

Human Resources Key Performance Indicators and Workforce Information Report

**Quarterly Update
2009/10
Quarter 2
July – September 2009**

Human Resources

Key Performance Indicators and Workforce Information Report - 2009/10 Quarterly Update 2 – July to September 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 reported to the Provider Services Management Board and full PCT Board on a quarterly basis.

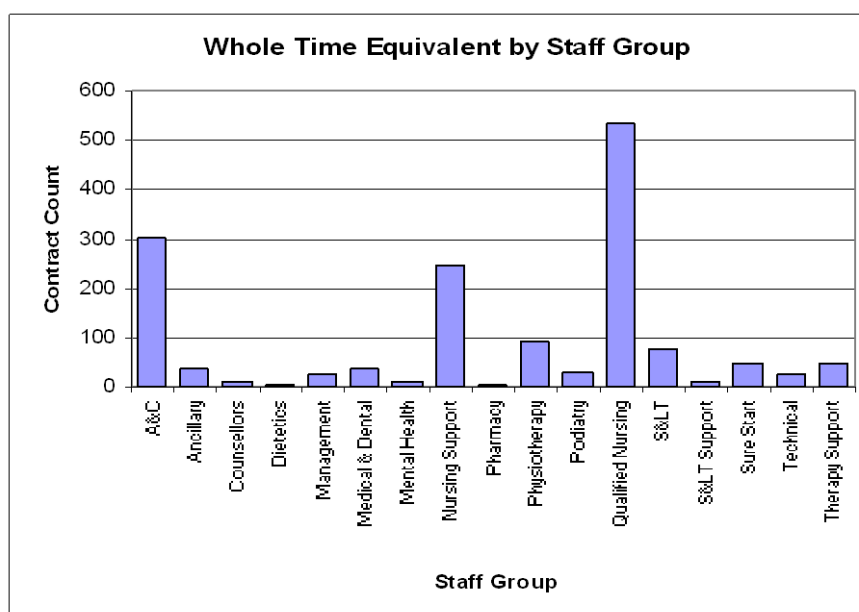
2. KPI UPDATE REPORTS

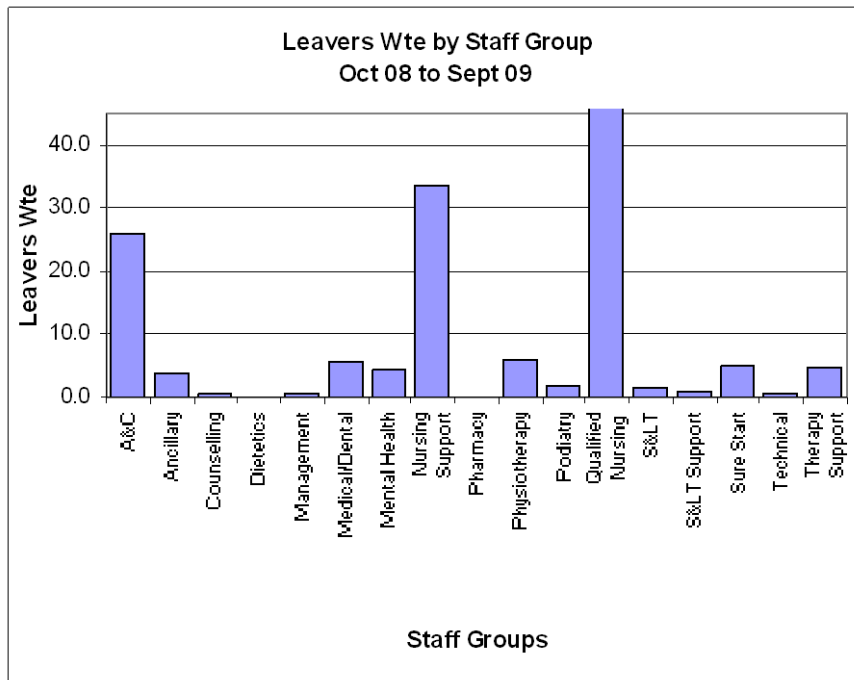
The quarterly reports show the current position of each stated KPI, its position against target and the remedial action required where necessary.

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 (KPI's)

3.1 Turnover - Provider Services

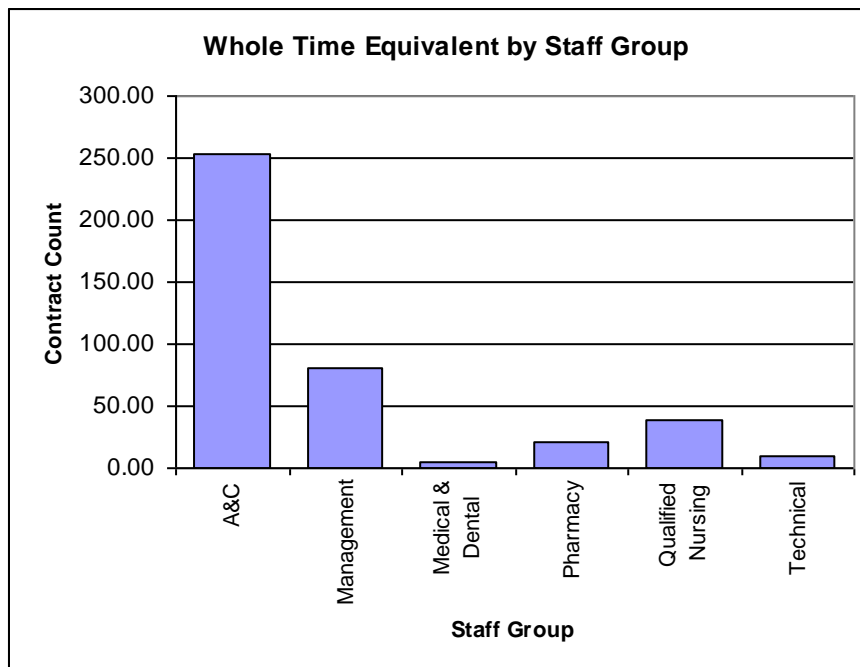


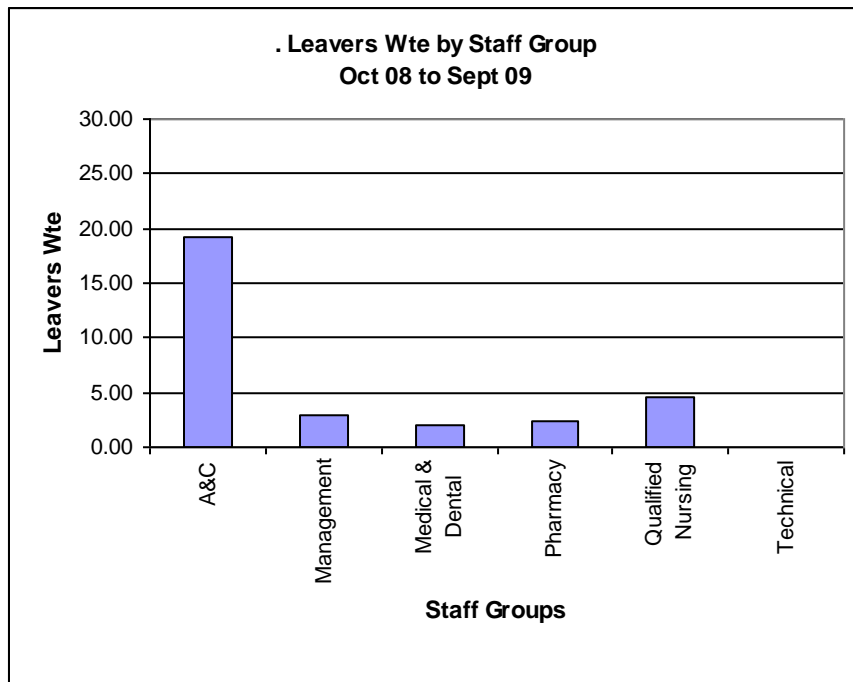


Current Turnover

Within Provider Services there were 143.27 wte leavers in the 12 months Oct 08 to Sept 09 the total annual leaver rate is 10.27%, which indicates a slight increase from the previous report.

NHS Sheffield





Current Turnover

Within NHS Sheffield there were 30.97 wte leavers in the 12 months Oct 08 to Sept 09 the total annual leaver rate is 7.65%, which indicates a reduction on the previous report (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 October 2008 to September 2009: -

Provider Services

Reason	CountOfSurname
Dismissal – Conduct	1
Dismissal - Some Other Substantial Reason	7
End of Fixed Term Contract	4
End of Fixed Term Contract - Completion of Training Scheme	1
End of Fixed Term Contract – Other	1
Flexi Retirement	16
Redundancy – Compulsory	1
Retirement - Ill Health	1
Retirement Age	24
Voluntary Early Retirement - no Actuarial Reduction	1
Voluntary Resignation - Child Dependants	1
Voluntary Resignation – Health	1
Voluntary Resignation - Incompatible Working Relationships	2
Voluntary Resignation - Other/Not Known	104
Voluntary Resignation – Promotion	13
Voluntary Resignation – Relocation	11
Voluntary Resignation - Work Life Balance	2
Total	191
Gender	CountOfSurname
Female	165
Male	26
Total	191

NHS Sheffield

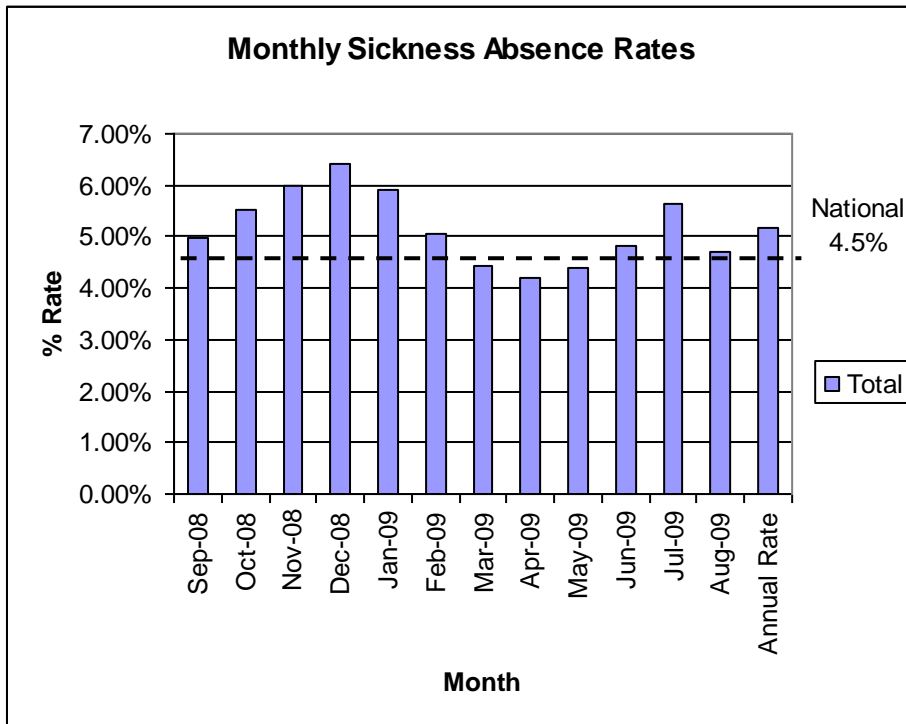
Reason	Contract Count
End of Fixed Term Contract	6
Flexi Retirement	1
Redundancy – Compulsory	3
Retirement Age	7
Voluntary Early Retirement - no Actuarial Reduction	1
Voluntary Resignation - Other/Not Known	12
Voluntary Resignation – Promotion	5
Voluntary Resignation – Relocation	3
Total	38

Gender	CountOfSurname
Female	32
Male	6
Total	38

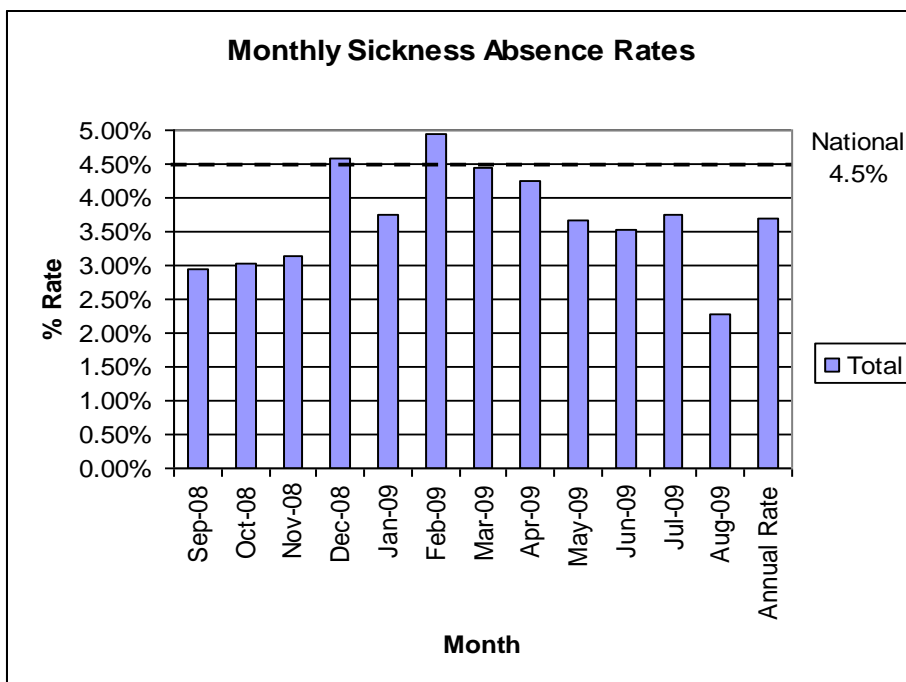
Human Resources have written to all managers and revised the leaver form to aim to reduce the instances of “other/not known” being recorded on leaver forms.

3.3 Sickness

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
Sep-08	4.97%
Oct-08	5.51%
Nov-08	5.98%
Dec-08	6.43%
Jan-09	5.92%
Feb-09	5.05%
Mar-09	4.42%
Apr-09	4.20%
May-09	4.41%
Jun-09	4.84%
Jul-09	5.66%
Aug-09	4.70%
Annual Rate	5.16%

NHS Sheffield

Month	Total
Sep-08	2.94%
Oct-08	3.01%
Nov-08	3.13%
Dec-08	4.58%
Jan-09	3.74%
Feb-09	4.95%
Mar-09	4.43%
Apr-09	4.25%
May-09	3.67%
Jun-09	3.53%
Jul-09	3.74%
Aug-09	2.28%
Annual Rate	3.69%

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

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.

MSK Related Absence Rates

MSK REASONS			
Period	FTE Days Lost	Days Available	Rate
Sept07 to Aug 08	2731.84	465486.63	0.59%
Sept08 to Aug 09	2895.20	519127.07	0.56%

The data shows an over all reduction in the % of absence attributable to MSK related absence. Further work is being undertaken with the PhysioWorks team on absence levels.

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 quarter July to September 2009.

1. Grievances

NHS Sheffield

Number	Ethnic Origin Category	Gender	Disabled
1	White British	Female	No
Total 1			

Provider Services

Number	Ethnic Origin Category	Gender	Disabled
1 collective grievance	3 White British	3 Female	No
1	White British	Female	Yes
1	White British	Female	No
Total 4			

2. Unacceptable Behaviour Investigations

NHS Sheffield

Number	Ethnic Origin Category & Gender of Complainant	Ethnic Origin Category & Gender of Alleged Perpetrator(s)	Disabled
1	White British, Female	1 White British, Female & 1 White – any other white background	No
Total 1			

Provider Services

Number	Ethnic Origin Category & Gender of Complainant	Ethnic Origin Category & Gender of Alleged Perpetrator(s)	Disabled
1	White British, Female	White British, Female	No
1	White British, Male	White British, Female	No
1	1 White British, Female & 1 Asian or Asian British Pakistani, Female	1 White British, Male & 1 White British, Female	No
1	White British, Female	White British, Female	No

1	White British, Female	White British, Female	No
Total 5			

3. Suspensions

NHS Sheffield

Number	Ethnic Origin Category	Gender	Disabled
1	White British	Male	No
Total 1			

Provider Services

Number	Ethnic Origin Category	Gender	Disabled
1 New	Black or Black British African	Female	No
4 continued from previous quarter	4 White British, 1 Asian or Asian British Pakistani	4 Male	No
Total 5			

4. Disciplinary Action

NHS Sheffield

No formal disciplinary action during this quarter

Provider Services

Number	Ethnic Origin Category	Gender	Disabled
Formal Warning			
1	White British	Female	No
Dismissal			
3	2 White British, 1 Asian or Asian British Pakistani	4 Male	No
Appeal (original decision upheld)			
1	1 White British	Male	No
Total 5			

Provider Services

Ethnic Minorities	-	9.91%
Gender	-	10.21% male
	-	89.79% female
Age	-	30.49% over 50 years

NHS Sheffield

Ethnic Minorities	-	10.82%
Gender	-	22.74% male
	-	77.26% female
Age	-	23.62% 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

The reporting on performance Development Reviews (PDRs) and completed Personal Development Plans (PDPs) was concluded in the last KPI report.

Work is already in progress to ensure that responses by Provider Services increase on last years returns.

Data from the SHA however shows that within the Health Community the PCT has the best level of PDR/PDPs of all health providers.

3.6 Essential Training

Provider Services

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	62%	+13%
Conflict Resolution ¹	88%	+2%
Essential Awareness	72%	=
Fire Safety	67%	+2%

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

NHS Sheffield

Area	% Compliance Achieved	+/- Previous Reporting n/a
Basic Life Support	75%	-
Conflict Resolution ¹	95%	-
Essential Awareness	89%	-
Fire Safety	88%	-

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

Directorate: **CORPORATE SERVICES**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	75%	-25%
Conflict Resolution	100%	=
Essential Awareness	94%	-6%
Fire Safety	81%	-19%

Directorate: **FINANCE AND HEALTHCARE PROCUREMENT**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	Exempt	-
Conflict Resolution	Exempt	-
Essential Awareness	89%	-11%
Fire Safety	94%	-2%

Directorate: **PERFORMANCE**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	100%	=
Conflict Resolution	Exempt	-
Essential Awareness	100%	=
Fire Safety	100%	=

Directorate: **PUBLIC HEALTH**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	79%	+23%
Conflict Resolution	90%	=
Essential Awareness	82%	+1%
Fire Safety	79%	+3%

Directorate: **STANDARDS AND ENGAGEMENT**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	65%	+17%
Conflict Resolution	99%	+3%
Essential Awareness	89%	+1%
Fire Safety	88%	+2%

Directorate: **STRATEGY**

Area	% Compliance Achieved	+/- Previous Reporting (07/2009)
Basic Life Support	83%	+16%
Conflict Resolution	96%	-2%
Essential Awareness	93%	+2%
Fire Safety	89%	+2%

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 3.6 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 – 20.69 wte = 13.31% of workforce

NHS Sheffield – 12.15wte = 10.8%

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: -

	2001	2006	2011 (projected)
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.

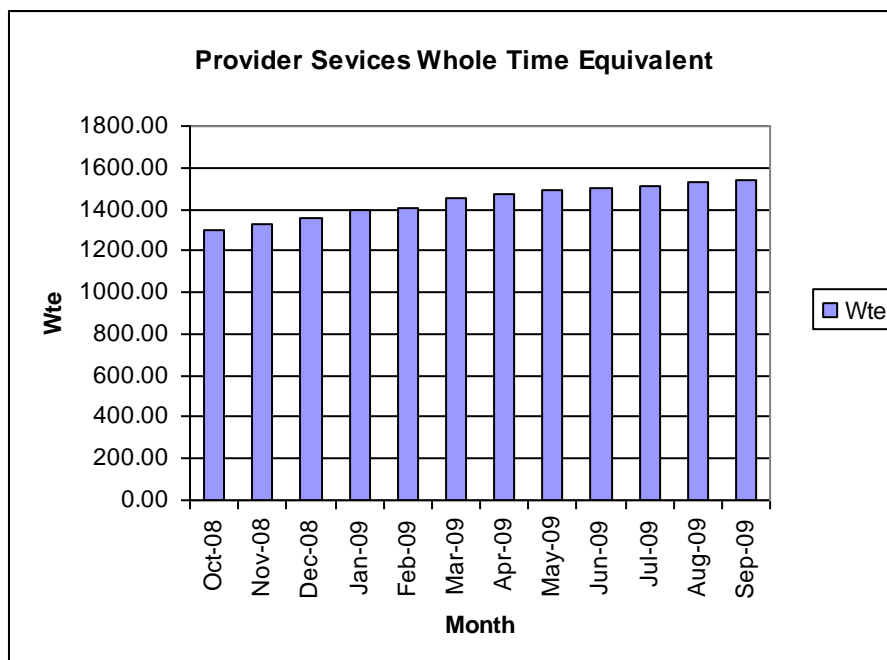
Increased action in relation to targeted recruitment, working with Equality and Diversity colleagues and service managers is required to increase the profile in the PCT in communities where the & employed does not reflect the communities served.

4. WORKFORCE INFORMATION – PROVIDER SERVICES

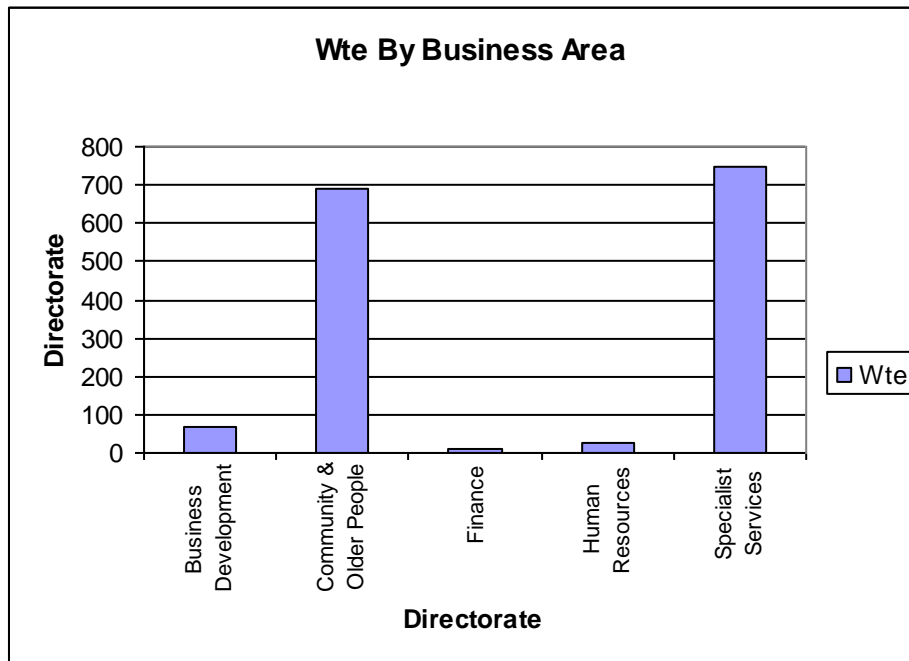
The workforce information or profiling will over a defined period build up a picture of the changes in the profile of the staffing of Provider Services.

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

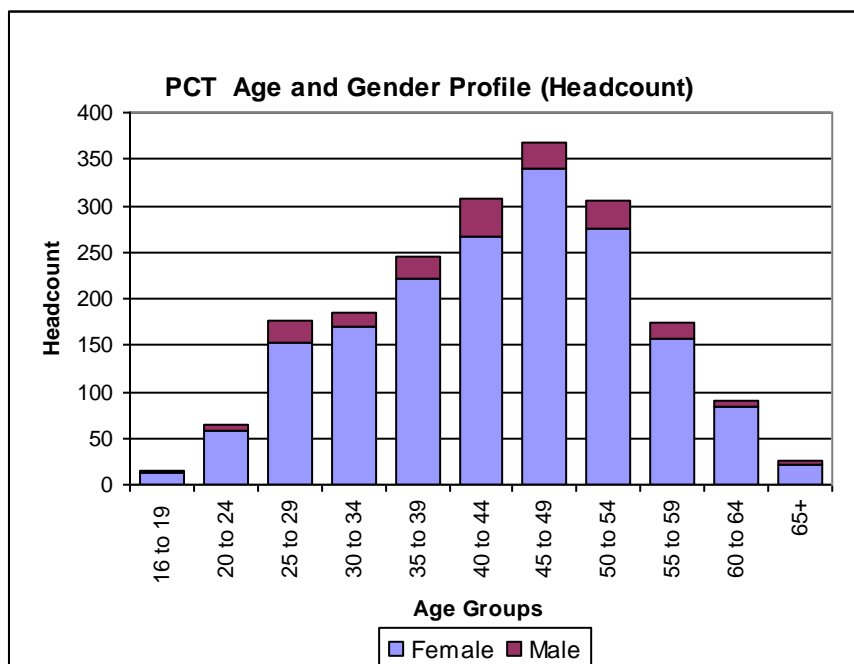
4.1 Whole Time Equivalent



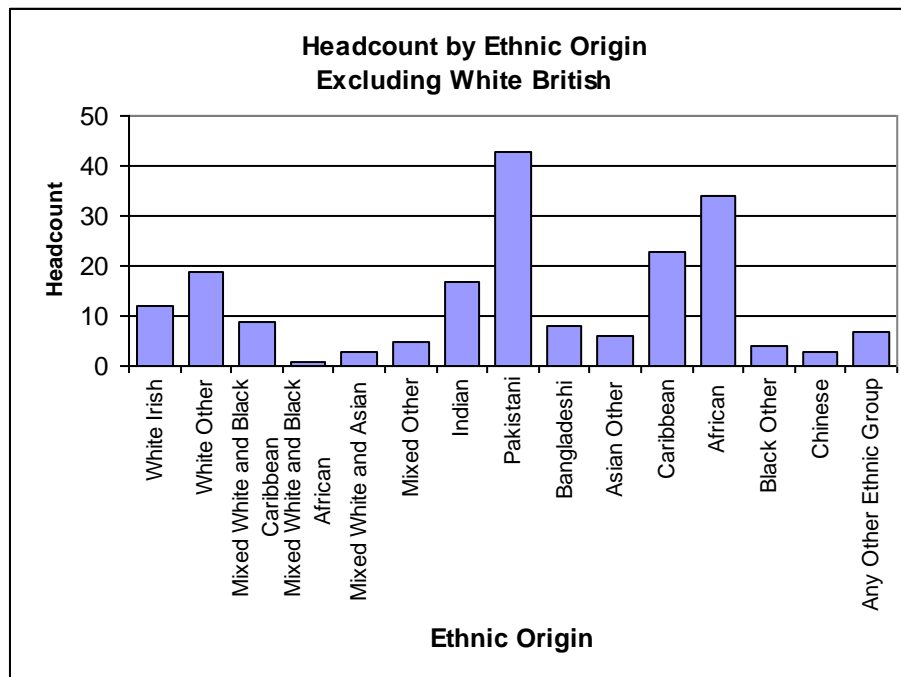
4.2 Whole Time Equivalents by Directorate



4.3 Age and Gender Profile



4.4 Ethnic Origin profile (excluding White British)



Commentary

4.1 Graph 1

From August 2008 to September 2009 there has been a considerable and sustained increase of 256.89 wte over August 2008 figures representing an increase of 19.97%.

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 89.79%. Age profile – 30.49% 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

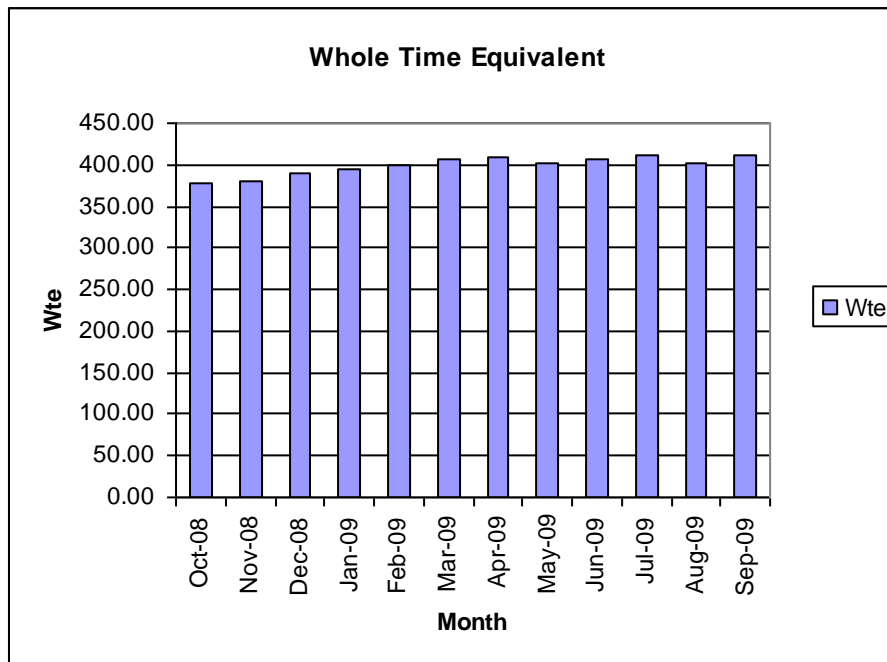
194 (181previous) employees have identified themselves as belonging to a minority group (including white minorities), which represents 9.91% (9.45% previous) of the workforce.

5 WORKFORCE INFORMATION – NHS SHEFFIELD

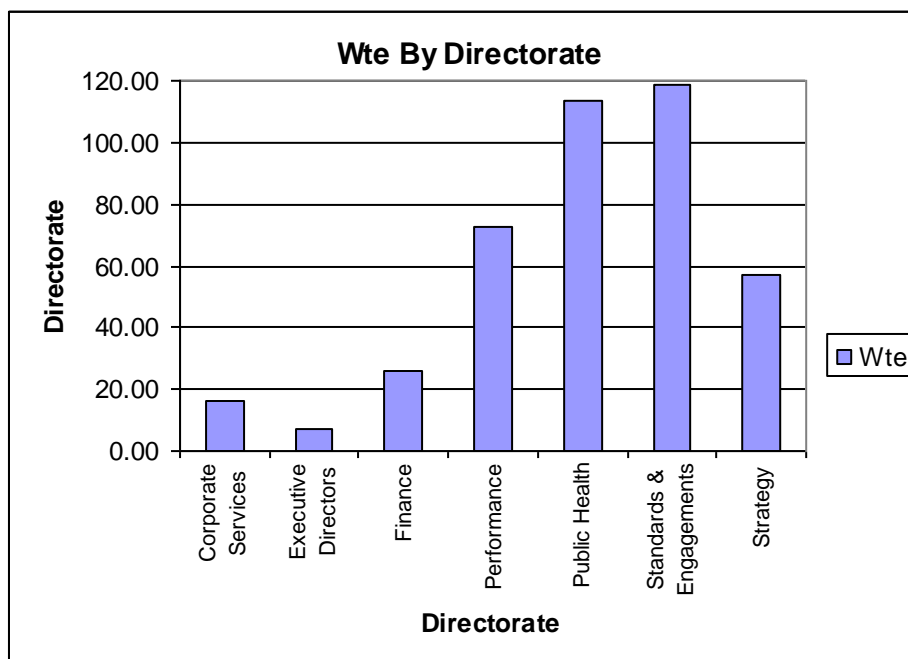
The workforce information or profiling will over a defined period build up a picture of the changes in the profile of the staffing of NHS Sheffield.

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

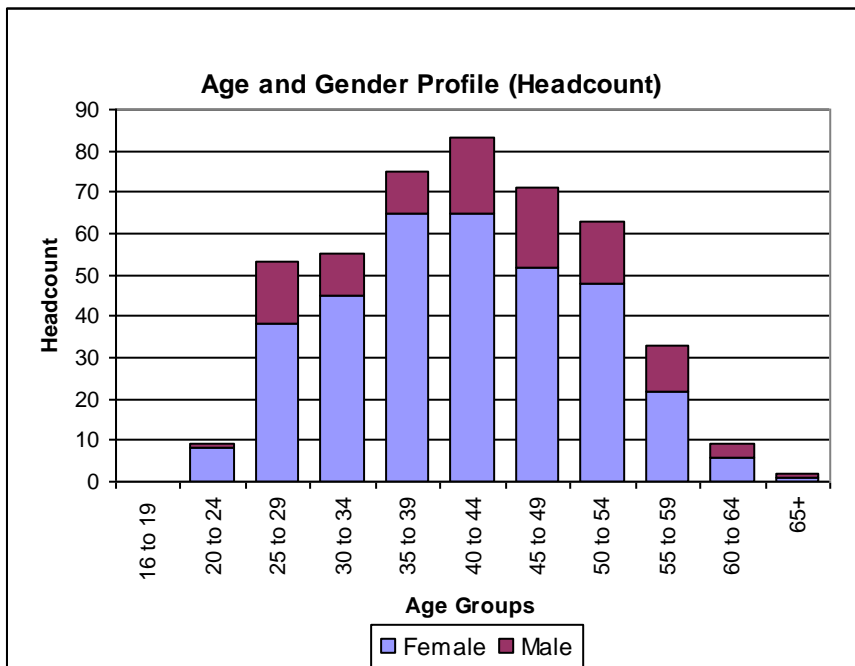
5.1 Whole Time Equivalent



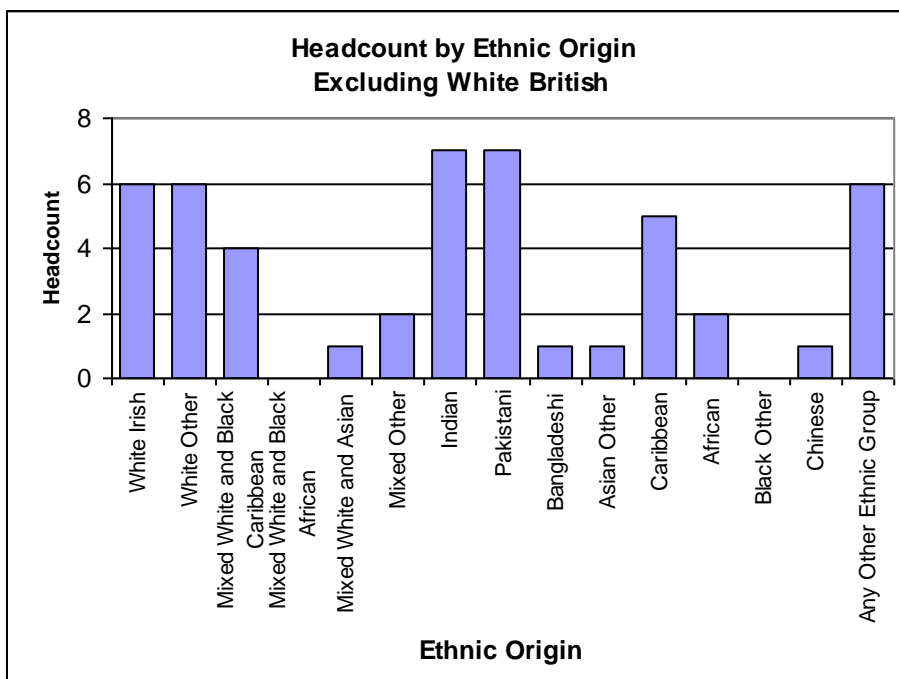
5.2 Whole Time Equivalents by Directorate



5.3 Age and Gender Profile



5.4 Ethnic Origin profile (excluding White British)



Commentary

5.1 Graph 1

From July 2008 to April 2009 there has been a definite sustained increase of 31.82 wte over July 2008 figures representing an increase

of 8.4%. Since April 2009 the figures have levelled out with only limited growth in numbers.

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 77.26%. Age profile – 23.62% 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 10.82% of the workforce.