

**TRUST BOARD**  
**28<sup>th</sup> May 2009**

**TITLE**

**Workforce Report**

**EXECUTIVE  
SUMMARY**

The report provides information on the workforce profile as at 30<sup>th</sup> April 2009 as follows:

- Establishment profile by staff group
- Staffing and establishment comparisons
- Vacancy Levels
- Turnover rates and reasons for leaving
- Sickness absence
- Diversity

**BOARD ASSURANCE  
(Risk) /  
IMPLICATIONS**

The Corporate BAF and risk register have been amended in light of the workforce profile. The Human Resources Partners will review and amend relevant local assurance frameworks and risk registers with business centre management teams.

**STAKEHOLDER /  
PATIENT IMPACT  
AND VIEWS**

The Trust will register recruitment difficulties with NHSE and the DH for consideration of the national shortage occupation list. Similarly, the Trust will work with the SEC Education and Training Commissioning team and support initiatives to build up a modest over supply of professionals in the region. A Surrey wide workforce planning group is considering local incentives to attract particular professionals into the county. The Trust EPF and Workforce Strategy Group will consider the report, offer their views and be key stakeholders in the development and implementation of both recruitment and retention strategies.

**EQUALITY AND  
DIVERSITY ISSUES**

The report meets the legal requirement to publish the diversity of the workforce in relation to the six strands:

- Age
- Gender
- Sexual Orientation
- Religious Affiliation/ Belief
- Disability
- Ethnicity

**LEGAL ISSUES**

As Above

**The Trust Board is  
asked to:**

Note the Report

**Submitted by:**

Raj Bhamber

**Date:** 22/05/2009

**Decision:** For Noting

**TRUST BOARD**  
**28 May 2009**

**Workforce Report**

**Introduction**

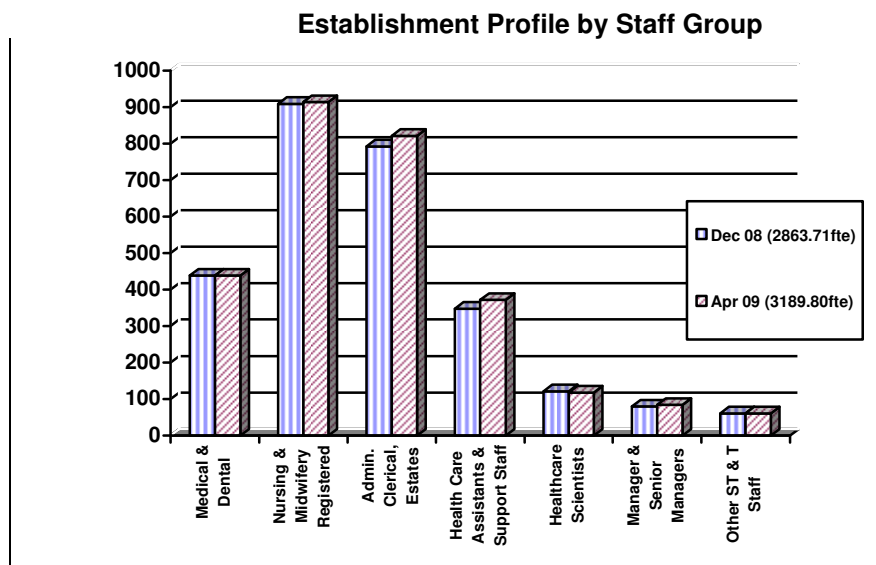
This paper highlights workforce trends over the last year and is based on data capture within the electronic staff record. The report provides information on the workforce profile as at 30<sup>th</sup> April 2009 as follows:

- Establishment profile by staff group
  - Staffing and establishment comparisons
  - Vacancy Levels
  - Turnover rates and reasons for leaving
  - Sickness absence
  - Diversity

Work is in progress to reconcile the ESR with the finance database, so that future reports are fully integrated. Work is also in progress to develop key workforce performance indicators in line with the emergent Workforce Strategy which will be presented to the Board in June 2009.

**1. Establishment Growth**

The chart below shows that the establishment has grown by 326.09 fte (from 2863.71 fte in December 2008 to 3189.80 fte in April 2009) . Whilst some of this is attributable to 62 fte staff who transferred to the Trust (20fte Health Informatics and 22 fte therapists from Surrey PCT) and planned service developments (18 wte staff were recruited to Fielding Ward which opened at Ashford Hospital), the vast majority of increases ( 264) relate to real growth.



## 2. Establishment compared with staff in post

The table below shows that the Trust currently has an 8% vacancy factor which is well within the normal range for NHS Acute Trusts.

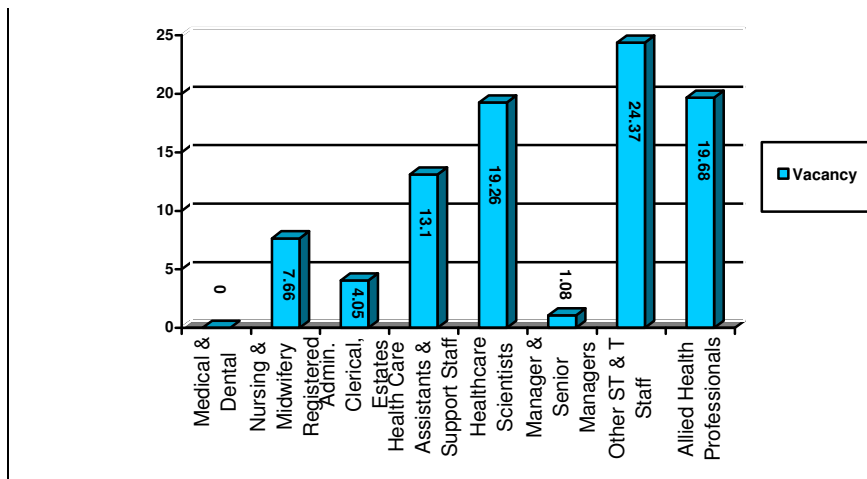
Establishment FTE	Staff in Post FTE	Headcount	Number of Vacancies FTE	Vacancy %
3189.80	2934.11	3386	255.69	8.02%

## 3. Vacancy levels

However, the vacancy levels by staff group show there are higher numbers of vacancies in the following groups:

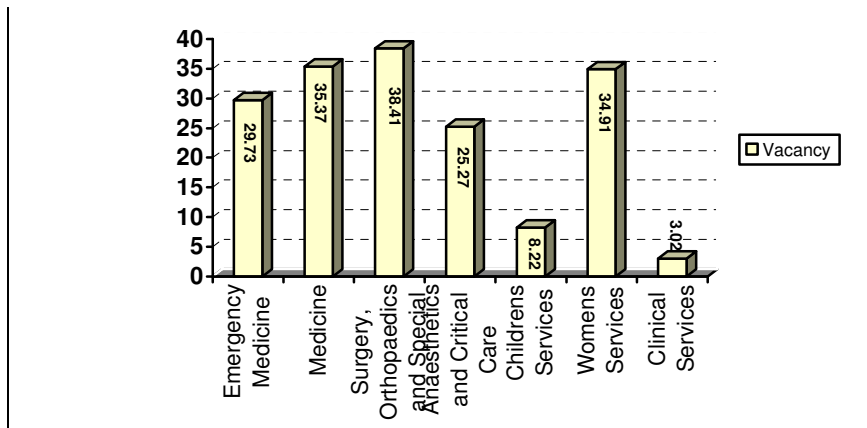
- Scientific and Technical, eg pharmacists (24.37%)
- Allied Health Professionals, eg Therapists (19.68%)
- Healthcare Scientists, eg MLSOs (19.26%)

**% Vacancy by Staff Group**



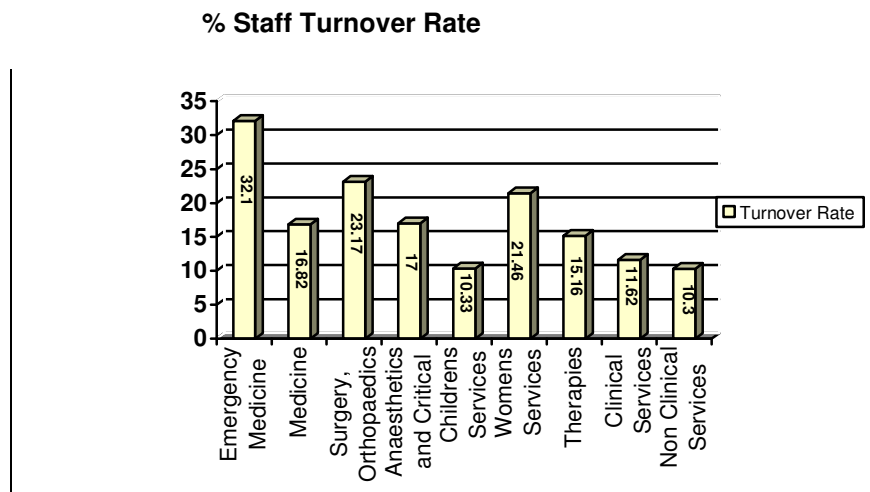
Whilst the vacancy rate for nursing and midwifery is only 7.66%, the numbers of vacancies in each specialty is variable as follows:

**Number of FTE Nurse and Midwifery Vacancies**

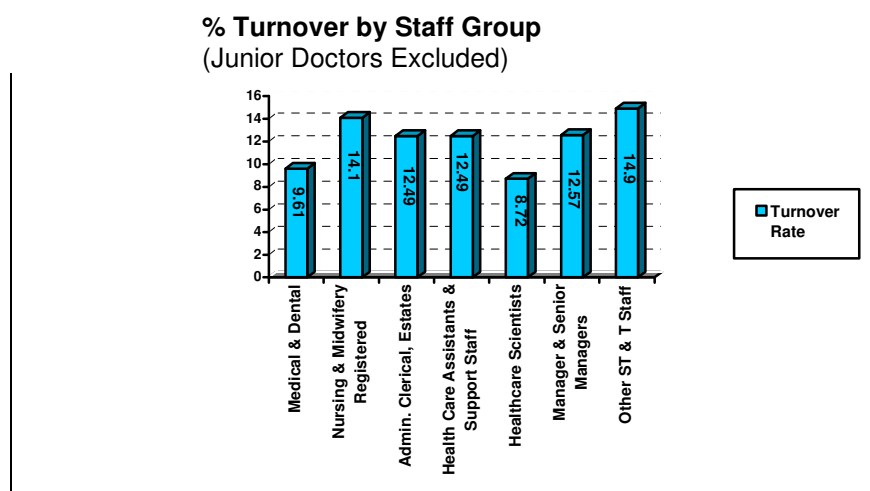


#### 4. Turnover rates

Whilst the staff turnover rate has reduced from 17.38% a year ago to 16.12%, it remains high and as such will be a key area of focus during 2009/10. The detailed turnover by specialty is as follows:



The detailed turnover by staff group is as follows:



#### 5. Reasons for Leaving

The table below shows that during 2008/09 the majority of staff (47.66%) voluntarily left the Trust, followed by those whose contract expired (of the 205.32 in this latter category, 189 were doctors in training).

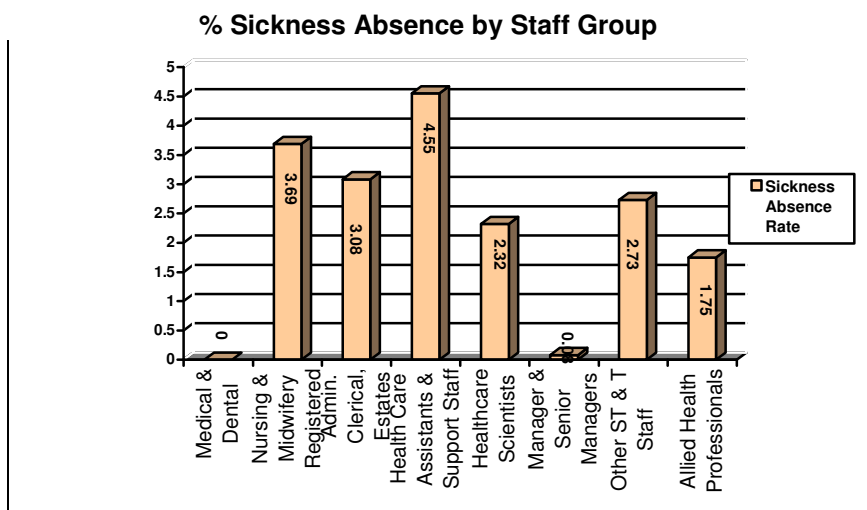
Reason for Leaving (01/04/08 – 31/03/09)	FTE Leavers	% of Total FTE
Death in Service	1.54	0.31%
Dismissal	9.06	1.56%
Employee Transfer	54.39	8.75%
End of Fixed Term Contract	205.32	32.5%
Redundancy	8.53	1.56%
Retirement	41.11	7.66%
Voluntary Resignation	254.01	47.66%
<b>Total</b>	<b>573.96</b>	<b>100.00%</b>

The chart below provides further detailed analysis on the recorded reasons for leaving. For over 50% of leavers, the recorded reason is not known. The termination form is being amended to remove this classification, enabling the Trust to better understand reasons for leaving.

Voluntary Resignation as Reason for Leaving (01/04/08 – 31/03/09)	FTE	% of Total Voluntary Resignation as Reason
Voluntary Resignation – Adult Dependants	3.54	1.39%
Voluntary Resignation – Better Reward Package	1.00	0.39%
Voluntary Resignation – Child Dependants	4.27	1.68%
Voluntary Resignation – Health	3.76	1.48%
Voluntary Resignation – Incompatible Working Relationships	10.70	4.21%
Voluntary Resignation – Lack of Opportunities	2.00	0.78%
Voluntary Resignation – Other/ Not Known	128.52	50.59%
Voluntary Resignation – Promotion	31.94	12.57%
Voluntary Resignation – Relocation	62.26	24.54%
Voluntary Resignation – Work Life Balance	6.02	2.37%
<b>Total</b>	<b>254.01</b>	<b>100.00%</b>

## 6. Sickness Absence

The overall recorded sickness absence level is 3.1% and again varies by staff group as is illustrated by the chart below.



It is proposed to cross reference the accuracy of the sickness absence data with requests for temporary staff requests and through random audits conducted by the Human Resources Business Partners.

## 7. Diversity

In accordance with the Trusts Single Equality Scheme, the next section provides information on the diversity of the workforce in relation to six strands.

### Age bands of Trust staff

The majority of our staff are aged between 31 and 50 years as is shown below.

	16	21	26	31	36	41	46	51	56	61	66	71 & above
	-	-	-	-	-	-	-	-	-	-	-	
	20	25	30	35	40	45	50	55	60	65	70	
<b>Staff</b>	33	239	373	480	426	450	453	382	299	175	55	21

## Trust Staff by Gender

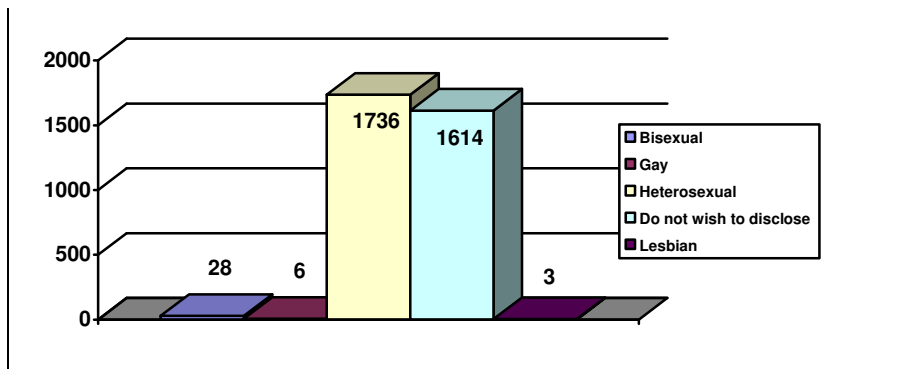
We employ 2,579 females and 807 males.

## Disability

The electronic staff record report states that twenty four employees have a disability.

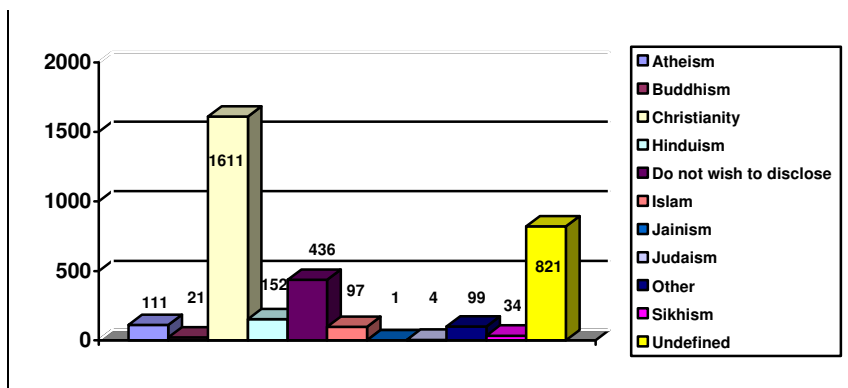
## Sexual Orientation

In terms of sexual orientation, the majority of our staff are heterosexual (1736) and almost as many do not wish to disclose their sexual orientation (789) or are undefined (825).



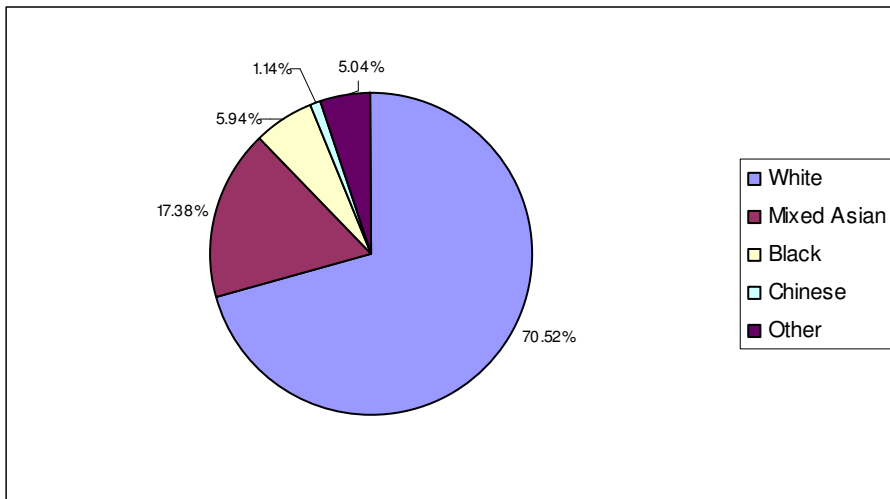
## Religious Belief

In terms of religious belief, the majority of our staff (1611) are Christians.



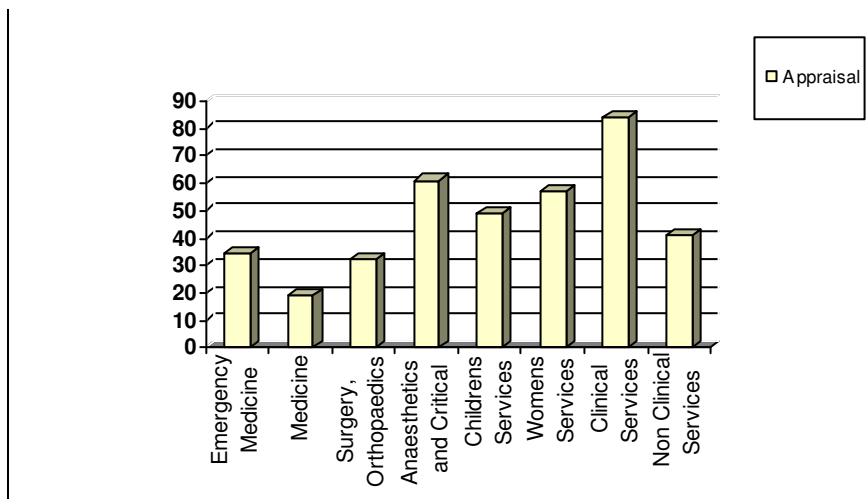
## Ethnicity of Staff

The chart overleaf illustrates the ethnicity of our staff and provides a positive correlation with the local population. A more detailed analysis of employee ethnicity cross referenced with salary levels will be considered by the Equality and Diversity Steering Group chaired by the Chief Executive on 3 June 2009.



### 8. Appraisal

The electronic staff records indicate that 1339 staff were appraised during 2008/9. Whilst this is an improvement on 2007/8, it falls well below that which is expected by high performing organisations. Academic research shows there is a correlation between the design and coverage of appraisal in health care settings – those settings with sophisticated design and high levels of coverage had lower levels of mortality. This will continue to be a key area of focus in 2009/10.



### 9. Working Time Directive for doctors in training

The Trust reported 29 of 31 rotas compliant last month to the South East Coast SHA and Department of Health. Since then a further rota has been agreed and plans are in place to ensure that the remaining rota will be compliant on 1 July 2009, in advance of the 1 August 2009 deadline. Whilst this will enable the Trust to meet the requirement for all doctors in training to be WTD compliant on 1 August, there is a requirement to ensure that this position is sustainable. As such it will remain a key area of focus throughout the year and as it is one of the six key priorities in the NHS Operating framework 2009/10, it will be subject to external performance management. Whilst all NHS Trusts are being invited to request derogation from 56 to 52 hours for doctors in training, Ashford and St Peters Hospitals NHS Trust is unlikely to do so.

**Submitted by:** Raj Bhamber, Director of Workforce & OD

**Date:** 22 May 2009