

**BOD 98/2016**

(Agenda item: 12)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 July 2016**

**Workforce Performance Report**

**For: Information**

**Executive Summary**

This report shows the position on the workforce performance indicators as at the end of June 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:

**Bank & Agency**

Bank & Agency spend has increased significantly over the last two months rising from 5.35% in April to 6.17% in May and 7.16% in June. The increase has applied to all Directorates.

These figures now relate purely to Agency spend following the absorption of NHS Professionals staff into the Trust’s flexible staffing workforce.

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 appropriate funding follows. This allows income to be generated.

The following actions are in place in Directorates:

**Adult**

* The data shows an increase to 8.3% from 5.9% last month.
* Main reasons are:
* To support vacancies on wards particularly Thames House
* To support Community teams covering vacancies and long term sickness.
* EIS, Pirls, Street Triage require agency support to cover vacancies, sickness, and recruitment to support increased establishments.
* 8.5 Agency workers have been recruited to deliver Psychological Services in the AMHT’s prior to the restructure of Step 4 services starting in Aug/Sept
* 6 CPNs have been added to the establishment of Oxford City AMHT and will be filled by agency until they can be substantively recruited. Recruitment has started.
* Medical vacancies continue to be a challenge in most areas and are being covered by agency/locums, and within price caps, where achievable.

**Children & Young People**

* Bank & Agency increased to 7.9% from 4.8% last month
* Main reasons are:
* Medic spend £115,145
* Highfield Unit £45,977
* SWB 2 inpatient Units £41,913
* Cotswold House Oxford £8,654
* Oxon PCAMHS non pay £87,085
* All inpatient Units current have agreed lines of work operating
* Medical vacancies continue to be a challenge in most areas and are being covered by agency/locum.

**Older People’s**

* Bank & Agency increased to 6.8% from 4.8% last month
* Main reasons are:
* Community Hospitals specifically in Witney and City
  + Mental Health Inpatients
  + Bucks Community Mental Health Teams and Podiatry
  + Agency spend is high in Management

**Corporate**

* Bank & Agency increased to 5.2% from 4.7% last month
* Main reasons are:
* Estates & Facilities – Has increased to 12.68% from 9.4%% in May.
* Medical Director – Significant increase from 2.7 % in May to 7.02% in June.
* Finance –Procurement continue to use Agency staff whilst they review provision of service.
* IM&T are using a high amount in the Cube & Clinical Information Systems.

**Vacancy**

The Vacancy rate has increased to 11.02% in June from 10.10% in May. Vacancy demand has increased in all directorates except Corporate and follows the annual trend of increased staff intake over the summer.

A table showing the recruitment figures for each directorate is included in Page 4 of the Workforce Performance Report.

**Sickness**

Sickness has decreased significantly over the last two months from 4.31% in April to 4.12% in May and 3.69% in June. However, there has been a notable increase in days lost to *‘Anxiety/Stress/Depression’* over the last two months; further analysis will be undertaken in HR with support from Occupational Health.

Proposed options to provide support to staff will be made to the Trust by Occupational Health in the near future. It is hoped that, if adopted, the proposal would result in reductions in sick leave and duration of absence.

It also is planned to review the two top percentage areas in each Directorate and for the HR team(s) to focus on these and work with Occupational Health to identify any common causes.

The following actions are in place in Directorates:

**Adult**

* Sickness has decreased slightly to 4.17% of which 2.39% is long term
* Supporting  18 formal health capability cases
* Top 3 reasons for absence:
* Anxiety/stress/depression/other psychiatric illnesses
* MSK
* Cough cold & flu

**Children & Young People**

* Sickness has decreased slightly to 3.36% of which 2.2% is long term
* Supporting  approx. 19 cases, including 2 medics, 2 Health Visiting and 2 from CCN
* All long term cases are being managed , with some ill health retirements and Stage 3 dismissals being progressed
* Top 3 reasons for absence:
* Anxiety/stress/depression/other psychiatric illnesses 27% (increase from last month)
* Other / Not Known 11.6%
* Back Problems 10.7%.

**Older People**

* Sickness has decreased to 3.7% of which 2.5% is long term
* Supporting  32 formal health capability cases
* All long term cases are being managed, with some ill health retirements and Stage 3 dismissals being progressed
* Top 3 reasons for absence:
* Anxiety/stress/depression/other psychiatric illnesses 25.5%
* MSK 10.6%
* Gastrointestinal 9.2%

**Corporate**

* Sickness has increased to 3.32% of which 2.28% is Long term
* Supporting 11 formal health capability cases
* Top 3 reasons for absence:
* Anxiety/stress/depression/other psychiatric illnesses 36.3%
* MSK 11.57%
* Genitourinary & gynaecological disorders 9.12%

**Turnover**

Turnover has decreased to 14.14% in June compared to 14.27% in May.

The HR Department is introducing a process that will enable it to focus on exit reasons for an initial period of 2 months (although this may be extended). The information gathered will be reviewed and should provide “real time” information about the reasons people change role. It will have the additional advantage of enabling the Trust to report internal turnover (churn) for the first time.

**Recruitment**

**Apprenticeships:**

**Trial Cohort - October 2015**

For the project group we recruited 11 business administration apprentices. We also facilitated the recruitment of a business administration apprentice for one of our partnership organisations (Restore).

**Cohort 1 – April 2016**

We recruited 17 apprentices in total, 13 for business administration and 4 for clinical apprentices.

**Cohort 2 – September 2016**

We are holding an assessment day on the 22nd July for the September 2016 cohort, 18 candidates have been invited to attend the day, 3 of these are for clinical apprenticeships and 14 are for business administration apprenticeships.  We have 29 apprenticeship opportunities available, of which 8 are clinical and the remainder are business administration, in addition to this we are facilitating the recruitment of a business administration apprentice for another one of our partnership organisations (Connexions).

**Apprenticeship Academy**

The L & D team is leading on discussion on the above with the OUH and OCC regarding a holistic approach to recruiting apprentices to health and social care across Oxfordshire. Further discussions are due to take place in September and members of the HR team are involved in this work.

**Recruitment Action Group**

The newly reformed recruitment action group has met twice in the past month. A Terms of Reference has been agreed and the group has prioritised the following actions:

1. Career development
2. Consistent offer on attraction/retention – to include financial incentives
3. Marketing and key attraction messages
4. Accommodation
5. International recruitment
6. Careers/resource centre

**Values Based Behavioural Framework**

14 Focus groups have taken place throughout June and July with a total of 140 staff participating in the groups. The output from these sessions is being used to develop 5 more detailed frameworks regarding acceptable and unacceptable behaviours. Feedback sessions are being arranged for early August and the final frameworks will be taken to the Exec in September for sign off.

**Recommendation**

To note the report for information.

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