

Human Resources Directorate Report 2008

1.0 Introduction

- 1.1 This paper identifies key activities undertaken by the Human Resources Directorate and the performance of the Trust in relation to staffing related matters during the last twelve months. The report aims to highlight areas of priority in relation to activity for 2009.

2.0 Key Performance Indicators

- 2.1 **Establishment – Appendix One** shows the Trust's establishment by staff group as at 1 February 2008 compared with 1 February 2009. The figure of 3585.25wte for 2009 shows a small increase in establishment of 1.32% with the biggest increases in staff being in the Administrative and Clerical and Allied Healthcare Professionals fields. A major contributor to this has been the additional temporary resources provided during the transfer to and opening of St Helens Hospital. There is a review taking place to establish if any of these temporary additional posts need to be permanently retained. This piece of work is due for completion by the end of March 09. **Appendices Two and Three** show the breakdown of ethnicity of the workforce along with evidence of promotions of staff from BME backgrounds from 2007 to 2008.

- 2.2 **Turnover –** As can be seen in **Appendix Four**, the Trust has experienced relatively low rates of turnover during 2008 at 8.66%, with 10% generally being quoted as an average for the NHS. The largest number of staff leaving in the last year has been from the Nursing and Midwifery profession. Work has already commenced with the Assistant Director of Nursing to plan for changes in skillmix to support the 50% single occupancy wards and changed environment in the new Whiston Hospital. Supporting this is the continued investment in Assistant Practitioner roles. The Trust has 4 qualified Assistant Practitioners and 4 entering the second and final year of their Foundation Degree currently. There are 23 students who have started in January 2009. Bids are due in in April 2009 for next year's intake, with access being opened to a Maternity Assistant Practitioner (Support Worker) programme. A wider understanding of the workforce demographics needs to be established to enable succession planning and potential realignment of staffing needs in accordance with the requirements of new ways of working in the new Hospital. Work is already planned with the Matrons to take this forward, the results of which will need to be fed

into the appropriate sub-groups of the New Build Project Implementation Group.

2.3 Sickness absence – Appendix Five demonstrates how the Trust has performed in relation to sickness absence rates during 2008/09 up to end February 2009, compared with 2007/08. As can be seen the split between short and long term sickness absence has not differed greatly from between these two periods, however 2007 did see an improvement in short term absence from the previous year, as a result of work to implement the Irregular Attendance Procedure. The Trust has however experienced a sustained period of improvement in sickness absence rates during May to October 2008, almost reaching the Trust target of 4%. It is thought a combination of factors contributed to this improvement which included the use of Firstcare reports to managers aiding management of sickness absence, sustained efforts by managers and the HR team to manage sickness absence and the focus on supporting staff with rehabilitation programmes to help them return after longer periods of absence. Whilst Firstcare has been in use within the Trust Workforce Planning team have enabled over half of the Trust to use the Manager Self Service (MSS) function in the Electronic Staff Record System. This means sickness absence, changes to staff, booking onto mandatory courses can be input direct by the manager. This has improved the immediacy and accuracy of absence reporting for those areas of the Trust on MSS, the roll out of which is due to be completed by September 2009. During this period a replication of as much of the reporting functionality of Firstcare is planned in order to retain the best elements of the service whilst bringing their contract to a close. **Appendix Six** identifies a breakdown of sickness absence reasons for the last twelve months and costs based on individual earnings. During the past two years a solid policy framework has been put in place to effectively manage sickness absence, which has had key input and leadership from the HR team. Continued improvements have been made to the regularity and standard of workforce information reporting in particular for sickness absence. In order to continually move this work forward the plan during 2009/10 is to better understand the reasons, causes and impact of sickness in the workplace and to develop Health and Wellbeing Strategy that fully supports managing maintenance of good health, keeping people in work wherever possible and providing access to appropriate and varied services to help with management of long term absence and/or conditions.

2.4 Bank and Agency usage – During 2008/09 the overall paybill has remained balanced and Care Groups have not exceeded their budgeted establishment through use of bank and agency staff. During this period the Trust has also continued to see the improvements in fill rates with bank staff being used rather than agency, with Theatres being the remaining main user of Agency staff. **Appendix Seven** shows the rates of usage across the Trust for both nursing and midwifery and administrative and clerical staff. For both 07/08 and

08/09 a substantial drop in bank and agency demand can be seen around the Christmas holiday period for nurses and midwives. During the same period and for a month or so before a sharp increase in usage of administrative and clerical cover was used. The aim for 2009 will be to work with Care Groups to find strategies to reduce the reliance on temporary staffing to further reduce cost and any potential quality issues resulting from their use. It is likely however, that planning needs to take place in relation to additional temporary staffing requirements during the move to the new Whiston Hospital.

2.5 Mandatory Training – The Trust has improved its performance in relation to ensuring all staff receive the appropriate level of mandatory training as required for their post during 2008. The Learning and Development team have undertaken a huge piece of work to ensure the Trust is meeting the requirements under the Standards for Better Health. The data is now kept on the Trust's Oracle Learning Management system (part of ESR). Continued development of the system is planned for 2009 with a view to enabling managers to utilise the benefits of Manager Self Service further in relation to being able to run local reports on mandatory training compliance.

2.6 Employee Relations activity – Appendix Eight shows the breakdown of cases and the nature grievances and disciplinaries that have taken place during 2007/08 and 2008/09 (up to February 09). The biggest increase can be seen in people taking out a case under the Respect at Work Policy. An increase has been seen in cases relating to staff at St Helens in the run up and since the move to the new Hospital. The staff employed in Soft FM services under the Retention of Employment arrangements account for the largest number of disciplinary cases. These numbers are kept under close review by the HR Manager covering Medirest who works closely with Medirest managers to ensure appropriate application of the Trust policies.

3.0 Achievements 2008/09 and Looking Forward to 2009/10:

3.1 Despite the Directorate experiencing a period without a substantive Deputy in post during 2008 developments and achievements against some of the key areas identified in the 2008/09 HR Business Plan have continued. In particular the following has been achieved in each of the key areas:

3.2 Generalist HR – a great deal of work was put into ensuring the requirements under Standards for Better Health were met, work that was co-ordinated across the Directorate by the generalist HR team. Work has continued to ensure the HR requirements of Pandemic Flu planning are met. Whilst some outstanding issues remain in relation to individual Agenda for Change cases, the process is now fully mainstreamed. The main areas of work for 2009/10 include ensuring the right structure and roles and responsibilities are in place within the Department to ensure all aspects of work can develop. Whilst we are

meeting our requirements under the Equality and Human Rights agenda this area does require a continued focus with the potential to broaden the remit of a lead role to include responsibility for non employment issues.

- 3.3 Occupational Health** – during 2008 the Trust wide Stress Audit was carried out. The results of which have started to be taken forward by the team through action planning with Care Groups. A major piece of work for 2009/10 will be to develop a Health and Well Being Strategy incorporating the national Occupational Health Standards. Activity reporting for Occupational Health is being developed and is expected to make up part of the Care Group's standard reporting package by April 2009. Occupational Health have a pivotal role in moving the overall sickness absence agenda forward and current practices have started to be reviewed to ensure the most effective use of resources within the team during 2009/10.
- 3.4 Workforce Planning and Payroll/Staff Services** – the Trust has been held up as an exemplar for its work relating to the final stage of implementation of ESR, Readiness Assessment 5. As a result the Trust is ahead of most others nationally with its programme for rolling out Manager Self Service. This will be completed by December 09, approximately half of the Trust now benefit from being live on MSS. The major piece of work for both departments, along with elements of the generalist HR team will be to establish an 'end to end' service potentially via one team operating across traditional recruitment, workforce planning and payroll teams.
- 3.5 Medical Staffing and Medical Education** – The Trust achieved European Working Time Directive Compliance one year ahead of the 2009 deadline. In some areas there are still extreme pressures on junior doctors rotas due to shortages, which are at a national level, in supply of people trained to the necessary level resulting in gaps in rotas. The Trust will be continuing work to address this in areas particularly badly effected. The medical staffing team have undertaken the supporting piece of work to ensure implementation of the new Staff Grade and Associate Specialist (SAS) Contract. The Medical Education facility has continued to develop it's reputation nationally by developing and advancing methods of delivering teaching to junior doctors. During 2009/10 the formal merging of the under and post graduate medical training functions will take place with management sitting under one person. This will result in good practice relating to under graduate trainees being shared across the post graduate education provision.
- 3.6 Learning and Development** – The Trust has seen more robust induction and mandatory training programmes being put in place with improved reporting mechanisms over the last twelve months. The team has been through considerable change in recent times, however during the last twelve months NVQ provision has grown substantially

and the team received special mention during the recent revalidation of the Trust's Investors In People Award. Major areas for development during 2009/10 will be the establishment of a finalised department structure fit for purpose in relation to delivering against the wider Learning and Development agenda. Some of this work has started with the further improvement and development of the Leadership and Management Development Initiative programme, linking it to levels 2, 3, 4 and 5 NVQ attainment, providing a programme meeting the needs of team leaders and junior to middle level managers. A programme including coaching, project management, 360 deg feedback skills training is due to commence in March 2009 aimed at more senior managers. The Staffing Solutions team sit within the L&D function and will undergo the same finalising of structure.

3.7 Workforce Remodelling – A key piece of work that a number of the departments within the Directorate will be heavily involved in during 2009/10 is work with the Care Groups to align the workforce to the care pathways and service design taking place in relation to the Whiston Hospital build. The new Deputy Director of HR is leading this piece of work and as such will be working as part of relevant sub-groups of the New Build Project Implementation Group. During the remainder of 2009 workforce plans will be drawn up within each Care Group identifying how succession planning, appropriate skills development and changes to workforce are planned to take place over the coming two to five years, ie over the short, medium and long term. Supporting work will take place on specific projects identifying improved efficiencies and realisation of benefits of new technology particularly in relation to administrative functions.

4.0 Conclusion/Actions for the Board

- 4.1 It is proposed that a shortened version of this report, mainly providing evidence of progress and improvement in key activity areas is produced for the Board on a quarterly basis, with a more detailed annual report provided towards the end of the financial year.
- 4.2 The Board are requested to acknowledge the work undertaken within the Directorate during 2008/09 and support the areas of work identified moving into 2009/10.

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