

Open board : 09.05.19

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Appendix 1

Introduction

The last workforce report was presented to the Workforce Committee in January 2019 with a summary report to the Board of Directors in March 2019. This report picks up key workforce themes and trends since then.

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Data as at 28.02.19

	DIVISION							
	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Womens & Childrens	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	1781	1757	886	158	910	566	138	6196
Staff in Post (FTE)	1593.26	1589.65	744.75	139.76	810.70	457.82	120.70	5456.63
Establishment	1804.16	1781.11	816.08	137.05	841.70	559.62	178.60	6118.32
Agency Usage (FTE)	49.96	48.87	2.64	0.67	16.39	9.46	0	127.99
Bank Usage (FTE)	194.36	99.14	39.53	0	30.65	45.24	0.41	409.33
Turnover	11.46%	10.28%	10.76%	4.70%	10.47%	11.17%	12.24%	10.68%
Monthly Sickness %**	5.22%	4.90%	5.76%	5.04%	5.02%	6.68%	1.25%	5.20%
YTD Sickness %**	4.69%	4.50%	5.03%	4.42%	4.94%	6.49%	1.41%	4.79%

	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)	223	990	1517	349	525	92	752	1746	2	6196
Staff in Post (FTE)	188.01*	874.35	1333.01	299.21	418.35	82.71	706.00	1553.20*	1.80	5456.63
Establishment	164.86*	1006.66	1450.16	321.19	540.74	118.48	765.97	1750.26*	0	6118.32
Agency Usage (FTE)	7.60	3.46	12.57	12.26	10.93	2.09	16.82	62.26	0	127.99
Bank Usage (FTE)	0	210.31	0	0	45.91	0	31.08	122.03	0	409.33
Turnover	7.23%	12.51%	9.40%	12.51%	11.09%	9.97%	7.51%	11.15%	66.67%	10.68%
Monthly Sickness %**	2.71%	7.12%	4.63%	4.45%	7.62%	4.83%	2.16%	5.76%	46.43%	5.20%
YTD Sickness %**	3.59%	7.20%	4.42%	3.24%	7.43%	2.87%	1.68%	4.99%	18.29%	4.79%

* 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 February 19

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.

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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.

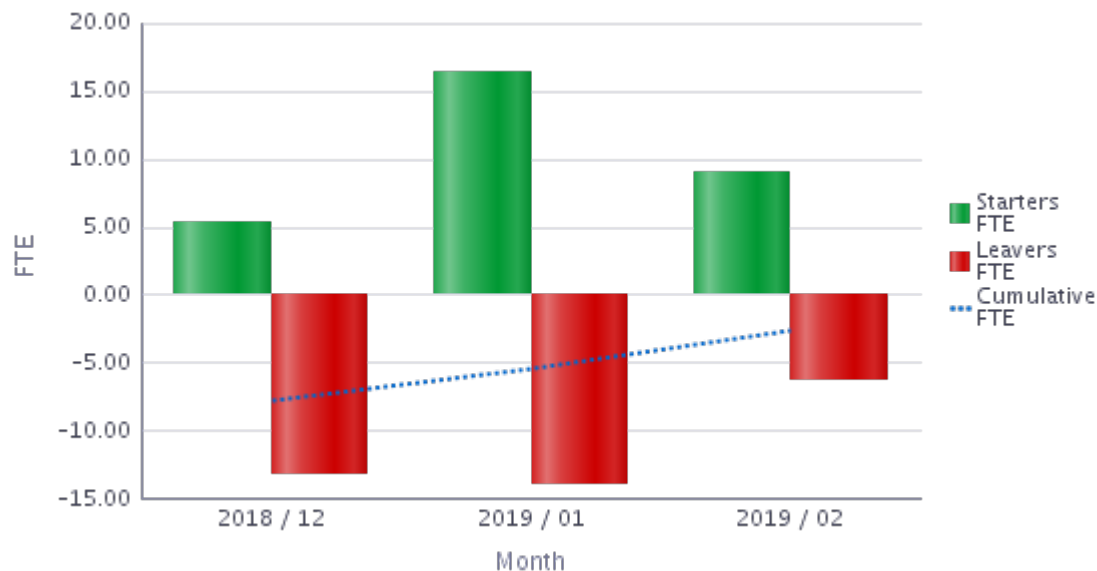
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Staff in Post

Since the last report staff in post FTE has increased from 5401.26 FTE in December to 5456.63 at the end of January 2019 representing an overall increase across all staff groups of 55.37 FTE. The largest increase in FTE over the last two months has been in the Additional Clinical Services Staff Group (17.56 FTE) followed by the Administrative & Clerical (17.15 FTE) Staff Group. The largest reduction in FTE over the last two months was in the Allied Health Professionals (2.71 FTE) Staff Group.

The increases within the Additional Clinical Services Staff Group are due to the successful recruitment of Apprentice OPDs. The increase within the Administrative & Clerical Staff Group is related to recruitment within CPBS for Administrators.



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 January showing a significant increase in starters compared to December & February. The number of leavers has reduced in February. The cumulative position for the 3 months is -2.56 FTE with 30.83 FTE registered nurses / midwives joining the Trust and 33.39 FTE leaving.

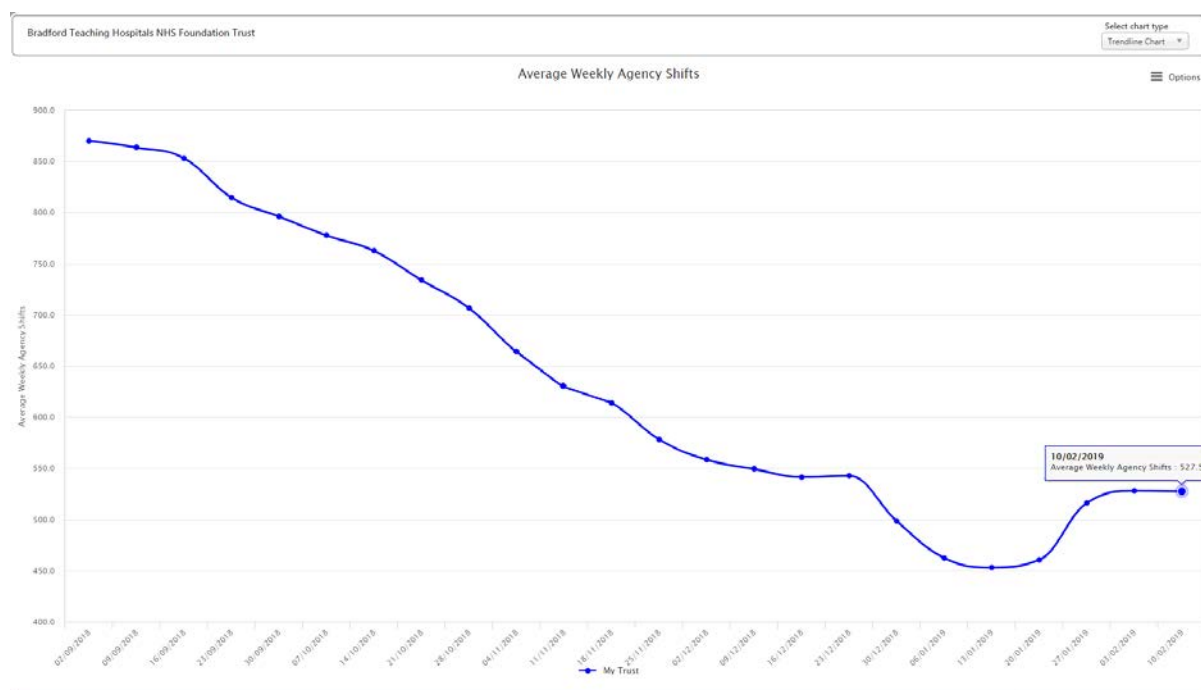
Agency and Bank Usage

Agency usage continues to decrease across the Additional Clinical Services (HCA's). The use of agency Healthcare Assistants was stopped in October 2018 and can only be used in exceptional circumstances with Head of Nursing approval. Agency use in the Admin & Clerical staff group has also reduced. This has been achieved by substantive appointments and improved rostering of nurses and HCAs. Nursing and HCA bank fill rates continue to increase.

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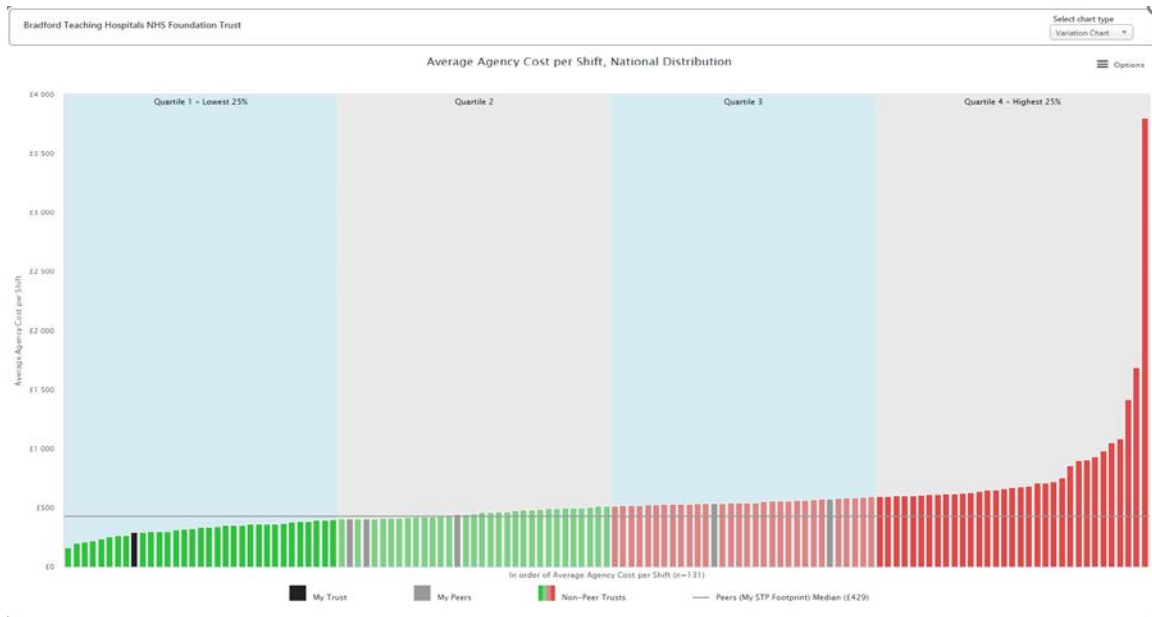
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We continue to see an average weekly decrease in agency shifts used from 953 in May 2018 down to 527 in February 2019.

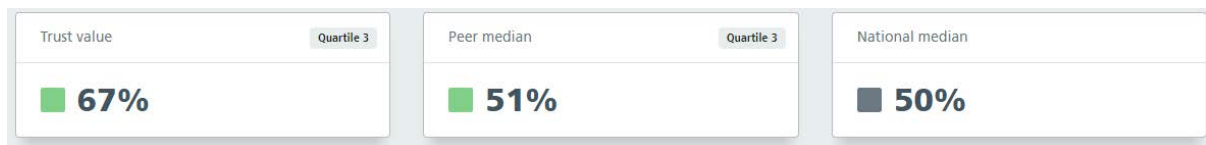


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Our compliance in meeting NHS Improvements capped rates is also above the national and peer medians at 67% compared to 51% with peers and 50% nationally.



Turnover

There has been a slight increase in turnover since December. Turnover for all staff groups is currently 10.68% compared to 10.50% in December. In February 2018 we reported turnover at 11.38% so this shows that overall turnover has shown a decrease.

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Nursing and Midwifery Recruitment Update

Vacancies have increased in both the Division of Surgery and Anaesthesia and Medicine by 12.69 and 20.09 wte respectively. However, there has been a slight reduction in vacancy rates in the Division of Women's and Children's Services.

Division of Surgery and Anaesthesia

Nursing Vacancies against funded establishment
(March 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	483.81	88.96	18.4%
Band 6	75.13	3.00	4.0%
Band 7	59.69	1.40	2.3%
Band 8	24.40	0.00	0.0%
TOTAL	643.03	93.36	14.5%

Nursing Vacancies against funded establishment (March 2019)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	402.42	67.37	16.7%
Band 6	78.59	0.27	0.3%
Band 7	55.88	1.20	2.1%
Band 8	26.40	0.00	0.0%
TOTAL	563.29	68.84	12.2%

Despite an increase in vacancies since the last report the picture still remains healthy in comparison to last year with an overall reduction of vacancies since last year of 24.52 wte or 2.3%. Theatres remain a concern with 14 wte vacancies at band 5. Wards 26, 27 and 28 are also of concern however there has been some positive movement with the appointment of 8 newly qualified nurses to join in autumn.

Division of Medicine

Nursing Vacancies against funded establishment
(March 2018)

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	387.20	92.35	23.9%
Band 6	123.82	14.68	11.9%
Band 7	97.36	6.89	7.1%
Band 8	23.60	0.00	0.0%
Total	631.98	113.92	18.0%

Nursing Vacancies against funded establishment
(March 2019)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	361.40	84.38	23.3%
Band 6	130.53	11.16	8.6%
Band 7	98.58	1.00	1.0%
Band 8	28.08	1.00	3.6%
Total	618.59	97.54	15.8%

Total vacancies continue to increase however in comparison to last year there has been a decrease in both the vacancy rate of 2.2%. The main area for concern in Medicine is stroke where there are currently 19.42 wte overall and also wards 22 and 23. There are also some concerns in Medicine in respect of HCA vacancies at bands 2 and 3 currently 64.54 wte.

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Division of Women & Children's

Nursing Vacancies against funded establishment

Women's (March 2018)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	200.22	29.15	24.4%
Band 7	37.08	0.00	0.0%
Band 8	3.75	0.00	0.0%
Total	241.05	29.15	12.09%

Nursing Vacancies against funded establishment

Women's (March 2019)

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	205.46	0.00	0.0%
Band 7	33.59	0.00	0.0%
Band 8	5.00	0.00	0.0%
Other	0.00	0.00	0.0%
Total	244.05	0.00	0.0%

Women's services are fully established; they are however expecting 3 midwives to leave in the near future and are currently out to advert to recruit cover for Maternity Leave. In comparison to last year there has been a slight increase in funded establishment but a significant reduction in vacancies of 29.15 wte.

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

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	119.87	7.53	5.3%
Band 6	38.52	4.95	12.8%
Band 7	27.87	0.92	3.3%
Band 8	7.00	0.00	0.0%
Total	193.26	13.4	6.93%

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

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	127.00	8.85	6.97%
Band 6	40.76	3.39	8.3%
Band 7	23.96	2.08	8.7%
Band 8	6.11	0.00	0.0%
Total	197.83	14.32	7.2%

There has been a slight increase in the vacancies in Children's services since the last report of 2.16 wte but this could partially be attributed to a change in the skills mix in the Neo-Natal unit which has realised an increase in the funded establishment at band 5 of 4 wte. Vacancy rates in comparison to last year are slightly increased; however the funded establishment has also increased by 7.13 wte at band 5, 2.24 wte at band 6 and seen a reduction at bands 7 and 8. The overall percentage increase since last year is 0.27%.

Nurse Recruitment / Retention March 2019 Update

HCA generic recruitment for the divisions continues and despite 2 recent recruitment events all vacancies have not been filled.

Planning is underway for the summer recruitment event for newly qualified nurses qualifying this year. The number of enquiries has reduced due to the end of the Facebook contract.

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However, students on placement are being directed through to the Chief Nurse Office as appropriate.

17 trainee nursing associates have commenced in post December 2018. Further interviews have taken place at the beginning of February for an April cohort with the University of Bolton. These will be across the divisions and we are looking at taking 23 in total. Due to a number of withdrawals the final number commencing in April will be 16. Due to the growing requirements of education spaces for these learners the work with Bradford College and Bolton University has been expedited and the trainees' university days will be based out of the college premises.

Work to develop the partnership with Bradford College and Bolton University continues with the plan to host a second cohort of pre-registration nurses early next year. The college are currently developing a simulation suite to enable the delivery of the nursing associate and Nurse curriculum. There will be NMC validation events held in June 2019 for this new way of working in line with the new NMC standards.

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 global and has resulted in a large increase in enquiries for January where staff have been sent the documents to complete. We are currently awaiting completion of these documents.

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. Since May 2018, 112 Band 5 Nurses have attended the Nurse Development programme, 49 Band 6s and 31 Band 7s. There are to date 47 Band 5s booked on upcoming dates, 45 Band 6s and 18 Band 7s. This has been received very well to date.

Retention Interview Outcomes

As planned there has been an increase in the completion of the retention interviews. Forty new employees were interviewed across the non-medical health professional workforce.

Most of the respondents stated that the most rewarding aspect of their role was seeing patients improve and go home and when patients thanked them, thirty-eight out of the forty questioned gave this as an answer. The second most common response about the rewarding aspects of their roles was building relationships and providing support to patients and their family's five employees gave this response. The respondents also said that they enjoyed the team working involved in their role and being part of a multi-disciplinary team.

When considering what might contribute to their decision to leave the Trust twenty-seven out of the forty respondents said lack of staff. Twelve people said that being moved to different wards would contribute to a decision to leave and ten said lack of support. Some other factors mentioned were the distance to travel from home; both having to rotate and not having a rotation, poor shift rotas and lack of evenly spread breaks. Three of the five Physiotherapists interviewed reported not liking the level of Musculo-skeletal work involved in their roles. One person complained about struggling to get their time back when they had been called out during a period of on call and one talked about potential emotional burn out.

Some of the suggestions for improvement were more resources and training. Also suggested were longer appointment time slots for patients and more review appointments. Appreciation from higher management was also suggested along with more meaningful

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supervision where managers listened to what they wanted. They also suggested having a choice of where they rotated to and both a preference for more flexible working and being able to work regular nine to five, Monday to Friday shifts.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

As a result of the Radiography open day 65 applications for vacancies have been received these are currently being shortlisted by the department.

The recent Reporting Radiographer advertisement attracted 4 applications, 3 of which were shortlisted, interview were held on 5th of March and outcomes are pending.

The following posts are out to advert; 1 Band 4 Assistant Radiographer (attracting 9 applications); 1 Band 6 Interventional Radiographer (attracting 6 applications) and 1 Band 5 Radiographer (attracting 9 applications).

In addition, 10 apprentice ODP's commenced their studies on the 28th of January.

Consultant Recruitment

Pending:

Post	Approval Re'cd/ Advert Date	Interview Date	Appointed	Mitigating Actions
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.
Consultant in Acute Medicine	Re-advertised 15.11.2018	ON HOLD	N/A	Replacing locum post.
Consultant in Radiology -Uro	15.02.2019	ON HOLD	No applicants	New Post – currently covered by colleagues on a premium rate to provide additional reporting
Consultant in Geriatrics	Pending approval	TBC	TBC	Replacement post, currently being covered by existing consultants and additional CT3 doctors till August 2019.

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Anaesthetics – ICU	06.03.2019	07.05.2019	TBC	Replacement post, Recruited 1 Locum Consultant for 6 months in the first instance
Consultant in Anaesthetics – General	06.03.2019	07.05.2019	TBC	Replacement post
Consultant in Anaesthetics – Obstetrics	06.03.2019	07.05.2019	TBC	Replacement post, Recruited 1 Locum Consultant for 6 months in the first instance

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Consultant in Palliative Medicine	13.02.2019	25.03.2019	TBC	Replacement post, current post holder retires on the 22.04.2019
Consultant in Cardiology	06.02.2019	16.04.2019	TBC	New Post – 1 Locum Consultant appointed for 3 months in the first instance
Consultant in Trauma & Orthopaedics – Foot and Ankle Surgery	21.02.2019	29.03.2019	TBC	Replacement post - fixed term Consultant in post
Consultant in AED (2 wte)	23.01.2019	24.05.2019	TBC	Replacement posts, 1 post covered by Locum and the other post covered by colleagues
Consultant in Radiology – GI	14.02.2019	To be arranged	TBC	New post – currently covered by colleagues on a premium rate activity to provide additional reporting
Consultant in Radiology – MSK	15.02.2019	To be arranged	TBC	New post – currently covered by colleagues on a premium rate activity to provide additional reporting
Consultant in Paediatrics – General	20.02.2019	30.04.2019	TBC	New Post – Currently Locum Consultant is covering the gap
Consultant in Paediatrics – Epilepsy	20.03.2019	30.04.2019	TBC	New Post – Currently Locum Consultant is covering the gap
Consultant in Haematology	Re-advertised 11.03.2019	To be arranged	TBC	Replacement post, post will be vacant from 01.04.19 – Locum Consultant to cover in the interim
Consultant in Infectious Diseases (3 wte)	Re-advertised 11.03.2019	To be arranged	TBC	Replacement posts, current post holders due to leave in April/May.
Consultant in Vascular Interventional Radiology (4 wte)	30.01.2019	08.05.2019	TBC	New posts, requirement for additional staff due to service demand.

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Ophthalmology (0.8wte) (Retinal Uveitis Services)	07.12.2018	22.02.2019	Miss Farhat Butt SD: TBC (Subject to CCT confirmation)	New Post
Consultant in Geriatrics	06.12.2018	15.02.2019	Dr Amy Illsley SD:22.07.2019	Consultant colleagues covering.
Consultant in Stroke Medicine	30.10.2018	18.01.2019	Dr Muhammad Sohail Hassan SD:28.05.2019	Replacement post, Agency Consultant in place.
Consultant in Dermatology	09.11.2018	12.12.2018	Dr Mohammed Shareef	Replacement post.

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			SD:29.04.2019	
Consultant in OMFS (Orthognathic)	17.08.2018	02.11.2018	Mr Ibraz Siddique SD: TBC (Subject to DBS certificate)	Agency locum in post
Consultant in Ophthalmology	27.07.2018	26.10.2018	Mr Kamran Khan SD:08.07.2019	Replacement post, managed by current locum
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 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 October 19

Vascular Surgery

The new Vascular Network is developing a unified appointments process for Surgeons and Interventional Radiologists. NHS England has now given verbal support to the vascular reconfiguration across West Yorkshire but formal approval requires support from West Yorkshire Health Overview and Scrutiny Committee. Plans are now in place to advertise for the Interventional Radiology posts which will be West Yorkshire posts.

Microbiology/Infectious Disease

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 loss of the 4 ID Physicians from the end of May 2019. The Chief Medical Officer and COO with the Division are actively working on a mitigation plan although it must be recognised that it will not be possible to recruit to these consultant vacancies in the timeframe of departures.

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. 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.

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Junior Doctors' Recruitment/2016 Contract Implementation

Trainees continue to transition to the new contract nationally. There remains just 1 trainee employed at BTHFT who is on the 'old' contract.

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, 668 exceptions had been submitted. 646 of these have been submitted since 2 August 2017.

The 12 week deadline for HEE to issue August rotation information to Trusts is 15 May 2019. Recruitment is also taking place locally for the 2019 cohort of Post Foundation and Post Core Fellows.

Apprenticeships

At the end of Q4 we have In 2018/2019 we have recruited a total of 141 apprentices across 17 different apprentice standards at various qualification levels up to degree level. We have therefore achieved our public sector target. The first cohort of apprentices undertaking the qualifications via the new process are due to complete in April 2019. An apprenticeship Open Day to coincide with National Apprentice week was very successful with several training providers, employers from the Trust meeting with over 60 members of the public attending the event to learn more about apprenticeships and the opportunities available within BTHFT.

EU Exit Preparation and Risk Assessment for Workforce

The impact of EU Exit on the workforce continues to be monitored. The proportion of the workforce which comprises EU/EEA nationals continues to remain stable. There are, however, increasing concerns that the ongoing uncertainty about EU Exit is starting to have an influence on the medium and longer term career plans of some employees.

The key immediate challenge relating to Workforce is that Immigration Law requirements and therefore 'Right to Work' checks for new starters from EU/EEA countries after 29 March 2019 will vary depending on whether the UK leaves with a deal, a no deal or whether there is an extension. The Recruitment Team have identified a number of EU nationals who are in the appointments process. Every effort has been made to fast track their appointments to ensure that they are in post prior to 29 March.

Extension of the EU Settlement Scheme for EU nationals beyond the pilot stage has still not been confirmed. Once the information is released by the Government it will be shared with EU national /spouses of EU national employees.

Workforce Planning

The draft Workforce Plan was submitted to NHS Improvement/Health Education England at the beginning of February.

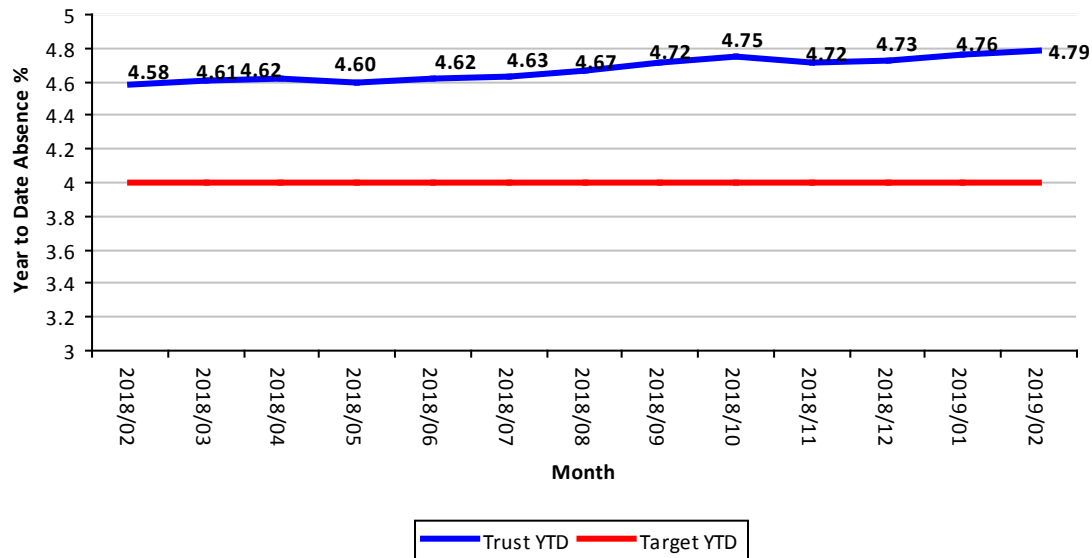
Comments have been received on the draft plan submission from NHSI which they have reported is: 'a good robust plan which is clear about initiatives relating to planned growth and which is reflected in the ambitions and plans described in the narrative.' There were some minor queries which will be addressed in the final plan submission which is due by 4 April 2019.

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Sickness Absence

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



The year to date absence percentage rate in February 19 is 4.79%. The absence rate has increased slightly in both January and February. At this time last year the year to date absence rate was 4.58%. The graph above also shows Year to Date sickness absence (%) against target up to February 2019.

Top 5 Absence Reasons by FTE Lost – Table 2

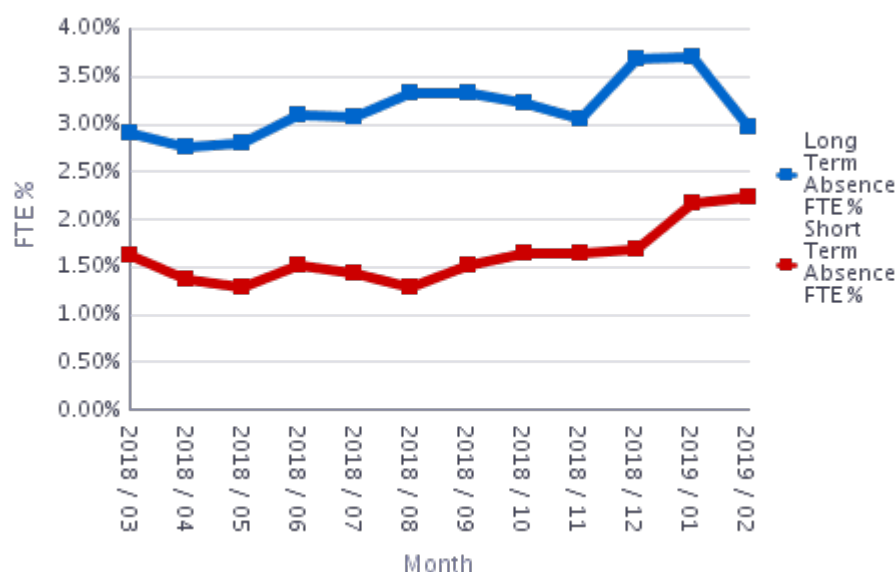
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	21.3
S98 Other known causes – not elsewhere classified*	19.5
S12 Other musculoskeletal problems	10.5
S25 Gastrointestinal problems	7.3
S99 Unknown causes / Not Specified	5.5

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 remained relatively stable in January but showed a sharp reduction in February. Short term showed increases in both January and February.

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 % Feb 19	Trend
Medicine & Integrated Care	4.05%	4.69%	↑
Anaesthesia, Diagnostics & Surgery	3.93%	4.50%	↑
Women's & Children's	4.17%	5.03%	↑
Estates & Facilities	4.69%	6.49%	↑
Research		1.41%	→
Corporate Services	3.67%	4.94%	↑
Pharmacy	3.55%	4.42%	↓
TRUST	4.00%	4.79%	↑

The year to date sickness absence rate has increased slightly in both January and February despite an overall decrease in in month absence rates.

Pharmacy's sickness in month sickness absence rate has increased by just over 2% from December to February and Estates and Facilities have increased in month by 0.38%.

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2018/19 Influenza Vaccination Campaign

The campaign ended on 28.2.19 with 3975 vaccines being administered, 3759 of which were to frontline staff. This resulted in the 100% CQUIN value being achieved for BTHFT.

Health Promotion for staff

The “Healthy January” event involving staff from the BTHFT Gym, Dietician Service, BTHFT Charity Team, Alcohol Team and Hepatology Nurse Specialist proved to be a popular event and 45 staff underwent free liver scans. There is demand for this to be repeated and therefore a further date will be set for later in the year.

In February the domestic abuse charity Staying Put provided a full day of training and awareness for staff. There is also scope for further events during the year.

The 1st March saw our Employee Assistance Programme holding a stall at Fieldhouse promoting the support service for staff and managers. Information was given to staff in leaflet and verbal form about the counselling service, website and the dedicated support for managers.

On 13th March the Occupational Health Department promoted the national campaign of No Smoking Day, with a stand in the BRI main concourse which was supported by a Smoking Cessation Advisor from Bradford Council. The campaign was backed up by a screensaver throughout the Trust and global communication inviting staff to book an appointment in the Occupational Health Department if they want to obtain support to quit smoking.

During April we will be linking with the national theme of Stress Awareness Month. The Occupational Health Department has secured an eight week course run by Bradford District Care Foundation Trust to be held ‘in house’ at BRI. Details below;

Living Life to the Full is an eight part course to help staff members enhance their resilience and wellbeing. The course will run every Wednesday from the 10th April until 29th May, based within Field House 5pm until 6.30pm.

The Occupational Health Department will also be hosting a half day event facilitated by Relate Bradford called “The Power of Relationships” this is a 3 hour training event/workshop will focus on the importance of healthy communication and the impact that it has on health & relationships at work. The event is due to take place at 1pm – 4pm on Friday 26th April in the Sovereign Lecture Theatre.

Regular Wellbeing, Resilience & Self-Care Workshops continue to be facilitated by Charlotte Walker, Specialist Occupational Therapist, on the following dates:

Wednesday, 27 March (BRI); Tuesday, 9 April (SLH); Wednesday, 24 April (BRI); All classes are held 1.30-4pm, either at BRI or SLH.

The Occupational Health Department has also benefitted from recruiting a Specialist Occupational Health Physiotherapy Practitioner at the end of February. Patricia Taylor’s work will be focusing on muscular skeletal issues for staff, with a combination of health promotion to individuals & teams, receiving referrals from managers and also ‘hands on’ treatment.

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Organisational Development (OD) update

Our OD work has focused on Urgent Care as a priority. The Senior Leadership Development programme started in January, a nine day programme run over nine months to develop the SLT as individuals and as a team. Changes to our Leadership and Management Development framework were implemented with our new Trust Leadership Development programme delivered in Urgent Care on a rolling programme; so far two cohorts have completed the programme and a third cohort is underway.

The Trust Leadership Development programme is being delivered as part of the Nurse Development programme; we have delivered the programme to six cohorts (Band 5, 6 and 7 nurses and midwives) so far during Quarter 4. A range of Leadership and Management Development workshops were planned for Quarter 4 and 26 workshops delivered including Quality Improvement, appraisals, Managing recruitment, Managing diversity, Coaching skills, Challenging Conversations and Managing your team. Four workshops were cancelled due to low numbers/do not attends and uptake is still low, despite promotion of the development opportunities. This is currently being reviewed.

The first Work as One event for 2019 which took place from 21 to 25 January was well received by the Healthcare partners with positive feedback about learning and understanding each other's roles and how we can work differently together to improve patient flow.

We are Bradford work continues with a focus on communicating key messages around our vision, mission and values, working with the Corporate Affairs team to promote through new graphics and 'walk the wards'.

NHS Staff Survey 2018

Over 2000 staff took part in the 2018 NHS Staff Survey, a response rate of 35%. Overall the results of the survey are positive and show that we are listening to our staff, working with them to make improvements and making a difference to their experience and how they feel about working here.

Staff engagement, our priority in 2018, significantly increased again, showing an upwards trend over the last three years from 6.9 in 2016 to **7.2** in 2018. Staff motivation and recommending us as a place to work and receive treatment both show an increase in scores. Our scores are above average in nine of the new themed areas; our score for 'Safe environment – Violence' matches the benchmarking 'best' score of 9.6. We are below average for Equality, diversity and inclusion.

We have made significant improvements in five of the eight priorities in our Staff Survey action plan, for example positive shifts in the scores for communications between senior management and staff, up from 37.8% to 42.1%; reporting of errors and incidents from 92.9% 96.0% and a decrease in the percentage of staff experiencing physical violence from staff in the last 12 months from 3% to 2%.

A more detailed report including areas identified for our Staff Survey Action plan 2018 is being presented separately.

Workforce Committee: 27.03.19**Agenda Item: W.3.19.7****Staff Friends and Family Test**

The NHS Staff Survey replaces the Staff Friends and Family Test for Q3. The results show that 68% of staff would recommend our Trust as a place to receive care or treatment. This is an increase on the 2017 results (67%); although we have seen a steady increase since 2016, we are below average compared with other acute trusts (87%). The results show that 64.6% of staff would recommend our Trust as a place to work. This is a significant increase on the 2017 results (61%) and is above average compared with other acute trusts (62.6%). Our results show a steady increase since 2015 in this question. These are two of the nine questions that make up the overall Staff engagement score and increasing engagement will remain a priority in our Staff Survey action plan this year.

The Staff Friends and Family Test for Q3, is currently underway and runs until 31 March 2018/19. Promotion includes walking the wards, regular communication through Let's Talk newsletter articles, Global emails and Core Brief and an updated Staff Survey hub on the intranet.

Appraisals

Our completion rate for February 2018/19 was 92.68%, decreasing from 94.57% in January. The completion rate has dropped across all three divisions: Division of Medicine and Integrated Care are at 92.58% compared to 94.78% in February; Division of Women and Children are 93.43% (from 90.00%) and Division of Anaesthesia, Diagnostics and Surgery are 92.95% (from 93.64%). A number of areas are still above the target of 95%, including Estates and Facilities, Elderly and Intermediate Care, HR, Specialty Medicine, Research and Development (Elderly and Stroke and Medicine)¹

Work continues with the aim of making sure our completion rate is 95% at the end of March 2018/19. The work includes targeting areas where there are overdue appraisals; making sure recording and reporting appraisals is carried out using the Electronic Staff Record (ESR) and making sure protected time is allocated for appraisals that are due using e-roster where appropriate.

¹ Based on Org 3 level data

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Appraisals – as of 28 February 2019

Appraisal Monthly Comparison	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Children	Pharmacy	Corporate Services	Estates and Facilities	Research	TOTAL
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
January '19	94.78	93.64	93.43	97.06	93.95	99.05	89.38	94.57
February '19	92.58	92.95	90.00	89.93	92.03	98.66	86.09	92.68

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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
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%
January '19 Refresher (Core) compliance	89%	89%	91%	90%	94%	90%	94%	93%
January '19 Refresher (High priority) compliance	82%	84%	84%		89%	92%	91%	87%
February '19 Refresher (Core) compliance	90%	90%	91%	92%	96%	92%	96%	94%
February '19 Refresher (High priority) compliance	83%	84%	84%		89%	88%	64%	87%

Compliance for refresher training:

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

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 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.

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Induction Training Compliance

Training Compliance	Medicine & Integrated Care	Anaesthesia, Diagnostics & Surgery	Women & Childrens	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
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%					88%
January '19 Induction (Core) compliance	99%	100%	99%	95%	99%	100%	100%	99%
January '19 Induction (High priority) compliance	91%	88%	90%			100%		90%
February '19 Induction (Core) compliance	99%	100%	99%		100%	100%	100%	99%
February '19 Induction (High priority) compliance	83%	100%	93%			100%		90%

Data supplied by the Education Department

Compliance for new starters at induction:

- Core mandatory - 99% moving and handling remains the only subject where compliance has not been reached. Work continues to increase the provision of training at induction to meet the demand. The compliance has increased significantly to 90%.
- High Priority – 90% continue to follow the process for escalation for non-compliance.

Recommendation

The Workforce Committee is asked to note the contents of this report.

P Campbell
Director of Human Resources
March 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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