Clinical Workforce Strategy

Excellent care every time, delivered by an excellent workforce where every contact counts

2016-2021

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Foreword by: Professor Sue Proctor, Vice Chair and Non-Executive Director

Harrogate and District NHS Foundation Trust employs a substantive workforce of 4244 members of staff, of which 2932 are employed in clinical roles. The Trust's vision for its services is to provide "Excellence every time" and we know that staff across the organisation are committed to this vision.

Reports by the Care Quality Commission, Robert Francis and Don Berwick tell us that the best health care organisations are those where staff feel motivated, engaged, valued, are given opportunities to learn and develop, and to progress in their careers. There is also a clear correlation between these factors and the quality and outcomes of care for patients and their families. Our workforce is therefore paramount to delivering high quality care for our patients, whether in hospital, in community clinics or at home.

This Clinical Workforce Strategy sets out our ambitions, opportunities and also our key challenges during the next five years. We have developed this strategy by engaging with our staff and stakeholders, and by listening to their views. It is important to us that this strategy reflects current opportunities and challenges, and is flexible enough to respond to such matters in the future. We will continue to involve staff in the implementation of this strategy and look forward, through them, to making our vision for excellence a reality, for every patient in our care.

1. Introduction

Harrogate and District NHS Foundation Trust (HDFT/the Trust) has a vision to provide Excellence Every Time, across our acute and community services. Having the right number of appropriately skilled staff is a critical determinant of the quality and efficiency of the delivery of health care.

"The single most powerful determinant of care quality is the collective knowledge, skills and behaviours of the people providing care. Our clinical workforce strategy will ensure that we have a workforce equipped to deliver sustainable and resilient services in a transformed NHS"
Dr Ros Tolcher, CE, HDFT

We have an obligation to ensure services are clinically and financially sustainable for the long term in order to assure delivery of high quality care to the people who use our services.

Staffing costs account for 75% of the Trust's spend every year, the aim of this strategy is to ensure that the Trust has the right number of appropriately skilled staff, working at the most appropriate clinical level for their role, to support the Trust in the achievement of its strategic aims and to ensure that we are making the best use of finite NHS resources. To achieve this, Doctors should be providing the care that only Doctors can provide, Nurses should be providing the care that only Nurses can provide, and Support workers should be working to the highest level of clinical skill a non-registered worker can, in order to deliver excellence every time for our patients, in a sustainable way.

In developing the vision and mission for this strategy we have considered the wider strategic direction of the West Yorkshire and Harrogate, Sustainability and Transformation Plan (STP) as well as the Local Workforce Action Board (LWAB).

1.1.1 Scope of the Clinical Workforce Strategy:

1. Medical Staff; including Consultants, SAS Doctors and Doctors in Training

2. Registered Workforce; including Nursing and Midwifery, Healthcare Scientists and Allied Health Professionals

3. Support workers; including all clinical Band 1-4 roles across Nursing and Midwifery, Healthcare Sciences and Allied Health Professional

1.1.2 This document outlines the mission, vision and strategic objectives of the clinical workforce strategy over the next five years and then leads into a strategic overview of the national and local context for change. Sections three to six describe how this strategy has been developed through a process of engagement and analysis of key workforce data and metric's and is summarised in a strengths, weaknesses, opportunities and threats (SWOT) analysis that determines organisational readiness. Section seven describes the vision for the workforce of the future and leads into the model through which this will be created together with

Harrogate and District NHS
NHS Foundation Trust

This is us...

Our Vision: Excellent care every time, delivered by an excellent workforce where every contact counts

Our Strategic objectives:
- To understand and plan for the foreseeable future workforce needs
- To prioritise initiatives that will close the workforce-specific gaps, with a focus on:
  - Growing our capacity
  - Staff Engagement
  - Productivity and efficiency
- Determine actions for local delivery
- To oversee delivery of agreed workforce work programmes

Our Mission: To have an efficient, productive, skilled and resilient workforce, providing sustainable healthcare

Our Values: RESPECTFUL PASSIONATE RESPONSIBLE

Our First Principle: You matter most

www.hdft.nhs.uk @HarrogateDistrictNHS @harrogateNHSFT

the identification of the Key Performance Indicators describing how progress will be measured. Finally the conclusion brings together the key elements of this strategy.

2. Strategic Overview

2.1. National Context for Change

We can have a vision of excellence every time, but it simply will not remain a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it.
(adapted from NHS England 2014)

Traditional workforce planning has focused on the training pipeline. However, with only around 8,000 doctors graduating from medical school each year, and only 30,000 nurses and allied health professionals graduating each year, there is an urgent need to reshape the NHS workforce, to equip it to meet the changing demand from the population it serves and deliver the vision set out in the Five Year Forward View. This is not just around changing medical or nursing school curricula, but developing the current workforce at all grades. ***(Source: Reshaping the Workforce to Deliver the Care Patients Need, Nuffield Trust in association with NHS Employers, May 2016)***

2.1.1 Growing workforce gaps

Across health and social care, organisations are facing difficulties with recruitment and retention, resulting in a growing use of expensive agency and locum staff. There are particular problems in some areas of nursing and medicine. Turnover rates among newly qualified nurses are particularly high in the NHS, at up to 34%. There are forecast gaps in the senior medical workforce in primary care, emergency care, elderly care and psychiatry, all specialties where the needs are high and growing. The Doctors in Training workforce is also declining in numbers as the recent expansion in the consultant workforce comes to an end. As a system we must plan for levels of training that address gaps created by leavers and changes in patient needs. Health Education England (HEE) allocated 4% of their total annual budget for new and extended role development in 2015/16.

There are currently national shortages of Registered Nurses and the impact of the removal of the nursing bursary is an emerging picture. There are contradicting views about whether the removal of the bursary will discourage students from studying for a nursing degree or open up more places for those interested in a nursing career and result in a surplus nursing workforce.

2.1.2 An NHS Budget that is Failing to Keep Pace with the Health Care Needs of a Growing Population

The NHS faces a £22 billion gap in its finances by 2020. Demand for NHS services, from a growing and ageing population, is projected to rise by 6.6% by 2020. In many areas, the remaining front-line staff are left to absorb the rising demand for care into their day-to-day workload. Staff burnout is becoming a significant risk in many settings.

2.1.3. The Changing Workforce

Research from the Chartered Institute of Personnel and Development (CIPD) finds that although the UK's policy framework for supporting older workers and creating fuller working lives is well-developed in comparison to many other European countries, there is a crucial need to turn this thinking into practical action, to avoid losing the skills and experience of employees who could choose to work beyond retirement. With around 30% of the UK workforce currently over 50, compared to 20% in the 1990s, the CIPD is urging employers to put the tools and culture in place now, to support older workers as they represent an increasingly significant proportion of the labour market. The majority of the staff working in the NHS today will still be in it in 10 years' time, so flexible working policies as well as the development and extension of skills and roles within the current workforce needs to be a central part of any workforce strategy.

The diagram below sets out the routes to workforce change.

2.1.4 Routes to workforce change ***(Source: Reshaping the Workforce to Deliver the Care Patients Need, Nuffield Trust in association with NHS Employers, May 2016)***

2.2 Local Context for Change

The local context for the Trust mirrors the National context:

2.2.1 There are Long Standing Shortages of Clinical Staff in some Areas

The temporary agency staffing bill year to date is 2.5% of the Trust's pay expenditure. Whilst this remains below the agency ceiling set by NHS Improvement of 3%, the proportion of spend on temporary staffing (Bank, Agency and Locum) year to date is 6.5%. In 2015/16 the proportion of spend on temporary staffing was 7.5% of total pay expenditure equating to £9.7million. Vacancy rates across clinical roles especially within medical and nursing roles, leads to increased pressure in the system and raises concerns regarding staff wellbeing.

Like many NHS organisations, the Trust has a highly committed workforce, but it currently lacks the integration across health and social care sectors to drive further efficiencies.

2.2.2. The Local Budget is Failing to Keep Pace with the Local Patient Needs

We have an NHS and social care system in West Yorkshire and Harrogate that employs 113,000 staff who provide care and treatment to 2.6 million people. We are entrusted with a budget approaching £5 billion. Resources across the health sector will grow from £4.2 billion to £4.7 billion by 2020-21, however this is lower than the national average, and is far outstripped by the demand for services over the same period. Demand for and cost of services, if unmanaged, will drive a gap of £1.07 billion by 2021 for health and social care. It is predicted that if we were to continue on our current trajectory the Harrogate system gap would be £39 million across health and social care.

Protecting the quality of care we are able to provide for people using our services is critically dependent on restoring financial balance across our local system. Clinical Commissioning Groups will continue to tender services in a competitive environment with the key driver being balancing high quality care with affordability and value for money.

2.2.3 The Changing Workforce

Currently, only 8% of the Clinical workforce is over the age of 55, evidencing the fact that the majority of staff do retire when they are eligible to do so. In five years' time another 10% of our clinical workforce will be over the age of 55 and therefore, 20% will be eligible to retire. It is crucial that we consider our working longer priorities to ensure that we are able to retain the skills and experience of this significant part of our workforce as part of this strategy. Within the clinical workforce profile we have identified four key staff groups particularly at risk: Health Visitors, Schools Nurses, Midwives and District Nurses.

The Trust is already developing new approaches to accessing the future workforce that is currently in the training pipeline to reflect the changing educational commissioning landscape, by commissioning programmes directly with Education Providers. To support the development of skills and new roles we are training our first cohort of Advanced Clinical Practitioners (ACPs) and have commenced training staff for a new Band 4 role within the Outpatients Department. This work will need to continue at pace and scale in order to address the challenges we face.

3. Development of the Clinical Workforce Strategy – Engagement

3.1 Patient, Family and Carers Engagement

At the heart of our organisation and our services is the patient, their families and carers. Their vision for how they want their care to be delivered was elicited through a patient consultation process in May 2015 as part of the Vanguard initiative. The output from the consultation is shown in Appendix 1 and has informed the development of this strategy.

"The world café events were very well received and the contributions that staff gave have been critical in the development of this strategy."

Shirley Silvester, Head of Learning and OD, HDFT

It is important as we establish the work streams to take forward the implementation of the clinical workforce strategy that the patient remains central to the development of this work at speciality level. This will be taken forward by each work stream as appropriate, utilising the patient forums that already exist within the Trust.

3.2 Workforce Engagement

This strategy has been sponsored by Robert Harrison, Chief Operating Officer and Professor Sue Proctor, Vice Chair and Non-Executive Director and has been developed with input from across the Trust. This has included; the Trust Board including Executives and Non-Executives, senior leadership, clinical professional leads, Clinical Directorates, Trade Union colleagues, and most importantly representatives of our clinical workforce.

In addition to meeting with key stakeholders, workforce engagement took the form of a series of World Café events and provided the context and aims of this work. It posed two questions to attendees:

1. What does the clinical workforce of the future need to look like?
2. What are the resources required to deliver this?

We had over 60 clinical representatives from across both the acute and community setting including; Medical Staff, Registered Nurses, Allied Health Professionals, Health Care Scientists and support staff. There was also external representation from some of our key stakeholders. The output from the World Café Events is summarised in Appendix 2.

4. Development of the Clinical Workforce Strategy- Workforce Profile Analysis

4.1 Current Staff Mix

The current clinical workforce profile is detailed in Appendix 3. It is important to understand where we are now so that we can set a clear direction for the future. In conducting the analysis the Trust has, where possible, benchmarked its performance against private sector, public sector and other NHS organisations.

4.2 Distribution of Workforce Across Clinical Roles

The distribution of our current clinical workforce is shown in Appendix 3 – Figure 4.1 – Clinical Staff mix, which highlights the opportunity for the Trust to review the balance between the Registered and Non-Registered workforce to address the challenges that the national labour market shortages present.

4.3 Clinical Workforce Age Profile

As part of the workforce data analysis the Trust has identified some clinical staff groups of concern when reviewing the age profile. A consideration of this strategy will need to include the delivery of a future workforce pipeline, the development of new roles and a working longer initiative, to support the following professions; Midwifery, District Nursing, Health Visiting and School Nursing the analysis is shown in Appendix 3 – Figure 4.2 – Age Profiles. Currently only 8% of our clinical workforce is over the age of 55.

4.4 Labour Turnover

According to the Xpert HR benchmarking survey 2015 (Appendix 3 – Figure 4.3 – Total Labour Turnover Rates), when reviewing the average voluntary turnover rate, we find that around one in six (16.1%) employees resigned from their job in 2015. Labour turnover rates have been steadily increasing since 2012. While this is a reflection of the growing confidence in both the UK's economic performance and employers' optimism in recruitment, increasing voluntary labour turnover certainly needs to be monitored. (***Source: XpertHR)***

Overall the NHS and HDFT specifically are bucking this trend (Appendix 3 – Figure 4.4 – Trust Wide Labour Turnover), which is predominantly being driven by the private sector. However there are key staff groups with high levels of turnover (shown in Appendix 3 - Figure 4.5 – Clinical Workforce Labour Turnover):

- Pharmacy Technicians – 21%
- Pharmacists – 23%
- Inpatient Nurses Band 5 – 18%
- Inpatients Nurses 6/7 – 15%
- Unregistered AHP Staff Band 2 – 17%
- Unregistered AHP Staff Band 3 – 13%
- Unregistered AHP Staff Band 4 – 20%
- Unregistered Health Care Assistants – 16%

4.5 Ethnicity Profile and Post Brexit Impact

Appendix 3 – Figure 4.6 shows the ethnicity profile of the clinical workforce, revealing this is significantly dominated by white British employees. The development of this clinic workforce strategy provides an opportunity for the Trust to begin to address one of the findings of the 2016 round of the Workforce Race Equality Standard (WRES). This shows us that that whilst overall the percentage of Black and Minority Ethnic (BME) employees in our workforce is broadly representative of the communities we serve, there are pockets of significant under representation, particularly in more senior clinical positions (see Appendix 3 - Figure 4.7).

The Trust recognises that a diverse workforce delivers more inclusive services and improves patient care. Therefore, we will actively encourage and support the development of existing BME members of

the workforce and ensure our recruitment processes are always equitable, fair and that they value diversity. Our overarching aim is to ensure that the Trust develops a reputation as an employer that provides equality of opportunity and career progression for people from all backgrounds.

Approximately 144,000 European Union (EU) nationals work in health and social care in England. In the NHS, around 10 per cent of doctors and 5 per cent of nurses are from the EU. However as shown in Appendix 3- figure 4.8 Clinical Workforce Post Brexit EU Nationals, at HDFT, only 3% of our clinical workforce will be, post Brexit, EU Nationals. The majority of our EU Nationals are within the Medical and Dental Workforce with limited numbers in the other staff groups (shown in Appendix 3 - Figure 4.9 – Post Brexit EU Nationals by Clinical Staff Group).

Until the UK extracts itself from its obligations under EU treaties (anticipated 2019), the policy on freedom of movement remains unchanged; however, given the current shortfalls being experienced in the health sector, the government must clarify its intentions on the ability of EU nationals to work in health roles in the UK, not least to avoid EU staff who are currently working in the NHS deciding to leave to work in other countries.

It is anticipated that providers of NHS services should retain the ability to recruit staff from the EU when there are not enough resident workers to fill vacancies.

4.6 Temporary Staffing Spend

The proportion of spend on temporary staffing (Bank, Agency and Locum) for 2016/17 up to September 6.5% of the total pay expenditure equating to £4.9 million. For the financial year 2015/16 the proportion of spend on temporary staffing was 7.5% of total pay expenditure equating to £9.7 million. The agency bill for the Trust year to date is 2.5% of Trust pay expenditure which remains below the agency ceiling set by NHS Improvement of 3% for the Trust, (Appendix 3 – Figure 4.10 – Summary of the spend on Agency and Locums).

The key clinical specialities that are driving this spend within the Consultant staff group are Elderly Medicine and Cardiology. Within the SAS Doctor workforce Emergency Medicine is more than double the spend of other specialities within this workforce group. Gaps within the Doctors in Training rotas in General Medicine are the highest cost within this staff group. Within Theatres the Registered workforce is an area of concern. Registered Nurses and Operating Department Practitioner staffing levels are driving the temporary spend and this has more than doubled over the last three years. The Clinical non-registered workforce spend is being driven by inpatient wards and theatres.

Note: Analysis is on-going to determine the proportion of temporary staffing spend for the reasons of vacancies and absence. This will be incorporated into this section of the report to support the measurement of the key performance indicators.

4.7 Doctors in Training Rotas 2014 – 2016

Appendix 3 – Figures 4.11 and 4.12 Gaps in Training Rotas shows the training gaps for Doctors in Training from the Health Education England Yorkshire and the Humber, Learning and Development Agreement (LDA). Gaps can increase or decrease throughout the year as trainees do or do not rotate into posts for a number of reasons; resigning from schemes, maternity leave, and out of programme experience.

The Foundation gaps tend to occur at Foundation Year 2 when either a Foundation Year 1 doctor needs to extend their training or does not complete their first year. The Trust is allocated trainees at Core Trainee years 1-3, Speciality Trainee years 1-3 or Specialty Trainee year 3+. When gaps appear on rotas due to posts not being filled by Health Education England this causes significant operational and financial difficulties for the Trust.

5. Workforce Metrics

Appendix 4 shows the Trust current performance against workforce metrics and where possible benchmarks the Trust against Private, Public and NHS organisations. This analysis demonstrates where the key opportunities lie in the employee life-cycle for the Trust to drive further improvements in workforce engagement and competence as well as support recruitment and retention.
The metrics reviewed include:

- Staff Friends and Family Test (Figure 5.1)
- Staff appraisals (Figure 5.2)
- Sickness absence (Figure 5.3)
- Mandatory and essential skills training (Figure 5.4)

6. Organisational Readiness

A summary of current organisational readiness to meet the national and local challenges is drawn out in the Strengths, Opportunities, Weaknesses and Threats (SWOT) analysis shown on the next page:

Figure 6.1 SWOT Analysis

Strengths	**Opportunities**
• Care Quality Commission report – overall good rating with ambition to move to outstanding (3 services already rated as outstanding) • Links with Health Education England working across Yorkshire & the Humber and Education Providers • Clinically led organisation with Clinical Leadership embedded through the Directorate structures • Levels of staff engagement (National NHS Staff Survey) ranked 3rd in Group • Service Improvement methodology and clinical engagement in delivery • Mandatory and Essential Skills Training compliance • Trust wide labour turnover • Values & Behaviours embedded • Staff Friends and Family Test results • Advanced Clinical Practitioner Development Programme • Established Health & Wellbeing programme • Calderdale Framework Expertise • Harrogate is an attractive place to live and work • Partnership working with Trade Unions	• Leadership of the Local Workforce Action Board • Partnership working across the STP/West Yorkshire and Harrogate Association of Acute Trusts (WYAAT) • Apprenticeship Levy from April 2017 • Changing educational commissioning landscape • International recruitment • Foundation Trust status “to do things differently” • Local Jobs, for Local people • Business Development • Widening participation agenda • Vanguard and Acute Medical Model site • Marketing the Trust as employer of choice • Accessibility of flexible working arrangements • Largest provider of Children’s services • Sickness absence performance • Working Longer Initiatives • Expenditure on temporary staff • Development of Collaborative Internal Bank model
Weaknesses	**Threats**
• Conversion from students into substantive staff • High cost of living in Harrogate • Investment in building workforce clinical and leadership competence • Labour turnover within the Registered Nurses, Pharmacists, Pharmacy Technicians and the support workforce • Lack of competency framework for job roles • Lack of career pathways • Appraisal compliance • Impact of workforce shortages on workforce resilience • Workforce spend on temporary staff; Emergency Department, General Medicine, General Surgery and Theatres	• Brexit and potential impact on flow of European Union workforce • Ageing profile of Midwives, Health Visitors, District Nurses and School Nurses • Reduction in Health Education England funding • Removal of the nursing bursary • Patient and staff resistance to change and new ways of working • Training pipeline insufficient to meet current/future demand i.e. Doctors in Training, Registered Nurses and Operating Department Practitioners • Clinical Commissioning Group (CCG) funding pressures • Reducing national NHS funding and increasing patient demand for services • CCG tendering of current HDFT provided services

7. A Vision for the Workforce of the Future

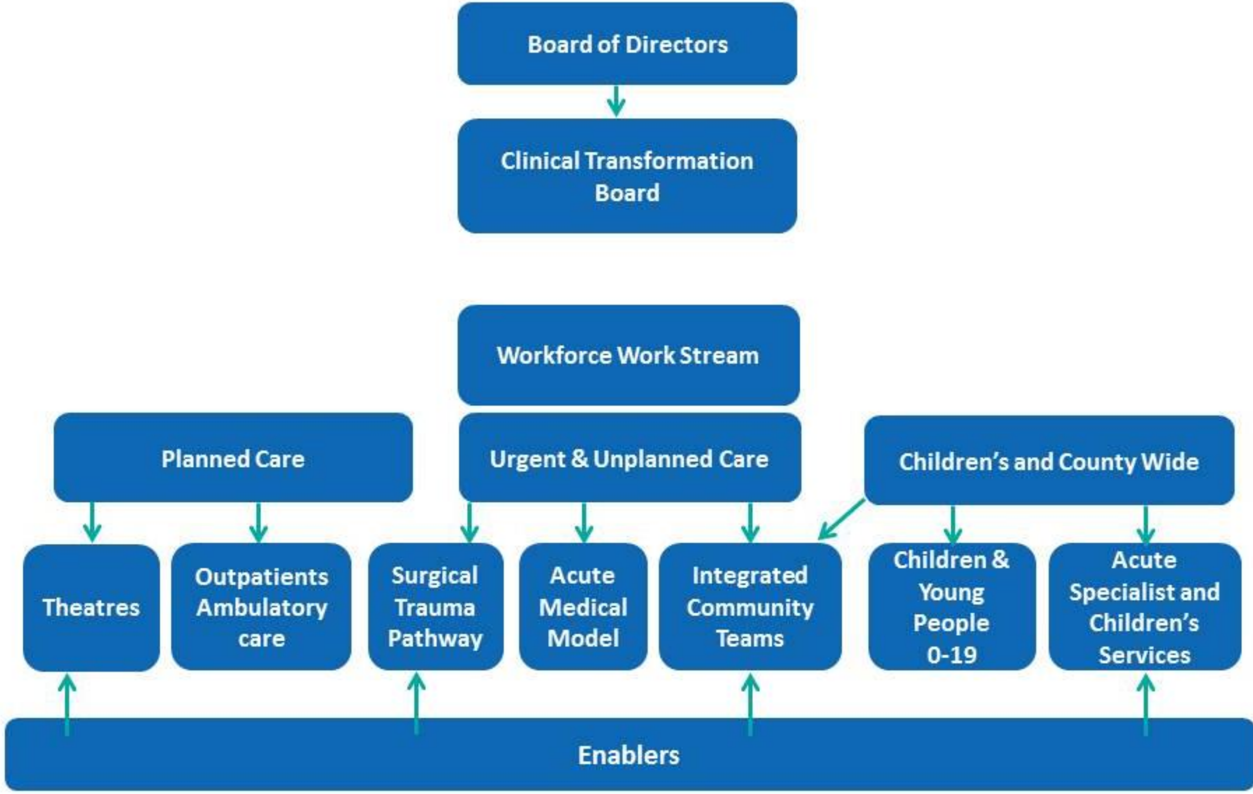
Figure 7.0.1 Vision for the Clinical Workforce of the Future

7.1 Creating the Clinical Workforce of the Future

Creating the clinical workforce of the future will be clinically led through organising the work streams by clinical pathway to ensure that clinical buy in is secured early on and that a multi-disciplinary approach is taken to workforce transformation and service sustainability. The clinical workforce strategy will be aligned to the Clinical Transformation Board and the Workforce work stream supported by the Project Management Office. Clinical Professional Leads will be identified for each work stream and will be clinically led at service level and accountable through the Directorate Management Structures.

Organising the workforce transformation by clinical pathway will secure the clinical buy in needed and a multi-disciplinary approach to how we deliver care.
Robert Harrison, Chief Operating Officer, HDFT

Figure 7.1.2 Clinical Workforce Strategy Governance Structure



7.2 Key Themes of this Work Stream will include

- New roles for the Registered workforce creating new career pathways i.e. Advanced Clinical Practitioners, Physician Associates and Nurse Consultant roles

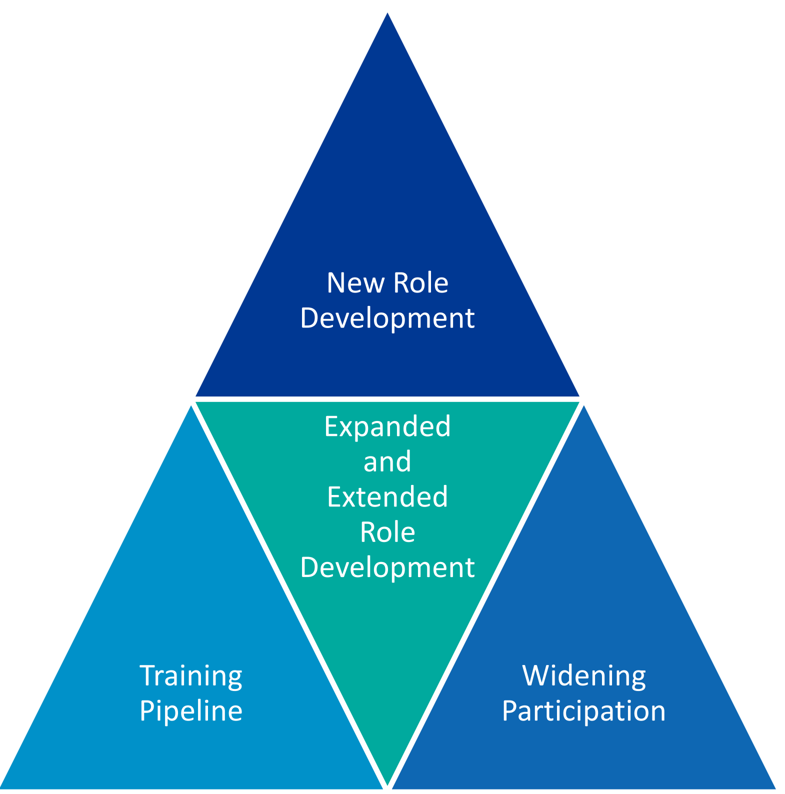
- New roles for the Non-Registered workforce to create new career pathways i.e. Assistant Practitioner and Associate Nurse roles

- Extending skills in both the Registered and Non-Registered workforce to ensure that each role is undertaking the tasks that only they can do

"Our ACPs are the first exciting step in addressing the unprecedented workforce challenge to meet the growing needs of our patients – in developing this skilled alternative clinical workforce we gain the advantage of their previous experience and look forward to being able to build, year on year, on their clinical skills".
Dr Matt Shepherd, Consultant and Lead Clinician, Emergency Medicine, HDFT

- Working longer initiatives to improve the retention of our ageing workforce

Figure 7.2.1 Model for Workforce Sustainability ***(Adapted from: Reshaping the Workforce to Deliver the Care Patients Need, Nuffield Trust in association with NHS Employers. May 2016)***



7.3 Risks Associated with Workforce Transformation

New and extended roles may not always achieve the desired outcomes. There is strong evidence that without careful role and service redesign, new and extended roles can:

- Increase demand and service costs - where new or extended roles are used to provide an enhanced service, rather than manage the existing workload, demand may increase
- Supplement rather than substitute other staff - new roles are often expected to substitute for existing staff, thereby reducing demand on existing resources. This will only happen if staff stop performing the tasks that have been delegated to others
- Cost rather than save - substituting senior staff for cheaper alternatives has historically been used to reduce costs, however those in new or extended roles may take longer to complete tasks, spend more time with patients, recall them at higher rates and carry out more investigations than their senior counterparts. Long-term cost evaluations are needed.
- Threaten the quality of care - higher numbers of senior staff are often associated with better patient outcomes i.e. reduced hospital-related mortality, length of stay. Therefore configuration needs to be considered carefully and tested through small, local pilots.

7.4. Workforce Programme Underpinned by Quality

To mitigate against the risks of clinical workforce transformation stated above, the clinical workforce strategy will be underpinned by quality. The following enablers will be the building blocks that will support the delivery across the clinically led work streams as appropriate. The delivery of these enablers will be led corporately and will require some investment, redirection of existing resources and collaboration at system level.

Clinical Competencies	Workforce Transformation Tool	Health Coaching	Leadership Development	Team Working
Practice Education and Clinical/Simulation Skills Training	Clinical Supervision	Apprenticeships	Digital and IT Skills	NHSI Cultural Tool
Investors in People	Preceptorship	Educational Placements	Values and Behaviours	Collaboration across STP/LWAB
Appraisal/Talent Management	Partnerships with Education Providers	Staff Passports across STP	Workforce Planning	Health and Wellbeing

7.5. <u>Key Performance Indicators - Measures of Success</u>

The Key Performance Indicators (KPI's) have been developed in line with the review of the current workforce profile, current workforce metrics and the SWOT analysis, to deliver the strategic objectives of the clinical workforce strategy which includes the triple aims of:

- Growing our capability
- Increasing staff engagement
- Driving productivity and efficiency

These will be developed and agreed by the Clinical Transformation Board, incorporating a base line assessment, trajectory and milestones for achievement and an overall target over the five years. These KPI's will be reviewed within the first two years of this strategy to ensure that they remain appropriate, due to the significant unknowns at the time the strategy has been developed i.e. impact of Brexit and the impact of the removal of the Student Bursary. This will enable sensible adaptations to be made during the lifetime of this strategy.

The Trust Board will receive annual reports on progress against the vision, mission and strategic objectives of the Clinical Workforce Strategy. This will include status up-dates from each work stream and will detail; the key deliverables and milestones in the previous 12 months and the planned deliverables and milestones for the next 12 month period. Progress against the strategy will be measured by tracking progress made against each of the KPI's.

7.5.1 Growing our Capability

Delivering a sustainable workforce by:
- Increasing the number of non-trainees on the medical staffing rotas by 30 (ACP's Medical Training Initiative (MTIs), Clinical Fellows, SAS doctors)
- The development of 30 new roles in the Registered workforce (ACPs, Physician Associates and Nurse/Allied Health Professional Consultant)
- The development of 50 new Band 4 roles in the Non-Registered workforce (Assistant Practitioner and Associate Nurse roles)
- The development of 200 Apprenticeships

Delivering a high quality, competent workforce by:
- Achieving 95% mandatory training compliance
- Increasing the competencies of the Registered Workforce in: nasogastric tube insertion, diagnostics, capability assessments, non-medical prescribers
- Increase the competencies of the Non-Registered Workforce in: cannulation, diagnostics, observations, urinary catheters, administration of medicines, discharge planning and process, phlebotomy

7.5.2 Staff Engagement

To create an engaged, motivated workforce where everyone can contribute to their fullest by:

1. Being within the top 10% of Acute and Community Providers for overall Staff Engagement, including 3 sub dimensions:

a. Staff recommendation of the Trust as a place to work or receive treatment
b. Staff motivation at work
c. Staff ability to contribute towards improvement at work

To be an employer and provider of choice by:

1. Achieving 90% of staff who would recommend the Trust as a place to work
2. Achieving 90% of staff who would recommend the Trust as a place to receive care

To deliver a performance improvement culture by:

1. Achieving 90% appraisals for all staff over a 12 month period

7.5.3 Productivity and Efficiency

To create a sustainable workforce by reducing spend on temporary (Bank/Agency/Locum) staff by £2 million which is 20% of the total temporary staffing spend (based on 2015/16) for the following groups

- Foundation Doctors in Training
- Registered Workforce
- Unregistered Workforce

To improve retention and reduce costs of recruitment in key staff groups by reducing voluntary labour turnover to remain in line with the NHS average of 9.9% across:

- Registered Workforce (Bands 5-8B)
- Unregistered Workforce (Bands 2-4)
- Increase the retention of our over 55 workforce to 15% of the total clinical workforce

To improve workforce resilience by reduce overall sickness absence across the Trust

- To achieve 3.25% absence across the Trust
- To reduce absences related to stress, anxiety and depression to 10% of overall sickness absence

8. Conclusion

There is an urgent need to reshape the NHS workforce and equip it to meet the changing and growing demands from the population it serves. Change is not easy, it takes skill, resources and persistence. However, with careful attention to role design, team working and effective change management, the potential benefits are significant.

Reshaping the NHS workforce can deliver benefits for patients through more patient focused care and improved health outcomes. It can deliver benefits for staff through more rewarding roles and enhanced career pathways. It can deliver benefits for NHS organisations through greater efficiencies and helping to address potential workforce gaps. The financial context in which organisations are currently operating makes this agenda particularly challenging. There is little headspace in terms of time and resources, yet this is exactly what is needed. National and local training budgets are being cut at the point that they require expansion. This agenda is not a 'nice to do'. It is essential if we are to find a sustainable balance between available funding, patient needs and staff needs. ***(Source: Reshaping the Workforce to Deliver the Care Patients Need, Nuffield Trust in association with NHS Employers, May 2016)***

Having the right number of appropriately skilled staff is a critical determinate of the quality and efficiency of healthcare. At this challenging time for the NHS the Trust remains absolutely focused on clinical and financial sustainability in the longer term in order to continue to deliver high quality care to the patients who use our services.

In developing the Clinical Workforce Strategy we have considered the national and local drivers for change, specifically; growing workforce gaps, an NHS budget that is failing to keep pace with the healthcare needs of a growing population and a changing workforce. These pressures are creating a burning platform for change and innovation, however we must not lose sight of the more fundamental requirement to adapt the workforce to better support our patient and population needs.

To address these challenges, the Trust has developed a compelling Vision and Mission for its clinical workforce of the future, to ensure we provide Excellent Care Every Time, delivered by an Excellent Workforce, where Every Contact Counts.

Through extensive consultation and engagement with our clinical workforce, we have an in-depth understanding of both:

1. The Trust's current Clinical Workforce profile

2. The opportunities for:

   - New roles for the Registered workforce creating new careers

   - New roles for the Non-Registered workforce to create new career pathways

   - Extending skills in both the Registered and Non-Registered workforce to ensure that each role is undertaking the tasks that only they can do

   - Working longer initiatives to improve the retention of our ageing workforce

By focusing on these key priorities, the Trust can not only meet these challenges, the expectations of our patients, their relatives and carers, but also create innovative career pathways that attract the very best clinicians and provide local jobs for local people.

9. Acknowledgements

This document has been produced through the wide consultation with and support from the following people:

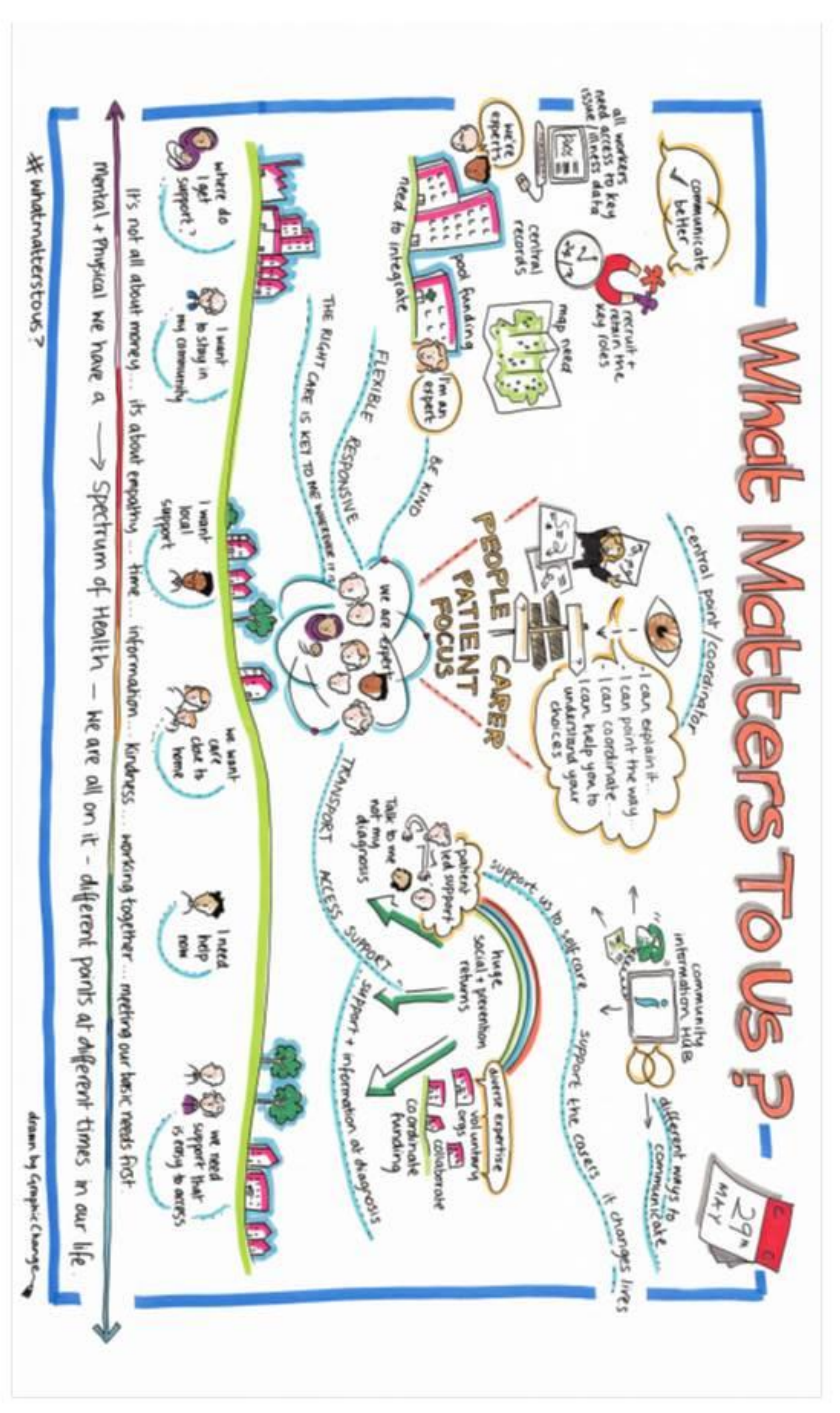
- Professor Sue Proctor, Vice Chair and Non-Executive Director
- Robert Harrison, Chief Operating Officer
- Liz Pugh, HR Business Partner
- Sharon Wilkes, Workforce Transformation Lead
- Jake Wise, Workforce Information Analyst
- Katie Laurence, Finance Manager
- Kim Donkersley, Finance Manager

- Dr David Scullion, Medical Director
- Dr Simon Holbrook, Director of Post Graduate Medical Education
- Diane Fisher, Medical Education Manager
- Dr Ros Tolcher, Chief Executive
- Jill Foster, Chief Nurse
- Phillip Marshall, Director of Workforce and OD
- Dr Matt Shepherd, Consultant and Clinical Lead, Emergency Medicine
- Clinical Directorates
- World Café Attendee's

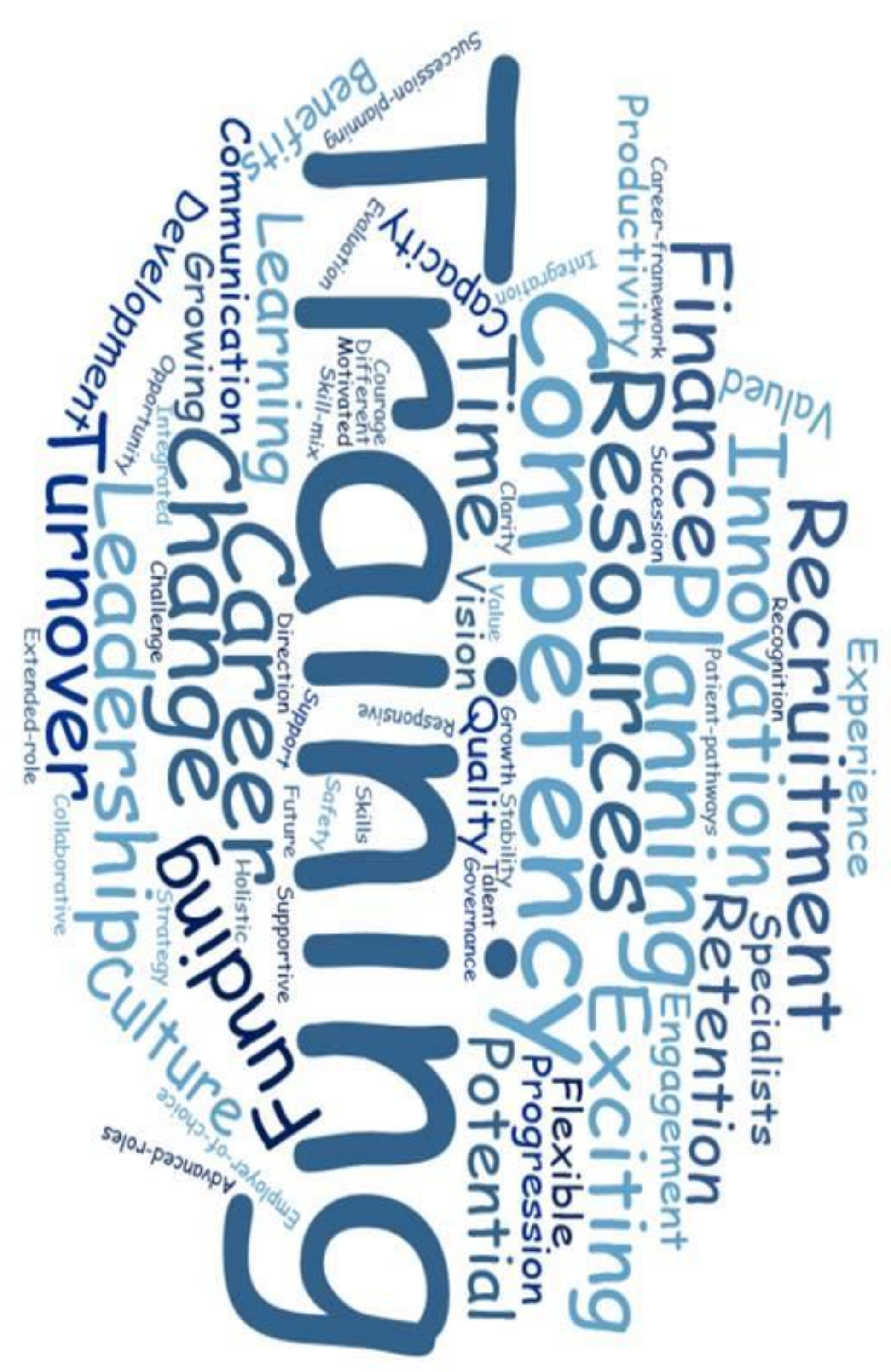
10. References

- HDFT Strategic Plan 2014-2019
- HDFT Operational Plan – 2015-2016
- Clinical Directorate Business Plans – 2015 - 2016
- HDFT Business Development Strategy 2013 - 2018
- HDFT Nursing and Midwifery Strategy 2016 -2017
- HDFT Workforce and Organisational Development Strategy 2015-2020
- HDFT Strategy for Simulation – 2016-2019
- Healthy Futures, West Yorkshire STP
- The Five Year Forward View – NHS England, October 2014
- Reshaping the workforce to deliver the care patients need – The Nuffield Trust in association with NHS Employers, May 2016
- Supporting integration through new roles - Kings Fund
- 5 Big Issues for Health & Social Care After the Brexit vote – The Kings Fund
- The World Café Community Foundation 2015.
- Crunch time for Britain's workforce, CIPD Editorial, May 2016
- HR Benchmarking Data - Xpert HR

Appendix 1 – Patient Engagement (Vanguard Open Space Graphic – May 2015)



Appendix 2 – World Café event output - Word Cloud



Appendix 3 – Clinical Workforce Profile

Figure 4.1 – Clinical Staff Mix (source: Flu Denominator)

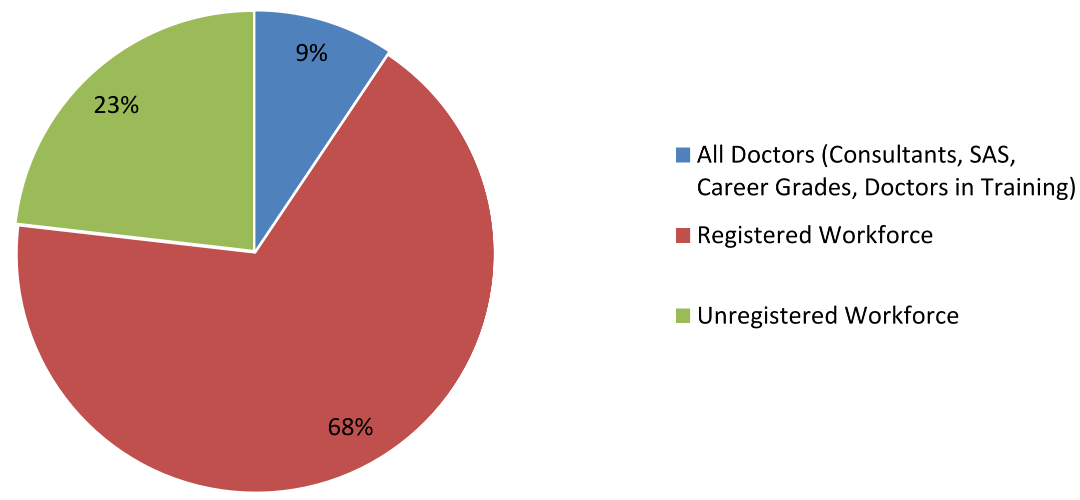


Figure 4.2 – Age Profiles

Age Profile - Midwives
(excluding Bank)

Headcount
Age Band (Years): 16 - 20, 21 - 25, 26 - 30, 31 - 35, 36 - 40, 41 - 45, 46 - 50, 51 - 55, 56 - 60, 61 - 65, 66 - 70, 71+
0, 6, 11, 12, 12, 5, 17, 14, 11, 5, 0, 0

32% of Midwives are aged 50 or above, this staff group has the status to retire at 55 and it should be noted from that there are small numbers that continue beyond this age.

Age Profile - District Nurses
(excluding Bank)

Headcount
Age Band (Years): 16 - 20, 21 - 25, 26 - 30, 31 - 35, 36 - 40, 41 - 45, 46 - 50, 51 - 55, 56 - 60, 61 - 65, 66 - 70, 71+
0, 0, 3, 0, 1, 1, 3, 5, 3, 1, 0, 0

52% of District Nurses are over the age of 50. This staff group has the status to retire at 55 and there are small numbers that continue beyond this age.

Age Profile - Health Visitors
(excluding Bank)

Headcount
Age Band (Years): 16 - 20, 21 - 25, 26 - 30, 31 - 35, 36 - 40, 41 - 45, 46 - 50, 51 - 55, 56 - 60, 61 - 65, 66 - 70, 71+
0, 0, 13, 26, 31, 57, 73, 82, 56, 14, 2, 1

43% of Health Visitors are over the age of 50. This staff group has the status to retire at 55 and currently 20% are working beyond 55 and able to retire at any time.

Age Profile - School Nurses
(excluding Bank)

Headcount
Age Band (Years): 16 - 20, 21 - 25, 26 - 30, 31 - 35, 36 - 40, 41 - 45, 46 - 50, 51 - 55, 56 - 60, 61 - 65, 66 - 70, 71+
0, 0, 1, 2, 10, 16, 17, 22, 5, 5, 1, 0

25% of School Nurses are over the age of 50. This staff group has the status to retire at 55 and currently 13% are working beyond 55 and able to retire at any time.

Figure 4.3 - Voluntary Resignation and Total Labour Turnover Rates by Organisation Size and Sector, 2015/2016

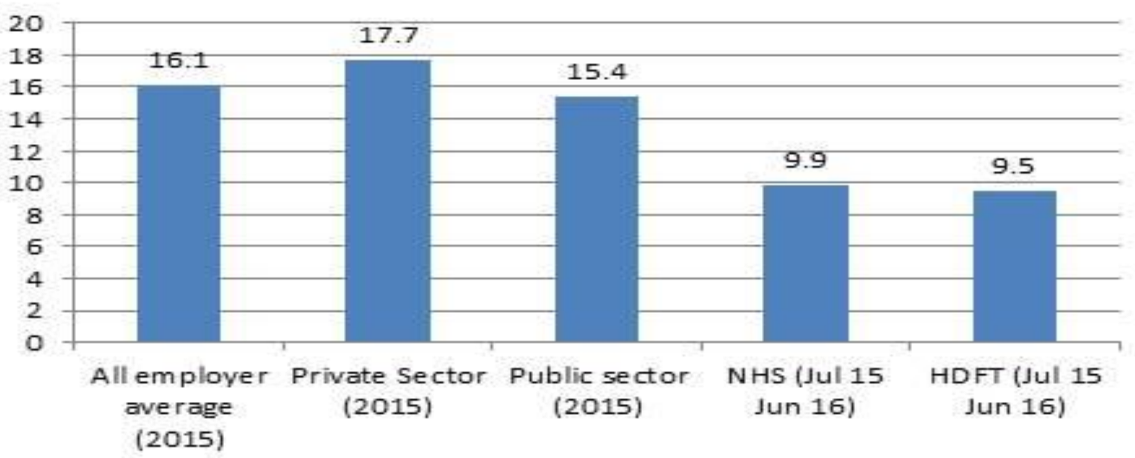
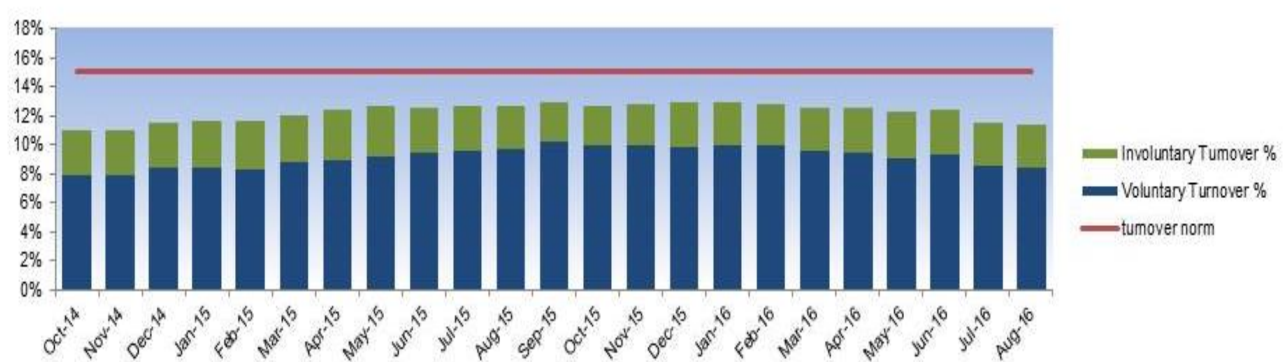


Figure 4.4 – Trust Wide Labour Turnover



The total Trust labour turnover as at 1st October 2016 was 11.5% for the rolling 12 month period (this excludes all Bank, Fixed Term Staff and Junior Doctors). Figure 4.4.1 shows the Trust labour turnover data since 2014. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%.

Figure 4.5 - Clinical Workforce Labour Turnover

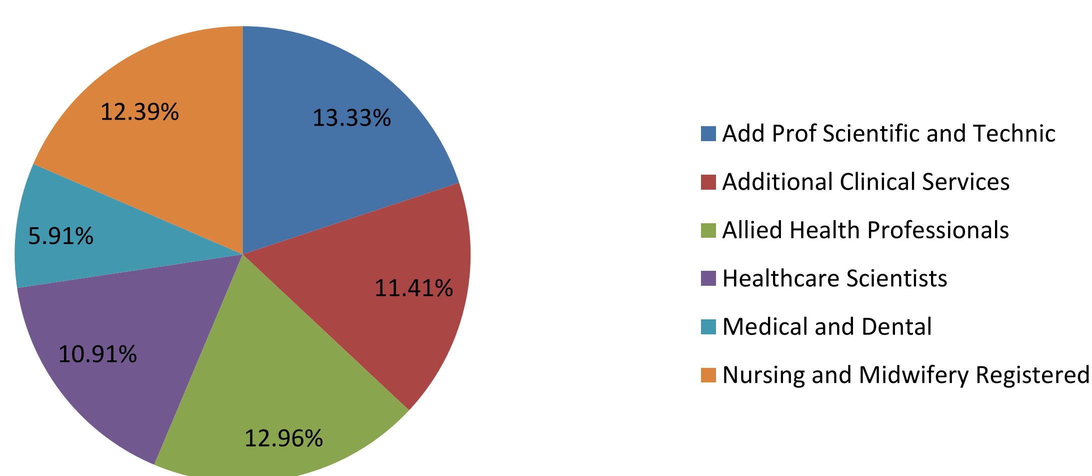


Figure 4.6 - Ethnicity profile of the Clinical Workforce (excluding bank)

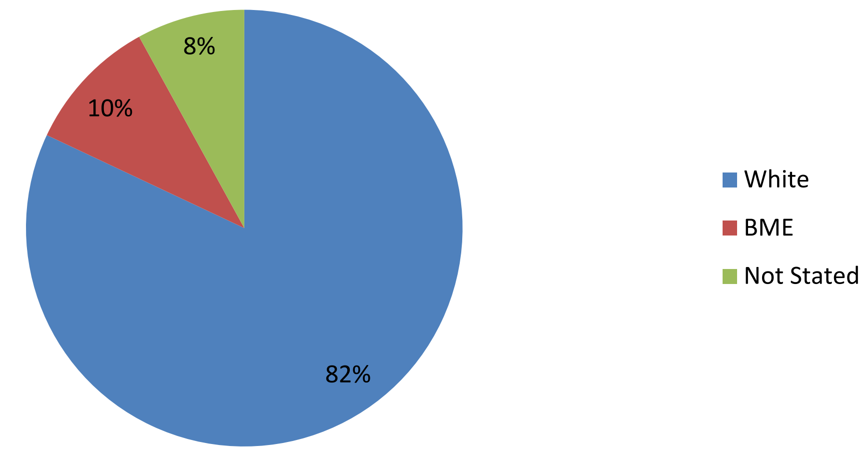


Figure 4.7 – Percentage of BME staff within Clinical Roles

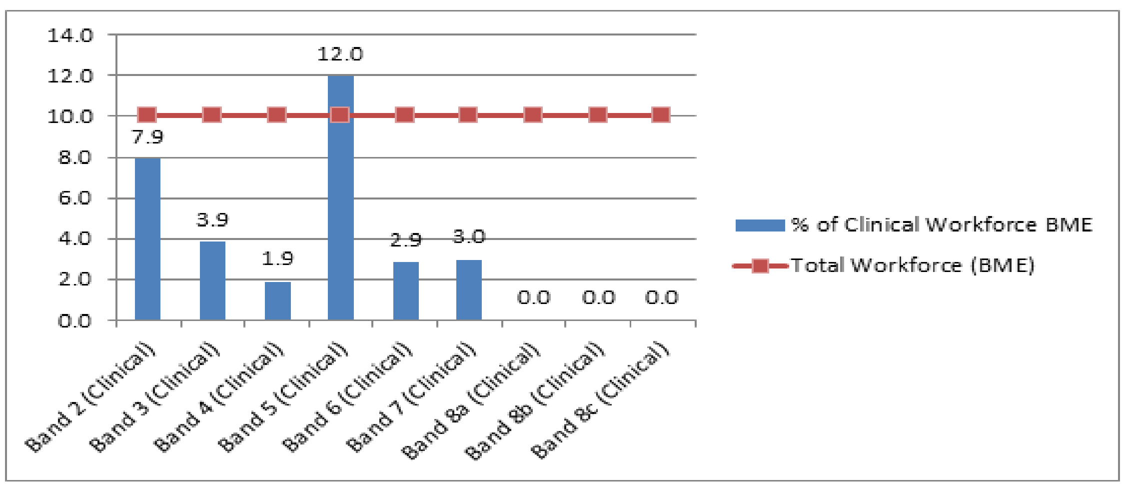


Figure 4.8 - Clinical Workforce Post Brexit EU Nationals

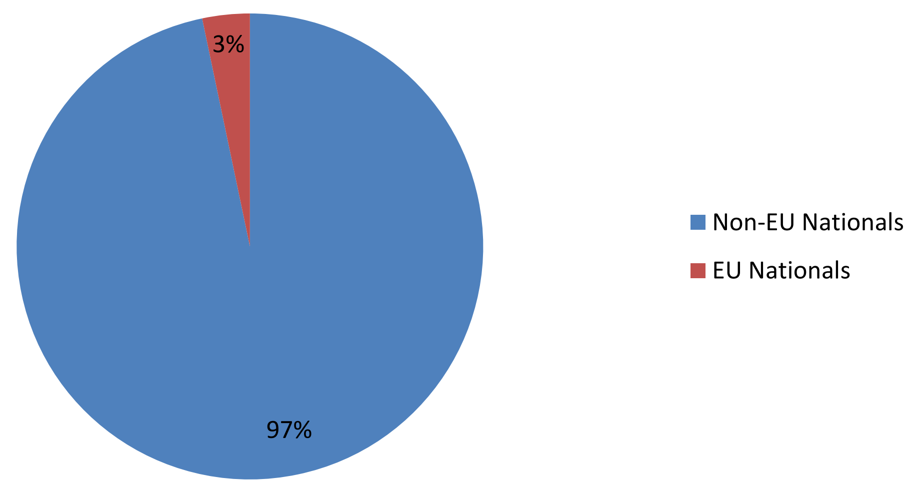


Figure 4.9 - Post Brexit EU Nationals by Clinical Staff Group

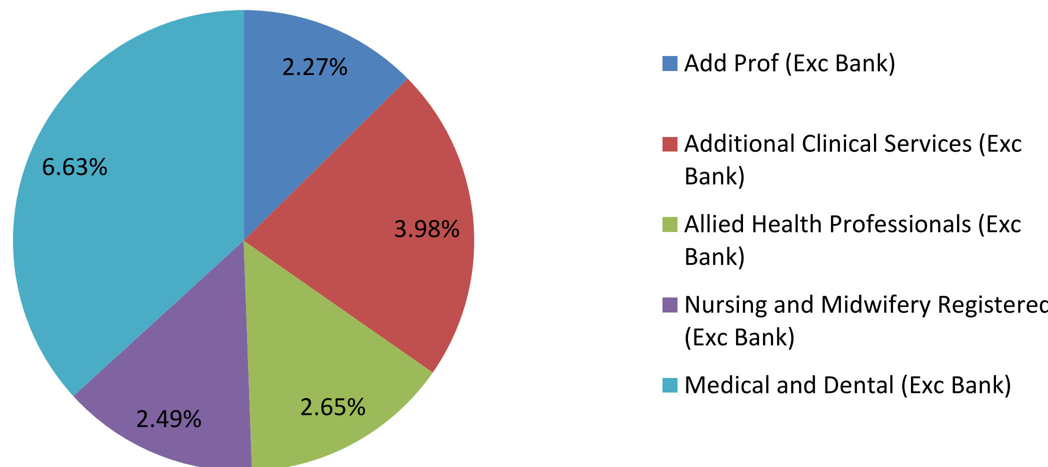
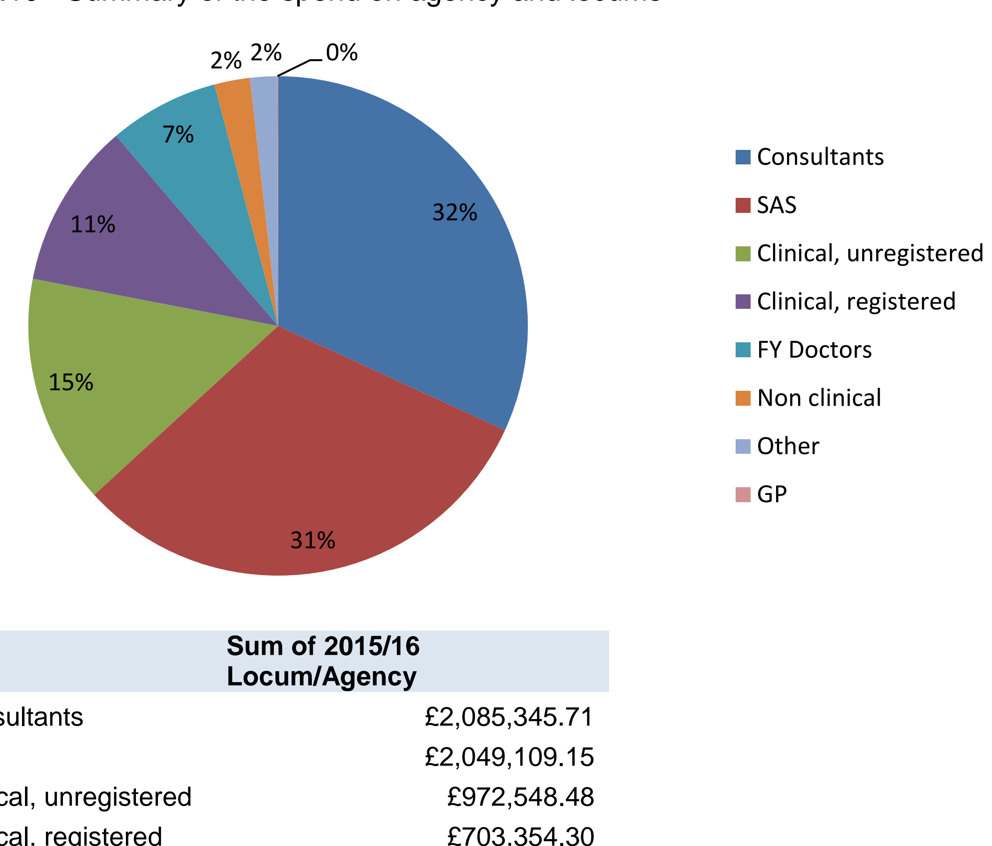


Figure 4.10 - Summary of the spend on agency and locums



	Sum of 2015/16 Locum/Agency
Consultants	£2,085,345.71
SAS	£2,049,109.15
Clinical, unregistered	£972,548.48
Clinical, registered	£703,354.30
FY Doctors	£466,265.30
Non clinical	£150,666.34
Other	£114,399.63
GP	£3,437.77
Grand Total	**£6,545,126.68**

Figure 4.11 - Gaps in the Doctor's in training rota's

	Start 2014	Mid 2014	Start 2015	Mid 2015	Start 2016	Mid 2016*
Medical Specialties	1	7	1	0	9	4
Surgical Specialties	0	1	2	0	3	1
Other	1	2	7	2	4	4
Total	**2**	**10**	**10**	**2**	**16**	**9**

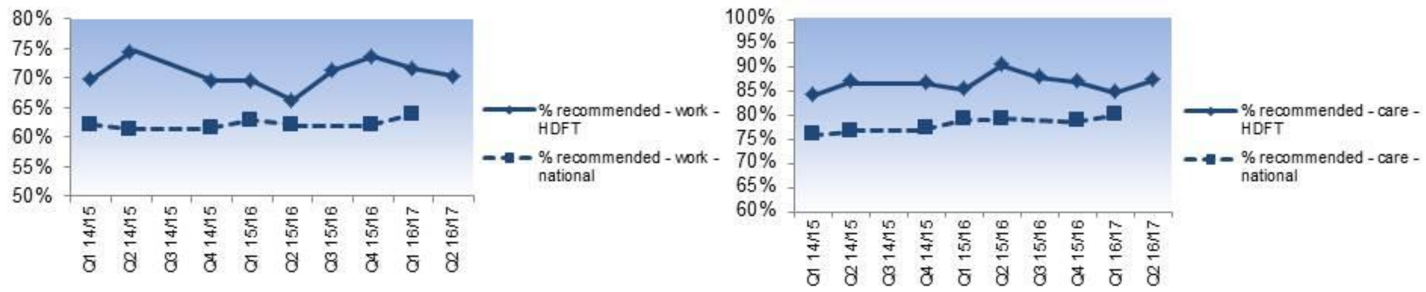
Figure 4.12 - Breakdown of Gaps by Grade

	Mid 2014	Start 2015	Start 2016
Foundation	2	3	4
Core Trainee	2	0	3
ST1-3	2	0	2
ST3+	4	7	7
Total Gaps	10	10	16
Total Doctors	113	116	118
% Gap	9%	9%	13.5%

Source: HEE Y&H Learning and Development Agreement

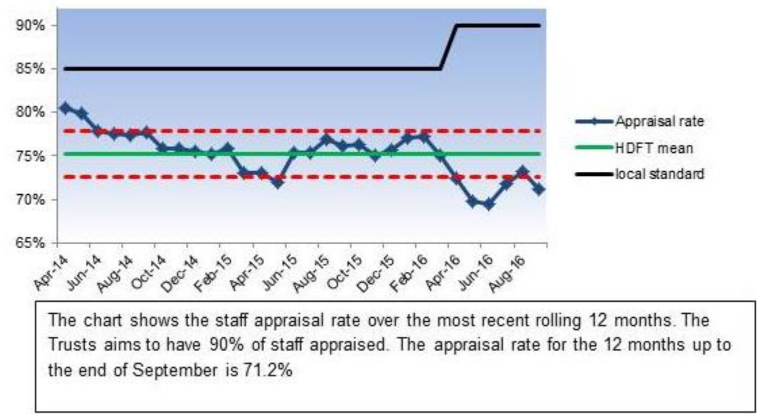
Appendix 4 – Workforce Metrics

Figure 5.1 - Staff Friends and Family Test



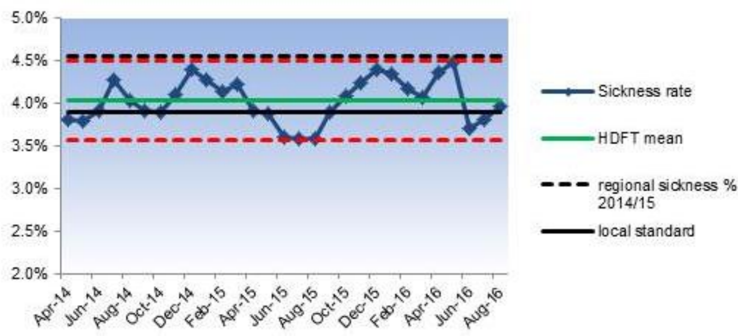
The chart shows the percentage of staff that would recommend the Trust as a place to work. The Trust aims to feature in the top 20% of Trusts nationally which would typically mean that 71% of staff would recommend the Trust as a place to work. In Quarter 2, 70.4% of HDFT staff surveyed would recommend HDFT as a place to work, this remains above the most recently published national average of 64%.	The chart shows the percentage of staff that would recommend the Trust as a place to receive care. The Trust aims to feature in the top 20% of Trusts nationally which would typically mean that 88% of staff would recommend the Trust as a place to receive care. In Quarter 2, 87.3% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is above the most recently published national average of 80%.

Figure 5.2 - Staff Appraisals



The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 90% of staff appraised. The appraisal rate for the 12 months up to the end of September is 71.2%

Figure 5.3 - Sickness Absence

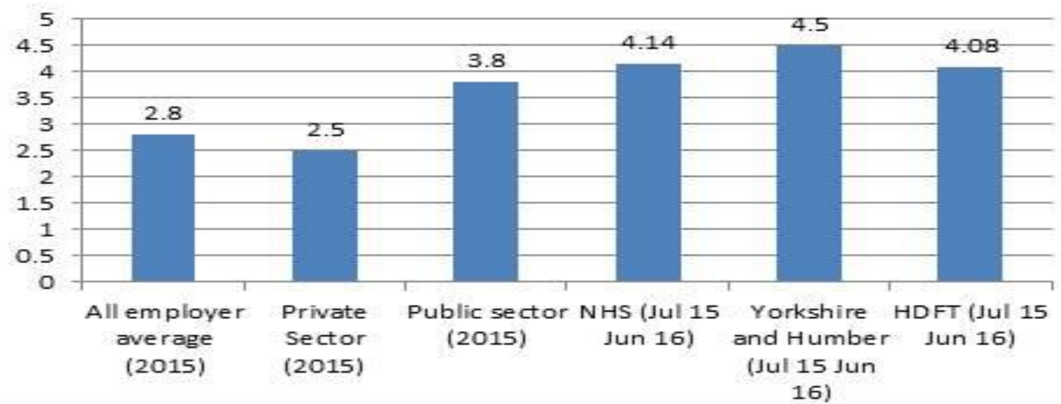


Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. The sickness rate for August 2016 is 3.96%. Highest reason for sickness absence is due to stress, anxiety and depression accounting for 18% of absences.

Figure 5.4 - Mandatory and Essential Skills Training Compliance

Competence Name	% Completed	Competence Name	% Completed
Equality, Diversity and Human Rights - Level 1	92	Equality, Diversity and Human Rights - Level 1	42
Fire Safety Awareness	90	Fire Safety Awareness	50
Infection Prevention & Control 1	99	Infection Prevention & Control 1	97
Infection Prevention & Control 2	82	Infection Prevention & Control 2	48
Information Governance: Introduction	86	Information Governance: Introduction	46
Information Governance: The Beginners Guide	81	Information Governance: The Beginners Guide	-
Prevent Basic Awareness (December 2015)	99	Prevent Basic Awareness (December 2015)	41
Safeguarding Children & Young People Level 1 - Introduction	93	Safeguarding Children & Young People Level 1 - Introduction	94
The table shows the most recent training rates for all mandatory elements for substantive staff. The table excludes staff who TUPE transferred into the organisation on 1st April 2016. The overall training rate for mandatory elements in September 2016 for substantive staff in this group is 91%.		The table shows the most recent training rates for all mandatory elements for substantive staff. The table only includes staff who TUPE transferred into the organisation on 1st April 2016. The overall training rate for mandatory elements in September 2016 for substantive staff in this group is 56%.	

Figure 5.5 - Absence rates by sector and organisation size 2015: percentage of working time lost per annum



The national average stood at 2.8% of working time lost due to sickness absence in 2015, equivalent to 6.3 days per employee, according to Xpert HR's annual benchmarking survey. The results show that across the public sector and NHS it is significantly higher. Source: NHS Digital.