Council of Governors

13 July 2022

Paper title:	Workforce – Staffing Update	Agenda Item
Presented by:	Michelle Holland, Deputy Director of People and Organisation Development	**12.0**
Prepared by:	Michelle Holland, Deputy Director of People and Organisation Development	

Purpose of the report		
The purpose of this presentation/report is to update the Council of Governors of key workforce themes and challenges. This links to the emerging work undertaken to develop Trust and Service Level 5-year workforce plans and our People Strategy ambitions.	For approval	
	For discussion	
	For information	X

Executive summary
The presentation/report highlights for the Council of Governors the key workforce themes that the trust is working on and covers the 4 key areas of our People Strategy:

Theme 1 – Looking after our people
Theme 2 – Belonging to the organisation
Theme 3 – New ways of working and delivering care
Theme 4 – Growing for the future

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

Recommendation
The Council of Governors is asked to:

- Note and support ongoing actions

Strategic vision				
Please mark those that apply with an **X**				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

better lives, together

Care Quality Commission domains				
Please mark those that apply with an **X**				
Safe	**Effective**	**Responsive**	**Caring**	**Well Led**
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: • SO2: To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated • SO4: To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity • SO6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: • N/A
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • All CQC regulations

Council of Governors Workforce – Staffing Update

Aims

The overarching goal of our People strategy is to make the Trust the best place to work. We will do this by:

- Recruiting, retaining and developing high quality staff that will enable us to overcome staff shortages
- Developing and implementing a range of strategies that optimise talent across the Trust
- Developing an inclusive and diverse culture
- Building a range of engagement and involvement strategies
- Building and developing leadership and managerial capacity and capability

Theme 1 – Looking after our people	**Theme 2** – Belonging in the Organisation
Theme 3 – New ways of working and delivering care	**Theme 4** - Growing for the future

NHS
Bradford District Care
NHS Foundation Trust

Within this data pack there has been a concerted move to using SPC charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with S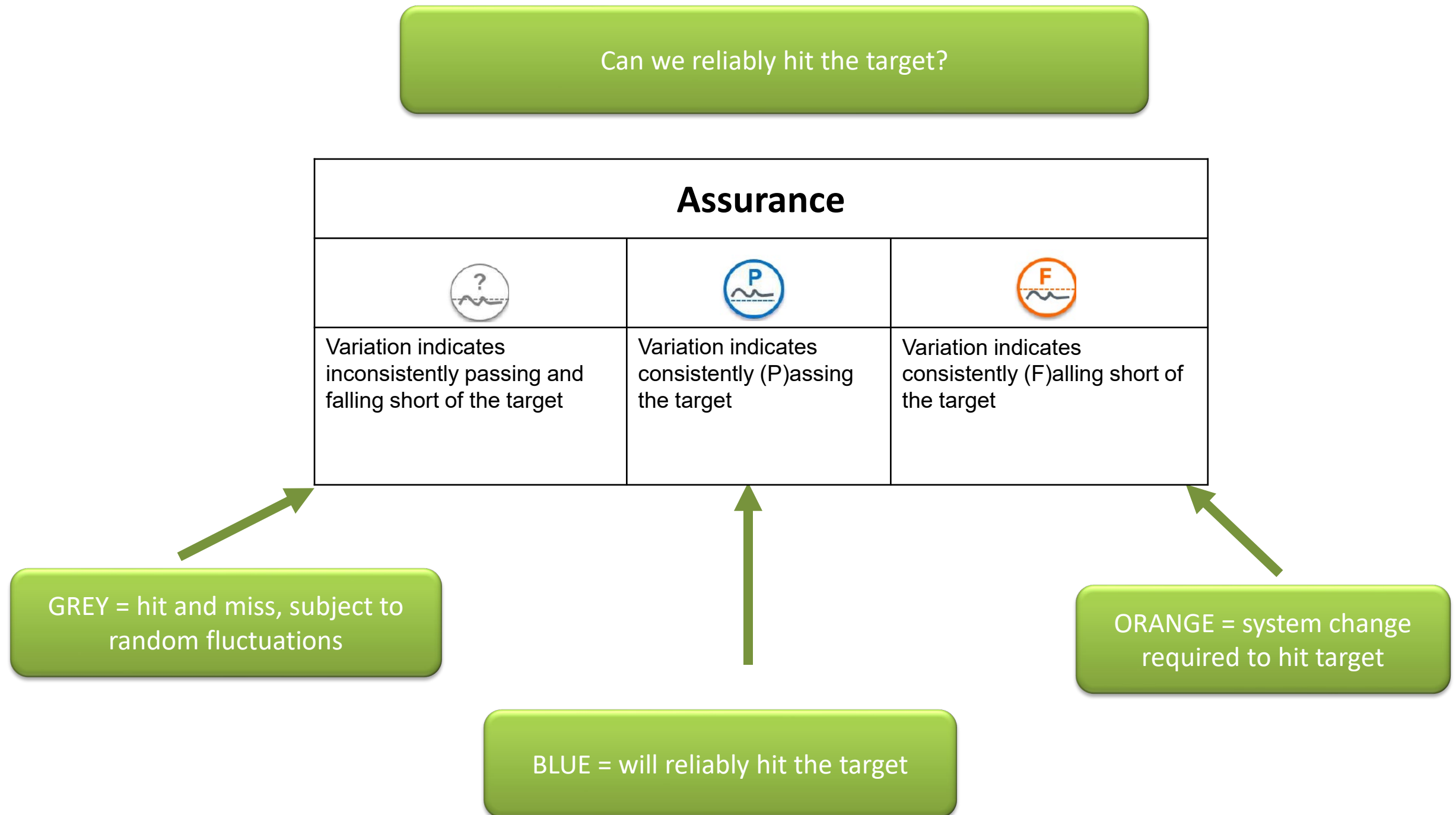PC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach.

Following is a description of the meaning of the symbols used throughout this document.

Assurance			Action Status			
?	P	F	👁	✓	✗	⇆
Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

A note on SPC charts – high level key

Can we reliably hit the target?

Assurance		
?	P	F
Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

GREY = hit and miss, subject to random fluctuations

BLUE = will reliably hit the target

ORANGE = system change required to hit target

Workforce - Staffing Update

Metric	Goal & Action status	Current Performance	Comment
Theme 1 – Looking After Our People	- 👁	- Ⓕ	Indicators include:, Staff Survey Overall scores, Labour Turnover, Sickness rate
Theme 2 – Belonging in the Organisation	- ⇄	- Ⓟ	Indicators currently include: EDI, WRES. WDES data and Appraisal and Clinical Supervision compliance
Theme 3 – New ways of working and delivering care	- ✅	- ⓠ	Indicators currently include: Bank and agency data
Theme 4 – Growing for the future	- ⇄	- Ⓟ	Indicators include: Recruitment, vacancies, new roles/skill mix, mandatory training and LMDP/ Management data

Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland	Improvement	✓

May 2022 — Theme 1 – Looking after our people

People Promise element and theme results

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.5	6.4	7.0	6.2	5.7	6.9	7.1	7.1	6.1
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	1,416	1,413	1,405	1,408	1,358	1,403	1,413	1,416	1,417

2020: 7.0 (Staff Engagement)   2020: 6.3 (Morale)

Summary

- Over **1400 staff** completed the 2021 survey. **(45%** compared to 44% for 2020)

- 2021 Survey contains a **significant number of new questions and themes** to reflect the new NHS People Promise.

- **Question scores compare broadly to last year's results** (most +/- 1-2%). Note there were significant improvements in the 2020 scores from 2019.

- Few more **notable changes +/- 5%+** compared to previous year's or to comparable* organisations' average score, shown on next slide

- **New theme scores are very similar to comparable* organisations'** average score.

- We have retained the 2020 increased **Staff Engagement** score, with further slight improvement (7.1). **Morale** theme score has dropped slightly (6.1)

- 495 staff also completed the January 2022 **Quarterly Pulse Staff Survey,** returning a Staff Engagement Score of 7.2
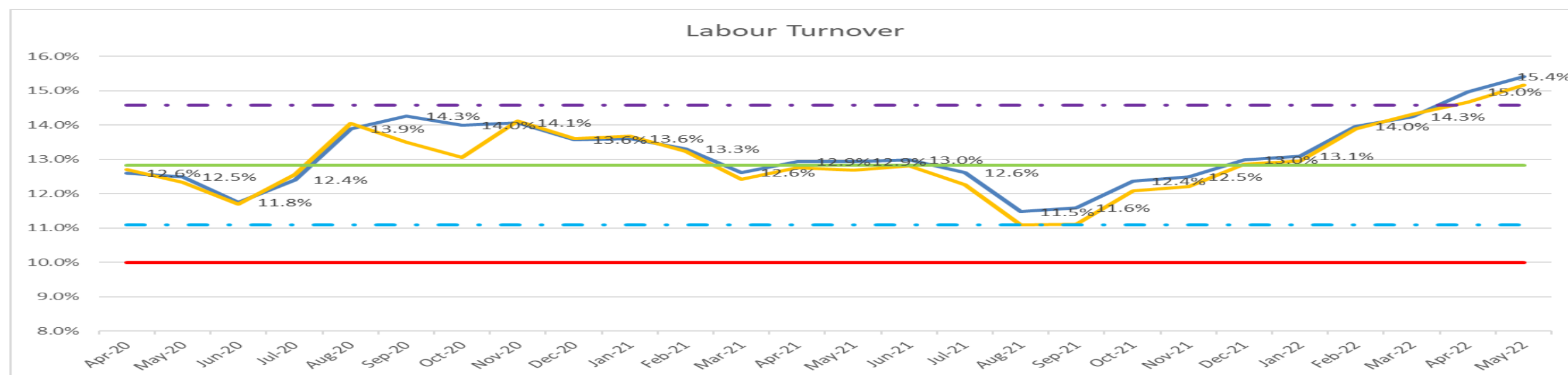
Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland	Watching brief	

May 2022

Theme 1 – Looking after our people

Recruitment	Target	2022/23	Previous Report	2021/22	Status
		May-22	Mar-22		
Labour Turnover	10%	15.41%	14.30%	14.30%	Increase
No. of leavers within first 12 months of employment	-	22%	22%	22%	No change

Labour Turnover

Summary

Labour turnover has remained consistently above target for the last 2 years. From September 2021 there has been a steady increase to May 2022, where the rate has increased to 15.41% which is the highest rate since April 2020. Highest labour turnover rates remain across clinical services, with Human Resources showing a proportionally high level of turnover over the last 3 months across corporate services. Action: Exit interviews are now available to complete via ESR. Information is being monitored and used to inform wider recruitment strategy and understand the reasons for leaving in greater detail

Leavers within the first 12 months of employment – 22% of leavers (107 headcount) over the last 12 months have left the Organisation within the first 12 months of employment. The highest proportion of leavers recorded as Support staff (particularly across Mental Health services), with the main reasons for leaving in this staff group being Voluntary resignation due to work/ life balance. The second highest staff group is Registered nursing (particularly across Community Children's services), with the main reason for leaving being Voluntary resignation due to relocation. Action: To review exit interview detail to identify areas of concern for actioning as part of workforce planning activity.
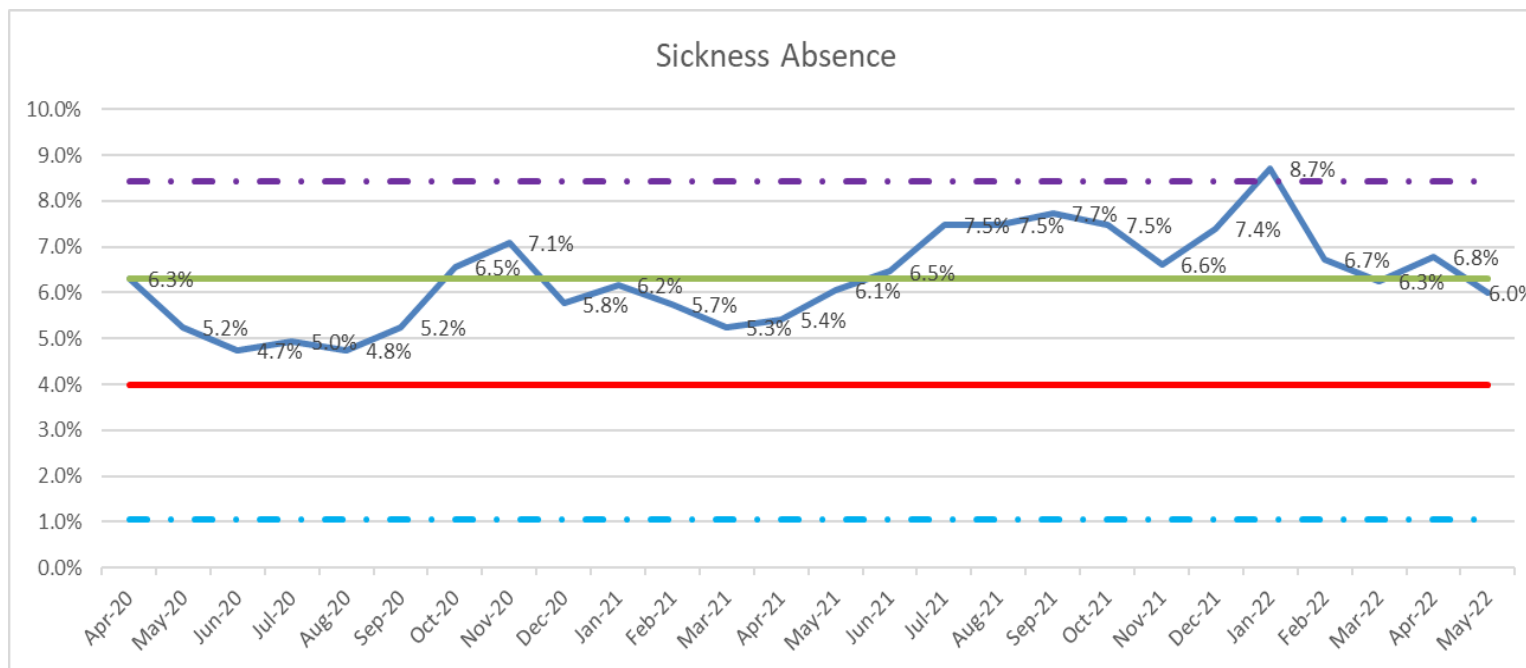
May 2022

Theme 1 – Looking after our people

Sickness Absence

	Apr-22	May-22	Change
Average Cost	£580,046.55	£ 512,485.63	-£ 67,560.91
Episodes	673	615	-58
LT Sick Days %	4.43%	4.03%	-0.40%
ST Sick Days %	2.36%	1.97%	-0.39%

Summary

The SPC chart highlights that since Apr 2020 absence rates have been consistently above target of 4% yet fall within the control limits, with the exception of Jan 2022 where sickness absence reached a record high 8.7% (the increase predominantly due to increased Covid cases between Nov 2021 and Jan 2022).

In-month Sickness absence reduced again from Apr 2022; but remains higher than pre-COVID rates (mainly due to the additional short term Covid cases), and a higher proportion of long-term cases relating to Anxiety, Stress and Depression than before the pandemic.

- <u>Sickness</u> – COVID-19 monitoring continues via daily absence reporting submissions to NHSI, with process for managing Long COVID symptoms in place . The data from the daily reports highlights a reduction just prior to national restrictions being lifted, with a slight increase following restrictions being lifted and a steady state, slight reduction over the last 3 months. Anxiety, stress and depression still at high levels for non-COVID absence.

Deeper analysis of data for May 2022 shows:
- The proportional Long-term absence over the last quarter has decreased (4.67% to 4.03%), with corresponding reduction in number of long-term cases from 110 to 104 between February and May 2022.
- Anxiety, stress, depression and musculo-skeletal remain top reasons for long term sickness.

<u>Action:</u> COVID-19 monitoring continues via daily absence reporting submissions to NHSI, with process for managing Long COVID symptoms in place . Continue to promote the Trust Health and Wellbeing offer (including offers for Menopause related absence and Anxiety, stress and depression, absence.

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| May 2022 | Theme 2 – Belonging in the Organisation |

Equality	2020/21	2019/20	Status
Evidence of career progression/ promotion of under represented groups into more senior roles within the Trust	19.48%	12.60%	Improvement
Increase in the percentage of apprentices from diverse communities/ backgrounds	31.00%	29.00%	Improvement
Increase in the representation of BAME staff within the organisation	25.00%	24.00%	Improvement
Increase in the number of staff sharing their disability within ESR	8.00%	6.00%	Improvement
Reduction in the gap between BAME and White staff responses to WRES metric staff survey question	12.60%	10.50%	Improvement

Equality	2020/21	2019/20	Status
Improved Performance against the WRES indicators:			
Relative likelihood of white staff being appointed from shortlisting compared to BME staff	2.41	1.71	Improvement
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	2.64	1.98	Deterioration
Relative likelihood of white staff accessing non-mandatory training	1.02	1.00	Improvement
Improved Performance against the WDES indicators:			
Relative likelihood of Disabled staff being appointed from shortlisting compared to non-disabled staff	0.93	1.15	Deterioration
Relative likelihood of BAME staff entering the formal capability process compared to non-disabled staff	0.00	1.54	Improvement

Equality	2021/22	2020/21	Status
Improved Mean Gender Pay Gap	7.55%	9.39%	Improvement
Improved Median Gender Pay Gap	-5.78%	-3.77%	Improvement

Summary

Clear and consistent progress has been made with an increase in the representation of BAME staff across the Trust and in bands 8a and above. A steady increase in the number of Disabled staff sharing information about their disability with their manager and in ESR has been seen over the monitoring period and we have reached out target of 8%. Three of the WRES indicators have slipped. Actions to address this are embedded into the workforce equality plan and are now being delivered for example the involvement of BAME staff in appointments at band 8a and above, a review of disciplinary process has been completed and the Trust is part of an ICS project team to review and update all our recruitment and selection processes.
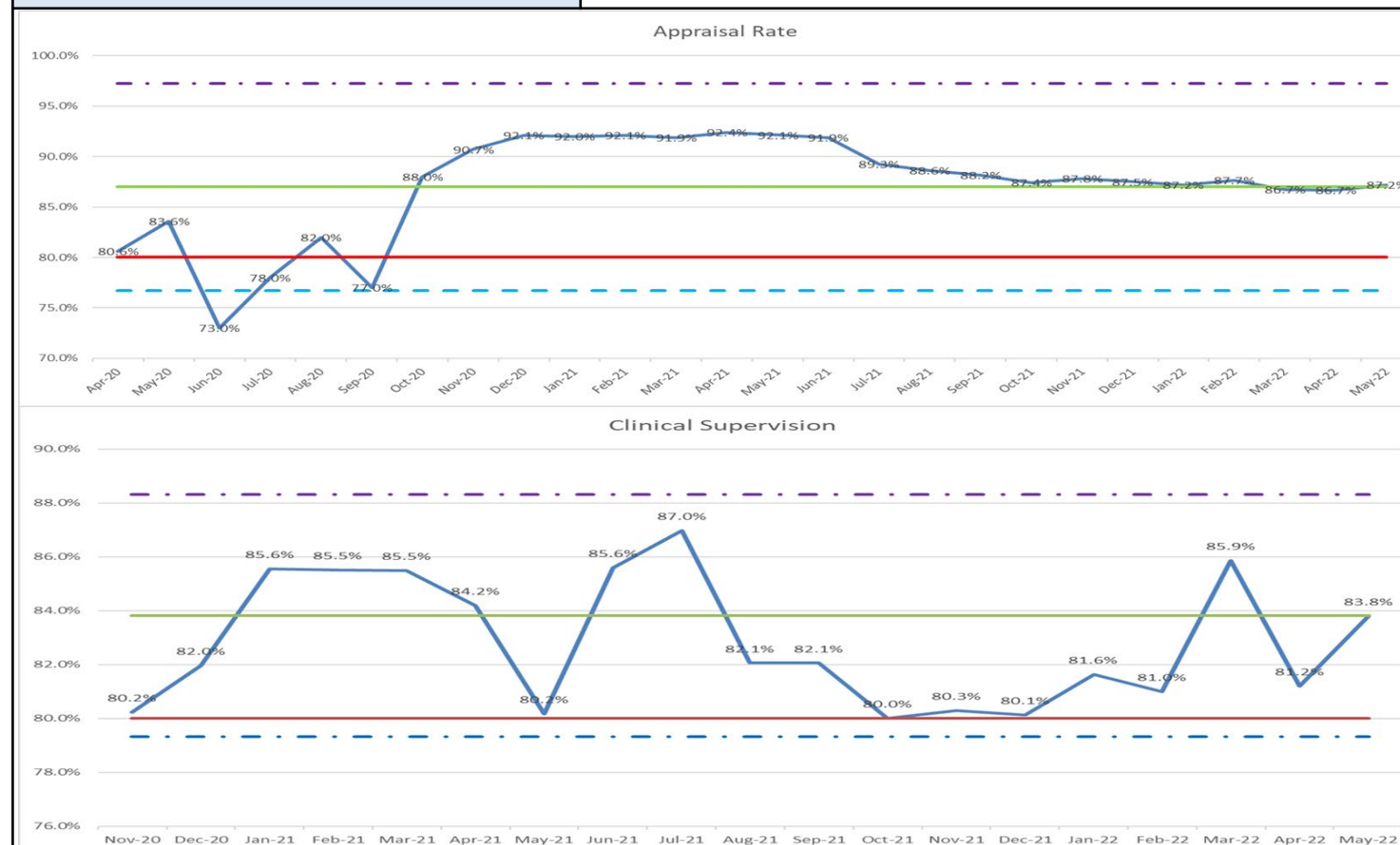
The WRES/WDES submissions for 2021/22 are due to made by August 2022. Gender Pay Gap figures for 2021/22 were submitted in March 2022.

Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland		Steady state

May 2022	Theme 2 – Belonging in the Organisation

Appraisal Rate

Clinical Supervision

Org L3	Appraisal Requirement Volume	Compliance Volume	Compliance Percentage
453 Clinical Administration Hubs (Level 3)	192	181	94.00%
453 Community Adults Services Care Group (Level 3)	663	603	91.00%
453 Community Children's Services Care Group (Level 3)	460	404	88.00%
453 Estates, Facilities & Finance (Level 3)	190	149	78.00%
453 Human Resources (Level 3)	83	58	70.00%
453 IM & T (Level 3)	53	27	51.00%
453 Medical Administration (Level 3)	43	19	44.00%
453 Mental Health Care Group (Level 3)	1236	1128	91.00%
453 Nursing Quality and Governance (Level 3)	35	31	89.00%
453 Operations Management (Level 3)	36	30	83.00%
453 Professions Leads (Level 3)	7	6	86.00%
453 Specialist Services & Nursing (Level 3)	24	20	83.00%
453 Trust Exec Office (Level 3)	15	2	13.00%
453 Trust Management (Level 3)	39	24	62.00%
	3076	2682	87.19%

Care Group	No	Yes	Grand Total	% Compliance
453 Community Adults Services Care Group (Level 3)	85	413	498	82.93%
453 Community Children's Services Care Group (Level 3)	45	217	262	82.82%
453 Mental Health Care Group (Level 3)	128	678	806	84.12%
453 Nursing Quality and Governance (Level 3)	4	14	18	77.78%
453 Specialist Childrens Services (Level 3)	2	45	47	95.74%
Grand Total	264	1367	1631	83.81%

Summary

Appraisal: Appraisal compliance remains above the 80% target, levels have remained static since Dec20. Medical Administration, IM&T, Trust Exec Office and Trust Management falling below compliance levels. With Estates, Facilities & Finance and HR dropping just below the 80% target. Action: Reminders to managers to ensure appraisals are recorded in ESR.

Clinical Supervision: Compliance had been maintained, with just 1 Care Group falling slightly below target. Any lower compliance is mainly due to high workload and reduced staffing levels due to vacancy and sickness. Actions: Continue to monitor and review compliance levels on a weekly basis, to ensure process for recording in ESR is embedded.   Services to continue to plan/ book clinical supervision meetings in with staff.

May 2022

Theme 3 – New ways of working and delivering care

Bank and Agency

	Duties Requested	Bank Filled		Agency Filled		Overall Fill Rate		Unfilled	
		Duties	%	Duties	%	Duties	%	Duties	%
April	7543	4397	58.29%	2113	28.01%	6510	86.31%	1033	13.69%
May	7850	4482	57.10%	2352	29.96%	6834	87.06%	1016	12.94%

Requested Shifts - Bank and Agency Usage

■ Current Year (2022/23)   ■ Previous Year (2021/22)
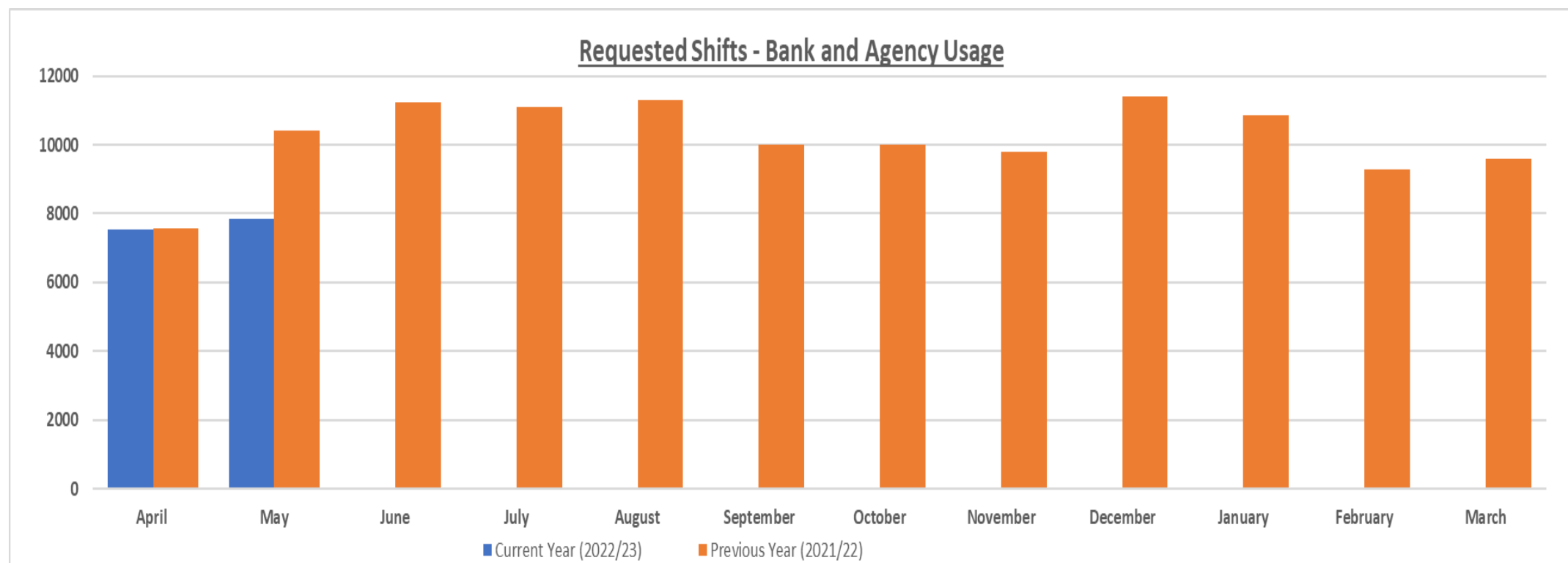
Summary

Bank and Agency: The ongoing work to increase bank, improve processes, and control agency usage within the rosters, has been impacted by the pandemic, however, the table above shows that the number of shifts is now starting to reduce with the % split between bank and agency remaining steady.

The chart above compares the monthly total of temporary shifts worked across all staff groups compared to the previous year. Significantly more shifts have been booked across the previous year compared to the current 12 months so far.

Action: Agency Usage Scrutiny Group has been set up, meeting weekly, to monitor agency usage.

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W: www.bdct.nhs.uk   : @BDCFT

Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland		Watching Brief

May 2022	**Theme 3 – New ways of working and delivering care**

Bank and Agency usage from Rostering system

		Roster Period						
		1. 22/03/2021 to 16/05/2021	**2.** 17/05/2021 to 11/07/2021	**3.** 12/07/2021 to 05/09/2021	**4.** 06/09/2021 to 31/10/2021	**5.** 01/11/2021 to 26/12/2021	**6.** 27/12/2021 to 20/02/2022	**7.** 21/02/2022 to 17/04/2022
Shift Usage	No. of shifts required (baseline roster template)	16072	16240	16128	16296	16744	16744	16968
	No. shifts - Additional duties added *	5546	5695	6119	5731	10135	11218	9246
	TOTAL no. of required shifts	21618	21935	22247	22027	26879	27962	26214
	Bank & Agency usage - no. of shifts	8009	7991	8778	8555	8494	8968	8363
	Agency only	3606	3486	4079	4561	4458	4585	4017
	Bank only	4403	4505	4699	3994	4036	4383	4346
	Unfilled Shifts	817	685	1687	1571	1988	2302	1781
	Shifts DNA'd	203	144	214	259	202	169	152

Bank & Agency Requests by Reason (filled and unfilled)

Additional Duties Requests by Reason (filled and unfilled)
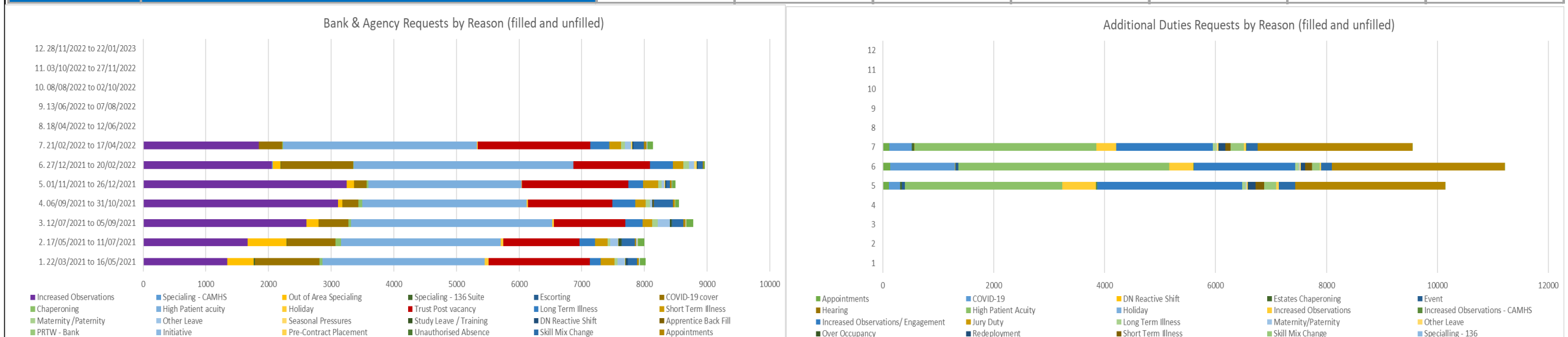
Summary

The above table and charts are extracts from the rostering dashboard data produced for rostered services. This is the total figures mainly from Mental Health Inpatients Services, where the majority of temporary staffing spend is concentrated.

The table splits the total number of shifts required to be filled in terms of demand (planned) and any additional shifts that were created based on need as the rosters were being worked (unplanned). Th table also, includes a breakdown of the number of shifts filled by agency, bank, and then how many were unfilled or filled but the worker did not turn up for the shift.

The charts show the breakdown of reasons for booking temporary staff. The left hand chart showing breakdown of the planned shifts and on the right a breakdown of the additional/ unplanned shifts.

The main reasons for booking bank and agency shifts are Increased Observations, High Patient acuity, and Vacancy. Work on data cleansing and management of rosters is currently underway with the services to build in more robust monitoring/ escalation processes with the overall aim of reducing agency usage.

March 2022 — Theme 4 – Growing for the future

Recruitment Rate & WTE Being Recruited (Under Offer)

Vacancy Rate
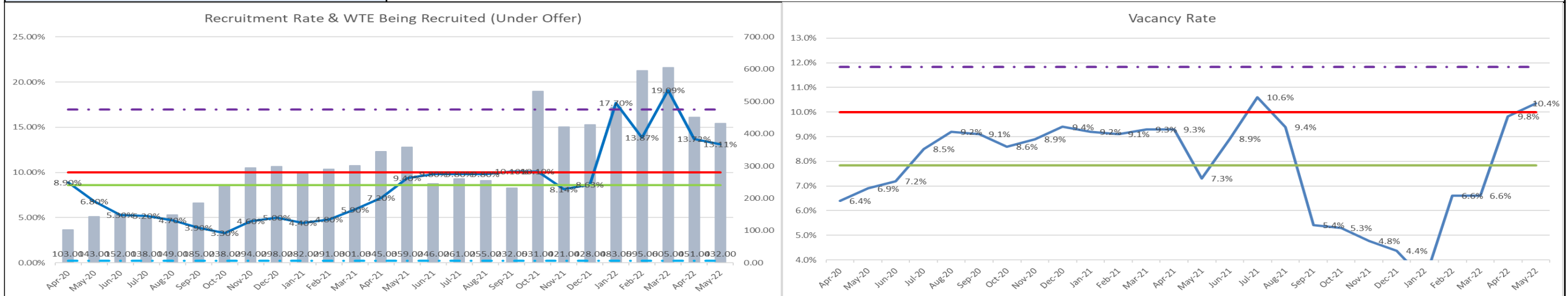
Recruitment		Target	2022/23	Previous Report	2021/22	Status
			May-22	Mar-22		
No. Apprenticeships of all ages		63	70	68	68	Above target
Increase in new / transformational roles and skill mix	Nursing Associate	15	20	18	18	Improvement
	Trainee Nursing Associate	-	10	8	8	Improvement
	Advanced Clinical Practitioner	30	32	32	32	No Change
	IAPT Roles	117	187	191	191	Above target
Recruitment rate (within 7 weeks to recruit)		100%	80%	82%	82%	Decrease
NHSE/I Improvement programme		0	3	5.6	5.6	Improvement
Increased numbers of staff seeking Retire & Return (rolling 12 months)		-	59	38	38	Increase

Summary

Recruitment/ Vacancies – Recruitment strategy being finalised to support hot spot areas and wider recruitment challenges across the footprint. Specific operational plans will be available from this plan to deal with specific challenges. Data for the last 6-8 months indicates a return to higher recruitment activity, and an increase across new/ transformation and skill mix roles, largely due to MH funding investment, increased funding in Community 0-19 Children's s services

Apprenticeships: Achieved target of 63 apprentices by March 2022 – currently total of 70 apprentices. Target for next year still be developed in line with apprenticeship levy.

New roles: Table above shows current actual numbers, however, further roles/ skill mix are being reviewed as part of service level workforce plans aligned to workforce strategies.
- Nursing associates – 20 now qualified and employed– with a further 10 working as Trainee Nursing Associates.
- Advanced Clinical Practitioners: no change from previous period.
- IAPT roles reduced slightly, however there are plans to increase as part of psychological therapies strategy
- Further roles to be reviewed and numbers reported as part of workforce planning process at service level.

Retire & return – No target to achieve, but number of retire and returnees has increased on previous rolling 12 months numbers.   However, this calculates at 48% of total retirees having returned within the last 12 months, compared to 42% in the last rolling 12-month period.

Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland		Steady State

May 2022	Theme 4 – Growing for the future

Mandatory Training Compliance

Competence Name	In Date	Total	%
ACEs, Trauma and Resilience	2835	3002	94.44%
Basic Life support	1716	2005	85.59%
CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	516	542	95.20%
CPA Care Planning for Clinical Staff - 3 Years	536	547	97.99%
CPA Clinical Risk, Formulation, Assessment and Management - 3 Years	534	596	89.60%
Equality, Diversity and Human Rights - 3 Years	2855	3003	95.07%
Fire Safety - 1 Year	2713	3032	89.48%
Food Hygiene Awareness	421	455	92.53%
Freedom to Speak Up - All Workers - 2 Years	2705	3003	90.08%
Health, Safety and Welfare - 3 Years	2875	3003	95.74%
Immediate Life Support	95	144	65.97%
Infection Prevention and Control - Level 1 - 2 Years	753	811	92.85%
Infection Prevention and Control - Level 2 - 1 Year	1903	2126	89.51%
Information Governance and Data Security - 1 Year	2792	3003	92.97%
Level 2 Certificate Food Safety in Catering	65	76	85.53%
MAV-Breakaway - 1 Year	850	1292	65.79%
MAV-Physical Intervention - 1 Year	300	371	80.86%
Medicines Management - 2 Years	638	697	91.54%
Mental Capacity Act - 3 Years	2017	2115	95.37%
Mental Health Act - 3 Years	560	588	95.24%
Mental Health Act HCSW - 3 Years	236	245	96.33%
Moving & Handling People (Min. Assistance) - 1 Year	286	335	85.37%
Moving & Handling People (Practical) - 1 Year	419	503	83.30%

Competence Name	In Date	Total	%
Moving and Handling - Level 1 - 2 Years	1972	2100	93.90%
NHS Conflict Resolution (England) - 3 Years	2286	2395	95.45%
Pressure Ulcer Prevention	276	319	86.52%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	1590	1748	90.96%
Preventing Radicalisation - Prevent Awareness - 3 Years	1104	1190	92.77%
Rapid Tranquilisation - 2 Years	122	132	92.42%
Risk Management - 5 Years	2921	3029	96.43%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	677	730	92.74%
Safeguarding Adults (Version 2) - Level 2 - 3 Years	1333	1529	87.18%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	209	658	31.76%
Safeguarding Adults Level 4 - 1 Year	3	3	100.00%
Safeguarding Children (Version 2) - Level 1 - 3 Years	691	737	93.76%
Safeguarding Children (Version 2) - Level 2 - 3 Years	1050	1136	92.43%
Safeguarding Children (Version 2) - Level 3 - 1 Years	282	439	64.24%
Safeguarding Children (Version 2) - Level 3 - 3 Years	428	597	71.69%
Safeguarding Children Level 4 - 1 Year	10	11	90.91%
Slips, Trips and Falls	112	114	98.25%
SystmOne Community Adult	464	475	97.68%
SystmOne Community Children	277	309	89.64%
SystmOne Core	2035	2083	97.70%
SystmOne Mental Health	959	1014	94.58%
SystmOne Trustwide	198	240	82.50%

Summary

MAV team– continue to experience staffing issues due to leavers which is having an affect on Breakaway compliance which is still below target. Action: Utilisation of appropriately trained staff from the H&S team and the Clinical Skills Team are being used where possible . To mitigate the impact of this cover on these teams an external company has been commissioned to run the Breakaway extended into the new year.

Immediate Life Support Remains below target which reflects IHTT roles changing to BLS. Action: working with the acute hospitals to try to catch up on staff attending. BTHFT training effected by COVID absence so courses cancelled. Ensure attendance has been recorded in ESR. All available training dates have been sent to the Wards for January and February next year to help ensure staff make the most of the spaces available.

Fire/IG are below the 95%target. Action: Communication has been sent out reminding staff of requirement to complete via e-learning.

Safeguarding Adults and Children Level 3 is below target. Action: A communication has been sent out to inform staff of the new training programmes to take the place of the temporary eLearning put in place in response to COVID.
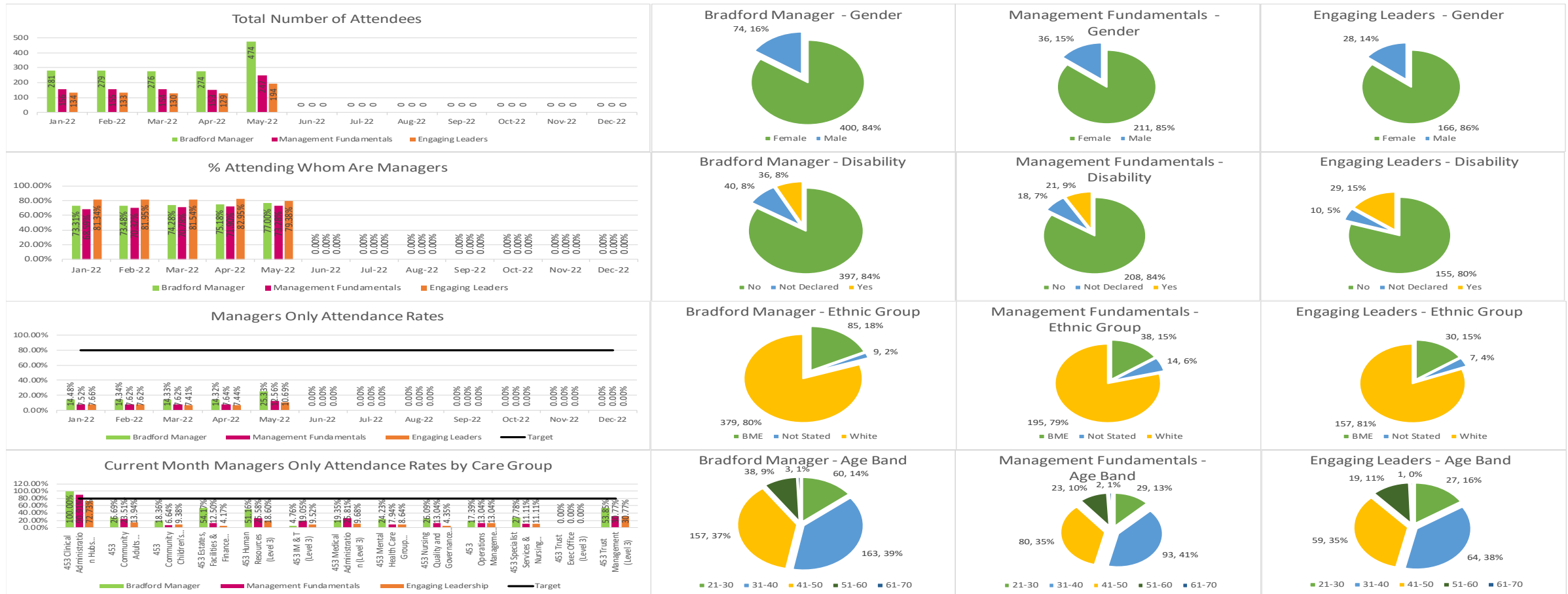
Lead Director	Bob Champion	Action Status	
Owner/Source	Michelle Holland		Steady State

May 2022	Theme 4 – Growing for the future

Bradford Manager and LMDP Attendance Dashboard

Total Number of Attendees

Bradford Manager — Gender — Female 400, 84%; Male 74, 16%

Management Fundamentals — Gender — Female 211, 85%; Male 36, 15%

Engaging Leaders — Gender — Female 166, 86%; Male 28, 14%

% Attending Whom Are Managers

Bradford Manager — Disability — No 397, 84%; Not Declared 40, 8%; Yes 36, 8%

Management Fundamentals — Disability — No 208, 84%; Not Declared 18, 7%; Yes 21, 9%

Engaging Leaders — Disability — No 155, 80%; Not Declared 10, 5%; Yes 29, 15%

Managers Only Attendance Rates

Bradford Manager — Ethnic Group — BME 85, 18%; Not Stated 9, 2%; White 379, 80%

Management Fundamentals — Ethnic Group — BME 38, 15%; Not Stated 14, 6%; White 195, 79%

Engaging Leaders — Ethnic Group — BME 30, 15%; Not Stated 7, 4%; White 157, 81%

Current Month Managers Only Attendance Rates by Care Group

Bradford Manager — Age Band — 21-30: 38, 9%; 31-40: 157, 37%; 41-50: 163, 39%; 51-60: 60, 14%; 61-70: 3, 1%

Management Fundamentals — Age Band — 21-30: 23, 10%; 31-40: 80, 35%; 41-50: 93, 41%; 51-60: 29, 13%; 61-70: 2, 1%

Engaging Leaders — Age Band — 21-30: 19, 11%; 31-40: 59, 35%; 41-50: 64, 38%; 51-60: 27, 16%; 61-70: 1, 0%

Summary

The above charts show the current levels of attendance on the Bradford Manager & LMDP Courses. Managers have been categorised as individuals currently employed within Band 6 and above positions. The charts identify the total number of attendees, and the proportion of which are classified as managers. There is a full report available that breaks down by the equality & diversity strands. Please note that these figures do not include leavers, this is based purely on current employees. Also the LMDP was paused between April and September 2020 due to the pandemic therefore numbers will be lower than expected.

In order to increase attendance, the LMDP is promoted in e-update each month. It has been discussed at Clinical Manager team meetings to promote the learning opportunities and many services have build this into the Competency Management Frameworks. Links to the LMDP share point page has been shared via HR Key Messages to managers. LMDP has been signposted via the career development clinics alongside apprenticeship routes. LMDP has been promoted via Staff Networks and has been signposted in Induction.