Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I – MARCH 2012

Agenda Item Number: 36/12
Enclosure Number: (4)

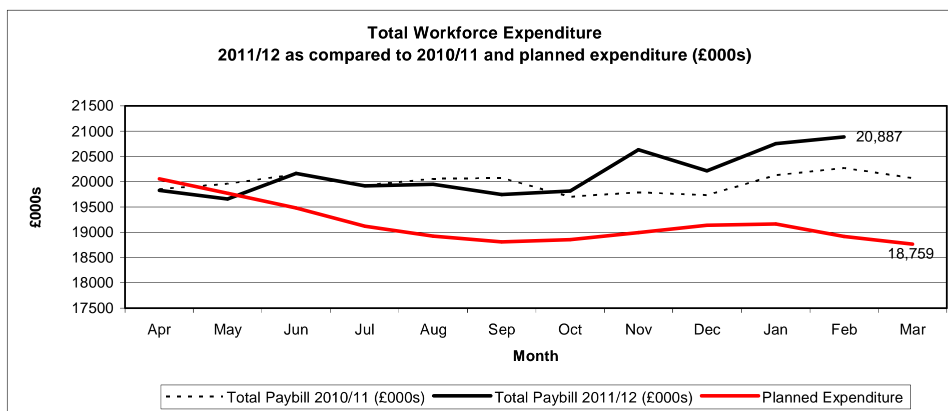
Subject:	Workforce Performance Report
Prepared by: **Sponsored by:** **Presented by:**	Abi Williams, Workforce Planning & Intelligence Manager Tim Powell, Director of Workforce and Organisational Development Tim Powell, Director of Workforce and Organisational Development
Purpose of paper *Why is this 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 11 (February 2012)
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 £140k to £20.9m in February as detailed in figure 1 below. The cumulative paybill is £221m, compared to a plan of £211m, and is therefore £10m greater than the planned position for February 2012. Further detail is available in appendix 1a and 1b.

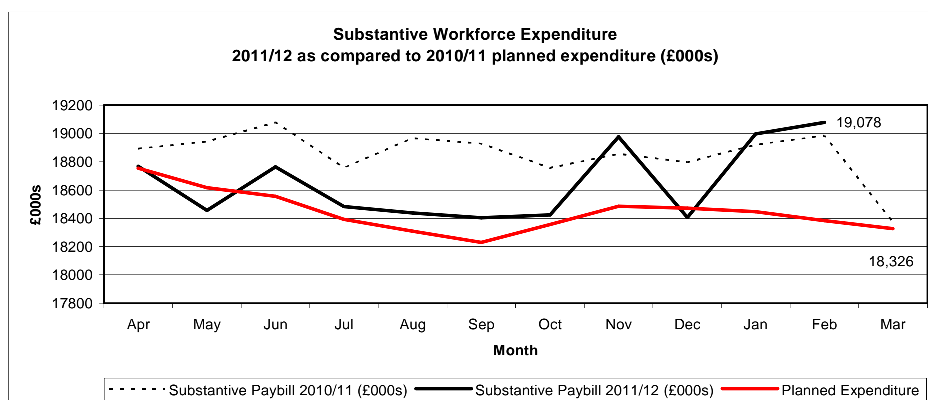
1.2 The adverse variance in the cumulative paybill is mitigated by considerable additional activity delivered in the first 10 months of the year (£9.6m including additional PCT funding, £12.7m excluding additional PCT funding). Unsurprisingly, this has resulted in additional workforce costs incurred. The planned reductions in workforce expenditure included £5.5m demand management savings in workforce, however this has not been fully implemented and therefore associated reductions in workforce costs have not been possible, as previously described.

Figure 1



1.3 Substantive workforce expenditure (i.e. NHS and Military) increased by £81k, to £19.1m in February, as detailed in figure 2 below. Cumulative substantive paybill is approximately £2.2m above the planned position for February. This increase relates to increases in substantive staffing as vacancies are filled, particularly in Theatres, Emergency and Medicine.

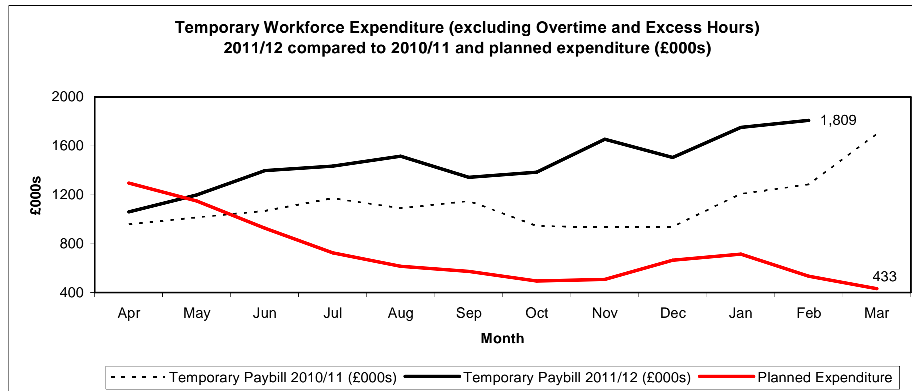
Figure 2



1.4 Temporary workforce expenditure (i.e. combined bank, agency, and all premium payments) increased by £59k to £1.81m in February, as shown below in Figure 3. Expenditure has increased in Emergency, Medicine and MOPRS, particularly within nursing and medical staff. Increases have

also been Clinical Support, relating to vacancies; Head & Neck, due to backlog; and Renal, due to sickness absence.

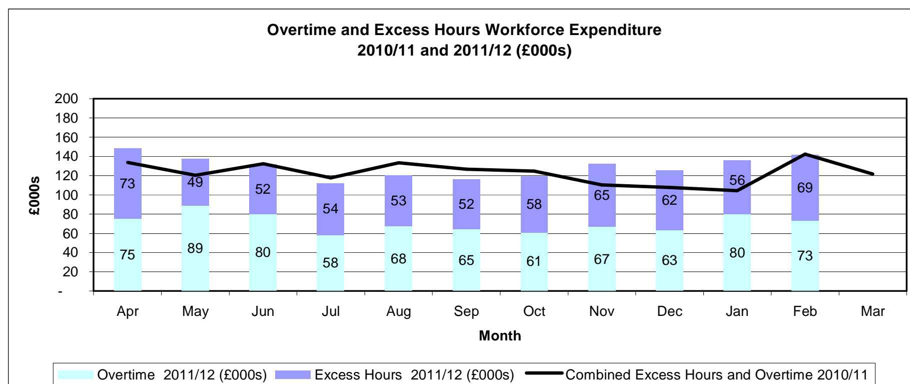
Figure 3



1.5 Appendix 1c indicates a more detailed breakdown of temporary staffing type, with an increase in agency costs observed in February in all staff groups.

1.6 Overtime costs have decreased by £7k to £73k in February, and Excess Hours payments have increased by £12k to £69k. The combined overtime and excess hours costs are equivalent to the same period last year as detailed in Figure 4 below. Further details are available in Appendix 1d.

Figure 4

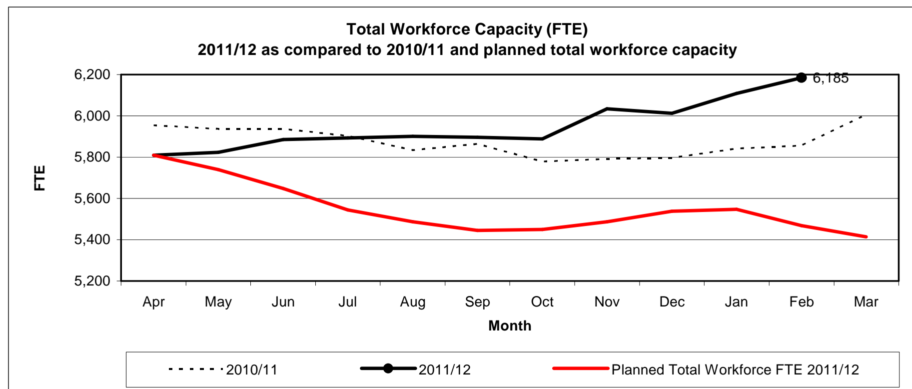


1.7 Unit staff costs are calculated by dividing the total workforce paybill by the Total Workforce FTE, and multiplied by 12 (months) to provide an annual figure which is an indicative gross cost per employee. Unit staff costs have remained unchanged at £45.6k.

2 Workforce Capacity – Full Time Equivalent (FTE) Staff

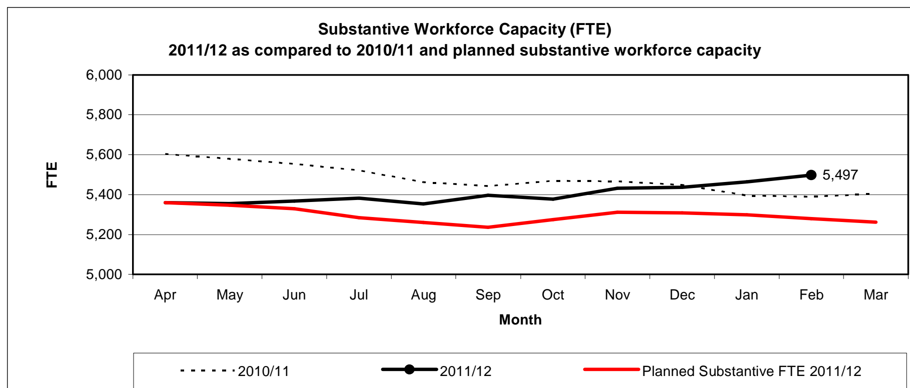
2.1 In February, total workforce capacity (i.e. substantive staff plus temporary capacity) increased by 76 FTE, to 6,185 FTE, as a result of increases in both substantive and temporary workforce, as shown below in Figures 5, 6 and 7. This is 717 FTE above planned position for February, however as previously described in section 1.1, this position relates to the plan submitted to the SHA, and assumes reductions in staffing for demand management, the majority of which was unidentified, and delivery of agreed activity levels.

Figure 5



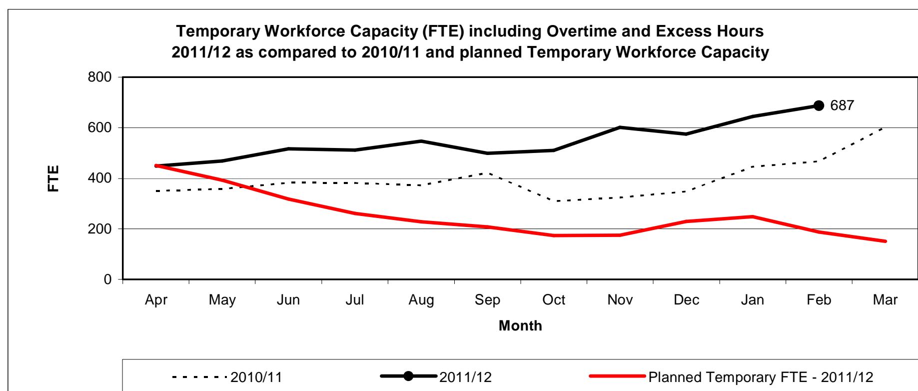
2.2 Substantive workforce capacity increased by 33 FTE to 5,497 FTE in February, as shown below in Figure 6 and is 217 FTE above plan for February. This increase relates to continued recruitment to substantive posts, previously filled by temporary staff.

Figure 6



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 42 FTE to 687 FTE in February as shown in Figure 7 below, and is 500 FTE above planned position. Further details are available in appendix 2 and 3. As previously advised, high levels of temporary staffing continue to be used to maintain services where demand is not reducing as planned, to cover critical vacancies, and to resource the winter capacity and backlog of cases.

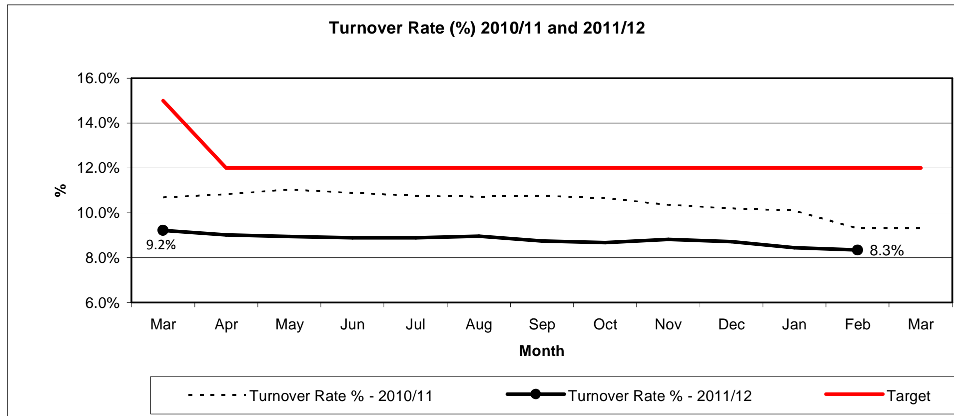
Figure 7



3 Workforce Performance

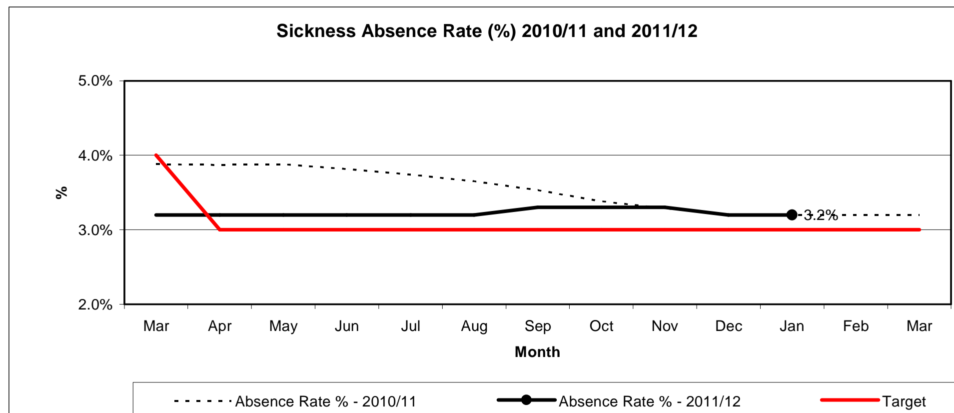
3.1 Turnover has continued to decrease in month by 0.1% to 8.3% in February, as shown in Figure 8 below. All CSCs are below the Trust target of 12%, with MOPRS (11.3%), Head & Neck (11.2%) and Cancer (11%) over 10%, and the remainder under 10%. Head and Neck is particularly high within administrative staff, and Cancer is high in Nursing and Radiographers.

Figure 8



3.2 Sickness absence rate in January has reduced by 0.1% to 3.2% as detailed in Figure 9 below. This is above the Trust target of 3%; however does compare favourably at a regional and national level against other acute hospitals. Sickness Absence data is one month in arrears and is calculated as a rolling 12 month average.

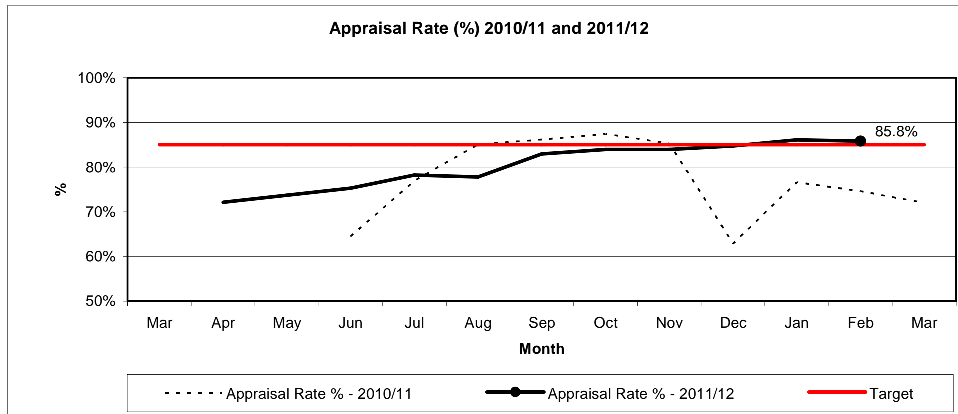
Figure 9



3.3 MOPRS sickness absence has increased by 0.2% to 4.6%, and have returned to the highest CSC within the Trust. Increases have also been observed in Renal (4.0%) and Emergency (3.1%). Targeted work is in progress to reduce sickness absence particularly within MOPRS, Renal and MSK; and more recently to Emergency CSC.

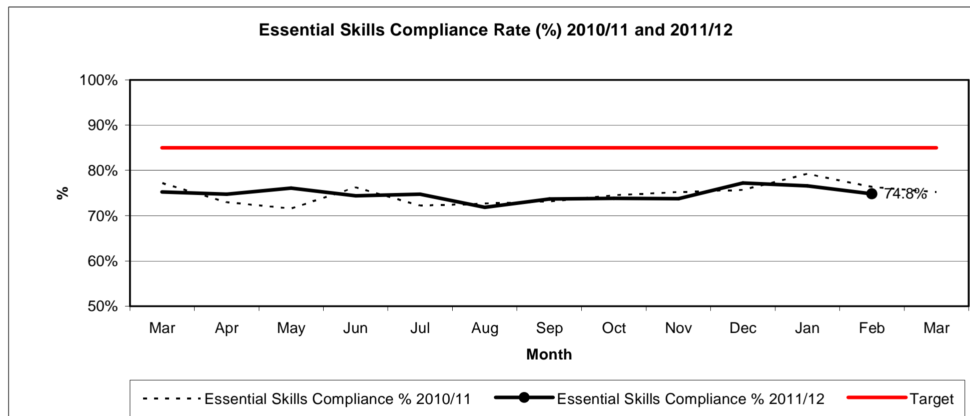
3.4 Appraisal Compliance has decreased in February by 0.3% to 85.8%, though remains over target as demonstrated in figure 10 below. A significant improvement has been observed in Renal with an increase of 11%, and exceeding the target level for the first time this financial year at 87.1%. Increases have also been observed in Medicine and CHAT. Cancer, Women & Children, Emergency, Head & Neck and Corporate functions remain below target.

Figure 10



3.5 Decreases have been observed in every clinical service centre in Essential Skills compliance, resulting in a reduction in the overall compliance rate to 74.8% as detailed in Figure 11. Specific targeted work continues and is led by the Learning and Development Team, with a view to simplify the process, and make sure all staff are compliant.

Figure 11



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