

Trust Board Report

Meeting Date:	31 st October 2016
Title:	Executive HR Report
Executive Summary:	<p>The report provides an update on:</p> <ul style="list-style-type: none"> • Workforce Update • Resourcing • Audit of Fact Finding/Fair Blame Process • Management and Leadership • Occupational Health and Wellbeing
Action Requested:	The Board are asked to note the report
Report of:	Linda Holland Interim Director of HR & OD
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Links to Trust Strategic Objectives	Objective 6 - To attract, retain and develop all employees and improve employee engagement year on year
Resource Implications:	Revenue: N/A Capital: N/A Workforce: N/A Funding Source: N/A
Equality and Diversity Assessment	N/A
Risks: BAF/ TRR (describe risk and current risk score)	N/A
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. Workforce Update

1.1 Workforce and Attendance

The current headcount workforce for the Trust is **8248**

There has been significant focus on managing attendance at work over the past months. A working group consisting of managers, OCH, Healthy Lifestyles, staff-side and HR representatives have completed work on the sickness policy review.

The sickness absence rate for the Trust for year to 30th September 2016 was 4.48% this equates to around 11 days per employee on average (based on 225 working days). The Trust target is 3.24% which is around 7 days per employee on average. The table below shows the sickness (expressed in average days) by occupational group and banding to give a picture of the variance between different groups.

Sickness data between 01-10-2015 and 30-09-2016

Staff Group	Absence % (FTE)	Ave Days Lost	Staff employed as at 19/10/2015 With no Sickness recorded in last 12 months
Add Prof Scientific and Technic	4.78%	10.79	35.79%
Additional Clinical Services	6.80%	15.35	27.55%
Administrative and Clerical	3.73%	8.41	40.02%
Allied Health Professionals	2.54%	5.73	39.01%
Estates and Ancillary	6.22%	14.02	35.20%
Healthcare Scientists	2.87%	6.48	42.64%
Medical and Dental	1.04%	2.35	83.35%
Nursing and Midwifery Registered	5.03%	11.36	31.71%
Students	2.70%	6.09	47.62%

Absence by staff group, by number of days, please note these numbers are from ESR-BI (Business Intelligence) and have not been cross-reference back to manual returns.

1.2 Sickness Policy Review

The policy focus is attendance and wellbeing with improved support for employee wellbeing e.g. planned surgery, reasonable adjustments. The procedure supporting effective attendance management details a shorter process for managing poor attendance patterns with notices of concern and a 2 stage escalation process rather than current 3 stage process. The targets and triggers for escalation and action are based on expected Trust wide performance i.e. 3.25%.

The Trust Efficiency programme has an established work stream on resourcing with a specific PID and action plan for maximising attendance.

1.3 Workforce Planning

The requirements of the Annual Workforce Plan have been worked through in collaboration with the Performance, Contracting, Finance and Workforce teams. Health Education England will be supporting the Trust by providing some input on scenario planning to support the submission of the workforce plan this year.

In addition a member of the workforce team is attending NHS Employers to work on a retention plan; this will help to draw from best practice elsewhere and from NHSE as well as result in a retention plan Trust wide to sit alongside the NHSI Workforce plan submission, which is due on 23rd December 2016.

1.4 Recruitment - summary of all Vacancies advertised via NHS Jobs

A total of 1245 jobs were advertised via NHS Jobs over the last 12 months (October 2015 to September 2016), the majority related to Administrative & Clerical roles (355) followed closely by nursing and midwifery roles collectively (333) accounting for over 55% of the posts. These figures include recruitment to the temporary staffing bank.

1.5 Nursing Vacancy Position (as at 30th September 2016)

	Vacancies - Open + Advertised						
	Band 5	Band 6	Band 7	Band 8	Unqualified / HCA	Others	Total
Div-1	55.47	14.56	5.83	1.56	12.43	0.76	90.61
Div-2	52.38	13.22	11.44	1.73	-5.29	4.54	78.02
Midwives	0.26	-11.47	-1.19	0.00	3.29	-1.74	-10.85
Community	14.51	0.97	2.40	2.70	11.06	0.23	31.87
Totals	122.62	17.28	18.48	5.99	21.49	3.79	189.65

	Filled Vacancies - Pending Starters Not Yet In Post						
	Band 5	Band 6	Band 7	Band 8	Unqualified / HCA	Others	Total
Div-1	27.82	0.80	0.00	0.00	6.56	2.00	37.18
Div-2	29.40	1.51	0.00	0.00	0.00	0.00	30.91
Midwives	7.60	2.00	0.00	0.00	0.67	0.00	10.27
Community	3.00	2.60	0.00	0.00	0.00	0.00	5.60
Totals	67.82	6.91	0.00	0.00	7.23	2.00	83.96

	Total - All Unfilled Posts (Open Vacancies + Pending Starters)						
	Band 5	Band 6	Band 7	Band 8	Unqualified / HCA	Others	Total
Div-1	83.29	15.36	5.83	1.56	18.99	2.76	127.79
Div-2	81.78	14.73	11.44	1.73	-5.29	4.54	108.93
Midwives	7.86	-9.47	-1.19	0.00	3.96	-1.74	-0.58
Community	17.51	3.57	2.40	2.70	11.06	0.23	37.47
Totals	190.44	24.19	18.48	5.99	28.72	5.79	273.61

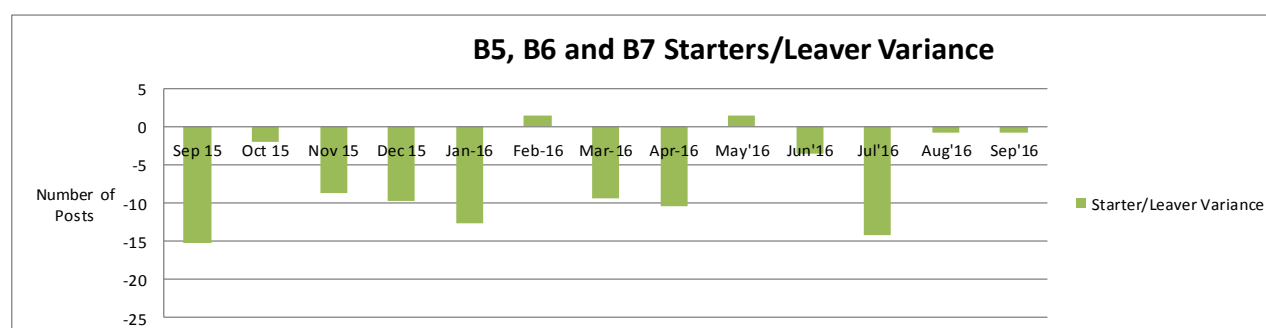
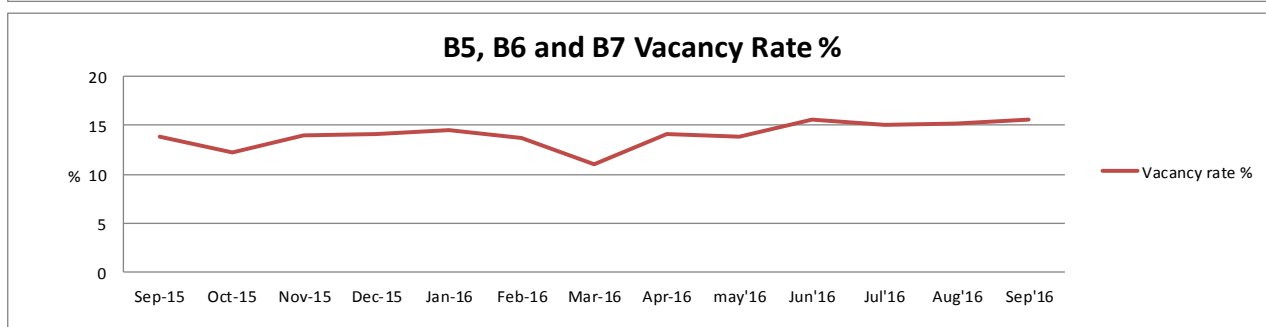
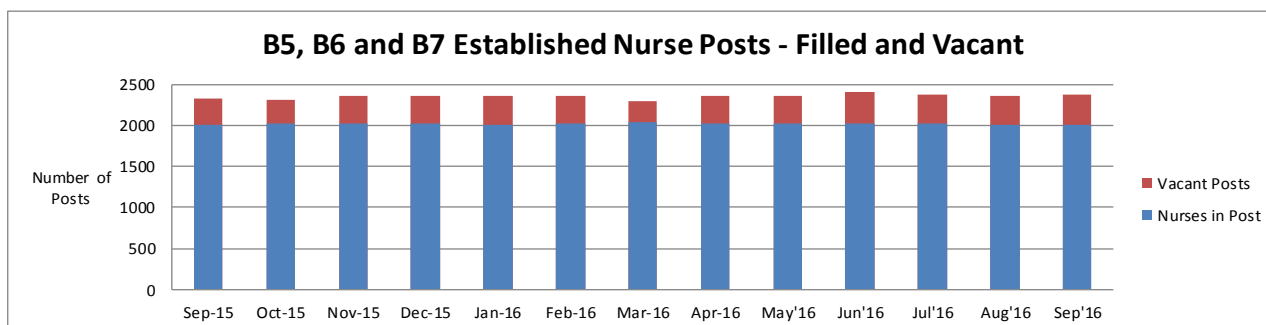
N.B. A minus indicates over-establishment)

There are currently 239.10 whole time equivalent (WTE) registered nurse vacancies open across the Trust (including those who are starting but not yet in post, a slight reduction from August which was 241.04. Division 2 holds a slightly the higher level of qualified nurse vacancies. Vacancies that are filled but people not yet in posts are 74.73 WTE compared to 80.46 WTE in August reflecting a registered nursing workforce gap of 164.37 WTE at end of September up slightly from August figure of 160.58.

1.6 Registered Nursing, Midwifery & Health Visiting Staff – Starters, Leavers and Turnover Trends

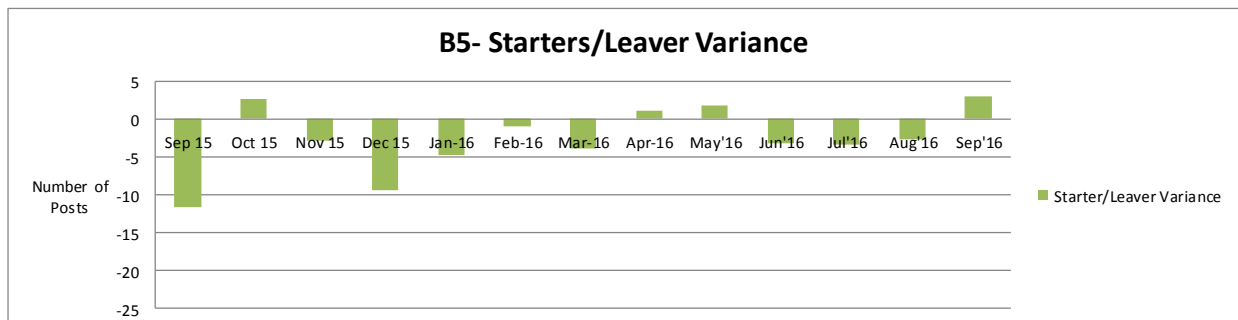
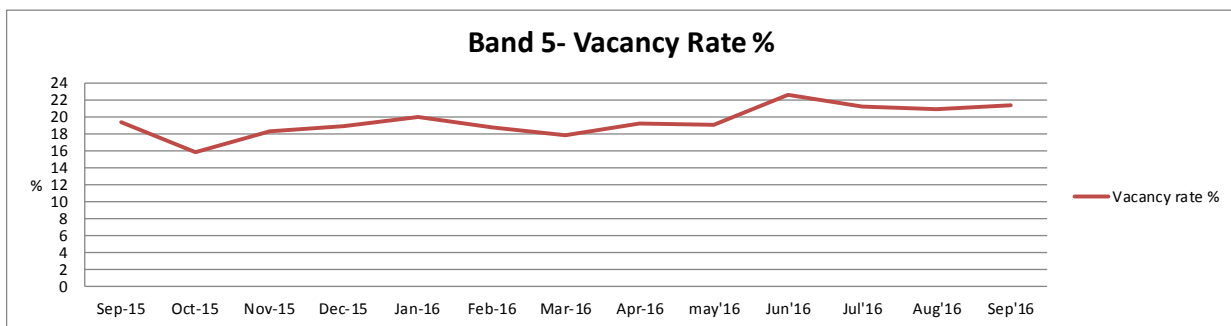
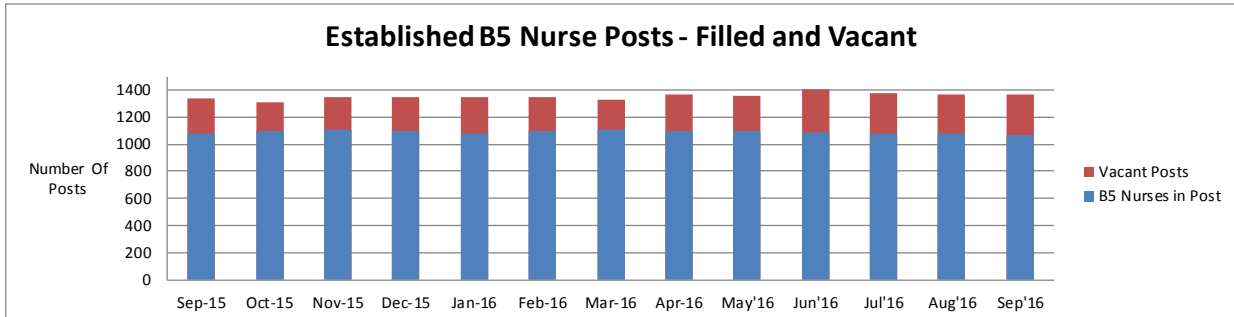
1.6.1 Combined Bands 5 to 7

As at end of September 2016, the combined vacancy rate for registered nurses (Bands 5, 6 and 7) has slightly increased in month to 15.65% (August rate 15.22%). The starters/leavers variance has seen a slight reduction from previous month from -0.76wte to -0.75wte).



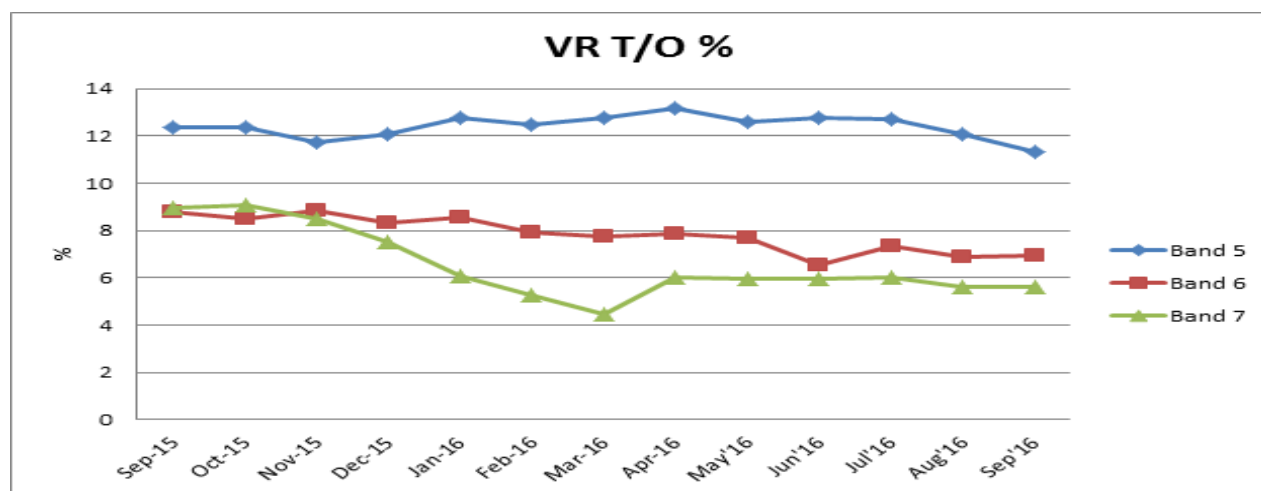
1.6.2 Band 5 Nurses

As at end of September 2016 the vacancy rate for Band 5 nurses has increased in month to 21.32% (20.85% in August). The starters/leavers variance is showing improvement and is up to 2.92wte from -2.64wte in August).



1.6.3 Nurse Turnover Trends

Voluntary turnover for Bands 5, 6 and 7 over a rolling 12 months period are shown in the graph below; with a decrease in Band 5 turnover to 11.31%, a slight increase in Band 6 turnover from 6.88 to 6.91 and a minor reduction in Band 7 turnover from 5.60% to 5.59%.



1.6.4 Work on establishment data

Work on the establishment has commenced but the fundamental information held in Finance and ESR does not match as well as initially anticipated. Further preparatory work is necessary to establish the required consistency between ESR and Finance before implementing the Establishment. This will be reviewed as part of work around the Workforce Plan due in December. In the interim we are continuing to identify areas where further investigation is required. Further work will also be necessary to ensure consistency of departmental names between the blueprint, ESR, and Finance.

1.7 **Overseas Recruitment**

1.7.1 Summary of Philippines Candidate Status as of 6th October 2016:

- Candidates deployed: **10**
- Candidates failed OSCE with COS withdrawn: **1**

1.7.2 Future Pipeline as follows:

- Candidates with NMC decision letters awaiting visa appointment: **11**
- Candidates who have passed IELTS: **58**
- Candidates who have passed CBT and now in NMC queue/process of submitting documents: **27**
- Candidates who have booked CBT: **12**
- Candidates waiting to take CBT and needing financial support: **8**
- Candidates for IELTS re-test potential financial support: **63** (Batch 1, 2, 3, 4 & 5)

Total number of candidates in future pipeline: **121**

1.7.3 NMC issues

The NMC process continues to be problematic. The Trust continues to work closely with the Agency to provide evidence of this and to develop regular communications with the NMC to demonstrate these findings and to highlight the key themes and issues that Trust is still facing. A further meeting with the NMC is being held on 21st October 2016.

1.8 **Recruitment Fairs**

1.8.1 Job Fairs

The following are key update points from attendance at job fairs:

- A diary of annual job fairs to be developed. A proposal paper on appropriate job fairs/events available to the Trust in 2016/17 is currently being drafted and will be taken to the Nurse Recruitment and Retention Operational Group meeting for discussion in early November 2016.

1.8.2 Internal Open Days

The planned internal recruitment event took place on Saturday 24th September 2016. Those attending were interested in various roles and areas within the Trust including:

- Theatre Support Assistants
- Nursing
- Health Care Assistant Bank
- ODP
- Surgery
- Orthopaedic.
- Acute MU
- BSSU
- Dental Work
- A12

Three offers for Health Care Assistants were made on the day and interviews have been scheduled for 19th October 2016. In addition to the Health care offer one nursing offer was made to an external candidate.

1.9 **Ad-Hoc International Recruitment**

From the live advert currently on NHS Jobs, a further 8 applications are now ready for shortlisting and if successful a further interview panel will be arranged as soon as possible. A discussion has now taken place with the Recruitment Agency HCL and a meeting arranged to obtain further market information. It is also planned to have a discussion with Health Trust Europe to obtain an independent overview of the current international recruitment market for Registered Nurses. A Resourcing Strategy for future EU and International Recruitment will be developed in conjunction with providers by the end of December 2016.

1.10 Streamlining West Midlands

The Recruitment Project Team met on 28th September 2016 and one of the key discussions points related to the use of Factual References through ESR and IAT's. Whilst this was the recommended approach it was clear that practice varied and that processes would need to be reviewed to accommodate such a change.

The Group was looking for agreement to turn on the ability to receive and return References via ESR and suggested 16 January 2017 as the preferred switch on date.

Moving forward the group was looking to adopt a different approach focusing on the creation of four smaller sub-groups. Each sub group would focus on specific projects the four projects are:

- Shared Assessment Programme numeracy/literacy
- Shared Attraction Strategy
- Perfect Process
- Candidate Experience

1.11 Temporary Staffing Bank Update

1.11.1 Nurse Bank/Agency Requests and Fill Rates

Between October 2015 and September 2016, a total of 73,443 bank shifts were requested with an average fill rate of 87.54% reported in September for the rolling 12 month period). For registered nurses there were 30,833 for rolling 12 months reported in September) shifts requested with an average fill rate of 80.33% the fill rate for September was 83.58% (88% reported for August).

1.11.2 Temporary Staffing Bank – Activity Update

The Temporary Staffing Bank in the month of September has started pre-employment checks for 35 HCA's recruited in the month of September. All 35 HCA's will be working days only and will support the winter pressures period which is fast approaching. Once all checks are in place we will look to liaise with Matrons and block book staff where the gaps are.

In addition to the above we have also recently recruited 8 RN's – all of which are pending pre-employment checks

2. Medical Workforce Update

The tables below provide a high level overview of establishment vs vacancies across the Trust taking into account establishment changes.

Division 1				
Grade	Establishment	Vacancies	%	August 2016
Consultant	227	20	8.81%	8.81%
SAS Grades	49	9	18.37%	18.37%
Training Grades	183	27.2	14.86%	20.33%
Non-Training Grades	76	21	27.63%	27.63%
Totals	535	77.2	14.43%	16.30%

Division 2				
Grade	Establishment	Vacancies	%	August 2016
Consultant	126.2	20.6	16.32%	16.32%
SAS Grades	21.72	7	32.23%	32.23%
Training Grades	163	22.2	13.62 %	13.37%
Non-Training Grades	25	6	24.00%	24.00%
Totals	335.92	55.8	16.61%	16.61%

2.2 Division 1 -

Interviews for the Surgical Clinical Fellowship programme were planned for 11 October 2016. This included appointment to posts in Surgery, ENT and T&O to cover the loss of FY2 posts and 2 middle grade gaps in UGI/Colorectal.

The other main areas for concern in this division are detailed below:

Trauma & Orthopaedics – Recruitment is being arranged for the Senior Clinical Fellows and 4 appointments have been made for the joint T&O / Emergency Medicine rotations

Anaesthetics - We will be arranging to re-advertise for Clinical Fellow posts and Specialty Doctor posts shortly as all candidates declined the interviews at the last round of recruitment.

Ophthalmology - We await further instructions from the department for the 2 Clinical Fellow vacancies. We are awaiting documents from an international Training Fellow so we can proceed with the recruitment.

Paediatrics/Neonates - Interviews are scheduled for 2nd November 2016.

Radiology – Interviews are taking place on 14th October 2016. We are awaiting documentation for the College from the doctor appointed who wishes to join through MTI.

2.3 Division 2 –

There is a focus on getting appointed candidates into post through either the MTI or Tier 2 routes. Further recruitment has slowed down whilst the existing appointed candidates are placed.

Dr Dowson has reported that the Fellows have been allocated to the training gaps which means at the December change over for the first time in years there will be no agency locums in the main medical specialties. There will be just 2 long term locums remaining at West Park.

The area of concern is ED, interviews are taking place, however the application rate has been low and is unlikely to make a big difference. Dr Dowson is meeting with Mr Morgan to discuss this.

Dermatology – Due to the unsuccessful Consultant recruitment the department are concentrating on appointing additional Middle Grades. Interviews are on-going.

2.4 Recruitment Update

2.4.1 **Consultants** - the following consultants are due to commence (substantive unless otherwise stated):

Specialty	Date	Name
Anaesthetics	TBC	Dr Prasad Lingua
Respiratory	TBC	Dr Stanley Ejiofor

2.4.2 Recruitment continues in the following specialties:

Specialty	WTE	Comments
Dermatology	1	To be re-advertised at a later date
Cardiology	1	Awaiting approval from RCP
Diabetes - Locum	1	Interview 14 th October 2016
Acute Medicine	1	Interview 12 th October 2016
Haematology	1	Interview 7 th December 2016
Clinical Chemistry	1	Interviews 27 th September 2016
CT Anaesthetics	1	Interviews taking place on 7 th November 2016
Emergency Medicine	3	Interviews 14 th November 2016
Ophthalmology	1	To be advertised at a later date
Clinical Oncology	1	No applications – awaiting further instructions
Medical Oncology	1	No applications – awaiting further instructions
Medical Oncology	1	Awaiting further instructions
General Anaesthetics	2	Waiting further instructions
Renal - Locum	1	Advert closes 14 th October 2016
Renal	1	Awaiting JD approval from RCP
ICU	2	Awaiting JDs to return to the College
EM Paeds	1	Interviews taking place on 4 th November 2016
Consultant AMU	1	Awaiting further instructions

2.4.3 **SAS Grades** – Interviews have taken place for 1 SAS post in Obstetrics & Gynaecology, 3 posts in Anaesthetics and 1 post in Haematology. We are waiting confirmation of acceptance from the applicants.

2.5 Junior doctors 2016 Contract

Offer Letters and Generic Work Schedules for FY1 doctors have been issued in readiness for the December 2016 change over in line with the recommended timescale.

2.6 Exception Reporting System

Discussions are on-going with Allocate with regard to the exception reporting which has to be in place for the implementation of the new contract at the December intake.

3. Audit of Fact-finding/Fair Blame Process

(5 months 22 Apr – 22 Sept 2016)

The Trust's Disciplinary Policy has been reviewed and revised, and a new policy was implemented with effect from 22 April 2016. One new aspect of the Policy was the introduction of a Fair Blame process for investigations under which there is a facility for individuals to admit to the allegations and to accept an agreed sanction without going through a full investigation and hearing process. The Fair Blame process does not apply where the allegation may attract a sanction of dismissal. Medical cases are required to follow national guidance and hence are not eligible for the fact-finding process.

There have been 33 non-medical formal disciplinary cases since the new policy was approved at TMC on 22 April 2016. Fact-finding processes have been carried out for 30 cases, 2 of which are currently on-going. This data is therefore based on the 28 fact-finding cases that have been completed.

Fact-finding timescales (total 28)	
No. of cases compliant with 2 week timescale	22
No. of cases completed within a further 1 week of 2 week timescale	3
Average length of fact-finding process	13.8 days
Average total case length (open date to date closed)	32 days (excludes 3 cases currently undergoing full investigation and 1 awaiting sanction at Fair Blame as no close date as yet)
Shortest fact-finding cases (top 3)	2.5 days 3.5 days 4 days
Longest fact-finding cases (bottom 3)	65 days (9.3 weeks) 30 days 23 days

Completed fact-finding outcomes (total 28)	
Fair Blame – route A	13
Full Investigation – route B	3 (1 of which is an AWOL case)
Referral to Minor misconduct/Informal Action	9
Referral to capability policy	2
No case to answer	1

Fair Blame sanctions (total 13)	
First Written Warning	6
Final Written Warning	6
Still to be issued	1

This demonstrates that of the 28 disciplinary cases:

- 89.3% have been able to be resolved without the requirement of a full investigation

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- 46.4% have resulted in a first or final written warning without recourse to a full hearing process
 - 42.9% have resulted in either no case to answer or action to be taken by the first line manager
 - Hence 10.7% of cases have been required to proceed to full investigation (under the old policy 100% of these cases would have undertaken full investigation)
 - 78.6% of fact-finds were completed within the 2 week timeframe (89.3% were completed within 3 weeks)

In practical terms, the benefits for our Operations colleagues is significant – had we not introduced the Fair Blame policy, we would have needed 25 operational Investigating Officers and 13 hearings (including the time of panel chairs and management side representatives) to achieve the same outcomes. This process has saved the time of our Operations colleagues, allowing them to focus on patient care.

In addition, anecdotal feedback from those staff involved is that they have been relieved to have the option of a quicker process and to have been spared the stress of a full hearing when the allegations were not in contention.

4. Management and Leadership Development

- The NLA have published an update on Professional Leadership Programmes.
- Consultation on the National Improvement and Leadership Strategy is continuing.
- The Leadership Annual Report and Look Forward has been published.
- LETCs have now changed into LWABs whose key role will be to support delivery of the workforce requirements of the STPs.
- The Talent Management West Midlands System Pulse Check report has been published which indicates organisation's progress towards implementing talent management and executive engagement.
- Development Centres have been rebranded as career 'Self Discovery' days to help anyone wishing to take a 'health check' on their career potential and next steps and are being advertised across the west midlands.
- Advanced PCM has been launched, with the first course started in September.
- The Apprenticeship Working Group is meeting fortnightly to progress uptake of apprenticeships within the organisation.

5. Occupational Health & Wellbeing

5.1 Flu Plan 2016 /17

Flu vaccination programme 2016 – September Update

- The flu vaccination working party includes representatives from Nursing, Infection Prevention, senior managers, Occupational Health, Pharmacy, HR and communications and has worked to develop this year's programme which launched on 4th October. It is planned to continue weekly check-point meetings to maintain momentum
- OH professionals are leading vaccination activity, supported by peer vaccinators. To date 11 of 30 potential peer vaccinators are trained and have signed off PGDs. In the next phase of work, there will be a focus on mobilising the peer vaccinators' availability.
- The flu campaign is based on taking the 'flu fight' out to staff wherever they are. A full schedule of vaccination visits for October is on the Trust's website, and November's schedule is being developed. Cannock and West Park have regular scheduled visits. OH nurses are also doing scheduled 'walk about's and ward 'drop in's. In the period to 14 October 2016, OH staff held 23 sessions at more than 15 different sites including ward drop ins and 1 evening (till 10pm) ward walk about
- Multi- channel communications are being used to get and keep the message out in the Trust; in September this has included:
 - Message from CEO to all employees
 - Screen saver on Trust computers
 - Posters delivered to all sites and pull-up promotional banners placed at key locations at New X, Cannock and West Park
 - Social media campaign launched and sustained
 - Campaign launch video on social media

The working party will be looking at further communications initiatives as the campaign progresses.

- A range of incentives/rewards for vaccination has been sourced and deployed, including:
 - free hot drinks/water vouchers for Trust catering outlets
 - free 'protein' bars
 - 'flu fighter 2016/17' stickers
 - Prize draw for all staff who have the vaccination in October
- Details from all completed consent forms are being entered on to COHORT to maintain accurate records, which will form the basis of all reports for the CQUIN target via the IMMFORM system. It is intended to update all data from the previous week's vaccination activity by Tuesday of the following week, in order to provide regular status reports and to enable to project group to target the campaign as required.
- The figures for completed vaccinations at the end of Friday 14 October 2016 are:

VACCINATIONS						
New vaccinations in period to 14-Oct-16 (updated to 18-Oct**)						
	Div 1	Div 2	Corp	Estates	Primary	Total
Front line *	559	531	84	25	11	1,210
Non front line	94	76	162	136	1	469
TOTAL	653	607	246	161	12	1,679
Vaccination numbers by location						
	New XH	CCH	W Park	Com'ty	Primary	Total
Front line *	938	115	76	70	11	1,210
Non front line	410	21	21	16	1	469
TOTAL	1,348	136	97	86	12	1,679
Students						71
Vaccination rates						
% of front line staff vaccinated					18%	
% of all staff vaccinated					20%	

* CQUIN definition is 'front-line clinical' staff – permanent and fixed-term contract

** Figures updated on 19/10/2016 – partial input for activity between 15/10/16 and 18/10/16

Based on the most up to date figures for total Trust medical, dental, and clinical staff this equates to around **15%** of eligible staff for CQUIN and **17%** of all staff. However, the national guidance on CQUIN data collection has not yet been published, so these figures are based on assumptions that data collection protocols will be the same as last year.

- In the first fortnight, there has been a strong start. Compared with last year, this is a more effective campaign.
