

<b>Reporting to:</b>	<b>Trust Board, 30 June 2016</b>
<b>Title</b>	'Belong to Something' Update and Workforce Challenges
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<b>Previously considered by</b>	
<b>Executive Summary</b>	<p>This paper provides an update to the Trust Board regarding recruitment; the focus of the paper is progress of the 'Belong to Something' campaign and recruitment activity in the difficult to recruit to areas.</p> <p>The Belong to Something campaign continues to have a high impact in terms of raising the brand of the organisation; a further development is to be able to view the impact in terms of applications and job offers. To date we can measure the conversion from the recruitment website to NHS jobs however we are unable to measure (at this stage) how the conversions then progress.</p> <p>Recruitment activities continue to support staff nurses, doctors, pharmacists and other difficult to recruit to roles. For these roles progress is being made, notable a number of doctor roles are progressing to interview examples being Anaesthetics and Renal.</p> <p>The organisation continues to place significant focus on recruitment; this will be further supported through our improvement work with Virginia Mason, as recruitment is the third value stream due to start in the autumn.</p>
<b>Strategic Priorities</b> <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	<b>Operational Objectives</b>
<b>Board Assurance Framework (BAF) Risks</b>	<input type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing

	estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	<b>Recommendation</b> To <b>NOTE</b> the update

**Trust Board  
Workforce Challenges Update - June 2016**

**1.0 Introduction**

1.1 This report provides an update on:

- 'Belong to something' campaign
- Workforce gaps/hard to fill positions

**2.0 Belong to Something Campaign**

2.1 Further developments to the 'Belong to something' campaign include:

- Apprentice, Temporary Staffing and Volunteer webpages
- Production of an Induction brochure
- Publicising the campaign to existing staff via internal email
- A specific project on Medical Staff, including actively targeting doctors via social media

2.2 The campaign continues to see a rise in activity levels month on month:

- Over 4 million digital impressions
- Total sessions on 'Belong to something': 125,588 (348.8 per day)
- Total referrals to NHS Jobs to date: 24,386 (68 per day)
- Facebook has reached 10,015 followers with a weekly organic reach of 30,000 – 50,000 people
- Email subscribers: 4738

Discussions are currently taking place with NHS Jobs to develop conversion tracking between successful candidates referred from the 'belong to something' website to NHS Jobs.

**3.0 Workforce gaps/hard to fill positions**

Across the organisation there are a number of staff groups where we face challenges in recruiting permanent staff. These relate to:

3.1 Registered Staff Nurses

The national shortage for qualified adult and paediatric nurses continues to create a competitive market. This in turn continues to impact on the Trust at a local level.

A trajectory is included in **appendix 1**, based on information sourced from Finance, ESR and the Recruitment team.

Actions to support Staff Nurse recruitment include:

- Overseas recruitment
- Twice monthly 'one stop shop' recruitment events
- Targeted recruitment events - Emergency Medicines, Paediatrics and Theatres
- Engagement with Universities in the West Midlands
- Social Media
- Attendance at Career Events to promote the Trust

Additionally Care Groups are working to reduce the unavailability percentage by managing attendance and wellbeing, reviewing special leave allocations, addressing inconsistencies with allocation of study leave with a move to a capped approach, flexible working through e-roster and streamlining of employment policies to ensure maximised use. Furthermore, implementation of a single centralised process to support authorisation and monitoring of agency bookings, improved rota planning to support substantive staff over 20 weeks of winter and prospective rota management.

### 3.2 Medical Staffing

The Trust has a number of workforce challenges for Medical Staff.

Local recruitment difficulties are compounded by a national position where demand for suitably qualified staff outstrips supply. This has the effect of further escalating the pay bill due to increased locum costs in order to maintain rotas and services.

Our greatest challenges relate to filling vacancies within Emergency Medicine, Acute Medicine and MSK, as detailed in **Appendix 2**. This document also describes the current situation and action taken/required to recruit to roles.

It is recognised that our geographical location presents some difficulties due to some trainees preferring to work in Trust's throughout Birmingham and the Black Country. We also have a further challenge that Medical Staff may choose to work in Wales which is in close proximity, as new contracts for Medical Staff may not be implemented. This also applies to Scotland, which could create further vacancies in England.

Many overseas Medical Locums have since the introduction of capped rates chosen to work in Scotland, Ireland, Northern Ireland and Wales, where the capped are not implemented.

Contractual changes to the GP contract will see a further decline in the numbers applying for GPVTS training schemes creating more vacancies at Junior Doctor level.

A reduction in the numbers entering Medical School is likely to fall by 15% thus creating further shortfalls in Junior Doctor numbers in the future.

Actions to support Medical recruitment include:

- Appointment of ID Medical and Medacs to support national and internal recruitment. It is recognised that this can take some time (6 weeks – 6 months) and that there is no guarantee that the Trust will be granted Visa's (if required).
- ID Medical was initially awarded the contract and since January 2016 have supplied 44 cv's for consideration, 3 have been appointed.
- Medacs is newly appointed and have submitted 3 cv's and 3 have been appointed:
- Undertaking skill mix reviews, particularly within Women's and Children's when Health Education West Midlands did not recruit the required number of juniors required to maintain the rotas in August 2015.
- Rota reconfiguration – this has also been undertaken alongside skill mix review in order to maintain a safe working rota.
- National recruitment campaigns and raising the Trust profile at Specialty conferences.
- 'Belong to something' campaign is being used to promote difficult to recruit to posts.
- Temporary staffing initiatives - from June 2016 the internal booking system has been incorporated in the Trust's existing external locum booking process through the LMS portal. It is envisaged that this should increase the number of internal locum bookings and internal Medical bank usage.

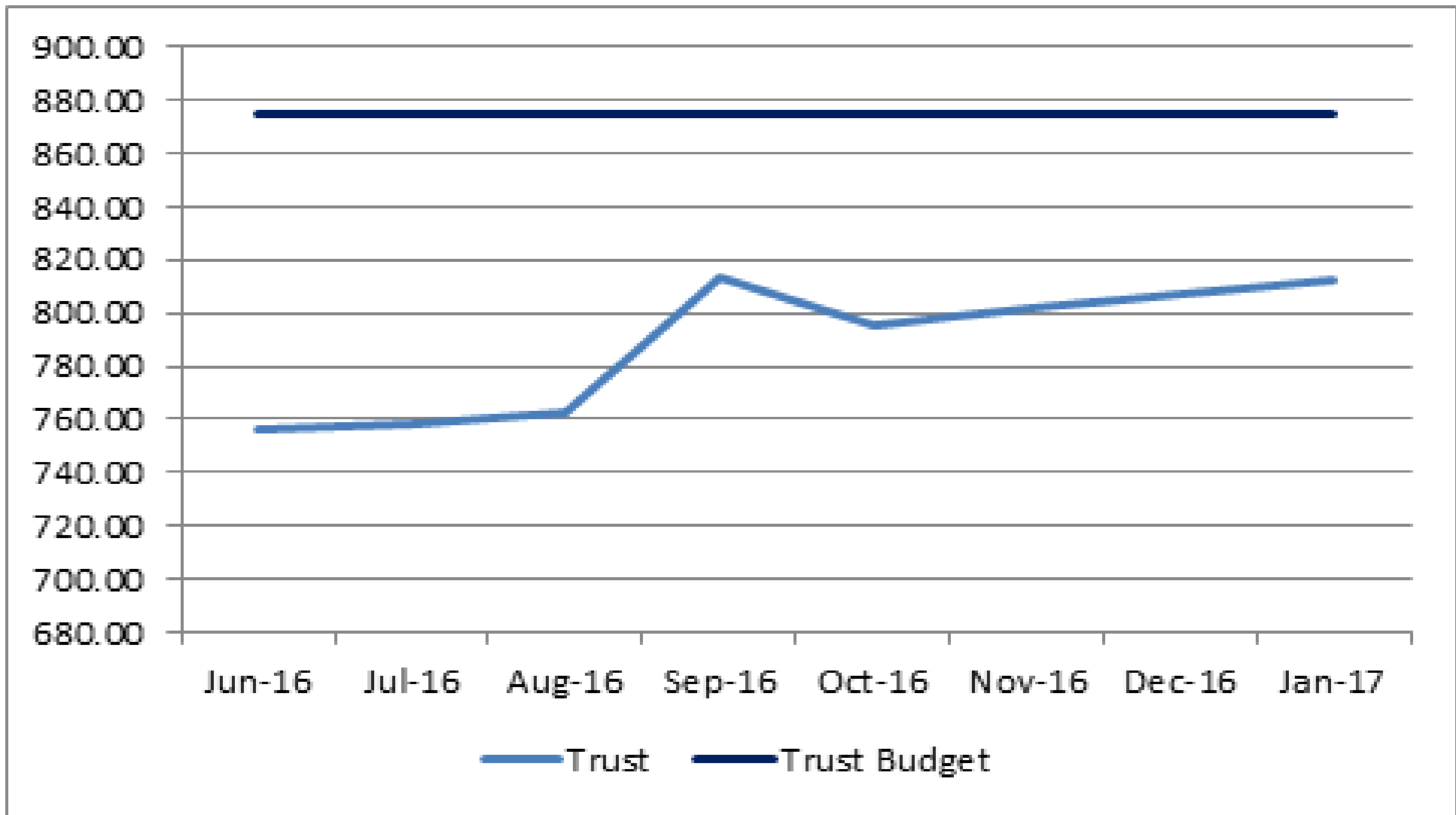
### 3.3 Other posts

The Trust currently faces challenges recruiting to the following posts:

- Operational Managers (Scheduled Care)
- Cardio-Respiratory Technicians
- Sonographers
- Pathology – Life Sciences and Biomedical Scientists
- Pharmacists

Actions to support challenged areas are described within **Appendix 3**.

Appendix 1 – Staff Nurse Trajectory



## Appendix 2 - Medical Staffing – workforce gaps/hard to fill positions

Post(s)	Speciality	Current situation	Action
Consultant	Emergency Medicine	Currently out to advert	Back filling with Locums and out to permanent recruitment
Specialty Doctor	Emergency Medicine	Advertised in May -applicants withdrew	Back filling with Locums and out to permanent recruitment
Clinical Fellows	Emergency Medicine	Recently advertised and interviews being held 24 <sup>th</sup> June 2016	Back filling with Locums and out to permanent recruitment
Consultant	Acute Medicine	Adjusting current Consultant job plans to assist on AMU	Back filling with Locums and out to permanent recruitment
Consultant	Care of Elderly/Stroke	Closing date for advert 16 <sup>th</sup> June 2016 - no applicants	Internal adjustment of job plans to cover vacant posts
Consultant Physician	Renal	Closing date for advert 16 <sup>th</sup> June 2016 - two applicants	Interview 7 <sup>th</sup> July 2016
Consultant	Gastroenterology	To be re-advertised	Locum Consultant covering scoping sessions
Specialty Doctors	Trauma and Orthopaedics	Currently being advertised	Interviews to be arranged
Consultant	Anaesthetics (General and Obstetrics)	Interviews to be held 24 <sup>th</sup> June 2016	Interviews to be held 24 <sup>th</sup> June 2016
Specialty Doctor	Anaesthetics	Interviews on 11 <sup>th</sup> July 2016	Back filling with Locums and out to permanent recruitment
Consultant Oncoplastic Breast Surgeon	Breast Surgery	To be advertised	To be advertised
Consultant Surgeon	Urology	To be advertised	To be advertised
Consultant	Haematology	Recently appointed	No further action to be taken
Consultants	Neurology	To be re-advertised	Back filling with Locum and out to permanent recruitment
Consultant	Dermatology	To be re-advertised	Locum Consultant in post and out to International recruitment
Consultant	Ophthalmology	To be advertised 2 <sup>nd</sup> July 2016	Locum Consultants in post
Specialty Doctors	Ophthalmology	Interviews on 6 <sup>th</sup> July 2016	No locums in post to back fill
Consultant	Histopathology	Currently out to advert	Currently out to advert
Consultants	Interventional and Breast Radiology	Advertised in March-no applicants shortlisted	Attempting to fill with Locum Consultants and out to permanent recruitment

### Appendix 3 – Other posts – workforce gaps/hard to fill positions

Post	Vacancy rate	Issue	Action
Operational Managers (Scheduled Care)	28.5% (2 FTE out of 7 FTE)	General difficulty in recruiting and attracting experienced candidates to operational management posts – across 8a-8c roles. Posts covered currently with acting up/ secondment or temporary appointments.	Development of career pathway for NHS Managers. Consideration of cross-care group training plan to share experience and knowledge.
Cardio-Respiratory Technicians	17.5% (1.72 FTE out of 9.83 FTE)	General difficulty in recruiting and attracting candidates with the experience required for the roles. Further impact due to close proximity to neighbouring Trust (New Cross Hospital, Wolverhampton). Shortfall is currently covered by agency.	Recruitment day for Care Group planned and review of roles are being looked at to establish alternative models of delivery. Career Pathway in development to support newly qualified staff to develop skill set and support succession planning.
Sonographers	0.7 FTE Coding issues are to be addressed from Q2 budgets (currently amalgamated with Band 7's)	Low vacancies however high risk group as demand outweighs capacity, aging workforce, high MSK risk due to intensity, difficulty in succession planning.	Locum/agency to meet capacity needs in Support Services.  Developing in-house workforce in conjunction with HEWM Sonography workforce development group.



Post	Vacancy rate	Issue	Action
Pharmacists	10% (6.47 FTE)	Difficulties experienced with recruiting Pharmacists	<p>Gap between capacity and demand causing retention problems which in turn has affected recruitment. Business Case to support aseptic service provision.</p> <p>Continued focus on technician workforce to support Pharmacist team as appropriate.</p> <p>Pharmacists have participated in VMI Work Streams to support efficiency in their work.</p>