## HIF Board Meeting 27 April 2021

## Workforce report

Agenda Item Number: 11.0					
Presented for:	Information				
Report of:	Head of HR (Operational)				
Author (s):	Assistant HRBP				
Report History:	None				
Publication Under Freedom of Information Act:	This paper can be made available under the Freedom of In Act 2000 if requested.	nformation			
	Links to HIF's Objectives				
Deliver an efficient and effective service offering to Harrogate and District $$$$ Foundation Trust					
Create strong sustainable partnerships					
Develop sustainable organisational systems					
Develop and maintain a strong, efficient and agile workforce $$					
Strengthen the local community through collaboration					

## **Recommendation:**

Workforce Data as required including further details of sickness absence in particular Long Term Sickness Absence = For information and discussion



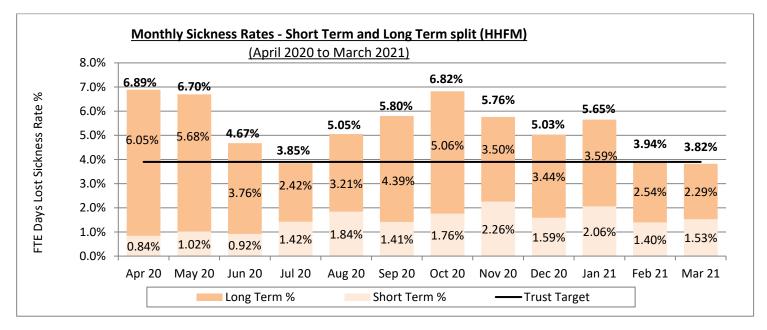
## Workforce and Organisational Development Exceptional Report – April 2021

#### **KEY MESSAGES**

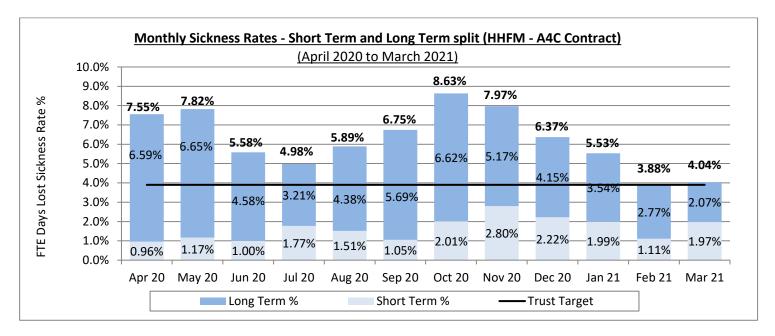
Please note that all data is based on March information.

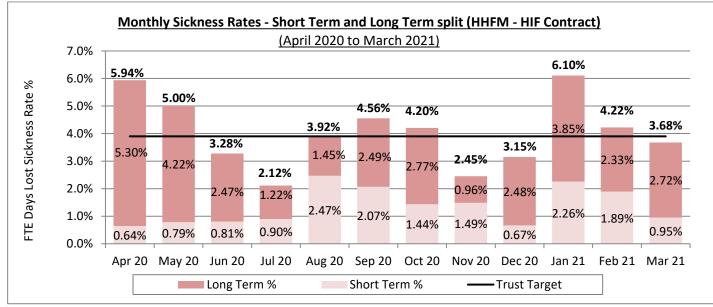
#### 1) Absence

The HIF absence rate for March has seen a further decrease to 3.82%. This figure is made up of 1.53% short term and 2.29% long term absence. The absence rate is now under the overall Trust target of 3.9%.



1.1 The following two graphs show the absence rates between the staff on the two different contracts of employment. As you will note from the graphs there has been a decrease in absence of staff employed on HIF contracts of employment by 0.54% whereas sickness has increased slightly by those on Agenda for Change contracts of employment by 0.16%.









1.2 The reasons for sickness absence throughout the organisation are listed below again split across the two contracts of employment. In both long and short term absence there are a number of episodes relating to Chest and Respiratory Problems and Headaches.

#### SHORT TERM

Absence Reason (A4C Contract)	Headcoun t	# Episode s	FTE Days Lost
S19 Heart, cardiac & circulatory problems	1	1	24.00
S10 Anxiety/stress/depression/other psychiatric illnesses	1	1	22.00
S99 Unknown causes / Not specified	4	4	13.13
S15 Chest & respiratory problems	2	2	11.80
S25 Gastrointestinal problems	3	3	8.73
S12 Other musculoskeletal problems	2	2	3.93
S17 Benign and malignant tumours, cancers	1	2	3.60
S11 Back Problems	1	1	3.00
S16 Headache / migraine	2	2	3.00
S26 Genitourinary & gynaecological disorders	1	1	2.00
S98 Other known causes - not elsewhere classified	2	2	1.93
S13 Cold, Cough, Flu - Influenza	1	1	1.07
TOTAL	21	22	98.20

## SHORT TERM

Absence Reason (HIF Contract/Non A4C)	Headcoun t	# Episode s	FTE Days Lost
S15 Chest & respiratory problems	1	1	10.00
S30 Pregnancy related disorders	1	1	6.53
S28 Injury, fracture	1	1	6.40
S25 Gastrointestinal problems	2	2	4.00
S16 Headache / migraine	2	2	3.00
S13 Cold, Cough, Flu - Influenza	1	1	1.60
S98 Other known causes - not elsewhere classified	1	1	1.00
TOTAL	9	9	32.53

### LONG TERM

Absence Reason (A4C Contract)	Headcoun t	# Episode s	FTE Days Lost
S11 Back Problems	2	2	37.82
S28 Injury, fracture	2	2	34.00
S15 Chest & respiratory problems	1	1	31.00
			102.8
TOTAL	5	5	2

### LONG TERM

Absence Reason (HIF Contract/Non A4C)	Headcoun t	# Episode s	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	2	2	62.00
S15 Chest & respiratory problems	1	1	31.00
TOTAL	3	3	93.00

#### **1.3 LONG TERM ABSENCE**



The table below gives further details of Long Term Absence within HIF, including overall duration of absence as well as the number of days and cost of those days lost within March. There are currently **xxxxxx** on long term sickness absence, 2 with COVID related illnesses

### Table redacted

## 1.4 Cost of Absence

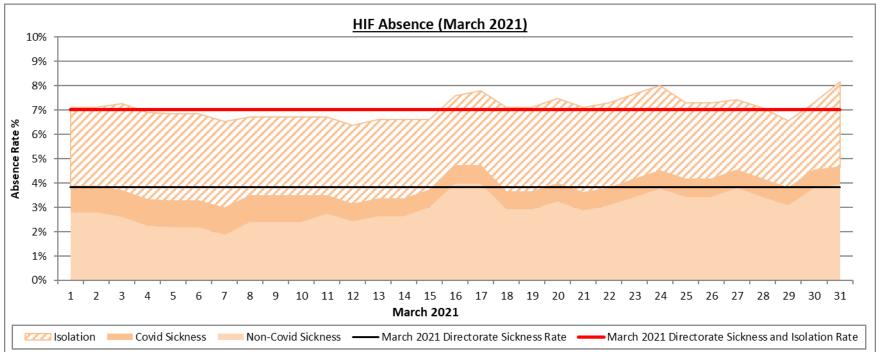
Cost of Absence	£
April 2020	XXXXXXX
May 2020	XXXXXXX
June 2020	XXXXXXX
July 2020	Xxxxxxx
August 2020	Xxxxxxx
September 2020	Xxxxxxx
October 2020	Xxxxxxx
November 2020	Xxxxxxx
December 2020	Xxxxxxx
January 2021	Xxxxxxx
February 2021	Xxxxxxx
March 2021	XXXXXXX

### 2.0 COVID ABSENCE

We currently have xxxxxxxxx absent due to COVID19 Shielding following the latest guidance from 5<sup>th</sup> January 2021.

Covid Absence





### <u>Key</u>

The light and dark fill in the graph represents the overall sickness rate, with the light shading representing non-Covid related sickness and the dark shading representing the Covid related sickness.

In the diagonally shaded fill represents the absence recorded in the system as isolation due to Covid. This shows how the isolation absence affects the overall absence rate, as an overlay to the sickness rate.

- The black line denotes the average sickness rate for the month, which includes Covid related sickness.

- The red line denotes the average absence rate for the month, which includes sickness (both non-Covid and Covid related) and also the isolation absence. It should be noted that this includes employees who are isolating, however still able to carry out their duties wfh.

Managers should be reminded that they must inform the Covid HR team when an employee is absent due to Covid via the online intranet notification form and also complete the return to work notification when an employee returns. This will ensure that the Covid absence data is accurately reported.

## 3.0 ER Cases

3.1 All employee cases have been concluded.



- 4.0 Terms & Conditions of Employment
- 4.1 A separate paper has been presented to Board for Approval
- 5.0 Staff Survey
- 5.1 A separate paper has been presented to Board for Approval

## 6.0 Covid Vaccination Update

4,185 current HDFT and HIF staff out of a total workforce of 4,867 has had both their first and second dose of a Covid vaccine since the commencement of the campaign on the 4<sup>th</sup> January 2021, equating to 85.99% of our total workforce being vaccinated with both doses.

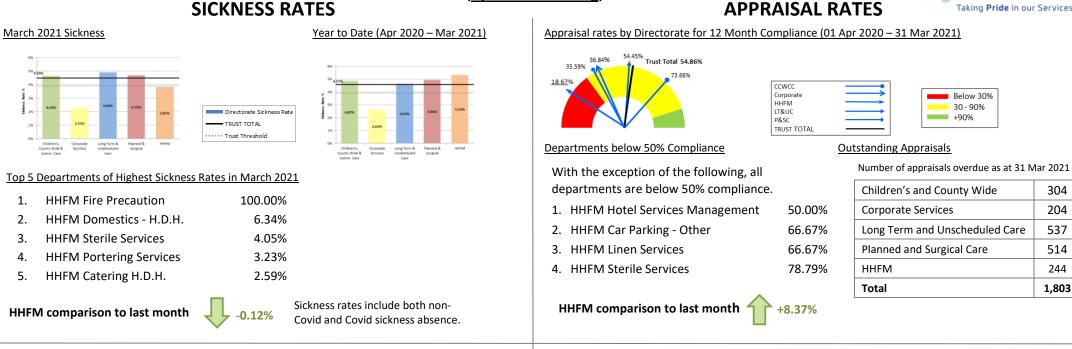
The individual directorate response rates are as follows as at 19<sup>th</sup> April 2021:

All Staff Directorate	Vaccinated (1 <sup>st</sup> Dose)	Vaccinated (1 <sup>st</sup> and 2nd Dose)	Headcount	% Vaccinated (1 <sup>st</sup> Dose)	% Vaccinated (1 <sup>st</sup> and 2nd Dose)	Declined both doses)	No Status
Children's & County Wide	1,292	1,273	1,440	89.72%	88.40%	43	104
Corporate	405	384	446	90.81%	86.10%	13	28
Long Term & Unscheduled Care	1,377	1,315	1,529	90.06%	86.00%	52	99
Planned and Surgical	975	928	1,094	89.12%	84.83%	36	83
Trust Total	4,049	3,900	4,509	89.80%	86.49%	144	314
HIF	299	285	358	83.52%	79.61%	34	24
Total incl. HIF	4,348	4,185	4,867	89.34%	85.99%	178	338

# WORKFORCE KPI REPORT

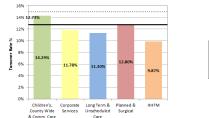
## (April 2021 Meeting)





## **TURNOVER RATES**

Turnover rates for 12-month period (01 Apr 2020 – 31 Mar 2021)

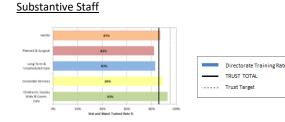




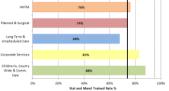
Figures exclude Junior Doctors, fixed term contracts and zero-hour contracts.

<u>Top 5 C</u>	Departments of Highest Turnover Rates in Rolling 12 N	lonth Period			
		Turnover %	No. of Leavers	Avg. Headcount	
1.	HHFM Domestics - YDU	50.00%	1	2	
2.	HHFM Healthcare Waste Management Team	50.00%	1	2	
3.	HHFM Linen Services	50.00%	2	4	
4.	HHFM Coffee Shop	33.33%	1	3	
5.	HHFM Equipment Store - Patient Access	16.67%	1	6	
6.	HHFM Sterile Services	16.67%	6	36	
	HHFM comparison to last month				

# STATUTORY AND MANDATORY TRAINING RATES







24%

78%

79%

88%

#### Bottom 5 Departments of Lowest Statutory and Mandatory Training Rates in March 2021

Substantive			
1.	HHFM Board of Directors	32%	
2.	HHFM Coffee Shop	50%	
3.	HHFM Catering H.D.H.	70%	
4.	HHFM Portering Services	76%	
5.	HHFM Healthcare Waste	76%	
5.	Management Team		

Bank Staff			
1.	HHFM Catering H.D.H.		
2.	HHFM Portering Services		
3.	HHFM Sterile Services		
4.	HHFM Domestics - H.D.H.		

#### HHFM comparison to last month: Substantive Staff Bank Staff

