

**NLG(18)317**

DATE OF MEETING	28 August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Jayne Adamson, Director of People and Organisational Effectiveness
CONTACT OFFICER	Jayne Adamson, Director of People and Organisational Effectiveness
SUBJECT	Monthly Staffing Report
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE REPORT:	Provide workforce information for August 2018
EXECUTIVE SUMMARY (PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIAT	Attached is the Monthly staffing report that gives an update for August 2018 on Turnover, Vacancies, Sickness and Workforce Developments.  This should be read in conjunction with the Integrated Performance report
TRUST BOARD ACTION REQUIRED	For Information

**Directorate of People and Organisational Effectiveness**

## **MONTHLY STAFFING REPORT**

**Jayne Adamson, Director of People and Organisational Effectiveness**

**Aug-18**

Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity and good race relations. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including their religion, beliefs, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of this document.

## EXECUTIVE SUMMARY

### Turnover & Retention:

Turnover & Retention: The 12 month Trust wide turnover rate (permanent staff only) has improved standing at 10.26% against the annual target of <9.4%. Over the last 2 years, the annual staff turnover rate has remained above 11% and consistently above the intended target. Therefore this slightly lower figure is encouraging.

The turnover rate when benchmarked against similar sized acute Trusts on IView shows that we are in a comparable position although slightly higher than average which is due to having high turnover in the following staff groups; Nurse and Midwifery, Allied Health Professionals and Medical and Dental. In April 2018, the medium sized Acute Trust average annual turnover ranged between 9% - 21%. NLAGs annual turnover for all staff (permanent and temporary staff) stood at 12.63% which shows we are in a better position when compared to other medium sized acute Trusts.

The turnover rate for July 2018 stood at 0.78% within the monthly target of 0.78%. This time last year the turnover rate stood at 1.98%, therefore the position has much improved. This month staff groups Medical and Dental, Nursing and Midwifery and Allied Health Professionals were outside of target. Turnover was higher in these staff groups due to a variety of leaving reasons, the highest being retirement (27%) and relocation (30%):

- The Medical & Dental Staff Group turnover rate has increased in month to 1.87%. This is an in month increase of 1.16%. When compared to this time last year the turnover figure stood at 0%. The leaving reasons were for retirement and end of contract. The leaving reason 'end of contract' highlights a data cleansing issue or an inputting error as turnover figures are based on permanent staff only so should exclude staff on fixed term contracts.
- Nursing and Midwifery Staff Group turnover rate increased to 1.42%, outside the target of 0.78%. This is an in month increase of 0.61%. When compared to last month, the position has worsened. However, in July 2017 the Nursing and Midwifery Staff Group turnover rate stood at 3.52%.
- The AHP turnover rate increased in July 2018 to 1.82%. This is an in month increase of 1.82% as in the previous month there were no leavers.

The exit questionnaire return rate for June 2018 stood at 12% against the target of 50% which is lower than the previous month. The return rate is slightly worse when compared to the same time last year where the return rate stood at 13%. Across all directorates exit questionnaires are not being completed and since the start of reporting the exit return rate, the target has not been met. The directorates which have not met target once in the past 8 months are Medicine Group and Women's and Children's Group.

### Vacancy Summary:

The Trust wide vacancy position has decreased slightly in month resulting in a vacancy position of 9.18% against the target of <7%. This is an in month decrease of 0.47%. This is better than the same time last year where it stood slightly higher at 9.28%. From the points of data recorded each month it is difficult to forecast if the vacancy figure is likely to decline. More detailed work around pipeline would need to be taken into account in order to forecast vacancy positions and have a more up to date picture.

The Registered Nursing vacancy position remains outside of target resulting in an increased vacancy factor of 11.16%, against the target of 6% which is an in month increase of 0.58%. The vacancy position dropped in October 2017 but has been steadily increasing month on month. This is the highest it has been in the last 10 months. When compared to this time last year the Registered Nursing vacancy position remains largely unchanged, standing at 11.49% in July 2017.

The Unregistered Nursing vacancy rate has decreased in month to 7.55%, a significant decrease of 1.70% which is a step in the right direction however there are still a high number of Healthcare Assistant agency and bank shifts being requested on a daily basis. The vacancy rate is also significantly outside the target of <2%. The high vacancy rate is due to Band 2 and 3 Healthcare Assistant vacancies which are highest within Medicine, Surgery and Critical Care and Communities and Therapies.

The Medical & Dental vacancy position has decreased again to 21.11% against the target of <15%, an in month decrease of 0.75%. This decreasing position is positive as the vacancy position has been gradually improving over the last 4 months. The vacancy position is equivalent to 130.23 whole time equivalent vacancies. Ongoing plans to address Medical and Dental vacancies are in place and can be found in the recruitment update section of this report.

The Maintenance vacancy position has decreased by 1 wte in month and now stands at 21.21% (equivalent to 11 whole time equivalent vacancies) against the target of <7%. In comparison, this time last year the vacancy position stood at circa 12%. The Admin and Clerical vacancy rate has decreased slightly in month with a vacancy rate of 5.56% and within the target of <7%.

#### Sickness Rates:

The Trust's Sickness Percentage in June 2018 increased to outside of target (<4.1%) at 4.51%. This is an in month increase of 0.49%.

When compared to last year the sickness figure is slightly higher than the same time last year. Last year's figures for June 2017 stood at 4.24%.

Nursing and Midwifery sickness figures for June 2018 stood at 5.16% which is an in month increase of 0.49%. The highest sickness by staff group was Additional Clinical Services at 7.17%, an in month increase of 1.33%.

The highest sickness reasons in month were 'Anxiety/stress/depression/other psychiatric illnesses' (1979 calendar days lost) and 'Other musculoskeletal problem' (1166 calendar days lost). Absence days lost for musculoskeletal has increased in month whereas absence days for Anxiety/stress/depression/other psychiatric illnesses have decreased slightly. Each month there are a high number of 'Unknown' sickness reasons (1097). The absence of this information limits the data available for analysis purposes to aid evidence based decisions and supportive interventions.

When benchmarking the Trust on IView against similar sized acute Trusts in March 2018 the position is higher. In March 2018 the average sickness rate for an Acute Trust stood at 3.90% whereas at NLAG's sickness figure stood at 4.31%. However, when compared to similar sized acute Trusts in 2017 our Trust has a comparable overall sickness rate when looking at the Trust as a whole. Sickness rates are noticeably high within Nursing and Midwifery Staff Group when compared to similar sized acute Trusts. Since the start of 2018, sickness has been lowest within Admin and Clerical Staff Group when compared to similar sized acute Trusts.

#### Workforce Update:

**Monthly feature:** A different aspect to staff turnover has been explored which looks at staff leavers length of service split by staff group and also by job role. This insight showed that there are a significant number of leavers within the first two years of employment at NLAG totally at 129.89 FTE leavers in the last year. This equates to 27% of leavers last year. The staff groups which had the highest percentage of leavers in the first year were Additional Clinical Services (30%) and Allied Health Professionals (41%). A further analysis shows that the job roles which have the highest number of leavers in the first two years are Staff Nurses, Clerical Workers and Healthcare Assistants.

**Advanced Clinical Practitioners:** The recruitment process for 13 trainee ACPs will complete week ending 17th August in the following areas; critical care / HDU, medical assessment, respiratory, elderly, cardiology, community, endoscopy. Where posts have not been filled, these will be carried forward to the October 2018 recruitment programme, with a view to starting University placement in February 2019.

**New Roles:** Work around new roles continues, currently there are 21 new roles identified so far and research to identify what other Trusts have introduced continues. It is clear that many Trusts are increasing their support staff and administration type roles through creating new innovative ways to support services as part of improving productivity. Many new innovative roles fall within the Band 3 remit, therefore a mapping exercise needs to be completed first to ensure roles are not being duplicated before new ones are introduced.

# Monthly Staffing Report

August 2018

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## **1.0 INTRODUCTION**

The 'at a glance' section of this report has been refreshed to allow the KPI figures to be relevant and aligned to the Trust's current priorities. These will continue to evolve in line with Trust priorities and agreed KPIs as part of the Integrated Board Report and Improving Together Project.

## **2.0 BOARD ACTION**


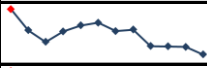
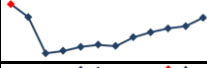

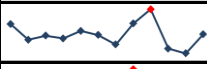
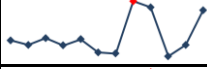
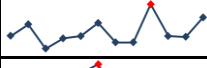
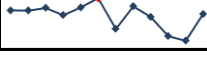
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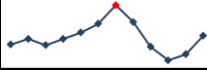

- Review the performance against the range of targets/indicators included within the report.
- Consider the information contained within this report.

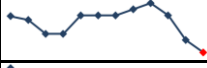
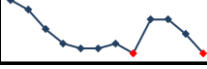
## **2.1 RECOMMENDATIONS**

- For noting and any appropriate action.
- Recommendations for the monthly feature are welcomed. Please send any suggestions to Marie Baker, [marie.baker3@nhs.net](mailto:marie.baker3@nhs.net)

### 3.0 AT A GLANCE

STAFFING INDICATORS: July 18							
2018/19 Indicators							
Indicator			Comparator				
VACANCIES AND STAFF MOVEMENTS		In Month Change	Jul-18	Previous Month	Previous Year	Trend	Target
Trustwide Vacancy rate		-0.47%	9.18%	9.65%	9.28%		<7.00%
Medical Vacancy Rate		-0.75%	21.11%	21.86%	23.17%		<15.00%
Nursing Vacancies	Registered	0.58%	11.16%	10.58%	11.49%		<6.00%
	Unregistered	-1.70%	7.55%	9.25%	4.00%		<2.00%
All Staff Turnover		0.28%	0.78%	0.50%	1.98%		0.78%
Nursing and Midwifery Staff Turnover		0.61%	1.42%	0.81%	3.52%		0.78%
Medical and Dental Staff Turnover		1.16%	1.87%	0.71%	0.00%		0.78%
AHP Staff Turnover		1.82%	1.82%	0.00%	2.41%		0.78%

OTHER WORKFORCE							
Indicator			Comparator				
OTHER WORKFORCE		Change	Jun-18	Previous Month	Previous Year	Trend	Target
Sickness Rate		0.49%	4.51%	4.02%	4.24%		<4.10%
Exit Interview Return Rate		-6.00%	12.00%	18.00%	13.00%		50.00%

TRAINING AND DEVELOPMENT							
Indicator			Comparator				
Training and Development		Change	Jul-18	Previous Month	Previous Year	Trend	Target
Mandatory Training Compliance		-2.00%	81.00%	83.00%	84.80%		85.00%
PADR Compliance		-4.00%	68.00%	72.00%	77.00%		95.00%

\*Please note that sparklines follow a 12 month rolling period and not the financial year to date. Once there are enough points of entry the financial year to date trend will be displayed.

## 5.1 MONTHLY WORKFORCE UPDATE AND THEME ANALYSIS

### Workforce Update:

#### Recruitment Update:

**Nursing:** The Registered Nursing vacancy position remains outside of target resulting in an increased vacancy factor of 11.16%, against the target of 6% which is an in month increase of 0.58%. The vacancy position dropped in October 2017 but has been steadily increasing month on month. This is the highest it has been in the last 10 months. When compared to this time last year the Registered Nursing vacancy position remains largely unchanged, standing at 11.49% in July 2017.

Overseas recruitment is well underway, with 36 offers being made, this is subject to IELTS and NMC registration. The IELTS examination has made some changes, anyone who fails and needs to re-sit, will only be required to re-sit the part failed and not the whole paper, this hopefully will speed up the process.

OSCE training has been received; the CPD team are now designing a plan to support overseas nursing with an OSCE induction for any overseas nurses who commence at the trust.

Recruitment to SHCA will be extended to those who currently don't hold an NVQ Level 2 in care, these posts will be advertised in August with focus on opportunities for Hospital Support Assistants, Porters and Administration staff.

Recruitment has started for Trainee Nursing Associates. These posts will be recruited to from existing SHCA workforce. In anticipation of this and to mitigate any risk, SHCA recruitment will be taking place alongside this.

**Medical & Dental:** The Medical & Dental vacancy position has reduced slightly again and now stands at 21.11% against the target <15%. There has been a slight decrease in the Medical vacancy position for the last four months. The vacancy factor is equivalent to 130.23 whole time equivalent vacancies. The grades which this includes are Consultant, SAS, Other-Training and Other-Non-Training.

Ongoing activity has created a substantial pipeline of doctors that the Trust is working hard on to convert into starters; this pipeline currently stands at 87 doctors awaiting a start date.

The fill rate for the August trainee rotation continues to appear extremely positive in comparison to previous years and currently stands at around 78%. Local backfill arrangements to cover anticipated vacancies are taking place through advertising, utilising the existing pipeline, and interim agency locums. The existing pipeline and likely starts projects an overall fill of training posts (with both trainees and locally appointed non-training backfill) of circa 89% by three months after rotation. This is equivalent to 25 training vacancies.

#### Workforce update:

Clinical area	Confirmed
critical care / HDU	2
medical assessment	2
respiratory	2
elderly	2
cardiology	1
community	2
endoscopy	2
	13

Where posts have not been filled, these will be carried forward to an October 2018 recruitment programme, with a view to starting University placement in February 2019.



Clare Sutherland, NHS Improvement's Advanced Clinical Practitioner Fast Track Programme Lead visited the Trust on July 27th to meet with key stakeholders and Trainee ACPs. The Trust received positive comments around the high level of enthusiasm for the new role and the amount of work that has gone on to get the programme to the level it has reached in a short space of time. Clare will be providing ongoing support.

**New Roles:** Work around new roles continues, currently there are 21 new roles identified so far and ongoing research is being undertaken to identify what other Trusts have introduced. It is clear that many Trusts are increasing their support staff and administration type roles through creating new innovative ways to support services as part of improving productivity. Many new innovative roles fall within the Band 3 remit, therefore a mapping exercise needs to be completed first to ensure roles are not being duplicated before new ones are introduced.

**Development Toolkit:** A workforce planning toolkit is currently in development and will include templates surrounding succession planning, predicted retirements, finance, performance and workforce elements. This will be of use to ward managers to help them effectively workforce plan.

'An Introduction to Workforce Planning' training sessions are ongoing and bookable via the Course Booking System on the Hub. Interactive workforce planning workshops are currently in development and will start from November 2018. This will involve data analysis and putting together a workforce plan.

**Apprenticeships:** We were invited by the Secretary of State for Education and Skills to Westminster to celebrate our success in Apprenticeship delivery in July as being in the top 200 business in England in performance. Our Levy pot continues to grow despite our increased activity, monthly payments in the Levy only last for 2 years and then we will enter into 'clawback' where our funds will be lost. e.g funds paid in April 2017 will be lost in April 2019 if not spent. We are currently spending August 2017 funds.

#### September 2018 to March 2019

Date	Cost of training committed	Completion payments info	Monthly NLaG Payments	Monthly Balance in Levy pot
Sep-18	£50,055	£2,000	£88,017	£1,063,480
Oct-18	£50,055	£0	£88,017	£1,101,442
Nov-18	£50,055	£0	£88,017	£1,139,404
Dec-18	£49,398	£2,000	£88,017	£1,176,022
Jan-19	£47,598	£7,200	£88,017	£1,209,241
Feb-19	£46,532	£3,600	£88,017	£1,247,126
Mar-19	£46,009	£5,560	£88,017	£1,283,574

### Monthly Theme/ Analysis - Turnover - Length of Service

The tables below are based on leavers during the period August 17 - July 18 and are based on permanent staff only. The tables show a different insight into staff turnover which is leavers length of service split by staff group and also by job role. This shows that there have been a significant number of leavers within the first two years of employment at NLAG totally at 129.89 FTE leavers in the last year. This equates to 27% of leavers. The first table shows that Additional Clinical Services (30%) and Allied Health Professionals (41%) have the greatest retention issue with regards to new starters of less than two years. A further analysis shows that the job roles which have the highest number of leavers in the first two years are Staff Nurses, Clerical Workers and Healthcare Assistants.

Staff Group	<1 Year	1 to 2 Years	2 to 5 Years	5 to 10 Years	10 to 15 Years	15 to 20 Years	20 to 25 Years	25 to 30 Years	>=30 Years	Total No. of Leavers in Staff Group	% left in the first 2 years of Employment
Add Prof Scientific and Technic	1.00	2.00	5.80	0.69		1.72		1.00	1.00	13.21	23%
Additional Clinical Services	10.82	12.10	25.18	7.81	8.16	6.19	1.53	2.99	1.60	76.38	30%
Administrative and Clerical	4.43	10.70	18.57	16.72	13.83	4.57	3.80	3.67	3.00	79.29	19%
Allied Health Professionals	8.00	18.20	22.80	9.50	2.33		1.00	1.00	0.53	63.37	41%
Estates and Ancillary	3.80	4.01	9.19	3.23	10.16					30.39	26%
Healthcare Scientists	3.00	4.00	6.60	2.00	3.00	1.20		2.00	3.00	24.80	28%
Medical and Dental	5.40	3.00	8.48	8.91	1.00	3.00	4.00	2.00		35.79	23%
Nursing and Midwifery Registered	14.81	24.63	44.95	15.86	14.35	13.74	8.99	8.84	20.41	166.56	24%
<b>Grand Total</b>	<b>51.25</b>	<b>78.64</b>	<b>141.57</b>	<b>64.72</b>	<b>52.83</b>	<b>30.41</b>	<b>19.32</b>	<b>21.50</b>	<b>29.54</b>	<b>489.79</b>	<b>27%</b>

Job Role	<1 Year	1 to 2 Years	2 to 5 Years	5 to 10 Years	10 to 15 Years	15 to 20 Years	20 to 25 Years	25 to 30 Years	>=30 Years	Total No. of Leavers	Percentage of Leavers Who Left in the First 2 Years of Employment
Community Nurse	2.48	2.53	2.13	0.60	1.33	0.80			0.48	10.36	48%
Dietitian	2.00	3.00	3.00	1.00						9.00	56%
Health Care Support Worker	2.19	3.00								5.19	100%
Occupational Therapist	1.00	8.00	1.00	4.20	0.93			1.00		16.13	56%
Physiotherapist	3.00	3.00	2.60				1.00			9.60	63%
Specialist Healthcare Science Practitioner	1.50	0.50	1.60						1.00	4.60	43%
Speech and Language Therapist		2.00	1.00	0.50					0.53	4.03	50%

#### 4.0 MONTHLY DASHBOARD BY DIRECTORATE

Directorate	Headcount	Sickness Rate	Turnover	Exit Questionnaire Return Rate	Vacancy Rate	Mandatory Training Rate	PADR Rate
<b>Target</b>	<b>N/A</b>	<b>4.10%</b>	<b>0.78%</b>	<b>50%</b>	<b>&lt;7%</b>	<b>85%</b>	<b>95%</b>
Chief Nurses Office	110	3.02%	0.00%	0%	3.29%	89%	92%
Estates and Facilities	655	6.30%	0.16%	0%	9.20%	94%	93%
Finance	94	1.20%	0.00%	N/A	12.87%	94%	69%
Medical Directors Office	39	0.00%	0.00%	N/A	5.20%	68%	41%
Operations Clinical Support Services	770	4.01%	0.56%	0%	2.63%	91%	87%
Operations Therapy & Community	724	6.41%	1.32%	40%	10.02%	88%	69%
Operations Medicine	1270	5.06%	0.99%	0%	15.45%	77%	55%
Operations Surgery & Critical Care	1115	3.89%	1.02%	0%	11.48%	77%	59%
Operations Women & Childrens	772	4.86%	0.82%	0%	0.66%	79%	73%
Path Links	414	2.53%	0.30%	50%	8.68%	85%	62%
People & Organisational Effectiveness	100	4.50%	2.33%	0%	4.39%	94%	84%
Performance Assurance	38	0.10%	0.00%	N/A	8.07%	97%	74%
Strategy and Planning	130	1.35%	0.85%	100%	6.93%	95%	78%

\* Exit questionnaire return rates and sickness rates are reported 1 month behind to ensure accuracy of data.

\* On the exit questionnaire column, N/A will be shown were there have been no leavers in the directorate. Were there have been leavers and no exit questionnaires returned this will result in a 0% return rate.