

# Strategic Workforce Model Sherwood Forest Hospitals

August 21 - Update





During Q1 2021 the Human Resources (HR) Department have developed a strategic workforce plan that viewed the Trust's workforce growth and movements over the next 5 years. This was broken down by service line and staff group.

The data reviewed the March 21 position and calculated an attrition rate that has been developed to show the changes in the Trust's workforce demographics. The model also captured known developments and projected supply that were all used to show a predicted gap.

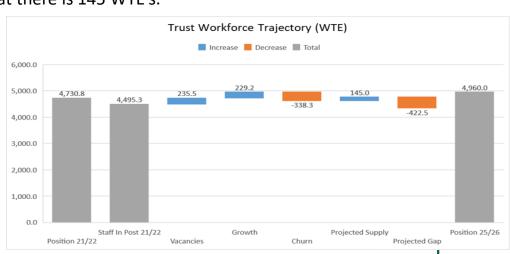
This work was completed in partnership with the Divisions which prompted discussions on how the 'predicted gaps' from this various work has occurred and the vision of the future workforce.

Over the 5 years the model predicts a gap of 422.5 WTE's, the current identified growth is 229.2 WTE's (or approx. 4% growth). The churn rate is recorded at -338.3 WTEs (meaning that the Trusts lose more staff than they will appoint). Estimated supply figures show that there is 145 WTE's.

This slide pack presents the work that has been undertaken.

HR will update the full model after the H2 planning round, and keep the model updated 6 monthly.

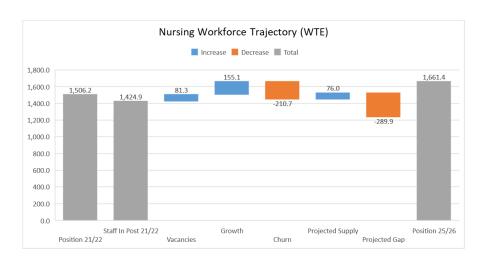
To support the governance and assurance HR will take the model through the Nursing & AHP and Medical Transformation Forums.

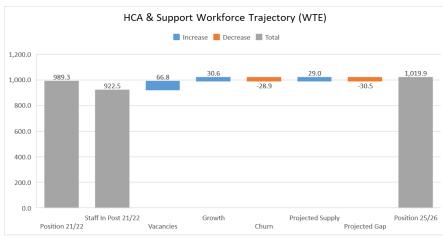


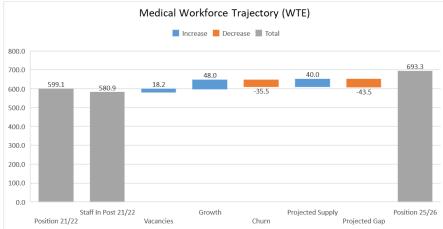


HR have analysed the model across staff groups and the 'projected gap' is identified.

The Nurisng workforce has the largest growth area (155.1 WTE's) and largest potential gap (-289.9 wtes), however work has been done across **all** staff groups to fill known vacancies and support recruitment for planned developments (i.e. Maternity and International Nurses).









### **Nursing & AHP Staff.**

- Maternity Growth There has been the development of a trajectory model for the growth around Birth Rate + and the Ockenden review and these figures will be added to the model. The figures highlight movements from Band 5, to Band 6 practitioners and plans for all vacant positions. However, our expectations on the numbers of students commencing with the Trust is reducing due to the introduction of incentives from neighbouring Trusts.
- International Nurses The Trust is committed to continuing and growing its international nurse recruitment and work continues with the senior nurse leadership regarding where individuals will be place to support service delivery while ensuring the international nurses receive personal and professional support. It is anticipated the next cohort of international nurses will commence during September 21 and January 22.



### **Nursing & AHP Staff.**

- Winter Pressures It has been identified there is a requirement of approx. 170 wte's
  (Nursing / Healthcare Assistant) to support 'winter pressures'. It is envisaged this will
  be delivered via increased bank usage and overtime. As a result there is a focus on
  bank recruitment and there has been a review of bank rates of pay which has
  resulted in an increase in the hourly rate.
- Advanced Clinical Practitioners (ACP's) As a Trust we currently employ ACP's and the growth and development of these posts is supported by medical and nursing colleagues. However, the growth appears to be fragmented, hence over the next few months there will be the development of a wider plan to support recruitment into ACP roles. It is important to note recruitment into these roles will have an impact on service delivery models. In addition the ACP model must have supervision and pastoral support in place to support this workforce.
- Sonographers & Bio Medical Scientists There continues to be a review of the progression from Band 5 to Band 6 for these professions, it is recognised there are national shortages within this workforce.



#### Medical Staff.

- The model does include Medical Staffing business cases which have been submitted by the Division of Medicine and the Division of Women and Childrens. These business cases have an impact on WTE which have been reflected in the model. Implementation of the business cases is fluid and the model will be refined and updated accordingly.
- Following discussion at Clinical Chairs the HR department are developing a **Medical Trajectory** initially based on the Trauma & Orthopaedics workforce, this is aimed to show the flow from Training, Middle and Consultant grade medics. The medical trajectory is being developed in partnership with the specialty leads and pending adjustment and refinement of the model, it will be implemented across all specialities to create a medical workforce plan. Initial findings in T&O shows there is a lack of middle grade medics, however, it is also noted that recruitment historically has been very strong around T&O consultants. As part of this work services will be challenged to consider alternative roles, the wider impact of these on services and these will be reflected in workforce plans (i.e. Medical Associates, ACPs etc.).



Medical Staff. (Continued)

• The Trust also has a Clinical Fellow programme and there are currently 72 Clinical Fellow Posts across the Trust with the majority being in the Medical Division. Clinical Fellows are recruited for two years, they have a supernumerary period of 8 weeks where they shadow colleagues and attend a number of sessions arranged for them to enable them to become familiar with working in the NHS and the local systems, procedures etc. Most of the fellows have trained overseas and the aim at the end of the programme is for them to obtain a training post within the NHS which the majority do. The Trust has however, recruited two specialty doctors and two locum consultants from the programme all of which are in the process of completing their CESR programme with the aim of becoming a substantive consultant.





### Other Staffing.

- **Virtual Office** The Trust has plans to develop 'Virtual Offices' as an example a Clinical Coder who works in Wales and operates efficiently maximising the best use of our systems.
- Rightsizing the Administrative Workforce Work will be taken forward within the Trust regarding the rightsizing of the administration workforce, this will be linked to the Virtual Office.

### **System Contributions.**

- SFH are active members within our ICS and the Trust are supporting all the transformational workstreams, an example if the **Planned and Urgent care** workstream where the HR Department is supporting systems work between ICS partners.
- HR staff are also leads and representatives on the People & Culture Board, People, Culture and Inclusion Collaborative and Workforce Intelligence Group.
- Head of People Analytics leads on the collation of the ICS workforce returns (H1 & H2) and produces all ICS workforce baseline / ICS workforce transformation packs.

### What's Next



### Our plans for the next six month include:

- Refresh of the workforce model after the H2 planning round,
- Support to Maternity growth around BR+ & Ockenden (including trajectory modelling);
- Development of wider plan to support ACP growth;
- Develop of Medical Trajectory models across all specialities;
- Support for the Virtual Office and Administration rightsizing projects
- Development of a written workforce strategy outlying the known risks by staff group and our strategic intentions around recruitment, staff well-being, retention and staff development as part of the People, Culture and Improvement Strategy (2022-2025)