

Chapter 8

Workforce and Leadership

8. Workforce and Leadership

Introduction

- 8.1. OUH is committed to providing care which is of high quality in terms of its safety, its outcomes and the experience of patients and carers. The Trust took action in 2013/14 to increase staffing on some of its wards and is using the recognised Safer Staffing Tool to benchmark its nurse staffing levels based on the acuity and care needs of its patients.
- 8.2. Rather than seeking to reduce staffing levels on its wards, OUH aims to improve productivity by developing a more stable workforce, via service transformation and through maintaining an appropriate mix of staff. It has established a Clinical Support Worker Academy to train and develop this important part of its workforce.
- 8.3. This chapter sets out the Trust's approach to the management and development of its current and future workforce and should be read in conjunction with Chapters 3, 5 and 6.

Strategy and vision

- 8.4. The Trust's Board agreed a refreshed Organisational Development and Workforce Strategy in March 2014. This Strategy, for 2014-2019, underpins the Trust's ambition, vision and strategic objectives.
- 8.5. The Strategy sets out the Trust's vision for its workforce and strategic workforce priorities for the next five years, and develops key themes drawn from consultation with stakeholders. It aims to build on OUH's strengths to develop a workforce with sufficient agility and flexibility to maintain and improve the Trust's performance and meet the challenges ahead.

The Trust's workforce vision is that "as an employer of choice we will attract, recruit and retain compassionate, engaged, skilled and experienced staff who deliver excellent patient care and who work together to continuously improve the quality of the services and care we provide."

Quality supported by safe staffing

- 8.6. Nurse staffing levels and skill mix have been reviewed at ward level using the Safer Nursing Care Tool, advocated by the Shelford Group of teaching hospitals.
- 8.7. This process was undertaken in April, October and December 2013. Whilst providing assurance on the levels and skill mix of nursing staff in most clinical areas, it did indicate areas of concern regarding workforce capacity on some wards and skill mix on others.
- 8.8. Action was agreed in early 2014 to add nursing staff to acute medicine wards at the John Radcliffe and Horton General hospitals, extra clerical staff to support reception and Sisters' assistant services and Practice Development Nurses to support newly-appointed staff.
- 8.9. Real-time staffing levels are monitored on each hospital site through twice-daily staff and bed capacity meetings which are led by a Sister or Matron. Members of staff are moved or temporary staff booked to address areas identified as being at risk.

Change and development

- 8.10. OUH recognises that new ways of working and new models of care are an essential part of its future success as an organisation. It supports its staff to embrace change whilst remaining focused on the needs of patients.
- 8.11. The Trust is committed to being open and transparent and to maximising staff engagement whilst it works to improve efficiency and effectiveness. OUH aims to:
 - effectively engage its staff so that they feel valued and are proud to work for OUH;
 - improve patient experience and outcomes through improved staff experience and engagement;
 - empower and enable staff to improve quality and the efficiency of services and care;

- make the best people and the appropriate skills available at the right time, in the right place, at the right cost;
- develop authentic leaders with the skills, knowledge and capability to transform services and support and enable staff to deliver to the very best of their ability;
- drive the Trust values, attitudes and behaviours in interactions and performance at all levels;
- encourage and promote continuous learning and improvement, such that innovation and research are fully embraced;
- enable the workforce to respond quickly and flexibly to organisational change;
- transform the workforce in terms of improved capability, efficiency, performance and productivity;
- facilitate the adoption of partnership working across the health, social care and wider community.

Values

8.12. The Trust's values of Excellence, Compassion, Respect, Delivery, Learning and Improvement guide and inform attitudes, behaviours, interactions and performance in the Trust. The values are being integrated into all aspects of the Trust's workforce processes, policies and practice which govern every step of the employee journey with OUH, from recruitment to exit interview.



8.13. Over the next five years the Trust's values will be enshrined in its leadership and in the day-to-day behaviours of staff. Staff will be able to see and live the Trust's values and be aware of their individual role and contribution in achieving its strategic objectives. The cumulative effect of this will be the creation of a distinctive, authentic and sustainable values-based culture, giving the Trust a clear employer brand, where OUH is recognised as a great place to work, and contributing to improved engagement scores in annual staff and patient surveys.

Engagement

Values into Action

- 8.14. The Trust's values have been developed with the full involvement of staff, patients and partners.
- 8.15. After agreement of the values in January 2012, the 'Values into Action' programme began. Its first phase was to describe clear and measurable standards of behaviour that staff should expect from each other. These behaviours form the basis of recruitment, induction, appraisal, communication, customer care, performance management and recognition approaches throughout the organisation.
- 8.16. The recommendations of several publications in 2013, including the Francis Report, the Clwyd Hart Report, the Cavendish Review, the Berwick Report and the findings of the Keogh Forum, provided a further opportunity for the Trust to reinforce the importance of effective staff engagement and associated activities.
- 8.17. Safe Staffing and Delivering Compassionate Excellence have been key drivers for several initiatives undertaken within the Trust, including Values Based Interviewing, Listening into Action, and Values, Behaviours and Attitudes workshops to support managers in managing staff in accordance with the Trust's values.
- 8.18. Values Based Interviewing (VBI) was piloted in 2013 within Children's Services, Care of the Elderly and the Clinical Support Worker Academy. The project's aim was to incorporate the Trust's values into its recruitment process to test candidates' alignment with the values to improve services and patient

experience. Following a positive initial impact assessment, VBI is being implemented in all Divisions and directorates. It has been used in the recruitment of Consultants and Executive Directors as well as nurses, support workers and administrative staff. VBI is being delivered in conjunction with the National Society for the Prevention of Cruelty to Children (NSPCC).

- 8.19. The Trust's induction programme and electronic appraisal record have been updated to incorporate its values.
- 8.20. In February 2014, the Values Based Conversation project began. Building on VBI, its purpose is to adapt the techniques on which VBI is based to enhance the skills of managers, in order to improve the quality and impact of appraisal discussions with their staff and to support them in addressing non-aligned behaviours and attitudes. These measures will help to embed the Trust's values in day-to-day operational processes and management of staff.

Staff engagement

- 8.21. Staff engagement is central to the delivery of OUH's business plan. It is widely recognised that a workforce that is engaged, empowered and well-led will provide better care and a more positive experience for patients and carers. Therefore, effective staff engagement is essential in enhancing the organisation's reputation and in achieving the Trust's strategic objectives.
- 8.22. OUH has participated in the annual NHS Staff Survey to assess levels of staff engagement and to consider the direct feedback of staff regarding their experiences in the workplace. The findings of the Staff Survey are used in several ways:
 - As a measure of overall staff engagement, informing the Trust at organisational level of what is being done well and where to focus attention on improvement.
 - At directorate and Divisional levels, to provide data on staff experience alongside indicators such as patient surveys, peer reviews, complaints and compliments, in order to inform and shape integrated plans to improve quality and patient and carer experience.
 - As a way to benchmark with comparable organisations.
- 8.23. The importance of the annual Staff Survey is reinforced by the NHS Operating Framework, which highlights the questions as to whether staff would recommend their hospital as a place to be treated and as a place to work (also known as the Friends and Family test) as a key indicator of the quality of care provided. In addition to the annual Staff Survey, OUH is to undertake quarterly local 'Pulse' surveys of staff, incorporating the staff Friends and Family test.
- 8.24. OUH seeks to consistently rank within the top 20% of English acute trusts in the nine engagement indicators of the NHS Staff Survey in its three key areas of advocacy, motivation and involvement. The Trust also aims to improve engagement scores in its local census, to increase to an average score of four or better across all nine engagement indicators (the best possible score being five).
- 8.25. Members of staff are also being invited to contribute, through listening events and focus groups, to the development and implementation of Divisional and corporate improvement plans in response to survey results.
- 8.26. In 2012/13, OUH was an early implementer of *Listening into Action* (LiA) and pioneer teams delivered improvement projects on:
 - the quality of information for patients to reduce anxiety in the endoscopy service;
 - the role of therapy services in reducing waits in emergency care;
 - patient experience in the Oxford Eye Hospital; and
 - shaping the future of day treatment services at the Horton General Hospital.
- 8.27. Further LiA projects have included improving tertiary referral record sharing and communication in neurosciences; improved access to pastoral services for patients in oncology and their families; and the implementation of a self-care haemodialysis patient programme in renal services.
- 8.28. OUH aims to deliver an approach to staff engagement that builds a committed and high-performing

workforce which is able to deliver the Trust's objectives. Priorities are to:

- Build knowledge and understanding of the Trust's vision and values and the role the individual plays within the organisation.
- Involve members of staff in the development of service plans and engage them in improvement programmes through 'Listening' events and focus groups.
- Reinforce open communications across the Trust and provide opportunities for two-way dialogue.
- Support staff via projects that improve motivation and help the Trust learn from its employees.

8.29. Progress in overall staff engagement is evidenced through a positive trend in the Trust's Staff Survey results. The Trust's engagement score for 2013 showed a fourth successive year of improvement and placed the organisation in the top quintile of all acute trusts.

8.30. 67% of OUH's frontline staff were vaccinated against influenza in 2013/14, representing an 8% increase on the year before. OUH was shortlisted in the digital and social media awards category of the NHS Flu Fighter Awards 2014 and has consistently performed better than the national average for vaccine uptake, despite being one of the largest trusts and vaccination remaining non-mandatory.

8.31. The Trust introduced a staff recognition scheme in 2012 linked to its values, central to which is an annual recognition awards ceremony. This was extended in 2013 to include Divisional awards events and plans are in place to introduce Long Service Awards.

Volunteers

8.32. OUH's Volunteers Programme is a key aspect of its engagement with the local communities it serves. Volunteers contribute to the Trust's activities in a range of roles, supporting patients and staff and helping to improve services, and are recognised as being a valuable part of the workforce. Patients and visitors receive help and assistance from volunteers through vulnerable stages of their lives. Examples of the contributions made include receiving and welcoming patients, mentoring, befriending, and self-help groups.

8.33. With a strong emphasis on quality and more personalised healthcare, new opportunities are emerging for volunteers to assist the main workforce in these areas. A voluntary services plan underpins the development of the contribution they are able to make.

8.34. The health and wellbeing of volunteers from the local community is promoted and factors contributing to this are a chance to gain skills and experience, a pathway into work or an opportunity for volunteers to give something back to their local community/hospital. Actions to strengthen the contribution volunteers make to the work of the Trust include:

- Increasing volunteering opportunities across the four hospital sites to provide extra value and support service delivery, ensuring that volunteering is distinct from paid work and complements those roles performed by trained and paid staff.
- Providing appropriate training for volunteers reflecting the area(s) in which they are placed, to enable them to undertake their roles safely and effectively.
- Promoting volunteering in partnership with local businesses, schools and colleges.
- Continuing to celebrate volunteering, recognising the contribution that volunteers make by showing appreciation and recognition.

8.35. Volunteers not directly managed by the Trust also make a contribution across its sites in services including Hospital Radio, Leagues of Friends and the Sobell House Hospice.

Leadership and management arrangements

8.36. The role and functions of the Council of Governors and Board of Directors are set out in the Trust's Constitution and are described in Chapter 9.

Board of Directors

- 8.37. The Board ensures that proper systems and processes are in place to measure and monitor the effectiveness, efficiency and economy of the Trust's services and the quality of its healthcare delivery.
- 8.38. The Board consists of Executive and Non-Executive Directors, led by a Non-Executive Chairman. The Chairman and Chief Executive have key roles in leading the external and public relationships of the Trust and in establishing the appropriate internal environment.
- 8.39. The Chairman is responsible for the overall conduct of the Trust, for managing the Board and for appointing and reviewing the performance of the Chief Executive and, jointly with him, of other Executive Directors.
- 8.40. The Chief Executive is personally responsible, as Accountable Officer, for ensuring the organisation works effectively in accordance with national policy and public service values, and maintains proper financial stewardship. The Chief Executive is directly accountable to the Board for ensuring that its decisions are implemented.
- 8.41. Non-Executive Directors have a particular responsibility to challenge the performance of the executives and Trust management. All members of the Board contribute to developing and making progress on the Trust's agreed strategic direction. They are also responsible for ensuring the concerns and interests of the public and wider community are properly integrated into decision-making and, with the Chairman, for monitoring the executive management of the organisation.
- 8.42. In preparation for authorisation as a Foundation Trust, a Senior Independent Director designate has been appointed to provide an independent voice for Non-Executive Directors and feedback to the Chairman. OUH's Non-Executive Directors have a wide range of experience in the NHS and other industries and a number have clinical backgrounds as well as substantial management experience.
- 8.43. OUH's Executive Directors are responsible for leading the Trust in the delivery of services, the deployment and management of staff and resources, and the development of plans and strategies. They have particular responsibilities for the capacity and capabilities of the Trust, which involves working closely with Divisional staff, supporting the work of the clinically-led Divisions and their directorates and ensuring that corporate duties and objectives are met.
- 8.44. The Board has the following membership (with * denoting a voting Board member).

Chairman*	Chief Executive*
Six Non-Executive Directors*	Chief Nurse*
Associate Non-Executive Director	Director of Clinical Services*
	Director of Finance and Procurement*
	Medical Director*
	Director of Assurance
	Director of Development and the Estate
	Director of Organisational Development and Workforce
	Director of Planning and Information

- 8.45. The Board is supported by a Head of Corporate Governance who is an experienced company secretary.
- 8.46. The roles, skills and experience of Board members are described below.



Dame Fiona Caldicott, Chairman – appointed March 2009 (Non-Executive Director from 2002)*

Dame Fiona is an Honorary Consultant Psychiatrist. As President of the Royal College of Psychiatrists from 1993-1996, she was also Chairman of the Academy of Medical Royal Colleges from 1995-1996. She was made DBE in 1996 for services to medicine and psychiatry.

From 1996-1997 she chaired the Caldicott Committee on patient identifiable data for the National Health Service Executive, and from 2011 chaired the National Information Governance Board until its disestablishment in 2013. From 2012 - 13 she chaired an independent Review of Information Governance for the Secretary of State for Health of England, the recommendations of which were accepted by government. She now chairs an independent Panel to scrutinise, and ensure good practice in, information governance across the health and social care system.

Also from 1996-1998 she chaired a working group of the Nuffield Council on Bioethics that produced a report on Genetics and Mental Disorder.

She was a Trustee of the Nuffield Trust from 1999-2008 and a Trustee of the Daphne Jackson Trust until 2013. She is a former President of the British Association for Counselling and Psychotherapy, immediate past Principal of Somerville College in the University of Oxford from 1996-2010, and a Pro-Vice-Chancellor of the University from 2002-2010.

Dame Fiona is the Vice-Chairman of the Remuneration & Appointments Committee.

Sir Jonathan Michael, Chief Executive – appointed April 2010*

Sir Jonathan qualified as a doctor at St Thomas' Hospital Medical School and became a Fellow of the Royal College of Physicians (London) in 1985.

He became increasingly involved in hospital management during the 1990s, being appointed Clinical Director, then Medical Director and finally Chief Executive of the University Hospitals Birmingham NHS Trust. In 2000 he was recruited to the position of Chief Executive of Guy's and St Thomas' Hospitals NHS Trust in London, an organisation that he led to become one of the first wave of Foundation Trusts in the NHS.

He has held regional and national roles including membership of the UK Clinical Research Collaboration Board, Chairmanship of the Board of NHS Innovations (London), and Chairmanship of the Association of UK University Hospitals and Chairmanship of the Board of the NHS Foundation Trust Network.

Sir Jonathan was knighted in the New Year Honours in 2005 for services to the NHS. In the same year he was elected Fellow of King's College London in recognition of his contribution to the relationship between the health service and higher education. In 2007 he was appointed by the Secretary of State for Health to chair an Independent Inquiry into the access to healthcare for children and adults with learning disabilities. Healthcare For All was published in July 2008.

Before joining the former Oxford Radcliffe Hospitals NHS Trust in 2010, Sir Jonathan was Managing Director of BT Health. He was appointed a Trustee of the King's Fund in 2012.



Professor Sir John Bell, Non-Executive Director – appointed November 2009*

Sir John attended Oxford as a Rhodes Scholar to train in medicine and undertook postgraduate training in London and at Stanford University. He returned to Oxford as a Wellcome Trust Senior Clinical Fellow in 1987 and was elected to the Nuffield Professorship of Clinical Medicine in Oxford in 1992.

In 2002 he became the Regius Professor of Medicine at the University of Oxford and in 2008 was made a Fellow of the Royal Society and a Knight Bachelor for his services to Medical Science. He was President of the Academy of Medical Sciences from 2006-2011.

In December 2011 he was appointed as one of two Life Sciences Champions as part of UK Government's announcement of a Life Sciences Strategy and the NHS Chief Executive's Review Innovation, Health and Wealth: Accelerating Adoption and Diffusion in the NHS.

Sir John chairs the Remuneration and Appointments Committee.



Mr Alisdair Cameron, Non-Executive Director – appointed May 2009*

Alisdair is a Chartered Accountant and was formerly a partner with Arthur Andersen. He has also been a trustee of the e-Learning Foundation. He joined Centrica, a FTSE 100 company, in 2002, initially as Head of Internal Audit and Risk Management and then as Group Financial Controller. He has been Finance Director of British Gas and Managing Director of SME Energy. Alisdair is a member of the Audit Committee and the Remuneration and Appointments Committee.



Mr Christopher Goard, Non-Executive Director and Senior Independent Director – appointed November 2011*

Chris is Chairman of the Genetic Interest Group, an umbrella organisation for over 170 charities, and represents the interests of their patient groups with the NHS, Government and pharmaceutical companies.

Until 31 October 2011 he was Chair of the Nuffield Orthopaedic Centre NHS Trust.

He is a Fellow of the Royal Society of Arts and a Fellow of the Institute of Direct Marketing.

Chris is a member of the Quality Committee, the Audit Committee and the Remuneration and Appointments Committee and is Senior Independent Director.

He chairs the Finance and Performance Committee and is vice-chairman of the Audit Committee.



Mr Geoffrey Salt, Non-Executive Director and Vice-Chairman – appointed May 2009*

Geoff worked for the John Lewis Partnership for 32 years until his retirement in January 2009. He began as a graduate trainee and joined the Waitrose Board in 1999, initially as Supply Chain Director and then as Director of Selling. He now divides his time between management consultancy, assisting in his wife's local catering business and his NHS-related activities. Geoff is a Trustee of the Nuffield Medical Trust and Oxford Kidney Unit Trust.

Geoff chairs the Quality Committee and is a member of the Finance & Performance Committee and Remuneration & Appointments Committee.



Mrs Anne Tutt, Non-Executive Director – appointed December 2009*

Anne is a Chartered Accountant with more than 25 years of Board level experience in executive and non-executive roles. She has led successful finance and management teams in organisations ranging from owner-managed companies to large multinationals in sectors including manufacturing and banking.

Since August 2006 she has had a portfolio of Non-Executive Directorships and financial consultancy roles across the public, private and social enterprise sectors.

Anne is an independent member of the Audit and Risk Committees of the Home Office and DEFRA and is Vice-Chair of The Social Investment Business.

She is a Section 11 Trustee and chairs the ORH Charitable Funds Audit Committee.

Anne chairs the Audit Committee and is Vice-Chairman of the Finance and Performance Committee. She is a member of the Remuneration and Appointments Committee.



Mr Peter Ward, Non-Executive Director – appointed December 2009*

Peter is a Chartered Engineer and Member of the Institution of Civil Engineers.

He is responsible for business development in the healthcare and emergency services sector for John Laing plc. He has managed a number of hospital developments, including the Children's Hospital and West Wing developments at the John Radcliffe Hospital. He joined John Laing in January 2006.

Peter is Vice-Chairman of the Quality Committee. He is a member of the Finance and Performance Committee and of the Remuneration and Appointments Committee.



Professor David Mant OBE, Associate Non-Executive Director – appointed April 2010

David has been head of the University of Oxford's Department of Primary Health Care and works as a general practitioner in the NHS. His personal research focuses on the prevention and early diagnosis of common diseases in primary care, particularly childhood infection, cardiovascular disease and stroke. He is responsible for the clinical teaching of University of Oxford medical students in general practice.

In 2011, he was made an OBE for services to medicine.

David is a member of the Quality Committee.



Dr Tony Berendt, Medical Director – appointed October 2014*

Tony read Medical Sciences in Cambridge and held junior medical posts in Bath, Oxford, London, Geneva and Sheffield. He was appointed as the first Physician-in-Charge of the Bone Infection Unit at the Nuffield Orthopaedic Centre in 1997 and as Medical Director of the NOC in 2004, remaining in this role until becoming Deputy Medical Director of OUH upon its creation in 2011.

As Deputy Medical Director he led revision of OUH's appraisal policy and procedures before being appointed as Interim Medical Director in April 2014.

He is a regional advisor on revalidation for the Faculty of Medical Leadership and Management and is Chair of the FMLM's online communication advisory group.

His clinical interests include the psychology of bone and joint infection and as a medical manager he is particularly interested in leadership development and the interaction between organisational culture, leadership and clinical outcomes.



Mr Paul Brennan, Director of Clinical Services – appointed February 2010*

Previously Operations Director/Deputy Chief Executive for Operations at the Dudley Group NHS Foundation Trust, Paul has more than 20 years' experience as a Director at Board level in the NHS with a track record of delivering major service change, service improvement, business development and operational performance.

Paul has led the implementation of the clinically-led organisation.



Mr Mark Mansfield, Director of Finance and Procurement – appointed 2010*

Mark has worked as a Board member in NHS organisations including acute, non-acute and primary care organisations.

His most recent acute hospital experience was as Director of Finance and Procurement at Nottingham University Hospitals NHS Trust.



Mr Mark Power, Director of Organisational Development and Workforce – appointed February 2014

Mark's experience across the range of HR and organisational development activities has been gained through a variety of diverse roles within the NHS, the private sector and the Royal Navy.

Mark joined the NHS in 2003 and was Deputy Director of Workforce and HR at Portsmouth Hospitals NHS Trust until 2010. Most recently, he was the Director of Workforce and Human Resources for both Dorset County Hospital and Yeovil District Hospital NHS Foundation Trusts.

Mark holds a MSc in Human Resource Management (with Employment Law), is a Chartered Fellow of the Chartered Institute of Personnel Development and a qualified Executive Coach. He is also an External Examiner for the University of Portsmouth Business School.



Mr Andrew Stevens, Director of Planning and Information – appointed 1999

Andrew joined the NHS in 1982 as a national general management trainee. After posts in North Wales and Manchester, he spent two years as Secretary of the Community Health Council in Swindon. Andrew moved to Hampstead Health Authority in 1988 and undertook a variety of senior planning-related roles in the hospital and community sectors.

He project-managed the Royal Free's first-wave NHS Trust application before becoming the Trust's Director of Business Planning.

He is the lead executive for the FT application process and for EPR implementation.



Ms Catherine Stoddart, Chief Nurse – appointed March 2014*

Catherine was previously the Chief Nurse and Midwifery Officer for the State of Western Australia, based in Perth. Prior to this Catherine held a number of executive nursing roles at state and hospital level in Australia.

She has a wealth of experience gained from voluntary work for the Global Health Alliance in Tanzania.

Catherine holds a MBA, MSc and Bachelor of Science in Nursing. She is a past beneficiary of the Winston Churchill Memorial Fellowship and a Nuffield Fellowship.



Mr Mark Trumper, Director of Development and The Estate – appointed May 2011

Mark joined the NHS in 2009 as a Board Director at Rotherham NHS Foundation Trust, with responsibility for the effective delivery of capital-led, integrated change programmes across infrastructure, technology and service delivery.

Previously he worked for Accenture Business Consulting, providing advice and leadership on Programme Management, Facilities and Asset Management, Systems Implementation, IT Enabled Change Strategy and Public Sector Outsourcing.



Ms Eileen Walsh, Director of Assurance – appointed May 2011

Eileen began with the NHS as a graduate management trainee, following a career in postgraduate academic scientific research. She has a range of NHS management experience, predominantly at Director level, encompassing Clinical Governance, Corporate Governance, Risk Management and Assurance.

Eileen is an active participant in the national governance agenda as an invited speaker on risk, governance and assurance topics and has a strong interest in influencing national policy. She previously held Director-level roles at University Hospitals Birmingham, Heart of England and Guy's and St Thomas'.

Portfolios

8.47. Areas of responsibility for Executive Directors are summarised below. The clinical Divisional management structure is described in Chapter 2.

Executive Director	Principal areas of responsibility
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Executive Director	Principal areas of responsibility
Chief Nurse	<ul style="list-style-type: none"> Professional standards and development for non-medical professionals including nurses, midwives, allied health professionals and healthcare scientists Education and training for all of the above Chaplaincy Equality and diversity Management of healthcare libraries Patient safety and information Patient experience, feedback and involvement
Director of Assurance	<ul style="list-style-type: none"> Assurance systems Regulation and accreditation Corporate governance and company secretary
Director of Clinical Services	<ul style="list-style-type: none"> Performance and service improvement and redesign Operational management Delivery of access targets Business continuity management, incident and emergency planning
Director of Development and the Estate	<ul style="list-style-type: none"> Commercial and asset development Estates management, capital development and PFI Facilities management Health and safety
Director of Finance and Procurement	<ul style="list-style-type: none"> Finance Compliance Procurement Fundraising and charitable funds stewardship Cost improvement programme management
Director of Planning and Information	<ul style="list-style-type: none"> Business planning Commissioning and contracts Information management and technology Media and communications Strategy, planning and marketing
Director of Organisational Development and Workforce	<ul style="list-style-type: none"> Employee relations and engagement Health and wellbeing Human resources management Leadership and talent development Organisational development Voluntary services and work experience Workforce planning and performance
Medical Director	<ul style="list-style-type: none"> Director of Infection Prevention and Control Medical leadership, education and training Professional standards for doctors Quality, clinical governance and risk Research and development Responsible Officer for medical revalidation

Board development

- 8.48. Board development has been a continual process regularly informed by independent evaluation of Board effectiveness.
- 8.49. Professor Stuart Emslie, Visiting Professor of Healthcare Governance at Loughborough University Business School, completed detailed diagnostic work with Board members in November 2011. His findings informed a Board Development Programme which improved the focus on strategy development and enabled improvements in governance arrangements.
- 8.50. Work with KPMG UK strengthened the development plan. In particular, it refreshed the programme to include more time for strategic debate and visioning to build on the compelling future for the Trust, embracing the benefits of Foundation Trust status and Academic Health Science Network designation. Focus has also been placed on the Board's role in 'living' the Trust's values and behaviours.
- 8.51. Each Board member has a comprehensive annual performance review including a requirement for a personal development plan. Whilst these plans are tailored to individual needs, all Board members have agreed to participate in a multi-source feedback process linked to the NHS Leadership Framework. Non-Executive Directors derive particular benefit from training and support through the Foundation Trust Network.
- 8.52. As a Foundation Trust the Board will seek regular feedback from key stakeholders including Governors and members, clinical commissioning groups, partner trusts and academic institutions, staff and patients, to inform future development needs.

Divisional Directors

- 8.53. The Trust's clinical services are delivered by five clinically-led Divisions, as described in Chapter 2.
- 8.54. Divisions are responsible for the management of service quality and operational performance, people and financial resources.
- 8.55. Development of the Trust's strategic future is founded on Divisional structures and involvement, with Divisions increasingly supported and empowered to operate as autonomous business units.
- 8.56. Evidencing the Trust's commitment to clinical leadership, Divisions and Directorates are led by clinicians in the role of Divisional Director and Clinical Director respectively.
- 8.57. With the Trust's Executive Directors, the Divisional Directors form the Trust Management Executive, whose role and functions are described in Chapter 9.
- 8.58. Profiles of Divisional Directors are given below.

Professor Fergus Gleeson



*Fergus has been **Divisional Director for Clinical Support Services** since December 2011. He was previously on the Trust Board in the mid-1990s and Radiology Clinical Centre Chairman from 1995 to 1999.*

He trained as a radiologist in London, Cambridge and Los Angeles, and was appointed as a single-handed Radiology Consultant to the Churchill Hospital in September 1991.

He is Director of the Oxford Academic Health Science Imaging Network and co-lead of the Oxford Biomedical Research Centre Translational Physiology Theme. He is the Academic lead for Radiology and oversees the Radiology ACF and DPhil Programme.

His academic interests are in novel imaging techniques particularly hyperpolarised xenon and PET-CT.

His main managerial interests are in accountability and quality improvement.

Professor Freddie Hamdy



*Freddie was appointed as **Divisional Director of Surgery and Oncology** in November 2010. He trained in Surgery and Urology at Liverpool, Sheffield and Newcastle, and was founding chair of Urology, Director of the Section of Oncology and of the Division of Clinical Sciences at Sheffield until 2008.*

In 2008, he became Nuffield Professor of Surgery at the University of Oxford and Head of the Nuffield Department of Surgical Sciences, Professor of Urology, and Honorary Consultant Urological Surgeon, as well as Fellow of Balliol College.

He introduced a robot-assisted surgical programme to Oxford in 2009. He leads the Oxford NIHR BRC Surgical Innovation and Evaluation Theme, and is co-Director of the first Surgical Intervention Trials Unit in the UK. His research activities encompass clinical, translational and basic science programmes on the biology of urological malignancies, and he is Chief Investigator of the HTA NIHR ProtecT study on prostate cancer, the largest of its kind worldwide. He was elected Fellow of the Academy of Medical Sciences in 2007 and NIHR Senior Investigator in 2010.

Dr Hywel Jones



Hywel trained in Oxford and was appointed as a Consultant Physician at the John Radcliffe Hospital in the mid-1980s.

*He has been clinical lead for Geratology and was Divisional Director of the Emergency Medicine, Therapies and Ambulatory Division from its formation. He became **Divisional Director of Medicine, Rehabilitation and Cardiac** in November 2013.*

He specialises in the care of older people and takes a special interest in effective care for older people.

Professor Stephen Kennedy



Stephen graduated in 1978 from Keble College, Oxford, in Experimental Psychology. He qualified in medicine at Guy's Hospital, London, in 1984, and then trained at the John Radcliffe Hospital, Oxford; Queen Charlotte's & Chelsea Hospital, London, and the Royal Berkshire Hospital, Reading.

*He held the posts of Research Fellow, Clinical Lecturer, and Senior Fellow in Reproductive Medicine in the Nuffield Department of Obstetrics & Gynaecology, University of Oxford, before being appointed to the post of Clinical Reader in 1999 and Professor of Reproductive Medicine in 2011. He has been Head of Department since 2005. He was Clinical Director, Women's Services (2011-13) in Oxford University Hospitals NHS Trust and was appointed **Divisional Director of Children's & Women's Services** in December 2013.*

He jointly leads the INTERGROWTH-21st Project, a large-scale, multicentre project, funded by the Bill & Melinda Gates Foundation, involving health institutions in 11 geographically diverse countries around the world that aims to assess fetal and newborn growth under optimal and various sub-optimal conditions such as exposure to malaria, HIV and malnutrition.

Dr Jon Westbrook



*Jon has been **Divisional Director for Neurosciences, Orthopaedics, Trauma and Specialist Surgery** since November 2013. Prior to that he was Clinical Director of Neurosciences for three years.*

He has been a consultant anaesthetist at OUH since 1994 and has a special interest in Neuroanaesthesia and Neurointensive Care and anaesthesia for major spinal surgery.

He has previously held other clinical management roles in the trust including Clinical Director of Theatres, Anaesthetics and Critical Care.

He has an active research program in imaging of subarachnoid haemorrhage in which his group is exploring the pathophysiology of delayed cerebral ischaemia.

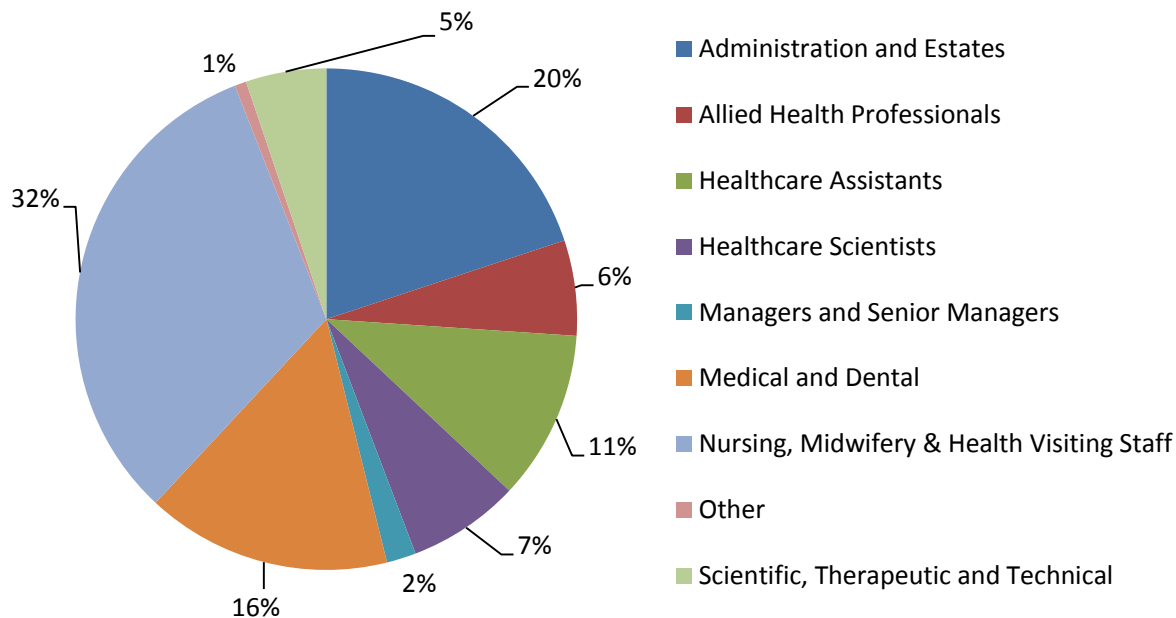
His main managerial interests are in patient pathway design and new ways of working to improve patient experience and outcomes.

Workforce design and profile

Workforce design

8.59. The chart below shows the Trust's Whole Time Equivalent (WTEs), by staff group, in July 2014.

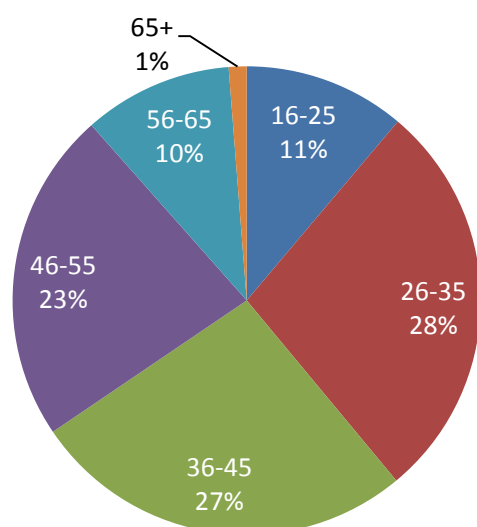
Trust WTEs by staff group, July 2014 (Source: Electronic Staff Record)



Workforce profile

- 8.60. In July 2014, the Trust employed 11,671 people in 9,759 WTE posts.
- 8.61. OUH benefits from the expertise of academic consultants who are employed by the University of Oxford and hold honorary consultant contracts with the Trust for their clinical contributions. A similar working agreement with Oxford Brookes University seeks to use the benefits of collaboration to improve patient care.
- 8.62. A total of 607 facilities staff are employed by the Trust and seconded to third party entities through NHS Retention of Employment (RoE) agreements. These members of staff provide domestic, portering and catering services. The Trust manages the relationship through commercially-based service level agreements.
- 8.63. The age profile of Trust employees is shown below. It is anticipated that the percentage of employees working beyond the age of 65 will increase due to demographic changes and modifications to State and NHS pension schemes. This is potentially advantageous to OUH in retaining key skills, knowledge and experience to mentor and develop rising talent; and in mitigating risk and associated costs of turnover through greater stability in the workforce and the opportunity to implement effective succession plans.
- 8.64. Some 64% of staff members are employed full-time and over 77% of the workforce is female.

Trust employees by age group, July 2014 (Source: Electronic Staff Record)



Equality and diversity

- 8.65. The Trust complies with Equality Act 2010 public sector equality duties. OUH has implemented the Equality Delivery System (EDS) to ensure good practice, compliance with legislation, provision of a platform for change and an improvement in demonstrating and realising equality in the workplace.
- 8.66. The EDS was used in April and May 2013 by the Workforce EDS Panels to assess the equality and diversity performance of the Trust in 2012-13. The Trust has committed to use EDS version 2 (EDS2) in its assessment of its equality and diversity performance in the year 2013/14. The Trust then intends to complete a full EDS2 review every three years for workforce EDS goals, with interim reviews for particular outcomes or areas of the Trust.
- 8.67. Equality objectives have been developed through engagement activities, both internal and external to the Trust and EDS2 grading activities. Objectives are reviewed at least annually to ensure progress is being made and to determine whether additional objectives should be added. Priorities include:
- 90% of staff members to be assessed as competent in equality and diversity through training and subsequent competency-based assessment; and
 - reducing the incidence of bullying and harassment experienced by staff from other staff.

Workforce Plan and expenditure

Workforce Plan

- 8.68. The Trust has aligned its workforce plan with the planned activity levels of its services and its Long Term Financial Model (LTFM). However, variations will exist which will require contingent staffing to meet unusually high levels of activity such as seasonal pressures generating changes in service provision.
- 8.69. Workforce redesign and the development of new roles, which is fundamental to the development of flexible and sustained models of care, have already delivered results and will continue to be introduced. A major theme for workforce development will be to support whole systems improvement across care pathways through review and variation in the workforce capacity and skill-mix to deliver a leaner and more cost efficient workforce model. Of primary concern throughout the transformation process will be the maintenance of safe staffing levels across all staff groups. Examples of re-design initiatives are set out below.

- As part of its response to delayed transfers of care, OUH has developed its Supported Hospital Enhanced Discharge Service. This includes a Community Support Worker role supporting patients after discharge in their homes or other community care settings. Community Support Workers have a local reward package which recognises the need to provide care into night-time hours and to work weekend days without incurring enhanced rates of pay.
- In order to improve integration of elderly care across organisational boundaries a cultural survey was undertaken, including facilitated discussions with staff from OUH, Oxfordshire County Council and Oxfordshire CCG. This identified barriers on the patient pathway which slowed the discharge of patients. Actions are being taken to remove barriers and improve the patient experience.
- Members of the Trust's Emergency Departments have developed new skills and new roles, enabling a more effective distribution of tasks between nursing and medical staff.
- Opportunities have been taken for service-specific clinical nurse specialists to be developed, enhancing the skills available and quality of services provided, e.g. Emergency Nurse Practitioners.
- Expansion is also being sought in the Trust's Assistant Practitioner workforce to enable the management of patient safety and quality with a revised skill mix, linking with the strategic objective of delivering better value healthcare.
- Using the national Modernising Careers programme and based on Benner's model of 'Novice to Expert,' pathways are being developed in each role with associated competencies. The aim is to accelerate service improvements and quality by improving the capability of clinical staff and the consistency of care delivered.
- Job rotation is being considered in specific clinical areas with a view to developing Band 5 nurses in particular to undertake roles in which they can gain skills and experience relevant to areas in which recruitment is more difficult, such as theatres, and to aid retention more generally.

Cost Improvement Programme (CIP)

- 8.70. The CIP has cross-cutting themes, plus initiatives specific to Divisions and services. The cross-cutting workforce themes will include further review of working hours and patterns of work to improve efficiency and reduce pay expenditure. These include the following:
- Reductions in the use of premium rate working and use of agency staff through optimising staff bank, introduction of a more dynamic approach to workforce planning, and staff rostering to underpin safe staffing across the Trust.
 - Managing attendance more effectively through Trust-wide implementation of the FirstCare attendance management system, intended to reduce sickness absence costs through timely reporting and management of absence with earlier managed returns to work.
 - Maximising flexibilities and opportunities available through Agenda for Change, the Consultant Contract and other national pay systems.
 - Optimising efficiency and productivity of staff and staff groups to increase capacity through Trust and Divisional recognition schemes.
 - Offering a progressive and flexible staff benefits scheme, including extension of salary sacrifice to reduce pay cost and improve retention.
- 8.71. Specific projects may result in the removal of posts through restructuring to realise efficiencies and the future provision of some services through third party entities.
- 8.72. In general, the Trust will develop a safe and flexible workforce, functioning differently whilst providing high quality, compassionate care and timely access to services. Workforce plans for skill mix and staff numbers, together with pay expenditure and service changes will be regularly reviewed to ensure the most effective and efficient use of infrastructure and resources without compromising on quality.
- 8.73. The Clinical Services Strategy, described in Chapter 3 – Strategy, recognises that a greater degree of working across six or seven days is needed in the Trust's services. As far as possible, the Trust intends

to achieve these developments within existing capacity by adjusting working practices and by working within existing Terms and Conditions. Notwithstanding, there may be requirements to augment staffing levels in particular areas.

- 8.74. Variations to local shift patterns are being piloted in Divisions to enhance the seven-day provision of non-elective services and to enable elective services to provide capacity aligned to demand, with more services operating across the week and over extended periods of the day. Baseline productivity levels, establishing the ratios of clinical staff to patient activity, are being determined and targets for improvements agreed.
- 8.75. Work is underway to further streamline job plans and provide assurance that nursing establishments and skill mix match levels of patient dependency and acuity with service needs, especially where patients are frail and older and/or where there is high turnover.
- 8.76. The bridge chart below shows the indicative, affordable workforce plan from assumptions described in Chapter 6. Changes are shown from a forecast average of 9,562 worked Whole Time Equivalents in 2014/15.
- 8.77. The bridge chart shows that activity-related growth is forecast to increase the number of worked WTEs by 545 in the period to 2019/20.
- 8.78. Quality, local pressures and service improvement initiatives will increase the number of WTEs by a further 243 over the five years.
- 8.79. This growth will be offset by planned workforce efficiency schemes of 844 WTEs and a reduction of 258 WTE through transfers of staff to third party entities over this period.
- 8.80. The net effect is an anticipated reduction of 293 worked WTE by March 2020.
- 8.81. The impact on the main staff groups over the five-year period is shown in the table below.

Worked WTE by staff group, 2014/15 to 2019/20

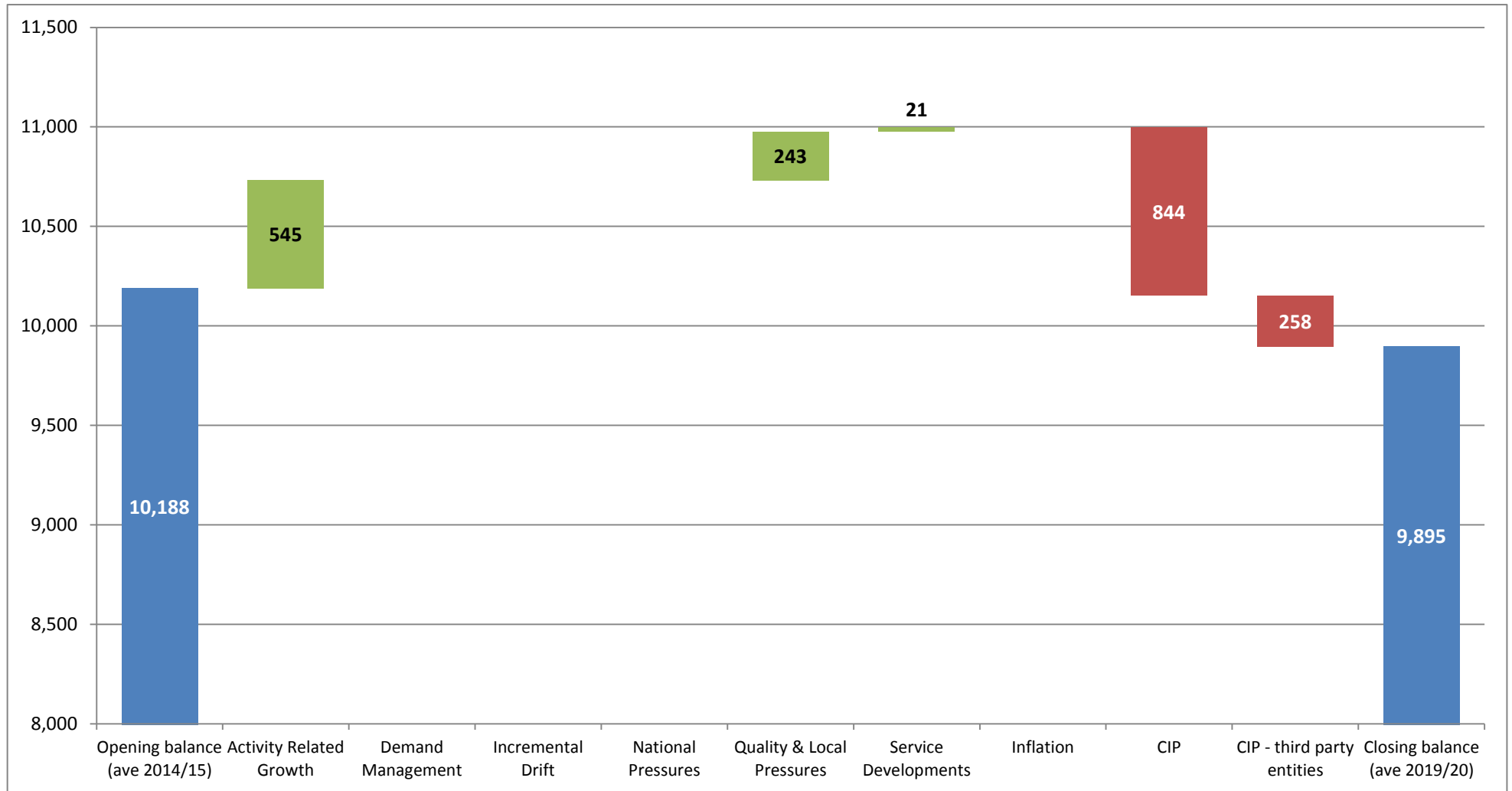
Staff group	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Consultant	625	611	622	632	641	651
Junior medical	954	962	978	994	1,010	1,025
Nursing, midwifery & health visitors	3,469	3,470	3,438	3,403	3,369	3,334
Other clinical staff	1,528	1,575	1,609	1,640	1,670	1,700
Scientific, therapeutic, & technical	1,367	1,387	1,368	1,339	1,319	1,293
Non clinical staff	2,245	2,201	2,127	2,049	1,972	1,892
Total	10,188	10,207	10,142	10,056	9,981	9,895

- 8.82. Total expenditure on workforce is monitored routinely to test alignment with agreed workforce plans. Vacancy management and recruitment controls are in place.
- 8.83. Contingent staffing arrangements (agency, bank and overtime) are used effectively to cover peaks of activity and/or unexpected staff shortages. Through the effective management and use of substantive and bank staff, to include rapid re-deployment, temporary staffing costs are not expected to exceed 5% of total pay budgets. Temporary staff are used where there is either:
- unexpected and immediate staff shortage e.g. sickness absence;
 - staff shortage whilst a vacancy is being filled; or
 - a temporary increase in activity or a specific project or initiative.
- 8.84. Additional activity levels, staff turnover and sickness drove temporary staff bookings during 2013/14. OUH has taken the following steps to address this:
- a. Tendering of bank and agency services has been undertaken to ensure that economic and efficient

arrangements are in place, including active management and reporting on staff utilisation.

- b. Electronic Rostering has been introduced to enable improved and more accurate planning and reporting of shifts and the assessment of staffing levels across wards, departments and Divisions.
- 8.85. Booking of bank and agency staff is closely managed and monitored by responsible line managers. In respect to the nursing workforce, which is one of the main users of bank and agency staffing, the authorisation of bank and agency staff is undertaken via Matrons and the levels and skill mix of staff is monitored and managed through staff and bed capacity meetings which take place twice daily on each site, to ensure that safe staffing levels are maintained.
- 8.86. Through the strengthening of its systems and processes, the Trust will optimise the deployment of substantive and bank staff, thereby providing cost-effectiveness as well as appropriate staff levels.
- 8.87. Members of medical staff are included within the portfolio of rostering and locum control mechanisms.

Bridge chart (worked Whole Time Equivalent, 2014/15 - 2019/20)



Workforce Performance Indicators

8.88. To support its delivery of quality services and to maintain an efficient and productive workforce, OUH uses workforce performance indicators, as described below.

Recruitment and retention

- 8.89. In order to reduce turnover, OUH is establishing a Recruitment and Retention Group to set the strategic direction and to oversee the development and delivery of short, medium and long term initiatives to improve staff retention.
- 8.90. OUH experiences difficulty in recruiting and retaining cardiac, cancer, renal and theatre staff, including operating department practitioners, generally reflecting national staff shortages. Specific recruitment initiatives have been undertaken, including the recruitment of staff from other EU and non-EU countries.
- 8.91. Other measures, such as the provision of enhanced professional and personal development programmes, will be developed to complement enhanced training opportunities available at OUH. Additionally the provision and quality of staff accommodation, transport and car parking are being reviewed to identify options to improve facilities which will aid retention.
- 8.92. Nationally and regionally, a review is underway of the number of adult nursing commissions from universities. This led to an initial increase for OUH of 15% (18 WTEs) in 2013/14.
- 8.93. In the Emergency Department, the recruitment of middle-grade doctors remains a particular challenge. A task group has been established to consider and implement new ways in which to recruit to hard-to-fill Emergency Department vacancies.
- 8.94. Actions to improve recruitment and retention in operating theatre roles include the introduction of specialist recruitment initiatives, a structured development programme for Band 5 and Band 6 staff, and 'training contracts' which require members of staff to remain in Trust employment for a minimum period after training.
- 8.95. Improvements have been made to the efficiency of the recruitment process whilst ensuring compliance with statutory and CQC requirements. Use of a 'time to recruit' measure of 10 weeks has been agreed to highlight delays in the process and potential hot spots for certain staff groups. To facilitate and enhance the tracking process, new candidate tracking software has been introduced. As a result, there has been a marked reduction in the number of breaches of the 10-week time to recruit target.
- 8.96. From 2015/16 the intention is to achieve year-on-year improvements in the time to recruit, with the time to recruit reducing from ten weeks to eight weeks.
- 8.97. For certain staff groups, a waiting list is maintained of successful applicants, with candidates interviewed and pre-employment checks completed in order to be ready to offer posts when they become available. Other measures being considered include amending and extending notice periods for specialist and hard-to-recruit groups of staff to assist with continuity of service provision.

Sickness and absence

- 8.98. Consistent with expectations for the wider NHS, OUH has committed to reduce and maintain sickness absence at a Trust-wide average of 3% or less (i.e. below the level experienced by comparator trusts).
- 8.99. OUH's overall sickness absence rate in January 2014 was 3.3%.
- 8.100. The Health and Social Care Information Centre (HSCIC) noted an annual absence rate of 4.24% for 2012/13 for the NHS in England. In 2012/13, OUH compared favourably with the Shelford Group average of 3.77% (from data published by the HSCIC).
- 8.101. Specific action has been taken through, for example, the introduction of a new sickness

absence procedure, improved Occupational Health support, targeted action in directorates and training for managers in dealing with absences. The FirstCare absence management system is being implemented across the Trust in 2014 to improve absence reporting, information management and reporting and to help maintain the engagement of members of staff who are absent. The intended benefits include quicker returns to work, improved productivity and potentially significant financial savings.

- 8.102. The pattern of sickness absence is relatively constant within the Trust. The majority (89%) of all episodes of sickness and one third of total time lost are due to short term absences of seven days or fewer. Absence is largely due to reported colds/flu (24%) and gastrointestinal problems (18%).
- 8.103. Staff Survey findings are used to measure and inform the impact of actions taken by the Trust's Health and Wellbeing Strategy Group. OUH's Health and Wellbeing Strategy has an underpinning philosophy of self-help and individual responsibility, supported by a corporate framework to promote a healthy lifestyle and good practice in relation to workplace health, thereby reducing the likelihood of absence.
- 8.104. The new Occupational Health and Wellbeing Centre opened in 2013 and saw the introduction of streamlined systems and processes to improve efficiency and reduce waiting times for referrals to be seen by an Occupational Health clinician. Concurrently, a Public Health and Wellbeing specialist was appointed to provide additional focus and support for measures to improve the overall health of the workforce. Initiatives have included assisting staff to stop smoking, the introduction of a Healthy Eating Group, lunchtime exercise clubs and way-marking on stairwells.

Staff turnover

- 8.105. The Trust experienced staff turnover in the region of 11% throughout 2013. A reasonable degree of turnover is considered beneficial, but excessively high levels are costly in terms of potential disruption to services, especially when some skills are in short supply.
- 8.106. Generally, in the context of the national economic climate, NHS trust turnover rates have reduced to within a range of 8-10%. OUH is targeting a reduction in staff turnover to 10.5% in 2014/15, with incremental annual reduction to achieve 8% and to operate within this national range by 2019/20.
- 8.107. Specific initiatives are to be introduced to address recruitment and retention issues in some staff groups where the turnover figures are above Trust average, such as Band 5 nurses and midwives and staff in Bands 1 and 2. Comparators include Cambridge University Hospitals and University Hospitals Birmingham NHS Foundation Trusts at 9.2% and 8.4% respectively.

Workforce assurance, management and practice

- 8.109. The Trust's Workforce Committee is a subcommittee of the Trust Management Executive. The Workforce Committee provides assurance to the Trust Management Executive and Trust Board on the management of workforce issues and risks. Subgroups to encourage partnership working with staff and stakeholders are appointed as appropriate to provide focus to specific areas of the workforce agenda.
- 8.110. The Director of Organisational Development and Workforce is the executive lead for workforce, ensuring organisational arrangements are in place to satisfy the legal requirements of the Trust for workforce, and is the professional lead for developing and implementing the Workforce Strategy. The Director is supported by a corporate Human Resources department, by HR Business Partners (HRBPs) aligned to Divisions and Directorates and by a dedicated HR Consultant post within each Division.
- 8.111. The HRBPs and HR Consultants in each Division work as part of its multi-disciplinary team. Whilst attending to specific Divisional needs and initiatives, they also align outcomes to Trust-

wide targets and developments.

- 8.112. The relationship between OUH and trade unions is recognised as being strong and based on openness, trust and partnership working. Where, on occasion, there are opposing views between the Trust's senior leadership and representatives of the recognised trade unions, this is dealt with on a basis of mutual respect. During a period in which new ways of working will be an essential feature of the Trust's development it is particularly important to maintain an ethos of trust and transparency, in order to promote effective partnership working.
- 8.113. A Trade Union Recognition Agreement integrates existing policies and harmonises the staff side arrangements across all four hospital sites. The Agreement provides formal arrangements for consultation and negotiation between management and eight trade unions.
- 8.114. A Joint Staff Consultation and Negotiation Committee (JSCNC) meets bi-monthly and is the main vehicle for consultation and negotiation between the Trust and its employees. The Committee's primary purpose is the communication, consultation and negotiation of policies and procedures relating to staffing issues and terms and conditions of service and to function as the recognised collective bargaining mechanism on behalf of the non-medical workforce. The Committee aims to anticipate and mitigate potential employee relations difficulties and is chaired by the Deputy Director of Workforce.
- 8.115. There is a Local Negotiating Committee (LNC) within which the British Medical Association represents its members on specific matters relating to medical practitioners. This committee meets every two months and is chaired at alternate meetings by the Director of Organisational Development and Workforce or by a senior consultant, on behalf of the Medical Staff Council.
- 8.116. A Joint Personnel Committee of OUH's senior OD and Workforce management team and their counterparts at the University of Oxford meet as required to consider matters of mutual interest.
- 8.117. The Trust's Raising Concerns (Whistleblowing) Policy was revised in 2013, increasing access to the Chief Executive and other Trust Board members (including a Non-Executive Director) as part of the procedure. All concerns raised through the Policy are appropriately investigated. Promotion of the policy and publicity from the Mid Staffordshire NHS Foundation Trust Public Inquiry resulted in a doubling of concerns raised in 2013, compared to 2012.
- 8.118. The Trust seeks to develop a culture of openness in which staff feel supported and confident to report concerns, near misses and errors, and where concerns are acted upon in a non-blaming and professional manner and are seen as opportunities for improvement through the lessons learned.

Leadership and talent development

- 8.119. A key workstream in the Trust's Organisational Development and Workforce Strategy is to develop, implement and embed a systematic approach to leadership and talent development. The guiding principle underpinning this work is the recognition that, within the context of the unprecedented changes being experienced by the NHS and the local challenges presented by these changes, there is a real need to invest in the Trust's current and future leaders, at all levels. Our leaders must be appropriately equipped and supported to successfully deliver the organisation's vision and strategic objectives, whilst also promoting and role-modelling our core values (Excellence, Compassion, Respect, Delivery, Learning and Improvement), both now and for the foreseeable future.
- 8.103. Individuals with responsibility for delivering efficient, cost-effective, patient-centred services will need to demonstrate effective managerial and clinical leadership qualities in four key areas: service leadership, people/personal leadership, quality leadership and collaborative and engaged leadership.

- 8.104. When considering overall organisational effectiveness, two key influences are the engagement of individuals (which could be measured by the level of commitment and discretionary effort within and across professional groups) and the extent to which the organisation enables its workforce to maximise its effectiveness. An enabled workforce will benefit and be inspired by a working environment which is supportive, which optimises roles and which promotes and exhibits 'authentic' leadership. The characteristics of authentic leadership are recognised by the Trust as being influence, inspiration and facilitation, rather than authority, status and control.
- 8.105. Typically, the authentic leader will:
- create a compelling vision by declaring and describing the future state, exciting and motivating;
 - foster a belief in shared values and behaviours and act as a role model (i.e. by living the values);
 - involve and empower those around him/her by inviting active participation, identifying and nurturing talent, seeking and responding to feedback, building trust and strengthening competence;
 - encourage innovation by challenging the status quo, tolerating a degree of failure by managing risk, learning from mistakes and celebrating successes and achievements.
- 8.106. A Leadership and Talent Development Strategy will be presented to the Trust Management Executive and Trust Board in early 2014/15. The Strategy will be informed by the outcomes of a number of OUH Leaders Conferences, designed to facilitate learning, promote knowledge sharing and provide networking opportunities in order to build a vibrant and unified leadership community. The revised NHS Leadership Framework will form a cornerstone of the Trust's leadership and talent development framework.
- 8.107. The Trust enjoys close relationships with both the University of Oxford and Oxford Brookes University. Where appropriate and possible, OUH will seek to engage the Universities in providing accreditation and resources for the programmes developed as part of this Strategy. Best use will also be made of existing relationships with other organisations for delivery and/or benchmarking, including:
- Health Education Thames Valley;
 - Thames Valley and Wessex Leadership Academy;
 - NHS Leadership Academy;
 - other NHS trusts;
 - commercial organisations.

Learning and innovation

Learning and development

- 8.120. OUH aims to create an excellent learning environment in which every member of staff makes the best possible use of their experience, skills, knowledge, capability and capacity.
- 8.121. A learning and development framework has been agreed to ensure that associated activities and interventions are planned effectively. The framework also aims to ensure that resources are used effectively and are aligned to delivering the Trust's Organisational Development and Workforce Strategy, in turn supporting the achievement of the Trust's objectives.
- 8.122. The Trust, in partnership with Health Education Thames Valley (HETV), uses the framework to agree commissioning numbers for education placements in collaboration with education providers, including the University of Oxford and Oxford Brookes University. Education agreements with academia are managed through the Local Delivery Agreement (LDA) with partners to ensure that there is a future supply of healthcare professionals with the right

skills and behaviours to meet the needs of the organisation and the communities that it serves.

- 8.123. OUH works closely with the University of Oxford and the Oxford Deanery in the delivery of education and training for doctors. The Trust has over 800 junior doctors in training. Formal educational and clinical supervision processes and structured training programmes are in place which comply with the quality assurance processes of HETV and the General Medical Council. The Trust oversees the quality of this education and through trainee representative groups.
- 8.124. Staff are expected to receive regular feedback on their performance from their line managers and to have an annual appraisal to discuss and agree:
- Clear objectives that are aligned to organisational objectives and Trust values.
 - Personal Development Review (PDR) and learning and development needs.
 - Review and feedback on their performance over the year.
- 8.125. During 2013 the Trust launched a new Electronic Appraisals system for non-medical staff. This will be embedded during 2014 to increase both the quality and number of appraisals that are completed. Through the introduction of the new system it is anticipated that the number of staff receiving an annual appraisal will increase incrementally during 2014/15 toward the target of 90% of staff reporting they have had an appraisal.
- 8.126. The Trust designs and delivers learning and development programmes including professional pre-registration education and training, as set out by professional bodies; continuous professional development; leadership and management training; and the 'Oxford Model', which includes initiatives to support apprenticeships and deliver Foundation Degree Programmes. This aims to support staff at the start of their career in the NHS or who are working as Assistant Practitioners. A multi-professional approach to providing learning and development is taken wherever practicable.
- 8.127. OUH works with Oxford Brookes University to support nurses to return to practice and achieve re-registration, with two cohorts supported to do this each year.
- 8.128. The Trust's Care Support Worker Academy brings together the recruitment, selection, induction and ongoing learning and development of Care Support Workers (CSWs). It provides a recruitment and development pathway for CSWs and a coordinated approach to oversee their development from the moment they enter the Trust. The Academy supports existing CSWs through apprenticeship frameworks and portfolios of competence and signposts them to existing bespoke programmes run by in-house teams and to other short courses. It also supports CSWs undertaking Open University programmes in their progression from National Vocational Qualifications to nursing registration.
- 8.129. Following the publication of the Francis Inquiry, a modified programme has been designed for existing CSWs to generate clearly evidenced standards of evidence-based best practice and behaviour for this group of staff. The Cavendish Review recommended that a 'Certificate of Fundamental Care' be developed and that all care support care staff be required to obtain a certificate before working unsupervised. HM Government has accepted the recommendations for a Care Certificate, which will be delivered when ready through the Academy framework.
- 8.130. Provision is made to achieve statutory and mandatory competencies through programmes including e-assessment, e-learning, classroom training and workbooks. Compliance is measured by competence rather than classroom attendance, focusing on the learning outcomes of training.
- 8.131. A web-based learning management system provides a platform for staff to book and undertake classroom learning, e-learning or e-assessment and enables staff to access learning resources 24/7. The system enables staff to review their own compliance and

provides automatic reminders when competencies are about to expire. Managers are able to review training compliance levels at individual, team and organisational level. The system also provides evidence of statutory and mandatory training competencies for staff holding honorary contracts and for volunteers.

Innovation

- 8.132. The Trust is committed to being an active partner in healthcare innovation, research and workforce education. The principal aim is to form an effective bridge between research in basic science and in healthcare service provision, and the delivery of evidence-based, best practice care, turning today's discoveries into tomorrow's care.
- 8.133. OUH has played a key role in the development of the Oxford Academic Health Science Centre (AHSC) and the Oxford Academic Health Science Network (AHSN), for which it is the host organisation.
- 8.134. Clinical staff from OUH lead and contribute to clinical networks which will play an important role in improving outcomes for patients across the network.
- 8.135. The Oxford Biomedical Research Centre and Biomedical Research Unit serve the transmission of research from 'bench to bedside' and provide a stimulating environment within which research and clinical staff are able to work and thrive. These arrangements are strengthened by the Oxford AHSC and AHSN (see Chapter 5).
- 8.136. Partnership with the University of Oxford, formalised in a Joint Working Agreement, occurs at the highest level and is supported through shared committees, including a Strategic Partnership Board, Joint Executive Group and Joint Personnel Committee.
- 8.137. A Joint Working Agreement is also in place with Oxford Brookes University to:
- increase research and scholarly activity undertaken by non-medical professional staff; and
 - harness research activity to drive up quality across the programme.
- 8.138. The Trust remains responsive to the fact that developing changes in the care and treatment of patients, through research and technological advancements, can result in changes to the organisation and to the responsibilities and skills required in key roles.

Terms and conditions of employment

- 8.139. OUH bases the salaries of its non-medical employees on the national Agenda for Change agreement.
- 8.140. The majority of medical consultants (98%) are employed on the 2003 consultant contract.
- 8.141. The Trust intends to continue to work within national agreements whilst these meet the needs and ambitions of the organisation. However, where there is a business case to do so, new terms and conditions will be developed. Examples of current variations include terms and conditions for community support workers and 'spot salaries' for senior managers. The successful implementation of local variations have been predicated on clear and strong staff engagement, communication and input from an early stage with all key stakeholders.
- 8.142. Seven-day working is being implemented across more staff groups (non-medical), using Agenda for Change terms and conditions of employment. The priority is to ensure access to full emergency services (diagnostics) and then specific elective surgery. National support, particularly from the Royal Colleges will assist in the implementation of seven-day working for medical staff.
- 8.143. European Working Time Directive (EWTD) compliance is verified through a web-based system endorsed by the Department of Health and diary card monitoring exercises are undertaken by junior doctors on a rolling basis throughout the year.

- 8.144. Arrangements are in place for the Trust to meet all requirements for medical revalidation. Medical job planning and appraisal are supported by automated systems.
- 8.145. OUH is taking part in the Nursing and Midwifery Council's consultation on revising the Code (the standards of good nursing and midwifery practice) and implementing revalidation for nurses.

Conclusion

- 8.146. This chapter describes the Trust's current leadership and management arrangements and emphasises the organisation's recognition of the importance of implementing effective strategic leadership and talent development interventions. This is a critical success factor if the Trust is to attract, recruit and retain staff of the highest calibre and maintain a multi-professional workforce capable of delivering innovative and sustainable service improvements.
- 8.147. The delivery of compassionate excellence in care by engaged, well-led and motivated members of staff who believe in and demonstrate OUH's core values, underpins the future of the Trust and its services. The challenges presented by the requirement to reduce costs and improve efficiency, whilst delivering safe care and improving the patient experience, are fully recognised. Therefore, any future reductions in the overall number of staff employed will be carefully planned and achieved with reference to the absolute need to maintain appropriate workforce capacity, across all staff groups, thereby ensuring there is no compromise on quality.
- 8.148. Proposed changes to the Trust's workforce over the period of this IBP are described and should be read alongside its Strategy in Chapter 3, service development plans in Chapter 5 and financial plans in Chapter 6.
- 8.149. OUH intends to build upon its reputation as providing an excellent learning, research and innovation environment, underpinned by close collaborative arrangements with AHSN and AHSC partners. Through a continued focus on strengthening staff engagement and involvement, the investment in personal and organisational development initiatives, aimed at increasing leadership and management capacity and capability, combined with the continued provision of first-class patient services, OUH seeks to be recognised as an employer of first choice.