

Workforce Committee: 26.02.20

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Appendix 1

Introduction

The last workforce report was presented to the Workforce Committee in December 2019 with a summary report to the Board of Directors in January 2020. This report picks up key workforce themes and trends since then.

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Data as at 31.01.20

	CARE GROUP						
	Unplanned Care	Planned Care	Pharmacy	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2319	2504	137	591	567	152	6270
Staff in Post (FTE)	2073.73	2179.84	119.48	538.18	460.23	134.93	5506.39
Establishment	2387.98	2364.12	145.15	637.76	560.37	192.27	6287.65
Agency Usage (FTE)	61.12	35.77	2.55	1.23	12.24	0	112.91
Bank Usage (FTE)	241.60	90.20	0	1.51	45.35	0	378.66
Turnover	11.13%	10.70%	24.35%	10.52%	10.59%	5.58%	11.14%
Monthly Sickness %**	4.94%	5.76%	8.91%	4.78%	7.56%	1.52%	5.46%
YTD Sickness %**	4.28%	5.30%	6.10%	4.26%	7.55%	1.60%	4.94%

	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)	213	1027	1528	354	522	98	782	1746	6270
Staff in Post (FTE)	182.13*	905.41	1331.85	301.31	416.41	89.97	738.08	1541.23*	5506.39
Establishment	167.34	1047.54	1488.25	320.05	552.79	119.36	789.30	1803.02	6287.65
Agency Usage (FTE)	8.83	0.16	1.23	8.05	13.85	0	8.54	72.25	112.91
Bank Usage (FTE)	0	211.53	0	0	46.12	0	28.64	92.37	378.66
Turnover	19.67%	12.85%	8.55%	13.14%	9.90%	12.88%	6.11%	11.92%	11.14%
Monthly Sickness %**	5.05%	8.95%	4.92%	3.23%	8.71%	3.36%	1.41%	5.52%	5.46%
YTD Sickness %**	4.81%	7.51%	4.81%	2.72%	7.98%	2.47%	1.54%	4.90%	4.94%

* 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 January 20

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

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

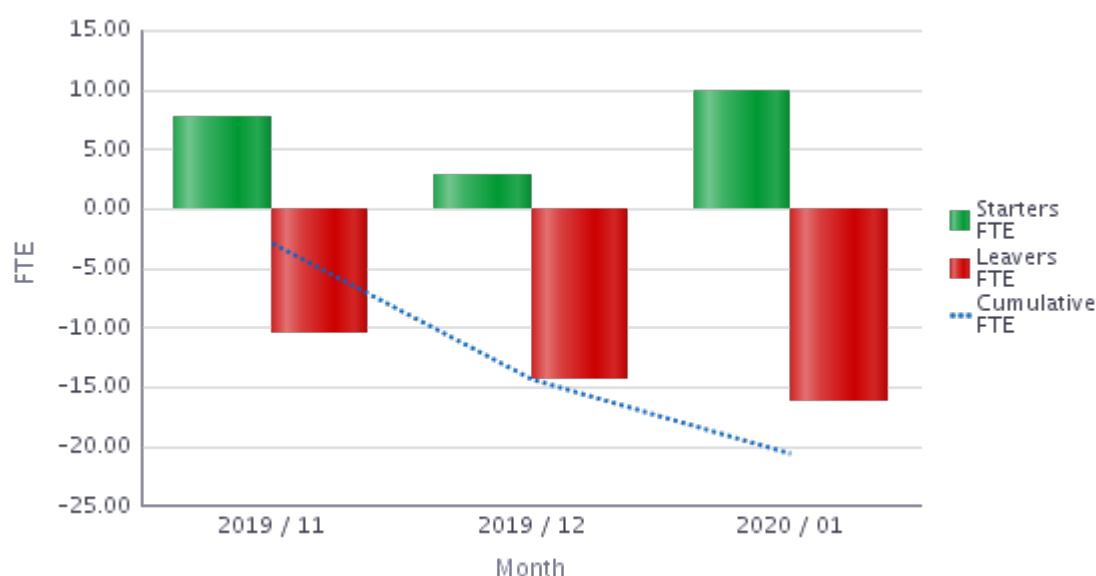
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Staff in Post

Since the last report staff in post FTE has decreased from 5550.69 in November 19 to 5506.39 in January 20 representing an overall decrease across all staff groups of 44.30 FTE. There have been small increases in the Healthcare Scientists Staff Group followed by Additional Clinical Services Staff Group. The largest reduction in FTE over the last two months was in the Nursing & Midwifery Registered (17.71 FTE) Staff Group and Additional Professional Scientific & Technical Staff Group (14.49 FTE).

The decreases in the Nursing & Midwifery Registered Staff Group are split across both Planned and Unplanned Care Groups. The most common reasons for leaving over the last two months are Voluntary Resignation due to relocation and retirement. The decreases in the Additional Professional Scientific & Technical Staff Group relate to the TUPE transfer of Community Pharmacy Staff to the Bradford District Care Trust in December 2019.



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 3 months showing more leavers than joiners. The cumulative position for the 3 months is -20.59 FTE with 20.51 FTE registered nurses / midwives joining the Trust and 41.10 FTE leaving.

Agency and Bank Usage

Agency use across the Trust has reduced and January seen a decrease in bank usage following relatively high usage in November and December.

Following a dip in December in agency registered nurse usage this has increased in January with a reduction in registered bank use. This is partly to do with the Christmas/New Year impact.

Healthcare Assistants (HCA's) agency use has ceased, unless in exceptional patient safety circumstances. Internal bank fill rates are showing on average an 85% fill rate.

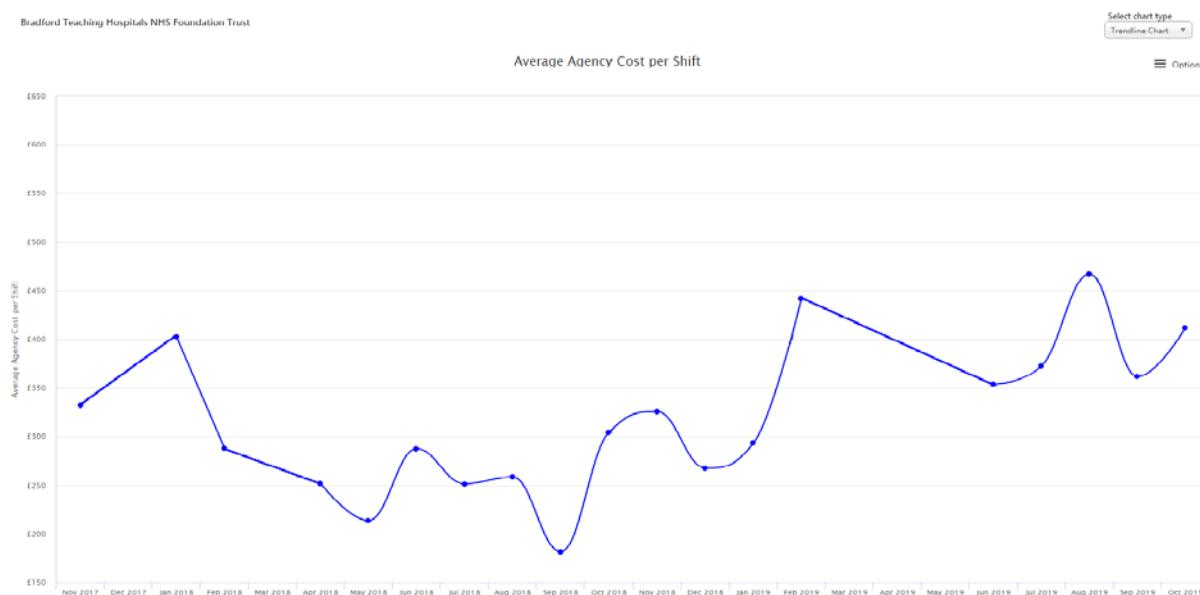
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Administrative and Clerical use is at just 1 whole time equivalent (WTE).

Agency use across the Medical and Dental and Allied Health professional staff groups has remained relatively static in the reporting period.

The average weekly use of agency shifts was 412 in October 2019.



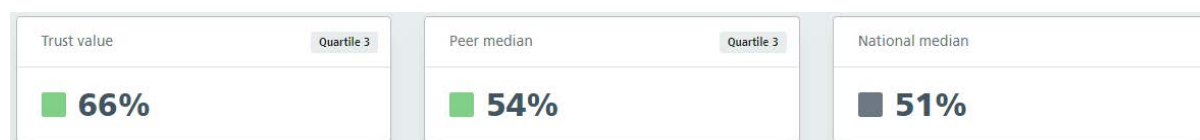
Agency monitoring controls through the Flexible Workforce Department and the agency monitoring meeting with the Director of HR and Finance representation to review our agency usage and spend is continuing to show positive control on the use of agency staffing, however the ability to consistently fill 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 October 2019 (these are the most up to date figures published on Model Hospital).

In October 2019 the average cost per agency shift for BTHFT was £412 compared to the national median of £500 and the peer median (Yorks & Humber) of £475. BTHFT average costs have decreased whereas the Peer and national averages have increased.



Due to the successful work done in trying to reduce our agency rates, we are at 66% in our compliance in meeting NHS Improvements capped rates. This is significantly above the national rate of 51% and peer medians of 54%.



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Turnover

Turnover saw an increase between November and December 2019, but has reduced slightly in January. Turnover for all staff groups is currently 11.14% compared to 10.85% in November. In January 2019 we reported turnover at 10.90% so this shows that overall turnover remains relatively stable.

Nursing and Midwifery Recruitment Update

Vacancy rates remained fairly static across the Trust since January 2019 when they were at 9.41% they are currently as of January 2020 at 9.93%. During this period we have seen an increase in the Nursing and Midwifery funded establishment following the staffing reviews and business case developments.

Nurse recruitment / retention February 2020 update

During the last few months there has been a focus on the roll out of the acorn badges across the trust to raise awareness. This is a badge that can be worn by new registrants (of any discipline) to signal they are new and ask for other staff to be patient and kind. There has been very positive feedback about the badges by the new staff who have worn them. At the end of the year they will pass their badge to the next new registrants and make a pledge about how they will support others when joining the organisation in their new professional roles.

A significant amount of work has been undertaken with the advanced clinical practitioner (ACP) roles. The trust has applied for 8 ACP training places with Health Education England for a September 2020 start. These will be placed across urgent care, paediatrics, haematology and oncology. The ACP steering group continue to meet monthly to review the governance of the trained ACP's and review succession planning, portfolios and evidence of practice linked with advancing clinical practices, non-medical prescribing and leadership for this professional group.

Further work is in development with the bank workforce in continuing to increase the profile of this group of staff. During March the first employee forum for the bank staff will be held with a focus on education and clinical supervision as a result of feedback received from this staff group. Pressure ulcer training has taken place with a view to further training and involvement to develop the bank HCA skills.

The year of the nurse and the midwife has been launched. Each month has a positive theme and recognition of the value of nursing and midwifery. In addition there will be key months with a focus of recruitment, role development and future nurse activities.

The trust will be represented at the March University of Bradford Careers fair and system wide careers fair.

Bolton University and Bradford College have received NMC approval at the end of January for the pre-registration nursing programme to be delivered locally for Bradford Teaching Hospitals NHS Foundation Trust. This will enable 2 cohorts of nursing students to graduate each year from 2023.

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The assistant chief nurse for workforce and quality has commenced the CNO safe staffing programme. This is an educational programme with NHS England and Improvement focusing on recruitment, retention and safe staffing.

Confirm and challenge Eroster efficiency sessions continue to take place and will be refreshed during March to maintain momentum ensuring the most effective use of the resource available.

There has been a focus on HCA recruitment with AED holding a recruitment open day.

11 Nursing Associate Trainees will start at the end of March with the University of Bolton delivered locally at Bradford College. There has been a significant amount of work taking place to progress the requirement for the end point assessment for the legacy cohorts of HEE nursing associates and further validation exercises with HEE to seek assurance on delivery of the programmes. The Deputy chief nurse and assistant chief nurse are linking with the LWAB task and finish group to review the growth this workforce group.

A plan is progressing regarding overseas nurse recruitment and supporting overseas nurses to gain registration with the NMC as a nurse or nursing associate.

There continues to be increased use of the trust internal transfer process particularly for HCA's, this continues to be managed and supported each month.

Planned Care January 2020

Band	Funded Establishment	Vacancy	Vacancy Rate
Band 5	515.45	73.47	14.3%
Band 6	265.41	8.98	3.4%
Band 7	118.27	2.2	1.9%
Band 8	26.71	0.0	0.0%
Total	925.84	84.65	9.1%

Theatres are still the main area of concern at band 5 where there are still 21.59 vacancies. Ward 26 is also an area of concern they are holding 10.43 band 5 vacancies

In Children's Services there are 17.78 band 5 vacancies the majority of which are in the Neonatal unit where there are 9.53 vacancies. Midwifery had no vacancies but approval of recommendations following the Midwifery staffing review will lead to vacancies in the service.

Unplanned Care January 2020

Band	Funded establishment	Vacancy	Vacancy Rate
Band 5/6	589.17	78.29	13.3%
Band 7	110.83	0.18	0.2%
Band 8	49.6	0	0%
Total	749.6	81.72	10.5%

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A & E and Stroke are areas which have 11.25 and 7.74 vacancies accordingly. A recruitment campaign for Stroke is currently underway.

Allied Health Professionals (AHPs) and Pharmacy Recruitment

Physiotherapy currently have 7.6 vacancies at bands 5 and 6, despite a proactive approach. The band 6 vacancies are currently out to advert. Recruitment continues to be challenging.

Occupational Therapy have 2 band 5 posts vacant. They also have 2 band 6 vacancies one of which could be filled by either an Occupational Therapist or a Physiotherapist. They are holding a skill mix review in this department as part of reviewing how they work and the roles needed.

Pharmacy are recruiting well and vacancies remain minimal.

Dietetics have 3.3 band 6 vacancies 0.5 of these is in paediatrics, and 1.6 band 7 vacancies. In this department there are currently 4.8wte on maternity leave with a further 3 due to go on maternity leave in the next few months. They also have 2 employees who are currently in isolation after returning from Hong Kong and Macau.

In Radiography there are currently 11 vacancies for band 5 Radiographers a recruitment day took place on the 8th of February 2020 to target newly qualified Radiographers to fill these gaps, however, this was not as well attended as expected. There were 7 vacancies for band 6 Radiographers all of which have been recruited to however 5 of the appointments were existing band 5 Radiographers which has meant an increase in vacancies at that band. Recruitment to the band 6 posts is however positive as it means the department can move from an on-call to a shift system which due to how onerous the on-call was, was hindering 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 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.

We are currently involved in an initiative aimed at matching entry level jobs that are available in health and social care to unemployed people who live in the area. The initiative involves representatives from Bradford council, Airedale Trust, the third sector and ourselves. The intention is that a Community Engagement Officer will be matched to each of the employers involved and that they will be based at the employers premises for one day per week. The next follow up workshop is being held on the 6th of April and we are actively involved.

We are also attending a recruitment fair in conjunction with the Well Bradford initiative on the 11th of March in the community room at Morrisons that is aimed at promoting our entry level

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vacancies along with Bradford University, the Police, Farmers Boy and McDonalds to unemployed people who want to work living in the Girlington area.

Consultant Recruitment

Pending:

Post	Approval Re'cd/ Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Radiology X2	Approved 11.02.2020	TBC	TBC	Replacement post, consultants covering in the interim, one post to be funded by Calderdale
Consultant in Radiology – GI	Approved 14.02.2020	TBC	TBC	Replacement post, consultants covering in the interim,
Consultant in Community Paeds	Approved 11.02.2020	TBC	TBC	New post, agency locum covering at the moment
Consultant in Anaesthetics x 2	Pending approval	TBC	TBC	Replacement post, existing full time Dr's using flexible sessions to cover.

Advertising:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in Haematology	11.02.2020	TBC	TBC	Replacement post, advertised for NHS and agency Locums.
Consultant Radiology – Breast Gynaecology	30.01.2020	TBC	TBC	New Post, current locums in post at the moment
Consultant in Infectious Diseases and Microbiology	21.01.2020	TBC	TBC	Replacement post, NHS Locums in post at the moment
Consultant in Paediatrics	16.01.2020	24.04.2020	TBC	New Post, x2 wte agency locums working to cover the current gaps
Consultant in Acute and Stroke Medicine	16.01.2020	TBC	TBC	New Post, Consultant colleagues covering.
Consultant in Orthopaedics	22.11.2019	28.02.2020	TBC	Replacement post: Current locum consultant in post

Appointments made:

Post	Advert Date	Interview Date	Appointed	Mitigating Actions
Consultant in ENT	24.10.2018	17.01.2020	Ms Helen Atkinson (NEE Tan) SD: TBC	New post – Consultant colleagues covering additional clinics etc.
Consultant in Ophthalmology	05.11.2019	10.01.2020	Mr Ewan McCallum SD: TBC	New Post: We do not envisage a gap, at present Airedale has not increased their service provision.
Consultant in Histopathology	14.11.2019	23.12.2019	Dr Farah Bashir SD: TBC	Replacement post: The service is using agency Locums ,and additional hours are being completed by existing team
Consultant in	22.10.2019	20.12.2019	Dr Ejaz Pathan	Replacement post: Locum is

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Rheumatology			SD: TBC	in place providing extra capacity and the medical team are covering core duties through PRA sessions
Consultant in Gastroenterology	09.10.2019	20.12.2019	Dr Richard Lord SD: TBC	New Post: There is currently only a single handed consultant who is in post and able to deliver this advanced service
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

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. We are currently advertising 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.

The Health Overview & Scrutiny Committee is to meet on 24 February 2020 to discuss the results of the public consultation which received more than 380 responses. The HOSC will consider the findings of the public consultation and what might be taken into account when NHS England make their final decision on the model in March. This is not in itself a decision making meeting.

Microbiology/Infectious Disease

We continue to provide the service jointly between Microbiology and Infection Control Consultants utilising agency where we can. There is an improved position with Consultants now on a one 1 in 3 rota and an additional consultant appointed at Airedale. We are currently out to advert to appoint an ID/Microbiology Consultant which will further support the service. 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.

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Stroke Service

There is a risk to the provision of a consistent stroke service due to a number of issues which include clinician and nursing vacancies, nursing and AHP sickness and maternity leave and reduced speech and language service provision. A number of actions have been implemented to address the service issues which have included closure of beds, changed leadership and a review of the workforce model.

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. One new appointment has been made.

Junior Doctor Recruitment

Junior doctor fill rates for the February 2020 rotations were positive though there remains an issue with gaps in Plastic Surgery and ENT which have a greater combined impact due to their joint nights rota. Clinical Fellows have been offered posts in Plastic Surgery and are undergoing pre-employment checks. Concerns re this rota have been escalated to the Chief Medical Officer and Operations Medical Director and a complete rota review and alternative options are to be considered.

Junior Doctor Contract review

There have been a number of changes to junior doctor terms and conditions following the recent review; the main impact of these being on junior doctor rotas. The changes aim to improve patient safety and the work / life balance of trainee doctors.

As of February 2020, rotas should have a weekend frequency of 1 in 3 or less frequent. Prior to February, weekends could be worked at a frequency of 1 in 2. There are a small number of rotas across the Trust where weekends remain more frequent than 1 in 3, and work is being progressed with the relevant specialties and CBUs to put plans in place to change these. Whilst the easy option on paper would be to add additional doctors to decrease weekend frequency, there are problems with the supply of competent non-training doctors and also the cost of doing this. Several solutions are being looked at which involve other staff groups across the clinical workforce.

In summary of the rotas concerned:

Orthopaedics Core Trainee (4 drs) – Plans progressed by specialty with discussions with Foundation Training Programme Directors to alter both Core Trainee and FY2 rotas. The specialty are working towards an April 2020 implementation of the new rotas subject to necessary approvals. Despite initial non-engagement, this is the specialty that has progressed the furthest with this work.

Emergency Medicine Juniors (23 drs) – There are plan to use different workforce groups to cover some of the weekend shifts which the juniors current work, allowing junior rota to become compliant with 1in3 weekend frequency. Due to the intensity of the EM rota, there are a total of 4 weekends which would need to be covered by an alternative workforce. The

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specialty are arranging to meet with some of the new cohort of trainees as well as the Associate College Tutor to progress.

Neonates Junior (7 drs), Paediatrics Junior (8 drs) and Paediatrics Registrar (7 drs) – Plans to change all three of these rotas link to CBU business case for change to workforce model. These plans have a wider impact than just changing junior doctor rotas.

Haematology Registrar (3 trainees) and Palliative Medicine Registrar (2 trainees at Marie Curie) – both these rotas works a traditional 1 in 5 on call but due to the split weekends equate to 1 in 2.5 weekends. NHS Employers have been contacted for advice on this.

All 50+ junior doctor rotas are to be reviewed against the future contract change whereby working 8 consecutive days reduces to 7, and against the BMA contract implementation checklist with regular updates provided to the Guardian and Junior Doctor Forum.

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 currently 106 apprentices on programme with approximately 6 waiting to start. We will not achieve the public sector target of 134 apprentices annually. The rationale for this is that there has been a drop in the number of health care support workers and trainee nursing associates recruited to an apprenticeship programme this year and the university have delayed the start of the second cohort of apprentice ODP's until 20/21.

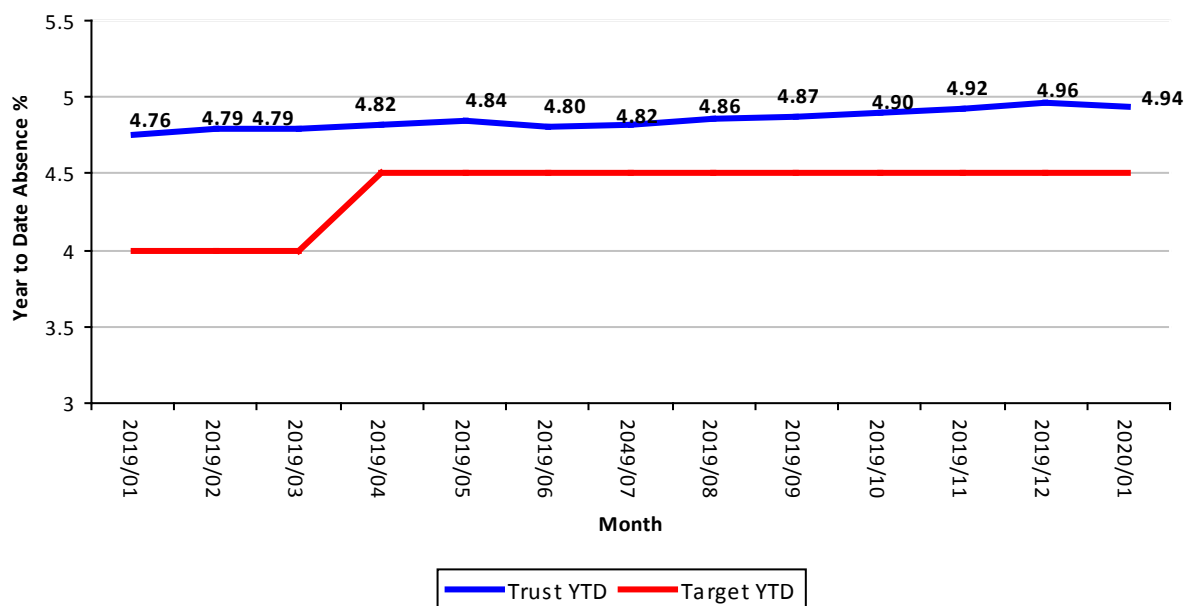
Plans are being developed for next year's apprenticeship roles with a view to increasing uptake. MSc Advanced Clinical Practitioner training will be delivered via an apprenticeship from September 2020. We have already had requests for 8 posts.

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Sickness Absence

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



The year to date absence percentage rate in January 20 is 4.94%. The absence rate increased in December but reduced slightly in January. At this time last year the year to date absence rate was 4.76%. The graph above also shows Year to Date sickness absence (%) against target up to January 2020.

Top 5 Absence Reasons by FTE Lost – Table 2

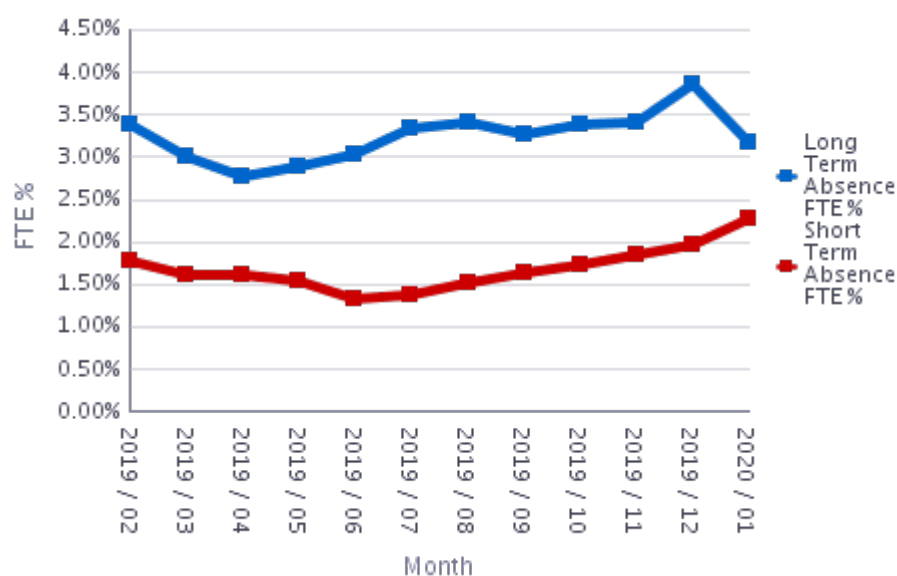
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	21.8
S98 Other known causes – not elsewhere classified*	19.2
S12 Other musculoskeletal problems	10.2
S25 Gastrointestinal problems	6.3
S99 Unknown causes / Not Specified	5.8

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.

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Absence Long Term / Short Term – Table 3

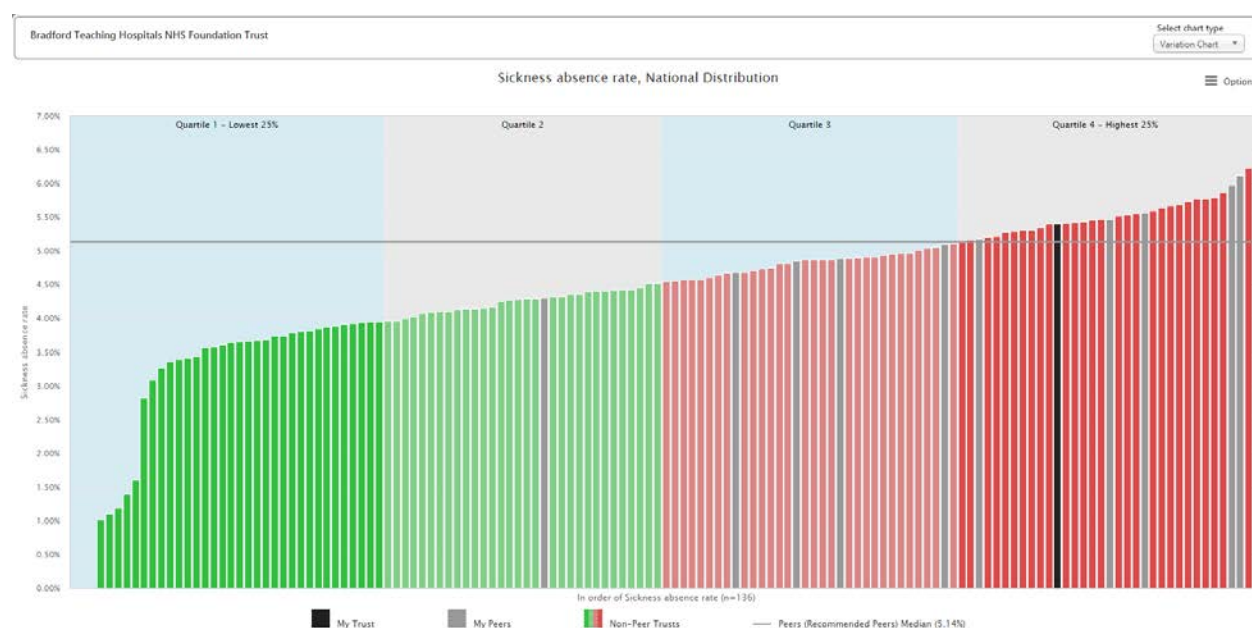


This table shows the long term and short term sickness trend. Long term sickness increased in December but shows a sharp reduction in January. Short term shows a continued slight increase in both December and January. Short term sickness is being targeted.

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Absence Benchmarking – Model Hospital



The above chart shows sickness benchmarking compared to NHSI Recommended peers for the month of November 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.



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

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2019/20 Influenza Vaccination Campaign

The target of 80% of frontline staff by the end of February 2020 has been achieved however the campaign continues across the Trust with vaccines being made available via pop up 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 uptake figure for frontline staff at 14 February 2020 was **81.6%**.

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 (EAP) was re-launched on 1 September 2019. 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 to refer staff into the EAP service rather than a reliance on self-referral.

Regular workshops for staff to promote their physical fitness and resilience will be taking place through 2020 on a weekly basis, these are currently being well received. Individual department sessions are also being offered through 2020.

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

During January we linked in with the national health promotion Dry January Campaign 2020. Staff were offered 2 half day opportunities to attend the WBHWC for a liver health scan. Campaign promotion was via twitter, global emails and literature/ posters within the WBHWC. Campaign literature was also distributed to wards to encourage staff teams to take the Dry January Challenge.

Staff continue to benefit from support and interventions offered by the Access to Work Mental Health Support Service from REMPLOY and training has been well received. REMPLOY provide facts and statistics around mental health and support and interventions available. The next presentation is planned during March 2020.

Charlotte Walker (Specialist Occupational Therapist) is currently developing some educational sessions on stress awareness and self-care management. These will replace the previous Wellbeing, Resilience and Self-care Workshops and will be delivered regularly within the Trust to larger groups of staff. Charlotte continues to see staff members on an individual basis, providing therapeutic interventions to help staff members manage symptoms of stress, anxiety, low-mood and enhance health and wellbeing.

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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.

Organisational Development (OD) update

Staff Surveys

The results of the NHS Staff Survey were published on 18 February and is covered in a separate report.

Preparations are underway for the Staff Friends and Family Test (SFFT) for Q4 which takes place 9th to 29th March. We are encouraging CBUs to get feedback from their teams and focusing on the importance of staff sharing their views about receiving treatment or working at our Trust, so we can learn from what is working well and where improvements are needed. Encouraging staff to have their say should engage more staff and encourage them to take part in the survey.

Appraisals

The appraisal completion rate has increased to 94.54% at the end of January. Our plan is to maintain completion at 95% whilst we review our approach for 2020/2021.

The Planned Care Group rate has slightly dropped to 94.93%; Unplanned Care achieved 93.46% at the end of January, an increase on 90% for December. Corporate Services, Pharmacy and Estates and Facilities have completion rates above 95%. Making sure all eligible staff have an effective appraisal remains a priority. A review of our approach to appraisals, including training, takes place in Q4 and will include the pay progression changes.

Leadership and management development

A training session on Reciprocal Mentoring was delivered to the Board in January, as part of our WDES and WRES work. A further session for the wider leadership team is being planned.

The first two days of Leading High Performance will be delivered to all CBU triumvirate staff during February and March. This new leadership module is aimed at Bands 8 and sits alongside Leading Others (those who lead a team up to Band 7) and Leadership Essential (all staff) and is part of the wider CBU Leadership Development programme. Managing High Performance modules for the CBUs covering Finance and Capacity and Demand are currently being developed to be delivered during Q1 2020/21.

The two day Trust Leadership Development programme continues to be delivered, as part of the Nurse and Midwifery Development programme and as a standalone programme which will be rolled out across CBUs during Q4 and 2020/19.

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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 are currently not meeting the required compliance rate. Specific targeted work with subject matter experts and care group staff is continuing to increase compliance

National and local update

Workforce Planning

Human Resources are currently working with Finance and Operational colleagues to prepare the workforce plan element of the NHSI/E Operational Plan for 2020/21. Key components of the narrative element of the workforce section of the plan will include:

- Planned FTE staff including substantive and temporary staff
- Planned outcomes and progress against the People plan key themes, including:
 - Creating a positive, inclusive and compassionate working culture
 - Giving voice, influence and value to staff
 - Providing an effective, safe and healthy working environment
 - Enabling and support to staff to learn, develop and fulfil their potential
 - Ensuring staff can have a predictable and flexible working pattern
- Releasing time to care action plans
- The biggest FTE challenges (by staff group)
- Assumptions relating to an increase in bank from agency staffing

Local trusts' plans will form part of and be submitted as a part of place based and locality plans.

Local Workforce Action Board (LWAB)

The System Leadership Executive Group approved recommendations in respect of the governance structure of the LWAB and capacity and programme funding going forwards. The key functions of the ICS Workforce Programme are to:

1. Oversee delivery of the NHS People Plan, the NHS long-term plan and the WY&H workforce plan.
2. Implement a robust system to ensure the distribution of funding and associated accountability.
3. Share learning and good practice.

Three groups will be established which will oversee delivery of these three objectives overseen by a Workplace Partnership Board. In order to address capacity issues a single integrated workforce hub team is being established under the management of a Workforce Programme Director.

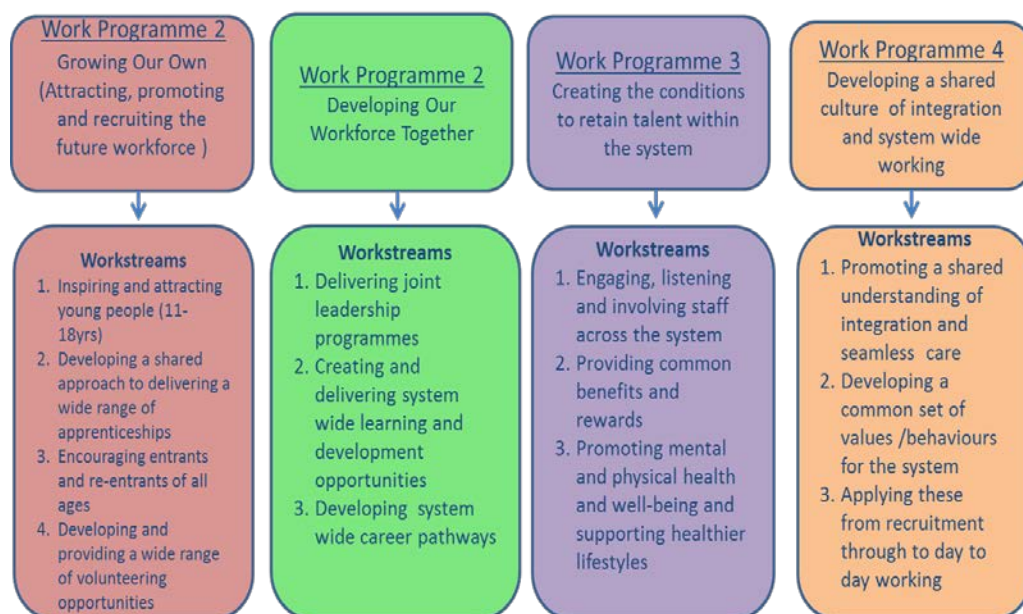
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The Workforce Programme Board

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

February 2020

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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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