Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting: Wednesday 12 November 2014

TB2014.130

Title	Quarterly Report on Workforce and Organisational Development Performance

Status	For Information and Comment
History	Quarterly performance reports are submitted to the Workforce Committee. The Trust Board receives reports for Quarters 2 and 4.

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

Executive Summary

1.	**Purpose** ▪ The purpose of this report is to provide Organisational Development (OD) and Workforce information associated with key performance indicators (KPIs) for the period July to September 2014, Quarter 2 (Q2). ▪ The Q2 Workforce Performance Dashboard is provided at **Appendix 1**.
2.	**KPI delivery** ▪ **Section A** provides commentary relating to performance and progress against KPI delivery in Q2. ▪ For the reporting period, key points to note are as follows:
3.	**Workforce Capacity** ▪ Consistent with the workforce plan, substantive workforce capacity increased. The Q2 position still represents a shortfall against the budgeted establishment. ▪ Total workforce also increased, due to the continued reliance on bank and agency staff to cover vacancies and other staff absences. Total capacity is marginally above budgeted establishment. ▪ Between August and September, temporary workforce capacity (i.e. bank and agency) reduced.
4.	**Workforce Costs** ▪ The substantive staff pay bill remained below budget, but the overall pay bill was overspent by £3.1M. ▪ Total expenditure on temporary staffing is £19.2M, year to date (i.e. 7.8% of the total pay bill for the first six months of the year). However, expenditure on temporary workforce in Month 6 was at its lowest this financial year and represents a reduction of £0.6M against the previous month. ▪ The sickness absence rate was 3.6%, against a target of 3%.
5.	**Workforce Efficiency** ▪ Staff turnover increased from 11.9% at the end of Q1 to 12.5% at the end of Q2. ▪ The Medicine, Rehabilitation and Cardiac division experienced the highest level of turnover, at 15.4%. ▪ Within the main staff groups, turnover remains highest amongst Allied Health Professionals, at 16.5%, whilst amongst qualified nurses and midwives, turnover at the end of Q2 was 13.1%. ▪ Retention is the most significant staffing issue for the OD and Workforce Directorate, and for divisional management teams. Section 2 of the report highlights the key actions and interventions being pursued, in this respect. ▪ The recruitment of substantive staff to replace vacant posts remains a high priority and this was reflected in the recruitment activity across the reporting period. Whilst the 'time to recruit' standard is not being fully met, in some cases, actions are being taken to address those areas causing delay in the process.
6.	**Workforce Compliance** ▪ The overall statutory and mandatory training compliance rate was 79.4%, against a target of 90%. This represents an increase against the Q1 position. ▪ The overall compliance rate for the completion of non-medical annual appraisals was 56.7% against a target of 90%. Appraisal compliance is a further area of concern and actions are being taken to improve under-performance in this area.

7.	**Principal Work Programmes and Initiatives** ▪ Section B summarises progress relating to a number of the OD and Workforce Directorate's key programmes of work and initiatives. In particular, commentary is provided which relates to the key actions being taken to improve staff retention. These actions are associated with six high impact areas. ▪ Updates are also provided on work being undertaken in the areas of staff engagement; staff health and wellbeing; equality and diversity, and HR policies.
8.	**Recommendation** The Trust Board is asked to note the contents of the report.

Organisational Development and Performance Report - Quarter 2, 2014/15

1. Introduction

1.1 This report provides information relating to Organisational Development (OD) and Workforce Performance for the period 1 July to 30 September 2014 (Quarter 2 - Q2). Section A comments on performance and progress against Workforce key performance indicators (KPIs). Section B provides an update on principal work programmes and initiatives associated with the OD and Workforce Directorate.

1.2 The Trust-level Workforce Performance 'Dashboard' is presented at **Appendix 1** and provides both in-month and rolling 12 month data relating to the principal Workforce KPIs. On a monthly basis, similar Dashboard information is provided to operational management teams for their respective divisions.

Section A: Performance against Key Indicators

2. Workforce Capacity

Substantive Workforce Capacity

2.1 During Q2, substantive workforce capacity increased by 275 whole time equivalents (WTE). Year to date, the substantive workforce, excluding research and development staff, has increased by 338 WTE (net), from 9,509 at the end of March 2014, to 9,848 at the end of September. Excluding research and development staff, the current substantive capacity represents a shortfall of 602 WTE against budgeted establishment (i.e. 9,847 WTE against 10,449 WTE).

2.2 Net movements in substantive staff numbers within the main staff groups are summarised in Table 1, below:

Table 1: Net Movement in Substantive Workforce Capacity (Main Staff Group - Q1 to Q2)

Staff Group	Net Movement (WTE)
Nursing and Midwifery Registered	-2.1
Allied Health Professionals	31.6
Medical and Dental	67.0
Estates and Ancillary	9.6
Healthcare Scientists	17.0
Additional Professional Scientific and Technical	40.5
Administrative and Clerical	63.6
Additional Clinical Services (Clinical Support)	48.1
Total	**275.3**

2.2 The Q2 position, with respect to substantive staff in post, reflects a planned increase in capacity since divisional workforce budgets were re-established at the end of 2013/14, based on March 2014 out turn. The net increase of 338 WTE, year to date, has

been achieved through the recruitment of a total of 1,014 WTE, of which 93 were associated with medical posts.

Total Workforce Capacity

2.3 Total workforce capacity (i.e. substantive and temporary workforce combined) increased by a total of 110 WTE, from 10,373 WTE at Q1 to 10,483 WTE at Q2. Excluding research and development staff, the Q2 position represents a marginal over-establishment of 34 WTE. In the main, this over-establishment is accounted for by additional cover required for staff on maternity leave and staff who are absent through short or long term sickness. Table 2, below, details the movement in capacity by division.

Table 2: Total Workforce Capacity by Division - Q1 to Q2

Division	Q1 WTE	Q2 WTE	Net Movement WTE
Children's and Women's	1,368.2	1,408.4	40.2
Clinical Support Services	1,993.0	2,047.4	54.4
Corporate Services	916.3	853.3	-63.0
Medicine Rehabilitation and Cardiac	2,339.5	2,290.7	-48.8
Neurosciences Orthopaedics Trauma and Specialist Surgery	1,724.9	1,750.0	25.1
Other*	45.9	81.7	35.8
Operations and Service Improvement	190.7	176.0	-14.7
Surgery and Oncology	1,794.5	1,875.7	81.2
Total	**10,373.0**	**10,483.2**	**110.2**

* Other - staff accounted for under 'operating expenses', which reflects income from education monies and I&E transactions from externally funded projects (mostly R&D).

2.4 For the five month period between April and August 2014, the trend was for total workforce capacity to increase, month on month, reflecting a rise in both substantive and temporary (i.e. bank and agency) staffing numbers. However, between August and September, as substantive capacity continued to increase, overall temporary workforce capacity reduced for the first time this financial year (i.e. from 825 WTE to 636 WTE). The majority of this reduction (i.e. 84%) is attributable to a decrease in agency staff use. Whilst one month's data cannot guarantee a reversal in trend, it is anticipated that the continued augmentation of the substantive workforce is beginning to have a positive effect, with respect to the over-reliance on temporary workforce, particularly those staff employed via agencies.

Vacancy Rates

2.5 Excluding research and development staff, the Q2 substantive staff position represents an overall vacancy rate of 5.8%, compared with 8.4% at the end of Q1. The Trust target is to reduce and maintain the overall vacancy rate to 5%, or below. The downward trend is encouraging and reflects the current increased volume of recruitment activity, which is ensuring that, on a monthly basis, the total number of new starters continues to exceed the total number of leavers. Between April and August there were, on

average, 27 WTE more non-medical starters than leavers and 26 WTE more medical starters than leavers. In September, the total number of starters exceeded the total number of leavers by 171 WTE. This spike in activity was attributable to the recruitment of a high number of newly qualified clinical professionals (i.e. nurses, midwives, allied health professionals and healthcare scientists) commencing employment after graduating in the summer months.

2.6 Notwithstanding this improved position overall, vacancy levels remain high in a number of divisions and across a range of staff groups. The Medicine, Rehabilitation and Cardiac division has the highest vacancy rate, at 9.3%, followed closely by the Neurosciences, Orthopaedics, Trauma and Specialist Surgery division at 8.8%. Amongst registered nurses, the current vacancy rate is 16%, emphasising the continued difficulties associated with retention within this particular staff group. For all ward-based staff (i.e. registered nurses and care support workers, combined) the vacancy rate is 11.6%, and within main theatres up to 21% in some areas.

3. Workforce Costs

Substantive and Total Staff Pay Bill

3.1 Consistent with the increase in substantive workforce capacity achieved in Q2, the associated pay bill also increased, month on month, in the same period. Despite this additional capacity, the substantive staff pay bill remained under budget, but the total pay bill (i.e. substantive and temporary workforce costs, combined) was overspent by £3.1m. Total pay within the clinical divisions was overspent by £7.1m.

Temporary Staff Expenditure

3.2 In September, expenditure on temporary staff (i.e. bank and agency) totalled £2.74M, which accounted for 6.6% of an overall pay bill totalling £41.5M. The Month 6 position, which is consistent with a downward trend since July, represents the lowest level of temporary staffing expenditure this financial year and a reduction of £0.6M against the previous month. The overall reduction is attributable to less reliance on agency staff, combined with an increase in the use of bank staff. Year to date, the cumulative bank and agency expenditure totals £19.2M (i.e. 7.8% of the total pay bill for the same period).

3.3 Table 3, below, provides details relating to both bank and agency expenditure during the first six months of the financial year. Table 4, overleaf, shows combined bank and agency expenditure, by division, for both Q1 and Q2.

Table 3: Monthly Bank and Agency Expenditure - April to September

Bank and Agency Expenditure	Apr (£)	May (£)	Jun (£)	Jul (£)	Aug (£)	Sept (£)	YTD (£)
Bank Expenditure	£0.82M	£1.09M	£0.89M	£0.79M	£0.87M	£0.91M	£5.36M
Agency Expenditure	£2.31M	£2.05M	£2.57M	£2.62M	£2.44M	£1.84M	£13.83M
Total Expenditure	**£3.13M**	**£3.14M**	**£3.46M**	**£3.42M**	**£3.31M**	**£2.74M**	**£19.19M**
% of Total Pay Bill	7.6%	7.6%	8.5%	8.5%	8.0%	6.6%	7.8%

Table 4: Combined Bank and Agency Expenditure by Division - Q1 and Q2

Division	Q1 (£)	Q2 (£)	YTD (£)
Operations and Service Improvement	19,036	82,145	101,181
Research and Development	94,480	58,711	153,191
Corporate Services	652,770	683,355	1,336,125
Children's and Women's	1,000,047	874,534	1,874,580
Neurosciences Orthopaedics Trauma and Specialist Surgery	1,515,672	1,685,667	3,201,339
Surgery and Oncology	1,629,293	2,069,691	3,698,983
Clinical Support Services	1,682,464	1,795,117	3,477,581
Medicine Rehabilitation and Cardiac	3,128,168	2,219,861	5,348,029
Total	**9,721,927**	**9,469,082**	**19,191,009**

Sickness Absence

3.4 Between Q1 and Q2, overall sickness absence increased from 3.4% to 3.6%, against a maximum target of 3%. To a degree, this increase was anticipated, as a consequence of improved reporting following the implementation of the FirstCare absence management system in April. Despite exceeding the 3% target, the Trust's performance continues to compare favourably against the average for the NHS as a whole (4.2%) and is consistent with the average reported by the Shelford Group of trusts (i.e. 3.6%).

3.5 The highest levels of sickness absence were recorded in the Children's and Women's Division (3.9%) and the lowest in the Neurosciences, Orthopaedics Trauma and Specialist Surgery Division (3.3%). Details of sickness absence by main staff group, for both Q1 and Q2, are shown in table 5, below.

Table 5: Sickness Absence by Main Staff Group - Q1 and Q2

Staff Group	Q1	Q2
Additional Clinical Services	6.0%	6.3%
Estates and Ancillary	5.1%	4.9%
Nursing and Midwifery Registered	3.8%	4.0%
of which Midwives	*3.8%*	*3.7%*
Administrative and Clerical	3.5%	3.7%
Additional Professional Scientific and Technical	2.7%	2.7%
Allied Health Professionals	2.4%	2.7%
Healthcare Scientists	2.1%	2.3%
Medical and Dental	0.9%	0.9%
Total	**3.4%**	**3.6%**

3.6 Currently, the most commonly cited reasons for absence are anxiety, stress and depression, which account for 15.3% of days lost, and musculoskeletal problems, which account for 10.7% of days lost. All clinical divisions experienced a rise in absence, across

all major staff groups, whilst the estates and ancillary function and the midwifery service achieved small reductions between Quarters.

3.7 In order to further strengthen the management of attendance at an operational level, a new post has been established to case manage long term absence and to support divisions in tackling short and medium term issues. Also, to complement the FirstCare initiative, the Trust Management Executive recently approved the introduction of a Trust-wide Employee Assistance Programme (EAP). EAPs are aimed mainly at assisting staff with work-related difficulties. However, they also provide expert, independent, confidential advice and support to help employees deal with issues that originate outside the workplace, particularly where these impact on work attendance and/or job performance.

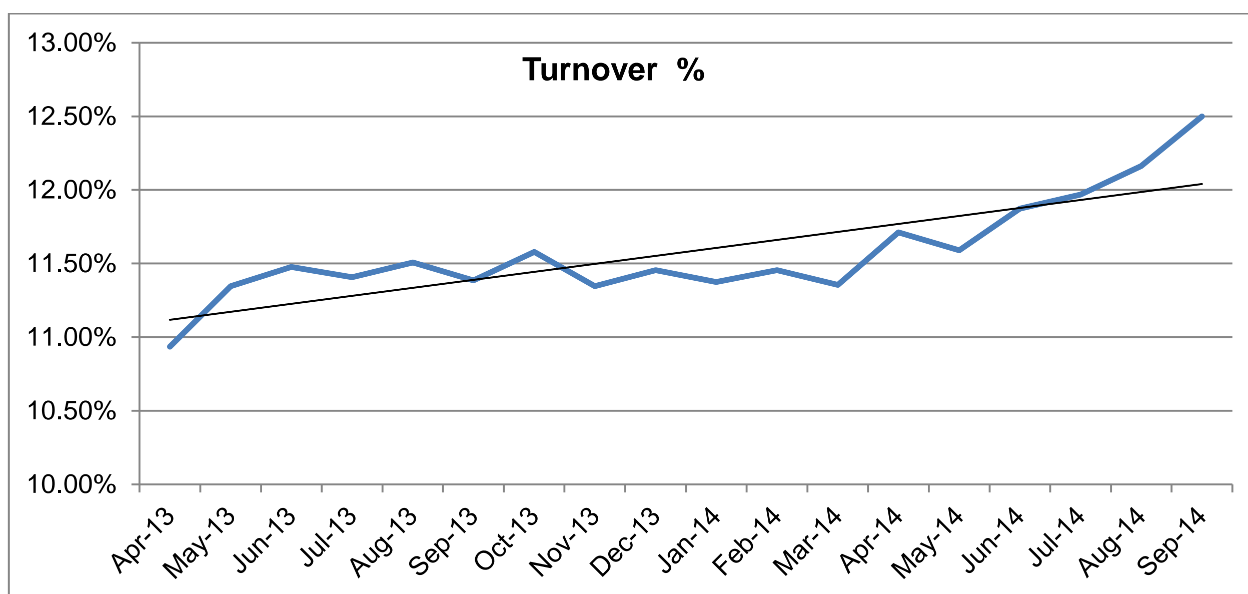
3.8 In response to the seasonal influence of influenza, the Occupational Health Service commenced the annual flu immunisation programme at the end of September.

4. Workforce Efficiency

Staff Turnover Rates

4.1 During Q2, overall staff turnover increased from 11.9% in June to 12.5% in September. This continued increase is of concern and is diminishing the impact of the achievements made in recruiting greater numbers of substantive staff. Table 6, below, shows the upward trend in overall staff turnover since April 2013.

Table 6: Overall Staff Turnover - April 2013 to September 2014



4.2 Of the clinical divisions, Medicine, Rehabilitation and Cardiac has the highest overall level of turnover (15.4%), followed by Neurosciences Orthopaedics Trauma and Specialist Surgery (13.4%). Within the main staff groups, turnover remains highest for allied health professionals (16.5%), particularly amongst occupational therapists (25%), physiotherapists (19%), diagnostic radiographers (15%) and therapeutic radiographers (10.8%). Turnover amongst nursing and midwifery staff is currently 13%, where the highest attrition is associated with individuals occupying band 5 posts.

4.3 There are also pockets of high staff turnover within the support staff groups, both clinical and non-clinical. Amongst clinical support staff, the current turnover rate is 15%, and for estates, ancillary and administrative staff, turnover is at 12%.

4.4 Notwithstanding the progress being made with the recruitment of substantive staff and the closure of underlying vacancies, addressing the issue of staff retention is of critical importance and has been highlighted as such within the Trust Risk Register. Section B of this report highlights the key actions being taken in response.

Recruitment Activity

4.5 During Q2, the level of recruitment activity was higher than in Q1. The resourcing team processed a total of 866 advertised vacancies, against which over 9,000 applications were received. The only areas in which the number of applications reduced, compared with the previous Quarter, were allied health professions, and nursing and midwifery specialties. Table 7, below, details the total numbers of advertised vacancies and applications received, by main staff group, for Quarters 1 and 2.

Table 7: Recruitment Activity - Numbers of Advertised Vacancies and Applications, by Main Staff Group

Staff Group	Q1			Q2		
	Advertised Vacancies	Applications (total and per vacancy)		Advertised Vacancies	Applications (total and per vacancy)	
Administrative and Clerical	253	3,868	15.2	252	3,834	15.2
Allied Health Professionals	73	1,227	16.8	75	861	11.5
Estates and Ancillary	29	285	9.8	36	438	12.2
Healthcare Scientists	86	1,228	14.3	78	1,231	15.8
Medical and Dental	81	438	5.4	102	628	6.2
Nursing and Midwifery (including unqualified)	298	2,498	8.4	321	2,059	6.4
Total	**820**	**9,544**	**11.6**	**866**	**9,057**	**10.6**

4.6 The Workforce Directorate has established an agreed ‘time to recruit’ standard of ten weeks for all new and replacement non-medical posts. Time to recruit starts when an advertisement is first posted and completes when all pre-employment checks are received. In Q2, the standard was achieved for 60% of all candidates. Whilst this is an improvement compared with the same period last year, performance needs to be better. In order to establish the particular areas of delay, each stage of the recruitment process has been examined and attention will now be focused on improving both activities associated with shortlisting and interview preparation.

4.7 In Q2, the resourcing team coordinated a total of eight Advisory Appointment Committees (AACs), from which ten consultant appointments were made. In the year to date, a total of 20 new medical consultants have been appointed.

5. Workforce Compliance

Statutory and Mandatory Training

5.1 At the end of Q2, the overall statutory and mandatory training compliance rate was 79.4% against a Trust target of 90%. This is a slight improvement on the previous reporting period. Performance at a divisional level is highlighted in Table 8, below.

Table 8: Statutory and Mandatory Compliance Rates by Division

Division / Function	Q1 Compliance	Q2 Compliance
Children's and Women's	82.5%	82.5%
Clinical Support Services	91.2%	90.3%
Medicine Rehabilitation and Cardiac	81.8%	81.5%
Neurosciences Orthopaedics Trauma and Specialist Surgery	86.7%	84.4%
Surgery and Oncology	83.8%	84.3%
Corporate Services	89.4%	90.3%
Operations and Service Improvement	89.9%	91.9%
Research and Development	81.5%	77.7%
Overall Trust Compliance	**78.3%**	**79.4%**

5.2 Those elements of statutory and mandatory training which are most significantly below target are detailed in Table 9, below.

Table 9: Statutory and Mandatory Training - Under-performing Elements

Competence	Q1 Compliance	Q2 Compliance
Conflict Resolution	57.6%	60.0%
Medicines Management - Controlled Drugs (Doctors)	61.2%	61.8%
Medicines Management - Safe Use of Insulin	57.4%	62.9%
Venous Thromboembolism (VTE) Risk Assessment	61.6%	64.1%
Induction	66.8%	68.2%
Consent	69.4%	69.8%
Medicines Management - Methotrexate for Doctors and Nurses	69.1%	72.3%

5.3 The updated Safe Use of Insulin course material was developed by the Oxford Centre for Diabetes and Endocrine and Metabolic Medicine (OCDEM) during September. The Learning and Development department is now using the course content to develop the e-learning module which will be piloted in late October/early November before full release. Furthermore, a new medicines management e-learning module is also being

developed to address the feedback received in relation to a number of the medicines management modules (i.e. methotrexate).

5.4 The Statutory and Mandatory Training Policy is being further refined to reduce the competence requirements for honorary contract holders and to simplify the requirements in relation to the medicines management modules (the aim is to reduce these to the absolute safe minimum). The data cleanse of honorary contract holders is almost complete and all such individuals will have been migrated to divisions by the end of November. This will greatly improve visibility and accountability for the management of these contracts.

5.5 Further E-LMAS developments have been implemented, including the introduction of 'proxy' access, which provides managers with greater direct control in how they manage compliance within their particular areas of responsibility. In addition, an 'MOT' approach is being developed with regard to maintaining 'currency' when a competence is refreshed within one month of expiry.

5.6 Concurrently, changes are being made within the HR policy framework, which will make an explicit link between the application of annual pay increments and the requirement for individuals to remain in date for all aspects of statutory and mandatory training associated with their roles. This requirement is already embedded within the essential criteria relating to pay progression for medical staff, but to date has not been applied for other staff groups.

5.7 Notwithstanding these developments, the learning and development team will continue to work with operational divisions and corporate functions to address areas of low performance and increase overall compliance rates.

Annual Appraisal

5.8 At the end of Q2, the overall compliance rate for the completion of non-medical annual appraisals was 56.8% against a target of 90%. Table 10, overleaf, provides the Q2 compliance rates, by division.

5.9 Under-performance in this area continues to be of concern. The main issues that are preventing an increase in compliance are identified as:

- insufficient management time in which to undertake staff appraisals, in part due to:
  - higher levels of staff turnover; and
  - a lower level of 'staff uplift' that takes into account leave/study leave when benchmarked against the Shelford Group average;
- insufficient flexibility and management discretion provided by the online (E-LMAS) template;
- a concern that, whilst the completion of staff appraisals is recognised as being important, there is often no consequence associated with persistent non-compliance.

5.10 In response to these issues, a number of actions are being taken to improve the current position. These include the following:

- The provision of greater flexibility within the appraisal templates. New 'generic staff group' templates have been developed, which provide greater flexibility and aim to

reduce the administration time associated with the appraisal process. In addition, off-line (i.e. paper-based) appraisals can also be undertaken.

- Enhancements have been made to the appraisal compliance report to support a targeted approach to increase compliance rates within each division. The learning and development team have worked with the Divisions to agree recovery plans which aim to increase compliance over the next six months.

- Monthly review meetings are being scheduled with the learning and development team, HR business partners and the Divisions to review the progress against the recovery plans and ensure that divisional teams have accurate information to enable them to schedule staff to complete their appraisals where they are overdue.

- The HR policy framework will make an explicit link between the application of annual pay increments and the requirement for individuals to remain in date for their annual appraisals (line managers will be held to account where there are areas of persistent low performance).

5.11 The implementation of these actions, combined with an absolute focus by the learning and development function to improve performance, aims to deliver a significant uplift in compliance from Q3 and achieve the 90% target by the end of the financial year.

Table 10: Non-Medical Appraisal Compliance - Q2

Division / Function	Q1 Compliance	Q2 Compliance
Clinical Support Services	68.5%	66.1%
Operations and Service Improvement	61.1%	51.6%
Neuroscience Orthopaedics Trauma and Specialist Surgery	60.8%	50.9%
Medicine Rehabilitation and Cardiac	49.2%	48.0%
Surgery and Oncology	58.5%	56.2%
Children's and Women's	63.7%	61.2%
Corporate Services	55.8%	63.6%
Overall Trust Compliance	**59.1%**	**56.8%**

Section B: Principal Work Programmes and Initiatives

6. Recruitment and Retention

6.1 The recruitment and retention of staff remains a significant challenge for the Trust. Section A of this report highlights that, whilst good progress is being made in most areas of recruitment, the positive impact of employing increasing numbers of substantive staff is limited by relatively high levels of staff turnover and the inability to retain staff in sufficient numbers within some professional groups. Since the recruitment and retention summit was conducted in July, work has progressed in a number of areas, aimed at addressing those issues which most influence staff in their decision to leave the organisation. Through feedback gained via exit interviews, local surveys and staff discussion group activity, it is evident that current and future initiatives and interventions should be focused

in six key areas. These are highlighted below, together with a summary of the main areas of work (either currently being undertaken, or planned) associated with each:

Increasing Substantive Workforce Capacity

- The first cohort of Foundation Year One Adult nurses have commenced employment with a further 14 candidates appointed for the second cohort, due to arrive at the Trust in January 2015.

- An overseas recruitment programme, being conducted in partnership with an external agency, aims to appoint up to 250 WTE adult and children's, theatre practitioners and radiographers, from Northern Europe and the Philippines. The first cohorts will commence employment with the Trust from February 2015.

- UK-based and other international recruitment activity continues. Assuming recruitment remains at its current rate, the overall vacancy level should be reduced to 5% by early 2015.

- The internal recruitment process has been further streamlined by minimising the extent to which references need to be sought. External recruitment is now completely computerised, including the latest introduction of electronic web based pre-employment health forms.

- Extended notice periods for bands 5 to 7 staff were introduced for new employees from July and will be extended to all current employees from 1 January 2015. This enables OUH to remain competitive with neighbouring trusts that have already lengthened their notice periods and also provides line managers with more time in which to recruit to vacancies, thereby reducing the need to fill gaps with contingent staff.

- Representatives from the Trust have attended a number of regional and national recruitment and careers events, and also arranged open days for various clinical departments. The results from recent careers events have been mixed, but every contact is proactively followed up. OUH is taking a leading role in the first on-line recruitment fair, sponsored by the Nursing Times. This will be a full day's event in early December, which is anticipated to generate a high level of interest from potential candidates across all nursing specialties.

Mitigating High Cost of Living

- Relationships have been developed with letting agencies in the Oxford area, in order to secure a discount for OUH employees on application fees for rental properties.

- Changes to the Trust accommodation policy are being made, with proposals to re-introduce or consider a number of supportive actions to assist staff in moving from Trust accommodation to commercially-provided rented accommodation. These include, for example, interest free loans to assist in buying furniture, providing employer references as and when required, and underwriting damage deposits.

- A review of the staff benefit scheme aims to further enhance the offers to staff and is likely to include gym membership, and extensions to established schemes providing mobile technology and white goods; car purchase; cycle to work; childcare vouchers;

staff car parking and bus ticket savings. Season ticket loans for public transport are to be more extensively advertised.

- Work is underway to identify potential additional car parking capacity within the Oxford area, in order to support the creation of a Trust only park and ride scheme. The Trust is also in discussion with Oxford City Council regarding the provision of more park and ride capacity, generally.

- New rates of pay have been agreed for staff working on the Trust internal bank, managed by NHSP. The increased rates, which will be implemented from 1 November, aim to encourage more staff to undertake additional hours via the bank, rather than an agency provider, and also to encourage agency staff to move to the OUH bank. In scoping this initiative, feedback from staff indicates that improved rates of bank pay will have a beneficial effect on staff morale and the patient experience (and, of course, the Trust's finances).

- The potential for applying a form of salary weighting to OUH employees is being scoped. Although wide-scale application is likely to prove unaffordable, it might be cost-effective to introduce a percentage salary enhancement for some targeted professions where recruitment remains most difficult.

- Retention among the lower paid staff is also problematic. Oxford has relatively low unemployment rates and the Trust is facing increased competition from other local employers in the recruitment of unregistered staff. A range of major public sector employers have introduced the living wage (a rate set by the living wage foundation, which is higher than the national minimum wage). Oxford City Council and other local employers have implemented an Oxford living wage of £8.36 per hour. Financial modelling is being undertaken to determine how this might be applied to those directly employed and seconded staff whose earnings are below this level (approximately 1,780 in total).

Applying Targeted Recruitment and Retention Incentives

- A range of targeted recruitment and retention incentive initiatives are being pursued. Whilst financially attractive, these incentives also provide an opportunity for more rapid advancement. For example, in therapeutic radiography, newly recruited staff at band 5 are to receive a non-consolidated additional payment on appointment, followed by further additional payments which are dependent on tenure and satisfactory performance. Furthermore, by recognising the bottom of band 5 as being the basic postgraduate entry level, advancement within (and beyond) the band will be accelerated, contingent upon individuals demonstrating competence against pre-determined criteria. This initiative provides a blueprint for other staff groups and a similar scheme is being developed for neonatal nursing staff.

- Several Divisions have introduced a 'recruit a friend' scheme which financially rewards existing staff members for introducing candidates who are subsequently recruited to the Trust. Associated payments range from £250 to £300, dependent upon the specialist skills and experience of the individuals appointed.

- Increasingly, newly qualified nursing staff look for an opportunity to rotate through a number of specialty areas, in order to consolidate their academic learning and gain a

broader range of skills and experience, before working for a longer period within their chosen area. In response, rotational posts have been introduced in several clinical areas and are likely to increase in number.

- The first Foundation Programme (FP1) has been established. This Programme aims to provide additional support to nursing staff who are appointed immediately post-qualification, through enhanced mentorship and supervision, protected learning time and the opportunity for specialty rotation (as above).

Widening Participation

- Dependent upon context, an overarching definition to explain the concept of 'widening participation' is difficult to establish. However, within the NHS, widening participation is often applied when considering recruitment to entry level jobs and supporting progression through the lower pay bands (i.e. bands 1 to 4) and, for some, progression into pre-registration training. Within this context, underrepresented groups are most likely to be disengaged young people, those without qualification, low skilled, part-time and temporary workers, those on low incomes and/or working age benefits, older adults, those with literacy, numeracy or learning difficulties and some minority ethnic groups (HEE Widening Participation - It Matters; Strategy and Initial Action Plan, 2014). In addition, widening participation is also related with equality issues ensuring that those people from diverse backgrounds are encouraged and have equal access to opportunities for career development. With the support of HETV, the Trust will consider all opportunities to promote the widening participation agenda in order to understand and recognise the supply and demand for this element of the workforce, and to ensure all areas of the existing and potential local labour market are explored.

- An important aspect of the Trust's widening participation activities is the support provided to care support workers (CSWs) through the CSW Academy. CSWs are able to undertake a programme of education, which leads to the award of the Higher Certificate of Fundamental Care. Thereafter, those individuals who demonstrate the ability to progress into a professional education programme are provided with the support to do so. Launched in 2012, the CSW Academy is also highly active in the recruitment of CSWs; the development of competency frameworks; the promotion and support of Assistant Practitioner development (in partnership with Oxford Brookes University); the provision of career and progression advice, and the promotion of apprenticeship opportunities within the Trust.

Improving Professional Development Opportunities and Career Advancement

- When considering the key issues impacting on staff retention, a recurrent theme is access to professional development opportunities and career advancement. Clearly, these are important issues for staff, particularly those occupying professional roles. Work is being undertaken to better understand where and how improvements could be made in these areas. The Trust's Education and Training Strategy is being reviewed and, at its core, will be the recognition that the Trust must offer opportunity and support in these areas, across all professional groups such that, as far as possible, individuals are able to develop and sustain their careers locally.

- Building on the progress made, to date, by the Trust's educational leads, future activity will aim to maximise the opportunities provided for non-medical staff occupying bands 5

to 9 to undertake continuing professional development (CPD), for which external funding is received, on an annual basis. Whilst recognising and supporting the realistic expectations of staff, with respect to personal development, CPD activity must also be aligned to the key requirements of patient services and the outcomes of comprehensive training needs analysis.

- A key issue impacting on professional development is the ability to protect time for education and training interventions. This, in turn, is dependent upon workforce capacity and service activity levels. This reinforces the need to increase substantive staff capacity and reduce reliance on the contingent workforce.

Creating and Sustaining the Right Environment

- The various actions and interventions highlighted above all aim to improve the Trust's ability to attract, recruit and retain staff, and to maintain appropriate levels of skill and experience across all professions and functions. However, these actions and interventions are unlikely to be successful unless OUH continues to create and sustain the 'right environment'. Significant work is being undertaken within the Trust to improve staff engagement, embed core values, ensure staff are appropriately recognised for the contribution they make, and to support and improve staff health and wellbeing. Combined, these activities aim to promote an organisational culture and environment which is characterised by the demonstration of the Trust's core values.

- Creating and sustaining the right environment also requires that, where behaviour and/or practice is evident which contradicts the Trust's values, or hinders effective service delivery, appropriate action is taken. Such action is being taken within some particular areas of the organisation where current working practices are having a detrimental effect on staff retention.

7. Staff Engagement

Guide to Values and Behaviours

7.1 Building on the work undertaken, to date, in developing and embedding the Trust's core values, a personal guide for staff has been produced. The guide sets out OUH's values and describes them in the context of those behaviours which should be encouraged and those which are undesirable and/or unacceptable. The purpose of the guide is to act as a convenient reference for all staff and to encourage discussion within teams regarding the importance of values and behaviours. The guide, which is provided to all new employees at their induction, is reproduced at **Appendix 2**.

Value Based Interviewing

7.2 In the past six months, a total of 48 recruitment managers attended the two day Value Based Interviewing (VBI) training programme, taking the total to 159 staff trained in the technique. A further 70 training spaces will be available in the next six months, with programmes fully subscribed until December 2014. Provision has been made for 154 training spaces to be available in 2015.

7.3 Interest from other healthcare providers in the OUH approach to VBI is significant, and 80 organisations are considering its implementation. Further enquiries have been

received from county councils, local police authorities, and private sector employers including private health. The project team has also been contacted by employers in Australia, the United States and Europe. OUH has welcomed over 20 organisations to observe part of the VBI training, in order to assist them in understanding the practical implications of implementing VBI. This has also provided an opportunity to demonstrate the good progress being made within the Trust. A showcase event is planned for January 2015.

7.4 The projected publication date of the full VBI evaluation is November 2014. The evaluation report will be used to consolidate the technique and assist with its continued ‘spread and embed’. Contributors include Picker Europe, NSPCC and Helen Baron for statistical analysis, and the report academic lead is Professor Ian Kessler. Early indications from the report are encouraging and highlight that:

- staff who completed a VBI were more positive about OUH, overall;
- staff who completed a VBI were thinking of staying an average two and a half years longer than those who did not have a VBI;
- 97% of staff who completed a VBI ‘treat people with dignity and respect’, according to the managers’ evaluation;
- managers recognise that VBI has improved the way in which staff are recruited to the Trust.

Value Based Conversations

7.5 The Value Based Conversations (VBC) programme builds on the existing VBI agenda by empowering line managers to have ‘valuable’ conversations with their staff. The programme is designed to provide attendees with a new set of skills, tools and techniques for conducting effective values based conversations with their staff about their day to day work, their development and performance.

7.6 The VBC pilot project has made good progress and 73 line managers completed the one-day programme between May and September, bringing the total number trained to 121. A further 90 training spaces will be available for the remainder of the pilot ending in December. A provisional training schedule is in place for 2015, providing for a further 400 training spaces.

Staff Recognition

7.7 Participation in the 2014 Staff Recognition Awards initiative increased for the third consecutive year and over 500 nominations were received across the nine Award categories. Growing interest in the Awards process saw a steady rise in nominations across a broader range of staff groups, with all hospital sites represented. Six divisional panels were convened in October to agree a shortlist for recommendation to the Trust recognition panel. All nominees will receive acknowledgement of their nomination in early November and category winners will be announced at this year’s Awards evening in early December.

7.8 The Staff Recognition website, implemented in August, provides a recognition platform with which to establish and extend recognition practice throughout the Trust. The electronic ‘thank you’ module, launching in November, will offer the facility to send e-thank

you cards linked to Trust values, encouraging staff to consider recognition on a more local and frequent basis.

7.9 A review of long service recognition is being undertaken, informed by research from other trusts and industry, and feedback from staff. Examples of methods of recognition being explored are letters of thanks, pin badges, and local and/or corporate events including presentation of long service certificates.

7.10 The Oxford Mail Hospital Heroes Award initiative generated a shortlist of individuals and teams who will be featured in the Oxford Mail over the coming weeks. Winners will be announced at the December Awards evening and all nominees will receive a letter of recognition.

Staff Friends and Family Test

7.11 In April 2014, the Staff Friends and Family Test (FFT) was introduced to facilitate regular staff feedback on NHS Services, based on their recent experience. Within the Staff FFT, individuals are asked to respond to two questions: The ‘Care’ question asks how likely staff are to recommend the NHS services in which they work to friends and family who need similar treatment or care, whilst the ‘Work’ question asks how likely they would be to recommend their organisation to friends and family as a place to work.

7.12 In Q1, 86% of participating staff stated they would be “extremely likely”, or “likely”, to recommend OUH to friends and family in need of care or treatment, and 61% confirmed they would be “extremely likely”, or “likely”, to recommend OUH as a place to work. This compared favourably with national responses of 76% and 62%, respectively.

7.13 In Q2, a total of 1,998 staff responded to the FFT, compared with 2,651 in Q1. The percentage of staff who would be extremely likely, or likely, to recommend OUH to friends and family for treatment remained at 86%. Again, this was above the Picker national average of 79%. Common themes relating to both positive and negative recommendations are summarised below:

Positive comment themes *(Extremely Likely or Likely)*	**Negative comment themes** *(Extremely Unlikely or Unlikely)*
• Quality of patient care provided • Caring and dedicated staff • Expertise, speciality and clinical excellence provided • Range and quality of services offered • Previous experience as patient	• Personal experience of care as a patient or by a family member • Standard and quality of service provided • Trust and confidence in the service • Staffing levels and pressure on resources

The percentage of staff confirming they would be extremely likely, or likely, to recommend OUH to others as a place to work reduced by one percentage point, to 60%, compared with the 64% Picker national average. Common themes relating to both positive and negative recommendations are summarised overleaf:

Positive comment themes (Extremely Likely or Likely)	Negative comment themes (Extremely Unlikely or Unlikely)
• Good relationships with colleagues, friendly, good teamwork • Job satisfaction and good place to work • Opportunities to learn and develop career • Relationship and support from line manager • Working conditions and flexibility	• High cost of living and parking • Lack of line manager support and leadership behaviour • Poor morale and low levels of motivation and job satisfaction • Dissatisfaction with levels of pay and career progression • Staffing levels and levels of stress

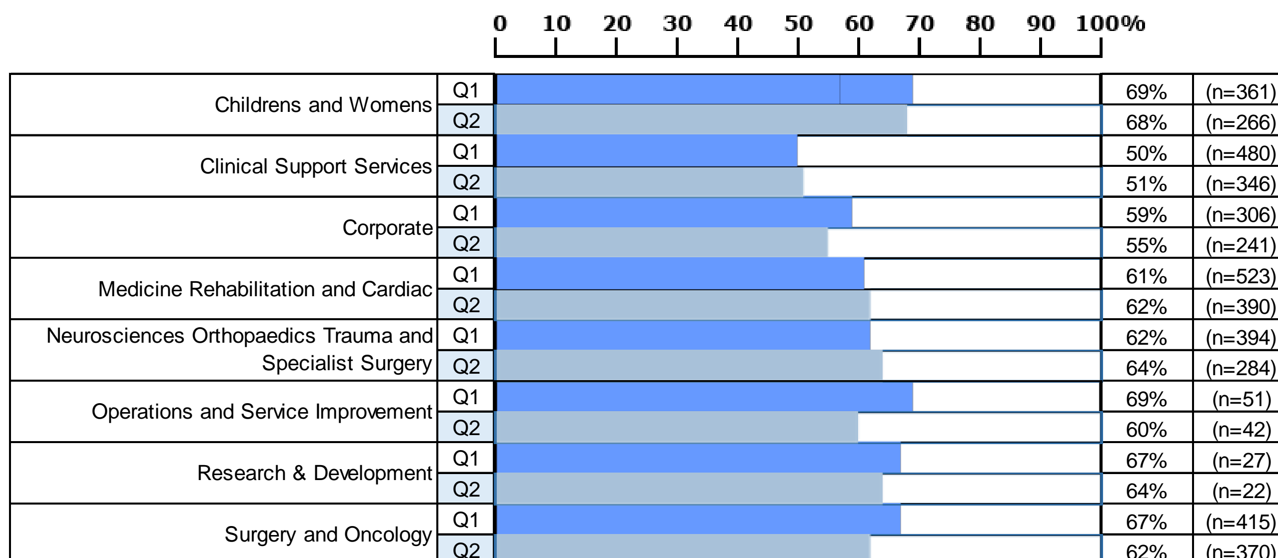
Divisional results

7.14 Tables 11 (below) and 12 (overleaf) detail, by division, the staff responses to both questions (i.e. percentages refer to those individuals who would be extremely likely, or likely, to recommend OUH).

Table11: Staff Extremely Likely, or Likely to Recommend the Trust as a place to receive Treatment

Division	Question	%	n
Childrens and Womens	Q1	90%	(n=361)
	Q2	92%	(n=266)
Clinical Support Services	Q1	79%	(n=481)
	Q2	79%	(n=347)
Corporate	Q1	82%	(n=307)
	Q2	86%	(n=241)
Medicine Rehabilitation and Cardiac	Q1	85%	(n=523)
	Q2	86%	(n=392)
Neurosciences Orthopaedics Trauma and Specialist Surgery	Q1	88%	(n=394)
	Q2	85%	(n=284)
Operations and Service Improvement	Q1	90%	(n=51)
	Q2	81%	(n=42)
Research & Development	Q1	85%	(n=27)
	Q2	86%	(n=22)
Surgery and Oncology	Q1	90%	(n=416)
	Q2	89%	(n=370)

Table12: Staff Extremely Likely, or Likely to Recommend the Trust as a place to Work



Division	Quarter	%	n
Childrens and Womens	Q1	69%	(n=361)
	Q2	68%	(n=266)
Clinical Support Services	Q1	50%	(n=480)
	Q2	51%	(n=346)
Corporate	Q1	59%	(n=306)
	Q2	55%	(n=241)
Medicine Rehabilitation and Cardiac	Q1	61%	(n=523)
	Q2	62%	(n=390)
Neurosciences Orthopaedics Trauma and Specialist Surgery	Q1	62%	(n=394)
	Q2	64%	(n=284)
Operations and Service Improvement	Q1	69%	(n=51)
	Q2	60%	(n=42)
Research & Development	Q1	67%	(n=27)
	Q2	64%	(n=22)
Surgery and Oncology	Q1	67%	(n=415)
	Q2	62%	(n=370)

8. Staff Health and Wellbeing

8.1 During the Q2 period, work undertaken by the Health and Wellbeing team continued to focus on four priorities for improving staff wellbeing, namely:

Increasing physical activity

- A pedometer challenge took place within the Neurosciences Orthopaedics Trauma and Specialist Surgery, and Children's and Women's Divisions, following which an award ceremony recognised those teams which completed the most steps. In September, a further pedometer challenge was undertaken across the John Radcliffe site and the event attracted the participation of 20 teams.

- A number of new walk to work routes have been mapped for staff from two park and ride sites and the main railway station to the John Radcliffe Hospital.

- In July, a 'healthy hospital day' was held at the Churchill Hospital to offer staff advice on a wide range of health issues, including smoking, diet, exercise, and stress management. This completed the cycle of healthy hospital days conducted at all four sites. Planning for the next cycle of events is underway.

- A number of new and pre-existing fitness classes are being provided on various Trust sites.

Improving mental wellbeing

- A number of 'building resilience' courses have been provided for staff undertaking Trust leadership development and preceptorship programmes. Specifically aimed at newly appointed managers, the building resilience intervention provides practical tools and techniques to support individuals in recognising and managing stress in themselves and in others. Regular 'stress busting' training continues to be provided on a monthly basis.

- A group been established to address the issue of anxiety and stress at work, which is cited as being the main cause of sickness absence and referral to the occupational health service. The purpose of the group is to better understand the extent of the issue and identify areas of the Trust most affected, and then to work with local managers to establish interventions which will focus on improving mental health and wellbeing.

Healthier eating

- A local survey conducted on behalf of the Trust's Healthier Eating Working Group received 2,355 responses from staff. Analysis of the responses indicated a strong demand for increased availability of healthier food options, particularly out of core meal times. Results were presented to food providers, who have given a commitment to consider further changes to improve the availability of healthier options. One particular provider has signed up to the Department of Health Responsibility Deal 'healthier restaurants pledge'.

Health improvement

- The promotion of Trust 'health champions' continues and six champions have been trained to take on this important role to actively support staff health and wellbeing awareness and support within the John Radcliffe Maternity Unit.

- In August, the Health Improvement Advice Centre opened at the John Radcliffe site. This is a one year pilot drop-in service for staff, patients and visitors, offering brief health improvement advice and signposting to services in the community. A successful first month saw over 120 people accessing the service.

9. Equality and Diversity

9.1 The Trust has been re-assessed for the Two Ticks disability symbol, and awarded 'retained' status. The Two Ticks symbol recognises the level of commitment and support provided by an organisation to its employees who have a declared disability. There is also a requirement to guarantee interviews for disabled applicants who meet the minimum essential recruitment criteria. A networking and support event was held for employees with a declared disability, to provide information on accessing support available through various avenues, including the Access to Work programme.

9.2 Level 2 training in addressing bullying and harassment continues to be provided on a bi-monthly basis, with a high level of attendance and excellent feedback from participants. OUH shares best practice across the South Equality and Diversity Network, and has strengthened its ties and working relationships with colleagues from Oxford Health NHS Foundation Trust. Work has also been undertaken with the University of Oxford to understand what support can be offered to assist in their achievement of the Athena Swan silver award (the Athena Swan initiative encourages women into senior research roles within the Medical Sciences Division). This collaborative work will continue.

9.3 The Trust's Equality and Diversity Steering Group is now chaired by the Director of OD and Workforce. A key purpose of the Group is to oversee the effective implementation of the Trust's Equality and Diversity Strategy. The current Strategy, and its associated objectives, is to be reviewed and updated at a workshop scheduled for early November.

The workshop will consider the current challenges and how best to prepare for the Equality and Diversity System 2 (EDS2) panel assessments, which are due to be implemented in 2015. Facilitated by an external expert with extensive experience in strategy formulation, the workshop will be also be informed by the views and observations of Patient Group Representatives.

10. HR Policy Framework

10.1 During the reporting period, a revised way of working was introduced with respect to the HR policy development and approval process. The key changes include subject experts being assigned to policies as lead authors, a wider consultation process, which aims to engage as many stakeholders as possible, more efficient collation of comments, and a final legal proof read (where required), before documents are provided to the relevant committee for approval. To date, these revisions have been successful in reducing the time taken to complete policy reviews and updates. The most significant policies to have been updated during Q2 were the Trust's disciplinary, annual leave, and managing organisational change procedures (the latter now reflects a maximum qualifying period of pay protection of one year, rather than two).

11. Recommendation

11.1 This report provides a summary of performance against a range of Workforce Indicators and progress being made with respect to a number of key work programmes and initiatives associated with the delivery of the OD and Workforce Strategy. The Trust Board is asked to note the contents of the report, in particular the actions being taken to address those areas of under-performance and those actions associated with the improvement of staff retention.

Appendices

1. Workforce Performance Dashboard September 2014 (Q2)
2. Trust Values and Behaviours Guide

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Jo Durkin, VBI Project Manager

October 2014

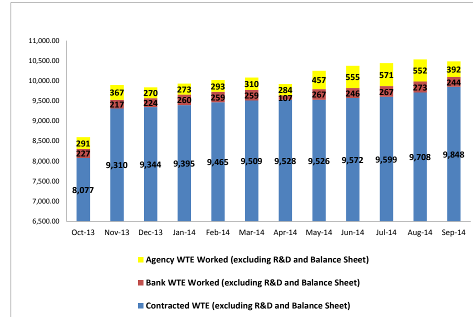
Appendix 1 – Workforce Performance Dashboard September 2014 (Q2)

WORKFORCE CAPACITY

Substantive Workforce (WTE)

Whole Time Equivalent (WTE)	Q1 June 2014 (M3)		September 2014 (M6)	
	SIP WTE*	Budget WTE	SIP WTE*	Budget WTE
Contracted Staff in Post	9,572.3	10,444.9	9,847.5	10,449.2
Temporary Workforce	800.6	0.0	635.6	0.0
Total Workforce Capacity	**10,372.9**	**10,444.9**	**10,483.2**	**10,449.2**

Workforce Capacity - WTE



* SIP and Budget WTE excludes employees in Research & Development and in the Balance Sheet - recoverable staff who are paid by the OUHs but funded from external organisations.

Vacancy Rate

Division/Function	Budgeted WTE	Contracted WTE	Vacancy %	Vacancy WTE
	September 2014 (M6)			
Children's & Women's	1,371.4	1,341.9	2.1%	29.5
Clinical Support Services	1,975.7	1,927.0	2.5%	48.6
Corporate Services*	958.6	843.7	12.0%	114.9
MRC***	2,379.3	2,159.3	9.3%	220.0
NOTSS****	1,780.9	1,623.7	8.8%	157.2
Other	12.4	81.7	n/a	-69.3
Operations & Service Improvement	184.6	193.2	-4.7%	-8.6
Surgery & Oncology	1,786.3	1,677.0	6.1%	109.3
Total Substantive	**10,449.2**	**9,847.5**	**5.8%**	**601.7**

Excludes Balance Sheet and Research & Development staff

Other represents staff in Operating Expenses which reflects income from education monies and I&E transactions from externally funded projects, mostly Research & Development, but which need to be reported within I&E.

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

Division/Function	Agency WTE	Bank WTE	Total Temporary WTE
Children's & Women's	43.9	22.7	66.6
Clinical Support Services	88.3	32.0	120.3
Corporate Services*	7.4	2.3	9.6
MRC**	58.8	72.6	131.4
NOTSS***	80.3	46.0	126.3
Operations & Service Improvement	-17.8	0.6	-17.2
Surgery & Oncology	131.3	67.4	198.7
Trust Wide	0.0	0.0	0.0
Total Temporary Workforce	**392.1**	**243.6**	**635.6**

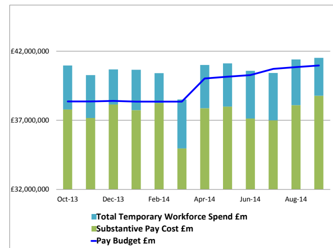
* Corporate Services - OD & Workforce; Finance & Procurement; Planning & Information; Assurance; Chief Nurse Office; Medical Director Office; Clinical services:

**Medical, Rehabilitation and Cardiac;

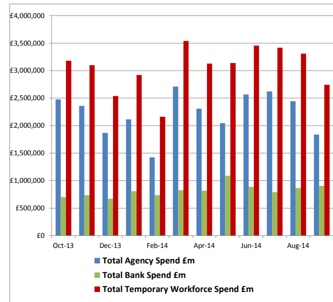
***Neurosciences, Orthopaedic, Trauma and Specialist Surgery

WORKFORCE COSTS

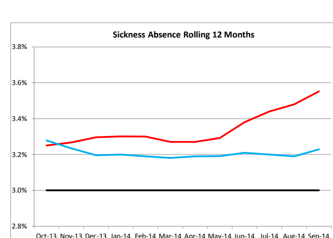
Workforce Pay Cost



Temporary Workforce Expenditure	September 2014 (M6)	Movement in Month
Bank Spend (£)	£906,136	£41,052
Agency Spend (£)	£1,837,879	-£605,604
Total Expenditure Temporary Workforce	**£2,744,015**	**-£564,553**



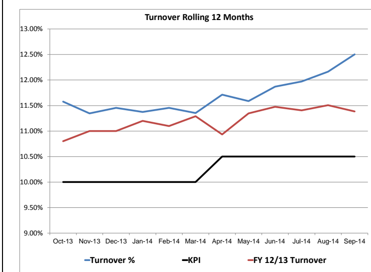
Sickness Absence



Division/Function	September 2014 (M6)	KPI Variance	Movement in Month
Children's & Women's	3.9%	0.9%	0.1%
Clinical Support Services	3.6%	0.6%	0.1%
Corporate Services*	3.3%	0.3%	0.0%
MRC**	3.8%	0.8%	0.1%
NOTSS***	3.3%	0.3%	0.1%
Operations & Service Improvement	4.2%	1.2%	-0.1%
Research & Development	1.7%	-1.3%	0.1%
Surgery & Oncology	3.5%	0.5%	0.1%
Trust	3.6%	0.6%	0.1%

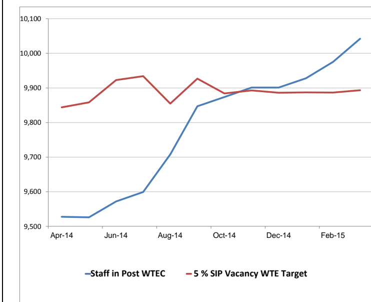
WORKFORCE EFFICIENCY

Turnover

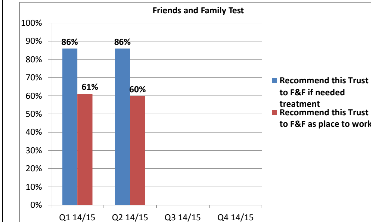


Division/Function	August 2014 (M5)	September 2014 (M6)	KPI	Movement in month
Childrens and Womens	11.7%	11.8%	10.5%	0.0%
Clinical Support Services	10.6%	11.0%	10.5%	0.4%
Corporate*	11.6%	11.3%	10.5%	-0.3%
MRC**	14.8%	15.4%	10.5%	0.7%
NOTSS***	12.7%	13.4%	10.5%	0.7%
OSI	10.2%	10.3%	10.5%	0.1%
Research & Development	21.2%	20.2%	10.5%	-1.0%
Surgery and Oncology	10.9%	11.1%	10.5%	0.2%
Total	**12.2%**	**12.5%**	**10.5%**	0.3%

Recruitment Efficiency Trajectory

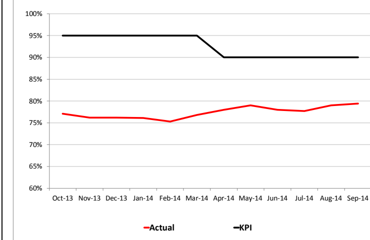


Engagement Index

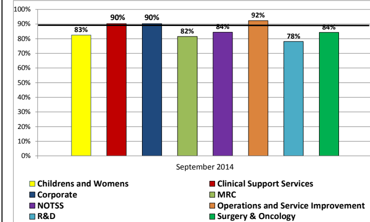


COMPLIANCE

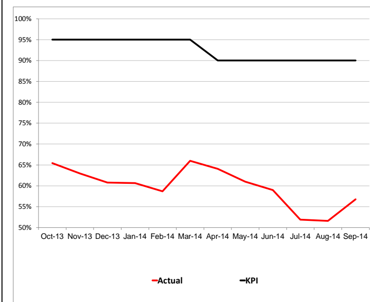
All Staff Mandatory Training Compliance



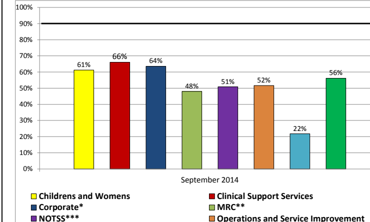
Staff Mandatory Training Compliance by Division/Function



Non Medical Annual Appraisal Rates



Non Medical Staff Appraisal by Division/Function



LIVING OUT OUR VALUES

a personal guide for our staff

Over a thousand patients and colleagues assisted us in developing a set of values that will help us achieve our ambition of delivering compassionate excellence.

To help us live out those values in our work, we have defined the types of behaviours that will either ensure we meet the high standards we have set, or will mean we miss the mark.

This guide will help you understand how what you do at work and the way that you do it can help us achieve our ambition by demonstrating our values every day.

Oxford University Hospitals NHS
NHS Trust

HOW ARE WE LIVING OUR VALUES?

What we love to see

These are the behaviours and ways of working that demonstrate you are delivering compassionate excellence in what you do

What we expect to see

These are the behaviours and ways of working that we would expect from everyone who works for us

What we don't want to see

These are the behaviours and ways of working that are not acceptable and will prevent us from delivering compassionate excellence

TO LEARN MORE

Overleaf you will find the full guide to our values and behaviours which is for you to keep and display.

To find out more about Delivering Compassionate Excellence please click below:

ouh.oxnet.nhs.uk/deliveringcompassionateexcellence

Delivering compassionate excellence

Oxford University Hospitals NHS
NHS Trust

VALUES AND BEHAVIOURS

Compassion
Putting patients at the heart of what we do and recognising different needs

What we love to see	What we expect to see	What we don't want to see
You see things from the patient and family's perspective and always put their needs first.	You put the patient and their family at the centre of your work.	You tend to focus on your own needs and put them before the patient's needs.
You take the time and effort to understand people and their situations and do everything you can to care for them.	You care about people and their situations.	You sometimes treat others in a way that you yourself wouldn't want to be treated.
You value and acknowledge the experiences of other people.	You're non-judgemental about other people and their experiences.	You can be insensitive and judgemental towards colleagues and patients.
You go the extra mile for your colleagues and/or patients.	You support people through difficult situations, listen to them to understand their needs and do what you can to help.	You do the minimum required to help other people.

Respect
Encouraging a spirit of support, integrity, respect and teamwork

What we love to see	What we expect to see	What we don't want to see
You recognise everyone as an individual and tailor your approach to meet their particular needs.	You listen to people and treat them with dignity and respect.	You treat everyone the same and don't recognise people as individuals.
You think carefully about how your actions will affect other people and reflect on the impact you've had on them.	You communicate clearly and respectfully.	You behave disrespectfully towards other people and don't think about how your actions might affect them.
You make sure that other people understand the importance of respecting and safeguarding people's confidential information.	You respect and safeguard people's confidential information.	You don't respect other people's confidential information or try to safeguard it.
You challenge any form of harassment or discrimination you see happening to colleagues or patients.	You escalate your concerns when you see any form of harassment or discrimination and make sure the problems are addressed.	You don't challenge instances of harassment or discrimination towards colleagues or patients.

Excellence
Taking pride in the quality of care we provide for our patients and customers

What we love to see	What we expect to see	What we don't want to see
You strive for excellence in everything you do and inspire and motivate other people to deliver an excellent service.	You're motivated and enthusiastic about delivering an excellent service to other people.	You do the minimum amount required in your work. You work in isolation from others and don't share your expertise or ideas with other people.
You celebrate other people's success and encourage them to strive for excellence.	You celebrate success and acknowledge and share with other people when things go well.	You don't share or celebrate success with other people.
You collaborate with other people to review performance and quality.	You analyse your performance and the quality of care you provide.	You lack self-awareness and don't analyse your performance at work.
You're a role model for the organisation and you inspire other people by example.	You present a professional approach and appearance.	You often don't present a professional approach or appearance.

Learning
Learning from successes and setbacks

What we love to see	What we expect to see	What we don't want to see
You're enthusiastic about learning and development and initiate your own learning opportunities.	You take responsibility for own learning and development and ensure that your learning is up to date.	You're not proactive about your learning and development – you take a passive approach to it.
You share learning and development with others in your team and beyond. You encourage others to embrace learning and development opportunities.	You're open and aware about limitations and gaps in your expertise and you're willing to close these gaps with appropriate learning opportunities.	You're overconfident and unwilling to admit any shortcomings or you don't share what you've learned with colleagues and patients.
You reflect on your mistakes and learn from them. You work alongside others to identify ways to avoid mistakes in the future.	You reflect on your mistakes and learn from them. You think about how to change or improve your practice to avoid repeating them.	You're defensive about making mistakes and don't change the way you work to avoid repeating them.
You make the link between what you learn and how it benefits the patient, organisation or colleagues.	You understand the link between learning and improving the service we provide.	You lack awareness about learning and the link between quality, performance and improved patient care.

Delivery
Delivering high standards of health care for our patients and customers

What we love to see	What we expect to see	What we don't want to see
You consistently deliver over and above what's expected of you.	You focus on delivering high standards in your work at all times. You do what you say you'll do.	You focus on your own priorities and interests. As a result you tend to under deliver and you don't achieve your potential.
You communicate openly and honestly when things go wrong and take responsibility for making changes.	You clarify and manage other people's expectations. You communicate openly and honestly when things go wrong.	You don't clarify or manage other people's expectations. You're not transparent or clear in explaining when things go wrong.
You actively encourage growth in partnership and look for opportunities to develop partnership working with other people.	You deliver outcomes in partnership with other people.	You work in isolation and don't deliver outcomes with other people.
You encourage and support other people to take responsibility for delivering quality outcomes as quickly as possible.	You take responsibility for delivering quality outcomes as quickly as possible.	If you can't deliver on your outcomes and commitments, you blame other people.

Improvement
Striving to improve on what we do through change and innovation

What we love to see	What we expect to see	What we don't want to see
You actively seek feedback from patients, colleagues and managers about your work and performance and you value what they say.	You value feedback from patients, colleagues and managers and you're willing to change the way you work as a result.	You don't ask for feedback and don't see the value of it. You don't see patients or their families as a source of feedback.
You regularly set realistic, fair and achievable targets in your work for yourself and other people and review them regularly.	You work towards targets and review progress against targets given for yourself and other people.	You set targets and objectives that are unclear or you work towards targets without reviewing your progress.
You're always thinking creatively and innovatively about work and looking for ways to change and improve practices.	You're open to being challenged about how you work and you encourage other people to try new ways of working.	You react defensively to new ideas and you don't take on board other people's points of view.
You take responsibility for putting changes and improvements in place to improve patient care and the service we provide.	You help and support the people who put changes and improvements in place to improve patient care and the service we provide.	You pass the responsibility for putting changes in place to other people or you undermine the efforts of people making changes and improvements.