

<b>BOARD SUMMARY SHEET</b>	
<b>Title</b>	HR REPORT
<b>Submitted by</b>	Chanelle Wilkinson Director of HR & Organisational Development
<b>Date of meeting</b>	4 <sup>th</sup> October 2010
<b>Corporate Objectives Addressed</b>	
<b>SUMMARY OF CRITICAL POINTS</b>	
<p>This is the monthly HR report for September 2010 and focuses on the following topics:-</p> <ul style="list-style-type: none"> <li>• Recruitment Timeline</li> <li>• Return to Work Monitoring</li> <li>• HR Case Work</li> <li>• Workforce Trends – KPIs for the months of July and August 2010</li> </ul>	
<b>PATIENT IMPACT - All</b>	
<b>STAFF IMPACT - All</b>	
<b>FINANCIAL IMPACT -</b>	
<b>EQUALITY AND DIVERSITY IMPACT - None</b>	
<b>LEGAL IMPLICATIONS - N/A</b>	
<b>RISK ASSESSMENT - :</b> Managing workforce risk is a key part of the Trust's risk assessment programme.	
<b>RECOMMENDATION</b> The Board is asked to note the contents of this report.	

## 1. HR DIRECTORATE UPDATE

This report provides a brief overview of the benchmarking that has been carried out with other Trust's in relation to the recruitment timeline, the progress made with return to work monitoring and the HR caseload activity undertaken in July 2010 and August 2010. In addition, the report provides a summary of the Trust's HR Key Performance Indicators for June 2010 and July 2010.

## 2. RECRUITMENT TIMELINE

Over the past year the Recruitment Department has actively worked to streamline the processes so the average length of time it now takes to recruit to vacancies is 13 weeks, compared to 22 weeks in September 2009. This includes the time linked to notice periods which can be in some cases 12 weeks.

The Trust has carried out a benchmarking exercise with other Acute Trusts within the region, which is summarised as follows:

Derby Foundation Hospital	-	13 weeks
University Hospital Leicester	-	13 weeks
University Hospital Birmingham	-	13 weeks
Kettering General Hospital	-	14 weeks
Northampton General Hospital	-	13 weeks

The average time taken for Northampton General Hospital in June 2010 was 11.03 weeks.

## 2. RETURN TO WORK MONITORING

The table below summarises the results by directorate of the % number of return to work interviews completed against the number of staff who were recorded as having been off work and returned in the month of June 2010 and July 2010 due to sickness absence.

Directorate	April 2010 (%)	May 2010 (%)	June 2010 (%)	July 2010 (%)
Medicine	17.5%	41%	47%	54%
Surgery	Not Available	71%	62%	72%
Anaesthetics	Not Available	87.5%	100%	87%
T&O	62.5%	67%	72%	80.9%
Head & Neck	45%	83%	55%	83%
Child Health	70%	50%	22.4%	30.9%
Obs & Gynae	50%	56%	12%	11%
Oncology	62%	48%	57%	62%
Pathology	70%	80%	74%	78%
Radiology	100%	100%	90%	81%
Pharmacy	100%	100%	100%	100%
Facilities	41%	27.6%	43%	54.4%
Hospital Support	15.3%	54.4%	49%	67.4%

There is a significant decrease in the numbers of return to work interviews that appear to have been carried out in the Obstetrics and Gynaecology Directorate for the two months. The HR Business Partner has confirmed that in order to address this low percentage return to work guidance has been produced for all the managers across the Directorate and managers have been spoken to and advised of the importance of completing the relevant paperwork for return to work interviews. It has been agreed that in the coming months the new guidance will be distributed across all directorates and will be available on the Trust's intranet.

It is apparent from the figures for Child Health that further work is required to increase the number of return to work interviews being carried out. One possible reason for the decrease is that Child Health has not had a designated HR Business Partner for the last two months. A post holder has been appointed and will be in post mid September 2010.

The HR Business Partners continue to target the areas where the number of return to work interviews needs to be increased in order to match the number of staff returning from a spell of sickness absence.

### 3. HR CASE WORK

The table below identifies the active HR case work across the Trust up to the end of August 2010.

Type	Open Cases June 2010	Open cases July 2010	Open Cases August 2010
Capability	10	8	5
Conduct	16	16	12
Harassment & Bullying	7	6	5
Grievance	12	12	9
Sickness	71	65	63
Employment Tribunals	2	2	2
Suspension	0	0	1
Other	10	9	5
<b>TOTAL</b>	<b>128</b>	<b>118</b>	<b>102</b>

During the summer period the HR Business Partners have been actively working on the closure of all types of employee relations cases, hence the overall reduction in the activity. In addition the HR Business Partners have found that there has been a seasonal dip in the number of managers requesting advice and support in employee relations matters.

The focus on employee relations case work is shifting to more complex activity, in particular, there are a number of organisational development and change processes taking place across the Trust. Most of these types of cases are in the early stages of development. The most notable cases the HR Business Partners are supporting managers on are as follows:

- Site Management and Manager On-call arrangements
- Vascular Services On-call arrangements as part of the Stroke Services Development
- Review of the Radiology On-call
- Review of working patterns in Theatres
- On-call arrangements in the Oncology Radiotherapy department
- Review of the way of working for Medical Secretaries in Obstetrics and Gynaecology

In addition, steps are being taken to review the ward configuration in the Medicine Directorate, the staffing of Head and Neck in Daventry, 7 day working in Pharmacy and 7 day working in Therapies due to the Primary Stroke Centre. Together with the changes in the external environment and the transformational programme it is likely that more of this type of activity will be progressed in the future.

The number of grievances has decreased over the two month period. Following further investigation these cases are either payment related or in relation to annual leave entitlement. A breakdown of the grievances lodged is as follows:

- 3 x Bullying & Harassment
- 1 x Payments related
- 2 x Annual Leave carry forward
- 1 x Car Parking
- 2 x annual leave entitlement

#### **4. WORKFORCE TRENDS – Key Performance Indicators (KPIs)**

##### **Sickness Absence Benchmarking with other Trust's in the County**

The HR Department has received benchmarking data from the Strategic Health Authority in relation to other Trust's within the region. The average percentage sickness absence rates are shown below:

<b>Trust</b>	<b>Average Percentage June 2009 to May 2010</b>
Derby Hospitals NHS Foundation Trust	4.26
University Hospitals of Leicester NHS Trust	3.72
Leicester Partnership NHS Trust	5.47
United Lincolnshire Hospitals NHS Trust	5.65
Lincolnshire Partnership NHS Trust	5.38
<b>Northampton General Hospital NHS Trust</b>	<b>4.79</b>
Northamptonshire Healthcare NHS Trust FT	5.23
Nottingham University Hospitals NHS Trust	4.18
Sherwood Forest Hospitals NHS FT	5.09
Kettering General Hospital NHS Trust	4.71

The section of the report below identifies the key themes emerging from the Human Resources KPI report for June 2010 and July 2010 and identifies trends against Trust targets.

A summary of the key actions taken to meet targets is as follows:

### **Total Trust Sickness Absence - June to July 2010 - Appendix A**

The total sickness absence rate for all staff has increased from the May 2010 figure of 4.40% to 4.74% in June 2010 but decreased to 3.96% in July 2010. Nevertheless, the figure remains above the Trust target of 3.5%.

It should be noted that the Payroll Team have put in place improved arrangements for checking and recording sickness absence on the payroll system.

Ward based sickness absence for staff on Band 5 and above decreased from 5.23% in May 2010 to 4.07% in June 2010 but increased to 4.14% in July 2010. Both figures are the lowest rate for 12 months.

### **Total Sickness Absence by Directorate – June to July 2010**

Table 1 below shows total sickness absence by Directorate between May 2010 and July 2010. The table provides evidence that in a number of directorates there has been an overall improvement in sickness absence rates since May 2010.

The directorates where there are the most concerns are as follows:

- Anaesthetics and Critical Care
- Head and Neck
- Oncology
- Pathology
- Radiology
- Pharmacy

Table 1

<b>Directorate</b>	<b>Total Sickness Absence May 2010 (%)</b>	<b>Total Sickness Absence June 2010 (%)</b>	<b>Total Sickness Absence July 2010 (%)</b>
Medicine	6.17	5.71	3.93
Surgery	5.34	4.69	3.22
Anaesthetics	2.71	3.61	3.92
T&O	6.75	5.58	4.61
Head & Neck	5.47	6.37	5.55
Child Health	4.47	3.03	3.24
Obs & Gynae	4.99	5.86	4.61
Oncology	3.93	4.16	5.83
Pathology	2.00	4.06	3.92
Radiology	0.49	1.52	1.66
Pharmacy	1.47	3.25	3.03
Therapies	3.11	4.51	2.40
Facilities	6.75	5.03	4.79

The HR Business Partners are fully aware of the areas they need to target and the summary in the section below provides more detail of the reasons for concern and the actions that have been taken.

### Summary by Directorates - June and July 2010

The HR Information Team are now able to provide reports which measure levels of short term and long term sickness absence separately, which will allow managers and the HR Business Partners a better opportunity to target areas of concern and table 2 below shows these percentages.

Please note that the summary below has taken into account the information in both Table 1 and Table 2 and for the purpose of this section of the report, ward sickness absence includes all staff working in ward areas.

Table 2

Directorate	Short Term June 2010 (%)	Short Term July 2010 (%)	Long Term June 2010 (%)	Long Term July 2010 (%)
Medicine	3.20	2.49	2.51	1.44
Surgery	2.09	2.32	2.60	0.90
Anaesthetics	0.49	2.14	3.12	1.78
T&O	3.55	3.54	2.03	1.07
Head & Neck	3.91	2.69	2.46	2.86
Child Health	1.74	1.98	1.29	1.26
Obs & Gynae	2.45	2.39	3.41	2.22
Oncology	1.63	3.36	2.53	2.47
Pathology	2.53	1.67	1.53	2.25
Radiology	0.74	1.66	0.78	0.00
Pharmacy	2.61	2.14	0.64	0.89
Therapies	1.63	0.57	2.88	1.83
Facilities	2.74	2.72	2.29	2.07

Medicine has had a reduction of long term sickness absence cases between June 2010 and July 2010 and can be explained by the fact that four members of staff have been successfully redeployed on the grounds of ill health. Training and guidance documents on the informal stages of managing sickness absence have been delivered to Band 6 Nurses in conjunction with the Practice Development Nurse. In addition, there are 3 applications pending ill health retirement in the Directorate.

In General Surgery there has been a significant reduction of long term cases and this can be accounted for by having more regular contact with individuals on long term sickness and that during the period a number of staff have been successfully managed back to work following operations.

In Anaesthetics the increase in short term sickness absence is largely due to the number of staff off short term in ITU and the area where the HR Business Partner is now targeting.

The most significant change in Trauma and Orthopaedics is due to a reduction in long term sickness absence whereby a number of individuals returned to work.

Head and Neck experienced an outbreak of D&V within the Ophthalmology department in June 2010 which is evident in the total figures provided in table 1, as there was an overall increase between May 2010 and June 2010. Table 2 however, shows an improvement between June 2010 and July 2010 which can be attributed to the work that has been carried out with managers in ward areas.

Oncology continues to raise concerns in relation to short term sickness absence with a significant increase between June 2010 and July 2010. The main areas of concern continue to be OPD, Clinical Haematology and Chemotherapy. These areas will be targeted for training initially and an analysis of the ongoing high amount of short term absence will be undertaken in conjunction with the managers of those areas. Oncology will benefit from additional HR resource being released to the Directorate from mid September 2010. Training is ready to be provided to managers throughout Oncology and guidance on informal management of short term sickness absence has been prepared.

Reasons for the sickness absence increase in Pathology between May 2010 and June 2010, as shown in table 1, can be attributed to a higher volume of short term episodes by individuals. The HR Business Partner is monitoring this in conjunction with the managers as there are 16 members of staff on the trigger points.

In Radiology the main increase in the sickness absence rates can be attributed to one particular staff group and this area is being targeted by the HR Business Partner in conjunction with the manager.

Overall there was an increase in total sickness absence in both Pharmacy and Therapies between May 2010 and June 2010, as shown in table 1. This was due to a higher volume of short term cases during the period but following close monitoring both areas have seen a reduction in July 2010.

Facilities has shown an overall reduction in both short and long term cases over the period May 2010 to July 2010 due to a pro-active management of sickness absence cases including dismissal for unacceptable levels of attendance.

### **Staff Turnover - June 2010 – July 2010 - Appendix B**

The cumulative staff turnover rate (leavers) decreased marginally from May 2010 to June 2010 from 8.79% to 8.60%, however, in July 2010 increased by 0.13% to 8.73%. The public sector average is 8.60%, as reported in the Chartered Institute and Personnel Development "Annual Survey Report 2010".

ESR reporting has now been modified to provide a breakdown of turnover to indicate staff who have left the Trust (leavers) and those staff that have transferred to different posts within the Trust (internal transfers). The actual turnover of leavers from the Trust for June 2010 was 8.60%. In addition to this, the turnover of internal transfers was 5.30%. The actual turnover of leavers for July 2010 was 8.73% with a turnover rate of internal transfers to 7.59% an increase by 2.29% from June 2010. The reason for the increase in the percentage of internal transfers is due to the work that Finance has been

doing in relation to structural changes in the cost centres. Two examples of this are as follows:

Head and Neck theatres has been renamed and moved to the Surgery Directorate and all staff have transferred into the Surgery cost centre

Victoria ward in the Medicine Directorate was closed and the staff were transferred across other ward areas in the Trust.

### Turnover by Directorates – June and July 2010

The table below details the actual turnover rate for May, June and July 2010 by Directorate:

Directorate	May 10 (%)	June 10 (%)	July 10 (%)
Medicine	9.15	8.45	8.52
Surgery	7.57	8.4	8.7
Anaesthetics	10.42	8.97	7.04
T&O	12.92	10.43	9.78
Head & Neck	5.41	7.19	8.09
Child Health	7.8	8.05	8.47
Obs & Gynae	6.19	7.79	7.54
Oncology	8.33	9.83	10.21
Pathology	8.54	10.19	10.89
Radiology	5.67	6.25	4.9
Facilities	8.67	8.11	7.94
Hospital Support	9.70	9.27	10.04
Clinical Support (Total) (Pharmacy)	4.72	4.76	5.71
<b>Trust Total</b>	<b>8.56</b>	<b>8.6</b>	<b>8.73</b>

\*Please note the formula for staff turnover is the number of leavers in the year divided by average total staff in the year.

### Number of Staff in Post - June to July 2010

The number of staff in post, excluding bank staff, has increased from 4,293 in May 2010 to 4,310 in June 2010 with a decrease in July 2010 to 4,285. This figure is based on the number of staff with primary posts.

### Full Time Equivalents June 2010 - Appendix C

The workforce full time equivalents increased from 3,597 in May 2010 to 3,608 in June 2010 and there was a further increase in July 2010 to 3,636 full time equivalents.

### Bank and Agency June 2010 – July 2010 - Appendices D and E

Bank expenditure for June 2010 was £414,276, a decrease of £95,040 on the previous month. Nursing and administrative & clerical agency expenditure has decreased. Agency expenditure for June 2010 was £216,970, a decrease of £53,598 on the previous month. The combined bank and agency spend for both staff groups has decreased by £148,638 on the previous month.



The total agency expenditure (to include medical locums) for June 2010 was £574,743 a decrease of £4,858 on the previous month.

The total number of bookings received increased by 571 in June 2010 compared with the previous month. The bank shift fill rate for June 2010 was 84% which continues to be above the Trust target of 80%. In total 6,763 bookings were received, 4,200 were filled by bank and 1,471 were filled by agency.

Bank expenditure for July 2010 was £473,896, an increase of £59,620 on the previous month. Nursing and administrative & clerical agency expenditure has increased. Agency expenditure for July 2010 was £381,638, an increase of £164,668 on the previous month. This increase is not representative of agency usage and is as a result of a number of disputed agency invoices (due to over charges) that were processed outside the normal timeframe. HR and Finance are jointly working on a process to ensure more accurate account of invoice costs. The combined bank and agency spend for both staff groups has increased by £224,228 on the previous month.

The total agency expenditure (to include medical locums) for July 2010 was £639,425 an increase of £64,682 on the previous month.

The total number of bookings received decreased by 413 in July 2010 compared with the previous month. The bank shift fill rate for July 2010 was 85% which continues to be above the Trust target of 80%. In total 6,350 bookings were received, 4,277 were filled by bank and 1,143 were filled by agency. There were 328 less agency filled bookings in July 2010 compared with the previous month.

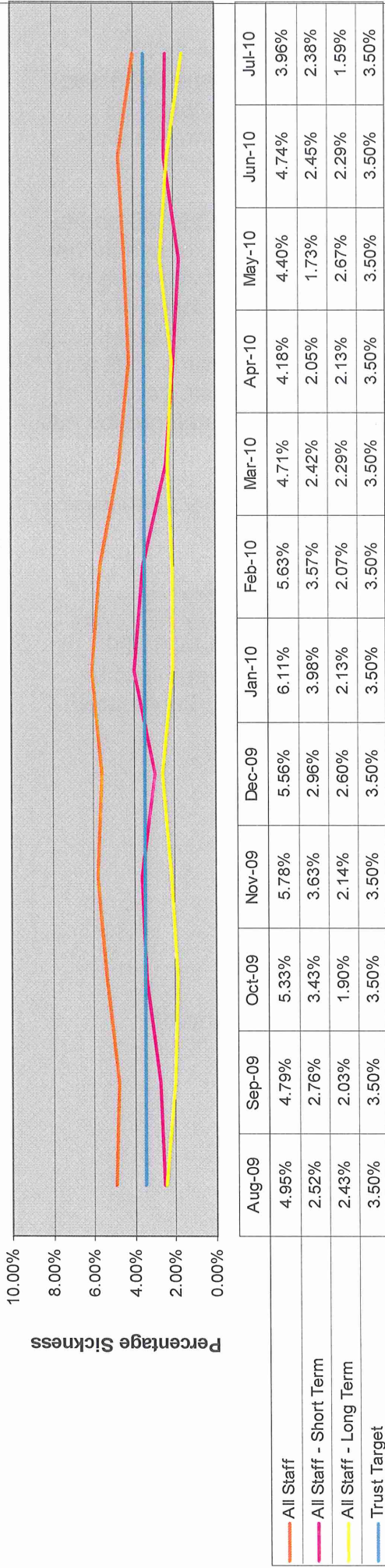
Chanelle Wilkinson

**Director of Human Resources and Organisational Development**

September 2010

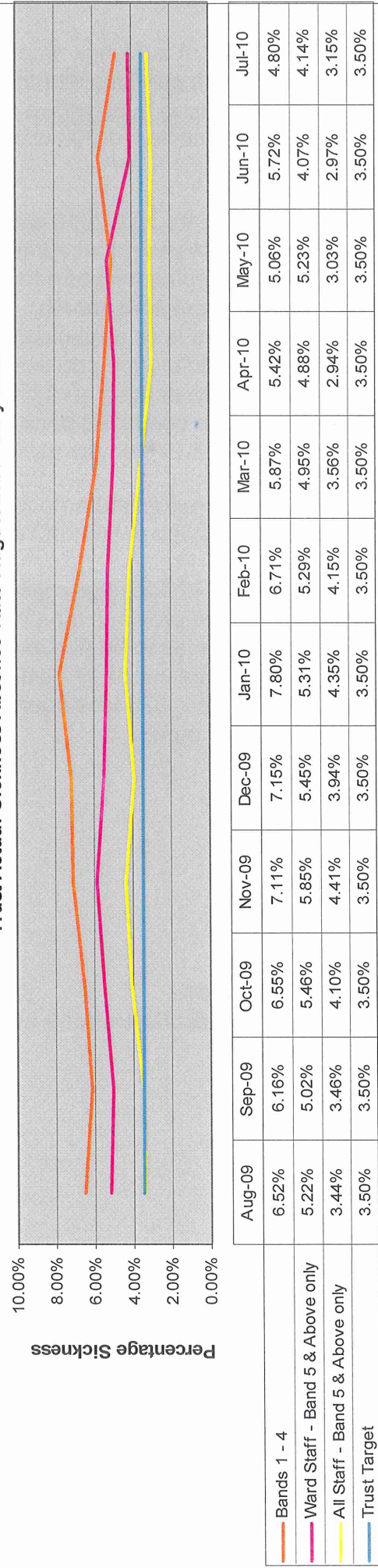
# Appendix A

Trust Actual Sickness Absence Rate August 2009 - July 2010



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 %

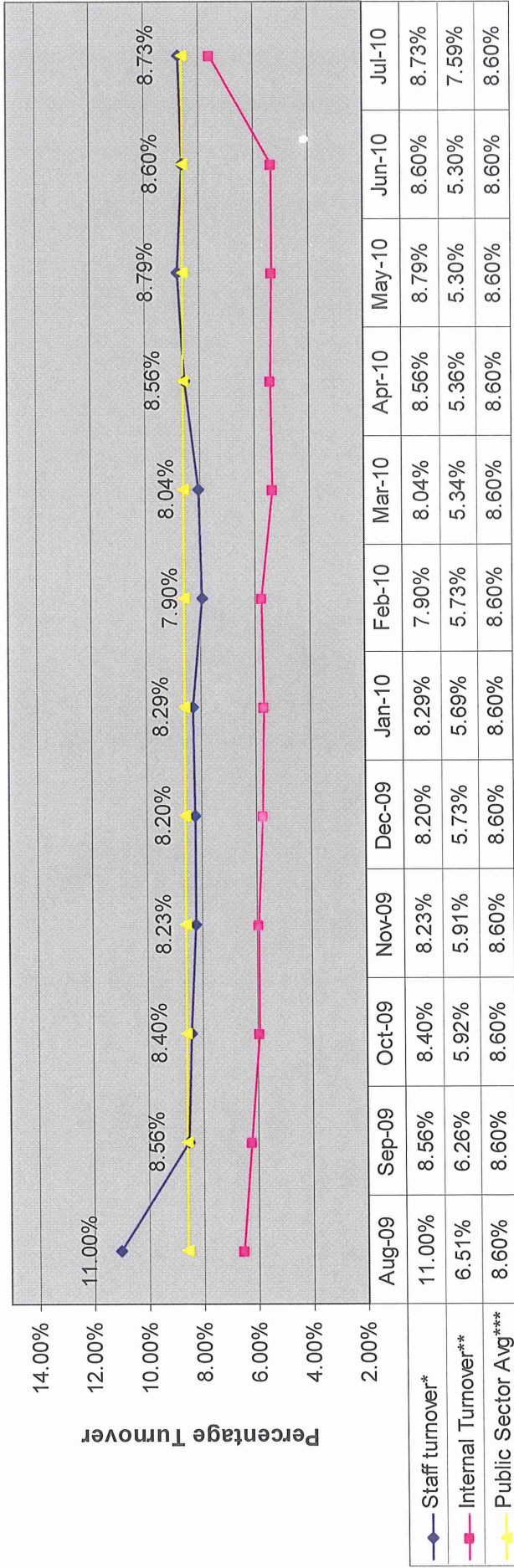
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CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee  
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %

# Appendix B

Staff Turnover August 2009- July 2010. Cumulative Data for Rolling 12mths



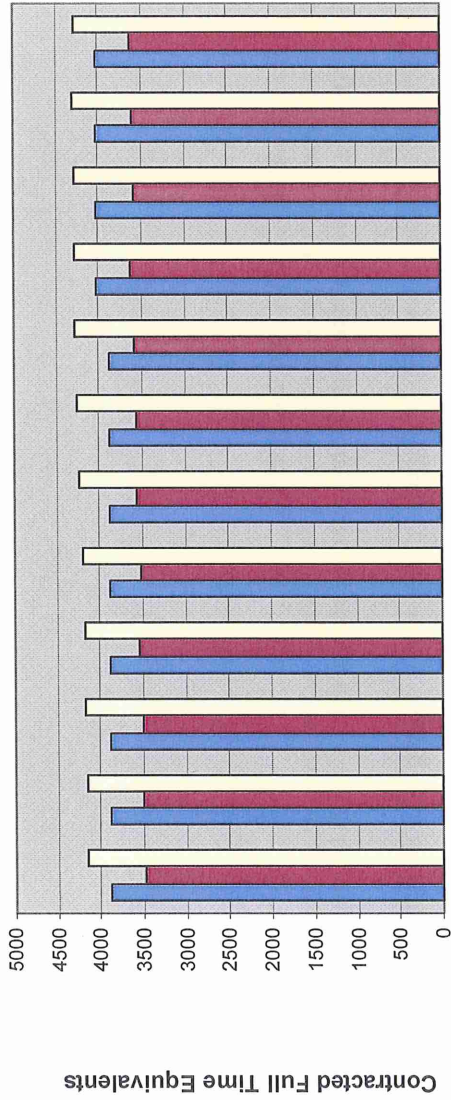
\*Staff Turnover is calculated as the total number of people leaving the Trust divided by the average number of Staff in Post over a 12 month period

\*\* Internal Turnover is calculated as the total number of staff transfers internal divided by the average number of Staff in Post over a 12 month period

\*\*\* Public Sector Information taken from the CIPD Annual Survey Report 2010

# Appendix C

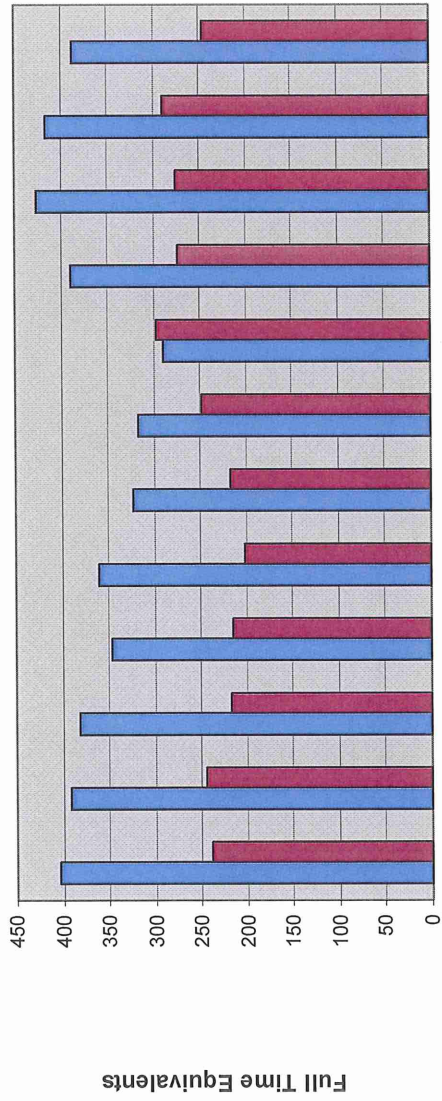
Comparison - Funded Establishment versus Contracted Full Time Equivalents  
August 2009 - July 2010



	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
Funded Full Time Equivalent	3884	3884	3884	3884	3884	3884	3884	3884	4024.3	4024.3	4024.3	4024.3
Actual Full Time Equivalent	3481	3493	3503	3538	3524	3562	3567	3594	3635	3597	3608	3636
Headcount	4164	4153	4176	4183	4203	4246	4252	4276	4277	4293	4310	4285

Comparison - Vacancy Levels versus Bank & Agency Use

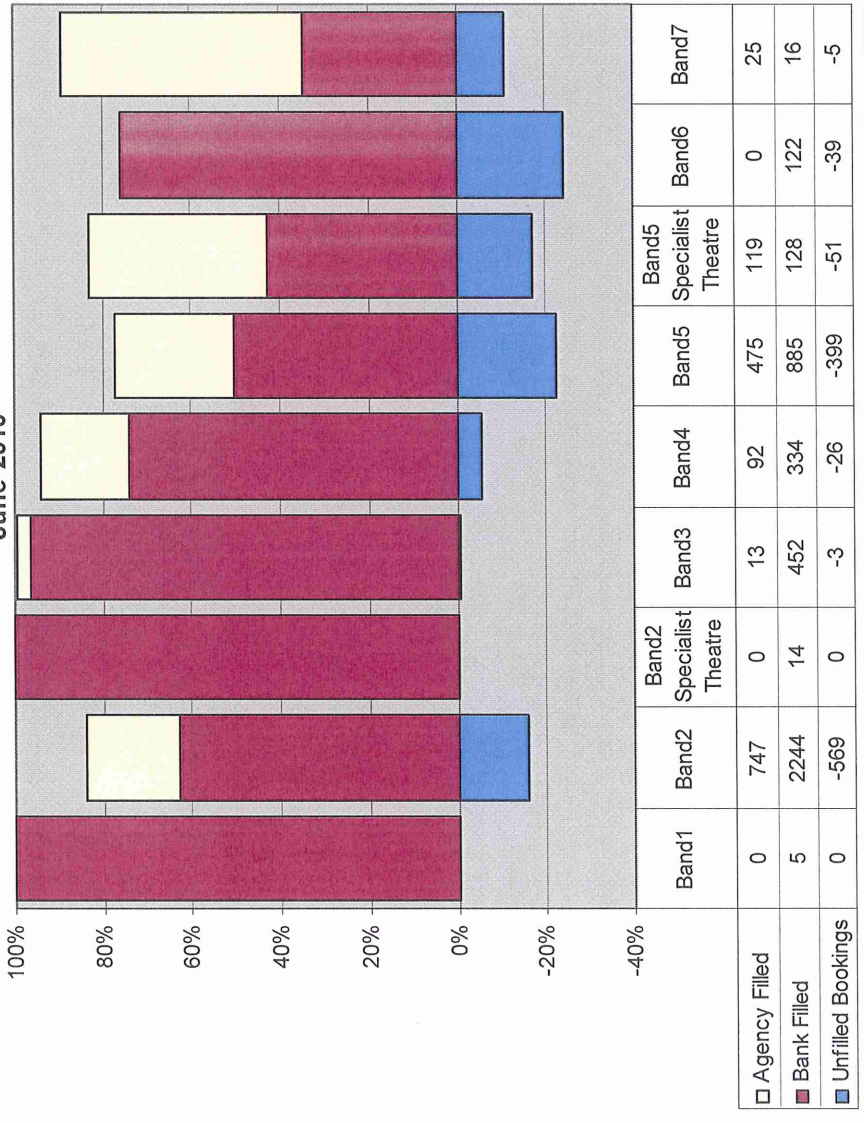
August 2009 - July 2010



	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
Vacancy Full Time Equivalent	403	391	381	346	359	322	317	290	390	427	416	388
Bank & Agency Full Time Equivalent	239	245	218	215	201	217	249	297	274	275	290	246

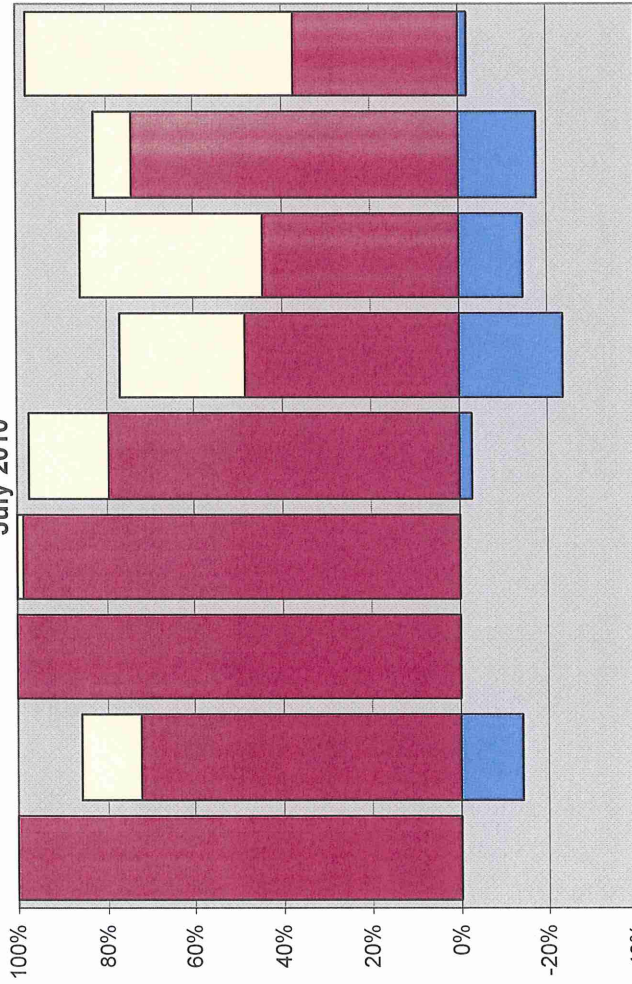
**Appendix D**

**Shift Fill Rate By Band**  
**Bank Nursing and Admin & Clerical Staff Groups Only**  
**June 2010**



Booking Grade	Total Bookings	Unfilled Bookings	Bank Filled	Bank Filled Hours	Agency Filled	Agency Filled Hours	Fill Rate
Band1	5	0	5	28.5	0	0	100%
Band2	3560	-569	2244	14082.45	747	4196.15	84%
Band2 Specialist Theatre	14	0	14	82	0	0	100%
Band3	468	-3	452	2489	13	78	99%
Band4	452	-26	334	2124.25	92	563	94%
Band5	1759	-399	885	6650	475	3040.7	77%
Band5 Specialist Theatre	298	-51	128	856.5	119	1001	83%
Band6	161	-39	122	727.25	0	1.5	76%
Band7	46	-5	16	100.25	25	155.5	89%
<b>Totals:</b>	<b>6763</b>	<b>-1092</b>	<b>4200</b>	<b>27140.2</b>	<b>1471</b>	<b>9035.85</b>	<b>84%</b>

**Shift Fill Rate By Band**  
**Bank Nursing and Admin & Clerical Staff Groups Only**  
**July 2010**



	Band1	Band2	Band2 Specialist Theatre	Band3	Band4	Band5	Band5 Specialist Theatre	Band6	Band7
□ Agency Filled	0	443	0	5	89	446	117	14	29
■ Bank Filled	5	2408	4	415	400	777	128	122	18
■ Unfilled Bookings	0	-472	0	0	-14	-373	-41	-29	-1



Booking Grade	Total Bookings	Unfilled Bookings	Bank Filled	Bank Filled Hours	Agency Filled	Agency Filled Hours	Fill Rate
Band1	5	0	5	29.5	0	0	100%
Band2	3323	-472	2408	17307.95	443	3006.65	86%
Band2 Specialist Theatre	4	0	4	20	0	0	100%
Band3	420	0	415	2870.75	5	24	100%
Band4	503	-14	400	2960.7	89	653.5	97%
Band5	1596	-373	777	6584.5	446	3427.1	77%
Band5 Specialist Theatre	286	-41	128	1131	117	1218	86%
Band6	165	-29	122	865.2	14	104.95	82%
Band7	48	-1	18	120.5	29	221	98%
<b>Totals:</b>	<b>6350</b>	<b>-930</b>	<b>4277</b>	<b>31890.1</b>	<b>1143</b>	<b>8655.2</b>	<b>85%</b>

# Appendix E

