

**Trust Board Meeting: Thursday 1 November 2012**  
**TB2012.105**

<b>Title</b>	Quarterly HR and Workforce Report
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<b>Status</b>	A paper for information and discussion
<b>History</b>	Previous quarterly reports

<b>Board Lead(s)</b>	Director of Workforce			
<b>Key purpose</b>	<b>Strategy</b>	Assurance	Policy	<b>Performance</b>

## Summary

This report provides an update in respect of performance against agreed workforce metrics for July to September 2012. The report also provides an update on the key HR and workforce challenges and initiatives. The following items are highlighted.

1	Pay expenditure continues to exceed budget due to over performance against the contract which is also inhibiting CIP delivery.
2	Sickness absence rate at month six is 3.0%. This is below the Trust's target of 3.2% and also below 3.3% at this point last year. The annual flu campaign has started and the vaccine is available to all staff.
3	Turnover has risen slightly to 11% in line with the Trust target of 11.0%.
4	The process of recording and monitoring of non-medical appraisals has been strengthened following a decision by the Workforce Committee to capture information on the Electronic Staff Record (ESR). For the rolling 12 month period ending September 2012 the reported ESR position is 70% compliance.
5	Since the launch of E-LMS on 6 June over 30,000 e-assessments have been completed and over 7,000 staff have registered. At the end of September 51% of eligible staff have achieved compliance with the new Statutory and Mandatory framework requirement against a trajectory of 55%.
6	A four page 'Delivering Compassionate Excellence Update' has been issued as a supplement to the OUH News to provide an update for staff on the developments and actions around staff engagement that have taken place over the last year.
7	The annual staff survey is underway. The survey period runs from the end of September to the beginning of December and there are parallel communication processes at Divisional and Trust-wide level to ensure that staff are encouraged to reply, offer their views and that their views are welcomed. Return rates are being monitored with a focus on continuous improvement to achieve an improvement in the response rate from last year. Each area receives a weekly update.
8	Trade unions and employer representatives on the NHS Staff Council are currently in consultation in relation to proposed changes to the national pay framework, Agenda for Change.
9	The Trust has volunteered to trial 'Total Reward' statements as part of an NHS Employers project. This is planned to start in April 2013.

## Quarterly HR and Workforce Report July - September 2012

### Introduction

1. This report provides an update in respect of performance against agreed workforce metrics for the period July to September 2012. The report also provides an update on the current workforce initiatives and challenges.

### Workforce Metrics

#### Workforce Expenditure and Staff Numbers

2. During the second quarter activity levels above plan continue to put pressure on pay costs and inhibit delivery of pay related CIPs. At month six pay expenditure was circa £2.5 million above budget.
3. Additional temporary staff have been employed and expenditure on bank and agency staff rose from 4.9% at 30 June 2012 to 5.2% by the end of September.
4. Contracted staff in post has risen since the start of the financial year. Between April and June the increase in staff was 20 WTE. Since June, the number employed has risen by a further 89 WTE.
5. Pay expenditure and staff numbers are monitored on a monthly basis and reviewed at Performance Compact Meetings with the Divisions.

#### Sickness Absence – Annex A

6. Sickness absence at 3.0% continues below the Trust target of 3.2%. During the comparable second quarter of 2011/12 the rate of sickness was 3.3%. From data taken from I-View, the Trust compares favourably with NHS organisations within England and Wales where the rate of absence is 4.1% for the first three months of the financial year. Appropriate local comparators are Southampton University Hospitals at 3.7% and Portsmouth Hospitals at 3.4%.
7. Most Divisions are showing reductions in absence levels when compared to 2011/12 outturn. Children's and Women's Division continues to have one of the highest absence rates within the Trust at 3.4%. However, this has reduced from 4% in 2011/2012. By staff group, 'Estates and Ancillary' staff have the highest rate of sickness at the end of the second quarter at 5.1%. In 2011/12 this group reported an absence rate of 6.3%.
8. The majority of days lost continue to be long term in nature (greater than 7 days), and the majority of episodes of sickness absence are short term. This is demonstrated by the top three reasons for absence, gastrointestinal, colds/flu and headaches all being short term in nature.
9. The management of sickness cases continues in line with the sickness absence policy and the Occupational Health department are arranging case management reviews with Divisions as this has led to recognised improvement in return to work/attendance levels.
10. Historically sickness absence levels rise during the winter months, particularly as the incidence of colds/flu significantly increases. Efforts to limit the impact of this include the annual flu campaign which has now commenced. Vaccinations have been made

available for all staff across the four hospital sites. Staff are being actively encouraged to have the vaccination and take up is being monitored openly on the Trust website.

### Turnover – Annex B

11. At the end of the second quarter turnover has risen to 11% which is line with Trust target, this is up marginally from 10.7% at the end of the first quarter. Comparators include Southampton University Hospitals whose turnover rate was 11.6% and Portsmouth Hospitals at 10.6%.
12. The increase between quarters is largely explained by a small rise in 'Nursing and Midwifery' and 'Administrative and Clerical' staff resignations and retirements. Nursing and Midwifery turnover has increased between quarters from 11% to 11.5% and Administrative and Clerical staff has risen from 10.4% to 11.2%.
13. Neurosciences has the highest Divisional turnover rate (14.8%) and Private Patients the highest directorate rate (24.5%). There are also specialist areas where recruitment and retention of key personnel remains challenging, e.g. operating department practitioners, pharmacists and middle grade doctors within the Emergency Department. Targeted interventions continue.
14. To better understand the reasons staff leave, the Trust has strengthened the process of exit interview with the appointment of the Picker Institute to independently manage the completion of electronic questionnaires and analysis of the returns.
15. Turnover rates have an influence upon recruitment activity. Reports indicate that by the end of Quarter 2 the Resourcing Team processed circa 22,500 applications for employment and placed 746 advertisements on NHS Jobs. An overview is provided in the table below:

Staff Groups	Quarter 1 1 April – 30 June 2012		Quarter 2 1 July – 30 September 2012	
	No. of vacancies	No. of applications received	No. of vacancies	No. of applications received
Additional Clinical Services	34	2334	45	2579
Additional Professional Scientific & Technical	9	198	22	230
Administrative & Clerical	122	4690	133	5085
Allied Health Professionals	32	1249	52	833
Estates & Ancillary	2	83	3	113
Healthcare Scientists	7	206	25	591
Medical & Dental	37	1042	31	537
Nursing & Midwifery Registered	79	1341	113	1398

<b>Grand Total</b>	<b>322</b>	<b>11143</b>	<b>424</b>	<b>11366</b>
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16. In July 2012, the shadowing week for F1 junior doctors was introduced: This required all newly qualified doctors to be employed for a week earlier than has been the norm to enable them to complete induction and shadow current post holders prior to beginning substantively in the new post. In August 2012, the changeover of doctors in training took place, over 300 new doctors commenced their rotation with the Trust.
17. Between April 2012 and September 2012, the Resourcing Team coordinated ten Advisory Appointment Committees (AACs) from which 16 Consultants were appointed.
18. In September 2012, the seasonal intake of newly qualified nurses, midwives, allied health professionals and healthcare scientists commenced employment at the Trust. The numbers involved were:

Staff Group	Number of Staff
Nurse	57
Midwife	8
AHP	7
Healthcare Scientist	7

### Appraisals (Non-Medical staff)

19. The process of recording and monitoring of appraisals has been strengthened following a decision by the Workforce Committee to capture information on the Electronic Staff Record (ESR). Previously each area had its own local record keeping system. The transition has been completed providing an auditable trail of appraisal data.
20. For the rolling 12 month period ending September 2012 the reported ESR position is 70% compliance. Work continues to ensure all data has been entered onto ESR and all Divisions have committed to ensuring outstanding appraisals are given priority.
21. Some areas have sustained high compliance levels throughout the process, notably MARS and Cardiac, Vascular & Thoracic, where over 80% of staff have been appraised.
22. ESR reporting has limitations as only a few personnel have access to the system. The Learning Management System is therefore being reviewed to establish a platform to record appraisals. This will provide a reporting system with web based inter-active access to all staff and line managers. Automated reminders could also be sent to staff as and when appraisals are due.
23. The appraisal process and documentation is also under review as part of a Listening into Action (LIA) Project. It is envisaged that this will lead to the development of an online appraisal tool that is linked to the Trusts values and objectives. The new tool will be piloted from January 2013.

### Statutory and Mandatory Training

24. At the end of September 51% of eligible staff have achieved compliance with the new Statutory and Mandatory framework requirement against a trajectory of 55%.

25. Since the launch of E-LMS on 6 June over 30,000 e-assessments have been completed and over 7,000 staff have registered. This leaves just over 3,000 staff that still need to register.
26. During the recent National Health Service Litigation Authority (NHSLA) informal visit the new E-LMS and the approach to competence assessments were shared with the assessor who welcomed both developments.
27. Other key milestones in the statutory and mandatory training project include Divisions having live access to compliance reports that provide a drill down to directorate and departmental levels. Compliance levels have continued to rise during the first half of the year.
28. Overall the project continues to track against the agreed trajectory to achieve 95% compliance with the new framework by March 2013. To support Divisions towards the Q3 target of 85% they will be updated with a list of staff that are still to register. There will be further refinements made to the Statutory and Mandatory Training Policy, e.g. in relation to Medicines Management, following feedback from Divisions. In addition there will be increased staff communications and a promotion to encourage staff to complete their statutory and mandatory training.

## HR and Workforce Initiatives and challenges

### Employee Engagement

29. A four page 'Delivering Compassionate Excellence Update' has been issued as a supplement to the OUH News to provide an update for staff on the developments and actions around staff engagement that have taken place over the last year.
30. The central message is that Delivering Compassionate Excellence supports improvements in the quality of patient care through a process of engaging staff in ensuring that the aspects of patient care, patient safety, clinical effectiveness and patient experience are embedded in the practices and behaviours of everyone who works for the Trust.
31. The update focuses on the launch of the Annual Staff Survey and provides an overview of the Trust values; feedback and information from Listening into Action events; and a launch of the new Trust-wide Staff Recognition Scheme.

### Listening into Action

32. Following on from the six LiA events in July, the 'First 10' pioneering teams from across the Trust have been identified. These teams have started the process of change in their own areas. The stories of the 'First 10' will be used to share good practice and inspire other teams, as part of embedding our change in practice and will be used at a 'Pass it on Event' in the New Year.
33. Each team will receive regular support and coaching from the LiA Lead and a senior Sponsor to help them plan and deliver their proposed changes by the end of December. 'First Ten' teams are working with a focus on patient experience and patient safety, either on a local level; such as looking at patient experience in Endoscopy, Geratology and the Eye Hospital; or at a Trust-wide level, such as pre-operative assessment and cross-Trust handover arrangements.
34. 'System Change' groups, led by an Executive Sponsor, are also working in a parallel process and timetable to effect changes in Trust-wide processes, or infrastructure.

Such changes include Recruitment, Appraisal and Communications. These were common themes of dissatisfaction raised within the staff conversations during July.

### Values into Action

35. The new Staff Recognition Scheme has been launched and a celebration event is planned for 12 December 2012. The closing date for nominations is 26 October 2012. The key categories for awards are as follows: Excellence; Compassion; Good Thinking!; Leader; Innovator; and Volunteer.
36. In order to translate 'Values into Action', a set of 'Behaviours' have been approved by Trust Management Executive in July 2012. The behaviours were developed through discussion with our staff, patients and partners and will be issued to new staff at recruitment/induction as well as to support the development of our new values based appraisal and performance management processes.
37. Good progress has been made within the recruitment workstream in respect of 'Values Based interviewing'. Three pilot areas have been identified. These are: Acute General Medicine; Children's and Women's and Clinical Support Workers Academy. The Trust is funding this work via a Health Foundation Shared Purpose award and is working in partnership with the National Society for the Prevention of Cruelty to Children (NSPCC).

### Staff Survey – Launch of 2012 Survey

38. The Workforce Committee recently approved the plans for the 2012 annual staff survey. Nationally, significant changes have been made to the core questionnaire and this has been supplemented with local questions in support of the Trust's compliance with the Equality Delivery System (EDS).
39. The survey period runs from the end of September to the beginning of December and there are parallel communication processes at Divisional and Trust-wide level to ensure that staff are encouraged to respond. Return rates are being monitored via weekly updates to Divisions with the aim of increasing the response rate above 48% achieved last year.
40. The survey has been sent to all eligible staff (hard copy and email) and for the first time, through working in partnership with Oxford University, to honorary contract holders.

### Leadership Development

41. The first frontline leaders programme for ward sisters and charge nurses is drawing to a close. This has been run as a pilot for 20 people and will now be evaluated before the next programme commences (for a wider cohort).

### Flu Campaign 2012

42. The Department of Health has endorsed seasonal influenza vaccination for many years, recommending that a number of at-risk groups receive vaccine from October onwards to provide protection during the season (usually November to February though exact timescales can vary).

Health Care Workers are an important group who may be exposed to infection with influenza, but as importantly, may transmit it to vulnerable patients.

NHS Trusts are urged to encourage all frontline staff to be vaccinated against influenza in order to prevent transmission of the disease to patients, families and colleagues.

Additional benefits of high levels of staff immunisation are decreased sickness absence and agency use, leaving increased resources to deal with the winter pressures.

43. Last year following a very successful and well supported campaign the number of frontline staff vaccinated within the OUH increased from 31% in 2010 to 52% in 2011. The campaign ran from 1 October to 1 January 2012.

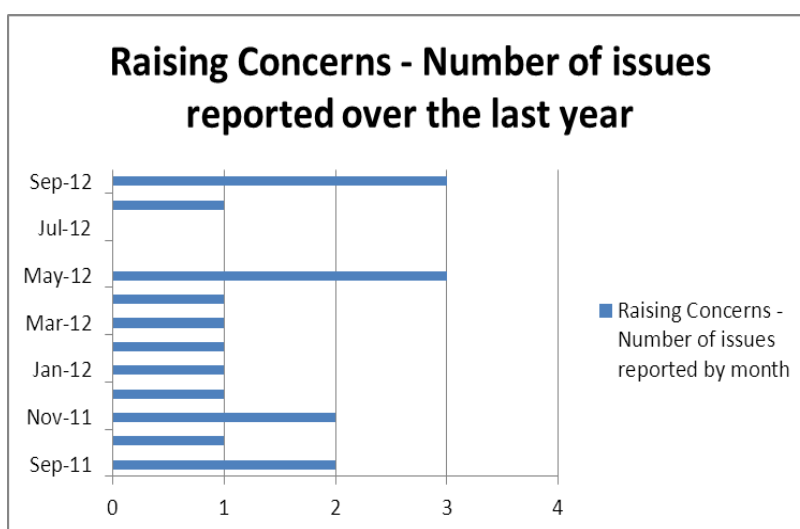
Benchmarking data across England NHS Trusts showed that the average vaccine uptake of frontline staff was 45%. In addition to exceeding the national average, the Trust was one of the highest immunising of the teaching hospitals, and one of the highest administrators of vaccine nationally in absolute numbers of doses given.

44. The Occupational Health service commenced this year's campaign on 1 October. Vaccinations are offered to all staff regardless of occupation on the basis that this will encourage a higher take up among all staff groups.

The Occupational Health Service is actively supported by Divisional Directors and other clinical and managerial leaders who are taking a lead in promoting and facilitating the vaccination campaign.

### Raising Concerns

45. There have been three new concerns raised over the second quarter, one by letter and two via email. Of these, all cases are closed. Three investigations from the previous quarter continue and will shortly be concluded.
46. The table below summarises the number of issues received over the last calendar year since first concerns were recorded under the new scheme.



47. General themes of concerns raised centre around effective communications; behaviours; and environmental/service.
48. The 'Speaking Up' Charter launched nationally on 15 October 2012, outlines a commitment by the Employer, Regulatory and Representative organisations that signed up (e.g. NHS Employers, UNISON, CQC, GMC, HPC, NMC, BMA etc) to



work effectively together. The key purpose of the Charter is to promote a culture in the NHS where staff can report concerns in confidence.

## Reward

### Proposed changes to National Pay Framework

49. The trade unions and employer representatives on the NHS Staff Council are currently in consultation in relation to proposed changes to the national pay framework, Agenda for Change. The framework covers all non-medical staff but excludes very Senior Managers and Executives. The proposed changes include:
- 49.1. Requiring pay progression to explicitly be dependent on meeting locally agreed performance standards;
  - 49.2. Progression at the top of pay bands to be non-consolidated;
  - 49.3. Allowing for local arrangements with regards to senior posts, e.g. spot salaries;
  - 49.4. Removing preceptorship for newly qualified band 5 eligible staff;
  - 49.5. Basing sick pay on basic pay and removing enhancements from the calculation.
50. It is anticipated that the outcome of the national consultation will be known within the next few weeks.

### Total Reward

51. NHS Employers are developing a system to help Trusts quantify the total value to the employee of the pay and benefits package. Given our interest in developing a system, the Trust has agreed to be part of a trial starting in April 2013.

### Clinical Excellence Awards (CEA)

52. The Trust submitted circa 80 supported application for National Clinical Excellences Awards. The outcome will be received in March 2013.
53. The Trust launched the Employer Based Clinical Excellence Awards Scheme in September 2012. 148 applications have now been received. The Local Awards Committee is due to meet in December 2012 and applicants should be notified of the outcome by early 2013. A full report will be provided to Trust Board in January 2013.

## Regulation

### Revalidation

54. On 19 October 2012 the Secretary of State for Health confirmed that the process of Medical Revalidation will begin in December 2012. The Medical Director presented a report outlining the details and preparatory work that is underway across the Trust at the Board meeting in September in anticipation of this announcement.

## Conclusion

55. Trust Board are asked to note the contents of this report and discuss any issues arising.

Ms Kay Clayton, Assistant Director of Workforce, Strategy & Planning  
Mr Glyn Allington, Workforce Planning Manager  
24 October 2012



## Annex A

Table 1 Divisional Sickness absence

Division	2011/12	Qtr 1			Qtr 2			Qtr 3			Qtr 4		
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Operations and Service Improvement	3.2%	2.6%	3.1%	3.0%	2.9%	3.1%	3.5%						
Childrens and Womens	4.0%	3.5%	3.7%	3.4%	3.4%	3.4%	3.4%						
Neurosciences Trauma Specialist Surgery	3.4%	2.8%	3.3%	3.0%	3.0%	3.1%	3.1%						
Critical Care Theatres Diagnostics and Pharmacy	3.5%	2.8%	3.2%	3.0%	3.0%	3.1%	3.1%						
Emergency Medicine Therapies and Ambulatory	3.7%	3.3%	3.1%	3.0%	3.0%	3.1%	3.1%						
Cardiac, Vascular and Thoracic	3.6%	2.6%	2.8%	2.6%	2.8%	3.0%	2.9%						
Surgery and Oncology	3.4%	3.0%	3.1%	3.1%	2.8%	2.8%	2.8%						
Corporate	3.1%	2.6%	2.4%	2.4%	2.5%	2.7%	2.7%						
Musculoskeletal & Rehabilitation	3.1%	2.7%	2.7%	2.6%	2.6%	2.9%	2.2%						
Research and Development	0.7%	0.3%	1.1%	1.4%	1.2%	1.4%	1.2%						
OUHs	3.4%	2.9%	3.1%	2.9%	2.9%	3.0%	3.0%						

Table 2 Quarterly Sickness absence 2011/12

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Quarterly Absence Rate 2011/12	3.2%	3.3%	3.7%	3.5%
Quarterly Absence Rate 2012/13	2.9%	2.9%		

Table 3 - Sickness Absence (ESR defined) staff group

Staff Group	2011/12	Qtr 1		Qtr 2			Qtr 3			Qtr 4			
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
		YTD Sickness Absence %											
Estates and Ancillary	6.3%	3.5%	3.9%	4.2%	4.8%	4.8%	5.1%						
Additional Clinical Services	5.5%	4.2%	4.8%	4.7%	4.6%	4.8%	4.5%						
Nursing and Midwifery Registered	4.1%	3.4%	3.6%	3.4%	3.3%	3.4%	3.4%						
Add Prof Scientific and Technic	3.9%	2.5%	3.2%	3.0%	3.0%	3.4%	3.4%						
Administrative and Clerical	3.4%	3.1%	4.8%	3.0%	2.9%	3.1%	3.1%						
Allied Health Professionals	2.8%	3.1%	2.9%	2.7%	2.8%	2.8%	2.6%						
Healthcare Scientists	2.4%	2.0%	2.1%	2.3%	2.2%	2.3%	2.2%						
Medical and Dental	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%						

Table 4 - Top 10 highest Directorates with highest sickness levels

Directorate	2011/12	Qtr 1		Qtr 2			Qtr 3			Qtr 4			
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
		YTD Sickness Absence %											
Private Patients	4.4%	4.8%	5.5%	5.4%	5.2%	5.1%	5.02%						
Surgery and Oncology Division Management	3.7%	7.6%	5.8%	5.2%	4.2%	4.3%	4.5%						
Trauma*				4.3%	4.2%	4.5%	4.4%						
Estates and Facilities	5.0%	3.2%	3.4%	3.5%	3.8%	4.0%	4.0%						
Womens Services	4.6%	3.7%	3.5%	3.5%	3.5%	3.7%	3.7%						
Anaesthetics Critical Care and Theatres	4.2%	3.1%	4.0%	3.5%	3.4%	3.6%	3.5%						
Emergency Medicine and Therapies	3.9%	3.5%	3.2%	3.0%	3.1%	3.4%	3.3%						
Neurosciences	3.5%	2.6%	3.1%	2.9%	2.9%	3.3%	3.3%						
Nursing Midwifery Directorate	2.9%	0.9%	2.0%	2.3%	2.6%	3.2%	3.3%						
Radiology Imaging	3.2%	3.2%	3.1%	3.0%	3.2%	3.2%	3.3%						

Table 5 - Short Term Sickness By Staff Group

Staff Group	Months 1-3				Months 1-6			
	(Short Term) 7 days or less		(Long Term) 8 days or more		(Short Term) 7 days or less		(Long Term) 8 days or more	
	% Of Episodes	% of Prorated FTE Days Lost	% Of Episodes	% of Prorated FTE Days Lost	% Of Episodes	% of Prorated FTE Days Lost	% Of Episodes	% of Prorated FTE Days Lost
Add Prof Scientific and Technic	88.8%	39.6%	11.3%	60.4%	89.0%	28.5%	11.0%	71.5%
Additional Clinical Services	86.2%	33.7%	13.8%	66.3%	88.8%	33.9%	11.2%	66.1%
Administrative and Clerical	86.3%	34.3%	13.7%	65.7%	87.5%	31.9%	12.5%	68.1%
Allied Health Professionals	84.7%	25.7%	15.3%	74.3%	87.7%	29.0%	12.3%	71.0%
Estates and Ancillary	80.3%	26.6%	19.7%	73.4%	77.6%	20.9%	22.4%	79.1%
Healthcare Scientists	91.7%	41.0%	8.3%	59.0%	93.1%	42.4%	6.9%	57.6%
Medical and Dental	78.8%	10.0%	21.3%	90.0%	83.9%	10.9%	16.1%	89.1%
Nursing and Midwifery Registered	87.8%	35.0%	12.2%	65.0%	89.1%	35.3%	10.9%	64.7%
<b>Staff Group Summary Total</b>	<b>87.0%</b>	<b>33.4%</b>	<b>13.0%</b>	<b>66.6%</b>	<b>88.6%</b>	<b>32.7%</b>	<b>11.4%</b>	<b>67.3%</b>

## Annex B

Table 1 Divisional Turnover

Division	2011/12	Qtr 1		Qtr 2			Qtr 3			Qtr 4			
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Neurosciences Trauma Specialist Surgery	12.8%	12.8%	13.4%	13.7%	14.8%	14.9%	14.8%						
Operations and Service Improvement	9.5%	9.0%	10.0%	10.2%	11.2%	11.9%	14.0%						
Musculoskeletal and Rehabilitation	13.1%	11.6%	10.5%	10.7%	11.1%	12.0%	12.5%						
Emergency Medicine Therapies and Ambulatory	10.5%	10.8%	11.2%	10.7%	11.2%	11.6%	11.5%						
Surgery and Oncology	11.0%	10.9%	10.8%	11.3%	11.4%	11.2%	11.1%						
Critical Care Theatres Diagnostics and Pharmacy	11.2%	11.1%	11.2%	10.8%	10.4%	10.3%	10.9%						
Cardiac, Vascular and Thoracic	12.9%	12.7%	12.5%	11.5%	11.1%	10.9%	10.4%						
Corporate	9.8%	10.8%	10.4%	9.6%	9.6%	9.3%	9.0%						
Childrens and Womens	8.1%	8.0%	7.5%	7.7%	7.3%	7.2%	7.4%						
OUHs	11.0%	10.9%	10.8%	10.7%	10.8%	10.8%	11.0%						

Table 2 Rolling 12 month Turnover at end qtr 2011/12

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Turnover at end qtr 2011/12	10.3%	10.4%	10.7%	11.0%
Turnover at end qtr 2012/13	10.7%	11.0%		

Table 3 Turnover by (ESR defined) staff group

Staff Group	2011/12	Qtr 1		Qtr 2			Qtr 3			Qtr 4			
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Allied Health Professionals	13.2%	12.5%	12.9%	13.5%	13.7%	13.2%	13.5%						
Add Prof Scientific and Technic	13.1%	13.4%	15.0%	14.3%	13.6%	13.8%	13.0%						
Additional Clinical Services	13.3%	13.2%	12.7%	13.4%	13.2%	13.6%	13.0%						
Nursing and Midwifery Registered	11.1%	11.2%	11.0%	11.0%	11.2%	11.1%	11.5%						
Administrative and Clerical	11.5%	11.1%	10.9%	10.4%	10.3%	10.6%	11.2%						
Estates and Ancillary	7.8%	7.0%	7.5%	6.8%	8.9%	8.6%	9.0%						
Healthcare Scientists	8.5%	8.8%	9.2%	7.9%	8.4%	8.5%	8.8%						
Medical and Dental	4.3%	4.3%	4.3%	4.3%	4.0%	4.0%	3.5%						

Table 4 - Top 10 Directorates with highest levels of Turnover

Directorate	2011/12	LTR wte %					
		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Private Patients	12.1%	8.3%	12.7%	15.8%	18.4%	19.6%	24.5%
Surgery and Oncology Division Management	0.0%	8.4%	10.5%	12.4%	13.9%	20.1%	24.2%
Trauma					24.5%	26.2%	23.8%
Nursing Midwifery Directorate	20.2%	9.9%	8.0%	7.3%	7.6%	11.0%	13.9%
Anaesthetics Critical Care and Theatres	12.2%	12.3%	12.0%	12.2%	11.7%	11.7%	13.2%
Cardiac Medicine and Surgery Division Management	15.8%	9.4%	9.1%	6.4%	8.5%	8.5%	13.1%
Specialist Surgery	13.7%	12.6%	13.4%	14.1%	10.7%	10.4%	12.7%
Neurosciences	13.0%	13.1%	13.6%	13.4%	14.3%	13.8%	12.4%
MARS Orthopaedics	10.3%	10.1%	9.8%	10.0%	10.3%	11.0%	12.0%
Planning and Communication	14.8%	14.5%	15.4%	13.1%	13.0%	12.8%	11.8%

Turnover is based on a rolling 12 month period.

