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## Workforce Report

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

Key points	Purpose:
1. Little change in staff in post figures.	To discuss and note
2. Little change in agency usage with increase in bank.	To discuss and note
3. Nurse vacancies remain high with continued challenge in nurse recruitment.	To discuss and note
4. Staff turnover stable.	To discuss and note
5. Small increase in year to date sickness rates with monthly absence. February and March 2018 showing reduction.	To discuss and note
6. No further decline in appraisal performance with mandatory training above target at 90%.	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 28 March 2018.</p> <p>The executive summary and key points have been updated to reflect March's position.</p> <p>Staff in post remains relatively stable for January to March 2018 with little movement in substantive staff numbers in our key staff groups.</p> <p>Agency usage had decreased in February and remained the same in March. Bank usage has continued to increase most significantly in nursing and midwifery both registered and unregistered.</p> <p>Registered nurse vacancies remain high. A detailed recruitment and retention plan is in place but the position locally and nationally continues to be very challenging. Staff turnover at Trust level remains relatively stable.</p> <p>Whilst year to date sickness rates have increased slightly, monthly sickness in February and March has now seen a significant reduction compared to January's position (1%).</p> <p>Appraisal performance has not dipped any further at Trust level in March and mandatory training is above target at 90%.</p>

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<b>Financial implications:</b>
Yes – Expenditure

<b>Regulatory relevance:</b>
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<b>Monitor:</b>	
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<b>Equality Impact / Implications:</b>	Reduce inequalities experienced by staff <hr/> <hr/> <p><b>Is there likely to be any impact on any of the protected characteristics?</b>          (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes    <input checked="" type="checkbox"/>                                      No    <input type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p> <p>Disability – ensuring attendance management strategies protect against disability discrimination as far as is reasonably possible.</p>
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<b>Other:</b>	
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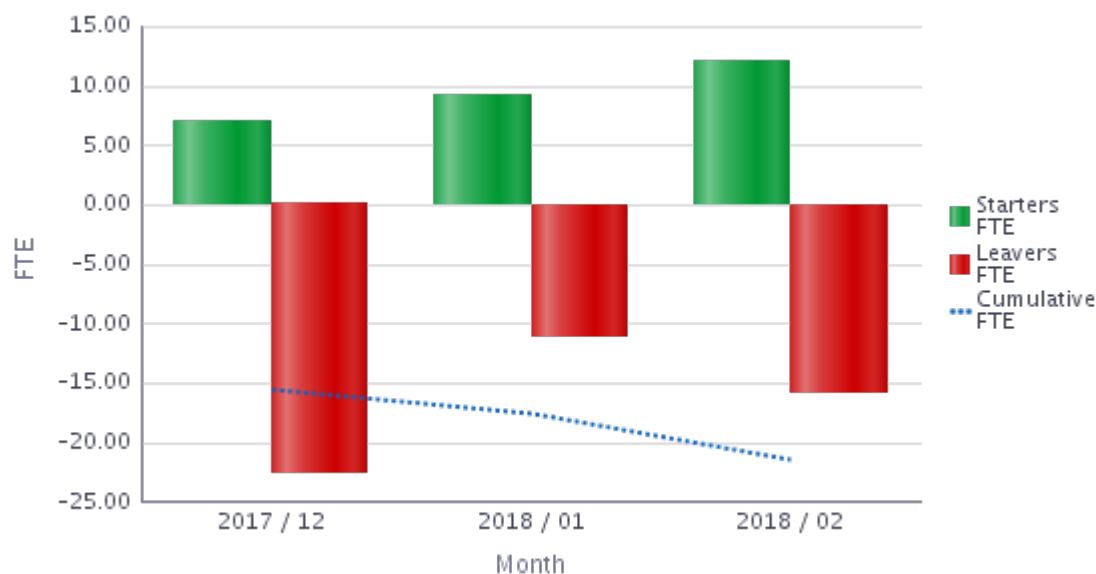
<b>Strategic Objective:</b>	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	To be in the top 20% of NHS employers

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## Staff in Post

Since the last report staff in post FTE has increased from 5224.10 FTE in December to 5245.64 at the end of February 2018 representing an overall increase across all staff groups of 21.54 FTE. The largest increase in FTE over the last two months is in the Additional Clinical Services Staff Group (13.34 FTE) followed by the Admin & Clerical (7.30 FTE) Staff Group. The largest reductions in FTE over the last two months were in the Nursing & Midwifery Registered (7.84 FTE) and Estates & Ancillary (1.53 FTE) Staff Groups. The increases within the Additional Clinical Services Staff Group is across all the Clinical Divisions due to Health Care Assistants joining as a result of the Recruitment Open Day held late last year. The increases in the Admin & Clerical Staff Group are primarily in the Anaesthesia, Diagnostics and Surgery Division but in no one particular area of the Division. The reductions in the Nursing & Midwifery Registered Staff Group are split between the three Clinical Divisions.



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 November and December showing more leavers than starters. The cumulative position for the 3 months is -21.40 FTE with 28.24 FTE registered nurses / midwives joining the Trust and 49.64 FTE leaving.

## Agency and Bank Usage

The use of Agency has remained static over the reporting period for Medical locums. The primary need for medical agency staff is due to the Consultant vacancies. 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.

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Agency use in the AHP staff group remains low and has decreased due to recruitment; with some agency staff being successful in gaining substantive posts in the Trust.

The on-going programme of recruitment to both the Qualified and Unqualified Nurse Bank Register continues to be successful with an increased recruitment drive to appoint new recruits and to reduce the reliance on the use of agency nurses and HCA's. A total of 48 candidates were offered bank posts in February, a further 61 have been shortlisted for interviews in March. 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 are now slightly increasing after the slight drop over the Christmas and New Year period.

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 reduction in turnover. Turnover for all staff groups is currently 11.38% compared to 12.18% in December. In February 2017 we reported turnover at 12.18% so this shows that overall turnover has shown a decrease.

Nursing turnover has shown a slight decrease with a figure of 14.15% in February compared to 14.71% in December, again this compares with a figure of 12.96% in February 2017. Nursing turnover rates in Yorkshire & Humber Healthcare Acute Trusts in the 12 months to December 2017 range from 8% to 17%. Yorkshire & Humber turnover rate compared with other regions is the joint 3<sup>rd</sup> lowest at 9.37% compared to the highest (Thames Valley) at 15.89%.

Analysis of reasons for leaving for staff in January & February are varied but for nursing from 31 leavers the most common reason for leaving was Voluntary Resignation – other (7) voluntary resignation – relocation (4) voluntary resignation – other (4) followed by Flexi Retirement (4).

## **Nurse Vacancies**

### **Nurse Recruitment Update**

Qualified nursing and midwifery vacancies are running at 14.5% in the Division of Anaesthesia, Diagnostics and Surgery, 18.0% in the Division of Medicine, 12.09% in Womens and 6.93% in Childrens. Vacancies increased at bands 5, 6 and 7 levels. 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 from 9.66% to 8.47%. Band 5 vacancies have reduced across the professions with offers being made for September starts. It is anticipated that gaps will remain in Physiotherapy and Radiography.

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 also report that

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they are attracting students from the University of Leeds to substantive roles due to the high quality placements they provide.

### **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.

### **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 28 February 2018, 314 exceptions had been submitted. 292 of these have been submitted since 2 August 2017.

Plans are in place for recruitment to the 2018 cohort of Post Foundation Fellows, with the inclusion of 3 Post Core Fellows. August rotations are due to be received by the Trust over the next few months, with 1 May being the deadline for the issuing of rotations which HEE are working towards.

### **Apprenticeships**

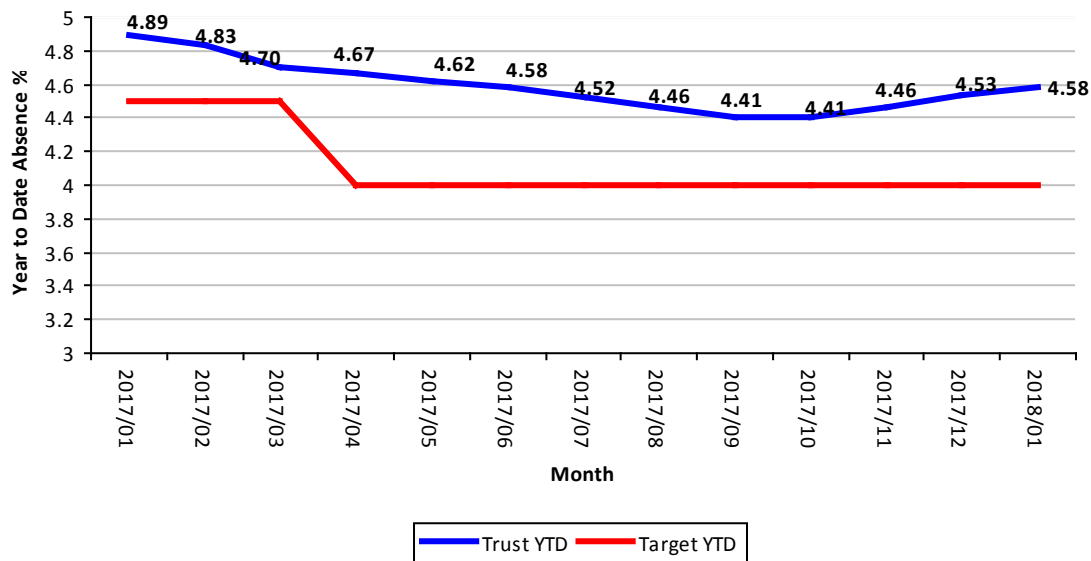
By the end of January there will be 123 apprentices in post. Apprenticeships are across HCA, Business and Admin, Clinical Engineering as examples. Trailblazer work is ongoing in Theatres for an ODP apprenticeship route which we hope to launch this year and Nursing Associates going forward will be via an apprenticeship route.

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## Sickness Absence

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



The year to date absence percentage rate in January 18 is 4.58%. The absence rate has increased slightly in January. At this time last year the year to date absence rate was 4.89%.

The graph above also shows Year to Date sickness absence (%) against target up to January 2018.

### Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S98 Other known causes – not elsewhere classified*	21.3
S10 Anxiety/stress/depression/other psychiatric illnesses	19.9
S12 Other musculoskeletal problems	10.6
S25 Gastrointestinal problems	7.6
S11 Back Problems	5.5

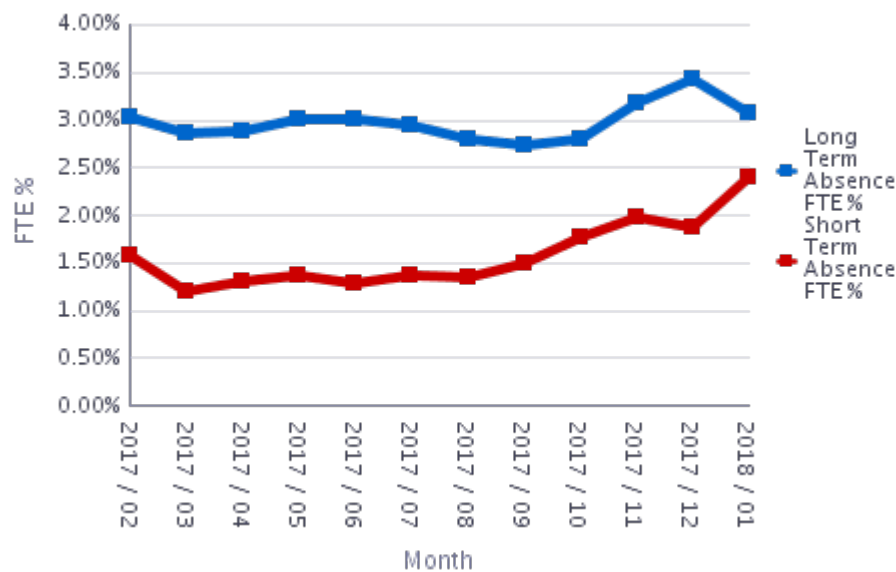
\*This category includes all of the reasons for absence not included in the standard categories e.g. Surgery, Infections

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.

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### Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness increased in December but reduced back down in January. Short term reduced slightly in December but has showed a sharp increase in January.

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 % Feb 18	Trend
Medicine & Integrated Care	4.05%	4.56%	↓
Anaesthesia, Diagnostics and Surgery	3.93%	4.76%	↓
Women's & Children's	4.17%	4.18%	↔
Estates & Facilities	4.69%	6.09%	↓
Research		2.05%	↓
Core Central Services	3.67%	4.04%	↑
Pharmacy	3.55%	4.62%	↑
<b>TRUST</b>	<b>4.00%</b>	<b>4.58%</b>	→

Sickness absence increased between December and January but remained stable in February.

A detailed analysis has been carried out on the sickness rates within the Additional Clinical Services Staff Group. The increases in sickness within this Staff Group are attributable to Healthcare Assistants and further analysis has been carried out to determine the reasons for sickness.

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In November 17 sickness related to Cough/Colds/Flu for Healthcare Assistants resembled 3.6% of the total sickness for Healthcare Assistants. By January 18 this sickness reason accounted for 12.2% of the total sickness for Healthcare Assistants. This is a jump from 57 days lost in November 17 to 207 days lost in January 18 for this sickness reason.

Looking at other reasons for sickness that have shown an increase for Healthcare Assistants the sickness reason of Other Musculoskeletal problems was 3.6% of the total sickness (76 days) in November upto 11.1% (189 days) in January 18. The other notable reason for sickness in this group that has shown a significant increase is Chest & Respiratory problems 4.0% (63 days) in November upto 6.3% (108 days) in January 18.

## **Organisational Development (OD) update**

Work continues to focus on three priorities: our values and behaviours; developing our leaders and appraisals.

### **Values and behaviours**

Our refreshed Mission, Vision, Objectives and Values, under the 'We are Bradford' banner have been embedded into our Induction event as part of a refreshed Executive Welcome, delivered by the Chief Executive. New 'Brilliant Bradford' awards for Team and Employee of the month launch in January, aligned to our refreshed values. These are proving really popular with staff; stories about the winners and nominees are featured in our Let's Talk newsletter and on the Let's Celebrate page on the intranet. There have been Let's Talk Live events for the Medicine team at St Luke's and Pharmacy. Pilot sessions to bring our values to life have been delivered and these will be rolled out across the Trust.

### **Developing our leaders**

Our new leadership strategy was launched along with a new Leadership and Management Development hub on the intranet. The focus has been promoting our Leadership and Management Development framework and the range of workshops. This is proving popular with staff across the Trust and initial evaluation continues to be positive.

### **Appraisals**

Performance in completion rates has gone down since October and in January 2018 was 78%. The initial decline in performance during October may be related to the EPR Go-Live, however we have never recovered from this and performance continues to drop. Interestingly, our staff survey results are more positive with 89% of staff saying they had been appraised in the last 12 months; the quality of appraisals has improved since last year and compared to other acute Trusts both scores are above average, just short of being in the top 20%.

Work on appraisals is on-going and includes development for managers and those who lead a team; development for appraisees; new supporting guidance and a new time2talk intranet hub. Work continues to promote the use of ESR Manager Self Service to improve recording and reporting of appraisals and to make sure ESR is the only database used. Embedding values and behaviours into objective setting and having effective development discussions are the focus for the next few months as well as promoting good work and sharing best practice.



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### Appraisals – as of 28 February 2018

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Core Central	Estates and Facilities	Research	TOTAL
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
January '18	80.53	70.34	77.57	86.89	74.70	92.71	88.89	78.21
February '18	81.13	69.47	81.71	86.51	73.75	91.04	95.19	78.52

Data supplied by the Education Department

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## Mandatory Training by Division – as of 28 February 2018

Mandatory Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
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%
January '18 Core Mandatory	87%	87%	88%	92%	92%	92%	93%	88%
February '18 Core Mandatory	88%	88%	89%	92%	93%	93%	95%	89%

Data supplied by the Education Department

Core Mandatory training has increased to 89% overall compliance with improvements in most subjects. The biggest increase was information governance which has now achieved the required 95% Trust wide standard, an increase of 4% from January.

High priority training increased to 78% with 5 out of the 6 Divisions also achieving the Trust target of 75% or higher. All subjects have now moved into amber or green for Trust wide compliance.

## 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 are asked to note the contents of this report.***

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

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

## Appendix 1 (Updated 27 December 2017) 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
<b>Work Programme 1</b>	<b>Growing Our Own (Attracting, promoting and recruiting the future workforce)</b>	<b>Sue Dunkley (Tina Lafferty from January 2018)</b>
Work Stream 1a	<ul style="list-style-type: none"> <li>Inspiring and attracting young people (11-18yrs) <ul style="list-style-type: none"> <li>Developing a Health and Care ICE</li> <li>Developing a co-ordinated approach to supporting careers work with schools including identifying a cohort of ambassadors across health, social care and voluntary services</li> </ul> </li> </ul>	Phil Hunter (ICE) Claire Hannon (Workstream lead)
Work Stream 1b	<ul style="list-style-type: none"> <li>Developing a shared approach to delivering a wide range of apprenticeships</li> </ul>	Tina Lafferty (to be reviewed Jan 18)
Work Stream 1c	<ul style="list-style-type: none"> <li>Encouraging entrants and re-entrants of all ages</li> </ul>	Placed on Slow track (March 2018)
Work Stream 1d	<ul style="list-style-type: none"> <li>Developing and providing a wide range of volunteering opportunities</li> </ul>	Jane Britton (starting Nov 17)
<b>Work Programme 2</b>	<b>Developing Our Workforce Together</b>	<b>Sandra Knight</b>
Work Stream 2a	<ul style="list-style-type: none"> <li>Delivering joint leadership programmes</li> </ul>	Fiona Sherburn
Work Stream 2b	<ul style="list-style-type: none"> <li>Creating and delivering system wide learning and development opportunities</li> </ul>	Joanne Somers
Work Stream 2c	<ul style="list-style-type: none"> <li>Developing system wide career pathways</li> </ul>	Placed on slow track (align with ACS progress)
<b>Work Programme 3</b>	<b>Creating the conditions to retain talent in the system</b>	<b>Nick Parker</b>
Work Stream 3a	<ul style="list-style-type: none"> <li>Engaging, listening and involving staff across the system</li> </ul>	tbc
Work Stream 3b	<ul style="list-style-type: none"> <li>Providing common benefits and rewards</li> </ul>	Place on slow track (review Dec 17)
Work Stream 3c	<ul style="list-style-type: none"> <li>Promoting mental and physical health and well-being and supporting healthier lifestyles</li> </ul>	Michael Smith
<b>Work Programme 4</b>	<b>Developing a shared culture of integration and system wide working</b>	<b>Michaela Howell</b>
Work Stream 4a	<ul style="list-style-type: none"> <li>Promoting a shared understanding of integration and seamless care</li> </ul>	Work place champions
Work Stream 4b	<ul style="list-style-type: none"> <li>Developing a common set of values/behaviours for the system</li> </ul>	Work place champions
Work Stream 4c	<ul style="list-style-type: none"> <li>Applying these from recruitment through to day to day working</li> </ul>	tbc

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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><b>Add Prof Scientific and Technic</b> – Pharmacists, Psychologists, Counsellors, Chaplains</p> <p><b>Additional Clinical Services</b> – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4</p> <p><b>Administrative and Clerical</b> – All Admin staff inc Managers who aren't Clinical</p> <p><b>Allied Health Professionals</b> – OT, Physio, Dieticians, Radiographers</p> <p><b>Estates and Ancillary</b> – Estates Officers, Porters, Cleaners, Catering</p> <p><b>Healthcare Scientists</b> – Audiologists, Clinical Scientists, Physiologists</p> <p><b>Medical and Dental</b> – All Medical &amp; Dental Staff</p> <p><b>Nursing and Midwifery Registered</b> – All Registered Nurses and Midwives</p>	HR Department – via ESR