

# Workforce Update JHOSC

The JHOSC are asked to note:

- Workforce performance changes specifically in absence and vacancy trends and the mitigating actions being put in place through People Plan initiatives and locally across organisations to address them
- Updates against key areas of national priority in the Workforce programmes

# Contents

- The NWL People Plan
- Core workforce trends, risks and our response
  - Vacancies and growing our workforce
  - Health and well being
  - Diversity and race equality
- Primary Care and Social Care
- Developing our system approach, values and behaviours

# NWL People Plan

- Care
- Lead
- Include
- Learn
- Grow
- Transform
- Enable

Some of the challenges we are trying to solve together through partnership, innovation and sharing best practice:

- Demands on staff and the knock-on impacts on HWB
- Impacts of Covid-19 on staffing
- Supply and pipeline shortages in core professions
- Recruitment and retention
- Diversity within the workforce esp. at higher grade roles
- Climate and culture
- Leadership capacity and skills for the future
- New operating and clinical models for staff

# Performance: Core Workforce KPIs

Section	Metric	Metric Status	Trend	NWL Target Range	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Core Workforce KPIs	Trust Post Establishment (WTE)	Watch		n/a	50,320	50,365	50,538	50,869	50,984	51,251	51,741	51,966	52,196
	Trust Staff Inpost (WTE)	Watch		n/a	45,162	45,145	45,176	45,066	45,165	45,188	45,444	45,815	45,859
	Trust Staff Inpost (headcount)	Watch		n/a	49,815	49,847	49,838	49,606	49,565	49,902	49,908	49,822	50,547
	Vacancies (WTE)	Watch		n/a	5,158	5,220	5,363	5,803	5,819	6,063	6,297	6,151	6,337
	Vacancy Rate (%)	Driver	↑	8-12%	10.3%	10.4%	10.6%	11.4%	11.4%	11.8%	12.2%	11.8%	12.1%
	In-month Sickness Rate (%)	Driver	↑	3.3-4.4%	3.5%	3.5%	3.9%	4.2%	4.2%	4.4%	4.7%	4.6%	5.8%
	Rolling 12-Month Sickness Rate (%)	Driver	↑	3.3%-4.4%	4.1%	4.1%	3.8%	3.9%	3.8%	3.9%	4.0%	4.0%	4.2%
	Voluntary Turnover Rate (%)	Driver	↑	10 - 18.4%	11.7%	11.7%	12.1%	12.3%	12.0%	12.1%	12.0%	12.9%	13.2%
	Core Skills Compliance Rate (%)	Driver	↑	85%-92%	88.7%	88.7%	90.6%	90.2%	90.7%	90.5%	90.1%	90.6%	90.8%

# GROW

- Vacancy levels increased from 11.8% to 12.1% during December as a result of an overall establishment increase of 231 WTE across the sector and a 44 WTE overall
- 6,337 (12.1%) WTE vacancies across NWL Trusts – nursing and midwifery have highest figure
- Voluntary turnover at 13.2% is a small but steady increase over the year
- Anecdotally, relocation and career change decisions following the first 18 months of the Covid-19 Pandemic response are a key driver for this upswing

## Current joint actions:

- Local recruitment plans in place – key focus on hard to recruit and hard to keep roles – sharing best practice
- As a collective, collaborative recruitment drives, the Certificate of Eligibility for Specialist Registration (CESR) programmes and first contact Additional Reimbursable Roles Scheme (ARRS), are being accelerated
- International and Refugee recruitment programmes and Widening Access programmes (Nursing) underway

## Key achievement this quarter:

- Acute Care staffing dashboard developed to identify & monitor hotspots – enables joint action across organisations
- Vaccination to Vocation retention programme has supported 179 staff into health care roles across NWL to date) – 111 have been retained into ICS vacancies, 60 into Trust Banks and 3 into apprenticeship schemes

## Collective ask:

- Note the initiatives underway and support joint initiatives as they arise

## Next steps:

- Focus on hard to recruit and hard to retain roles
- Continued health and wellbeing support to minimise turnover

# GROW – Vacancies

- There are currently 2,512 WTE vacancies (14.4%) for qualified nursing & midwifery roles with a further 966 WTE vacancies across qualified scientific, therapeutic & technical roles
- In addition, there are a further 951 WTE administrative & clerical roles vacant across the sector's Trusts at bands 2 – 6 (12.1% of this staffing groups establishment)
- Within the medical and dental workforce, there are 350 WTE vacancies including 155 WTE Consultant and 107 WTE training/trust grade vacancies
- High vacancy rates do not equate to unsafe staffing levels and all Trusts work hard to mitigate, on a shift by shift basis, roster gaps through
  - bank, agency and locum use
  - deployment of staff from other areas
  - senior clinical staff working in the numbers
  - cohorting of patients

## Current joint actions:

- Implementing a retention prototype to develop best practice and scale up
- Accelerate the vaccination to vocation and volunteering to vocation programmes
- Establish the NWL Skills Academy to support entry level roles supported by FE/HE partners
- ICS plan for new roles and international recruitment ongoing
- The 'new to the NHS NWL ICS Graduate Scheme' supports early talent management and retention of our local communities. Cohort 1 will launch in Q3/Q4. We will link in with local universities to ensure a pipeline of applicants
- Developing collaborative employment models and providing ICS recruitment support in areas of high deprivation including recruiting into Mental Health ARRS roles through the Mental Health Trusts

## Key achievement this quarter:

- Expansion of International Recruitment for nursing
- GLA bid win to support development of skills Partnership-led Skills Academy for NWL supporting recruitment and talent pipeline development

## Collective ask:

- Focus on the recruitment initiatives underway and support joint initiatives

## Next steps:

- Workforce Planning with 3-5 year horizon with support from EY programme
- Continued alignment with ICS Programmes to engage in developing new models of care and new ways of working

# Sickness and Health & Wellbeing (HWB)

- The NWL sickness absence rate has risen since June 2021 and is 5.8% end December 2021 equating to a total of 1,900 staff absent due to Covid-19 and a further 1,529 absent through other illness
- More of our staff are suffering from psychological trauma
- Bullying and harassment continues to be flagged through staff feedback
- Referrals to the Keeping Well service show a steady increase with over 2500 referrals from June to November 2021 and with a clinical recovery score improving by 2.5% to 64.5%. This is higher than the average 50% for those receiving IAPT intervention
- The most predominant issue staff present with is depression and anxiety often presenting as 'work-related stress'
- Feedback from staff : Morale is low, while reported work pressures (often due to staffing challenges) remain high. Many staff also reported finding it difficult to engage with wellbeing offers when the demand / workload is high

## Current joint actions:

- Supporting all organisations to implement the 10-point plan for HWB
- Funding and running a staff IAPT service to address psychological well being – via Keeping Well service
- Developing a joint Occupational health service to reduce waiting times and get people back to work quickly
- Maximising the uptake of national HWB offers

## Key achievement this quarter:

- Successfully bid for £250k funding for the 'Growing Occupational Health' programme with the prototype collaborative programme - prototype is now live in two Trusts and IT system implementation started
- Additional funding to continue the Keeping Well service secured
- 116,922 Covid vaccinations delivered from 13/09/21 to 09/01/22, with a significant uptake during the Christmas booster campaign

## Collective ask:

- Focus on implementing the HWB 10-point plan

## Next steps:

- Review 2021 Staff Survey results (due March 2022) to further target HWB to staff groups
- Continue staff engagement to widen awareness of the Keeping Well service and other staff support initiatives

# Diversity

- We have a diverse workforce across gender, age and ethnicity
- The workforce profile in our Trusts shows
  - 73.9% of our workforce is female and 26.1% male
  - 52.5% BAME and 41.5% white (5.9% not stated)
  - 60.5% of staff are aged 40-60+
- Workforce Racial Equality Standard (WRES) disparity indicators show NWL senior roles representation at 2.28:1 (White:BAME) which is higher than national median of 2.87:1; however, this is within norms but an area NWL is addressing
- WRES data also indicates the relative likelihood of white to BAME staff being appointed to roles is 1.53 which is lower than the peer benchmark of 1.55 and flags as 'red'
- Inaugural Medical WRES data shows a similar trend to the WRES in that BAME doctors are:
  - Underrepresented in consultant roles
  - Underrepresented in academic positions
  - Overrepresented non-consultant roles and in postgraduate training roles

## Current joint actions:

- Model employer targets for each organisation and ICS agreed target– support and challenge positions and initiatives
- Sharing best practice and research through the variety of networks across NWL
- Inclusive recruitment supported with Toolkits and Leadership Ladder Programme in progress with 12 high potential candidates
- NED development programme in development
- Board development funding secured for Boroughs
- Staff voice and feedback via a variety of forums
- Inclusion newsletter launched

## Key achievement this quarter:

- Launch of the De-bias Recruitment and Selection Toolkit in February 2022
- The Inclusive and Compassionate Leader Programme commenced

## Collective ask:

- Focus on agreeing and addressing Model Employer Targets

## Next steps:

- Confirm Model Employer Goals and action plans at a local level and agree an ICS overall target
- Review 2020 Staff Survey results (Mar 2020) for hotspots and improvements



# Primary Care

- 2020/21 data indicates a steady decline in GPN numbers by 16.38%; if not addressed, numbers will decline by >45% in the next 5-years
- GP rates have increased in senior bandings from 1238 in June 2020 to 1303 (4.28% increase) in December 2021 – anecdotal rationale is due to NHSE golden handshakes for GP Partners
- Of the 552.03 WTE ARRS roles planned to be recruited by December 2021, 440.07 WTE roles are now in place (20.28% below plan); the impact of the pandemic and strict HEE recruitment criteria has slowed the recruitment process

## Current joint actions:

- GP Mentorship and SPIN Fellowship programmes underway for GPs and GPNs
- GPN training programmes initiated through additional funding for Training Hubs
- NWL Deep End project supports GPs working in areas of high deprivation
- Collaborative approaches and new employment models to support Hard to Recruit ARRS including networks for various AHP roles
- Stakeholder events to support borough level workforce recruitment planning and alignment with Vaccination to Vocation opportunities
- Leadership development programmes for Clinical Directors, Practice and Business Managers

## Key achievement this quarter:

- Successful appointments made from the Vaccination to Vocation programme

## Collective ask:

- Focus on GP Leadership Development to support workforce initiatives related to staff wellbeing and retention

## Next steps:

- Ongoing alignment of collaborative recruitment and development initiatives
- Detailed workforce planning and implement plans to integrate consistent and accurate data collection for core metrics

# Social Care

- We have established further links with DASS network and identified key areas for further collaboration
  - Building a better skilled and qualified workforce
  - Identify what roles are common and how they can be flexibly shared
    - HCA roles – equitable employment offering and agile workforce across health and social care
    - Shared Therapies roles in the community
  - Health and wellbeing services and approaches could be shared
- We have agreed next steps
  - Focused session planned to confirm priorities and generate ideas for collaborative approach for
    - Difficult to recruit roles – e.g. Occupational Therapists
    - Investigate Community Matron role
    - Joint staff banks / Collaborative Bank opportunities
    - Care Home specific needs
  - Local Authority representation on the NWL People Board – Stephen Forbes (Executive Director of Children’s and Adult Services, London Borough of Hounslow) appointed



## Next Steps:

- Incorporate ICS Design Features into our People Function infrastructure (e.g. Talent Management approach, maturity of People Function)
- Review the governance structure
- Align plans with deliverables and timescales and measures against outcomes to be reviewed and developed for each Function, taking into account the 2022/23 Operating Plan and Future of HR and OD 2022/23 requirements

# ICS System Development: Developing and embedding ICS Values and Behaviours

## Achieved so far:

System-wide values and behaviours workshops – Nov-Dec 2021  
8 workshops with 126 staff from CCG, Trusts, LAs, Primary Care and Boroughs

## Current activities: Post workshop engagement – Jan-Feb 2022

Initial analysis informing facilitator working group and PBP workshops in Jan – Feb 2022

ICS Executive input via working session planned 4<sup>th</sup> March

## Next Steps – Mar 2022 onwards

Creating the framework – signoff by Execs 18<sup>th</sup> Mar

ICS Exec development session – 1<sup>st</sup> April

Partnership Board signoff – 26<sup>th</sup> April

Embedding and 'hardwiring' plan implementation – April onwards