

**Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 May 2017**

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/17/05/18 Quarterly Workforce Report SCW CSU: Q3 and Q4 2016/17
Author:	Report: Jude Champion, Human Resources Business Partner, SCW CSU Summary Sheet: Rob Hayday, Associate Director of Planning, Performance, Corporate Services and Head of PMO.
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	<p>This report is designed to update the CCG on workforce activities up to the end of Q4 and provide workforce data. The Q4 Report was provided by the CSU at the end of April 2017 in line with the agreed timetable.</p> <p>The report covers the period from 1 October 2016 to 31 March 2017.</p> <p>Key points raised from this report include:</p> <ul style="list-style-type: none"> • A small movement in headcount from 151 at the start of Q2 to 157 at the end of Q4 with marginal fluctuations in this period as shown in section 2. • 20 new additions were made to ESR (staff database). • Staff turnover in the 6 month period is recorded as 5.82% due to 9 leavers, which is reasonable for an organisation of the size of the CCG and represents the relatively stable nature of the workforce. • Statutory & Mandatory training compliance levels have increased significantly in some areas across the organisation. Data is shown in section 3. It is probable that this improvement is a benefit of the ConsultOD portal, which was launched across the CCG in December 2016. • Recorded sickness rates across the organisation have fluctuated over the last 6 months with the absence rate for the period at 2.30%. All long term sickness cases are being managed proactively with HR. Details are contained in section 4. • Following internal validation work adherence to objective setting and appraisal process appears to be slowly improving. • Section 10 contains an update on the activities of the Staff Partnership Form.
Evidence in support of arguments:	HR Workforce Profile Report and Core Training Report.

Who has been involved/contributed:	David Noyes and Rob Hayday in commenting on draft workforce data.
Cross Reference to Strategic Objectives:	Crosses all strategic objectives.
Engagement and Involvement:	No direct patient or public involvement or staff side engagement and consultation required.
Communications Issues:	N/A
Financial Implications:	Managing establishment and workforce within budget restrictions is a requirement; this report gives a high level overview of the current workforce position and areas for development.
Review arrangements:	N/A
Risk Management:	The implementation of objective setting and appraisals, absence management and statutory and mandatory training across the organisation ensures legal compliance and minimises risk to the organisation and its staff members.
National Policy/ Legislation:	N/A
Equality & Diversity:	This report provides a breakdown of Equality and Diversity Data for the organisation in relation to race, disability and gender.
Other External Assessment:	N/A
What specific action re the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to review and discuss the report.



Wiltshire CCG, 6 month Workforce Report – October 2016 to March 2017

1. Introduction

This is the second version of this narrative style report produced on a six monthly basis (moved from quarterly).

This report has been prepared for Wiltshire CCG and represents the HR report for the period 1st October 2016 to 31st March 2017. Attached to this narrative report are the following Appendices:

- Appendix 1 - the CCG's demographic data,
- Appendix 2 - the CCG's quarterly Statutory and Mandatory Training Report.
- Appendix 3 the Appraisal Completion Report.

All the reports outline key statistical data and the narrative also provides some updates to the CCG on current workforce activities within the organisation.

The next report covering April to September 2017 will be produced by 31st October 2017.

During the last 12 months activities involving HR have taken place to ensure that GPs providing support and leadership to the CCG are contracted appropriately. This has led to an increase in size of the number of individuals added to payroll and identified on ESR – the workforce database. As articulated in the CCG's Constitution, several contracted GPs are decision making members of the Governing Body and work alongside four other 'non executive' members. They are Chairs and Vice Chairs of the three locality groups which comprise the CCG membership. There are other GPs who provide leadership and support to the CCG through their work in groups, across organisational workstream and/or by fulfilling designated roles such as Medical Advisor and Chief Clinical Information Officer. In total, there are currently 38 such individuals who are contracted to provide both corporate or governing body functions or undertake other GP roles for the CCG. All these individuals are included within the data regarding staff movements (section 2 of the report) and absence

management (section 4). The 38 individuals are included within the CCG demographic data (appendix 1) however only individuals that provide corporate or governing body functions to the CCG are included in the statutory and mandatory compliance data (appendix 2) and the appraisal data (appendix 3). Throughout this report there are notes which identify whether this number (in full or in part) are included in the data which is provided.

2. Staff Movements

Table 1 below provides a summary of staff movements during the period. Establishment levels have fluctuated marginally over the period and are showing a headcount at the end of the period of 135 staff in post. The reason for the increase alongside normal recruitment activity is a number of the 38 Governing Body members and other GPs have joined the CCG payroll and therefore have been included within elements of the workforce report, therefore increasing the CCG headcount.

	2016 / 10	2016 / 11	2016 / 12	2017 / 01	2017 / 02	2017 / 03
Headcount	151	152	154	158	156	157
FTE	107.87	108.30	109.30	110.10	108.84	109.64
Leavers Headcount	0	2	1	1	3	2
Leavers FTE	0.00	2.00	1.00	1.00	2.00	1.50
Starters Headcount	7	3	2	6	1	1
Starters FTE	6.00	2.23	1.00	2.80	1.00	1.00
Maternity	3	2	2	2	1	1
Turnover Rate (Headcount)	0.00%	1.32%	0.65%	0.63%	1.92%	1.27%
Turnover Rate (FTE)		1.85%	0.91%	0.91%	1.84%	1.37%
Leavers (12m)	28	27	28	27	30	27
Turnover Rate (12m)	21.16%	19.98%	20.30%	19.18%	20.94%	18.50%
Leavers FTE (12m)	23.59	22.59	23.59	22.59	24.59	23.05
Turnover Rate FTE (12m)	22.72%	21.62%	22.48%	21.45%	23.29%	21.75%

Table 2 shows the headcount at 31st March 2017 and represents an increase from 121 staff in March 2016 compared to 135 staff in March 2017. This table includes the 38 individuals who provide both corporate and/or governing body functions and other GP roles within the CCG. Therefore it is the full CCG complement.

Table 2	2016/03	2016/06	2016/09	2016/12	2017/03
Headcount	121	124	123	154	157
FTE	105.43	101.91	101.02	109.30	109.64

Recruitment to all new posts continues to be managed in a planned and controlled approach with both finance and director approval to ensure the workforce costs remain within the allocated running costs. Staff working on a temporary/agency basis that are not on the payroll are not reflected in these establishment figures.

2.1. New Staff

20 new members of staff commenced employment during the period to the following posts after going through a robust recruitment process:

Administrator	3
Associate Director of Quality	1
Booking Administrator	2
CHC Nurse Assessor	2
Deputy Chief Financial Officer	1
Infection Prevention and Control Lead Nurse	1
Interim Associate Director	1
Interim Mental Health & Learning Disabilities Commissioner	1
Locality Lead / Commissioning Manager	1
Medicines Management Pharmacist	2
Non Exec Director for Child Health Improvement	1
Quality Lead	1
Quality, Complaints and PALS Administrator	1
Strategic Workforce Advisor	1
Urgent Care Business Manager	1

2.2 Turnover and Stability

Starters Headcount	20
Starters FTE	14.03
Avg Headcount	154.67
Leavers Headcount	9
LTR Headcount %	5.82
Avg FTE	109.01
Leavers FTE	7.50
LTR FTE %	6.88

Staff turnover in the 6 month period is recorded as 5.82% due to 9 leavers, which is reasonable for an organisation of this size and represents the relatively stable nature of the workforce.

The reasons for leaving were end of fixed term contract (1 individual), retirement age (2), voluntary resignation due to lack of opportunities (1), voluntary resignation for other/not know reason (3), a bank worker being removed due to not working in the last 6 months (1) and voluntary resignation due to promotion (1). Voluntary exit interviews were not completed.

2.3 Labour Turnover Rate – Rolling 12 Months

Starters Headcount	60
Starters FTE	28.57
Avg Headcount	145.92
Leavers Headcount	27
LTR Headcount %	18.50
Avg FTE	105.94
Leavers FTE	23.05
LTR FTE %	21.38

The rolling 12 month turnover rate at 31st March 2017 was 18.50%.

2.3.1 Benchmarking – the rolling 12 month CCG national average for turnover at 31st March 2017* increased to 15.13% from 15.01% at 31st March 2016. For the same period, Wiltshire CCG reported a 12 month turnover rate of 20.10%. Whilst the CCG rolling turnover rate remains higher than the national average, it is not significantly out of line for an organisation of this size but will need to be monitored. **most recent data published by HSCI*

2.4 Labour stability Rate – rolling 12 months (1st April 2016 to 31st March 2017

	Start	End	Remain	Index
Headcount	127	157	104	81.89%
Assignment Count	129	159	104	80.62%

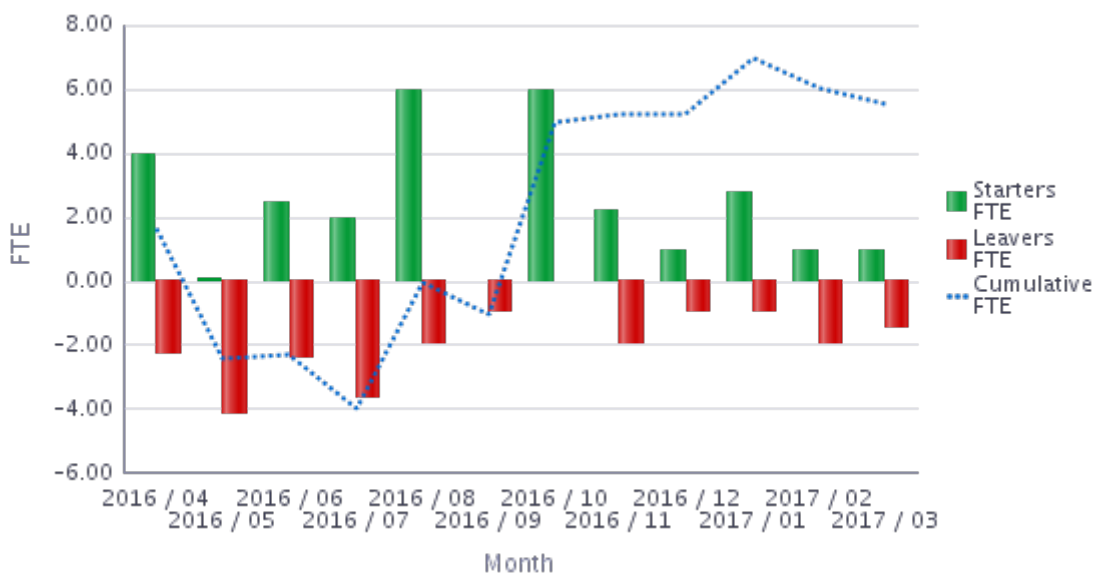
127 employees were in post at the start of the period, with 104 remaining at the end meaning 81.89% of employees were retained. The details in the table above include the 38 individuals who provide both corporate and/or governing body functions and other GP roles within the CCG. The term assignment count refers to where individuals have more than one assignment, for example if an

individual works for two different teams.

2.4.1 Benchmarking – the CCG national average for labour stability in the 12 months leading to 31st March 2017* was 84.30%. *most recent data published by HSCIC

Benchmarking against the national average will continue to be monitored alongside reasons for leaving to analyse whether there are any challenges or concerns arising linked to the overall workforce stability. A revision to the process for exit interviews is scheduled for completion in Q1 17/18.

The chart below presents monthly starters and leavers for the last 12 months.



3 Core Training

Provision for statutory and mandatory training covered in this report is provided by the Skills for Health e-learning platform and until the end of December, IG training was provided by HSCIC/NHS Digital. This is accessed via the ConsultOD portal which was launched across the CCG in December 2016. The summary of compliance rates per module to 31st March 2017 is shown in the table below. The table also shows the compliance rates that were reported as of 30th September 2016 to demonstrate progress. The data below includes individuals who provide a corporate or governing body function to the CCG but not other GPs who carry out work for the CCG.

% Compliance versus previous reported compliance rates as of 31st March 2017

Statutory & Mandatory Training	Previous % of employees completed training as at 30 th September 2016	Complete & In Date as of 31 st March 2017	Difference
Equality and Diversity	48%	65%	17% ↑
Fire Safety	47%	68%	21% ↑
Health, Safety and Welfare	56%	67%	11% ↑
Information Governance	70%	77%	7% ↑
Moving and Handling	31%	69%	38% ↑
Safeguarding Adults Level 1	65%	68%	3% ↑
Safeguarding Children Level1	63%	66%	3% ↑

Compliance with completion of Statutory and mandatory training has increased significantly in some areas across the organisation. It is probable that this improvement is a benefit of the Consult OD launch. The platform has been configured to provide line managers with readily available access to data indicating staff compliance with training requirements. Moving and Handling compliance has increased by 38% and Fire Safety by 21%.

Core Training completion should be highlighted as a priority for the organisation and it is recommended that Directors and Managers are reminded of their responsibility for raising the profile of this across the organisation to ensure their staff are compliant with organisational requirements. It is advised that Managers strongly encourage staff to undertake their Equality and Diversity training, Safeguarding Adults and Children as the compliance levels for these three subjects is low.

4 Attendance Management

The attendance management data provided below includes those individuals who are providing corporate/ governing body functions and/or GP's providing services to the CCG.

4.1 Absence Rates

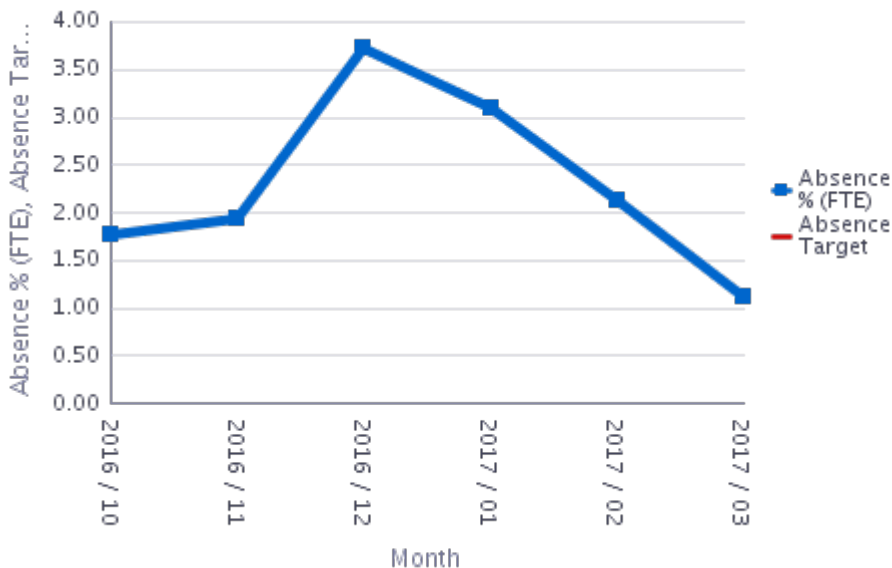
The absence rate for the period was 2.30%.

Absence % (FTE)	Absence Days	Abs (FTE)	Avail (FTE)
2.30%	483	455.07	19,771.78

Recorded sickness rates across the organisation have fluctuated over the last 6 months, with sickness absence being the highest in December 2016, with an absence rate of 3.72%. All long term sickness cases are being managed proactively with HR. A process whereby Directors are sent reports when staff in their teams have triggered agreed absence thresholds has been introduced during this period.

4.2 Monthly Absence Rates

The monthly absence rates for the last 6 months are shown in the graph below.



The data below indicates the absence in the period covered by this report broken down by month

Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
2016 / 10	1.76%	57.87	3,282.85
2016 / 11	1.94%	62.70	3,232.23
2016 / 12	3.72%	125.69	3,381.87
2017 / 01	3.09%	105.20	3,408.87
2017 / 02	2.13%	65.40	3,070.93
2017 / 03	1.13%	38.20	3,395.02

The full year's data (below) has also been provided to benchmark against the data published by the Health and Social Care Information Centre (HSCIC) showing the CCG national average; this demonstrates that Wiltshire's sickness absence rates were lower than the CCG national average for 11 of the 12 months. If the national average remains relatively stable it is anticipated that the CCGs

absence rates will continue to remain below the national average.

Month	Absence % (FTE)	CCG National Average (HSCIC data)
2016/01	2.18%	2.98%
2016/02	1.97%	2.99%
2016/03	1.90%	2.92%
2016/04	1.56%	2.74%
2016/05	1.73%	2.57%
2016/06	1.38%	2.60%
2016/07	1.18%	2.59%
2016/08	1.04%	2.53%
2016/09	0.71%	2.64%
2016/10	1.76%	2.88%
2016/11	1.94%	3.01%
2016/12	3.72%	2.84%

Short Term versus Long Term Absence

The table below shows the breakdown between short term and long term absence during the period. The % of absence attributed to short term absence was considerably less than long term absence for 4 of the 6 months. The amount of short term absence has increased considerably during the last 6 months compared to the previous 6 months. This may be due to more short term sickness absence occurring within the CCG or due to improved reporting. The amount of days lost due to long term sickness in the last 6 months was 259 days compared to 187 days being lost during the previous 6 month period. With regards to short term sickness 224 days have been lost during the last 6 months and in the previous 6 month period only 54 days were lost.

Month	Available FTE	LT FTE Lost	ST FTE Lost	LT Absence FTE %	ST Absence FTE %	LT Days Lost	ST Days Lost	LT Occurrences	ST Occurrences
2016 / 10	3,282.85	31.00	26.87	0.94%	0.82%	31	36	1	11
2016 / 11	3,232.23	21.00	41.70	0.65%	1.29%	21	45	2	11
2016 / 12	3,381.87	86.00	39.69	2.54%	1.17%	86	47	3	10
2017 / 01	3,408.87	62.00	43.20	1.82%	1.27%	62	45	2	9
2017 / 02	3,070.93	28.00	37.40	0.91%	1.22%	28	43	1	10
2017 / 03	3,395.02	31.00	7.20	0.91%	0.21%	31	8	1	3

4.3 Top 10 Absence Reasons by Absence Days

The table below presents the top 10 reasons for absence during the period and can be used to inform areas to target with Health and Wellbeing initiatives. The reasons for absence will continue to be monitored during 17/18 to identify any trends or areas where further intervention may be required. The table below highlights that the greatest number of days lost due to sickness has been because of anxiety/stress/depression or other psychiatric illness, equating to 233 days being lost.

Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	3	5	233	48.2
S19 Heart, cardiac & circulatory problems	1	3	80	16.6
S11 Back Problems	2	4	60	12.4
S13 Cold, Cough, Flu - Influenza	14	14	29	6.0
S28 Injury, fracture	2	3	23	4.8
S25 Gastrointestinal problems	12	12	22	4.6
S15 Chest & respiratory problems	3	3	15	3.1
S12 Other musculoskeletal problems	3	3	11	2.3
S26 Genitourinary & gynaecological disorders	2	2	5	1.0
S16 Headache / migraine	2	2	2	0.4
S98 Other known causes - not elsewhere classified	1	1	2	0.4
S99 Unknown causes / Not specified	1	1	1	0.2

4.4 Estimated Cost of Absence

	Estimated Cost
Oct 2016 to Mar 2017	£62,697
12 months to Mar 2017	£98,549

The estimated cost of absence in the last six months was £62,697 compared to the cost in the previous 6 months being £33,457.

5 Disciplinary, Capability and Grievance issues

The CSU has been providing support and coaching to managers with regards to informal employee relation issues. HR Support has been provided for a formal and informal grievance and with a formal investigation.

6 Appraisals

An appraisal and objective-setting process has been established and communicated within the CCG and work to ensure that all staff have annual objectives has been in place for the last financial year. To support this process, a methodology for managers to report on completion of appraisals

was developed with the HR Manager so that this information can be recorded and reported on by ConsultHR each quarter as part of this Workforce Report.

This reporting mechanism enables the CCG to monitor the completion of performance reviews, together with objective-setting and the development of individual Personal Development Plans for all employees. The detailed analysis of appraisal activity over the last year is attached at Appendix 3, and a summary can be seen below. Please note that individuals who provide a corporate or governing body function to the CCG are included in the appraisal data below. The data below does not include those individuals who are GPs and provide a service to the CCG through the group structure.

In May 2017, the CCG conducted an internal validation of the appraisal compliance and the results are indicated below.

Performance Reviews/ Objectives reported to ConsultHR

	Number of staff reported as completing the activity	Percentage of total number of Wiltshire CCG staff
Appraisal and/or 6 Month Review undertaken in 16/17	73	56%
Objectives set in 16/17	75	57%

7 National Policy

Agenda for Change Pay Award

On the 29th March 2017 the government published its response to the NHS Pay Review Bodies’ recommendations. The government has confirmed that all NHS staff will receive a one per cent uplift with effect from 1st April 2017. As a result a 1 per cent consolidated increase will be applied to all pay points including to high cost area supplement (HCAS) minimum and maximum payments.

New HMRC rules regarding self-employed contractors and IR35 regulations

New HMRC rules are being introduced from April 2017 regarding the use of self-employed contractors via Personal Service Companies in that they will fall under IR35 regulations which will mean that they will need to be taxed at source by Providers like other employees. Working with CCG Finance, a process has been devised to ensure that the CCG is able to meet its obligations under

IR35. This will involve the use of ESR/payroll and will mean that necessary tax /NI contributions payable to these workers who fall in scope of IR35 will happen at source.

8 CCG Demographics

The CCG Demographics report at Appendix 1 shows in more detail the breakdown of the staffing within the CCG. This is useful information to demonstrate that the make-up of the workforce is being reviewed and can provide information on an annual basis to meet equality requirements. The CCG demographic data includes the 38 individuals who provide both corporate or governing body functions to the CCG and other GPs who also provide a service.

Staff retain the right not to disclose certain details and ESR will continue to be updated as and when new disclosures from staff are made.

9 Policy Development

As part of the HR service specification, South, Central and West Commissioning Support Unit (SCWCSU) are responsible for the provision of all CCG HR policies and a HR Policy Register is in place to monitor and track live policies with scheduled review dates.

During the reporting period a review of legacy PCT policies has been undertaken. This policy review, supported by the CCG's Audit and Assurance Committee and the Staff Partnership Forum has led to the deletion or updates of legacy documents as well as additions to existing CCG policies agreed during the operation of the CCG. The following policies have been reviewed/revised Organisational Change, Secondments, Salary and Expenses Overpayment Recovery, Flexible Working and the Recruitment and Selection Policy.

10 Staff Partnership Forum

The Staff Partnership Forum has become established and provides an opportunity for effective joint discussion on issues of mutual interest and fosters maximum involvement of all staff in effective communications, engagement and consultation on working practices and employment.

Agenda items have included reviewing a number of legacy HR policies as well as updates to the CCG's Health and Safety Policy and the development of new arrangements to support work experience and the provision of eye tests and glasses for DSE use.

11 CCG Governing Body

Following the resignation and departure of the Accountable Officer, arrangements to recruit a replacement Accountable Officer were commenced and in the meantime interim arrangements to support the organisation have been put in place. As an interim measure Tracey Cox, BaNES Accountable officer has agreed to support the CCG as AO on a part-time basis, as additional support the organisation has seconded Mark Harris into the interim post of Chief Operating Officer. The recruitment to the Chief Finance officer post following the departure of Simon Truelove has also been completed with the appointment of Steve Perkins, (previously Deputy CFO). Further plans are in place to recruit an AO as at the 31st March 2017.

Appendices

Appendix 1 – CCG Demographics (please note this reflects the CCGs full staffing complement and includes individuals who provide a corporate or governing body function and other GP functions to the CCG)

Appendix 2 - Statutory & Mandatory Training Record (please note the data includes individuals who provide a corporate or governing body function to the CCG)

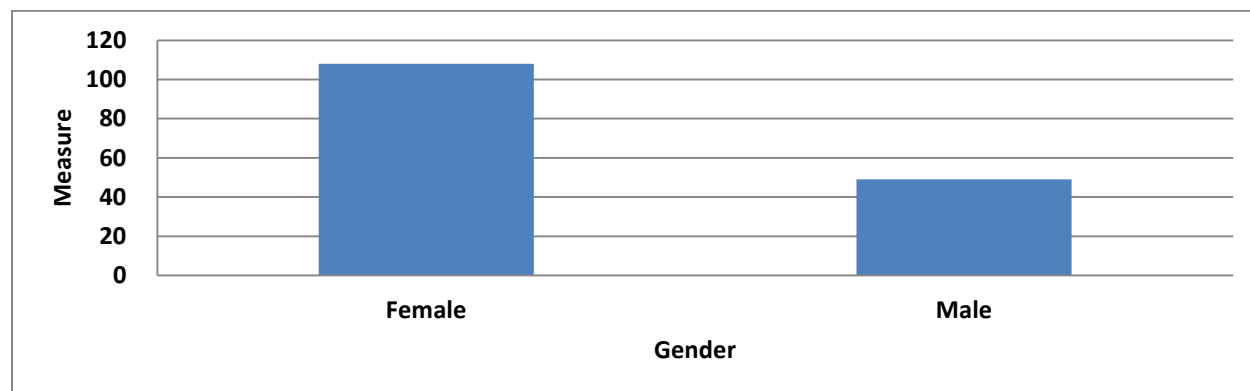
Appendix 3 – Appraisal Completion Report (please note the data includes individuals who provide a corporate or governing body function to the CCG)

Appendix 1 - Wiltshire Demographic Data – March 2017

Please note the demographic data for Wiltshire CCG includes the 38 individuals who are contracted to provide both corporate or governing body functions or undertake other GP roles for the CCG.

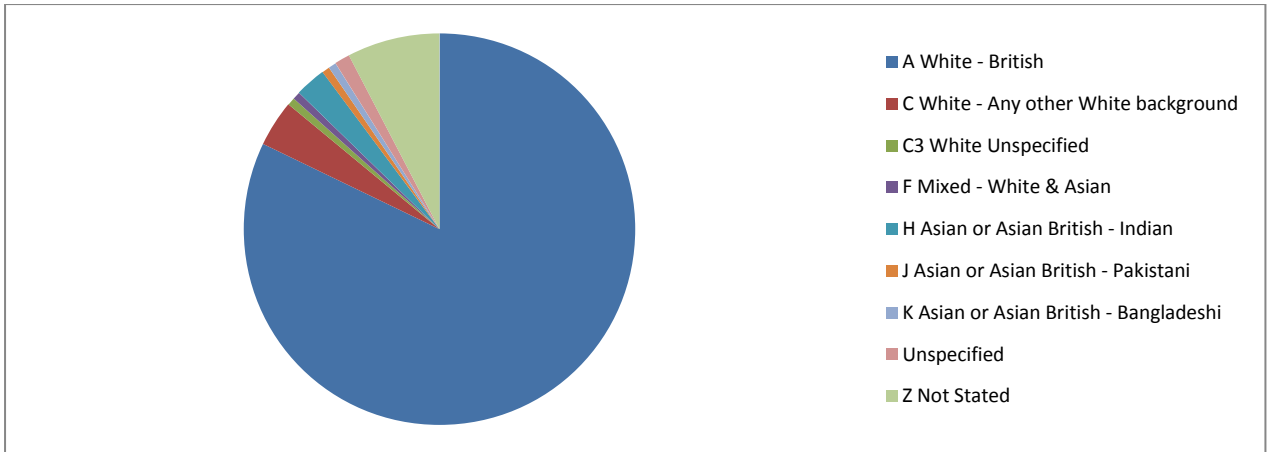
Gender

Gender	Headcount	%	FTE
Female	108	68.8	84.10
Male	49	31.2	25.34
Grand Total	157	100.0	109.44

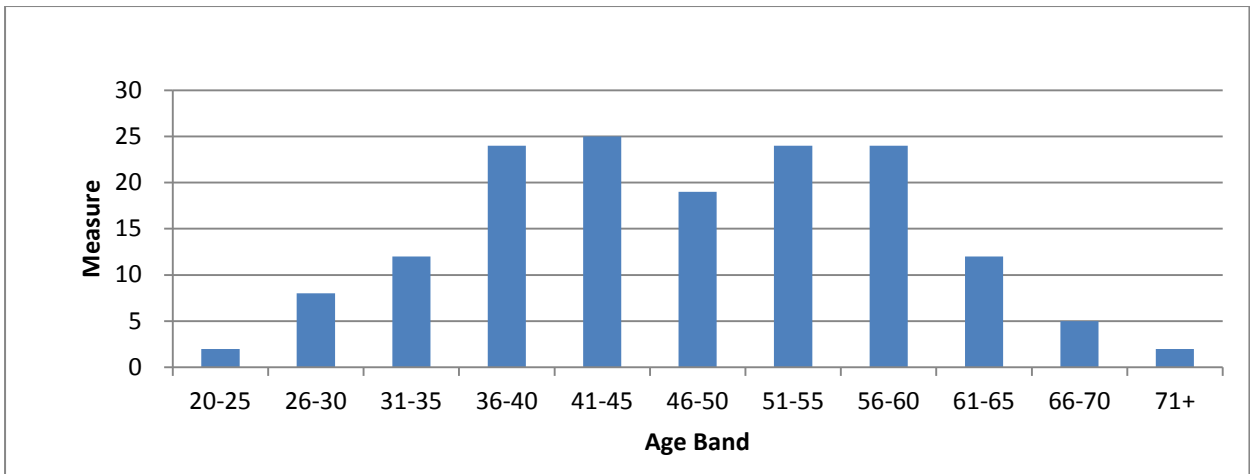


Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	129	82.2	96.30
C White - Any other White background	6	3.8	3.18
C3 White Unspecified	1	0.6	0.96
F Mixed - White & Asian	1	0.6	1.00
H Asian or Asian British - Indian	4	2.5	1.65
J Asian or Asian British - Pakistani	1	0.6	0.00
K Asian or Asian British - Bangladeshi	1	0.6	0.30
Unspecified	2	1.3	0.50
Z Not Stated	12	7.6	5.55
Grand Total	157	100.0	109.44

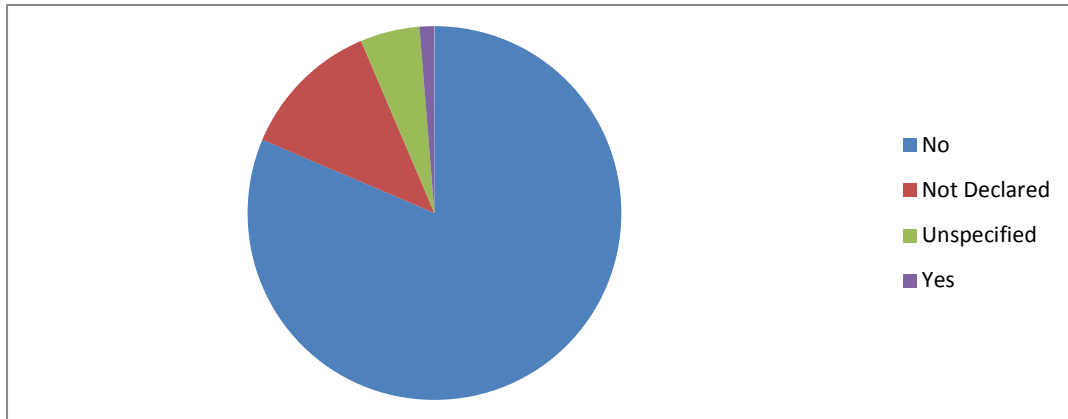


Age Profile



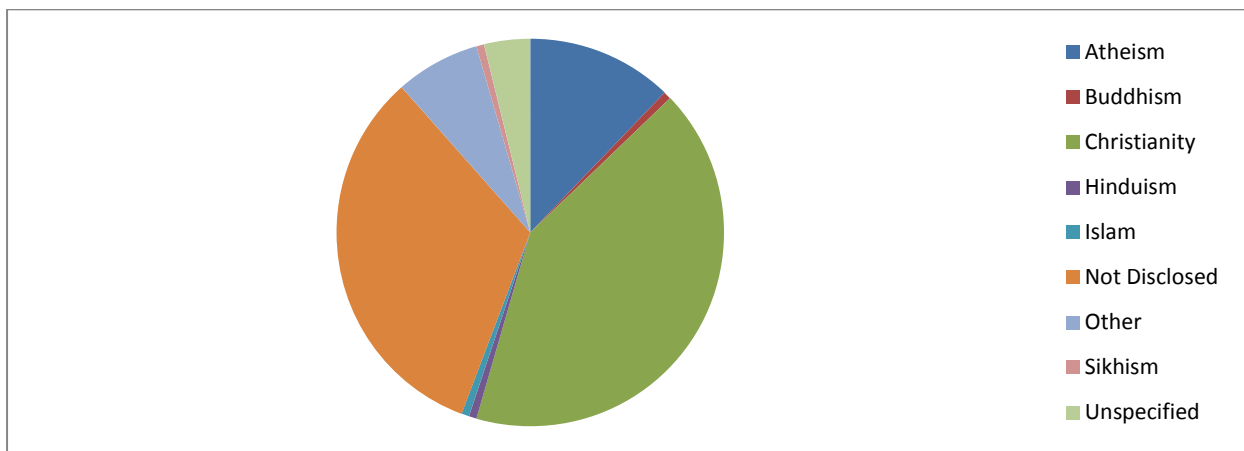
Age Band	Headcount	%	FTE
20-25	2	1.27	2.00
26-30	8	5.10	7.60
31-35	12	7.64	9.00
36-40	24	15.29	17.57
41-45	25	15.92	17.18
46-50	19	12.10	12.78
51-55	24	15.29	20.49
56-60	24	15.29	12.03
61-65	12	7.64	8.79
66-70	5	3.18	2.00
71+	2	1.27	0.00
	157	100.00	109.44

Disability



Disability Flag	Headcount	%	FTE
No	127	81.4	93.88
Not Declared	19	12.2	10.26
Unspecified	8	5.1	2.70
Yes	2	1.3	1.60
Grand Total	156	100.0	108.44

Religion and Belief



Religious Belief	Headcount	%	FTE
Atheism	19	12.18	13.46
Buddhism	1	0.64	1.00
Christianity	65	41.67	50.52
Hinduism	1	0.64	0.30
Islam	1	0.64	0.00
Not Disclosed	51	32.69	31.52
Other	11	7.05	8.93
Sikhism	1	0.64	1.00

Unspecified	6	3.85	1.70
Grand Total	156	100.00	108.44

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	1	0.64	1.00
Gay	1	0.64	1.00
Heterosexual	115	73.72	82.69
Not Disclosed	33	21.15	22.05
Unspecified	6	3.85	1.70
Grand Total	156	100.00	108.44

Length of Service at Wiltshire CCG

Length of Service Band	Headcount	%	FTE
<1 Year	53	33.97	26.97
1<5 Years	103	66.03	81.47
	156	100.00	108.44

Full Time/Part Time

	Female	Male
Part Time	31.41	18.59
Full Time	37.18	12.82

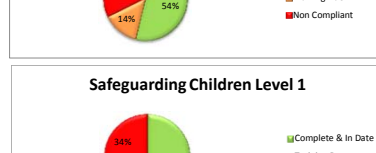
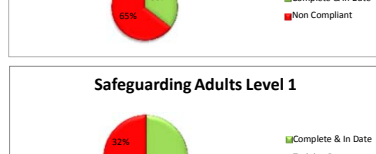
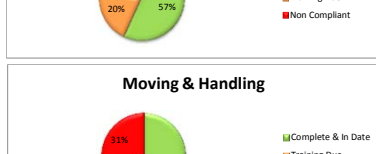
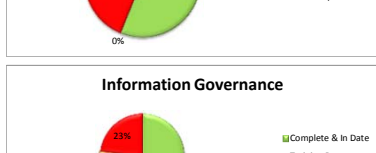
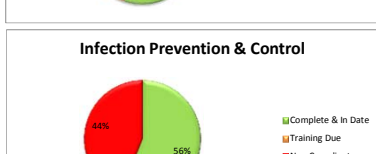
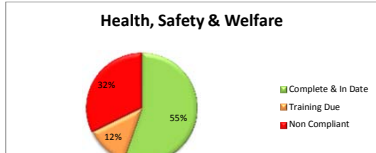
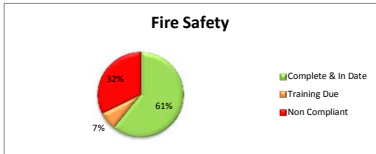
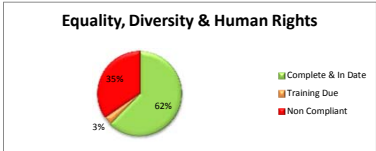
Quarter Four
 Please note the information within this appendix only includes individuals who provide corporate or governing body functions to the CCG.

Statutory & Mandatory Training - Wiltshire CCG



Statutory & Mandatory Training	Complete & In Date	Training Due	Non Compliant	Total
Equality, Diversity & Human Rights	62%	3%	35%	100%
Fire Safety	61%	7%	32%	100%
Health, Safety & Welfare	55%	12%	32%	100%
Infection Prevention & Control	56%	0%	44%	100%
Information Governance	57%	20%	23%	100%
Moving & Handling	62%	7%	31%	100%
Password Management	40%	N/A	60%	100%
Records Management and the NHS Code of Practice	35%	N/A	65%	100%
Safeguarding Adults Level 1	54%	14%	32%	100%
Safeguarding Children Level 1	55%	11%	34%	100%

RAG Key
Expired or not complete
Due for renewal within 4 months
Complete & In Date



APPENDIX 3

Wiltshire Clinical Commissioning Group - Appraisal Report

Directorate	Organisation	Total Staff	Total Staff by Directorate	Appraisal and/or 6 Month Review undertaken in 16/17 (Apr-Mar)			Objectives set in 16/17 (Apr-Mar)		
				Percentage of staff received an appraisal and/or 6 month review in 16/17	by team	by Directorate	Percentage of staff received a review in last 12 months	by team	by Directorate
Executive	CEO/Board	8	21	43%	5	9	62%	8	13
	Chair & Non-Execs	13			4			5	
Acute Commissioning	Acute Commissioning	8	20	75%	7	15	75%	7	15
	Exceptions & Prior Approvals	4			2			2	
	Referral Support Service	8			6			6	
Community Services & Joint Commissioning	Community Services	8	11	73%	6	8	64%	5	7
	Joint Commissioning	3			2			2	
Primary & Urgent Care	Primary & Urgent Care	14	14	71%	10	10	64%	9	9
Corporate Services	Communications	4	9	89%	3	8	100%	4	9
	Project Management Office	2			2			2	
	Risk & Governance	3			3			3	
Quality	Continuing Healthcare	22	36	28%	5	10	22%	3	8
	Quality	14			5			5	
Finance	Finance	14	20	65%	11	13	70%	12	14
	Business Development	1			0			0	
	Estates and Facilities	2			0			0	
	Information	3			2			2	
Total Staff		131	131	56%	73		57%	75	