

Quarterly Workforce Report (Q3 2013-14) January 2014

<b>Trust Board Meeting - Part 1</b>	<b>Item: 7.4.3</b>
<b>29<sup>th</sup> January 2014</b>	<b>Enclosure: F3</b>
<b>Purpose of the Report: To update the Board on Workforce issues and staff feedback</b>	
<b>FOR: Information</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	David Grantham
<b>Author:</b>	David Grantham
<b>Author Contact Details:</b>	0208 934 3795 david.grantham@kingstonhospital.nhs.uk
<b>Financial/Resource Implications:</b>	None
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Risk regarding staffing
<b>Legal / Regulatory / Reputation Implications:</b>	
<b>Link to Relevant CQC Standard:</b>	CQC standards 12, 13 & 14
<b>Link to Relevant Corporate Objective:</b>	3
<b>Document Previously Considered By:</b>	HR team
<b>Recommendation &amp; Action required by the Trust Board:</b>	
<p>The Trust Board is invited to:</p> <ul style="list-style-type: none"> <li>a) note the contents of the report; and</li> <li>b) to discuss any issues arising.</li> </ul>	



### Quarterly Workforce report – Q3 (October – December 2013)

#### Introduction

1. This report provides an update in respect of activities progressing the Trust's workforce strategy priorities in 2013-14 and performance against agreed workforce targets for the period October – December 2013 (Q3).
2. The report is structured to provide:
  - 1) A summary on progress in the quarter with the key projects underway in relation to the workforce strategy
  - 2) An overview of performance against the workforce KPIs agreed for the year, which can be linked to staff satisfaction, and analysis of issues arising, including details by service line.
  - 3) An update on key workforce issues and priorities (including staff survey information or feedback obtained this quarter)
  - 4) A forward look at operational issues and work over the next quarter (Q4)
  - 5) Appendices giving further information or detail.

#### Part 1 - Workforce Strategy Update

3. A brief update against the Trust's five key workforce strategy priorities is provided in Table 1 below.

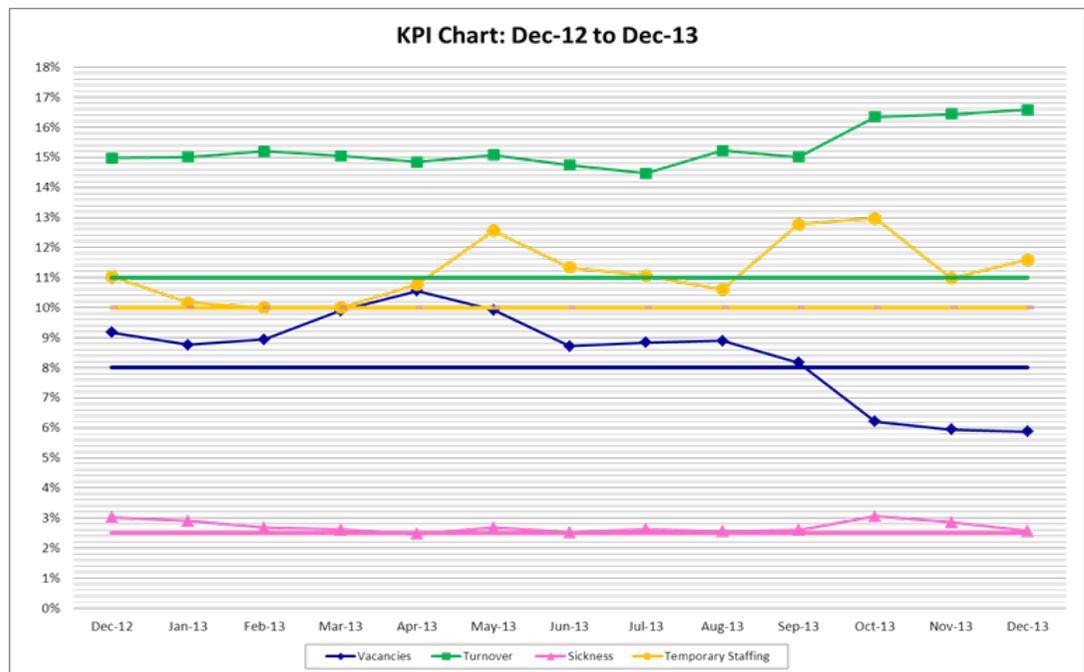
	<b>Priority description</b>	<b>What we said we'd do in Q3</b>	<b>What we've done in Q3</b>	<b>What's next?</b>
1	<b>Strengthening people management</b> – supportive line management is fundamental to ensuring every member of staff feels valued and engaged. Managers need training and development but also feedback on their performance so they know how they are doing and areas for improvement and development.	Developing the appraisal process for use in the next appraisal round based on the learning this year and changes to incremental progression.	Presented outline proposals to EMC and met with Trade Unions to negotiate an approach. These discussions have been based on staff focus groups held in Q2.	Finalising the arrangements, measures of performance, supporting materials and delivering training in preparation for the new appraisal round.
2	<b>Leadership development</b> – a diverse leadership programme is being developed and coordinated to support managers and leaders in a number of ways. There is specific education and training but also the creation of action learning sets, for joint work on projects between clinicians and non-clinicians (such as NHS Institute improvement projects) as well as shadowing senior staff and coaching. The programme is designed to support the Trust's leaders and managers in nurturing the culture and values, spreading positive emotion and attitude and managing disruptive behaviours.	Leadership programme to be developed in detail with provider and delivered. Draft Education and Training strategy to be circulated and discussed.	The leadership programme has begun. £60k of external financial support has also been secured from Health education South London (HESL) for initial costs.  A draft education and training strategy has been developed for discussion at the Board and with input from EMC and others.	Scoping some training and development for corporate areas in business partnering. Continuing delivery of the leadership programme.  Commencing implementation of Education and Training strategy.  Confirming the outcome of bids to HESL for support for training in 2014-15 (for dementia training, customer service skills training and others)

3	<p><b>Team working</b> – Service Line Management (see below) and management and leadership training will support teams to work together effectively. Identifying teams and ensuring that they meet regularly so members are all clear of their roles and contributions, and expectations of them, and where the team can reflect upon and take responsibility for its performance, will be developed.</p>	<p>Developing some measures of performance for service lines to use in developing their scorecards and implementing the team development tools. Tools to be made available for teams and applied.</p>	<p>The action plan has been progressed and the tools for team self-assessment, review and development prepared.</p>	<p>Piloting some of the tools and refining them for use in 2014-15.</p>
4	<p><b>Service Line Management</b> – we will continue the devolvement of responsibility to service/business units (under SLM) in a planned and supported way. Information will increasingly be reported at service/business unit level. SLM enables staff delivering services to run that service as they see fit giving them greater control over their working lives. It also strengthens clinical leadership, management capability, accountability and staff engagement and teamwork. Leadership at service/business unit level will be supported with training but also with a clear framework within which freedom and accountability are managed that is supportive of innovation accompanied by appropriate risk management. 'Earned autonomy' based on successful performance and achievement of agreed outcomes will help incentivise local ownership.</p>	<p>Confirming the incentives available to service lines.</p> <p>Developing a 14/15 business plan for each service line – including a detailed workforce plan.</p> <p>Supporting service lines develop their scorecards.</p> <p>Introducing an SLA for recruitment (alongside the deployment of NHS Jobs 2 anticipated to be in December 2013).</p>	<p>First service line accredited (Maternity) and incentives discussed.</p> <p>Progress on business plans for 2014-15.</p> <p>SLA for recruitment service prepared and training on NHS Jobs 2 arranged – delayed by NHS Jobs from December 2013)</p>	<p>Confirming the SLA for recruitment and deployment of NHS Jobs 2.</p> <p>Business plans for 2014-15 finalised.</p> <p>Further work to support service line accreditation.</p>
5	<p><b>Supporting staff and their wellbeing</b> – the cornerstone of supporting our staff is high quality PDRs and regular feedback to staff where they can be engaged about their contribution and performance and own learning and development needs, aspirations and wellbeing. Improved supporting materials and training will be developed. Our OH&amp;W service will continue to provide support for staff wellbeing through a strengthened programme of interventions.</p>	<p>PDR and incremental progression changes to be agreed by January 2014.</p> <p>OH&amp;W plans for 14/15 to be developed.</p>	<p>Presented outline PDR proposals to EMC and met with Trade Unions to negotiate an approach. These discussions have been based on staff focus groups held in Q2.</p> <p>OH&amp;W day organised for 30 January 2014.</p>	<p>OH&amp;W strategy/plan for 2014/15 finalised.</p> <p>PDR arrangements to be finalised, published and training delivered to staff and managers.</p>

**Part 2 – Workforce KPIs**

4. The Trust’s overall performance is set out in Chart 1. More detail by service line is presented in Chart 2. chart below

**Chart 1 – Trust Overview of Workforce KPIs**



**Commentary**

Key issues in the quarter have been a continued reduction in vacancies, which is also now reflected in a reduction in nursing agency usage. However, there has been some usage of agency staff for escalation beds.

Turnover has also stayed high at 16.8 % in December. All service lines in excess of 18% turnover have examined the possible causes and looked at strategies to reduce this. This will feed into their workforce plans for 2014-15. Trust-wide the leadership development work and workforce strategy implementation will help support reduction. The education and training strategy is also intended to support staff retention by supporting and emphasising the importance of continuing professional development.

Sickness rates continue to be well managed.

Chart 2 – Workforce KPIs by Service Line

Data as at: DECEMBER 2013									
Service Line	Wte (as at 01-Oct-13)	Vacancies	Turnover	Sickness	Temp Staffing	Mandatory Training	Local Induction	Corporate Induction	PDRS
Anaesthetics, Theatres & DSU		3.79%	12.17%	3.34%	8.60%	61%	43%	73%	94%
Cancer		15.72%	2.97%	0.92%	3.74%	48%	33%	33%	39%
ICU		5.48%	11.55%	2.32%	10.75%	81%	71%	57%	95%
Imaging		-2.02%	7.89%	4.41%	8.31%	66%	83%	67%	83%
Pathology		10.23%	14.94%	1.31%	12.73%	69%	44%	67%	80%
Pharmacy		-3.40%	7.96%	1.36%	12.40%	94%	83%	100%	92%
Therapies		8.21%	30.85%	0.43%	8.47%	25%	12%	44%	87%
A&E and AAU		6.92%	20.02%	2.04%	16.82%	65%	69%	70%	80%
Cardiology		12.83%	10.80%	5.12%	13.73%	63%	55%	89%	78%
Elderly Care		0.14%	20.27%	3.22%	27.00%	62%	67%	82%	87%
Gastroenterology & Endoscopy		3.30%	21.93%	6.21%	28.75%	57%	17%	82%	84%
General Surgery & Urology		4.41%	32.54%	1.69%	12.79%	58%	62%	61%	60%
Respiratory		-8.13%	19.09%	2.51%	11.94%	61%	26%	67%	94%
Trauma & Orthopaedics		13.18%	22.36%	1.18%	17.35%	67%	95%	100%	76%
GUM		6.26%	8.57%	1.61%	0.75%	64%	0%	50%	86%
Gynae & Breast		16.68%	8.85%	2.36%	3.30%	50%	11%	44%	47%
Maternity		3.11%	13.83%	3.02%	2.17%	77%	50%	77%	79%
Ophthalmology		14.81%	9.09%	0.76%	17.59%	69%	50%	75%	86%
Oral & ENT		6.41%	12.98%	6.58%	4.00%	66%	50%	64%	96%
Paediatrics & NNU		5.83%	8.54%	3.29%	5.60%	72%	27%	74%	86%
Specialist Outpatients		4.00%	5.73%	0.00%	12.47%	55%	38%	25%	100%
Commerical Director		10.95%	14.12%	0.48%	8.81%	80%	43%	43%	82%
Corporate Affairs		4.96%	15.55%	0.00%	1.55%	69%	50%	83%	73%
Finance		17.46%	29.50%	1.41%	22.44%	43%	0%	25%	63%
Human Resources		8.13%	14.39%	0.91%	5.93%	69%	59%	53%	94%
Medical Director		10.41%	0.00%	0.47%	0.00%	79%	100%	100%	94%
Nursing & Quality		-3.00%	12.77%	3.33%	7.03%	88%	80%	100%	100%
Operations		5.56%	13.48%	2.64%	5.69%	67%	35%	74%	83%
<b>Trust Total</b>	<b>2363.29</b>	<b>5.87%</b>	<b>16.58%</b>	<b>2.57%</b>	<b>11.59%</b>	<b>66%</b>	<b>52%</b>	<b>70%</b>	<b>82%</b>

Notes: Mandatory Training, Local Induction, Corporate Induction & PDRs record a cumulative percentage for quarter end and year to date. This is because each a cumulative target.

C-diff update training is a new e-learning package for nursing staff.

The Corporate Performance report shows Trust level trend data for each KPI.

An exception report on Turnover has been provided in the Corporate Performance report.

Key: Red below target Amber close to target Green above target

### Part 3 - key workforce issues and priorities (including staff survey information or feedback)

5. The latest staff engagement score from the local staff survey (December 2014) was 3.73 (compared to 3.77 in September 2013, 3.70 in April 2013 and 3.74 in the national staff survey 2012 (Sept-Oct 2012)). This survey was conducted electronically and 27.1% (207) of the 764 staff selected as a representative sample and e-mailed responded. The result suggests that staff morale and engagement is relatively steady. The key issue remains staffing and perceptions of under-staffing. The results re at *Appendix 1*.
6. NHS England has published draft proposals for all NHS Trusts to undertake a staff friends and family test (SFFT) at least quarterly from Q1 2014-15. The Trust's local survey was adjusted to take account of the new SFFT questions to experiment with the SFFT and data collection. The score is calculated by looking at the proportion of responders who are 'promoter' of the Trust (those who are 'extremely likely' to recommend the trust) minus those who are 'detractors' (any who are less than 'likely' to recommend). Those who 'don't know' are excluded. The result is expressed on a range of -100 to +100 and the Trust's score based on the December responses would be minus 10.5. An analysis by staff group has not been undertaken and at the present time the Trust does not have comparative data to report or assess that score against peers or competitors.
7. The Trust will need to undertake work in Q4 to plan the best options for conducting the SFFT going forward and taking account of any final guidance from NHS England. At the moment the methodology proposed, and complexity of reporting indicate significant work could be required to comply.

### Part 4 - operational issues and forward look at key workforce issues and risks

8. There have been significant pieces of work undertaken over the last quarter with impact on HR operations. These have included:
  1. The recruitment service has been preparing for the implementation of NHS Jobs 2 with improvements to the electronic advertising and application system. The deployment was originally scheduled for December 2013 but delayed by the provider until March 2014. Training has been necessary for recruitment staff and will also need to be delivered to managers. The recruitment service will at the same time incorporate improvements linked to the Streamlining Staff Movements (SSM) project (to standardise references and their completion, CRB etc) into new guidance and the training for managers and complete an SLA with service lines.
  2. A new integrated team to manage workforce information (ESR) and the Healthroster system and ensure the Trust optimises the potential for improved workforce information has begun work. There are a number of things that need to be done to improve the system and to support nurse managers in using it effectively and efficiently both to support their own staffing but also to allow the Trust improved oversight over staffing levels and to provide accurate data for reporting etc.
  3. Work has continued to support SWL Pathology from 1 April 2014. Preparations have been made for transfer of staff on 1 April 2014 and work is underway to support further consultation with staff on future working practices and staffing reductions. There are regular meetings with trade unions to discuss and agree arrangements.
  4. Recruitment to two NED positions has been completed by the Nominations and Remuneration Committee (N&RC) and Council of Governors (CoG) with HR support.
9. The main risk to the workforce and HR programmes continues to be the capacity and capability to deliver the range of change programmes underway and responding to unexpected additional work.

10. In the final quarter of 2013-14 the Workforce Directorate's objectives are to:

1. Plan for a safe interim period and handover arrangements for work and projects given a change in leadership within the Directorate that will occur in March 2014.
2. Conclude a refreshed OH&W strategy and reviewing commercial and partnership opportunities
3. Launch the revised recruitment service and SLA based on NHS Jobs 2 (delayed from December 2013 by NHS Jobs)
4. Conclude AfC incremental progression negotiations and associated changes to the appraisal processes so these are ready for next year
5. Conclude the Mandatory Training compliance action plan, including the deployment of a SQL based solution to reporting data on employees' completion status
6. Work up and deliver an improvement programme for e-rostering, in conjunction with nurse leaders
7. Finalise workforce plans for 14/15 for each service line
8. Finalise the Workforce Directorate's plans for 14/15 (including CIPs).

The Directorate's annual plan is being used to track overall progress and is monitored at HR team meetings. Action plans supporting aspects of work are tracked at EMC and other committees.

### **Recommendation**

The Trust Board is invited to a) note the contents of the report b) to discuss any issues arising.

**David Grantham**  
**Director of Workforce and Organisational Development**  
**January 2014**

## Quarterly staff engagement survey results (Q3)

## Kingston Hospital staff engagement survey December 2013

1. Staff friends and family rating								
Answer Options	Detractors			Passive	Promoters	Don't know	Rating Average	Response Count
	Extremely unlikely	Unlikely	Neither unlikely or likely	Likely	Extremely likely			
How likely are you to recommend Kingston Hospital to friends and family if they needed care or treatment?	7	11	35	94	56	4	3.82	207
How likely are you to recommend Kingston Hospital to friends and family as a place to work?	12	36	39	76	41	3	3.43	207
SFFT score	Totals	19	47	74	170	97	7	414
Net promoter is proportion of promoters minus proportion of detractors x 100		Total detractors	140	Total promoters	97	<b>SFFT Score -10.5</b>		407
2. To what extent do you agree or disagree with the following statements?								
Answer Options	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Rating Average	Response Count
Care of patients or service users is the Hospital's top priority	1	29	31	95	48	3	3.73	207
I am able to make suggestions to improve the work of my team / department	4	26	25	97	55	0	3.84	207
There are frequent opportunities for me to show initiative in my role	4	25	37	94	46	1	3.72	207
I am able to make improvements happen in my area of work	10	32	45	85	34	1	3.47	207
3. Please indicate how frequently you feel this way about your job?								
Answer Options	Never	Rarely	Sometimes	Often	Always	Don't know	Rating Average	Response Count
I look forward to going to work	8	21	67	74	36	1	3.51	207
I am enthusiastic about my job	3	17	49	68	69	1	3.87	207
Time passes quickly when I am working	4	7	37	60	98	1	4.15	207
					<b>Engagement score</b>		<b>3.73</b>	

