

Workforce Committee: 18.12.19

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Appendix 1

Introduction

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

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Data as at 30.11.19

	CARE GROUP						
	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2338	2517	152	589	567	146	6309
Staff in Post (FTE)	2094.25	2200.51	133.32	533.82	459.45	129.33	5550.69
Establishment	2390.37***	2362.26***	14455***	634.00***	560.37***	192.27***	6283.79***
Agency Usage (FTE)	88.23***	51.10***	4.68***	1.60***	7.27***	0***	152.88***
Bank Usage (FTE)	268.74***	124.23***	0.76***	2.57***	49.44***	0.34***	446.08***
Turnover	10.90%	10.99%	9.20%	9.27%	12.01%	5.69%	10.85%
Monthly Sickness %**	4.60%	5.41%	7.38%	5.30%	6.99%	2.99%	5.22%
YTD Sickness %**	4.39%	5.26%	5.41%	4.25%	7.23%	1.52%	4.92%

	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)	228	1029	1526	364	523	97	784	1758	6309
Staff in Post (FTE)	196.62*	907.24	1334.03	309.59	416.88	88.73	739.08	1558.52*	5550.69
Establishment	167.79***	1045.98***	1506.33***	319.77***	549.26***	118.23***	787.81***	1788.62***	6283.79***
Agency Usage (FTE)	16.11***	0.20***	1.00***	7.59***	10.75***	0***	11.66***	105.57***	152.88***
Bank Usage (FTE)	0***	238.22***	0***	0***	49.61***	0***	22.29***	135.96***	446.08***
Turnover	11.75%	12.71%	8.35%	12.27%	11.22%	14.08%	6.45%	11.82%	10.85%
Monthly Sickness %**	5.96%	8.43%	5.90%	2.22%	6.70%	1.57%	1.04%	5.08%	5.22%
YTD Sickness %**	4.43%	7.37%	4.78%	2.78%	7.71%	2.73%	1.69%	4.97%	4.92%

* 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 November 19

Establishment, agency and Non-Medical bank usage data supplied by Finance. Medical Bank usage supplied by Flexible Workforce Team. Agency includes direct engagement.

***The above figures are from October 19

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.

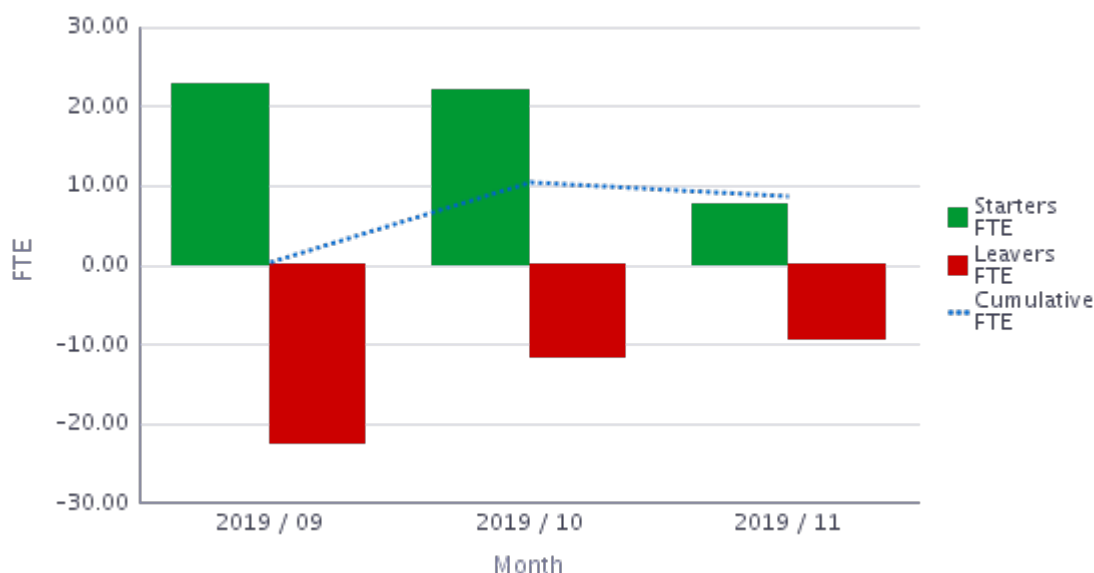
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Staff in Post

Since the last report staff in post FTE has increased from 5487.25 in August 19 to 5550.69 in November 19 representing an overall increase across all staff groups of 63.44 FTE. The largest increase in FTE over the last two months has been in the Nursing & Midwifery Registered Staff Group (43.04 FTE) followed by Additional Professional Scientific & Technical Staff Group (12.24 FTE). The largest reduction in FTE over the last two months was in the Additional Clinical Services (2.75 FTE) Staff Group.

The increases within the Nursing & Midwifery Registered Staff Group are due to Newly Qualified Nurses commencing employment with the Trust. The increase in the Additional Professional Scientific & Technical Staff Group predominantly relates to appointments of Physicians Associates.



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 September and October showing more joiners than leavers. The cumulative position for the 3 months is 8.76 FTE with 52.48 FTE registered nurses / midwives joining the Trust and 43.72 FTE leaving.

Agency and Bank Usage

Bank and agency registered nurse use over the reporting period has remained static.

Healthcare Assistants (HCA's) agency use has ceased, unless in exceptional patient safety circumstances. Internal bank fill rates are showing on average an 88% fill rate.

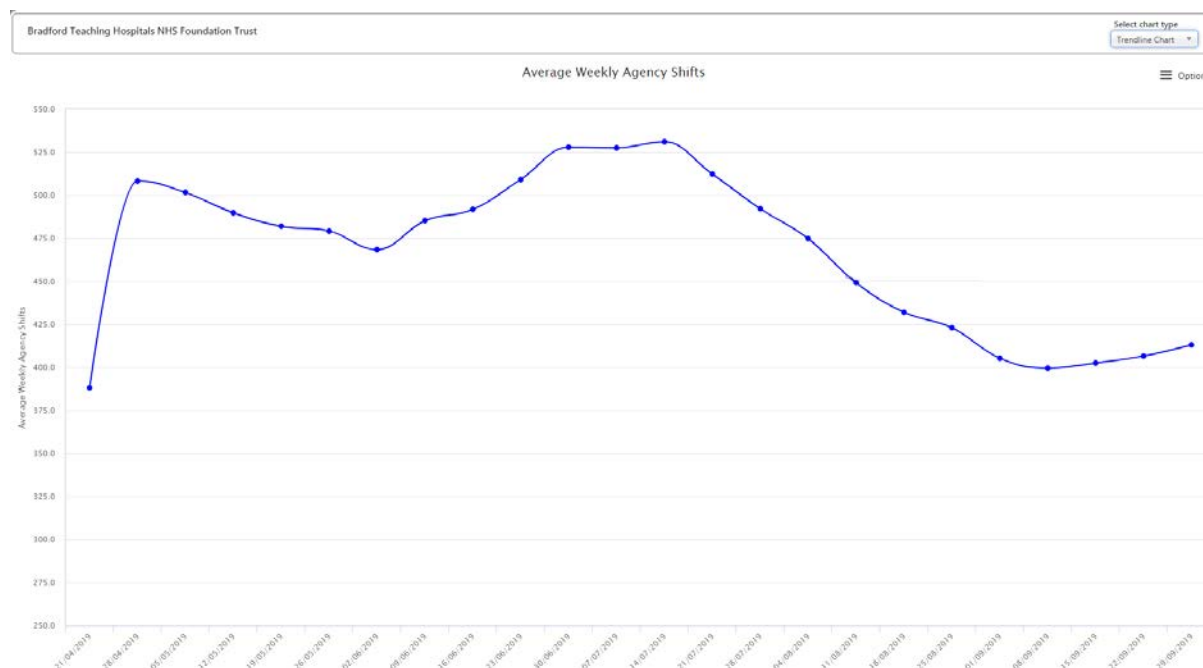
Administrative and Clerical use has remained at just 0.56 whole time equivalent (WTE).

Agency use across the Medical and Dental staff group has remained static in the reporting period; as has the use of Allied Health Professionals.

We have seen a further reduction in the average weekly use of agency shifts down to just 405 in October 2019.

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Agency monitoring controls through the Flexible Workforce Department and the agency monitoring meeting with the Director of HR 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 August 2019 (these are the most up to date figures published on Model Hospital).

In August 2019 the average cost per agency shift for BTHFT was £467 compared to the national median of £480 and the peer median (Yorks & Humber) of £468.

Trust value	Peer median	National median
Quartile 2	Quartile 2	
£467	£468	£480

Due to the successful work done in trying to reduce our agency rates, we are at 63% in our compliance in meeting NHS Improvements capped rates. This is above the national rate of 49% and peer medians of 50%.

Trust value	Peer median	National median
Quartile 3	Quartile 3	
63%	50%	49%

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Turnover

There has been a slight increase in turnover since August. Turnover for all staff groups is currently 10.85% compared to 10.73% in August. In November 2018 we reported turnover at 10.79% so this shows that overall turnover is relatively stable.

Nursing and Midwifery Recruitment Update

Vacancy rates have slightly fallen across the Trust since November 2018 when they were at 8.6% they are currently as of November 2019 at 7.9%. The funded establishment has increased by 10.08 wte between November 2018 and November 2019. Overall vacancies have fallen from 142.71 to 132. The Trust is still expecting 15 newly qualified nurses to commence employment in January 2020.

Planned Care November 2019

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	515.45	45.73	8.9%
Band 6	265.41	4.35	1.6%
Band 7	118.66	0.2	0.2%
Band 8	27.31	0.0	0.0%
Total	926.83	50.28	5.4%

Theatres remain the most challenged area for the Planned Care group with 21.59 vacancies at band 5. The ODP Apprentice Programme is a key initiative in growing the Workforce for the future.

In Children's Services there are currently 15.68 band 5 vacancies the majority of which are on the Neo natal unit. All Midwifery vacancies are filled with 3.5 HCA/Midwifery support posts outstanding.

Unplanned Care November 2019

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	445.95	70.71	15.9%
Band 6	145.33	10.83	7.5%
Band 7	112.13	0.18	0.2%
Band 8	48.28	0	0%
Total	751.69	81.72	10.9%

The main areas of concern for the Unplanned Care group is the Stroke Unit. A business case had been agreed for Stroke Responders and a skill mix review has seen recruitment for Physiotherapist, Occupational Therapist and Dietitian support as part of the ward establishment. A&E/Urgent Care recruitment is on track against the milestones that were set.

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Trust Overall Vacancies November 2018

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5	1132.68	123.77	10.9%
Band 6	253.49	10.2	4.0%
Band 7	212.68	5.34	2.5%
Band 8	69.59	3.4	4.9%
Total	1668.44	142.71	8.6%

The nurse vacancy position overall is an improved position, although maintaining safe staffing on a shift by shift basis can be challenging particularly with short term sickness. It is recognised that moving staff can be a cause of stress and Matrons make every effort to minimise moves. An up to date recruitment and retention update will be provided in the next report.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

Physiotherapy currently have 11 vacancies at bands 5 and 6, they have recruited into all the band 6 vacancies and 3 of the band 5 and are expecting them to start in January 2020. Due to movement at Band 5 they are looking at their skill mix and the ability to create Band 6 posts to aid retention.

Occupational Therapy have 4 band 5 posts which they have recruited. They also have 2.6 band 6 vacancies that need to go out to advert. Shared between the Physiotherapy and Occupational Therapy teams they hold 6 band 2 and 3 wte vacancies for therapy assistants which are currently out to advert.

Despite the challenging environment Pharmacy are recruiting well with 1.2 wte vacancies at band 5 in Pharmacy, 1 at band 8a and 1 at band 7. The TUPE transfer of Pharmacy staff to BDCFT will take place in December 2019 and involve 14 members of staff.

Dietetics have 2.7 band 6 vacancies one of which has been recruited to and 1.6 band 4 vacancies. Dietetics are expecting some issues in the new year 2 band 7's are leaving and a further 3 employees will be going on maternity leave. They are also expecting an increase in the requirement for community posts but are proactive in their recruitment.

In Radiography there are currently 6 vacancies for band 5 Radiographers with a recruitment day planned for the 8th of February 2020 to target newly qualified Radiographers to fill these gaps. There are 6 vacancies for band 6 Radiographers 5 of which are currently out to advert. Recruitment of Radiographers has been more positive than in previous years however vacancies remain in CT and MRI.

The previous risk highlighted with regard to Speech and Language Therapy (recruitment managed by BDCFT) will see an improvement in January due to successful recruitment.

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

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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.

Consultant Recruitment

Pending:

Post	Approval Re'cd/ Advert Date	Interview Date	Appointed	Mitigating Actions
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 Acute Internal Medicine	03.07.2019	ON HOLD	No Applicants	Replacement post Covered by Agency doctors
Consultant in Neonates	12.08.2019	ON HOLD	Applicant withdrew	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 Paediatrics - Epilepsy	16.08.2019	ON HOLD	Applicant withdrew	New post: There will be a reduction in outpatient activity until a replacement Consultant commences in post. On-call activities will be covered by colleagues.

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Histopathology	14.11.2019	23.12.2019	TBC	Replacement post: The service is using agency Locums ,and additional hours are being completed by existing team
Consultant in Orthopaedics	22.11.2019	TBC	TBC	Replacement post: Current locum consultant in post
Consultant in Gastroenterology	09.10.2019	20.12.2019	TBC	New Post: There is currently only a single handed consultant who is in post and able to deliver this advanced service
Consultant in Rheumatology	22.10.2019	20.12.2019	TBC	Replacement post: Locum is in place providing extra capacity and the medical team are covering core duties through PRA sessions
Consultant in Ophthalmology	05.11.2019	10.01.2020	TBC	New Post: We do not envisage a gap, at present Airedale has not increased their service provision.

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Consultant in ENT	24.10.2018	17.01.2020	TBC	New post – Consultant colleagues covering additional clinics etc.
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Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Ophthalmology	09.08.2019	07/10/2019	Dr Hussein Almuhtaseb SD: TBC	New Post, Covering the vacancy with a locum
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:27.05.2020 currently on Maternity Leave	New Post – Currently Locum Consultant is covering the gap
Consultant in Geriatrics	05.04.2019	25.10.2019	Dr Claire Scampion SD:16.03.2020	Replacement post, currently being covered by existing consultants and additional CT3 doctors till August 2019.
Consultant in Radiology	02.05.2019	19.09.2019	Dr Jennifer Walsh SD: 02.03.2020	New post, consultants have been undertaking premium rate activity to provide additional reporting.
Consultant in Trauma & Orthopaedics (Shoulder/Elbow)	02.05.19	05.07.2019	Dr Maulik Gandhi SD:24.02.2020	Replacement post – currently covered by colleagues
Consultant in Emergency Medicine (Paediatrics)	12.08.2019	13.09.2019	Dr Suvradeep Basu SD: 10.02.2020	New Post.
Consultant in Radiology – MSK	15.02.2019	31.07.2019	Dr Roopa Naveen SD:03.02.2020	New post – currently the Dr is a Locum Consultant within this post
Consultant in Histopathology	10.05.2019	05.07.2019	Dr Mawaheb Hammoud SD:31.01.2020	Replacement post, currently covered by Locums – this doctor is currently a Locum Consultant within the Trust
Consultant in Plastic Surgery with interest in Breast Reconstruction	30.04.2018	29.06.2018	Dr Adeyinka Molajo SD: 06.01.2020 Currently on fellowship	Replacement post Current locum consultant in post till October 19
Consultant in Diabetes	26.07.2019	04.10.2019	Dr Shafiq Khan SD:06.01.2020	Replacement post Covered by Agency doctors

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

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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 now have 2 substantive Microbiologists between Bradford and Airedale against 5 posts with a new recruit starting in Bradford in January. There is no immediate solution to what is a West Yorkshire problem. The Chief Medical Officer and COO have a mitigation plan in place. With Harrogate joining the Joint Venture this also has the potential to give us additional access to Microbiology support. 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.

Histopathology

The age profile of our Consultants gives cause for concern as half the workforce are between 55 and 60. Despite longstanding vacancies we now have potential applications and an AAC has been arranged for the 23 December 2019.

Junior Doctor Recruitment

Junior doctor fill rates for the February 2020 are positive, though where there are gaps which can't be covered by the current cohort of Post Foundation Fellows, discussions are taking place with specialty contacts about recruitment to those posts.

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 and are working through this.

The Trust is currently working to move from the DRS4 rota compliance system across to Allocate's eRota. Work is ongoing with specialties to ensure rotas are compliant with the new rules and the Guardian of Safe Working is being kept up-to-date as this work progresses.

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

There are now 79 apprentices undertaking an apprenticeship programme. 10% of the apprenticeship levy has been shared across the WYATT with funding provided for

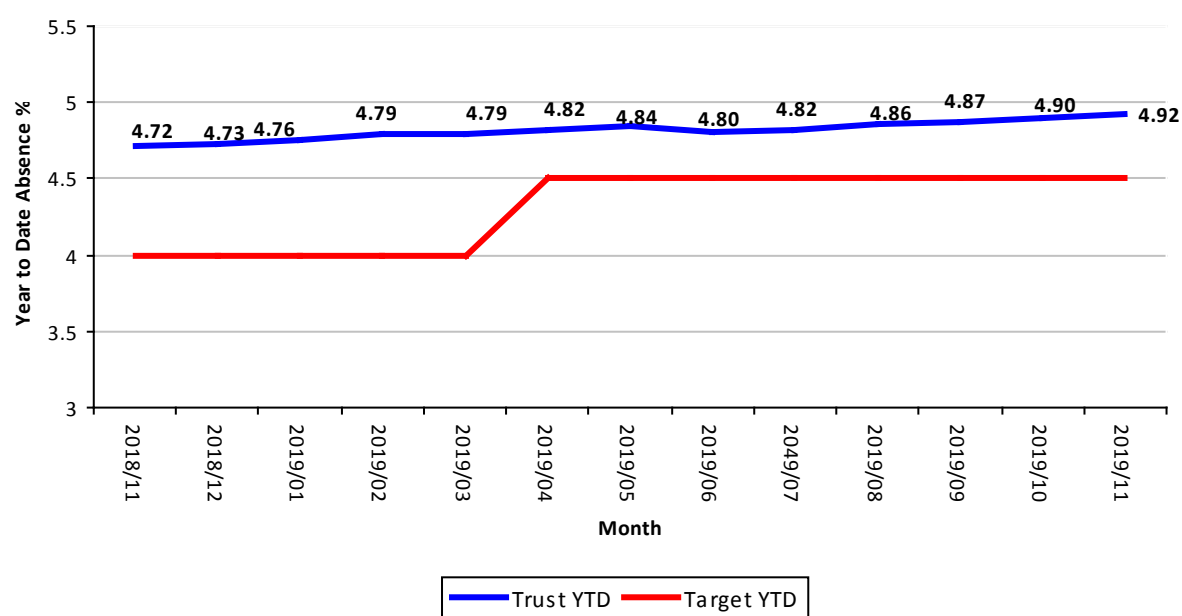
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Apprentice nursing associates in primary care and health care support workers in private and voluntary organisations. 38 staff have successfully completed their awards.

Sickness Absence

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



The year to date absence percentage rate in November 19 is 4.92%. The absence rate has increased slightly in September, October and November. At this time last year the year to date absence rate was 4.72%. The graph above also shows Year to Date sickness absence (%) against target up to November 2019.

Top 5 Absence Reasons by FTE Lost – Table 2

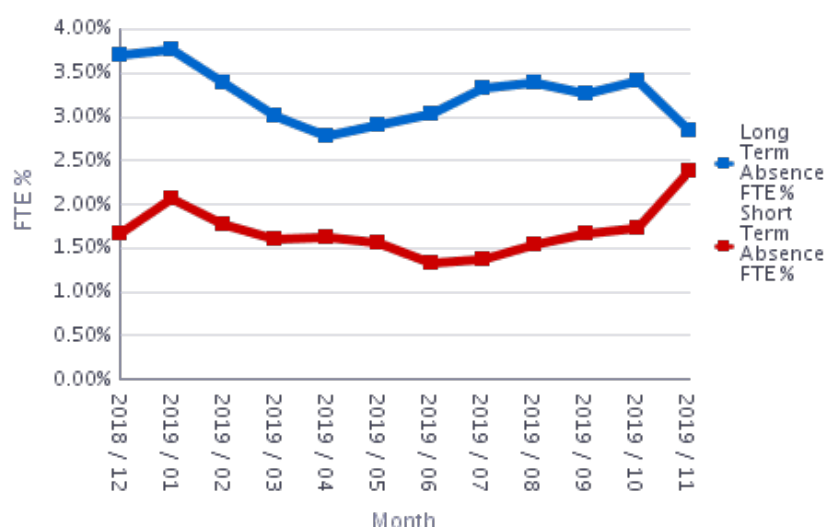
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	22.0
S98 Other known causes – not elsewhere classified*	18.8
S12 Other musculoskeletal problems	10.0
S99 Unknown causes / Not Specified	6.6
S25 Gastrointestinal problems	6.4

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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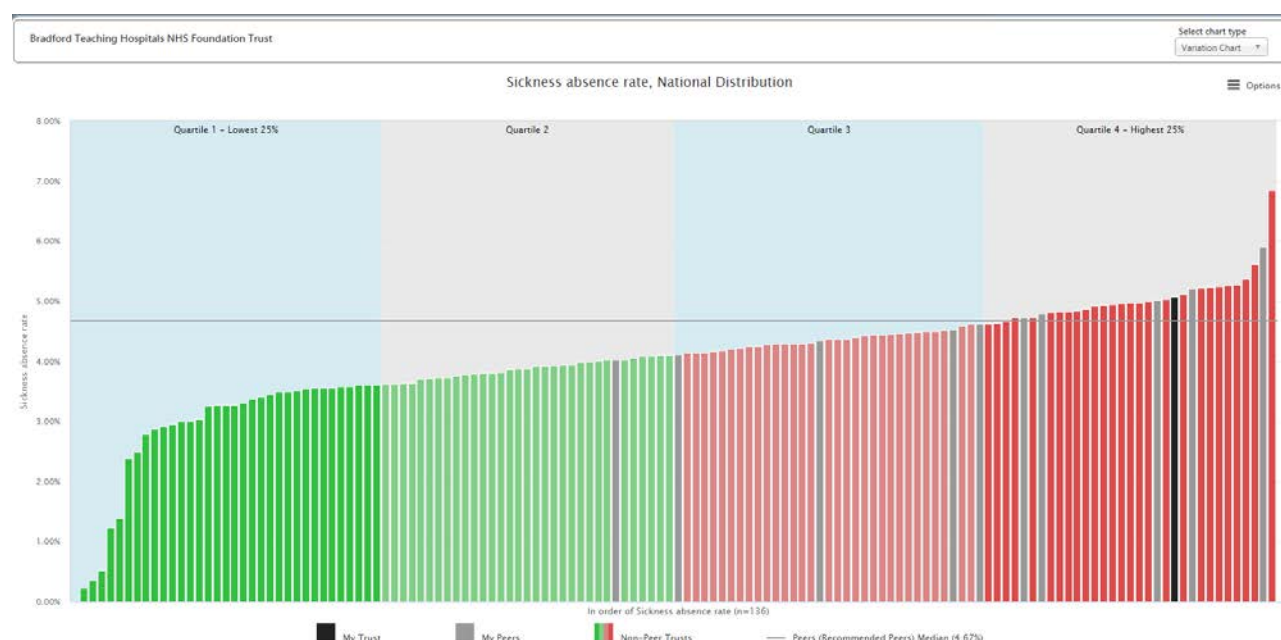
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Absence Long Term / Short Term – Table 3



This table shows the long term and short term sickness trend. Long term sickness remained relatively stable in September and October but showed a sharp reduction in November. Short term showed slight increases in September and October and a sharper increase in November. Short term sickness is being targeted.

Absence Benchmarking – Model Hospital



The above chart shows sickness benchmarking compared to NHSI Recommended peers for the month of September 2019 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 4th quartile with 5 out of the 10 peers in the 4th quartile which is a deteriorating position.

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The above chart shows sickness benchmarking compared to other Acute Trusts within Yorks & Humber for the month of September 2019 which is the latest available data. BTHFT is in the 4th quartile will all peers having a lower sickness rate.

2019/20 Influenza Vaccination Campaign

The campaign continues across the Trust with vaccines being made available via pop up and mobile clinics, drop-in clinics within WHWBC and via 33 peer vaccinators. Campaign promotion is via global emails, Let's Talk articles, Twitter and posters, as well as communication about the UNICEF "get a jab give a jab" campaign.

The current uptake figure for frontline staff at end November is **62.7%**.

CQUIN 2019/20 payment calculation

2019/20 Flu Uptake Threshold	Payment Available
< 60%	No Payment
80% or above	100%
60% up to 79.99%	Refer to payment calculation below

Health and well-being for staff

The Employee Assistance Programme was re-launched on 1st September. Promotion of this service will continue via global email with a specific focus on the managerial advice line support and the ability of managers or HR staff to refer staff into the EAP rather than a reliance on self-referral.

Regular workshops for staff to promote their physical fitness and resilience have taken place throughout Sep/Oct/Nov, these have been well received and availability of sessions will increase from January 2020.

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Monthly Display Screen Equipment (DSE) Risk Assessor training is planned from January 2020 to support staff who are experiencing musculo-skeletal issues related to DSE work.

During October we linked with the World Mental Health day theme by offering staff the opportunity to attend mental health training. Two workshops were facilitated by Mind offering staff and managers a chance to increase their awareness of good mental health at work. Staff continue to benefit from support and interventions offered by the Access to Work Mental Health Support Service from REMPLOY and training detailing this service will be offered to staff/managers in the New Year.

Regular Wellbeing, Resilience & Self-Care Workshops continue to be facilitated by Charlotte Walker, Specialist Occupational Therapist, every two weeks to support staff with their emotional health. These sessions will be refreshed in the New Year with more focused content around stress awareness or self-care management.

The staff 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.

The Disability Equality and Leave Policy has been approved with a communications and training plan in place in the New Year.

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. Work continues on the CBU Leadership Development programme with the leadership modules planned for delivery in Q4. The Leadership Development Manager has attended an NHS Leadership Academy Reciprocal mentoring training programme and will be implementing the scheme within the Trust Q4.

NHS Staff Survey

The NHS Staff Survey closed on Friday 29 November at 5pm. The response rate is 38%, with the national average for acute trusts at 43%. The main reason for not completing the survey remained concerns around confidentiality, despite reassurance provided through regular communications and information provided by Quality Health. Staff also said they felt they did not have time to complete the survey although 20 minutes protected time was given. Promotion work included weekly updates of completion rates sent to all senior managers; 'Walking the wards' (BRI & St Luke's) and a campaign in the BRI Concourse; a 'Done Mine Done Yours' twitter campaign; attending team huddles to help promote and answer any questions; We Are Bradford Friends who met weekly to discuss responses and local ideas/ incentives/ competitions to help promote. A 'You said we listened' campaign promoted what has happened with last year's results and there have been regular communications including the Let's Talk newsletter, Twitter, standalone Global emails, Core briefs, through HRMs and OD team during development sessions plus regular screensavers and a Staff Survey intranet page. The results will be available early in the New Year.

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Appraisals

Our target for 2019/20 is to achieve 95% completion by the end of December 2019. The completion rate for November is not available until the 12 December. Work continues on making sure everyone has an effective appraisal as a priority during December, in particular making sure appraisals are recorded promptly on ESR, so that the data is accurate and up to date. The HR Managers, Workforce and OD teams continue to promote the importance of appraisals and provide support to managers and individuals.

Mandatory Training Compliance

Compliance has reached 100% for induction training with continued and targeted efforts to ensure staff attend all training within 3 months of starting within the trust.

Compliance for Core Refresher training has maintained its previous position of 93%. Work continues to streamline training meaning staff can port their training as they transfer between NHS organisations meaning a reduction in duplication of training.

Whilst we continue to exceed the compliance for refresher training overall 4 subjects remain just under the 85% compliance rate. Specific targeted work with subject matter experts and care group staff is continuing to increase compliance.

National and local update

Pensions

NHS England and NHS Improvement have decided to take exceptional action due to the impact of the pension tax rules on clinician's who work additional hours.

Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in this tax year (2019/20) face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold will be able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31 July 2021) meaning that they don't have to worry about paying the charge now out of their own pocket.

and

The NHS employer will make a contractually binding commitment to pay them a corresponding amount on retirement, ensuring that they are fully compensated in retirement for the effect of the 2019/20 Scheme Pays deduction on their income from the NHS Pension Scheme in retirement.

This scheme will be implemented with no net cost to trusts or CCGs.

Clinicians are therefore now immediately able to take on additional shifts or sessions without worrying about an annual allowance charge on their pension for 2019/20.

A standard letter has now been developed for us to send to our affected staff as we plan for extra capacity and staffing over the winter period.

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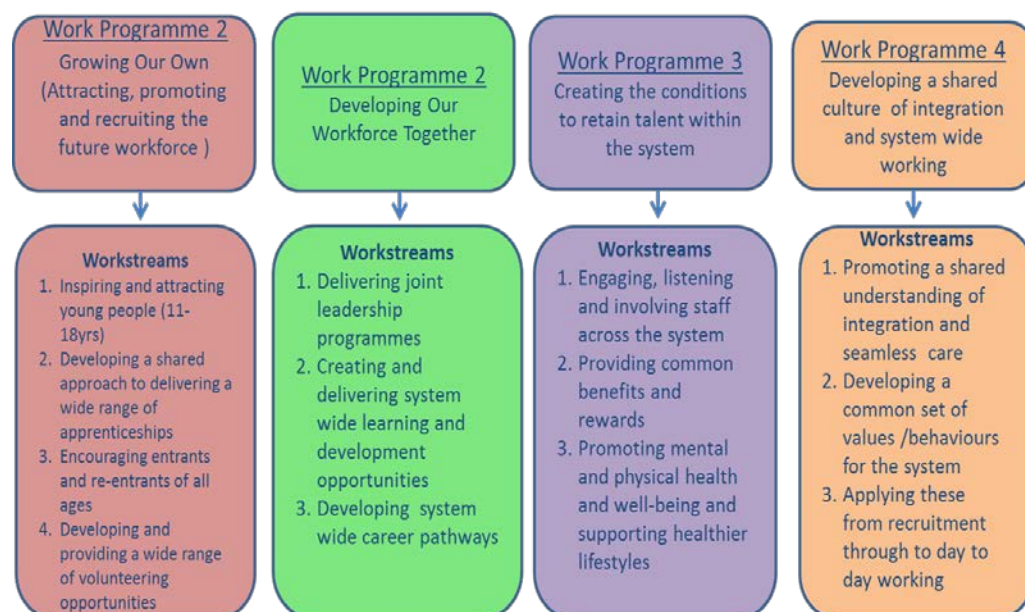
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The Trust continues to see a reduction in premium rate activity worked compared to last year and is aligned to WYATT in our approach.

The Workforce Programme Board

The Place based Workforce Strategy is as below.

• IWPB programme structure



The One Workforce which is managed through the Health and Social Care Economic Partnership Board. Details of the programme are below.

One Workforce

- **The vision:** Create the future health and care workforce (new competencies, new roles, right size). Support local people into successful careers in health and care. Join up all assets to maximise the desirability of the system for employees
- **Strategic Aims:** Integrated workforce, clear career pathways, improved retention and job satisfaction, up-skilled workforce, improved quality, inclusive growth
- **Work Streams:**
 - One Inclusive community recruitment solution to help those furthest from work to access opportunities in the health and care sector.
 - One Workforce Academy to support the learning and development of the current workforce and new entrants to the health and care sector, to deliver our Happy Healthy at Home plan.
 - System-wide recruitment to health and care in Bradford District and Craven – to attract applicants with strong alignment of values, and target specific workforce shortages
- **Deliverables:** 1,000 more people into work – focused on those currently economically inactive. 2,725 more qualifications achieved (Levels 1 – 4)

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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	<p>Staff are coded to one of a national set of Staff Groups as follows:</p> <p>Add Prof Scientific and Technic – Pharmacists, Psychologists, Counsellors, Chaplains</p> <p>Additional Clinical Services – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4</p> <p>Administrative and Clerical – All Admin staff inc Managers who aren't Clinical</p> <p>Allied Health Professionals – OT, Physio, Dieticians, Radiographers</p> <p>Estates and Ancillary – Estates Officers, Porters, Cleaners, Catering</p> <p>Healthcare Scientists – Audiologists, Clinical Scientists, Physiologists</p> <p>Medical and Dental – All Medical & Dental Staff</p> <p>Nursing and Midwifery Registered – All Registered Nurses and Midwives</p>	HR Department – via ESR



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Workforce Planning	NQB (2013) <i>How to ensure the right people, with the right skills, 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	NHS England
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