

Executive Summary Workforce Report 26 February 2018



Agenda Item No: 9.3

Trust Board Report

Meeting Date:	26 th February 2018
Title:	Executive Summary Workforce Report
Executive Summary:	<p>This report provides updates on progress on the delivery of the People and Organisation Development Strategy 2016 - 2020, and specifically:</p> <ol style="list-style-type: none"> 1. Engagement & Culture 2. Future Workforce <ul style="list-style-type: none"> - Nursing Workforce Summary - Medical Workforce Summary 3. Organisation Development 4. Workforce Intelligence and Planning 5. Underpinning Workforce Assurance <p>This report provides an update on the actions completed in the delivery of the People and Organisation Development Strategy and provides an update on metrics to provide the Board with assurance relating to the Strategy and the mitigation of risks relating to Board Assurance Framework - Strategic Risk 1. The Workforce and Organisation Development Committee also receive regular reports on Workforce Metrics.</p>
Report of:	Alan Duffell - Director of Workforce
Action Requested:	Receive and note
For the attention of the Board	The report provides an update on activity to reach Trust targets on the Workforce Metrics measuring the delivery of the People and Organisation Development Strategy 2016 - 2020
Assure	<ul style="list-style-type: none"> • Actions on Recruitment, Retention and Engagement to mitigate SR1 on Board Assurance Framework.
Advise	<ul style="list-style-type: none"> • Progress on delivery of the actions within the People and Organisation Development Strategy 2016 – 2020 to support with the approach to OD.
Alert	<ul style="list-style-type: none"> • Items of immediate and pressing concern relating to workforce metrics are highlighted within the report and attributed a red rating for board attention. • The Trust performance on 12 month rolling sickness absence against target is red rated.
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Links to Trust Strategic Objectives	4. Attract, retain and develop our staff, and improve employee engagement. 6. Be in the top 25% of all key performance indicators.
Resource Implications:	NONE
CQC Domains	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	The Trust Approach to Equality, Diversity and Inclusion addresses actions for WRES, EDS2 and WDES and the Trust approach to EDI and the provisions of the Equality Act 2010 as part of the People and Organisation Development Strategy 2016-2020.
Risks: BAF/ TRR	BAF Strategic Risk 1 – Workforce
Risk: Appetite	The report seeks to provide Board Assurance and to decrease the Workforce Risks within the Trust.
Public or Private:	PUBLIC
Other formal bodies involved:	Workforce & Organisational Committee (WODC)
References	NONE – National Workforce Strategy currently in consultation phase.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

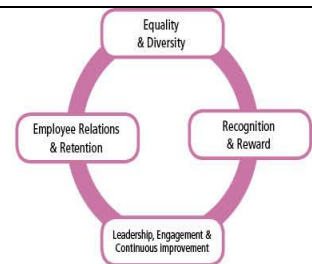
People and Organisation Development Strategy 2016-2020

Summary

The People and Organisation Development Strategy 2016 – 2020 sets out the framework for the effective management of resources and reporting on outcomes achieved and metrics aims to assure the Trust Board and Trust Management Committee that action is being taken to mitigate strategic risk one on the Board Assurance Framework.

1

Engagement and Culture



1.1 Equality, Diversity and Inclusion

1.1.1 Following on from the Trust's Equality, Diversity and Inclusion Conference in December, a calendar of events for the year has been developed in consultation with staff. The International Mother Tongue Event took place on 1st February in the WMI and was well attended and very well received. A Women's History Month event is scheduled to take place on the 15th March 2018 and will celebrate 70 years of women working in the NHS. The Financial Health Roadshow that took place in January 2018 evaluated very well and there is follow up work scheduled to support financial wellbeing for staff including extending the services available through Neyber Financial Services.

1.1.2 The work to establish 'Employee Voice Networks' was initiated in January 2018 with staff showing interest in establishing a Black and Ethnic Minority Network, Disability Network and Male Nurse Discussion Group. The frameworks are in place now to support self-managing staff groups with the aim of increasing employee engagement levels within the Trust. The initial discussions with the workforce have taken place and levels of interest are very high. The Trust staff-side representatives are involved and supportive of increasing partnership working.

1.1.3 Workforce Race Equality Standard (WRES)

The Trust submitted its return for WRES 2017 as contractually required and is due to submit later this year for 2018 - an appropriate action plan is submitted to address any areas which may be identified by the WRES data outcomes - this action plan is then incorporated into the HR EDI approach and action plan.

Key points from WRES 2017 -


If the combined communities of Cannock and Wolverhampton are considered then the Trust is 'over-represented' in BAME in the workforce, if only the community of Wolverhampton is considered then the Trust is under-represented - the two communities have very different ethnic make ups. (Cannock is 99% from a white background).

	<p>Numbers of BAME staff being subject of a disciplinary investigation / hearing are disproportionate as compared to their white colleagues. The Trust is in the process of launching the Cultural Ambassador programme and is recruiting BAME staff to the voluntary role - which will be part of investigation teams/ hearing panels for processes in which a BAME member of staff is subject - the Cultural Ambassador role is to explore any issues of unconscious bias or cultural inequality which may be present.</p> <p>Number of BAME staff undertaking non-mandatory training - data is unreliable from 2017 due to recording issues. A new E learning form has been developed by L&D and more accurate reporting will be available in future (2018/19).</p> <p>Reporting of B&H by BAME staff (26%) is slightly above average for the comparable sector (23%) as per NHS Staff Survey (Figure carried forward to WRES template) - review and refresh of Bullying and Harassment policy has been undertaken and launch of Dignity at Work is due in April 2018 . B&H is now included in Induction and as part of the mandatory on-line training package.</p> <p>Trust Board BAME membership is not representative of the communities served, marginally lower but small numbers means single person appointed or leaving makes big difference to percentages.</p> <p>The Trust continues to strive to address the issues raised by WRES data - and has an integrated HR EDI approach which incorporates and seeks to address any concerns or areas of inequality raised by WRES, NHS Staff Survey and EDS2.</p>
1.2	Recognition and Reward
1.2.1	The approach to recognition and reward is being refreshed with plans for procuring a new Staff Benefits portal in the new financial year and launching a new approach to employee recognition.
1.3	Employee Relations and Retention
1.3.1	The Cultural Ambassador programme will be launched within the Trust in April 2018 following an extensive training programme for those interested in becoming a cultural ambassadors and supporting the scheme which was designed to identify and address potential cultural bias within the disciplinary process.
1.3.2	The Prevention of Bullying and Harassment policy has been updated and will be replaced by a new Dignity at Work policy - a comprehensive training programme has been designed to support implementation aimed at encouraging respect for all at work. The training will be rolled out from the beginning of April 2018. The Trust pledge supporting the National Call to Action on preventing bullying and harassment has been signed by the executive and staff side and will be published on the Intranet to increase awareness of commitment to providing a healthy organisational culture.

1.3.3	The Grievance policy has been updated and will be replaced by the new Conflict Resolution policy - a comprehensive training programme will support implementation aimed at resolving potential conflict informally and at the earliest opportunity, this will be available from the beginning of April 2018.
1.3.4	The Attract and Retain Steering group focussed on widening participation this month. The Trust workforce is broadly representative of the population it serves regarding ethnicity however the younger age groups are not well represented within the Trust and work is underway to design and develop career pathways and apprenticeships at all levels to build a workforce for the future.
1.3.5	There has been focused work on managing attendance within the divisions to provide managers with the support to target hot-spot areas of absence. There has been an increase in the number of capability hearings within the Trust. This is balanced by early and supportive interventions to support staff wellbeing at work. There is more work to do in this area as staff wellbeing indicators are not at the level required.
2	<div data-bbox="244 902 512 1032" data-label="Section-Header"> <h2>Future Workforce</h2> </div> <div data-bbox="1145 824 1449 1081" data-label="Diagram"> </div> <div data-bbox="244 1115 938 1149" data-label="Section-Header"> <h3>Organisational Resourcing and Vacancy Position</h3> </div>
2.1.	<p>Advertising Summary – NHS Jobs At 31st January 2018</p> <p>A total of 124 vacancies were advertised in January, 45 related to Nursing and Midwifery Roles with a further 40 relating to Administrative and Clerical Roles, 14 were Medical and Dental with 11 relating to Additional clinical roles.</p> <p>A total of 73 offers were completed, 52 of which related to external candidates, the remainder were internal.</p> <p>There has been a significant reduction in Nurse Vacancies open across the Trust from 173.23 to 151.26 WTE. The main hot spots for Nursing roles continue to be in the areas of Paediatrics, Stroke.</p> <p>Refer to Appendix 1 for summary of current unfilled vacancies.</p>
2.2	<p>Future Promotion and Attraction Activity</p> <ul style="list-style-type: none"> Recruitment events held on 16th and 27th January at the WMI resulted in a total of 7 offers, 3 for qualified nurses and 4 for newly qualified nurses all of who will be joining the new Stroke Unit. The Trust will be attending the Careers event at Birmingham City University on 6th February 2018 and will be looking to promote the Trust and attract interest and engage with final year students who are looking for their first Nursing position.

	<p>The Trust is also booked to attend the annual RCN event which is taking place in Birmingham on 13th March 2018. Planning is underway to ensure that the event is a success.</p>									
2.3	<p>International Recruitment</p> <ul style="list-style-type: none"> The International Recruitment Project has now concluded with the final four Nurses now in post and working towards their OSCE exam. The total number of Philippine Nurses in post as at 31st January was 53. The Trust is current consider the feasibility of a further International Recruitment Project and a briefing paper highlighting some of the key risks and issues is being prepared. 									
2.4	<p>Temporary Staff Bank</p> <p>The number of qualified shifts in January has increased by 16.3% during the month, however, the number of unqualified shifts have seen an opposite trend with a decrease of 14%, compared to December 2017.</p> <div data-bbox="248 813 1214 1391" data-label="Figure"> <table border="1"> <caption>RWNT: Requested Bank Shifts</caption> <thead> <tr> <th>Category</th> <th>Requested shifts Dec 17</th> <th>Requested shifts Jan 18</th> </tr> </thead> <tbody> <tr> <td>Qualified</td> <td>1752</td> <td>2037</td> </tr> <tr> <td>Unqualified</td> <td>3174</td> <td>2729</td> </tr> </tbody> </table> </div> <p>The increase in requests for qualified shift requests is attributed to vacancy, high acuity and last minute sickness. The marginal decrease in requests for unqualified requests may be attributable to increased fill rates for qualified duties thus reducing the requirement to back fill.</p> <p>Hots spots are in ED, A9 and C25 due to high acuity, vacancy Levels and last minute sickness absence.</p>	Category	Requested shifts Dec 17	Requested shifts Jan 18	Qualified	1752	2037	Unqualified	3174	2729
Category	Requested shifts Dec 17	Requested shifts Jan 18								
Qualified	1752	2037								
Unqualified	3174	2729								
2.5	<p>Health Roster – Performance Update</p>									
2.5.1	<p>Summary of Unused Hours 18 December 2017 to 14 January 2018</p> <p>The number of unused hours has increased by 11.8% since 17th December 17. Fluctuations are to be expected and presently the Trust wide the levels remain within agreed thresholds. Nevertheless the number of unused contracted hours remains a key metric and is reviewed at roster assurance meetings. Those units rated as amber or red have been contacted and will be receiving additional support to help identify the root cause and resolve any net hours queries.</p>									

2.5.2	<p>Summary of Roster Approval Lead Time</p> <p>RAG Rating (for roster period 18 December 2017 to 14 January 2018)</p> <table border="1" data-bbox="375 286 1021 398"> <tr> <th colspan="3">Fully Approved</th> <th rowspan="2">Not Approved*</th> </tr> <tr> <th>Red</th> <th>Amber</th> <th>Green</th> </tr> <tr> <td>22</td> <td>18</td> <td>40</td> <td>10</td> </tr> </table> <p>There has been continued improvement in the Roster Approval Lead Time with 44.4% (40 out of 90) units approving the roster on or in advance of the deadline compared to 40% last reporting period although adherence varies across departments.</p> <p>A number of units are still failing to comply with the 6-week advance lead time for publication of rosters as per Trust Policy and Lord Carter's recommendations. The position is being monitored closely and reminders are issued to First and Second Level Approvers in advance of the deadline to prompt action. An escalation process is in place to ensure that Heads of Nursing are made aware and to ensure that any non-compliance issues are addressed through relevant assurance meetings.</p>	Fully Approved			Not Approved*	Red	Amber	Green	22	18	40	10
Fully Approved			Not Approved*									
Red	Amber	Green										
22	18	40	10									
2.5.3	<p>Additional Duties Hours Summary</p> <p>There has been a slight reduction in the creation of additional duties this month of 2.4% since 17 December 17.</p> <p>Communication and education in relation to the appropriate use of additional duties is ongoing. And for in patient units the performance is monitored through regular assurance meetings.</p>											
2.5.4	<p>Medical Workforce Update at 31st January 2018</p> <p>An overview of the establishment vs. vacancies can be found at Appendix 2. A summary of key current recruitment activity is detailed below:</p> <p>Division One</p> <p>Recruitment is in progress for a number of Consultant posts including:</p> <ul style="list-style-type: none"> • Consultant in Haematology x 2 • Consultant in Paediatrics Acute • Locum Consultant in Paediatrics – Community & Audio • Consultant in Radiology • Consultant Cellular Pathology <p>Division Two</p> <p>Recruitment in progress for the following posts:</p> <ul style="list-style-type: none"> • Consultant Gastroenterology • Specialty Doctor Oncology • Consultant Urological • LAS ST3 General Surgery Breast • LAS CT1/2 General Surgery Vascular • LAS ENT CT1/2 <p>In addition to the above there are a number of Clinical Fellow/Clinical Fellow posts in progress:</p>											

	<ul style="list-style-type: none"> Senior Clinical Fellows in CT Anaesthetics, Endoscopy, ENT, Community Paeds, Cardiology, and CT Surgery Clinical Fellows in Paediatrics, Radiology, T & O Adverts for Junior Fellow and Clinical Teaching Fellows closes on 16/2/18 and 8/2/18 respectively
2.6	<p>UKVI – Applications for Restricted Certificate of Sponsorship</p> <p>The Trust applications for restricted certificates were all rejected at the January panel. Unfortunately the total number of applications received by the UKVI exceeded the number of certificates that were available to allocate. As a consequence the minimum number of points required was increased and the applications made by the Trust did not meet the higher threshold and were rejected.</p> <p>There has been significant publicity around this issue and the detrimental impact it is having on NHS appointments generally. The Trust is looking at ways to mitigate the risk.</p>
2.7	<p>Temporary Medical Staffing</p> <p>There were 1998 shifts requested in the period ended 31st January 2018. A total of 766 shifts were filled by Agency workers, 629 were filled by Bank staff and 24 were unfilled. The overall fill rate of 90% was slightly higher than last month which was 88%. There continues to be regular reliance on agency workers related to Consultant cover in Neurology, Respiratory, Emergency Medicine, Stroke, Paediatrics and T&O. As previously reported recruitment is in progress for a number of Consultant posts with interviews planned during January 2018 and this includes Stroke and Emergency Medicine.</p>
3.	<p>Organisation Development</p> 
3.1	<p>Leadership and Workforce Development</p>
3.1.1	<p>This report includes an update on progress on plans/actions to improve mandatory training compliance/performance (by exception areas only).</p>
3.1.2	<p>Topics of concern:</p> <ul style="list-style-type: none"> Local Induction (75.2%) = 260 individuals red Safeguarding children (level 4) (66.7%) = 2 individuals red Emergency planning (73.2%) = 11 individuals red Risk management training for senior managers (78.6%) = 29 individuals red
3.1.3	<p>The Trust's Mandatory Training Needs Analysis for 2018/19 has been reviewed through Academy Steering Group and will be launched 01 April 2018.</p>
3.1.4	<p>Progress on plans/actions to improve mandatory training compliance/performance (by exception areas only)</p>

3.1.5	<p>Areas of concern (<80%)</p> <p>Topics of concern:</p> <ul style="list-style-type: none"> • Local Induction (75.2%) = 260 individuals red • Safeguarding children (level 4) (66.7%) = 2 individuals red • Emergency planning (73.2%) = 11 individuals red • Risk management training for senior managers (78.6%) = 29 individuals red
3.1.6	<p>What actions are we taking?</p> <p>Topic specific actions:</p> <ul style="list-style-type: none"> • Senior managers reinforcing the need to return the notification around completion of local induction • Safeguarding children (level 4) (66.7%). Head of Safeguarding contacted, to escalate through appropriate committee. The Level 4 training is being scoped. It is external training which is planned to be delivered before the end of March. • Emergency planning (73.2%). Head of Emergency planning contacted, to escalate through appropriate committee • Risk management training for senior managers (78.6%). Head of Governance contacted, to escalate through appropriate committee. Individual e mails to be sent to all reds.
3.1.7	<p>General actions:</p> <ul style="list-style-type: none"> • Directorate performance is managed through their Divisional performance route • Divisional performance is managed through their Divisional performance meetings • Mandatory Training evenings are in process for Consultant and NTG medical staff- March 2018 (4 of these a year) • Consultant BLS sessions are held every month (there is capacity within this) • CEA award applications have been scrutinized for Mandatory Training compliance before progressing applications • Individuals 'owning' their own data- posters and pull ups being designed • ESR roll out - automatic prompts and alerts system with this • OP41 TNA review- new Mandatory Training TNA to be in place from April 2018 • Doctors in Training streamlining project – RWT is a pilot site for this. This will include the importation of unexpired mandatory training information from previous employer • From March, all mandatory training topics (specific and generic) to be integrated into one spreadsheet, using the newer version of Excel. This will reduce the issues of individuals only checking one of the (current) two spreadsheets published

4.

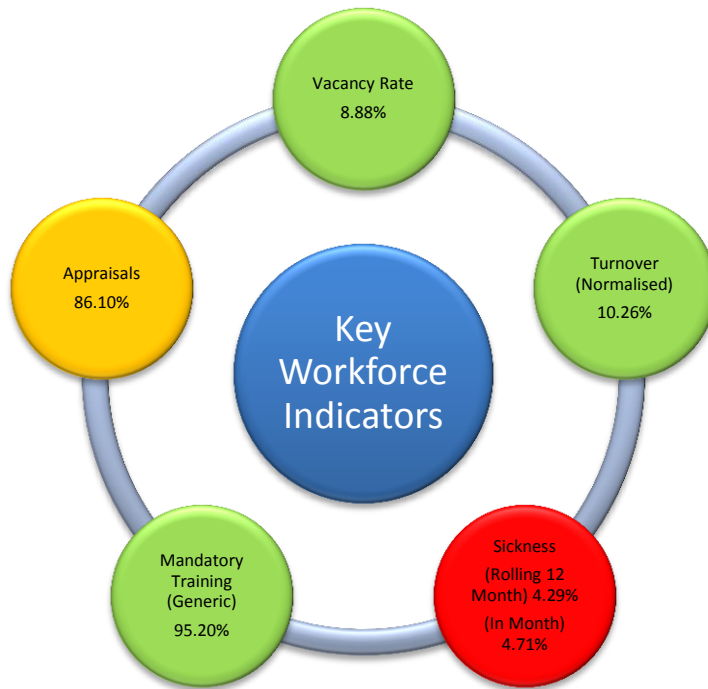
Workforce Intelligence and Planning



4.1

Current Position & Key Issues

This report includes Workforce Performance Data which monitors the Trust's performance against HR key workforce performance indicators.



4.1.1



Data Owner: Finance & Workforce Planning & Business Intelligence Teams

We are currently only able to provide high-level information as the Trust does not have Establishment Control within ESR, however the Workforce Planning & Business Intelligence team are working alongside Finance to align the budgets within Finance into ESR.

The overall **Vacancy Rate** for the Trust is 8.88% in January 2018, down from 9.43% in December 2017; this is within the Trust target of 10.50%. The vacancy rate has fluctuated over the 2017/18 period although there has been an overall decrease since April 2017. The current state remains slightly higher than 8.70% at the out-turn of the 2016/17 financial year.

Hotspots

Staffing Group	Vacancy Rate %
NHS Infrastructure	10.77%
Medical & Dental	12.63%

Although the overall Vacancy Rate is within the Trusts target, there were two NHSI Staff Groups which exceeded 10.5% in January 2018: NHS Infrastructure (10.77% non-patient facing Admin & Clerical and Estates & Ancillary staff) and Medical & Dental (12.63%).

As part of the Establishment Control project, it was identified that a small number of recharges were coded as Other Scientific, Technical, and Therapeutic rather than Allied Health Professionals. This has reduced the vacancy rate for the Allied Health Professionals to 8.72% from 12.10% last month, although this has not affected the overall vacancy rate; please note the vacancy rate for the Other ST&T staff group is not currently collected by NHSI.

The Trust is supportive of a Centralised Resourcing function, however until this has become embedded we are unable to provide insight into the underlying cause for the vacancy levels for the NHS Infrastructure staff groups.

In relation to Medical & Dental staffing, there are a number of posts where recruitment is in progress, especially for Consultant posts and a number of Clinical Fellows across the Divisions. Further detail is provided within the Resourcing report.

4.1.2



Data Owner: Workforce Planning & Business Intelligence Team

The **12 Month Rolling Normalised Turnover** is currently **10.26%** for January 2018, within the Trust target of 10.50%. This excludes Rotational Doctors, Students, other Fixed-Term Contracts, and TUPE Transfers leaving the Trust.

There has been an overall decline since April 2017 from 10.89%, however there was an increase compared to last month (10.05% in December 2017).

Hotspots

Any areas with less than 25.0 WTE have been excluded due to the magnified effect of leavers.

Service Level	Average WTE (12 Months)	Leavers WTE (12 Months)	Turnover % (12 Months)
Stroke	70.12	13.76	19.62%
Divisional Management/Governance	29.01	5.27	18.16%
Primary Care Sect	83.93	14.26	16.99%
Contraception and Sexual Health	36.27	5.62	15.50%
Emergency Services	295.00	43.33	14.69%

There are two Staff Groups which consistently exceed the target of 10.5% - Nursing & Midwifery (11.65% in January 2018) and Allied Health Professionals (13.00% in January 2018), indicated on the Workforce Metrics attached. The normalised turnover for Medical & Dental was also above the target for this month with 10.83%; this will be monitored to see if this is an anomaly.

Nurses leaving voluntarily account for the majority of leavers for 2 of the services listed above: within the Stroke Service 9.55 of the 11.55 WTE were Nurses quoting Voluntary Resignations; within Emergency Services 27.00 of the 28.00 WTE were Nursing Voluntary

Resignations. A significant proportion of these were reported to be related to Work-Life Balance. The Workplace Wellbeing Steering Group is looking at improving measures of satisfaction with Work-Life Balance.

While 30% of the leavers from Primary Care referred to Work Life Balance, another 23% was due to Retirement. Retirement accounted for 48% of the leavers from Contraception & Sexual Health, and 30% from Divisional Management / Governance. The majority of leavers (64%) from these 3 services were Admin & Clerical.

Within the Allied Health Professional Staff Group, over the past 12 months, 89.50% left for various Voluntary Resignation reasons. 7 employees retired, accounting for 8.92% of the leavers in the past 12 months with 4.50 WTE. There are a further 14 employees who are currently of potential retirement age, so this represents a 33% retirement rate. A further 7 employees are likely to reach retirement age during the 2018/19 year. 11 of the 21 those who are potentially of / approaching retirement age within the next year fall within the Physiotherapy area.

4.1.3



Data Owner: Workforce Planning & Business Intelligence Team

The **12 Month Rolling Sickness Rate** for the Trust over a rolling 12 month period between January and December 2017 is **4.29%**.

This is higher than the Trust target of 3.24% by 1.05%, however this shows a decrease from last year, which for the same period last year was 4.55%. The rolling sickness absence has been decreasing since August 2017 when it was 4.36%, and continues an overall decrease since April 2017 when it was 4.38%.

The **In-Month Sickness Rate** for the Trust for December 2017 is **4.71%**. This was made up of **1.67% Short Term Sickness** and **3.04% Long Term Sickness**. These reflect an increase since last month when it was 4.54% (1.60% short term and 2.94% long term). The in-month sickness has been increasing over the financial year, from 3.99% in April 2017, although it is significantly lower than December 2016 when it was 4.90%.

Hotspots

Staff Group	Sickness % Rolling 12 Months
Add Prof Scientific, Technical, & Therapeutic	5.50%
Additional Clinical Services	6.19%
Administrative and Clerical	3.89%
Estates and Ancillary	5.80%
Nursing and Midwifery Registered	4.79%

Allied Health Professionals (2.25%), Healthcare Scientists (1.78%), Medical & Dental (1.16%), and Students (0.52%) all record sickness levels within the Trust target. These staff groups together account for 20% of the workforce.

The remaining 5 staff groups above, accounting for 80% of the workforce, are in breach of the Trust target. There are two predominant reasons for absence, accounting for 33% of all WTE days lost during 2017: Anxiety / Stress / Depression / Other Psychiatric Illnesses and Other Musculoskeletal Problems. The Workplace Wellbeing Steering Group is reviewing interventions to address these trends.

4.1.4



Data Owner: Education & Training

The overall **Mandatory Training for Generic** topics is **95.2%** for January 2018, above the Trust target of 95.0%.

This represents an increase of 0.8% since last month. Between May and November 2017 the compliance rate held between 96.3% and 96.8% however this dropped in December 2017 to 94.4% due to the change of renewal period for Safeguarding Adults Level 1, from “once only” to every 3 years.

Overall for the generic topics we have increased and are above target, with increased completion for Safeguarding Adults Level 1. The overall compliance rate with Specific topics has increased but has remained below 95% at 92.4%. MCA & DoLs have been added to the Reports. Please note that the Local Clinical Research Network (LCRN) are now included in the Trust reported total, previously they were reported separately.

Areas of Lowest Compliance for Generic Topics

Specialty Level	% Compliance
Medical Directorate Management	71.4%
Estates Development	85.7%
Dietetics Sect	86.4%
IT Department	86.9%
Patient Experiences Team	87.5%

4.1.5



Data Owner: Education & Training

The **Appraisal Rate for Agenda for Change** staff was 86.1% for January 2018, an increase from 85.6% in December 2017. This is below the Trust target of 90.0% but within 10% of the target.

The Appraisal rate in December 2017 was 85.6%, so this represents an increase of 0.5%. This is the highest the compliance has been in the 2017/18 period, and 3.1% higher than January 2017.

Areas of Lowest Compliance

Specialty Level	% Compliance
Sewing Rooms	0.0%
Maintenance Technical Services	50.0%
Engineering Services	57.7%
Waste Services	66.7%

The **Appraisal Rate for Medical & Dental** staff was 95.6% for January 2018, a decrease from 97.8% in December 2017, however this is still above the 90.0% target. The Medical & Dental Appraisal rate has consistently held above the target for the financial year.

Update on Unfilled Nursing Posts at 31st January 2018

	Total - All Unfilled Posts (Including those with offers in progress)				
	Qualified Nurses	Unqualified / HCA	Total - Qual + HCA	Others	Total - Qual + HCA + Others
Div-1	81.40	12.12	93.52	10.35	103.87
Div-2	51.25	32.18	83.43	17.22	100.65
Midwives	2.35	7.62	9.97	0.96	10.93
Community	16.26	10.38	26.64	1.00	27.64
Totals	151.26	62.30	213.56	29.53	243.09

The table indicates a significant reduction in the number of whole time equivalent vacancies (WTE) 151.26 registered nurse vacancies open across the Trust in January 2018 (including those who are starting not yet in post) compared to 184.67 in December.

Medical Workforce Establishment 31/01/18

Division 1				
Grade	Establishment	Vacancies	Jan 18	Dec 17
Consultant	240	17	7.08%	8.37%
SAS Grades	46.5	5	10.75%	17.65%
Training Grades	184	25	13.59%	10.00%
Non Training Grades	86	17	19.77%	20.25%
TOTALS	556.5	64	11.50%	11.48%
Division 2				
Grade	Establishment	Vacancies	Jan 18	Dec 17
Consultant	126.2	23.2	18.38%	19.18%
SAS Grades	22.72	9	39.61%	35.21%
Training Grades	164	11.2	6.83%	7.48%
Non Training Grades	43	5	11.63%	10.26%
TOTALS	355.92	48.4	13.60%	13.79%

The Table indicates a slight increase in the total percentage of vacancies across all grades in Division One with the biggest reduction across SAS grades. Division 2 has seen a slight overall reduction across all grades but contrary to division 1 has seen an increase of SAS grade posts. The establishment has increased slightly across both divisions and there has been a slight reduction across Consultant Grades and minimal change to Non Training grades.

Workforce Information Metrics - Board

The Royal Wolverhampton 

Data Effective 31st January 2018

NHS Trust

Full Trust

B01	Workforce Profile	2016-17 Position	Target	2017 - 18												YTD Change since 31st Mar 17	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B01.1	Substantive Staff WTE	7150.11		7135.38	7137.14	7136.91	7144.72	7147.22	7201.33	7252.61	7271.50	7260.46	7295.78			145.67	
B01.2	Substantive Staff WTE (Exc Rotational Doctors)	6861.66		6849.03	6855.79	6857.56	6869.17	6855.30	6905.85	6955.02	6978.91	6970.57	7008.00			146.34	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B01.3	Substantive Staff Headcount	8300		8293	8294	8295	8302	8301	8358	8417	8433	8410	8453			153	
B01.4	Bank Staff Only Headcount	1192		1239	1271	1258	1289	1314	1318	1375	1348	1377	1397			205	Inc Bank Only with 0.00 WTE on Payroll
B01.5	% Staff from a BME background	25.48%		25.64%	25.96%	26.03%	26.22%	26.43%	26.63%	26.67%	26.52%	26.69%	26.78%			1.30%	
Data Owner: Workforce Planning & Business Information																	
B02	Workforce Profile by Staff Group	2016-17 Position	Target	2017 - 18												YTD Change since 31st Mar 17	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B02.1	Change in Workforce Profile WTE (Exc Rotational Doctors)	-		-12.62	6.76	1.78	11.61	-13.87	50.55	49.16	23.89	-8.34	37.43			146.34	Exc Rotational Doctors
B02.2	Starters WTE (Exc Rotational Doctors)	-	10% > Leavers	47.86	59.26	58.57	77.29	60.67	138.50	100.66	75.61	50.18	82.14			750.73	Exc Rotational Doctors; Inc Internal Movements
B02.3	Leavers WTE (Exc Rotational Doctors)	-	57.15	60.48	52.50	56.79	65.68	74.54	87.95	51.50	51.72	58.52	44.71			604.39	Exc Rotational Doctors
B02.4	TUPE Starters WTE	-		8.60	0.00	0.00	7.61	0.00	15.36	17.35	0.89	0.00	1.00			50.81	Identifies change in WTE due to TUPE
B02.5	TUPE Leavers WTE	-		1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			2.00	Identifies change in WTE due to TUPE
Data Owner: Workforce Planning & Business Information																	
B03	Workforce Profile by Staff Group	2016-17 Position	Target	2017 - 18												YTD Change since 31st Mar 17	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B03.1	Additional Professional, Scientific, and Technical WTE	231.51		230.06			230.72			231.94			234.86			3.35	
B03.2	Additional Clinical Services WTE	1242.02		1240.89			1250.93			1241.54			1247.90			5.88	
B03.3	Administrative and Clerical WTE	1537.87		1537.87			1541.13			1578.33			1605.94			68.06	
B03.4	Allied Health Professionals WTE	401.77		396.14			382.16			393.88			396.29			-5.47	
B03.5	Estates and Ancillary WTE	559.13		559.48		Reported Quarterly	556.60		Reported Quarterly	557.55		Reported Quarterly	552.61		Reported Quarterly	-6.51	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B03.6	Healthcare Scientists WTE	239.88		243.01			249.00			252.15			225.24			-14.64	
B03.7	Medical and Dental WTE	768.38		767.43			771.65			814.35			493.64			-274.74	
B03.8	Nursing and Midwifery Registered WTE	2129.56		2128.46			2128.52			2151.88			2162.72			33.16	
B03.9	Students WTE	40.00		41.00			34.00			31.00			30.00			-10.00	
Data Owner: Workforce Planning & Business Information																	
B04	Vacancy Rate	2016-17 Position	Target	2017 - 18												YTD Position	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B04.1	Total	8.70%	10.50%	10.32%	10.21%	9.98%	9.78%	10.21%	9.70%	9.68%	9.14%	9.43%	8.88%			8.88%	
B04.2	Registered Nursing, Midwifery and Health Visiting Staff	9.67%	10.50%	10.54%	9.72%	8.82%	8.44%	9.81%	9.87%	8.45%	8.12%	8.39%	8.27%			8.27%	
B04.3	Qualified AHP	-	10.50%	13.87%	14.62%	14.55%	12.65%	14.61%	12.54%	13.46%	11.96%	12.10%	8.72%			8.72%	WTE Staff in Post in ESR vs Budgeted in Finance
B04.4	Support to Clinical Staff	10.11%	10.50%	9.93%	10.23%	7.52%	6.14%	7.76%	6.03%	10.07%	10.30%	9.75%	9.05%			9.05%	Staff Group definitions determined by NHS Improvement
B04.5	NHS Infrastructure	5.51%	10.50%	11.01%	10.31%	13.53%	15.52%	15.38%	15.85%	12.87%	10.93%	11.54%	10.77%			10.77%	
B04.6	Medical Staff	12.33%	10.50%	15.48%	16.15%	16.44%	16.58%	14.68%	13.55%	12.08%	12.26%	12.95%	12.63%			12.63%	
Data Owners: Finance & Workforce Planning & Business Intelligence																	
B05	Turnover (Rolling Previous 12 Months)	2016-17 Position	Target	2017 - 18												YTD Position	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B05.1	% Total Workforce Turnover	12.19%		12.02%	11.91%	11.87%	11.68%	11.46%	11.09%	11.00%	10.73%	10.96%	10.82%			10.82%	Exc Rotational Drs (reflects NHS Digital Benchmarked data)
B05.2	% Normalised Workforce Turnover	10.89%	10.50%	10.89%	10.24%	10.95%	10.40%	9.82%	9.93%	9.82%	8.31%	10.05%	10.26%			10.26%	
B05.3	% Normalised: Additional Professional, Scientific, and Technical	-	10.50%	11.48%	10.30%	10.73%	10.26%	10.81%	9.82%	9.28%	8.07%	8.72%	8.94%			8.94%	
B05.4	% Normalised: Additional Clinical Services	-	10.50%	9.77%	9.85%	9.76%	9.46%	9.64%	10.01%	10.34%	10.16%	10.15%	1.04%			1.04%	
B05.5	% Normalised: Administrative and Clerical	-	10.50%	10.20%	10.51%	10.09%	9.53%	9.18%	8.91%	8.94%	8.67%	9.22%	9.08%			9.08%	Exc Rotational Drs, Students, TUPE Transfers, End of Fixed Term Contracts
B05.6	% Normalised: Allied Health Professionals	-	10.50%	10.43%	11.70%	11.14%	11.90%	10.15%	11.72%	11.95%	12.22%	12.38%	13.00%			13.00%	
B05.7	% Normalised: Estates and Ancillary	-	10.50%	6.17%	6.19%	7.00%	7.22%	7.44%	7.56%	7.40%	8.25%	8.05%	8.35%			8.35%	
B05.8	% Normalised: Healthcare Scientists	-	10.50%	10.21%	9.36%	8.58%	8.51%	8.22%	7.62%	7.56%	7.61%	7.60%	6.57%			6.57%	
B05.9	% Normalised: Medical and Dental	-	10.50%	7.05%	11.24%	7.58%	8.85%	6.71%	6.61%	5.67%	5.02%	8.50%	10.83%			10.83%	
B05.10	% Normalised: Nursing and Midwifery Registered	-	10.50%	11.06%	10.92%	10.97%	11.18%	11.62%	11.96%	11.76%	11.46%	11.45%	11.65%			11.65%	
Data Owner: Workforce Planning & Business Information																	
B06	Retention Rate	2016-17 Position	Target	2017 - 18												YTD Position	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
B06.1	Retention Rate (12 months)	89.60%		89.54%	89.77%	89.61%	89.82%	90.01%	90.29%	90.48%	90.61%	90.45%	90.49%			90.49%	No. Employees with 1 or more years service / No. Employees employed
B06.2	Retention Rate (18 months)	85.46%		85.34%	85.38%	85.45%	85.28%	85.06%	85.13%	85.64%	85.84%	85.14%	85.81%			85.81%	12m ago x 100. Exc Rotational Drs, Students, TUPE Transfers, Clinical
B06.3	Retention Rate (24 months)	81.22%		80.86%	81.00%	81.17%	81.21%	81.65%	81.58%	81.87%	81.88%	81.88%	81.78%			81.78%	Fellows, & Fixed Term Contracts
Data Owner: Workforce Planning & Business Information																	

