

# Workforce Reports– Resourcing

## 1. Introduction

Ensuring that the Trust has adequate workforce resources to deliver safe, effective care is a key accountability of an NHS Trust Board. A key risk on the Board Assurance Framework is a critical shortage of workforce capacity or capability.

From the beginning of 2018, the Trust has a workforce planning group which reports into the Trust executive which has both divisional and executive representation. This group complements the work of the Medical and Nursing taskforces and:

- a) Oversees the development of an overarching workforce plan for the Trust
- b) Undertakes workforce scenario planning, providing assumptions for modelling work.
- c) Coordinates the planning, funding and development of new roles and associated ways of working in the Trust.
- d) Acts as a reference group for understanding the Trust-wide workforce implication of STP plans and the Trusts response and contribution to STP workforce specific initiatives.
- e) Acts as an advisory group for recruitment initiatives.
- f) Maintains an overview of recruitment and retention premia / schemes across the Trust to ensure that they continue to support the workforce plan and do not have adverse consequences.
- g) Assesses workforce related risks, ensure that appropriate mitigation is in place and escalate to the Board of Directors as appropriate.

This quarterly report is designed to provide the Trust Board with an update about latest developments and provide assurance concerning the workforce capacity and capability risk.

## 2. 2018 Workforce Plan

The Activity, Workforce and Financial plan was submitted to NHS Improvement (NHSI) on 30<sup>th</sup> April 2018. See table below:

Plan submitted	2018/19
<b>ALL STAFF</b>	4,251.8
Bank	194.6
Agency staff (including, Agency, Contract and Locum)	66.8
<b>Substantive WTE</b>	3,990.4
Total Substantive Non-medical -Clinical Staff	3,020.3
Total Substantive Non-medical- Non-Clinical Staff	492.2
Total Substantive Medical and Dental Staff	477.9

A small number of points of clarification are being made to it, in response to feedback from NHSI.

As with other aspects of planning, the workforce plan began with a month 9 baseline of worked whole time equivalents.

In the plan, the Trust accepted an agency ceiling target of £16.65m for 2018/19.

Performance against the plan is being tracked. Below is the position against the Month 1 plan where additional hours have been worked against plan.

2018/19 M1	Plan	Actual	Variance
<b>ALL WTE STAFF</b>	4,233	4,281	48
WTE Staff (including bank, overtime and additional hours)	4,085	4,143	58
WTE Agency staff (Inc. Agency, Contract and Locum)	148	138	(10)

Whilst it is early in the year, it can be noted that the Trust is 48 wte off plan which is a gap of 1.1%. This is suggesting that we are using more wte than expected. However, it is positive to note that the variance for agency use is -10 wte. This will have a positive impact on the cost of those wte.

### 3. Staff in Post and Turnover

#### Trust Position as at May 2018

The Trust is able to track its staff in post against funded establishment in order to identify vacancies and to track turnover.

The Trust has a turnover threshold of 1%. Over the last 18 months, it is only in the month of April that the threshold is exceeded. In most months, the Trust welcomes more new starters than leavers. In addition, many nursing staff who retire remain on the Trust bank and still undertake periodic shifts for the Trust.

Below is the staff in post position for May 2018. A number of professional groups have vacancy gaps in excess of 10%, these being Medical & Dental; All Registered Nurses and Band 5 Registered Nurses, together with Scientific and Professional.

	May-18								
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover	Active Adverts
<b>Total Trust</b>									
Admin & Clerical	1147.27	1070.87	1310	76.40	6.66%	8.00	6.00	0.56%	33
Allied Health Professionals	223.82	213.11	265	10.71	4.79%	0.00	1.41	0.66%	3
Ancillary	41.42	37.31	44	4.11	9.92%	0.00	0.43	1.14%	1
Medical & Dental	503.67	448.49	471	55.18	10.96%	4.00	2.00	0.45%	16
Registered Nurse Operating Line * - ALL Bands	1346.89	1160.54	1373	186.34	13.84%	3.00	3.43	0.00	18
Scientific & Professional	216.99	194.53	213	22.46	10.35%	0.10	1.93	0.99%	5
Technical & Other	276.82	260.42	323	16.40	5.93%	4.43	1.00	0.38%	2
Unregistered Nurse	602.10	580.62	678	21.48	3.57%	3.97	1.40	0.24%	2
<b>Total - Trust</b>	<b>4397.96</b>	<b>3965.89</b>	<b>4677</b>	<b>432.07</b>	<b>9.82%</b>	<b>23.50</b>	<b>19.95</b>	<b>0.50%</b>	<b>80</b>
Band 5 Registered Nurse Only operating line *	740.69	590.05	713	150.64	20.34%	0.00	5.35	0.91%	-

Note: Starters and Leavers excludes Rotational Doctors

\*Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

#### Medical Staff

Below is the table tracking the medical staff vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
<b>Aug 16</b>	<b>483.57</b>	<b>413.30</b>	<b>70.27</b>	<b>14.53</b>	<b>-</b>
April 17	494.09	427.96	66.13	13.38	-1.15

Aug 17	493.74	430.79	62.95	12.75	-1.78
Dec 17	497.96	445.79	52.17	10.48	-4.05
May 18	503.67	448.49	55.18	10.96	-3.57

This table shows the gradual, but sustained improvement in the vacancy position with medical staff. (although the vacancy % is slightly higher in May 2018 than December 2017, there has been an increase in funded establishment of almost 6 fte. Much of the vacancy reduction has been achieved through success filling consultant vacancies and the clinical fellow and CESR programmes.

### Registered Nurses – All bands

Below is the table tracking the all Registered Nurse vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
<b>Aug 16</b>	<b>1327.51</b>	<b>1123.65</b>	<b>203.86</b>	<b>17.39</b>	<b>-</b>
April 17	1328.24	1164.22	164.02	12.35	-5.04
Aug 17	1332.86	1165.50	167.36	12.56	-4.83
Dec 17	1336.10	1187.43	148.67	11.13	-6.26
May 18	1346.89	1160.54	186.34	13.84	-3.55

This table shows a general trend of improvement in the vacancy position. However, the effect with Registered Nurses is quite seasonal as the newly qualified student nurses take up positions in September each year. Therefore, I would expect May to show a worse position than December each year. In addition, there has been an increase in funded establishment of over 10 wte, which means that more posts need to be filled for the percentage to remain static.

### Registered Nurses – Band 5

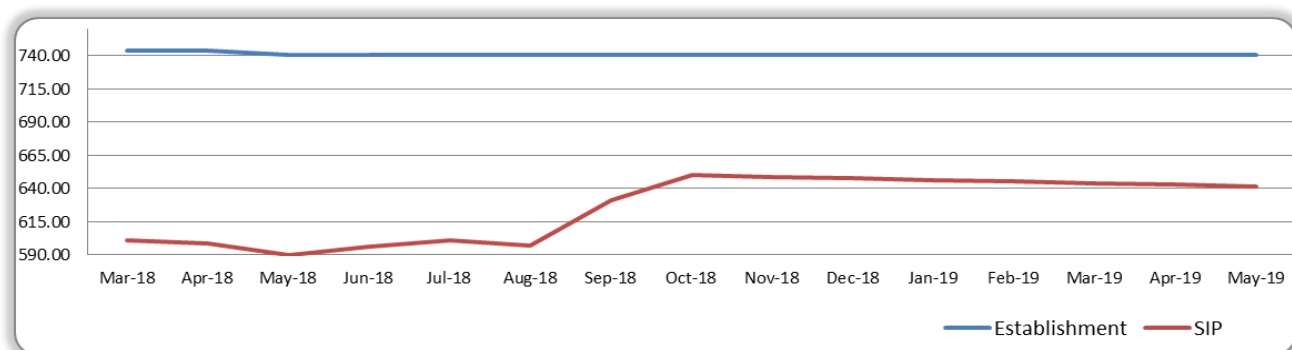
Below is the table tracking the Register Nurse (band 5) vacancy position since August 2016. These are our ward based nurses and therefore gaps tend to have to be filled with bank or agency nurses.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
<b>Aug 16</b>	<b>773.30</b>	<b>613.58</b>	<b>159.12</b>	<b>20.65</b>	<b>-</b>
April 17	748.75	626.76	121.99	16.29	-4.36
Aug 17	756.87	607.22	149.65	19.77	-0.88
Dec 17	752.10	625.51	126.59	16.83	-3.82
May 18	740.69	590.05	150.64	20.34	-0.31

This table was indicating a general trend of improvement in the vacancy position. However, more recently that has slowed and the seasonal effect with registered nurses has the most profound impact on this vacancy line. Funded establishment has also reduced, which corresponds with the increase in the all Register Nursing establishment. This is because a number of job bands have increased from band 5 to band 6. This can help with recruitment and retention of nurses.

## Band 5 Registered Nurse Trajectory

The band 5 nursing trajectory below, which is our predictor tool for nurse staffing, indicates that the position should recover itself in September 2018, with a significant increase due to the newly qualified nurses starting.



The Trust had twenty two (15.57 WTE) Band 5 registered nurse permanent new starters between March and May 2018.

The Trust has 57 newly qualified student nurses due to start this Autumn so far. More are likely to be identified at the monthly registered nurse assessment centres over the summer. This accounts for the step increase in the trajectory.

The Trust actively stay in touch with the student nurses whilst they are waiting to start and had organised a specific meet and greet event for them – see below.

### Summer 2018 Nurse Recruitment Activity

The following recruitment activity is scheduled over the next few months for nursing.

- 26<sup>th</sup> June      Womens & Childrens Assessment Centre**  
A bespoke event to recruit to Midwifery posts in Acute and Community along with Registered Nurses for NICU, Ward 25 and Gynaecology
- 9<sup>th</sup> July        Admin & Clerical Bank Assessment Centre**  
This is the second Event to recruit specifically to bolster the Bank with administrative staff who can work flexibly across all 3 sites
- 20<sup>th</sup> July      Registered Nurse Assessment Centre**  
This is the regular monthly Registered Nurse Assessment Centre
- 3<sup>rd</sup> August     Meet & Greet**  
This is an event where several key departments are able to meet and celebrate with all the Newly Qualified Nurses joining the Trust in Autumn 2018

## 5. International recruitment

### Update on tier 2 visas

There has been a positive change for the NHS in respect of international recruitment, due to the proposed relaxation of Tier 2 visa rules.

The proposal, which will take effect from 6 July 2018, will see all applications for doctor and nurse posts exempt from the Tier 2 visa cap. This will mean there is no cap on the number of doctors and nurses that can be recruited.

It is not a retrospective change and therefore Trusts will need to apply or re-apply for restricted certificates from July.

The applications will still be subject to the resident labour market test and all other rules and evidence requirements of Tier 2.

This is an interim measure, likely to be in place until spring 2019, and the government will ask the Migration Advisory Committee to undertake a review to inform future policy.

### **Registered Nurse International Recruitment**

Arrangements are being made with HealthPerm, the agency who have successfully recruited Registered Nurse to Nottingham University Hospitals to approach the Philippines for nurses.

It will be beneficially to consolidate Nottingham's success by directing our attentions to the same place. This strategy will help to build a wider community of Filipino nurses in the Nottingham area and support the wider system.

Recruitment will take place via Skype and all candidates will already have reached English language clearance. There will be costs associated with a planned cohort of 20 nurses. However, HealthPerm have reduced their fees in order to support the campaign.

It is planned to have the nurses arrive around December 2018 to January 2019. They will then be given support to pass the required clinical assessments before being fully qualified.

### **Medical International Recruitment**

Between March and May 2018 a further eight Clinical Fellows started working for the Trust with a further seven currently undergoing pre-employment checks. Approval has recently been given to recruit a further five. Clinical Fellows are mainly recruited internationally.

In autumn 2017, the Trust signed up to a recruitment offering called Clinicians Connected, which was being led by Derby Teaching Hospitals NHS Foundation Trust, designed to provide a ready supply of overseas doctors for employment.

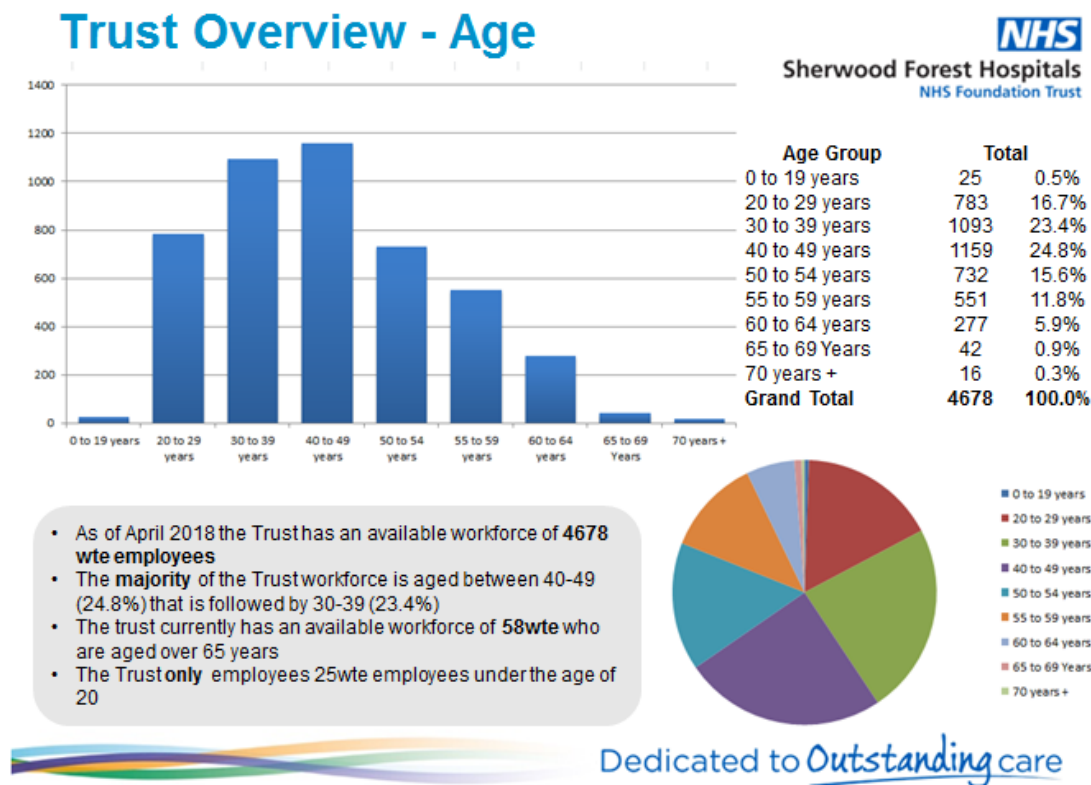
To date, our success with this has been limited. Three offers of employment have been made. However, the required pre-employment checks have been lengthy to carry out and achieving compliance with immigration rules is complex and time consuming. To date no medical staff have commenced with the Trust through this route.

## 6. Retention

### Retirement and age demographics

An area of risk for the Trust relates to workforce age demographics. The Workforce Planning Group is overseeing work to further quantify this risk.

Initial analysis, undertaken at Trust level is covered in this report. Further detailed analysis by division, specialty and staff group will follow over the summer.

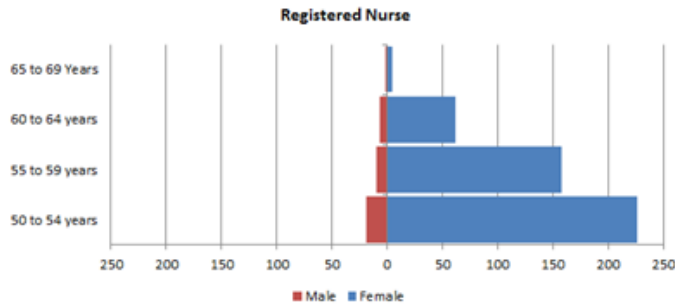


An issue is that there is no longer a set retirement age for staff, therefore it is more difficult to predict when an individual might retire. However, it is of concern that 1/3<sup>rd</sup> of the current workforce is aged 50+.

# Staff Group (Nursing) – Age over 50

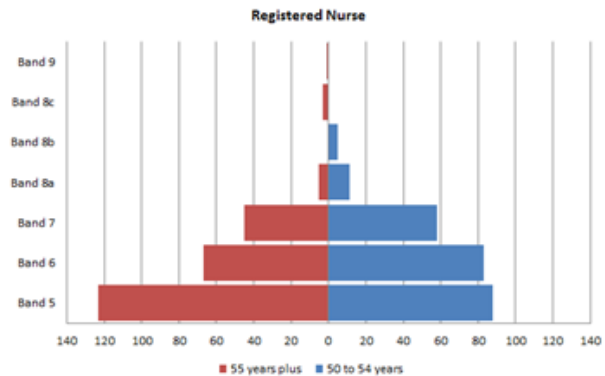


Sherwood Forest Hospitals  
NHS Foundation Trust



Age Group	Female	Male	Total
50 to 54 years	226	19	245
55 to 59 years	158	10	168
60 to 64 years	62	7	69
65 to 69 Years	5	2	7
<b>Total</b>	<b>451</b>	<b>38</b>	<b>489</b>

- The Trust has **489 wte** registered nurses professionals **over the age of 50**
- The majority of the **Registered Nurse** are female and aged between 50-54
- **Band 5** is an average salary banding for the workforce aged above 50 within Nursing
- 7 Registered Nurses are aged above 65 years old



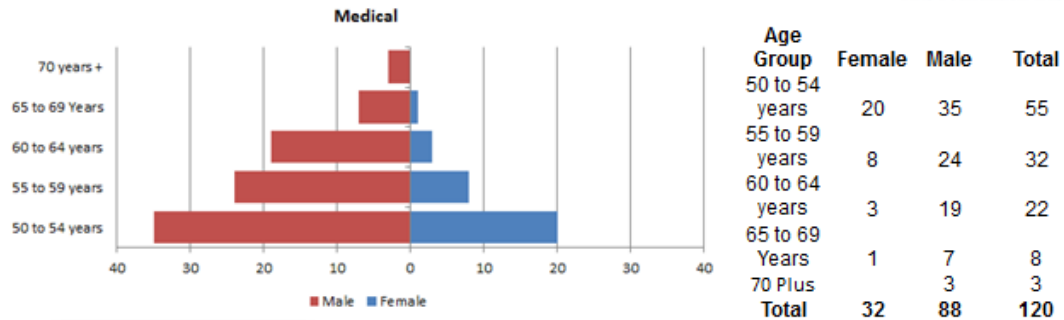
Registered nurses, working as a nurse (or in a role that requires them to retain their professional registration) in the NHS have the right to retire on their full pension at age 55. This is called special class status. Therefore, the fact that the Trust has 489 nurses aged 50+, against an average of 1180 nurses employed, suggests that over 40% of our nursing workforce are at or approaching the age when they can retire.

To some extent this risk is mitigated by the Trusts retire and return arrangements and in reality, many retired nurses continue to work bank shifts for the Trust.

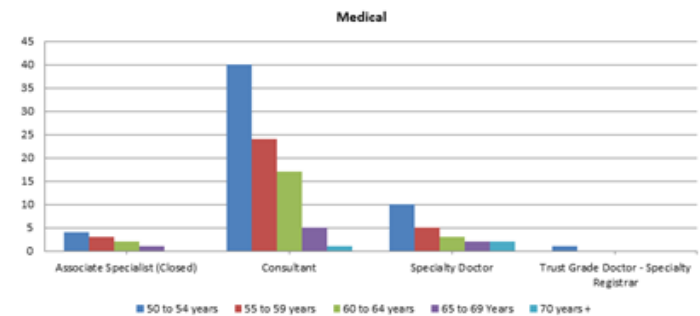
# Staff Group (Medical) – Age over 50



Sherwood Forest Hospitals  
NHS Foundation Trust



- The Trust has **120 wte** registered Medical professionals **over the age of 50**
- The majority of the **Medics** are male and aged between 50-54
- The **Medical role of Consultant** is the most concentrated staff role of employees over the age of 50
- 3 Medics are aged above 70 years old



Dedicated to *Outstanding care*

This shows that around 26% of medical staff are aged 50+. The further work which will be undertaken over the summer to identify these by specialty will be instrumental in establishing the associated level of risk in divisions.

It is believed that the risk of consultant retirement is exacerbated by the recent changes to HM Revenue and Customs rules concerning annual and life time pension allowances.

## 7 Bank and agency usage

The Medical and Nursing Taskforces led by the Executive Medical Director and the Chief Nurse continue to drive down agency cost and usage, supported by the optimal usage of our rostering system (Allocate).

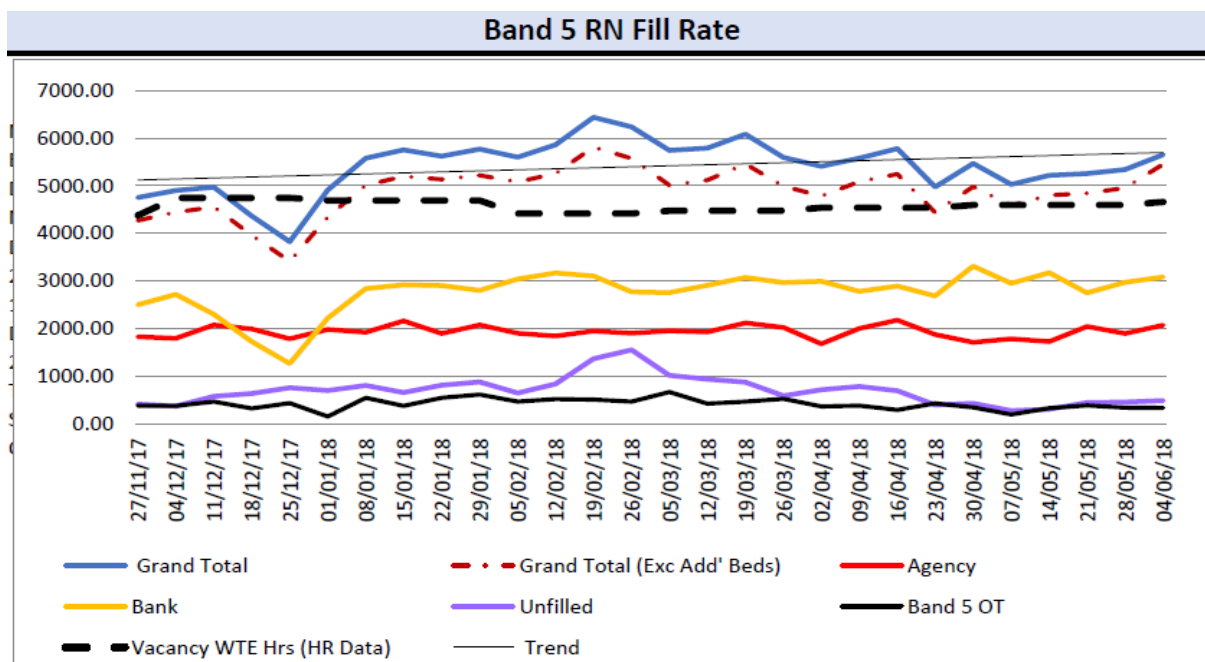
One of the benefits of using this system is the comprehensive dashboard that can evidence effective staff utilisation both at a ward / specialty level and at a high level across the Trust. Below is an example of one of the tables from it, which breaks down bank and agency usage. It also shows the number of shifts that were unfilled that week.

The Rostering Services Department produce this weekly report, which assist Divisions and wards to better manage their nursing utilisation. It also enables the Trust to track improvement made to the ratio of bank to agency.



Week Commencing 04/06/18	Band	Agency				Bank			Unfilled		
		Total Hrs	% Fill	WTE	Avg Hourly Rate	Total Hrs	% Fill	WTE	Total Hrs	% Fill	WTE
	RN	2074.50	36.69%	55.32	£28.83	3085.00	54.57%	82.27	494.00	8.74%	13.17
	RN Sp	348.50	46.58%	9.29	£34.01	279.25	37.32%	7.45	120.50	16.10%	3.21
	ENP	18.50	50.00%	0.49	£55.76	18.50	50.00%	0.49	0.00	0.00%	0.00
	HCSW	0.00	0.00%	0.00	£0.00	4359.17	83.00%	116.24	893.08	17.00%	23.82
Filled Additional Duties (Total Hours)									Agency	Bank	Unfilled
One to One Usage (Total Hours)									0.00	993.67	332.33

Below is a chart which shows the trend of overtime, bank and agency use across the last 6 months. It shows the increased nursing resources used over the winter period, apart from Christmas and New Year. It also shows the impact on the demand for nurses when opening additional beds. (the gap between solid blue line and the red dotted line).



## 8. Productivity and Benchmarking

### Model hospital metrics

The Trust is starting to use NHSI's Model Hospital data to understand its position relative to other Trusts in relation to key workforce metrics.

Below are comparisons of vacancy rates as at March 2018. Whilst the Trust is still an outlier regarding its medical and nursing vacancies, it does indicate the degree to which we have moved closer to the national median, due to our strong focus on recruitment and retention.

Vacancies	Trust Actual %	National Median %	Variation
Trust Vacancies	9.08	8.77	
Medical	10.07	9.99	
Registered Nurses	15.97	10.66	
Non-Clinical	5.18	8.15	

Further comparison have been made of retention rates of particular staff groups as at January 2018 which show the Trust as having retention rates above the median for nurses and Healthcare Support Workers (HCSW's).

Retention rates	Trust Actual %	National Median %	Variation
Nursing & Health Visitors	88.6	87.5	
Midwifery	88.1	89.6	
HCSW's	86.2	84.1	
Medical	92.7	92.7	

Comparisons of staff sickness absence rates as at December 2017 / January 2018 show the Trust in a favourable light for some of our larger staff groups such as Nursing and Nursing support (HCSW). AHP's are mixed with qualified staff being above the national median but support to AHP posts being much more favourable than the national median.

There could be the possibility of the under reporting of medical sickness absence. As we now use the Allocate system we are confident of improved reporting in this area. Medical absence for the Trust is still below the trust threshold of 3.5%.

Sickness rates	Trust Actual %	National Median %	Variation
Nursing & Health Visitors	4.7	4.8	
Midwifery	8.2	5.7	
HCSW's	5.4	7.0	
Qualified AHP	3.3	3.0	
Support to AHP	3.6	5.7	
Medical	3.2	1.4	

This is the cost per Weighted Average Unit of Activity (WAU). This data is only available for 2016/17, therefore these comparisons would be used with caution. As these only related to substantive staff, our Trust is relatively low cost because of the higher number of vacancies and correspondingly higher agency spends.

Cost per WAU	Trust Actual £	National Median £	Variation
Nursing & Midwifery	643	718	
Registered Nursing & Midwifery	478	568	
Non-Registered Nursing & Midwifery	165	154	

The analysis of temporary staffing spend against total spend in the Trust for January 2018, shows that our Trust is still an outlier in this area due to the Trusts agency spend, even though we delivered the control total in 2017/18.

	Trust Actual %	National Median %	Variation
Temporary staff spend as a % of total spend	14.3	8.5	
Band spend as a % of total spend	5.1	5.5	
Agency spend as a % of total spend	9.2	5.5	

## 9. New role development

### Overview

Seventeen different alternative roles are currently in the pipeline or have just been established in the Trust. Predominantly, these roles are intended to fill workforce gaps, thereby reducing reliance on agency staff. If they all come to fruition, these would total around 80 wte. However, some are pilots which would be rolled out across other areas should they be successful.

Established	2	The types of new roles are mainly across the medical and nursing workforce and include Physician Assistant, Nurse Apprentice, Surgical First Assistant, Advanced Clinical Practitioners, Doctors Administrator, Clinical Fellow, Specialty Doctor (CESR), Nursing Associate, Nurse Endoscopist, Clinical Physiologist, Advance Nurse Practitioner, Clinical Coder, Biomedical Scientist, Emergency Nurse Practitioner, Healthcare Scientist, Advanced Nurse Practitioner and Nurse Consultant.
In Training	10	
In development	1	
In consideration	4	

### Doctors Administrator

The Junior Doctors Administrator is a band 3 role that works alongside Junior Doctors to support them with inpatient/ward work. The role combines a range of clinical and administrative competencies. The Doctor's Administrator will work with some autonomy alongside Junior Doctors, with clinical supervision provided by a consultant. The Doctors Administrator works as part of the medical team under the supervision of the doctors and they support the doctors by participating in the delivery of patient care.

The Doctors Administrator is an integral part of the medical team, they may be attached to a particular ward or team based. If team based they will be involved in the care of all the patients under the care of their team despite the geographical location within the hospital. The Doctors Administrator will have completed the Care Certificate and will be competent to undertake a range of clinical procedures.

The Doctors Administrator has been piloted in East Sussex Healthcare NHS Trust. Prior to carrying out the pilot the University of Brighton supported that Trust with a study of the role of the Junior Doctor and it was estimated that the doctors spent 44% of their time carrying out administrative tasks., which in turn made attendance at teaching/theatre sessions and clinics variable. The Doctors Administrator role involves supporting ward rounds and then carrying out tasks required following the ward round, writing in patient notes, completing discharge summaries, ordering tests, obtaining test results and presenting to the clinicians, phlebotomy, cannulation, spending time talking to patients/families organising patient discharges.

The East Sussex pilot the Trust found that the junior doctors reported a greater likelihood of attending teaching/operating and clinic sessions. The overtime worked by the doctors reduced by 80% when comparing a week with and without a Doctors Administrator. There was a reduction in locum expenditure during the day time, there were fewer exception reports received from the junior doctors and patient discharges were expedited.

In our Trust, across Trauma and Orthopaedics at the moment they have two Clinical Fellow vacancy gaps. The proposal is to use that funding in order to introduce two Band 3 Doctors Administrators who would provide ward based support to the medical teams covering the hours from 8am until 4pm. The plan for their introduction is being finalised and it is hoped the pilot will begin in October 2018.

The re-investment of the Clinical Fellow vacancy gaps in this way not only frees up clinical time but may also lead to some financial efficiency. If the Trauma and Orthopaedics pilot is successful, it may be possible to introduce the role in other areas.

## **10. Apprenticeships**

Nationally the Apprenticeship Levy is costing the county £1.2 billion pounds in employer contributions but currently 90% of this amount is still at HM Treasury because employers cannot spend it.

Releasing staff to attend 20% off the job training is cited as a major barrier for employers as currently the Levy does not support staff back fill costs. For our Trust, this has impacted on the nursing support workforce who have traditionally undertaken NVQ qualifications on the job as a route into nursing. As they currently have to be released one day a week for the length of the apprenticeship under the new arrangements, it makes this route expensive as the Trust has to find back fill costs.

There are 554 national apprenticeship frameworks that have been commissioned but to date only 52% of these frameworks have been completed and are available for use. Often, the ones still in development would be most useful to our Trust. Their lack of availability is impacting on our Trusts ability to spend our Levy pot.

Our annual Levy contribution is about £700k a year. Currently we have committed just over half of it in apprenticeships. From May 2019 organisations will have to start paying back their monthly contributions, made from April 2017 if they have not been spent. This means that if we fail to recruit enough new apprentices we would start to lose out on our levy money from August 2019.

The Training and Education Team meet regularly with all new managers and deliver monthly briefings to raise the profile and educate managers to apprenticeship opportunities. In addition, we are taking steps to identify roles in the workforce which should always have an apprentice in order to maximise usage of our Levy in the most beneficial way.

Potential opportunities for larger scale transformation include supporting another cohort of Trainee Nursing Associates or Apprenticeship nurses but this would require backfill costs.

It is understood that there is currently lobbying of the Government to make the new apprenticeship levy more flexible. Specifically, to permit organisations to use Levy

contributions to support backfill costs and permit the unused levy monies to be rolled forward to future years. Such changes would be beneficial to the Trust.

The Trusts 2018/19 target for apprentices is 48. We currently have 36 staff on an apprenticeship and are therefore on target to achieve this. The distribution of the 36 apprenticeships is shown below:

<b>Apprenticeship Title</b>	<b>Level</b>	<b>Length of Apprenticeship</b>	<b>No of staff</b>	<b>Cost per person</b>	<b>Total cost</b>
Assistant Accountant	3	16 months	2	£9,000	£18,000
Digital Technology & solutions	6	48 months	3	£27,000	£81,000
Healthcare Science Practitioner	6	35 months	2	£27,000	£54,000
Healthcare Science Associate - Clinical Engineering Pathway	4	24 months	1	£9,000	£9,000
Finance AAT Level 2	2	16 months	1	£2,000	£2,000
Team Leader/Supervisor Apprenticeship	3	13 months	1	£5,000	£5,000
Business Administration	4	20 months	2	£4,000	£8,000
Business Administration	3	18 months	7	£5,000	£35,000
Business Administration	2	12 months	6	£2,000	£12,000
Operations/Department Manager	5	24 months	1	£9,000	£9,000
Chartered Manager Degree Apprenticeship	6	36 months	3	£27,000	£81,000
Senior Healthcare Support Worker	3	18 months	3	£3,000	£9,000
Senior Leader Master's Degree Apprenticeship	7	24 months	1	£18,000	£18,000
Assistant Practitioner (Theatres)	5	24 months	3	12,000	£36,000
		<b>Total</b>	<b>36</b>		<b>£377,000</b>

## **11. Sustainability and Transformation Partnership Update**

### **Strategic Workforce Planning (SWiPe) Workstream Profiles**

A number of forums have been established to develop a system wide approach to workforce. These include the Strategic Workforce Transformation Delivery Group (SWTDG) and the HR and OD Collaboratives. Our Trust is represented on all groups and the Workforce Information Group, which is the sub-group leading on developing the SWiPe workstream profiles is chaired by our Trusts Deputy Director of HR.

A snap-shot of the in-post workforce has been conducted across Nottingham & Nottinghamshire on three occasions – March 2016 (using national ESR Warehouse data provided by HEE) and then in March and September 2017 from local providers;

This has included all major NHS providers and the two Councils plus General Practice workforce (using NHS Digital data at slightly different time-points);

The data includes organisational and professional categories to ensure an audit trail back to other planning processes, but focusses on skill level to support the development of an integrated system perspective.

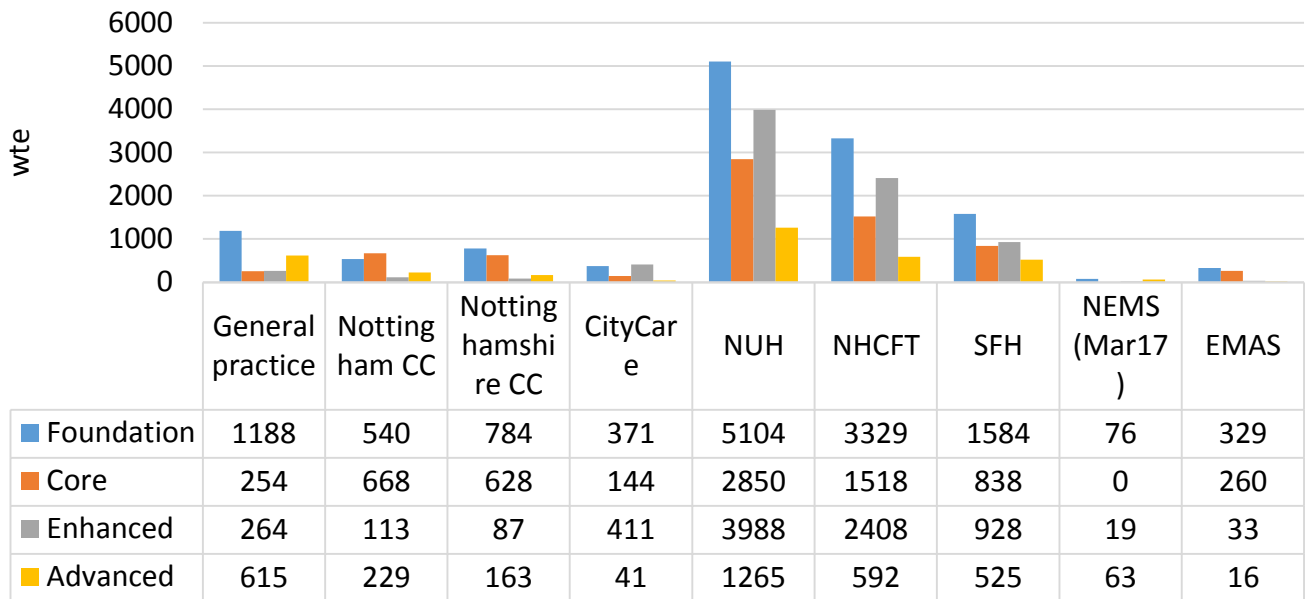
The SWiPe framework is part of a toolkit that enables local partners to join bits of the jigsaw into a bigger picture: Underlying population health needs, and how these will change over time; Service transformation, and how things will look different in the future; The workforce transformation necessary to respond to these challenges.

Initial work developed a four tier framework linked to skill level (high level groupings of competence that come together to describe a broad level of skill)

Group	Description
<b>Foundation</b>	This level of skill requires staff to have an understanding and awareness of work procedures which staff would be expected to have after induction and on the job training. Examples of staff groups with foundation skills are health care assistants, care workers or support workers.
<b>Core</b>	An understanding and knowledge of work procedures that requires a level of theoretical knowledge normally acquired through formal training or equivalent experience. Examples of staff groups with core professional skills are community nurses or social workers applying their core skills without enhancement or specialisation.
<b>Enhanced</b>	Understanding of a range of work procedures and practices that require a higher level of theoretical knowledge and practical experience normally acquired through formal training or equivalent experience and applied in a specific area of need such as a single health condition. Examples of staff groups with these skills are allied health professionals with knowledge of specific condition or social workers with a specialist field, for example, with additional training in mental health needs.
<b>Advanced</b>	Knowledge across a range of work procedures underpinned by advanced theoretical knowledge acquired through extended formal education and training and practical experience. Examples of staff groups with advanced skills are medical consultants, advanced clinical or social care specialists

At September 2017, the total Nottinghamshire workforce consisted of 32,224 whole time equivalents, who were in-post at the time, split as shown below.

## Whole Notts in-post workforce - September 17



In addition, to the above, it is understood that there are corporate staff of c.4,323.5wte.

Unfortunately, at present, this modelling is not able to show vacant posts or agency usage, so is not a full representation of the workforce required to deliver existing services.

This data has been further broken down by service and location. It will feed into the system transformation work.

This view of the in-post workforce will be complemented with intelligence about current and aspirational levels of, sickness & absence, temporary staff, vacancies and turnover which is being developed by the Workforce Information Group.