

# Workforce Performance Report:

April 2021

**Mark Warner**, Interim HR Director



# Workforce Performance Indicators

Indicator	Target	Actual	Trend	Comments
(1) Workforce including bank and agency	FTE <= 5,934	5,984	↓ ●	FTE of staff was 51 FTE (0.9%) above budget in April. Payroll spend was £1.1m (5.1%) above budget.
	£m <= £23.0m	£24.15m	↓ ●	
(2) Bank	FTE >= 408	408	↓ ●	Bank use decreased by 25% in April from 544 to 408 FTE whilst spend remained almost the same at 7.26% of total pay.
	% >= 9.20%	9.7%	↓ ●	
(3) Agency	FTE <= 422	422	↓ ●	Agency use decreased by 6% from 449 to 422 FTE. Spend decreased by £461K, to 12.63% of total pay.
	% <= 14.30%	15.07%	↓ ●	
(4) Vacancies	% <= 9%	10.9%	↓ ●	
	FTE <= 648	648	↓ ●	
(5) Recruitment activity	FTE <=	349	↓ ●	
(6) Turnover	<= 10%	11.74%	↓ ●	
(7) Sickness	<= 3.50%	4.08%	↑ ●	
(8) Casework	>= ?	95	↑ ●	
(9) PDR completed	<= 90%	71.0%	●	
(10) PPST completed	<= 90%	83.0%	●	
(11) Number of Apprentices	FTE >= 240	240	●	
	>= 2.30%	3.99%	●	
(12) Supervision completed	% >= 85%	63.8%	●	
(13) % of BAME staff	% >= 19%	18.4%	●	

**Governance: Executive Director:** Interim HR Director **Responsible Committee:** People, Leadership and Culture Committee

**Executive Summary:** Mark Warner, Interim HR Director

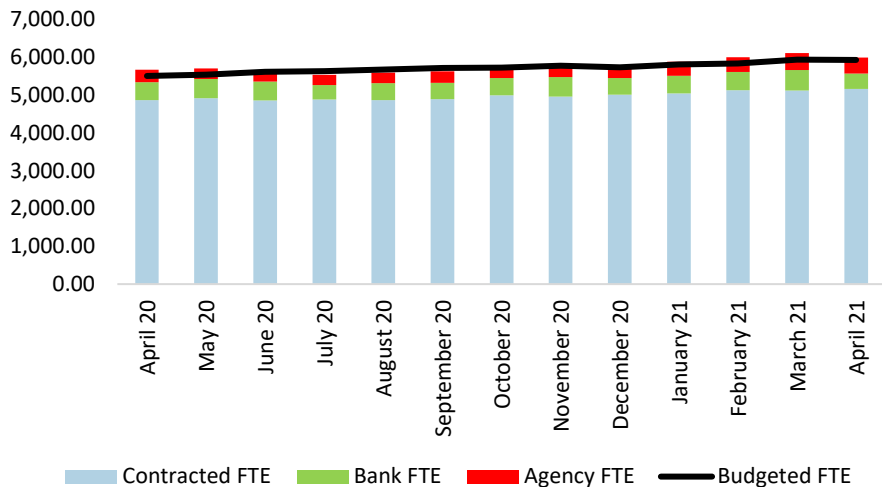
Vacancy rates remain the key risk for the Trust and resulted in continued high use of agency staff to maintain safe staffing levels. Good progress has been made in relation to international nurse recruitment and further recruitment campaigns commenced to focus specific business units. The Programme Board is scheduled to re-start following Covid focus. Turnover for new starters remains a particular concern and reasons for this are being assessed. Sickness levels remain above target and the national benchmark, although the First Care initiative will not have showed benefits in these metrics yet as they represent a rolling 12-month period. PDR compliance remains a concern at 71% and further action will take place to promote and re-launch appraisals and development discussions. This will also be one of the 3 key focus areas in relation to the 2020 Staff Survey.

# (1) Total Workforce

Workforce indicator      Budget FTE      Actual FTE      Difference

<b>(1) Workforce</b> 	Budget FTE	5,934	5,984	50
	<b>12m rolling avg FTE</b>		5,766	

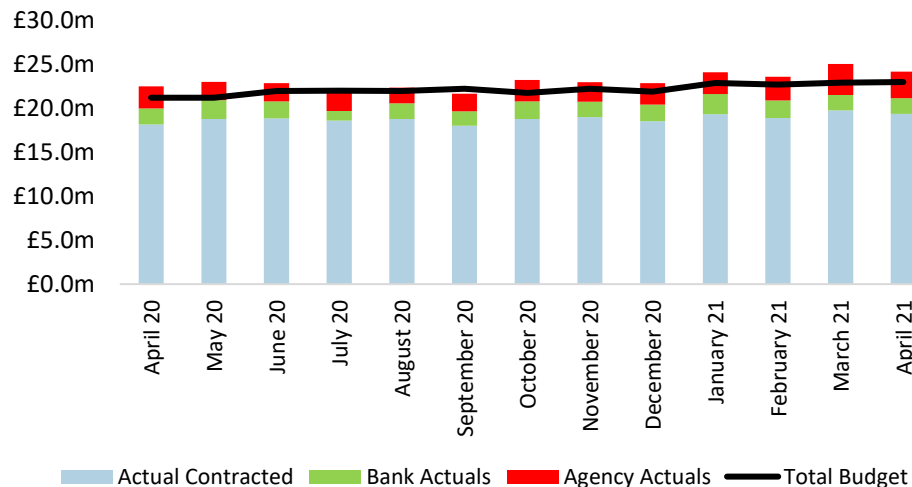
**Workforce FTE**



Workforce indicator      Budget £      Actual £      Difference

<b>(1) Workforce</b> 	Budget £	£22,958,580	£24,145,532	£1,186,953
	<b>FY21/22</b>		£24,145,532	£1,186,953

**Workforce Spend £m**



## Executive Director commentary:

Mark Warner, Interim HR Director

Total payroll spend in April was £24.1m, £1.1m (5.2%) over budget. FTE was only 50 WTE (0.9%) above budget. The highest overspend was in OSWB at 13%. £782K. The increased pay costs compared to WTE are likely to be related to high costs associated with agency workers.

Directorate	Difference to Budget	
	£	%
Buckinghamshire Mental Health	£289,647	8.75%
Community Services	£287,283	4.69%
Corporate Services	-£265,586	-5.55%
Oxfordshire and SW Mental Health	£782,246	13.02%
Specialised Services	£93,363	3.43%

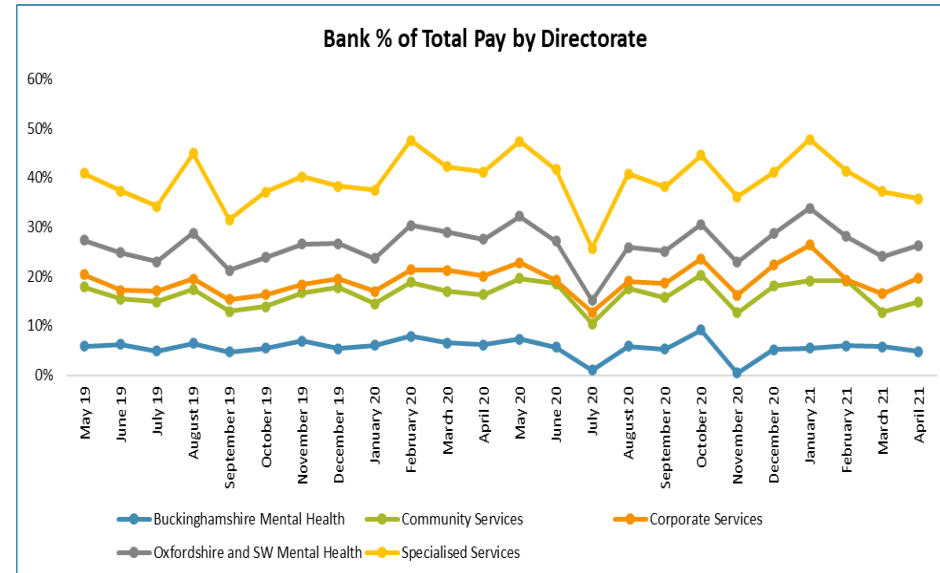
## (2) Bank Use

Workforce indicator	Target	Actual
(2) Bank	9.20%	7.3%
FTE		408.40

### Bank as % Total Temporary Staffing

36.5%

Month	Bank Actuals	Bank Target as % of Budget Payroll	Bank as % of temporary staffing	Bank % Total Pay	Bank Diff to % Budget of payroll
April 20	£1,826,293	7.6%	41.9%	8.1%	0.5%
May 20	£2,146,460	8.4%	51.1%	9.4%	1.0%
June 20	£1,922,087	8.0%	48.0%	8.4%	0.5%
July 20	£1,102,871	8.1%	34.7%	5.1%	-3.0%
August 20	£1,785,030	9.0%	49.9%	8.0%	-0.9%
September 20	£1,629,174	8.2%	44.9%	7.6%	-0.6%
October 20	£1,991,458	8.4%	45.0%	8.6%	0.2%
November 20	£1,723,500	8.8%	43.5%	7.5%	-1.3%
December 20	£1,902,800	9.3%	43.9%	8.4%	-0.9%
January 21	£2,291,615	8.7%	48.2%	9.6%	0.9%
February 21	£2,018,080	8.7%	43.0%	8.6%	-0.1%
March 21	£1,754,991	8.4%	33.3%	7.1%	-1.3%
April 21	£1,751,667	9.7%	36.5%	7.3%	-2.4%



### Executive Director commentary:

Mark Warner, Interim HR Director

Bank spend decreased very slightly in April by £3k to £1.75m, 36.5% of temporary staffing spend.

Inpatient bank use decreased by 73 FTE to 219 FTE with spend decreasing by £237k to £743k.

Non-medical and Dental community services bank use decreased by 62 FTE, and cost decreased by £234k to £549k.

Medical and Dental bank use decreased by 1.45 FTE, and cost increased by £471k to £460k (March cost was negative).

Approximately 100 FTE additional non-registered nursing bank workers would have been required to prevent the use of agency workers and registered bank staff being used in place of them. Planning is underway to develop the 2021/2022 action plan to increase bank and reduce agency spend with recruitment to commence in July when training spaces become available.

### (3) Agency Use

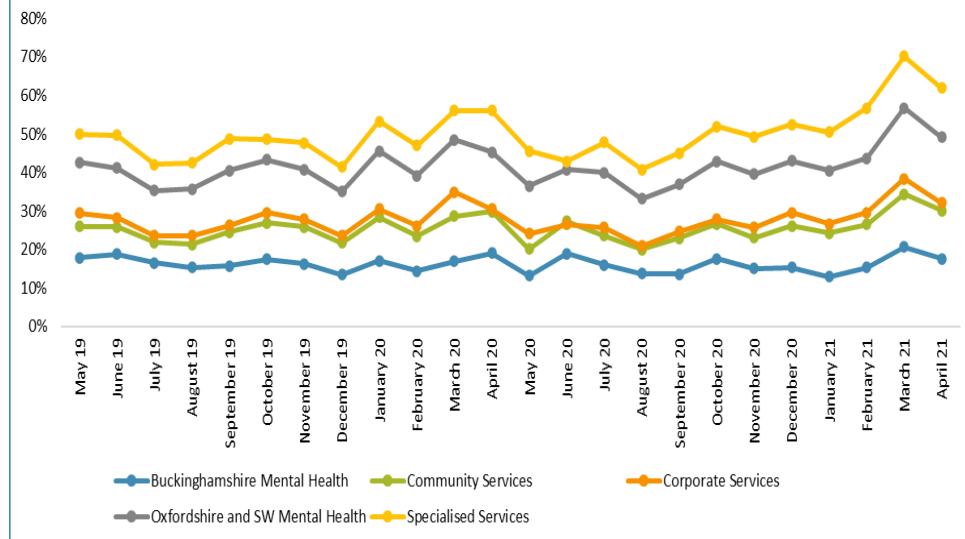
Workforce indicator                      Target                      Actual

<b>(3) Agency</b>	14.30%	12.6%
<b>FTE</b>		422.02

### Agency as % Total Temporary Staffing

63.5%

### Agency % of Total pay by Directorate



Month	Agency Actuals	Agency Target as % of Budget Payroll	Agency as % of temporary Staffing	Agency % Total pay	Agency Diff to % Budget Payroll
April 20	£2,527,241	7.7%	58.1%	11.3%	3.6%
May 20	£2,050,849	8.1%	48.9%	9.0%	0.9%
June 20	£2,081,828	7.8%	52.0%	9.1%	1.3%
July 20	£2,073,606	6.9%	65.3%	9.6%	2.7%
August 20	£1,793,785	6.9%	50.1%	8.1%	1.1%
September 20	£2,001,328	7.3%	55.1%	9.3%	2.0%
October 20	£2,434,801	7.5%	55.0%	10.5%	3.1%
November 20	£2,234,602	7.3%	56.5%	9.8%	2.5%
December 20	£2,431,306	7.4%	56.1%	10.7%	3.3%
January 21	£2,466,599	7.1%	51.8%	10.3%	3.2%
February 21	£2,678,400	7.1%	57.0%	11.4%	4.2%
March 21	£3,508,045	7.2%	66.7%	14.1%	7.0%
April 21	£3,046,464	15.1%	63.5%	12.6%	-2.5%

### Executive Director commentary:

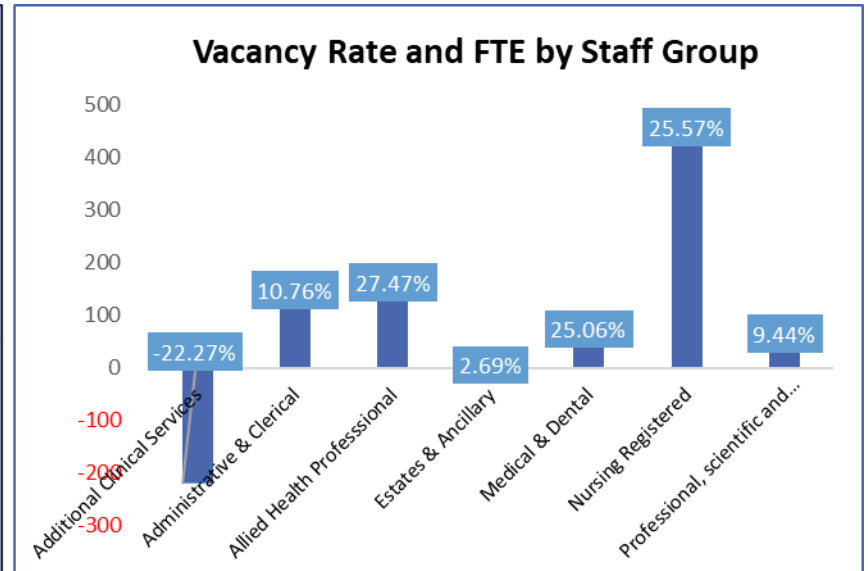
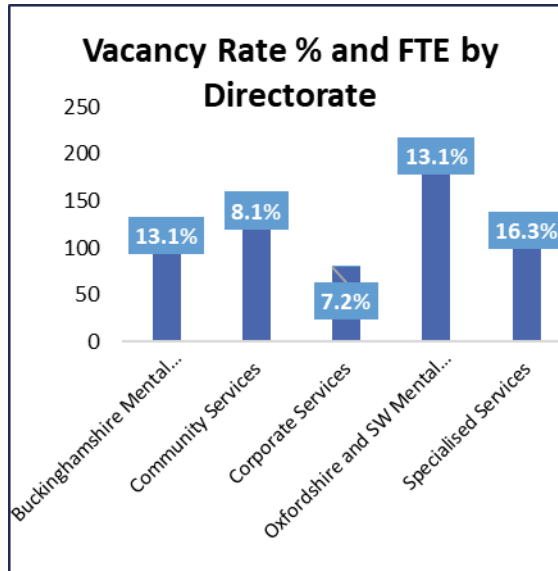
Mark Warner, Interim HR Director

Agency spend decreased 13% by £461k to £3.0m in April. Spend from the COVID-19 cost centres is excluded. £189K of this decrease was in the Allied Health Professional staff group (a decrease of 57% from March) and £248k in Medical and Dental staff group (a decrease of 27% from March). Inpatient agency use rose by 10 WTE to 184 WTE in April with a spend of £1.1m, £135k more than in March. Non-medical and Dental community services agency use decreased by 37 FTE, and cost decreased by £349k to £1.3m. NHSI Agency rule overrides decreased by 10% to 5,484 shifts in April. Plans to reduce include International Recruitment Project, 3 workforce transformation projects to secure quality staff to vacancies and review agency supply. Programme Board for Improving Quality and Reducing Agency in June. Process started to ensure vacancies are within budgeted establishments.

## (4) Vacancies

Workforce indicator	Target	Actual	Vacancies in FTE	Recruitment FTE	Difference FTE
<b>(4) Vacancies</b>	9.0%	10.9%	648.06	349	299.06

Month	Vacancy	Vacancy Change
April 20	9.8%	
May 20	9.9%	0.1%
June 20	10.2%	0.2%
July 20	10.1%	-0.1%
August 20	11.4%	1.4%
September 20	10.9%	-0.6%
October 20	11.5%	0.6%
November 20	11.9%	0.4%
December 20	11.3%	-0.6%
January 21	11.3%	0.0%
February 21	10.7%	-0.6%
March 21	11.3%	0.7%
April 21	10.9%	-0.4%



### Executive Director commentary: Mark Warner, Interim HR Director

The vacancy rate has varied over the past 12 months (9.8% to 11.9%). The headline figure will mask spikes in turnover which require focus. The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies. A Virtual recruitment fair launched in OBSW area and an international nurse recruitment campaign is underway with new starters joining the Trust

## (5) Recruitment Activity

Workforce indicator	Target FTE	Actual FTE
<b>(5) Recruitment Activity</b>		349

### April 21 Recruitment Activity FTE

Row Labels	FTE Advertised	FTE conditionally offered to start date	FTE in Selection process	Grand Total
Buckinghamshire Mental Health	34.00	9.00	0.00	43.00
Community Services	65.46	29.62	3.35	98.43
Corporate Services	57.50	7.70	1.00	66.20
Oxfordshire and SW Mental Health	91.73	23.74	1.00	116.47
Specialised Services	15.90	9.00	0.00	24.90
<b>Grand Total</b>	<b>264.59</b>	<b>79.06</b>	<b>5.35</b>	<b>349.00</b>

Directorate	Vacancy creation to conditional offer		Conditional offer to Unconditional offer		Unconditional offer to start date		Starter HC (subs)	Starter FTE
	Applicants	Avg (days)	Applicants	Avg (days)	Applicants	Avg (days)		
Buckinghamshire Mental Health	19	36.4	7	29.3	9	26	12	12
Community Services	60	23.7	44	12.9	21	15.9	48	37.64
Corporate Services	26	22.3	15	16.5	9	13.6	37	34.86
Oxfordshire and SW Mental Health	75	41.3	40	37.1	26	6.6	24	22.81
Specialised Services	13	31.7	4	19.8	7	20	2	3
<b>Total</b>	<b>193</b>	<b>31.08</b>	<b>110</b>	<b>23.12</b>	<b>72</b>	<b>16.42</b>	<b>123</b>	<b>110.31</b>

**Executive Director commentary:**  
Mark Warner, Interim HR Director

The figures demonstrate significant recruitment activity is in progress

## Number of Adverts

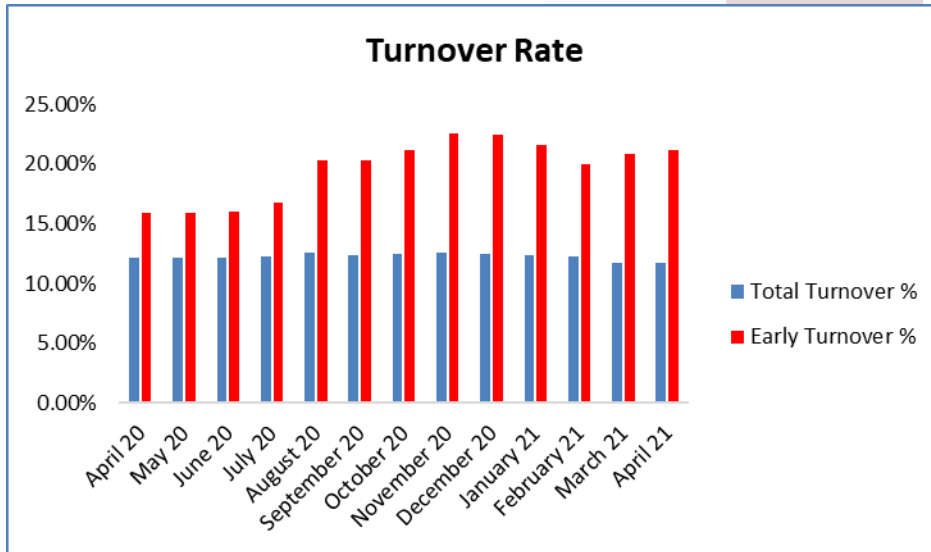
Not filled	Partially filled	Successfully filled	Total
140	31	95	266

### Recruitment Activity

Row Labels	FTE on Recruitment process	Mom Change %	MoM change FTE
April 21	349.00		

## (6) Turnover

Workforce indicator	Target	Actual
<b>(6) Turnover</b>	10.0%	11.7%
<b>Early Turnover</b>		21.1%

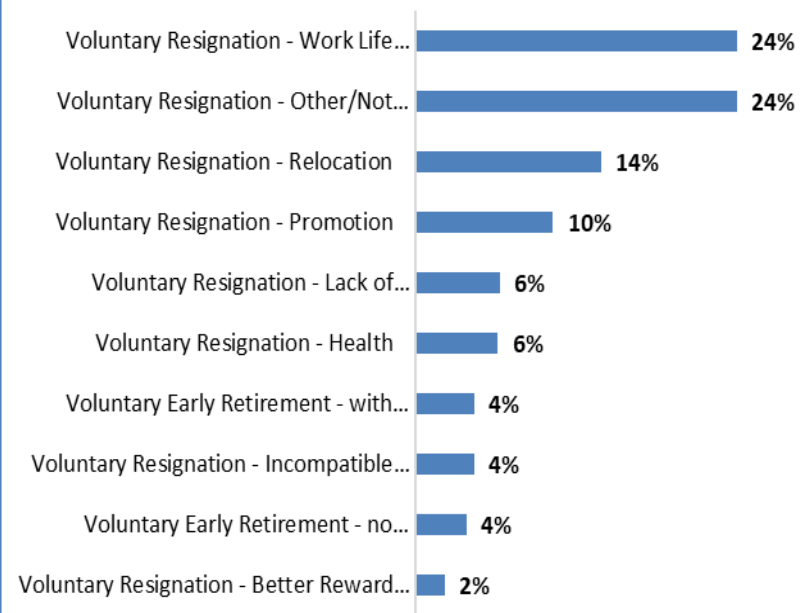


### Executive Director commentary:

Mark Warner, Interim HR Director

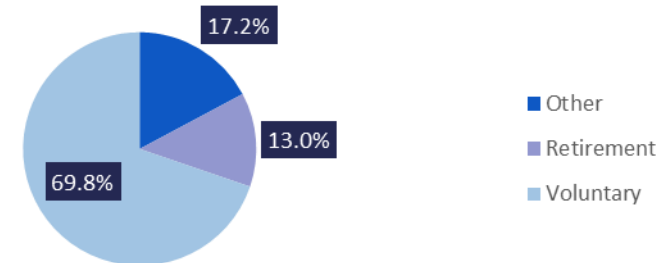
Staff turnover has remained unchanged from last month (11.7%). It is noted that throughout most of 2020 the turnover rate was above 12%. High levels of turnover will impact on agency spend and quality. The most common reason for leaving the Trust's employment is voluntary resignation. This can be for several reasons the most common are work/life balance, relocation, health and other / unknown. High vacancy levels will also impact on turnover levels. Retention of staff is a key challenge for NHS employers particularly after the difficulties many staff have experienced over the past 14 months: further analysis will be conducted to understand hot-spot areas needing particular focus.

### Voluntary Reasons by FTE-April 21



### All Reasons

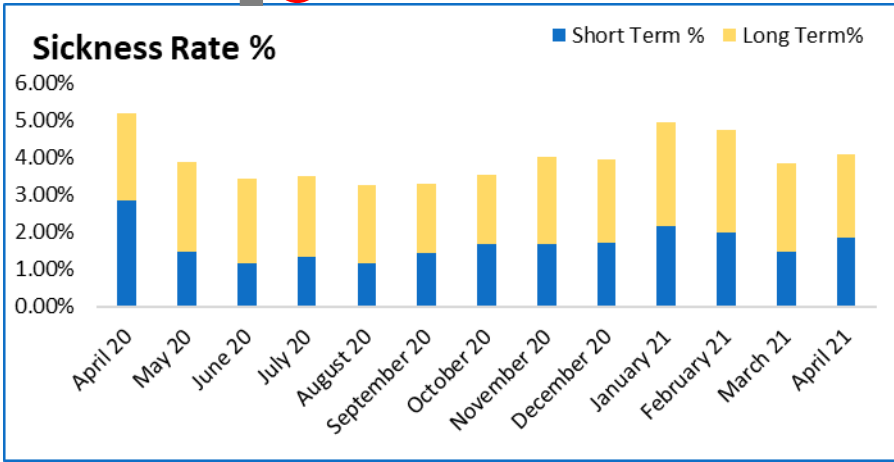
### Leaver Reasons-April 21





# (7) Sickness

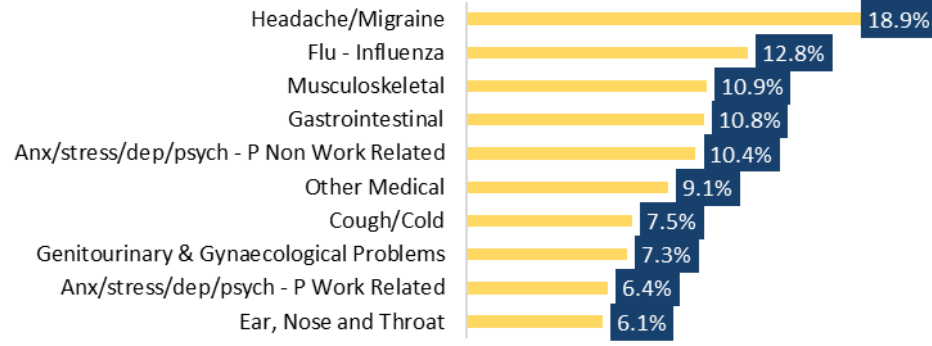
Workforce indicator	Target	Actual	Days Lost
(7) Sickness	3.5%	4.08%	4,486



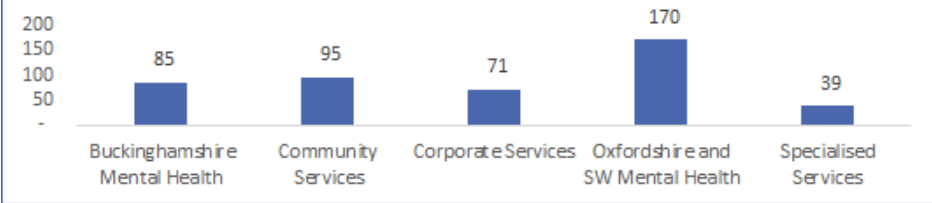
**Executive Director commentary:**  
Mark Warner, Interim HR Director

Sickness absence rate has increased from 3.8% last month. This has been driven by increased short term absence. The most common reasons for short term absence are headache/migraine and flu-like symptoms. It is likely this is linked to COVID19 vaccinations. The Trust implemented First Care in February 2021. A small dedicated Absence Team was also established in Human Resources. This team runs training sessions for managers to help them optimise the use of First Care, action alerts and support staff in the informal stages of absence management processes. Additional support is being provided to employees with Long Covid.

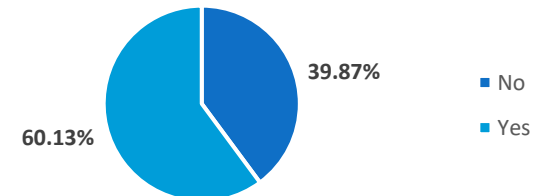
## Top 10 Sickness Reasons April 21



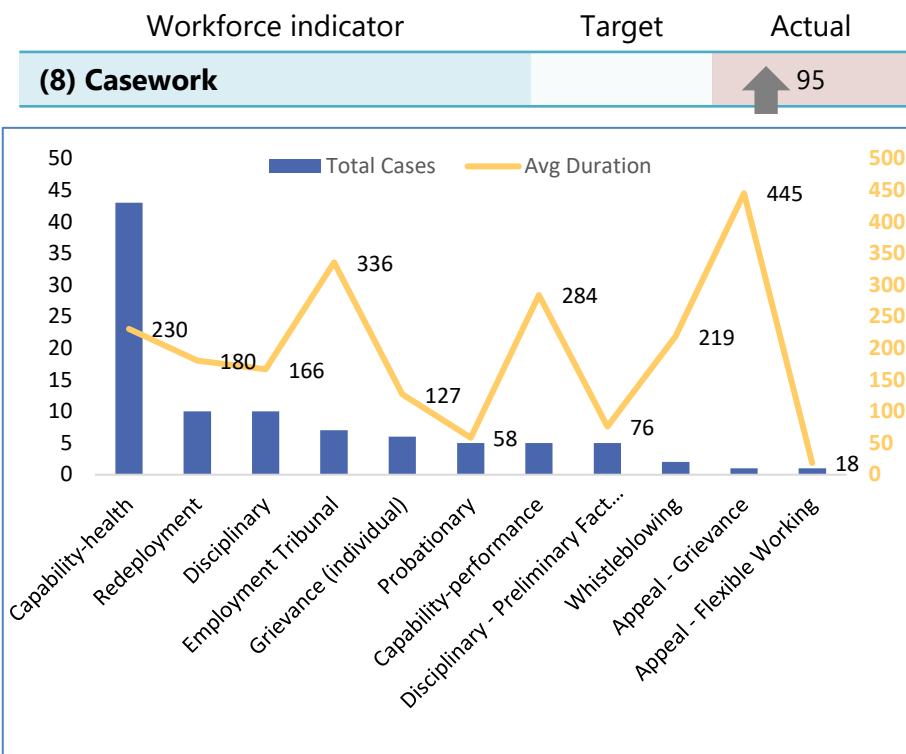
## April 21 Overdue RTW



## RTW's completed on time?



## (8) Casework



### Open Cases as of April 21

Directorate	Open cases	CW as % of HC
Community Services	24.00	0.30%
Corporate Services	22.00	0.27%
Oxfordshire and SW Mental Health	21.00	0.26%
Buckinghamshire Mental Health	14.00	0.17%
Specialised Services	12.00	0.15%
Not Advised	2.00	0.02%
<b>Grand Total</b>	<b>95.00</b>	<b>1.18%</b>

### Casework - Month Trend

Month	Total Cases	MoM Change
April 21	95	
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		

### April 21 Suspension cases by directorate

Directorate	Suspension Nbr Cases	Avg Duration_Suspension
Corporate Services	1	688
Buckinghamshire Mental Health	1	335
Specialised Services	2	58
<b>Grand Total</b>	<b>4</b>	<b>285</b>

### Executive Director commentary:

Mark Warner, Interim HR Director

Casework volumes have remained reasonably stable although there has been a significant increase in contentious work particularly Employment Tribunal claims arising from grievances and discrimination claims. Health capability cases by their nature take considerable time to conclude and this has been further extended due to the work pressures arising from the pandemic. The preliminary factfinding process implemented circa 18 months ago as part of NHS Improvement recommendations has helped reduce the number of disciplinary processes concluding no case to answer. A new casework system is being implemented to record and report work volumes which will bring several benefits enabling enhanced reporting of workload and progress.

## (9,10,11,12) Training, Development & Supervision

Workforce indicator	Target	Actual
<b>(9) PDR completed</b>	90%	71%
<b>(11) Number of Apprentices</b>	2.3%	3.99% 240 HC



Workforce indicator	Target	Actual
<b>(10) PPST completed</b>	90%	83%
<b>(12) Supervision Completed</b>	85%	63.8%



### Executive Director commentary:

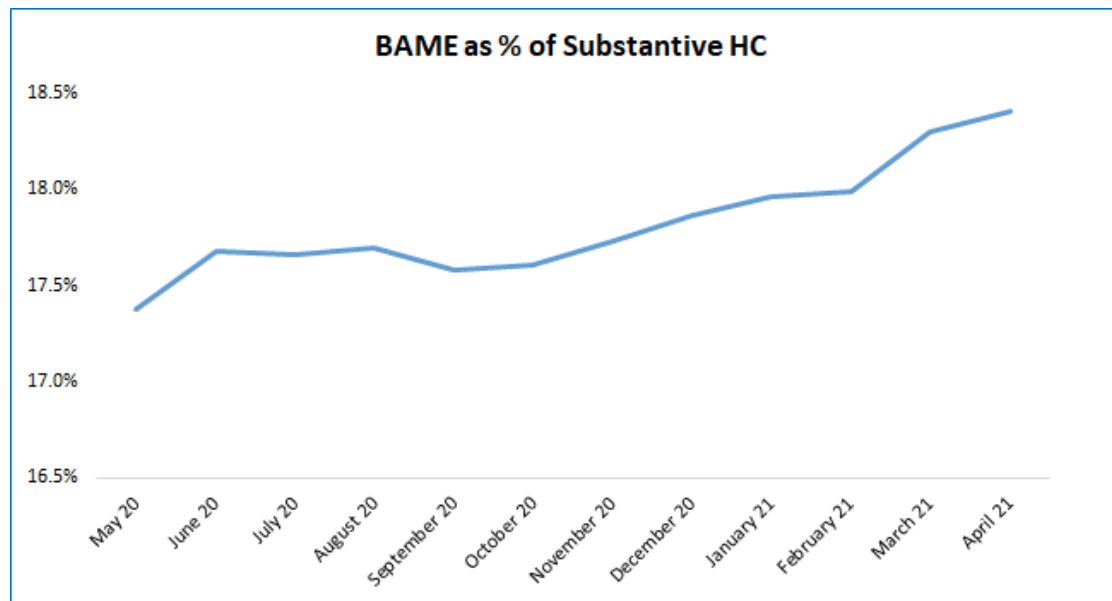
Mark Warner, Interim HR Director

PDR compliance does not improve and there will be no assurance that individuals are receiving appropriate feedback, support and development. Some of the low compliance may be an issue of lack of recording rather than undertaking, which will be investigated. PDRs were not seen as a priority during the COVID 19 pandemic. Work is underway with teams where compliance is low to provide guidance. There is a plan to move to on-line PDR so that recording is automatic (this will be possible with the new OTR introduced by the end of June)

Compliance for PPST does not achieve 90% and Information Governance rates were not at 95% by end of June. The existing OTR system is not recording achievement automatically and focus on PPST reduced during the pandemic. Some teams are not seeing compliance as an issue. The introduction of new OTR system will help which records training in real time. Work is underway with teams who have low compliance to promote training and to ensure appropriate classes are available

## (13) % of Staff from BAME background

Workforce indicator	Target	Actual
(13) % of BAME staff	19%	18.4%



### Executive Director commentary:

Mark Warner, Interim HR Director

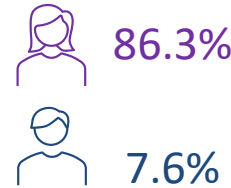
Good progress has been made on the proportion of BAME staff members and is now reaching the NHSE/I target of 19%. Further analysis will take place regarding the differentials between work groups

### **Exits Interview Process**

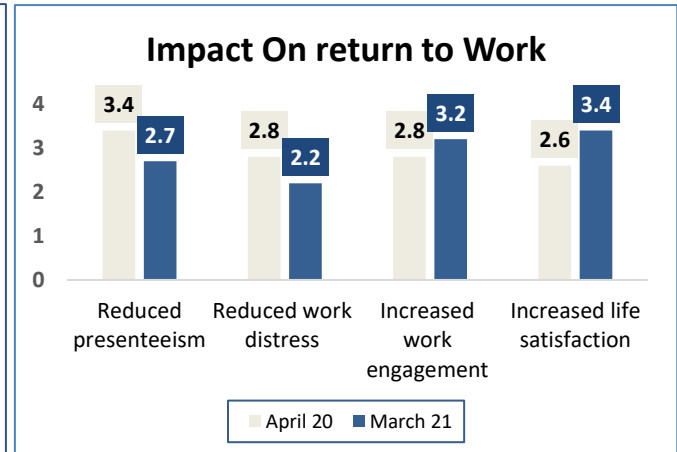
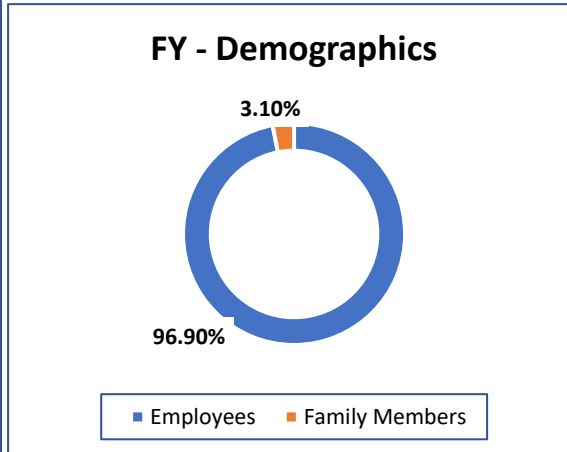
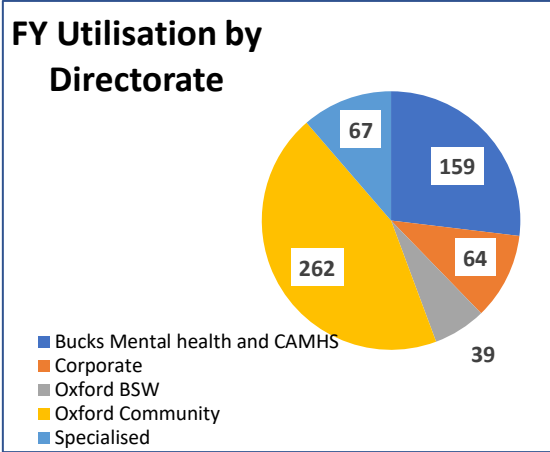
A new exit process and revised questionnaire has been launched which has driven an uptake in completion of exit questionnaires with 31 completed since mid-December 2020. This process encourages managers to use the on-line exit questionnaire when completing exit interviews so all the information is collated in one place. Both uptake and results will be monitored on a quarterly basis and reported via Directorate SMT and the Board

# Culture & Wellbeing - Are people empowered, supported and motivated to achieve desired outcomes?

Workforce indicator	Benchmark	Actual calls	% of Calls	Difference
<b>Advice calls</b>	17.8%	79	13.37%	↓ (4.43%)
<b>Counselling Calls</b>	82.2%	512	86.63%	↑ 4.43%



**Review of EAP Service**  
April 2020 – March 2021



**Executive Director commentary:**  
Mark Warner, Interim HR Director

The EAP programme continues to be well used with 512 counselling and 79 advice calls in the past year. This is more than the HA benchmark with anxiety being the most common reason for counselling calls followed by Low Mood and Work-Related Stress. Employment was the most common reason for advice calls followed by Divorce & Separation and Property. The Workplace Outcomes Suite (WOS) demonstrates the value of the EAP and the positive impact that the service is having on employees. At the start of therapy 30.4% of employees were out of work, after engaging in therapy this reduced to 19.6% with 10.8% of employees returning to work. There have been 46 referrals for structured telephone counselling, with 228 sessions being delivered and 8 referrals for online counselling, with 12 sessions being delivered. Face to face counselling has not been provided due to COVID-19. After engaging in structured therapy, the average score for Generalised Anxiety Disorder (GAD-7) reduced from 1.7 to 0.8 and the average score for the Patient Health Questionnaire (PHQ-9) score reduced from 1.4 to 0.6

### Health & Wellbeing

The Trust continues to promote the importance of the Health and Wellbeing of our staff. Team talks continue to raise awareness of rest, reflect and regenerate together, whilst sign posting people to further support and offering specific guidance to employees and managers. The Health and Wellbeing pages of the intranet are being redesigned and the team is working collaboratively with other Trusts at a local, regional and national level.

Additional resources have been secured through the Enhanced Occupational Health & Wellbeing project which will

- Enable the Trust to implement the Restorative Just Culture model, with one cohort in March and 2 cohorts Sept 2021
- Provide 4500 virtual Mental Health First Aid spaces across BOB
- Provide 27 TriM spaces across BOB
- Provide 1 FT Health and wellbeing Project Manager for the BOB for 1 year

### Staff Survey

Various formats have been used to feedback the Staff Survey results to the Trust. The results have been viewed through various lenses to inform strategy (Organisational, R&D & QI), EDI and H&W initiatives. Focus has now turned to directive level actions, 3 for each 'simple & local'. Three themes have been proposed for the organisation to focus on;

- Developing Team
- Listening to our people
- Development Conversations

Plans will be developed relating to this in the coming weeks.

### Supporting staff with Long COVID

Staff living in Oxford can self- refer to the Chronic Fatigue Service in Oxford or can be referred via Occupational Health or their own GP. Staff living in Bucks can be referred by their GP to a similar service. All staff can be referred to a joint specialist service in OUH and Bucks HC through their GP. Psychological support is also available through the EAP and You Matter and financial support is available through the EAP. The Trust has extended the Return to Work programme for individuals with Long Covid to 6 weeks (from the normal 4) and employees can use annual leave if they require a longer programme. Adjustments are advised by the occupational health team.

## Supporting Enablers – Are other 'key enablers' in place to support our people and ensure success?

### **Review of clinical & operational management support for Mental Health Inpatient services (Band 8a – 8b)**

A review of matron, senior matron service manager and line management roles is being carried out across the 3 mental health directorates' in-patient services. This is sponsored by Debbie Richards and Marie Crofts and includes benchmarking against best practice in other Trust's. A paper has been circulated with the findings. The views of staff in scope are being sought regarding recommendations for change

### **Transfer of staff from OXFED into OHFT**

The TUPE transfer of 36 staff from OXFED into OHFT has occurred this includes the Oxfordshire Training Hub which will be hosted by L&D.

### **Agile Working**

The Trust's proposed approach to Flexible / Agile Working across the Trust has been considered by the Executive team and SPNCC and was launched in May as part of wider recovery planning communications.

### **Reward & Recognition**

The national NHS pay award due for April 2021 has not yet been agreed



### Supporting Technologies

#### HR IT review

A roadmap is being developed to improve the data quality and integration of employee information used across HR and other functions. This will involve the use of new technology and process redesign where appropriate. There will be an incremental phased approach to improvement which will commence with the new starter process..

#### HR Reporting review

A review of all reporting undertaken by the HR team is underway with the aim of all information being stored in the central TOBI data warehouse and reporting available for users from here.

#### E-Rostering

The implementation of E-Rostering for non-medical staff has recommenced following the COVID-19 pandemic 71% of non-medical staff and 59% of cost codes are on the E-Rostering system.

	No of Cost Codes off E-Rostering	No of Staff off E-Rostering	No of Cost Codes on E-Rostering	No of Staff on E-Rostering
Buckinghamshire Mental Health	4	55	27	741
Community Services	36	734	53	1211
Corporate Services	50	507	25	564
Oxfordshire and SW Mental Health	16	219	49	1213
Specialised Services	10	181	14	446
<b>Grand Total</b>	<b>116</b>	<b>1696</b>	<b>168</b>	<b>4175</b>

#### E-Rostering, E-Job planning & E-Appraisals for medics

The implementation of E-Rostering, E-Job planning and E-Appraisals for medics was due to commence in January 2020. This was halted due to the COVID-19 pandemic. The project will recommence once the Chief Medical Officer has settled into his new post and the medical staffing team has stabilised.

## KPI targets and Thresholds

Measure	Target	RAG
Workforce	Budget from Finance	Red – 10.1 – 20% above budget Amber – 0.1 – 10% above budget Green – budget or less
Bank	NHSI Target as % Payroll	Red >10% below target Amber within 10% below target Green => target
Agency	NHSI Target as % Payroll	Red >10% above target Amber within 10% above target Green <= target
Vacancies	9%	Red >10% above target Amber within 9.1% to 9.9% above target Green <= target
Recruitment Activity		
Turnover	10%	Red >=11.1% Amber 10.1% to 11% Green <= 10%
Sickness	3.5%	Red >= 3.9% Amber 3.6% to 3.8% Green <= 3.5%
Casework		
% of substantive employees completed PDR	90%	Red <=79.9% Amber within 80% and 89.9% Green >=90%
% of PPST completed by substantive employees	90%	Red <=79.9% Amber within 80% and 89.9% Green >=90%
Number of apprentices as % of substantive employees	2.3%	Red <=1.30% Amber from 1.31% to 2.29% Green >=2.3%
% of substantive employees completed supervision	85%	Red <=74.99% Amber within 75% and 84.99% Green >=90%
Proportion of substantive BAME employees	19%	Red <=17.99% Amber within 18% to 18.99% Green >=19%

## Appendix - Definitions - Workforce Performance Indicators

Indicator	Definitions	Data Source
(1) Workforce including bank and agency	FTE of contracted employees, agency and bank workers paid in month including those on maternity leave. Excludes COVID £ of contracted employees, agency and bank workers paid in month. Excludes Reserves, Third Party Sector staff and COVID	FTE from Finance data (Originally sourced from ESR pay file for Bank and Substantive and WFMS for agency) Maternity FTE from ESR
(2) Bank	Bank spend in % of total pay and WTE. The target spend is based on last 6 month use in FY2021, submitted to NHSI	Finance data originally sourced from ESR pay file
(3) Agency	Agency spend in % of total pay and WTE. The target spend is based on last 6 month use in FY2021, submitted to NHSI	Finance data accrued on basis of agency use in WFMS and subsequently adjusted based on paid invoices
(4) Vacancies	The gap between contracted and fixed term staff FTE (including those on maternity leave) vs budgeted FTE as a % of budget	Budget FTE from Finance Actual FTE from ESR
(5) Recruitment activity	FTE of staff in the recruitment process from date post advertised to start date	TRAC
(6) Turnover	12M rolling Leaver: FTE excluding fixed term contracts, transfers and redundancies, as % of average 12M rolling FTE Early turnover: FTE leavers excluding fixed term contracts, transfers and redundancies within 1yr of joining Trust / Total FTE within 1yr of joining Trust	ESR
(7) Sickness	Sick Rate % - Total hrs Lost/Total hrs available LTS = absence of more than 4 weeks Overdue RTW - No of RTW that have not been completed on 1 <sup>st</sup> of Month where employee returned more than 3 days earlier % RTW Completed on Time: % Of RTW completed in previous month % completed within 3 days of employees return	ESR pre Feb 2021 First Care From 1 Feb 2021
(8) Casework	Number of ER cases open at end of month by type and as a % of Headcount	Casework database

## Appendix - Definitions - Workforce Performance Indicators

Indicator	Definitions	Data Source
(9) PDR completed	% of substantive employees completed PDR	L&D Portal
(10) PPST completed	% of PPST completed by substantive employees	L&D Portal
(11) Number of Apprentices	Number of apprentices as % of substantive employees	ESR
(12) Supervision completed	% of substantive employees completed supervision	L&D Portal
(13) % of BAME staff	Proportion of substantive BAME employees	ESR