Agenda Item No. 14

The Queen Elizabeth Hospital NHS
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	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: **28th March 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 February 2017.

SUMMARY:

This report provides information on a number of workforce topics.

Overall Workforce numbers – The workforce Full Time Equivalent (FTE) numbers remain unchanged in February 2017 from the previous month.

Staff Sickness absence, Occupational Health, Health & Wellbeing – The sickness absence target is 3.60%, performance for February was 5.30%. Details of actions to reduce sickness absence are included in the report.

Staff turnover and leavers – The staff turnover target is 10%, as at February 2017 Trust staff turnover was 11.06%. Number of permanent staff leaving the Trust in February 2017 was the lowest it has been over the last 13 months.

Recruitment activity - A total of 167 job vacancies were advertised on NHS jobs for the period 1st December 2016 to 28th February 2017. This resulted in 1996 applications being submitted and placed into the recruitment process.

International Recruitment – A change to Home Office requirements has made the recruitment of Non EU nurses more challenging due to additional requirements and regulations.

Brexit - 10.33% of the Trusts workforce comes from the EU (non UK) countries. Due to current uncertainties about their future employment status, the Trust is at risk of staff leaving.

Agency Price Caps and Bank and Agency Usage – There was a smooth transition to implementing ID Medical as our Master Vendor for medical locums and nurses.

Appraisals – The appraisal target is 90%. The appraisal rate for Trust staff (excluding Bank staff) increased for the sixth month running. Performance is 3.15% below the target level.

Mandatory training - Performance: (Feb) 89.48% for all 21 Mandatory Subjects

- (Feb) 88.13% for 10 Core Subjects (Target 95%)
- (Feb) 91.48% 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 February 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 FEBRUARY 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 February 2017 data as this is the latest monthly report available.

2.0 Overall Workforce Numbers

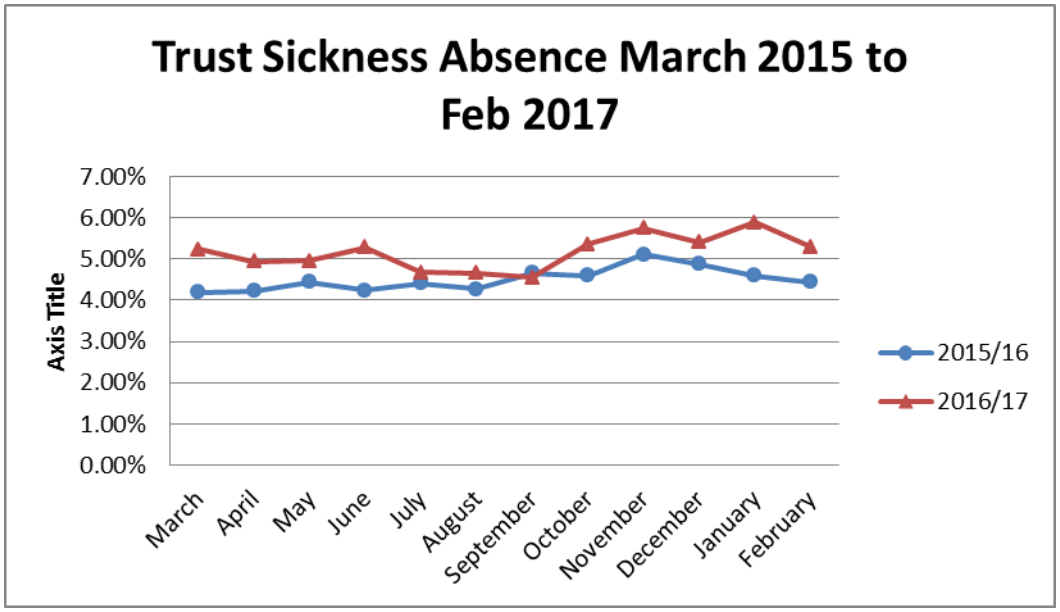
Overall Trust workforce figures for February 2017 remained static at 2778.94 FTE compared to 2778.51 FTE for January 2017. There is a 74.81 FTE increase in staff in post in February 2017 compared to February 2016.

The Vacancy rate for the Trust is 8.13%, with vacancies in Medical & Dental (18.70%) AHP's (11.90%) and Nursing & Midwifery (10.39%)

Trust Establishment Chart **See Appendix 1**

3.0 Staff Sickness Absence

- ***Target: 3.60%***
- **Performance: (Feb) 5.30% (Jan) 5.89%**



A total of 626 sickness absence episodes were recorded onto ESR for February 2017. 143 were cough, cold, flu related and 144 gastro related absences. Cough, cold, flu sickness absence also totalled the most FTE equivalent days lost (634.64), followed by other musculoskeletal problems (588.52).

Sickness absence is 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 needs to be a focus on improving return to work interview compliance which 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				
	Jan-17		**Feb-17**	
Staff Group	**% Sickness**	**% RTW Completed**	**% Sickness**	**% RTW Completed**
Add Prof Scientific and Technic	5.80%	79.20%	6.67%	63.10%
Additional Clinical Services	8.59%	58.30%	7.59%	46.30%
Administrative and Clerical	4.49%	71.40%	4.06%	69.90%
Allied Health Professionals	3.37%	89.50%	2.01%	74.00%
Estates and Ancillary	8.49%	76.00%	7.95%	61.90%
Healthcare Scientists	0.43%	100.00%	0.35%	83.30%
Medical and Dental	2.57%	28.60%	1.52%	13.90%
Nursing and Midwifery Registered	6.48%	52.80%	5.69%	43.10%

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.

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. The HR Business Partner Team met with Staff Side Representatives to discuss potential changes with a revised version of the policy then put forward for consideration at the JSCC meeting before being ratified at the Human Resources and Education Committee.

3.1 Occupational Health

- **Health & Wellbeing**

Collection of the data for the 2016-7 CQUIN on staff health and wellbeing continues. The Trust intranet webpage "Just For You" is being regularly accessed by staff. Posters to reach staff without computer access are being refreshed for the "Poster Trail and will highlight Staff Physiotherapy and the Staff Gym this month. Posters promoting positive mental health are also being displayed with details of Insight, which is the Trust's counselling service.

The Health & Wellbeing staff survey was completed and 183 members of staff responded although not all of them answered all questions. 23% of respondents said that they had taken part in physical health and wellbeing activities (such as pilates, yoga, gym, dance or walking). 55% said that they had accessed support (such as counselling, physiotherapy or Lifelong Learning and other training activities) 64% of respondents felt that health and wellbeing activities were clearly communicated to them.

- **Management Referrals**

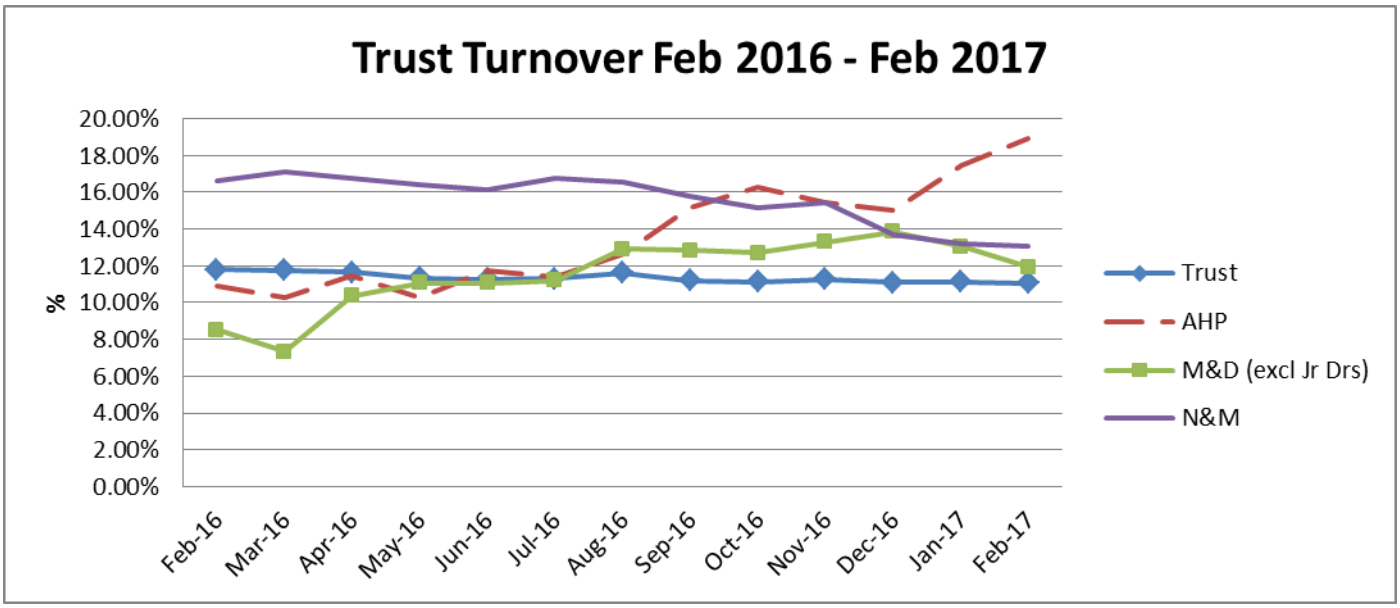
44 new referrals were received by Occupational Health in February, including 13 for mental health related issues and 12 for musculoskeletal issues. 7 members of staff were seen on a self-referral basis; 4 of them were regarding mental health issues.

A policy facilitating rapid access to healthcare for staff has been introduced to expedite return to work and/ or full functionality for staff members who are off sick or unable to fully perform in work roles because of waiting for treatment. The staff member's manager needs to agree to release the staff member at short notice to attend cancellation appointments and provides Occupational Health with information about how the employee's attendance at work is being affected. Staff members are made aware Occupational Health will make a request to the Consultant to consider and that an appointment will only be given on the basis of both availability and clinical need, so that rapid access is not guaranteed. We have had two referrals so far.

4.0 Staff turnover and leavers

- ***Target: 10%***
- ***Performance: Trust (Feb) 11.06 % (Jan) 11.13%***
  - ***Medical & Dental (Feb) 11.94% (Jan) 13.06%***
  - ***Nursing & Midwifery (Feb) 13.09% (Jan) 13.18%***
  - ***AHP (Feb) 18.93% (Jan) 17.45%***

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.



Over the last 13 months the Trust turnover has remained between 11% and 12%. Both Nursing & Midwifery and Medical & Dental staff groups have seen decreases in turnover in the last 3 months and the focus on staff retention is key to keeping these rates down. Allied health professionals staff group continues to increase after a slight dip in December 2016.

Leaver analysis for the last 13 months

Leavers Headcount	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Rolling 13 months
Add Prof Scientific and Technic	1	1	3	0	1	0	1	0	0	0	1	1	0	9
Additional Clinical Services	4	3	5	5	4	4	4	6	7	9	7	4	5	67
Administrative and Clerical	4	6	4	5	3	6	9	5	7	2	4	2	1	58
Allied Health Professionals	1	2	1	1	3	2	5	4	3	0	2	3	2	29
Estates and Ancillary	1	1	0	3	3	6	3	1	1	4	4	4	1	32
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Medical and Dental	3	1	5	1	4	3	2	1	1	0	1	0	1	23
Nursing and Midwifery Registered	8	17	8	4	7	15	9	4	9	12	18	8	6	125
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Leavers	**22**	**31**	**26**	**19**	**25**	**36**	**33**	**21**	**28**	**27**	**37**	**22**	**18**	**345**

4 Exit interview questionnaires were returned in February 2017, from 1 AHP, 1 Scientific & Technical, 1 Admin & Clerical and 1 Additional Clinical Services staff group leavers. The AHP and Additional Clinical Services leavers responded to say that they would recommend the Trust as a place to work and the Admin & Clerical and Scientific & Technic leavers responded to say that would not recommend the Trust. Reasons for leaving included, 1 retirement, 1 travelling abroad, 1 personal reasons and 1 lack of career progression.

5.0 Recruitment Activity

A total of 167 job vacancies were advertised on NHS jobs for the period 1st December 2016 to 28th February 2017. This resulted in 1996 applications being submitted and placed into the recruitment process. For the same period 83 starters joined the Trust as new employees, 66 with a permanent and 17 with a fixed term contract.

Recruitment Activity Dec 2016 - Feb 2017		
Staff Group	**Number of Vacancies Advertised**	**Number of applications submitted**
Additional Clinical Services	18	721
Additional Professional Scientific & Technical	8	24
Administrative & Clerical	29	561
Allied Health Professionals	23	96
Estates & Ancillary	11	234
Healthcare Scientists	1	4
Medical & Dental	33	134
Nursing & Midwifery Registered	44	222
Grand Total	**167**	**1996**

The Trust has recruited 68 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.

Starters Headcount Perm staff only	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Rolling 13 months
Add Prof Scientific and Technic	1	2	1	0	0	0	1	5	2	1	1	2	0	16
Additional Clinical Services	12	2	26	10	10	3	15	22	19	20	6	12	8	165
Administrative and Clerical	2	4	13	6	5	6	7	9	9	9	4	3	6	83
Allied Health Professionals	2	0	2	0	0	1	4	2	4	1	0	2	1	19
Estates and Ancillary	0	0	5	5	1	5	3	1	5	6	0	1	4	36
Healthcare Scientists	1	0	0	0	0	0	0	0	0	0	0	0	1	2
Medical and Dental	1	1	0	0	3	1	0	1	3	0	2	2	0	14
Nursing and Midwifery Registered	5	4	16	1	1	0	0	4	11	5	1	7	3	58
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Perm Starters	**24**	**13**	**63**	**22**	**20**	**16**	**30**	**44**	**53**	**42**	**14**	**29**	**23**	393

- **International Recruitment**

The next cohort of international non-EU nurses is planned to start on 21 April 2017. It has become more challenging to recruit non-EU nurses with additional new requirements being introduced by the Home Office including the need to produce evidence to meet a Resident Labour Market Test. The Trust recruitment process had to be amended to meet requirements in a short time with changes implemented to meet Home Office criteria including having evidence that generic Band 5 nursing posts advertised for a minimum of 28 days and that posts are advertised on additional websites including Job Centre Plus Universal Job Match and providing information on number of applicants and so on. The recent request submitted to the Home Office to recruit nurses starting on 21 April 2017 has been successful.

With regards to recruiting nurses from the EU this pipeline has stopped due to the introduction of the requirement introduced by the Nursing and Midwifery Council for nurses to achieve the International English Language Test Level 7 and the minimal numbers passing this test.

Skype interviews are held on a weekly basis to continue adding those successful qualified nurses to the Trust international recruitment pipeline and although applications are accepted from both EU and non-EU nurses all the applications received are from non-EU nurses via the recruitment agencies we are using.

6.0 Brexit – EU Workforce

10.44% of the Trust workforce is from the EU (non UK) countries, the Trust is particularly at risk of an impact of Brexit decisions regarding Registered Nurses and Medical and Dental staff. Due to uncertainty EU staff may decide to leave the Trust, the table below highlights current EU workforce numbers/percentages.

% of EU Staff and Length of Service as at 17 March 2017								
Staff Group	**EU Staff FTE**	**Total % EU Staff**	**Employee's Length of Service (In Years)**					**Total Head Count**
			0-2	2-5	5-10	10-15	15+	
Add Prof Scientific and Technic	5.80	5.56%	5	0	0	1	0	6
Additional Clinical Services	29.81	5.69%	19	13	7	1	3	43
Administrative and Clerical	10.37	1.91%	1	3	6	1	0	11
Allied Health Professionals	5.40	3.93%	2	3	0	0	1	6
Estates and Ancillary	35.77	12.11%	30	14	21	3	0	68
Healthcare Scientists	2.00	6.62%	2	0	0	0	0	2
Medical and Dental	47.15	15.49%	24	11	12	6	5	58
Nursing and Midwifery Registered	152.73	18.27%	65	74	25	3	4	171
Students	1.00	25.00%	0	1	0	0	0	1
Grand Total	**290.03**	**10.44%**	**148**	**119**	**71**	**15**	**13**	**366**

EU nurses currently make up 4.5 per cent of the total nursing workforce in England. However, the Trust has a much larger percentage of EU nurses compared to other Trusts in England. The Trust was highlighted in an Institute for Employment Studies (IES) report titled "Beyond Brexit: Assessing key risks to the nursing workforce in England" - December 2016.

The report focuses on two projected future trends:

- A reduced supply of EU nurses post Brexit.
- Population growth-related demand for health services, driven by a projected increase in the population aged 85 and over, will disproportionately increase the healthcare demands placed on the NHS in some of the trusts that are most likely to experience nurse shortages.

The report highlights that the Queen Elizabeth Hospital has very high proportions of EEA nurses and average elderly population growth. The Royal Brompton and Harefield NHS Foundation Trust have the highest percentage of EEA nurses at 20% with the Trust second at 18%. It is reported that we had the largest increase in the use of EEA nurses in the NHS, with the proportion increasing from just 1.3 per cent in 2009 to the current level of 18 per cent in 2016.

- **Support for EU Staff**

During this time of uncertainty QEH understands the importance of supporting colleagues from EEA countries. There are short sessions for staff available that an external legal provider is offering that would provide information to staff now on Brexit and the two main types of applications that staff can make at this time if they meet the criteria for permanent residency or naturalisation/British citizenship and answer other questions. Investment is needed in these sessions to support and retain EU staff minimising the risk to the Trust.

7.0 Apprenticeships

As an employer with a pay bill in excess of £3 million, we will pay the apprenticeship levy from April 2017 at a rate of 0.5% of the pay bill. An indicative figure is highlighted below based on our pay bill in 16/17. The levy will be paid monthly via our PAYE return. We will make our first payment in April and will be able to spend this from the end of May 2017.

Payroll	£98,297,892.00
Allowance	£15,000.00
Annual Levy (Payroll x 0.005 -allowance)	£476,489.46
Monthly Accumulation before 10% top up	£39,707.46
Digital Account Monthly Accumulation after top up	£43,678.20
ANNUAL TOTAL	**£524,138.41**

Our PAYE scheme is linked to an online account titled "Apprenticeship Service", the money will appear in this online account which we will then use to pay our training providers going forward. The above amount can only be spent on apprenticeship training programmes with training providers on the Register of Apprenticeship Training Providers.

Along with the changes in apprenticeship funding, the type of apprenticeships on offer are considerably changing. New standards are being developed by employers across England. For instance; a nursing degree apprenticeship, updated pharmacy apprenticeships and healthcare support worker standards are in development, others in consultation include AHP Support, Advanced Clinical Practitioner (Masters level) and assistant business administrator.

A procurement process is underway to appoint training providers to meet the Public Contracts Regulations. A flexible provider framework will be available for May 2017.

Meetings are being held with divisional contacts in regards to apprenticeship changes. Capturing estimated numbers of sign-ups following conversations. Further discussions are to be held in regards to auto-enrolment for some job roles.

Apprenticeship communication leaflets sent out with payslips in January 2017, generated interest from staff who were unaware their pay wouldn't be affected from completing an apprenticeship alongside their current role.

An updated HR1 form is now available on the intranet and includes an apprenticeship consideration question. A communication message is to go out to ensure appointing managers are using the new form.

8.0 Agency Price Caps and Bank and Agency Usage

- Agency Doctors

ID Medical Group Ltd has been implemented as the Trust Master Vendor until May 2017. There was a smooth transition to the use of ID Medical and positive feedback regarding the quality of workers and the ability for approved shifts to be filled. The plan is to work closely with ID Medical regarding further cost reductions. The plan is to review options with regard to procurement of services on a long term basis.

- Agency Nursing

Agencies are used to fill essential known Registered Nurse gaps in addition to the internal nurse bank. Working with senior nursing colleagues plans have been agreed to block book agency nurses which will contribute towards achieving lower prices and increased ability to fill gaps.

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		Managers		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
26 February 2017	248	248	128	132	23	23	4	4	0	0
19 February 2017	261	261	120	123	30	30	4	4	0	0
12 February 2017	285	285	102	110	15	15	3	3	0	0
5 February 2017	264	264	88	90	15	15	2	2	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.

9.0 Appraisals

- ***Target: 90%***
- ***Performance: (Feb) 86.85% (Jan) 86.45%***

The appraisal rate for Trust staff (excluding Bank staff) increased for the sixth month running. Performance is 3.15% below the target level. 261 appraisals were recorded as being completed this month and 38 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.

As at 28th February 2017 there were 6 appraisals overdue by 18 months plus, (3 of which were in this bracket last month). The seriously overdue appraisals are broken down to:

- 3 staff overdue 18 - 24 months -1 Nursing & Midwifery (Bank staff). 2 Estates and Ancillary, (1 Permanent and 1 Bank staff)

- 3 staff never had an appraisal – All Nursing & Midwifery staff – *One of these nurses will be leaving the Trust at the end of March.*

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. Within Medicine 1 and 2 appraisal compliance is discussed in the weekly HR recovery meetings and would be adopted across all divisions if successful.

Feb-17	Number due an appraisal	Overdue - less than 18 months	18-24 months	24 months +	Total overdue	% Compliance rate
Medicine 1	343	36	1	0	37	89%
Medicine 2	197	31	0	0	31	84%
Medicine 3	369	49	1	0	50	86%
Surgery 1	382	59	1	0	60	87%
Surgery 2	508	75	0	0	75	85%
Women & Children Services	262	32	1	0	33	87%
Estates & Facilities	337	21	0	0	21	94%
Finance	47	9	0	0	9	81%
Human Resources	29	3	0	0	3	90%
Patient Experience	34	4	0	0	4	88%
Patient Safety	46	3	0	0	3	93%
Planning & Performance	303	66	2	0	68	78%
Corporate/Trust Board	20	2	0	0	2	90%
Total	**2877**	**390**	**6**	**0**	**396**	**86%**

10.0 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 (Feb) 89.48% (Jan) 89.66%***
  - ***For 10 Core Subjects (Feb) 88.13% (Jan) 88.03%***
  - ***For 11 Trust Required Subjects (Feb) 91.48% (Jan) 92.09%***

Mandatory Training compliance increased slightly for the 10 Core subjects. Workbooks for Equality & Diversity which is not delivered on Clinical Day 1 or Doctors Mandatory Days are now being made available for staff to complete on the training day.

The Trust currently reports Equality & Diversity compliance as a once only training requirement. In order to bring our training compliance in line with the Streamlining programme and the Core Skills Training Framework (CSTF) that the Trust has aligned to, Equality & Diversity training must be renewed every 3 years. As from April 2017 Equality & Diversity compliance will be reported based on a 3 year renewal period. This will undoubtedly reduce compliance initially but a Communication notice is planned and with both electronic and hard copies of workbooks available to staff, it is expected that compliance will back to its current level (93.15%) by the end of 2017.

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

Clinical day 2 is due to commence in April 2017 with 2 full day sessions being provided each month.

Analysis of training days provided in February 2017

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Clinical D1	01/02/2017	50	17	14	0	3
Clinical D1	17/02/2017	50	31	21	2	8
Clinical D1	23/02/2017	50	19	14	0	5
TOTAL		150	67	49	2	16

Day	Date	Capacity	Booked to attend	Attended	Withdrew	DNA
Doctor D1	16/02/2017	30	18	13	3	2
Doctor D2	28/02/2017	30	9	7	2	0
TOTAL		60	27	20	5	2

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.

Whilst the Learning and Development Team are looking into longer term e-learning options a further option to complete mandatory training workbooks via a survey monkey questionnaire is being piloted. This went live on the intranet early February 2017 and very positive feedback has been received about ease of access and convenience from a range of staff groups. Benefits include name and contact details being captured within the questionnaire as a mandatory field, as these are often omitted from paper submission, and a reduction in both time and paper costs in printing workbooks.

11.0 Employee Relations

There was no new employee relation cases opened in February 2017. The table below shows the number of on-going cases.

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

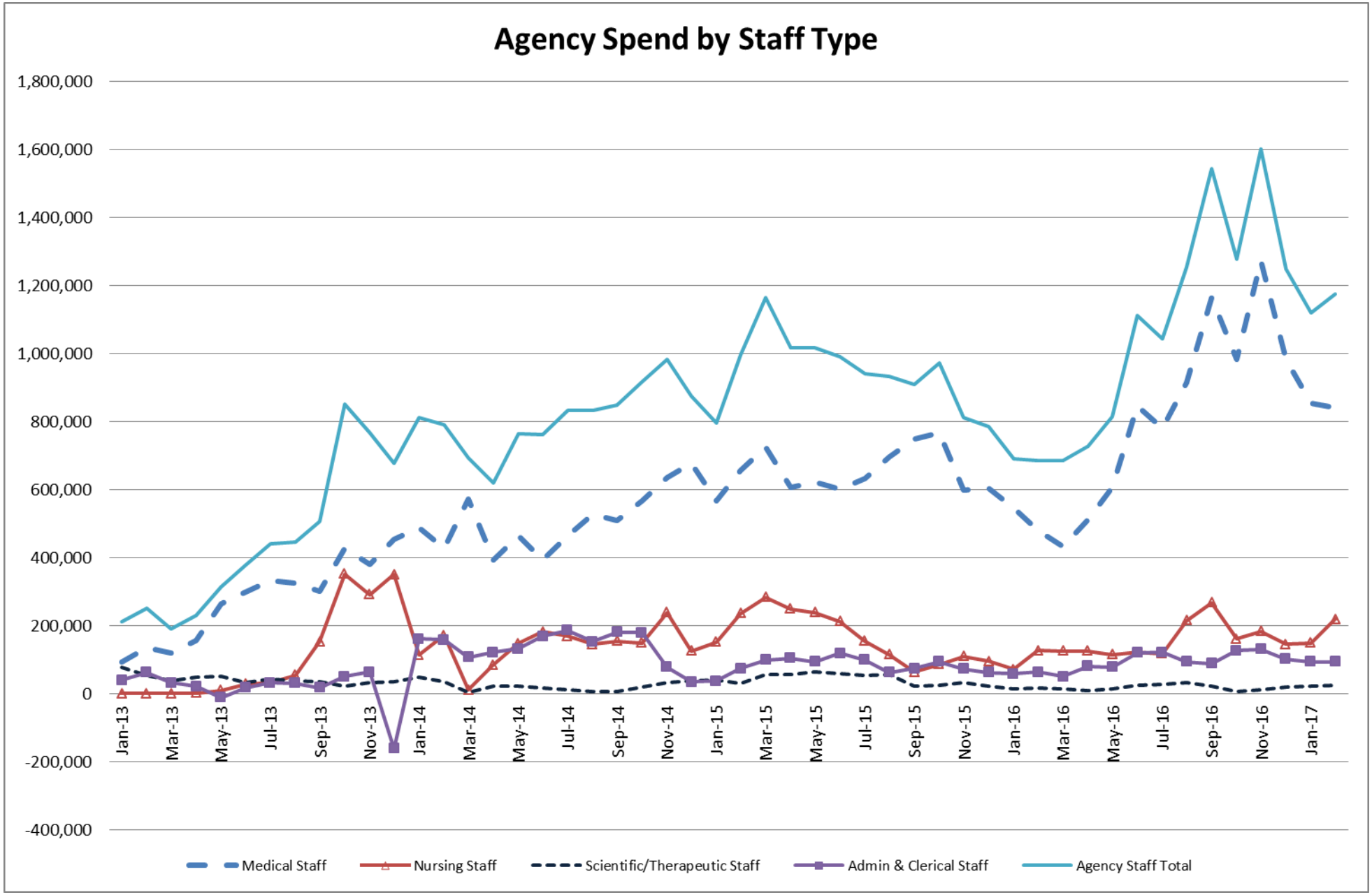
12.0 Recommendations

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

Appendix 1

TRUST FTE FEBRUARY 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	365.95	7.40	33.20	0.00	49.37	0.00	48.86	504.78	456.63	0.00	48.15	0.10
		Medicine 2	199.77	1.40	25.10	0.00	29.62	0.00	21.30	277.19	274.44	0.00	2.75	0.00
		Medicine 3	366.34	10.20	0.00	1.07	8.83	0.00	6.25	392.69	413.23	-20.54	0.00	2.21
		Service Group Total	932.06	19.00	58.30	1.07	87.82	0.00	76.41	1,174.66	1,144.30	0.00	30.36	2.31
	Surgery	Surgery 1	370.40	9.85	16.00	0.22	8.24	0.00	1.00	405.71	391.33	0.00	14.38	11.25
		Surgery 2	356.53	12.34	32.60	0.68	24.04	0.00	15.76	441.95	449.84	-7.89	0.00	0.57
		Service Group Total	726.93	22.19	48.60	0.90	32.28	0.00	16.76	847.66	841.17	0.00	6.49	11.82
	Women & Children Services Group	Service Group Total	239.34	25.85	16.20	0.34	7.98	0.00	8.00	297.71	282.51	0.00	15.20	0.71
		Directorate Total	1,898.33	67.04	123.10	2.31	128.08	0.00	101.17	2,320.03	2,267.98	0.00	52.05	14.84
Finance & Facilities Directorate	Estates Division	Division Total	37.67	2.00	0.00	0.05	0.00	0.00	0.00	39.72	46.33	-6.61	0.00	2.19
	Facilities Management	Division Total	207.01	4.40	0.00	12.90	16.50	0.00	0.00	240.81	238.24	0.00	2.57	3.90
	Finance	Division Total	43.78	2.00	0.00	0.13	0.00	0.00	1.95	47.86	52.42	-4.56	0.00	0.03
		Directorate Total	288.46	8.40	0.00	13.08	16.50	0.00	1.95	328.39	336.99	-8.60	0.00	6.12
Human Resources Directorate		Directorate Total	33.81	1.00	0.00	0.00	0.04	0.00	3.25	38.10	34.79	0.00	3.31	0.30
Patient Experience Directorate		Directorate Total	33.33	0.40	0.00	0.00	0.88	0.00	0.00	34.61	36.95	-2.34	0.00	0.00
Patient Safety Directorate		Directorate Total	41.71	3.70	6.00	0.18	0.97	0.00	0.00	52.56	56.06	-3.50	0.00	0.00
Planning & Performance Directorate	Clinical Information Division	Division Total	212.30	7.09	0.00	5.84	8.84	0.00	0.59	234.66	233.29	0.00	1.37	0.76
	I.M. & T. Division	Division Total	34.27	3.40	0.00	1.33	0.70	0.00	0.00	39.70	39.56	0.00	0.14	0.14
		Directorate Total	246.57	10.49	0.00	7.17	9.54	0.00	0.59	274.36	272.85	0.00	1.51	0.90
Trust Board		Directorate Total	15.60	1.00	0.00	0.00	0.00	0.00	1.50	18.10	22.60	-4.50	0.00	0.00
Trust Total		Trust Total	2,557.81	92.03	129.10	22.74	156.01	0.00	108.46	3,066.15	3,028.22	0.00	37.93	22.16
COMPARISON LAST MONTH Jan 17		FTE	2,553.01	88.99	136.50	24.58	133.35	0.00	91.53	3,027.96	3,028.24	-0.28	0.00	17.44
COMPARISON LAST YEAR Feb 16		FTE	2,449.08	122.85	132.20	17.72	147.77	0.00	52.41	2,922.03	2,891.29	0.00	30.74	20.86

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-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
Jan-17
Medical Staff
Nursing Staff
Scientific/Therapeutic Staff
Admin & Clerical Staff
Agency Staff Total