Workforce Strategy

2016 to 2021 – summary document

Purpose and key elements of our strategy

Berkshire Healthcare NHS
NHS Foundation Trust

1. Why do we need a workforce strategy?

- To address the risk to quality/safety and achievement of strategic objectives and vision posed by gaps in our workforce
- To achieve and sustain an overall CQC rating of 'Outstanding'
- To underpin our approach to Quality and Service Improvement
- To provide a joined up plan including all our workforce initiatives
- To influence the decisions/ respond to the issues affecting the supply of health and social care skills

2. What questions are we trying to answer?

- How do we ensure we have a resilient and sustainable workforce (with the right skills, knowledge experience) aligned to our service delivery model and the wider system requirements?
- What more should we prioritise and do to attract, recruit, develop and retain staff in the short, medium and longer term?
- How and with whom must we collaborate to achieve our agreed workforce priorities?
- What in-house capability do we need to develop workforce plans on an ongoing basis?

3. What are the key activities for workforce planning?

- Building a **shared understanding of workforce planning** as a multi-disciplinary activity including consideration of need, demand and supply
- **Knowing our numbers**, the gaps in our understanding of our current position and how we can close those gaps
- Establishing the right **capabilities and structures** to establish workforce planning within the organisation

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Key risks to address and document structure

In common with other NHS Trusts, the lack of a skilled workforce /staff shortages are the biggest risk to our ability to deliver services safely and achieve our objectives for quality. This also presents a risk to our clinical, operational and financial performance. The three worst affected groups are doctors, nursing staff (registered and non-registered) and allied health professionals with gross vacancies and spend on agency staff being fuelled by difficulties in both attracting and retaining staff.

The Royal College of Nursing Labour Market Review 2016 highlights the "triple effect" of reductions of nurse training places, a rise in the proportion of nurses within ten years of retirement, and the cumulative impact of pay policy and rising demand. The Royal College of Physicians report " Underfunded, under-doctored, overstretched: the NHS in 2016" identifies the need to fund demand growth, increase training places and address workload pressures.

This document sets out the background to our own current position, what we are doing to address areas of concern and what further work we will do to ensure that we are able to recruit and retain the staff we need. This builds on our Organisational Development Strategy which has established our listening into action programme, values based appraisal and recruitment, our talent management and excellent manager programmes as well as our compassionate leadership training. This approach has been affirmed by the recently published "Developing People, Improving Care" guidance from NHS Improvement, and we are committed to continuing our values based approach to OD, Workforce and Quality Improvement.
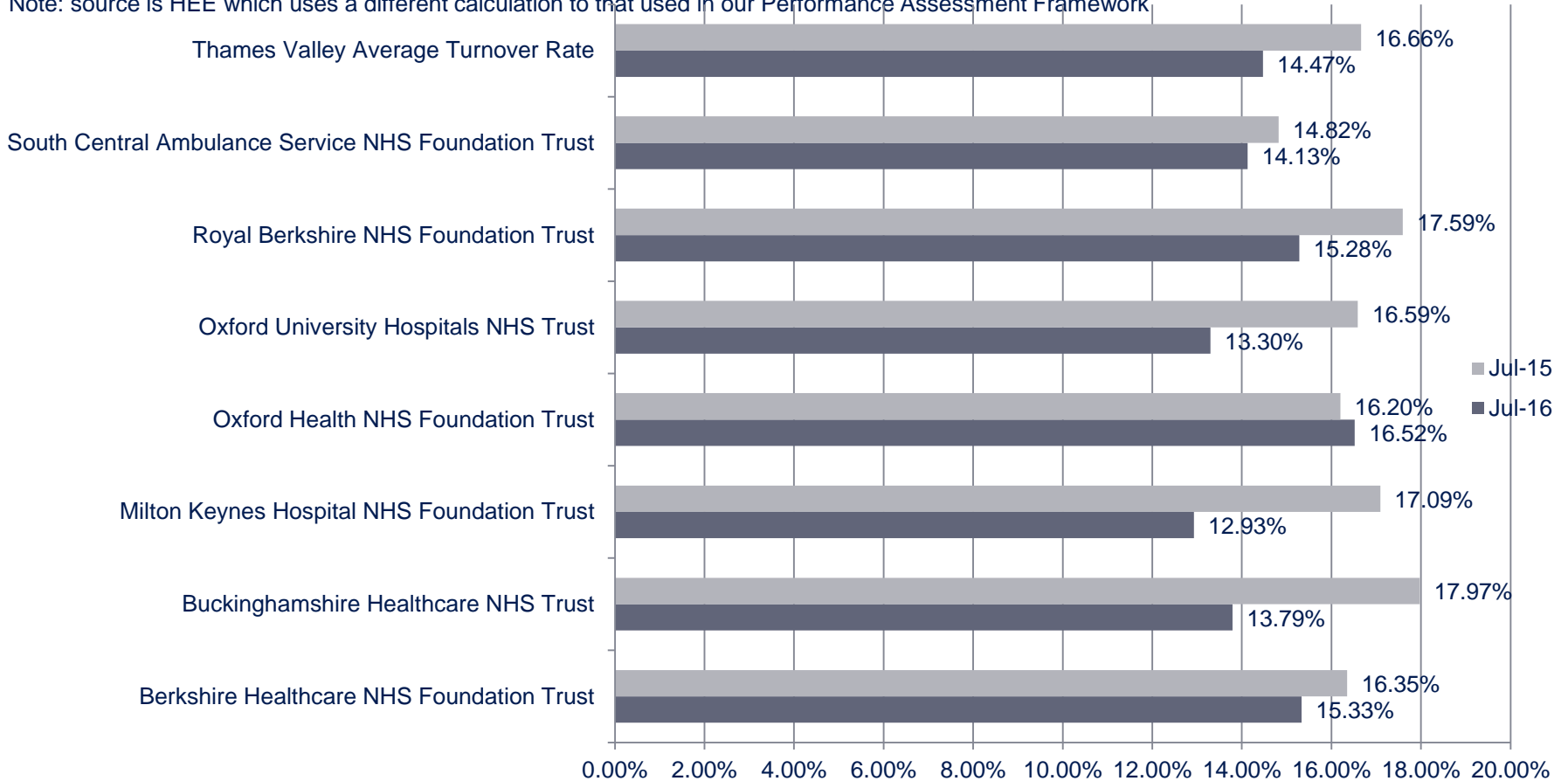
Document structure

* Slides 4 to 6 describe the main internal and external issues impacting our workforce capacity and capability

* Slides 7 to 9 describe the action we are taking now to address these pressures and challenges

* Slides 10 to 12 describe our attraction and retention initiatives, identified gaps and additional med/longer term initiatives

* Slide 13 addresses the setting of workforce capacity targets at a Trust and Service level

* Slide 14 sets out when the benefits of key initiatives should be realised, recognising that many are now underway

* Slides 15 to 17 set out our approach to building our strategic workforce planning capability (including a proposed implementation plan and summary of key messages confirmed by the Trust Board

Key issues impacting our workforce capacity:
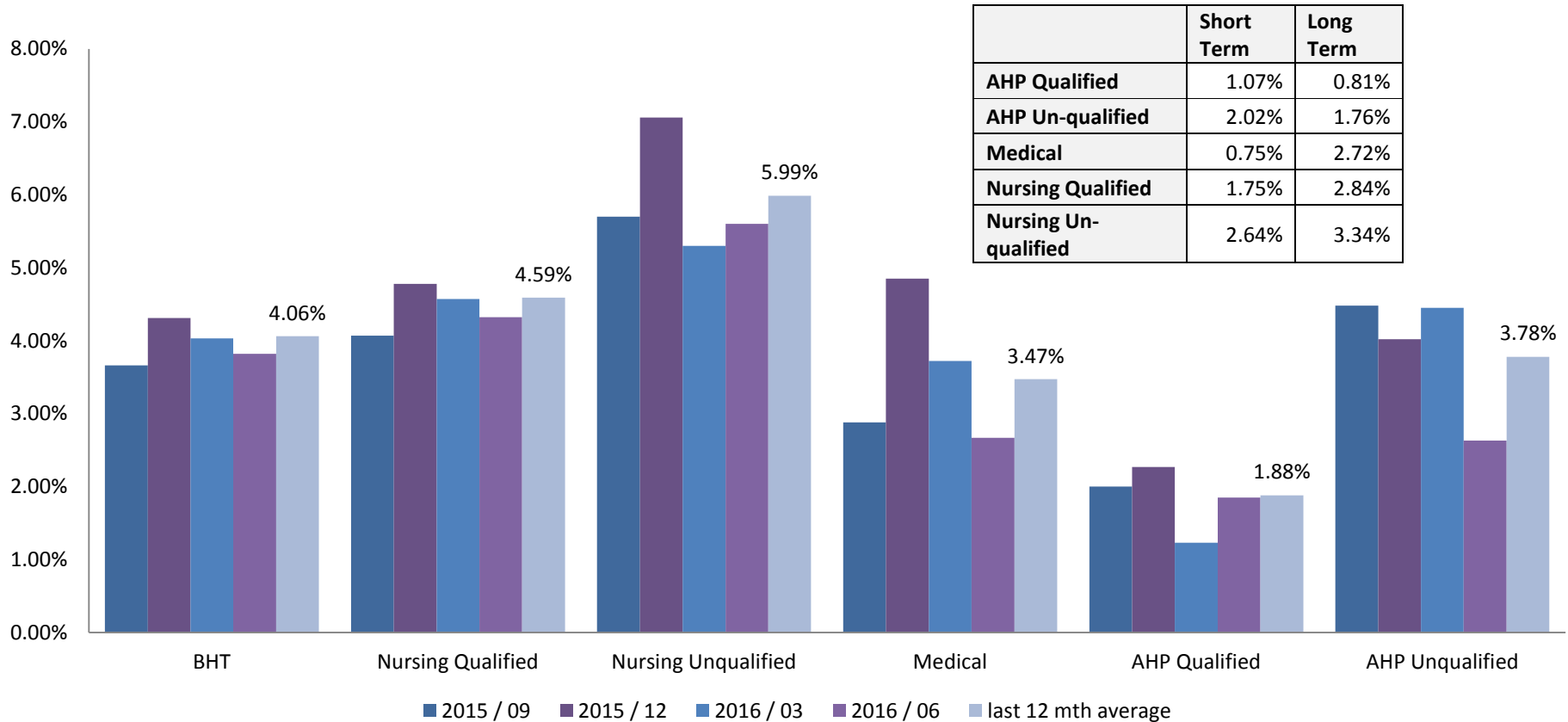## Annual Labour Turnover Rate by adjacent Trust, July 2015 & July 2016

Berkshire Healthcare NHS
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Note: source is HEE which uses a different calculation to that used in our Performance Assessment Framework

Trust	Jul-15	Jul-16
Thames Valley Average Turnover Rate	16.66%	14.47%
South Central Ambulance Service NHS Foundation Trust	14.82%	14.13%
Royal Berkshire NHS Foundation Trust	17.59%	15.28%
Oxford University Hospitals NHS Trust	16.59%	13.30%
Oxford Health NHS Foundation Trust	16.20%	16.52%
Milton Keynes Hospital NHS Foundation Trust	17.09%	12.93%
Buckinghamshire Healthcare NHS Trust	17.97%	13.79%
Berkshire Healthcare NHS Foundation Trust	16.35%	15.33%

In comparison to last year, our turnover rate has reduced by 1%, and the Thames Valley average has come down by 1.25%. Oxford Health (our benchmark) is no longer the best, increasing by 0.32%. For context, figures quoted for average turnover rates for all sectors in the UK range from 10 – 16.7%, with social care turnover at approximately 25.4% (Skills for Care 2015)

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Key issues impacting our workforce capacity:
Sickness absence across the Trust by staff group

	Short Term	Long Term
AHP Qualified	1.07%	0.81%
AHP Un-qualified	2.02%	1.76%
Medical	0.75%	2.72%
Nursing Qualified	1.75%	2.84%
Nursing Un-qualified	2.64%	3.34%

Legend: 2015 / 09 — 2015 / 12 — 2016 / 03 — 2016 / 06 — last 12 mth average

Unlike turnover data, there is no comparator data available for sickness absence for our neighbouring trusts.

As at August 2016, sickness absence for the Trust was 0.56% above the target of 3.5%. The top reason for sickness absence for all groups excepting medical staff is anxiety / stress and depression. Back problems / MSK are the second and third most frequent reasons for qualified and non-qualified nursing staff taking sick leave. The sickness absence rate for the English NHS 2014 – 15 was 4.25%, with Ambulance Trusts at over 6% and CCGs at under 3%

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Key issues impacting our workforce capacity:
Staff Vacancies – areas of concern

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Nursing vacancies:
Mental Health Band 5 (particularly in adult acute inpatient wards and Berkshire Adolescent Unit)
Community Band 5

Allied Health Professionals:
Band 5

Medical Staffing:
Mental health inpatient services
WestCall (Out of Hours service) GPs

The above staff groups/bands consistently represent our highest % vacancy levels.

NHSI workforce report on clinical staff shortages published in February 2016 highlights 3 key drivers of nursing staffing shortfalls:
- Demand has risen rapidly and is outstripping supply
- Nurse demand has risen partly because of increased activity, but also as a result of safe staffing
- Providers have responded to the supply shortage in large measure by hiring agency workers driving up agency costs
- Improvements in providers' productivity have moderated the additional demand for nurses and the increase in agency spend

The drivers of nursing staffing shortfalls highlighted by NHSI are reflected in our experience as an organisation:
We have benefited from commissioner investment in key services, which has driven additional recruitment;
We have calculated safe staffing levels in our community and mental health inpatient services, linked to acuity and complexity of patient needs;
Our spend on agency staffing rose in order to meet commissioner targets related to specific investments/contract requirements, as well as to ensure provision of safe services.

Our operating environment is highly competitive because of:
- High housing costs
- Low levels of unemployment in the Thames Valley
- Proximity of other Trusts and Independent Sector Providers, some of whom are offering additional payments, higher banding and/or other incentives

There are uncertainties as a result of the referendum outcome to leave the European Union. We will encourage the EU nationals (at least 260 individuals) who work for us to continue to do so, and will draw on examples of good practice to guide our work.

We have successfully implemented our Organisational Development Strategy, increasing staff engagement year on year. However, we recognise that this is not driving down vacancy rates and therefore our Workforce Strategy will incorporate a range of actions to achieve our goals.

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What are we doing *now* to address shortfalls in staffing levels?

Good housekeeping – ensuring we use our existing staffing resource as effectively as possible includes a number of key components:

Safe Staffing

We have a clear definition of how many nurses and care staff should be working on our hospital wards at any one time. These are calculated using nationally recognised tools and take into account the number of beds on a ward and the type of care needed. (*Note: we are working on the way that skill mix can be incorporated into these definitions without compromising patient safety)*

Sickness absence management

In place across our services and led by Locality Senior Management Teams supported by their HR Manager and detailed sickness absence data. To reduce long term sickness, we have piloted and rolled out a fast track physiotherapy service to reduce sickness due to MSK and back problems. Absence due to stress and anxiety is being tackled through increased training for staff and managers in how to identify the signs early and reduce risks. Our Health and Wellbeing plan aims to improve mental health and increase physical activity of all staff.

Minimising recruitment turnaround times

Recruitment turnaround data is shared regularly with locality senior management teams, and action taken to maintain a high level of performance. A particular focus is on re-advertising rates, to ensure this is appropriate and that other options are explored where possible.

Better resource planning and utilisation of our permanent and temporary workforces

E-rostering is being rolled out to plan and by 31/3/2017 will enable effective allocation of 2600 staff. The system drives best practice in resource planning, and with timely management information enables utilisation of permanent staff and minimise the use of temporary staff, ensuring:

- effective management of staff establishments, driving efficiencies across all services

- safe and appropriate staffing for all units using fair and consistent rosters, within available budget

- minimising of clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels

- safe staffing of services to meet demand

- improved monitoring of sickness and absence by services, identifying unwarranted variation, trends and priorities for action

- improved planning of study days, annual leave and other non-patient care working days (un-availability)

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What are we doing *now* to address shortfalls in staffing levels? (2)
Focus on recruitment and retention of available staff

Establishing a central bank of staff

We are build a temporary workforce (many of whom have substantive contracts with us) through NHSP. 51 new staff joined the bank in September, and approximately 2000 shifts per week are being put on the new centralised system across all nursing groups, therapy staff, facilities, admin and clerical and corporate staff. The timely management information provided by NHSP enables better decision-making about temporary staff – both bank and agency

Converting student nurses to permanent staff

A campaign has been developed to attract as many final year student nurses to become permanent members of our staff as we can. This will be launched in January 2017

Dedicated expertise in resourcing and retention

We have appointed a Head of Resourcing and Retention who started at the beginning of October, to be joined by an additional post later this year. This will bring expertise to bear in the recruitment of hard to fill vacancies, ensuring an evidence based approach to advertising methods, the use of financial incentives, relocation packages, possible use of introduction payments and the design of recruitment related website pages

Recruiting regular bank and agency staff to permanent posts

Our Agency Programme is closely monitoring the opportunity to encourage Bank or Agency staff who we use on a regular basis to join us on a permanent basis. This needs to be handled in an honest and transparent way that does not breach the terms and conditions agreed with NHSP and framework agencies or undermine the trust required of both sides.

Testing use of financial incentives to improve recruitment to hard to fill vacancies

We have piloted the use of financial incentives in three services (Campion Unit and Sorrel Ward at Prospect Park Hospital, and the joint Berkshire Healthcare/Frimley Health Respiratory team). The pilots were evaluated as neither successful nor affordable. The level of payments offered ranged from £2,000 to £3000 and matched the market place offering. However, by the end of the pilots, the market offering had risen considerably and to unaffordable levels.

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What are we doing *now* to address shortfalls in staffing levels? (3)
Changing our skill mix and participating in system wide work

Prospect Park Hospital Improvement Programme – the Workforce Project

This project represents a step change in addressing workforce capacity as part of a wider programme of work to achieve our service objectives for patient care and use of resources.

Staffing is one of six elements in the programme and is targeted with reducing the level of vacancies to a maximum of 10% overall and max 20% for any ward; reducing turnover by 5% to a maximum of 15% overall and reducing the reliance on agency staff.

The project steering group includes senior inpatient managers, clinicians , finance and dedicated HR support. Initial objectives are:

- Recruitment of new Band 6 roles to enable more Band 5 staff to remain with us and develop their clinical leadership capability

- Recruitment to new Band 4 roles from a wider pool of applicants

- New arrangements for staffing our Place of Safety

Our project plan includes medium – longer term actions on recruitment, retention and skill mix.

Skills mix changes

Band 3 OTs have been introduced to all wards at Prospect Park Hospital in recognition of evidence regarding reduced incidents, observation levels and length of stay.

Development of a Nursing Associate role in partnership with Oxford Health.

Job rotations for Allied Health Professionals with the Royal Berkshire Hospital as a means of providing career development are already in place, with agreement in principle to expand these.

Slough locality has introduced a Band 3 role with responsibilities across OT, Physiotherapy and Nursing

Community Nursing Review

We are reviewing the current Community Nursing model with commissioners, to develop a redesigned model aligned with integration plans across Primary, Secondary and Social Care as part of the Frimley Sustainability and Transformation Plan and New Vison of Care Programme. Similar discussions are beginning with Berkshire West and both will be informed by the Connected Care programme, and the Local Digital Roadmap implementation.

Building training capacity in partnership

We are exploring opportunities to increase the number of local training places available for nurses.

Current medium and longer term actions
to improve attraction and retention

Workforce planning - - the start of our journey

In 2015, through a Health Education Thames Valley funded project, we prioritised four key areas for development of workforce plans and an approach to workforce planning.

The fours areas selected were facing severe workforce capacity challenges. They were MH Inpatients, Community Nursing, Community Mental Health Teams and Crisis Resolution Home Treatment Team.

With support from an external workforce planning expert and the University of West London, the four services followed a structured approach to data gathering and analysis, and developed an action orientated workforce plan.

The workforce plans were reviewed by a multi-disciplinary group of directors (operational and corporate services) who the nine attraction and retention projects as Trust-wide priorities.

Inevitably, implementation of the workforce plans has been required alongside competing priorities. However, the project was a useful start in developing a workable, shared approach to workforce planning: information, analysis and terminology. It also demonstrated the minimum time requirement place on service managers and the value of (external) workforce planning expertise.

Our Nine Identified Attraction & Retention Projects

1. Develop and implement a social media strategy

2. Plan and run Open Days; attend Recruitment Fairs and develop supporting promotional materials and administrative back-up

3. Optimise the number of student nurses and AHP's recruited and appointed to Band 5 vacancies

4. Reduce turnover in new starters by improving their 'onboarding' experience and building early engagement and loyalty

5. Test / develop business case for international nurse recruitment

6. Develop case for financial incentives to attract and retain staff

7. & 8: For MH and CHS (separately), review and define career pathways, roles, job rotation; continuous professional development routes with appropriate pay progression

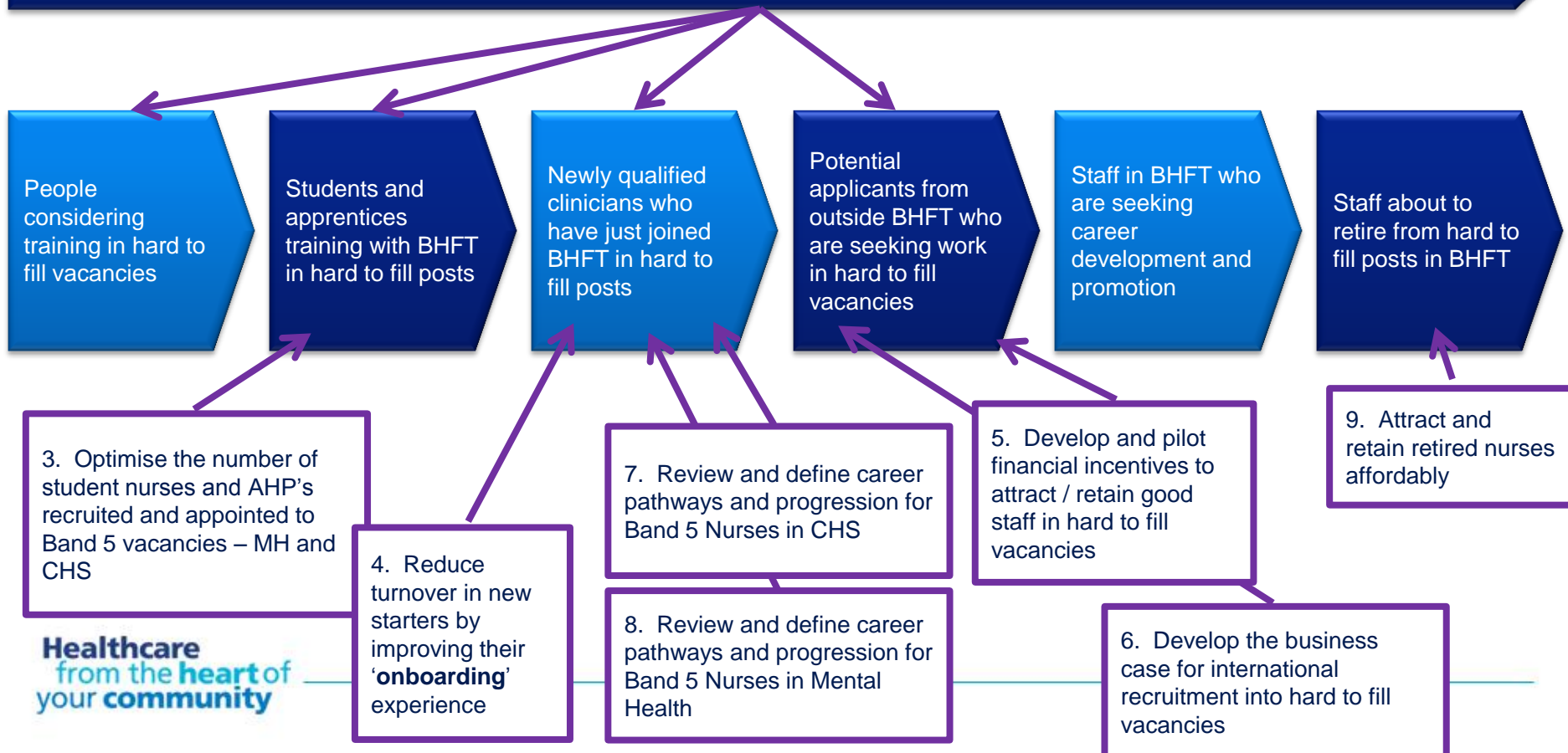9. Attract and retain retired nurses affordably

These projects are being / will be led by senior managers and supported by the Head of Resourcing and Retention. They are shown in diagrammatic form on the next slide alongside the different career stages where we expect to see an impact.

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Current medium and longer term actions

How the current projects target candidates for hard to fill vacancies at different stages in their careers

1. Develop and implement **social media strategy** to raise Trust profile as a great organisation and employer
2. Plan and run **Open Days**; attend **Recruitment Fairs;** develop **database /network of potential applicants / staff**

External applicants and candidates; existing workforce

| People considering training in hard to fill vacancies | Students and apprentices training with BHFT in hard to fill posts | Newly qualified clinicians who have just joined BHFT in hard to fill posts | Potential applicants from outside BHFT who are seeking work in hard to fill vacancies | Staff in BHFT who are seeking career development and promotion | Staff about to retire from hard to fill posts in BHFT |

3. Optimise the number of student nurses and AHP's recruited and appointed to Band 5 vacancies – MH and CHS

4. Reduce turnover in new starters by improving their '**onboarding**' experience

7. Review and define career pathways and progression for Band 5 Nurses in CHS

8. Review and define career pathways and progression for Band 5 Nurses in Mental Health

5. Develop and pilot financial incentives to attract / retain good staff in hard to fill vacancies

6. Develop the business case for international recruitment into hard to fill vacancies

9. Attract and retain retired nurses affordably

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Contribution of other medium/ longer term initiatives to recruitment and retention

Workforce Race Equality Standard Action Plan
Equality Delivery System 2 action plans
Clinical Education funding and training plans

System Workforce Initiatives
Development of digital capability
Career development focus

External applicants and candidates; existing workforce

People considering training in hard to fill vacancies

The introduction of the Apprenticeship levy in 2016/17 and the removal of bursaries for student nurses/AHPs means that it may be harder to attract people into the qualified nursing "supply pipeline". Actions to mitigate this risk are being developed and include:

- Further development of Band 4 roles and Higher Apprenticeships

- Strengthened links with FE colleges and offering student placements

- System initiatives to collaborate rather than compete for scarce candidates

- Development of roles requiring digital capability and career progression

Staff in BHT who are seeking career development and promotion

Better career planning guidance and conversations. Supporting managers and staff and piloting easy access "surgeries".

Fair and consistent access to – CPD (Continuous Professional Development) An online facility for application and approval of CPD to be more transparent and fair

Equality of opportunity to on the job development. Greater visibility/access

System initiatives supporting local retention of staff

Development of digital capability of existing staff as part of Connected Care and Local Digital Roadmap implementation

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What are we targeting in terms of improved workforce capacity and performance?

At a headline Trust level, our existing targets will be maintained. They reflect levels which if exceeded should and do flag concern about the stability of the workforce:

- Gross vacancies: Current target is 10% (i.e. one in ten posts is not filled). This is our primary measure of workforce capacity

- Secondary metrics (reflecting root causes of gross vacancies) are: turnover (15%, the equivalent of 500 to 550 people or 1 in 6 people leaving us; recruitment turnaround (55 days); sickness absence (3.5%)

However, we will also set specific targets by service, prioritising known hotspots and:

- Set initial targets based on a *preliminary* analysis of root causes and estimates of improvements required. These will be refined as the effectiveness and cost of interventions is assessed

- Use Service intelligence to base final targets on a sustainable service model, i.e. a RAG-rated system where achievement against target reflects risk to the service

- Use stretch targets: to drive a 'step change' in our practices – how we recruit, develop, manage and retain staff; how we design jobs

- Benchmark our targets to keep pace with competing employers

Factors influencing target setting by service area:

- Validation of current % gross vacancy and whole numbers of posts vacant

- Identification of demand pressures and efficiency opportunities which may exist, including enhanced use of technology and evidence regarding optimal service models

- Consideration of quality risks and opportunities for service redesign informed by Quality Improvement methodology and system based solutions working in partnership with other organisations (including community and voluntary sector)

- Analysis of existing versus planned skill mix

- Identification of realistic timescale for recruitment (informed by knowledge of turnover, previous numbers of applicants, numbers of people completing training courses and lead in times for training)

When should our strategy deliver results?
Summary of initiatives to address shortages identified and timing of anticipated benefit

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Skills shortages

Qualified nurses

Allied Health Professional

Medical Staff

Workforce planning expertise and resources

2016 to 2018

Raise our profile as employer of choice, reduce turnover, improve attraction and increase support worker roles

- Increasing applications for apprenticeships & nursing/AHP degrees
- Recruiting high numbers of 3rd Yr. Student Nurses
- Career progression & return to practice support
- Implementing workforce plans for medical staffing
- Running career "clinics" in priority areas
- Effective e-rostering
- Protecting and delivering high quality supervision
- Developing more Band 4 roles within skill mix and career pathways
- Training and internal infrastructure for workforce planning capability

2019 to 2020

Develop "Excellent Employer" reputation and embed strategic workforce planning capability

- Working with local universities to explore the options for jointly developing post-graduate nursing degrees
- Embedding talent management & career planning with band 5 &6 nursing/AHP staff
- Establishing evidence based Health and Wellbeing initiatives linked to STP
- Establish strong service and job redesign skills in core services
- Embedding workforce planning capability in all services

2021 and beyond

Promote the supply of staff in to Health and Social Care as a whole system

- Providing training for local people to join our workforce
- Working with local health and social care partners/ education and local business to provide educational infrastructure for local training
- Responding effectively to changing use of technology to deliver services by training staff and investing in digital capability
- Increasing number/range of partnerships to provide career development for staff and ensure availability of required skills to deliver outstanding quality services

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Building our strategic workforce planning capability
An approach aligned with the NHS direction of travel

We have recognised the need to build on the implementation of our Organisational Development Strategy – with a rigorous focus on recruitment, retention and skills mix initiatives, while building our workforce planning capability and processes

Securing the right additional expertise:

- Immediate expertise through a temporary resource to provide required capacity and capability

- Drawing on high level external expertise to inform developing plans

- Build on existing workforce planning capabilities : workforce planning processes, workforce information, benchmarking data,

- Investing in training for key targeted staff

Establishing clear governance:

A workforce planning steering group, including Operations, Finance, Quality, Learning & Development, HR and Temporary Staffing reporting to the Business and Strategy Executive

Workforce Planning Groups for major service areas: Community Nursing/Community Health Services; Community Hospitals; Prospect Park Hospital; Community Mental Health Services; Children's Services; Learning Disability Services.

Explicit role and responsibilities of Operational Managers, and corporate services to achieve workforce targets and for prompt escalation of risks.

Ensuring strong links with service improvement, redesign and transformation:

Developing the right approach to facilitate delivery in line with the Quality Improvement (QI) Programme

Alignment with system wide initiatives where this provides added value.

Supporting our response to new NHSI self-certification requirements regarding use of agency staff which are that:

- The Board and Executive adequately support staff in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently

- The Board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.

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Proposed implementation plan: workforce planning

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2016/17 Strategy Implementation								
INITIATIVE (Activity Gateway)	**Responsible Body**	**Exec lead**	**Responsible officer**	**RAG**	**Start**	**End**	**Revised End Date**	**Duration (days)**
Strategic Goal 3: be the provider of choice for people who use and commission our services								
STRATEGIC WORKFORCE PLANNING	TBD	Bev Searle	L. Johnson					
Trust Board approval of workforce strategy					13/12/16	13/12/16		1
Build strategic workforce planning capability								
Establish a Workforce Planning Steering Group				Green	01/01/17	31/01/17		31
Establish an (in-house) workforce planning team				Green	01/01/17	28/02/17		59
Train service managers in workforce planning principles and techniques					01/02/17	28/02/17		28
Pilot deep dive review of workforce capacity and capability in most at risk Service(s)								
Identify and prioritise services to be reviewed					01/01/17	31/01/17		31
Estabish workforce planning teams for each service area					01/01/17	31/01/17		31
Brief / train teams					01/01/17	28/02/17		59
Gather and analyse workforce information					01/02/17	28/02/17		28
Run workforce planning workshop					01/03/17	31/03/17		31
Develop, review and sign-off strategic workforce plan for Service					01/03/17	31/03/17		31

The Workforce Planning Steering Group – multidisciplinary group of senior managers and clinicians – will monitor the effectiveness of the Attraction and Retention programme

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Key messages for inclusion in our Workforce Strategy summary on a page

Our Workforce Strategy will:

Be informed by our values – building on the strength of our OD strategy

Support good housekeeping – ensuring we use our existing resources as effectively as possible

Ensure effective recruitment, retention and skills mix initiatives – informed by our Quality Improvement Programme, and increasing our digital capability

Include ongoing development of strategic and operational workforce planning across our organisation – informed by best practice evidence and including effective governance processes