Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Tuesday, 12 February 2013
TB2013.30

Title	Quarterly HR and Workforce Report

Status	A paper for information and discussion
History	Previous quarterly reports

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

Summary

This report provides an update in respect of performance against agreed workforce key performance indicators in the period October-December 2012. The report also provides an update on the key HR and workforce challenges and initiatives.

The following items are highlighted:

1	Pay expenditure remains above plan due to activity levels exceeding the 2012/2013 contract.
2	Sickness absence rate is 3.1%. This is below the Trust's target of 3.2%.
3	Turnover is 11% and is in line with the Trust target of 11%.
4	Non-medical appraisals are 70%. Medical appraisals are underway.
5	Statutory and Mandatory Training is currently at 64% and is forecast to outturn at year end between 80-85%.
6	A launch event was held to raise understanding and shape implementation of the Workforce Strategy and Plan.
7	A Leadership Development event is planned for April 2013.
8	A progress report is provided on the Employee Engagement Programme linked to the Trust's strategic objective 'Delivering Compassionate Excellence'.
9	Equality and Diversity is being supported through the Avoidance of Bullying and Harassment initiatives.
10	National discussions and consultation continues in relation to changes to terms and conditions of employment.

Recommendation

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

Sue Donaldson
Director of Workforce
January 2013

Quarterly HR and Workforce Report
October-December 2012

Introduction

1. This report provides an update in respect of performance against agreed workforce key performance indicators for the period October to December 2012. The report also provides an update on the current workforce initiatives and challenges within the Trust.

Workforce Metrics

Workforce Expenditure and Staff Numbers

2. Non-elective and outpatient activity levels against plan, and the consequential need for increased capacity levels, continue to put pressure on pay costs. Pay expenditure for the nine month period ending 31 December 2012 was circa £1.7m above budget.

3. Expenditure on temporary staff has been reasonably consistent throughout the financial year to date at around 5% of total expenditure.

4. Contracted staff employed has risen since the start of the financial year. Between April and December the increase was circa 235 whole time equivalent (WTE) taking the number of contracted employees to 9,011 at 31 December 2012. Expansion is partly attributable to planned developments such as Trauma and the New Born Unit.

Sickness Absence – Annex A

5. Year to date sickness absence has increased to 3.1% but remains below the target of 3.2%. However, sickness during December 2012 was 3.2% and reflects the seasonal rise in absence during the winter months. At the same point in 2011/2012 the year to date position was 3.4%.

6. Colds/flu continue to be the most common reason for absence at 24% of all episodes. This is followed by “Gastrointestinal problems” at 19%. These absences are short term in nature and are reflected in the percentage of episodes of short term duration rising from 87% in quarter one to 89.5% by the end of the third quarter. Short term pro-rated days lost in December accounted for 40.2% of total absences. This compares to 34.3% for the financial year to date.

7. In December colds/flu accounted for 29% of all episodes of absence, emphasising the seasonal impact and also the importance of the flu vaccination for staff. Uptake continues to be reported and to date 59% of staff have had the vaccination.

8. The Trust continues to benchmark below other Trusts. Using I-View, the absence figure for the NHS in England and Wales is reported as 4.1% for the period April to September 2012 (the latest period reported). Acute Teaching Hospitals are recorded as 3.9%.

9. Across the Divisions, Children’s and Women’s continues to have the highest rate at 3.6%. A couple of smaller Directorates are also experiencing high absence levels.

Private Patients is currently at 5.3% and Service Improvement at 3.8%. By staff group, Estates have the highest rate at 5.2%. Some of the measures being used to improve attendance include training for managers; fast track to physiotherapy and counselling; and localised, targeted interventions, for example the Linen Room Manager has organised a manual handling course to reduce muskoskeletal absence.

10. A Trust target of 3% has been agreed for 2013/2014. In addition to the ongoing targeted interventions, a revised Absence Management Procedure is currently being consulted upon and implementation will be supported by comprehensive training for line managers.

11. The Trust is participating in a Department of Health funded project which examines best practice approaches to improving sickness absence across 60 hospitals and will provide useful insights for the Trust to use to inform further initiatives. The research based scoping exercise is complete; the next stage is an improvement planning session, the results will be reported once the project has concluded.

Turnover – Annex B

12. Staff turnover for the 12 month rolling period ending 31 December is 11%, which is in line with the Trust target. At the same point in 2011, turnover was 11.5%.

13. Neurosciences has the highest Divisional turnover rate. This has ranged from 12.8% in April to 15.1% in October 2012. Current levels are 14.6%. Trauma has the highest turnover rate within the Division, currently at 22.9%. The acuity and physical dependency of the patient in this specialty is thought to be a contributing factor in staff leaving.

14. Turnover levels across Acute Teaching Hospitals are very varied with a range identified of between 7 and 12%, benchmarking continues. The benefits of reduced numbers of leavers are well documented in relation to productivity improvements and potential savings in the use of temporary staff. A target of 9.5% has therefore been proposed for 2013/2014 with variations across Directorates and staff groups to recognise the current baseline.

15. Online exit questionnaires were introduced in November 2012 facilitated by the Picker Institute and the first detailed report from them is due at the end of March 2013. Initiatives aimed at retention of staff have been recognition awards; letters of appreciation to staff with good attendance; publicity of the Health & Wellbeing Strategy; and the introduction of training contracts which require a minimum period of employment beyond the training period. It is anticipated that improved retention rates should also be an outcome of the staff engagement programme; which includes value based interviewing, revised induction and new appraisals.

16. Reports indicate that by the end of quarter three the Resourcing Team processed circa 31,400 applications for employment and placed circa 1,200 advertisements on NHS Jobs.

17. Between October 2012 and December 2012, the Resourcing Team coordinated six Advisory Appointment Committees from which eight medical consultants were appointed. This is a broadly consistent level of activity to the previous two quarters.

Appraisals

18. The Trust's non-medical recorded appraisal rate as at the end of December was 70%. Notable success has been achieved within the MARS Division currently reporting 92%. Corporate and Critical Care have both achieved rates in the 80% range. Improvements in undertaking regular appraisal and recording data can still be made in a number of areas and this is being addressed via Quarterly Performance Compacts.

19. Work has continued with the supplier of the new E-Learning Management System (E-LMS) to develop an online appraisal system for the OUH which incorporates work on Trust Values as well as a focus on clear objectives and performance standards. It is anticipated that an early version will be ready for testing late January with full roll out to follow by end of March 2013.

20. The appraisal process for medical staff, which is traditionally completed in the period January to March, has commenced.

Statutory and Mandatory Training

21. At the end of December 64% of eligible staff have achieved compliance with the new Statutory and Mandatory framework against a trajectory of 80%. Since the launch of E-LMS on 6 June 2012, over 8,500 staff have registered. This leaves just under 3,000 staff that still need to register.

22. Overall, since the launch of the competence based approach, Statutory and Mandatory Training compliance has increased on average 18% per quarter. There is now a 13% rise from the previous quarter. Should this level of compliance continue it is projected that the final compliance at the end of the financial year would be 80-85%. This would represent a significant in year achievement as previously the requirement was to complete training over a three year cycle. Further effort continues to drive compliance including:

    22.1. Directly communicating with employees that have not engaged in the process to date;
    22.2. 'Drop in' facilitated e-assessment sessions to help familiarise staff with the new framework;
    22.3. Further training for managers.

HR and Workforce Initiatives and Challenges

Workforce Strategy

23. A launch event of the Workforce Strategy and Plan 2013-2018 took place during January involving representatives of the Divisional Management Teams and Corporate Directorates. The event provided the opportunity to share a common understanding of strategic priorities, roles and responsibilities and to discuss implementation including how success will be measured.

24. Further events are planned across the Trust and within Divisions. The overall programme of work is being directed and monitored by the Workforce Committee.

Leadership Development

25. The first large scale OUH ‘Leadership Community Event’ is being planned for April 2013. It is anticipated that over 300 senior leaders in the organisation will attend one of two separate full day events.

26. The session is designed to improve understanding of the Integrated Business Plan, particularly the challenges and opportunities over the next five years, and to align individual and team objectives to those of the Trust. It will also provide an opportunity to talk about effective Leadership in the context of the new Trust Values.

Employee Engagement

Listening into Action

27. Momentum is building in respect of the Listening into Action Programme following the launch in the summer. The first ‘Ten Pioneering Teams’ are implementing the agreed action plans from their staff conversations which are designed to bring about changes and improvements to patient experience, quality and safety. Projects include teams from Endoscopy, Geratology and the Eye Hospital and Trust-wide groups looking at pre-operative assessment and handover arrangements.

28. Progress will be showcased at a series of ‘Pass it on Events’ to be held during March and April 2013. The events are designed to inspire and mobilise the next wave of teams so that the process becomes embedded in the organisation.

Revised Corporate Induction

29. The LiA Induction Project to redesign the corporate induction is now well underway. The recommendations include a greater emphasis on the Trust Values; the importance of inter-professional teamwork and human factors; and a move away from core statutory and mandatory training, which it is felt can now be done separately online via the new E-LMS.

30. A pilot Induction Day is planned for 31 January 2013 and content will be tested by representatives of Divisions and by recent new entrants prior to formal sign off by the Workforce Committee and Trust Management Executive. It is anticipated that the revised Corporate Induction will be implemented from March 2013.

Values Based Interviewing

31. Values Based Interviewing (VBI) is in stage two of implementation - the pilot phase. The aim of the VBI approach is to recruit people who, in addition to required technical knowledge and experience, share OUH Values. This is a joint initiative between the Health Foundation, the National Society for the Prevention of Cruelty to Children (NSPCC) and the OUH.

32. Stakeholders engaged in the project include members from Age UK, Oxford Brookes University, Oxford University and Oxfordshire Safeguarding.
33. VBI was used during January 2013 for nursing posts within Children’s Services. In February 2013 Acute General Medicine and the Clinical Support Worker Academy will also pilot the approach prior to formal evaluation and further roll-out across the Trust

anticipated from April 2013.

2012 Staff Survey

34. The findings and results from the 2012 Staff Survey are anticipated at the end of February 2013. Work is already underway to ensure results are quickly analysed and communicated, including how the findings compare to previous surveys and where further improvement actions should be focused. A specific report will be provided to the Board in April 2013.

Equality and Diversity

35. A number of activities are taking place to raise awareness of bullying and harassment and the means of addressing issues. The ‘Addressing Bullying and Harassment’ Procedure is in the final stages of approval. The Bullying & Harassment Support Colleague initiative will be re-launched in February 2013. Fifty members of staff have volunteered to go through the training, which is being delivered in partnership with the University of Oxford. There will be a variety of communications including posters circulated in January and February.

36. The Equality Delivery System will again be used to assess the performance of the Trust in respect of compliance with Equality and Diversity legislation. The annual grading exercise focussing on staff will take place on 14 March 2013, involving OUH staff representatives, external organisations representing people from protected groups, members of the Workforce Equality and Diversity Group and Divisional management. A similar event focussing on patients took place on 22 January 2013. OUH has recently applied to become part of the NHS Employers Partners Programme to help the Trust accelerate progress on the equality and diversity agenda.

Raising Concerns

37. There were no new concerns raised by employees under the ‘Raising Concerns’ Procedure in the period October to December 2012 resulting in a total of ten concerns for the calendar year. The Procedure is currently under review in light of the ‘Speaking up Charter’ launched in the autumn. Benchmarking has taken place with other Acute Teaching Hospitals and the wider NHS. A set of recommended changes will be presented to Trust Management Executive shortly prior to Board consideration.

Reward

Local Clinical Excellence Awards 2012

38. The Employer Based Clinical Excellence Awards Scheme was launched in September 2012 and 148 applications were received from medical consultant staff. The Local Awards Committee met in December 2012 and 79 awards were allocated. All individuals have been notified of the outcome of their application. Looking forward, the future of Clinical Excellence Awards is currently under review.

Proposed Changes to National Pay Framework

39. 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'. This framework covers all non-medical staff but excludes very senior managers. The proposed changes include:

    39.1. Pay progression to explicitly be dependent on meeting locally agreed performance standards;
    39.2. Progression at the top of pay bands to be non-consolidated;
    39.3. Allowing for local arrangements with regards to senior posts, e.g. spot salaries;
    39.4. Basing sick pay on basic pay and removing enhancements from the calculation.

40. The Royal College of Nursing and Chartered Society of Physiotherapy support the changes. Responses from the other trade unions are pending and the NHS Staff Council meets at the end of February 2013 to consider next steps. If endorsed; the new provisions would come into effect from April 2013.

41. Following a report from the Review Body on Doctors' and Dentists' Remuneration, national discussions have also commenced in respect of changes to medical staff pay and contracts of employment, including those of consultant medical staff and junior doctors.

Pension Changes

42. The second year of increased contributions for staff will take effect from 1 April 2013. Consultation is underway regarding a third consecutive year of increases. A comprehensive communication plan is in place.

43. The Trust is working closely with its payroll provider to assess the implications of the new Auto Enrolment aspects of the Pensions Act 2011 as a result of which employers are required to automatically enrol workers who are eligible into an appropriate pension scheme and continually monitor the eligibility of its workforce on an ongoing basis.

Payroll Service Contract

44. The payroll provider appointed under the new contract for the Trust from October 2012 has been confirmed as University Hospitals Birmingham (UHB). UHB has been working with the Trust for over seven years and they ensured the smooth transfer of the salary payments for employees in the MARS Division in October 2012.

Conclusion

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

Kay Clayton, Assistant Director of Workforce – Strategy & Planning
Glyn Allington, Workforce Planning Manager
January 2013

Annex A

Table 1 Divisional Sickness absence

		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**
Operations and Service Improvement	**3.2%**	2.6%	3.1%	3.0%	2.9%	3.1%	3.5%	3.7%	3.9%	3.8%			
Childrens and Womens	**4.0%**	3.5%	3.7%	3.4%	3.4%	3.4%	3.4%	3.5%	3.5%	3.6%			
Neurosciences Trauma Specialist Surgery	**3.4%**	2.8%	3.3%	3.0%	3.0%	3.1%	3.1%	3.2%	3.1%	3.3%			
Critical Care Theatres Diagnostics and Pharmacy	**3.5%**	2.8%	3.2%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%			
Emergency Medicine Therapies and Ambulatory	**3.7%**	3.3%	3.1%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.2%			
Cardiac, Vascular and Thoracic	**3.6%**	2.6%	2.8%	2.6%	2.8%	3.0%	2.9%	2.9%	2.9%	3.0%			
Surgery and Oncology	**3.4%**	3.0%	3.1%	3.1%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%			
Corporate	**3.1%**	2.6%	2.4%	2.4%	2.5%	2.7%	2.7%	2.7%	2.9%	2.9%			
Musculoskeletal & Rehabilitation	**3.1%**	2.7%	2.7%	2.6%	2.6%	2.9%	2.2%	2.3%	2.5%	2.6%			
Research and Development	**0.7%**	0.3%	1.1%	1.4%	1.2%	1.4%	1.2%	1.3%	1.2%	1.4%			
OUHs	**3.4%**	**2.9%**	**3.1%**	**2.9%**	**2.9%**	**3.0%**	**3.0%**	**3.0%**	**3.0%**	**3.1%**			

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%**	**3.3%**	

Table 3 - Sickness Absence (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**
Estates and Ancillary	**6.3%**	3.5%	3.9%	4.2%	4.8%	4.8%	5.1%	4.8%	5.3%	5.2%			
Additional Clinical Services	**5.5%**	4.2%	4.8%	4.7%	4.6%	4.8%	4.5%	4.6%	4.6%	4.7%			
Add Prof Scientific and Technic	**3.9%**	2.5%	3.2%	3.0%	3.0%	3.4%	3.4%	3.5%	3.4%	3.3%			
Nursing and Midwifery Registered	**4.1%**	3.4%	3.6%	3.4%	3.3%	3.4%	3.4%	3.4%	3.4%	3.5%			
of which Midwives								4.5%	4.7%	4.8%			
Administrative and Clerical	**3.4%**	3.1%	4.8%	3.0%	2.9%	3.1%	3.1%	3.2%	3.3%	3.3%			
Allied Health Professionals	**2.8%**	3.1%	2.9%	2.7%	2.8%	2.8%	2.6%	2.7%	2.6%	2.5%			
Healthcare Scientists	**2.4%**	2.0%	2.1%	2.3%	2.2%	2.3%	2.2%	2.3%	2.4%	2.5%			
Medical and Dental	**0.8%**	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%			

Table 4 - Top 10 highest Directorates with highest sickness levels

		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%	5.2%	5.1%	5.0%	5.1%	5.0%	5.3%			
Trauma				4.3%	4.2%	4.5%	4.4%	4.4%	4.2%	4.7%			
Surgery and Oncology Division Management	**3.7%**	7.6%	5.8%	5.2%	4.2%	4.3%	4.5%	4.8%	4.5%	4.4%			
Estates and Facilities	**5.0%**	3.2%	3.4%	3.5%	3.8%	4.0%	4.0%	3.8%	4.3%	4.2%			
Womens Services	**4.6%**	3.7%	3.5%	3.5%	3.5%	3.7%	3.7%	3.9%	4.0%	4.1%			
Chief Nurse, Patient Services & Education	**2.9%**	0.9%	2.0%	2.3%	2.6%	3.2%	3.3%	3.7%	3.8%	3.7%			
Operations and Service Improvement	**2.9%**	1.6%	2.1%	2.2%	2.1%	2.5%	3.2%	3.4%	3.7%	3.6%			
OHIS Telecoms & Med Records	**3.1%**	3.3%	3.2%	3.1%	3.2%	3.3%	3.3%	3.1%	3.2%	3.4%			
Anaesthetics Critical Care and Theatres	**4.2%**	3.1%	4.0%	3.5%	3.4%	3.6%	3.5%	3.5%	3.4%	3.4%			
Emergency Medicine and Therapies	**3.9%**	3.5%	3.2%	3.0%	3.1%	3.4%	3.2%	3.3%	3.2%	3.3%			

Annex 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%	14.8%	14.9%	14.8%	15.1%	14.9%	14.6%			
Operations and Service Improvement	**9.5%**	9.0%	10.0%	10.2%	11.2%	11.9%	14.0%	13.1%	13.0%	11.8%			
Musculoskeletal and Rehabilitation	**13.1%**	11.6%	10.5%	10.7%	11.1%	12.0%	12.5%	10.3%	10.4%	11.2%			
Emergency Medicine Therapies and Ambulatory	**10.5%**	10.8%	11.2%	10.7%	11.2%	11.6%	11.5%	11.8%	12.2%	12.0%			
Surgery and Oncology	**11.0%**	10.9%	10.8%	11.3%	11.4%	11.2%	11.1%	11.7%	12.1%	11.3%			
Critical Care Theatres Diagnostics and Pharmacy	**11.2%**	11.1%	11.2%	10.8%	10.4%	10.3%	10.9%	10.7%	11.0%	11.2%			
Cardiac, Vascular and Thoracic	**12.9%**	12.7%	12.5%	11.5%	11.1%	10.9%	10.4%	10.4%	9.9%	10.6%			
Corporate	**9.8%**	10.8%	10.4%	9.6%	9.6%	9.3%	9.0%	7.5%	7.8%	7.4%			
Childrens and Womens	**8.1%**	8.0%	7.5%	7.7%	7.3%	7.2%	7.4%	7.3%	7.2%	7.8%			
OUHs	**11.0%**	**10.9%**	**10.8%**	**10.7%**	**10.8%**	**10.8%**	**11.0%**	**10.8%**	**11.0%**	**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%**	**11.0%**	

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
Allied Health Professionals	**13.2%**	12.5%	12.9%	13.5%	13.7%	13.2%	13.5%	13.8%	14.7%	14.7%			
Add Prof Scientific and Technic	**13.1%**	13.4%	15.0%	14.3%	13.6%	13.8%	13.0%	13.3%	13.5%	13.1%			
Additional Clinical Services	**13.3%**	13.2%	12.7%	13.4%	13.2%	13.6%	13.0%	12.7%	12.5%	11.7%			
Nursing and Midwifery Registered	**11.1%**	11.2%	11.0%	11.0%	11.2%	11.1%	11.5%	11.3%	11.2%	11.6%			
Administrative and Clerical	**11.5%**	11.1%	10.9%	10.4%	10.3%	10.6%	11.2%	10.5%	10.9%	10.7%			
Healthcare Scientists	**8.5%**	8.8%	9.2%	7.9%	8.4%	8.5%	8.8%	9.6%	10.5%	10.5%			
Estates and Ancillary	**7.8%**	7.0%	7.5%	6.8%	8.9%	8.6%	9.0%	9.7%	9.3%	9.7%			
Medical and Dental	**4.3%**	4.3%	4.3%	4.3%	4.0%	4.0%	3.5%	3.0%	3.1%	3.4%			

Table 4 - Top 10 Directorates with highest levels of Turnover

		LTR wte %								
Directorate	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Private Patients	**12.1%**	8.3%	12.7%	15.8%	18.4%	19.6%	24.5%	28.7%	28.7%	25.1%
Trauma					24.5%	26.2%	23.8%	23.7%	23.7%	22.9%
Chief Nurse, Patient Services & Education	**20.2%**	9.9%	8.0%	7.3%	7.6%	11.0%	13.9%	11.7%	16.5%	17.8%
Surgery and Oncology Division Management	**0.0%**	8.4%	10.5%	12.4%	13.9%	20.1%	24.2%	32.2%	31.4%	16.0%
Specialist Surgery	**13.7%**	12.6%	13.4%	14.1%	10.7%	10.4%	12.7%	14.3%	13.4%	14.0%
Ambulatory Services	**9.4%**	10.0%	10.3%	9.9%	10.3%	11.8%	11.4%	12.1%	13.4%	13.3%
Human Resources and Admin	**9.4%**	14.0%	8.8%	8.9%	9.5%	7.2%	5.3%	5.2%	11.7%	13.1%
Anaesthetics Critical Care and Theatres	**12.2%**	12.3%	12.0%	12.2%	11.7%	11.7%	13.2%	12.6%	12.4%	13.0%
MARS Rheumatology Radiology Rehabilitation	**16.0%**	13.7%	10.7%	10.1%	10.9%	12.1%	11.5%	12.6%	11.9%	13.0%
Surgery	**13.9%**	13.0%	13.0%	13.7%	13.9%	12.5%	11.7%	12.2%	12.5%	12.2%

Turnover is based on a rolling 12 month period.