

Workforce Reports– Resourcing

1. Introduction

Ensuring that the Trust has adequate workforce resources to deliver safe, effective care is a key accountability of an NHS Trust Board. A key risk on the Board Assurance Framework is a critical shortage of workforce capacity or capability. This quarterly report is designed to provide the Trust Board with an update about latest developments and provide assurance by describing the activities that are being undertaken in order to mitigate the workforce capacity and capability risk.

2. 2018 Workforce Plan Update

The Activity, Workforce and Financial plan was submitted to NHS Improvement (NHSI) on 30th April 2018, in which the Trust accepted an agency ceiling target of £16.65m for 2018/19.

Performance against the plan is tracked monthly. At month 7 (October) a combined whole time equivalent (wte) figure of 4352.99 was worked across the period. This was above plan by 130.25wte. The increased figure was due to additional Staff (including bank, overtime and additional hours) being used (124.25wte) and additional Agency staff (Inc. Agency, Contract and Locum) being used (5.99wte).

Table 1: 2018/19 Actual v Plan Position

2018/19	Plan	Actual	Variance
ALL WTE STAFF	4222.74	4352.99	130.25
WTE Staff (including bank, overtime and additional hours)	4118.86	4243.11	124.25
WTE Agency staff (Inc. Agency, Contract and Locum)	103.89	109.88	5.99

All divisional areas had seen increased levels of worked staff and agency staff across the period. Only the combined corporate areas had evidenced a reduction of hours worked against plan. Requirements for increased levels of additional capacity and demand are the contributing factors for additional worked capacity being required across all divisional areas and particularly in the divisions of surgery and medicine.

3. Staff in Post, Turnover and Recruitment

Trust Position as at November 2018

The Trust tracks its staff in post against funded establishment in order to identify vacancies and its turnover. Below is the staff in post position for November 2018. Only nursing has vacancies in excess of 10%. Medical & Dental for the last two months has been below 8% which is the lowest that it has been for several years.

The Trust repeatedly delivers a lower turnover than its threshold which is now 0.90%. In most months, the Trust welcomes more new starters than leavers.

The Trust is making progress in addressing its key vacancy gaps. Medical vacancies are at 6.76%. Band 5 Registered Nurse vacancies have been mitigated down to 15.65% and all RN vacancies are down to 10.76%.

	Nov-18							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
Total Trust								
Admin & Clerical	1145.79	1095.04	1338	50.75	4.43%	15.53	5.73	0.52%
Allied Health Professionals	222.86	226.26	277	-3.40	-1.52%	1.60	1.00	0.44%
Ancillary	40.19	36.56	43	3.63	9.02%	0.60	0.00	0.00%
Medical & Dental	505.61	471.45	497	34.16	6.76%	2.67	0.00	0.00%
Registered Nurse Operating Line * - ALL Bands	1345.52	1200.80	1425	144.72	10.76%	5.44	4.28	0.36%
Scientific & Professional	222.73	202.03	222	20.70	9.29%	6.00	1.00	0.49%
Technical & Other	285.12	272.50	333	12.62	4.43%	4.94	0.60	0.22%
Unregistered Nurse	604.83	589.63	692	15.20	2.51%	17.24	0.00	0.00%
Total - Trust	4411.44	4094.27	4827	317.17	7.19%	59.04	13.46	0.33%
Band 5 Registered Nurse Only operating line *	737.03	621.69	749	115.34	15.65%	6.24	3.23	0.52%

Note: Starters and Leavers excludes Rotational Doctors - *Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

Medical Staff

Below is the table tracking the medical staff vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	483.57	413.30	70.27	14.53	-
April 17	494.09	427.96	66.13	13.38	-1.15
Aug 17	493.74	430.79	62.95	12.75	-1.78
Dec 17	497.96	445.79	52.17	10.48	-4.05
May 18	503.67	448.49	55.18	10.96	-3.57
Aug 18	504.79	456.90	47.89	9.49	- 5.04
Nov 18	505.61	471.45	34.16	6.76	-7.77

Over the last two years, there has been a sustained improvement in medical staff vacancies with an overall reduction of almost half, even though the establishment has increased by over 20 wte. Much of this has been achieved through the Trust's ability to successfully fill consultant vacancies and the Clinical Fellow and CESR programmes.

Medical Recruitment

The Trust has completed the production of a fully branded medical consultant recruitment pack (in reading room) which includes a wealth of information which promotes the Trust and Nottinghamshire. It can be adapted to specific specialties and vacancies and includes:

- Welcome from Dr Andy Haynes, Medical Director
- Welcome from Dr David Hodgson, Research Director
- 2018 awards
- Nottinghamshire
- Sherwood Forest Hospitals NHS Foundation Trust Overview
- Introducing our shared values and behaviours
- Specialty Information
- Newark Hospital
- Job Descriptions and Person Specifications

Registered Nurses – All Bands

Below is the table tracking the all Registered Nurse vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	1327.51	1123.65	203.86	17.39	-
April 17	1328.24	1164.22	164.02	12.35	-5.04
Aug 17	1332.86	1165.50	167.36	12.56	-4.83
Dec 17	1336.10	1187.43	148.67	11.13	-6.26
May 18	1346.89	1160.54	186.34	13.84	-3.55
Aug 18	1345.39	1145.26	200.12	14.87	-2.59
Nov 18	1345.52	1200.80	144.72	10.76	-6.63

This table shows a general trend of improvement. However, it does fluctuate. The Trust is showing a 6.63% improvement in the last 2 years from August 2016. Registered Nurse recruitment is seasonal as the newly qualified student nurses take up positions in September and October each year. Therefore, it is expected that the months of May and August will generally show a worse position than autumn each year. In addition, there has been an increase in funded establishment of almost 20 wte, which means that more posts need to be filled for the percentage to remain static.

Registered Nurses – Band 5

Below is the table tracking Register Nurse (band 5) vacancies since August 2016. These are ward based nurses and therefore gaps tend to have to be filled with bank or agency nurses.

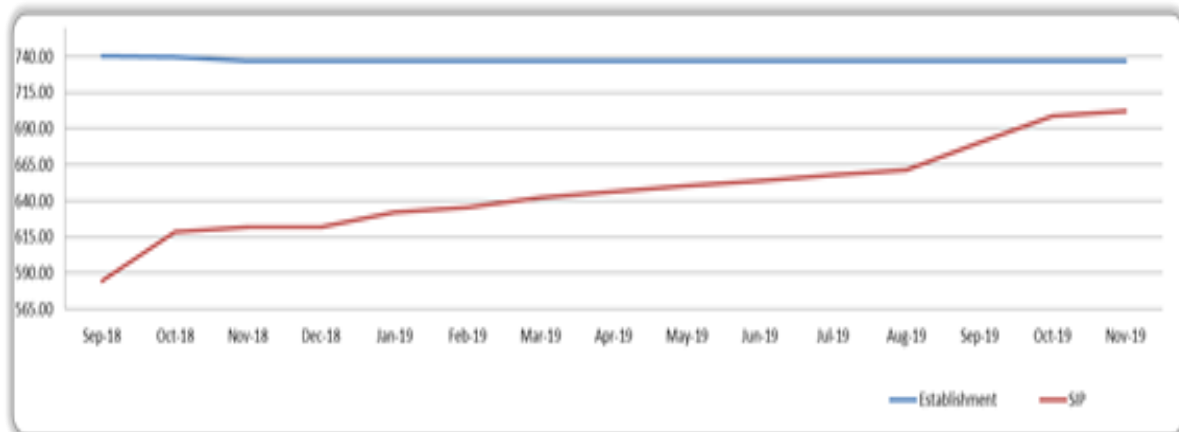
Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	773.30	613.58	159.12	20.65	-
April 17	748.75	626.76	121.99	16.29	-4.36
Aug 17	756.87	607.22	149.65	19.77	-0.88
Dec 17	752.10	625.51	126.59	16.83	-3.82
May 18	740.69	590.05	150.64	20.34	-0.31
Aug 18	740.13	568.83	171.30	23.14	+2.49
Nov 18	737.03	621.69	115.34	15.65	-5.00

This table indicates a general trend of improvement with the Trust's band 5 nursing gaps being almost 25% lower than when the tracker started in August 2016.

However, it is this group which is impacted by the seasonal effect of Registered Nurse recruitment most acutely. Funded establishment has reduced at band 5, but has increased at band 6. This accounts for the overall increase in the Register Nursing establishment with nurses promoted from Band 5 to 6. This can help with recruitment and retention of nurses.

Band 5 Registered Nurse Trajectory

The band 5 nursing trajectory is our predictor tool for ward based nurse staffing.



Whilst this year, as usual the most significant increase occurs in September and October due to the newly qualified nurses taking up posts, the trajectory is indicating a continued improvement through the year with a potential gap of less than 100 band 5 RN's by April 2019 and less than 50 by autumn 2019. This is due to our currently low turnover, the planned recruitment of international nurses and the success of our assessment centre approach. However, the trajectory could be impacted if a significant number of band 5 nurses move to band 6 jobs in the Trust, but the establishment remains the same.

The strong nursing bank in the Trust means that much of the gap is covered with bank nurses as opposed to agency staff.

Registered Nurse Recruitment

There were more new qualified nurse starters (6.24 wte) again this month than leavers (3.23 wte). Registered Nurse vacancies now stand at 115.34 wte (15.6%), which is the lowest number of vacancies for Band 5 Registered Nurses in the last three years. There were also three additional newly qualified nurses who started with the Trust in November but have to await their PIN before moving to the Band 5 RN role.

The Trust had five (3.23 wte) Registered Nurses leave in November. One has relocated, one cited work life balance and three were retirements with two due to return.

At the Assessment Centre in November a further 32 Registered Nurses attended. The final number offered jobs is being finalised due to a number being students who are not due to qualify until autumn 2019. The next monthly RN Assessment Centre will be in January 2019.

4. International Recruitment

Registered Nurses

The Trust continues to undertake international recruitment of nurses using Skype in conjunction with our agency partners. Twenty five have job offers with our Trust and are being processed. Further interviews are planned early in the New Year with an ambition to increase the numbers to over 50.

All nurses interviewed have passed their English language requirements and several have passed the required computer based test (CBT). Nine of the 25 have also gained decision letters from the Nursing & Midwifery Council which is one step closer to coming to the UK.

The Trust is seeking Certificates of Sponsorship and Visas for this group of nine with an expected start date in January or February 2019.

Once in the UK the nurses will have to pass the clinical observation exams (OSCE) before gaining their Registered Nurse status. Funding has been secured to train five SFH nurses to support the OSCE preparation with the aim of having 100% pass rates.

EU Settlement Scheme

The Home Office has recently published information about an EU Settlement Scheme which has been agreed between the UK and EU in preparation for the UK leaving the EU on 29th March 2019. EU citizen's current rights will continue until 31st December 2020. If EU citizens want to stay in the UK beyond that date, they need to apply to the EU Settlement Scheme.

The EU Settlement Scheme is being piloted from 29th November 2018. EU citizens working in the health and social care sector will have the opportunity to access the scheme early and apply for settled status before it is opened to the general population from March 2019.

A communication in the Trust's weekly bulletin informed staff of the pilot and assured EU nationals that the Trust will offer support and guidance in relation to the process. In addition, the HR Department held drop in session throughout December 2018 for EU National staff. The Trust will also write individually to all these staff to offer support through the process.

An application for the EU Settlement Scheme will cost £65 which the Trust will meet.

5. Retention - Exiting Information: Agenda for Change Employees

When a Trust employee (non-medical) leaves the Trust they have an opportunity to complete an exit interview questionnaire. They can also request to have an exit interview.

Table 1 provides an overview of leavers since April 2018, the number of leavers across the wider workforce have slightly decreased across the reference period, where on average the trust has 29wte leavers each month (average monthly turnover of c0.73%). Following the introduction of a revised process 31 exit interviews questionnaire have been completed, representing feedback being obtained from 12.55% of leavers.

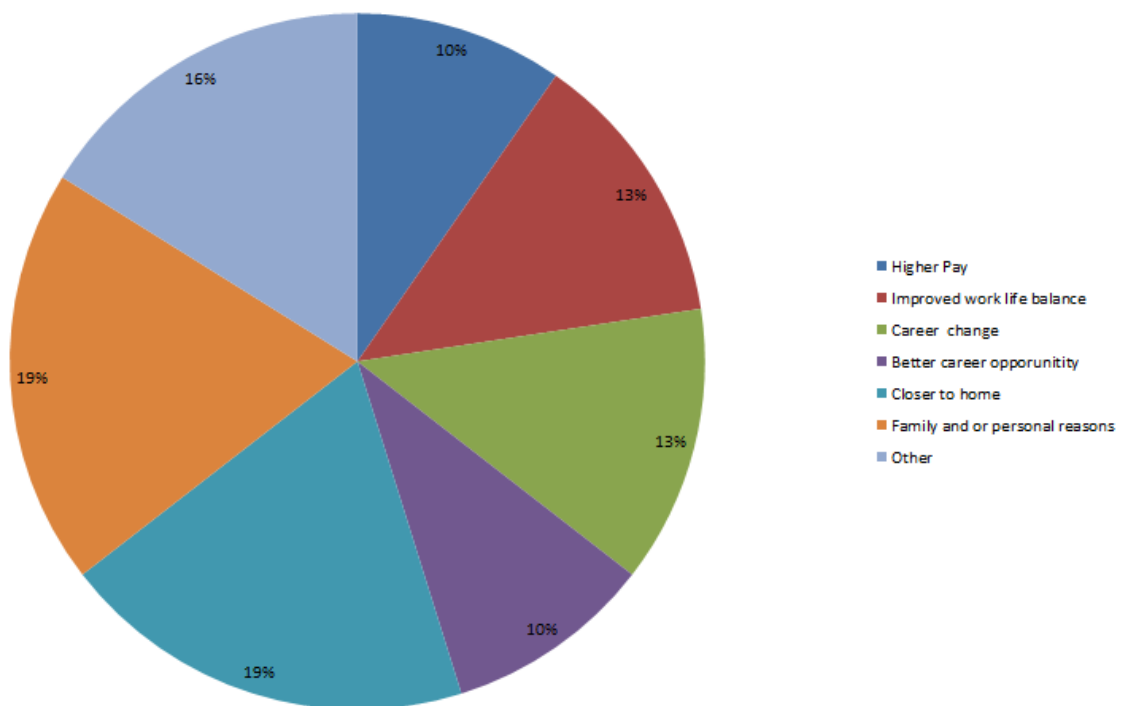
Table 1: A summary of leavers since 1st April 2018 including monthly turnover

From April 2018 to date	WTE Number of Leavers	Head Count Number of Leavers	% Turnover
April	47.03	56	1.19%
May	19.95	23	0.50%
June	28.75	36	0.73%
July	37.68	45	0.94%
August	27.72	36	0.70%
September	29.23	34	0.73%
October	14.35	17	0.35%
Total	204.71	247	0.73%

Table 2: A summary of leavers by Occupational Group since 1st April 2018

Occupational Group	No. of leavers	No. of exit interviews	% of exit interviews
Admin & Clerical	94	10	10.6%
Allied Health Professionals	17	1	17.6%
Ancillary	1	1	100.0%
Registered Nurse	64	4	15.6%
Scientific & Professional	15	3	20.0%
Technical & Other	19	1	10.5%
Unregistered Nurse	22	1	9.1%
Total	247	31	12.55%

Of the exit interviews completed the reasons for leaving were captured and have been summarised in chart 1 below:



Some reasons for leaving were considered positive where the employee wished for a career change. Almost 40% wished to work closer to home, or cited family or personal reasons.

Higher pay, improved work-life balance and better career opportunities are potentially reason that the Trust could look to address. Specific comments are collated, but due to the low numbers of leavers within the first six months of 2018/19 it is difficult to draw on themes.

The exit questionnaires allow for free text responses. One of the questions that allow this response is “**Can anything be done to make you stay at the Trust?**” Below are some responses from this question where they were articulated by more than one respondent;

- No, nothing could be done.
- Issues raised need to be acknowledged by management.
- My skills set needed to be used more / More opportunities to use my training.
- Problems with parking

A further question asked is “**Do you have any more comments to make?**” Below are responses from this question where they were articulated by more than one respondent:

- NHS staff underpaid
- Sad to be leaving
- Staff under appreciated
- Line manager / senior colleagues have been very supportive.
- Love the job and team; Enjoyed time with the Trust
- Wished to work closer to family

Feedback is provided to the relevant division and speciality. This includes the face to face exit interviews requested by staff, carried out using a standard set of questions.

6. Closing of Agenda for Change Band 1

Following the 2018, Agenda for Change National pay deal, Band 1 will be closed to new entrants from 1 December 2018. This will include flexible-retirement requests.

A working group has been set up in partnership with the Staff Side in order to work through the transitioning from Band 1 to Band 2 and managing staff who wish to remain on Band 1.

NHS Employers are developing national guidance. Once this is available the Trust will work with affected staff and managers to implement the changes.

This means that, apart from apprentices, the minimum rates for full time working in the Trust will be bottom of band 2, which is: 2018/19 - £17,460, 2019/20 - £17,652, 2020/21 - £18,005

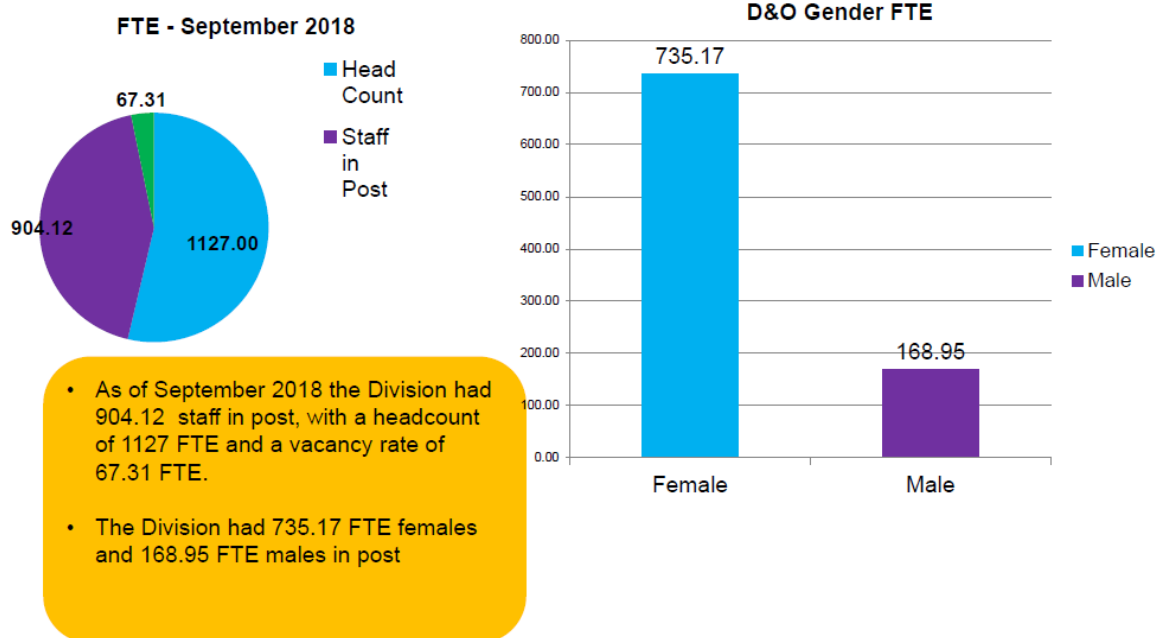
7. Workforce Planning Divisional Overviews

At each Bi-monthly meeting of the Workforce Planning Group, a Division provides an overview of its workforce, its key workforce risks and its mitigations. Diagnostic and Outpatients presented to the meeting in November 2018.

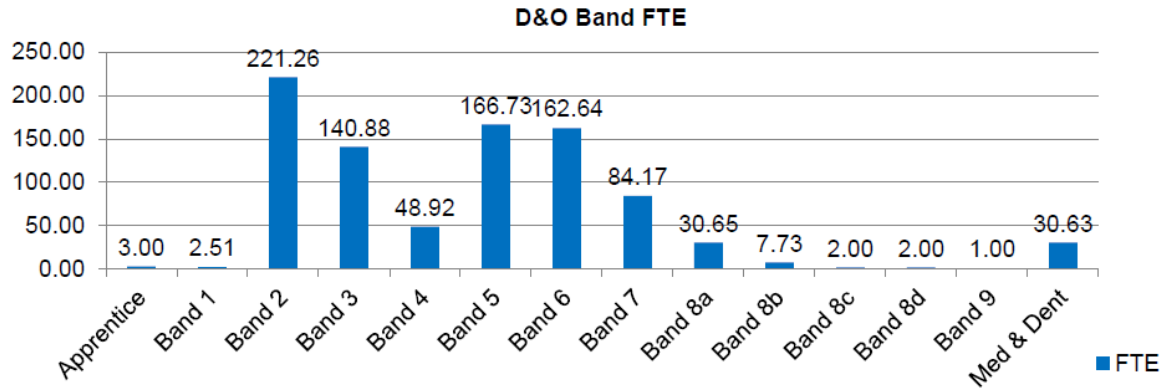
The Diagnostic and Outpatients Division cover the following service lines:

- Chaplaincy
- Clinical illustration
- Infection Control
- Integrated Sexual Health Service
- Medical Equipment Management Department
- Outpatients
- Pathology
- Pharmacy
- Radiology
- Therapy

Diagnostic and Outpatients Division – staff in post

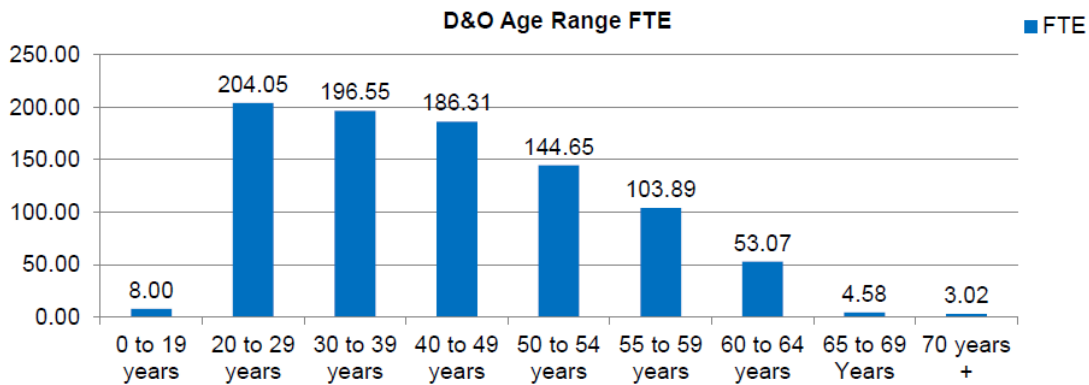


Banding breakdown



- The largest employed band within the Division is Band 2 with 221.26 FTE in post. Followed by 166.73 FTE Band 5 and thirdly 162.64 FTE Band 6's.
- These Bands include clinical and non-clinical roles across the Division.

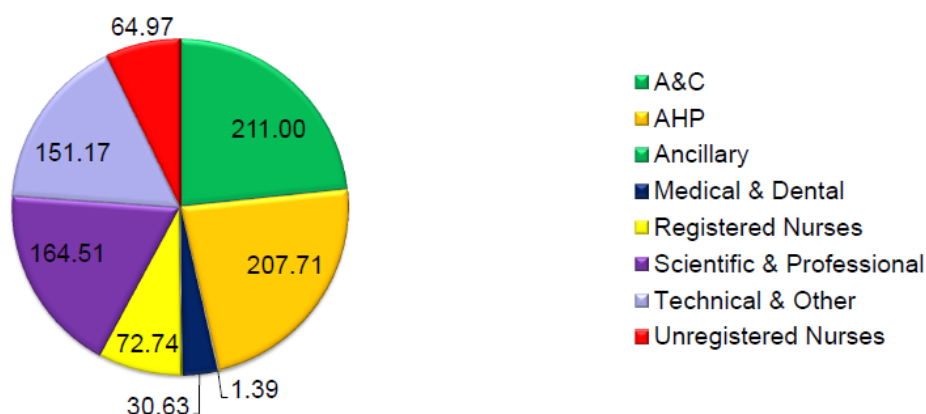
Age demographic highlights



- The Demographics for the Division show that our largest age group is in the 20-29 years old age group, followed by 30-39 years old and 40-49 years old.
- The smallest age group within the Division is 70 years and plus.
- Although this is positive that we have employed a varied age profile, it is important to note that some of the older workforce are employed in specialist roles or hard to recruit to roles, such as Sexual Health Nurses, Senior Management, MEMD and Nursing Outpatients.

Staffing groups

Staff In Post FTE (September 2018)



- **The largest staffing group within the Division is Admin & Clerical staff** - the Division does not struggle to recruit to this staff group.
- **Second largest group is AHP's** - This includes Therapists/Radiographers/Sonographers.
- **Third largest staff group is Scientific and professional** – This includes BMS/Pharmacists/MEMD/Clinical Illustration

High risk areas for recruitment and retention are determined as the Divisional Management Team, Pharmacy, Radiology and Pathology. Risks and their mitigations in these areas are detailed below:

Divisional Management Team

Service challenge / risk	Impact on workforce – roles and staff groups affected	Actions to address the impact on the workforce
Ageing workforce – key staff due to retire within the next few years	Loss of experienced and skilled staff within a short space of time. Not being able to recruit to the positions	Succession planning Attract internal candidates from Business Support Units within other divisions. Would need to advertise externally for specialist clinical leadership roles

Pharmacy

Service challenge / risk	Impact on workforce – roles and staff groups affected	Actions to address the impact on the workforce
Struggling to recruit band 7 Pharmacists	Impact on delivery of care. Extra pressure on current workforce	Prescribing skills to be utilised fully within the band 7 Pharmacist role to make it more attractive to recruit to. Dedicated area of work which allows the band 7 Pharmacist to integrate into other teams.

A Pharmacy workforce strategy has been developed and presented to the workforce planning group.

Radiology

Service challenge / risk	Impact on workforce – roles and staff groups affected	Actions to address the impact on the workforce
Shortage of Radiographers / Sonographers Aging workforce	Radiographers, local and national shortages Apprenticeships not in place.	Direct Sonographer training. Over-recruitment of Radiographers and

Increase in activity / demand for more complex scans Target of 7 days for cancer 24/7 day working	Time to train trainee reporters Backfill costs Working with agency staff Skill mix	Sonographers. Utilisation of agency radiographers as a last resort. Increase part-time hours for staff who have agreed and fund it from cancer network monies.
Breast services – Ageing workforce	Radiographer's local and national shortage. Apprenticeships not in place. Time to train trainee reporters	Consider flexibility around the job role to make posts more appealing to applicants. Recruit in a timely manner.

Pathology

Service challenge / risk	Impact on workforce – roles and staff groups affected	Actions to address the impact on the workforce
Recruitment of competent biomedical scientists (BMS) at all grades.	Prolonged staff shortages impact on budget due to use of locum/bank staff The impact on substantive BMS staff when posts are recruited to due to the significant training required.	Keep locum, / bank staff whilst training new substantive staff. Have a constant over establishment to enable training to take place and ensure gaps can be filled when they occur. Maintain the intake of students from NTU for placements.
Consultant posts in all disciplines	Hard to recruit suitable substantive Consultants. This creates pressure on the existing substantive Consultants as they have to pick up additional PA's and out of hour working	Advertise posts in good time. Cellular Pathology – certain roles cascaded to the BMS staff, but these then impacts on that staff group.