

# Report to the Meeting of the

**CoG 16/2017**

(Agenda item: 12)

# Oxford Health NHS Foundation Trust

# Council of Governors

**June 2017**

**Workforce Report**

**For: Information**

**Executive Summary**

This report shows the position on the workforce performance indicators as at the end of March 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**

There has been an increase of £1.3m in agency spend compared to February, £1.275m of which is for units that are not on WFMS. This is largely due to reallocation from other account codes. Of the increase £470k is in medical and dental staffing, £324K is in Nursing and £214k is in Additional Clinical Services

Agency spend was 196% above the ceiling set by NHSI. NHSI overrides have remained static.

For units on the Workforce Management System, the reasons for use are broadly similar to February: 56% to cover vacancies, 19% for increased workload. Sickness has reduced by 1% to 3.9% whilst temporary staffing used for annual leave used above budget is 1.92%.

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

**Adult**

* Spend increased to 18.8% (11.6% 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.
* Number of agency staff in AMHT’s moving into permanent roles.
* Agency staff 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.
* Highest users of agency remain unchanged.
* Project to offer long days to substantive staff to increase retention
* Significant spike in agency to be investigated in finance.
* Patient acuity an issue across the Directorate

 **Children & Young People**

* Spend has increased to 12.6% (5.94% last month)
* Main users of agency are:
* Medic spend
* Oxon & Bucks CAMHS & PCAMHS
* Dental
* Highfield Unit
* Marlborough House, Swindon
* Cotswold House Oxford
* Cotswold House Marlborough
* Bucks Eating Disorders

**Older People’s**

* Spend has increased to 14.5% (8% last month).
* Agency spend increased in most areas of the directorate except Community Hospitals which remained broadly similar. The figures provided show high agency usage continuing in Community Hospitals Older People’s Mental Health (All inpatient wards and the South Bucks CMHT).

**Corporate**

* Spend has induced to 7.2% (from 3.5% last month).
* Overall, the trend on temporary staffing spend continues to reduce in all corporate areas other than OPS. OPS have had a MHRA inspection which has led to an overhaul of Governance arrangements which has placed an additional pressure on the operational team. These staff are mostly agency staff and focused on Pharmacy. It is anticipated that this might be the case for at least the next 3 months.

**Vacancy**

The Vacancy rate has decreased slightly this month from 8.6% in February to 8.0% in March and remains below the 9.0% Trust target. Over Financial Year 2016-17 the vacancy rate has shown a significant downturn from 10.48% in April to plateau around 8% over the last six months.

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

Directorate commentary:

**Adult**

* Vacancy rate is 11.4% (11.3% last month).
* Difficult to recruit areas remain unchanged. Ashurst, Kestrel, Kingfisher and Bucks South AMHT.
* Middle manager level acting up remains high.

**Children & Young People**

* Vacancy rate is -1.6%. 45 posts are currently live on NHS jobs, 61 candidates in the pipeline.
* On-going difficulties recruiting to parts of the Directorate (eg Highfield)

**Older People**

* Vacancy rate has increased to 9.4% (8.6% last month).
* There are currently 64 live vacancies, 16 at shortlisting, 49 at interview.
* 90 candidates are at offered accepted, pre-employment checks are underway for a further 49 candidates. Pre-employment checks are complete for 41 candidates.

**Corporate**

* Vacancy rate decreased to 11.5% (16.22% last month).

**Sickness**

Sickness has decreased in March to stand at 4.56% from a peak in December 2016. This reflects a combined reduction in short-term episodes of *Cold/Flu* and long-term sickness episodes. All directorates, except Corporate, have seen a decline in short-term sickness as we move out of the winter period.

Directorate commentary:

**Adult**

* Sickness has decreased to 5.37% from 5.98%
* 28 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 –

|  |  |
| --- | --- |
| Anxiety/stress/depression/other psychiatric illnesses | 22% |
| Cold and ‘Flu  | 18.5% |
| Other known causes – elsewhere unclassified  | 11% |

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

**Children & Young People**

* Sickness has decreased marginally to 3.3% (3.96% last month).
* All long term absences cases are being managed. 11 of the long term cases have returned to work, and 1 has started maternity leave.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| Anxiety/stress/depression/other psychiatric illnesses  | 19.3% |
| Cold and ‘Flu  | 17.3% |
| Other known causes – not elsewhere classified  | 12.5% |

**Older People**

* Sickness has reduced slightly to 4.3% (4.8% last month). Majority of the sickness absence was short term.
* There was a small decrease in sickness absence for the directorate from 4.8% to 4.3%. Long term sickness was 1.5% with the remaining 2.8% short term absence. There was a decrease in both long and short term sickness.
* There are 29 formal Health Capability Cases being managed at present.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| Anxiety/stress/depression/other psychiatric illnesses | 21.1% |
| Cough, colds & ‘flu (An increase of 10% on last month) | 16.8% |
| Other causes – not elsewhere classified  | 9.8% |

**Corporate**

* Sickness has increased to 5.4% (4.3% last month).
* Estates & Facilities presents the biggest challenge at 10.88%, much of this is associated with Long Term Sickness (6.1%).
* HR & Occupational Health have experienced a spike in March of 6.84%.

Top 3 reasons for sickness –

|  |  |
| --- | --- |
| Anxiety/stress/depression/other psychiatric illnesses | 18.8% |
| Cough, colds & ‘flu | 14.6% |
| Other Musculoskeletal Problems  | 13.86% |

**Turnover**

The Turnover figure has decreased slightly from 14.95% in February to 14.62% in March.

The primary driver for the decrease has been the reduction in turnover in the Clinical Support staff group. Both the Adult and Corporate Directorates saw a fall in turnover this month whilst the Children and Young People Directorate is showing a long-term increase over the last six months.

**Exit Data**

The top 3 recorded reasons for leaving are:

* Relocation (43% of leavers in March 2017)
* Career development (23% of leavers in March 2017)
* Unknown (20% of leavers in March 2017)

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 730 vacancies (757 vacancies last month).

There remain services to which it is difficult to recruit (adult inpatient wards and community hospitals in particular).

**WRES Data**

The reporting of the WRES data is being further developed. Unfortunately the report is not ready yet but should be available next month.

**Recommendation**

To note the report for information.

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