

Agenda Item 5i

Report to:	Board of Directors	Date: 2 August 2018
Report from:	Director of Workforce and Organisational Development	
Principal Objective/ Strategy and Title	Workforce Report	
Board Assurance Framework Entries	Recruitment Retention Staff Engagement	
Regulatory Requirement	Employment Legislation Well-Led Freedom to Speak Up	
Equality Considerations	n/a	
Key Risks	<ul style="list-style-type: none"> • Staff engagement is damaged as a result of poor consultation processes and the delay in the move • Turnover increases as a result of poor staff engagement • Vacancy rates do not improve as a result of PRP staff not progressing to registration with the NMC 	
For:	Information	

1. Purpose

The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR. The areas this paper focuses on are:

- June Our Move Pulse Survey Results
- Work Experience Programme
- Impact of the delay – pipeline and existing staff
- Consultation Process
- National Changes to the Local Clinical Excellence Award Scheme
- Appointment of new Freedom To Speak Up Guardian (FUTSG)

2. Support for staff negatively impacted by the delay in the move date.

2.1 In the week following the announcement of the delay in the move date the Organisational Change team held drop-in sessions and individual meetings with staff whose personal circumstances will be negatively impacted by the delay to the hospital opening.

2.2 We have developed a package of support for staff which was communicated at the end of July and a process for its implementation. The key aspect of the support offered are:

- Retention of approx. 100 rooms of onsite accommodation with overseas nurses having priority accessing these rooms
- Free bus service between the Waterbeach accommodation and Papworth Everard
- Payment of the Excess Daily Travel Allowance to staff who have moved to Cambridge and/or moved their child to a nursery in Cambridge in anticipation of the move and will incur additional travel costs until we move
- Transport support for staff who have moved/are moving to Cambridge and do not have their own transport.

2.3 The Recruitment Team have contacted all new recruits in the pipeline to establish whether the delay will impact on their start date and/or whether they needed any support in order to work on this site. At the time of writing this report 8 new recruits have stated that they wish to defer their start dates until after we move. We will be keeping in contact with them and we will inform them of the support we are offering staff including support with additional expense of travelling to Papworth Everard. By doing this it is hoped that we can reduce the number of withdrawals and deferred starts to a minimum.

3. Consultation Process

3.1 Following the announcement of the delay in the move date we held an extraordinary Joint Staff Council meeting. We agreed in that meeting to extend the consultation process for the relocation of staff to the Cambridge Biomedical Campus by 2 weeks to 21st August 2018. This extension is to enable departments to consider the start date of proposals to change working practices and working hours. Some departments are considering proceeding with implementing some or all aspects of changes being consulted whilst still on this site. Other departments will not proceed with the changes until we move sites.

4. Work Experience Programme

4.1 In the week commencing the 9 July 2018 we hosted our annual Year 10 work experience programme with 14 students from local schools and colleges.

4.2 The schools that these students came from are schools that we have established links with as part of our Talent for Care/Schools Engagement programme. The schools are – Longsands Academy, St Neots, St Ivo School, St Ives, Swavesey Village College, Cambourne Village College, Comberton Village College, Jack Hunt School in Peterborough

4.3 The week started off with a case study of a patient journey to Royal Papworth Hospital which involved the students working in groups to identify what staff roles and groups this patient may have come into contact with – which was over 40. This then set the scene for the week's programme during which the students got the chance to interact with some of teams from across the hospital such as nursing, physiology, radiology, transplant, critical care, theatres, perfusion, research and development, pharmacy, pathology, physio, dietetics, junior doctors, HR, communications and finance. This programme gave the students the opportunity of exploring some of the 350 different career choices that are available in the NHS. The students also got to meet an ex-transplant patient who brought the whole week to life by seeing the results of great work that the teams and Trust do.

5. Feedback from the July Pulse Survey

	Apr-18	May-18	Jun-18	Jul-18
Total number of surveys completed in month	377	238	225	143
Do you know where your role will be based?	86.7%	90.8%	90.7%	88.1%
Do you still have concerns about the move?	82.0%	84.5%	82.2%	72.0%
Concerned about changes to ways of working	44.8%	51.3%	43.1%	27.3%
Concerned about disruption to team	41.4%	41.2%	40.0%	26.6%
Concerned about parking at new site	58.9%	59.2%	59.6%	38.5%
Concerned about traveling to new site	61.5%	63.4%	57.8%	50.3%
Have you had discussions with your line manager about the move?	75.6%	82.4%	78.2%	75.5%
Is there enough joint working within your team on planning for the move?	61.0%	63.9%	62.7%	69.2%
Are you getting sufficient communication?	56.5%	59.2%	60.0%	62.9%
Have you worked out your travel plans for your new base?	50.1%	56.7%	57.8%	61.5%
Will you be staying with the trust post move?	74.8%	85.3%	83.1%	75.2%
Would you to recommend the Trust to friends and family if they needed care or treatment?	80.4%	88.7%	81.8%	74.1%
Would you to recommend the Trust to friends and family as a place to work?	39.8%	40.3%	36.9%	41.3%

5.1 Following the Your Move Interview Programme a monthly pulse survey has been introduced in order to track staff perception on aspects of the planning and preparation for the relocation. This enables us to determine whether actions being taken to address concerns highlighted in the Your Move Programme are having an impact. We have also integrated the national staff recommender questions (place to work and place to receive treatment) into this survey. The survey is open online for the third week of the month and staff are encouraged via Newsbites and the Our Move Briefings to participate. We report the results of the survey at the weekly Our Move briefing and we share an analysis of the results with managers in order to inform their planning and staff engagement.

5.2 In July 143 surveys were completed (7.5%). There has been a downward trend in the response rate. The low response rate could be indicative of the uncertainty at present whilst we wait for a new move date to be confirmed plus we are in the summer holiday period. In August we are planning to take the following additional actions to improve the response rate:

- An all users email, internet homepage slider, Our Big Move briefings and we can put posters up in ward areas.
- Some paper versions available for wards.
- Make sure that we say in the comms what we have done as a result of the feedback from the survey.
- Keep the survey open for a longer period.

5.3 The impact of the delay in the move date is noticeable in the comments on concerns that staff have about the move. The Friend and Family recommender score for working at the Trust remains significantly below the national average of 63%. The level of organisational change linked to the move to Royal Papworth House and Hospital and concerns in staffing levels are the predominant themes driving a neutral or negative response.

6. National Changes to the Local Clinical Excellence Award Scheme (LCEA)

6.1 NHS Employers, on behalf of provider organisations, and the British Medical Association (BMA) have agreed changes to the Local Clinical Excellence Scheme which are effective from 1 April 2018. These changes mean that future local CEA should be time limited, payable for up to three years and non-pensionable. Further recommendations on performance being better linked to pay from the Public Accounts Committee have also been accepted by government. The new arrangements provide the opportunity to incentivise consultant performance against local organisational priorities. It also settles the BMA legal challenge against Department of Health and Social Care (DHSC) on the contractual status of the scheme.

6.2 The high level details of the agreement are:

Arrangements from 1 April 2018

- Trusts will continue to run annual LCEA rounds but new CEA points awarded from 1 April 2018 will be time-limited for between one to three years.
- New LCEA points will be non-pensionable, paid annually by lump sum and will not include uplifts for consultants undertaking Additional Programmed Activities (APA).
- Until 31 March 2021, there will be a minimum investment ratio for new LCEAs of 0.3 points per eligible consultant annually.
- Existing LCEA shall remain pensionable and consolidated but will be subject to review from 2021.

Arrangements from 1 April 2021

- Local variations to the LCEA scheme or new performance pay schemes may be introduced by the employer in consultation with staff.
- Future performance payments will continue to be non-pensionable and time-limited for between one and three years. They will also continue to be paid annually by lump sum and will not include an uplift for those undertaking (APA)
- The minimum amount invested in future LCEAs per eligible full time equivalent (FTE) consultant within each employing organisation will be set at minimum of the than the average level of employer spend on LCEA as 2016/17 – cost neutral per FTE.
- Existing LCEA shall continue to be retained subject to a review process.

5.4 There has also been some reform of the National clinical excellence awards (NCEA) scheme. Consultants will continue to have access to a national reward scheme that recognises excellence at a national or regional level. The Secretaries of State for Health and Social Care will be able introduce reform of the scheme with consultation and subject to agreed protections for existing award holders. Until the national scheme is reformed, consultants who hold an existing NCEA as at 31 March 2019, will retain their awards subject to existing review processes. From 1 April 2018, consultants who hold an existing national CEA and submit an unsuccessful application for review, can revert to an existing level 8 or 7 award, or no award, depending on their review score.

5.5 We will work in partnership with the BMA via the Joint Local Negotiating Group to agree a revised Trust scheme that complies with the new national framework and seeks to link excellent performance aligned to organisational objectives with awards.

6 Freedom to Speak up Guardian Role

6.1 I am pleased to inform the Board that we have appointed Tony Bottiglieri, Clinical Education and Curriculum Lead, as the new Freedom to Speak up Guardian. This is an important role which all Trusts are required by the national contract to have in place. The new Guardian will have dedicated time (4 hours per week) to undertake the role. We will be doing Trust-wide communication on the role and how to access him. He will attend the Corporate Medical and Non-Medical Induction to introduce himself to the new recruits. He will also network with other Guardians and attend national conferences to represent the Trust.

6.2 NHSI have published a guide on the expectations of boards and board members on Freedom to Speak Up (FTSU) and a self-assessment toolkit. The Director of Workforce, Karen Caddick, Non-Executive Director lead on raising concerns and the Freedom to Speak up Guardian will review this guide and report to the Board on areas of development for the Trust.

7 Recommendation

The Board is asked to note the updates provided in this report.