

# Report to the Meeting of the

**CoG 04/2017**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

# Council of Governors

**8th March 2017**

**Workforce Performance Report**

**For: Information**

**Executive Summary**

This report shows the position on the workforce performance indicators as at the end of January 2017, 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:

**Temporary Staffing Spend**

Temporary staffing spend increased in January 2017, spend on agency increased sharply. This is likely to relate to shifts worked in in December due to the time lag of invoicing. Agency increase was mainly across the Allied Health Professionals and Nursing Staffing groups.

Whilst the Staffing Solutions team has recruited 2 new staff members, vacancies still remain and it is anticipated that the team will be operating at just under full capacity from April. It is hoped that some recruitment of Flexible Workers may commence at the beginning of March 2017 once new members of the Staffing Solutions team are trained.

Directorate detail is shown under respective area charts and further described below:

**Adult**

* Spend increased to 15.8% (14% last month).
* Main reasons are:
* Agency workers are covering vacancies in the AMHT’s to ensure that caseloads are not excessive. However we are struggling to recruit enough agency staff.
* Agency workers have been met with to explore what would encourage them onto a permanent contract and what they find more attractive about agency work.
* There are long lines of Agency workers across the services ensuring that continuity of care is maintained.
* Users of most agency are Kestrel, Allen, Ashurst and Aylesbury AMHT.
* Concerns over ability to fill shifts from any source.

**Children & Young People**

* Spend increased to 8% (7% last month).
* Main reasons are:
* Oxon CAMHS & PCAMHS
* Bucks CAMHS services
* Highfield Unit
* Marlborough House, Swindon
* Cotswold House Oxford
* Cotswold House, Marlborough

**Older People’s**

* Spend has increased to 9% (7% last month).
* The figures provided for December show particularly high agency usage in some Community Hospitals (particularly Didcot, Wallingford and Witney) and Older People’s Mental Health (Amber Ward and South Bucks CMHT).

**Corporate**

* Agency spend has reduced to 3.9% (4.1% last month).
* Overall, temporary staffing spend continues to reduce and is well below the average spend for the Trust.

**Vacancy**

The vacancy rate is 8% which is below the Trust target. The improved position reflects a long-term reduction in the vacancy rate in the “Support to Clinical Staff” (ie Health Care Assistants and Support Workers), Qualified Nursing and Medics staff groups.

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

Directorate commentary:

**Adult:**

* Vacancy rate decreased to 10.9% (from 11.2% last month).
* Difficult to recruit areas remain unchanged. Ashurst, Kestrel, Kingfisher and Bucks South AMHT.
* At present there are approximately 168 vacancies across the Directorate.
* Key roles of 10 Charge Nurses /Deputy Ward Manager vacancies out to advert/at interview.
* There are 3 Ward Manager posts at interview.
* Acting up remains high across the Directorate and this is a risk.
* Recruitment staff have been training managers in Safer Recruitment and advert writing skills.
* EDPS service can recruit permanently into their Band 7 Fixed term contract posts following their clinical review.
* High levels of recruitment activity across Psychological Therapies in response to awarding of the LTC contract. Majority of clinical staff due to start in January 2017.

**Children & Young People:**

* Vacancy rate is -1.8%. Although there are vacancies in some services, others appear to have more staff in post than budgeted.
* On-going difficulties recruiting to parts of the Directorate (eg Highfield)

**Older People:**

* Vacancy rate remained unchanged at 7.4%.
* A recruitment day for Community Hospitals took place on 21st January and 5 offers were made.
* The advertising focused on newly qualified advert is still live and it is hoped that this will result in successful recruitment of nurses.
* Recruitment are working with Community Therapy Clinical Lead to attract physiotherapy students.
* Community Hospital and District Nursing staff are supporting with attendance at university careers days.

**Corporate:**

* Vacancy rate decreased to 15.98% (16.8% last month).
* Estates & Facilities – there is a plan to work with the Dept to create an “off the shelf” recruitment pack that can be used to run local campaigns in hubs that are struggling to recruit.

**Sickness**

Sickness has reduced to 4.75% but remains above target. This is being driven by a marked increase in short-term episodes of cough, cold & ‘flu. However, absence due to Stress, Anxiety & Other Psychiatric Disorders did decrease markedly in January after four months of increase to result in on overall reduction in the sickness rate. This was due to the return-to-work of a significant number of staff following periods of Stress/Anxiety absence.

HR, Operations and the trade unions are meeting later in February to review and discuss the subject of work related stress.

Directorate commentary:

**Adult:**

* Sickness has increased to 6.13% (5.65% last month).
* 25 cases are under formal management with HR staff working closely with managers to ensure that the policy is adhered to, moving staff into informal and then formal sickness absence as appropriate.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 26.09% |
| S13 Colds and ‘flu | 13.9% |
| S985 Other known causes – elsewhere unclassified | 11.46% |

* The reappearance of “Other known sickness reasons” in the top three reasons for sickness and will be reviewed by the team. It is of concern as it potentially means other absence reasons are being underreported.

**Children & Young People:**

* Sickness has decreased to 3.81% (4.24% last month).
* All long term absences cases are being managed. 17 of the long term cases have returned to work.

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 22.15% |
| S123 Cough, colds & ‘flu | 16.42% |
| Gastrointestinal | 12.1% |

**Older People:**

* Sickness has reduced to 4.8% (5.3% last month). Sickness levels generally reduced across the Directorate except in Mental Health Inpatient and Bucks. Sickness continues to be high in Mental Health Inpatient & Bucks services – increasing from 6.8% to 8.8%.
* There are 28 formal Health Capability Cases being managed at present.
* Sickness levels in Community Hospital have reduced further to below the Trust target to 3.1%.
* The Sickness levels for Management significantly decreased from just over 12% to 1.3%.

Top 3 reasons for sickness for the directorate–

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 23% |
| S13 Cough, colds & ‘flu | 14% |
| S12 Other MSK | 12% |

**Corporate:**

* Sickness has increased to 4% (4.14% last month).
* 8 sickness cases are being addressed formally and 4 formal cases have been resolved.
* Estates & Facilities presents the biggest challenge (7.34% absence rate) with the trend for the last 3 months mirroring the same period in 2015/16.
* HR & Occupational Health have experienced an increase in January to 5.14% from 3.9%.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 32.8% |
| S98 Other known causes – not identified elsewhere | 11.39% |
| S13 Cough, colds & ‘flu | 11.18% |

**Turnover**

Turnover has increased slightly to 14.8% (14.6% last month).

A Staff Movement Form was introduced in 2016 to capture information about people leaving the Trust or moving to new roles internally. To date the data is showing:-

* 158 staff movement forms received:
  + 23% moving to another role within the Trust
  + 77% leaving the Trust
* The single biggest reason for leaving the Trust or moving internally is promotion / better prospects (30% of staff movements). Free format comments suggest a significant proportion are moving to specialisms / roles that are of particular interest.
* Second most common reason is “relocation” (15% of staff movement). Free format comments suggest the reasons include cost of living in Oxfordshire and family commitments.

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

**Recruitment**

A report showing recruitment activity by Directorate is included in the Performance Report. It shows 743 vacancies (678 vacancies last month).

There remain services to which it is difficult to recruit (adult inpatient wards and community hospitals in particular). The report has been amended and now only includes only recruitment activity that arises from filling a vacancy; previously the report included people undergoing pre-employment checks but who would not fill a vacancy (for example, Out of Hours GPs engaged on a Contract for Service rather than employment contract, internal bank workers).

**2016 Staff Survey**

Indicative results have been made available but are embargoed until February. A Board Seminar has considered the indicative results and areas of focus are being developed.

**Recommendation**

To note the report for information.

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