Focus

- Workforce Profile
- Impact on recruitment, retention and employment experience
- Workforce Transformation to date
- Recruitment
- Retention – OD Plan and People Strategy
- 5 year transformation plan
Overview – Workforce challenge

Issues and Challenges

- Ageing Workforce
- Staff Engagement
- Absence
- Recruitment
- Retention

Proud To Care
Make It Happen
We Value Respect
Together We Achieve
Age Profile

Ageing Workforce

13% of Nursing and Midwifery Registered staff are over 55 years of age. This means that there are 184 WTE eligible to retire.

19% Consultants are over 55 years. Based on 50% it could equate to **23wte leaving over the next 5 years.**

14% AHP / Scientific / Technical staff are over 55 years. Based on 50% it could equate to **42wte leaving over the next 5 years.**

37% of staff within Estates and Ancillary are over 55. Based on 50% of this number retiring it could equate to **81 WTE leaving over the next 5 years.**

Flexible Working

39% of the workforce is between the age of 21-40. A proportion of these staff may choose to access the shared parental leave entitlement. 57% of the workforce currently work part time hours. This is likely to increase in the future given the relatively high numbers within this age range.
Recruitment and Retention

Over the past 12 months, our total WTE of Nursing and Midwifery Registered staff has reduced by 15.76 WTE (103 Starters and 120 Leavers).

Over the past 12 months, our total WTE of Consultants has increased by 3.26 WTE (24 Starters and 21 Leavers).

Over the past 12 months, our total WTE of AHP / Scientific / Technical staff has reduced by -2.85 WTE (53 Starters and 60 Leavers).

Over the past 12 months, our total WTE of Estates and Ancillary staff has reduced by 1.88 WTE (54 Starters and 53 Leavers).
**Nursing** - The number of nurses and Midwives on the Nursing and Midwifery Council’s UK register of all practitioners, began declining in 2008 and continues to fall. Migration patterns have changed, the number of UK-trained nurses leaving to work in other countries now outnumbers those trained outside the United Kingdom seeking to work in the United Kingdom.

The current national workforce is ageing: 12.4 per cent of the nursing and midwifery workforce is aged 55 and over.

The number of training places in the allied health professions and pharmacy workforce has reduced in response to funding constraints – this may have an impact on the supply of staff in the next 20 years.

Demand for nursing and allied health professionals is expected to outstrip supply unless the number of training places is increased or recruitment outside the United Kingdom intensifies. – *SOURCE* Kings Fund.

**Medical Staff**

**Tier 1 and Tier 2 Medical Staff** - Middle Grade and Junior Doctor recruitment risk varies based on Deanary supply, which is anticipated to reduce given the numbers of Doctors in training posts has fallen for the fifth year running, with just over 50% of doctors who completed the foundation programme going on to enter British specialist training (UK Foundation Programme Office, 2017).

**Radiologists** - There is a national shortage of Radiologists which is impacting on our workforce numbers. We have consistently had a gap of 2WTE Radiologists, This is filled using additional reporting sessions and locums. Moving forwards we are looking at joint recruitment with larger centres and the role development of Consultant Radiographers to support the medical workforce.

**Emergency Department Consultants** – There is a National shortage of ED Consultants. There are 5.0wte substantive Consultants in post, only 4 of whom cover the On Call rota. The College of Emergency Medicine (CEM) recommends that all A&E departments should have an establishment of at least 10 Emergency Medicine Consultants to provide up to 16 hours a day of consultant cover.

**Dermatology Consultants** - Nationally there is a shortage of Consultant Dermatologists.

**Neurology** - SaTH has experienced long-standing capacity and workforce issues for several years, again similar to regional and national consultant workforce issues also in this specialty.
Workforce Turnover

We lose 22.31% of employees to another NHS Trust.
Impact of Outlined Risks on Staff Engagement

The following comments have been taken from our 2016 Staff Survey and from the 2017 Job Evaluation Survey Tool provided by Junior Doctors.

- More frontline staff/frontline staff with good experience and skills.
- Workload has increased drastically, with minimal or no workforce increase. Staff members are frequently being taken to work in other areas, leaving even higher workloads for the staff left behind. Huge amounts of stress is being felt by staff members.
- Multiple long term rota gaps stretching staff to limits. Often required to cover multiple doctor's workload.
- Great rotation but not enough junior doctors on the teams meaning staying late is more than common. Most often stressed by workload.
- Challenging rotation as cross cover involved. One busier than the other, which can be unfair. But good learning opportunities.
- Too much workload on weekends when cross covering ENT leaves patients waiting long time in A and E before assessment.
Current Mitigation

- Workforce Planning
- Promotional Work
- Investment in new Equipment
- Role Development
- Internal Career Progression
- Flexible Working Options
- Regular Recruitment Events
- Support for Newly Qualified Staff
- International Recruitment
- Joint Posts with Neighbouring Trusts
Workforce transformation to date

- Nurse Associate
- Physio at the Front door.
- ACP development – ED & Acute Med.
- Physician Associate.
- Clinical Practice Educator.
- GP support in Ambulatory Medicine.
- Reporting advanced practitioner in Radiology to support ED.
- Support roles in clinical support services.
- Apprentices across the organisation.
Investment in recruitment - Belong to something...

Belong to something...

evolutionary

dramatic

exciting

peaceful

historic

amazing
People Strategy

• To ensure our employment experience is great – recognising the close relationship with patient experience.

• To ensure our staff feel valued & recognised

• To deliver cultural change

• To achieve Employee Engagement

• Attract and retain talented people

• Make our values real

• Ensure delivery of our strategy – great people and leadership.
Belong to something (OD Plan)

- Cultural Development
- Values based organisation
- Staff Engagement
- Transforming Care Institute
- Aston OD Team Development
- Learning Organisation
- Leadership Academy
- Service reconfiguration
## Workforce Transformation – 5 Year Plan

<table>
<thead>
<tr>
<th>What?</th>
<th>How Many?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Clinical Practitioners</td>
<td>51</td>
<td><strong>Advanced Clinical Practitioners</strong> will be expanded within the care groups to address short falls in our medical workforce but also to assist in creating a long term sustainable workforce.</td>
</tr>
<tr>
<td>Nurse Associates</td>
<td>132</td>
<td><strong>Nurse Associates</strong> will be introduced to address the short fall in band 5 registered nurses which also provides greater stability in creating a sustainable workforce. The trainees will be sourced predominately from our Health Care Assistant workforce and after training work across all 24 hours wards and Theatres and Ophthalmology. Scheduled Care is expecting to increase this workforce to 60 wte over the next 5 years.</td>
</tr>
<tr>
<td>Assistant Scrub Practitioners</td>
<td>10</td>
<td><strong>Assistant Scrub Practitioners</strong> will be introduced to assist in addressing the current workforce gaps within our Theatres). Transition to the new role is underpinned by a 2 year course: Assistant Practitioner (Health) Higher Apprenticeship – Perioperative Care delivered in partnership with Staffordshire University. Scoping work underway to introduce this role to Maternity Theatres.</td>
</tr>
<tr>
<td>Rehabilitation Health Care Practitioner</td>
<td>15</td>
<td><strong>Rehabilitation Health Care Practitioner</strong> This role will be developed which combines occupational health, physiotherapy with the current band 3 health care assistant role within ITU. This role will help create further efficiencies and ensure we meet the Allied Health Professional standards. These roles are planned for Y5.</td>
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<tr>
<td>Consultant Radiographer</td>
<td>2</td>
<td>Plain film reporting to support the shortage of Radiologists and improve general radiographer career progression</td>
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<tr>
<td>Non Medical Prescriber</td>
<td>5</td>
<td>New role within Pharmacy, Pharmacists will develop into this role as a part of the Hospital Pharmacy Transformation Plan.</td>
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Why reconfiguration?

- From experience, Women and Children’s and Surgery the centralisation of service along with a strong clinical view improves recruitment, this is an assumption in our planning.
- The workforce efficiencies from the reconfiguration support development and transformation at scale. Without this the Trust is unable to support the growth.
- Single site working makes rotas attractive; currently in a number of specialities on call is a one in four, new model moves to one in eight/ten.

Our Workforce Plan as part of Future Fit addresses the fragility in our workforce
Summary

- Fragility in a number of specialties, one member of staff makes a difference.
- Clear People Strategy, OD Plan and Workforce Plans developed.
- Need for support to ensure transition into new clinical model.
Thank you for your time