

Board of Directors: 12.07.18
Agenda Item: Bo.7.18.15

Workforce Report

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

Key points	Purpose:
1. Increase in funded establishment due to budget setting and the impact of the safer staffing review.	To discuss and note
2. Significant decrease in agency usage across all staff groups with small increase in May 2018.	To discuss and note
3. Continued challenge with nurse recruitment.	To discuss and note
4. Success in Consultant recruitment although challenges in particular specialities remain.	To discuss and note
5. Slight increase in staff turnover but remains stable.	To discuss and note
6. Slight increase in year to date sickness absence with reduction shown in May.	To discuss and note
7. Appraisal rates static for 4 months with 4% reduction in May performance.	To discuss and note
8. Mandatory training improved.	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 30 May 2018.</p> <p>The executive summary and key points have been updated to reflect May's position.</p> <p>The workforce report shows an increase in funded establishment against a small increase in staff in post.</p> <p>Agency usage has decreased by 40wte in April. This is across all staff groups but noticeable particularly in Health Care Assistants (ACS) and Medical and Dental staff groups. Agency usage increased slightly in May.</p> <p>Nursing vacancies remain a challenge, despite a lot of proactive work in this area.</p> <p>Appraisal performance has remained static but has shown a 4% decrease in May. Changes in reporting have been put in place and Organisational Development support continues to be given to Divisions/departments who appear to be struggling. A paper is being presented to the Executive</p>

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Management Team with recommendations for further actions to be taken to address this.
Mandatory training rates have improved.

The OD focus has been on the 'Work as One Week' which put 'Living Our Values' to the test.

Since the last report the NHS Staff Council has ratified the Agenda for Change Pay Award which will be paid in July 2018 and has confirmed that doctors and nurses will be excluded from the cap on skilled worker visas.

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 as far as is reasonably possible.

Other:

Strategic Objective:

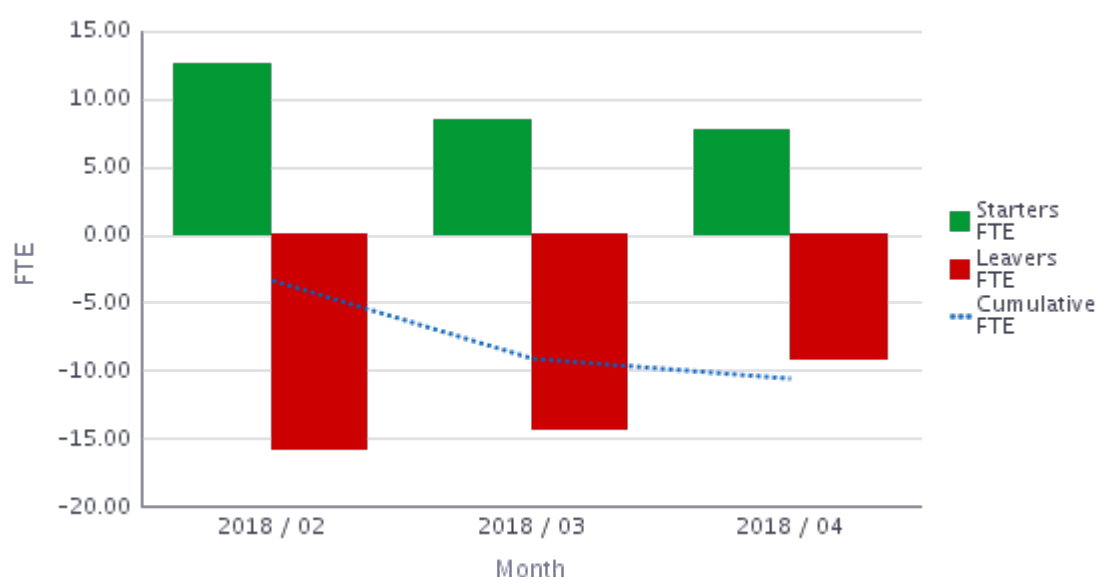
Reference to Strategic Objective(s) this paper relates to

To provide outstanding care for patients

To be in the top 20% of NHS employers

Staff in Post

The funded establishment has seen an increase since the last report due to the impact of budget setting and the safer staffing review which is now reflected in budgets. Since the last report staff in post FTE has decreased from 5245.64 FTE in February to 5239.20 at the end of April 2018 representing an overall decrease across all staff groups of 6.44 FTE. The largest increase in FTE over the last two months has been in the Additional Clinical Services Staff Group (11.71 FTE) followed by the Admin & Clerical (2.21 FTE) Staff Group. The largest reductions in FTE over the last two months were in the Allied Health Professionals (5.05 FTE) and Medical & Dental (4.47 FTE) Staff Groups. The increases within the Additional Clinical Services Staff Group is in both the Division of Medicine & Integrated Care and Womens & Childrens due to Health Care Assistants joining as a result of the recent Recruitment Open Day.



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 all 3 months showing more leavers than starters. The cumulative position for the 3 months is -10.57 FTE with 28.81 FTE registered nurses / midwives joining the Trust and 39.38 FTE leaving.

Agency and Bank Usage

Agency usage has decreased across all staff groups since the last report. The use of Agency has reduced by a quarter over the reporting period for Medical locums. There has been a shift instead to gaps being filled by bank doctors. The primary need for medical agency staff is due to the Consultant vacancies. This will decrease as substantive Consultants come into post. In recent weeks no junior gaps have been covered by agency.

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.

Agency use of qualified nurses and HCAs has dropped by 28 wte. Better, more controlled rostering, better control of annual leave and increased recruitment has led to a decrease in the number of shifts being requested to be filled by bank and agency.

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 34 candidates were offered bank posts in April and 33 in May. 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 increasing.

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.

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 11.62% compared to 11.32% in February. In April 2017 we reported turnover at 11.75% so this shows that overall turnover has shown a decrease.

Nursing turnover has shown a slight decrease with a figure of 14.00% in April compared to 14.15% in February, again this compares with a figure of 12.46% in April 2017. Nursing turnover rates in Yorkshire & Humber Healthcare Acute Trusts in the 12 months to February 2018 range from 8% to 17%. Yorkshire & Humber turnover rate compared with other regions is the joint 4th lowest at 9.14% compared to the highest (Thames Valley) at 15.58%.

Analysis of reasons for leaving for staff in March & April are varied but for nursing from 28 leavers the most common reason for leaving was Voluntary Resignation – Worklife Balance (5) Voluntary Resignation – other (4) Age Retirement (4)

Nurse Vacancies

Nurse Recruitment Update

Qualified nursing and midwifery vacancies are running at 13.4% in the Division of Anaesthesia, Diagnostics and Surgery, 18.9% in the Division of Medicine, 8.1% in Womens and 8.4% in Childrens. Vacancies increased at bands 5, 6 and 7 levels in the Division of Medicine and in Childrens. A detailed update was provided to the Workforce Committee on vacancies by band.

Allied Health Professionals AHP (May 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Dietician Band 5 - 8	50.79	6.8	13.39%
Occupational Therapist Band 5 - 8	36.56	1	2.74%
Physiotherapist Band 5 - 8	111.91	3	2.68%
Radiographer Band 5 - 8	101.28	10.01	9.88%
Total	300.54	20.81	6.92%

The number of vacancies in Allied Health Professions has fallen slightly overall from 8.47% to 6.92%. Recruitment continues with the majority of band 5 posts recruited to with start dates of July onwards. Radiography remains the most challenging area to recruit to.

Dietetics are continuing to run regular careers days to promote the role of the dietician to both undergraduates and post graduates. They continue to attract students from the University of Leeds to substantive roles due to the high quality placements they provide.

Pharmacy (May 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Pharmacy Technicians Band 5	7.00	1	14.29%
Pharmacists Band 6	7.00	1	14.29%
Pharmacist Band 7	11.87	3	25.27%
Lead Pharmacist Band 8/9	27.10	2	7.38%
Total	52.97	7.00	13.22%

The funded establishment figure in this table does not include any roles which are at a band 1 to 4 or an apprenticeship grade.

Pharmacy have little difficulty in recruiting apprenticeships, assistants and pharmacy technicians as they support employees to train and are 'growing their own' with Pharmacy Assistants being developed and promoted to enable them to take up technician posts.

Pre-registration Pharmacists are recruited via the Oriel national system and no difficulties in recruiting were identified, particularly as there are Schools of Pharmacy at both Bradford and Huddersfield Universities.

The main area of concern for Pharmacy is at band 6 and 7 these roles are difficult to recruit to as clinical experience can now be gained by working in a GP surgery which does not involve working weekends, bank holidays or on call. Recruitment to band 6 and 7 roles is likely to become an even more competitive market when pharmacists begin working in care homes in the near future. In order to attract applicants pharmacy have recruited band 6 pharmacists under Annex 21 agenda for change whilst they complete their post graduate clinical diploma (this is typically a 2 year course), they have also offered band 6 roles as permanent contracts to attract pharmacists who do not wish to continue their studies. Pharmacy have also appointed their first Scientist Trainee Programme candidate through a relatively new initiative supported by HEE. They also support students from the University of Bradford as part of their work based learning.

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. An agency Consultant has been secured to support the team.

Maxillo Facial Surgery

Maxillo facial services continue to be a priority for the service collaboration review across WYATT. We are currently reviewing when it is appropriate to re-advertise the vacancies.

Microbiology

There has been success in recruiting to one of the Consultant gaps. The ID Consultants also continue to provide cover and an alternative workforce design is beginning to be explored due to the recruitment/training position for Microbiologists.

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 30 April 2018, 367 exceptions had been submitted. 345 of these have been submitted since 2 August 2017.

As part of the ACAS facilitated negotiations in 2016, it was agreed that the BMA and NHS Employers would commission a review of the efficacy of the new Junior Doctors' contract and identify areas for improvement. Whilst the Union remains in dispute over how the contract was introduced, they have agreed to re-enter into a formal collective bargaining process to work with NHS Employers to undertake the review.

Recruitment to the 2018 cohort of Post Foundation Fellows has taken place, with the inclusion of 3 Post Core Fellows. August rotations have been received by the Trust from HEE and are being locally validated by the Medical HR team. An assessment of vacancies is being undertaken though initial data suggests good fill rates for BTH.

Restricted Certificate of Sponsorship

It had been reported nationally that a large cohort of trainee doctors had been refused certificates of sponsorship (applications via Health Education England). This hadn't affected the Trust until recently.

There have now been some refusals from UK Visas and Immigration (UKVI) to requests that have been submitted for restricted certificates of sponsorships for doctors (overseas Tier 2 applicants) who have been offered posts in the Trust. One certificate was applied for in April and this was rejected. Two were applied for in May; with both being rejected (one was a resubmission of April's rejection). One of the May rejections is being resubmitted for June, along with another new application.

A restricted certificate of sponsorship application was submitted in April for Staff Nurse & this was granted, though as nurses are currently on the shortage occupation list, they immediately score higher (130 plus points for salary) than a doctor (20 plus points for salary). It is assumed that there were more applications in these months than available restricted COSs. The Medical HR Team are monitoring this.

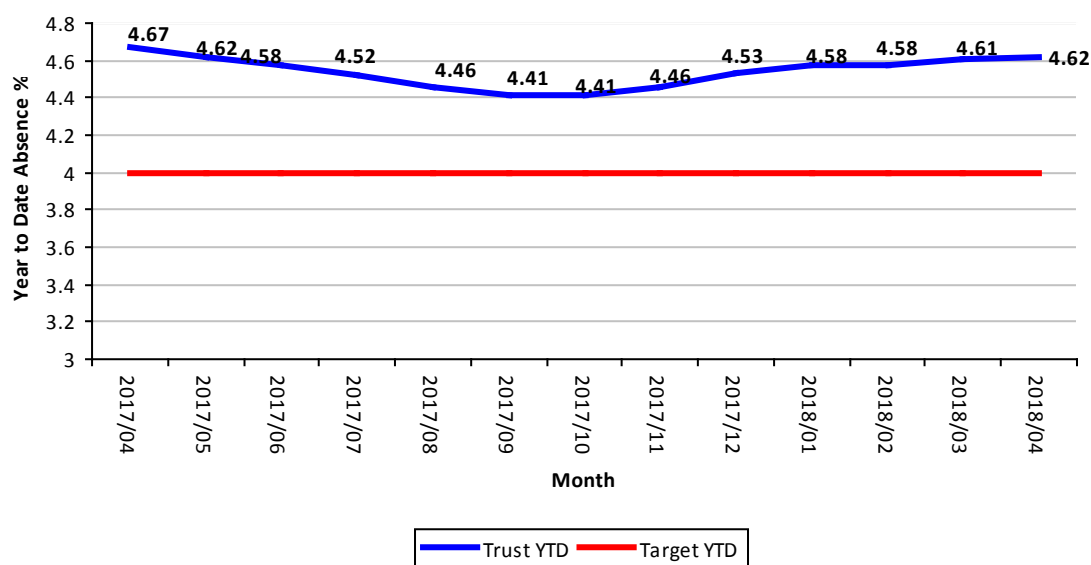
Apprenticeships

BTHFT has seen an increase in the number of starts in 2017/18 and apprentices across a wider range of professions/subjects than previously.

For 2018/19 this work stream will report to the Workforce Improvement Programme Board and up to the Bradford Improvement Board. Clear measurable targets have been set with specific output requirements. Actions will be taken to facilitate meeting of these targets and unblocking barriers towards achievement. A plan for 2018/19 has identified 182 apprenticeship starts, costing £913k to deliver from our levy contribution with a total of £962k of potential new savings identified. A range of actions have been identified to support achievement of the plan.

Sickness Absence

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



The year to date

absence percentage rate in April 18 is 4.62%. The absence rate has increased slightly in April. At this time last year the year to date absence rate was 4.67%.

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

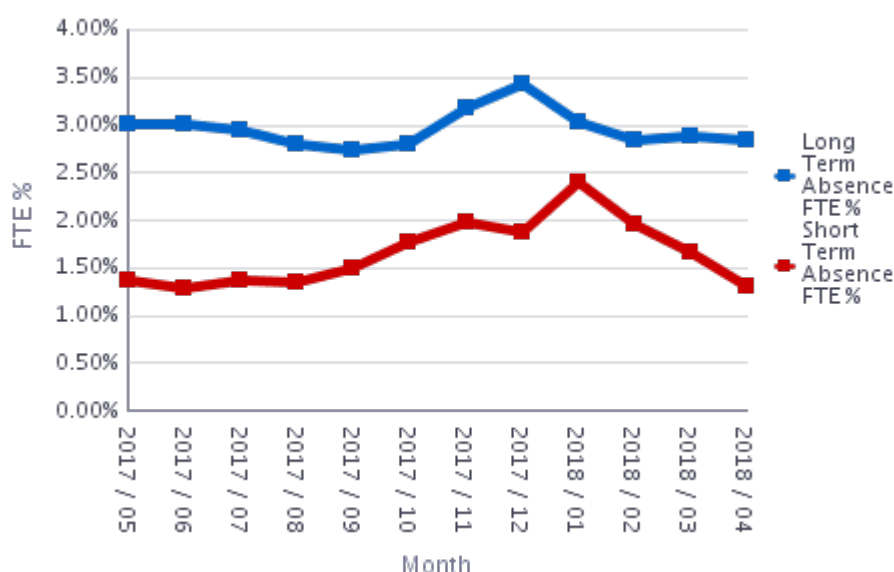
Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S98 Other known causes – not elsewhere classified*	20.5
S10 Anxiety/stress/depression/other psychiatric illnesses	19.6
S12 Other musculoskeletal problems	10.1
S25 Gastrointestinal problems	7.4
S13 Cold, Cough, Flu- Influenza	5.6

*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 showed a slight increase in March and subsequent slight decrease in April. Short term reduced significantly in both March and April.

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 % Apr 18	Trend
Medicine & Integrated Care	4.05%	4.63%	↑
Anaesthesia, Diagnostics and Surgery	3.93%	4.71%	↓
Women's & Children's	4.17%	4.54%	↑
Estates & Facilities	4.69%	5.74%	↓
Research		2.11%	↓
Core Central Services	3.67%	4.13%	↑
Pharmacy	3.55%	4.96%	↑
TRUST	4.00%	4.62%	↑

Monthly sickness rates have reduced in both March and April however the year to date Sickness absence rates have increased slightly over the same period.

Whilst overall year to date sickness absence rates have slightly increased this month, Estates and Facilities continue to improve with their rates reducing to 5.74% from 5.93% in March. DADS have also improved this month.

However, in Women and Children there has been an increase. Whilst the monthly absence rate has reduced, the year to date figure has resulted in this increase because in April/May last year, the year to date figure was below 4%. The area of particular concern is in Paediatrics, both in terms of absence level and with the additional clinical services staff group that applies predominantly to Health Care Assistants. In the Division of Medicine and Integrated Care, Elderly Care and Stroke have the highest Directorate absence level with the additional clinical sciences presenting as the highest staff group absence. Specialty Medicine 1 however, is the Directorate that has the highest absence for this staff group category.

The HR Attendance Officers are undertaking a detailed analysis into the specific areas concerned and working with Divisional Managers to identify the causation factors into the reasons and high levels of absence for this staff group. Action plans to address the issues are being developed to ensure that progress is made and attendance is improved.

Organisational Development (OD) update

Our main focus since March has been preparing for our Work as One Week, which took place from the 14th to 20th May. The week was in response to feedback from the staff survey that staff wanted greater ownership and responsibility around decisions, to have a say and to be more involved.

The week was about bringing our values to life as a Trust; when looking at our values, everyone in our organisation agreed 'We are one team' and Work as One Week put this to the test, applying our values to improve the flow of patients through our hospital, bringing into focus a way of working which we saw demonstrated during the EPR Go Live week.

In the weeks in the run up to Work as One week, the OD Team delivered a number of interface workshops, bringing together staff from various teams to talk about their role in different patient pathways. Leadership development sessions were delivered, aimed at key staff including the Site team; Matrons; Consultants; Ward Liaisons and the Steering Group (Senior Leaders involved in the week). Work as One Friends, volunteers from across the Trust, promoted our values and behaviours. Staff were encouraged to ask 'Curious Questions', to get people to think and behave differently, building on our leadership approach to develop a coaching culture.

This OD initiative is being evaluated in a number of ways. The OD Team is gathering data from a number of sources including a short 'Snapshot' survey, follow up interface workshops, 'walking the wards' and feedback from Work as One 'mail boxes', which were located across the Trust including the Community sites. The Staff Friends and Family Test and Staff Survey will enable us to benchmark data and measure the impact longer term. Patient experience outcomes are being gathered by the Chief Nurse Team and the Operations Team are gathering performance data.

We are Bradford work continues; the next phase builds on the success of Work as One Week, with workshops bringing our values as teams being rolled out. The revised Personal Responsibility Framework is launched at the end of May, with a focus on bringing our values to life as individuals.

Leadership development work continues; during May the first of the leadership sessions delivered as part of the Nursing and Midwifery Development Programme take place.

Staff Friends & Family Test

The Staff Friends and Family Test for Quarter 4 closed on 18th March 2018.

The Survey, which was carried out using Survey Monkey was open to all staff and was publicised by weekly communications on Global e-mail, Let's Talk Magazine and in Core Brief. Despite this, there was a very poor uptake with only 259 respondents (4% of employees) compared to 690 in quarter 2. This is something that we will be addressing with the Quarter 1 survey 2018/2019.

69% of staff responding were likely to recommend the Trust as a place to receive care of treatment (compared to 75% in Quarter 2) and 59% were likely to recommend the Trust as a place to work (compared to 63% in Quarter 2). Comparison data for Quarter 4 results will be available from NHS England on 24th May 2018.

Significant work is ongoing through the Organisational Development Team to improve employee engagement and experience at work through the action plans agreed as part of the People Strategy.

Review of Harassment & Bullying Policy and Staff Advocacy Training

The Harassment and Bullying Policy has been updated and is currently out for consultation. Proposals were developed and are now agreed to introduce staff advocates within Departments and Divisions with initial training booked for May 2018.

Appraisals

Performance in completion rates is still below our target; as of the end of April, appraisal rates were 78.41%, a slight decrease from March (at 78.53%). For the last four months the downward trend has slowed, with rates being maintained around 78%, however they have not yet shown an increase at Trust level. The divisions continue to be supported by the OD Team through a range of development workshops. A series of Let's Talk newsletter articles are being run throughout May, each focusing on a different aspect of the appraisal conversation framework. They highlight the importance of appraisals; the PRF and embedding our values into objective setting and sharing examples of good practice.

From April, the Workforce Information Team took over the reporting of appraisals. They are working with the OD Team 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.

Appraisals – as of 30 April 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
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
March '18	85.34	67.16	78.24	84.55	71.49	94.40	90.29	78.53
April '18	82.47	69.79	79.03	79.37	71.51	95.19	86.92	78.41

Mandatory Training by Division – as of 30 April 2018

Mandatory Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
April '18 Refresher (Core) compliance	91%	91%	95%	97%	96%	93%	98%	94%
April '18 Refresher (High priority) compliance	83%	88%	86%		96%	89%	100%	86%

Training Compliance		Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
April '18 Induction (Core) compliance		96%	96%	97%	99%	97%	94%	99%	96%
April '18 Induction (High priority) compliance		87%	90%	92%	99%	96%	97%	99%	89%

Data supplied by the Education Department

Mandatory training reporting has now changed to highlight staff who have never completed training and those staff who are outside of their refresher period (determined by the frequency of the subject). The reports are split into induction compliance training (shows a % of staff who have completed / have never completed training by subject), and refresher training.

Education will be working alongside Divisions over the coming weeks to offer support to improve these areas and contact will be made shortly.

National Update

Agenda for Change Pay Award

The NHS Staff Council has reached agreement on a refresh of the NHS Terms and Conditions of Service (Agenda for Change). The (Framework Agreement for 21 March 2018) forms the basis on which NHS Trade Unions are consulting with their members. The consultation will run until the 31 May 2018. Should this result in acceptance which the main Trade Unions are recommending to their members this will result in a 3 year pay deal as well as reform of the pay scales. Key points are:

- Increased starting salaries.
- Reduce the number of paypoints.
- Shorten the time it takes to reach the top of the payband for most staff.

The value of the top points of each payband will be increased by 6.5% cumulatively over the 3 year period for bands 2 -8c. The pay award also guarantees a minimum basic pay rate of £17,460 from 1 April 2018.

Medical and Dental Staff

NHS Employers and the BMA have agreed an amendment to the Terms and Conditions – Consultants (England) 2003. From 1st April 2018, Trusts must run local Clinical Excellence Awards.

New points awarded from 1 April 2018 will be time limited for between one to three years; will be non-pensionable and paid annually by lump sum.

Until 31 March 2021 there will be a minimum investment ratio of 0.3 points per eligible consultants annually compared to 0.2 as at present.

Local variations may then be introduced from 1 April 2021. The Trust will be discussing implementation with the Local Negotiating Committee.

There is no update on contract reform.

Recommendation

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

P Campbell
Director of Human Resources
July 2018

Glossary

Appendix 1

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