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Data as at 31.12.18

	DIVISION							
	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Womens & Childrens	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	1755	1757	884	154	896	559	133	6138
Staff in Post (FTE)	1570.36	1590.23	741.18	135.92	794.56	452.80	116.22	5401.26
Establishment	1801.20	1792.24	798.84	137.05	841.69	559.62	178.60	6109.24
Agency Usage (FTE)	53.59	53.58	4.53	2.13	14.97	9.06	0	137.86
Bank Usage (FTE)	168.49	66.75	29.19	0	5.09	41.39	0	310.91
Turnover	11.18%	9.89%	10.34%	4.77%	10.82%	11.35%	12.50%	10.50%
Monthly Sickness %**	5.62%	5.47%	5.92%	3.03%	5.31%	6.30%	1.11%	5.47%
YTD Sickness %**	4.57%	4.51%	4.89%	4.70%	4.82%	6.51%	1.45%	4.73%

	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	975	1498	350	519	93	747	1735	2	6138
Staff in Post (FTE)	186.40*	858.70	1315.30	301.69	413.73	83.97	697.48	1542.19*	1.80	5401.26
Establishment	164.06*	1005.86	1446.87	318.19	540.74	119.44	765.97	1748.11*	0	6109.24
Agency Usage (FTE)	7.98	9.34	18.58	10.39	14.81	2.26	15.81	58.69	0	137.86
Bank Usage (FTE)	0	159.37	0	0	41.96	0	29.11	80.47	0	310.91
Turnover	6.84%	10.50%	9.60%	13.65%	11.49%	7.77%	6.58%	11.49%	50.00%	10.50%
Monthly Sickness %**	3.31%	7.72%	5.16%	2.61%	7.39%	4.46%	2.60%	6.12%	2.87%	5.47%
YTD Sickness %**	4.10%	7.07%	4.44%	3.06%	7.46%	2.56%	1.61%	4.87%	15.76%	4.73%

* 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 December 18

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Establishment, agency and Non-Medical bank usage data supplied by Finance. Medical Bank usage supplied by Flexible Workforce Team. Agency includes direct engagement. Agency admin and clerical based on shifts paid in December rather than worked.

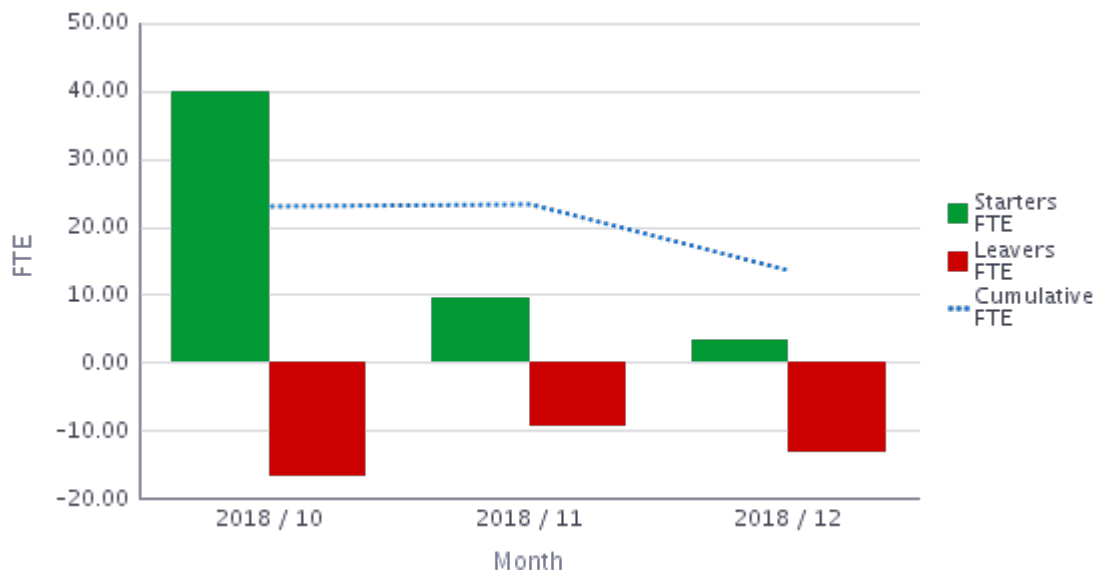
Please note: The Establishment figures for Research staff are counted within the overall Research Division, however where staff are line managed in Clinical Divisions the rest of the figures include them under the relevant Division. Therefore there is a mismatch between the Establishment data and the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

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Staff in Post

Since the last report staff in post FTE has increased from 5390.32 FTE in October to 5401.26 at the end of December 2018 representing an overall increase across all staff groups of 10.94 FTE. The largest increase in FTE over the last two months has been in the Nursing & Midwifery Registered Staff Group (9.89 FTE) followed by the Additional Clinical Services (9.74 FTE) Staff Group. The largest reduction in FTE over the last two months was in the Allied Health Professionals (8.06 FTE) Staff Group. The increases within the Additional Clinical Services Staff Group are due to recent recruitment for Apprentice Healthcare Assistants and Trainee Nurse Associates. The increase within the Nursing & Midwifery Registered Staff Group is due to newly qualified Midwives that started in November. The reductions in the Allied Health Professionals Staff Group is mainly attributable to Physiotherapists with seven physiotherapists leaving over the last two months although it should be noted Physiotherapy were permitted to recruit over establishment in September 2018 to compensate for known leavers.



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 compared to November & December. The cumulative position for the 3 months is +13.72 FTE with 52.75 FTE registered nurses / midwives joining the Trust and 39.03 FTE leaving.

Agency and Bank Usage

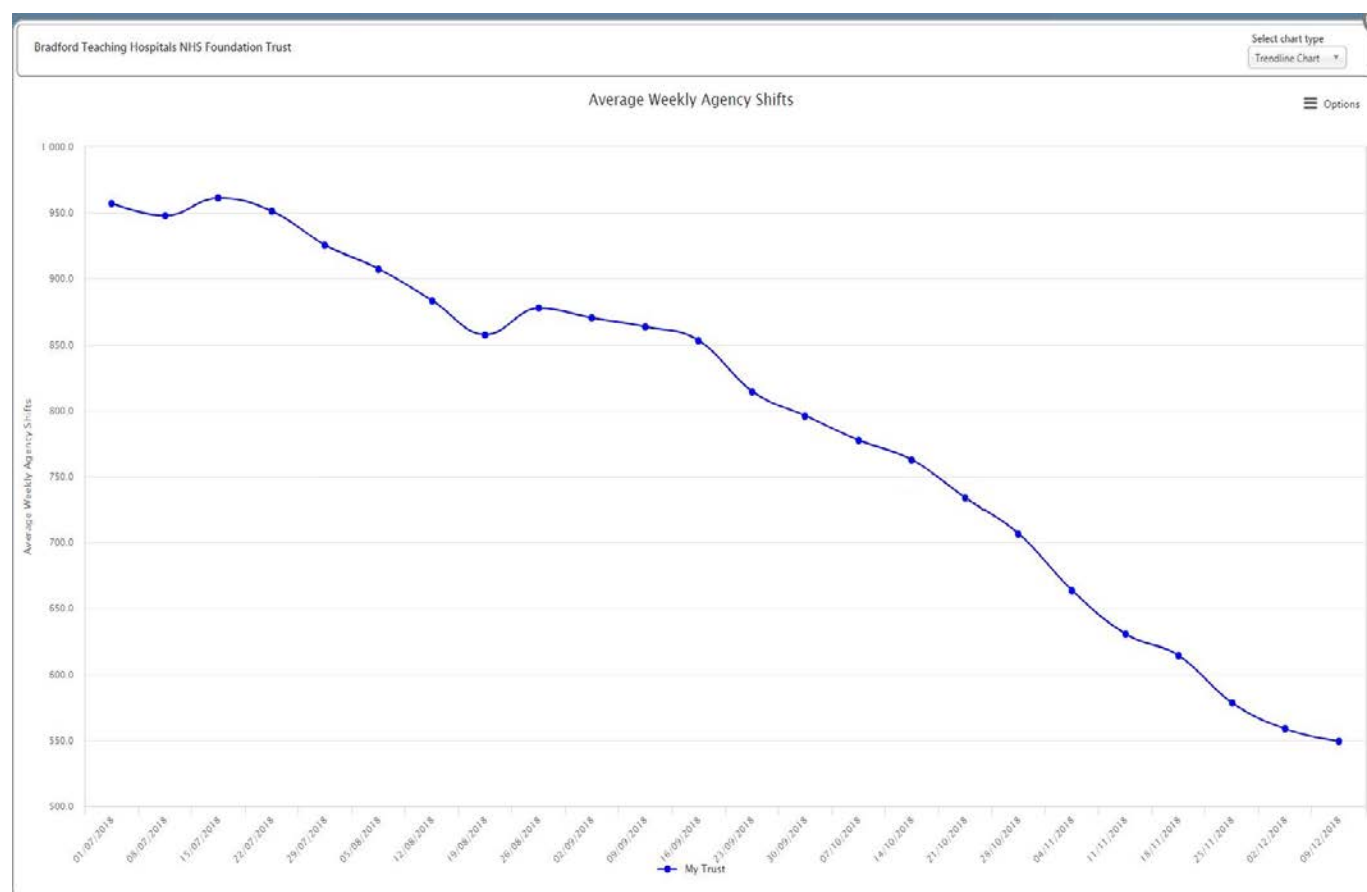
Agency usage has decreased further across the Additional Clinical Services (HCA's), Nursing and Admin & Clerical groups. This has been achieved by substantive appointments and improved rostering of nurses and HCAs. All divisions have stopped using agency HCA's unless approved by their Head of Nursing. There was a drop in bank fill rates over the festive period but this is the norm as bank staff tend to take more annual leave over this period.

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Agency use in the AHP has remained static across the reporting period. Medical & Dental has a slight agency increase due to RTT recovery plans. The primary need for medical agency staff is due to Consultant vacancies.

We have seen an average weekly decrease in agency shifts used from 953 in May 2018 down to 550 in December.



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

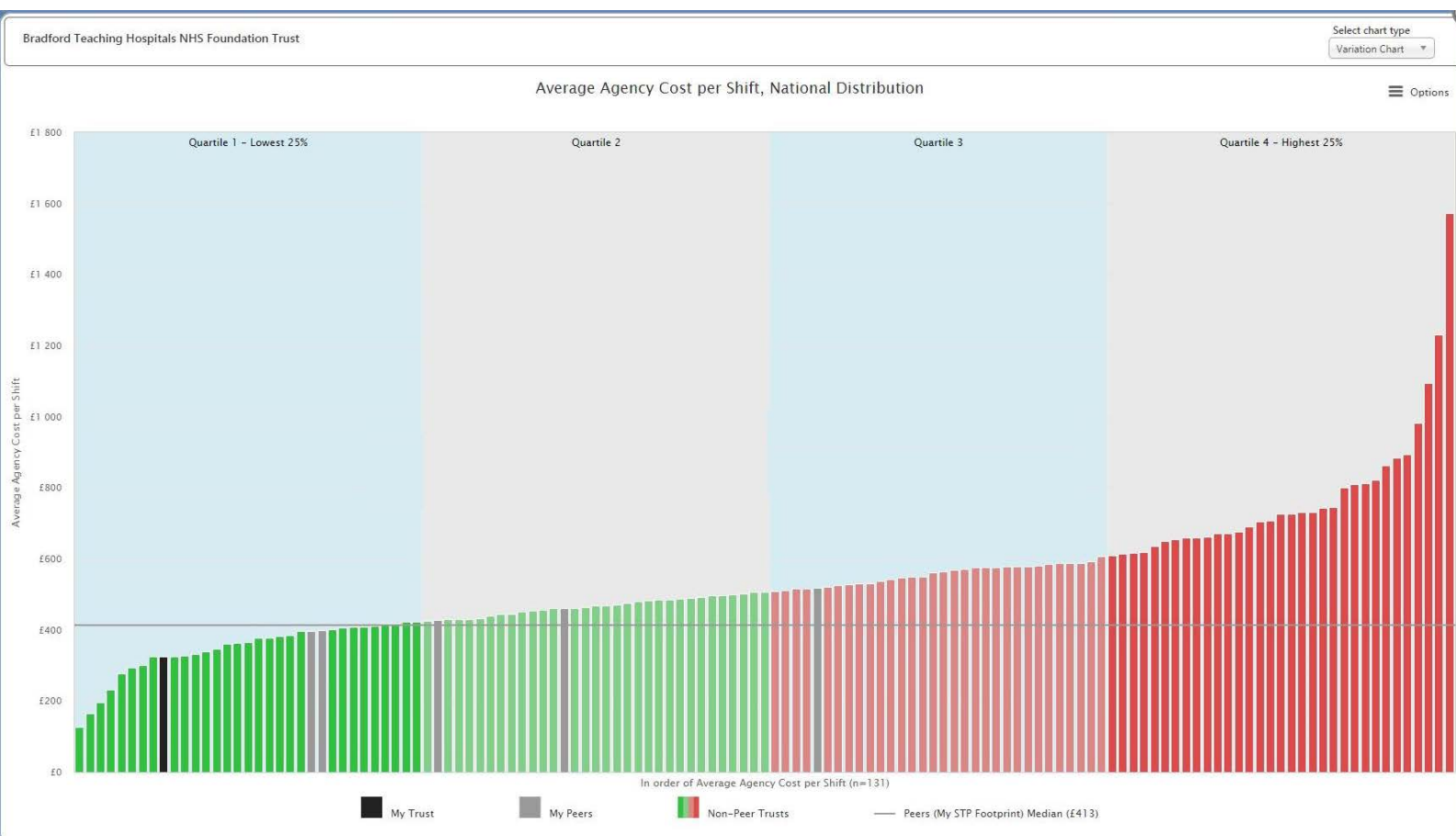
The ability to consistently fill shifts under the agency cap remains challenging, particularly for medical agency locums.

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.

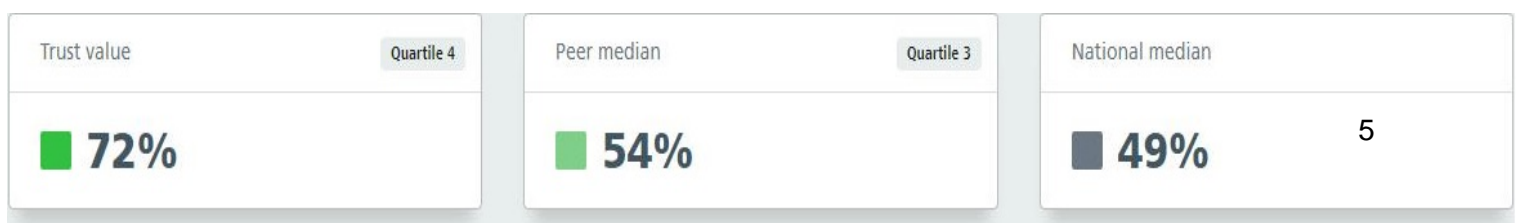
The following benchmarking data is taken from NHS Improvements Model Hospital resource.

In November 2018 the average cost per agency shift for BTHFT was £326 compared to the national median of £506 and the peer median (Yorks & Humber) of £413. Whilst our average agency cost has increased, this is due to stopping band 2 HCA agency use and therefore our average is higher, we are still well below the national average.

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Our compliance in meeting NHS Improvements capped rates is also above the national and peer medians at 72% compared to 54% with peers and 49% nationally.



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Turnover

There has been a decrease in turnover since October. Turnover for all staff groups is currently 10.50% compared to 11.01% in October. In December 2017 we reported turnover at 12.18% so this shows that overall turnover has shown a decrease.

Nursing and Midwifery Recruitment Update

The picture remains positive with a slight increase in overall vacancies and some reduction in funded establishment. The focus remains firmly on retention.

Division of Surgery and Anaesthesia

Nursing Vacancies against funded establishment
(January 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	483.81	91.18	18.8%
Band 6	75.13	3.30	4.4%
Band 7	59.69	1.40	2.3%
Band 8	24.40	0.00	0.0%
TOTAL	646.59	95.88	14.9%

Nursing Vacancies against funded establishment (January 2019)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	412.61	54.68	13.3%
Band 6	77.85	1.55	2.0%
Band 7	54.88	0.20	0.4%
Band 8	26.40	0.00	0.0%
TOTAL	571.74	56.43	9.9%

Vacancy rates have reduced since last year at all bands. There has been a reduction in the funded establishment at band 5 but an increase at band 6. The position for the division remains positive but the vacancy rates remain challenging in theatres and ward 27.

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Division of Medicine

Nursing Vacancies against funded establishment
(January 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	387.20	67.33	17.4%
Band 6	123.82	10.75	8.7%
Band 7	97.36	2.89	3.0%
Band 8	23.60	0.00	0.0%
Total	631.98	80.97	12.8%

Nursing Vacancies against funded establishment
(January 2019)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	361.40	64.49	17.8%
Band 6	130.53	9.96	7.6%
Band 7	98.58	2.00	2.0%
Band 8	28.08	1.00	3.6%
Total	618.59	77.45	12.5%

The division has seen a small decrease in vacancies over the last year at all levels. There has been a small reduction in funded establishment at band 5 and an increase at band 6. The main areas for concern are stroke and respiratory (ward 23) and although there have been recent adverts they have realised few suitable applications. Elderly Care also continues to struggle to attract qualified applicants.

Division of Women & Children's

Nursing Vacancies against funded establishment

Women's (January 2018)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	200.22	26.79	13.4%
Band 7	37.08	0.00	0.0%
Band 8	3.75	0.00	0.0%
Total	241.05	26.79	11.1%

Nursing Vacancies against funded establishment

Women's (January 2019)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	205.25	1.09	0.5%
Band 7	33.59	0.00	0.0%
Band 8	5.00	0.00	0.0%
Other	0.00	0.00	0.0%
Total	243.84	1.09	0.4%

Since January 2018 there has been a huge reduction in band 5 and 6 vacancies of 25.7 wte. There are no areas of concern.

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

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	119.87	8.40	7.0%
Band 6	38.52	3.44	8.9%
Band 7	27.87	0.59	2.1%
Band 8	7.00	0.00	0.0%
Total	193.26	12.43	6.4%

Children's (Paediatrics and Neonates) (January 2019)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	123.00	6.69	5.43%
Band 6	40.76	3.39	8.3%
Band 7	23.96	2.00	8.3%
Band 8	6.11	1.00	16.4%
Total	193.83	6.39	3.3%

In Paediatrics there has been a slight decrease in vacancy rates at band 5. The recruitment picture remains positive and there are no areas of concern.

The corporate risk around optimal nurse staffing levels is to be closed following discussion at the Integrated Governance and Risk Committee meeting. The risk around safe staffing will continue to be monitored and managed by the Chief Nurse.

Nurse Recruitment and Retention

Two return to practice nurses for elderly and renal care have been recruited and 1 further offer of a return to practice contract within children's 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. 2 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.

We have had a positive outcome from the December open day where 47 job offers were made 4 of which were to nurses already qualified.

17 trainee nursing associates have commenced in post December 2018. Further interviews take place at the beginning of February for a March cohort with the University of Bolton. These will be across all divisions and we are looking at taking 23 in total.

The Autumn starts are now part of the ward numbers and out of their supernumerary period. The transfer process continues with increased interest from the unregistered workforce and is reviewed monthly in the nursing and midwifery recruitment steering group. This has been publicised on the global email and has resulted in a large increase in enquiries for January.

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. Small changes have been made and the senior nurse team are spending more time with the band 7 staff in particular to support their development. This has been received very well to date.

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The nursing recruitment brochure has been approved and was utilised at the open day in December and will continue to be utilised at other events moving forward. A reward leaflet was also produced in house and utilised at the December event.

The Facebook campaign has now ended and plans are in place to review advertising and promotion going forwards

A detailed update is available via the nursing recruitment and retention plan.

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 an informal open day is planned for the 9th of February 2019.

Radiography advertised during December and January with a mixed response rate. Adverts for MR and CT Radiographers at band 6 attracted 19 applications of which 6 offers have been made equating to 4.6 wte. There is an open advertisement for a Reporting Radiographer at band 7 which closes on the 1st of February but there have been no applications to date. During November an Advanced Practitioner/Radiographer at band 7 was advertised, 1 application was received and the role has been offered. An offer has also been made for a Senior Clinical Technologist/Radiographer at band 6.

An Operating Department Practitioner apprenticeship framework has recently been approved and ten apprentice ODPs will be starting at band 3 level on the 28th of January. This is a Trailblazer programme and is intended to provide the ODP workforce for the future.

Consultant Recruitment

Pending:

Post	Approval Re'cd/ 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)	Approval received 14.09.2018	ON HOLD	N/A	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	N/A	New post – Consultant colleagues covering additional clinics etc.
Consultant in Medical Oncology	Advertised 30.10.2018	ON HOLD	N/A	New Post. Reviewing agency profiles.

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Consultant in Acute Medicine	Re-advertised 15.11.2018	ON HOLD	N/A	Replacing locum post.
Consultant in Anaesthetics	Approval received 22.11.2018	Awaiting advert due to CCT	N/A	Replacement post, Recruited 2 Locum Consultants for 6 months in the first instance
Consultant in AED (2 wte)	Approval received 18.12.2018 Due to be advertised 21.01.2019	Awaiting advert due to CCT	N/A	1 post covered by Locum and the other post covered by colleagues
Consultant in Cardiology	Approval received 18.01.2019	TBC	TBC	New Post

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Stroke Medicine	30.10.2018	18.01.2019	TBC	Replacement post, Agency Consultant in place.
Consultant in Geriatrics	06.12.2018	15.02.2019	TBC	Consultant colleagues covering.
Consultant in Ophthalmology (0.8wte) (Retinal Uveitis Services)	07.12.2018	22.02.2019	TBC	New Post

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Dermatology	09.11.2018	12.12.2018	Dr Mohammed Shareef SD: TBC	Replacement post.
Consultant in OMFS (Orthognathic)	17.08.2018	02.11.2018	Mr Ibraz Siddique SD: TBC	Agency locum in 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: 01.02.2019	New Post, workload managed by current colleagues
Consultant in Urology	10.10.2018	06.12.2018	Mr Christos Gkikas SD: 25.02.2019	New Post - Consultant colleagues covering additional clinics etc.
Consultant in Haematology	29.08.2018	09.10.2018	Dr Giridharam Durgam SD: 10.06.2019	Replacement post, Agency Locum in post
Consultant in Rheumatology	09.07.2018	07.09.2018	Dr Rebecca Ansell SD: Nov 2019 – currently on	Replacement post

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			Maternity Leave	
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. Plans are now in place to advertise for the Interventional Radiology posts which will be West Yorkshire posts.

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. The Microbiology service is going to come under additional pressure due to the retirement of one of the ID Physicians and the relocation of another which will leave 1 part-time post holder. The Chief Medical Officer with the Divisions will be reviewing how we can mitigate.

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, we have managed to appoint to the Consultant vacancy and are awaiting confirmation of start date.

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 still 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 December 2018, 630 exceptions had been submitted. 608 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. Paediatric middle grade cover remains a concern.

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HEE are working on recruitment for August 2019 with Medical HR and Education colleagues supporting local assessment centres over the next few months.

It had been expected that AED registrars would be fully established as of February 2019; however there remains a maternity gap until May and 2 rotational vacancies (out of a total of 10 posts). This is a better position when compared with October 2018 when there were 4 vacancies and a maternity leave but still poses problems with senior cover in the department.

Apprenticeships

There were 96 apprenticeships on programme at the end of Q3 against the planned target of 141 for this year. This does however represent an improvement on last year and means we are on track to reach our public sector target of 133. 10 apprentices ODP's have been recruited to start in January 2019 which is an exciting new development for the Trust. An additional 20 nursing associate apprentices are being recruited to start March 2019. We are working with University of Bradford Management School to deliver an MBA in leadership for middle and senior management via an apprentice route starting April 2019.

EU Exit Preparation and Risk Assessment for Workforce

At the end of December 2018 the Department of Health and Social Care issued 'EU Exit Operational Readiness Guidance' – Action the health and care system should take to prepare for a No Deal scenario. As part of the Trust preparations on workforce we promoted widely the pilot EU settlement scheme, we undertook an audit of professional registration requirements and undertook a workforce analysis. 2.45% (188) of our workforce is from an EU background which is significantly lower than the proportion of EU staff employed across the NHS in England (5.6%). A risk assessment template has been completed and a detailed workforce profile will be shared with Divisions to enable local contingency planning.

Workforce Planning

This year all NHS organisations are required to submit a workforce plan which will consist of the following:

- Completion of a joint NHS Improvement and HEE workforce plan detailing workforce requirements for one year: 2019/20. This submission is to be completed using ESR data
- A Workforce Plan narrative which is a section of the NHS Operational Plan. This section of the plan will focus on workforce shortages and challenges, workforce risks, long term vacancies, new roles and workforce transformation plans
- The narrative and numeric workforce plans are required to align with the Trust operational and financial plans.
- The plans will need to include reference to the STP/ICS workforce challenges, reference the NHSI 'Developing Workforce Safeguards' guidance and the recently published NHS Long Term Plan.
- Draft plan submission date is 12 February 2019

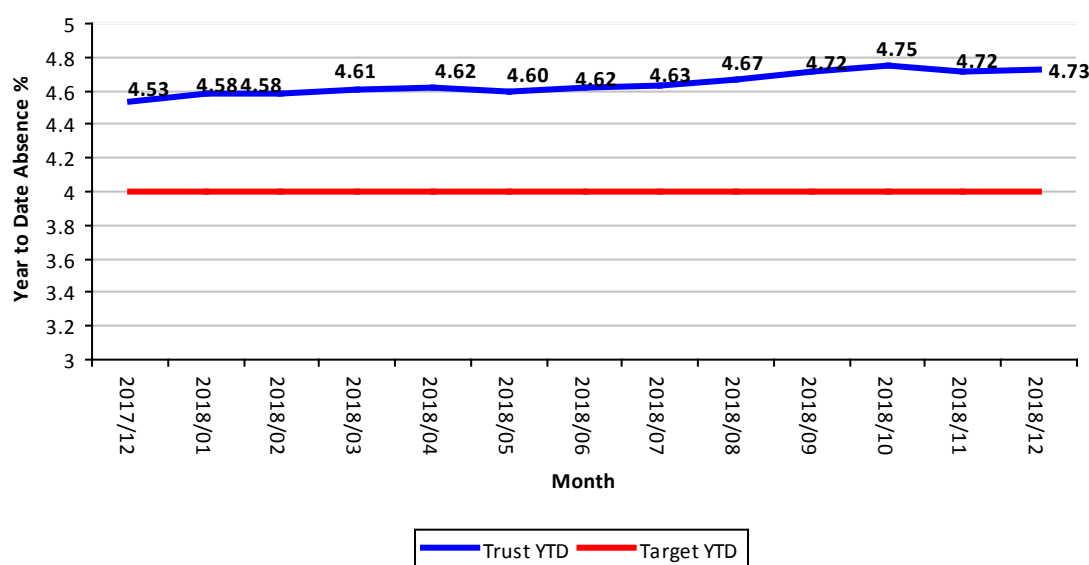
Work is currently underway to develop this and submit within the prescribed timescales.

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Sickness Absence

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



The year to date absence percentage rate in December 18 is 4.73%. The absence rate has remained relatively stable in November and December.. At this time last year the year to date absence rate was 4.53%.

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

Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	20.6
S98 Other known causes – not elsewhere classified*	19.2
S12 Other musculoskeletal problems	10.7
S25 Gastrointestinal problems	7.5
S13 Cold, Cough, Flu- Influenza	5.5

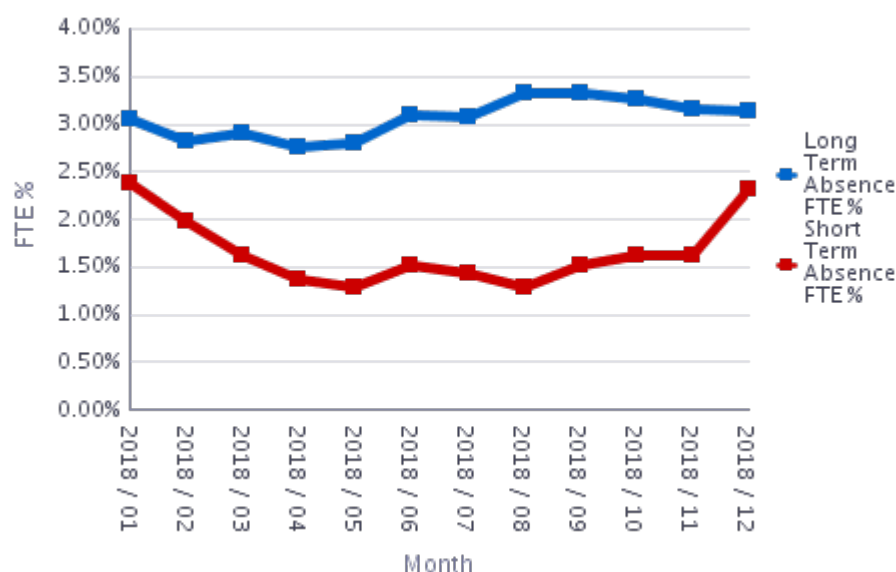
*This category includes all of the reasons for absence not included in the standard categories e.g. Surgery, Infections

Anxiety/stress/depression is the most common reason for absence, followed by other known Causes, this is where the reason for sickness is known but it doesn't fit into one of the Standard Categories.

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Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness has continued to show small reductions month on month. Short term showed a small increase in November but a more substantial increase in December.

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 % Dec 18	Trend
Medicine & Integrated Care	4.05%	4.57%	↑
Anaesthesia, Diagnostics & Surgery	3.93%	4.51%	↓
Women's & Children's	4.17%	4.89%	↑
Estates & Facilities	4.69%	6.51%	↑
Research		1.45%	↓
Core Central Services	3.67%	4.82%	↑
Pharmacy	3.55%	4.70%	↓
TRUST	4.00%	4.73%	↑

Monthly sickness rates decreased in November but rose sharply in December. The year to date Sickness absence rates decreased slightly in November but increased in December. There have been increases this month across all areas with the exception of Surgery, Pharmacy and Research.

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2018/19 Influenza Vaccination Campaign

As of 18.1.19 there have been 3562 vaccinations administered to staff, 3351 of these have been front line staff. This breaks down as follows:

Breakdown

57.9% of Trust Employees overall

70.5% Doctor/Medical Staff

65.6% Qualified Nurse/Midwife

60% AHP/Scientific/H Care Specialist

74.8% HCA/Clinical Support Staff

15.9% Non-Clinical Staff

This equates to 69% of all frontline staff against a target of 75% to be achieved by the end of February 2019.

Communication to promote the flu campaign continues via global email, articles in 'Let's Talk', the Trust tannoy system and social media. The campaign has also benefitted from the support of the Infection Prevention Team and Trust Board members joining the walk around to clinical areas offering the vaccine.

Health Promotion for staff

A health promotion event with the theme of 'Health January' has been arranged. This will incorporate stalls from the Staff Gym, Dietician Service, BTHFT Charity Team, Alcohol Team and Hepatology Nurse Specialist who will be offering staff liver scanning on the day.

To coincide with sexual abuse and violence awareness week, Staying Put – a Bradford based domestic violence charity – are offering a full day of training/awareness sessions for staff which is planned for February 2019.

A full calendar of Health and Well-being events are being organised throughout the year.

Organisational Development (OD) update

Work has continued to focus on three priority areas during Quarter 3: developing our culture, Leadership and Management development and Appraisals.

The roll out of the We are Bradford sessions, bringing our values to life as teams focused on specific teams during Quarter 3 following requests for specific OD support. During Quarter 4 the sessions will be delivered in Urgent Care as part of the Workforce Improvement Programme development work.

The first Work as One event for 2019 takes place 21 to 25 January. This aim of this week is for Bradford Health and Social care Partners to Work as One System, focusing on how we can work better together to improve patient flow. This means bringing our values to life as a

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whole system, working with partner organisations to explore, develop and embed improvements at a system level.

A special Work as One Friday took place in December to celebrate the four 'Work as One' weeks during 2018. This was part of the week of celebrations held early December, which culminated in the Brilliant Bradford Staff annual awards ceremony where staff from across the Trust were recognised for their achievements during 2018. The monthly awards have been reviewed with two new monthly awards being introduced for 2019, Trainee/Student of the Month, led by the Education Service and Volunteer of the Month, led by Voluntary Services. Team and Employee of the Month awards continue. The annual awards are also being reviewed taking into account feedback from staff and the judging panels. A Special Edition of the Let's Talk newsletter was published to celebrate all that the Trust has achieved during 2018 which included a wide range of staff stories.

Leadership development work continues; since the last report (22 October to 31 December) 33 leadership and management development workshops were delivered; this includes five days delivered as part of the Nurse and Midwifery Development programme. Changes to our Leadership and Management Development framework are being implemented during January following the review, with the launch of our new Trust Leadership Development programme. The first cohorts for this one and two day programme are from Emergency Care, as part of the Workforce Improvement Programme development work in Urgent Care.

We are working with Bradford University to offer MBAs through two routes, a Scholarship (and part self-funded) option and through the apprenticeship scheme. A preview event is being planned with the first intake starting in April.

NHS Staff Survey

In respect of the NHS Staff Survey draft benchmark reports from the National Centre will be sent to each organisation under embargo by 8 February; results will be published on 26 February.

Staff Friends and Family Test

Comparison data for the Staff Friends and Family Test (SFFT) for quarter two shows that we scored lower on average on both key measures compared to other acute trusts. 82% of staff recommended their organisation as a place to receive care or treatment compared to our score of 66% and 65% recommended their organisation as a place to work compared to our score of 53%.

The SFFT benchmarking results are released months after the local survey is carried out, by which point we have either moved onto the next SFFT or are into the Staff Survey. As part of NHS Quest we are exploring the purchase of Go Engage, a tool that will enable us to carry out the SFFT (and other surveys) and benchmark with our Quest peers in a timely fashion, so we can quickly learn from each other and share best practice. The aim is also that Quest Trusts can work together to address concerns.

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Appraisals

We met our target to achieve 95% of appraisals completed by the end of December with an overall completion rate of 95.54%, an increase from 91.49% in November. 70% of areas achieved 100% completion.¹

All departments and divisions showed an increase since November as can be seen on the table overleaf.

Three appraisal workshops have been delivered since the beginning of November and these will continue with the aim of making sure managers have completed a full (or refresher) course ahead of the appraisal season. The Workforce Information Team has provided support for managers on recording and reporting appraisals and this will also continue.

The focus during Quarter 4 is maintaining performance, preparing for the transition to an appraisal season in September this year and the changes to incremental pay progression.

Appraisals – as of 31 December 2018

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Corporate Services	Estates and Facilities	Research	TOTAL
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
November '18	91.28	92.58	91.32	78.79	88.20	96.99	92.79	91.49
December '18	95.78	94.04	94.66	96.99	96.42	98.67	92.92	95.54

¹ Based on Org 3 level data, 247 of 348 areas achieved 100% completion

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Mandatory Training by Division

Mandatory Training Compliance

Mandatory Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Corporate 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%
November '18 Refresher (Core) compliance	89%	88%	91%	93%	94%	91%	95%	94%
November '18 Refresher (High priority) compliance	83%	86%	85%		89%	88%	100%	88%
December '18 Refresher (Core) compliance	89%	89%	91%	92%	94%	92%	95%	94%
December '18 Refresher (High priority) compliance	83%	85%	85%		89%	90%	100%	88%

Compliance for refresher training - compliance target achieved.

- Core mandatory - 94%
- High Priority – 88%

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.

Although we continue to exceed the compliance targets there are some areas within the Trust where the levels of compliance fall below the required standard. These areas are diagnostic imaging, theatres and urgent and emergency care. Specific subjects also have

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compliance rates less than the target with most elements of blood transfusion training falling into this category.

Targeted work is ongoing with divisions and subject matter experts to address the specific issues.

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%
November '18 Induction (Core) compliance	99%	99%	98%	100%	100%	99%	98%	98%
November '18 Induction (High priority) compliance	85%	84%	90%					85%
December '18 Induction (Core) compliance	99%	99%	100%	100%	100%	100%	100%	99%
December '18 Induction (High priority) compliance	82%	87%	97%					86%

Data supplied by the Education Department

Compliance for new starters at induction:

- Core mandatory - 98%
- High Priority – 86%

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

Moving and handling and safeguarding children level 3 (s) are the subjects that are not being completed within the timescale. Additional capacity has been added for moving and handling and compliance has increased from 65% in Nov to 85% in December. We will be consulting with Safeguarding Children team to review how we can improve the process at induction to ensure the staff have the required skills and knowledge for their job role within the first 4 weeks.

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National Update

NHS Long Term Plan

The Plan discusses 8 areas:

1. A comprehensive new workforce implementation plan.
2. Expanding the number of nurses, midwives, AHPs and other staff.
3. Growing the medical workforce.
4. International Recruitment.
5. Supporting our current NHS staff.
6. Enabling productive working.
7. Leadership and talent management.
8. Volunteers.

The plan commits to a workforce implementation plan being published later in 2019 with NHSI/HEE and NHS England establishing a national workforce group. See link for further information <https://www.england.nhs.uk/long-term-plan>

Recommendation

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

P Campbell

Director of Human Resources

February 2019

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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	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



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	<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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