



## Meeting Report

<b>Report to:</b>	Health and Community Services Advisory Board		
<b>Date of meeting:</b>	30 May 2024		
<b>Title of paper:</b>	Amended Workforce Report – April data		
<b>Report authors (&amp; titles):</b>	Steve Graham – Associate Director of People Els Aoutin – HR Business Partner	<b>Accountable Executive:</b>	Chris Bown, Chief Officer

### 1. Purpose

What is the purpose of this report?  What is being asked of the SLT?	This report provides the Board with data and metrics on the key workforce indicators across HCS.  The Board is asked to note the contents.	Information	X
		Decision	
		Assurance	X
		Update	X

### 2. Executive Summary

This report provides the Board with data on the main workforce indicators including,

- Vacancy Rate
- Turnover Rate
- Sickness absence rate
- Recruitment activity
- Compliance rate with appraisals

### 3. Finance / workforce implications

See main report.

### 4. Risk and issues

See main report.

### 5. Applicability to ministerial plan

See main report.

### 6. Main Report

See attached.

### 7. Recommendation

For noting.

**Health and Community Services**

**Advisory Board**

# **Workforce Report**

**(April 2024 data)**

## Executive Summary

This report is an amended and corrected version of the report submitted in the original Advisory Board pack for May 2024.

That original report contained two data errors in relation to the sickness absence figures in the executive summary table shown below and the Nursing and Midwives and Healthcare Assistants vacancy figures on page 5 of this report.

These figures have now been corrected in this report.

The figures in the table below shown in **blue** are generated from the **Finance establishment report**. Figures shown in **black** all relate to the **HR dashboard numbers**.

For the purposes of the finance information, a vacancy is defined as any funded post against which no salary has been paid for in that month. It does not consider roles that have candidates appointed to them.

Metric	Dec 22	Mar 23	June 23	Sept 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
Funded Establishment (FTE)	2631	2675	2709	2863	2900	2887	2871	2889	2,877
Staff in post (FTE)	2200	2239	2228	2405	2413	2378	2374	2391	2,387
Vacancy data									
Vacant (FTE)	411	436	481	458	487	509	497	498	493
Vacancy Rate = Vacant (FTE) / Funded Establishment (FTE)	16%	16%	18%	16%	16%	17%	17%	17%	17%
Turnover & Leavers									
Total Turnover Rate	7.5%	6.2%	6.5%	7.0%	7.3%	7.3%	6.9%	6.6%	6.7%
Voluntary turnover rate	5%	4%	4%	4.3%	4.3%	4.7%	4.6%	4.8%	4.5%
Leavers Headcount	26	15	13	16	8	13	11	13	12
Sickness (% working days lost) *									
Sickness Rate	6%	4.8%	5.6%	5.5%	5.2%	5.2%	5.2%	5.2%	5.2%
Performance Management (Connected Performance)									
Objectives approved inc Manual Workers		3%	10%	21.5%	20.3%	8%	15.2%	27.5%	35.4%
Objectives approved Exc Manual Workers									41.4%
Mid-Year Review Complete			0.3%	10.6%	12.3%	N/A	N/A	N/A	
Year-end review					5.7%	N/A	N/A	N/A	

## Commentary on the Metrics

### Workforce Data Fidelity

Work between the Financial Recovery Programme (FRP) Change Management Delivery Team, Finance, the GOJ Connect Systems Administration team continues towards producing accurate establishment and vacancy data to Workforce and Executive Directors. It is recognised that this work is taking longer than the 'go live' date – 8 March 2024. When completed the work will produce reliable data that aligns staffing and budget reports. It is expected that this work should be completed by the end of May 2024. The Director of Workforce will keep updating the HCS Executive Leadership Team and Advisory Board at the monthly meetings.

### Turnover Rate

The turnover rate for April 2024 remains almost the same at 6.7% (compared to last month 6.6%). The total turnover rate has also remained constant in the 12 months at around 7%. The voluntary turnover rate (i.e. resignations) has also remained constant around 4.5%. 111 staff did (voluntarily) resign over the previous 12 months.

### Sickness Absence

A system error in the transfer of data from one system to another led to the incorrect calculation of sickness absence across all Government of Jersey departments, which have been reported incorrectly over several months. This error has now been corrected and is reflected in the summary table at the beginning of this report.

The sickness absence rate has remained constant, with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems.

### Connect Performance – Objective Setting

The April 2024 data report for objective setting has improved from 27.5% in March, to 35.4% in April. These percentages include manual workers. The percentage, excluding manual workers is 41.4% which is a significant increase. It will remain an area of focus for the Executive Leadership Team with an action plan for increasing uptake in place for the rest of 2024. More details are documented in the Staff Appraisal and Development section of this report.

## Workforce Data

### Vacancy Rate

The following table shows the vacancy rate for each staff group.

In the original report a manual error in handling the data had incorrectly allocated many Healthcare Assistants roles to the Nursing and Midwives staff group. This had resulted in a higher incorrect percentage

for the Nursing and Midwives figures and a lower incorrect percentage for the Healthcare Assistant figures. The error also impacted the “Vacancies by Staff Type Table” The correct figures are shown in both tables.

Superficially, the April 2024 data suggests an unchanged total vacancy rate for whole of Q1 (Jan-Apr) 2024. There has been a reduction in the overall budgeted FTE in the Department of 12 FTE from the figure reported last month. It is felt that the higher number included in March was an overstatement that has now been corrected. This appears to have been the result of the erroneous inclusion of Accommodation Service posts in the previous month’s FTE, a service which is no longer in HCS.

We are now reporting a budgeted FTE of 2,877 FTE, versus appointments of 2,387. Although this gives a vacancy difference of 490 FTE between these numbers, with rounding’s this gives a vacancy result of 493 FTE.

In the next ‘Vacancy Rate’ table, you will see the vacancies by staff type.

	Vacancy Rate						
	Oct 22	Aug 23	Dec 23	Jan 24*	Feb 24*	Mar 24***	Apr 24****
<b>Medical</b>	19%	18%	16%	13%**	12%**	12%**	<b>16%</b>
<b>Nursing</b>	20%	23%	20%	21%	20%	20%	<b>20%</b>
<b>Healthcare Assistants</b>	13%	20%	17%	23%	23%	23%	<b>23%</b>
<b>Civil Servants</b>	17%	19%	17%	18%	18%	18%	<b>16%</b>
<b>Manual Workers</b>	9%	10%	7%	5%	5%	5%	<b>5%</b>
<b>Total</b>	16%	18%	16%	17%	17%	17%	<b>17%</b>

**Please note:**

\*Changes also due to 2024 budget mapping and classification exercise by Finance

\*\*Samares wards now included

\*\*\*March 2024 data no longer reliable

\*\*\*\* new methodology still under validation as part of Finance Budget and Connect People Reconciliation

**Vacancies by Staff Type**

Staff Group	Budget FTE	Staff in Post FTE	Vacant FTE	Vacancy FTE %
Medical	283	238	45	16%
Nurses and Midwives	757	604	152	20%
Healthcare Assistants	463	356	107	23%
Civil Servants	1039	864	172	16%
Manual Workers	335	321	17	5%

Workforce has been advised by establishment/vacancy data validation team that reliable data should be available in the following months. The move away by Finance from maintaining appointments information in the HCS Establishment file was an intentional decision aligned with the move to Connect People.

The Finance Team continues with the reconciliation of the Connect People system to the Finance list of budgeted posts (as per monthly Finance establishment data). This has been a significant undertaking by the

Finance team to correct the budgeted establishment in Connect People, and still requires more work to rectify the remaining differences in May 2024.

The rollout of the new GOJ Connect Talent Acquisition system continued during April 2024. This will also help to consolidate a single source of accurate vacancy management information. In the meantime, manual collation of data is providing data for some groups and the table below shows the pipeline information we have for the recruitment into nursing and Allied Health Professional roles.

**Table - Recruitment of nurses:**

Started (11/03/2024 to date)	Clearances complete awaiting start	Offered/Contract issued	Roles at interview stage	Roles at shortlisting stage	Currently at live advert
64	18	42	15	1	Live: 10 Advert expired: 44

Below is a summary of what the Workforce Data reporting is showing for each staff group.

**Nurses**

- 102 – Vacant – ‘advertised’/shortlisting/interview/pending approval stage
- 62 – offer/clearance complete stage
- 78 – started since 01/01/2024 – 39 Internal & 25 External

**HCA**

- 60 – vacant - ‘advertised’/shortlisting/interview/pending approval stage
- 37– offer/clearance complete stage
- 24 – started since 01/01/2024 – 12 Internal & 10 External

**Civil Servants**

- 132 – vacant – “advertised/shortlisting/interview/pending approval
- 44 – in offer/clearance complete stage
- 63 – started since 01/01/24

## Recruitment Activity

Despite the feeling of having to work with unreliable workforce data, the March 2024 total vacancy rate has remained the same at 17% compared to January and February 2024.

At the beginning of April 2024 an HCA Open Day event took place with broad media coverage and promotion. It is the start of developing an annual ‘calendar of events’ mapping targeted recruitment campaigns throughout a 12-month period.

Workforce attraction and recruitment and retention packages continue to be developed by the FRP Change Management Delivery Team. These will aim to address 'hard to fill roles' that have been identified and following discussions with the Chief People Officer, it is intended to present these proposals to the GOJ Executive Leadership Team and SEB by late June.

Work is being finalised between the FRP Change Management Delivery Team and Workforce Resourcing to establish a list of 'approved recruitment/specialist search companies' compliant with the GOJ procurement/contract standards that will support recruitment campaigns being planned to take place throughout 2024. These recruitment campaigns are being co-ordinated between Workforce Resourcing, the Chief Nurse's Team guided by a specialist Recruitment Campaign Advisor from People and Corporate Services.

In addition, work will also start on finalising the development of the dedicated nurse 'recruitment microsite' and the commencement of work associated with digital marketing nursing marketing.

Workforce Resourcing (a newly established function combining the focus on temporary health workers and permanent staff) includes 3 x FTE in house Recruiting Officers seconded from People and Corporate Services who worked hard to reduce Time to Recruit (TTR) from 120-140 days to 60-90 days and the Time to Hire from 210-240 days to 150-180 days to coincide when the new GOJ Connect Talent Acquisition (TA) system went live across HCS during April 2024. TA replaces the Resource Link system. The key to success will be establishing a new relationship between hiring managers and the recruiters especially when it comes to securing a licence required for each post to be advertised and that the job description has been posted on Connect TA.

Before the Easter Break, a senior Workforce Specialist from the FRP Programme Management Delivery Team assisted the Head of Medical Staffing in mapping the current TTR and TTH metrics associated with the recruitment of Medical Consultants, advising on how time could be saved with new ways of working which would need to be agreed with the General Managers in each of the Care Groups.

Work is also ongoing to continue examining ways to improve the post hire activity that is onboarding which also included ensuring new permanent staff recruited to HCS recruits and junior medical staff have access to appropriate temporary accommodation.

## **Junior Doctors**

For F1 and F2 plus GPVTS doctors, we are part of the Wessex Deanery rotation, and they supply HCS with doctors who are UK graduates. If they are unable to fill the slots, we work with NHS Professionals – Gateway programme to fill the slots with overseas doctors, for example we currently have 3 doctors working with us from Myanmar.

For clinical fellow roles, we advertise in the BMJ, we often receive a good number of applications from international graduates and have taken doctors from India, Pakistan, Caribbean as well as several doctors in the UK that have completed their foundation training. In addition, we will have our own doctors who have completed foundation training electing to remain with JGH as a clinical fellow.

The Clinical Fellow posts are popular, this is mainly due to the excellent educational support they receive from our Medical Education team. You will be pleased to know that all our Clinical Fellow posts are filled for the August 2024 rotation.

## Other Planned Recruitment Activity

Other planned recruitment activity to take place during Q2 2024 includes the following:

- A review of the current BMJ contract (to end in July 2024) to ensure it is being used effectively to help recruit medical staff.
- The Head of Medical Staffing and her team are actively in collaboration with the FRP Change Programme Delivery Team to develop a strategy for recruiting 34 medical staffing vacancies some of which are recognised as 'hard to fill'. This will include reviewing job adverts to include opportunities for consultants to develop a private patient portfolio.
- Work continues to finalise the list of specialist recruitment agencies to support targeted recruitment campaigns.
- Reviewing progress on digital marketing projects to support recruitment campaigns.
- Getting the Job description of the new Chief/Director for AHP (Allied Health Professionals) Services job evaluated and advertised.
- The Director of Workforce viewed several flats/bedsits and a shared house available to HCS new starters providing temporary transitional relief before they enter the private housing market. A report has been submitted to the Chief Officer and will be discussed with the appropriate GOJ senior officials.
- Continued promotion of the 'Refer a Friend' recruitment initiative.
- All HCS roles are now located on the new Government of Jersey careers portal [careers.gov.je](https://careers.gov.je)
- Ensuring that the new team of in-house recruiters will support 'hiring managers' navigate and manage the new GOJ Talent Acquisition recruitment and on boarding system effectively.

## Retention

The total turnover rate for the last 12 months to the end of April 2024 is 6.7% and remains constant, which equates to 167 people leaving HCS. This is a slight increase in percentage compared to last month (March: 6.6%).

The voluntary turnover figure (which relates to resignations) for the 12 months to end of April 2024 is 4.5%, which is slightly higher compared the 4.2% this time last year. This equates to 111 (voluntary) leavers spread across the year.

In addition, there were 21 retirements over the previous 12 months. The remaining 35 'involuntary' leavers consisted of 27 leavers, due to end of contracts in Hospital and Community Services.

## Job Evaluation

The Director of Workforce has been working with colleagues in People and Corporate Services to reestablish HCS Representations on the Civil Service and Agenda for Change Job Panels with the aim of having a sufficient representation of HCS managers sitting on panels who will have the necessary knowledge, skills and experience to support the panels in reaching the right grading decision when analysing the various components of healthcare roles set out in new and updated job descriptions and person specifications. The concern was that not all panellists had adequate insight into the detailed workings of healthcare jobs. New arrangements covering training for new panellists and refresher training for those HCS Managers who membership had lapsed for one reason and another as well as a new list of HCS representatives are to be established in 2024.



## Exit Interviews

It was reported at the previous Board meeting, that the HCS Executive Leadership Team had reviewed a report by Law at Work who were commissioned in 2023 to review a sample of exit interviews relating to staff who had left the employment of HCS during the same year. A copy of the report has been forwarded to the People and Culture Committee, who will review and consider the results of the report and the themes relating to why staff left and making recommendations for improving the working culture of the organisation. These themes are shown below.

Reasons for leaving	Number of staff who commented	% of total who commented
Dissatisfaction with responsibility, integrity and poor decision making	17	11%
Performance and conduct issues not dealt with	16	10%
Career Development	15	10%
Not supported	12	8%
Stress	12	8%
Work life balance	10	6%
Job expectation/demand of role	10	6%
Relationship with line manager (lack of understanding of role; management style)	8	5%
Leaving Jersey/cost of living / too expensive	7	5%
Retirement	7	5%
Not listened to	6	4%
Lack of appreciation and acknowledgement	5	3%
Better pay and conditions	4	3%
Not considering reasonable adjustments	4	3%
Unsafe working conditions	4	3%
Bullying and harassment	3	2%
Poor culture	3	2%
Poor IT	2	1%
Too many managers - not enough front-line staff	2	1%
Communication	2	1%
Personal reasons	2	1%
Lack of feedback	1	1%
Redundancy	1	1%
End of contract	1	1%

## Induction – Corporate Days and Local Induction

The Director of Workforce has now circulated a Local Induction Checklist for managers to use when welcoming a new starter to their team. Once completed it should be sent to the People Hub with a copy retained by the appropriate manager. This an important reference document in helping managers and HRBP/Consultants to consider whether there might be any indication post induction that might suggest the reasons behind any employment relationship issues that have developed during a new starter’s initial 0–9-month period working for HCS.

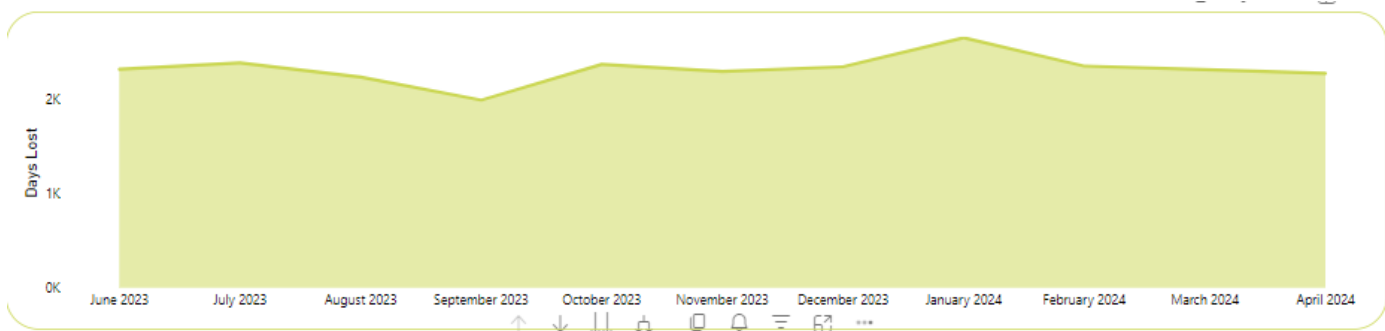
## My Welcome

In addition to developments concerning HCS corporate and local induction, the GOJ My Welcome is the online Government of Jersey induction programme all new starters to working for the Government re expected to undertake. There continues to be a consistent uptake of the face-to-face element of the GOJ.

The completion rate of the My Welcome online programme remains at approximately 30% which is the average rate for the Government as whole.

## Health and Wellbeing

The revised figures show that even though the percentage sickness absence rate has remained constant at 5.2%, there has been a further decline in the number of days lost due to sickness absences compared to January and February 2024 (as shown below). In addition, the figure for average days lost per month is 11.1 at 11.1 which is lower then the 11.8 average days lost to sickness for this time in 2023



The main reasons for absence have remained constant with the predominant reason being recorded as cough, colds and flu followed by gastrointestinal problems.

THE AXA Health Occupational Health Service contract is being reviewed centrally by People and Corporate Services in advance of the re-tender date of November 2024. A report on the performance of AXA Health is currently being prepared by the end of April 2024.

## Employee Relations (ER)

HCS Workforce HRBP/Consultants Service continues to monitor live formal cases with the GOJ People and Corporate Services Case Management (CM) Team meeting each month to review the CM report which covers a range of cases that have moved from informal attempts to resolve issues (via facilitated discussions/mediation/fact finds) to formal investigations leading to disciplinary hearings.

Closer working arrangements between HCS HRBP/Consultants Service and the Freedom to Speak Up Guardian (FTSUG) are being developed to facilitate early resolution locally without the immediate need for formal action being taken involving senior management – all done whilst protecting the neutrality of the FTSUG and maintaining confidentiality. Work also continues to promote a 'Freedom to Speak' culture within HCS.

## Staff Appraisal and Development

The April 2024 data report for objective setting has improved from 27.5% in March, to 35.4% in April. These percentages include manual workers. The percentage, excluding manual workers is 41.4% which is a significant increase.

During a review of the latest data produced by People and Corporate Services (PCS), the Executive Leadership Team questioned whether manual workers were included in the report as it was understood that an agreement had previously been reached with Trade Unions to exclude them from the process. The Director of Workforce is looking into this and will have further discussions with the Chief People Officer.

A review of the data from the past 3 months, highlighted managers whose direct reports have not yet set any objectives, or the form is currently sitting with the manager to approve during this time. Fifty of these managers (totalling 360 direct reports) have been offered additional support and upskilling through walkthroughs and online resources to read. This additional support aims to make the managers feel more confident in completing the objective setting stage of the form and, importantly, know the steps to approve the objectives to be accurately reflected in the statistics.

The HCS Workforce teams will continue receiving further Connect training to be able to continue supporting HCS managers with Connected Performance

## Connect People Update

Nurses and Midwives began using Connect Talent Acquisition on 26th February and it was rolled out to the rest of HCS during April 2024. Talentlink will be closed down by the end of June 2024.

To support managers, there is a range of face to face and online training available on Connected Learning as well as resources and a series of webinars.

Through April and May 2024, a daily drop-in call is being held on Teams from 09:00 to 09:30 where managers can drop-in if they need support.

## End of Report