**Royal Papworth Hospital**
**NHS Foundation Trust**

**Agenda item 4.i**

| Report to: | Board of Directors | Date: 6 December 2018 |
|---|---|---|
| **Report from:** | **Director of Workforce and Organisational Development** | |
| **Principal Objective/Strategy:** | The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR. | |
| **Title:** | **Report of the Director of Workforce and Organisational Development** | |
| **Board Assurance Framework Entries:** | **Recruitment** <br> **Retention** <br> **Staff Engagement** | |
| **Regulatory Requirement:** | **Employment Legislation** <br> **Well-Led** | |
| **Equality Considerations:** | **n/a** | |
| **Key Risks:** | • **Turnover increases as a result of poor staff engagement** <br> • **Vacancy rates do not improve as a result of PRP staff not progressing to registration with the NMC** | |
| **For:** | **Information or Approval** | |

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:

   • October Pulse Survey Results
   • HR Systems Update
   • Corporate Induction
   • Performance Review Cycle for Exec Directors and Non-Exec Directors
   • Recruitment Update

2. **Updates**

**2.1 October Pulse Survey Results**

   The response rate in October fell to 157 which equates to approximately 8% of the workforce. The national NHS survey was released at the beginning of October which will have impacted on the response rate. An overview of the responses are detailed in the table below:

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|---|---|---|---|---|---|---|---|
| Total number of surveys completed in month | 377 | 238 | 225 | 143 | 279 | 231 | 157 |
| I don't know where my role will be based | 10.3% | 8.8% | 8.9% | 7.0% | 7.9% | 0.9% | 0.6% |
| Do you still have concerns about the move? | 82.0% | 84.5% | 82.2% | 72.0% | 67.0% | 64.9% | 71.3% |
| Concerned about changes to ways of working | 44.8% | 51.3% | 43.1% | 27.3% | 30.5% | 25.5% | 31.2% |
| Concerned about disruption to team | 41.4% | 41.2% | 40.0% | 26.6% | 25.1% | 25.5% | 28.7% |
| Concerned about parking at new site | 58.9% | 59.2% | 59.6% | 38.5% | 36.6% | 36.8% | 37.6% |
| Concerned about traveling to new site | 61.5% | 63.4% | 57.8% | 50.3% | 41.2% | 45.0% | 50.3% |
| Have you had discussions with your line manager about the move? | 75.6% | 82.4% | 78.2% | 75.5% | 78.5% | 78.8% | 84.1% |
| Is there enough joint working within your team on planning for the move? | 61.0% | 63.9% | 62.7% | 69.2% | 68.8% | 70.6% | 75.2% |
| Are you getting sufficient communication? | 56.5% | 59.2% | 60.0% | 62.9% | 69.9% | 75.8% | 77.1% |
| Have you worked out your travel plans for your new base? | 50.1% | 56.7% | 57.8% | 61.5% | 64.9% | 67.5% | 68.8% |
| Will you be leaving the Trust when we move? | 10.1% | 8.4% | 8.9% | 6.7% | 5.0% | 2.2% | 4.5% |
| Would you to recommend the Trust to friends and family if they needed care or treatment? | 80.4% | 88.7% | 81.8% | 74.1% | 81.4% | 79.2% | 87.3% |
| Would you to recommend the Trust to friends and family as a place to work? | 39.8% | 40.3% | 36.9% | 41.3% | 41.2% | 46.8% | 47.8% |

There was an increase in staff reporting concerns about the move with an increase in concerns relating to changes to ways of working and travel to the new site.

The steady improvement in staff saying they are having discussions with their line manager, that there is joint working within their team on planning for the move and that they are getting the communication they need has continued.

The free text comments linked to the recommender questions indicates the following themes from staff who would not recommend us as a place to work:
- Too much change and uncertainty
- Impact of increased travel time
- Staffing levels in some areas
- Culture and leadership style
- Opportunities for development and career progression

The results are shared with managers with the ability for them to break the feedback down by staff group and Directorate. We gave a commitment to staff that we would not share data at an individual level so going below department level would compromise this.


**2.2 HR Systems**

Work is progressing on implementing four important improvements to HR systems in order to
- Ensure that we can work efficiently and effectively across the two sites
- Work towards more paper-lite processes
- Maximise the potential of our electronic workforce systems
- Introduce and embed eLearning to meet mandatory training requirements

Implementation of electronic payroll forms.
The new amendment forms will ensure that information provided to payroll will be more accurate and timely, reducing the potential for pay errors. In particular those starting and returning from maternity leave have often been paid incorrectly, which is a poor experience. Mandatory fields and drop down lists within the documents will enable the correct information to be selected and processed. The Finance and Workforce

Departments worked together to ensure that there is an accurate and up to date record of authorised signatories for each cost centre, covering all payroll processing activities.

Electronic Self Service
ESR self-service for staff was launched in September18, and all staff can now access their staff record on this portal. The first phase of implementation was to provide staff with the ability to update their personal details, and view their payslip. Throughout December we will be promoting staff utilising this service with the goal of removing the need for the distribution of paper payslips prior to the move.

E-Learning
The second phase of ESR self-service is to enable staff to access their learning record and complete mandatory training via eLearning programmes. Workforce and Clinical Education have been reviewing the competence requirements and renewal periods for mandatory training to ensure that these are accurately recorded and reported in ESR. The review of mandatory training requirements identified an area where we have been over-training, where a 3 year rather than 1 year renewal is required. However, conversely there are some areas where we have been under-training.  In particular, Equality and Diversity, and Health Safety and Welfare require all employees to have a 3 year refresher, which has not been available at Papworth to date. This current training gap can be delivered through eLearning.

During October and November we have piloted the e- learning programmes of Equality and Diversity and Health Safety and Welfare in Workforce Department, Clinical Education, Cardiac Day Ward, Research and Development and with some IT staff. This pilot has tested the technical aspects of the system and the guidance for users. We will review the learning from the pilot and make adjustments to the users guides during December with the aim of rolling out these programmes in January. Further programmes will be rolled out during 2019. Face to face training will continue to be run for some mandatory and induction training to ensure that any practical elements are maintained.

E-expenses
The Trust has chosen the SBS e-expenses solution. This is a standalone system that enables managers to approve travel and other expense claims according to the Trust's policies. The SBS solution requires the configuration of an authorisation hierarchy within the SBS system, user training, system administration and a link between the SBS system and ESR to enable payment of approved claims.

A plan to launch the system in April 2019, for payment of March 2019 expenses, is being developed with SBS. This would involve commencing the project at the end of November 2018 with 90 minute classroom based training for approximately 200 line manager level approvers occurring in mid-February. This coincides with the clinical familiarisation training and will need careful management to ensure staff are able to attend all necessary training.

**2.3 Corporate Induction**
In preparation for the move to the new hospital the induction processes for new staff are being reviewed. The drivers are

- to reduce the length of time new starters spend in Induction
- ensure that we are delivering the right training for staff that is necessary for their role in line with national guidelines outlined in the Core Skills Training Framework (CSTF)
- get us ready to prepare for the introduction of eLearning
- get us ready to passport learning already done prior to starting at Royal Papworth Hospital NHS Foundation Trust

The first changes being implemented is a reduction in the length of the corporate induction by one day, commencing in December 2018.

As part of the revised induction programme we are also introducing a form of staff handbook. This will be portable and the objective is to:
• To create a great welcome for new staff
• To create a really useful resource for new staff
• To help new staff resolve any issues they might encounter in their first few weeks
• To sign post new staff to sources of help
• Ensure that staff are informed of their responsibilities

The draft handbook was introduced to a group of eight staff on the November induction and a focus group was held with them on day three of induction to introduce the concept and gain their initial feedback. This will be followed up with a one to one phone call after two weeks and a survey after four weeks. Following feedback amendments will be made and the handbook introduced to all the December inductees, again further feedback will be gained from this group before final formatting and printing goes ahead.

Further work is required on the local induction procedure, medical staff induction and the digital induction to ensure that they are fit for purpose and adapted to fit with the facilities available in the new hospital.

**2.4 Executive and Non-Executive Performance Review Cycle**

The Remuneration Committee and the Appointments (NED Nomination and Remuneration) Committee of the Council of Governors have approved a Board Performance Review Cycle which includes an Executive and Non-Executive performance review cycle.

The purpose of the Board Performance Review Cycle is, on an annual basis, to both review:
• the overall performance of the unitary Board to provide assurance that it is discharging its responsibilities effectively and that there is appropriate challenge and discussion
• the individual performance of members of the Board.

An annual cycle of setting objectives and monitoring and reviewing performance has been introduced that will ensure a cascade of objectives from the "Board to the ward".

| Action | When | By Whom |
|---|---|---|
| Corporate Objective Setting | Feb | As part of the Annual/Operational Plan process |
| Review of Board Performance | March | Whole Board – self assessment, external assurance |
| Individual Executive/Non-Executive Performance Review | March - April | Line Manager – IPR process and 360 Feedback |
| Individual Objective Setting | March | Line Manager |
| Report to Remuneration Committee on individual performance | May | Chair and Chief Executive |
| Cascade of objectives to direct reports/teams | April onwards | Individual Exec Directors |
| 6 mth review of progress against objectives and performance | October | Line Manager |

The individual executive performance review process will:
• Align and link an executive's personal performance objectives with the organisational objectives
• Enhance leadership and other capabilities by promoting communication and providing regular feedback on performance, and consider development needs
• Comply with regulatory and other requirements.

The performance review process for the Chair and Non-Executive Directors will:
• Hold the Chair and Non-Executive Directors to account for their performance
• Set appropriate objectives, consistent with their role
• Identify learning and development needs.
• Clarify the Trust expectations and their capacity to meet the time requirements to effectively deliver the role of the Chairman/Non-Executive Director.

Both performance review processes will be underpinned by a biannual 360 feedback process.

## 2.5 Nurse Recruitment

In October the Trust continued as a new recruiter of nursing staff for the 15th consecutive months. In October the nurse vacancy rate reduced to 0.5%, this is inclusive of Pre-Registration Practitioners (PRP) staff. The vacancy rate exclusive of PRP staff was 9.3%. We anticipate not being a net recruiter in November although we may still be a net gainer depending on the number of PRP staff who gain registration during November.

Throughout October and November the focus has been on supporting PRP staff to gain registration with the NMC. A very structured process to support them with gaining the OET qualification has been implemented which includes paid study time, an on-line training programme, taught sessions and clinical training. A performance review approach ensures that all staff are meet with regularly to:
• assess what support they need to help them achieve their OET/IELTS.
• assess their level of commitment to their studies (and committed to remaining at the Trust)
• discuss alternative options for those that are not progressing
• identifying those staff who have failed their OET/EILTS but are considered appropriate for support with the process of submission of letters to NMC to enable registration of pre-reg nurses where performance/competencies, behaviour and communication skills are at the required standard

The Trust has, to date, achieved a 41% success rate with English exams (compared with approx. 20% nationally). We achieved a 50% success rate with those staff that sat their exam in November. Once they have passed the OET exam the staff can apply for registration which can take up to eight weeks.

At the time of writing this report there are 37 PRP staff working to achieve their OET/IELTs qualification. We are anticipating achieving between 50-60% of these staff will achieve registration with the training we are providing and our review process.

Whilst our recruitment strategy is proving effective and vacancy rates are reducing the high number of new recruits both registered and PRP does place pressure on the wards as they require considerable support and mentoring from the central development team and nursing teams on the wards. Additionally vacancy rates are not evenly distributed across the Trust. There remains high vacancy rates in some ward areas and in particular in the Cardiology and Thoracic Wards. These areas are developing an enhanced development programme to improve the attraction of staff, this proved very successful in Critical Care, and our refreshed social media recruitment campaign was launched at the end of October.

Recruitment to HCSW vacancies has improved since the summer and we were a net gainer in October. There are 17 staff in the pipeline November 18 to March 19.

| 2 | Recommendation |
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| | **The Board of Directors is requested to note the content of this report.** |