

Data as at 31.10.18

	DIVISION							
	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Womens & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	1740	1760	885	152	884	564	134	6119
Staff in Post (FTE)	1558.18	1593.47	741.32	135.06	789.71	455.98	116.62	5390.32
Establishment	1799.41	1816.14	755.71	137.05	850.02	559.62	178.60	6096.55
Agency Usage (FTE)	77.41	62.83	10.49	2.50	19.99	21.27	0	194.49
Bank Usage (FTE)	214.91	116.50	40.59	0	7.33	40.58	0.65	420.56
Turnover	11.60%	10.29%	11.48%	6.46%	12.08%	10.28%	12.70%	11.01%
Monthly Sickness %**	4.50%	4.91%	5.30%	2.41%	5.24%	6.62%	1.25%	4.90%
YTD Sickness %**	4.66%	4.55%	4.80%	5.23%	4.72%	6.44%	1.58%	4.75%

	STAFF GROUP									
	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Whole Trust
Staff in Post (Headcount)	219	969	1489	358	522	92	749	1719	2	6119
Staff in Post (FTE)	186.44*	851.73	1307.67	309.75	417.74	84.07	700.02	1530.91*	2.00	5390.32
Establishment	116.29*	1000.18	1454.38	315.46	533.02	120.91	764.67	1791.64*	0	6096.55
Agency Usage (FTE)	8.01	27.80	24.89	12.19	25.03	2.24	13.98	80.35	0	194.49
Bank Usage (FTE)	0	216.71	0	0	41.43	0	36.28	126.14	0	420.56
Turnover	8.04%	10.63%	10.57%	13.11%	10.14%	7.80%	6.62%	12.61%	80.00%	11.01%
Monthly Sickness %**	3.63%	6.90%	4.64%	3.71%	7.06%	2.56%	1.62%	5.44%	4.84%	4.90%
YTD Sickness %**	4.77%	7.18%	4.50%	3.51%	7.32%	2.46%	1.42%	4.78%	17.10%	4.75%

* ODP's/Theatre Nurses are split out into the relevant staff groups for the staff in post figures but not for the Establishment figures.

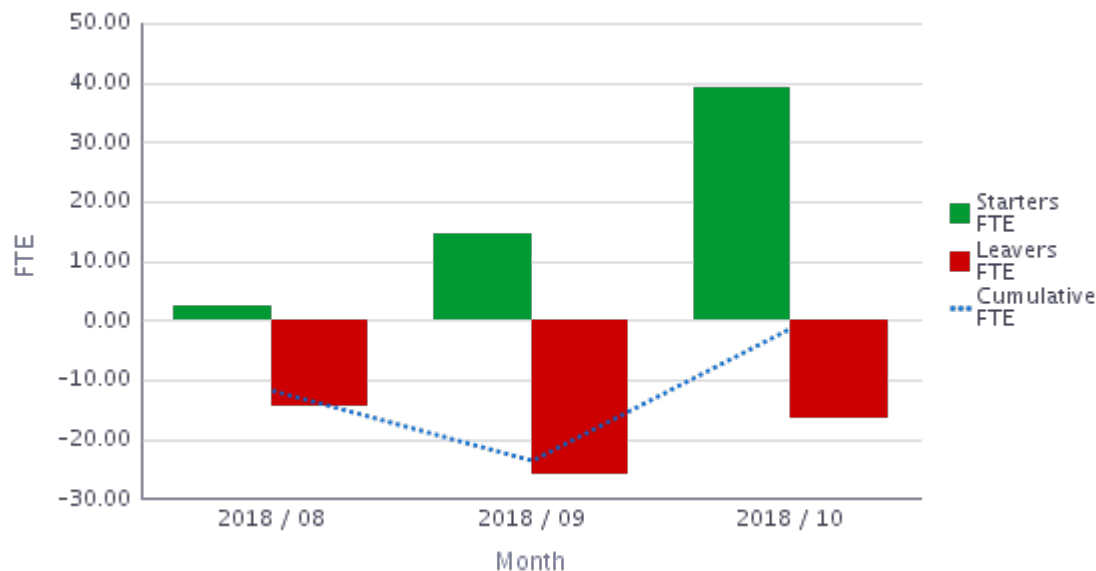
** The above Sickness figures are an indicative figure as at the end of October 18

Establishment, agency and Non-Medical bank usage data supplied by Finance. Medical Bank usage supplied by Flexible Workforce Team. Agency includes direct engagement.

Please note: The Establishment figures for Research staff are counted within the overall Research Division, however where staff are line managed in Clinical Divisions the rest of the figures include them under the relevant Division. Therefore there is a mismatch between the Establishment data and the rest of the data for Research staff only.

Staff in Post

Since the last report staff in post FTE has increased from 5310.70 FTE in August to 5390.32 at the end of October 2018 representing an overall increase across all staff groups of 79.62 FTE. The largest increase in FTE over the last two months has been in the Nursing & Midwifery Registered Staff Group (44.55 FTE) followed by the Additional Clinical Services (17.69 FTE) Staff Group. The largest reduction in FTE over the last two months was in the Allied Health Professionals (8.72 FTE) Staff Group. The increases within the Nursing & Midwifery Registered and Additional Clinical Services Staff Groups are due to newly qualified Nurses joining and recruitment for HCAs and apprentice HCAs. A few of the newly qualified nurses are still included in the Additional Clinical Services Staff Group as they are awaiting their NMC registrations.



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 October showing a significant increase in starters. The cumulative position for the 3 months is -1.84 FTE with 55.81 FTE registered nurses / midwives joining the Trust and 56.95 FTE leaving.

Agency and Bank Usage

Agency usage has decreased further across the Additional Clinical Services group as there has been a large increase in the deployment of Healthcare Assistants via the internal nurse bank with an 85%+ fill rate by HCAs achieved. In the last 12 months we have increased the Healthcare Assistant Bank by 30%. This has seen a decrease in use of agency Healthcare Assistants and more shifts filled by our own bank staff. DADs and DOMIC have stopped using agency HCA's unless approved by their Head of Nursing.

Agency use in the AHP and Medical & Dental staff groups has remained static across the reporting period. The primary need for medical agency staff is due to Consultant vacancies.

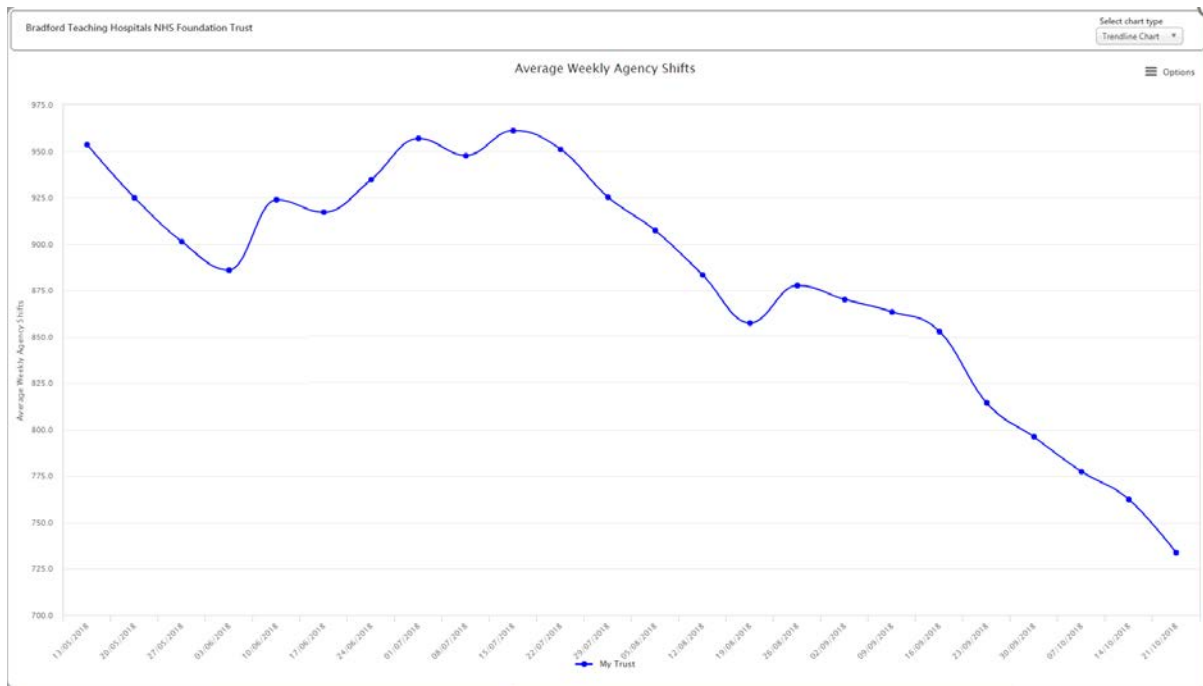
Board of Directors: 10.01.19

Agenda Item: Bo.1.19.23

Appendix 1

Admin & Clerical has seen a decrease in agency use due to successful substantive recruitment.

We have seen an average weekly decrease in agency shifts used from 953 in May 2018 down to 733 in October. November is already seeing a further drop to under 600 shifts per week on average.



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. An agency monitoring meeting is in place with the Medical Director, Chief Nurse and Finance representation to review our agency usage and spend.

The ability to consistently fill shifts under the agency cap remains challenging, particularly for medical agency locums.

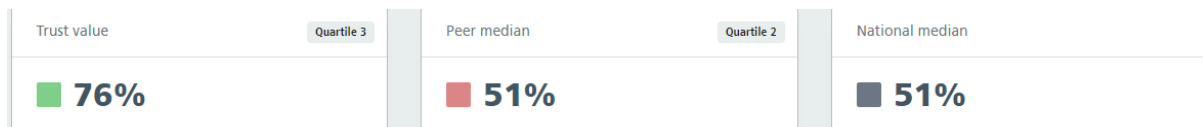
Any agency member of staff over £100 an hour requires Chief Executive sign off and a process has been put in place to ensure both the Medical Director and Chief Executive sign off in these circumstances.

The following benchmarking data is taken from NHS Improvements Model Hospital resource.

In September 2018 the average cost per agency shift for BTHFT was £182 compared to the national median of £499 and the peer median (Yorks & Humber) of £517.



Our compliance in meeting NHS Improvements capped rates is also above the national and peer medians at 76% compared to 51%.



Turnover

There has been a slight decrease in turnover. Turnover for all staff groups is currently 11.01% compared to 11.27% in August. In October 2017 we reported turnover at 11.80% so this shows that overall turnover has shown a decrease.

Nursing Recruitment Update

Overall a positive picture as can be demonstrated below with the emphasis going forwards being firmly on retention.

Division of Surgery and Anaesthesia

Nursing Vacancies against funded establishment
(September 2017)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	492.12	95.68	19.4%
Band 6	71.33	3.30	4.6%
Band 7	59.69	1.20	2.0%
Band 8	23.45	0.00	0.0%
TOTAL	646.59	100.18	15.5%

Nursing Vacancies against funded establishment (October 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	447.38	53.87	12.0%
Band 6	85.65	1.28	1.5%
Band 7	55.88	0.20	0.4%
Band 8	28.40	0.00	0.0%
TOTAL	617.31	55.35	9.0%

The vacancy rate has reduced at all levels when comparing with last year with an adjustment in the funded establishment showing a decrease in band 5 but increase at band 6. This is a positive position for the Division with theatres and wards 27/28 having an improved but still challenging vacancy position.

Division of Medicine

Nursing Vacancies against funded establishment
(September 2017)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	395.80	79.22	20.0%
Band 6	112.82	14.51	12.9%
Band 7	97.36	6.00	6.2%
Band 8	23.60	0.00	0.0%
Total	629.58	99.73	15.8%

Nursing Vacancies against funded establishment
(October 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	364.85	61.48	16.9%
Band 6	128.73	8.80	6.8%
Band 7	99.25	5.00	5.0%
Band 8	30.08	3.00	9.97%
Total	622.91	75.28	12.1%

The Division of Medicine have also seen a reduction in vacancies across all bandings with the exception of band 8 posts. The main area of concern remains Stroke and despite concentrating the August Facebook campaign on that area no appointments were made.

Division of Women & Children's

Nursing Vacancies against funded establishment

Nursing Vacancies against funded establishment

Women's (September 2017)

Women's (October 2018)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	201.22	10.50	5.2%
Band 7	36.08	0.00	0.0%
Band 8	3.00	0.00	0.0%
Total	240.30	10.50	4.4%

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5/6	200.58	3.00	1.5%
Band 7	33.59	0.00	0.0%
Band 8	5.00	0.00	0.0%
Other	0.00	0.00	0.0%
Total	239.17	3.00	1.3%

Since September 2017 there has been a significant reduction in band 5 and 6 vacancies against a slight reduction in the funded establishment of less than 1 wte. The vacancy rate at band 7 and 8 has remained the same. No areas of concern were raised and the vacancy rate remained healthy at 1.3% which is a decrease of 3.7% from last year.

Children's (Paediatrics and Neonates) (September 2017)

Children's (Paediatrics and Neonates) (October 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	119.87	23.43	19.5%
Band 6	36.01	6.22	2.6%
Band 7	27.87	1.92	6.9%
Band 8	7.00	0.00	0.0%
Total	190.75	26.28	13.8%

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	119.87	5.42	4.5%
Band 6	39.11	0.12	0.3%
Band 7	23.96	0.14	0.6%
Band 8	6.11	0.40	6.5%
Total	189.05	6.08	3.2%

In the Children's directorate there has been sizeable decrease in vacancy rates at band 5 of 15% the same can be said for band 6 and 7 vacancies which have significantly reduced. The overall reduction in the area over the last twelve months was 10.6%. There have been small establishment changes. There remain no areas of concern in this directorate.

Nurse Recruitment and Retention

Over the last 2 months, 2 overseas nurses have passed their OSCE and have received their NMC registration. A further overseas nurse is expected to arrive in the UK early next year to work on ward 27, orthopaedics. We have recruited 2 return to practice nurses for elderly and renal care and are in the process of offering a further 3 return to practice contracts within paediatrics for a February 2019 university cohort.

There have been two rounds of apprentice HCA generic recruitment for the divisions, where 25 have been offered positions in total. Two of the candidates interviewed had completed the traineeship that had been supported by job centre plus and the Trust, however this did not translate into job offers at interview. Further work is taking place to recruit to HCA vacancies.

Divisional representatives attended the annual careers open day at Bradford University and promoted the Trust's open day, which is planned for 5th December 2018. This is currently being publicised through the Facebook pages with a good level of interest and applications for posts have already been received.

Two interview days have been held for trainee nursing associate recruitment. 20 positions have been offered across DOMIC, DADS and Children's divisions. 5 reserves have also been identified for a later cohort in 2019. These trainees will commence in post on 10 December 2018.

New starters this Autumn include 48 adult registered nurses, who have commenced over a 4 week period, with a further 18 identified to commence on a January 2019 induction. There are 16 registered children's nurses who have commenced in on ward 30/32 and NNU. 18 Registered Midwives commenced on induction in the middle of October.

All the newly qualified staff appointed will have an initial introductory supernumerary period and will then commence the Trust preceptorship programme.

The transfer process continues with increased interest from the unregistered workforce and is reviewed monthly in the nursing and midwifery recruitment steering group.

There continues to be good attendance and feedback at the nurse leadership development sessions for bands 5, 6 and 7 with further dates planned for 2019 and bookings already taken.

The nursing recruitment brochure has been approved to be utilised at the open day in December.

AMU had a very successful Facebook campaign month in October, which resulted in 17 people attending an open day and all requesting an interview. From this 14 nurses have been appointed. (Of these 1 qualifies March 2019, 6 qualify August/September 2019 and the remainder can commence post pre-employment checks.)

Allied Health Professionals (AHPs) and Pharmacy recruitment

Filling vacancies within the radiography workforce remains the key challenge for these groups, in addition to the long standing issues in the theatre workforce.

A detailed radiography workforce plan has now been agreed in principle by the Executive Management Team and a recruitment plan is due to commence.

An Operating Department Practitioner apprenticeship framework has recently been approved; the Division is seeking approval to recruit to up to ten apprentice ODPs with effect from early 2019 which would be a Trailblazer programme and provide the ODP workforce for the future.

Consultant Recruitment

Pending:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant Vascular Surgeon	Approval received 07.02.2017	ON HOLD	N/A	See narrative below
Consultant in Respiratory Medicine	Re-advertised 25.05.2018	ON HOLD	N/A	Agency cover in place. Division reviewing JD/PS prior to re-advertising.
Consultant Pathologist (1 wte)	Advertised 23.05.2018	ON HOLD	N/A	Consultant colleagues covering.
Consultant in OMFS (TMJ)	Re-advertising Approval received 14.09.2018	ON HOLD	TBC	New post - Existing staff trying to contribute to closing the gap; 1 agency consultant in place.
Consultant in ENT	Advertised 24.10.2018	ON HOLD	TBC	New post – Consultant colleagues covering additional clinics etc.

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Medical Oncology	30.10.2018	TBC	TBC	New Post.
Consultant in Urology	10.10.2018	06.12.2018	TBC	New Post - Consultant colleagues covering additional clinics etc.
Consultant in Stroke Medicine	30.10.2018	TBC -re-arranging due to candidate availability	TBC	Replacement post, Agency Consultant in place.
Consultant in Dermatology	09.11.2018	12.12.2018	TBC	Replacement post.
Consultant in Geriatrics	19.11.2018	TBC	TBC	Consultant colleagues covering.
Consultant in Acute Medicine	Re-advertised 15.11.2018	TBC	TBC	Replacing locum post.

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Neonates	27.07.2018	19.09.2018	Dr Catriona Firth SD: 12.10.2018	Replacement post,
Consultant in Colorectal Surgery	09.05.2018	03.07.2018	Miss Karen Maude SD: 22.10.18	Replacement post,
Consultant in Dermatology with Plastic Surgery	19.06.2018	30.08.2018	Mr Jas Tan SD- 01.11.2018	Replacement post,
Consultant in Oral Surgery	19.07.2018	10.09.2018	Miss Divya Keshani SD: 01.11.2018	The current Associate Specialist has been approved for conversion to Consultant post
Consultant in Nephrology and General Medicine	20.04.2018	25.06.2018	Dr Mansoor Ali SD:12.11.2018	Replacement post
Consultant in ENT – with interest in Rhinology	30.07.2018	28.09.2018	Mr Sandeep Mistry SD: 12.11.2018	New Post
Consultant in Ophthalmology	27.07.2018	26.10.2018	Mr Kamran Khan SD: TBC	Replacement post, managed by current locum
Consultant in Obstetrics	10.08.2018	24.10.2018	Dr Amy Hufton SD: TBC	New Post, workload managed by current colleagues
Consultant in OMFS (Orthognathic)	17.08.2018	02.11.2018	Mr Ibraz Siddique SD: TBC	Agency locum in post
Consultant in Haematology	Re-advertised 29.08.2018	09.10.2018	Dr Giridharam Durgam SD: 29.04.2019	Replacement post, Agency Locum in post
Consultant in Rheumatology	09.07.2018	07.09.2018	Dr Rebecca Ansell SD: Nov 2019 – currently on Maternity Leave	Replacement post
Consultant in Plastic Surgery with interest in Breast Reconstruction	30.04.2018	29.06.2018	Dr Adeyinka Molajo SD: 11.11.2019 Currently on fellowship	Replacement post Current locum consultant in post till June 18

Vascular Surgery

The new Vascular Network is developing a unified appointments process for Surgeons and Interventional Radiologists. NHS England have now given support to the Vascular reconfiguration across West Yorkshire.

Microbiology

We continue to provide the service jointly between Microbiology and Infection Control Consultants utilising agency where we can. We have only 1 substantive Microbiologist between Bradford and Airedale against 5 posts. There is no immediate solution to what is a West Yorkshire problem.

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 GPSs to fill gaps. Since the last report the existing Consultant has handed in her notice and an advert is out for her replacement.

Medical Oncology

Continued failure to recruit with a further impending vacancy at Airedale. This is a service under pressure and The Cancer Alliance is reviewing the provision across West Yorkshire.

Junior Doctors' Recruitment/2016 Contract Implementation

Trainees continue to transition to the new contract. There do remain some trainees on the 'old' contract due to being on maternity leave or out of programme. It is difficult to quantify numbers as these doctors will continue to move round the region and will transition to the new contract at the point that they return to their training rotation.

All trainees who have transitioned to the new contract are able to exception report via an online system. Between 7 December 2016 and 31 October 2018, 592 exceptions had been submitted. 570 of these have been submitted since 2 August 2017.

HEE have issued all the rotations for February 2019 to employing Trusts. Work is ongoing to ensure pre-employment checks are undertaken for all new starters and to assess where vacancies can be filled with the 2018 cohort of Post Foundation Fellows. Areas of concern are Paediatric middle grade cover and Emergency Medicine middle grade cover; however rotations from February suggest all posts in Emergency Medicine will be filled.

Apprenticeships

56 apprenticeships are in place at the end of Q2 which is behind trajectory. There are 53 definite planned starts for Q3 with several others in progress. Apprentice health care assistant roles is behind trajectory as the roles have been difficult to recruit to despite delivery of 2 traineeship programmes to increase the employability of potential applicants.

Apprenticeship activity is now recorded within ESR. Apprenticeship coordinator is working closely with recruiting managers in the Trust to review suitability of roles for and to promote apprenticeships.

EU Settlement Arrangements

In advance of the UK's exit from the EU on 29 March 2019, the UK government has committed to protect the rights of EU citizens and their family members currently living in the UK. This includes the right to live here, work here and access public services such as healthcare and benefits. To retain these rights **after 31 December 2020**, EU citizens must apply for UK immigration status under the EU Settlement Scheme.

The Home Office is testing the EU Settlement Scheme through a series of pilots ahead of the public launch. This second phase of the pilot starts 29 November and runs until 21

December this year. This covers employees in the higher education and health and social care sectors.

This pilot is testing the application process that EU citizens and their family members will use when the scheme opens fully next year.

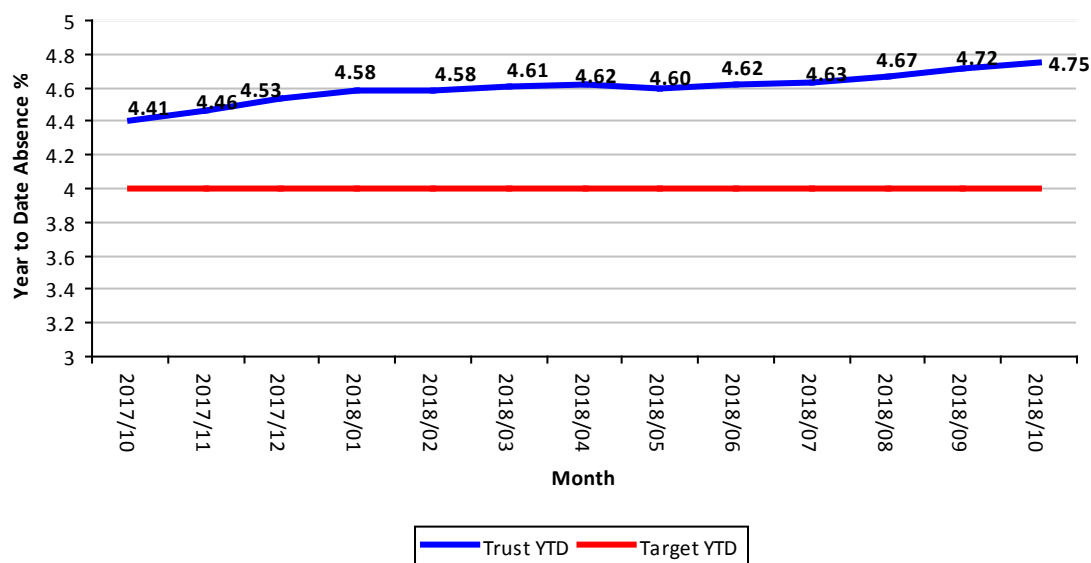
The Human Resources Department will be sharing the information about the Scheme with employees who are EU citizens or dependents of EU citizens and encouraging them to take advantage of the early application process and ensure they are able to continue working in the UK from 2021 onwards.

Closure of Band 1

As part of the 2018 pay deal, band 1 is being closed to new entrants from the 1 December 2018. A Partnership Group has been set up in the Trust to review band 1 roles, plan for the transition and prepare for recruitment of new starters from 1 December onwards.

Sickness Absence

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



The year to date absence percentage rate in October 18 is 4.75%. The absence rate has continued to steadily increase in September and October. At this time last year the year to date absence rate was 4.41%.

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

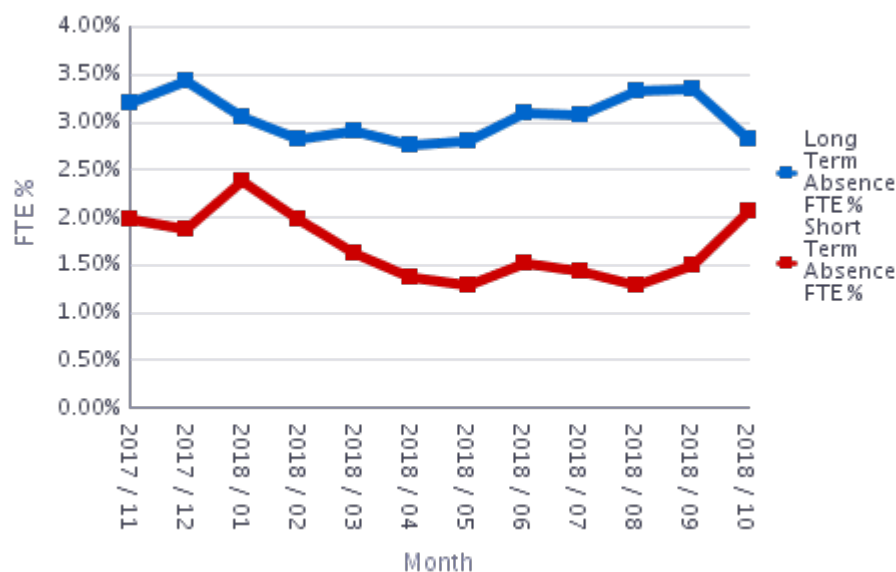
Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S98 Other known causes – not elsewhere classified*	20.1
S10 Anxiety/stress/depression/other psychiatric illnesses	19.6
S12 Other musculoskeletal problems	10.8
S25 Gastrointestinal problems	7.6
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 both September but a sharp reduction in October. Short term increased in September and October.

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 % Oct 18	Trend
Medicine & Integrated Care	4.05%	4.66%	↓
Anaesthesia, Diagnostics & Surgery	3.93%	4.55%	↑
Women's & Children's	4.17%	4.80%	↑
Estates & Facilities	4.69%	6.44%	↑
Research		1.58%	↓
Core Central Services	3.67%	4.72%	↑
Pharmacy	3.55%	5.23%	↓
TRUST	4.00%	4.75%	↑

Monthly sickness rates increased in both September and October. The year to date Sickness absence rates increased slightly in both September and October. There have been increases this month across all areas with the exception of Medicine, Pharmacy and Research.

Please see the exception report for further information and work being undertaken to improve the position.

2018/19 Influenza Vaccination Campaign

As of 15 November there have been 2748 vaccinations administered to staff, 2566 of these have been front line staff.

Communication to promote the flu campaign continues via global email, articles in 'Let's Talk', the Trust tannoy system and social media. All NHS Trusts this year are charged with reporting the figures for staff not wishing to receive the flu vaccine, and a letter has been sent from the Trust endorsed by the Board and Trade Unions which is to capture the reasons anonymously for any member of staff who declines vaccination. The number of staff who have undertaken training to become a peer vaccinator is now 25 who are able to offer colleagues flu vaccinations at different sites within our hospitals. The CQUIN target to be reached by 28 February 2019 is 75% of frontline staff receiving the flu vaccine.

Workforce Planning

Developing Workforce Safeguards

A new document 'Developing Workforce Safeguards' was produced by NHS Improvements <https://improvement.nhs.uk/resources/developing-workforce-safeguards> this offers advice on governance issues relating to redesigning roles and responding to unplanned changes in workforce and contains new recommendations on Workforce Safeguards.

Which requires a 'triangulated approach to deciding staffing requirements which combines:

- Evidence based tools (where they exist)
- Professional judgement
- Outcomes

To ensure the right staff with the right skills are in place at the right time.

To assess Trust compliance NHS Improvement will issue information collected through the Single Oversight Framework (SOF) and Trusts will have to include.

- A specific workforce statement in their annual governance statement which will be around describing or explaining the extent of our compliance with the NQB guidance. This will be assessed through the usual regulatory arrangements and performance management processes from April 2019.
- The Chief Nurse and Medical Director must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.
- The Trust must have an effective workforce plan that is updated annually, signed off by the Chief Executive and discussed at a Public Board meeting.

The NQB guidance contains further principles that Boards must follow:

- Locally agreed quality dashboards
- Assessment or resetting of nursing establishment and skill mix using an evidence based toolkit where available reported to the Board by ward or service area twice a year.
- Any service changes including skill mix changes have to be fully Quality Impact Assessed (QIA)
- Any redesign or introduction of new roles to be considered a service change to have a full QIA.
- Business as usual dynamic staffing risk assessments including formal escalation processes
- Escalation to Board where risks continue and mitigations prove insufficient.

The terms of reference to the Bradford Improvement Programme – Workforce Re Design work stream are being revised to incorporate the new requirements which will include:

- i. Development of an effective workforce plan which is integrated with finance activity and performance plans.

- ii. Consideration of guidance e.g. RCP guidance on safe medical staffing and sector specific evidence based on workforce improvement resource.
- iii. Review of Board reporting
- iv. New and developing roles – review governance process around the establishment of new roles including quality improvement assessments.

The Workforce Committee will be kept updated of progress in developing the workforce plan.

Organisational Development (OD) update

Work continues to focus on three priority areas: developing our culture through the We are Bradford and Work as One events; Leadership development and Appraisals.

The roll out of the We are Bradford sessions, bringing our values to life as teams across the Trust continues, with further sessions delivered to the HR team, Informatics, Cardiology and Wards 27 and 28. A review of this piece of work has been carried out, working with the GE

Healthcare to identify emerging themes, review session content and make improvements where needed.

A third Work as One event took place at the beginning of October. This aim of this week was to get staff to generate ideas to reduce waste, reduce cost and improve patient experience; over 500 new ideas were generated and these have been fed into the Bradford Improvement Programme. This was the last Work as One event for 2018, and the achievements of the four weeks of Working as One will be celebrated on a special Work as One Friday, 7th December as part of the Week of Celebrations.

The Brilliant Bradford Staff awards were launched at the end of October with 38 staff from across the Trust being nominated in the five categories: Excellence in Care; Excellence in Collaboration; Finance and Performance; Learning Excellence and Valuing People. This year, for the first time, the winners of the Team and Employee of the Month went forward for the Annual Awards and staff were given the chance to have their say through deciding the shortlist for the Team and Employee of the Year, by voting on line. Nearly 1000 staff took part in the voting. The judging is currently taking place and the winners will be announced at the Brilliant Bradford Staff Awards on Thursday 6th December.

Leadership development work continues; in September and October 21 leadership and management development workshops were delivered; this includes five days delivered as part of the Nurse and Midwifery Leadership development programme. Preparations for launch of our one and two day Leadership Development programmes are being finalised ready for early 2019. Supporting Leadership and Management modules, including Managing your team are being refreshed and new modules including Managing Information (ESR) and Challenging Conversations will be piloted as part of Management essentials.

NHS Staff Survey

The NHS Staff Survey has been running since 13th September and ends on 30 November. The current response rate is 33% and work continues to encourage staff to take part. The

issue of confidentiality is a recurrent theme despite reassurance from the Trust and Quality Health, our survey provider; a film explaining how the survey is kept confidential has been widely promoted. The survey is also being promoted through meetings, Executive walkabouts, Twitter, Global emails, Let's Talk newsletter, screensavers, development workshops and the dedicated [intranet hub](#). A campaign Done Mine! Done Yours has been launched along with our first Trust [podcast](#), about the importance of the staff survey. Quality Health will submit the official final dataset to the NHS National Co-ordination Centre by Friday 7th December.

Appraisals

The appraisals completion rate has shown an increase from 77.08% in August to 80.16% in September and 86.68% in October. The target is 95% completion by the end of December.

All three divisions have shown an overall increase in completion rates: Division of Women and Children increased from 82.87% in August to 93.32% in October; Division of Medicine and Integrated Care increased from 80.21% to 86.55% and Division of Anaesthesia, Diagnostics and Surgery increased from 71.59% to 86.97%.

Discussions have continued with DGMS and Heads of Nursing for each Division about appraisals with priority areas identified. Mid-month Appraisal reports are provided to Senior Leaders as well as the monthly reports to help monitor completion progress.

The Workforce Information Team has provided support for managers on recording and reporting appraisals using ESR and since August the team has run 32 sessions. There has been a noticeable shift in the use of ESR self-service; between 1st June 2017 and 31st October 2017 there were 462 appraisals input via self-service and 1195 input centrally. For the same period in 2018, 1569 appraisals have been input via self-service and 506 centrally.

New functionality on ESR was launched enabling managers to identify overdue appraisals as well as those due now and in one, three and six months. All ESR guidance is available on the time2talk intranet hub and is promoted in the Appraisal workshops.

Six Appraisal workshops have been delivered however attendance and uptake still remains low despite being widely advertised and promoted. Following feedback from Senior Leaders and staff, new refresher training has been developed for managers who have previously been trained in other Trusts or organisations and need to refresh their skills and learn about our approach including the policy and process.

There are regular communications about appraisals in Let's Talk newsletter and Global emails with reminders about the changes that take effect in April 2019, linking pay progression to appraisals.

Work continues throughout November and December, focusing on targeted support for identified areas; making sure all managers record appraisals on ESR and update the system promptly and making sure protected time is allocated to meet the December target. A recent

internal audit of the Non-Medical Appraisal identified there was significant assurance that the Trust had a robust appraisal process in place and the recommendations are already being addressed.

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
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
September '18	77.51	79.01	91.59	76.69	69.42	89.52	89.29	80.16
October '18	86.55	86.97	93.32	80.45	77.30	91.60	91.96	86.68

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%
September '18 Refresher (Core) compliance	90%	88%	90%	97%	94%	94%	97%	94%
September '18 Refresher (High priority) compliance	84%	87%	86%		87%	86%	100%	88%
October '18 Refresher (Core) compliance	89%	88%	91%	95%	94%	93%	97%	94%
October '18 Refresher (High priority) compliance	83%	86%	85%		89%	88%	100%	88%

Compliance for refresher training - compliance target achieved.

- Core mandatory - 94%
- High Priority – 87%

New trust wide core mandatory training days have had a significant impact on achieving compliance. Analyses of the reports have highlighted individuals and departments with low or poor compliance and efforts are targeted to these areas to support achieving compliance.

Recommendation to increase the time for completion for competency assessments associated with core and high priority training to 6 months approved and ratified

Induction Training Compliance

Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
August '18 Induction (Core) compliance	97%	96%	95%	100%	97%	87%	100%	96%
August '18 Induction (High priority) compliance	68%	68%	88%		93%			74%
September '18 Induction (Core) compliance	97%	98%	98%	100%	99%	88%	100%	97%
September '18 Induction (High priority) compliance	66%	72%	81%		100%	100%		71%
October '18 Induction (Core) compliance	98%	98%	95%	100%	100%	93%	100%	97%
October '18 Induction (High priority) compliance	81%	86%	84%					83%

Data supplied by the Education Department

Compliance for new starters at induction:

- Core mandatory - 97%
- High Priority – 83%

Action for non-completion of face to face or elearning is being followed up as per the escalation process.

Bradford Health & Social Care Partnership

The One Workforce Bid submitted to the Leeds City Region Business Rates Pool has been successful with £1.1 million allocated. Bradford Council, ourselves and other NHS Partners, the University of Bradford and FE partners are working together to progress the design and implementation of an ambitious transformational 'One Workforce' Programme. A Programme Director is currently being recruited to lead the transformational Health & Social Care economic partnership programme of work. Key aims of the programme are to provide opportunities for those furthest from the job market, whilst developing a highly skilled workforce and place Bradford as a highly desirable place to work.

Recommendation

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

P Campbell
Director of Human Resources
January 2019



Glossary

Indicator	Description	Source
Staff in post WTE	The number of whole time equivalent staff in post at that point in time	HR Department via ESR (Electronic staff record).
Mandatory Training	The proportion of staff who have undertaken the statutory and mandatory training for the rolling year. The threshold is now 100%.	HR Department – via ESR
Appraisals	The proportion of staff who have undertaken an annual appraisal. The threshold is equal to or greater than 75% of staff.	HR Department – via ESR
Sickness	The proportion of staff that are absent due to sickness. The threshold is less than or equal to 4.50%	HR Department – via ESR
Friends and Family Test	% of patients who complete a friends and family questionnaire following an inpatient admission	Picker Services
Staff Group	Staff are coded to one of a national set of Staff Groups as follows: Add Prof Scientific and Technic – Pharmacists, Psychologists, Counsellors, Chaplains Additional Clinical Services – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4 Administrative and Clerical – All Admin staff inc Managers who aren't Clinical Allied Health Professionals – OT, Physio, Dieticians, Radiographers Estates and Ancillary – Estates Officers, Porters, Cleaners, Catering Healthcare Scientists – Audiologists, Clinical Scientists, Physiologists Medical and Dental – All Medical & Dental Staff Nursing and Midwifery Registered – All Registered Nurses and Midwives	HR Department – via ESR
Workforce Planning	NQB (2013) <i>How to ensure the right people, with the right skills,</i>	NHS England



Bradford Teaching Hospitals
NHS Foundation Trust

Board of Directors: 10.01.19

Agenda Item: Bo.1.19.23

Appendix 1

	<i>are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability.</i> https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf	
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