

Board of Directors Meeting

Report

Subject: Quarterly Workforce Report – Quarter 3
Date: Thursday 30th January 2013
Author: Helen Brooks - Workforce Information Manager
Lead Director: Karen Fisher - Director of HR

Executive Summary

The purpose of the report is to highlight the key workforce issues and trends for the third quarter of the 2013/14 reporting year.

On an annual basis the report will be supplemented by a full workforce demographic, this is not included in this quarters report.

Key Data and Issues

- The Trusts budgeted establishment for 2013/14 Q3 has increased by 87.68 wte since Q2.
- Staff in post has increased in 2013/14 Q3 by 67.23 wte, with the majority of increases being registered/unregistered nursing and medical & dental.
- The average number of vacancies for the quarter was 270.33 and has increased since Q2 by 26.28 wte.
- Total pay spend for the quarter was £2.85m above plan.
- Quarterly absence was 4.69% which is 1.19% above the annual target of 3.50%.
- Appraisal completion rates significantly increased from 70.28% in 2013/14 Q2 to 78.27%.
- Mandatory training completion rates have slightly improved to 76% which is below the rolling target of 90%.
- The annual staff survey closed in December 2013, with a Trust response rate of 47%.

Recommendation

The Board of Directors are asked to note the key issues and actions.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	Several key workforce issues and targets are highlighted in the risk register.
Details of additional risks	Key workforce initiatives integral to the successful

associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	delivery of the Keogh Action Plan
Links to NHS Constitution	NHS pledges to staff and staff responsibilities
Financial Implications/Impact	Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment activity
Legal Implications/Impact	No implications
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	Most of the information on a monthly basis has been presented to the Finance & Performance Committee and the Workforce Committee.
Monitoring and Review	Through the relevant committees and divisional performance review meetings.
Is a QIA required/been completed? If yes provide brief details	No

**Human Resources
Quarterly Workforce Report
Quarter 3 2013/14**

CONTENTS		Page	
1) Establishment , Staff in Post & Vacancies			Establishment, Staff in Post & Vacancies
	Trust Establishment & Annual Plan	4	Establishments have been set following agreed budget setting process. The section highlights current establishments and staff in post as compared to the Annual Plan, together with pay spend, vacancy data and variable pay data. Recruitment plans close vacancy gaps are also reported.
	Divisional Workforce Numbers	4	
	Staff Group Workforce Numbers	5	
	Vacancies	5	
	Pay Spend	6	
	Recruitment Update	7	
2) Turnover			Turnover
	Leavers	8	The section details new starters and leavers by staff group. Exit data is also included from exit interviews to understand reasons for turnover.
	New Starters	8	
	Exit Interviews	8	
3) Sickness Absence			Absence
	Trust	10	This section details short and long term sickness and absence by staff group, including reasons for absence and cost of absence.
	Staff Group	10	
	Reasons for Sickness	11	
4) Appraisal (AFC)			Appraisal
	Trust & Division	12	The section details appraisal completion rates by division and corporate departments and sets out the actions to increase number of appraisals undertaken.
	Division & Staff Group	12	
	Appraisal Process & Procedure	12	
5) Training & Development		13	Training & Development
			This section details mandatory training activity by division together with key issues.
6) Employee Relations		15	Employee Relations
			An analysis of case work showing the nature of issues raised, together with key workforce changes are highlighted in this section.
7) Staff Survey		16	Staff Survey
			This section details the outcomes of the first quarterly staff survey and updates on action plan progress.
8) Health & Safety		17	Health & Safety
			This section highlights key health and safety matters.

Key Issues

• Establishment , Staff in Post & Vacancies

- Budgeted establishment (3817.00 wte) is above the annual plan projection of 3676.11 wte, and was an average of 3806.04 wte for the quarter. From 2013/14 Q2 to Q3 establishments have increased by 87.68 wte. The majority of increases were in the registered nursing staff group (+30.98 wte), unregistered nursing (+23.01 wte), medical & dental (+16.74 wte).
- Staff in post as at the end of 2013/14 Q3 was 3549.38 wte which is 67.23 wte above 2013/14 Q2 (3482.15 wte). The majority of increases were in the registered nursing staff group (+18.92 wte), unregistered nursing (+14.67 wte) and medical & dental (13.24 wte).
- The average number of vacancies for 2013/14 Q3 is 270.33 has increased in Q3 by 26.28 wte from 244.05 wte in Q2. The majority of vacancies sit within the registered nursing staff group (124.31 wte), administrative & clerical (67.66 wte) and unregistered nursing (39.89 wte).
- For the registered nursing staff group 2013/14 Q3 average budgeted establishment was 1259.06 wte which is 32.02 wte above the average for 2013/14 Q2 (1227.04 wte). Average staff in post has increased in Q3 to 1135.38 wte by 19.60 wte from 1115.78 wte in Q2. Vacancies have increased by 12.42 wte from Q2 due to the increase in budgeted establishment to 123.68 wte vacant registered nursing posts (11.16% increase from Q2).
- Despite intensive recruitment activity, the Trust currently has 267.62 wte vacant posts of which 46% are Registered Nursing posts (124.31 wte, 9.86% vacancy rate).
- The Trust has responded to the Keogh review and will be progressing with the longer term plan to increase registered nursing workforce substantively.

• Pay Spend

- Total pay spend is £2.85m above plan for the quarter.
- Variable pay spend for the quarter was £5.57m and accounts for 13.18% of total pay but is below the rolling 12 month average of 13.28%.
- There is continued high variable pay spend within the Medical and Nursing staff groups.
- Intensive recruitment activity continues and alternative recruitment solutions are being sourced to reduce the number of vacancies and therefore reduce the high cost of temporary staff reflected in the variable pay spend.

• Turnover

- The turnover for Q2 is 7.17% which is consistent with the figure of 7.35% for the same period in 2012/13 and is in line with projections for the period of an expected turnover rate of 7.33%. The projected full year effect would be 9.77% in comparisons with 2012/13 outturn of 9.73% turnover rate (This does not include doctors leaving on rotation).

• Absence

- Quarterly sickness absence levels were 4.69%, against an annual target of 3.06% for the quarter.
- For the quarter 2.49% was short term and 2.20% long term which is 1.19% above the annual plan target of 3.50%.

• Appraisal (AFC)

- Appraisal completion rate at the end of 2013/14 Q2 was 70.28%, increasing by 7.99% to 78.27% at the end of Q3, which is a positive increase. It is also important to note that from April 2013 the rate has increased by 23.67%.
- All divisions have achieved significant increases in the quarter.
- Appraisal continues to be a priority and managers with low completion rates will be challenged at confirm and challenge sessions.

- **Training and Development**

- Mandatory training completion rates continue at 76%, which is an increase by 1% since last quarter.

- **Employee Relations**

- The Trust continues to work effectively in partnership with staff side leads.
- There are 23 employee relations cases and 1 employment tribunals listed.

- **Staff Survey**

- The 2013 NHS Staff survey closed at the beginning of December 13, with the Trust achieving 47% response rate (50% rate required for the results to be statistically viable).
- Formal publication of results will be issued to Trusts early March 14.

- **Health & Safety**

- No serious incidents or concerns are highlighted.

Below is a summary of the workforce information covering for Q3, compared with last quarter and rolling 12 month period:

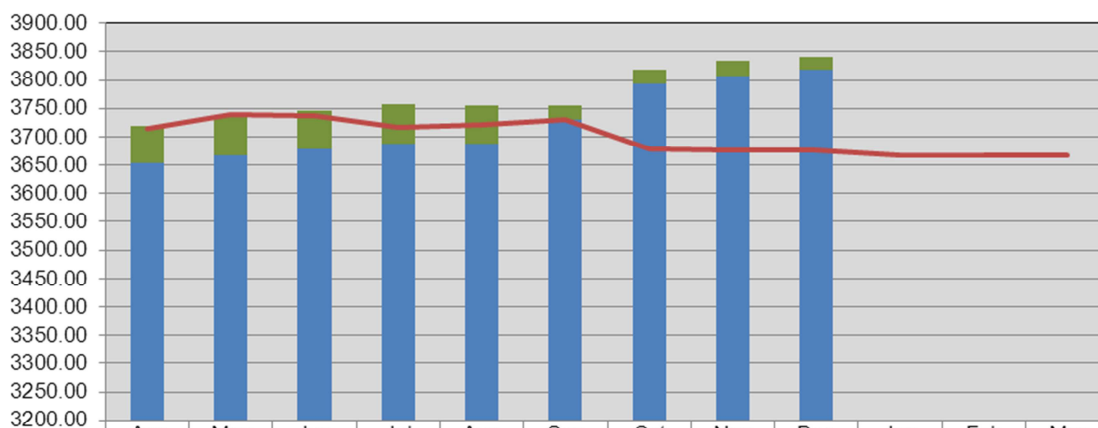
Headline Figures for Q3 2013-14										
	Establishment (Average excluding reserves)	Staff in post (Average)	Vacancies (Average)		Pay Spend (Total)	% Variable pay of total pay spend (Total)	Turnover (Average)	Absence % (Average)	Absence Cost (Total)	AFC appraisal %
			WTE	%						
Jan 13 - Dec 13	3,664.59	3,437.72	226.87	6.19%	£167.18m	13.28%	27.95	4.75%	£4,795,700	78.27%
Q2 13-14	3,701.07	3,457.03	200.59	6.59%	41.71m	12.37%	31.11	4.40%	£1,078,464	67.10%
Q3 13-14	3,806.04	3,437.72	226.87	5.96%	£42.30m	13.18%	25.76	4.69%	£1,227,803	78.27%

1) Trust Budgeted Establishment, Staff in Post, Pay Spend & Vacancies

Establishments (Source: Integra – Finance):

- Workforce numbers have been reviewed and all Projects & Non Executives are incorporated within the figures to enable a direct comparison with annual plan position. Medirest are not included within the figures owing to being a hosted service.

Trust Budgeted Establishment Compared with Trust Annual Plan 13-14 (WTE)



In 2013/14 Q3 the average budgeted establishment was 3806.04 wte, staff in post 3535.72 wte.

Table 1 opposite provides a detailed breakdown of the changes in staffing levels by division.

The Trust as at the end of 2013/14 Q2 employed 3549.38 wte which is 67.23 wte above 2013/14 Q2. The majority of increases were in registered nursing (+18.92 wte), unregistered nursing (+14.67 wte) and medical & dental (+16.74 wte).

Compared with last year the Trust now employs 202.25 wte more staff compared with December 12. The staff groups where increases have occurred include admin & clerical (+99.02 wte), Unregistered Nursing (+38.99 wte), Registered Nursing (+30.16 wte), Medical (+19.24 wte) and Scientific & Professional (+7.94 wte).

Table 1 - Average Workforce Numbers by Division

Division	Est (WTE)	SIP (WTE)	Vacancy (WTE)	Vacancy %
Corporate				
13-14 Q3	478.43	436.00	-42.43	-8.87%
13-14 Q2	474.38	417.82	-56.56	-11.92%
12m	452.30	406.23	-46.07	-10.19%
DRD				
13-14 Q3	952.91	905.51	-47.40	-4.97%
13-14 Q2	950.13	903.92	-46.21	-4.86%
12m	941.78	893.88	-47.90	-5.09%
ECM				
13-14 Q3	1157.94	1062.85	-95.09	-8.21%
13-14 Q2	1091.26	1018.76	-72.50	-6.64%
12m	1073.56	1009.30	-64.26	-5.99%
PCS				
13-14 Q3	1216.76	1131.36	-85.40	-7.02%
13-14 Q2	1185.31	1116.53	-68.78	-5.80%
12m	1196.95	1128.32	-68.64	-5.73%
Trust				
13-14 Q3	3806.04	3535.72	-270.33	-7.10%
13-14 Q2	3701.07	3457.03	-244.05	-6.59%
12m	3664.59	3437.72	-226.87	-6.19%

Vacancies (Source: Integra - Finance):

The chart below details the vacancy rate and variable pay rate. As recruitment plans are implemented it is expected that as recruitment to vacant posts occurs, variable pay reduces.

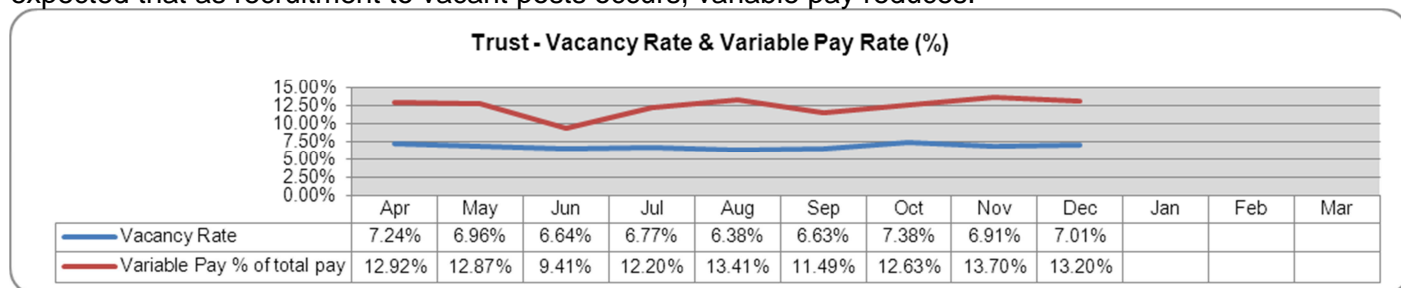
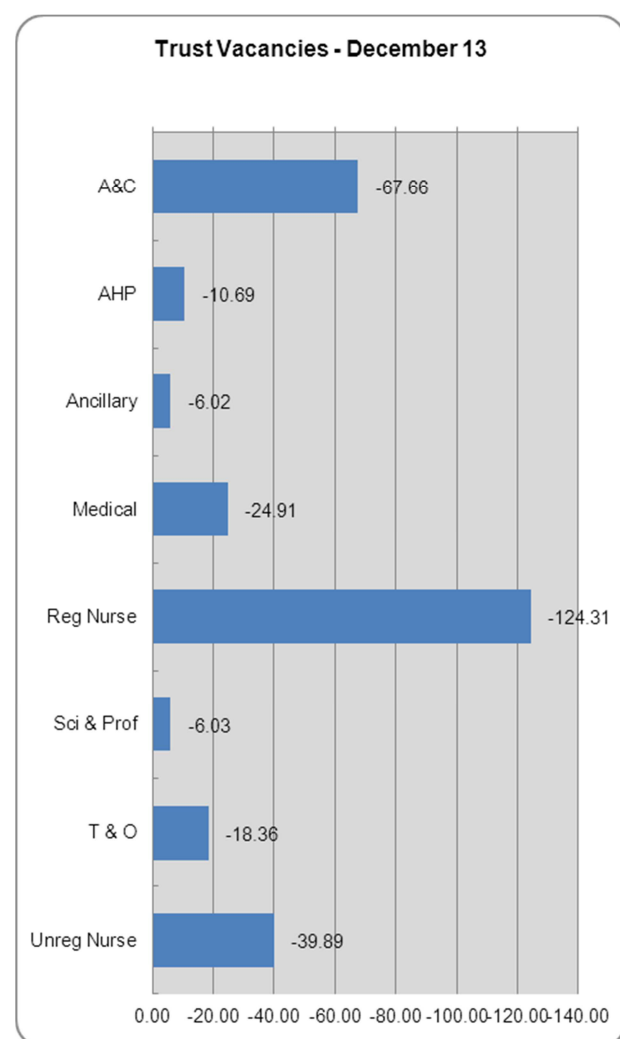


Table 6 - Average Staff Group Workforce Numbers

Staff Group	Est (WTE)	SIP (WTE)	Vacancy (WTE)	Vacancy %
A&C				
13-14 Q3	896.69	827.75	-68.94	-7.69%
13-14 Q2	866.23	804.03	-62.20	-7.18%
12m	841.92	787.62	-54.30	-6.45%
AHP				
13-14 Q3	189.46	181.63	-7.83	-4.13%
13-14 Q2	184.10	180.96	-3.14	-1.71%
12m	184.28	178.19	-6.08	-3.30%
Ancillary				
13-14 Q3	39.12	34.10	-5.02	-12.82%
13-14 Q2	38.46	31.56	-6.90	-17.93%
12m	39.11	34.48	-4.64	-11.85%
Medical				
13-14 Q3	438.49	409.77	-28.72	-6.55%
13-14 Q2	420.50	396.98	-23.52	-5.59%
12m	423.89	396.85	-27.04	-6.38%
Nursing Reg				
13-14 Q3	1259.06	1135.38	-123.68	-9.82%
13-14 Q2	1227.04	1115.78	-111.26	-9.07%
12m	1210.95	1116.09	-94.86	-7.83%
Sci & Prof				
13-14 Q3	197.00	190.55	-6.45	-3.28%
13-14 Q2	194.56	186.54	-8.02	-4.12%
12m	194.25	186.57	-7.69	-3.96%
Tech & Other				
13-14 Q3	218.49	201.64	-16.85	-7.71%
13-14 Q2	215.69	198.51	-17.18	-7.97%
12m	215.29	197.66	-17.63	-8.19%
Nursing Unreg				
13-14 Q3	598.35	554.89	-43.46	-7.26%
13-14 Q2	580.13	542.67	-37.47	-6.46%
12m	571.80	540.26	-31.53	-5.51%
Trust Total				
13-14 Q3	3806.04	3535.72	-270.33	-7.10%
13-14 Q2	3701.07	3457.03	-244.05	-6.59%
12m	3664.59	3437.72	-226.87	-6.19%

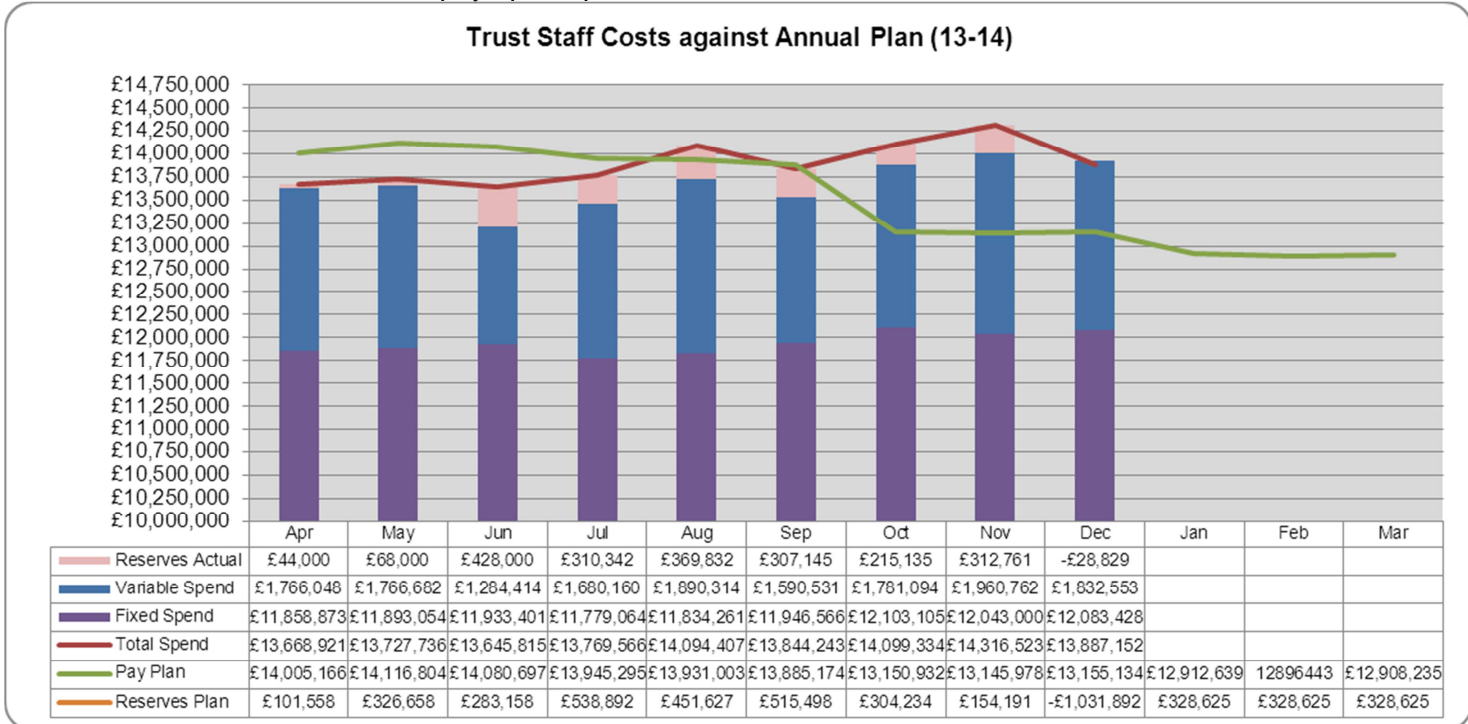
Currently the Trust has 267.62 wte vacant posts of which 46% are Nursing Registered posts (124.31 wte, 9.86% vacancy rate).



Pay Expenditure (Source: Finance):

- The pay plan for the quarter was £39.45m and the total pay expenditure was £42.30m, which is £2.85m above plan. The total pay spend for Q3, £42.30m is above Q2 total pay spend, £41.71m, by £0.59m.
- The fixed pay plan for the quarter was £36.61m and the fixed pay expenditure was £36.23m, which is £0.38m below plan. Fixed pay spend for Q3, £36.23m is above Q2 total pay spend, £35.56m, by £0.67m.
- Variable pay spend for the quarter was £5.57m and accounts for 13.18% of total pay and is below the rolling 12 month average of 13.28%. Variable pay spend for Q3, £5.57m is above Q2 variable spend, £5.16m, by £0.41m.
- Variable pay spend plan (inclusive of reserves) for Q3 was £2.83m. Actual spend was £5.57m (inclusive of reserves) and was £2.74m over plan.

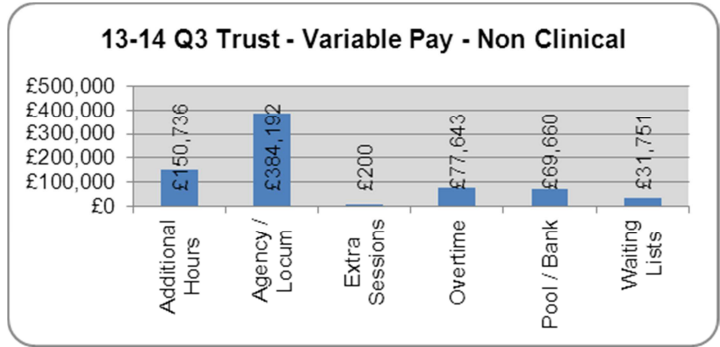
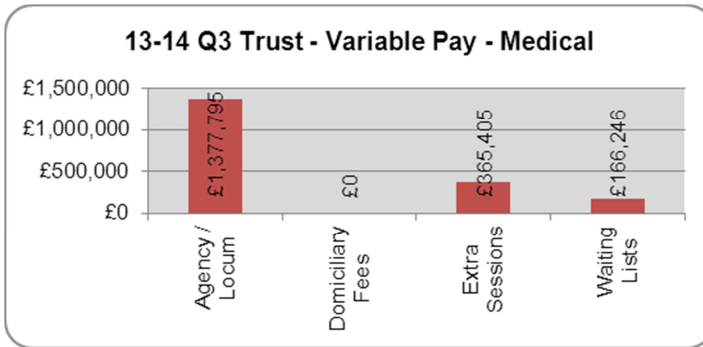
The below chart details the Trust pay spend position:



(Reserves plan is not a line shown on graph)

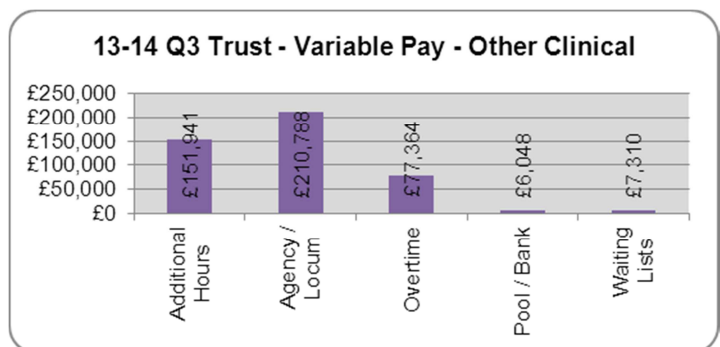
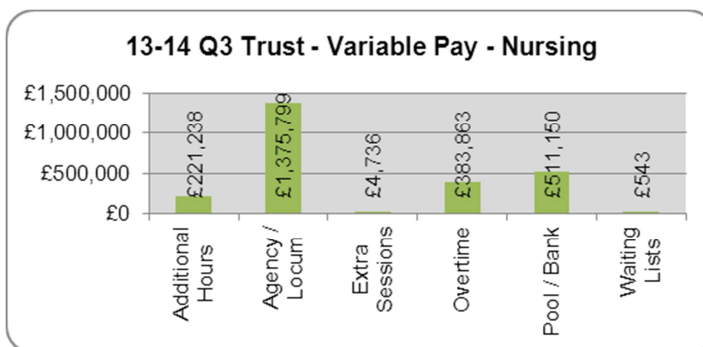
The below series of charts detail how variable pay has been used:

Variable Medical £1.91m Variable Non Clinical £0.71m



Variable Nursing £2.50m

Variable Other Clinical £0.45m



Recruitment Update:

Recruitment activity across the Trust has increased by 47% from 2012 to 2013 and this trend is set to continue with the current vacancies for Medical and nursing staff, the investment in international recruitment as described below and further investment in the recruitment of bank staff for the Trust to grow our own periphery workforce rather than being reliant on Agency staff.

The improvements to the recruitment process are continuing, unfortunately the launch of NHS Jobs 2 has been delayed until March; the implementation of this process will therefore take place in the spring.

As described in the last report the Trust has partnered with two international recruitment specialists to assist recruitment to both medical and nursing posts that are proving difficult to fill nationally. The fill rate for nurses internationally is not meeting the needs of the organisation; therefore another recruitment specialist has come on board to work with the Trust in nurse recruitment to improve this.

Summary – Workforce Numbers/Spend

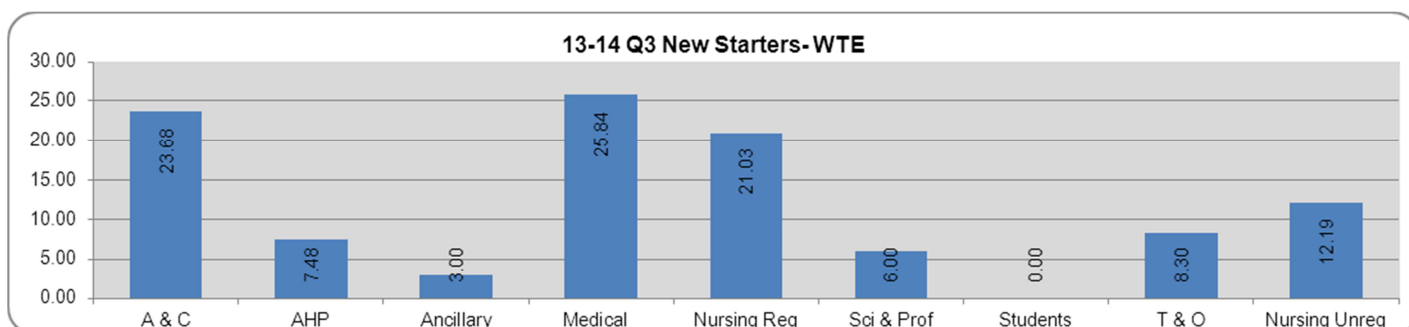
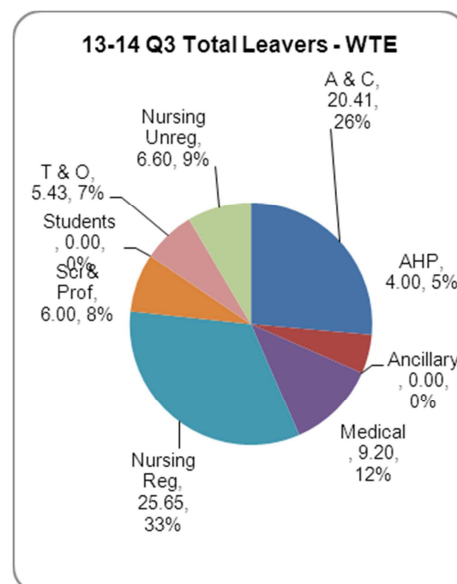
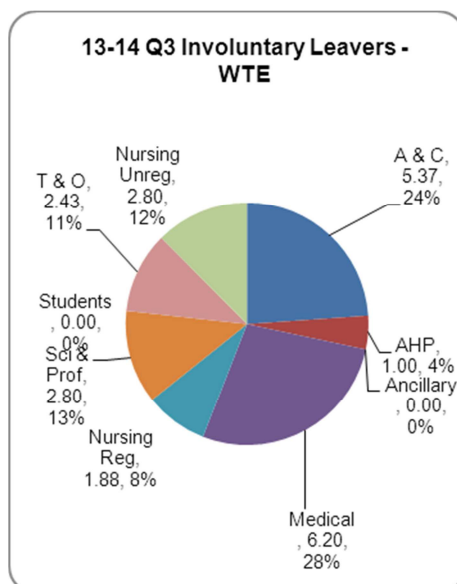
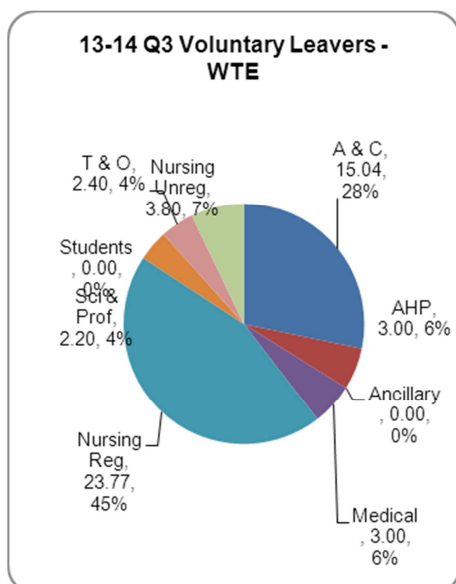
Progress – Recruitment activity is underway utilising international recruitment options for both medical and registered nursing vacancies.

Risk - Recruitment does not occur quick enough in hard to fill vacancies and international recruitment options fail to provide the numbers required – impact on clinical safety and variable pay expenditure.

Action Required – Alternative recruitment solutions are being adopted to recruit substantively and reduce the reliance on high cost temporary staffing solutions. International recruitment solutions are being utilised and induction of these staff will need to be thorough to ensure retention.

2) Turnover (Source: ESR)

- Financial year to date turnover is 7.17% which is consistent the rate for the same period 2012/13 of 7.35%. This does not include junior doctors leaving for rotation.
- 2013/14 Q3 voluntary leavers – 53.21 wte (68.84% of all leavers)
- 2013/14 Q3 involuntary leavers – 22.48 wte (29.09% of all leavers)
- 2013/14 Q3 total leavers – 77.29 wte; projected turnover for Q3 2013/14 was 80.33 wte, for the full year it is estimated 317.34 wte will exit the Trust based on last three years turnover.
- 2013/14 Q3 new starters – 107.51 wte.



Exit Interviews

In order to supplement the information gained from the annual staff survey the exit interview system was centralised with all responses logged to enable analysis. This system was launched in January 2013. This report covers 1st October 2013 to 31st December 2013. The first report covered the period from 1st January 2013 to the 30th June 2013, the second from 1st July to 30th September 2013. Quantitative data from the second report is shown for comparison alongside the data covering 1st October to 31st December 2013.

The results for this quarter show an increase in leavers from the nursing and midwifery staff group with 50% of those leaving from 1st October to 31st December being from this staff group. There is also an increase in the number of staff leaving to work for another NHS organisation rising from 41% in the previous quarter to 67% in the period from 1st October to 31st December 2013.

The average score reflecting how positive an experience working for the Trust has been continues to dip. In the first half of 2013 the average score was 3.8, in the next quarter it dipped to 3.3 and this quarter it is 3.2.

The number of leavers saying that they would recommend the Trust to family and friends as a place to receive treatment has dipped from 81% in the last quarter (compared to 60% in first half of 2013) to 57% for quarter 3. Similarly the percentage of those interviewed who would recommend the Trust as a place to work has dropped from 55% in the last quarter (compared to 50% from 1st January to 30th June 2013) to 40% in the period from 1st October to 31st December 2013.

The number of staff interviewed that have felt bullied or harassed or feel that they have not been treated with professional respect and courtesy by staff, patients and visitors continues to be a concern. Eight of the 30 staff interviewed had been subjected to physical violence from patients, relatives or visitors and 1 had been subject to physical violence from staff.

Of the 30 staff interviewed 11 had raised a concern and 3 said that they had followed the whistleblowing policy with just 4 of them feeling that their concerns were listened to/suitably addressed.

Just over 23% had experienced problems at some point balancing their work and home life and approximately 23% (slightly more than the fifth in the previous report) had felt under pressure to work additional hours. Six staff said that things changing would affect their decision to leave the Trust.

Summary – Turnover

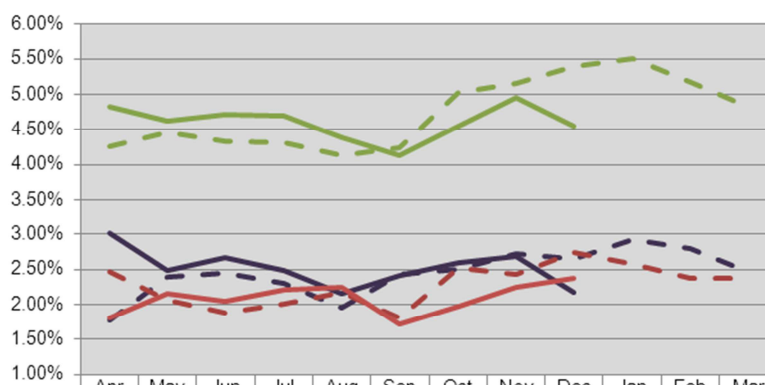
Progress – Positively number of new starters exceeds the number of leavers.

Risk – Attracting and recruiting staff to the Trust particularly in difficult to recruit areas and recruiting additional capacity required to address the registered-unregistered skill mix in wards.

Action Required – Extensive recruitment is key to ensure that we primarily are clinically safe (Nursing and Medical) and also to ensure that we decrease the reliance on cost variable pay by recruiting substantively to posts.

3) Sickness Absence (Source: ESR)

Sickness Absence 12-13 & 13-14



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
12/13 ST Absence	1.78%	2.40%	2.45%	2.31%	1.95%	2.43%	2.50%	2.73%	2.65%	2.93%	2.80%	2.46%
13/14 ST Absence	3.02%	2.48%	2.66%	2.48%	2.15%	2.42%	2.59%	2.69%	2.18%			
12/13 LT Absence	2.47%	2.06%	1.89%	2.01%	2.18%	1.81%	2.52%	2.43%	2.74%	2.57%	2.37%	2.37%
13/14 LT Absence	1.81%	2.15%	2.05%	2.21%	2.24%	1.71%	1.97%	2.25%	2.38%			
12/13 Total Absence	4.25%	4.46%	4.34%	4.32%	4.13%	4.24%	5.02%	5.16%	5.39%	5.50%	5.17%	4.83%
13/14 Total Absence	4.83%	4.63%	4.71%	4.69%	4.39%	4.13%	4.56%	4.95%	4.56%			

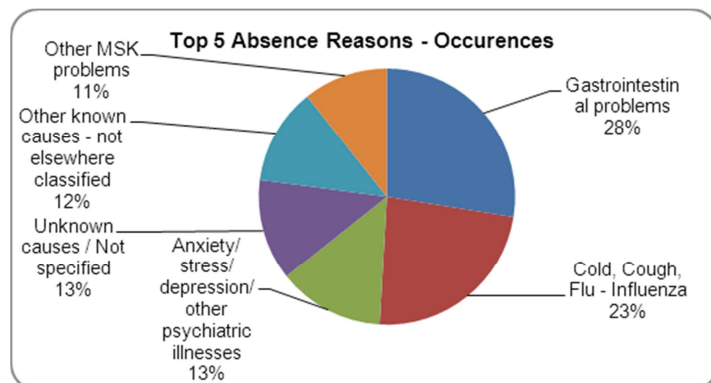
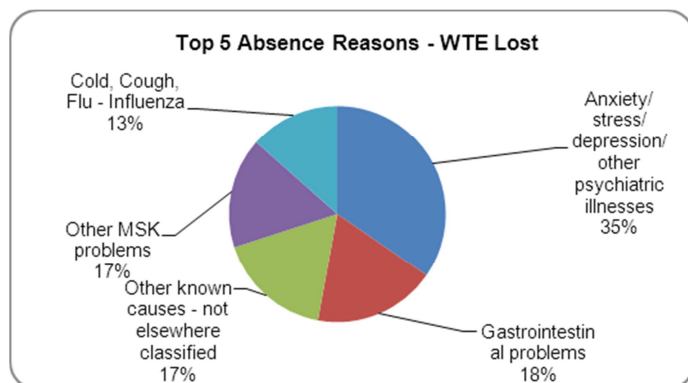
- 2013/14 Q3 total absence rate 4.69%, this is an increase of 0.29% against 2013/14 Q2, 4.40%.
- 2013/14 Q3 Short term absence accounts for 2.49%; this is an increase of 0.14% against 2013/14 Q2, 2.35%.
- 2013/14 Q3 Long term absence accounts for 2.20%; this is an increase of 0.15% against 2013/14 Q2, 2.05%.

- 2013/14 Q3 Cost of absence, £1.23m which is an increase in comparison with 2013/14 Q2 of £0.15m from £1.08m. The majority of this increase will be due to pay inflation, and has increased despite not paying enhancements for sickness absence pay.

The staff groups with the highest absence in quarter include Unregistered Nursing (8.12%), Technical & Other staff (5.78%), Scientific & Professional (4.99%). This will contribute to the high levels of variable pay usage. The below table details the staff group position for sickness absence

Table 9 - Staff Group Absence									
	A & C	AHP	Ancillary	Medical	Nursing Reg	Sci & Prof	Students	T & O	Nursing Unreg
13-14 Q3 AVG Short Term %	2.28%	2.06%	3.36%	0.78%	2.57%	2.45%	0.36%	3.23%	3.85%
13-14 Q3 AVG Long Term %	2.39%	1.35%	0.00%	0.70%	1.87%	2.53%	0.00%	2.54%	4.27%
13-14 Q3 AVG Total %	4.68%	3.41%	3.36%	1.48%	4.44%	4.99%	0.36%	5.78%	8.12%
13-14 Q3 Short Term £	£116,922	£34,741	£13,796	£44,134	£242,388	£47,790	£0	£43,922	£98,549
13-14 Q3 Long Term £	£132,417	£23,224	£0	£48,240	£183,603	£53,527	£0	£33,062	£111,488
13-14 Q3 Total £	£249,339	£57,965	£13,796	£92,374	£425,991	£101,317	£0	£76,984	£210,037

The most commonly occurring sickness absence reasons in 2013/14 Q3 include Anxiety, Stress, Depression & other psychiatric illnesses (9% occurrences/20% WTE lost) and Gastrointestinal problems (18% occurrences/11% of WTE lost). The top absence reasons for both occurrences and WTE lost is reflected in the below charts:



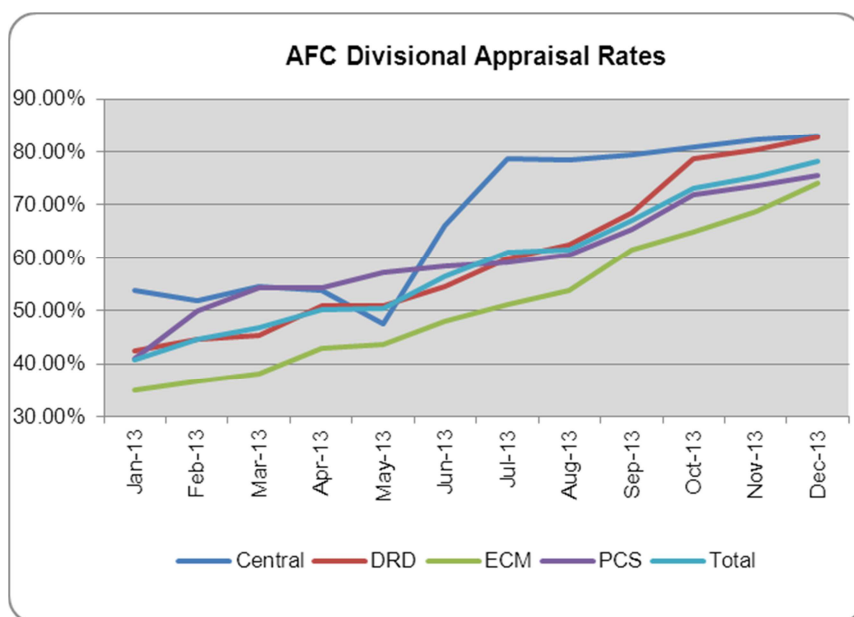
Summary – Sickness Absence

Progress – Absence continues to be high and needs to be effectively managed. Confirm and Challenge sessions are being held with accountable managers commencing in January 2014 and will be held on a monthly basis. Managers are being supported with provision of sickness absence dashboards. The sickness absence policy is also currently under review.

Risk – Sickness absence continues at current rate and impact of variable pay usage to minimise clinical safety impact.

Action Required - Operational management of sickness absence.

4) Appraisal (AFC) (Source: ESR)



- The appraisal rate at the end of 2013/14 Q3 is 78.27% which is 37.97% above the same period for end of Q3 2012/13 (40.30%).
- Appraisal rates have shown a positive increase month on month.
- The target for appraisal completion is 79% and the current rate is 0.73% below target.

The table opposite shows the Trust appraisal completion rates for the 12 month rolling period by division and staff group.

The top three performing staff groups are as follows:

1. Allied Health Professionals (86.57%)
2. Ancillary (85.45%)
3. Technical & Other (84.72%)

The lowest performing staff groups are as follows:

1. Nursing Registered (75.53%)
2. Nursing Unregistered (75.97%)
3. Admin & Clerical (78.03%)

	Corporate	DRD	ECM	PCS	Trust
A & C	80.84%	76.90%	70.47%	64.17%	78.03%
AHP		83.07%	50.00%	25.00%	86.57%
Ancillary	100.00%	80.00%	72.22%	82.14%	85.45%
Nursing Reg	76.74%	74.23%	69.46%	69.23%	75.53%
Sci & Prof		72.09%	100.00%	76.19%	83.73%
T & O	53.33%	84.80%	68.00%	75.00%	84.72%
Nursing Unreg		75.86%	71.32%	70.53%	75.97%
Total	83.16%	82.91%	74.07%	75.53%	78.27%

The Appraisal Working Group has been reconvened to consider effective quality assurance measures promote high quality appraisals which:

- Motivate and engage staff;
- Provide constructive feedback,
- Set clear objectives aligned to those for the work area and the Trust; and
- Identify support and development opportunities.

In addition the working group is considering the best method of collating the information from appraisals to support:

- Workforce planning;
- Requirements for Training and Development; and
- Career progression and Talent Management.

The Appraisal Working Group will make recommendations by the end of January 2014.

Summary – Appraisal (AFC)

Progress – Appraisal rate has increased from to 78.27% in December 13 compared with 70.28% in September 2013; an increase of 7.99% in one quarter alone.

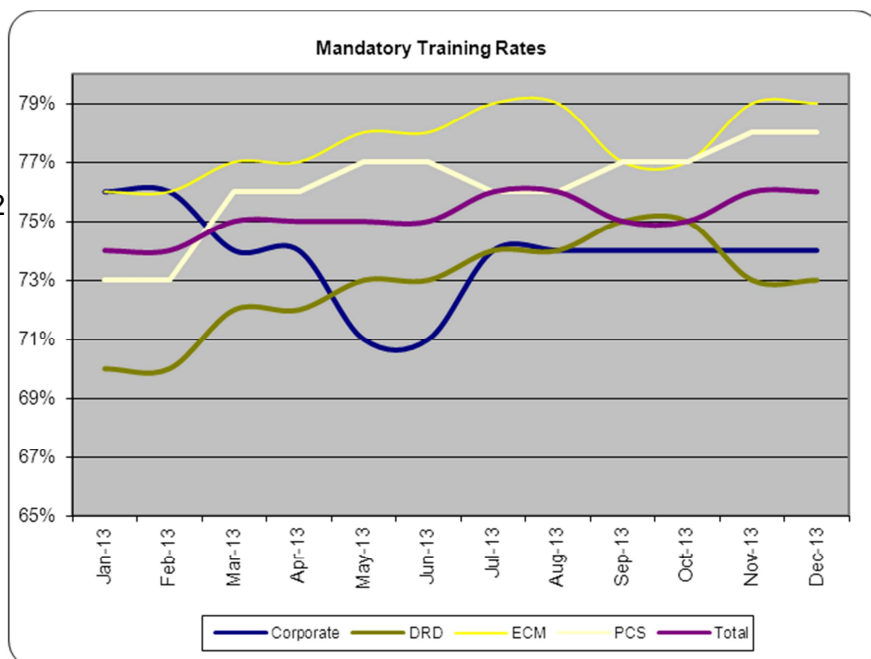
Risk – Appraisal rate is just below the target of 79% by 0.73%. Appraisals do not happen in a timely basis and do not enable the right levels of support for staff and does not support active performance management.

Action Required - Managers need to ensure they have appraisals completed & reported and future appraisals scheduled. Challenge to managers in Confirm and Challenge sessions to address specific areas of low performance.

5) Training (Source: OLM)

The current mandatory training rates:

- Trust – 76% an increase of 1% from Q2.
- Central Division - 74% same as Q2
- D&R Division - 73% - 2% since Q2
- ECM Division - 79% + 2% since Q2
- PCS Division - 78% + 1% since Q2
- Pool - 65% + 5% since Q2



Key Highlights – 2013/14 Q3

- From the 1st April 2013 to the end of November 2013, a total of 628 mandatory training places have been wasted due to staff not turning up on the day. This is the equivalent of 6 mandatory training courses being lost or the equivalent of £18,300 in staffing and room costs being wasted.
- At the end of November 2013, over 500 staff was identified as being at least 3 months out of date with their mandatory training and over 308 of these staff were at least 6 months out of date.
- The Trust continues to enjoy excellent feedback from student nurses from the Universities of Nottingham and Lincoln undertaking practice learning opportunities at all hospitals within the organisation. Appendix 1 highlights the latest feedback and successes from the last cohort of nursing students on placement at the Trust.
- The Trust has now received a copy of the LETB Annual Quality Visit in relation to Post Graduate Medical Education, a summary of which is presented Appendix 9. Overall this is a very positive report for the Trust on the quality of its post graduate medical education provision. The two main areas of concern are in Urology and Radiology, with ED being particularly highlighted as an excellent learning environment with a good single point of access. The Director of Post Graduate Medical Education, Foundation Programme Directors and the Deputy Director of Training, Education and Development will be drawing up action plans with the appropriate specialty leads in order to address/performance manage areas of concern identified in this report and will be monitored by the Trust's Medical Education Committee. Quarterly updates on the progress of the action plan will be provided to the Board.
- In November the Trust received its annual quality inspection visit by the University of Nottingham in relation to its provision of under graduate medical education. Some key points that were fed back to the Trust included:
 - High quality delivery of teaching sessions to students.
 - Good use of multi-professional staff resources to deliver teaching sessions.
 - Strong quality assurance framework in place which is being held up as a marker of best practice as no other Trust locally has such a framework.
 - Good pastoral support mechanisms for students.
 - Excellent feedback from students on the quality of their learning experiences at the Trust.
 - A summary of the full report will be provided to the Board once it becomes available.

- The department is working closely with HR to arrange specialist induction sessions for the new overseas nurses that will be joining the Trust in January 2014. Additional induction courses have also been put on in order to support the Trust's nursing and HCA recruitment process.
- The Local Education and Training Committee (LETC) which reports into Health Education East Midlands Local Education Training Board (LETB) has established 4 priority subgroups that meet quarterly to take forward its key strategic priorities. Key representatives from the Trust sit on each of these groups; key themes and feedback are detailed in appendix 3:

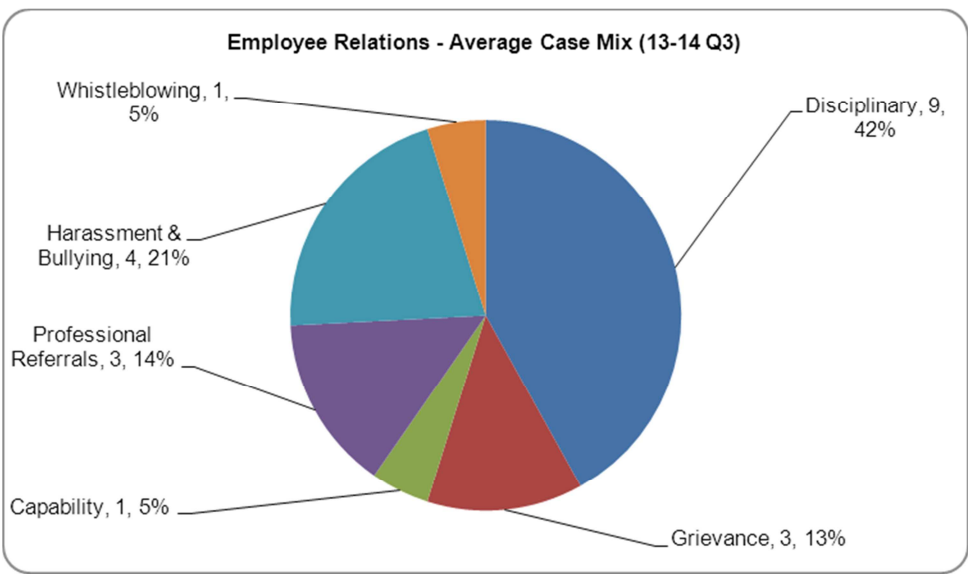
Summary – Training

Progress – An enhanced suite of data reports has been developed to flag up to managers the names of staff who persistently fail to complete their mandatory training requirements. From January 2014 this data will feed directly into the new monthly ward dashboard performance management meetings.

Risk – Mandatory training rate continues at 76% and non-compliance risk.

Action Required – Managers need to ensure staff need to ensure mandatory training completion and complete on a timely basis.

6) Employee Relations



The chart opposite details the average number of cases in 13-14 Q3 and shows the majority of cases are disciplinary in nature.

There is just one employment tribunal currently in process.

The Trusts Workforce Change Group is a joint partnership forum with the staff side leads to review workforce change proposals before implementation. This is to ensure the proposals have adhered to jointly agreed best practice organisational change principles and policy.

This is a very successful forum which has enhanced both the speed of implementation and quality of workforce change initiatives. During the last quarter there were a total of 6 workforce change papers presented and approved prior to implementation.

7) Staff Survey

2013 NHS National Staff Survey

The 2013 NHS Staff Survey closed at the beginning of December. The Trust elected to use the basic sample of 850 randomly selected staff and the core questions. The Trust achieved a 47% response rate with 50% being required for the results to be statistically viable.

Quality Health (the Trust's contractor for the survey) has reported the raw data for staff responses to each question. The report compares Trust data for 2013 to the average for trusts using Quality Health for their annual NHS Staff Survey as well as to the Trust's 2012 Staff Survey scores.

These results will not provide a reliable indication of how Sherwood Forest Hospitals will compare to other acute trusts in England in the Care Quality Commission (CQC) report at this point in time this will be available in early March 2014.

Interim Staff Survey

In order to better understand the staff experience quarterly interim in-house staff surveys have been introduced. Staff can complete the survey using Survey Monkey (electronic) or via hard copy questionnaires. The first survey was undertaken in May/June, the second being conducted in September/October and the third during January 2014. The questions focus for this third survey focus on identifying staff knowledge, understanding and perceptions with regard to 'raising concerns'.

8) Health & Safety

Legislation

Sharps:

- Initial trials with three suppliers of hypodermic needles with safety devices fitted were completed in October 2013. A potential cost pressure has been identified in making any switch and this will be highlighted to divisions. A further workshop event to try and obtain consensus on the way forward with safety devices and blunt fill and filter needles is being organised for Q4 of 2013/14.

Approved Codes of Practice:

- The Health and Safety Executive (HSE) have recently updated a number of Approved Codes of Practice including those concerning workplace health, safety and welfare, the control of substances hazardous to health and the control of legionella. These changes will be incorporated in to health and safety policies as these are reviewed and updated. There are not thought to be any significant changes contained in the new guidance.

Training and Competency

Health and safety management training:

- There were three training courses run during Q3 of 2013/14 on the management of health and safety at work. Twenty-one managers and supervisors attended in total and the course was well received by all participants.

Physical interventions training:

- This training is now on-going along with Conflict Resolution Training. Feedback from participants has been excellent and progress is being closely monitored by the Clinical Governance and Quality Committee.

Accidents and Incidents

- There were 9 staff accidents during Quarter 3 of 2013/14 that resulted in reports being made to the HSE under RIDDOR. This is the highest number of staff RIDDOR reports submitted since Q2 of 2010/11. There were 4 falls, two due to water spillages but two unrelated to the environment and of unknown cause. There were also three injuries caused in the moving and handling of uncooperative patients or patients that were falling.
- There was only one RIDDOR report submitted in relation to patients and this was as the result of a patient fall.
- A recent incident which had taken place on Ward 35 highlighted the importance of staff visually checking electrical cables for damage prior to use. An air mattress cable had been badly damaged, probably by a bed wheel running over the cable. This damage was not spotted and a cleaner received an electric shock from the exposed inner wires. This incident and its lessons have been highlighted to staff via the staff bulletin and the icare2 system.

9) Appendices

	Title
Appendix 1	Student Nursing Placement Feedback
Appendix 2	LETB Annual Quality Visit – Post Graduate Medical Education
Appendix 3	LETB Priority Subgroups – Focus and Feedback

Appendix 1 – Student Nursing Placement Feedback

Placement	Feedback Summary from Students
Ward 14	Evaluations are consistently excellent from all students who undertake placements on this ward and receive a positive experience.
Day case unit	Positive evaluations from students about the area, the team working and support for mentors/students by the department leader. 3 mentors from this area recently won mentor awards from students at the University of Lincoln.
Ward 14	Overall positive evaluations were received, however some negative comments were made in relation to the attitude of HCAs towards student nurses which is being addressed via the ward leader.
ICCU	A number of staff have presented ICCU student learning initiatives at local & national conferences. Students feel well supported in their roles and the area enjoys on-going excellent feedback from students on the quality of their learning experience.
Maternity Ward	<p>The area has sufficient learning opportunities for midwifery students to achieve their competencies. Students can access a comprehensive learning pack off University website about the placement before starting and have prep for practice which includes a tour of the unit prior to starting too.</p> <p>Student evaluations do reflect the busy nature of the ward making it difficult at time for mentors with heavy caseloads to dedicate as much time to their students but this does not affect the quality of the learning experience and action plans have been drawn up which are discussed at senior midwives meetings.</p>
KTC & Dermatology Clinic	Evaluations were very positive from these areas and in particular the recognition of a very comprehensive student pack.

Appendix 2 – LETB Annual Quality Visit – Post Graduate Medical Education

<p>Health Education East Midlands Local Education and Training Board (EMLETB) thanks the Trust and the Medical Education Department for organising the day and for the warm welcome received. The visiting team would also like to thank the Trust for the informative presentation at the beginning of the visit which was transparent about past and current issues and progress made.</p>	Trust Wide	Green
<p>The visiting team were encouraged to see the CEO and Chair attending and presenting to the team. This demonstrated the importance of the education and training agenda.</p>	Trust Wide	Green
<p>The visiting team met a variety of trainees and trainers during the visit which enabled the team to gain a view of a good cross-section of the work of the Trust.</p>	Trust Wide	Green
<p>The visiting team recognise the hard work and dedication of Sue Ward as Director of Medical Education. They would also like to congratulate her on her recent appointment as Regional Head of School for O&G. Health Education East Midlands will work with the Trust on the appointment of a new DME in the near future.</p>	Trust Wide	Amber
<p>Some trainees reported some issues with the Vocera system relating to the life of the batteries and answer system which trainees felt allows a caller to leave a message but not be aware the doctor is on leave. Concerns were also raised relating to the implications for patient confidentiality.</p>	Trust Wide	Amber
<p>The visiting team discussed with trainees the Hospital @ Night system but there appeared to be an inconsistent understanding of its operation. Health Education East Midlands are currently conducting out of hours visits and will visit SFH as part of the visiting programme in 2014.</p>	Trust Wide	Amber
<p>Trainees said there are difficulties relating to the IT infrastructure and reported instances of equipment not working or crashing and not getting repaired. Trainees further stated that they could not access the system which causes more work for the laboratories and Doctors. Trainees felt that although the surgical list system was good they sometimes had difficulty printing the list for surgery. Trainees also felt that the electronic prescribing system could be unreliable. Trainees also reported difficulties with Smart cards and reported breakages and cards going missing.</p>	Trust Wide	Amber

<p>The visiting team heard that the Trust has made progress in recognising educational supervision in Consultant job plans. The team heard reports that it has not been implemented consistently and this was highlighted particularly in Medicine.</p>	Trust Wide	Amber
Anaesthetics		
<p>The trainees reported that there had been “vast improvements” in the education and training agenda within the department and reflected on the recent changes implemented.</p>	Anaesthetics	Green
<p>Trainees said that Consultants were very supportive of their training needs and tailor made individual training plans depending on the modules required by each individual trainee. Trainees went on to say that formal teaching sessions were of good quality and provided good exam preparation. Trainees advised that this support extended to their out of hours experience and they felt able to contact the Consultant on call where appropriate.</p>	Anaesthetics	Green
<p>Trainees reported that some Consultants could not sign off assessments as the Consultants were not on the e-portfolio. The visiting team will liaise with the specialty school to ensure all Consultants are able to access the e-portfolio system for the future.</p>	Anaesthetics	Amber
<p>The trainees discussed their ability to develop their autonomy to reflect their level of training and some trainees felt they would welcome a discussion with the consultants about the level of supervision dependant on their experience. The School representative present confirmed that in some instances distanced supervision is clearly appropriate.</p>	Anaesthetics	Amber
<p>The trainees reflected on the current leadership in the department and felt there were examples of best practice that could be shared with other training centres across the East Midlands. The examples of good practice highlighted by the trainees were the focus on education and training, exam preparation, a supportive and nurturing environment, an ability to be flexible to meet their needs, dedicated training lists and the induction handbook.</p>	Anaesthetics	Green
<p>The visiting team heard that the new education and training arrangements in the department were sustainable provided they continued to receive support from the senior members of the Trust. The team welcomed the addition of Dr. Mowbray as clinical lead who was felt to have brought stability to the department.</p>	Anaesthetics	Green

Concerns were raised by Consultants regarding plans to implement a trainer feedback survey. It was perceived that the survey could be used to rank performance which could be interpreted negatively by some consultants. EMLETB will work with the school to ensure feedback is fit for purpose and enhances the training programme.	Anaesthetics	Amber
Trainees felt that the department had previously been under scrutiny and that this understandably had caused tension within the consultant body and they hoped the successful improvements within the department would allow consultants to work in a less stressful working environment.	Anaesthetics	Green
The visiting team were advised that some trainees were required to work nights prior to rotation and felt this was perceived to have a negative effect on the ability to attend corporate induction for the trainees. The visiting team will share this with the School of Anaesthetics and explore possible solutions for the future.	Anaesthetics	Amber
Trainees reported that the recent introduction of IT equipment (3 new computers) for their sole use had had a positive impact on their ability to manage both their education and training and service workload. Trainees said they would welcome similar arrangements within the ITU.	Anaesthetics	Green
Trainees reflected on the positive impact that small changes can make to the working environment, for example the provision of nice coffee within the department which not only saved the trainees money but made trainees feel appreciated by the consultant body.	Anaesthetics	Green
Trainees identified that a large proportion of out of hours work was based in ITU which did not necessarily meet the training requirements of anaesthetic trainees as they were unable to get this experience agreed as part of their Intensive Care module. However, trainees reflected this was a necessary part of their role and essential to meet their service requirements of the Trust.	Anaesthetics	Amber
Ophthalmology		
The visiting team heard that there is a new laser cataract procedure currently not provided with the NHS but delivered in private practice. The visiting team discussed the potential for working with the private provider to allow doctors in training to be able to observe the procedure. EMLETB will work with the School to explore these potential education opportunities for trainees and possibly trainers.	Ophthalmology	Green

The trainees felt that a formal induction into the Training Programme would be beneficial. The trainees felt that this would help them understand the East Midlands rotations, e-portfolio and generic induction topics including the workings of outpatients.	Ophthalmology	Amber
Trainees said that the department had adjusted their activities to meet the individual needs of trainees. The visiting team were happy to hear that the department was now receiving sufficient cataract referrals to meet the individual training needs within the department. EMLETB will work with the CCG to ensure that any commissioning of services by other providers considered the needs of education and training of the department.	Ophthalmology	Green
Trainees reported that the equipment provided in the department was better quality than in some training departments in the programme.	Ophthalmology	Green
Trainees reflected that they would welcome formalising cross cover arrangements between Consultants to cover leave and absences to ensure clinical supervision and to support on-going education and training.	Ophthalmology	Amber
Medicine		
The trainees reported that local formal teaching was appropriate, relevant and protected.	Medicine	Green
Trainees said that referrals from the Emergency Department are sometimes inappropriate and that tests on admission have not always been completed. They suspected that this was due to the high number of locums working within the Emergency Department. They further reflected that communication between Accident and Emergency and Medicine was inconsistent and relied upon relationships. The visiting team reflected on the joint Emergency Department and Medicine training session established within other hospitals and felt that this approach may help to develop good working relationships in the departments.	Medicine	Amber
The trainees discussed handover arrangements and felt that the weekday morning handover may present patient safety concerns because trainees felt it ineffective. The visiting team understands there is a new handover pilot in Surgery which is due to be disseminated to other departments in 2014. However the visiting team would ask the Trust to look into interim handover arrangements as a matter of urgency	Medicine	Red

The trainees reported that being the on call doctor (“on take”) provided good training opportunities as they were able to present the patients that had been clerked to a consultant and receive feedback.	Medicine	Green
The visiting team were disappointed that they were not able to meet with Higher Specialty trainees and would welcome an opportunity to meet with them at a date in the near future.	Medicine	Amber
Foundation Training Year One		
Trainees said that the shadowing exercise for 4 days was a good experience because the majority of time was spent on wards so they knew where things were kept. Trainees reported that they had their GMC registration & log-ins for IT systems on time.	General	Green
Trainees felt there was a need for more understanding about the limitations of what a Foundation Doctor can do clinically and this includes their ability to safely discharge patients and consent. The visiting team would like the Trust to review these policies to ensure they are reflective of the skill set for Foundation Trainees.	General	Amber
The visiting team were made aware of some incidents where internationally trained doctors did not appear to know the systems in place at the hospital.	General	Amber
Foundation Trainees reported that ward rounds were regularly carried out by Core and FY2s trainees. FY1s reported that due to the rota they were left on their own with instances of this happening once or twice a week.	T&O	Amber
Trainees said that nurses can be quite demanding on this ward, but usually very helpful and informative.	T&O	Green
Trainees fed back that Consultants ask other Consultants to take patients over on an informal basis with no proper handover and an unapparent ownership of patients.	Paediatrics	Amber
Trainees reported that they are wards which have a BADGER system in place which is a record of every child with admission documentation, summary of care, discharge notes.	Paediatrics	Green
Trainees reported that some Registrars will help with paperwork but reflected that the department needs to ensure that this responsibility is not reliant on Foundation trainees.	Paediatrics	Amber
Trainees reported different experiences relating to senior cover. Some trainees reported a ward round with a Consultant every day whilst others reported they were occasionally left without senior cover.	Medicine	Amber

Trainees reflected Phlebotomy and clinical support were good but felt that there were difficulties relating to bloods not being taken and communication chasing results and suggested a solution would be a white board with names and tasks on.	Medicine	Amber
Trainees said that nurses who were trained to cannulate and take bloods were not allowed to do so, resulting in hold-ups and nurses losing skills.	Medicine	Amber
Trainees reported that there was confusion regarding the use of the Acute Response Team and what was regarded as appropriate use of the team, Trainees felt that it would help to have a clear protocol.	T/O?	Amber
The trainees described a general feeling that Radiologists were unhelpful and rude and appeared offended when an FY1 doctor talks to them. The trainees said that they usually had to get a Consultant to approach them.	Radiology	Amber
Foundation Training Year Two		
Trainees described the in-house training as very good, with the team being very helpful and approachable.	Anaesthetics	Green
Trainees reported that they were taking acute admissions from the Emergency Department and were required to decide who would be admitted, they felt that this provided few opportunities for learning.	Anaesthetics	Amber
Trainees felt that their posts provided a good training and learning experience for trauma. Seniors will take time to explain things and Consultants will do ad hoc teaching sessions when they are not too busy. Trainees also said that there were opportunities to go to theatre	T&O	Green
Trainees reported that an Orthogeriatrician reviews patients every weekday and this provided good support and learning opportunities.	T&O	Green
Trainees reported problems with Urology at weekends when they have a cross cover arrangement with Chesterfield Royal Hospital for Consultant cover, there are occasions when there is no senior ward round and trainees consider this a patient safety risk. They also feel that General Surgeons will have nothing to do with Urology patients. Trainees said that they were never concerned about contacting Consultants and they will come in if the patient is very ill.	Urology	Red
Trainees reported concerns relating to pre-clerking where patients were not escalated by pre-op nurses if they found significant co-morbidity.	Urology	Amber
Trainees reported a concern about the lack of training relating to consent which they were frequently asked to undertake.	Urology	Red

Trainees described the workload at weekends in General Surgery where they complete a full ward round is completed for all surgical patients (approx. 80). The LETB would be happy to share the weekend review programme currently used at other hospitals.	General Surgery	Amber
Trainees said 'Although there was a lot of teaching on the timetable, they didn't feel as though they had much'. They also explained the varied experience working in different teams within the department.	Cardiology	Amber
Trainees reported that access to the audit department was problematic and they often cannot contact anyone.	Audit Department	Amber
Trainees fed back that that there were no issues and that they were happy with all aspects of their posts.	Paediatrics	Green
Trainees were concerned that patient care was being delayed because of unhelpful, dismissive radiologists who would only talk to Consultants and felt this could pose a patient safety risk. Other trainees reflected this was not an experience unique to Foundation Doctors.	Radiology	Red
Visits to Clinical Areas		
The visiting team heard about the introduction of many additional measures to ensure good patient care. Single rooms provided dignity and privacy for patients but may also present a challenge to ensure all patients are given appropriate levels of care and this will require a sustainable workforce. The visiting team were also concerned about high levels of workload and heard an example of a patient who waited five days to be given a chest drain.	General	Red
The visiting team felt that there was a strong sense of team working and that trainees are well involved with the department. The ward staff described good hand-overs and hourly 'Care and Comfort Rounds' to identify patient need.	Endocrinology and Respiratory Wards	Green
The visiting team heard about the afternoon 'Leadership Round' and the 'Accountability Hand-Over' which had been put into place to improve the management of patient needs	Endocrinology and Respiratory Wards	Green
The visiting team saw the duty rota on the wall which was displayed for all staff to see who to contact.	Endocrinology and Respiratory Wards	Green
The visiting team heard about the role of discharge nurses on each ward to enable discharge, enable admissions and to improve patient flow.	Endocrinology and Respiratory Wards	Green

<p>The visiting team heard that outpatient clinics are busy, but are felt to be effective as a learning environment.</p>	<p>Ophthalmology (Clinic & Theatres)</p>	<p>Green</p>
<p>The visiting team heard about the effective induction to the department which is one month long as trainees are treated as supernumerary. It was suggested to the team that induction could be further improved for new starters if they were able to work with a member of each discipline of staff for two days (e.g. ward clerk, nurse, allied health professional).</p>	<p>Ophthalmology (Clinic & Theatres)</p>	<p>Green</p>
<p>The visiting team was impressed by the calm and professional environment of a busy emergency department.</p>	<p>Emergency Department</p>	<p>Green</p>
<p>They heard about the 'Single Point of Access' which was reported as providing a good patient experience. The visiting team recognized that this would be an area requiring regular quality improvement review to ensure work-load is not transferred from one area to another. The visiting team witnessed the innovative use of data to know that trainees are getting the correct balance of activity in their log books.</p>	<p>Emergency Department</p>	<p>Green</p>
<p>The visiting team acknowledged the extraordinary leadership and dedication to the education and training agenda within the department provided by Dr Jennifer Simpson. However the visiting team is concerned about sustainability of the education and training agenda as this is a considerable agenda.</p>	<p>Emergency Department</p>	<p>Amber</p>

Appendix 3 – LETB Priority Subgroups – Focus & Feedback

Sub Group	Focus	Feedback
Frail Elderly	<ul style="list-style-type: none"> • Generic workforce • Early Intervention / Targeted services / Prevention • Rotational roles acute / community / primary care • Shared education / more generic training 	<ul style="list-style-type: none"> • To influence the nursing curriculum to include a stronger focus on the care of frail elderly as this is a growing national concern. • To include closer working with the independent and social care workforce in providing support services for frail elderly patients needs to be strengthened. • To develop specialised training for the local health community to access in order to provide a consistent approach to frail elderly care.
Workforce Design, Training and Education	<ul style="list-style-type: none"> • Effective workforce planning and training to ensure continuity of patient care. • Effective collaboration with HEI to ensure training meets workforce needs and roles. • Integration – common language for job roles to enable staff movement • Involve staff and patients in future training needs 	<ul style="list-style-type: none"> • The annual workforce planning process has now commenced. • Sense checking of nursing and midwifery numbers needed for Nottinghamshire to be carried out by the local health community. • Identification of key workforce shortage roles particularly around health visitors and GP practice nurses have been identified.
Integration	<ul style="list-style-type: none"> • More than services working closely together about new roles and understanding each other's role. • Establishing greater co-ordination with primary, secondary care, EMAS, Social Care and the third sector 	<ul style="list-style-type: none"> • To begin to identify practical ways for acute, primary care and the independent sector to work more effectively together.
Widening Participation	<ul style="list-style-type: none"> • Pre-employment / Ambassadors / work experience • Workforce supply of bands 1-4 • Apprenticeships • Build relationships with schools and colleges • Support succession planning of bands 1-4 	<ul style="list-style-type: none"> • To develop the Learning for Life" National Campaign within all Trusts. • Trusts to submit bids to access new widening participation funding around supporting the bands 1-4 workforce. The Trust has been successful in receiving funding for a bid around dementia awareness training for its bands 1-4 staff. • Trainee Assistant Practitioner Programme to be influenced by the local health community in terms of its future workforce needs.

Executive Board

Report

Subject: Workforce Performance Information
Date: Thursday 30th January 2013
Author: Helen Brooks – HR Manager (Workforce Information)
Lead Director: Karen Fisher – Director of HR

Executive Summary

The purpose of this paper is to highlight the key workforce issues which remain off target and require action for improvement – the papers included provide a summary for both November and December 2013.

Workforce Numbers & Cost

- Establishment has increased in month by 9.10 wte and staff in post numbers have increased by 4.77 wte. In December 13 there are 160.19 wte more staff than staff levels in April 13.
- The current level of nursing vacancies is 124.31 wte, which equates to a vacancy rate of 9.86%. Medical vacancies is currently 24.91 wte; vacancy rate 5.67%. Alternative recruitment options are being progressed to recruit to both medical and registered nursing staff groups.
- Total pay spend in month was £13.89m (a decrease since November of £0.43m), of which £12.08m was fixed pay spend and £1.83m was variable pay spend which equates to 13.20% of total pay spend.

Sickness Absence

- Staff absence has decreased to 4.56% by 0.39%.
- Short term absence has decreased by 0.51% from 2.69% in November 13 to 2.18% in December 13. Long term absence has increased by 0.13% from 2.25% in November 13 to 2.38% in December 13.
- From January 14, HR are facilitating confirm and challenge sessions with accountable managers to address sickness absence rates, appraisal completion and support with the reduction of vacancies and variable pay use.

Agenda for Change Appraisal Completion

- The current appraisal rate has improved to 78.27% which is an increase of 3.48% since November 2013.
- Continued emphasis on supporting managers with the return of appraisal information progresses with pace.

Recommendation

The Board are asked to note month 8 & 9 position in relation to key workforce indicators and the actions being taken to bring performance back to plan.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience

Achieve financial sustainability

Improve patient safety and provide high quality care

Build successful relationships with external organisations and regulators

Attract, develop and motivate effective teams	
Links to the BAF and Corporate Risk Register	Several key workforce issues and targets are highlighted in the risk register.
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Key workforce initiatives integral to the successful delivery of the Keogh Action Plan
Links to NHS Constitution	NHS pledges to staff and staff responsibilities
Financial Implications/Impact	Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment activity
Legal Implications/Impact	No implications
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	Clinical Audit – Vacancy & Absence Rates Board – All content Workforce Committee – All content
Monitoring and Review	Through the relevant committees and divisional performance review meetings.
Is a QIA required/been completed? If yes provide brief details	No

Dashboard 1: Sickness Absence Summary - December 13

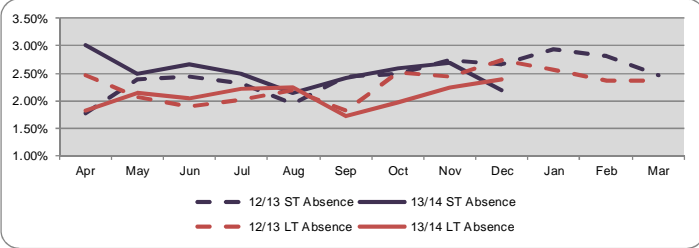
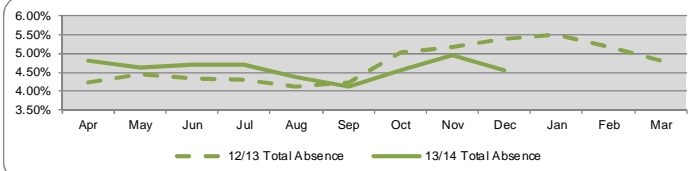
	In month	Progress since last month/ RAG	FYTD	Rolling 12 month
Short Term	2.18%	↑	2.52%	2.57%
Long Term	2.38%	↑	2.09%	2.17%
Total	4.56%	↑	4.60%	4.75%

Direct cost of paying staff whilst absent from work due to sickness				
Short Term	£214,768	↑	£1,906,930	£2,565,217
Long Term	£232,234	↑	£1,619,579	£2,233,065
Total	£447,002	↑	£3,526,509	£4,798,282

Oct-13					
TOTAL	Top 3 Staff Groups	In Month	Progress		
4.56%	Unregistered Nursing	8.49%	↑		
		£80,223	↑		
		5.37%	↓		
	Technical & Other	£24,955	↓		
		4.84%	↑		
		£89,616	↑		
	Divisions	DRD	5.67%	↓	
		£122,762	↓		
		PCS	5.01%	↑	
		£153,606	↑		
		ECM	4.43%	↓	
		£123,896	↓		
Corporate	3.65%	↑			
	£46,738	↑			
	£447,002				

SHORT-TERM					
	Top 3 Staff Groups	In Month	Progress		
2.18%	Unregistered Nursing	3.62%	↑		
		£34,052	↑		
		2.61%	↑		
	Registered Nursing	£88,061	↑		
		2.44%	↓		
		£11,250	↓		
	Divisions	ECM	2.54%	↓	
		£67,113	↓		
		PCS	2.47%	↓	
		£75,980	↑		
		DRD	2.24%	↓	
		£52,838	↓		
Corporate	1.48%	↓			
	£18,837	↓			
	£214,768				

LONG-TERM					
	Top 3 Staff Groups	In Month	Progress		
2.38%	Unregistered Nursing	4.87%	↓		
		£46,171	↑		
		3.31%	↑		
	Scientific & Professional	£24,000	↑		
		2.93%	↑		
		£13,705	↑		
	Divisions	DRD	3.43%	↑	
		£69,924	↑		
		PCS	2.54%	↓	
		£77,626	↑		
		Corporate	2.17%	↑	
		£27,901	↑		
ECM	1.89%	↑			
	£56,783	↓			
	£232,234				



Last month the highest absence staff groups were
 1) Ancillary 2) Unregistered Nursing 3) Technical & Other
 The rank of divisions last month, the areas with highest to lowest absence were:
 1) DRD 5.68% 2) ECM 5.08% 3) PCS 4.75% and 4) Corporate 3.53%.

Top 3 SMT's	In Month	Progress
DRD - Support Services	7.72%	↑
DRD - New ark	5.59%	↑
DRD - Pathology Services	5.43%	↑
PCS - Maternity & Gynaecology	6.89%	↑
PCS - General Surgery	5.35%	↑
PCS - Support Services	5.20%	↑
ECM - Gastro Endocrine	6.35%	↑
ECM - Support Services	5.92%	↑
ECM - Health Care of the Older Person	4.72%	↑
Corp - Finance	7.00%	↑
Corp - Strategic Planning & Commercial Dev	5.45%	↓
Corp - Nursing Services	5.29%	↓

Top 3 Staff Groups	In Month	Progress
Unregistered Nursing	3.62%	↑
Registered Nursing	2.61%	↑
Technical & Other	2.44%	↓

Top 3 SMT's	In Month	Progress
ECM - Cardio Respiratory	4.02%	↓
ECM - Gastro Endocrine	3.39%	↑
ECM - Support Services	2.92%	↓
PCS - Support Services	3.07%	↓
PCS - Maternity & Gynaecology	2.85%	↓
PCS - Paediatrics & Neonatal	2.64%	↑
DRD - New ark	3.12%	No Change
DRD - Therapy Services	2.97%	↓
DRD - Sexual Health	2.00%	↓
Corp - Strategic Planning & Commercial Dev	2.89%	↑
Corp - Information Services	2.43%	↓
Corp - Nursing Services	2.06%	↓

Top 3 Staff Groups	In Month	Progress
Unregistered Nursing	4.87%	↓
Scientific & Professional	3.31%	↑
Technical & Other	2.93%	↑

Top 3 SMT's	In Month	Progress
DRD - Support Services	5.78%	↑
DRD - Pathology Services	3.70%	↑
DRD - Sexual Health	2.87%	↑
PCS - Maternity & Gynaecology	4.04%	↑
PCS - General Surgery	3.30%	↑
PCS - Trauma & Orthopaedics	3.01%	↑
Corp - Finance	5.13%	↓
Corp - Nursing Services	3.23%	↑
Corp - NHS	3.10%	↑
ECM - Community Services	3.12%	↓
ECM - Support Services	3.00%	↓
ECM - Gastro Endocrine	2.96%	↑

Dashboard 1: Sickness Absence Summary - November 13

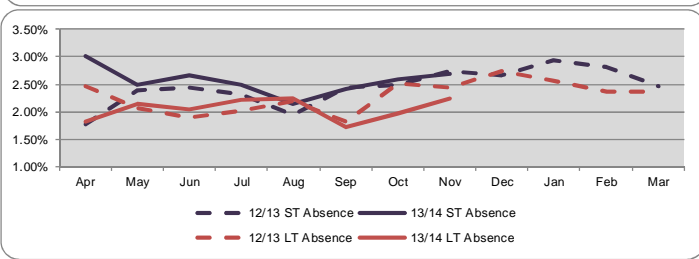
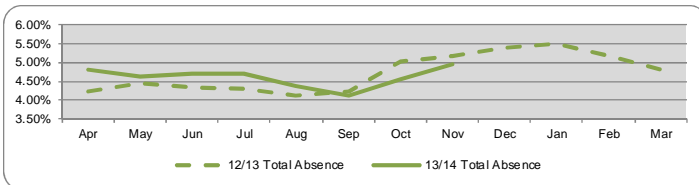
	In month	Progress since last month/ RAG	FYTD	Rolling 12 month
Short Term	2.69%	↑	2.56%	2.61%
Long Term	2.25%	↑	2.05%	2.20%
Total	4.95%	↑	4.61%	4.81%

Direct cost of paying staff whilst absent from work due to sickness				
Short Term	£236,107	↑	£1,692,162	£2,566,928
Long Term	£207,837	↑	£1,387,345	£2,231,417
Total	£443,944	↑	£3,079,507	£4,798,345

Oct-13				
TOTAL	Top 3 Staff Groups	In Month	Progress	
4.95%	Ancillary	8.56%	↑	
		£7,186	↑	
	Nursing Unregistered	8.00%	↑	
£443,944		£72,984	↑	
	Technical & Other	6.87%	↑	
		£32,465	↑	
Divisions		In Month	Progress	
4.95%	DRD	5.68%	↑	
		£125,605	↑	
	ECM	5.08%	↑	
£443,944		£137,520	↑	
	PCS	4.75%	↑	
		£137,984	↑	
Corporate	3.53%	↓		
	£42,837	↑		

SHORT-TERM				
	Top 3 Staff Groups	In Month	Progress	
2.69%	Ancillary	8.56%	↑	
		£7,186	↑	
	Technical & Other	4.40%	↑	
£236,107		£21,938	↑	
	Nursing Unregistered	3.89%	↑	
		£35,028	↑	
Divisions		In Month	Progress	
2.69%	DRD	3.15%	↑	
		£72,729	↑	
	PCS	2.71%	↓	
£236,107		£72,652	↑	
	ECM	2.67%	↑	
		£69,482	↑	
Corporate	1.76%	↓		
	£21,242	↑		

LONG-TERM				
	Top 3 Staff Groups	In Month	Progress	
2.25%	Nursing Unregistered	4.12%	↑	
		£37,957	↑	
	Technical & Other	2.47%	↑	
£207,837		£10,528	↑	
	Scientific & Professional	2.45%	↑	
		£18,367	↑	
Divisions		In Month	Progress	
2.25%	DRD	2.53%	↑	
		£52,876	↑	
	ECM	2.42%	↑	
£207,837		£68,037	↑	
	PCS	2.04%	↓	
		£65,332	↑	
Corporate	1.77%	↓		
	£21,595	↑		



Last month the highest absence staff groups were
 1) Nursing unregistered 2) Technical & Other 3) Scientific & Professional
 The rank of divisions last month, the areas with highest to low est absence were:
 1) DRD 5.08% 2) PCS 4.50% 3) ECM 4.46% and 4) Corporate 3.88%.

Top 3 SMT's			
	In Month	Progress	
DRD - Support Services	7.53%	↑	
DRD - Therapy Services	5.18%	↑	
DRD - New ark	5.17%	↓	
ECM - Support Services	8.09%	↑	
ECM - Gastro Endocrine	5.61%	↑	
ECM - Cardio Respiratory	5.32%	↑	
PCS - Maternity & Gynaecology	5.87%	↑	
PCS - Head & Neck	5.84%	↑	
PCS - Support Services	5.55%	↓	
Corp - Nursing Services	8.32%	↑	
Corp - Finance	7.83%	↑	
Corp - Corporate Development	7.27%	↑	

Top 3 SMT's			
	In Month	Progress	
DRD - Therapy Services	4.47%	↑	
DRD - Support Services	3.67%	↑	
DRD - New ark	3.12%	↓	
PCS - Head & Neck	3.57%	↑	
PCS - Support Services	3.53%	↓	
PCS - Trauma & Orthopaedics	2.73%	↑	
ECM - Support Services	4.38%	↑	
ECM - Cardio Respiratory	3.93%	↑	
ECM - Health Care of the Older Person	2.13%	↓	
PCS - Head & Neck	3.57%	↑	
PCS - Support Services	3.53%	↓	
PCS - Trauma & Orthopaedics	2.73%	↑	

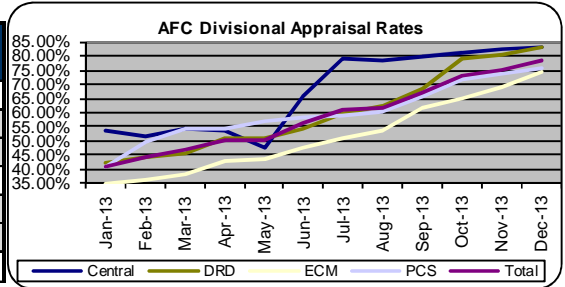
Top 3 SMT's			
	In Month	Progress	
DRD - Support Services	3.86%	↑	
DRD - Pathology Services	2.90%	↑	
DRD - Sexual Health	2.86%	↑	
ECM - Support Services	3.71%	↓	
ECM - Gastro Endocrine	3.58%	↑	
ECM - Community Services	3.15%	↑	
PCS - Maternity & Gynaecology	3.36%	No change	
PCS - Head & Neck	2.27%	↑	
PCS - General Surgery	2.23%	↑	
Corp - Finance	7.54%	↓	
Corp - Nursing Services	2.84%	↓	
Corp - Corporate Development	2.61%	↓	

Dashboard 2 - Appraisal Summary - December 13

Appraisal Status	Corporate		DRD		ECM		PCS		Grand Total		Progress	
	Nov-13	Dec-13	Nov-13	Dec-13	Nov-13	Dec-13	Nov-13	Dec-13	Nov-13	Dec-13		
1) Completed	384	390	911	917	738	780	838	824	2871	2911	40	1.39%
2) Outstanding >12 months old	28	23	80	58	130	112	133	122	371	315	-56	-15.09%
4) No Appraisal date reported	3	2	41	32	80	44	75	55	199	133	-66	-33.17%
5) Appraisal Not Due - New to post	52	54	103	99	124	117	91	90	370	360	-10	-2.70%
Grand Total	467	469	1135	1106	1072	1053	1137	1091	3811	3719	-92	-2.41%
Appraisal Rates exc new to post	92.53%	93.98%	88.28%	91.06%	77.85%	83.33%	80.11%	82.32%	83.44%	86.66%		
Appraisal Rates	82.23%	83.16%	80.26%	82.91%	68.84%	74.07%	73.70%	75.53%	75.33%	78.27%		

Trust	78.27%
--------------	---------------

Staff Group	Nov-13	Dec-13	Progress	Req Impr.
A & C	70.47%	78.03%	7.56%	0.97%
AHP	82.49%	86.57%	4.08%	
Ancillary	85.45%	85.45%	0.00%	
Nursing Reg	74.43%	75.53%	1.10%	3.47%
Sci & Prof	84.46%	83.73%	-0.73%	
Tech & Other	84.87%	84.72%	-0.15%	
Nursing Unreg	74.49%	75.97%	1.47%	3.03%



Corporate	83.16%
------------------	---------------

SMT	Nov-13	Dec-13	Progress	Req Impr.
SPCD	77.14%	80.00%	2.86%	
Corp Services	64.81%	63.64%	-1.18%	15.36%
Finance	85.37%	85.37%	0.00%	
HR	82.20%	86.09%	3.88%	
Info Services	80.00%	80.00%	0.00%	
NHIS	96.95%	95.49%	-1.46%	
Nursing Services	67.57%	68.42%	0.85%	10.58%
Strategy & Dev	62.50%	75.00%	12.50%	4.00%

Staff Group	Rate	Progress	Req Impr.
A & C	80.84%	2.93%	
AHP			
Ancillary	100.00%	0.00%	
Nursing Reg	76.74%	6.37%	2.26%
Sci & Prof			
Students			
Tech & Other	53.33%	0.00%	25.67%
Nursing Unreg			

DRD	82.91%
------------	---------------

SMT	Nov-13	Dec-13	Progress	Req Impr.
New ark	70.41%	70.06%	-0.35%	8.94%
Pathology	85.19%	87.82%	2.64%	
Radiology	85.11%	88.32%	3.21%	
Sexual Health	91.67%	91.67%	0.00%	
Support Services	78.18%	83.53%	5.35%	
Therapy Services	83.43%	82.66%	-0.77%	

Staff Group	Rate	Progress	Req Impr.
A & C	76.90%	4.52%	2.10%
AHP	83.07%	-4.62%	
Ancillary	80.00%	25.00%	
Nursing Reg	74.23%	5.26%	4.77%
Sci & Prof	72.09%	-0.07%	6.91%
Students			
Tech & Other	84.80%	-2.26%	
Nursing Unreg	75.86%	5.73%	3.14%

ECM	74.07%
------------	---------------

SMT	Nov-13	Dec-13	Progress	Req Impr.
Cardio-Respiratory	58.02%	67.96%	9.94%	11.04%
Community Service	81.63%	83.81%	2.18%	
Emergency Care	76.70%	77.51%	0.81%	1.49%
Gastro Endocrine	75.00%	76.06%	1.06%	2.94%
HCOP	80.75%	81.91%	1.17%	
Non Acute Medicin	68.42%	63.16%	-5.26%	15.84%
Support Services	50.97%	63.04%	12.07%	15.96%

Staff Group	Rate	Progress	Req Impr.
A & C	70.47%	6.13%	8.53%
AHP	50.00%	0.00%	29.00%
Ancillary	72.22%	1.75%	6.78%
Nursing Reg	69.46%	6.78%	9.54%
Sci & Prof	100.00%	0.00%	
Students			
Tech & Other	68.00%	-3.14%	11.00%
Nursing Unreg	71.32%	6.26%	7.68%

PCS	75.53%
------------	---------------

SMT	Nov-13	Dec-13	Progress	Req Impr.
Anaesthetics	48.31%	53.01%	4.70%	25.99%
General Surgery	83.65%	85.62%	1.97%	
Head & Neck	68.97%	72.22%	3.26%	6.78%
Maternity & Gynae	67.80%	70.20%	2.39%	8.80%
Childrens Services	79.45%	86.57%	7.12%	
Support Services	78.59%	74.92%	-3.67%	4.08%
T&O	75.00%	81.44%	6.44%	

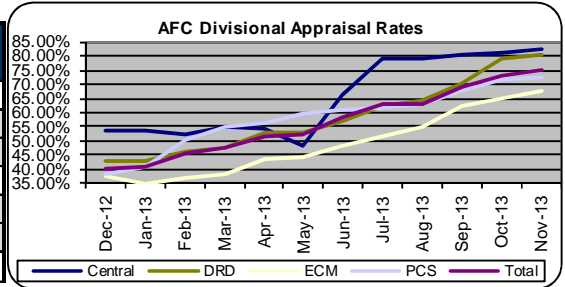
Staff Group	Rate	Progress	Req Impr.
A & C	64.17%	8.52%	14.83%
AHP	25.00%	-10.00%	54.00%
Ancillary	82.14%	0.00%	
Nursing Reg	69.23%	-0.53%	9.77%
Sci & Prof	76.19%	-6.04%	2.81%
Students	0.00%	0.00%	79.00%
Tech & Other	75.00%	-12.72%	4.00%
Nursing Unreg	70.53%	0.14%	8.47%

Dashboard 2 - Appraisal Summary - November 13

Appraisal Status	Corporate		DRD		ECM		PCS		Grand Total		Progress	
	Oct-13	Nov-13	Oct-13	Nov-13	Oct-13	Nov-13	Oct-13	Nov-13	Oct-13	Nov-13		
1) Completed	379	384	887	907	652	702	780	795	2698	2788	90	3.34%
2) Outstanding >12 months old	33	28	93	80	156	130	149	133	431	371	-60	-13.92%
4) No Appraisal date reported	6	3	45	41	90	80	77	75	218	199	-19	-8.72%
5) Appraisal Not Due - New to post	50	52	97	103	117	124	83	91	347	370	23	6.63%
Grand Total	468	467	1122	1131	1015	1036	1089	1094	3694	3728	34	0.92%
Appraisal Rates exc new to post	90.67%	92.53%	86.54%	88.23%	72.61%	76.97%	77.53%	79.26%	80.61%	83.03%		
Appraisal Rates	80.98%	82.23%	79.06%	80.19%	64.24%	67.76%	71.63%	72.67%	73.04%	74.79%		

Trust	74.79%
--------------	---------------

Staff Group	Oct-13	Nov-13	Progress	Req Impr.
A & C	68.16%	68.24%	0.09%	10.76%
AHP	83.01%	82.24%	-0.77%	
Ancillary	85.19%	85.45%	0.27%	
Nursing Reg	71.35%	74.51%	3.16%	4.49%
Sci & Prof	85.94%	84.46%	-1.48%	
Tech & Other	85.37%	84.62%	-0.75%	
Nursing Unreg	70.81%	74.45%	3.64%	4.55%



Corporate	82.23%
------------------	---------------

SMT	Oct-13	Nov-13	Progress	Req Impr.
SPCD	75.76%	77.78%	2.02%	1.22%
Corp Services	50.91%	62.75%	11.84%	16.25%
Finance	87.50%	85.37%	-2.13%	
HR	82.20%	82.35%	0.15%	
Info Services	78.79%	80.00%	1.21%	
NHIS	97.74%	96.97%	-0.77%	
Nursing Services	68.42%	67.57%	-0.85%	11.43%
Strategy & Dev	64.71%	62.50%	-2.21%	16.50%

Staff Group	Rate	Progress	Req Impr.
A & C	80.94%	2.83%	-1.94%
AHP			
Ancillary	100.00%	0.00%	-21.00%
Nursing Reg	75.00%	5.43%	4.00%
Sci & Prof			
Students			
Tech & Other	86.67%	0.00%	-7.67%
Nursing Unreg			

DRD	80.19%
------------	---------------

SMT	Oct-13	Nov-13	Progress	Req Impr.
New ark	63.86%	70.24%	6.38%	8.76%
Pathology	88.82%	84.31%	-4.50%	
Radiology	87.60%	84.89%	-2.70%	
Sexual Health	86.27%	91.67%	5.39%	
Support Services	77.07%	78.67%	1.59%	0.33%
Therapy Services	82.14%	83.24%	1.09%	

Staff Group	Rate	Progress	Req Impr.
A & C	72.44%	3.57%	6.56%
AHP	74.38%	-5.00%	4.62%
Ancillary	80.00%	20.00%	-1.00%
Nursing Reg	79.11%	5.04%	-0.11%
Sci & Prof	77.78%	-0.58%	1.22%
Students			
Tech & Other	82.94%	-2.95%	-3.94%
Nursing Unreg	75.89%	5.62%	3.11%

ECM	67.76%
------------	---------------

SMT	Oct-13	Nov-13	Progress	Req Impr.
Cardio-Respiratory	55.71%	57.42%	1.70%	21.58%
Community Service	77.23%	82.18%	4.95%	
Emergency Care	74.61%	75.76%	1.15%	3.24%
Gastro Endocrine	61.01%	74.47%	13.46%	4.53%
HCOP	81.22%	80.85%	-0.36%	
Non Acute Medicin	57.89%	68.42%	10.53%	10.58%
Support Services	43.71%	43.89%	0.18%	35.11%

Staff Group	Rate	Progress	Req Impr.
A & C	44.03%	-0.97%	34.97%
AHP	85.71%	0.00%	-6.71%
Ancillary	66.67%	1.96%	12.33%
Nursing Reg	67.57%	6.50%	11.43%
Sci & Prof	100.00%	0.00%	-21.00%
Students			
Tech & Other	75.00%	-3.79%	4.00%
Nursing Unreg	70.33%	6.17%	8.67%

PCS	72.67%
------------	---------------

SMT	Oct-13	Nov-13	Progress	Req Impr.
Anaesthetics	41.67%	43.21%	1.54%	35.79%
General Surgery	81.29%	83.12%	1.83%	
Head & Neck	67.24%	68.42%	1.18%	10.58%
Maternity & Gynae	64.91%	67.05%	2.15%	11.95%
Childrens Services	75.37%	77.27%	1.90%	1.73%
Support Services	79.41%	78.53%	-0.89%	0.47%
T&O	76.29%	73.00%	-3.29%	6.00%

Staff Group	Rate	Progress	Req Impr.
A & C	41.94%	-0.17%	37.06%
AHP	50.00%	-10.00%	29.00%
Ancillary	92.86%	0.00%	-13.86%
Nursing Reg	73.49%	-0.76%	5.51%
Sci & Prof	84.13%	-6.04%	-5.13%
Students	0.00%	0.00%	79.00%
Tech & Other	66.67%	-12.40%	12.33%
Nursing Unreg	71.36%	0.00%	7.64%

Workforce Performance Indicators
Key Issues - December 2013

1.0 Overview

1.1 Summary Messages

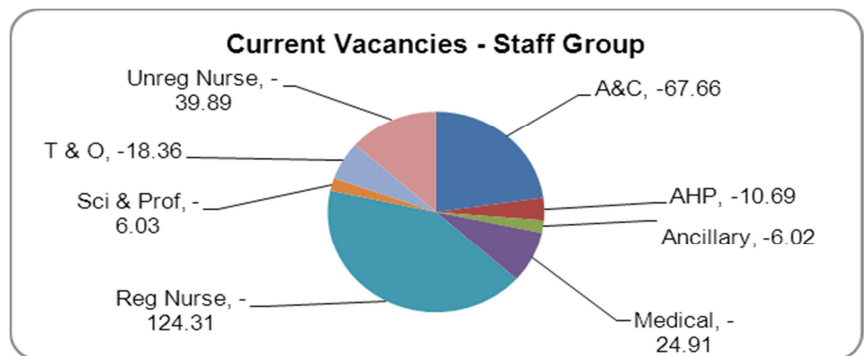
- a. **Workforce Numbers & Cost** – The budgeted establishment in month was 3817.00 wte an increase of 9.10 wte and staff in post was 3549.38 wte an increase of 4.77 wte. Pay spend in month was £13.89m (decrease of £0.43m), of which £12.08m was fixed pay spend and £1.83m was variable pay spend (decrease of £0.13m since last month) which equates to 13.20%.
- b. **Sickness Absence** – Staff absence levels have decreased in month. In November 2013 total absence was 4.95% decreasing by 0.39% to 4.56% in December 2013. Short term absence has decreased from 2.69% to 2.18% (0.51%) and long term has increased from 2.25% to 2.38% (0.13%). The month rate is 4.56% with the rolling 2013 12 month rate at 4.75% which is 0.11% higher than 2012 (4.64%). Absence must be effectively managed in order to ensure levels of care are maintained and cost levels are reduced.
- c. **Agenda for Change Appraisal Completion** – The current appraisal rate is 78.27% which has increased since last month by 3.48%. Since April 2013, appraisal rates have increased by 23.67% from 54.60%.

1.2 Key Issues – December 2013

1.2.1 Staff Numbers & Pay Spend (Source – Integra System - Finance)

Key points to note:

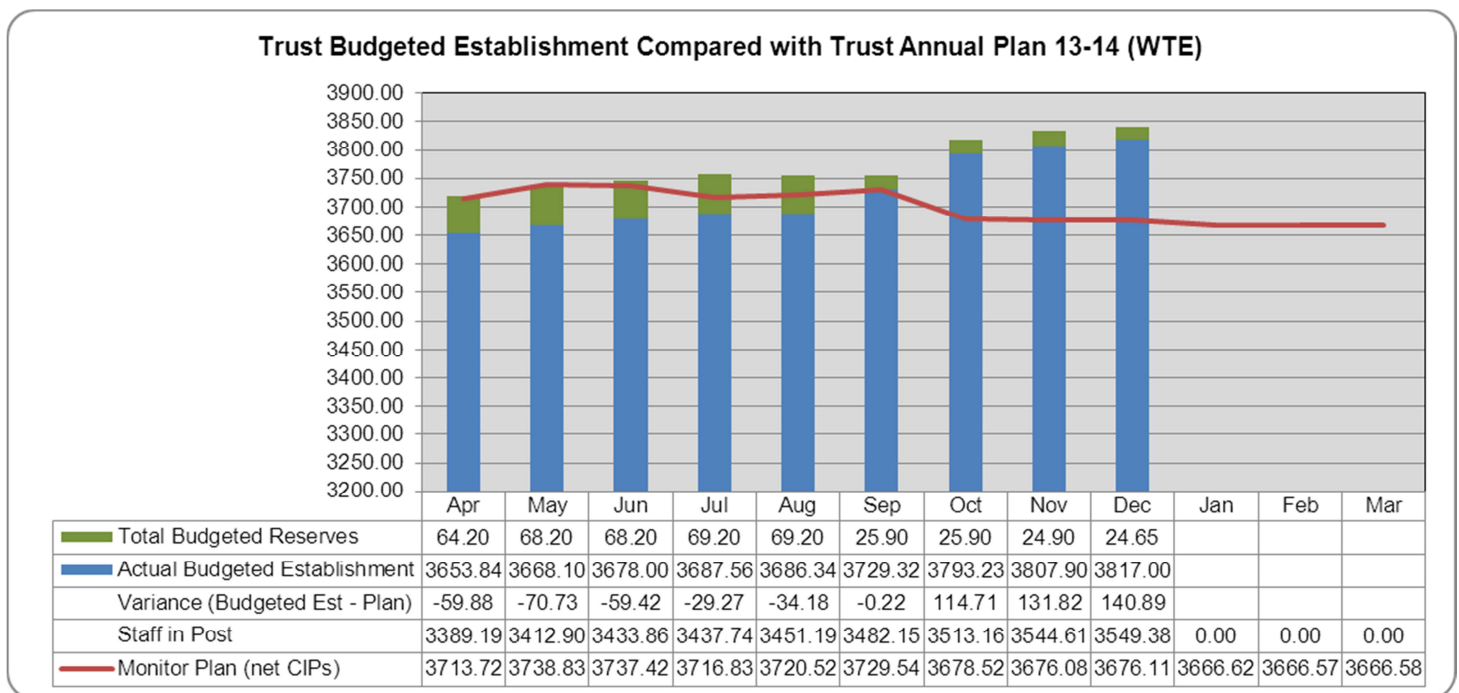
- Since last month budgeted establishment has increased by 9.10 wte from 3807.90 wte to 3817.00 wte. The majority of the increase was in Allied Health Professionals (+2.11 wte), Ancillary (+2.01 wte), Technical & Other (+1.71 wte).
- Staff in post has increased by 4.77 wte to 3549.38 wte in December 2013. The majority of increase was in medical staff group (+6.45 wte). In December 2013 (staff in post, 3549.38) the Trust employs 202.25 wte more staff than December 2012 (3355.17 wte).
- The number of vacant posts is currently 267.62 wte which is an increase of 4.33 wte since November 2013 and recruitment continues at pace. The Trust vacancy rate is 7.01%; the majority of vacancies continue to be in Registered Nursing (124.31 wte/46%). This is an increase since last month of 5.28 wte.



Vacancy Rates (Vacancy % against Budgeted Establishment)	
Admin & Clerical	7.54%
Allied Health Professionals	5.57%
Ancillary	14.88%
Medical	5.67%
Nursing Registered	9.86%
Nursing Unregistered	6.65%
Scientific & Professional	3.05%
Technical & Other	8.33%

Workforce Numbers (WTE)	Budgeted Establishment	Budgeted Reserves	Staff in Post	Vacancies excluding reserves
Apr 2013	3653.84	64.20	3389.19	264.65
May 2013	3668.10	68.20	3412.90	255.20
Jun 2013	3678.00	68.20	3433.86	244.14
Jul 2013	3687.56	69.20	3437.74	249.82
Aug 2013	3686.34	69.20	3451.19	235.15
Sep 2013	3729.32	25.90	3482.15	247.17
Oct 2013	3793.23	25.90	3513.16	280.07
Nov 2013	3807.90	24.90	3544.61	263.29
Dec 2013	3817.00	24.65	3549.38	267.62
12 month rolling average	3664.59		3437.72	226.87

Budgeted establishment (3817.00 wte) is above the annual plan projection of 3676.11 wte, due to additional capacity being added to the budgeted establishment.



Key points to note:

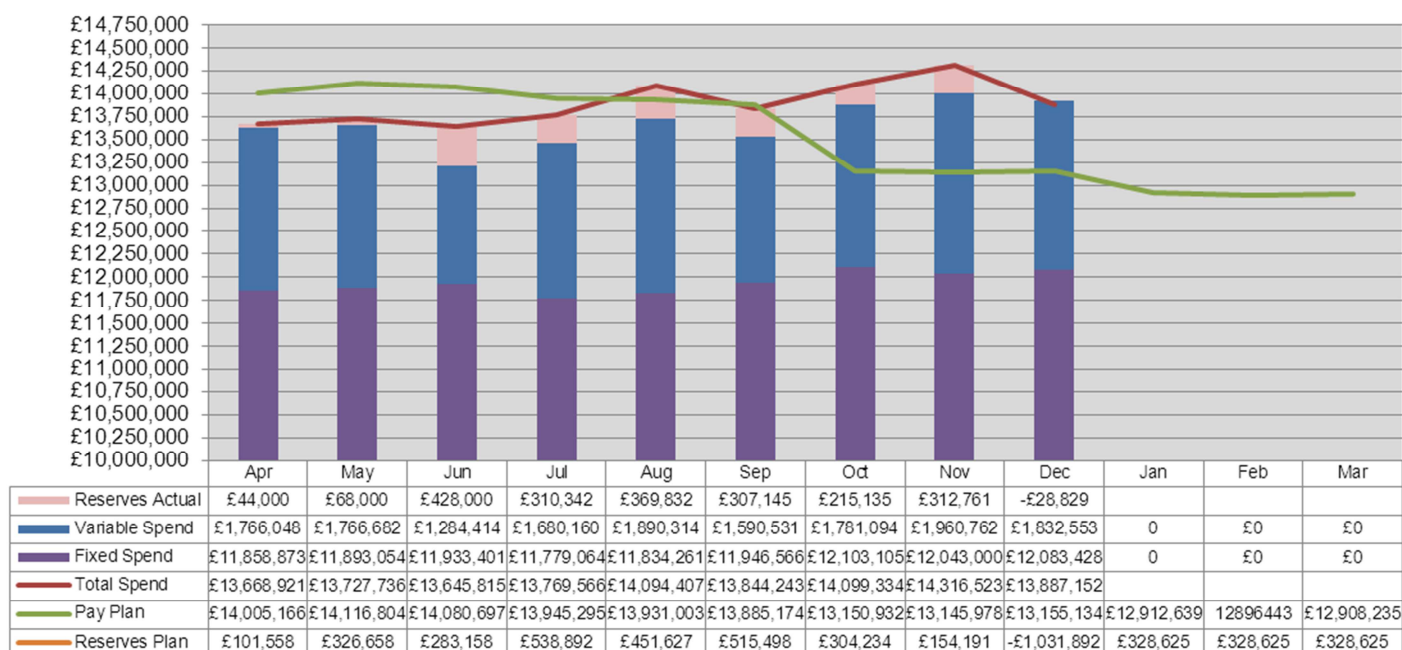
- In month total pay expenditure was £13.89m, which is below the 12 month rolling average of £13.93m. Pay expenditure has decreased in month by £0.43m from £14.32m in November 2013.
- Variable pay has decreased since last month by £0.13m with an expenditure of £1.83m and is below the 12 month rolling average of £1.85m by £0.02m.
- Variable pay accounts for 13.20% of total pay spend which is below the rolling 12 month average of 13.28%.
- Fixed pay expenditure (£12.08m) continues to be below planned spend (£12.61m) by £0.53m which is consistent for financial year 2013/14. This indicates a continued need to translate variable pay into fixed/substantive pay.

Pay Spend	Planned Spend	Fixed Pay Spend	Variable Pay Spend	Reserves Spend	Total Pay Spend	Variance against plan	Variable Pay as a % of total Pay Spend.
Apr 2013	£14.01m	£11.86m	£1.77m	£44k	£13.77m	£234k	12.82%
May 2013	£14.12m	£11.89m	£1.77m	£68k	£14.05m	£64k	12.57%
Jun 2013	£14.08m	£11.93m	£1.28m	£428k	£13.93m	£152k	9.22%
Jul 2013	£13.95m	£11.78m	£1.68m	£310k	£13.77m	£180k	12.20%
Aug 2013	£13.93m	£11.83m	£1.89m	£370k	£14.09m	£163k	13.41%
Sep 2013	£13.89m	£11.95m	£1.59m	£370k	£13.84m	£41k	11.49%
Oct 2013	£13.15m	£12.10m	£1.78m	£215k	£14.10m	£948k	12.63%
Nov 2013	£13.15m	£12.04m	£1.96m	£313k	£14.32m	£1.17m	13.70%
Dec 2013	£13.16m	£12.08m	£1.83m	-£29k	£13.89m	£0.73m	13.20%
12 month rolling avg (inclusive of reserves)		£11.87m	£1.85m	£208k	£13.93m		13.28%

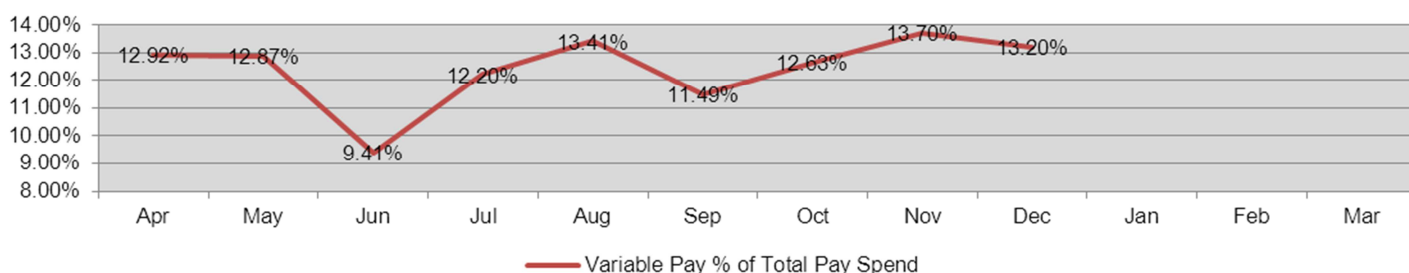
The majority of variable pay is accountable to spend within the Nursing staff group, £902k and was £92k below plan (of which 58.56% was agency usage). Medical variable pay spend was £565k and was £142k above plan (of which 72.16% was agency/locum usage).

The graphs below identify pay spend for 2013/14 against plan, followed by a graph illustrating variable pay % of total pay spend.

Trust Staff Costs against Annual Plan (13-14)



Variable Pay Spend as % of Total Pay Spend (13-14)



Summary – Staff Numbers and Pay Spend

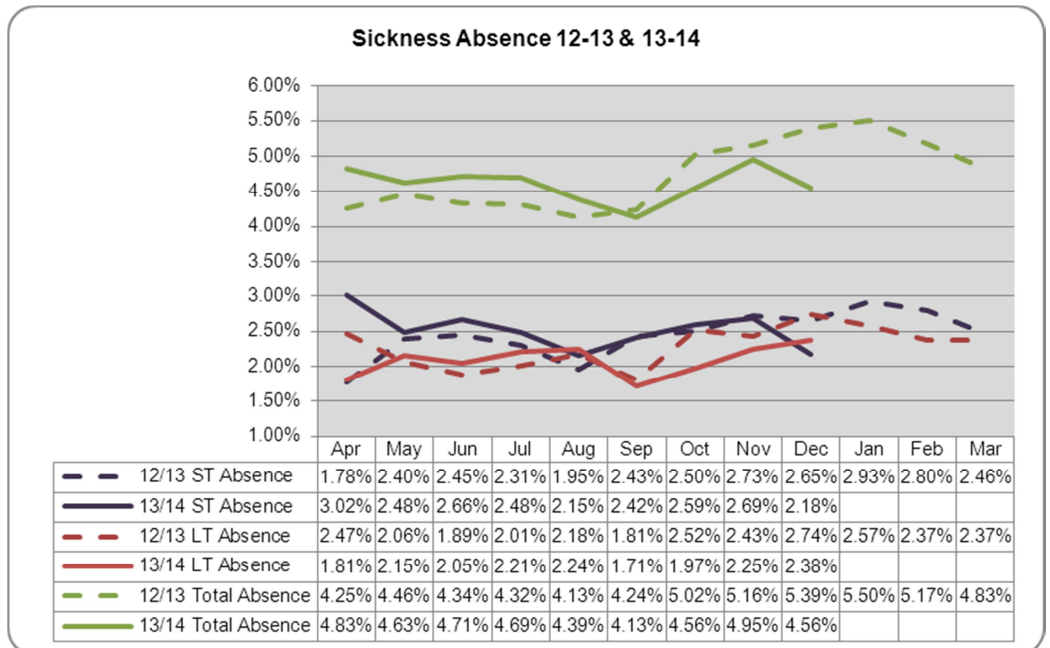
Progress - In month pay spend is below plan by £0.73m.

Risk – Although variable pay spend % of total pay spend has decreased since last month and is below 12 month rolling rate, this continues if we are unable to recruit to posts substantively.

Action Required – Develop robust recruitment plans to substantively recruit and reduce the need for variable pay.

1.2.2 Sickness Absence (Source – ESR System – HR)

- In month absence rate 4.56%
- Decreased from November 2013 by 0.39% from 4.95%.
- Short term absence accounts for 2.18%
- Long term absence is currently 2.38%.
- The 12 month rolling absence rate is currently 4.75% which is above the same period last year by 0.11% (4.64% 2012-13). The December 2013 position (4.56%) is 0.83% below the November 2012 position of 5.39%.



- The cost of paying absent staff in December 2013 was £447k, which is an increase of £3k from November 2013.

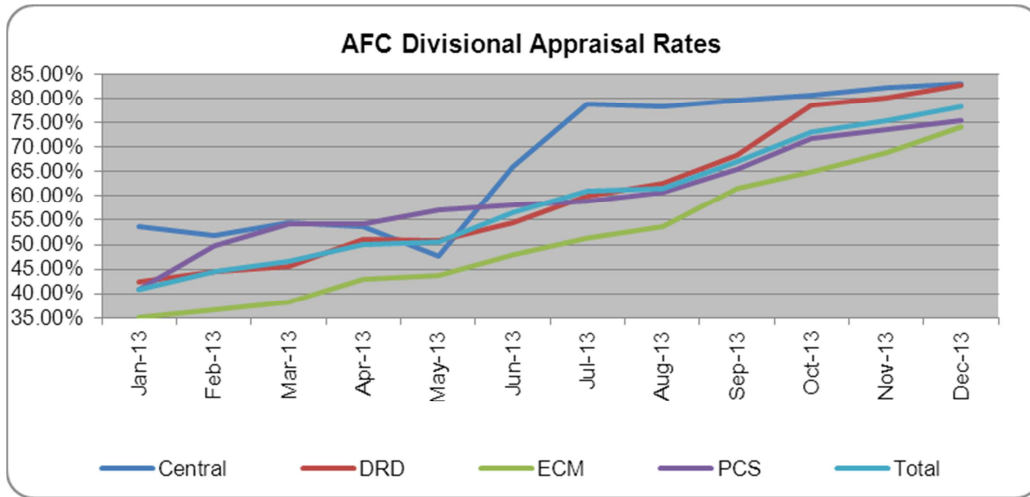
See Dashboard 1 – Sickness Absence Summary

Summary – Sickness Absence

Progress - Absence total rate (4.56%), decreased in month by 0.39%; short term absence (2.18%) has decreased by 0.51% since last month and long term (2.38%) has increased by 0.13%. In month absence (4.56%) is 0.83% below December 12 absence (5.39%). Top areas of sickness absence have been identified and HR are working with managers to support absence management in those areas at confirm & challenge sessions. The sickness absence policy is under review and the sickness absence action plan is being reviewed.

Risk - Absence continues at the rate of last year and the subsequent impact on clinical care and cost, despite an increase in support to managers and performance management meetings.

1.2.3 Staff Appraisal Completion – Agenda for Change (Source – ESR System – HR)



- Agenda for Change appraisal rate is 78.27% (Jan 2013 – Dec 2013), an increase of 3.45%.
- 151 appraisals were completed in December 2013, compared with 111 appraisals in December 2012.
- 2911 appraisals were completed in January to December 2013, compared with 1437 in January 2012 – December 2012.

- The areas where increased focus is required include registered nursing (75.53%) and Unregistered Nursing (74.97%). These staff groups are currently the only staff groups below the 79% target.
- The target for appraisal completion is 79% and the current rate is 1% below target. The chart details appraisal progress from last month.

For the purposes of this analysis, bank staff have been removed (although not exempt from taking part in appraisals) due to being employed on an irregular/unplanned basis.

See Dashboard 2 – Appraisal Summary

Summary – Appraisal Completion

Progress - Appraisal rate has increased from 74.79% in November 13 to 78.27% in December 13 by 3.48%

Risk - Appraisal rate is below the target of 79% by 1%.

Action Required - Managers need to ensure they have appraisals completed, reported and future appraisals scheduled. HR to continue to assist managers with the return of information to enable a fuller reporting picture.

Executive Board

Report

Subject: Workforce – Staff Numbers, Vacancies & Variable Pay
Date: Thursday 30th January 2013
Author: Helen Brooks – HR Manager (Workforce Information)
Lead Director: Karen Fisher – Director of HR

Executive Summary

The purpose of this paper is to detail the current position of staff in post, vacancies and use of variable pay, with a focus on high usage areas of variable pay, including the nursing (registered & unregistered) and medical staff groups.

There is a financial requirement to reduce variable pay usage and also a demand to ensure workforce numbers are at a sufficient level to provide effective and safe patient care.

The paper details the current position in detail for nursing and medical staff groups by service management team. Progress is showing positive signs for the medical workforce, however there are significant challenges for the nursing workforce as both the vacancy rate and variable pay rate in month is above the FYTD average.

Continued support is required to support with recruitment of staff substantively, and assist in the strengthening of bank and use of e-rostering to better optimise staff across the Trust. Continued monitoring is required to ensure that as vacancies decrease, variable pay also decreases.

Recommendation

The Board are asked to note the current position and actions required.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	Several key workforce issues and targets are highlighted in the risk register.
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	Key workforce initiatives integral to the successful delivery of the Keogh Action Plan
Links to NHS Constitution	NHS pledges to staff and staff responsibilities
Financial Implications/Impact	Impact on budgeted establishment/pay and additional costs required to fund the high volume of recruitment

	activity
Legal Implications/Impact	No implications
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	
Monitoring and Review	Through the relevant committees and divisional performance review meetings.
Is a QIA required/been completed? If yes provide brief details	No

Workforce – Staff Numbers, Vacancies and Variable Pay – December 2013

1.0 Overview

Post Keogh the Trust continues to have heavy spend on variable pay, particularly in the Nursing and medical staff groups. The paper below details the current position for vacancies and pay spend, focusing on the Nursing and Medical staff groups.

1.1 Divisional and Trust Position

Intense recruitment activity has been underway to reduce the level of vacancies within the Trust. The below table provides a summary by staff group between April and December 13. Staff in post increases have occurred across all staff groups (exception of Ancillary) with the highest staff in post increases being Admin & Clerical (+52.53 wte), Registered Nursing (+32.26 wte), Medical (+27.98 wte) and Unregistered Nursing (+24.72 wte). Vacancies continue to be at a significant level within the Nursing workforce and are contributing to the high use of variable pay.

April to December 13 Comparison	Apr-13			Dec-13			Variance		
	Budgeted Establishment	Staff in Post	Vacancies	Budgeted Establishment	Staff in Post	Vacancies	Budgeted Establishment	Staff in Post	Vacancies
A & C	851.39	776.80	-74.59	896.99	829.33	-67.66	45.60	52.53	6.93
AHP	177.78	173.33	-4.45	192.00	181.31	-10.69	14.22	7.98	-6.24
Ancillary	39.46	35.23	-4.23	40.46	34.44	-6.02	1.00	-0.79	-1.79
Medical	416.30	386.77	-29.53	439.66	414.75	-24.91	23.36	27.98	4.62
Nursing Reg	1205.46	1103.71	-101.75	1260.28	1135.97	-124.31	54.82	32.26	-22.56
Sci & Prof	194.31	184.58	-9.73	197.67	191.64	-6.03	3.36	7.06	3.70
T & O	210.50	193.64	-16.86	220.45	202.09	-18.36	9.95	8.45	-1.50
Nursing Unreg	561.39	535.13	-26.26	599.74	559.85	-39.89	38.35	24.72	-13.63
Trust	3653.84	3389.19	-264.65	3817.00	3549.38	-267.62	163.16	160.19	-2.97

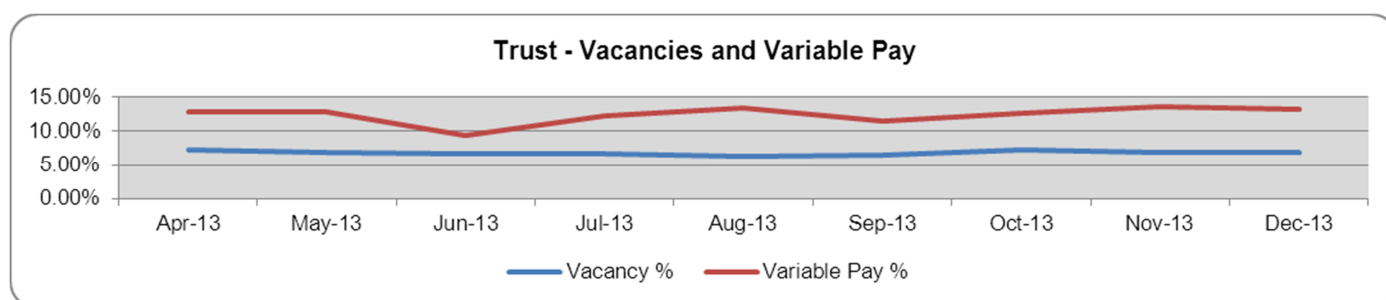
The Trust currently has a budgeted establishment position of 3817.00 wte, of which 3549.38 wte is staff in post and 267.62 wte are vacant posts (7.01%). The Trust in month fixed pay spend was £13.89m and above planned pay spend of, £13.16m by £0.73m. Variable pay spend, £1.83m was above budgeted variable pay plan £1.71m by £0.12m; the variable pay % of total pay spend remains at 13.20% which is above FYTD trend.

Division - In Month	Budgeted Establishment	Staff in Post	Vacancies	Vacancy Rate	Fixed Plan	Variable Total Plan	Trust Planned Staff Costs (inclusive of reserves)	Actual Total Fixed Pay Spend Costs	Actual Total Variable Pay Spend Costs	Total Staff Costs (inclusive of reserves)	Fixed Pay % of Total Pay Spend	Variable Pay % of Total Pay Spend
Corporate	481.80	439.70	-42.10	-8.74%	£1,877,310	£88,058	£1,965,369	£1,737,011	£125,019	£1,862,030	92.70%	7.30%
DRD	955.73	909.88	-45.85	-4.80%	£2,853,293	£240,038	£3,093,331	£2,687,135	£316,232	£3,003,367	89.47%	10.53%
ECM	1161.26	1071.27	-89.99	-7.75%	£3,625,008	£1,080,451	£4,705,459	£3,473,309	£931,094	£4,404,402	78.86%	21.14%
PCS	1218.21	1128.53	-89.68	-7.36%	£4,257,660	£298,446	£4,556,106	£4,185,973	£460,209	£4,646,182	90.09%	9.91%
Trust	3817.00	3549.38	-267.62	-7.01%	£12,613,272	£1,706,994	£13,155,134	£12,083,428	£1,832,553	£13,887,152	87.01%	13.20%

For the current financial year to date the variable pay spend plan £6.84m with spend being £15.55m, this is significantly over plan by £8.71m, with variable pay on average accounting on average 12.64% of total pay. This is detailed in the below table:

Division - FYTD	Budgeted Establishment - FYTD Average	Staff in Post - FYTD Average	Vacancies FYTD Average	Vacancy Rate - FYTD Average	Fixed Plan - FYTD Total	Variable Total Plan - FYTD Total	Trust Planned Staff Costs - FYTD Total	Actual Total Fixed Pay Spend Costs - FYTD Total	Actual Total Variable Pay Spend Costs - FYTD Total	Total Staff Costs - FYTD Total	Fixed Pay % of Total Pay Spend - FYTD Average	Variable Pay % of Total Pay Spend - FYTD Average
Corporate	476.70	422.59	-54.10	-11.35%	£14,151,772	£507,678	£14,659,450	£15,869,006	£1,141,013	£17,010,019	93.29%	6.71%
DRD	946.50	899.44	-47.06	-4.97%	£25,641,018	£1,513,993	£27,155,011	£24,144,696	£3,268,108	£27,412,804	88.08%	11.92%
ECM	1101.04	1019.46	-81.58	-7.41%	£30,131,250	£3,368,386	£33,499,635	£30,010,224	£7,349,468	£37,359,692	80.33%	19.67%
PCS	1200.35	1126.75	-73.60	-6.13%	£38,165,170	£1,452,517	£39,617,687	£37,450,827	£3,793,969	£41,244,796	90.80%	9.20%
Trust	3724.59	3468.24	-256.35	-6.88%	£108,089,210	£6,842,574	£114,931,784	£107,474,754	£15,552,558	£123,027,312	87.36%	12.64%

The Trust currently has a vacancy rate of 7.01% which is consistent with the FYTD vacancy rate, however current variable pay % of total spend (13.17%) exceeds FYTD average by 0.74% (12.43%).



In terms of variable pay spend the Nursing Staff group and medical staff group continue to be the main contributors to variable pay spend as a result of the response to Keogh and additional capacity to ensure quality.

Although the Trust is working to ensure that posts are recruited to, there are challenges in recruiting to substantive nursing posts, which is reflective in the region. This is also coupled with pockets of medical specialities where shortages/difficult to recruit to posts are being experienced. The following sections provides detail on the nursing and medical workforce.

1.2 Nursing Workforce

The nursing workforce (registered and unregistered) currently has a budgeted establishment of 1860.02 wte, with number of staff in post, 1695.82 wte. The current level of vacancies is 164.20 wte, with a vacancy rate of 8.83%. Currently variable nursing spend is below plan in month due to the budget being adjusted to accommodate for Keogh outcomes.

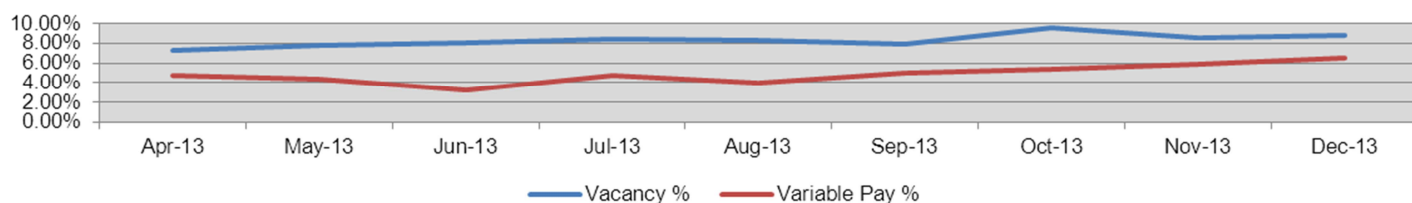
The below table below the current position for Nursing workforce, with Service Management detail being provided in Appendix 1.

Division - In Month	Budgeted Establishment			Staff in Post			Vacancies			Vacancy Rate %			Pay Spend		
	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Variable Nursing Plan	Variable Nursing spend	Variable % Nursing Pay Spend
Corporate	61.67	13.62	75.29	47.04	11.96	59.00	-14.63	-1.66	-16.29	-23.72%	-12.19%	-21.64%	£1,450	£15,039	1.21%
DRD	138.67	88.55	227.22	119.70	84.74	204.44	-18.97	-3.81	-22.78	-13.68%	-4.30%	-10.03%	£32,279	£62,509	2.08%
ECM	527.51	316.52	844.03	469.90	293.09	762.99	-57.61	-23.43	-81.04	-10.92%	-7.40%	-9.60%	£749,803	£569,943	12.94%
PCS	532.43	181.05	713.48	499.33	170.06	669.39	-33.10	-10.99	-44.09	-6.22%	-6.07%	-6.18%	£210,033	£254,595	5.48%
Trust	1260.28	599.74	1860.02	1135.97	559.85	1695.82	-124.31	-39.89	-164.20	-9.86%	-6.65%	-8.83%	£993,565	£902,085	6.50%

Although the vacancy rate has remained relatively constant for the current financial year (8.31%) the use of variable pay has increased since June 13 – this is due to the reaction of Keogh.

The vacancy rate in month is 8.83% which is above the average for FYTD, 8.31%. In month variable pay rate % of total pay spend is 6.50%, which is also above the average for FYTD, 4.86%.

Nursing - Vacancies and Variable Pay



For the current financial year to date the nursing workforce variable pay spend plan £2.19m with spend being £6.09m, this is significantly over plan by £3.9m, with variable pay on average accounting for on average 4.86% of total pay, this is detailed in the below table:

Division - FYTD	Budgeted Establishment - Average			Staff in Post - Average			Vacancies - Average			Vacancy Rate % - Average			Pay Spend - Total		
	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Variable Nursing Plan	Variable Nursing spend	Variable % Nursing Pay Spend (Average)
Corporate	62.15	13.62	75.77	45.44	12.09	57.54	-16.71	-1.53	-9.12	-26.88%	-11.21%	-12.03%	£45,517	£83,914	0.46%
DRD	142.22	89.07	231.28	125.34	83.40	208.74	-16.88	-5.67	-81.04	-11.87%	-6.37%	-35.04%	£252,573	£568,701	2.07%
ECM	499.06	297.13	796.19	447.96	447.96	895.91	-51.10	150.83	-44.09	-10.24%	50.76%	-5.54%	£1,411,514	£3,916,804	10.41%
PCS	529.69	183.26	712.95	501.83	170.42	672.24	-27.87	-12.84	-44.09	-5.26%	-7.01%	-6.18%	£482,161	£1,516,621	3.67%
Trust	1233.12	583.07	1816.19	1120.56	544.55	1834.43	-112.56	-38.52	-164.20	-9.13%	-6.61%	-9.04%	£2,191,764	£6,086,040	4.86%

For the current financial year to date, nursing agency contributes to 50.06% of total variable pay spend, with bank spend contributing 22.20% of total variable pay spend. The below table details the spend, in month agency spend totalled £0.53m and was 58.56% of total variable pay spend and is significantly above the FYTD average spend of £0.34m. Agency is currently being adopted to support the outcomes of Keogh, however further strengthening of bank is required, to ensure bank staffing options are adopted prior to seeking agency cover.

Trust	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	FYTD Total	FYTD Average
Additional Hours	£77,147	£45,786	£58,377	£55,989	£56,251	£58,999	£63,614	£81,981	£75,643	£573,787	£63,754
Agency	£311,565	£277,257	£137,995	£323,394	£259,749	£360,638	£392,325	£455,194	£528,280	£3,046,396	£338,488
Extra Sessions	£0	£12,015	£10,226	£3,870	£5,544	£2,730	£-1,700	£-6,800	£13,236	£39,122	£4,347
Overtime	£172,433	£100,234	£86,019	£104,382	£96,349	£121,872	£125,467	£131,150	£127,247	£1,065,152	£118,350
Pool/Bank	£75,156	£158,622	£144,142	£167,918	£150,362	£143,820	£179,472	£174,075	£157,602	£1,351,171	£150,130
Waiting Lists	£5,746	£2,493	£662	£325	£403	£239	£327	£139	£77	£10,412	£1,157
Total	£642,047	£596,408	£437,422	£655,878	£568,658	£688,298	£759,505	£835,738	£902,085	£6,086,040	£676,227

Rigorous recruitment activity is underway to address vacancies within the Nursing workforce to ensure that appropriate staffing levels are in place to ensure quality and safety of patient care. However this is in the backdrop of potential national nursing shortages and alternative recruitment options are being sought including international recruitment.

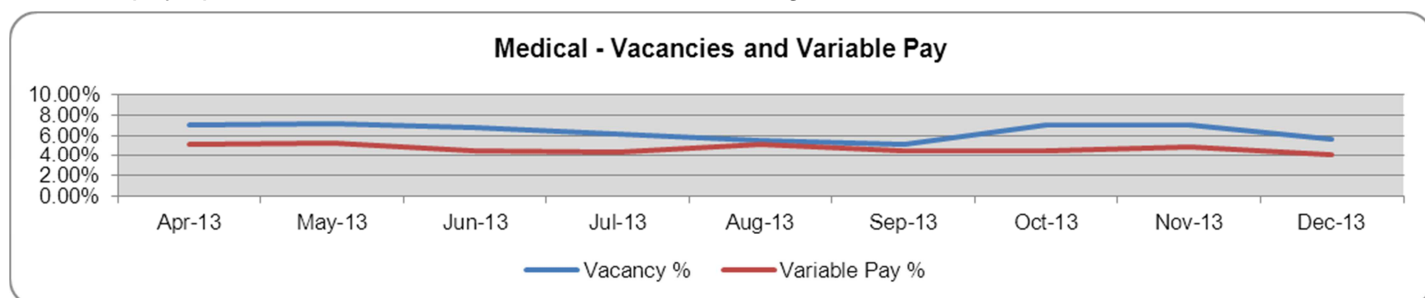
1.3 Medical Workforce

Division - In Month	Budgeted Establishment	Staff in Post	Vacancies	Vacancy Rate	Variable Medical Plan	Variable Medical spend	Variable % of Medical Total Pay Spend
Corporate	15.34	13.54	-1.80	-11.73%	£567	£2,901	0.26%
DRD	40.50	40.38	-0.12	-0.30%	£90,208	£57,481	1.91%
ECM	154.39	141.59	-12.80	-8.29%	£284,981	£338,774	7.69%
PCS	229.43	219.24	-10.19	-4.44%	£47,674	£165,904	3.57%
Trust	439.66	414.75	-24.91	-5.67%	£423,429	£565,060	4.07%

The medical workforce currently has a budgeted establishment of 439.66 wte, with number of staff in post, 414.75 wte. The current level of vacancies is 24.91 wte, with a vacancy rate of 5.67%.

The table opposite details the current position for Medical workforce, with Service Management detail being provided in Appendix 1.

The vacancy rate in month is 5.67% which is below the average for FYTD, 6.38%. In month variable pay rate % of total pay spend is 4.07%, which is also below the average for FYTD, 4.69%.



Division - FYTD	Budgeted Establishment - FYTD Average	Staff in Post - FYTD Average	Vacancies - FYTD Average	Vacancy Rate - FYTD Average	Variable Medical Plan - FYTD Total	Variable Medical spend - FYTD Total	Medical Total Pay Spend - FYTD Average
Corporate	15.34	14.65	-0.69	-4.49%	£3,700	£28,780	0.17%
DRD	40.50	39.11	-1.39	-3.42%	£655,025	£809,925	2.95%
ECM	141.70	130.98	-10.71	-7.56%	£1,829,282	£3,145,776	8.42%
PCS	227.99	213.62	-14.36	-6.30%	£880,147	£1,886,814	4.58%
Trust	425.52	398.37	-27.15	-6.38%	£3,368,153	£5,871,295	4.69%

For the current financial year to date the nursing workforce variable pay spend plan £2.19m with spend being £6.09m, this is significantly over plan by £3.9m, with variable pay on average accounting for on average 4.86% of total pay, this is detailed in the table opposite.

In summary the medical vacancy rate in month is lower than the FYTD average, however it remains essential that recruitment activity continues at pace and alternative recruitment options are sought to recruit to speciality areas which are difficult to recruit.

1.4 Summary

- Ongoing monitoring required to ensure as vacancies reduce, variable pay in tandem also reduces on a monthly basis.
- Focus is required to reduce the reliance of variable pay. Currently for FYTD, variable pay contributes 12.64% of total pay; this will include continued intense recruitment, adopting alternative recruitment options where required to recruit and attract candidates to an increasingly competitive pool.
- Vacancies remain high despite intense recruitment activity. Continued recruitment activity is required to reduce the reliance for variable pay and providing an increased assurance on numbers, skill mix and patient care quality. Alternative recruitment options will need to be adopted to attract in an increasingly competitive market and for those areas of specialism where the candidate pool is narrow.
- Review of rostering practice to ensure effective utilisation of substantive staff. E-rostering is now rolled out to the majority of nursing areas and further activity is required to ensure that the benefits of the

system are realised in wards to encourage the adoption of flexible working across wards and efficiencies are gained.

- Scope viability of developing and enhancing in house bank and attract more nurses to sign up to nursing bank.

1.5 Recommendations/Actions

The Executive Board are asked to note the contents of the paper & support the recommended actions concerning staff in post numbers, continued high vacancy numbers and variable pay usage.

Appendix 1) Nursing Workforce – SMT Summary

SMT Detail - Dec 13		Budgeted Establishment			Staff in Post			Vacancies			Vacancy Rate %			Pay Spend		
		Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Nursing Reg	Nursing Unreg	Total	Variable Nursing Plan	Variable Nursing spend	Variable % Nursing Pay Spend of Total Nursing Spend
SMT	Corporate															
	SPCD	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£0	0.00%
	Corp Services	1.67	0.00	1.67	1	0	1	-0.67	0.00	-0.67	-40.12%	0.00%	-40.12%	£0	£501	0.17%
	Finance	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£0	0.00%
	Human Resources	28.96	13.62	42.58	25.08	11.96	37.04	-3.88	-1.66	-5.54	-13.40%	-12.19%	-13.01%	£1,450	£1,630	0.51%
	Information Services	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£0	0.00%
	NHIS	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£0	0.00%
	Nursing Services	19.90	0.00	19.90	19.96	0	19.96	0.06	0.00	0.06	0.30%	0.00%	0.30%	£0	£0	0.00%
Strategy & Dev	11.14	0.00	11.14	1	0	1	-10.14	0.00	-10.14	-91.02%	0.00%	-91.02%	£0	£12,908	11.93%	
DRD	New ark	78.28	49.51	127.79	65.67	47.15	112.82	-12.61	-2.36	-14.97	-16.11%	-4.77%	-11.71%	£24,029	£34,573	6.19%
	Pathology	4.10	0.00	4.10	3.6	1	4.6	-0.50	1.00	0.50	-12.20%	0.00%	12.20%	£0	£0	0.00%
	Radiology	2.56	1.71	4.27	2.36	1.71	4.07	-0.20	0.00	-0.20	-7.81%	0.00%	-4.68%	£83	£241	0.05%
	Sexual Health	15.52	5.17	20.69	15.17	5.16	20.33	-0.35	-0.01	-0.36	-2.26%	-0.19%	-1.74%	£717	£447	0.28%
	Support Services	37.03	31.12	68.15	31.72	28.68	60.4	-5.31	-2.44	-7.75	-14.34%	-7.84%	-11.37%	£7,450	£26,997	3.29%
	Therapy Services	1.18	1.04	2.22	1.18	1.04	2.22	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£250	0.06%
ECM	Cardio-Respiratory	103.10	53.30	156.40	99.77	49.2	148.97	-3.33	-4.10	-7.43	-3.23%	-7.69%	-4.75%	£95,808	£63,805	8.44%
	Community Services	44.59	37.44	82.03	39.74	36.75	76.49	-4.85	-0.69	-5.54	-10.88%	-1.84%	-6.75%	£17,982	£13,100	4.94%
	Emergency Care	128.30	60.10	188.40	112.63	51.41	164.04	-15.67	-8.69	-24.36	-12.21%	-14.46%	-12.93%	£120,479	£128,959	9.86%
	Gastro Endocrine	77.14	56.15	133.29	63.82	52.45	116.27	-13.32	-3.70	-17.02	-17.27%	-6.59%	-12.77%	£160,551	£101,399	17.80%
	HCOP	105.85	69.07	174.92	95.4	66.96	162.36	-10.45	-2.11	-12.56	-9.87%	-3.05%	-7.18%	£193,569	£127,704	17.37%
	Non Acute Medicine	14.03	1.60	15.63	14.08	1.6	15.68	0.05	0.00	0.05	0.36%	0.00%	0.32%	£3,802	£3,219	2.29%
	Support Services	54.50	38.86	93.36	44.46	34.72	79.18	-10.04	-4.14	-14.18	-18.42%	-10.65%	-15.19%	£157,611	£131,757	25.60%
	PCs	Anaesthetics	58.53	5.33	63.86	55.64	5.27	60.91	-2.89	-0.06	-2.95	-4.94%	-1.13%	-4.62%	£20,225	£64,706
General Surgery	63.17	47.52	110.69	62.51	45.53	108.04	-0.66	-1.99	-2.65	-1.04%	-4.19%	-2.39%	£91,258	£34,157	4.61%	
Head & Neck	4.21	0.00	4.21	4.21	0	4.21	0.00	0.00	0.00	0.00%	0.00%	0.00%	£0	£0	0.00%	
Maternity & Gynae	151.07	49.80	200.87	136.07	45.75	181.82	-15.00	-4.05	-19.05	-9.93%	-8.13%	-9.48%	£4,342	£14,599	1.65%	
Childrens Services	70.67	18.93	89.60	62.12	18.18	80.3	-8.55	-0.75	-9.30	-12.10%	-3.96%	-10.38%	£3,500	£35,822	6.18%	
Support Services	149.66	31.81	181.47	144.5	28.67	173.17	-5.16	-3.14	-8.30	-3.45%	-9.87%	-4.57%	£7,808	£68,678	8.46%	
Trauma & Orthopaed	35.12	27.66	62.78	34.28	26.66	60.94	-0.84	-1.00	-1.84	-2.39%	-3.62%	-2.93%	£82,900	£34,534	6.36%	

Appendix 2) Medical Workforce – SMT Summary

SMT Detail - Dec 13								
Division	SMT	Budgeted Establishment	Staff in Post	Vacancies	Vacancy Rate	Variable Medical Plan	Variable Medical spend	Variable % of Medical Total Pay Spend
Corporate	SPCD	0.00	0	0.00	0.00%	£0	£0	0.00%
	Corp Services	0.00	0	0.00	0.00%	£0	£0	0.00%
	Finance	0.00	0	0.00	0.00%	£0	£0	0.00%
	Human Resources	13.54	13.54	0.00	0.00%	£567	£2,901	1.48%
	Information Services	0.00	0	0.00	0.00%	£0	£0	0.00%
	NHIS	0.00	0	0.00	0.00%	£0	£0	0.00%
	Nursing Services	1.00	0	-1.00	-100.00%	£0	£0	0.00%
	Strategy & Dev	0.80	0	-0.80	-100.00%	£0	£0	0.00%
DRD	New ark	9.60	9.6	0.00	0.00%	£51,900	£28,648	5.13%
	Pathology	12.05	11.05	-1.00	-8.30%	£10,675	£0	0.00%
	Radiology	10.50	11.4	0.90	8.57%	£27,200	£28,833	5.87%
	Sexual Health	8.35	8.33	-0.02	-0.24%	£0	£0	0.00%
	Support Services	0.00	0	0.00	0.00%	£433	£0	0.00%
	Therapy Services	0.00	0	0.00	0.00%	£0	£0	0.00%
ECM	Cardio-Respiratory	14.35	13.35	-1.00	-6.97%	£6,198	£2,692	0.36%
	Community Services	2.00	2	0.00	0.00%	£0	£0	0.00%
	Emergency Care	103.65	91.6	-12.05	-11.63%	£213,167	£282,224	19.83%
	Gastro Endocrine	11.99	12.29	0.30	2.50%	£1,696	£19,017	3.34%
	HCOP	12.90	12.9	0.00	0.00%	£61,743	£32,938	4.48%
	Non Acute Medicine	9.50	9.45	-0.05	-0.53%	£2,178	£1,903	1.35%
	Support Services	0.00	0	0.00	0.00%	£0	£0	0.00%
PCS	Anaesthetics	52.50	47.05	-5.45	-10.38%	£7,486	£26,709	3.67%
	General Surgery	47.00	46	-1.00	-2.13%	£6,029	£26,990	3.64%
	Head & Neck	22.92	21.87	-1.05	-4.58%	£10,973	£57,055	15.97%
	Maternity & Gynae	35.80	33.84	-1.96	-5.47%	£6,086	£10,041	1.13%
	Childrens Services	35.03	35.3	0.27	0.77%	£1,417	£6,535	1.13%
	Support Services	0.18	0.18	0.00	0.00%	£0	£0	0.00%
	Trauma & Orthopaedics	36.00	35	-1.00	-2.78%	£15,683	£38,575	7.11%