

Agenda item 4.ii

Report to:	Board of Directors	Date: 1 November 2018
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:	Employment Legislation Well-Led Flu vaccination	
Equality Considerations:	n/a	
Key Risks:	<ul style="list-style-type: none"> • Turnover increases as a result of poor staff engagement • Vacancy rates do not improve as a result of PRP staff not progressing to registration with the NMC 	
For:	Information	

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:

- 2018 Flu Vaccination Campaign
- Nurse Recruitment
- September Pulse Survey Results
- Black, Asian and Minority Ethnic (BAME) Network
- 18/19 Workforce Race Equality Scheme (WRES) Action Plan

2. Updates

2.1 2018 Flu Vaccination Campaign

The 2018 Flu Vaccination Campaign commenced on 1 October 2018 using the quadruple vaccine as recommended by Public Health England. A comprehensive and responsive communication programme is being used to ensure that staff are encouraged to get vaccinated. We are using a combination of static clinics based in the main hospital and peer vaccinators who are vaccinating staff in their workplace. Learning the lessons from last year we have trained 22 peer vaccinators who have been making a significant contribution. We have also taken the opportunity to offer vaccination at induction, training sessions and large staff meetings such as Our Move. This year we are also offering an incentive in the form of the chance for those who have been vaccinated to win John Lewis vouchers. This has been well received by staff.

Uptake by staff group and by department is being reported weekly at our Big Move Briefing. At the time of writing this report 70% of front line staff have been vaccinated. Last year we achieved 79% of front line staff being vaccinated by the end of February .

Trust Boards are required by NHSI to consider their approach to this year's vaccination campaign against a best practice management checklist and publish this self-assessment to provide public assurance. This self-assessment is attached as Appendix 1.

2.2 Nurse Recruitment

The Trust has been a net recruiter of nursing staff for 14 consecutive months. In September the nurse vacancy rate reduced to 4.6%, this is inclusive of Pre-Registration Practitioners (PRP) staff. This is the first time we have achieved our KPI of 5% vacancy rates.

There were 28 new starters in October, the majority of whom were UK new graduates, and there are 82 new recruits either with confirmed start dates or in the pre-employment check process for the period November 2018 to April 2019.

Whilst our recruitment strategy is proving effective and vacancy rates are reducing the high number of new recruits both registered and PRP does place pressure on the wards as they require considerable support and mentoring from the central development team and nursing teams on the wards. We have recruited a teacher to support staff through the OET programme .

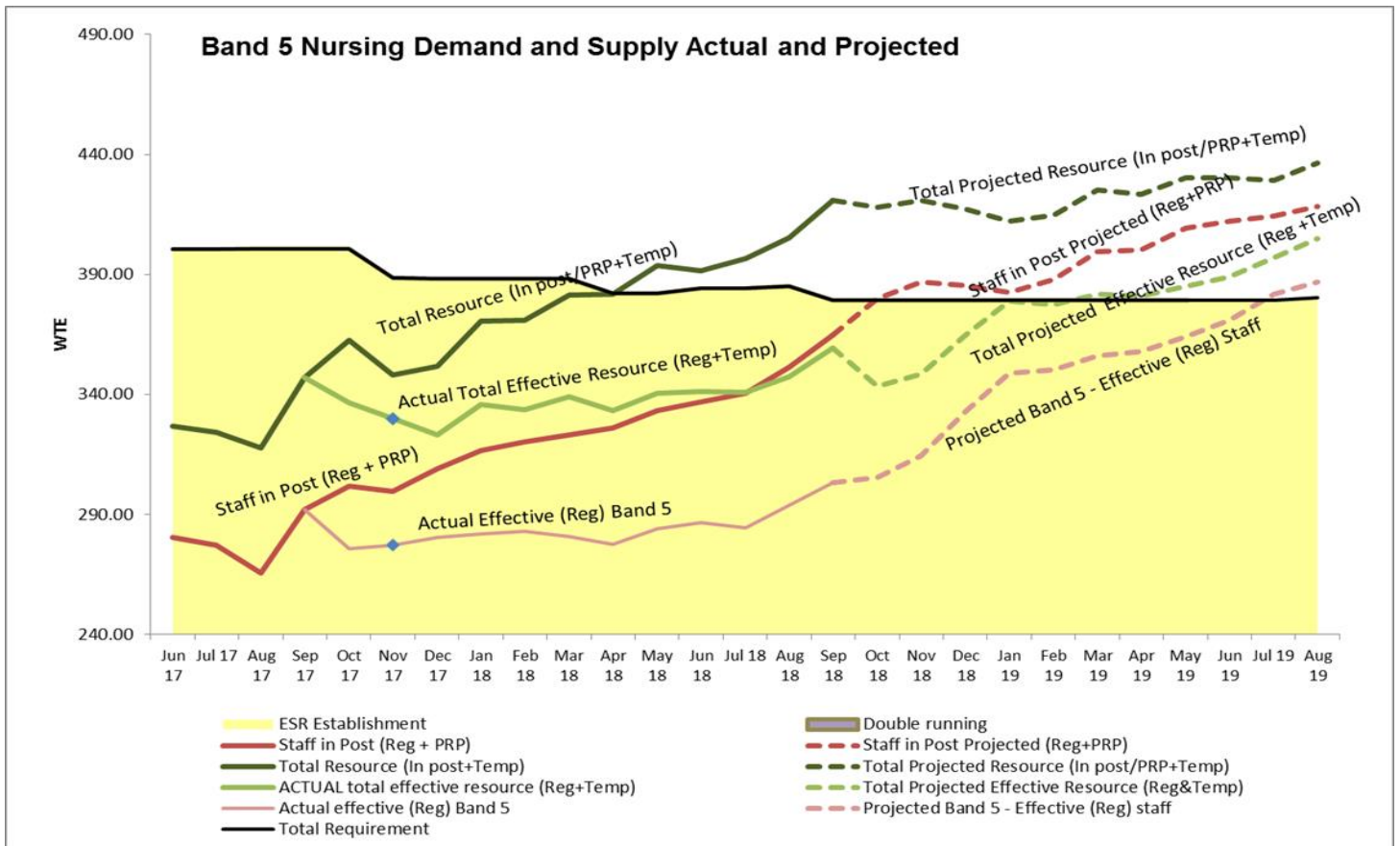
We have 64 WTE Pre-registration practitioner (PRP) staff who are studying to achieve either their OET/IELTs and/or OSCE qualifications which will enable them to gain registration with the NMC. We are achieving a very good success rate of staff passing the OSCE process, 100%, and our staff's success rate with the OET, 41%, is better than the national pass rate of 20%. A review process is underway with all PRP staff with the following aims:

- providing additional e-learning programme to those who have failed, but are performing excellently on the ward with no absence or behaviour issues
- identifying where there are performance/attendance/commitment to learning issues, and contracts will be terminated
- utilising the process of submission of letters to NMC to enable registration of pre-reg nurses where performance/competencies, behaviour and communication skills are at the required standard (in these circumstances, it is not a requirement for a nurse to pass OET)

We refresh our supply and demand projections for Band 5 nursing staff monthly to reflect changes in inputs and assumptions. In October we reviewed and revised our assumptions relating to turnover to reflect the outputs from the review of PRP staff and the age profile of the nursing workforce. While turnover is volatile the following assumptions are used to model turnover:

- (a) Average leavers for previous 6 month period, plus
- (b) a drop-out of overseas pre-registration staff of 50% from the current cohort of 60 pre-registration staff over the next 7 months following review of their status in October 2018, plus
- (c) Drop out of new overseas pre-registration of 50% for the 37 projected from Oct 18-Aug 19, plus
- (d) An increase of turnover in the months around the move Mar-Aug 2019- (there is potential for some retirements given the age profile)

Our modeling indicates that we will achieve 5% vacancy rate exclusive of PRP staff by April 2019. The table below summarises our projections:



However vacancy rates are not evenly distributed across the Trust. Critical Care is now fully recruited and is placing new recruits on a waiting list. We are offering staff who want to work in Critical Care roles on the wards pending a vacancy arising in Critical Care. There remains high vacancy rates in some ward areas and in particular in the Cardiology and Thoracic Wards. These areas are developing an enhanced development programme to improve the attraction of staff, this proved very successful in Critical Care, and our refreshed social media recruitment campaign will be launched at the end of October.

2.3 September Pulse Survey Results

The response rate in September maintained the improvement we saw in August, there were 231 surveys were completed which equates to approximately 12% of the workforce. An overview of the responses is detailed in the table below:

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Total number of surveys completed in month	377	238	225	143	279	231
I don't know where my role will be based	10.3%	8.8%	8.9%	7.0%	7.9%	0.9%
Do you still have concerns about the move?	82.0%	84.5%	82.2%	72.0%	67.0%	64.9%
Concerned about changes to ways of working	44.8%	51.3%	43.1%	27.3%	30.5%	25.5%
Concerned about disruption to team	41.4%	41.2%	40.0%	26.6%	25.1%	25.5%
Concerned about parking at new site	58.9%	59.2%	59.6%	38.5%	36.6%	36.8%
Concerned about traveling to new site	61.5%	63.4%	57.8%	50.3%	41.2%	45.0%
Have you had discussions with your line manager about the move?	75.6%	82.4%	78.2%	75.5%	78.5%	78.8%

Is there enough joint working within your team on planning for the move?	61.0%	63.9%	62.7%	69.2%	68.8%	70.6%
Are you getting sufficient communication?	56.5%	59.2%	60.0%	62.9%	69.9%	75.8%
Have you worked out your travel plans for your new base?	50.1%	56.7%	57.8%	61.5%	64.9%	67.5%
Will you be leaving the Trust when we move?	10.1%	8.4%	8.9%	6.7%	5.0%	2.2%
Would you to recommend the Trust to friends and family if they needed care or treatment?	80.4%	88.7%	81.8%	74.1%	81.4%	79.2%
Would you to recommend the Trust to friends and family as a place to work?	39.8%	40.3%	36.9%	41.3%	41.2%	46.8%

There has been a reduction in staff reporting concerns about the move however it is important to note that some of the responders will be based at Royal Papworth House so this may be affecting how they respond.

There has been a steady improvement in staff saying they are having discussions with their line manager, that there is joint working within their team on planning for the move and that they are getting the communication they need.

The free text comments linked to the recommender questions indicates the following themes from staff who would not recommend us as a place to work:

- Too much change and uncertainty
- Impact of increased travel time
- Staffing levels in some areas
- Culture including lack of diversity and transparency
- Leadership style
- Opportunities for development and career progression

The results are shared with managers with the ability for them to break the feedback down by staff group and Directorate. We gave a commitment to staff that we would not share data at an individual level so going below department level would compromise this.

As a result of feedback in the survey we have started emailing the briefing note to all staff each Wednesday – this is to improve the cascade of information. We do still encourage managers to give feedback directly to their staff as this enables them to ask questions etc but we appreciate that a weekly briefing can make it difficult to ensure all staff are briefed face to face.

2.4 BAME Network

The first meeting of the BAME Network took place on the 28 September 2018. We had used the Windrush event at the end of June and ongoing communications to promote the creation of the network. There were five members of staff who had expressed an interest able to attend the meeting – there are other staff who have expressed an intention to get involved but were not able to attend on the 28th. The Chief Executive attended the beginning of the meeting to thank the staff for getting involved and taking a leadership role on Equality, Inclusivity and Dignity for the Trust. The Director of Workforce and OD attended the whole meeting at the invitation of the Network. The TOR with the following priorities were agreed:

- Collate feedback from staff on key issues being raised within the BAME community within the Trust.

- Share data from EDS2 and WRES and develop an action plan to improve the experience within the Trust of staff from a BAME background. Actions will be reviewed at each meeting.
- Promote best practice from other organisations and encourage guest speakers to attend from external organisations.
- Act as champions for BAME staff and advocate for equality, diversity and dignity to be a priority, in order for it to be mainstreamed across the organisation to ensure it is embedded in all service and employment practices of the Trust.
- Ensure delivery of equality and diversity actions within agreed parameters (cost, timescale, organisational impact, benefits etc).
- Monitor equality and diversity KPIs relevant to the BAME population.
- Provide upwards reports as agreed.

Judy Machiwenyika was appointed as Chair of the Network and she will provide regular feedback to the Equality, Inclusivity and Diversity Steering Group. The Network discussed and agreed the following actions:

- The WRES action plan was reviewed and updated before going to Board in November
- Unconscious bias and recruitment and selection training discussed- the Network will do the online training and provide feedback
- Four applications have been submitted for the highly competitive Stepping Up programme following internal promotion of the opportunity. Agreed to ask in East of England to provide some in house training for those identified if not successful (November for notification).
- Focus on career progression and development for BAME staff in light of the % of BAME staff reporting a less positive experience than white staff in the last staff survey. Some initial ideas discussed were providing mock interview training and ensuring diverse appointment panels.
- Network took an action to encourage more BAME members as Asian background members of staff were under represented.
- The next meeting will take place on 30/11/18

2.5 WRES Action Plan

In April 2015 the WRES was mandated through the NHS standard contract, starting in 2015/16. It was introduced to focus national and local effort on ensuring staff from black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Until recently, many organisations did not know how they were performing on the issue of workforce race equality. Unless we know how we are performing it is impossible to define and deliver real progress and continuous improvement.

The WRES uses nine indicators to prompt inquiry and assist healthcare organisations to develop and implement evidence-based responses to the challenges their data reveal. We are required to submit our data for the previous year against the nine indicators by the 31 July and publish this and our action plan on our website by the end of September 2018. Our submission for 2017/18 is attached as Appendix 1. The 2018 national WRES data report from NHS England will be published in December 2018 to provide comparative data.

The data from Royal Papworth Hospital for 2016/17 indicated that we benchmarked unfavourable against other organisations in a number of indicators but particularly for the relative likelihood of BME staff entering the formal disciplinary process compared to white staff, although we have relatively low overall numbers of staff who go into the formal disciplinary process.

The areas to note from the 2017/18 data are:

- The relative likelihood of BME staff being appointed from shortlist across all posts improved from 2016/17 although there is still an inequality
- The relative likelihood of BME staff entering the formal disciplinary process compared to

white staff has improved to a more neutral position

- The percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion deteriorated from 88.6% to 74.5%
- The percentage of BME staff reporting experiencing discrimination at work from their manager or other colleague increased from 11% to 15%.

Our 17/18 WRES submission was reviewed by the Executive Team and by the Equality, Diversity and Inclusivity Steering Group. The 18/19 action plan was agreed by the Equality, Diversity and Inclusivity Steering Group and reviewed by the BAME Network. The Equality, Diversity and Inclusivity Steering Group reports to the Quality and Risk Committee and progress against the action plan will be reviewed on a bimonthly basis by the Steering Group.

2 Recommendation

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