

**BOD 150/2017**

(Agenda item:12)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**November 2017**

**Workforce Performance Report**

**For: Information**

This report shows the position on the workforce performance indicators as at the end of October 2017, except for sickness absence which is a month in arrears.

The report includes brief details of actions already in place to address some of the challenges as well as plans being developed.

**Temporary Staffing Spend**

In October the Trust achieved its highest ever Bank spend of £767,000 (excluding the newly added OOH GP service). Despite this Agency use increased by £115,000 to £1,800,000 in October, which is £400,000 more than in October 2016.

Without this, temporary staffing spend in August and September would have been £2.6m - approximately £500,000 more than in October 2016. Medical & Dental agency spend increased in month by £70,000, Admin & Clerical by £40,000, AHP by £20,000 and ACS by £18,000. Nursing reduced by £23,000. The increase in agency spend was primarily in the Adults directorate

Agency spend was 112.46% above the ceiling set by NHSI and NHSI Agency rule overrides have increased significantly in the last few weeks. The reason for agency use cited as vacancy for units on the WFMS has increased steadily from 52% at the beginning of the FY to 62%.

There has been progress recently in numbers being attracted to join our Bank, both pure Bank workers and substantive staff taking a Bank contract. A number of interviews are planned. However, this has highlighted a bottleneck in delivering the required training (eg Care Certificate).

It is noted that use of off-framework agencies remains a problem and that CEO approval is required for the most expensive agencies, as per recent NHSI visit. Older Persons Directorate has made decision in principle to stop using off-framework agencies.

A project group has been established with the aim of removing all unregistered nursing agency use (approx. 400k per month from 1 February 2018).

The work being undertaken as part of the Carter 90 Day improvement programme is now starting to show benefits with 56 units publishing their rosters commencing 6 December on time compared to 30 in the previous month. The number of shifts sent to bank with the reason vacancy less than 6 weeks before being worked has also reduced.

**Vacancy**

The vacancy rate has increased slightly to 12.13% in October from 11.32% in September. The long-term increase in the Trust vacancy rate is driven by the growing shortfall in *Qualified Nursing* staff, most particularly bands 5 and 6. When fluctuations in the Older Peoples directorate are smoothed then it is apparent that the vacancy rate has stabilised at 12% over the last 6 months.

**Recruitment**

A fortnightly working group has been established to keep the focus on recruitment and retention. Chaired by Stuart Bell and attended by members of the Executive and Operations Management Team, areas of challenge are discussed and proposals agreed. The changes to the Flexible/Sessional contract, the Recommend a Friend initiative and the additional resource to promote the bank were agreed recently and are already having a positive impact. Further proposals to support advertising and branding, amendments to safer care training for flexible workers and piloting agency support to fill substantive roles in hard to fill areas will be taken to the next meeting

HR has a scheduled fortnightly slot on the Operational Managers team meeting chaired by Dominic Hardisty. The group is looking how they can support reducing the hire time of candidates, career pathways to enhance attraction, difficult to recruit areas and areas of high turnover.  A proposal to create an operational team or a programme project manager is under consideration.

A number of suggestions have been considered although progress to date has been slower than we would have liked. Further discussion to take place at next meeting in order that we can make progress on the chosen initiatives.

Trade union representatives have asked to meet the Trust to discuss their suggestions about reward / retention. This will be an opportunity to update and share plans. Paid overtime continues to be raised and there are a variety of views about this. The Trust feels the focus on building the internal bank is the right strategy although pay rates may need to be reviewed to ensure it remains attractive to staff.

**Turnover**

The Turnover figure remains unchanged at 14.94% in October. Slight declines in the Children and Young People and Adult directorates were offset by increases in Corporate and Older Peoples.
The Trust turnover rate is being driven by a long-term increase in turnover in the *Medical* and *Qualified Nursing* staff groups.

The Director of Nursing and HR Director attended an NHS Improvement event on retention programme.

**Sickness**

Sickness has decreased slightly in October to stand at 3.80%. The decrease has been experienced across all directorates except Older Peoples. The current rate is above the Trust target but below comparable periods over the last three previous years. The decrease has been driven by a reduction in long-term sickness episodes, particularly those relating to *stress* and *musculoskeletal problems*. *Cold and flu* absence is now very low but likely to rise as we move into the autumn.

Occupational Health are actively promoting Flu vaccinations to try to counter the likely increase.

**Other Activity**

NHS Staff Survey – Is now live and being promoted. Initial review shows the response rate to date as 40.9% which compares well to other trusts in the Picker group.

Management of concerns (Whistle blowing) – There are currently 4 investigations under the Management of Concerns policy. Three of these relate to issues that would usually be investigated under the grievance procedure but, due to being anonymous, have been dealt with under Management of Concerns. An Investigation Policy is being developed to help address this issue.

**Recommendation**

To note the report for information.

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