

South East London 

Strategic Health Authority

Workforce Development Confederation

South East London WDC Annual Workforce Report 2004-2005

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Introduction

Last year the first annual workforce report was completed for the sector. The aim of the report was to present a review of workforce in South East London for the financial year 2003-2004 for the WDC Board.

The information contained in this year's annual workforce report will build on what was achieved in the first report, for the financial year 2004-2005.

In addition to providing an overall picture of the workforce, the report will also provide workforce information that will support organisations to explore the opportunities that exist for benchmarking workforce data and informing action as trusts plan to meet the challenges that currently face the NHS. A summary of these challenges will be provided in the chapter headed, '**Background**', in this report.

It is clear that the quality of data has improved over the past year, but further work must be undertaken to ensure that consistent approaches to validating and collating data are agreed in the sector.

The issues with data quality and the variance in approaches to data collection will be resolved through the Electronic Staff Records Project. The roll out of this system in the sector has commenced with Oxleas Mental Health Trust, which began implementation of this system in June 2005.

Please note that the workforce data presented in this report originated from the trusts and PCTs in the sector. The other source of workforce data is from the Department of Health, which regularly requests data from organisations for publication purposes. For purposes of clarity, an explanation of the source of information will be provided in each section of the report.

A full breakdown of the timetable for data collection on workforce throughout the year is available from Jennie Lau:

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The DH has confirmed that it will not be releasing information on workforce vacancies for 2004-05 until August 2005. An addendum to this report will be provided for the August 05 WDC board which will cover the workforce information on this issue.

Contents

1. Background

2. Section A

This part of the annual workforce report will focus on providing a review on the workforce with an emphasis on the key deliverables for the sector in 2005/06.

It will also provide strategic information at an organisation level on the workforce productivity/efficiency gains that have been highlighted in the Gershon report and the work undertaken by the Productive Time Team.

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3. Section B

Benchmarking information is presented in this section of the annual workforce report.

The reports contained in this section will be useful to provide baseline data to facilitate organisations to gain a better understanding of the current workforce in the sector in order to highlight areas of work that organisations may wish to focus on in the future.

Pages	Chapter Heading
57 – 58	Benchmarking against Activity
59	Age Profiles
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Background

The NHS has received unprecedented levels of funding from the DH over the past few years. On average, there has been an annual 7% increase in the funding allocations, which will continue until 2007/08.

The DH has made clear what it expects from the NHS in return for the increased funding. Challenging targets have been set out in the NHS Improvement Plan. These targets cover both quantitative and qualitative improvements.

The DH is also advocating a shift in the care delivery environment; from the secondary care setting to a primary care setting.

In addition, the Gershon report has highlighted the way in which the NHS delivers healthcare as inefficient, identifying a possible 2.5% in efficiency savings for the workforce over a 3-year period.

This view has been upheld by the work that the Productive Time Team have completed.

This team has worked on what the efficiency/productivity savings could be achieved if new technology (Connecting for Health) and new ways of working (Workforce and Service Modernisation) are fully explored, undertaken and implemented in a sustainable way within organisations.

In summary, this has resulted in an expectation from the DH that modernisation in these areas will bring efficiency/productivity gains that will amount to £2.9 billion nationally over a 3-year period.

Workforce modernisation has been identified as one of the main ways to achieve these potential efficiency/productivity savings.

In addition to these productivity/efficiency savings, there are external and market factors that are currently affecting the healthcare workforce.

The European Working Time Directive with its restrictions on working hours and Modernising Medical Careers will limit the time that medical staff have to deliver direct clinical care, thus, having an impact on the way healthcare is delivered in general.

In addition, analysis of workforce supply over the next few years indicates that there will be insufficient numbers of qualified staff in certain areas to deliver work that has traditionally been within the realms of qualified professionals.

In light of these factors, it is vital that organisations recognise that the old approach to workforce planning is no longer feasible (to plan workforce growth by matching this growth to the increasing service demands according to historic trends).

Innovative ways to develop an appropriate workforce, which will deliver the necessary service, need to be explored. Work undertaken by the Modernisation Agency has also provided evidence that the non-qualified workforce is currently not fully utilised to support the delivery of healthcare services. This group of staff could be trained to deliver some of the work that has been traditionally delivered by qualified staff.

Currently there are a number of factors that support the modernisation of the workforce structure to meet the current service demands:

- The career framework and the skills escalator provide a robust structure for developing new roles and extended roles. Pay modernisation supports this set-up with the focus on the Agenda for Change Knowledge and Skills Framework.
- The work that has been led by the Modernisation Agency has also provided a good

set of best-practice models for developing the workforce, which organisations in this sector can adopt.

- Improving Working Lives, with its aim to improve the working environment within the NHS, will support improved recruitment practices and encourage staff retention.
- The new Consultants Contract and the new General Medical Services Contract also provide a platform to modernise the way in which the medical workforce work.

Section A

General Workforce Information

The information for this section is derived from the published summaries from the annual DH census for the GP, the Medical & Dental and the Non-Medical and Dental Workforce. These reports are signed off by the Directors of HR in each organisation, prior to publication.

The Medical & Dental and Non-Medical & Dental Workforce

The current Medical & Dental and Non-Medical Dental Workforce is presented below:

South East London SHA	2004 Consultants WTE	2004 Qualified Nursing Staff WTE	2004 Qualified ST&T Staff WTE	2004 Support to Clinical Staff WTE	2004 NHS Infrastructure Support WTE
Bromley PCT	6.76	307.88	117.66	338.56	215.51
Greenwich TPCT	5.00	213.68	126.43	193.45	88.02
Bexley CT	3.73	183.63	33.07	119.37	102.93
Lambeth PCT	11.53	257.09	96.71	193.65	131.88
Southwark PCT	7.50	253.71	114.64	192.22	128.04
Lewisham PCT	5.82	299.77	74.71	176.24	443.61
SHA/WDC	4.29	2.00	0.00	0.00	134.40
QEH	83.79	832.99	232.13	595.79	216.99
Bromley Hospitals	83.47	713.20	241.22	643.95	227.42
QMS	70.83	596.72	198.97	527.22	182.52
GSTT	361.03	2536.52	1221.96	1489.61	1582.66
UHL	93.10	971.22	256.58	534.65	504.16
KCH	269.50	1822.79	718.86	1237.90	478.43
Oxleas	40.79	548.23	232.70	532.90	205.10
SLAM	183.64	1839.94	496.45	1239.52	444.76

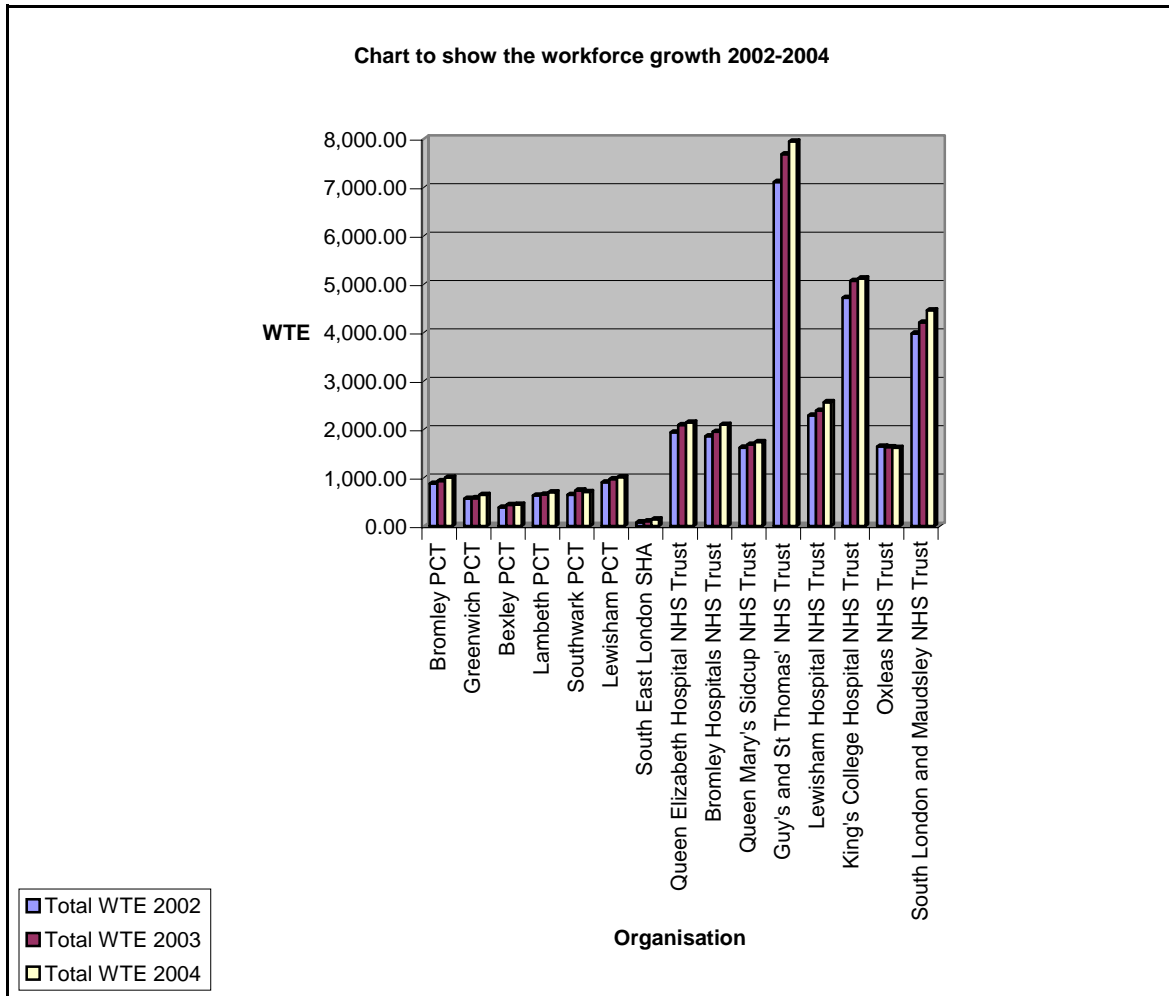
Please note:

'ST&T staff' cover all qualified clinical staff who are not part of the qualified nursing and the medical and dental workforce.

'Support to clinical staff' include all non-qualified clinical staff.

'Infrastructure Support' include all other non-medical and dental staff.

Workforce Growth



From September 2002 to September 2004, the total workforce (medical and non-medical) has grown by 11%. From last September 2003, the growth was 4%. This is against a growth in activity of 2.37% over the same period (Elective and Non-Elective Spells from PIANO: this does not include the procedures carried out through outpatients as this information is now voluntary).

In terms of the medical and dental workforce, there was a 20% growth from September 2002 to September 2004. Year-on-year, there has been an 11% growth in this area of the workforce.

The non-medical and dental workforce has displayed a more steady rate of growth; 10% growth from September 2002 to September 2004 and a 3% growth year-on-year.

This growth illustrates the success of concerted efforts by individual organisations to expand their workforce to meet service demands over this period. The NHS Plan and analysis of the workforce in the sector showed severe shortages in certain parts of the workforce, such as the consultant and the nursing workforce.

This resulted in the WDC supporting a number of initiatives to encourage recruitment within these professions. The impact of this work has been effective, and over the last year, the WDC has continued to support recruitment initiatives, The remaining hard-to-recruit areas are being targeted and the focus of the work is on sustainable recruitment to ensure the long-term benefits to the sector.

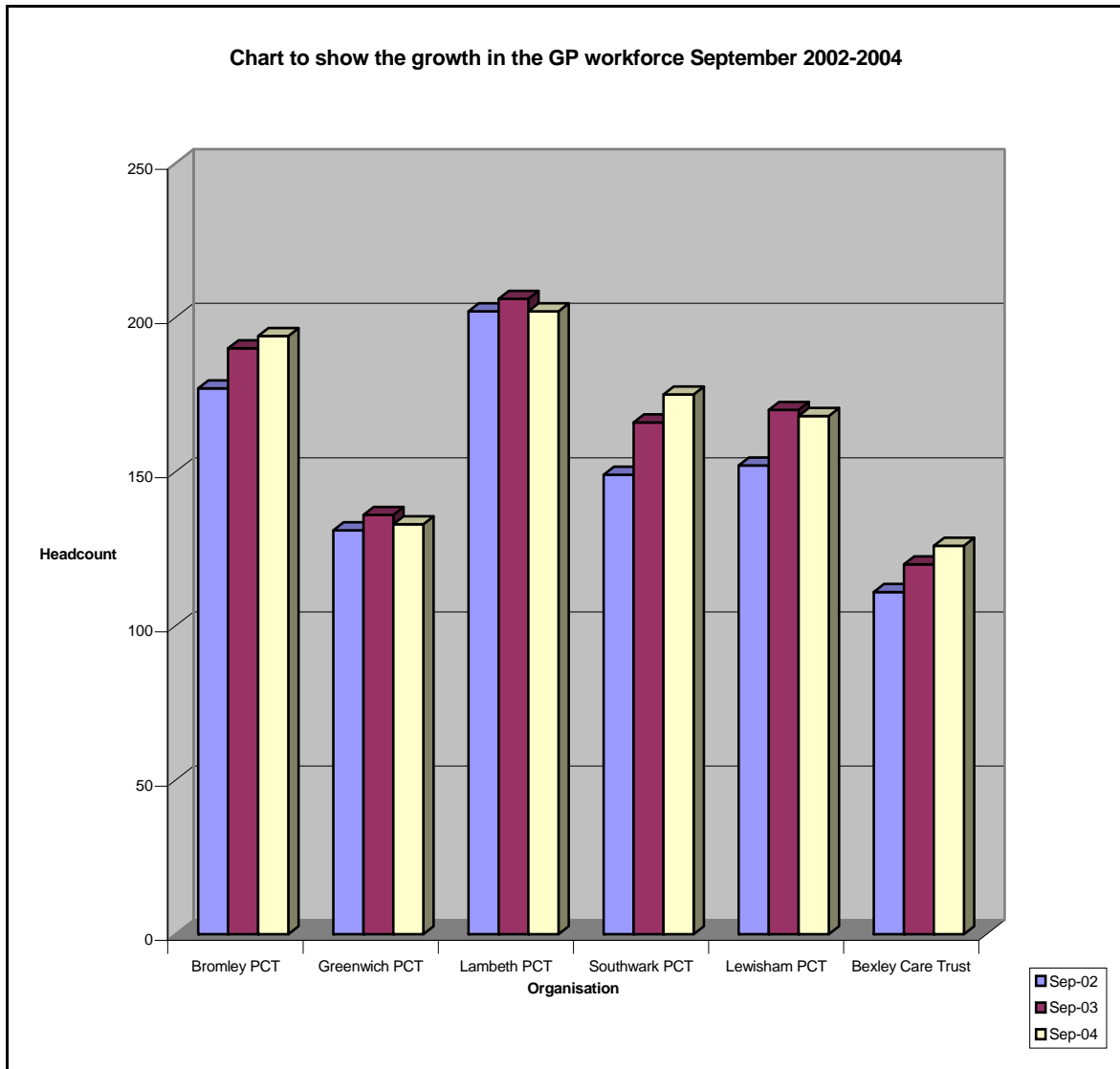
The SE London Nursing Initiative is an example of one of these projects. This scheme aims to

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develop local people who would aspire to a career in healthcare, but lack the confidence to do so. The WDC also took the lead in the sector to facilitate organisations in the sector to participate in the London Skills for Health Event, which was targeted at informing school leavers about the opportunities that exist in healthcare.

Please note no comparison on the workforce growth against vacancies can currently be made, as the DH does not intend to release the results of the staff vacancy survey for this year until August 2005. As stated in the 'Introduction', this will be addressed at the August 2005 WDC board.

GP Workforce



Since September 2002, the GP workforce has grown by 8%. The majority of this growth was experienced in 2002-2003. During this period, the sector (and nationally) was facing severe shortages amongst this group of staff, which resulted in the WDC part funding the French GP recruitment initiative. This enabled the appointment of 20 GPs to the sector, the majority of whom are still working in the sector.

The GP workforce growth from September 2003 has been slow at 1% year-on-year. The majority of vacancies in this area have now been filled. Moreover, with the current financial situation of most PCTs in the sector, funding of new posts is not readily available.

Although, currently, there is no particular shortage in GPs in the sector, the age of the GP workforce is a concern. 13% of this workforce is currently 55 years old or over. More work needs to be undertaken by the PCTs to plan for the inevitable replacement of those who will be retiring in the near future.

There is an expectation that the new GMS contract will bring greater efficiencies in the working practices of GPs. The WDC intends to initiate work with the PCTs to ensure that this productivity gain is measured.

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How the workforce is made up

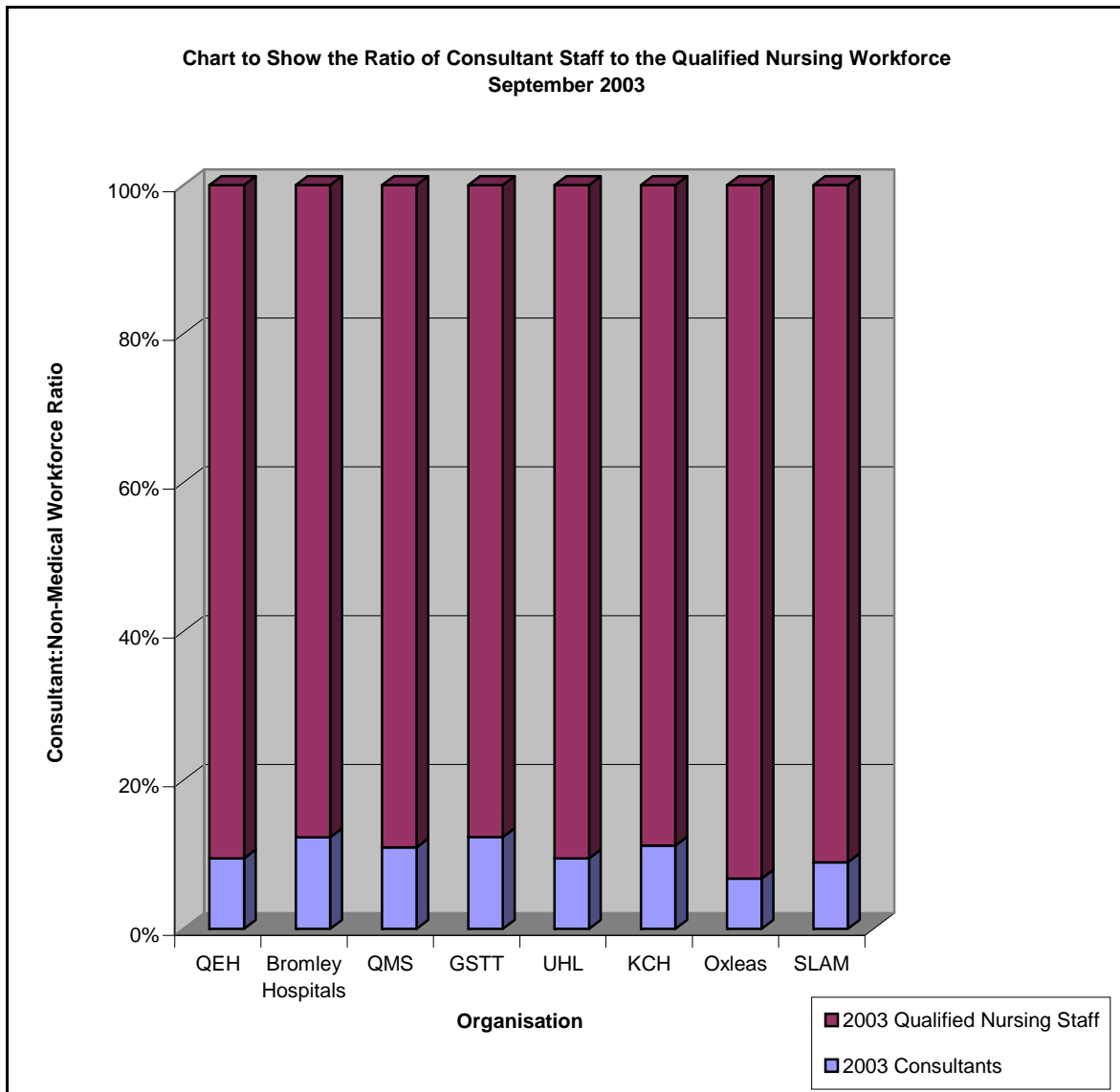
In contrast to this period of rapid workforce growth in the sector, and in light of the different pressures on the workforce that now exist, SE London must now re-focus on how it intends to develop its workforce in the future.

Developing the workforce in a different way to deliver the service demands, requires a greater understanding of the components that make up the workforce. A change in ratios between qualified and unqualified staff, or different staff groups, can be a robust indicator of these changing ways of working.

The information for this section is derived from the published summaries from the annual DH census for the GP, the Medical & Dental and the Non-Medical and Dental Workforce. These reports are signed off by the Directors of HR in each organisation, prior to publication.

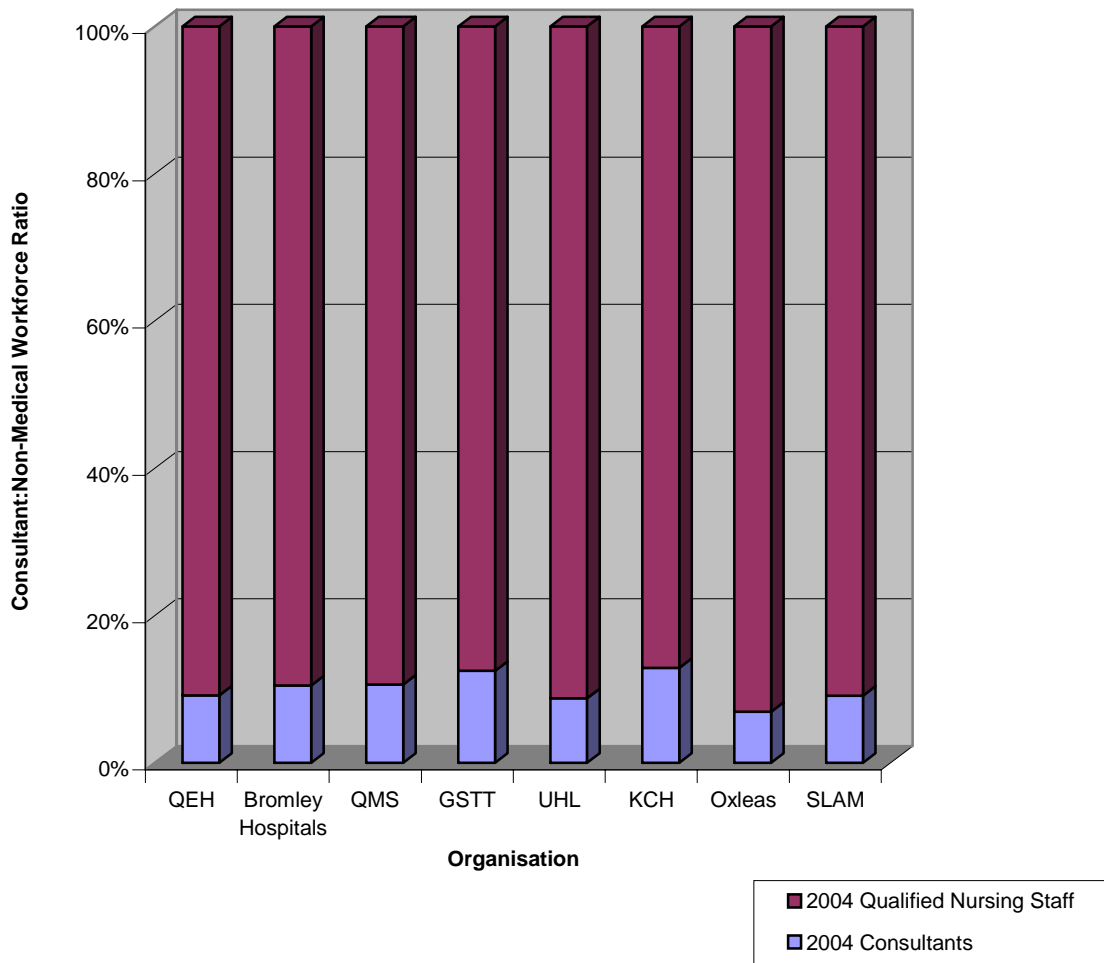
Ratio of Consultants to Qualified Nurses

The tables below indicate a slight shift in the ratio of consultant to qualified nurses working in more than half the organisations in the sector, year-on-year. The shift intimates that organisations may be moving from a 'consultant-led' based service to a more a more 'multi-disciplinary' based service model.



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**Chart to Show the Ratio of Consultant Staff to the Qualified Nursing Workforce
September 2004**

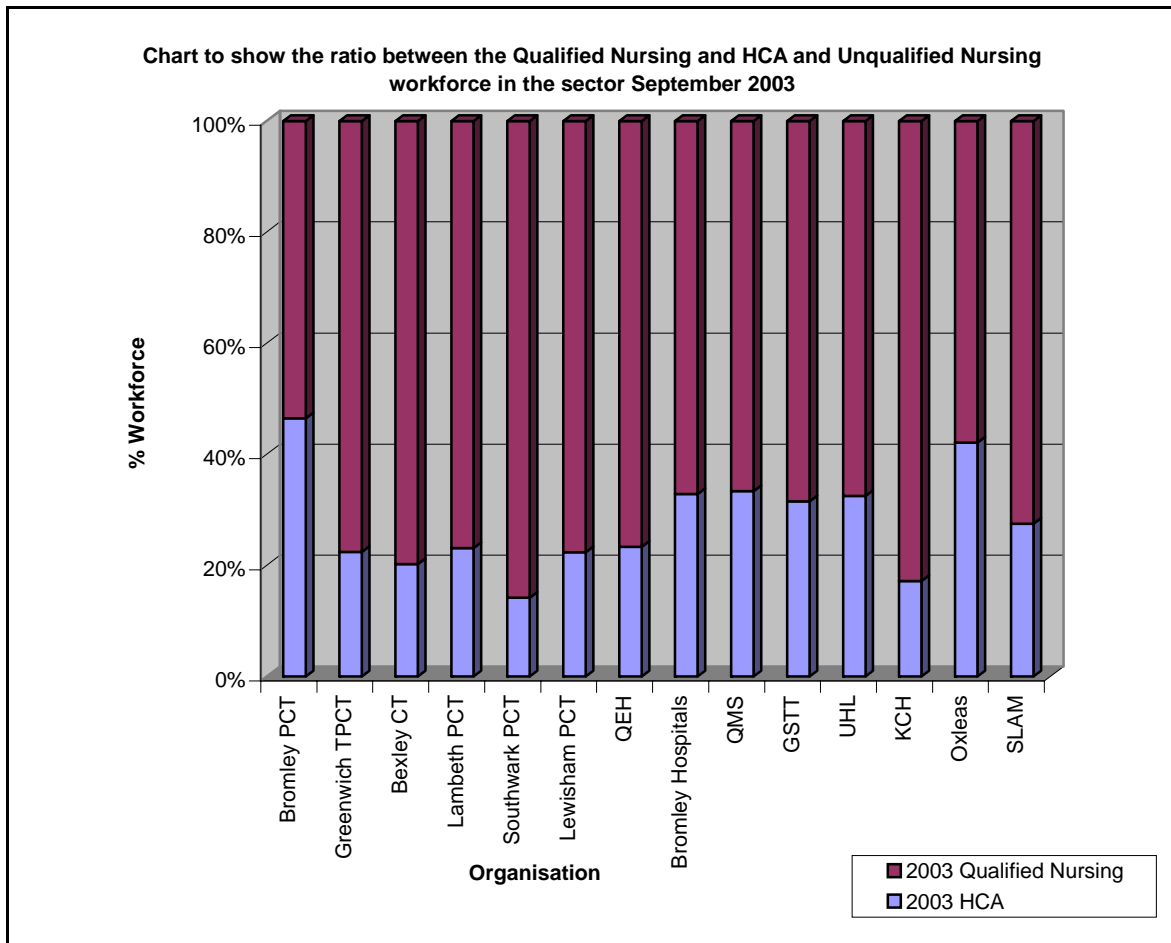


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Ratio of Qualified to Non-Qualified Staff

The tables below illustrate that there has been little change in the qualified nursing and midwifery workforce to the HCA and other unqualified nursing workforce ratio. This indicates that there has been no real change in the way that HCA and other unqualified nurses are utilised to support service delivery.

In contrast there has been a significant change in the ratio between qualified scientific, therapeutic and technical staff and non-qualified support within the PCTs and the Mental Health Trusts in the sector. The percentage of non-qualified support within these areas is increasing year-on-year, which suggests that these organisations are utilising this group of staff to a greater extent to support the delivery of healthcare services.



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Chart to show the ratio between the Qualified Nursing and HCA and Unqualified Nursing workforce in the sector September 2004

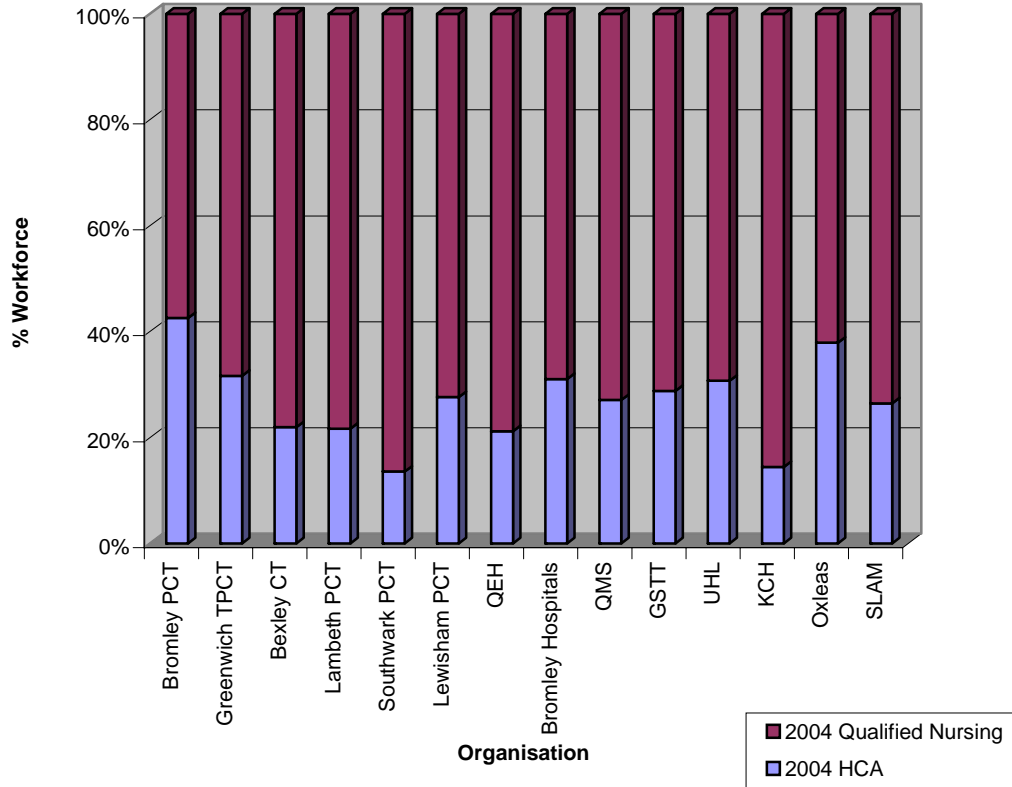
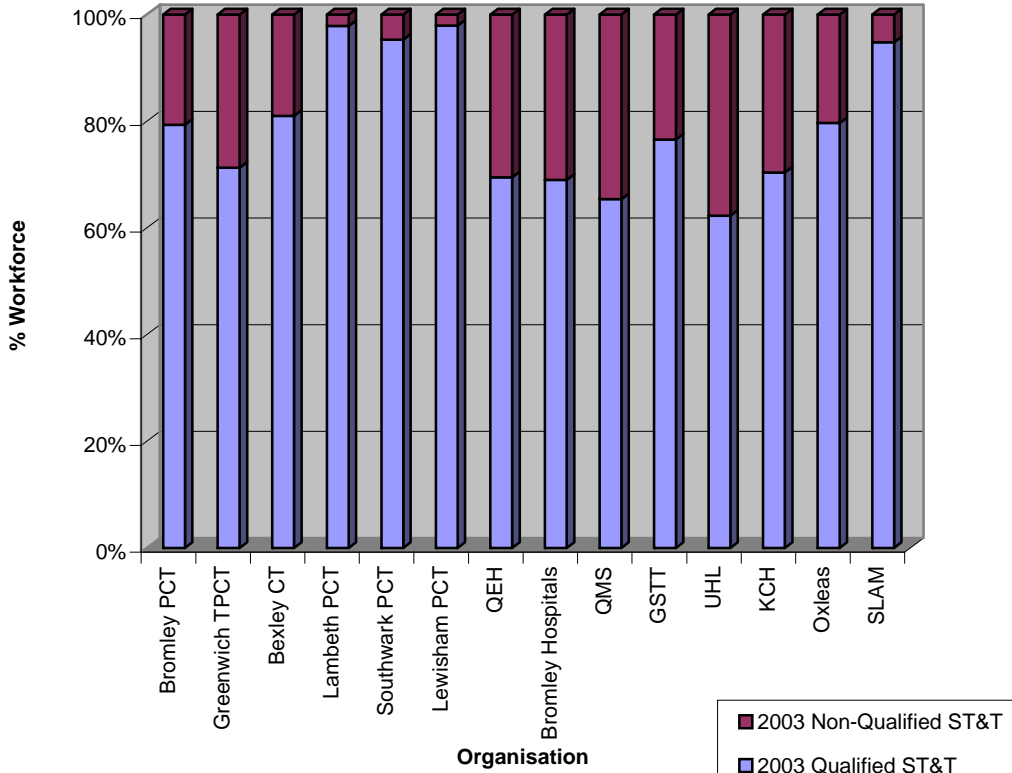
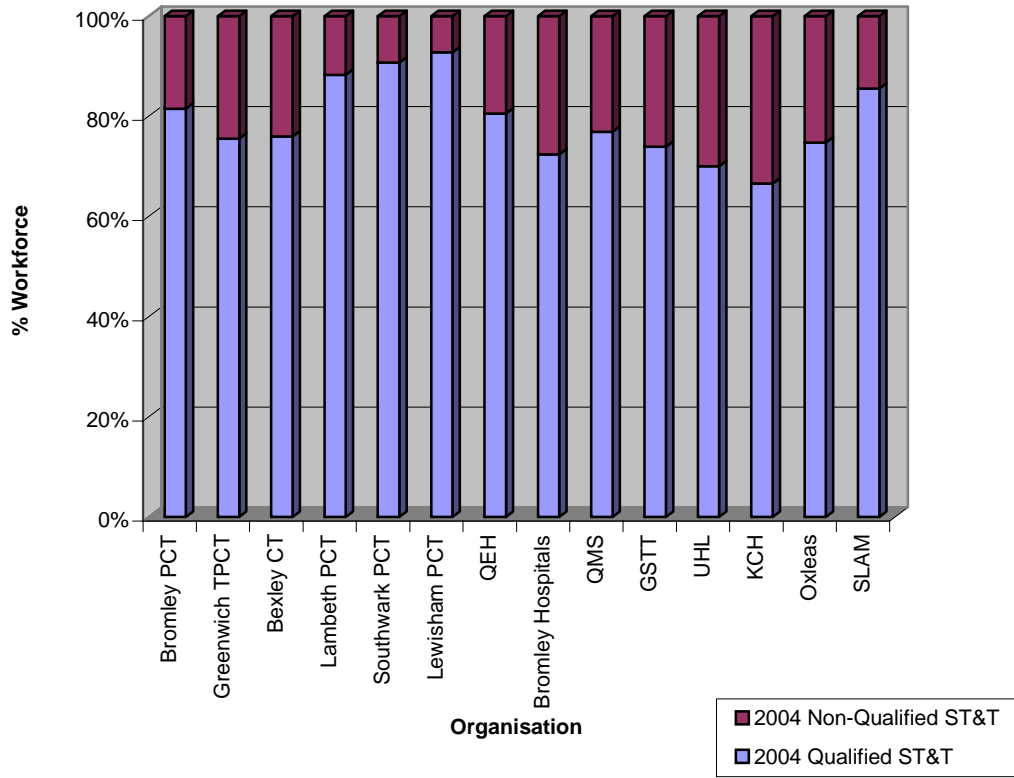


Chart to show the ratio between the Qualified and Non-Qualified ST&T workforce in the sector September 2003



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Chart to show the ratio between the Qualified and Non-Qualified ST&T workforce in the sector September 2004

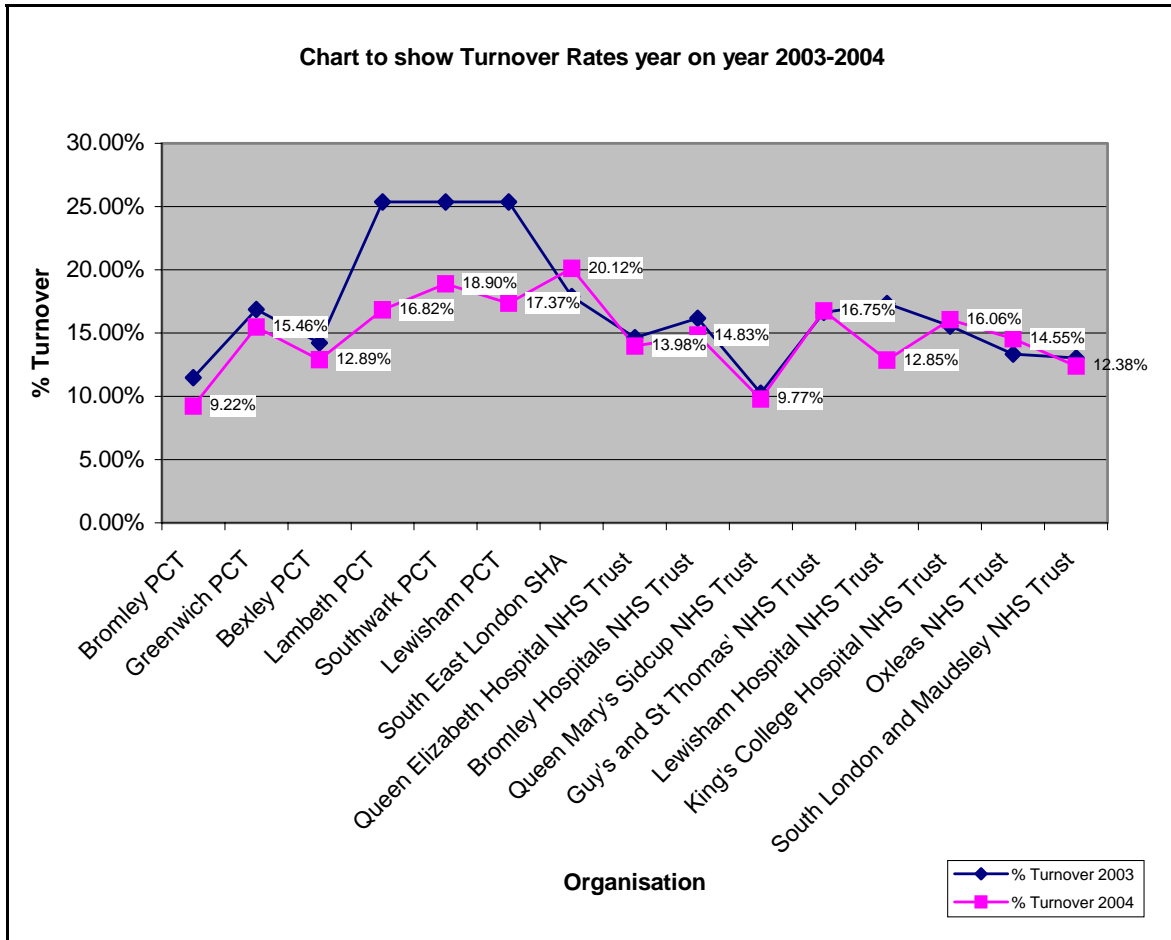


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Turnover in the Sector

The organisations in the sector each submit a leavers report based on the financial year that has just ended to the WDC, on an annual basis. This report lists all the leavers for the year with a description of the reason for leaving. The majority of the organisations submit the whole time equivalent information. Where no whole time equivalent information has been submitted, headcount has been used to make the calculation as an alternative.

The WDC recognise the need to analyse the turnover data in more depth to incorporate reasons for leaving and ethnicity. The WDC will request that ethnicity data is included in the leavers reports submitted next year.



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As a general trend, turnover has fallen in most organisations in the sector; the exceptions being Oxleas and the SHA/WDC. In summary, there has been a 0.56% fall in turnover year-on-year for the sector.

The DH Productive Time Team has also named turnover as one of the key areas within workforce where efficiency/productivity savings can be made.

The DH has calculated that, nationally, £90 million in savings can be made if every organisation reduces their turnover rate by 1% over the next 3 years.

Below is a table that indicates the possible savings that can be made, based on the DH guidance that each post costs £10,000 to replace, if every organisation reduces their turnover rates by 1% over the next 3 years (This is the median taken between the Audit Commission's assessment that Recruitment and Training costs £5,000 and the Productivity Team's assessment that with the loss of productivity included, each post costs an organisation £17,000 to replace).

It is unclear whether these savings include improvement to team morale, higher retention rates and lower bank/agency usage, which will all be affected by lower instances of turnover.

Please note, headcount has been used to calculate turnover where organisations are highlighted in yellow.

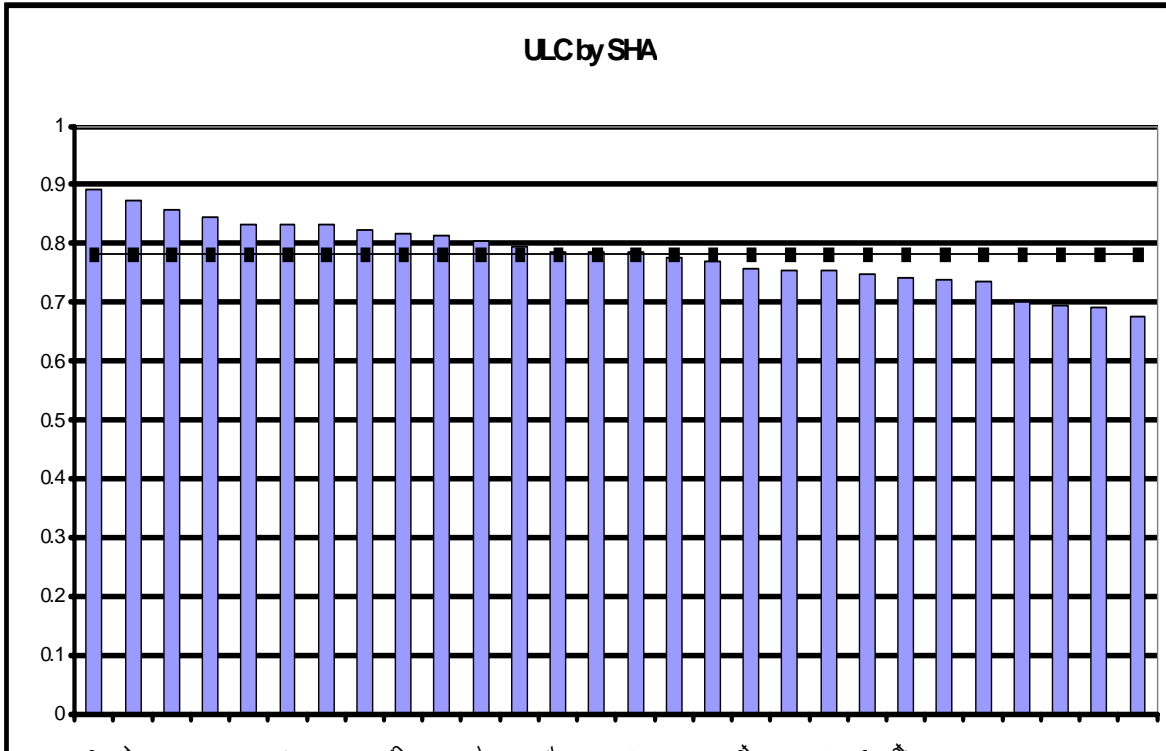
	% Turnover 2004	Reduction in % Turnover required to meet 1% Reduction over 3 years on 2004 baseline	Potential Savings through Reduction of Turnover by 1% (Median Cost) over 3 years on 2004 baseline
South East London SHA			
Bromley PCT	9.22%	8.22%	£97,961.00
Greenwich PCT	15.46%	14.46%	£78,900.00
Bexley PCT	12.89%	11.89%	£43,900.00
Lambeth PCT	16.82%	15.82%	£67,933.00
Southwark PCT	18.90%	17.90%	£68,861.00
Lewisham PCT	17.37%	16.37%	£99,433.00
South East London SHA	20.12%	19.12%	£13,640.00
Queen Elizabeth Hospital NHS Trust	13.98%	12.98%	£221,100.00
Bromley Hospitals NHS Trust	14.83%	13.83%	£182,579.20
Queen Mary's Sidcup NHS Trust	9.77%	8.77%	£150,543.00
Guy's and St Thomas' NHS Trust	16.75%	15.75%	£684,575.00
Lewisham Hospital NHS Trust	12.85%	11.85%	£226,661.00
King's College Hospital NHS Trust	16.06%	15.06%	£479,600.00
Oxleas NHS Trust	14.55%	13.55%	£151,893.23
South London and Maudsley NHS Trust	12.38%	11.38%	£402,067.00
Total	15.24%	14.24%	£2,969,646.43

Lynn Suttie, the Head of HR in Southwark PCT, has volunteered to lead the work to quantify the cost of turnover in a more robust way, on behalf of the sector.

Unit Labour Costs

As part of the Productive Time initiative, the DH has identified Unit Labour Costs (ULC) as a measure of efficiency/productivity and a useful way to assess the relative cost of labour inputs.

The chart below (using 2002/03 data) presents the comparative ULC for each SHA.



While this is recognised as a crude measure, the extreme position of SE London and the fact that workforce represents the majority of revenue spend means that we need to understand this. The DH are currently working on more sophisticated means of measuring efficiency and productivity.

Unit Labour Costs measure the amount of labour (inputs) used in producing health service activity (outputs). The lower the ULC score, the more efficient the organisation is.

All inputs and outputs are translated into financial costs using national average costs (which implies that the higher costs involved in London are not a factor in this). All costs are fixed to the base year to enable year-on-year assessment of productivity improvements. All results should be benchmarked against cluster groups, eg. teaching trusts compared to other teaching trusts.

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Details of Inputs and Outputs

· Inputs

- o DH has a spreadsheet of average wage by occupation code.
- o The staffing costs for each organisation are calculated by:

Average wage by occupation code X 'Staff within Organisation with this occupation code' WTE
(source data: annual census)

· Outputs

- o DH have average reference costs for each type of activity by specialty
- o The activity costs for each organisation are calculated by:

Average cost of activity X 'no of this activity within organisation'
(source data: Reference Costs)

The DH has also used this formula to produce 2002/03 ULCs for each organisation.

On average SEL scores 0.9 in terms of ULC.

The national average is 0.78.

There is considerable variance between the individual organisations in SE London, ranging from 0.689 to 1.425. No underlying factors within the sector have yet been found for this result. The WDC are still trying to obtain the baseline figures that have been used to calculate these figures in order to understand the reasons for this variance.

Agency

Currently there is no workforce data collected on agency usage across the sector, although there is a financial report on the cost of agency staffing. However, agency usage is one of the key areas put forward by the Productive Time Team where potential efficiency savings can be made, in terms of workforce.

Nationally, the Productive Time Team has calculated a possible £246 million in terms of savings within this area over a 3-year period. This will be achieved by recruiting temporary nurses to permanent posts, reducing the premium on the remaining agency nurses and improved nurse productivity as a result of this work. The balance of the productivity savings will be made up through similar initiatives with agency staff in other profession groups.

The table below illustrates the savings in agency expenditure, which will need to be achieved in each organisation in the sector, as a share of the £246 million calculated by the Productive Time Team and based on weighted capitation. This report was completed by Michael Turner (Head of Finance, SHA).

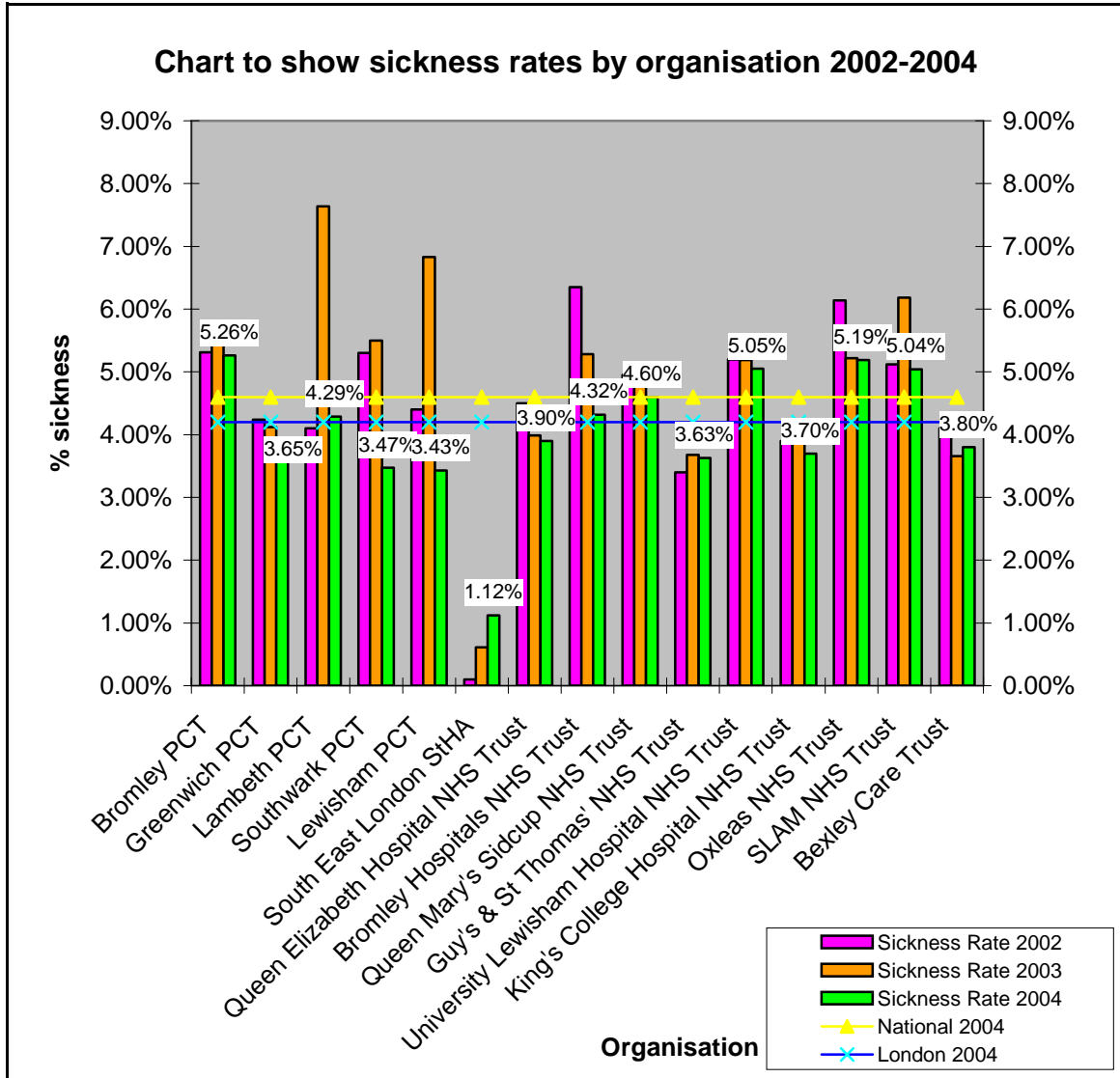
Organisation	Share of national spend (%)	Share of national spend (£)	Local share (@3.54%)
Bexley CT	0.04%	£88K	
QMS	0.12%	£286K	£541K
Bromley PCT	0.11%	£262K	
Bromley Hospitals	0.65%	£1,610K	£945K
Greenwich TPCT	0.06%	£149K	
QEH	0.48%	£1,185K	£901K
Lambeth PCT	0.25%	£607K	
GSTT	1.72%	£4,238K	£1,886K
Lewisham PCT	0.14%	£353K	
UHL	0.38%	£935K	£923K
Southwark PCT	0.14%	£341K	
KCH	0.69%	£1,703K	£1,422K
Oxleas	0.33%	£816K	£728K
SLAM	0.77%	£1,906K	£1,359K
Total	5.90%	£14,479K	£8,705K

The WDC recognise that further work needs to be undertaken within the sector to properly quantify agency spend in order for organisations to develop plans to reduce their expenditure in this area.

Sickness Absence in the sector

The DH requires all organisations to submit an annual figure for sickness absence. The reporting period is 1st January to 31st December. Currently, there is guidance on how to calculate the sickness absence rate, but organisations can opt to calculate their sickness absence rate in a different way (mainly due to the limitations in relation to the way in which this information is collated internally).

There are a few organisations in the sector which use headcount to calculate sickness absence rates.



The table above indicates that the sickness absence rates have fallen in every organisation since 2002.

There are still a number of organisations that have sickness rates that are higher than the national average of 4.6% and the London average of 4.4%, but these are in the minority.

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The DH Productive Time Team has named sickness absence as one of the areas within workforce where efficiency/productivity savings can be made.

The DH has calculated that, nationally, £50 million in savings can be made if every organisation reduces their sickness absence rate by 0.2% over the next 3 years.

Below is a table that indicates the possible savings that can be made, based on the average wage across the professions, inclusive of staff-on-costs if each organisation reduced their sickness absence by 0.2% over the next 3 years.

The savings calculated do not include productivity gains, improvement in team morale, higher retention rates and lower bank/agency usage, which will all be affected by lower instances of staff absence.

The savings calculations illustrate the cost of pay for staff absence.

	Sickness Rate 2004	Sickness Rate 2007	Aggregate Potential Savings 2007
South East London SHA			
Bromley PCT	5.26%	5.06%	£74,043.82
Greenwich PCT	3.65%	3.45%	£60,563.86
Bexley PCT	3.80%	3.60%	£33,054.87
Lambeth PCT	4.29%	4.09%	£51,498.48
Southwark PCT	3.47%	3.27%	£51,886.24
Lewisham PCT	3.43%	3.23%	£74,452.11
South East London SHA	1.12%	0.92%	£10,464.99
Queen Elizabeth Hospital NHS Trust	3.90%	3.70%	£183,907.32
Bromley Hospitals NHS Trust	4.32%	4.12%	£154,503.34
Queen Mary's Sidcup NHS Trust	4.60%	4.40%	£128,176.09
Guy's and St Thomas' NHS Trust	3.63%	3.43%	£586,876.17
Lewisham Hospital NHS Trust	5.05%	4.85%	£189,132.65
King's College Hospital NHS Trust	3.70%	3.50%	£377,828.57
Oxleas NHS Trust	5.19%	4.99%	£119,573.83
South London and Maudsley NHS Trust	5.04%	4.84%	£329,349.72

Wendy Gay, the Director of HR in UHL, has volunteered to lead the work on quantifying the cost of sickness absence more robustly on behalf of the sector.

Agenda for Change

Assimilation

As a sector, 42% of staff have been assimilated as at 24th June 2005. The local trajectory for the sector was 54% of staff would be assimilated for June 2005.

Matching

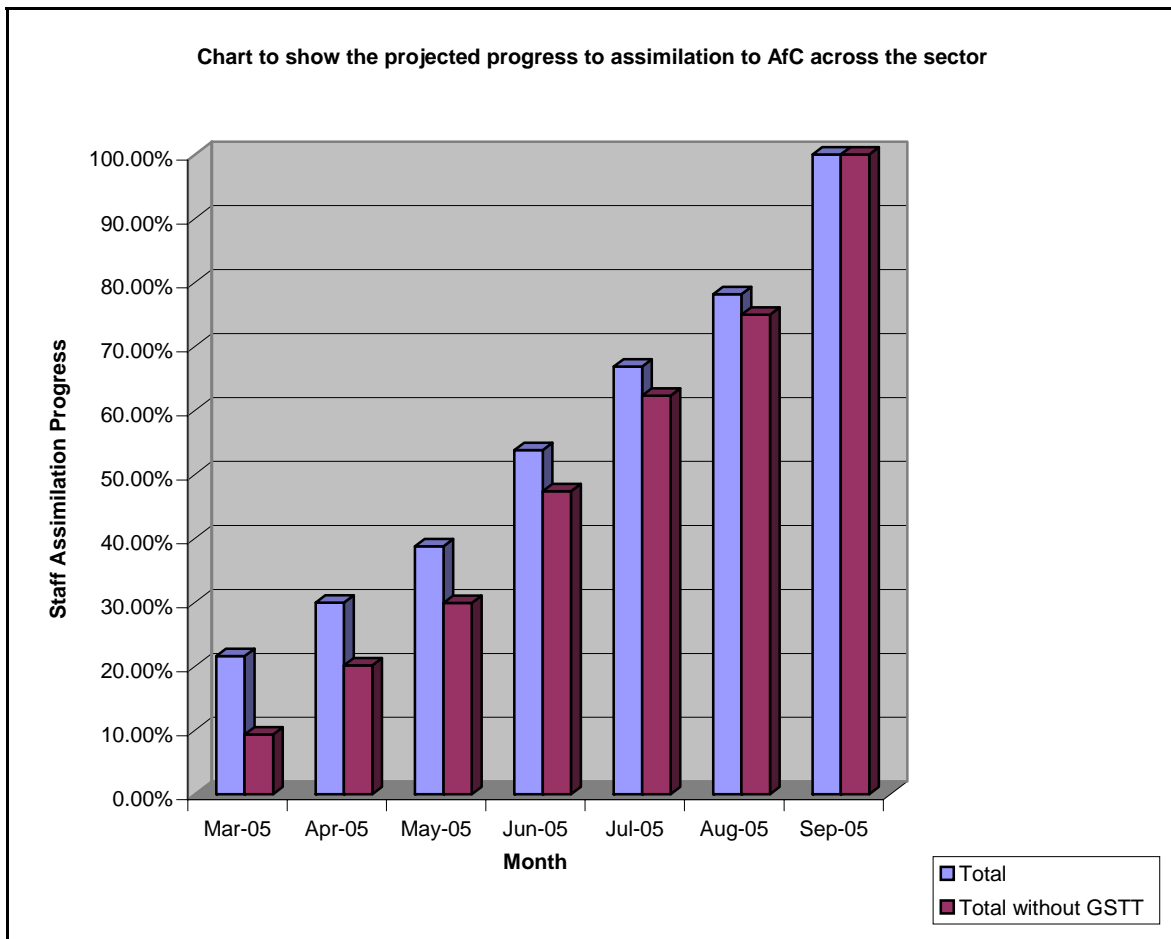
As at 24th June 2005 SE London reported 65% of posts matched against a local trajectory of 80%.

KSF

SEL reported 36% KSF outlines completed as at 24th June 2005 against a trajectory of 39% for June 2005.

The DH remains focussed on substantially completing the implementation of Agenda for Change by the end of September 05.

There is concern that the sector will not meet this target.



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Improving Working Lives

Improving Working Lives aims to provide a better working environment for staff within organisations. The initiative aspires to put into place systems to support staff in terms of working flexibly, such as part sponsoring child-care during holiday periods. In doing so, there will be an improvement in retention in the NHS workforce.

All organisations in the sector achieved practice status by the end of March 2004.

All organisations are required to achieve practice-plus status by the end of March 2006. It is one of the 7 key deliverables, highlighted by the DH, for the year.

Kings College Hospital NHS Trust was the first trust in SE London to achieve practice-plus status in February 2005.

Guys & St Thomas Hospital Foundation Trust and Greenwich Teaching Primary Care are being validated for practice-plus status in July 2005.

Month	Organisations
September 2005	Bromley PCT, Bexley CT, SELSHA, QEH
October 2005	Oxleas, Lambeth PCT, SLAM
November 2005	Lewisham PCT, Southwark PCT, UHL
December 2005	QMS, Bromley Hospitals

European Working Time Directive

Trust	Average Return Rate	Headline EWTD compliance	Headline 2009 EWTD compliance
Bromley Hospitals NHS Trust	99%	100%	15%
Guy's & St Thomas' Foundation Trust	53%	94%	48%
Kings College Hospital NHS Trust	83%	98%	34%
Lewisham Hospital NHS Trust	51%	92%	14%
Oxleas NHS Trust	84%	100%	100%
Queen Elizabeth Hospital NHS Trust	89%	60%	19%
Queen Mary's Hospital NHS Trust	31%	86%	9%
SLAM NHS Trust	47%	100%	100%
South East London Average	64%	94%	43%

The 28th Ministerial Return submitted by the organisations in the sector shows that, as at 31st March 2005, 94% of rotas were compliant to the European Working Time Directive in the sector, as the directive currently stands (The directive states that the maximum working hours is 58 hours per working week).

This achievement does not compare well to the rest of London, which have all achieved 97% or higher EWTD compliance rates. There were 4 organisations in the sector that had outstanding rotas that were not EWTD compliant at the time of this survey:

- The Queen Elizabeth Hospital NHS Trust (3 non-compliant rotas)
- Queen Mary's Sidcup NHS Trust (2 non-compliant rotas)
- Kings College Hospital NHS Trust (2 non-compliant rotas)
- Guys & St Thomas Hospital Foundation Trust (7 non-compliant rotas)

However, since this report was completed in March 2005, organisations have made some progress towards compliance and the overall sector position has improved. It is expected that in the 29th Ministerial Return (September 2005), the sector position will be in line with the rest of London.

The EWTD regulation will reduce the maximum hours in a working week to 56 hours in 2007 and 48 hours in 2009 in line with all staff. Organisations need to start considering now, the effect that this will have on the workforce and its capacity to deliver the service needed.

Careful consideration on how to deliver the needed healthcare for the sector needs to be undertaken, with due attention to new ways of working and service delivery models, such as the 'Hospital @ Night' model, in which the out-of-hours service is provided by a multi-disciplinary team.

The impact in terms of training needs for non-medical staff will need to be incorporated into the education commissioning process this year, to be able to support the reduction in medical workforce working hours by 2009.

Ethnicity within the Sector

This information has been derived from the raw data returns that each organisation has submitted to the DH for the annual DH medical & dental and non-medical and dental census reports.

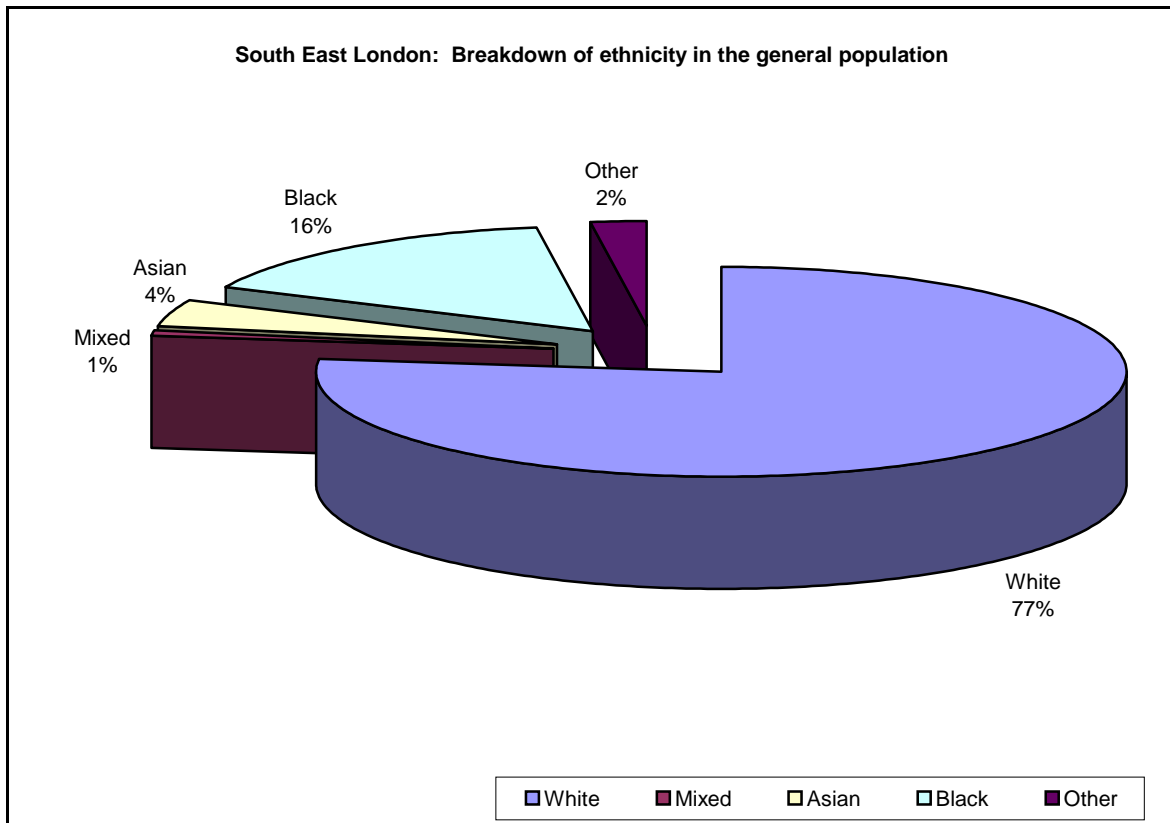
The ethnicity of the workforce in the sector has been coded against the CRE coding system:

Code	Definition
White	Includes 'White British', 'White Irish' and 'White Other'
Mixed	Includes 'White and Black Caribbean', 'White and Black African', 'White and Asian' and 'Any other Mixed background'
Black	Includes 'Caribbean', 'African' and 'Any other Black background'
Asian	Includes 'Indian', 'Bangladeshi', 'Pakistani' and 'Any other Asian background'
Other	Includes 'Chinese' and 'Any other Ethnic group'
Not Stated	Where no ethnic code has been allocated against the member of staff

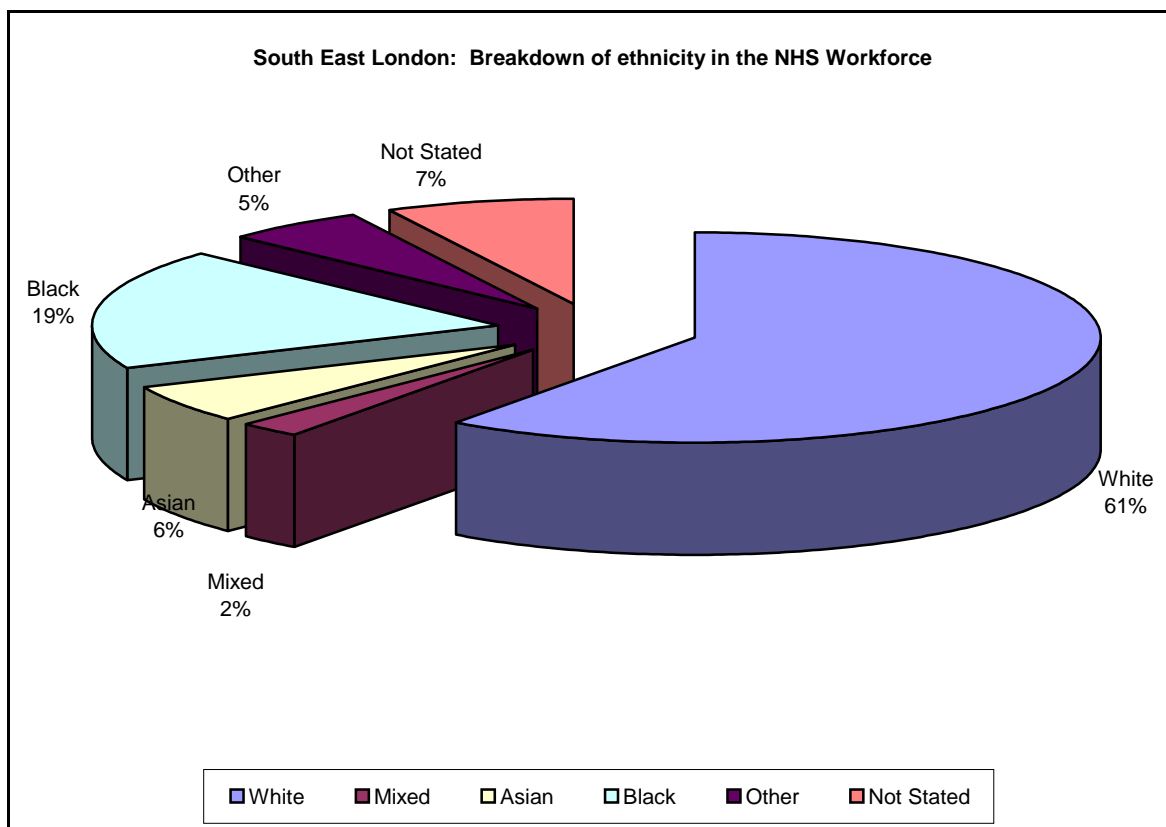
The Non-medical and Dental Workforce

The charts below provide a comparison between the population of SE London and the non-medical and dental NHS workforce within the sector.

It is recognised by the WDC that the comparison of the ethnicity within the workforce should be against the economically active population in the area, however, this information is not currently available.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.



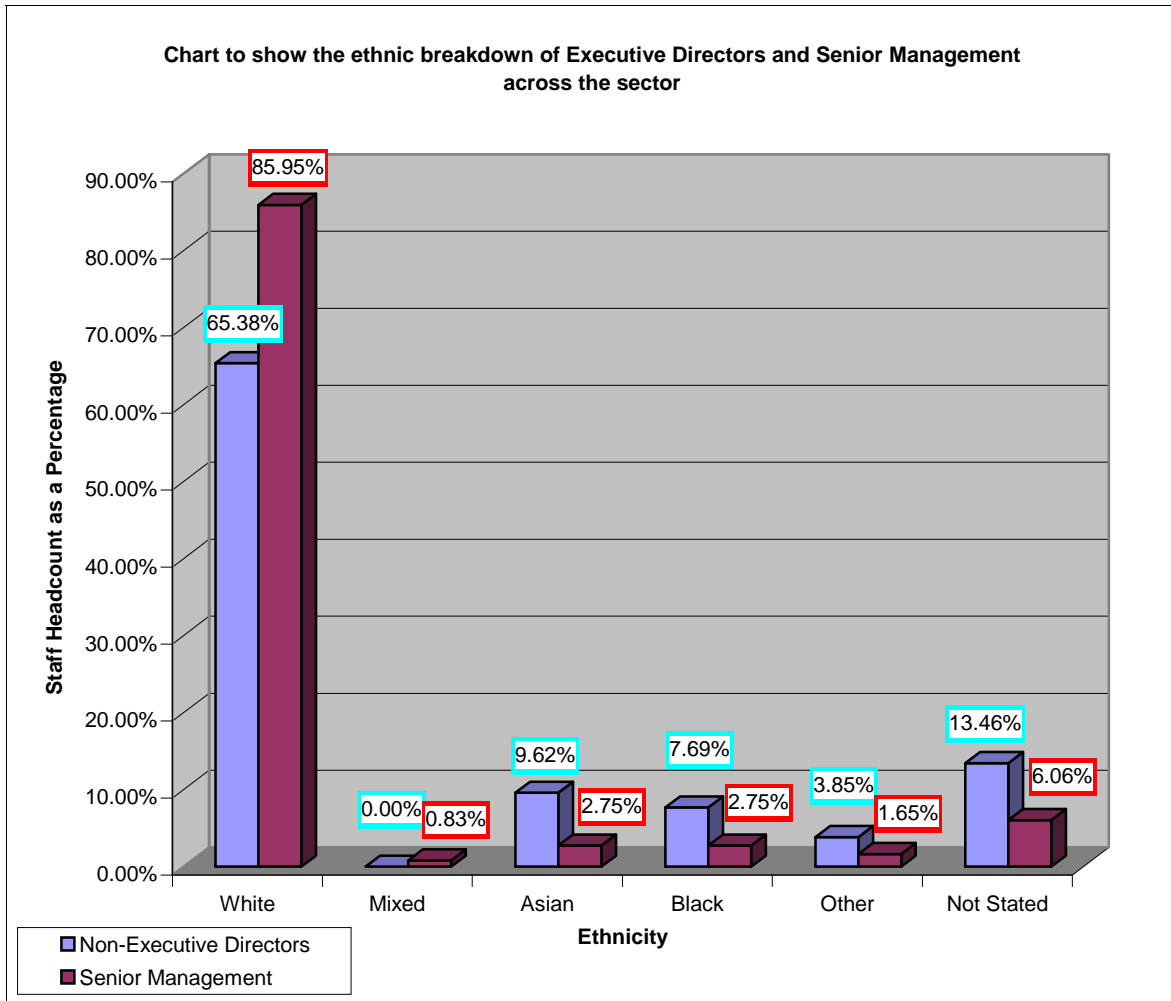
On a superficial level, the workforce in the sector compares well to the ethnic mix of the local population. No major changes in the ethnic mix of the workforce has occurred in the last year.

It is only when more in-depth analysis is conducted on the data that the inequalities are revealed between the different ethnic groups within the SE London workforce.

This analysis shows that there is a higher proportion of staff from the BME (black and minority ethnic) groups who hold lower grade and non-qualified positions in this sector than in the reflected local population.

In comparison to the local population, management has a higher proportion of staff coded under the ethnic groups covered within the code, 'White'. This point is particularly highlighted by the Non-Executive Directors and Senior Management across the sector, illustrated by the chart over the page.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.



The instances where the ethnicity of a member of staff is left not stated, is higher for the lower grade and non-qualified workforce. However, it is recognised that the number of 'Not Stated' codes has decreased year-on-year.

Further work needs to be undertaken at the organisation level to investigate the reason for this.

The following section of the report will present the ethnic break down of the workforce by borough and professional group.

The mental health trusts will be dealt with separately.

Please note:

'Management' in the following charts includes the executive team, those managers who report to the executive team and other non-clinical managers.

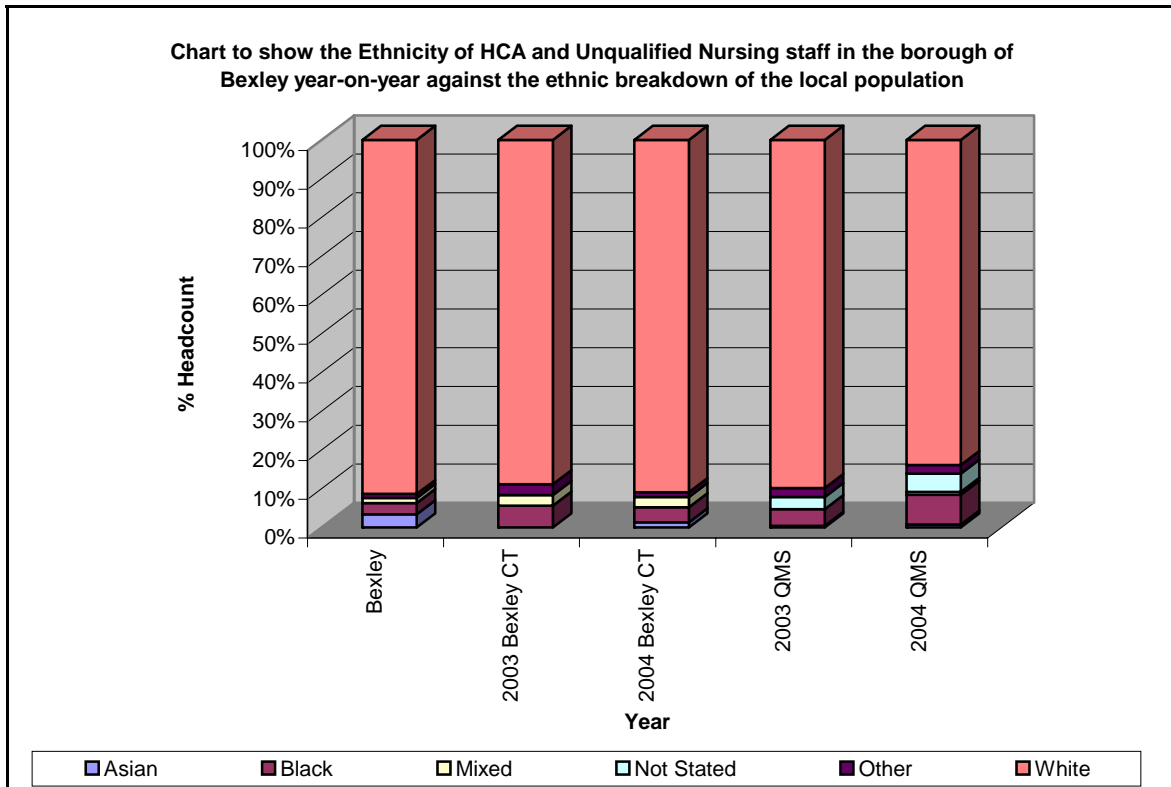
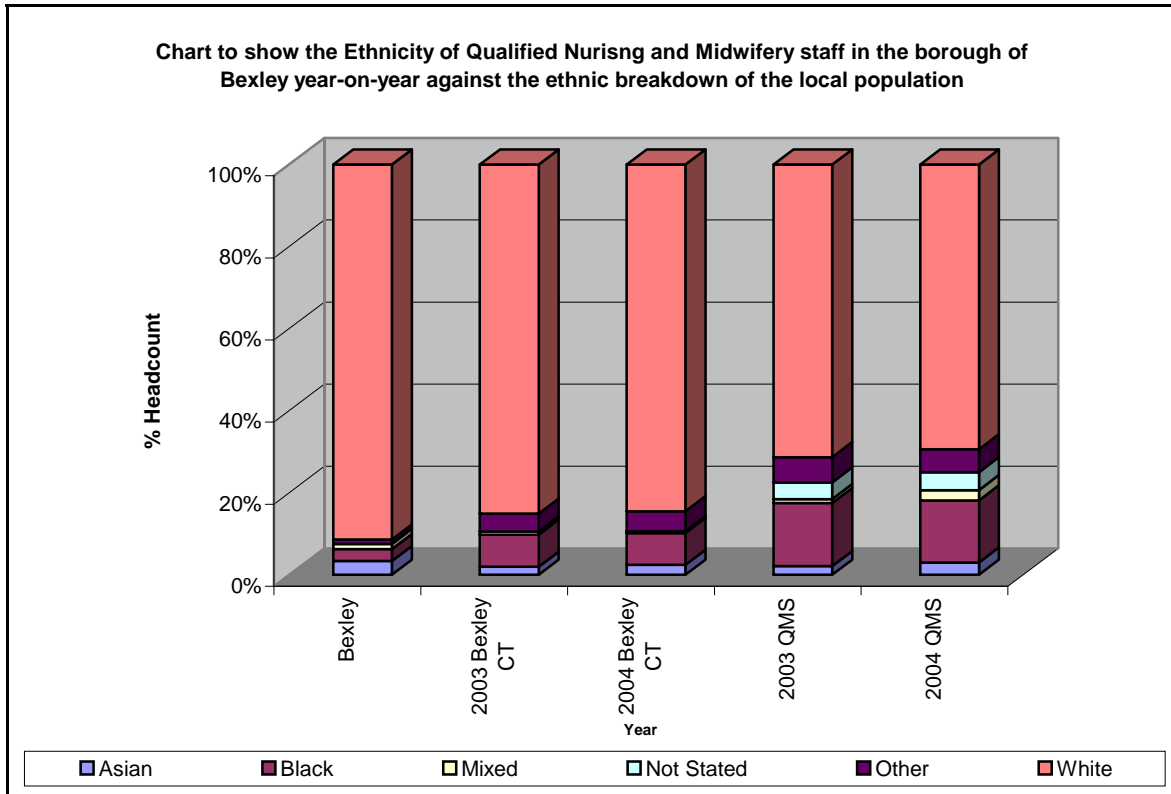
'ST&T staff' cover all qualified clinical staff who are not part of the qualified nursing and the medical and dental workforce.

'Non-qualified ST&T staff' include all the non-qualified clinical staff who support qualified ST&T staff to deliver their services, but are not HCAs, Support Workers and Unqualified Nurses

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Bexley

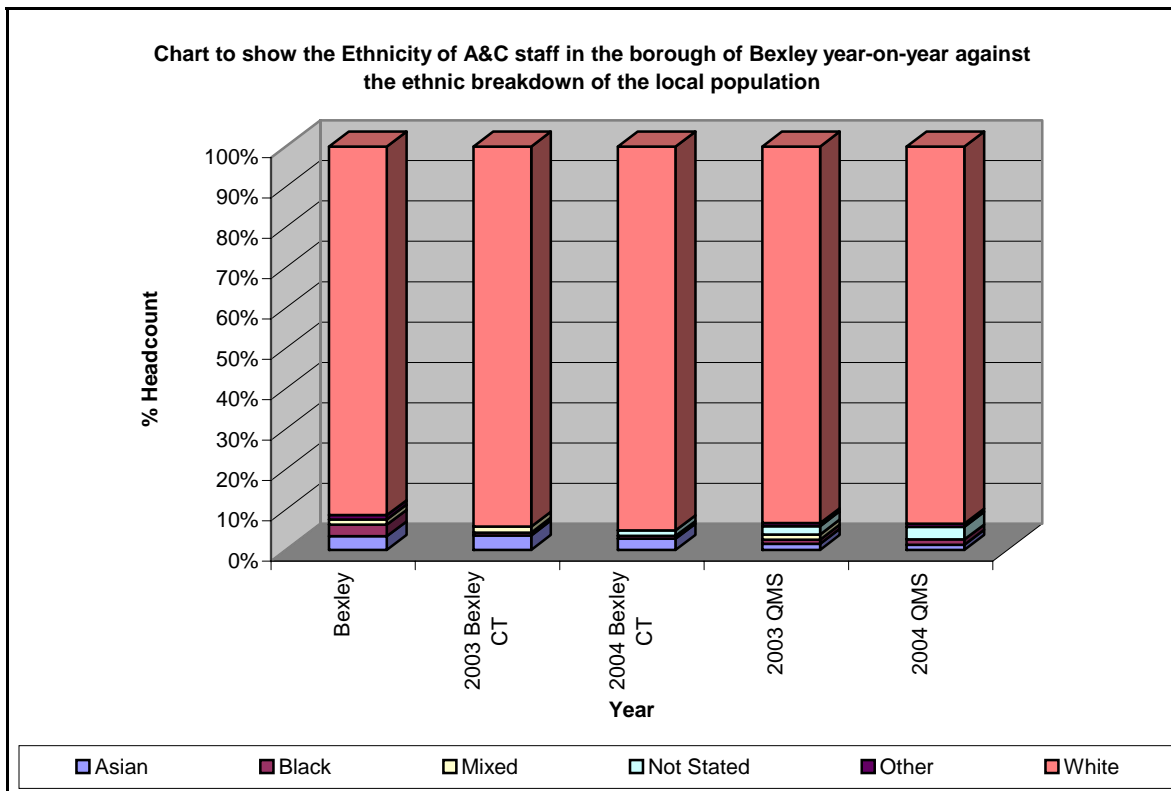
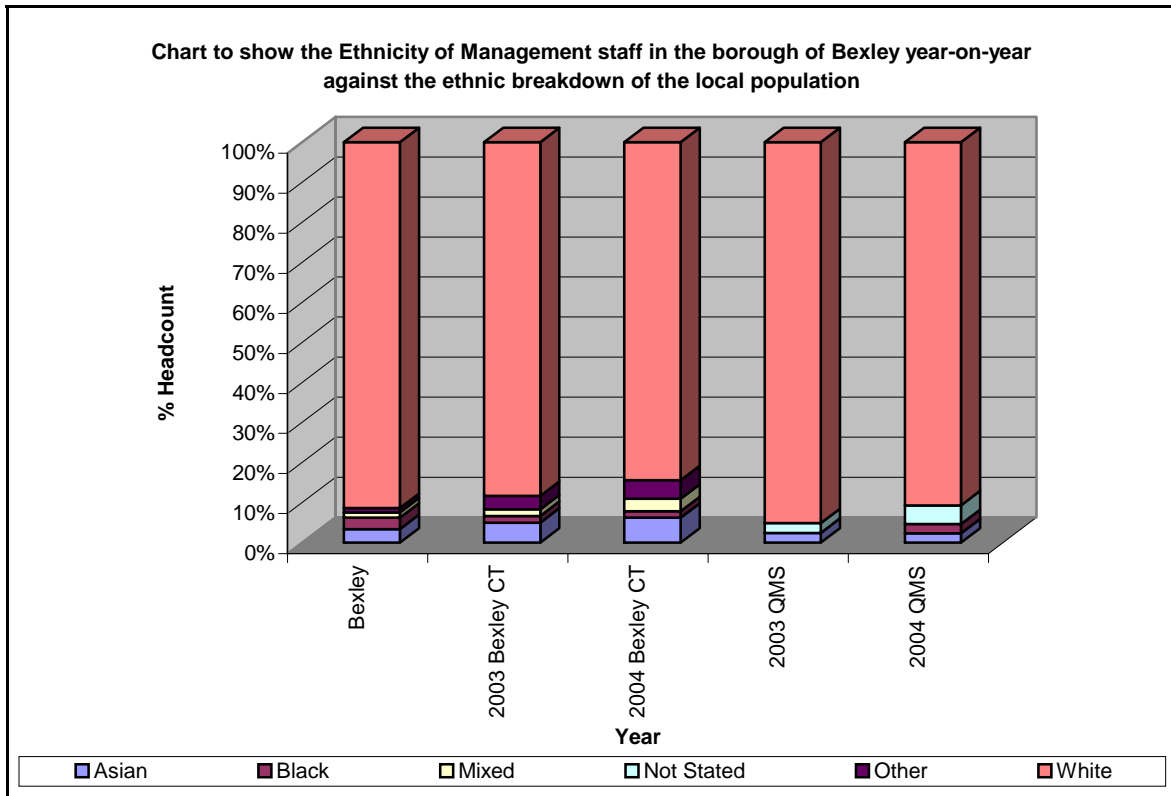
The proportion of BME qualified nursing staff in the borough of Bexley is greater than the local population and is also greater than the proportion of BME HCA and unqualified nursing staff. The proportion of staff within these two professional areas with their ethnicity not stated, is greater in QMS than Bexley CT.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

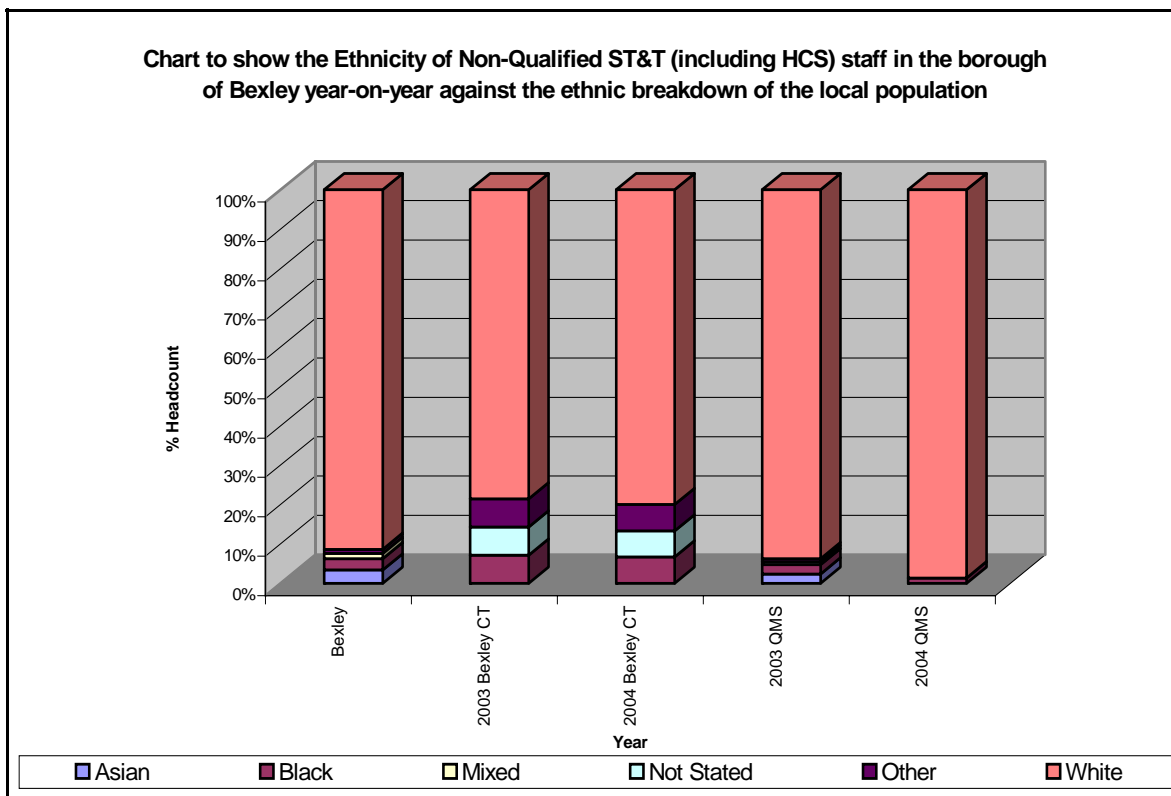
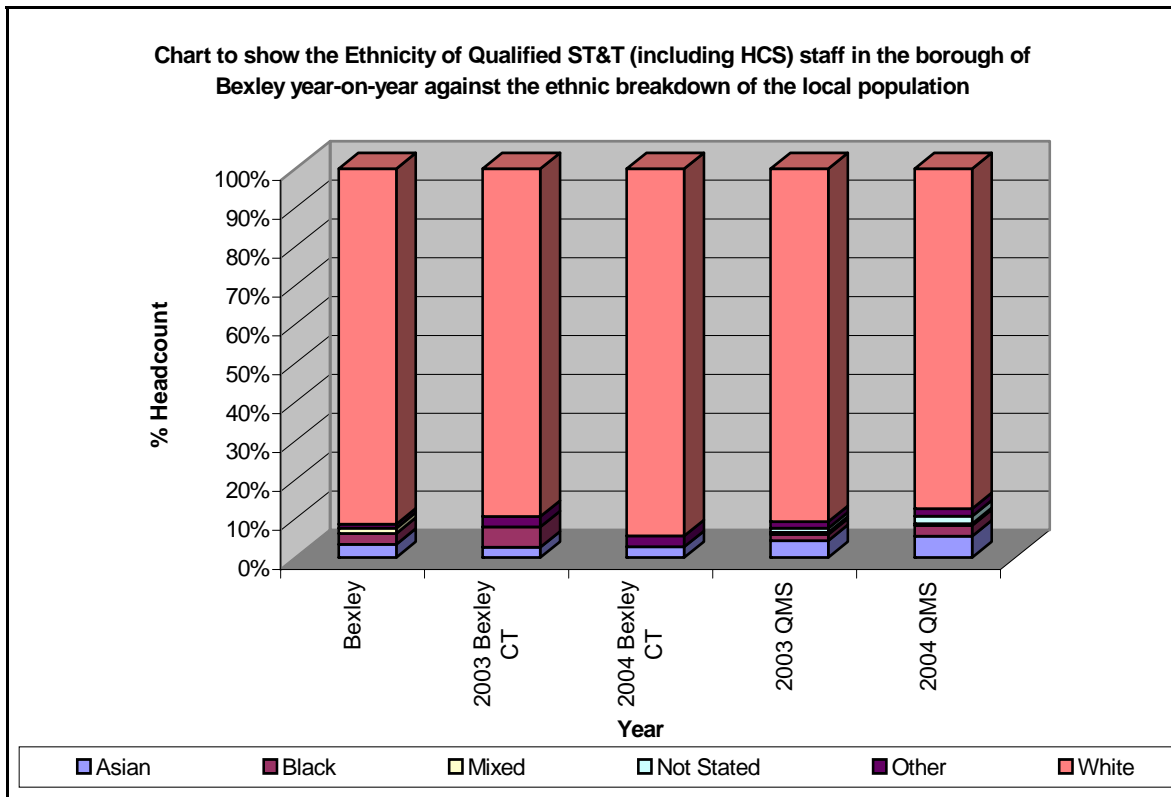
In contrast to the general trend, the ethnic mix of the management workforce in the borough of Bexley compares well to the local population and the BME groups are well represented in the A&C workforce.

The proportion of staff with undeclared ethnicity is greater in QMS than Bexley CT for both these groups of staff.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

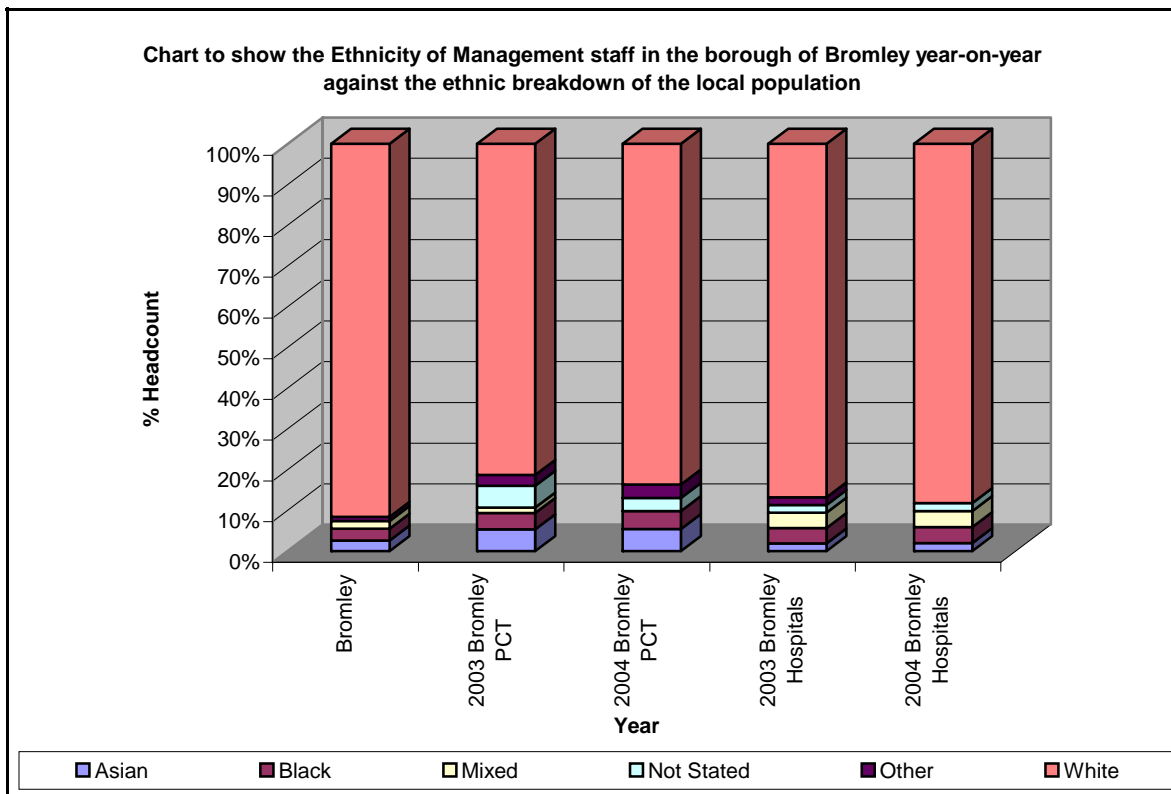
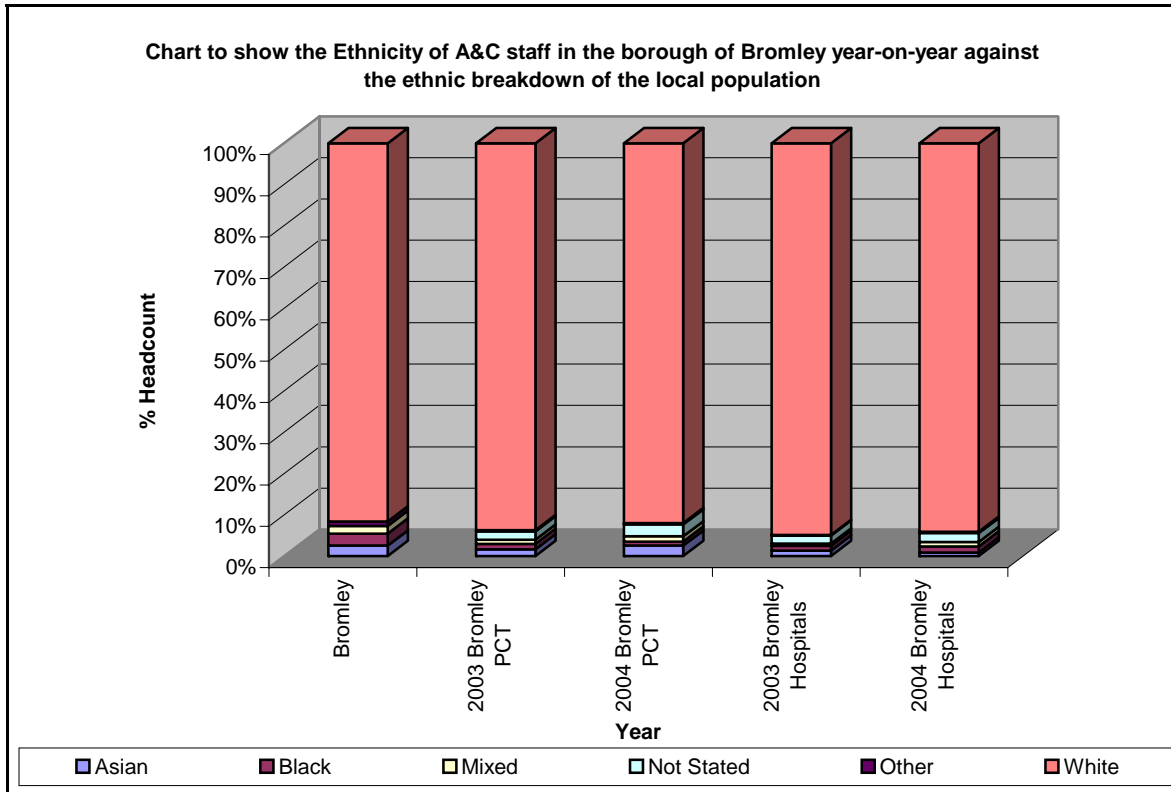
In contrast to the general trend, the ethnic mix of the qualified ST&T workforce in the borough of Bexley compares well to the local population. The non-qualified ST&T staff in QMS are predominantly white. The numbers of non-qualified ST&T staff in Bexley CT are too small to make a proper analysis.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

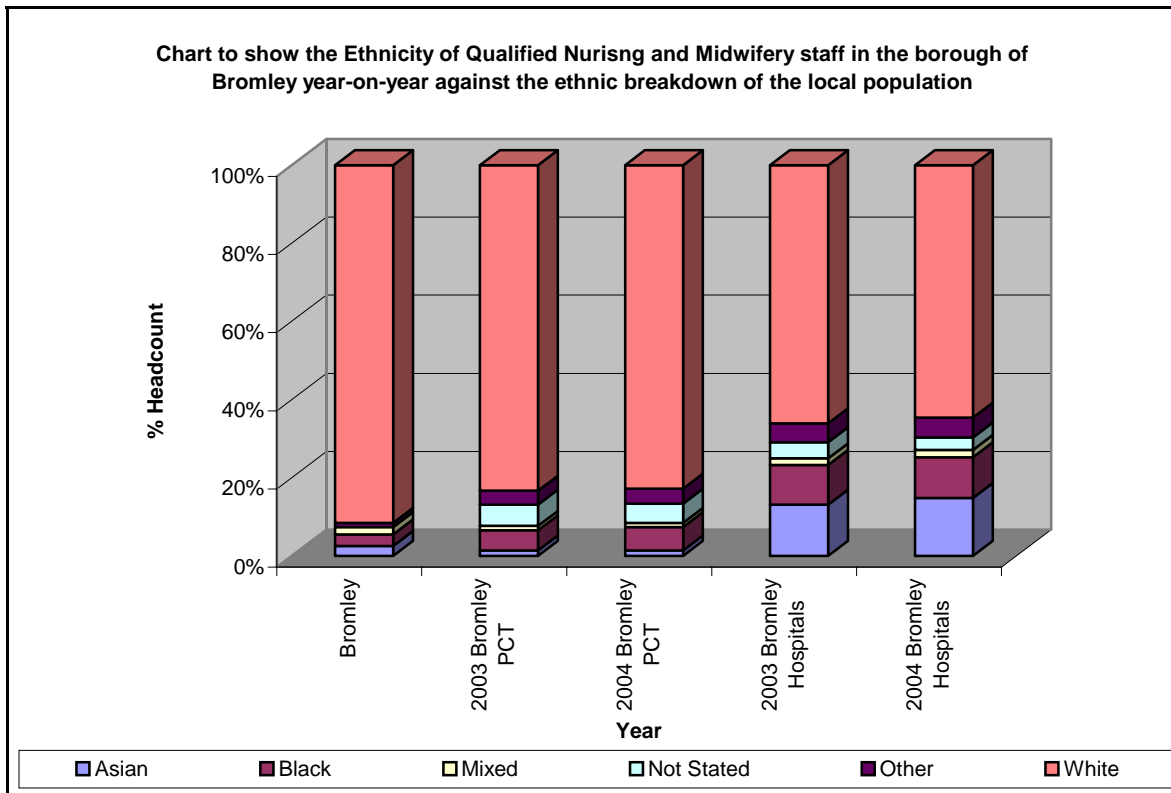
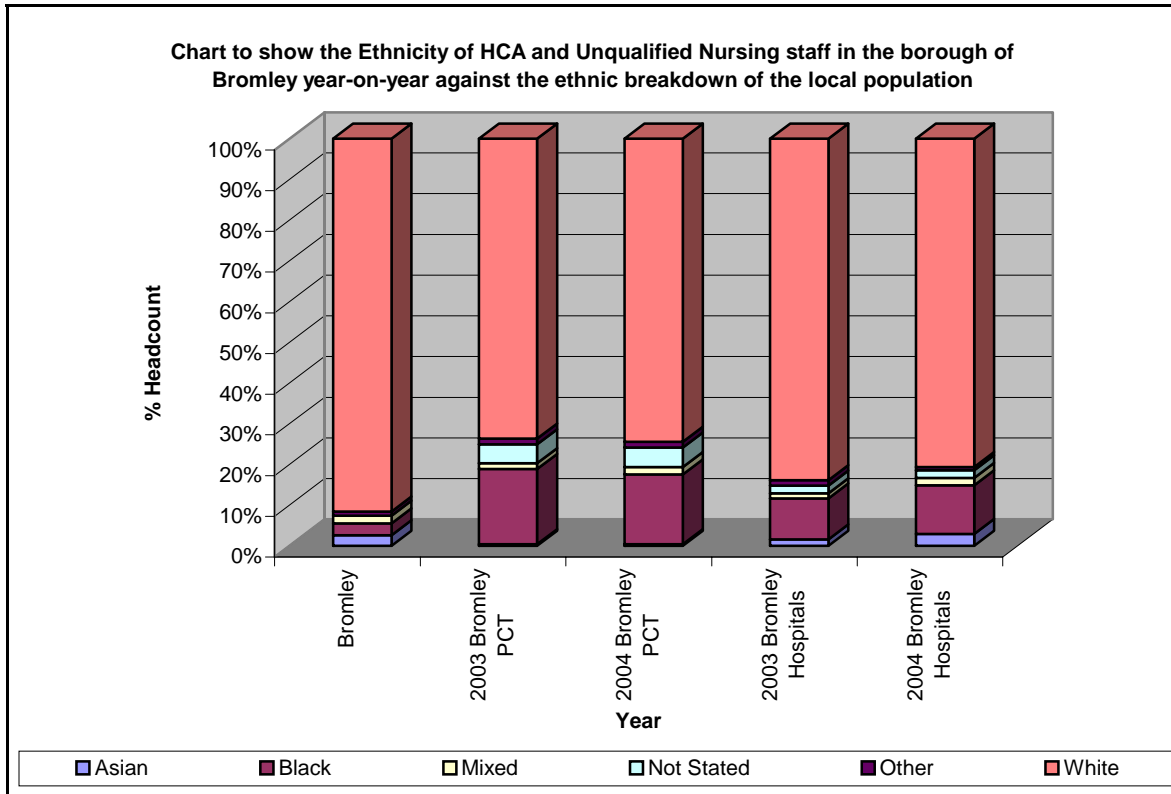
Bromley

Both the management and A&C workforce appear to represent the local population in terms of ethnicity, but the proportion of staff with non-declared ethnicity makes proper analysis difficult.



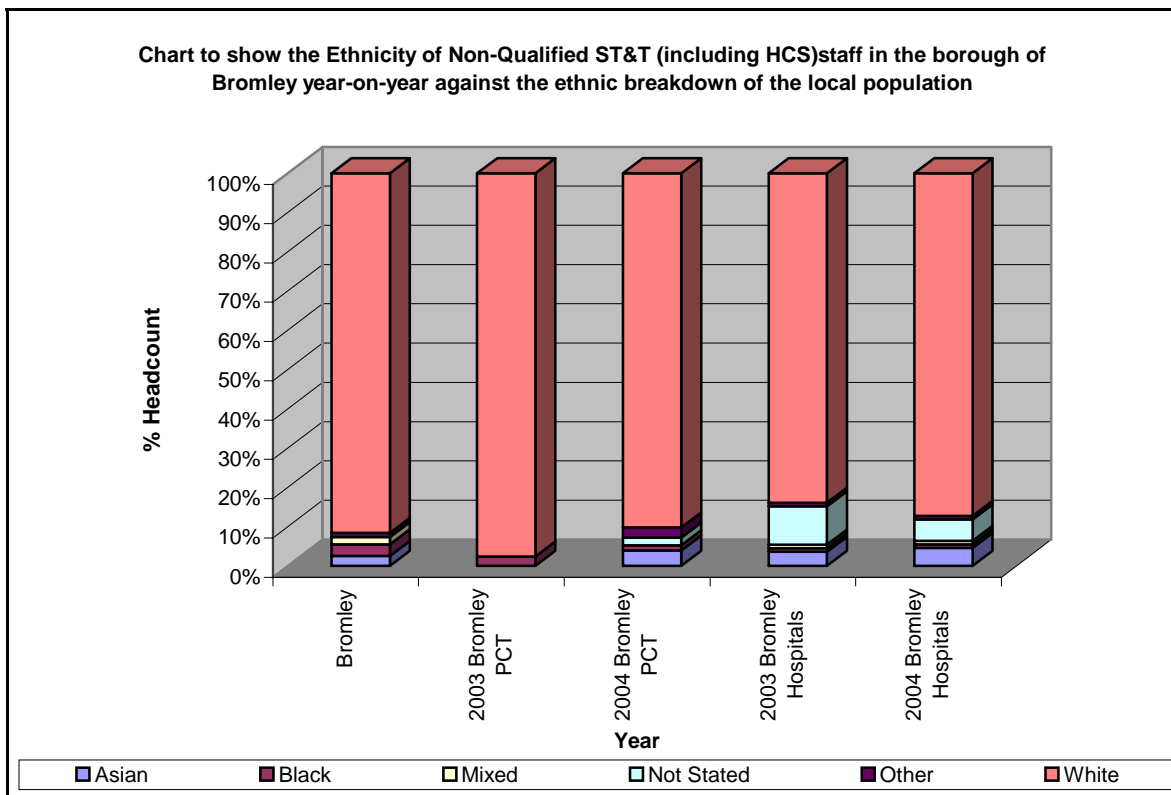
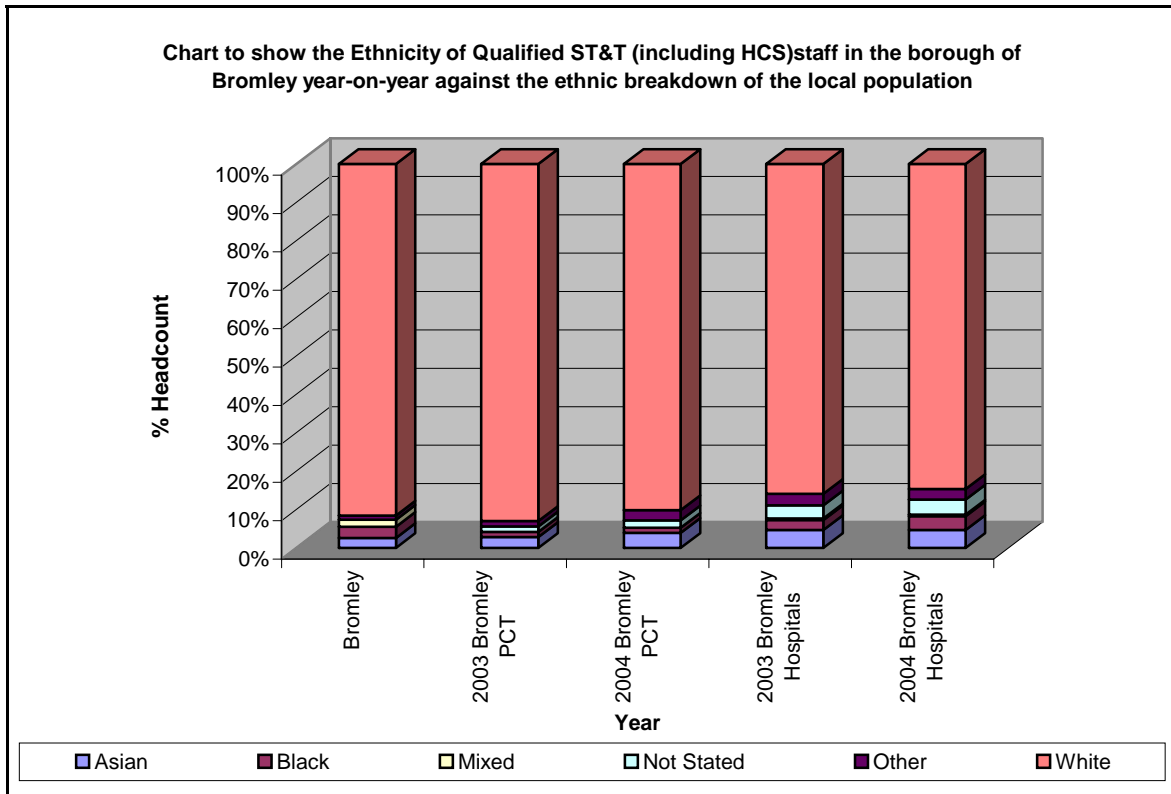
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Both the qualified and non-qualified nursing workforce have a high proportion of staff from BME groups in comparison to the local population.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

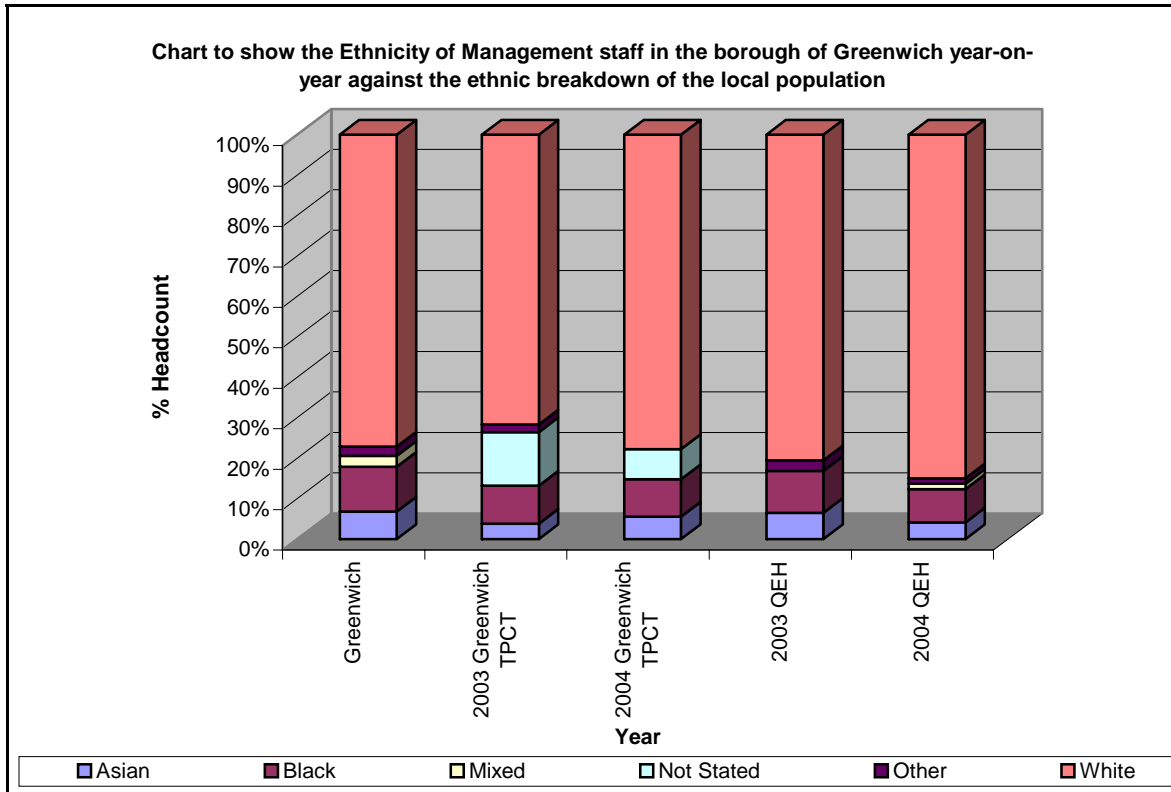
The qualified ST&T workforce appears to be representative of the local population, but the proportion of staff who have not declared their ethnicity in the qualified ST&T workforce makes analysis difficult and the proportion of non-qualified ST&T staff who have no declare ethnicity, makes any analysis impossible.



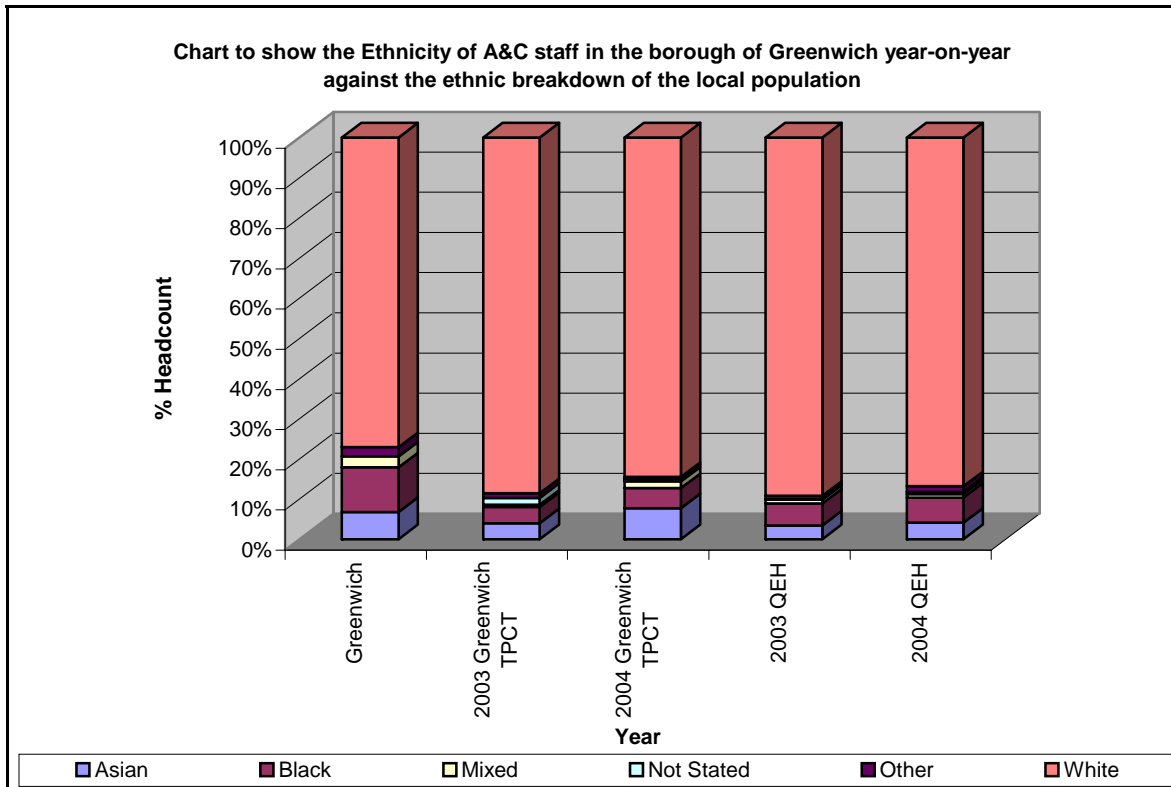
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Greenwich

The ethnic-mix of the management workforce in the borough of Greenwich appears to be slightly under-represented, in comparison to the local population. Greenwich TPCT seems to have a high proportion of its staff in this area who have not declared their ethnicity.

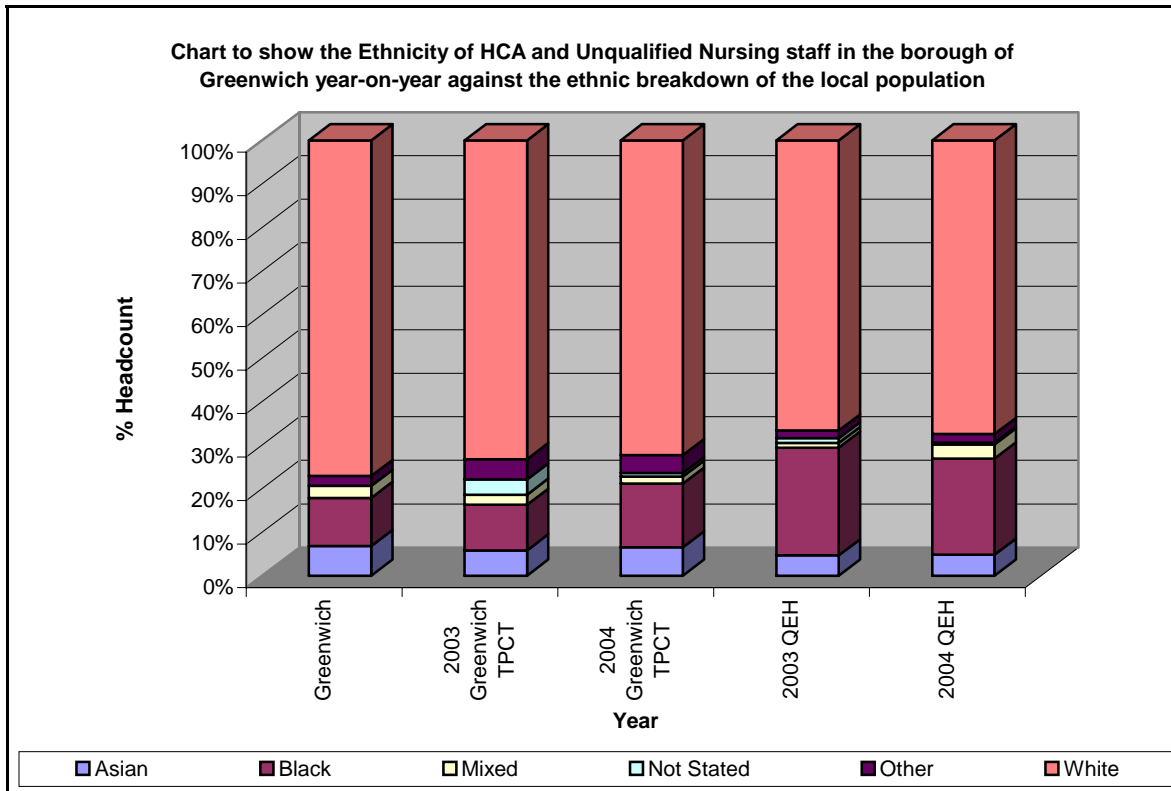
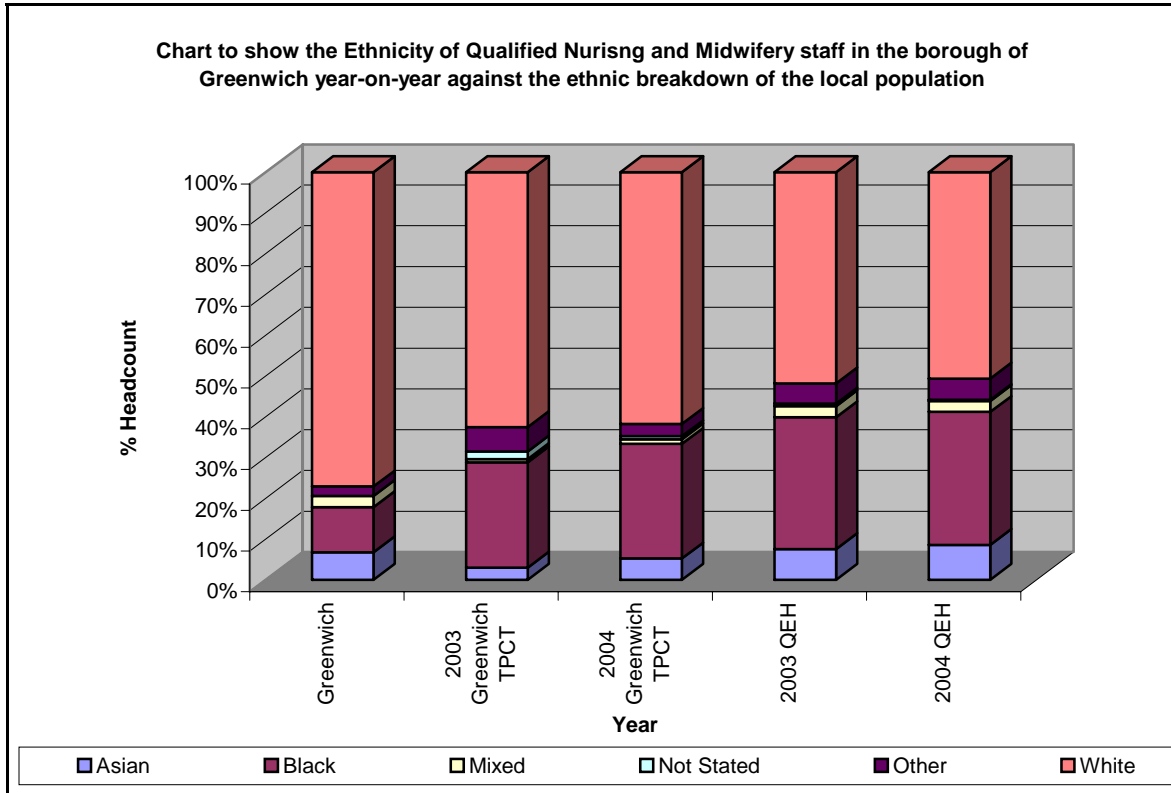


The trend towards under representation continues in its A&C workforce.



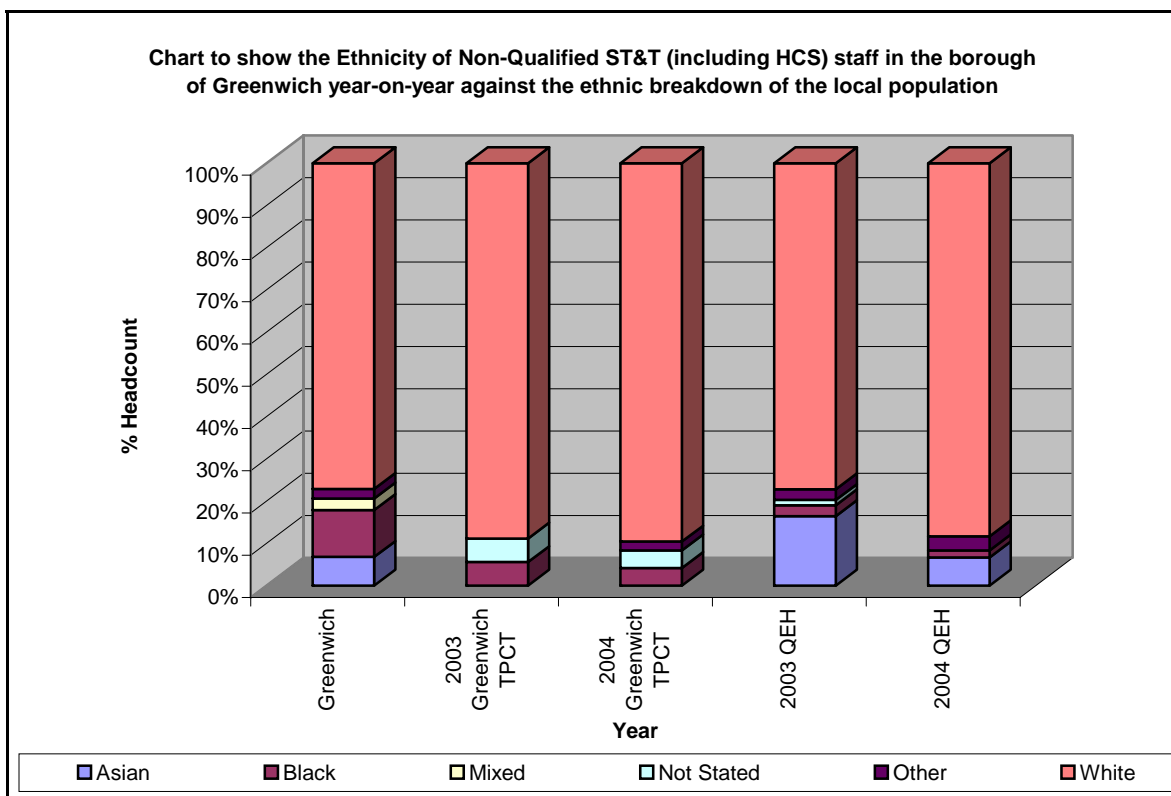
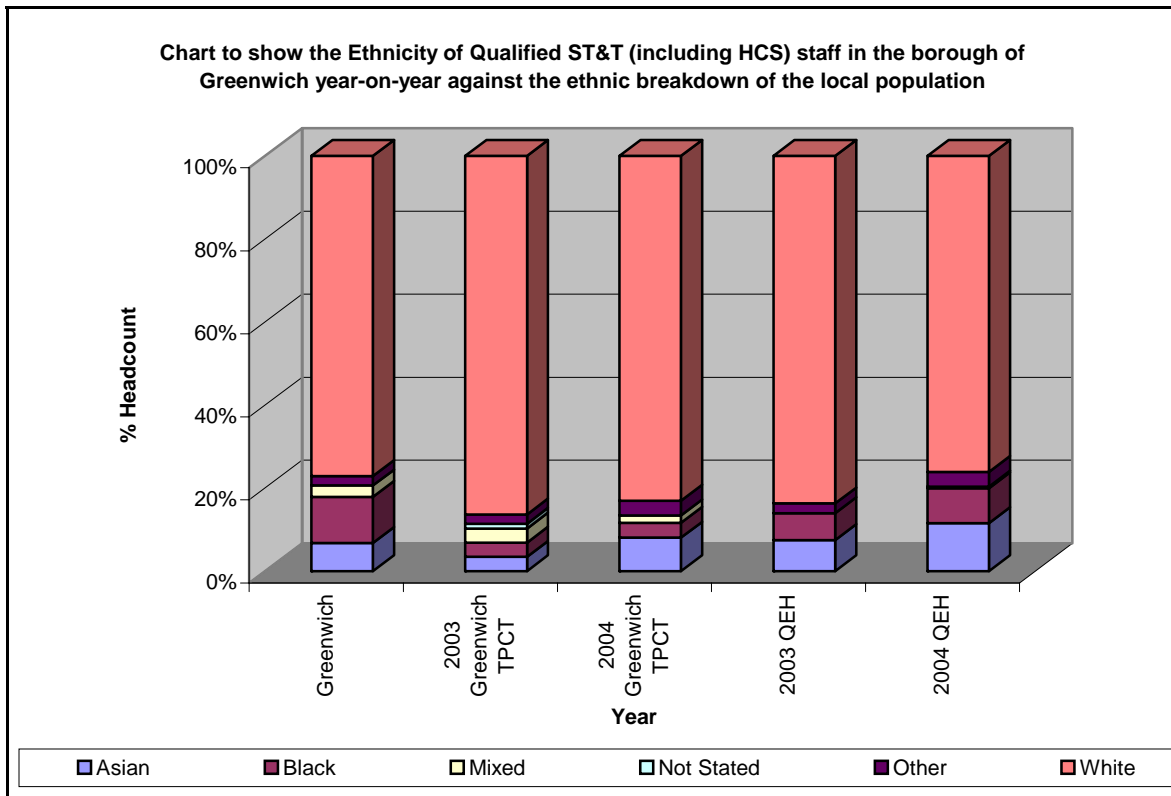
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

BME groups are well-represented in both the qualified and non-qualified nursing workforce when compared to the local population.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

In contrast to the general trend, the ethnic mix of the qualified and non-qualified ST&T workforce in the borough of Greenwich compares well to the local population.

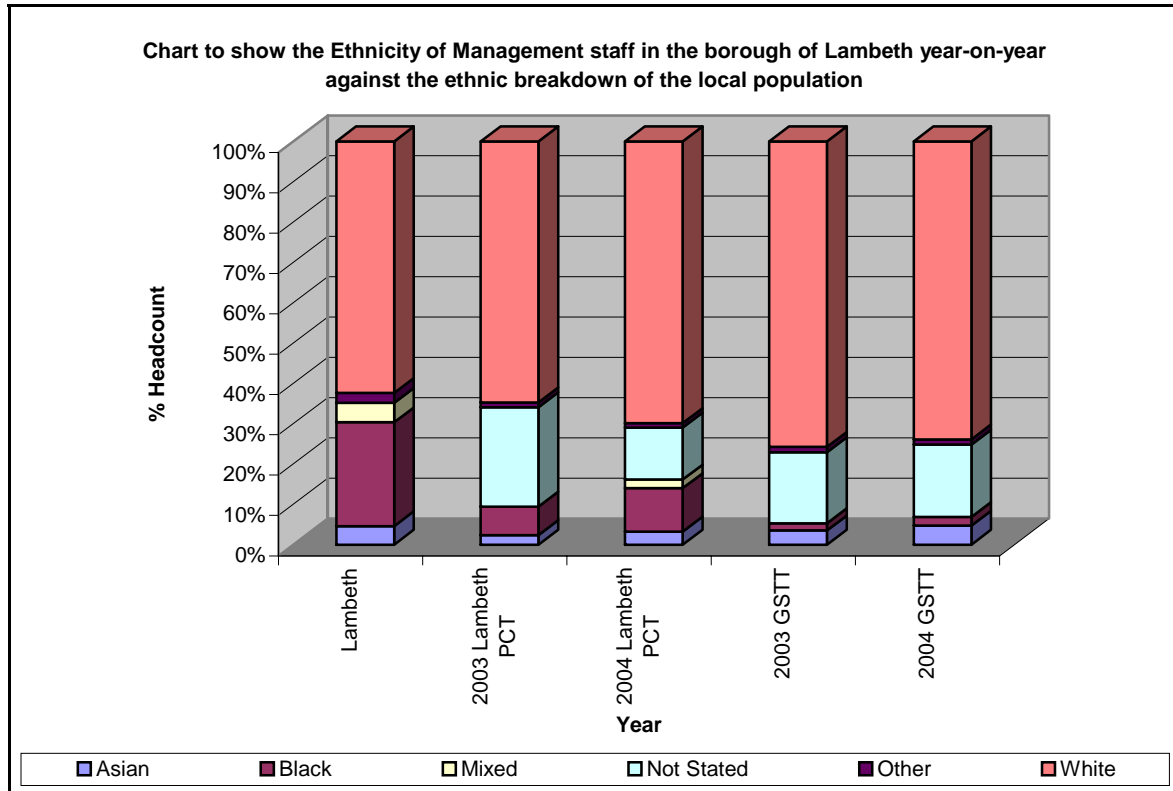


Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Lambeth

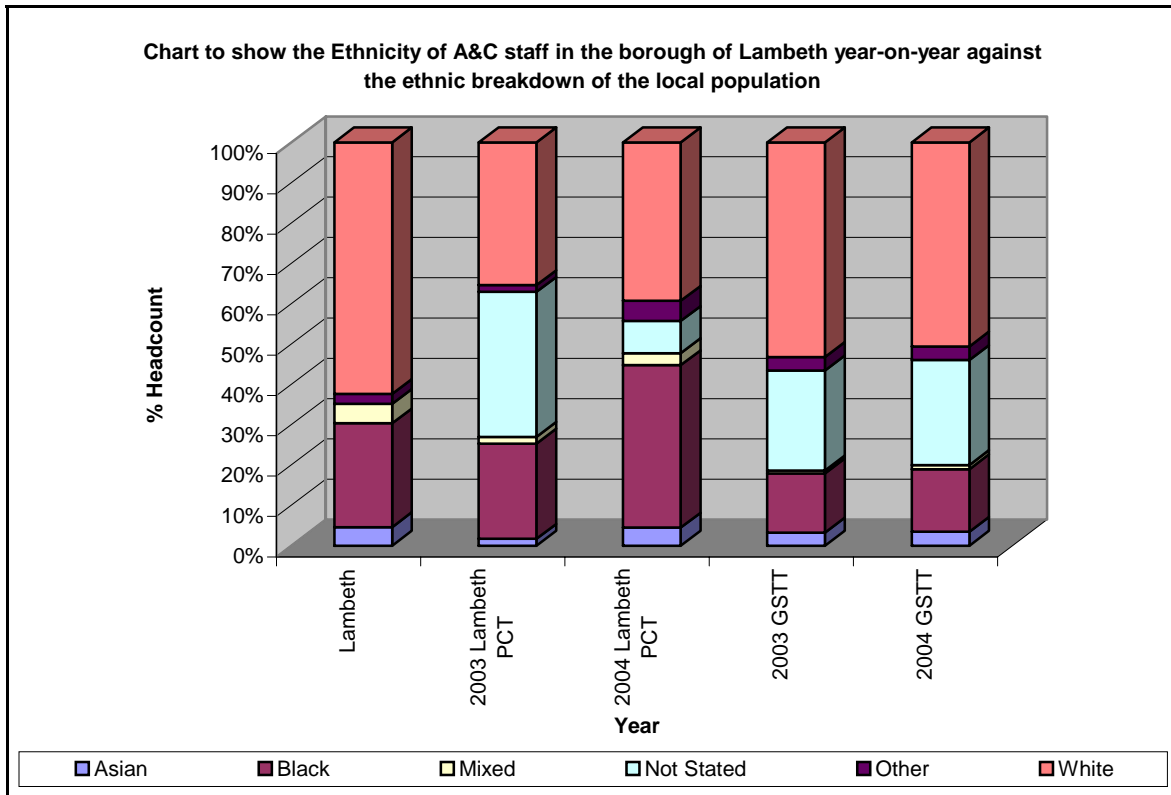
Both Lambeth PCT and GSTT had high instances of staff not declaring their ethnicity in last year's report. There is a clear improvement in Lambeth PCT's ethnic reporting in this year's report, but no real improvement in GSTT's.

The management workforce in the borough of Lambeth does not represent the local population, as the table below illustrates:



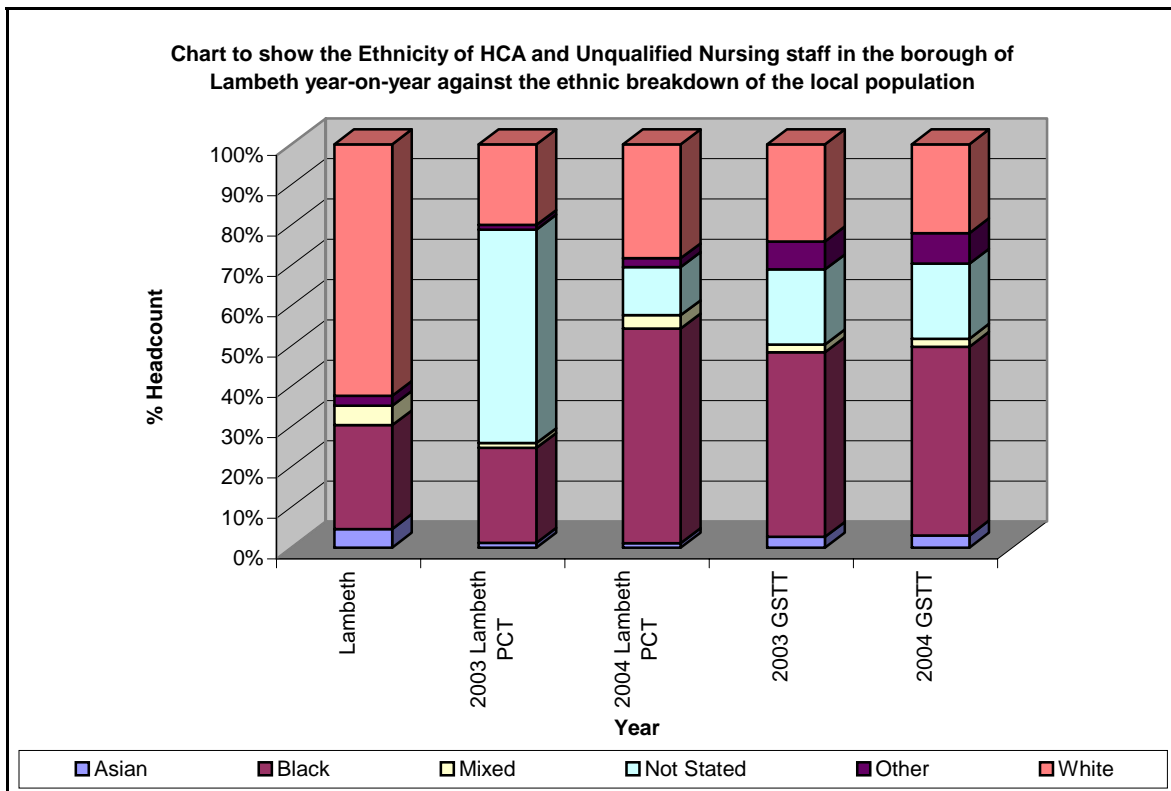
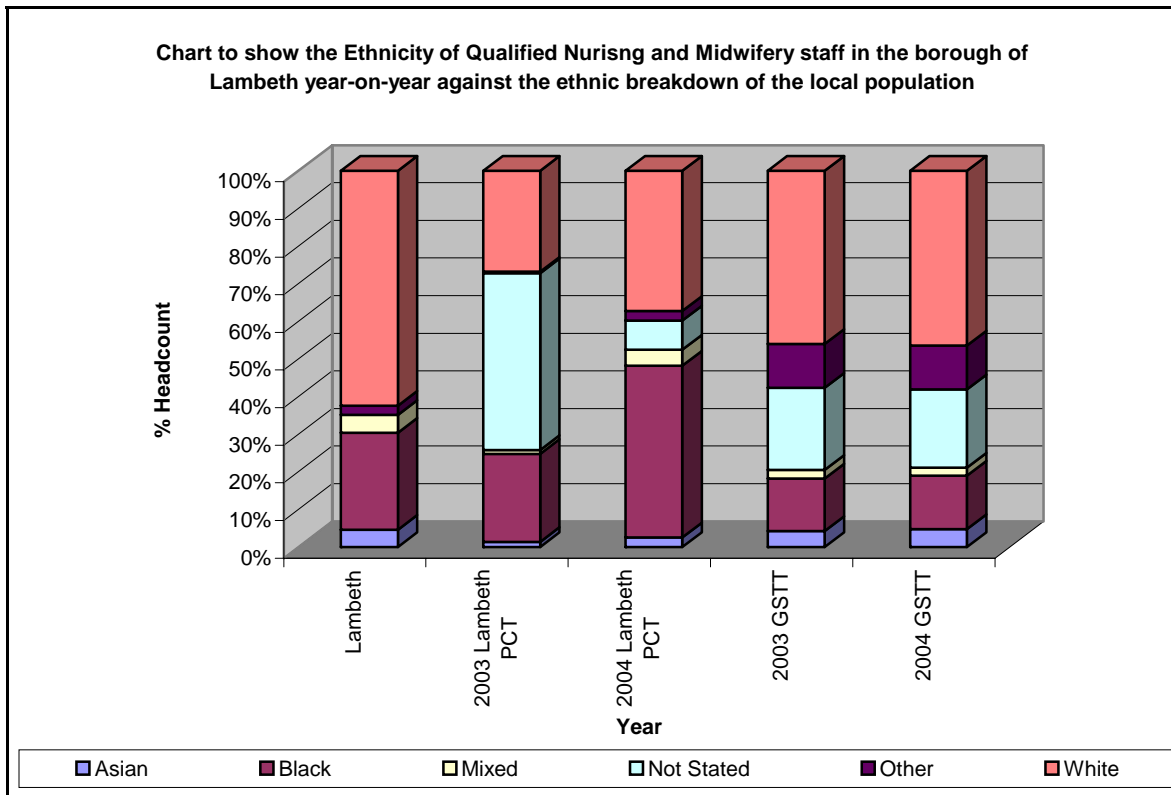
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The comparison in terms of ethnicity to the local population is better within the A&C workforce. Whether this is an accurate assessment is difficult to tell as there is a high proportion of staff who have not declared their ethnicity.



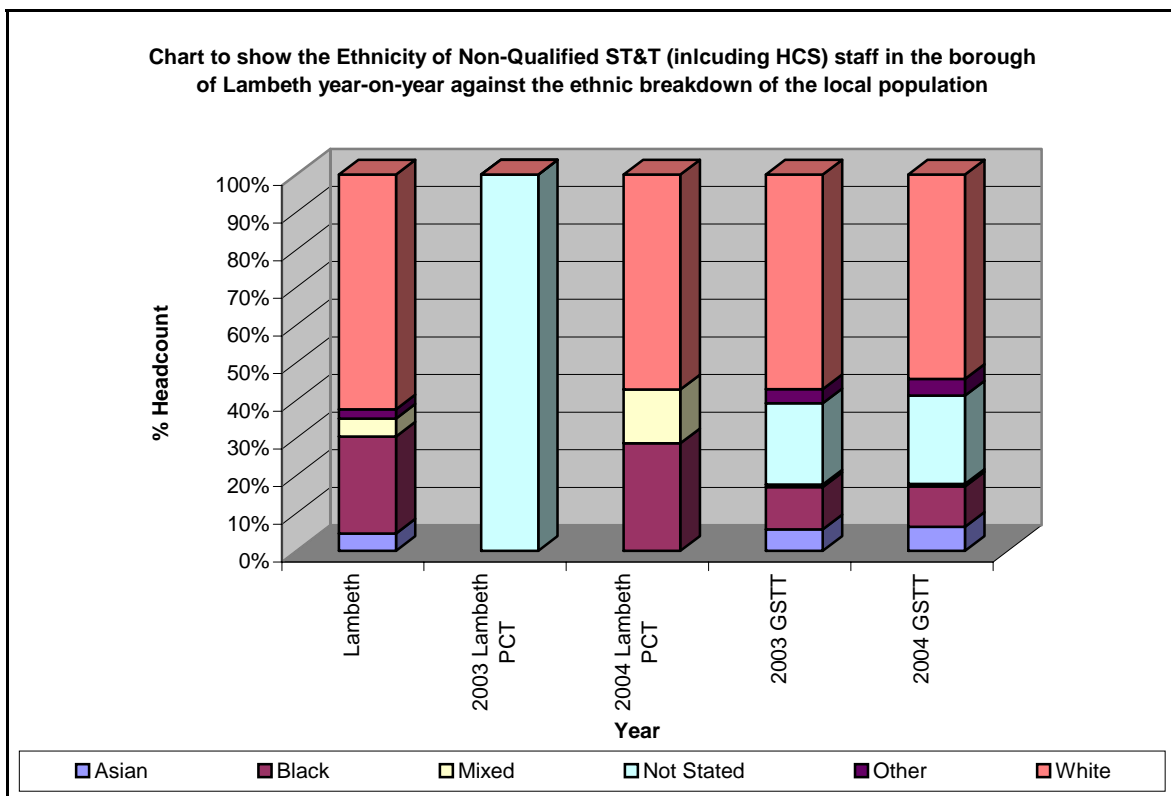
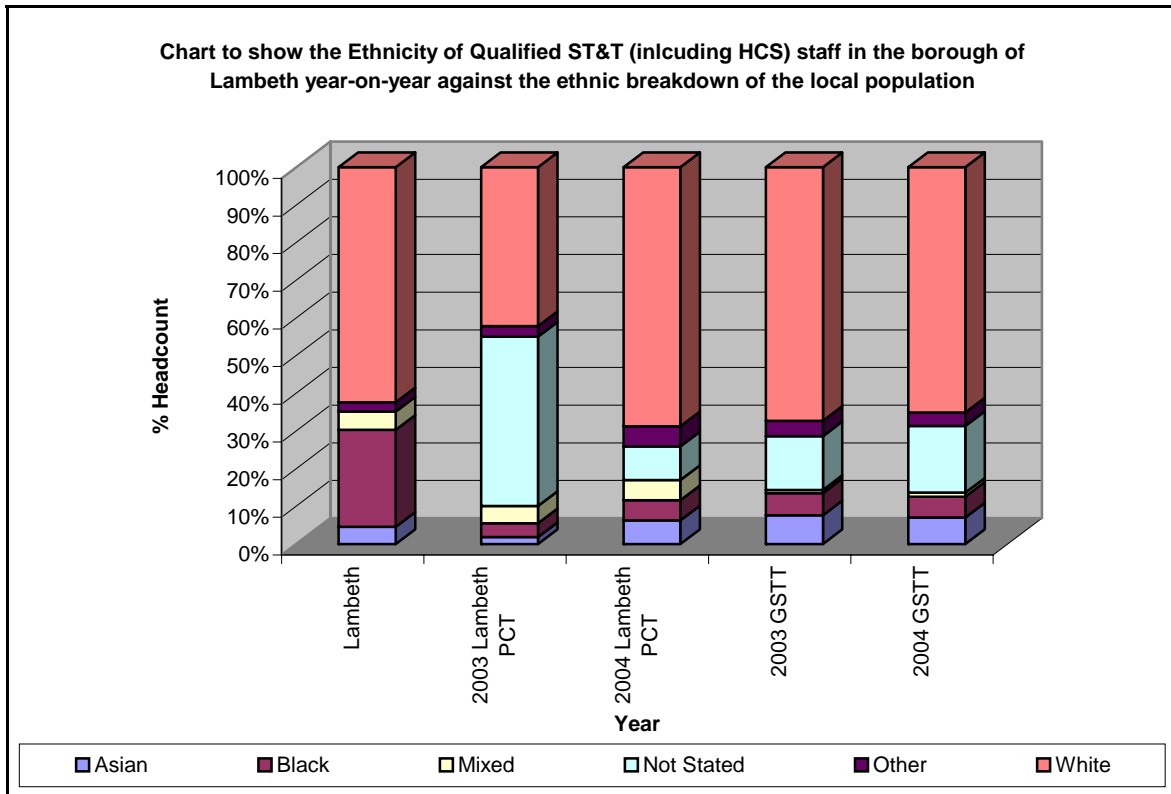
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

BME groups are well represented in both the qualified and non-qualified nursing workforce in the borough of Lambeth, but there is greater representation amongst the non-qualified workforce.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

It is not possible to analyse the ethnicity of the ST&T workforce in the borough of Lambeth as there is a high proportion of staff who have not declared their ethnicity.

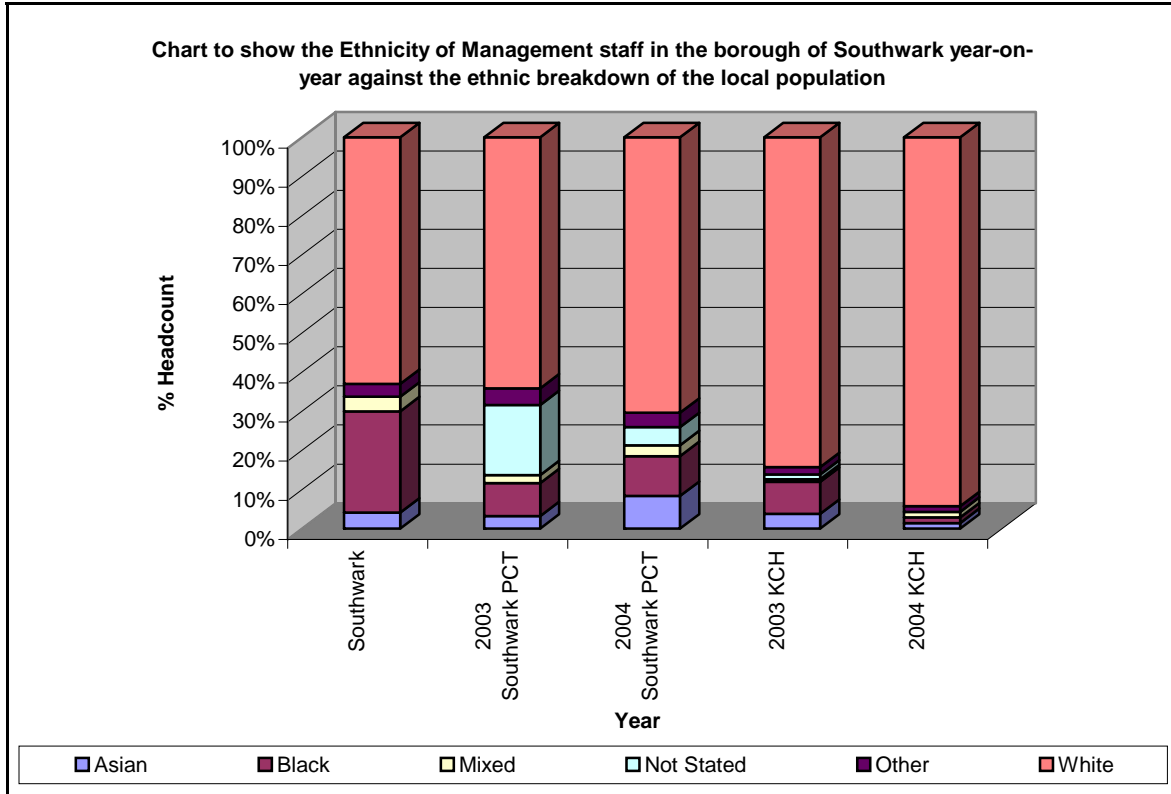


Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Southwark

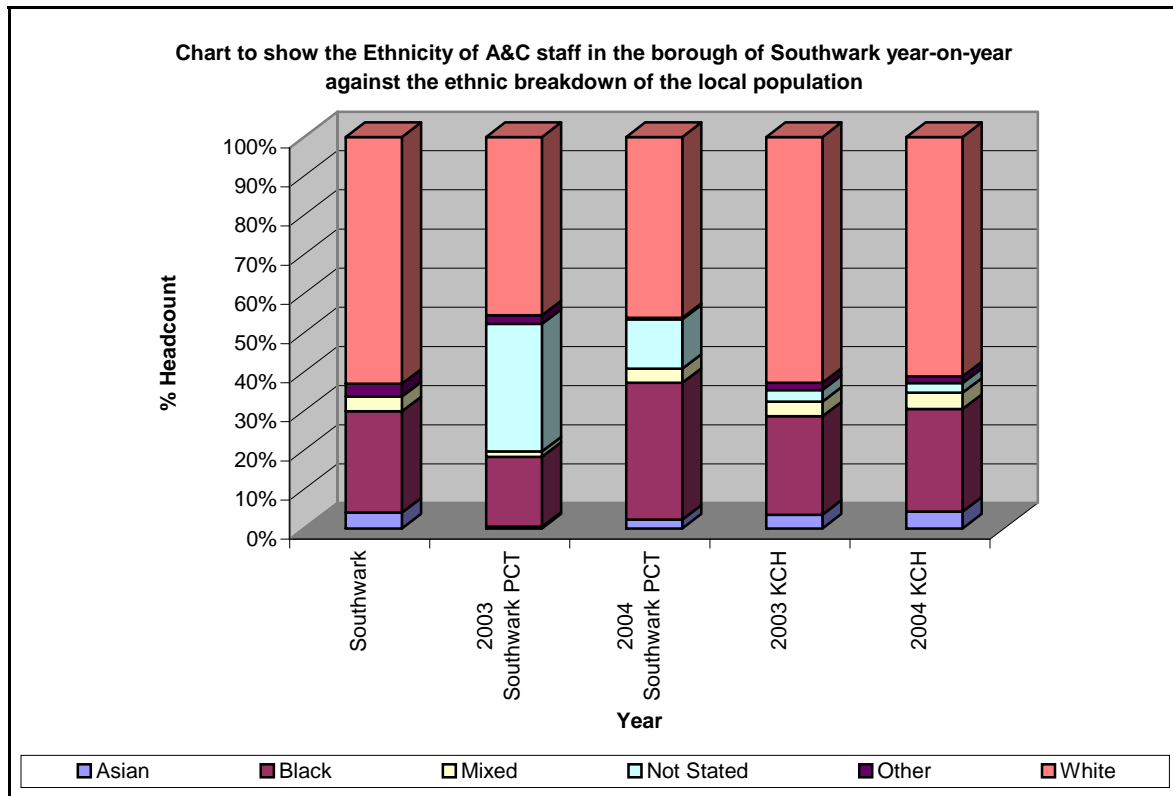
Southwark PCT had a high instance of staff not declaring their ethnicity in last year's report. There is a clear improvement in this year's report, but more staff who hold lower grade and non-qualified positions have not declared their ethnicity.

The management workforce in the borough of Southwark does not represent the local population as the table below illustrates:



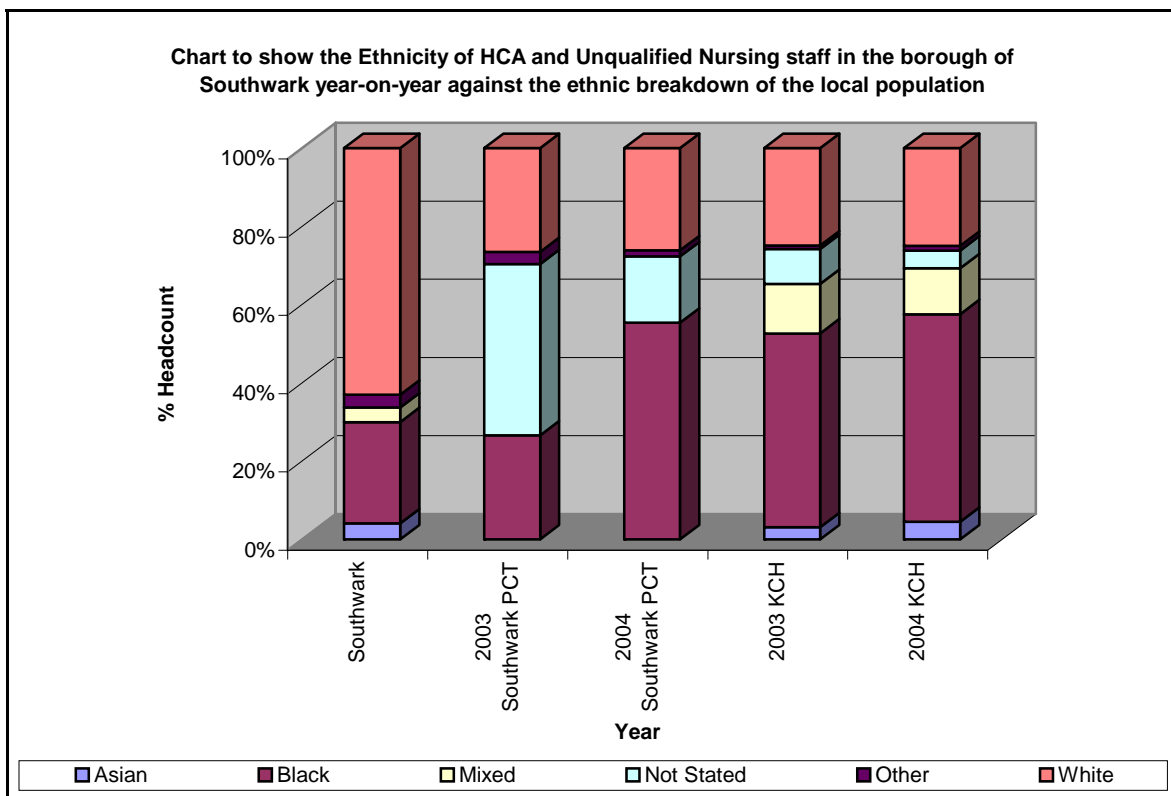
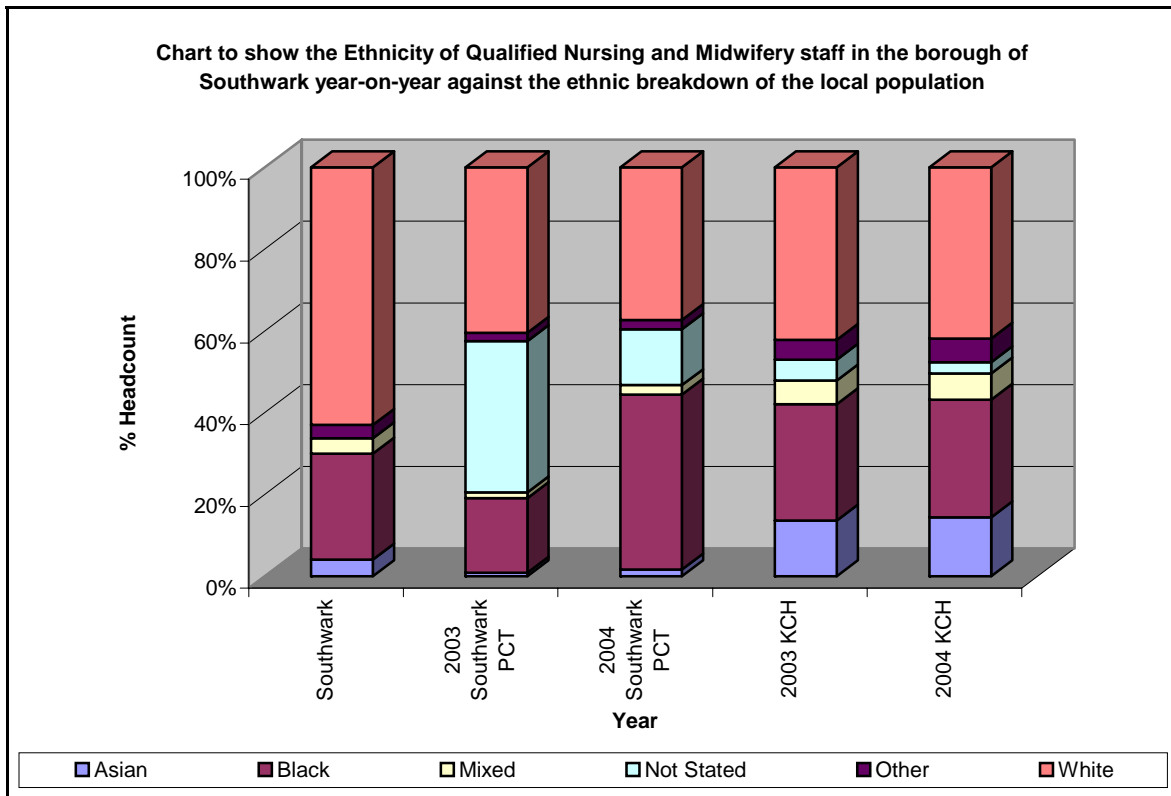
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The comparison of ethnic mix to the local population is better within the A&C workforce.



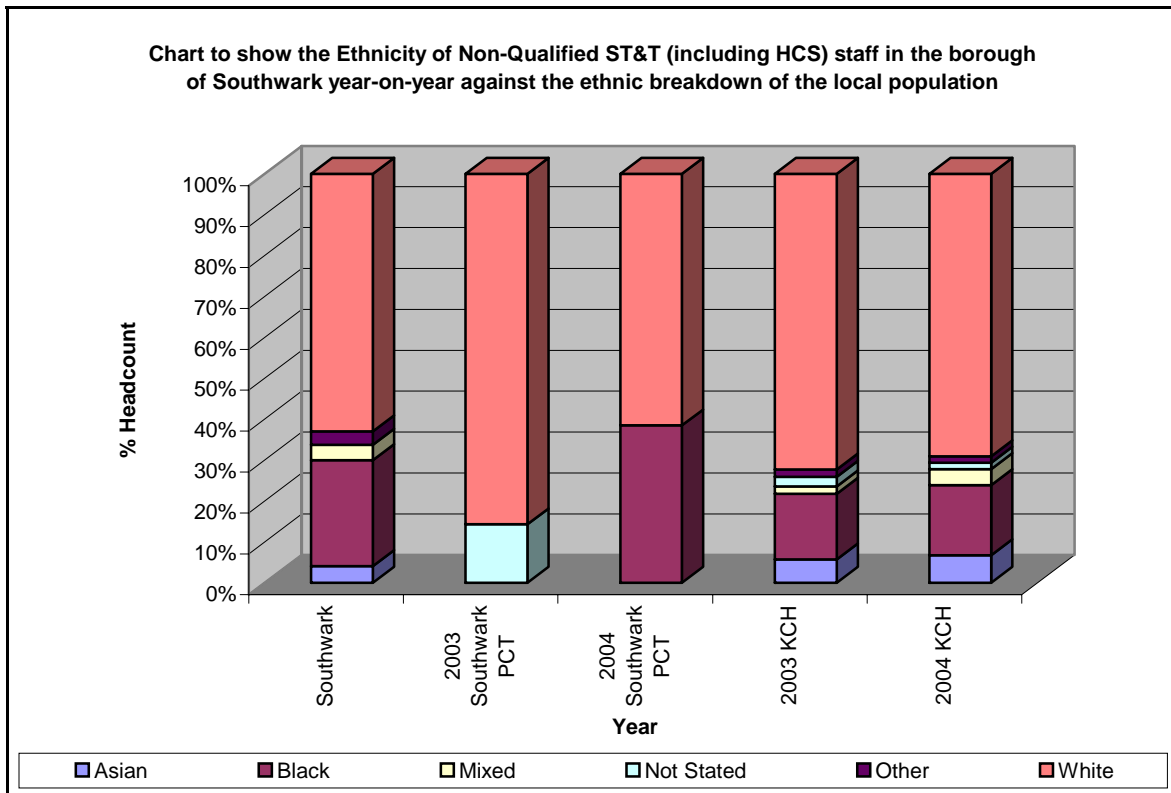
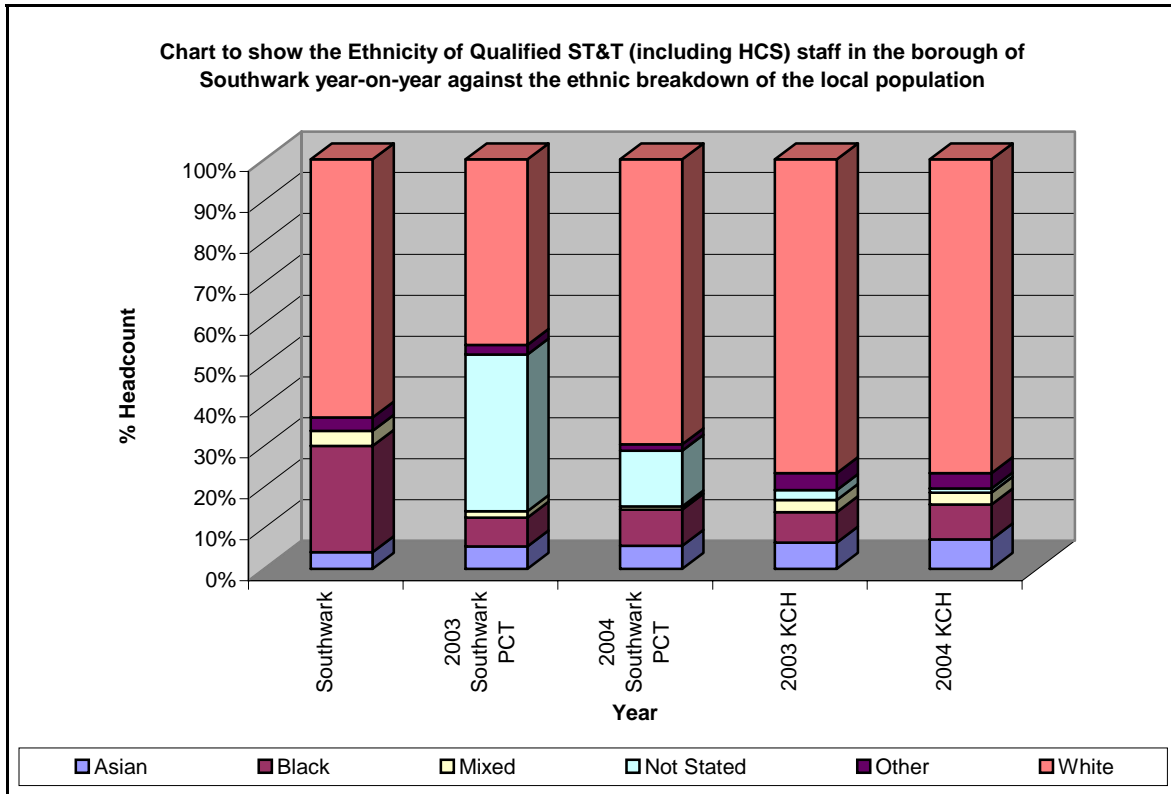
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

BME groups are well represented in both the qualified and non-qualified nursing workforce in the borough of Southwark, but there is greater representation amongst the non-qualified workforce.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The ST&T workforce in the borough of Southwark, both qualified and non-qualified, is not representative of the local population.

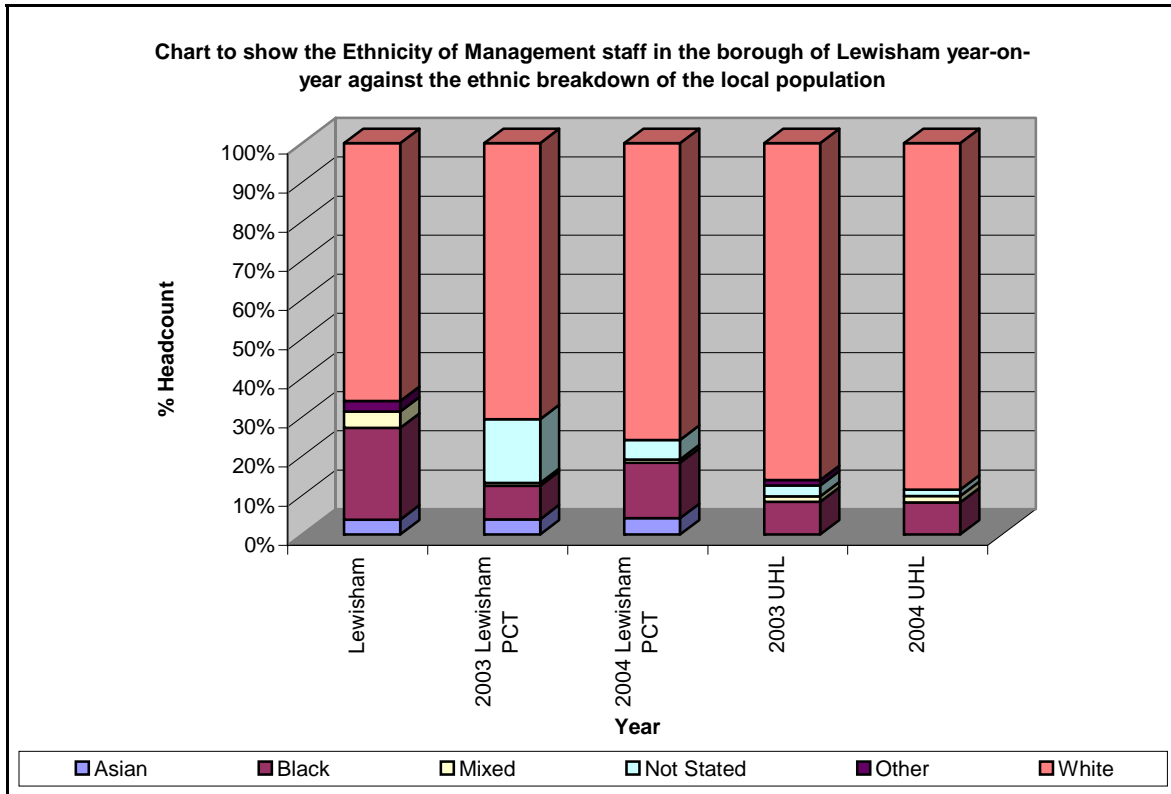


Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Lewisham

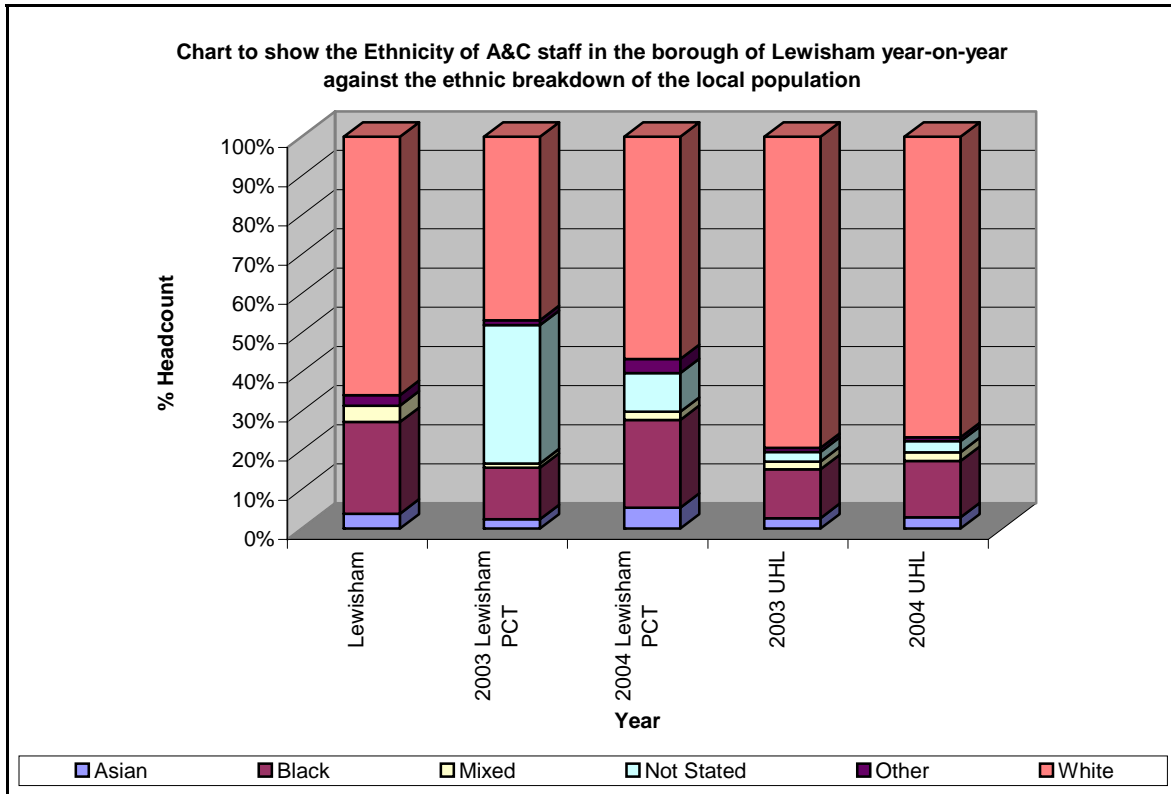
Lewisham PCT had a high instance of staff not declaring their ethnicity in last year's report. There is a clear improvement in this year's report, but there are still higher instances of staff at the lower grades and non-qualified levels not reporting their ethnicity.

The management workforce in the borough of Lewisham does not represent the local population as the table below illustrates:



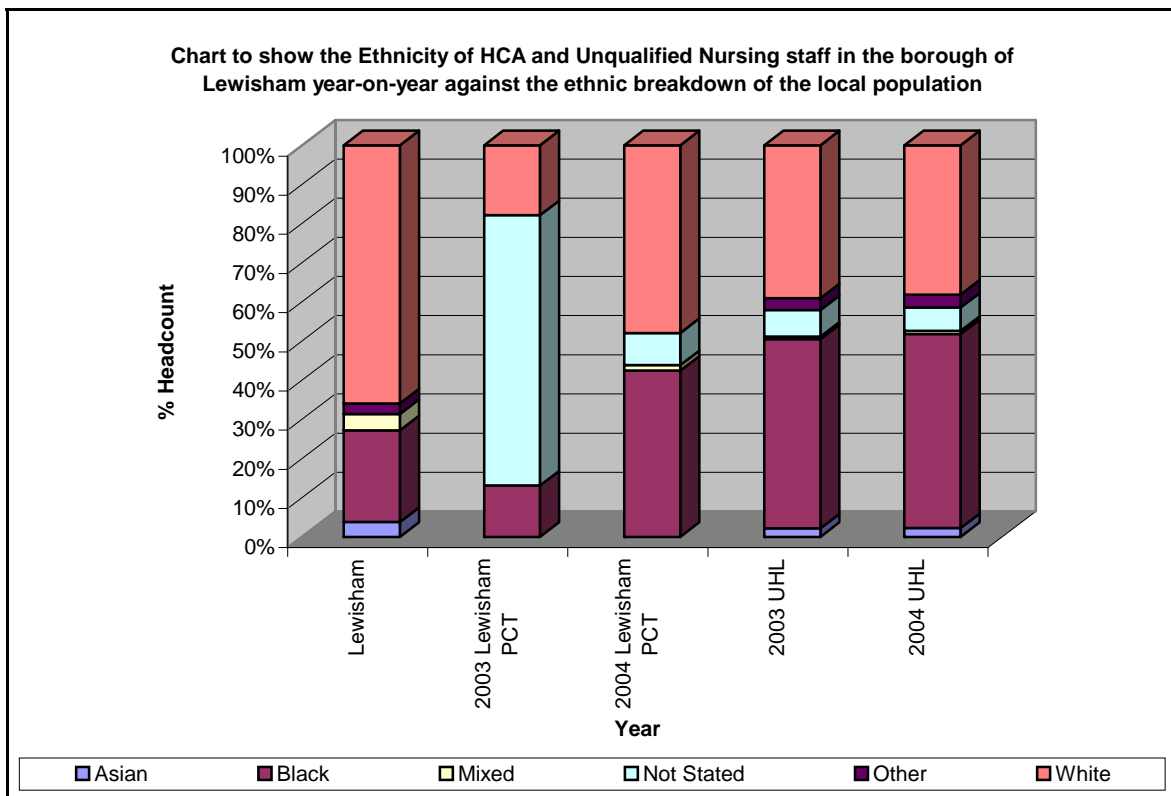
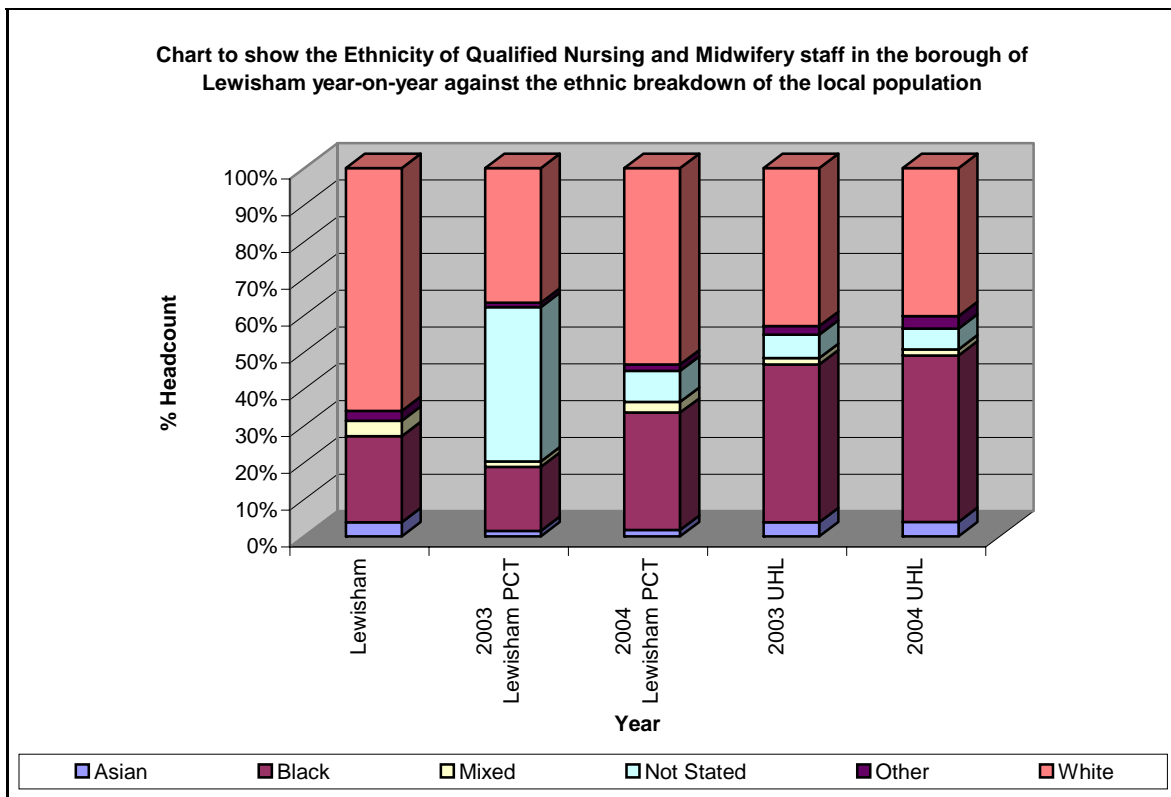
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The comparison between the ethnic mix of the A&C workforce to the local population is better, but is still portraying an under-represented BME workforce.



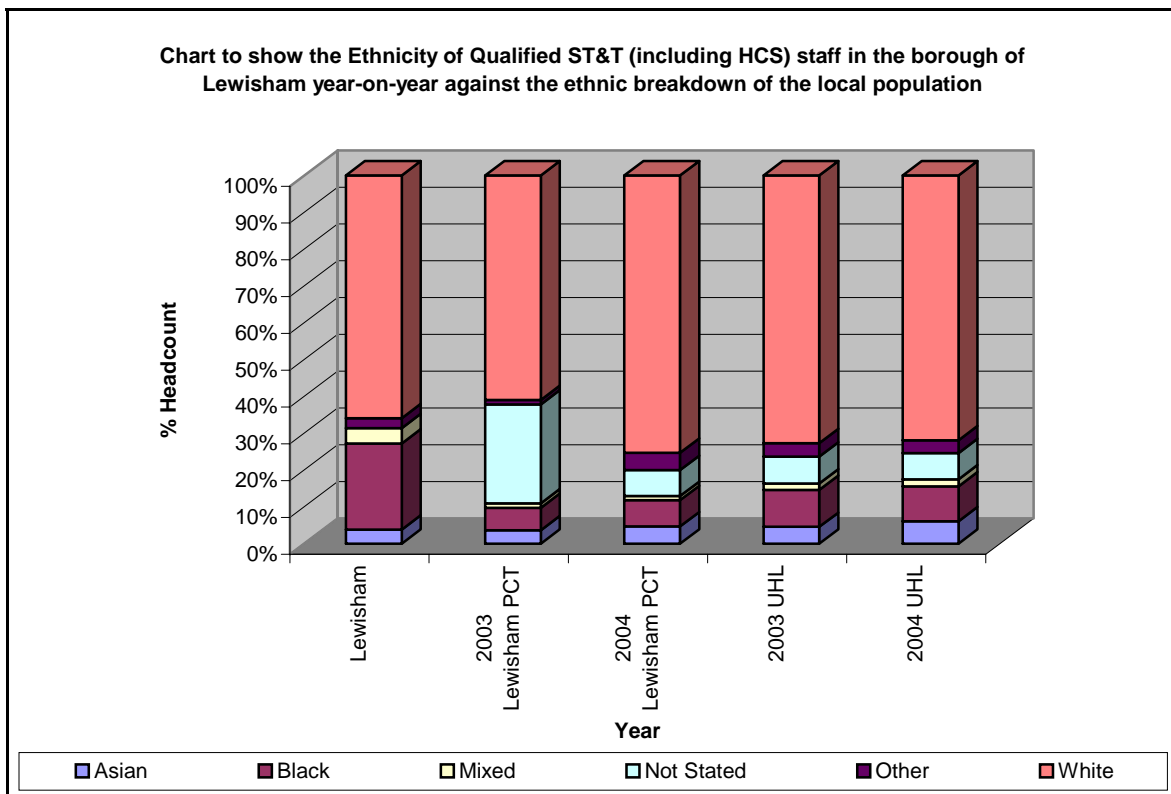
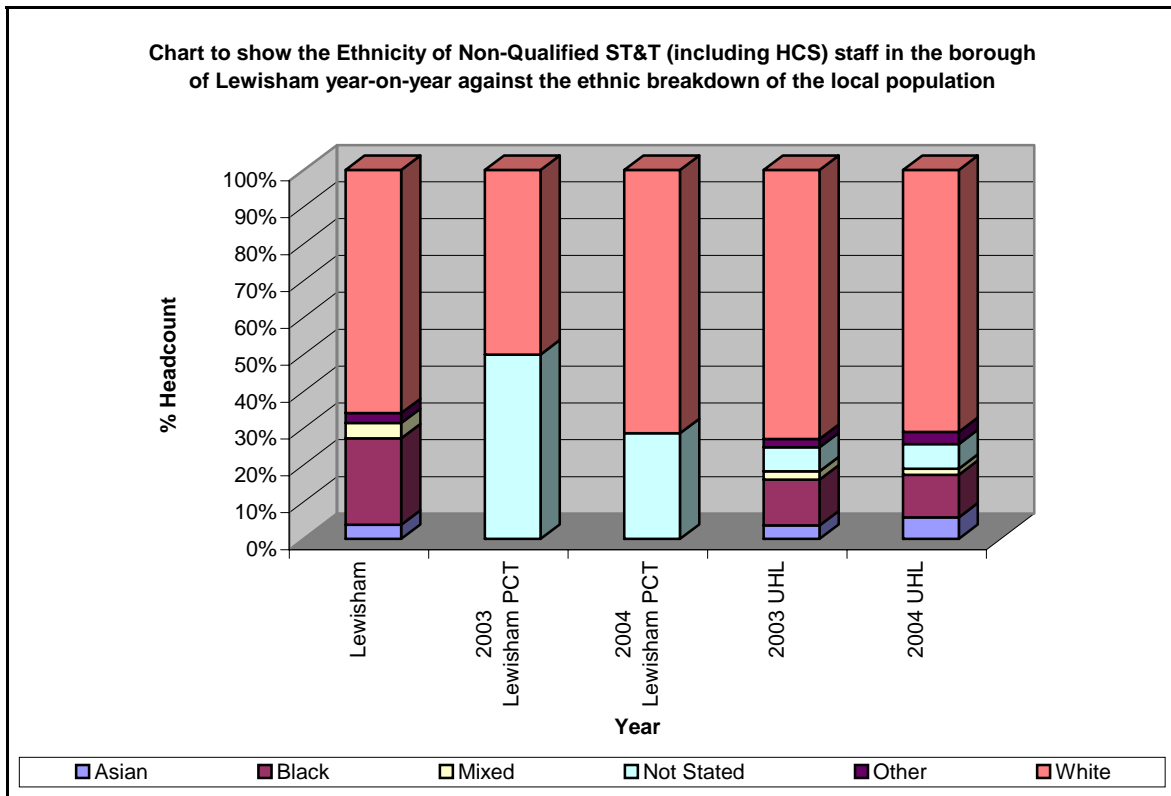
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

BME groups are well represented in both the qualified and non-qualified nursing workforce in the borough of Lewisham, but there is greater representation amongst the non-qualified workforce.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The ST&T workforce in the borough of Lewisham (both qualified and non-qualified) is not representative of the local population. There is also a high proportion of non-qualified staff in this area who have not declared their ethnicity, which makes proper analysis difficult.

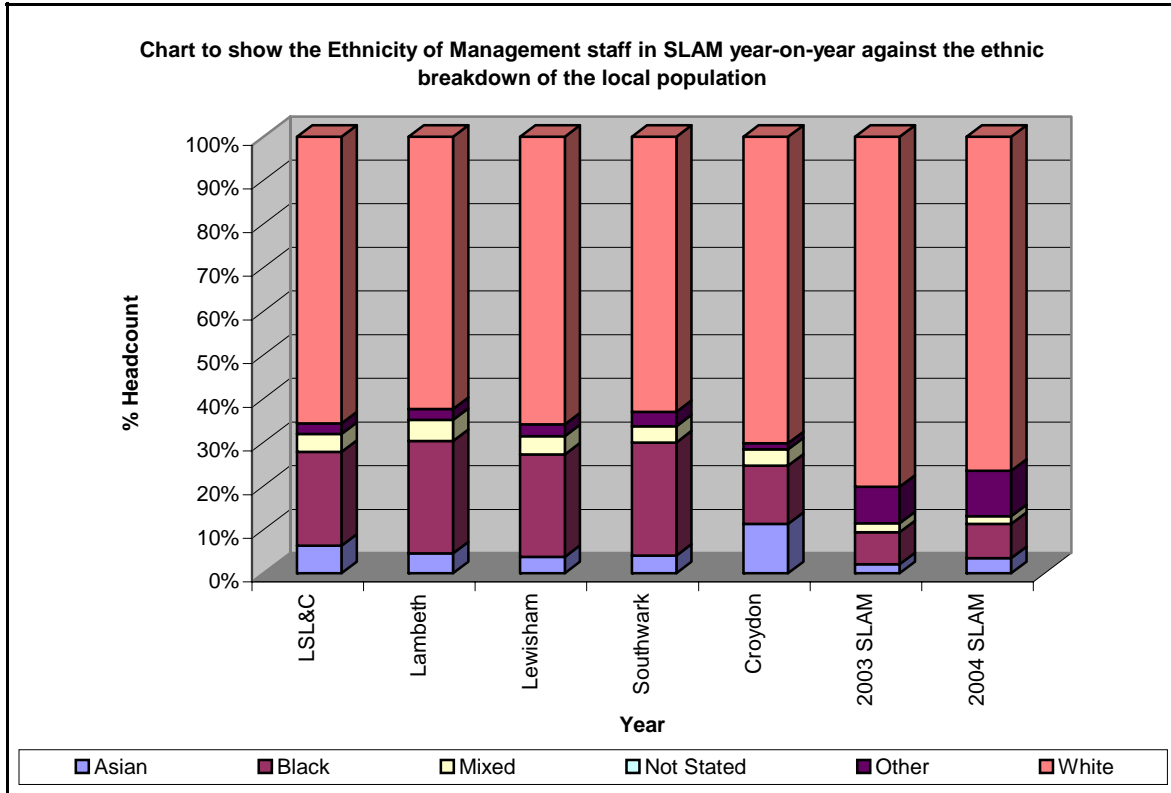


Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

SLAM

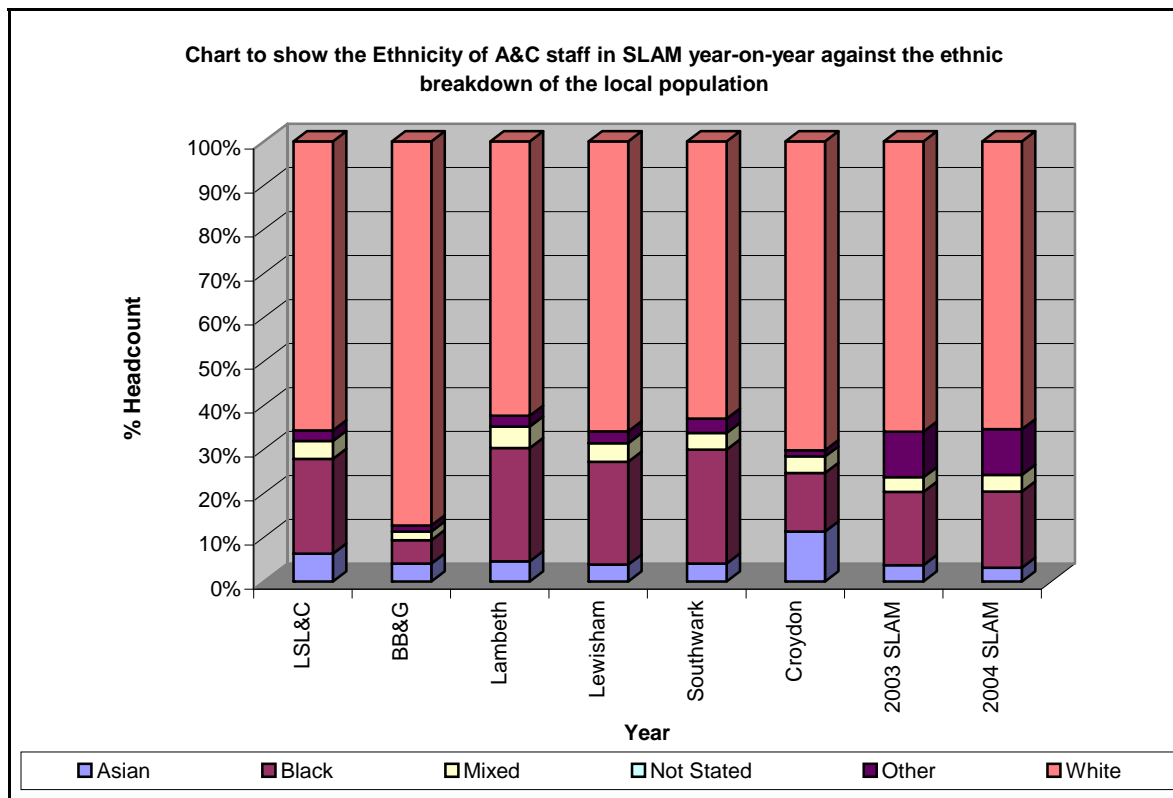
SLAM are the only organisation in the sector where all staff have declared their ethnicity.

The management workforce in SLAM is not representative of the ethnic mix of the population it serves.



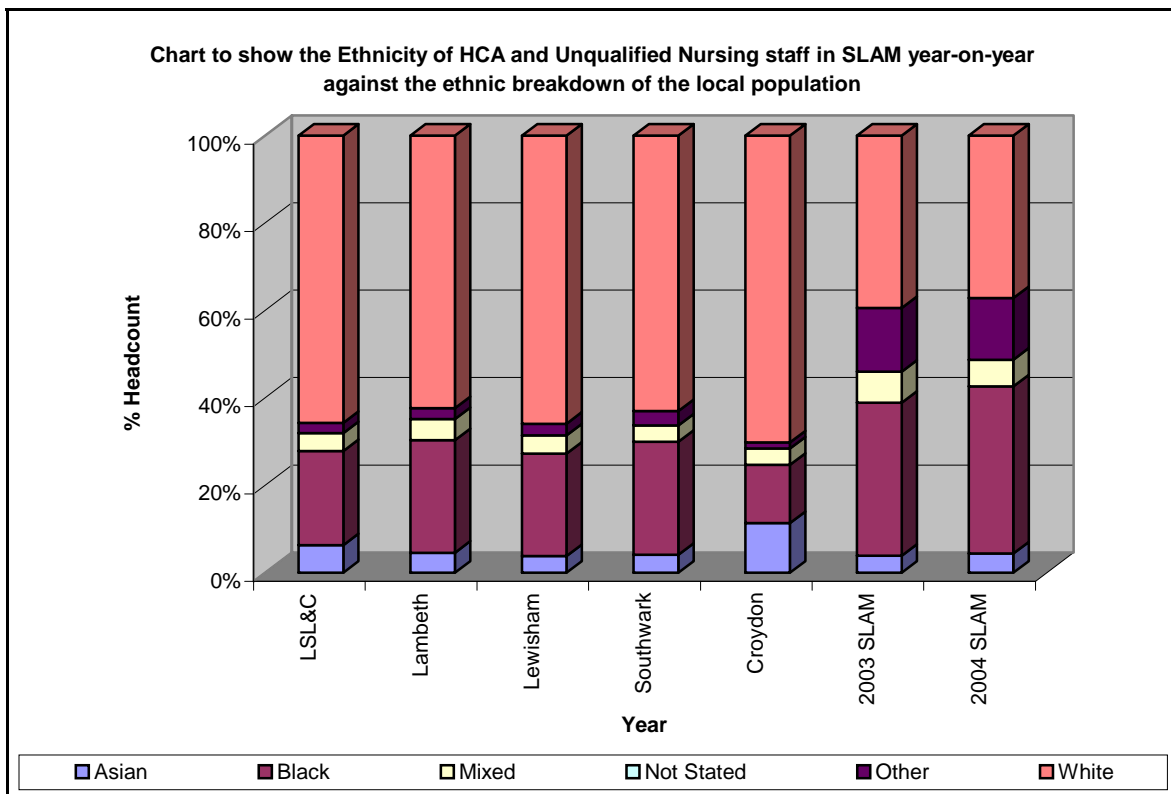
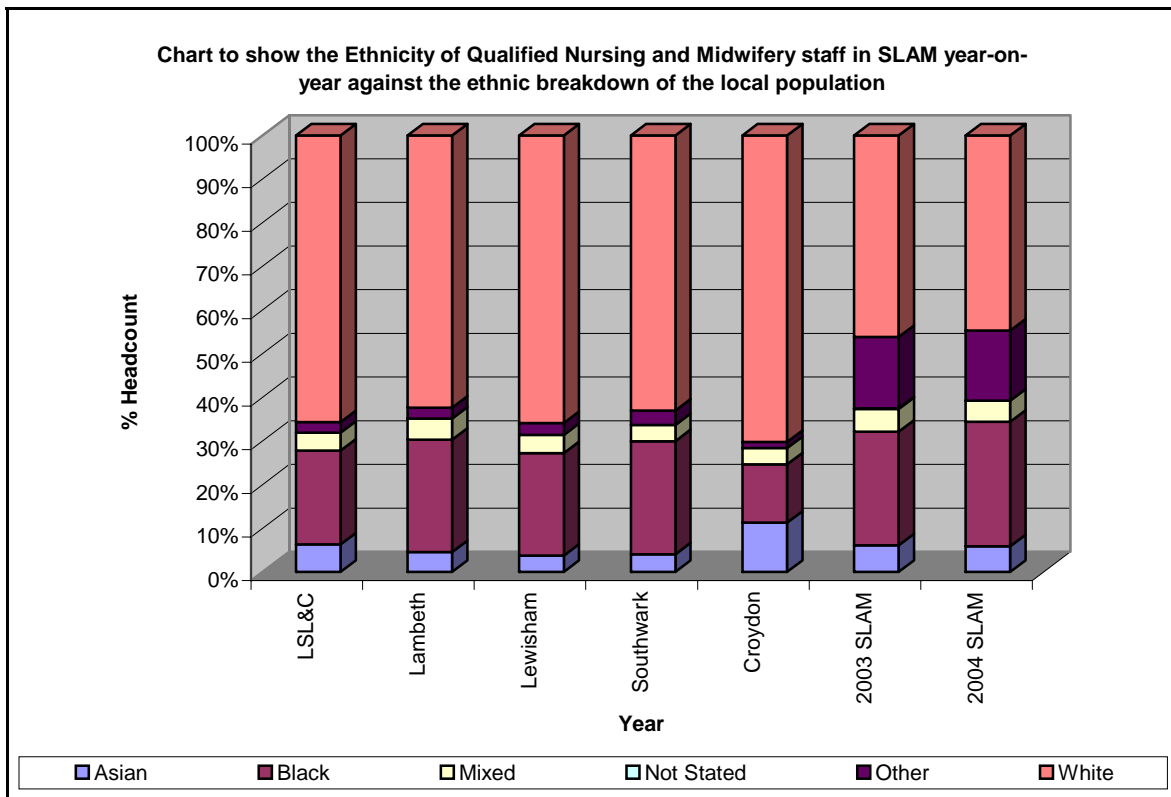
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The A&C workforce represents the ethnic-mix of the population it serves.



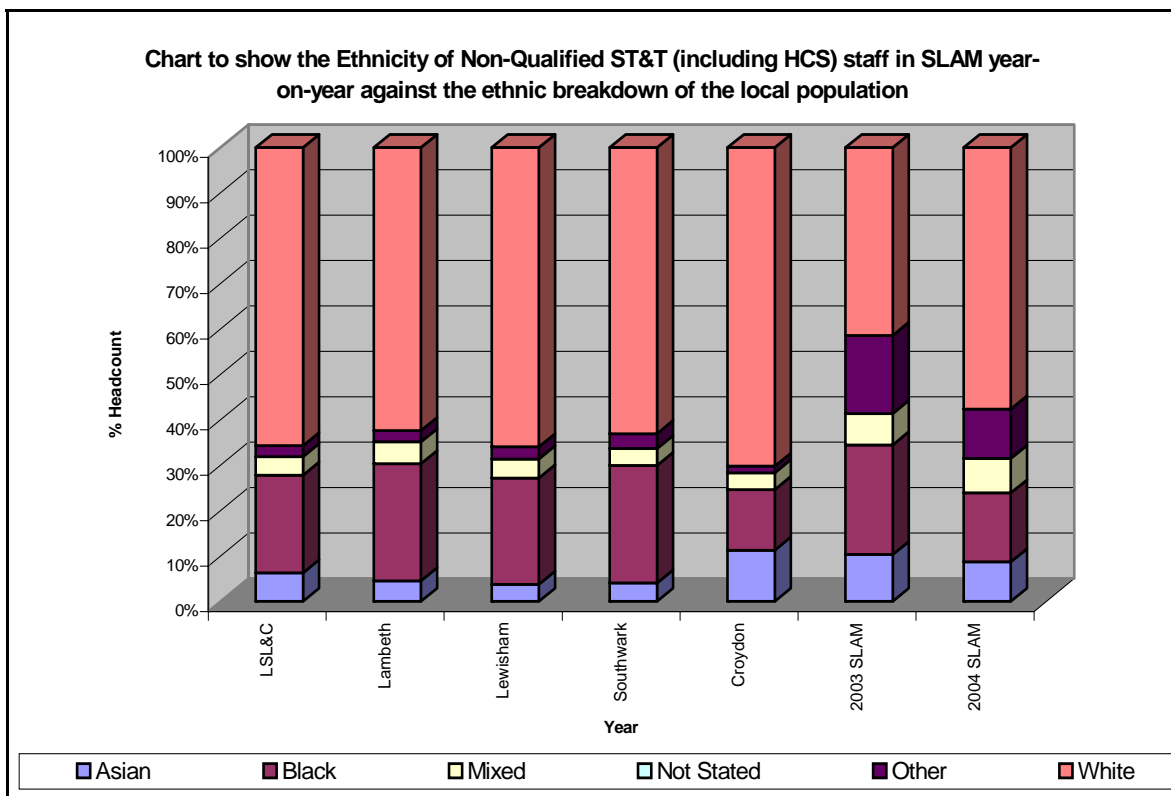
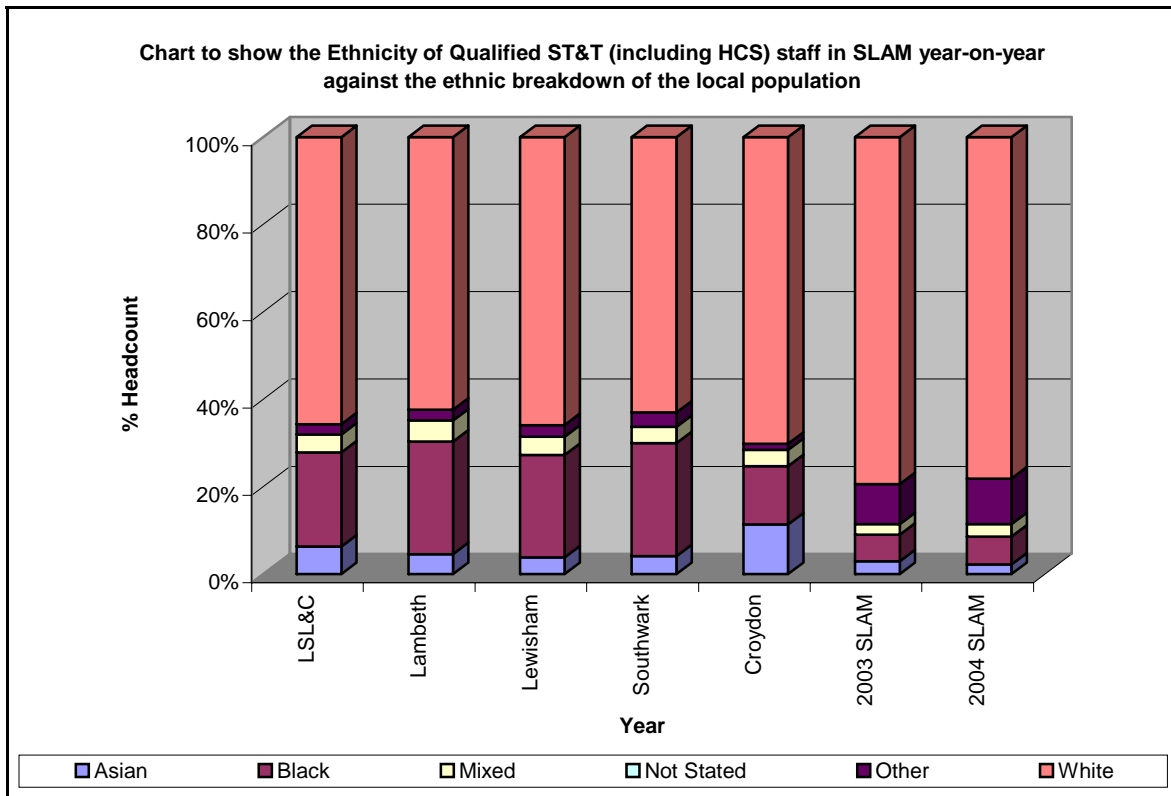
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The BME groups are well-represented by both the qualified and non-qualified nursing workforce within SLAM in comparison to the population it serves.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

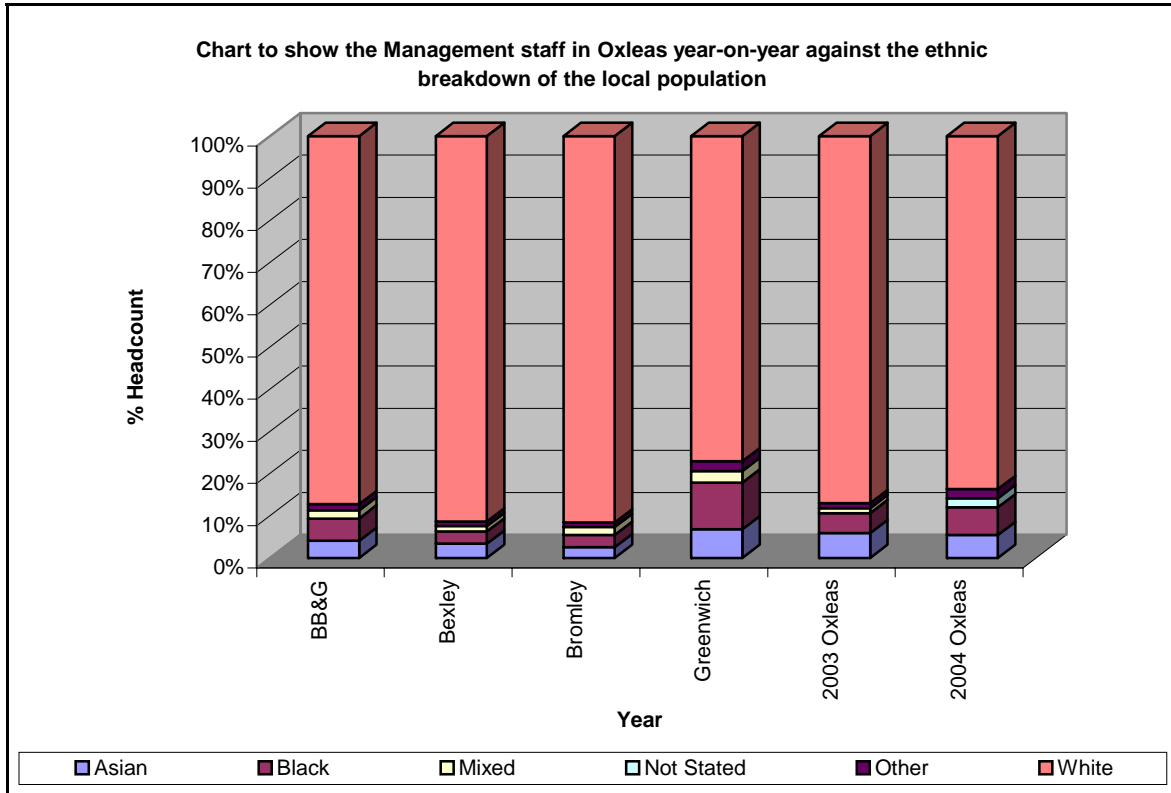
The qualified and non-qualified ST&T workforce in SLAM is not representative of the ethnic-mix of the population it serves.



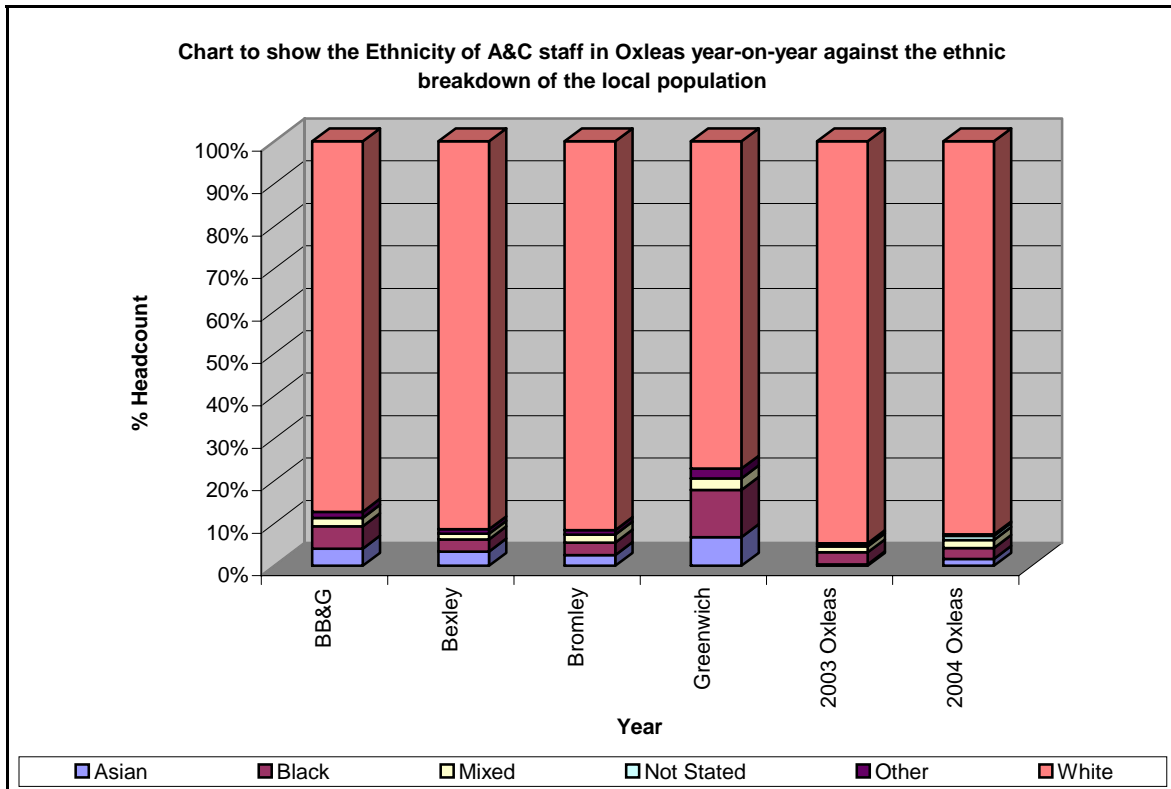
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Oxleas

The management workforce in Oxleas is slightly non-representative of the ethnic mix of the population it serves.

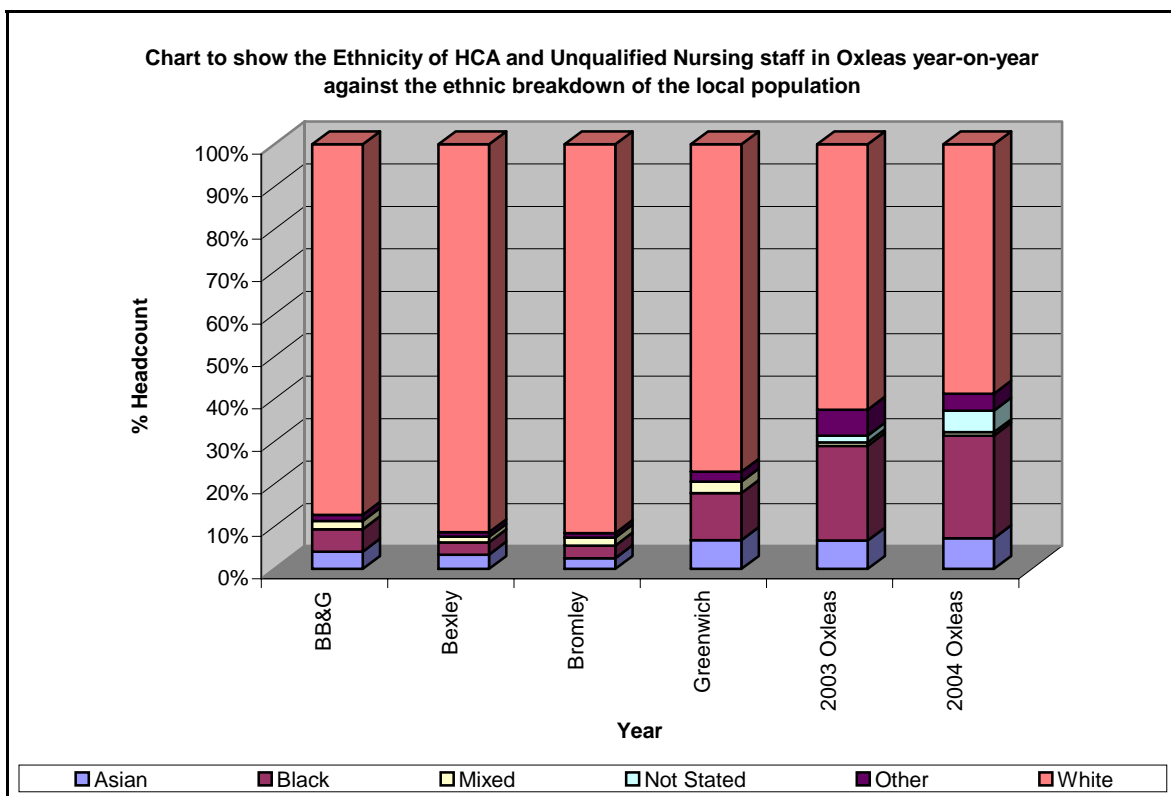
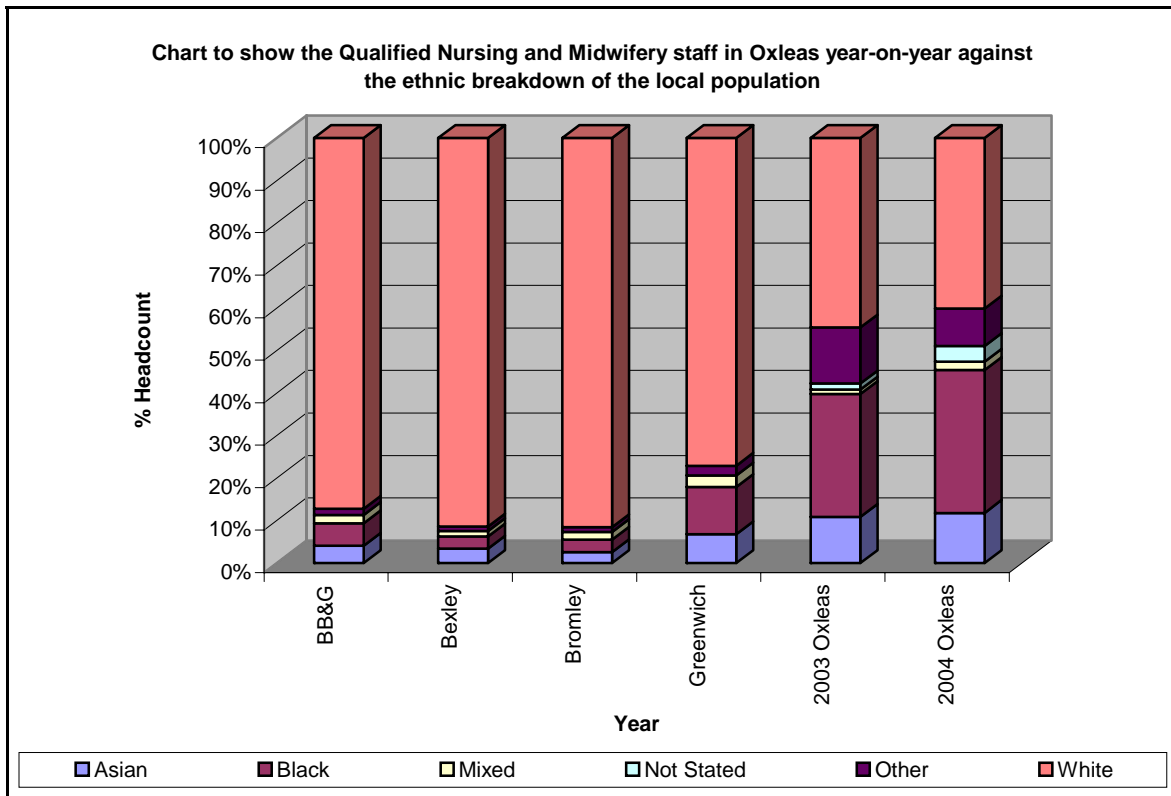


The A&C workforce under-represents the ethnic-mix of the population it serves.



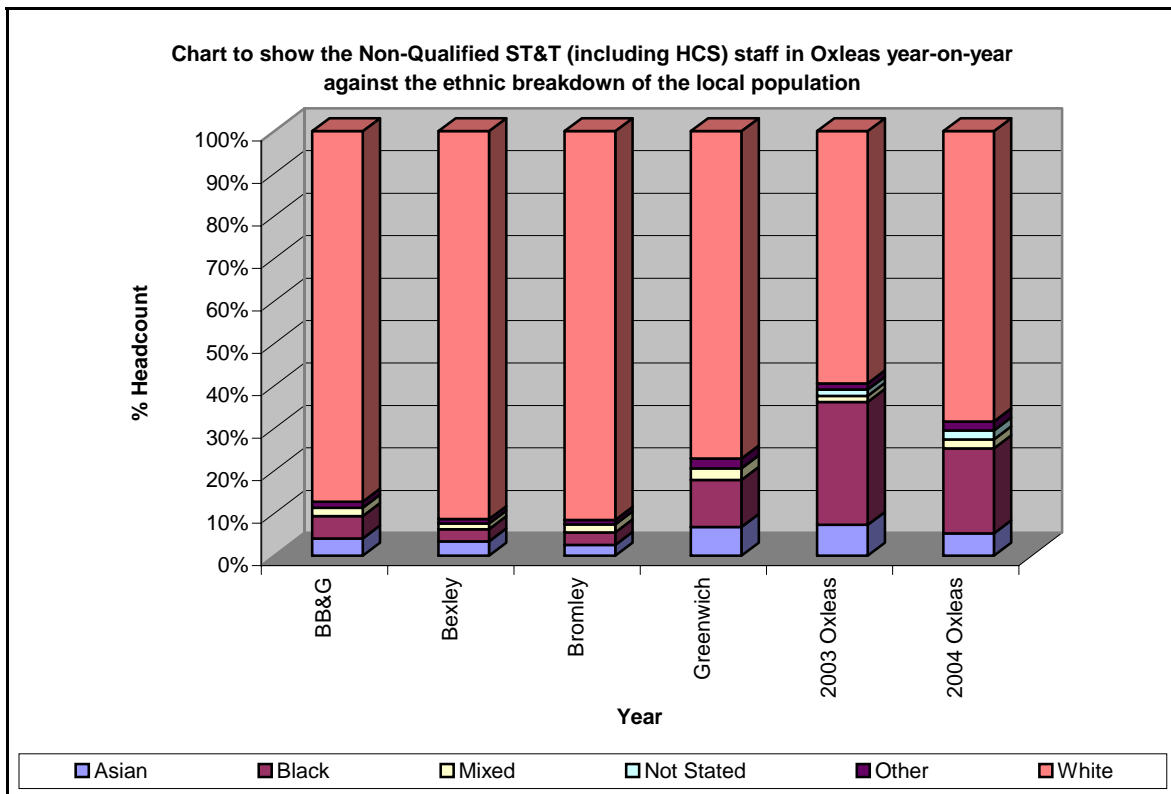
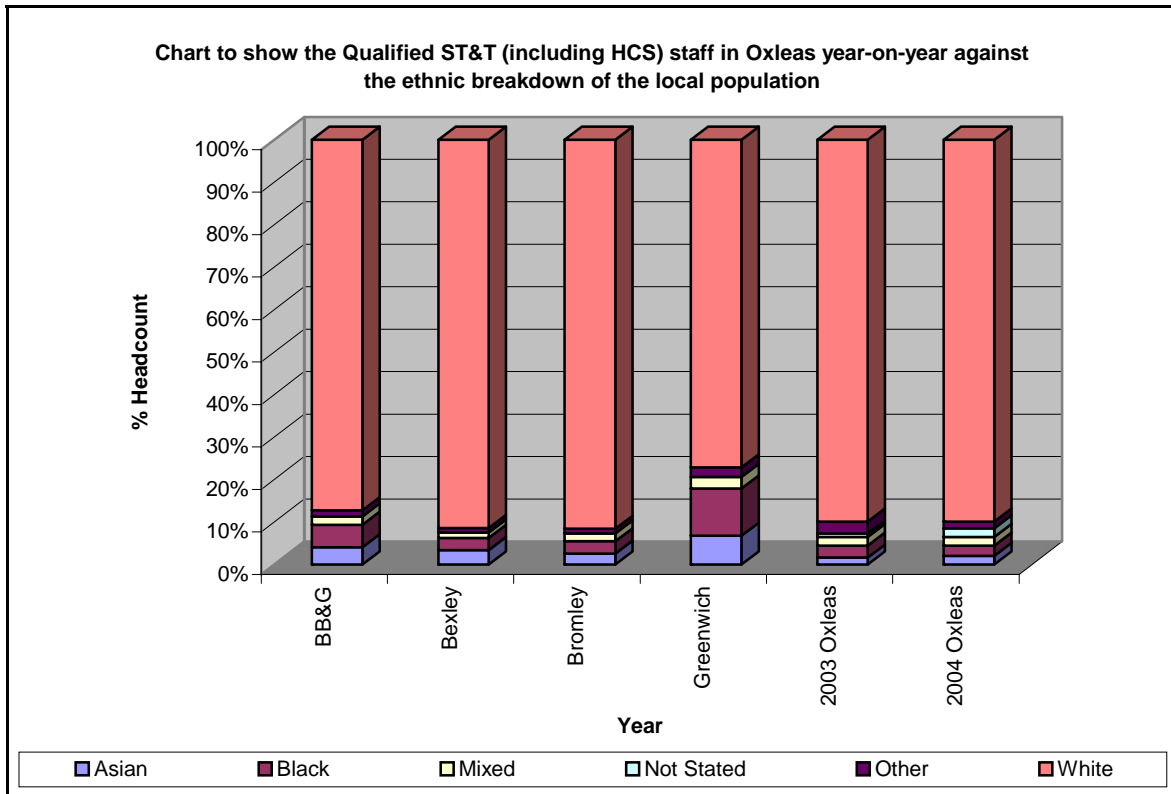
Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The BME groups are well-represented by both the qualified and non-qualified nursing workforce within Oxleas in comparison to the population it serves.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

The qualified and non-qualified ST&T workforce in Oxleas is representative of the ethnic mix of the population it serves.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Ethnic-mix of the Consultant Workforce

Traditionally, the medical workforce represents a broad diversity in terms of ethnicity. This is the case in SE London.

Ethnicity	September 2003	September 2004
Asian	20%	22%
Black	5%	5%
Mixed	2%	2%
Not Stated	7%	8%
Other	9%	8%
White	57%	55%

The annual workforce report has provided an overview of the ethnicity of the workforce in SE London.

For more detailed charts on this area of workforce information, please contact Jennie Lau at the WDC.

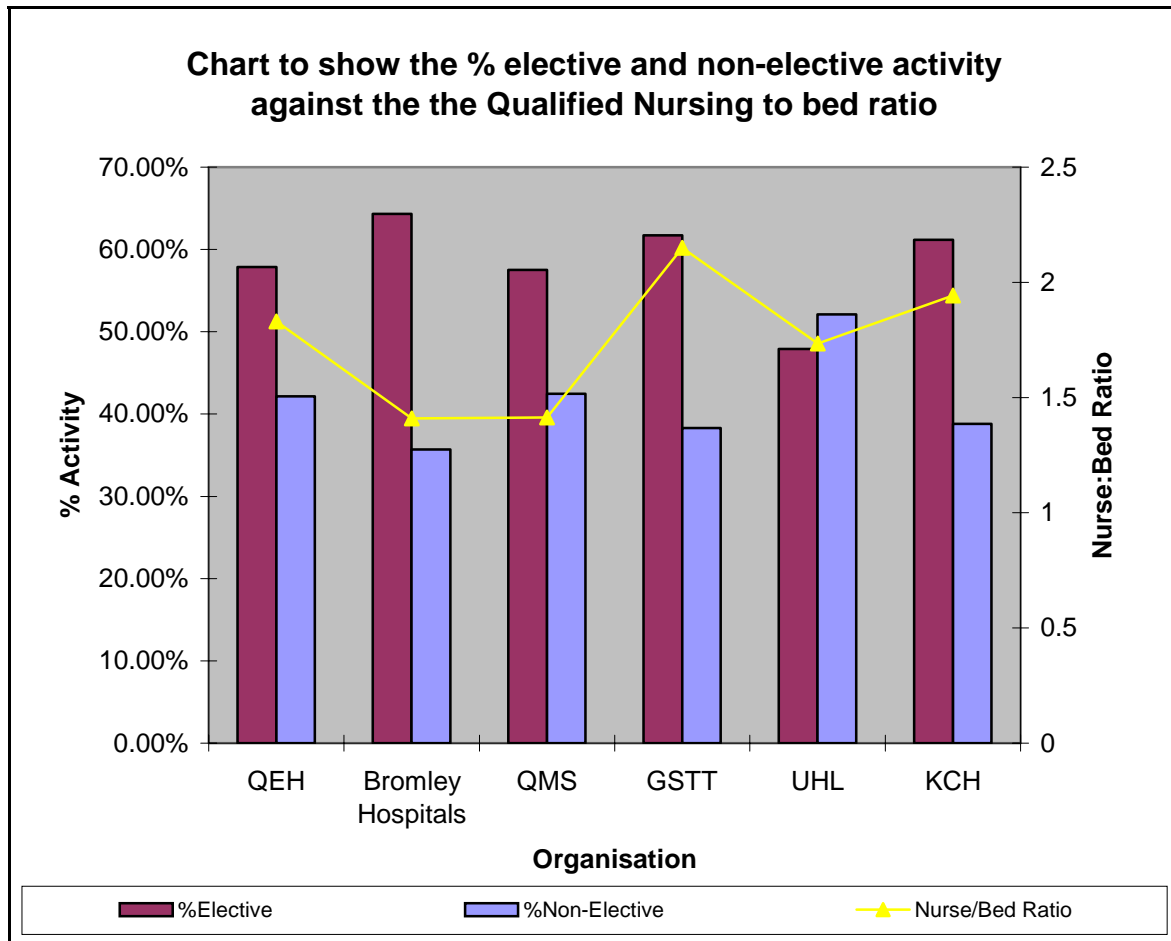
Section B

Benchmarking against Activity

The information for this part of the annual workforce report is derived from two sources.

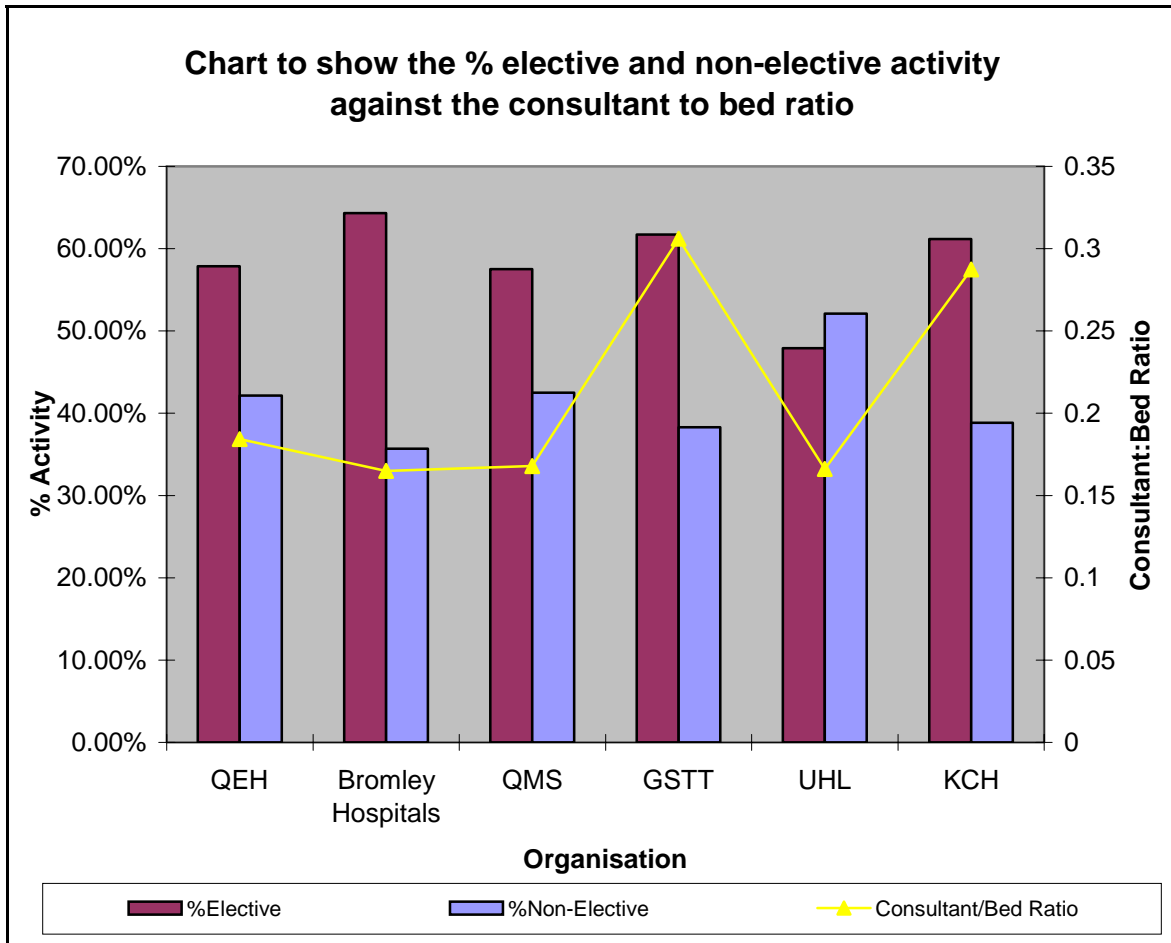
The workforce information is derived from the published summaries from the annual DH census for the GP, the Medical & Dental and the Non-Medical and Dental Workforce. These reports are signed off by the Directors of HR in each organisation, prior to publication.

The activity information for this part of the report is derived from the information that was submitted to the DH by organisations in the sector as a part of the LDP process.



The table above presents a picture of the activity levels against the consultant to bed ratio in acute organisations across the sector.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.



The table above presents a picture of the activity levels against the qualified-nursing to bed ratio in acute organisations across the sector.

These charts may be useful for organisations to analyse their productivity levels in line with the on-going Productive Time work.

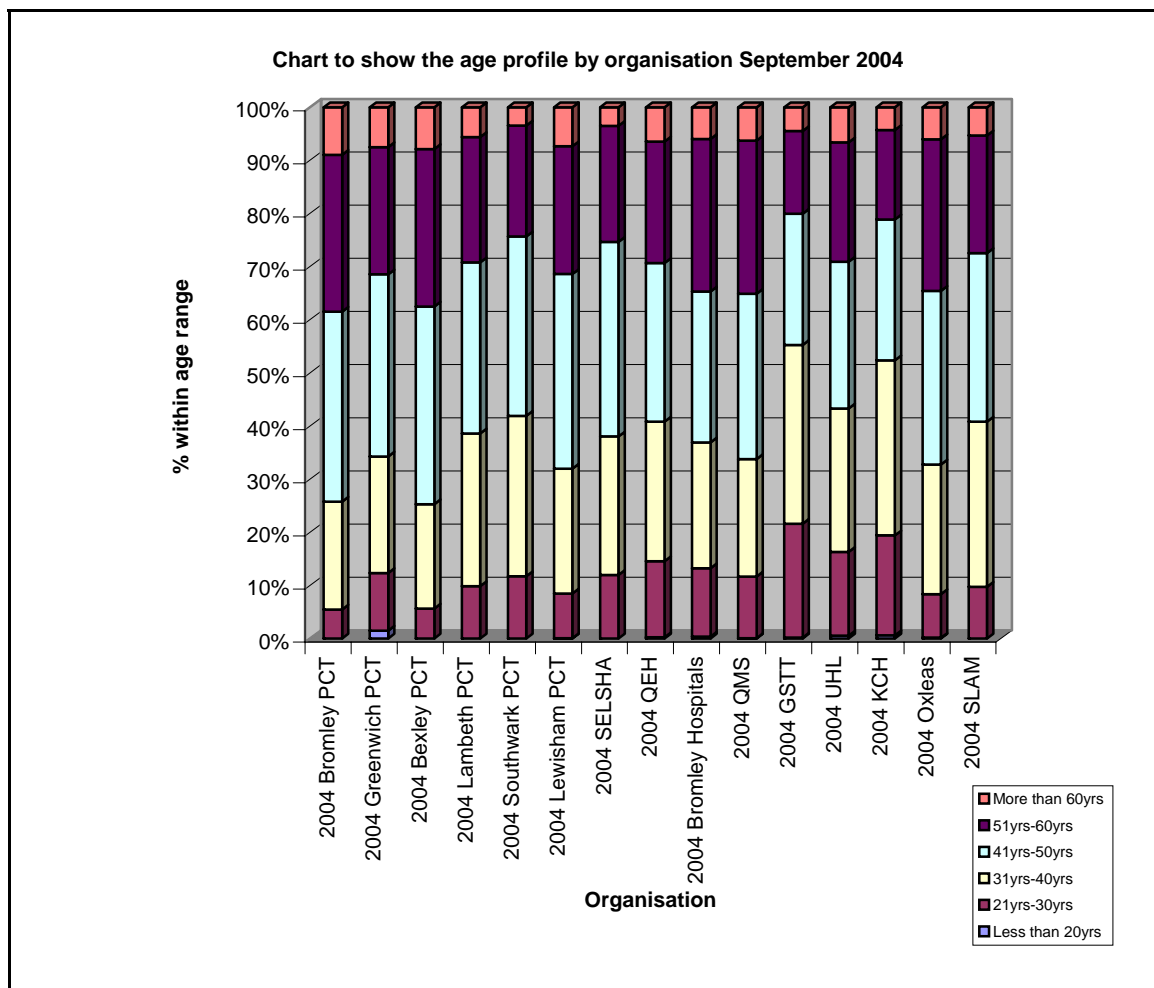
The annual workforce report has provided an overview of the workforce information benchmarked against activity information in SE London. For more detailed charts on this area of workforce information, please contact Jennie Lau at the WDC.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Age Profiles

This information has been derived from the raw data returns that each organisation has submitted to the DH for the annual DH non-medical and dental census reports.

Overall, the sector is indicating an ageing workforce, with a growing proportion of staff within the '41 years – 50 years' age range. The chart below illustrates this:



Further analysis of the information indicates that the age profile of the workforce in the outer London organisations is older than the workforce in the inner London organisations.

It is also clear that certain professions attract an older workforce over other professions. Primary Care Nursing, in contrast to Acute Care Nursing, has an older age profile.

These factors should be taken into consideration when workforce planning within organisations.

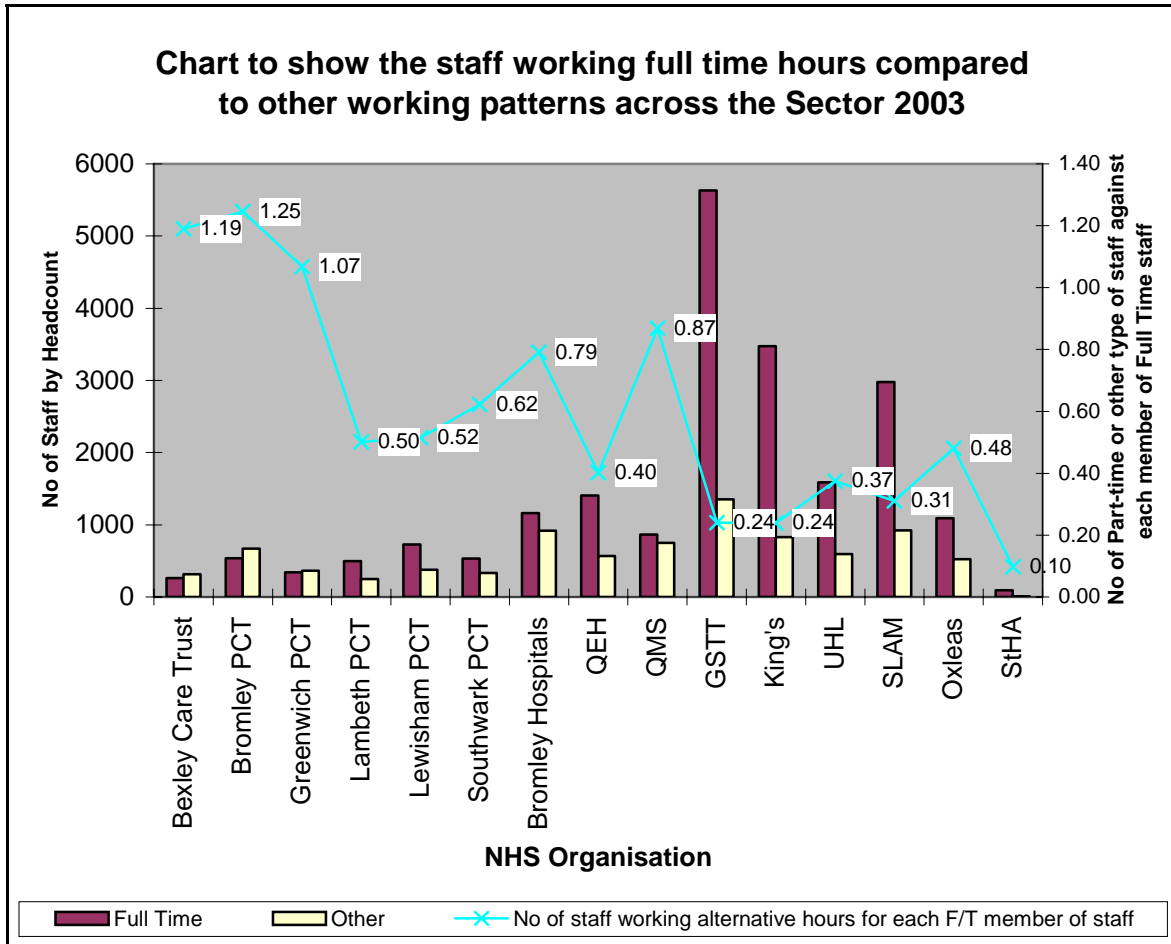
The annual workforce report has provided an overview of the age profile of the workforce in SE London. For more detailed charts on this area of workforce information, please contact Jennie Lau at the WDC.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

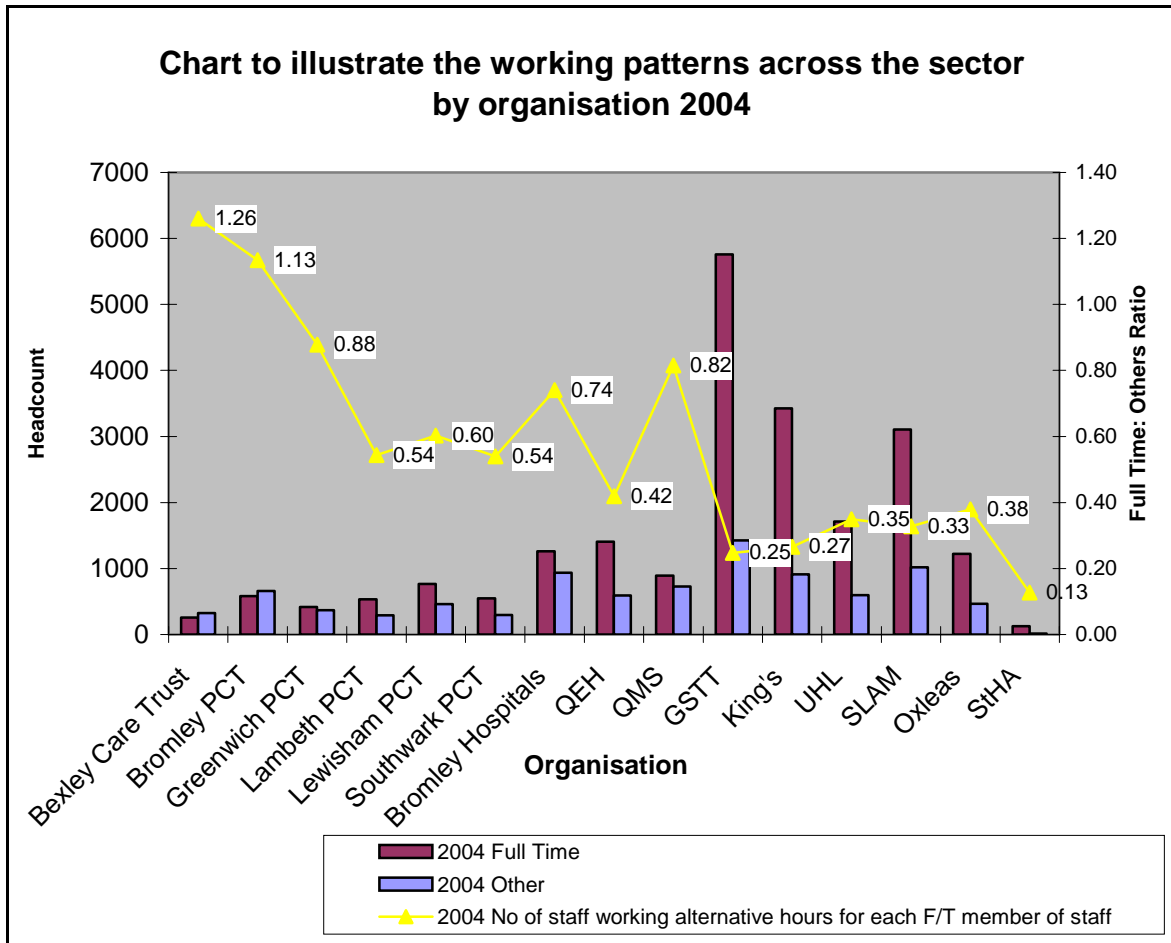
Working Patterns

The tables below provide a comparison between the numbers of full-time non-medical and dental staff working in the sector to the numbers of non-medical and dental staff who are working in the sector on other types on contract (part-time and fixed-term contracts) year-on-year.

This information has been derived from the raw data returns that each organisation has submitted to the DH for the annual DH non-medical and dental census reports.



Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

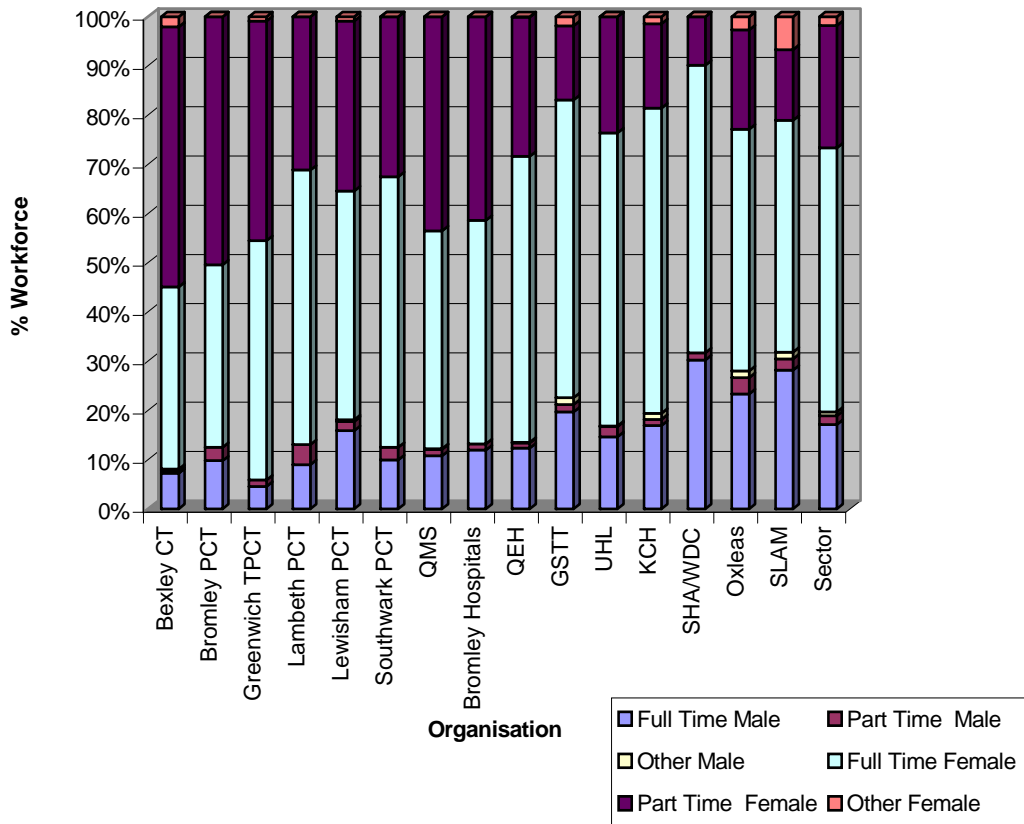


This information can be used to benchmark the flexible working practices across the sector, which would support better retention in organisations.

The figures are showing a fall in the ratio of full-time staff to other types of contracted staff. More in-depth analysis will need to be undertaken at an organisation level, to confirm whether this is due to the lack of support for flexible working, or whether it is due to external factors (such as the cost of living), which would influence staff to opt for full-time work.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Chart to show the Full Time/Part Time/ Fixed Term Contract Non-Medical workforce by Gender September 2004 Census



The chart above provides a breakdown on the workforce by contract-type and gender. It is interesting to note, although the SE London non-medical workforce is 20% female, only 67% of the female workforce are full-time compared to 87% of the male workforce.

The annual workforce report has provided an overview of the working patterns of the workforce in SE London. For more detailed charts on this area of workforce information, please contact Jennie Lau at the WDC.

Please pay attention to the key: the colours do not always refer to the same ethnic code due to technical issues on Excel.

Stability

The only data on stability currently available was provided through the raw data returns that each organisation has submitted to the DH for the annual DH non-medical and dental census reports.

Investigation of the data recorded on these returns has revealed that the census only asks for information on the NHS start date of each member of staff, rather than the date that the member of staff has joined organisation.

The table below represents the percentage of the SE London non-medical and dental workforce that have been in the NHS for 5 years and 10 years.

Please note the census return for Greenwich TPCT does not show historical information on the date when staff joined the organisations prior to the recent changes to its structure. A different measure of workforce stability needs to be taken, as the records do not show any information for the periods under review. The percentage given in this organisation relates to all staff that have been working in the organisation for over 2 years.

Organisation	Staff who have been in the NHS greater than 5 years	Staff who have been in the NHS greater than 10 years
Bromley PCT	53%	28%
Greenwich TPCT	75%	
Lambeth PCT	44%	25%
Southwark PCT	44%	24%
Lewisham PCT	52%	29%
SHA/WDC	24%	18%
QEH	45%	28%
Bromley Hospitals	49%	26%
QMS	57%	33%
GSTT	40%	21%
UHL	48%	28%
KCH	41%	20%
Oxleas	45%	22%
SLAM	49%	24%
Bexley CT	45%	27%

The WDC recognise that calculating stability of the workforce within the sector would be more useful. The WDC will make a request to the organisations in the sector for this information in time for next year's annual workforce report.

Gender

This information has been derived from the raw data returns that each organisation has submitted to the DH for the annual DH non-medical and dental census reports.

Professional Area	2003 Male	2004 Male	2003 Female	2004 Female
Medical & Dental	60%	58%	40%	42%
A&C	18%	18%	82%	82%
Management	42%	42%	58%	58%
Qualified Nursing & Midwifery	14%	15%	86%	85%
HCA and Unqualified Nursing	23%	23%	77%	77%
Qualified ST&T	25%	22%	75%	78%
Unqualified ST&T	22%	30%	88%	70%

Medical & Dental Workforce

Historically, the medical & dental workforce has always been male dominated.

Over the last decade, this dominance has fallen and recent surveys have shown more females are now entering medical school than their male counterparts.

The SE London workforce follows this trend with a growing percentage of the medical & dental workforce being female.

The organisations in the sector should begin to consider how this shift in the gender-split would affect the working patterns of this area of the workforce in the future as the London Deanery has reported that as the gender-split shifts amongst qualified medical staff, more staff are opting to work flexibly.

Non-Medical & Dental Workforce

There has been little shift in the gender-mix of the NHS workforce in SE London over the last year. The overall split between the male and female workforce remains the same, with only 20% of non-medical NHS staff in SE London being male.

There are certain professions that have traditionally have a greater proportion of male staff than other areas. Management is one area where the gender-split is more even and this remains the case in SE London. As a reflection of this, the proportion of men working in the SHA/WDC- which is management-orientated- is higher in comparison than with other organisations in the sector.

In contrast, from a proportional point of view, the A&C workforce is more female-dominated than most other staff groups.

With a generally female dominated workforce, work should be undertaken by the organisations to investigate why the proportion of females in management is so low in the sector.

The qualified nursing and midwifery workforce is illustrating a slight increase in the proportion of male staff in the sector, with the HCA and unqualified nursing workforce retaining the same gender-split.

Both the qualified and unqualified ST&T staff have indicated a shift in the gender-split over the last year.

This is especially noticeable in the unqualified ST&T workforce, where the male proportion of the workforce has grown significantly in the last year. In contrast, the qualified workforce in this area has seen a shift towards a more female dominated workforce.

The annual workforce report has provided an overview of the gender-split of the workforce in SE London. For more detailed charts on this area of workforce information, please contact Jennie Lau at the WDC.

Conclusion

This report has attempted to present a review of the workforce in the sector for the year 2004-2005.

It is intended that this workforce information report will provide a basis on which individual organisations can further analyse their own workforce.

Improved understanding of the workforce will enable more robust workforce planning, which will be vital, if organisations are to achieve the challenging key deliverables that the DH has set for the NHS over the coming year.

If you require more detailed information on any of the areas of analysis presented in this report or if you have any queries with the information contained in this booklet, please contact Jennie Lau:

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SELWDC

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