

# Report to the Meeting of the

**BOD 108/2018**

(Agenda item: 7)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 September 2018**

**Human Resources Report**

**For: Information**

This report shows the position on the workforce performance indicators as at the end of August 2018.

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

**HCA Agency Reduction**

In May 2018 the Trust stopped using agency HCA workers in inpatient units. Where a HCA Flexible Worker cannot be sourced Registered Nurses are being used.

The data shows a sustained increase in the number of bank hours used and a corresponding decrease in agency hours.

Using Registered Nurse agency shifts instead of HCA agency shifts and increased use of NHSI price cap overrides has resulted in an increase in average cost per hour for temporary staffing although this has decreased significantly in July back to pre-initiative levels. However, it is important to note that the increase in Registered Nursing agency use is not solely a result of grade swops arising from the HCA agency reduction.

Recruitment of HCA Flexible Workers is continuing to reduce the number of grade swops and agency overrides. Floating bank workers are also being introduced for each major site to support last minute requirements and prevent agency usage. A review is to take place as to the financial viability of continuing with the grade swop policy whilst further bank recruitment of HCA workers occurs.

A plan is being explored to appoint a flexible worker to discuss the benefits of transferring to the internal bank with agency workers who are on long lines of work.

**Recruitment**

In September the Workforce with Executive meeting agreed some proposals which should streamline the recruitment process:

1. No longer requiring employment references to cover 5 years for roles in CYP Directorate. Three years is the standard requirement;
2. To accept people from other NHS Trusts with fewer checks (in line with the “passporting” idea being promoted by BOB and nationally);
3. Various steps removed from the process for moving people internally (fewer Occupational Health checks, only re-do DBS if new job requires greater clearance, simpler approach to internal references).

Further details about the implementation of these changes will be released in due course.

**Health & Wellbeing**

The 3 Stress workstreams have now all met and initial work to date will be fed back to the next Stress Steering Group for analysis and agreement of next stages.

The Trust’s Stress Risk Assessment has been amended and additional advice provided to ensure it is user friendly. We are now looking to identify key teams to pilot these.

300 comments from the Stress Survey have been analysed and broken down into the 6 HSE management standards. Work is being undertaken with Communications to feedback results as well as identify key areas of work. The plan is to communicate out 1st October 2018.

Work is being undertaken with Psychological Services, Occupational Health and others to explore additional support for staff involved in work related traumatic incidents

We are exploring a possible pilot for Schwartz Rounds with Psychological Services. Schwartz Rounds aim to provide an opportunity for staff to reflect on their roles and there is evidence that staff attending them feel less stressed and have greater appreciation of the roles of other staff.

EAP remains a potential tool to support staff

Occupational Health remains concerned about the shortage of counsellors

Physical Health campaigns will raise awareness this year of:

* Menopause in the workplace
* Signs & symptoms of testicular cancer and prostatitis
* Signs & symptoms of bowel cancer

Wellbeing Champions will be supporting and promoting this year’s Flu campaign

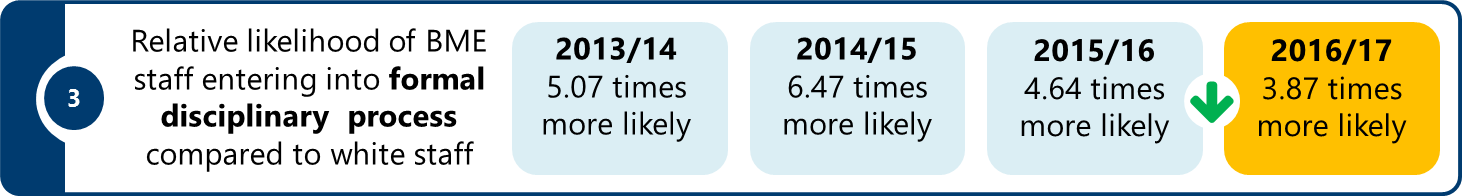
**Management of Concerns (Whistle Blowing)**

4 current cases, 3 in Adult Directorate and one relating to a flexible worker. All are currently investigation.

**WRES**

The most recent annual WRES summary was submitted in August 2018.

One area of improvement that has been identified relates to Indicator 3:

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As at 17th September 2018, 50% of current disciplinary cases involve white staff, 50% staff from a BME background.

Further initiatives associated with further improving this particular indicator are currently being examined and we will update on these in due course.

We are planning to use Black History Month (October) to raise the profile of the WRES data and the underlying issues.

**Retention**

The work on Retention continues and, as can be seen from the data slides, the number of leavers has stabilized but is proving difficult to reduce. At the heart of the Retention strategy is making Oxford Health a great place to work.

As mentioned above the Stress work is progressing well with strong support from operational leaders and from staff side..

The Staffing Solutions team is being expanded in order to give us a bigger and stronger staff bank. This will enable us to continue to reduce reliance on agency personnel – we know from our employed staff that there is significant frustration at the level of agency staff engaged across the Trust. We have made the bank more attractive in terms of pay rates and shift availability.

We have started discussions at the senior level about talent and succession and intend to develop a work stream for the management of talent to be used throughout the Trust, working with L&D and, using guidance and templates from HEE. Staff have indicated that lack of development is one of the top reasons for leaving the trust. With so many vacancies and opportunities available we need to improve management of talent and the understanding of career development opportunities an essential part of our work programme.

We are working with other local Trusts to jointly evaluate other ideas including “itchy feet” conversations for people who may be ready for a move.

The work on Equality and Diversity continues and powerful workshops on disability have been held with around 200 leaders.

The Senior HR Business Partners have now been allocated to each Directorate and will support the work-streams on Stress, EDI, Reward and Development with the Senior Managers in each directorate. In addition, the SHRBP will support the organization with improved management of change, complex Employee Relations and management of their talent.

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**Pay Review – NHS Terms and Conditions Refresh**

Work is progressing in relation to the changes introduced by the 2018 Terms & Conditions Refresh. Band 1 job descriptions are being reviewed and no new entrants will join on Band 1 from December 2018.

**Job Evaluation**

In the summer of 2017 we began a project to move to a new system to support the job evaluation process. Prior to this change the turnaround time was 70-84 days. This restricted the ability to support change in an agile way.

One year on, we have a good quality system with an auditable trail with practitioners who have had refreshed skills training in the job evaluation process. We also have a developing job description library. The average turnaround time has reduced to 21 days.

**Recommendation**

To note the report for information.

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