

Trust Board Report

Meeting Date:	26 th June 2017
Title:	Executive Workforce Report
Executive Summary:	<p>This report provides updates on progress on the delivery of the People and Organisation Development Strategy 2016 - 2020, and specifically:</p> <ol style="list-style-type: none"> 1 Engagement & Culture 2 Future Workforce <ul style="list-style-type: none"> • Nursing Workforce Summary • Medical Workforce Summary 3 Organisation Development 4 Workforce Intelligence and Planning
Action Requested:	The Board are asked to note the report.
Report of:	Director of Workforce
Author: Contact Details:	Catherine Griffiths, Deputy Director of HR Tel 01902 695430 Email: Catherine.Griffiths7@nhs.net
Links to Trust Strategic Objectives	Objective 6 - To attract, retain and develop all employees and improve employee engagement year on year
Resource Implications:	Revenue: Capital: Workforce: Funding Source:
Equality and Diversity Assessment	-
Risks: BAF/ TRR (describe risk and current risk score)	-
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	-
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

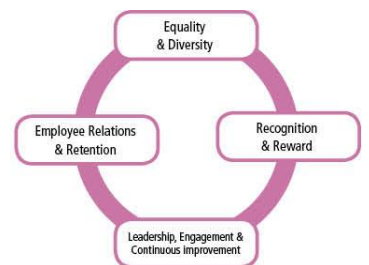
People and Organisation Development Strategy 2016-2020

Executive Workforce Report - June 2017

Summary

The People and Organisation Development Strategy 2016 – 2020 sets out the framework for the effective management of resources and reporting on outcomes achieved and metrics aims to assure the Trust Board and Trust Management Committee that action is being taken to mitigate strategic risk one on the Board Assurance Framework.

Engagement and Culture



Employee Relations

1. The number of live disciplinary, grievance and capability cases within the Trust has reduced compared to 12 months ago (May 2016). The Fair Blame policy has been live for 12 months and is being reviewed for impact and lessons learnt. The number of suspensions has remained stable at 0.15% of workforce. A review of the suspension process has started with the aim of reducing the length of suspensions.
2. The number of bullying and harassment cases has remained stable compared to this point last year. The policy framework for grievance and bullying and harassment is being combined to offer a 'dignity at work' framework and a total conflict resolution approach aimed at early intervention and resolution. The preparation work with stakeholders including staff-side is complete - the aim is to launch the new framework as part of the Trust approach to the SPF (Social Partnership Forum) National 'Call to Action on Bullying and Harassment within the NHS'.
3. The number of formal sickness absence management cases has increased compared to this point last year. The rate of absence due to sickness has reduced for the third month to May 2017 and is down by 0.75% on this point last year (May 2016).

4. The Trust wide results for the Trust's local Chatback survey have been received, these are below. The full breakdown of results by department is not yet available. These will be reported to Board next month along with correlated results from the National Staff Survey and other workforce survey data such as friends and family.

	2017, all Trust	Change
% of positive responses, 2017 ChatBack		
1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?	83%	2%
2. How likely are you to recommend this organisation to friends and family as a place to work?	73%	2%
3. Within my team, we share lessons learned to help others improve safety	86%	n/a
4. I feel safe to raise concerns with my manager	82%	n/a
5. I receive appropriate information about what is going on in my department	71%	-2%
6. I receive appropriate information about what is going on in the Trust	68%	n/a
7. I am encouraged to contribute to better ways of working within my team	78%	n/a
8. I am aware that what I say and do affects how safe others feel	92%	n/a
9. My team goes out of its way to make people feel welcome	87%	n/a
10. My team has a broad understanding of the diverse needs of patients/ colleagues	87%	n/a
11. My team goes the 'extra mile' for other people	83%	n/a
12. My team makes time to listen and respond to people even when busy	82%	n/a
13. I am regularly asked for my views and opinions	67%	n/a
14. I am made to feel valued for my efforts and achievements	65%	n/a
15. I am inspired by colleagues to achieve the highest levels of quality	75%	n/a
16. I am encouraged to share good practice	85%	n/a
17. My team demonstrates enthusiasm and energy to achieve excellent results	77%	n/a
18,. Within my team, the value of other people's time is respected	70%	n/a
19. I understand how services within the Trust connect	71%	n/a
20. I am proud to tell people that I work for the Royal Wolverhampton NHS Trust	88%	1%

> 80% satisfactory responses = GREEN
 > 70%, < 80% satisfactory responses = AMBER
 < 70% satisfactory responses = RED

Future Workforce



1. Nurse recruitment completed 54 offers during May, 38 for external candidates 16 internal transfers and 28 newly qualified nurses who qualify in September. There are 127 nursing new starters pending of which 109 are external appointments and the remaining 18 are internal transfers. Appendix 1 details the Trust's nursing vacancy position as at 31st May 2017.
2. Two more nurses from the Philippines commenced in post during May bringing the total number appointed to 40 with further arrivals expected towards the end of June, this particular international recruitment campaign is now closing down.
3. The recruitment campaign to extend the pool of Health Care Assistants and Administrators has resulted in an additional 80 individuals joining the internal bank.
4. The Employee on line service is now accessible to all Nursing staff registered with the Temporary staff bank. In areas where Health Roster has been implemented the staff are able to view available shifts.
5. Health Roster is enabling Nursing and Midwifery departments to view monthly reports to help address levels of unused hours where high to optimise hours and reduce costs. The next step is to consider roll-out to other workgroups and areas within the Trust.
6. The Medical Workforce establishment and vacancies can be found at Appendix 2.
7. For Division one, there are a total of 13 Consultant posts in progress, with confirmed interview dates in June and July including Trauma & Orthopaedics, General Anaesthetist and Cardiology. A number of Clinical/Senior Clinical Fellow Roles are also in progress including Anaesthetics, Cardiology, Paediatrics, T&O, CT Surgery, and Obstetrics & Gynaecology. The Trust is also recruiting to SAS posts in including Obstetrics & Gynaecology, Neonates and Anaesthetics.
8. For Division two, the Trust is awaiting approval from the College for two consultant posts one in Stroke and one in Renal. The Trust has not been successful in recruiting to Consultant roles in Dermatology, Emergency Medicine, Acute Medicine, Neurology and Diabetes. The Departments are currently considering how to proceed. Three SAS posts are with the College for Oncology for approval. Interviews for Clinical Fellowship Medical Specialities are continuing.
9. A total of **71** Clinical Fellows have been appointed to date with a number being deployed flexibly within Division 2. A breakdown of the deployment is within Appendix 2.
10. Medical agency spend continues to be above national cap with a range of control mechanisms in place to reduce this to below cap over a two year period. In addition to the measures in place through workforce cost improvement programme, a collaborative approach has been initiated within the STP area to establish greater regional control over medical agency expenditure and medical agency use. The provision is in place to continue with the use of Health Trust Europe (HTE) for the provision on temporary

medical staffing. One of the opportunities presented by HTE is to use the combined leverage through local collaboration with Trusts in the Black Country and wider region to support efficiencies with medical locum expenditure. The first joint meeting with regional trusts and HTE is taking place at the end of June and will set KPI's and targets for reduction.

Organisation Development



Leadership and Workforce Development

1. The launch of the Skills, Behaviour and Culture Leadership programme has been slightly delayed and is now planned for launch at end June 17.
2. PCM Masterclasses are in development, supporting the application of PCM theory to practice. Topics included will be meetings, appraisals, conflict management and presentation skills.
3. Planning for future cohorts of Princes Trust continues, with a 2 more cohorts planned in this financial year, August and February 2018. We are considering how we can offer these delegates a 'Guaranteed assessment centre place' so that they can be placed on the waiting list for an apprenticeship if they pass the centre.
4. An initial meeting with the University of Wolverhampton has taken place to discuss a 'Chartered Manager' degree via the apprenticeship route. Initial discussions were very positive and we will continue to explore this further.

Health Wellbeing and Resilience

- 1 A multi-disciplinary Workplace Wellbeing Steering Group has been established in the Trust and an update report on progress will be brought to Board next month, the Group aims to:
 - promote and improve the profile of health and wellbeing within the Trust
 - review and develop the Trust's current position and future actions against the Workplace Wellbeing Charter standards
 - support the Trust's progress against CQUIN reporting on staff health and wellbeing
 - work with partner organisations and engage the workforce in defining an approach to the promotion of health and wellbeing in the workplace

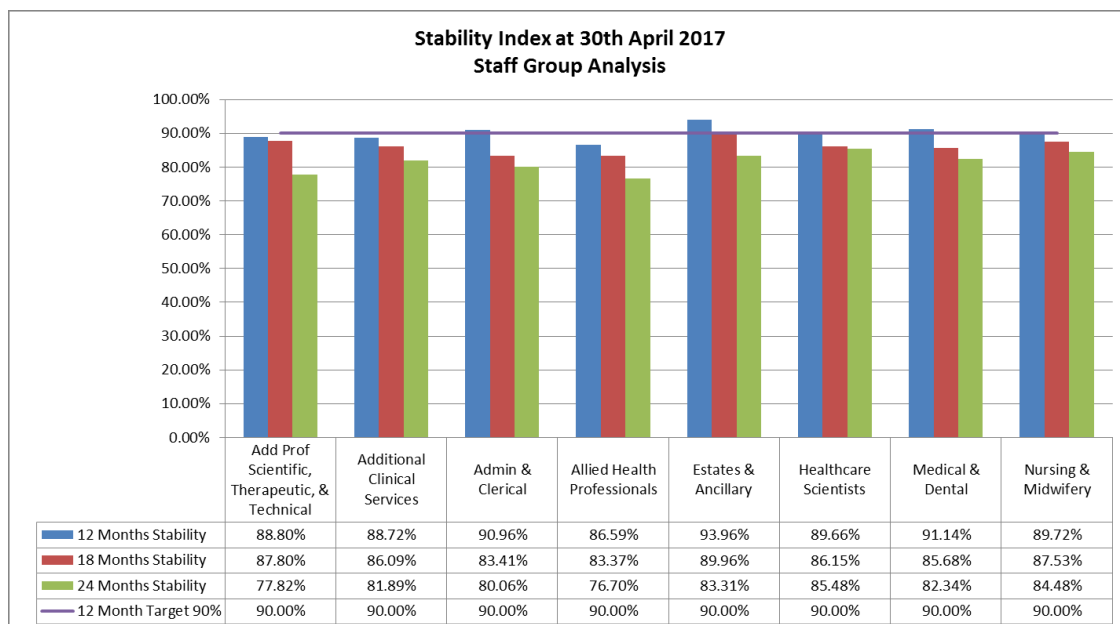
Specific desired outcomes are:

- achieve and sustain the level of 'excellent' within the Wellbeing Charter for all standards by 2018.
 - make a positive difference to the mental and physical wellbeing of the workforce
- 2 The turnaround for booking OH appointments arising from referrals continues to fall now meeting the service targets for provision of a Nurse appointment, which is within 10 working days.
 - 3 The main category of sickness absence is stress, anxiety and depression, the number of counselling appointments increased in month and the waiting time has reduced from 6 to 3 weeks. During May 2017 55% of stress referrals were due to personal stress with no work related factors. Stress specifically related to work amounted to 45%, with work demands and work support constituting the majority of the work related stress.

Workforce Intelligence and Planning



- 1 The approach to Workforce Planning within the Trust is being reviewed in order to support a more strategic, long term view of the likely workforce requirements for the future, including identifying business critical posts, career pathways and succession planning.
- 2 The Trust has completed national updates on ESR functionality and has completed an assessment of current use of ESR with a view to making optimum use of the functionality offered by the system.
- 3 The workforce data cleanse exercise has completed with a 62% response rate, the data gathered will improve reporting on protected personal characteristics for the Trust Annual report on Workforce due in July 2017.
- 4 The workforce metrics in support of the People and Organisation Development Strategy continue to be developed – a single dashboard has been developed to provide an overview of the key workforce metrics, this is attached at Appendix 3.
- 5 The Workforce Assurance Group reviewed Trust data on the stability index which provides a view of the retention period for groups of staff.



6 Please find below the hot-spots for 12 Month Stability:

Division	HR KPI	12 Month Stability %
Corporate Division	Planning & Contracting	100.00%
Estates & Facilities Division	Commercial Services	100.00%
Estates & Facilities Division	Estates Services - Buildings & Grounds	100.00%
Estates & Facilities Division	Estates Services - Electrical	100.00%
Estates & Facilities Division	Estates Services - Waste	100.00%
Estates & Facilities Division	Hotel Service Management	100.00%
Estates & Facilities Division	Sewing/Residences/Transport/Warehouse	100.00%
Medical Division	Capacity & Emergency Planning	100.00%
Medical Division	Neurology	100.00%
Medical Division	Adult Community Services	83.33%
Medical Division	Divisional Management/Governance	82.86%
Medical Division	Diabetes	82.02%
Corporate Division	Medical Director (include West Midlands Local Clinical Research Network	81.85%

**Appendix One
Nursing Workforce Information**

Nursing Vacancy position (31st May 2017)

Vacancies - Open + Advertised							
	Qualified Nurses				Unqualified / HCA	Others	Total
	Band 5	Band 6	Band 7	Band 8			
Div-1	37.70	15.33	5.68	1.71	18.57	1.03	80.02
Div-2	21.25	5.09	3.16	0.40	10.53	10.14	50.57
Midwives	0.19	10.31	1.92	0.00	1.72	0.04	14.18
Community	12.59	6.00	-0.51	2.70	1.80	-0.40	22.18
Totals	71.73	36.73	10.25	4.81	32.62	10.81	166.95
Filled Vacancies - Pending Starters Not Yet In Post							
	Qualified Nurses				Unqualified / HCA	Others	Total
	Band 5	Band 6	Band 7	Band 8			
Div-1	34.62	4.80	1.00	0.00	9.40	1.00	50.82
Div-2	35.00	0.00	0.00	0.00	4.61	0.00	39.61
Midwives	0.48	1.00	1.00	0.00	0.00	0.00	2.48
Community	2.00	1.00	0.00	0.00	0.53	0.00	3.53
Totals	72.10	6.80	2.00	0.00	14.54	1.00	96.44
Total - All Unfilled Posts (Open Vacancies + Pending Starters)							
	Qualified Nurses				Unqualified / HCA	Others	Total
	Band 5	Band 6	Band 7	Band 8			
Div-1	72.32	20.13	6.68	1.71	27.97	2.03	130.84
Div-2	56.25	5.09	3.16	0.40	15.14	10.14	90.18
Midwives	0.67	11.31	2.92	0.00	1.72	0.04	16.66
Community	14.59	7.00	-0.51	2.70	2.33	-0.40	25.71
Totals	143.83	43.53	12.25	4.81	47.16	11.81	263.39

The number of Vacancies for qualified Nurses that have been filled but are not yet occupied is 80.90 WTE compared to 78.52 WTE in April reflecting a registered nursing workforce gap of 123.52 WTE at the end of May, an increase from the April figure of 104.80.

There are 204.42 whole time equivalent (WTE) registered nurse vacancies open across the Trust (including those who are starting not yet in post) compared to 183.32 in April 2017. Division 1 continues to have a higher level of qualified nurse vacancies than Division 2.

Appendix 2

Medical Workforce Establishment Summary 31st May 2017

Division 1				
Grade	Establishment	Vacancies	Apr 17	May 17
Consultant	229	17	7.89%	7.42%
SAS Grades	49	9	18.37%	18.37%
Training Grades	182	17.2	9.45%	9.45%
Non Training Grades	75	21	28.00%	28.00%
TOTALS	535	64.2	12.21%	12.00%
Division 2				
Grade	Establishment	Vacancies	Apr-17	May 17
Consultant	127.2	23.2	19.03%	18.24%
SAS Grades	21.72	7	32.23%	32.23%
Training Grades	163	11.6	8.96%	7.12%
Non Training Grades	36	12	40.00%	33.33%
TOTALS	347.92	53.8	16.95%	15.46%

Practice	GP Establishment - WTE	In post - WTE	Difference - WTE
Alfred Squire Road Health Centre	4.32	4.62	- 0.30
Lea Road Medical Centre	2.97	3.28	- 0.31
MGS Medical Centre	3.46	1.96	1.50
West Park Surgery (previously 80 Tettenhall Road Surgery)	1.89	2.00	0.00

Note: GP Practice data is as at Month 1 (end of April 2017) - the two GPs at West Park Surgery left on the 5th May 2017 and recruitment is in progress. In the interim the Practice Director at Lea Road Practice has taken on the role of contract holder at West Park Surgery. The gaps including those at MGS Practice are also being covered through locums as we continue to try to recruit.

Summary of Clinical Fellow appointments

Division One		Division Two	
Numbers of Fellows in Post		Number of Fellows in Post	
Anaesthetics	4	Acute Medicine	3
Cardiology	2	COE	4
CT Anaesthetics	4	Dermatology	1
ENT	1	Diabetes	5
General Surgery	3	EM	8
Obs &Gynae	2	Haem	2
Paediatrics	2	Gastro	2
Radiology	2		
T&O	8	Rheumatology	2
Urology	2	Renal	6
EM/T&O rotation	1	Respiratory	1
GS/ENT/T&O/Urology	3	Oncology	2
		SUB TOTAL	
TOTAL	34	TOTAL	37

Appendix 3

Human Resources - Workforce

	Trust Performance								Division Performance - Latest Month					
	Source	Monthly Target	Data As At	Current Month Actual	Previous Month	Travel on Previous Month	Year to Date Position	Year End Target	6 Month Trend	Corporate	Estates & Facilities	Medical	Primary Care	Surgical
Number of WTE Employed	Trust		May	7137.14	7135.38	↑				957.59	675.43	2432.21	68.25	3003.67
% of Sickness Absence (1 month in arrears)	Trust	3.24%	Apr	3.99%	4.13%	↓		3.24%		2.83%	4.73%	4.05%	2.05%	4.18%
% Workforce Turnover (rolling previous 12 months)	Trust	13.20%	May	11.91%	12.02%	↓		13.20%		12.34%	5.83%	15.15%		10.44%
% of Staff with a completed Annual Appraisal	Trust	85.00%	May	84.60%	83.70%	↑		90.00%		84.00%	91.10%	82.50%		84.50%

Comments and Actions:

Sickness Absence 6 month trend based on the new Business Intelligence methodology.

HR Workforce Extended Metrics Data

Workforce Profile	Target	2016-17 Position	Travel on Previous Month	2017 - 18												YTD Change since 31st Mar 17	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Number of WTE Employed		7150.11	↑	7135.38	7137.14												-12.97	
Substantive Staff Headcount (Permanent & Fixed Term)		8300	↑	8293	8294												-6.00	Includes M&D Locums with WTE on RWT Payroll
Bank Only Headcount		1600	↑	1672	1723												123.00	
% Staff from a BME background		25.48%	↑	25.64%	25.96%												0.48%	
TUPE In		-	↓	14	0												14	
TUPE Out		-	→	0	0												0	

Sickness Absence (1 month in arrears)	Target	2016-17 Position	Travel on Previous Month	2017 - 18												YTD Position	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
% Sickness Absence (In Month)	3.24%	4.13%	↓	3.99%	avail July												3.99%	
% Sickness Absence (Rolling previous 12 months)		4.41%	↓	4.38%	avail July												4.38%	
WTE Days lost to Sickness		113,628.07	TBC	8,512.89	avail July												8,512.89	
% Short Term Sickness		1.40%	↓	1.14%	avail July												1.14%	
% Long Term Sickness		2.74%	↑	2.84%	avail July												2.84%	
Estimated Cost of Sickness (£)		£8,786,713	TBC	£662,632.39	avail July												£662,632	

Turnover	Target	2016-17 Position	Travel on Previous Month	2017 - 18												YTD Position	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
% Total Workforce Turnover (Rolling previous 12 months)	13.20%	12.19%	↓	12.02%	11.91%												11.91%	Exc Rotational Drs
% Normalised Workforce Turnover (Rolling previous 12 months)	13.20%	10.89%	↑	10.89%	11.01%												11.01%	Exc Rotational Drs, Students, TUPE
Stability Index (12 months)		TBC	TBC	88.49%	TBC												88.49%	Staff still in post longer than 12 months
Stability Index (18 months)		TBC	TBC	85.99%	TBC												85.99%	Staff still in post longer than 18 months
Stability Index (24 months)		TBC	TBC	81.84%	TBC												81.84%	Staff still in post longer than 24 months

Temporary Staffing	Target 2017-2018	2016-17 Position	Travel on Previous Month	2017 - 18												YTD Position	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Bank Costs	£9,203,000	£10,557,029	↓	£1,065,110	£908,828												£1,973,938	
Agency Costs (NHSi 2017/18 target)	£10,600,000	£16,270,446	↓	£1,316,578	£999,751												£2,316,329	Inc Vertical Integration Agency spend
Agency Costs (RWT Target - NHSi Workforce Plan)	£14,600,000	£16,270,446	↓	£1,316,578	£999,751												£2,316,329	Inc Vertical Integration Agency spend
No. of off framework agency usages		-	↑	123	168												291	Submission to NHSi, classified by week ending in relevant month
No. of breaches to agency price cap		-	↑	1367	1579												2946	Submission to NHSi, classified by week ending in relevant month

Mandatory Training	Target	2016-17 Position	Travel on Previous Month	2017 - 18												YTD Position	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
% Mandatory Generic	95.00%	95.90%	↑	95.70%	96.40%												96.40%	Exc Primary Care and CLRN
% Mandatory Specific	95.00%	90.70%	↑	91.50%	92.10%												92.10%	Exc Primary Care and CLRN

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