

BOARD SUMMARY SHEET	
Title	HR REPORT
Submitted by	Chanelle Wilkinson Director of HR & Organisational Development
Date of meeting	3 March 2010
Corporate Objectives Addressed	
SUMMARY OF CRITICAL POINTS	
<p>This is the monthly report for February on HR issues focussing on:-</p> <ul style="list-style-type: none"> Equality and Human Rights Health & Well-Being The HR Service Centre ESR and User Identity Manager HR Case Work Newly appointed Occupational Health Physician Training and Development Workforce Trends 	
PATIENT IMPACT - All	
STAFF IMPACT - All	
FINANCIAL IMPACT	
EQUALITY AND DIVERSITY IMPACT - None	
LEGAL IMPLICATIONS – N/A	
RISK ASSESSMENT: Managing workforce risk is a key part of the Trust's risk assessment programme.	
RECOMMENDATION The Board is asked to note the contents of this report.	

1. HR DIRECTORATE UPDATE

The February 2010 HR Trust Board report provides a summary of the key achievements this month as well as providing an overview of HR case activity.

2. EQUALITY AND HUMAN RIGHTS

The Trust is currently consulting on its draft Single Equality and Human Rights Scheme which is now available on the Trust's web site. The document has been sent out to a wide range of stakeholders in the local community so that comments and suggestions can be obtained from a diverse population.

The consultation period has been extended so as to ensure a good response and will now close on 16 April 2010. All feedback and views from the consultation process will be considered by the steering group for equality and human rights and the final document will be published at the end of May 2010.

The first meeting of the newly revised Equality and Human Rights Group took place on the 4 February 2010. A key item for discussion concerned the progress made against current Action Plans. It was agreed that the results of this exercise would be published on the Trust's Web Site.

3. HEALTH & WELL - BEING

In order to meet our obligations in relation to the staff pledge in the NHS Constitution – *To provide support and opportunities for staff to maintain their health, well-being & safety*- the Trust is committed to establish an Health and Well – being Group to look at ways and means of achieving a healthier work environment through the promotion of healthy activities and encouraging healthy habits.

4. THE HR SERVICE CENTRE

A review of the KPIs for the recruitment timeline has taken place. This has resulted in an overall reduction of 6 weeks in the recruitment timeline and hence a new key performance target of 16 weeks. Further work is underway to reduce this further where a 4 week notice period is in place or when Criminal Record Bureau Disclosures are not required. In addition to this the team is providing monthly reports on all recruitment activity to identify any areas where the process can be improved. These reports are sent out to all Directorate Managers as well as Executive Directors.

It should be noted that the team is in the process of introducing a series of vetting and barring workshops across the Trust so that all appointing officers are knowledgeable of the new process.

5. PILOTING THE ESR INTERFACE AND USER IDENTITY MANAGER (UIM)

NGH has formally been chosen as the First of Type (FOT) organisation for the ESR Interface to UIM. This is a reflection of the excellent progress we have made to date as a Phase 1 pilot. UIM will aid in the streamlining and handling of identity information.

As FOT NGH will be the first Trust nationally to go live with the interface, with the benefit that we will receive additional on site support from the NHS Connecting for Health (NHS CFH) team during the UIM set up phase and the same from the ESR team during the initial interface set up and operation period. Both CFH and ESR will facilitate support calls meaning a much more rapid response to issues than would have been the case for other pilots.

At present we do not have an exact release date for the software but it is anticipated to be mid March 2010.

6. HR CASE WORK

The summary analysis below identifies the active HR case work across the hospital up to the end of January 2009:

Type	Open cases November 2009	Open cases December 2009	Open Cases January 2010
Capability	3	3	7
Conduct	9	10	14
Dignity at Work	4	3	3
Grievance	10	8	9
Sickness	48	60	82
Employment Tribunals	Not recorded	8	8
Suspension	6	5	3
Other	7	10	11
TOTAL	91	107	134

There is a noticeable trend in the increase in sickness absence cases for a third month in a row. The HR Business Partners are supporting the directorates in the management of sickness absence across the Trust. In particular in the areas that are experiencing the highest levels of sickness absence which are predominantly ward areas.

The HR Business Partners are carrying out one to one meetings with ward managers and training sessions have been delivered on the management of sickness absence with an emphasis on return to work interviews.

Long term sickness absence cases are having a significant impact in some areas. However, work is underway to ensure that those staff on long term sickness absence are being seen under the sickness absence policy and a number of these cases are now being concluded.

It must be noted that the increase in sickness absence cases is an indication that managers, together with the HR Business Partners, are seeing more individuals under the formal procedures and that this is resulting in a more robust management of sickness absence across the Trust..

In addition to sickness the caseload activity for conduct has increased and a summary of the reasons are as follows:

- Misuse of Trust equipment
- AWOL
- Failure to report absence appropriately
- Lateness
- Inappropriate use of language
- Verbal abuse
- Confidentiality issues
- Inappropriate behaviour

- IR1 issues

There are currently 9 open grievance cases. A breakdown of the reasons associated with these cases is as follows:

- Job Banding
- Harassment and Bullying
- On-Call Payments
- Repayment of Overpayment of Salary
- Flexible Working
- Reference

7. NEWLY APPOINTED OCCUPATIONAL HEALTH PHYSICIAN

The Trust has recently appointed Dr Mita Patel into the post of Occupational Health Consultant Physician. Dr Patel will be taking up her position on 4 May. Dr Patel is currently working in Alder Hey Hospital, Liverpool and has been working at consultant level for some years. She has also worked overseas in Chicago, United States and hence brings with her experience from a number of different settings including State and Federal Government work in America, Healthcare and academic Occupational Medicine.

8. TRAINING AND DEVELOPMENT

The Mandatory Training Policy has now been published in full.

A meeting of all mandatory training providers has taken place to address the last remaining issues of delivery. Directorate specific action plans will be agreed by April to map out the way to full compliance.

A new post of Core Skills Training Manager has been advertised. This role will have specific responsibility for co-ordinating and monitoring all mandatory training compliance issues, appraisals, personal development plans, KSFA and equality information.

The revamped Education Strategy Board will meet on 1 March 2010 to agree terms of reference and required outcomes. The group's role will be to advise on and direct cross-functional and inter-disciplinary educational activity for the Trust. The initial group brings together Training & Development (responsible for all general and clinical training) with Medical Education, research & development and library services.

The NGH partnership with Skillspoint and South Leicestershire College for NVQ training collected a Beacon Award from the Minister for Further Education on 10 February.

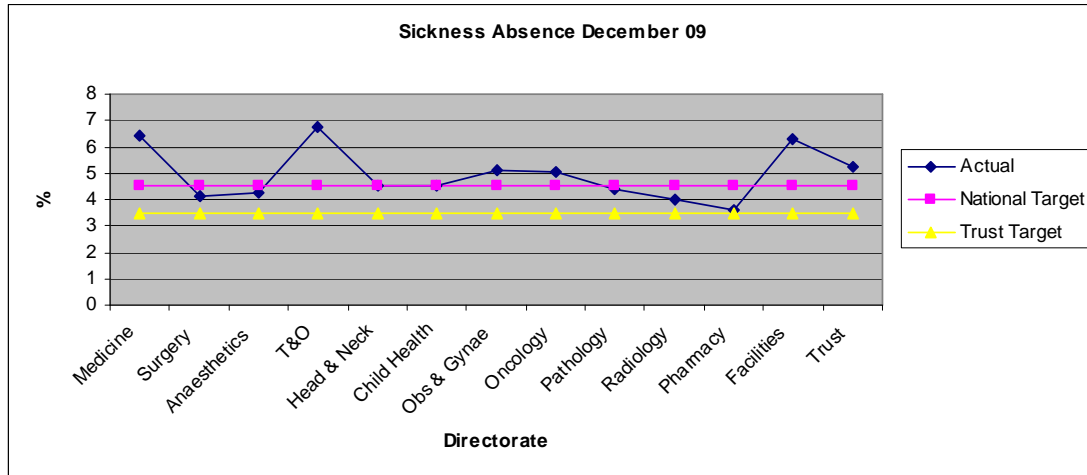
9. WORKFORCE TRENDS – Key Performance Indicators (KPIs)

This section of the report identifies the key themes emerging from the Human Resources KPI report, which identifies trends against Trust targets. A summary of the key actions taken to meet targets is as follows:

Sickness absence rates continue to fluctuate across the Trust and remain above the current target rate of 3.5%. (Please see Sickness Absence December 2009 – Appendix A)

For the financial year 2009 to 2010 the average sickness absence rate, as at the end of December 2009 was 5.23% slightly less than the November figure of 5.43%.

This % rate can be broken down by directorates as highlighted below:



The HR Business Partners are continuing to ensure Return to Work Interviews are being conducted and that the recording of sickness absence is robust. The Workforce Information Team are exploring the feasibility of utilising ESR to improve the information held on individual records relating to return to work interviews and occupational health referral dates.

Staff Turnover December 2009 – Appendix A

The cumulative staff turnover rate remains fairly static, falling marginally from 8.23% in November 2009 to 8.15% in December 2009 and remains lower than the Public Sector average of 12.6%, as reported by the Chartered Institute and Personnel Development – ‘2009 Recruitment, Retention and Turnover Survey Report.’ The Trust’s turnover rate is marginally above the NHS East Midlands Workforce Productivity Baseline average turnover rate of 8.1%.

The table below details the turnover rate for November & December 2009 by Directorate and shows that there were decreases in turnover within Medicine, Child Health, Obs & Gynae, Radiology and Pharmacy.

Directorate	Nov 09	Dec 09
Medicine	9.22	7.68
Surgery	7.05	7.46
Anaesthetics	7.02	7.02
T&O	11.88	11.88
Head & Neck	2.56	2.59
Child Health	6.77	6.07
Obs & Gynae	7.45	7.17
Oncology	7.51	7.65
Pathology	10.56	11.98
Radiology	5.04	4.24
Facilities	8.39	9.12
Hospital Support	11.69	12.72
Clinical Support (Total)	6.95	7.94
(Pharmacy)	3.61	3.53
Trust Total	8.23	8.2

Full Time Equivalents December 2009 - Appendix B

The workforce Full Time Equivalents slightly decreased from 3,538 in November to 3,524 in December.

Bank and Agency December 2009 – Appendices C and D

Bank expenditure for December was £433,000, an increase of £2,490 on the previous month. Nursing and administrative & clerical agency expenditure has decreased. Spend for December was £150,645, a decrease of £90,633 on the previous month. The combined bank and agency spend for both staff groups has decreased by £88,143 on the previous month.

The Facilities Directorate is now using the HR Central Staff Bank to ensure compliance and accurate monitoring of usage and expenditure. This provides the Trust with a central point to monitor the bank activity across the Trust.

The HR Business Partners continue to focus their efforts on explaining to managers the need to reduce the demand for nursing agency bookings by forecasting their needs.

The bank shift fill rate for December was 81% which continues to be above the Trust target of 80%. In total 5,526 bookings were received, 3,495 were filled by bank (63%) and 977 were filled by agency (17%).

The total agency expenditure (to include medical locums) for December was £493,696, a decrease of £103,505 on the previous month.

Medical Staffing will be producing monthly reports identifying reasons as to the use of bank and agency.

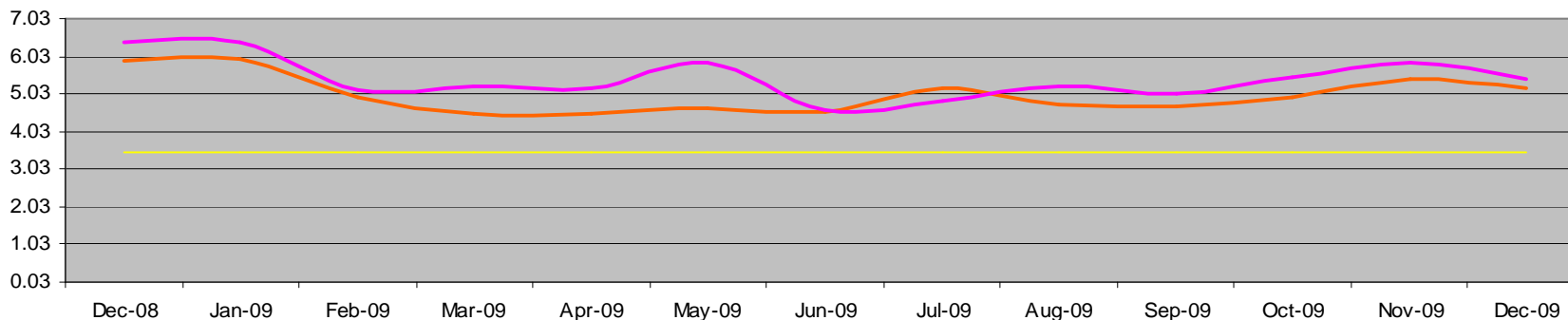
Chanelle Wilkinson

Director of Human Resources and Organisational Development

February 2010

Appendix A

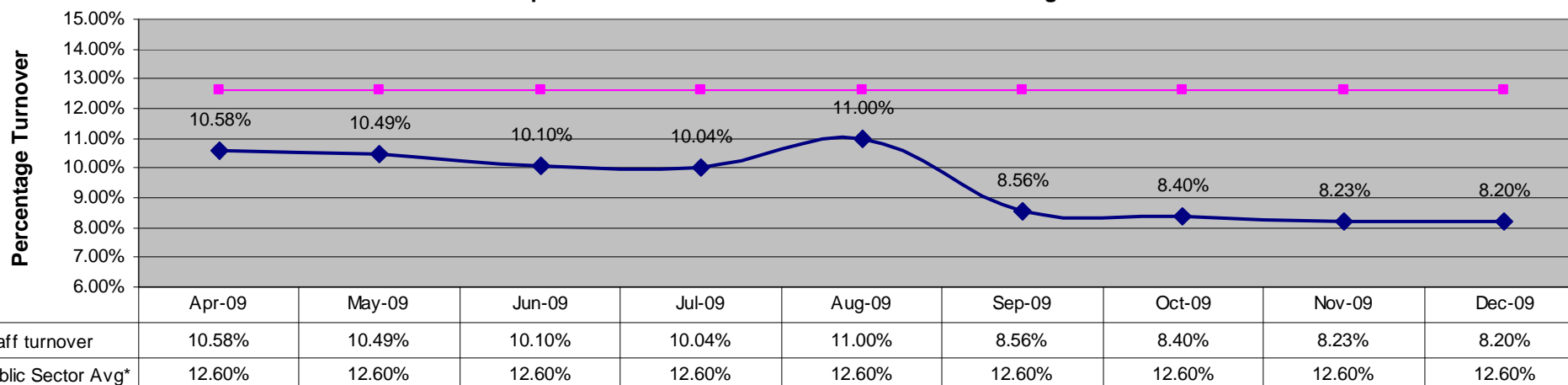
Trust Sickness Absence Rate December 2008 - December 2009



	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
All Staff	5.91	5.96	4.94	4.52	4.48	4.66	4.53	5.17	4.76	4.72	4.95	5.43	5.2
Wards - Band 5 & above only	6.4	6.42	5.12	5.23	5.2	5.84	4.58	4.86	5.22	5.02	5.46	5.85	5.45
Trust Target	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5

CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %

Staff Turnover April - December 2009. Cumulative Data for Rolling 12mths

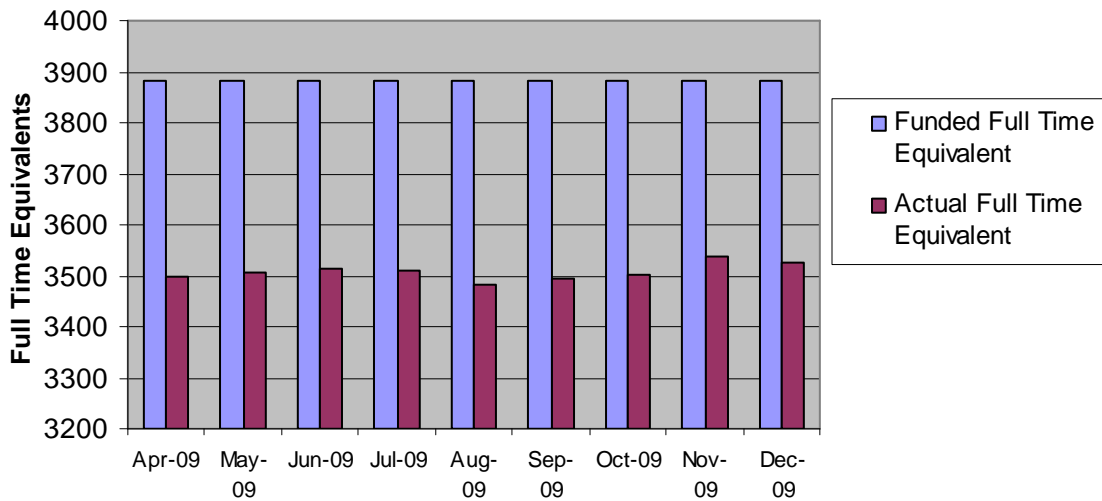


*Public Sector Information taken from the CIPD 2009 Recruitment, Retention and Turnover Survey Report.

Turnover is calculated as the total number of people leaving the Trust divided by the average number of Staff in Post over a 12 month period.

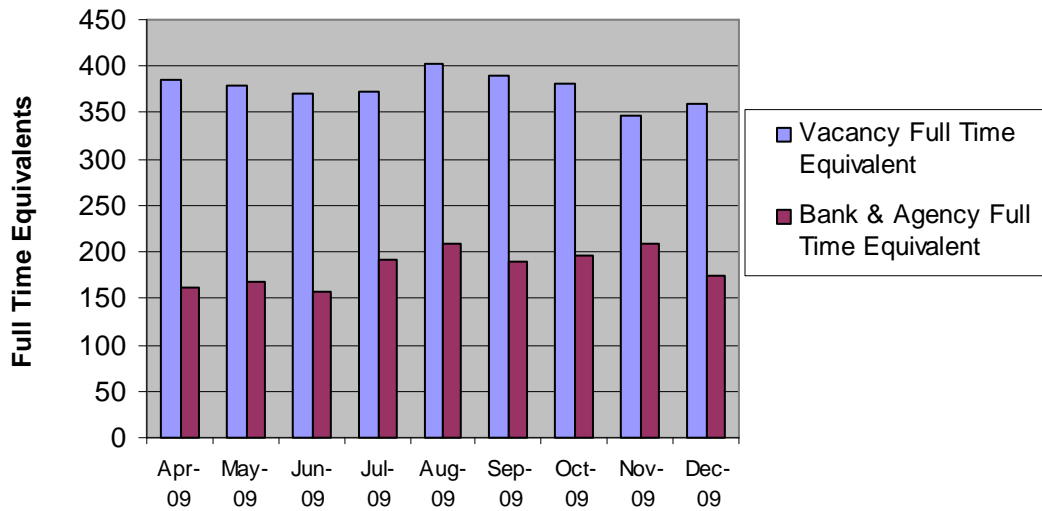
Appendix B

**Comparison - Establishment versus Full Time Equivalent
April 09 - December 09**



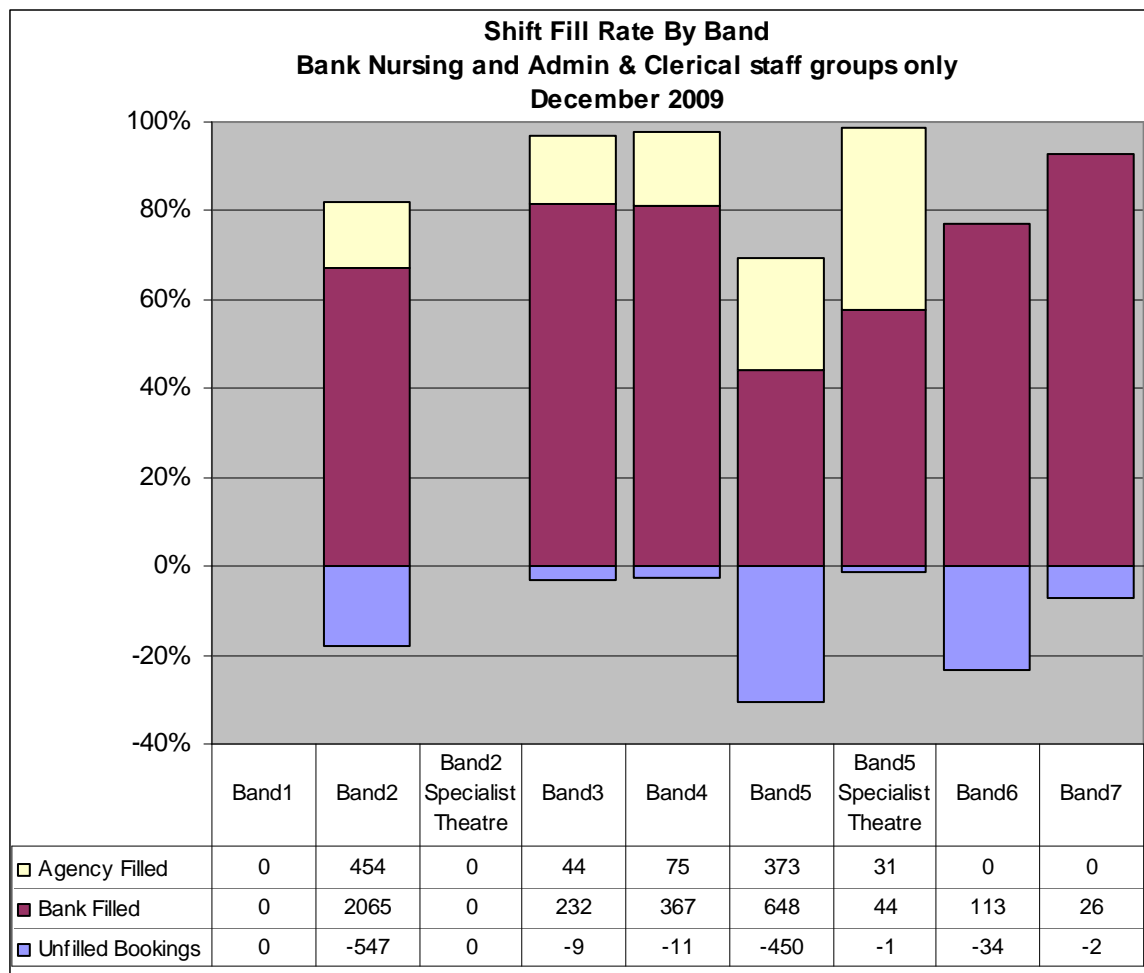
	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
Funded Full Time Equivalent	3884	3884	3884	3884	3884	3884	3884	3884	3884
Actual Full Time Equivalent	3497	3506	3514	3511	3481	3493	3503	3538	3524

**Comparison - Vacancy Factor versus Bank & Agency Use
(Bank Nursing and Admin & Clerical Staff Groups Only)**



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
Vacancy Full Time Equivalent	386	378	370	373	403	391	381	346	359
Bank & Agency Full Time Equivalent	162	169	156	191	209	189	196	208	174

Appendix C



Booking Grade	Total Bookings	Unfilled Bookings	Bank Filled	Bank Filled Hours	Agency Filled	Agency Filled Hours	Fill Rate
Band1	0	0	0	0	0	0	0
Band2	3066	-547	2065	15360.55	454	3256.7	82%
Band2 Specialist Theatre	0	0	0	0	0	0	0
Band3	285	-9	232	1605.5	44	302	97%
Band4	453	-11	367	2652.5	75	550	98%
Band5	1471	-450	648	5284.15	373	3182.15	69%
Band5 Specialist Theatre	76	-1	44	276.5	31	280	99%
Band6	147	-34	113	882.75	0	0	77%
Band7	28	-2	26	194.5	0	0	93%
Totals:	5526	-1054	3495	26256.45	977	7570.85	81%

Appendix D

