Agenda Item No.13

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Georgie Goodman Head of Workforce	Discussion	√		√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Bernie Fitzharris Resourcing Manager	Strategic	√			
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Essential Standard Ref:	Outcomes 12, 13, 14				
NHSLA Standard Ref:					
Media / Communications:					

Meeting Date: **30th May 2017**

Report Title: **Workforce Exception Report**

PURPOSE:

This report provides information on workforce metrics, main points and actions. The data this report is based on and any action taken against them is related to data for the month of April 2017.

SUMMARY:

This report provides information on a number of workforce topics.

Overall Workforce numbers – The workforce Full Time Equivalent (FTE) numbers have decreased slightly from the previous month.

Staff Sickness absence, Occupational Health, Health & Wellbeing – The sickness absence target is 3.50%, performance for April was 4.11%. Details of actions to reduce sickness absence are included in the report.

Staff turnover and leavers – The staff turnover target is 10%, as at April 2017 Trust staff turnover was 10.90%. Number of permanent staff leaving the Trust in April 2017 has reduced from the previous month.

Recruitment activity - A total of 212 job vacancies were advertised on NHS jobs for the period 1st February 2017 to 30th April 2017. This resulted in 2777 applications being submitted and placed into the recruitment process and 85 posts filled.

International Recruitment – A cohort of 10 international non-EU nurses started with the Trust on 21 April 2017. A further cohort of international nurses is planned to start on 28 July 2017.

The cost of international non-EU nurse recruitment is approx. £8158 per nurse including the cost of the new £3000 Immigration Skills Charge, agency fee, accommodation, flight and OSCE test costs.

Agency Price Caps and Bank and Agency Usage – Processes are in place to ensure compliance with changes to IR35 within the public sector from April 2017. The Trust has continued to work with ID Medical as our Master Vendor for medical locums and nurses and there has been some reduction in costs particularly regarding agency nursing costs.

Appraisals – The appraisal target is 90%. The appraisal rate for Trust staff (excluding Bank staff) decreased for the first time in the last 6 months. Performance is 6.13% below the target level.

Mandatory training - Performance: (April) 85.40% for all 21 Mandatory Subjects

- (April) 82.53% for 10 Core Subjects (Target 95%)
- (April) 89.69% for 11 Trust Required Subjects (Target 90%)

Changes being made to mandatory training compliance and action taken to improve training compliance are included within the report.

Employee Relations – Details on employee relations cases excluding formal sickness meetings in April 2017 are included within the report.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

The aim is to reduce workforce costs, reduce agency spend, to ensure an excellent quality efficient workforce.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√		√	√

RECOMMENDATIONS:

The Board are asked to review the information and action plans within this report and also to provide feedback on the content of this report.

REPORT TO THE BOARD – WORKFORCE ACTIVITIVES REPORT BASED ON APRIL 2017 DATA

1.0 Introduction

This report provides information obtained from ESR (Electronic Staff Record) regarding a range of workforce metrics and highlights significant changes and action points. The report is based on April 2017 data as this is the latest monthly report available.

2.0 Overall Workforce Numbers

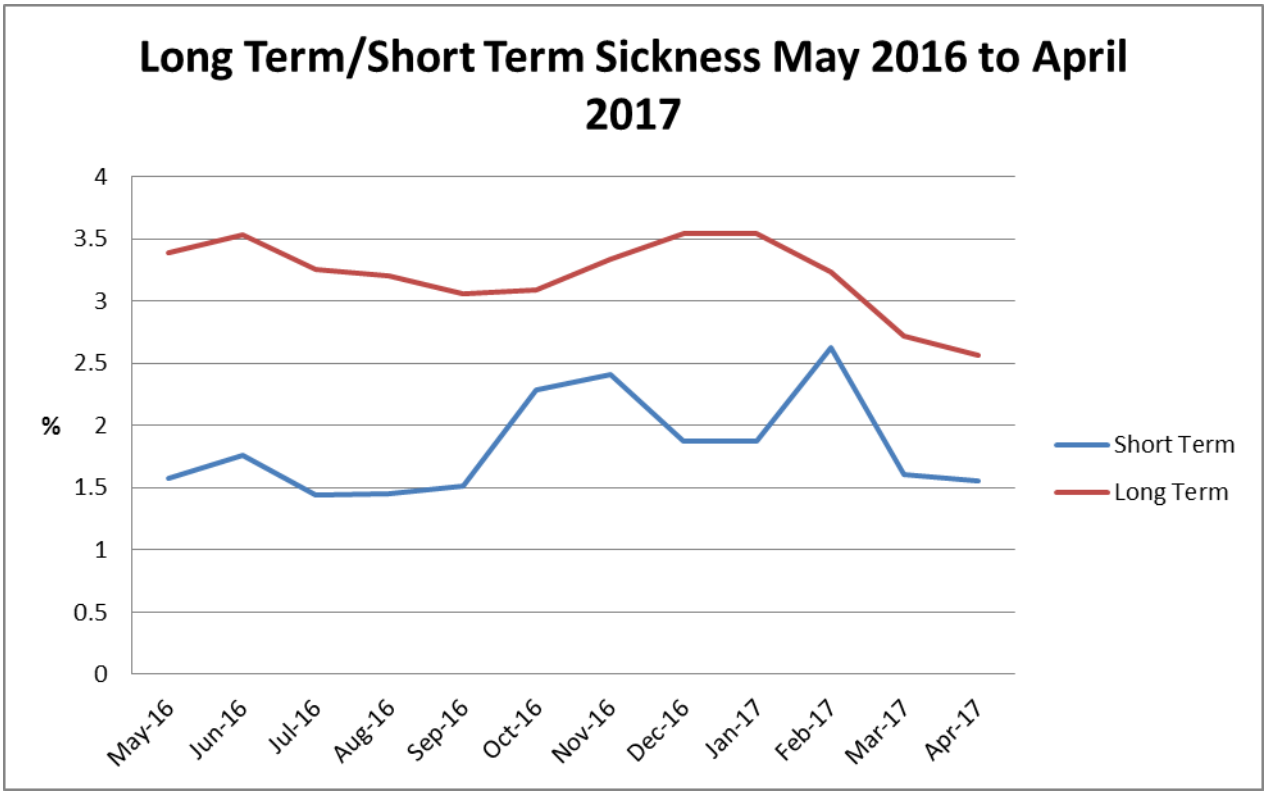
Overall Trust workforce FTE figures for April 2017 reduced by 9.57 to 2761.58 FTE compared to 2771.15 FTE for March 2017. There is a 41.90 FTE increase in staff in post in April 2017 compared to April 2016.

Please note that no April vacancy data is available presently, as the new financial year establishment has not been fully loaded into ESR.

Trust Establishment Chart **See Appendix 1**

3.0 Staff Sickness Absence

- ***Target: 3.50%***
- **Performance: (April) 4.11% (March) 4.34%**
- **LTS/STS (April) 2.56%/1.55% (March) 2.72%/1.62%**



A total of 474 sickness absence episodes were recorded onto ESR for April 2017 which was a reduction of 83 episodes from the previous month. 100 were gastro related absences. Stress, anxiety and depression totalled the most FTE equivalent days lost (476.00), followed by other musculoskeletal problems, (472.34).

'Supporting You to Support Your Staff' sessions are scheduled monthly during 2017. These sessions are designed to support newly appointed managers with all aspects of line management including practical application of the Managing Attendance Policy. These sessions are also attended by Occupational Health and union representatives. The frequency of these sessions gives the opportunity to highlight current trends and best practice in sickness absence management.

Sickness absence continues to be monitored and managed within Specialty, SQaBB, Division, Performance Review meetings and TEC. Within Medicine 1 and 2 weekly HR recovery meetings have been introduced to review all absence triggers and ensure action plans are in place for each employee or for long term absence, regular review meetings are taking place. During these meetings the previous week's absence, return to work compliance and also appraisal compliance are also discussed.

There has been some improvement in the percentage of return to work interviews completed on Firstcare for March 2017 absence, but current figures for April 2017 show there are still many return to work episodes not being recorded. The aim is for every member of staff to have a return to work interview following a period of sickness absence. Return to work interview compliance is a fundamental part of managing staff sickness absence and supporting staff on their return to work in accordance with the Trust Managing Attendance Policy. Managers need to be held accountable and responsible for managing staff sickness absence and appropriate support and action will need to be taken to address any issues of non-compliance with the Trust policy.

Staff Sickness Absence by Staff Group and % of Return to Work (RTW) Interviews Completed				
	Mar-17		Apr-17	
Staff Group	**% Sickness**	**% RTW Completed**	**Sickness %**	**% RTW Completed**
Add Prof Scientific and Technic	6.67%	82.40%	4.31%	70.00%
Additional Clinical Services	6.72%	57.50%	5.09%	51.70%
Administrative and Clerical	3.61%	81.90%	3.25%	66.70%
Allied Health Professionals	2.77%	73.30%	3.04%	81.80%
Estates and Ancillary	4.65%	66.20%	5.48%	55.80%
Healthcare Scientists	0.21%	100.00%	5.63%	100.00%
Medical and Dental	1.14%	21.40%	1.33%	3.60%
Nursing and Midwifery Registered	4.72%	64.50%	4.72%	57.80%

Assistant HR Business Partners review all employees triggering the absence policy and meet with ward/department managers to ensure appropriate discussions take place with employees and plans are put in place to support and improve their attendance. Additionally, in areas where absence rates are consistently high, the next level of management, for example Matron, will also be met with to review absence, agree actions and put a plan in place to proactively manage absence within their area.

The Managing Attendance Policy is currently under review to provide greater clarity for managers around the process of managing short term and long term sickness absence.

3.1 Occupational Health

- **Management Referrals**

29 new referrals were received by Occupational Health in April 2017, including 10 for mental health related issues and 5 for musculo--skeletal issues. 6 members of staff were seen on a self-referral basis; 4 for mental health issues. There had been a slight decrease in March compared to February, and April's statistics show a further decrease although this pattern is consistent with statistics from last year.

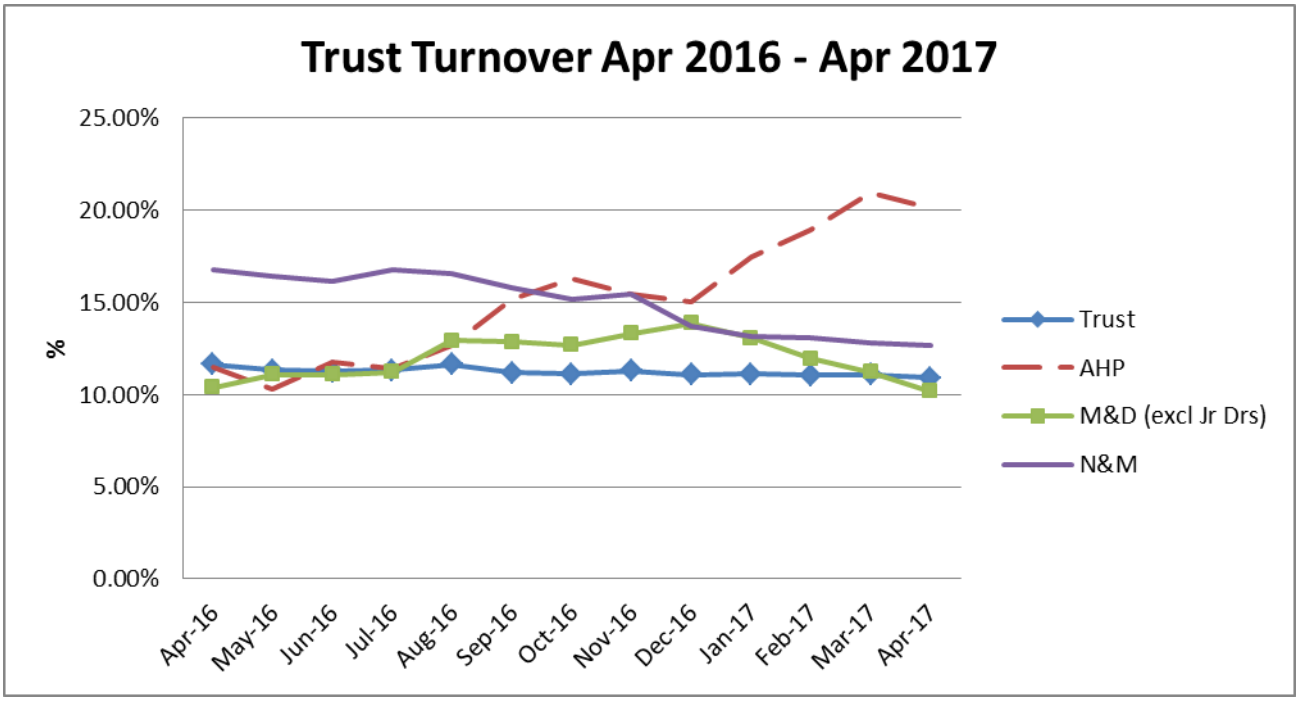
- **Health and Wellbeing**

Health and wellbeing services continue and Occupational Health continues to promote these. There were 39 new referrals to the staff physiotherapist in April, with 20 being self-referrals and 10 being on the advice of consultants or GPs

4.0 Staff turnover and leavers

- ***Target: 10%***
- ***Performance: Trust (Apr) 10.9% (Mar) 11.09 %***
  - ***Medical & Dental (Apr) 10.18% (Mar) 11.21%***
  - ***Nursing & Midwifery (Apr) 12.67% (Mar) 12.83%***
  - ***AHP (Apr) 20.13% (Mar) 20.95%***

Staff turnover is based on staff with permanent contracts only, excludes doctors in training. Number of permanent leavers (head count) divided by average staff in post over previous 12 months.



Leaver analysis for the last 13 months

Leavers Headcount	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Rolling 13 months
Add Prof Scientific and Technic	3	0	1	0	1	0	0	0	1	1	0	1	1	9
Additional Clinical Services	5	5	4	4	4	6	7	9	7	4	5	6	2	68
Administrative and Clerical	4	5	3	6	9	5	7	2	4	2	1	5	5	58
Allied Health Professionals	1	1	3	2	5	4	3	0	2	3	2	5	0	31
Estates and Ancillary	0	3	3	6	3	1	1	4	4	4	1	2	2	34
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Medical and Dental	5	1	4	3	2	1	1	0	1	0	1	1	2	22
Nursing and Midwifery Registered	8	4	7	15	9	4	9	12	18	8	6	15	9	124
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Leavers	**26**	**19**	**25**	**36**	**33**	**21**	**28**	**27**	**37**	**22**	**18**	**35**	**21**	**348**

5 Exit interview questionnaires were returned in April 2017, from 1 Additional Clinical Services 1 Admin & Clerical and 3 Nursing & Midwifery staff group leavers.

All responded to say that they would recommend the Trust as a place to work. Reasons for leaving included, 1 retirement, 1 end of fixed term contract, 1 personal reasons and 2 career progression.

5.0 Recruitment Activity

A total of 212 job vacancies were advertised on NHS jobs for the period 1st February 2017 to 30th April 2017. This resulted in 2777 applications being submitted and placed into the recruitment process. For the same period 85 starters joined the Trust as new employees, 63 with a permanent and 12 with a fixed term contract.

Staff Group	Number of Vacancies	Count of Applications	Number of posts filled
Additional Clinical Services	46	1020	34
Additional Professional Scientific & Technical	10	90	4
Administrative & Clerical	30	709	9
Allied Health Professionals	20	119	3
Estates & Ancillary	14	405	7
Healthcare Scientists	1	2	0
Medical & Dental	32	182	9
Nursing & Midwifery Registered	59	250	19
Total	**212**	**2777**	**85**

79 Nursing and Midwifery vacancies have been advertised since 1st February 2017. This has resulted in 211 applications being submitted. Some of these applicants will have applied for multiple vacancies and a number of non-qualified applicants will have also been received.

Nursing and Midwifery Recruitment Feb - May 2017 completed and in progress			
Number of vacancies	Number of applications	appointed	ratio
79	211	19	1 in 11

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Starters Headcount Perm staff only	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Rolling 13 months
Add Prof Scientific and Technic	1	0	0	0	1	5	2	1	1	2	0	1	0	14
Additional Clinical Services	26	10	10	3	15	22	19	20	6	12	8	4	14	169
Administrative and Clerical	13	6	5	6	7	9	9	9	4	3	6	3	5	85
Allied Health Professionals	2	0	0	1	4	2	4	1	0	2	1	2	3	22
Estates and Ancillary	5	5	1	5	3	1	5	6	0	1	4	1	2	39
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Medical and Dental	0	0	3	1	0	1	3	0	2	2	0	1	0	13
Nursing and Midwifery Registered	16	1	1	0	0	4	11	5	1	7	3	1	2	52
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Starters	**63**	**22**	**20**	**16**	**30**	**44**	**53**	**42**	**14**	**29**	**23**	**13**	**26**	**395**

The Trust has recruited 77 international nurses and 18 newly qualified nurses over the last 12 months in addition to 52 registered nurses. The internationally recruited nurses and 12 of newly qualified nurses commenced employment with the Trust as an unregistered nurse and are therefore included within the Additional Clinical Services (ACS) Trust starters total, hence the disproportionate figures of ACS staff against the total number of Registered Nurses recruited last year

- **International Recruitment**

International Recruitment – A cohort of 10 international non-EU nurses started with the Trust on 21 April 2017. A further cohort of international nurses is planned to start on 28 July 2017. The cost of international non-EU nurse recruitment is approx. £8158 per nurse including the cost of the new £3000 Immigration Skills Charge, agency fee, accommodation, flight and OSCE test costs.

Skype interviews are held on a fortnightly basis to continue adding those successful qualified nurses to the Trust international recruitment pipeline although the number of candidates with the English Language IELT's level 7 qualification required is reducing.

- **Newly Qualified Graduate Nurse Recruitment**

21 final year student nurses who are due to qualify as registered nurses have received conditional offers of a post at the Trust. It is hoped that these nurses will accept posts and start with the Trust in the autumn although traditionally there tends to be a proportion of nurses that decline offers due to other offers or changes in circumstances.

6.0 Apprenticeships

The apprenticeship levy has now gone live, with funds due to enter our online account at the end of May 2017 and monthly going forward. Team leading, healthcare science and assistant practitioner cohorts are to be signed up over the first few months. Further training needs analysis to take place now we have a clearer picture of the apprenticeship standards (subjects) in development and to be offered. An updated access to funding form has been implemented to review requests to ensure best use of funds throughout this year, requiring sign off initially by the appropriate budget holder. For the next financial year, as more standards will have been released, we will be able to plan for the year in advance and monitor requests for training against a confirmed plan.

We have interviewed and are in process of appointing band 3 Senior Healthcare Assistants as part of the West Norfolk Cohort who will work towards their higher apprenticeship for the first

18 months, enabling them to become an Assistant Practitioner. Following this, they will have the opportunity to top up their training with a degree apprenticeship. This programme will have a September start. This programme is in collaboration with Norfolk and Suffolk Foundation Trust and Norfolk Community Health and Care to aid recruitment in the West Norfolk locality

- **Widening Participation**

On 26 April 2017, a cohort of College of West Anglia students joined us as part of their work placement for their course. They are with us once a week, over 7 weeks, gaining knowledge of job roles and departments within the Trust. Student feedback so far has been extremely positive as has the feedback from staff they have come into contact with.

An additional staff member has been appointed to help support apprenticeships, training and widening participation. She will be working with local schools to improve our provision to students on NHS careers, review our work experience programmes and other schemes relating to widening participation to support future workforce.

7.0 Agency Price Caps and Bank and Agency Usage

Processes are in place to ensure compliance with changes to IR35 within the public sector from April 2017.

The Trust has continued to work with ID Medical as our Master Vendor for medical locums and nurses and there has been some reduction in costs particularly regarding agency nursing costs.

Agency Spend by staff group Chart **See Appendix 2**

The table below shown the number of shifts worked by agency workers over the caps and total shifts.

OVERRIDES NHS IMPROVEMENT AGENCY PRICE CAPS													
Week Beginning:	Medical and Dental			Nursing			Admin & Estates		AHP			Pharmacy	
	Shifts over wage & caps	Shifts over Price only	Total Shifts	Shifts over wage & caps	Shifts over Price	Total Shifts	Shifts over wage rate only	Total Shifts	Shifts over wage & caps	Over wage rate only	Total Shifts	Shifts over caps	Total Shifts
24th April 2017	243	31	**277**	71	34	**109**	5	**10**	6	5	**11**	0	**0**
17th April 2017	227	1	**228**	96	33	**140**	3	**7**	5	4	**9**	0	**0**
10th April 2017	198	0	**198**	70	30	**103**	0	**0**	3	4	**7**	0	**0**
3rd April 2017	236	7	**243**	54	17	**71**	5	**10**	4	1	**5**	0	**0**

The Trust is required to report weekly to NHS Improvement any shift where the hourly rate is over the agency price or wage caps.

8.0 Appraisals

- ***Target: 90%***
- ***Performance: (April) 83.87% (Mar) 83.78%***

The appraisal rate for Trust staff (excluding Bank staff) increased very slightly this month Performance is 6.13% below the target level. 254 appraisals were recorded as being completed this month and 69 appraisal questionnaires were returned. In the main a significantly high percentage of those questionnaires indicated that staff felt they had had a good appraisal, clear on expectations and had the opportunity to discuss future plans. The majority of respondents

found their appraisal valuable and useful. Issues mentioned included, concerns that not enough preparation time was given and that appraisals should be conducted in protected time to avoid interuptions.

As at 30th April 2017 there were 3 appraisals overdue by 18 months plus, (1 of which was in this bracket last month). The seriously overdue appraisals are broken down to:

- 3 staff overdue 18 - 24 months – 2 Medical & Dental, 1 Admin & Clerical

All seriously overdue appraisals - over 18 months - are reviewed within the HR Business Partner team and appraisers contacted for confirmation of completion or date scheduled for completion. In line with Trust process, if the appraisal remains outstanding this is escalated to the appropriate Executive Director. Additionally, appraisals which are overdue by 12 months or less are also reviewed to prevent them becoming seriously overdue.

Assistant HR Business Partners review all outstanding appraisals and discuss with the ward/department managers to ensure outstanding appraisals are completed. Additionally, in areas of consistently low compliance rates the next level of management, for example Matron, will also be met with to review the outstanding appraisals and agree actions to proactively manage appraisals.

Apr-17	Number due an appraisal	Overdue - less than 18 months	18-24 months	24 months +	Total overdue	% Compliance rate
Medicine 1	355	38	0	0	38	89%
Medicine 2	203	31	0	0	31	85%
Medicine 3	397	75	0	0	75	81%
Surgery 1	397	67	0	0	67	83%
Surgery 2	534	100	2	0	102	81%
Women & Children Services	266	60	0	0	60	83%
Estates	39	5	0	0	5	87%
Facilities	305	16	0	0	16	95%
Finance	45	11	0	0	11	76%
Human Resources	33	5	0	0	5	85%
Patient Experience	34	5	0	0	5	85%
Patient Safety	47	3	0	0	3	94%
Planning & Performance	310	80	1	0	81	74%
Corporate/Trust Board	16	1	0	0	1	90%
Total	**2981**	**497**	**3**	**0**	**500**	**84%**

9.0 Mandatory training

- ***Target: 95%for Statutory & Mandatory Training.(10 core subjects)***
  - *Conflict Resolution, Equality & Diversity, Fire, Health & Safety, Infection Control, Information Governance, Manual Handling, Resuscitation, Safeguarding Adults and Safeguarding Children*
- ***Target: 90% for Trust required Training (11 subjects)***
  - *Consent, Dementia, Diabetes, Health Record Keeping, Medicines Management, Mental Capacity, Learning Disabilities, Risk, Slips, Trip & Falls, Tissue Viability and VTE*
- ***Performance: For all 21 Mandatory Subjects (Apr) 85.40% (Mar) 88.48%***
  - ***For 10 Core Subjects (Apr) 82.53% (Mar) 87.33%***
  - ***For 11 Trust Required Subjects (Apr) 89.69% (Mar) 90.20%***

Mandatory Training compliance decreased for the 10 Core subjects. This is in part due to the changes to Equality & Diversity and Fire compliance.

The Trust's Fire Officer and Head of Integrated Clinical Governance have undertaken a review of Fire Training requirement levels for all staff and as from 1st March 2017 the 2 yearly renewal requirement has been removed. Staff that previously needed to renew every other year have changed to either the 1 or 3 year renewal period. This has resulted in a decrease in the overall Fire Training compliance. Areas affected by this decision have been informed and are making arrangements to complete Fire training as soon as possible. The current compliance rate is 74.02%

As from April, Equality & Diversity compliance has been bought in line with the Streamlining programme and the Core Skills Training Framework (CSTF) and will need to be renewed every 3 years (previously a one-off training requirement). This change has resulted in a drop in compliance to 50.22%. Equality & Diversity workbooks are available for staff to complete on Clinical Day 1 and Drs Mandatory Day 2 and also to download from the Mandatory Training intranet site and it is expected that compliance will have significantly increased by the end of the year.

Clinical Mandatory Training Days 1 & 2 and Doctor Mandatory Training Days 1 & 2 for 2017 are being delivered in the Inspire Centre.

The Clinical Day 2 programme which had been delayed until April 2017 is now scheduled, but the April sessions were cancelled by Clinical Nurse Management due to low numbers of staff booked to attend. May sessions have taken place.

Analysis of training days provided in April 2017

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Clinical Day 1	10/04/2017	50	18	14	2	2
Clinical Day 1	20/04/2017	50	45	28	3	14
Clinical Day 1	28/04/2017	50	34	20	3	11
Clinical Day 2	11/04/2017	50	Cancelled by Clinical Nurse Management due to low numbers			
Clinical Day 2	13/04/2017	50	Cancelled by Clinical Nurse Management due to low numbers			
Clinical Day 2	25/04/2017	50	Cancelled by Clinical Nurse Management due to low numbers			
TOTAL		**300**	**97**	**62**	**8**	**27**

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Dr Day 1	26/04/2017	50	17	15	1	1
Dr Day 2	27/04/2017	50	6	6	0	0
TOTAL		**100**	**23**	**21**	**1**	**1**

Assistant HR Business Partners review all outstanding mandatory training and discuss with the ward/department managers to ensure outstanding mandatory training is completed. Additionally in areas of consistently low compliance rates the next level of management, for example Matron, will also be met with to review the outstanding mandatory training and agree actions to proactively manage mandatory training.

10.0 Staff Friends and Family Test Results

245 members of staff completed the Staff Friends and Family Test that took place within quarter 4 2016/17. The results show that 73.47% of respondents would be likely or extremely likely to recommend this organisation to friends and family if they needed care or treatment. 58.36% of staff that completed the survey stated that they are likely or extremely likely to recommend this organisation to friends and family as a place to work.

The table below includes the breakdown of the results of the Staff Friends and Family Test. The plan is to meet with key stakeholders in the first instance to share and plan how action plans are to be produced and monitored for both the Staff Friends and Family Test and Staff Survey results.

Staff Friends and Family Test Quarter 4 2016/17								
	1 - Extremely Likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	7 - No Response	Total
"How likely are you to recommend this organisation to friends and family if they needed care or treatment"	82	98	28	23	12	2	0	245
"How likely are you to recommend this organisation to friends and family as a place to work"	52	91	40	31	26	5	0	245

11.0 Employee Relations

There were 3 new employee relation cases opened in April 2017, 2 disciplinary and 1 mutual respect. 3 grievance cases were closed. The table below shows the number of on-going cases.

Current Cases	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04
Disciplinary	5	9	9	9	7	9
Grievance	8	8	8	8	8	5
Capability	1	1	2	2	2	2
Whistleblowing	2	2	2	2	2	2
Mutual Respect	2	3	3	3	3	4
Employment Tribunal	2	2	2	2	2	2
TOTAL	**20**	**25**	**26**	**26**	**24**	**24**

12.0 Equality and Diversity

The QEH has applied for and been accepted by NHS Employers as Diversity and Inclusion Partners for 2017.

The Diversity and Inclusion Partners' Programme supports participating trusts to progress and develop their equality performance and to build capacity in this area. At the same time the programme provides an opportunity for partners to offer advice, guidance and demonstrations of good practice in equality and diversity management to the wider NHS. Partners are supported to achieve this in a number of ways including:

- Continuous improvement around equality and diversity within their own organisation.
- Raising awareness of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across their region.
- Contributing to the development of emerging good practice and providing a channel for collecting case studies from which others can learn, within the wider context of NHS initiatives.
- Contributing to a broader understanding of equality and diversity, across both the NHS and the wider public sector, in the context of quality, innovation, productivity and disease prevention.

NHS Employers received a significant number of applicants and has been selected as one of 30 Trusts taking part in the Program.

There are a number of other key benefits for NHS organisations in becoming a partner.

- Increased profile of your organisation at network events, conferences and through the NHS Employers website and communications.
- Advice, guidance and assistance from NHS Employers in meeting the minimum requirements of the Equality Act 2010.
- Free access to training, development, coaching and mentoring for the partner lead person on the use of the tools and techniques within the programme.
- Opportunities to discuss, network and test out new concepts within the safe environment of partner meetings.
- Opportunity to influence national policy direction

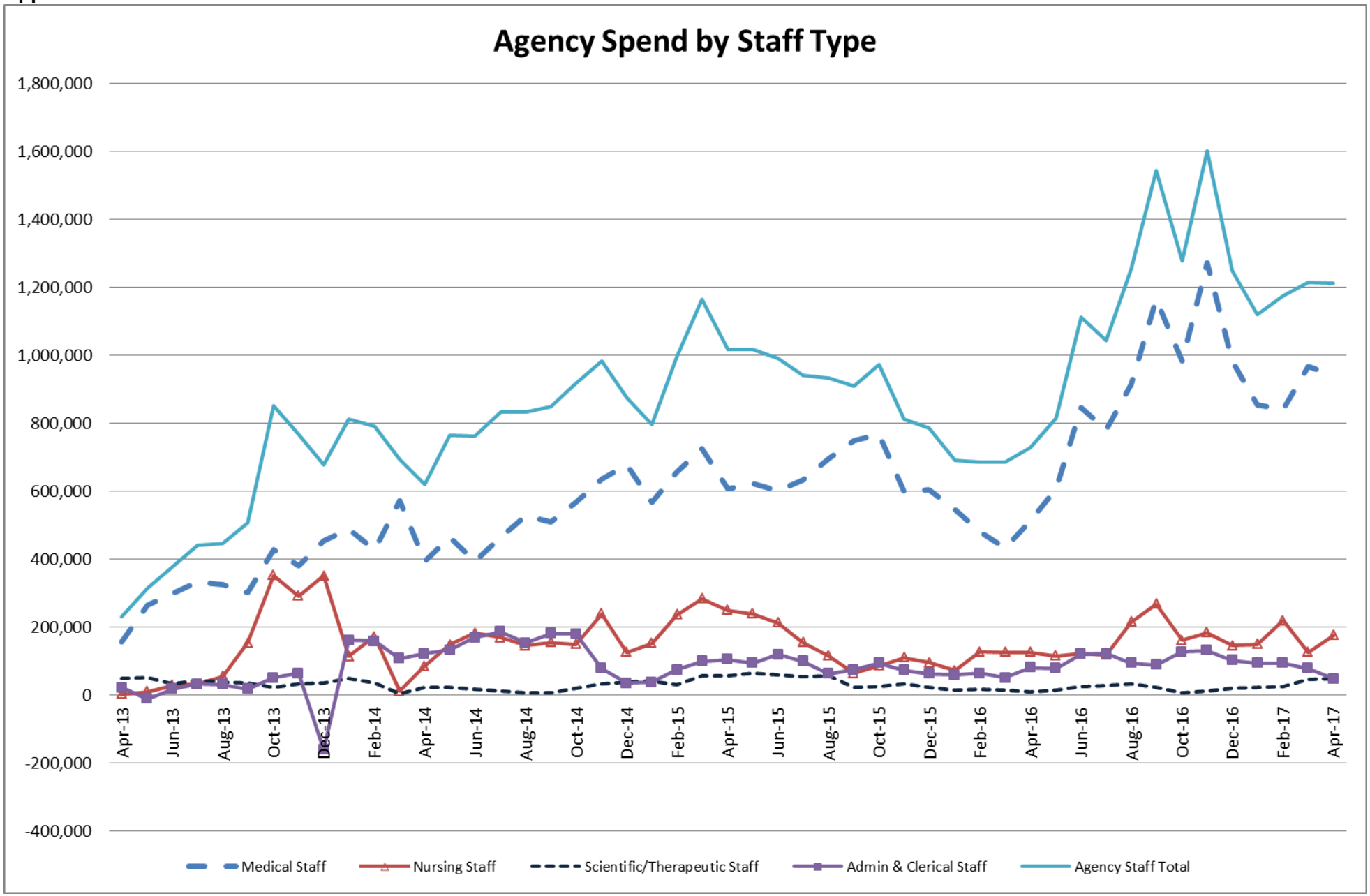
13.0 Recommendations

The Trust Board is asked to note the contents of this report and discuss any issues arising.

Appendix 1

TRUST FTE APRIL 2017			Permanent	Fixed Term Temp	Junior Doctors	Additional hours above contract	Bank	Locum contracted hours	Agency	Total	Funded Estab	Under Estab	Over Estab	Overtime
Directorate	Division	Sub-Division	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
	Medicine	Medicine 1	369.83	8.40	32.20	0.00	50.23	0.00	37.22	497.88	495.10	0.00	2.78	0.00
		Medicine 2	197.31	3.00	23.10	0.00	31.67	0.00	21.00	276.08	280.60	-4.52	0.00	0.00
		Medicine 3	363.42	9.83	1.00	1.21	9.34	0.00	6.91	391.71	406.96	-15.25	0.00	1.65
		Service Group Total	930.56	21.23	56.30	1.21	91.24	0.00	65.13	1,165.67	1,182.66	-16.99	0.00	1.65
	Surgery	Surgery 1	375.73	10.85	17.00	0.40	8.75	0.00	2.00	414.73	414.18	0.00	0.55	9.87
		Surgery 2	350.40	10.81	30.60	0.74	27.32	0.00	14.85	434.72	455.46	-20.74	0.00	0.26
		Service Group Total	726.13	21.66	47.60	1.14	36.07	0.00	16.85	849.45	869.64	-20.19	0.00	10.13
	Women & Children Services Group	Service Group Total	236.51	23.29	14.80	0.84	12.26	0.00	12.75	300.45	309.24	-8.79	0.00	0.52
		Directorate Total	1,893.20	66.18	118.70	3.19	139.57	0.00	94.73	2,315.57	2,361.54	-45.97	0.00	12.30
Finance & Facilities Directorate	Estates Division	Division Total	38.67	2.00	0.00	0.05	0.00	0.00	0.00	40.72	42.67	-1.95	0.00	1.69
	Facilities Management	Division Total	203.74	7.46	0.00	13.55	20.32	0.00	0.00	245.07	238.84	0.00	6.23	3.49
	Finance	Division Total	45.98	2.00	0.00	0.30	0.00	0.00	1.00	49.28	52.42	-3.14	0.00	0.02
		Directorate Total	288.39	11.46	0.00	13.90	20.32	0.00	1.00	335.07	333.93	0.00	1.14	5.20
Human Resources Directorate		Directorate Total	33.19	1.00	0.00	0.05	0.00	0.00	1.00	35.24	34.79	0.00	0.45	0.26
Patient Experience Directorate		Directorate Total	34.33	1.00	0.00	0.27	1.62	0.00	0.00	37.22	41.00	-3.78	0.00	0.25
Patient Safety Directorate		Directorate Total	35.75	1.00	7.00	0.41	0.00	0.00	0.00	44.16	47.01	-2.85	0.00	0.07
Planning & Performance Directorate	Clinical Information Division	Division Total	211.11	8.20	0.00	5.33	6.65	0.00	0.00	231.29	233.29	-2.00	0.00	1.36
	I.M. & T. Division	Division Total	34.07	3.40	0.00	1.35	1.54	0.00	0.91	41.27	38.92	0.00	2.35	0.14
		Directorate Total	245.18	11.60	0.00	6.68	8.19	0.00	0.91	272.56	272.21	0.00	0.35	1.50
Trust Board		Directorate Total	13.60	0.00	0.00	0.00	0.00	0.00	1.00	14.60	17.60	-3.00	0.00	0.00
Trust Total		Trust Total	2,543.64	92.24	125.70	24.50	169.70	0.00	98.64	3,054.42	3,108.08	-53.66	0.00	19.58
COMPARISON LAST MONTH March 17		FTE	2,555.48	88.57	127.10	21.87	153.04	0.00	121.17	3,067.23	3,028.22	0.00	39.01	22.04
COMPARISON LAST YEAR March 16		FTE	2,477.57	111.91	130.20	25.12	158.30	0.00	56.20	2,959.30	2,891.34	0.00	67.96	21.94

Appendix 2


Agency Spend by Staff Type
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
-200,000
-400,000
Apr-13
Jun-13
Aug-13
Oct-13
Dec-13
Feb-14
Apr-14
Jun-14
Aug-14
Oct-14
Dec-14
Feb-15
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Medical Staff
Nursing Staff
Scientific/Therapeutic Staff
Admin & Clerical Staff
Agency Staff Total