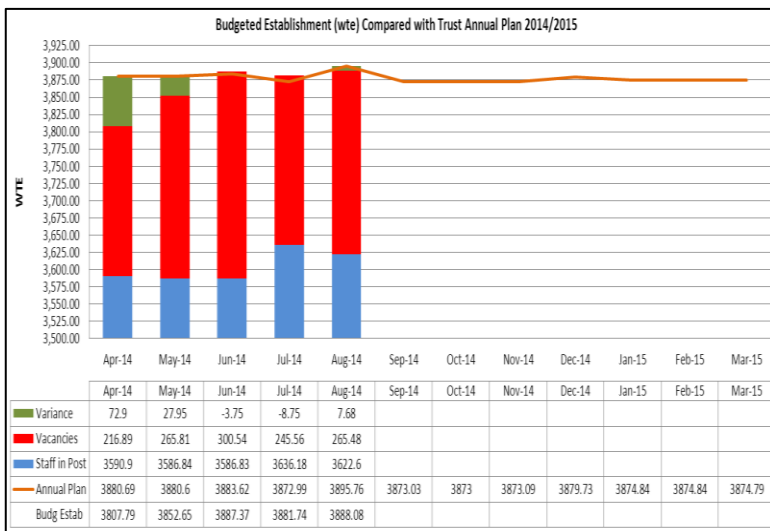


Board of Directors – September 2014
Workforce Report – August 2014 Position

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



Budgeted Establishment:

- At the end of August 2014 **budgeted establishment was 3888.08 wte's** which was an increase of 6.34 wte's in month.
- A data validation exercise was undertaken during August & September with the divisions in conjunction with Finance & HR. The budgeted establishments for each division were reviewed and there were no queries raised. Subsequently Planned Care & Surgery undertook a detailed review of the Medical establishments for Junior Doctors, minor issues were identified and have now been resolved. We are therefore able to provide assurance that establishments reflect an accurate position.

Staff in Post:

- Staff in post for July 2014 was 3622.60 wte's** this was an expected decrease of 13.58 wte's now that the junior doctor rotation has been completed.

Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group

Staff Group	Vacancy Rate (%)	Number of Vacancies
Admin & Clerical	4.91%	44.50
Allied Health Professionals	-0.04%	-0.07
Ancillary	-9.86%	-4.00
Medical & Dental	5.40%	23.82
Registered Nurse	10.09%	129.09
Scientific & Professional	1.89%	3.81
Technical & Other	0.96%	2.40
Unregistered Nurse	11.29%	65.94
Grand Total	6.83%	265.48

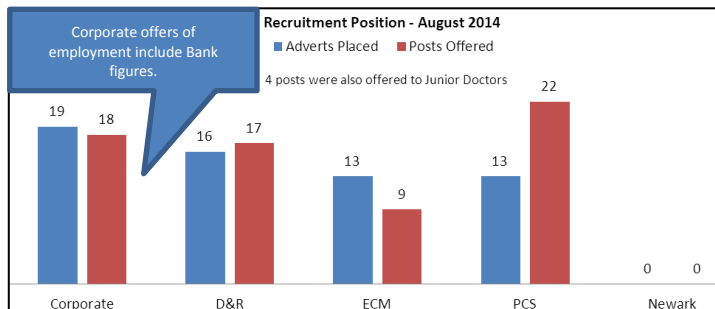
Vacancies:

- The Trust's **vacancy position** has increased in August 2014 to **265.48 wte** vacancies from 245.56 wte's vacancies in July 2014.
- The **vacancy rate** now stands at **6.83 %** compared to 6.33% in July 2014.
- The Registered Nursing staff group vacancy rate has increased due to the staff in post decreasing by 7 wte's.
- Unregistered Nurse via the Bank contract whilst the Trust continues to operationalise the Registered Nurse Keogh investment.

2.0 Recruitment

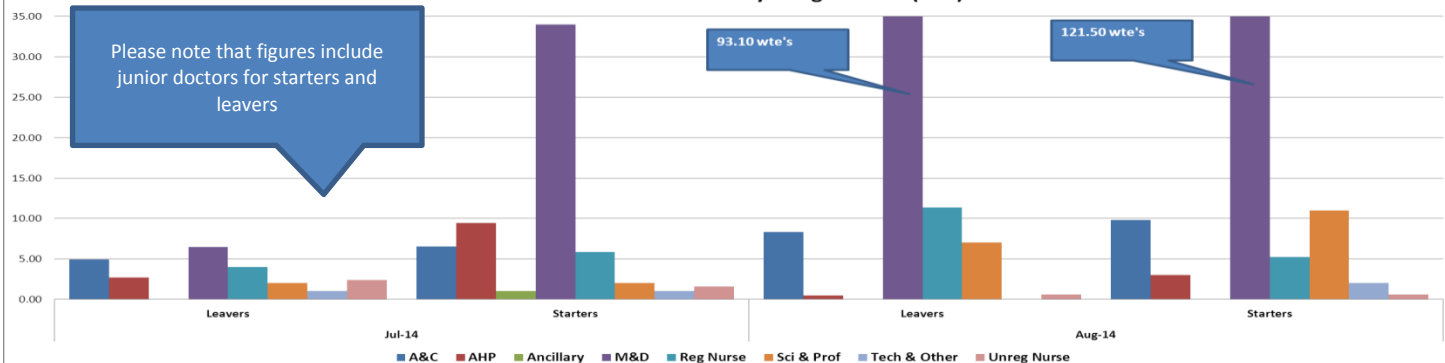
Movement in Month

- 61 adverts** were placed throughout August, compared to July when 54 adverts were placed.
- 70 posts were offered to candidates** throughout August 2014, this compared to 137 posts in July which included the junior doctor offers of employment.
- At the end of August there were **227 candidates within the recruitment system** compared to 328 in July 2014, **35** of those candidates had breached the 3 week pre-employment check target **15%** compared with 27% in July 2014.
- Reasons for breaches to the pre employment target were delays in receiving references and candidates providing proof of DBS clearance.
- There were two Consultant appointments in August 2014:
 - Mr Sreebala Srinivasan Consultant in T&O expected start date November 2014.
 - Dr S Ahmad Consultant Gastroenterology expected start date 7th October 2014.



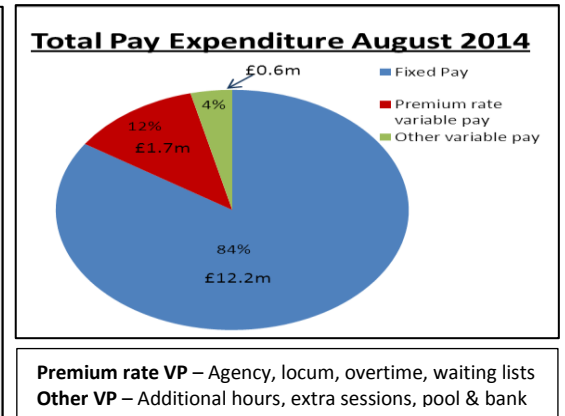
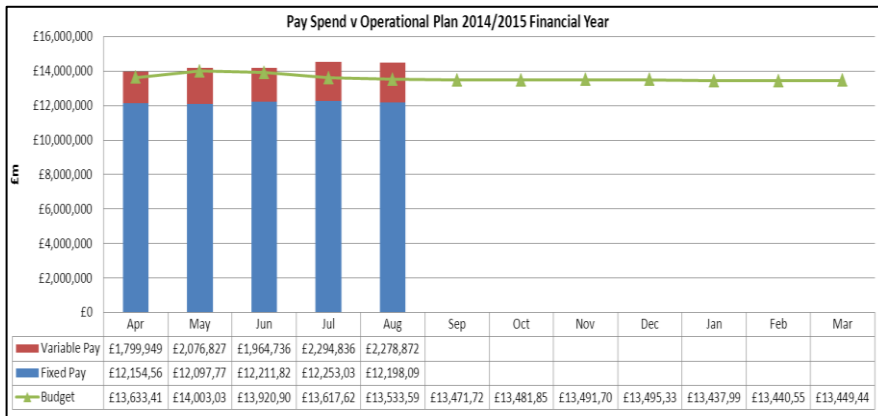
- The Trust appointed the following Medical staff from overseas during August:
 - Consultant – Stroke/Medicine – started 18th August
 - Consultant – Emergency Dept – start date TBC
 - Consultant – Acute Medicine – start date 3rd November
 - 3x Consultant – Acute Medicine – start date TBC
 - Specialty Doctor – Emergency Dept – start date TBC
 - 2 x Speciality Doctor – Emergency Dept – start date 1st Sept & 13th Oct
 - Senior Clinical Fellow – Emergency Dept – start date TBC
 - Specialty Doctor – Geriatrics – start date 13th October

Trust Starters v Leavers July - August 2014 (wte)

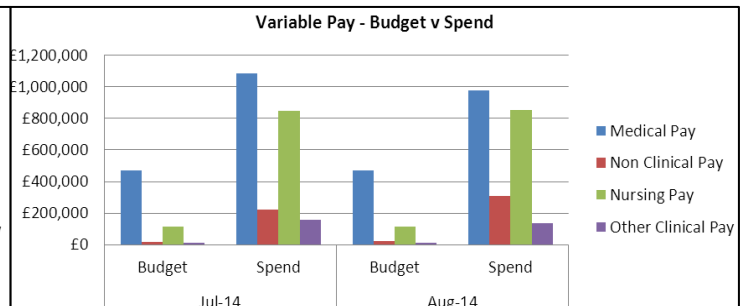
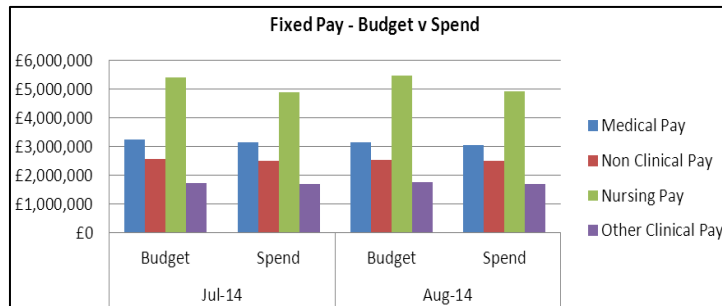


- A further recruitment campaign will take place in Ireland in October for Registered Nurses.
- The Trust is also developing a recruitment campaign for Registered Nurses to involve and maximise engagement of potential candidates through use of social media.

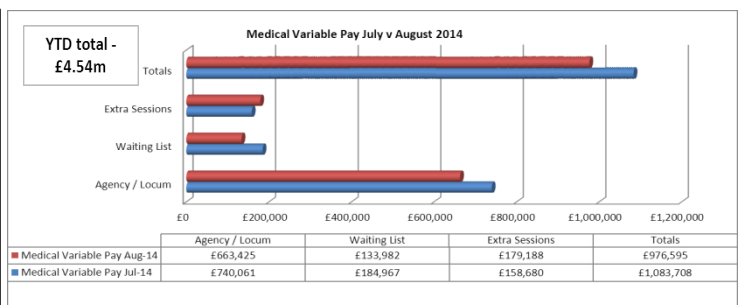
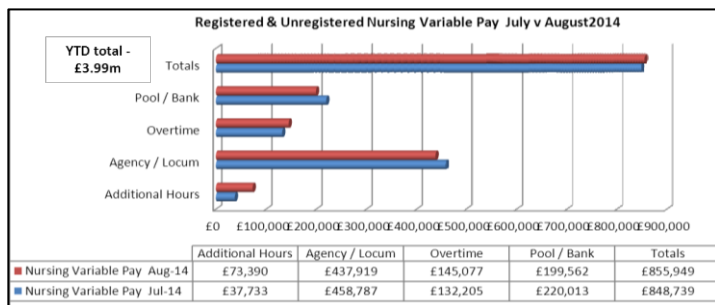
3.0 Pay Spend – Source Financial Ledger



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

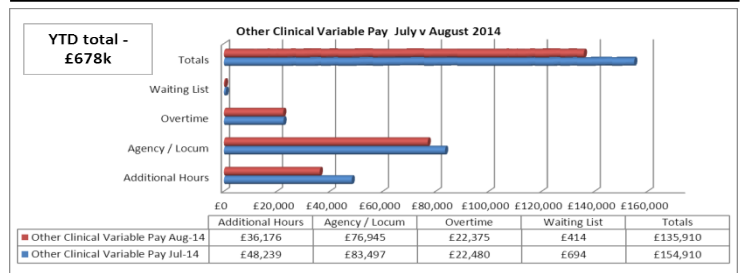
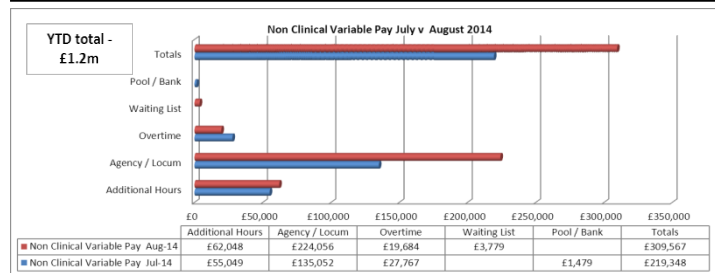


- In August 2014 the **pay spend totalled £14.47m**, which was **£938k overspent**, this is the normalised pay position and does not have any non recurrent costs within it, for example one off redundancy payments.
- In August 2014 the Trust was within budget for fixed pay against each pay stream, but was overspent on each variable pay stream with Nursing & Medical variable pay having the greatest impact.
- Variable Pay** cost **£2.27m** in August 2014 compared with £2.29m in July 2014.
- In total the Trust spent £1.4m on Agency/Locum in August 2014 which was a decrease from July 2014 of £12k. The top 5 departments were:
 - Junior Doctor KMH - £199k – This is a reduced spend compared to previous months, £74k was spent on Agency SHO's.
 - A&E Medical - £139k – A high number of vacancies are being backfilled by agency and existing staff.
 - Cardiology Medical - £77k – There are Consultant gaps in Cardiology, recruitment plans are in place to avoid variable pay spend.
 - HCOP Medical - £70k – Consultant and Specialty Reg vacancies are creating the impact, recruitment plans are in place.
 - EAU - £69k – High variable pay spend due to the number of vacancies
- Fixed Pay** was within plan by £723k totalling **£12.19m**. Fixed pay has decreased by £54k in month.
- The Trust has seen a decrease in sickness absence in July & August, this does not correlate with the high variable pay position.



Nursing VP – Nursing variable pay increased by £7k in August when compared with July. The impact of this has been seen in additional hours and overtime spend and work is being undertaken to aim to understand why this increase has taken place. Although not a dramatic decrease agency spend did reduce for another month by £20k.

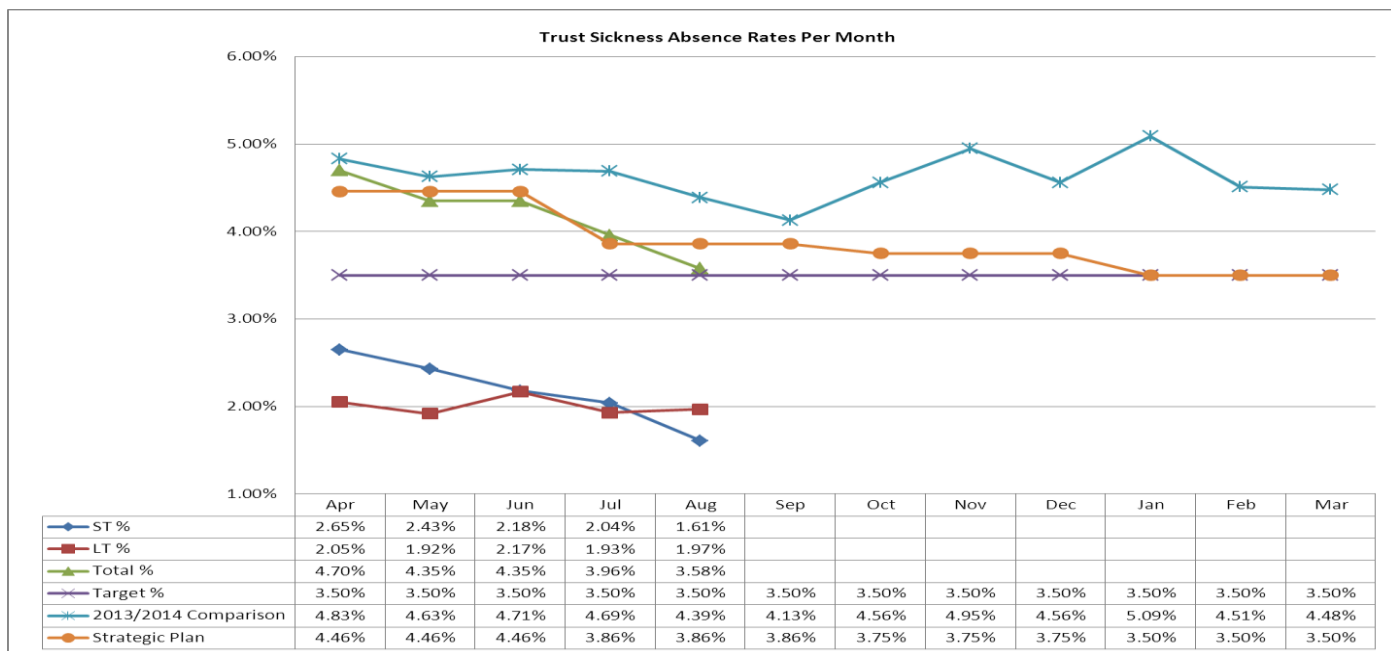
Medical VP – Variable medical pay decreased by £107k in August, with the main reduction seen within the agency/locum spend. Extra sessions took place throughout August where the waiting list initiatives decreased.



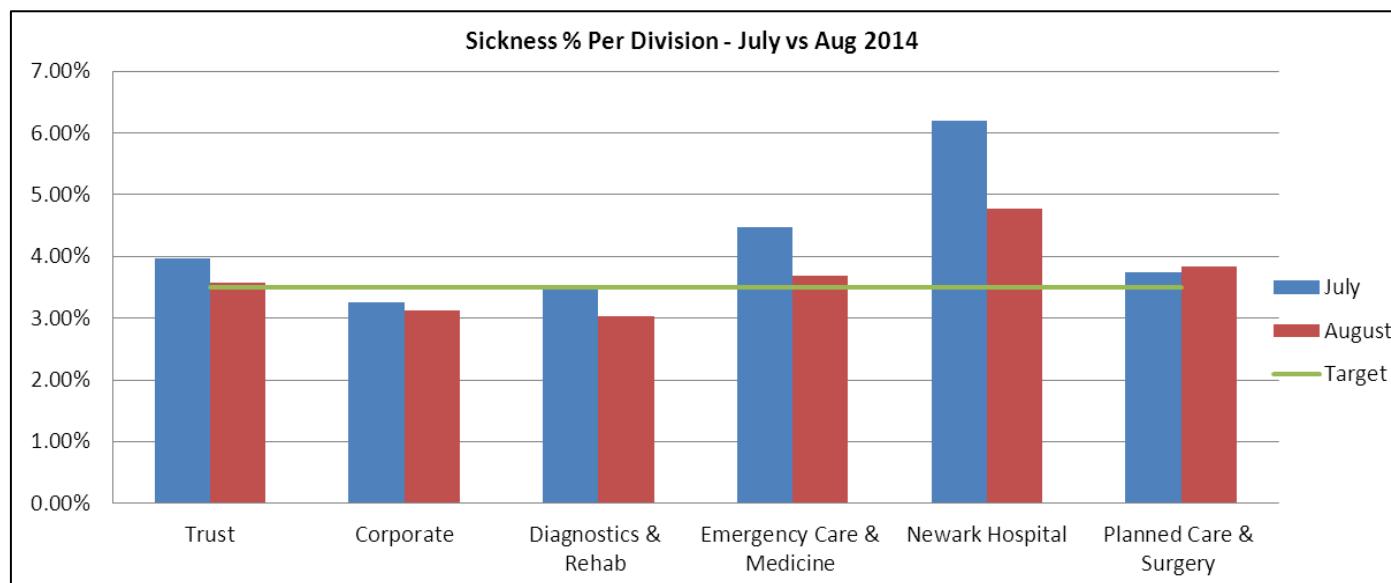
Non Clinical VP – Agency and locum spend increased significantly in August 2014 for the non clinical areas, this was an increase of £87k. The areas with high spend were PCS Divisional Management (£53k) due to two Project Managers being in place for Newark Strategy and Divisional Support, Improving Patient Experience (£42k), due to management and admin interims and Governance Support Unit (£26k), due to Datix Project Management and admin support. The Waiting List payments were made for Clinical Coders who are paid a local agreement enhanced rate.

Other Clinical VP – Other Clinical variable pay reduced by £18k in August with the main reduction being seen within the additional hours pay stream. Areas that are using Agency/Locum pay includes Radiology (£19k), MSK Outpatients (£9k) and Fernwood Community Unit (£8k).

4.0 Sickness Absence – Source ESR



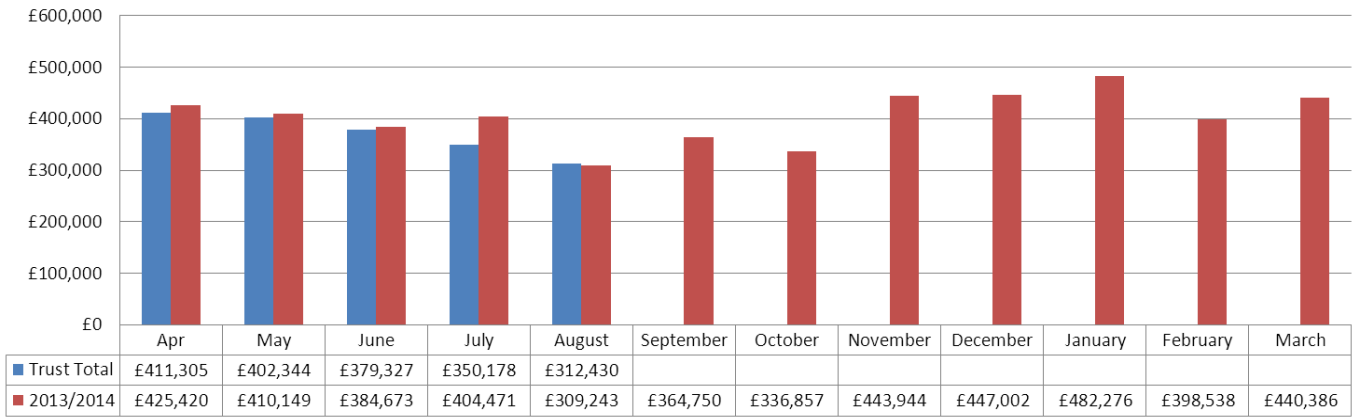
- **Sickness absence** decreased in August to **3.58%** compared with 3.96% in July 2014.
- Sickness absence compared with 2013/2014 financial year continues to decrease with August 2013/2014 standing at 4.39%, a significant decrease compared with the same period last year.
- In August there were **431 episodes** of sickness absence, this compares to 480 in July 2014.
- **4006 working days** were lost due to sickness absence in August 2014, this compared to 4397 working days in July 2014.
- It is recognised that there has been a sharp decrease in sickness absence rates for the Trust, feedback from the divisions identifies that the decrease is attributable to the launch of the new Sickness Absence Policy and the proactive HR focus on sickness absence management and the time of year as the trend identifies that sickness absence decreases during July and August.



Newark showed an increase in sickness absence rates in July 2014 but has shown a decrease in August. Planned Care & Surgery’s sickness absence increased by 0.08%. Diagnostics & Rehab and Corporate divisions sickness absence was under the 3.5% target. Long term sickness absence cases across all divisions are being analysed and being managed in accordance with policy.

Top 5 Areas for Sickness Absence	Working Days Lost	Highest Absence Reason
Theatres KMH	216.06	Genitourinary & Gynae
Maternity	178.73	Genitourinary & Gynae
KTC Nursing	166.09	Other known causes
KMH Emergency Assessment Unit	138.30	Anxiety/stress/depression
Ward 43 - Respiratory	124.88	Other known causes

Cost of Sickness Trust Total (comparisons between financial years)

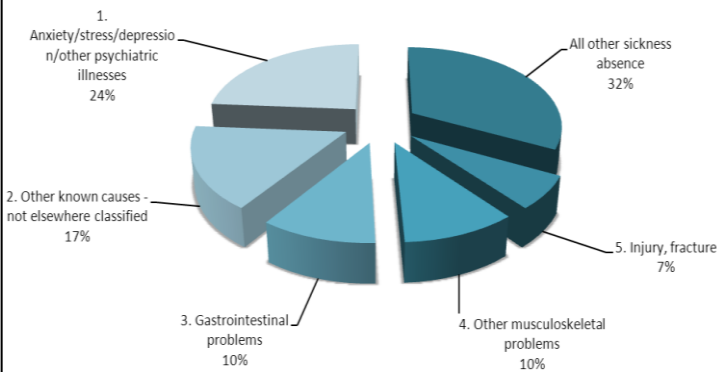


The cost of sickness absence was £312k in August 2014, this was a decrease of £37k from July 2014. The year to date cost stands at £1.86m.

Trends & Themes

- Monday has been the highest first day absent for every month of the financial year, of the 431 episodes of absence that took place in August, 91 of them all started on a Monday (21%).
- Based on the staff in post at the end of August 2014 (4233 headcount), the Trust lost 5.42 working days to every employee so far in the financial year, this compares to the same period in the previous financial year when the Trust lost 5.92 working days per employee.

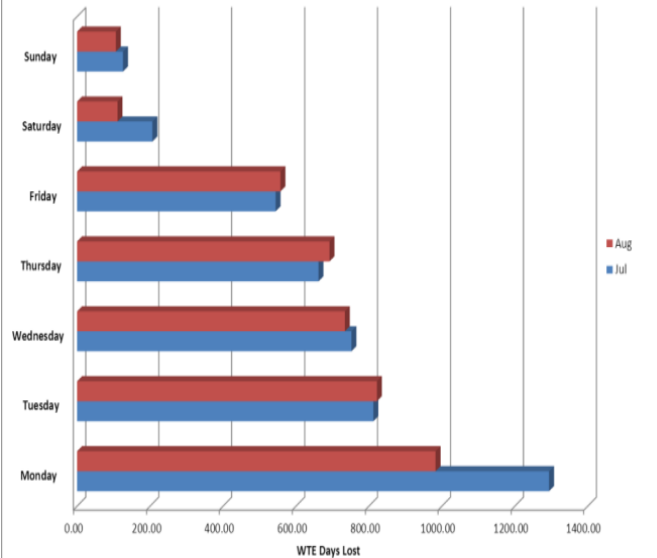
Top 5 Sickness Absence Reasons - compared to all other absence



Anxiety/stress/depression related illnesses have been the highest sickness absence reason for every month of the 2014/2015 financial year. An information paper will be taken to the Health & Wellbeing Committee in October which identifies trends and comparisons for anxiety/stress/depression related illnesses. Actions as an outcome of the paper will be discussed and implemented.

Other known causes continues to be an absence reason that is used when entering absence onto the system and managers are reminded on a monthly basis to avoid using 'unknown causes' and 'other known causes'. Further work is being done to identify particular areas that aren't recording sickness absence correctly and these are being escalated to HR Business Partners for discussions with the divisions.

Highest First Day Absent - Jul-Aug Comparison



Analysis has been undertaken of staff who have had 3 or more episodes of absence that started on a Monday and Assistant HR Business Partners have been tasked with discussing the information with managers in the division for actions to be taken where appropriate.

Sickness Absence Policy

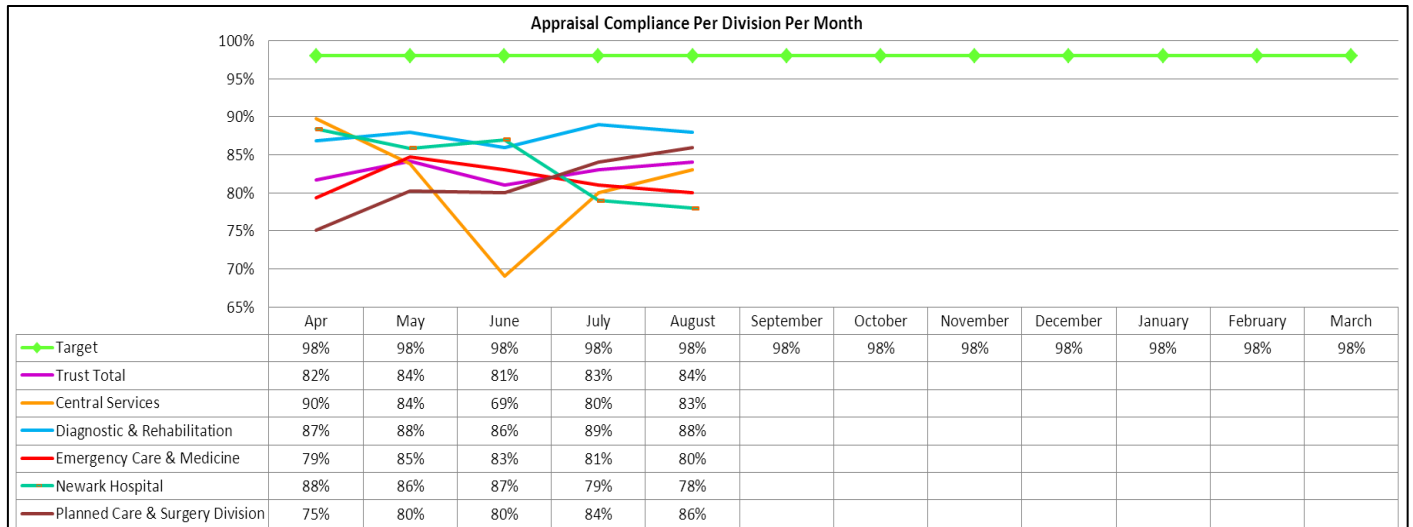
In the two months prior to the new Sickness Absence Policy being launched the Trust lost a total of 9528 working days, post implementation the Trust lost 8398 working days. This has meant that working days lost has reduced by 12% since the implementation of the policy. The HR department will undertake a quarterly audit of sickness absence management against the policy to understand whether the policy is being applied correctly. The outcome of this audit will be fed back to the quarterly board meeting.

HR continue their focus in supporting the organisation in sickness absence management with training sessions being held and 1:1 coaching being undertaken.

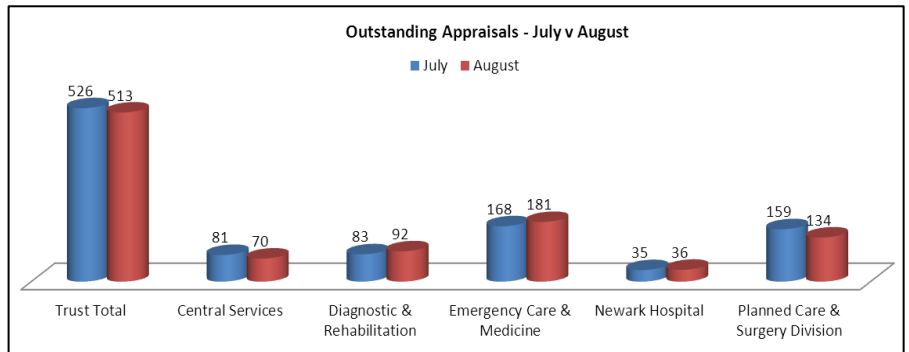
Return to Work Audit

Appendix 1 details the results of the return to work audit that was requested by the Board of Directors. The audit found that 80% of return to work interviews had taken place after a sickness absence episode. The audit also found areas of poor practice and the HR team are working with those areas to support them to conduct return to work interviews in line with the Sickness Absence Policy.

5.0 Agenda for Change Appraisal Compliance

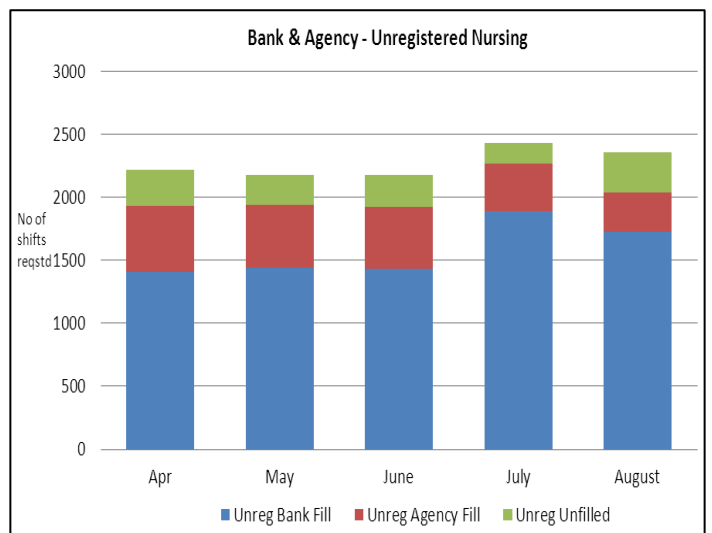
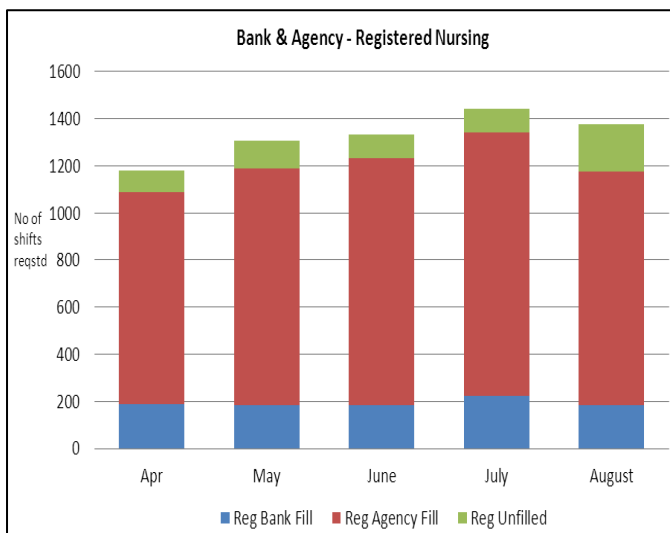


- **Appraisal compliance stood at 84%** in August which is an increase in compliance by 1%.
- The Trust needs to increase compliance by 14% in order to meet the 98% target.
- Diagnostics & Rehab, Emergency Care & Medicine and Newark Hospital have all decreased their compliance.
- Corporate and Planned Care & Surgery have increased their compliance.
- The Trust now has 513 appraisals outstanding compared with 526 in July.



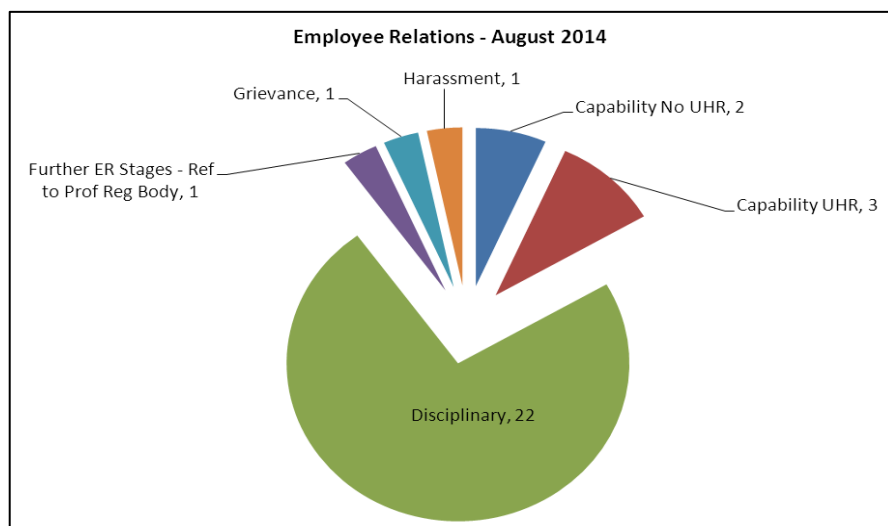
- Actions are being undertaken with regards to non compliant appraisals these being:
 - Winter planning lists have been distributed to the divisions and managers have been asked to plan appraisals in order to ensure that compliance does not decrease during the winter months.
 - Managers who have a high number of outstanding appraisals are being emailed directly and are being asked to undertake them immediately.

6.0 Nurse Bank



The above graphs show that the majority of temporary Registered Nurse staffing shifts are being undertaken by Agency staff. The use of temporary staff did decrease in August after an increase in July. The data above shows that for both Registered and Unregistered temporary staffing requests there were shifts that were requested that remained unfilled, these circumstances are escalated to clinical managers who implement alternative staffing models to ensure safety is not affected. The Trust has recently recruited Health Care Support Workers to the Bank, this is reflected within the Unregistered Nurse figures where Bank use is higher than Agency use. Further work is being undertaken to improve the recruitment of Registered Nurses to the Bank.

7.0 Employee Relations



There has been an increase in employee relations cases and at the end of August there were 30 on-going cases.

All cases are being managed in line with policy with HR support.

The disciplinary cases include staff are under investigation and those proceeding to a disciplinary hearing.

UHR stands for underlying health reason.

8.0 HR Update

8.1 Industrial Action

UNISON, Unite, GMB and the Royal College of Midwives have announced that they will be holding industrial action ballots for their NHS members in England. The ballots are in response to the Government's decision on the 2014/15 pay award.

- UNISON's ballot will begin on 28 August and run until 18 September.
- The RCM have said that they will ballot their members from 8 - 29 September.
- GMB will be balloting members in August/September with any action commencing in October.
- Unite's ballot will run from 26 August – 26 September.

The UNISON ballot materials carry the following description of the action UNISON are likely to ask members to take:

'A yes vote from members will mean starting our programme of action with a four-hour strike followed by a short period of action short of strike (e.g. taking your proper breaks or working your contracted hours) in mid-October.'

The Trust are working with Staff Side colleagues to develop contingency plans to ensure safe services are delivered on days of actions, meetings are being held on a regular basis. On proposed days of action staff will not be authorised to book annual leave.

- Strike action will take place on 13th October 2014
- Week of action short of strike action commences 13th October 2014

9.0 Pathology

The Pathology Department have been implementing a significant contractual change to staff to introduce a 24/7 rota in order to enhance/sustain service provision. This has been challenging and a number of staff have refused to agree to a consensual change despite extensive negotiations and discussions.

We wrote a second time to the 27 employees who had yet to agree to the change on 28 July 2014, with a return date for agreement of 29 August 2014. By the return date only 5 staff had signed and returned their agreements. Therefore, with recent recruitment there are 16 members of staff who have not agreed to a consensual change to their contract.

It is therefore necessary to progress with the termination and re-engagement of the 16 members of staff. There are risks associated with such actions - potential risk of industrial action and industrial unrest. Northampton General Hospital undertook a similar process in July this year relating to the removal of on call arrangements and opted to "lock out" staff who were taking industrial action.

In considering the risks it remains necessary to terminate and re-engage the staff who have not yet agreed to the change in order that the service can move forward. There are potentially 2 staff whom may decline re-engagement as they are considering retirement.

To ensure adequate notice the 16 staff will need to be issued with termination and re-engagement letters no later than Friday 3rd October 2014.

Recruitment to vacant Band 5 and Band 6 posts is in process, however there may be the need to employ locum Biomedical Scientists to provide cover if substantive staff do not agree to re-engagement.

Return to Work Audit**July Data 2014**

The Board of Directors requested that a return to work audit be undertaken in line with the Trust's new Sickness Absence Policy. The audit uses sickness absence episodes that took place in July 2014 (1st – 31st) when the new policy was launched and audits areas within each division. Throughout July there were 473 episodes of absence, there were 65 episodes randomly selected for the purpose of this audit (13%). The new Sickness Absence Policy states that a return to work discussion should take place with an employees line manager within 48 hours of the individual returning to work.

Method:

- Sickness absence episodes were randomly selected for each division
- The Assistant HR Business Partners for each division were responsible for meeting with the line managers to obtain the return to work information. Assistant HR Business Partners asked for evidence that the return to work interview took place.
- Assistant HR Business Partners then determined whether the return to work undertaken was conducted in line with the policy, if it wasn't advice has been given to managers on how to undertake going forward.

Findings:

Division	No Audited	No RTW Interviews Completed	% Compliance	Additional Information
Corporate	10	7	70%	One return to work form had missing information, the manager has now had training on how to complete return to work forms in the future.
Diagnostics & Rehab	13	12	92%	<ul style="list-style-type: none"> • The outstanding return to work form was completed outside of the policy timescale. • One return to work interview was conducted with old paperwork not in line with the new policy, manager has been advised to complete the new form.
Emergency Care & Medicine	18	15	83%	<ul style="list-style-type: none"> • It was identified that some return to work interviews were conducted outside of the timescales. Further training and advice has been given to those managers. • Within ECM it was also found that where a manager was on annual leave alternative arrangements were not made for return to work forms to be done in their absence. In these circumstances managers have been reminded of the policy and informed that they are expected to make arrangements for the provision of annual leave.
Newark Hospital	6	5	83%	One return to work interview forms did not have all of the required information, training has been given to the manager on how to conduct return to work forms in the future.
Planned Care & Surgery	18	13	72%	There were 8 episodes of absence in PCS where it was identified there were issues with completing the return to work forms. Further coaching and training sessions have been arranged to address issues and within that further support will be offered with general implementation of the Sickness Absence Policy.
Total	65	52	80%	

Actions to be taken:

- The Human Resources department will continue to work closely with managers to support and train them with the implementation of the new policy
- Human Resources are working with managers to sign them off as competent in the implementation of the policy
- A full audit of the policy will be undertaken by Human Resources in October and reported to the Board at the quarterly meeting.

Conclusion:

The Board of Directors are asked to note the content of this paper and acknowledge the actions that are being taken to address areas of non compliance with return to work interviews.