



People and Culture Strategy

2017/2020

Contents

Introduction	4
Trust profile	5
Where the Trust is now, where we want to be and how we will get there	7
People and Culture model	12
Overarching Framework – Culture and Leadership	14
Enabling Strategies	16
Governance	21
Measuring Success	22
Appendix One - Context	23
Appendix Two - Current Performance	27

Introduction

Our colleagues have been commended for the patient centred care that they provide to service users and the Board is proud of the commitment and contribution of every member of staff. We want our colleagues to be proud to work for the Trust acting as ambassadors for the services that we provide and, therefore, we have set the following purpose for our people:

Purpose:

We want our colleagues to feel empowered to improve performance through collective achievement, be accountable for their actions and transform care at every opportunity.

It is recognised that an aspirational people and culture strategy is critical to the future success of the Trust particularly given the regulatory environment that the Trust currently finds itself in. Our colleagues are and will be the Trust's most important asset as we continue to work through these issues. Whilst the focus around workforce will involve 'getting the basics right' in the short term, the ambitions detailed throughout this document will ensure that the Trust is able to achieve its purpose of providing high quality patient centred care.

The Trust's success is intrinsically bound up with having the right sized, right skilled and engaged workforce and whilst colleagues are seldom excited by strategy documents, being interested in the outcomes, the culture change programme that was launched in October 2017 will provide colleagues with a clear link between the things that we do

and why they make a difference. This programme which will build on the sense of local pride will see four signature behaviours and a set of 'Wisdom in the Workplace' leadership behaviours form the basis of all future Trust activity. The programme will be a key enabler in setting a culture in line with the Trust's purpose as set out opposite.

Strong leadership within the Trust is critical in driving this change forward and there will be a focus on supporting leaders across the organisation to implement this strategy.

This document sets out the current position of the Trust with regard to its people and culture, describes the end state that the Trust is working towards and details the plans that will be put in place to get there.

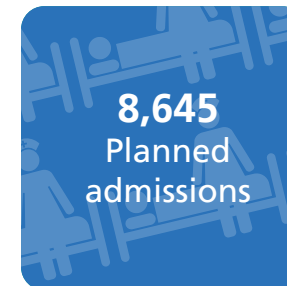
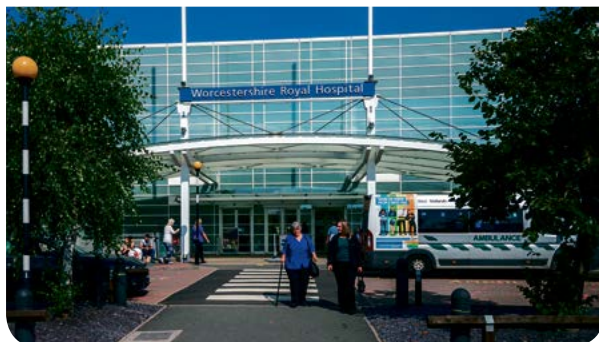
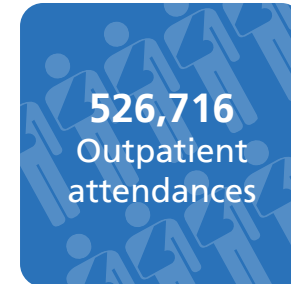
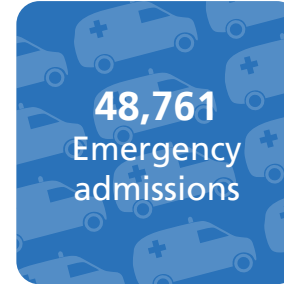
Trust Profile



Worcestershire Acute Hospitals NHS Trust provides hospital based services from three main sites - the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre and Worcestershire Royal Hospital.

With an annual turnover of £380 million, the Trust provides a wide range of services to a population of more than 575,000 in Worcestershire as well as caring for patients from surrounding counties and further afield. The Trust employs nearly 6,000 people and has around 800 volunteers.

Last year the Trust provided care to more than 232,644 different patients including:



The Trust's strategic objectives are to:

1. Deliver safe, high quality compassionate care
2. Design healthcare around the needs of our patients, with our partners
3. Invest and realise the full potential of our staff to provide compassionate and personalised care
4. Ensure the Trust is financially viable and makes the best use of resources for our patients
5. Develop and sustain our business

The Trust has identified a number of priorities for the period of this strategy and these are:

- Embed and assure the revised ward to board governance structures and processes and improve the identification and management of risk
- Develop a more robust improvement, quality and safety culture across the Trust, including learning when things go wrong
- Ensure the appropriate measures are taken to address all the quality and safety concerns identified by the CQC
- Improve urgent care and patient flow pathways across the whole system to ensure the care is delivered by the right person in the right place first time
- Ensure the Trust meets its agreed trajectories for patient access and operational performance improvement in urgent and elective care
- Develop leadership capacity and capability at all levels within the organisation
- Develop at all levels an organisational culture driven by the demonstration of our signature behaviours
- Systematically improve efficiency and sustain financial performance ensuring that the Trust delivers its financial control total
- A compelling purpose for the Trust and a workforce strategy that supports the retention of current staff, recruitment to vacancies and the development of new roles
- A five year clinical service strategy that supports the clinical and financial sustainability goals as described in the Herefordshire and Worcestershire Sustainability and Transformation Plan
- To strengthen our collaboration and partnership working with other providers in Worcestershire and beyond to ensure local access to a full range of high quality services.

Where we are now, where we want to be and how we will get there

The context in which the Trust operates has been analysed (see appendix one) alongside the Trust's current performance across all people and culture metrics (see appendix two). The findings of this analysis is summarised in the table below.

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance





Theme	RAG	Where we are now	Where we want to be	How we will get there
Culture		A recent analysis has identified that the most prevalent behaviour within the Trust is one of learnt helplessness	A culture in which colleagues feel empowered to improve performance through collective achievement be accountable for their actions and to transform care at every opportunity	The 4ward culture change programme The Trust will undertake a review of the effectiveness and frequency of staff surveys
		The Trust scores below average for colleagues recommending the Trust as a place of work	A higher than average score for colleagues recommending the Trust as a place to work	
		62% of the Trust's NHS staff survey key findings are in the bottom (worst) 20% of all acute trusts	In the top 20% of all acute trusts for our NHS staff survey results	
Leadership		The Trust has been rated inadequate by the Care Quality Commission (CQC) for its Well Led domain	To achieve a rating of outstanding for its Well Led domain	'Wisdom in the Workplace' leadership framework A refreshed leadership development plan supported by a talent management policy
		The Trust does not have an up to date plan or designated budget for leadership development	The Trust is renowned for its leadership development	
Staff Engagement		The overall staff engagement in the Trust has improved from 3.64 in 2015 to 3.66 (the higher the better) but remains below the national average for acute trusts which is 3.81	A higher than average staff engagement score Over 80% of colleagues reporting that communication within the Trust if effective	A 4ward culture change programme which will include a staff engagement and internal communication plan

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance









Theme	RAG	Where we are now	Where we want to be	How we will get there
Colleague health and wellbeing		The Trust has a sickness absence rate of 3.62% which has continuously improved since January 2017	A consistent sickness absence rate of below 3.5% across all services and staff groups	A refreshed Colleague Health and Wellbeing Plan
		38% of Trust colleagues report feeling unwell due to work related stress compared with the national average of 35%	Fewer than 30% of colleagues reporting feeling unwell due to work related stress	Achievement of the NHS Employers Workplace Wellbeing Charter
		In August 2017, the Trust lost 516 sickness absence days due to back problems. A further 650 days were lost due to other musculoskeletal problems	Regular monitoring of back and musculoskeletal injuries caused as work. Consistent performance of over 90% of colleagues having manually handling training	All back injuries caused at work to be reviewed by the health and safety committee
Staff recognition		The Trust scores 3.28 compared to a national average of 3.45 (the higher the better) for colleagues feeling valued and recognised by managers and the organisation	A Trust score of over 3.5 for colleagues feeling valued and recognised by managers and the organisation	Staff recognition scheme linked to the 4ward culture change programme
		Only 76% of colleagues have an up to date performance development plan (PDP)	Consistent performance of over 90% of colleagues having an up to date PDP	
Recruitment		The number of medical vacancies is predicted to reduce by 50% (from 157.41 wte in June 2017 to 69.07 wte in September 2017)	A medical vacancy rate of less than 6% or 43 wte	Continued implementation of the Trust's recruitment and retention plan including overseas recruitment
		The Trust is trading water with regard to the number of qualified nursing vacancies (178.38 wte in June 2017)	A qualified nursing vacancy rate of less than 5% or 92 wte	The development of new recruitment strategies for qualified nursing
		There are regular breaches of safer staffing fill rates which is impacting on the quality of services	Staffing levels consistently above the national expected fill rate of 80%	Review of the Trust's staff escalation policy

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance








Theme	RAG	Where we are now	Where we want to be	How we will get there
Retention		The overall Trust turnover rate is 12.64% (June 2017) against a model hospital recommended rate of 12%	A consistent overall turnover rate of below 12%	Continued implementation of the Trust's recruitment and retention plan
		The turnover rate for qualified nurses is in line with the national average	A turnover rate of less than 10% for qualified nurses	
		Turnover of doctors of all grades (currently 9.1%) has reduced month on month since Jan 2017	A turnover rate of less than 8% for medical staff groups	
		There has been an increase in turnover of the unregistered nursing workforce from 12.6% in October 2016 to 14.95% in June 2017	A turnover rate of less than 10% for the unregistered nursing workforce	
Workforce planning		The Trust benchmarks at £1,881 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than a typical Trust	The Trust will be in the lower quartile for cost of staff per unit of activity	The development of a strategic workforce plan
		Only 40% of consultants have no job plans	100% of consultants will have job plans linked to the Trust's business plan	Review of standard job planning and rota standardisation
		The Trust's agency spend in 2017/18 is predicted to be in line with the cap set by NHS Improvement	The Trust's spend on agency staff will be 10% below the cap set by NHS Improvement	Review of electronic rostering and shift standardisation Review of corporate services

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance
















Theme	RAG	Where we are now	Where we want to be	How we will get there
Education, learning and development		84% of colleagues have completed the required statutory and mandatory training	The Trust will score consistently over 90% for statutory and mandatory training	Statutory and mandatory training is regularly evaluated to ascertain its impact on the quality of service provision
		The Trust does not currently monitor essential to role compliance	The Trust will score consistently over 95% for essential to role compliance	The development of essential to role training matrices for each staff group
		The Trust is unlikely to meet the apprenticeship levy target in 2017/18 or maximise its spend against available funding in 2018/1/19	The Trust will exceed its spend on the apprenticeship levy and will be seen as an employer of best practice in this area	The development of an Apprenticeship Levy Plan
		The Trust has a restricted budget for learning and development (outside of statutory, mandatory and essential to role)	Learning and development priorities are clearly linked to the Trust's strategic objectives	A refresh of the Trust's Education, Learning and Development Plan
Effective HR Function		32% of colleagues report experiencing harassment, bullying and abuse from colleagues in the last 12 months compared to a national average of 25%	The percentage of colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%	A zero tolerance campaign to be launched led by the CEO
		The Trust cannot fully evidence its learning from the findings of the Good Governance Institute's investigation in 2016	The Trust has implemented all the recommendations from the Good Governance Institute's report	Raise the profile of Freedom to Speak Up Guardian across the Trust The attainment of the Investors in People Accreditation
		The HR function is viewed as reactive. A business partner model has been introduced but is not effective due to operational management capability and professional development of the HR Team	The HR function can evidence its positive contribution to the Trust and it rated as 'good' by its internal customers	The deliverables of the HR function are agreed with the Trust's Leadership Group

Table 1: Summary of key findings following analysis of the context in which the Trust operates and its current performance

Theme	RAG	Where we are now	Where we want to be	How we will get there
Equality and Diversity		25% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 26%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse from patients, relatives or the public is below 20%	A zero tolerance campaign to be launched led by the CEO
		74% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 76%		A review of the terms of reference of the Trust's Equality and Inclusion Committee
		32% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse by colleagues is below 25%	A refresh of the Trust's Equality and Inclusion Plan
Flexible Working		49% of colleagues are satisfied with the opportunities for flexible working patterns. The national average 51%	Recognised as a flexible employer	The attainment of Timewise accreditation
Effective Workforce Planning		The Trust has limited information technology solutions to support flexible and mobile working	The Trust has a range of innovative solutions that support flexible and mobile working and which free up colleague's time to care	Development of an IT Strategy for the workplace
		The electronic staff records system is being developed to support employee and manager (supervisor) self-service. The system will shortly support the recording of all statutory and mandatory training competencies	Full implementation and functionality of employee and manager (supervisor) self service	Continued implementation of the Trust's recruitment and retention plan
		No central records help for pre-employment checks (band 4 and below). Risk of non-compliance with safer recruitment practices	Central recording of all pre-employment checks	Undertake audit of pre-employment checks to include review of the effectiveness of policies, procedures and processes
		Time take to recruit/process new starters is inconsistent	Time taken to recruit/process new starters in line with agreed targets	

People and culture model

From table 1 it can be seen that the Trust should focus on the following priorities if it is to achieve its purpose for its people. The priorities have been grouped under three headings, an engaged workforce, a skilled workforce and a supported workforce.

Table 2: Summary of workforce priorities

An engaged workforce	A skilled workforce	A supported workforce
Staff Engagement	Recruitment	Effective HR Function
Colleague health and wellbeing	Retention	Equality and Diversity
Colleague recognition	Workforce Planning	Flexible employer
	Education, learning and development	Effective workforce systems

The culture and leadership priorities will be taken forward through the 4ward programme, as referenced above, which will form the overarching framework of this strategy. The programme has been designed to embed the following set of core competencies and signature behaviours in all Trust activity:

Table 3: The Trust’s core competencies and signature behaviours

Core Competence	Signature Behaviour
Improving performance	 No delays, every day
Leading collective achievement	 Work together, celebrate together
Accountability	 Do what we say we will do
Transforming care	 We listen, we learn, we lead

Furthermore, the 4ward programme includes a set of leadership competencies for the Trust which will become known as ‘Wisdom in the Workplace’. The leadership programme has been designed to achieve the following outcomes:

- Collective achievement
- High levels of self-worth and engagement
- Highly effective cross functional teams
- High levels of personal resilience
- Creative problem solving/innovation

The ‘Wisdom in the Workplace’ framework will be supported by a leadership development plan for the Trust.

Due to the complexity of the above, a people and culture model has been designed for the Trust to bring all of the components of the strategy together:

Diagram 1: People and culture model



Overarching Framework – Culture and Leadership

As shown in diagram 1 the signature and leadership behaviours will form the baseline and overarching framework for the strategy.

Culture (Signature Behaviours)

A recent analysis has identified that the most prevalent behaviour within the Trust is one of learnt helplessness, which is typical of people who 'have endured repeated aversive stimuli which they have been unable to escape or avoid'. The programme has therefore been designed to change the behaviour of colleagues from one of helplessness to the behaviours described above and this will be taken forward in four stages (shown in diagram 2).

Each colleague will be assigned to a 'cluster' of ten peers (of mixed grades and staff group) with results published at service level. It is anticipated that there will be 600 'clusters' within the Trust. This will enable the Trust to assess whether the programme is being adopted across all parts of the organisation.

The success of the culture change programme will be measured through regular 4ward checkpoints (three times a year) and through the annual NHS staff survey.

Diagram 2.



Leadership – Wisdom in the Workplace

As previously stated all future leadership development within the Trust will be based on the 'Wisdom in the Workplace' framework which has been adapted to include key elements of the NHS Well Led Framework. The aims of this framework are as follows:

- Strategic and transformational leadership is role modelled, leaders have a shared purpose and this is aligned across the Trust
- Colleagues feel proud to work for the Trust and recommend its services and as a place to work.
- All colleagues know and support the Trust signature behaviours and these inform all Trust activity
- The Trust has high quality leaders who can support the delivery of the Trust's strategy
- Leadership capacity and capability is increased at all levels across the Trust.

Strong leadership within the Trust is critical in driving this change forward and there will be a focus on supporting leaders across the organisation to lead by example. A priority for the Trust will be to develop a leadership plan to support the embedding of the 'Wisdom in the Workplace' framework.

Enabling Strategies

This section summarises the aims of the enabling strategies which have been clustered under the three headings as shown in diagram 1.

An Engaged Workforce

Whilst every domain of the strategy is important, improving staff engagement will be most powerful in supporting sustainable transformation. A more engaged workforce will enable the achievement of the Trust’s strategic objectives but more importantly will allow colleagues to work as ‘one Trust’ despite being based in different services and at different sites.

Our aim is that colleagues will:

- Be proud to work for the Trust, acting as ambassadors for our services and as an employer of choice
- Role model our signature and leadership behaviours and demonstrate these on a day-to-day basis
- Be engaged in shaping the services we provide and the culture of the Trust.

We will achieve our aims by:	This means:
Improving staff engagement	<ul style="list-style-type: none"> • Using the signature behaviours as our ‘litmus’ test. If the action is not aligned to the signature behaviours then it is not the right action. • All Trust policies and processes will be aligned to the signature behaviours including as recruitment and retention tools. • Colleagues will be held accountable for operating in line with the signature behaviours in everything they do each day. • Strengthening medical and clinical engagement in key organisation decisions.
Improving colleague health and wellbeing	<ul style="list-style-type: none"> • We will refresh the Trust’s colleague health and wellbeing plan and develop a range of tools, training and development opportunities available to support managers to champion colleague wellbeing and deliver safe and health work environments. • We will sport colleagues to take greater responsibility for their own health and wellbeing. • We will reduce the number of back and musculoskeletal injuries caused at work by reviewing each case and by monitoring compliance with manual handling training. • We will work towards meeting all the standards of the Employers Wellbeing Charter. • We will champion ‘A Time to Change’ to reduce the stigma of mental ill health. • Through the STP we will work with partner organisations to identify and share best practice and resources.
Recognising the value of our colleagues	<ul style="list-style-type: none"> • We will deliver great performance development review processes that are meaningful to colleagues and support the alignment of the Trust’s strategic objectives and priorities into individual objectives. • We will recognise high performance in a fair and timely way and this will be focused on collective achievement as identified through the Trust’s 4ward programme.

A Skilled Workforce

To deliver and continually improve the quality of our services, we need a skilled workforce which is continuously developing, sharing knowledge (working as one Trust) and learning from others.

Our aim is that:

- The Trust will be a desirable employer attracting, developing and retaining a skilled workforce that is passionate about delivering consistently good services.
- The Trust will work collaboratively with partner organisations and through working as 'one Trust' to develop new and existing roles to meet workforce supply constraints and changing service needs while supporting colleagues with the knowledge, skills and confidence to operate in a dynamic environment.
- Colleagues will be experts in their own professional areas and will have the opportunities to develop their broader transferable skills and experience .
- Colleagues will take ownership for their professional and personal development and the Trust will support this through a variety of innovative and flexible educational and development pathways.
- The Trust will be in the top quartile for its cost of staff per unit of activity.

We will achieve our aims by:	This means:
<p>Having innovative and retention strategies</p>	<ul style="list-style-type: none"> • By implementing the Trust's recently developed recruitment and retention plan. • We will implement innovative strategies to reduce the level of qualified nursing vacancies including offering additional hours to part time staff. • We will regularly monitor the reasons for leaving and will take action to avoid resignations for issues that are within our control. • The Trust attracts colleagues that are passionate about providing services to the communities that they live in. We will regularly benchmark, review and promote our employment offer to ensure we continue to attract local people and remain competitive within the marketplace. • We will continue to proactively engage with the local, regional, national and international labour markets through a combination of generic and targeted campaigns. • We will ensure our recruitment processes are as efficient and effective as possible by seeking regular feedback from candidates and new starters. • We will review the Trust's escalation policy to eradicate safe staffing level breaches. • We will undertake a review of how we can better attract junior doctors to apply for permanent positions at the end of their training.

We will achieve our aims by:	This means:
<p>Having future focused workforce planning which is integrated within the strategic and operational planning cycles of the Trust.</p>	<ul style="list-style-type: none"> • We will develop a strategic workforce plan for the Trust. • We will work collaboratively with Health Education England, partner organisations and Higher Education establishments to identify emerging needs and to develop solutions that are supported by educational commissioning to meet future workforce demands and skills requirements. • We will review our approach to job planning and rota standardisation for medical staff. • We will undertake a review of the electronic rostering system including shift standardisation. • We will undertake a review of corporate services in line with the model hospital.
<p>Having innovative and flexible approaches to delivery of staff education, training and development</p>	<ul style="list-style-type: none"> • We will refresh the Trust’s education, learning and development plan. • We will regularly monitor the impact of statutory and mandatory training on the quality of service provision. • We will introduce essential to role training matrices for all staff groups. • We will account for national skills shortages with an increased focus on ‘growing our own’ and will develop a plan to maximise the apprenticeship levy. This will be supported by the Trust’s response to the national talent for care strategy which will support colleagues to ‘get in, go on and go further’. • We will review our education and development offerings to develop our reputation as an excellent place to receive undergraduate and postgraduate training. • We will develop existing and new clinical and non-clinical roles to support current and emerging operational needs (for example non-medical prescribers, advanced practitioners and nursing associates). • We will establish clear pathways to identify progression, development, training and education needs for all colleagues including specialisation and movement between clinical/technical expert and managerial roles.

A Supported Workforce

To support our priorities of achieving financial sustainability and working across sites as 'one Trust', it is important that support is in place for colleagues to enable them to respond to changing needs and priorities.

Our aim is that:

- We have an effective HR function that is viewed as responsive and a key enabler.
- We will reduce the number of black minority ethnic colleagues who are subject to harassment, bullying or abuse from colleagues, patients, relatives or the public.
- We deploy our staff as effectively as possible operating as a system rather than isolated units.
- We develop our workforce IT systems to release time to care, to support managers to have easy access to information to better equip them to do their jobs and that colleagues are able to access their core employment information to support them in their work.

We will achieve our aims by:	This means:
An effective HR function	<ul style="list-style-type: none"> • We will achieve Investors in People accreditation. • HR will review its current model of provision to ascertain whether it is meeting the needs of the Trust. The impact of the function will be monitored through a set of deliverables as identified by the Trust's Leadership Group. • We will launch a zero tolerance campaign re bullying and harassment. • We will raise the profile of the Freedom to Speak Up Guardian across the Trust. • A review of the management of employee relations cases will be undertaken to ensure lessons have been learnt from the Worcestershire Report into bullying and harassment. • We will routinely review why staff leave and respond to arising themes.
Equality and Diversity	<ul style="list-style-type: none"> • We will review the terms of reference of the Trust's Equality and Inclusion Committee • We will refresh the Trust's Equality and Inclusion Plan • We will integrate the Trust's annual Equality and Inclusion report with the Quality Account.

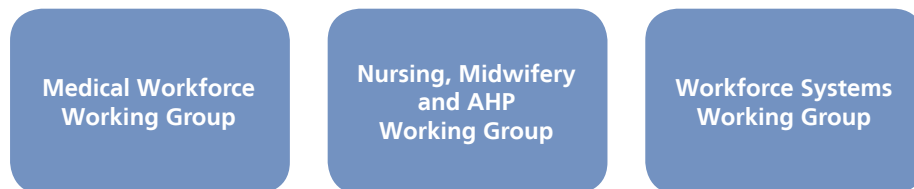
We will achieve our aims by:	This means:
Flexible working	<ul style="list-style-type: none"> • We will achieve Timewise accreditation. • Our contractual arrangements, policies and procedures will support a workforce that is better able to adapt to changing organisational needs whether in terms of role, location, pattern or ways of working. • We will introduce career conversations to help retain colleagues considering retirement. • We will review our employment offer to reduce the number of colleagues that are leaving the Trust due to worklife balance. The review will include a review of the Trust’s childcare offer. • We will design our services and supporting workforce structures so that these follow the patient journey and they are readily adaptable to changing operational needs.
Effective workforce systems	<ul style="list-style-type: none"> • The Trust will undertake a review of its use of technology to support flexible and mobile working and will develop an IT Strategy for the workforce. • We will develop the use of the electronic staff record to effectively monitor and report in training compliance and performance. • We will review the effectiveness of the electronic rostering system and how it can better support the deployment of both substantive and temporary staff. • We will roll out electronic job planning across our medical workforce. • All colleagues will be supported in the effective use of the electronic staff record system including self-service, learning and talent management.

Governance

It is envisaged that the culture change programme will result in a change to the governance culture within the Trust, moving away from disjointed forums to one that is driven by shared goals and collective achievement. However, until this new approach is embedded the following governance structure has been established to oversee the effectiveness of the strategy and to ensure that associated plans are implemented within agreed timescales.



The steering groups will be supported by the following working groups:



With overall leadership from the Executive Director of People and Culture, this strategy will be managed as a transformational programme of work through the People and Culture Committee who will be responsible for reviewing its effectiveness. It is anticipated that the working groups will be replaced by 'process flow' conversations and that the role of the Steering Groups will be to identify priority areas and to ensure the co-ordination of actions across the Trust.

This strategy should be read in conjunction with the following documents:

- Trust Business Plan
- Annual Operation Service Plans
- Recruitment and Retention Plan
- Colleague Health and Wellbeing Plan
- Equality and Inclusion Strategy
- Quality Improvement Plan.

Measuring Success

The true success of this strategy will be evidenced by the Trust meeting its purpose for its people.

As the 4ward programme is key to the development of the Trust's culture, the 4ward steering group is in the process of developing a set of quantitative and qualitative indicators which will be used to assess performance and the effectiveness of the programme. Regular reports will be submitted to the People and Culture Committee on progress.

In addition to the above, the following scorecard will be developed to enable the Committee to monitor the effectiveness of the strategy.

Table 4: People and culture strategy scorecard

Theme	Quantitative Data	Qualitative Data
Engaged Workforce	<ul style="list-style-type: none"> Staff Friends and Family Test results PDR compliance 4ward pulse check results Sickness absence rates including those relating to mental health conditions 	<ul style="list-style-type: none"> NHS Staff Survey results including overall staff engagement score Trust's rating for well led domain Health and Wellbeing Charter rating
Skilled Workforce	<ul style="list-style-type: none"> Vacancy rates Safer staffing fill rates Turnover rates by staff group Cost per staff per unit of activity Agency spend vs cap Personal Development Review compliance Training compliance (statutory, mandatory and essential to role) Spend against apprenticeship levy Percentage of up to date job plans Exit interview completion rates 	<ul style="list-style-type: none"> Quality of Personal Development Reviews Trends from exit interviews
Supported Workforce	<ul style="list-style-type: none"> Recruitment process metrics including time taken at each stage of recruitment process 	<ul style="list-style-type: none"> Staff survey re number of staff experiencing bullying or harassment by colleagues Workforce Race Equality Standards Workforce Disability Standards Results of HR function customer service survey Investors in People status Timewise accreditation

Appendix One - Context

A: National drivers affecting the strategy

A number of reviews and strategies have been developed for the whole health and social care system which have an impact on how services are provided in the future and for the workforce. These include:

- The Five Year Forward View which describes the future of the NHS and the importance of developing new care models to support the increasing demand on services. These new models require a workforce which is reflective of their local community, has the right numbers, skills, values and behaviours with the ability to work across organisational boundaries. The Trust will need to consider new roles, ways of working and working patterns to develop the future workforce.
- The Five Year Forward View for Mental Health which focuses on the future of Mental Health within the NHS. More robust workforce planning is required to integrate mental and physical health services. Workforce gaps need to be identified and the right training and support provided for staff.
- Lord Carter's review of productivity in the NHS identifies clear workforce implications including better performance management practice, better use of nursing staff, clear setting of staffing levels, improved management of sickness absence and annual leave and better use of e-rostering.
- The NHS Leadership Academy's 'Towards a New Model of Leadership for the NHS' details the links between leadership and service outcomes. Lord Rose's review 'Better Leadership for tomorrow' makes recommendations for improving leadership in the NHS and the updated NHS Leadership framework sets out the skills and competencies that NHS leaders should have.
- The outcomes of the Francis Inquiry are still relevant to the Trust. There is a need to continue to develop a culture of openness in which colleagues feel supported to raise concerns.
- New agency rules have been issued by NHS Improvement. These include working only with recommended suppliers; monitoring usage and spend; and adhering to the cap. Whilst the Trust has fully engaged with these rules it is proving challenging for the management of temporary staffing.
- Changes to the removal of the nursing and allied health profession tariffs with effect from September 2017 will have a potential impact on the future supply of staff. Bursaries will no longer be available for students to undertake this training resulting in a change to the age demographic of students.
- The NHS Constitution establishes the principles and values of the NHS in England and sets out the rights to which patients, public and colleagues are entitled. The NHS values underpin everything we do as an organisation.

- The national Talent for Care Framework and Widening Participation strategy have been introduced to support opportunities for people to start their career in a support role and develop their career through a learning pathway. This has been followed by the introduction of the Apprenticeship Levy in April 2017.
- NHS trusts are able to explore their comparative productivity, quality and responsiveness, to provide a clearer view of improvement opportunities. Whilst some variation in trust activity is expected and warranted, the Model Hospital supports trusts to identify and tackle unwarranted variation. The tool is being developed to include benchmark information on the effectiveness of HR functions.
- There is a national and local reduction in the supply of medical and nursing staff with all trusts competing for the same pool.

B: Local drivers affecting strategy

- Worcestershire is a mix of urban and rural areas. Whilst approximately 60% of the population live in and around the main urban centres including Worcester, Kidderminster and Redditch, the remaining 40% are dispersed across an area that covers 670 square miles. The total population of Worcestershire has increased by 4.4% since the 2001 census. The County has a higher than average proportion of older people with an estimated 19% aged 65 and over, compared to 16% nationally. The figures for the 75 and over age group are also noticeably higher at 8.9% compared with 7.8% in England as a whole.
- The future of acute hospital services in Worcestershire has been subject to recent public and colleague consultation. The outcome of the consultation will result in the following service changes:
 - Separation of emergency and planned care
 - Creation of centres for excellence for planned surgery
 - Centralisation of emergency surgery
 - Urgent care centre for adults and children at the Alexandra Hospital
 - A&E remaining at Alexandra Hospital (adult only)
 - Centralisation of inpatient care for Children at Worcester with the majority of children's care remaining local
 - Centralisation of consultant led births at Worcester with antenatal and postnatal care remaining local

- The Trust sits within Herefordshire and Worcestershire Sustainability and Transformation Plan (STP). A STP wide people strategy has been developed which sets out a number of priorities under retention and recruitment, education and communication and engagement. The Trust has committed to working with system partners in the following areas set out in table 5. The Trust has significant challenges to ensure financial stability. There is a need to make recurrent cost improvements meaning that the future workforce will need to be leaner and more efficient whilst still providing the same or improved quality and safety outcomes. Workforce productivity is key to delivering this.
- The Trust itself has experienced significant change particularly at board and senior management level, has been rated as inadequate by the Care Quality Commission (CQC). The CQC found:
 - The executive team at the time were made up of mainly interim executive directors who are not recognisable or visible to staff through the Trust
 - There were not effective process in place to ensure communication was embedded from ward to board
 - The Trust has poor performance in the NHS Staff survey
 - The rates of bullying for both black and minority ethnic and white staff from patients, relatives and the public along with other staff were high and represented a significant risk to patient care

Table 5: Herefordshire and Worcestershire STP Workforce Priorities

Retention and Recruitment	Education	Communication and Engagement
The development of a recruitment brand for health and social care within Herefordshire and Worcestershire	The development of a STP strategic workforce plan	A commitment to effective joint working
The adoption of a workplace health and wellbeing charter	The development of system wide opportunities for personal and professional development including leadership development	A joint approach to staff engagement and communication ensuring colleagues are involved in key decisions that affect them and the services they provide
Shared occupational health services	Joint working to maximised the apprenticeship levy	A commitment to measure and monitor the quality of staff and engagement and involvement
Shared processes to maximise the temporary workforce	A joint plan for the upskilling of the support workforce and widening participation	
The development of system wide retention initiatives including secondments, flexible contracts, rotational posts, flexible working and flexible retirement	A system wide approach to health coaching	
	A joint approach to the development of IT skills linked to the 'train a workforce fit for the future' initiative	

- The Trust staff appraisal rate was below the Trust target of 90%
- Staffing levels within the emergency department were not planned and reviewed in line with national guidance
- Staff did not feel valued or listened to by divisional and executive teams
- Nursing staff competency records in some departments were out of date
- There was not a Freedom to Speak up Guardian in place.

Appendix Two - Current Performance

C: Current Workforce Profile

A summary of the Trust's workforce profile as at 31st March 2017 is set out below.

The Trust employs 5,104 whole time equivalent (wte) staff which equates to a total headcount of 5,954 (excluding bank). This is broken down by profession and part time and full time in the extracts below:

Staff in post as at 31.3.2017 - Broken down by staff group and full time/ part time						
Staff Group	Full Time		Part Time		Total FTE	Total Headcount
	FTE	Headcount	FTE	Headcount		
Add Prof Scientific and Technic	148.00	148	31.43	46	179.43	194
Additional Clinical Services	517.00	517	433.72	628	950.72	1145
Administrative and Clerical	622.00	622	335.75	498	957.75	1120
Allied Health Professionals	225.00	225	107.92	171	332.92	396
Estates and Ancillary	124.00	124	122.11	225	246.11	349
Healthcare Scientists	128.00	128	48.75	73	176.75	201
Medical and Dental	499.00	499	54.15	85	553.15	584
Nursing and Midwifery Registered	974.00	974	704.35	962	1678.35	1936
Students	29.00	29			29.00	29
Grand Total	3266.00	3266	1838.18	2688	5104.18	5954

The majority of colleagues are female (83%) with 51% working part time. The total number of staff working part time is 45% with the majority of staff working full time. The Trust has a mixed age workforce with 33% of staff are over the age of 50. 56% of colleagues are employed at Agenda for Change Band 5 or above (excludes Medical & Dental staff).

The Trust's overall turnover rate has improved month on month and in March 2017 was as 12.57%.

The following table provides a summary of the number of leavers in 2016/17 and the reasons for leaving:

Summary of Leavers between 1 April 2016 and 31 March 2017 (including Doctors in Training)		
Leaving reason	FTE	Headcount
Death in service	3.53	4
Dismissal - capability	8.47	10
Dismissal - conduct	3.81	4
Dismissal - some other substantial reason	3.73	5
Employee transfer	25.68	31
End of fixed term contract	284.60	290
End of fixed term contract - completion of training scheme	3.00	3
End of fixed term contract - end of work requirement	1.10	2
End of fixed term contract - external rotation	1.66	2
End of fixed term contract - other	4.53	5

Summary of Leavers between 1 April 2016 and 31 March 2017 (including Doctors in Training)		
Flexi retirement	11.13	13
Retirement - Ill Health	9.20	13
Retirement Age	74.14	101
Voluntary Early Retirement - No actuarial reduction	39.80	47
Voluntary Resignation - Adult Dependants	6.04	8
Voluntary Resignation - Better Reward Package	41.86	48
Voluntary Resignation - Child Dependants	4.29	9
Voluntary Resignation - Health	28.41	36
Voluntary Resignation - Incompatible Working Relationships	27.35	31
Voluntary Resignation - Lack of opportunities	19.49	20
Voluntary Resignation - Other/Not known	31.73	37
Voluntary Resignation - Promotion	57.19	62
Voluntary Resignation - Relocation	111.44	125
Voluntary Resignation - To undertake further education or training	9.84	12
Voluntary Resignation - Work life balance	109.40	135
Grand Total	921.44	1053

The following table shows the staff breakdown by ethnicity and gender:

Breakdown of Staff in post by ethnicity and gender as at 31.3.2017						
Ethnic for report	Female		Male		Total Headcount	Total % of total Headcount
	Headcount	% of total Headcount	Headcount	% of total Headcount		
A White - British	4215	70.79%	687	11.54%	4902	82.33%
B White - Irish	28	0.47%	12	0.20%	40	0.67%
C White - Any other white background	151	2.54%	53	0.89%	204	3.43%
D Mixed - White and Black Caribbean	12	0.20%	5	0.08%	17	0.29%
E Mixed - White and Black African	4	0.07%	4	0.07%	8	0.13%
F Mixed - White and Asian	7	0.12%	2	0.03%	9	0.15%
G Mixed - Any other mixed background	8	0.13%	6	0.10%	14	0.24%
H Asian or Asian British - Indian	199	3.34%	86	1.44%	285	4.79%
J Asian or Asian British - Pakistani	44	0.74%	54	0.91%	98	1.65%
K Asian or Asian British - Bangladeshi	8	0.13%	2	0.03%	10	0.17%
L Asian or Asian British - Any other Asian background	83	1.39%	34	0.57%	117	1.97%
M Black or Black British - Caribbean	29	0.49%	3	0.05%	32	0.54%
N Black or Black British - African	42	0.71%	16	0.27%	58	0.97%
P Black or Black British - Any other Black background	4	0.07%		0.00%	4	0.07%
R Chinese	14	0.24%	12	0.20%	26	0.44%
S Any other ethnic group	47	0.79%	29	0.49%	76	1.28%
Undefined/not stated	44	0.74%	10	0.17%	54	0.91%
Grand Total	4939	82.95%	1015	17.05%	5954	100.00%

The Trust has a diverse workforce with 86% of colleagues declaring themselves as white British, Irish or white from another background compared to 92% of the local population.

Only 1.14% of staff declare themselves as having a disability.

There are a number of staff who have not declared either way and further data collection is required.

In relation to sexual orientation and religious belief we have a large number of staff who have not declared either way. Further work on collecting the data is required for this to be meaningful to the Trust.

D: NHS Staff Survey Results

1,731 staff completed the National Staff Survey in 2016, which accounts for a response rate of 29%.

The below table shows the five key findings for which the Trust compares most and least favourably with other acute trusts in England.

Table 6: summary of key findings of the NHS Staff Survey 2016

Strengths	Area for Development
% of staff reporting errors, misses or incidents witnessed in the last month	Recognition and value of staff by managers and the organisation
% of staff experiencing discrimination at work in the last 12 months	Effective use of patient/service user feedback
% staff reporting most recent experience of harassment, bullying or abuse	Support from immediate managers
% of staff experiencing physical violence from staff in last 12 months	% of staff reporting good communication between senior management and staff
% of staff / colleagues reporting most recent experience of violence	% of staff experiencing harassment, bullying or abuse from staff in last 12 months

E: Chat back Results

The Trust undertakes regular chat back surveys to gauge the level of staff engagement across the organisation. The latest survey was undertaken in April 2017 and confirms:

Table 7: Summary of chat back results from April 2017

Positive feedback	Areas for improvement
71% of colleagues feel able to make suggestions to improve the work of their team/ department	47% of staff are proud to tell people they work for the Trust
87% of colleagues are aware of the Trust values	38% of staff are aware of the Trust's intended direction over the coming year
71% of colleagues know who the senior managers are within the Trust	57% feel able to make improvements happen in their area of work
71% of staff feel secure in raising concerns about unsafe clinical practice	29% feel that there are enough staff at this organisation for me to do my job properly
82% of staff have had an appraisal	33% of staff are satisfied with the extent to which the Trust values their work
72% of staff feel their manager values their work	53% of staff are satisfied with the opportunities for flexible working patterns
92% of staff have not experienced discrimination at work from patients/ service users	

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Published: December 2017

[Back to contents](#)