

People Academy: 26th October 2022

Agenda Item: PA.10.22.11a

Introduction

The last Workforce report was presented to People Academy in June 2022. This report picks up key workforce themes and trends since then and is presented in the format previously used to report to Workforce Committee.

This report will continue to be presented to People Academy on a quarterly basis as agreed at the July 2021 meeting.

Data as at 30.09.22

	DIVISION						
	Unplanned Services	Planned Services	Diagnostic & Corporate Operational Services	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	1,884	1,965	1,321	680	536	219	6605
Staff in Post (FTE)	1,641.23	1,747.39	1,160.36	622.50	435.92	191.90	5,799.30
Establishment	1976.89	2054.88	1388.35	661.63	586.27	211.73	6879.75
Agency Usage (FTE)	18.00	17.11	24.53	0.71	63.42	0	123.77
Bank Usage (FTE)	212.16	124.05	60.82	33.55	47.04	1.50	479.12
Turnover	14.19%	13.99%	9.54%	16.24%	9.14%	7.27%	12.77%
Monthly Sickness %**	7.03%	4.99%	7.18%	2.98%	11.40%	1.89%	6.18%
YTD Sickness %**	8.09%	6.54%	7.86%	3.82%	10.80%	3.30%	7.19%

	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)	157	1,158	1,541	451	513	102	910	1,773	6605
Staff in Post (FTE)	127.41	1011.57	1,354.24	394.81	407.22	93.74	852.58	1,557.74	5,799.30
Establishment	146.53	1211.58	1568.64	475.55	582.55	94.45	856.20	1944.25	6879.75
Agency Usage (FTE)	1.00	5.26	0	6.03	63.13	0	12.33	36.02	123.77
Bank Usage (FTE)	0	236.20	10.69	0	48.30	0	39.96	143.97	479.12
Turnover	15.28%	14.10%	13.81%	14.63%	7.68%	6.25%	6.45%	13.57%	12.77%
Monthly Sickness %**	5.75%	10.09%	4.13%	4.48%	12.11%	5.33%	2.18%	6.58%	6.18%
YTD Sickness %**	5.87%	11.70%	6.18%	5.10%	11.74%	3.24%	2.54%	7.39%	7.19%

* 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 September 22

*** Includes usage for centralised budget code for COVID-19

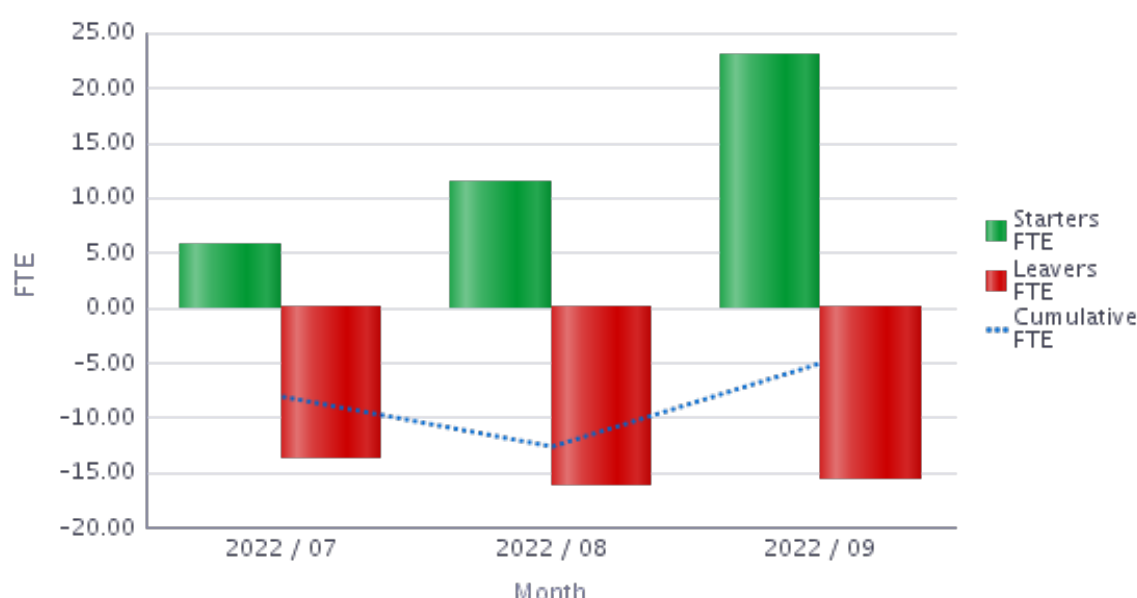
Establishment, agency and bank usage data supplied by Finance

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.

People Academy:
Agenda Item:

Staff in Post

Since the last report staff in post FTE has increased from 5,736.60 in May 2022 to 5,799.30 in September 2022 representing an overall increase across all staff groups of 62.70 FTE. The largest increase in FTE over the period is in the Allied Health Professionals Staff Group (19.73 FTE) followed by Additional Clinical Services. The increase in the Additional Clinical Services Staff Group attributed to the recruitment of Newly Qualified Nurses and AHPs who are coded to this staff group until their professional registration is confirmed. The largest reduction in FTE over the last three months was in the Add Prof & Scientific (14.13 FTE) Staff Group followed by the Nursing & Midwifery Registered staff group (6.74 FTE). The reason for the increase in the Allied Health Professionals staff group and decrease in Add Prof & Scientific is Operating Department Practitioners are now coded as Allied Health Professionals rather than in the Add Prof & Scientific staff group. Whilst this change occurred earlier in the year there has been a mopping up exercise undertaken in the period.



The table above shows the position with respect of qualified nursing / midwifery starters and leavers which demonstrates the position over the last three months. The cumulative position for the 3 months is -5.02 FTE with 40.41 FTE registered nurses / midwives joining the Trust and 45.43 FTE leaving. Please note that the above table only counts starters as those Registered Nurses / Midwives commencing in a Registered role from the first day of employment. Where newly qualified and overseas nurses have been recruited these are usually as HCAs until their NMC registration comes through; these therefore are not counted on ESR as starters under the Nursing & Midwifery Registered Staff Group. As individuals get their registration they are moved to a Staff Nurse role or move to the role of a Midwife, in September there were 15 staff who were recruited into a HCA role awaiting their NMC registration.

e-Job Planning and e-Rostering

People Academy:

Agenda Item:

Electronic Job Planning is now in BAU phase with some early implementers starting their second year of using the system.

Levels of Attainment for both electronic job planning and e-rostering is now underway and the trust has reached Level 1 of the 4 Levels set out in the NHS Long term Plan. Each level has objectives to achieve in order to attain the level. We are now working towards achieving Level 2 in the coming months.

Agency and Bank Usage

Over the last three months the use of our temporary workforce has remained fairly static with only minor fluctuations between the deployment of agency and bank use.

Healthcare Assistants (HCAs) agency use has ceased, unless in exceptional patient safety circumstances. The average bank fill rate for HCAs in September was 69.3%.

Agency use across the Nursing & Midwifery and Allied Health professional staff groups has remained relatively static in the reporting period with only a slight increase in the deployment of bank doctors. Medical & Dental bank and agency usage has reduced and the average fill rate for bank and agency for September was 65%.

Agency monitoring controls through the Flexible Workforce Department 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 and qualified nurses in specialist roles/areas.

Due to the successful work done in trying to reduce our agency rates, we are compliant in achieving the NHS Improvements capped rates in 79% of our shifts.

It has not been possible to include any benchmarking data from the NHS England Model Hospital database in this report as the agency data has not be updated since June 2021 due to technical issues.

A review of nurse bank escalated rates was carried out with a change to how the escalated rates are paid for bank shifts. The rates are kept under review to ensure they remain competitive.

Turnover

Turnover has seen a decrease to 12.77% in September 2022 from 13.08% in May 2022. Turnover has reduced slightly in all Add Prof & Scientific, Additional Clinical, Estates & Ancillary and Nursing & Midwifery Registered Staff Groups/ All other staff groups have shown a slight increase over the period.

Workforce Planning

As part of the annual workforce planning cycle the Trust submitted the workforce plan to Health Education England in September 2022. The submission is part of HEE planning for training places and informs decisions regarding demand for the workforce over the next 5

People Academy:

Agenda Item:

years. The workforce Information team worked with senior managers across all of the categories of staff listed below to understand our projected workforce makeup. The categories of staff were predefined by HEE and a summary of staff numbers for this year is shown below. The workforce plan was signed off via ETM prior to submission.

Staff Group	FTE in post 30/9/22	Planned FTE in post 31/3/23
Add Prof Scientific & Technic	127.41	150.93
Additional Clinical Services	1011.57	
Admin & Clerical	1354.24	
Allied Health Professionals	394.81	431.56
Estates & Ancillary	407.22	
Healthcare Scientists	93.74	130.31
Medical & Dental	852.58	859.31
Nursing & Midwifery Registered	1557.74	1699.69

Recruitment and Retention Update

Recruitment

Recruitment has become increasingly more challenging in recent months with typically high numbers of applicants, with many being shortlisted but the numbers attending for interview significantly lower than invited. Local labour market information and national data suggests that there is a high level of vacant job roles across all sectors and posts being difficult to recruit to. Specialist corporate roles such as qualified HR and Finance professionals are also proving difficult to recruit to.

We are continuing to run a 2 year campaign with Just-R who are supporting activity around recruitment and retention as part of the overall strategy. Just-R are carrying out pre-application screening interviews with potential HCA's to determine whether the candidates have values that reflect the Trust values such as kindness and caring before they are forwarded to the application process. Just-R have recently attended the hospital and have taken photographs and video footage to use in order to promote our vacancies and working for the Trust.

An open day took place on the 7th of October which was very successful and realised a high volume of appointments including 15 Staff Nurses who are due to qualify in 2023 and 12 that are already qualified.

Trainee Health Care Assistants / Health Care Assistants (HCA)

There continues to be a high level of vacancy for HCA. Considerable efforts have been focussed on recruitment to these vacant posts. Following the recent open day 92 HCA have been conditionally offered and accepted posts but there are still a number of vacancies. Of the HCA's recruited 20 are trainees and 10 band 3 Senior Healthcare Support Workers were appointed. The recruitment open day also enabled the Trust to appoint 58 HCA's to work on the Nurse Bank. There has been some attrition over this time with 20 HCA's leaving the organisation in the last 3 months. A number of the existing HCAs have also been supported to commence the Degree Apprenticeship and trainee nursing associate programme to

People Academy:

Agenda Item:

support their development in the Trust, this coupled with an increase in dependency of patients reflected in the establishments has increased the vacancy rate.

Retention

A career development framework has been produced that will highlight the opportunities for employees to develop their careers from entry level roles such as THCA/HCA and progress towards nursing associate, registered nurse and beyond. This plan has been shared with NHS England and will be shared with NHS Futures as an excellent example of development. Other learning opportunities made available:

- Functional skills level 2 in English and Mathematics
- Diploma Level 3 in Health
- Career sessions for completion of application forms and interview skills

Nursing and Midwifery

Recruitment

Recruitment of registered nurses, children's nurses and midwives continues to be a challenge in line with the national picture. Significant recruitment activity has taken place over the course of the year. This includes recruitment of newly qualified professionals from September 2022, specific targeted recruitment for areas with high numbers of vacancies such as theatres and renal services, generic adverts for all areas and the recruitment of international nurses. There has been success in terms of the numbers recruited overall, see numbers below, however the vacancy position has not changed overall due to the numbers of registered staff leaving the organisation.

Newly Qualified Nurses / Midwives (NQN)

Allocated:

38 Adult

20 Children's

11 Neonatal (NNU)

24 Maternity

- A project is underway for ward team to maintain contact with the new nurses that have recruited during the HR processes. Postcards and texts along with invitations to visit the ward meet colleagues, identification of a 'buddy' and attend staff meetings are part of this.
- Each NQN will receive a full induction, support with the Acorn approach, welcome bag and preceptorship programme.
- Delays experienced as a result of Exam Board sign off of completion of academic programme and placement hours will see individuals recruited into HCA roles prior to completion to support the overall workforce and development of this group.

People Academy:
Agenda Item:

International Nurses.

- During the last few months the supply of nurses available to join BTHFT has reduced. As part of the review and support of the programme from NHS E 2 further recruitment agencies are supporting the Trust to attract RNs and Registered Midwives (RM).
- There continues to be successful pastoral support for this group of nurses and OSCE pass rate onto the Nursing and Midwifery Council register. All IR nurses have been retained to date and one has successfully been promoted into a band 6 education roles.
- As the pipeline for BTHFT has reduced the Trust are meeting with Sheffield Teaching Hospitals who are still receiving a high number of recruits to share any learning or approaches that may help.

The Table shows the progress to date and the allocation of RN and RM.

Current intake	Planned process	in	Next steps
41 Arrived	29 identified		31RN +3 RM
13 Theatres 7 Endoscopy 5 Respiratory 8 Renal 4 Stroke 3 ICU 1 Medicine	1 Theatres 4 Children's 1 Maternity 5 AED 5 NNU 7 ICU 3 Medicine 3 Surgery		Ward areas Maternity

A detailed paper was presented to the People Academy in September outlining vacancy rates and recruitment and retention work ongoing for the Nursing workforce, so this is not repeated in this report.

Pharmacy

Regular recruitment activity has continued to take place since the last report which has resulted in some success. However, recruitment has become increasingly more challenging in recent months particularly of early years pharmacists. The department has also seen increased departures of the same staff group with exit interviews indicating a combination of reasons for leaving including, more family friendly working hours, attractive locums rates (c£50 per hour) for those happy to take last minute bookings and low morale.

Discussions with colleagues from the ICS Medicines Optimisation Committee (formerly the Pharmacy Leaders group) indicates that these issues are affecting the majority of sectors of

People Academy:

Agenda Item:

pharmacy and appear to be driven by the PCN GP contract which incorporates the requirement to employ pharmacist. PCNs do not currently grow their own pharmacy colleagues and therefore the only source of these colleagues is the other pharmacy sectors.

In order to address this the pharmacy team have reviewed the job plan, on call requirements and training offered to early years pharmacists in order to make the role more attractive both professionally and family friendly, this has allowed successful recruitment to some vacant positions, although there are still some early years vacancies. There is also a specific work stream of the ICS Medicines Optimisation Committee looking at workforce.

Pharmacy has secured funding from paediatrics to create a new pharmacist role, which has been successfully recruited to. We are continuing to develop the roles of assistants, pharmacy technicians and STPs reflecting the competencies these staffing groups can deliver balanced by improvements arising from the use of systems such as EPR.

The pharmacy team has also embarked on a transformation plan in order to meet the challenges of restart whilst also looking to improve morale, recruitment and retention, this includes a workforce workstream.

The pharmacy management team are also working closely with Organisational Development and Thrive to improve morale, a number of Thrive drop in sessions have been held and have undertaken an additional staff survey to better understand the factors affecting staff morale. In addition to this we have facilitated the establishment of a staff forum, swap shop and more recently a “Mo” Charity campaign which will include events during Movember. Earlier in the year all colleagues received handwritten thankyou cards with a personal message written by one of the senior management team.

Allied Health Professionals

Recruitment and retention is variable across the 8 AHP professions employed by the Trust. Some services are very stable, others have higher turnover but are able to recruit. In Physiotherapy B5 turnover has been high (currently 25%), although nearly fully staffed as most of the new graduate recruits have recently started. The biggest challenge is now at B6 level as we are struggling to attract external candidates with some posts having been out to advert several times. First Contact Practitioner recruitment is also challenging with the local supply of eligible staff having been exhausted.

Dietetics have successfully recruited at Band 5 level, recruiting at risk and then having suitable vacancies for them. This year 8 have been recruited which is exceptional, and we plan to use this approach again next year. There have also been some success with band 5 to band 6 progression posts, and we may need to consider other progression posts. There have been some difficulties at higher grades for specialist and management posts due to lack of applicants. We also now have our first dietetic trainee ACP post & dietetic apprenticeship post.

In OT recruitment has been generally successful although there are some B6 posts that have been out to advert more than once.

SALT successfully recruited into vacancies. However there are challenges in the service due to a number of maternity leaves.

People Academy:**Agenda Item:**

The Trust is in the process of undertaking International Recruitment of 8 Diagnostic Radiographers through a collaboration with other Trusts in WY. This is in preparation to staff the Community Diagnostic Centre. There has also been agreed over-recruitment to CT and MRI who have been successful in attracting experienced candidates from other Trusts.

Healthcare Scientists**Issues for some of HCS professions:**

In Audiology recruitment and retention is generally good for Band 5 - recruitment is timed to the outturn of the national degree programs in May/June. Recruitment at other times of the year is very difficult. The major issue in Audiology is the volume of staff on maternity leave and the fact that the majority of these are specialist/highly specialist which makes it very difficult to backfill their posts.

Clinical Engineering have a number of vacancies due to developments but anticipate challenges in successfully appointing as there is a national and regional shortage of qualified and experienced HCS.

Medical Physics have no current vacancies as staff retention is extremely good. However there is a national shortage of Nuclear Medicine Clinical Technologists.

Clinical Photographers have struggled to recruit B6 in last 16 months & have been out to advert twice. Addressing difficulties via implementing B5 training post (to B6) and creating B4 Photographic Technician post. Nationally recruitment is reported to be difficult.

Consultant Recruitment

The June update reported 15 individuals appointed to substantive Consultant posts in the year from July 2021. In the 3 months from July 2022 to September 2022, a further 15 substantive Consultant posts were offered, 6 of these were in Paediatrics alone.

Advertising of further Consultant posts has slowed; however the Medical HR team are starting to see plans for posts emerging following the recent CSU restructure.

In addition to substantive appointments, Histopathology are expecting 2 Locum Consultants (recruited via agency) to commence in post during late October. Offers have also been made through agencies for 2 Locum Consultant Radiologists; one in Interventional Radiology and one in Breast Radiology.

Agencies are also being used to review candidates for Anaesthetics and Medical Oncology. Medical Oncology remains a concern with regards senior vacancies. Plans to use some Consultant monies to recruit into Specialty Doctor posts hasn't yet resulted in additional staff in post.

Junior Doctor Recruitment

People Academy:

Agenda Item:

Rotations continue to be managed with no specific specialties to raise as a concern in relation to establishment gaps; however some specialties have additional rota needs where finding cover proves difficult.

Obstetrics and Gynaecology require some night duties to be doubled up in order to have appropriate supervision for their junior registrars (ST3/4 grade). The amount of additional cover required is dependant on grades of trainees allocated to the Trust. At present we have 6 trainees who requires this out of hour's supervision. They have tried to alleviate some pressures by retaining 2 substantive Specialty Doctors on the rota who 'double up' with 2 of these trainees.

Paediatrics and Neonates have a predominantly part time workforce across all 4 of their junior doctor rota. Whilst some trainees work in formal job share posts, others are part time in a full time slot. This results in out of hours gaps that can't easily be recruited to so relies on additional locum cover which is often difficult to find. Neonates do employ a Clinical Fellow who has a personalised rota to pick up some of these part time shifts on their registrar rota. Paediatrics are due to advertise a post in order to recruit to a similar role for their registrar rota.

Orthopaedics have historically run a 9-person registrar rota which regularly only has 8 people assigned to it. Reliance on those 8 people to cover the 9th slot isn't sustainable and discussions are ongoing with regards a formal rota change to remove the long term gap.

Post Foundation Fellows continue to cover planned gaps where possible on tier 1 rotas and Post Core Fellows mainly cover on the Medicine registrar rota.

As at the end of September 2022, the Trust employed 448 trainee doctors across all grades from Foundation Year One to Specialty Registrar Year 8. Of these, 95 (21%) were working part time. Previously trainees could apply to Health Education England to work flexibly for reasons linked to child care or health. They are now able to request flexible working in order to achieve a work/life balance without needing any other reason. Trusts are expecting to see an increase in the number of part time trainee doctors as this filters through the system which, for employers, means planning more personalised rota patterns, supporting job shares and covering resulting gaps on rotas/rotations are difficult to recruit to locally and add to staffing pressures.

Medics Career conversations Pilot

NHS England have commissioned the Trust to be a pilot site for holding late stage career conversations with consultants, SAS and locally employed trust grade doctors. The pilot will run from October 2022 to March 2023 and is part of a wider programme of work by NHS England to improve staff experience and retention of all staff groups within the NHS, as part of the NHS People Plan published in Aug 2020.

Retention of doctors in later stage careers is key to supporting the recovery and restoration of services following the pandemic. Doctors are choosing to leave the NHS for various

People Academy:

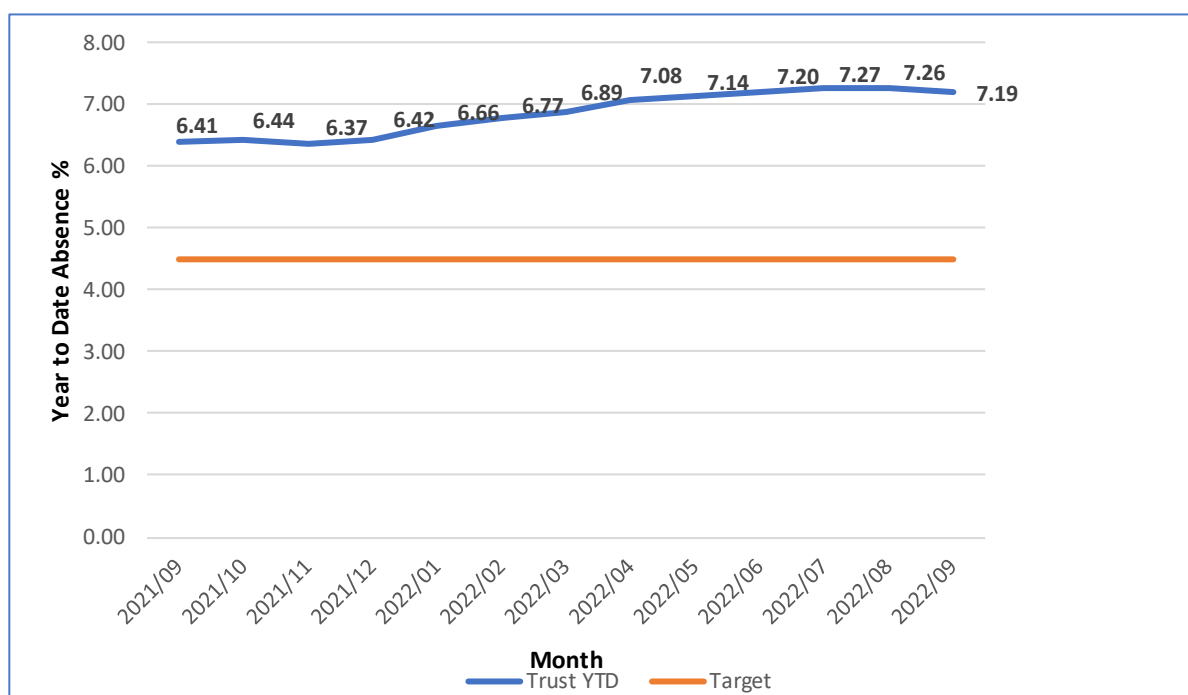
Agenda Item:

reasons, ranging from workplace pressures, lack of opportunities to work flexibly, and issues relating to pensions taxation.

People Academy:
Agenda Item:

Sickness Absence

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



The year to date absence percentage rate in September 2022 is 7.19%. The absence rate has showed a peak in July 2022 and then a steady reduction in August and September. At this time last year the year to date absence rate was 6.41%. The graph above also shows Year to Date sickness absence (%) against target up to September 2022.

Top 5 Absence Reasons by FTE Lost – Table 2

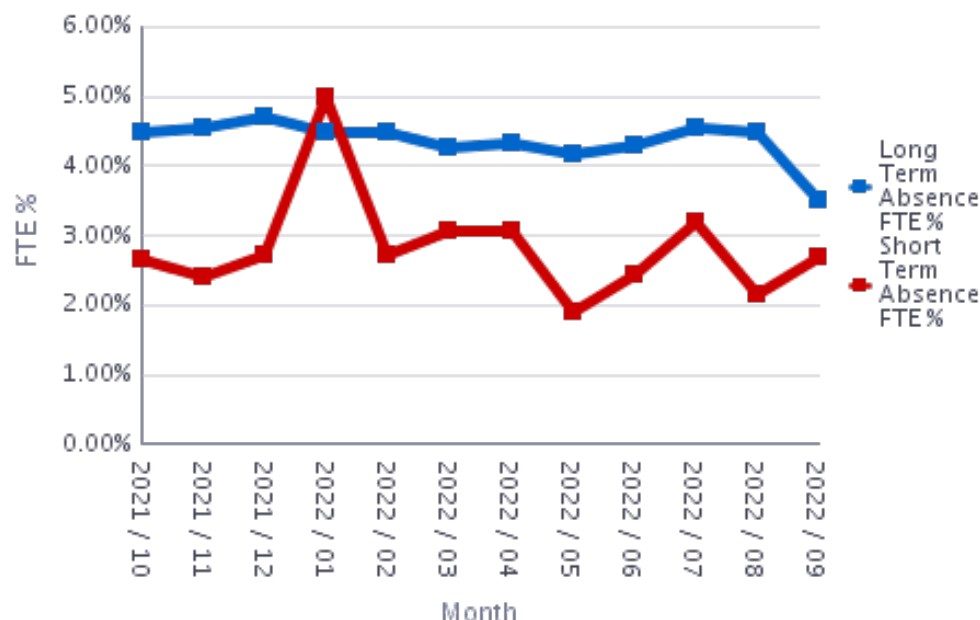
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	23.1
S27 Infectious Diseases	21.5
S98 Other known causes – not elsewhere classified*	12.2
S12 Other musculoskeletal problems	7.0
S25 Gastrointestinal problems	4.9

Anxiety / stress / depression are the most common reasons for absence. This is followed by Infectious Diseases which includes Covid related sickness.

People Academy:

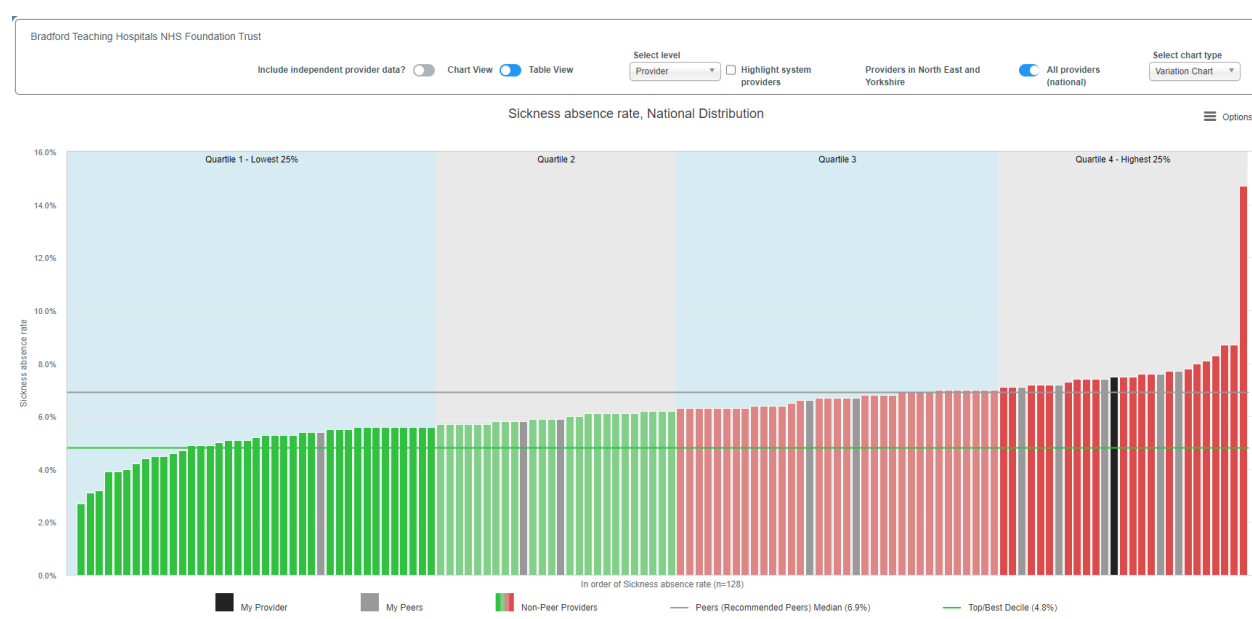
Agenda Item:

Absence Long Term / Short Term – Table 3



This table shows the long-term and short-term sickness trend. Long-term sickness increased slightly in June and July and reduced slightly in August. The covid sickness entitlements changed in September resulting in those off long term sick with covid having their sickness absence ended and re-started. This has led to an artificial reduction in long term sickness in September. Short-term has increased in both June and July before falling in August. The increase in short term sickness in September can be linked to the long term covid sickness episodes being restarted in September and currently classified as short term sickness.

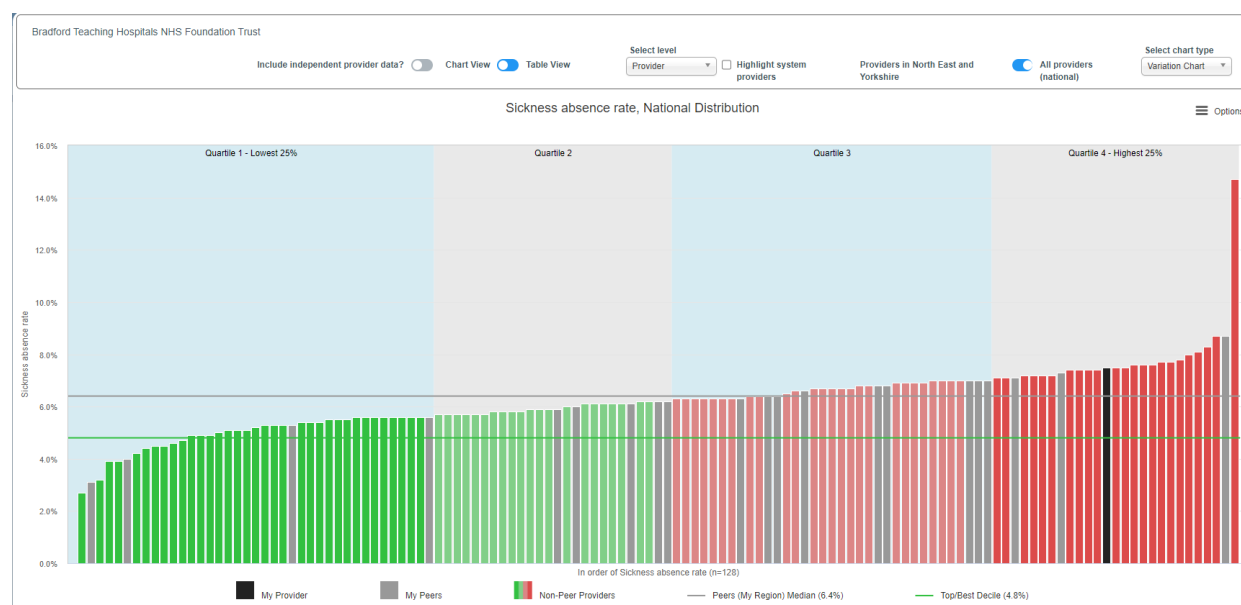
Absence Benchmarking – Model Hospital



People Academy:

Agenda Item:

The above chart is the latest data available from Model Hospital and shows sickness benchmarking compared to NHSI Recommended peers for the month of March 2022 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 other peers in the 4th quartile.



The above chart shows sickness benchmarking compared to other Acute Trusts within North East and Yorkshire for the month of March 2022 which is the latest available data. BTHFT is in the 4th quartile with all except one peer having a lower sickness rate.

When compared to the NHS England recommended peers the Trust sickness absence rate was comparable to the absence rate for the majority of our peers. The Trust is continuing to proactively manage sickness absence and offer support to colleagues who are off sick. Training is now available for line managers on managing sickness absence to ensure managers are able to support staff during their absence.

Sickness absence continues to be a challenge and with the impact of the pandemic and current cost of living crisis it is likely that sickness rates will continue at a higher rate than the rate of absence seen pre-pandemic. The Trust approach will continue to focus on supporting colleagues at the earliest opportunity. The Health Wellbeing and Attendance Policy is currently being reviewed and it is intended that the policy review will lead to a policy which will focus on early intervention and support for colleagues who do have absence due to ill health.

COVID Booster and Flu Campaign

All staff have been offered the opportunity and are encouraged to have their Covid booster jabs as well as Flu vaccines. The Flu campaign began on 28th of September and staff are able to have both jabs at the same time, the campaign will continue until February 2023.

People Academy:

Agenda Item:

Employee Relations

The disciplinary report was presented to Board in September 2022. The table below is an summary of the data showing Disciplinary cases as at 30 September 2022.

Nature of Allegation	Male	Female
Gross Misconduct: Fraud		1
Gross Misconduct Fraud -Falsification of Time Sheet	1	
Gross Misconduct: Falsification of EPR records and failure to document patient observations.		1
Misconduct – Failure to obtain consent/wrong side procedure undertaken.	1	
Inappropriate behaviour	1	1
Negligence; Sleeping whilst on duty	1	
Other Inappropriate behaviour – making a false allegation of physical assault.		1
Gross Misconduct -Assault of a colleague		1
TOTAL	4	5

There are currently 2 members of staff suspended from duty.

The number of cases is low and therefore the small changes can skew the data in terms of impact on specific groups. The data within the report presented to the Board showed no significant variance in likelihood of staff from ethnic minorities going through a disciplinary process when compared with white colleagues, however in september this has changed and now does show a disproportionate number of staff from ethnic minorities going through the disciplinary process. It is expected that over a sustained period the data will balance out. Male staff make up 44% of case against a workforce made up of 22% male staff. This is being monitored and if the pattern persists further work will be needed to understand the rationale for the variance and consider any active interventions to ensure male staff are not disproportionately affected.

Organisational Development (OD) update

Civility Update

Activity against the Civility work plan is progressing well and the Trust approach to Civility has been launched, joining forces with the Freedom To Speak Up Team (F2SU) and celebrating 'Freedom To Speak Up for Civility' at a pop event at BRI on 11 October 2022. Posters highlighting the importance of civility have been designed and are currently being shared across the Trust at all sites.

The next step will see the launch of the 'Our People Charter' which consists of a series of statements built on existing Trust values stating what staff can expect from each other as valued members of the BTHFT team. The charter will be launched to coincide with the

People Academy:

Agenda Item:

Thrive Festival in November (see below for more information). Other work has also commenced including work on how civility is incorporated into simulation centre exercises and incorporating the Our People Charter into appraisals, induction and other existing activities. The webinar 'Civility in the Workplace' is also being refreshed and modelled on our new approach and work is ongoing to develop resources to support managers and others in dealing with incivility within the workplace.

Outstanding Theatre Services (OTS)

Collaboration between OTS/OD/Quality Improvement (QI) continues with the recent focus being on the Culture and Teamwork. The highlight of this was the joint development, delivery and facilitation of the 'Civility in Theatres' event held 13th October in the Sovereign lecture theatre. The work incorporated feeding back culture survey results, encouragement to have your voice heard by completing NHS Staff survey and the soft launch of the Organisational Civility Charter and discussions around what that would mean for Theatres.

Over 60 members of theatre teams and anaesthetists were in attendance and engaged in lively discussions. OD will continue to support OTS alongside QI colleagues in making sense of outputs, continual learning and improvements in pursuit of achieving the aims of the OTS programme.

Financial Wellbeing

Salary Finance will launch week commencing the 24th of October 2022. The free will writing service has been used by 72 staff.

A feature write up by NHSE/I on BTHFT financial wellbeing will be in their soon to launch Model Guide. The Financial Wellbeing page continues to be updated with new information including links to discounted food and drink, 'cheapest petrol /diesel prices near me', 'feed my family for a fiver' etc. Financial wellbeing webinars specific for Bradford will begin week commencing the 17th of October and 21st of November.

Exit Interviews

A review of the current process is now complete and recommendations have been made to commence reporting on exit interviews quarterly. A process has been set up to escalate comments made by leavers in the exit interview to HR Business Partners where there are concerns. The current response rate of exit interviews is 12.6% and work is underway to improve upon this, with a target response rate of 25% by December 2022, and further improvements throughout 2023.

Leadership Pathways

The revised remote Pathways are live. The face to face pathways are open for application and with delivery scheduled for November 2022. The current intent is to deliver one face to face session for each pathway a quarter. (This is limited due to facilitator capacity in the OD Team).

288 people were enrolled on the previous version; they were offered four options to take as a next step:

People Academy:

Agenda Item:

- to remain on their current pathway until completion (2021 pathways cease to be supported 31st March 23)
- Transfer to revised Remote Pathway
- Transfer to face to face pathway
- Removal from the pathway

We are continuing to receive the chosen options from staff. Currently we have:

- 14 have elected to remain on their current pathway.
- 38 have elected to transfer to the revised remote pathway.
- 17 have requested to transfer to face to face.
- 4 have requested removal from pathways.

Scope for Growth – Career Conversations, Talent Management Approach

The Scope for Growth – Career Conversations (S4G) is being utilised as part of our talent management approach through an offer to participate as a result of being a People Promise exemplar site. The OD Lead is currently accessing regional and national drop in information sessions. Contacts and support have been sought and established from early adopters: Mersey Care, North Middlesex and Kings College London. Materials are being shared to understand practical implications and logistics of implementation and learning so far. Peer networks are also being established with colleagues in Leeds Teaching Hospitals (LTHT) and the wider region.

Three colleagues attended train the trainer sessions (run by the Regional Team) and reviewed next steps. Feedback has been provided regionally and is consistent across the wider ICB, with system colleagues only proposing that the Scope for Growth- Career Conversations are only used as part of the redesigned Fellowship programme in 2023.

In October and November the Senior OD Manager (OD Lead), will be accessing training sessions with an early adopter site (Mersey Care), and the three National training modules on Futures platform to determine next steps and best approach to meet the needs of the Trust.

The Professional Nurse Advocate Lead is planning to implement career conversations as an integral part of the PNA programme and will be working closely with the OD lead, to pilot S4G. The recommendation is that the pilot kept small and to evaluate and distil learning before wider roll out.

The early adopters have opted for varying models of implementation and contact will be made with them to understand their learning both from a 1:1 and regional/national drop in perspective.

Thrive and Thrive Festival:

Since the launch of the Thrive Portal there have been over 70,000 hits to 60 live pages. Staff are accessing the portal from desktops, mobiles and tablets illustrating the accessibility of the portal. A Thrive Programme Lead has now been recruited as dedicated resource to build and embed the Thrive approach. Recent developments include:

- Integrating the People Promise into Thrive resource;

People Academy:

Agenda Item:

- Creating a specific Financial Wellbeing page and resources;
- Streamlining the Wellbeing pages to make them easier to navigate;
- Moving content onto the portal so there is no duplication on the main Trust intranet; *and* launching a fortnightly Thrive Bulletin signposting staff directly to the portal, themed on 4 main areas of Thrive; Wellbeing, Voice, Recognition, Development.

The vision is for Thrive to become more than an online portal but an ethos – we Thrive at BTHFT. To achieve the Thrive Festival is planned to be held from the 7th to 11th November 2022. The aim of this being:

- To raise awareness of Thrive;
- To celebrate everything that's been achieved during the first year of the Thrive approach and launch of the Thrive Portal;
- Bring Thrive to life for staff in a fun and engaging way;
- Engage with all staff, including those who have engaged less over the last 12 months, particularly clinical staff; *and*
- Listening to staff about what support they need the Trust to focus on to enable them to Thrive at work and beyond.

The Thrive Festival is intended to be a fun and engaging week and will include teams like EDI, HR, Executives, Staff Gym, Employee Health and Wellbeing, Flexible Workforce and SPaRC to provide a holistic view on how staff Voice, Employee Health and Wellbeing, Development and Recognition are supported at the Trust.

The festival will also coincide with the launch or promotion of a number of other initiatives that the OD Team are currently involved with including:

- Increasing response rate of NHS 2022 Staff Survey;
- The relaunch of our Thrive Live programme;
- The appreciation of our Admin and Clerical colleagues;
- The relaunch of our Leadership Development Pathways; and
- The launch of our Civility – Our People Charter.

Staff Survey 2022

We are currently at a 19% response rate which is over 1200 staff who have already responded to the NHS staff survey. This year we are aiming to achieve a target of 60%, in order to help achieve this Incentives are now being distributed to teams/departments with improved participation rates, with goals set for those who need some encouragement. The Executive team each sponsor a department and are working hard to encourage staff to take part. The staff survey runs until the 25th November 2022

A manager's guide to the staff survey was sent out earlier in September with useful information, hints and tips to help managers promote the staff survey.

So far the OD Team has visited all sites across the Trust to encourage participation and promote the survey as well as answering questions. On the 17th October there was a Staff survey pop up on the concourse at BRI to encourage staff to partake in the survey and answer any questions they may have.

The front page of Let's talk will be focussed on the staff survey 'You said we did', again encouraging staff to use their voice as well as directing to the page on Thrive. Estates &

People Academy:

Agenda Item:

Facilities last year had a good response rate and they have held some sessions to encourage staff to complete the paper copies of the staff survey.

On the 26th October Thrive Live which will be held at the Sovereign lecture theatre there will be focus on the staff survey and staff will be given a chance to ask Mel questions??

Pensions

The cost of living pay rise meant a number of staff were affected by their contribution rates increasing due to the cost of living pay rise. Staff on the bottom point of 8a were negatively affected as the increase in pension contributions were greater than the pay rise and as the pay rise was backdated to April 2022 this meant staff owed arrears to the pension scheme which were due in September 2022. All affected staff were contacted and offered the opportunity to spread the pay back of the pensions arrears over a longer period. Staff on the bottom points of pay bands 3 and 5 also went into a higher rate of contribution however there was no actual reduction for these staff in take home pay but rather a smaller increase than they may have expected.

Pension rates have changed from October 2022 and staff have been sent communication to ensure they are aware. Further changes are due to come into affect in April 2023.

The Department of Health and Social Care (DHSC) has confirmed that the abatement and 16-hour rules in the NHS Pension Scheme will continue to be suspended beyond 31 October 2022.

The 16-hour rule and some of the abatement rules that apply to NHS Pension Scheme members are currently suspended and were due to be re-introduced after 31 October 2022. DHSC consulted on proposals to extend these provisions and the outcome has now been published. DHSC has confirmed that these rules will continue to be suspended but will be kept under review.

The NHS Pension Scheme rules that will continue to be suspended until 31 March 2023 are:

- The 16-hour rule in the 1995 Section – pension payments will continue to be temporarily suspended if an employee works more than 16 hours per week in the first month after retirement. Further proposals will be made to permanently remove the 16-hour rule from 1 April 2023.
- Abatement in the 2008 Section and 2015 Scheme for those who have drawn down a portion of their pension – pension payments are reduced if an employee who has taken part of their pension earns more than 90% of their earnings before the draw down.

Recommendation

The People Academy is asked to note the contents of this report.

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
Workforce Planning	<p>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</p>	NHS England