

# **Human Resources Key Performance Indicators and Workforce Information Report**

**Quarterly Update  
2009/10  
Quarter 1 – July 2009**

# Human Resources - Key Performance Indicators and Workforce Information Report - 2009/10 Quarterly Update 1 - July 2009

## 1. HR KEY PERFORMANCE INDICATORS

The Human Resource Key Performance Indicators (KPI's) have been designed to provide information and analysis on key staffing-related themes for the Trust. The purpose of Human Resource KPI's is:

- To provide a framework for monitoring and analysing standard staff-related data within the Trust.
- To set benchmarks and measure performance against these, at both a local and Trust-wide level.
- To identify and analyse trends which will help us to plan targeted action.

The KPIs are identified and targets agreed at the beginning of each financial year and then reported to the Provider Services Management Board and full PCT Board on a quarterly basis.

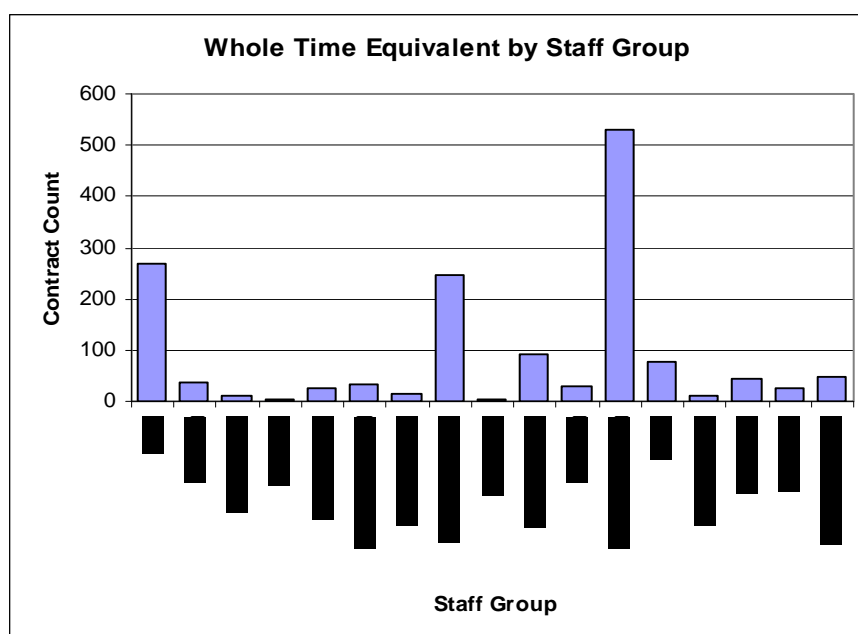
## 2. KPI UPDATE REPORTS

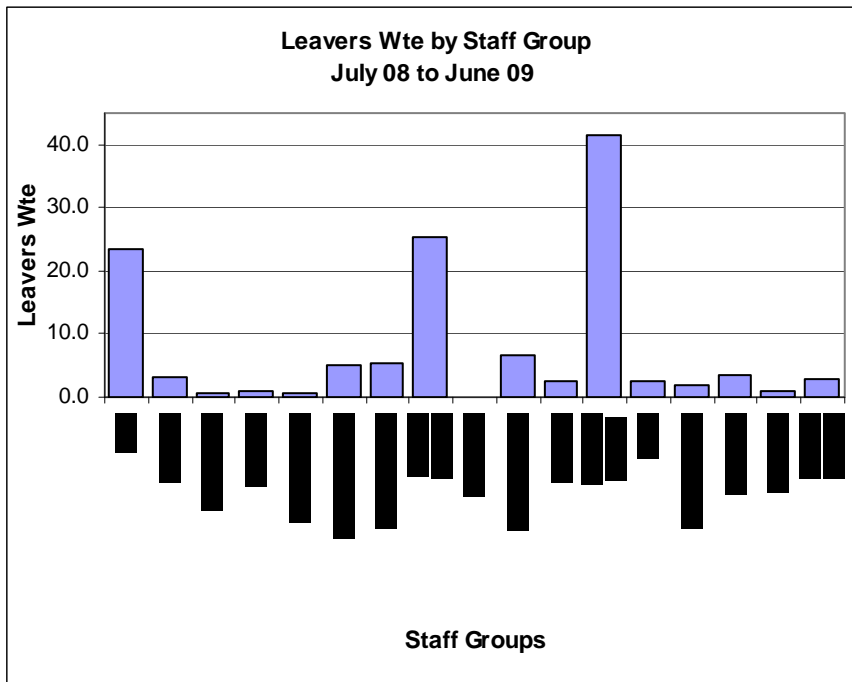
The quarterly reports show the current position of each stated KPI, its position against target and the remedial action required where necessary.

The data is included here, for the first time in all areas of the report, split between Provider Services and NHS Sheffield.

## 3. KEY PERFORMANCE INDICATORS (KPIs)

### 3.1 Turnover - Provider Services

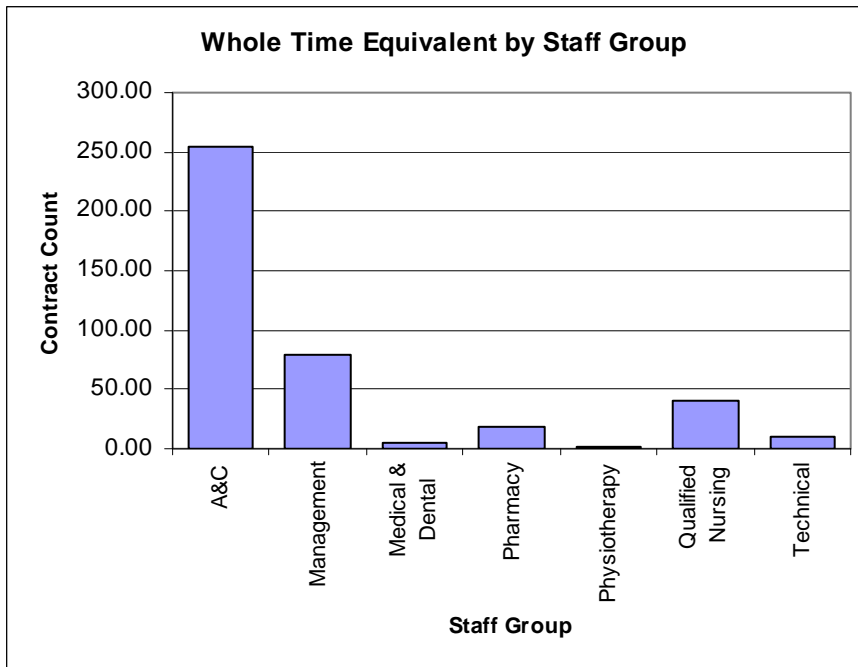


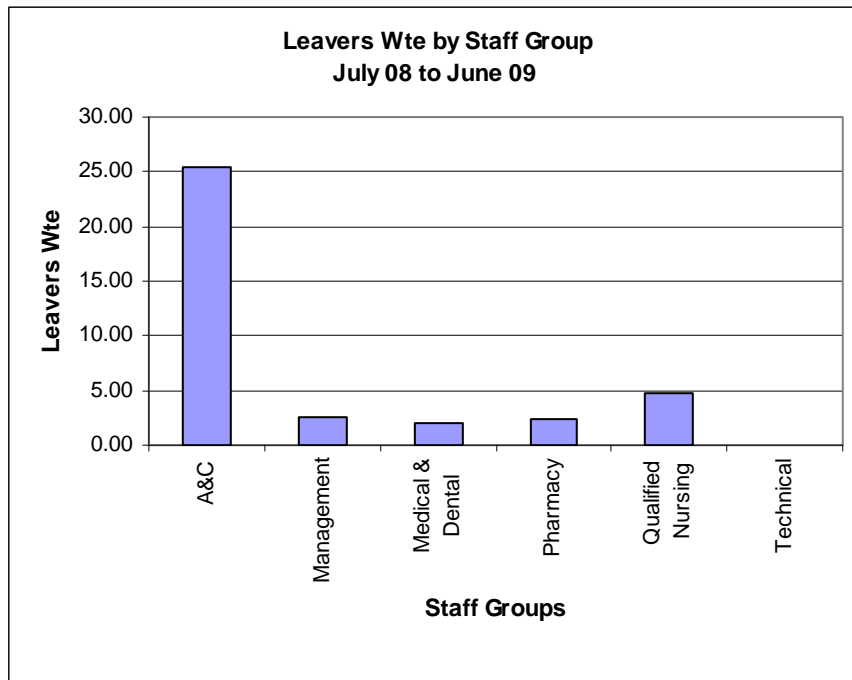


**Current Turnover**

Within Provider Services there were 127.39 wte leavers in the 12 months June 2008 to May 2009 the total annual leaver rate is 9.13%

**NHS Sheffield**





### **Current Turnover**

Within NHS Sheffield there were 37.00 wte leavers in the 12 months June 2008 to May 2009 the total annual leaver rate is 10.23%

### Target

The PCT should have a target to reduce turnover and to aim for a overall figure below 10% by year end.

### Remedial Action Required

The leaver numbers over the year have reduced and this has had a positive effect on the turnover rate. Given the comparative size of Provider Services in comparison to NHS Sheffield the figure overall is within the 10% target.

### **3.2 Leavers Information**

Analysis of leaver information has begun to be undertaken in a more comprehensive manner. The information below is a breakdown of leavers by organisation (NHS Sheffield and Provider Services) and by gender. The information has then had further analysed undertaken by reason for leaving.

Leavers by reason for the year April 2008 to March 2009: -

### Provider Services

Reason	Leavers	% of total Leavers
Dismissal - Capability	1	0.58%
Dismissal - Some Other Substantial Reason	2	1.17%
Dismissal - Statutory Reason	1	0.58%
Employee Transfer	1	0.58%
End of Fixed Term Contract	3	1.75%
End of Fixed Term Contract - Other	1	0.58%
Flexi Retirement	15	8.77%
Redundancy - Compulsory	2	1.17%
Retirement - Ill Health	4	2.34%
Retirement Age	16	9.36%
Voluntary Resignation - Child Dependants	2	1.17%
Voluntary Resignation - Incompatible Working Relationships	2	1.17%
Voluntary Resignation - Other/Not Known	96	56.14%
Voluntary Resignation - Promotion	14	8.19%
Voluntary Resignation - Relocation	9	5.26%
Voluntary Resignation - Work Life Balance	2	1.17%
<b>Total</b>	<b>171</b>	<b>100.00%</b>

Gender	Leavers
Female	151
Male	20
<b>Total</b>	<b>171</b>

### NHS Sheffield

Reason	Leavers	% of total Leavers
End of Fixed Term Contract	6	13.33%
Flexi Retirement	1	2.22%
Redundancy - Compulsory	3	6.67%
Retirement Age	8	17.78%
Voluntary Early Retirement - no Actuarial Reduction	1	2.22%
Voluntary Resignation - Other/Not Known	15	33.33%
Voluntary Resignation - Promotion	9	20.00%
Voluntary Resignation - Relocation	2	4.44%
<b>Total</b>	<b>45</b>	<b>100.00%</b>

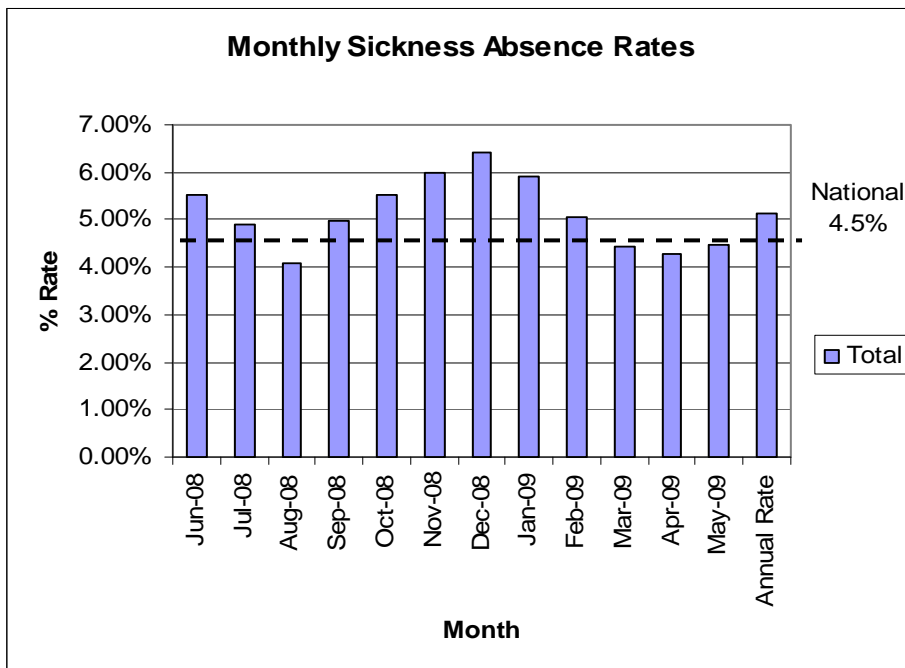
Gender	Leavers
Female	37
Male	8
<b>Total</b>	<b>45</b>

Human Resources have written to all managers and revised the leaver form to aim to reduce the instances of “other/not known” being recorded on leaver forms.

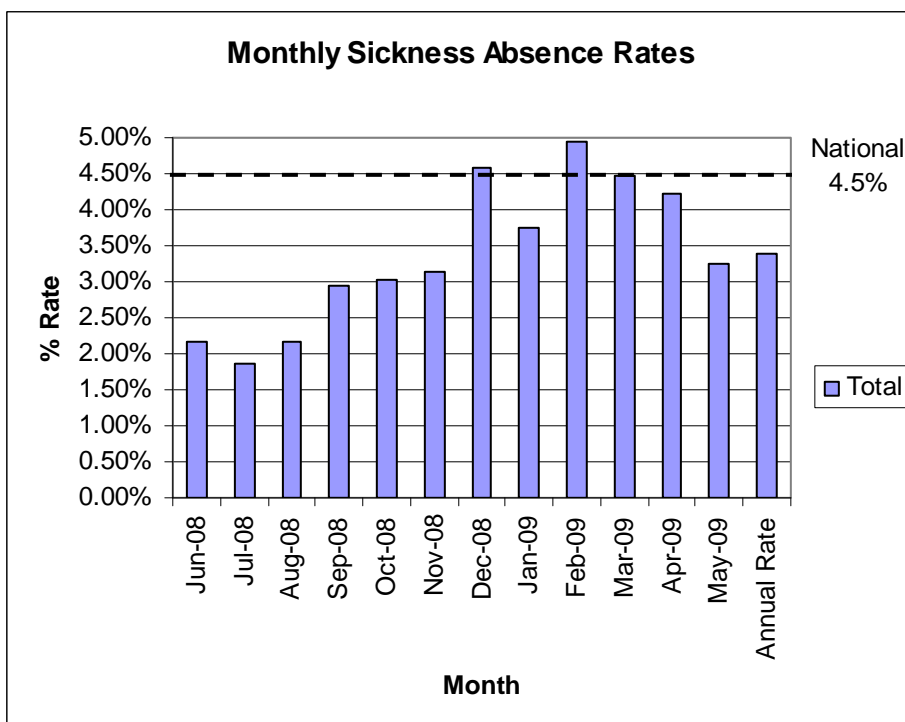
### 3.3 Sickness

#### Current Sickness Levels

#### Provider Services



#### NHS Sheffield



The most recent Department of Health's Performance Report identified that sickness levels within the NHS were running at 4.5%.

The data reported on sickness absence has previously been that entered into a stand-alone data-base designed and populated by HR staff. In order to streamline processes all absence is now recorded by Payroll staff and therefore, for the first time in this report and since its implementation sickness absence figures have been calculated using ESR. In addition the year to date has been re-calculated using ESR.

In organisations introducing the ESR system of recording an increase in sickness levels is identified as recorded absence is now over the calendar 7 days and not the worked 5 day week.

### Provider Services

Month	Total
Jun-08	5.51%
Jul-08	4.89%
Aug-08	4.08%
Sep-08	4.97%
Oct-08	5.51%
Nov-08	5.98%
Dec-08	6.43%
Jan-09	5.91%
Feb-09	5.07%
Mar-09	4.45%
Apr-09	4.28%
May-09	4.46%
Annual Rate	5.12%

### NHS Sheffield

Month	Total
Jun-08	2.17%
Jul-08	1.86%
Aug-08	2.16%
Sep-08	2.94%
Oct-08	3.01%
Nov-08	3.13%
Dec-08	4.59%
Jan-09	3.74%
Feb-09	4.95%
Mar-09	4.46%
Apr-09	4.22%
May-09	3.24%
Annual Rate	3.39%

## **Target**

1. No member of staff will have a long term sickness in excess of twelve months unless there is an clear indication of an imminent return to work or substantial reason for doing so.
2. Via the management of long term and short term absence the overall sickness absence percentage will fall to below that of the national average of 4.5%

## **Remedial Action Required**

The co-ordinated management of staff sickness with managers has been a key target for Human Resources in 2009/10.

The revised Sickness Management Policy has now been fully launched and trigger point reports based on the Bradford Index for short term absence has begun to be monitored in quarter 1 of 2009/10. The revised definition of long term sickness at 3 weeks and the introduction of the PhysioWorks staff and manager referral service for Musculo-skeletal issues is aimed at reducing levels of long term absence in 2009/10.

All staff where sickness is in excess of 3 months are currently being managed in relation to their absence by the manager with HR.

### **3.4 Instances of Disciplinary, Grievance, Suspensions by Ethnic Origin, Gender and Disability**

The PCT has a statutory duty under its published Equality Schemes (Gender, Race and Disability) to monitor employees by racial group, gender and disability status who are involved in grievance, suspended or subject to disciplinary/performance procedures.

The reporting is for the year to 31 May 2009.

1. Grievances

<b>Number</b>	<b>Ethnic Origin Category</b>	<b>Gender</b>	<b>Disabled</b>
1	White British	F	No
1	Black or Black British – African	F	No
1	Black or Black British – Caribbean	F	No
Total 3			

2. Disciplinary Action

<b>Number</b>	<b>Ethnic Origin Category</b>	<b>Gender</b>	<b>Disabled</b>
1	White British	M	No
Total 1			

### 3. Suspensions

<b>Number</b>	<b>Ethnic Origin Category</b>	<b>Gender</b>	<b>Disabled</b>
3	White British	M	No
1	Asian or Asian British Pakistani	M	No
1	Black or Black British African	F	No
Total 5			

Current figures for the PCT at March 2009 indicate the following percentages: -

#### **Provider Services**

Ethnic Minorities	-	9.45%
Gender	-	10.23% male
	-	89.77% female
Age	-	30.95% over 50 years

#### **NHS Sheffield**

Ethnic Minorities	-	9.64%
Gender	-	21.51% male
	-	78.49% female
Age	-	22.39% over 50 years

#### Target

The target would be to have instances of grievances, suspensions and disciplinary action, which match the above figures.

Where instances are above the percentages reported investigative action will take place and outcomes reported.

It should be noted that the number of instances are small.

The instances of action taken note one detailed investigation which was undertaken in year, overall figures demonstrate the instances of actions occurring within the PCT compare at this time favourably against the current percentages within the workforce.

### 3.5 Performance and Development Reviews

#### Provider Services

Personal Development Plans: 48%

#### NHS Sheffield

Directorate	Personal Development Plans Received
Corporate Services	93%
Finance and Healthcare Procurement	100%
Performance	100%
Public Health	73%
Standards and Engagement	87%
Strategy	93%

#### Performance and Development Reviews

##### Qualitative

The Performance and Development Review (PDR) process identifies the individual development needs of staff via the submission of the Personal Development Plan to the HR Department.

##### Target

All staff to have a PDR/PDP.

##### Actions to Achieve Target

The Commissioning Directorates have a PDR cycle end date of 31 May 2009 and Provider Services 30 June 2009.

All Directors have received progress reports in early May 2009 of levels of compliance.

All Directors have been informed of the need to ensure all staff have a detailed PDR/PDP. The failure to do so limits the ability of the E&T function to produce a fully costed and resourced Training Plan.

The Education and Training Department have increased the methods by which PDPs can be returned which include e-mailed PDPs, scanned PDF versions, paper copies and a newly introduced E-PDP which directly links to the PCTs published Business Plan objectives.

Given the reporting is comparatively early in July it is anticipated the figure for Provider services will increase.

Further analysis of areas of non-compliance will be undertaken.

### 3.6 Essential Training

#### Provider Services

Area	Frequency	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	12 Months	49%	-28%
Conflict Resolution	One-Off <sup>1</sup>	86%	-1%
Essential Awareness	24 Months	72%	+2%
Fire Safety	12 Months	65%	+5%

#### NHS Sheffield

Area	Frequency	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	12 Months	54%	<i>Not previously reported</i>
Conflict Resolution	One-Off <sup>1</sup>	96%	
Essential Awareness	24 Months	86%	
Fire Safety	12 Months	87%	

<sup>1</sup>Retained 'one-off' reporting frequency, 36 months reporting to be introduced November 2009

#### Directorate: CORPORATE SERVICES

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	100%	=
Conflict Resolution	100%	=
Essential Awareness	100%	+8%
Fire Safety	100%	+17%

#### Directorate: FINANCE AND HEALTHCARE PROCUREMENT

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	Exempt	-
Conflict Resolution	100%	=
Essential Awareness	100%	+3%
Fire Safety	96%	-1%

Directorate: **PERFORMANCE**

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	100%	=
Conflict Resolution	100%	=
Essential Awareness	100%	=
Fire Safety	100%	=

Directorate: **PUBLIC HEALTH**

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	56%	-25%
Conflict Resolution	90%	+2%
Essential Awareness	81%	+4%
Fire Safety	76%	+11%

Directorate: **STANDARDS AND ENGAGEMENT**

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	48%	-40%
Conflict Resolution	96%	+1%
Essential Awareness	88%	+6%
Fire Safety	86%	+3%

Directorate: **STRATEGY**

Area	% Compliance Achieved	+/- Previous Reporting (03/2009)
Basic Life Support	67%	-24%
Conflict Resolution	98%	=
Essential Awareness	91%	+1%
Fire Safety	87%	-3%

Qualitative

Essential Awareness is the general update session incorporating statutory and mandatory requirements.

Target

The target is compliance with the annual or bi-annual training as detailed in section 3.5 above.

Actions to Achieve Target

Information will be distributed to all Directors identifying individual compliance and non-compliance.

It should be noted that requirement to attend Basic Life Support update training has been changed from 24 to 12 month intervals and this is reflected in this quarter's reported scores.

This will continue to be monitored in year.

### **3.7 Representation of BME Staff at Senior Level Within the PCT**

Following the recent Healthcare Commission inspection of the PCT it has been recommended that the following KPI be added as a benchmark of the PCT performance in relation to Race Equality.

This indicates the number of senior BME staff within the PCT as a percentage of to total senior staffing workforce. Senior for this category is classed as Agenda for Change Band 8a and above or comparative salaries for staff on different terms and conditions of service.

Provider Services - 19.44 wte = 13.14% of workforce

NHS Sheffield – 9.75 wte = 9.07%

Further information on ethnicity of the workforce can be found in section 4 below.

#### **Sheffield Population Data**

Census data for Sheffield shows the following ethnicity data: -

	<b>2001</b>	<b>2006</b>	<b>2011 (projected)</b>
White	89.2%	85.1%	82.3%
BME (non-white)	10.8%	14.9%	17.7%

#### **Action Required**

It is clear from the comparative data above that within the PCT senior staff, which does include medical staff, are at higher overall percentage than the full staff figures.

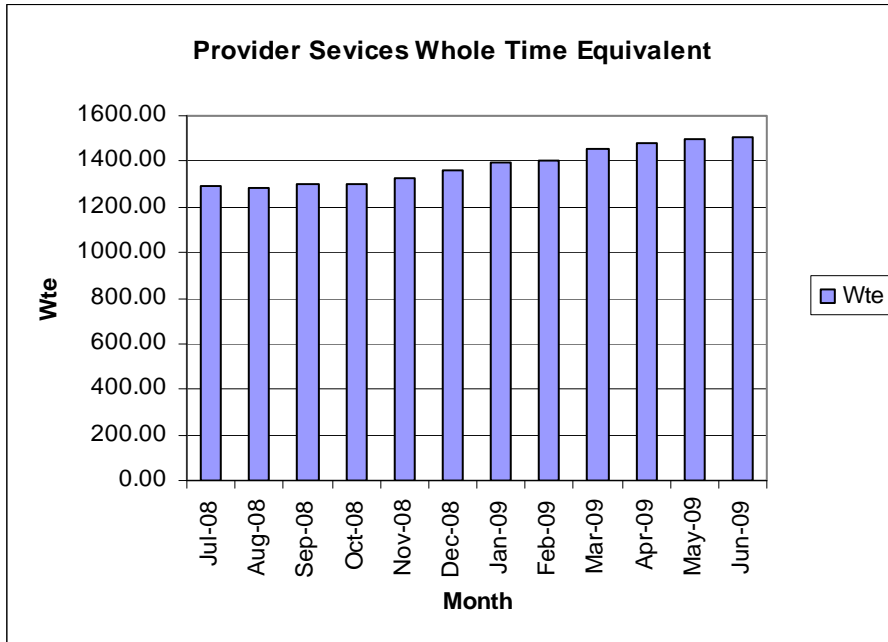
Increased action in relation to targeted recruitment, working with Equality and Diversity colleagues and service managers is required to increase the profile in the PCT in communities where the & employed does not reflect the communities served.

## **4. WORKFORCE INFORMATION – PROVIDER SERVICES**

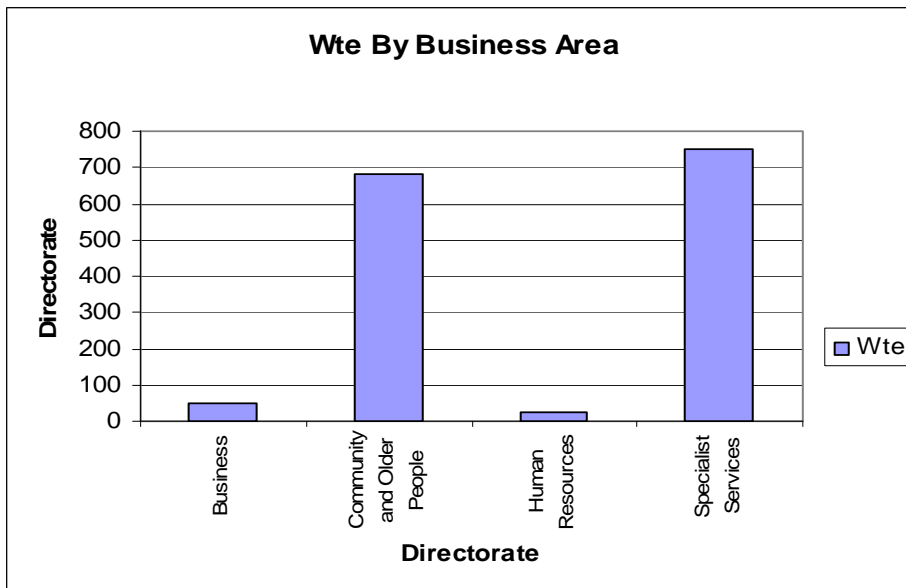
The workforce information or profiling will over a defined period build up a picture of the changes in the profile of the staffing of Provider Services.

Below is information concerning; whole time equivalents (wte), broken down further by Business group, staff group, and ethnic origin, age and gender.

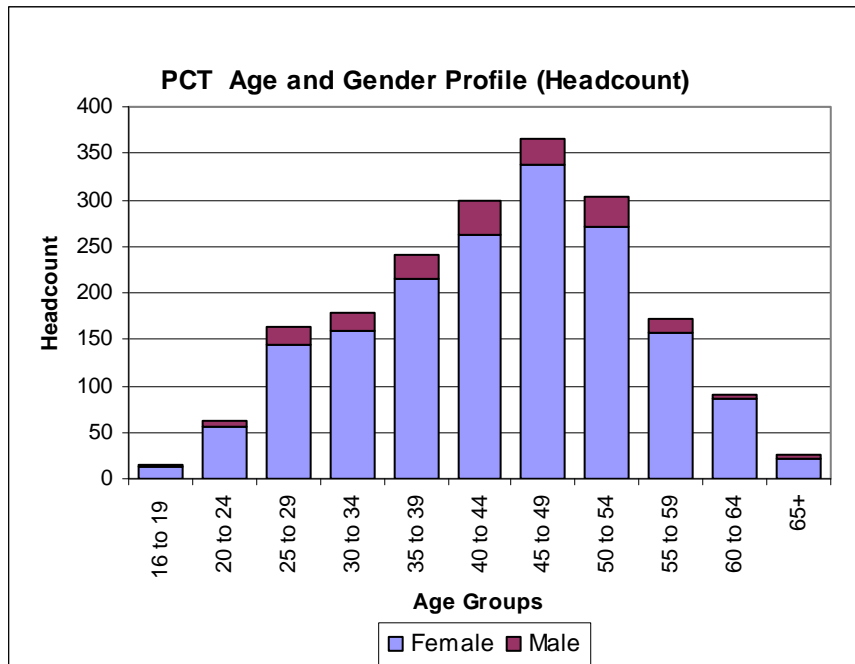
#### 4.1 Whole Time Equivalent



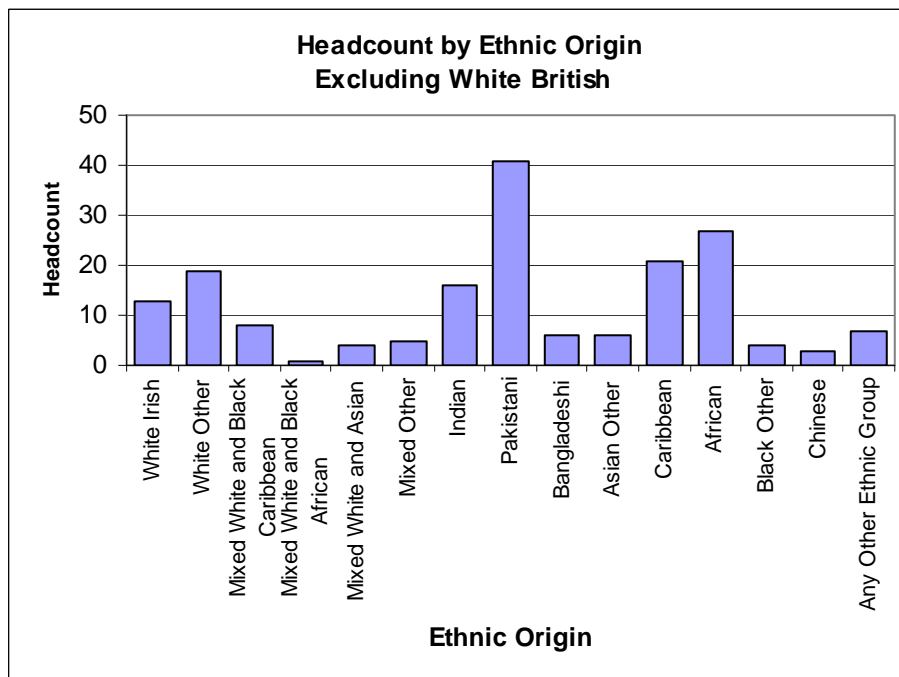
#### 4.2 Whole Time Equivalents by Directorate



### 4.3 Age and Gender Profile



### 4.4 Ethnic Origin profile (excluding White British)



### Commentary

#### 4.1 Graph 1

From August 2008 to June 2009 there has been a definite sustained increase of 216.81 wte over August 2008 figures representing an increase of 16.85%.

## 4.2 Graph 2

Wte figures for the directorates excluding Provider Services are taken from establishment figures within ESR.

## 4.3 Graph 3

The workforce is predominantly female at 89.77%. Age profile – 30.95% of the workforce are aged 50yrs or more. Provider services profile has a much older workforce than NHS Sheffield (see below).

## 4.4 Graph 4

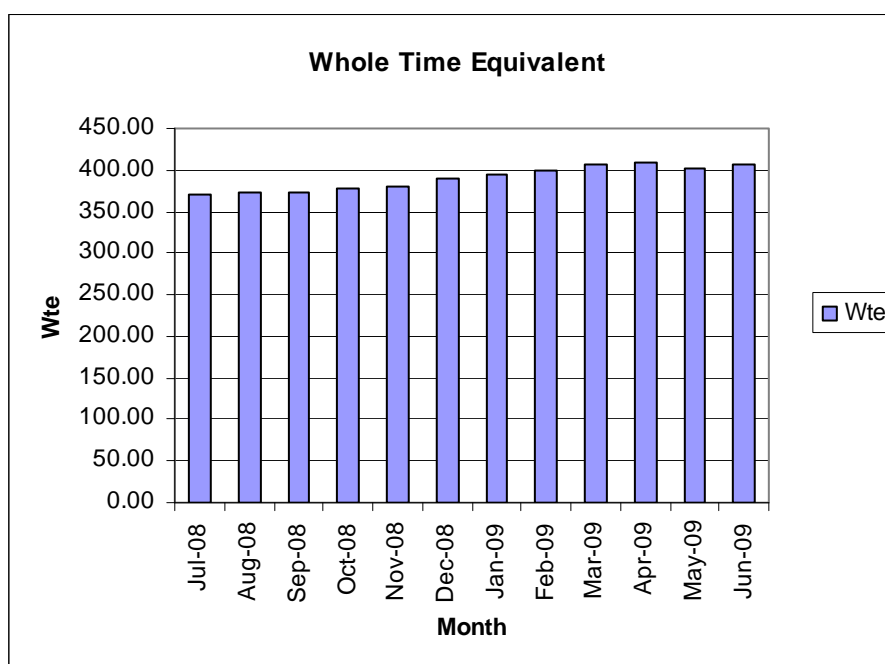
181 employees have identified themselves as belonging to a minority group (including white minorities), which represents 9.45% of the workforce.

## 5 WORKFORCE INFORMATION – NHS SHEFFIELD

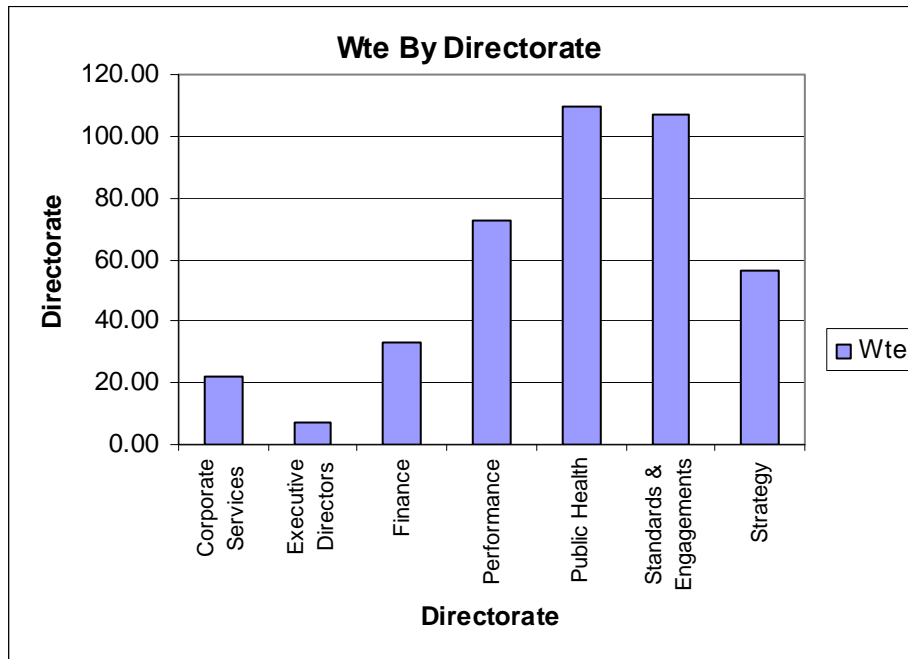
The workforce information or profiling will over a defined period build up a picture of the changes in the profile of the staffing of NHS Sheffield.

Below is information concerning; whole time equivalents (wte), broken down further by Directorate, staff group, and ethnic origin, age and gender.

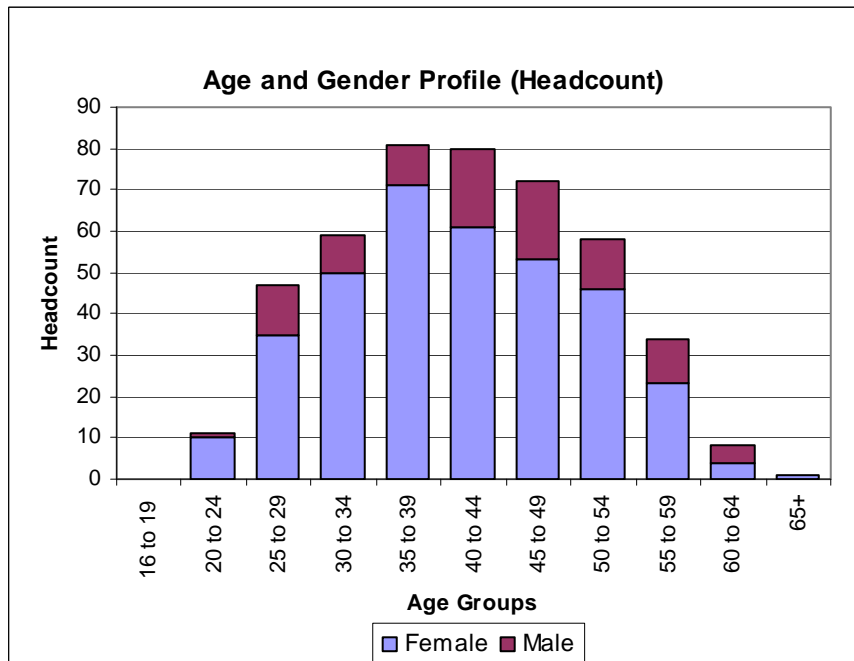
### 5.1 Whole Time Equivalent



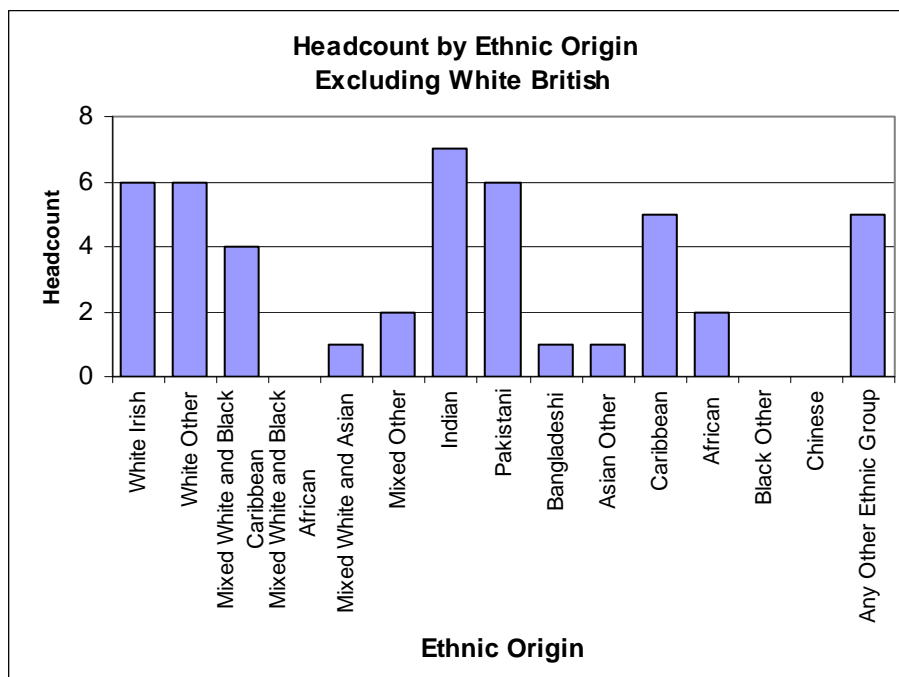
## 5.2 Whole Time Equivalents by Directorate



## 5.3 Age and Gender Profile



## 5.4 Ethnic Origin profile (excluding White British)



### Commentary

#### 5.1 Graph 1

From July 2008 to June 2009 there has been a definite sustained increase of 36.21 wte over July 2008 figures representing an increase of 8.89%.

#### 5.2 Graph 2

Wte figures for the directorates are taken from establishment figures within ESR.

#### 5.3 Graph 3

The workforce is predominantly female at 78.49%. Age profile – 22.39% of the workforce are aged 50yrs or more.

#### 5.4 Graph 4

46 employees have identified themselves as belonging to a minority group (including white minorities), which represents 10.20% of the workforce.

