

**Trust Board Meeting: Wednesday 13 November 2013**  
**TB2013.130**

<b>Title</b>	<b>Quarterly Workforce Report</b>
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<b>Status</b>	For information
<b>History</b>	Previous quarterly reports

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



## Executive Summary

This report provides an update in respect of performance against agreed workforce key performance indicators (KPI) in the period July 2013 to September 2013 (quarter two) and the plans that are in place to maintain and improve performance.

The following items are highlighted:

1	At the end of the second quarter the Trust spent £239.9m on pay against a budget of £235.0m. Temporary staffing costs at quarter two are £14.8m, which constitute 6.2% of the pay expenditure. The Trust employs 9,284 contracted whole time equivalent (WTE) staff. The number of contracted WTE has increased by 212 on the last quarter and vacancy levels have fallen.
2	Sickness absence rates are 3.1%, compared to the NHS England rate of 4.2% for 2012-2013.
3	Staff turnover for the rolling 12 months ending September 2013 is 11.4%. Work is underway to produce targeted interventions in areas experiencing higher than average turnover.
4	The vacancy rate is 6.1% of the budgeted establishment which represents 597 WTE posts (excluding the Research & Development function). There is a downward trend on vacancy levels which were 7.9% during the last quarter.
5	The implementation of the TRAC recruitment system is complete and has now automated the recruitment process. The system is delivering greater efficiencies by removing manual processes.
6	Non-medical appraisals at the end of September are at 66%. Increased attention and effort is required by managers to meet the target of 95% completion rate by March 2014. It is anticipated that the developments described within this report will facilitate such change.
7	At the end of the second quarter statutory and mandatory training compliance was 77% against a target of 95%. Compliance has risen overall and further actions are described in this report.
8	A review of the Workforce Strategy's action plan is now underway to assess progress against goals and ensure continued alignment with the Trust's overall priorities. The workforce planning cycle is aligned to the business planning process for 2014-2015 and will be prepared during quarter three.
9	The Leadership Development Strategy is now being finalised. Consultation is planned with the Workforce Committee and Divisions. The final version will be presented to Trust Board for approval in January 2014.
10	Values Based Interviewing is being used regularly across numerous areas of the Trust and will also be used in the selection of the Chief Nurse and Director of OD & Workforce.
11	The new Raising Concerns Policy has been published and an overview of cases is provided. The enhancement of an Employee Relations case tracker is also included.
12	<b>Recommendation:</b> Trust Board is asked to note the contents of this report and discuss any issues arising.

## Quarterly Workforce Report

### July-September 2013

#### Introduction

1. This report provides an update in respect of performance against agreed workforce key performance indicators (KPIs) for the period ending September 2013 (quarter two) and the plans that are in place to maintain and improve performance.
2. The report also provides an update on the current workforce initiatives and challenges within the Trust, in the context of the agreed Workforce Strategy and Plan.
3. The report reflects the current organisational structure prior to the new Divisional structure being implemented in November 2013.

#### Workforce KPIs

##### Workforce Expenditure and Staff Numbers

4. At the end of the second quarter the Trust spent £239.9m on pay against a budget of £235.0m. The £4.9m overspend is largely attributable to the premium costs associated with temporary workers and overtime; as well as sessional payments to medical staff; as a consequence of increased patient activity.
5. Temporary staffing costs for the first quarter were £6.6m or 5.5% of the pay budget. The second quarter has seen this figure rise to 6.2%, £14.8m, for the financial year to date. The use of bank and agency staff is mainly to cover for absences arising from staff turnover; maternity leave and sickness absence; and to provide staffing associated with additional activity above that planned.
6. At the end of the first quarter 2013 there were 9,072 contracted/whole time equivalent (WTE) employed by the Trust. At quarter two this figure had risen to 9,284 contracted WTE. Vacancy levels have fallen accordingly.

##### Sickness Absence Rates (Annex A)

7. At the end of the second quarter sickness absence rates were 3.1%, which is above the September trajectory of 2.9%. The key performance target for the Trust is to achieve a rate of 3.0% by March 2014. At the same point last year the Trust's rate was 2.9%. It will be challenging for the Trust to reach 3.0% by the end of financial year as rates tend to rise in winter months.
8. The Trust sickness absence rate compares favourably against other NHS organisations. The Health & Social Care Information Centre noted an annual rate of across the NHS in England of 4.2% for 2012-2013. Further comparisons can be made to the Shelford Group where the rates are around 3.3%.
9. Colds/flu continues to be the most common cause of sickness absence across the Trust. The work of the Occupational Health department will be key in limiting this in

the coming months by promoting the national Flu Campaign and to vaccinate 75% of staff.

10. The following table gives the top ten reasons for sickness absence April 2013 to September 2013:

Ranking	Sickness Absence Reason	% of Episodes	% Total WTE Days Absence
1	Cold, Cough, Flu - Influenza	21.6%	10.0%
2	Gastrointestinal problems	18.0%	9.2%
3	Other musculoskeletal problems	10.5%	15.0%
4	Headache / migraine	8.6%	3.6%
5	Anxiety / stress / depression / other psychiatric illnesses	7.5%	16.5%
6	Back problems	5.1%	5.8%
7	Genitourinary & gynaecological disorders	4.9%	6.4%
8	Ear, nose, throat (ENT)	3.8%	2.7%
9	Chest & respiratory problems	3.3%	3.3%
10	Injury, fracture	2.9%	5.5%

11. Operations & Service Improvement has, at the end of quarter two, the highest level of sickness absence at 3.9%. A full breakdown by Division and staff group is provided in Annex A. Rates are monitored monthly and are reviewed at Divisional Quarterly Performance Review meetings.

12. Examples of Divisional actions include:

- Critical Care, Theatres, Diagnostics & Pharmacy are monitoring the ratio of long to short term absence and providing monthly reports to managers on staff who have hit trigger points that require intervention.
- Emergency Medicine, Therapies & Ambulatory continue to focus on areas above 3% absence rates. Meetings are being held regularly with ward managers/matrons to discuss cases.
- Cardiac, Thoracic & Vascular have concentrated on short term sickness absence working with line managers to develop action plans.
- Neurosciences, Specialist Surgery & Trauma had a live launch in September of "Go Active" which was well attended. Staff were encouraged to complete a questionnaire on their health and wellbeing and in return were entered into a competition to win a bike. As a result of the survey, further plans include having local health and wellbeing champions.
- Surgery & Oncology have used positive reinforcement for areas where absence rates are low.

13. The revised Absence Management Policy is soon to be implemented and will promote earlier interventions in cases of absence. Work has commenced on planning for the implementation of an absence management system.

14. Previous reports have noted the wide ranging work in regard to the health and wellbeing agenda. This work continues and will be reported upon in future reports.

### **Turnover Rates (Annex B)**

15. The turnover rate for the Trust has moved little in the financial year. Current turnover levels are 11.4%. This is a marginal improvement on the end of quarter one when the turnover level was 11.5%.
16. Cardiac, Vascular & Thoracic has the highest turnover rate at 13.2% followed by Neurosciences, Trauma & Specialist Surgery at 12.8%. Corporate areas such as Human Resources continue to experience higher than expected levels of turnover. Turnover aligned to the new organisational structure will be provided within the next report.
17. Staff group turnover is highlighted within Annex B. A rise in turnover amongst Nursing & Midwifery Staff was reported in quarter one. Whilst the rate has reduced at quarter two from 12.9% to 12.5%, this continues to be above the Trust trajectory and may impact upon service delivery; recruitment volumes and temporary staffing spend.
18. The Workforce Strategy contains a target for turnover to reduce to 8% by 2017-2018. The key performance indicator (KPI) is to achieve 10% by March 2014 which equates to circa 100 WTE less leavers by financial year end.
19. At the end of quarter two band 5 nursing turnover is 16.6%. Health Care Assistant turnover (band 2) is 13.0%. Combined bands 2 and 3 are 12.1%. Examples of other areas of high turnover include Therapeutic Radiographers, Occupational Therapists and Physiotherapists and Theatres staff. Contained within this are specific areas with turnover in excess of this which require particular attention, for example Neuro ICU at 19% and Churchill Theatres at 21.07%.
20. As stated in previous reports a Trust-wide Recruitment & Retention Group has been established. The group are developing a one to three year Retention Strategy that will be completed by the end of October 2013; as well as supporting and developing traditional retention measures, including local workforce intelligence, to ensure efforts are being targeted correctly. A more detailed description of the strategy will be included in the next quarterly report.
21. To achieve the necessary reductions in staff leaving the organisation, information will be key to determine where and how to target initiatives. The exit questionnaire has been revised and strengthened. Divisions continue to encourage completion of exit interview questionnaires. The Picker Institute will also be asked to deliver training to employees on exit interviewing, develop a telephone interview guide and undertake a limited number of interviews each month. This is with the aim of improving both the quality and quantity of information on why people leave the Trust. Staff survey results (January 2014) will also provide valuable information.
22. Work is ongoing within Divisions and professional groups to address staff retention. The introduction of training contracts for new starters on accredited courses will have a positive effect upon turnover levels, particularly in areas such as AICU/CCU. Within

Specialist Surgery, work is being undertaken to look at turnover in quarter three, starting with focus groups run by Human resources.

### Vacancy Rates (Annex C)

23. At the end of quarter two there were 782 WTE vacancies within the Trust which account for 7.8% of budgeted staff. If however, staff coded to Research & Development are excluded the vacancy rate is 6.1% (597 WTE) of the established budget.
24. The pressure on recruitment to quickly and effectively appoint staff to the organisation in order to limit temporary staff expenditure and maintain service levels continues. Reductions in turnover levels will clearly impact upon vacancy rates.
25. At the end of September vacancy rates have fallen, staff in post has risen and concurrently budgeted WTE for September is lower than quarter one.

### Recruitment Activity

26. There has been a substantial increase in the number of vacancy advertisements in quarter two 2013-2014 compared to the same quarter in 2012-2013.
27. The table below shows recruitment activity in quarter two (July to September) in 2012 and 2013:

Staff Groups	Quarter Two		Quarter Two	
	01-Jul-12 to 30-Sep-12		01-Jul-13 to 30-Sep-13	
	No. of vacancies	No. of applications	No. of vacancies	No. of applications
Additional Clinical Services	45	2,579	51	2,632
Additional Professional Services	22	230	31	189
Administrative & Clerical	133	5,085	173	5,117
Allied Health Professionals	52	833	51	427
Estates & Ancillary	3	113	5	25
Healthcare Scientists	25	591	21	882
Medical & Dental	31	537	65	1,101
Nursing & Midwifery Registered	113	1,398	215	1,489
<b>Grand total</b>	<b>424</b>	<b>11,366</b>	<b>612</b>	<b>11,862</b>

28. The implementation of the TRAC Recruitment System is complete and has now automated the recruitment process. The system is delivering greater efficiencies by removing manual processes.

29. KPI's have been reviewed due to the functionality of the system. The reporting mechanism on TRAC provides transparency to managers whilst giving the resourcing team the ability to interrogate the data and review performance.
30. TRAC awareness sessions have taken place for all managers and training will be delivered from December.
31. The multiple recruitment campaigns continue to take place to boost applications. There is a focus on Band 5 nurses in Surgery and Acute General Medicine in preparation for winter pressures and a continued focus on Churchill Theatres.
32. The Trust has welcomed its first cohorts of nurses from Spain and Portugal, more arrivals are planned to take place during November and December – approximately 80 nurses will be joining OUH.
33. Following the Emergency Medicine Summit at the Kassam Stadium, a focus group is scoping recruitment campaigns and innovative ways to recruit to the hard to fill vacancies in the Emergency Department.

### Consultant Recruitment

34. Between July 2013 and September 2013, the Resourcing Team coordinated 13 Advisory Appointment Committees (AACs) from which 15 consultants were appointed.
35. The table below shows an increase in comparison to quarter two in 2012-2013, where 11 AAC panels were convened and six consultants were appointed:

	No. of AAC Panels	No. of Consultants appointed
Quarter Two 2012-2013	6	11
Quarter Two 2013-2014	13	15

36. A process review of the AAC has been conducted and an analysis of the data is underway. Recommendations from the review will be presented in November.

### Doctors Rostering System (DRS)

37. There is a concentrated effort to deliver DRS throughout the Trust for all medical rotas. The pilot in Obstetrics and Gynaecology is underway and roll out has commenced with completion scheduled for April 2014.

### Non-Medical Appraisal Rates (Annex D) and E-Appraisals

38. Non-medical appraisals at the end of September are currently running at 66%. This data is taken from the Electronic Staff Record and is below the trajectory of improvement with September's target at 80% and a year end KPI of 95%.
39. Musculoskeletal & Rehabilitation Services has the highest clinical Divisional rate of completion at 78%. By staff group, Estates & Ancillary have the highest completion



rates at 93.9% however this is also the smallest staff group. During the financial year the Trust has consistently reported at 66%.

40. With the development of the Electronic Learning Management Appraisal System (ELMAS) module, access to appraisal records will be vastly improved.
41. The aim of ELMAS implementation is to address both the quantity and quality of appraisals by ensuring that 95% of staff will have an effective appraisal as a minimal requirement and that it will leave staff with:
  - Clear objectives that are aligned to organisational objectives and Trust values so that they know what it is they need to achieve.
  - A Personal Development Review (PDR) that gives them information about their performance and behaviour and the motivation to undertake their role.
  - PDRs and objectives recorded and reported electronically.
42. A number of pilots and demonstrations have been undertaken using the new ELMAS and they have been invaluable in helping to develop the final version of the system. Sites involved include: Oncology, The Children's Hospital, The Centre for Enablement, Horton Hospital, Neurosciences, Cardiology, Trauma, the Assurance Directorate, Estates & Facilities, Emergency Medicine, Therapies & Ambulatory, HR and Microbiology.
43. To enable the enhancements identified by the pilots ELMAS will be launched in November 2013. Historical data currently held in the ESR will be uploaded into ELMAS, this data will be validated with Divisions.
44. Awareness sessions are also planned for staff and managers to support the launch, covering the new approach that is linked to Trust values.
45. Appraisal training is available from November for all line managers. This training is split into two modules; the first module focuses on how to use the electronic system and is aimed at all line managers. While the second module focuses on holding an effective appraisals discussion and is aimed at new line managers, or those that would benefit from refresher training.
46. A communications plan is in place for all staff; and line managers (as recorded on ELMAS) have received initial communications. Road shows have been organised, along with training sessions for managers, to support the roll out of the new process.

### **Statutory & Mandatory Training**

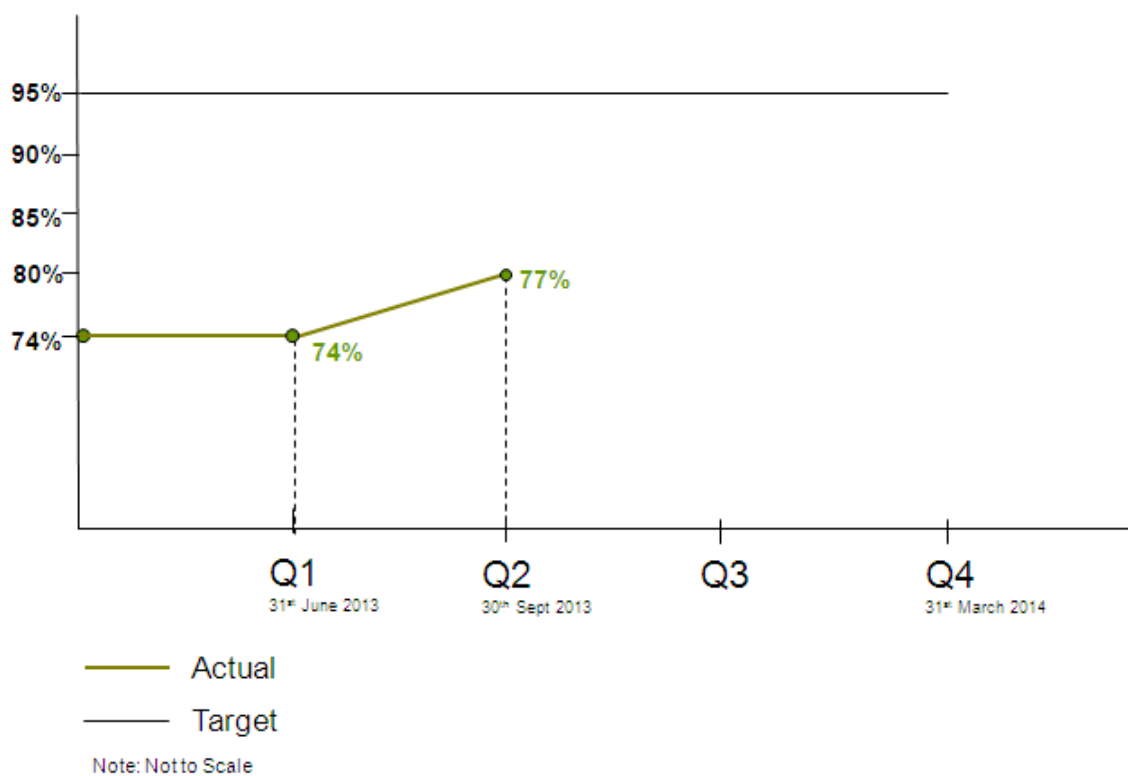
47. At the end of the second quarter statutory and mandatory training compliance was 77% against a target of 95%. This has risen overall and further developments are reported.
48. Divisions are now tracking high levels of compliance. Musculoskeletal & Rehabilitation Services has set the standard and met the overall 95% compliance target during quarter two. A full list by Division is given below:

Statutory and Mandatory Training Compliance	2013-2014 Q2
Overall Trust Compliance	77%
Musculoskeletal & Rehabilitation Services	95%
Critical Care, Theatres, Diagnostic & Pharmacy	90%
Cardiac Medicine & Surgery	88%
Neurosciences, Trauma & Specialist Services	86%
Surgery & Oncology	82%
Emergency Medicine, Therapies & Ambulatory	81%
Children & Women's	79%

*\* Note: there are approximately 1,000 staff allocated to cost centres out with Divisions (e.g. Honorary Contracts).*

49. The following graph details the trend in compliance rates during the current operation year:

### OUH – Statutory and Mandatory Training – Plan Versus Performance



50. Highlighted competencies that are low include:

Competence	Current Compliance	Percentage Gap to 95%
Medicines Management Controlled Drugs (Doctors)	57%	33%
Medicines Management Methotrexate Doctors and Nurses	52%	43%
Medicines Management Safe use of Insulin	50%	45%
Consent	64%	32%
Manual Handling (Jnr Docs)	48%	47%
VTE Assessment	40%	55%
Conflict Resolution	40%	56%

51. Information Governance compliance was 84%, a Trust target of 95% is necessary to support the application for Foundation Trust status.

52. Actions being taken to increase compliance:

- A new guide has been developed for managers and an AV clip on how to access and use compliance reports has now been commissioned, this will be released during November.
- Further discussions have taken place with Divisional Directors to update the Statutory & Mandatory Training Policy; these revisions will be made during November.
- A new methodology for reporting induction compliance has been commissioned and will go live during Early December.
- A review of honorary contracts has taken place and a plan has been developed to engage with Honorary Contract Holders. This scoping has already identified 30% Honorary Contract Holders that can now be aligned against Divisions within the Learning Management System (E-LMS).
- Continuing to target areas of low compliance.

### Employee Relations (ER) Cases

53. This overview includes cases with a process start date of 1 April 2013 or later.

54. Data quality review is underway to harmonise reporting processes. Musculoskeletal & Rehabilitation Services historically reported cases once they had closed. This accounted for the “sudden” rise in figures reported between quarters.

55. A new tracker is being developed that will replace ESR with a more detailed level of reporting. This new ER tracker with set KPIs will monitor performance in handling ER cases, duration of cases, cost of cases and the ability of HR to operate to Trust, CQC and NHSLA standards.
56. This may require Divisions to enter data to a different system rather than to a central system linked to ESR. The newly appointed Human Resources Business Partners are leading these changes.
57. A considerable amount of ER work in the Trust is carried out informally. Enhanced recording of activity at informal level (and which requires the input of an HR practitioner) will provide a full range of ER activity and help identify trends.
58. The activity reported below represents formal interventions in accordance with capability and disciplinary procedures. Of the 92 cases recorded to date they are distributed by Division and staff group and are presented in the two tables below:

Division	Total
Cardiac Medicine & Surgery	3
Children's & Women's	3
Corporate	4
Critical Care Theatres Diagnostics & Pharmacy	11
Emergency Medicine Therapies & Ambulatory	11
Musculoskeletal & Rehabilitation Services	37
Neurosciences Trauma Specialist Surgery	7
Operations & Service Improvement	3
Surgery & Oncology	13
<b>Grand Total</b>	<b>92</b>

Staff Group	Total
Additional Professional Scientific & Technical	1
Additional Clinical Services	30
Administrative & Clerical	14
Allied Health Professionals	1
Estates & Ancillary	2
Healthcare Scientists	4
Medical & Dental	6
Nursing & Midwifery Registered	34
<b>Grand Total</b>	<b>92</b>

## HR and Workforce Initiatives and Challenges

### Workforce Strategy

59. A review of the Workforce Strategy's action plan is now underway to test progress against goals and ensure the continued alignment with the Trust's overall priorities. The outcome of the review will be shared with Trust Management Executive before the end of the calendar year, in order to further prioritise activities as appropriate.

## Workforce Planning

60. The workforce planning cycle will align to the business planning cycle and commence in quarter three for the production of 2014-2015 plans.

## Leadership Development

61. Consultation is underway on The Leadership Strategy with the Workforce Committee and Divisions. A final version will be presented to Trust Board for approval in January 2014.
62. The aim of the strategy is to attract, develop and retain the highest quality leaders that are capable of successfully delivering the organisation's vision of delivering high performance.
63. The objectives of the strategy include defining the skills, knowledge and behaviours that are needed to deliver organisational success and embed the organisational values of *Compassionate Excellence* to deliver the highest standards of patient care.
64. The number of leaders will be reviewed through the workforce planning processes and ensure there is a diverse and capable leadership population across all levels and professions in the organisation.
65. Collective leadership capabilities will be developed across healthcare boundaries to implement strategies, solve problems, enhance patient pathways, innovate and manage change.
66. A follow on OUH Leaders Conference is now being planned following the success of the initial conference in April.

## HR Policies & Procedures

67. Seven HR policies and procedures have been ratified in the second quarter as listed below.
68. Major amendments have been made to:
- Special Leave Procedure
  - Appeals Procedure
  - Grievance and Collective Disputes Procedure
69. Minor amendments have been made to:
- Alcohol and Drug Misuse Guidelines
  - CRB Policy (DBS)
  - Work Experience Procedure
  - Working Time Regulations Procedure

## Employee Engagement

### Flu campaign 2013

70. Occupational Health (OH) are currently running the 2013 flu Campaign. Last year a total of 58% of OUH staff were vaccinated against this very serious illness. This year we are aiming to vaccinate 8,000 (75%) members of staff.
71. At the end of the first week (OH) had vaccinated almost as many colleagues in the Trust as in the first *two* weeks of last year's programme. By week three over five thousand staff have been immunised in three weeks – a remarkable achievement on the part of all Trust immunisers.
72. To sustain the momentum and remain within the trajectory leaders at all levels are asked to give a clear and strong message that flu vaccination prevents serious illness; protects patients; and to help staff access flu vaccination.

### Listening into Action (LiA)

73. The second wave project teams are in general making good progress. Work continues to embed LiA methodology and practice across the Trust, to engage and empower staff to innovate and make improvements aligned with Trust priorities. A network of LiA champions within the Trust is being developed and additional innovation tools will be added to the LiA toolkit to support the embedding process.

### Values Based Interviewing (VBI)

74. The VBI Project is in Stage 4, Embedding and Spreading. External interest in the project remains high from other NHS Trusts. NHS Employers are sending representatives to the VBI training session in November. Since January 2013, over 190 VBIs have been recorded as taking place. There are 90 managers trained in the VBI technique with training continuing on a bi-monthly basis until November 2014.
75. Roll out of the VBI approach will continue across the Trust, with Divisional briefing sessions scheduled for November and December, to ensure leaders are engaged and supportive of the intervention. Ongoing evaluation of the VBI remains a key priority over the next 6-12 months.

### Staff Recognition

76. The second OUH Annual Recognition Awards ceremony will take place on Thursday 28 November 2013 at the Blenheim Palace Orangery. The online nomination process has worked well, which has resulted in a marked increase in the overall number of nominations received of 494, against a total of 230 received for the 2012 awards. This is the 'highlight' event in the staff recognition calendar showcasing the outstanding work of staff at OUH.
77. Divisional Recognition events are planned for January 2014 to acknowledge all those nominated but not shortlisted; and to present all nominees with a framed certificate.

78. The NHS Heroes nominations have now been received with a total of 70 OUH staff being recognised nationally for their outstanding work. All nominees will receive a framed certificate, which will be presented to them at the Divisional Recognition events planned for January 2014.
79. Nominations for the Oxford Mail Hospital Heroes awards closed on 30 September, a total of 60 nominations have been received. Finalists will be featured over the coming weeks in the Oxford Mail leading up to the announcement of the winner at the Annual Awards evening on 28 November.
80. The first pilot round of the new 'Good Thinking Scheme' launched in June 2013, closed at the end of September. Ideas are being evaluated and winners will be announced in the OUH News. The response has been relatively low and a review of the scheme will take place in October 2013.

### **Annual Staff Survey**

81. The annual staff survey launched in October and for the third consecutive year, all 11,000 Trust staff have been invited to participate. There were some initial technical difficulties nationally which delayed the start of the electronic staff survey, these issues have now been resolved.
82. Initial completion data indicates that the Trust is on track to exceed last year's completion rate of 43.7%. It is anticipated that results will be published in February 2014.

### **Equality & Diversity**

83. Black History Month was celebrated at the Trust, with an event organised by the Oxfordshire NHS Staff BME Network. The event was open to all staff and was well supported.
84. Equality Champions are currently being sought across the Trust. The intention is that they will be trained and continually updated on equality and diversity initiatives/activities at the Trust and in turn provide support within their Division or Department. The role would be undertaken alongside normal duties and it is hoped that a cross section of the workforce, from all staff groups, comes forward. Equality Champions would also be able to provide feedback to the Equality & Diversity Leads regarding the needs of their directorates.

### **Raising Concerns**

85. There were seven Raising Concerns (Whistleblowing) cases raised at stage two of the current policy during quarter two. The two cases raised in July have been closed. The remaining four cases are all still open. Two cases remain open from the end of 2012-2013. These involve ongoing issues about smoking at main reception and issues raised in Therapies which have been subject to an investigation that is being finalised.

An overview of the cases is as follows:

Case Ref	Details	Date	Status	Date Closed
2013 0710	Behaviour during a training session	10/07/13	Closed	01/08/13
2013 0725	On call medical bleep carried by an F2	19/07/13	Closed	22/08/13
2013 0807	Health and safety in basement of Women's Centre	05/08/13	Open	
2013 0808	Smoking in office	08/08/13	Open	
2013 0812	Inappropriate access of patient record	12/08/13	Open	
2013 0816	Lack of disclosure of personal interest in procurement of services	16/08/13	Open	
2013 0910	Morale, harassment, turnover and management issues for a particular Ward	10/09/13	Open	

86. The new Raising Concerns Policy is now available on the OUH intranet and an announcement will be made in this regard. Further communications are to go out to staff on an ongoing basis, to promote the use of the policy.

### Recommendation

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

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**Lead:** Kay Clayton, Assistant Director of Workforce  
**Executive Sponsor:** Paul Jones, Interim Director of OD & Workforce

**October 2013**



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**ANNEX A – SICKNESS RATES**

**Table 1: Sickness Absence (ESR defined) Division**

Division	2012-2013	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Operations & Service Improvement	4.0%	4.6%	4.3%	3.6%	3.8%	3.8%	3.9%
Children's and Women's	3.7%	4.1%	4.3%	4.1%	3.9%	3.8%	3.8%
Cardiac, Vascular & Thoracic	3.2%	3.8%	3.4%	3.5%	3.5%	3.5%	3.5%
Emergency Medicine, Therapies & Ambulatory	3.2%	3.7%	3.8%	3.7%	3.6%	3.3%	3.3%
Critical Care ,Theatres, Diagnostics & Pharmacy	3.1%	3.5%	3.2%	3.1%	3.0%	2.9%	3.1%
Surgery & Oncology	2.9%	3.2%	3.0%	3.1%	3.0%	2.9%	2.9%
Musculoskeletal & Rehabilitation	2.7%	2.4%	2.6%	2.6%	2.8%	2.7%	2.8%
Neurosciences, Trauma & Specialist Surgery	3.3%	2.7%	2.5%	2.6%	2.6%	2.6%	2.7%
Corporate	2.9%	2.5%	2.5%	2.5%	2.5%	2.7%	2.7%
Research & Development	1.1%	0.2%	0.5%	0.8%	0.9%	1.0%	1.2%
<b>OUHs</b>	<b>3.1%</b>	<b>3.3%</b>	<b>3.2%</b>	<b>3.2%</b>	<b>3.1%</b>	<b>3.1%</b>	<b>3.1%</b>

**Table 2: Quarterly Sickness absence 2012-2013**

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Quarterly Absence Rate 2012-2013	2.9%	2.9%	3.3%	3.4%
Quarterly Absence Rate 2013-2014	3.2%	3.1%		

**Table 3: Sickness Absence (ESR defined) staff group**

Staff Group	2012-2013	Qtr 1		Qtr 2			
		Year to Date Sickness Absence %					
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Additional Clinical Services	4.8%	5.4%	5.3%	5.2%	5.3%	5.2%	5.4%
Estates & Ancillary	5.1%	5.3%	4.1%	3.7%	3.8%	4.5%	5.1%
Nursing & Midwifery Registered	3.6%	3.7%	3.6%	3.6%	3.5%	3.5%	3.5%
<i>of which Midwives</i>	4.7%	4.7%	5.0%	5.1%	5.0%	4.9%	4.6%
Administrative & Clerical	3.5%	3.5%	3.5%	3.5%	3.3%	3.2%	3.3%
Additional Professional, Scientific & Technical	3.1%	2.9%	2.9%	2.9%	2.8%	2.8%	2.9%
Allied Health Professionals	2.3%	3.0%	2.8%	2.4%	2.2%	2.1%	2.1%
Healthcare Scientists	2.7%	3.0%	2.5%	2.4%	2.4%	2.2%	2.0%
Medical & Dental	0.7%	0.8%	1.0%	0.8%	0.8%	0.8%	0.8%

Table 4: Top 10 Directorates with highest sickness levels

Directorate	2012-2013	Qtr 1			Qtr 2		
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Gastroenterology, Endoscopy & Churchill Theatres	New Directorate	4.5%	4.6%	4.6%	4.5%	4.4%	4.6%
Estates & Facilities	4.1%	3.4%	3.5%	3.3%	3.5%	4.1%	4.5%
Women's Services	4.2%	4.5%	4.7%	4.3%	4.2%	4.2%	4.0%
Operations & Service Improvement	3.9%	4.3%	4.3%	3.6%	3.9%	3.9%	4.0%
Cardiac Medicine & Surgery Division Management	3.4%	6.1%	5.5%	4.9%	4.2%	4.0%	3.8%
Cardiac, Thoracic & Vascular Surgery	3.0%	3.8%	3.4%	3.5%	3.6%	3.6%	3.8%
Paediatric Medicine & Surgery	3.3%	3.9%	4.0%	4.0%	3.7%	3.6%	3.7%
Anaesthetics, Critical Care & Theatres	3.5%	3.5%	3.5%	3.6%	3.5%	3.4%	3.5%
Emergency Medicine & Therapies	3.4%	3.9%	4.0%	3.8%	3.6%	3.3%	3.3%
Ambulatory Services	2.8%	3.3%	3.2%	3.3%	3.5%	3.5%	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
Additional Professional, Scientific & Technical	91.7%	39.3%	8.3%	60.7%	92.0%	35.3%	8.0%	64.7%
Additional Clinical Services	86.7%	33.8%	13.3%	66.2%	88.0%	29.9%	12.0%	70.1%
Administrative & Clerical	88.1%	32.1%	11.9%	67.9%	88.9%	30.4%	11.1%	69.6%
Allied Health Professionals	87.3%	35.2%	12.7%	64.8%	90.2%	35.7%	9.8%	64.3%
Estates & Ancillary	82.5%	35.0%	17.5%	65.0%	77.5%	22.5%	22.5%	77.5%
Healthcare Scientists	90.2%	40.8%	9.8%	59.2%	92.4%	44.4%	7.6%	55.6%
Medical & Dental	71.6%	10.5%	28.4%	89.5%	73.3%	10.9%	26.7%	89.1%
Nursing & Midwifery Registered	88.7%	35.8%	11.3%	64.2%	89.3%	33.5%	10.7%	66.5%
<b>Staff Group Summary Total</b>	<b>87.9%</b>	<b>33.7%</b>	<b>12.1%</b>	<b>66.3%</b>	<b>88.7%</b>	<b>31.3%</b>	<b>11.3%</b>	<b>68.7%</b>

## ANNEX B – TURNOVER RATES

Table 1: Divisional Turnover

Division	2012-2013	Qtr 1		Qtr 2			
		Labour Turnover WTE %					
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Cardiac, Vascular & Thoracic	11.4%	10.5%	12.3%	12.6%	13.0%	13.4%	13.2%
Neurosciences, Trauma & Specialist Surgery	13.6%	12.6%	12.5%	12.6%	12.5%	13.4%	12.8%
Emergency Medicine, Therapies & Ambulatory	12.7%	12.4%	12.4%	12.7%	12.2%	11.9%	12.6%
Surgery & Oncology	11.4%	11.8%	12.3%	12.2%	12.4%	12.5%	12.5%
Musculoskeletal & Rehabilitation	11.0%	10.9%	11.6%	11.2%	10.3%	10.3%	10.9%
Critical Care, Theatres, Diagnostics & Pharmacy	11.4%	10.8%	11.4%	11.5%	11.8%	11.4%	10.6%
Children's & Women's	9.1%	9.2%	9.7%	10.3%	10.4%	11.1%	10.6%
Corporate	8.6%	7.9%	7.9%	7.9%	8.2%	8.6%	9.4%
Operations & Service Improvement	12.3%	12.1%	12.3%	12.4%	11.1%	10.2%	8.7%
OUHs	11.3%	10.9%	11.3%	11.5%	11.4%	11.5%	11.4%

Table 2: Rolling 12 month Turnover

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Turnover at end of quarter 2012-2013	10.7%	11.0%	11.0%	11.3%
Turnover at end of quarter 2013-2014	11.5%	11.4%		

Table 3: Turnover by (ESR defined) staff group

Staff Group	2012-2013	Qtr 1		Qtr 2			
		Labour Turnover WTE %					
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Allied Health Professionals	15.1%	14.7%	14.2%	13.5%	13.5%	15.3%	14.7%
Nursing & Midwifery Registered	11.9%	11.9%	12.3%	12.9%	12.8%	12.9%	12.5%
Administrative & Clerical	11.3%	10.6%	10.9%	10.9%	11.4%	11.5%	11.4%
Additional Clinical Services	11.4%	11.1%	12.0%	11.1%	10.6%	10.7%	11.1%
Estates & Ancillary	11.8%	10.8%	10.8%	10.5%	8.9%	8.7%	10.0%
Additional Professional, Scientific & Technical	13.0%	11.5%	10.0%	10.8%	11.2%	9.8%	9.7%
Healthcare Scientists	11.0%	8.9%	10.6%	11.4%	10.3%	9.8%	9.0%
Medical & Dental	4.6%	5.0%	5.7%	6.1%	5.9%	6.4%	6.4%

Table 4 - Top 10 Directorates with highest levels of Turnover

Directorate	2012-2013	Qtr 1			Qtr 2		
		Labour Turnover WTE %					
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Human Resources & Admin	<b>16.6%</b>	14.9%	18.1%	17.6%	23.0%	24.5%	27.8%
Gastroenterology, Endoscopy & Churchill Theatres			16.1%	17.0%	17.9%	17.5%	17.5%
Cardiac Medicine (Cardiology)	<b>10.5%</b>	8.7%	12.3%	13.0%	14.6%	14.4%	17.3%
MARS, Rheumatology, Radiology & Rehabilitation	<b>13.8%</b>	15.3%	16.0%	16.0%	14.8%	13.6%	16.1%
Trauma	<b>20.8%</b>	19.8%	18.9%	18.4%	15.9%	15.9%	14.3%
Ambulatory Services	<b>14.6%</b>	14.9%	15.7%	14.9%	14.6%	13.2%	13.6%
Cardiac Medicine & Surgery Division Management	<b>13.3%</b>	12.7%	13.3%	12.3%	13.2%	14.9%	13.2%
Surgery	<b>11.6%</b>	13.6%	13.3%	12.7%	13.8%	13.9%	12.7%
Specialist Surgery	<b>12.5%</b>	11.1%	11.6%	11.6%	12.7%	13.7%	12.6%
Emergency Medicine & Therapies	<b>11.9%</b>	11.4%	11.2%	11.9%	11.3%	11.3%	12.3%

Turnover is based on a rolling 12 month period.

ANNEX C – VACANCY RATES

Without R&D Division Staff Group	Mar-13				Apr-13				May-13				Jun-13			
	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Nursing	893.9	964.5	70.6	7.3%	906.0	1064.1	158.1	14.9%	906.0	1063.7	157.7	14.8%	910.9	1039.9	129.0	12.4%
Clinical Support - Other	1104.6	1059.3	-45.3	-4.3%	1124.4	1297.2	172.8	13.3%	1135.6	1295.8	160.2	12.4%	1147.9	1282.7	134.8	10.5%
Clinical Support - ST&T	394.3	404.0	9.7	2.4%	398.3	419.9	21.6	5.1%	396.2	419.9	23.7	5.6%	399.1	415.4	16.3	3.9%
Medical and Dental	1529.1	1451.8	-77.3	-5.3%	1524.8	1529.9	5.0	0.3%	1510.1	1529.9	19.8	1.3%	1503.1	1511.2	8.1	0.5%
NHS Infrastructure Support: Admin & Estates	670.5	771.4	100.9	13.1%	670.4	696.9	26.5	3.8%	668.9	695.9	27.0	3.9%	659.3	696.3	36.9	5.3%
NHS Infrastructure Support: Managers	138.0	224.2	86.2	38.4%	137.2	152.3	15.1	9.9%	139.6	153.3	13.7	8.9%	141.0	152.6	11.6	7.6%
Other	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%
Qualified ST&T - AHPs	509.5	557.0	47.5	8.5%	511.4	558.2	46.8	8.4%	506.0	558.2	52.2	9.4%	510.7	542.3	31.6	5.8%
Qualified ST&T - HCS	483.7	514.4	30.7	6.0%	488.5	530.6	42.1	7.9%	484.9	530.6	45.7	8.6%	481.6	529.8	48.2	9.1%
Qualified ST&T - Other ST&T	281.0	255.5	-25.5	-10.0%	288.6	254.3	-34.3	-13.5%	288.0	254.3	-33.7	-13.3%	287.1	253.8	-33.3	-13.1%
Registered Nurses - excluding Midwives	2705.4	2993.3	287.9	9.6%	2696.4	3161.2	464.7	14.7%	2689.1	3138.9	449.7	14.3%	2672.4	3055.6	383.2	12.5%
Registered Nurses - Midwives	273.7	270.3	-3.4	-1.3%	273.9	303.3	29.4	9.7%	273.4	303.3	29.9	9.9%	273.0	278.4	5.3	1.9%
Unallocated	0.0	-231.8	-231.8	100.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
<b>Grand Total</b>	<b>8988.2</b>	<b>9235.5</b>	<b>247.3</b>	<b>2.7%</b>	<b>9024.4</b>	<b>9963.3</b>	<b>938.9</b>	<b>9.4%</b>	<b>9002.3</b>	<b>9939.2</b>	<b>936.9</b>	<b>9.4%</b>	<b>8990.7</b>	<b>9759.5</b>	<b>768.8</b>	<b>7.9%</b>

Staff Group	Vacancy %	Jul-13				Aug-13				Sep-13			
		Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Nursing	12.4%	929.0	1055.2	126.2	12.0%	934.2	1063.5	129.3	12.2%	970.0	1044.9	74.9	7.2%
Clinical Support - Other	10.5%	1137.8	1264.0	126.2	10.0%	1140.0	1280.4	140.4	11.0%	1158.1	1282.0	123.9	9.7%
Clinical Support - ST&T	3.9%	395.7	416.8	21.1	5.1%	390.4	415.6	25.2	6.1%	400.0	413.9	13.9	3.4%
Medical and Dental	0.5%	1585.8	1514.5	-71.4	-4.7%	1549.0	1515.8	-33.3	-2.2%	1551.1	1509.1	-42.0	-2.8%
NHS Infrastructure Support: Admin & Estates	5.3%	670.8	702.2	31.4	4.5%	669.4	692.6	23.2	3.3%	661.4	693.5	32.0	4.6%
NHS Infrastructure Support: Managers	7.6%	139.6	151.6	12.1	8.0%	139.6	156.3	16.8	10.7%	141.4	145.0	3.6	2.5%
Other	-87.5%	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%
Qualified ST&T - AHPs	5.8%	509.3	547.3	38.0	6.9%	498.2	556.4	58.2	10.5%	524.3	558.5	34.2	6.1%
Qualified ST&T - HCS	9.1%	487.4	536.6	49.2	9.2%	491.0	540.4	49.3	9.1%	491.9	535.4	43.4	8.1%
Qualified ST&T - Other ST&T	-13.1%	293.3	251.3	-42.0	-16.7%	300.2	252.3	-47.9	-19.0%	301.3	248.5	-52.8	-21.3%
Registered Nurses - excluding Midwives	12.5%	2662.1	3078.8	416.7	13.5%	2661.4	3094.0	432.5	14.0%	2719.4	3079.0	359.6	11.7%
Registered Nurses - Midwives	1.9%	271.4	277.5	6.0	2.2%	269.6	286.5	16.9	5.9%	277.5	286.5	9.0	3.2%
Unallocated	0.0%	0.0	4.4	4.4	100.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
<b>Grand Total</b>	<b>7.9%</b>	<b>9086.9</b>	<b>9801.7</b>	<b>714.8</b>	<b>7.3%</b>	<b>9047.5</b>	<b>9855.3</b>	<b>807.8</b>	<b>8.2%</b>	<b>9201.0</b>	<b>9797.8</b>	<b>596.8</b>	<b>6.1%</b>

With R&D Division Staff Group	Mar-13				Apr-13				May-13				Jun-13			
	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Nursing	893.9	964.5	70.6	7.3%	906.0	1064.1	158.1	14.9%	906.0	1063.7	157.7	14.8%	910.9	1039.9	129.0	12.4%
Clinical Support - Other	1134.6	1072.2	-62.4	-5.8%	1154.9	1372.5	217.6	15.9%	1166.1	1371.6	205.5	15.0%	1182.5	1358.5	176.0	13.0%
Clinical Support - ST&T	394.3	404.0	9.7	2.4%	398.3	419.9	21.6	5.1%	396.2	419.9	23.7	5.6%	399.1	415.4	16.3	3.9%
Medical and Dental	1530.1	1482.6	-47.5	-3.2%	1525.8	1553.4	27.6	1.8%	1511.1	1552.0	40.9	2.6%	1504.1	1533.3	29.1	1.9%
NHS Infrastructure Support: Admin & Estates	671.3	829.2	157.9	19.0%	671.2	707.2	36.0	5.1%	669.7	706.2	36.5	5.2%	660.1	706.5	46.4	6.6%
NHS Infrastructure Support: Managers	152.4	236.5	84.1	35.6%	153.6	161.8	8.2	5.1%	155.0	162.8	7.8	4.8%	156.4	162.1	5.7	3.5%
Other	3.0	82.7	79.7	96.4%	3.0	39.9	36.9	92.5%	3.0	40.9	37.9	92.7%	3.0	40.9	37.9	92.7%
Qualified ST&T - AHPs	515.4	561.2	45.8	8.2%	517.3	561.3	44.0	7.8%	511.9	561.3	49.4	8.8%	516.5	545.3	28.8	5.3%
Qualified ST&T - HCS	487.7	538.5	50.8	9.4%	492.5	547.9	55.4	10.1%	488.9	547.9	59.0	10.8%	485.6	547.1	61.4	11.2%
Qualified ST&T - Other ST&T	281.0	275.3	-5.7	-2.1%	288.9	269.2	-19.7	-7.3%	288.3	269.2	-19.1	-7.1%	287.4	268.8	-18.7	-6.9%
Registered Nurses - excluding Midwives	2722.0	3089.7	367.7	11.9%	2714.9	3231.5	516.6	16.0%	2707.6	3209.2	501.6	15.6%	2690.9	3126.0	435.1	13.9%
Registered Nurses - Midwives	274.2	273.8	-0.3	-0.1%	274.4	306.5	32.1	10.5%	273.9	306.5	32.6	10.7%	273.5	281.6	8.0	2.8%
Unallocated	0.0	-231.8	-231.8	100.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
<b>Grand Total</b>	<b>9061.4</b>	<b>9578.4</b>	<b>517.0</b>	<b>5.4%</b>	<b>9102.3</b>	<b>10228.9</b>	<b>1126.6</b>	<b>11.0%</b>	<b>9079.2</b>	<b>10204.9</b>	<b>1125.7</b>	<b>11.0%</b>	<b>9071.6</b>	<b>10025.1</b>	<b>953.5</b>	<b>9.5%</b>

Staff Group	Vacancy %	Jul-13				Aug-13				Sep-13			
		Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Nursing	12.4%	929.0	1055.2	126.2	12.0%	934.2	1063.5	129.3	12.2%	970.0	1044.9	74.9	7.2%
Clinical Support - Other	13.0%	1172.5	1339.8	167.2	12.5%	1177.0	1356.2	179.2	13.2%	1196.1	1358.7	162.7	12.0%
Clinical Support - ST&T	3.9%	395.7	416.8	21.1	5.1%	390.4	415.6	25.2	6.1%	400.0	413.9	13.9	3.4%
Medical and Dental	1.9%	1586.8	1536.5	-50.3	-3.3%	1550.0	1537.8	-12.2	-0.8%	1552.1	1532.1	-20.0	-1.3%
NHS Infrastructure Support: Admin & Estates	6.6%	671.6	712.5	40.9	5.7%	670.2	702.8	32.7	4.6%	662.2	703.7	41.5	5.9%
NHS Infrastructure Support: Managers	3.5%	155.0	161.1	6.2	3.8%	156.0	165.8	9.9	5.9%	156.8	154.5	-2.3	-1.5%
Other	92.7%	3.0	40.9	37.9	92.7%	3.0	40.9	37.9	92.7%	3.0	40.9	37.9	92.7%
Qualified ST&T - AHPs	5.3%	515.2	550.3	35.1	6.4%	504.0	559.4	55.3	9.9%	530.1	561.5	31.3	5.6%
Qualified ST&T - HCS	11.2%	490.4	553.9	63.4	11.5%	494.0	557.6	63.6	11.4%	494.9	552.6	57.7	10.4%
Qualified ST&T - Other ST&T	-6.9%	293.6	266.2	-27.3	-10.3%	300.5	267.2	-33.3	-12.5%	301.6	263.4	-38.2	-14.5%
Registered Nurses - excluding Midwives	13.9%	2678.9	3149.2	470.3	14.9%	2679.6	3164.3	484.7	15.3%	2736.7	3149.4	412.6	13.1%
Registered Nurses - Midwives	2.8%	271.9	280.7	8.7	3.1%	270.1	289.7	19.6	6.8%	278.0	289.7	11.7	4.1%
Unallocated	0.0%	0.0	4.4	4.4	100.0%	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
<b>Grand Total</b>	<b>9.5%</b>	<b>9165.2</b>	<b>10067.4</b>	<b>902.1</b>	<b>9.0%</b>	<b>9130.6</b>	<b>10120.9</b>	<b>990.3</b>	<b>9.8%</b>	<b>9283.2</b>	<b>10065.4</b>	<b>782.2</b>	<b>7.8%</b>

## ANNEX D – NON-MEDICAL APPRAISAL RATES

Table 1: Appraisal uptake by Division

Division	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Musculoskeletal & Rehabilitation	89.3%	91.7%	91.8%	88.2%	88.5%	87.5%	86.7%	79.8%	75.2%	74.6%	76.7%	77.9%
Operations & Service Improvement	62.4%	61.8%	60.1%	61.1%	58.5%	51.0%	40.9%	43.3%	53.9%	59.6%	79.6%	76.6%
Cardiac, Vascular & Thoracic	80.1%	80.1%	75.0%	76.0%	69.4%	57.4%	71.1%	72.4%	70.1%	65.8%	70.3%	72.8%
Critical Care, Theatres, Diagnostics & Pharmacy	82.4%	81.5%	81.4%	77.5%	72.8%	75.0%	70.9%	67.8%	73.0%	74.3%	76.3%	72.5%
Corporate	82.0%	88.6%	88.9%	88.2%	87.5%	81.5%	73.6%	70.2%	75.8%	76.2%	74.7%	69.4%
Neurosciences, Trauma & Specialist Surgery	56.2%	52.3%	50.2%	48.3%	44.9%	40.5%	63.7%	68.6%	62.8%	64.3%	65.9%	67.6%
Children's & Women's	67.5%	65.1%	67.7%	68.0%	65.5%	59.6%	54.3%	59.8%	66.0%	62.3%	65.9%	67.1%
Surgery & Oncology	57.6%	54.7%	56.5%	57.1%	58.7%	62.4%	69.0%	71.4%	66.9%	64.8%	61.6%	60.5%
Emergency Medicine, Therapies & Ambulatory	69.3%	65.0%	62.5%	60.8%	61.8%	58.7%	57.9%	55.5%	51.3%	55.5%	55.7%	52.3%
Research & Development	39.1%	31.9%	30.0%	28.8%	29.4%	28.3%	20.4%	60.7%	62.3%	52.5%	49.2%	47.7%
<b>Grand Total</b>	<b>71.5%</b>	<b>70.3%</b>	<b>70.1%</b>	<b>68.9%</b>	<b>67.3%</b>	<b>65.1%</b>	<b>66.0%</b>	<b>66.2%</b>	<b>66.8%</b>	<b>66.7%</b>	<b>68.0%</b>	<b>66.4%</b>

Table 2: Appraisal uptake by Staff Group

Staff Group	Sep-13
Estates & Ancillary	93.9%
Additional Professional, Scientific & Technical	73.4%
Healthcare Scientists	67.8%
Administrative & Clerical	66.8%
Nursing & Midwifery Registered	66.0%
Additional Clinical Services	64.7%
Allied Health Professionals	58.3%
<b>Grand Total</b>	<b>66.4%</b>