

# HSI22/033

## GOVERNING BODY

<b>Title of paper</b>	Workforce Report		
<b>Agenda item</b>	7	<b>Date of meeting</b>	4 May 2022
<b>Executive lead</b>	Helen Ives, Executive Director of Workforce		
<b>Author</b>	Lisa Cully, Head of Workforce transformation		

<b>Purpose</b>	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note	<input checked="" type="checkbox"/>

<b>Link to strategic objective</b>	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System
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### Executive Summary

Operational pressures across the system increased in March and April as we saw increased numbers of patients with Covid-19 presenting at our hospitals together with an increase in sickness absence in our workforce. With the infection prevention control measures still in place, there has been a significant workforce shortfall, despite all efforts to support with redeployment, bank and agency.

### Regional Workforce Dashboard – March 2022 (January Data):

The below dashboard is pulled from the Regional Workforce Intelligence dashboard for the NHS Trusts within HIOW – the data is two months behind current and as a result the absence data is out of step with the exceptional daily report (a comparison graph has been included below). Overall workforce performance, when compared regionally, is green for Vacancies and Turnover but red for Absence.

	Highest in region	Above regional position	Equal to, or below regional position	Metric 1 Absence rate – Total Overall	Metric 2 Absence rate Nursing & Midwifery	Metric 3 % of total absence as S10 anxiety, stress and depression	Metric 4 % of total absence as S12 Musculoskeletal problems	Metric 5 Vacancies Total in month overall	Metric 6 Vacancies Total Registered Nurses, Midwives and Health Visitors	Metric 10 In Month Turnover Rate
South East				5.9%	6.4%	-	-	7.6%	10.9%	1.3%
Current Hampshire & Isle of Wight				6.6%	6.8%	-	-	6.7%	9.0%	1.2%
Last Month Hampshire & Isle of Wight				6.0%	5.9%	21.9%	7.1%	7.4%	9.4%	1.2%
% Difference Hampshire & Isle of Wight				0.6%	0.9%	-	-	-0.7%	-0.4%	0.0%

### Regional Workforce Dashboard Headlines:

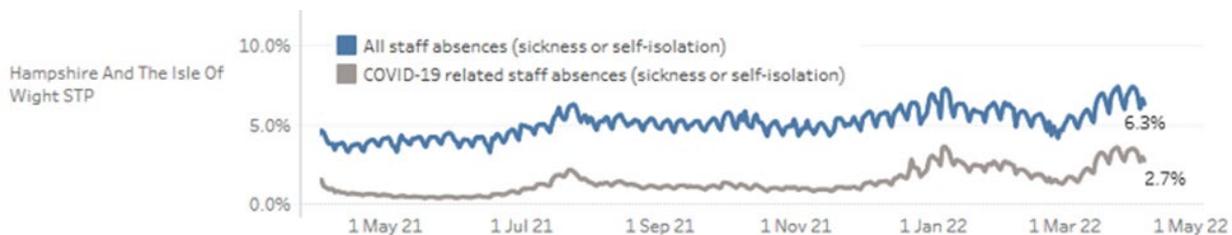
- Absence continues to be an issue in Hampshire & Isle of Wight, above regional position and highest in the region both overall and within the Nursing and Midwifery staff group. Sickness absence also continues to be monitored in daily reporting available from the regional workforce team (available Tuesday, Wednesday, Thursday from week commencing 11<sup>th</sup> April).

- We are in a stronger position for Vacancies compared to other systems and with a reduction of 0.7% in Metric 5 (Total Vacancies). However this hides significant issues with specialties and professions.
- In Month Turnover remains static and below the regional position (however it should be noted that some of our Trusts are reporting rises in staff turnover over the last two months).

*Note - These metrics only cover NHS Provider Trust workforce and do not include primary care. We are investigating options for a primary care workforce system.*

### **Staff Absence in HIOW across the period – 01/04/21 – 01/04/22**

15/03/22 – 6.6%  
 22/03/22 – 7.1%  
 29/03/22 – 7.0%  
 05/04/22 – 6.3%



### **Workforce Growth Programmes:**

There are three key programmes of work for growth, which are:

1. Allied Health Professional (AHP) Programme
  2. Nursing Supply Programme
  3. Primary Care Workforce Programme
1. Our expanding AHP workforce programme includes initiatives such as the establishment of an AHP faculty (measured against the faculty maturity matrix), the establishment of an AHP supply board, a clinical education improvement project, and the introduction and implementation of a Newly qualified development programme and a pre-preceptorship programme.
  2. The Nursing Supply Programme board is now in its 3<sup>rd</sup> year and continues to undertake projects including Growing Student placement capacity (inc. private, voluntary and independent sector), the implementation of a placement management system for all student allocations and increased opportunities for nursing and midwifery education in HIOW. In collaboration with our HEE colleagues, we continue to explore new Higher Education Institutes, alternative apprentice recruitment and different models of education delivery increasing the student numbers and opportunities for first post in area across all fields. International recruitment to HIOW, Return to Practice, the Health Care support Worker programme, Primary care nursing and Mental Health nursing programmes continue at pace.
  3. Under the Primary Care Network Directed Enhanced Service (DES), PCNs are able to recruit new roles to expand their multi-disciplinary care teams working in general practice (funded by NHSE&'s Additional Roles Reimbursement Scheme (ARRS)). We are investing in local education environment leads (EELs) to support each PCN clinical director to plan the primary care workforce including the ARRS and apprenticeships using an appropriate

skills matrix.

- We are now beginning to strengthen the programming for other critical groups in our workforce including:
  - Pharmacy
  - Healthcare Scientists
  - Dentistry
  - Psychology
  - Midwifery
  - Medical workforce is planned and developed by Health Education England (HEE). Each Trust has a Director of Medical Education that works closely with HEE. The ICS now has a regular HEE Education Collaborative meeting.
- Workforce transformation (i.e. pathway redesign, role design, skill mixing and multi-disciplinary teams (MDTs) is incorporated into the programmes above.

**Workforce Programmes - Top 3 Risks:**

Risk Description	RAG	Key Programmes
<p><b>Quality Impact of Workforce Shortages</b> - If the health &amp; social care workforce across all providers in Hampshire is not resilient and sustainable that will result in impacts on quality of care, accessibility of services, and system performance which could lead to negative outcomes for patients and knock-on effects to other providers within the system</p>	Red	<p>Enhanced Health &amp; Wellbeing Programme            Workforce Growth Programmes – AHP, Nursing, Primary Care            Retention Improvement Programme            Key action for the ICB is the investment in the substantive workforce structure including a Director of Workforce Transformation and a Director of Strategic Workforce Planning</p>
<p><b>Health Inequalities</b> - there is a risk that the ICS will not deliver its aims of reducing health inequalities and improving population health outcomes if systemic investment isn't made in the development of workforce equality, compassionate and inclusive leadership and a culture of belonging.</p>	Red	<p>Turning the Tide Oversight Programme            Key action for ICB is the investment in a Director of Inclusion &amp; Belonging</p>
<p><b>People Impact of Workforce Shortages</b> - there is a risk that chronic excessive workload, cost of living increases, sub-optimal working conditions and socio-economic factors will burnout the workforce causing increased absences, increased</p>	Red	<p>Enhanced Health &amp; Wellbeing Programme            Absence Improvement Programme (on hold pending stabilisation of Covid-related absence)            Workforce have been tasked with scoping a reduction in agency spend and developing more creative options for flexible workforce supply</p>

vacancy rate and increased staff turnover.		solutions.
<b>Recommendations</b>	The Governing Body is asked to receive and note the risks and actions in place for System Workforce	
<b>Publication</b>	<b>Include on public website</b> <input type="checkbox"/>	

<b>Please provide details on the impact of following aspects</b>	
Equality and quality impact assessment	<p>Quality impacts from workforce shortages noted.</p> <p>Equality impact assessments for workforce across the integrated care system are generally through the established workforce reporting equality standards, however additional impact analysis at programme is planned.</p> <p>The CCG internal annual report for Equality has been provided.</p>
Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG.
Financial impact, legal implications and risk	<p>Financial impact of workforce shortages and use of agency/ locum staff.</p> <p>Health and Wellbeing and burnout of staff.</p>
Data protection impact assessment	None to note