

Board of Directors: 12 September 2019

Agenda Item:

Appendix 1

Introduction

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

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Data as at 30.06.19

	CARE GROUP						
	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2269	2454	156	603	572	141	6195
Staff in Post (FTE)	2029.46	2142.98	136.91	551.64	459.87	124.40	5445.26
Establishment	2377.13	2336.43	142.25	631.60	560.85	192.27	6241.19
Agency Usage (FTE)	83.24	41.38	2.54	8.46	11.41	0	147.03
Bank Usage (FTE)	259.96	132.97	0	9.57	53.75	0.63	456.88
Turnover	11.57%	11.00%	5.36%	9.05%	11.34%	17.91%	10.92%
Monthly Sickness %**	3.61%	4.99%	5.28%	3.21%	6.06%	1.88%	4.32%
YTD Sickness %**	4.48%	5.17%	4.34%	4.05%	6.63%	1.25%	4.80%

	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)	222	1014	1507	352	531	93	744	1732	6195
Staff in Post (FTE)	187.51*	898.89	1322.70	298.67	420.25	83.32	698.82	1535.09*	5445.26
Establishment	157.94*	1029.69	1498.17	320.12	550.77	119.01	784.29	1781.20*	6241.19
Agency Usage (FTE)	11.67	0.30	7.37	12.61	14.02	3.03	12.90	86.50	147.03
Bank Usage (FTE)	0	247.10	0	0	54.28	0	31.85	123.65	456.88
Turnover	8.97%	13.28%	8.47%	12.21%	10.68%	11.07%	7.47%	12.05%	10.92%
Monthly Sickness %**	4.47%	6.41%	3.89%	2.42%	6.20%	2.36%	1.84%	4.56%	4.32%
YTD Sickness %**	3.68%	7.08%	4.42%	3.33%	7.39%	3.25%	1.72%	5.06%	4.80%

* 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 June 19

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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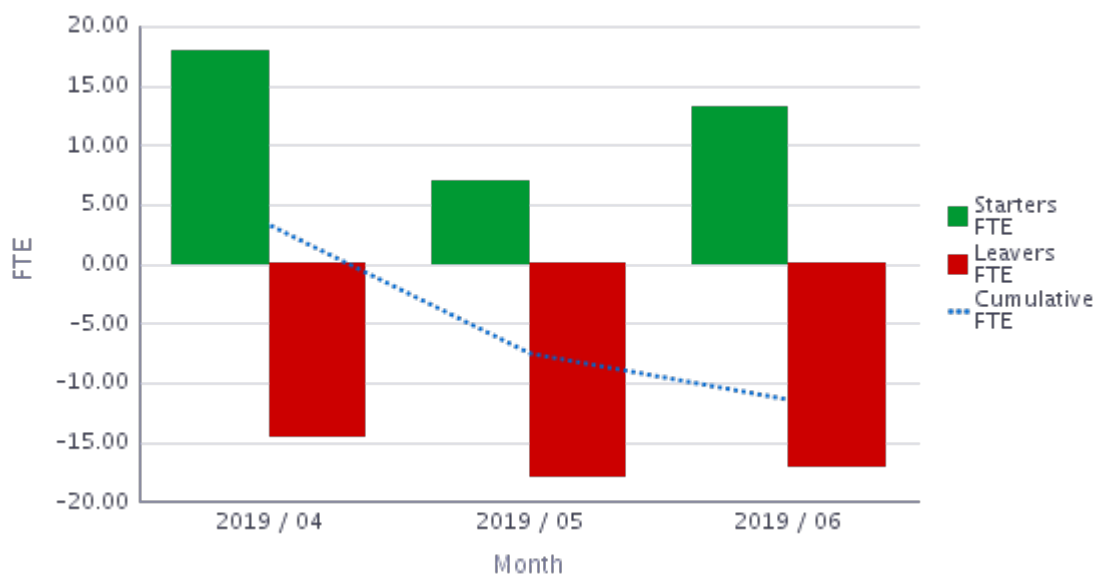
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Staff in Post

Since the last report staff in post FTE has stayed static. The largest increase in FTE over the last two months has been in the Additional Clinical Services Staff Group (11.98 FTE). The largest reduction in FTE over the last two months was in the Nursing & Midwifery Registered (7.94 FTE) Staff Group.

The increases within the Additional Clinical Services Staff Group are due to the continued successful recruitment of Healthcare Assistants to fill vacancies. In May and June there were 7 Nurses who took flexible retirement, these will therefore be returning to the Trust but contribute to the overall reductions within the Nursing & Midwifery Registered staff group over the last two months..

Due to the Trust restructure there have been changes made in June to report Medical Secretaries under the relevant CBUs rather than being coded centrally under the Corporate Services Division. This has resulted in a reduction in Headcount and FTE in Corporate Services and an increase in Planned and Unplanned Care Groups.



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 May and June both showing more leavers than joiners. The cumulative position for the 3 months is -11.35 FTE with 38.15 FTE registered nurses / midwives joining the Trust and 49.50 FTE leaving.

Agency and Bank Usage

There has been an increase in registered nursing agency use with registered bank use remaining static over the reporting period. No Healthcare Assistant agency has been deployed in June 2019 and we have seen an increase in Bank HCA use.

Agency use in the Admin & Clerical staff group has remained at just 6 FTE primarily reflecting clinical coders.

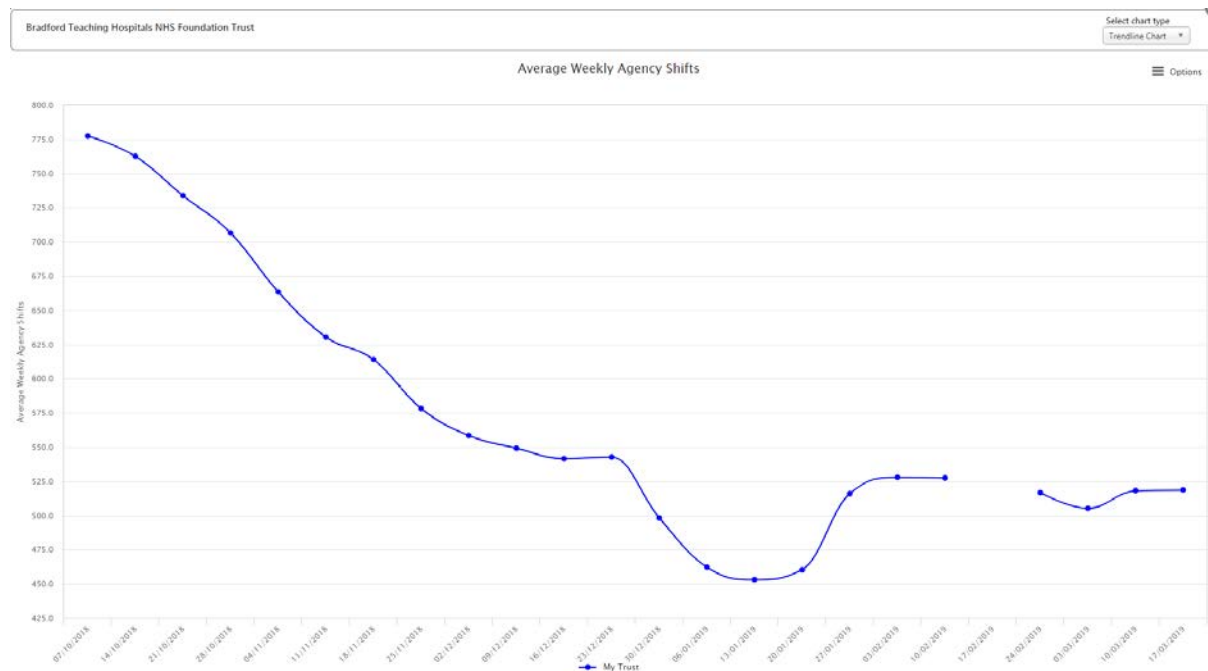
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New NHS Improvement rules means that we can no longer use any A&C agency staff, other than for Clinical Coding or other special projects on patient's safety grounds, from 16th September 2019 the impact of which is being reviewed.

Medical & Dental agency use has reduced over the reporting period.

We have continued to see an average weekly use of agency shifts of 513 in April 2019.
(Model Hospital website figures as of end of March and have not been updated for Trusts)



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 (up to date figures not yet published on Model Hospital).

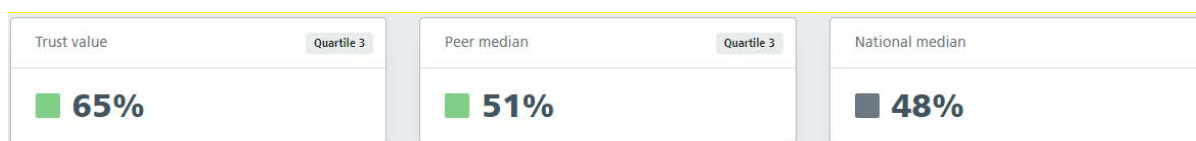
In March 2019 the average cost per agency shift for BTHFT was £442 compared to the national median of £513 and the peer median (Yorks & Humber) of £474. Our average cost per shift has increased due to not using band 2 agency HCAs, which was keeping our average cost extremely low.



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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 increase in turnover since April. Turnover for all staff groups is currently 10.92% compared to 10.63% in April. In June 2018 we reported turnover at 11.48% so this shows that overall turnover has shown a decrease and our workforce is relatively stable.

Nursing and Midwifery Recruitment Update

The Trust nurse vacancy rates when compared to July 2018 have fallen slightly from 11.99% to 9.68%. There has been a small decrease in the funded establishment of 4.12 wte, overall vacancies have decreased as they stood at 200.84 wte in the Trust at July 2018 and the current rates are 161.74 wte. Whilst this is positive hot spot areas remain.

Planned Care July 2019

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	518.03	63.66	12.29%
Band 6	265.02	11.74	4.4%
Band 7	116.90	5.08	4.3%
Band 8	26.71	0.00	0.0%
Total	926.73	80.48	8.68%

For the Planned Care Group the areas of concern are theatres where there are 16.73 wte vacancies at band 5. Other areas of concern are Wards 26, 27, 28. Newly qualified nurses have been offered 7 posts and trainee nursing associates are being supported on these wards.

Whilst vacancies exist in Midwifery and Children's services, Midwifery recruitment will soon commence and successful recruitment has taken place to both Paediatrics and the Neonatal unit which if all offers are accepted will see few remaining band 5 vacancies.

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Unplanned Care July 2019

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	447.64	73.52	16.4%
Band 6	142.14	4.84	3.4%
Band 7	112.49	1.9	1.7%
Band 8	42.28	1.0	2.4%
Total	744.55	81.26	10.9%

The main areas of concern in the Unplanned Care Group is the Stroke Unit where they have 16.42 wte bands 5, 9.95 wte band 2 and 7.9 band 3 vacancies. Seven nurses have been recruited to this ward and an advert has been out to recruit to the band 2 vacancies. Ward 23 is a concern with 10.03 band 5 vacancies, 3 of these have been recruited to and will be filled with more interviews planned for July. Ward 23 have introduced a rotation with A & E to aid the retention of one staff member.

New roles continue to be developed i.e. Pharmacy Technician in areas where we have continued recruitment difficulties and where we can re profile jobs.

Trust Overall Vacancies July 2018

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	1142.23	176.12	15.42%
Band 6	254.26	11.51	4.53%
Band 7	212.32	10.21	4.81%
Band 8	66.59	3.00	4.51%
Total	1675.40	200.84	11.99%

Nurse recruitment / retention July 2019 update

On June 13th a registered nurse open day for the Trust was held. 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. Approximately 60 job offers have been made to nurses qualifying in the adult and child branch and 1st choice areas of work have been supported.

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 and the university are increasing the number of lecturers to support the programme delivery at the Bradford College campus. The NMC validation events have taken place with approval granted for the nursing associate programme at the University of

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Bradford and University of Bolton. The NMC met with current nursing associate trainees at the Trust and were extremely impressed with the support the trainees receive in practice and from the education providers. The 2nd cohort of re registration nurse is due to commence in January 2020 and a modification is required to be submitted to the NMC prior to approval of this programme with the University of Bolton.

Funding has been applied for and granted 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. As part of the above the trust has been undertaking sessions to support the transition to the new NMC standards of supervision and assessment with current mentors in practice.

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.

There has been an increase in the number of return to practice applications to the University of Bradford and work is currently underway to secure contract for these nurses with the Trust.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

Physiotherapy currently have 4.5 vacancies at bands 6 and 7 they are expecting one new starter in August and holding interviews during July for a further 2.5 posts. They have struggled to recruit to their band 7 Wheelchair Therapist Team Leader role as it is a highly specialised area but have finally secured a candidate.

Occupational Therapy have a 6.5 band 2 and 3 wte vacancies 3 of which are currently going through the recruitment process. They are also holding 3 band 5 posts that have been recruited to and they are expecting them to commence work during July and August.

Pharmacy despite the market are recruiting well at present.

Dietetics have 4.5 vacancies all of which have been recruited to and start dates are anticipated to be in the next few months. They are also actively recruiting to 2 band 5 posts which have not attracted much interest and no applications have been made to date.

The AHP Leads are active in looking at innovative solutions to maximise recruitment. Exploratory discussions are in place with Airedale to enable rotational Physiotherapy posts across the patch.

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Radiography recruitment remains challenging.

Plain Film:

Recruitment has been undertaken for Band 5 radiographers and 9 offers have been made to individuals who are about to qualify. They will be ready to commence in post September/October time. One Radiographer has been undertaking training over the last 12 months to become a Band 7 Reporting Radiographer and will qualify in June 2019. We have also appointed 2.00 wte Band 6 trainee Reporting Radiographers who will begin their post graduate course in September 2019.

MRI:

2.00 Radiographers (external candidates) have commenced in post however, 2.00 wte Radiographers have now left the Trust.

We have also appointed 2.5wte Band 6 posts to internal staff from Plain Film in an attempt to grow our own.

CT:

We have only appointed 1.00wte Band 6 Radiographer who previously worked in Plain Film. We have also put an advert out for a CT accelerator post (this is aimed at newly qualified radiographers who will work in Plain Film for 12 months as a Band 5 and then move into CT Band 6 post). Overseas recruitment is also being explored in this area.

Consultant Recruitment

Pending:

Post	Approval Re'cd/ Advert Date	Interview Date	Appointed	Mitigating Actions
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 05.04.2019	ON HOLD (Until the 12 th	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 Neonates	07.05.19	28.05.2019	Candidate withdrew	Replacement post- The existing consultants will pick up all the daytime commitments and we will get locums (mainly

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				external and some internal) to cover the on-calls.
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Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in ENT	24.10.2018	TBC – shortlisting in progress	N/A	New post – Consultant colleagues covering additional clinics etc.
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 Radiology	02.05.19	19.09.2019	TBC	New post, consultants have been undertaking premium rate activity to provide additional reporting.
Consultant in General Medicine	30.06.2019	26.07.2019	TBC	Replacement post Covered by Agency doctors
Consultant in General Surgery	09.07.2019	16.08.2019	TBC	New Post
Consultant in Acute Internal Medicine	03.07.2019	TBC	TBC	Replacement post Covered by Agency doctors
Consultant in Paediatrics – Emergency Medicine	30.05.2019	TBC	TBC	New Post, dept not able to cover consistently

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Breast Surgery	22.05.2019	26.06.2019	Miss Fiona Langlands SD: 08.07.2019	Replacement post – currently covered by colleagues
Consultant in OMFS	17.08.2018	02.11.2018	Mr Ibraz Siddique SD:15.07.2019	Replacement post – covering with agency staff
Consultant in Geriatrics	06.12.2018	15.02.2019	Dr Amy Illsley SD:22.07.2019	Consultant colleagues covering.
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
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 Infectious Diseases (3 wte)	11.03.2019	08.05.2019	Dr Jorge Abarca SD: Sept 19	Replacement posts, current post holders due to leave in April/May.
Consultant in OMFS	21.05.2019	10.07.2019	Mr Syed Ahmad SD: 01.09.2019	Replacement post – covering with agency

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				staff
Consultant in AED (2 wte)	23.01.2019	24.05.2019	Dr Emma Farrell SD:02.09.2019	Replacement posts, 1 post covered by Locum and the other post covered by colleagues
Consultant in Anaesthetics – Obstetrics	06.03.2019	07.05.2019	Dr Alastair Hughes SD: 02.09.2019	Replacement post
Consultant in Rheumatology	09.07.2018	07.09.2018	Dr Rebecca Ansell SD: 23.09.2019 – currently on Maternity Leave	Replacement post
Consultant in Medical Oncology	30.10.2018	19.06.2019	Dr Ahmed Salah Ali Locum Consultant SD: Oct 2019	New Post. Locum Consultant via Medacs Agency on a fixed contract for 12 months
Consultant in Respiratory Medicine	12.05.2019	24.06.2019	Dr Paul Walker SD:14.10.2019	Replacement post – backlog in clinics difficulty in securing a locum
Consultant in AED (2 wte)	23.01.2019	24.05.2019	Dr Michaela Blood SD:14.10.2019	Replacement posts, 1 post covered by Locum and the other post covered by colleagues
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 Trauma & Orthopaedics (Shoulder/Elbow)	02.05.19	05.07.2019	Dr Maulik Gandhi SD:06.01.2020	Replacement post – currently covered by colleagues
Consultant in Histopathology	10.05.2019	05.07.2019	Dr Mawaheb Hammoud SD: TBC	Replacement post, currently covered by Locums – this doctor is currently a Locum Consultant within the Trust
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 Paediatrics – General	20.02.2019	30.04.2019	Dr Helen Berry SD:TBC	New Post – Currently Locum Consultant is covering the gap

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 in 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

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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 now 1 potential applicant going through the recruitment process. Harrogate are now joining the Joint Venture which has the potential to give us additional access to Microbiology support. 1.4 ID Physicians will also commence in September/October 2019.

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. One candidate has been recruited via an agency to be shared between ourselves and Airedale.

Junior Doctor Recruitment

Junior doctor fill rates are positive overall.

August junior trainee rotation fill rates

Grade / Rotation	Posts	% fill from HEE
ACCS (CT) Acute Med, Elderly, Anaesthetics	16	100%
Anaesthetics (CT)	7	100%
Core Medicine	12	92% (11)
Core Surgery	10	100%
Dental (DCT1/2)	6	100%
F1	52	100%
F2	60	95% (57)
GP (hospital posts)	27	85% (23)
O&G (ST1/2)	4	100%
Paediatrics / Neonates	10	100%

Junior Doctor contract review

Following the announcement that 80% of the relevant BMA members voted in favour of the deal proposed by NHS Employers and the BMA, new terms will be introduced from August 2019 for doctors in training. This will put the contract on the same basis as all national NHS pay contracts, with changes agreed in partnership between staff and employer representatives. A phased implementation of the changes will be adopted, taking into consideration the operational implications of these changes. Employing Trusts are waiting for further details of the phased implementation and for updates with regards to the rota compliance software that is currently used.

Summary below of the main changes:

- **Pay**
Annual pay uplift of 2%, new nodal point 5, weekend allowance uplift, enhanced rate of pay for shifts finishing after midnight and by 4am, commitment to the introduction of individualised pay (current rota averaged pay), national locum rates referenced in the TCS and pay circular to be removed less than full time (LTFT)

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- Equalities, LTFT and flexible training
LTFT allowance, changes to shared parental leave and adoption leave, champion of flexible training
- Safety and rest limits
Change to reference period for 72 hours work in any 7 day consecutive period, 46 hours rest required after any night shift (currently required after working 3 or 4 consecutive nights), maximum 7 consecutive shifts (current maximum is 8), maximum 4 consecutive long days (current 5 long days), an additional third 30-minute paid break on a night shift of 12 hours+ duration

There are also changes to Guardian fines, exception reporting, work scheduling and facilities.

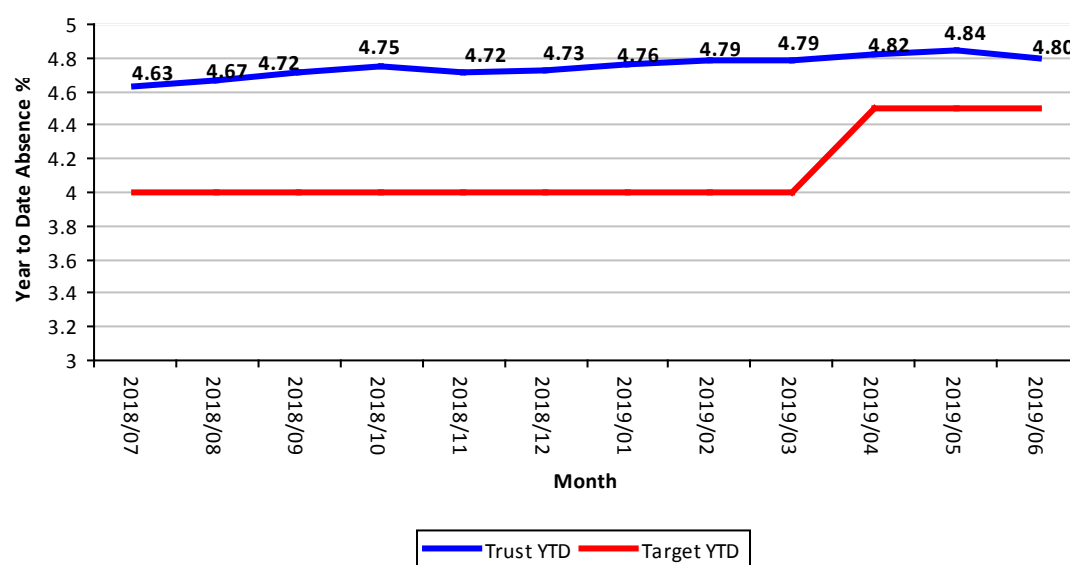
The full framework agreement is available on the NHS Employers website (<https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/Framework-Agreement.pdf>).

Apprenticeships

We have recruited to 42 apprenticeships within Q1 this year, with a similar amount for Q2. There have been 15 apprentices undertake the end point assessment and complete their apprenticeship programme and we will expect the number of completers to increase as the majority who commenced in year 1 of the implementation of the apprenticeship levy come to the end of their course.

Sickness Absence

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



The year to date absence percentage rate in June 19 is 4.80%. The absence rate increased slightly in May but reduced in June. At this time last year the year to date absence rate was

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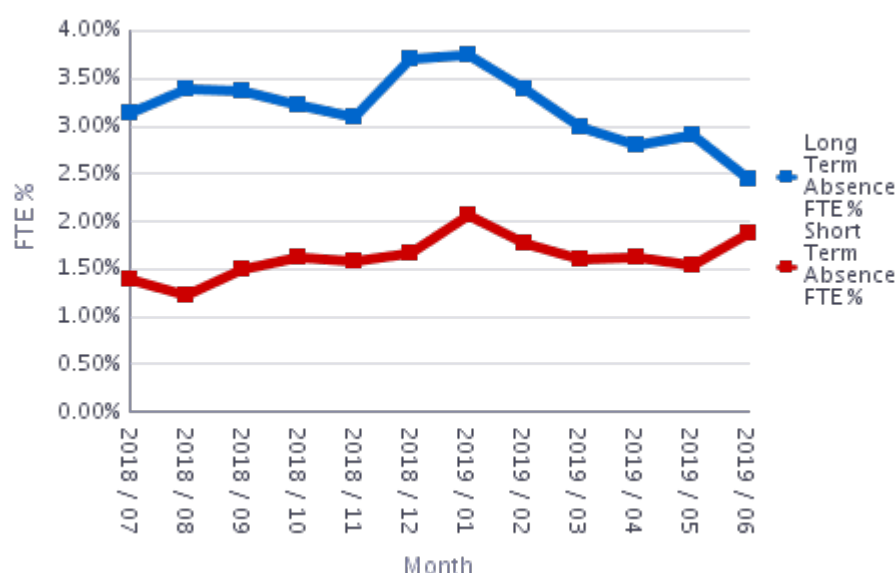
4.62%. The graph above also shows Year to Date sickness absence (%) against target up to June 2019.

Top 5 Absence Reasons by FTE Lost – Table 2

Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	21.9
S98 Other known causes – not elsewhere classified*	18.4
S12 Other musculoskeletal problems	10.8
S25 Gastrointestinal problems	7.2
S99 Unknown causes / Not Specified	6.8

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.

Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness showed a slight increase in May but a more sharp decrease in June. Short term remained stable in May but showed an increase in June.

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.



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.

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Organisational Development (OD) update

The Work as One event held in June was a success, bringing our values to life and getting teams to working together to embed the Patient Placement process and use SAFER principles to ensure every ward implemented the Expected Date of Discharge (EDD) best practice and the patient Welcome letter. This was to optimise patient flow and ensure correct patient placement - critical to Command Centre success. It also released time for ward staff and improved communication. This was the first time we have used Work as One as a vehicle to embed a specific process as part of a wider Trust project.

Our OD work in Urgent Care continues with further Let's Talk Live Local events held, where staff have the opportunity to talk to the Urgent Care SLT, share concerns and celebrate success. The OD team supported the 'Excellence in Urgent care week' which took place in June, working with the Transformation team to support priorities identified for further work.

The Trust Leadership Development programme continues to be delivered and the development of the CBU Leadership Development programme underway with plans to start delivery in the Autumn.

Staff Surveys

The Staff Friends and Family Test (SFFT) for Q1 ran for three weeks from 10 to 30 June. A campaign to promote the SFFT took place in the run up to and during the survey, with the OD Team 'walking the wards' encouraging uptake, using iPads and paper surveys for those with limited access to take part online. 460 staff took part compared to 336 in Q4 2018/19, which represents a 40% increase in uptake; however this is still a low response rate.

The Q1 SFFT results show 75% of staff would recommend our Trust as a place to receive treatment or care, which compares to 71% in the Q4 test. 66% of staff would recommend us as a place to work compared to 61% in the Q4 test. The national Q1 SFFT results will be available on 22 August 2019. Preparations are underway for the Q2 SFFT which takes place in August.

Preparations have also started for the 2019 NHS Staff Survey, which will take place in Q3. We will be using a mix of online and paper surveys again this year and focusing on increasing our response rate, addressing concerns around confidentiality and providing protected time enabling staff to take part.

Appraisals

Since achieving our target of 95% completion in December we have maintained performance of 90% for 8 out of 12 months; this has not been achieved before. The number of staff eligible for an appraisal has increased during this same period and we have still managed to maintain performance. ESR is a live system and is continually being updated by managers; we have noticed a trend that the % increases quite significantly over the 'close down' period. We are finding that many appraisals have been done but not recorded or recorded incorrectly on ESR so we are focusing on making sure managers record the appraisal date as soon as possible on ESR.

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Given the significant performance shift achieved and the changes already this year, with the implementation of the Command Centre and the restructure, the implementation of an appraisal season has been postponed, with a review to be carried out at the end of Q4.

Our target for 2019/20 is to achieve 95% completion by the end of December 2019. The OD and Workforce teams will continue to provide support to managers particularly in CBU which require targeted support.

A new leadership module, covering the wider context of appraisals as part of performance development and management, including links to talent management, career development and succession planning is being developed as part of the CBU Leadership Development programme.

Mandatory Training Compliance

Compliance for refresher training:

- Core Refresher training – 95% compliance
- High priority training - 88% 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 and a plan is now in place to improve this. Urgent care has significantly increased the compliance through targeted work and there are plans to continue with this.

There has been an improvement in June in basic life support after staff were targeted to attend this training. In June, information governance was the subject which did not maintain its previous month's position and work will begin in July to target staff and improve this compliance.

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

National and local update

Pensions

There continues to be a lot of national and local debate regarding the impact of the annual allowance on Senior Staff in the NHS, particularly Consultants. The Chancellor remains committed to the current pensions taxation policy but NHS Employers are working with the NHS Pension Scheme Advisory Board to explore opportunities for introducing scheme flexibilities. Extensive lobbying is taking place regarding the need for urgency on decision making and the impact that is starting to be seen on NHS waiting lists.

Health and Social Care Economic Partnership (KPMG)

KPMG have been commissioned by the Bradford Health and Social Care Economic partnership to work with system partners to develop and formalise the shadow Bradford Health and Social Care Economic Partnership Board. The aim of the work is to achieve a forum that allows anchor institutions to work together at pace to maximise the positive impact that they can achieve as large employers on the local economy. It was agreed the

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footprint needs to be across Bradford and Craven. It was felt that it was important that the role of the partnership was around delivery and not governance, the aim was not to duplicate what other forums were doing but to align with them. It was noted that the Leeds Model has been successful and could be adopted; it would be important to map to the Bradford economic strategy.

One Workforce – Senior leaders across the system would be contacted in the next few months to understand gaps and discuss what is needed for Bradford district and Craven. It was agreed that we need to promote caring as a career, this should be aimed at all health care and support e.g. Voluntary and social care.

Integrated Workforce Programme Board

The Programme Board covering Airedale, Bradford, Wharfedale and Craven have submitted 3 bids to the local Workforce Action Board as part of the place based bidding process. These cover areas of growing our own linking Bradford Pathway, Careers, technical education and the future pipeline. The other areas are on system leadership and support for learning in practice.

Recommendation

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

P Campbell

Director of Human Resources

July 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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