

Agenda item 4i

Report to:	Board of Directors	Date: 7 March 2019
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 Retention Staff Engagement	
Regulatory Requirement:	Employment Legislation Well-Led	
Equality Considerations:	n/a	
Key Risks:	<ul style="list-style-type: none"> • Turnover increases as a result of poor staff engagement • Releasing staff to undertake training and familiarization training 	
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:

- Update on Training and Familiarisation for the move to the new hospital
- Flu Campaign Update
- BAME Network Meeting
- National Changes to Pay Progression
- EU Staff
- Clinical Director Appraisal

2. Updates

2.1 Training and Familiarisation for the move to the new hospital

An important element of ensuring a safe and effective move to the new hospital is the provision of timely and appropriate training for staff in the new facilities, equipment and ways of working. Ensuring that staff attend the training sessions being organised is a key part of the go/no-go decision making. At the time of writing this report progress on implementing this training was as follows:

- **Clinical Familiarisation:** This training commenced on 17 February. 1,237 bookings have been made for eligible staff members which equates to 88.5% of eligible staff. 89% of Band 5 and below staff are booked onto sessions against a KPI of 85%. 88% of Band 6 and above staff (including Consultants) are booked onto sessions against a KPI of 90%. Names of individual staff who have not yet booked training have been shared with managers so that they can ensure that they take measures

to ensure all eligible staff are booked into sessions. There is a particular focus on consultant staff whose numbers booked onto sessions is low. Separate sessions for junior doctors will be held in early April.

The feedback from participants in the training has been very positive. We are experiencing an approximately 10% DNA rate primarily related to staff sickness. All staff who do not attend and their manager are emailed and asked to rebook.

- **Non-Clinical Familiarisation:** This commences week commencing 4 March 2019. There is not a KPI for this training as it is not regarded as critical to the go/no-go decision, however we continue to encourage all staff working in non-clinical areas to attend one of them to support a smooth move. Specific sessions have been organised for volunteers and the Council of Governors.
- **Digital Familiarisation:** The programme for training and familiarisation in the key digital systems and applications was released to managers on 4 February. We will be reviewing the participation and the feedback on the effectiveness of the sessions in order to ensure that it is delivering what staff need.

2.2 Update on 2018 Flu Campaign

The 2018 Flu Campaign formally finished at the end of February 19. NHSI expect all Trusts to publically report on their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations. This report fulfils this requirement.

At the end of February our uptake rate was as follows:

	Total numbers	Rates
Number of frontline HCW	1527	
Uptake of vaccine by frontline HCW	1240	84%
Opt-out of vaccine by frontline HCW	134	9%

The high level breakdown by staff group is as follows:

Doctors **73%**
 Nurses **77%**
 All professionally qualified clinical staff **95%**
 Support to clinical staff **98%**

This is an improvement on uptake rates from last year when we achieved 80% of front line staff being vaccinated.

The table below provides an overview of the reasons given by those staff that declined the vaccine:

Reason	Number
I don't like needles	22
I don't think I'll get flu	13
I don't believe the evidence that being vaccinated is beneficial	27
I'm concerned about possible side effects	33
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccine	1
The times when the vaccination is available are not convenient	0
Other reason	38

The actions we took that contributed to our excellent performance were as follows:

- The influenza vaccination campaign was part of the wider Health and Wellbeing Programme. Vaccinating teams ensured the continuous provision of flu vaccines and easy access to vaccinations. In detail, the vaccinating teams were:
- Peer Vaccinators: The importance of peer vaccination is unquestionable, they play an important role in ensuring that staff get good access to vaccination. The Chief Nurse championed this initiative and managers of departments were contacted and encouraged to identify volunteers or to nominate a Flu champion/s willing to undertake staff vaccination in their clinical areas. The communication team supported the promotion of the peer vaccinators .
- Clinics: The goal was to achieve the main/highest uptake in the first weeks and to ensure easy access to clinics. Daily flu vaccination drop in clinics were available at the Occupational Health Department and at other central locations of the hospital, which ensured easy accessibility of the flu vaccine for all staff. Information about the flu campaign and clinic locations and times was published via internal communication channels and posters, so as staff to be fully aware. Additional flu vaccinations were scheduled after reviewing the progress of the campaign.
- Accessibility of the vaccine: In addition to the daily drop in clinics workplace visits were arranged and flu vaccinations took place at inductions and at big staff meetings, while the Local Vaccinators ensured that the vaccine is accessible during weekends and night shifts.
- Communication strategy: The communication plan was carefully designed. The main communication objectives were to:
 - Make the staff fully aware about the flu campaign and create an environment in which flu immunisation is known about, accepted as the right thing to do and where staff encourage one another to get vaccinated.
 - Ensure staff are aware of their duty of care to protect their patients and know the importance of their role as trusted healthcare professionals.
 - Dispel misconceptions around flu (myth busting)

The flu campaign was promoted in all our communication channels: internal communication, social media and website, posters & printed materials, ensuring that staff had easy access to information regarding the flu campaign and encouraging staff to publish and spread the message. Continuous communication and publications during the flu campaign were conducted (information about available clinics, surveys and facts, key messages, incentives, winners etc) and Senior Trust Leaders and Directors were fully engaged. Furthermore, we updated Senior Trust Leaders and staff regularly about the flu vaccination uptake and progress against the target, so as to create a buzz. In addition, poster packs & flyers for wards were provided, staff department uptake tables were circulated to managers and the flu campaign messages were included in weekly staff newsletters.

- Incentives: There was a number of widely publicised draws for vouchers for staff who had been vaccinated. We also published league tables of local vaccinators.
- Multidisciplinary team: The flu team is multidisciplinary and many departments get involved to ensure the success of it, such as pharmacy, estates and facilities, communication team, local vaccinators and the occupational health team.
- Visible Senior Leadership: There was visible and proactive championing of vaccination by the senior leadership team throughout the campaign.
- Continuous reassessments and adjustment of plans: (including risk assessments) and readjustments: during the campaign, depending on the identified needs.

2.3 Changes to national pay progression framework for non-medical staff

The 2018 national pay framework agreement on the reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay points. The reduction in the number of pay points and the removal of an overlap between pay bands will take place over the 3 years of the current pay deal.

A new system of pay progression underpinned by local appraisal policies that deliver the mandatory annual appraisal process has been agreed with staff side. It is intended to ensure that within each pay band, staff have the appropriate knowledge and skills they need to carry out their roles, allowing them to make the greatest possible contribution to patient care.

The new system will come into effect on 1 April 2019 for new starters or those promoted to a new role on or after 1 April 2019. Promotion means moving to a higher banded role. For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021, after which time they will also be subject to the new provisions.

The new provisions for eligibility for pay step progression are that the member of staff:

- Has participated in an annual appraisal process
- Has meet the standards of performance defined by the organisation
- Is compliant with their mandatory training requirements
- Does not have a life disciplinary warning or is in the formal capability process
- Has undertaken an annual appraisal of their direct reports (for line managers)

ESR has been upgraded to enable this process to be managed via the self-service portal.

A number of years ago the Trust implemented pay progression linked to performance with a very similar criteria to the new national system with one key difference; the Trust has maintained a satisfactory attendance record as part of its criteria. This will need to be removed and we will need to decide whether we harmonise the criteria and systems for existing staff and new starters post 1 April 2019 or whether we maintain two different systems until 2021. We will be having discussions with staff side organisations during March about the most pragmatic way forward and adjusting our processes to meet the new national framework.

2.4 Black, Asian and Minority Ethnic (BAME) Network

The fourth BAME network meeting took place on Friday 8th February.

Agenda points included:

- External Leadership training on offer to equip those staff members from a BAME backgrounds to apply for promotion into more senior roles
- Career coaching and how could this be used to address career progression concerns
- Unconscious bias e-learning roll out and whether this should be mandatory for all staff in the future within the Trust- it was agreed that it should but timescales to be decided
- Recruiting for Difference- exploring different ways of recruiting to avoid bias. A meeting has been booked with Simon Fanshawe for May 2019 to progress this.

- Cultural ambassadors – programmed developed by the RCN to address potential bias in decision making and ensure cultural differences appropriately recognised. Network keen to explore introducing this at RPH and meeting planned with Chris Hill regional RCN rep.
- Cynthia Conquest, our new Non –Executive Director has kindly agreed to sponsor the BAME network.
- Attracting more members: meeting dates will change from a Friday afternoon to try to attract more staff- future dates will be publicised in Newsbites, members to encourage their teams to attend by explaining that it is a vehicle for change.- next meeting provisional date 3rd April- 3pm in the Governors Room

2.5 Support for EU Staff

The Trust held a learning event for EU staff on Friday 15 February. Approximately a 100 staff attended. A solicitor who specialises in immigration provided information on the changes in immigration requirements resulting from Brexit and answered the many questions/queries from the staff attending. The staff were asked to provide feedback on what further support the Trust could provide and an example of the ideas proposed are:

- Keeping staff updated on developments
- Having a “link” person to direct questions/issues to
- Providing access to an Android device so that they can apply for settled persons status

We will be implementing these suggestions and the information from the session has been publicised on the Intranet and via Our Move Briefing so that staff who could not attend the session can access it.

2.6 Clinical Director Appraisal

Following discussion at the February Board meeting we will be introducing an annual performance review process for Clinical Directors. As medics they are subject to the medical appraisal process. In addition we will introduce a review and objective setting process for their performance in the Clinical Director role. This review will take place in line with the Executive Director timetable and will be undertaken by the Medical Director. This will commence this year with a review of 18/19 performance and objectives for 19/20 being set.

3 Recommendation:

The Board of Directors is requested to note the content of this report.