

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

**Quarterly Update  
Quarter 4 - April 2008**

**Human Resources - Key Performance Indicators and Workforce  
Information Report - Quarterly Update 3 – January 2008**

## 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.

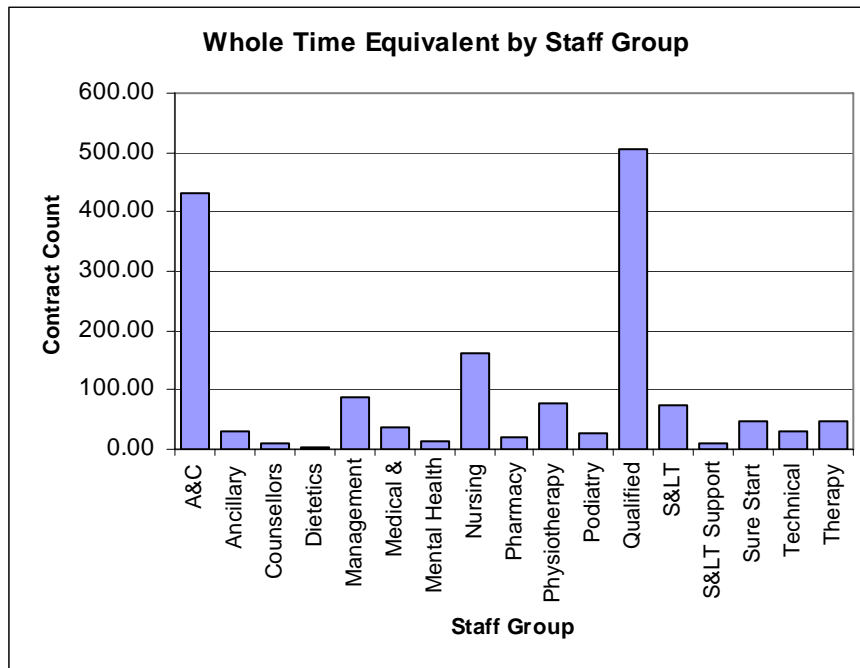
This quarter four, update is therefore a summary of the Human Resource KPI's for the full financial year 2007/2008.

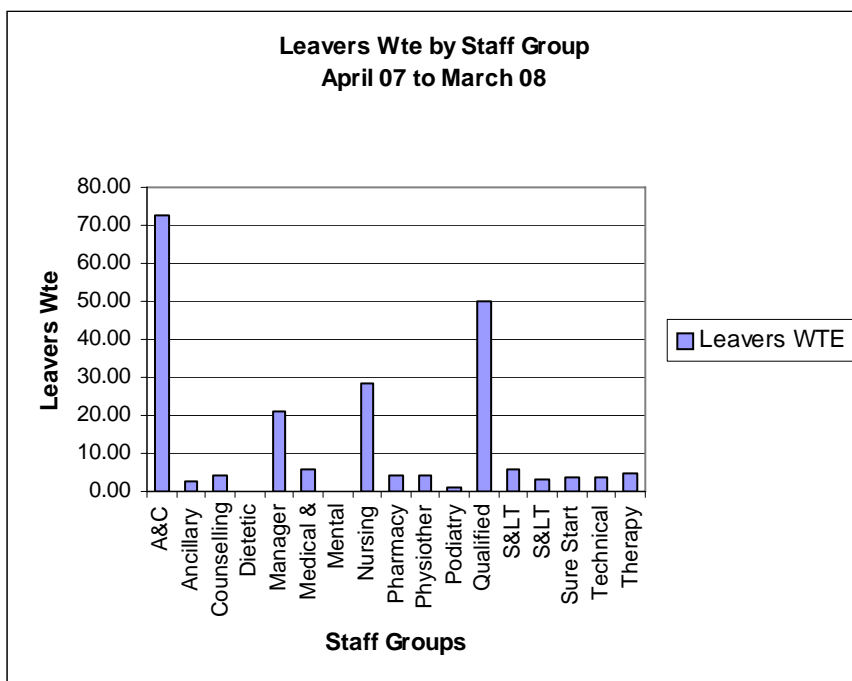
## 2. KPI UPDATE REPORTS

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

## 3. KEY PERFORMANCE INDICATORS (KPI's)

### 3.1 Turnover





### Current Turnover

Based on 203.99 leavers in the 12 months April 2007 to March 2008 the projected total annual leaver rate is 12.99%.

Following the conclusion of the CPLNHS reorganisation the leaver rate and turnover for the PCT have begun to stabilise.

### Target

At a time of acute workforce reorganisation and change, a higher level of turnover, especially in areas highlighted in the change process such as administrative and management staff, is expected.

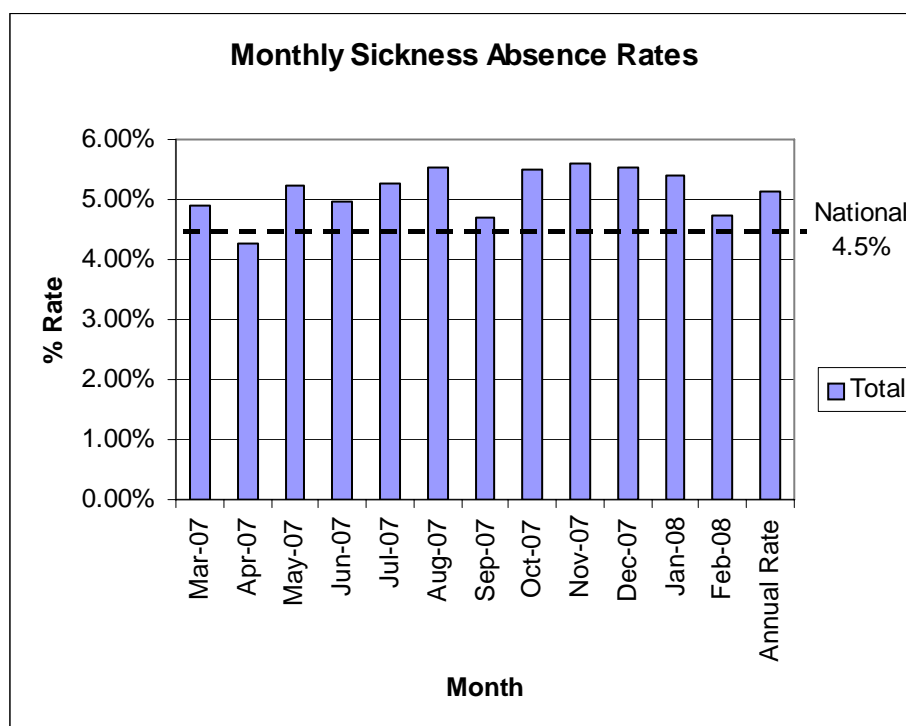
The PCT should have a target to reduce turnover and to aim for an overall figure below 10% by year end.

### Remedial Action Required

The PCT overall turnover has over the year reduced to a level close to target. The CPLNHS re-structuring is now complete and some stability of tenure is now expected. As part of the detailed Action Plan for the 2007 Staff Survey a review of Exit Interviews will take place in an attempt to address areas of high turnover.

## 3.2 Sickness

## Current Sickness Levels



The Department of Health's Autumn Performance Report 2006 identified that sickness levels within the NHS for the year 2005 was running at 4.5%, which was a 0.1% reduction on the previous years returns.

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.

The level of sickness has reduced in February 2008 to a level of 4.75%.

In the 12 months April 2007 to March 2008 a total of 30,386 full time days were lost due to sickness (a rate of 5.14%).

### Target

1. No member of staff will have a long term sickness in excess of twelve months unless there is a 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**

Long term absence has been particularly targeted by Human Resources with management action in place in all cases.

Revised reporting arrangements including a new list of nominated officers responsible for the notification of absence is currently being identified. The Sickness Management Policy has been significantly revised and is in final draft form prior to consultation.

This policy recommends the introduction of the Bradford Index for the identification of issues linked to short-term absence. Reports will then be generated for manager for staff who exceed the stated trigger points.

It should be noted that the percentage reported using ESR calculates working weeks over 7 days for payroll and SSP purposes.

### **3.3 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 1 April 2007 to 31 March 2008.

1. Grievances

<b>Number</b>	<b>Ethnic Origin Category</b>	<b>Gender</b>	<b>Disabled</b>
14*	A - White British	Female	No 13 Yes 1
1	A – White British	Male	No
Total 15			

\* Noting there were also 3 collective grievances raised in the period.

2. Suspensions

<b>Number</b>	<b>Ethnic Origin Category</b>	<b>Gender</b>	<b>Disabled</b>
3	A - White British	Male	No 2 Yes 1
1	N - Black or Black British	Male	No
Total 4			

3. Disciplinary Action

Number	Ethnic Origin Category	Gender	Disabled
1	P – Black or Black Background	Male	No
5	A – White British	Female	No
2	A – White British	Male	Yes 2
Total 8			

Current figures for the PCT at 31 March 2008 indicate the following percentages: -

Ethnic Minorities	-	9.1 %
Employees Indicating a Disability	-	1.95%
Gender	-	11.0% male
	-	89.0% female

#### 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.

	Ethnic Minorities (%)	Employees with a Disability (%)	Gender (%)
Grievances (15)	0	6	6 Male 94 Female
Suspensions (4)	25	25	100 Male 0 Female
Disciplinary Action (8)	12.5	25	37.5 Male 63.5 Female

It should be noted that the number of instances are small. There has been a slight increase in grievances relating to CPLNHS in the period.

There is a larger than population figure of issues (suspensions) for men rather than women. In addition the percentage of suspensions and disciplinary action relating the staff from a BME background is higher than the PCT reported levels however but note should be taken of the fact that the numbers are low and therefore very difficult to have any realistic measure of issues.

The overall figures demonstrate the instances of actions occurring within the PCT compare at this time favourably against the current percentages within the workforce.

### **3.4 Performance and Development Reviews**

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.

The PCT's stated target of 100% of staff to have a PDR/PDP Appraisal by 31 May 2008 will be closely monitored and information will be distributed to all Directors identifying individual compliance and non-compliance.

A full report on compliance will be available for the June 2008 Board.

### **3.5 Attendance at Essential Training**

#### **PCT Overall**

Area	Frequency	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	24 Months	79%	+18%
Conflict Resolution	One-Off	81%	+21%
Essential Awareness	24 Months	79%	+17%
Fire Safety	12 Months	79%	+4%

#### Directorate: **CORPORATE SERVICES**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	100%	+18%
Conflict Resolution	100%	+18%
Essential Awareness	100%	+23%
Fire Safety	93%	-1%

#### Directorate: **FINANCE**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	100%	+21%
Conflict Resolution	100%	+3%
Essential Awareness	97%	+11%
Fire Safety	100%	+14%

#### Directorate: **PERFORMANCE**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	100%	+8%
Conflict Resolution	100%	+18%
Essential Awareness	100%	+14%
Fire Safety	100%	+5%

**Directorate: PUBLIC HEALTH**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	75%	+14%
Conflict Resolution	77%	+22%
Essential Awareness	75%	+17%
Fire Safety	76%	+4%

**Directorate: STANDARDS AND ENGAGEMENT**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	88%	+16%
Conflict Resolution	88%	+16%
Essential Awareness	91%	+7%
Fire Safety	89%	+2%

**Directorate: STRATEGY**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	94%	+29%
Conflict Resolution	86%	+28%
Essential Awareness	92%	+13%
Fire Safety	92%	+3%

**Directorate: PROVIDER SERVICES**

Area	% Achieved	+/- Previous Reporting (02/2008)
Basic Life Support	76%	+18%
Conflict Resolution	77%	+19%
Essential Awareness	77%	+17%
Fire Safety	77%	+4%

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.

There has been a significant improvement in the level of attendance at the majority of essential training with an increase in attendance at Conflict Resolution training.

### 3.6 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. Currently 24.38 wte of those classed as from a non-white British background in this category.

This equates to 11.12%, which reflects favourably on both the internal statistics for BME staff (9.16% for all PCT) and 8.8% for Sheffield.

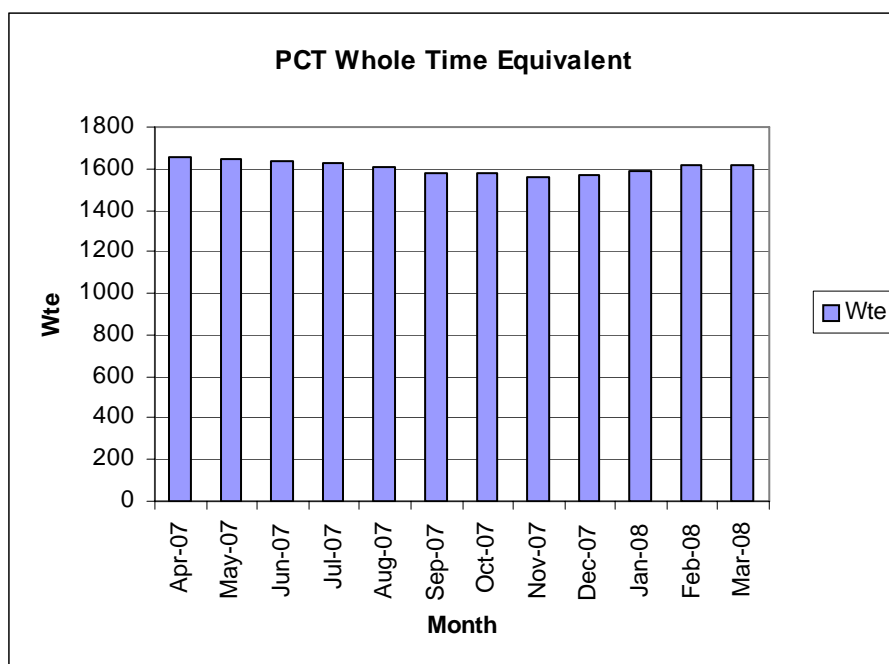
Further information on ethnicity of the workforce can be found in section 4 below.

## 4. WORKFORCE INFORMATION

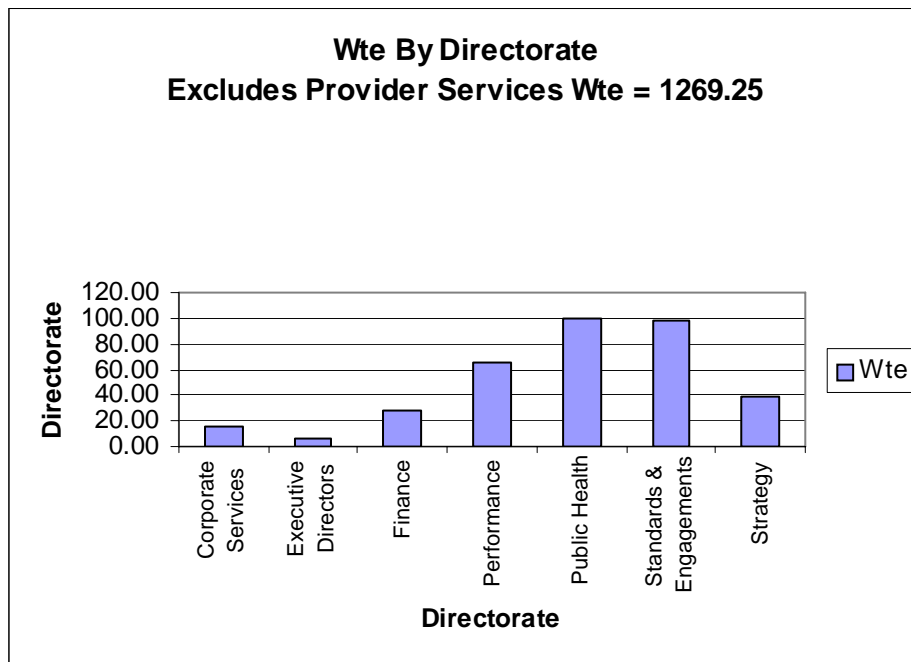
The workforce information or profiling will over a defined period build up a picture of the changes in the profile of the staffing of the Trust.

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

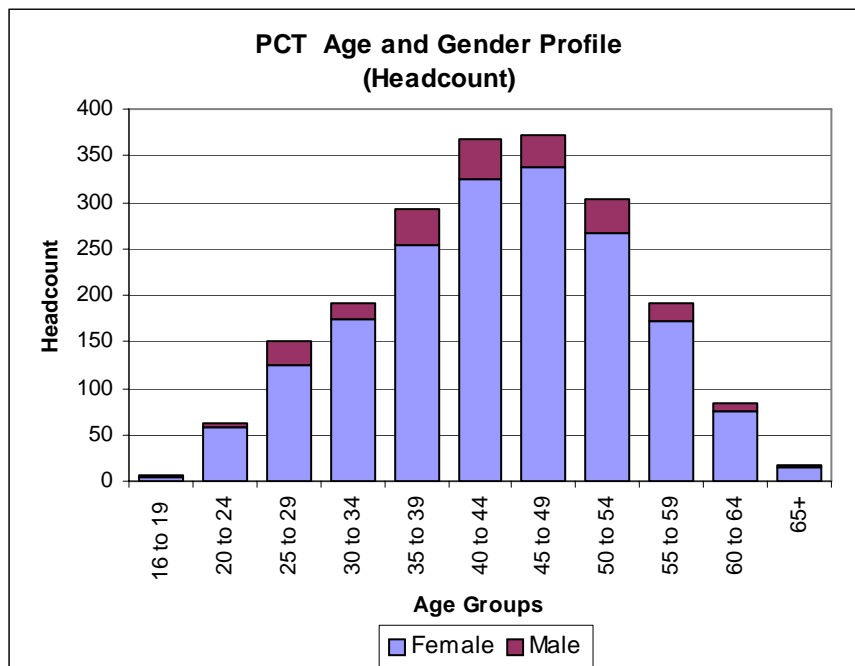
### 4.1 Whole Time Equivalent



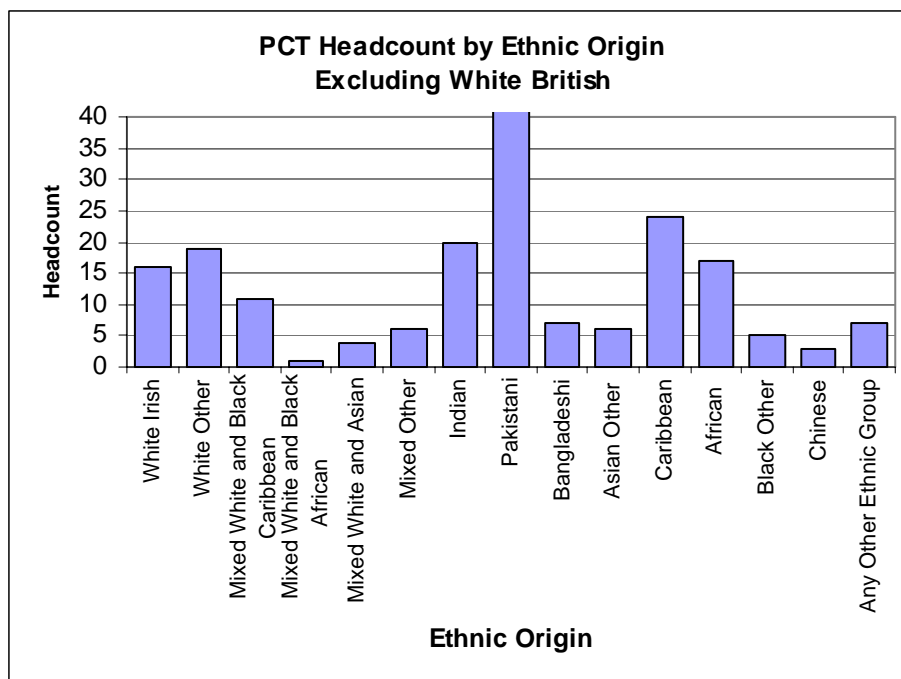
## 4.2 Whole Time Equivalents by Directorate



## 4.3 PCT Age and Gender Profile



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



#### Commentary

##### 4.1 Graph 1

From October 2006 (at the conception of the PCT) to November 2007 there was a sustained decrease in the total wte of 143.95 representing a decline of 8.5%. From December 2007 to March 2008 there has been a definite sustained increase of 63.42 wte over November 2007 figures representing a 4.0% increase.

##### 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 88.48%. Age profile - 29.31% of the workforce are aged 50yrs or more.

##### 4.4 Graph 4

187 employees have identified themselves as belonging to a minority group (including white minorities), which represents 9.2% of the workforce. This represents an increase on recent reporting but now includes those staff who are white but whose ethnic origin/nationality is not English.