

Board of Directors' Meeting

11th February 2021

Agenda item	033/21			
Report	Workforce Report			
Executive Lead	Acting Director of Workforce Rhia Boyode			
√ tick only those applicable	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community		Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance	√	Well Led	√
√ tick / input only those applicable, usually only one	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF4, BAF 8, BAF9	
	For decision / approval		Link to risk register: 970, 1083, 1930, 2027, 2065	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	Cultural Steering Group (End February 2021) Operational Workforce Committee (22 February 2021) Education and Leadership Committee (24 March 2021) Staff Side (19 January 2021) LNC (F Feb) CQRM and Maternity CQRM (January 2021) As a result of Covid-19 some meetings will take place in February, this paper has and is being presented on the dates listed.			
Dependent upon (if applicable):	n/a			
Executive summary:	Our workforce is our most valuable asset and the delivery of The Trust People Plan is key for ensuring that we both meet the strategic priorities of The Trust and manage the workforce risks articulated within the Board Assurance Framework (BAF) This report provides information and Assurance on the key workforce metrics and workforce matters. In relation to Key performance Indicators, the reports sets out that: <ul style="list-style-type: none">• The Sickness Absence increased by 0.18% from previous month to 4.41% (above target of 4%). Covid-19 related Sickness is 3.15% a reduction of 1.7% from November.• Trust 12 month turnover figure is 10.9% which equates to 586 WTE a 0.3% reduction from November.• Staff Appraisal rate remains below the 90% target at 86%.• The Mandatory Training compliance rate remains below the 90% Target at 85%.			

	<p>The report also offers a brief overview of a number of key areas in including:</p> <ul style="list-style-type: none"> • Leadership, Development and Education • Vaccine Recruitment • Covid-19 pulse Check and 2020 staff survey
Appendices	Appendix 1: Workforce and OD Report

1.0 Staff Sickness

- 1.1 Covid-19 related calendar day absence showed a reduction during December to 3.15% equating to 183 WTE. Reductions in COVID-19 related absence in part attributed to easing of restrictions and reduction of absences relating to staff in the Clinically Extremely Vulnerable (CEV)/Shielding category. Early indications in January 2021 are that Covid-19 absence levels are increasing throughout the month. Nursing and midwifery staff and additional clinical services staff continue to be the staff groups with the most staff absent due to being COVID symptomatic.
- 1.2 Following an increase in staff testing positive in November 2020, December shows a slight easing however January 2021 levels to 19th January show increasing levels again.
- 1.3 Absence related to mental health continues to be high with 33% of all non-COVID sickness attributed to it which equates to 85 WTE. Estates and ancillary sickness at 8% continues to be the staff group with the highest levels of sickness absence.
- 1.4 As part of our response to support hot spot areas the HR Advisory team are undertaking wellness check calls with staff who are absence including our CEV/ Shielding staff. Where managers are unable to support absence management to the normal standards the team are providing additional support to ensure our people are supported, accessing support and are able to return back to work as soon as possible. In addition we have requested staff who are unable to attend work due to sickness to contact at least two hours prior to a shift to enable better planning to cover shifts.

2.0 Recruitment and Retention

- 2.1 Overall staffing numbers continue to increase in December 2020 with staffing levels demonstrating growth over the last 12 months. Our 12 month rolling turnover is at 10.9%, across the NHS we have seen turnover rates fall as a result of the COVID-19 pandemic and whilst this rate may be considered within healthy turnover ranges given the context we are operating this is higher than we would like. In particular we are still seeing high levels of leavers within the first 12 months of service, which is a KPI linked to making SaTH a great place to work.
- 2.2 There has been an increase in WTE across all staff groups with Additional Clinical Services increasing by 13% equating to 133 WTE – 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 11% equating to 158 WTE; Estates and Ancillary increasing by 7% equating to 31 WTE; Medical and Dental increased by 6% equating to 37 WTE.
- 2.3 A number of successful bids have been awarded to SaTH as part of NHS England support to grow the nursing workforce. Financial support has been provided to aid the recruitment and development of international nurses for 2021/22 and in recruiting Health Care Support Workers without prior health care experience as part of a development programme.

- 2.4 Our recruitment and on-boarding teams have also been supporting the Vaccine programme so far recruiting 115 additional HCA and facilitated 159 individuals to join the rota via our bank with a further 241 applications being processed.

3.0 Redeployment of Staff – Supporting COVID Wards and ITU

- 3.1 We have also re-established our Redeployment team led by the HRBPs to work alongside clinical colleagues to manage coordinate and facilitate requests. This work is overseen by the Redeployment steering Group which comprised of key representative from the divisions and corporate teams and chaired by Deputy Workforce Director.
- 3.2 Daily monitoring of staffing gaps is established and reported through to our Silver and Gold meetings.
- 3.3 To date the team have supported 91 colleagues from RAJH, Shrop Comm and the military to support us within ED, ITU and a number of wards. In addition a further 88 internal posts have been filled via internal staff movement.

4.0 Risk Assessments

- 4.1 The COVID Risk assessments is being embedded into our business as usual procedures and systems e.g. local induction, appraisal, and sickness management. The KPI for risk assessments is 100% Trust wide, our current overall compliance from a black, Asian and minority ethnic background is 94% and 94% for all staff that have been risk assessed. It is important risk assessments are reviewed regularly with individuals.

5.0 Mandatory and Statutory Training

- 5.1 The Mandatory Training compliance rate remains below the 90% Target at 86% with no change from October. Reminders continue to be circulated to divisions and our HRBPs are supporting with the forward look planning, noting the extreme pressure our clinical areas are currently under. We also continue to data cleanse and move as much onto online training as possible to support.

6.0 Leadership, Development and Education

- 6.1 The focus during November has been on getting the cultural assessment work underway. Our communication platform 'Making a Difference Together' has led with the first of a series of virtual staff conversations launched on the 12th January 2021 in partnership with our provider Clever Together. The conversation is hosted on an anonymous online space providing opportunity for conversation about our organisational culture. At the time of writing, the conversation has attracted 454 participants and runs until 1st February 2021. A full thematic review will be shared at the end of the conversation and will incorporate other quantitative and qualitative data including the staff survey results for 2020 which is still under embargo. (Appendix 2).
- 6.2 Continuation of mapping the current leadership, OD and Education offering has included. Work to identify, in partnership with NHS Leadership Academy, an overarching plan that aligns all workforce plans for all groups with Trust values. It was recognised that the approach to education had previously been disjointed and under-resourced however were confident that there would be some resource/funding available from HEE to develop these programmes alongside achieving accreditation of internal learning programmes, with support from UHB. Scoping work for integrating

education is underway and SaTH's newly appointed Deputy Director of HR will be utilising some of the UHB tools and liaising with UHB Education and HR Leads to support this work.

- 6.3 Funding and provider have been secured for the roll-out of the first wave of triumvirate leadership development. This continues in December with continued engagement work. Changes to the Care Group (now Divisions) structure will support that work with the senior leadership teams. 'Scheduled Care' was now 'Surgery' with 'Unscheduled Care' now 'Medicine', divided between General Medicine and Acute Medicine. The programme for the first Trust Leadership triumvirate is finalised and our first cohort will commence in March 2021. We are reviewing the content of our line management training programmes to align learning and linkage to the leadership programme.
- 6.4 The Kickstart programme has been approved for implementation and plans are now being finalised to implement. The programme provides funding to employers to create new job placements for 16 to 24 year olds on Universal Credit at risk of long term unemployment.
- 6.5 Apprenticeships – The Trust as part of an STP wide approach has secured HEE funding to support the introduction of Registered Degree Nurse Apprenticeship opportunities over the next 2 academic years. A separate HEE funding application by the Trust independently to support 'top up' from Nursing Associate to Registered Nurse status has been submitted and is awaiting a decision.
- 6.6 During the 2020/21 year there has been a reduction in Apprenticeship activity of staff in substantive posts due to breaks in learning being enforced by some training providers e.g. Trainee Nursing Associates and some students choosing to take breaks due to work and personal pressures. Those employed as Apprentices have continued their studies
- 6.7 The Health and Wellbeing support for our staff continues to be a priority focus. Much work has been done to ensure Psychological support is available and well publicised. This offer is tailored to ensure that all staff groups have equal access. Mental Health First aid training for managers has continued through the last two months, with specific support for Women and Children's in January 2021. Health and Wellbeing packs have been developed and distributed on the wards. We also are working to ensure that the provision of physical and emotional support is in place. Examples of improvements made in partnership with other teams include department access points for food and hydration, improved access to accommodation, lockers.
- 6.8 We have been awarded 5 train the trainer places in ReACT Mental Health conversation training, which has been developed in partnership with NHSI. The ReACT framework trains managers to be able to identify people in their team who may be struggling with their mental health, initiate a supportive wellbeing conversation, confidently hold the conversation using active listening skills, and signpost them to appropriate support.
- 6.9 The first steering group to oversee the introduction of Schwartz rounds and team time met in January. There are 4 staff members training to become facilitators of team time conversations with the first planned to run at the end of February 2021.
- 6.10 A refresh of Corporate Induction continues and is on track to relaunch virtually from March 2021. The Manager Induction programme will be restarting virtually and our Executive members and Senior Leadership will be offering subject matter presentations within this to increase engagement.

- 6.11 Safeguarding training compliance continues to improve month on month. The Corporate Education team continues to work with Divisions supporting managers to prioritise and schedule training completion which has had good effect on compliance rates.
- 6.12 Achieved Target for the People Strategy – NHS Staff Survey Response rate Target was 41% and achieved 43% which is 2717 responses. Results for both the National Survey and Bank Staff surveys are being analysed and our communication plan finalised. A full thematic review will be shared as part of the 'Cultural Leadership Programme of work' (Appendix 2). The Workforce Director will be facilitating a Board development session to discuss the Boards role in early spring.
- 6.13 Results from the National Covid-19 Pulse check programme, which had a small number of respondents for SATH (n=56) showed that our staff feel there are still areas where we can improve levels of support to our staff via their line managers. They do also report improved perception of work life balance. The results are being used to inform our HWB and OD interventions. In addition during January and February we will be running a series of COVID briefing sessions for our managers to ensure our managers and all our people are supported and cared for during this wave of the pandemic.

7.0 Equality, Diversity & Inclusion

- 7.1 Unconscious Bias training, supported by NHS Charities Funding has been well received with additional dates arranged.
- 7.2 Our Staff networks continue to meet monthly meeting. The networks are also critical friends and key stakeholders for our 'Fostering a Culture Free from Bullying' project. By sharing their lived experiences, they are supporting the steering group, to implement an action plan, to develop a more caring, compassionate and kind work environment.
- 7.3 We will be supporting our SaTH Pride network to celebrate LGBT History Month in February 2021.
- 7.4 The Trust is in the process of becoming a member of The Employers Network for Equality and Inclusion (ENEI), an employers' network that can provide advice, guidance and support to turn diversity theory into business practice.
- 7.5 The first EDI Community Advocates met in December 2020, chaired by our EDI lead. The group consist of members of the public who volunteer their time to work collaboratively with staff members and other volunteers, to promote equality, diversity and inclusivity. The group are undertaking targeted engagement activities with our international nurses and doctors to ensure that they are feeling safe and supported, having arrived in the middle of the pandemic. We are listening and responding to any issues and concerns they raise, as well as signposting them to the different support and community groups that they may want to connect with for pastoral support, to alleviate any feelings of isolation and loneliness. We are also working with the On-Boarding Team to ensure Risk Assessments are being carried out for new staff, before they join their wards/teams and that they also are able to register with a local GP to enable them to receive the vaccine, when invited to do so.
- 7.6 Our EDI Lead is leading on a system response to the new regional Race equality and inclusion strategy and priorities, aligned to the NHE People Plan. A paper will be

submitted to the next STP People Board in March, as required by the regional People Board.

- 7.7 To support the vaccination programme we have been working across the system to engage with faith communities and local people to record reassuring messages in different languages utilising various social media platforms, as well as being publicised through the community groups, such as the Interfaith forum in Telford and Shropshire. In addition we are also reaching out to our international nurses and doctors to reassure about the safety of the vaccine and support them through the booking process and answer any queries.

8.0 Conclusion

- 8.1 The Board of Directors are asked to take assurance from this report that the Trust is supporting the health and wellbeing of staff.

Rhia Boyode
Acting Workforce Director

Workforce and OD Board Report

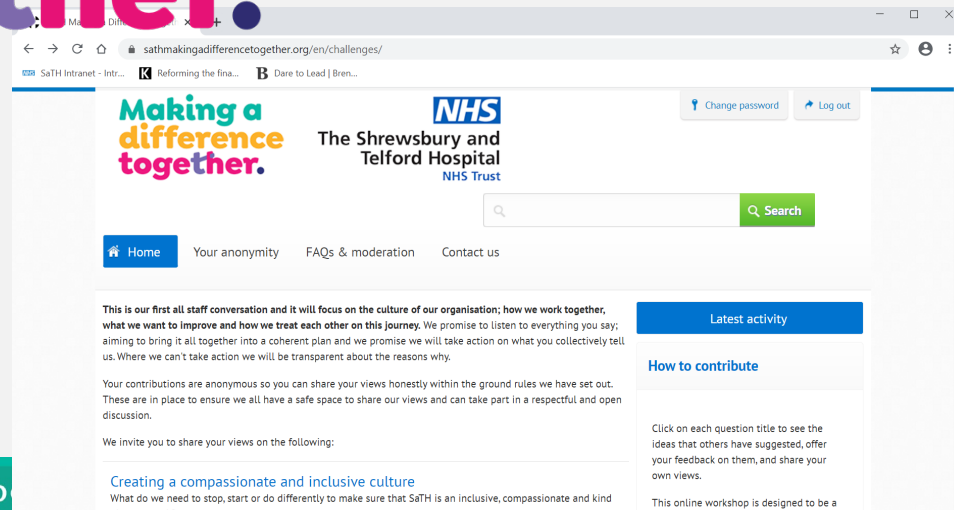
January 2021

Rhia Boyode
Interim Workforce Director



Engagement and Wellbeing

Making a difference together.



Health and Wellb

Psychological Support

- Different levels of Psychological support available for staff.
- Information, practical support and resources found on the intranet.
- Internal Support – Mental Health First Aid, Peer 2 Peer Listeners, Coaches
- Psychological Phone Support Lines – Care First (B&P), NHS Samaritans Line
- Face to Face Psychological Intervention – MFT, Phoenix, Hermes Centre
- Free NHS App available until the end of March 2021 – Headspace, Sleepio, unmind
- National NHS Support lines – including Samaritans, bereavement line and Filppio support
- Psychological PPE: tool available from Hightgate NHS Wellbeing support

Emotional Support

- Wellbeing Rooms and Wellbeing Support Team – Wellbeing/Rest Rooms on site at RSH and PRH
- Wellbeing Support team will be wearing wellbeing scarves at meetings and around the hospital to promote the importance of speaking up about how they are feeling
- Listening Brevets – for staff who are between the ages of 16-21 years old to take time out of the day to check in with each other and discuss with a member of the wellbeing support team about how we can help. To start in February 2021.

Physical Support

- Fast Track – Fast Track Physiotherapy service is open to all staff employed by SaTH and is run within the Therapy services across sites. Staff can self refer by filling out the form on the intranet page or their manager can refer them. Once referral form received, staff will be offered an appointment within 2 weeks.
- Online exercise classes – a range of classes can be found on the intranet page. Free Pilates and Yoga exercises
- Free Fitness Platform for NHS Staff – A platform created by the NHS for the NHS which offers free exercise classes and workouts.

Covid support

- Targeted support to line managers to ensure right action in place including supporting hydration, breaks and wellbeing packs.
- Designated specific wellbeing rooms – meeting with ITU both sites and Theatres
- Hydration – Have identified need and rolled out water cooler installation.
- Food – Catering team supporting food offer for out of hours staff
- Accommodation – available for staff who need to isolate away from home
- Lockers – delivered to departments so they can change at work to avoid travelling in uniform
- But to establish long covid support project for staff secured
- Risk/CF managers support framework – 2 places secured for Trust to train managers to hold wellbeing and debrief conversations with their teams.

Heathy Lifestyles

- Health and Wellbeing Podcasts – Podcasts and topics of sleep, nutrition, exercise, stress etc.
- MyCoE Wellbeing (Learn Prevent) – a wellness and engagement platform and inspires healthier lifestyles and offers personalised, clinically validated and coaching and support, including self-assessment tools, resources and guidance to support a healthier lifestyle
- Menopause resources
- Free Mail Writing Service
- Staff Discounts

Key Points, Actions and Progress

- Our First Making a Difference Together online conversations are running 12th January – 1st February 2021 (example left)
- The first conversation is focused on our culture and how staff experience our values and behaviours.
- 545 staff have engaged in the conversations
- Cultural Steering Group is overseeing this and the development of improvement plan to address outcomes
- Support for W&C staff through 'Safe Spaces' conversation and 1:1 support additional focus on OD/HWB, Education and Development, Resourcing on a rotational basis
- Unconscious Bias training being delivered as part of our Equality strategy.

Actions for January/February

- Moving on any Initial feedback and comments – e.g. improving our communications around the vaccination programme.
- Board and Executive Development Programme to be finalised
- Confirmation of leadership offer at all levels.
- Launch of Triumvirate Leadership Development.



Partnering · Ambitious
Caring · Trusted

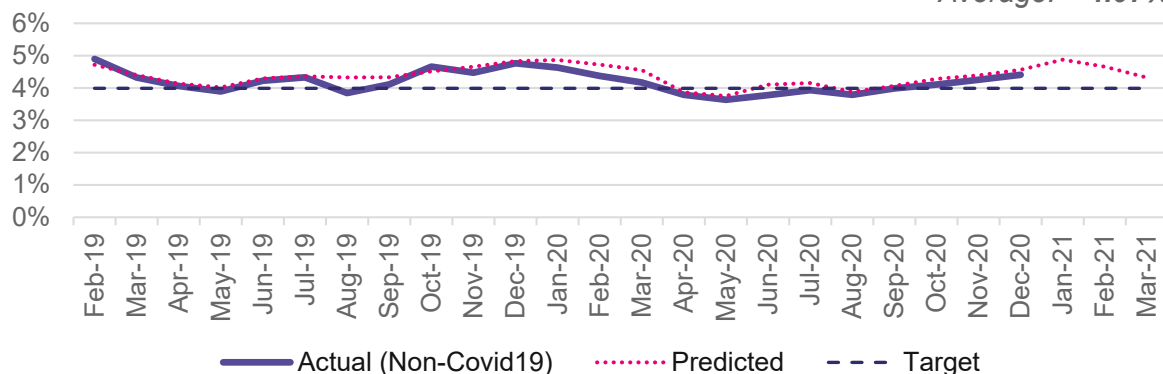
Our Vision: To provide excellent care for the communities we serve

Engagement and Wellbeing

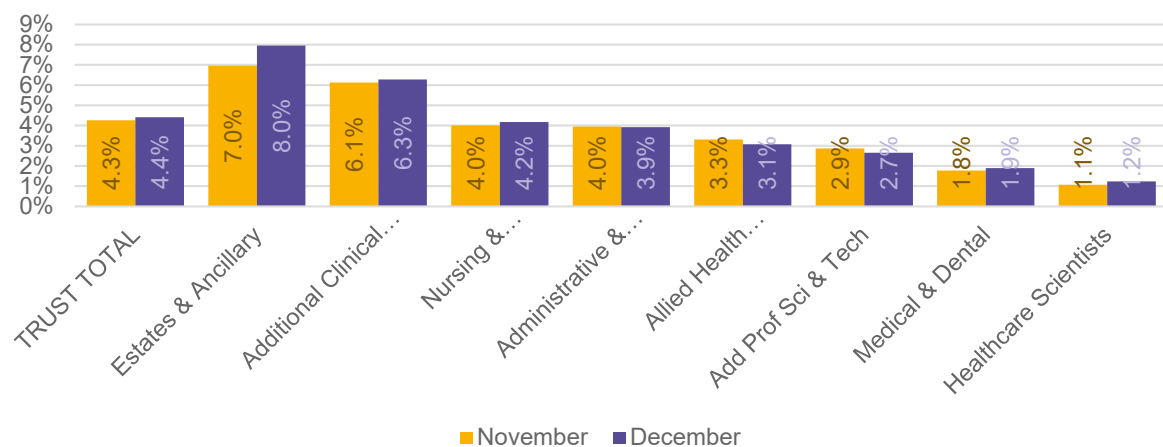
Non Covid-19 Sickness Absence

Actual and Predicted Sickness %

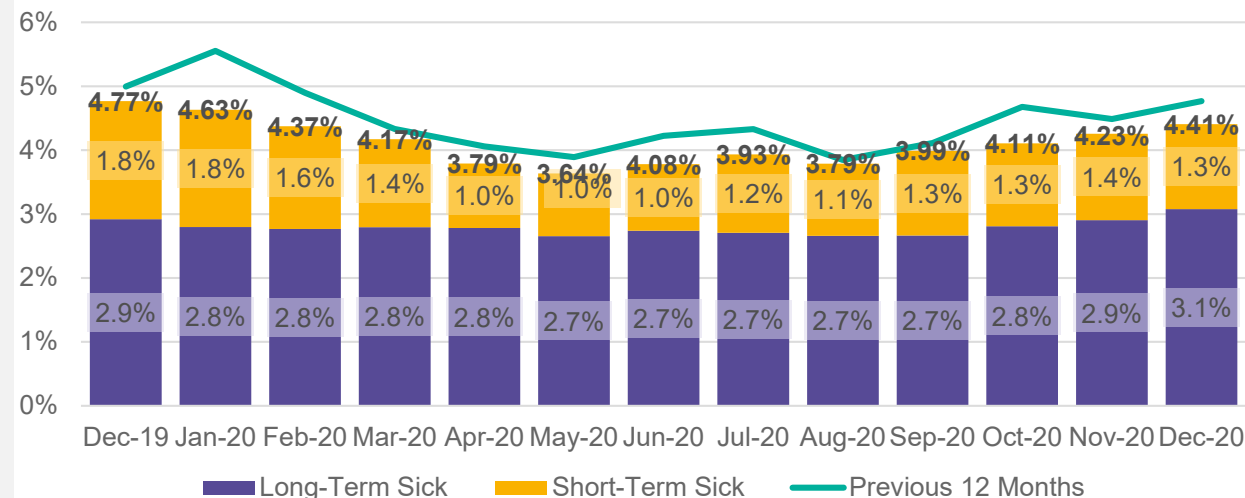
2020 12 mth
Average: **4.07%**



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



Sickness ST and LT %



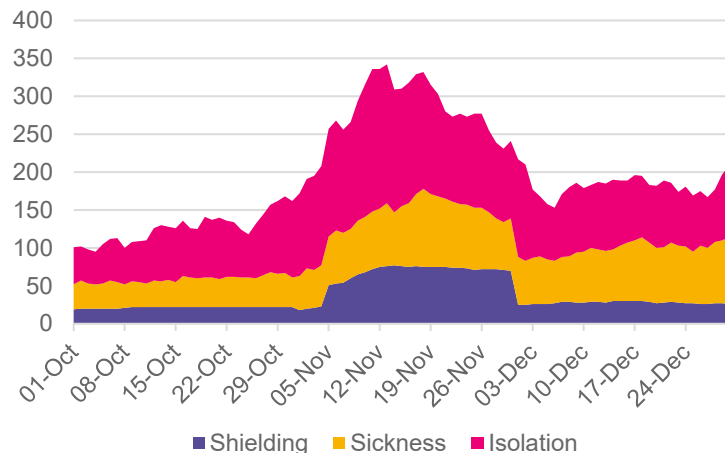
Key Points, Actions and Progress

- Our sickness line will be extended during February to provide further support and turnaround of testing where appropriate. Our HR Advisory team also provided additional support to staff through our wellness checks.
- Sickness for December was 4.41% which equates to 256 WTE
- Absence related to mental health continues to be high with 33% of all non-Covid sickness attributed to it which equates to 85 WTE
- Estates and ancillary sickness at 8% continues to be the staff group with the highest levels of sickness absence. On-going support to understand themes and support management of sickness continues.

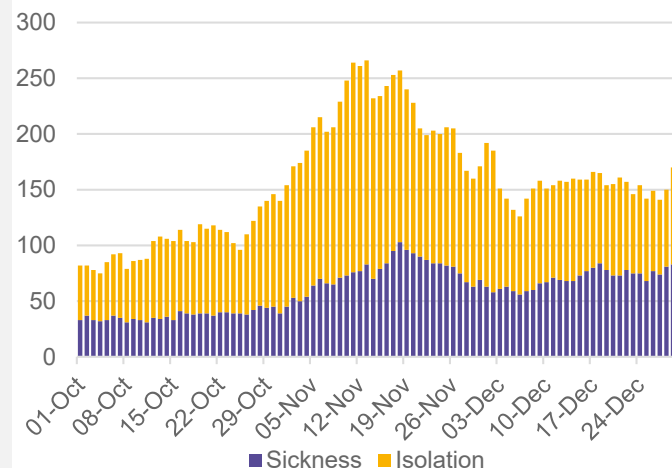
Engagement and Wellbeing

Covid-19 Related Absence

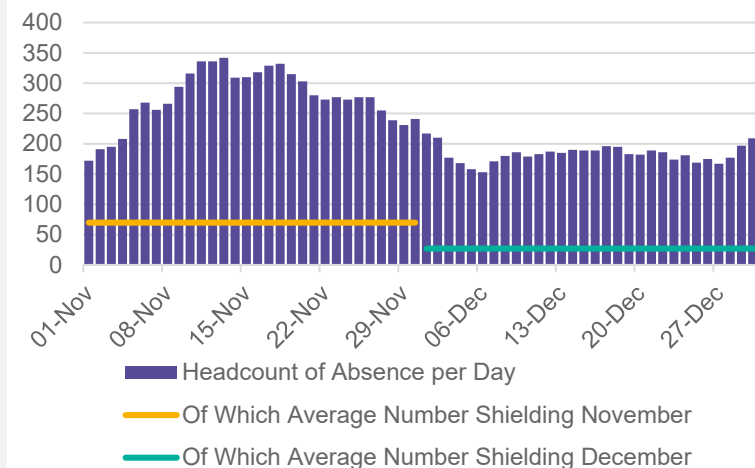
Covid-19 Related Absence by
Category Oct - Dec



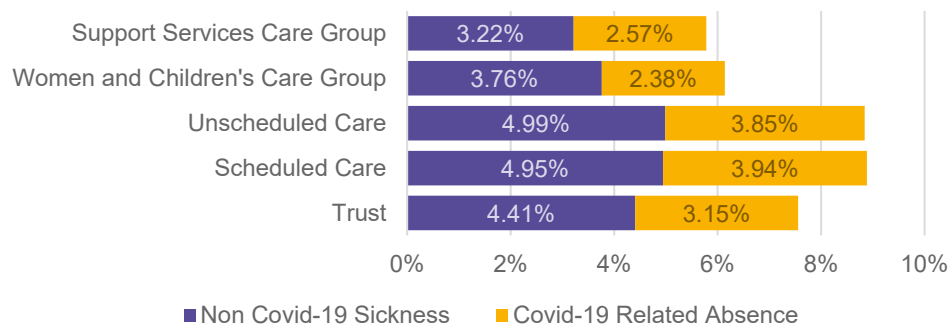
Covid-19 Absence Trend
Excluding Shielding



Covid-19 Related Absence by Day
Nov - Dec



Absence % by Division Dec-20

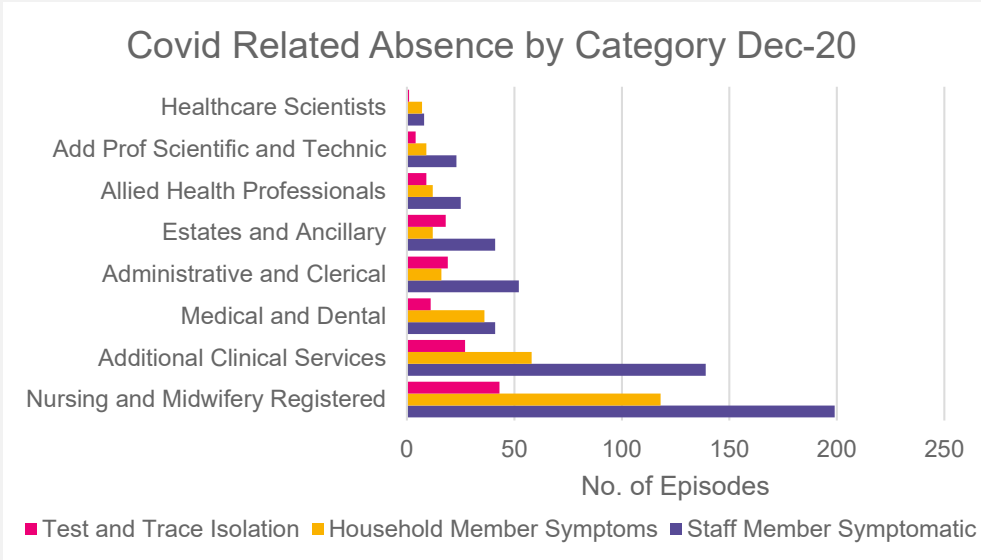
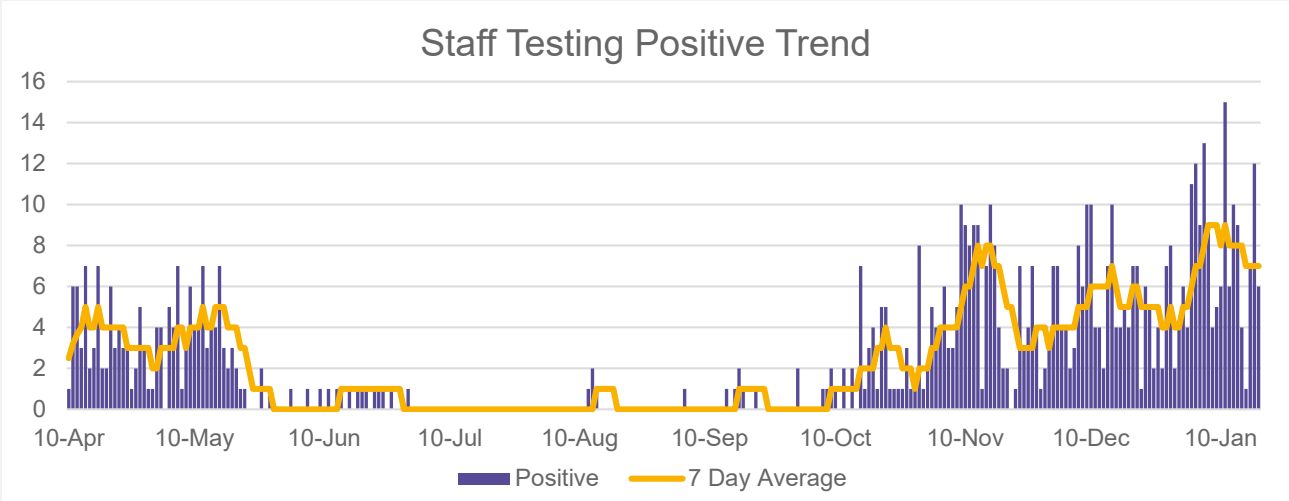
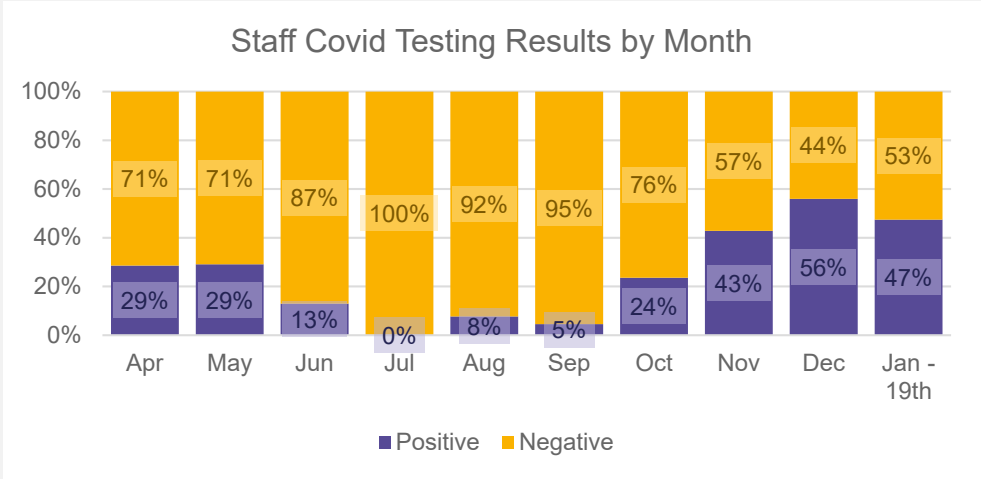


Key Points, Actions and Progress

- Covid-19 related calendar day absence showed a reduction during December to 3.15% equating to 183 WTE
- Reductions in Covid-19 related absence in part attributed to easing of restrictions and reduction of absences relating to staff in the CEV/Shielding category
- Early indications in January are that Covid-19 absence levels are likely to increase throughout the month
- 5219 (80%) of all substantive staff have been vaccinated and 64% of front line staff.

Engagement and Wellbeing

Covid-19 Absence & Staff Testing Referrals



- ### Key Points, Actions and Process
- Following an increase in staff testing positive in November, December shows a slight easing however January levels to 19th Jan show increasing levels again.
 - Average number of staff testing positive per day in November was 7 whilst this reduced in December to 5 however January (19th) average number increases to 8 per day
 - Up to 22nd January 214 staff have tested positive via lateral flow with an average of 4 testing positive per day; currently 12 staff have returned negative PCR following positive lateral flow
 - Nursing and midwifery staff and additional clinical services staff continue to be the staff groups with the most staff absent due to being symptomatic themselves.

Engagement and Wellbeing

Flu Vaccination Information - week Ending 24 Jan 2021

% front line staff vaccinated – week ending 24 January 2021

All staff vaccinated by week (incl. students, and all contract types) -
Total number of staff - 8052

Week	Number vaccinated
End of week 4	2459
End of week 8	3964
End of week 12	4605
End of week 15	4646

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 28th February 2021.

	2020-21 Target	Oct	Nov	Dec	Jan
% front line staff vaccinated (cumulative)	70%	28%	71%	72%	74%

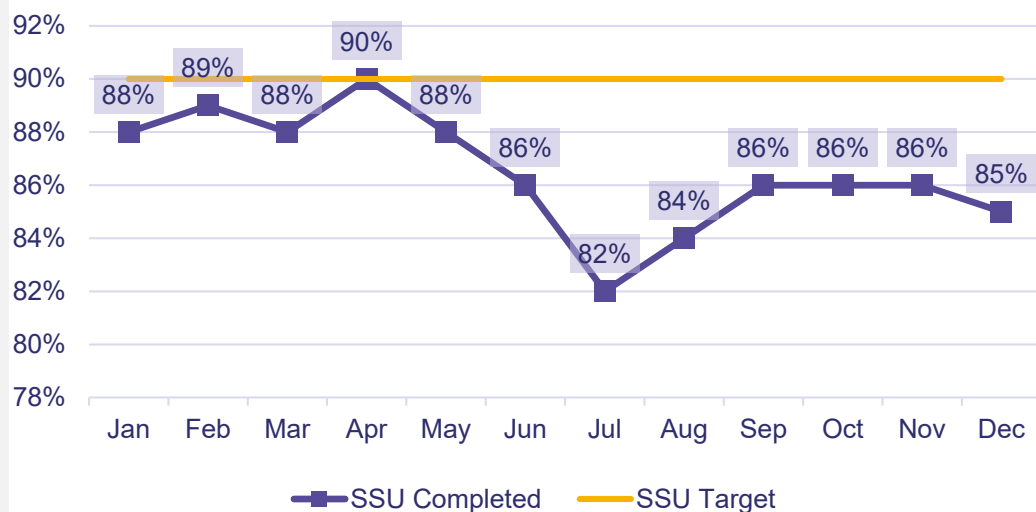
Key Points, Actions and Progress

- Work continues in relational to the staff flu vaccination campaign with a number of approaches being used for clinics to increase uptake that has dropped off since January.
- 4,646 vaccinations of which 4,142 were front line healthcare workers.
- This equated to 58% of all staff and 74% of front line staff.
- With COVID vaccination clinics now established coupled with operational pressures and staff absence, rostering flu clinics remains challenges.
- Additionally, some trained vaccinators are preferring shifts as vaccinators on the COVID programme.
- During February we will be launching 'Wellness Wednesday' to continue to provide latest guidance and access to support for all staff and managers.

People Development and Leadership

Statutory Training and Apprenticeship

Statutory Safety Update Training Completed %



Key Points, Actions and Progress

- Our journey to achieve our 90% target for statutory training has stalled since November 2020. In part due to the extreme pressures our services are facing and we continue to support with forward look and planning.
- We have also separated out Safeguarding training as a new discrete report in response to performance and CQC concerns. Safeguarding training compliance continues to improve month on month.

Issues

- CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training
- Increased Stat/Mand training requirements e.g. Hand Hygiene moving from triennial to annual
- Poor IT literacy impacting on e-learning completion
- Some data validation issues

Actions

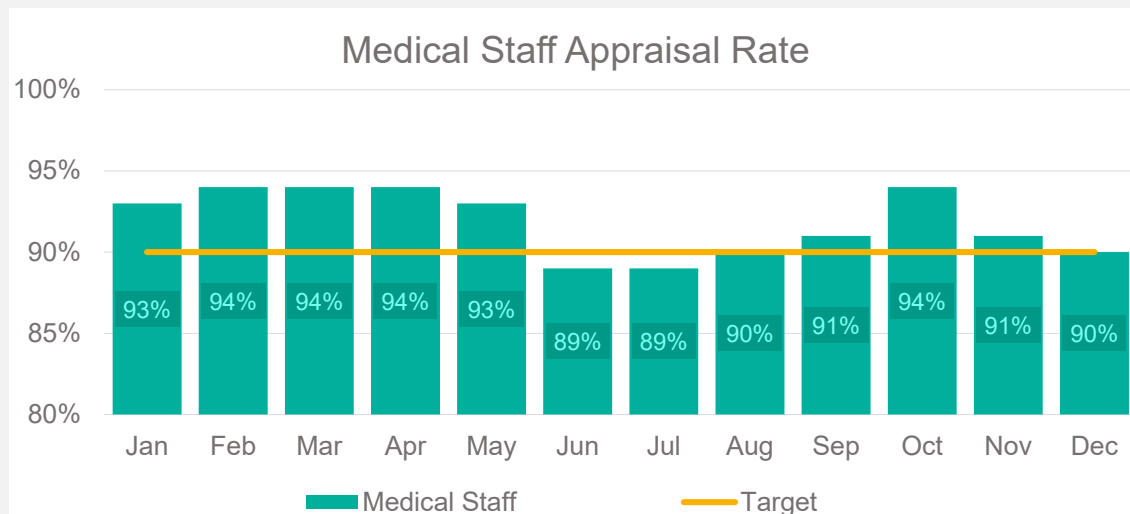
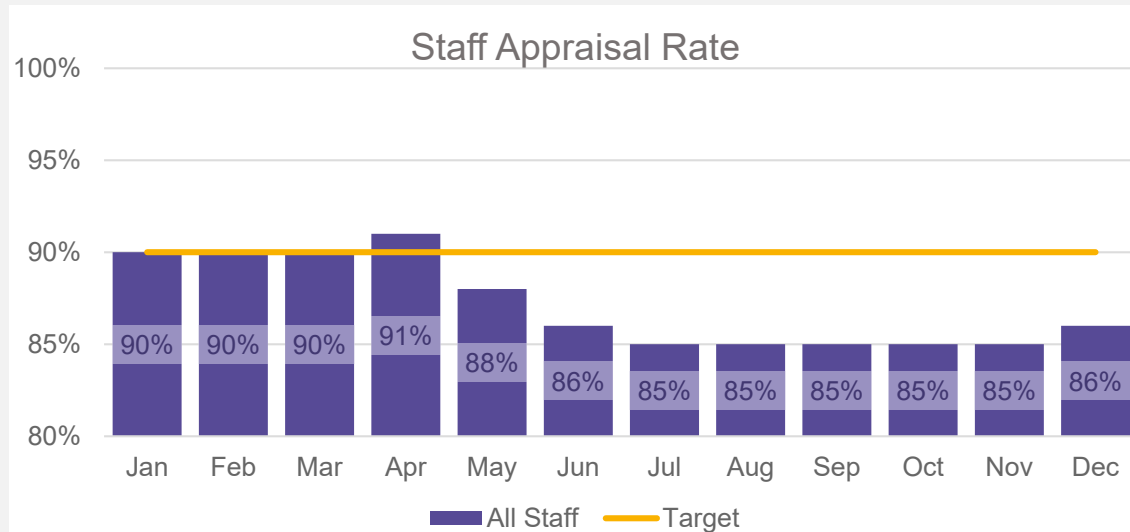
- Corp Ed is working with Divisions to identify and reduce data conflicts
- Corp Ed is supporting Ward/Dep mgrs to prioritise and schedule training completion
- Corp Ed requested proxy facility to support remote e-learners effectively

Risk Mitigations

- E-learning and workbooks offered as alternatives to face to face training
- Requirements made more transparent and newsletters to staff are signposting more clearly
- Libraries supporting learners to access e-learning
- Phone support for e-learning
- Working with managers to provide compliance data for their areas.

People Development and Leadership

Staff Appraisals



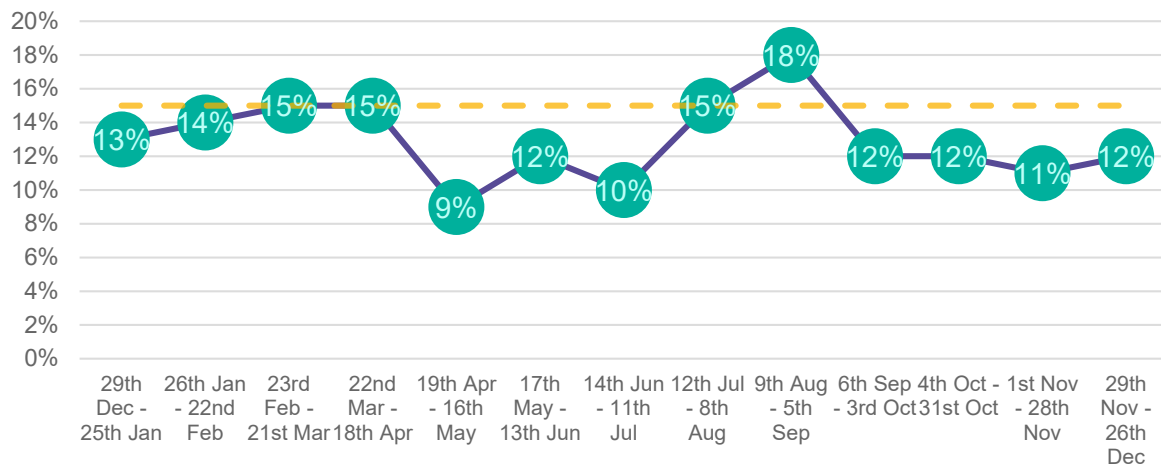
Key Points, Actions and Progress

- The 90% target was achieved January to April 2020 then started to drop and has remained 5% below target for the last 5 months. HRBPs are supporting realistic recovery plans.
- CV-19, staffing constraints and service improvement have reduced ability of Wards to release staff for training.
- 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
- A substantial review of appraisal will be undertaken once the behaviours and values work is complete to ensure alignment with overall Trust objectives
- Appraisal form has had an interim revision to include the new Trust Values and health and well-being and flexible working discussions

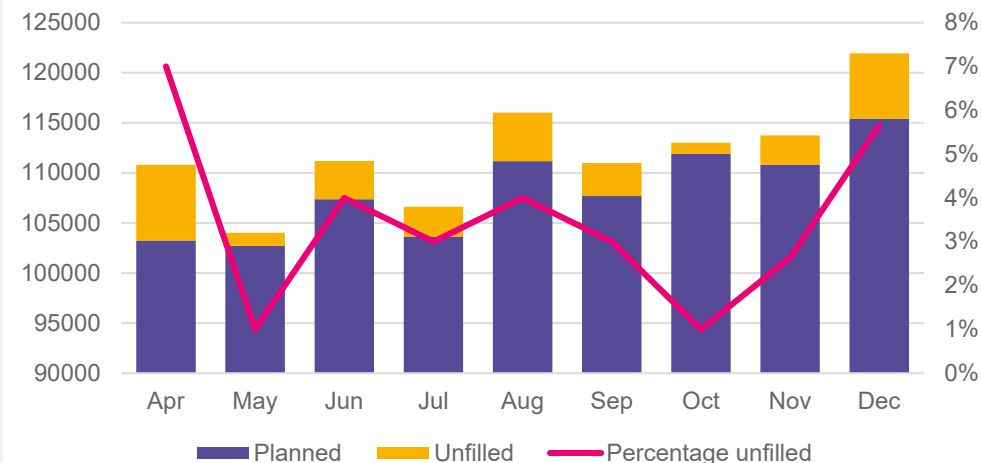
Attracting and Keeping Great People

E-Rostering

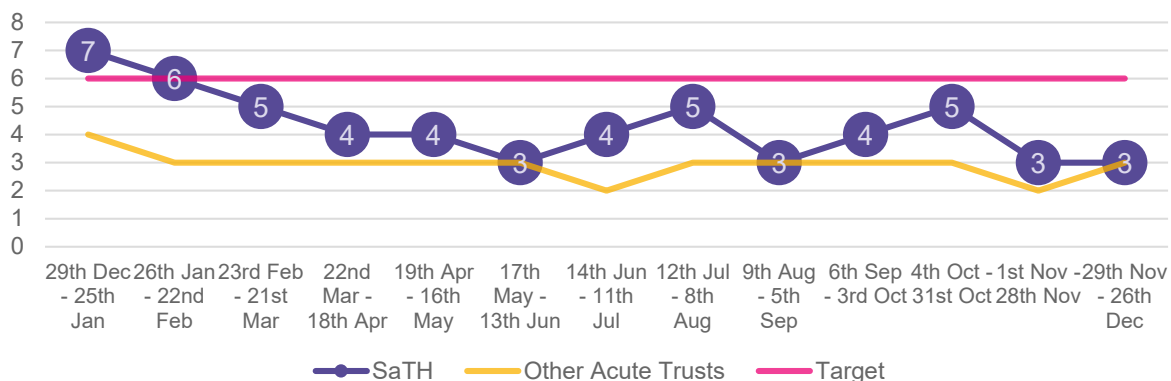
Annual Leave % by Roster Period



Planned and Unfilled RN Hours



Roster Approval Lead Time in Weeks



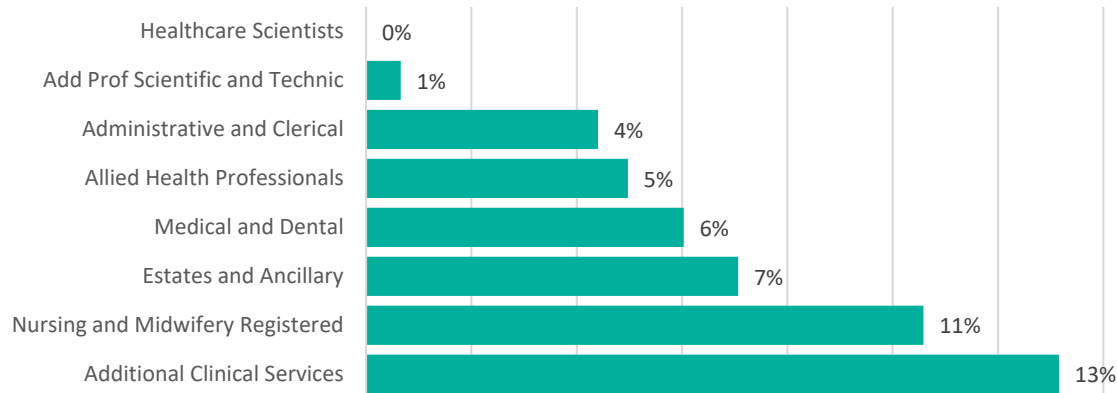
Key Points, Actions and Progress

- Version 11 of Healthroster was successfully introduced to the Trust during week commencing 14th Dec. All functionality has been retained with new version with the added benefit of staff and managers able to access the roster system via mobile phones and tablets (as system no longer uses Adobe Flash player).
- Excellent progress continues to be made on introducing the recording of annual leave to all non-rostered departments which will allow for organisational level oversight of annual leave when the project is complete.
- Ongoing work continues to move towards achieving the levels of attainment with priority being given to introducing healthroster to departments who have a professional registration.

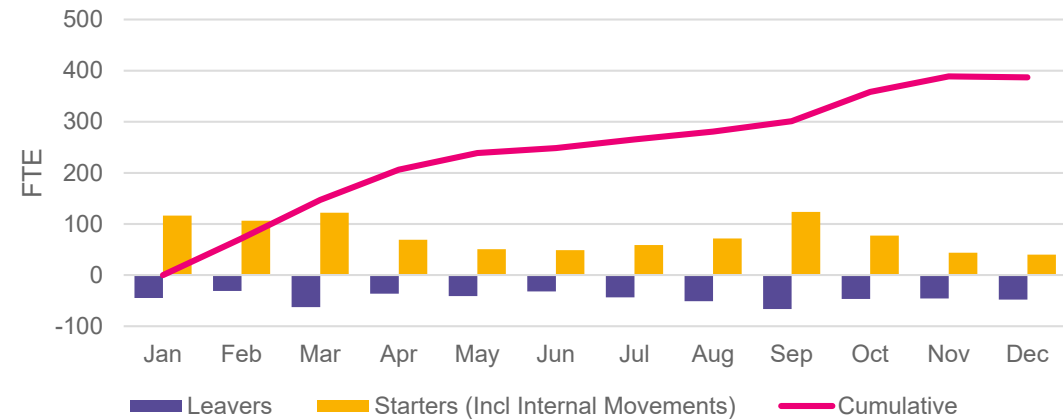
Attracting and Keeping Great People

Staff Starters and Leavers

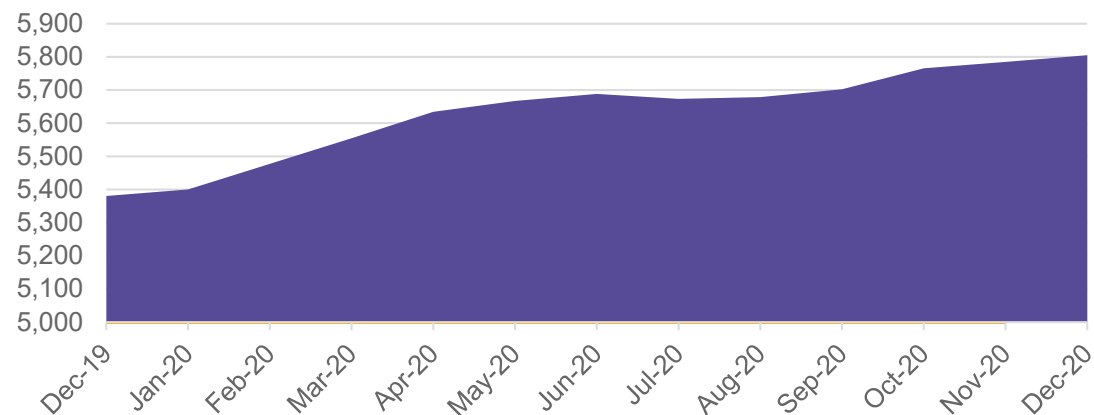
% Increase in Overall FTE over the Last 12 Months



Cumulative Staff In Post - FTE



Monthly FTE Staff in Post



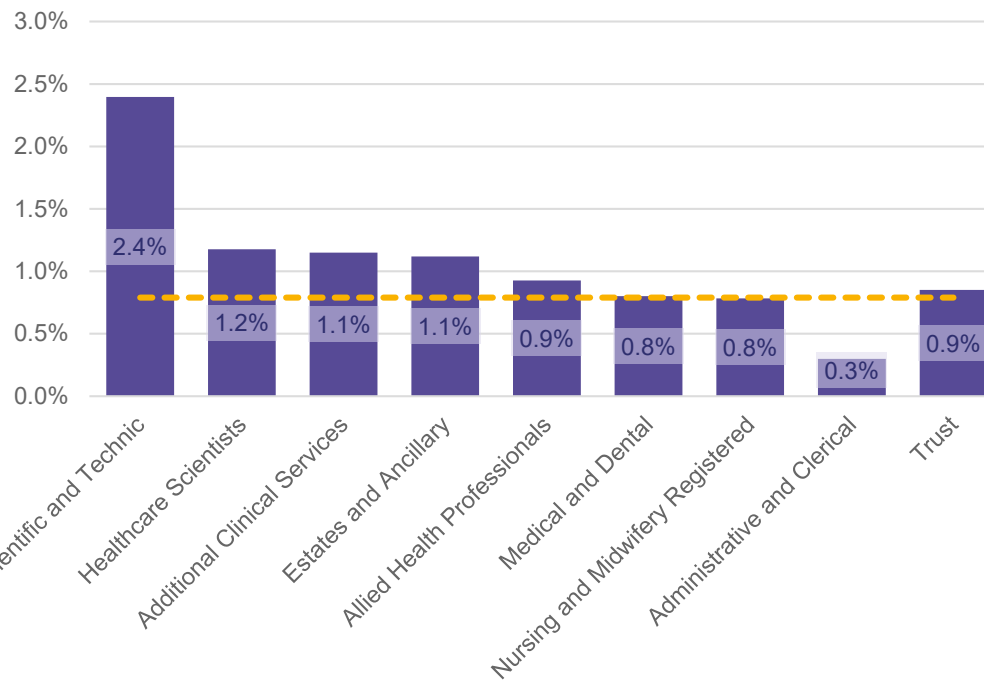
Key Points, Actions and Progress

- Overall staffing numbers continue to increase in December with staffing levels demonstrating growth over the last 12 months
- There has been an increase in FTE across all staff groups with Additional Clinical Services increasing by 13% equating to 133 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 11% equating to 158 FTE; Estates and Ancillary increasing by 7% equating to 31 FTE; Medical and Dental increased by 6% equating to 37 FTE
- Redeployment group continues to work to support staffing levels in key areas we currently have 195 requests, of which 88 have been filled. In addition we have received mutual aid of 90 individuals from RAJH, Military and Shrop Comm.

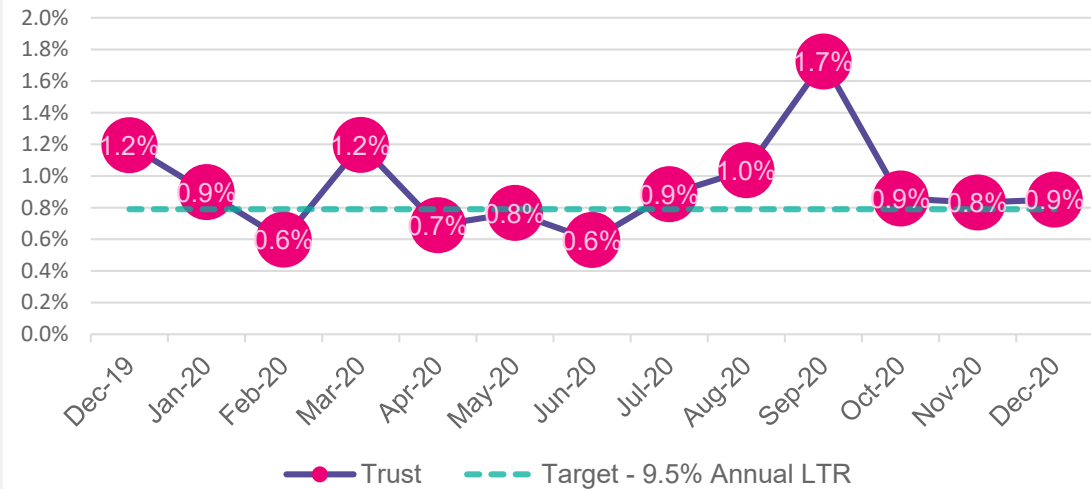
Attracting and Keeping Great People

Staff Turnover

FTE Turnover % by Staff Group Dec-20



Trust Monthly Turnover %



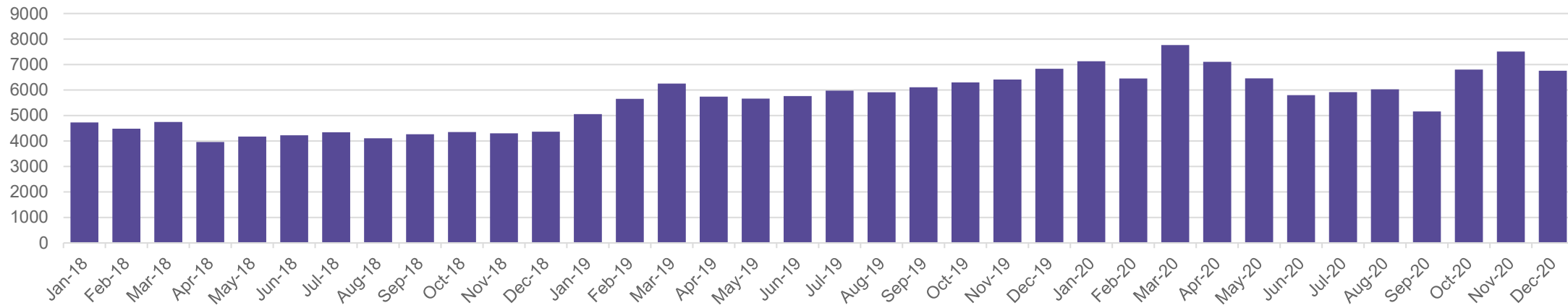
Key Points, Actions and Progress

- Trust 12 month turnover figure is 10.9% which equates to 586 FTE
- Turnover for December was 0.9% equating to 47
- Nursing and midwifery staff group continues to be the staff group with the highest number of leavers: 175 in the last 12 month of which 55 have less than 12 months service

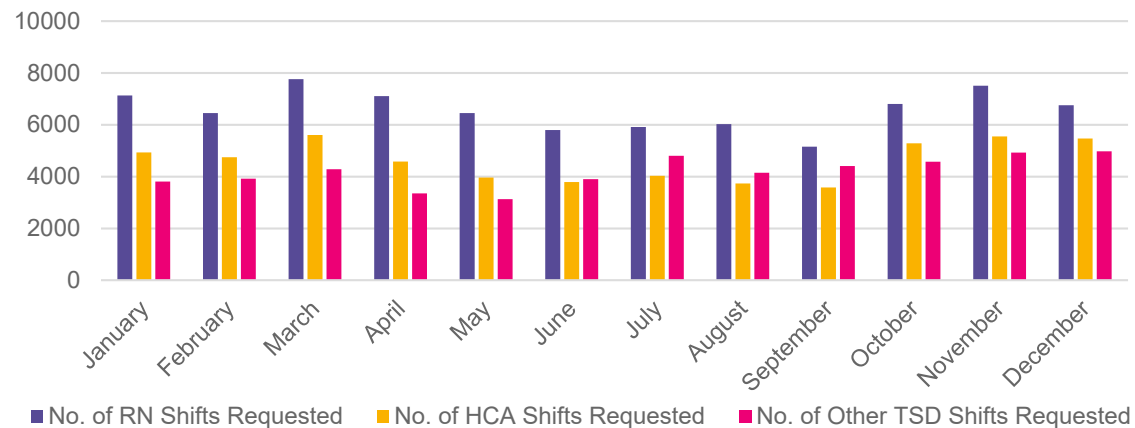
Attracting and Keeping Great People

Temporary Staffing Activity

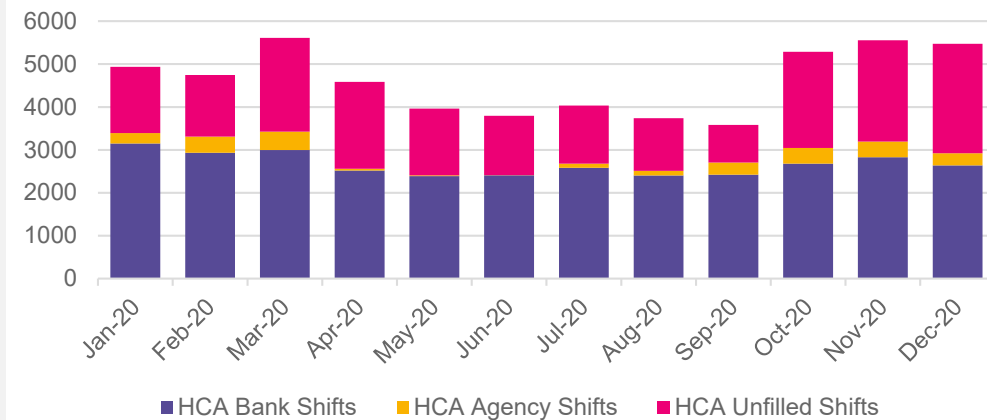
Number of RN TSD Shifts Requested



TSD Shifts Requested



HCA TSD Shifts 2020



Attracting and Keeping Great People

Medical Temporary Staffing

	August	September	October	November	December
No. of locum shifts requested in month	3052	3044	3052	3064	3360
Filled by Bank	919	771	774	879	856
Filled by Agency	1521	1741	1855	1824	2083
Total Filled shifts	2440	2512	2629	2703	2939
Unfilled shifts	612	532	423	361	3417

Key Points, Actions and Progress

- Agency usage continues to be high due to the current pandemic and the request for medicine locums in particular. We are working with Finance and the Triumvirate to ensure we have a clear plan to work within our financial envelope.
- We have an average of 3000 locum requests per month filling around 88%, this is double our normal activity however fill rates remain high.
- The combined fill rate for the 12 month period Jan –Dec 2020 was 89%, given the massive increase in activity the team have been able to maintain high fill rates supporting the Trust to reduce risk however the long term vision remains to reduce the overall vacancy gap and therefore demand on temporary staff.

Attracting and Keeping Great People

Medical Recruitment

Number of appointments in last 12 months 1st Jan 2020 – 31st Dec 2020

Contract / Grade	Total
Bank	127
Consultant	17
Junior Clinical Fellow (ST1-2)	91
Senior Clinical Fellow (ST3-8)	14
Specialty Doctor	5
Trust	97
Consultant	23
Junior Clinical Fellow (ST1-2)	40
Senior Clinical Fellow (ST3-8)	14
Specialty Doctor	20
Grand Total	224

Starters / Leavers by Month



Contract / Grade	Total
Accident and Emergency	27
Acute Medicine	5
Anaesthetics	6
Breast Surgery	2
Cardiology	5
Clinical Oncology	2
Corporate	1
Elderly Care Medicine	6
Endocrinology and Diabetes Mellitus	2
Gastroenterology	1
Medical Microbiology and Virology	1
Obstetrics and Gynaecology	4
Ophthalmology	5
Oral and Maxillofacial Surgery	2
Orthodontics	1
Otolaryngology	1
Paediatrics	1
Renal Medicine	7
Respiratory Medicine	4
Surgery	6
Trauma and Orthopaedic Surgery	6
Urology	2
Grand Total	97

Key Points, Actions and Progress

Despite the challenges of Covid the team have continued to support divisions to attract quality candidates and reduce our vacancy gap. This will support us to achieve our overall Trust vision and continue to improve services. Reducing our vacancy gap is a key priority to support innovation, improve safety and quality care alongside making SaTH a great place to work.

Attracting and Keeping Great People

Non – Medical Recruitment

	January	February	March	April	May	June	July	August	September	October	November	December	2020 Total
New Starters	126	116	140	83	119	67	123	107	122	119	132	82	1,336
Internal Movers	86	45	90	63	44	79	68	66	78	47	89	79	834
No. of Jobs Advertised	98	69	85	71	67	72	68	88	86	158	111	42	1,015
No. of Applications Received	2129	1305	2851	1644	1471	2064	2172	2165	1834	3029	1969	1398	24,031
No. of Candidates Shortlisted	698	399	598	323	343	410	349	298	468	635	426	281	5,228
No. of Candidates Interviewed	381	254	358	172	210	277	210	210	278	339	292	201	3,182

Key Points, Actions and Progress

- The recruitment team have continued to support BAU requirements and have extended their focus to include on-boarding. We are seeing improvements to retention (although we note generally across the NHS retention has improved) during the pandemic we have retained all our international nurses which is a credit to the wrap around support our team and clinical colleagues have provided.
- Activity remains high and the team have ambitious plans moving into 2021 to further support the Trust, to attract great people and reduce our vacancy gap to further support our Vision.

New Roles and Recruitment Pipelines

Our longer term nursing supply model relies on a number of work programmes such as overseas nurse recruitment and a number of domestic supply routes including Registered Degree Nurse Apprentices, Nursing Associate top-up programmes and increasing student numbers by increasing placement capacity. All these pipelines are necessary in order to build a sustainable nursing workforce solution for the coming years and proposed Hospital Transformation Plan.

International Nursing Recruitment (Strand B)

- Recruited 212 overseas nurses in 20/21 - Of which 99 have arrived and have passed their OSCE and are working as registered nurses across our wards.
- Further international recruitment planned for 21/22 – ITU trained nurses included. NHS England has awarded new funding to support recruitment of additional nurses. This amounts to £421,149 for 21/22 for SaTH.

Registered Nurse Degree Apprentices (RNDA)

Developing a Registered Nurse Degree Apprenticeship pipeline for future RNs. Commencing with 5 apprentices this year and potentially a further 8 in September (subject to approval). This is a 3 year degree which has been funded through the Trust's Apprenticeship Levy contribution. Health Education England are supporting with salary contributions via training grant of £8,300 per apprentice each year. We are also exploring the utilisation of the Nursing Associate Top – Up programme which is an 18 month programme aimed at supporting Nursing Associates to obtain a Registered Nurse Degree.

Health Care Support Workers (HCSW)

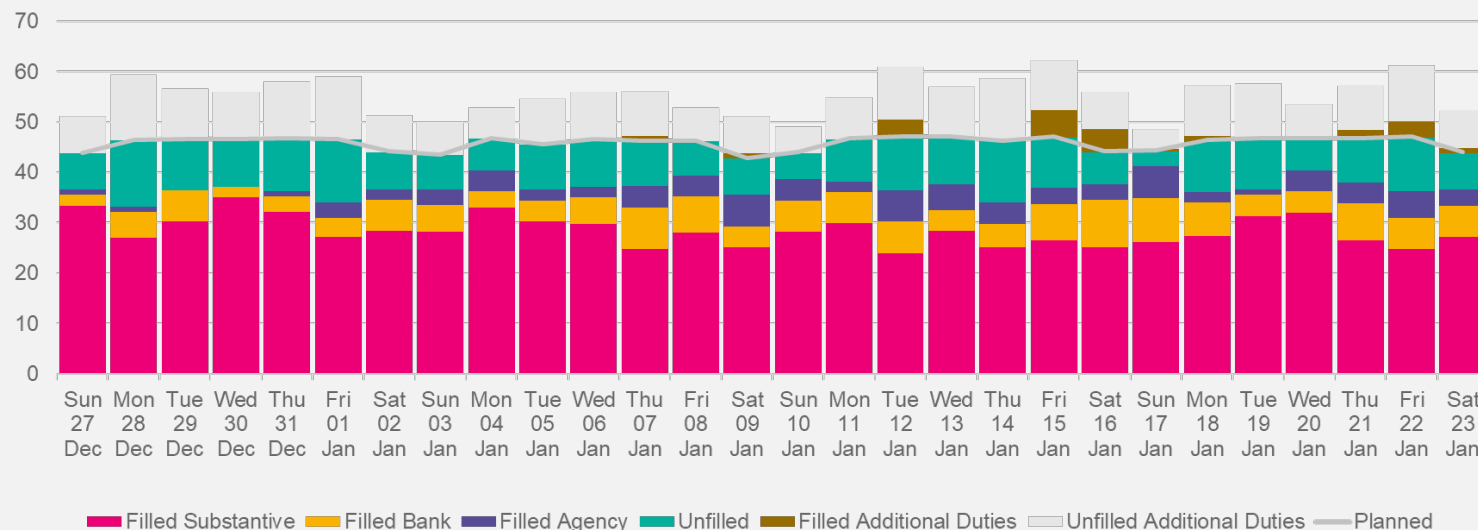
NHS England has provided new funding to accelerate recruitment, on boarding and ongoing support for new HCSWs without prior health care experience. SaTH has been provided £217,280 to support in reducing our vacancies to as close to zero as possible. Since 10 January we have recruited 12 Health Care Support Workers.

Funding Support

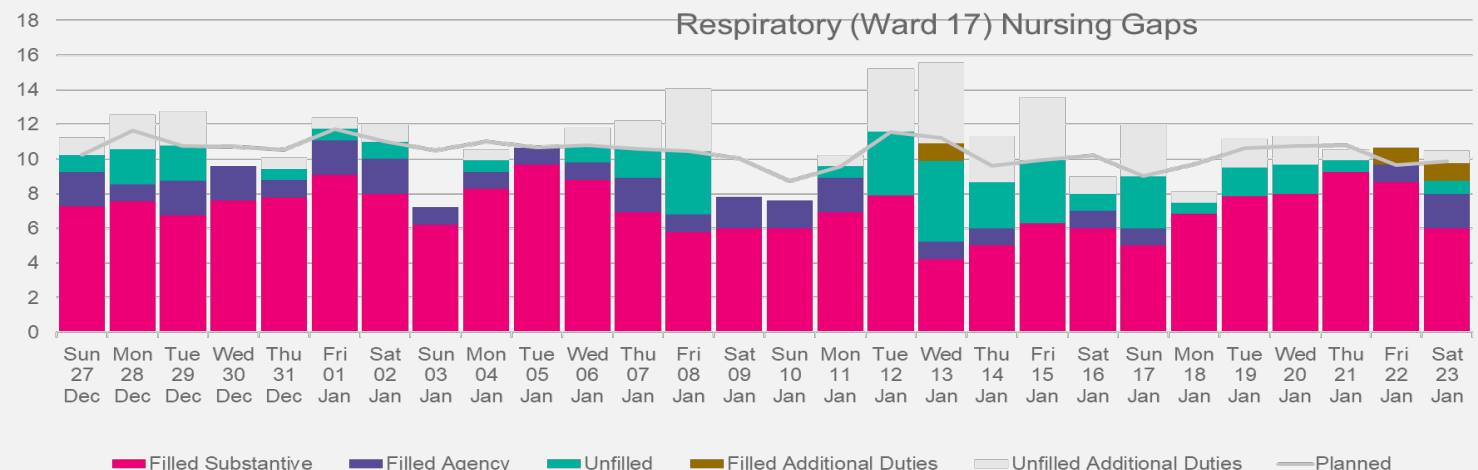
	Strand B (International Recruitment)	HCSW	RNDA
Bid Value	£421,149	£217,280	£8,300 per apprentice
Expectations	The funding is provided to enable greater capacity to recruit overseas trained nurses, and provide high quality OSCE training, induction and pastoral support. Recruitment to commence between November 20 and 31 October 21	The funding is provided to recruit new substantive HCSWs without prior health and social care experience, rather than to fund short term recruitment or temporary roles.	The funding can be used to support off the job supernumerary elements of the apprenticeship, to support employers with implementing this programme or increasing their current offer
Benefits	<ul style="list-style-type: none"> Reduction in vacancies within nursing bands 5/6 Reduction/cessation of use of agency nursing usage Increased staffing consistency within wards Achieving CQC must do 	<ul style="list-style-type: none"> Provides financial support to fill our existing vacancies (c 90). Provides support to recruit staff without prior experience which creates a pipeline of new recruits that can enter the workforce. 	<ul style="list-style-type: none"> Provide a strategic way of utilising the apprenticeship levy Reduce the usage of temporary staff (both bank and agency) and the consequential impact on improvements in quality Provides progression to existing staff, thereby improving retention Means of widening participation and growing our own
Next Steps	<p>In order to adequately support the international nurses in the clinical environment the Trust will need to invest in the development of 5 professional development nurses (included in business case).</p> <p>Interviewing 6 ITU January then subject to business case approval recruit up to 154 nurses via HEE Global Leaners Programme.</p> <p>Recruitment expected to commence February 21 using current Indian networks friends and family (via current Indian nurses) then use HEE to recruit remaining numbers.</p>	<ul style="list-style-type: none"> Advert onto NHS Jobs/Trac/Indeed – closing in February. During the period the are obtaining the care certificate appointees will support vaccination programme. Finalise details of vacancies within Trust Divisions, taking into account newly opened areas and those HCAs already offered posts who are currently going through recruitment checks Shortlist alongside clinical representation from the Division End of February - Interview alongside clinical representation from the Divisions March 21 -Offer letters sent and recruitment checks commenced – commencing employment. 	<ul style="list-style-type: none"> Currently advertising internally for applications from existing HCAs and Support Workers who meet the entry criteria to commence end of March 2021 Once recruited candidates will apply for University places (University Wolverhampton).

COVID Staffing Challenges

ITU Nursing Gaps



Respiratory (Ward 17) Nursing Gaps



Key Points, Actions and Progress

- In an effort to reduce staffing gaps and double our capacity within ITU a redeployment / resourcing function has been established.
- Redeployment Steering Group established meeting 2 times per week (Oversight Group)
- Matching meetings established for medical and nursing 3 times per week (Operational)
- Communication – Trust wide, divisional and Corporate level in place and will continue
- Linked in with the volunteer network and how we can use the Winter Response Volunteer role to support
- All Corporate teams contacted to review what staff can be released- minimal response to date

Redeployment of Staff – COVID Support

The workforce team are working in partnership with our clinical and non-clinical colleagues to facilitate the redeployment of our people to support our areas of greatest need as well as the vaccination programme. Over the past few weeks we have re-established our internal processes, systems and structures to facilitate these moves and support our people through on-boarding, education and induction.

To date (25/01/21) we have supported 91 colleagues from our neighbouring Trusts and the military to support us within ED, ITU, Ward 32, 2, 17, 27, 21 and Physiotherapy. In addition we have facilitated a further 28 posts to be filled via internal staff movements.

Our requests and unfilled roles are reported daily through to Silver and GOLD command and to ensure effective response as services are stood down or for planned surge. Our greatest current risk is the additional support required on wards to undertake the family liaison roles which we are looking to fill via internal redeployment, mutual aid via MPFT and bank alongside the level of unfilled nursing / HCA shifts.