TRUST BOARD PART I - NOVEMBER 2011

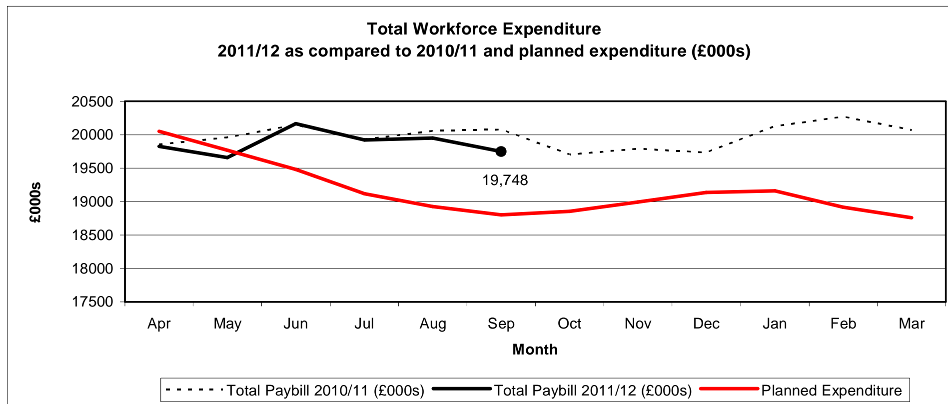
Agenda Item Number: 179/11
Enclosure Number: (4)

Subject:	Workforce Performance Report
Prepared by: **Sponsored by:** **Presented by:**	Abi Williams, Workforce Planning & Intelligence Manager Julie Dawes, Director of Nursing Rebecca Kopecek, Head of Human Resources
Purpose of paper *Why is this paper going to the Trust Board?*	Regular Reporting
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	The Board is asked to note: ▪ Key workforce indicators for Month 6 (September 2011)
Options and decisions required *Clearly identify options that are to be considered and any decisions required*	Board members are asked to note the performance issues highlighted in the report when considering the specific actions being presented separately by individual Executive Directors.
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	NA
Consideration of legal issues (including Equality Impact Assessment)?	Considered but not applicable
Consideration of Public and Patient Involvement and Communications Implications?	Considered but not applicable

1 Workforce Expenditure

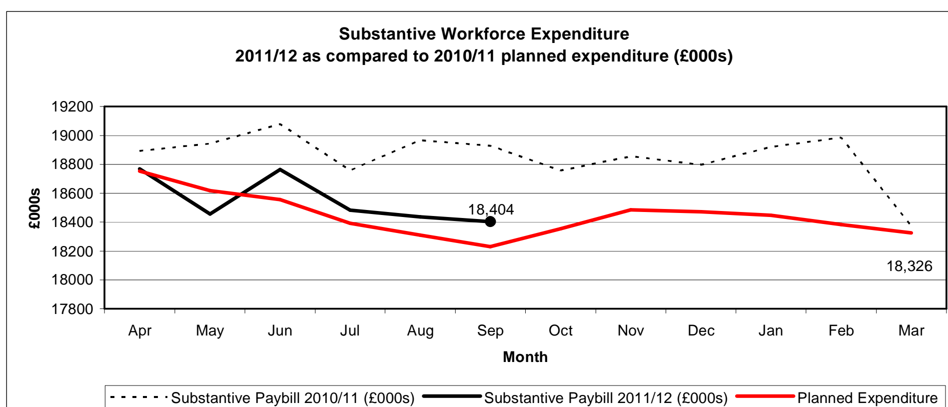
1.1 The overall paybill (all pay elements) decreased by £204k to £19.7m in September as detailed in figure 1 below. However the total cumulative paybill is £3.1m greater than the planned position for September 2011. Further detail is available in appendix 1a and 1b.

Figure 1



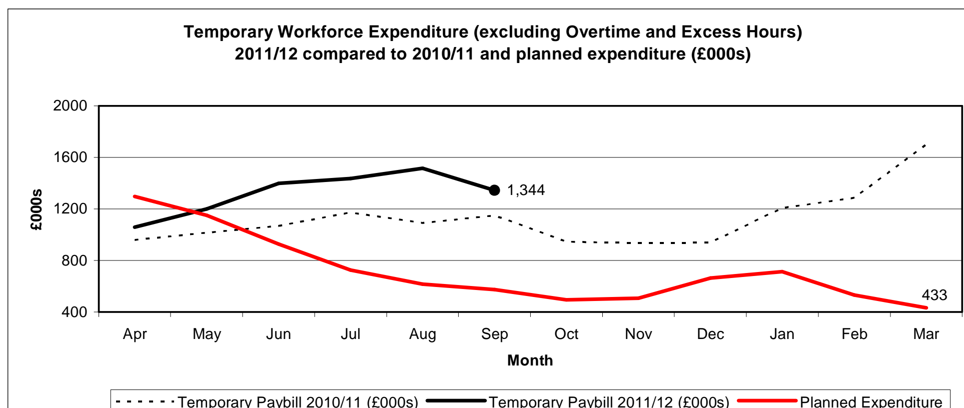
1.2 Substantive workforce expenditure (i.e. NHS and Military) decreased by £33k, to £18.4m in September, as detailed in figure 2 below. However cumulative substantive paybill is £455k above the planned position for September. This continued reduction is related to further staff leaving the organisation through completed voluntary and compulsory redundancies.

Figure 2



1.3 Temporary workforce expenditure (i.e. combined bank, agency, and all premium payments) decreased by £171k to £1.34m in September, as shown below in Figure 3. Significant reductions have occurred in Medical agency locums and nursing spend in Emergency, MSK and Medicine with lesser reductions in Cancer. High levels continue in MOPRS and Emergency as unscheduled care demand continues to be above agreed contracted levels, despite the aforementioned reductions.

Figure 3



1.4 Appendix 1c indicates a more detailed breakdown of temporary staffing type, with largest reductions observed in September of £137k in Agency.

1.5 Overtime costs have reduced by £3k to £65k in September, and Excess hours payments have decreased by £1k to £52k as detailed in Figure 4 and 5 below respectively. Further details are available in Appendix 1d.

Figure 4

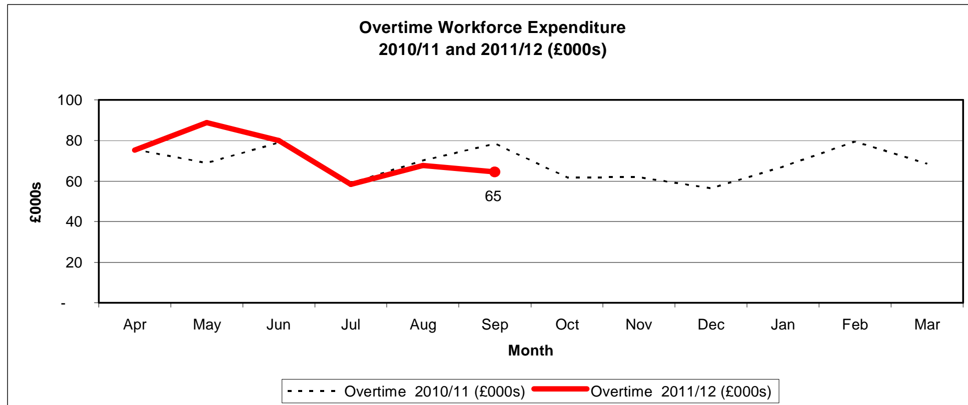
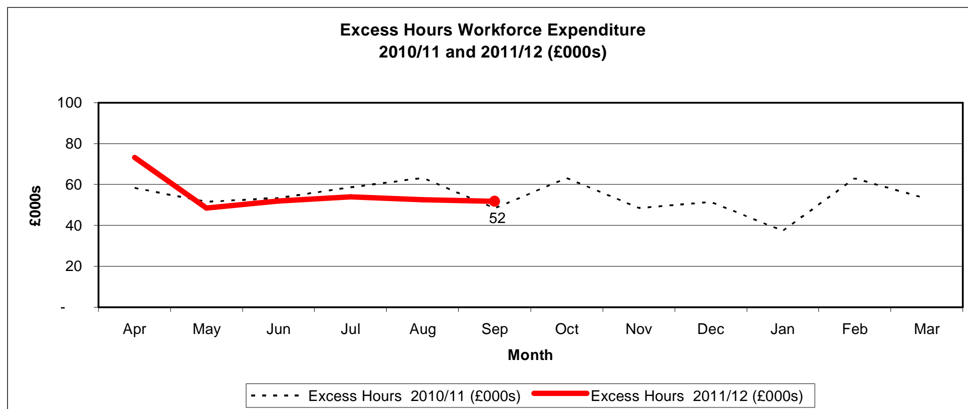


Figure 5

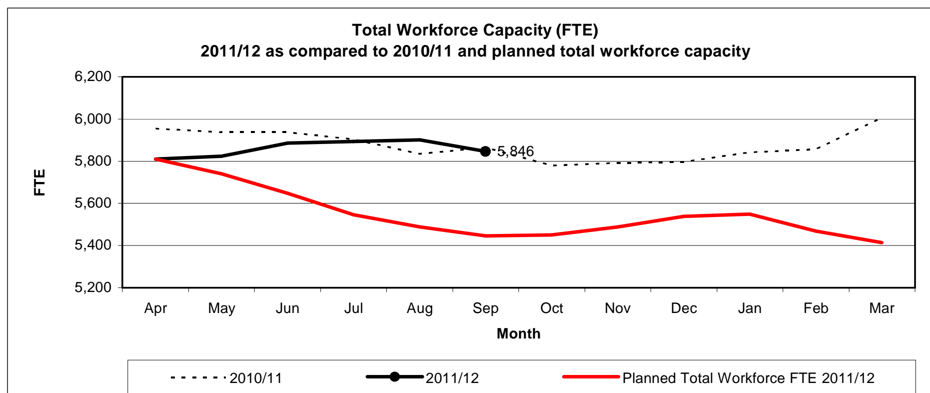


1.6 Unit staff costs are calculated by dividing the total workforce paybill by the Total Workforce FTE, and multiplied by 12 (months) to provide an annual figure which is an indicative gross cost per employee. Unit staff costs have decreased by £0.8k in September to £43.9k as the total paybill has decreased, particularly in terms of agency medical costs within Emergency, Musculoskeletal, Surgery and Women & Children.

2 Workforce Capacity – Full Time Equivalent (FTE) Staff

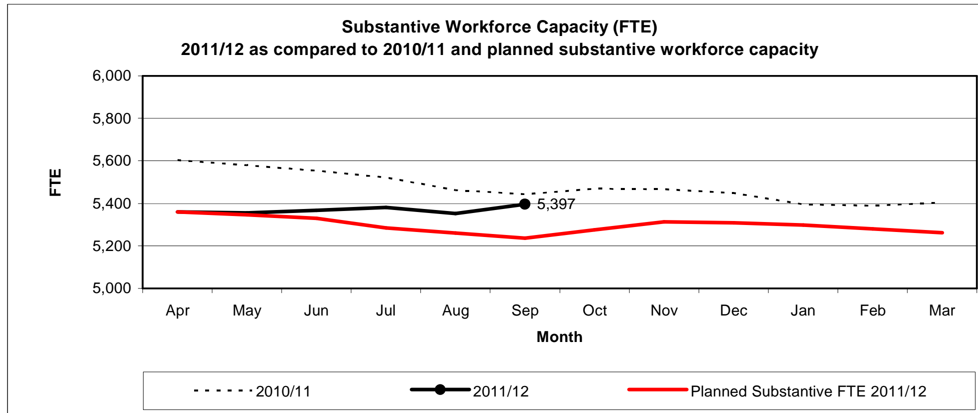
2.1 In September, total workforce capacity (i.e. substantive staff plus temporary capacity) decreased by 4 FTE, to 5,896 FTE as a result of temporary staffing reductions as shown below in Figure 6. Since March 2011, there has been a 110 FTE reduction; however is 451 FTE above planned position for September.

Figure 6



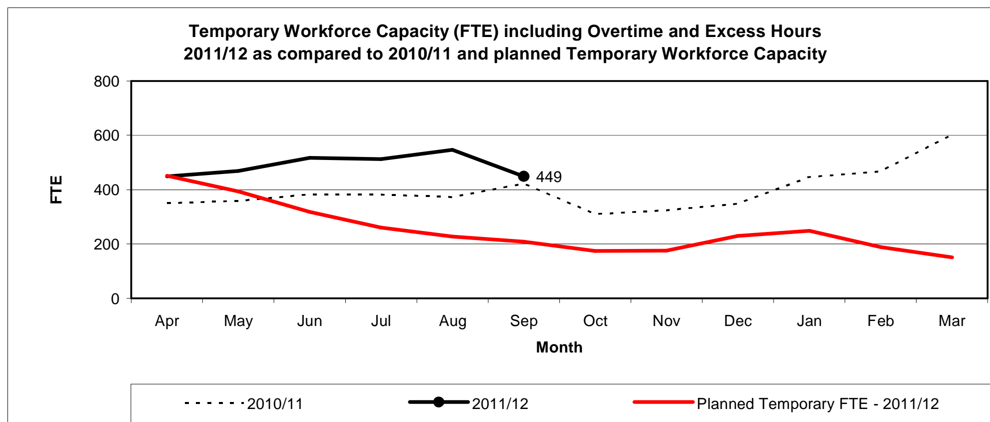
2.2 Substantive workforce capacity increased by 44 FTE to 5,397 FTE in September. This is a 7 FTE reduction since March 2011, as shown below in Figure 7 however 161 FTE above plan for September. This increase relates to the new intake of newly qualified nurses commencing at the end of September, although the effect on paybill has not yet been observed.

Figure 7



2.3 Temporary workforce capacity (i.e. total expenditure on temporary capacity, including bank, agency, locums and overtime, converted to an indicative FTE) decreased by 48 FTE to 499 FTE in September as shown in Figure 8 below, and is 290 FTE above planned position. Further details are available in appendix 2 and 3.

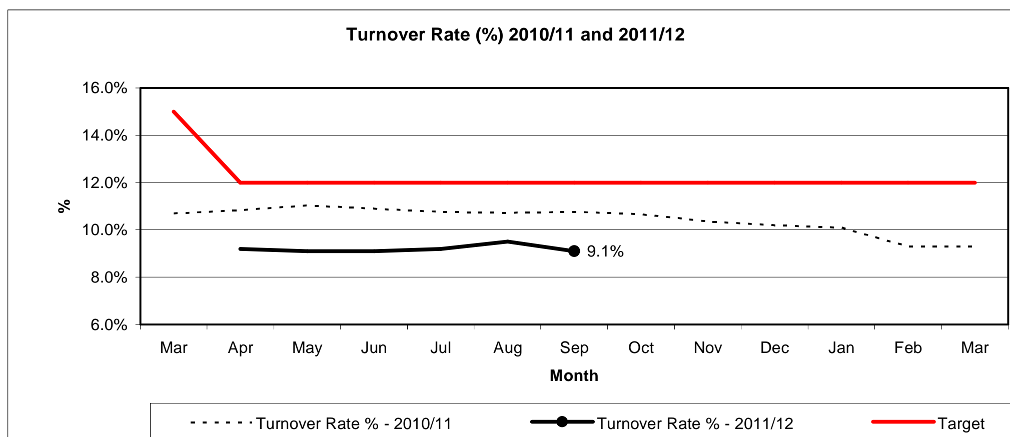
Figure 8



3 Workforce Performance

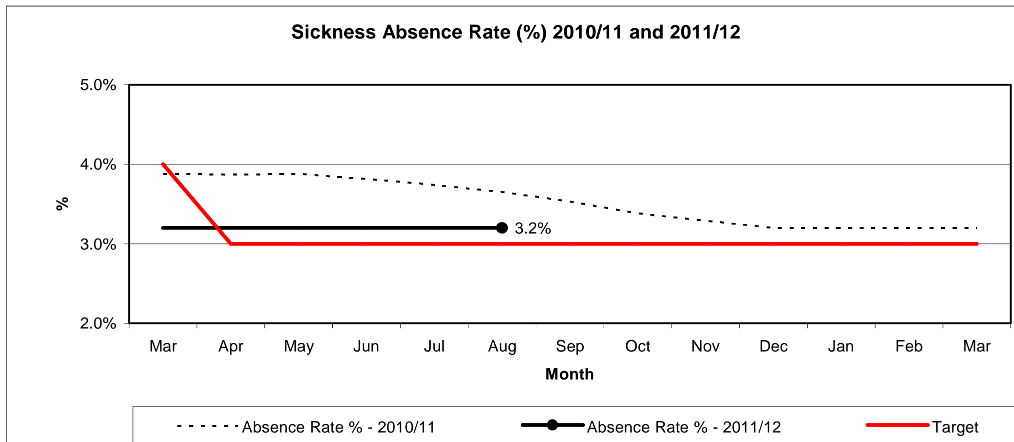
3.1 Turnover has decreased in month by 0.4% to 9.1% in September, as shown in Figure 9. All CSC teams are below the target of 12%. Turnover is measured over a rolling 12 month period.

Figure 9



3.2 Sickness absence rate in August remained at 3.2% for the 6th consecutive month as detailed in Figure 10 below. This is above the Trust target of 3%; however the Trust has one of the lowest sickness rates of all acute Trusts in the SHA region, with exception of Royal Berkshire NHS Foundation Trust (3.07%). The average sickness absence rate for the region is 3.59%, and for England is 3.9% (most recent data available is June 2011). Sickness Absence data is one month in arrears and is calculated as a rolling 12 month average.

Figure 10



3.3 MSK has increased by a further 0.1% to 4.7% in month, and continues to be the highest of the CSCs. This is now being proactively managed and improvements should be evident in forthcoming months. MSK (4.7%) and CHAT (3.8%) have increased in month. Emergency has also increased, however currently remains below the 3% target, along with Medicine, Surgery and Corporate. Work continues in all CSCs to decrease absence levels to well below this new target.

3.4 Appraisal Compliance has increased significantly in September by a further 5.1% to 82.9% as demonstrated in figure 11. Significant improvements have been observed in most areas over the last few months and CHAT, Clinical Support, Head & Neck, Surgery, Women & Children and Corporate are now all above target. Cancer (55.1%), Emergency (70.9%), Medicine (70.9%), Renal (72.2%) and MOPRS (78.3%) have all increased but remain below target.

Figure 11

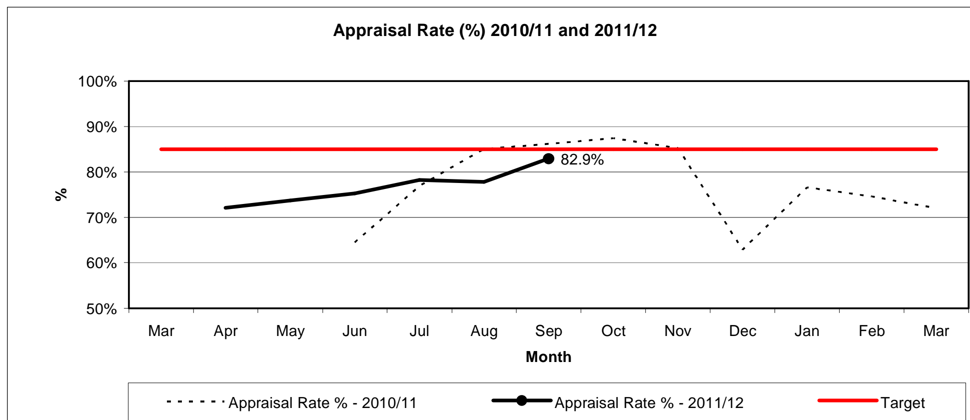


Figure 12

3.5 Further information relating to sections 1, 2 and 3 is available in Appendix 4.

All staff groups	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Movement
Cancer	84.5%	82.1%	80.2%	80.2%	66.1%	53.8%	55.1%	↑
CHAT	69.1%	69.8%	69.5%	69.7%	80.0%	81.2%	92.4%	↑
Clinical Support	64.8%	68.3%	74.1%	86.7%	87.8%	84.8%	85.9%	↑
Emergency	58.5%	60.6%	55.8%	58.2%	64.7%	68.0%	70.9%	↑
H&N	70.9%	71.8%	83.1%	86.9%	91.4%	90.4%	89.2%	↓
Medicine	82.9%	77.6%	75.7%	67.3%	67.7%	65.9%	70.9%	↑
MOPRS	65.1%	61.6%	60.6%	62.5%	68.2%	67.6%	78.3%	↑
MSK	79.0%	79.4%	77.7%	77.6%	79.3%	83.7%	92.5%	↑
Renal	85.3%	83.5%	78.6%	71.1%	73.1%	64.0%	72.2%	↑
Surgery	76.0%	70.8%	72.0%	72.4%	74.7%	78.2%	86.6%	↑
W&CS	64.9%	69.2%	76.1%	76.8%	81.3%	82.8%	86.3%	↑
Corporate	87.5%	84.5%	83.7%	81.2%	80.9%	82.6%	86.6%	↑
TOTAL	72.2%	72.1%	73.7%	75.3%	78.2%	77.8%	82.9%	↑

Key
>85%
50% to 85%
<50%