

PAPER FOR TRUST BOARD

BOARD REFERENCE: 8.4

AUTHOR:

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TITLE:

Performance Report: Human resources and Workforce

KEY ISSUES:

- The summary of HR Key Performance Indicators is attached
- Policy harmonisation work is making good progress
- The Directorate has aligned significant effort to rework the Workforce plan in response to the new Call Connect challenge

WHAT IS REQUIRED OF THE BOARD:

To Receive Report

FINANCIAL/HR IMPLICATIONS FOR TRUST:

1. Financial: **None - As contained in the report**
2. Risk: Has the risk already been assessed by Trust Board **Not applicable**
3. Operational Impact: **No – As contained in the report**
4. Equality Impact required: **No**
5. Resources required. **No**
6. Legal Issues. Does this support compliance of legislation requirements for Trust **Yes**

Report of the HR Directorate to the Trust Board meeting on 26 March 2008

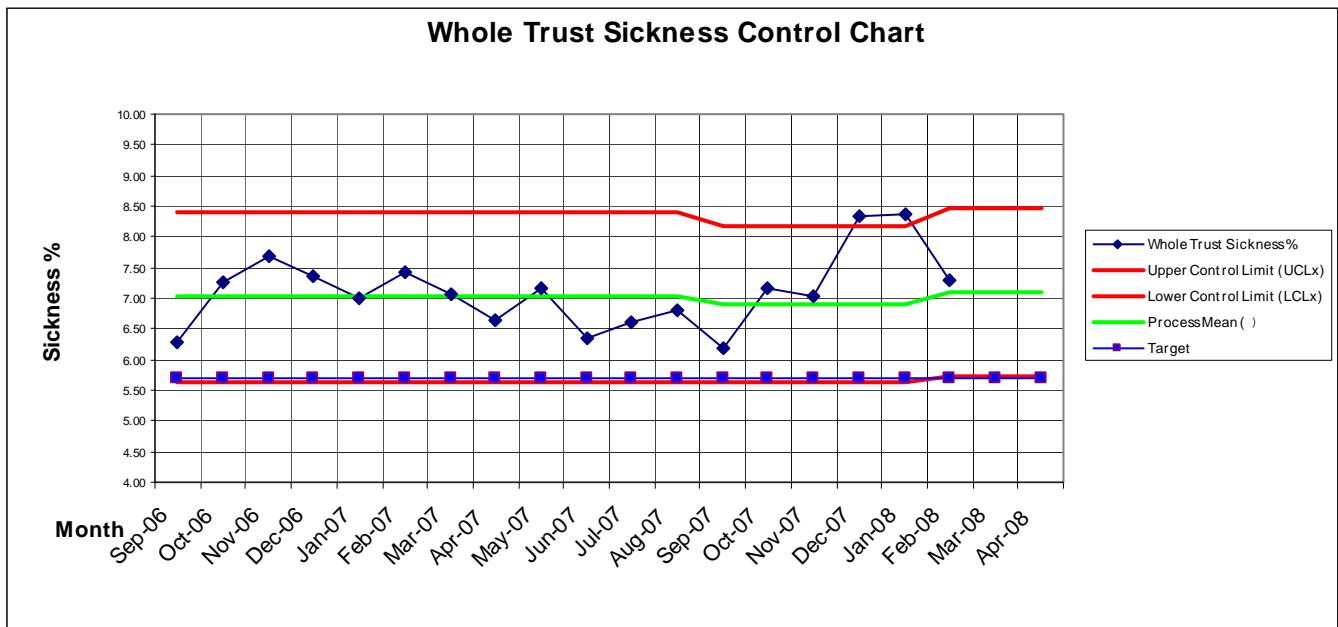
1. Key Workforce Indicators to the end of February 2008

The Statistical Process Control (SPC) analysis of sickness is presented below – this shows that the total level of sickness in January at 8.38% stayed at the very high level experienced in December. The February total then dropped to 7.3% which is marginally below the figure for February 2006 and which indicates a recovery from the exceptional period probably exacerbated by the bout of norovirus.

The average sickness level for the year to date has therefore risen from 6.93% at the end of December to 7.1% at the end of February. The locality breakdowns for sickness show that for the year to date

- Cambridgeshire still has the highest level in the Trust – averaging 9.45%
- Bedfordshire averages 8.51%
- Norfolk – 7.73%
- Suffolk – 7.32%
- Essex – 6.86%
- Hertfordshire has the lowest level – averaging 6.1% - and is the only locality to show a reduction in the average over the last 2 months.

Work continues to promote best practice in sickness absence control which requires careful and consistent line management attention.



The funded establishment has remained constant at 3491.77 WTE - with the staff in post headcount at 3817 at the end of February. There were almost 11 WTE posts vacant at the end of February. However, the breakdown at locality level is quite variable – with Bedfordshire having almost 50 WTE (or 23.67%) over their establishment level to Norfolk which has almost 25 WTE (or 5.18%) under their establishment level.

The turnover figures show that in January and February 23 staff left the Trust's employment and 46 joined the Trust – overall for the year the cumulative turnover has been 10.55%.

Concentration on operational performance has meant that only 197 out of 311 new recruits have been able to attend their induction programme.

The diversity breakdown of staff in post in the Trust shows little change from the December figures. 46% of staff are female and 54% of staff are male. 93.4% of staff are of white british origin.

Ia WORKFORCE PLANNING (Functional Split)						
Number of staff and wte by Category and Trust total against establishment	Category	a. Estab'ment wte	b. In post wte	c. Vacancy level	d. Vacancy level %	e. Head-count
	1. Trust TOTAL	3491.77	3480.79	10.98	0.31	3817
	2. A & E	2058.70	2090.35	-31.65	-1.54	2168
	3. NES (PTS & CTS)	535.85	486.67	49.18	9.18	611
	4. Primary Care	140.56	140.34	0.22	0.16	176
	5. Locality Admin	15.43	24.85	-9.42	-61.05	31
	6. Prod & Dist	379.78	378.71	1.07	0.28	441
	7. Shared Support	361.45	359.87	1.58	0.44	390
Ib WORKFORCE PLANNING (Locality Split)						
Number of staff and wte by Category and Trust total against establishment	Category	a. Estab'ment wte	b. In post wte	c. Vacancy level	d. Vacancy level %	e. Head-count
	1. Localities TOTAL	2750.54	2742.21	8.33	0.30	2986
	2. Norfolk	479.56	454.74	24.82	5.18	521
	3. Suffolk	428.54	425.62	2.92	0.68	471
	4. Cambridgeshire	389.67	384.99	4.68	1.20	423
	5. Essex	861.94	845.01	16.93	1.96	918
	6. Bedfordshire	210.65	260.52	-49.87	-23.67	268
	7. Hertfordshire	380.18	371.33	8.85	2.33	385
II SICKNESS (Functional Split)						
						(Trust target this yr 5.7%)
As a % of contracted hrs by category and Trust total . For long term sick (28 days+) & short term sick.	Category	a. Overall %	b. Long Term %	c. Short Term %	d. Year to Date %	
	1. Trust TOTAL	7.30	3.34	3.09	7.10	
	2. A & E	7.62	3.35	4.27	7.76	
	3. PTS	7.11	3.60	3.52	7.22	
	4. CTS	7.69	3.77	3.92	4.73	
	3. NES (PTS & CTS)	7.03	3.55	3.48	6.57	
	4. Primary Care	8.96	5.67	3.30	5.81	
	5. Prod & Dist inc Medicom	8.21	3.00	5.22	5.91	
	6. Shared Support	4.10	2.25	1.86	4.25	
II SICKNESS (Locality Split)						
						(Trust target this yr 5.7%)
As a % of contracted hrs by category and Trust total . For long term sick (28 days+) & short term sick.	Category	a. Overall %	b. Long Term %	c. Short Term %	d. Year to Date %	
	1. Localities TOTAL	7.57	3.52	4.09	7.57	
	2. Norfolk	7.71	3.82	3.89	7.73	
	3. Suffolk	6.97	3.64	3.33	7.32	
	4. Cambridgeshire	9.74	5.74	4.00	9.45	
	5. Essex	7.16	2.46	4.81	6.86	
	6. Bedfordshire	9.92	5.59	4.33	8.51	
	7. Hertfordshire	5.13	1.61	3.51	6.10	
III LONG TERM SICKNESS - No. of staff on long term sick which may result in retirement on health grounds						
Grade	Department/ Location	WTE	Possible Application	Application Made	Retirement date confirmed	
1	Ambulance Technician	Cambs A&E	1		Agreed date TBC	
2	Ambulance Technician	Cambs A&E	1		Agreed date TBC	
3	Ambulance Paramedic	Cambs A&E	1		Agreed date TBC	
4	Clinical Field Operations Manager	Cambs A&E	1			
5	Paramedic	Essex A&E	1		Y	Agreed date TBC
6	Emergency Medical Technician	Essex A&E	1		Y	
7	Paramedic	Essex A&E	1		Y	
8	Ambulance Paramedic	Norf A&E	1		Y	
9	Team Leader	Norf A&E	1			Agreed date TBC
10	Ambulance Transport Assistant	Norf PTS	0.85			Agreed date TBC
11	Ambulance Technician	Suff A&E	1		Y	
12	Ambulance Paramedic	Suff A&E	1		Y	

I RECRUITMENT & RETENTION					
V					
	a. Female	b. Male	c. Total	d. wte	e. Total yr to date
1. Number of new starters	24	22	46	43.03	311
2. Number discharged	8	15	23	21.72	400
3. Posts which we are actively recruiting to which have been vacant for 3 mths+ where no suitable candidate has been found.	f. Post Title		g. Location		h. AfC Band
	Patient Liaison Asst		Suffolk		2
4. Monthly Turnover and Stability rates	f. Turnover Mthly%		g. Turnover YTD %		h. Stability Mthly%
	0.60		10.55		91.72
V INDUCTION					
1. Attendance figures	a. No. staff recruited YTD			b. No. staff who have attended induction Session YTD	
	311			197	
V PERFORMANCE DEVELOPMENT REVIEW (PDR)					
I					
	a. No. of PDRs received in month	b. As a % of head count	c. Number of PDRs received year to date	d. As a % of head count	
1. PDRs Returned	28	0.73	1126	29.55	
V GRIEVANCE & DISCIPLINARY					
II					
	a. Total for Month	b. Comment	c. No. where formally reported Harrassment was involved	d. Total yr to date	
1. Discipline number of formal disciplinary actions taken		Currently not available	0	32	
2. Grievances number received and heard formally		Currently not available	0	31	
V OCCUPATIONAL HEALTH					
III					
Occupational Health Statistics			a. Total this month	d. Total year to date	
1. New contacts			79	801	
2. New referrals to physio (acute treatment)			15	137	
3. New referrals to rehabilitation programme			0	5	
4. New referrals to counselling			18	112	
I RECRUITMENT ACTIVITY Monthly					
X					
Age Range	Category	a. Applications Received	b. Applications Short listed	c. Appointments	
		No.	No.	No.	
Age Range	1. 16 - 19	6	0	NIL	
	2. 20 - 29	33	2		
	3. 30 - 39	28	2		
	4. 40 - 49	30	1		
	5. 50 - 59	11	0		
	6. 60 - 69	0	0		
	7. Other	0	0		
	8. TOTAL	108	5	0	
Gender	9. Female	67	1	NIL	
	10. Male	41	4		
	11. Undisclosed	0	0		
	12. TOTAL	108	5	0	
Ethnicity - White	13. White British	90	5	NIL	
	14. White Irish	1	0		
	15. Any Other white	2	0		
Ethnicity - Mixed	16. White & Black Caribbean	0	0		
	17. White & Black African	0	0		
	18. White & Asian	0	0		
Ethnicity - Asian	19. Other Mixed Background	0	0		
	20. Indian	4	0		
	21. Pakistani	1	0		
	22. Bangladeshi	1	0		
Ethnicity -Black	23. Other Asian Background	2	0		
	24. Caribbean	0	0		
	25. African	3	0		
Ethnicity - Other	26. Other Black Background	1	0		
	27. Chinese	0	0		

	28. Other Ethnic Group	2	0	
	29. Not Stated	1	0	
	30. TOTAL	108	5	0

X WORKFORCE PROFILE													
Age		a. A & E		b. NES (PTS & CTS)		c. Prim. Care		d. Prod & Dist		d. Shared Support		e. Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	1. 16 - 19	0	0.00	0	0.00	0	0.00	7	1.62	3	0.72	10	0.26
	2. 20 - 29	375	17.14	25	4.14	13	7.39	108	25.00	79	18.94	600	15.72
	3. 30 - 39	806	36.84	90	14.90	29	16.48	111	25.69	89	21.34	1125	29.47
	4. 40 - 49	661	30.21	168	27.81	53	30.11	116	26.85	119	28.54	1117	29.26
	5. 50 - 59	282	12.89	213	35.26	54	30.68	60	13.89	108	25.90	717	18.78
	6. 60 - 69	64	2.93	107	17.72	27	15.34	30	6.94	19	4.56	247	6.47
	7. Other	0	0.00	1	0.17	0	0.00	0	0.00	0	0.00	1	0.03
	9. TOTAL	2188	100.00	604	100.00	176	100.00	432	100.00	417	100.00	3817	100.00
Gender	10. Female	834	38.12	327	54.14	66	37.50	274	63.43	248	59.47	1749	45.82
	11. Male	1354	61.88	277	45.86	110	62.50	158	36.57	169	40.53	2068	54.18
	12. TOTAL	2188	100.00	604	100.00	176	100.00	432	100.00	417	100.00	3817	100.00
Ethnicity - White	13. White British	2055	93.92	580	96.03	164	93.18	404	93.52	362	86.81	3565	93.40
	14. White Irish	19	0.87	4	0.66	2	1.14	4	0.93	1	0.24	30	0.79
	15. Any Other white	45	2.06	8	1.32	3	1.70	4	0.93	6	1.44	66	1.73
Ethnicity - Mixed	16. White & Black Caribbean	6	0.27	0	0.00	0	0.00	2	0.46	0	0.00	8	0.21
	17. White & Black African	1	0.05	0	0.00	0	0.00	1	0.23	0	0.00	2	0.05
	18. White & Asian	7	0.32	0	0.00	0	0.00	0	0.00	0	0.00	7	0.18
Ethnicity - Asian	19. Other Mixed Background	10	0.46	0	0.00	0	0.00	1	0.23	0	0.00	11	0.29
	20. Indian	3	0.14	0	0.00	2	1.14	4	0.93	6	1.44	15	0.39
	21. Pakistani	0	0.00	1	0.17	0	0.00	1	0.23	0	0.00	2	0.05
	22. Bangladeshi	0	0.00	0	0.00	0	0.00	0	0.00	1	0.24	1	0.03
Ethnicity - Black	23. Other Asian Background	1	0.05	0	0.00	0	0.00	0	0.00	0	0.00	1	0.03
	24. Caribbean	3	0.14	1	0.17	2	1.14	1	0.23	2	0.48	9	0.24
	25. African	0	0.00	0	0.00	1	0.57	1	0.23	2	0.48	4	0.10
	26. Other Black Background	2	0.09	0	0.00	0	0.00	0	0.00	1	0.24	3	0.08
Ethnicity - Other	27. Chinese	0	0.00	1	0.17	0	0.00	1	0.23	1	0.24	3	0.08
	28. Other Ethnic Group	7	0.32	0	0.00	0	0.00	1	0.23	1	0.24	9	0.24
	29. Not Stated	29	1.33	9	1.49	2	1.14	7	1.62	34	8.15	81	2.12
	30. TOTAL	2188	100.00	604	100.00	176	100.00	432	100.00	417	100.00	3817	100.00
31. Number of staff who will be 70 in the next 12 months		a. A & E		b. NES (PTS & CTS)		c. Prim. Care		d. Prod & Dist		d. Shared Support		e. Total	
		0		3 x 69 1 x 70		2 x 69		0		0		6	

Reports of completed PDRs have risen marginally from 25% of the workforce by the end of December to 30% by the end of December. 148 were completed in January (the second highest month in the year) but only 2 in February. By locality, the total position ranges from:

- the commendable levels of 92% for Hertfordshire
- 46% in Cambridgeshire
- 44% in Bedfordshire
- 15% in Norfolk
- 13% in shared services
- 13% in Essex
- 12% in Production and Distribution
- 9% in Suffolk.

2. Financial Management

The HR Directorate has continued to be very active in supporting and addressing the financial position. These include:

- The vacancy control system continues with all vacancies requiring a decision by the appropriate Exec Director before they can be filled. Weekly reports are provided to the Exec Team to monitor this.
- The Learning and Development Unit initially surrendered £50,000 – a whole raft of training and development was cancelled during January and February to ensure all resources are able to be

directed to deliver operational performance. All clinical trainers are working on operational shifts when they are not training. HR admin staff have been helping and supporting scheduling and other operations functions

- Jill Whelan continues to be released from her Head of Workforce and OD duties for 3 days per week to develop a Workforce savings plan and co-ordinate and monitor actions with the internal recovery team – key priorities in the action plan include contributing to improved absence management, establishment control and overtime control.

3. Policy Development

Progress on policy harmonisation was reviewed within the Directorate over the last few weeks. Of the policies which appeared on the previous HR websites all except 5 have now been harmonised or passed on to relevant departments to complete – for example there are policies which Operations now own and others which come under Health and Safety. Of the last 5 to be harmonised, 3 are now drafted and are nearing completion through the Policies Review Group and we anticipate concluding all of the harmonisation of HR policies by May.

The new Annual Leave policy implementation programme is well under way – this has involved moving all staff over to a personal leave year from 1st April this year which has meant undertaking individual calculations and then formally writing to over 3000 staff. This has been an enormous task in the HR offices and all our work has been done with the involvement and support of the staffside. Once the new leave year has been introduced, we will move to implement all other policy harmonised issues by July.

The considerable task of harmonising the mealbreak arrangements has also commenced – although this is essentially an operational issue, HR are providing support.

4. Call Connect

Following the very recent SLA agreement with Commissioners, the Workforce Plan has had to be completely revised – over 120 new staff will now need to be recruited and trained in the next six months which is a massive task, bearing in mind that it often takes 3 months from advert to employment and the training then takes between 12 and 15 weeks to complete. At the same time, HR expertise will be needed to restructure A+E operations and HEOC management – preparatory work on job descriptions and job evaluation is already taking place but delivering all of this new agenda with very little lead in time will be extremely challenging.

5. HCC Inspections

The report from the Healthcare Commission's Race Relation compliance inspection team visit on 14 December has not yet been received – it was expected in mid February.

6. Equality and diversity

Jagtar Singh and Jill Whelan met with Brian Goodwin and Mohamed Jogi, the Equality and Diversity leads for NHS Employers to review the progress that the Trust is making with its Equality and diversity work – we will receive a report on this with recommendations for action.

The training workshop session for the Board members has been confirmed for 30 April.

7. Staff Survey

The annual staff survey undertaken for the Healthcare Commission concluded in December – the initial report shows a response rate of 48.70%. An initial look at the completely raw data would seem to indicate that overall there has been little change in staff attitudes. However, the Healthcare Commission analysis and inter Trust comparison (not yet published) will be the report to watch.

8. Health and Safety

The responsibility for leading on Health and Safety work has been changed temporarily to be accountable to me for the next 6 months. There is a significant amount of work to do here in terms of harmonisation of policies and changes in practice as well as the running of the Health and Safety

Committee. The Trust also has to develop a Counterfraud and Security management strategy and capacity.

9. Key Risks

- Continued high levels of absence
- Effect on workforce of added pressures (workload and finance)
- Workforce plan – recruitment changes and training challenge