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|---------------|--------------------|-------------|-------------|
| Meeting Title | Board of Directors |             |             |
| Date          | 10 November 2022   | Agenda item | Bo.11.22.41 |

## Workforce Report

|   |  |          |  |
|---|--|----------|--|
| Presented by                            | Pat Campbell, Director of Human Resources  |          |  |
| Author                                  | Faeem Lal and other contributors   |          |  |
| Lead Director                           | Pat Campbell, Director of Human Resources  |          |  |
| Purpose of the paper                    | To provide a summary of key workforce indicators as well as an overview of HR activity in support of the Trust's strategic objectives. |          |  |
| Key control                             | For the strategic objective to be in the top 20% of NHS Employers  |          |  |
| Action required                         | For information  |          |  |
| Previously discussed at/<br>informed by | N/A  |          |  |
| Previously approved at:                 | Committee/Group  | Date     |  |
|   | People Academy   | 26.10.22 |  |
|   |  |          |  |

### Key Options, Issues and Risks

This report contains key workforce metrics and trends as at September 2022 unless otherwise stated. The report also provides an update to the Academy on the recruitment, retention and Organisational Development activity.

### Analysis

The metrics in this report focus on the substantive workforce. The previous report was presented in June 2022 based on data up to the period May 2022.

Over the last 3 months the use of our temporary workforce has continued to remain stable with only minor fluctuations between the deployment of bank and agency use.

Turnover has seen a decrease to 12.77% in September 2022 from 13.08% in May 2022. Turnover has reduced slightly in all Add Prof & Scientific, Additional Clinical, Estates & Ancillary and Nursing & Midwifery Registered Staff Groups.

Doctors rotations continue to be managed with no specific specialties to raise as a concern in relation to establishment gaps; however some specialties have additional rota needs where finding cover proves difficult. The Trust is now a pilot site for holding late stage career conversations with senior Medics.

The year to date sickness absence percentage rate in September 2022 is 7.19%. The absence rate has showed a peak in July 2022 and then a steady reduction in August and September. Stress and anxiety remains the most significant reason for absence and continues to increase as a reason for absence in the Trust.

There continues to be significant work undertaken to address nursing and healthcare support vacancies including generic recruitment and an ongoing international recruitment.

The OD Team have a detailed workplan in place and updates are provided on Thrive, the Values Badges and the People Promise Exemplar Programme.

As suggested at the September meeting an update on Disciplinary cases is now included in this report.

### Recommendation

It is recommended that the People Academy discusses and notes the content of this report and

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determines if any issue needs escalating to the Board of Directors.

| Risk assessment  |              |         |          |      |             |        |
|--|--------------|---------|----------|------|-------------|--------|
| Strategic Objective  | Appetite (G) |         |          |      |             |        |
|  | Avoid        | Minimal | Cautious | Open | Seek        | Mature |
| To provide outstanding care for patients   |              |         | g        |      |             |        |
| To deliver our financial plan and key performance targets  |              |         | g        |      |             |        |
| To be in the top 20% of NHS employers  |              |         |          |      | g           |        |
| To be a continually learning organisation  |              |         |          | g    |             |        |
| To collaborate effectively with local and regional partners  |              |         |          |      | g           |        |
| The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes. | Low          |         | Moderate | High | Significant |        |
|  | Risk (*)     |         |          |      |             |        |
| Explanation of variance from Board of Directors Agreed General risk appetite (G)   |              |         |          |      |             |        |

| <b>Benchmarking implications (see section 4 for details)</b>  | <b>Yes</b>                          | <b>No</b>                | <b>N/A</b>               |
|---|-------------------------------------|--------------------------|--------------------------|
| Is there Model Hospital data relevant to the content of this paper?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any other national benchmarking data relevant to the content of this paper?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Risk Implications (see section 5 for details)</b>                | <b>Yes</b>                          | <b>No</b>                           |
|---|-------------------------------------|-------------------------------------|
| Corporate Risk register and/or Board Assurance Framework Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Quality implications  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Resource implications   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Legal/regulatory implications                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Diversity and Inclusion implications                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Performance Implications  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

|   |   |
|---|---|
| <b>Regulation, Legislation and Compliance relevance</b>                                 |   |
| <b>NHS Improvement: (please tick those that are relevant)</b>                           |   |
| <input type="checkbox"/> Risk Assessment Framework                                      | <input type="checkbox"/> Quality Governance Framework |
| <input type="checkbox"/> Code of Governance   | <input type="checkbox"/> Annual Reporting Manual      |
| <b>Care Quality Commission Domain: Well Led</b>   |   |
| <b>Care Quality Commission Fundamental Standard:</b> Choose an item.                    |   |
| <b>NHS Improvement Effective Use of Resources:</b> People                               |   |
| <b>Other (please state):</b>  |   |
| <b>Relevance to other Board of Director's academies: (please select all that apply)</b> |   |

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|                                     |                                     |                                  |                             |
|-------------------------------------|-------------------------------------|----------------------------------|-----------------------------|
| <b>People</b>                       | <b>Quality</b>                      | <b>Finance &amp; Performance</b> | <b>Other (please state)</b> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>    |