

Open Board: 11.07.19

Agenda Item:

Data as at 30.04.19

	CARE GROUP						
	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2196	2424	158	703	575	139	6195
Staff in Post (FTE)	1968.91	2114.92	139.30	636.40	463.59	122.06	5445.19
Establishment	2369.54	2333.44	140.25	635.80	559.85	178.60	6217.48
Agency Usage (FTE)	71.17	37.03	3.45	9.38	7.83	0	128.86
Bank Usage (FTE)	272.67	126.23	0	9.08	53.13	0.52	461.63
Turnover	11.22%	10.72%	3.09%	8.94%	11.34%	18.09%	10.63%
Monthly Sickness %**	4.29%	4.79%	4.74%	3.68%	6.12%	0.99%	4.52%
YTD Sickness %**	4.60%	5.06%	4.20%	4.23%	6.59%	1.19%	4.82%

	STAFF GROUP								
	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Whole Trust
Staff in Post (Headcount)	226	1001	1508	351	532	92	744	1741	6195
Staff in Post (FTE)	190.13*	886.91	1323.92	299.58	421.35	81.97	698.29	1543.03*	5445.19
Establishment	157.64*	1026.81	1482.93	322.51	549.76	117.95	781.13	1778.75*	6217.48
Agency Usage (FTE)	9.89	0.62	6.00	13.45	11.04	2.47	13.36	72.03	128.86
Bank Usage (FTE)	0	250.37	0	0	53.76	0	35.55	121.95	461.63
Turnover	7.59%	12.03%	8.51%	11.95%	11.26%	11.07%	7.50%	11.81%	10.63%
Monthly Sickness %**	2.94%	6.74%	4.28%	3.04%	6.55%	4.00%	2.02%	4.55%	4.52%
YTD Sickness %**	3.25%	7.14%	4.50%	3.40%	7.45%	3.49%	1.67%	5.05%	4.82%

* 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 April 19



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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.

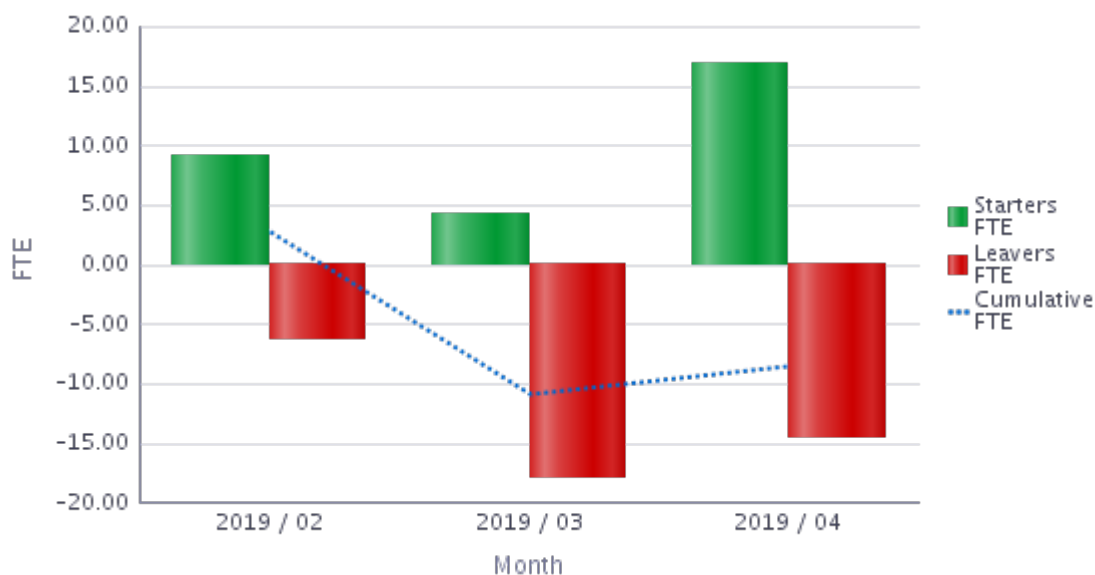
Please note: The Establishment figures for Research staff are counted within the overall Research Division, however where staff are line managed in Clinical Divisions the rest of the figures include them under the relevant Division. Therefore there is a mismatch between the Establishment data and the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

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Staff in Post**

Since the last report staff in post FTE has decreased from 5456.63 FTE in February to 5445.19 at the end of April representing an overall decrease across all staff groups of 11.44 FTE. The largest increase in FTE over the last two months has been in the Additional Clinical Services Staff Group (10.56 FTE). The largest reduction in FTE over the last two months was in the Nursing & Midwifery Registered (10.17 FTE) Staff Group.

The increases within the Additional Clinical Services Staff Group are due to the successful recruitment of Healthcare Assistants to fill vacancies. March is a popular month for retirements and the reduction in the Nursing & Midwifery Registered staff group can be partially attributed to those either taking age retirement or flexible retirement, those that have taken flexible retirement are then counted as joiners in April.



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 March and April both showing a significant increase in Leavers compared to February however there are a higher number of joiners in April. The cumulative position for the 3 months is –8.43 FTE with 30.25 FTE registered nurses / midwives joining the Trust and 38.68 FTE leaving.

Agency and Bank Usage

The use of agency Healthcare Assistants ceased in October 2018 and can only be used in exceptional circumstances with Head of Nursing approval. HCA bank fill rates continue to increase to 90% fill rate on average in April 2019. There has been an increase in registered nursing agency use and registered bank use has remained static.

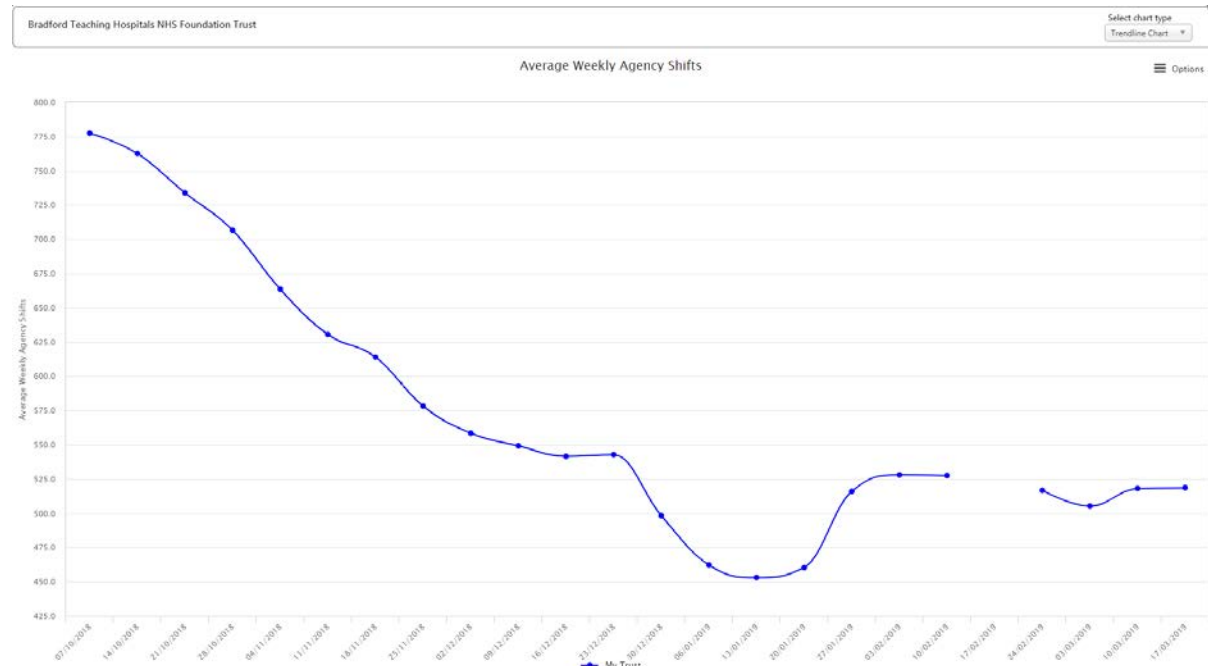
Agency use in the Admin & Clerical staff group has also reduced to just 6 FTE.

Medical & Dental agency use has also dropped, predominantly due to the additional RTT Consultants finishing at the end of March.

We continue to see an average weekly decrease in agency shifts used from 953 in May 2018 down to 518.5 in March 2019, with a further decrease in April to just 508.

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Agency monitoring controls through the Flexible Workforce Department and the agency monitoring meeting with the Medical Director, Chief Nurse and Finance representation to review our agency usage and spend is continuing to show positive control on the use of agency staffing, however 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. These shifts are reported to NHS Improvement on a weekly basis.

The following benchmarking data is taken from NHS Improvements Model Hospital resource from March 2019 (April figures not yet published on Model Hospital).

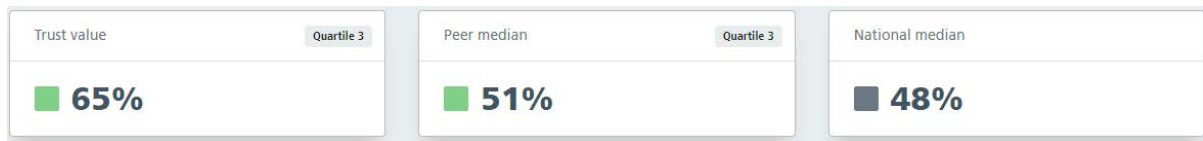
In March 2019 the average cost per agency shift for BTHFT was £442 compared to the national median of £513 and the peer median (Yorks & Humber) of £474. Our average cost per shift has increased due to not using band 2 agency HCAs, which was keeping our average cost extremely low.

Trust value	Quartile 2	Peer median	Quartile 2	National median
£442		£474		£513

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At 65% our compliance in meeting NHS Improvements capped rates is also above the national rate of 48% and peer medians of 51%.



Turnover

There has been a slight decrease in turnover since February. Turnover for all staff groups is currently 10.63% compared to 10.68% in February. In April 2018 we reported turnover at 11.62% so this shows that overall turnover has shown a decrease and our workforce is relatively stable.

Nursing and Midwifery Recruitment Update

Comparing ourselves with May 2018 we have 94.22 wte fewer vacancies. There has also been a reduction in vacancies reported in our last report which are now under the Planned Care Group of 10.58 wte and the Unplanned Care Group of 14.51 wte. High vacancy rates in certain wards detailed below hides the areas in the Trust where we have little or no vacancies.

Planned Care May 2019

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	518.03	59.87	11.6%
Band 6	265.02	7.43	2.8%
Band 7	117.04	5.28	4.5%
Band 8	25.71	0.00	0.0%
Total	925.80	72.58	7.38%

For the Planned Care Group the areas of concern are Theatres where there are 16.73 band 5 vacancies, and wards 26, 27 and 28 who have 5.64, 6.36 and 4.67 wte band 5 vacancies. Ward 27 is funding 3 Trainee Nursing Associates from the band 5 budget and is expecting 4 newly qualified nurses to commence employment in the autumn; ward 26 is also expecting 3 newly qualified nurses to join them. The Planned Care Group has been successful in Healthcare assistant recruitment for ward 5 and the Neonatal Unit.

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Unplanned Care May 2019

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	447.44	78.40	17.5%
Band 6	140.94	3.44	2.4%
Band 7	112.49	1.19	1.1%
Band 8	42.28	0.00	0.0%
Total	743.15	83.03	11.2%

The main areas of concern in the Unplanned Care Group are Stroke where they have 16.42 wte band 5 and 9.95 wte band 2 vacancies; they have recently recruited to 7 of the band 5 vacancies and have recently been out to advert to fill the band 2 Healthcare Assistant posts. There are also some concerns in respect of ward 23 where there are currently 10.51 wte vacancies at band 5.

Trust Overall Vacancies May 2018

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	990.88	188.84	19.06%
Band 6*	437.69	51.78	11.83%
Band 7	222.00	9.21	4.15%
Band 8	58.75	0.00	0.00%
Total	1709.32	249.83	14.62%

*Please note this figure includes band 5 midwives as vacancy rates are reported as band 5/6.

Nurse Recruitment / Retention May 2019 update

HCA generic recruitment for the divisions continues. The Unplanned Care Group continues to have a high number of vacancies however calibre of candidates has reduced and despite 2 recent recruitment events all vacancies have not been filled. The Planned Care Group have successfully recruited into the unregistered vacancies and these new appointments are currently undergoing pre-employment checks.

On June 13th there is the registered nurse open day for the Trust. The position is currently open on NHS jobs and all students are being encouraged to apply. The Assistant Chief Nurse has met with all the 3rd year students currently on placement in the Trust to communicate the benefits of working in the organisation as a newly qualified nurse and the support offered to experienced nurses in developing their careers.

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 team will be meeting with the Chief Nurse,

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education and visiting trainee and registered nursing associates in practice areas with their mentors. In addition the Trust has also been involved in the Ofsted inspection process for the nursing associate apprenticeships with the University of Bradford.

Funding has been applied for from NHS improvement to support the increase in student capacity for nursing places, in addition to the increase in capacity opportunities are being explored to support increase in learners in practice with education.

The Trust has advertised for Advanced Clinical Practitioners (ACP's) in line with the regional HEE advert. Interviews will be held in July with a view to commence the programme in January 2020. These will be full time trainee positions with an ACP post in place at the end. Further work is underway in regard to the ACP governance for trainees and qualified ACP's with the leads in the care groups.

The retention interview process continues with feedback reviewed at the nursing and midwifery recruitment steering group.

We have 1 person applying for the return to practice contract currently and one Open University student who has secured a position as a staff nurse when she qualifies in October.

Plans are in place with the care groups to set up the newly qualified nurse's forum once a quarter and the nursing associate forum which will feed into the nursing and midwifery development forum and aim to support the staff groups in order to retain staff.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

Physiotherapy currently have 10 wte vacancies the majority of these are at band 5. These have been successfully recruited to but the recruits are all undergraduates so will not be in post until the Summer.

Occupational Therapy only have a 0.4 wte vacancy this has been recruited to and the successful candidate is currently going through pre-employment checks.

Pharmacy are holding 4 wte vacancies at the moment and 1 wte out on maternity leave. All their vacancies have been advertised and interview dates arranged during May and June 2019.

Dietetics have 6.6 vacancies 3 of which have been recruited to and start dates are anticipated to be in the next few months. They are also expecting there to be more vacancies in the future due to maternity leave and secondments. They have advertised for fixed term roles to fill these vacancies but had little interest due to a lack of suitable candidates.

Radiography have 3.02 wte vacancies at band 7, 3.44 at band 6 and 5.72 at band 5 they have an advert out at the moment to recruit to the band 7 positions following the approval of their business case. They are also exploring overseas recruitment for their specialist posts and fast-tracking internal appointments into specialist roles.

Despite AHP recruitment being challenging nationally the Trust is able to attract applicants for the majority of posts and we are seen as a good place to work.

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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 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	Approved	ON HOLD (till July)	TBC	Replacement post, currently being covered by existing consultants and additional CT3 doctors till August 2019.
Consultant in Haematology	Re-advertised 11.03.2019	ON HOLD	No Applicants	Replacement post, post vacant from 01.04.19 – Locum Consultant covering in the interim
Consultant in Vascular Interventional Radiology (4 wte)	30.01.2019	ON HOLD	No Applicants	New posts, requirement for additional staff due to service demand.
Consultant in Breast Surgery	Pending Business Case	TBC	TBC	Replacement post – currently covered by colleagues
Consultant in OMFS	Pending Business Case – Approved to advertise by BG	TBC	TBC	Replacement post – covering with agency staff
Consultant in Respiratory Medicine	Approved 12.05.2019	TBC	TBC	Replacement post – backlog in clinics difficulty in securing a locum

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
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 – MSK	15.02.2019	31.07.2019	TBC	New post – currently covered by colleagues on a premium rate activity to provide additional reporting
Consultant in Trauma & Orthopaedics (Shoulder/Elbow)	02.05.19	05.07.2019	TBC	Replacement post – currently covered by colleagues
Consultant in Radiology	02.05.19	TBC	TBC	New post, consultants have been undertaking

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				premium rate activity to provide additional reporting.
Consultant in Neonates	07.05.19		TBC	Replacement post- The existing consultants will pick up all the daytime commitments and we will get locums (mainly external and some internal) to cover the on-calls.
Consultant in Histopathology	10.05.2019	TBC	TBC	Replacement post, currently covered by Locums

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
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 Ophthalmology (0.8wte) (Retinal Uveitis Services)	07.12.2018	22.02.2019	Miss Farhat Butt SD: 10.06.2019	New Post
Consultant in Haematology	29.08.2018	09.10.2018	Dr Giridharam Durgam SD: 10.06.2019	Replacement post, 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 OMFS (Orthognathic)	17.08.2018	02.11.2018	Mr Ibrah Siddique SD: 15.07.19	Agency locum in post
Consultant in Geriatrics	06.12.2018	15.02.2019	Dr Amy Illsley SD:22.07.2019	Consultant colleagues covering.
Consultant in Trauma & Orthopaedics – Foot and Ankle Surgery	21.02.2019	29.03.2019	Mr Gary Hannat SD: 12.08.2019	Replacement post - fixed term Consultant 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
Consultant in Anaesthetics – ICU	06.03.2019	07.05.2019	Dr Peter Hart SD:TBC	Replacement post, Recruited 1 Locum Consultant for 6 months in the first instance
Consultant in Anaesthetics – Obstetrics	06.03.2019	07.05.2019	Dr Alastair Hughes SD: TBC	Replacement post
Consultant in Anaesthetics – Obstetrics	06.03.2019	07.05.2019	Dr Fozia Hayat SD: TBC	Replacement post, Recruited 1 Locum Consultant for 6 months in the first instance

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Consultant in Cardiology	06.02.2019	16.04.2019	Dr Keerthi Prakash SD: TBC	New Post – 1 Locum Consultant appointed for 3 months in the first instance
Consultant in Infectious Diseases (3 wte)	Re-advertised 11.03.2019	08.05.2019	Dr Jorge Abarca SD: TBC	Replacement posts, current post holders due to leave in April/May.
Consultant in Paediatrics – General	20.02.2019	30.04.2019	Dr Helen Berry SD:TBC	New Post – Currently Locum Consultant is covering the gap
Consultant in Paediatrics – Epilepsy	20.03.2019	30.04.2019	Dr Uma Jegathasan SD: TBC	New Post – Currently Locum Consultant is covering the gap
Consultant in Radiology – GI	14.02.2019	08.05.2019	Dr Ragu Vinayagam SD: TBC	New post – currently covered by colleagues on a premium rate activity to provide additional reporting

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. Recruitment was unsuccessful for the Interventional Radiology posts which will be West Yorkshire posts. CHFT now face an additional loss of their single handed VIR Consultant. We are working with Leeds Teaching Hospitals to see how we can mitigate the impact.

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. We have a comprehensive mitigation plan in place and continue to provide a full service. One new Consultant appointment has been made with adhoc agency cover provided.

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. We are working collaboratively with Airedale to try to recruit on either a substantive or locum basis.

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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 30 April 2019, 700 exceptions had been submitted. 678 of these have been submitted since 2 August 2017.

The 12 week deadline for HEE to issue August rotation information to Trusts was 15 May 2019. HEE rotations are being locally validated. Recruitment has taken place locally for the 2019 cohort of Post Foundation and Post Core Fellows, with 10 offers made to PFFs and 3 to PCFs. As well as covering training vacancies and local Trust doctor posts, there has been a commitment to also cover 2 wte clinical fellows posts on the Short Stay Ward with this cohort.

Middle grade gaps in Paediatrics and A&E remain challenging to fill along with the junior rota in General Surgery. The latter has resulted in the Consultant having to act down on occasion and the Chief Medical Officer has got involved with the Care Group to try and find a solution.

Apprenticeships

After a slow start recruiting to apprenticeship roles we now have over 270 staff undertaking an apprenticeship programme since the apprenticeship levy started in 2017. The cost of delivering these apprenticeships will use up the majority of the apprenticeship levy available to us. The first time we will have funds expiring is March 2020; this will be £37131 however we have committed to transferring 10% of our apprenticeship levy via the Local Workforce Action Board to support non levy paying organisations within the region. It is unlikely therefore that we will have any expired funds and will make the full use of the apprenticeship levy.

We will be looking to sustain this level of apprenticeship delivery going forward meeting the learning needs as they arise rather than looking to grow it significantly.

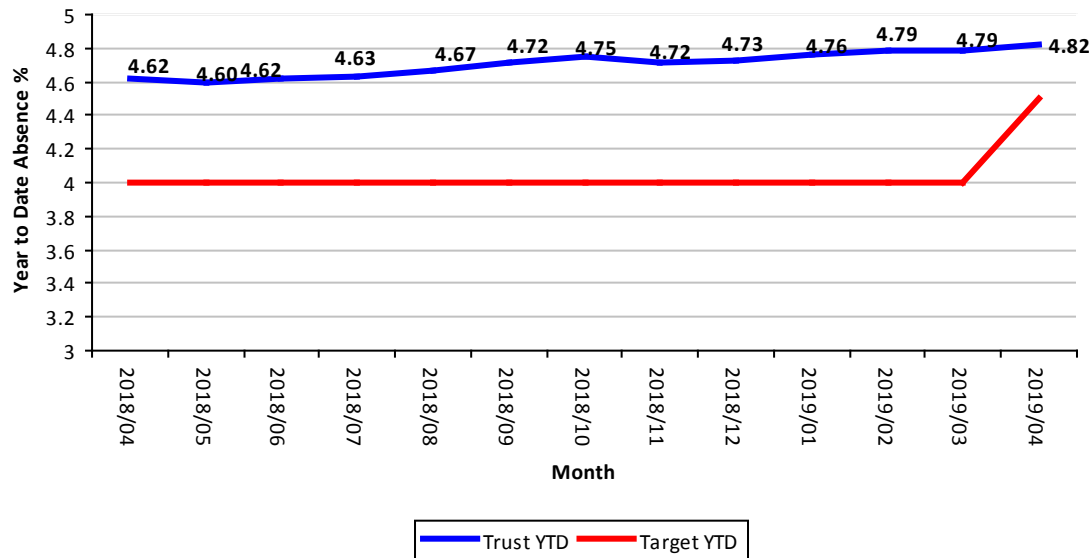
EU Exit Preparation and Risk Assessment for Workforce

Three Briefing Sessions for BTHFT employees who are EU nationals were held during May in collaboration with Unison and Thompson Solicitors in relation to the EU Settlement Scheme. The sessions were well attended and received positive feedback.

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Sickness Absence

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



The year to date absence percentage rate in April 19 is 4.82%. The absence rate remained stable in March but showed a slight increase in April. At this time last year the year to date absence rate was 4.62%. The graph above also shows Year to Date sickness absence (%) against target up to April 2019.

Top 5 Absence Reasons by FTE Lost – Table 2

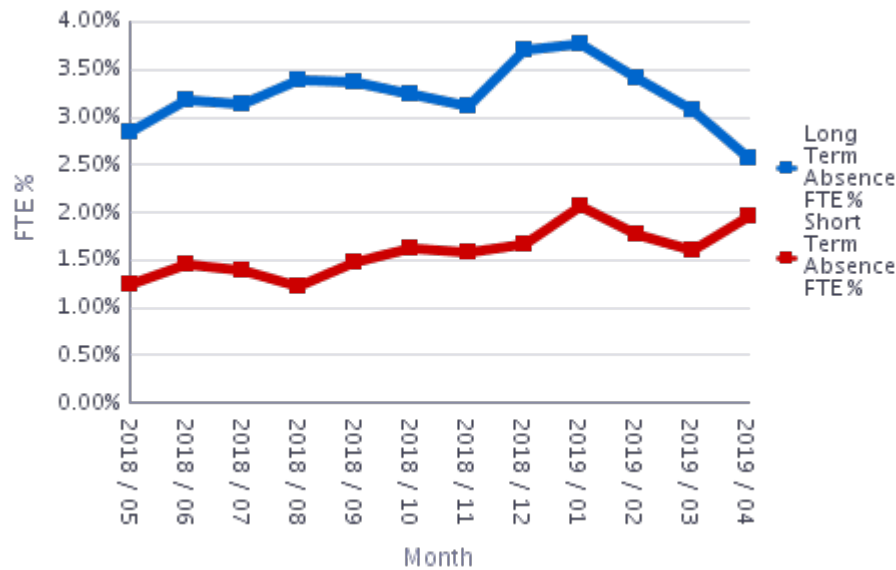
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	21.6
S98 Other known causes – not elsewhere classified*	18.7
S12 Other musculoskeletal problems	10.8
S25 Gastrointestinal problems	7.0
S99 Unknown causes / Not Specified	6.2

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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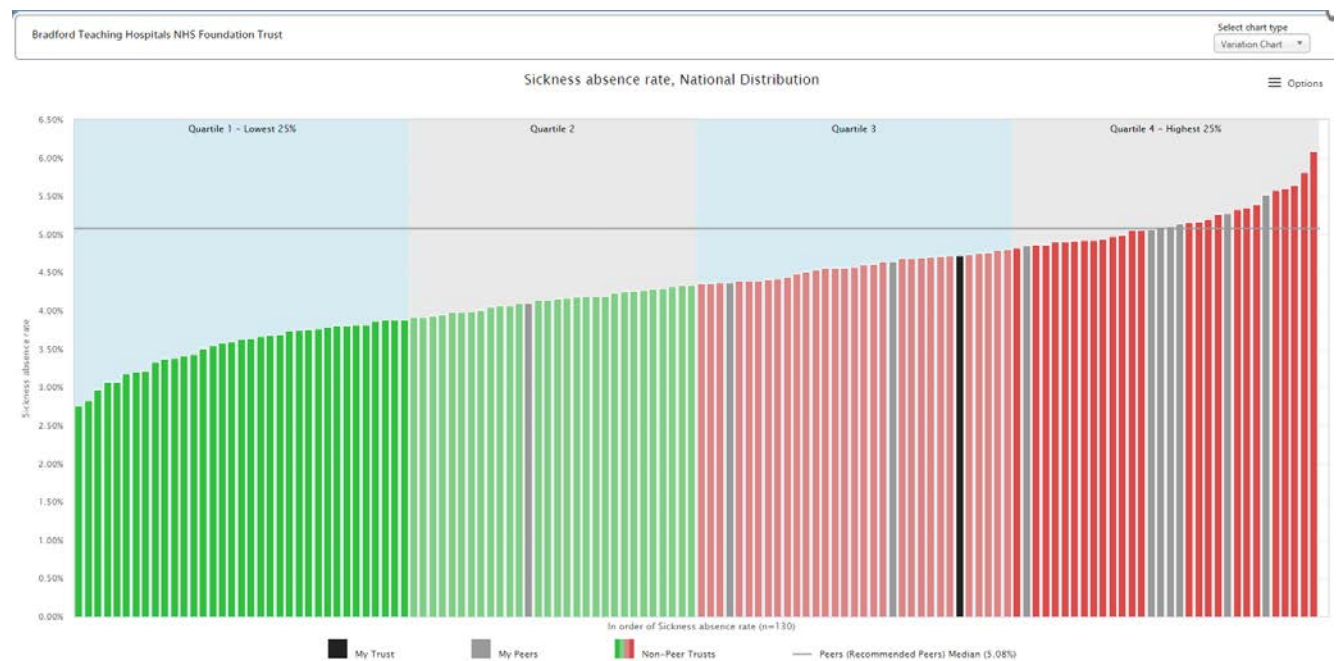
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Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness has showed a steady reduction since January 19. Short term decreased in March but increased in April.

Absence Benchmarking – Model Hospital



The above chart shows sickness benchmarking compared to NHSI Recommended peers for the month of November 2018 which is the latest available data. These peers are the 10 Trusts with the most similar attributes and context selected by Model Hospital. BTHFT is in the 3rd quartile with 7 out of the 10 peers in the 4th quartile.

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The above chart shows sickness benchmarking compared to other Acute Trusts within Yorks & Humber for the month of November 2018 which is the latest available data. BTHFT is in the 3rd quartile however the majority of the peers have a lower sickness rate.

Health and Well-being

April saw the start of the “Living Life to the Full” course, run by a team from My Wellbeing College (Bradford District Care Foundation Trust) exclusively for our staff. Currently 15 candidates are benefitting from this 8 week course and interim feedback is positive from BTHFT and the course leaders.

Our Occupational Health Specialist Physiotherapist, Patricia Taylor, has been running management referral clinics for staff with muscular skeletal problems for the past 2 months. Patricia will start her health promotion work during June offering 1 hour teaching sessions to groups of staff within BTHFT in promoting good muscular skeletal health and exercise.

The Staff Gym will be launching a campaign at the end of May to encourage exercise by offering free membership for 3 months to staff wanting to engage in the national “Couch to 5k” challenge. This will hopefully increase gym membership as well as raising money through sponsorship for Bradford Hospitals Charity.

Following the success of the Healthy January event, our Liver Specialist Nurses will again be offering free liver scans to staff with the aim of promoting good liver health and also identifying any potential areas of concern which can then be followed up. A provisional date of Wednesday 19th June has been set for this event in the Occupational Health Department, Fieldhouse, Bradford Royal Infirmary.

Following the Thriving at Work Report by Paul Farmer & Lord Dennis Stevenson, the Occupational Health Department will be working with Dr Virginia Beckett, Consultant in Obstetrics & Gynaecology, to identify what support/advice staff would like regarding the important area of the menopause. A staff survey is planned for June.

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Organisational Development (OD) update

Our OD work continues to focus on Urgent Care. The engagement work mirrors the Trust Let's Talk engagement programme and includes a local newsletter; celebrating local success with Urgent Care awards and a Let's Talk Live Local, time for the staff to have open conversations with the Urgent care SLT. These initiatives have proved really successful and will be rolled out across Clinical Business Units (CBUs) and departments over the summer.

The Trust Leadership Development programme continues to be delivered as part of the Nurse Development programme and in Urgent Care. We are now planning to roll out a leadership and management development programme to support the new CBUs. The aim is to equip the Senior Leadership teams with the skills and knowledge to run effective CBUs and develop high performing teams, that work effectively with stakeholders across the healthcare system. The programme will build on the Trust Leadership Development programme, developing additional modules as needed. This will enable talent management and succession planning in key roles.

A Work as One event is planned for 3 June. Work as One is about bringing our values to life and working as one big team; the main operational focus for this week is Patient Placement, part of our wider work on the Command Centre.

A We are Bradford campaign is also planned for June, getting everyone to think about our mission, vision and values and what is special about working in Bradford. This will be the foundations for our work on Big Conversations, which ask people to think about how we can make our trust a great place to work.

NHS Staff Survey 2018

Our Staff Survey Action Plan has been implemented. Our priority is to increase staff engagement and morale. Other priority areas are those where our performance is below average for acute trusts or areas where there has been no significant change in results compared to last year. These are Equality, diversity and inclusion; Health and wellbeing – focusing on reducing work related stress and MSK; Safe environment – Bullying and harassment –focusing on reporting and Quality of care – patient care and experience, improving the effectiveness of the use of patient and service user feedback.

Staff Friends and Family Test

The Staff Friends and Family Test (SFFT) for Q4 ran for three weeks between 11 and 31 March 2019. A campaign to raise awareness and promote the SFFT took place in the run up to the launch, with articles in Let's Talk newsletter, the OD Team 'walking the wards' and a refreshed intranet hub. Paper copies were provided for those areas with limited access to take part online, using the same approach as for the annual staff survey. During the survey members of the OD Team went out to wards and non-clinical areas to encourage staff to have their say. 336 staff took part compared to 204 in Q2 which represents a 65% increase in uptake; however this is still a small sample making this less reliable than the annual staff survey results of the same question.

The Q4 SFFT results show 71% of staff would recommend our Trust as a place to receive treatment or care, which compares to 66% in the Q2 test and 68% in the NHS Staff Survey 2018. 61% of staff would recommend us as a place to work compared to 53% in the Q2 test

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and 64.6% in the NHS Staff Survey 2018. The national Q4 SFFT results will be available on 30 May 2019.

The SFFT questions contribute towards the overall Staff engagement score in the NHS Staff Survey and engagement remains a priority in our Staff Survey action plan this year; OD and engagement work will focus on making sure staff feel proud to work here, feel it is a great place to work and receive treatment or care.

Planning is underway for the Q1 2019 SFFT, which runs from 10 to 30 June with work continuing to make sure staff take part in the test going forward.

Appraisals

We move to an Appraisal Season this year, which will take place during Q3 2019. Our focus now is making sure all overdue appraisals from 2018-19 are completed, so that at 31 March 2019 all eligible staff have had an effective appraisal. Planning for the Appraisal Season is underway, which will include briefings; further development for managers and appraisee guidance. An update on this will be provided to the Workforce Committee next month.

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Mandatory Training by Division

Mandatory Training Compliance

Mandatory Training Compliance	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Total
November '18 Refresher (Core) compliance			93%	94%	91%	95%	94%
November '18 Refresher (High priority) compliance				89%	88%	100%	88%
December '18 Refresher (Core) compliance			92%	94%	92%	95%	94%
December '18 Refresher (High priority) compliance				89%	90%	100%	88%
January '19 Refresher (Core) compliance			90%	94%	90%	94%	93%
January '19 Refresher (High priority) compliance				89%	92%	91%	87%
February '19 Refresher (Core) compliance			92%	96%	92%	96%	94%
February '19 Refresher (High priority) compliance				89%	88%	64%	87%
March '19 Refresher (Core) compliance			94%	97%	95%	97%	95%
March '19 Refresher (High priority) compliance				89%	89%	73%	88%
April '19 Refresher (Core) compliance	93%	92%	96%	97%	95%	97%	95%
April '19 Refresher (High priority) compliance	85%	81%		91%	91%	82%	87%

Compliance for refresher training:

- Core Refresher training – 95% compliance
- High priority training - 87% 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 and theatres. Urgent care has significantly increased the compliance through targeted work and there are plans to continue with this.

There has been an improvement in compliance with blood transfusion training with most elements of competency assessments also achieving the compliance target

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

Open Board: 11.07.19

Agenda Item:

Induction Training Compliance

Training Compliance	Unplanned Care	Planned Care	Pharmacy	Core Central Services	Estates & Facilities	Research	Total
November '18 Induction (Core) compliance			100%	100%	99%	98%	98%
November '18 Induction (High priority) compliance							85%
December '18 Induction (Core) compliance			100%	100%	100%	100%	99%
December '18 Induction (High priority) compliance							86%
January '19 Induction (Core) compliance			95%	99%	100%	100%	99%
January '19 Induction (High priority) compliance					100%		90%
February '19 Induction (Core) compliance			100%	100%	100%		99%
February '19 Induction (High priority) compliance					100%		90%
March '19 Induction (Core) compliance			100%	100%	100%		100%
March '19 Induction (High priority) compliance							94%
April '19 Induction (Core) compliance	99%	99%		100%	100%	100%	99%
April '19 Induction (High priority) compliance	95%	100%					97%

Data supplied by the Education Department

Compliance for new starters at induction:

Induction training core – 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 – has increased to 97% compliance. We continue to follow the process for escalation for non-compliance.

Open Board: 11.07.19

Agenda Item:

Local Update

Bradford Health and Social Care Economic Partnership

This partnership has recently been set up by Bradford Council in partnership with Health and Social Care providers and academic institutions across the District. They have been successful in getting a significant amount of money for a programme of workforce development.

KPMG have been commissioned by the partnership to develop and formalise the Shadow Board to achieve a vision that will allow anchor institutions to work together at pace to maximise the positive impact that can be achieved as large employers. They will also be scoping the potential of a 'Learning Academy' that could deliver learning and development for a range of Organisations. They are currently consulting with stakeholders.

National Update

The themes from the Interim People Plan will be explored at a conference on the 23rd May 2019. Key workforce actions for 2019/20 will be discussed as well as strategic and operational priorities and what they mean at local level.

Pensions – Annual Allowance and Lifetime Allowance

Recent reductions to the annual allowance particularly the tapered annual allowance introduced in April 2016 is starting to significantly impact senior staff in the organisation, particularly Consultants. The result of this is that we are starting to see Consultants asking to reduce their number of PAs, not take on additional responsibilities, and not take up premium rate work.

We are reviewing what we can do to address across WYATT. NHS Employers, NHS Providers and the Trade Unions are lobbying for increased flexibilities to be made to the NHS Pension Scheme. The Chancellor this week has ruled out scrapping the taper for NHS Pensions. The impact is being kept under review.

Recommendation

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

***P Campbell
Director of Human Resources
May 2019***



Open Board: 11.07.19

Agenda Item:

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



Bradford Teaching Hospitals
NHS Foundation Trust

Open Board: 11.07.19

Agenda Item:

	<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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