

EXECUTIVE SUMMARY
REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE

TO BE HELD ON MONDAY 26 NOVEMBER 2012

Subject:	Workforce CQC monitoring report
Supporting Director:	Mr Mark Gwilliam, Director of Human resources
Author:	Mrs Debbie Padwick, Head of Employee Resourcing
Status¹	N

PURPOSE OF THE REPORT:

To outline the CQC requirements relating to workforce and to identify the monitoring arrangements that are in place for the relevant outcomes. The report also identifies area of concern where monitoring arrangements are weak and outlines action plans to redress these areas.

KEY POINTS:

CQO outcomes relating to Workforce

12 Requirements relating to workers

13 Staffing

14 Supporting workers.

Outcome 12 expects that people who use services are safe and that their health and welfare needs are met by staff that are fit, appropriately qualified and are physically and mentally able to do the job.

Monitoring arrangements must demonstrate that:

- Effective recruitment and selection procedure are in place.
- Relevant checks are undertaken when appointing staff
- Staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body
- Staff who are no longer thought to be fit to work in health and adult social care and meet the requirement for referral, are referred to the appropriate bodies.

Established Systems – evidence of compliance

- The Trusts can demonstrate established monitoring processes in relation to recruitment process and registrations.
- Equality and Diversity training is recognised as a mandatory training topic

Systems in Development

- With effect from October 2012 agency Workers are to be booked via the HR Team who will monitor compliance with NHS employment check standards
- The relations team are to introduce a systematic check for all dismissal cases to ensure that relevant individual are referred to professional bodies when necessary.
- The policy for managing attendance is being revised and discussed with staff side.

Outcome 13 expects that people who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

Monitoring arrangements must demonstrate that:

- there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

Established Systems – evidence of compliance

- The Trust can demonstrate established monitoring arrangements for Nursing and Midwifery and Medical and Dental staff. Other staff groups are subject to formal review annually through the business planning exercise and in response to turnover. Each post is assessed by senior manager before a recruitment decision is actioned.

Systems in Developments

- The workforce plan format will be developed for the next financial year.
- The Service Level Agreement with the Trusts Admin and Clerical temporary worker supplier will be reviewed to ensure efficiency and quality of service.
- E-Rostering is being implemented for Nursing and Midwifery staff across the Trust

Outcome 14 expects that people who use the services are safe and that their health and welfare needs are met by competent staff.

Monitoring arrangements must demonstrate that

- Staff are properly supported to provide care and treatment to people who use services
- That staff are properly trained, supervised and appraised.
- Staff are able to acquire further skills and qualifications that are relevant to the work they undertake.

Systems in place – evidence of compliance

- The Trust has established monitoring systems in place regarding completion of induction and appraisal. The systems have also been amended to include behaviour and values. This new method will be rolled out between April 2012 and April 2014
- The Trust has reviewed and reissued all training needs analysis to support the mandatory training framework

Systems in Development

- The HR KPI report will be extended to include casework thereby identifying reported cases of bullying and harassment, grievances and disciplinaries
- A Lone Worker policy is to be developed.

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the best clinical outcomes	✓
2	Provide Patient Centred Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	

RECOMMENDATION(S):

That the Healthcare Governance Committee note the contents of this report.

APPROVAL PROCESS

Meeting	Presented by	Approved	Date
HCGC			26/11/12

CQC Requirements:

Outcome 12 – Requirements relating to workers	
CQC outcome	Monitoring Arrangements
<p>12A In relation to recruitment:</p> <p>People who use services benefit from staff (including volunteers, students, temporary and ancillary staff and practitioners working under practising privileges) who:</p>	<p>12A:</p> <p>Primarily relates to the employment checks and provision of information during recruitment. The monitoring arrangements for these processes are outlined below:</p>
<ul style="list-style-type: none"> • Are honest, reliable, and trustworthy and treat the people who use services with respect. • Are not discriminated against during the application or recruitment process. • Are qualified and competent to carry out their role and meet the needs of people who use services. • Have demonstrated that they are legally entitled to work in the UK. • Have demonstrated they meet the same standards of competency, qualification and experience for the role where they are recruited from outside the UK as they would have had they been trained in the UK • Are currently registered with the relevant professional regulator and/or professional body where appropriate, and only use a protected professional title where their qualifications and registration allows them to do so. • Are aware of and adhere to any codes of professional conduct that apply to them. • Are physically and mentally able to carry out their role, with a plan of support including reasonable adjustment where necessary. • Are not placed at risk by the work they will do because of an illness or medical condition they have. • Do not present a risk to people who use services because of an illness or medical condition they have. • Are able to communicate effectively with people who use services and other staff, to ensure that the care, treatment and support of people who use services is not compromised • Are clear about their responsibilities because they have an up-to-date job description. 	<p>Employees</p> <ul style="list-style-type: none"> • General HR - An internal monthly audit based on a random sample of recruitment activity. Compliance with all employment checks and points of the recruitment and selection policy including provision of relevant documentation are assessed. • An annual audit is undertaken for Medical Personnel/HR/ payroll. • The Recruitment Manager authorises and monitors any exceptional requests for a person to start prior to the return of the CRB. • Employment checks are actioned by recruitment assistants but monitored and checked by senior team leaders. • Medical Personnel are party to the complete recruitment process. <p>External Workers</p> <ul style="list-style-type: none"> • External workers (temporary staff). The Trust works closely with NHSP for the supply of additional Nursing and Midwifery staff. The HR department monitors the appointment of bank only multi post holders. Bank only workers are appointed directly by NHSP in accordance with the NHS employment check standards. The Trust reserves the right to ask for details to provide this assurance. • Bands 1 – 4 Admin and Clerical staff are booked in by HR via an SLA who monitor evidence for employment standards. • The Medical Personnel team monitor and book the majority of locum appointments and sample booking to monitor compliance with employment checks. Those made outside of working hours are recorded in accordance with protocol. • Volunteers – Volunteers are appointed in accordance with NHS via the Employment checks standards as appropriate via the Patient Experience team. <p>Monitoring Systems in development</p> <ul style="list-style-type: none"> • External Workers – Agency. The Trust has introduced a system to ensure that all agency bookings are complimented by a declaration from the agency that

- Are clear about the roles and responsibilities of other members of their team so that they know what they can expect from other staff.

employment checks are in place. The ability to monitor this position is considered weak and therefore a new system is currently being developed which will ensure that HR are made aware of all agency bookings and that such evidence is collected centrally.

- Honorary contract holders and those on letters of authority are subject to the NHS employment check standards. This will be formalised via a new policy.

<p>12 B In relation to qualifications, knowledge, skills and experience:</p>	<p>12 B relates to assessment of qualifications of knowledge and skill at recruitment and throughout employment. The aspects are covered by recruitment, outlined above, maintenance of professional registration, induction and appraisal</p>
<ul style="list-style-type: none"> • Have relevant qualifications, knowledge, skills and experience to carry out their role. • Where this is not possible and does not impact on the safe delivery of the service the staff member agrees to work towards gaining the skills and qualifications necessary. Where trainees and students are working, they are only given tasks and provide care, treatment and support that is appropriate to the stage of their training and their competence. • Have their qualifications, knowledge and skills reviewed on a regular basis to ensure they keep up to date with current practice. • Have an awareness and knowledge of diversity and human rights and have the competencies to support, appropriate to their role, the diverse needs and human rights of people who use services. • Have a good understanding of the communication needs of the people who use the service. Can identify and respond to the changing needs of people who use services. • Are knowledgeable of the individual needs and preferences of the people who use the service. • Understand the physical and emotional needs of people who use services. • Recognise and promote the independence of people who use services. • Are aware of the services' policies, procedures, legislation and standards. • Know who they are able to contact, and how, when expert advice is needed. 	<p>Registrations</p> <ul style="list-style-type: none"> • ESR has an interface with NMC and GMC which automatically updates registrations. • HR/Medical Personnel operate a monthly monitoring process relating to registrations which are due for expiry. The renewals are monitored and any exceptions are actioned as suspensions from duty by the manager. HR are copied into all associated paperwork in relation to this. Medical Personnel will be directly involved in any intervention. <p>Induction</p> <ul style="list-style-type: none"> • All new staff attend the corporate induction which includes an awareness session on Diversity. Equality and Diversity is also regarded as a mandatory training topic for all staff. Completion of both aspects are recorded and will be published in due course as part of the OLM mandatory training recording project. <p>Appraisal</p> <ul style="list-style-type: none"> • All staff are required to have an appraisal at least once every 12 months. This discussion will assess skill and competence in relation to the required role and development plans. The level of appraisal rates is being captured by ESR and is being reported to the Finance and Performance committee. • Formal appraisal processes are in place for doctors in training and senior medical staff

<p>12C People who use services receive a service from a provider that has the right staff because:</p>	<p>12c relates to the application of the Recruitment and Selection policy.</p>
<ul style="list-style-type: none"> • Staff are recruited following an effective recruitment and selection. • Procedure that complies with legislation about employment, equalities and Human rights. This includes as a minimum when recruiting new staff: • Application process including all of the necessary checks. • Interview. 	<ul style="list-style-type: none"> • General HR - An internal monthly audit based on a random sample of recruitment activity. Compliance with all employment checks and points of the recruitment and selection policy including provision of relevant documentation are assessed. • Medical Personnel are party to the recruitment process and monitor compliance throughout the recruitment procedure • An annual audit is undertaken for HR/payroll
<p>Relevant Policy Maintaining Professional Registration</p> <p>Mandatory Training Induction Appraisal Recruitment and Selection Policy</p>	

Outcome 13 - Lead effectively to ensure there are sufficient staff	
13A People who use services benefit from sufficient staff to meet their needs because the provider:	13 A relates to the level of appropriate workforce resource
<ul style="list-style-type: none"> • Can demonstrate that there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times. • Can show that as far as possible that there are enough staff who know the needs of people using the service, meaning that people who use services can expect a consistency of care. • Is able to demonstrate that they have carried out a needs analysis and risk assessment as the basis for deciding sufficient staffing levels. • Has management structures, systems and clear human resources. • Procedures followed in practice, monitored and reviewed that enable the effective maintenance of staffing levels. • Can respond to unexpected changing circumstances in the service, for example to cover sickness, vacancies, absences and emergencies. • Can respond to expected changing circumstances in the service, with particular regard to planned service developments, workforce changes, staff training, planned absences and changes in legislation. 	<p>The following monitoring systems are in place</p> <ul style="list-style-type: none"> • Acuity and Dependency model used for Nursing and Midwifery teams. • The recruitment control system requires that all new vacancies are considered by the relevant Nurse Director/General Manager/Clinical Director or Head of service. The reasons for the post must be identified as well as the consequences of not appointing. • TEG or Business Planning Team approves all new posts. • Job Plans are in place for all senior medical staff to ensure the correct level of care. • The Business Planning Team consider all Senior Medical appointments • The Trust has an SLA in place with NHSP for the supply of bank staff to support the need for additional resource. The level of service provision including fill rates is routinely monitored through monthly meetings with Trust representatives and NHS. • The Trust has developed an internal medical locum bank. The usage is monitored by Head of Medical Personnel. • The recent CQC inspection in Accident and Emergency did not identify any unknown issues in relation to staffing levels. • Exceptions to consistency of care will be identified through patient feedback including monitoring of complaints and incidents. <p>Developing monitoring systems</p> <ul style="list-style-type: none"> • Workforce plans are being developed with all directorates for the next financial year. This presents opportunities to review needs and where appropriate plan for the realignment of skill and grade mix against service provision within the context of the financial climate. Workforce plans will be owned by Care Groups and monitored by TEG. Completion date march 2013 • SLA is in place for the provision of the supply of temporary Admin & Clerical and Professional and Technical staff. These will be reviewed to ensure efficiency and quality of service Completion date December 2013 • The review of systems to ensure that incidents forms relating to levels of staffing are reported and reviewed by HR.
Relevant policy	

Outcome 14 - Lead Effectively to Support Staff	
<p>14A People who use services receive care, treatment and support from staff who are competent to carry out their roles, because:</p>	<p>14A Relates to the level of support for staff during employment. In particular the is relates to the access to learning and development</p>
<ul style="list-style-type: none"> • All staff receive a comprehensive induction that takes account of recognised standards within the sector and is relevant to their workplace and their role. • Induction is undertaken when they start their job and is completed before they are allowed to work unsupervised. • The support and the safety arrangements where they are required to work alone. • The learning and development needs of staff are identified based on the needs of people who use services and the skills needed from staff to ensure that the service meets essential standards of quality and safety. • Staff have a learning and development plan in place from the point of induction based upon the needs identified and how those needs will be met. This takes account of recognised standards in the sector. • The service has a learning and development plan which leads to the development of a programme of activity that meets mandatory, sector body and professional requirements for the designated roles and enables staff to meet their professional registration and development requirements. • Staff are enabled to take part in learning and development that is relevant and appropriate so that they can carry out their role effectively. • Where it applies, staff are supported to take accredited training. • The staff learning and development programme takes account of the working patterns of staff. • Where learning and development is delivered by a trainer, that person has demonstrated that they are competent to do so and, where an accreditation scheme applies, are accredited to act as a trainer for the course being provided. • The programme of learning and development is supported by appropriate resources. • Where necessary, the service works with relevant training providers to ensure the programme is delivered effectively. • A record is kept of those attending the learning and development 	<p>Established monitoring systems</p> <ul style="list-style-type: none"> • Staff will be assessed as competent through the appraisal process. The level of appraisal will be monitored by Directorates and reported to Finance and Performance meeting on a monthly basis. • All new staff are required to attend the corporate induction. Levels of attendance will be reported to Finance and Performance meeting. New staff are also required to complete a Verification of Learning in the workplace. Completion rates are monitored by Learning and Development. Return rates are in excess of 85% for the last 2 years. • Each department will be required to complete an annual training plan. This process and level of compliance will be reviewed by Head of Learning and Development. • Mandatory training leads are established across the Trust to support the application of training. • Attendance at all internal courses is monitored by the Learning and Development team. • The study leave policy and learning beyond registration contract with the SHA supports staff in taking accredited training and this is monitored by Learning and Development. • All learning and development staff hold a teaching qualification. <p>Systems in Development</p> <ul style="list-style-type: none"> • The OLM system has been identified as the central repository for the recording of mandatory training. This system is being rolled out across the Trust and can be used to book staff onto training and to monitor attendance. • The trust is rolling out a new appraisal system base on values and behaviours. • The use of the Workplace Wellbeing facility is monitored via the uptake of sessions. All activity remains confidential.

activities that staff attend.

- The competency of staff to provide care, treatment and support is assessed in light of their learning and development, and support is provided to them where gaps are identified.
- The learning and development plan for staff is reviewed and adjusted to meet the changing needs of the people who use the service and to ensure that the service is fully able to meet essential quality and safety standards.
- Staff receive the learning and development opportunities they need to carry out their role and keep their skills up to date.

<p>14B Children who use services can be confident that:</p>	
<p>They are treated by staff that are appropriately trained to provide care, treatment and support for children, including Children’s Workforce Development Council Induction standards.</p>	
<p>14C People receive a service from a provider that supervises its staff, because:</p>	<p>14C relates to support for staff during employment with particular reference to supervision and appraisal</p>
<ul style="list-style-type: none"> • Staff are supported and managed at all times and are clear about their lines of accountability. • Supervisory or peer support arrangements are in place, monitored and reviewed, for all staff involved in delivering care, treatment and support. • This is in line with relevant national guidance from professional regulators and/or professional bodies, and is monitored and reviewed. These supervisory arrangements mean that: • staff can talk through any issues about their role, or about the people they provide care, treatment and support to, with their line manager or supervisor • a support structure is in place for supervision which includes one-to-one sessions or group meetings. They are undertaken at a time and frequency agreed between the line manager or supervisor and the staff member, and they are recorded. • The development of staff is supported through a regular system of appraisal that promotes their professional development and reflects any relevant regulatory and/or professional requirements. 	<ul style="list-style-type: none"> • Clinical Supervision is in place for clinical staff under the direction of the Nurse Director, Clinical Director or Head of Professional service • Formal arrangements are in place for Junior Doctors

<p>14D People receive a service from a provider that supports its staff because:</p>	<p>14D relates to the ongoing support for employees</p>
<ul style="list-style-type: none"> • Where staff need reasonable adjustments in order to be able to carry out their role suitable plans are put in place for their ongoing support. • Staff follow their professional codes of conduct, are supported to do so, and are not required to do anything that would mean they would fail to follow that code. • Staff are supported to do their work in a safe working environment where risk of violence, harassment and bullying are assessed and minimised. • There are clear procedures followed in practice, monitored and reviewed, that are implemented when staff are subjected to violence, harassment or bullying by other staff or people that use the services. • There is an open culture in the service which allows staff to feel supported to raise concerns without any fear of recrimination. • The risk to staff from the premises, equipment, or work that they do is assessed, and the preventative and protective measures that need to be followed are implemented. This includes staff understanding and following any health surveillance measures. • There are arrangements to identify when a member of staff develops a health problem related to their work and to support them. 	<ul style="list-style-type: none"> • The sickness absence policy provides guidance on the duty to make reasonable adjustments. The appropriateness of these actions are monitored by the Employee Relations team and Occupational Health • Incidents of violence are reported by Datix. • Claims of harassment or bullying should be reported to the HR team who will monitor and provide analysis to Finance and Performance Committee. • Feedback on violence and bullying and harassment is also obtained for the annual staff attitude survey • The Employee Relations teams operate a casework review system for Sickness, Grievance, Disciplinary and Bully and Harassment • The whistle blowing policy can be used by staff who wish to report concerns. Occasions of use are monitored by the Employee Relations team. • The General Medical Council survey provides feedback. • Feedback on issues for staff is gathered by the Lets Talk discussions. • The sickness absence policy supports staff that develop health problems; Medical assessment is monitored via the Occupational Health Department and through the Workplace Wellbeing scheme. <p>Systems in Development</p> <ul style="list-style-type: none"> • The Head of Employee Relations is developing a file closure protocol to ensure that all necessary actions including referrals to Independent Safeguarding Authority or professional body are checked by a Senior Team member
<p>Relevant Policy</p> <p>Induction Mandatory Training Whistleblowing Management of Sickness Absence Prevention of Bullying and Harassment Policy on Management of Work Related Stress</p>	

CQC Compliance – Outcomes 12 – 14: Internal Audit Work

CQC Outcome Reference	Internal Audit Work
<p>Outcome 12:</p> <ul style="list-style-type: none"> • Have effective recruitment and selection procedures in place. • Carry out relevant checks when they employ staff. • Ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body. 	<p>HR/Payroll Audit 11/12 – C Grade however the only medium risk relates to the location of TCS Files; recommendations relating to processes are low risk.</p>
<p>Outcome 12: Ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body.</p>	<p>Professional Registration 11/12 – A Grade indicating all recommendations have been implemented (previous audit was C Grade in 10/11).</p>
<p>Outcome 12c: Temporary, agency, bank and voluntary staff, and any practitioner working under practising privileges, are subject to the same level of checks and similar selection criteria as staff recruited directly</p>	<p>Recruitment of Non Employees 11/12 – C Grade (medium risks). Follow up in 12/13 at draft report stage – still C Grade (medium risk relating to Medical Personnel employment checks) Nurse Bank/Agency 11/12 – C Grade (medium risks) though the medium risks related to the Trust authorisation process of bookings/invoices rather than the recruitment checks.</p>
<p>Outcome 12c: There are clear procedures followed in practice, monitored and reviewed, that are implemented when staff: — are not well enough to work</p>	<p>Sickness 11/12 – C Grade (medium risks)</p>
<p>Outcome 12b: Staff have an awareness and knowledge of diversity and human rights and have the competencies to support, appropriate to their role, the diverse needs and human rights of people who use services.</p>	<p>Equality and Diversity 10/11 – C Grade in relation to training risks. Follow up 11/12 is an A Grade as the recommendation has been addressed.</p>
<p>Outcome 13: People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.</p>	<p>Rostering 11/12 (Nurse staffing on a sample of wards) – C Grade (Medium risks)</p>
<p>Outcome 14a: Staff receive the learning and development opportunities they need to carry out their role and keep their skills up to date.</p>	<p>Mandatory Training 11/12 (Infection Control and Fire Safety training) – this is at draft and at present (without final approval from Mark) this is a C Grade.</p>

CQC Outcome Reference	Internal Audit Work
<p>Outcome 14c: The development of staff is supported through a regular system of appraisal that promotes their professional development and reflects any relevant regulatory and/or professional requirements.</p>	<p>Appraisals 10/11 – C Grade, follow up in 12/13 a B Grade.</p>
<p>Outcome 14d: The risk to staff from the premises, equipment, or work that they do is assessed, and the preventative and protective measures that need to be followed are implemented. This includes staff understanding and following any health surveillance measures.</p>	<p>Lone Working – C Grade - The main theme of the recommendations is the need for the Trust to ensure that all services with lone workers have an up-to-date local lone worker policy and risk assessment.</p>