Human Resources Report

Principle
Report to: Trust Board - 1st May 2007
Report from: Elaine Byrne, A/HR Director
Sponsoring Executive: Elaine Byrne, A/HR Director

Aim of Report/Principle
Topic: To inform Trust Board about the recent issues in recruitment, to report on the Staff Attitude Survey, to inform about the Workforce Plan for 2007/08, and to advise on corporate and national developments for 2007/08.

Review History to date: This is the first HR Report since May 2006.

Recommendation(s): For Trust Board to:
(1) support the plans for recruitment;
(2) note progress on the New Deal for staff;
(3) note the Workforce Report.

Recruitment 1. E-Recruitment

Recruitment activity has fluctuated over the year in line with centralized controls - see Table 1.

Table 2 shows the level of recruitment and associated costs over the last 5 years.

Training Grade Junior Doctors are recruited outside of E-Recruitment.

Table 1

<table>
<thead>
<tr>
<th>Month</th>
<th>Appointed</th>
<th>Shortlist</th>
<th>Advert</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-06</td>
<td>100</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Jun-06</td>
<td>150</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Jul-06</td>
<td>200</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Aug-06</td>
<td>250</td>
<td></td>
<td>250</td>
</tr>
<tr>
<td>Sep-06</td>
<td>300</td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>Oct-06</td>
<td>350</td>
<td></td>
<td>350</td>
</tr>
<tr>
<td>Nov-06</td>
<td>400</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>Dec-06</td>
<td>450</td>
<td></td>
<td>450</td>
</tr>
<tr>
<td>Jan-07</td>
<td>500</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>Feb-07</td>
<td>550</td>
<td></td>
<td>550</td>
</tr>
<tr>
<td>Mar-07</td>
<td>600</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>Apr-07</td>
<td>650</td>
<td></td>
<td>650</td>
</tr>
</tbody>
</table>
Table 2 - Benefits realised from E-Recruitment

<table>
<thead>
<tr>
<th>Year</th>
<th>Starters Headcount</th>
<th>Leavers Headcount</th>
<th>% Turnover</th>
<th>Agency Cost £000</th>
<th>Advertising spend £000</th>
<th>£000 Advert Each Starter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>1351</td>
<td>1203</td>
<td>19.27%</td>
<td>4416</td>
<td>118</td>
<td>60</td>
</tr>
<tr>
<td>2005/06</td>
<td>1454</td>
<td>2067</td>
<td>24.7%</td>
<td>5269</td>
<td>187</td>
<td>130</td>
</tr>
<tr>
<td>2004/05</td>
<td>1311</td>
<td>1826</td>
<td>22%</td>
<td>6409</td>
<td>375</td>
<td>290</td>
</tr>
<tr>
<td>2003/04</td>
<td>2211</td>
<td>1780</td>
<td>22%</td>
<td>9051</td>
<td>539</td>
<td>240</td>
</tr>
<tr>
<td>2002/03</td>
<td>1918</td>
<td>1746</td>
<td></td>
<td>7177</td>
<td>674</td>
<td>350</td>
</tr>
</tbody>
</table>

The recruitment service has struggled to perform at optimum levels in 06/07 due to:

- The stop/go effect of recruitment restrictions creating peaks of activity alongside cancelling interviews and managing applicant communications, almost 13,000 people applied to work at SUHT last year.
- Major system change and transfer in of significant workload from SBS Payroll.
- Holding vacancies and rapid turnover in the Recruitment Team.

To resolve this in 07/08, HR will have named teams identified for each Division. HR are:

- dealing with the immediate current workflow backlog and anticipated peak;
- redesigning pre-employment processes to speed this up and link service responsibility and compliance with Standards for Better Health;
- designing and implementing Trust-wide recruitment of A&C/HCA and agreed others;
- supporting expansion and adoption of enhanced E-recruitment facilities;
- underpinning this with explicit recruitment co-ordination and forecasting. This will need phased capacity, prioritising of current staff deployment, recruitment and release of staff if we are to avoid “boom and bust”.

To enable this work, we need a range of skills from administrative/local knowledge of Workforce Resourcing/NHS HR skills/help and specific commercial HR skills. To secure this and expand the HR team we have:

- requested Divisions to contribute;
- invited other NHS Employers to offer HR staff Secondments;
- pursued commercial HR Managers.

1.1 Junior Medical Recruitment - Medical Training Application Service (MTAS)

The implementation of the Medical Training Application Service (MTAS) has hit the national news in recent weeks with a high profile national review following round 1 of recruitment to Specialty training. Steve Barnett, Director of NHS Employers, wrote to Trusts on 13th April with an update on progress since the MMC/MTAS review group announcement on 4th April. The Logistics guide for Specialty Training has been revised taking into account the changes to Round 1 and is available on NHS Employers’ website today. The high level indicative timetable has been revised with handover of HR information to employers to start pre-employment checks planned for 18th-19th June 2007. Contracts are due to start 1st August. This will mean we have 30 working days to get all pre-employment checks completed.

Locally the Wessex Institute is in regular communication with Medical HR. Wessex had 875 interviews arranged over a 24 working day period, and have had to add a further 500 interviews in 19 working days. They have asked for support from the SUHT Medical HR team and neighbouring Trusts. The Medical HR Manager has received login details to enable access to MTAS - initially for details of the 52 Foundation 1 Doctors due to start in August. We have been advised that references are not accessible from the system at the moment. Within the next few days NHS Employers will also publish a Pay Circular setting out the revised pay scales for Doctors in training. This is significant because until this information is available to Trusts, we cannot set new appointees up on ESR (as was the case for the new Foundation 1 & 2s in August 2006).
2. **Staff Experience**

2.1 **Staff Attitude Survey 2006**

A summary and highlight report is attached at Appendices 1 and 2.

2.2 **New Deal for Staff**

The Staff Partnership Forum has commenced discussion on a ‘New Deal’ for staff as set out in the 20/20 Vision. Proposals will be developed and discussion so far has covered:

<table>
<thead>
<tr>
<th>Staff Experience</th>
<th>Action Plan</th>
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</table>
| **Staff Involvement** |  - A new Recognition Agreement fit for a Foundation Trust  
  - Development of Divisional Staff Partnership Forums  
  - CEO Staff Forum  
  - Wide participation in Core Brief |
| **Staff Benefits, Staff Health and Work/Life Balance** |  - Healthy Heart Club - in collaboration with Wessex Heartbeat, support and develop the on-site and local provision for staff to enjoy classes to improve fitness and well-being.  
  - An Occupational Health Consultant Lead for each Division.  
  - A statement for all staff valuing the employee benefits they enjoy in cash terms.  
  - Agree a personal holiday year to improve work/life balance.  
  - TESS - a tax efficient salary scheme to enjoy enhanced benefits.  
  - Easier access to information about available benefits.  
  - Re-launch of Key Worker Housing. |
| **Single Equality Scheme** |  - Development of a Single Equality Scheme to set out how we will promote values such as dignity, fairness, equality and respect. |
| **Staff Attitude Survey** | Agree Divisional goals to improve staff satisfaction at work, including:  
  - A quarterly target for KSF/appraisal/PDP  
  - Tackling long hours culture  
  - Correlate staff satisfaction and patient satisfaction  
  - Commitment - the Trust will manage this as part of balanced performance management. |
| **Staff Metrics for the Trust and each Division** |  - Turnover  
  - Vacancy Rates  
  - Stability Index  
  - Sickness Absence  
  - Use of temporary staffing  
  - Working Time Directive compliance  
  - Average PAs  
  - Cost weighted output/paybill. |
| **Staff Management** |  - Develop a Staff Experience Strategy  
  - Investigate the Benefits of Accreditation for IIP. |
3. Pay and Conditions

In 2007 the Trust will implement:

3.1 For Staff Grades and Associate Specialists a new contract for the Staff Grade and Associate Specialist group of Doctors.

3.2 For staff on Agenda for Change Terms & Conditions - Payments for Working Unsocial Hours

From 1st October 2007, the following enhancements are proposed for all staff on Agenda for Change Terms and Conditions of service.

<table>
<thead>
<tr>
<th>Pay Band</th>
<th>Anytime on Saturday (midnight to midnight) and any weekday after 8pm &amp; before 6am</th>
<th>All time on Sundays &amp; Public Holidays (midnight to midnight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time plus 50%</td>
<td>Double time</td>
</tr>
<tr>
<td>2</td>
<td>Time plus 44%</td>
<td>Time plus 88%</td>
</tr>
<tr>
<td>3</td>
<td>Time plus 37%</td>
<td>Time plus 74%</td>
</tr>
<tr>
<td>4 - 9</td>
<td>Time plus 30%</td>
<td>Time plus 60%</td>
</tr>
</tbody>
</table>

The enhanced rates will be paid for all unsocial hours worked on a Saturday (midnight to midnight) or on weekdays between 9pm and 6am.

The rates shown for all hours worked on Sundays and Public Holidays are midnight to midnight.

Where a continuous night shift or evening shift on a weekday (other than a Public Holiday) includes hours outside the period of 8pm to 6am, the enhancements should be applied to the whole shift if more than half of the time falls between 8pm and 6am.

Staff will only receive one rate of percentage enhancement for the hours worked.

3.3 Performance Related Pay for Executive Directors

3.4 National Reviews are taking place for:

- NHS Pension Scheme
- Ill Health Retirement
- White Paper Regulation Reform for Professional Staff

3.5 Local ESR implementation for:

- Salary Sacrifice Scheme

3.6 Local ESR implementation for:

- Time sheets at source to give faster Workforce information.
4. Workforce Plan 2007/08 - Performance Improvement through productivity gains

A recent Select Committee concluded that much of the NHS deficit was due to a breakdown in linking the number of WTE employed to the level of the available paybill. The Trust continues to make this a key indicator of Divisional Financial Control.

The Health Select Committee published its report on Workforce Planning in the NHS. In its report the Committee criticised what it describes as the 'disastrous failure' of Workforce Planning in the NHS and the 'boom and bust' in recruitment and retention.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>SUHT Action</th>
</tr>
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<tbody>
<tr>
<td>• Workforce Planning should be given a higher priority and be better integrated with service and financial planning</td>
<td>• Workforce planning model includes financial and productivity indicators.</td>
</tr>
<tr>
<td>• NHS Managers have a key and valuable role to play and clinical staff should be more actively engaged in workforce development issues</td>
<td>• Divisional HRMs, FMs and Divisional Teams are building integrated plans, identifying and resolving differences</td>
</tr>
<tr>
<td>• Workforce Planning and information improved significantly in 2006/07 to contribute to the confidence in Turnaround Plans and provide greater detail. This was enabled by ESR</td>
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<td>• Latterly the localisation of national tools such as ‘Christmas Trees’ to enable Managers to see the effect of redesign on the cost and career level of their workforce. Work is underway to link staff, paybill, staff indicators and patient experience indicators at Care Group level</td>
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</tr>
<tr>
<td>• the NHS should retain responsibility for commissioning of undergraduate education for healthcare professionals including via use of the KSF</td>
<td>• First gateway KSF profiles should be reviewed with professional and service managers to inform education commissioning</td>
</tr>
<tr>
<td>• the education and training of the NHS workforce needs to be shaped by the needs of the service and there needs to be a strong employer voice at local level working via strategic health authorities</td>
<td>• Professional service and HR membership of NESC and SHA Forums</td>
</tr>
<tr>
<td>• there needs to be collaboration between organisations on education and training even in the new more competitive NHS market</td>
<td>• Proposed joint education lead with ISTC work.</td>
</tr>
<tr>
<td>• the benefits on new pay arrangements need to be realised to deliver productivity improvements</td>
<td>• Work with planners to ensure pathway redesign to inform workforce plans and training needs</td>
</tr>
<tr>
<td>• funding streams for NHS education should be reviewed to support more effective investment, break down barriers between staff groups and compensate employers for the costs of training</td>
<td>• Introduction of improved job planning in 07/08</td>
</tr>
<tr>
<td>• the benefits on new pay arrangements need to be realised to deliver productivity improvements</td>
<td>• Actively work with NHS Institute on ward productivity</td>
</tr>
<tr>
<td>• funding streams for NHS education should be reviewed to support more effective investment, break down barriers between staff groups and compensate employers for the costs of training</td>
<td>• Utilise nationally developed tools to improve local planning</td>
</tr>
<tr>
<td>• the benefits on new pay arrangements need to be realised to deliver productivity improvements</td>
<td>• The impact of this on SUHT needs to be established and the gains or losses from “compensation” valued</td>
</tr>
</tbody>
</table>
Reflecting the lessons learnt Nationally, the Trust Workforce WTE is monitored by the SCSHA and DOH “FIMS” process. For 2007/2008 and the Trust has submitted consistent Financial and Workforce plans. The total actual workforce (including flexible) is expected to grow by 280 WTE by March 2008. The Trust’s Workforce Plan is included at Appendix 3.

Each Division has submitted a total workforce plan based on 06/07 outturn workforce plus LDP or Trust investments, however the Level C savings and workforce reduction effect was not firm for most services by the FIMS deadline. Underperforming on planning for level C’s has meant that many of the Trust’s own internal re-investments must be slipped to the second quarter.

Divisional plans took an optimistic view of when recruits would start with 85% of the year’s growth joining the Trust in the first quarter. Half of this was re-phased to quarter 2 to reflect the available paybill. Recruitment controls will be operated at Divisional Level in 2007/2008 to be based on Workforce Plans net of Level C’s. These will be agreed between Divisions and Director of HR by the end of April and updated by agreed in year forecasts. Provision has been made in the Trust’s recruitment phasing for newly qualified Nurses which must be reflected in Divisional plans along with graduate Allied Heath Professionals.

4.1 My Job Plan

This web-based tool is licensed by Zircadian, the company that has successfully operated a rostering and monitoring system for Junior Doctors. Implementation is planned and Zircadian will be agreeing training dates for Care Group Clinical leads, HRMs and the Consultant body later this month. HR have worked with Staff Side and will be updating the LCNC at the April meeting.

“My Job Plan” will provide standardised job plans for individuals that can be consolidated at Care Group level in a transparent, efficient way. It will be used for the 340 NHS Consultants (including Locums) and 60 Honorary Consultants.

The system provides a staged approach to agreement and signoff of job plans by the Care Group Lead and Divisional Director. It will consolidate data on Programmed activities, with breakdown of direct and supporting activities, enabling monitoring of activity and location (ISTC) for example. It will enable review of individual objectives and milestones.

HR will work with Zircadian and interested Divisions to build on this to create Job Plans for all non ward/Theatre-based Clinical Staff.
HR Policy 5. Comprehensive Review of SUHT HR Policies

The HR Team are undertaking a comprehensive review of all employment Policies and Procedures. These will be updated with latest legislation, ensuring consistency, style and content and add new policies such as a Capability Policy to ensure we have a comprehensive suite of accurate and user friendly documents to assist Managers in their roles.

This will be complete and ready to take through the Trust authorisation process within the next three months to improve accessibility for staff and managers in preparation for our Foundation Trust application.

The Trust does not have clear guidance on Fixed Term employment and we will therefore develop a policy to limit fixed term employment to 11 months including notice to ensure that the Trust does not inadvertently become liable for employment costs unless there is a clear business case to do so.

5.1 Single Equality Scheme

The new Gender Equality legislation takes effect from April 2007 and we are incorporating Race, Disability, Gender and Age legislation into a Single Equality Scheme.

The Trust has enhanced its reporting on recruitment to reflect this new legislation and a summary of Equal Opportunities in Recruitment from 1st November 2006 to the present is attached as Appendix 4.

This will provide a comprehensive and inclusive scheme within which we aim to promote equality and eliminate discrimination in our policy and provisions for patients and staff.

We will measure our performance on diversity and undertake impact assessments of our main Trust functions/corporate decisions to meet the Standards for Better Health.

5.2 Human Rights Act

Guidance has been received to assist us in working with the Human Rights Act 1998. It is unlawful for a Public Authority such as a Trust to act in a way that is incompatible with an individual’s convention rights in either act or omission, unless this is against the public interest.

From October 2006 the Human Rights Act includes the right to life, respect for private and family life, freedom of thought, conscience, religion and expression and prohibition of discrimination.

Examples might include ensuring patient consent for examination by groups of students, reporting child abuse, respecting privacy or email, telephone calls and CCTV surveillance unless a criminal act is suspected, provision of a uniform policy acceptable to all religious beliefs, a whistle blowing policy that protects an individual’s right to express views and policy provision for same sex partnerships.

We aim to ensure that all Trust Policies are Procedures respect these rights.
5.3 ISTC

Commercial close for the Lymington and RSH scheme was due on 5th April 07. Staff briefings have been held in March and 1:1 interviews with approximately 150 staff to gain expression of interest in seconding to PHG are being undertaken in April. There is a tight timescale to ensure that all staff who wish to Second to complete the appropriate in May and June and give PHG a clear mandate on which posts they are able to recruit to. SLAs for Pathology, Imagining, Audiology and Medical Physics at Lymington have been finalised.

The Trust is taking legal advice on the possibility that staff Seconding for less than 30% of their time and therefore not at risk of TUPE being rejected by PHG and how the late notification of transfer of clinics from Hythe to Lymington will affect the Trust.

There are some categories of staff such as Eye Theatre practitioners where we are able to provide redeployment to other Theatres if staff do not wish to Second and further work is in hand to identify other similar staff groups. A legal opinion from Beachcrofts has been sought on the WSA and SSA.

5.4 Equal Pay Claims

Claims have arisen because Unions claim that Agenda for Change has revealed past unequal pay based upon gender difference. Staff are seeking 6 year’s back pay. There is a national strategy for handling these claims but the back pay and legal costs will fall to the Trust.

We have received claims for 16 staff for which the pay details and gender of all staff in the same pay banding have to be produced for the last 6 years. This totals about 4500 staff. The first 4 claimants have identified 12 named comparators for the data and interviews with these staff including various Solicitors have taken place.

It is predicted that all of these cases will be taken to Tribunal for a decision on equal pay relating to the comparison of further Whitley and Trust Terms and Conditions. It is expected that some of the legal issues will be dealt with by national test cases in 2007 and financial support through loans to Trusts to pay settlements is being arranged.

Final settlements may not be agreed until 2008 or later if appeals are held.

5.5 Consultant Maximum Part-timers

On implementation of the new Consultant Contract, the Trust phased some assimilation pay to form Maximum Part-Time Consultants, this approach has now been tested at Employment Tribunal in Bournemouth and found unlawful. SUHT will pay lawful arrears amounting to £100,000.