Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 11 September 2013

TB2013.105

Title	Quarterly HR and Workforce Report

Status	A paper for information and discussion
History	Previous Quarterly Workforce reports

Board Lead	Ms Sue Donaldson, Director of Workforce			
Key purpose	Strategy	**Assurance**	Policy	**Performance**

Executive Summary

This report provides an update in respect of performance against agreed workforce key performance indicators (KPIs) for the period April to June 2013 (Quarter One) and the plans that are in place to maintain and improve performance.

The report also provides an update of the current workforce initiatives and challenges within the Trust, in the context of the agreed Workforce Strategy and Plan.

The following items are highlighted:

1	At the end of the first quarter the Trust spent £119.3m on pay against a budget of £118m. Temporary staffing costs were £6.6m or 5.5% of the pay budget. There were 9,072 contracted/whole time equivalent (WTE) employed by the Trust against a budget of 10,025 WTE.
2	The sickness absence rate at the end of Quarter One was 3.2% against a planned trajectory of 2.9%. Absence levels historically fall through the summer months. In July 2013 the figure reduced slightly to 3.1% but it will be challenging to meet the year end KPI of 3.0%. The Trust continues to benchmark below other Trusts.
3	Underlying staff turnover for the rolling 12 months ending June 2013 was 11.5%, reducing slightly to 11.4% in July 2013. This has increased from a fairly constant 11.0% over the previous two years.
4	At the end of June 2013, there were 769 WTE vacancies across the Trust which represents 7.9% of the budgeted establishment excluding Research & Development (R&D). At the end of July this reduced to 7.3%.
5	There has been a substantial increase in recruitment activity in Quarter One 2013-2014 compared to the same quarter in 2012-2013. The Trust is experiencing particular issues regarding recruitment of band 5 nurses in Theatres, Anaesthetics and Recovery, Upper/Lower GI, Surgical, Neonatal, Medicine, Gerontology, Cardiology and Stroke services. Multiple recruitment campaigns are taking place to boost the number of candidates applying to the Trust.
6	The number of non-medical appraisals recorded as completed at 30 June 2013 was c67% of eligible staff against a planned trajectory of 65.5%. There has been no material change during July 2013.
7	Statutory and mandatory training compliance for the first quarter remained constant at 74%. This has improved slightly to 77% according to latest figures.
8	An extraordinary Workforce Committee meeting was held on 6 June 2013 to test ongoing alignment between Divisional workforce priorities and those agreed within the Trust Workforce Strategy and Plan agreed in November 2012.
9	The process for developing workforce plans has been integrated with the business planning and budget-setting exercise during 2013-2014. This has ensured that an explicit link can be made between the capacity required, as detailed in commissioning plans; safe staffing levels; and affordability, including delivery of CIPs.

10	Two Leadership Conferences were held on 17 and 22 April 2013. 240 people attended over the two days and 41% of those completed the conference evaluation questionnaire. Feedback from delegates was generally very positive. The draft OUH Leadership Development Strategy is also taking shape and has been well received by the Workforce Committee. This will be considered by TME in October prior to sharing with Trust Board.
11	Since the first Listening into Action (LiA) staff conversations were held across the organisation in July 2012, the LiA approach has been adopted by many different areas, engaging staff and resulting in tangible service improvements.
12	In August 2013, the Trust was invited to present at the National Values Based Recruitment Event held by NHS Employers and Health Education England.
13	The second OUH Annual Staff Recognition Awards ceremony will take place on Thursday 28 November 2013. The evening event will be held at the Blenheim Palace Orangery.
14	The Annual Staff Survey will launch mid-September 2013 and, for the third consecutive year, all 11,000 OUH staff will be invited to participate rather than the prescribed national sample of 850 employees.
15	**Recommendation** Trust Board are asked to note the contents of this report and discuss any issues arising.

Sue Donaldson, Director of Workforce

August 2013

Quarterly HR and Workforce Report

April – June 2013

Introduction

1. This report provides an update in respect of performance against agreed workforce key performance indicators (KPIs) for the period April to June 2013 (Quarter One) and the plans that are in place to maintain and improve performance.

2. The report also provides an update of the current workforce initiatives and challenges within the Trust, in the context of the agreed Workforce Strategy and Plan.

3. The Quarterly HR and Workforce Report was a standard Trust Board agenda item until February 2013. Following feedback from the Strategic Health Authority, it was decided that reports should be considered by a sub-committee of the Board. The report for January to March 2013 was therefore considered by the Quality Committee in June 2013. However, that decision was revisited and it has been agreed with the Chairman and Chief Executive that reporting to the full Trust Board should be re-instated. The revised annual cycle of Trust Board business reflects this. This paper is slightly out of sync with the revised schedule and therefore includes some data from July 2013 in an attempt to provide Trust Board with timely workforce information.

Workforce KPIs

Workforce Expenditure and Staff Numbers

4. At the end of the first quarter the Trust spent £119.3m on pay against a budget of £118m. The £1.3m overspend is largely attributable to the premium costs associated with temporary workers and overtime; sessional payments to medical staff; and pay-related Divisional and cross-Divisional savings schemes that have not yet realised the full benefit planned to date. At the end of month four the level of overspend increased to c£3m. The details are provided in the Finance Report.

5. Temporary staffing costs for the three months ending 30 June 2013 was £6.6m or 5.5% of the pay budget. This compares to £5.2m or 4.9% in the same period last year. The Finance Report illustrates this increase to £9.5m or 5.9% at the end of July 2013. The spend by Division varies and feedback through the Quarterly Performance Review process indicates that the use of bank and agency staff is mainly to cover for absences arising from staff turnover, maternity leave and sickness absence; and to provide staffing associated with additional activity above that planned.

6. At 30 June 2013 there were 9,072 contracted/whole time equivalent (WTE) employed by the Trust against a budget of 10,025 WTE. At the end of July 2013 this moved to 9,165 WTE, although this rise in staffing levels is slightly distorted by the junior doctor changeover which includes c80 Foundation Year One doctors shadowing for a week.

7. Taking into account the use of temporary workers at 30 June 2013 the number of 'worked' WTE equated to 9,513 WTE. This increased slightly to 9,548 at the end of July 2013, resulting in an average variance in worked WTE to plan of c625. Again full details are provided in the Finance Report.

Sickness Absence – Annex A

8. The sickness absence rate at the end of Quarter One was 3.2% against a planned trajectory of 2.9%. Absence levels historically fall through the summer months. In July 2013 the figure reduced slightly to 3.1% but it is still above plan and it will be challenging to meet the year end KPI of 3.0%.

9. The Trust continues to benchmark below other Trusts. Sickness absence rates in the NHS (England and Wales) for 2012-2013 are reported at 4.2% from the Health and Social Care Information Centre. The Shelford Group is below this benchmark at an average of 3.7%, with a range of sickness absence of between 2.9% to 4.6%

10. Absence rates have been higher than seasonally anticipated primarily due to the reported incidence of colds and flu. 'Cold/flu' have accounted for 25% of reported absences within the first quarter of 2013-2014 compared to 21% last year. This is the most common reason for episodes of sickness absence, albeit they are typically short-term in nature, and reinforces the need for staff to take up the offer of the flu vaccination provided by the Trust. The Occupational Health Department has started planning for the campaign which will be launched in September. Last year, 59% of staff were vaccinated; which was one of the best outcomes achieved in NHS Trusts across England.

11. The top ten causes reported for sickness absence in April to June 2013 are set out in the following table:

Ranking	Absence Reason	% of Episodes	% Total WTE Days Absence
1	Cols, Cough, Flu – Influenza	24.8	11.4
2	Gastrointestinal problems	18.5	9.5
3	Other musculoskeletal problems	10.1	15.0
4	Headache / migraine	7.7	2.8
5	Anxiety/stress/depression/other psychiatric illnesses	6.2	15.8
6	Genitourinary & gynaecological disorders	4.6	6.3
7	Back problems	4.4	5.3
9	Ear, nose, throat (ENT)	4.2	2.8
9	Pregnancy related disorders	3.1	2.9
10	Chest & respiratory problems	3.0	4.3

12. The table illustrates staff reporting 'anxiety/stress/depression' is one of the main causes of long-term absence, accounting for c16% of total WTE days lost. To reduce this and to provide support for staff, a fast track initiative for appointments with Occupational Health has been introduced and management of stress workshops are ongoing to help managers identify causes and help with support/prevention of psychological or stress related absence.

13. Details of sickness absence figures by Division and staff group are provided at Annex A. Rates are highest within Children's and Women's Division, followed by the Emergency Medicine, Therapies and Ambulatory Division (EMTA). The majority of Divisions have experienced higher than planned sickness absence rates during the first quarter and discussions have taken place within Quarterly Performance Compact meetings as to what further measures can be taken.

14. Many of the targeted interventions across the Divisions are the same. However, there are some differences of approach. Some examples include:

    - Surgery & Oncology (S&O) have used letters of recognition to staff with good attendance.
    - Critical Care, Theatres, Diagnostics & Pharmacy (CCTDP) have generated reports on a monthly basis, contacting managers to remind them of the sickness records which require intervention.
    - Children's & Women's (C&W) have audited their return to work discussions.
    - Cardiac, Vascular & Thoracic (CVT) have focussed their attention on short term absences.
    - Within the Musculoskeletal & Rehabilitation Services (MARS) Division the use of "First Care', an external agency who help with absence management, continues to be used. The costs/benefits are being reviewed to assess if this is something that should be rolled out across the Trust.

15. In addition to the current targeted interventions, a revised Absence Management Procedure is being consulted upon across the Trust and will be implemented shortly. The new procedure has been informed by involvement in an NHS Employers project which identified evidence based practices in absence management. It includes proposals for earlier intervention by managers and fast track to a number of OUH clinical services. The new procedure will also be supported by a training toolkit.

16. Ongoing work of the Health & Wellbeing Strategy, following the opening of a purpose built Occupational Health & Wellbeing Centre and the appointment of a Health & Wellbeing Specialist, will provide a beneficial effect upon sickness absence levels and potentially on other KPIs, including turnover and staff engagement. Current priorities include expanding the physiological services offered; improving physical wellbeing by participating in a 'Go-Active Pilot'; promoting healthier eating options on all sites; and identifying key metrics to measure the effect/value of the work on health and wellbeing to help establish future priorities. The Health & Wellbeing website provides a useful vehicle for staff to find out about the range of information, opportunities and services currently available.

Turnover – Annex B

17. Underlying staff turnover for the rolling 12 months ending June 2013 was 11.5%, reducing slightly to 11.4% in July 2013. This has increased from a fairly constant 11.0% over the previous two years.

18. Turnover levels across the Shelford Group are varied with a range reported between 7% and 12%. Locally Southampton University Hospitals benchmarks at 10.6% and

Portsmouth Hospitals at 8.8%. OUH retention initiatives will be informed by areas of good practice.

19. Details of turnover figures by Division and staff group are provided at Annex B. The increase in nursing and midwifery turnover during the first quarter is notable as is medical and dental staff, although the numbers of staff involved are much lower. There are ongoing retention issues of specialist staff in key areas including Cardiac and Theatres. EMTA has the highest turnover level amongst the Divisions and some corporate areas are also experiencing higher levels, particularly the Human Resources Directorate.

20. Trust Management Executive (TME) agreed a KPI of 10% for 2013-2014 in the context of the Workforce Strategy goal to reduce turnover to 8% by 2017-2018. To achieve the KPI of 10% the Trust would need to reduce leavers by circa 100 WTE compared to the previous year. This remains a high priority.

21. It is recognised that the reduction in turnover will in part be achieved by concentration on 'hotspot' areas. A helpful example is the Trauma Directorate, where turnover has reduced from 26% last summer to c16% at the end of July 2013 and targeted action continues. Other hotspot areas include diagnostic and therapeutic radiographers; health care assistants; nursing and midwifery staff, especially band 5 nurses; and theatres staff.

22. A number of focussed action groups have already been established. For example, in Theatres, a review of working practices and culture is ongoing. Actions include the introduction of a structured development programme for band 5 and 6 staff to help with retention. The introduction of training 'contracts', which require staff to stay in employment for a minimum period, has been agreed by TME.

23. A reduction in turnover will also need further Trust-wide strategies and initiatives. The work on 'Delivering Compassionate Excellence', which includes the introduction of Values Based Interviewing (VBI) and the introduction of a new Induction Programme, should help reduce the incident of leavers, especially those with very short service. This work is described later in the paper.

24. A Trust–wide Retention Group has recently been established, under the auspices of the Workforce Committee, to support and enhance the work of existing groups currently focussing on the retention of specific areas/groups of staff. The group will concentrate on a one to three year retention strategy, developing a reporting mechanism for the collection of data; overseeing diagnostic and analytical work on turnover rates and commissioning projects to improve retention and evaluating their effectiveness. The strategy will be defined by the end of October 2013.

25. Based on existing feedback, the group is concentrating initially on enhancing information from new and existing staff through surveys and interviews about experiences of working at the Trust for three to six months after commencement of employment; ensuring efforts on retention are being targeted correctly through the development of workforce intelligence.

26. Other priorities for the group are:

- Accommodation issues.
- Consideration of pay retention measures for new starters.
- Development of career pathways and talent management.
- Ensuring conducive working environments, for example access to food and drink, which is particularly relevant in Theatres.
- Mentoring and personal development.
- Re-examination of skill-mix, organisation of roles and use of shifts in high turnover areas.

Vacancy Rates – Annex C

27. At the end of June 2013, there were 769 WTE vacancies across the Trust which represents 7.9% of the budgeted establishment excluding Research & Development (R&D). At the end of July this has reduced to 7.3%.

28. Budgeted establishments have increased for 2013-2014 to reflect growth, for example midwives; theatres staff and the permanent staffing of 65 'escalation' beds within EMTA. Annex C illustrates the impact this increase in staffing levels have had on vacancy rates which rose to 9.4% in April 2013 and the gradual reduction over the first quarter as a consequence of focused recruitment and retention activity described in other sections**.**

Recruitment Activity

29. There has been a substantial increase in recruitment activity in Quarter One 2013-2014 compared to the same quarter in 2012-2013 as shown in the table below:

	Q1, 1 April-30 June 2012		Q2, 1 April-30 June 2013	
Staff Groups	No. of vacancies	No. of applications	No. of vacancies	No. of applications
Additional Clinical Services	34	2,334	45	2,263
Additional Professional Services	9	198	9	89
Administrative & Clerical	122	4,690	163	6,846
Allied Health Professionals	32	1,249	58	1,051
Estates & Ancillary	2	83	7	144
Healthcare Scientists	7	206	25	766
Medical & Dental	37	1,042	54	1,011
Nursing & Midwifery Registered	79	1,341	155	2,022
Grand total	**322**	**11,143**	**516**	**14,192**

30. The Trust is experiencing particular issues regarding recruitment of band 5 nurses in Theatres, Anaesthetics and Recovery, Upper/Lower GI, Surgical, Neonatal, Medicine, Gerontology, Cardiology and Stroke services. The Trust is also anticipating shortfalls in newly qualified staff.

31. Multiple recruitment campaigns are taking place to boost the number of candidates applying to the Trust to address the areas identified. These include:

    - Team Oxford: A Trust-wide Theatres recruitment campaign. This focuses around a microsite that has been set up www.teamoxfordnhs.co.uk and aims to boost applications for band 5 and 6 theatre practitioners. Further recommendations will be made to increase the numbers of applications to Theatre areas, including paying removal expenses, 'bounty' payments for agency workers and the scoping out of an international recruitment programme.
    - New Born Unit: A campaign focussing on appointing experienced neonatal band 5 and 6 nurses to work in the New Born Unit was launched at the beginning of July. A microsite has been set up to attract applicants to the unit; www.oxfordneonatalcare.co.uk
    - Head-hunting campaigns: A fixed fee is paid to a head-hunting agency to target candidates for band 5 staff nurse positions has been trialled in Medicine, Trauma and Neurosciences. This method has encouraged passive candidates to apply for vacant positions in the Trust.
    - The HR Projects team is also working with the Acting Chief Nurse who has enlisted a specialist recruitment agency to commence an international recruitment campaign for nursing staff, commencing in Spain in the autumn. The areas of focus for this campaign are Acute General Medicine, Surgical Emergency Unit and Theatres. It is anticipated successful candidates will be appointed as clinical support workers while they await confirmation of their professional registration. This time will also be used to complete induction and orientation for these new employees.

32. In a further attempt to speed up the recruitment process and improve management reporting, the Recruitment Team is implementing new recruitment software called TRAC. TRAC is an application management system that facilitates candidate applications in real time from advertising, through the recruitment pathway, to booking the new employee on to their induction programme. This system has been adopted by 14 NHS organisations, including Guy's & St Thomas'; Imperial; and Southampton.

33. Between April 2013 and June 2013, the Resourcing Team coordinated ten Advisory Appointment Committees (AACs) from which nine consultants were appointed. This represents an increase in comparison to Quarter One in 2012-2013, where five AAC panels were convened and six consultants were appointed. The AAC process is currently under review.

Appraisals – Annex D

34. The number of non-medical appraisals that were recorded as completed on the Electronic Staff Record at 30 June 2013 was c67% of eligible staff against a planned trajectory of 65.5% to achieve the agreed KPI of 95% by March 2014. There has been no material change during July 2013.

35. Appraisal compliance was discussed at each of the Quarter One Performance Compact meetings with the Divisional management teams. Annex D provides a

Divisional and staff group breakdown. Commitments were given to improve compliance which will be closely monitored.

36. A new e-based appraisal linked to the Trust values is being piloted, supported by comprehensive training. It is envisaged the new process, developed with staff and managers, will increase take up and will also improve reporting. This will provide the Trust with a single comprehensive system to monitor appraisals.

37. Following on from the successful implementation of the Statutory and Mandatory Training Project, a similar approach will be used to launch e-appraisals mirroring the approach of high levels of user engagement during the roll out of new arrangements. This project will deliver real time management information and an electronic 'values based' appraisal tool to enhance both the quality and compliance levels within the Trust.

38. Appraisals for medical staff take place in the period January to March and are not therefore included in the report. For 2012-2013 the numbers appraised were 93.2%.

Statutory and Mandatory Training

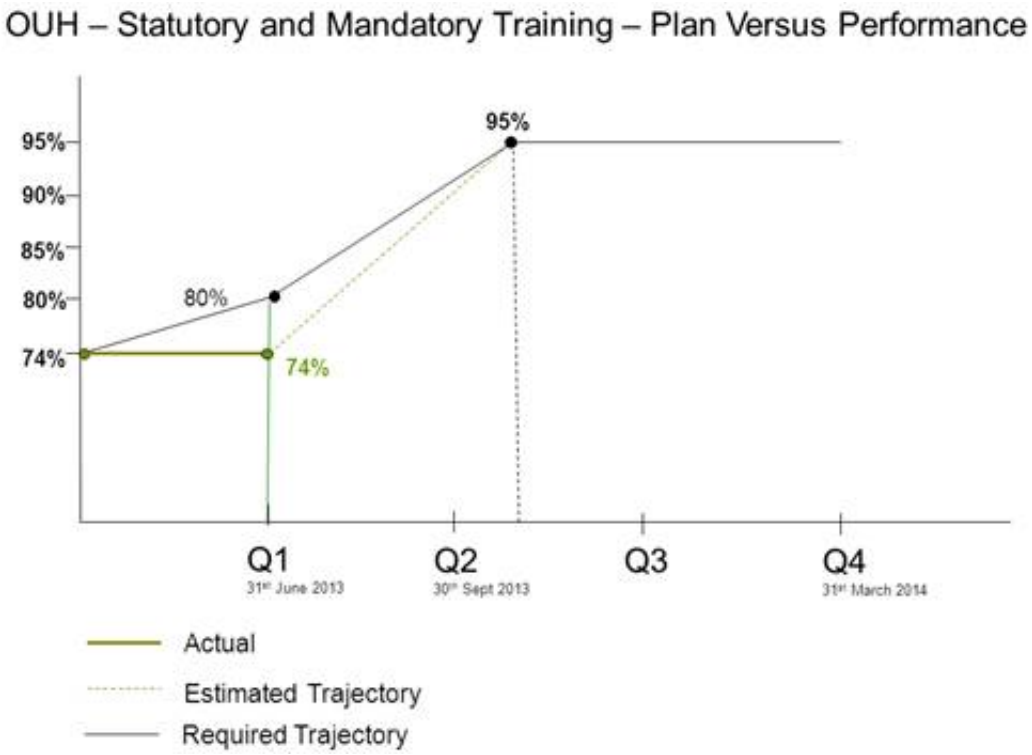
39. Statutory and mandatory training compliance for the first quarter remained constant at 74%. This has improved slightly to 77% according to latest figures.

40. The table below details the Quarter One statutory and mandatory training compliance rates across Divisions, which continue to vary. The latest figures are shown in brackets:

Division	% Compliance Q1 2013 (Current)
Critical Care, Theatres, Diagnostics & Pharmacy	88% (90%)
Cardiac, Vascular & Thoracic	85% (87%)
Musculoskeletal & Rehabilitation	85% (94%)
Corporate	84% (85%)
Neurosciences, Trauma & Specialist Surgery	82% (84%)
Operations & Service Improvement	79% (80%
Surgery & Oncology	77% (81%)
Children's & Women's	76% (79%)
Emergency Medicine, Therapies & Ambulatory	75% (80%)
Research & Development	66% (70%)
Total*	**74% (77%)**

41. *Total figure includes approximately 1,000 staff allocated to cost centres within Divisions, these are primarily honorary contract holders. Resolving allocation of these staff and raising awareness and compliance is an ongoing priority.

42. The graph below details the overall trend in compliance rates since the introduction of a competence based approach to statutory and mandatory training:



43. In order to reach 95% a monthly increase of 7% compliance per month is required. This rate has previously been achieved during the initial launch of the competence assessments. To support the increase in compliance the following actions are being progressed:

    - Enhanced reporting to Divisions, including the ability to report by staff group.
    - Targeting those that have not registered.
    - Reviewing communications with honorary contract holders.

44. There is also focussed action on specific competencies with low compliance. This work includes a review of the training material with subject experts.

45. The Learning and Development Team put forward the new competency based approach, linked to the Electronic Learning Management System, for the Health Service Journal (HSJ) Efficiency Awards. The application has been shortlisted and an announcement is anticipated at the annual awards ceremony on 25 September 2013.

Triangulation of Workforce Metrics – Annex E

46. Against the background of Trust Board discussions about the Francis, Keogh and Berwick reports, there is a requirement to triangulate more of the performance and quality information reported to the Board. Although this work is progressing and will be a prominent feature of future meetings, an attempt has been made at Annex E to show the various workforce KPIs and Divisional/Trust performance at the end of the first quarter. This is provided for information.

HR and Workforce Initiatives and Challenges

Workforce Strategy

47. An extraordinary Workforce Committee meeting was held on 6 June 2013 to test ongoing alignment between Divisional workforce priorities and those agreed within the Trust Workforce Strategy and Plan agreed in November 2012.

48. The key themes emerging from the Divisional presentations were:

    - Alignment of finance, activity, workforce and quality data.
    - Agreement of Trust-wide KPIs with more challenging Divisional targets.
    - Recruitment and Retention.
    - The introduction of seven day working.
    - The implications of the Cost Improvement Programme (CIP) on pay expenditure.
    - Workforce Planning for 2014-2015 and beyond.

49. It was agreed most of this work was already being progressed and there was good alignment with the overall Trust priorities. Divisional representatives agreed to lead on specific work, where they are more advanced than others, particularly in respect of establishing challenging workforce KPIs and the introduction of seven day working.

Workforce Planning

50. The process for developing workforce plans has been integrated with the business planning and budget-setting exercise during 2013-2014. This has ensured that an explicit link can be made between the capacity required, as detailed in commissioning plans; safe staffing levels; and affordability, including delivery of Cost Improvement Programmes (CIPs).

51. A significant change to approach within the Trust's planning process was made for 2013-2014. In recent years the Trust has set internal plans which were congruent with the commissioner contracts. This meant that budgets and therefore workforce plans were often set at a level below the potential outturn and anticipated activity. As a result pay budgets were exceeded, workforce plans were breached, but the overall affordability was maintained because income levels also exceeded plans, in line with additional activity.

52. For the 2013-2014 planning round, the Trust set plans for the activity and income levels which, based on the previous year's outturn, adjusted for certain developments accepted by commissioners, for example investment in midwives linked to the maternity tariff. In addition the Divisions identified areas of potential risk which could lead to activity outturn above the 2012-2013 levels, for example the Cancer Health Awareness Campaigns, therefore it is anticipated workforce plans and budget will be closer aligned to the required capacity than in previous years. As a consequence pay expenditure and budgeted WTE establishments have increased.

53. Annex F contains an analysis of the budgeted workforce and pay expenditure by staff group for 2013-2014. This is a summary of the workforce plans which have been prepared at Divisional and departmental level. The numbers are net of cost improvement savings. Performance is being monitored against these plans, as indicated in Section 5-8.

Leadership Development

54. Two Leadership Conferences were held on 17 and 22 April 2013. 240 people attended over the two days and 41% of those completed the conference evaluation questionnaire. Feedback from delegates was generally very positive. Some of the results are as follows:

    - 95% of respondents agreed that other leaders would benefit from a similar event.
    - 92% of respondents agreed that they will change their behaviour as a result of attendance.
    - 91% of respondents agreed that the 'Question Time Panel' gave them a greater understanding of the Trust's challenges and opportunities.
    - 90% of respondents agreed that 'living the values' gave them a greater insight to how the Trust values can be translated into positive actions.
    - 89% of respondents agreed that they will use Listening into Action as a development tool within their departments.

55. Looking forward, there was a desire that future conferences should be used for shared learning; communicating the changes in healthcare and the new commissioning structure; and to create new ways of developing talent in the organisation. Planning will commence shortly for the further conferences in the autumn/winter.

56. The newly created Thames Valley and Wessex Leadership Academy continues to develop its role and has recently launched a number of new national leadership programmes, these provide development for all leadership levels, from front-line supervisors to aspirant Board Directors. OUH have accessed several of these programmes.

57. The draft OUH Leadership Development Strategy is also taking shape and has been well received by the Workforce Committee. This will be considered by TME in October prior to sharing with Trust Board. A bid has been submitted to Health Education Thames Valley (HETV) to help support the implementation of the strategy when approved.

58. In the meantime the Ward Sisters Leadership Programme continues. The first two cohorts (approximately 30 ward sisters across all sites) are mid-way through and these will finish during November. Cohort three will be starting imminently with 20 band 7 staff from Critical Care and Theatres. Feedback to date has been positive. Formal evaluation is planned.

Employee Engagement

Listening into Action

59. Since the first Listening into Action (LiA) staff conversations were held across the organisation in July 2012, the LiA approach has been adopted by many different areas, engaging staff and resulting in tangible service improvements.

60. The "first wave" pioneering project teams and system change teams commenced in autumn 2012 and showcased their experiences and outcomes at the two Leadership Events held in April 2013, through presentations and poster displays.

61. An overview of the key benefits and outcomes from the pioneering teams are summarised below:

1st Wave Project Teams	Key Benefits and Outcomes
ED Therapies	• Undertook review of emergency assessment pathway
Endoscopy Suite Waiting Area	• Funding approved for patient information AV screens to improve communication/health promotion • New signage for toilets so patients don't need to ask for directions • Training for admin staff to address patients' queries
Eye Hospital Outpatients Department	• All appointments now booked live • Reception desk now covered on Saturdays • TV screens and tannoy systems now being used • Staff photo boards updated • Patient information leaflets fully stocked • Staff training on notes tracking completed • Emails and voicemails now responded to within set timeframes – evidenced on monthly call audits and reduction in communication-related patient complaints. Monitored monthly in Governance Report
Geratology	• Reviewed new ways of working with MDT
GUM Clinic	• Staff photo board installed in reception • New privacy screens in reception • Scrolling board used in reception to inform patients of waiting times • Customer care training for reception staff • Car parking and improved signage to help patients find clinic – still being discussed with Estates
Horton Day Case Unit	• Collected data to inform and shape future service delivery
Pharmacy	• Introduced new robotics system and ways of working to increase patient safety and release more pharmacy staff to bedside – too early to assess benefits as only just becoming fully functional

1st Wave Project Teams	Key Benefits and Outcomes
Paediatric Pain Management Team	• Appointment of Pain Assessment Nurse June 2013 • Pilot pain assessment training tools August 2013 • Roll out pain assessment training to all wards October 2013
Pre-Op Assessment	• New CPET machine (for cardiopulmonary risk assessment) being used on Churchill site • Average time from referral to CPET test less than seven days – improved patient experience • New Churchill pre-assessment clinic area identified – awaiting refurbishment • Additional Churchill pre-assessment staff recruited

62. The system change teams or corporate functions have also been using the LiA approach with staff influencing changes to induction, appraisal, staff communications and recruitment.

63. The second wave project teams were launched in July 2013 and are making good progress. Lessons learned from the first wave have resulted in a more rigorous project management approach being utilised with these projects, advocating clear objective setting and audit measurement tools which have been identified at the start. A range of resources have been produced to help the teams to keep on track. This "LiA Toolkit" is now available to all OUH staff on the LiA intranet page, along with posters and videos developed over the past few months to promote LiA.

64. The second wave project teams are summarised in the table below:

2nd Wave LiA Teams – Service	Project Aim	Division / Directorate
General Office, NOC	Re-site cashier's office to provide more privacy and improved experience for patients and staff	MARS
Governance	Improve management of policies on intranet	Assurance
Learning & Development	To pilot new electronic appraisal tool to inform wider rollout across Trust	Workforce
Learning & Development	Review experiences of cohorts of new staff attending redesigned induction day	Workforce
Neurosciences	Improving tertiary referral record sharing	NTSS
Neurosciences Ward	Improving multi-agency patient discharge process	NTSS
Neurosciences Ward	Improve local communication	NTSS
Oncology Ward	Share work on compassionate care with wider MDT	S&O
Outpatient Department, Churchill	Improve access to pastoral support for outpatients and families	S&O
Patient Complaints	Improve processes for patient complaints	Patient Services
Patient Services	Introduce new customer care training for all staff	Patient Services

2nd Wave LiA Teams – Service	Project Aim	Division / Directorate
Recruitment	Review experience of cohorts of new staff to improve recruitment process	Workforce
Renal Dialysis	Implement self-care haemodialysis patient programme	S&O
Resuscitation Service	Involve clinical staff in equipment procurement	CCTDP

65. Work continues to embed LiA across the Trust. Divisional and corporate directorate management teams are in the process of organising sponsor groups, as an integral part of their committee structures, to ensure further opportunities are created for staff to be empowered to make improvements. The methodology is already being used quite widely and in a wider context, this includes investigating employee grievances.

Values Based Interviewing (VBI)

66. The aim of the VBI approach is to recruit people who, in addition to required technical knowledge and experience, share OUH values. This is a joint initiative between the Health Foundation, the National Society for the Prevention of Cruelty to Children (NSPCC) and the OUH. The project is now in stage four of implementation – embedding following successful trials of VBI in the following pilot areas, Care of the Elderly, Children's Services and the Clinical Support Worker Academy.

67. Since January 2013, over 150 VBIs have been recorded as taking place. There are 81 managers trained in the VBI technique with training continuing on a bi-monthly basis until November 2014.

68. External interest in the VBI Project continues to be high, particularly following publication of the Francis and Keogh reports. In August 2013, the Trust was invited to present at the National Values Based Recruitment Event held by NHS Employers and Health Education England. The Project Manager is frequently asked to talk at local and national HR network meetings, including the Shelford Group.

69. The roll out of the VBI approach will continue across the Trust with Divisional briefing sessions being arranged to ensure leaders are engaged and supportive of the intervention. Ongoing evaluation of the VBI remains a key priority over the next 6-12 months.

Staff Recognition

70. The second OUH Annual Staff Recognition Awards ceremony will take place on Thursday 28 November 2013. Planning is well advanced and this event will be the 'highlight' of the staff recognition calendar showcasing the outstanding work of staff at OUH. The evening event will be held at the Blenheim Palace Orangery.

71. The recognition categories are:

- Award for Compassion
- Award for Excellence

- Award for Improvement to Services
- Award for Leadership
- Award for Partnership
- Award for Volunteer
- Team of the Year
- Oxford Mail Hospital Hero – Individual Award and Team Award

72. Nominations will be invited from 9 September to 4 October 2013. A recognition panel will review nominations to determine winners in each category. Those not shortlisted will be acknowledged and thanked through Divisional events held in January 2014. All nominees will be presented with a framed certificate.

73. A new 'Good Thinking Scheme' launched in June 2013. The scheme is designed to encourage and formally recognise staff who suggest ideas for improving services and/or quality; or ways to deliver our services more efficiently. Ideas are being submitted through Divisional/departmental managers in the first instance. The deadline is Monday 30 September 2013. The winners will be announced in OUH News. The response has been relatively low to date and communication is ongoing to encourage staff to participate. A review of the scheme will take place in early October 2013.

Annual Staff Survey – 2013

74. The Annual Staff Survey will launch mid-September 2013 and, for the third consecutive year, all 11,000 OUH staff will be invited to participate rather than the prescribed national sample of 850 employees. It is believed that this approach provides more representative feedback and enables the Trust to respond more effectively to any areas of concern raised. In 2012, the Trust also extended the Staff Survey to honorary contract holders working for the University of Oxford. This will be repeated in 2013.

75. The questions largely remain the same as last year to afford proper year on year comparisons to be made. The Workforce Committee have agreed additional local modules which focus on Leadership, Patient Experience, Listening into Action and Health & Wellbeing.

76. The Staff Survey will be open until late November/early December with regular Trust-wide communications and Divisional updates. Awards for the best response rates will be available in completion of the survey. Results are anticipated in February 2014.

Equality & Diversity

77. The final meeting of the Workforce Panel for the Equality Delivery System (EDS) grading took place in May 2013. Improvements were seen in outcomes relating to Health & Wellbeing; Recruitment & Selection; Training/Development & Appraisal; and Bullying & Harassment. The grading reflected both improvements in available data and activities aimed at improving equality and diversity at the Trust.

78. Enhancements have been made in respect of training for Equality & Diversity and Addressing Bullying & Harassment. The availability of this training will be ongoing and the frequency of training events will be dependent on demand.

79. Recent engagement events included Oxford Pride (8 June) and Access to Work (May/June). The Trust was well represented at Oxford Pride with staff from GUM, Chlamydia Screening, Equality & Diversity and Human Resources attending both the parade and at a stall in the Oxford Pride Village. The 'Access to Work' team attended each of the four main hospital sites to talk to staff with disabilities regarding practical support they can receive at work through the government led initiative.

80. The Trust has also been successful in its application to be on the NHS Employers Equality & Diversity Partnership Programme.

HR Policies and Procedures

81. The integration of the Nuffield Orthopaedic Centre and the Oxford Radcliffe Hospitals in November 2011 necessitated an assimilation of Workforce Policies and Procedures. In addition expiry dates of many of the procedures necessitated a review by August 2013.

82. Seven policies and procedures have been harmonised and updated in line with the current OUH document templates. The work has also incorporated legislative changes and changes to regulatory bodies.

83. Major amendments have been made to:

    - Appeals Procedure
    - Grievance and Collective Disputes Procedure
    - Special Leave Procedure

84. Minor amendments have been made to:

    - Alcohol and Drug Misuse Guidelines
    - CRB Policy (DBS)
    - Work Experience Procedure
    - Working Time Regulations Procedure

85. Consultation and agreement has taken place at Joint Union Committee (JUC) Policy Group, the Joint Staff Consultation & Negotiating Committee (JSCNC), the Workforce Committee and TME.

86. A number of procedures will be subject to approval during the third quarter of the year, including Sickness Absence Management, Flexible Working and Managing Organisational Change, which will complete this cycle of work.

Employee Relations (ER) Cases

87. Much of this work is carried out informally. The activity reported below is formal interventions in accordance with capability and disciplinary procedures. The data is taken from a central system linked to the Electronic Staff Record into which the Divisions enter data.

88. During 2012-2013 there were 280 capability/disciplinary cases. The number of capability/disciplinary cases from 1 April to 30 June 2013 is 26 compared to 48 in the same quarter for 2012-2013. There has been an additional 20 cases recorded in July 2013.

89. Of the 46 cases recorded to date they are distributed by Division and staff group as follows:

Division	No of cases
Cardiac, Vascular & Thoracic	5
Children's & Women's	3
Corporate	2
Critical Care, Theatres, Diagnostics & Pharmacy	11
Emergency Medicine, Therapies & Ambulatory	7
Neurosciences, Trauma & Specialist Surgery	5
Operations & Service Improvement	2
Surgery & Oncology	11
Grand Total	**46**

Staff Group	No of cases
Additional Professional Scientific & Technical	1
Additional Clinical Services	10
Administrative & Clerical	5
Healthcare Scientists	3
Medical & Dental	11
Nursing & Midwifery	16
Grand Total	**46**

90. There are no KPIs attached to Employee Relations though the length of time taken to conclude a case is monitored. In 2012-2013 80% of the cases were closed within one to three months. A more detailed analysis will be provided in the half yearly report.

Relationship with Staff Representatives

91. The Trust has maintained positive relationships with elected local representatives and full time trade union officials.

92. The Trust continues to work with representatives using the social partnership model, providing full and timely information and engaging in open debate about all aspects of its business.

93. Recent meetings have been held to discuss CIPs for the current financial year. More significantly a workshop is being held between the Trust and staff representatives to

engage in early discussions about CIP requirements for 2014-2015 and beyond. The intention is to explore resources that will ensure the financial challenge is achieved.

Raising Concerns

94. There were three Raising Concerns (Whistleblowing) cases raised at stage two of the current policy during Quarter One and two cases raised in July. All five cases have been investigated; action plans put in place as appropriate; and are now closed.

95. An overview of the cases is as follows:

Case Ref	Details	Date	Status	Date Closed
20130409	Fraud, bullying, unprofessional conduct and inappropriate management	09/04/13	Closed	09/07/13
20130410	Wearing of scrubs going between work and home	10/04/13	Closed	10/05/13
20130606	Unprofessional conduct by a colleague during an investigation	06/06/13	Closed	01/08/13
20130710	Behaviour during a training session	10/07/13	Closed	01/08/13
20130725	On-call medical bleep carried by an F2	19/07/13	Closed	22/08/13

96. Two cases remain open from the end of 2012-2013. These involve ongoing issues about smoking at main reception and issues raised in Therapies which have been subject to an investigation that is being finalised.

97. Raising Concerns is now a standing item on the monthly Clinical Governance Committee agenda, with cases relating to clinical issues being discussed in more detail. Workforce Committee continues to be made aware of all cases and oversees the application of the policy and procedure.

98. The new Raising Concerns Policy, recently approved by TME and Trust Board, will be communicated to all employees in September/October. This includes a new stage three, which allows staff the opportunity to raise issues with the Chief Executive, Chief Nurse, Medical Director or Senior Independent Director if they remain concerned following feedback from the investigation at stage two.

Recommendation

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

Authors: Glyn Allington, Workforce Planning Manager
Sue Donaldson, Director of Workforce

August 2013

Annex A – Sickness Absence by Division and Staff Group (Financial Year to Date)

Table 1 - Sickness Absence by Division

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

Table 2 - Quarterly Sickness Absence 2012-2014

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4
2012-2013	2.9%	2.9%	3.3%	3.4%
2013-2014	3.2%			

Table 3 - Sickness Absence (ESR defined) by Staff Group

		Qtr 1			Qtr 2		
		YTD Sickness Absence %					
Staff Group	2012-2013	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Additional Clinical Services	**4.8%**	5.4%	5.3%	5.2%	5.3%		
Estates and Ancillary	**5.1%**	5.3%	4.1%	3.7%	3.8%		
Nursing and Midwifery Registered	**3.6%**	3.7%	3.6%	3.6%	3.5%		
of which Midwives	**4.7%**	4.7%	5.0%	5.1%	5.0%		
Administrative and Clerical	**3.5%**	3.5%	3.5%	3.5%	3.3%		
Additional Professional, Scientific and Technic	**3.1%**	2.9%	2.9%	2.9%	2.8%		
Allied Health Professionals	**2.3%**	3.0%	2.8%	2.4%	2.2%		
Healthcare Scientists	**2.7%**	3.0%	2.5%	2.4%	2.4%		
Medical and Dental	**0.7%**	0.8%	1.0%	0.8%	0.8%		

Table 4 - Top 10 highest Directorates with highest sickness levels

		Qtr 1			Qtr 2		
		YTD Sickness Absence %					
Directorate	2012-2013	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Gastroenterology, Endoscopy and Churchill Theatres	New Directorate	4.5%	4.6%	4.6%	4.5%		
Women's Services	**4.2%**	4.5%	4.7%	4.3%	4.2%		
Cardiac Medicine and Surgery Division Management	**3.4%**	6.1%	5.5%	4.9%	4.2%		
Operations and Service Improvement	**3.9%**	4.3%	4.3%	3.6%	3.9%		
Paediatric Medicine and Surgery	**3.3%**	3.9%	4.0%	4.0%	3.7%		
Planning and Communications	**2.2%**	4.4%	3.7%	3.8%	3.7%		
Cardiac, Thoracic and Vascular Surgery	**3.0%**	3.8%	3.4%	3.5%	3.6%		
Emergency Medicine and Therapies	**3.4%**	3.9%	4.0%	3.8%	3.6%		
Ambulatory Services	**2.8%**	3.3%	3.2%	3.3%	3.5%		
Anaesthetics Critical Care and Theatres	**3.5%**	3.5%	3.5%	3.6%	3.5%		

Annex B – Turnover by Division and Staff Group (Rolling Year)

Table 1 - Divisional Turnover

		Qtr 1			Qtr 2		
		LTR wte %					
Division	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Emergency Medicine Therapies and Ambulatory	**12.7%**	12.4%	12.4%	12.7%	12.2%		
Neurosciences Trauma Specialist Surgery	**13.6%**	12.6%	12.5%	12.6%	12.5%		
Cardiac, Vascular and Thoracic	**11.4%**	10.5%	12.3%	12.6%	13.0%		
Operations and Service Improvement	**12.3%**	12.1%	12.3%	12.4%	11.1%		
Surgery and Oncology	**11.4%**	11.8%	12.3%	12.2%	12.4%		
Critical Care Theatres Diagnostics and Pharmacy	**11.4%**	10.8%	11.4%	11.5%	11.8%		
Musculoskeletal and Rehabilitation	**11.0%**	10.9%	11.6%	11.2%	10.3%		
Children's and Women's	**9.1%**	9.2%	9.7%	10.3%	10.4%		
Corporate	**8.6%**	7.9%	7.9%	7.9%	8.2%		
Oxford University Hospitals	**11.3%**	**10.9%**	**11.3%**	**11.5%**	**11.4%**		

Table 2 - Rolling 12 month Turnover at end of Quarter 2013-2014

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4
2012-2013	10.7%	11.0%	11.0%	11.3%
2013-2014	11.5%			

Table 3 - Turnover by (ESR defined) staff group

		Qtr 1			Qtr 2		
		LTR wte %					
Staff Group	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**Jul-13**	**Aug-13**	**Sep-13**
Allied Health Professionals	**15.1%**	14.7%	14.2%	13.5%	13.5%		
Nursing and Midwifery Registered	**11.9%**	11.9%	12.3%	12.9%	12.8%		
Healthcare Scientists	**11.0%**	8.9%	10.6%	11.4%	10.3%		
Additional Clinical Services	**11.4%**	11.1%	12.0%	11.1%	10.6%		
Administrative and Clerical	**11.3%**	10.6%	10.9%	10.9%	11.4%		
Additional Professional Scientific and Technic	**13.0%**	11.5%	10.0%	10.8%	11.2%		
Estates and Ancillary	**11.8%**	10.8%	10.8%	10.5%	8.9%		
Medical and Dental	**4.6%**	5.0%	5.7%	6.1%	5.9%		

Table 4 - Top 10 Directorates with highest levels of Turnover

		LTR wte %			
Directorate	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**Jul-13**
Human Resources and Admin	**16.6%**	14.9%	18.1%	17.6%	23.0%
Gastroenterology Endoscopy and Churchill Theatres			16.1%	17.0%	17.9%
Trauma	**20.8%**	19.8%	18.9%	18.4%	15.9%
MARS Rheumatology Radiology Rehabilitation	**13.8%**	15.3%	16.0%	16.0%	14.8%
Ambulatory Services	**14.6%**	14.9%	15.7%	14.9%	14.6%
Cardiac Medicine (Cardiology)	**10.5%**	8.7%	12.3%	13.0%	14.6%
Surgery	**11.6%**	13.6%	13.3%	12.7%	13.8%
Anaesthetics Critical Care and Theatres	**13.2%**	13.1%	13.2%	13.0%	13.6%
Cardiac Medicine and Surgery Division Management	**13.3%**	12.7%	13.3%	12.3%	13.2%
Specialist Surgery	**12.5%**	11.1%	11.6%	11.6%	12.7%

Turnover is based on a rolling 12 month period.

Annex C – Vacancy Rates by Staff Group (Budget WTE – Contracted WTE)

Without R&D Division

	Apr-13				May-13			
Staff Group	**Contracted WTE**	**Budget WTE**	**Vacancy WTE**	**Vacancy %**	**Contracted WTE**	**Budget WTE**	**Vacancy WTE**	**Vacancy %**
Clinical support - Ambulance	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Nursing	906.0	1064.1	158.1	14.9%	906.0	1063.7	157.7	14.8%
Clinical Support - Other	1124.4	1297.2	172.8	13.3%	1135.6	1295.8	160.2	12.4%
Clinical Support - ST&T	398.3	419.9	21.6	5.1%	396.2	419.9	23.7	5.6%
Medical and Dental	1524.8	1529.9	5.0	0.3%	1510.1	1529.9	19.8	1.3%
NHS Infrastructure Support: Admin & Estates	670.4	696.9	26.5	3.8%	668.9	695.9	27.0	3.9%
NHS Infrastructure Support: Managers	137.2	152.3	15.1	9.9%	139.6	153.3	13.7	8.9%
Other	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%
Qualified ST&T - AHPs	511.4	558.2	46.8	8.4%	506.0	558.2	52.2	9.4%
Qualified ST&T - HCS	488.5	530.6	42.1	7.9%	484.9	530.6	45.7	8.6%
Qualified ST&T - Other ST&T	288.6	254.3	-34.3	-13.5%	288.0	254.3	-33.7	-13.3%
Registered Nurses - excluding Midwives	2696.4	3161.2	464.7	14.7%	2689.1	3138.9	449.7	14.3%
Registered Nurses - Midwives	273.9	303.3	29.4	9.7%	273.4	303.3	29.9	9.9%
Unallocated	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
Grand Total	**9024.4**	**9963.3**	**938.9**	**9.4%**	**9002.3**	**9939.2**	**936.9**	**9.4%**

Staff Group	**Jun-13**				**Jul-13**			
Clinical support - Ambulance	**Contracted WTE**	**Budget WTE**	**Vacancy WTE**	**Vacancy %**	**Contracted WTE**	**Budget WTE**	**Vacancy WTE**	**Vacancy %**
Clinical Support - Nursing	1.5	0.0	-1.5	0.0%	1.5	0.0	-1.5	0.0%
Clinical Support - Other	910.9	1039.9	129.0	12.4%	929.0	1055.2	126.2	12.0%
Clinical Support - ST&T	1147.9	1282.7	134.8	10.5%	1137.8	1264.0	126.2	10.0%
Medical and Dental	399.1	415.4	16.3	3.9%	395.7	416.8	21.1	5.1%
NHS Infrastructure Support: Admin & Estates	1503.1	1511.2	8.1	0.5%	1585.8	1514.5	-71.4	-4.7%
NHS Infrastructure Support: Managers	659.3	696.3	36.9	5.3%	670.8	702.2	31.4	4.5%
Other	141.0	152.6	11.6	7.6%	139.6	151.6	12.1	8.0%
Qualified ST&T - AHPs	3.0	1.6	-1.4	-87.5%	3.0	1.6	-1.4	-87.5%
Qualified ST&T - HCS	510.7	542.3	31.6	5.8%	509.3	547.3	38.0	6.9%
Qualified ST&T - Other ST&T	481.6	529.8	48.2	9.1%	487.4	536.6	49.2	9.2%
Registered Nurses - excluding Midwives	287.1	253.8	-33.3	-13.1%	293.3	251.3	-42.0	-16.7%
Registered Nurses - Midwives	2672.4	3055.6	383.2	12.5%	2662.1	3078.8	416.7	13.5%
Unallocated	273.0	278.4	5.3	1.9%	271.4	277.5	6.0	2.2%
Grand Total	0.0	0.0	0.0	0.0%	0.0	4.4	4.4	100.0%
	8990.7	**9759.5**	**768.8**	**7.9%**	**9086.9**	**9801.7**	**714.8**	**7.3%**

Annex D – Non-medical Appraisals by Division and Staff Group

Division	Apr-13	May-13	Jun-13	Jul-13
Corporate	73.6%	70.2%	75.8%	76.2%
Musculoskeletal & Rehabilitation	86.7%	79.8%	75.2%	74.6%
Critical Care, Theatres Diagnostics & Pharmacy	70.9%	67.8%	73.0%	74.3%
Cardiac, Vascular & Thoracic	71.1%	72.4%	70.1%	65.8%
Surgery & Oncology	69.0%	71.4%	66.9%	64.8%
Neurosciences, Trauma & Specialist Surgery	54.3%	59.8%	66.0%	64.3%
Children's & Women's	63.7%	68.6%	62.8%	62.3%
Operations & Service Improvement	20.4%	60.7%	62.3%	59.6%
Emergency Medicine, Therapies &Ambulatory	40.9%	43.3%	53.9%	55.5%
Research & Development	57.9%	55.5%	51.3%	52.5%
Grand Total	**66.0%**	**66.2%**	**66.8%**	**66.7%**

Staff Group	% at 30 June 2013
Additional Professional Scientific and Technical	69.3%
Additional Clinical Services	64.8%
Administrative and Clerical	67.4%
Allied Health Professionals	64.8%
Estates and Ancillary	95.4%
Healthcare Scientists	72.7%
Nursing and Midwifery Registered	64.7%
Grand Total	**66.8%**

Annex E – Workforce Key Performance Indicators (KPIs) – Performance at 30 June 2013

KPI	Agreed KPI	Annual KPI	Trust	C&W	EMTA	CVT	CCTDP	S&O	NTSS	MARS	Corporate
Pay Spend v Budget (June)	Budget	Budget	-£1,279,084	£346,145	-£772,899	-£42,721	-£491,993	-£636,130	-£404,048	£246,129	£414,708
(Worked) WTE v Budget (June)	Budget	Budget	511.8	67.0	23.7	97.1	110.2	126.7	37.6	10.3	39.4
Spend on Bank / Agency % (June)	5%	5%	5.5%	2.9%	7.3%	8.9%	5.6%	9.2%	7.4%	3.3%	3.5%
Sickness Absence (June)	2.9%	3.0%	3.2%	4.1%	3.7%	3.5%	3.1%	3.1%	2.6%	2.6%	2.5%
Turnover (June)	11.0%	10.0%	11.5%	10.3%	12.7%	12.6%	11.5%	12.2%	12.6%	11.2%	7.9%
Vacancies (June - Exc R&D)	5.0%	5.0%	7.9%	5.2%	5.1%	15.1%	5.6%	12.1%	10.5%	14.0%	3.6%
Non-medical Appraisal* (June)	65.5%	95.0%	66.8%	66.0%	51.3%	70.1%	73.0%	66.9%	62.8%	75.2%	75.8%
Statutory & Mandatory Training	80.0%	95.0%	74.0%	76.0%	75.0%	85.0%	88.0%	77.0%	82.0%	85.0%	84.0%

*Please note: Medical appraisals are assessed on an annual basis and for 2012-2013 the Trust achieved 93.2%

Annex F – Budgeted Workforce and Pay Expenditure by Staff Group 2013-2014

Trust Summary													
Budget WTE	**2012-13 Outturn Actual**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**	**Average**
Consultants	*557.11*	609.31	607.89	595.50	590.75	590.75	590.75	594.47	595.53	597.53	597.53	597.53	597.53	597.09
Medical and Dental	*949.10*	944.09	944.09	937.75	939.44	938.44	938.44	938.44	938.44	938.44	938.44	938.44	938.44	939.41
Registered Nurses - excluding Midwives	*3,087.36*	3,231.51	3,209.21	3,125.97	3,152.02	3,157.93	3,157.93	3,157.92	3,147.93	3,147.93	3,147.93	3,147.93	3,150.42	3,161.22
Registered Nurses - Midwives	*271.84*	306.52	306.52	281.55	289.73	289.73	289.73	302.15	302.15	302.15	302.15	302.15	302.15	298.06
Clinical Support - Nursing	*884.40*	1,064.09	1,063.69	1,039.91	1,047.45	1,049.42	1,049.42	1,046.10	1,050.10	1,057.81	1,057.81	1,057.81	1,056.81	1,053.37
Qualified ST&T - AHPs	*530.04*	561.25	561.25	545.28	546.20	555.34	555.34	552.89	553.05	559.26	559.26	559.26	559.26	555.64
Qualified ST&T - HCS	*502.90*	547.88	547.88	547.06	550.29	550.29	550.29	548.94	548.94	548.94	548.94	548.94	548.94	548.94
Qualified ST&T - Other ST&T	*288.40*	269.18	269.18	268.75	268.28	268.28	268.28	267.13	267.13	267.13	267.13	267.13	267.13	267.89
Clinical Support - ST&T	*389.88*	419.87	419.87	415.33	415.36	415.36	415.36	414.36	414.36	414.36	414.36	414.36	414.36	415.61
Clinical Support - Other	*1,030.62*	1,372.49	1,371.58	1,358.52	1,353.45	1,355.45	1,362.95	1,366.55	1,365.55	1,365.55	1,365.55	1,365.55	1,366.05	1,364.10
NHS Infrastructure Support: Managers	*158.23*	161.78	162.78	162.05	161.05	161.05	161.05	159.80	159.80	159.80	159.80	159.80	159.80	160.71
NHS Infrastructure Support: Admin & Estates	*819.20*	707.21	706.21	706.53	706.80	706.80	706.80	705.55	705.55	705.55	701.55	701.55	701.55	705.14
Other	*69.28*	39.90	40.90	40.90	40.90	40.90	40.90	40.90	40.90	40.90	40.90	40.90	40.90	40.82
Pay related	*1.75*	-6.18	-6.18	0.00	0.00	0.00	0.00	-0.50	-0.50	-0.50	-0.50	-0.50	1.50	-1.11
TOTAL	***9,540.11***	**10,228.90**	**10,204.87**	**10,025.10**	**10,061.72**	**10,079.74**	**10,087.24**	**10,094.70**	**10,088.93**	**10,104.85**	**10,100.85**	**10,100.85**	**10,104.84**	**10,106.88**
Budget Expenditure	**2012-13 Outturn Actual**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**	**Total**
Consultants	*88,675,084*	8,047,453	7,971,605	7,472,325	7,641,116	7,636,367	7,555,414	7,166,663	7,178,667	7,203,003	7,203,000	7,203,003	7,201,857	89,480,472
Medical and Dental	*65,943,668*	5,363,437	5,363,437	5,163,296	5,285,031	5,274,098	5,271,523	5,167,231	5,167,230	5,167,230	5,167,228	5,167,230	5,168,180	62,725,153
Registered Nurses - excluding Midwives	*122,395,419*	10,678,256	10,577,124	9,553,917	10,249,235	10,268,664	10,274,309	10,200,761	10,160,777	10,154,496	10,154,382	10,154,385	10,156,212	122,582,514
Registered Nurses - Midwives	*12,693,377*	1,138,218	1,144,051	948,448	1,084,939	1,084,814	1,084,385	1,131,521	1,131,521	1,131,521	1,131,521	1,131,521	1,131,698	13,274,158
Clinical Support - Nursing	*18,489,200*	1,958,103	1,956,975	1,804,498	1,909,429	1,913,929	1,915,946	1,901,445	1,911,045	1,925,717	1,925,716	1,925,717	1,926,838	22,975,363
Qualified ST&T - AHPs	*22,712,887*	1,932,975	1,932,975	1,766,528	1,863,832	1,880,676	1,883,223	1,865,222	1,865,569	1,879,222	1,879,222	1,879,222	1,879,561	22,508,227
Qualified ST&T - HCS	*23,058,245*	2,007,097	2,007,094	1,849,995	1,955,258	1,954,758	1,954,150	1,933,381	1,933,381	1,933,381	1,933,381	1,933,381	1,934,032	23,329,286
Qualified ST&T - Other ST&T	*15,461,618*	1,356,464	1,359,553	1,363,648	1,355,299	1,352,606	1,355,619	1,348,285	1,348,284	1,348,283	1,348,281	1,348,283	1,348,692	16,233,299
Clinical Support - ST&T	*8,427,572*	837,013	837,013	767,961	809,582	809,582	811,565	797,858	797,858	797,858	797,858	797,858	798,471	9,660,477
Clinical Support - Other	*24,259,050*	3,123,753	3,114,150	3,115,149	3,078,076	3,082,540	3,095,966	3,078,418	3,088,486	3,088,488	3,088,487	3,088,486	3,095,357	37,137,353
NHS Infrastructure Support: Managers	*14,012,568*	1,001,120	1,026,096	974,612	981,440	980,940	980,654	957,817	957,817	957,817	957,817	957,817	958,375	11,692,321
NHS Infrastructure Support: Admin & Estates	*25,612,181*	1,818,839	1,807,255	1,839,339	1,819,046	1,818,922	1,818,360	1,808,943	1,808,943	1,808,954	1,792,286	1,792,287	1,792,898	21,726,075
Other	*3,917,392*	195,186	199,645	187,281	194,037	194,037	194,037	194,037	194,037	194,037	194,037	194,037	194,017	2,328,425
Pay related	*4,753,142*	31,086	32,028	2,394,003	746,680	747,067	852,849	815,418	822,385	800,993	769,784	769,773	760,812	9,542,877
TOTAL	***450,411,403***	**39,489,000**	**39,329,000**	**39,201,000**	**38,973,000**	**38,999,000**	**39,048,000**	**38,367,000**	**38,366,000**	**38,391,000**	**38,343,000**	**38,343,000**	**38,347,000**	**465,196,000**