

TRUST BOARD MEETING – September 2013
Workforce Paper

PURPOSE	To provide information on standard monthly metrics and Trust wide issues relating to management of the workforce
PREVIOUSLY CONSIDERED BY	FPC
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input checked="" type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input checked="" type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial: increased workforce costs HR: failure to meet agreed standards Legal: failure to meet CQC and other national standards Patient Safety: failure to maintain appropriately trained workforce
Healthcare/ National Policy (includes CQC/Monitor)	CQC 13 and 14 NHSLA
CRR/Board Assurance Framework *	<input checked="" type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input checked="" type="checkbox"/>
DIRECTOR:	Director of Strategic Development
PRESENTED BY:	Director of Workforce and Organisational Development
AUTHOR:	Workforce Development Manager & Transformation Projects Manager
DATE:	September 2013

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

* tick applicable box

East and North Herts NHS Trust

Workforce Report September 2013 (Based on data as at the end of August 2013)

KPI summary position

KPI	Trust Target	Last month	This month	Number of Divisions/Corp Services Red	Position from last month & RAG
Trust Vacancy Rate	6.0%	10.67%	10.45%	5	▲
OCH Vacancy Rate	Data will be available in October 2013				
Pay Spend as % Pay Budget	100% or under	100.68%	101.24%	3	▼
OCH & CIP WTE Substantive reduction plan	Data will be available in October 2013				
Sickness absence rate	3.5%	3.46%	3.46%	0	▼▲
Annualised turnover	10%	10.07%	10.09%	1	▼▲
Appraisal rate	90%	67.62%	67.63%	2	▼▲

- ▼ Position has worsened compared to Trust target
- ▲ Position has improved compared to Trust target
- ▼▲ Position is stable

1.0 Purpose

This paper provides an update to the Finance and Performance/RAQC Committee for September 2013 on workforce performance.

2.0 Executive Summary

The Cohort Recruitment drive continues to be a success with 84 band 5's and 50 band 2's being offered posts with the Trust. 41 band 2's commenced employment with the Trust in September with the remainder due to start in November. 82 Band 5's are due to commence employment with the Trust in October with the remainder due to start in November.

A significant amount of work has been undertaken on the ESR/OLM project with the data migration phase of the project being completed. Letters have also been sent to all staff to establish any inaccuracies in their mandatory training data held on ESR, and a project plan and financial appraisal has been written for the ESR Establishment Control Project.

Progress on the NHSP contract has been made with reimplementation of NHSP within the divisions well underway. In addition auto enrollment of existing substantive doctors, nurses and care support workers has also been completed.

Work has also been undertaken to prepare for the TUPE transfer of 40 Carillion staff to the Trust on the 14th September when the Trust becomes responsible for the Surgicentre.

The challenge 600 project has been completed and as a result has provided greater clarity on the posts that are true vacancies that can be recruited to within the Trust.

Further to working in partnership with staffside eight policies were signed off at Trust Partnership in August and will be implemented with effect from 1st October.

3.0 ARC

3.1 ARC Programme

ARC session July 2013

Sessions were divisionally led during July to explore how well the values are embedded throughout the organisation and to demonstrate that the ARC programme is helping to make a positive a difference to our teams and patients.

385 attended across 10 sessions. The sessions included a variety of presentations from a range of staff groups including nurses, doctors, admin and clerical staff, clinical support and even students. Many included examples of where using values has made a real difference to staff and patient experience.

The following table shows results from 2012 national survey for local questions asked about staff awareness of ARC & our values.

	Strongly Agree	Agree	Neither Agree of Disagree	Disagree	Strongly Disagree
I know what the Trust values are	20%	60%	13%	5%	2%
I always demonstrate behaviours at work consistent with our values	26%	61%	12%	0%	0%
I am aware of the Trust's ARC programme	23%	55%	12%	6%	4%
I understand what the Arc programme means for me and the team I work with	20%	43%	21%	11%	5%

These results, together with the feedback received during the divisionally led ARC sessions in the summer, demonstrate that ARC and values are really well understood throughout the Trust. However, it is recognised that work still needs to be done to engage with areas and staff groups where there is less awareness.

The Trust will be working with our staff-side colleagues to identify the areas where they are aware that ARC cascade is not as strong to offer additional support as needed.

Plans for next ARC sessions

The remaining two sessions in 2013 will focus on the Trust's new appraisal framework. The earlier session will link the more performance and values focussed appraisal process to feedback from the staff survey around unwanted behaviours such as bullying and harassment. The second session will focus more on the skills required to conduct an effective appraisal including, feedback, difficult conversations and objective setting.

Appraisals

A separate report outlining progress with the Trust's plans to implement a new appraisal framework has been submitted to RAQC.

A new detailed Appraisal report will be issued to Divisions this month detailing when staff appraisals are due for the forward year. It also highlights those staff who are overdue for their appraisal. New starter information is also given, so first appraisals can be planned.

Staff Awards

The 2013 Celebration of Excellence Awards process has been launched with nominations currently being received from both staff and public. The ceremony will be on 14th November.

Leadership and Management training

A new process will be launched this month offering a package of interventions to support new managers in their role. These include, new manager's checklist, letter from Director of Operations welcoming them to their new role, e-learning orientation and a "core skills for new manager" workshop.

The Trust's well established Excellence in Management Programme is being re-designed to ensure content continues to meet organisational needs in developing our

managers and will be delivered twice a year rather than once, more than doubling the current capacity.

3.2 Delivering Excellence in Customer Care – Juice Training

The training dates for the rest of 2013 continue to be advertised widely across the Trust including on the Knowledge Centre, at Trust induction, at Vital training and managers were recently sent an e-mailed reminder to ensure that they continue to book their staff on to the training. As previously there will also be a regular Trust bulletin article. In addition we have now started targeting managers directly in areas where there are low bookings. Evaluation of the programme will begin in late autumn 2013.

A trajectory of attendance at the JUICE training is shown in **Appendix 1, Graph 3**.

3.3 Staff Survey

A separate report on progress with action plans focusing on key areas from the 2012 national survey has been submitted to RAQC. The 2013 annual survey is being planned and will be issued to staff towards the end of September. The survey will close in December and results will be received around March 2014. The aim is to improve response rates from an average of 45% in previous years to around 60% which is more in line with best Trusts.

3.4 Equality and Diversity

Equality and Diversity classroom training sessions have been delivered to over 260 staff across the organisation in order to achieve better compliance rates for mandatory training. Further sessions are planned for November and December at Lister, Mount Vernon and the QE11. This should continue to increase the compliance figures. A separate Ethnicity report on Senior Staff has been submitted with this report and can be found in **Appendix 4**.

4.0 Pay Position

The pay spend YTD is £1046K over budget. This month there was a 1.24% pay overspend on staff, with a variance to budget of £227k.

4.1 Bank and Agency Spend

The expenditure on agency was £709k in August, an increase of £93k compared to July. Agency usage is expected to drop as a consequence of the cohort recruitment within Nursing. Auto-enrolment onto the Bank of all Trust staff will also be a key enabler. Medical Agency rates are also being reviewed.

Table 1: Bank & Agency Spend

August 2013 position				
Total spend	Current month		YTD	
	£	%	£	%
Agency	709,409	3.8%	3,548,805	3.8%
Bank	768,843	3.8%	3,754,775	4.0%
Substantive	17,057,524	92.0%	86,242,463	92.2%
Total	18,535,776		93,546,043	
Variance against pay budget	226,935	1.24%	1,045,979	1.13%

4.2 Trust Workforce plan

The workforce targets for the Trust are based on the Long Term Financial Model (LTFM), which triangulates activity, finance and workforce. The LTFM sets workforce targets based on the WTE 'Worked'. This is the sum of the WTE worked by the Trust's contracted staff, WTE of bank worked and WTE of agency worked. The LTFM is currently being reviewed, this should be finalised by September 2013. This will aid the process of identifying changes due to OCH, CIPs and Service Developments is ongoing. An OCH work stream has now been established to detail the figures by staff group at a divisional level.

4.2.1 Vacancy Rate

The current vacancy rate for the Trust is 10.45%. This is based on subtracting the total number of staff in post (ESR) from the total funded establishment figure (The Finance Ledger).

4.2.1.1 Vacancy Review

Challenge 600 has been undertaken to provide a better understanding of vacancies across the Trust. The Trust has four independent systems which provide information on establishment, recruitment, vacancies and staff in post. These are;

- The Finance Ledger
- Stepchange (for recruitment)
- The Electronic Staff Record (ESR, for staff in post)
- Medical Staffing

The four systems are independent of each other and are maintained by different teams.

The number currently reported as vacancies includes groups of posts which are not to be recruited. These groups are; Posts removed for CIP's, Posts on hold for Consultations; such as TPP and Medical Records, Funded bank and agency staff etc. Therefore this number of posts will not reduce and are therefore not 'real vacancies' and will continue to be reported as vacancies unless they are recorded differently. These posts skew the reported permanent vacancy number which makes it difficult to understand recruitable vacancies across the Trust.

When these posts are removed it suggests our real vacancy level is approximately 6.5%.

4.2.2 Turnover

The Trust's turnover remains relatively steady at 10.09%. Turnover rates are being closely monitored. Detail of turnover numbers is provided within the Trust Workbook and new Divisional Workbooks, due to be issued this month.

4.3 Delivery of the 'Our Changing Hospital' (OCH) programme

Workstreams have been established and work continues as follows:

- Communication – The first QEII communications workstream meeting has taken place at which the project's main stages were discussed. These include project announcement, ongoing communication about the services to be provided at the new hospital, supporting staff consultation, service transfers to the Lister, transfer of remaining services from the old QEII to the new QEII, and the formal opening of the new QEII.
- Consultation – Work is to be undertaken, with the involvement of Staffside representatives, to establish the timeline and milestones for the workforce elements of the project. Plans, incorporating critical paths, are also being developed for each consultation process. A draft OCH consultation template is being developed. The new Change Management Policy was formally approved and ratified at the Trust Partnership meeting on Friday 30th September. A workforce gateway process has also been drafted.
- OCH & CIP Reductions – The Trust's LTFM will be refreshed by the end of September 2013, which will inform this work. The Acute Services Consolidation Plan 2014/15 has been shared with the Executives and a meeting has already taken place with the Surgical Division to discuss the document and the way forward. Meetings with the Medical and Clinical Support Divisions are yet to take place.
- New QEII – Terms of reference have been agreed and the first meeting has taken place. The workstream is considering the risks associated with the new QEII workforce.
- Resourcing - The HR Directorate are currently reviewing the Resourcing function, including the processes and systems in use, to ensure they are fit for purpose. An important element of this is to ensure effective processes are in place to support the redeployment of staff, displaced by change, in advance of the workforce changes associated with OCH. The Resourcing function will play a key role in managing the vacancy control process in order that staffing establishments are adhered to.
- Establishment Control – The ESR strategy has been drawn up and the ESR diagnostic work has been completed. The establishment capital bid has been drawn up and funding secured subject to FPC approval.

It is recognised that the amount of resources that will be required to support the consultations, and implementing the workforce change in total, is considerable. Therefore, a paper has been developed and submitted to the Executives for consideration, detailing the resources that will be required to deliver the OCH workforce workstream. The paper has been received positively and approval for the funding of resources has been approved.

5.0 Resourcing

5.1 Permanent Recruitment and Vacancy Control

Work is now being undertaken to develop a sophisticated approach in understanding the vacancy impact on OCH. Recruitment plans are being established by staff groups starting in nursing and this work will be extended to other staff groups. In the last twelve months the Trust has recruited 672 wte non medical staff, but 611 wte have left the Trust. This equates to a turnover rate of approximately 10% and an average of 56 wte being recruited across all staff groups each month.

The HR team have taken a number of actions to streamline the recruitment process which will be reflected in the time taken to recruit in the near future. The length of time to recruit from requisition approval to start date is 15 weeks.

The average time to recruit from a requisition being created is currently 20 weeks. The HR team have been tasked with reducing this to 14 weeks by the end of the financial year. In order to achieve this target, there does need to be a reduction in the length of time that it takes for requisitions to be approved. A new Trust target of 1 week has been set and agreed as part of the new Vacancy Control Process. There has been various changes implemented at each stage of the recruitment process to aid a more efficient and timely process.

5.12 Vacancy Control Process

The new Vacancy Control Process (VCP) was implemented from the 29th July 2013. Therefore, any non-clinical post or any Band 7 and above specialist nursing post require VCP approval. There were nine non clinical posts which were submitted for consideration since the new process was implemented. The number of posts varies each week and averages about two per week. Savings identified during the month are £10,225. Further savings may be realised if the Clinical Skills Trainer posts are approved at Band 6. This will take the savings to £20, 623.

Details of the posts that have gone through VCP can be found in **Appendix 2, Table 4.**

Table 3: Recruitment Data

Source: Stepchange	Target	Trust MTH	Previous MTH 1	Previous MTH 2	Previous MTH3
Time to Start: From requisition approval to start date	12 weeks	15 weeks	15 weeks	17 weeks	18 weeks
Time to Start: From create requisition to start date	14 weeks	20 weeks	17 weeks	20 weeks	21 weeks

Further resourcing data can be found in Appendix 3 Table 2.

5.2 Cohort Recruitment

There were two additional cohort days that took place in August 2013; one Band 5 day and one Band 2 recruitment day. Posts were offered to 9 Band 5 candidates and 6 Band 2 candidates. The Band 5 and Band 2 additional dates were advertised on the NHS Jobs websites.

Band 5's; in total 84 successful candidates have been offered substantive posts with the Trust. 75 of these attended additional cohort dates whilst 9 were appointed through non-cohort days that were division specific but supported by the cohort team (Renal and Critical Care). 71 Band 5s are due to commence on the 7th October, 12 on the 21st October 2013 and the remaining 2 on the 4th November 2013. An additional Band 5 recruitment day has now been scheduled for the 12th September 2013.

Band 2's; in total 50 successful candidates have been offered substantive posts with the Trust. 46 candidates were appointed via planned cohort days and 4 were appointed through non-cohort division specific dates (Renal candidates). 41 CSWs commenced employment with the Trust on the 2nd September 2013 with the remaining 9 expected to start on the 4th November 2013.

We are currently in line with the planned trajectory for recruitment.

5.3 Temporary Staffing

NHSP Contract

In August 2013 NHSP had a total fill rate of 88.5% (70.6% bank and 17.8% agency). Work continues between the Trust and NHSP to resolve existing operational and performance issues. A comprehensive plan to re-implement NHSP across all Divisions within the Trust commenced at the end of June 2013 and is due to conclude at the end of October 2013. The undertaken has included reviewing all work streams to ensure they are fit for purpose. Where required, re-training will be given in line with a new NHSP Policy that is in draft format and has been circulated for comments. Work has completed with automatically enrolling existing substantive Doctors, Nurses and Care Support Workers onto NHSP via a newly agreed data sharing process. New processes for sharing data between the two organisations has been agreed for New Starters and Leavers to enable a smooth transition and a continuation of bank workers.

See Appendix 2 Table 5 for NHSP Performance data.

6.0 Appraisal and Workforce Compliance

6.1 Appraisal rate

In August the Trust's appraisal rate increased to 67.63% against the 70% threshold. This gives an overall Trust red rating for the fourth consecutive month.

The workforce data from this month includes the number of appraisals due in the previous month compared to those actually completed. This is in addition to the overall compliance rate. Also, included is the number of staff who have not received an appraisal for 2 years or more. This will be available to divisions to provide evidence of which areas need to be prioritised to ensure appraisals are completed.

6.2 Statutory and Mandatory Training

Please refer to Statutory and Mandatory Training Performance Exception Report, August 2013.

Details of appraisal data and statutory and mandatory training can be found in **Appendix 2, Table 6.**

7.0 Managing Staff

7.1 Employee relations cases

The expected range of employee relation cases, which includes sickness, disciplinary, grievance and capability, is between 2% and 3% of the Trust headcount. In August the percentage of employee relations cases within the Trust was 2.22%. The total number of live employee relations cases increased from 107 (1.96%) in July to 121 (2.22%) in August, as predicted in the June report, as shown in Table 8 below.

Table 8: Total number of employee relations cases in progress including sickness absence

Source: Capsticks	Total Live cases as at 31 st July 2013	Total Live Cases as at 31 st August 2013	Surgery	Medicine	CSS	W & C	Cancer	Corporate
Total number of cases in progress %= number of cases as % of headcount	107 (1.96%)	121 (2.22%)	34 (3.06%)	35 (2.82%)	14 (1.44%)	15 (2.07%)	4 (0.64%)	19 (3.03%)

The HR Team will be reviewing targets in relation to the HRAS provision, including looking at measures to assess the efficiency of the process.

The benchmark across five NHS organisations for the percentage of disciplinary cases of headcount is between 0.5% and 1.0%. In August the Trust percentage was 2.22% ranging from 0.64% (Cancer) to 3.06% (Surgery).

7.1.1 Disciplinary Cases

The Trust's Key Performance Indicator is to complete all disciplinary cases within 90 days (benchmark in quarter one and quarter two 2012/13 from three of Capsticks' NHS Clients was 90 days). The average time taken per case at quarter 1 was 131 days.

Table 7: Average time taken to close disciplinary cases

Number of Completed Disciplinary Cases	Q4 Jan-Mar 2013	Q1 Apr-June 2013	Q2 July – Sept 2013	Q3 Oct-Dec 2013
Average time taken for closed disciplinary cases (excluding MHPS cases)	139 days (31 cases)	131 days (38 cases)		

The Divisional Human Resource Managers are working closely with their line managers to reduce the average time taken per disciplinary case. In the current rolling year, 40.4% (53 cases) were managed within 90 days.

The month of August saw an increase in the number of disciplinary cases from 49 to 57.

As at 31 August 2013 there were 57 live non-medical disciplinary cases and 5 live medical cases under the framework "Maintaining High Professional Standards in the Modern NHS" (MHPS).

7.1.2 Sickness Absence

The Trust sickness absence rate has remained static at 3.46% in August. Short term sickness decreased from 1.53% in July to 1.50% in August, whilst long term sickness increased from 2.0% in July to 2.13% in August. The number of staff on long term sick decreased from 100 in July to 97 in August. Currently 19 long term sickness cases are being managed through the HRAS, which is 19.6% of the staff on long term sick. The Trust sickness absence rate remains below the average of 3.8% for acute Trusts and ENHT sits within the top 30% of large acute Trusts in England. **See Appendix 1, Graph 2, Sickness Absence.**

Bi-monthly reviews to focus on sickness absence and other employee relations cases continue to take place between the HR and Operations departments, to ensure that all cases are being managed efficiently and effectively. Work has also been undertaken with regards to reviewing the Bradford Score from the current trigger point of a score of 90. The trigger point will now be increased to a Bradford Score of 128 for an informal warning and 160 for a formal warning. This will be effective from 1st October.

8.0 Medical Staffing

There were 251 new starters in the August changeover. To assist the process additional appointments were made out of hours for doctors to complete starter paperwork and pre-employment checks prior to commencing employment with the Trust. There were only two outstanding pieces of information at 9.30am on start date (one Visa and one GMC registration) which is a significant achievement. Medical Staffing will be feeding back to the Regional Medical Staffing Forum on how this was achieved so successfully.

Medical staffing are out to advert for junior doctors in Ophthalmology, Trauma and Orthopaedics, Anaesthetics, Urology, Plastic's, Elderly Care, Cardiology, and Oncology. Interviews for junior doctors for Obstetrics' & Gynaecology and Emergency Department are due to take place in September. AAC's for Consultants in Stroke, Radiology and Obstetrics & Gynaecology are due to take place in September and October.

Richard Chege joined the Team on 2 September 2013 as Medical Staffing Business Partner, on secondment from Papworth.

9.0 Areas of Note

9.1 Surgicentre

The TUPE transfer of staff is progressing well with approximately 40 staff expecting to TUPE across to the Trust on the 14th September. The organisational structures for the unit are currently under review with operational management.

9.2 TPP

The 90 day staff consultations closed on the 14th August, in agreement with staffside following an extraordinary meeting on the 10th August. During the consultation process over 600 questions were received which have been responded to through published Q&A's. Feedback is being reviewed and the outcomes documents are in the process of being drafted. Due to the Office of Fair Trading process, which has resulted in a delay to TUPE transfer until 1st January 2014, staff briefings on the outcomes documents have been delayed by a month to ensure meaningful consideration of all feedback has happened. The outcomes papers will now be launched on the 22nd October, with staff briefings being held at the Trust on the 29th October. TPP is committed to continued consultation with staff and their representatives during the lead up to service commencement confirmation.

The Operational Management Team appointments process will commence at the end of September. Cambridge University Hospitals has now advised which salary sacrifice schemes are likely to transfer and which are not. Conversations are now taking place between the Trust and CUH/TPP to try and minimise the financial impact on the employees concerned.

9.3 ESR

The OLM/CM revised project plan is continuing to progress in line with agreed timeframes, with all key milestones on track at this time. The project team has progressed with a large number of tasks, including the data migration phase of the project, which was tasked with completing the GAP Analysis of all staff's current

competencies recorded from both internal and external data sources and the removal of the old competency framework and upload of the new competency framework.

In conjunction with this work, the team have completed a mailing shot to all staff informing them of their current training information recorded on ESR. This has provided staff with an opportunity to advise the team where there are inaccuracies, and for the system to then be updated. A large volume of responses have been received from staff and the trust has seen an increased number of staff being booked onto relevant training courses to become compliant. The project team have also been working closely with the Trust RA team and can now confirm that Smartcards have now been issued to over 91% of the Trust.

Communications have been sent out via the Trust Bulletin updating all staff on the project progress to date. This communication advises staff where they can view the Trusts Training Needs Analysis matrix on the Knowledge Centre, the location of a 'Statutory / Mandatory FAQ' and a guidance document for staff to understand and use the compliance matrix on ESR, which clearly shows staff of their current compliance level in all 9 statutory areas. The location path to these documents has been included within the communication to assist staff finding the useful information and for operational teams to signpost staff too.

The ESR Diagnostics work package McKesson Information Solutions was commissioned to complete has been achieved and an ESR Footprint Report has been provided to the Trust. This report advises the Trust on the immediate ESR projects that should be worked on, the benefits of each ESR project, associated timeframes and the rationale behind the advice. In conjunction with this work package, a project plan and financial appraisal has been written for the ESR Establishment Control Project and is being submitted to September's FPC board meeting.

9.4 Policies

The following policies have been approved by Staffside and were signed off at Trust Partnership on the 30th August:

- Absence Management
- Work Life Balance (Previously Flexible working Policy).
- Disciplinary
- Grievance
- Capability
- Change Management
- Appeals
- Investigations

The plan is to implement all the policies on 1st October, with the exception of the change management policy which may be implemented sooner. A communications plan is being put in place to support the implementation as well as the provision of training on the new policies. Manager's guidance notes are also in the process of being devised.

9.5 CRB/DBS Employment Check Project

Following an audit on pre-employment checks that were undertaken by PWC earlier in the year, it was recommended that the Trust undertake the CRB/DBS employment check project. An Options Paper was presented to the July Audit Committee and RAQC and approval was received to commence. The project implementation commenced on 5th August 2013.

Based on the finding, a decision has been made to write to all eligible staff where there is no recorded check. Staff will be written to week commencing 15th September asking for details of their CRB check or alternatively to complete their CRB paperwork. This piece of work will take place over the next quarter and is to be completed by March 2014.

9.6 Notice Periods

The work to extend Notice Periods will support areas where shorter notice periods have an adverse effect on the ability to deliver a first class service. A joint Staffside/Management letter For Band 6 and Band 7 staff was distributed in July 2013 and all staff affected have been able to signify their acceptance of a 3 month's notice period. Responses have been collated and a follow up procedure to complete the process will be put in place this month

9.7 Quarterly Update on Self Employed Contractors working in the Trust

Information provided by the Divisions and Directorates has identified 8 people working in the Trust and falling within the definition of self-employed contractors as at end August 2013:

Department	Number of Contractors	Job Titles
Capital Projects	1	Capital Projects Project Manager
Workforce & OD	4	Interim HR Consultants (2) Interim OD Consultant ESR Project Consultant
Facilities	1	Facilities Manager
Occupational Health	1	Locum Consultant Physician in Occupational Health
Medical Division	1	Locum Consultant Physician in Neurophysiology