

Workforce Committee: 25.09.19

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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 September 2019. This report picks up key workforce themes and trends since then.

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Data as at 31.08.19

	CARE GROUP						
	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2285	2467	150	626	569	144	6241
Staff in Post (FTE)	2044.95	2157.39	131.27	569.30	457.98	126.36	5487.25
Establishment	2372.59	2341.75	142.75	644.14	560.16	192.27	6253.66
Agency Usage (FTE)	79.78	42.87	4.61	1.44	11.08	0	139.78
Bank Usage (FTE)	265.29	118.33	0.37	8.01	37.28	0.44	429.72
Turnover	11.55%	10.86%	7.65%	7.84%	11.16%	5.83%	10.73%
Monthly Sickness %**	3.90%	5.31%	4.70%	3.82%	10.79%	1.06%	4.98%
YTD Sickness %**	4.44%	5.27%	4.50%	3.93%	7.04%	1.35%	4.86%

	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)	217	1029	1512	363	524	95	787	1714	6241
Staff in Post (FTE)	184.37*	909.99	1326.45	310.37	414.98	86.18	739.42	1515.48*	5487.25
Establishment	159.44*	1030.74	1510.83	319.74	549.26	117.95	784.91	1780.79*	6253.66
Agency Usage (FTE)	12.94	0.15	0.56	11.33	12.88	2.47	14.10	85.35	139.78
Bank Usage (FTE)	0	245.63	0	0	38.05	0	28.87	117.17	429.72
Turnover	9.85%	12.30%	8.26%	11.96%	10.29%	12.15%	6.50%	12.41%	10.73%
Monthly Sickness %**	4.73%	7.66%	4.64%	1.54%	11.22%	0.82%	1.70%	4.51%	4.98%
YTD Sickness %**	3.90%	7.13%	4.55%	2.98%	7.66%	3.11%	1.80%	5.03%	4.86%

* 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 August 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.

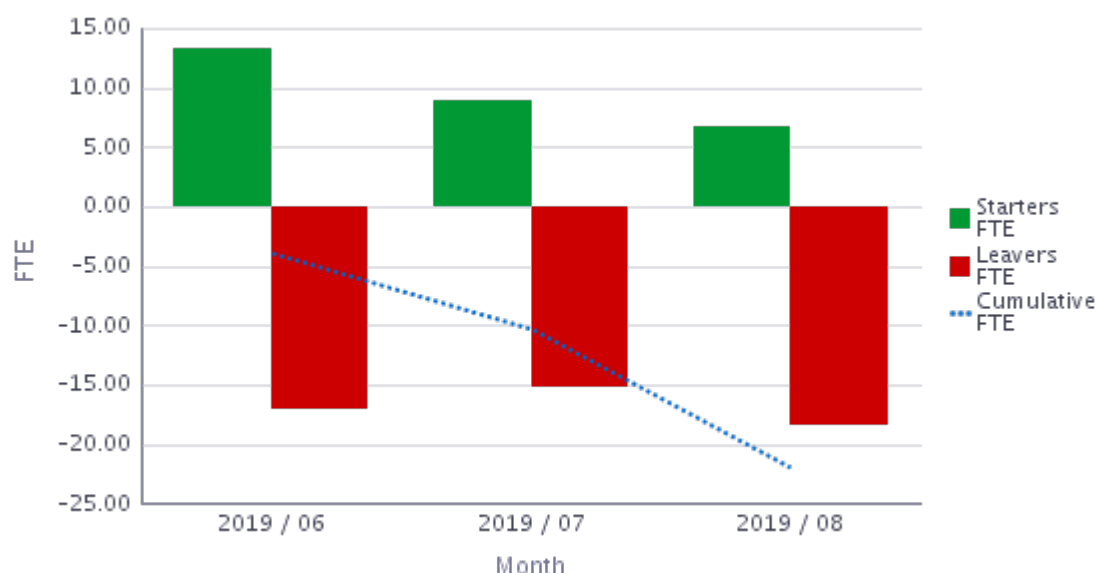
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Staff in Post

Since the last report staff in post FTE has increased from 5445.26 in June 19 to 5487.25 in August 19 representing an overall increase across all staff groups of 41.99 FTE. The largest increase in FTE over the last two months has been in the Medical & Dental Staff Group (40.60 FTE) followed by Allied Health Professionals Staff Group (12.12 FTE). The largest reduction in FTE over the last two months was in the Nursing & Midwifery Registered (19.77 FTE) Staff Group.

The increases within the Medical & Dental Staff Group are due to increases in Consultant numbers, Clinical Fellow appointments in Anaesthetics and Emergency Medicine and extensions to trainee placements on the GP Scheme. The increase in the Allied Health Professionals Staff Group relates to appointments in Physiotherapists, Dieticians and Radiographers. The reductions within the Nursing & Midwifery Registered staff group relate to leavers split across both 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 all three months showing more leavers than joiners. The cumulative position for the 3 months is -21.88 FTE with 28.82 FTE registered nurses / midwives joining the Trust and 50.70 FTE leaving.

Agency and Bank Usage

There has been reduction in bank and agency registered nurse use during the reporting period.

Healthcare Assistants (HCA's) agency use has ceased, unless in exceptional patient safety circumstances with achievement, on average, a 92% fill rate.

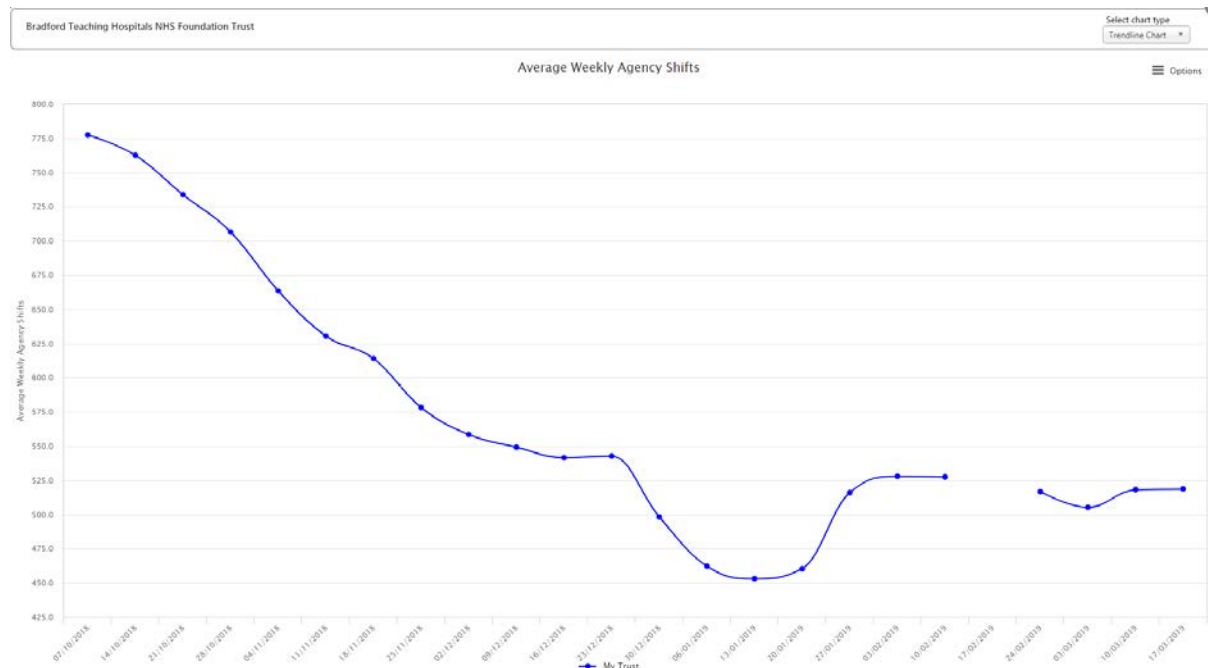
Administrative and Clerical use has reduced to just 0.56 whole time equivalent (WTE).

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Agency use across the Medical and Dental staff group has remained static in the reporting period. There has been a decrease in the use of Allied Health Professionals due to annual leave and also the Bank Holiday period.

We have seen a reduction in the average weekly use of agency shifts down to just 422 in August 2019. (Model Hospital website figures as of end of March and have not been updated for Trusts since March 2019)



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.

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).

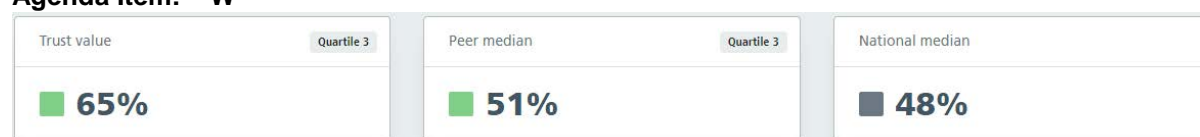
In March 2019 the average cost per agency shift for BTHFT was £442 compared to the national median of £513 and the peer median (Yorks & Humber) of £474. Our average cost per shift has increased due to not using band 2 agency HCAs, which was keeping our average cost extremely low.



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

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Turnover

There has been a slight decrease in turnover since June. Turnover for all staff groups is currently 10.73% compared to 10.92% in June. In August 2018 we reported turnover at 11.27% so this shows that overall turnover has shown a decrease and our workforce is relatively stable.

Nursing and Midwifery Recruitment Update

Overall vacancy rates have fallen since September 2018 when they were at 11.13% in September 2019 they are 8.68%. The funded establishment has slightly decreased by 5.77 wte from 1675.24 to 1669.47. Vacancies overall have fallen from 186.38 wte to 144.87 wte whilst this is positive and should improve further when the newly qualified nurses join the Trust in late September and October 2019, there are still difficult to recruit to areas.

Planned Care September 2019

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	514.84	56.11	10.9%
Band 6	266.25	6.32	2.4%
Band 7	117.13	2.18	1.9%
Band 8	26.71	0.00	0.0%
Total	924.93	64.61	7.0%

The main areas for concern for the Planned Care Group are Theatres where there are 16.73 band 5 vacancies, and Wards 26, 27 and 28. Newly qualified nurses have been offered 8 posts on these wards and they are supporting trainee nursing associates.

Following successful recruitment to both midwifery and Children's services there are 11.52 wte vacancies remaining at band 5 and 2.41 at band 6. 6 of the band 5 vacancies are over establishment and further adverts are out to continue attempts to recruit.

Unplanned Care September 2019

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	446.25	73.52	16.5%
Band 6	144.32	4.84	3.4%
Band 7	112.69	1.90	1.7%
Band 8	41.28	0.00	0.0%
Total	744.54	80.26	10.8%

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The main areas of concern for the Unplanned Care group are the Stroke Unit, Ward 22 and ward 23. Twenty eight band 5 nurses have been recruited to the Urgent Care workforce with 24 commencing in September.

Trust Overall Vacancies September 2018

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	1142.07	156.44	13.7%
Band 6	254.26	15.87	6.2%
Band 7	212.32	10.48	4.9%
Band 8	66.59	3.0	4.5%
Total	1675.24	185.79	11.1%

Nurse Recruitment and Retention 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. Over the summer and through the HR pre-employment checks the confirmed numbers to start in September and October are 58 newly qualified nurses. The induction programme has been redeveloped and amended to incorporate ECG training; IV skills and Venepuncture to equip the nurses with the skills required for working in acute wards. This programme will be for 2 weeks and 1 day and will be bespoke for adult nurses, paediatric and neonatal nurses.

Following the NMC validation events that took place with approval granted for the nursing associate programme at the University of 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. The Trust have been invited to participate in an additional NMC review of this major modification in the middle of January at 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 were held in July with 8 places offered. 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 via the newly formed ACP steering group.

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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 5 have secured employment with the trust.

The Trust have been invited to participate in cohort 5 of the NHS improvement retention direct support programme. This was launched on the 6th September and a working group with representatives from HR and Nursing and midwifery is being formed. A key focus will be looking at work/life balance as this is being recorded as a primary reason for nursing leavers.

The Newly qualified nurses this year will be completing the 12 month preceptorship with an additional 4 afternoons of supported newly qualified nurse forums to enhance the experience received in their first year. This has had successful feedback when trialled in maternity and paediatrics so will be rolled out further.

An updated nursing and midwifery recruitment and retention plan will be provided to the Workforce committee in September 2019.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

There is little change to the July reported position for Physiotherapy and Occupational Therapy.

Dietetics have 2 band 5 wte vacancies and 1.5 band 6 but they are expecting vacancies to increase due to members of staff leaving. Recruitment will commence again in January.

Pharmacy continue to recruit well despite the market and radiography recruitment remains challenging as reported in July..

Other Recruitment Initiatives

The Trust has signed up to the Step Into Health Initiative which is aimed at assisting people who are leaving any of the armed forces to find a role in civilian life that is attractive to them and allows them to utilise their talents. We have pledged to do this by sharing our vacancies and working alongside the transfer partners to offer work placements. Step Into Health is in the final stages of rolling out a computerised vacancy board and we are currently taking part in webinars to advise this.

The Armed Forces Covenant is another initiative that the Trust is a part of and this is to provide greater support to employees who are also reserves and support ex-armed forces and employees who have been invalided out of the services back into work. The Covenant also supports the families of members of the armed forces to access work. We are proud to have been recently awarded Silver status for the support we provide under this initiative.

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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 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 ENT	24.10.2018	anticipated	Delayed until Jan 2020 when applicants are within 6 months of CCT	New post – Consultant colleagues covering additional clinics etc.
Consultant in Acute Internal Medicine	03.07.2019	ON HOLD	No Applicants	Replacement post Covered by Agency doctors

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Radiology	02.05.2019	19.09.2019	TBC	New post, consultants have been undertaking premium rate activity to provide additional reporting.
Consultant in Geriatrics	05.04.2019	25.10.2019	TBC	Replacement post, currently being covered by existing consultants and additional CT3 doctors till August 2019.
Consultant in Vascular Surgery	29.07.2019	TBC	TBC	New Post, Covering the vacancy with a locum
Consultant in Ophthalmology	09.08.2019	TBC	TBC	New Post, Covering the vacancy with a locum
Consultant in Neonates	12.08.2019	TBC	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 Emergency Medicine (Paediatrics)	12.08.2019	13.09.2019	TBC	New Post.
Consultant in Diabetes	26.07.2019	04.10.2019	TBC	Replacement post Covered by Agency

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				doctors
Consultant in Paediatrics - Epilepsy	16.08.2019	TBC	TBC	There will be a reduction in outpatient activity until a replacement Consultant commences in post. On-call activities will be covered by colleagues.

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in OMFS	21.05.2019	10.07.2019	Dr Syed Ahad SD: 09.09.2019	Dept was covering the gap with agency staffs, Dr Ahad is now in post
Consultant in Infectious Diseases (3 wte)	11.03.2019	08.05.2019	Dr Jorge Abarca SD: 23.09.2019 (subject to GMC)	Replacement posts, current post holders due to leave in April/May.
Consultant in Rheumatology	09.07.2018	07.09.2018	Dr Rebecca Ansell SD: 23.09.2019— currently on Maternity Leave	Replacement post
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 Dr Emma Farrell SD:02.09.2019	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: 06.01.20 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:TBC	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 currently on Maternity Leave	New Post – Currently Locum Consultant is covering the gap
Consultant in Radiology – MSK	15.02.2019	31.07.2019	Dr Roopa Naveen SD:TBC	New post – currently the Dr is a Locum Consultant within this post
Consultant in General Surgery	09.07.2019	16.08.2019	Miss Frances Mosley SD: 30.09.2019	New Post
Consultant in General Medicine	30.06.2019	26.07.2019	Dr Joanna Glascode SD: TBC	Replacement post Covered by Agency doctors

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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. We have applicants for a vascular surgery vacancy which will be interviewed shortly.

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 Chief Medical Officer and COO have a mitigation plan in place. 1 applicant has now been appointed to a consultant post. 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. A new scientist role is also being developed.

Medical Oncology

This is a service under pressure and The Cancer Alliance is reviewing the provision across West Yorkshire.

Junior Doctor Recruitment

Junior doctor fill rates for the August rotations were positive, and any gaps on rotas are predominantly being covered by the 2019 cohort of Post Foundation / Core Fellows.

Vacancies on the September Higher Emergency Medicine rotation are a concern. Of 10 posts, 3 are filled with full time trainees, 2 with 80% trainees, 1 is a maternity leave and 4 are vacancies. Additional Emergency Medicine Fellows were appointed to commence August / September in the knowledge that they would be over-establishment but able to cover the 4th night shift in A&E; however these individuals are now covering the standard registrar rota. Current exploration of use of ACPs and 'block' agency or bank contracts.

Junior Doctor contract review

A phased implementation of the changes will be adopted, taking into consideration the operational implications of these changes. Employing Trusts have details of the phased implementation but await updates with regards to the rota compliance software that is currently used.

The Trust currently uses the DRS4 system from Skills for Health to check rota compliance against the TCS; however is working through an implementation project with Allocate to use their eRota system from early 2020. It is understood that Allocate's system may be updated prior to Skills for Health with the new TCS rules so work is ongoing to see how implementation of eRota can be prioritised for rotas which may need to be reworked due to the TCS changes.

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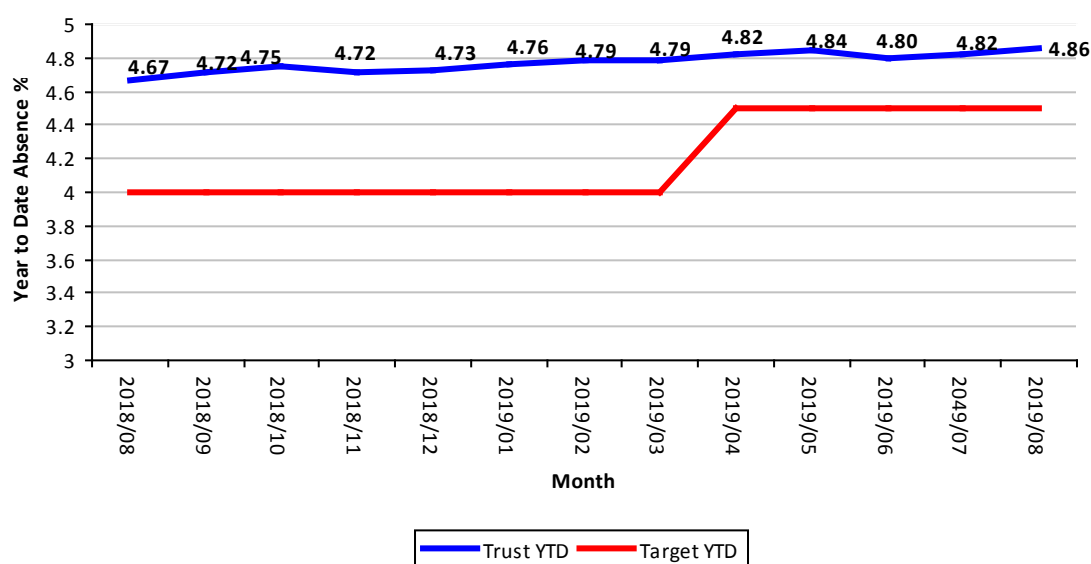
The full framework agreement is available on the NHS Employers website (<https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/Framework-Agreement.pdf>).

Apprenticeships

We have recruited to 57 apprenticeships at the end of Q2 with a total of 271 staff on a programme since the implementation of the levy. There have been 28 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 August 19 is 4.86%. The absence rate has increased slightly in both July and August. At this time last year the year to date absence rate was 4.67%. The graph above also shows Year to Date sickness absence (%) against target up to August 2019.

Top 5 Absence Reasons by FTE Lost – Table 2

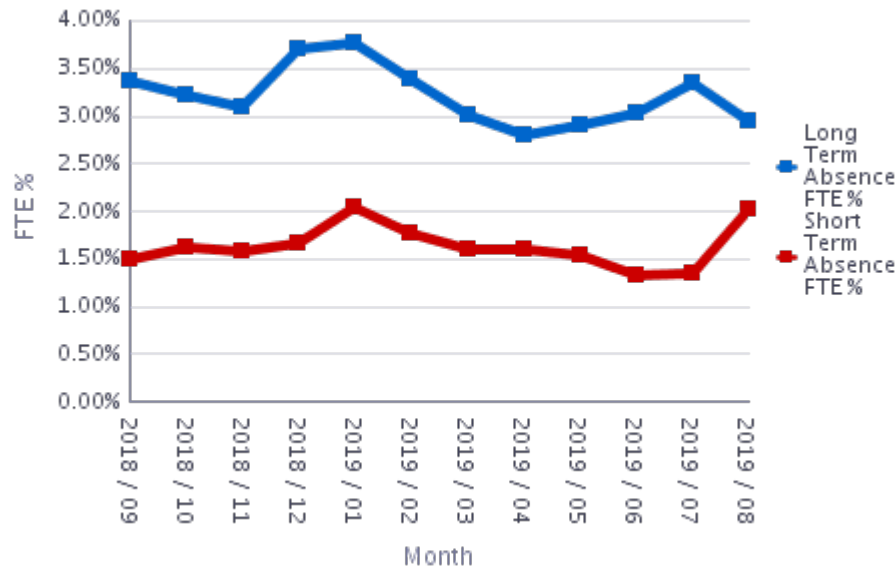
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	22.7
S98 Other known causes – not elsewhere classified*	18.6
S12 Other musculoskeletal problems	10.5
S99 Unknown causes / Not Specified	6.6
S25 Gastrointestinal problems	6.6

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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 July but then reduced back down in August. Short term remained stable July but showed a sharp increase in August. The increase in short term sickness in August can be attributed to the increase in Estates and Facilities.

Absence Benchmarking – Model Hospital



The above chart shows sickness benchmarking compared to NHSI Recommended peers for the month of June 2019 which is the latest available data. These peers are the 10 Trusts

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with the most similar attributes and context selected by Model Hospital. BTHFT is in the 3rd quartile with 6 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 June 2019 which is the latest available data. BTHFT is in the 3rd quartile however the majority of the peers have a lower sickness rate.

2019/20 Influenza Vaccination Campaign

The campaign will commence at the beginning of October 2019 and will be promoted via global emails, Let's Talk, Twitter, posters and personal invites via ESR and payslips. The CQUIN target for 2019/20 is 80% of frontline staff. Vaccines will be available via pop up and mobile clinics, drop-in clinics within WHWBC and via peer vaccinators. CBUs have been approached to support performance and delivery by nominating peer vaccinators from each area. Uptake will be monitored by Workplace Health & Well-Being with monthly reports to the Department of health and via the workforce dashboard.

Health and Wellbeing

The Employee Assistance Programme was re-launched on 1st September with communication via global email and Let's Talk promoting the support service for staff and managers.

Commencing in September 2019 the Specialist Occupational Health Physiotherapy Practitioner will be providing regular workshops for staff to promote their physical fitness and resilience through to December.

The Occupational Health Department will be promoting the national Stoptober campaign, with a stand in Field House. The campaign will be backed up by global communication inviting staff to book an appointment in the Occupational Health Department if they want to obtain support to stop smoking.

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During October we will be linking with the World Mental Health day theme by offering staff the opportunity to attend mental health training. Two workshops will be held promoting the services Remploy provide to support staff returning to work with mental health conditions. Two further workshops will be run by Mind offering staff and managers a chance to increase their awareness of good mental health at work. Details are:

9 & 11 October MIND are providing a 3 hour workshop looking at how our workplace could be more healthy and how we can raise mental health awareness and support across the organisation. One session is aimed specifically at all employees and the other is for managers/team leaders. Sessions explore how we can introduce and promote positive and preventative approaches, and how we can seek thoughts and feedback from staff on how to improve mental health across the organisation.

21 October 2019 11:30am and 1:00pm, two 1 hour sessions hosted by Access to Work providing a detailed overview of the Access to Work Mental Health Support Service for employees, including facts and stats around mental health, the referral process and potential support and interventions.

Regular Wellbeing, Resilience & Self-Care Workshops continue to be facilitated by the Specialist Occupational Therapist, every two weeks to support staff with their emotional health.

The staff gym at BRI has been refreshed including new windows, floors and decoration. The gym continues to offer personal training, exercise classes, running and walking groups for staff members who are keen to increase their physical activity with regular communication across the Trust.

A programme of Health and Wellbeing support is being constantly developed alongside a 'back to basics' approach to attendance management in order to bring sickness levels down.

Organisational Development (OD) update

The Trust Leadership Development programme continues to be delivered, as part of the Nurse and Midwifery Development programme and as a standalone programme, with a focus on developing managers from Corporate Departments during the summer. The proposal for the new CBU Leadership Development programme was presented at the first Let's Talk Roundtable event with the Senior Clinical team; modules are being developed by subject matter experts in areas including financial management; demand and capacity and health and wellbeing. The Leadership modules will include systems leadership and diversity and inclusion. Reverse (also known as 'reciprocal') mentoring will be available as part of the programme. The pilot for the Leadership modules will be delivered during Q3.

Staff Surveys

The Staff Friends and Family Test (SFFT) for Q2 ran for three weeks from 5 to 25 August. A campaign to encourage staff to take part in the SFFT took place in the run up to and during the survey and paper surveys for those with limited access to take part online were also provided. 484 staff took part compared to 460 in Q1 2019/20.

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The Q2 SFFT results show 72% of staff would recommend our Trust as a place to receive treatment or care, compared to 75% in the Q1 test. The national Q1 SFFT results show 81% would recommend their Trust as a place to receive treatment. From the comments made by staff, the main reasons for recommending us as a place for care or treatment were the staff (skilled, experienced, knowledgeable, their expertise and attitudes); the quality of care we deliver and the services we provide. The facilities we offer, waiting times and personal or family experience are among the other reasons. The reasons given for not recommending us were more varied. The top three were experience (personal or family); staff (attitudes) and Trust performance (e.g. waiting times, delays).

60% of staff would recommend us as a place to work, compared to 66% in the Q1 SFFT. This compares to 66% in the national Q1 results. The main reasons given by staff were the staff and great teamwork; the managers (e.g. supportive) and the training and development opportunities. The main reasons for not recommending us as a place to work were more varied; the main reasons related to management (e.g. lack of support; not listening or involving staff); staff shortages and the decision to create a Wholly Owned Subsidiary.

The 2019 NHS Staff Survey, which takes place in Q3 is being launched during the week of 16 September.

Appraisals

Our target for 2019/20 is to achieve 95% completion by the end of December 2019. The completion rate for August was 87% overall. The Unplanned Care Group is 88.35% and Planned is 88.71%. The Directors of Planned and Unplanned Care are focusing on appraisals as a priority during September, in particular making sure appraisals are recorded promptly on ESR, so that the data is accurate and up to date.

Corporate Services are currently at 79.75% overall, with some departments (HR, Education and ICT) above 90% while others are below 75%. The OD, HRM and Workforce teams are providing support to managers in departments which require targeted support.

Mandatory Training Compliance

- Core Refresher training – 93% compliance
- High priority training - 90% compliance

Although we continue to exceed the compliance targets there are some subjects where compliance has seen a reduction this month; namely infection control, fire safety and IG. There were indications early in the previous month that compliance was reducing so specific targeted work alongside the subject matter experts for each of the topics has been undertaken. This has meant that the fall in compliance has been minimised and there are plans to continue with this work.

National and local update

Pensions

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The government consultation document on the NHS Pension Scheme: Increased flexibility is now open with the key proposals around allowing clinicians to:

- Chose before the start of each scheme year a personal accrual level and pay lower employee contributions.
- Fine tune their pension growth towards the end of their scheme year by updating their accrual level.
- Discretion for employers to pay unused employer contributions in these circumstances

The consultation is open until the 1 November 2019. In the meantime NHS Employers have published short term guidance on possible local approaches.

The Trust continues to see a reduction in premium rate activity worked compared to last year and is aligned to WYATT in our approach.

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. The bids were successful.

In respect of the growing our own bid, Amanda Hudson our Head of Education and Training has agreed to lead the recruitment of a Project Worker in order to both co-ordinate careers events and take a strategic view of work experience on a system wide basis.

EU Exit Preparations – Workforce

The workforce risks relating to EU Exit have been reviewed and Workforce Risk Assessment updated.

In line with the picture across the wider NHS, BTHFT has to date not seen a significant reduction in the number of applicants for posts from EU countries and the number of employees who are EU nationals leaving the trust has not increased.

The number of EU national employees in August 2019 in BTHFT is similar to previous years as outlined below:

Date	No of EU nationals employed *
January 2017	179
January 2018	175
January 2019	186
August 2019	172

*Not including Irish nationals. The Trust employs a further 43 employees who are Irish nationals.

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Medical Staff

As at August 2019 there were 9 Consultants who are EU nationals employed by the Trust and 2 Locum Consultants. Of the 35 medical staff of all grades who are EU nationals, 14 are locums. A further 17 medical staff are Irish nationals.

Specialities with a number of EU nationals include Paediatrics, A&E and Radiology.

Non-medical Staff

There are 13 interpreters who are EU nationals, some of those are bank.

In the Nursing and midwifery workforce, there are 32 EU national nurses (all grades) and 5 midwives. A further 7 nursing and midwifery staff are Irish nationals

The Trust will continue to provide reassurance to EU staff and to promote information about the EU Settlement Scheme to EU employees.

The government has recently made a new announcement about updated transitional arrangements (until the UK's new skills-based immigration system is introduced in 2021) relating to immigration and right to work arrangements for EU nationals arriving in the UK after 31 October 2019 if the UK leaves the UK without a deal. The Human Resources Department will continue to monitor this as more details become available.

Workforce Planning

All Trusts are required to complete a Strategic e-Workforce submission outlining planned workforce numbers over the next 5 years to Health Education England by the end of September. This will form part of a place based and West Yorkshire and Harrogate footprint plan.

The University of Bradford is hosting a 'Grow our Own' Health and Social Care Workforce Planning meeting on the 24th September to bring together people and organisations who are engaged in encouraging children and young people to consider health careers and to identify opportunities to maximise the impact of everyone's efforts.

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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