

Board of Directors

Subject: Workforce Report

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Author: Kate Lorenti – Deputy Director HR, Pauline Burgin – Workforce Information Manager, Michelle Smith – Workforce Information Officer, Helen Cowley – Workforce Information Officer

Lead Director: Graham Briggs – Interim Director of HR & OD

HIGHLIGHTS

SICKNESS ABSENCE:

September performance is 3.97% against the 3.5% target with Short term sickness at 2.06% and Long term sickness at 1.91%. The trust sickness rate increased by 0.17%. Short term increased by 0.38% and Long term sickness decreased by 0.21%. The main reasons for absence were Anxiety/Stress 0.71% and Other – musculoskeletal 0.56%. The cumulative position for August 2015 stands at 3.79%. Further analysis will be undertaken to understand the increase and will reported back next month.

	Trust	Corporate	Diagnostics & Rehab	Emergency Care & Medicine	Newark Hospital	Planned Care & Surgery
Apr-15	3.75%	1.52%	2.68%	3.50%	5.57%	5.31%
May-15	3.51%	2.67%	3.22%	2.87%	7.46%	4.41%
Jun-15	3.78%	2.51%	3.75%	3.74%	7.18%	4.14%
Jul-15	3.95%	2.23%	4.15%	4.06%	6.07%	4.29%
Aug-15	3.80%	1.90%	3.95%	3.72%	4.47%	4.54%
Sep-15	3.97%	3.52%	3.31%	3.71%	6.36%	4.73%

HR continues to work with the divisions to support the management of absence, all long term sickness cases are reviewed every two weeks. Sickness absence actions plans will be reviewed with the divisional senior management teams and actions to support delivery of Trust sickness absence target agreed with agreed trajectories for improvement which will be monitored against.

APPRAISAL:

Appraisal compliance is 86% for September 2015 (86% August 2015). The 98% compliance target continues to be driven within the divisions. There are now 490 appraisals outstanding compared with 444 in August 2015.

2015/2016						
	Apr	May	Jun	Jul	Aug	Sep
Target	98%	98%	98%	98%	98%	98%
2015/2016 Trust Total	90%	89%	90%	87%	86%	85%
2014/2015 Comparison	82%	84%	81%	83%	84%	82%
Corporate	91%	90%	87%	85%	84%	86%
Diagnostic & Rehabilitation	95%	93%	93%	89%	90%	90%
Emergency Care & Medicine	86%	86%	88%	85%	85%	81%
Newark Hospital	86%	90%	93%	94%	94%	94%
Planned Care & Surgery Division	91%	88%	90%	88%	85%	84%

From April to September Newark’s Appraisal completion rate increased by 8%. Planned Care and Surgery rate

decreased over the same period by 7%. The other 3 Divisions all show a decrease in their completions rates of 5% over the same period.

All outstanding appraisals are being reviewed by Assistant HR Business Partners and discussed at Confirm & Challenge meetings to drive improvement. Action plans are being reviewed to ensure that appraisals are undertaken in a timely manner and remain compliant. Trajectories for compliance improvement will be agreed with the divisional teams and monitored against.

BUDGETED ESTABLISHMENT:

In August 2015, the Trust vacancy rate was 9.19% and has decreased to 8.27% in September 2015. The vacancies equate as follows:

The minus figure denotes where a particular staff group is over established. However this reconciles within the overall establishment to give the total establishment and vacancy figure.

Vacancy Rate - Number of Vacancies Compared to Budgeted Establishment per Staff Group	Sep-15		Aug-15		Difference	
	WTE Vacs	% Vacancies	WTE Vacs	% Vacancies	WTE Vacs	% Vacancies
Admin & Clerical	54.00	5.52%	70.37	7.18%	16.37	-1.66%
Allied Health Professionals	4.17	2.10%	4.76	2.40%	-0.59	-0.30%
Ancillary	-7.39	-19.25%	-7.39	-19.25%	0.00	0.00%
Medical & Dental	53.23	11.39%	51.25	10.97%	1.99	0.43%
Registered Nurse	149.45	11.32%	172.69	13.08%	23.24	-1.77%
Scientific & Professional	21.32	9.98%	25.86	12.07%	-4.55	-2.08%
Technical & Other	17.69	6.78%	17.46	6.72%	0.23	0.06%
Unregistered Nurse	40.36	7.40%	34.64	6.35%	5.72	1.05%
Grand Total	332.84	8.27%	369.65	9.19%	36.81	-0.91%

There were 63.54 WTE new starters in September, of those 34.20 WTE were registered Nurses and 29.20 WTE were Band 5 Registered Nurses.

There were 25.73 WTE leavers in September, of those 6.79 WTEs were Registered Nurses and 6.8 WTE's were Medical & Dental staff.

Recruitment initiatives for nursing continue. The government has announced that nurses are now being included on the shortage occupation list which will support the awarding of Visas to the nurses recruited in the Philippines. Plans are being developed to explore further recruitment in the Philippines. The nursing recruitment open day offered posts to 14 nurses. There is currently 110 Registered Nurses progressing through the recruitment process, of these, 29 equating to 27.58 WTE have potential start dates.

Work is being undertaken to support medical recruitment initiatives. There were 10 Medical appointments in September. There were 2 Consultant appointments in Anaesthetics in September, one of which was a flexi retirement re-engagement.

STAFF IN POST:

Staff in post numbers has increased by 36.41 WTE from August 2015.

	Aug-15	Sep-15	Difference
Admin & Clerical	909.22	923.80	14.58
Allied Health Professionals	193.75	194.45	0.70
Ancillary	45.75	45.75	0.00
Medical & Dental	416.03	414.04	-2.00
Registered Nurse	1147.23	1171.36	24.13
Scientific & Professional	188.48	192.21	3.74

Technical & Other	242.25	243.15	0.90
Unregistered Nurse	511.00	505.36	-5.64
Total per month	3653.70	3690.11	36.41

VARIABLE PAY:

Variable pay was £3.0m in September 2015 against the actual budget of £1.1 m. This has increased from August 2015 by £0.15m and has an overspend of £1.89m against the budget. Variable pay continues to be monitored in the weekly variable pay meetings and a review of the engagement of temporary workers policy is currently being undertaken.

The five areas where the highest variable pay spend are shown below and are split by medical at £1331,495 and Nursing at £911,845.

Cost Centre	Department/Ward	Variable Pay Spend
TC05900	Turnaround	£95,819
EE17059	Junior Doctor KMH	£306,245
EE17060	A&E Medical	£236,228
EE34096	KMH Emergency Assessment Unit	£107,795
EH17064	HCOP Medical	£156,126

HRBP's are working with divisions to develop plans to recruit to all vacancies across the Trust.

BANK AND AGENCY STAFF

Requested Shifts											
Month	Requests	Cancelled by the Ward	Total Requests	Bank Filled		Agency Filled		Remained Unfilled	Total Bank/Agency Filled		
	Reg	Reg		Reg	Reg	Reg	Reg		Reg	Bank	Agency
Apr-15	1,829	606	1,223	154	12.59%	940	76.86%	129	51.63%	34.43%	13.94%
May-15	1,628	392	1,236	170	13.75%	881	71.28%	185	52.53%	28.83%	18.64%
Jun-15	1,486	230	1,256	163	12.98%	938	74.68%	155	51.89%	29.77%	18.35%
Quarter 1	4,943	1,228	3,715	487	13.11%	2759	74.27%	469	52.02%	30.98%	17.00%
Jul-15	1,816	359	1,457	157	10.78%	1040	71.38%	260	46.74%	31.54%	21.72%
Aug-15	1,798	342	1,456	138	9.48%	1003	68.89%	315	49.23%	30.98%	19.79%
Sep-15	1,684	283	1,401	143	10.21%	1023	73.02%	235	48.09%	31.57%	20.34%
Quarter 2	5,298	984	4,314	438	10.15%	3066	71.07%	810	48.02%	31.36%	20.62%

Requested Shifts											
Month	Requests	Cancelled by the Ward	Total Requests	Bank Filled		Agency Filled		Remained Unfilled	Total Bank/Agency Filled		
	Unreg	Unreg		Unreg	Unreg	Unreg	Unreg		Unreg	Bank	Agency
Apr-15	2,713	558	2,155	1590	73.78%	223	10.35%	342	51.63%	34.43%	13.94%
May-15	2,511	303	2,208	1639	74.23%	112	5.07%	457	52.53%	28.83%	18.64%
Jun-15	2,511	273	2,238	1650	73.73%	102	4.56%	486	51.89%	29.77%	18.35%
Quarter 1	7,735	1,134	6,601	4879	73.91%	437	7%	1285	52.02%	30.98%	17.00%
Jul-15	2,633	282	2,351	1623	69.03%	161	6.85%	567	46.74%	31.54%	21.72%
Aug-15	2,674	356	2,318	1720	74.20%	166	7.16%	432	49.23%	30.98%	19.79%
Sep-15	2,765	311	2,454	1711	69.72%	194	7.91%	549	48.09%	31.57%	20.34%
Quarter 2	8,072	949	7,123	5054	70.95%	521	7.31%	1548	48.02%	31.36%	20.62%

Work has been undertaken to ensure that the Trust has systems in place to ensure compliance with the Monitor Agency Nursing Rules from 19th October 2015.

Recruitment for bank Health Care Support Workers continues but the introduction of the care certificate has impacted on the ability for HCSW to work in a non –supernumerary capacity before completion of the care certificate. Work is being undertaken to understand the impact of this requirement for bank health care support

workers and to review recruitment and induction processes to ensure compliance. Work continues to attract registered staff to work on the Trust bank but the implications of the pay rate cap for agency and locum staff will have significant implications for the Trust nursing bank. A task and finish group has been set up to understand actions required by the Trust for compliance with this.

HEEM

On the 11th September 2015 HEEM came to carry out a follow up visit to the Ophthalmology department where we received very positive feedback. HEEM were happy with the way that the trainees were supported, how operational processes had improved and felt assured. The Trust is also working with HEEM on developing a bespoke ED support package to help us progress a number of issues relating to developing a sustainable workforce, improving handover and referrals and improving cultural behaviours and interactions with other departments within the hospital. As part of this support package a leadership fellow will be working with the Trust on looking at the referral process. A specialist HR consultant has also been engaged to help us progress this piece of work and focus ensuring that we have safe staffing practices.

On 5th October 2015, a joint GMC/HEEM visit took place to review the progress of the ED action plan following their visit in June 2015. The GMC and HEEM recognised the hard work, energy and progress made so far but acknowledged that there is still work to be done. They thought that the new ED trainees junior doctor forums were responsive and functional. They also noted that patient flow improved. They felt that the ED consultants were not aligned as a body and were fatigued. The need to energise recruitment of permanent consultants was identified a priority. Continued concerns were raised by medicine trainees regarding handover, quality of referrals, delay in initiation of treatment and foundation doctors being asked for specialty opinion were still an issue. The ED support package is now being developed further and at pace to address these issues.

MANDATORY TRAINING:

The Trust's Mandatory Training Policy is reviewed on a 2 yearly basis and was last reviewed in July 2014. The multi-professional Training, Education and Development Committee is responsible for developing this policy and deciding which staff groups are required to undertake what training in line with national standards. The Policy is then approved by the Workforce and OD Committee.

The TED Department sends out monthly mandatory training compliance reports to managers and directors in order to progress organisational wide compliance with this policy. From April 2014 all staff had access to ESR Employee Self Service which allowed them to view their mandatory training information online and in real time format. In November all staff were written to for the first time identifying all of their mandatory training requirements, what topics they were in date with and when their existing training ran out. From January 2015 the TED/HR Departments rolled out Supervisor Self Service to managers which allows managers instant and real time access to view all of their staff's compliance with mandatory training and to drive improvement.

In April 2015 new national mandatory training legislation came into effect which for the first time identified what training nationally all trusts had to undertake, which staff groups this affected and how often the training needs to be refreshed. As a Trust we have always been very well connected with national developments and our existing policy was already 80% compliant with the new national standards. These new changes predominantly affected all non-clinical staff who are now required to undertake new mandatory training courses such as load moving and handling and equality and diversity. Prior to the new national changes coming into effect the Trust's overall compliance with mandatory training was 83%. From April 2015 the mandatory training rate initially dropped to 78% due to these new changes and at the end of September 2015 the compliance rate is 80%.

HRBP's have been tasked with working with divisions to develop action plans and trajectories for compliance.

OCCUPATIONAL HEALTH

The Occupational Health department experienced a 45% increase in number of SFT Manager Referrals attended in July, August and September 2015 compared with same period 2014. There has been an 8% increase in the number of overall Occupational Health appointments attended by SFT staff compared to the same period 2014. This increase has been managed within the existing establishment.

Confirmation of successful SEQOHS (Safe Effective Quality Occupational Health Service) renewal was received on 27th July 2015. This is a national Occupational Health accreditation scheme and only half of all NHS Occupational Health Departments in England are SEQOHS accredited.

Mentally healthy workplace training was delivered to approximately 70 Trust Managers (in conjunction with T&ED) by the end of September 2015.

Occupational Health continues to deliver resilience sessions for staff and evaluation shows of the 118 staff who have attended developing resilience sessions:

98% consider the presentation will help them look at their own resilience and take steps to increase it and 97% consider that they will have more confidence in discussing increasing resilience skills with colleagues/members of team

The annual HCW flu vaccination programme commenced on the 5th October 2015. In the first the first two 'grab a jab' sessions held in the KTC at KMH over 500 staff were vaccinated

OPERATIONAL

Diagnostic and Rehabilitation (DRD)

Variable Pay

High area of variable pay for DRD are:

Radiology – Locums are in post to cover vacancies. Actions – recruitment and retention premia added to attract candidates and a workforce, recruitment and retention group has been developed to look at the implementation of the Consultant Radiologist recruitment strategy. One consultant has been appointed and will commence on 1st Jan. To re-advertise for another 2 posts w/c 19th Oct

KTC Nursing – There are a variable number of clinics each week due to nature of service. Consideration is being given to converting some variable hours in to fixed posts to reduce bank staff numbers.

Sickness Absence

High area of sickness for DRD is –Clinic Reception at 13.93%. There are several long term sickness cases at the moment, all are being monitored through the appropriate policy and stage 2 meetings have been arranged where necessary. There has been an increase of short term sickness which is being managed accordingly.

Appraisals

Appraisal completion rates remain stable. Managers have been asked to have a plan in place to ensure their compliance rates meet the 98% target and this is reviewed monthly in confirm and challenge meetings with managers being held to account if they have not been completed within the timescale they agreed the previous month.

Emergency Care &Medicine

Sickness Absence

The sickness absence rate is currently 3.71% which is a decrease of 0.01% since last month, the Trust target is 3.5% therefore it is still 0.21% above the Trust target. Short term sickness absence has increased this month to 2.07 for 1.46%.

Hot spot areas

- Milne Resource Unit –35.41%. This is the division's highest sickness percentage but is due to the small number of staff within the unit, absence is being managed in accordance with the Trusts policy.
- Geriatrics PPC – 17.06%
- Newark MIU – 15.25%
- Ward 43 – 11.78%
- Night Coordinators – 11.554%
- Ward 44 – 9.16%
- Ward 34 – 9.16%

- Confirm and challenge sessions are continuing to address services with high levels of sickness absence
- Managers are being asked to have an action plan in place for dealing with their sickness cases
- HR are continuing to work with managers to address competency levels via sickness master classes, coaching and support

- Another sickness audit is to take place in November 2015

The Deputy Director of HR is meeting with the HRBP's and AHRBP's to review all long term sickness absence cases to ensure effective implementation of the Sickness Absence Policy.

Appraisals

Variable Pay

- Junior Doctors = £100,112 (Increased from £79,291). Agency locums in post to fill gap in the rota and vacancies as a result of the August Junior Doctors change over.
- A&E Medical = £67,350 (Increased from £13,940). Increased as a result of additional Consultant cover being approved following CQC recommendations.
- Gastroenterology Medical = £60,049. Agency locum covering vacancy as a result of Business case.
- HCOP Medical = £54,170. Agency staff covering Consultant vacancies.
- Cardio Respiratory = £53,262. Locums and overtime to cover vacancies.
- Action being taken is a divisional recruitment plan for medical vacancies and agency spend trajectory is being produced and updated on a weekly basis.

Planned Care & Surgery

Appraisals

- Appraisal 84% a reduction of 1% since August. Key areas of concern are as follows:-
- ITU 83% 11 appraisals overdue
- Ward 25 53% 25 appraisals overdue
- Ward 14 74% 13 appraisals overdue
- Waiting list 21% 11 appraisals overdue
- Access/booking 46% 7 appraisals overdue
- Theatres 78% 33 appraisals overdue
- Department heads have been requested to produce a compliance plan for the completion of overdue appraisals together with the appraisals due in this month. The plans will be monitored to ensure completion by the end of the month.

Sickness Absence

4.73% - 2.42% Short term and 2.31% long term.

An increase of 0.19% overall since last month. Short term sickness has increased by 0.46% and long term sickness has reduced by 0.27%. Previously the divisional focus has been on the long terms sickness absence in the confirm and challenge meetings, this will now change to short term in the confirm and challenge meetings this month. In the meetings a review will be undertaken of the individuals who have triggered to check if action is being taken in terms of attendance targets.

Mandatory Training

With regard to mandatory training, this has decreased by 2% to 81%. The Divisional Manager has written to all managers asking them to ensure that outstanding mandatory training is completed and that they focus on mandatory training that is required to be undertaken within the next month to ensure full compliance.

Variable Pay

Variable pay budget is £4,664,768 and the pay spend is £4,792,396. There is a variance of £127,628.

High spend areas are:

T & O Medical Staff £42,774
 Paediatrics Medical Staff £41,336
 General Surgery £34,278
 Ophthalmology £25,013

This is primarily due to waiting list initiative work being undertaken in Trauma & Orthopaedics and

Ophthalmology and covering Clinical Fellow vacancies in General Surgery and Trauma & Orthopaedics and Consultant Vacancies in Community and General Paediatrics.

MEDICAL STAFF – UPDATE

Junior Doctors Contract Negotiations update

The BMA's junior doctors committee has withdrawn from talks with the government so ministers are attempting to talk to Junior Doctors without going through the unions. Government negotiators have written to the junior doctors to ask them to attend open meetings to discuss their concerns about the new contract. Junior doctors took to the streets of London, Nottingham and in other areas on Saturday 17th October 2015 to protect against the proposals in the new Junior Doctor contract.

The BMA have announced that they will start a ballot for strike action on 5 November 2015, with ballot papers to be returned by 18 November 2015.

NHS Employers will be providing guidance to employers on key issues arising from the ballot and any subsequent industrial action. Industrial action guidance documentation and a telephone helpline will be available.

EMPLOYEE RELATIONS CASES

The table below outlines the current employee relations cases for September 2015.

Category	On-going Cases
Harassment	4
Grievance	2
Further ER Stages	1
Flexible Working	0
Disciplinary	12
Capability	3

TUPE

TUPE of 2.09 WTE Receptionist from CNCS to Sherwood Forest Hospitals NHS Foundation Trust on 1st November 2015 as part of the Single Front Door.

RECRUITMENT UPDATE

The number of vacancies advertised dropped significantly from 98 in August to just 34 in September. This difference is due in part to the high medical vacancies advertised in August; however the reduction does also coincide with the introduction of tighter vacancy control measures.

It is not known if this reduction can be explained by recruiting managers getting used to the new approval process or is actually a reduction in vacancies needing to be recruited due to recruiting managers managing the vacancies differently. Advertising numbers in October will offer a better reflection of any true reduction.

There were 63.54 WTE new starters in September, of those 34.20 WTE were registered Nurses and 29.20 WTE were Band 5 Registered Nurses.

The Trust remains part of an East Midlands wide streamlining project, aiming to release productivity, ensure best use of NHS HR systems, set stretch KPI's and share best practice across a number of people related functions. The new Recruitment Manager will take this project forward and establish a local action group to ensure awareness of each sub-groups work and to maximise efficiencies across the Trust. The Recruitment Manager will be conducting a review of local recruitment processes in line with the streamlining project.

RAISING CONCERNS

A review of the Raising concerns policy is currently been undertaken to enhance the policy in regard to making

policy easier for staff to understand the process for raising a concern, ensuring senior overview and ownership of concerns raised and enhancing the process for learning lessons across the organisation from concerns raised. The new policy will be presented to Board in December 2015.

Freedom to Speak Up Guardians have been appointed and a communications programme is been developed. The Guardians are attending a training day and a national network day for Guardians. The Trust has registered on the national Freedom to Speak Up Guardian map.

STRATEGY

MEDICAL WORKFORCE ESTABLISHMENT

Work has been undertaken by the Turnaround team to review the Medical Workforce Establishment. Information was taken from the ledger and included all medical staff by name and grade, including current trainees and clinical Fellows. This work has identified a number of discrepancies where the establishment had not been amended to show where budgets had been move between grades. The information below provides a summary for Emergency Care & Medicine and Planned Care & Surgery of the findings.

PCS Summary	Consultants	Middle grades	Juniors	Total
Budgeted Establishment	91.0	68.7	70.0	229.7
Proposed establishment	92.8	72.2	68.0	233.0
Actual in post (incl Trust locums)	86.8	66.2	65.0	218.0
Trust Locums in post	2.0	0.0	0.0	2.0
Substantive in post	84.8	66.2	65.0	
Vacancies excl locum consultants	5.9	6.0	3.0	15.0
% difference	6%	8%	4%	6%
Total substantive vacancies	7.9	6.0	3.0	17.0
% difference	9%	8%	4%	7%
Variance to budget	1.8	3.5	-2.0	3.3
Note: no vascular WTE in budget or proposed				
subs vacancies vs budget	9%	9%	4%	7%
vacancies (exc locums) vs budget	5%	4%	7%	5%

ECM Summary	Consultants	Middle grades	Juniors	Total
Budgeted Establishment	67.96	52.00	67.55	188
Proposed establishment	69.90	49.20	75.75	195
Actual in post (incl Trust locums)	55.86	30.90	52.55	139
Trust Locums in post	7	1	0	8

Substantive in post	48.86	29.90	52.55	131.31
Proposed Vacancies	14.04	18.30	23.20	55.54
% difference	20%	37%	31%	29%
Substantive vacancies	21	18	26	65
	30%	37%	34%	33%
Variance proposed to budget	1.92	-2.8	8.2	7.32
Note: juniors include 4 WTE for rota and 3WTE for nights and weekend on call				
subs vacancies vs budget	20%	37%	31%	29%
vacancies (excl locums) vs budget	18%	41%	22%	26%

The above is accurate at the time of producing this paper, however, final sign off will be undertaken with the Divisions by 3rd November 2015.

A review of the Medical Recruitment Strategy is currently being undertaken. During November, each of the areas below will be reviewed and progress will be reported to the OD and Workforce committee. This will involve the following:-

- Review current recruitment practices and develop a recruitment campaign for Medical Staff looking at alternative recruitment methods utilising social media.
- Further investigate the overseas recruitment of Medical Staff with agencies and consider options such as the Medical Training Initiative scheme.
- Build on previous work undertaken around developing recruitment and retention initiatives for Medical Staff.
- Work with Divisions to review the options available and develop a recruitment plan for each vacancy, with divisional commitment to the recruitment process and timescales agreed, and the provision of on-going support for the new recruits to the Trust to encourage retention.
- Explore other role options for filling vacancies including Physicians Associates, Emergency/Advanced Nurse Practitioners.

INTERNATIONAL NURSING RECRUITMENT

International recruitment for nursing continues, however European recruitment is becoming increasingly difficult and the Trust has not recruited the numbers it expected from EU countries. Feedback from the agencies that we work with suggests that our initial attraction package is not competitive and that the geographical location of the Trust is not attractive to potential candidates. We will be reviewing our attraction package over the next month but the increased IELTS requirements the NMC are implementing in the New Year will further restrict European recruitment.

The Government have now approved nurses been placed on the shortage occupation list and the Philippine nurses recruited this year will be awarded visas. With the European market becoming more difficult and the lack of 'tie in' to the trust for European nurses in that they can easily move to other Trust once in the UK, the recommendation is to return to the Philippines to recruit 60 /80 nurses. The benefit is doing this is that the nurses require a visa that is only awarded to them on the basis that they work for the Trust and therefore

limit the possibility of movement to another Trust. The Philippine nurses have been trained to work within a European environment and their language skills are excellent, we have established a good relationship with the agency to support recruitment in the Philippines. It is important that the Trust expedites the commission of further Philippine recruitment quickly as with the European market is coming to an end and the international market is therefore becoming increasingly competitive and appealing to other Trusts.

Detailed below are detailed indicative costs for a recruitment trip to the Philippines and associated costs, in addition to this the Trust will be required to provide accommodation for 3 months but will be able to charge the nurses for this.

Number of Nurses	<u>2016/17 Expected Cost</u>		Notes
	60	80	
Philippines Government Fees	18,540	24,720	One off per nurse – paid by Trust
Visa Fee - 3 year	33,840	45,120	One off for 3 years – paid by Trust
Air Fare in bound	30,000	40,000	One off – paid by Trust
Air Fare out bound	10,000	13,333	One off in 3 years' time, annual
cost for 3 years to build up reserve – paid by Trust			
NHS Health Surcharge	12,000	16,000	Annual recurrent Cost – paid by Trust
<u>Candidate Expenses</u>			
IELTS	13,800	18,400	One off – paid by trust
NMC Application fee	8,400	11,200	One off – paid by trust
NMC Stage 1 - CBT	7,800	10,400	One off – paid by Trust
NMC Stage 2 - OSCE	59,520	79,360	One off – paid by Trust
NMC Annual fee	0	0	Get back within year - Raise as
debtor - paid by Trust but reclaimed			
NMC Admission fee	0	0	Get back within year - Raise as
debtor – paid by Trust but reclaimed			
<u>Document accreditation</u>			
UK FCO Documentation	225	225	One off for Trust not per nurse – paid by trust
Philippines Embassy	250	250	One off for Trust not per nurse – paid by Trust
<u>Agency costs</u>			
Agency costs	128,700	171,600	One off per nurse – paid by Trust
Agency Trust Representative x 2	3,000	3,000	One off for Trust not per nurse – paid by Trust
Total Costs 16/17	326,075	433,608	

STAFF PERCEPTIONS: See attached papers