

Quarterly Workforce Report – Q2 (July-September 2014)

Introduction

1. This report provides an update in respect of activities progressing the Trust's workforce strategy priorities in 2014-15 and performance against agreed workforce targets for the period July–September 2014 (Q2).
2. The report is structured to provide:
 - 1) A summary on progress in the quarter with the key projects underway to deliver priorities in the workforce strategy
 - 2) An overview of performance against the workforce objectives
 - 3) Staff Friends and Family Survey results and Managers feedback
 - 4) Key workforce issues and risks.

Part 1 - Workforce Strategy Update

1. A brief update against the Trust's key workforce strategy priorities is provided in Table 1 below.

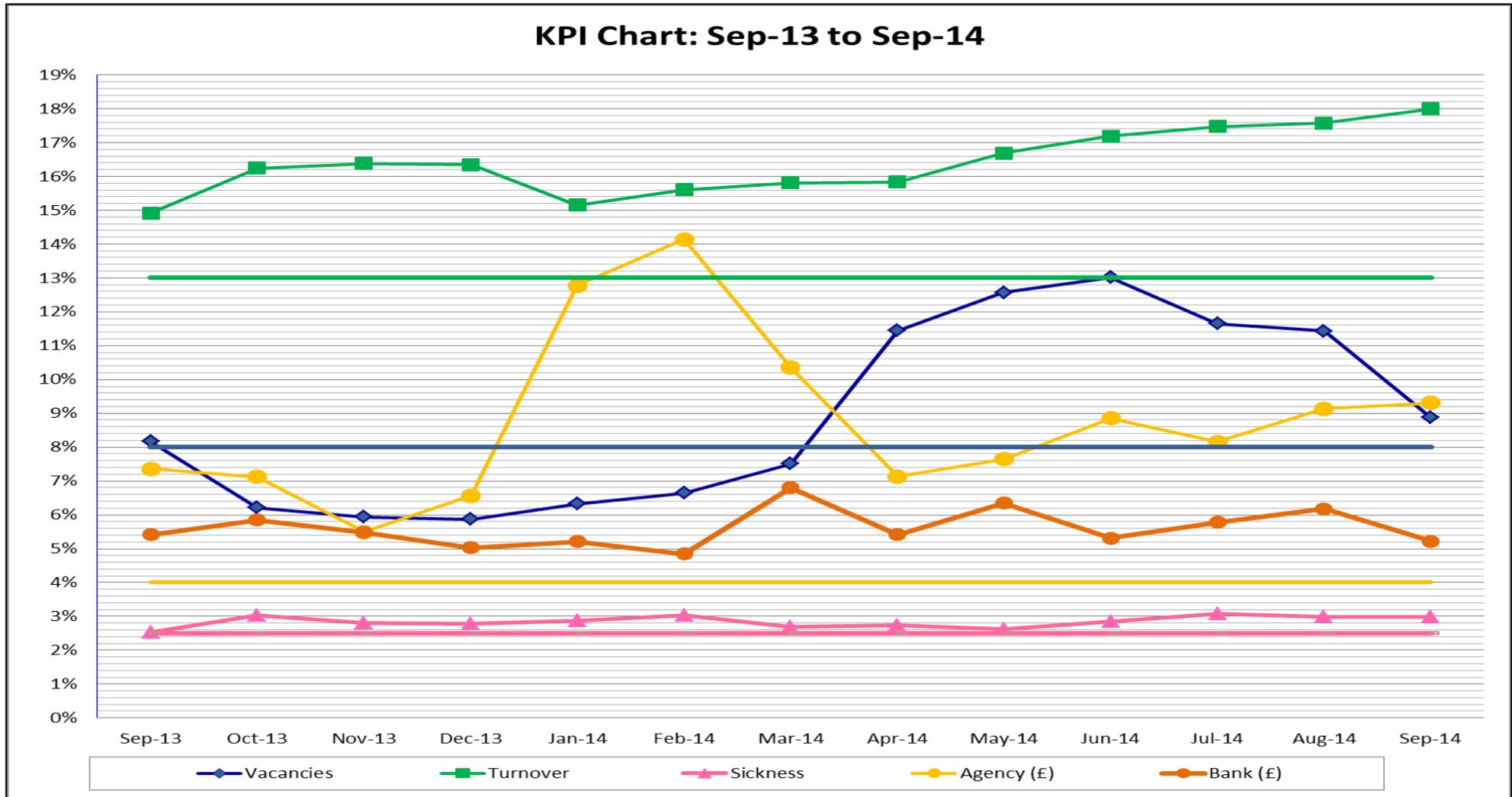
Table 1				
	Priority description	What we said we'd do	What we've done in Q2	What's next?
1	Strengthening People Management	Developing the appraisal process for use in the next appraisal round based on the learning this year and changes to incremental progression.	Developed mandatory development programme for all new line managers to include doing 1:1's and appraisals in a coaching style.	<ul style="list-style-type: none"> • Ensure all line managers have been trained in how to do 1:1's and appraisals using a coaching style by March 2015 • Train and accredit additional in-house coaches
2	Leadership Development	Leadership programme to be developed in detail with provider and delivered.	Third Leadership Conference took place in September, with the focus on improving management of service line performance. Coaching for trios in service lines.	<ul style="list-style-type: none"> • Continuing delivery of the leadership programme and of the Business Partnering Programme.
			Focused action of performance management skills The Business Partnering Programme was launched in July. The first module took place in September, focussing on the role of the BP and consulting / contracting with service lines.	
3	Service Line Management	Confirming the incentives available to service lines.	Consultation with service lines has taken place to develop a list of potential incentives.	<ul style="list-style-type: none"> • Budget setting process to determine how incentives will work
		Developing a 14/15 business plan for each service line – including a detailed workforce plan.	Programme of business plans 15/16 issued Q2 including process of completing budget setting and workforce planning during Q3	<ul style="list-style-type: none"> • Business planning to take place
		Supporting service lines to develop their scorecards.	HR Scorecards have been developed by the Workforce team. Feedback received from SL Managers and further adjustments made. Also feeding into the HR section of BI Scorecards.	<ul style="list-style-type: none"> • Include in the Service Line Reports
		Introducing an SLA for recruitment (alongside the deployment of NHS Jobs 2 anticipated to be in December 2013).	Consultation with service lines has now taken place on agreeing the SLA for the recruitment service. Soft launch implementation of end to end recruitment system	<ul style="list-style-type: none"> • SLA for recruitment to be implemented and launched • End to end recruitment system to be fully implemented

4	Supporting Staff and their Wellbeing	PDR and incremental progression changes to be agreed by January 2014	All staff – required to be compliant with their mandatory training in order to have incremental progression	<ul style="list-style-type: none"> • Bands 7 and above – those identified as satisfactory performers or above will receive/retain their increment if on the top two annually earned points of their band. • Bands 6 and below – staff in formal capability proceedings or with a current disciplinary warning on file will not be awarded an increment.
			Bands 8c and above – those identified as satisfactory performers or above will receive/retain their increment if on the top two annually earned points of their band.	
		OH&W plans for 14/15 to be developed.	OH&W plan for 2014/15 in place. Employee Assistance Programme for the Trust further embedded, providing a range of support services for staff.	<ul style="list-style-type: none"> • OH&W plan to increase flu vaccination up to 60% this year. • Vaccinate 64 staff per week between October and December to achieve this target.

Part 2 – An overview of performance against the workforce objectives

The Trust's overall performance is set out in Chart 1.

Chart 1 – Trust Overview of Workforce KPIs



Objective 2.1: To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values		
	Position at Q2	Actions in Place
(a) 80% of staff to have had an appraisal and agreed objectives and a PDP by the end of June 2014 and 90% by September	88% of staff have had an appraisal, agreed objectives and a PDP as of 27 October 2014. The appraisal process includes evaluation against the Trust values for all staff and providing feedback to managers on their people management skills.	Service Lines that have attained appraisal rates below the target are scheduling dates to get all PDRs completed. IT are providing solutions where access to date is a problem.
(b) All staff are formally evaluated against the Trust values as part of the annual appraisal process – 80% by June 2014, 90% by September 2014	The appraisal process includes evaluation against the Trust values for all staff.	As above
(c) All managers have feedback on their people management skills from their staff and have the results built into their PDP	The appraisal process includes providing feedback to managers on their people management skills.	The introduction of the Managers Staff Feedback questionnaire has enabled staff feedback to be incorporated into managers PDP
(d) 80% of staff up to date with their mandatory training –to be achieved by October 2014	64% of staff were fully up to date with their mandatory training as of 27 October 2014.	The introduction of the training booklets has enabled staff to complete their training in a user friendly way. We are ensuring further distribution to wards and other low scoring areas to help staff achieve this objective. The Performance Review meetings will monitor performance and Divisional Directors, supported by the HR Managers, will ensure completion.

Objective 2.2: To eliminate the need for agency staff		
	<u>Position at Q2</u>	<u>Actions in Place</u>
(a) All service lines and other areas of high turnover to have a strategy/plan to address this	<ul style="list-style-type: none"> Plans exist to ensure rapid recruitment in most areas, particularly in respect of nursing posts, and any Service Lines without robust plans for filling vacancies are in the process of producing them. Turnover for the Trust remains high at 18%. The highest turnover is within the Qualified Nursing staff group at 24% (an average of 14 leavers every month); this number has reduced this month. 21% of the leavers in this staff group leave with under a year's service and are mostly from the medical wards. The next highest turnover is within staff groups Admin & Estates (average of 12 leavers per month) and Nursing Assistants (average 8 leavers per month). 	See Appendix 1 – Turnover Focus areas and Appendix 2 - Service Line Turnover Spreadsheet
(b) To develop a measure that can accurately monitor turnover/stability and then agree an appropriate target	<ul style="list-style-type: none"> Completed 	
(c) 50% reduction of nursing agency usage by April 2015	<ul style="list-style-type: none"> Agency usage this quarter has increased slightly to 9.31% of the total pay bill. Highest usage areas were Service Lines A&E and AAU, Elderly Care and Finance. For A&E and AAU and Elderly Care the majority of the spend was on qualified nursing staff. When analysing reason for agency usage for staff that are rostered the top 3 reasons were: Staff Vacancy (average 262.11wte), Escalation Beds (average 74.66wte) and Establishment Shortfall (average 72.28wte). The WTE used on Special Nurses has decreased this quarter month on month from 63.41wte in July to 44.62 wte in September. Finance has identified funding for specials and escalation beds. 	<ul style="list-style-type: none"> Actions to reduce nursing agency usage are concentrating on the rapid recruitment process to reduce vacancies (see below), as well as escalated controls on booking agency, better management of rosters, continuing pressure to reduce days lost through sickness by ensuring effective management of short term and long term sickness and challenge to service line managers on whether agency usage could be met through better use of bank.
(d) Reduce the vacancy rate to 5% by April 2015	<ul style="list-style-type: none"> The vacancy rate at the end of Q2 stood at 8.87%. Vacancy rates have been decreasing all quarter, especially in the last month with the arrival of 28 nurses from Spain & Portugal as well as 30 newly qualified nurses. The highest vacancies are in the following staff groups: Qualified Nursing (88.34wte) Admin & Estates (75.70wte) and Nursing Assistants (30.69wte). There are currently offers for 15 Nursing Assistants and 23 Qualified Nurses in the recruitment pipeline. 	<ul style="list-style-type: none"> The Trust will be holding a Recruitment Open Day on Saturday, 8th November to publicise the Trust as a potential employer as well as carrying out assessments and interviews for Band 2 & 5 nursing staff. The Trust is also undertaking an overseas recruitment campaign in the Philippines where it aims to recruit up to 60 new nursing staff who will be due to start in the new year. There will also be over-recruitment of HCAs to allow for high turnover in this group. In some areas, the accuracy of vacancy data on the Ledger has been queried by managers and will work with Finance to determine whether the vacancies are real.

Objective 2.5: To ensure that the Trust recruitment function is fit for purpose		
	Position at Q2	Actions in Place
(a) SLA created, agreed and business case for recruitment team developed	<ul style="list-style-type: none"> • SLA has been agreed after consultation and is about to be issued. Agreement for recruitment of a Band 6 team leader has been obtained and the post is out to advert. 	<ul style="list-style-type: none"> • Resources in the Recruitment Team are not sufficient to meet the SLA, therefore resource requirements will need to be agreed.
(b) SOPs are developed for all recruitment processes	<ul style="list-style-type: none"> • Completed. 	<ul style="list-style-type: none"> •
(c) An end to end recruitment system is purchased and fully utilised	<ul style="list-style-type: none"> • The TRAC system has been purchased and implemented. 	<ul style="list-style-type: none"> • Actions to resolve some IT problems have been put in place.
(d) Reduction in lead times to recruit	<ul style="list-style-type: none"> • SLA consultation has taken place and awaiting final agreement at EMC. 	<ul style="list-style-type: none"> • The reductions in lead times a will be implemented in Q3 and 4, but is dependent on resource requirement.
(e) Agreed KPIs are achieved	<ul style="list-style-type: none"> • SLA consultation has taken place and awaiting final agreement at EMC. 	<ul style="list-style-type: none"> • The KPIs in the SLA will be implemented in Q3 and 4.

Part 3 – Staff Friends and Family Survey results and Managers feedback

1. The Staff Friends & Family Test (SFFT) for Quarter 2 has been undertaken on behalf of the Trust by Quality Health. The response rate was 12.8% (127 respondents). In response to Question 1, 'How likely are you to recommend this organisation to friends and family as a place to work', 53% responded that they were "extremely likely" or "likely" (58% in Q1) and 21% said "neither likely or unlikely" (24% in Q1). In response to Question 2 'How likely are you to recommend this organisation to friends and family if they needed care or treatment', 67% said that they were "extremely likely" or "likely" (78% in Q1) and 21% said "neither likely or unlikely" (13% in Q1). The survey was completed via postcards for Quarter 2 as there were a larger number of clinical staff surveyed. Due to the National Staff Survey being undertaken in Q3, the next SFFT survey will not take place until Q4.
2. Following on from the 2014/15 Managers Staff Feedback questionnaire, work has been undertaken as part of the retention strategy to identify key reasons why staff may leave the Trust. The 100 day survey which targets staff who have been in post for 100 days has been launched. This exercise will be conducted on a monthly basis and findings will be provided in future reports to the Workforce Committee. To date we have received 16 out of 107 responses. The responses have indicated that no staff intend to leave within the year.

Part 4 – Key workforce issues and risks.

1. Work has continued to be undertaken over the last quarter on Workforce operations. This have included:
 - Following an internal review of the recruitment systems and processes an end to end recruitment system, TRAC was rolled out in September 2014. Implementation of the system has meant we will be able to effectively monitor the lead times for every stage of the recruitment process and manage the whole recruitment process "online". However connectivity issues have significantly affected operations and IT solutions are being explored to improve this.
 - Feedback on the SLA for recruitment has now been received from the service lines. The agreement is now being finalised and will be launched in November 2014.
 - Service Lines. The HR team will be working with the Services Lines to support them in the implementation of the initiatives that they wish to take forward. For example Buddying for new starters, 100 day retention survey and improved local induction.
 - The optimisation programme for HealthRoster is now coming to a close where all live Units have been visited and had their rosters reviewed and realigned. Over the next few months the Team will revisit all Units and go through an implementation sign-off process. This ensures that units continue with good practice, that they have received adequate training and are continue to utilise the full functionality of Auto-roster. Further work has been undertaken to ensure the readiness of the "Roster Perform" tool which is an intelligent tool that enables Managers to review, report and manage staffing behaviour through a series of Management dashboards and reports. The tool is designed to help ensure that services are delivered safely, with minimum risk and the optimal use of staff.

- The Trust statutory and mandatory training is currently at 64%. Service lines and Department managers showing red have been emailed and asked to target non-compliant members of staff to access the mandatory training booklets via the intranet home page. Global emails have been sent asking staff to access the mandatory training booklets and also advertising dates and availability for fire training.
 - The brochure now has dates for next year for fire training (both clinical and non-clinical sessions) and dates will be published within the training brochure for the other face to face requirements of Patient manual handling and resuscitation.
 - Consultant only sessions (to encompass their face to face sessions of fire, manual handling and resuscitation) are also available with dates for next year to be released.
 - The face to face sessions will be available on different days with am and pm sessions to increase flexibility for staff to attend.
2. The strike action that took place in October had minimal impact on the Trust's delivery of services. Discussions took place with staff side and Emergency Planning to ensure that managers were aware of their responsibilities in maintaining their service during the period. Further strike action is expected and we will continue to work with Emergency Planning and staff side to minimise disruption to patient care.
 3. The main risk to the workforce and HR programmes continues to be the capacity and capability to deliver the range of change programmes underway and responding to unexpected additional work.

Recommendation

The Trust Board is invited to a) note the contents of the report b) to confirm support for the actions taken in response to the issues raised.

Appendix 1 – Turnover Focus Areas

Turnover Focus Areas	Description	Progress	Next Steps	Lead	Time frame
Understanding the root cause of Turnover	<ul style="list-style-type: none"> Implementing the new exit interview process to enable a better understanding of the reasons for leaving e.g. work life balance Introduction of 100 day interviews Focus groups with cross section of staff Deep dive into red rated service lines 	<ul style="list-style-type: none"> New exit interview process developed, low response rate 100 day survey sent out to 100+ new starter 27 returned to date – none thinking of leaving Focus group meeting set up for staff Analysis undertaken for red rated areas, Service Lines have already began to take action e.g. RRP (see Appendix 2 - Service Line Turnover Spreadsheet) 	<ul style="list-style-type: none"> Employ a researcher to undertake exit interviews for current leavers and leavers who have left the Trust Ensure researcher drives up response rate for new starters Benchmark/work with local employer with similar issues 	DW	Feb 2015
Improving the recruitment process	<ul style="list-style-type: none"> Map process and remove delays in process Define roles, responsibilities and timeline standards Agree Service Level Agreement with Service lines Commission and implement electronic recruitment system Produce and monitor KPI's 	<ul style="list-style-type: none"> Process has been mapped, roles defined and timelines developed Service level agreement has been agreed with service line Electronic end to end recruitment system has been purchased and implemented KPI have been produced 	<ul style="list-style-type: none"> Monitor SLA and KPI's Ensure electronic recruitment system is properly utilised and ICT issues are resolved Performance manage where necessary 	DW / D of ICT	Dec 2014
Recruitment and Induction of new staff	<ul style="list-style-type: none"> Review and develop local induction Review and develop corporate induction Introduce buddying for new staff Act on results of 100 day survey Promote our unique selling points, Trust Brand and values internally and externally Develop the Trust training and development offering for all staff Line managers to carry out one to ones in clinical and non-clinical areas in a coaching manner Coaching becomes the predominate style of management 	<ul style="list-style-type: none"> Service lines are reviewing local induction for their areas (See spreadsheet attached.) Plans have been developed for the new corporate induction process Service lines are developing buddying process Trust training and development offering for all staff groups is being developed All line managers are being trained in how to carry out one to ones and appraisals in a coaching manner Coaching strategy developed 	<ul style="list-style-type: none"> Ensure all service lines have an tailored local induction with a minimum level of excellence Develop our social media strategy to promote our brand and values Ensure all managers attend 1-1 and appraisal training Collate total training offering for all staff Evaluate international recruitment and induction 	Deputy Chief Executive/ Service line trios/ Head of communications DW	March 2015

Appendix 2 - Service Line Turnover Spreadsheet

Data as at: September 2014									
Service Line	Budget (Wte)	Staff In Post (WTE)	Staff in Post (Heads)	No. Leavers in the year	Turnover (rolling year) Target 13%		Turnover Commentary for Amber & Red rated areas	Retention Initiatives Commentary for Turnover for Amber & Red rated areas	Retention Initiatives Implemented RAG rating
Respiratory	47.32	36.74	38	20	50.35%	↑	5 leavers (3.69 FTE) since April 2014, of these there were 2 clinical and 3 non clinical. The main reasons for resignation were promotion (2 clinical and 1 non clinical)	Agreed to undertake the following measures to improve Recruitment and Retention: 100 day survey, exit interviews, local induction pack, possible rotational post with ICU.	A
Therapies	86.12	80.08	97	30	33.00%	↓	15 Leavers (13.27 FTE) since April 2014 the main reason for leaving is to relocate (6), although 3 of the leavers in OT left due to lack of promotion activities, 1 retired, and 2 were on fixed term contracts.	OT Manager liaising with the London OT network who are looking at RRP for OT's in London. Despite frequent active recruitment, unable to appoint to band 6 OT posts due to lack of candidates. Decision to recruit overseas is agreed and underway. In addition the Service is currently reviewing job roles.	A
Cardiology	82.75	71.91	77	22	30.66%	↑	14 Leavers (16 FTE) since April 2014. These are mostly on Bronte (1 Deputy Team Leader, 8 nurses and 2 nursing assistants). The reasons main reasons for leaving are Relocation (4) and better Work Life Balance.	Cardiac Physiologists are identified as hard to recruit, Service Line wants to investigate RRP in this area. Most of the leavers are in Bronte. Service Line to undertake a piece of work reviewing the staffing ratios and skill mix in light of the Haematology Day Unit also being on the ward. The Service Line have also adopted other retention measures - such as 100 day survey.'	A
Elderly Care	230.22	211.06	223	47	30.31%	↑	20 leavers (17.77 FTE) from April 2014, the leavers were on Blyth (9), Derwent (3), Kennet (5), Keats (2) and in Site Management. 4 of these leavers were for promotion or to undertake further study.	The retention plan includes the development of a calendar of regular recruitment, the development of a TNA (training needs analysis) for each ward, to ensure that ward meetings take place, to embed 1:1's for all staff, Newsletters for each ward communicating and updating staff, Development of a Care of Elderly champion, senior management walkabouts.	A
Trauma & Orthopaedics	120.61	82.55	90	23	29.87%	↑	14 Leavers since April 2014: 8 x nurses and 5 x nursing assistants. - main reasons relocation / work life balance. Oct 13 - March 14: 10 leavers: 4 x nursing, 3 x nursing assistants (1 retirement, remainder relocation / work-life balance)	Met with Service Line. Band 7 allocated as dedicated support to induct and support new nursing staff.	G
A&E and AAU	217.16	191.07	202	47	28.40%	↑	26 leavers (FTE 24.73) since 4th April. 11 leavers on AAU and 11 On A and E Nursing, 3 And E Paeds and 1 doctor. Lack of Opportunities on AAU was the reason for 3 nurses leaving and 2 nursing assistants left AAU to undertake further training. In total 10 people left to relocate	Agreed to undertake the following measures to improve Recruitment and Retention: 100 day survey, Exit interviews, development of a local induction pack and the roll out of 1:1 across the service line.	A
Gastroenterology & Endoscopy	66.83	56.88	62	14	25.43%	↑	7 Leavers (FTE 6.93) since April 2014. 4 of these have been nursing Assistants on Hardy Ward and 2 Nurses on Hardy. Work life Balance was the main reason for leaving	Rtention initiatives still to be considered by Service Line	R

Data as at: September 2014

Service Line	Budget (Wte)	Staff In Post (WTE)	Staff in Post (Heads)	No. Leavers in the year	Turnover (rolling year) Target 13%		Turnover Commentary for Amber & Red rated areas	Retention Initiatives Commentary for Turnover for Amber & Red rated areas	Retention Initiatives Implemented RAG rating
Gynaecology & Breast	72.03	54.94	60	13	23.86%	↑	13 leavers over previous 12 months, 7 clinical, 6 non-clinical. Two main reasons for leaving cited 'retirement' (4) & 'work/life balance' (4)	Supported the measures proposed to address retention e.g. exit questionnaires, 100 day survey for new starters, improving local induction, buddying system, encouraging feedback from staff	A
General Surgery & Urology	126.67	103.60	112	22	23.02%	↓	11 leavers since April 2014: no main trend 5 x HCAs (2 retirements, 2 with less than 1 year service went onto full time training/further education) 1 x band 6 jr sister (<1 year - promotion in specialist Trust) A&C - 4 leavers (2 on fixed term contracts) 12 leavers Oct 13 - March 14: mainly nursing (7 nurses, 1 HCA) - main reasons work-life balance and relocation. 4 x A&C - main reason promotion.	Implemented - 100 day survey, roll-out of 1-1s for all staff. PPC restructure currently being implemented will provide improved development opportunities for A&C staff.	A
Sterile Services	31.40	26.71	28	6	21.30%	↑	4 leavers - 2 relocation, 2 retirement.	Manager is working with new recruits to create multi-skilled team that will provide wider cover during absence.	A
Commercial Director	38.22	31.19	33	7	20.02%	↑	All leavers from Information Services except 1 - main reason for leaving promotion /inner London NHS Trusts	Implemented - 100 day survey, RRP (Clinical Coders Band 5, Band 6 Clinical Coders RRP to be implemented if current recruitment campaign is unsuccessful), Service Line Open Meetings, Roll out 1-1's for all staff, Local retention plans (Trainee Clinical Coders) In place but requires to be formalised - Coaching, Talent Management Leadership and Engagement, Appoint a peer buddy, To be implemented - Staff Survey Feedback, "Bright ideas" email (Local "you said . . . we did" feedback), Welcome Event	A
Nursing & Quality	21.85	23.59	27	8	17.78%	↑	5 leavers from April 2014. Evenly spread across Nursing, Complaints, Chaplaincy - no particular themes. Oct 13 - March 14: only 1 leaver (A&C - better reward)	100 day survey implemented, roll-out of 1-1s for all staff. Retention plan shared with Director to explore if further initiatives are required.	G
Corporate Affairs	30.00	29.15	30	5	16.95%	↑	7 leavers over previous 12 months. Main reason for leaving 'promotion', no trend emerging re other reasons	Implemented - 100 day survey. Team meetings, 1-1's for all staff To be implemented - Appoint a peer buddy, Interview selection process, Local Induction, Coaching, Local retention plans, Training needs analysis, Talent Management Leadership and Engagement, Staff Survey Feedback, "Bright ideas" email (Local "you said . . . we did" feedback), Welcome Event	A

Data as at: September 2014

Service Line	Budget (Wte)	Staff In Post (WTE)	Staff in Post (Heads)	No. Leavers in the year	Turnover (rolling year) Target 13%		Turnover Commentary for Amber & Red rated areas	Retention Initiatives Commentary for Turnover for Amber & Red rated areas	Retention Initiatives Implemented RAG rating
Finance	52.84	47.14	50	8	16.71%		Main reason for leaving promotion to inner London NHS Trusts	<p>Implemented - 100 day survey In place but requires to be formalised - Local retention plans To be implemented - Appoint a peer buddy, Interview selection process, Local Induction, Coaching, Roll out 1-1's for all staff, Service Line Open Meetings, Training needs analysis, Talent Management Leadership and Engagement, Staff Survey Feedback, "Bright ideas" email (Local "you said . . . we did" feedback), Welcome Event</p>	A
Histopathology	25.73	25.16	27	4	16.49%		Main reason for leaving promotion to inner London NHS Trusts	<p>Implemented - Clinical days (Service managers undertakes bench work), interview selection process, Service Line Open meetings, Training Needs Analysis, "Bright ideas" email, (Local "you said . . . we did" feedback) In place but requires to be formalised -Talent Management Leadership and Engagement (Graduate Trainee Scheme) To be implemented - Appoint a peer buddy (lower grades & new graduates), Interview selection process, Local Induction, Coaching, Roll out 1-1's for all staff, Staff Survey Feedback,</p>	A
GUM	35.07	27.24	36	6	15.55%		This is a small service line, 6 leavers in the last year the reasons for leaving do not indicate a cause for concern being due to promotion (4) further education (1) and worklife balance (1)	<p>Implemented 100 day survey To be implemented – Roll out of 1:1's</p>	A
Anaesthetics, Theatres & DSU	173.79	162.58	177	22	14.38%		14 leavers from April 2014: 10 x nursing/ODP. Main reasons work-life balance, relocation, better reward 9 leavers Oct 13 - March 14: 6 x nursing, of which 4 were retirements. No other themes.	<p>Staff survey questionnaire going out in Main Theatres to measure progress against action plan. Operational manager has introduced nursing competencies Induction programme has been improved Work is ongoing to improve Band 7 leadership.</p>	G
Specialist Outpatients	36.73	38.27	45	5	14.17%				

Data as at: September 2014

Service Line	Budget (Wte)	Staff In Post (WTE)	Staff in Post (Heads)	No. Leavers in the year	Turnover (rolling year) Target 13%	Turnover Commentary for Amber & Red rated areas	Retention Initiatives Commentary for Turnover for Amber & Red rated areas	Retention Initiatives Implemented RAG rating
Operations	245.97	225.55	253	36	13.50%	 2014-15: 27 leavers - 5 retirements (2 due to ill health), 20 voluntary resignation (8 main reason - work life balance of which 4 were Nursing staff within Cancer Services) 2013-14: 5 leavers - 2 retirements due to ill health, 3 voluntary resignation (1 - relocation - Nursing within Outpatients) 1 - better reward package, 1 - undertaking training	Implemented - 100 day survey, Service Line Open Meetings, Roll out 1-1's for all staff (Health Records, Patient Access, IT, Cancer Services), Local retention plans (Trainee grades Band 3-5 - Estates & Facilities); (Apprenticeship - IT) To be implemented - Staff Survey Feedback, "Bright ideas" email (Local "you said . . . we did" feedback), Welcome Event, Roll out 1-1's for all staff (Estates & Facilities), Coaching, Talent Management Leadership and Engagement, Appoint a peer buddy	A
Maternity	297.97	280.22	337	42	12.89%			
Intensive Care	71.85	65.26	75	8	11.08%			
Medical Director	9.15	8.23	10	1	10.91%			
Paediatrics & NNU	139.65	140.59	159	13	9.69%			
Human Resources	76.64	67.17	74	7	8.46%			
Oral & ENT	32.90	56.66	69	5	8.06%			
Ophthalmology	68.30	57.08	66	4	7.77%			
Pharmacy	51.02	53.29	65	4	6.23%			
Imaging	111.70	108.52	122	7	5.85%			
Pathology	6.30	7.40	8	1	1.51%			
Trust Total	2636.91	2369.42	2649	440	18.00%			