Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 14 May 2014

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Title	**Organisational Development and Workforce Performance Report - Quarter 4 2013/14**

Status	For information
History	Quarterly performance reports

Board Lead(s)	**Mr Mark Power, Director of Organisational Development & Workforce**			
Key purpose	**Strategy**	Assurance	Policy	**Performance**

Executive Summary

1.	**Purpose** • The purpose of this report is to provide Workforce and HR information associated with key performance indicators (KPIs). • The report introduces a new Workforce performance 'dashboard', which aims to provide 'at a glance' data relating to a range of KPIs and to facilitate trend and comparative analysis against the performance metrics.
2.	**KPI delivery** • Section A covers KPI delivery in quarter four (Q4) and also comments on in-year performance for 2013/14. • A summary of KPI delivery is as follows:
3.	**Workforce Capacity** • Substantive workforce capacity increased by 166 WTE in Q4 and by a total of 488 WTE in the full year. • Total workforce capacity (i.e. substantive workforce plus bank and agency) increased by 239 WTE in Q4 and by a total of 674 WTE in the full year.
4.	**Workforce Costs** • The total pay bill for temporary staff for 2013/14 was £32.2m. • Across the year, average expenditure on agency capacity accounted for 73% of the combined cost of bank and agency staff. • At the end of Q4, total expenditure on temporary workforce capacity accounted for 9% of the total pay bill, whilst the average for the full year was 6.7%. • The full year cumulative over spend against the total pay budget was £16.2m. • The overall sickness absence rate for Q4 was 3.4% and the average for the year was 3.2%, against a target of 3%.
5.	**Workforce Efficiency** • Staff turnover averaged 11.4% for the year, against a target of 10%. • The Medicine, Rehabilitation and Cardiac Division experienced the highest level of turnover (12.2%), whilst OD and Workforce recorded the highest level (19.9%) across the Directorates. • Within main staff groups, turnover was highest amongst Allied Health Professionals (15.1%) • Turnover amongst qualified nurses and midwives reduced during the course of the year and was 11.3% at the end of Q4. • Additional capacity and capability within the resourcing team has improved the recruitment process and reduced appointment timescales. • The implementation of the TRAC system has delivered further process efficiency and increased the visibility of the recruitment 'pipeline'. • A recent internal audit report on junior doctor rotas provided limited assurance and highlighted a number of areas where improvements are required.
6.	**Workforce Compliance** • The year-end statutory and mandatory training compliance rate was 77%, against a target of 95%. • Non-medical annual appraisal compliance was 66%, against a target of 95%. • Both of these areas of under-performance need to be addressed and recent developments and initiatives (including the implementation of E-Appraisal) are predicted to improve compliance in 2014/15.

7.	**Achievements in 2013/14 and Focus for 2014/15**
	• Section B summarises progress and main achievements relating to OD and Workforce key programmes and initiatives, and highlights the principal focus for 2014/15.
	• This Section comments on the following areas, with respect to progress and achievements to date and, importantly, initiatives and plans to deliver improvements over the next twelve months:
	  • Strategy review and directorate structure
	  • Staff engagement
	  • Staff health and Wellbeing
	  • Workforce planning
	  • Workforce redesign
	  • Leadership and talent development
	  • Staff recruitment and retention
	  • Absence management
	  • Statutory and mandatory training
	  • Non-medical annual appraisal
	  • Equality and diversity
	  • HR policies and procedures

8.	**Recommendation** There are no specific recommendations made within the report, other than for the Trust Board to note progress to date and current work programmes across the spectrum of OD and Workforce activity, which aim to achieve future improvements.

ORGANISATIONAL DEVELOPMENT AND WORKFORCE PERFORMANCE REPORT - QUARTER 4, 2013/14

1. INTRODUCTION

1.1 This report presents information relating to Organisational Development and Workforce performance in two main sections, namely:

- Section A - progress against Workforce key performance indicators (KPIs) for the period 1 January to 31 March 2014 (quarter four - Q4) and commentary relating to in-year performance;

- Section B - progress and key achievements for the year 2013/14, with respect to Organisational Development and Workforce key work programmes and initiatives, and highlighted focus for 2014/15.

1.2 The report also introduces a new Workforce performance 'dashboard', which provides both in-month and rolling twelve-month 'at a glance' data relating to a range of KPIs. This style of presentation is intended to facilitate trend and comparative analysis against the performance metrics. Although, for the purposes of this report, the dashboard data is presented at Trust level, similar reporting is being developed to augment the provision of business intelligence at divisional and specialty/department level. A first iteration of the Workforce dashboard is included at **Appendix 1**.

1.3 Reporting data associated with all Workforce KPIs, for the period April 2013 to March 2014 are provided at **Appendix 2**.

SECTION A:

PERFORMANCE AGAINST WORKFORCE KEY PERFORMANCE INDICATORS - QUARTER 4

Reference: Appendix 1 - Workforce Performance Dashboard

2. WORKFORCE CAPACITY

Substantive Staff Capacity

2.1 During Q4, substantive workforce capacity increased by 166 whole time equivalent (WTE). This was consistent with a planned increase across the twelve-month period April 2013 to March 2014 and a sustained upward trend from August 2013 onwards. The net total increase in substantive staff capacity for the year was 488 WTE (from 9,102 WTE to 9,590 WTE). Predominantly, increases were associated with 'front line' posts (including nursing, midwifery and health care assistant roles), or with staff groups directly supporting the delivery of patient care (e.g. healthcare scientists, and therapeutic and technical staff) which, combined, accounted for almost 80% of growth. Substantive increases across the main staff groups are shown in Table 1, overleaf.

Table 1: Increases in Substantive Workforce Capacity by Main Staff Group - 2013/14

Staff Group	Increases (WTE)
Registered Nurses	155
Registered Midwives	13
Allied Health Professionals	(-2)
Medical and Dental Consultants	44
Medical and Dental Other	5
Healthcare Scientists	5
Other Scientific Therapeutic and Technical	52
HCA Nursing	106
Administrative and Clerical, and Other Support	110
Total increase	**488**

Total Workforce Capacity

2.2 Despite an overall increase in substantive staff, capacity remained below the budgeted establishment level throughout the year and was augmented by the continued use of temporary (i.e. bank and agency) staff. In Q4, temporary workforce capacity increased by 73 WTE. Again, this was consistent with an overall upward trend for the year, which delivered a net total increase in temporary workforce of 186 WTE. The sustained reliance on the use of bank and agency staff reflected the need to cover gaps in substantive capacity (i.e. vacancies) and the requirement to meet increased activity demand.

2.3 Total workforce capacity (i.e. substantive workforce and temporary workforce combined) increased by 239 WTE in Q4. The net total increase for the year was 674 WTE (from 9,485 WTE to 10,159 WTE).

Vacancy Rate

2.4 As substantive workforce capacity increased, there was a corresponding decrease in the overall substantive vacancy rate (i.e. the gap between funded establishment capacity and actual capacity), from 11% in April 2013 to 5.5% in March 2014. The vacancy rate continues to be mitigated by the use of bank and agency staff. However, although the overall reduction of 5.5% is positive, high rates of turnover persist in a number of specialties and departments (see paragraph 4.1, below), combined with nationally recognised shortages in certain staff groups. Therefore, the difficulties associated with the recruitment of permanent staff across a range of substantive posts remains an area of concern.

3. WORKFORCE COSTS

Pay Bill

3.1 Whilst the trend across the twelve-month period April 2013 to March 2014 was for the substantive staff pay bill to track below the pay budget, the overall pay bill (i.e. the cost of substantive and temporary workforce, combined) remained consistently over spent. This highlights the impact of the high cost of agency staffing rates, associated with both clinical and non-clinical services, compared with standard NHS rates of pay. This is particularly true for medical locum staff, generally, and for other staff in areas such as neonatal intensive

care, theatres, radiography and pathology. In addition to providing backfill for vacant substantive posts, the use of temporary staff is required to cover maternity leave, some sickness absence and increases in activity demand.

3.2 The total pay bill for temporary staff for 2013/14 was £32.2m, compared with £24.6m in 2012/13, representing an increase of 31%. In Q4 temporary staffing equated to 9% of overall pay costs, whilst the average for the full year was 6.7%. On a monthly basis, the average expenditure on agency capacity accounted for 73% of the combined cost of bank and agency staff.

3.3 The full year cumulative over spend against the total pay budget was £16.2m. In the main, the most significant areas of over spend were associated with medical, nursing and midwifery staffing. The in-year increase in midwifery posts was in response to new national guidance (Birth Rate Plus), which determined that an additional 20 WTE posts were required in order to reach compliance with recommended skill mixes. Furthermore in a number of ward areas nurse staffing levels and skill mixes were augmented following a review of capacity undertaken using the Safer Nursing Care Tool advocated by the Shelford Group.

3.4 A further contributory factor impacting on the overall pay bill deficit was the under-performance of some of the Cost Improvement Programme (CIP) work streams which included a workforce component, including the reduction in agency expenditure.

Sickness Absence

3.5 The overall sickness absence rate for Q4 was 3.4%, against a target of 3%, whilst the average for the full year April 2013 to March 2014 was 3.2%. This compares with an average of 3.1% for 2012/13. Table 2, below, shows the quarterly comparative performance data for the two years. Short-term absences (i.e. those of seven days or less) accounted for 90% of the total number of episodes, whilst long-term absence accounted for 68% of the total WTE days lost.

Table 2: Sickness Absence Rate Comparison by Quarter - 2012/13, 2013/14

	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)
Quarterly Absence Rate 2012/13	2.9	2.9	3.3	3.4
Quarterly Absence Rate 2013/14	3.2	3.1	3.3	3.4

3.6 Despite exceeding the 3% target level by an average of 0.2%, OUH performance remains favourable when compared with benchmark data for other Shelford Group trusts and for the NHS, as a whole (currently averaging 3.7% and 4.2%, respectively). The top ten reasons for sickness absence within OUH are highlighted in Table 3, overleaf. Conditions relating to anxiety/stress accounted for the highest proportion of WTE days lost, but not the highest number of episodes, reflecting the longer term nature of the condition:

Table 3: Top Ten Reasons for Sickness Absence - 2013/14

Rank	Reason	Episodes Lost (%)	WTE Days Lost (%)
1	Cold, cough, influenza	25.9	12.4
2	Gastrointestinal problems	17.4	9.4
3	Musculoskeletal problems	9.2	14.9
4	Headache/migraine	7.8	3.1
5	Anxiety/stress/depression/other psychiatric illnesses	7.6	17.2
6	Back-related problems	5.2	6.2
7	Genitourinary and gynaecological disorders	4.6	6.0
8	Chest and respiratory problems	3.6	4.1
9	Ear, nose, throat	3.5	2.4
10	Injury, fracture	2.4	4.7

3.7 The highest levels of sickness absence were recorded in the Children's and Women's Division (3.8%) and the lowest in the Neurosciences Orthopaedics Trauma and Specialist Surgery Division (3%). Table 4, below, provides sickness absence by staff group at the end of Q4 2013/14.

Table 4: Sickness Absence by Staff Group (ESR Defined Staff Groups)

Staff Group	March 2014 (%)
Additional Clinical Services (Support Staff)	5.8
Estates and Ancillary	5.0
Nursing and Midwifery Registered	3.7
of which Registered Midwives	4.4
Administrative and Clerical	3.4
Other Scientific Therapeutic and Technical	2.8
Allied Health Professionals	2.4
Healthcare Scientists	2.1
Medical and Dental	0.8

4. WORKFORCE EFFICIENCY

Staff Turnover Rates

4.1 Staff turnover remained relatively stable throughout 2013/14 and averaged 11.4%, against a target of 10%. Within the Clinical Divisions, Medicine Rehabilitation and Cardiac experienced the highest levels of turnover (12.2%), followed by the Neurosciences, Orthopaedics Trauma and Specialist Surgery Division (11.7%). Within the support functions, the highest rate of turnover was recorded by the OD and Workforce Directorate (19.9%).

4.2 With respect to main staff groups, turnover was highest amongst Allied Health Professionals, where the average was 15.1%. For the specific Allied Health Professions, average staff turnover rates were as follows:

- Physiotherapists 17.1%

- Occupational Therapists 17.3%
- Diagnostic Radiographers 14.1%
- Therapeutic Radiographers 14.6%

Turnover amongst qualified nurses and midwives reduced during the course of the year and was 11.3% at the end of Q4 (compared with 12.5% at the end of Q2).

4.3 Further analysis of the Trust's turnover trends has highlighted an increase in the number of staff who leave the organisation within the first year of service (this measure is often referred to as 'stability'). In order to gain a more detailed understanding of the underlying reasons associated with individuals' decisions to leave, the Picker Institute has been engaged to assist in refreshing and strengthening the current exit questionnaire and exit interview process. Questionnaires will be sent electronically to all leavers, who will also be encouraged to request a face to face interview with their line manager, or other nominated manager.

4.4 Concurrently, a new 'Welcome Questionnaire' has been introduced, for completion by all new starters, which will assist in the assessment of the effectiveness of Value Based Interviewing, and both Trust and local induction. Combined, these new measures aim to improve data capture and robust analysis, which in turn will inform the Trust's future recruitment and retention interventions.

4.5 Following discussion and agreement by the Trust Management Executive, the 2014/15 target level for staff turnover was adjusted from 10% to a more realistic and achievable 10.5%. At current staffing levels, this equates to a difference of 68 WTE.

Recruitment

4.6 During 2013/14, in response to concerns and dissatisfaction raised by divisional management teams and line managers, a comprehensive review was undertaken of recruitment processes and procedures. The aim of this review was to identify ways in which recruitment timescales could be reduced, efficiencies to the overall process achieved and responsiveness by the recruitment function improved. A key outcome of the review was the purchase and implementation of a new automated recruitment application management system, called TRAC.

4.7 The introduction of the TRAC system, from January 2014, has achieved recognised improvements in the management and tracking of applicants and the provision of better quality, real time data relating to each stage of the recruitment 'pipeline'. This is assisting line managers in recruiting more quickly and is improving the experience of candidates. During Q4 the number of applications managed through the TRAC system increased, in accordance with planned recruitment activity. Table 5, overleaf, shows the number of vacancies and applicants managed in Q4. On average, there are 20 applicants for each Administrative and Clerical vacancy, and seven for each Nursing and Midwifery vacancy advertised.

Table 5: Number of Vacancies and Applicants by Staff Group - Q4 2013/14

Staff Group	Q4 2013/14	
	Vacancies	Applicants
Additional Clinical Services	87	2,215
Additional Professional and Technical	19	257
Administrative and Clerical	190	3,871
Allied Health Professionals	56	382
Estates and Ancillary	10	144
Healthcare Scientists	49	429
Medical and Dental	76	755

4.8 Further actions and interventions aimed at delivering additional improvements to the time to recruit include establishing better communication with and support for recruiting managers, and the assignment of dedicated recruitment assistants for named Divisions. The resourcing team is continuing to work closely with the Chief Nurse's office and Divisional Nurses in the recruitment of nursing staff from oversees. A successful recruitment programme in 2013/14 saw the appointment of 92 qualified nurses from Spain and Portugal, and another similar programme is planned for 2014/15.

4.9 In Q4 the resourcing team coordinated a total of 16 Advisory Appointment Committee (AAC) panels, from which 21 consultants were successfully recruited. Capacity within the resourcing team has been increased and the Q4 consultant recruitment performance represents a marked improvement against Q3 outcomes, where ten AAC panels recommended appointments to 11 consultant posts.

Monitoring Junior Doctor Rotas for European Working Time Directive (EWTD) and New Deal (ND) Compliance

4.10 A comprehensive audit of junior doctor rotas was completed by KPMG in Q4. The objectives of the audit were to assess the process by which junior doctor rotas are designed and implemented, and the Trust's ability to match rotas to service requirements, and to review the monitoring of rotas across the Trust. The audit report, received at the end of March, gave a rating of 'limited assurance', but recognised that the Trust is in the process of implementing a more structured approach to the overall management of junior doctors rotas.

4.11 Following the appointment of the Medical Staffing Manager in May 2013, work commenced to implement a revised formal process for rota identification, tracking and compliance monitoring. This process is being supported through the increased use of the Doctors Rostering System (DRS) to identify non-compliant rotas and the DRS 'Realtime' e-rostering software to create and maintain more robust, stable and compliant rotas. The internal audit findings confirmed the combination of increased monitoring and detailed testing provides the appropriate level of information to meet the compliance data requirements of the Deanery.

4.12 The BMA advocates that all junior doctors' working hours should be monitored, and that participating in monitoring is a contractual requirement. Whilst areas of good practice were highlighted in the audit of rotas within the Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division, it was recognised that, overall, there were no designated responsible and accountable individuals for rota management within services. In response,

the medical staffing team will be taking a more centralised approach to management supported by the DRS and e-rostering system. Controls surrounding junior doctor rotas will be tightened to help ensure any changes in shifts are compliant, doctors working over their allocated hours report the excess hours worked, and diary card submissions are greater than the 75% validity level. The medical staffing team will continue to work closely with Divisional management teams, and specialty and department leads to ensure compliant rotas are achieved and effective monitoring is maintained, across all areas.

5. WORKFORCE COMPLIANCE

Statutory and Mandatory Training

5.1 At the end of Q4, overall statutory and mandatory training compliance was 77%, against a target of 95%. This represents an increase of just 3%, compared with the April 2013 position. Compliance by Division and Function is detailed in Table 6, below:

Table 6: Clinical Division and Function Statutory and Mandatory Training Compliance

Division/Function	Compliance March 2014 (%)
Clinical Support Services	90
Operations and Service Improvement	88
Neurosciences Orthopaedics Trauma and Specialist Surgery	87
Corporate	86
Medicine Rehabilitation and Cardiac	83
Surgery and Oncology	83
Research and Development	82
Children's and Women's	81
Overall Trust Compliance	**77**

5.2 Throughout the course of the year the Learning and Development Department continued to work with Divisions to support further improvements to the way in which statutory and mandatory training is provided and recorded. Key actions included the following:

- Informed by feedback from Divisions, the Statutory and Mandatory Training Policy was updated to provide increased flexibility to vary the Training Needs Analysis (TNA), based on risk assessment. Whilst aimed at potentially reducing the requirement for certain staff groups to undertake particular training elements, the inclusion in Q4 of an additional competence, for medical staff who are users of EPR, resulted in a reduction in overall compliance by circa 2%.

- The Study Leave Policy was updated. As a consequence, in order to access study leave and be eligible to apply for personal and professional development opportunities, staff must first be able to demonstrate they are up to date with their statutory and mandatory training.

- Statutory and mandatory competencies gained in other organisations can now be accepted, providing there is an 80% match to the OUH training framework.

- Improved reporting of training has been made available to management teams.

- A mailed notification was issued to all staff with low compliance and to those who had failed to register on the learning management system.

- Further enhancements to the electronic learning and management system (ELMS) have been commissioned, to include an 'MOT' approach to refresher training and to enhance the provision of online assessments.

- A review of Honorary Contract holders' compliance has been undertaken.

5.3 The OD and Workforce Directorate recognises the need to improve upon current statutory and mandatory training compliance and to make more significant progress towards achieving the revised 90% compliance rate in 2014/15. To this end, further work is to be undertaken with divisional teams relating to the rationalisation of training requirements (including periodicity) and to the promotion, access and recording of training elements (see Section 15, below).

Non-Medical Annual Appraisal Rates

5.4 The current overall compliance rate for the completion of non-medical annual appraisals is 66% against a target of 95%. Table 7, below, provides the Q4 compliance rates by Division and Function.

Table 7: Non-Medical Appraisal Compliance at the end of Q4 2013/14

Division /Function	Compliance (%)
Corporate	79
Children's and Women's	68
Neuroscience, Orthopaedics Trauma and Specialist Surgery	68
Medicine, Rehabilitation and Cardiac	53
Surgery and Oncology	57
Clinical Support Services	78
Operations, Service and Improvement	90
Research and Development	28

5.5 The recent implementation of a new E-Appraisal system is intended to support an increase in overall compliance by providing an online platform through which simplified staff appraisal documentation is accessed and completed (and therefore recorded). In addition to increasing compliance rates, the E-Appraisal system also aims to deliver qualitative improvements in the appraisal process through, for example, providing:

- an explicit link between personal and organisational objectives;

- objective setting and evaluation guidance;

- a personal development review (PDR) framework;

- enhanced management Information.

In essence, E-Appraisal will assist line managers and staff in establishing clear objectives linked to organisational goals and values, providing feedback on performance, and agreeing appropriate personal development plans.

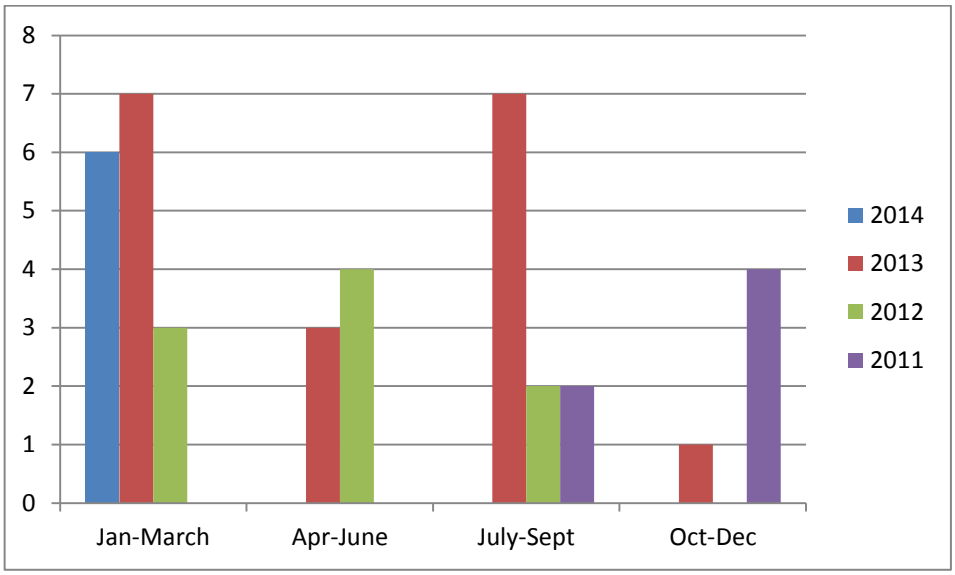
5.6 Whilst further embedding E-Appraisal within the organisation, the OD and Workforce Directorate will provide additional focus on supporting the organisation in achieving the revised 90% compliance rate in 2014/15.

6. RAISING CONCERNS

6.1 The number of concerns raised by staff using the Raising Concerns Policy increased in Q4, compared with Q3. The increase may correlate with the awareness-raising activity relating to the Trust policy and mechanism for raising concerns at work, which was conducted in the same period. This activity included the distribution of a 'business card' ("if you see something, say something") with all payslips in January 2014.

6.2 During the course of 2013/14 a total of 17 issues of concern were raised via the Trust's process for raising matters of concern. The number of issues raised each quarter, compared with previous years, is shown in Table 8, below.

Table 8: Comparison of Number of Issues of Concern Raised, by Quarter



The current status (to date March 2014) regarding those issues which were either closed, or which remained open during Q4, is provided in Table 9, overleaf.

6.3 In March, the Raising Concerns Administrator presented at the training day for student nurses on placement and will be speaking at the Learning to Lead programme for Band 6 nursing staff later this year. Further awareness training for specific staff groups is being considered for 2014/15. A forthcoming Listening into Action (LiA) event is scheduled, in order to review the effectiveness of the Raising Concerns Policy and procedure. Invited participants will include individuals who have raised a concern during the preceding 12 months (i.e. since the new Policy was implemented), line managers and other selected members of staff. External representation will be sought from third party organisations that

have been involved in raising concerns relating to the Trust, or which have a particular interest in the subject, including Oxfordshire Healthwatch.

Table 9: Raising Concerns Issues - Current Status

Case Ref	Details	Date	Open / Closed
20130309	Smoking at main entrances and cleanliness of area as a consequence.	09.03.13	Open
Current status: This is recognised as being a persistent problem. The individual raising the concern has received written acknowledgement that the Trust is fully aware of the issues and is reviewing its policy provisions relating to smoking within its premises. The relevant policy document is being reviewed by the Director of OD and Workforce, who will be making recommendations for changes, including the potential to establish designated (but limited) smoking areas for the public, away from main access areas.			
20130816	Alleged lack of disclosure of personal interest in procurement of services.	16.08.13	Closed
Current status: An internal investigation was undertaken by the Safeguarding and Patient Safety Manager, advised by the Head of Procurement. The investigation concluded there was no evidence of wrong-doing. However, the process for disclosure of personal interests has been reviewed and strengthened.			
20140128	Alleged poor patient care on three wards at JR.	28.01.14	Open
Current status: These concerns were raised by a medical locum and were immediately followed up to provide assurance that standards of care were not being compromised in the highlighted ward areas. A more detailed investigation was commissioned by the Acting Chief Nurse and its findings are being considered.			
20140204	Alleged behaviour of senior member of staff towards other staff.	05.02.14	Open
Current status: The Head of Midwifery has taken appropriate HR advice and is managing the issue. Staff within the Midwifery Unit are aware their concerns are being addressed. The matter will remain open until final resolution is confirmed.			
20140205	Apparent multiple generation of temporary patient records.	04.02.14	Closed
Current status: An internal investigation confirmed there was no breach of patient confidentiality. However, the investigation report made a number of recommendations, which are being followed up. The person raising the concern has received direct feedback.			
20140225	Alleged poor patient care on one JR ward.	25.02.14	Open
Current status: This concern related to the alleged poor care of one patient who was treated in one of the ward areas cited in Case 20140128, above. The matter was included within the remit of the same investigation.			

SECTION B:

PROGRESS AND ACHIEVEMENTS IN 2013/14, AND HIGHLIGHTED FOCUS FOR 2014/15

7. STRATEGY REVIEW AND DIRECTORATE STRUCTURE

OD and Workforce Strategy

7.1 The Trust Board has agreed a refreshed Organisational Development and Workforce Strategy for 2014 - 2019. Supporting the realisation of the Trust's vision and strategic objectives, the Strategy sets out the strategic workforce priorities for the next five years and develops key themes drawn from consultation with stakeholders. The Trust's vision for its workforce 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."*

7.2 The provisions of the Strategy recognise that the delivery of compassionate excellence in care, by engaged, well-led and motivated members of staff, who believe in and demonstrate the OUH core values, underpins the future of the Trust and its services. The key themes associated with the Strategy are also reflected in the Trust's two-year Business Plan 2014/15 to 2015/16.

7.3 A comprehensive OD and Workforce Directorate two-year work programme is in draft and will be shared with Divisions. The work programme will ensure the Directorate maintains focus in the delivery of its strategic initiatives, whilst also remaining aligned with the need to provide excellent operational HR and transactional services for the organisation. Progress will be monitored via the established Workforce Committee, which will continue to meet bi-monthly and report to the Trust Management Executive.

OD and Workforce Directorate - Structure and Service Delivery Model

7.4 The OD and Workforce Directorate has implemented organisational changes to facilitate the post-merger assimilation of the Nuffield Orthopaedic Centre (NOC) workforce. The completion of a performance review process highlighted that the existing Directorate capacity was insufficient to keep pace with the increased workforce demands and expectations of the Trust. As a consequence, in 2013 additional investment was secured to support the implementation of a new service delivery model.

7.5 The first phase implementation was completed in Q3. This included the establishment of augmented OD and Workforce Transformation capability, strengthening of the corporate resourcing team, through additional staffing, and the provision of three senior HR Business Partners to provide strategic support to the main Divisions. Whilst subsequent improvements in the OD and Workforce provision are evident (most noticeably within the resourcing and transactional teams), further changes to the Directorate structure are likely to be required to ensure the needs of the organisation are fully met and key Trust objectives are achieved.

8. STAFF ENGAGEMENT

Listening into Action (LiA)

8.1 Following the successful pilot of the first wave LiA pioneering projects, a second wave was initiated in July 2013. These have made good progress during the year. Examples of second wave projects are as follows:

- improving the discharge plans of patients within neurosciences;
- implementing a self-care haemodialysis patient programme;
- improving tertiary referral record sharing;
- piloting and implementing a new appraisal tool (E-Appraisal);
- sharing work on compassionate care with the wider Oncology multi-disciplinary team;
- improving the management of policies.

Key outcomes from LiA events conducted, to date, include the following:

- implementation of an improved neurosciences discharge process;
- development of self-care on Haemodialysis Patient Competency Packs;
- accessibility and information about pastoral care through the 'chaplains' chariot';
- implementation of an improved and enhanced Trust induction programme;
- implementation of an electronic recruitment tracking system;
- inclusion of an 'A-Z' of Trust policies on the OUH intranet and an improved mechanism for consultation relating to policy review.

8.2 The LiA methodology is being used more widely to shape and inform action plans in response to feedback from the annual staff and in-patient surveys. In addition, in the latter part of 2013/14, the OD team received an increasing number of requests to assist in the planning and facilitation of LiA events, to support teams across the Trust in shaping and informing their service improvement work, in order to support the delivery of enhanced patient experience and achieve greater efficiency.

8.3 LiA second wave project teams have been invited to develop case studies, which will be published to highlight their work and inform the evaluation and learning process. A showcase learning event, scheduled for Q2, will provide the opportunity for project teams to share their learning with Trust colleagues, specifically those involved with improvement and transformation work. The intention is to further embed LiA within the Trust through its incorporation into a broader toolkit to support the wider Service Transformation Programme and the delivery of cost improvement schemes.

Values into Action (ViA)

Value Based Interviewing Project

8.4 During Q4, Values Based Interviewing (VBI) continued to be implemented within the Divisions. In particular, a significant increase in VBI activity was achieved in the Divisions of Surgery and Oncology, and Neurosciences, Orthopaedics, Trauma and Specialist Surgery. VBI is now being widely employed across a range of staff groups, including nursing, healthcare assistants, administrative and clerical, medical, and executive directors. A total of 350 VBI interventions have been completed and 120 new employees were recruited in 2013/14, having participated in the process.

8.5 Following an increase in the number of planned training interventions in order to meet demand, a total of 124 recruiting managers are now fully trained in the application of VBI. A similar number will be trained during 2014/15 and, as part of the 'spread and embed' plans, a VBI 'train the trainer' programme will be provided in October for ten delegates. Through the train the trainer initiative, the Trust will establish a resident training capability that will reduce the reliance on external facilitators and ensure VBI is sustainable in the longer term.

Values, Behaviours and Attitudes Conversation Project

8.6 The Values, Behaviours and Attitudes (VBA) Conversation project was initiated in Q4. The Project takes the VBI principles, skills and techniques and applies them in the broader context of managers having quality 'values based conversations' at work with their staff. The VBA skills development one-day workshop builds on existing basic management skills training (e.g. appraisal training), to improve the quality and value of 'management conversations' with staff and to enhance colleague to colleague conversations. VBA techniques can also be applied to workplace discussions concerning career development, performance management, annual appraisal, and disciplinary matters. This directly responds to feedback in the 2013 Staff Survey, which suggested the quality and value of appraisal discussions needs to be improved.

8.7 A total of 49 line managers participated in the VBA first wave pilot. Initial feedback has been extremely positive, with managers endorsing the initiative and overwhelmingly reporting that they now feel confident to immediately implement their new skills, in order to both enrich their performance discussions with staff and to address non-alignment with the Trust's Values. Following the success of the initial pilot, further training is to be provided, such that by April 2015 approximately 200 managers will have benefited from this important initiative.

Guides to Values and Behaviours

8.8 In June 2014, a 'Personal Guide to the Trust Values and Behaviours' is to be provided to every member of staff. The Guide describes the Trust's Values in in the context of those behaviours we "love" to see, those we expect to see, and those we never want to see. This initiative represents an extension to the VBI work and has reframed the assessment criteria used to interview new employees against core values, by translating them into meaningful behaviours for individuals to either celebrate and encourage, or where necessary, challenge. Following the issue of the Personal Guide, a Managers' Guide is to be developed, which will complement the established VBA skills development workshops.

Staff Recognition

8.9 The second Annual Staff Recognition Awards event took place at Blenheim Palace in November 2013. The introduction of the new electronic nomination process for the 2013 Awards, combined with targeted communication to further raise awareness, resulted in 500 nominations being received, compared with 230 in the previous year. In addition, over 80 nominations were received from Oxford Mail readers, for the Oxford Mail Hospital Heroes Award. All category winners were presented with their certificate and Award during the course of the evening at Blenheim, to which all finalists were invited.

8.10 Divisional staff recognition events were held between January and April 2014 to recognise and thank all those nominated for Trust Recognition Awards, Oxford Mail NHS Heroes Awards and the 70 staff who were recognised in the 2013 National NHS Hero Awards. The Trust will build upon the success of the current staff recognition initiatives, for example by more publicly acknowledging long service, and introducing a scheme which will recognise outstanding contribution and special achievements on a more frequent basis.

8.11 In 2014/15 a new electronic Trust-wide recognition platform will be implemented to further enhance the nomination process for the Trust Annual Staff Recognition Awards and streamline the administration and management of the process. This will include the introduction of Divisional Recognition Panels. Other benefits of the new system will be the facility to introduce local recognition options, for example E-thank you cards. A review of the existing staff long service and retirement awards will be conducted in the first half of 2014/15. Options being considered are the introduction of long service pin badges and local and Trust-wide events to recognise and thank those employees who have both an exemplary service record and are role models for the Trust Values, at key milestones (i.e. 20, 25 and 30+ years).

Annual Staff Survey

8.12 The 2013 NHS Staff Survey was undertaken between September and December. Via the Trust's Survey provider, all substantively employed staff received a Survey questionnaire, which they were encouraged to complete and submit. The overall response rate of 39% was 5% lower than in 2012 and below the national average for all acute trusts. Consistent with previous years, the Survey covered five key themes relating to the working environment and individuals' experience within the workplace, namely: Your Personal Development; Your Job; Your Managers; Your Organisation; Your Health, and Wellbeing and Safety at Work

8.13 Overall, when compared with the 2012 outcomes for all 28 Key Findings, there was no statistically significant change (either positive or negative) in 2013. The one exception related to staff advocacy (i.e. staff recommendation of the Trust as a place to work or receive treatment), where there was a significant improvement. When compared with all acute trusts in 2013, OUH performed well. For 20 of the 28 Key Findings, OUH scored better than average, and was is in the best 20% of acute trusts in eight. Against four of the Key Findings, OUH was worse than average, most noticeably for staff working extra hours.

8.14 The Survey report also showed how OUH compared with other acute trusts on an overall indicator of staff engagement. Possible scores ranged from 1 to 5, with 1 indicating that staff are poorly engaged with their work, their team and their organisation, and 5 indicating a highly engaged workforce. The Trust's score of 3.83 was in the highest (best) 20% when compared with acute trusts of a similar size (the average score for all acute trusts was 3.74). This score represented the fourth successive increase since 2010.

8.15 In response to the Survey feedback, work is progressing with Divisions and Directorates to engage staff through a series of focus groups and 'Listening' events. These interventions aim to provide more context to the Survey results, in order to better inform and shape local responses. Similarly, Divisions are conducting Listening events for staff and patient representative to consider the 2013 Patient Experience Survey results. Information gained from these complementary initiatives will be considered together, in order to develop and implement a longer-term integrated staff and patient experience response plan, which

will be further informed by feedback from the Peer Review and CQC Quality summits. Divisional and Directorate response plans will be published in Q2, such that progress in addressing key issues can be demonstrated and communicated to staff prior to the implementation of the 2014 national Surveys for staff and patients.

8.16 From June 2014, the Trust will implement a quarterly cultural 'pulse survey' administered by the Picker Institute. The electronic survey will incorporate the Staff Friends and Family Test and will be open to all employees to complete. Results will be widely published at Trust and divisional level.

Staff Benefits

8.17 The Salary Sacrifice Scheme, which is open to all qualifying Trust employees, provides a tax efficient means for staff to purchase childcare vouchers, cars, cycles and home electronic items including computers. During 2013/14 the number of buying windows was extended to enable a greater number of employees to participate in the Scheme. A total of 700 employees participated in the first buying window of the new home electronics scheme introduced in Q4. Informed by the views of staff, it is anticipated that other tax efficient opportunities will be introduced in 2014/15.

9. STAFF HEALTH AND WELLBEING

9.1 The health and wellbeing of staff continues to be an important theme within the OD and Workforce Strategy. The progress made in the promotion of the healthy workplace and in the increased provision of health and wellbeing support and advice to staff was highlighted by the high scores achieved by the Trust in the second national organisational audit of NHS Trusts in England - Implementing NICE Public Health Guidance for the Workplace. The audit was conducted in the latter part of 2013/14 and the Trust's outcomes represented a marked improvement in performance compared with the first audit conducted in 2010.

9.2 The Health and Wellbeing Centre is making good progress towards gaining national accreditation for the provision of Safe Effective Quality Occupational Health Services (SEQOHS). This will be achieved in 2014. Accreditation is designed to provide assurance that services provided meet nationally agreed quality standards.

9.3 In 2014/15, the Trust will build on the progress and achievements, to date, by further developing and implementing a range of initiatives. These are highlighted below:

- The proposal to introduce a Trust-wide Employee Assistance Programme (EAP) was recently supported by the Workforce Committee (a sub-committee of the Trust Management Executive). Funding is now being sought to take this work forward and implement the scheme in 2014/15.

- The first of the 'Stress Buster' courses to support staff and managers was delivered in March 2014. Further courses are scheduled throughout the year.

- Smoking cessation support will continue to be available to all staff.

- Training of the first cohort of 'Go Active' Health Champions was delivered to five staff from two Divisions. Further training is planned for 2014/15 and more Go Active initiatives

(including weekly 'health walks') are being piloted to promote the benefits of participating in sport and physical activities.

- Following approval from the Education and Training Committee, the Trust is applying to become a Royal Society of Public Health Accredited Health Champion Training Centre.

- The results of a recent Healthier Eating online survey (to which 2,335 staff responded) will be used by the Healthy Eating Group to inform discussion with on-site caterers, with the aim of improving the food options available to staff throughout the organisation.

9.4 A total of 7,700 employees (approximately 66% of front line staff) were vaccinated in the 2013 flu vaccination campaign. This represented an increase of 8% on the uptake actioned in the previous year and compared favourably against a national average of 48.6% (and 53.3% in the Thames Valley region). Following the success of the 2013 Flu Campaign, OUH was nominated for an NHS Flu Fighter award in the Media and Digital category.

10. WORKFORCE PLANNING

10.1 Using the March 2013 out turn workforce capacity data as a baseline, the 2014/15 workforce profile reflected the planned activity levels for the year, any known developments and disinvestments, and other provisions associated with the long term financial Model (LTFM). In-year variations to plan, in particular the requirement to meet activity demand that was higher than anticipated, necessitated a sustained reliance on contingent workforce (i.e. bank and agency staff) to achieve and maintain appropriate capacity. Further variation occurred as a consequence of the decision to increase staffing levels in a number of ward areas and outpatient and emergency care services.

10.2 The need to develop a more sophisticated and robust approach to workforce planning, in order to support the maintenance of appropriate staffing levels and skill mixes across all Divisions and services, is well-recognised. In response, the workforce informatics team is working more closely with Business Planning and Finance colleagues to ensure that, through strengthened collaboration, Divisions and corporate functions are supported by the provision of high quality workforce intelligence, which is consistent with financial plans and assumptions. The workforce informatics team will also strengthen its involvement with Divisional management teams and heads of corporate functions in the support of service improvement, CIP delivery, and the Transformation Programme.

11. WORKFORCE REDESIGN

11.1 Workforce redesign and the development of new roles, will increasingly underpin the achievement of planned service improvement and transformation programmes, including those associated with integrated care delivery. An example of successful workforce redesign achieved during 2013/14 is the development and implementation of the Supported Hospital Enhanced Discharge Service (SHEDS), as part of the Trust's response to addressing high levels of delayed transfers of care. Complementing this initiative was the development of the Community Support Worker role. Examples of other planned redesign interventions are summarised below, whilst further requirements and opportunities will be identified:

- development of new skills and new roles in the Emergency Department to enable more effective distribution of tasks between nursing and medical staff;

- development of service-specific clinical nurse specialists, including Emergency Nurse Practitioners;

- introduction of job rotation in specific clinical areas, with a particular aim to develop band 5 nurses to gain skills and experience in areas that are difficult to recruit into (e.g. theatres), and also to aid retention;

- further development of the Care Support Worker (CSW) Academy, which brings together the recruitment, selection, induction and development of CSWs to attain 'Certificate in Fundamental Care' accreditation (consistent with the with the recommendations of the Cavendish Review).

11.2 A key theme associated with this work will be the support of whole systems improvement across care pathways, through review and variation in workforce capacity and skill mix to deliver a more efficient and cost effective workforce model. The principal concerns of all future change processes will be the absolute need to maintain safe staffing levels and the desire to improve the patient experience, through the continued delivery of compassionate excellence.

12. LEADERSHIP AND TALENT DEVELOPMENT

12.1 Recent leadership development activity has assisted in identifying the Trust's leadership profile, from 'board to ward'. In total, some 860 individuals, across all professional groups, are recognised as occupying roles which have a significant leadership component. Both the competence and confidence of these individuals in providing effective leadership in an increasingly demanding and changing workplace environment varies considerably and it is essential that appropriate investment is made in improving overall leadership capacity and capability within the Trust. To date, the approach taken towards leadership development has been largely opportunistic, rather than strategic in nature. Over the past twelve months, and in response to the perceived needs of the organisation, a number of initiatives have been undertaken, which have aimed to raise the profile and importance of leadership development and capitalise on the opportunities provided by the emergence of a range of nationally and locally sponsored leadership development programmes. Key initiatives have included the following:

- OUH Leaders Conferences: Over 400 leaders, at all levels of the organisation, have attended these internal conferences to learn more about other sectors and the longer term challenges of the NHS. This initiative is making good progress in identifying and supporting a core cohort of leaders, whose members now have access to a developing internal network. Building on the success of the 2013/14 conferences, further events are planned for 2014/15.

- Sisters' Leadership Programme: A Trust-wide 'front line' Nursing Leadership programme '*Safe in Our hands'* has been designed and implemented for Band 7 nurses working in Wards, Critical Care and Theatres.

- Access to nationally and locally sponsored leadership development programmes. The Trust has been successful in gaining places for staff on the core professional programmes sponsored by the NHS Leadership Academy and other short programmes provided by Health Education Thames Valley. Designed to develop outstanding leaders for every tier across the healthcare system, the five programmes provide targeted development for

people from all backgrounds and experience levels. Whilst the Trust has been able to secure places on all the programmes, allocations across organisations are not unlimited and the overall uptake has been relatively low.

12.2 Acknowledging the link between leadership development and talent management (including succession planning), work is being undertaken to implement a Leadership and Talent Development Framework. The guiding principle underpinning this Framework 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 imperative to invest in the Trust's current and future leaders, wherever they are in the organisation. Our leaders must be appropriately equipped and supported to successfully deliver the organisation's vision and strategic objectives, whilst also promoting and acting as role models for the OUH core values

12.3 The aim of the Leadership and Talent Development Framework is quite simply to set the direction and establish a means by which OUH will attract, identify, develop and retain leadership capability of the highest quality. Principal objectives are to:

- define the leadership skills and behaviours needed to deliver organisational success and embed 'compassionate excellence' in the provision of the highest standards of patient care;

- ensure there is a diverse, capable and expanding leadership population across all levels and professions within the organisation;

- develop the collective leadership capabilities across healthcare boundaries, which are underpinned by key leadership qualities, namely: service leadership; people/personal leadership; quality leadership; collaborative leadership;
- maximise and lever external resources available in the wider NHS at both local and national levels;

- implement a talent development framework that will identify existing and rising leadership capability;

- identify appropriate resources required for effective leadership and talent development.

The achievement of these objectives will support a system-wide shift in leadership provision. Leadership which is shared, distributive and adaptive will underpin the Trust's ambition to deliver the best possible patient experience, delivered within a culture of compassion and integrity.

13. STAFF RECRUITMENT AND RETENTION

13.1 Staff recruitment and retention is a key concern for the Trust and will remain a major area of focus for 2014/15. OUH faces the same challenges as most other NHS trusts in attracting, recruiting and retaining high quality multi-professional staff in a difficult national market. However, the geographical location of the Trust presents additional problems, particularly in the retention of qualified and experienced, specialist staff, where there is significant competition with London and Midlands-based healthcare providers. The cost of living in the Oxford area is often a deterrent for applicants and a reason cited by individuals who choose to further their careers elsewhere.

13.2 A number of recent targeted recruitment initiatives have met with success (including the recruitment of trained nursing staff from the European Union), whilst ongoing interventions include:

- a focus group project within theatres to identify particular areas of concern and inform further activity aimed at reducing turnover;

- implementation of 'bespoke' strategies to support specific areas, such as Churchill Hospital theatres and radiotherapy staff;

- implementation of surgery rotational arrangements to increase the skills of staff and thereby aid retention;
- joint working between the resourcing team and Divisional Nurses to appoint a large cohort of Oxford Brookes adult nursing students following graduation in June 2014.

Despite this activity, vacancies across a range of specialties and departments remain high (see Sections 3 and 4, above), whilst in many cases responses from prospective applicants remains disappointingly low.

13.3 The current issues relating to recruitment and retention have been well rehearsed at recent meetings of the Workforce Committee, which has resolved to establish a more strategic response. The purpose of developing a Recruitment and Retention Strategy is to identify all those factors impacting on the Trust's ability to attract, recruit and retain staff and to implement initiatives and work programmes aimed at addressing these over the short-medium term. In order to initiate this important undertaking, a recruitment and retention summit is to be conducted in early July. The summit will be sponsored and led by both the Director of OD and Workforce, and the Chief Nurse and attended by appropriate representatives of a range of professions and staff groups.

14. ABSENCE MANAGEMENT

14.1 Through the provision of comprehensive and proactive occupational health services and the maintenance of healthy working environments, the Trust aims to ensure attendance levels are high and sickness absence rates are minimised. The business case for reducing sickness absence is clear, with respect to the financial cost associated with working days lost and the provision of cover. However, the negative impact on the health and wellbeing of colleagues, service delivery, and patient care and experience is also a compelling reason for investing in the effective management of attendance. Direct support to line managers and departments in addressing under performance associated with sickness absence (both short and long term) remains a high priority and key area of focus for the Workforce and HR Directorate. For 2014/15, the aim is to maintain overall sickness absence at 3% or below.

Changes to National Terms and Conditions

14.2 From 1 April 2013 new national terms and conditions came in to effect regarding the award of occupational sick pay. These changes affected all staff employed on agenda for change terms and conditions (i.e. the majority of the non-medical workforce), who had previously continued to receive their pay enhancements (e.g. out of hours supplements and bank holiday rates) when absent on sick leave. Under the revised arrangements, occupational sick pay normally excludes any such enhancements and is paid at basic level only. Whilst these changes were welcomed by employers and are likely to be contributing to

a reduction in the overall cost of sickness absence, employees on the lowest pay points are excluded and continue to receive all enhancements when absent. In the main, these same employees have the highest sickness absence levels.

Implementation of FirstCare Absence Management System

14.3 Following a comprehensive training and support programme for over 700 line managers, the planned Trust-wide implementation of the FirstCare absence management system was achieved on 1 April 2014. FirstCare is the UK's leading provider of absence management solutions and the system has been introduced to improve the reporting, recording and overall management of sickness absence. Further benefits afforded by this investment are the removal of a significant amount of administration from line managers and the provision of immediate and comprehensive attendance data to assist them in managing individuals' attendance in a timely and consistent manner. FirstCare also provides a mechanism for employees to speak to a trained health professional at the time they report their sickness absence, in order that they are able to receive appropriate health advice and participate in an early discussion about potential return to work dates.

14.4 The FirstCare system has been implemented in a range of private and public sector organisations, including a number of NHS trusts, all of which have reported reductions in sickness absence. Trust-wide implementation in April followed several years of successful application at the Nuffield Orthopaedic Hospital. The current system implementation infrastructure will be maintained for several more months to ensure FirstCare is fully embedded and anticipated benefits are being realised. Consideration is also being given to appointing a full time case manager to provide dedicated support to Divisional management teams in the timely resolution of particularly difficult cases involving either short or long term sickness absence.

15. STATUTORY AND MANDATORY TRAINING

15.1 Current under-performance relating to statutory and mandatory training compliance is a cause for concern. Whilst this has received a good deal of focus over the past twelve months, achieving the 90% target is proving exceptionally challenging. Building on the review of training provision and recording, which was conducted in January 2014, and on the subsequent improvements made, to date, the following initiatives are being pursued:

- further mapping of competencies to roles and the potential removal of training requirements, wherever possible;

- complete review of the training requirements of all honorary contract holders (with the aim of reducing to an absolute minimum);

- Learning and Development Team to work with Divisions to address areas where there are particularly low levels of compliance;

- review of training delivery capacity to ensure all needs are able to be met;

- completion of all statutory and mandatory training requirements to be included as a 'stop/go' criterion for annual pay progression (incorporated within the revised annual appraisal documentation);

- further enhancements to ELMS, to include a simplified 'MOT-style' approach to refresher training.

15.2 In addition, learning and development best practice will be reflected in the delivery of the Trust's learning programmes. This recognises that individuals want to learn in a way that is most convenient to them, often in 'bite sized' portions, in order to attain the right learning at the right time. Whilst e-learning cannot fully replace the essential practical elements of training, or assess how the knowledge is applied in the workplace, it is ideal for delivering knowledge-based learning as part of a blended approach. This approach has proved successful in making the transition from measuring classroom attendance to assessing competence in the statutory and mandatory training programmes. During 2014/15, the current e-learning offering will be enhanced through the use of scenarios and more sophisticated materials to increase learners' interaction. Further programmes will also be developed, where appropriate, to support the emergent Leadership and Talent Development Framework.

16. NON-MEDICAL ANNUAL APPRAISAL

16.1 The 2013 NHS Staff Survey outcomes demonstrated that more members of staff had participated in an annual performance appraisal than in previous years. Despite this positive feedback, the Trust target is not being achieved and further action is required in order to improve the overall compliance rate. In many areas, the principal reason given when accounting for low completion rates is conflicting priorities. In other words, when areas are particularly busy and/or short-staffed, scheduled appraisal review meetings are often cancelled and sometimes not rescheduled. This serves to highlight the need to ensure the appraisal process is simple to access, complete and record. These requirements informed the development of a revised appraisal template and the recent implementation of the electronic management of appraisal system (ELMAS). The introduction of ELMAS has been well received by line managers and staff and its full implementation is being monitored and reviewed by the Workforce Committee. Also, the Learning and Development Team continues to provide close support to Divisions and their departments during the early stages of application.

16.2 A further initiative aimed at increasing annual appraisal compliance is the inclusion of the requirement to participate in a satisfactory appraisal review as a 'stop/go' criterion for annual pay progression (in the same way that statutory and mandatory training completion is also a criterion). The inclusion of both criteria has been fully supported by staff side colleagues associated with the JSCNC.

N.B: The annual appraisal of medical staff is also closely monitored. Annual appraisal is the cornerstone of the new revalidation process, which has been implemented within the Trust. Compliance rates relating to medical staff appraisal remain high.

17. EQUALITY AND DIVERSITY

17.1 As a progressive employer of multiple professions and staff groups, OUH aims to support a diverse community and a diverse workforce. The Trust is fully committed to providing equity in its services, treating people fairly and with dignity, and valuing diversity, both as a provider of healthcare and as a responsible employer. Through adherence to the requirements of the Equality Act 2010, public sector equality duty (PSED) and the NHS Constitution provisions for service users and staff, the Trust aims to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity;
- provide services which meet the individual needs of all patients; and
- foster good relations between people.

17.2 Specific Equality Objectives have been established to support and promote equality and diversity throughout the organisation and progress against these Objectives is reported in the Equality and Diversity Annual Report. Throughout 2013/14, the Trust continued to make good progress in meeting its equality obligations and in promoting greater diversity within the workplace. A particular focus has been the Trust's participation in the NHS Employers Equality and Diversity Partners Programme. This Programme supports participating trusts to develop and progress their equality performance and to build capacity in this area. Concurrently, participation provides an opportunity for Partners to offer advice, guidance and demonstrations of good practice in equality and diversity management to the wider NHS. Partners are supported to achieve this via:

- continuous improvement around equality and diversity within their own organisation;
- raising awareness of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across their region;
- acting as a thermometer by which NHS Employers can determine the key issues facing the wider NHS, so that advice and guidance is relevant and up to date;
- contributing to the development of emerging good practice and providing a channel for collecting case studies from which others can learn, within the wider context of NHS initiatives;
- contributing to a broader understanding of equality and diversity, across both the NHS and the wider public sector, in the context of quality, innovation, productivity and disease prevention.

A revised Equality Delivery System

17.3 For a number of years, OUH has used the Equality Delivery System (EDS) as the framework within which to deliver its Equality Objectives and meet PSED requirements. The main purpose of the EDS was, and remains, to help local NHS organisations (in discussion with local partners and populations) review and improve their performance for people with characteristics protected by the Equality Act. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. Following a comprehensive national review of effectiveness, conducted in 2012, the EDS was refreshed and a revised framework (EDS2) issued in November 2013. EDS2 is more streamlined and simpler to use compared with its predecessor and its requirements relating to periodic local assessments are less onerous on trusts. EDS2 is being adopted and is informing a revision of the Trust's existing Equality Objectives and evaluation process.

18. HR POLICIES AND PROCEDURES

18.1 During 2013/14 an assessment of the management and administration of the Trust's Workforce and HR policies and procedures highlighted the need to simplify the existing process. In response, a dedicated lead role was recruited to ensure the Trust's portfolio of Workforce and HR policies and procedures remains legally compliant, reflects best practice and is commercially focused, and supports the needs of the organisation. Over the twelve-month period a comprehensive programme of work commenced, to review all existing policies and procedures and, where appropriate, simplify, remove and/or consolidate documents. This work will continue throughout 2014/15. Furthermore, a protocol has been agreed, via the Joint Staff Consultative and Negotiating Committee (JSCNC) and Local Negotiating Committee (LNC), which confirms whether the revision of an existing policy or procedure, or the implementation of a new policy or procedure, requires formal consultation, or negotiation, or neither.

19. RECOMMENDATION

19.1 The Trust Board is asked to note the contents of this report and to note progress to date and current work programmes across the spectrum of OD and Workforce activity, which aim to achieve future improvements.

APPENDICES

Appendix 1 Workforce Performance Dashboard

Appendix 2 Additional Workforce Performance Data

Author and Executive Sponsor:

Mark Power, Director of Organisational Development and Workforce

Contributions from:

Jane Rowley, Head of Organisational Development

Glyn Allington, Workforce Planning and Information Manager

May 2014

Appendix 1

WORKFORCE PERFORMANCE DASHBOARD - March 2014 (MONTH 12)

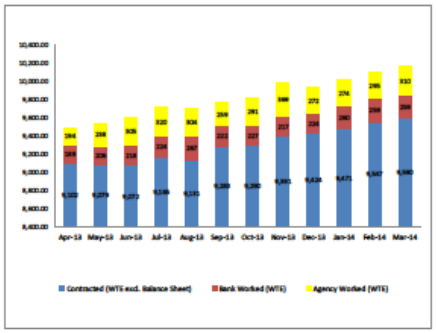
Oxford University Hospitals NHS Trust

WORKFORCE CAPACITY

Substantive Workforce (WTE)

Whole Time Equivalent (WTE)	March 2014 (M12)	
	SIP WTE*	Budget WTE
Contracted Staff in Post	9,589.56	10,148.97
Temporary Workforce	569.88	0.00
Total Workforce Capacity	10,159.74	10,148.97

Workforce Capacity - WTE



Staff in the Balance Sheet Division are recoverable staff who are paid by the OUHs but funded from external organisations.

Vacancy Rate

March 2014 (M12)				
Division/Function	Budgeted WTE	Contracted WTE	Vacancy %	Vacancy WTE
Children's & Women's	1,395.34	1,294.80	7.21%	100.54
Clinical Support Services	1,897.71	1,889.52	0.43%	8.19
Corporate Services*	890.39	824.72	7.38%	65.67
MRC**	2,111.32	2,083.00	1.34%	28.32
NOTSS***	1,853.45	1,563.70	5.43%	89.75
Other	40.74	40.05	1.69%	0.69
Operations & Service Improvement	178.59	193.26	-8.22%	-14.67
Surgery & Oncology	1,714.80	1,620.34	5.51%	94.46
Total Substantive	9,882.34	9,509.39	3.77%	372.95

Staff in post and budget WTE for Research & Development excluded from vacancy calculation.

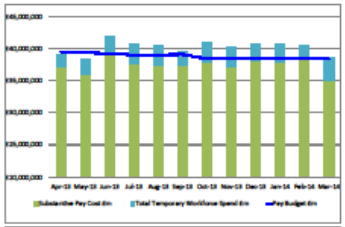
Total Temporary Workforce (Bank and Agency) by Division/Function (WTE)

Division/Function	Agency WTE	Bank WTE	Total Temporary WTE
Children's & Women's	24.14	15.47	39.61
Clinical Support Services	61.61	34.37	95.98
Corporate Services*	0.38	0.00	0.38
MRC**	86.09	95.69	183.78
NOTSS***	81.93	50.55	132.48
Operations & Service Improvement	0.00	1.42	1.42
Research & Development	0.00	0.00	0.00
Surgery & Oncology	54.25	61.98	116.23
Total Temporary Workforce	310.40	259.48	569.88

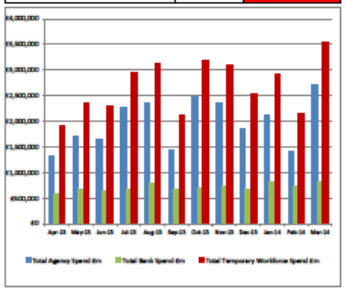
* Corporate Services - OD & Workforce; Finance & Procurement; Planning & Information; Assurance; Chief Nurse Office; Medical Director Office; Clinical services;

WORKFORCE COSTS

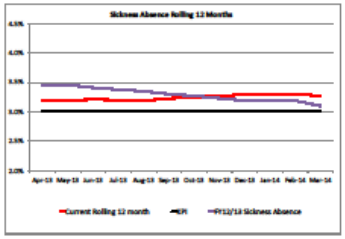
Workforce Pay Cost



Temporary Workforce Expenditure	March 2014 (M12)	Movement in Month
Bank Spend (£)	£827,340	£90,617
Agency Spend (£)	£2,711,340	£1,286,032
Total Expenditure Temporary Workforce	£3,538,680	£1,376,649



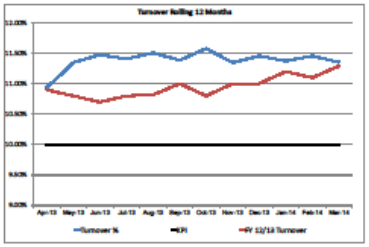
Sickness Absence



Division/Function	Mar-14	KPI Variance	Movement in Month
Children's & Women's	3.79%	0.79%	-0.03%
Clinical Support Services	3.22%	0.22%	-0.06%
Corporate Services*	3.01%	0.01%	0.00%
MRC**	3.01%	0.01%	-0.05%
NOTSS***	2.96%	-0.04%	-0.06%
Operations & Service Improvement	4.17%	1.17%	-0.03%
Research & Development	1.18%	-1.82%	-0.03%
Surgery & Oncology	3.06%	0.06%	0.00%
Trust	3.27%	0.27%	-0.03%

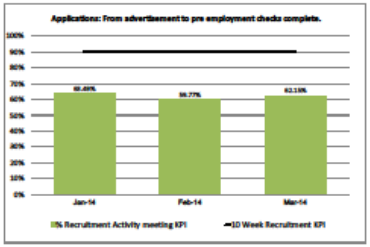
WORKFORCE EFFICIENCY

Turnover



Division/Function	Feb 14 Turnover	Mar 14 Turnover	KPI	Movement in month
Childrens and Womens	10.24%	10.88%	10.00%	0.64%
Clinical Support Services	10.95%	10.42%	10.00%	-0.53%
Corporate*	11.18%	11.32%	10.00%	0.14%
MRC**	12.16%	12.24%	10.00%	0.08%
NOTSS***	12.07%	11.66%	10.00%	-0.41%
OSI	9.20%	10.15%	10.00%	0.95%
Research & Development	0.00%	0.00%	10.00%	0.00%
Surgery and Oncology	11.90%	11.51%	10.00%	-0.39%
Total	11.46%	11.36%	10.00%	-0.10%

Recruitment Efficiency

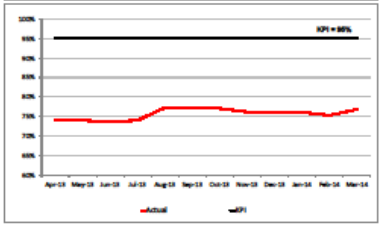


Engagement Index

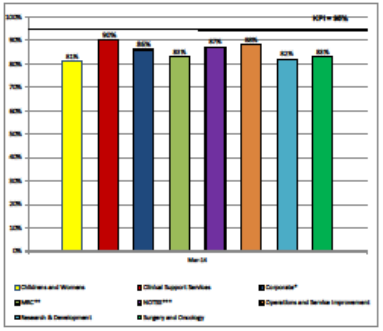
(Work in progress)

COMPLIANCE

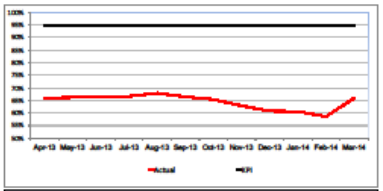
All Staff Mandatory Training Compliance



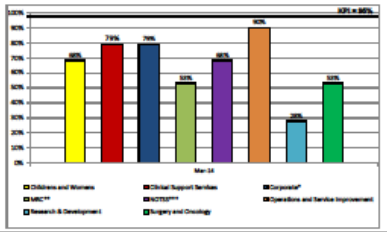
Staff Mandatory Training Compliance by Division/Function



Non Medical Annual Appraisal Rates



Non Medical Staff Appraisal by Division/Function



APPENDIX 2

Tables 1 and 2: Staff Vacancy Levels (Contracted WTE v Budgeted WTE) - Q2-Q4 2013/14

1. Without Research & Development Division

	Jul-13				Aug-13				Sep-13				Oct-13				Nov-13			
Staff Group	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0	-1.5	0.00%	1.5	0	-1.5	0.00%
Clinical Support - Nursing	929.0	1059.2	126.2	11.96%	934.2	1063.5	129.3	12.16%	970.0	1044.9	74.9	7.17%	963.6	1058.05	94.4	8.93%	983.1	1064.39	81.3	7.64%
Clinical Support - Other	1137.8	1268.0	126.2	9.98%	1140.0	1280.4	140.4	10.97%	1158.1	1282.0	123.9	9.66%	1173.2	1281.95	108.7	8.48%	1177.8	1282.87	105.0	8.19%
Clinical Support - ST&T	395.7	416.8	21.1	5.06%	390.4	415.6	25.2	6.07%	400.0	413.9	13.9	3.37%	395.6	409.69	14.1	3.43%	398.5	408.69	10.2	2.48%
Medical and Dental	1585.8	1514.5	-71.4	-4.71%	1549.0	1515.8	-33.3	-2.20%	1551.1	1509.1	-42.0	-2.79%	1539.3	1512.88	-26.4	-1.74%	1562.8	1513.27	-49.5	-3.27%
NHS Infrastructure Support: Admin & Estates	670.8	702.2	31.4	4.47%	669.4	692.6	23.2	3.35%	661.4	693.5	32.0	4.62%	658.9	709.76	50.9	7.17%	661.5	710.3	48.8	6.87%
NHS Infrastructure Support: Managers	139.6	151.6	12.1	7.95%	139.6	156.3	16.8	10.71%	141.4	145.0	3.6	2.46%	138.3	161.35	23.0	14.28%	133.6	161.26	27.6	17.14%
Other	3.0	1.6	-1.4	-87.50%	3.0	1.6	-1.4	-87.50%	3.0	1.6	-1.4	-87.50%	3.0	1.6	-1.4	-87.50%	3.0	1.6	-1.4	-87.50%
Qualified ST&T - AHPs	509.3	547.3	38.0	6.94%	498.2	556.4	58.2	10.46%	524.3	558.5	34.2	6.12%	521.6	552.95	31.3	5.67%	525.4	553.43	28.0	5.07%
Qualified ST&T - HCS	487.4	536.6	49.2	9.16%	491.0	540.4	49.3	9.13%	491.9	535.4	43.4	8.11%	485.9	529.29	43.4	8.19%	488.2	533.94	45.7	8.56%
Qualified ST&T - Other ST&T	293.3	251.3	-42.0	-16.69%	300.2	252.3	-47.9	-18.98%	301.3	248.5	-52.8	-21.26%	313.2	269.34	-43.8	-16.27%	322.1	252.34	-69.8	-27.65%
Registered Nurses - excluding Midwives	2662.1	3078.8	416.7	13.53%	2661.4	3094.0	432.5	13.98%	2719.4	3079.0	359.6	11.68%	2730.8	3068.23	337.5	11.00%	2765.8	3061.77	296.0	9.67%
Registered Nurses - Midwives	271.4	286.5	6.0	2.18%	269.6	286.5	16.9	5.90%	277.5	286.5	9.0	3.15%	283.8	298.95	15.1	5.07%	286.9	298.95	12.1	4.03%
Unallocated	0.0	4.4	4.4	100.00%	0.0	0.0	0.0	0.00%	0.0	0.0	0.0	0.00%	0.0	-0.5	-0.5	100.00%	0.0	-0.5	-0.5	100.00%
Grand Total	**9086.9**	**9818.8**	**731.9**	**7.45%**	**9047.5**	**9855.3**	**807.8**	**8.20%**	**9201.0**	**9797.8**	**596.8**	6.09%	**9208.8**	**9853.54**	**644.8**	**6.54%**	**9310.3**	**9842.3**	**532.0**	**5.40%**

2. With Research & Development Division

	Jul-13				Aug-13				Sep-13				Oct-13				Nov-13			
Staff Group	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0	-1.5	0.00%
Clinical Support - Nursing	929.0	1059.2	126.2	11.96%	934.2	1063.5	129.3	12.16%	970.0	1044.9	74.9	7.17%	963.6	1058.1	94.4	8.93%	983.1	1064.39	81.3	7.64%
Clinical Support - Other	1172.5	1343.8	167.2	12.48%	1177.0	1356.2	179.2	13.21%	1196.1	1358.7	162.7	11.97%	1211.3	1358.7	147.5	10.85%	1215.8	1358.65	142.8	10.51%
Clinical Support - ST&T	395.7	416.8	21.1	5.06%	390.4	415.6	25.2	6.07%	400.0	413.9	13.9	3.37%	395.6	409.7	14.1	3.43%	398.5	408.69	10.2	2.48%
Medical and Dental	1586.8	1536.5	-50.3	-3.28%	1550.0	1537.8	-12.2	-0.79%	1552.1	1532.1	-20.0	-1.30%	1540.3	1535.9	-4.3	-0.28%	1563.8	1536.32	-27.5	-1.79%
NHS Infrastructure Support: Admin & Estates	671.6	712.5	40.9	5.74%	670.2	702.8	32.7	4.65%	662.2	703.7	41.5	5.90%	660.7	720.0	59.3	8.24%	664.3	720.57	56.3	7.81%
NHS Infrastructure Support: Managers	155.0	161.1	6.2	3.82%	156.0	165.8	9.9	5.94%	156.8	154.5	-2.3	-1.51%	152.7	170.9	18.1	10.62%	148.0	170.76	22.7	13.32%
Other	3.0	40.9	37.9	92.67%	3.0	40.9	37.9	92.67%	3.0	40.9	37.9	92.67%	3.0	40.9	37.9	92.67%	3.0	40.9	37.9	92.67%
Qualified ST&T - AHPs	515.2	550.3	35.1	6.38%	504.0	559.4	55.3	9.89%	530.1	561.5	31.3	5.58%	526.9	556.0	29.1	5.23%	530.6	556.44	25.8	4.64%
Qualified ST&T - HCS	490.4	553.9	63.4	11.45%	494.0	557.6	63.6	11.40%	494.9	552.6	57.7	10.44%	488.9	546.5	57.6	10.54%	491.2	551.19	60.0	10.88%
Qualified ST&T - Other ST&T	293.6	266.2	-27.3	-10.27%	300.5	267.2	-33.3	-12.45%	301.6	263.4	-38.2	-14.51%	313.5	284.3	-29.2	-10.28%	322.4	267.25	-55.2	-20.64%
Registered Nurses - excluding Midwives	2678.9	3149.2	470.3	14.93%	2679.6	3164.3	484.7	15.32%	2736.7	3149.4	412.6	13.10%	2747.3	3138.6	391.3	12.47%	2781.4	3132.13	350.7	11.20%
Registered Nurses - Midwives	271.9	289.7	8.7	3.12%	270.1	289.7	19.6	6.77%	278.0	289.7	11.7	4.05%	284.3	302.2	17.8	5.91%	287.4	302.15	14.8	4.89%
Unallocated	0.0	4.4	4.4	100.00%	0.0	0.0	0.0	0.00%	0.0	0.0	0.0	0.00%	0	-0.5	-0.5	100.00%	0.0	-0.5	-0.5	100.00%
Grand Total	**9165.2**	**10084.4**	**919.2**	**9.12%**	**9130.6**	**10120.9**	**990.3**	**9.79%**	**9283.2**	**10065.4**	**782.2**	**7.77%**	**9289.5**	**10121.2**	**831.6**	**8.22%**	**9391.2**	**10108.9**	**717.7**	**7.10%**

Continued….

Continued….

1. Without Research & Development Division

Staff Group	Dec-13				Jan-14				Feb-14				Mar-14			
	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.5	0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	1.5	0.0	-1.5	0.00%	0.0	0.0	0.0	0.00%
Clinical Support - Nursing	989.9	1071.7	81.8	7.63%	995.8	1065.6	69.8	6.55%	1009.2	1066.8	57.6	-5.40%	1012.4	1065.8	53.4	5.01%
Clinical Support - Other	1176.0	1281.9	105.9	8.26%	1187.2	1282.9	95.7	7.46%	1208.4	1283.9	75.4	-5.88%	1234.0	1283.7	49.7	3.87%
Clinical Support - ST&T	403.0	408.69	5.7	1.40%	408.7	408.7	0.0	0.01%	584.4	408.7	-175.8	43.00%	413.1	408.7	-4.5	-1.09%
Medical and Dental	1569.3	1519.6	-49.7	-3.27%	1566.3	1520.3	-46.0	-3.02%	1575.6	1522.6	-53.0	3.48%	1572.5	1517.4	-55.2	-3.64%
NHS Infrastructure Support: Admin & Estates	668.0	711.3	43.3	6.08%	662.2	707.3	45.1	6.38%	664.5	707.3	42.8	-6.05%	654.1	707.3	53.2	7.52%
NHS Infrastructure Support: Managers	134.7	158.49	23.8	15.01%	136.7	158.0	21.3	13.47%	138.3	158.0	19.7	-12.46%	127.0	158.0	31.0	19.63%
Other	5.2	1.6	-3.6	-227.70%	5.2	1.6	-3.6	-227.70%	5.2	1.6	-3.6	227.70%	5.2	1.6	-3.6	-227.70%
Qualified ST&T - AHPs	528.5	559.64	31.2	5.57%	523.9	560.4	36.5	6.52%	521.0	560.2	39.2	-7.00%	511.9	561.4	49.5	8.81%
Qualified ST&T - HCS	485.2	538.63	53.4	9.92%	488.6	538.6	50.0	9.28%	313.4	537.6	224.2	-41.71%	495.8	537.6	41.8	7.78%
Qualified ST&T - Other ST&T	327.2	252.12	-75.1	-29.49%	331.9	255.1	-76.8	-30.10%	330.4	254.5	-75.9	29.83%	340.7	254.5	-86.2	-33.88%
Registered Nurses - excluding Midwives	2773.7	3067.98	294.3	9.59%	2799.4	3083.5	284.1	9.21%	2824.7	3083.5	258.7	-8.39%	2855.4	3086.0	230.6	7.47%
Registered Nurses - Midwives	281.5	298.95	17.4	5.82%	287.7	299.0	11.2	3.75%	287.8	299.0	11.2	-3.74%	287.2	299.0	11.8	3.94%
Unallocated	0.0	-0.5	-0.5	100.00%	0.0	-0.5	-0.5	100.00%	0.0	-0.5	-0.5	0.00%	0.0	1.5	1.5	100.00%
Grand Total	**9343.8**	**9870.1**	**526.3**	**5.33%**	**9395.0**	**9880.4**	**485.4**	**4.91%**	**9464.5**	**9883.1**	**418.5**	**4.23%**	**9509.4**	**9882.3**	**373.0**	**3.77%**

2. With Research & Development Division

Staff Group	Dec-13				Jan-14				Feb-14				Mar-14			
	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %	Contracted WTE	Budget WTE	Vacancy WTE	Vacancy %
Clinical support - Ambulance	1.53	0.00	-1.5	0.00%	1.5	0	-1.5	0.00%	1.5	0	-1.5	0.00%	0.0	0.0	0.0	0.00%
Clinical Support - Nursing	989.93	1071.70	81.8	7.63%	995.8	1065.57	69.8	6.55%	1009.2	1066.77	57.6	5.40%	1012.4	1065.8	53.4	5.01%
Clinical Support - Other	1213.63	1357.68	144.0	10.61%	1224.8	1358.65	133.9	9.85%	1250.0	1359.65	109.6	8.06%	1290.2	1359.4	69.3	5.10%
Clinical Support - ST&T	402.99	408.69	5.7	1.40%	408.7	408.69	0.0	0.01%	584.4	408.69	-175.8	-43.00%	413.1	408.7	-4.5	-1.09%
Medical and Dental	1570.25	1542.65	-29.6	-1.92%	1567.3	1543.36	-23.9	-1.55%	1576.6	1545.61	-31.0	-2.00%	1573.5	1540.4	-33.1	-2.15%
NHS Infrastructure Support: Admin & Estates	669.85	721.57	51.7	7.17%	664.0	717.57	53.6	7.47%	667.3	717.57	50.2	7.00%	655.9	717.6	61.6	8.59%
NHS Infrastructure Support: Managers	149.11	167.99	18.9	11.24%	151.1	167.49	16.4	9.78%	152.9	167.49	14.6	8.71%	128.0	167.5	39.5	23.59%
Other	5.24	40.90	35.7	87.18%	5.2	40.9	35.7	87.18%	5.2	40.9	35.7	87.18%	5.2	40.9	35.7	87.18%
Qualified ST&T - AHPs	533.72	562.65	28.9	5.14%	527.5	563.44	36.0	6.38%	524.6	563.24	38.6	6.86%	515.5	564.4	48.9	8.66%
Qualified ST&T - HCS	489.21	555.88	66.7	11.99%	491.6	555.88	64.3	11.56%	316.4	554.88	238.5	42.98%	497.8	554.9	57.1	10.28%
Qualified ST&T - Other ST&T	327.54	267.03	-60.5	-22.66%	332.2	270.02	-62.2	-23.03%	330.7	269.42	-61.3	-22.75%	341.0	269.4	-71.6	-26.59%
Registered Nurses - excluding Midwives	2788.58	3138.34	351.8	11.21%	2813.5	3153.82	340.3	10.79%	2839.9	3153.82	313.9	9.95%	2869.9	3156.3	286.4	9.07%
Registered Nurses - Midwives	282.04	302.15	20.1	6.66%	287.7	302.15	14.4	4.77%	287.8	302.15	14.4	4.76%	287.2	302.2	15.0	4.96%
Unallocated	0.00	-0.50	-0.5	0.00%	0.0	-0.5	-0.5	0.00%	0.0	-0.5	-0.5	0.00%	0.0	1.5	1.5	100.00%
Grand Total	**9423.62**	**10136.73**	**713.1**	**7.03%**	**9470.9**	**10147.0**	**676.1**	**6.66%**	**9546.6**	**10149.7**	**603.1**	**5.94%**	**9589.86**	**10148.97**	**559.11**	**5.51%**

Table 3: Quarterly Sickness Absence 2012/13

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Quarterly Absence Rate 2012/13	2.90%	2.89%	3.30%	3.40%
Quarterly Absence Rate 2013/14	3.18%	3.10%	3.27%	3.36%

Table 4: Sickness Absence by Division (year to date)

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Division	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Operations and Service Improvement	4.02%	4.62%	4.32%	3.60%	3.84%	3.84%	3.91%	3.84%	3.73%	3.75%	3.95%	4.09%	4.17%
Children's and Women's	3.66%	4.15%	4.28%	4.09%	3.92%	3.81%	3.83%	3.88%	3.82%	3.74%	3.77%	3.84%	3.79%
Medicine Rehabilitation and Cardiac	3.24%	3.75%	3.76%	3.66%	3.57%	3.33%	3.31%	3.44%	3.52%	3.59%	3.64%	3.63%	3.61%
Clinical Support Services	3.14%	3.51%	3.22%	3.12%	3.04%	2.92%	3.08%	3.21%	3.26%	3.26%	3.27%	3.26%	3.22%
Surgery and Oncology	2.87%	3.24%	3.04%	3.10%	2.98%	2.91%	2.94%	2.98%	3.10%	3.09%	3.12%	3.08%	3.06%
Corporate	2.89%	2.46%	2.51%	2.49%	2.53%	2.67%	2.71%	2.76%	2.90%	3.07%	3.08%	3.12%	3.01%
Neurosciences Orthopaedics Trauma and Specialist Surgery	3.34%	2.69%	2.50%	2.64%	2.63%	2.62%	2.67%	2.55%	2.84%	2.91%	2.99%	2.97%	2.96%
Research and Development	1.09%	0.25%	0.52%	0.76%	0.91%	1.01%	1.22%	1.38%	1.13%	1.21%	1.29%	1.18%	1.18%
Cardiac Vascular and Thoracic	3.19%	3.80%	3.40%	3.47%	3.51%	3.46%	3.49%	3.58%	-	-	-	-	-
Musculoskeletal and Rehabilitation	2.73%	2.42%	2.55%	2.56%	2.77%	2.69%	2.76%	3.03%	-	-	-	-	-
Grand Total	**3.15%**	**3.33%**	**3.23%**	**3.18%**	**3.14%**	**3.05%**	**3.10%**	**3.18%**	**3.24%**	**3.27%**	**3.30%**	**3.30%**	**3.27%**

Note: Cardiac Vascular and Thoracic, and Musculoskeletal and Rehabilitation were subject to merger in Nov 13

Table 5: Sickness Absence by Main Staff Group (ESR defined)

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Staff Group	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Additional Clinical Services	**4.79%**	5.39%	5.27%	5.24%	5.26%	5.16%	5.42%	5.45%	5.71%	5.83%	6.51%	5.85%	5.83%
Estates and Ancillary	**5.13%**	5.27%	4.11%	3.70%	3.77%	4.50%	5.05%	3.89%	5.46%	5.51%	4.34%	5.11%	5.00%
Nursing and Midwifery Registered	**3.61%**	3.68%	3.56%	3.58%	3.53%	3.48%	3.49%	3.56%	3.63%	3.66%	4.20%	3.71%	3.67%
of which Midwives	**4.70%**	4.73%	5.02%	5.14%	4.98%	4.93%	4.65%	4.79%	4.74%	4.75%	4.23%	4.65%	4.41%
Administrative and Clerical	**3.50%**	3.52%	3.53%	3.46%	3.28%	3.22%	3.25%	3.16%	3.28%	3.32%	4.06%	3.40%	3.36%
Additional Professional Scientific and Technical	**3.14%**	2.93%	2.89%	2.87%	2.81%	2.83%	2.89%	2.61%	3.02%	3.02%	2.89%	2.84%	2.80%
Allied Health Professionals	**2.33%**	3.05%	2.77%	2.41%	2.22%	2.08%	2.15%	3.05%	2.39%	2.40%	2.87%	2.43%	2.39%
Healthcare Scientists	**2.71%**	2.96%	2.50%	2.39%	2.44%	2.18%	2.03%	3.06%	2.01%	2.01%	2.70%	2.11%	2.09%
Medical and Dental	**0.70%**	0.83%	0.98%	0.84%	0.82%	0.78%	0.78%	0.87%	0.89%	0.82%	0.56%	0.79%	0.80%

Table 6: Top 10 Highest Levels of Sickness Absence by Directorate

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Directorate	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**Jul-13**	**Aug-13**	**Sep-13**	**Oct-13**	**Nov-13**	**Dec-13**	**Jan-14**	**Feb-14**	**Mar-14**
Estates and Facilities	**4.10%**	3.43%	3.49%	3.29%	3.47%	4.12%	4.54%	4.58%	4.85%	4.98%	4.85%	4.87%	4.51%
Operations and Service Improvement	**3.90%**	4.34%	4.35%	3.65%	3.90%	3.90%	3.96%	3.91%	3.80%	3.82%	4.02%	4.16%	4.25%
Gastroenterology Endoscopy and Churchill Theatres	**New Directorate**	4.50%	4.62%	4.60%	4.53%	4.38%	4.58%	4.64%	4.52%	4.49%	4.34%	4.19%	4.16%
Women's	**4.20%**	4.49%	4.66%	4.32%	4.20%	4.17%	4.02%	4.14%	4.13%	4.04%	4.08%	4.11%	3.99%
Anaesthetics Critical Care and Theatres	**3.49%**	3.53%	3.51%	3.63%	3.49%	3.35%	3.47%	3.59%	3.81%	3.78%	3.81%	3.76%	3.75%
Acute Medicine and Rehabilitation	**3.40%**	3.91%	3.96%	3.78%	3.62%	3.31%	3.35%	3.47%	3.55%	3.64%	3.73%	3.70%	3.72%
Children's	**3.28%**	3.94%	4.04%	3.97%	3.75%	3.55%	3.72%	3.72%	3.61%	3.54%	3.56%	3.66%	3.68%
Trauma	**4.75%**	3.97%	3.82%	3.48%	3.24%	3.22%	3.20%	3.26%	3.38%	3.47%	3.54%	3.54%	3.57%
Cardiac Thoracic and Vascular Surgery	**3.03%**	3.79%	3.44%	3.53%	3.63%	3.63%	3.75%	4.02%	3.65%	3.66%	3.69%	3.68%	3.50%
Ambulatory Medicine	**2.81%**	3.29%	31.58%	3.34%	3.51%	3.47%	3.30%	3.42%	3.36%	3.41%	3.36%	3.40%	3.48%

Table 7: Short Term Sickness Absence Rates by Main Staff Group

	Months 1-3				Months 1-6				Months 1-9				Months 1-12			
	(Short Term) 7 days or less		(Long Term) 8 days or more		(Short Term) 7 days or less		(Long Term) 8 days or more		(Short Term) 7 days or less		(Long Term) 8 days or more		(Short Term) 7 days or less		(Long Term) 8 days or more	
Staff Group	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost	Episodes	Prorated WTE Days Lost
Additional Professional Scientific and Technical	91.75%	39.30%	8.25%	60.70%	92.04%	35.32%	7.96%	64.68%	92.11%	33.41%	7.89%	66.59%	92.03%	35.28%	7.97%	64.72%
Additional Clinical Services	86.73%	33.75%	13.27%	66.25%	88.03%	29.93%	11.97%	70.07%	88.25%	29.78%	11.75%	70.22%	88.40%	29.22%	11.60%	70.78%
Administrative and Clerical	88.05%	32.11%	11.95%	67.89%	88.86%	30.44%	11.14%	69.56%	89.40%	32.55%	10.60%	67.45%	89.76%	33.06%	10.24%	66.94%
Allied Health Professionals	87.26%	35.16%	12.74%	64.84%	90.19%	35.67%	9.81%	64.33%	91.20%	34.11%	8.80%	65.89%	91.37%	33.85%	8.63%	66.15%
Estates and Ancillary	82.50%	35.00%	17.50%	65.00%	77.46%	22.49%	22.54%	77.51%	79.31%	23.16%	20.69%	76.84%	81.01%	26.88%	18.99%	73.12%
Healthcare Scientists	90.17%	40.77%	9.83%	59.23%	92.41%	44.36%	7.59%	55.64%	93.64%	48.97%	6.36%	51.03%	93.85%	47.95%	6.15%	52.05%
Medical and Dental	71.58%	10.50%	28.42%	89.50%	73.30%	10.93%	26.70%	89.07%	78.41%	12.86%	21.59%	87.14%	79.81%	13.25%	20.19%	86.75%
Nursing and Midwifery Registered	88.71%	35.84%	11.29%	64.16%	89.28%	33.49%	10.72%	66.51%	89.63%	33.56%	10.37%	66.44%	89.81%	33.83%	10.19%	66.17%
Staff Group Summary Total	**87.85%**	**33.70%**	**12.15%**	**66.30%**	**88.75%**	**31.26%**	**11.25%**	**68.74%**	**89.25%**	**31.80%**	**10.75%**	**68.20%**	**89.51%**	**32.04%**	**10.49%**	**67.96%**

Table 8: Staff Turnover by Division

		Labour Turnover WTE %											
		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Division	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Cardiac	**12.69%**	12.38%	12.41%	12.72%	12.21%	11.85%	12.60%	12.88%	12.52%	12.38%	11.79%	12.16%	12.24%
Trauma and Specialist	**13.64%**	12.60%	12.49%	12.64%	12.45%	13.44%	12.76%	12.32%	10.93%	11.23%	11.56%	12.07%	11.66%
Surgery and Oncology	**11.42%**	11.77%	12.25%	12.24%	12.40%	12.55%	12.51%	12.64%	12.32%	12.39%	12.28%	11.90%	11.51%
Corporate	**8.64%**	7.90%	7.93%	7.88%	8.16%	8.62%	9.36%	9.85%	10.07%	10.18%	10.57%	11.18%	11.32%
Childrens and Womens	**9.12%**	9.17%	9.72%	10.31%	10.38%	11.08%	10.60%	10.58%	10.89%	11.05%	10.50%	10.24%	10.88%
Clinical Support Services	**11.44%**	10.85%	11.37%	11.45%	11.79%	11.40%	10.65%	11.33%	10.88%	10.87%	11.05%	10.95%	10.42%
Improvement	**12.34%**	12.07%	12.26%	12.43%	11.10%	10.16%	8.69%	8.73%	9.85%	10.91%	10.25%	9.20%	10.15%
Thoracic	**11.36%**	10.55%	12.31%	12.57%	12.96%	13.40%	13.16%	12.90%	-	-	-	-	-
Rehabilitation	**11.02%**	10.94%	11.63%	11.19%	10.32%	10.28%	10.89%	11.01%	-	-	-	-	-
Trust	**11.29%**	10.94%	11.35%	11.48%	11.41%	11.51%	11.39%	11.58%	11.35%	11.45%	11.37%	11.45%	11.35%

Table 9: Average Turnover by Quarter - 2012/13, 2013/14 Comparision

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Turnover 2012/13	10.70%	11.00%	11.00%	11.30%
Turnover 2013/14	11.48%	11.39%	11.45%	11.35%

Table 10: Staff Turnover by Main Staff Group (ESR defined)

		Labour Turnover WTE %											
		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Staff Group	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Allied Health Professionals	**15.08%**	14.65%	14.15%	13.53%	13.54%	15.30%	14.69%	15.24%	14.72%	14.98%	15.33%	16.16%	15.14%
Estates and Ancillary	**11.79%**	10.80%	10.80%	10.49%	8.92%	8.70%	10.03%	9.99%	11.53%	11.60%	13.75%	13.39%	14.76%
Additional Clinical Services	**11.43%**	11.15%	11.97%	11.09%	10.64%	10.69%	11.13%	11.54%	11.83%	12.18%	12.22%	12.74%	12.74%
Healthcare Scientists	**10.99%**	8.87%	10.57%	11.45%	10.35%	9.84%	9.00%	10.56%	10.24%	10.94%	11.18%	11.22%	11.89%
Administrative and Clerical	**11.32%**	10.61%	10.91%	10.88%	11.44%	11.45%	11.40%	11.54%	11.20%	11.53%	11.44%	11.49%	11.38%
Nursing and Midwifery Registered	**11.88%**	11.91%	12.30%	12.89%	12.76%	12.88%	12.53%	12.50%	11.96%	11.94%	11.59%	11.52%	11.26%
Additional Professional Scientific and Technical	**12.99%**	11.51%	10.02%	10.84%	11.17%	9.85%	9.72%	9.14%	10.29%	9.86%	10.14%	9.80%	11.19%
Medical and Dental	**4.61%**	4.99%	5.71%	6.15%	5.94%	6.45%	6.41%	6.56%	6.22%	5.48%	5.28%	5.05%	4.65%

Table 11: Top 10 Directorates with Highest Levels of Staff Turnover

		Labour Turnover wte %											
		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Directorate	2012/13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Human Resources and Admin	**16.64%**	14.92%	18.10%	17.62%	23.03%	24.53%	27.84%	27.93%	22.32%	22.29%	22.31%	21.70%	19.89%
Estates and Facilities	**11.64%**	9.01%	9.32%	9.09%	8.03%	9.34%	10.32%	10.66%	11.79%	11.86%	14.56%	14.99%	17.16%
Trauma	**20.80%**	19.80%	18.95%	18.39%	15.92%	15.95%	14.26%	13.21%	14.51%	15.11%	13.37%	15.16%	14.82%
Specialist Surgery	**12.48%**	11.08%	11.57%	11.56%	12.65%	13.65%	12.58%	11.82%	11.26%	11.70%	14.25%	14.78%	14.05%
Cardiology Cardiac and Thoracic Surgery	**11.48%**	11.27%	12.04%	12.36%	11.79%	12.32%	10.21%	9.26%	13.23%	13.21%	12.93%	14.04%	13.50%
Gastroenterology Endoscopy and Churchill Theatres	New Directorate		16.14%	17.02%	17.91%	17.46%	17.46%	17.23%	17.13%	16.98%	16.19%	15.40%	13.04%
Ambulatory Medicine	**14.61%**	14.85%	15.70%	14.86%	14.64%	13.15%	13.57%	13.34%	12.22%	12.03%	11.03%	11.32%	12.58%
Radiology Imaging	**9.08%**	8.99%	9.54%	10.42%	10.86%	10.97%	10.48%	11.65%	11.21%	11.56%	12.20%	13.01%	12.12%
Oncology	**10.89%**	10.65%	11.84%	10.84%	10.27%	11.19%	11.87%	11.95%	11.31%	11.86%	11.73%	11.62%	12.11%
Acute Medicine and Rehabilitation	**11.91%**	11.44%	11.24%	11.91%	11.31%	11.33%	12.32%	12.88%	12.44%	12.29%	11.66%	11.77%	11.78%

Table 12: Annual Appraisal Compliance Rates by Division

		Qtr 1			Qtr 2			Qtr 3			Qtr 4		
Division	2012/13 out turn	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Operations & Service Improvement	51.00%	40.91%	43.33%	53.89%	59.56%	79.57%	76.60%	77.84%	86.19%	86.03%	86.34%	85.41%	90%
Corporate	81.54%	73.61%	70.24%	75.77%	76.18%	74.67%	69.40%	72.93%	68.25%	72.43%	73.92%	70.93%	79%
Clinical Support Services	74.98%	70.92%	67.75%	73.05%	74.28%	76.32%	72.53%	74.20%	76.01%	75.82%	72.98%	70.06%	79%
Childrens & Womens	59.63%	54.31%	59.75%	65.96%	62.33%	65.87%	67.14%	68.78%	66.70%	62.68%	62.62%	62.39%	68%
Neurosciences Orthopaedics Trauma and Specialist Surgery	40.55%	63.72%	68.59%	62.82%	64.30%	65.86%	67.58%	61.79%	60.56%	63.24%	62.13%	60.12%	68%
Medicine Rehabilitation and Cardiac	58.67%	57.88%	55.47%	51.32%	55.46%	55.66%	52.25%	47.67%	48.23%	51.66%	48.98%	44.68%	53%
Surgery & Oncology	62.43%	69.04%	71.39%	66.93%	64.83%	61.58%	60.49%	58.73%	52.14%	47.87%	47.70%	47.95%	53%
Research & Development	28.30%	20.37%	60.71%	62.30%	52.46%	49.23%	47.69%	34.38%	28.13%	29.69%	23.94%	23.19%	28%
Musculoskeletal & Rehabilitation	87.52%	86.65%	79.78%	75.23%	74.59%	76.70%	77.88%	72.86%	_	_	_	_	_
Cardiac Vascular & Thoracic	57.43%	71.11%	72.38%	70.14%	65.83%	70.28%	72.80%	72.36%	_	_	_	_	_
Grand Total	**65.13%**	**66.05%**	**66.22%**	**66.76%**	**66.67%**	**67.97%**	**66.43%**	**65.41%**	**62.94%**	**60.77%**	**60.65%**	**58.67%**	**66%**