


Performance Exception Report																																									
Month	Executive Director:	Nicky Ingham – Director of Workforce and OD																																							
	Completed by:	Jane Adams – Head of OD and Learning																																							
Indicator	<b>24 Mandatory training</b>																																								
Variation from plan 	<p>Current performance against the NHSLA Core Requirements is 41.2% below the NHSLA Level 3 target of 95% as at the end of August. Performance has improved slightly from 51.8% in July to 53.8% in August.</p> <p>Divisional Performance is broken down below:</p> <table border="1"> <thead> <tr> <th>DIVISIONS/DIRECTORATES</th> <th>JULY</th> <th>AUGUST</th> </tr> </thead> <tbody> <tr> <td>Acute Adult Care Division</td> <td>42.60%</td> <td>45.98%</td> </tr> <tr> <td>Assurance &amp; Public Engagement Directorate</td> <td>71.53%</td> <td>74.29%</td> </tr> <tr> <td>Chief Executive &amp; Board Directorate</td> <td>63.00%</td> <td>63.00%</td> </tr> <tr> <td>Divisional Management Operations</td> <td>73.91%</td> <td>78.26%</td> </tr> <tr> <td>Elective Care Division</td> <td>55.79%</td> <td>56.26%</td> </tr> <tr> <td>Family Division</td> <td>50.30%</td> <td>53.44%</td> </tr> <tr> <td>Finance Information and Procurement Directorate</td> <td>90.38%</td> <td>92.95%</td> </tr> <tr> <td>Medical Directorate</td> <td>72.94%</td> <td>78.60%</td> </tr> <tr> <td>Nursing Patient Safety &amp; Experience Directorate</td> <td>60.12%</td> <td>59.24%</td> </tr> <tr> <td>Strategy and Improvement Directorate</td> <td>92.13%</td> <td>91.11%</td> </tr> <tr> <td>Workforce &amp; OD Directorate</td> <td>91.06%</td> <td>92.05%</td> </tr> <tr> <td><b>Trust</b></td> <td><b>51.77%</b></td> <td><b>53.82%</b></td> </tr> </tbody> </table>		DIVISIONS/DIRECTORATES	JULY	AUGUST	Acute Adult Care Division	42.60%	45.98%	Assurance & Public Engagement Directorate	71.53%	74.29%	Chief Executive & Board Directorate	63.00%	63.00%	Divisional Management Operations	73.91%	78.26%	Elective Care Division	55.79%	56.26%	Family Division	50.30%	53.44%	Finance Information and Procurement Directorate	90.38%	92.95%	Medical Directorate	72.94%	78.60%	Nursing Patient Safety & Experience Directorate	60.12%	59.24%	Strategy and Improvement Directorate	92.13%	91.11%	Workforce & OD Directorate	91.06%	92.05%	<b>Trust</b>	<b>51.77%</b>	<b>53.82%</b>
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<b>Reason for variation</b>	<p>There has been a slight upward trend in performance across the majority of Divisions.</p> <p>Staff are not accessing available classroom based training as in period April to June the figures indicate that only 585 (66%) of 880 places were taken for available Core Mandatory Training sessions</p> <p>In addition, staff are not accessing available E Learning packages for 6 out of the 13 reported topics. Across the Trust the highest uptake is 50% for Safeguarding children and lowest is VTE at 24%.</p> <p>Divisions have expressed that releasing staff from ward based areas is challenging due to current staffing levels in some areas.</p>													
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		September Workforce Bulletin focus on MT
<b>Forecast date to return to plan</b>	Continuing to work with divisions to meet targets. Would require an average 7% increase across the targeted range of mandatory training every month in larger divisions to meet 95% target by 31 <sup>st</sup> March 2013	
<b>Forecast outturn</b>		
<b>Monitoring</b>	Mandatory training performance will continue to be monitored through Performance Assurance Framework (PAF) and overseen by the Workforce Committee and Executive Board.	
<b>Recommendation</b>	The Board is requested to note and endorse the action being taken to improve performance in these areas	

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Month	Executive Director:	Nicky Ingham, Director of Workforce & Organisational Development																																							
	Completed by:	Nigel Moloney, Workforce Transformation Manager																																							
Indicator	<b>42: Staff Sickness - % of days lost (rolling 12 month average)</b>																																								
Variation from plan	<ul style="list-style-type: none"> <li>Current performance is 1.05% above plan (4.80% actual, 3.75% plan) cumulative.</li> <li>In August 2012 the trend has improved in all Divisions. In month the staff sickness reduced to 4.29% but not to the anticipated trend. This is the lowest figure for an individual month since the integration of hospital and community services in July 2011.</li> </ul>																																								
Reason for variation	<p>This reduction was due to a decrease in short term absence. Long term absence remained at a similar level.</p> <p>Figures by Division for the last 12 months are shown below with the most recent (March-August) 6 months in brackets. This shows improvements in performance in Acute Adult Care and Family Divisions but there is a deterioration in Elective Care performance.</p> <p>Acute Adult Care – 5.27% (last 6 months 4.78%)</p> <p>Elective Care – 5.06% (last 6 months 5.23%)</p> <p>Family – 4.83% (last 6 months 4.43%)</p> <p>Corporate – 3.24% (last 6 months 3.16%)</p> <p style="text-align: center;"><u>Cumulative Staff Sickness % (rolling 12 months)</u></p> <table border="1"> <caption>Cumulative Staff Sickness % (rolling 12 months)</caption> <thead> <tr> <th>Period</th> <th>2011/12 (%)</th> <th>2012/13 (%)</th> </tr> </thead> <tbody> <tr> <td>May to April</td> <td>4.65</td> <td>4.75</td> </tr> <tr> <td>June to May</td> <td>4.65</td> <td>4.75</td> </tr> <tr> <td>July to June</td> <td>4.60</td> <td>4.75</td> </tr> <tr> <td>August to July</td> <td>4.60</td> <td>4.80</td> </tr> <tr> <td>September to August</td> <td>4.60</td> <td>4.75</td> </tr> <tr> <td>October to September</td> <td>4.55</td> <td></td> </tr> <tr> <td>November to October</td> <td>4.60</td> <td></td> </tr> <tr> <td>December to November</td> <td>4.65</td> <td></td> </tr> <tr> <td>January to December</td> <td>4.60</td> <td></td> </tr> <tr> <td>February to January</td> <td>4.65</td> <td></td> </tr> <tr> <td>March to February</td> <td>4.70</td> <td></td> </tr> <tr> <td>April to March</td> <td>4.75</td> <td></td> </tr> </tbody> </table>		Period	2011/12 (%)	2012/13 (%)	May to April	4.65	4.75	June to May	4.65	4.75	July to June	4.60	4.75	August to July	4.60	4.80	September to August	4.60	4.75	October to September	4.55		November to October	4.60		December to November	4.65		January to December	4.60		February to January	4.65		March to February	4.70		April to March	4.75	
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<b>Impact</b>	Patient outcomes or experience	
	<p>More bank staff have been utilised to cover for sickness.</p> <p>22% of nurse bank hours used in August 2012 were to cover staff sickness.</p>	
	Financial position	
	<p>Impact of increased expenditure to cover absences. The direct costs of this will be increased bank and agency expenditure or indirectly the Trust may find targets challenging to achieve due to staffing shortages.</p>	
	Monitor targets and/or contractual requirements	
	Impact on financial position	
<b>Actions to be taken to address variation</b>	Date	Description
	Ongoing	Each Division has their attendance monitored through a Dashboard report.
	With effect from August 2012	All managers (Band 7s and above) will be required to complete Attendance Management Training. Dates are now being published for the next 12 months.
	With effect from August 2012	Return to work audit programmes are taking place to determine the level of policy compliance with a subsequent rolling programme of audits to monitor compliance thereafter. Escalation of non-compliance to the General Manager and ADO as appropriate.
	September 2012	<p>Hotspot areas in August 2012 include;</p> <ul style="list-style-type: none"> <li>- Community Children's Nursing Team</li> <li>- Complex Healthcare Needs</li> <li>- Ward F4</li> <li>- Ultrasound</li> <li>- Ward C4</li> </ul> <p>These areas have been flagged with the management teams to ensure the appropriate interventions have taken place.</p>
<b>Forecast date to</b>	September 2012 – analyse figures to see if downward trend continues. The target is unlikely to be met prior to March 2013 as the measure represents a rolling 12 month	

<b>return to plan</b>	period therefore it may be necessary to review target. Consideration should be made to rebasing the target to 4% (the upper quartile of North West acute/integrated care Trusts in 2011/12).
<b>Forecast outturn</b>	
<b>Monitoring</b>	Sickness absence performance will continue to be monitored through Performance Assurance Framework (PAF) and overseen by the Workforce Committee and Executive Board.

<b>Recommendation</b>	The Board is requested to note and endorse the action being taken to improve performance in these areas
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