The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PRIVATE)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Georgie Goodman	Discussion	√		√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Bernie Fitzharris	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: **31st January 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 December 2016.

SUMMARY:

This report has been produced in a new format and provides information on a number of workforce topics.

Overall Workforce numbers – The workforce has increased by 82.38 Full Time Equivalent Staff from December 2015 to December 2016 where a total of 2770.43 FTE Staff are employed

Staff Sickness absence, Occupational Health, Health & Wellbeing – The sickness absence target is 3.88% performance for December was 5.51%. Details of actions to reduce sickness absence are included in the report.

Staff turnover and leavers – The staff turnover target is 10%, as at December 2016 Trust staff turnover was 11.09%. December is traditionally the month with the highest amount of staff leavers. 37 members of staff left the Trust in December 2016 compared to 49 in December 2015 which is a significant improvement.

Recruitment activity - A total of 147 job vacancies were advertised on NHS jobs for Q3. This resulted in 1986 applications being submitted and placed into the recruitment process. For the same period 109 starters joined the Trust as new employees with a permanent or fixed term contract.

Agency Price Caps and Bank and Agency Usage - The Trust is reviewing ways to deliver savings and efficiencies in the management of our temporary staffing requirements, in line with the

expectations of NHS Improvement. The Trust has appointed ID Medical as our Master Vendor for medical locums until May 2017.

Appraisals – The appraisal target is 90%. The appraisal rate for Trust staff (excluding Bank staff) increased for the fifth month running. Performance is 4.35% below the target level.

Mandatory training - Performance: (Dec) 90.09% for all 21 Mandatory Subjects

- (Dec) 88.41% for 10 Core Subjects (Target 95%)
- (Dec) 92.58% for 11 Trust Required Subjects (Target 90%)

A review is taking place with regards to the classification of mandatory training subjects and the level of detail of reporting required such as Prevent and Transfusion training that are not included in the above 21 subjects. Details of action taken to improve mandatory training compliance are included within the report.

Employee Relations – There are 130 employee relations cases in December 2016 a significant increase from the previous month. There has been a notable increase in disciplinary cases in December, several of which relate to issues around behaviours and attitude although the overall number of cases is too small to identify a trend.

DBS Compliance – There has been an improvement with DBS compliance, however there is still 547 outstanding, (461 of these are for staff in clinical roles), 207 of these are in progress 340 staff have made no contact with the DBS team. In order to close the loop holes and ensure every member of staff has received communication to complete their DBS a letter will be issued by the end of January 2017 with clear instructions and advise that it may result in disciplinary action if they fail to comply to a reasonable management request. These letters will be delivered to departments and must be signed for by the individual to prove it has been received.

Electronic Staff Record (ESR) Update - The first phase of an enhanced version of ESR is planned to be released in April 2017. The new version will make it easier to access using mobile technology. There is plan to introduce employee self-service that will enable staff access to view pay slips, personal records and update details such as change of address and phone numbers.

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 new format of this report.

REPORT TO THE BOARD – WORKFORCE ACTIVITIVES REPORT BASED ON DECEMBER 2016 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 December 2016 data as this is the latest monthly report available.

2.0 Overall Workforce Numbers

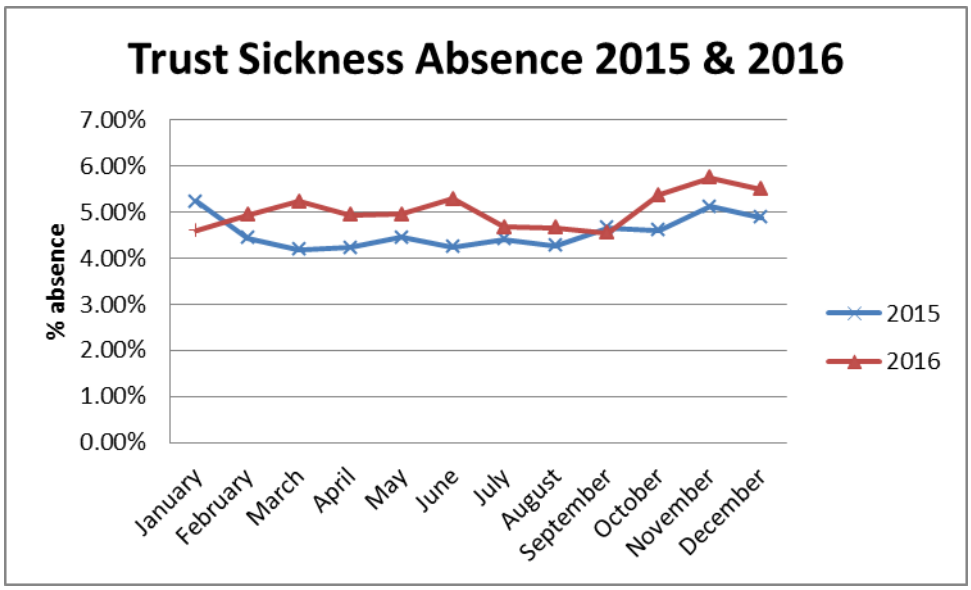
There was a slight decrease of 5.23 Full Time Equivalent (FTE) in the overall Trust workforce figures for December 2016 2770.43 FTE compared to 2775.66 for November 2016. There is 82.38 FTE more staff in post in December 2016 compared to December 2015.

A comparison between workforce numbers in December 2015 and December 2016, highlights that FTE numbers have increased in all staff groups with the exception of Allied Health Professionals and Medical & Dental. AHP's have decreased by 6.79 FTE and Medical & Dental by 10.85 FTE.
However Additional Clinical Services, have significantly increased by 48.76 FTE (54 staff), due to a recruitment campaign at the beginning of 2016. Nursing and Midwifery has also increased by 18.03 FTE largely due to continuous International nurse recruitment.

Trust Establishment Chart **See Appendix 1**

3.0 Staff Sickness Absence

- ***Target: 3.88%***
- **Performance: (Dec) 5.51%**



675 absence episodes were recorded onto ESR for December 2016. 276 (40.88%) were either cough, cold or gastro related absences. Back and Musculo Skeletal problems had the most fte days lost, with some cases being referred to Occupational Health.

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.

In 8 of the 10 areas with the highest absence rates, long term absence is the biggest contributor and therefore all absences in excess of 28 days will be reviewed and discussed with ward/department managers to ensure that early interventions and support are given to employees. To further support employees on long term sickness in returning to work, a policy has been drafted and awaits ratification entitled 'Guidelines for Rapid Access to Support, Treatment & Rehabilitation Services'. This policy outlines how staff with a health condition affecting their work might be supported to remain in work or return to work at the earliest opportunity through more immediate access to health services provided by the Trust.

The Trust will be meeting Oxford University Hospital at the end of January to find out more about how they utilise the services of First Care in managing sickness absence as they have seen a significant reduction in their sickness absence rates.

Supporting You to Support Your Staff' sessions have been 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.

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

- **Influenza Vaccine Campaign 2016-17**

As at 31 December 2016, front-line patient facing staff who had been vaccinated totalled 68.57%, which was entered onto the Department of Health's ImmsForm database.
In addition to the annual data collection above, this year a local CQUINs was in place, which used different criteria (for example excluding staff who are not currently working). The figure for the CQUIN was 82.37% of front-line staff, and the Trust was successful in achieving the CQUIN funding.

In addition to Occupational Health staff (and some Bank Staff helping) providing vaccines around the clock and across the Trust site, there was support from across the Trust effort and Senior Staff, to encourage and incentivise staff to be vaccinated. This included increased publicity with two Flu Songs, one of which was broadcast on Radio Norfolk, a Mannequin Challenge, and a Prize Draw.

Occupational Health continue to offer vaccines to staff, although we are now getting very few takers. The CQUIN has been completed, and the final ImmsForm data collection will be in early March 2017.

- **Health & Wellbeing**

The 2016-7 CQUIN on staff health and wellbeing is underway, with a range of existing and new health and wellbeing initiatives across the Trust. To resolve a problem of staff not knowing about the whole range initiatives, information is being combined into one central hub, via a new website, together with a poster campaign for staff who do not access on-line information at work, making sure that all staff working in the Trust have access to this information. Contributions to health and wellbeing initiatives come from all over the Trust, including Car-Parking, Occupational Health, Life-Long Learning, Physiotherapy, Health and Safety, Education and Human Resources as well as external services provided to Trust staff including Insight counselling and wellbeing support, financial and legal advice, smoking cessation. With these initiatives in place, further efforts and proactive measures are now being considered to embed staff health and wellbeing into working life across the Trust.

- **Management Referrals**

A total of 32 new referrals were received by Occupational Health, including 8 for mental health related issues, 3 for absence management, and 7 for musculo-skeletal issues. A further 6 self-referrals were received, 3 for mental health related issues, 2 for musculo-skeletal issues. Some members of staff are receiving care from the Occupational Health department without being logged as referrals, such as cases where staff members have been seen historically. The team will be supporting staff to address this, alongside working with HR to further support managers in sickness absence management in their teams and departments. The Occupational Health department do not discharge any staff from their services.
An employee fast track referral policy was presented at JSCC & HREC. It was subject to some slight amendments and is due to be ratified at the next HREC meeting.

There is currently no data management system in the Occupational Health department. As a result of using paper systems and Excel sheets the information available is limited, and there are inconsistencies with non-standardised data collection processes. An electronic OH data management system would enable more robust data collection and more sophisticated data management, including tracking referrals, analysing outcomes and identifying trends. Occupational Health have started work with Finance, the IT team and Procurement to investigate this option.

4.0 Staff turnover and leavers

- ***Target: 10%***
- ***Performance: (Dec) Trust 11.09 %***
  - ***Medical & Dental 13.86%***
  - ***Nursing & Midwifery 13.71%***
  - ***AHP 15.05%***

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.

Allied health professionals has the highest staff turnover due to staff rotation and career progression reasons, however exit interview questionnaires returned from that staff group indicate that staff have a positive experience whilst working at the Trust. Benchmarking AHP leavers against 2 similar local small acute hospitals shows our turnover to be the highest.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
AHP Benchmarking	**Turnover %- 12 Month**	**Turnover %- 12 Month**	**Turnover %- 12 Month**	**Turnover %- 12 Month**	**Turnover %- 12 Month**	**Turnover %- 12 Month**	**Turnover %- 12 Month**
James Paget	10.56%	11.35%	10.60%	11.27%	9.89%	10.53%	11.27%
West Suffolk	8.44%	8.51%	8.17%	8.86%	7.93%	7.35%	8.67%
Queen Elizabeth King's Lynn	13.21%	12.62%	12.82%	11.88%	13.08%	16.05%	15.95%

Leaver analysis for the last 13 months

Leavers Headcount	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Rolling 12 months
Add Prof Scientific and Technic	0	0	1	1	3	0	1	0	1	0	0	0	1	8
Additional Clinical Services	3	2	4	3	5	5	4	4	4	6	7	9	7	63
Administrative and Clerical	2	3	4	6	4	5	3	6	9	5	7	2	4	60
Allied Health Professionals	3	0	1	2	1	1	3	2	5	4	3	0	2	27
Estates and Ancillary	2	3	1	1	0	3	3	6	3	1	1	4	4	32
Healthcare Scientists	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Medical and Dental	5	1	3	1	5	1	4	3	2	1	1	0	1	28
Nursing and Midwifery Registered	34	12	8	17	8	4	7	15	9	4	9	12	18	157
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Leavers	**49**	**22**	**22**	**31**	**26**	**19**	**25**	**36**	**33**	**21**	**28**	**27**	**37**	**376**

December is traditionally the peak month where the Trust has the highest amount of staff leavers. 37 members of staff left the Trust in December 2016 compared to 49 in December 2015 which is a significant improvement. 34 registered nurses and midwives left the Trust in December 2015 compared to 18 in December 2016 which again shows a marked improvement in staff retention.

2 Exit interview questionnaires were returned in December from Admin & Clerical staff group leavers, who both responded to say that they would recommend the Trust as a place to work. One left for career progression reasons, the other because of relocation.

5.0 Recruitment Activity

A total of 147 job vacancies were advertised on NHS jobs for Q3. This resulted in 1986 applications being submitted and placed into the recruitment process. For the same period 109 starters joined the Trust as new employees with a permanent or fixed term contract.

Recruitment Activity Oct - Dec 2016		
Staff Group	**Number of Vacancies Advertised**	**Number of applications submitted**
Additional Clinical Services	22	780
Additional Professional Scientific & Technical	7	40
Administrative & Clerical	24	382
Allied Health Professionals	14	44
Estates & Ancillary	17	462
Healthcare Scientists	2	8
Medical & Dental	23	115
Nursing & Midwifery Registered	38	155
Grand Total	**147**	**1986**

Starters Headcount Perm staff only	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Rolling 12 months
Add Prof Scientific and Technic	3	0	1	2	1	0	0	0	1	5	2	1	1	17
Additional Clinical Services	6	25	12	2	26	10	10	3	15	22	19	20	6	176
Administrative and Clerical	2	6	2	4	13	6	5	6	7	9	9	9	4	82
Allied Health Professionals	0	1	2	0	2	0	0	1	4	2	4	1	0	17
Estates and Ancillary	1	3	0	0	5	5	1	5	3	1	5	6	0	35
Healthcare Scientists	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Medical and Dental	5	2	1	1	0	0	3	1	0	1	3	0	2	19
Nursing and Midwifery Registered	8	2	5	4	16	1	1	0	0	4	11	5	1	58
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Starters	25	41	24	13	63	22	20	16	30	44	53	42	14	407

The Trust has recruited 81 international nurses and 18 newly qualified nurses over the last 12 months in addition to the 58 registered nurses. All these nurses commence employment with the Trust as an unregistered nurse and are therefore included within the additional clinical services total, hence the disproportionate figures of ACS staff against the total number of Registered Nurses recruited last year.

- **International Nurse Recruitment**

There are cohort dates planned for 2017, a small group of non-EU nurses started on 13 January, further cohorts are planned to start on 21 April, 28 July and 3 November.

Last year there were small cohorts starting every seven weeks, the senior nursing team have made a decision that they wished to have 4 cohorts per year, larger cohorts of up to 20 people per cohort.

We have approx. 50 international nurses candidates that have been offered posts and are actively in the long slow recruitment pipeline (through no fault of the Trust) at various stages for example awaiting an NMC decision letter. Some of these nurses are from tours of India and Philippines in 2015 and last year via Skype interviews.

Skype interviews for IELT's Level 7 qualified nurses are regularly held on site, the continued commitment from the Senior Nursing team to ensure panels are available to interview is required to ensure this process is successful.

We also have an international nurse recruitment advert on NHS Jobs and have attracted candidates through this route and saved on agency fees.

International nurse recruitment is challenging with changes with Home Office rules and regulations the Trust has to regularly review processes and keep up to date to ensure that international recruitment continues successfully.

- **Apprenticeships**

APPRENTICESHIP START BREAKDOWN			
	No of apprenticeship starts	No of supernumerary	No of existing staff
16/17 to date	74	24	50

The majority of the supernumerary apprentices that have come into the Trust in this financial year have been the aspiring nurse apprentices which is part of the "Grow Our Own" strategy
Plans for implementation of the apprenticeship levy (due to come into play in April 2017) are in discussions.
We have met our target of 42 apprenticeship starts set by Health Education England on issue of apprentice funding at the start of the financial year.

6.0 Agency Price Caps and Bank and Agency Usage

Agency Doctors
The Trust is reviewing ways to deliver savings and efficiencies in the management of our temporary staffing requirements, in line with the expectations of NHS Improvement. The plan is to review options with regard to procurement of services on a long term basis. However, in the short term a decision has been made to implement interim arrangements with ID Medical Group Ltd. The Trust has appointed ID Medical as our Master Vendor for medical locums for a period from January until May 2017. This Master Vendor contract will be conducted in accordance with the CCS multidisciplinary framework (RM3711). Notice has been served to Retinue regarding the existing Neutral Vendor arrangement and there will be a migration period over the coming weeks.

Current suppliers, have been invited to supply medical locums to the Trust under the new Master Vendor arrangement with ID Medical. The Trust will continue to utilise the direct engagement model in order to maximise savings and this element will be provided and managed by Brooksons.

Our expectation is that bookings for agency doctors will be fulfilled via the Master Vendor arrangement with ID Medical. Placements will be conducted via ID Medical's Simplicity portal. This arrangement is planned to be fully operational from 6th February 2017. We recognise that there will be a transition period during which additional information will be provided to agencies. ID Medical will engage with agencies to ensure a smooth migration process.

Agency Nursing
There have been some reductions in the cost of agency nurses. The agencies used are all on approved agency frameworks. Maximum use is made of the Trust internal nurse bank before shifts are sent to agencies to be filled. The same process outlined above for agency doctors will be followed for agency nursing in due course.

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 Ending:	Medical and Dental		Nursing		Admin		AHP		Pharmacy	
	Shifts over caps	Total Shifts	Shifts over caps	Total Shifts	Shifts over caps	Total Shifts	Shifts over caps	Total Shifts	Shifts over caps	Total Shifts
4 December	285	285	97	97	10	10	2	2	0	0
11 December	274	274	94	97	14	14	5	5	0	0
18 December	278	278	103	106	15	15	5	5	0	0
25 December	237	237	72	73	11	11	0	0	0	0

The Trust is required to report weekly to NHS Improvement any shift where the hourly rate is over the agency price caps. There have been reductions in hourly rates in a number of cases for agency doctors and nurses but the rates are still over the agency price caps. The amount over the price caps varies for each individual agency worker.
For information on agency spend by staff type please see graph **See Appendix 2**

- **Remote electronic Self Service**
  Bank Shift Booking for Bank Nurses and Health Care Assistants

From the 31 October 2016 the Trust introduced a new electronic self-service bank shift booking system through employee online at no cost to the Trust using existing software. This has enabled substantive staff and bank only staff to

- See available bank shifts up to 6 weeks ahead
- Book themselves onto shifts
- Make the CRS team aware of their availability

This new service has created an efficient and well received method for booking shifts and has seen an improvement in fill rates and a reduction in the amount of the utilisation of text messages which has saved costs.

7.0 Appraisals

- ***Target: 90%***
- ***Performance: (Dec) 85.65%***

The appraisal rate for Trust staff (excluding Bank staff) increased for the fifth month running. Performance is 4.35% below the target level. 182 appraisals were recorded as being completed this month and 34 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.

There are currently 5 appraisals overdue by 18 months plus and 1 by 24 months plus. These are broken down to:

- 1 staff overdue 24 months plus - *This staff member has recently returned from long term absence*
- 3 staff overdue 18 - 24 months -1 Nursing & Midwifery. 1 AHP. 1 Healthcare Scientist
- 2 staff never had an appraisal -1 Nursing & Midwifery. 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.

Work is being supported within the divisions to review all outstanding appraisals and appraisals due for completion by 31st March 2017 to ensure that the 90% target for compliance is met. Divisions are being supported to put in place a plan and trajectory for appraisal compliance.

	Number due an appraisal	Overdue - less than 18 months	18-24 months	24 months +	Total overdue	% Compliance rate
Medicine 1	331	44	1	0	45	86%
Medicine 2	201	33	1	0	34	83%
Medicine 3	380	52	3	0	55	86%
Surgery 1	378	83	0	0	83	78%
Surgery 2	527	93	0	1	94	82%
Women & Children Services	268	36	0	0	36	85%
Estates & Facilities	346	26	0	0	26	92%
Finance	48	9	0	0	9	81%
Human Resources	28	2	0	0	2	93%
Patient Experience	37	4	0	0	4	89%
Patient Safety	43	3	0	0	3	93%
Planning & Performance	302	49	0	0	49	84%
Corporate/Trust Board	23	6	0	0	6	74%
Total	**2912**	**440**	**5**	**1**	**446**	85%

8.0 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: (Dec) 90.09% for all 21 Mandatory Subjects***
  - ***(Dec) 88.41% for 10 Core Subjects***
  - ***(Dec) 92.58% for 11 Trust Required Subjects***

Mandatory training days are scheduled to take place in the Inspire Centre for 2017
Valerie Newton, Deputy Director of Nursing, is undertaking a review of the clinical day 2 and day 3 programmes and at her request these training days are not being offered from January to March of this year, with the new programme starting in April

Analysis of training days provided in December 2016

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Clinical D1	02/12/16	30*	18	11	2	5
Clinical D1	12/12/16	30*	29	18	2	9
Clinical D1	13/12/16	50	25	16	2	7
Clinical D2	16/12/16	50	14	7		7
Clinical D2	21/12/16	50	13	8		5
Clinical D3	15/12/16	50	12	9	1	2
Clinical D3	19/12/16	50	8	4		4
TOTAL		310	119	73	7	39

*held in West Newton Seminar Room during refurbishment of Inspire Centre

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Doctor D1	01/12/16	30*	13	11	1	1
Doctor D2	20/12/16	30*	11	6	1	4
TOTAL		60	24	17	2	5

*held in West Newton Seminar Room during refurbishment of Inspire Centre

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.

The Learning and Development Team are in the process of developing electronic workbooks via ESR. This will enable staff to read and then complete a questionnaire for each mandatory subject that is currently completed by paper. This will save on both paper and printing costs as well as releasing time back to the team that was previously involved in marking and recording passes onto ESR.

9.0 Employee Relations

There has been a notable increase in disciplinary cases in December, several of which relate to issues around behaviours and attitude although the overall number of cases is too small to identify a trend.
The disciplinary policy has been updated and notice of hearing has been increased, this will ensure procedural timescales are met.

Division/Service Group	Dec-16	Nov-16
Medicine 1 (mainly clinical staff)	19	9
Medicine 2 (mainly clinical staff)	11	4
Medicine 3 (mainly clinical staff)	19	9
Surgery 1 (mainly clinical staff)	10	10
Surgery 2 (mainly clinical staff)	13	5
Women & Children Services (mainly clinical staff)	13	0
Facilities (mainly estates & ancillary staff)	28	23
Finance (admin & clerical)	0	0
Human Resources (admin & clerical)	2	0
Patient Experience (mainly clinical staff)	3	0
Patient Safety (nursing & admin support)	3	1
Clinical Information (admin & clerical)	4	4
IMT (admin & clerical)	4	2
Corporate/Trust Board	1	1
TOTAL EMPLOYEE RELATION CASES	130	68

10.0 DBS Compliance

There is 340 staff that have not made contact with the DBS team to progress with a DBS application. They have made no attempt at starting the application through the DBS link nor have they been into the recruitment office with their identification and other documentation required.

Disclosure & Barring Service (DBS) Checks						
	Women & Children	Medicines	Surgery	Others	Finance	TOTALS
Total Outstanding Non Compliant	**22**	**186**	**253**	**82**	**4**	**547**
Of Which:						
Application Started	7	60	83	40	3	193
Deferred for return from Maternity leave	0	5	0	0	0	5
Deferred due to Sabatical	1	0	0	0	0	1
Need to see Certificate	0	0	1	0	0	1
Retirees	0	0	1	0	0	1
Deferred to Jan 2017	0	0	1	0	0	1
To Be P4	0	0	5	0	0	5
Total number in progress	**8**	**65**	**91**	**40**	**3**	**207**
No contact from Employee	**14**	**121**	**162**	**42**	**1**	**340**

Actions taken to date:

(a) Escalation to Department/Directorate Managers regarding staff that have not engaged with the DBS team to progress a DBS check. Managers are following up with their staff to ensure that staff progress a DBS application as required.

(b) All Bank only Nurses were written too and informed that shifts would be suspended if they did not start the process by 13 January 2017. Only 3 Bank Nurses remain outstanding.

(c) The DBS process was raised at the senior nurses meeting on Monday 9th January 2017.

(d) In order to close the loop holes and ensure every member of staff has received communication to complete their DBS a letter will be issued by the end of January 2017 with clear instructions and advise that it may result in disciplinary action if they fail to comply to a reasonable management request. These letters will be delivered to departments and must be signed for by the individual to prove it has been received.

11.0 Electronic Staff Record (ESR) Update

The first phase of an enhanced version of ESR national system is planned to be released in April 2017. The new version will make it easier to access using mobile technology. There is plan to introduce employee self-service that will enable staff access to view pay slips, total reward statements (pension), personal records and update details such as change of address and phone numbers. This will create opportunities to move towards paperless systems. There will be no additional cost to the Trust for the enhanced version of ESR and is likely to create efficiencies.

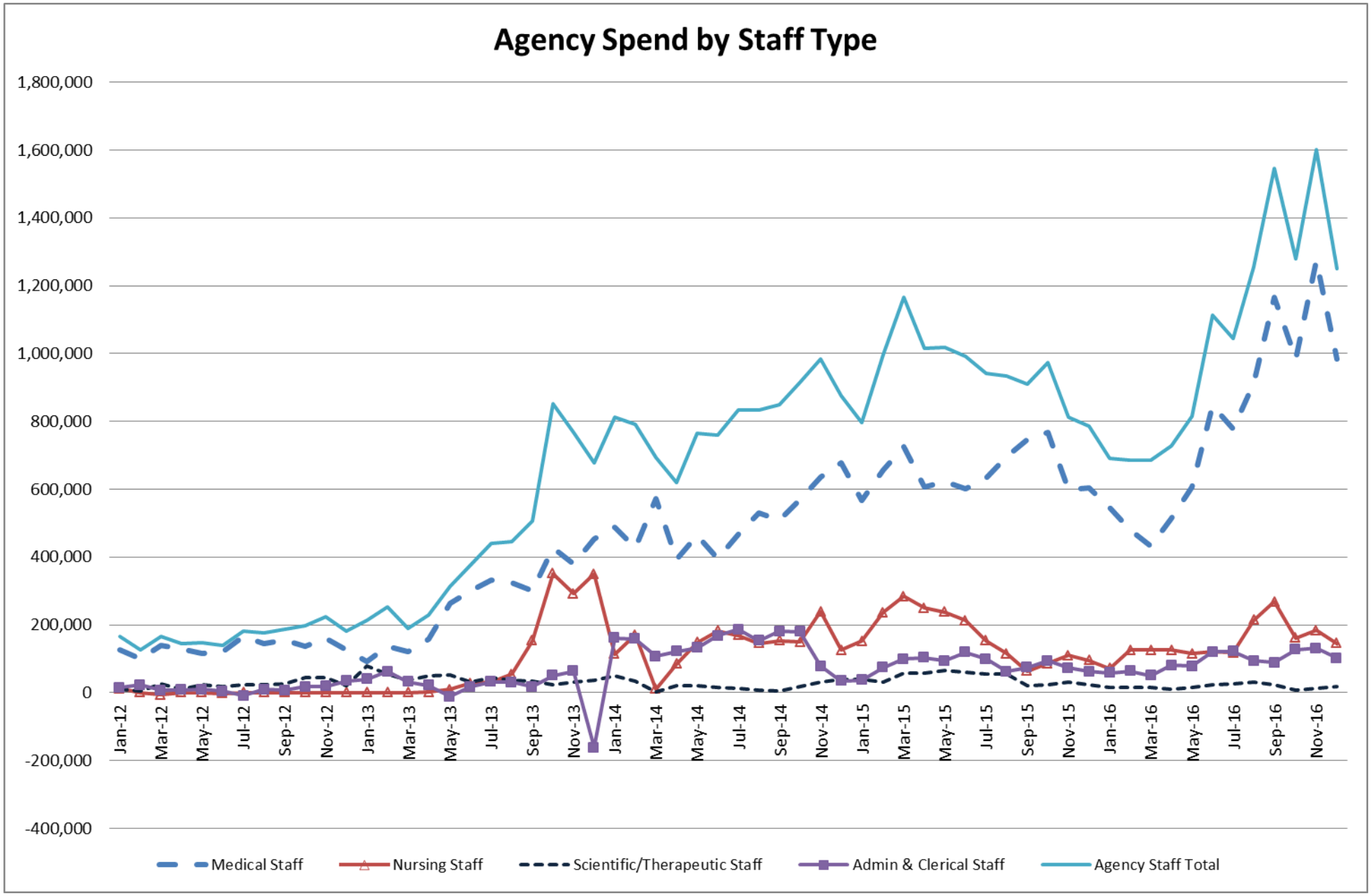
12.0 Recommendations

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

Appendix 1

TRUST FTE DECEMBER 2016			Permanent	Fixed Term Temp	Junior Doctors	Total	Funded Estab	Under Estab	Over Estab
Directorate	Division	Sub-Division	WTE	WTE	WTE	WTE	WTE	WTE	WTE
	Medicine	Medicine 1	355.27	6.00	33.20	471.13	451.39	0.00	19.74
		Medicine 2	204.28	2.80	24.50	282.63	279.70	0.00	2.93
		Medicine 3	370.24	9.60	0.00	395.37	413.23	-17.86	0.00
		Service Group Total	929.79	18.40	57.70	1,149.13	1,144.32	0.00	4.81
	Surgery	Surgery 1	366.20	8.85	22.00	408.45	391.33	0.00	17.12
		Surgery 2	358.12	10.81	34.60	439.35	449.84	-10.49	0.00
		Service Group Total	724.32	19.66	56.60	847.80	841.17	0.00	6.63
	Women & Children Services Group	Service Group Total	228.63	25.21	16.20	270.04	282.51	-12.47	0.00
		Directorate Total	1,882.74	63.27	130.50	2,281.84	2,268.00	0.00	13.84
Finance & Facilities Directorate	Estates Division	Division Total	39.67	2.00	0.00	41.67	46.33	-4.66	0.00
	Facilities Management	Division Total	209.73	5.35	0.00	215.08	238.24	-23.16	0.00
	Finance	Division Total	42.78	3.00	0.00	45.78	52.42	-6.64	0.00
		Directorate Total	292.18	10.35	0.00	302.53	336.99	-34.46	0.00
Human Resources Directorate		Directorate Total	33.81	0.00	0.00	33.81	34.79	-0.98	0.00
Patient Experience Directorate		Directorate Total	34.13	0.40	0.00	34.53	36.95	-2.42	0.00
Patient Safety Directorate		Directorate Total	40.11	3.70	6.00	49.81	56.06	-6.25	0.00
Planning & Performance Directorate	Clinical Information Division	Division Total	208.38	9.59	0.00	217.97	233.29	-15.32	0.00
	I.M. & T. Division	Division Total	34.27	3.40	0.00	37.67	39.56	-1.89	0.00
		Directorate Total	242.65	12.99	0.00	255.64	272.85	-17.21	0.00
Trust Board		Directorate Total	16.60	1.00	0.00	17.60	22.60	-5.00	0.00
Trust Total		Trust Total	2,542.22	91.71	136.50	2,770.43	3,028.24	-257.81	0.00
COMPARISON LAST MONTH Nov 16		FTE	2,549.28	92.88	133.50	2,775.66	3,026.24	-250.58	0.00
COMPARISON LAST YEAR Dec 15		FTE	2,432.47	115.38	140.20	2,688.05	2,891.33	-203.28	0.00

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
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13
May-13
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Medical Staff
Nursing Staff
Scientific/Therapeutic Staff
Admin & Clerical Staff
Agency Staff Total