Trust Board: 3 November 2011

TB2011.58

Title	**HR and Workforce Quarterly Report** **July to September 2011**

Purpose of paper	To update Trust Board in respect of:- • Performance against agreed workforce targets during the period July to September 2011 • Some of the key HR and workforce initiatives and challenges within the Trust. Trust Board is invited to note the contents of the report and to discuss any issues arising.
Board Leads	Ms Sue Donaldson, Director of Workforce
Background Papers	

Key purpose	Strategy	**Assurance**	Policy	**Performance**
Strategic Objectives	**SO1 To provide high quality general acute healthcare services to the population of Oxfordshire** **SO2 To provide high quality specialist services to the population of Oxfordshire and beyond** **SO3 To be a patient-centred organisation providing high quality and compassionate care – "delivering compassionate excellence"** **SO4 To be a partner in a strengthened academic health sciences system with local academic, health and social care partners** **SO5 To meet the challenges of the current economic climate and the changes in the NHS and become a resilient, flexible and successful Foundation Trust** **SO6 To achieve the integration of the ORH and the NOC during 2011/2012, realising the benefits as set out in the business case**			
Links to Board Assurance Framework/Trust Key Risks/CQC Registration	Health and Social Care Act 2008, Regulation 21, 22 and 23 CCQ Regulations 2009, outcome 12 (requirement relative to workers), outcome 13 (staffing), outcome 14 (supporting workers) Trust Risk Register, 12, Use of Resources			
Resource and financial impact	-			
Consideration of legal/ equality /diversity/engagement/risk issues	-			

HR and Workforce Quarterly Report for the period July – September 2011

Introduction

1. This report provides an update in respect of performance against agreed workforce targets for the period July to September 2011. The report also provides an update on the key HR and workforce initiatives and challenges within the Trust.

2. Trust Board is invited to note the contents of the report and to discuss any issues arising.

Workforce Targets

Workforce Expenditure and Staff Numbers

3. At the end of September pay budgets were overspent by c £8 million. This is partly due to activity and capacity exceeding planned levels. Within this overall context, attention is being given to reducing pay expenditure across all areas of the Trust.

4. Expenditure on temporary staff year to date is circa £7.6m, which is broadly comparable with the level of spend as at the same point in the previous financial year. Across the Trust restrictions have been placed on agency staff usage. During Quarter 1 temporary staff spend amounted to £3.9m and £3.7m in Quarter 2.

5. Staff employed on substantive contracts totalled 8,039 Whole Time Equivalent (WTE) at the end of September compared to 8,004 WTE at the end of June.

6. As part of the programme to reduce pay expenditure, the Mutually Agreed Resignation Scheme (MARS) available to staff during September received in excess of 400 applications. It is anticipated that applicants will shortly receive a personal notification of the outcome of the process; this is currently pending Strategic Health Authority approval. It is planned that the first cohort of staff will leave the Trust on 30 December 2011. Some staff will inevitably be disappointed that their applications have not been approved but decisions have been taken in the context of the need for the Trust to maintain operational and quality requirements.

Sickness Absence – Annex A

7. The Trust's sickness absence has risen from 3.14% in June to 3.3% in September. At the same point last year the absence rate was 3.2%.

8. The Trust's sickness rate is in line with other South Central Trusts, namely Southampton 3.4%, Portsmouth 3.2% and Winchester 3.2%. Utilising I-View (Information Centre for Health and Social Care), it is also possible to compare performance with other Teaching Hospitals. During 2010/11 the comparable rate of absence for this type of organisation was approximately 3.9%. The NOC have reported sickness levels of 2.4% and discussions are underway to learn from their approach.

9. Estates and Ancillary staff continue to have highest absence rate at 6.3%. This is similar to last year's outturn for this staff group. Long term cases are being managed through the Trust's Absence Management Procedure where support is offered via Occupational Health Services. Continuous analysis of short term absence is being

carried out to highlight specific areas or concern. The Assistant Director of Estates receives weekly reports to initiate 'real time' intervention.

10. The Cardiac Division sickness absence levels have reduced from 3.9% (Q1) to 3.75% at the end of this quarter. The Cardiac Division continues to have the highest divisional sickness levels, followed by Children's and Women's. Sickness absence, as part of a suite of workforce metrics, is routinely monitored and discussed at of the Performance Review meetings with the Divisional Management teams. Action plans are in place where directorates are above the Trust target of 3.25%.

11. The top three reasons for absence for the second quarter are identified as the same as the first quarter. For the year to date colds/flu represented 25% of all episodes of absence followed by gastro-intestinal problems 20% and headaches/migraines at 10%; the nature of which are all relatively short term.

12. Annex A details the overall split between short term absence (85%) and long term absence (15%), which has varied little since the previous report.

13. A programme has now been agreed for the connection of the Electronic Rostering System to the Trust payroll system. Permission for use will only be given once managers are able to show a three month period of accurate rota management and data submission. This should result in an improvement in the accuracy and levels of reporting of sickness absence for all groups of staff, including medical staff whose reported sickness absence level has previously been under reported.

Turnover – Annex B

14. Turnover remains stable at 10.2% and is likely to remain at this level for the foreseeable future due to the unpredictable economic climate. Turnover levels for the last three years fall within a very short range of between 10.2% and 10.9%.

15. The Trust's level of turnover compares with other organisations within the South Central region as follows – Southampton at 9.5%, Portsmouth 9.6% and Winchester 9.5%. The turnover rate at the NOC is higher at 11.7%. Wider benchmarking with Teaching Hospitals can be obtained using I-view. The rate for the latest twelve months available is 8.15%. Whilst there are a few outliers within the cohort of Trusts the picture of low levels of leavers is being repeated across the country.

16. Cardiac Medicine has the highest Divisional turnover rate within the Trust at 13.3%, followed by Corporate at 11.4%. Turnover is also reviewed as part of the Performance Review and the Cardiac Division are currently analysing whether there is any correlation between their sickness absence rates and turnover.

17. By staff group, 'Additional Clinical Services' at 14.1% continue to have the highest turnover levels. This staff group is populated by many support roles, where individuals appear more responsive to local job opportunities.

18. In Quarter 1, 265 WTE vacancies were advertised on NHS Jobs and attracted 7,496 applications. In Quarter 2, the number of vacancies advertised increased to 354 WTE, which attracted 8,783 applications. The vacancies advertised were mainly in the following groups; Allied Health Professionals, Clinical Support Services and Healthcare Scientists (which includes Pharmacists).

19. In Quarter 1, 215 WTE commenced employment compared to 295 WTE in Quarter 2. The number of employees leaving Trust employment was 190 WTE and 292 WTE for the respective periods.

20. As staff leave via the MAR Scheme this may produce an upward pressure on turnover levels within divisions/staff groups.

Appraisals

21. The current rate of appraisal completion for non-medical staff is circa 70% for the 12 month rolling period to September, against a Trust target of 80%. Appraisals have been a key feature of discussion at Trust Management Executive and all Divisions have a planned trajectory to uplift to the target figure.

22. As part of the Revalidation Programme, a new appraisal process will shortly be launched for medical staff. Medical appraisals take place during the period January – March each year and the completion rate will next be reported to the Board in April 2012.

Statutory, Mandatory and Essential (SME) Training

23. A comprehensive review of the Statutory and Mandatory Training Framework is underway. This work has focused on testing whether the training requirements by staff group have been appropriately defined. The proposed Trust Framework been mapped against the NHS South Central Framework, Care Quality Commission and NHS Litigation Authority requirements to ensure compatibility and compliance.

24. Extensive work has been undertaken to improve the accuracy of data recorded on the Oracle Learner Management System and Electronic Staff Record to eliminate duplications and therefore improve reporting.

25. It is anticipated that the outcome of this work will be presented to Trust Management Executive in December.

HR and Workforce Initiatives and Challenges

Merger of the Oxford Radcliffe Hospitals and the Nuffield Orthopaedic Centre (NOC)

26. The transfer of 950 staff from the NOC to the Oxford University Hospitals NHS Trust took place at midnight on 31st October 2011. NOC staff received a transfer letter (TUPE) and a 'welcome letter' prior to the transfer. All staff have received personal notification of the change of name to Oxford University Hospitals NHS Trust via pay slips.

27. On transfer, NOC staff retain their existing terms and conditions of employment. A comparison of existing Trust and NOC policies has been undertaken and briefing notes will be provided to managers of teams comprising a mix of staff from the previous organisations to explain key differences and how they should be managed. This primarily applies to teams within the 'Corporate' areas. A programme of work to harmonise policies is also in place.

28. A small number of redundancies may be implemented due to economic/technical/organisational (ETO) reasons arising from the TUPE transfer and the dissolution of the Trust Board of the NOC.

29. The requirement for Criminal Records Bureau (CRB) checks was introduced in October 2002. CRB checks to an enhanced level are mandatory for all employees that have contact with children and vulnerable adults. The Trust has formally recognised portability and accepts all CRB checks which have previously been undertaken by the NOC. There are c300 staff employed by the NOC who began employment before 2002 and may not have been subject to a CRB check and therefore a risk assessment will need to be undertaken by these employees to assess if a check is required and to what level. This work is in hand.

Staff Engagement/Staff Survey

30. The 'Values Exercise' which has been run as part of Delivering Compassionate Excellence Programme has now concluded the first phase. Over 700 responses have been received from staff together with views from our patient panel. A summary of the feedback and the proposed values has been drafted for wider discussion and agreement.

31. The ninth NHS Staff Survey organised by the NHS Staff Survey Co-ordination Centre commenced at the beginning of October. Close links have been made to the Delivering Compassionate Excellence Programme. To help promote engagement all staff employed by the Trust have been asked to fill in a questionnaire, the majority electronically.

32. 850 staff are part of the formal random sample (this is a national mandated sample and a paper based exercise) and this is the group where the responses will be used for Department of Health reporting and national benchmarking.

33. Although the NOC have run a separate survey, HR and Communications have ensured consistency of approach so that the survey feedback can be integrated to form a baseline assessment of staff opinion for the new organisation.

34. Targeted effort is being put in by Corporate and Divisional teams to improve employee response rates, which has in recent years struggled to hit 50%, to above the national target of 60%. Some fun incentives are being offered to teams to encourage participation.

Flu Campaign

35. Immunisation against flu has been recommended for many years for front line Health Care Workers (HCW). Despite national directives, vaccine uptake remains low. Last year 31.4% of front line workers were vaccinated (46.4% of NOC staff). This year the Strategic Health Authority has identified HCSs as a vulnerable group. As a result they have recommended that immunisation rates should exceed 65%, which equates to c. 6,000 Trust staff.

36. The flu vaccine campaign will adopt the following strategies to increase take up:

    36.1. Communication – wide spread publicity focussing on an individual's obligation to have the vaccination to protect themselves, their families and their patients.

    36.2. Establishing a coalition of leadership; nursing and medical.

36.3. Increased availability of the vaccine – immunisation to take place close to the workplace, with clinics run on wards and in departments, as well as close to hospital entrances to have the best chance of capturing staff.

36.4. Ward based vaccinators on all four sites – training of a significant number of nurse immunisers to increase access and ownership.

37. The campaign has now been running for 3 weeks and over 3,500 front line staff have already been immunised.

Reward and Benefits

38. **Clinical Excellence Awards** – National Guidance is still awaited in respect of National and Local Clinical Excellence Awards for 2012. This has meant a delay in progressing the annual cycle and the Trust will not proceed until there is clarity provided from the Department of Health.

39. **National Recruitment & Retention premium (RRP)** - payable under Agenda for Change and relating to maintenance staff, chaplains and a small number of other staff groups has been withdrawn. This was notified via a national pay circular and followed an Employment Tribunal case (Hartley) which found the on-going application of RRP on a national basis to be unlawful. The withdrawal has periods of pay protection built in but the net effect over time is loss of earnings to these staff. Managers and staff have been notified.

40. **On Call** - National protection of on call arrangements under Agenda for Change ceased in March 2011. Following the agreement of the NHS Staff Council relating to twelve principles, employing organisations are required to locally negotiate harmonised payments in line with equal pay for work of equal value. A working group of managers, staff representatives and HR practitioners have been agreeing base line information for costing and with a view to negotiating new on call rates where appropriate.

Legislation

41. **Pensions** - The Finance Act (2011) reduced the Standard Lifetime Allowance (LTA) from £1.8m to £1.5m with effect from 6 April 2012. LTA is, the overall amount of pension savings an individual may have at retirement without incurring a tax charge.

42. **Agency Worker Regulations** (AWR) **-** From 1 October 2011 new legal regulations were implemented. These state that agency workers have the same entitlement to access to certain facilities provided by the Trust from day one of their assignment. In addition, if they complete a qualifying period in the same or similar role of 12 weeks they are entitled to the same basic employment and working conditions as if they had been recruited directly. The key entitlements agency workers will acquire after the qualifying period are; Pay; Annual Leave; Hours of work; and paid time off for antenatal care. The regulations do not include Occupational sick pay; Occupational pensions; Occupational maternity, paternity or adoption pay; or Redundancy pay (statutory and contractual). A detailed action plan has been agreed by Trust Management Executive to ensure the Trust is compliant with the regulations.

Potential Industrial Action

43. Some public sector unions and staff side organisations are balloting and/or potentially balloting for strike/industrial action on Wednesday 30th November 2011. This is in relation to the NHS pension Scheme, Local Government pension scheme and principle Civil Service pension scheme.

Raising Concerns at Work

44. A new Department of Health report sets out how it intends to amend the NHS Constitution to reinforce the responsibility of employers and staff to both report concerns and act on them. The changes to the NHS Constitution are design to reflect the law as it currently stands and clarify existing protections, rather than introduce any additional statutory obligations on employers.

45. The key changes to the NHS Constitution, to be made early in 2012:

    45.1. Insert an expectation that NHS staff will raise concerns about safety, malpractice or wrong doing at work which may affect patients, the public, other staff or the organisation itself as early as possible;

    45.2. Insert an NHS pledge to support all staff in raising concerns about safety, malpractice or wrong doing at work, responding to and where necessary investigating the concerns raised; and

    45.3. Highlight in the NHS Constitution the existing legal right for staff to raise concerns.

46. Our Whistleblowing Policy and procedures have been recently reviewed in line with the 'Speak up for a healthy NHS' guidance issued in 2010, which reinforces the responsibilities of employers and staff to report concerns and act on them. A desk top review will be carried out to ensure that our policy reflects the changes to the NHS Constitution.

47. In the last quarter, there have been three concerns raised through our policy. One through the mailbox, which has been responded to and closed (with no outstanding concern). There have been no postal concerns raised and two telephone concerns raised. Of these, one has been closed (with no outstanding concern) and one is still under investigation. Previously, the two concerns from the previous quarter were closed (with no outstanding concern).

Changes to the HR Function

48. Integration of the HR function into the Divisions is now complete with HR Consultants relocating to be based with their Divisional teams from 1st October. A professional link into the Corporate HR team is retained through the Associate Director of Workforce (HR Consultancy) to ensure consistency of approach and alignment of Corporate and Divisional HR goals.

Conclusion

49. Trust Board is invited to note the contents of the report and to discuss any issues arising**.**

Sue Donaldson, Director of Workforce

Kay Clayton, Assistant Director of Workforce – Strategy & Planning
Glyn Allington, HR Consultant – Workforce Planning

October 2011

Annex A

Table 1 Divisional Sickness absence fytd

		YTD Sickness Absence %											
Division	2010/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Cardiac Vascular & Thoracic	**4.13%**	3.94%	3.73%	3.92%	3.93%	3.91%	3.75%						
Childrens & Womens	**3.70%**	3.17%	3.24%	3.45%	3.56%	3.52%	3.56%						
Emergency Medicine Therapies & Ambulatory	**3.22%**	3.09%	3.64%	3.69%	3.60%	3.47%	3.45%						
Critical Care Theatres Diagnostics & Pharmacy	**3.63%**	3.00%	3.31%	3.41%	3.49%	3.46%	3.42%						
Neurosciences Trauma & Specialist Surgery	**3.41%**	2.44%	2.91%	2.89%	2.98%	3.26%	3.42%						
Operations & Service Improvement	**3.83%**	2.44%	1.94%	2.71%	3.12%	3.27%	3.24%						
Surgery & Oncology	**2.99%**	3.11%	2.60%	2.66%	2.90%	3.00%	3.07%						
Corporate	**3.38%**	2.25%	2.20%	2.49%	2.74%	2.79%	2.92%						
Biomedical Research	**1.61%**	0.44%	0.28%	0.26%	0.36%	0.50%	0.46%						
ORHs	**3.40%**	**2.93%**	**3.03%**	**3.14%**	**3.26%**	**3.28%**	**3.31%**						

Table 2 - Sickness Absence fytd (ESR defined) staff group

		YTD Sickness Absence %											
Staff Group	2010/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Estates & Ancillary	**6.20%**	5.12%	5.67%	5.50%	6.08%	6.23%	6.30%						
Additional Clinical Services	**5.93%**	4.96%	5.19%	5.24%	5.30%	5.38%	5.47%						
Nursing and Midwifery Registered	**3.97%**	3.54%	3.79%	3.96%	4.03%	3.97%	3.94%						
Add Prof Scientific and Technic	**3.26%**	3.77%	2.86%	3.17%	3.55%	4.08%	4.24%						
Administrative and Clerical	**3.57%**	3.01%	2.84%	2.99%	3.10%	3.24%	3.22%						
Allied Health Professionals	**2.40%**	1.13%	2.04%	2.40%	2.68%	2.73%	2.93%						
Healthcare Scientists	**2.24%**	1.59%	1.72%	1.74%	1.80%	1.80%	2.01%						
Medical and Dental	**0.63%**	0.73%	0.60%	0.64%	0.69%	0.72%	0.69%						

Table 3 - Top 10 highest Directorates

	YTD Sickness Absence %						
Directorate	2010/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Estates and Facilities	**4.52%**	3.81%	4.30%	4.24%	4.51%	4.59%	4.68%
Cardiac Thoracic & Vascular	**4.66%**	4.00%	3.70%	4.28%	4.72%	4.85%	4.52%
Anaesthetics Critical Care and Theatres	**4.20%**	3.57%	4.00%	4.14%	4.31%	4.30%	4.19%
Neurosciences	**3.81%**	2.99%	3.58%	3.63%	3.73%	4.03%	4.14%
Womens Services	**4.12%**	3.78%	3.51%	3.93%	4.24%	4.10%	4.09%
Emergency Medicine and Therapies	**3.51%**	3.33%	3.96%	3.92%	3.83%	3.69%	3.71%
Private Patients	**2.83%**	3.24%	2.53%	2.71%	3.06%	3.33%	3.55%
Human Resources and Admin	**1.47%**	1.23%	0.97%	1.47%	2.27%	2.81%	3.52%
Radiology Imaging	**3.01%**	2.10%	2.97%	3.21%	3.32%	3.28%	3.37%
Renal	**3.17%**	3.47%	2.60%	2.64%	2.95%	3.23%	3.34%

Annex A

Table 4 - Short Term Sickness By Staff Group

	Months 1-6			
	(Short Term) 7 days or less		(Long Term) 8 days or more	
Staff Group	% Of Episodes	% of Prorated FTE Days Lost	% Of Episodes	% of Prorated FTE Days Lost
Add Prof Scientific and Technic	81.85%	19.28%	18.15%	80.72%
Additional Clinical Services	83.96%	27.98%	16.04%	72.02%
Administrative and Clerical	87.03%	30.36%	12.97%	69.64%
Allied Health Professionals	89.54%	28.74%	10.46%	71.26%
Estates and Ancillary	70.80%	13.45%	29.20%	86.55%
Healthcare Scientists	92.38%	44.99%	7.62%	55.01%
Medical and Dental	79.04%	13.26%	20.96%	86.74%
Nursing and Midwifery Registered	84.77%	27.49%	15.23%	72.51%
ORHs	**85.47%**	**27.72%**	**14.53%**	**72.28%**

Annexe B

Table 1 Divisional Turnover

		LTR wte %											
Division	2010/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Cardiac Vascular & Thoracic	**11.82%**	12.60%	12.52%	14.01%	13.07%	12.32%	13.31%						
Corporate	**10.09%**	10.88%	10.90%	11.15%	11.70%	11.79%	11.38%						
Emergency Medicine Therapies & Ambulatory	**11.52%**	11.39%	11.34%	11.04%	11.23%	10.71%	10.60%						
Surgery & Oncology	**10.04%**	9.60%	9.45%	9.43%	9.45%	10.22%	10.28%						
Critical Care Theatres Diagnostics & Pharmacy	**9.40%**	9.19%	9.00%	9.39%	9.60%	9.66%	10.25%						
Neurosciences Trauma & Specialist Surgery	**9.86%**	9.92%	9.69%	9.76%	9.18%	8.49%	9.18%						
Childrens & Womens	**9.19%**	8.90%	9.08%	8.72%	8.56%	8.58%	8.61%						
Operations & Service Improvement	**6.18%**	6.38%	9.31%	8.48%	8.73%	8.62%	8.29%						
ORHs	**10.19%**	**10.16%**	**10.09%**	**10.15%**	**10.17%**	**10.10%**	**10.25%**						

Table 2 Turnover by (ESR defined) staff group

		LTR wte %											
Staff Group	2010/11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Additional Clinical Services	**14.38%**	14.03%	14.62%	15.12%	14.31%	14.00%	14.13%						
Allied Health Professionals	**13.80%**	13.36%	13.15%	11.98%	12.94%	13.06%	13.53%						
Add Prof Scientific and Technic	**11.11%**	11.05%	11.02%	13.02%	11.47%	11.56%	12.41%						
Estates & Ancillary	**6.93%**	7.74%	8.79%	10.36%	10.41%	10.49%	11.28%						
Administrative & Clerical	**10.22%**	10.66%	10.39%	10.50%	10.68%	10.58%	9.87%						
Nursing and Midwifery Registered	**9.88%**	9.53%	9.38%	9.35%	9.44%	9.72%	9.72%						
Healthcare Scientists	**7.51%**	7.16%	6.84%	7.62%	7.82%	7.28%	8.78%						
Medical and Dental	**4.88%**	6.51%	6.33%	4.28%	4.69%	3.51%	5.48%						