

### Board of Directors' Meeting 8 December 2020

Agenda item	xxx/20								
Report	Workforce Report								
Executive Lead	Acting Director of Workforce, Rh	ia Boy	vode						
	Link to strategic pillar:		Link to CQC don	nain:					
	Our patients and community	Safe	$\checkmark$						
tick only those	Our people	$\checkmark$	Effective	$\checkmark$					
applicable	Our service delivery	$\checkmark$	Caring						
	Our partners		Responsive						
	Our governance	$\checkmark$	Well Led						
	Report recommendations:		Link to BAF / ris	k:					
	For assurance		BAF1, BAF4, BAF BAF9	- 8,					
$\sqrt{tick}$ / input only	For decision / approval		Link to risk regis	ster:					
those applicable, usually only one	For review / discussion		970, 1083, 1930, 2027						
usually only one	For noting	$\checkmark$	2065						
	For information								
	For consent								
Presented to:	n/a								
<b>Dependent</b> upon (if applicable):	n/a								
Executive summary:	<ul> <li>n/a</li> <li>This report provides the Trust Board with information and assurance on key workforce metrics and workforce matters.</li> <li>In relation to Key performance Indicators, the reports sets out that:</li> <li>The Sickness Absence has increased by 0.13% from previous month to 4.13%. Covid-19 related Sickness is 2.43% in month</li> <li>Percentage of staff testing positive for COVID 19 increase in October (average 1.3%).</li> <li>Turnover continues to be above target at 11.2% which equates to 594 FTE</li> <li>The Appraisal rate for Medical staff has slightly improved to be above target however the Staff Appraisal rate remains below the 90% target at 85%.</li> <li>The Mandatory Training compliance rate remains below the 90% Target at 86%.</li> </ul>								

	<ul> <li>Flu vaccination</li> <li>National Staff Survey update</li> <li>E-Rostering</li> <li>Medical vacancies</li> </ul>
Appendices	Appendix 1: Workforce and OD Report

#### 1.0 Staff Sickness

- 1.1 Percentage of staff testing positive in October reflects an increasing trend which carries through to a further increase in November where positive cases are at the highest level.
- 1.2 The Sickness Absence has increased by 0.13% from previous month to 4.13%. Covid-19 related Sickness is 2.43% in month. Sickness for October equates to 236 FTE. Absence related to mental health continues to be high with 30% of all non-Covid sickness attributed to it which equates to 71 FTE. Estates and ancillary sickness at 6.9% continues to be the staff group with the highest levels of sickness absence.
- 1.3 The overall numbers of staff requiring to isolate reduced in early October predominantly due to a reduction in cases of household isolation following a peak in September as schools and colleges returned. Increasing periods of isolation towards the end of October are associated with an increase in cases of Test and Trace Isolation.

#### 2.0 <u>Recruitment and Retention</u>

- 2.1 There has been an increase in FTE across all staff groups with Additional Clinical Services increasing by 12% equating to 122 FTE this in part will reflect pre-registration nursing staff who will transition to qualified nursing numbers when they have gained their PIN; Nursing and Midwifery increasing by 9% equating to 139 FTE; Estates and Ancillary increasing by 8% equating to 38 FTE; Medical and Dental increased by 4% equating to 26 FTE.
- 2.2 Overall staffing numbers show an increase in October; staffing levels demonstrate growth over the last 12 months.

#### 3.0 Mandatory and Statutory Training

3.1 The Mandatory Training compliance rate remains below the 90% Target at 85% with no change from September.

#### 4.0 Personal Development Review

- 4.1 The 12 month rolling Personal Development Review (PDR) compliance is currently 85% against a 90% target.
- 4.2 Focused support is provided to managers below this target via the Corporate Education team and Care Group business partners.
- 4.3 A substantial review of appraisal will be undertaken once the behaviours and values work is complete to ensure alignment with overall Trust objectives. The Appraisal form has had an interim revision to include the new Trust Values, Health and Well-being and Flexible working discussions.

## 5.0 Leadership, Culture, Engagement, Apprenticeships & Non-medical student activity

5.1 Virtual Corporate Induction takes place now, with the on boarding team providing all of the corporate info and a 'Face of Sath' corporate link for staff with initial information and an on-boarding page. The Full Trust Corporate Induction programme is under review and due to relaunch in March 2021. The Manager Induction programme will be

restarting in November, with all new managers starting since February offered a place on the virtual course.

- 5.2 The Trust Leadership programme is currently under review with first wave Triumvirate training due to commence early 2021 with funding and provider secured. The programme for development is currently being finalised.
- 5.3 Safeguarding training compliance continues to improve month on month. The Corporate Education team is working with Care Groups to identify and reduce data conflicts; supporting managers to prioritise and schedule training completion and working with our IT team to enable proxy facility to offer remote support to e-learners more effectively.
- 5.4 The Trust is contributing to virtual work experience and careers engagement resources being delivered at a regional level. Work experience placements at the Trust remain paused to protect staff and patients.
- 5.5 Clever Together Cultural programme steering committee

#### 6.0 Staff Survey

6.1 Achieved Target for the People Strategy – NHS Staff Survey Response rate Target was 41% and achieved 43% which is 2717 responses.

#### 7.0 Equality, Diversity & Inclusion

- 7.1 The WRES & WDES has been reported and published with agreed actions with the staff networks. Themes for focus are:
  - Recruitment and selection of under-represented groups how we target our activity and undertake positive action
  - Increasing access to non-mandate training for our BAME staff
  - Addressing Bullying and Harassment concerns reviewing our current practices and policy
- 7.2 This month has seen increased focus for BAME staff in supporting and targeting health and wellbeing support for staff including Psychological support
- 7.3 Our Staff networks have held the monthly meeting and are assisting with developing training for managers eg:
  - supporting staff who require reasonable adjustments
  - Unconscious bias/cultural competence
  - Developing a Equality Impact Analysis toolkit
- 7.4 The Trust EDI Lead chairs the Systems EDI Group and has led the group to:
  - Review/Monitoring Covid-19 Risk Assessments and ensuring on-going support for managers to ensure continuous conversations
  - Support our International Nurses Partnership 'Welcome Booklet'. A video virtual tours of the hospital sites for cohorts who have not been able to walk about and meet teams face to face
  - Established system BAME staff network
  - Facilitated a number of Events as part of our Cultural Calendar Black History Event 15<sup>th</sup> Oct / Interfaith events / Raising Awareness of Islamophobia in Nov.
- 8.0 **Risk and Mitigation**

8.1 Risk and mitigation within appendix 1.

#### 9.0 Conclusion

9.1 The Board of Directors are asked to take assurance from this report that the Trust is supporting the health and wellbeing of staff. A development session for the board is arranged to discuss the board role in supporting the new culture programme.

Rhia Boyode Acting Workforce Director

The Shrewsbury and Telford Hospital NHS Trust

# Workforce and OD Board Report

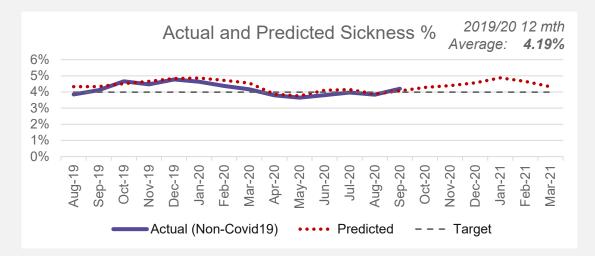
October 2020

Rhia Boyode Interim Workforce Director

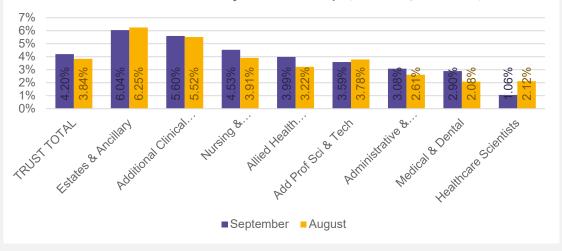


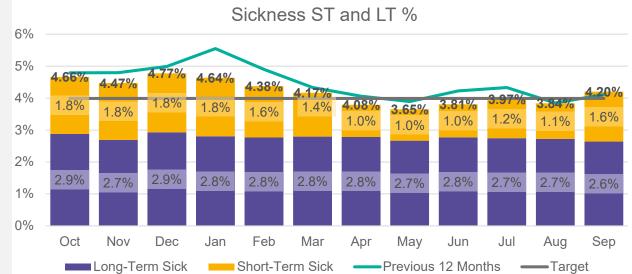


### **Non Covid-19 Sickness Absence**



Sickness FTE % by Staff Group (Excluding Covid-19)

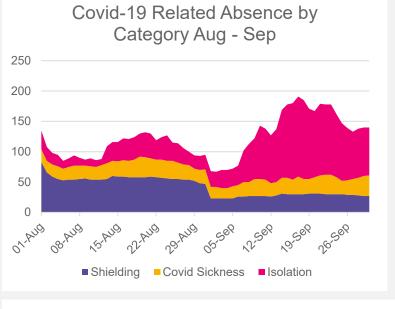


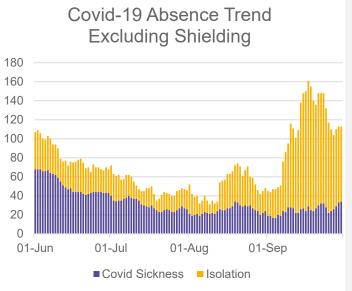


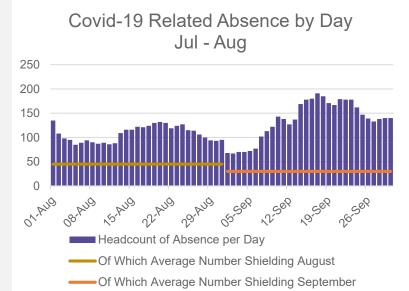
- Non-Covid related absence continues to follow expected trends
- Sickness for September was 4.2% which equates to 238 FTE
- Absence related to mental health continues to be high with 32% of all non-covid sickness attributed to it which equates to 75 FTE
- Estates and ancillary sickness at 6.04% continues to be the staff group with the highest levels of sickness absence



### **Covid-19 Related Absence**





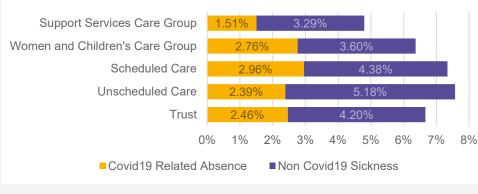


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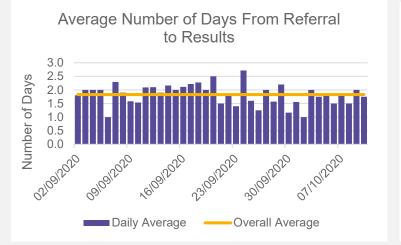
### Absence % by Care Group September-20



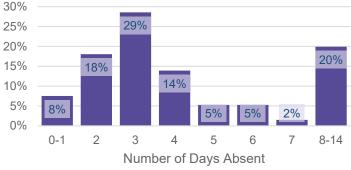
- Covid-19 related calendar day absence of 2.46% equates to 139 FTE
- Approximately 30 staff remained absent due to shielding related absence in September
- The numbers of staff required to isolate continues to increase through September due to periods of household isolation due to a member of the household being symptomatic and staff being required to isolate due to test and trace



### **Covid-19 Absence & Staff Testing Referrals**



Staff in Household Isolation for September by Duration of Absence



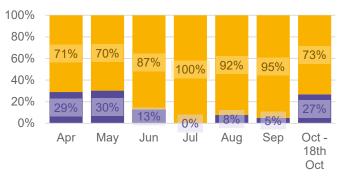
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Staff Covid Testing Results by Month

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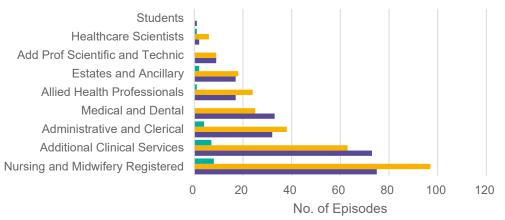
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#### ■ Positive ■ Negative

### Covid Related Absence by Category Sep-20



Test and Trace Isolation Household Member Symptoms Staff Member Symptomatic

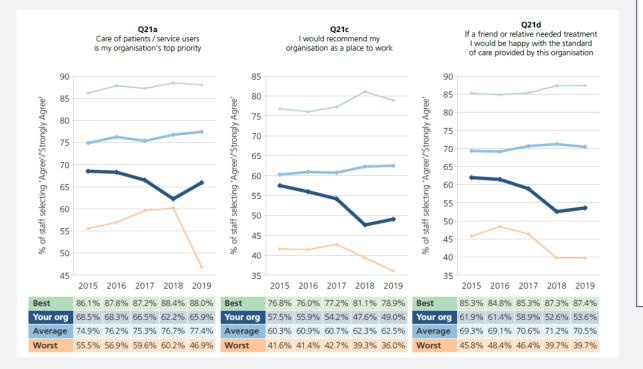
- Nearly 450 staff were referred for testing in September with high numbers due to household members becoming symptomatic
- An additional 90 reported accessing testing via the Government portal
- % of staff testing positive in September remained low however an increase in positive cases is being seen in October
- Staff are being encouraged to be tested via staff testing not Government. In-house testing is quicker with average of less than 2 days from being referred to result; also provides occupational health support for well-being advice
  - 80% of staff absent due to household isolation return within 7 days with over 50% returning within 3 days indicating staff and households are referred quickly



### Staff Survey 2019 summary & actions for 2020



	2019 Score	2018 Score	Diff	Sector score	Diff
Advocacy	6.17	6.06	+0.11 (Not sig.)	6.91	-0.74 (Sig.)
Motivation	7.12	7.10	+0.02 (Not sig.)	7.32	-0.20 (Sig.)
Involvement	6.64	6.57	+0.07 (Not sig.)	6.81	-0.17 (Not sig.)
Overall Staff Engagement	6.64	6.57	+0.07 (Not sig.)	7.01	-0.37 (Sig.)



- In the NHS staff survey 2019 65.9% of respondents feel that the care of patients/service users at the Trust is the top priority. This is an increase from 2018 and lower than results in 2015 and 2016.
- In the NHS staff survey 2019 49% of respondents would recommend the Trust as a place to work, this is an increase since 2018, and lower than 2015-2017.
- In the NHS staff survey 2019 53.6% of respondents would be happy with the standard of care provided by the Trust to friend or relatives. This is an increase from 2018 and lower than 2015-2017 responses.
- There has been an increase in advocacy, motivation and involvement between 2018 and 2019 survey results, this is below the sector score.
- 2020 key challenges are to increase participation, the majority of staff opted to access the survey on line this year.
- This year we will also be surveying bank staff
- Response rate higher now over the first two weeks than first four weeks in the previous year
- Engagement champions involved in encouraging participation
- Regular Barometer response updates being shared with divisions



### **Flu Vaccination Information**

#### % front line staff vaccinated - week ending 18th October 2020

The 2020/21 CQUIN CCG target is to achieve a minimum 70% and maximum 90% vaccination rate for frontline healthcare workers with patient contact by 28<sup>th</sup> February 2021.

	2020-21 Target	Oct	Nov	Dec	Jan
% front line staff					
vaccinated	70%	27.52			
(cumulative)					

## All staff vaccinated by week (incl. students, and all contract types) - week ending 18<sup>th</sup> October 2020

Total number of staff - 8052

Week	Number vaccinated
End of week 1	838
End of week 2	1600
End of week 3	2042

### Key Points, Actions and Progress

- 2,042 vaccinations of which 1,931 were employees.
- This equated to 23.9% of all staff
- 1,859 front line healthcare workers vaccinated out of a total of 6,756 (27.52%.
- Work continues to increase the numbers being vaccinated ahead of the winter via clinics and peer vaccinations on wards.



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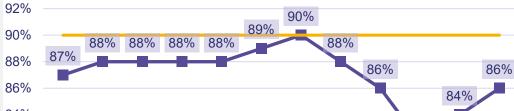
# **People Development and Leadership**

### **Statutory Training and Apprenticeship**

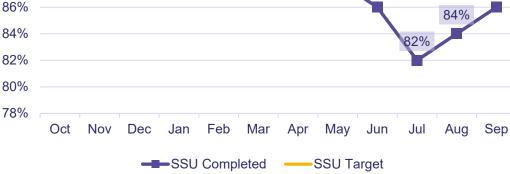
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#### Key Points, Actions and Progress

- The trend for Statutory and Mandatory compliance is rapidly changing as new subjects continue to be identified, changed and added, although it is steadily rising again towards pre-covid rates. For example, the recent change of frequency for hand hygiene assessments (from 3-yearly to annually) reduced compliance by 4% in one month.
- As a result of additional focus on e-learning, if all staff were enabled to complete the subjects now available via e-learning, compliance would return to around 89-90% again. Trajectories to compliance have been requested from Care Groups for the Quality Improvement Plan.
- Face to face training remains challenging during Covid (eg Resuscitation and Patient Moving and Handling training)
- Apprenticeships reduced to almost zero during the height of Covid (first wave) and revised HEE targets are expected but have not yet been received
- Work is ongoing to publish performance against Safeguarding training requirements in an additional single monthly report
- Focused support is being provided to the managers of any Ward that is below target
- Improving the way staff and managers are informed of what is required
- Getting all Directorates, Care Groups and Ward compliant on subjects that can be completed by e-learning
- Wards managing their staff training planning across the year

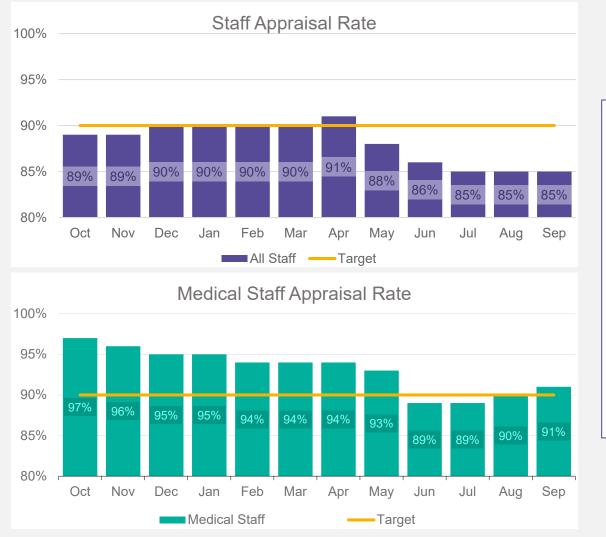


Statutory Safety Update Training Completed %



# **People Development and Leadership**

### **Staff Appraisals**



### Key Points, Actions and Progress

- First wave Covid severely impacted appraisal completion rates across all staff groups. Recovery is slow
- E-mail reminders due or outstanding are sent to all staff
- Focused support is being provided to the managers of any Ward that is below target
- Appraisal form has had an interim revision to include the new Trust Values and health and well-being and flexible working discussions
- A substantial review of appraisal will be undertaken once the behaviours and values work is complete to ensure alignment with overall Trust objectives



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# **People Development and Leadership**

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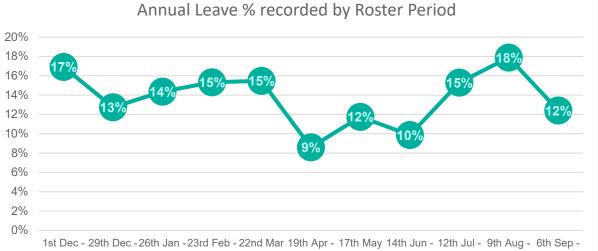
### **Statutory Training**

SSU Training	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep
SSU Completed	87%	88%	88%	88%	88%	89%	90%	88%	86%	82%	84%	86%
SSU Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
IG Training	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep
IG Completed	87%	87%	88%	88%	87%	85%	88%	84%	82%	77%	82%	82%
IG Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

- One to one advisory support for Ward Managers with lowest compliance
- · Care Groups to develop their own improvement trajectories
- Issue of special communication to all staff about Statutory and Mandatory training requirements to ensure clarity
- Close working with Corporate Nursing Safeguarding lead to deliver improvement in the way all Safeguarding training and CPD requirements are presented to staff and managers.
- Focus on completion of Getting to Good Quality Improvement Plan actions including Sepsis training and resolution of outstanding decision on Medical staff e-learning

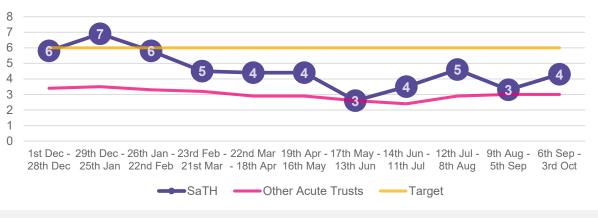


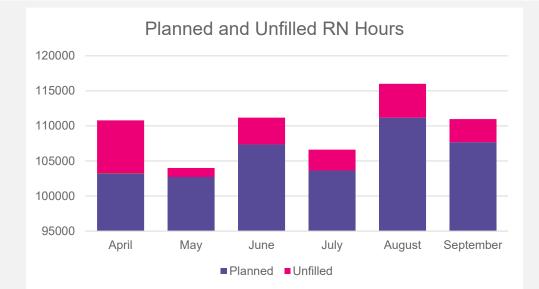
### **E-Rostering**



1st Dec - 29th Dec - 26th Jan - 23rd Feb - 22nd Mar 19th Apr - 17th May 14th Jun - 12th Jul - 9th Aug - 6th Sep 28th Dec 25th Jan 22nd Feb 21st Mar - 18th Apr 16th May - 13th Jun 11th Jul 8th Aug 5th Sep 3rd Oct

Roster Approval Lead Time in Weeks





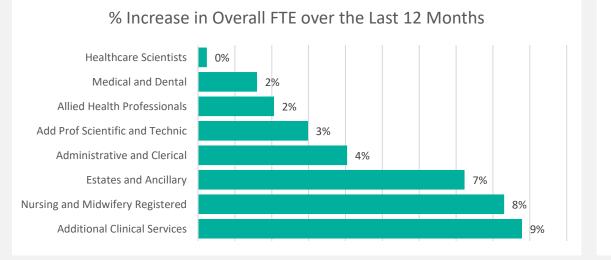
### Key Points, Actions and Progress

- There are approximately 260 non-medical departments that do not use HealthRoster to roster their staff working hours
- By 1<sup>st</sup> April the goal is to have annual leave managed for all non-medical substantive staff using HealthRoster; five pilot departments have been identified to work with managers to start the project.
- Work to improve against the 6 week approval lead time will continue.
- Medic on Duty (Medical rostering system) is currently being rolled out across the Trust. It is expected the project will be delivered by 31 March 2021.

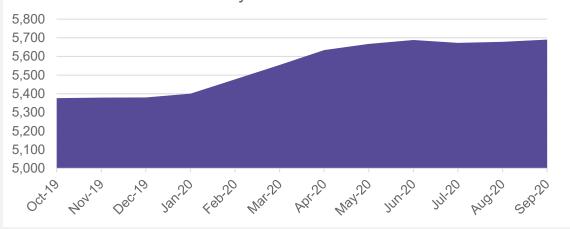


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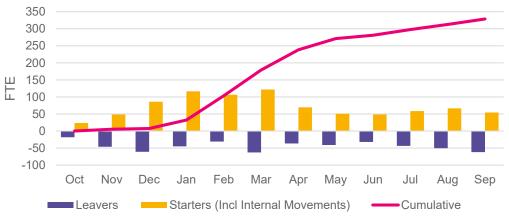
### **Staff Starters and Leavers**



Monthly FTE Staff in Post



Cumulative Staff In Post - FTE



### Key Points, Actions and Progress

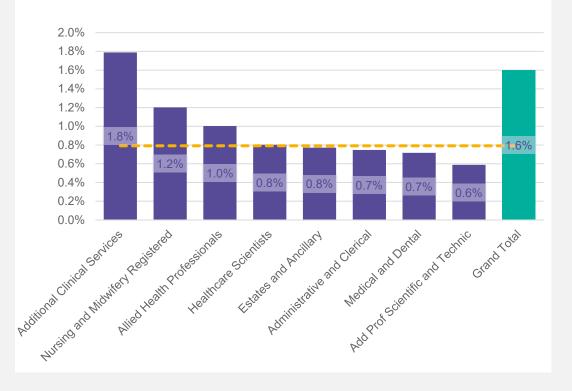
- Overall staffing numbers remain consistent; staffing levels demonstrate growth over the last 12 months
- There has been an increase in FTE across all staff groups with Additional Clinical Services increasing by 9% equating to 89 FTE; Nursing and Midwifery increasing by 8% equating to 124 FTE; Estates and Ancillary increasing by 7% equating to 33 FTE; Admin and Clerical increasing by 4% equating to 47 FTE
- Further work is needed to publicise the exit questionnaire and improve response rates.

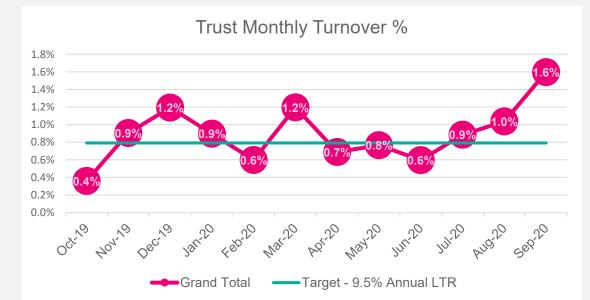


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### **Staff Turnover**

FTE Turnover % by Staff Group Sep-20





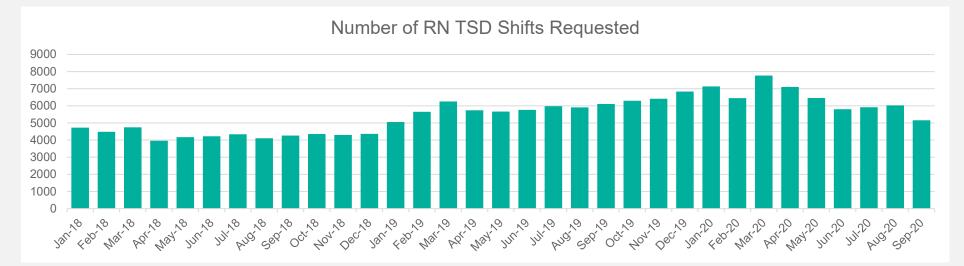
### Key Points, Actions and Progress

- Trust 12 month turnover figure is 10.7% which equates to 564 FTE
- Turnover for September was 1.6% equating to 86 FTE however 26 FTE of these were students
- Nursing continues to be the staff group with the highest number of leavers: 172 in the last 12 month of which 46 have less than 12 months service

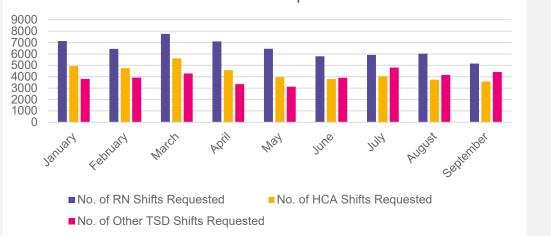


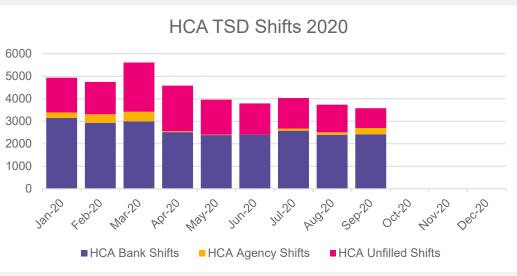
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### **Temporary Staffing Activity**



**TSD Shifts Requested** 







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	Мау	June	July	August	September
No. of locum shifts requested in month	2030	2088	2893	3052	3044
Filled by Bank	769	650	784	919	771
Filled by Agency	1241	1356	1441	1521	1741
Total Filled shifts	2010	2006	2225	2440	2512
Unfilled shifts	20	82	668	612	532

#### Key Points, Actions and Progress

• Implemented new medical temporary staffing system (Locums Nest) This improves the process for staff booking bank shifts using an application via Smart Phone/Devise.



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## Appendix 1 Workforce Vacancies and Expected Growth (Medical and Nursing as at 30 Sep 20)

Consultants	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Budget	291	291	291	291	291	291
Substantive	238	239	234	238	238	244
Bank	23	23	27	23	26	29
Agency	18	16	18	18	22	22
Vacancies	53	52	57	53	53	47

Medical (Senior						
/Junior)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Budget	432	432	432	432	430	430
Substantive	397	419	422	410	399	372
Bank	17	16	19	17	25	34
Agency	29	24	25	28	30	44
Vacancies	35	13	10	22	31	57

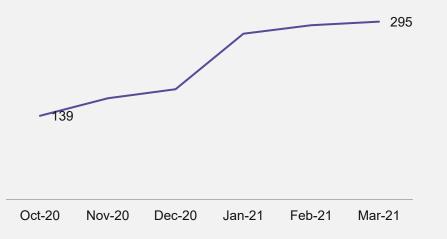
Nursing Sep-20	Budget WTE	Contracted WTE	Vacancies
Nurse Managers (B7)	272	265	7
Senior Nurse (B8a+)	87	84	3
Trained Nurse (B5-6)	1510	1293	216

### Key Points, Actions and Progress

Expected growth throughout 20/21 is driven by a number of investments including:

- Same Day Emergency Care
- Priority Admission Unit
- Independent Maternity Review
- Emergency Medicine
- Roles required to address impact of COVID 19
- Virtual recruitment events are now being put in place for the remainder of 2020 which are being held each month.







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