

Trust Board Meeting in Public: Wednesday 11 May 2016
TB2016.47

Title	Workforce and Organisational Development Performance report, Quarter 4 2015/2016
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Status	For comment and noting
History	The Quality Committee receives reports for Q1 and Q3. The Trust Board receives reports for Q2 and Q4. The Workforce Committee receives all quarterly reports.

Executive Lead	Mark Power Director of Organisational Development and Workforce			
Key purpose	Strategy	Assurance	Policy	Performance

EXECUTIVE SUMMARY

1.	This report provides a summary of performance against the main Workforce indicators at Q4 2015/16 and highlights a range of key work programmes and initiatives being led by the OD and Workforce directorate, including principal areas of focus for 2016/17.
2.	<p>Section A highlights the continued progress from 2014/15 through to 2015/16. Between quarters the Trust has increased its substantive capacity by 154 wte. In 2015/16 international recruitment continued to be a successful strategy with 453 nurses wte recruited and placed across the Trust. This has contributed to the reduction in the overall vacancy rate to 3.6% at financial year end. The OD and Workforce Directorate is working on a number of recruitment and retention initiatives to ensure further progress is made in 2016/17.</p> <p>Staff sickness, whilst showing signs of reducing early in the financial year, has plateaued at 3.5%. This is within 0.5% of the target trajectory.</p> <p>Statutory and mandatory training compliance is at 84% against a KPI of 90%. This represents a 1% increase when compared to 2014/15 end of year compliance rates.</p>
3.	Over the year, the Trust has focussed on reducing agency spend and as a consequence we are now starting to see a positive downward trend. This is a result of Trust and national interventions that were introduced throughout the year to limit agency usage.
4.	<p>Section B summarises a number of key work programmes and initiatives which are being led by the OD and Workforce Directorate. Other principal areas of focus for 2016/17 are also highlighted. Commentary is provided which relates to:</p> <ul style="list-style-type: none"> ▪ Revisions to the E-appraisal system ▪ Leadership and Talent Development ▪ Specialist Nurse recruitment ▪ Junior Doctors contract implementation ▪ Passport for Professional Development ▪ Equality and Diversity ▪ Shared Governance Recruitment and Retention Groups
5.	The Trust Board is asked to note the performance against the workforce KPIs summarised in Section A of this report. The Board is further asked to note and endorse its support for the key work programmes and initiatives highlighted in Section B.

QUARTERLY REPORT ON WORKFORCE AND ORGANISATIONAL DEVELOPMENT PERFORMANCE

1. Introduction

1.1 This report provides summary information relating to Organisational Development (OD) and Workforce Performance for the Quarter 4 (Q4) period, 1 January 2016 to 31 March 2016, and commentary regarding performance within the financial year.

1.2 Section A describes performance and progress against Workforce key performance indicators (KPIs).

1.3 Section B provides an update on a number of work programmes and initiatives associated with the OD and Workforce Directorate.

1.4 The Trust-level OD and Workforce Performance Dashboard is presented in **Appendix 1** and provides both in-month and rolling 12 month data relating to the principal Workforce KPIs. This information is distributed monthly to management teams for their respective divisions to a more granular level, in order that areas of concern can be readily identified and addressed in a timely manner.

SECTION A: PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS

2. Workforce Capacity

Substantive Workforce Capacity

2.1 Table 1, overleaf, shows a net increase in substantive staff of 154 wte between quarters. The majority of the increase has been achieved within the registered nursing and midwifery workforce who account for nearly 50% of the expansion in numbers. This reflects a number of key factors, namely the improvement in the national supply of nursing and midwifery staff as represented by the September 2015 census figures. In addition, overseas recruitment has been a successful strategy with 453 nurses wte recruited in 2015/16. The overall net increase in wte numbers overall is 511 which is within the overall budgeted establishment and is consistent with the plan to increase substantive numbers. The rise in staff numbers reflects the continued focus on recruitment in what is still a very competitive market both locally and nationally.

Table 1: Net Movement in Substantive Workforce Capacity (wte)

Staff Group	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q3-Q4 Net Movement
Nursing and Midwifery Registered	3,299.9	3,413.7	3,513.6	3,589.1	75.5
Clinical Support	1,608.7	1,598.2	1,526.4	1,564.8	38.4
Estates and Ancillary	158.2	156.4	152.0	169.0	17.0
Administrative and Clerical	2,102.1	2,144.9	2,227.5	2,242.0	14.5
Professional Scientific and Technical	347.4	373.0	366.8	381.1	14.3
Medical and Dental	1,609.5	1,671.8	1,682.8	1,684.6	1.8
Healthcare Scientists	488.0	493.0	509.1	509.5	0.4
Allied Health Professionals	526.8	536.4	521.9	513.8	-8.1
Total	10,140.6	10,387.4	10,500.0	10,653.8	153.8

2.2 The recruitment of nursing and midwifery staff, in addition to all other vacancies, reduced during Q3, due to the festive break. The EU recruitment programme was suspended for two weeks and this resumed in early January with on average 40 EU nurses being appointed each month. During Q3, 126 nurses were appointed, which is marginally more than the 119 recruited in Q4.

2.3 Despite this, recruitment issues still persist particularly amongst experienced staff in a number of roles in specialist areas. The challenge for 2016/17 will be to recruit into these roles and retain these staff once recruited. Our strategy is to recruit to these positions via an International Recruitment campaign. Research has indicated that potential candidates are currently more readily available than the UK and wider EU. Details of the work to be undertaken are highlighted later in this report. Non-clinical staffing numbers have also increased in year, although as reported previously in Q3 these figures are distorted by the recoding of ward clerks from clinical support staff to administrative and clerical, in line with national guidelines.

2.4 When comparison is made against the March 2015 out turn, the total net increase in substantive staff is 602 wte. This continues the annual trend of rising substantive staffing numbers. The net increase over a two year period (i.e. March 2016 against March 2014 out turn position) is 1,144 wte. Therefore over a two year period the combined increase amounts to 12% increase in the workforce of the Trust. In terms of nursing and midwifery and clinical staff in general, the increase in staff is 441 wte (14%) and 743 wte (10.0%). The implementation of TRAC (the Trust's online recruitment system) has significantly reduced the amount of time taken to recruit staff, as many paper based systems have been replaced by automated processes, thus resulting in both time and money being saved on the time to recruit.

Total Workforce Capacity

2.5 Total workforce capacity is defined as substantive and temporary workforce (i.e. bank and agency combined). Figures for substantive staff are derived from the Electronic Record System (ESR), whilst temporary staffing is taken from the financial ledger and is formulated on bank and agency expenditure converted to wte by the application of an average cost. Table 2, overleaf, illustrates the movement in total workforce capacity by

division, the net movement between Q3 and Q4 being 194 wte. Of this increase, 154 wte is attributable to the rise in substantive staff.

Table 2: Total Workforce Capacity by Division (whole time equivalent - wte)

Division	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q3-Q4 Net Movement
Operational Services	205.8	199.8	196.5	201.2	4.7
Corporate (CORP)	922.4	1,012.7	741.3	749.7	8.4
Surgery and Oncology (SUON)	1,896.8	1,942.3	1,961.8	1,981.4	19.6
Clinical Support Services (CSS)	2,058.9	2,107.3	2,089.9	2,115.2	25.3
Children's and Women's (CHWO)	1,408.3	1,457.9	1,477.2	1,504.7	27.5
Neurosciences Orthopaedics Trauma and Specialist Surgery (NOTSS)	1,818.8	1,835.2	1,858.5	1,900.0	41.5
Medicine Rehabilitation and Cardiac (MRC)	2,448.4	2,473.0	2,483.7	2,545.3	61.6
Other *	82.2	0.0	275.8	280.9	5.1
Total	10,841.6	11,028.1	11,084.7	11,278.4	193.7

* Other - includes Estates and those under Education and Training (staff paid for by income from education monies and I&E transactions associated with externally funded projects). This staff group were re-assigned from 'Corporate' in Q3.

2.6 During 2015/16, substantive numbers have grown steadily. Since Q3, the usage of temporary staffing has largely reduced. March did experience a slight rise in temporary staff usage. This can be accounted for by staff seeking to use up their annual leave prior to year-end. The plan for 2016/17 is to ensure that the Trust effectively uses and monitors the departmental E-Rosters to ensure that annual leave is taken throughout the whole of the leave year. In addition, agency wte has declined and bank usage has demonstrated an increase in uptake due to significant increases in shift payment rates made to staff. Actions taken to reduce temporary staff usage are detailed later in this report.

2.7 Overall the demand for qualified temporary nursing and midwifery staff has fallen in the second half of the financial year. In the first six months the net hours requested averaged 92k per month. The latter part of the financial year saw this figure drop to 85k. In comparison to 2014/15, the number of NHSP hours filled has risen to 528k hours in 2015/16, from 417k in the previous financial year. For agency usage, fill rates/hours are both down on 2014/15. In November 2015 the average agency hours filled each month amounted to 29k. From December the average figure dropped to 17k per month, following intervention to limit usage. This reduction in requested hours is consistent with a rise in staff in post, as noted earlier in this report, and the new rules capping agency use.

3. Workforce Costs

3.1 Excluding Research and Development, at the end of Q4 the total pay overspend was £15.9m (i.e. £502.2m actual against £486.3 plan). The financial picture in Q4 is consistent with that of previous quarters, namely the substantive pay bill tracking below

the budgeted pay total. Without the inclusions of temporary spend, substantive pay expenditure at the end of the financial year was £25.4m under the pay budget for the financial year. Once temporary staffing expenditure is included the budgeted total is exceeded.

3.2 Table 3, below, highlights the quarterly expenditure for temporary staffing. The expenditure for 2015/16 is £41.3m, which is marginally more than the previous financial year when spend on temporary staffing was £40.0m. In the first six months of the financial year the Trust spent £22.8m on bank and agency staff. In the last six months the half year expenditure had dropped to £18.5m. Whilst bank spend between the two six month periods has increased by £2.0m, agency spend has reduced by £6.3m.

Table 3: Quarterly Bank and Agency Expenditure all staff - Q1 2015 to Q4 2016 (excluding Research and Development)

	Q1 £M	Q2 £M	Q3 £M	Q4 £M	YTD £M
Agency	£7.6	£8.0	£5.1	£4.1	£24.9
NHSP Bank	£3.6	£3.7	£4.3	£4.9	£16.4
Total Expenditure	£11.1	£11.7	£9.4	£9.0	£41.3
% of Total Pay Bill	9.0%	9.3%	7.4%	7.3%	8.2%

3.3 In 2015/16 all divisions focussed on the reduction in agency spend, and as an initial step converted administrative and clerical staff on long line bookings to bank/substantive contracts. Approval mechanisms for A&C staff were introduced to continue the reductions and processes into 2016/17. All agency workers were asked to join the OUH Staff Bank to convert from agency to bank. This has assisted with increasing our bank fill rates and reducing agency spend.

3.4 As detailed earlier in this paper, the Trust continues to focus on recruiting substantively to vacant posts. This is a key driver for reducing temporary spend. Under the new rules introduced by Monitor in October 2015, all trusts are mandated to reduce nursing agency expenditure to a prescribed ceiling in Q3, Q4 and beyond. The imposed ceiling for OUH is 8% (i.e. expenditure on nurse agency capacity must not exceed 8% of the total nurse pay bill) for the remainder of this financial year. The ceiling further reduces to 6% in 2016/17 and 3% in 2018/19.

3.5 From October 2015, new NHS rules were introduced whereby trusts could only secure agency staff via four government approved frameworks. This rule is designed to bring greater transparency on nurse agency expenditure, greater assurance on quality of nursing agency supply, and control on the cost of nursing agency use. Throughout 2015/16, OUH has achieved a marked decrease in non-framework nursing agency spend (i.e. from 19% of total agency expenditure in Month 1 to almost zero, year to date). This reduction has been achieved by working closely with ward managers and service leads to recruit into substantive posts, transfer agency to the bank and removing non-framework suppliers from the NHS Professionals platform as soon as is practicable.

3.6 Where the procurement of agency staff from a non-framework supplier is deemed to be essential, this can only be booked following the approval of the Chief Nurse or

nominated deputy. A maximum hourly rate cap for all categories of agency staff has been introduced and is to be further reduced in April 2016. The intention is that in real terms an agency worker should not be rewarded more than an equivalent substantive employee. Whilst the majority of agencies accepted the first rate cap, February's rate cap was less well received by agencies and may well be tested further in April when the final cap is due to be applied. As anticipated this latter rule has had a significant impact in reducing costs. The particular focus on nursing agency expenditure is being applied to all categories of staff and demonstrable progress is being made.

3.7 The Trust is committed to adhering to the national price caps although this will not be at the expense of the quality and safety of care given to our patients. There are a number of specialties including the Emergency Department, Adult Intensive Care Unit, and Neonates, where the Trust has found it difficult to remain within the maximum price caps and where currently the price caps are being breached in order to attract staff of the calibre required to undertake the necessary work.

3.8 Strict adherence to the framework will achieve further reductions in the charge rates associated with the two main providers (i.e. Crown Commercial Services and the National Collaborative Framework).

Table 4: Nursing and Midwifery Bank and Agency Expenditure - Q1 2015 to Q4 2016 (excluding Research and Development)

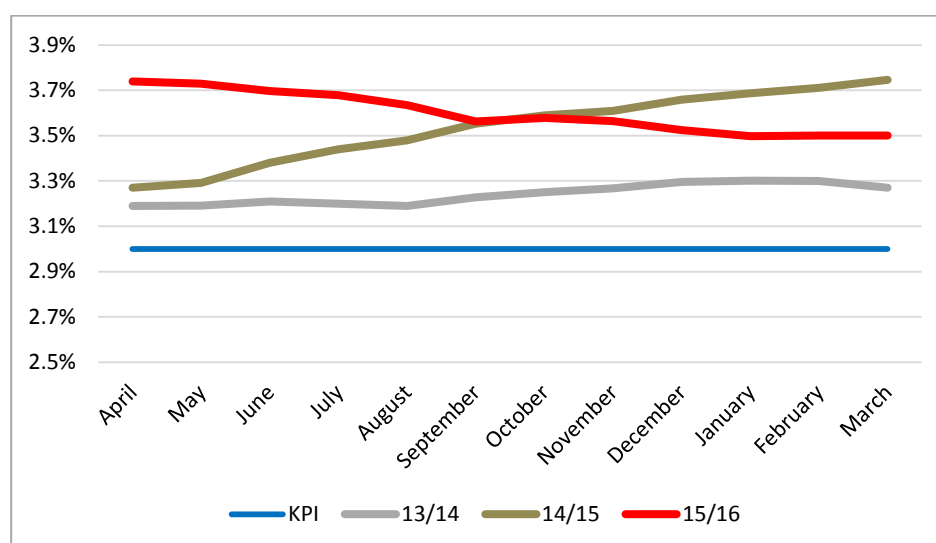
	Q1 £M	Q2 £M	Q3 £M	Q4 £M	YTD £M
Agency	£4.1	£3.6	£2.3	£1.7	£11.6
NHSP	£2.2	£2.2	£2.5	£2.9	£9.8
Total	£6.3	£5.8	£4.7	£4.6	£21.4
% of Nursing and Midwifery pay bill	16.5%	15.2%	12.5%	12.0%	14.1%

3.9 Nursing and midwifery expenditure accounts for 52% of the temporary staffing spend. The next highest spending staff group is medical and dental which has spent £10.2m in the financial year. In 2016/17 the Trust will explore overseas recruitment for medical staff.

Sickness Absence

3.10 At the end of Q4 the overall sickness absence rate was 3.5%. This compares favourably with the annual rate for 2014/15 which was 3.7%, however this figure is still above the current sickness absence KPI of 3%. Graph 1, overleaf, shows the rolling 12 month absence rate for the current and preceding 12 months. As the graph demonstrates, performance in Q1 to Q3 has been characterised by a steady downward trend although Q4 sickness levels remain static. For the first half of the financial year the rolling absence percentage was on a downward trajectory which is attributed to the relatively low rate of in-month sickness experienced at the time. However, as the in-month rate has risen in recent months, the result has been a slowing effect on the decline leading to the noticeable plateau at the end of the current fiscal year. This has been driven in large part through seasonal increases in Gastrointestinal and Cough/Cold/Flu absences.

Graph 1: Rolling 12 Month Absence by Month/Year



3.11 Sickness absence levels will need to fall further if the Trust is to reach its revised KPI of 3.2% in 2016/17. Whilst above the internal KPI, the Trust continues to compare favourably with the wider NHS (4.2% average) and the Shelford Group (3.8% average). The introduction of First Care in 2015 has greatly improved reports to line managers and has automated much of the management procedure. However, there have been a number of occasions when the timescales clearly outlined in the Trust's Sickness Absence Management Procedure has not been followed correctly, resulting in delays to the management of some cases which can ultimately have an impact on costs to the Trust. All the divisions are working closely with colleagues in Occupational Health, the OD and Workforce Directorate, and the continued work of the Trust's Attendance Improvement Group should result in a further reduction in sickness absence levels.

3.12 Our records show that stress, anxiety and depression continue to be the main reasons for sickness absence within the Trust, followed closely by musculoskeletal problems. Whilst not all mental health related absence is work related, it does account for the greatest number of working days lost per calendar month.

3.13 In response, a number of interventions and initiatives are being pursued which aim to provide direct support to staff and managers, and to promote awareness regarding the recognition and management of mental health related issues.

3.14 A key priority has been to offer managers new training opportunities to explore how they can influence the Trust's culture and manage their own mental wellbeing, thus helping to create and sustain a 'mentally healthy workplace'. Associated training, sponsored by NHS Employers, continues to be delivered. Requests for 'team building resilience' workshops have increased and the Health and Wellbeing Promotion Specialist continues to provide a range of shorter interventions to suit the particular needs of staff and departments. The Trust's Employee Assistance Programme (EAP), introduced in July 2015, is available for all staff on a 24/7 basis. The EAP facility can be accessed via telephone and online. It provides a wealth of information and advice on a number of topics and issues that may be a cause of anxiety.

3.15 A confidential counselling service is also available. Access to this service has steadily increased quarter on quarter. Staff can self-refer so that intervention is early, limiting time taken off on sick leave. In addition, by working closely with First Care, data pertaining to mental health reasons for absence has been further broken down to a more granular level, allowing greater analysis by division.

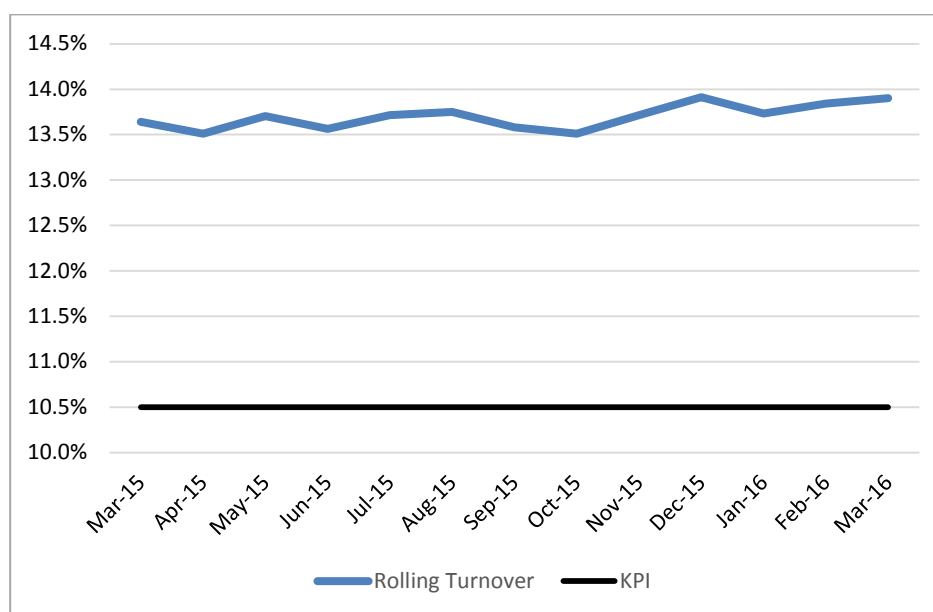
3.16 Within the clinical divisions, the highest levels of sickness absence are recorded within CHWO at 3.9% and CSS at 3.7%. By staff group, clinical support staff continues to have the highest sickness figure at 6.2%, which reflects the national picture. This particular staff group forms only 15% of the Trust's total workforce yet has 26% of the absence recorded.

4. Workforce Efficiency

Staff Turnover

4.1 Between the end of Q3 and Q4, staff turnover has remained constant at 13.9%, although the intervening months have been below this particular level. The quarters preceding Q3 have been relatively stable. Whilst not exceeding Q3, the position is nonetheless disappointing but reflects the relative difficulties in retaining staff both clinical and non-clinical.

Graph 2: Overall Staff Turnover - April 2015 to March 2016



4.2 Within the clinical divisions, NOTTS and SUON have experienced the highest levels of turnover at 15.9% and 15.4% respectively. When examined by staff group, clinical support had the highest turnover rate at 17.7%, despite experiencing a reduction in turnover between quarters. This staff group has consistently reported turnover levels in excess of 16% during the financial year. Nursing and midwifery leavers comprise 35% of the total number of leavers and therefore will greatly influence the overall turnover rate. At the end of Q4, turnover was 13.3% for nursing and midwifery staff, which is a decrease of 0.7% when compared to month 1 (when turnover levels were reported at 14.0%). In year,

turnover peaked at 14.5% in May for nursing and midwifery staff and has been characterised up to February 2016 by declining turnover rates, although March 2016 witnessed a slight rise in turnover levels. Not surprisingly, turnover continues to be highest at band 5, and is currently running at 16.6%. Turnover at band 5 for all clinical staff is generally high and this is reflected in the Trust's response to retention measures.

4.3 The OD team are working with the Recruitment and Retention team to create a portal where employees provide exit interview data prior to resigning from the Trust. It was identified at the project launch meeting that there is no consistent method for resigning from the Trust and that data needed to be gathered at source rather than after the employee has left the Trust. It has been evidenced that some decisions to leave can be explored to help retain staff if the reason for resignation is known earlier.

4.4 The actions taken to mitigate the adverse factors affecting turnover fall into three main areas. These are the increase in substantive capacity and the subsequent stabilisation of the workforce, targeted remuneration initiatives and the need to create an environment in which staffs want to stay for longer.

4.5 With regard to cost of living and market force pressures, actions taken include the introduction of a living wage (£8.25 per hour) from April 2016. This will affect 1,300 staff in both clinical and non-clinical settings and we expect this will have a positive effect upon our ability to attract and retain staff in bands 1 and 2, where turnover is high.

4.6 Fast track career progression (link grades) for clinical staff whose roles and autonomous decision making develops quickly are being introduced with the express aim of retaining staff who previously would have moved employers to secure a higher banded position.

4.7 Within Neonates, a number of recently appointed staff have received support with accommodation fees up to a maximum of £1,000, as an inducement to join the Trust. This campaign has been particularly successful securing staff to vacant posts in a very competitive employment market. Similarly, a recruitment and retention premia has been applied to a number of areas, such as diagnostic radiography and therapeutic radiographers. We are also introducing training grants of £500 per staff member for all band 5 clinical staff, to be implemented throughout 2016/17.

4.8 In terms of creating a working environment where staffs wish to stay for longer, travel and parking arrangements are being reviewed. Recently 5,000 staff participated in an online travel and transport survey. Other initiatives, such as reviewing the stock of accommodation, are being pursued. The introduction of EAP as detailed earlier in this report will provide an additional layer of support to our workforce. The Trust's current activity regarding Magnet accreditation and clinical staff engagement will also benefit retention, although their full effect will not be as immediate as those initiatives previously outlined.

Vacancy Rates

4.9 Vacancies have reduced from 4.8% at the end of Q3 to 3.6% at the end of Q4, and are tracking below the KPI of 5%. Reduction in the vacancy rate throughout the financial year is consistent with the increase in substantive numbers, although this masks

the continued difficulty in recruiting to a number of specialities, e.g. adult and children's critical care staff, neonates, sonographers and experienced therapeutic practitioners. As nursing substantive numbers have increased, many departments are now declaring that they do not have the vacancies to accommodate any more international recruits. In addition, some areas are unable to sustain such regular cohorts. Therefore an assessment is currently being made on the viability of targeted internal recruitment of specialised staff. This would not be restricted to the recruitment of nursing staff and would include other staff groups as required. From April onwards, cohorts of international recruits will reduce from two to one per month. The challenge will be to maintain the downward vacancy trajectory against fewer cohorts being recruited.

4.10 SUON at 7.8% and NOTTS at 4.4% continue to experience the highest vacancy rates and reflect the continued difficulties faced in attracting certain staff groups/specialities. In terms of staff groups and in particular nursing and midwifery, demonstrable success is evidenced by the reduction in vacancy rates throughout the year. At the end of Q2 the vacancy figure for band 5 nursing and midwifery was 14.6%, Q3 9.6%, and by Q4 this figure was 7.6%.

Workforce Planning

4.11 Following the successful bid for monies from Health Education Thames Valley (HETV), the Trust, via Skills for Health, has been implementing 'the six step workforce planning process' to divisional teams. The six steps include defining the plan, mapping service changes, defining the required workforce, understanding the workforce availability, developing an action plan, and implementing, monitoring and revising the workforce plan. The aim is to develop a consistent and integrated workforce planning system that engages the expertise of front line staff, supported through committed and strong leadership across the Trust.

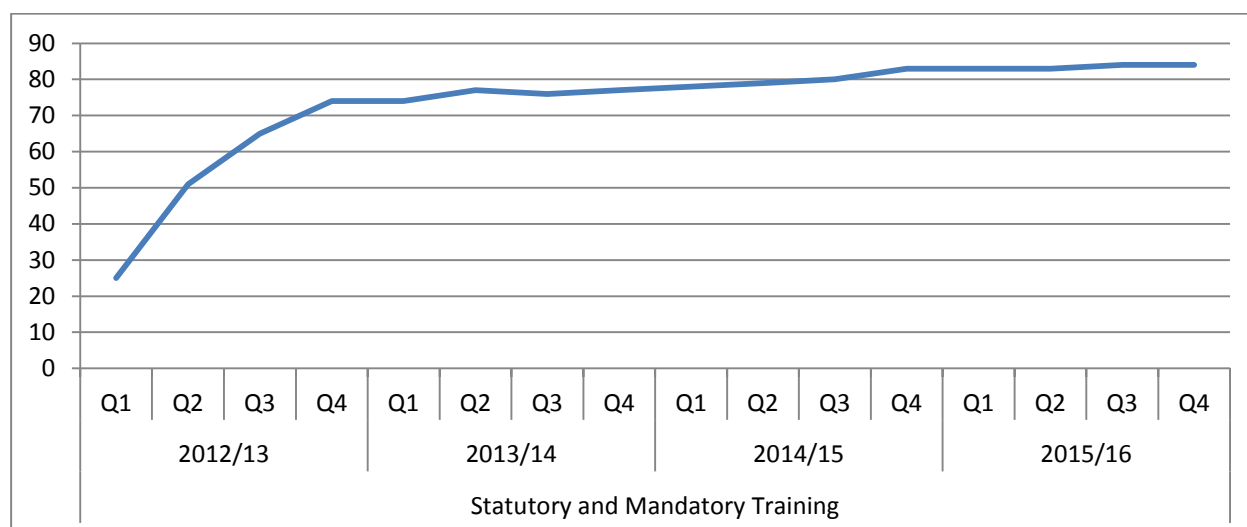
4.12 The initial phase of the project has been completed and after a short delay (following Workforce Consultant succession) the project is now moving forward, with its second and third stages due for completion by the end of June.

5. Workforce Compliance

Statutory and Mandatory Training

5.1 At the end of Q4, overall statutory and mandatory training compliance was 84%, against a target of 90%. This represents an increase of 1% in year, compared with the March 2015 position. Over the past four years, compliance has continued to increase since the introduction of a competence based approach to assessing training, as detailed in Graph 3, overleaf.

Graph 3: Statutory and Mandatory Training Compliance



5.2 Compliance by Division and Function for the end of this operational year is detailed in Table 5, below.

Table 5: Clinical Division and Function Statutory and Mandatory Training Compliance

Division/Function	Compliance March 2016 (%)
Research and Development	62.0%
Medicine Rehabilitation and Cardiac	79.9%
Children's and Women's	85.1%
Neurosciences Orthopaedics Trauma and Specialist Surgery	85.2%
Corporate	87.1%
Surgery and Oncology	87.5%
Clinical Support Services	89.3%
Operations and Service Improvement	95.4%
Overall Trust Compliance	84.2%

5.3 Throughout the course of the year the Learning and Development team continued to work with divisions to support further improvements to the way in which statutory and mandatory training is provided and recorded. Key activity this year included:

- 'Core' statutory and mandatory e-learning training has been updated to enhance the user experience and support organisational learning.
- ELMS has been reconfigured with an additional Learning Portal, supported by an enhanced Training Administration System (TAS), to manage both the Learning Portal and the existing ELMS. This enables agency staff to self-register to complete the Trust's EPR training, as well as the potential to undertake other e-learning and e-assessments.

5.4 An external audit of the Trust's statutory and mandatory training was undertaken by KPMG in October 2015. The conclusions of the report resulted in the Trust being rated with an overall assessment of 'partial assurance with improvements required'. This conclusion was reached because, at the time of the review, whilst the Trust was able to evidence that we had a robust Statutory and Mandatory Training Policy in place, and use of an Electronic Learning Management System (ELMS), which allows the Trust to monitor completion and compliance of mandated training, compliance had not reached the 90% target level. This in turn resulted in concern over the ability to align our Linking Pay Progression and Performance Policy effectively. An action plan has been developed to address the findings of the audit which was presented to the Audit Committee in February 2016.

5.5 Audit findings included the following areas of good practice:

- The ELMS system provides robust oversight around compliance levels and reminds registered staff before their training is due to expire (and also their line manager).
- A robust Statutory and Mandatory Training Policy is in place with clear ownership of the policy by the Learning and Development team.
- Completion of/and outstanding statutory and mandatory training is shown when completing employee's electronic appraisal.

5.6 Actions and improvements were to:

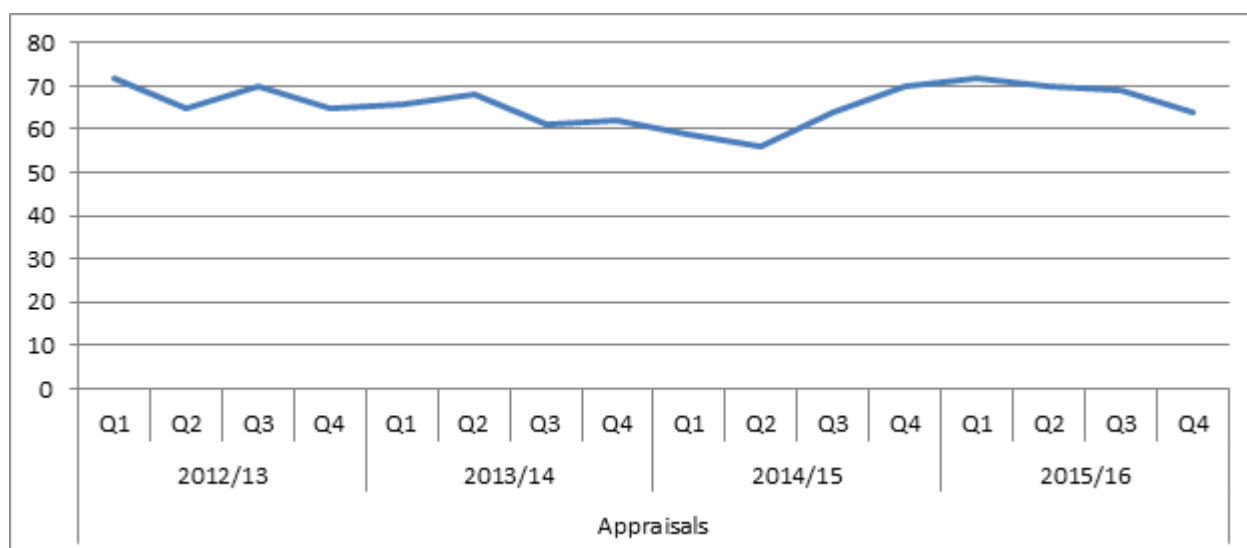
- Review the records of staff showing as never having completed training on various competencies and confirm this is either appropriate, or ensure training is undertaken as soon as possible. This action will be ongoing until the 90% compliance target has been achieved.
- Utilise the Linking Pay Progression and Performance Policy to manage those who do not engage in their statutory and mandatory training. This action will be ongoing until the 90% compliance target has been achieved.
- To improve course titling conventions (e.g. 'Methotrexate'), Learning and Development should ensure that course names accurately reflect content, to avoid any confusion over assigned competencies. This action will be addressed during the Statutory and Mandatory Training Review Workshop in May 2016.

5.7 The need to continue to improve statutory and mandatory training compliance to achieve a 90% compliance rate in 2016/17 is recognised. To this end a review of the Statutory and Mandatory Training Policy has been initiated. This will also support the action plan that has been developed following the KPMG external audit.

Non-Medical Annual Appraisal Rates

5.8 At the end of Q4, the compliance rate for the completion of non-medical annual appraisals was 64% against a target of 90%. There has been a 5.9% decrease in compliance during the year, compared with the March 2015 position. Over the past four years compliance has varied as, detailed in Graph 4, overleaf. The focus for 2016/17 is to improve the compliance rate to achieve the 90% target.

Graph 4: Non-medical annual appraisal rates



5.9 Table 6, below, provides the Q4 compliance rates by division and function. At the end of Q4 non-medical appraisal compliance was 64%.

Table 6: Non-Medical Appraisal Compliance

Division /Function	Compliance (%)
Research and Development	31.5%
Corporate	56.0%
Children's and Women's	56.0%
Medicine, Rehabilitation and Cardiac	56.4%
Neuroscience, Orthopaedics Trauma and Specialist Surgery	69.7%
Surgery and Oncology	65.2%
Operations, Service and Improvement	71.7%
Clinical Support Services	77.3%

5.10 The overall appraisal compliance level has decreased by almost 6% over the course of a year, and the 2015 Staff Survey results identified the Trust as being significantly worse than the Picker average for staff having not received an appraisal within the last 12 months. Commitment to embed the E-Appraisal system in to the organisation by simplifying the appraisal process continues.

5.11 A number of key changes have been made to ensure that compliance levels improve, namely:

- New appraisal training, which has been rolled out for both managers and staff, to ensure that the appraisal conversation leaves individuals with a sense of recognition for their contribution, along with a clear personal development plan that is aligned to their individual objectives.
- Further system enhancements are currently being developed to address feedback that has been received by divisions, this will help to provide:

- A simpler sign off process
- Clearer templates
- Talent development
- Evaluation of the quality of the appraisals.

6. Raising Concerns

6.1 During 2015/16 a total of six concerns were raised via the formal mechanisms identified in the Trust's Raising Concerns Policy. Of these, three were raised via the dedicated Raising Concerns email address, one was raised in person with the Raising Concerns Administrator, and the remaining two were raised anonymously, one via an HR Business Partner and one via letter to the OD and Workforce Directorate. Details of these concerns are summarised in Table 7, below. All concerns have been investigated. Five concerns have been closed following conclusion of the investigation and feedback to the member of staff who raised the concern, where known.

Table 7: Anonymised Summary of Concerns Raised via Trust Policy - 2015/16

Ref	Contact	Nature of Concern	Category	Date Received	Date Closed
2015 0624	Email	Access to female staff toilets being determined by job title and status as opposed to office location.	Health and wellbeing	24.06.15	25.06.15
Current status: Director of the Estate confirmed to the member of staff that an employee's place of work determines which toilet facilities they are able to access, not their job title or status.					
2015 0701	Email	Concern regarding impropriety in an identified department	Fraud	01.07.15	01.02.16
Current status: Linked with 20150707 as related to same department. Allegations investigated and no evidence of impropriety or wrongdoing was identified. Outcome of the investigation was fed back to employee who raised the concern.					
2015 0707	In person	Concern regarding impropriety in an identified department	Fraud	07.07.15	01.02.16
Current status: Linked with 20150701 as related to same department. Allegations investigated and no evidence of impropriety or wrongdoing was identified. Outcome of the investigation was fed back to employee who raised the concern.					
2015 1014	Anon. via HRBP	Concern regarding the care of a patient and the behaviour of the night staff on an identified ward.	Patient care	14.10.15	19.11.15

Current status: Investigation completed into the concern raised and no evidence was found to support the specific allegation, however other concerns were highlighted. An action plan has been developed and implemented to address these concerns.					
2015 1215	Email and in person	Behaviour and conduct of a senior manager.	Bullying and Harass- ment ¹	10.12.15	
Current status: Director of Clinical Services met with staff members who originally raised the concern on 11.01.16 to obtain further information. An investigation has been commissioned and is underway. Due to the number of staff being interviewed as part of the investigation it is anticipated the investigation will be completed in May 2016.					
2016 0215	Anon. letter	The alleged poor timekeeping of a department manager.	Fraud	15.02.16	24.02.16
Current status: Based on the limited information provided in the anonymous letter the department it was believed the concern related to was identified and the concern investigated. No evidence of wrongdoing was identified.					

6.2 In December 2015 (Q3), KPMG undertook a review of the Trust's approach to Raising Concerns. The review has highlighted areas of good practice along with making recommendations for future improvements. Central to the implementation of these recommendations is the appointment of a Freedom to Speak Up Guardian, as recommended in the Freedom to Speak Up Review undertaken by Sir Robert Francis QC and it is anticipated recruitment to this role will take place during Q1 2016/17.

6.3 As the 2015 NHS Staff Survey did not include specific questions relating to raising concerns, it has not been possible to benchmark against the 2014 results to identify any changes.

SECTION B:

Summary of Key Work Programmes and Initiatives

The following section summarises a number of key work programmes and initiatives which are being led by the OD and Workforce Directorate. Other principal areas of focus for 2016/17 are also highlighted.

7. Staff Recognition

7.1 Over 700 staff received awards as part of our annual Staff Recognition Awards in 2015 at a number of local divisional events with overall winners announced at a special Awards evening at the Oxford Town Hall in December. The event showcases the great work going on across the Trust's four hospitals and recognises the outstanding achievements, hard work and dedication shown by individuals and teams every day of the year.

¹ NB – the current Addressing Bullying and Harassment Procedure provides the option for staff to raise bullying and harassment concerns via the Raising Concerns (Whistleblowing) Policy.

7.2 The overall winners were chosen from more than 700 nominations. The award categories covered: Excellence; Care and Compassion; Improvement to Services; Leadership; Working in Partnership; Team of the Year; Outstanding Achievement; Supporter of the Year. A further 50 nominations were received from Oxford Mail readers for the Oxford Mail Hospital Heroes Awards, which recognised staff and volunteers who had 'gone the extra mile'. As the scheme continues to build momentum, the Trust will build on the success of the current staff recognition initiatives through wider publicity to increase overall involvement.

Annual Staff Survey

7.3 The 2015 NHS Staff Survey was undertaken between September and November. The importance of the annual Survey is reinforced by the NHS Operating Framework and is structured around four of the seven pledges to staff associated with the NHS Constitution. All directly employed staff were sent a Survey questionnaire, which they were encouraged to complete and submit. A total of 3,298 members of staff (approximately 30% of the workforce) responded. The 2015 response rate represents a 2% decrease against the previous year and is below the acute trust average.

7.4 The Survey covers five key themes relating to the working environment and individuals' experience within the workplace, namely:

- Personal Development
- The Job
- Immediate and Senior Managers
- The Organisation
- Personal Health, Wellbeing and Safety at Work

7.5 A total of 60 questions were used in both the 2014 and 2015 Surveys. The 2015 results compare relatively favourably with the previous year. Within the five Survey domain areas, questions relating to immediate managers, senior managers, feedback from management, communication and support from management show the greatest improvement. Improvement is also evident in the responses associated with questions that concern individuals' experience of team working, involvement in decision making, job satisfaction, and how engaged they feel in their respective roles. The one question for which responses are significantly worse ($\geq 5\%$ difference) relates to training or development needs not being identified as part of the appraisal/performance review.

7.6 The Survey report also showed how we compared with other acute trusts on an overall indicator of staff engagement. This score is based on nine questions relating to three specific domains, namely 'advocacy', 'involvement' and 'motivation'. 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 staff engagement score of 3.80 reflects a continued upward trend across the last five year period, although the national benchmarking results provide an overall score of 3.76, compared with 3.82 in 2014.

National Comparison

7.7 The Trust is required to identify a statistically representative sample of the workforce, consisting of 850 substantive employees, to be used for the purposes of national benchmarking information and comparison. Against this national reporting, and the much smaller number of respondents associated with this sample, the most significant improvement has been made in the completion of annual appraisals, where 88% of staff confirm they have participated, against a national average of 86%. OUH is in the highest (best) 20% of acute trusts for staff feeling they are able to contribute towards improvements at work. OUH was above average for acute trusts in England in ten of the Survey's 32 key findings (Trust Board received a detailed paper on the 2015 Staff Survey outcomes at the March 2016 meeting).

7.8 Across the remaining 32 key findings there is no statistically significant change compared with the 2014 outcomes. The areas highlighted for improvement throughout the Trust include staff receiving job relevant training, the number of staff that report errors and staff motivation at work.

7.9 The feedback provided via the Survey must be acknowledged and acted upon. Immediate actions and next steps include the following:

- Cross-reference with other survey data (including Staff Friends and Family Test; inpatient and PALS surveys; staff exit interviews; complaints) to further identify common themes and correlations.
- Identification of key areas which require intervention at a Trust level.
- Subsequent identification of problem areas at a divisional/departmental level and actions to address these.

7.10 These actions will be led by the OD team, which will engage with and closely assist divisional management teams in the development, communication and implementation of their responses. The work will be brought together and shared at a dedicated Listening into Action event. This event will provide an opportunity for cross-divisional learning and support, and will also be used to determine a strategy to increase participation in the 2016 Staff Survey, across all areas and staff groups.

Staff Friends and Family Survey

7.11 The Staff Friends and Family Test (Staff FFT) was implemented in June 2014, surveying on a quarterly basis. As with the FFT for patients, this Survey enables more frequent opportunities for staff to provide feedback on the organisation to help support local service improvement and staff engagement plans. Table 8, overleaf, outlines the results of the quarterly Staff FFT survey.

Table 8: Staff FFT Survey

Trust results	Q1 2014	Q2 2014	Q4 2015	Q1 2015	Q2 2015	Q4 2016
1 - How likely are you to recommend this organisation to friends and family if they needed care or treatment?	86%	86%	86%	86%	88%	87%
2 - How likely are you to recommend this organisation to friends and family as a place to work?	61%	60%	61%	63%	63%	64%

* Please note the Staff FFT does not report in Q3 due to the Annual Staff Survey

7.12 The degree to which staff are willing to recommend their organisation both as a place for their friends and families to be treated, and as a place to work, are strong indicators of staff engagement and motivation. In Q4, a total of 1,885 members of staff responded with 87% of those agreeing or strongly agreeing that they would recommend their hospital to family and friends as a place to be treated. Fewer staff, though, would recommend our Trust as a place to work at 64%. This highlights that further improvements need to be made to the working environment and the views of staff need to be encouraged, listened to and acted upon. Divisional and directorate results are disseminated to inform local priorities on a quarterly basis and are used in conjunction with the annual Staff Survey results.

7.13 In order to undertake better analysis of the key measures associated with the well-researched and recognised 'enablers' of staff engagement (e.g. strategic narrative; engaging managers; employee voice; organisational integrity), the Staff FFT is being developed into a new Staff Engagement Survey. This will necessitate a revised format and administration process, with the aim of providing much richer and more immediately relevant data relating to engagement, whilst also emphasising the development of the 'staff voice'. Launching in June, the revised Engagement Survey will also include the two mandatory Staff FFT questions relating to advocacy.

Values, Behaviours and Attitudes Conversations (VBC)

7.14 The Values, Behaviours and Attitudes (VBC) Conversation was initiated in 2014 and training has continued on a monthly basis into 2016. The programme 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 VBC 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. VBC techniques can also be applied to workplace discussions concerning career development, performance management, annual appraisal, and disciplinary matters.

7.15 In 2015/16, 508 line managers attended the VBC course bringing the total trained since 2014 to 749. An additional 168 course spaces are available for 2016/17, with spaces for 28 managers per month. Feedback continues to be 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 values.

7.16 Evaluation of course satisfaction indicated 100% of attendees would recommend the course to others, 92% of attendees were very satisfied and 8% were satisfied. A breakdown of the course attendees by staff groups illustrates that the course is largely attended by Nursing and Admin and Clerical Managers. Evaluation of the long term benefits of attendance will commence in mid-2016.

Delivering Compassionate Care Programme

7.17 The Delivering Compassionate Care (DCC) course was initiated in March 2015 when 38 frontline managers and staff attended the pilot course facilitated by the OD team. Provision of the DCC programme continues on a weekly basis. The training, which was initially funded as part of the HETV Compassionate Care bid, is delivered as a one-day development workshop, aimed at providing participants with an appreciation of the impact of behaviour and attitudes on the patient, and an understanding of effective communication styles with those who are vulnerable (i.e. anyone receiving treatment within our hospitals). A total of 751 staff attended the training course in 2015/16.

7.18 In April 2016, 202 past attendees of DCC completed an evaluation questionnaire via Survey Monkey, which looked at what they found most useful about the training and whether they had changed their behaviour or attitude as a result of attending. The data collected showed overwhelmingly that attendees found the information useful and were able to see improvements in how they worked with others, how they interacted with others, and how they were communicated with patients and colleagues. A full evaluation report will be circulated in May 2016.

Value Based Interviewing (VBI)

7.19 Value Based Interviewing (VBI) training has continued on a monthly basis into 2016. To date, over 450 managers have been trained in the VBI technique with 371 of these managers still working at OUH. Feedback has continued to be extremely positive. Evaluation of course satisfaction indicates 100% of 2015 course attendees would recommend the course to others and 93.5% of attendees were very satisfied at the end of the training course. A further 176 training spaces are available throughout 2016 and 126 spaces are already booked.

7.20 Due to the increase in demand for training places, a second train-the-trainer course is being planned for September 2016, with representation from three clinical divisions. Training availability has been made available to NOTSS public and patient group members for their future involvement in the recruitment of roles to the division. Additional training is being held in May 2016 for a group of young people from the Trust's Young People's Executive (YiPpEe) ahead of involvement from the group in the selection process for a Consultant in Paediatric Rheumatology appointment.

8. Staff Recruitment and Retention

In 2015/16 the Trust continued to introduce and apply a wide range of initiatives to counteract negative factors impacting on the Trust's ability to attract, recruit and retain staff. A summary of current activity is provided in this section.

International Recruitment

8.1 In 2015/16, the Trust recruited 453 EU nurses and placed them across the Trust, resulting in our staff in post for band 5 nurses to increase to 1,958 wte. In 2016/17 there are a further 120 EU nurses due to start but the success of this campaign means the focus will now move to specialist recruitment from countries such as India and the Philippines, targeting hard to fill specialist roles such as neonatal nurses, experienced theatre nurses and adult intensive care nurses. The Trust will continue to recruit from within the EU but on a much smaller scale.

Recruitment Events

8.2 In March 2016, the Trust held its first Nurse Recruitment and Careers Fair, where over 100 potential nurses and nursing assistants from across the UK as well as some from inside the Trust came to see the career opportunities offered and to register for the Graduate Nurse Rotation Scheme. The Trust showcased hard to fill specialities and demonstrated cutting edge technology. Further events are planned in 2016/17 to attract talent to OUH.

Marketing

8.3 The Trust attended an extended programme of events in 2015/16 to attract talent to 'hard to fill' specialities. The Trust promoted the role of children's nurses at Bedford and Southampton University. Recruitment tours have taken place across the Trust to promote services. The Resourcing team has improved the Trust's marketing materials to provide better information relating to the opportunities and benefits at OUH.

8.4 The Resourcing team continue to support the Trust's apprenticeship events that are held every quarter and work in collaboration with apprenticeship roadshows such as the BMW apprenticeship event.

8.5 In 2016/17 the Resourcing team will focus on further improving candidates and applicants' experience, reviewing all employee engagement interactions and correspondence. There will be a focus on surveys for candidates and appointing managers along with a recruitment 'perfect week' event in May.

8.6 During 2015/16, the Trust produced targeted marketing for Children's nursing staff, Neonatal nursing staff and the Adult Intensive Care Unit, to promote roles and services at the Trust. The targeted marketing methods were microsites and themed campaigns. Future campaigns will focus on medical specialities such as Accident and Emergency to assist in filling Consultant and Specialty Doctor vacancies across the sites.

8.7 New vacancy marketing material has been created, including information about the Trust, in a corporate promotional recruitment pack. The Trust also invested in a

recruitment promotional stand to professionally promote the Trust at external and in-house recruitment events. The aim is to increase the Trust's presence at events in 2016/17.

Pay Premia

8.8 Hard to fill specialties such as Radiologists and Radiotherapists have adopted pay premia to attract and retain talent to these roles. Premia is either paid as a small percentage increase in salary or a percentage of annual salary per year. Future pay premia are currently being considered for some hard to fill specialties. Other areas such as neonatal nursing are offering other benefits, including assistance with their deposit and first month's rent, up to a maximum £1,000.00, if candidates are relocating from outside Oxfordshire. The Trust will continue to offer £1,000.00 to all EU nurses if they are moving to the UK for the first time.

Retire and Return

8.9 The Staff Careers Bureau was launched in April 2015 and has successfully assisted 21 employees to retire and return to the Trust. This scheme has seen employees return on flexible hours and contracts which support their retirement needs. 14 applications are currently being processed which will result in the employees retiring and returning during 2016/17. A further 45 employees have registered an interest and are considering their options. At the Equality Delivery System 2 (EDS2) event held in March 2016, the Trust was praised for this initiative as the panel felt it was a positive action to support and retain staff that could be perceived as being at a disadvantage.

8.10 In 2016/17 the Trust will focus on further marketing and promotion to raise awareness of the scheme.

Staff Careers Bureau

8.11 In 2016/17, the Trust will focus on further promoting the Bureau, with the aim of improving staff retention. Staff who may wish to change departments can register to undertake 'taster' sessions in other specialities that relate to their qualifications and experience. If mutually acceptable, a transfer could be facilitated to move to a different area without undergoing the full recruitment and selection process. This will result in the Trust retaining staff that ordinarily would be lost to other local trusts or to the private sector.

Nurse Revalidation

8.12 The Resourcing team continue to work alongside the nurse revalidation team in preparation for the launch of Nurse Revalidation in April 2016. A process has been developed to review applicant revalidation readiness prior to appointment. This will ensure the Trust appoints applicants who can be supported to fulfil their revalidation requirements by the time their revalidation date arrives.

8.13 In addition to ensuring we attract revalidation ready candidates, the Trust has worked in partnership with Southern Health to develop an additional module within ELMS to support employee nurse revalidation. This module was launched successfully during

Q3. The initial user feedback has been very positive and the first 'wave' of nurses are now using the system to complete the evidence required to successfully revalidate during April 2016.

Junior Doctors Contract

8.14 Negotiations to revise the 2004 NHS Junior Doctor contract began four years ago. This stalled for some time and commenced again at pace from September 2015. From the outset one of the main issues of concern to both parties are the rates of pay for weekend working, the government's position being very different to that of the BMA (official union for all doctors) who believe that all weekend working should be paid at premium rates. National industrial action has taken place over recent months and continues to do so, with further action planned from 08.00 on 26 April 2016 to 28 April 2016 with a full walk-out, i.e. no emergency cover. The Trust recognises the support and professionalism of all involved during this difficult time. The new contract was issued on 1 April with the first wave of implementations due in August 2016. The Trust has commenced collaborative implementation with junior doctor representatives.

Centralised Recruitment of Band 2 and 5 Nursing Staff

8.15 In March 2016 a new centralised approach to recruiting band 5 newly qualified nurses was introduced. This encompasses a rolling monthly advert, and monthly assessment day, consisting of maths and documentation assessment, technical and Value Based Interviews, and review of students' Practice Assessment Document (PAD), coordinated by corporate HR and supported by ward managers. Successful candidates are offered a post, placed in a central pool and recruitment checks started whilst the candidate progresses to the second stage of the recruitment process involving either a meeting/interview/assessment with individual managers or allocation to a set rotation. Rotations for these candidates will be standardised to eight months in length, with set intake dates that will also be managed centrally by Corporate HR. This coordinated approach is proposed to improve efficiency of the recruitment process, remove internal competition, reduce workload for managers, and ensure a more robust and consistent assessment process for nurses entering the organisation. This centralised recruitment will also enable the Trust to introduce and standardise nurse training rotations as it has been identified that the Trust loses nursing staff to other trusts due to a lack of experience. The Trust's Nurse Recruitment and Retention Advisor has commenced a pilot of rotations with expansion planned for 2016/17.

8.16 In March 2016, the Nursing Assistant Academy ceased their Nursing Assistant Recruitment Open Evenings and turned their focus to the educational side of their role. Building on the benefits of the above programme of centralised recruitment of band 5 nurses, in 2016/17, this centralised targeted recruitment of band 2 nursing assistants will commence with a structured programme of monthly rolling adverts, centralised Value Based Interviews, and a short technical interview, where the information gathered will be collated in a final outcome file, successful candidates placed in a 'pool', and individual ward areas can conduct a second stage assessment and appoint candidates.

Supporting Qualified Nurses from Non-EU Overseas Countries Already Working Within the OUH to Gain NMC Registration

8.17 A pilot will commence in 2016/17 that assists existing staff who are registered nurses in other countries to be supported to gain their NMC registration. A scoping exercise has been undertaken of all nursing staff at band 4 and below within OUH to establish their eligibility and the level of support that is required. This initiative will enable this group of staff to progress to being UK registered nurses and further their career with the retention benefits that this group of staff are already established in Oxford. In order to achieve this, they will require financial and educational support to progress through a multiple choice competence test, followed by preparation for, and completion of, a practical test of competence at Northampton University.

Passport for Professional Development

8.18 Standardisation of recording staff compliance and competence for various aspects of learning and education commenced in 2015/16 for nursing staff. A passport style document is being developed which would require staff to ensure that they complete all the required training and development for their role within that year, and get it signed off as completed by their manager in order to receive an annual award equivalent to £500 of education monies.

8.19 The Passport for Professional Development would allow staff that move from one area to another within the Trust to take their record of development with them. It would also allow managers to easily see what transferable skills their new employee has developed and incentivise individual nurses to get signed off in areas that have historically been challenging to achieve, e.g. statutory and mandatory training, appraisal and link roles. This links to the role of the Staff Careers Bureau where nursing staff can be assisted with transitioning into a different speciality or role.

8.20 The Passport will link directly with revalidation and appraisal requirements without the need for duplication and structured to cover the four Magnet themes (please see the Magnet Programme section below for further details).

8.21 Development of the Passport also presents a significant opportunity to standardise core competencies in a consistent format across the Trust, and clear signposting to existing policies and resources reducing the need for duplication by individual areas. It is anticipated that the Passport will be launched in the summer.

Magnet Programme

8.22 The Recruitment and Retention Nurse Advisor has been working closely with the OUH Magnet Programme Director to support the journey to achievement of Magnet status for OUH. Magnet is an international accreditation for nursing and midwifery, developed by the American Nursing Credentialing Centre, with its roots in research into recruitment and retention best practice. Accreditation has been achieved by 420 hospitals worldwide to date, with only one of those being in the UK. Rooted in evidence based practice, Magnet comprises four themes: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, and New Knowledge Innovations & Improvements.

8.23 Current work being undertaken in the OD and Workforce Directorate in relation to Magnet includes reviews of job descriptions to ensure the academic qualifications required are accurately reflected, development of the Passport for Professional Development as a document for ensuring continuing professional development in line with the four Magnet themes, review of existing clinical data streams available in the Trust to measure against the Nurse/Midwife Clinical Indicators required, as well as generally promoting and raising awareness of Magnet to OUH staff.

8.24 In addition, with shared governance being a key element of transformational leadership and achieving Magnet status, three pilot sites have been chosen to run this at OUH (cardiac, midwifery, PICU), with the first groups currently being run by the Magnet Programme Director.

Recruitment and Retention Shared Governance Group

8.25 A Recruitment and Retention Shared Governance Group has been set up by the OD and Workforce Directorate, inviting HR Business Partners, and band 7, 5 and 2 nursing staff from each division to contribute to a monthly group which began meeting in March and will continue throughout 2016/17. At their first meeting key recruitment and retention themes and issues were discussed within each staff group, then fed back as a group discussion with a written summary emailed to all attendees to review and prioritise for the next meeting. Key themes emerging from the first meeting were management and leadership, staff development and working conditions.

8.26 The Group will not have a rigid structure, as it is likely that, as it becomes established and embedded, other shared governance groups (or councils) will be formed based on individual clinical areas or issues. The idea being that these groups are eventually chaired by band 5 or equivalent nurses who attend and feed back into regular meetings with the Chief Nurse and also attend occasional Board meetings, with the aim of improving communication by giving staff a voice and ultimately improving engagement across the organisation.

Salary Sacrifice Schemes

8.27 During 2015/16, the Trust continued to promote salary sacrifice schemes and introduced two additional schemes, Oxfordshire Credit Union and a Tastecard. It is anticipated that in 2016/17 further schemes will be offered such as Pennies from Heaven, a scheme which allows employees to round their net pay down to the nearest pound and donate the 'pence' to charity.

9. Leadership and Talent Development

9.1 Over the past 12 months a number of initiatives have been undertaken, with the aim of raising 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 continued roll out of the 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.

- The 'Line Managers Toolkit' (Policy Management Training) has been successfully launched with dates published through to March 2016. The initial demand has outstripped supply for some of the toolkit. In response to this, additional programmes have now been added for appraisals, performance management and bullying and harassment training.
- The Trust has been successful in securing funding from the Thames Valley and Wessex Leadership Academy (TVWLA) to support a Talent Management Pilot. This pilot has been initiated in the NOTSS Division, with a smaller pilot programme planned with the Estates Directorate.
- A Steven Covey 7 Habits programme was run for the NOTSS divisional management team during Q1. The same programme has been previously run within CSS. Due to the successful feedback from both divisions, the pilot programmes will include a 'personal effectiveness' module.
- Part funding has been secured from TVWLA to support the development 'Change Champions' development programme working alongside Better Value Healthcare. This programme will be launched during 2016.

OUH Learning and Education Strategy

9.2 2015/16 has also seen the development of a Learning and Education Strategy, which along with the Leadership Development and Talent Framework provides a comprehensive approach to all education to ensure that the organisations has the right skills, in the right, place at the right time, to deliver the very highest levels of patient care in the delivery of 'Compassionate Excellence'. The Principal Objectives of the Learning and Education Strategy are to:

- Establish our Trust as a recognised centre of excellence in the provision of high quality healthcare education and training.
- Deliver education and training which directly benefits quality and patient safety.
- Develop leadership capability and capacity and retain the best healthcare talent.
- Promote and support the personal and career development aspirations of our staff.
- Improve staff recruitment and retention.

9.3 The Trust's Education and Training Committee will oversee the implementation of the Learning and Education Strategy.

10. Equality, Diversity and Inclusion

In 2015/16 the Trust continued to progress the Trust's equality, diversity and inclusion objectives. A summary of current activity is provided in the following section.

10.1 The Equality, Diversity and Inclusion Annual Report will be presented to the Trust Board in July 2016 and then published on the Trust website. The report will summarise

the progress made in achieving the Trust's existing equality, diversity and inclusion objectives as well as the progress made towards the key priorities identified for 2015/16.

Equality Delivery System 2 (EDS2)

10.2 In February 2016, the Trust completed the Equality Delivery System 2 (EDS2) public grading panels' assessment process. The grading panels, comprising members of the public, patients, staff, Governors and Foundation Trust members, assessed the Trust on how it is performing against 18 Equality Outcomes that reflect the requirements of the Public Sector Equality Duty. The grading panels' assessment will be used to develop the Trust's equality objectives from 2016 and drive improvements in how the Trust supports staff and patients with one or more protected characteristic.

10.3 A report detailing the grading panels' assessment of the Trust against these outcomes and the Trust's equality objectives from 2016 will be provided as part of Equality, Diversity and Inclusion Annual Report.

Workforce Race Equality Standard

10.4 The Trust has successfully implemented the requirements of the Workforce Race Equality Standard (WRES) which came in to force in April 2015, the results of which have been published on the Trust website. To support the implementation of WRES, a Race Equality Action Group has been established to support and champion the Trust's Workforce Race Equality Action Plan.

NHS Employers Partners Programme

10.5 The NHS Employers Equality and Diversity Partners programme supports participating trusts to progress and develop their equality and diversity performance and to build capacity in this area. In 2015, the Trust was accepted as part of this programme and over the past year has benefited from advice, guidance and support from NHS Employers in meeting the requirements of the Equality Act 2010, the Public Sector Equality Duty, and from networking with colleagues from other NHS trusts to understand and implement equality, diversity and inclusion best practice.

10.6 The Trust submitted an application to renew its accreditation as part of this programme in December 2015 and will be notified of the outcome of this application in May 2016.

Equality, Diversity and Inclusion Executive Steering Group

10.7 In May 2015, an Equality, Diversity and Inclusion Steering Group was established. The group meets bi-monthly to support the Trust in its aim of ensuring the workforce is aligned to the organisational values, and is therefore committed to reducing inequalities for both patients and staff. The group is chaired by the Director of OD and Workforce, with the Chief Nurse as the deputy chair. A Non-Executive Director also attends the group, along with workforce and patient services equality and diversity leads.

11. HR Policies and Procedures

11.1 The ongoing process for reviewing HR policies and procedures, and where appropriate simplifying, removing and/or consolidating documents, continued in 2015/16. 19 HR policies and procedures were ratified by the Workforce Committee. Of these, 11 were reviews of existing policies and procedures, and eight were new policies and procedures developed in response to statutory requirements or organisational need. One policy was reviewed, identified as obsolete, and following agreement from the Workforce Committee, deleted.

11.2 Policies and procedures reviewed and ratified during 2015/16:

- Absence Management Procedure
- Discrepancy of Pay (Overpayments/Underpayments) Procedure
- Fixed Term Contract Procedure
- Flexible Retirement Procedure
- Job Evaluation Procedure
- Managing Work Performance Procedure
- Maternity, Paternity, Adoption and Shared Parental Leave Procedure
- Prevention and Management of Occupational Stress Procedure
- Probationary Periods Procedure
- Procedure for Handling Concerns Related to Conduct, Capability or Health of Medical and Dental Staff
- Workforce Equality, Diversity and Inclusion Policy

11.3 Policies and procedures developed and ratified during 2015/16:

- Approved Visitors Policy
- Buying and Selling Annual Leave Procedure
- Domestic Abuse Procedure
- Linking Pay Progression and Performance Policy
- Managing Allegations of Harm Staff Policy
- NHS Injury Allowance Policy
- Procedure for the Management and Monitoring of Junior Doctors Hours
- Reservist Policy

12. Centre for Occupational Health and Wellbeing

Promoting Public Health to Staff

12.1 The Centre for Occupational Health and Wellbeing (COHWB) continues to work closely with Public Health to deliver NICE workplace health guidance.

12.2 The three key priorities, agreed by the Staff Health and Wellbeing Committee, and Public Health Steering Group, focus on delivering initiatives developed from staff feedback, data from First Care, Staff Surveys, and NICE-led public health guidance. This was also mirrored by divisional business plans, which agreed mental health and wellbeing as their priority for 2015/16.

12.3 The three priorities are:

- Mental and emotional wellbeing
- Increasing physical activity
- Healthier eating and reducing obesity

Mental and Emotional Wellbeing

12.4 Improving the mental health and wellbeing of staff continues to be a priority for the COHWB. A programme of work was developed and delivered by the Health and Wellbeing Promotion Specialist and COHWB throughout the year. All day courses aimed at managers have focused on 'creating a mentally healthy workplace' and run monthly throughout the year. In total, 157 managers across the Trust have attended.

12.5 In addition to this, staff workshops focusing on managing stress and building resilience were embedded in Learning and Development programmes for foundation nurses, nursing assistants, general induction and leadership courses.

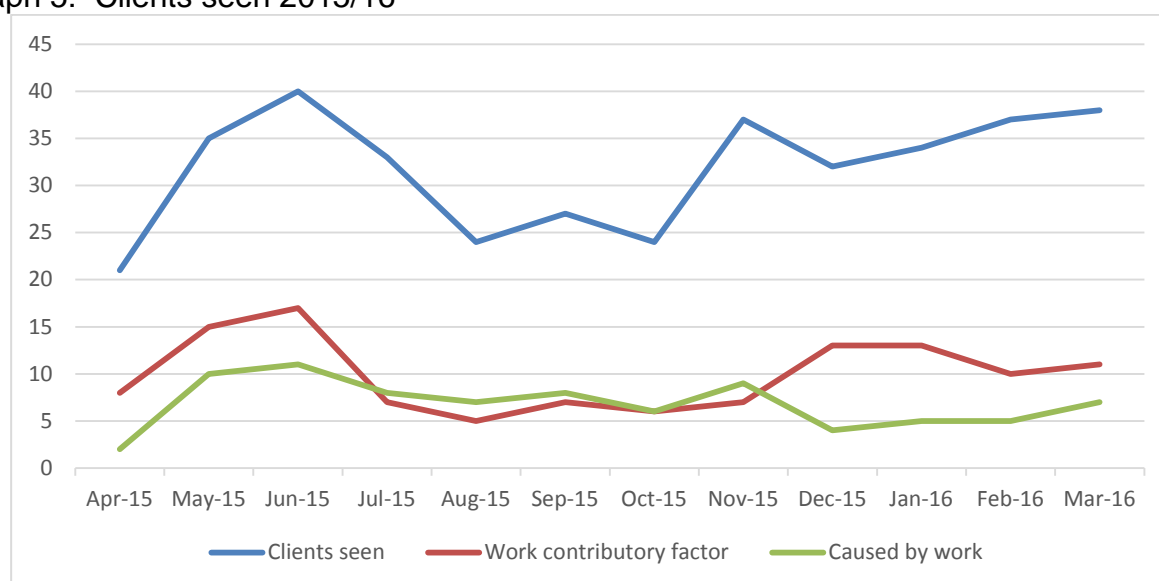
12.6 Several department and group specific 'managing stress and building resilience' workshops were also run for teams across the Trust. These half-day courses were delivered to 719 members of staff across every division.

12.7 As discussed earlier in this report, EAP continues to provide assistance to all staff via email, telephone and online resources. Since its launch in July 2015, 148 members of staff have received counselling (23 workplace concerns and 125 personal), 85 members of staff have received advice and support either via telephone or email and 758 members of staff have used the website to access information.

12.8 From November 2014, the COHWB has employed the part time services of an Occupational Psychiatrist to help assess staff with complex psychiatric problems impacting on the workplace. This has been particularly useful for doctors and nurses when assessing fitness to practice.

12.9 The COHWB continues to see a significant number of management referrals for staff with mental health issues. The team of Occupational Health (OH) Advisors and OH Physicians provide expert support, advice and referral if required in order to enable staff to manage their mental wellbeing.

Graph 5: Clients seen 2015/16



Increasing Physical Activity

12.10 The Trust's approach to supporting employees to increase their physical activity was presented to the First Sports Partnership Conference in the centre of Oxford with over 100 delegates attending from across Oxfordshire and the Thames Valley. The presentation included the following initiatives:

- Lunchtime walks over one mile held on all sites.
- Introduction of four walk to work routes from park and rides to the John Radcliffe (JR) site.
- Zumba and Pilates on the JR site, yoga on Churchill site.
- Beginners running group pilot on JR site.
- Work out at work day June 2015.
- On site table tennis used regularly in the summer months.
- Several department pedometer challenges over the course of the year.

Healthier Eating and Reducing Obesity

12.11 The COHWB continues to work with the healthier eating working group to introduce and promote healthier options in all the food outlets on site. This also includes contributing to the Nutrition and Hydration Strategy led by the Deputy Chief Nurse, which reflects the new food standards for providers.

12.12 A pilot has been agreed with the Public Health Steering Group to work with Pret a Manger and M&S to influence healthier choices in these outlets.

12.13 The COHWB works very closely with the Here for Health service situated in the JR (Blue Outpatients) which offers health advice and information to patients, visitors and staff. Staffs are encouraged to drop in to Here for Health for weight loss advice, weighing and monitoring as well as referral to the More Life scheme if required.

12.14 A 12 week NHS choices weight loss programme was set up and run by the COHWB in January 2016 with 54 members of staff signing up to take part. The results have been variable and a formal audit of the programme will be carried out later this month.

Other Health Promotion Achievements

12.15 Smoking cessation: a new Trust service has been implemented at the JR and as part of this, an advisor is now available within Here for Health to give advice, support and nicotine replacement therapy to staff wishing to stop smoking.

12.16 Healthy Hospital days have been run over all four sites during the year, with the focus on the three Trust priorities. The COHWB works very closely with Here for Health and other external agencies (Mind, More Life and local sports facilities) to raise awareness and provide health promotion information for visitors, patients and staff during these events.

12.17 Health Champion training continues, and focuses on recruiting staff in a variety of areas that will help to promote the key three priorities. During the year 35 members of staff received training for this programme.

12.18 A health and wellbeing newsletter is published every month and circulated to all staff, containing information and support for staff on a variety of topics.

12.19 A weekly foot care clinic has been running within the COHWB for the last year on a weekly basis. Aimed at keeping staff on their feet, this service has proved popular with staff and has received very positive feedback.

12.20 The COHWB has moved over to online work health assessment forms over the past year for Trust and external clients. This has further streamlined the work health assessment process with 85% forms processed in three days.

Collaboration with HR to Manage Complex cases

12.21 Close cooperation between OH and HR has continued to manage complex cases using the case conference approach. 91 case conferences took place in the past year compared to 58 in the previous year.

Doctors' Health and Wellbeing

12.22 The increasing incidence of psychological problems in doctors continues to be a local, national and international concern. This is an area of particular focus for the COHWB and the following activities have taken place over the last year:

- 'What's Up Doc?' sessions at monthly doctors induction, lectures for all FY1 and FY2 doctors plus training sessions on health and wellbeing for other groups of doctors in the Trust and in primary care.
- Increasing numbers of doctors seen in the department (47 consultants and 106 junior doctors in past year).

- Close collaboration with Oxford Deanery and the Professional Support Unit with increasing referrals.
- Lead consultant is the Faculty of Occupational Medicine regional champion for doctors' health.
- Lectures and workshops on doctors' occupational health and wellbeing at the OUH presented at national and international conferences, e.g. European Association Physicians Health Conference.

Flu Vaccination Programme 2015

12.23 This year's flu vaccination programme launched on 5 October 2015 and the final uptake was 61% of front line staff. Although this is lower than last year (63%) it is higher than the national average (51%). The decrease in numbers is mainly due to last year's vaccine, which was not as effective as previous years.

OH Physiotherapy

12.24 Muscular skeletal disorders (MSD) continue to be one of the main reasons that staffs are referred to OH, as well as being one of the commonest reasons for sickness absence. A temporary treating physiotherapist has been in post for the last six months, due to inability to recruit, but this vacancy has now been filled. Over the year, 250 members of staff received treatment from the OH Physiotherapist for MSD.

12.25 The online DSE assessment training and tool for staff has now been launched. All staff can now access training, advice and assessment tools that can be used to ensure correct set up of their computer in order to avoid MSD. If problems are identified managers can then refer directly to the OH physiotherapist for further advice and workstation assessment if needed. Over the year, 1,100 members of staff have accessed and passed the DSE online training.

Back Care Team

12.26 The back care team continues to offer advice and support to staff, managers and wards on manual handling issues. This includes advice on lifting aids, bariatric equipment and risk assessment.

12.27 The regional bariatric policy was approved and circulated and the team have also been working closely with the Deputy Chief Nurse on projects for the nursing electronic documentation and falls groups.

12.28 On 1 April 2016, management of the Back Care Team moved to the Nursing Directorate and Learning and Development.

Clinical Governance and Audit

12.29 The COHWB has worked hard to imbed a programme of education, audit and governance within the department. This has been achieved by the following:

- Introduction of bi-monthly clinical governance meetings.
- Training programmes for doctors and nurses specialising in OH.

- Regular team away days.
- Quarterly education sessions run by external agencies (cancer in the workplace, dyslexia, autism and eating disorders).

Challenges for Occupational Health in 2016/17

12.30 Inability to recruit OH qualified doctors and nurses leading to increase in waiting times for appointments and delays in staff returning to work: this has led to the use of increased agency staff over the last year. These posts have now been filled and, in addition, two training posts have been set up for a specialist registrar and OH nurse.

12.31 Issues around integrating OH software and developing new processes due to IT issues: the OH software was moved to a web-based programme on 1 January, this has resulted in more flexible working and faster response times to any problems. Plans to increase the use by allowing staff to work from other locations will assist with waiting lists and response times. It will also help to alleviate the pressures around room availability on site.

12.32 Safe Effective Quality Occupational Health Services national accreditation scheme run by the faculty of Occupational Medicine: the COHWB was unable to achieve accreditation last year, however a date has been set for the inspection visit on 25 May 2016 and a successful outcome is anticipated.

12.33 Following the closure of the manual handling training rooms at the Churchill site and relocation into the Stable Block at the JR, the team have worked hard to reduce the backlog of training that resulted from the closure. In addition, the loss of two team members resulted in a reduction in capacity to offer training. An external trainer was brought in to cover the shortfall and extra sessions were offered at the Horton General Hospital, as well as at the JR. As a result of this hard work, the backlog has been reduced and the team are able to deliver training within the first four weeks of employment to all staff. A long-term training programme has been implemented to deal with projected training numbers and recruitment over the coming year.

Future Developments for Occupational Health 2016/17

12.34 A Trust-wide health and wellbeing staff survey is currently being developed for distribution in May 2016, to establish a baseline of staff health behaviours. Results will help focus any priorities/plans for 2016/17.

12.35 Participation in research programmes such as treating menopause symptoms with CBT and developing a mindfulness programme which can be integrated into building resilience programmes when targeting specific work areas under high pressure.

12.36 Gardening project: reclaiming some of the wasteland/gardens that have been neglected to improve the environment and wellbeing with staff volunteers.

12.37 Improving software within the COHWB to streamline processes and decrease waiting times.

13. Recommendation

13.1 The Trust Board is asked to note the performance against the Workforce KPI's summarised in Section A of this report. The Board is further asked to note and endorse its support for the key work programmes and initiatives highlighted in Section B.

Appendix

1. OD and Workforce Performance Dashboard 2015/16 - Q4

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April 2016

