

Quality care – for you, with you

REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Thursday 28 th March 2019
Title:	HROD Trust Board Report
Lead Director:	Vivienne Toal Director of Human Resources & Organisational Development
Corporate Objective:	Provide safe, high quality care Be a great place to work Make the best use of resources
Purpose:	For Approval
Summary of Key Issues for Trust Board	
<u>High level context:</u> Section 1 provides a summary of the Agenda for Change Pay Award 2018/19 and Pension Banding Review process. Section 2 provides an update on resourcing pressures across the medical and non-medical workforce Sections 3 - 4 outline key workforce productivity information	
<u>Key issues/risks for discussion:</u> Section 1 – Key points to note: AFC Pay Award and implementation • Summary of 2018/19 NI AFC Pay Award • Implementation of pay award and pension band review process resulted in 137 monthly and 6 fortnightly staff in negative arrears position at end of February 2019 • Following identification of an error in relation to pension band assessment by Payroll Services Centre, 226 staff were identified as either owing pension contributions or requiring refunds by end of March 2019.	

Section 2 - Resourcing Services - Key points to note:

- Ongoing and significant workforce pressures across a range of staff groups, including all areas of Nursing & Midwifery (including support posts), Social Workers, Domiciliary Care Workers and Allied Health Professions.
- Significant progress with recruitment to 'Transformation projects' across the Trust, and the associated monitoring of this activity.
- Slight reduction in the number of posts approved in the Trust during December 2018 to February 2019, however activity levels in the Recruitment Shared Service Centre remain very high. The Trust's Resourcing team continue to work with RSSC, Trust service managers and as part of the regional Strategic Resourcing Innovation Forum to identify and implement improvements wherever possible.

Section 3 – Workforce Information Key points to note:

- The Trust's cumulative sickness absence rate for 2018/19 (April 18 – January 19) is 5.33%, which is higher than the figure of 5.01% for the same period last year, and the internal target of 4.93%.
- Regional HSC Sickness Absence information for 2018/19 year to date indicates that the Southern Trust has the lowest level of cumulative sickness absence as at January 2019 (excluding BHSCT who have not yet submitted their figures).
- The Staff in Post figure as at 31 January 2019 shows an increase of 148 WTE since 31 March 2018, and an increase of 341.20 WTE in comparison with the baseline figure for 31 March 2017.
- The flexible costs for 2018/19 YTD have increased by an average of over £920k per month compared to 2016/17 figures, and by over £660k per month when compared with 2017/18.
- The Total Year to Date Flexible Workforce Cost as a % of the Year to Date Total Salary Bill as at 31 January, is 11.02%.

Summary of SMT challenge/discussion:

Factual detail presented in paper was noted by Directors.

Detail of monthly paid staff affected by the most recent payroll error to be made available to Board members in early alert form.

Of concern was the increase in sickness levels and discussion took place around reasons for this.

Directors are keen to do a piece of focused work on how we maintain the Trust as a great place to work and this will be taken forward.

Internal/External engagement:

N/A

Human Rights/Equality:

N/A

Trust Board Report

Human Resources & Organisational Development (HROD) Directorate

Version	1
Presented to Board of Directors	Thursday 28 th March 2019
Authors of report	• Karen Anderson, Head of Workforce Information • Iain Gough, Head of Resourcing • Zoe Parks, Head of Medical Staffing
Presented by	Vivienne Toal, Director of HROD

INTRODUCTION & PURPOSE

Section 1 provides an overview of the Agenda for Change Pay Award and Pension Banding Review process

Section 2 provides an update on resourcing pressures across medical and non-medical workforce.

Sections 3-4 of the report provides workforce productivity information (turnover, sick leave etc).

SECTION 1 – AFC Pay Award 2018/19 update and Pension Band Review process

This short paper outlines the AFC Pay Award 2018/19 across England, Scotland, Wales and NI, and how the pay award was implemented in NI in February 2019, including the pension banding review process.

Background

England, Scotland and Wales

1. Agenda for Change (“AfC”) was introduced in 2004, bringing together several pay arrangements into one overall pay structure underpinned by Job Evaluation. Whilst its success is well-recognised, there is an accepted need across the UK for modernisation in a number of areas.
2. An AfC ‘refresh’ project started in England in 2015. A basis for formal talks arose from a commitment to additional funding in the November 2017 budget and red book. This had been preceded by remarks¹ by the then Secretary of State for Health, Jeremy Hunt, on 10 October 2017 in which he stated that “the pay cap has been scrapped”, and that “the latitude that the Chancellor has given me with respect to the negotiation of future pay rises is partly linked to productivity improvements that we will negotiate at the same time.”
3. Talks took place from December 2017 to March 2018. The Staff Council Framework was signed off for consultation on 21 March 2018 in England and confirmed in June 2018 following trade union ballots. This opened up funding for talks across the rest of the UK – concluded in Scotland and Wales by autumn 2018.
4. The key objectives of the discussions leading to agreement in England were as follows:
 - support the attraction and recruitment of staff by increasing starting pay in every pay band;
 - support the retention of staff by increasing basic pay for the 50 per cent of staff who are at the top of pay bands and speeding up progression to the top of the pay band;

¹ <https://hansard.parliament.uk/commons/2017-10-10/debates/7D8CFDB3-49E0-4AD2-B679-0CACFACC13ED/OralAnswersToQuestions>

- increase staff engagement by putting appraisal and personal development at the heart of pay progression;
- ensure that the pay system can support the growing use of apprenticeships in the NHS;
- ensure that the pay system is supportive of new training pathways and that the health service can deliver on the aspiration to focus on ‘careers, not jobs’;
- map out future work that the NHS Staff Council will undertake improve the health and wellbeing of NHS staff to improve levels of attendance in the NHS with the ambition of matching the best in the public sector.

Northern Ireland

5. Northern Ireland Departments have been without Ministers since March 2017. Civil servants have been taking necessary decisions, but within much more limited bounds than would exist if Ministers were in place. Decision-making abilities were clarified by the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018. Notwithstanding the commencement of the Act, constraints remain in respect of the scope and extent of decisions that can be taken by civil servants. Therefore, once the 2018/19 Northern Ireland public sector pay policy was set on 22 November 2018, the Department of Health had to carefully balance how it modelled the proposed AfC pay offer for 2018/19, and this offer was based on applying the 2018/19 English pay settlement to current Northern Ireland pay values. The main points of the offer were as follows:

- Award backdated to 1 April 2018.
- A new minimum rate for staff on Band 1 and the first six points of Band 2 of £16,943 – an increase of up to 15.5% for some staff, equating to an hourly rate of £8.67.
- Increase to bottom points of other Bands by between 3.8% and 6.4% as a result of increasing to the value of the next point up.
- Entry point for Band 5 would increase by 4% to £22,795.
- Increase to top points in Bands 2 – 8C of 3%, 2.49% to Band 8D and 2.07% to Band 9.
- All other pay points would increase by 1.5%.
- Staff would receive incremental progression also, where eligible.

6. In compiling this offer, the Department had regard to the wider AfC refresh points included in the framework agreement. Whilst it proceeded to align the bottom two points of each Band, it was considered that this is of benefit to staff. The Department did not propose to proceed with any other refresh action in 2018/19. The Department and HSC employers reiterated their commitment to AfC as the UK-wide framework, but considered that any refresh proposals require much

further engagement and negotiation with trade unions in Northern Ireland, and – ideally – Ministerial endorsement which is obviously not possible at present.

7. To demonstrate commitment to the AfC refresh programme, the Department and HSC employers are committed to engaging in the UK-wide NHS Staff Council workstreams that have recently been established. Any work on this basis will be preparatory to eventual Ministerial consideration.
8. After considerable further discussion, Departmental officials, HSC employers and Trade Union Side met on 17 December 2018 for a further engagement meeting on AfC pay and refresh. A record of the meeting was agreed, which allowed for payment of the 2018/19 award in February 2019.
9. The note recorded that no formal agreement had been reached between the Department of Health, HSC Employers and Trade Unions. The note concluded:

“The Department of Health, HSC Employers and Trade Unions are all committed to advance preparatory work as far as possible so that informed recommendations can be made in order to reach an acceptable refresh of Agenda for Change.”

10. Discussions regarding AFC refresh are now continuing on a fortnightly basis between Department of Health, HSC Employers and Trade Unions.

Pay Award for 2018/19

11. The AFC Pay Award for 2018/19 was paid to staff, including arrears from 1st April 2018, in February 2019.
12. In addition to implementing the pay award, for those individuals who are members of the HSC pension scheme, the BSO Payroll Service Centre also undertook an assessment of revised total pensionable earnings to ensure staff are paying the correct pension contributions (this assessment is called a Pension Band Review). The 2018/19 pay award is effective from 1 April 2018, therefore pension contributions must be assessed for the whole of 2018/2019. The pension band review was carried out at the same time the pay award was implemented and also backdated to 1 April 2018. If, as a result of the pay award, staff are required to pay a higher contribution rate, they will then owe any underpaid contributions from 1 April 2018.

13. On implementation of the Pay Award and the Pension Band Review there were three possible scenarios for staff

a) Staff member paid pay award uplift effective from 1st April 2018

- Staff member has no additional pension contributions to pay
- Therefore **ALL PAY AWARD ARREARS** were paid

b) Staff member paid pay award uplift effective from 1st April 2018

- Staff member has additional pension contributions to pay
- Therefore **REDUCED OR NIL PAY AWARD ARREARS*** were paid

c) Staff member paid pay award uplift effective from 1st April 2018

- Staff member has additional pension contributions to pay which exceeds the level of pay award arrears due
- Therefore **NEGATIVE PAY AWARD ARREARS**** resulted i.e. **staff member owes monies for underpaid pension contributions** in these circumstances.

14. At the end of February, Payroll Services Centre advised us that 137 of our monthly paid staff and 6 fortnightly paid staff were in negative pay award arrears.

15. To support any staff who found themselves in this situation, arrangements were made by the Payroll Services Centre to automatically pay the value of the underpayment of pension contributions and then arrange to collect this from affected staff members via a repayment plan of up to 12 months.

16. The Trust was subsequently notified by Payroll Service Centre on 7 March that an error with their approach to conducting the Pension Band Review process in February 2019 had been detected. The error identified has impacted on a number of staff across the region including within the Southern Trust.

17. The error was highlighted by Payroll Service Centre as they completed work on transition to a monthly pension banding exercise. This transition is aimed at implementing monthly PBRs rather than ad-hoc or twice yearly reviews in order to avoid large overpayment or underpayment of pensions contributions by staff. Transition to the new methodology is more automated and reduces the level of human intervention required, increasing accuracy of output. This should hopefully help ensure that the Pension Band Review process can be managed on a monthly basis going forward.

18. PSC are working to ensure any inaccuracy identified is addressed and actioned in March 2019.

19. The numbers of staff affected in addition to those notified before end of February 2019 in Southern Trust totals 226 staff.

Negative Impact: 83 i.e. staff who now owed monies and will have the option of a repayment plan.

Positive Impact 143 i.e. staff who will be due refunds.

20. All of the additional 226 all have now been fully assessed and validated, and letters issued to staff.

21. For staff who have underpaid contributions (negative impact), Payroll Services Centre will issue repayment plans and they will also issue refunds for those employees who have been set at a higher tier incorrectly.

22. At the time of writing this report, the numbers affected in the fortnightly and weekly payrolls, has still to be communicated to the Trust from Payroll Services Centre.

23. There is no doubt that the complexity of implementing the 2018/19 pay award so late in the financial year and also conducting the pension band review process in the same month, was a monumental task for Payroll Services Centre. The process was heavily supported by Trust HR teams. While there are plans to review the current pension bands, this has not happened to date, and they are to be rolled into 2019/20 as they currently are. There is no doubt however a more automated monthly pension band review assessment going forward, as outlined above, should avoid the significant under / overpayments of pension contributions that currently exist due to less frequent review assessments currently taking place.

SECTION 2

Resourcing Services

1.0 Nursing & Midwifery

A Nurse Recruitment Day was held in the Trust in early December 2018, which for the first time incorporated a number of different branches of nursing, including Adult, Mental Health, Learning Disability and CAMHS. This was heavily publicised on social media and by local radio broadcast, with a result that over 220 applications were received. On the day, 162 attended for interview (107 for Adult Nursing; 23 Mental Health Nursing; 17 Learning Disability Nursing and 15 CAMHS Nursing). Of these, 159 were successful and made offers of employment in the Trust. Unfortunately, these large numbers of applicants have not yet fully translated into additional staff in post, with only 34% of these applicants having reached the 'final offer' stage or beyond. This is largely either because applicants have very specific preferences to work only in areas where the Trust has no current vacancies or because applicants have simultaneous offers from other Trusts, and in the current staffing shortage they have the opportunity to accept any one of a number of posts in the HSC. As part of service improvement work in the Resourcing Team, and linked to a specific workstream of the Trust's Nursing & Midwifery Workforce Strategy, a piece of work will be undertaken to consider how applicant engagement can be improved at each stage of the recruitment process, including their experience of applying for posts in the Trust.

1.1 Adult Nursing

- Vacancy levels have decreased very slightly since last reported to Trust Board – as at 19th February, there were 110 unfilled Band 5 posts with the BSO Recruitment Shared Service Centre (RSSC), compared to 119 at the end of October. However, vacancy levels remain high across many areas on all hospital sites, with particular pressures in specific wards/departments such as Theatres (CAH), 3 South Surgical (CAH), Female Medical Ward (DHH) and Stroke/Rehab Ward (DHH).

1.2 Mental Health Nursing

- The number of Band 5 vacancies across all services (15 posts, including 9 in Bluestone Unit, CAH) has decreased slightly since the last report to Trust Board in October, but remains of concern given the proven difficulty in attracting applicants to these posts.

1.3 Children's Nursing

- As at 19th February, the number of unfilled vacancies is 11 – an increase from the 6 vacancies reported in October. Further regional advertising is planned for early 2019 to replenish current waiting lists.

1.4 Midwifery

- The number unfilled vacancies with the RSSC has risen from 11 to 15 since the last report to Trust Board in October. A targeted advertising campaign is now required to try to attract applicants from outside the HSC and hence increase overall staffing capacity.

1.5. Nursing Assistants/Senior Nursing Assistants

- Recently it has become apparent that a new approach is required to the Trust's recruitment of nursing support staff, particularly in acute hospital sites. Whilst there is an active waiting list which remains 'live' until July 2019 and has 40 applicants, there are currently 15 vacant posts which cannot be filled, due to the specific preferences of those remaining on the list. A planning meeting will take place in March 2019 with senior nursing staff, to consider a more targeted recruitment model for this group of staff.

1.6 International Nursing

- There are currently 39 non-EU Nurses working in the Trust, 32 of whom have already achieved registration with the NMC and are working as Band 5 nurses. The timeline for achieving full registration with the NMC has been maintained at an average of approximately 12 weeks.
- Nurses continue to arrive in relatively small numbers each month, from the Philippines and India. All non-EU recruitment activity to date has been in partnership with a single contracted supplier. In an effort to increase the numbers of appointees to the HSC from India, an exploratory conversation is planned with the reserve supplier in conjunction with BSO PALS service – this will take place in March 2019.

1.7 Nurse Bank activity

- Continued high vacancy levels and limited supply of available nursing staff, mean that activity within the Trust's Nurse Bank remains significant in volume. During February 2019, requests to fill ad hoc shifts equated to an average of approximately 462 WTE each week (for both registered and unregistered staff). The level of cover provided by Bank staff dropped slightly too approximately 64% (average of 297 WTE each week), whereas the amount of cover sourced via recruitment agencies rose slightly to 31% of hours requested (average of 146 WTE each week).
- As previously reported, a high proportion of agency cover for Registered Nurses, continues to be provided by agencies who are 'off-contract' and therefore more expensive to engage although the Nurse Bank team continue to seek alternatives to these high-cost agencies and will engage them only as a point of 'last resort'.

2.0 Allied Health Professionals

- The number of permanent vacancies at Bands 5 and 6 is shown below, compared to the numbers previously reported to Trust Board in October:

	End of October 2018		End of January 2019	
	Band 5	Band 6	Band 5	Band 6
Physiotherapy	13	16	14	15
Occupational Therapy	6	7	6	10
Radiography	0	1	5	3
Speech/Language	N/K	N/K	2	5
Dietetics	N/K	N/K	0	4
Podiatry	N/K	N/K	1	0

- Given the significant pressures on this staff group, particularly in Physiotherapy, planning is underway, albeit in the early stages, for a regional recruitment day for Band 5 posts in all professions, which may be supplemented by a Trust recruitment day for Band 6 opportunities in some professions. In order to increase capacity, a significant publicity campaign will be required in order to attract applicants from outside the HSC, i.e. Great Britain and Republic of Ireland. The Trust's Assistant Director for AHP Workforce, Training and Governance is fully engaged in this work.

3.0 Social Care and Social Work

3.1 Domiciliary Care

- 5 consecutive recruitment days were held at various localities throughout the Trust at the end of October and as previously reported this generated very positive results with a total of 238 conditional offers made on these days.
- Unfortunately a series of challenges then presented in terms of translating these conditional offers through to actual appointees – primarily this included difficulties with the 'pre-employment check' process for this group of staff (specifically, obtaining and checking suitable references) as well as problems accessing mandatory training for new starts.
- A number of service improvements have been agreed between the Domiciliary Care service, the Trust's Resourcing team and the BSO Recruitment Shared Service which strike a balance between the need to meet minimum RQIA standards and the Trust's own 'safe recruitment' practices, and the need to increase the speed with which applicants can take up a post in the Trust. Whilst there have undoubtedly been delays in processing the cohort of applicants from the above recruitment days, it has at least provided useful learning to be implemented for future recruitment days, with the next event planned for May 2019.

3.2 Social Work

- As at 1st February, the Trust had 30 unfilled vacancies for Band 6 posts (24 permanent and 6 temporary). 17 of these vacancies are in Family Intervention Teams, providing clear evidence that this is a particularly 'hard to recruit' area. A specific recruitment exercise was carried out recently for posts in this area (as well as Gateway services – another hard to fill area). This resulted in 8 appointments and a further 4 applicants who cannot take up a post at this time but will remain on a waiting list.
- A Trust-wide recruitment day is planned for May 2019, similar to events undertaken for other professions such as Nursing. Planning is underway between service leads and the Resourcing Team, with consideration being given to a different approach to filling current vacancies – a recent audit carried out by the Resourcing team indicated that some of the delays in appointing applicants from a generic waiting list, is in the initial stages of getting a post accepted, i.e. it may need to be offered multiple times before it is eventually accepted. Often, candidates wish to remain on the Trust's (and indeed other Trusts') lists in order to 'keep their options open', without having any real interest in our current vacancies. Whilst the Trust has agreed certain 'triggers' with RSSC to initiate the replenishment of a waiting list, it can be difficult to monitor these against all permutations of hours, locations, departments etc. In effect, this can make a waiting list look healthier on paper than it actually is in practice.
- In the coming weeks, the Resourcing Team will have access to all our waiting list information, which will permit us to maintain some level of proactive contact with candidates on the list at regular intervals and as resources permit – this may go some way to ensuring the list remains as valid as possible during the period it's being used.
- CYPS Directorate have recently established an Oversight Group for Social Worker recruitment, and the Resourcing team will be active participants in a specific workstream, to focus initially on 'end-to-end mapping' of the recruitment process.

4.0 Transformation Programme

- As anticipated, the scale of this programme has been significant in terms of the volume of recruitment activity to be processed within very challenging timescales, in addition to the scale of monitoring and reporting activity required, both locally and regionally.
- As at 7th March, of the 339 posts to be recruited in this Trust as part of Transformation projects, 201 posts (60%) had a confirmed start date, 76 posts (23%) were at conditional offer stage and a further 59 posts (16%) are still actively being recruited. A very small number of posts remain in the early planning stages.
- Discussions are currently ongoing locally and regionally in terms of the financial commitments into 2019/20 from transformation funding, which may result in a need to withdraw some projects in whole or in part.

5.0 Overall summary of activity and associated improvement plans/proposals

- Over the past 3 months, the number of posts approved across the Trust has returned to average levels of approximately 180-200 per month, following a significant 'spike' in activity during the period July-November 2018.
- However, the high level of activity noted above is still being processed in RSSC and inevitably this has impacted on their performance. While the Trust's Key Performance Indicators are above the HSC average for both 'bespoke recruitment' and 'recruitment from waiting lists', they are nevertheless not yet at the desired level.
- At the end of December 2018, RSSC had a total of 1,374 unfilled posts from the Trust, at various stages of the recruitment process including many at the latter stages of pre-employment checking and confirming appointments. This compares to a figure of 1,125 posts at the end of October. Of these posts, a large proportion (approximately one-third) are categorised as 'on hold' due to a lack of supply of applicants – including 137 Band 5 Nurses, 116 Domiciliary Care Workers and 63 AHPs.
- During 2018/19, RSSC has been able to successfully close 1,451 requisitions, however during this time they have received 2,108 requisitions for processing.
- The Trust's Resourcing team will continue to work collaboratively both directly with RSSC colleagues but also as part of the regional Strategic Resourcing Innovation Forum (SRIF), at which the Trust is represented at Head of Service and Deputy Director Level. This group has an annual plan of work which aims to improve the speed and quality of recruitment services as well as enhancing the volume and experience of applicants interested in working for the HSC. Recent examples of work ongoing or completed by SRIF include a significant upgrade to the recruitment website, a commissioned piece of work to test a range of advertising concepts with public focus groups, significant enhancements to the range of management information available to Trust managers and a review of how waiting lists are used for recruitment within Trusts. This work will continue throughout 2019/20 in line with SRIF's annual workplan.

6.0 Medical Recruitment

Between 1st December 2018 to 28th February 2019, the Southern Trust advertised 54 times. These included a variety of posts including temporary & permanent consultants, temporary and permanent Specialty Doctors, Locum Appointments for Service and GP's with Special interest.

6.1 Consultant Recruitment – 1 December 2018 – 29 February 2019

Between 1st December 2018 until 28th February 2019, the Southern Trust has advertised Consultant posts 13 times for 17 consultant posts in a variety of specialties. The recruitment during these dates focused on the following specialties;

- Medical Oncology (Joint post with BHSCT)
- Rheumatology
- Radiology
- Anaesthesia & Intensive Care Medicine
- Anaesthetics
- Psychiatry in Intellectual Disability
- Microbiology
- Child & Adolescent Mental Health Services
- Palliative Medicine
- Emergency Medicine
- Diabetes & Endocrinology
- Paediatrics

During this period the Trust was successful in making 9 consultant appointments. Appointments were made in the following specialties:

- 1 Consultant in Urology
- 1 Consultant in Anaesthesia & Intensive Care Medicine
- 1 Consultant in Paediatrics CAH
- 2 Consultant in Anaesthetics DHH
- 3 Consultants in Radiology CAH
- 1 Consultant in Rheumatology

Hard to fill specialties for Consultant posts

- Haematology
- Emergency Medicine
- Diabetes / Endocrinology
- Respiratory Medicine
- Paediatrics
- Microbiology
- Acute Care at Home (Geriatrics)

6.2 Speciality Doctor Recruitment – 1 December 2018 – 28 February 2018

Between 1st December 2018 until 28th February 2019, the Southern Trust has advertised Specialty Doctor Posts 15 times for 22 Specialty Doctor Posts. Some of these are re-advertised posts for hard to fill specialties such as Emergency Medicine, Anaesthetics, Haematology, Direct Assessment Unit (DHH), Paediatrics and Geriatric Medicine. The recruitment during the above dates focused on the following specialties;

- Obstetrics & Gynaecology
- Acute Medicine
- Diabetes Antenatal
- Haematology
- Direct Assessment Unit DHH
- Anaesthetics
- Rheumatology
- Paediatrics & Community Paediatrics
- Geriatric Medicine
- Microbiology

During this time the Southern Trust had 7 Specialty Doctors commence posts in the following specialties:

- Acute Care at Home Lurgan Hospital
- Cardiology CAH
- ENT CAH
- Acute & Critical Care DHH
- Urology CAH
- Paediatrics CAH
- Gastroenterology DHH

Hard to fill specialties for Specialty Doctor Posts

- Paediatrics DHH
- Anaesthetics DHH
- Emergency Medicine
- Haematology
- Geriatric Medicine
- Obstetrics & Gynaecology

6.3 International Medical Recruitment

The International Medical Recruitment project resulted in the following recent appointments to the Southern Trust – who are due to commence in the next few months.

General Medicine Daisy Hill Hospital

3 x Specialty Doctors appointed to Direct Assessment Unit, Daisy Hill Hospital site.

(1 commencing 7th March 2019 & other 2 doctors commencing late March / early April 2019) For one of these doctors, this involved a total relocation from Nigeria with her husband and 3 very young children.

Anaesthetics Daisy Hill Hospital

4 x Specialty Doctors appointed – start dates pending late March / April 2019

Geriatric Medicine Lurgan Hospital

1 x Specialty Doctor appointed following interview on 4th March 2019. Possible start date May 2019.

SECTION 3

3. Workforce Productivity Information

3.1 - Workforce Information – Monthly Trend Information

Workforce Information Area	2015/2016 Baseline Information (31 Mar 2016)	2016/2017 Baseline Information (31 Mar 2017)	2017/2018 Baseline Information (31 Mar 2018)	2018/2019 – Monthly Trend Information											
				HRPTS Figures											
				Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Turnover (permanent staff only)	6.9%	8.3%	7.9%	8.1%	8.1%	8.0%	7.9%	8.0%	8.2%	8.1%	8.1%	8.1%	8.2%		
Administrative & Clerical Staffing Levels	17.7%	17.6%	17.3%	17.4%	17.5%	17.5%	17.4%	17.5%	17.2%	17.0%	17.0%	16.8%	16.7%		
Skills Mix – Nursing & Midwifery	80:20	79:21	79:21	-	-	79:21	-	-	79:21	-	-	79.21	-		
Skills Mix - Allied Health Professional (AHP)	88:12	88:12	88:12	-	-	87:13	-	-	87:13	-	-	87.13	-		
Sickness Absence	5.25%	4.91%	5.11%	5.18%	4.80%	5.03%	5.23%	5.31%	4.99%	5.36%	5.57%	5.79%	5.98%		

The Trust's Internal Sickness Absence Target for 2018/19 is 4.93%.
The above absence figures do not include Domiciliary Care Workers.

Key Observations:

- **Turnover (permanent staff only)** – the turnover rate as at January 2019 is slightly higher than the baseline position of 7.9% as at March 2018.
- **Administrative & Clerical Staffing Levels** – the % admin & clerical rate has decreased consistently over the last 6 month period and as at January 2019 is sitting at 16.7%.
- **Nursing & Midwifery Skill Mix** – the Nursing & Midwifery skill mix remains consistent at 79:21 as at December 2018 compared to the March 2018 baseline position.
- **AHP Skill Mix** – the AHP skill mix as at December 2018 is consistent with the position as at 31 March and 30 June 2018, and indicates a slight decrease in the ratio of professional staff to 87:13 compared to March 2018 baseline position of 88:12.
- **Sickness Absence** – the monthly sickness absence rate has increased consistently over the last 5 months to 5.98% in January 2019. The cumulative 2018/19 sickness absence as at January 2019 is 5.33% which is higher than the 2017/18 full year cumulative rate, and is also higher compared to 5.01% for the same period last year (ie Apr 2017 – Jan 2018).

Please note the following in relation to figures from HRPTS:

Some Domiciliary Care workers are reported as zero hours, including those with contracted hours on fortnightly pay. Similarly, some GP Out of Hours Medical Staff who previously had a number of hours recorded are now recorded as zero hours.

3.2 - Regional HSC and CIPD Benchmark Information

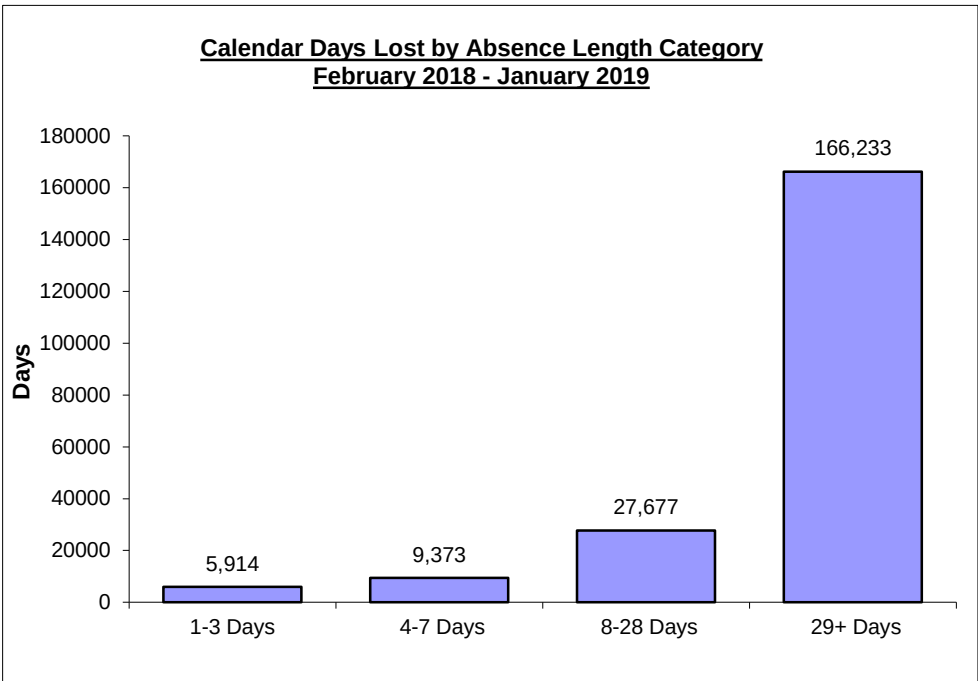
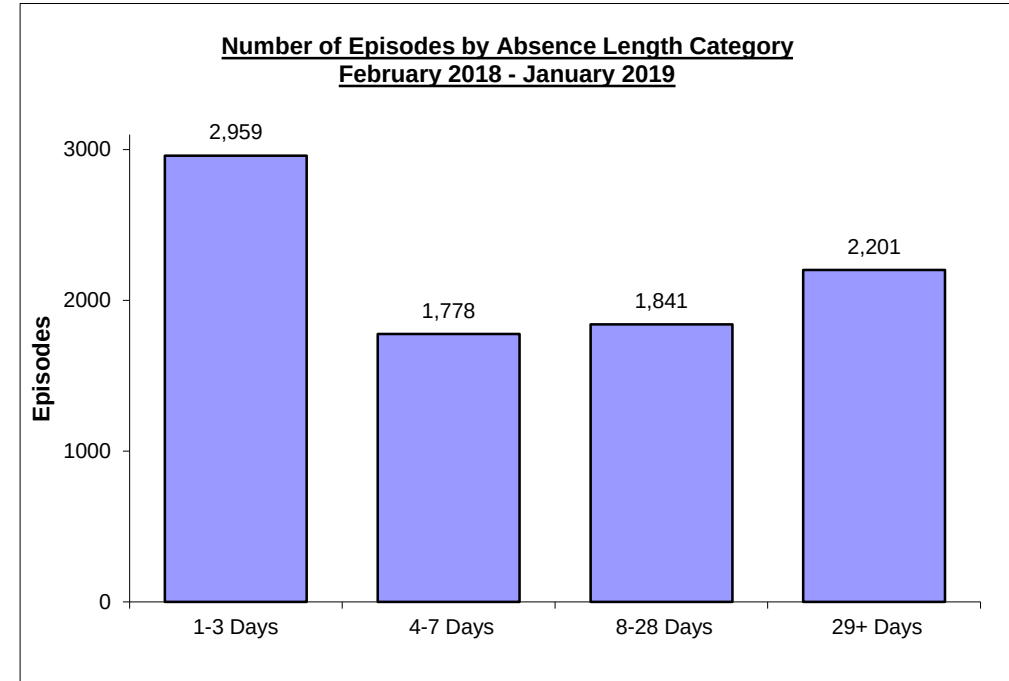
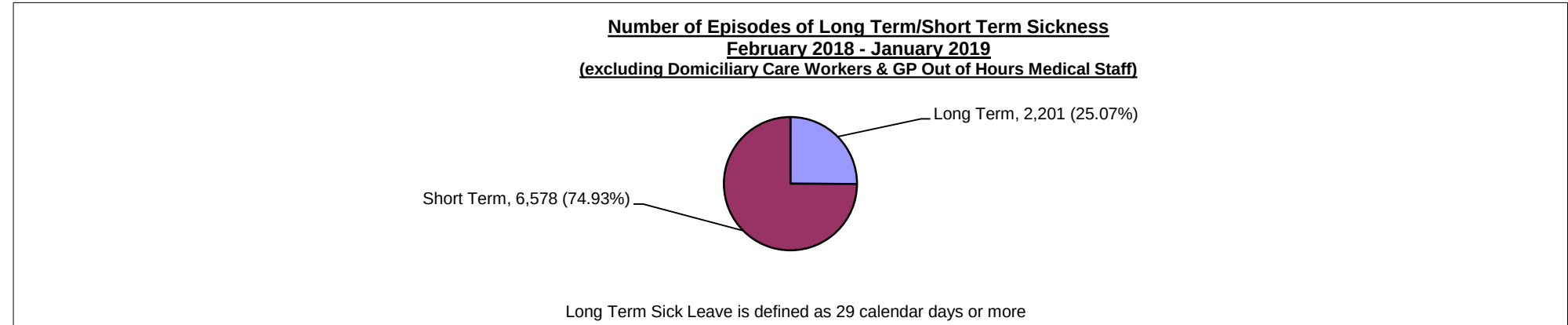
- Regional HSC Sickness Absence information for 2018/19 year to date is provided below. Figures indicate that the Southern Trust has the lowest level of cumulative sickness absence as at December 2018.

Trust	Cumulative 2018/19 % Hours Lost (YTD December 18)
Western Trust	6.89%
South Eastern Trust	6.34%
Northern Trust	6.34%
Southern Trust	5.25%
Belfast	Not Available

- CIPD Health & Wellbeing at Work Survey 2018:
Public Sector - % Working Time Lost - 3.72%, Average Days Lost Per Year – 8.5
SHSCT % Hours Lost (Cumulative 2018/19 YTD as at January 2019) – 5.33%, Average Days Lost Per Year (2017/18) - 13.17
- The CIPD Resourcing & Talent Survey 2017
Overall Turnover Rate – 16.50% (Public Sector Rate - Turnover rates have not been included in the most recent CIPD survey due to a lack of turnover data being provided by respondents, however the 2013 report indicated a rate of 9.40% for Public Sector)
SHSCT Rate (rolling year as at January 2019) – 8.2%

3.3 - Long and Short Term Sickness

Trust Long and Short Term Sickness Absence Summary – 1 February 2018 – 31 January 2019



3.4 - Number of Episodes and Calendar Days Lost by Short and Long Term Absence Length by Directorate

Number of Episodes, Calendar Days Lost by Short and Long Term Absence Length by Directorate during the period 1 February 2018 – 31 January 2019

Directorate	WTE as at 31 Jan 2019	Short Term (1-28 days)			Long Term (29+ days)			Total Number of Episodes	Total Calendar Days Lost
		No. of Episodes	Calendar Days Lost	% Calendar Days Lost	No. of Episodes	Calendar Days Lost	% Calendar Days Lost		
Acute Services	3,917.88	3,498	20,874	22.9%	919	70,114	77.1%	4,417	90,988
Mental Health & Disability Services	1,537.90	869	6,424	16.3%	442	33,095	83.7%	1,311	39,519
Older People & Primary Care	1,526.42	1,138	8,193	21.8%	398	29,324	78.2%	1,536	37,517
Children & Young People's Services	1,429.00	802	5,843	18.0%	362	26,537	82.0%	1,164	32,380
HR & Organisational Development	118.63	68	378	18.3%	23	1,689	81.7%	91	2,067
Performance & Reform	150.45	86	521	22.5%	24	1,798	77.5%	110	2,319
Finance & Procurement	233.59	111	709	17.5%	33	3,344	82.5%	144	4,053
Medical	41.24	12	92	10.6%	5	776	89.4%	17	868
Chief Executive's Office	12.49	2	12	16.9%	1	59	83.1%	3	71
Total	8,967.61	6,578	42,964	20.5%	2,201	166,233	79.5%	8,779	209,197

The figures below include all Domiciliary Care Workers and GP Out of Hours Medical Staff

	Short Term (1-28 days)			Long Term (29+ days)			Total Number of Episodes	Total Calendar Days Lost
	No. of Episodes	Calendar Days Lost	% Calendar Days Lost	No. of Episodes	Calendar Days Lost	% Calendar Days Lost		
<i>Domiciliary Care Workers</i>	591	3,881	14.2%	260	23,466	85.8%	851	27,347
<i>GP Out of Hours Medical Staff</i>	21	62	8.1%	3	708	91.9%	24	770
Total	612	3,943	14.0%	263	24,174	86.0%	875	28,117

Note:

1. For multiple post holders within one Directorate, episodes of sickness absence which have been recorded against each post held are counted once in the figures above. Episodes recorded for multiple post holders across Directorates have been counted against each Directorate; however these are only counted once in the overall totals
2. Excludes Staff with WTE 0.03 or below. Domiciliary Care Workers and GP Out of Hours Medical Staff are reported separately.

SECTION 4

4. Workforce Movement, Flexible Workforce Costs, Posts Approved & Agency/Bank Usage

4.1 – Monthly Staff in Post Comparison & Variance with Baseline Positions

Directorate	Baseline 31 Mar 17	Baseline 31 Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Variance between Mar 18 & Current Month
Acute Services	3,804.65	3,858.80	3,857.50	3,872.02	3,857.21	3,895.93	3,869.80	3,878.78	3,910.28	3,931.76	3,910.93	3,917.88			59.08
Mental Health & Disability Services	1,433.11	1,513.39	1,513.75	1,513.19	1,511.53	1,511.77	1,518.21	1,516.59	1,520.85	1,519.25	1,527.08	1,537.90			24.51
Older People & Primary Care	1,409.13	1,472.16	1,477.34	1,474.86	1,472.99	1,471.27	1,478.95	1,489.48	1,494.53	1,513.27	1,522.62	1,526.42			54.26
Children & Young People's Services	1,417.21	1,418.67	1,404.81	1,399.21	1,398.91	1,395.84	1,390.02	1,409.88	1,418.70	1,423.28	1,419.28	1,429.00			10.33
*HR & Organisational Development	266.65	263.49	256.56	259.29	258.23	255.31	257.31	250.49	249.60	116.73	117.73	118.63			-144.86
Performance & Reform	143.10	142.97	144.25	145.45	145.45	145.45	147.45	146.85	148.85	148.55	149.55	150.45			7.48
*Finance & Procurement	106.22	100.38	101.26	102.46	102.26	103.13	101.73	102.62	102.98	233.30	232.38	233.59			133.21
Medical	34.44	37.26	38.26	38.46	39.56	39.08	37.95	38.45	38.01	38.89	39.09	41.24			3.98
Chief Executive's Office	11.89	12.49	11.49	12.49	12.49	12.49	12.49	12.49	12.49	12.49	12.49	12.49			0.00
Total (exc Domiciliary Care Workers & GP OOH Medical Staff):	8,626.41	8,819.61	8,805.23	8,817.44	8,798.65	8,830.28	8,813.91	8,845.63	8,896.31	8,937.52	8,931.16	8,967.61			148.00
*Domiciliary Care Workers	297.10	289.93	290.42	289.73	294.40	297.26	296.33	296.05	293.71	295.73	294.39	300.71			
GP Out of Hours Medical Staff	1.18	1.18	1.08	1.08	1.08	1.08	1.08	0.88	0.70	0.70	0.50	0.30			
Total	298.27	291.10	291.49	290.81	295.47	298.34	297.40	296.93	294.41	296.43	294.89	301.01			

Note: These figures exclude staff with WTE 0.03 or below, staff on career breaks and staff on external secondments

* There is a piece of work ongoing to offer Domiciliary Care Workers minimum hour's contracts.

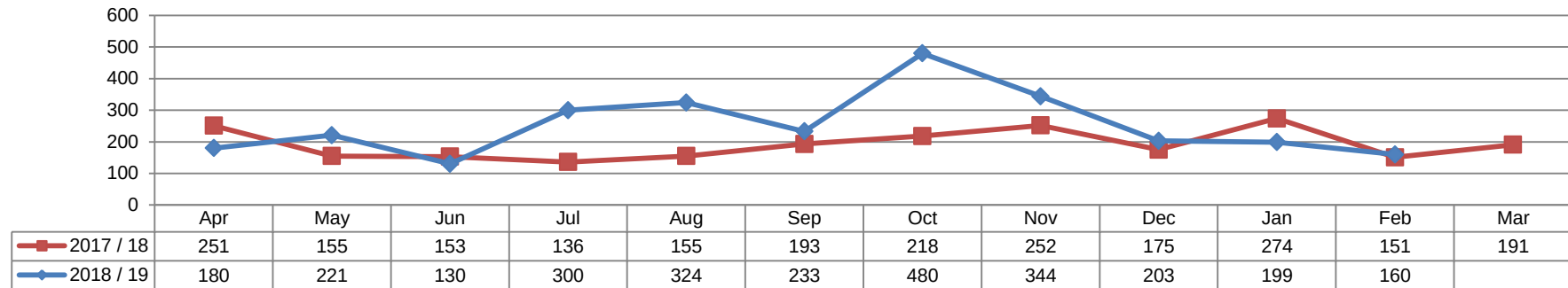
4.2 - 2016/17, 2017/18 and 2018/19 Staff Levels (WTE), Overtime, Bank, Agency and Locum Costs and 2018/19 Costs to Date as % of YTD Total Salary Bill

Staff Levels WTE and Costs (£)	WTE			Variance Staff WTE March 2017 and Current Month	Monthly Average Flexible Workforce Costs				2018/19 Costs to date as % of YTD Total Salary Bill
	Baseline Position		2018/19 to date as at 31 Jan 2019		2016/17	2017/18	2018/19	2016/17 Baseline & 2018/19 YTD Variance	
	Mar-17	Mar-18							
Staff Levels WTE	8,626.41	8,819.61	8,967.61	341.20					
Overtime Cost (£)	£3,248,970	£2,548,002	£2,397,045		£270,748	£212,334	£239,704.45	-£31,043	0.68%
Bank Cost (£)	£10,249,707	£11,573,666	£10,634,603		£854,142	£964,472	£1,063,460.32	£209,318	3.01%
Agency Cost (£) (including M&D Agency Costs)	£21,022,006	£22,547,516	£22,930,942		£1,751,834	£1,878,960	£2,293,094.19	£541,260	6.49%
Locum Cost (£) (M&D Locum Staff employed by SHSCT)	£1,146,306	£2,111,240	£2,967,098		£95,526	£175,937	£296,709.78	£201,184	0.84%
Total Costs	£35,666,989	£38,780,424	£38,929,687		£2,972,249	£3,231,702	£3,892,969	£920,720	11.02%

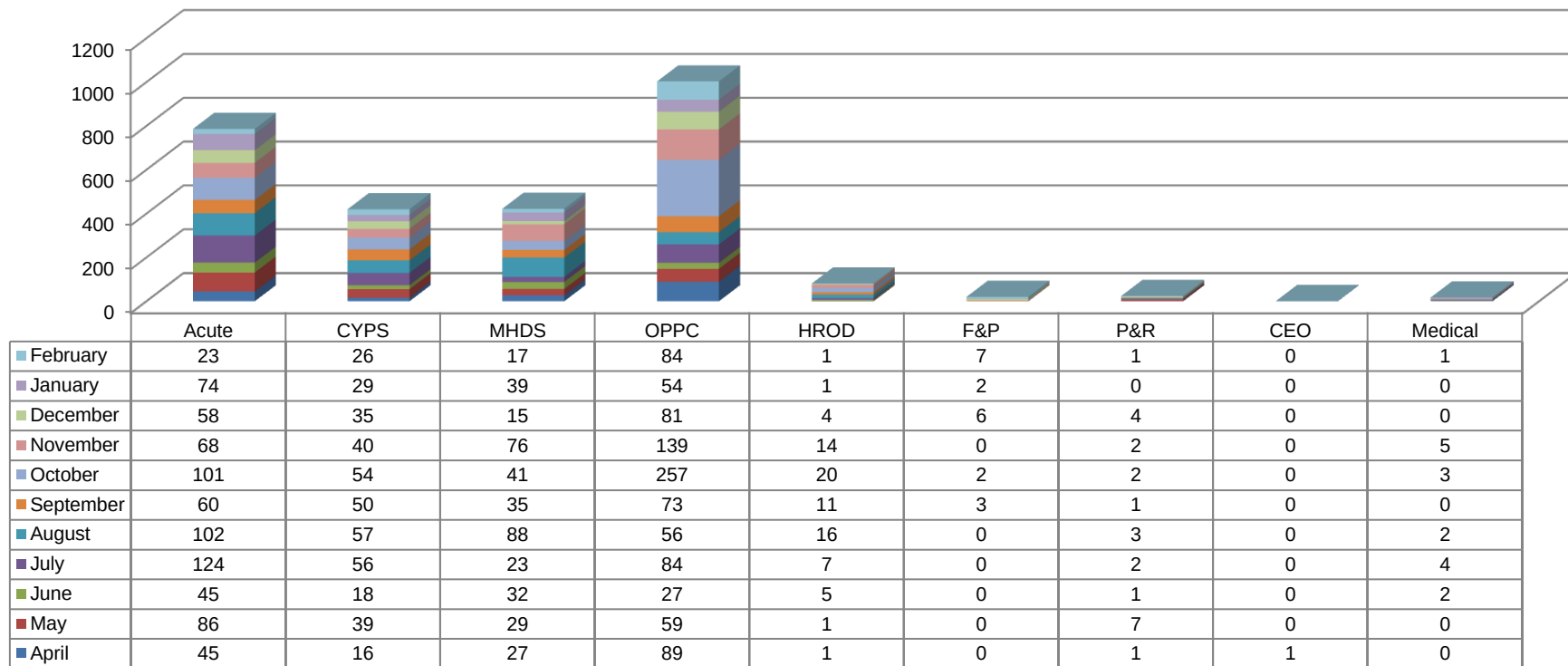
Notes:

- Staff Levels WTE figures above have been taken from HRPTS and exclude staff with WTE <= 0.03, Career Breaks and External Secondments. Flexible workforce WTE is not included in these figures.
- Cost information has been extracted from information provided by Finance & Procurement Directorate

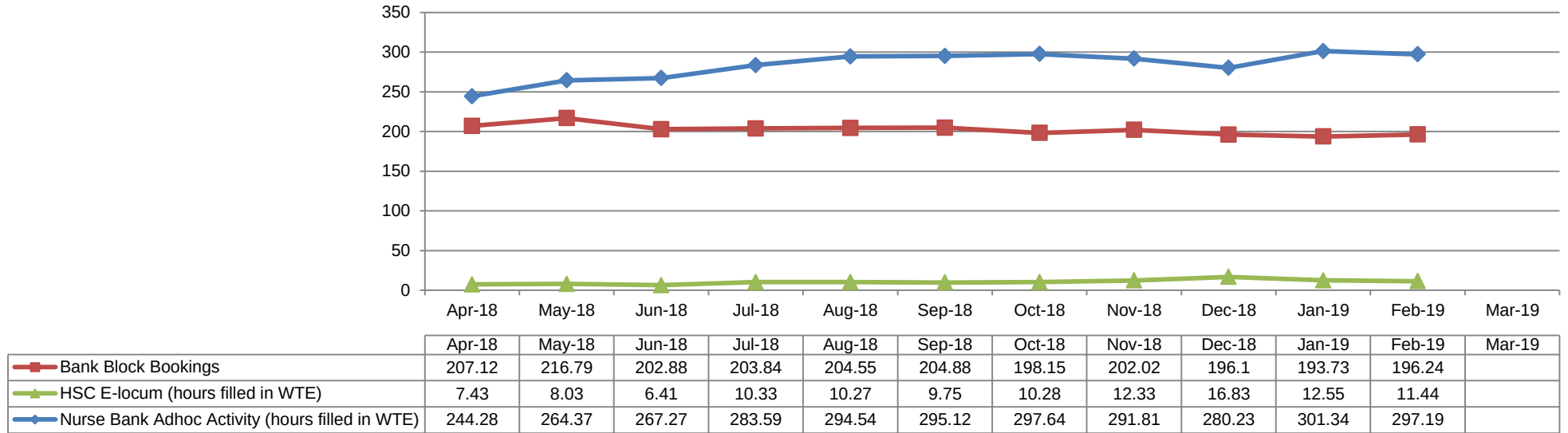
4.3- Trend of Posts Approved in 2018/19 Compared to Previous Financial Year



4.4 - Posts Approved by Directorate by Month 2018/19



4.5 - Trend Charts for 2018/19 Bank Activity



4.6 - Trend Chart for 2018/19 Agency Activity Compared to Previous Financial Year – WTE Snap Shot at Month End AND Ad Hoc Usage

NB: updated information is not available for some elements of agency activity, and therefore previous month's data has been 'rolled over'

