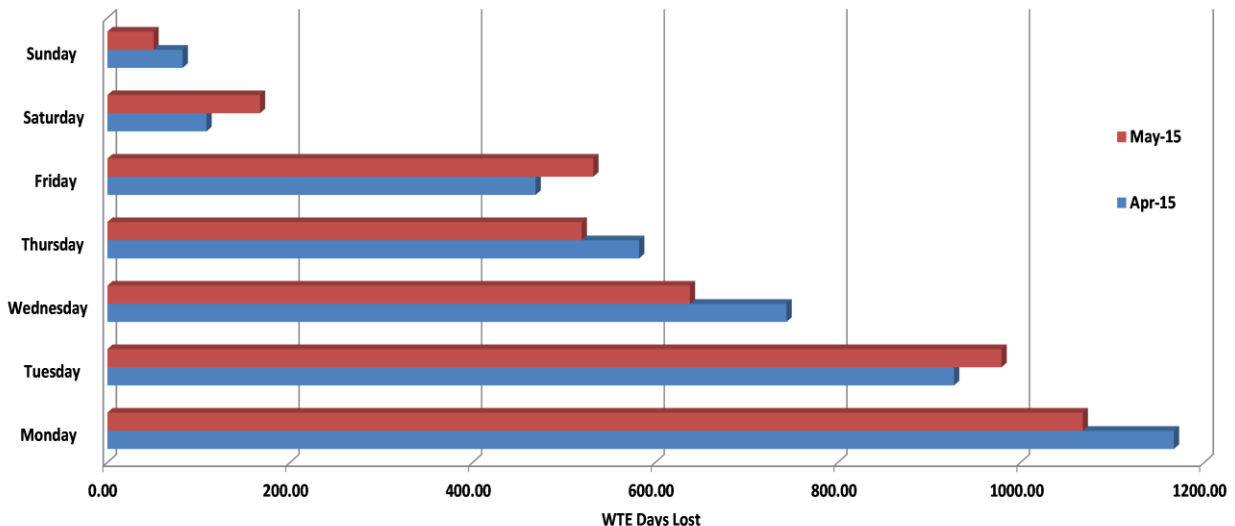


Anxiety/Stress/Depression/Other Psychiatric illnesses and Other musculoskeletal problems were the highest reason for sickness absence during May 2015 with Gastrointestinal problems being the second highest.

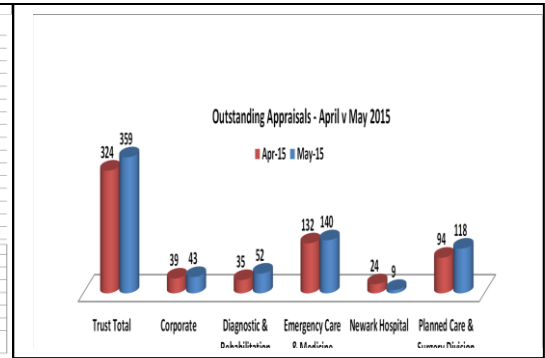
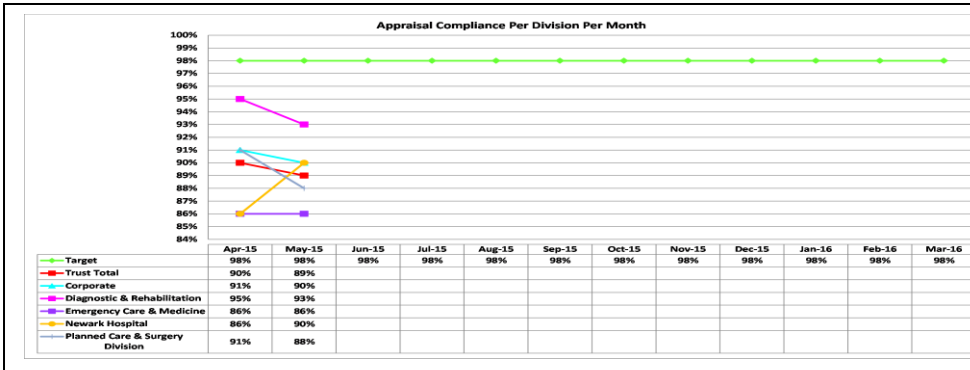
The sickness absence action plan and stress action plan are implemented across the Trust progress will be monitored by OD & Workforce Committee.

Creating a Mentally Health Workforce training commences in July.

### Highest First Day Absent - April v May Comparison

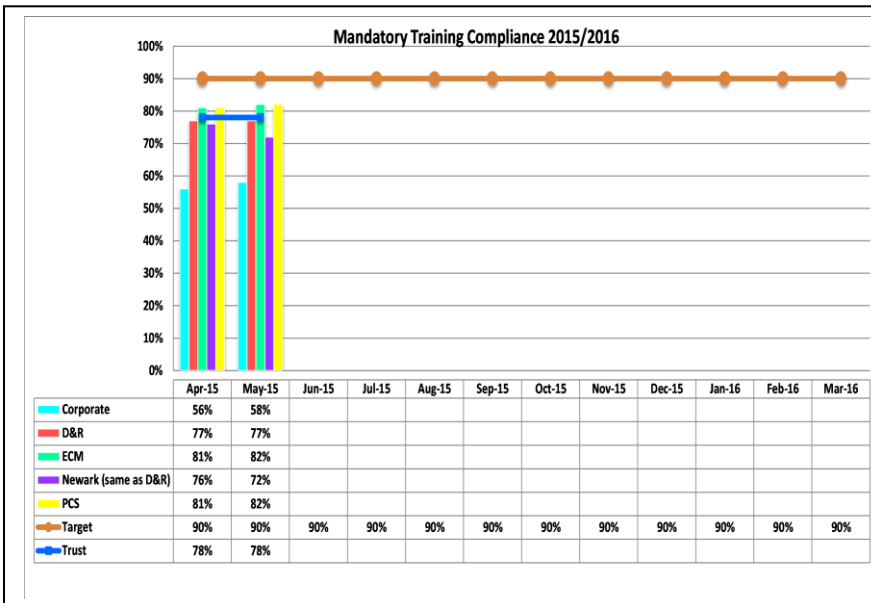


## 5.0 Agenda for Change Appraisal Compliance – Source ESR and Manager Returns



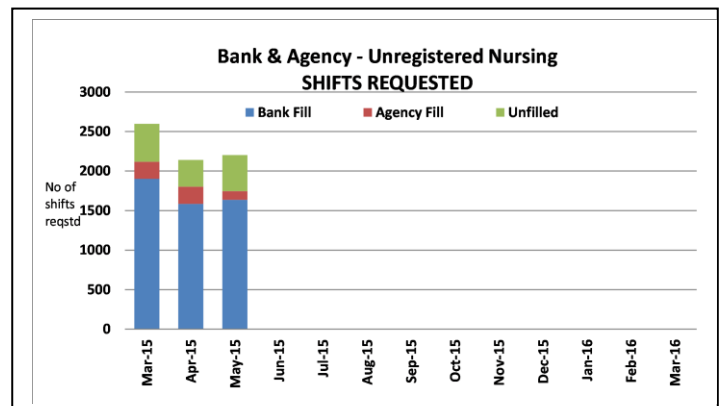
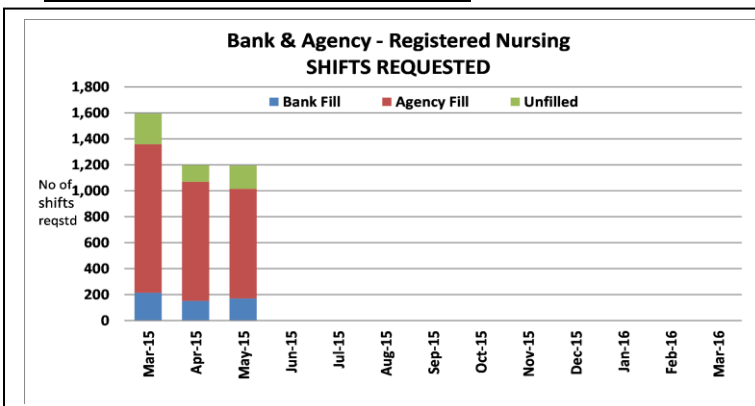
- Appraisal compliance **decreased by 1%** in May 2015 to **89%**. The 98% compliance target continues to be driven within the divisions.
- There are now **359 appraisals outstanding** compared with 324 in April 2015.
- Corporate appraisal compliance decreased by 1% in month to 90%.
- D&R appraisal compliance decreased by 2% in month to 93% moving them 5% away from the 98% target.
- ECM maintained the 86% appraisal compliance rate.
- Newark continue to make improvement and appraisal compliance increased to 90% an increase of 4% in month
- PCS compliance decreased to 86% a decrease of 3% in month.
- External auditors currently undertaking a review of appraisal information and documentation, draft documentation with management for discussion.

## 6.0 Mandatory Training – Source ESR



Mandatory Training compliance at the end of May 2015 remains at 78% and is mainly due to the new national mandatory training requirements coming into effect from 1<sup>st</sup> April 2015. These new requirements will now require certain staff groups, predominantly admin and clerical staff and non-clinical managers, to undertake additional mandatory training that they have previously not been required to undertake. Sufficient training sessions are in place to allow staff to access this training as well as e-learning packages which are available 24/7. HEEM have commissioned a 'train the trainers' course that will be of particular benefit to staff who will be assessing new HCAs and that have not formally assessed staff before. The Trust has reserved 12 places on this course and several trainers from the TED Department and HCAs from various wards have also enrolled onto this course in order to be able to deliver ongoing in house courses to ensure that we sufficient trained assessors in place and from a sustainability point of view. Action plan is now in place in order to develop the infrastructure to implement the Care Certificate from September 2015 and will be monitored by the Workforce and OD Committee

## 7.0 Nurse Bank – Source Nurse Bank System

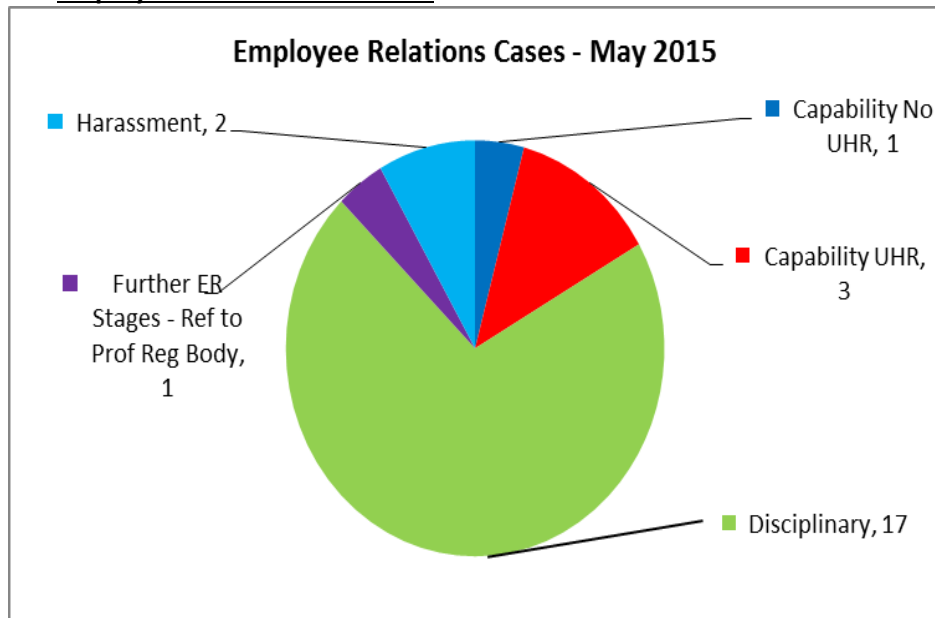


The number of requested shifts for May increased by 125 shifts for Registered and Unregistered Nurses, 52% of those requests were filled by bank staff (remains the same as last month), 27% by agency (decrease in 7%) and 18% went unfilled (increase of 4%). 69% of the requests were for Unregistered Nurses compared to 64% in April 2015.

The Nurse Bank transferred from using the SMART e-Rostering system to the new Health Roster Bank Staff system from 1<sup>st</sup> April 2015. Fill rates remained stable throughout the transfer and throughout May 2015. There were a higher number of cancelled requests in April – this was due to errors inputting/transferring from one system to another and process changes. Admin & Clerical Bank & Agency bookings for A&C Bands 1-3 have also just completed their first month of go-live in Health Roster. Reports on A&C Bank & Agency for Trust Board to be discussed with HR & presented next month. The 2<sup>nd</sup> phase of A&C Bank & Agency which involves reviewing training requirements and planning for a recruitment drive is now in progress. The new authorisation process for Bank & Agency underpinned by the new Trust Temporary Staffing Policy came into effect from 27<sup>th</sup> April 2015.



## 8.0 Employee Relations – Source ESR



The pie chart shows that there were 24 employee relations cases on-going at the end of May 2015 compared with 25 in April 2015. The disciplinary cases include investigations and those due to go to a hearing. UHR stands for underlying health reason.

**Information Governance Investigations** - There are currently 6 disciplinary investigations taking place with regards to IG breaches. The number of cases has increased since the Fairwarning System has been implemented at the Trust which monitors staff activity with patient records.

## 9.0 HR Update

### 9.1 Workforce & Agency Intensive Support Team

The Trust continues to work with Monitor's workforce and agency intensive support team to pilot a project to support the reduction on the dependence of agency staff and the cost of variable pay, this work will feed into the Turnaround work in reducing pay spend.

### 9.2 Engagement of Temporary Staffing Policy

The Engagement of Temporary Staffing Policy has now been implemented across the Trust; this ensures tighter controls when managers are booking temporary staff. Training has been delivered to Senior Managers and Heads of Service within Divisions.

### 9.3 Allocate Health Rostering

1<sup>st</sup> Bank pay was processed successfully through Health Roster for payment in May. New authorisation levels for Bank & Agency are being addressed and are being incorporated into the electronic system, on-going work around Temporary Staffing taking place with the Recovery Team. The first 4 units to use Health Roster are up and running with the system and no longer use SMART. ITU will be Live on Health Roster with their 1<sup>st</sup> Roster date being 3<sup>rd</sup> August. Full Roll out plan for Health Roster has been produced and awaiting approval. Further training dates have been scheduled for clinicians on the Job Plan system. Delays identified with the inputting of job plans due to the complexity. Junior Drs will be on Health Roster for the August period.

### 9.4 Engagement Strategy

An engagement strategy has been approved by the Workforce & OD Committee and will be presented to Board for final approval.

### 9.5 Equality Delivery System 2 (EDS 2)

The D&I committee have self-assessed the organisation, the Trust is now in the process of engaging with staff, patients, careers and community groups to grade the organisation the results will inform our future equality objectives.

### 9.6 Freedom to speak up Guardian

Role, Person Specification and advert were developed for Guardians at the end of May to seek employee's for these roles to engender a culture of openness and transparency to support the Raising Concerns policy.

### 9.7 Medical Workforce Strategy

Medical workforce strategy and medical recruitment plan have been developed and approved by the OD & Workforce committee.

### 9.8 HEEM Action Plan and Medical Education

ED received an enhanced monitoring visit by the GMC on the 4<sup>th</sup> June 2015 and several concerns were identified which focused on the sustainability of ED workforce planning, the variable quality of locums, some pathways being too complexed and not communicated, behavioural issues when contacting radiology. The effectiveness of interactions between ED and some other departments in the hospital and externally, negative behaviours from nurses and bed managers, and a reluctance to use the incident reporting system because it was very time consuming. Trainees also reported good quality of teaching, better connectivity between ED & the T&O department, the fracture neck of femur pathway developed by ED & T&O was working well and benefitting the patient and the quality of their induction into ED was good. An action plan is currently being developed and a follow up visit will take place in September/October.

A further planned HEEM visit to T&O on the 16<sup>th</sup> June 2015 will be taking place and action plans are in place and are being actively progressed and monitored by the Medical Director and Deputy Director of TED. The Medical Director has met with the trainees who have reported that several positive improvements have been made.

The overall Trust action plan relating to HEEM educational visits is progressing well and is on target for a successful completion. The next HEEM Annual Quality visit has been set for 23<sup>rd</sup> November 2015.

### 9.9 Care Certificate Update

HEEM have commissioned a 'train the trainers' course that will be of particular benefit to staff who will be assessing new HCAs and that have not formally assessed staff before. The Trust has reserved 12 places on this course and several trainers from the TED Department and HCAs from various wards have also enrolled onto this course in order to be able to deliver ongoing in house courses to ensure that we sufficient trained assessors in place and from a sustainability point of view.

An action plan is now in place in order to develop the infrastructure to implement the Care Certificate from September 2015 and will be monitored by the Workforce and OD Committee.

#### **9.10 Overseas Recruitment: limited numbers of certificate of sponsorship**

There has been a growing trend of overseas recruitment across business, as well as in the health sector and this culminated in the requests for certificates at the June panel exceeding supply and therefore certificates were refused. NHS Employers are aware of the situation and have had several discussions with the Department of Health to represent the employer position, who in turn are discussing options with the Home Office. The Trust will continue to monitor the situation to understand the impact on international recruitment plans.



## Appendix 1 – Registered Nurse Leavers February 2015 and March 2015

### Registered Nurse Leavers February 2015 and March 2015

Registered Nurse Leavers in February 2015 were 54.32 wte's and 64.38 wte's in March 2015, this higher than normally expected.

#### Registered Nurse

Registered Nurse	Leavers Feb 15 (wte)	Leavers Mar 15 (wte)
Band 5	9.48	10.79
Band 6	0.80	2.28
Band 7	0.56	4.60
<b>Grand Total</b>	<b>10.84</b>	<b>17.67</b>

In March 2015 10.79 wte's of Band 5's left the trust, the highest reason for leaving was flexi retirement with an age range of 51-60. The second highest reason for leaving for band 5's was retirement – ill health at 1.60 wte with an age range of 41-45.

Registered Nurses	Leavers March 15(wte)
Dismissal - Statutory Reason	2.00
Flexi Retirement	7.31
Retirement - Ill Health	1.60
Retirement Age	1.67
Voluntary Resignation - Other/Not Known	1.00
Voluntary Resignation - Promotion	1.80
Voluntary Resignation - Relocation	1.29
Voluntary Resignation - Work Life Balance	1.00
<b>Grand Total</b>	<b>17.67</b>

#### Comparison Feb-Mar 2014 v Feb-Mar 2015

There were no similarities between this year and last year's leavers.

In February 2014 the total leavers was 50.65 wte's with 32.00 wte's being due to Medical & Dental rotation.

In March 2014 leavers wte were 42.37. The highest leavers was in the Registered Nurses category at 26.62 wte, with the highest reason for leaving as voluntary resignation- other/not known.

Registered Nurses	Leavers March 14 (wte)	Leavers March 15 (wte)
Dismissal - Statutory Reason	0.00	2.00
Dismissal - Some Other Substantial Reason	1.00	0.00
Employee Transfer	1.96	0.00
Flexi Retirement	5.00	7.31
Retirement - Ill Health	0.00	1.60
Retirement Age	2.21	1.67
Voluntary Early Retirement - no Actuarial Reduction	2.00	0.00
Voluntary Resignation - Other/Not Known	6.65	1.00
Voluntary Resignation - Promotion	0.00	1.80
Voluntary Resignation - Relocation	2.80	1.29
Voluntary Resignation - Work Life Balance	5.00	1.00
<b>Grand Total</b>	<b>26.62</b>	<b>17.67</b>

Overall the number of Registered Nurse leavers in March 2015 had reduced from March 2014. The main reason for leaving in March 2015 is due to flexi-retirement and this may be reflective of changes to the pension scheme.

Work is been undertaken to improve the take up of exit interviews to better understand reasons for leaving.