

Agenda item 4i

Report to:	Board of Directors	Date: 1 August 2019
Report from:	Director of Workforce and Organisational Development	
Principal Objective/Strategy:	The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR.	
Title:	Report of the Director of Workforce and Organisational Development	
Board Assurance Framework Entries:	Recruitment Retention Staff Engagement	
Regulatory Requirement:	Well-Led	
Equality Considerations:	n/a	
Key Risks:	<ul style="list-style-type: none"> • Turnover increases as a result of poor staff engagement • We are unable to recruitment sufficient staff to meet safe staffing levels • Staff engagement is negatively impacted by poor people practices 	
For:	Information and feedback	

1. Purpose

The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR. The areas this paper focuses on are:

- Nurse Recruitment Update
- Culture and Leadership Programme Update
- Q1 Pulse Survey Results

2. Updates

Nurse Recruitment Update

The extensive media coverage related to the move and the Royal visit, supported by regular recruitment events have created increased interest in Royal Papworth Trust as a place to work. May and June saw an increase in nurse appointments as anticipated post-move, and this has continued into July.

The 22 June Recruitment Open Day, working in collaboration with Cambridge University Hospitals, was a huge success with 20 healthcare support worker and 7 (of the original 8) nurse offers being processed from that event. There were in excess of 50 contacts to be followed up. A follow up event will be held in November, this time expanding the

event to include all staff groups and our OCS partners. We recruited 9 Registered Nurses and 15 HCSWs at the 13 July recruitment event.

One area of nursing which remains challenging is that of Respiratory. A specific campaign is being developed for this, which will involve interviewing current staff to determine 'what a great day at work' is like and why they have chosen that area. This will enable a series of videos to be produced to increase understanding of the range of skills and experience that can be gained. Respiratory specific information events will also be promoted. Respiratory & RSSC staff will have a table at the 25 July Atrium open event to promote their speciality.

The recent Nursing Apprenticeship advert received 100 applications and 45 have been shortlisted for joint interviews with Anglia Ruskin University to be held in July. There are 25 apprenticeships being offered which will be evenly distributed across the wards and departments.

A new combined Trust-wide nurse advert has been rolled out for a trial period with the aim of avoiding candidates submitting applications for multiple roles, to ensure that we do not lose good candidates where larger numbers apply for areas with fewer vacancies and to make most effective use of our recruitment resources. At the time of writing this report the Trust wide advert had attracted 19 applications and the HCSW Trust-wide advert had 64 applications.

Theatres is another area experiencing low numbers of applications. A 'Theatres Open Event' will be held on Saturday 10 August as part of the Selection Day and invite ODP's HCSW (scrubs), Theatre Porters to meet the team, there will be displays and team to talk to, and interviews on the day for HCSW and Porters. We are also exploring university events which include ODPs.

There is a full calendar of events planned for 2019 which include attending recruitment events at Universities.

We are considering whether non-EU overseas recruitment would be value for money in order to reduce vacancy rates on Level 5. CUH have spare capacity in their overseas pipeline and we are exploring whether this would offer a way of recruiting staff who could be supported to complete the OSCE exam by the end of 2019. We will make a decision on this by the end of July. Additionally CUH have more capacity than demand on their RN and HCSW bank and we have set up a process that enables CUH bank staff to fill shifts at RPH. We are very grateful to CUH for their support with increasing our staffing capacity.

Culture and Leadership Programme Update

A programme to review the culture of the organisation and support the refresh of Trust values and the development of a leadership strategy was agreed by the Board in November 2018. The implementation of the programme was delayed whilst the Trust focused on a safe and effective relocation. We commenced implementation of Phase 1 in June.

This programme has been jointly developed by the Kings Fund and NHSI and is based on the work of Prof Michael West on building a compassionate and collective leadership approach to enable the development of high quality care in healthcare organisations. There are three phases in the programme. The first, diagnostic, phase will provide data which enables us to determine the values and the behaviours that are most important for the Trust. It will hold a mirror up to how we are now and look at what we aspire to.

Phase 2 of the programme uses the analysis of information collated to progress the development of compassionate leadership. It will look specifically at the following areas:

- Vision and Values
- Goals and performance
- Support and compassion
- Learning and innovation
- Teamwork

Phase 3 will review the specific areas that will be implemented to move the strategy into the Trust culture.

As the programme progresses there will be other pieces of work going on in the organisation which will overlap into the culture and leadership programme such as development of the Trust 5 Year Strategy and the implementation of initiatives such as the “Recruiting for Difference” and career coaching.

A Programme Leader has been engaged and a project plan developed. We have created a “change team” made up of volunteers from across the organisation who will guide and undertake the phases of the programme. Approximately 50 staff have volunteered from many areas of the Trust including clinical and non-clinical, management and support staff and a good representation from BAME staff. The first meetings of the team took place in July to inform all volunteers about the project and to form sub-groups to lead on the different aspects of the diagnostic phased. Each sub-group will design and implement their diagnostic area. The design phase will be reported back to the Programme board on the 14th August 2019 with the roll out of the diagnostics expected in August through to October. We have made contact with NHSI and they are going to be providing support and training for members of the sub-groups. They are also identifying a buddy Trust who has progressed to later phases in the programme who we can learn from.

Q1 Pulse Survey Results

In the 14 months prior to the move we undertook monthly pulse surveys to understand the issues that were concerning staff and gather feedback on what action we could take to improve aspects of the move, particularly communications. The feedback received was very helpful in ensuring that we provided the right support for staff. Following the move we decided to move to quarterly pulse surveys to gain feedback from staff and to track key indicators of staff engagement and satisfaction.

In June we ran the first quarterly staff survey post-move. We have adapted the survey to gain feedback on how they were experiencing the new working environment and arrangements. We asked some key questions about whether staff were having regular one to one with line managers and team meetings, raising concerns, communications and if they knew who the Freedom to Speak up Guardian was. We also asked the standard staff recommender questions.

The survey was open for two week and there was widespread communication promoting it. We had responses from 493 staff which is 26% of our workforce. 80% of the respondents work at the hospital and 19% at the house, 1% did not answer this question. The breakdown of responses by staff group and directorate is as follows:

By staff group		
Group Name	Number	% of total surveys completed
Additional Clinical Services (HCSW, Phlebotomist, Assistant Practitioner/Technicians)	18	3.7%
Additional Prof Scientific & Tech (Pharmacists, Technicians, Social Workers)	12	2.4%
Admin and Clerical	215	43.6%
Allied Health Professionals	38	7.7%
Estates and Ancillary	7	1.4%
Healthcare Scientists	21	4.3%
Medical	27	5.5%
Nursing	144	29.2%
Other	10	2.0%
Not Recorded	1	0.2%
Total	493	

By directorate		
Group Name	Number	% of total surveys completed
Ambulatory	35	7.1%
Cardiology	62	12.6%
Chief Executive	8	1.6%
Clinical Support Services	48	9.7%
Deputy Chief Executive	4	0.8%
Finance	32	6.5%
HR	11	2.2%
Medicate Director	1	0.2%
Nursing - Clinical	61	12.4%
Nursing - Corporate	12	2.4%
Operations	19	3.9%
R&D Funds	4	0.8%
Research & Development	39	7.9%
Surgery	55	11.2%
Thoracic	65	13.2%
Other	30	6.1%
Not recorded	7	1.4%
Total	493	

We will ask the same questions over subsequent quarters to track trends in responses. As this was the first survey post move we asked whether staff felt that the move had gone well/was a good experience:

- 71.5% of staff felt that the move had gone well/was a good experience, 22.75% felt that it had partially gone well and only 5.8% felt it had not gone well and/or was a good experience.
- Medical Staff had the most negative view of the move with 52% feeling it had gone well, 30% feeling it had partially gone well and 15% feeling it had not gone well.
- The Directorate whose responses were furthest from the Trust average were Thoracic (43% well, 37% partially and 14% not gone well) and Surgery (58% well, 31% partially, 9% not well)

The response to areas of concern for staff were more evenly spread than prior to the move when the biggest area of concern was travel and parking. The responses by area of concern were as follows:

ANSWER CHOICES	RESPONSES	
Changes to my ways of working	27.73%	137
Disruption to my team	29.55%	146
Staff facilities	28.54%	141
Travelling to my place of work	32.39%	160
Parking at my place of work	27.33%	135
Using the equipment / technology	18.42%	91
None	23.28%	115
Other (please specify)	Responses 18.62%	92
Total Respondents: 494		

The key themes in the other concerns described by staff were staff finding aspects of the IT systems and equipment slow, the working environment hot and stuffy with no natural light and issues with the administrative facilities namely not enough meeting rooms, too few desks and noisy/distracting working environments. There were significant variations from the average results for some staff groups and directorates:

- 63% of medical staff had concerns regarding the facilities for staff which perhaps reflects that the new ways of working with regards offices and hot desking has had the most impact on this staff group.
- 52% of medical staff had concerns about changes to their ways of working
- 48% of medical staff and 48% of nursing staff had concerns regarding the disruption of their teams.
- 50% of additional professional and technical staff had concerns regarding their travel to work

Responses to the other main questions asked were as follows:

Do you have regular one to ones?

ANSWER CHOICES	RESPONSES	
Yes	68.86%	325
No	31.14%	147
Maybe	0.00%	0
TOTAL		472

The staff groups with responses significantly more negative than average were the Medical staff group (51%) and Health Care Scientists (52%) and Directorates/Departments were Clinical Nursing (this is specialist nurse, Alert and ANPs) 49% and the Thoracic Directorate 48%.

Do you have team meetings:

ANSWER CHOICES	RESPONSES	
Yes	73.78%	349
No	26.22%	124
Maybe	0.00%	0
TOTAL		473

The staff group with responses significantly more negative than the average was Medical Staff (59%) and Health Care Scientists (52%) and the Directorates/Departments was the Surgical Directorate (53%)

Do you have sufficient communication on the issues that are important for you to know:

ANSWER CHOICES	RESPONSES	
Yes	74.47%	353
No	25.53%	121
Maybe	0.00%	0
TOTAL		474

The staff groups with responses significantly more negative than the average were the Medical staff group (41%) and Additional Clinical Services (50%) and Directorates/Departments were the Cardiology (53%) and Surgery Directorates (60%)

How do you rate your journey to work based on the planning that you did before the move:

	BETTER THAN EXPECTED	AS EXPECTED	WORSE THAN EXPECTED	TOTAL	WEIGHTED AVERAGE
(no label)	27.86% 129	60.48% 280	11.66% 54	463	0.00

In the free text comments on how staff were experiencing travelling to work the themes were – significant additional travel time which is tiring and stressful, expense, negative impact on work/life balance, enjoying walk and/or cycle but worried about the winter.

Are you planning to stay with the Trust for the next 12 months:

ANSWER CHOICES	RESPONSES	
Yes	54.89%	258
No	7.87%	37
Undecided	37.23%	175
TOTAL		470

The staff group who had the highest percentage of staff saying they were not planning to stay with the Trust for the next 12 months was medical staff with 15% saying there were not planning to stay. This may be because doctors in training are on fixed term contracts but it is not possible to differentiate between doctors in training and consultant staff.

Do you have the resources you need to undertake your role:

ANSWER CHOICES	RESPONSES	
Yes	76.50%	358
No	23.50%	110
TOTAL		468

The staff group with responses significantly more negative than average was the Medical staff group (44%) and the Directorates/Departments was Surgery (58%).

Do you feel able to raise your concerns:

ANSWER CHOICES	RESPONSES	
Yes	84.65%	397
No	15.35%	72
TOTAL		469

The staff group with responses significantly more negative than average was the Medical staff group (66%) and the Directorates/Departments was Surgery (66%).

Do you know who the FTSUG is:

ANSWER CHOICES	RESPONSES	
Yes	80.55%	381
No	19.45%	92
TOTAL		473

There is the opportunity for staff to provide free text comments on their experience of working for the Trust and whether they would recommend it as a place to work. In these comments there was a theme about it still being very soon after the move and systems and ways of working were still not recovered. There was also a theme that whilst there were excellent facilities for patients the facilities and care for staff was not as good.

The analysis of the results will be shared with Directorates/Departments so they can use these to inform how they engage and communicate with staff. There will be discussion at Management Executive about the responses from Medical Staff who participated and how engagement and communication with this staff side can be improved.

Recommendation:

The Board of Directors is requested to note and discuss the content of this report.