St George's Healthcare NHS
NHS Trust

REPORT TO THE TRUST BOARD *June 2014*

Paper Title:	**Workforce report**
Sponsoring Director:	**Wendy Brewer, Director of Workforce and Organisational Development**
Author:	**Wendy Brewer, Director of Workforce and Organisational Development**
Purpose:	*Regular workforce report to update the board on workforce issues.*
Action required by the board:	**For information**
Document previously considered by:	

Executive summary

Key messages

The workforce report includes the following items:

- The attached Workforce report
- The workforce Performance Report May 2014

Workforce benchmarking data is included for London Teaching Hospitals. The Trust's performance is consistent with that of other large London teaching hospitals. It proposed that the July Workforce and Education Committee consider the benchmark data, the acceptable range of variation and the level of risk associated with the indicators and targets. The meeting will set an acceptable range for each of the workforce indicators alongside relevant targets.

The many pronged work being undertaken to address bullying and harassment is detailed. Benchmarking data is provided for large London teaching hospitals is also included which shows the Trust's performance as consistent with other similar Trusts .

Successful appointments have been made as follows:

• Jennie Hall	Chief Nurse	1st June 2014
• Eric Munro	Joint Director of Estates and Facilities	30th June 2014
• Martin Wilson	Director of Delivery and Improvement	4th August 2014

Interim cover for the Director of Estates and Facilities Role and the Director of Delivery and Improvement.

The search has begun for the Medical Director role with an anticipated selection board date of 11th September. The search will now begin for the Director of Strategy role.

Recommendation

That the Trust Board receives the report.

Key risks identified:

Key workforce risks include:

Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	**To develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision.**
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	

Equality Impact Assessment (EIA): Has an EIA been carried out? (Yes / No)
If yes, please provide a summary of the key findings
If no, please explain you reasons for not undertaking an EIA.

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Appendix A:

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better heath outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
1.1 Who is responsible for this service / function / policy? Director of HR				
1.2 Describe the purpose of the service / function / policy? *Workforce report*				
1.3 Are there any associated objectives? *Set out in workforce strategy*				
1.4 What factors contribute or detract from achieving intended outcomes? N/a				
1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Region or belief and Human Rights Intended to be positive.				
1.6 If yes, please describe current or planned activities to address the impact.				
1.7 Is there any scope for new measures which would promote equality?				
1.8 What are your monitoring arrangements for this policy/ service				
1.9 Equality Impact Rating [low, medium, high] **2.0. Please give you reasons for this rating**				

Workforce report to Trust Board 26th June 2014

1. Introduction

This purpose of this report is to:

- respond to concerns raised by the board regarding workforce information,
- provide the board with assurance regarding actions being taken in response to the incidence of bullying reported by members of staff in the 2013 staff attitude survey,
- provide assurance to the board that key executive appointments have been made or are in progress.

2. Workforce information key performance indicators

At the May board meeting, board members raised concerns regarding progress against key workforce performance indicator targets. The way in which the targets have been presented has given the impression that, if the trust does not meet these targets, then this means that it is an outlier in performance compared to similar trusts.

Benchmark data

The data set out below illustrates that the trust performance is consistent with that of other large London teaching hospitals. All such trusts have large and complex workforces and all could improve performance but St George's performance is not in any way exceptional. The data shown is for the month of March 2014, with the exception of that for the Royal Free and UCLH, where the data is for January 2014.

Measure	Bart's	GSTT	Imperial	King's	Royal Free	St George's	UCLH
Vacancy	11.3%	12.5%	11.93%	12.6%	10%	10.55%	10.4%
Turnover*	-	-	-	16.26%	-	14.81%	-
Voluntary turnover*	13.6%	9.3%	10.01%	10.85%	11.77%	12.10%	13%
Sickness absence	3.2%	3.5%	3.57%	3.07%	3.88%	3.62%	3.7%
Bank & agency spend	15.4%	12.9%	13.03%	15.1%	10.46%	13.3%	11.9%
Appraisal	-	67%	73.67%	48.5%	79.34%	76.22%	94.6%
MAST	-	85%	66.31%	71.8%	76%	75.6%	79.8%

*Turnover figures do not appear to have been consistently calculated and should be treated with some caution.

It is clear from the information above that the trust is performing consistently with other large London based teaching hospitals.

The significance of workforce information

Workforce information provides useful analysis of some basic measurements of workforce performance. There are two important issues to note; the information is influenced by a wide range of factors, and, secondly, when looking at the data on aggregate across the trust the picture given hides some important detail.

There are a wide number of factors that influence workforce data. All of the workforce indicators are likely to be influenced by more than one factor. These include factors over which we have little direct influence such as:

- External factors such as national pay settlements, changes in legislation (e.g. work permits) and changes in education (e.g. reductions in training places for doctors in training) affecting supply.
- Activity within the hospital – both in creating demand for permanent and temporary staff and in increasing perceived work pressure.

Factors over which we have more influence:

- Quality of line management and leadership to engage and encourage staff to stay and to excel.
- Formal processes for engagement and development.
- Processes and systems for managing planning, recruitment, temporary workforce, provision of mandatory training.

The workforce strategy has been developed to impact on the second set of factors.

The individual indicators

The following section considers each of the individual indicators in turn and sets out the key issues.

Vacancy factor

This is a measure over which the trust can have some control both in planning and processes and in how attractive the trust is deemed to be as a place to work. There are some areas where there is a deliberate policy to keep a high vacancy factor, such as in SW London Pathology. These areas can impact on the aggregate figure and mask areas where the vacancy factor is very low.

Over the past year the trust has made good progress at keeping the overall vacancy rate below 11% (a big reduction on the levels in 2012). Probably the key issue is to ensure that we keep on top of the high volume of nursing vacancy through planning and simplifying recruitment processes.

The measures being taken in the workforce strategy plan include the implementation of processes to reduce recruitment times such as an on-boarding website, automating the reference processes, automating the vacancy authorisation process.

Turnover

The total turnover indicator is not a particularly useful measurement as it includes the rotation of approximately 450 junior doctors each year and any groups of staff who are TUPE transferred to other employers. The voluntary turnover indicator, however, is an important indicator, both in terms of trend and in identifying outlying areas.

Factors that influence turnover tend to be multi-factorial and will include quality of line management, relationships with colleagues, perceived fairness and opportunities for development. There will also be harder drivers such as opportunities for better pay through agency working. Measures being taken in the workforce strategy include OD work to develop the strength and engagement style of line management, the Listening into Action programme, the leadership framework and the trust's response to bullying.

Trust-wide analysis shows that turnover tends to be higher in staff groups with shorter lengths of service. The three key reasons for leaving amongst recent leavers are promotion, better pay and because of poor communication.

Voluntary turnover does appear to be on an upward trend and this is an emerging risk for the workforce.

Sickness absence

Sickness absence levels between 3% and 4% are within the normal range for NHS trusts, given the relatively generous NHS sickness terms. Performance tends to be seasonal and to be affected by levels of activity.

There are clear financial and quality benefits to achieving a reduction in sickness absence and the workforce and education committee has set a target of 3%. There is a workforce efficiency project underpinning the achievement of this target.

Bank and agency spend

The trust needs to maintain some flexibility through the use of a temporary workforce. However, there are clear drivers for increasing quality and reducing expenditure through reducing the overall temporary workforce and switching from agency to bank where possible. Actual usage of bank and agency staff is driven by a number of factors such as:

- Activity
- Need for specialist skills such as 'specials' (nurses with mental health skills) or specialist nursing or therapists.

- Reductions in available staff through vacancy e.g. gaps in junior doctor rotas
- Lack of planning.

There is a programme of workforce efficiency work to underpin the drive to reduce agency expenditure.

Appraisal rates

Appraisal rates respond to clear leadership from divisional and corporate leaders. Medical appraisal rates have risen in response to the appointment of a full time revalidation officer who chases all appraisals. It would not be economically viable to take the same approach with non-medical staff.

The workforce strategy response, in addition to a monthly performance meeting, is through the performance related pay programme, the first stage of which comes into effect in September 2014.

Mandatory training

There has been a system change with the introduction of the nationally agreed system for mandatory training. The system is now becoming embedded and it is clear that in some subject areas there is a lack of capacity compared to requirements. The mandatory training management group will be re-established to ensure that requirements and capacity are matched. Increasing mandatory training uptake will require commitment from divisional and clinical leaders.

Next steps

It is proposed that the July meeting of the workforce and education committee consider the benchmark data, the acceptable range of variation and the level of risk associated with the indicators and targets. The meeting will set an acceptable range for each of the workforce indicators alongside relevant targets.

3. Actions being taken in response to the incidence of bullying reported by members of staff in the 2013 staff attitude survey

Regular reports have been provided to the Workforce and Education Committee regarding the steps being taken to address the incidence of staff reporting bullying within the trust. A great deal of activity has taken place but cultural change takes time to embed.

Further significant work has taken place in the past year and, although the trust remains in line with the benchmarked group, it is recognised that even greater focus is required.

Benchmarking data

Incidence of staff reporting bullying or harassment from other staff or managers:

Bart's	Guy's & St Thomas'	Imperial	King's	Royal Free	St George's	UCLH
29%	23%	31%	27%	34%	30%	29%

Report from CQC visit

When the CQC visited in February 2014, they spoke to a large number of staff and held several open focus group meetings. During the visit they also spoke to the Director of HR, the Deputy Chief Nurse and the Acting Director of Nursing and Governance for CWDT, specifically about what the trust is doing to promote a culture that embeds the trust's values and to address the concerns.

The inspecting team told us that they were careful to ensure that there was a basis for any concerns that they escalated to the trust and the draft report states, *' In most areas, local leaders were described as 'supportive and encouraging'. However, in a number of areas, we found isolated cases of bullying and harassment by local managers. We reported these to the trust and action was taken. However, in at least one case, the trust was taking action to address the situation prior to our visit.'*

Assurance can be taken from the fact that, with one exception, the issues raised were known to the line management and in the majority of the cases, action had already begun to address the concerns.

As a basic minimum all members of staff about whom concerns have been raised have been told of these concerns and have been offered support to ensure that they will not be the subject of further concerns. Support includes coaching, team building, providing an opportunity to gain feedback from those raising concerns and, in some cases, individuals have already been moved to more appropriate roles or have left the trust.

Further work

In the past two years there have been two main areas of focus for tackling issues of poor behaviour and bullying; these have been both on ensuring that we have services, such as coaching, mediation and briefing sessions that support managers to engage constructively with staff and also with providing intensive support for tackling specific issues and services. This approach has had some significant success in some areas, such as maternity and with some specific individuals. By its nature, however, the approach has been relatively low key and known only to those directly involved The HR action plan for 2014 includes proposals for more awareness raising including holding a series of training events on the impact of unconscious bias, developing a DVD about staff experiences which can be used in briefing sessions and publicising more widely the range of support already available to members of staff and to managers.

We have also developed the role of a LiAise worker, a member of staff who will support others to find support and to navigate their way around the organisation. This appointment has been

developed from listening to the views of staff members through our Listening into Action programme.

A recent study into bullying in the NHS by the National Institute for Health Research is clear, however, that in order to make a real difference to organisational culture, it is important that at a senior level there is a clear commitment to tackling poor behaviour. Therefore, the Executive Management team has publicly stated a commitment that members are willing to implement. The following principles have been agreed by EMT.

- All members of staff are expected to behave according to the Trust's values. No-one is exempt. There will be no intrinsic or explicit rewards for those who behave badly.
- Our overall approach will be to provide support to those who cannot manage their poor behaviour in order to enable an improvement, through interventions such as coaching and mediation. However, for those who are not able or willing to improve, or whose behaviour is very serious, we will take appropriate action, such as dismissal, referral to the GMC, NMC or other professional body.
- We will ensure that all members of staff know what support is available and we will ensure that we underpin our commitment with sufficient resources.
- We will make these commitments known to staff.

The executive management team were clear that the trust should be taking an approach of rooting out bullying behaviour. Since the EMT discussion concerns have been raised in two areas, which are now the subject of formal investigation.

Next steps

We will continue to work on this significant issue and, alongside the intensive organisation development and employee relations work, we will ensure that we give a high profile to the measures that are being taken and the support that is available to members of staff.

4. Appointments to executive roles

Successful appointments have been made as follows:

Jennie Hall	Chief Nurse	1st June 2014
Eric Munro	Joint Director of Estates and Facilities	30th June 2014
Martin Wilson	Director of Delivery and Improvement	4th August 2014

Interim cover has been put in place for the Director of Estates and Facilities Role and the Director of Delivery and Improvement.

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