Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I – MAY 2012

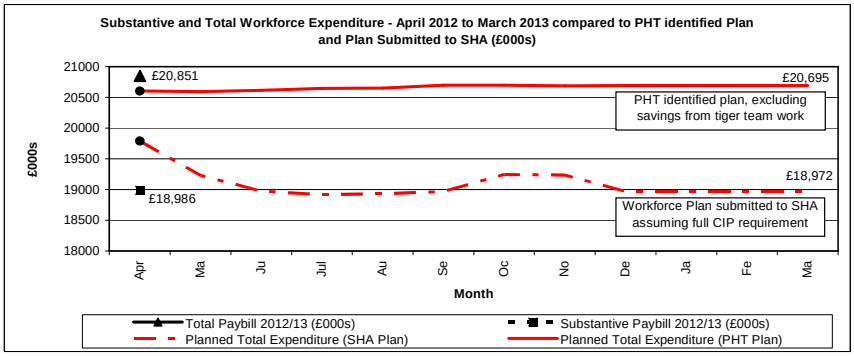
Agenda Item Number: 72/12
Enclosure Number: (5)

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 1 (April 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 £79k to £20.85m in April as detailed in figure 1 below. This is as a result of an increase in substantive workforce expenditure of £113k to £18.99m and a decrease in temporary workforce expenditure by £34k to £1.86m.

Figure 1



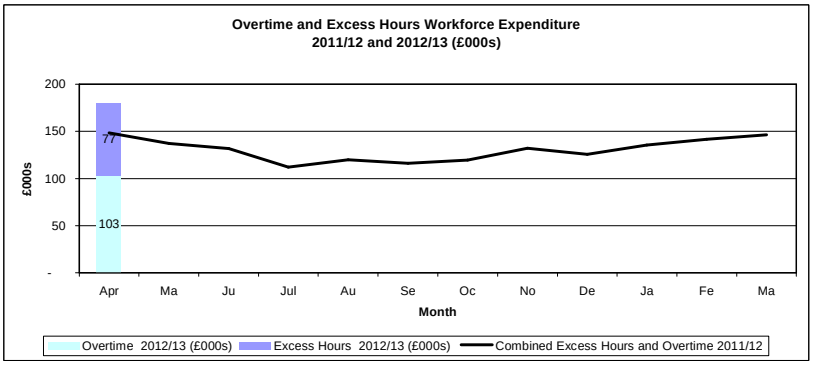
1.2 When considering this against our workforce plan, our total workforce expenditure is greater than anticipated. Performance against the required CIP savings as submitted in a plan to the Strategic Health Authority show an adverse variance of £1m. When compared against our identified planned savings, there is an adverse variance of £246k. Our current identified savings do not include workstreams in development via the 'Tiger team' work, of which approximately £10 was identified against workforce savings which go some significant way against bridging the £18.8m gap as referred to in previous reports.

1.3 Substantive workforce expenditure has increased in April by £113k due to the planned recruitment of nursing staff within MOPRS CSC in order to fill critical vacancies, corporate posts within Finance/Procurement and professional and technical posts within Clinical Support.

1.4 Temporary workforce expenditure (i.e. combined bank, agency, and all premium payments) has decreased by £34k in April. The most significant reduction has been within MOPRS, which is a result of winter beds closing and less expensive agency staff being used (reduction of £122k), however temporary usage continues to be high in MOPRS at 27% of budget (£458k), and to a lesser extent Emergency at 23% of budget (£298k) spent on temporary workforce. Medicine are a regular user of temporary staffing representing 11% of budget (£200k) on temporary staffing.

1.5 Overtime costs have increased by £19k to £103k in April, and Excess Hours payments have increased by £15k to £77k. The combined overtime and excess hours costs are approx £31k higher than the same period last year as detailed in Figure 2 below.

Figure 2

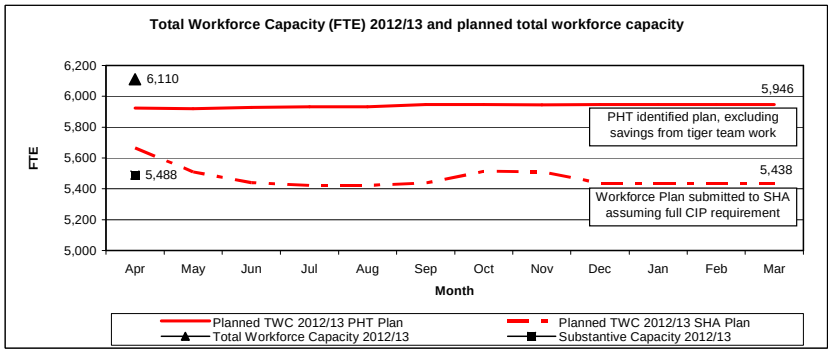


1.6 Unit staff costs are calculated by dividing the total workforce paybill by the Total Workforce FTE, and multiplied by 12 (months) to provide an annual figure which is an indicative gross cost per employee. Unit staff costs have reduced by £3.3k to £41k in April, predominantly as a result of agency staff costs reducing.

2 Workforce Capacity – Full Time Equivalent (FTE) Staff

2.1 In April, total workforce capacity (i.e. substantive staff plus temporary capacity) increased by 25 FTE, to 6,110 FTE as shown below in Figure 3, as a result of decreases in substantive staffing, and increases in the temporary workforce.

Figure 3



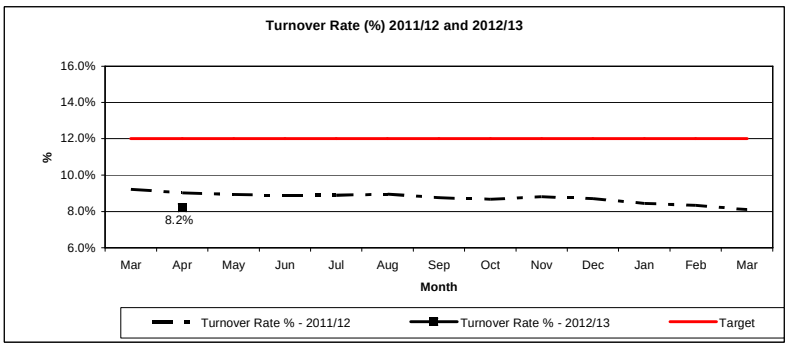
2.2 As detailed above in section 1.2, performance against the required CIP savings as submitted in the plan to the Strategic Health Authority show an adverse variance of 445 FTE. When compared against our identified planned savings, there is an adverse variance of 187 FTE. Work continues to fully quantify the FTE impact of the Tiger team workstreams, and timescales for delivery to bridge the 257 FTE gap between the two plans currently, rising to 508 FTE variance.

2.3 Substantive workforce capacity decreased by 20 FTE to 5,488 FTE in April, which predominantly relates to the Withdrawal of approx 28 FTE Military staff, whilst Temporary workforce capacity (i.e. total expenditure on temporary capacity, including bank, agency, locums and overtime, converted to an indicative FTE) increased by 145 FTE to 622 FTE in April. Work has been undertaken to ensure that the temporary staffing conversion is more accurate, and therefore does not artificially inflate the FTE conversion.

3 Workforce Performance

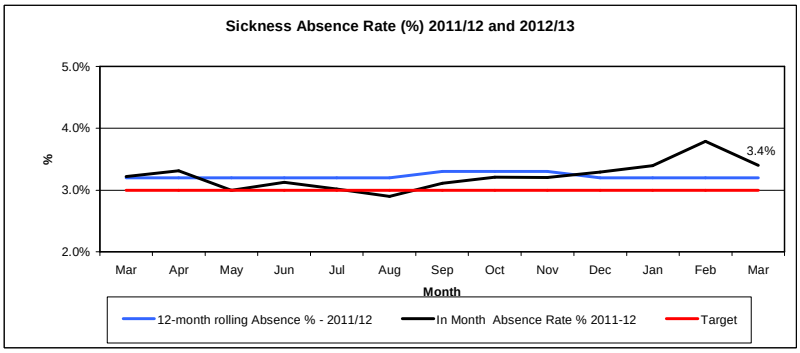
3.1 Turnover decreased throughout 2011-12 from 9.2% in March 2011 to the current level of 8.2%, as shown in Figure 4 below. All CSCs are below the Trust target of 12%, with MOPRS (11.9%), Head & Neck (11.0%) and Surgery & Cancer (10.1%) over 10%, and the remainder under 10%. Head and Neck is particularly high within administrative staff, and Surgery & Cancer continues to have higher turnover in Nursing and Radiographers.

Figure 4



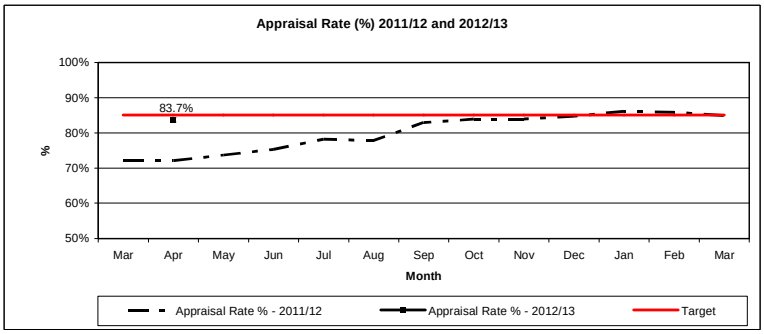
3.2 The 12 month rolling average sickness absence rate as reported to the SHA in March has remained unchanged at 3.2% and has been consistent over the year as shown below in figure 5. This is above the Trust target of 3%; however does compare favourably at a regional and national level against other acute hospitals. Sickness Absence data is one month in arrears. Figure 5 above also demonstrates the In-month sickness absence rate for the Trust, which is also currently 3.4%. The following areas are above target, CHAT (3.2%), MSK (3.3%), Clinical Support (3.4%), Head & neck (3.6%), Emergency (4.2%), Renal (5.9%) and MOPRS (6.5%). A dedicated team from the Workforce directorate is targeting these areas specifically to reduce absence.

Figure 5



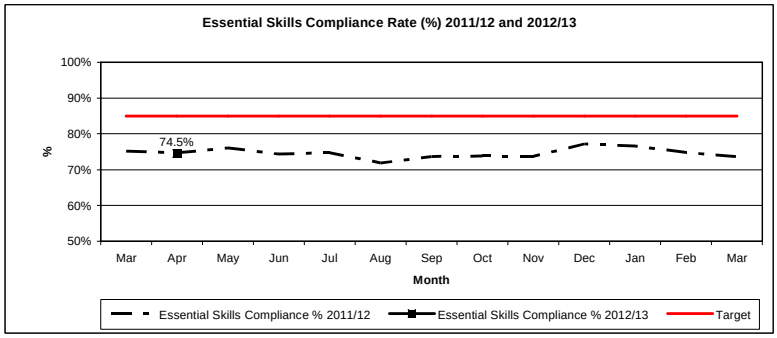
3.3 Appraisal Compliance has decreased in April by 1.2% to 83.7%, and is below the target of 85% as demonstrated in figure 6 below. 5 of the CSCs exceed the target level, however the remainder are below target. This includes Emergency (75.7%), Corporate Functions (79.4%), Clinical Support (80.2%), Women & Children (81.0%), MOPRS (82.9%) and Surgery & Cancer (84.4%). Of those below target, all have reduced further in month, with the exception of Surgery & Cancer.

Figure 6



3.4 All CSCs have increased their Essential Skills compliance rates this year, with exception of Renal, Surgery and Women & Children who have decreased. Only CHAT (85.9%) are ahead of target. All CSCs are required to improve further to ensure they achieve the target of 85% compliance as detailed in Figure 8. Specific targeted work continues to ensure all staff are compliant.

Figure 8



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