

To: Meeting of the Board of Directors

Date of Meeting: 26th July 2017

Agenda Item: 7

Title
Organisational Development and Workforce Performance Report
Responsible Executive Director
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Prepared by
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Status
Public
Summary of Proposal
This report details the Trust's performance in relation to workforce supply, development and engagement of its workforce to improve the organisations culture.
Implications for Quality of Care
There is a direct correlation between a highly engaged, performing workforce and quality of care.
Link to Strategic Objectives/Board Assurance Framework
Supports the delivery of the Trust's current corporate objectives: <i>excellent outcomes; great experience; empowered skilled staff; high productivity</i>
Financial Implications
Supports effective and efficient financial performance
Human Resource Implications
As above
Recommendation
The Board is asked to NOTE this report
Communication and Consultation
N/A
Appendices
Data Report

FOR INFORMATION

ORGANISATIONAL DEVELOPMENT AND WORKFORCE REPORT

1.0 INTRODUCTION

1.1 This sets out the key headlines relating to the Trust's workforce at 30 June 2017.

2.0 Workforce Capacity

2.1 Workforce capacity did not meet the total funded establishment in the month by 972 FTE giving the Trust a vacancy rate of 11.8%. The highest proportion of vacancies is seen within Nursing (429 FTE), particularly the Speciality Medicine and Acute Floor Directorates. There are also 322 FTE of vacancies across the Admin & Clerical and Ancillary Support staff groups, with nearly half of these being within Facilities. The number of substantive staff employed has decreased by 72 FTE over the previous 12 months whilst the budgeted establishment FTE has increased by 285 over the same period; the impact of this has been a 4% increase in vacancy rate in the last year.

2.2 Recruiting and retention remains a key priority. The Recruitment and Retention Working Group has refreshed an updated action plan to include all activities being undertaken. The working group have identified a possible 103 different activities within 6 main themes, which are: Strategy, Attraction, Recruitment, Retention, Recognition and Development. The working group are prioritising activities into short term (under 100 days) medium term (101 days to 9 months) and long term (9 months plus). The Working Group incorporates key HR personnel and wider participation from Education, 3Ts and Staff Side.

2.3 On the 7th July an HCA one stop recruitment day was held and 29 candidates were offered positions. On 13th July a qualified nurse recruitment was held and 22 candidates have been offered posts. Further dates are being arranged which will combine HCAs and band 5 nurses. Further bespoke work is planned with Facilities and Estates.

2.4 Over the previous 12 months, Bank spend has averaged £1.3m per month and Agency spend has averaged £0.9m per month. Bank spend is averaging £100k more per month than it was in June 2016, but average Agency spend has reduced by £350k per month over the same period, suggesting a total reduction of £3m in spend across the entire 12 month period. If Bank spend is looked at by Staff Group it shows the mix is 73% Nursing, 12% Medical and 15% Other Staff, whereas Agency spend is 28% Nursing, 28% Medical and 44% Other Staff.

- 2.5 If Bank and Agency spend is compared for the financial year to date rather than last 12 months, it shows Bank spend averaging £1.3m over the first three months (up £115k per month on 2016/17) and Agency spend averaging at £870k per month (also up £115k per month on 2016/17). If the trend were to continue, Bank & Agency spend for the full 2017/18 financial year would increase by £920k on 2016/17. Bank and Agency spend is currently 7.5% of total staffing spend (4.6% Bank / 2.9% Agency), which is up from 6.9% for the financial year to date to June 2016 (4.3% Bank / 2.6% Agency).

3.0 Staff Turnover

- 3.1 In June 2017, the Trusts 12 month turnover rate (external leavers excluding Training Grade Doctors) was 14.5%, which has remained consistent since April 2017 but is up by 1.3% when compared to June 2016. The average staff in post WTE for the past 12 months (excl Training Grades) is 6,725, therefore a turnover rate of 14.5% means approx. 975 staff leaving over a full year, or 81 staff leaving BSUH every single month. High turnover rates are specific to three main staff groups which are Scientific, Therapeutic & Technical (16.1%), Nursing (15.6%) and Admin & Clerical (14.1%). The Directorates with the highest turnover are Human Resources (27%), Abdominal Surgery (19%) and Corporate Services (18%).

4.0 Workforce Efficiency

- 4.1 The Trusts 12 month Sickness absence rate currently stands at 4.24%, which is down slightly on 4.28% seen in May 2016%. Absence rates do appear to be reducing slightly, with the six month rate currently at 4.31% (down from a peak position of 4.60% in March 2017), and the rate for the past three months standing at 3.95% (the lowest three month rate seen since September 2016).
- 4.2 Looking at sickness absence rates by staff group shows Medical staff at 0.94%, Nursing at 4.86%, ST&T at 4.14%, Admin & Clerical at 4.43% and Ancillary Support at 6.98%.
- 4.3 Splitting sickness absence rates between short term and long term (28 days or more) shows short term absence at 2.02% and long term at 2.22%. The short term absence rate is up 0.05% on May 2016 (1.97%), but the long term rate has reduced by 0.09% (2.31%).
- 4.4 When considering the percentage mix of sickness reasons, the highest number of known absences are for Stress (18%), Cold, Cough & Flu (10.3%), Other Musculoskeletal (9.7%) and Gastro-Intestinal (7.9%). These are the same areas identified, and in the same rank order, as last reported in April 2017.

5.0 Workforce Transformation

- 5.1 Workforce Transformation has 19 live projects/programmes – testing new/extended staff roles, and evaluating contribution to corporate priorities (eg. vacancy reduction, workforce sustainability, financial stability, staff engagement, quality/safety of patient care). Project resourcing is via fixed-term staffing/monies, with a significant proportion from HEKSS (Health Education England working across Kent Surrey & Sussex).
- 5.2 New developments this month:

- Additional HEE funding secured to pilot Numeracy Champions (part of wider project/collaboration with National Numeracy).
- 'Right Skills' project starting – mapping patient pathways to identify where health and social care Support Worker 'skills bottlenecks' may be delaying patient transfers.
- Step-increase in training commissions for Band 4 Assistant Practitioners discussed with Chief Nursing Officer (from September '17).
- Business case to make Band 3 Clinical Assistants substantive in Abdominal Medicine & Surgery (following evaluation, and commendation from HEE during November '16 inspection).
- Bid for new pilots (Band 4 Pharmacy Tech., Ward-Based Housekeeper/Host) submitted.

5.3. Evaluations/project reports this month:

- Phase I of Advanced Clinical Practice project complete; Phase II (focusing on supporting rollout of ACP roles across Sustainability & Transformation Plan (STP) area) underway.
- Voluntary Services pilot ('high impact roles') complete – write-up/data analysis underway.
- Beacon Wards pilot nearing conclusion – write-up/analysis underway.
- Retention of Newly Qualified Practitioners (RNQP) project – initial learning/feedback to Chief Nursing Officer and Executive Director of Organisational Development & Workforce.

5.4 Future of Workforce Transformation programme pending decisions on ongoing resourcing.

6.0 Workforce Skills and Development

6.1 Statutory and Mandatory Training

The Trusts statutory and mandatory compliance rate for June 2017 was 81.0%. Areas for concern are Manual Handling (at 74%) and Child Protection Level 1, 2 and 3 (at 76%). The main issue linked to compliance is "Did Not Attend" rates. Manual handling have on average an 8% DNA rate e.g. on an update session which had 12 staff booked last week only 4 attended. The main trainer has also been working alone for the last 6 weeks; the second trainer commenced on 3rd July so it is anticipated that compliance will improve in future months. All child protection training is face to face as much as possible even for level 1 and the team ran 3 extra sessions in June with 26 booked to attend but only 16 attended. The issue of DNAs will be escalated to the Directorates and we will continue to work with them to reduce this in future months.

The number of staff who have never attended any mandatory training (and started in the Trust more than 3 months ago) is currently 41 of which:

- 10 are on long term sickness
- 2 have just returned from long term sickness and are booked onto training
- 2 have left the Trust – due to notice period still showing on ESR which feeds into IRIS
- 3 are on honorary contracts
- 1 seconded to PH England
- 23 are bank staff – of which 16 are active workers with current assignments and 7 are inactive and will be removed from ESR. The manager is working

closely with the 16 individuals to support them to complete online or face to face training.

6.2 Appraisals

6.2.1 The Trust appraisal rate dropped to 80.9% in June and this was a deterioration of 4.1% on the 85% achieved during March. Head & Neck had the highest compliance rate at 92.6% and Chief Operating Officer had the highest increase in compliance of 8.4% from April to June. A total of 10 Directorates increased compliance in June and 12 Directorates had a deterioration.

6.2.2 Of the 346 ward and departments 174 (50.3%) are at, or above 85% compliance and 31 managers received training in June.

7.0 Corporate and Clinical Restructures

7.1 The implementation of the corporate restructures continue and a number of key appointments have been made this month including Nurse Director and Medical Director for the organisation. The Managing Director interviews are taking place in early August 2017.

7.2 The clinical restructure consultation process closed on 19th July 2017. Constructive and helpful feedback was received from a wide range of stakeholders and directorates. The Decision Document is currently being finalised and the selection processes to the new structures will commence in August 2017.

8.0 New Leadership Programme

8.1 To support the new structures and leadership roles at the Trust a new Clinical Leadership Development Programme has been commissioned. Dr. Philip Britton, Consultant Urological Surgeon and previous Medical Director at Western Sussex Hospitals NHS Trust, has been commissioned to design and set up this programme.

8.2 Philip has a particular interest in clinical leadership and clinical leadership development and has experience of setting up a number of leadership programmes including the highly regarded 'True North' programme at Western.

8.3 During the last couple of weeks Philip has been meeting with all of the Clinical Directors and senior clinical managers who have an interest in leadership. The objective of these meetings is to ensure that they have maximum input into the design of the programme so that the needs of BSUH are captured. Both development and delivery of the programme will also be carried out in collaboration with an Academic Partner, such as the University of Brighton, and will be a fully accredited course.

8.4 Carrie Weller, Strategic Education Development Manager for BSUH, will be supporting with the development of the programme which will be rolled out to the Clinical Directors initially but with view to being multi-professional in due course. It is anticipated that the programme will commence in early autumn.

9.0 Culture

Phase II of our cultural change work with the support from People Opportunities will commence with new leadership structures this will include:

- coaching and support for senior leaders
- Engagement plan to support integration of staff networks
- Deliver cultural elements of the Leadership Development Programme
- Enshrine Equality in HR policies which are then consistently applied
- Targeted “customer care” training and support