

Board of Directors: 11.1.18

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Workforce Report

| | | | |
|----------------------------------|------------------------------|----------------|---------|
| Presented by: | Pat Campbell, Director of HR | Author: | HR Team |
| Previously considered by: | Workforce Committee | | |

| Key points | Purpose: |
|--|---------------------|
| 1. Increase in staff in post, static November 2017. | To discuss and note |
| 2. Increase in agency and in bank usage overall. | To discuss and note |
| 3. Continued challenge with nurse recruitment. | To discuss and note |
| 4. Update on Consultant recruitment and mitigation. | To discuss and note |
| 5. Junior Doctor vacancy rate at 2.8%. | To discuss and note |
| 6. Continued downward trend on year to date sickness rates, halted in November with slight increase. 70% of frontline staff have been vaccinated for flu meeting our CQUIN target. | To discuss and note |
| 7. Improvement in appraisal and mandatory training rates since July 2017. | To discuss and note |

Executive Summary:

This is a shortened version of the workforce report that was discussed at the Workforce Committee on the 29 November 2017.

The Executive summary and key points have been updated to reflect the November position.

The workforce report shows an increase in staff in post over the last 3 months with an overall increase in agency and bank usage, partly due to the implementation of EPR and the impact this had on rosters.

Registered nurse vacancies remain high. Recruitment activity and plans were discussed in detail at Workforce Committee but the position continues to be challenging.

Turnover has seen a slight increase at Trust level over the last few months. Mandatory training rates have remained constant at 87% for 3 months. Appraisal rates have declined for 2 months in a row with highest compliance being 87% in September 2017 with November position at 82.4%.

Let's Talk Engagement work has focussed on our values refresh which is covered in a separate paper for the Board of Directors previously considered.

The Local Workforce Action Board (LWAB) Workforce Strategy out for consultation alongside a new National Workforce Strategy which is currently out for consultation.

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A presentation on the National Workforce Strategy will be made to the Workforce Committee in January.

Financial implications:

Yes – Expenditure

Regulatory relevance:

Monitor:

Equality

Impact /

Implications:

Reduce inequalities experienced by staff

Is there likely to be any impact on any of the protected characteristics?

(Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☒

No ☐

If yes, what is the mitigation against this?

Disability – ensuring attendance management strategies protect against disability discrimination.

Other:

Strategic

Objective:

*Reference to
Strategic
Objective(s)
this paper
relates to*

To provide outstanding care for patients

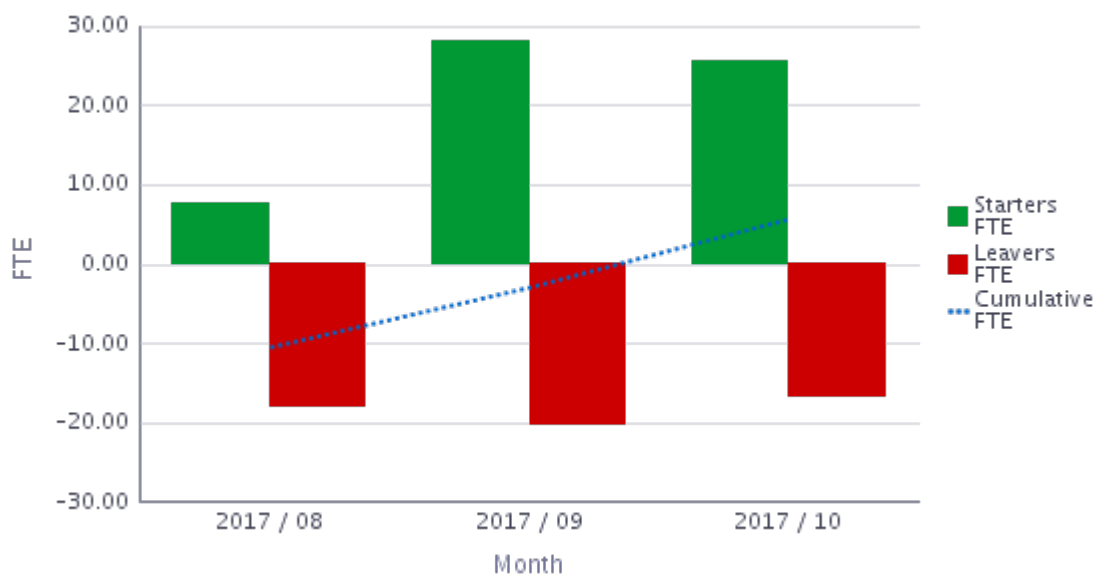
To be in the top 20% of NHS employers

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Staff in Post

Since the last report staff in post FTE has increased from 5164.58 FTE in July to 5247.54 at the end of October 2017 representing an overall increase across all staff groups of 82.97 FTE. The largest increase in FTE over the last three months is in the Medical & Dental Staff Group (21.17 FTE) followed by the Admin & Clerical (18.08 FTE) and Nursing & Midwifery Registered (18.04 FTE) Staff Groups. There were no staff groups which showed a reduction in the period. The increase in the Medical & Dental Staff Group is due to a higher fill rate of August Trainees along with appointment of MTI Doctors and cover for Novice Trainees. The Increases in Nursing & Midwifery Registered are attributed to increases in Registered Nurses, Midwives and Trainee Advanced Clinical Practitioners. The increase in Admin is primarily across Research and Core Central Services.



The table above shows the position with respect of qualified nursing / midwifery starters and leavers which demonstrates the position over the last 3 months with September and October showing an increase in the number of starters compared to leavers. The cumulative position for the 3 months is 5.79 FTE with 61.27 FTE registered nurses / midwives joining the Trust and 55.48 FTE leaving. The Trust saw a higher number of leavers compared to this time last year which has lessened the impact of the new starters in September/October.

Agency and Bank Usage

Agency and bank usage has increased over the reporting period which includes the impact of EPR implementation on rosters. The use of medical agency staff is primarily due to covering consultant vacancies with a number of substantive appointments coming into post over the next few months. The other areas are long standing consultant vacancies in AMU and GPs in A&E. For the former a workforce paper is being developed regarding the future staffing model and a new GP contract has been agreed with effect from the 13 November 2017.

There continues to be more centralised control over the booking process and the team are working closely with the framework agencies to reduce the hourly rates of workers. The Flexible Workforce Team and Procurement are holding review meetings with agencies who

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provide medical locums to improve the service we receive and aim to further reduce hourly rates.

Agency use in the AHP staff group remains low. The Locum Booking Team have been successful in replacing some of the over cap AHP's, particularly in the Radiology areas, with agency workers at the capped rates.

The on-going programme of recruitment to both the Qualified and Unqualified Nurse Bank Register continues with a regular recruitment drive to appoint new recruits and to reduce the reliance on the use of agency nurses and HCA's. Fill rates, particularly for HCA's on the bank, have remained fairly constant over the last few months with a slight downturn during EPR Go-Live.

The ability to consistently fill under the agency cap remains challenging, particularly for medical agency locums with pressure points in nursing continuing to be neonates and paediatrics. An agency monitoring meeting is in place with Medical Director and Chief Nurse representation to review our agency usage and spend.

Turnover

There has been a slight increase in turnover. Turnover for all staff groups is currently 11.80% compared to 11.65% in July. In October 2016 we reported turnover at 11.76% so this shows that overall turnover has remained relatively stable.

Nursing turnover has shown a slight increase with a figure of 14.13% in October compared to 13.33% in July, again this compares with a figure of 13.21% in October 2016. Nursing turnover rates in Yorkshire & Humber in the 12 months to August 2017 range from 8% to 17%. Yorkshire & Humber turnover rate compared with other regions is the 3rd lowest at 9.95% compared to the highest (North West London) at 16.53%.

Analysis of reasons for leaving for staff in August, September & October are varied but for nursing from 68 leavers the most common reason for leaving was Voluntary Resignation - Other (22) voluntary resignation – work life balance (11) followed by voluntary resignation – Relocation (11).

Nurse Vacancies**Nurse Recruitment Update**

Qualified nursing and midwifery vacancies are running at 15.5% in the Division of Anaesthesia, Diagnostics and Surgery, 15.8% in the Division of Medicine, 4.4% in Womens and 8.5% in Childrens. Vacancies decreased slightly at band 5 level. A detailed update was provided to the Workforce Committee on vacancies by band, where the areas of concern were, mitigating action and both recruitment and retention activity underway.

Allied Health Professions

The vacancy position has improved overall since the last report with a reduction in band 5 vacancies. Areas of concern continue to be specialist radiography. A workforce plan is currently in development. The January report to the Workforce Committee will provide a focus on our AHP and scientific workforce.

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Consultant Recruitment

The Workforce Committee were informed of all pending recruitment, advertised posts, mitigating actions and where appointments had been made. An update on specific specialties is as below.

Vascular Surgery

A programme of work is underway to determine the most effective model for the delivery of vascular services across West Yorkshire with a workforce profiling piece of work being commissioned. In the light of this it is likely that advertising will be carried out across the network so we have chosen not to separately advertise.

Maxillo Facial Surgery

Two new consultants are in post with two vacancies remaining, one of which is covered by an agency locum. Advertising is currently underway again with interest being shown.

Maxillo facial services continue to be a priority for the service collaboration review across WYATT.

Microbiology

Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust entered into a Joint Venture to collaboratively provide Pathology services. This arrangement came into effect from January 2017, with Microbiology going live in March 2017. Due to departures of existing microbiologist from BTHFT (retirements) the JV service has 4 WTE vacancies. There is only 1 substantive microbiologist for the service although locum posts have been in place intermittently. An out of hour's advice service is being provided jointly with Infectious disease consultant colleagues. At a recent Medical Director WYAAT meeting it was agreed there is a national and regional shortage of microbiologists (in part due to the change to the national training programme) and the future provision is likely to require a WYAAT approach. At present the service is being kept safe and an urgent working group to look at microbiology across WYAAT is being established (a subgroup of the Pathology work programme).

Dermatology

We are continuing to pursue a joint academic appointment with Leeds. We currently have an agency locum in post. Dermatology is classed as an 'at risk' speciality across West Yorkshire with all services across WYATT struggling with the exception of Leeds. There is no long term solution as yet identified.

Junior Doctors' Recruitment / 2016 Contract Implementation

There was a 4.7% vacancy rate in established training posts as at August 2017. With a proportion of these vacancies being filled by Post Foundation Fellows, the overall junior doctor vacancy rate was 2.8%.

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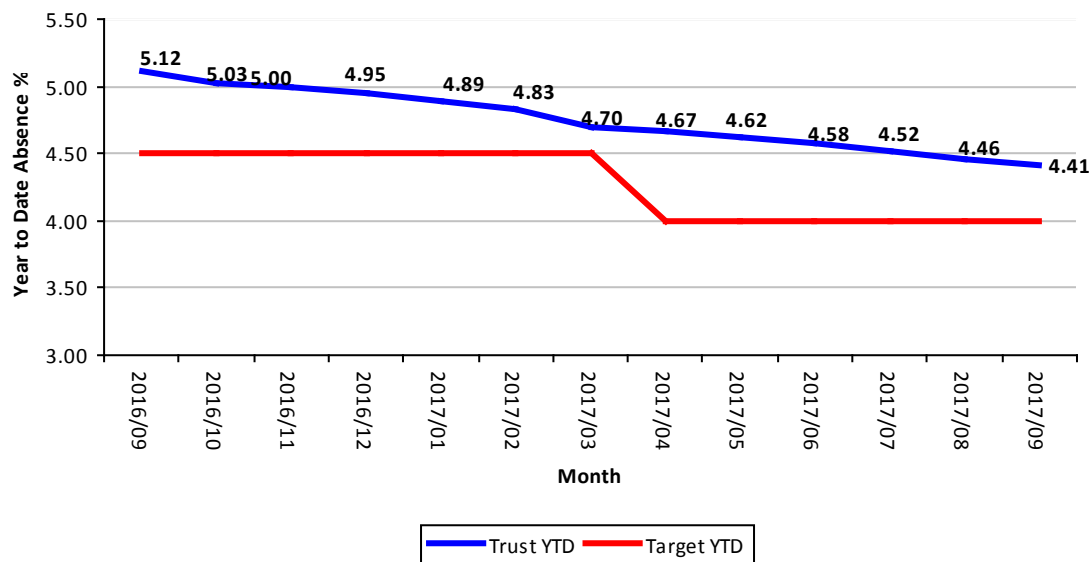
255 trainees transitioned to the new contract in August, 27 in September and 35 in October. There do remain some trainees on the 'old' contract due to being on maternity leave or out of programme. It is difficult to quantify numbers as these doctors will continue to move round the region and will transition to the new contract at the point that they return to their training rotation.

All trainees who have transitioned to the new contract are able to exception report via an online system. Between 7 December 2016 and 31 October 2017, 147 exceptions had been submitted. 125 of these have been submitted since 2 August 2017.

A proposed strategy for the recruitment and deployment of Physicians Associates has been developed for consideration by EMT.

Sickness Absence

Absence Timeline – Year to Date Absence % Rate – Table 1



The year to date absence percentage rate in September 17 is 4.41%. The absence rate has continued to reduce. At this time last year the year to date absence rate was 5.12%.

The graph above also shows Year to Date sickness absence (%) against target up to September 2017.

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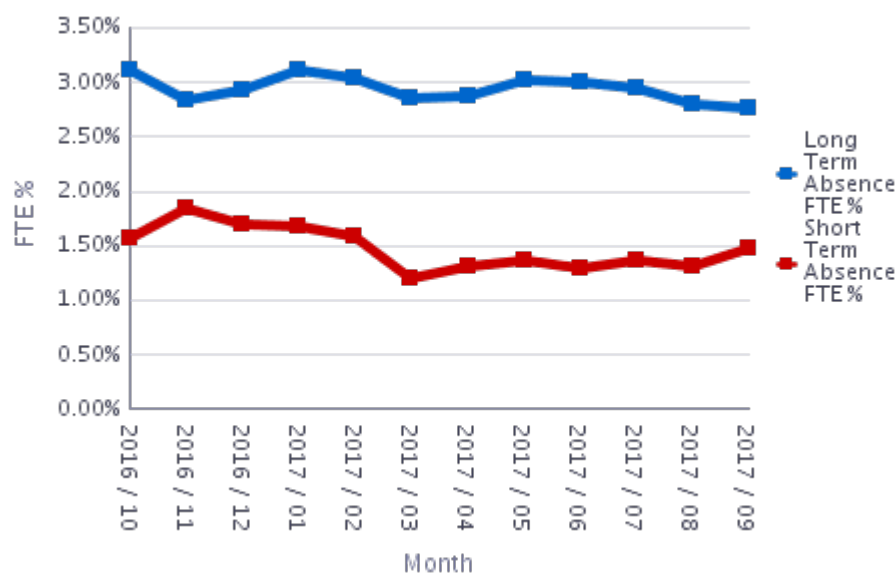
Top 5 Absence Reasons by FTE Lost – Table 2

| Absence Reason | % |
|---|------|
| S98 Other known causes – not elsewhere classified* | 20.1 |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 20.0 |
| S12 Other musculoskeletal problems | 10.4 |
| S25 Gastrointestinal problems | 7.9 |
| S11 Back Problems | 5.5 |

*This category includes all of the reasons for absence not included in the standard categories e.g. Surgery, Infections

Anxiety/stress/depression is no longer the most common reason for absence, this has been replaced by Other known Causes, this is where the reason for sickness is known but it doesn't fit into one of the Standard Categories.

Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness has reduced slightly over the last 3 months. Short term has continued to show a slight overall increase over the same period.

The table below shows the year to date sickness rates each month along with the target.

The Trust wide year to date % rate continues to reduce – the trust wide absence rate has reduced for the 13th consecutive month. The rate of reduction, however, is slowing, largely due to an increase in short term absence.

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YTD Sickness rates by Division – Table 4

| Division | Target | YTD Sickness % Oct 17 | Trend |
|--------------------------------------|--------------|-----------------------|-------|
| Medicine & Integrated Care | 4.05% | 4.32% | ↑ |
| Anaesthesia, Diagnostics and Surgery | 3.93% | 4.40% | ↑ |
| Women's & Children's | 4.17% | 4.08% | ↓ |
| Estates & Facilities | 4.69% | 6.31% | ↓ |
| Research | | 2.66% | ↓ |
| Core Central Services | 3.67% | 3.97% | ↑ |
| Pharmacy | 3.55% | 4.05% | ↑ |
| TRUST | 4.00% | 4.40% | ↓ |

The above table shows the indicative year to date sickness rates up to the end of October 2017 along with the target. This shows a continued slowing of the reductions in absence rates but the overall trend continues to be downward.

The Global Director of Health and Wellbeing and Safety at Royal Mail attended the Attendance and Health and Wellbeing Group meeting in early October. This was an invaluable opportunity for the Trust to share ideas and approaches to Health and Wellbeing in a large complex organisation.

A Health and Wellbeing Event for staff was also held during October to showcase the services and support on offer to employees.

Organisational Development (OD) update

Our Let's Talk engagement work during quarter two focused on our values, engaging staff to check if the values were still relevant and representative of our Trust. This work completed in September and our refreshed values, which now reflect the strong sense of teamwork, are being communicated to staff; the next phase is exploring what these values mean for teams and individuals, in particular around behaviours.

There were two Let's Talk Live events, where staff from Estates and Facilities and Women's and Children's Services met Clive Kay to talk about things that matter most to them. The issues raised are followed up after the events and have proved popular with staff who welcomed the opportunity to speak to the Chief Executive.

A new Let's Talk About Us intranet hub was launched to keep staff updated on engagement work and included a section on 'celebrating success' which was used to promote the Brilliant Bradford annual awards and the Staff Survey, which is open to all staff this year.

Work continued with divisions and departments to make sure all eligible staff have had an effective appraisal; management development workshops are being delivered regularly. The time2talk intranet hub is being refreshed to include new guidance and the Non-Medical Appraisal Policy and Procedure is being reviewed to make it more user friendly.

Specific OD interventions focused on transformation areas, supporting leaders on the Elective Care programme and the Accident and Emergency Department. The District Wide

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Leadership development work has seen ten staff starting the Moving Forward BME talent management programme; 20 staff started the Engaging Leaders programme in October. Modules for management and leadership development have been designed during quarter two and will be delivered on an ongoing basis; the first sessions are in December. A new Leadership and Management development hub is being developed.

Appraisals

Appraisal completion rates increased during quarter two though showed a slight decrease in October. Overall there has been a significant shift in performance over the last year with a 29% increase in completion rates since November 2016. Work continues with divisions and departments to make sure all eligible staff have an effective appraisal; management development workshops are being delivered regularly; 11 sessions were delivered July to October. Workshops are available for all managers and additional ones are being planned to support specific areas. The time2talk intranet hub is being refreshed; new guidance being developed and the Non-Medical Appraisal Policy and Procedure is being reviewed to make it more user friendly.

Appraisals – as of 31 October 2017

| Appraisal Monthly Comparison | Medicine & Integrated Care | Anaesthesia, Diagnostics & Surgery | Women & Children | Pharmacy | Core Central | Estates and Facilities | Research | TOTAL |
|------------------------------|----------------------------|------------------------------------|------------------|----------|--------------|------------------------|----------|-------|
| November '16 | 64.50 | 64.83 | 65.96 | 79.09 | 64.64 | 65.74 | 71.25 | 65.42 |
| December '16 | 62.66 | 62.48 | 60.29 | 80.37 | 61.67 | 65.56 | 74.39 | 63.11 |
| January '17 | 62.09 | 62.99 | 60.19 | 77.78 | 59.56 | 58.71 | 79.01 | 62.00 |
| February '17 | 61.94 | 65.95 | 63.34 | 76.52 | 62.88 | 59.81 | 75.00 | 63.63 |
| March '17 | 64.02 | 72.69 | 67.42 | 81.90 | 70.88 | 70.97 | 73.81 | 69.23 |
| April '17 | 66.46 | 74.96 | 69.98 | 86.09 | 74.88 | 68.39 | 69.32 | 71.23 |
| May '17 | 74.70 | 75.12 | 71.12 | 90.43 | 73.29 | 70.90 | 75.82 | 74.00 |
| June '17 | 79.83 | 72.48 | 70.76 | 87.18 | 76.09 | 72.90 | 91.21 | 75.55 |
| July '17 | 78.69 | 71.37 | 73.32 | 80.17 | 78.80 | 81.61 | 87.23 | 76.47 |
| August '17 | 88.04 | 80.47 | 89.44 | 78.81 | 83.13 | 88.11 | 97.89 | 85.43 |
| September '17 | 88.22 | 85.42 | 87.13 | 69.83 | 83.43 | 97.53 | 92.55 | 87.29 |
| October '17 | 84.73 | 83.45 | 83.91 | 70.94 | 78.27 | 96.77 | 94.74 | 84.54 |

Data supplied by the Education Department

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Mandatory Training by Division – as of 31 October 2017

| Mandatory Training Compliance | | | | | | | | |
|-------------------------------|----------------------------|------------------------------------|-------------------|----------|-----------------------|----------------------|----------|-------|
| | Medicine & Integrated Care | Anaesthesia, Diagnostics & Surgery | Women & Childrens | Pharmacy | Core Central Services | Estates & Facilities | Research | Total |
| November '16 Core Mandatory | 85% | 87% | 87% | 94% | 93% | 89% | 92% | 87% |
| December '16 Core Mandatory | 85% | 86% | 86% | 91% | 91% | 79% | 90% | 86% |
| January '17 Core Mandatory | 86% | 86% | 84% | 91% | 92% | 84% | 91% | 86% |
| February '17 Core Mandatory | 86% | 86% | 85% | 92% | 92% | 85% | 91% | 87% |
| March '17 Core Mandatory | 86% | 86% | 86% | 92% | 92% | 86% | 92% | 87% |
| April '17 Core Mandatory | 85% | 84% | 85% | 91% | 92% | 87% | 91% | 86% |
| May '17 Core Mandatory | 85% | 84% | 85% | 90% | 91% | 87% | 90% | 85% |
| June '17 Core Mandatory | 85% | 83% | 85% | 89% | 91% | 85% | 90% | 85% |
| July '17 Core Mandatory | 85% | 84% | 84% | 89% | 90% | 83% | 90% | 85% |
| August '17 Core Mandatory | 85% | 84% | 85% | 89% | 90% | 88% | 92% | 86% |
| September '17 Core Mandatory | 86% | 85% | 86% | 90% | 91% | 89% | 95% | 87% |
| October '17 Core Mandatory | 86% | 85% | 86% | 88% | 92% | 90% | 94% | 87% |

Data supplied by the Education Department

Core Mandatory training has maintained its previous position of 87%. Nearly all of the core subjects saw an increase in compliance this month, with the main increase being for infection control for clinical staff.

Blood training maintained similar totals to the previous month, however the number for collecting blood theory increased from approx. 200 staff to approx. 700 staff requiring this training.

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Local and National Update**The Bradford District & Craven Integrated Workforce Strategy**

A summary of the work programmes underway and the delivery plan is attached at Appendix 1. This links closely to our People Strategy workplans and we are involved in the delivery of the programmes at system level.

STP

The West Yorkshire & Harrogate Local Workforce Action Board (LWAB) have developed a draft workforce strategy for the West Yorkshire & Harrogate Health and Care Partnership which has been out to wide consultation. The strategic recommendations have been developed focussing on the workforce, the workplace and system level workforce planning, investment and infrastructure.

National

A national workforce strategy for the NHS is currently being developed by the Department of Health. We understand that this will be available for consultation before the end of the year.

Recommendation

The Board of Directors is asked to note the contents of this report.

***P Campbell
Director of Human Resources
January 2018***

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Glossary

Appendix 2

| Indicator | Description | Source |
|-------------------------|--|--|
| Staff in post WTE | The number of whole time equivalent staff in post at that point in time | HR Department via ESR (Electronic staff record). |
| Mandatory Training | The proportion of staff who have undertaken the statutory and mandatory training for the rolling year. The threshold is now 100%. | HR Department – via ESR |
| Appraisals | The proportion of staff who have undertaken an annual appraisal. The threshold is equal to or greater than 75% of staff. | HR Department – via ESR |
| Sickness | The proportion of staff that are absent due to sickness. The threshold is less than or equal to 4.50% | HR Department – via ESR |
| Friends and Family Test | % of patients who complete a friends and family questionnaire following an inpatient admission | Picker Services |
| Staff Group | <p>Staff are coded to one of a national set of Staff Groups as follows:</p> <p>Add Prof Scientific and Technic – Pharmacists, Psychologists, Counsellors, Chaplains</p> <p>Additional Clinical Services – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4</p> <p>Administrative and Clerical – All Admin staff inc Managers who aren't Clinical</p> <p>Allied Health Professionals – OT, Physio, Dieticians, Radiographers</p> <p>Estates and Ancillary – Estates Officers, Porters, Cleaners, Catering</p> <p>Healthcare Scientists – Audiologists, Clinical Scientists, Physiologists</p> <p>Medical and Dental – All Medical & Dental Staff</p> <p>Nursing and Midwifery Registered – All Registered Nurses and Midwives</p> | HR Department – via ESR |