

Workforce report: December 2015

Trust Board Meeting	Item: 10
27th January 2016	Enclosure: F
Purpose of the Report: This report provides an update in respect of performance against agreed workforce targets Quarter 3 end.	
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 – Quarter 3

Executive Summary

1. This report provides an update in respect of activities delivering the Trust's workforce strategy priorities in 2015-16 and performance against agreed workforce targets for the Quarter 3 period: October 2015 to December 2015.
2. The key workforce issues remain interrelated. Our high turnover remains high, impacting on our vacancy rate which in turn contributes to agency usage to cover our vacancies. Our turnover is reducing gradually but the impact of the increased recruitment activity will not impact our turnover rates fully until next year.
3. Recruitment for administrative staff took place in October and November which resulted in the appointment of 36 staff. A further recruitment day is scheduled to take place in January 2016 targeting the recruitment of a further 24 new staff. As per the Admin recruitment trajectory this will achieve the target of 60.
4. The project team, with external support has now completed the new lean recruitment process. This is a transformation of the process, reducing the steps to around 17 with a timeline (excluding notice) of 30 days to recruit. Training and roll out programme began at the end of December with a completion date scheduled for end of March 2016.
5. Agency expenditure is being controlled on a weekly basis by the vacancy control board. This has resulted in a reduction of £138,063 (1.22%) in agency spend since last quarter. The plan in place is on four key strands; hiring substantive staff to our vacancies; increasing bank capacity, reviewing vacancies and using projections and trajectory's to fill current and predicted vacancies and the "cap" introduced in November 2015, aimed at reducing the cost of agency staff.
6. 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. Key well performing services against Workforce KPI's are Imaging, GUM, Pharmacy and Maternity. The key challenged areas are A&E, AAU Eldercare and T&O. High sickness levels are in Nursing Assistant, Admin and clerical and Qualified Nursing staff groups.
7. 25% of the leavers this quarter left with under a year's service, 46% of these being in their 20s. (This data is taken directly from ESR on actual leavers in the Quarter and is based on employees start data leave date and their age on leaving).
8. The Trust sickness absence is well managed with the sickness absence percentage still in the best top quartile for London. As expected this percentage has risen in the winter period due to the seasonal increase in sickness.
9. This report is structured as follows:
 - 1) An overview of performance against the workforce objectives:
 - Staffing
 - Recruitment
 - 2) Recruitment & Vacancies
 - 3) 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 Q3 end</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 remain static at 88% at quarter end. • To reach 90% by Feb 16 an additional 66 members of staff will need to complete their APD (this does not take into account New starters that need to have objectives completed and staff returning from Maternity leave and Long term sick. In Jan through March – as below) • Q4- statutory mandatory to be no lower than 80%, sustained focus on APD to achieve 90% 	<ul style="list-style-type: none"> • Divisional Directors and Associate Directors are ensuring that appraisal dates have been set up for all staff and are monitoring at performance review meetings. • Appraisal rate excluding new starters (from April 2015) is 92% - HRBPs working with the Service lines to ensure that all New Starters for April through to September have Objectives set. • List of staff with outstanding APDs are shared with service lines on a weekly basis. • Performance against the targets is monitored at weekly Executive Management Committee (EMC) and monthly Performance Review Meetings (PRMs).
(b) 80% of staff up to date with their mandatory training	<ul style="list-style-type: none"> • 82% of staff compliant with their mandatory training by quarter end. 	<ul style="list-style-type: none"> • Additional local fire safety training sessions ran in December which resulted in an increase of 8% in the report of the 29th December 2015 taking the Fire Training performance rate from 66% to 74% • Further increase in compliancy for the mandatory training booklet following the HR team sharing the list of non-compliant staff members and working with managers to ensure staff are able to complete this by 23rd December 2015. This resulted in all areas being at 90% or above in the report of the 29th December 2015 • Managers advised to allocate time for the completion of the booklet and new starters have been booked to attend the corporate Induction and these should see further improvement by end of January 2016. • Extra dates have been added for in-house training and managers are being informed of all staff that DNA. • Mandatory Training performance is reviewed at monthly PRMs. • Performance rate updates are shared with service lines on a regular basis. • In some service lines performance rates dropped significantly due to individual staff training sessions expiring at different times of the year. List of staff with lapsing training sessions will be shared with management prior to the expiry date to address proactively moving forward.

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 Quarter 3</u>	<u>Actions in Place</u>
<p>(a) Turnover reduce to 15% - All service lines and other areas of high turnover to have a strategy/plan to address this</p>	<ul style="list-style-type: none"> The overall trend shows the Turnover rate remains at 19%. The number of leavers per month should be 30 each month to reach our 15% target. For both November and December the leavers have encouragingly been at the target rate of 30. Currently the average leavers per month over the rolling year stand at 41, but the impact of decreased leavers will show in the following quarter. 25% of the leavers this quarter left with under a years' service. This is down 6% since last quarter (31%). 	<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"> – Embarking on a series of recruitment days which have been successful in attracting appointable candidates. – The 1st cohort attracted 175 applicants and the 2nd 226, including 14 apprentices. Of the 400 applicants 85 were shortlisted (36 and 49) and 36 (13/23) have been appointed and have commenced employment. – The current campaign delivered 50 of the target and given the increase in interest following the 1st campaign and the plan is after the 3rd recruitment day, to achieve 75-80% of the target. – The managers within the Admin service have participate in the Positivity training and are engaging with the HR service in terms of training and development, and other bespoke developmental opportunities – Career pathways for newly appointed band 2 administrative staff to improve retention and “grow our own” future band 3 and up staff. Staffing levels was listed as one the most common reason for staff leaving – the international recruitment drive for Nursing vacancies has enables the Trust to fill most of the Band 5 nursing vacancies. There are a number of Leadership initiatives across the Trust that have now taken place: <ul style="list-style-type: none"> – Positivity Workshop – Service Managers Developmental Day – Coaching Workshops – Other local initiatives to address Turnover include achievement awards, local surveys, team building exercises and local inductions. – Administrative recruitment days
<p>(b) Agency usage reduce by 10%</p>	<ul style="list-style-type: none"> This quarter see an overall decrease in the percentage of Agency usage by 1.22% to an average of 11.89%. Significant reduction has been made in the Admin Staff Groups – although the clinical Staff groups have increased 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 weekly financial monitoring process is in place as part of the vacancy control 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 is now in place chaired by the Director of Finance. with reporting to EMC on a monthly basis

<p>(c) Reduce the vacancy rate to 8% or less</p>	<ul style="list-style-type: none"> • The Vacancy rate has slightly risen this month to 9.07%, this is partly because we only had 14 joiners in December. This is not unusual for this month of the year. • The majority of vacancies across the Trust are nursing posts. • There is a high volume of Recruitment Activity underway to compensate for the high turnover currently within the Trust. • To reach the Trust target of 15% leavers needs to be 30 or less a month. In addition the HR Business Partners are working with the service lines to commission recruitment to establish a trajectory to fill to 95% in 2016. 	<ul style="list-style-type: none"> • There have already been 22 Qualified Nurses and 23 Unqualified Nurses start in January which will make a difference to the overall vacancy rate next month. • Cohort recruitment for Admin is currently ongoing. To date there have been 2 recruitment days: October and November 2015 and another booked for January 2016. There have been over 400 applications for roles from band 2 – band 4 within the Admin services. • A detailed look at recruitment is shown below (part 2)
<p>(d) Sickness maintained in the top quartile</p>	<ul style="list-style-type: none"> • The Sickness rate for the Trust traditionally rises in the winter months. We are currently amber rated at 3.07%. We remain in the top quartile in the country for comparative Trusts. 	<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.

Agency Usage has increased slightly this month and the increase is mainly due to staffing needs on Claremont ward. The staff groups with the highest usage are Qualified Nursing (41%) and Medical & Dental (25%) The top reason for agency usage from HealthRoster data (majority Nursing staff) are Staff Vacancy (38%), Establishment shortfall (25%) and Escalation Beds (19%). The Finance forecast for agency reduction will follow.

The **Vacancy rate** has increased slightly this month (9.07%). This is due to small number of new starters in December, and the higher number of leavers. The majority of the vacancies remain within the Qualified Nursing (100wte) and Admin & Estates (55wte) staff groups. Vacancy predictions shown are based on recruitment pipeline data from TRAC. There are a significant number of joiners already in January (58, as at 11th January) this will make a significant difference to the vacancy rate next month and we are still expected to reach the target of 8% by financial year end.

Sickness rates have reduced slightly this month to 3.07%. As predicted the winter months record a higher than target rate. Sickness still remains low when benchmarking ourselves against our peers

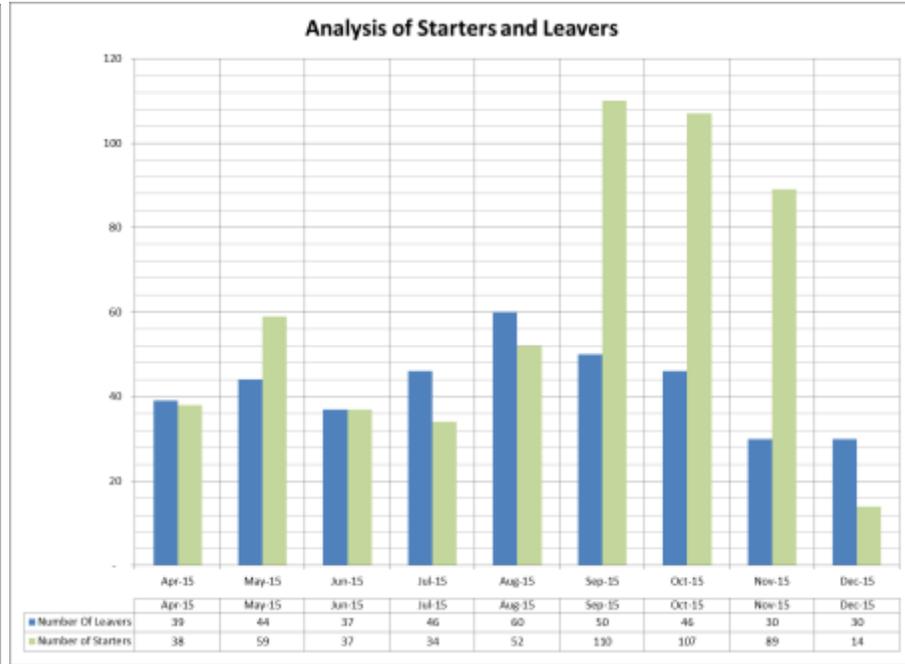
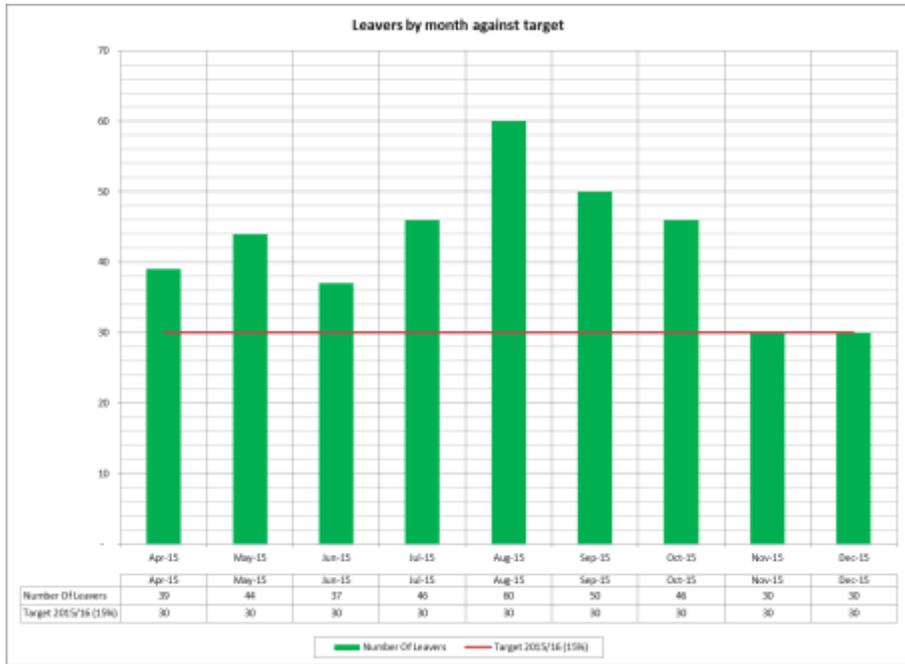


Chart 1: - analyses the leavers by month. The number of leavers in both November and December is at target. This should impact on the Turnover rate next quarter.

Chart 2: - analyses the leavers and starters. There are some months where the numbers of leavers are higher than the number of Starters. These months not only have an impact on our turnover but also slow down the rate in which we are able to fill out Vacancy WTE gap. The graph shows the large rise in New Starters over the months of September, October and November which has accounted for the reduction in our Vacancy rate. The large amount of applicants we already know are starting in January will also see vacancy rate reduce further next month.

Part 2 – Recruitment

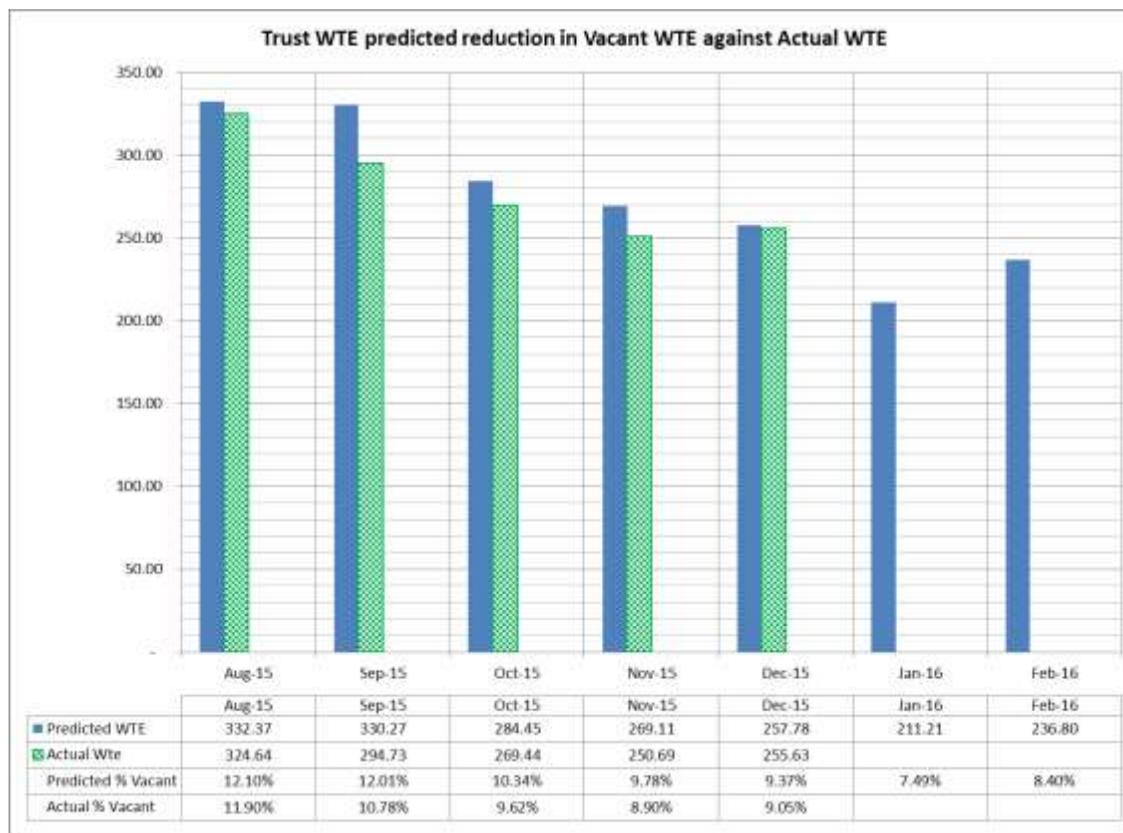


Chart: -. Predicts what the vacancy rate will look like by Jan-16 if the Turnover rate remains the same. Predictions look at number of successful candidates in the recruitment pipeline and predict when they will start with the Trust. Since Aug-15 the Actual WTE in post has actually been encouragingly lower than predicted. Next month it is predicted we be under our target rate of 8%. In order to reduce our turnover we need to commission enough vacancies to fill predicted turnover, retain staff and fill vacancies. The Business partners are working on this in the service lines.

Qualified Nursing Recruitment Strategy

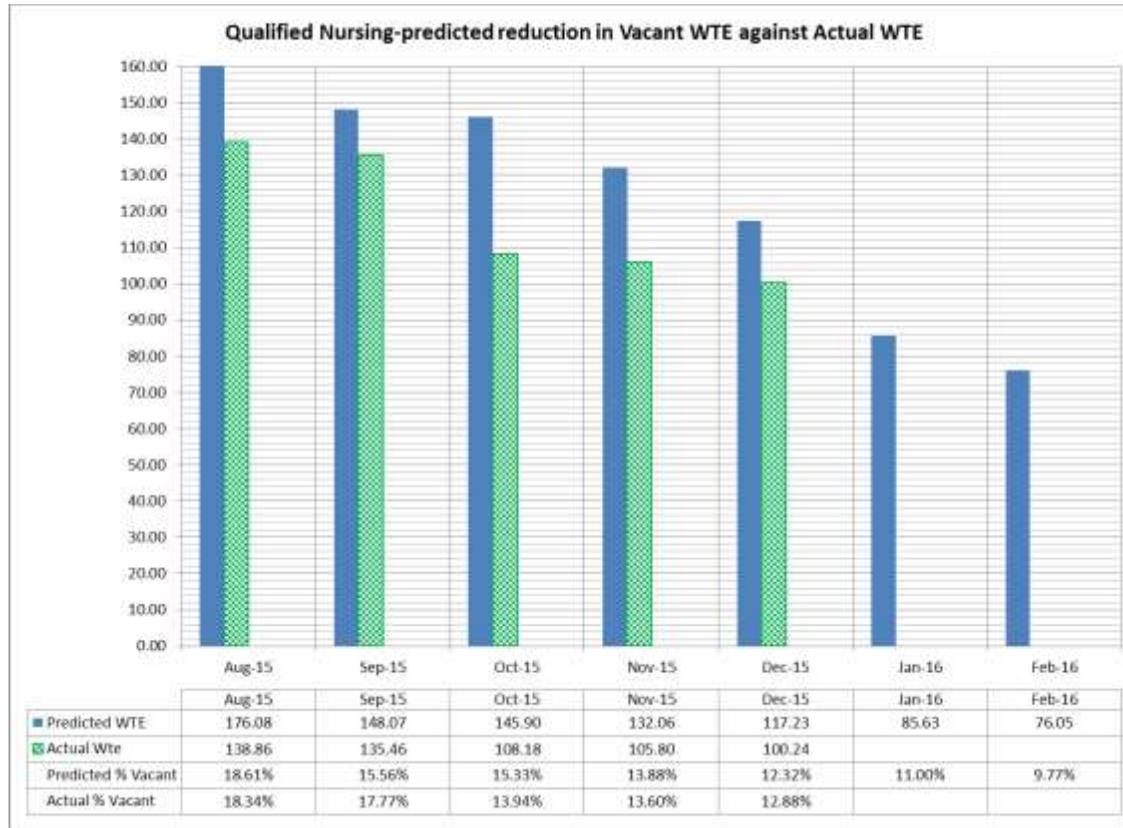


Chart 1: - Looks at predicted reduction in vacancies within the Qualified Nursing staff group. We can see here that the Overseas Nurse recruitment, Cohort recruitment and targeted approach to Qualified Nursing vacancies should have an impact in the reduction of vacancies over the next few months. Currently our Actual WTE is much better than predicted and shows a downward trend.

Admin & Estates Recruitment Strategy



Chart: - Looks at the predicted reduction in vacancies with the Admin & Estates staff group. The August data shows the impact of not recruiting to our vacancies and predicted turnover quick enough when our Actual WTE ends up being higher than predicted. Encouraging September shows an improvement as the Actual WTE is well below the prediction, however it rises again in October. The dedicated recruitment campaign for Admin staff makes a great impact in November Actual data.

Medical & Dental Recruitment Strategy

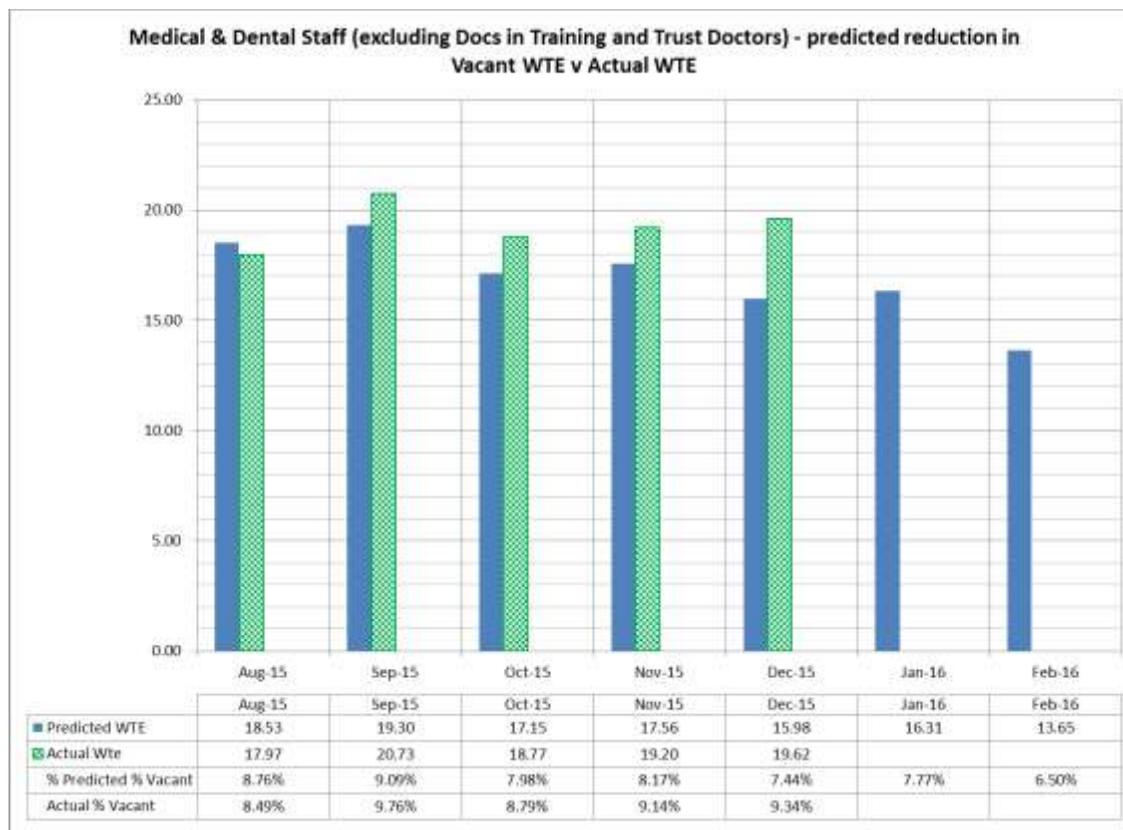


Chart 1: - Looks at predicted reduction in vacancies within the Medical & Dental staff group. Currently the Actual WTE is above that predicted. There is currently recruitment for Senior Doctors in the pipeline; however, the impact of losing 4 Consultants in September has had a knock on effect in a small staff group.

With some complex recharge arrangements and PAs attributed to different cost centres Medical & Dental vacancies are not always easily identifiable. We continue to work with the Deanery and Service Lines to do a further drill down into Medical & Dental vacancies to ensure that all current WTE recorded are actual vacancies.

Action Plan

- Consultants
 - Some service lines have historically found it difficult to attract Consultants for various reasons including national shortages, location of the Trust and/or competition with bigger teaching hospitals in close proximity. To close the gap in our medical establishment and to maximise the Trust's ability to attract suitable candidates, we are currently exploring various and innovative solutions. Actions currently in place to fill these vacancies include:
 - Working with recruitment agencies – We are currently in contact with a number of agencies to work on behalf of the Trust to source suitable candidates both nationally and internationally.
 - Overseas candidates - Recruitment agencies are currently sourcing candidates from overseas and we have already placed a number of candidates at Trust Doctor level.
 - Networking – Clinical Directors are networking with colleagues in other Trusts and contacting potential candidates in their network.
 - Job Descriptions and Job Plans - Reviewing job plans and JDs to make the roles more attractive.
 - Working with other neighbouring Trusts – Elderly Care are exploring the option of recruiting Shared consultant with St Georges.
- Nursing
 - Current vacancies are tracked and managed through the Safer Staffing group on a weekly basis.
 - Approximately 40 nursing staff have been appointed from October to December 2015 inclusive via a mixture of overseas nursing recruitment and a UK cohort recruitment programme. This extra recruitment has improved the baseline position.
 - Over recruiting nursing staff so they can be deployed to cover vacancies in other areas where appropriate.
- Admin
 - The recent Admin open days were successful in appointing 36 candidates. The next open day is scheduled for 18th Jan 2016 where it is hoped that this will assist in further reducing the number of vacancies within the Admin Service.
 - In addition to the recruitment campaign, the management have undertaken a local survey amongst the staff to get a better understanding of what it feels like to work within the services. This data is yet to be analysed.
 - Management training has also been identified as essential for the band 5 Supervisors. This would include some customer service as well as HR core training, including how to conduct 1:2:1 using the coaching conversation approach.
 - In addition to these activities a review of the effective sourcing of Admin is in place. There is a recognition that the Trust need to attract candidates from the local community, possibly via local clubs / community centres / schools etc.

Part 4 – Key workforce issues and risks

- The main risk is the availability of trained and qualified people who want to join Kingston Hospital NHS Foundation Trust and work for us to deliver excellent patient care.
- The main risk to our workforce and HR programmes is the capacity and capability to deliver the huge increase in recruitment activity (up 61% from last year) and the future requirement of the recruitment team is being addressed currently. To address this issue we have appointed one agency to coordinate our overseas recruitment and we have completed a transformation of our processes to ensure that they are as lean as possible.
- Overseas recruitment is ongoing to “top up” and fill the gap left from sourcing Nurses in the UK. A welcome and support package is in place for these new starters and further overseas recruitment continues. 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 current range of change programmes underway and embedding these also requires support which is currently externally sourced.
- 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.

Recommendation

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.