Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I - OCTOBER 2011

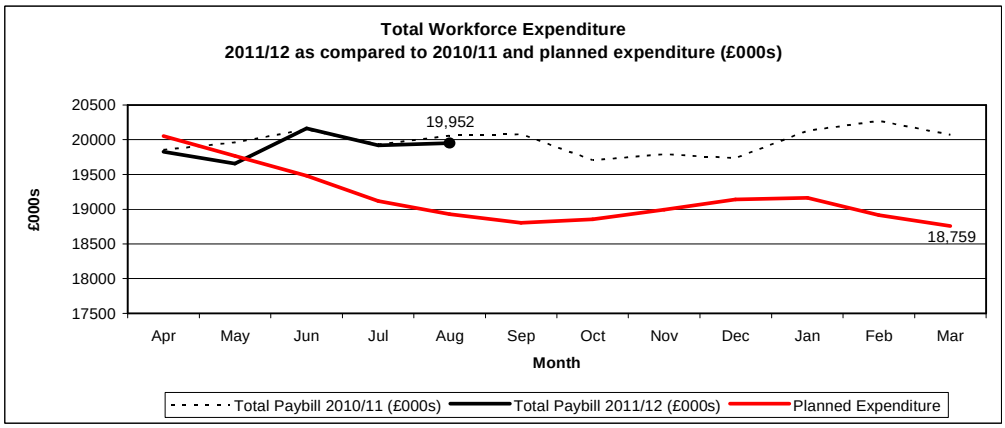
Agenda Item Number: 161/11
Enclosure Number: (4)

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 5 (August 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

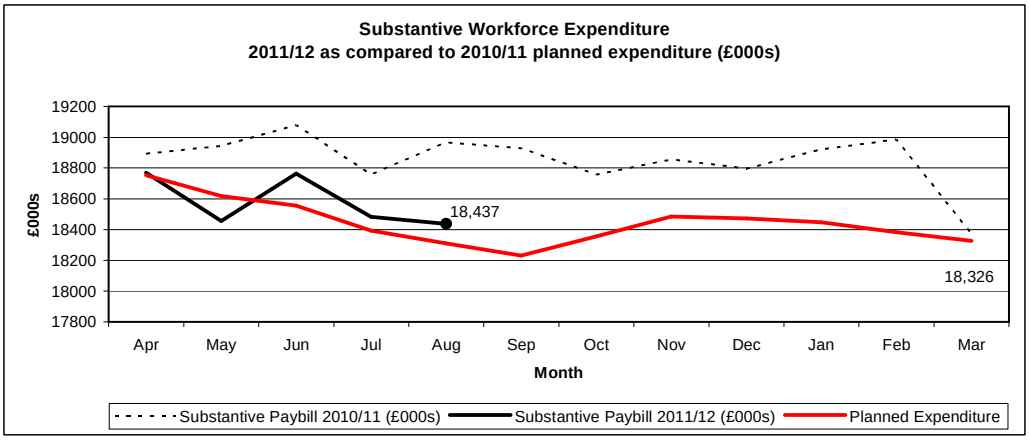
1.1 The overall paybill (all pay elements) increased by £33k to £19.95m in August as detailed in figure 1 below. However the total cumulative paybill is £2.17m greater than the planned position for August 2011. Further detail is available in appendix 1a and 1b.

Figure 1



1.2 Substantive workforce expenditure (i.e. NHS and Military) decreased by £47k, to £18.43m in August, as detailed in figure 2 below. However cumulative substantive paybill is £281k above the planned position for August. This reduction is related to further staff leaving the organisation through completed voluntary and compulsory redundancies.

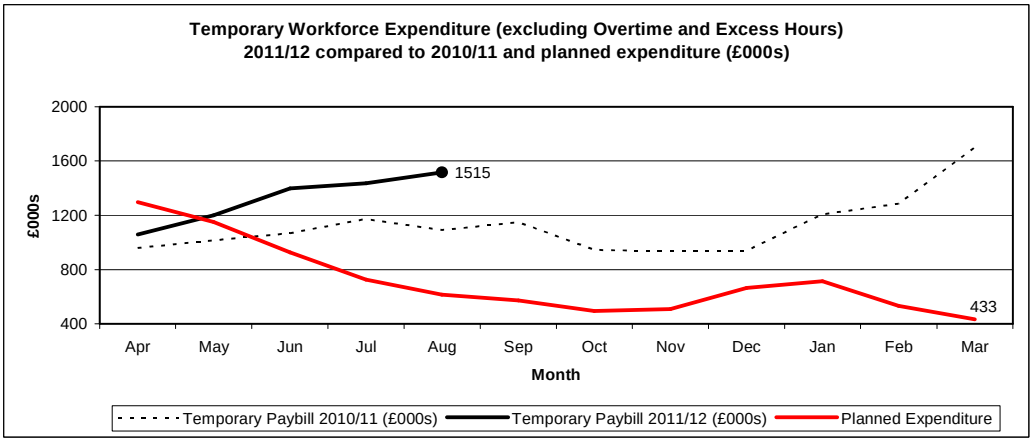
Figure 2



1.3 Temporary workforce expenditure (i.e. combined bank, agency, and all premium payments) increased by £80k to £1.51m in August, as shown below in Figure 3. Largest area of increase has been in nursing staff, and relates to vacancies being held for newly qualified staff commencing in September and October. In particular MSK have required greater use of temporary staff to manage a significant number of vacancies, increased sickness absence and an increase in the dependency of some patients requiring 1:1 care.

1.4 MSK have also increased expenditure on temporary medical staffing, due to gaps in the rota caused by early leavers, however this is not expected to continue. High levels have also continued in MOPRS, Medicine and Emergency as unscheduled care demand continues to be above agreed contracted levels.

Figure 3



1.5 Appendix 1c indicates a more detailed breakdown of temporary staffing type, with increases observed in August of £117k in Agency.

1.6 Overtime costs have increased by £9k to £68k in August, and Excess hours payments have decreased by £1k to £53k as detailed in Figure 4 and 5 below respectively. Further details are available in Appendix 1d.

Figure 4

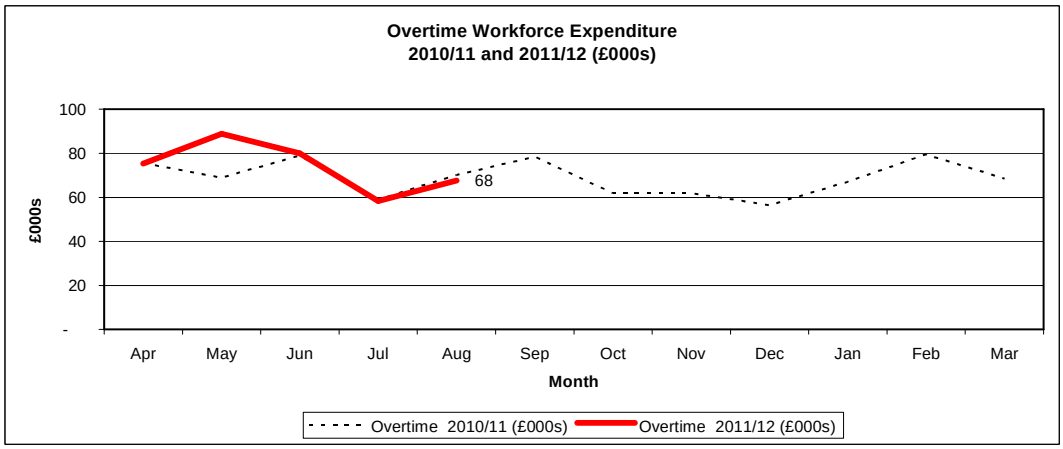
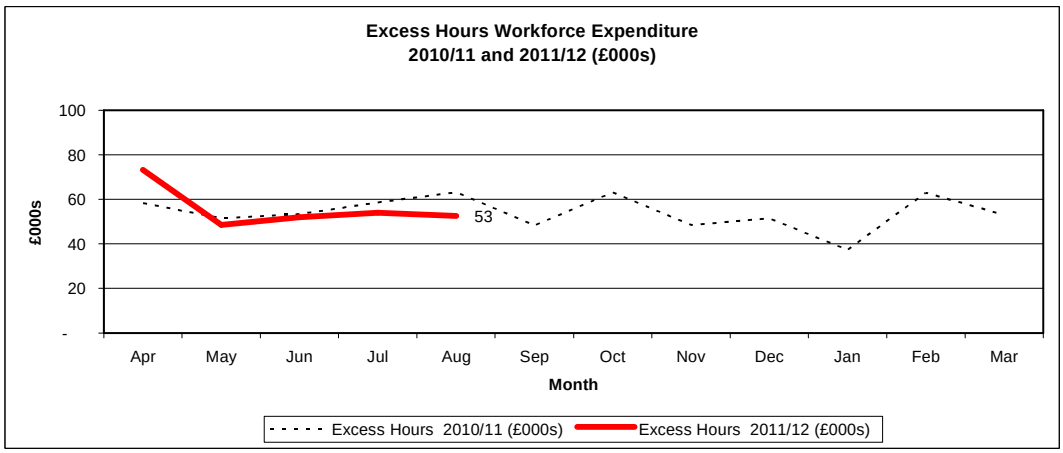


Figure 5

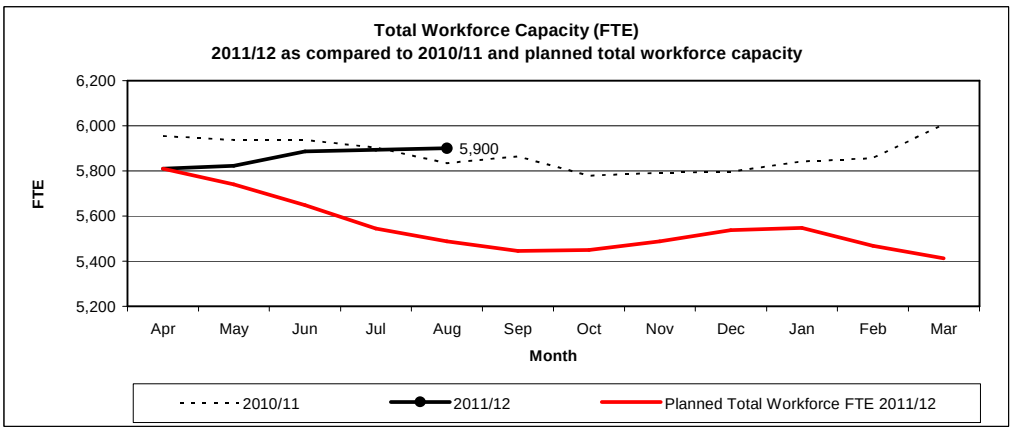


1.7 Unit staff costs are calculated by dividing the total workforce paybill by the Total Workforce FTE, and multiplied by 12 (months) to provide an annual figure which is an indicative gross cost per employee. Unit staff costs have increased by £0.3k in August to £44.7k as the total paybill has increased, particularly in terms of agency costs.

2 Workforce Capacity – Full Time Equivalent (FTE) Staff

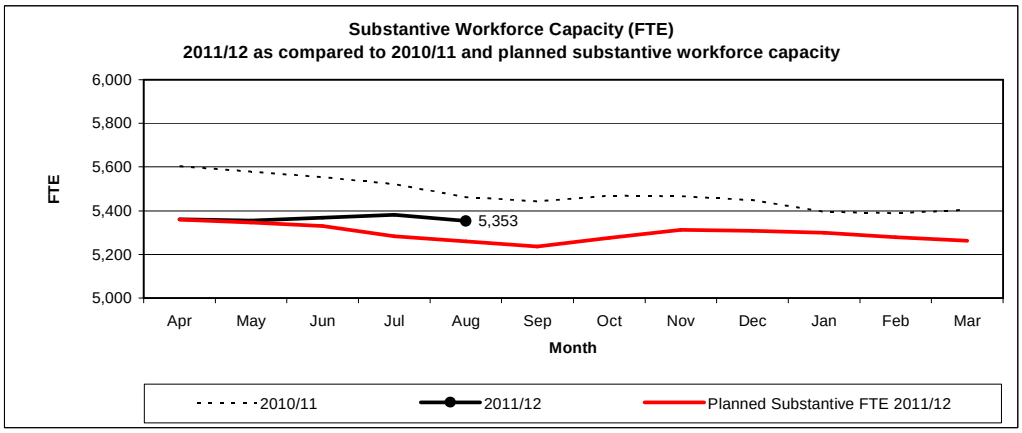
2.1 In August, total workforce capacity (i.e. substantive staff plus temporary capacity) increased by 6 FTE, to 5,900 FTE as a result of temporary staffing increases as shown below in Figure 6. Since March 2011, there has been a 107 FTE reduction, however is 412 FTE above planned position for August.

Figure 6



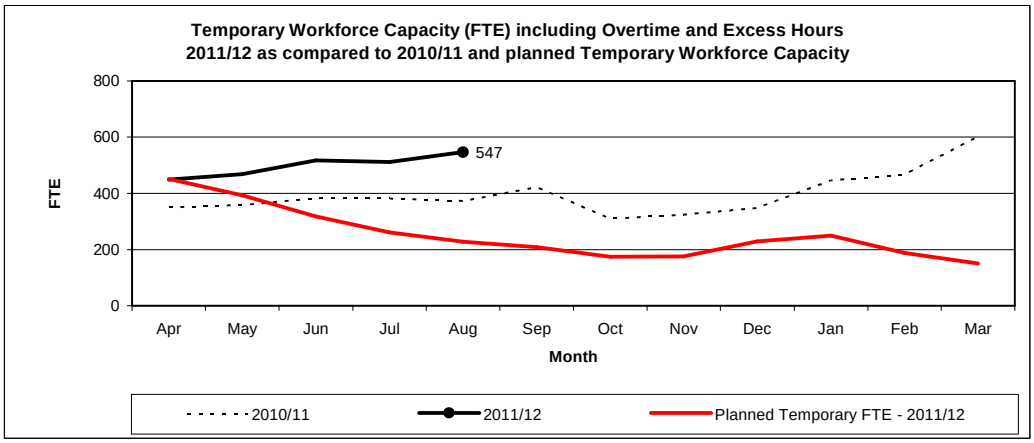
2.2 Substantive workforce capacity decreased by 28 FTE to 5,353 FTE in August. This is a 51 FTE reduction since March 2011, as shown below in Figure 7 however 93 FTE above plan for August. These relate to a combination of redundancy leavers and rebalancing of starters and leavers from the Junior Doctors rotations which caused an increase in July.

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) increased by 34 FTE to 547 FTE in August as shown in Figure 8 below, and is 319 FTE above planned position. Further details are available in appendix 2 and 3.

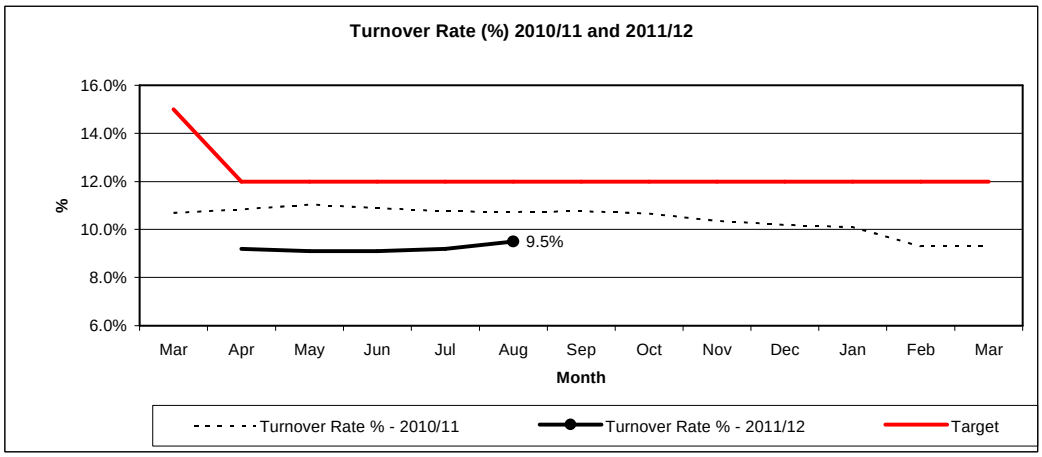
Figure 8



3 Workforce Performance

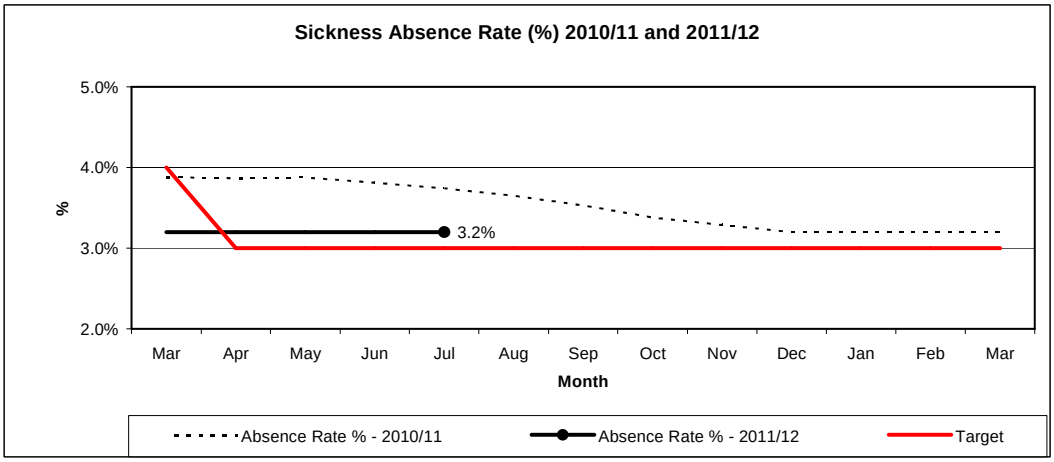
3.1 Turnover has increased in month by 0.3% to 9.5% in August, as shown in Figure 9. All CSC teams are below the target, with exception of Clinical Support (12.3%) and Cancer (12.2%). Turnover is measured over a rolling 12 month period.

Figure 9



3.2 Sickness absence rate in July remained at 3.2% for the 5th consecutive month as detailed in Figure 10 below. The Trust target in 2011/12 is 3%. NB. Sickness Absence data is one month in arrears and is calculated as a rolling 12 month average.

Figure 10

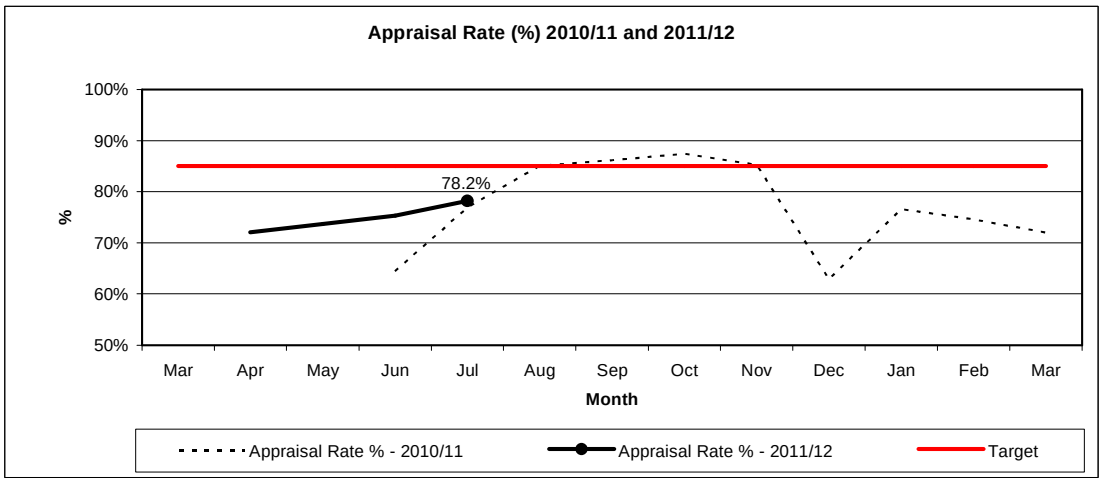


3.3 MOPRS are no longer have the highest levels of sickness absence in the Trust and are now at 4.5% having reduced by 1.7% over the last 18 months, and whilst is required to reduce further, it does demonstrate their commitment to proactively manage sickness absence.

3.4 MSK has increased by a further 0.1% to 4.6% in month, and is now the highest of the CSCs. This relates particularly to nursing staff, and performance management has been required at Ward manager level, which should now result in some improvements. MSK (4.6%), Renal (4.1%), CHAT (3.7% and Head & Neck (3.4%) have again 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.

3.5 Appraisal Compliance has decreased fractionally in August by a further 0.4% to 77.8% as demonstrated in figure 11. Whilst improvements have been observed in most areas over the last few months, local intelligence indicates that the summer holiday period has caused some delays in recording of this information and appraisals being conducted by management teams.

Figure 11



3.6 The general trend throughout 2011/12 so far has been an improvement in all areas with exception of Cancer (53.8%), Renal (64%) and Medicine (65.9%). In addition to these areas MOPRS (67.6%), Clinical Support (84.8%) and Head & Neck (90.4%) have all decreased slightly in month as detailed below in figure 12.

3.7 Despite these reductions, it is evident that appraisals can be recorded correctly on ESR by a significant proportion of the Trust, and further work is required by areas who continue to decrease.

Figure 12

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

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

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