Trust Board (Part 1)	Date:	24 June 2015

Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/075.1	**Quarterly Human Resources Report**	**Sue Hall, Director of Resources**	**Jenny Turton, Head of HR**

This report is for:	
Decision	
Discussion	
To Note	X

History

None.

The following impacts have been identified and assessed within this report	
Equality	None Identified
Quality	None Identified
Privacy	None Identified

Executive summary of key issues

This is the first quarterly HR report presented to the Board and focusses on the following workforce indicators as at 31 March 2015:-

- Staff in post
- Vacancies
- Turnover
- Sickness absence
- Disciplinaries and grievances
- Bank and agency usage

It is anticipated that future HR Reports will be included in the Finance and Resources Board report, highlighting perhaps four or five key areas of interest. The Board is asked to discuss and consider the content of this report and to make recommendations regarding the four or five areas of interest for future reporting.

The Board should **note** the report.

This report addresses these strategic priorities:	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	
We will be future focussed	

1 Introduction

This is the first quarterly HR report presented to the Board and focusses on the following workforce indicators as at 31 March 2015:-

- Staff in post
- Vacancies
- Turnover
- Sickness absence
- Disciplinaries and grievances
- Bank and agency usage

2 Staff in Post

2.1 Whole Time Equivalent

As of 31 March 2015, the Trust employed 3258.30 whole time equivalent (WTE), 3785 heads. This is compared to staffing numbers as at 31 December 2014 of 3282.26 WTE, 3795 heads. These figures are based on substantive and fixed term contracts only.

2.2 Bank and Locums

A further 524 individuals have a bank worker agreement with the Trust and there are 7 WTE medical locums as at 31 March 2015.

3 Vacancies

3.1 Establishment and Actuals

The table below shows the budgeted establishment against staff in post and shows overall there are 383.19 vacant posts. Of these, 306.97 are within the LDUs with the remaining 76.22 in EFM and Corporate services. These figures do not include the increases for safer staffing which came into effect on 1 April 2015.

3.2 Vacancies by staff group

The table below identifies the current vacancies by staff group and shows 182.21 of the current vacancies are for registered staff, whilst 86.72 are for administration and clerical staff and 85.51 are for additional clinical services staff.

3.3 Recruitment Activity

The Recruitment Strategy Group now meets on a fortnightly basis with representation from each of the LDU's along with Corporate functions to drive the recruitment agenda, and significant proactive recruitment continues to be its focus to address staffing issues across the organisation.

A more up to date picture on vacancies as at 16 June 2015 can be seen in Appendix A.

4 Turnover

4.1 Reasons for Leaving

The following chart shows the reason for leaving as identified on the leavers form for substantive staff that left between 1 April 2013 and 31 March 2014, compared with the same group from 1 April 2014 to 31 March 2015. This excludes junior doctors and fixed term appointments. Internal movements are not included as these staff are not classified as leavers.

489 substantive staff left in the year 2013/14 compared with 629 staff in 2014/15.

The Trust has been working to improve the quality of data and therefore identify trends about leaving reasons and this is now starting to be reflected in the figures. The table below highlights the reasons for internal movements within the Trust:-

Reason	No	Reason	No
Change of Post - Capability	1	Change of Post - Temporary	22
Change of Post - Disciplinary	1	Change of Post - Voluntary	41
Change of Post - Internal Rotation	188	Organisation Restructure	23
Change of Post - Organisation with Protection	10	Pregnancy	4
Change of Post - Restructure	36	Return from Period of Acting Up	9
Return from Secondment	19		

4.2 Starters and Leavers by LDU

The following table shows starter and leaver numbers of permanent staff by LDU during the same period. Overall the Trust FTE has reduced by 232.4 over the course of the year.

57.98 FTE staff left the organisation as a result of TUPE transfers between 1 April 2014 and 31 March 2015; 54 FTE of these staff were from Bristol.

4.2 Benchmarking Data (taken from Iview)

The following graph shows a 2 year comparison of rolling 12 months turnover AWP and four further local mental health Trusts as well as the national trend.

This data excludes doctors in training, locums and bank workers. The peak in October includes the TUPE transfer of the Bristol staff. It is not possible to exclude employee transfers (TUPE) from this report as it is generated from a national data system.

Out of the four local mental health trusts AWP had the highest turnover rate at 15.6% in January 2015 (latest comparable data available). This is the average turnover for the previous 12 months. The remaining local Trust's figures are: 2gether 10.3%, Devon Partnership 14%, Somerset Partnership 12.3% and Oxford Health 15.3%.

5 Sickness Absence

5.1 Absence rates

The following chart shows the rolling absence rates by LDU and for the Trust overall for the past 12 months. The Trust rate has stayed at a broadly similar level throughout the year.

The LDU with the highest sickness absence levels at 31 March 2015 is North Somerset, with Secure and BANES second and third, although the sickness levels for both of the latter are reducing. North Somerset have had a number of long term sickness absence cases which are now coming to a conclusion, they also have high short term sickness absence on the inpatient wards. The ER team are working closely with managers to support them in managing sickness absence.

5.2 Quarterly Absence Figures

The table below shows the sickness absence figures each quarter over the last four years as a comparison and shows that there has been a decrease in the quarterly absence rate between quarter 3 and quarter 4 2015/15.

	Q1	Q2	Q3	Q4
2011/12	4.69%	5.31%	5.13%	4.63%
2012/13	4.41%	5.26%	5.19%	4.91%
2013/14	4.45%	4.50%	4.87%	4.28%
2014/15	4.05%	4.42%	5.03%	4.67%

The table below shows this pictorially:

The table below shows the quarterly absence rates by staff group as at 31 March 2015:

5.3 Areas of Concern

In the last 12 months (as at 31 March 2015) the most significant costs of absence are in the following areas:

	Estimated Cost	FTE days lost
Wiltshire Community	£407,304	4,083.67
Bristol Inpatient	£363,286	4,704.94
Secure Medium Inpatient	£312,964	5,076.09
Swindon Community	£251,305	3,083.94
Wiltshire Inpatient	£231,148	3,276.62

5.4 Sickness Rates by Local Delivery Unit

The following tables show absence rates by LDU:

LDU	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
AWP Trust	**3.84%**	**4.02%**	**4.53%**	**4.11%**	**4.22%**	**4.96%**	**5.10%**	**4.80%**	**5.04%**	**4.43%**	**4.04%**
BANES Services	5.27%	6.08%	6.42%	4.60%	4.22%	5.75%	4.71%	4.49%	4.98%	2.64%	3.69%
Bristol Services	3.20%	3.17%	4.62%	3.11%	3.43%	4.37%	4.83%	4.01%	4.48%	4.18%	5.43%
North Somerset Services	4.57%	5.92%	6.27%	5.81%	5.57%	9.80%	7.77%	8.01%	8.36%	6.75%	4.21%
South Gloucestershire Services	4.78%	3.71%	3.02%	1.82%	3.04%	3.78%	5.14%	4.70%	5.70%	3.70%	3.22%
Secure Services	4.96%	5.04%	5.15%	5.90%	5.32%	6.20%	6.68%	6.22%	6.06%	5.27%	5.31%
Specialised Services	4.28%	5.12%	5.78%	4.60%	3.05%	2.70%	4.35%	3.83%	3.48%	2.04%	2.24%
Specialist Drug & Alcohol Services	3.26%	3.51%	4.96%	4.61%	4.10%	3.00%	4.34%	4.00%	5.30%	4.63%	3.05%
Swindon Services	3.22%	4.12%	5.12%	5.25%	6.56%	6.42%	5.76%	5.10%	5.03%	5.17%	4.23%
Wiltshire Services	5.08%	5.54%	4.75%	4.86%	5.52%	5.29%	5.80%	5.13%	5.68%	5.41%	4.93%
Target	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**	**4.60%**

Absence reasons by LDU can be found in Appendix B

5.5 Benchmarking Data

The Health and Social Care Information Centre (HSCIC) displays monthly benchmarking data for other NHS Trusts; the information is generally 4 months behind the current date. The following shows the absence rates in December across local mental health organisations.

6 Disciplinaries and Grievances

6.1 Disciplinary Processes

Since January 2014 the Trust has commenced disciplinary procedures against 54 staff. Of these 29 have not been concluded as they are still on going.

The table below categorises the reasons for disciplinary action and shows that the maltreatment of patients/clients is the highest category with failing to maintain boundaries and failing to fulfil the requirements of the role as second and third.

6.2 Disciplinary hearing outcomes

Of the 28 concluded cases, the outcomes can be categorised as follows:

Outcome	Total
Allegation not upheld	1
Dismissal	4
Dismissal and re-engagement	3
Employee resigned	1
Final Written Warning	6
First Written Warning	3
No case to answer	3
No sanction given	1
Statutory Dismissal	1
Verbal Warning	5
Total	28

6.3 Grievances

There have been 23 grievances raised since January 2014 of which 5 relate to bullying and harassment.

7 Bank and agency usage

The tables below show the whole time equivalent agency and bank staff by LDU for quarter 4 and shows that Bristol, Secure and Wiltshire have the most bank usage, whereas those using agency staff more are Wiltshire and Bristol.

8 Update on recruitment and retention activity

Over the last 6 months the Trust has attended several careers fairs at universities and had a programme of profile raising advertising organised via the Recruitment Strategy Group.

In addition the Trust has made close links with Cork University who will be sending nursing students on placement to Secure and Wiltshire Services in the Autumn.

Secure Services will also be inviting a cohort of graduating nurse students from Ireland in September to visit their site with a view to offering positions.

The Recruitment Team has also arranged for Wiltshire to have recruitment days at Salisbury and Devizes Jobs Centres and applicants are being invited to tour our sites in Wiltshire with a view to making 10 offers of employment for non-registered staff.

For the forthcoming year the following has been actioned:-

- Contact has been made with over 20 universities, roles have been advertised on all of their recruitment websites, and arrangements have been made for leaflets to be sent to nursing students where this service is available.
- Booked to attend a variety of careers and recruitment fairs over the next 12 months.
- Discussions ongoing with two universities regarding speaking to their students directly offering skills workshops or talks from our staff and preceptors.
- In June the Trust is attending the Career Transition Partnership South West Jobs Fair which is held for people leaving the forces.
- In June the Trust is attending the City University London Health & Social Care Careers Day.

9 Conclusion

As of 31 March 2015, the Trust employed 3258.30 wte (3785 heads) compared to 3282.26 wte (3795) heads at 31 December 2014. Overall there are 383.19 vacant posts against the budgeted

establishment. The majority of these vacancies are within Secure, Wiltshire and Bristol LDU's and comprise of registered nurses, administration and clerical staff and additional clinical services. Intensive recruitment campaigns have been on-going since January 2015 to fill these vacancies. An updated current picture regarding recruitment by LDU and staff group is attached as Appendix A.

629 staff left the Trust in the last comparative year. The top three reasons for leaving the Trust's employment are voluntary resignation/other not known, retirement and TUPE transfer. Following the recent work carried out to improve the quality of data on reasons for leaving; work life balance is now showing in the top four reasons for leaving. Focussed work is underway within the LDU's on retention initiatives for our existing staff and this is being supported by the HR Business Partner's.

The Trust's sickness figure for quarter 4 was 4.68% compared to 5.03% for quarter 3. The LDU with the highest sickness absence levels at 31 March 2015 is North Somerset, with Secure and BANES second and third, although it should be noted the sickness levels for both of the latter are reducing. North Somerset have had a number of long term sickness absence cases which are now coming to a conclusion, they also have high short term sickness absence on the inpatient wards. The ER team are working closely with managers to support them in managing sickness absence. Estates and ancillary workers have the highest quarterly absence rate by staff group at just over 6%.

During 2014 the Trust commenced disciplinary procedures against 54 staff with 8 dismissals. There have been 23 formal grievances raised since January 2014 of which 5 relate to bullying and harassment.

During March the use of bank and agency staff has increased in the majority of LDU's and the majority of spend has been on registered bank workers.

10 Recommendation

The Board should **note** the report.

11 Appendix A – Updated information regarding recruitment

Update to table in 3.1

Update to table in 3.2

12 Appendix B – Top 10 Absence Reasons by LDU by FTE lost

BANES

Absence Reason	FTE Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	1,178.27	31.7
S99 Unknown causes / Not specified	843.56	22.7
S13 Cold, Cough, Flu - Influenza	310.43	8.3
S12 Other musculoskeletal problems	237.67	6.4
S25 Gastrointestinal problems	204.25	5.5
S31 Skin disorders	132.80	3.6
S98 Other known causes - not elsewhere classified	121.41	3.3
S11 Back Problems	106.90	2.9
S27 Infectious diseases	84.00	2.3
S16 Headache / migraine	82.20	2.2

Bristol

Absence Reason	FTE Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2,479.76	27.7
S98 Other known causes - not elsewhere classified	1,771.71	19.8
S99 Unknown causes / Not specified	1,481.25	16.5
S13 Cold, Cough, Flu - Influenza	634.70	7.1
S25 Gastrointestinal problems	407.74	4.6
S11 Back Problems	346.59	3.9
S28 Injury, fracture	343.40	3.8
S15 Chest & respiratory problems	289.29	3.2
S19 Heart, cardiac & circulatory problems	227.60	2.5
S21 Ear, nose, throat (ENT)	193.92	2.2

North Somerset

Absence Reason	FTE Lost	%
S99 Unknown causes / Not specified	1,622.93	26.4
S10 Anxiety/stress/depression/other psychiatric illnesses	1,613.60	26.3
S11 Back Problems	903.90	14.7
S12 Other musculoskeletal problems	404.29	6.6
S28 Injury, fracture	304.80	5.0
S98 Other known causes - not elsewhere classified	279.65	4.6
S25 Gastrointestinal problems	254.97	4.2
S13 Cold, Cough, Flu - Influenza	240.70	3.9
S15 Chest & respiratory problems	114.00	1.9
S30 Pregnancy related disorders	96.80	1.6

South Glos

Absence Reason	FTE Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	578.99	21.1
S98 Other known causes - not elsewhere classified	421.01	15.3
S17 Benign and malignant tumours, cancers	310.00	11.3
S99 Unknown causes / Not specified	240.28	8.7
S13 Cold, Cough, Flu - Influenza	201.48	7.3
S25 Gastrointestinal problems	190.89	6.9
S11 Back Problems	185.81	6.8
S21 Ear, nose, throat (ENT)	169.42	6.2
S15 Chest & respiratory problems	86.07	3.1
S28 Injury, fracture	70.31	2.6

Swindon

Absence Reason	FTE Lost	%
S98 Other known causes - not elsewhere classified	1,324.22	25.6
S10 Anxiety/stress/depression/other psychiatric illnesses	1,155.04	22.3
S99 Unknown causes / Not specified	554.75	10.7
S13 Cold, Cough, Flu - Influenza	391.11	7.6
S12 Other musculoskeletal problems	311.93	6.0
S25 Gastrointestinal problems	293.54	5.7
S30 Pregnancy related disorders	186.10	3.6
S15 Chest & respiratory problems	174.00	3.4
S11 Back Problems	108.83	2.1
S16 Headache / migraine	99.75	1.9

Wiltshire

Absence Reason	FTE Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2,142.03	23.8
S12 Other musculoskeletal problems	977.57	10.9
S25 Gastrointestinal problems	840.81	9.4
S99 Unknown causes / Not specified	731.00	8.1
S11 Back Problems	601.77	6.7
S98 Other known causes - not elsewhere classified	591.39	6.6
S13 Cold, Cough, Flu - Influenza	560.63	6.2
S26 Genitourinary & gynaecological disorders	535.91	6.0
S15 Chest & respiratory problems	482.89	5.4
S17 Benign and malignant tumours, cancers	309.40	3.4

Secure

Absence Reason	FTE Lost	%
S99 Unknown causes / Not specified	2,052.83	26.3
S10 Anxiety/stress/depression/other psychiatric illnesses	1,597.59	20.5
S28 Injury, fracture	756.00	9.7
S12 Other musculoskeletal problems	661.32	8.5
S13 Cold, Cough, Flu - Influenza	506.14	6.5
S98 Other known causes - not elsewhere classified	407.85	5.2
S11 Back Problems	370.35	4.7

Specialised

Absence Reason	FTE Lost	%
S17 Benign and malignant tumours, cancers	245.00	20.2
S10 Anxiety/stress/depression/other psychiatric illnesses	238.20	19.7
S98 Other known causes - not elsewhere classified	220.88	18.2
S11 Back Problems	118.00	9.7
S13 Cold, Cough, Flu - Influenza	116.19	9.6
S99 Unknown causes / Not specified	68.40	5.6
S25 Gastrointestinal problems	65.40	5.4

SDAS

Absence Reason	FTE Lost	%
S98 Other known causes - not elsewhere classified	1,047.70	28.7
S10 Anxiety/stress/depression/other psychiatric illnesses	750.39	20.6
S99 Unknown causes / Not specified	521.01	14.3
S12 Other musculoskeletal problems	342.80	9.4
S13 Cold, Cough, Flu - Influenza	223.45	6.1
S11 Back Problems	172.60	4.7
S30 Pregnancy related disorders	112.40	3.1

S25 Gastrointestinal problems	360.70	4.6
S26 Genitourinary & gynaecological disorders	200.20	2.6
S17 Benign and malignant tumours, cancers	141.00	1.8

S21 Ear, nose, throat (ENT)	31.00	2.6
S30 Pregnancy related disorders	31.00	2.6
S12 Other musculoskeletal problems	30.36	2.5

S15 Chest & respiratory problems	105.00	2.9
S25 Gastrointestinal problems	86.81	2.4
S28 Injury, fracture	67.50	1.8