

Report to:	Trust Board	Agenda item:	13
Date of Meeting:	25 April 2012		

Title of Report:	HR Quarterly Report
Status:	For information
Board Sponsor:	Lynn Vaughan, Director of Human Resources
Author:	Sue Smith, Deputy Director of Human Resources
Appendices	1. HR Performance Report

1. Purpose of Report (Including link to objectives)
To update the Trust Board on current performance within the trust against key workforce indicators and bring to their attention any matters of concern and actions to mitigate risk.

2. Summary of Key Issues for Discussion
Key workforce performance issues: <ul style="list-style-type: none"> • Sickness Absence • Working Time Directive • Appraisal • Core Skills & Induction

3. Recommendations (Note, Approve, Discuss etc.)
Strategic Workforce Committee is asked to note the content of this report, in particular actions to mitigate risk, and recommend any further actions to be undertaken in order to be assured that these issues are being managed effectively.

4. Care Quality Commission Regulations (which apply)
Outcomes 12,13 & 14

5. Legal / Regulatory Implications / NHS Constitution (NHSLA / ALE etc.)
NHSLA standards 1, 2, 3, 5

6. NHS Constitution
Sections 3a & 3b

7. Risk (Threats or opportunities link to risk on register etc.)
As listed in agenda item 6.1

8. Resources Implications (Financial / staffing)
Not applicable.

9. Equality and Diversity
Consistent implementation of HR policies ensures equality & diversity standards are achieved.

Author: Sue Smith, Deputy HR Director (Operations)	Date: 16 April 2012
Document Approved by: Lynn Vaughan, Director of Human Resources	Version: Final
Agenda Item : 13	Page 1 of 11

10.	Communication
Communicated via Strategic Workforce Committee.	
10.	References to previous reports
Previous quarterly HR reports.	
11.	Freedom of Information
Public	

Author: Sue Smith, Deputy HR Director (Operations)	Date: 16 April 2012
Document Approved by: Lynn Vaughan, Director of Human Resources	Version: Final
Agenda Item : 13	Page 2 of 11

HR Performance Report

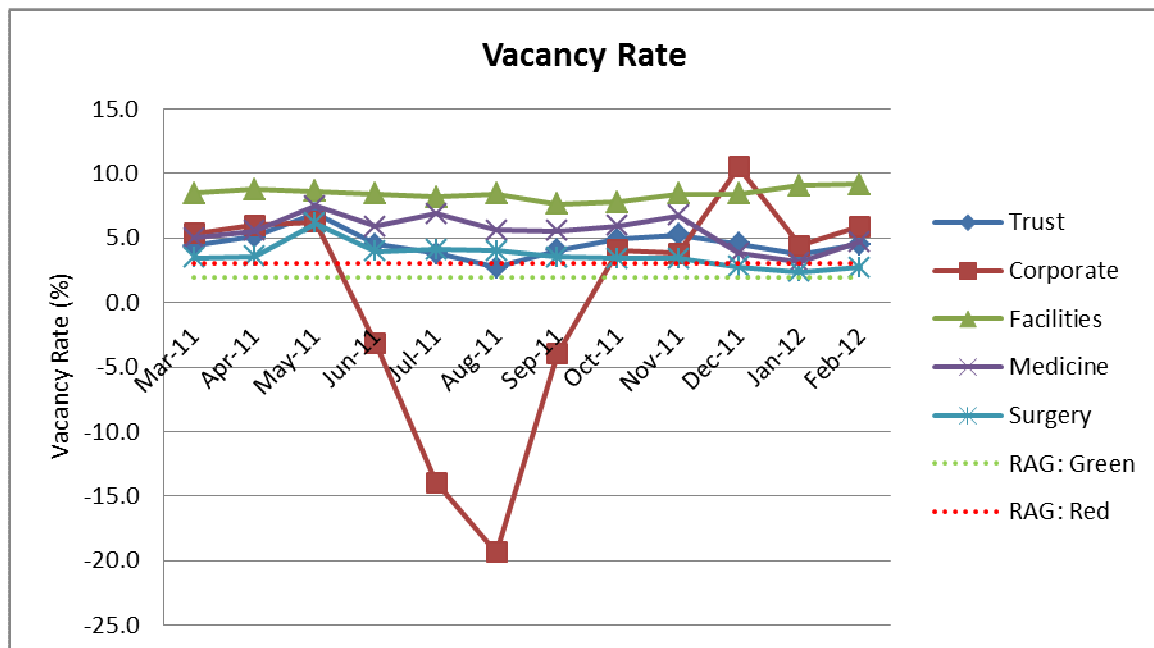
1. KPI Summary Position (note data month varies)

KPI	Trust Target	Current	RAG
Vacancy Rate	5%	4.5%	▼ G
Operational Gap	5%	3.4%	▼ G
Agency, Bank & Locum % of total pay spend*	tbc	5.9%	tbc
Sickness Absence	3%	4.3%	▲ R
Turnover	10%	8.2%	▲ G
Working Time Directive	100%	99.26	▲ G
Appraisal	85%	54.8%	▼ R
Core skills & Induction	90%	69.9	▲ R
Safer Recruitment	100%	100%	▼ ▲ G

* No Target set for 11/12

- ▼ Position has worsened compared to Trust target
- ▲ Position has improved compared to Trust target
- ▼▲ Position is stable

2. Vacancy Rate



Feb-12 (Month 11) Position			
Month Actual (%)	Variance from Trust Target	WTE in Post (Contracted)	WTE Budgeted
4.5	0.5	3259.7	3413.1

Trust / Division Position	Vacancy Rate (%) Jan-12	Vacancy Rate (%) Feb-12	Vacancy Rate (WTE) Feb-12
Trust	3.7	4.5	153.5
Corporate	4.4	5.9	20.8
Facilities	9.1	9.2	38.4
Medicine	3.1	4.7	62.4
Surgery	2.4	2.7	35.3

Actions
<ul style="list-style-type: none"> • This report defines a vacancy as the difference between budgeted establishment and contracted staff in post as at the last day in the month. It doesn't take into account future agreed hires and is therefore a snapshot at a given point in time; • From a HR perspective, the vacancy rate is effectively a measure of workload, as inefficiencies in filling vacancies can incur additional workload on remaining team members and effect team motivation, morale and increase health and safety pressures; • Current recruitment activity shows that the Trust is seeking to maintain its current establishment levels, which has been reflected through the business planning process; • The Trust continues to experience the highest level of vacancies within the Nursing Workforce, particularly within the Medical Division where a centrally co-ordinated recruitment campaign is in progress to address both current vacancies & future workforce developments concerning the Trust bed base.

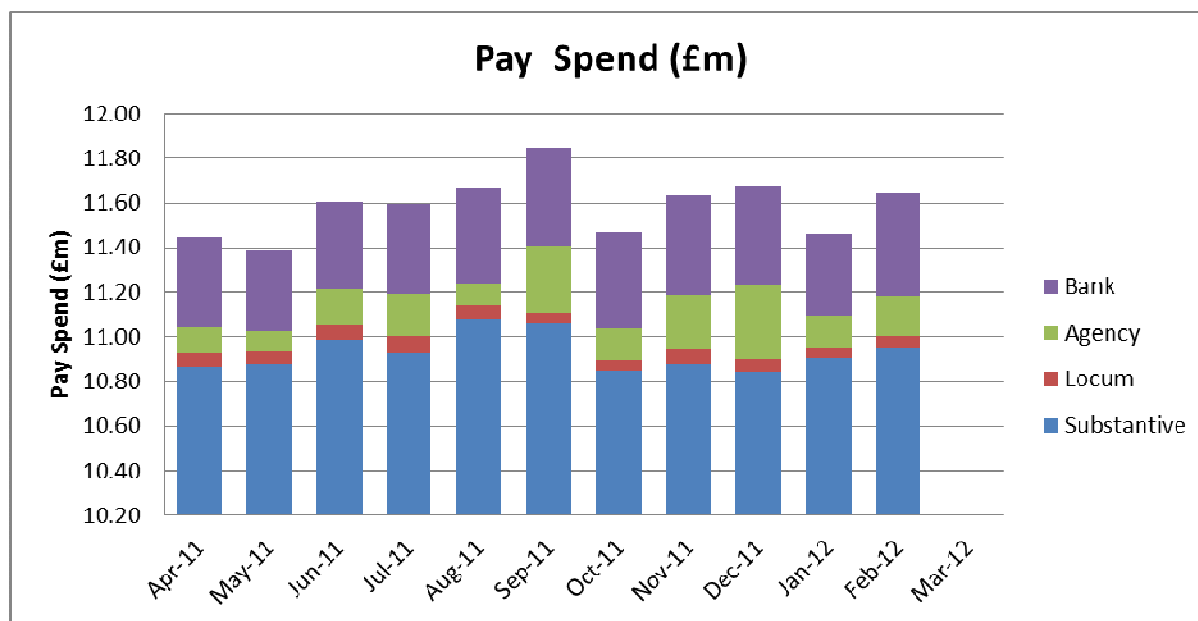
3. Operational Gap

Trust / Division Position	Operational Gap (%) Nov-11	Operational Gap (%) Dec-11	Operational Gap (%) Jan-12
Trust	5.1	3.1	3.4
Corporate	1.6	4.3	-4.2
Facilities	7.6	6.0	7.3
Medicine	6.1	3.0	2.5
Surgery	4.4	2.2	5.1

Actions
<ul style="list-style-type: none"> • The Operational Gap identifies the element of the workforce which is absent through Maternity / Paternity Leave, Sickness absence or other forms of unpaid leave; • The Operating Gap represents an additional pressure on the substantive workforce which will have an effect on the morale & health and wellbeing of staff in areas where the Gap is particularly high; • The Operating Gap primarily concerns short term absences / pressures which can be addressed through internal cover arrangements and Bank usage, in line with the revised guidance for the use of Bank & Agency, although in cases of Maternity Leave, for example, Divisions have successfully utilised Fixed Term contracts to address longer known periods of absence.

Author: Sue Smith, Deputy HR Director (Operations) Document Approved by: Lynn Vaughan, Director of Human Resources Agenda Item : 13	Date: 16 April 2012 Version: Final Page 4 of 11
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4. Agency, Bank & Locum Spend as a percentage of pay budget (YTD)



Feb-12 (Month 11) Position		
Total Spend	Feb-12	YTD
Locum (M&D)	0.06m	0.65m
Agency	0.18m	1.98m
Bank	0.46m	4.59m
Total	0.69m	7.21m

Actions
<ul style="list-style-type: none"> The substantive bed base for Medicine and Surgery has been agreed + an additional 28 flexible beds Recruitment plans are now in place to cover all substantive beds Bank, annualised hours and pool nurses will be recruited to cover the flexible beds

5. Working Time Directive

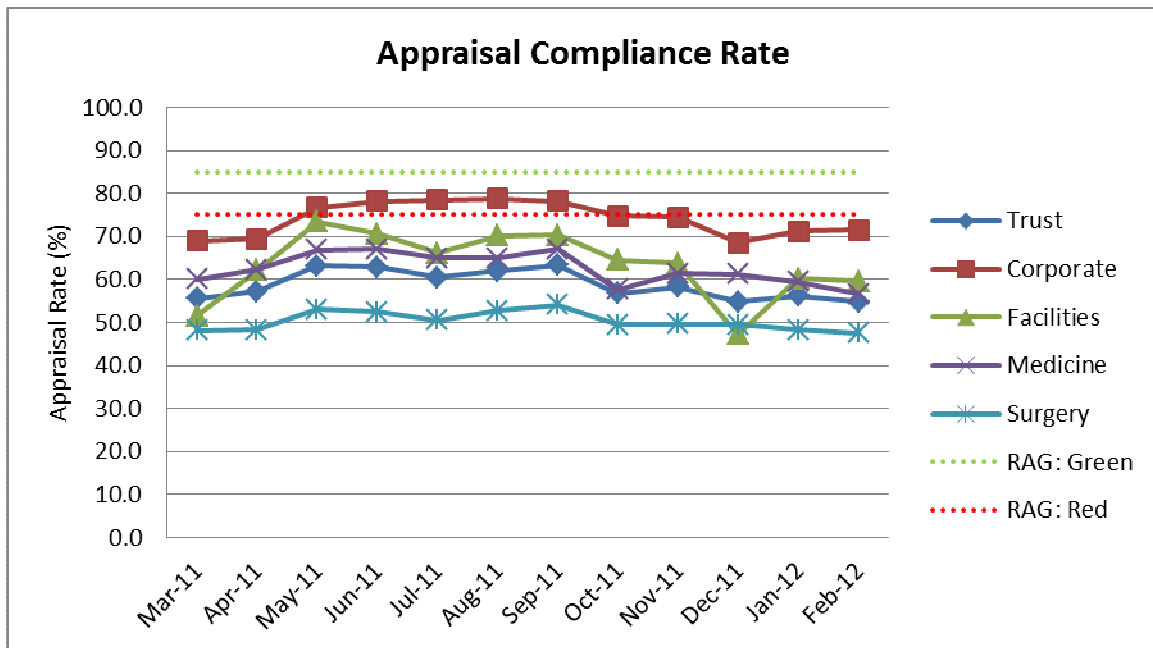
Staff Group (Feb-12)	Employees above 48hr Working Week
Agenda for Change *	46
Consultants & Trust Doctors	27
Junior Doctors	0

*calculated over a reference period of Oct-11 - Feb-12

Actions
<ul style="list-style-type: none"> All employees breaching WTD regulations have been contacted by their HR lead and given a copy of the WTD Policy requirements, in particular the need to clarify their opt out position. All managers where WTD breaches are occurring have been copied into the above correspondence and offered support by the operational HR team to review current working practice and take action as appropriate.

Author: Sue Smith, Deputy HR Director (Operations)	Date: 16 April 2012
Document Approved by: Lynn Vaughan, Director of Human Resources	Version: Final
Agenda Item : 13	Page 5 of 11

6. Appraisal

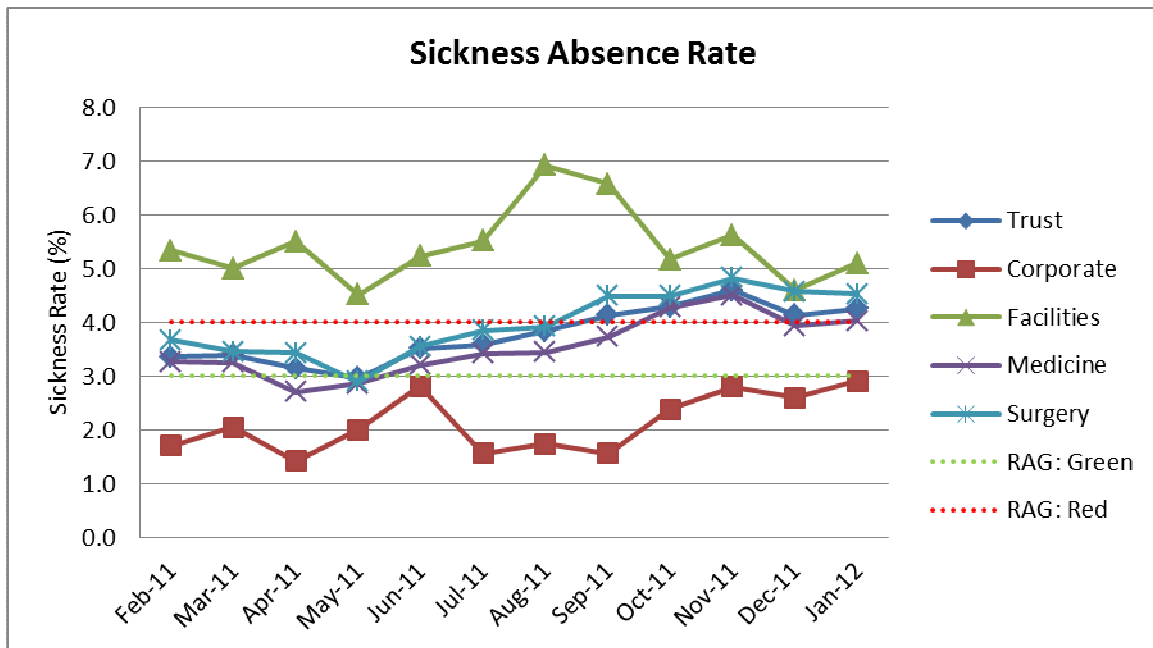


Group	Appraisal Rate (%) Dec-11	Appraisal Rate (%) Jan-12	Appraisal Rate (%) Feb-12
Trust	54.9	56.2	54.8
Corporate	68.5	71.2	71.5
Facilities	47.3	60.1	59.6
Medicine	61.2	59.4	56.6
Surgery	49.4	48.3	47.5

Actions

- A review of appraisal has been undertaken as part of the 2011/12 internal audit plan and a revised appraisal action plan has been developed.
- The Associate Director of Learning & Development is leading a review of the Trust's Appraisal Policy & Procedure, including the Appraisal capture documentation, in partnership with the Divisional Management Teams;
- In addition, the Associate Director of Learning & Development is reviewing the reporting mechanism for Appraisals, in partnership with the Head of Workforce Information Systems, and identifying areas of low compliance to understand barriers to appraisal completion / reporting.

7. Sickness Absence



Top five reasons for absence

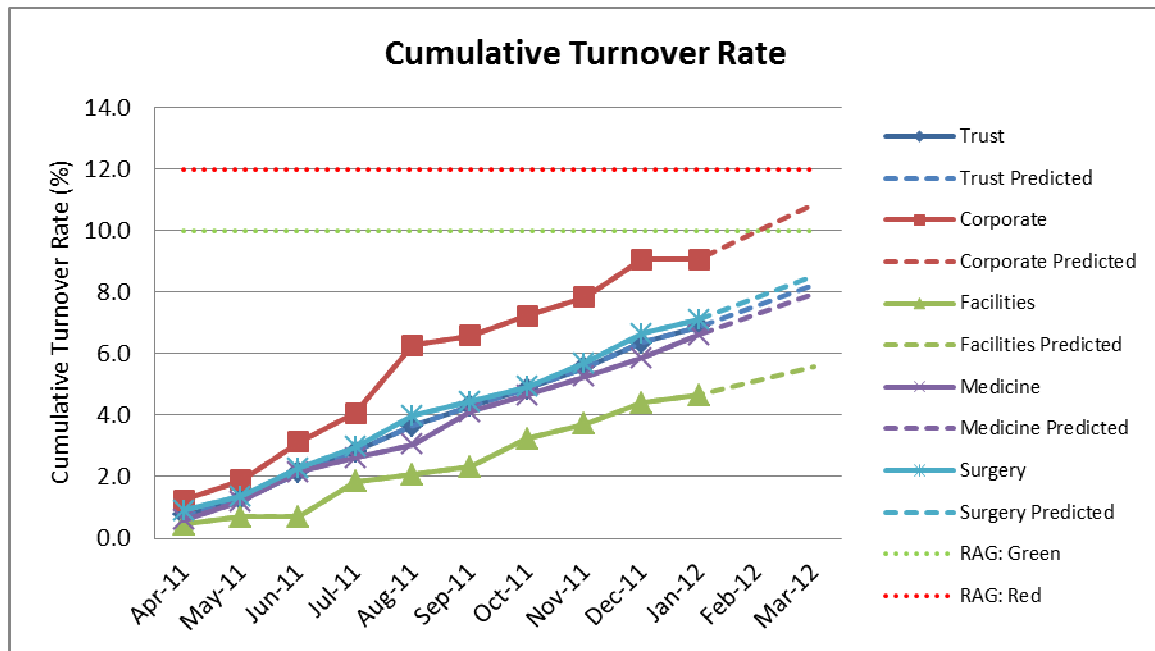
- Anxiety/stress/depression/other psychiatric illnesses
- Other known causes - not elsewhere classified (this category is inclusive of surgery)
- Gastrointestinal problems
- Cold, Cough, Flu – Influenza
- Back Problems

Group	Sickness Absence Rate (%) Nov-11	Sickness Absence Rate (%) Dec-11	Sickness Absence Rate (%) Jan-12
Trust	4.6	4.1	4.3
Corporate	2.8	2.6	2.9
Facilities	5.6	4.6	5.1
Medicine	4.5	3.9	4.0
Surgery	4.8	4.6	4.5

Actions

- The HR team continue to actively support the management of sickness (both long and short term) through local training, support with case management, and monthly reviews of new or unresolved cases which are escalated through the management structure within the Divisions for discussion and management;
- The Safer Staff Group / Staff Survey action plan specifically addresses health and wellbeing issues and its progress is being monitored by the Health & Safety Committee.

8. Turnover



Group	Turnover (%) Dec-11	Turnover (%) Jan-12	Turnover (%) Predicted 2011/12
Trust	0.8	0.5	8.2
Corporate	1.2	0.0	10.9
Facilities	0.7	0.2	5.6
Medicine	0.6	0.8	7.9
Surgery	0.9	0.5	8.5

Actions
<ul style="list-style-type: none"> The Head of HR and Head of Workforce Information Systems will be rolling out a co-ordinated programme designed to capture feedback from staff leaving the organisation to better inform both Divisional interventions and projects concerning Staff Engagement and Health and Wellbeing.

9. Staffing Incidences* (April 2011 – February 2012)

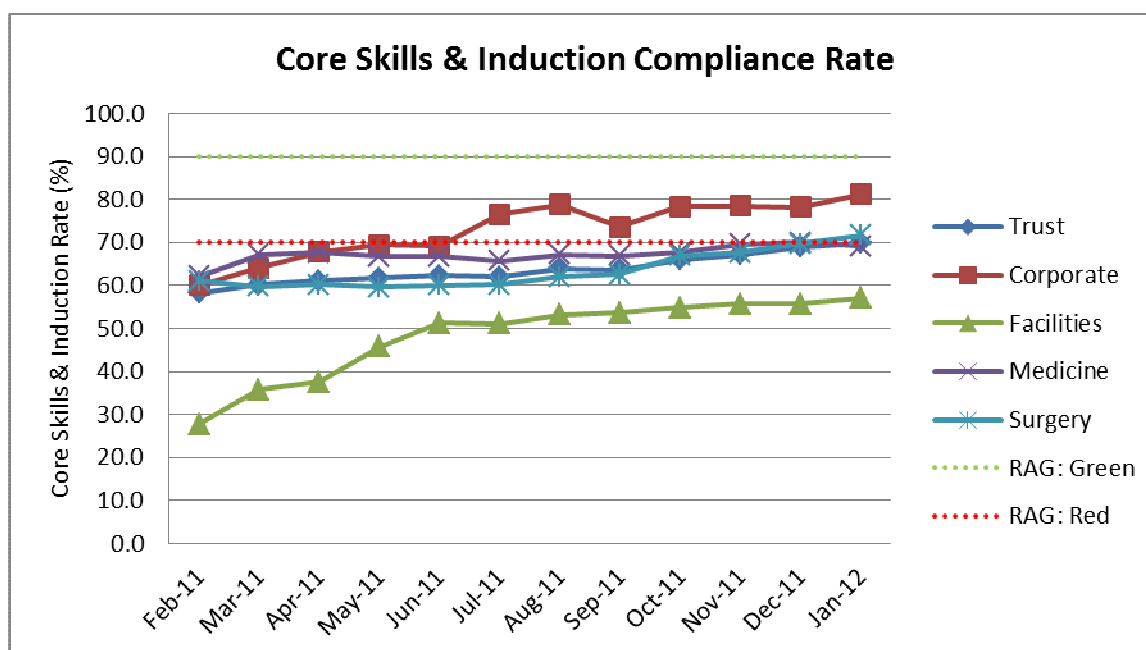
Division	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12
Medicine	11	5	16	11	12	18	25	19	16	21	35
Surgery	2	7	7	4	10	6	11	3	6	3	5
Total	13	12	23	15	22	24	36	22	22	24	40

Actions
<ul style="list-style-type: none"> Exploration of the correlation between staffing incidents and vacancies / bank utilisation is required.

* Reported to Risk Management, incidences where staffing issues impacted on the quality of patient care.

Author: Sue Smith, Deputy HR Director (Operations) Document Approved by: Lynn Vaughan, Director of Human Resources Agenda Item : 13	Date: 16 April 2012 Version: Final Page 8 of 11
---	---

10. Core skills & Induction Compliance



Group	Compliance (%) Nov-11	Compliance (%) Dec-11	Compliance (%) Jan-12
Trust	67.1	69.0	69.9
Corporate	78.4	78.2	81.1
Facilities	55.8	55.8	57.1
Medicine	69.5	70.0	69.0
Surgery	67.6	69.7	71.6

Actions

- A mandatory training review has been undertaken to judge what should be included in core skills training and therefore the most effective method of delivery; revised approach agreed by Strategic Workforce Committee in April.
- A review of induction has been completed and a revised induction process has been introduced w/e 1 April 12.

11. Safer Recruitment

CRB & Work Permits (Jan-12)	Total Number of Blank Entries	Percentage Compliance
CRB Disclosure Type	0	100%
Date CRB Requested	0	100%
Date CRB Received	0	100%
CRB Unique Number	0	100%
CRB Check Outcome	0	100%

Children and Adults Barred List Check (Feb-12)	Total Number of Blank Entries	Percentage Compliance
Children Barred List Requested	0	100%
Adult Barred List Requested	0	100%

Author: Sue Smith, Deputy HR Director (Operations) Document Approved by: Lynn Vaughan, Director of Human Resources Agenda Item : 13	Date: 16 April 2012 Version: Final Page 9 of 11
---	---

Occupational Health Clearance (Feb-12)	Total Number of Blank Entries	Percentage Compliance
Date of Medical	0	100%
Date of Medical Clearance	0	100%

Visa and Work Permit (Feb-12)	Total Number of Blank Entries	Percentage Compliance
Work Permit Required	0	100%
Visa Type	0	100%
Visa Reference Number	0	100%

Registrations & Memberships (Feb-12)	Total Number of Blank Entries	Percentage Compliance
Active Employees	0	100%
Maternity, Adoption, Inactive (Not working)	0	100%

Registration Body (Feb-12)	Total Number	Reason (s) for Registration Lapse
General Dental Council	0	-
General Medical Council	0	-
General Optical Council	0	-
Health Professions Council	0	-
Nursing & Midwifery Council	0	-
General Pharmaceutical Council	0	-

Actions
<ul style="list-style-type: none"> The following policies have been reviewed to support the Trust's Safer Staffing & NHSLA requirements: Recruitment and Selection Policy Pre and Post Employment Checks Policy Professional Registration Policy In addition, the Trust lead for recruitment has revised the HR & Management processes associated with Recruitment to ensure that they comply with the revised Policy framework; The Head of HR has commissioned the development of training programme to support managers planning to undertake recruitment on behalf of the Trust. This will work in partnership with the Recruiting Manager's Handbook which outlines the requirements upon Managers within the organisation & provides guidance on how to operate the online recruitment system effectively.

12. Employee Relations Activity (April 2011 - March 2012)

Completed Employee Relations Activity	Completed Cases	Current Cases	Current Cases over 8 Weeks
Bullying & Harassment	13	1	0
Capability	8	6	N/A
Conduct	45	13	8
Grievance	14	2	1
Whistle Blowing	0	1	1
Short Term Sickness	314	376	N/A
Long Term Sickness	63	48	N/A
Appeals	2	1	0

Author: Sue Smith, Deputy HR Director (Operations)	Date: 16 April 2012
Document Approved by: Lynn Vaughan, Director of Human Resources	Version: Final
Agenda Item : 13	Page 10 of 11

Actions

- The HR Team continue to provide support for Employee Relations through:
 - Formal People Management Courses designed to address both Policy & Process and softer skills, such as communication;
 - Local Update Training, one hour sessions on policy changes with a Q&A session;
 - Case Management Advice & Support;
 - Policy Development.

13. Job vacancies open > 3 months

Staff Group	Mar-12	Feb-12	Jan-12
A&C	-	-	-
AHP	-	-	-
Additional Clinical Services	-	-	-
Additional Professional , Scientific and Technical	-	-	-
Estates & Ancillary	-	-	-
Healthcare Scientists	-	-	-
Nursing & Midwifery Registered	-	-	-
Medical & Dental	-	-	-

Actions

- The Head of HR is currently in the process of identifying and agreeing Key Performance Indicators (KPIs) for the Recruitment process to provide greater detail and assurance with regards to the recruitment processes in place within the Trust at any given point in time. It is anticipated that these will be in place with effect from June 2012.

14. Recommendation

Trust Board is asked to note the content of this report, in particular actions, and advise any further steps that it requires the Strategic Workforce Committee to undertake in order to be assured that these issues are being managed effectively.

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Document Approved by: Lynn Vaughan, Director of Human Resources	Version: Final
Agenda Item : 13	Page 11 of 11