



NHS NORFOLK
Annual Board HR REPORT
31 March 2011

PART 1

EXECUTIVE SUMMARY

Turnover Rate

There has been a steady increase to the turnover rate, with an exception of the second quarter, over the past year with reporting the following rates:

- June 2010 – 1.92%
- September 2010 – 1.50%
- December 2010 – 2.36%
- March 2011 – 2.36%

Leading to an annual rate of 12.5% with a target of 6%. This is not a surprise due to the Coalition Government initiative to transfer Commissioning to GP Consortia and the transition required.

Stage 2 is now complete, however, further transition will continue with the Single Executive Team and Stage 3 development therefore a new target turnover rate will be agreed for this new financial year.

Turnover rates for 2009/2010 included staff terminating due to being employed on fixed term contracts, these figures were withdrawn in this new financial year, therefore the figures were above target.

Sickness Absence

Sickness absence has remained throughout the year below the target of 5%, however, reports clearly show each quarter experiencing higher levels of symptoms than seen in the previous year, for example:

- June 2010 – a substantial increase was seen in stress/anxiety
- September 2010 – surgery related illness doubled
- December 2010 – substantial increase in gastro-intestinal absence
- March 2011 – increase in influenza

In line with the National Operating Framework, local QIPP plans and in support of transition and change, the SHA have asked that we achieve a target level of 2.5% for 2011/2012. This will give NHS Norfolk a cost saving estimated at approximately £35K. The aspiration of the Department of Health for the East of England is to achieve a sickness absence level of 3.0% by March, 2014.

This will be achieved by ensuring NHS Norfolk's HR team actively monitor sickness on a regular basis, identifying issues with line managers for further investigation and provision of support. This method has proved extremely effective in maintaining low levels of sickness absence as outlined in this annual report. Therefore the proposal is for the HR team to continue this successful monitoring, as consistent early intervention should assist in preventing issues escalating. The HR team will also be reviewing long-term sickness absence cases, with the aim of reducing length and associated costs through early intervention and management. Further the HR team will shortly be introducing a revised Managing Attendance policy, which aims to simplify processes. In conjunction with launching the new policy, the HR team will be holding 'learn-bite' training sessions for line managers. These sessions will cover policy requirements and provide guidance on addressing sickness issues.

Mandatory Training

Mandatory training reported 2010/2011 was reported differently than 2009/2010 and therefore it has been difficult to make a comparator. The revised table monitors the attainment of 'competencies' rather than providing a report on the numbers of staff trained in a given quarter. Other changes have been the review/refresh of the training period and the inclusion of Counter Fraud.

Figures show only a slight fluctuation over the year, however, we expect a variance once the new 2011/2012 appraisals have been completed due to the obligation of managers and staff to have achieved 100% of their mandatory training prior to the appraisal.

Queries concerning the number of competencies being logged has been expressed and perhaps there is a feeling that this information has not been captured correctly. Of course there is always room for human error in transcribing, but it is beneficial to understand where the information is being generated and how so the Board can see why these percentages are being reported:

- E-learning on Connecting for Health (CfH) and Core Learning Units (CLU) website are downloaded by HR's Employment Pool Administrators fortnightly, where it is automatically recorded, then transcribed into Electronic Staff Records (ESR) system
- Display Screen Equipment (DSE) results are manually updated when received into ESR
- County Fraud (CF) is downloaded from Survey Monkey by Comms on a monthly basis and emailed to HR, then manually entered onto ESR
- All face to face workshops are manually entered on ESR from the sign in sheets after sessions who have attended

HR Administrators provide these reports on a fortnightly basis and post on the intranet for staff and line manager access.

Mandatory Training entered on appraisal documents will be audited against ESR.

Of course the some mandatory training has been reviewed for shorter refresher periods which may also cause confusion.

Appraisals/KSFs

With an original target of 90%, NHS Norfolk achieved 94% for the period agreed. It is imperative that line managers give staff key objectives and agree new directions for the transition to GP Consortia.

Summary of Key Statistics				
KPI's	Quarters 1 - 4 FY 2010/11	Quarters 1 - 4 FY 2009/10	Target	Comments
Turnover	R 12.5%	R 10.9%	< 6%	The turn over is much greater than the target as the coalition government has released the white paper "Liberating the NHS", to make major reforms in NHS. This implies that PCTs(Primary Care Trust) will dissolve by 2103. Due to this uncertainty, staff are moving to find new employment and new structures are being finalised within NHSN.
Sickness Absence	G 2.65%	G 2.50%	< 5%	Below threshold YTD. In the last quarter of the financial year has seen a significant increase that can be attributed to the winter season. However, this will continue to be monitored.
Appraisals	G 94.0%	G 92.1%	> 90%	With the successful implementation of HR Workforce Transformation Project in the FY 2010-2011, the target of 90% of appraisals was achieved. HR to monitor and review OP/Transform in the FY 2011-2012
Mandatory Training	R 27.15%	R 34.57%	= 100%	Mandatory training will be continually linked with the new processes for PDP's where line managers will evaluate staff against the OD Plan.

1.0 Introduction

The information provided in this report was compiled in large part from the Electronic Staff Record (ESR) database. While ESR can report on NHS Norfolk's directorate structure, it does not reflect up-to-date organisational changes. As a result, directorate-level information would be misleading, and hence, has been omitted. However, organisation-level information including totals and person-specific information regarding pay grades, age, gender, ethnic origin, sexual orientation, sexual and religious preferences, etc. are accurately represented. Therefore, this report was prepared using organisational-level data only. The maintenance of the work structures in ESR has been recently updated and new Workforce Reporting will show the new delivery units.

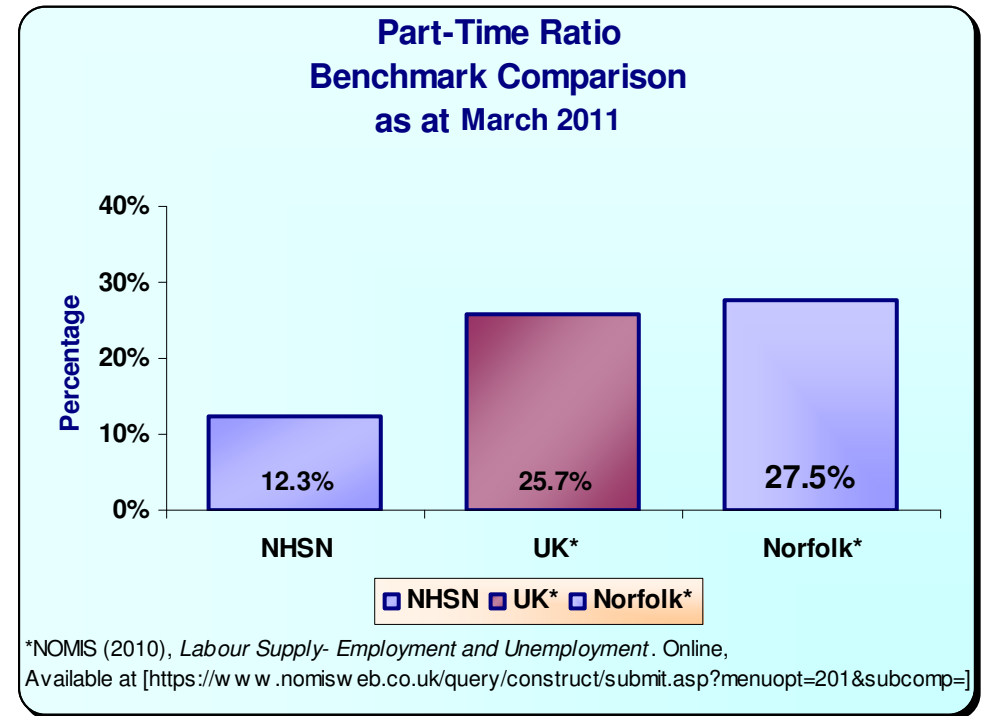
2.0 Staff in Post Analysis

Staff In Post/Part-time Ratio Analysis As At 31 March 2011		
Staff in Post ¹ Headcount	Staff In Post FTE	Part-time ratio ²
345	307.13	12.33%

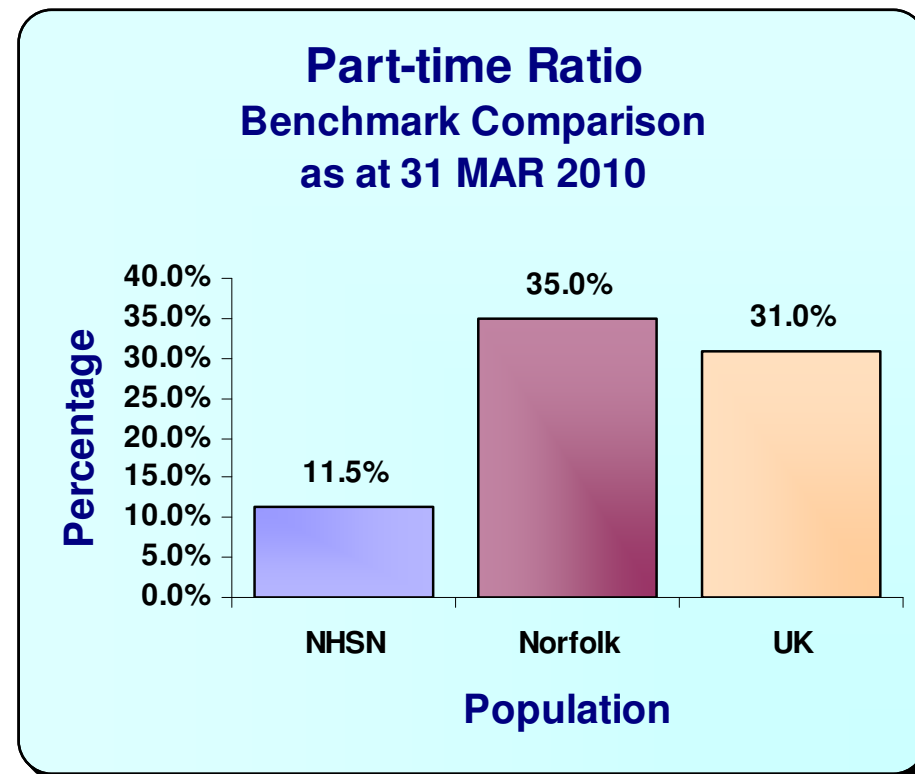
Staff In Post/Part-time Ratio Analysis As At 31 March 2010		
Staff in Post ¹ Headcount	Staff In Post FTE	Part-time ratio ²
394	353	11.49%

Notes:

1. This report should contain establishment figures rather than Staff in Post (SIP) Headcount. However, the establishment numbers were not available in time to produce this report.
2. With the lack of establishment figures, this column calculated Part-time Ratios rather than the required vacancy rates. Part-time Ratio = (Staff in Post Headcount / Staff in Post FTE) – 1.



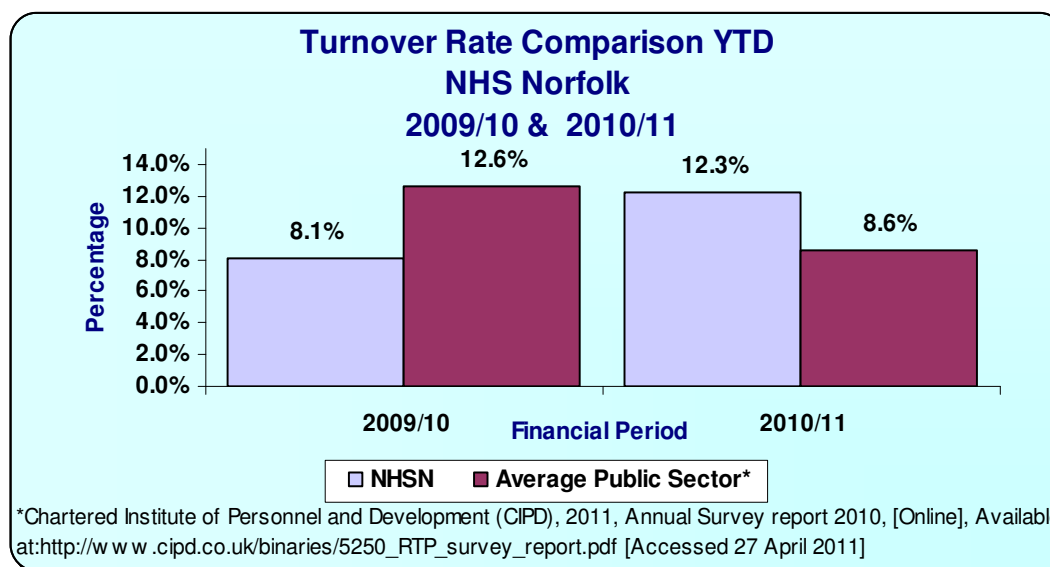
The ESR database reports that as at 31 March 2011, there were 345 employees totalling approximately 307 full time equivalent (FTE) posts. The budgets for 2011/2012 will form the basis of the agreed establishment going forward and will enable an accurate analysis for all future comparisons between staff in post and funded vacancies. The resulting part-time ratio for NHS Norfolk is approximately 12.3 percent while the Norfolk and national ratios are 25.7 percent and 27.5 percent respectively. This reflects a slight increase from 11.4 percent in the previous quarter.



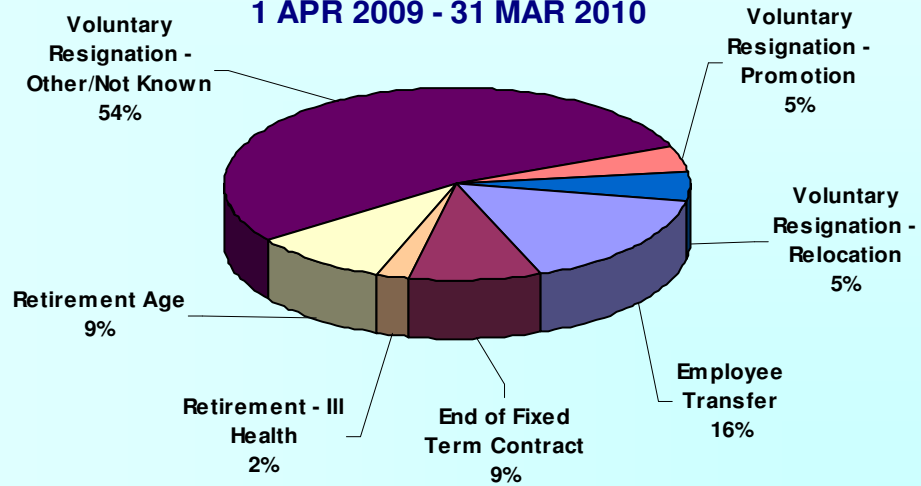
2.1 Turnover and Reasons for Leaving

NHSN's turnover rate was 12.3 percent for the year. The rate for quarter 4 (6.5%) showed a huge increase over the average quarterly rate for the previous 3 quarters (2.36%).

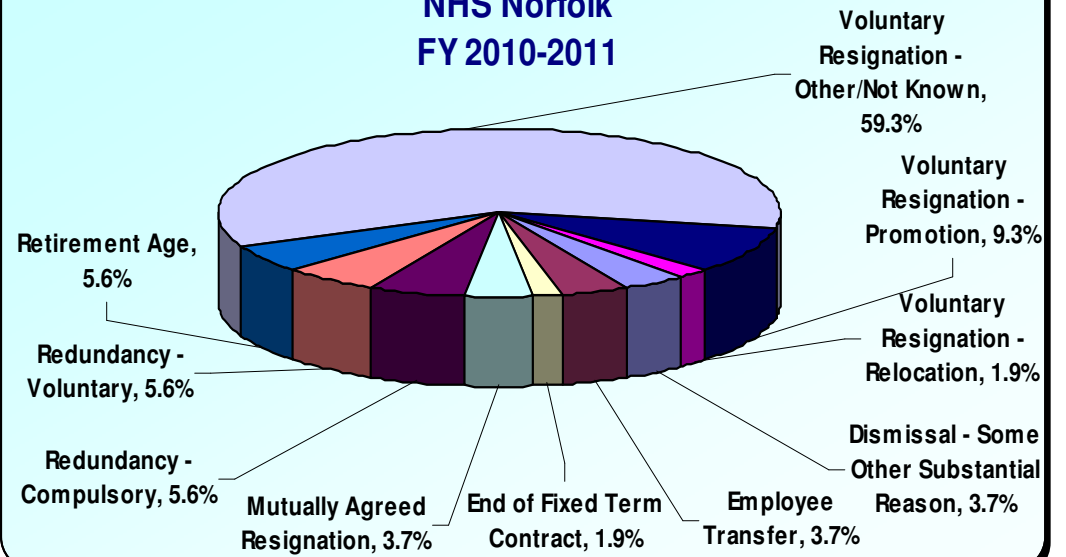
The turnover rate are above the average turnover rate for public sector organisations of 8.6% as determined by the Chartered Institute of Personnel and Development (CIPD) in 2010. The turn over rate was below the average public sector in the financial year (2009/10) but in 2010/2011 turnover rate was above than the average public sector. This is because major reforms are expected in the NHS and has direct effect on NHS Norfolk.



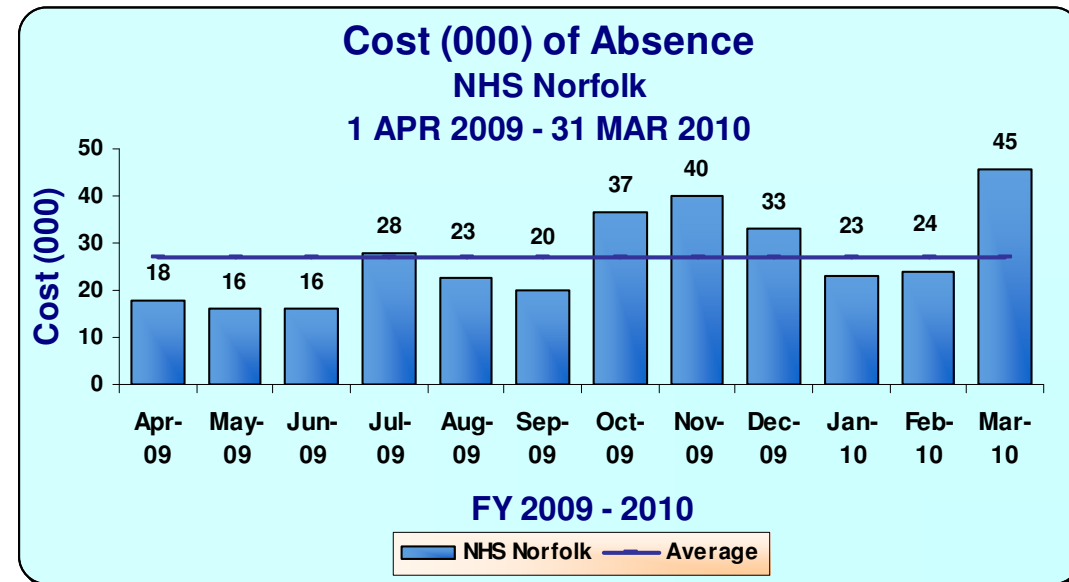
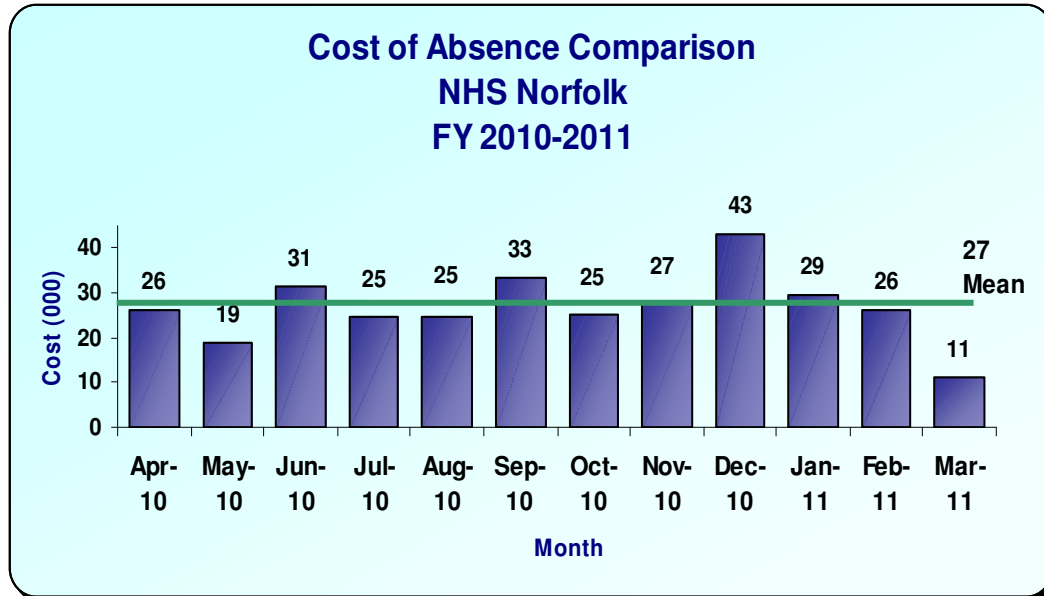
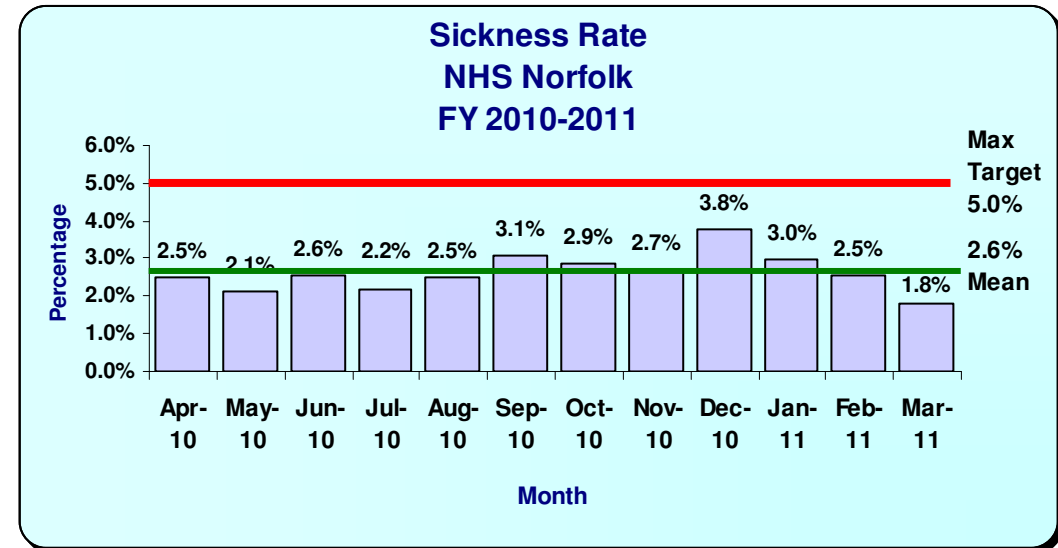
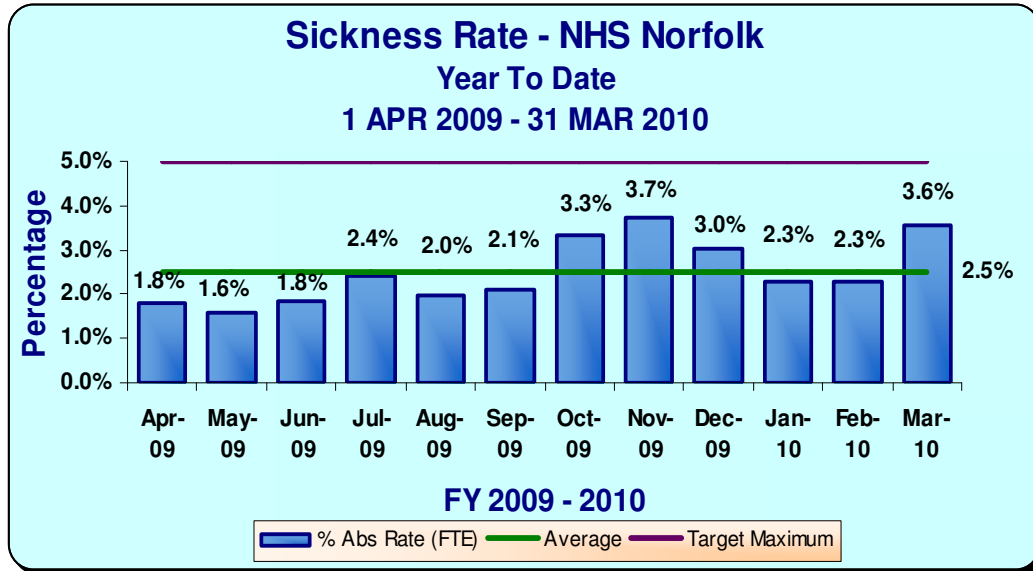
Reasons for Leaving YTD NHS Norfolk 1 APR 2009 - 31 MAR 2010



Reasons for Leaving NHS Norfolk FY 2010-2011



2.2 Sickness Absence



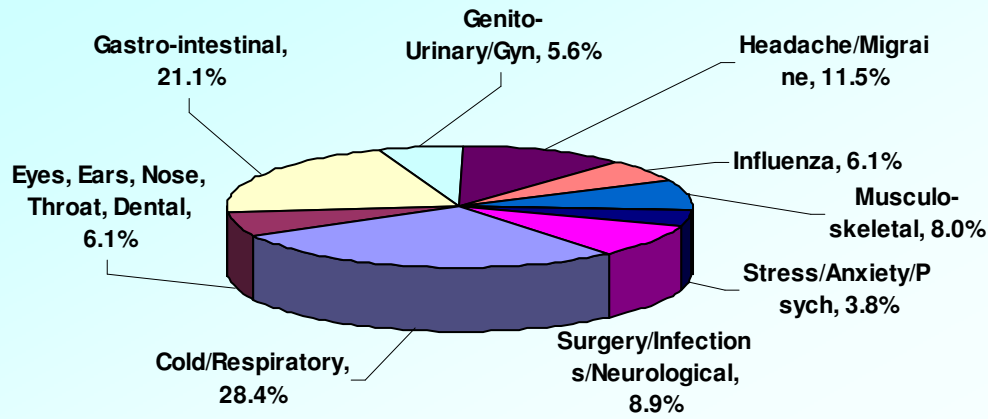
For the period, NHSN's average sickness absence (2.6%) is low by NHS standards where the average is circa 4.47%*. However, sickness absence rates have fluctuated due to seasonal factors (cold and flu). Absence reporting for March has reduced which may have been affected by the assessment centre score cards being used reflecting absenteeism.

The cost of sickness absence is directly correlated to the monthly absence rate. As such, the average monthly cost of £ 27,291 for the financial year 2010-11 which has a 4.50% increase from the last financial year. The monthly cost of absence was calculated in ESR using the following calculations:

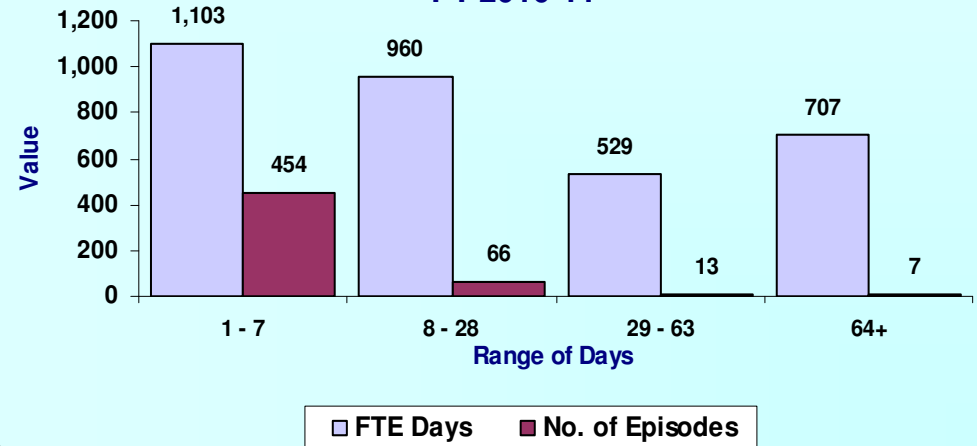
1. Days Absent (OSP/OMP* adjusted) X Average Daily Cost = Salary Based Absence Cost (OSP/OMP* adjusted)
* Occupational Sick Pay (OSP) and Occupational Maternity Pay (OMP)
2. Salary Based Absence Cost + Employers Cost = Total Estimate Cost

The SHA has asked all organisations within this region to agree a new target rate for 2011/2012 and NHSN has agreed a rate of 2.5% which will require further active management. The expected cost saving is estimated at £35K. NHS Norfolk's HR team actively monitor sickness on a regular basis, identifying issues with line managers for further investigation and provision of support. This has proved extremely effective in maintaining low levels of sickness absence. Therefore the proposal is for the HR team to continue this successful monitoring, as consistent early intervention should assist in preventing issues escalating. The HR team will also be reviewing long-term sickness absence cases, with the aim of reducing length and associated costs through early intervention and management. Further the HR team will shortly be introducing a revised Managing Attendance policy, which aims to simplify processes. In conjunction with launching the new policy, the HR team will be holding 'learn-bite' training sessions for line managers. These sessions will cover policy requirements and provide guidance on addressing sickness issues.

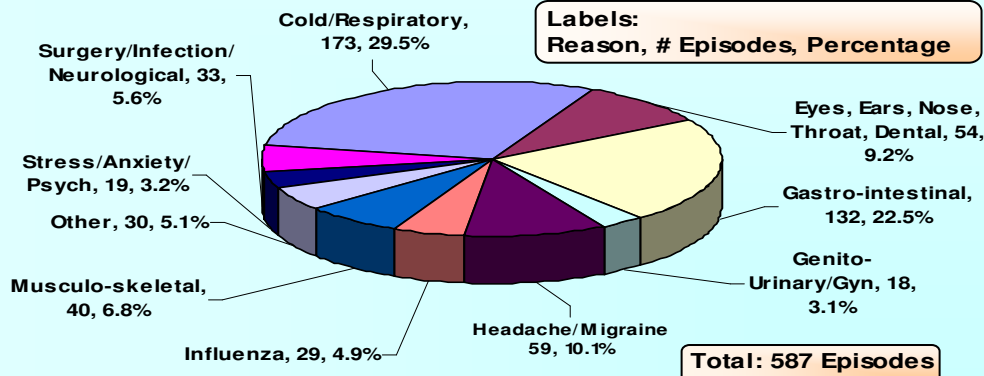
**Sickness Absence Reasons
NHS Norfolk
FY 2010-2011**



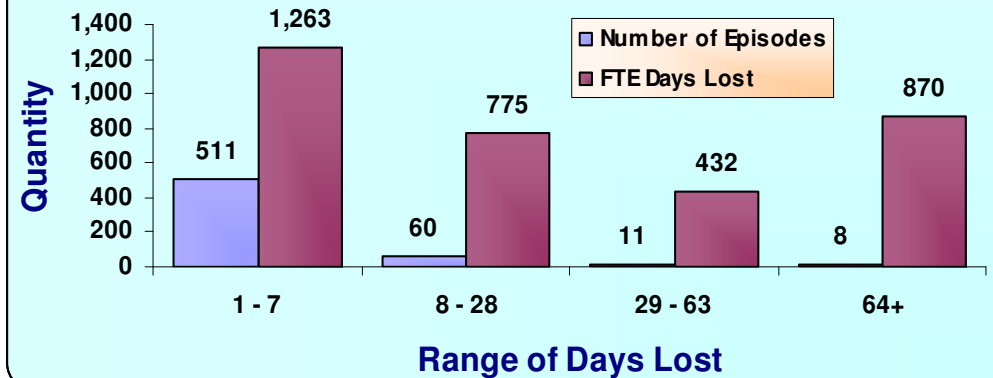
**Long/Short Term Absence Analysis
NHS Norfolk
FY 2010-11**



**Sickness Absence Reason
NHS Norfolk
1 APR 2009 - 31 MAR 2010**



**Long Term/Short Term Absence Analysis
NHS Norfolk
1 APR 2009 - 31 MAR 2010**



The breakdown of the causes of sickness absence shows a broad range covering both minor and major illnesses with colds, headaches and gastro-intestinal illnesses having the highest incidence rate. There have been 3 cases of sickness absence for the year where the cause is noted as work related covering three different illness categories. The split between short and long term sickness has been analysed and the data demonstrates there are a very few extended absences which are over 63 days, but equally, there are 30 individuals who had Bradford scores of more than 300 between 1 APR 2010 and 31 MAR 2011. 300 is the normal trigger point for indentifying repeated short term absence. Commissioning HR is coordinating with the appropriate line managers to assist in attendance monitoring and management for these individuals. Cold/Respiratory, gastro-intestinal illnesses continue to show the highest levels of absenteeism.

2.3 Mandatory Training

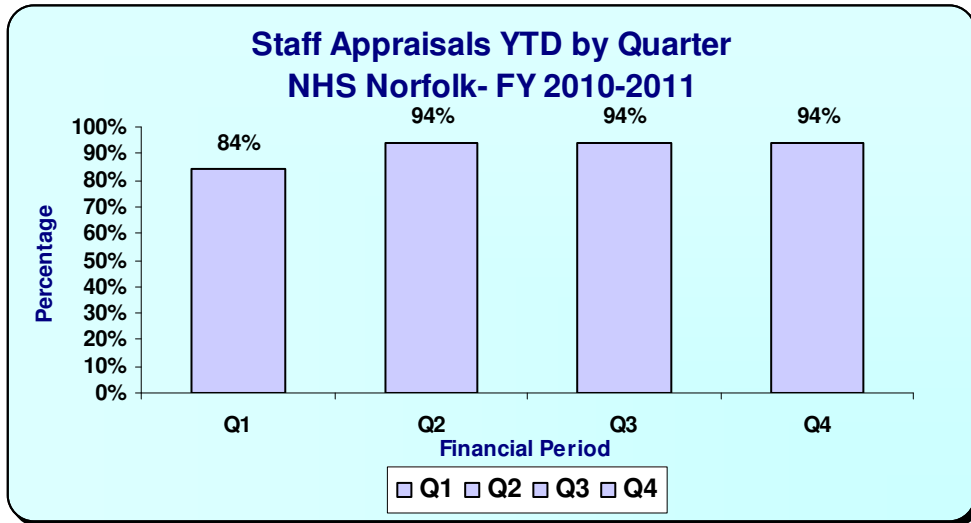
Mandatory Competencies NHS Norfolk As At 31 March 2011						
Training Course	Number of Relevant Staff	Recall period	Target	Target Number to be Trained	Number Compliant	% of Target Completed
Corporate Induction	345	None	100.00%	345	35	10.14%
Display Screen Equipment	345	12 months	100.00%	345	115	33.33%
Equality & Diversity	345	36 months	100.00%	345	175	50.72%
Fire	345	12 months	100.00%	345	169	48.99%
Health & Safety	345	36 months	100.00%	345	137	39.71%
Information Gov	345	24 months	100.00%	345	76	22.03%
Counter Fraud	345	12 months	100.00%	345	135	39.13%
Local Induction	345	None	100.00%	345	0	0.00%
Manual Handling	345	12 months	100.00%	345	1	0.29%
					Total	27.15%

There is a clearly expectation that line managers review mandatory training alongside staff PDPs as part of the Transform OD Plan. Fortnightly reports are raised and published on the intranet for individuals to access.

it is intended as part of the review of appraisals to fully audit all employees who are out of date for mandatory training, enter this information into ESR and track all employees to 100% completion by March 2012.

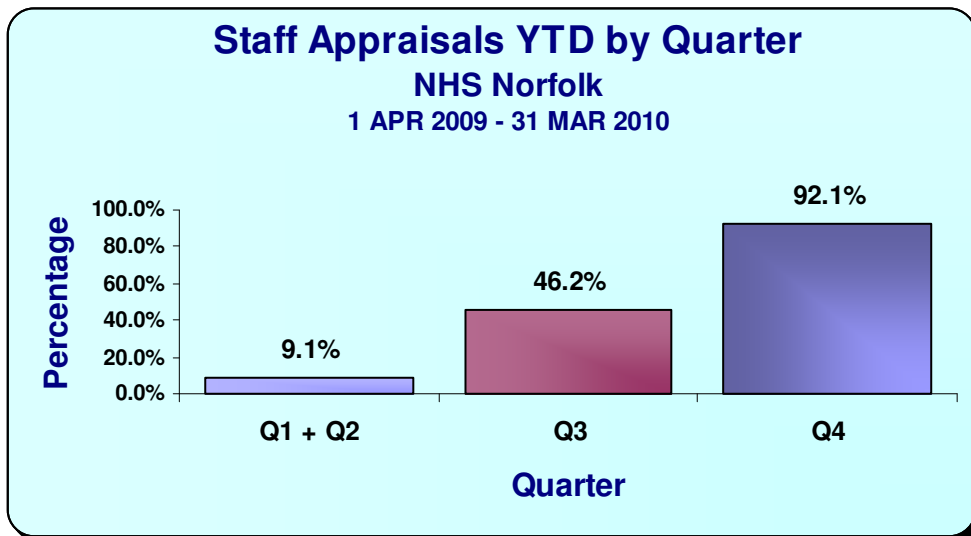
Mandatory Training NHS Norfolk 01 APR 2009 - 31 MAR 2010						
Training Course	Number of Relevant Staff	Recall period	Target	Target Number to be Trained	Number Compliant	% of Target Completed
Corporate Induction	53	None	100.00%	53	43	81.13%
Display Screen Equipment	394	12 months	100.00%	394	180	45.69%
Equality & Diversity	394	36 months	100.00%	394	183	46.45%
Fire	394	12 months	100.00%	394	201	51.02%
Health & Safety	394	36 months	100.00%	394	131	33.25%
Information Gov	394	24 months	100.00%	394	64	16.24%
Local Induction	53	None	100.00%	53	0	0.00%
Manual Handling	394	12 months	100.00%	394	11	2.79%
					Total	34.57%

2.4 Staff Appraisals



A new process has been agreed with SMC and ET with organisational objectives being tiered down from line managers to staff.

Training needs, KSF (Knowledge and Skills Framework) processes and a formal review of all appraisals will continue to be a key objective of the HR Workforce.



2.5 Recruitment

An establishment control scheme was introduced in September, 2009 which requested the business reason for the recruitment of new staff, funding and details of agreement for the level of recruitment. This process was tightened in 2010 to cover the recruitment of Agency, Bank and Secondment opportunities, along with reviews of fixed term contracts.

Due to the restructuring of delivery units, Stage 2 and the Clustering for Single Executive Team recruitment has been managed to retain key skills, knowledge and experience where possible.

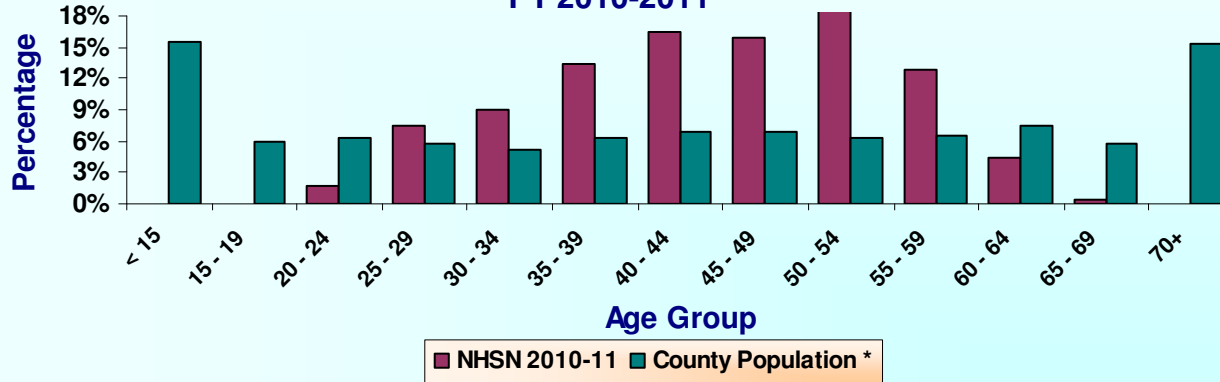
A 'self service' recruitment process was also introduced which was well received by line managers. This enabled the recruiting manager to view their advert, shortlist at a time convenient to themselves and arrange interviews, generally manage the whole process to suit the timescale of the recruitment.

All recruitment will continue to be actively monitored in accordance with the EoE Redeployment HR Framework.

Equality and Diversity

Staff Age Profile/Population Comparison

NHS Norfolk
FY 2010-2011



Geowise, (2009), Population By Five Year Age Structure And Gender, [Online], Available at: <http://www.norfolkinsight.org.uk/dataviews/view?viewId=81>, [Accessed 27 April May 2011]

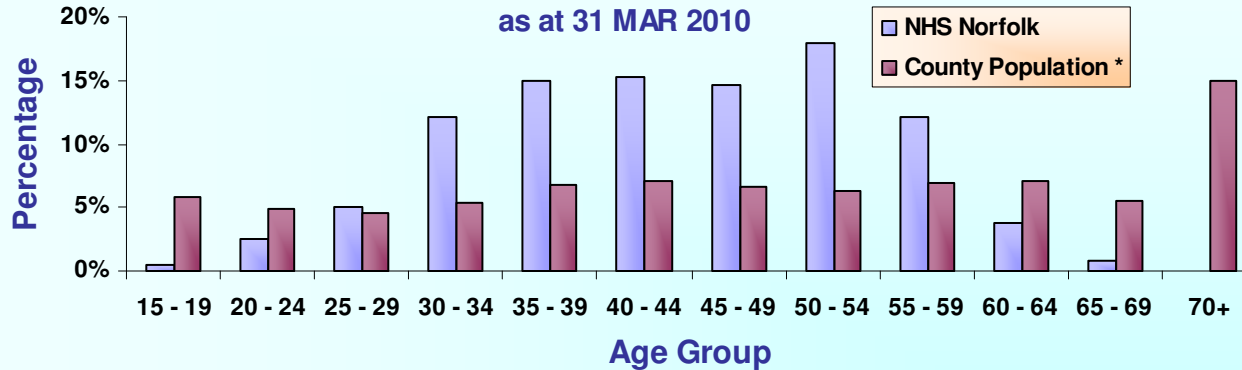
We intend to improve equality and diversity reporting where we can make direct comparators with other NHS organisations. HR in conjunction with the Equality and Diversity Manager will be taking forward the NHS Equality Delivery System, Objective 3, 'Empowered, engaged and well-supported staff'. As well as the Equality Act 2010 general and specific duties related to our staff. This will include an Equality pay audit

Age Profile

NHS Norfolk's posts has a reasonable spread of ages as previously reported. There is no significant difference between the fourth quarter of 2010 and the previous financial year. The Norfolk County population is relatively uniform across the "working age" groups while the under 15 and over 69 age groups are quite large.

Staff Age Profile/Population Comparison

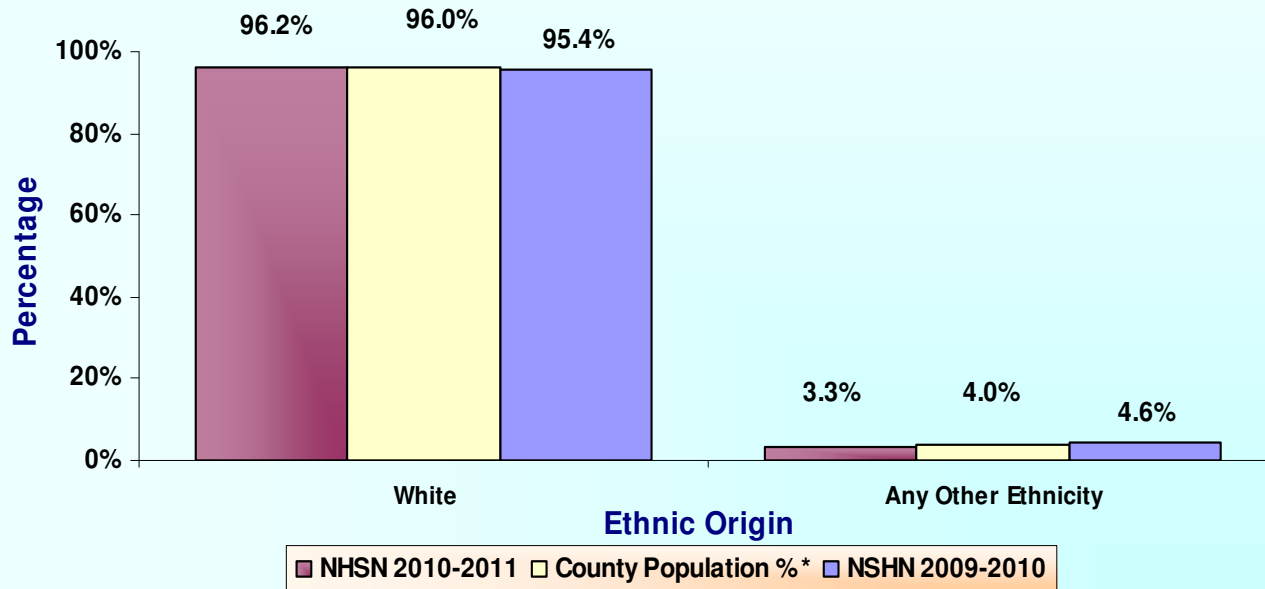
NHS Norfolk
as at 31 MAR 2010



* Geowise. (2007). Population by five year age structure and gender. Retrieved 6 November 2009 from http://www.norfolkinsight.org.uk/ProfileView.asp?chkCompVal109=chkCompVal&chkCompVal110=chkCompVal&ProfileID=76&ThemeID=22&GeographyID=_33NK&GeographyTypeID=15&browser=ie5&FirstPage=Area&CompSet=True&btnNext.x=14&btnNext.y=7

Staff Ethnic Origin/Population Comparison

NHS Norfolk
as at 31 MAR 2011



Geowise, 2009, Ethnic breakdown of population, [Online], Available at:
<http://www.norfolkinsight.org.uk/dataviews/view?viewId=61>, >,[Accessed 27 April May 2011]

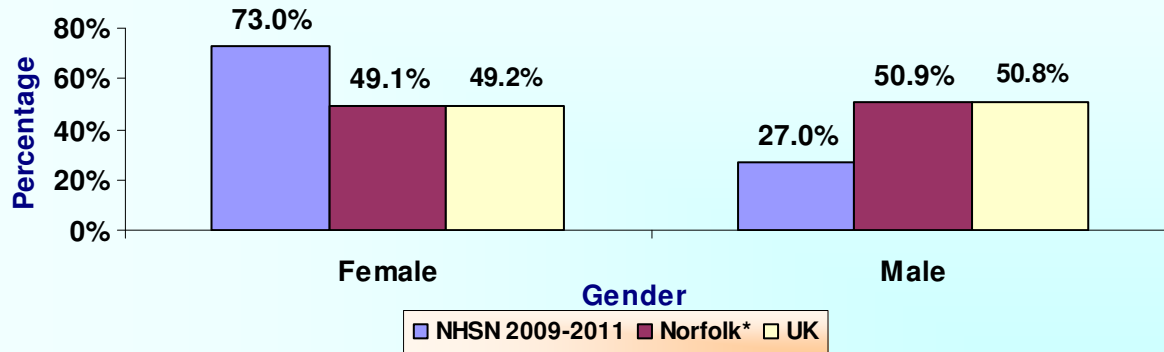
Ethnicity and Disability

NHSN generally employs a representative percentage of ethnic groups across our county population. The information provided gives a snap shot of the diversity of NHSN.

NHSN has a BME staff network, which provides support and network members and involved/consulted on related issues

Staff Gender Profile/Population Comparison

NHS Norfolk
as at MAR 2011



* Geow ise, 2009, Population by Broad Age Structure and Gender. [Online], Available at: <http://www.norfolkinsight.org.uk/dataview/s/view?viewId=81>, [Accessed 27 April May 2011]

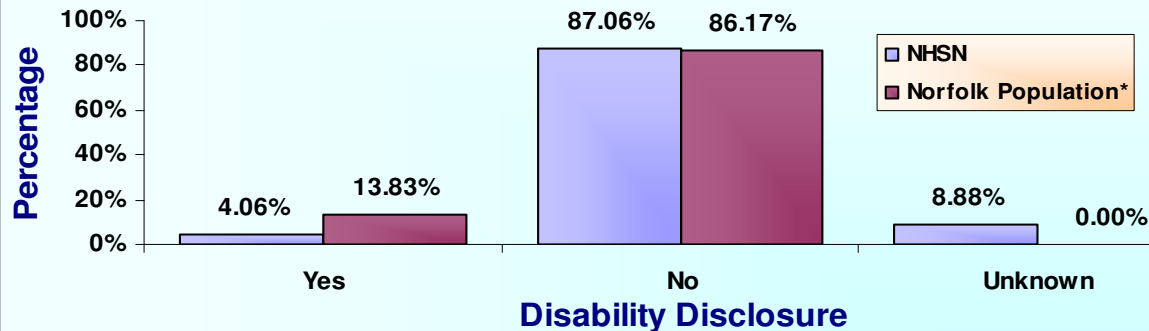
Disability Profile

NHSN employs disabled persons at a slightly higher percentage than in the same period for the previous financial year. NHSN employs disabled persons at a rate approximating 49 percent of the rate existing in the county population for working age people. However, 6.6% of the Norfolk working age population (7.5% for Norwich) are incapacity benefit claimants.* Therefore, as many as 48 percent of Norfolk’s disabled persons may be unable to seek paid employment. As a result, NHSN’s ratio of staff with a positive disability disclosure may be close to parity with the population.

A new network for long term illness/disability has been set up to provide support for disabled and staff with long term illness and a number of meeting have been well attended. This has been identified in partnership with the Equality and Diversity Manager.

Staff Disability Profile/Population Comparison

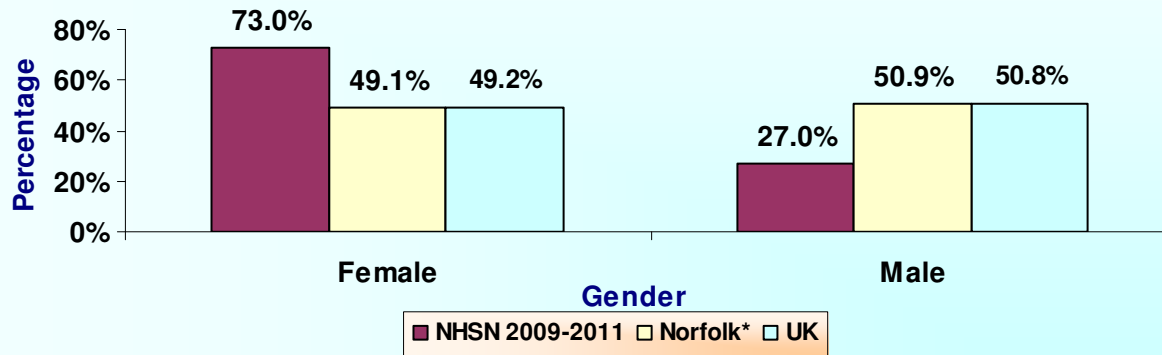
NHS Norfolk
as at 31 MAR 2010



* Norfolk Community Cohesion Network (2009). *Norfolk Ambition*. Retrieved 12 November 2009 from http://www.norfolk-pa.gov.uk/user_files/article/Partnership%20doc%20-%20electronic.pdf.

Staff Gender Profile/Population Comparison

NHS Norfolk
FY 2010/2011



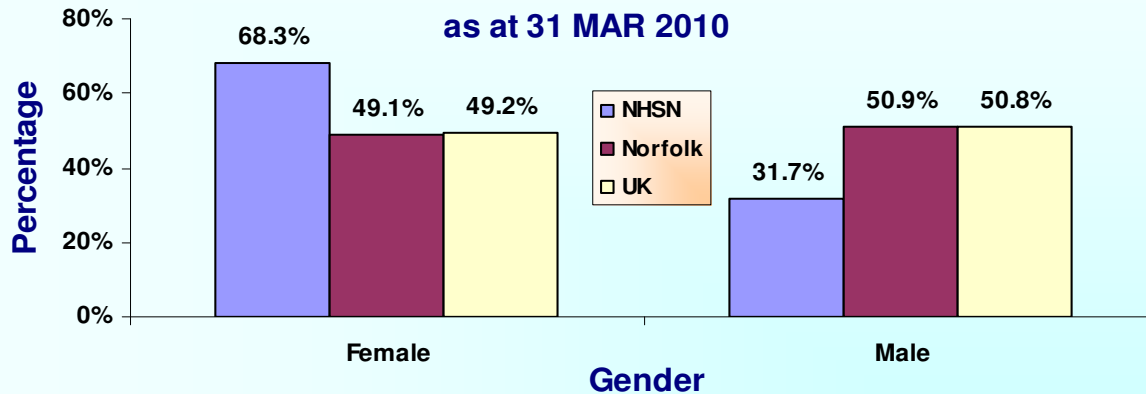
* Geow ise, 2009, Population by Broad Age Structure and Gender. [Online], Available at: <http://www.norfolkinsight.org.uk/dataview/s/view?viewId=81>, [Accessed 27 April May 2011]

Gender Profile.

In comparison with 2009/2010 staff gender profile there has been a small decrease in female with a 4% increase in the male population within this organisation.

Staff Gender Profile/Population Comparison

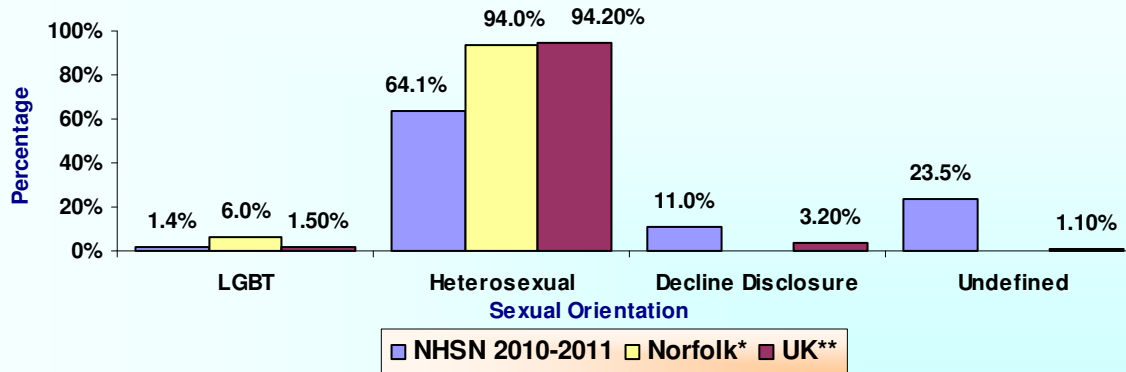
NHS Norfolk
as at 31 MAR 2010



* Geow ise. (2007). Population by broad age structure and gender. Retrieved 12 November 2009 from http://www.norfolkinsight.org.uk/ProfileView.asp?chkCompVal109=chkCompVal&chkCompVal110=chkCompVal&ProfileID=18&ThemeID=4&GeographyID=_33NK&GeographyTypeID=15&browser=ie5&FirstPage=Area&CompSet=True&btnNext.x=12&btnNext.y=9#Section78

Staff Sexual Orientation Profile/Population Comparison

NHS Norfolk - FY 2010-2011



*Norfolk County Council, 2009, Equality and Community Cohesion, [Online], Available at: http://www.norfolk.gov.uk/consumption/idcplg?ldcService=SS_GET_PAGE&nodeId=73, [Accessed 27 April May 2011]

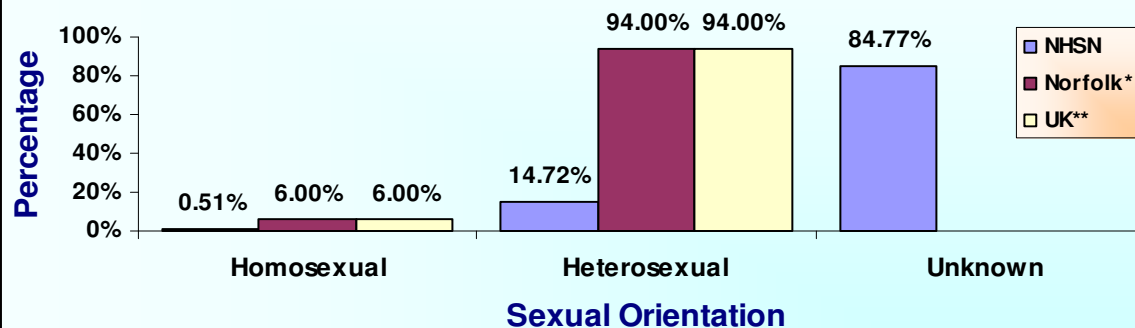
Sexual Orientation Profile

With the introduction of the data cleanse, more staff identified themselves as LGBT (lesbian, gay, bisexual, transgender). However, over one third of NHSN's staff declined to disclose their sexual orientation or did not answer the staff survey question

NHSN has an LGBT staff network which provides support for staff and the Chair of the network works with the Equality and Diversity Manager and HR to take forward related issues and priorities identified through our membership of the Stonewall Diversity Champions programme.

Staff Sexual Orientation Profile/Population Comparison

NHS Norfolk
as at 31 MAR 2010

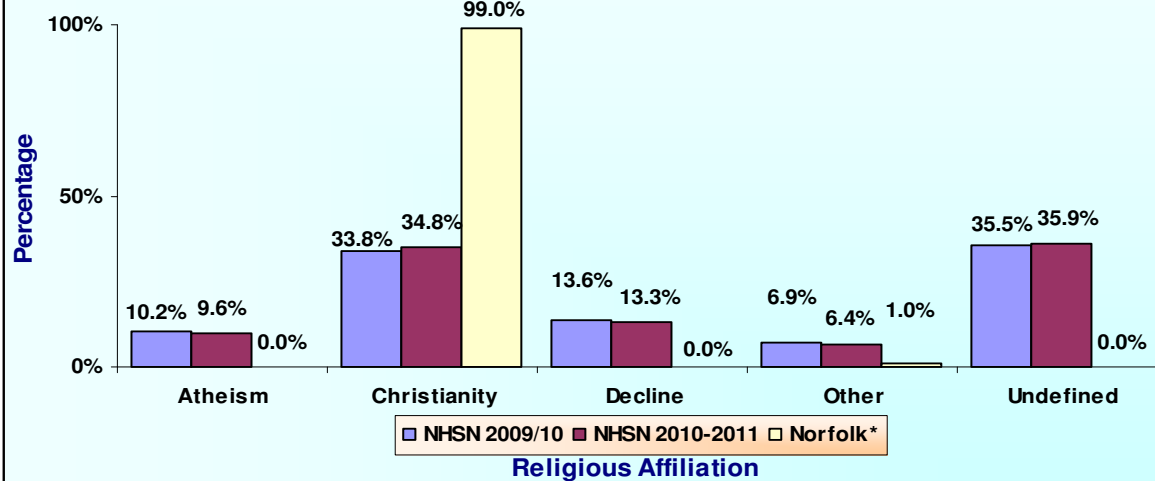


* Norfolk County Council (2009). *Equality and community cohesion*. Retrieved 12 November 2009 from http://www.norfolk.gov.uk/consumption/idcplg?ldcService=SS_GET_PAGE&nodeId=73

** Campbell, D. (2005). *3.6m people in Britain are gay - official*. Retrieved 12 November 2009 from <http://www.guardian.co.uk/uk/2005/dec/11/gayrights.immigrationpolicy>

Staff Religious Profile/Population Comparison

NHS Norfolk- FY 2010-2011



Religious Affiliation

* Norfolk.gov.uk, 2001, *An Overview of Norfolk*, [Online], Available at

[www.norfolk.gov.uk/consumption/groups/public/documents/general_resources/], [Accessed 27 April 2011]

**Office for National Statistics, 2011, *Religious Populations*, [Online],

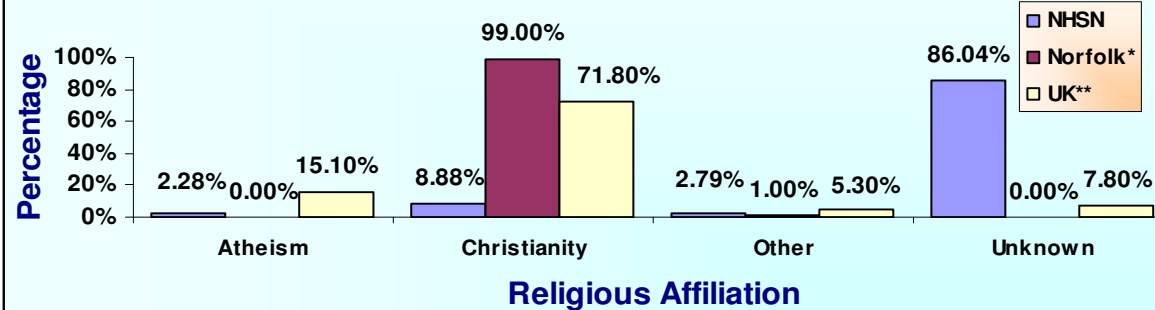
Available at [<http://www.statistics.gov.uk/cci/nugget.asp?id=954>], [Accessed 27 April 2011]

Religious Profile

50% of staff declined or refused to disclose their religious profiles
Staff have been offered an opportunity to develop a staff network related to religion/belief, staff felt that this was not required.

Staff Religious Profile/Population Comparison

NHS Norfolk
as at 31 MAR 2010



Religious Affiliation

* Norfolk.gov.uk. (2001). *An Overview of Norfolk*. Retrieved 12 November 2009

from http://www.norfolk.gov.uk/consumption/groups/public/documents/general_resources/nc041454.pdf

** Office for National Statistics. (2004). *Religious Populations*. Retrieved 12 November 2009

from <http://www.statistics.gov.uk/cci/nugget.asp?id=954>.