



North West Anglia
NHS Foundation Trust

Division: Workforce and OD

Recruitment and Resourcing

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22 Jan 2021

CQC action plan compliance

Core Service	Actions	Evidence demonstrates action implemented Green (G)	Evidence demonstrates the action is mostly met and within timescales Yellow (Y)	Evidence demonstrates the action is mostly met but not within timescales Amber (A)	Evidence in place demonstrates the action has not been met Red (R)
Well-Led	MUST and SHOULD recommendations	0	1	0	0

Actions completed in the last 4 months



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The Trust must work at pace to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical and nursing staff across all services.

CQC Domain	Action completed	Impact on service	Evidence
Well Led	<p>Priority focus on recruitment for all staff groups to continue to reduce time to hire and also to continue to reduce vacancy rates .</p> <p>Overseas and UK recruitment has continued throughout the pandemic, although visas and travel have been impacted.</p> <p>Focus on on-boarding to reduce drop out rates has been successful. Induction twice monthly with less F2F content.</p>	<p>WF gaps reducing overall, although some hard to fill roles remain a challenge. Hot spots with higher vacancy rates are being identified and plans for recruitment campaigns are regularly progressed.</p> <p>Nursing and HCA campaigns agreed via corp nursing, recruitment and each Division.</p>	<p>Monthly Board Workforce data.</p> <p>Trust vacancy rates</p> <p>Medical vacancy rate</p> <p>RN and HCA vacancy rate</p> <p>Turnover</p> <p>Time to hire</p> <p>Recruitment Drop outs</p>
Well Led	<p>Trust recruitment marketing focused on more than 20 channels i.e. jobs boards and social media. Also refer a friend scheme in place.</p>	<p>WF gaps reducing overall, although some hard to fill roles remain a challenge. Hot spots with higher vacancy rates are being identified and plans for recruitment campaigns are regularly progressed.</p> <p>Nursing and HCA campaigns agreed via Corp nursing, recruitment and each Division.</p>	<p>Monthly Board Workforce data.</p> <p>Trust vacancy rates</p> <p>Medical vacancy rate</p> <p>RN and HCA vacancy rate</p> <p>Turnover</p> <p>Time to hire</p>
Well Led	<p>Roll out of e-rostering to all staff groups by March 2021 – delays due to covid.</p> <p>Re-focus on improved use of e-rostering at ward/service level including Safe Care.</p>	<p>Better understanding of rostering requirements by ward managers</p> <p>Safer staffing levels</p> <p>Visibility of staffing levels re covid absence</p>	<p>Safe care data</p> <p>Non medical WF</p> <p>Board notes/papers</p>
Well Led	<p>Workforce planning used to inform future resourcing requirements and associated delivery plans for all staff groups.</p>	<p>System and Trust workforce planning being used to determine gaps and resourcing requirements. Used during Recovery planning and for covid resourcing. Weekly overview of nursing and HCA gaps at Silver Command with divisional plans to address these.</p>	<p>Workforce plans for STP and NWA</p> <p>Safe care data</p>

Good news stories and / or lessons learnt in the last 4 months

CQC Domain	Good news / lessons learnt	Impact on service	Evidence
Well Led	<p>Recruitment has continued during 2020 with some visa delays. Good use of keeping in touch/on-boarding to get candidates started as soon as possible.</p> <p>Some delays with shortlisting and interview results due to manager capacity.</p> <p>Refer a friend scheme not well used and needs constant marketing.</p>	Reducing vacancy levels across all service areas	Trac recruitment data Monthly WF Board reports
Well Led	<p>Increased use of social media as well as job sites to attract candidates. Good examples of medical leads adapting their requirements (e.g. ophthalmology) to attract and appoint.</p> <p>Learning from data about hits on pages and what works best needs to be reviewed outside the recruitment team</p>	Increased applications.	Data on web page, job pages and conversion to applications and appointments. Data from TRAC
Well Led	E-rostering roll out – good examples of practice with more focus on this leading to further improvements for nursing. JD roll out not well embedded and is a priority.	Improved use of rosters and greater clarity in gaps. Addressing poor practice and lack of understanding	Report from E-rostering/safecare Non Medical WF reporting
Well Led	WF planning – increasingly used during pandemic and recovery. Acceptance of key role of WF planning to move away from reactive resourcing.	Improved understanding of how planning can improve staffing levels.	WF modelling during Covid. Resource plans

Actions looking forward for the next 4 months

CQC Domain	Actions expected	Impact on service	Evidence
Well Led	<p>Recruitment – nurse/ HCA single resourcing plan with action to attract constant supply across the year. Consider options for a single Trust approach to recruiting and placing staff , rather than reactive post by post recruitment. Linked to projections for staffing requirements and turnover, new starters etc.</p> <p>Recruitment – single resourcing plan for bank workers to provide a flexible staffing resource as well as reduce reliance on agency workers.</p>	<p>Reduction in staffing gaps Improved bank workers pool – all staff groups plus ability to meet emerging requirements, e.g. project managers.</p>	<p>Task and finish group ToR (when agreed) Plan and outcomes (when agreed)</p>
Well Led	<p>E-rostering revised roll out plan with lessons from pandemic.</p>	<p>Continue to improve adopting and use of e-rostering as an effective tool. Improved productivity.</p>	<p>Non medical WF Board work stream updates. Data from e-rostering to measure/track improvements</p>
Well Led	<p>Workforce planning moving further into more data led planning and decision making. Also to support service transformation programmes and resourcing.</p>	<p>Continue to improve forecasting and delivery plans Trust wide and at divisional/service level</p>	<p>Modelling and delivery plans plus data from rostering and recruitment.</p>

Challenges / concerns and actions to be taken

Concern:	Limited resourcing plans for key staff groups e.g. nursing and medical
Action to be taken:	Workforce modelling and planning to inform 12-24 month resourcing plans for key staff groups and hard to fill roles, e.g. Nursing and HCA plan
By whom:	Denise McMurray, Deputy Director WF and OD Jack Stevens, Deputy Chief Nurse
Timescale for completion:	31 March 2021

Concern:	Gaps in e-rostering roll out to all staff groups to enable workforce and resource planning - currently at about 70% of workforce. Lack of full adoption and embedding of e-rostering for junior doctors leading to gaps in workforce data for planning and rostering purposes
Action to be taken:	Task and Finish Group to complete delivery of e-rostering to all staff groups with agreed delivery plan
By whom:	Kam Kotecha, Assistant Director Employee Services
Timescale for completion:	31 May 2021

Divisional CQC governance

CQC action plan

<p>Divisional committees / CBU meetings (including evidence) where CQC action plan has been discussed:</p>	<p>HR SMT/TPG Non medical WF Board Medical WF Board People and Performance Board reports</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>Discussion and sharing of data and modelling</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>Yes</p>