

TRUST BOARD

Date of Meeting: 22/01/2013	Agenda Item No: 6.4	Enclosure: 7
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Workforce Report		
Aims: To update the Trust Board on the workforce performance.		
Executive Summary: This report summarises Trust performance against a range of workforce indicators for month nine (December) of 2012/13. This month, the number of contracted staff has risen as has overtime, sickness has decreased and turnover remains steady. The number of staff receiving an appraisal has increased again and the coverage of mandatory training has shown further increase but remains a key area for attention. Two new items that are Trust priorities are: <ul style="list-style-type: none"> ▪ Job planning ▪ Safety and quality priority – half the number of locums by the appointment of permanent consultants 		
Overview of key areas for consideration or noting: As above.		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		✓
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		✓
Recommendations: The Trust Board is recommended to note the content of the report and the measures being put in place to bring key performance indicators to an acceptable standard.		
Prepared by: Judith Anderson HR Development and Equality Manager	Presented by: Damian Gallagher Director of Human Resources and Organisational Development	

Contents & Target Summary

Section	Subject	Status
1	Summary / Narrative	Not applicable
2	Staff in Post	
3	Overtime	
4	Turnover	
5	Sickness	
6	Employee Relations	Not applicable
7	Occupational Health	Not applicable
8	Appraisal	
9	Mandatory Training	

Key	
Green	Significant Progress
Amber	Progress
Red	Limited / No Progress

1. Summary

<p>Staff in Post</p>	<p>Staff in post for the Trust as a whole is 2990.88 WTE at December 2012. This equates to an increase of 50.47 WTE when compared to the equivalent month in 2011/12 and an increase of 13.91 WTE compared to November 2012 (2976.97 WTE).</p> <p>The largest two staff groups are Nursing & Midwifery (1074.03 WTE) and Admin & Clerical (631.28 WTE). Currently the Trust has a total of 315.95 WTE Medical and Dental staff and 481.62 WTE providing Additional Clinical Services. In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (910.76 WTE) followed by Surgery (816.00 WTE) and Family and Support Services (741.61 WTE).</p> <p>Temporary staffing cost for December (agency cost) is at 7.25% against a target of 2% (year to date is 6.6%). The aim is to reduce the reliance on agency medical staff by 50% within 18 months and completely within 3 years.</p>
<p>Overtime</p>	<p>Total overtime for December 2012 is £411,584 compared with £405,473 for the month of November. In clinical areas, Surgery has increased and Family Services has decreased.</p> <ul style="list-style-type: none"> • Prime is overtime worked above the normal weekly contracted hours of 37.5 • Basic is overtime worked by part time staff up to full-time normal weekly contracted hours of 37.5 i.e. 'Additional Basic Pay'
<p>Turnover</p>	<p>Annualised turnover (headcount) for non-medical staff at December 2012 is 9.75%. There were 31 non-medical staff leavers during December (0.84 %).</p>
<p>Sickness Absence</p>	<p>Current available data shows the Trust sickness absence rate for December 2012 as 4.14% compared with 5.14% for November.</p> <p>Rates have fallen for all areas except Estates and Facilities.</p> <p>HR Business Partners are actively supporting managers within each Division in implementing the sickness management procedure. To date, 64 cautionary review hearings have taken place with 34 First Written Absence Cautions and 4 Final Written Absence Cautions issued.</p> <p>HR Business Partners are monitoring absence on a regular basis to assist the achievement of the Trust target of 3.5%.</p>
<p>Occupational Health</p>	<p>Self referral figures include face to face appointments and telephone contact. The increase in routine appointments is mainly due to flu vaccinations and the measles outbreak</p>

Workforce Report for Trust Board as at end of December 2012

<p>Appraisal</p>	<p>The annualised percentage of appraisals, including Consultants, completed at Trust level over the last 12 months to December 2012 is 70.11%, a rise of 2.93% from November 2012 (67.18%). This is the highest recorded level.</p> <p>All areas have risen this month except Family and Clinical Support (former division). Actual performance against the divisional trajectories is detailed on pages 14-15. Corporate services dipped against its trajectory in the summer but has been closing the gap each month since September. Estates & Facilities has exceeded its trajectory and hit the 80% and Medicine is also ahead of trajectory but still slightly short of the target. With 3 months remaining this financial year the surgical division and family services (largely the new Surgical Clinical Business Unit) is the greatest cause for concern. Overall the Trust is slightly below trajectory but the gap has narrowed each month from September 2012. SMT will discuss progress against trajectories to help ensure that the targets are met in the remaining quarter of the financial year.</p>
<p>Mandatory Training</p>	<ul style="list-style-type: none"> • The Core Mandatory Skills Programme, which is reported on a rolling three year basis, no longer includes any completions from the previous Health and Safety programme • Information Governance training has increased from 57% in November to 68% in December. • The information for face to face manual handling now shows the percentage of staff who completed this against those who should have done so in the last 12 months (1 Jan to 31 December 2012): <p>Employees on maternity leave, external secondment or employed for less than 12 months are not included in the figures.</p> <p>Although significant progress has been made there is still much work to be done if targets are to be met this financial year. A gap analysis of clinical business unit performance against each trajectory will be discussed at SMT on a 2 weekly basis during the final quarter of the financial year.</p>
<p>Staff Experience</p>	<p>This section monitors the progress being made against the Staff Survey Action Plan. Although we score well in the survey for some things (fewer staff than average having to work extra hours; equality and diversity training; flexible working and experience of errors) we did less well on others (management support; communications; fairness of incident reporting and staff recommending the Trust as a place to work). Staff focus groups have been held across Divisions in order to produce specific actions for each area in the survey that requires improvement and key performance indicators to achieve the improvements. Action plans were presented to the Board on 27 November 2012. An Away Day led by our Chief Executive was held on 6th December at which middle managers and heads of departments worked within their Clinical Business Units to tailor the plans and actions to their own areas. Each Clinical Business Unit has discussed their own action plan at their January board meetings and the results will be fed back to SMT before the end of January with an update to the February board meeting.</p>

Workforce Report for Trust Board as at end of December 2012

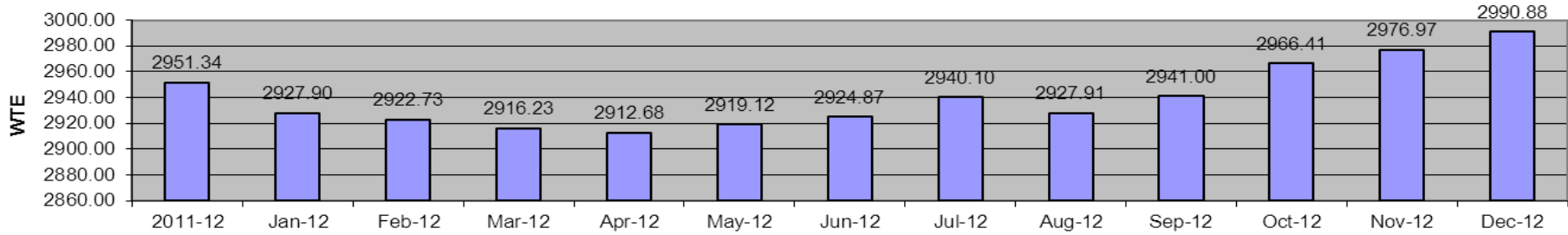
2. Staff in Post

Staff Group	2011-12	Jan 12	Feb 12	Mar12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 11	Dec12
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	94.15	97.10	96.17	95.80	96.28	96.18	94.89	94.34	94.00	95.37	97.35	97.67	95.24	97.70
Additional Clinical Services	465.58	459.88	460.65	461.20	461.15	461.72	463.43	463.27	463.63	468.27	478.61	473.32	465.22	481.62
Admin & Clerical	653.14	640.39	640.43	639.04	635.90	636.63	638.53	636.71	635.62	634.15	633.58	629.16	641.65	631.28
Allied Health Professionals	130.80	130.50	129.68	129.22	130.51	131.41	131.88	131.98	131.26	131.14	134.63	133.49	133.08	134.45
Estates & Ancillary	194.89	190.80	190.94	190.24	191.40	192.33	193.15	193.87	193.99	194.02	195.71	196.23	191.20	194.93
Healthcare Scientists	63.61	64.61	62.11	62.61	61.61	58.31	59.39	60.97	61.07	61.97	61.97	60.07	64.11	60.91
Medical & Dental	300.15	304.23	306.07	305.59	304.39	304.59	303.59	318.09	306.49	312.73	314.06	318.36	301.51	315.96
Nursing & Midwifery (Registered)	1049.03	1040.39	1036.68	1032.53	1031.45	1037.95	1040.01	1040.85	1041.85	1,043.35	1,050.51	1,068.67	1,048.40	1,074.03
Trust	2951.34	2927.90	2922.73	2916.23	2912.68	2919.12	2924.87	2940.10	2927.91	2941.00	2966.41	2976.97	2940.41	2990.88

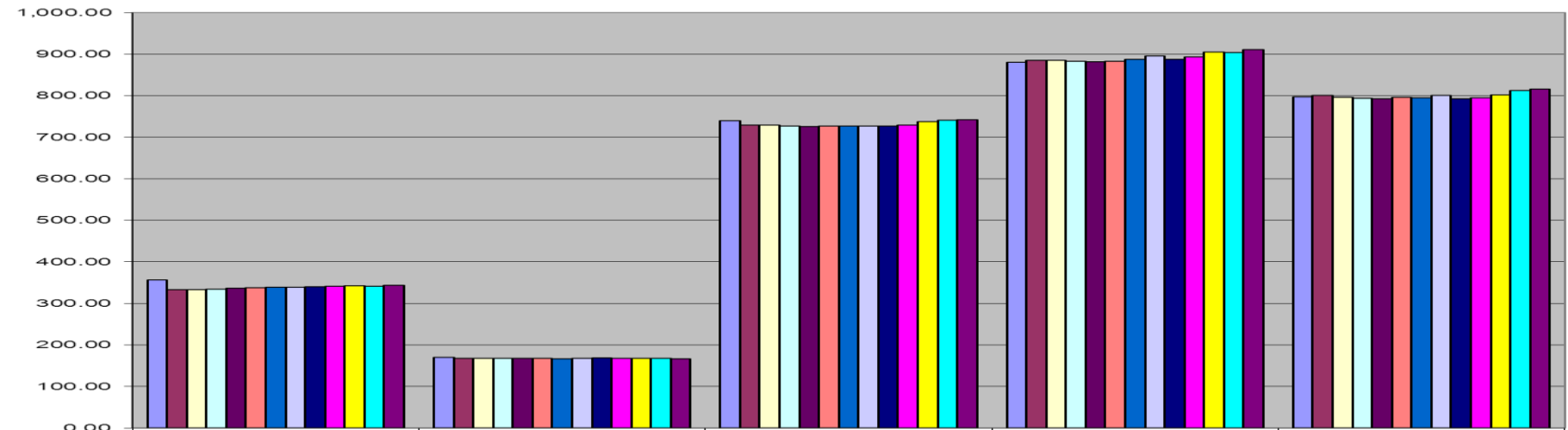
Staff Group	2011-12	Jan 12	Feb 12	Mar12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 11	Dec 12
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	112	115	115	115	117	119	118	118	118	121	123	124	113	123
Additional Clinical Services	759	758	759	762	768	785	790	788	792	793	803	801	768	816
Admin & Clerical	822	804	802	799	796	797	801	800	800	798	798	794	808	797
Allied Health Professionals	194	196	194	192	193	193	190	187	185	185	190	190	198	192
Estates & Ancillary	274	273	276	275	275	276	276	278	279	280	287	289	270	288
Healthcare Scientists	67	68	65	66	65	63	64	65	66	66	66	64	67	64
Medical & Dental	375	382	382	383	384	383	381	396	387	394	394	397	379	396
Nursing & Midwifery (Registered)	1417	1418	1415	1402	1,394	1,395	1,395	1,395	1,395	1391	1,400	1422	1,426	1,424
Trust	4020	4014	4008	3994	3992	4011	4015	4027	4022	4027	4061	4079	4,031	4,102

Workforce Report for Trust Board as at end of December 2012

WTE Staff in Post - Trust



WTE Staff in Post - Divisions (including medical staff)



Month	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2011-12	356.01	169.85	740.16	880.44	797.58
Jan-12	333.32	167.72	729.52	884.80	801.23
Feb-12	333.16	168.06	729.15	885.31	796.26
Mar-12	334.80	167.36	726.55	883.23	794.00
Apr-12	336.04	168.31	725.39	881.95	792.18
May-12	337.39	167.84	726.46	882.62	796.52
Jun-12	339.17	166.94	727.30	887.97	794.99
Jul-12	339.21	167.67	727.33	895.97	800.43
Aug-12	340.26	168.69	726.70	887.09	792.28
Sep-12	341.45	168.22	729.28	893.26	794.89
Oct-12	342.22	168.31	737.19	904.91	801.39
Nov-12	340.68	167.83	740.75	903.32	812.00
Dec-12	343.40	166.71	741.62	910.76	816.00

Workforce Report for Trust Board as at end of December 2012

3. Overtime

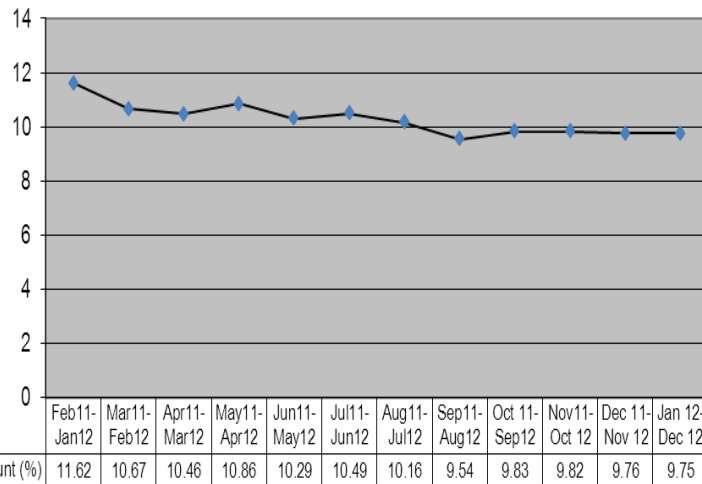
	Apr 2011 – Mar 2012			April 2012			May 2012			June 2012			July 2012		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	137,798	32,588	170,386	15,435	3,515	18,950	15,684	4,386	20,070	16,517	3,229	19,746	9,992	4,012	14,005
Estates & Facilities	422,758	165,599	588,357	48,454	15,560	64,014	35,544	11,294	46,838	39,698	12,928	52,626	42,501	22,961	65,462
Family & Support Services	906,468	170,623	1,077,091	97,963	19,848	117,811	68,585	15,417	84,003	72,379	13,135	85,514	84,336	21,050	105,386
Medicine	877,821	97,910	975,731	119,364	26,694	146,059	73,696	13,259	86,955	73,358	17,356	90,709	111,658	15,114	126,772
Surgery	466,869	113,132	580,000	68,233	24,153	92,386	47,136	20,744	67,910	60,703	8,115	68,819	61,439	18,226	79,664
TOTAL	2,811,713	579,852	3,396,565	349,450	89,769	439,219	240,645	65,130	305,775	262,650	54,764	317,414	309,926	81,363	391,289

	August 2012			September 2012			October 2012			November 2012			December 2012		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	12,744	2,954	15,698	11,526	4,729	16,256	15,455	3,453	18,908	14,436	4,100	18,536	13,9196	3,255	17,183
Estates & Facilities	47,757	17,321	65,078	53,961	26,368	80,329	47,161	22,903	70,064	49,938	19,261	69,199	47,019	14,647	61,667
Family & Support Services	83,299	16,382	99,681	93,439	16,082	109,521	87,669	21,470	109,139	104,716	23,487	128,202	92,312	25,477	117,788
Medicine	79,854	18,734	98,589	85,611	19,319	104,930	102,813	34,379	137,192	83,250	21,727	104,977	86,332	21,396	107,728
Surgery	80,661	13,307	93,968	62,826	8,321	71,147	82,050	21,470	104,975	64,476	20,083	84,559	75,366	31,952	107,318
TOTAL	304,315	68,698	373,013	307,363	74,819	382,182	335,148	105,130	440,278	316,816	88,657	405,473	314,948	88,657	411,584

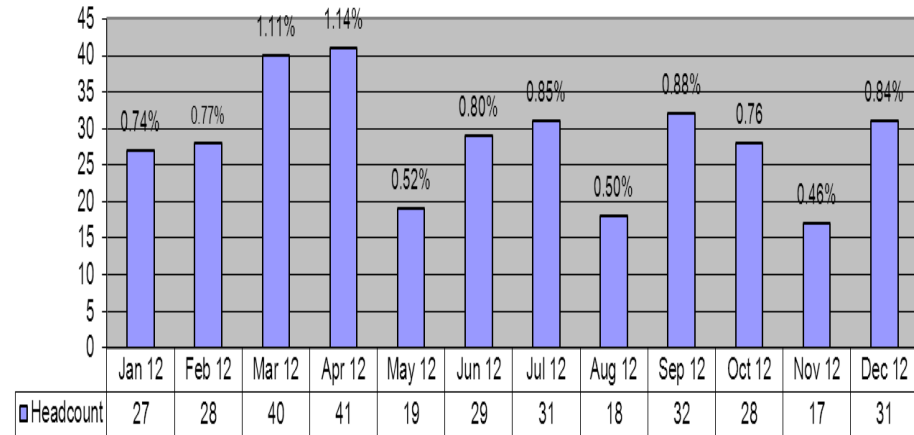
	YTD total (from April 2012)		
	Basic	Prime	Total
Corporate Services	125,941	33,655	159,596
Estates & Facilities	412,033	163,243	575,275
Family & Support Services	786,611	172,347	958,958
Medicine	815,932	187,978	1,003,910
Surgery	602,891	167,855	770,746
TOTAL	2,743,408	725,078	3,468,465

4. Turnover

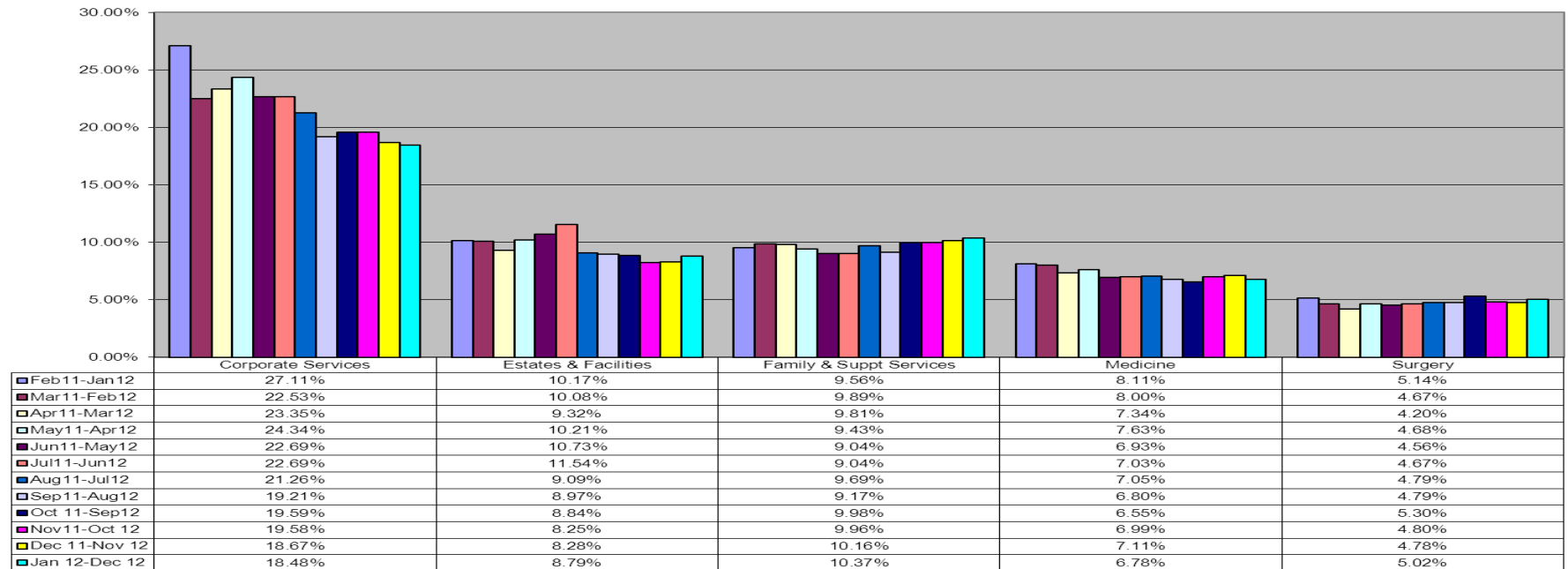
Annualised Turnover (excluding medical staff)



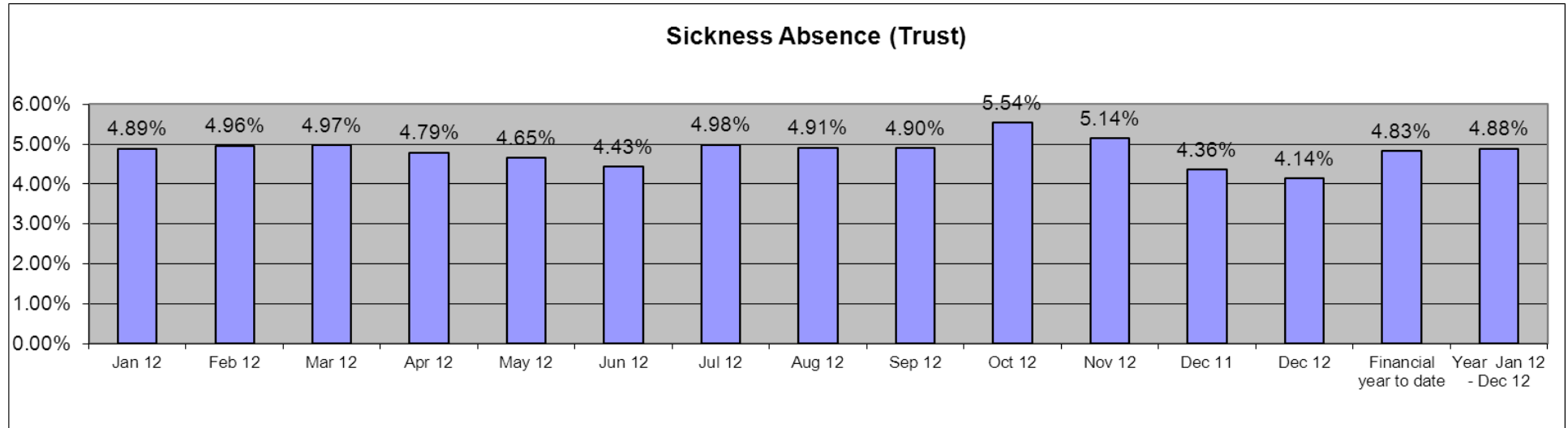
Leavers by Headcount (excluding medical staff)



Turnover by Headcount % - Divisions (excluding medical staff)



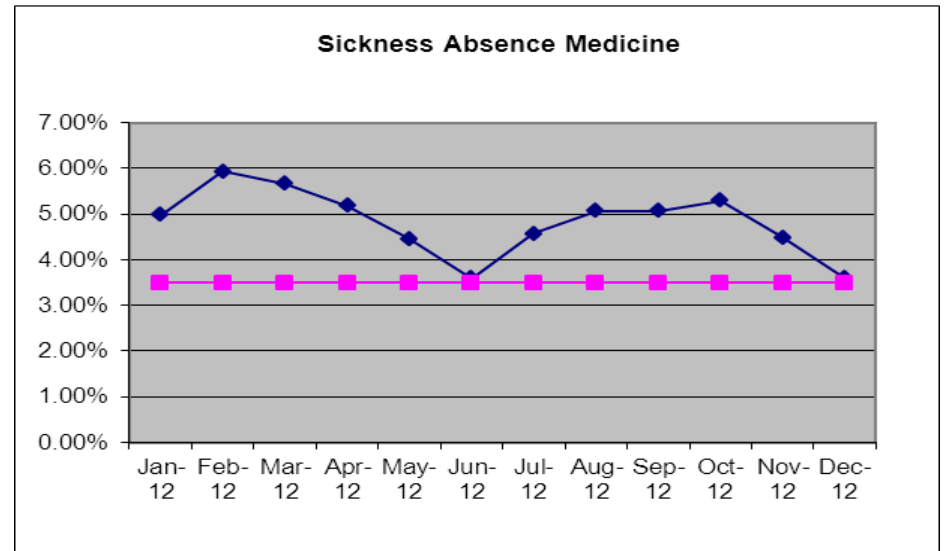
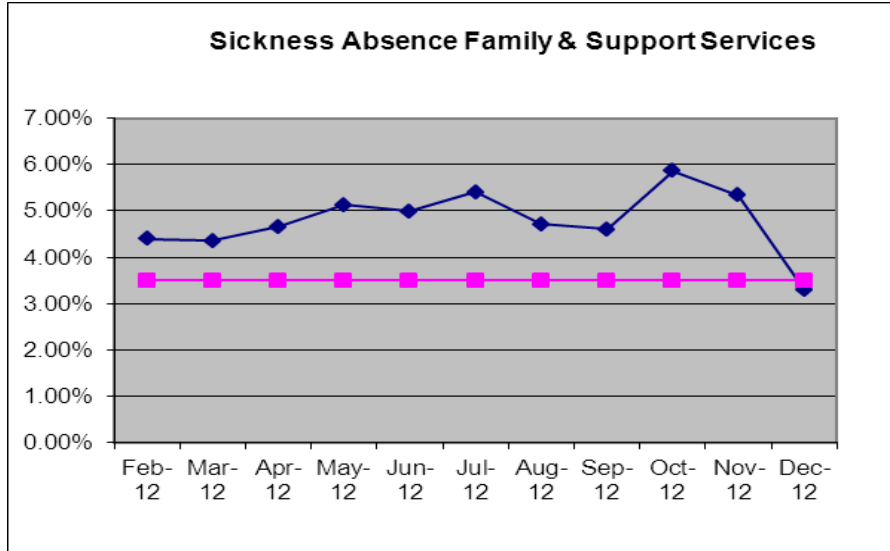
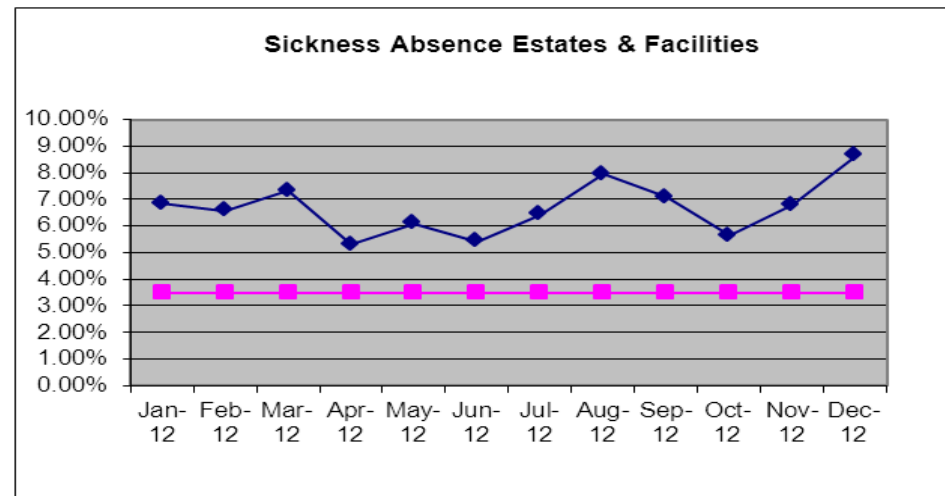
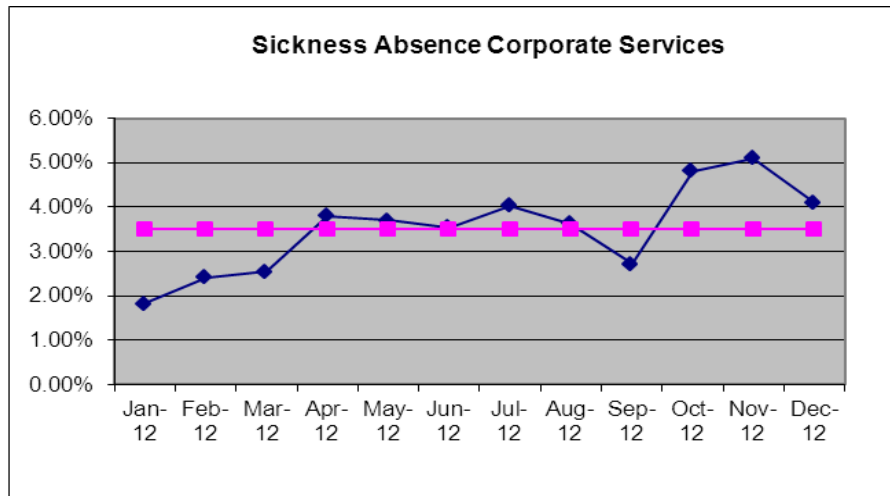
5. Sickness Absence



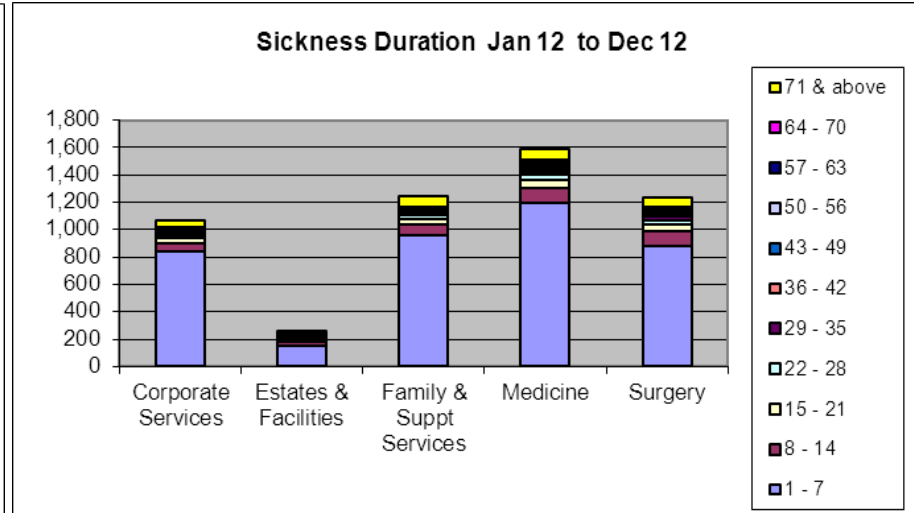
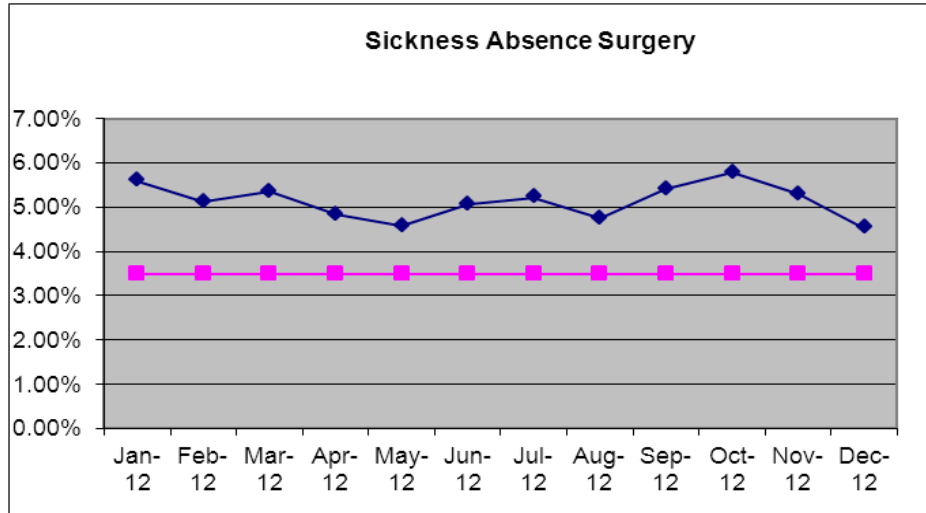
Division percentages

Division %	2011/12	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 11	Dec 12	YTD
Corporate Services	2.69	1.81	2.41	2.54	3.79	3.69	3.54	4.03	3.63	2.59	4.50	4.57	2.35	4.10	3.94
Estates & Facilities	6.89	6.84	6.58	7.32	5.30	6.10	5.42	6.42	7.95	7.07	5.63	6.91	5.02	8.65	6.60
Family & Support Services	3.80	4.21	4.40	4.35	4.66	5.14	4.99	5.52	4.72	4.62	5.85	4.83	3.26	3.30	4.88
Medicine	5.72	5.62	5.93	5.66	5.19	4.49	3.60	4.52	5.12	5.18	5.26	4.32	5.66	3.59	4.59
Surgery	4.56	5.59	5.12	5.35	4.82	4.57%	5.06	5.30	4.79	5.40	5.69	4.63	4.69	4.53	5.04
Trust	4.62	4.89	4.96	4.97	4.79	4.66	4.43	5.02	4.94	4.93	5.47	4.72	4.36	4.14	4.83

Sickness Target Trackers 2012/13



Workforce Report for Trust Board as at end of December 2012



Sickness Absence Cautionary Hearings	2010/11	2011/12	2012/13											
			Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No action, further monitoring	-	2-	-	-	1	-	-	-	1	1	1			
Targets set	3	9-	-	4	1	-	-	-	-	-	-			
First Written Absence Caution	10	16-	1	1	1	-	1	1	1	2	3			
Final Written Absence Caution	-	-	-	-	2	1	-	-	-	1	-			
Other action:	-	-	-	-	-	-	-	-	-	-	-			
Total	13	27	1	5	5	1	1	1	2	4	4			

Sickness Absence Cautionary Appeals	2010/11	2011/12	2012/13											
			Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Sickness absence decision upheld	1	3	-	-	-	1	-	-	-	-	-			
Sickness absence decision overturned	-	-	-	-	-	-	-	-	-	-	-			
Total	1	3	0	0	0	1	0	0	0	0	0			

6. Employee Relations

Disciplinary Outcome	2010/11	2011/12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov12	Dec12	Jan13	Feb13	Mar13	YTD 2012/13
Informal	1	-	-	-	-	-	-	-	-	-	-				-
Recorded counselling	1	8	-	5	1	-	1	1	-	1	4				13
First Written Warning		-	-	-	-	-	-	-	-	-	-				-
First Written Warning & transfer		-	-	-	-	-	-	-	-	-	-				-
Final Written Warning	4	2	-	1	-	-	-	-	-	-	-				1
Final Written Warning & transfer (as alternative to dismissal)		-	-	-	-	-	-	-	1	-	-				1
Final Written Warning & downgrading (as alternative to dismissal)		1	-	-	-	-	-	-	-	-	-				-
Final Written Warning & transfer & downgrading (as alternative to dismissal)	3	-	-	-	-	-	-	-	-	-	-				-
Dismissal	6	4	-	-	-	1	-	-	-	1	1				3
Total	15	15	0	6	1	1	1	1	1	2	5				18

Disciplinary Appeals	2010/11	2011/12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov12	Dec12	Jan13	Feb13	Mar13	YTD 2012/13
Disciplinary decision upheld	4	1	-	-	-	-	-	-	1	-	-				1
Disciplinary decision overturned	-	1	-	-	-	-	-	-	-	-	-				-
Total Disciplinary Appeals	4	2	0	0	0	0	0	0	1	0	0				1

Grievance Outcomes	2010/11	2011/12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov12	Dec12	Jan13	Feb13	Mar13	YTD 2012/13
Withdrawn	2	4	-	-	1	-	-	-	-	1	-				2
Resolved at Stage 1 (informally)	4	7	1	2	-	1	1	1	-	2	2				10
Resolved at Stage 2	5	6	2	-	-	-	1	-	1	3	-				7
Resolved at Stage 3	1	2	-	-	-	-	-	-	1	-	-				1
External mediation	1	-	-	-	-	-	1	-	-	-	-				1
Total	13	19	3	2	1	1	3	1	2	6	2				21

Workforce Report for Trust Board as at end of December 2012

7. Occupational Health

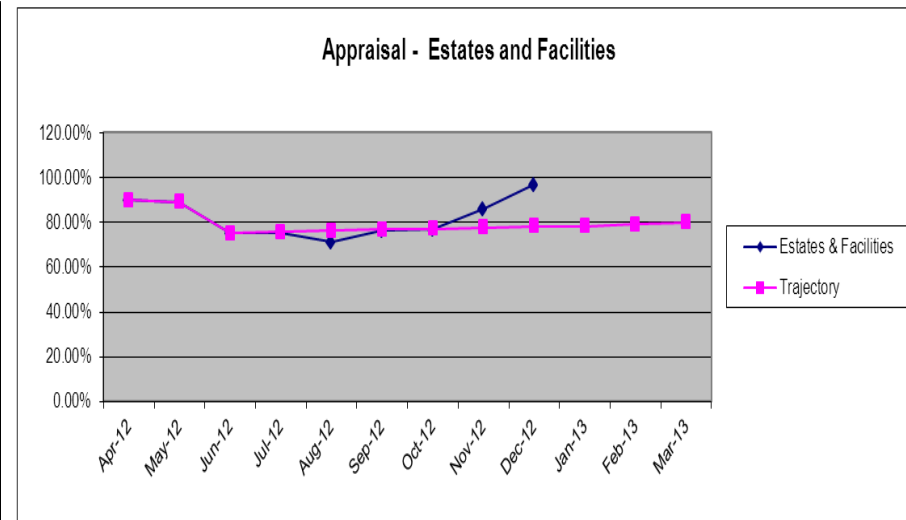
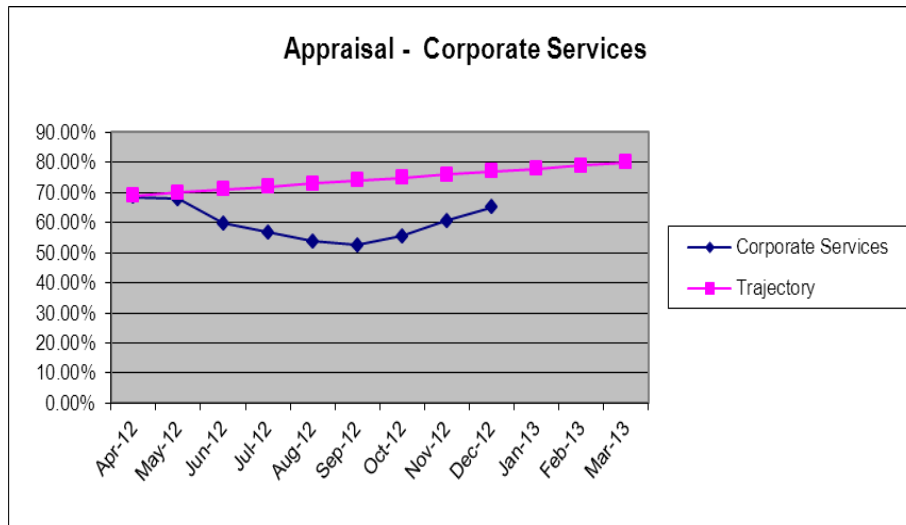
Cumberland Infirmary	2010/11 (Aug 10 on)	2011/12	Jan 12	Feb12	Mar12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12
Pre-Employment Acute Staff	250	244	9	14	21	42	39	21	50	31	25	34	51	32
Pre-Employment Non Acute Staff	22	29	2	1	-		-	5	-	-	-	1	-	1
Pre-Employment Placements	114	14	6	2	-	5	1	2	4	2	0	0	1	-
Managers Referral (brackets - stress related)	335 (28)	399 (28)	40	47	35 (6)	39 (3)	51 (4)	25 (1)	30 (0)	13 (1)	16 (1)	14 (7)	34 (5)	15 (2)
Self Referral (brackets - stress related)	289 (13)	217 (7)	29	26	17 (1)	14 (4)	13 (4)	14 (2)	11 (1)	21 (1)	26 (1)	26 (1)	11 (3)	8 (0)
Nurse Review Appointments	175	95	6	5	4	4	9	11	3	1	2	7	1	4
Other Routine Nursing Appointments	1869	2633	167	181	201	175	514	286	314	335	677	1690	444	264
Doctor's Appointments	169	368	32	29	50	21	36	25	49	39	50	47	57	26
<u>TOTAL</u>	3223	3999	291	305	328	300	663	389	462	442	796	1819	599	350
DNA	368	349	21	32	25	27	44	31	34	32	10	19	41	58

West Cumberland Hospital	2010/11 (Aug 10 on)	2011/12	Jan12	Feb12	Mar12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12
Pre-Employment Acute Staff	115	172	23	14	8	24	14	10	10	21	19	16	16	11
Pre-Employment Non Acute Staff	5	0	-	-	-		-	-	-	-	-	-	-	-
Pre-Employment Placements	149	62	3	1	1	2	5	5	2	1	4	-	2	5
Managers Referral (- stress related)	265 (23)	322 (25)	44 (4)	25 (2)	29 (3)	37 (1)	37 (1)	35 (1)	36 (2)	40 (0)	25 (1)	37 (1)	43 (2)	24 (0)
Self Referral (brackets - stress related)	425 (50)	596 (94)	52 (7)	61 (3)	60 (8)	39 (4)	34 (6)	34 (3)1	45 (3)2	50 (4)	26 (3)	44 (5)	40 (3)	26 (3)
Nurse Review Appointments	118	174	15	10	11	8	8	8	10	6	16	6	10	6
Other Routine Nursing Appointments	1148	1165	49	112	124	124	134	78	132	68	253	663	205	50
Doctor's Appointments	114	115	22	14	14	26	11	9	9	16	16	18	23	18
<u>TOTAL</u>	2339	2606	208	237	247	260	243	179	246	202	359	784	339	140
DNA	111	193	21	22	26	7	15	18	15	16	18	35	44	15

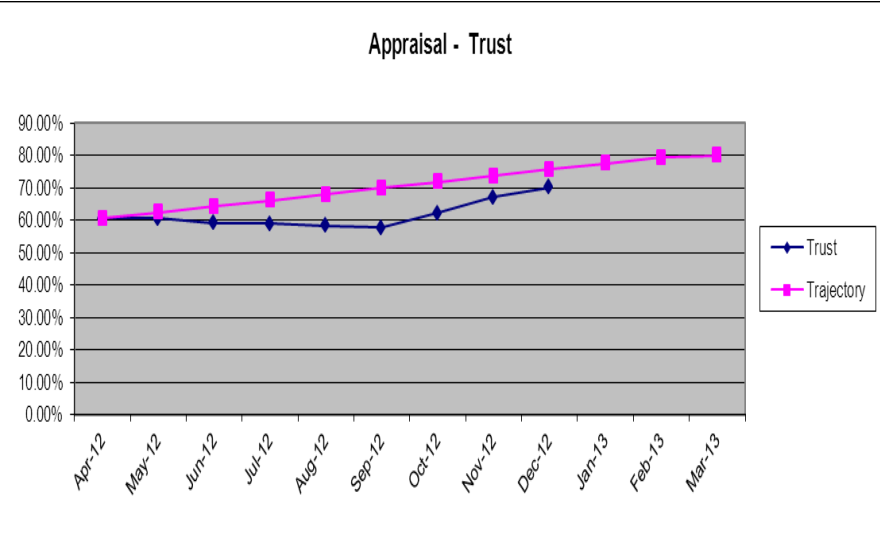
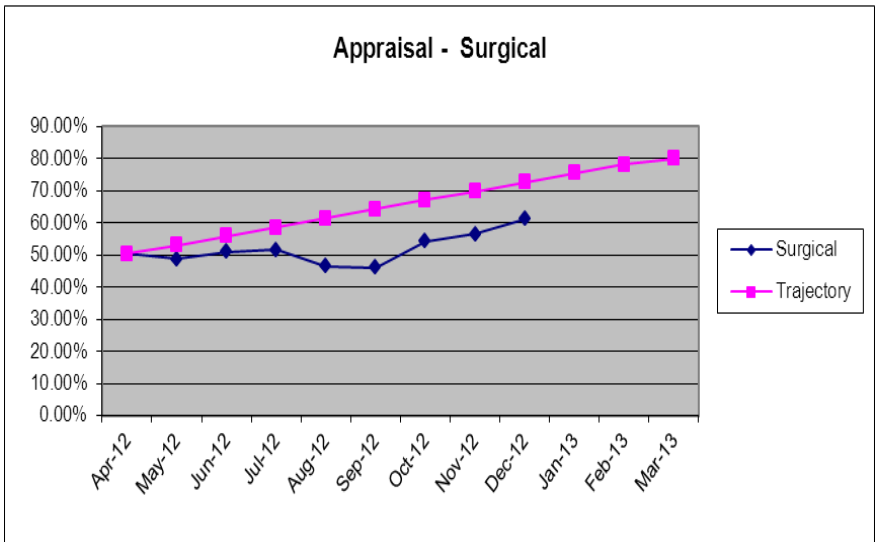
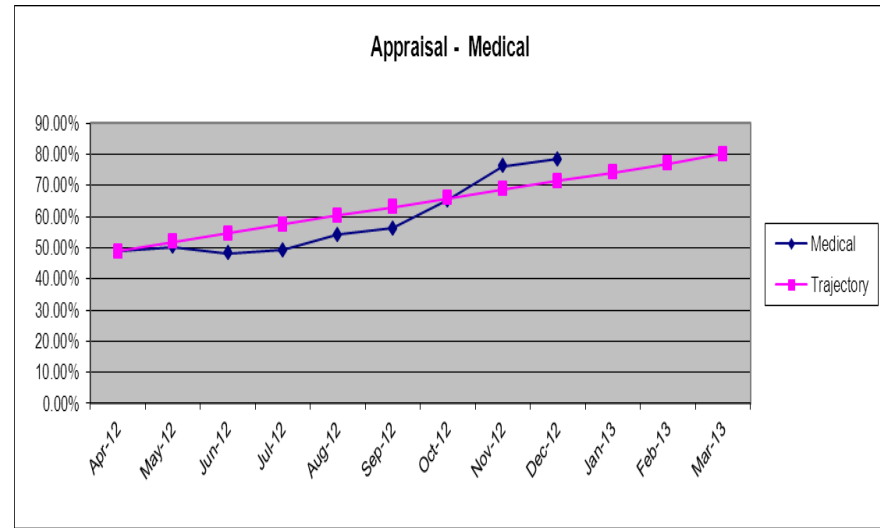
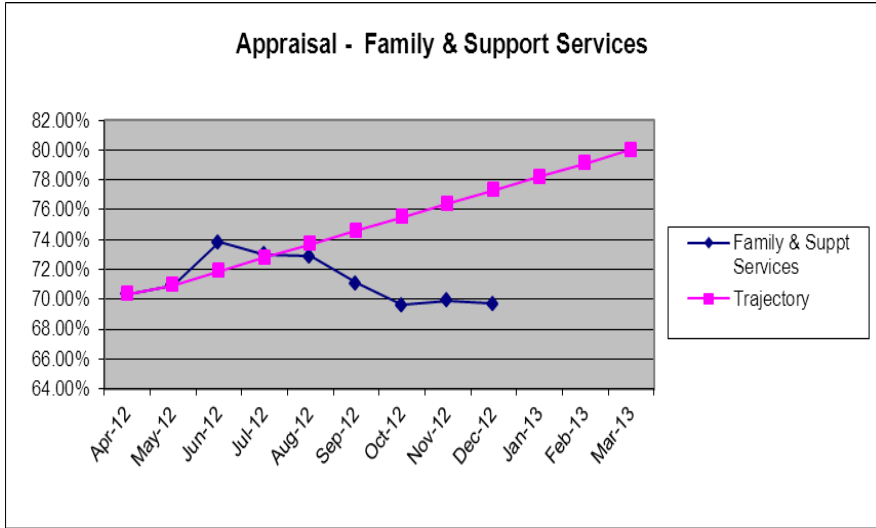
8. Appraisal

Division	May 11 to Apr12 %	Jun 11 to May 12 %	Jul 11 to Jun 12 %	Aug 11 to Jul 12 %	Sep 11 to Aug 12 %	Oct 11 to Sep 12 %	Nov 11 to Oct 12 %	Dec 11 to Nov 12 %	Jan 12 to Dec12 %	RAG
Corporate Services	68.60	67.80	59.84	56.85	53.84	52.60	55.42	60.61	65.10	Amber
Estates & Facilities	88.99	88.99	75.23	75.34	71.16	76.24	76.92	85.92	96.80	Green
Family & Support Services	70.96	70.96	73.84	73.00	72.89	71.07	69.62	69.93	69.70	Amber
Medical	48.67	50.25	48.24	49.32	54.13	56.18	65.33	76.19	78.51	Amber
Surgical	50.25	48.77	51.00	51.92	46.55	45.99	54.25	56.49	61.20	Amber
Trust	60.57	60.49	59.21	58.98	58.36	57.67	62.19	67.18	70.11	Amber

RAG Coding		< 50%	<80%	> 80%
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9. Mandatory Training

Course	Trust %			Corporate Services %			Estates & Facilities %		
	Oct 12	Nov 12	Dec 12	Oct 12	Nov 12	Dec 12	Oct 12	Nov 12	Dec 12
Core Mandatory Skills Programme*	37	49	56	31	48	59	55	58	81
Equality & Diversity	49	49	52	44	46	52	73	75	92
Fire Safety	59	63	71	53	60	74	70	71	88
Information Governance	39	57	68	40	55	68	66	70	97
Manual Handling e learning	34	39	45	31	38	47	15	33	81
Manual Handling Face to face training									
Patient manual handling			6						
Non patient manual handling	0	0	0						

Course	Family & Clinical Support %			Medical %			Surgical %		
	Oct 12	Nov 12	Dec 12	Oct 12	Nov 12	Dec 12	Oct 12	Nov 12	Dec 12
Core Mandatory Skills Programme*	47	54	52	31	54	62	33	39	47
Equality & Diversity	57	51	56	44	47	51	48	45	42
Fire Safety	69	71	72	55	59	69	57	58	66
Information Governance	45	56	71	36	60	67	31	52	61
Manual Handling e learning	39	42	45	35	40	45	35	37	37%

RAG Coding	 < 50%	 < 80%	 > 80%
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*Contents of Core Mandatory Skills Programme			
Health and Safety: Control of substances hazardous to health (COSHH) Slips, trips and falls Personal protective equipment (PPE)	Occupational Health: Sharps / inoculation incident awareness Display screen equipment awareness Stress management	Conflict resolution Level 1	Countering Fraud in the NHS
		Infection prevention/ control (inc hand hygiene)	Safeguarding Adults
		Food safety awareness	Safeguarding Children Level 1
		Medical devices awareness	

10. Staff Experience

This action plan has been developed following the results of the 2011-2012 Staff Survey. The issues below in the key findings section have been raised as a concern by staff who completed the survey and actions have been identified to rectify these concerns to engage staff and improve their working lives with the Trust.

Numbers 1 – 4 are the bottom ranking scores for this Trust (Support from immediate managers, Percentage of staff reporting good communications between senior management and staff, Staff recommendation of the Trust as place to work or receive treatment, Fairness and effectiveness of incident reporting procedures).

	Key Findings from Staff Survey	Improved Outcome	Lead	Action	Progress	By When
1.	KF 15: Support from immediate managers	Management and supervision. Team based working. Being respected and valued at work. Staff motivation. Senior Manager improving the way we work.	DG M's and Executive Directors	Review of Ward Manager and Head of Service needs and develop an action plan. Hold a development day for Business Managers, Heads of nursing and quality matrons to develop their needs and develop an action plan.	Staff Focus groups held to address Development Day arranged for 6 th December. More detailed and specific clinical business unit plans to be approved by divisional boards. Divisional boards to update SMT by end January Update to February Board Meeting	Nov 2012 Achieved Nov 2012 Achieved January 2013 Achieved January 2013 February 2013

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	Key Findings from Staff Survey	Improved Outcome	Lead	Action	Progress	By When
2.	KF 30: Staff reporting good communication between senior management and staff	Interim CEO programme of visits to wards/departments to be arranged.	Director of HR	Informal walkabouts have commenced. Structured programme of event to be coordinated.	Schedule produced to ensure wide coverage.	Nov 2012 Achieved
		General Managers/Executive Directors to spend one day per week at WCH. Priority to be given to face to face meetings.	Directors/DGMs	GM and ED to confirm commitment and action at SMT	Agreed at SMT and greater visibility at WCH	Oct 2012 Achieved
		Directors/Senior Managers patient safety walkabouts on a monthly basis and feedback to SMT and respond to clinical areas.	Directors/DGMs	Kath Livingstone, HRBP will contact Head of Corporate Affairs and PAs to agree dates	Formal director walkabouts commenced 7 th November.	Nov 2012 Achieved
3.	KF 34: Staff recommendation of the trust as a place to work or receive treatment	Promote safety and quality priorities as core business.	DGMs/Directors	Consult on priorities. Agree and launch	Consultation in all areas took place.	Oct 2012 Achieved
		Launch a corporate system to better understand our mortality and reduce harm	Medical Director	Review started. Over 900 case notes reviewed. Board development session held in October. Clinical Policy Group to agree action Plan	Review of nearly 1200 case notes completed and CPG approved action plan on 16 th November.	July 2012 Achieved
		Launch Patient safety and quality days – CIC in March 2013, WCH in June 2013	DON, DGM and Head of Governance	Decide on teams and book in December	Agreed	March 2013
4.	KF22: Fairness and effectiveness of incident reporting procedures	Weekly review meeting with ward sisters, governance facilitators and heads of nursing.	DON, DGM and Head Of Governance	Systems to be established.	The Medical division have a weekly meeting with ward sisters and head of nursing. Surgical and family services division have similar	Oct 2012 Achieved

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	Key Findings from Staff Survey	Improved Outcome	Lead	Action	Progress	By When
					meetings but in a different format linking in with existing governance risk meetings.	
		Ward sisters to confirm how they provide feedback to ward staff. Major themes to be reported to SMT	Heads of nursing/ward sisters.	Systems to be established.	As above, further assurance will be provided through weekly SMT patient safety walk rounds reports.	31.10.12

11. CONSULTANT JOB PLANNING

In 2003 the Department of Health introduced a new contract and terms and conditions for Consultants and subsequently for Associate Specialists and Specialty Doctors in 2008. A key component of that new contract was the formalisation of the process around consultant job plans. The purpose of this section is to set out the key principle of the Trust's approach to job planning and the proposed timetable for completion of all consultant job plans.

Key Principles: The principles of our approach to job planning have been developed in line with the Terms and Conditions of the Consultant Contract (2003) and the Associate Specialist and Speciality Doctor contract 2008 which require an annual job plan review to be undertaken which examines all aspects of the job plan. The terms and conditions state that the annual job plan review may result in a revised prospective job plan. In undertaking job planning there are a set of key principles which govern the process for all clinicians.

I Equity: The essence of the Medical Staff contract is to remunerate individuals on the basis of the activities they undertake which are in line with the Trust objectives and in order to deliver the service level agreements agreed with organisations who commission services from the Trust. The Trust's intention therefore is neither to under nor over reward any individual but to pay them fairly for the work actually undertaken.

II Consistency: It is crucial that a consistent and fair approach is adopted between individuals, specialties and divisions. This will be based upon a set of logical and transparent guidelines that will apply equally to everyone.

III Collaboration: The Trust considers the approach to job planning to be as important as the output. Consequently the fundamental concept is for the Trust to work in partnership with its clinicians to agree mutually acceptable job plans following annual appraisal.

IV Trust: The Organisation regards its Medical Staff body as highly motivated, ethical and professional; and will treat them accordingly. The Organisation's expectation is that clinicians will reciprocate with honesty and openness throughout this process.

V Accountability: As a publicly funded organisation the Trust has a statutory responsibility for probity. For this reason job plans must be based upon fact and evidence.

VI Prospective: The job planning process is prospective; therefore decisions made will affect further work, future workload and payments.

Timetable: It is the Trust's intention to complete the next formal round of consultant job planning by **30th June 2013**. This will be achieved by the clinical business units adopting the principles outlined above and working collaboratively with colleagues from Northumbria who are providing help and advice about the process in Northumbria which has been firmly embedded for a number of years. The Board will receive updates of the progress made by the clinical business units towards the target completion date.

12. SAFETY AND QUALITY PRIORITY – HALF THE NUMBER OF LOCUMS BY THE APPOINTMENT OF PERMANENT CONSULTANTS

Appendix A details the numbers of consultants and other medical staff by specialty within the Trust. Vacant posts are indicated by placing the appropriate number of vacancies within brackets. In summary there are 172 consultant posts of which 21 are vacancies (12%). Of the 21 vacant positions 12 are being covered by locums. Service plans are in place to reduce this by half this year.

All consultant vacancies go through one central point in the medical staffing department. This area will ensure that job descriptions agreed within departments are up to date and do not reflect the old site based approach to appointments. With new appointments the emphasis is to be on providing a survey across North Cumbria and the benefits of the impending acquisition by Northumbria Healthcare Foundation Trust are described in detail to help attract the best candidates. This item will remain as part of the Workforce Report for the Board to note progress with permanent appointments.