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## **Workforce Report: Appendix 1**

### **1. Introduction**

The last workforce report was presented to the Workforce Committee in September 2018.

### **2. Staff in Post**

Since the last report staff in post FTE has increased from 5251.84 FTE in June to 5310.70 at the end of August 2018 representing an overall increase across all staff groups of 58.86 FTE. The largest increase in FTE over the last two months has been in the Medical & Dental Staff Group (42.32 FTE) followed by the Allied Health Professionals (21.31 FTE) Staff Group. The largest reduction in FTE over the last two months was in the Nursing & Midwifery Registered (20.96 FTE) Staff Group. The increases within the Medical & Dental Staff Group are related to the Trust becoming lead employer for the Bradford GP Scheme from 1<sup>st</sup> August 2018. Previously they were employed by GP Practices and Bradford District Care Trust. As these staff don't sit within a clinical division they are included within the Core Central Services Division. The reductions within the Nursing & Midwifery Registered Staff Group are predominantly in the Divisions of Anaesthesia, Diagnostics & Surgery and Medicine & Integrated Care.

### **3. Agency and Bank Usage**

Agency usage has stayed static over the last 2 months and we are slightly under our targeted spend at the end of month 5. Agency usage has decreased across the Additional Clinical Services group as there has been a large increase in the deployment of Healthcare Assistants via the internal nurse bank within an 80%+ fill rate by HCAs achieved. In the last 12 months we have increased the HCA Bank by 30%. This has meant a decrease in use of agency Healthcare Assistants because of this.

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.

Agency use in the AHP, Medical & Dental and Admin & Clerical staff groups has remained static across 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. NHS Improvement revised their capped rates in line with the recent pay awards for NHS staff. We have maintained previous capped rates with the majority of agencies and stressed that the new NHSI rates are a maximum rate and we continue to negotiate under that capped rate where possible.

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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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.

Any agency member of staff over £100 an hour requires Chief Executive sign off and a process has been put in place to ensure both the Medical Director and Chief Executive sign off in these circumstances.

#### **4. Turnover**

There has been a slight decrease in turnover. Turnover for all staff groups is currently 11.27% compared to 11.48% in June. In August 2017 we reported turnover at 11.60% so this shows that overall turnover has shown a decrease.

#### **5. Allied Health Professionals (AHPs) and Pharmacy recruitment**

Vacancies have increased slightly within the allied health professions with the main area of pressure being Radiography. A workforce plan is in development to be presented shortly at Executive Management Team. Pharmacy continues to recruit well with only 2.7 vacancies in what is a challenged supply and demand market.

#### **6. 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.

#### **7. 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.

#### **8. 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.

#### **9. Microbiology**

There is no change to the position reported last month.

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## **10. Dermatology**

Dermatology remains a service under significant pressure with long-term gaps at consultant level. This is a service under pressure across WYATT. We continue to review the workforce model, and how we can better use GPSIs to fill gaps.

## **11. 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. The majority of the GP trainees who moved from practice employment to Trust employment under the GP Lead

Employer Scheme all transitioned to the new contract as at 1 August 2018. This is due to GP practices not having transitioned any of their trainees individually.

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, 519 exceptions had been submitted. 497 of these have been submitted since 2 August 2017.

A total of 315 junior doctors commenced new rotational posts during August 2018, the majority of these commencing 1 August. 218 of these were new starters to the organisation, approximately 30 moved from 'bank' to contracted posts, with the remainder moving specialty as part of an internal rotation. There were a small number of vacancies on trainee rotations – 3 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 have been out on NHS Jobs for these and specialties are being kept updated.

## **12. Restricted Certificate of Sponsorship**

At a recent Dean's Employer Engagement Forum, HEE reported that 32 trainees in Yorkshire and the Humber were still unable to work due to the ongoing delay at UK Visas and Immigration. We had 4 core medical trainees affected with delayed starts up until the 10<sup>th</sup> September 2018.

## **13. Apprenticeships**

We remain slightly behind plan for recruitment of apprentices before the end of Q2. Recruitment into HCA apprentice posts did not yield the expected numbers with only 8 out of 30 appointed. The first group of pre-employment trainees completed last week in collaboration with Job Centre Plus and Shipley College. 9 candidates attended and the feedback was excellent. They have been given a guaranteed interview if they apply for the apprentice health care assistant posts. We are going to continue with this initiative on a rolling basis with a view to adopting it for other job roles such as admin and clerical and estates and facilities. Well Bradford will also become part of the Collaborative.

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## 14. Sickness Absence

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

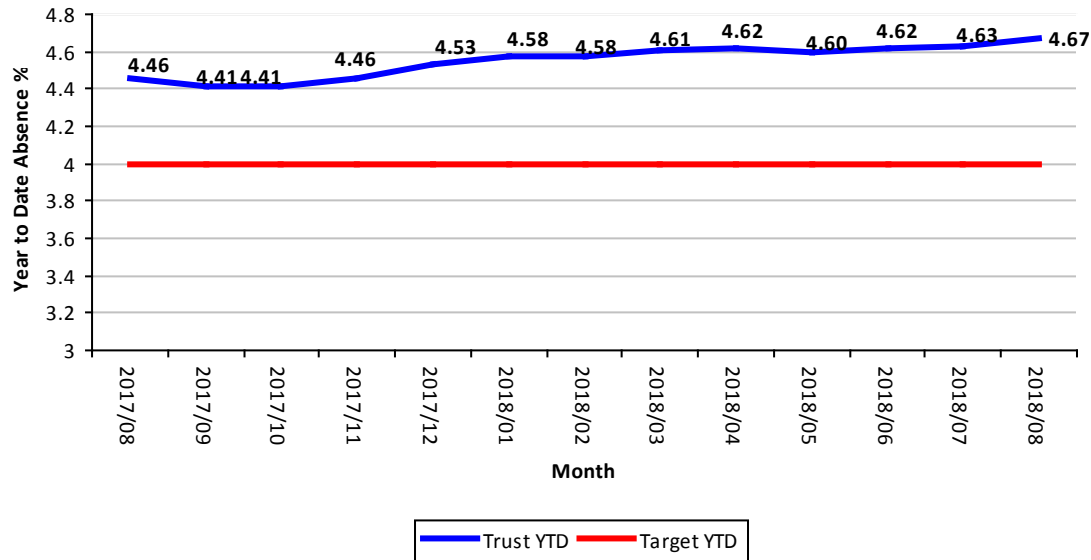


Table 1 shows the year to date absence percentage rate. The rate in August 18 is 4.67%. The absence rate has steadily increased in July and August. At this time last year the year to date absence rate was 4.46%.

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

### 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	18.6
S12 Other musculoskeletal problems	10.5
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

Table 2 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.

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

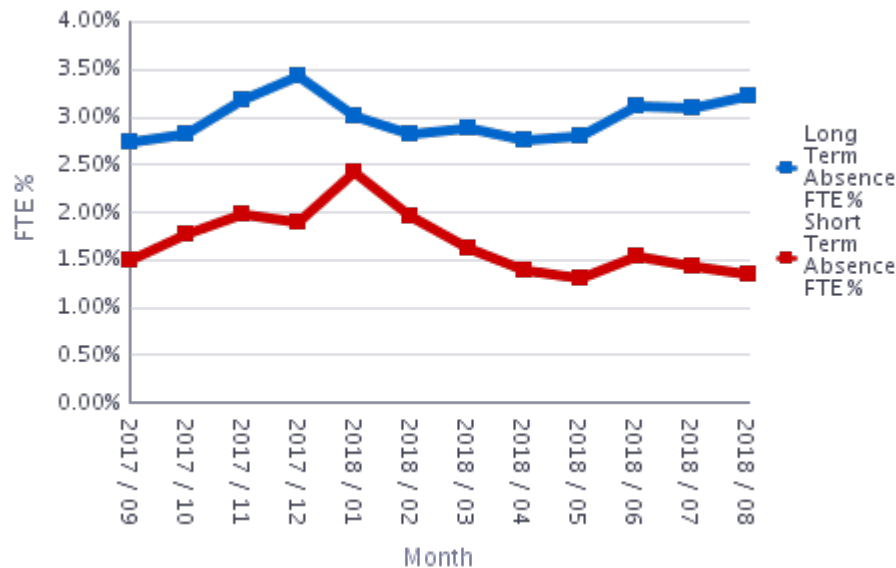


Table 3 shows the long term and short term sickness trend. Long term sickness showed slight increases in both July and August. Short term reduced slightly in July and August.

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 % Aug 18	Trend
Medicine & Integrated Care	4.05%	4.70%	↓
Anaesthesia, Diagnostics & Surgery	3.93%	4.53%	↓
Women's & Children's	4.17%	4.66%	↑
Estates & Facilities	4.69%	6.00%	↑
Research		1.70%	↑
Core Central Services	3.67%	4.47%	↑
Pharmacy	3.55%	5.33%	↑
<b>TRUST</b>	<b>4.00%</b>	<b>4.67%</b>	↑

Table 4 shows the year to date sickness rates each month along with the target. Monthly sickness rates reduced slightly in July but have increased in August. The year to date Sickness absence rates increased slightly in both July and August. There have been increases this month across all areas with the exception of Medicine and DADs.

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The first revised Attendance and Health and Well-being Group will meet in mid September. The new group membership will provide expertise from occupational health and the

attendance team with a view to commissioning more focussed work within areas which have high levels of absence related to the top 5 absence areas. The aim will be for HR and OH to do some focussed sessions with managers experiencing high levels of absence. Drop-in sessions have already been offered to employees. The renewed focus support to managers will be trialled mid to late October following the launch of this years flu campaign.

## 15. 2018/19 Influenza Vaccination Campaign

Following the success of the 2017/2018 influenza campaign where BTHFT achieved a final figure of 72% of front line staff, preparation for the 2018/2019 campaign has been ongoing since this summer. A target has been set by the Commissioning for Quality & Innovation scheme. This is an uptake of a 75% target for year 2018/19, with the date of submission being 28.2.19. (NHS England). Payment for this CQUIN is as below;

### Rules for partial achievement of indicator 1c – Year 2

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
<50%	No payment
50% up to 59.99%	25% payment
60% up to 64.99%	50% payment
65% up to 74.99% uptake	75% payment
75% or above	100% payment

In planning for the 2018/19 campaign, the Occupational Health Department already have in place updated Patient Group Directions (PGD's) as there are 2 different vaccines this year, one for staff 18-65 years and a separate for staff over 65 years. So far there are 30 staff who have been nominated or declared an interest in becoming peer vaccinators which is double that of the last campaign. Training is being arranged from the Occupational Health Department for this group so that they can safely work within the PGD's.

Clinics and hospital coverage had been planned to start on Monday 24<sup>th</sup> September but have had to be postponed due to lack of availability of the vaccine. At the time of writing it is hoped that vaccine supply should be available in early October.

NHS England have stated their ambition that 100% of healthcare workers with direct patient contact be vaccinated and there are a number of new requirements from last year. A detailed 'Flu' campaign is planned out and the Board will have an assurance report presented in November 2018.

## 16. Organisational Development (OD) update

Work is focusing on three areas: We are Bradford – Work as One; Appraisals and Leadership development. This month also sees the launch of the annual NHS Staff Survey.

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Following the success of the Work as One week in May, our first Work as One fortnight took place from 13 to 26 August. Work as One aims to bring our values to life through an operational context; the fortnight focused on patient and theatre flow and continuing to embed the outcomes of the previous event including Criteria Led Discharge and

Multidisciplinary Wards Rounds. The fortnight also focused on a clean and tidy work environment which teams across the Trust got involved in. The Work as One fortnight showed again that when we work together as one team, we work more efficiently and effectively and can make a difference. Stories from the fortnight are being featured in the Let's Talk newsletter. The outcomes of the Work as One fortnight will be presented at the Senior Leaders Forum on 28 September.

We are Bradford sessions, bringing our values to life as teams across the Trust continue to be rolled out with sessions delivered in HR, the Chief Nurse Team and DADS SLT and Matrons; GE Healthcare continue to support delivery for teams in DADS.

Leadership development work continues; in August 18 leadership workshops were planned as part of the Leadership and Management Development framework (modules from Leadership Essentials, Leading Others and Management Essentials and Nurses Development Programme). However eight were cancelled; the main reason was low numbers. 17 events are planned for September. Plans to deliver the one day Leadership Essentials programme and two day Leading Others programme in the autumn are underway with priority areas being allocated places on the programme with Divisions and Departments being responsible for making sure the programmes are fully attended.

## **17. NHS Staff Survey**

The NHS Staff Survey launched on 13 September and runs until the end of November. Last year we had a significantly higher response from the online surveys, so we are increasing the number of online surveys this year with the aim of getting a higher response rate (80% online and 20% paper surveys). We have allocated 20 minutes protected time to all staff so they have the opportunity to take part in the survey. The survey is being widely promoted with information about the importance of the survey, confidentiality and how we use the results available on the revised intranet hub. The survey provides the measures for our OD work and being in the top 20% NHS employers; it also provides us with direction for our work in 2019/20.

## **18. Staff Friends and Family Test**

Results from the Staff Friends and Family Test (SFFT) for quarter two showed 66% of staff were likely to recommend the Trust as a place to receive care or treatment (compared to 75% in Q1 2018/19) and 53% were likely to recommend the Trust as a place to work (compared to 62% in Q1 2018/19). Our response rate has also decreased from 398 staff in Q1 to 204 in Q2 (a response rate of 3.4%), despite a promotion campaign aimed to increase response rates.

Comparison data for Q2 2018/19 results will be available from NHS England on 22 November 2018. Comparison data for Q1's SFFT showed that we scored lower, on average, on both key measures compared to other acute trusts. 83% recommended their organisation



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as a place to receive care or treatment compared to our score of 75% and 67% recommended their organisation as a place to work compared to our score of 62%.

Trusts with high scores are being contacted so we can learn from their experiences and good practice.

## **19. Appraisals**

The appraisals completion rate for August has increased from 75.08% in July to 77.08%.

Division of Women and Children increased from 75.95% to 82.87% and Division of Medicine and Integrated Care increased from 76.12% to 80.21%. Division of Anaesthesia, Diagnostics and Surgery has slightly decreased from 71.73% to 71.59%.

Discussions took place with DGMS and Heads of Nursing for each Division about appraisals, discussing priority areas for additional support or action and making sure they are aware of information available to support managers. This was followed up with a briefing note to share at team meetings and huddles, including links to guidance; how to record appraisals in ESR; information about management workshops and further support available.

EMT agreed that appraisal training was essential for all managers so extra workshop dates have been added to the OD training plan, however attendance and uptake is not good despite being widely advertised. Divisions are provided with information to identify managers who still need to attend the workshop and this is being monitored by the OD team.

The Workforce Information team are continuing to support teams in how to record appraisals on ESR. New functionality on ESR is being launched this month enabling managers to identify appraisals due now and in one, three and six months.

Protected time on Health roster was introduced last month so managers could schedule time in to rotas to help with planning appraisals. A report run on 3 September shows that up until December, only 12 people have allocated time for appraisals using this system; work continues to promote this as a way of making sure time for appraisals is planned and protected.

Work will continue in September, focusing on targeted support for identified areas; making sure all managers know how to record appraisals on ESR and update the system promptly; making sure protected time is allocated to meet the December target and developing managers to carry out effective appraisals.



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Appraisals – as of 31 August 2018

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Core Central	Estates and Facilities	Research	TOTAL
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
July '18	76.12	71.73	75.95	59.70	67.90	89.61	90.52	75.08
August '18	80.21	71.59	82.87	69.47	66.67	88.95	90.74	77.08

## Mandatory Training by Division

### Mandatory Training Compliance

Mandatory Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	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%
July '18 Refresher (Core) compliance	92%	91%	95%	97%	95%	92%	98%	95%
July '18 Refresher (High priority) compliance	87%	90%	87%		99%	96%	100%	90%
August '18 Refresher (Core) compliance	90%	89%	90%	97%	93%	93%	97%	94%
August '18 Refresher (High priority) compliance	85%	88%	86%		87%	86%	100%	89%

### Induction Training Compliance

Training Compliance	Medicine & Integrated Care Denominator (total competencies)	Anaesthesia, Diagnostics & Surgery Denominator (total competencies)	Women & Childrens Denominator (total competencies)	Pharmacy Denominator (total competencies)	Core Central Services Denominator (total competencies)	Estates & Facilities Denominator (total competencies)	Research Denominator (total competencies)	Total
August '18 Induction (Core) compliance	97% 777	97% 516	95% 265	100% 111	97% 280	89% 126	100% 96	96%
August '18 Induction (High priority) compliance	88% 136	88% 129	88% 83		93% 15			71%

Data supplied by the Education Department

The induction report now shows only compliance for new starters who have joined the trust within the last three months, but excludes staff in training (such as foundation doctors).

Compliance in August has seen a reduction. This is predominantly because of the EPR training window from 12 months ago which allowed staff to focus on attending EPR training as opposed to mandatory training. A large proportion of these competencies have now expired, but work will continue by Education to contact any staff members who have expired training. Support is offered by Education, to staff and this continues to be well received.

With two Core Training Days in October, we anticipate that an increase in compliance will take effect in October.

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***Recommendation***

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

***P Campbell***

***Director of Human Resources***

***November 2018***



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