

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE SECOND SUPPLEMENTARY AGENDA

21 December 2022

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

8 BHRUT WORKFORCE ISSUES (Pages 1 - 16)

Further information from Barking, Havering and Redbridge University Hospitals NHS Trust attached.

**Zena Smith
Democratic and Election
Services Manager**

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WORKFORCE UPDATE

Havering Council

People Overview & Scrutiny Committee

December 2022

Alan Wishart

Director of Workforce



Agenda Item 8

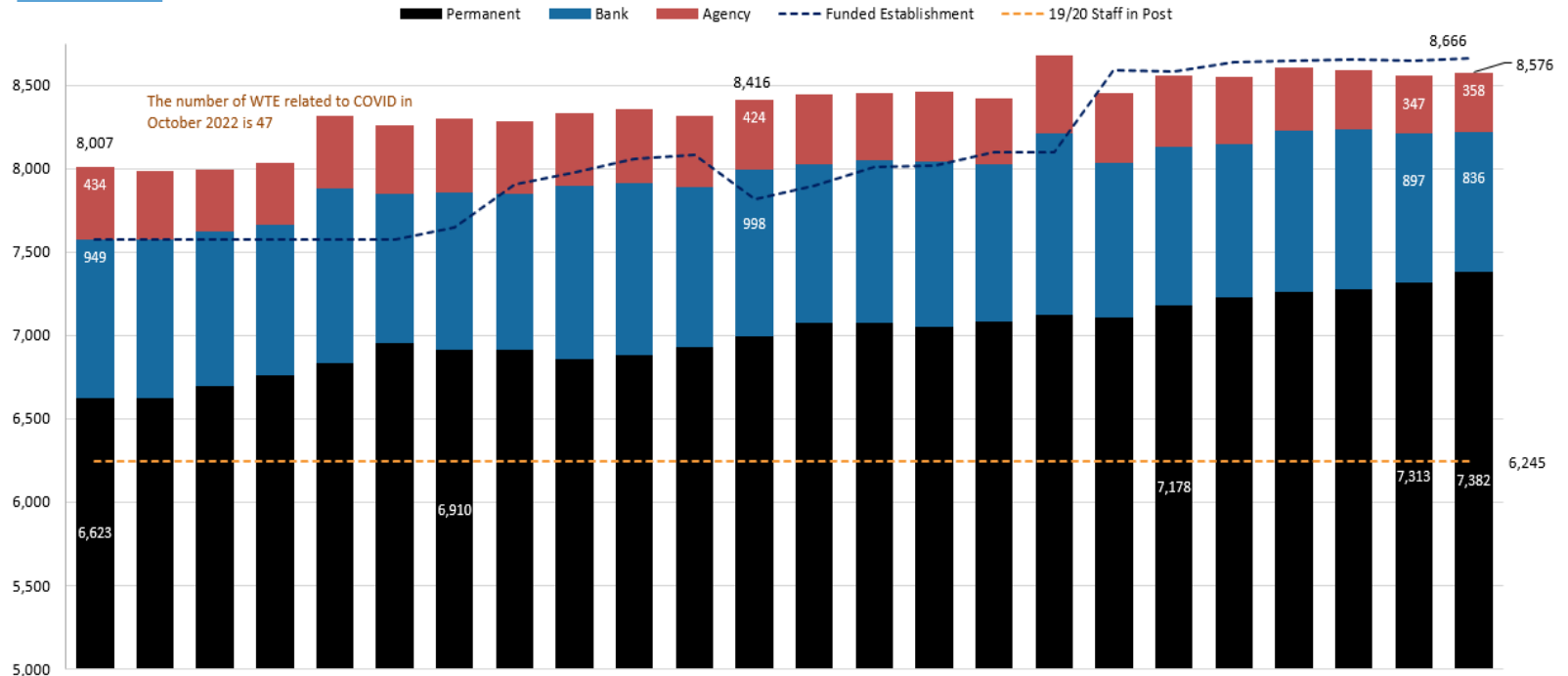
WORKFORCE AT OUR TRUST

- We are in financial special measures and the need to spend money wisely is a priority
- 86 percent of our staff are substantive, 10 per cent are Bank and 4 per cent are agency
- 12 months ago we were spending £100m per year on high-cost temporary staff and we're currently spending £84m (£52m bank; £31m agency)
- Reducing the use of agencies is significant and we hope to soon be in a position where nine out of every ten colleagues will be employed directly by the Trust, with bank shifts meeting seasonal demands
- Our post-Covid-19 workforce review led to an agreement to increase funding for roles across the Trust, including our Emergency Departments (EDs) and Critical Care
- We're continuing to recruit more substantive staff each month and our vacancy rate reduced to 14 per cent in November 2022, compared to 16 per cent in August

WORKFORCE AT OUR TRUST

Trust Wide - Workforce Profile

[Total establishment](#)



	2020				2021								2022											
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Permanent	6,623	6,625	6,700	6,763	6,829	6,957	6,910	6,915	6,858	6,882	6,929	6,993	7,074	7,077	7,053	7,081	7,119	7,108	7,178	7,227	7,260	7,274	7,313	7,382
Bank	949	949	919	900	1,052	889	945	935	1,035	1,034	959	998	954	974	989	942	1,090	923	954	922	970	960	897	836
Agency	434	408	371	371	437	410	440	432	438	437	425	424	416	399	414	400	466	421	424	398	374	359	347	358
Total	8,007	7,981	7,989	8,034	8,318	8,256	8,295	8,282	8,331	8,353	8,313	8,416	8,444	8,450	8,456	8,423	8,675	8,452	8,556	8,547	8,603	8,593	8,557	8,576
Establishment	7,570	7,570	7,570	7,570	7,570	7,570	7,646	7,902	7,980	8,055	8,080	7,819	7,893	8,009	8,015	8,096	8,096	8,588	8,582	8,638	8,643	8,654	8,649	8,666
Establishment	437	411	419	464	748	686	649	380	351	298	233	597	551	441	441	327	579	(137)	(26)	(91)	(40)	(61)	(93)	(90)

WORKFORCE PRESSURES

Key challenges

- Recruitment is a challenging, competitive environment across the NHS
- The cost of living in London is having an impact, with staff moving elsewhere
- Staff burn out in challenging circumstances
- Recruitment of midwives
- Industrial action could also impact staff morale

Key highlights

- Increased our bank rates to ensure we are competitive with our neighbouring Trusts (Barts and the Homerton) who recently increased their rates
- We hope this will provide additional support to staff during the cost of living crisis, as well as reducing our spend on agency staff
- During the Autumn, we recruited 333 whole time equivalents (WTE) new staff, as part of an international and UK recruitment drive
- Allied Health Professions (AHP) recruitment
- Improved our consultant recruitment and held our latest induction earlier this month
- Ongoing development of the BHR Health and Care Academy, to ensure local people are recruited to local roles



New Consultants induction – Dec 22

RETENTION AND WELLBEING OF OUR STAFF

- We've seen an increase in the number of staff leaving, and reasons given include relocation and work life balance
- To help us retain our workforce, we have wellbeing support, we listen to our staff and we're improving our culture and inclusion

Wellbeing

- Physical, mental and financial support to staff
- The cost of living is impacting our staff and we've held two more marketplaces recently, which included toys, clothes, household items and food
- Together with other initiatives including uniform vouchers and free period products, we've supported nearly a thousand members of staff so far
- We've been recognised as a positive frontrunner for staff wellbeing support and have received national press coverage



RETENTION AND WELLBEING OF OUR STAFF

Listening to our staff

- We have positive working relationships with our Staff Networks and unions
- Launching a Shadow Executive initiative, to give members of staff from across the Trust an insight into the decision making process of our executives. It will also give a voice to colleagues not usually around our Exec team and ensures they can share their views
- Improving the way we communicate internally with the launch of a new digital platform Workplace, the go-to platform for operational updates, corporate news and social interests
- Reward and Recognition with the relaunch of You Made a Difference awards, staff thank you events

Improving our culture and inclusion

- Improving our Executive Board with new appointments, including the recent addition of Janine La Rosa as our Chief People Officer
- Investment in leadership development with the King's Fund
- A review of our recruitment process and the introduction of Just Culture, to recognise the need for improvements to support inclusiveness
- We were highly commended for driving social inclusion in the workplace at this month's Inclusivity Excellence Awards



BHR Health & Care Academy: Havering Health Scrutiny

– 21 December 2022



**BHR Health and
Care Academy**
The Grow Our Own way
to stronger communities

Our workforce challenges



How as a system - as demand rises - can we Grow Our Own workforce for now and the future?



How can we attract entry level staff and leaders from our own diverse, local communities?



How do we ensure each of our health and care partners thrives through a HAPPY and SUSTAINABLE workforce?



What can we do to keep our best staff from leaving us?



The Academy Data Dashboard is already driving change



All the workforce data our partners need can now be accessed at the press of a button

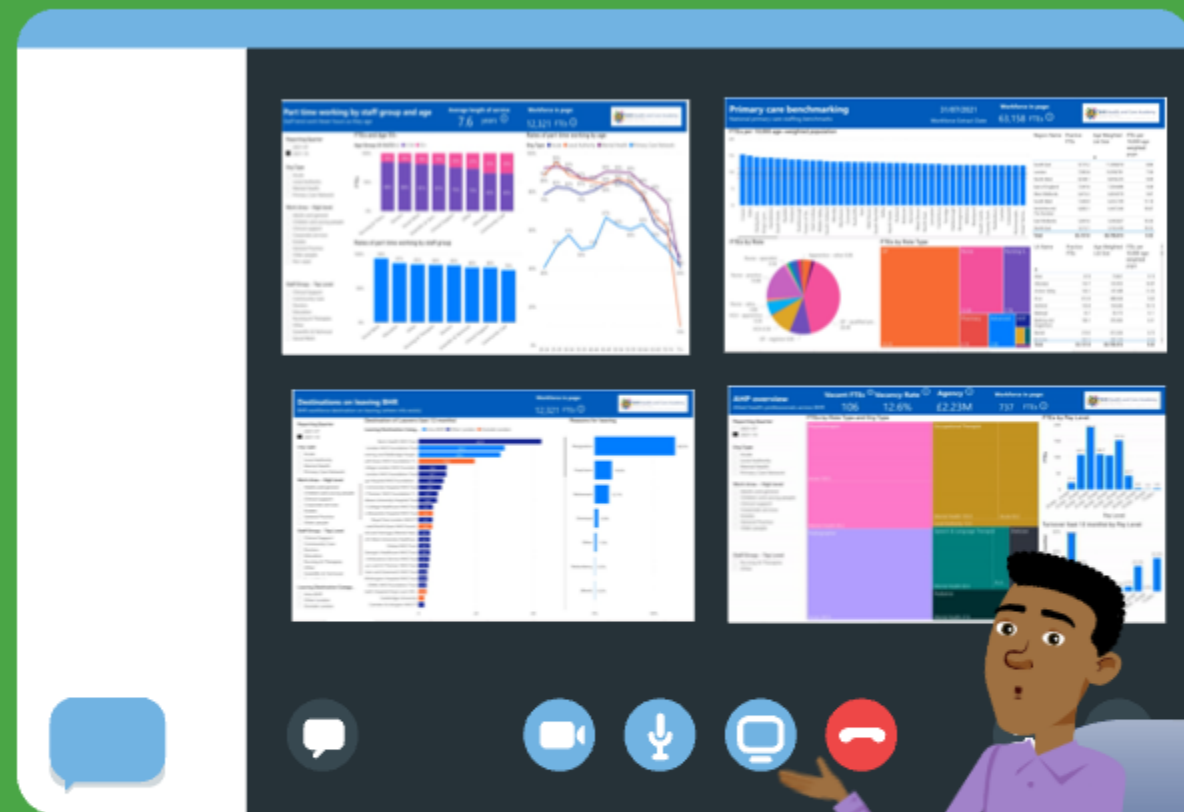


The dashboard allows users to zoom in on specific job areas like AHPs or social workers



All essential benchmarking data is accessible

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The Data Dashboard is the **first in the UK** to offer a view of workforce data for both health **and** care across 3 boroughs

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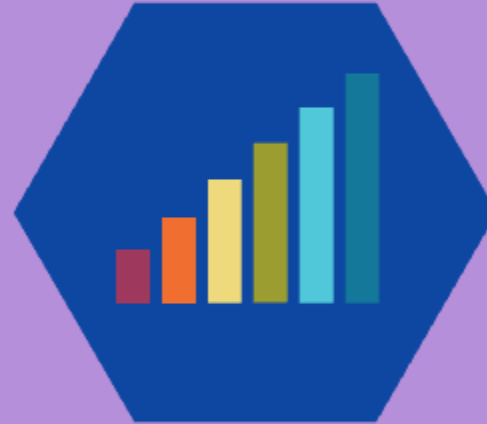
1

Agency
Costs



2

Workforce
Gaps



3

Equality
Standards



4

Real Living
Wages

The **Grow Our Own** way builds stronger local communities



The Academy uses a joined-up one-system approach to data, training and recruitment



We identify good Grow Our Own practices and help anchor organisations reach best outcomes



Along with our Data Dashboard we are busy creating other innovative solutions (eg campaign to promote AHP opportunities)

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WE



Local Authorities

ARE



The NHS

ONE



Community

TEAM



Primary Care



We are helping to influence a system that offers careers in health and care for everyone - regardless of qualifications



Use case: Allied Health Professional



Overview

The Academy held a data review meeting with the BHR Task & Finish subgroup on Tuesday 25 October 2022. The aim of the meeting was to present the latest data from the dashboard following data correction with data leads.

The group was tasked with reviewing data and responding to key lines of enquiry to bring insights to the data and identify priorities BHR organisations to take forward individually and collaboratively. The outputs and risks included in this pack have been informed by representation from the following BHR organisations / partners:

- Barking Havering & Redbridge University Hospital Trust
- London borough of Havering
- North East London Foundation Trust
- North East London ICB
- NEL Primary Care
- NEL Training Hubs

AHP insights:

- FTEs have increased by 7.3% since baseline data collected in July 2021
- Physiotherapists (234), Radiographers (186), and Occupational Therapists (185) account for the majority of the FTE workforce
- Local Authorities (38%) and BHRUT (7%) have seen the largest increase over the year

Children & Young People AHP key insights:

- FTEs have increased by 6% since baseline data collected in July 2021
- Speech & Language Therapists (50), Occupational Therapists (24), and Physiotherapist (14) account for the whole of the FTE workforce
- Local Authorities (221%) have seen the largest increase over the year and NELFT (-5%) have seen a reduction

What are the contributing factors (e.g. shift in activities / establishment changes / better collaborations) that has supported the 7.3% increase in AHPs?

Contributing factors

- Dashboard data has been verified by data analysts within organisations and the increase is an aggregate across BHR acute, community and local authority
- Organisations also stressed that both joiners and leavers are increasing but leavers is at a slower rate. Changes to establishment is also impacting vacancies

BHRUT highlighted there has been good progress made on international recruitment, as well as developmental opportunities to enter AHP career pathways

Some individuals are taking more shifts (cost of living, preparation for Christmas, etc) which is impacting FTE

Cost of increase

- A freeze on recruitment in BHRUT is currently in place so the increase in FTE may be coupled with increasing agency spend
- A similar story is seen in Havering as they have outsourced AHP-focused work to 3rd party providers to manage increasing demand

Further considerations

- Some members of the group advised caution against making the increase the central story of the group's progress as the impact may not be recognised on the ground
- Whilst the increase in AHPs is a good news story, the group should also consider the worsening vacancy rates across BHR

Has the increase of FTEs impacted BHRUT / NELFT / LAS / Primary Care?

Challenges in quantifying impact

- The group highlighted that an increase in FTEs does not equate to 'better' or 'increased' throughput as staff are already stretched and unless significant, an increase is likely to only relieve some pressure
- AHP impact more difficult to quantify as AHP activity is not outcome / output driven as they play different roles across health and care pathways

Workforce capacity

- The increase in FTEs is having a negative impact on staff health and wellbeing in some organisations, and further work needs to be done to support staff as they do more to meet patient demands
- BHRUT referred to apprentice inclusion in FTE increase which is positive but highlighted patient demands has restricted clinical supervisor capacity to help apprentices, especially OTs
- Local authorities (largest increase in FTEs) still working to stabilise workforce but with reduced backlog they have been able to put systems in place

Primary care data

- Primary care data not included in insights but GPs raised that any reduction in AHPs will inadvertently see GPs doing more
- PCNs hold data on AHPs and ARRS turnover but require understanding of data uses before willing to share widely

What steps are you taking to mitigate the large vacancy rates across your organisation?

International recruitment

- BHRUT has increased focus on international recruitment to help fill vacancies
- Apprentices, international recruitment, staff retention/wellbeing programmes, career progression, and additional investment in our HR recruitment function is being prioritised in NELFT

Mapping and research exercises

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Children & Young People (CYP) has started to review other services (e.g. Mental Health) to view best practices and draw from lessons learnt

CYP also keen to support a full mapping of existing services (voluntary staff, VSCE, etc) into pathways to fully understand how the impact of vacancies is being mitigated

- Primary care working with the NEL Training Hub to identify gaps in service and replicate paramedic model where possible by using cross sector working

Taking care of our people

- Local insights have shown services are stretched due to high demands and not enough staff. With a high percentage of staff on sick leave or leaving due to stress levels, further work is being done to improve work life balances across BHR staff
- Primary care focused on training, development and upskilling of staff, and are exploring the option of a global training offer rather than ad-hoc offers

What creative measures have you already put in place and what options are you considering?

Current

- BHRUT and NELFT are currently exploring a cross-organisational MSK pathway to build on the good working relationship and alignment formed in the MSK workstream

Going forward

- BHR organisations supported the idea of AHP rotational work across different settings of care, as staff have expressed interest in gaining experience from partner organisations
- Local authorities to connect with BHRUT to explore international recruitment, and highlighted the need to include independent care sector providers in BHR strategies to increase AHPs
- The GP local incentive scheme includes narrative for GPs to explain data requests and encourage data sharing

Actions for the group to take forward

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- Analyse correlation between sickness, vacancy, health & wellbeing and activity and add agency spend and age profile to AHP insights pack
- Confirm place-based AHP opportunities / offers and develop plans for funding, including key activities for delivery
- Prioritise systemwide offer as part of winter pressure plans to address health and wellbeing of staff during high patient demand
- Map voluntary sector workforce to understand the percentage of AHPs across all sectors

SHORT TERM
By 31.03.23

- Standardise BHR approach to optimise recruitment budget. Current vacancies being filled with agency staff is not best use of public money
- Develop BHR approach for AHPs to work across different settings of care, including rotational and cross organisational offer across the system
- Offer AHP career pathways to existing staff and new recruits to strengthen talent pipeline

MEDIUM TERM
31.03.24

- Reduce disparity in pay to improve remuneration equality across BHR. This will remove competition between partner organisations across health and care
- Prepare (recruitment, upskill, knowledge retention, etc.) for an ageing workforce, and respond to both challenges and opportunities in the system

LONG TERM
3 – 5 years