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Agenda Item: Bo.9.18.17

Workforce Report: Appendix 1

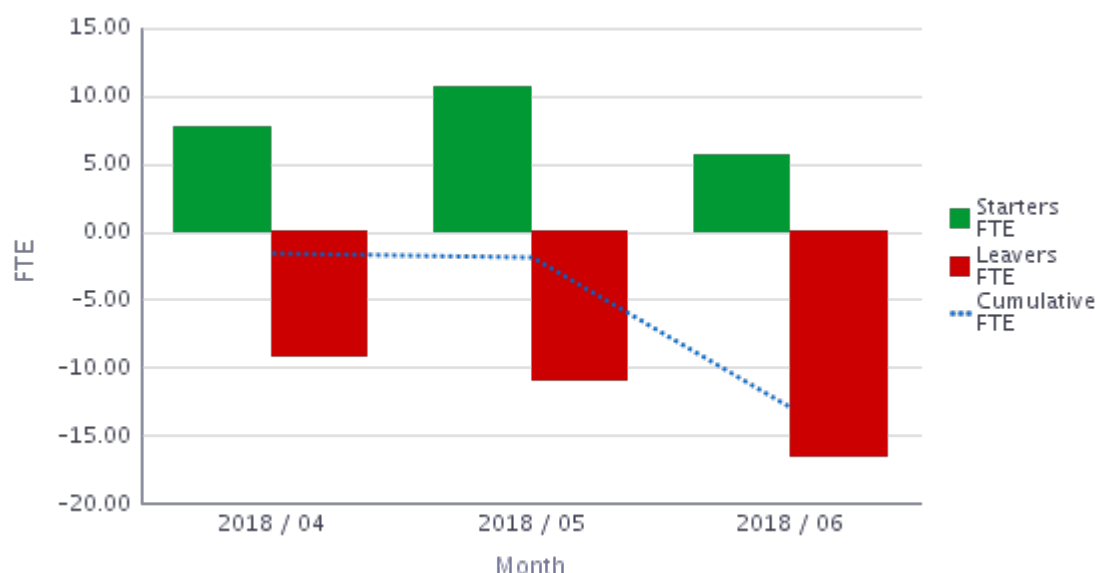
1. Introduction

The last workforce report was presented to the Workforce Committee in July 2018 with a summary report to the Board of Directors in September 2018. This report picks up key workforce themes and trends.

2. Staff in Post

The funded establishment has seen a further increase since the last report due to the impact of budget setting in Medicine and the safer staffing review in Neonates which is now reflected in budgets. Since the last report staff in post FTE has increased from 5239.20 FTE in April to 5251.84 at the end of June 2018 representing an overall increase across all staff groups of 12.64 FTE. The largest increase in FTE over the last two months has been in the Additional Clinical Services Staff Group (19.89 FTE) followed by the Admin & Clerical (7.64 FTE) Staff Group. The largest reductions in FTE over the last two months were in the Nursing & Midwifery Registered (7.72 FTE) and Medical & Dental (7.26 FTE) Staff Groups. The increases within the Additional Clinical Services Staff Group are in all three Clinical Divisions and related to recruitment of Healthcare Assistants and Trainee Healthcare Assistants. The reductions within the Nursing & Midwifery Registered Staff Group are predominantly in the Division of Medicine & Integrated Care with a small reduction within Womens & Childrens. The reductions within the Medical & Dental Staff Group are within Theatres and Plastics due to retirement and fixed term contracts ending.

Graph 1: Qualified nursing/midwifery starters and leavers



Graph 1 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 -12.87 FTE with 23.93 FTE registered nurses / midwives joining the Trust and 36.80 FTE leaving.

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3. Agency and Bank Usage

Agency usage has decreased overall and across the nursing and medical staff groups since the last report.

The shift to filling gaps with bank doctors rather than agency has remained in this reporting period. The primary need for medical agency staff is due to the Consultant vacancies. This will decrease as substantive Consultants come into post.

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 of Healthcare Assistants to the Nurse Bank continues to be successful. A total of 29 HCA's were offered bank posts in June. Fill rates for HCA's on the bank have increased over the reporting period.

Centralised control through the Flexible Workforce Department over the booking process enables the team to work 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. Following on from a meeting with Pulse (nursing agency), Pulse agreed to reduce their rates which has resulted in approx. £14.5k per month saving on agency nurses based on current spend.

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, A&E 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.

4. Turnover

There has been a slight decrease in turnover. Turnover for all staff groups is currently 11.48% compared to 11.62% in April. In June 2017 we reported turnover at 11.84% so this shows that overall turnover has shown a decrease.

Nursing turnover has shown a slight decrease with a figure of 13.49% in June compared to 14.00 in April, 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 April 2018 range from 8% to 17%. Yorkshire & Humber turnover rate compared with other regions is the 2nd lowest at 9.32% compared to the highest (Thames Valley) at 15.78%.

Analysis of reasons for leaving for staff in May & June are varied but for nursing from 32 leavers the most common reason for leaving was Voluntary Resignation – Relocation (8) Voluntary Resignation – Work Life Balance (5) Age Retirement (4)

5. Nurse Recruitment Update

Qualified nursing vacancies are running at 13.16% in the Division of Anaesthesia, Diagnostics and Surgery, 13.96% in the Division of Medicine, 13.6% in Womens and 4.85% in Childrens. Vacancies decreased in Medicine partly due to ward reconfiguration and

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establishment changes. Vacancies decreased slightly in Surgery and Childrens Services but key pressures still remain in Surgery. Childrens Services and Womens are on plan to have filled the majority if not all of their vacancies in October due to agreements to recruit above establishment. A detailed update was provided to the Committee on vacancies by band and impact of the newly qualified recruitment with the Committee also reviewing the detailed nursing and midwifery recruitment and retention plan.

6. Mitigation

Mitigation for areas with vacancies is detailed in the nurse staffing data publication report with details of the fill rates and the UNIFY report and heat map.

7. Allied Health Professionals (AHP) (July 2018)

Table 1: Vacancy rate in AHP workforce

Band	Funded Establishment	Vacancy	Vacancy Rate
Dietician Band 5 - 8	53.19	3.6	6.77%
Occupational Therapist Band 5 - 8	36.56	1.0	2.74%
Physiotherapist Band 5 - 8	111.91	1.5	1.34%
Radiographer Band 5 - 8	101.28	10.01	9.88%
Total	302.94	16.11	5.32%

Table 1 shows the vacancy rate in the Allied Health Professionals workforce. The number of vacancies in the Allied Health Professions continues to fall and has reduced from 6.92% to 5.32% since the last report. The main area of concern is Radiography where there are currently 10 vacancies. A workforce plan is in development.

8. Pharmacy (July 2018)

Table 2 shows the vacancy rate in the Pharmacy Workforce. The recruitment position for Pharmacy has improved considerably since the last report reducing from 13.22% to 7.55%. The Workforce Committee were advised of the recruitment and retention activity underway in Pharmacy.

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Table 2: Vacancy rate in Pharmacy workforce

Band	Funded Establishment	Vacancy	Vacancy Rate
Pharmacy Technicians Band 5	7.00	1.0	14.29%
Pharmacists Band 6	7.48	1.0	13.37%
Pharmacist Band 7	11.47	0	0.00%
Lead Pharmacist Band 8/9	25.96	2.00	7.70%
Total	52.97	4.00	7.55%

9. Consultant Recruitment

The Workforce Committee were informed of all pending recruitment, advertised posts, mitigating actions and where appointments had been made. An update on services under pressure is provided below.

10. 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. A separate piece of work re-overall workforce requirements has been undertaken including a call with Calderdale to enable assurance to be given to NHS England re staffing.

11. Maxillo Facial Surgery

Maxillo facial services continue to be a priority for the service collaboration review across WYATT. We are currently out to advert again to test the market.

12. Microbiology

There has been success in recruiting to one of the Consultant gaps although we have now had a retirement in the service. 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.

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13. 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.

14. 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, 414 exceptions had been submitted. 392 of these have been submitted since 2 August 2017.

248 new starters are expected to join the Trust on 1 August; 52 of these being Foundation Year One doctors who will undertake a 4-day period of shadowing from 26 July. A further 68 junior doctors, currently employed by the Trust, are due to rotate to new placements from 1 August. There are a small number of vacancies on trainee rotations – 2 F2s, 6 GPStRs and 1 ST1. The majority of these have been covered by the 2018 cohort of Post Foundation and Post Core Fellows. In addition to these, there are vacancies at Registrar level in Emergency Medicine and Paediatrics. Adverts are out on NHS Jobs for these and specialties are being kept updated.

15. 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 were some refusals from UK Visas and Immigration (UKVI) to requests that had been submitted during April, May and June for restricted certificates of sponsorships for doctors (overseas Tier 2 applicants) who have been offered posts in the Trust.

Following a change to immigration rules for doctors in training applying for restricted certificates of sponsorship, applications submitted for July's panel have been granted. Medical HR will continue to monitor this.

16. Apprenticeships

Recruitment to apprenticeship roles against the 2018/2019 plan is slightly behind trajectory at the end of Q1. 31 staff have been recruited onto an apprenticeship programme against a plan of 36. There are an additional 48 starters planned for Q2 which should bring us back into line with the plan. We are working towards entry to the register of approved apprenticeship training providers so that we can draw down funding from the apprenticeship levy directly into the organisation. A funding request has been submitted for a band 6 coordinator post to oversee this and we are attending an event in London in August aimed at supporting employers to become registered training providers.

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17. Sickness Absence

Graph 2 shows the year to date absence percentage rate. The rate in June 18 was 4.62%. The absence rate increased slightly in June having reduced slightly in May. At this time last year the year to date absence rate was 4.58%.

The Graph also shows Year to Date sickness absence (%) against target up to June 2018.

Graph 2: Absence Timeline – Year to Date Absence % Rate

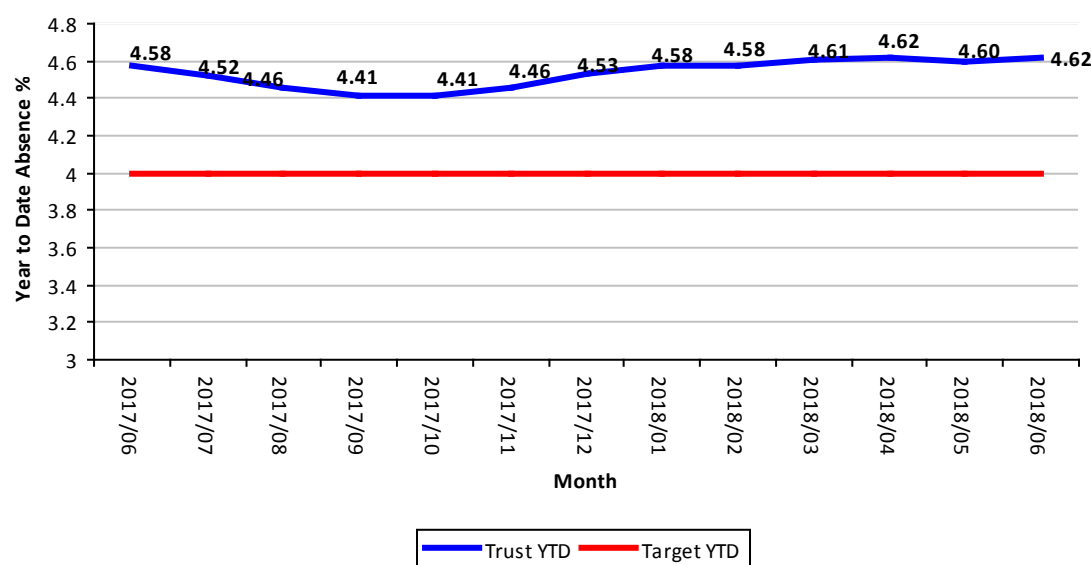


Table 3 shows the top 5 absence reasons in the Trust. Anxiety/stress/depression is no longer the most common reason for absence, this has been replaced by other known Causes, this is where the reason for sickness is known but it doesn't fit into one of the Standard Categories.

Table 3: Top 5 Absence Reasons by FTE Lost

Absence Reason	%
S98 Other known causes – not elsewhere classified*	21.0
S10 Anxiety/stress/depression/other psychiatric illnesses	19.1
S12 Other musculoskeletal problems	10.1
S25 Gastrointestinal problems	7.9
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

Graph 3 shows the long term and short term sickness trend. Long term sickness showed a slight increase in May but a more significant increase in June. Short term reduced slightly in May but showed an increase in June.

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Graph 3: Absence Long Term / Short Term

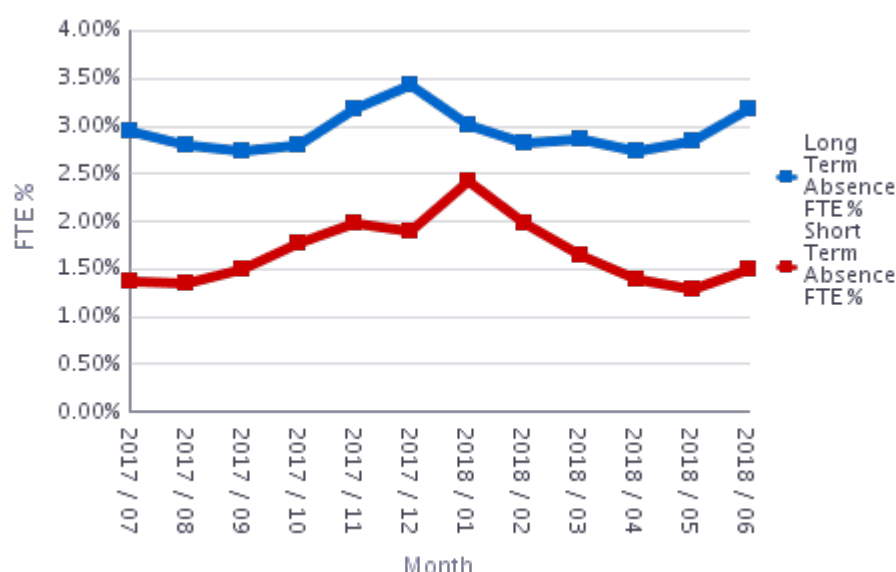


Table 4 shows the year to date sickness rates each month along with the target. Monthly sickness rates remained stable in May but have increased in June. The year to date Sickness absence rates reduced slightly in May but in June have crept back up. There have been increases this month across all areas with the exception of DADs and Research.

Table 4: YTD Sickness rates by Division

Division	Target	YTD Sickness % May 18	YTD Sickness % Jun 18	Trend
Core Central Services	3.67%	4.07%	4.17%	
Medicine & Integrated Care	4.05%	4.66%	4.74%	
Women's & Children's	4.17%	4.58%	4.65%	
Estates & Facilities	4.69%	5.55%	5.57%	
Anaesthesia, Diagnostics and Surgery	3.93%	4.61%	4.56%	
Research	N/A	2.03%	1.86%	
Pharmacy	3.55%	5.09%	5.25%	
TRUST	4.00%	4.58%	4.62%	

The biggest monthly variations to target are within Pharmacy 1.7% off target and a 0.16% increase from May, Estates and Facilities 0.88% off target and Medicine and Integrated care 0.69% off target.

The HR Attendance Officers continue to undertake analysis into the specific areas of concern and working with Divisional Managers to identify the causation factors into the reasons and high levels of absence. Weekly huddles are now set up with the Attendance Officers and the HR Operations team to review long-standing cases, lessons learned and to escalate cases to the HR Manager and Deputy Director of HR as appropriate.

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18. Organisational Development (OD) update

Work is focussing on two key priorities: We are Bradford – Work as One and Appraisals.

Work as One took place from the 14th to 20th May, with a focus on bringing our values to life as a Trust and working as one team to improve the flow of patients through our hospitals. The Work as One week showed that when we work together as one team, we can achieve results, work more efficiently and effectively together and improve patient flow. We saw people start to think differently and behave differently, which was building on our leadership approach to develop a coaching culture.

As a result of the success of Work as One week, the Steering Group agreed that there would be a Work as One Friday on the first Friday of every month and another Work as One week in September and January. The principles are still the same, continuing to focus on our values, working as one team, getting better all the time with the aim of empowering and engaging staff and there will be an operational focus for each Work as One Friday and Work as One week.

In addition, it has been agreed that a Work as One fortnight will take place from 13th to 26th August as June and the beginning of July has seen some significant increases in emergency attendances and further pressures on performance. The Steering Group will meet weekly to agree priorities and plan communications and the OD team will continue to work with and support key staff including the Site team, Matrons, Ward Liaisons and Work as One Friends in preparation for the fortnight.

We are Bradford work continues following on from Work as One week, which focused on bringing our values to life as a Trust. We are Bradford: Work as One focuses on bringing our values to life as teams. Senior Leaders and their teams are working with the OD team to schedule 2 hour workshops to be delivered for all staff to attend. The revised Personal Responsibility Framework has also been launched, which focuses on bringing our values to life as individuals. The PRF is promoted on the Let's Talk intranet hub and referenced as part of the We are Bradford: Work as One workshop.

Leadership development work continues; from May – July, six Nurses Development Programme leadership sessions have been delivered to Band 5, 6 and 7 nurses. Initial feedback has been positive and we are awaiting the formal feedback from the Education Team to enable us to review content and update if necessary.

19. Staff Friends & Family Test

The Staff Friends and Family Test for Q1 2018/19 opened on 11 June 2018 for three weeks closing on 1 July 2018.

The survey, which was carried out using Survey Monkey, was open to all staff and was publicised by weekly communications via global e-mail (every Wednesday and standalone emails), Let's Talk Magazine and Core Brief. Additionally, posters were displayed in general areas and cascaded to teams via senior leaders who encouraged people to take part and display the posters in staff rooms.

Our response uptake for Q1 2018/19 was 398 staff (5.8% of the workforce), which represented an improvement of 139 responses (1.8%) compared to Q4 2017/18. However,

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ongoing communication will be required to increase uptake moving forward, which will include promotional activity using social media channels, such as the new Human Resources Twitter page.

75% of staff responding were likely to recommend the Trust as a place to receive care of treatment (compared to 69% in Q4 2017/18) and 62% were likely to recommend the Trust as a place to work (compared to 56% in Q4 2017/18). Comparison data for Q1 2018/19 results will be available from NHS England on 23 August 2018.

Following analysis of 2017's NHS Staff Survey results, a Trust-wide action plan was agreed for 2018/19 targeting key areas of improvement in relation to employee engagement and experience. Progress in relation to the actions will continue to be monitored and reviewed throughout the year in line with Staff Friends and Family Test feedback.

20. Launch of revised Harassment & Bullying Policy and Staff Advocate role

The Harassment and Bullying Policy has been approved and is now available on the Trust Intranet. 8 new Staff Advocates attended a 3 day training course in Leeds at the end of May and 6 of the existing Harassment & Bullying Advisers attended in house training on 27th June to become Staff Advocates. A new intranet page, including contact details for each of the

staff advocates has been prepared and will be launched week commencing 16th July along with a series of communications to managers and staff over the ensuing weeks. The Staff Experience Manager is working with the Head of Equality on the best ways to collate, monitor and present findings based on the data gathered by the new Staff Advocates.

21. Appraisals

Performance in completion rates has continued to be challenging. Table 5 describes the current position. Despite continued work to improve performance, including plans and trajectories to meet the completion rate, we are still falling short of all eligible staff having an effective appraisal. As part of the CQC improvement plan to ensure all appraisals are completed by December 2018, the OD team are working on the following:

- Providing key messages for HR managers to communicate with Divisional managers and teams.
- Working with the Workforce Information Team to develop a fortnightly report updating on appraisal completion.
- Reviewing ESR records to look at how many managers have attended appraisal training and how many still need to attend, scheduling additional workshops to accommodate all managers before December 2018.
- Put together another appraisal newsletter with updated workshop dates, additional ESR guidance and information.
- Additional appraisee and manager guidance for time2talk intranet hub, with focus on aligning appraisals to trust values and behaviours.
- Let's Talk communications to update staff on key messages and focus for completion by December.
- Executive Management Team (EMT) have agreed the introduction of an appraisal season for September to November 2019. EMT have also agreed a series of actions to tackle the current backlog of appraisals and move to us achieving 95% completion rate by the end of December 2018.

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Table 5: Appraisals – as of 30 June 2018

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Core Central	Estates and Facilities	Research	TOTAL
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
May '18	73.20	67.41	77.96	70.99	67.82	93.83	85.32	74.01
June '18	73.29	70.08	75.73	72.60	70.47	93.82	83.19	74.56

22. Core and high Priority training

The core and high priority training compliance for June 2018 remains static. Table 6 provides a summary of mandatory training compliance by division. Table 7 provides details of induction compliance across the Trust.

The new core training days which started in July 2018 and changes to competency frequencies will take effect in July's report and we expect to see an increase in overall compliance as a result of these changes.

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Table 6: Mandatory Training Compliance by Division (Data supplied by the Education Department)

	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%
May '18 Refresher (Core) compliance	91%	91%	95%	98%	96%	94%	98%	95%
May '18 Refresher (High priority) compliance	83%	89%	86%		96%	95%	100%	86%
June '18 Refresher (Core) compliance	91%	91%	95%	97%	95%	92%	98%	94%
June '18 Refresher (High priority) compliance	86%	89%	85%		96%	95%	100%	86%

Table 7: Induction Training Compliance (Data supplied by the Education Department)

	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	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%		96%	97%	99%	89%
May '18 Induction (Core) compliance	97%	97%	97%	99%	97%	94%	99%	96%
May '18 Induction (High priority) compliance	87%	90%	92%		97%	97%	100%	89%
June '18 Induction (Core) compliance	97%	97%	97%	100%	98%	95%	99%	96%
June '18 Induction (High priority) compliance	88%	91%	89%		97%	98%	100%	90%

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23. National Update

Agenda for Change Pay Award

The new pay award as reported on last month will be paid to staff in July, with back pay in August.

Workforce Strategy

The West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy has now been published. The Strategy summarises the key challenges and actions into 10 major themes and recommendations under 3 headings in Workforce, Workplace, Planning, Investment and Infrastructure. Key strands of work are around promoting ODP careers and supporting carers.

Recommendation

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

P Campbell
Director of Human Resources
September 2018

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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