

# PAPER

CG 34/16

# Report to the Meeting of the Council of Governors

**November 2nd 2016**

**Workforce Performance Report**

**For: Information**

**Executive Summary**

This report shows the position on the workforce performance indicators as at the end of September 2016, except for sickness absence which is a month in arrears.

Overall, staff turnover, the ability to recruit the required numbers at the required speed and the consequential impact on the high usage of temporary staff resource remains the main concern and hence the focus of high levels of activity.

Attention is particularly drawn to the following key points:

**Agency**

Agency spend has increased this month to 9.04% from 7.34% in August.

Directorate detail of Agency Spend is shown under respective area charts and are described below

It should be noted that in some services (for example Podiatry) the use of agency staff is initiated and the appropriate revenue follows. This allows income to be generated.

Directorate commentary:

**Adult**

* Spend increased to 11.5% from 7.4% last month.
* Main reasons are:
* Agency workers covering vacancies in the AMHT’s.
* Agency workers to deliver Psychological Services prior to the restructure of Step 4 services.
* Long lines of work across the services ensuring that continuity of care is maintained.
* Agreement to pay enhanced rate to Social Work staff in AMHTs due to concerns that Social Services are paying more.

 **Children & Young People**

* Spend increased to 11.1% from 9.1% last month.

* Main reasons are:
	+ Oxon and Bucks CAMHS 22.6% Agency.
	+ Highfield due to lines of work plus significant number of vacancies. Unit has reported losing some staff to Staffing Solutions so they can work flexibly.
	+ Cotswold House Oxford – lines of work in place.
	+ Marlborough House Swindon – 9 vacancies therefore lines of work
	+ CAMHS Neuro using extra funding to back fill team to tackle long and unacceptable ASD waiting times.

**Older People’s**

* Spend has increased to 8.1% from 7.3% last month.
* Agency spend has increased consistently across the Directorate except in the South Locality team.

**Corporate**

* Spend has reduced to 4.4% from 5.25% last month.
* Whilst OPS has decreased significantly there has been an increase of 4.24% this month. There have been some late invoices received for agency staff. Currently there is only 1 agency worker in OPS covering goods in. There is a plan in place to recruit to this once a job description has been finalised.

**Vacancy**

The Vacancy rate has reduced to 9.3% (10.1% last month).

A table showing the recruitment figures for each directorate is included in the Workforce Performance Report.

An analysis of starter & leaver numbers has shown that retention of qualified nurses (Band 5 and above) is a major part of turnover and therefore vacancies. Since 2014 the total number of nurses employed by the Trust has reduced by 212 FTE, with the average number of leavers exceeding the average number of starters. This is translating into agency spend of an average of £1m each month.

Directorate commentary:

**Adult:**

* Vacancy rate increased to 10% (9.8%).
* Difficult to recruit areas are Staff Nurses for Kingfisher and Kestrel and CPN’s for Oxford City AMHT and Chiltern AMHT.
* Of the 16 Charge Nurses in post across Adults Oxford, 5 have submitted their resignation. The affected wards have been identified to Resourcing. We have 8 charge nurse vacancies which are difficult to recruit to.
* We are working closely with the Job Centre, holding information days with quick follow-up interviews, targeting adverts locally for hard to recruit to services ie Thames House.
* The key vacancies of Service Manager Oxford, Bucks and Forensic Programme Manager have recently been recruited to.
* The key posts of Service Manager Bucks and Modern Matron Vaughan Thomas and Wenric are out to advert. A second Service Manager for Oxford has resigned.
* Acting up remains high across the Directorate and this is a risk.
* We are losing some Band 7/8A nurses to Berkshire where clinical nursing roles working in inpatient services and community services have been developed.
* Careers events planned for October and November.

**Children & Young People:**

* Vacancy rate 1.2%
* Inpatient Units remain difficult to recruit to.
* Highfield has high number of vacancies.
* Recruitment team working with Cotswold House Marlborough to plan an open evening in October 2016.
* A number of Health Visiting posts are under offer to the students who are due to complete their course in July/Aug 2016 and start work mid-September 2016.
* Medics - 2 new appointees have started in September and the remaining posts are currently live.

**Older People:**

* Vacancy rate reduced to 11.8% (13.1% last month).
* Challenges continue in recruiting to the Mental Health Inpatient and Community areas, Podiatry, Speech & Language Therapists (hospital based).
* There continue to a high number of vacancies in Community Hospitals.
* Recruitment team are working with recruiting managers to ensure successful recruitment campaigns

**Corporate:**

* Vacancy rate increased to 13% (11.4% last month).
* 59 posts are being worked on currently, 9 of which are at offer.

**Sickness**

Sickness has reduced to 3.4% (from 4.05% in August) which is below the Trust’s target level.

Stress, anxiety & depression continue to be the main cause of sickness absence. A business case for the introduction of an Employee Assistance Programme (which could result in reduction in sickness absence levels) has been made. The question of funding for such a scheme, and the continuation of MSK physiotherapy support, will be considered once the half-year forecast is available from Finance. Additionally, Supportive Leadership workshops are being commenced (4 sessions per month), Occupational Health run Stress Workshops. Discussion about stress, anxiety & depression at a level requiring clinical support was discussed at Well Led sub-committee and the need to consider treatment as well as prevention. Further work is required on this area.

Directorate commentary:

**Adult**

* Sickness has decreased to 3.89% (4.69% last month) of which 2.13% is long term sickness.
* 16 cases are being addressed formally of which the majority are long term sickness cases.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses  | 23.65% |
| S12 Other muscoskeletal problems  | 16.27% |
| S25 Other known causes – elsewhere unclassified | 15.32% |

* The reappearance of “Other known sickness reasons” in the top three reasons for sickness and will be reviewed by the team.
* There are high levels of sickness absence in some of the AMHT areas. An HR Business Partner has been assigned to review these cases.

**Children & Young People**

* Sickness has decreased to 2.4% (3% last month) of which 1.28% is long term.
* 10 cases are being addressed formally.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses  | 26.9% |
| S25 Other known causes – elsewhere unclassified | 15.1% |
| S11 Back problems | 15.1% |

**Older People**

* Sickness has decreased to 3.8% (4.4% last month) of which 2% is long term. It had reduced during the past 7 months
* There are 25 formal Health Capability Cases being managed at present.
* Sickness is particularly high in Central/North East Locality Team (5.73%) and MH Inpatient & Bucks (5.07%).
* Sickness levels in Community Hospitals, North and West Locality Team and Urgent Care are below Trust target of 3.5%.
* Sickness levels in Community Hospitals are now at 2.96%, a significant reduction following the high levels early in this financial year.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 29.4% |
| S98 Other Known Causes | 10% |
| S12 Other MSK | 10% |

**Corporate**

* Sickness has decreased to 3.24% (3.67% last month).
* Since March 2016, Anxiety/Stress etc. has been increasing as a reason for absence. This has been highlighted in managers meetings. Estates & Facilities managers have booked on to the pilot workshops for Supportive Leadership and Behaviours. August and September has shown a decrease in the % absence related to Anxiety/Stress – close monitoring will continue.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 35.08% |
| S11 Back Problems | 9.04% |
| S26 Genitourinary & gynaecological disorders | 7.49% |

**Turnover**

Turnover has remained static at 14%. It had declined monthly since April.

The HR Department has introduced a new process to collect information on exit reasons. The current information is showing:



The single biggest reason for leaving the Trust or moving internally is promotion / better prospects. Free format comments suggest a significant proportion is moving to specialisms / roles that are of particular interest.

Regarding relocation the free format comments show that a significant number of people are relocating due to a change of lifestyle or to be closer to their families.

HR will continue to monitor and refine the staff movement forms to identify trends and reasons for leaving.

**Recruitment**

A Recruitment Database has been developed in-house and is being rolled out in the Recruitment Team. This will allow the Recruitment Advisors to better manage the vacancies and candidate pipeline, report actions & alerts as well as automate some administrative processes.

This will result in a reduction in the length of time candidates spend in the recruitment process. However managers still require training about the importance of completing recruitment actions in a timely manner and the importance of collecting all candidate documentation at the appropriate points in the recruitment process.

A Board seminar in October 2016 focused on recruitment and retention issues in the Trust in some detail.

**Recommendation**

To note the report for information.

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