Trust Board Meeting: Thursday 6 September 2012

TB2012.87

Title	**Workforce Report**

Status	A paper for information and discussion
History	Previous quarterly reports

Board Lead(s)	Director of Workforce			
Key purpose	**Strategy**	Assurance	Policy	**Performance**

Summary

This report provides an update in respect of performance against agreed workforce metrics for the period April to June 2012.

The report also provides an update on the key HR and workforce challenges and initiatives. The following items are highlighted:

1	At the end of June 2012 operating pay expenditure was above budget by c£1.6m (£285k if research budgets are included). The reason for the overspend is due to over performance against the contract and also that some areas are not yet fully delivering planned CIPs.
2	Sickness absence for the first quarter was 2.9%. This is below the Trust's target of 3.2%. Local interventions continue within Divisions to support Trust policy.
3	Turnover during the first quarter at 10.7% was below the Trust's target of 11.0%. Targeted intervention has been agreed at the Workforce Committee for areas of concern, including the introduction of a revised Exit Questionnaire.
4	Good progress is being made on the deployment of the new Statutory & Mandatory Training Framework.
5	Six Listening into Action events have been undertaken as part of our Staff Engagement Programme.
6	A new Staff Recognition Scheme has been approved by Trust Board and will be launched in the autumn.
7	Guidance has been received in respect of the 2012 Clinical Excellence Awards Process. The annual process will commence shortly.
8	**Recommendation:** The Board is asked to note that this is a regular quarterly report. As such it would typically be presented to the Board within six weeks after the end of the period. Due to the current cycle of Board meetings this report has been deferred from August to September 2012.

Quarterly Workforce Report – April 2012 to June 2012

Introduction

1. This report provides an update in respect of performance against agreed workforce targets for the period April to June 2012. All workforce targets for 2012/13 have been communicated to Divisions, and are reflected within the Integrated Business Report. The report also provides an update on the key HR and workforce initiatives and challenges.

Workforce Targets

Workforce Expenditure and Staff Numbers

2. Pay expenditure exceeded budget by £285k in the first quarter. If 'Research' areas (i.e. Biomedical Research and Network Directorates) are excluded, the pay overspend was £1.6m to budget.

3. The Trust spent £5.2m on bank & agency staff in the first quarter of the year. This is £0.7m higher than for the first three months of 2011/12. Expenditure on bank and agency staff at month 12 was circa 4.4% of total pay costs and 5.6% of total pay with the inclusion of overtime payments. At the end of June the expenditure on bank and agency had risen to 4.9% and including overtime was 6.2% of total pay expenditure.

4. This position reflects that some areas are experiencing demand for services above the agreed contract with the PCT and also that some divisional CIP schemes have not yet started to fully deliver the planned savings. Details are provided within Financial Performance Reports.

5. Total WTE used (including contracted staff in post and temporary staffing) rose marginally from 9353 WTE in April to 9375 by the end of June 2012.

6. Staff in post and temporary staff usage is monitored on a monthly basis and reviewed at Performance Compact Meetings with the Divisions.

7. The Trust is currently running with a vacancy rate (budgeted WTE less contracted WTE) of 8%. This would ordinarily be expected to be closer to 5%. This is putting additional pressures on the use of bank and agency staff.

Sickness Absence – Annex A

8. The Trust's sickness absence is currently running at 2.9% at the end of June 2012, which is below the Trust's internal benchmark of 3.2% and the first quarter absence level of 3.2% recorded in 2011/12.

9. Historical experience indicates sickness is seasonal and will rise in winter months. Therefore, to achieve the Trust's target, it is important that sickness remains low during the summer and continues to be proactively managed.

10. Whilst sickness absence management is an on-going programme of work in accordance with Trust policy, there are also examples of local intervention to reduce rates.

11. Children's and Women's Division continues to have the highest absence rate within the Trust at 3.4%. This is down from 4% in 2011/2012. The General Manager has

written to line managers reminding them of the need for effective management of sickness absence cases and provided indicative costing's (based upon salary rates) taken from the Electronic Staff Record on the cost of absence.

12. Within MARS and Surgery Oncology, an alternative approach has been developed to compliment how sickness absence has traditionally been managed. Staff who have not had any absence during a defined period have been written to recognising their achievement. It is difficult to quantify the effect such actions will have on overall absence figures. Cardiac at 2.6% are currently experiencing lower absence levels than at 2011/12 outturn 3.6%, which is attributed in part to improvements associated with long term absentees returning from sick leave. The Division is also meeting regularly with Occupational Health and action plans are in place for those employees who are on short term sick leave.

13. By staff group, Additional Clinical Services at 4.7% has the highest sickness absence. Estates and ancillary staff group had the highest outturn absence rate for 2011/12 at 6.3%, during April-June 2012, the rate has reduced considerably to 4.2%. This is attributed to a reduction in long term absences and seasonal factors.

14. Appropriate Trust wide comparators include Portsmouth at 3.2% and Buckinghamshire Healthcare Trust at 2.8% which are at similar levels. Southampton's sickness is based on a rolling year and is reported at 3.4%.The NHS Information Centre's benchmarking tool I-View shows acute teaching hospitals at 4.0% for the period up to April 2012, which is the latest data available. For NHS establishments in England and Wales the rate of absence was 4.2%.

15. The Health and Wellbeing Group is investigating rolling out good practice/systems used within the MARs division. An assessment of the MARS Division's Employee Assistance Programme (EAP) has been undertaken and the group is further benchmarking against other Trusts and EAP providers.

Turnover – Annex B

16. Turnover at the end of June for the rolling year was 10.7% against a target of 11%. Neurosciences Division has the highest turnover rate at 13.7%.

17. At the end of the first quarter last year the Trust's turnover was 10.3%. The Trust's current position 10.7% is marginally up on this rate. Southampton's turnover rate is at 9.5%, and at Portsmouth it is 8.1%. The NHS information centre benchmarks turnover by hospital type, however the data is computed differently than the figures shown in annex A. The central report reflects heads (not WTE), and does not make any allowance for fixed term contracts, or any other adjustments noted within previous reports. Within I-View acute teaching hospitals in England and Wales have a leaver rate of 9%. The Trust benchmarks at 10.3% using this methodology, and is the twelfth highest out of a cohort of thirty teaching hospitals.

18. Turnover rates are continually monitored. Following discussion at the last Workforce Committee actions to address areas of high turnover include a plan to improve and re-launch exit questionnaires by September 2012. It was also noted that addressing

cultural issues would have an impact on turnover and, as such, the need to ensure Trust values are embedded at all levels of the organisation was recognised.

19. Targeted intervention is to be given equal priority as sickness absence within the Divisions, and in areas where there are long standing retention problems, for example Cardiac and Vascular/Critical Care, Theatres, Diagnostics & Pharmacy, and Specialist Surgery Directorates work is ongoing to better understand and address the reasons for high turnover. This is most notable in the highly specialist nursing and scientific and technical posts, in particular radiographers, pharmacists, cardiac physiologists and theatre staff.

20. Turnover rates clearly have an influence upon recruitment activity. Between April 2012 and June 2012, the Resourcing Team processed 8973 applications for employment and placed 275 advertisements on NHS Jobs at an average of 33 per position. This compares to 10,056 applications for employment and 313 advertisements placed on NHS Jobs in the last quarter of 2011/12 at an average of 32 applicants per position. The volume of applications which require processing continues to be disproportionate to the number of replacement staff required.

21. Table 1: Advertisements and Applicants by Staff Group April 2012 to June 2012.

Staff Group	Applications	Vacancies
Additional Clinical Services	2011	31
Additional Professional Scientific & Technical	188	8
Administrative & Clerical	3923	105
Allied Health Professionals	833	24
Estates & Ancillary	75	2
Healthcare Scientists	156	7
Medical	150	7
Medical & Dental	573	25
Nursing	3	1
Nursing & Midwifery Registered	1061	65
Grand Total	**8973**	**275**

22. The Resourcing Team has worked with Oxford Health Informatics Service to design an e-Vacancy Control Form (e-VCF) to enable Divisions to accurately track their vacancy control forms through the approval process and ensure they have accurate records of their approved vacancies. Corporate and the MARS division are the only areas still outstanding and will be completed by 1st September 2012. The system was developed to improve efficiency within VCF processing and supports devolvement of the responsibility to the Divisions.

Appraisals (Non-Medical staff)

23. The number of non-medical appraisals completed is 72%, based upon divisional returns. A number of Divisions such as Women and Children 88% and Cardiac Vascular and Thoracic (81%) are noting appraisal rates above average.

24. The appraisal target is set at 100% of eligible staff. Those on maternity leave absence, long term sickness absence and those newly appointed are removed from the numbers prior to the calculation of % completion rates.

25. Scoping is underway to examine the feasibility of monitoring individual appraisal outcomes via the new Learning Management System (E-LMS).

Statutory and Mandatory Training

26. Good progress has been made against the key milestones in the Statutory and Mandatory Training Project.

27. The project deliverables include the launch of a new Learning Management System (E-LMS) to ensure that staff can easily access their training records. Staff can understand what Statutory and Mandatory training they are required to undertake and if they are in date (this is mapped on the new E-LMS). Learning records are robust with accurate compliance reporting. The system provides improved access to learning and competence assessments

28. On the 6th June the new E-LMS was successfully launched, over 2,500 staff have now registered with 9, 000 e-assessments competed to date.

29. Feedback from staff has been very positive and includes: *"It's so much easier to review what statutory and mandatory training I need to do and if I am still in date". "I really like fact that it will send a reminder of when I will need to refresh my training". "It is really easy to manage my team's compliance". "The e-assessments are quick and are a good way to maintain my competencies".*

30. At the end of quarter one, overall Trust compliance in core areas of Statutory & Mandatory Training reached 23% against a trajectory of 25%. Progress was hindered as not all staff have an email account. This is currently being rectified. Divisional compliance varies and this will be picked up in the forthcoming Performance Compact Meetings.

31. The LMS will continue to be promoted to ensure that all users are registered and are able to access competency assessments to enable compliance rates of 55% to be realised by the end of September 2012.

32. A second phase of promotion is now being planned due to the excellent feedback received. University emails will now also be accepted as part of the registration process and the first 600 nhs.net email addresses is being set up as a pilot process. E-mail addresses are being issued to staff previously not on an NHS email address.

HR and Workforce Initiatives and challenges

Staff Engagement

33. As part of the agreed Staff Engagement Programme, six 'Listening into Action' events were held in July. Individual invitations were sent to nearly 1,000 staff, largely selected at random, in an endeavour to secure at least 50% attendance at the events to be held on all key sites.

34. The 'conversations' were led by the Chief Executive, supported by Executive colleagues and members of the multidisciplinary sponsor team. Events are also being hosted by a Divisional Director.

35. The focus of these events is provide an opportunity for staff to share their thoughts and ideas about what gets in the way of delivering the best care for our patients and their families and listen to those of others, collaborate on what need fixing or changing and jointly develop a way forward. The intention is to identify 'quick wins' that can be sorted reasonably easily.

36. The next phase will be to identify teams to be the 'First 10' pioneering teams/services to effect change in their own areas. These teams will be notified in August and start work in September. They will receive coaching and support from the sponsor group to ensure that they feel empowered and engaged in creating and making change. 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.

Values into Action

37. A new Recognition Scheme has been approved. The scheme is presented on the basis that it presents an opportunity to develop a values based approach that is contemporaneous; providing a sustainable and affordable platform for developing a distinctive staff recognition approach, and one that supports the delivery of our outcomes around improved staff and patient experience. The plan is to launch the scheme in the autumn with a Trust wide celebratory event in November.

38. A summary of the proposed Scheme is as follows:

    38.1. `Good Thinking!' Scheme that allows staff to put forward their ideas and innovations for recognition on a quarterly basis.

    38.2. Delivering Compassionate Excellence Awards to be introduced at a local and trust-wide level to recognise and celebrate the contribution of staff. This includes an annual 'high profile' recognition event.

    38.3. Emphasis on thanks and celebration at a local and trust-wide level

39. In order to translate 'Values into Action', a set of draft 'Behaviours' has been developed and circulated to our staff, patients, partners for comment. These 'Behaviours' are currently being tested with staff, partners and patients and will be presented to Trust Management Executive for approval in July.

40. Good progress has been made within the recruitment work stream. The Trust has been granted a substantial award of Health Foundation funding to support the introduction of 'Value Based Interviewing'. When used as part of a range of assessments, there is evidence that Value-Based Interviewing achieves a better 'fit' of candidate rather than skills/competency testing alone.

41. The bid was put forward in partnership with the National Society for Protection of Cruelty to Children (NSPCC) and represents approximately £420k funding over the next 3 years.

Staff Survey – Action Plans

42. All Divisions and Corporate areas have produced a staff survey action plan or are in the process of finalising their plan. The themes in the local action plans reflect both departmental and trust wide issues such as work life balance, appraisal etc.

43. The Workforce Committee on 25 May 2012 received an update of the 2011 formal national NHS staff survey results. Two case studies were presented by the Children's & Women's Division and Critical Care, Theatres, Diagnostics and Pharmacy which highlighted the steps that had been taken to review and plan proactively as well as summaries from Occupational Health and Health and Safety.

Workforce Strategy

44. A Workforce Strategy is being developed to underpin the Trust's ambition, vision, strategy and service developments as described in the Integrated Business Plan.

45. The strategic intent is well advanced and involves consultation with key stakeholders, including the Board of Directors, Trust Management Executive, the Workforce Committee, Divisional Management Teams, and the Staff and Trade Unions.

46. A high level overview is provided of the current strategic aims, objectives and key work-streams. These will be further refined and agreement reached on the priorities, desired outcomes and critical success factors.

47. The final iteration of the Workforce Strategy will be presented to the Trust Board at the away-day scheduled in October.

Clinical Excellence Awards

48. In May 2012, the Department of Health received approval from the Minister for Health to undertake the Clinical Excellence Awards Scheme for 2012 for local and national awards. Guidance has been published and the national awards are underway.

49. As a result, the Employer Based Clinical Excellence Awards have been reviewed in line with feedback from the Local Awards Committee in 2011 and various discussions with senior staff.

50. The main changes to the 2012 policy are improvement to the process.

51. The updates have been implemented to improve the robustness of the awards process and to deliver greater transparency for doctors. The application to the National Awards Scheme closes during mid-August and the local award scheme will be run following this date.

Tender process for single payroll provider

52. Following the merger of the ORH and NOC, a payroll tender group was established to consider and award a new 5 year contract for the future provision of a single payroll service. That process is now complete and the contract was recently awarded

to United Hospitals Birmingham, one of our current providers, the other being Heart of England Foundation Trust.

53. The new contract will result in reduced service costs, some of which will be reinvested to develop more electronic packages, such as an e-Expenses package for reimbursing travel and other incidental expenses.

54. The effective date for the new contract is the 1st October 2012. Considerable work is underway to prepare for the merge of the two providers. This will also result in a change of pay date to the MARS division.

NHS Pension Scheme

55. The Pensions Act 2008 introduced measures aimed at encouraging greater private saving, which included workplace pension reforms. The NHSPS is a qualifying scheme, and current rules mean that all eligible NHS employees must be automatically enrolled into the scheme.

56. As a result, Trusts are compelled to introduce automatic enrolment into the NHS Pension Scheme (NHSPS) for their staff who are not in the scheme yet are eligible to be pension scheme members. Employees cannot opt out, until they have been enrolled into the pension scheme, and have had at least one deduction made from the salary/weekly wage.

57. Provisionally the Trust is due to go live with auto enrolment in April 2013.The Trust will write to all NHS Pension members, in the coming months, advising them of the benefits within NHS pension scheme and their rights under automatic enrolment. The Trust will also write to those not currently active members, but meeting eligibility rules under automatic enrolment.

58. For a Trust the size of the OUH this is a significant piece of work. The Trust will work closely with its payroll provider, United Hospitals Birmingham (UHB) to ensure that the project is successfully implemented.

Relocation of Occupational Health Services (OHS)

59. A Business Case has been approved for the relocation of the OHS to a newly refurbished building. The new department will provide many benefits which will include; improved patient experience, improved access to services for disabled patients, improved staff experience and increased efficiency.

60. The new accommodation will enable the OHS to achieve the standards required to achieve national accreditation

Raising Concerns

61. There have been four new concerns raised over the first quarter, three by letter and one via email. Of these, three cases are under investigation and one is closed. One investigation, outstanding from the previous quarter is now close to completion.

62. Regular reminders re 'Raising a Concern' are publicised in OUH News and posters have been distributed throughout the hospital. The policy will is currently being reviewed as part of planned first year review.

Recommendations

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

Glyn Allington HR Manager Workforce Information

Kay Clayton Assistant Director of Workforce

July 2012

Appendix A

Table 1 Divisional Sickness absence fytd

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

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%**			

Appendix A

Table 3 - Sickness Absence fytd (ESR defined) staff group

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

Table 4 - Top 10 highest Directorates

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
		YTD Sickness Absence %											
Directorate	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Private Patients	**4.4%**	4.8%	5.5%	5.4%									
Surgery and Oncology Division Management	**3.7%**	7.6%	5.8%	5.2%									
Trauma*				4.3%									
Anaesthetics Critical Care and Theatres	**4.2%**	3.1%	4.0%	3.5%									
Estates and Facilities	**5.0%**	3.2%	3.4%	3.5%									
Womens Services	**4.6%**	3.7%	3.5%	3.5%									
Renal	**3.7%**	3.6%	3.4%	3.4%									
Paediatric Medicine and Surgery	**3.5%**	3.3%	3.8%	3.3%									
Oncology	**3.4%**	2.6%	3.0%	3.2%									
OHIS Telecoms and Medical Records	**3.1%**	3.3%	3.2%	3.1%									

*** New directorate**

Appendix A

Table 5 - Short Term Sickness By Staff Group

	Months 1-3			
	(Short Term) 7 days or less		(Long Term) 8 days or more	
Staff Group	% 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%
Additional Clinical Services	86.2%	33.7%	13.8%	66.3%
Administrative and Clerical	86.3%	34.3%	13.7%	65.7%
Allied Health Professionals	84.7%	25.7%	15.3%	74.3%
Estates and Ancillary	80.3%	26.6%	19.7%	73.4%
Healthcare Scientists	91.7%	41.0%	8.3%	59.0%
Medical and Dental	78.8%	10.0%	21.3%	90.0%
Nursing and Midwifery Registered	87.8%	35.0%	12.2%	65.0%
Staff Group Summary Total	**87.0%**	**33.4%**	**13.0%**	**66.6%**

Appendix B

Table 1 Divisional Turnover

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
		LTR wte %											
Division	**2011/12**	**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%									
Cardiac, Vascular and Thoracic	**12.9%**	12.7%	12.5%	11.5%									
Surgery and Oncology	**11.0%**	10.9%	10.8%	11.3%									
Critical Care Theatres Diagnostics and Pharmacy	**11.2%**	11.1%	11.2%	10.8%									
Musculoskeletal and Rehabilitation	**13.1%**	11.6%	10.5%	10.7%									
Emergency Medicine Therapies and Ambulatory	**10.5%**	10.8%	11.2%	10.7%									
Operations and Service Improvement	**9.5%**	9.0%	10.0%	10.2%									
Corporate	**9.8%**	10.8%	10.4%	9.6%									
Childrens and Womens	**8.1%**	8.0%	7.5%	7.7%									
OUHs	**11.0%**	**10.9%**	**10.8%**	**10.7%**									

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%			

Appendix B

Table 3 Turnover by (ESR defined) staff group

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

Table 4 - Top 10 highest Directorates

		LTR wte %		
Directorate	2011/12	Apr-12	May-12	Jun-12
Private Patients	**12.1%**	8.3%	12.7%	15.8%
Specialist Surgery	**12.6%**	12.6%	13.4%	14.1%
Surgery	**13.9%**	13.0%	13.0%	13.7%
Cardiac Medicine (Cardiology)	**12.3%**	13.5%	13.5%	13.4%
Neurosciences	**13.0%**	13.1%	13.6%	13.4%
Pharmacy	**11.2%**	11.6%	13.2%	13.3%
Planning and Communication	**14.8%**	14.5%	15.4%	13.1%
Medical Director	**14.0%**	13.5%	14.7%	12.7%
Surgery and Oncology Division Management	**0.0%**	8.4%	10.5%	12.4%
Anaesthetics Critical Care and Theatres	**12.2%**	12.3%	12.0%	12.2%

Turnover is based on a rolling 12 month period.