Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I - JANUARY 2012

Agenda Item Number: 7/12
Enclosure Number: (4)

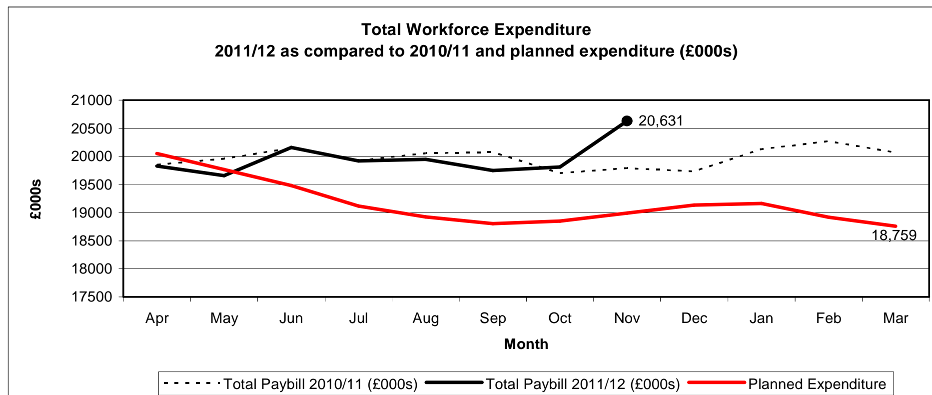
Subject:	Workforce Performance Report
Prepared by: **Sponsored by:** **Presented by:**	Abi Williams, Workforce Planning & Intelligence Manager Tim Powell, Director of Workforce and Organisational Development Tim Powell, Director of Workforce and Organisational Development
Purpose of paper *Why is this 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 8 (November 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 £820k to £20.6m in November as detailed in figure 1 below. The cumulative paybill is £159.7m, compared to a plan of £154m, and is therefore £5.7m greater than the planned position for November 2011. 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 7 months of the year (£8.5m). Unsurprisingly, this has resulted in additional workforce costs incurred. The additional activity value takes into account the amendment of the baseline contract by the commissioners (£3.7m). 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.

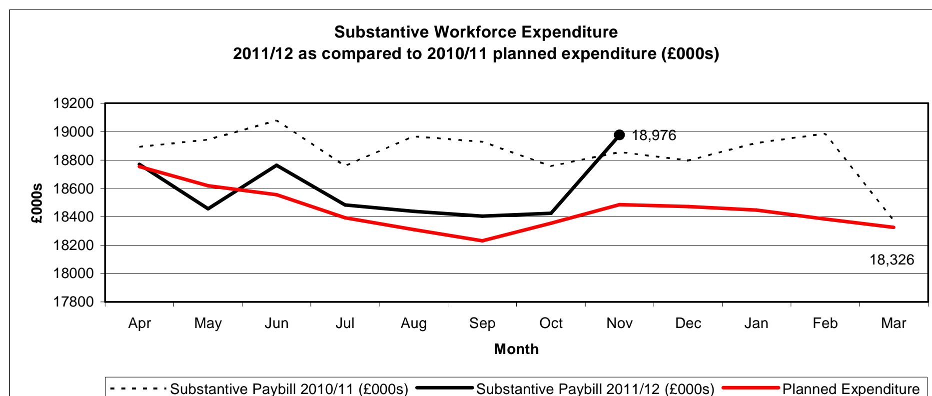
Figure 1



1.3 Substantive workforce expenditure (i.e. NHS and Military) increased by £550k, to £18.9m in November, as detailed in figure 2 below. Cumulative substantive paybill is £1m above the planned position for November. This increase relates to several factors, as follows:

- Full months pay and uplift from Band 3 to Band 5 (once registration confirmed) of majority of newly qualified nursing staff cohort, resulting in increased basic pay (£113k).
- Associated increase in weekend and night enhancements (£100k).
- Pay arrears (£88k).
- CEA Award arrears (£80k).
- Locally agreed shift enhancements and on call payments (£16k).
- Banding Supplements for junior doctors (£8k).

Figure 2

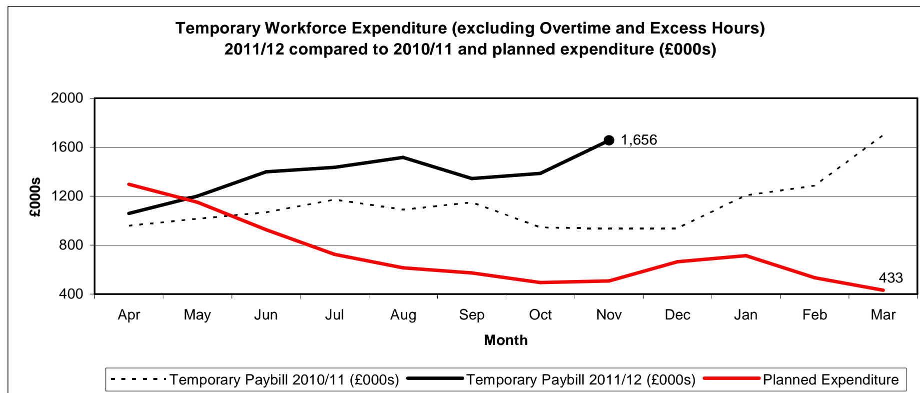


1.4 Temporary workforce expenditure (i.e. combined bank, agency, and all premium payments) increased by £270k to £1.66m in November, as shown below in Figure 3. High levels continue in MOPRS as seasonal activity continues, with the majority of the temporary increase within MOPRS for staffing the winter ward. In addition, NHS Professionals have been unable to fill the required

shifts sufficiently, which has resulted in a higher proportion of agency nursing staff being used to ensure cover is available. There is also additional temporary staffing required for increased activity on some of the other acute MOPRS wards as well as medical staffing in the Clinical Service Centre.

1.5 Theatres have incurred additional spend, predominantly through waiting list initiatives to provide additional capacity for backlog work. Additional staffing has also been required within Musculoskeletal and Head & Neck for this reason.

Figure 3



1.6 Appendix 1c indicates a more detailed breakdown of temporary staffing type, with largest increases observed in November of £292k in agency, as detailed in section 1.4 and £100k in Waiting list initiatives.

1.7 Overtime costs have increased by £5k to £67k in November, and Excess Hours payments have increased by £7k to £65k as detailed in Figure 4 and 5 below respectively. Further details are available in Appendix 1d.

Figure 4

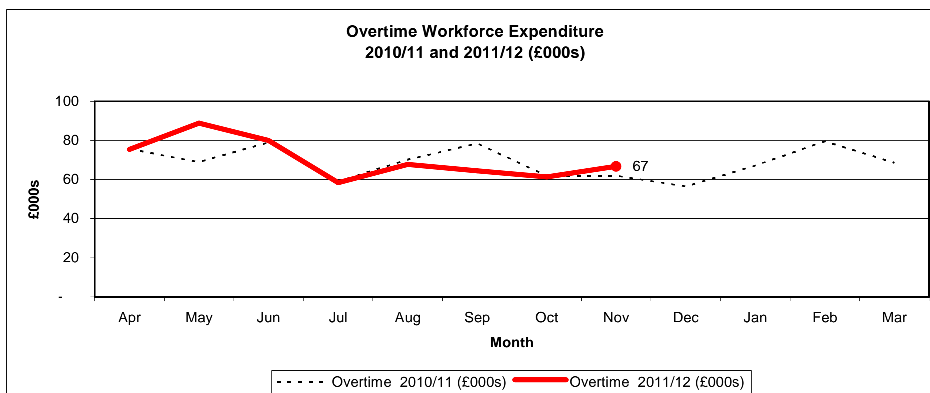
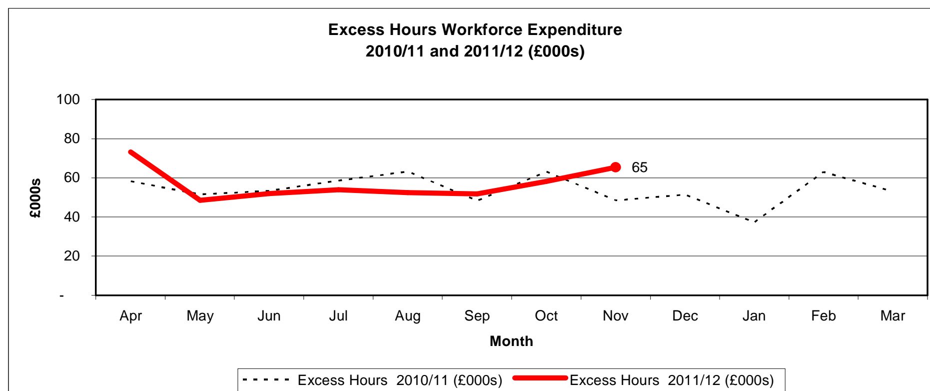


Figure 5



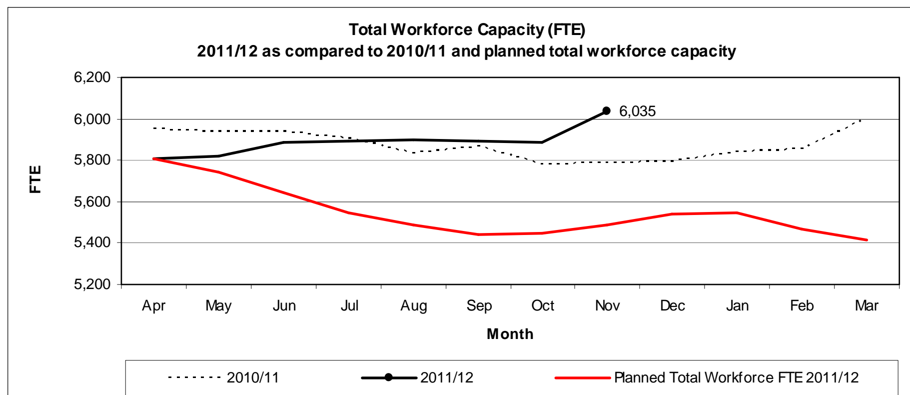
1.8 Unit staff costs are calculated by dividing the total workforce paybill by the Total Workforce FTE, and multiplied by 12 (months) to provide an annual figure which is an indicative gross cost per employee. Unit staff costs have increased by £1.3k in November to £45.5k relating to

increases in medical staffing, which are the highest cost staff group, both in terms of substantive and locum capacity.

2 Workforce Capacity – Full Time Equivalent (FTE) Staff

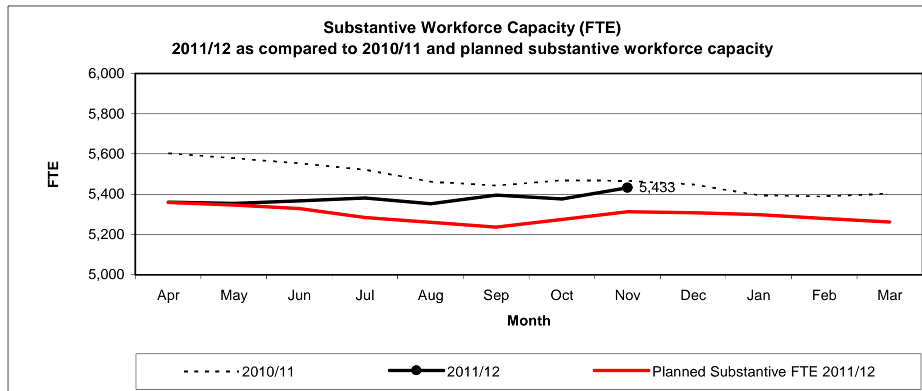
2.1 In November, <u>total workforce capacity</u> (i.e. substantive staff plus temporary capacity) increased by 147 FTE, to 6,035 FTE, primarily as a result of Temporary workforce, and to a lesser extent substantive workforce, as shown below in Figures 6, 7 and 8. This is 547 FTE above planned position for November, 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 6



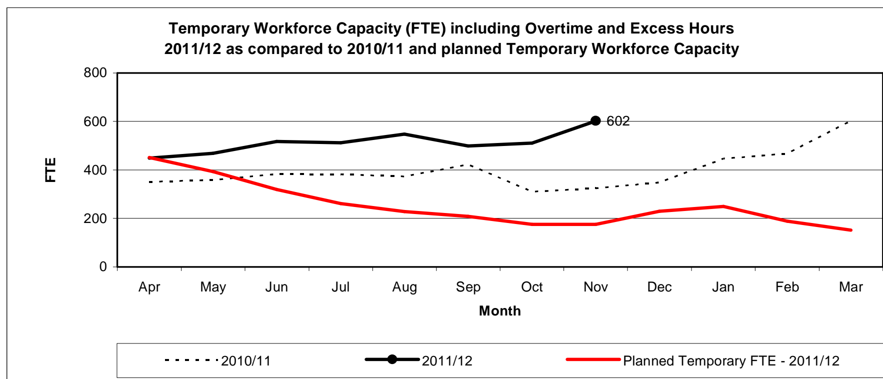
2.2 <u>Substantive workforce capacity</u> increased by 55 FTE to 5,433 FTE in November, as shown below in Figure 7 and is 121 FTE above plan for November. This increase relates primarily to increases in Newly Qualified Nurses and Radiographers, Health Care Support Worker recruitment, and the corrections of coding fixed term locums to substantive posts, rather than temporary posts.

Figure 7



2.3 <u>Temporary workforce capacity</u> (i.e. total expenditure on temporary capacity, including bank, agency, locums and overtime, converted to an indicative FTE) increased by 92 FTE to 602 FTE in November as shown in Figure 8 below, and is 426 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.

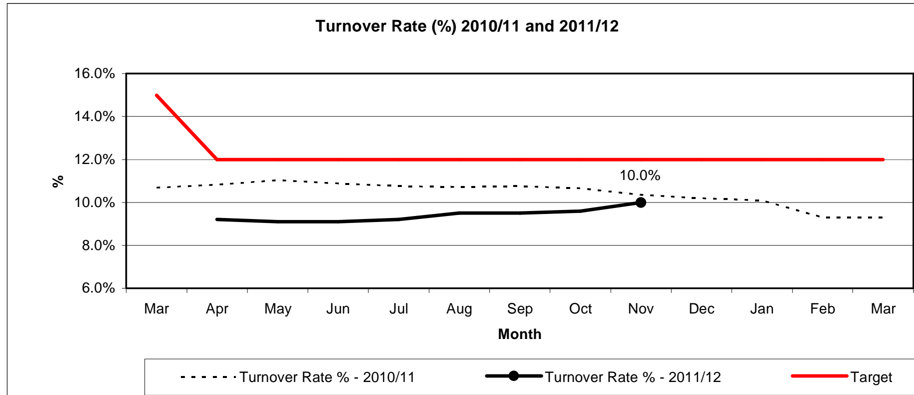
Figure 8



3 Workforce Performance

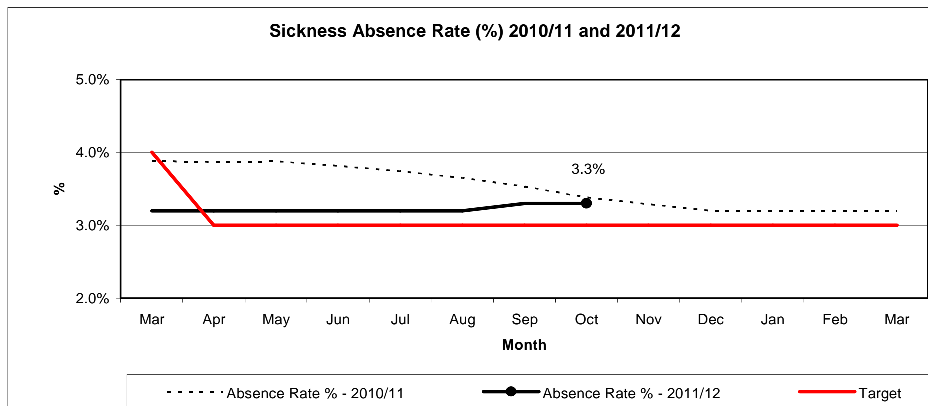
3.1 Turnover has increased in month by 0.4% to 10% in November, as shown in Figure 9.

Figure 9



3.2 Sickness absence rate in October remained unchanged at 3.3% as detailed in Figure 10 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 10

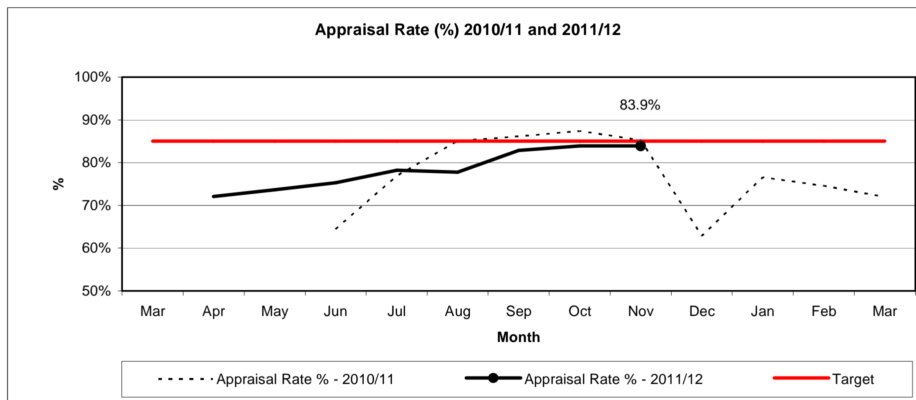


3.3 MSK continues to be the CSC with the highest sickness absence (4.6%), however has reduced in month. Increases have been observed in CHAT, Cancer, Surgery and Women & Childrens. Action plans are in place to improve this considerably.

3.4 Appraisal Compliance has remained unchanged in November at 83.9% as demonstrated in figures 11. This continues to be an area of high priority for the Trust, and work is ongoing to improve compliance further.

3.5 Improvements have been observed in CHAT, Cancer, Emergency, MOPRS, Renal, Surgery and Women & Children. MSK has decreased significantly in month. As demonstrated in figure 12.

Figure 11



3.6 Emphasis continues to be placed on Essential Skills compliance; however levels have decreased slightly to 73.7% as detailed in Figures 13 and 14. Work continues to ensure that all staff have the appropriate essential skills training, and this includes a review of what essential skills are necessary by post, and action plans for each CSC to implement. Heads of Nursing are currently reviewing the required essential skills so there is a consistent approach across the staff group. Trajectories for CSC's to reach a compliant state are in development and performance monitoring will continue via the monthly Performance Review Process. When comparing compliance with clinical essential skills and non clinical essential skills, only Clinical Support are above target of 85%.

Figure 13

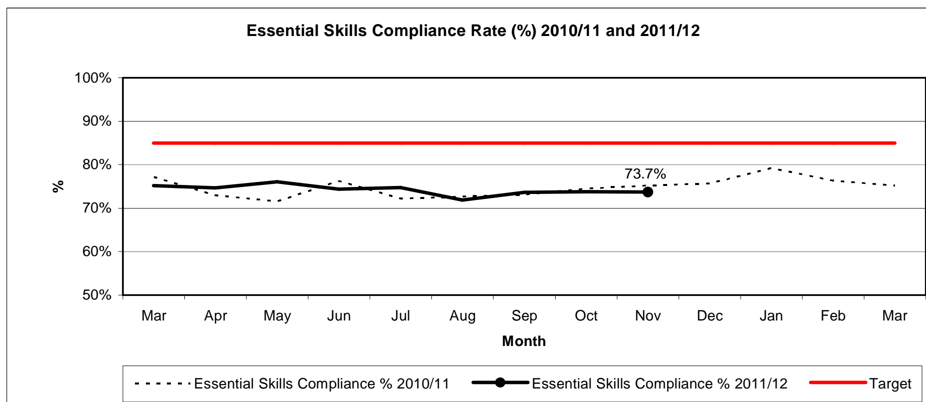


Figure 14

Completion rates %	Clinical Skills	Non Clinical Skills	Total Skills
Cancer	61.7%	72.3%	68.7%
CHAT	67.4%	81.9%	76.3%
CSS	90.9%	77.2%	78.4%
Emergency	58.4%	71.7%	65.7%
H&N	74.4%	82.7%	80.0%
Medicine	60.5%	73.2%	67.9%
MOPRS	64.0%	79.4%	72.6%
MSK	71.1%	81.1%	76.8%
Renal	65.8%	83.4%	75.3%
Surgery	74.6%	79.8%	77.6%
W&CS	71.7%	72.6%	72.2%
Corporate	54.7%	74.8%	72.2%
TOTAL	67.5%	77.2%	73.7%

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