

Board of Directors: 08.03.18
Agenda Item: Bo.3.18.15

Workforce Report

Presented by:	Pat Campbell, Director of HR	Author:	HR Team
Previously considered by:	N/A		

Key points	Purpose:
1. Increase in staff in post.	To discuss and note
2. Decrease in agency usage with increase in bank usage.	To discuss and note
3. Continued challenge with nurse recruitment.	To discuss and note
4. Update on Consultant recruitment and mitigation in hard to recruit specialties.	To discuss and note
5. Increase in staff turnover.	To discuss and note
6. Increase in year to date sickness rates.	To discuss and note
7. Approval of our Leadership Strategy and Leadership Management Development framework.	To discuss and note

Executive Summary:
<p>This is a shortened version of the Workforce Report that was discussed at the Workforce Committee on the 31 January 2018.</p> <p>The executive summary and key points have been updated to reflect January's position.</p> <p>Following a decline in staff in post in the previous 2 months January has seen an increase by 17 wte. Agency usage has decreased with an increase in bank in both the additional clinical services and registered nurse staff groups.</p> <p>Registered nurse vacancies remain high although have improved from the last report. Recruitment activity and plans were discussed in detail but the position continues to be challenging. Sickness absence rates whilst still lower than this time last year have continued to increase.</p> <p>Our organisational development work has focussed on 3 priorities – values and behaviours, delivering our leaders and appraisals with our key achievements being the approval of our Leadership Strategy and Leadership Management Development framework.</p>

Board of Directors: 08.03.18
 Agenda Item: Bo.3.18.14

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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what is the mitigation against this? Disability – ensuring attendance management strategies protect against disability discrimination.

Other:	
---------------	--

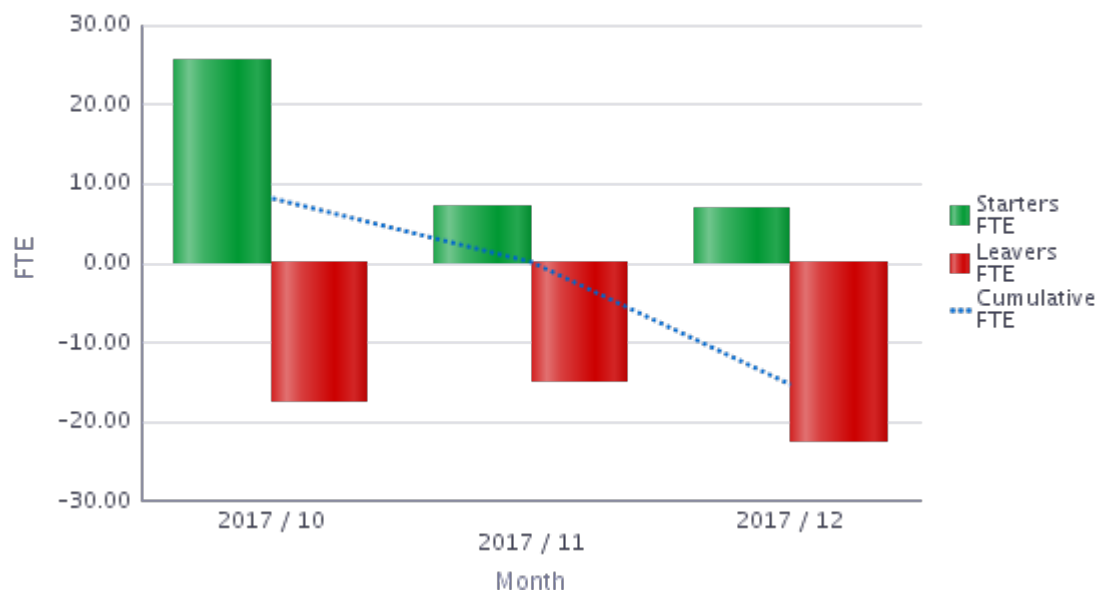
Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To be in the top 20% of NHS employers

Workforce Committee: 31.01.18

Agenda Item: W.1.18.8

Staff in Post

Since the last report staff in post FTE has decreased from 5247.54 FTE in October to 5224.10 at the end of December 2017 representing an overall decrease across all staff groups of 23.44 FTE. The largest increase in FTE over the last two months is in the Allied Health Professionals Staff Group (4.92 FTE) followed by the Additional Professional Scientific & Technical (3.87 FTE) Staff Group. The largest reductions in FTE over the last two months were in the Additional Clinical Services (15.03 FTE) and Nursing & Midwifery Registered (11.50 FTE) Staff Groups. The increases within the Allied Health Professionals Staff Groups is primarily within Radiology. The reductions in the Nursing & Midwifery Registered Staff Group are mainly within the Anaesthesia, Diagnostics & Surgery Division which saw a reduction of 10.28 FTE, half of these were within the Digestive Diseases/Urology/Vascular areas.



The table above shows the position with respect to qualified nursing / midwifery starters and leavers which demonstrates the position over the last 3 months with November and December showing more leavers than starters. The cumulative position for the 3 months is -15.41 FTE with 39.73 FTE registered nurses / midwives joining the Trust and 55.14 FTE leaving.

Agency and Bank Usage

Agency usage has remained static over the reporting period for Medical locums. The use of medical agency staff is primarily due to the Consultant vacancies which are being covered by agency staff. This is decreasing as substantive Consultants come into post. Few junior gaps are covered by agency now.

There continues to be 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 hold regular review meetings with agencies to improve the service we receive and aim to further reduce hourly rates and commission fees.

Agency use in the AHP staff group remains low and will decrease next month due to 4 agency staff being successful in gaining substantive posts in the Trust. (2 in Pharmacy and

Workforce Committee: 31.01.18**Agenda Item: W.1.18.8**

2 in Physiotherapy) The Locum Booking Team have also been successful in replacing another of the over cap Radiographers with an agency worker at the capped rate.

The on-going programme of recruitment to both the Qualified and Unqualified Nurse Bank Register continues with an increased recruitment drive to appoint new recruits and to reduce the reliance on the use of agency nurses and HCA's. Advertisements for Registered Nurses, HCA's and theatre ODP's are listed every month on a rolling programme. Fill rates, particularly for HCA's on the bank, dropped slightly over the Christmas and New Year period; but this is the normal trend for the festive period. This is already showing an increase.

The ability to consistently fill shifts 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 the Medical Director, Chief Nurse and Finance representation to review our agency usage and spend.

Turnover

There has been a slight increase in turnover. Turnover for all staff groups is currently 12.18% compared to 11.80% in October. In December 2016 we reported turnover at 11.41% so this shows that overall turnover has shown an increase.

Nursing turnover has shown a slight increase with a figure of 14.71% in December compared to 14.13% in October, again this compares with a figure of 12.47% in December 2016. Nursing turnover rates in Yorkshire & Humber Healthcare Organisations in the 12 months to October 2017 range from 8% to 17%. Yorkshire & Humber turnover rate compared with other regions is the joint 3rd lowest at 9.47% compared to the highest (Thames Valley) at 15.85%.

Analysis of reasons for leaving for staff in November & December are varied but for nursing from 43 leavers the most common reason for leaving was Voluntary Resignation – work life balance (11) voluntary resignation – relocation (10) followed by voluntary resignation – other (9).

Nurse Recruitment Update

Qualified nursing and midwifery vacancies are running at 14.9% in the Division of Anaesthesia, Diagnostics and Surgery, 12.8% in the Division of Medicine, 13.4% in Womens and 6.4% in Childrens. Vacancies decreased slightly at Band 5 level in the divisions of Medicine and DADS; but increased in Women's and Children's services. 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 Professionals (AHP) January 2018

The number of vacancies in Allied Health Professions has fallen slightly overall. Despite a challenging picture nationally on recruiting the AHP professions are very proactive in terms of recruitment and are able to attract candidates.

Despite the vacancy rate in Physiotherapy there is confidence that posts can be recruited to, 3 of the 5 band 6 vacancies have been successfully recruited to and an advert is currently out for Band 5s. These posts will be recruited to though it is likely that some will be newly

Workforce Committee: 31.01.18

Agenda Item: W.1.18.8

qualified who will not graduate until September. The plan will be to commence them in Therapy Assistant posts until their registration comes through.

Turnover at band 5 is high so approval is being sought to over-recruit so as not to miss the September graduates.

In order to promote filling vacancies Dietetics are running regular careers days to promote the role of the dietician to both undergraduates and post graduates. They report that these days are well attended and received. They are also heavily involved in the practical training of dietitians at Leeds and are confident that they attract students to work in Bradford because of the high quality of the placements provided.

Radiography attended a careers fair over the weekend of the 20th and 21st of January 2018 to promote working in Bradford.

Audiology are also involved in the training of graduate and post graduate student Audiology trainees and are actively involved in events to promote the NHS as an employer both at Leeds University and hosting placements for undergraduates and school age work experience.

The Director of Human Resources is holding a workshop in February with the AHP and Scientific Leads to discuss recruitment and retention issues and look at a strategy going forwards.

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 specialities 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

Maxillo facial services continue to be a priority for the service collaboration review across WYATT. Whilst there is now interest in the outstanding vacancies in the service there is now long-term sickness which again is impacting on service delivery. An agency locum has been secured.

Microbiology

There is no change to the position reported last month.

Dermatology

Dermatology remains a service under significant pressure with long-term gaps at consultant level. This is a service under pressure across WYATT. We are reviewing the workforce model and are in discussions with Leeds re-establishing an academic post.

Workforce Committee: 31.01.18

Agenda Item: W.1.18.8

Junior Doctors' Recruitment / 2016 Contract Implementation

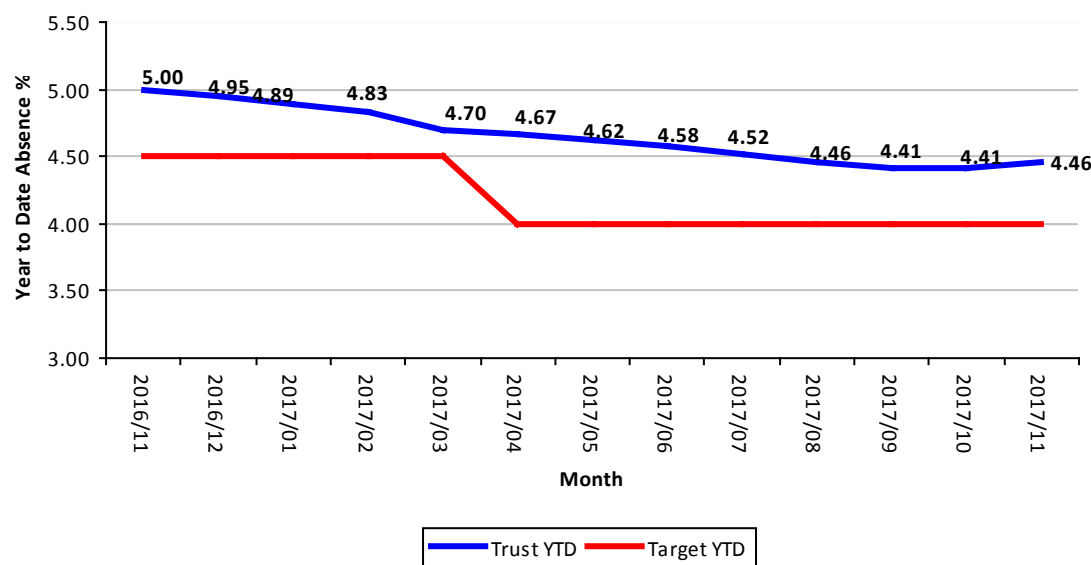
Trainees continue to transition to the new contract. There do remain some trainees on the 'old' contract due to being on maternity leave or out of programme. It is difficult to quantify numbers as these doctors will continue to move round the region and will transition to the new contract at the point 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 December 2017, 239 exceptions had been submitted. 218 of these have been submitted since 2 August 2017.

Plans are in place for recruitment to the 2018 cohort of Post Foundation Fellows. Several information sessions have been held with regional FY2 level doctors, and there are plans to advertise in early February.

Sickness Absence

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



The year to date absence percentage rate in November 17 is 4.46%. The absence rate has increased slightly in November. At this time last year the year to date absence rate was 5.00%.

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

Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S98 Other known causes – not elsewhere classified*	20.8
S10 Anxiety/stress/depression/other psychiatric illnesses	19.9
S12 Other musculoskeletal problems	10.4

Workforce Committee: 31.01.18

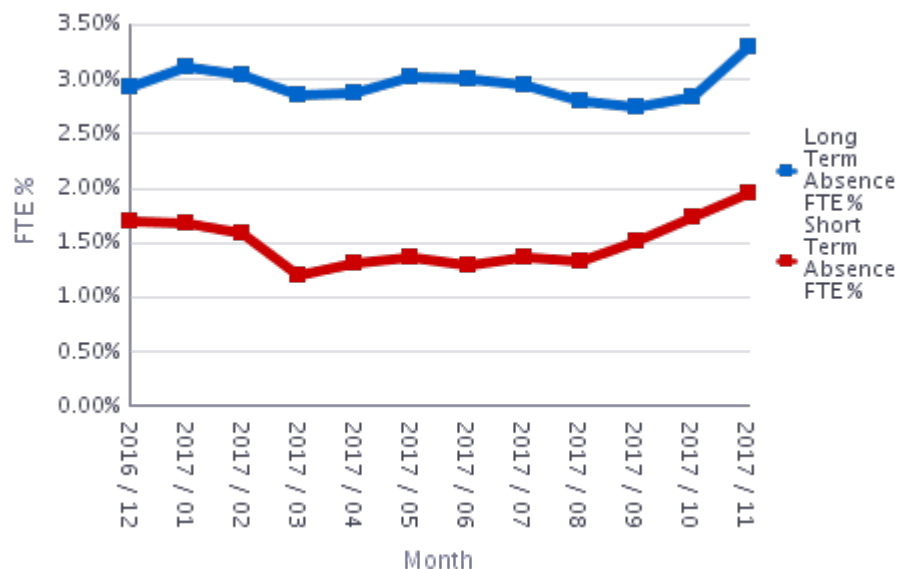
Agenda Item: W.1.18.8

S25 Gastrointestinal problems	8.0
S11 Back Problems	5.2

*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 increased significantly over the last 2 months. Short term has also continued to show an increase over the same period.

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

YTD Sickness rates by Division – Table 4

Division	Target	YTD Sickness % Dec 17	Trend
Medicine & Integrated Care	4.05%	4.47%	↑
Anaesthesia, Diagnostics and Surgery	3.93%	4.68%	↑
Women's & Children's	4.17%	4.13%	↑
Estates & Facilities	4.69%	6.22%	↓
Research		2.39%	↓
Core Central Services	3.67%	4.01%	↑
Pharmacy	3.55%	4.24%	↑
TRUST	4.00%	4.53%	↑

Workforce Committee: 31.01.18**Agenda Item: W.1.18.8**

Sickness absence has increased again to the end of December. Whilst sickness rates generally increase during the winter months, the rate of increase is disappointing given the progress made over the previous 18 months.

A detailed analysis of sickness by cost centre, staff group and reason has been carried out. There are no clear patterns emerging from this analysis other than showing a spike in sickness in the Additional Clinical Staff Services Group which primarily comprises Health Care Assistants. The Attendance HR Officers are aware of this, and are ensuring that the Attendance Management Policy is complied with and are investigating further.

The Attendance Management Training Programme for managers which is part of the Leadership Programme will commence in January. The training focusses on the management skills needed to manage absence effectively. It includes a module supporting managers with making reasonable adjustments for those with disabilities.

The Occupational Health Department has secured regular monthly support from the Mental Health Access to Work Service who will offer support/training to any BTHFT staff member with long term problems impacting on their mental health. This programme will commence next month with individual staff being offered appointments with this service based in the Occupational Health Department.

From this month the Specialist Occupational Therapist based within the OH Department, is offering self-referral appointments for staff with concerns regarding stress/anxiety.

Organisational Development (OD) update

Work continues to focus on three priorities: our values and behaviours; developing our leaders and appraisals. This work aims to support us in becoming a top NHS employer; as a Quest member we took part in the Best Employer Brand launch event in November.

Our refreshed values launched in December and are being brought to life in the We are Bradford campaign. A 'Week of Celebrations' in December celebrated our achievements during 2017 and the Brilliant Bradford awards celebrated those who consistently demonstrated our values and made a difference to patients. New awards for the Team and Employee of the month launch in January aligned to our refreshed values. Our values have been embedded in induction and appraisals.

As part of the wider engagement work, there have been Let's Talk Live events for Westwood Park, HR and DADS and the Let's Talk hub on intranet has been updated to include a Let's Celebrate page; Trust strategies and We are Bradford. The NHS Staff Survey closed and we are awaiting results.

A leadership strategy has been approved and a Leadership and Management Development framework developed and implemented offering a range of development workshops including Leadership Essentials for all staff, Leading Others for those who lead a team and Management Essentials. There's been a high uptake so far and positive feedback from staff. We are working with GE Healthcare on priorities identified at Leadership Working Session held in November and we continue to work with the District wide priorities; the recent focus has been on management development.

Appraisals

Despite huge improvements in our appraisal rates, they have decreased over the last three months. Divisions have been asked to agree a plan to make improvements. There has been

Workforce Committee: 31.01.18
Agenda Item: W.1.18.8

a lot of work to support managers and promote the importance of appraisals. A revised, simplified policy and procedure has been implemented; new guidance for managers and appraisals introduced and a refreshed time2talk intranet hub, to make it easy to access appraisal information. It includes Trust strategic documents; We are Bradford and a link to the new Leadership and Management Development hub. Eight manager workshops were delivered in Q3 and the first of the two new workshops delivered, Feedback skills and How to influence effectively, open to all staff. Appraisals drop in sessions have also been introduced. Values are now embedded throughout the workshops and appraiser sessions and the hub and forms have been updated.

Appraisals – as of 31 December 2017

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Core Central	Estates and Facilities	Research	TOTAL
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
November '17	83.36	78.05	82.34	79.49	77.38	96.05	90.91	82.40
December '17	82.27	74.53	81.38	84.03	76.22	95.08	88.66	80.77

Data supplied by the Education Department

Workforce Committee: 31.01.18

Agenda Item: W.1.18.8

Mandatory Training by Division – as of 31 December 2017

Mandatory Training Compliance	Mandatory Training by Division							Total
	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	
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%
November '17 Core Mandatory	86%	86%	86%	88%	92%	91%	93%	87%
December '17 Core Mandatory	86%	86%	87%	88%	91%	90%	93%	87%

Data supplied by the Education Department

Core Mandatory training has maintained its previous position of 87%. The biggest increase was safeguarding children level 3 specialist which increased by 5%. Work continued within Women's and Children's focusing on core training which saw an overall increase by 1% to 87%.

High priority training reached the trust target level of 75% for the first time in December. Again, significant progress was made in Women's & Children's seeing a 4% increase to 79%. Once this work is finished with W&C it will be replicated in other divisions.

Local Update

The Bradford District & Craven Integrated Workforce Strategy

An updated 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.

Recommendation

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

P Campbell
Director of Human Resources
January 2018



The best people, providing seamless care – the Bradford District and Craven way

The Bradford District and Craven Integrated Workforce Strategy

Work Programme/Workstream Delivery Plan Summary

Work Programme/Work Stream	Title	System Wide – Work Programme/ Workstream Leads
Work Programme 1	Growing Our Own (Attracting, promoting and recruiting the future workforce)	Sue Dunkley (Tina Lafferty from January 2018)
Work Stream 1a	<ul style="list-style-type: none"> Inspiring and attracting young people (11-18yrs) <ul style="list-style-type: none"> ➤ Developing a Health and Care ICE ➤ Developing a co-ordinated approach to supporting careers work with schools including identifying a cohort of ambassadors across health, social care and voluntary services 	Phil Hunter (ICE) Claire Hannon (Workstream lead)
Work Stream 1b	<ul style="list-style-type: none"> Developing a shared approach to delivering a wide range of apprenticeships 	Tina Lafferty (to be reviewed Jan 18)
Work Stream 1c	<ul style="list-style-type: none"> Encouraging entrants and re-entrants of all ages 	Placed on Slow track (March 2018)
Work Stream 1d	<ul style="list-style-type: none"> Developing and providing a wide range of volunteering opportunities 	Jane Britton (starting Nov 17)
Work Programme 2	Developing Our Workforce Together	Sandra Knight
Work Stream 2a	<ul style="list-style-type: none"> Delivering joint leadership programmes 	Fiona Sherburn
Work Stream 2b	<ul style="list-style-type: none"> Creating and delivering system wide learning and development opportunities 	Joanne Somers
Work Stream 2c	<ul style="list-style-type: none"> Developing system wide career pathways 	Placed on slow track (align with ACS progress)
Work Programme 3	Creating the conditions to retain talent in the system	Nick Parker
Work Stream 3a	<ul style="list-style-type: none"> Engaging, listening and involving staff across the system 	tbc
Work Stream 3b	<ul style="list-style-type: none"> Providing common benefits and rewards 	Place on slow track (review Dec 17)
Work Stream 3c	<ul style="list-style-type: none"> Promoting mental and physical health and well-being and supporting healthier lifestyles 	Michael Smith
Work Programme 4	Developing a shared culture of integration and system wide working	Michaela Howell
Work Stream 4a	<ul style="list-style-type: none"> Promoting a shared understanding of integration and seamless care 	Work place champions
Work Stream 4b	<ul style="list-style-type: none"> Developing a common set of values/behaviours for the system 	Work place champions
Work Stream 4c	<ul style="list-style-type: none"> Applying these from recruitment through to day to day working 	tbc

Board of Directors: 08.03.18

Agenda Item: Bo.3.18.14

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	Staff are coded to one of a national set of Staff Groups as follows: Add Prof Scientific and Technic – Pharmacists, Psychologists, Counsellors, Chaplains Additional Clinical Services – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4 Administrative and Clerical – All Admin staff inc Managers who aren't Clinical Allied Health Professionals – OT, Physio, Dieticians, Radiographers Estates and Ancillary – Estates Officers, Porters, Cleaners, Catering Healthcare Scientists – Audiologists, Clinical Scientists, Physiologists Medical and Dental – All Medical & Dental Staff Nursing and Midwifery Registered – All Registered Nurses and Midwives	HR Department – via ESR