

Workforce report August 2015

Trust Board Meeting	Item: 10
13th October 2015	Enclosure: F
Purpose of the Report:	
This report provides an update in respect of performance against agreed workforce targets in August 2015.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Staff satisfaction is linked to improved organisational performance and patient outcomes
Link to Relevant Corporate Objective:	Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Link to Relevant CQC Domain:	
Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Document Previously Considered By:	EMC
Recommendation & Action required by the Trust Board :	
The Trust Board is invited to a) note the contents of the report b) to confirm support for the actions taken in response to the issues raised.	

Workforce Report – August 2015

Executive Summary

1. This report provides an update in respect of activities progressing the Trust's workforce strategy priorities in 2015-16 and performance against agreed workforce targets for the period August 2015.
2. The key workforce issues are interrelated. Our high turnover impacts on our vacancies which in turn leads to agency usage to cover our vacancies. Our turnover is particularly high in our admin and estates staff group. Furthermore, the recruitment pipeline in the past has not taken into account the high turnover rate. A number of actions have taken place to address these issues.
3. Cohort recruitment for admin staff has been commissioned to take place in October and November. It is expected that at least 60 staff will be recruited. Furthermore, we have commissioned Drake to develop a lean recruitment process and we will get further external assurance of our recruitment recovery plan. Moreover, a set of action have been put in place to address retention in the admin staff group. This includes intensive training for all admin staff, creation of career progression post and positivity training for managers.
4. In order to ensure that agency expenditure is controlled a vacancy control board has been established to approve all admin and estates agency expenditure and an agency reduction plan has been agreed for nursing staff. Monitor will also check our progress in reducing nursing agency expenditure. In areas where agency spend is non-compliant service lines are planning to use a weekly financial monitoring process to ensure that costs and any alternatives are considered prior to booking agency staff.
5. Our red rated service lines in relation to vacancy, turnover, agency and sickness are mostly located in the Emergency Care division. However, Clinical Support Services and Specialist Services have a few service lines with minimal agency, low turnover, low sickness and high compliance with appraisal and statutory mandatory training.
6. The Trust sickness absence is well managed with the sickness absence percentage still in the best top quartile and reducing to 2.4% in August 2015. We are expecting this percentage to rise as we enter the winter period due to the seasonal increase in sickness. To validate our sickness absence position, we have checked the departments with little or no sickness absence and service managers are reporting that the position is accurate. Further work will be carried out to ensure that mechanisms for reporting junior doctor sickness are adequately adhered to.
7. By the end of the calendar year we are expecting our vacancy rate to be below our target of 8% and agency as a percentage of the pay bill to be just over 10% and our sickness absence to be slightly above our target of 2.5%.
8. This report is structured as follows:
 - 1) An overview of performance against the workforce objectives:
 - Staffing
 - Recruitment
 - 2) Recruitment & Vacancies
 - 3) Feedback from staff appraisals
 - 4) BAME
 - 5) Key workforce issues and risks

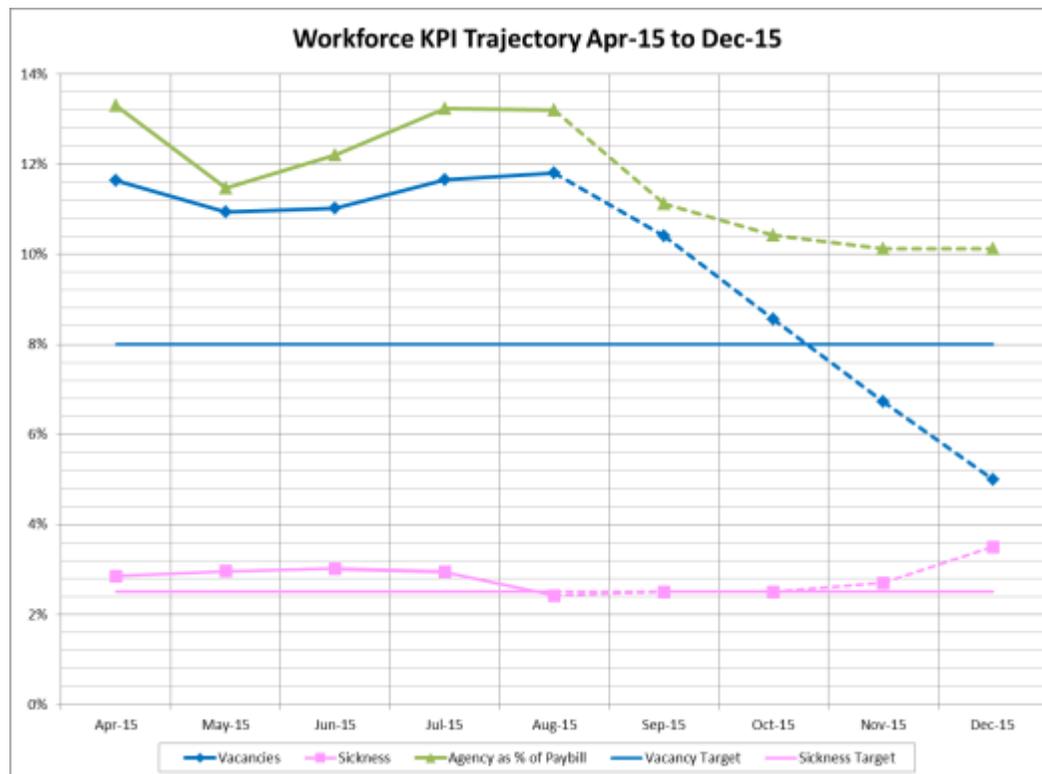
Part 1 – An overview of performance against the workforce objectives

Objective 2.1: To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values		
	<u>Position at Aug-15</u>	<u>Actions in Place</u>
(a) 80% of staff to have had an appraisal and agreed objectives and a PDP by the end of June 2015 and 90% by September 2015 and all managers have feedback on their people management skills from their staff and have the results built into their PDP	<ul style="list-style-type: none"> • Appraisals are still taking place as at end of August. • The percentage has risen to 87% overall. • It is predicted that at our current rate of 2% per week the target of 90% may be reached. 	<ul style="list-style-type: none"> • Divisional Directors are ensuring that appraisal dates have been set up for all staff and are monitoring at performance review meetings. • HRBPs working with the Service lines to ensure that all New Starters for April through to June have Objectives set. • Performance against the targets are monitored at weekly Executive Management Committee (EMC) and monthly performance meetings
(b) 80% of staff up to date with their mandatory training	<ul style="list-style-type: none"> • 80% of staff was fully up to date with their mandatory training as of 31st August 2015. • The most challenging area in mandatory training is the high DNA rate (30%) for the in-house training. This has created capacity and delivery issues. Furthermore, there are pockets within the Trust where Mandatory training is still red rated. 	<ul style="list-style-type: none"> • Non-compliant Service lines have been tasked with producing plans to ensure that Statutory and Mandatory training us up to date. • Face to face training is also being provided within service lines to address low levels of statutory training. • Extra dates have been added for in-house training and managers are being informed of all staff that DNA. • Divisional Directors are ensuring managers have plans to address non-compliant areas and address DNA's. • Mandatory training is reviewed at Performance review meetings • Performances against the targets are monitored at weekly EMC and monthly performance meetings.

Objective 2.2: To increase staff retention by creating an environment where staff feel valued supported and can develop, grow and thrive		
	<u>Position at Aug-15</u>	<u>Actions in Place</u>
(a) Turnover reduce to 15% - All service lines and other areas of high turnover to have a strategy/plan to address this	<ul style="list-style-type: none"> • The overall trend shows an increase in the Turnover rate to 19%. • The number of leavers per month should be 30 each month to reach our 15% target. • Currently the average leavers per month stand at 41. • Turnover in August has gone up due to large number employees leaving to embark on further training courses, and we also had 7 employees retire in this month. • This month saw a large rise in the number of Admin & Estates leavers month on month, and the staff group is still consistently above their target of 8 leavers per month. • Leavers are mostly Patient Pathway coordinators, some of these staff have left due to promotion and this suggests that there is further work to do on career progression for this staff group. 	<ul style="list-style-type: none"> • A programme of actions are taking place to address the high turnover in admin areas these includes: <ul style="list-style-type: none"> - intensive training for all admin staff and their managers, - customer service training, - standard operating procedures have been written for each service line to ensure admin staff are clear on their duties and where to seek help. - regular admin walkabouts to check in with admin teams - monthly admin workshops to provide peer support and training - action plans to support admin teams who are struggling. - creation of career progression post • A number of service lines with high turnover are carrying out further retention surveys to put prevention plans in place accordingly. Some service lines are looking at Career planning for some of their roles to ensure opportunities for development are available. This is in conjunction with a number of corporate actions; measuring staff experience and creating a positive narrative.

<p>(b) Agency usage reduce by 10%</p>	<ul style="list-style-type: none"> • Agency spend as a percentage of the pay bill has stayed the same this month. 31% of this is from the Qualified Nursing staff group followed by 21% in the Admin & Estates group, this is then followed by medical staff group. • Agency has also been used to cover escalation as well as increased beds. HRBPs will be discussing this with Service lines to look at longer term strategies in dealing with this, with a view to recruiting more substantive posts to limit long term agency usage. 	<ul style="list-style-type: none"> • The overseas recruitment programme has appointed a number of posts which will address the nursing vacancies and the consequent agency usage • In areas where agency spend is non-compliant service lines are planning to use a weekly financial monitoring process to ensure that costs and any alternatives are considered prior to booking agency staff. • A number of essential but difficult to recruit to posts are being covered by Agency while service lines are exploring more innovative recruitment process and making posts more attractive (i.e. offering training/development/progression). • A weekly agency monitoring group has been set up to project manage agency usage across the Trust. This is chaired by the Director of Finance. • Monitor
<p>(c) Reduce the vacancy rate to 8% or less</p>	<ul style="list-style-type: none"> • The Vacancy rate has increased this month to almost 12% • The majority of vacancies across the Trust are nursing posts. This is closely followed by Admin and Estate staff. However, the nursing vacancies are being actively recruited to by the Overseas recruitment programme and cohort recruitment for nursing assistant posts. The projections are not as favourable for Admin and Estates 	<ul style="list-style-type: none"> • The overseas programme has made a number of appointments and the Trust is waiting for these individuals to start later in the year. • Cohort recruitment for Admin is to get underway as the currently position shows that not enough recruitment is taking place to make inroads into the number of vacant admin posts. • A detailed look at recruitment is shown below.(part 2)
<p>(d) Sickness maintained in the top quartile</p>	<p>The Sickness rate for the Trust is traditionally low and is green rated this month (2.4%). We are in the top quartile in the country for comparative Trusts.</p>	<ul style="list-style-type: none"> • In areas where sickness is non-compliant, Service lines are being supported by HR Business partnering team to ensure they understand and apply the sickness policy consistently. • Occupational health have been awarded a contract to enable them to assess the fitness of staff, this will work as a preventive measure in managing staff sickness and take a more proactive approach in the health and wellbeing of our staff.

Workforce Indicators



Agency spend as a percentage of the pay bill has stayed the same this month, the staff groups with the highest usage are Qualified Nursing (35%), Medical & Dental (20%) and Admin & Estates (19%). The top reason for agency usage from HealthRoster data (majority Nursing staff) are Staff Vacancy (43%), Establishment shortfall (23%) and Escalation Beds (16%).

The **Vacancy rate** has increased slightly this month. The majority of this vacancy is within the Qualified Nursing staff group (157wte), as at 14th September 70wte were in the Overseas Recruitment pipeline once these are in post the vacancy rate will reduce accordingly.

Sickness rates are traditionally low at the Trust and this trend continues. This month we are green rating of 2.4%.

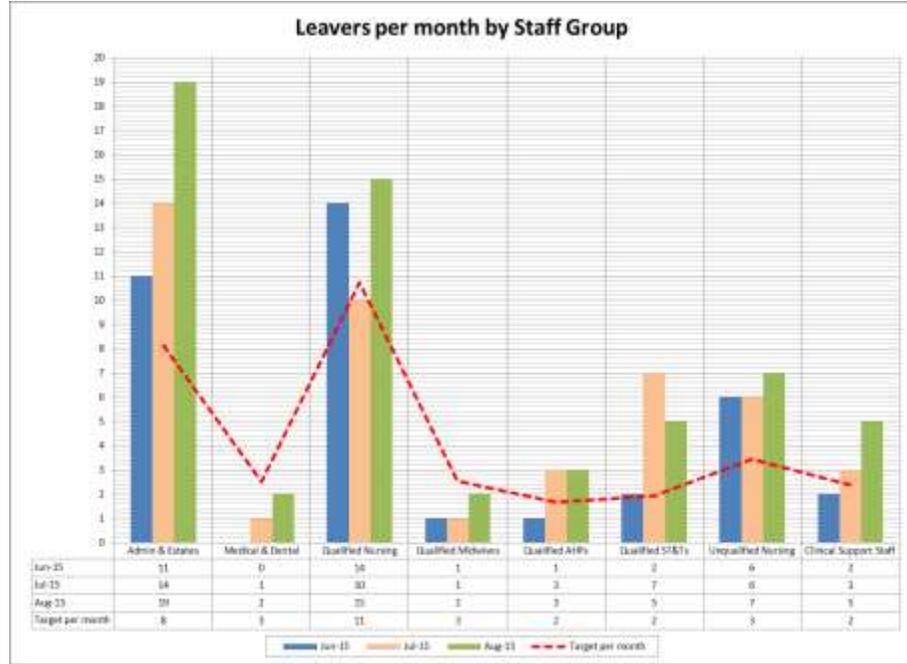
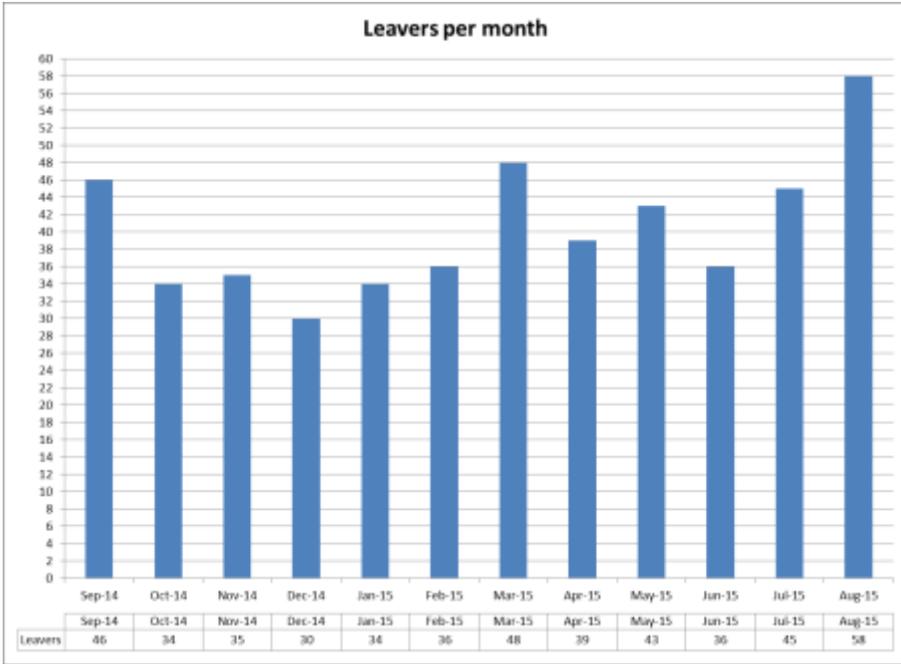


Chart 1: - analyses the leavers by month. The number of leavers in Aug-15 has risen to the highest number this year. 19 of these leavers were from the Admin & Estates staff group and 17 from Qualified Nursing. When looking at the reasons why staff left in Aug-15; 10 employees were promoted, 9 employees went on to further training and education and training and 7 employees retired. Work is underway to analyse further the large numbers of Admin staff leaving and cohort recruitment is being set up to fill the high vacancy rate in this staff group also.

Chart 2: - analyses the leavers in the quarter by staff group. The majority of the staff groups show a rise in leavers this month. Qualified Nursing and Admin & Estates remain the staff groups with the highest number of leavers but this is commensurate with staff in post numbers. The highest number of Admin & Estates leavers this month were in Patient Pathway roles and indicated that the employees were mostly moving due to promotion. Career progression and development is also a recurring theme in the Exit Questionnaire surveys and this needs to be addressed.

Part 2 - Recruitment

To improve staffing levels there is a multipronged approach to recruitment using both local, European and international recruitment. Within Service Lines a validation exercise has taken place comparing the funded establishment with ESR data to confirm current vacancies and known leavers. As well as this we have looked at predicting our vacancy position over the next 4 months. The results of which are below.

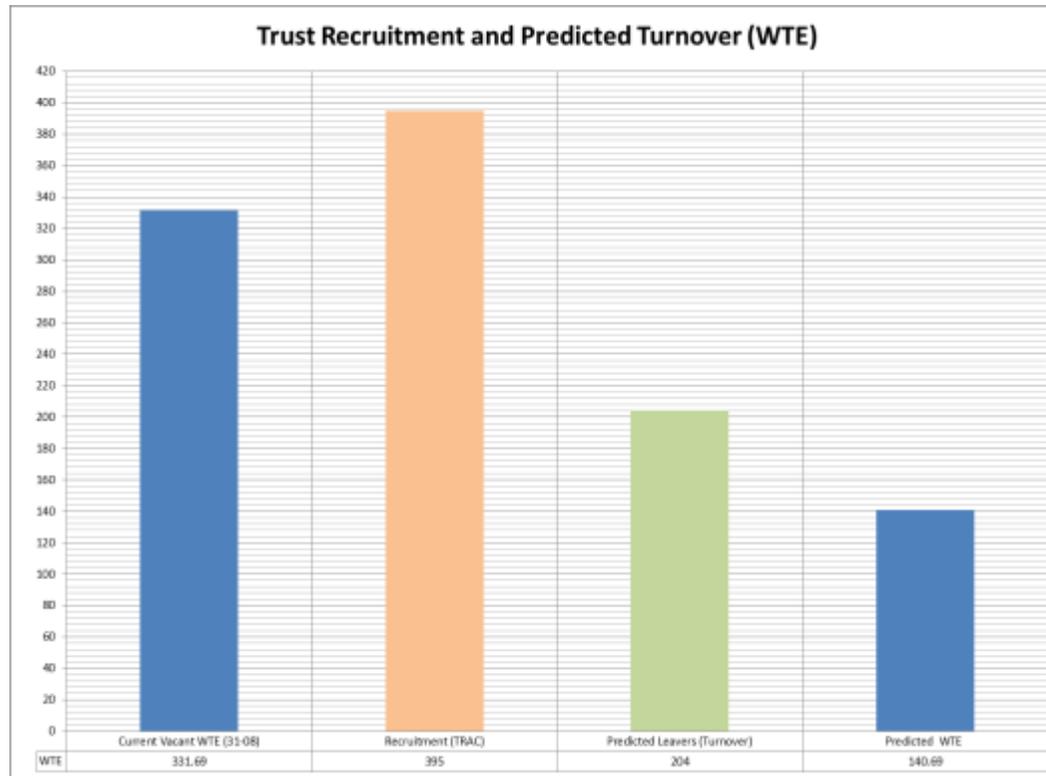


Chart: - Predicts what the vacancy rate will look like by Dec-15 if the Turnover rate remains stable. The first blue column shows the WTE currently vacant in the Trust (Aug-15). The next column looks at the Recruitment currently in the pipeline which is exceeding the current number of vacancies. The green column indicates the turnover and the final blue column then shows that by Dec-15 vacancies will reduce to 140 wte . This is below the Trust target of 8%. This is on the proviso that all the recruitment in the pipeline has appointed to by Dec-15.

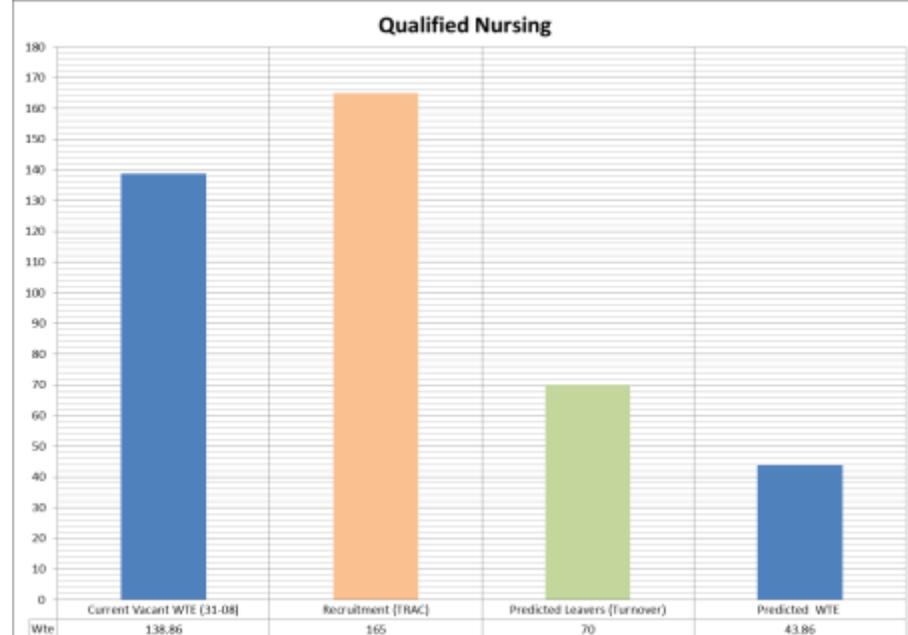
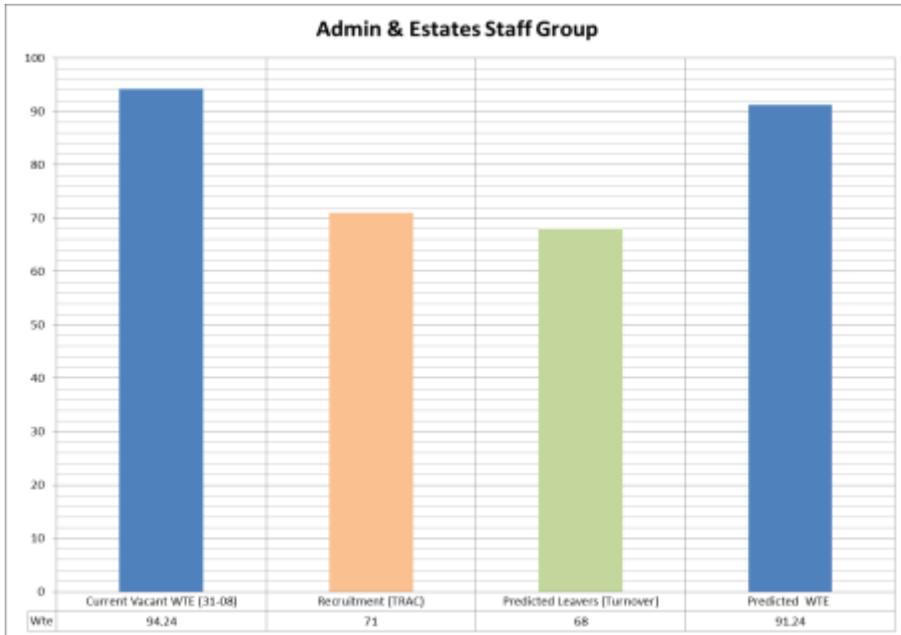


Chart 1: - Looks at the predicted reduction in vacancies with the Admin & Estates staff group. The current recruitment activity is only really covering the predicted leavers over the next few months.

Chart 2: - Looks at predicted reduction in vacancies within the Qualified Nursing staff group. We can see here that the Oversea Nurse recruitment, Cohort recruitment and targeted approach to qualified Nursing vacancies should have a significant impact in the reduction of vacancies over the next few months.

To improve staffing levels there is a multipronged approach to recruitment using both local, European and international recruitment. Within service lines a validation exercise has taken place to confirm our vacancies, recruitment in the pipeline and know leavers. This has enabled us to determine the key areas within service lines that we need to recruit to. We are also rationalising how we work with our overseas agencies to improve and streamline the overseas nursing intake. Further overseas recruitment is also being commissioned to source up to 200 nurses from India.

A key area to address is the high turnover of Administrative and Clerical (A&C) staff. A cohort recruitment day has been set up for 1 October to recruit to our vacant A&C posts in all areas across the Trust. We have already had over 100 applicants for these posts. This will be a "one stop shop" and is designed to also recruit A&C band 2 and 3 staff, giving band 2 staff career development and fast track into a future band 3 post so that we "grow our own". This will help with retention and ensure we have a pool of trained staff to flow into future vacant band 3 posts. To ensure we have the capacity and efficient processes to deliver the recruitment activity required, an action plan is in place covering three key areas; people, process and technology. We are currently working with an external provider to streamline our processes and ensure an efficient and effective recruitment service going forward. Part of this work will involve a project group, consisting of stakeholders to ensure that processes are reviewed and implemented.

Part 3 – Feedback on Staff Appraisals

Staff Feedback on Appraisal

As part 2015-16 Appraisal process the 2015-16 Staff Feedback on Appraisal & Personal Development Process was launched on 6th July 2015. This was to determine staff experience of their appraisals following the rebranding of the appraisal process and managers having the opportunity to attend Coaching approach to 1-2-1's and appraisals workshops.

Staff were asked to provide feedback on the following 4 questions:

- Did it help you to improve how you do your job?
- Did it help you agree clear objectives for your work?
- Did it leave you feeling that your work is valued by the Trust?
- Were any training, learning or development needs identified?

Staff were also asked to provide a comment on 'What did your manager do well and what could they have done to make it better'.

From the responses that have been received we can see that over 50% of staff felt that their appraisal left them feeling that their work was valued by the Trust.

Question	Answer Options		
	Yes	No	No Response
	%	%	%
Did it help you to improve how you do your job?	50.7%	31.0%	18.3%
Did it help you agree clear objectives for your work?	67.6%	14.1%	18.3%
Did it leave you feeling that your work is valued by the Trust?	51.4%	30.3%	18.3%
Were any training, learning or development needs identified?	60.6%	21.1%	18.3%

Going forward it is important that we ensure that 1-2-1's are undertaken for all staff and that managers are in coached in undertaking effective 1-2-1's and appraisal as feedback to date indicates that staff were more energised in this round of the appraisal process.

Part 4 – BAME

Over the last year the 2014 Staff Survey and the 2015 WRES report have provided information on the experiences of BAME staff working at Kingston as follows:-

The 2014 Staff survey reported the following findings in relation to BAME staff:

- a substantially higher incident of experiencing harassment, bullying or abuse from staff (36% compared to 26% of white staff), patients, relatives or the public (36% compared to 26% of White staff).
- a substantially lower belief that the Trust provided equal opportunities for career progression or promotion (60% compared to 26% of white staff)

The 2015 WRES report the following findings for BAME staff:

- there was a 33% likelihood of BAME staff being appointed from shortlisting across all posts compared to 45% for White staff
- there was a 58% likelihood of BAME staff accessing non-mandatory training and CPD when compared to 71% of White staff
- the relative likelihood of a BAME member of staff being subject to disciplinary action was 2.87 times greater than that of a white member of staff.

In terms of action that the Trust is taking to address these issues

- We are networking with other Trusts that have high staff engagement scores for BAME staff.
- Considering how we can invest in the equality agenda to ensure that we have dedicated time to push the agenda forward.
- We are considering how we can increase representation of BAME staff by focusing both on how we can internally develop BAME staff through coaching/mentoring and reviewing recruitment and interview processes to ensure that recruitment processes do not unfairly disadvantage BAME staff.
- Aiming to further improve quality of data collected which will include more detailed monitoring of access to training as well as the proportion of BAME and white staff that access NHS Leadership Academy courses
- Introducing regular pulse surveys including 'Staff in Confidence' to measure staff experience on a daily basis which will enable more anonymous feedback from staff.
- Setting up of BAME focus groups to engage BAME staff and enable them to have an active voice within the Trust.

The First BAME focus group was launched on the 18th August 2015 with guest speaker Kwame Kwei-Armah (Actor, Playwright and Director). The focus group confirmed that what had been highlighted in the 2014 Staff Survey and the 2015 WRES report was a reality. One of the key solutions put forward by the group to improve their working experience at the Trust was the setting up of a BAME network. Once the BAME staff network is established they will be invited to become a member of the Equality & Diversity committee with the remit to help put in place actions to address any imbalances. Further focus groups will be taking place in the future not only for BAME but also for LGBT, disability and faith/non-faith to obtain further feedback from BAME staff however more work needs to be done

The E&D agenda is wide and ranging and it is imperative that resources are available to ensure that all these issues are addressed. Within the NHS there are good examples of best practice which the Trust can tap into which will include working collaborative with local partners.

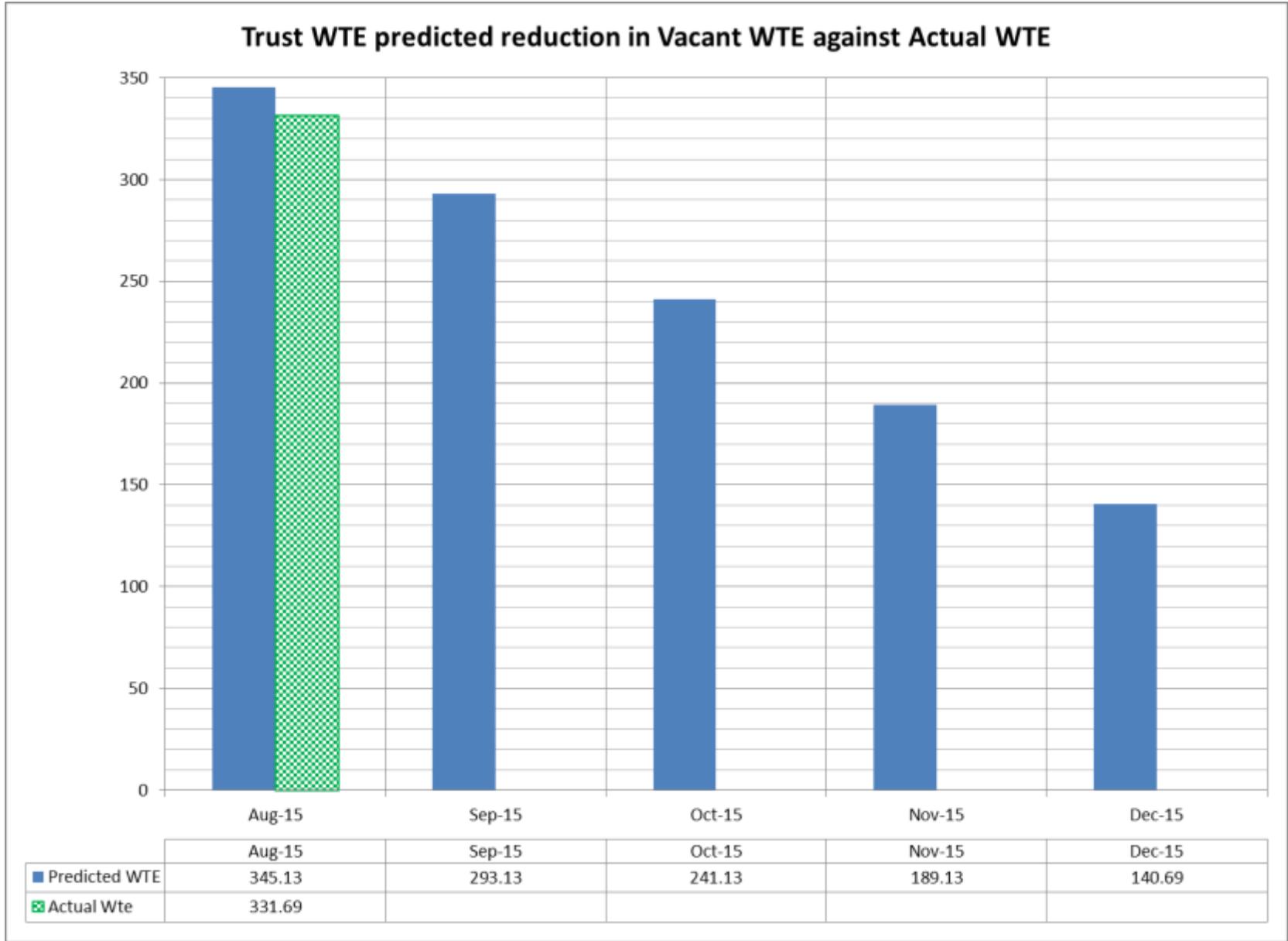
Part 5 – Key workforce issues and risks

- The main risk to the workforce and HR programmes continues to be the capacity and capability to deliver the huge increase in recruitment activity (up 61% from last year) and a range of change programmes underway and responding to unexpected additional work. To address this issue we have appointed one agency to coordinate our overseas recruitment and are reviewing our processes to ensure that they are as lean as possible.
- Overseas recruitment is ongoing to address the Nursing vacancies. A welcome and support package is in place for these new starters and further overseas recruitment in India is underway. As well as the cohort recruitment we have developed a recruitment plan for the whole Trust that anticipates turnover, future workforce and posts that remain unfilled over long periods. Appendix 1 The Trust will be addressing these through innovative recruitment both at a local and Trust wide level.
- Turnover continues to be a major challenge for Kingston Hospital NHS Foundation Trust and has seen an upward trend this month. The PPC implementation has been cited as a reason for high turnover in administrative staff. A level of turnover can be anticipated as a result of major change however this would be expected to stabilise after change has been embedded. Intensive training and further support has been made available for service lines implementing PPC. It does appear that some Service Lines have been slow to implement the PPC model and that it is not yet fully functioning across the Trust. A revised Engagement plan on this model has been put in place to make this shift and ensure that the PPC model is implemented and fully functioning in all areas across the Trust.
- We know from our staff Survey, Exit questionnaires and retention surveys that issues around management capability, local induction, pay, high workloads and lack of development opportunities are factors in staff making decisions to leave the organisation. One of our challenges is getting managers to attend the positivity sessions which will address a significant part of our management capability issues and how it feels for staff working here. The visioning workshops have already had a positive effect on staff. (Appendix 2)
- High turnover is leading to vacancy pressure and additional spend in covering key posts. Currently Agency spend remains high with a corresponding high vacancy rate. There is mixed progress in individual service lines and, as the Business Partners are becoming integrated in their services lines, we are seeing more challenge and joint working toward solutions. The Executive weekly agency group will be monitoring progress and taking appropriate action to ensure that our targets are achieved.
- We continue to see a great improvement in appraisal rates, and focus has moved to the quality of appraisal, something staff have told us in feedback needs to improve. The Coaching programme has supported an improvement in people management and we are beginning to see an improvement in the perception of appraisals.

Recommendation

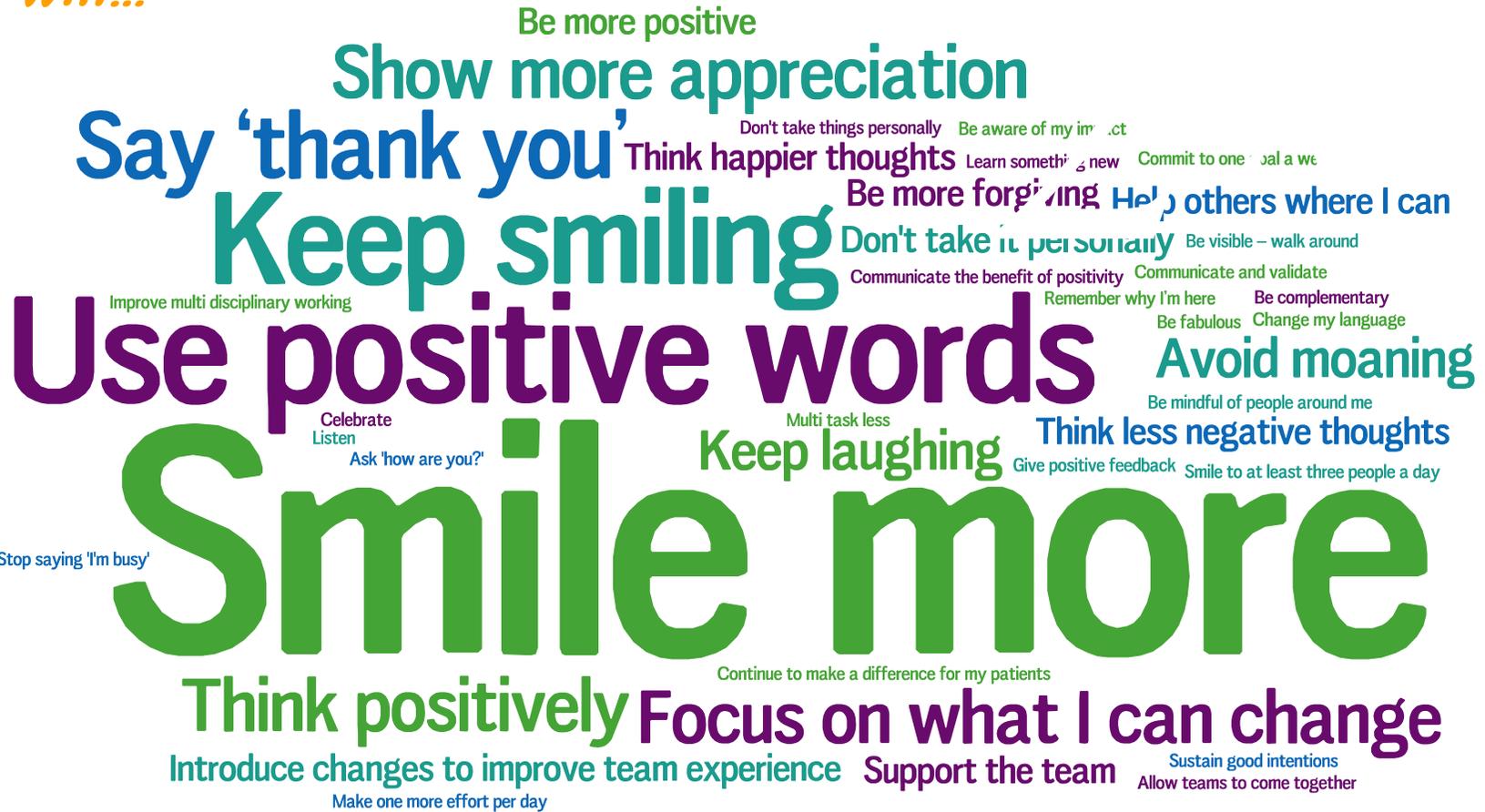
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Appendix 1



Spreading the positivity...

I will...



I'm positive about Kingston Hospital because...

800 volunteers who give up their time for nothing.

It feels like a family

- Feels like family – nice people to work with.
- A homely place, good working relationships.
- I like my colleagues. I can talk with them.
- Good vibe and a good feeling at Kingston.
- Good teamwork and good managers.
- Staff are good people, you feel it.
- Positive team and good patient experience.
- Team members are helpful and supportive.
- Friendly, we get to know each other and have fun.
- Colleagues bring coffee in the morning.
- A small hospital with friendly staff.

Worthwhile, we save lives.

- Lives are saved on a daily basis.
- I feel my job is worthwhile.
- We help people daily.
- We do something worthwhile for society.
- We help people at their hour of need.
- Lives are created and saved every day.

We are going smoke

Values driven.

- First manager to receive responsible manager award.
- Entire team valued and nominated for Trust award.
- Colleague received all four staff value awards at the same time. It was deserved and boosted the team.

Staff cope with heavy workloads, under stress.

Reached MSRA target.

We put plans in place and keep things improving.

Excellent training for all staff employed.

The best maternity unit in London.
We deliver 6, 000 babies per year.

Great location.