

Trust Board Report

Meeting Date:	22 nd July 2013
Title:	Update Report from the Director of HR
Executive Summary:	<p>The report provides an update on</p> <ul style="list-style-type: none"> • Sickness Absence • Implementation of National Pay Deal • GMC Survey.
Action Requested:	The Board are asked to note the contents of the report.
Report of:	Director of HR
Author: Contact Details:	Denise Harnin Denise.Harnin1@nhs.net
Resource Implications:	-
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	-
Appendices/ References/ Background Reading	-
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

1. Sickness Absence

1.1 Trust and Divisional Absence Rates 2013 to date

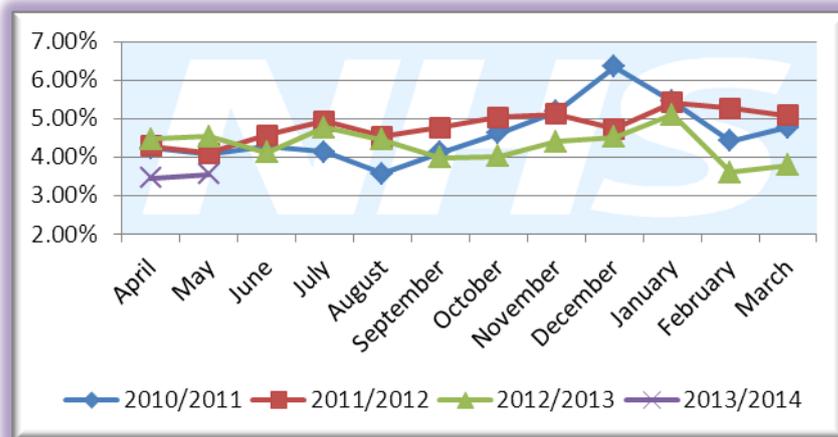
	Jan 13	Feb 13	Mar 13	Apr 13	May 13
Trust Total	5.10%	3.60%	3.78%	3.46%	3.55%
Div 1 - Surgical	5.22%	3.75%	3.84%	3.40%	3.70%
Div 2 - Medical	5.55%	3.66%	4.07%	3.78%	3.85%
Estates & Facilities	4.54%	4.05%	2.92%	2.85%	3.07%
Corporate	3.69%	3.18%	3.40%	3.08%	2.52%

Despite a slight increase in May 2013 to 3.55%, this is the fourth consecutive month in which the Trust absence rate has been at or below 3.78%, which demonstrates sustained improvement in the early part of the year.

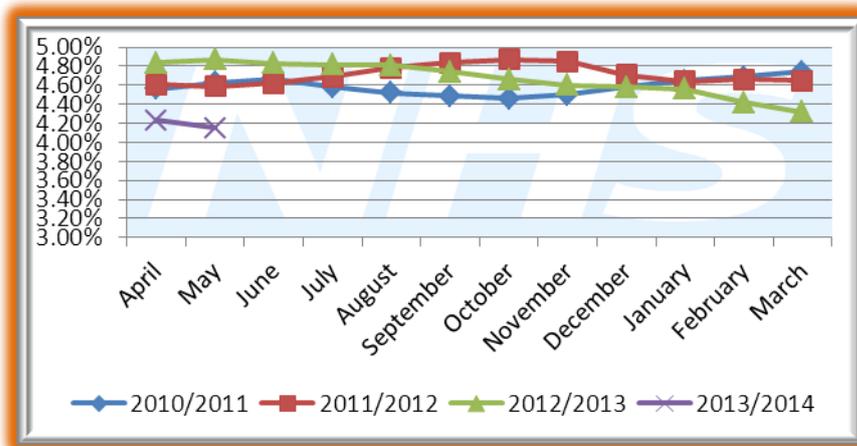
For comparison, the Trust monthly rates for May in preceding years were;

- May 2012 – 4.53%
- May 2011 – 4.10%
- May 2010 – 4.09%

Trust Total Sickness Percentage – in month actual:



Total Sickness Percentage: monthly moving average



1.1.1 Division 1

- Hotspot areas: Cardiac Theatres, Cardiology Ward 1, Delivery, ICCU, A6

1.1.2 Division 2:

- May 2013 rate of 3.85% is a significant improvement on May 2012 rate of 5.40%
- Hotspot areas: Wards C19 and C22, District Nursing, Emergency Dept, Children's OPD
- Improvements in recent months (previous hotspots): Health Visiting, AMU, Winter Pressure wards (C16 & C17), Ward A7

1.1.3 Estates & Facilities:

- May 2013 rate of 3.07% is an improvement on May 2012 rate of 4.45% and falls below Trust target of 3.24%
- Hotspot areas: Catering, Estates Services (CSSD)

1.1.4 Corporate:

- May 2012 rate of 2.52% is lowest in-month Divisional rate so far this year, falls below Trust target of 3.24% and compares favourably to May 2012 rate of 3.83%
- Hotspot areas: IT/Telecomms//Health Records
- Improvement in recent months (previous hotspot): Governance

2. **Implementation of National Pay Deal**

Following the recent amendments to the National Pay deal, the Trust has undertaken a review of its policies in order to implement the required changes. The key changes are:

- Sick pay now paid at basic salary level: Communicated to all staff on 28/03/13. HR13 refers to AfC Terms and Conditions for sick absence pay rates.
- Preceptorship: The six month incremental rise has been removed for all new staff joining pay band 5 from 1st April 2013. This has been removed from relevant policies and communicated to all staff on 28/03/13.
- Pay Progression: AfC provided clarity on Pay Progression and Deferment. We have taken the opportunity to review and update the current policy to provide more specific and detailed guidance on pay progression and circumstances where pay can be deferred to encourage robust management and accountability. The policy will now highlight specifically the role of managers in deferring pay progression and the process to follow. It highlights situations where pay progression can be deferred which includes:
 - *Employee's on disciplinary warnings*
 - *Employee's being managed on capability grounds*
 - *Persistence non-compliance with mandatory training*
 - *Non-compliance with appraisal process*

The Pay Progression Policy now also provides clarity on Annually Earned Incremental Points for 8B's/C's and 9's. Within these bands, progression into the last 2 pay points in these bands will become annually earned and once awarded will only be retained where the KSF outline is met as well as the achievement of individual objectives and locally agreed performance objectives/targets.

This policy is awaiting final review from the HR Team and it is anticipated that it will be available for discussion and approval at the Workforce Assurance Committee in September.

The majority of the national pay changes have been fully implemented, enabling delivery of approximately 90% of the estimated £300k savings.

3. GMC Survey

The results of the annual GMC survey of all junior doctors have been published recently. The survey measures standards around education, job satisfaction, workload and handover.

The Trust has scored well, with 63 Green (above national benchmark outliers) and only 11 Red (below national benchmark outliers) which is an improvement on the 2012 results.

The 11 reds are being monitored through the Post Graduate Education Committee with no significant concerns around these issues

GMC – NHSLA Supervision of trainees:

As part of the process, individual Trusts are notified of any patient safety issues as the trainees responses are received.

This year the Trust received NO patient safety concerns for the survey.

In terms of the criteria used to assign NHSLA level, the GMC consider the following:

- Handover
- Induction
- Clinical Supervision
- Education supervision
- Workload

Although the Trust only received one red flag (Emergency medicine – workload), the GMC NHSLA assessment was set at level 2.

The Trust will appeal this decision as substantial evidence of excellent practice is available to be utilized to upgrade the assessment.

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