Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Agenda Item:

Executive Board

Report

Subject: Workforce Strategy
Date: 30th January 2014
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Executive Summary

The Workforce Strategy has been developed to support the delivery of the best possible care for our patients, safely, respectfully and efficiently.

In the past few months the Trusts' strategic direction has become clearer with the development of a clinical strategy, improvement plan and other key strategies and initiatives.

The successful delivery of these strategies and annual operational plans is totally dependent on how well we ensure that we have the right workforce, organisational infrastructure and practices in place to optimise delivery of the best possible care for our patients.

There are clear interdependencies and overlaps across many aspects of the Workforce and Organisational Development Strategies in that they are both influenced by the same strategic context and influencing factors.

The Workforce Strategy sets out priorities around 3 key objectives of having in place
- An appropriately skilled workforce
- A flexible workforce
- A well led and managed workforce.

For each of these priorities, strategies, key areas of work and themes have been identified to enable achievement of the objective.

A three year work plan will be developed to support the implementation of the strategy, this will be monitored by the Organisational Development and Workforce Committee.

Recommendation
The Board of Directors is asked to approve the content of the Workforce Strategy and support its implementation.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	**Achieve financial sustainability**
Improve patient safety and provide high quality care	**Build successful relationships with external organisations and regulators**
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	
Links to NHS Constitution	Staff Pledges in NHS Constitution
Financial Implications/Impact	Decrease in variable pay spend
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	Partnership working with Staff Side Representatives
Committees/groups where this item has been presented before	
Monitoring and Review	Organisational Development and Workforce Committee
Is a QIA required/been completed? If yes provide brief details	

Workforce Strategy

2014-2017

1. INTRODUCTION

At the heart of everything we do is our dedication to giving the best possible care for our patients, safely, respectfully and efficiently.

Our Organisational Development Strategy sets out how we will develop our Trust over the next three years to ensure we are able to deliver this vision. There are clear interdependencies and overlap across many aspects of the Workforce and Organisational Development Strategies in that they are both driven by the same strategic context and influencing factors.

Over the past few months our strategic direction has become clearer with the development of a clinical services strategy, improvement plan and other key strategies and initiatives.

However our success in the delivery of these strategies and the annual operational plans is totally dependent on how well we ensure we have the right workforce, organisational infrastructure and practices in place to optimise our staffs' contribution in delivering the best possible care for our patients.

Within this Workforce Strategy is the strategic context for the development of the strategy and choices that need to be made. The strategy sets out priorities around the 3 key objectives of having in place:

- an appropriately skilled workforce

- a flexible workforce

- a well led and managed workforce.

Generally, activities under the heading of workforce are about ensuring we have the right roles and skills in the right place at the right time. Our actions and choices in delivering our Strategy must be blended to ensure they are complimentary and not contradictory or conflicting. We need to identify and remove blockages and prioritise actions. Within our Organisational Development Strategy we have committed to maximising the contribution of our staff and we must now recognise that the actions within this are not simply lists of ad hoc tasks, but key components of a systematic way of working to develop both our vision and the prevailing clinical services strategy.

2. STRATEGIC CONTEXT & KEY INFLUENCING FACTORS

The following paragraphs summarise our current strategies and plans. The Workforce Strategy will support the determination and delivery of workforce choices to be made to realise said plans. Initiatives are often referenced in several of the strategies therefore to avoid duplication they are listed only once. Also listed are other key influencing factors we have considered in establishing our workforce priorities.

2.1. Clinical Services Strategy and Improvement Plan

The Clinical Services Strategy and Improvement Plan provide our strategic direction and reference key initiatives we must deliver to achieve our strategic direction and financial and clinical viability.

The health and social care system in the Mansfield, Ashfield, Newark and Sherwood Forest area has recognised that it faces some very significant challenges in order to be able to deliver care to the quality and outcomes required with the resources likely to be available in the medium term.

The current models of care are not delivering best health outcomes and are not affordable if scaled up to address growth in population demand. Our partner organisations have estimated that, given the projected changes in the population and a simultaneous reduction in social care funding, the health and social care economy could face a gap of at least £70m and possibly more than £100m by 2018 if services continue to be delivered in the same way as at present.

The development of our outline Clinical Services Plan together with the additional actions specified within our Improvement Plan aim to address these significant challenges.

Our plans articulate the vision of providing high quality cost effective care for patients, developing our workforce to its best potential and working with our partners, particularly in health, social care and local services to improve the health and well-being of the local population.

This will be challenging. However, we have and will continue to build on the strong commitment from staff, Governors, local stakeholders and those who use our services and so we are confident we will be successful. The single minded focus will be on delivery, business and service change, organisational development and cultural change and all with pace and energy.

Our Improvement Plan will be delivered by our staff with support from many stakeholders and we continue to work hard in engaging, involving and supporting our staff through what will undoubtedly be a difficult few years. We are starting to see the benefits of this, but again a major part of delivery is continuing to work with staff and staff side.

2.2. Mid Nottinghamshire Blueprint: Changing to a more Integrated Care Organisation.

As part of the health and social care system locally we have recognised that we face some very significant challenges in order to be able to deliver care to the quality/outcomes required with the resources available in the medium term. In order to address these significant challenges, health and social care professionals from Newark, Mansfield, Sherwood Forest and Ashfield – working alongside patients and supported by the leaders of the health and social care organisations – have developed a blueprint of how physical health and social care services should look in 3 to 5 years' time.

The key features of the blueprint include:

- A proactive co-ordinated multidisciplinary and properly resourced team based in the community to help maintain wellbeing – particularly for frail and elderly people
- Support to allow people to return to their normal place of residence sooner and reduce the risk of losing the ability, support structures and confidence to live independently
- Integrated urgent care services centred around the patient, with care professionals working seamlessly between acute, primary, community and social care under a single structure
- Care professionals able to access the right services at all times – with social, community and primary care as accessible and responsive as A&E
- Elective care focussed on those patients most likely to benefit from it, and provided where there are enough patients to run a high quality, sustainable service
- Maternity and paediatric services that provide access to expert opinions earlier, admitting only where necessary and developing networks and partnerships / different business models with other providers.

2.3. CCG Commissioning Intentions 2014/15

The Nottinghamshire CCGs have recently produced their commissioning intentions for 2014-15 based on the ICTP blueprint. As yet there is no explicit financial support, but discussions are continuing to identify where this might be possible. We will continue to work with commissioners and whilst they have decided to go into very large scale market testing of services which has clear and large scale risks for us, we need to do yet more to achieve the outcomes commissioners want for the local population.

2.4. Clinical Leaders Service Line Review

We are undertaking a Clinical Leaders Service Line Reviews to understand opportunities and threats, including where we might go further with market share and those services that might not be viable.

2.5. Newark Surgical Review

The external review by NHS England was received recently and the workforce impact is currently being worked through. Day surgery services were praised and we plan to enhance these. We need to conclude the Newark Surgical Review and address the associated impact on our workforce.

2.6. Nurse Staffing Levels

We have completed a comprehensive review of in-patient nurse staffing levels. Our Improvement Plan assumes a maximum investment of £4m by the end of three years; this Workforce Strategy establishes the activities and risks associated with such a significant nursing investment in the current climate.

The key recommendations resulting from the review are:

2.6.1. Increase ward nursing establishments, which will:

- Improve registered nurse skill mix to at least 65% on general adult wards
- Improve nurse to patient ratios to one nurse per 6 patients during the day for direct patient care
- Ensure nursing handover is strengthened and handover time is 30 minutes between shift changes

2.6.2. Increasing Workforce Efficiency & Reducing Bureaucracy

- Create a maternity pool by uplifting ward establishments by 1.5% that can be allocated to areas with high maternity leave
- More rigorous monitoring and planning of rosters to ensure efficient principles have been applied
- Improve administrative cover at the weekends to support care delivery and ensure patients are effectively tracked and located

2.6.3. Strengthening Ward Leadership & Coordination of Care

- Ensure that every shift has a designated ward coordinator – this will improve communication, team effectiveness and patient flow.
- Strengthen the role of the ward leader to ensure they are able to effectively lead their teams.

2.7. Patient Safety and Quality Strategy

High quality Care is our number one priority. We aspire to exceed the expectations of our patients and staff and deliver high quality services. To achieve this we will develop a patient safety and quality strategy in order to identify priority work streams. Achieving high quality care requires all staff to have a role to play in delivering:

- Patient safety
- Clinically effective care
- Improved patient and carer experience

As well as achieving our key goals we must continue to learn and embed a range of quality methods at all levels of the organisation. Our clinicians and managers will be required to ensure that this agenda remains a priority of their working day, regardless of internal and external change and challenge.

Our aim is to be a learning organisation in which every member understands their role in delivering clinical quality and works towards that goal every single day in a reliable, consistent and efficient manner.

The strategy also identifies a number of key components critical to supporting the workforce to deliver high quality care which have been embedded within this strategy.

2.8. Nursing and Midwifery Strategy

Our Nursing and Midwifery Strategy has emerged from discussion and consultation with our nursing and midwifery staff. Our strategy establishes key values and behaviours. It requires us all to commit to action with nurses and midwives taking the lead in six areas:

- Helping people to stay independent, maximizing well-being and improving health outcomes.
- Working with people to provide positive experience of care
- Delivering high quality care and measuring impact
- Building and strengthening leadership.
- Ensuring we have the right staff with the right skills in the right place
- Supporting positive staff experience

The development of the strategy also includes a review of the expectations and clarification of all nursing and midwifery roles. The transition to a new Nurse Management structure has already commenced with the redefinition of Band 6 nurse roles on the wards to support the quality agenda.

2.9. Newark Hospital Strategy

A Vision and Strategic Direction for Newark Hospital has been developed. It aims to give certainty about the future of the hospital to make the site financially viable,

but is subject to further negotiations with commissioners before being finalised. Our workforce strategy will support the drive for improved efficiency and increasing market share at Newark.

2.10. Trust Values & Desired Behaviours

One of the most important influencing factors in creating a high performing organisation is identifying key values and desired behaviors. Leadership and management interventions with staff must then be consistent and compatible with these values. Our Organisational Development Strategy sets out values and behaviours and identifies the actions required to support delivery.

2.11. Integrated Improvement Plan and Change Map

We have recently developed an integrated improvement plan incorporating a new 'change map'. The activities leading to its development identified the need to focus on evaluation of existing developments and evidence of sustainability, as well as new ideas for improvement.

Our Service Improvement/Transformation Strategy will establish next steps and support the development of our Integrated Organisational Improvement Plan as detailed below.
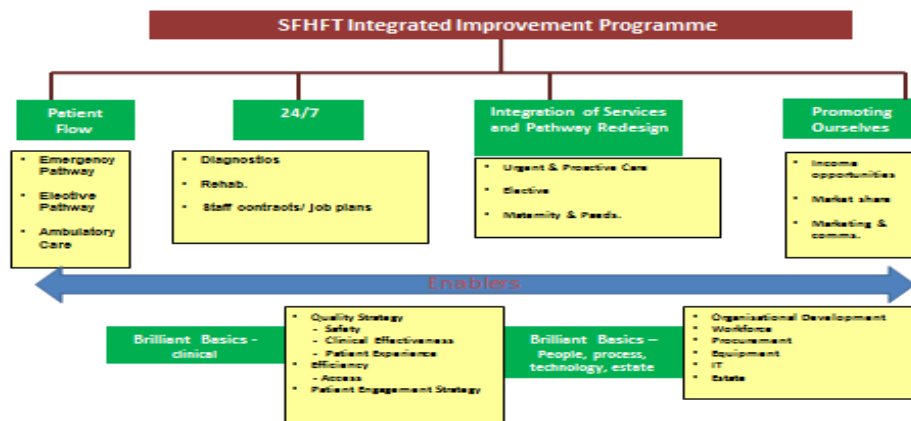
2.12. Government Response from the Francis Report and Guidance from the Chief Nursing Officer and National Quality Board

The recent Government response to the Francis Report and the supporting guidance recently released by the National Quality Board and Chief Nursing Officer for England on ' How to ensure the right people, with the right skills, are in the right place at the right time' establishes one of the key areas of focus for our workforce strategy. The response established ten expectations ranging from boards taking responsibility for the quality of care provided through to NHS

service providers taking an active role in securing staff in line with their workforce requirements.

These expectations are designed to support providers in taking the complex and difficult decisions necessary to secure safe staffing to care for their patients and service users.

Our Workforce Strategy supports the delivery of these expectations in a post Francis world.

2.13. IT Strategy and the Integrated Care Record Programme (ICRP)

The implementation of the Integrated Care Record Programme to replace PAS has been approved by our Board.

The Integrated Care Record Programme has the potential to affect all operating procedures within the hospital and will require different ways of working.

Our Workforce Strategy will support the delivery of the Integrated Care Record Programme and deliver any associated workforce change/establishment of new roles as new systems and processes evolve.

We will prepare and support staff through the change as the new processes in which staff are trained become embedded into everyday operational activity.

3. WORKFORCE STRATEGY DEVELOPMENT AND THEMES

As outlined above we have been working in an environment of close scrutiny, challenge and change. There have also been a number of reports nationally i.e. Francis, Cavendish, Clwyd and Berwick for which we have had to consider the impact of and the Trust has also been subject to review by the Keogh team.

This has presented significant challenges to the Trust but also an opportunity for us to look at the way that we work and improve the quality of our patient care. Delivery of excellent patient care is dependent on the Trust ensuring it has the right workforce, with the right skills, in the right place at the right time, who are engaged with the organisation and committed to their work.

The NHS constitution pledges the following to staff:

- Well-designed jobs
- Access to Training and Development
- Support in Health and Wellbeing
- Involvement in decisions that affect them

As outlined within our Organisational Development Strategy we have defined and given a commitment to a new set of values which will act as an organisational 'compass' guiding policy and its enactment. The values will mean that our staff, or those thinking of joining us will be clear about our values and what we expect of them.

The strategic context and key influencing factors lead us to three key objectives as detailed within this strategy

- To have an appropriately skilled workforce
- To have a flexible workforce
- To have a well led and managed workforce.

These objectives will be achieved by the development and implementation of activities as set out below, some of which will be overarching strategies and will help to achieve all three objectives. This strategy will support us in ensuring staff feel valued and empowered to do an excellent job and proud to work for our Trust.

3.1 TO HAVE AN APPROPRIATELY SKILLED WORKFORCE

3.1.1. Value Based Recruitment

It is absolutely vital to the creation of a high performing organisation that the right core values and desired behaviours are in place and that all leadership and management interventions with staff are consistent and compatible with said values and behaviours.

These core values also guide decision making concerning the development of working practices, processes and policies and their subsequent deployment. A values based culture, enabling highly engaged and motivated staff, with a strong sense of belonging to the Trust and identifying with its goals can only be achieved if all Trust Leaders, Managers and Consultants behave in accordance with those values on a daily basis.

Our Organisational Development Strategy clearly sets out the values and actions needed to ensure they are embedded in all that we do. It is important that our values and behaviours are tested in the recruitment process to ensure that those who come to work for the Trust hold to the same set of values.

Since the Francis report managers have been mindful of recruiting to values alongside skills and have been adapting recruitment processes accordingly. We must now ensure that we have formal recruitment processes to support and further enhance this process.

Action	Year
Develop and implement a strategy to support value based recruitment that links to Trust values and behaviours.	Year 1
Develop a value and behaviours based recruitment process; develop training for managers and implement across the Trust.	Year 1
Participate in NHS Employers value based recruitment pilot	Year 1
Promote Trust values and behaviors in recruitment and other processes	Year 1
Evaluate effectiveness and impact of value based recruitment	Year 2
Refine recruitment process to reflect and improvements that can be made	Year 2
Continue to support training of managers in value based recruitment	Year 2

3.1.2. Recruitment Initiatives, National and International

<u>Nursing and Medical Staff</u>

The current recruitment plan has been developed to respond to the rise in service development and funding assumptions which were incorporated within the April 2013 budget setting and revised in accordance with our Improvement Plan. This includes the decision to substantially appoint into Ward 35 and partially recruit into Ward 36 (winter capacity) and the need for additional registered nurses following a detailed review of our nursing establishments.

The plan also seeks to address the difficulties in recruiting consultant medical staff for hard to fill specialties such as Radiology.

There has been a considerable amount of recruitment undertaken since April 2013, however, as with many other acute Trusts we continue to have a significant number of registered nurse vacancies as detailed below:

Current Vacancies - Staff Group

- Unreg Nurse, -39.89
- T & O, -18.36
- Sci & Prof, -6.03
- Reg Nurse, -124.31
- A&C, -67.66
- AHP, -10.69
- Ancillary, -6.02
- Medical, -24.91
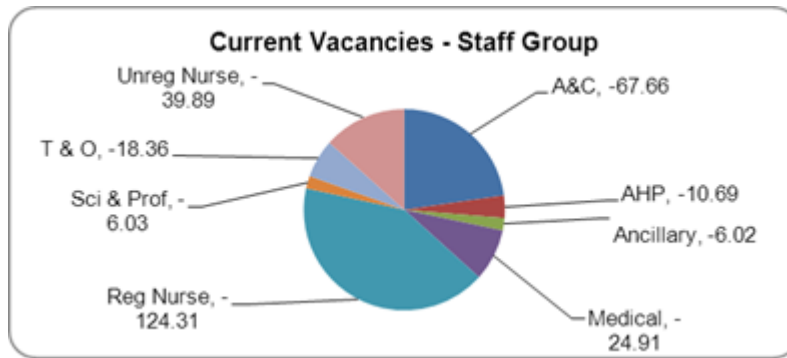
The difficulties we have experienced in recruiting are partly due to our geographic location and the competition we face from surrounding Trusts, but also the significant negative media of the last twelve months. All in all the challenges we face are consistent with those of other acute Trusts

To address the current level of vacancies we have implemented a number of new initiatives to supplement traditional recruitment processes.

National Recruitment

Newly Qualified Nurses

To support Newly Qualified Nurse (NQN) recruitment we are actively participating in the student nurse clearing house system. In addition, we have undertaken 'one stop' recruitment events and advertised for NQN staff since January 2013 to coincide with completion of nursing degrees.

Generic advertising for registered nursing staff

We run a generic advert for registered nursing staff supported by a quick and efficient 'one stop' recruitment process as identified above.

University Open Days

We regularly attend open days at Universities and colleges to promote the Trust as an employer of choice and to attract potential candidates to the Trust.

International Recruitment

Following a robust selection process we have engaged recruitment agencies to support Medical staff and Registered Nursing recruitment from the international market.

Recruitment of International staff requires an adapted induction and support programme to be in place to further assist staff and ensure safety and high quality care.

It is anticipated that with the number of nursing staff required an International campaign will be run over a number of months to allow a phased introduction into the organisation. Starting as a group allows for a planned orientation and induction programme enabling us to fully support new members of our nursing teams. The recruitment agencies are also seeking to secure medical staff in specific specialties but this is proving difficult given the competence and experience required within these roles.

Sri Lanka initiative

We have utilised internal contacts and worked in conjunction with the International Post Graduate Institute of Medicine to facilitate the arrival of six Sri Lankan doctors to work in various specialties within General medicine. The doctors will be employed as Clinical Fellows and will broaden their experience whilst working in the U.K. This scheme will be reviewed after six months to evaluate its success and ascertain whether in can be rolled out to other specialties.

Return to Nursing

We are currently exploring options for the introduction of return to nursing courses with NUH:

- To review all recruitment initiatives and the recruitment strategy in 2014.
- To continue working with recruitment agencies to support international recruitment.
- To develop a Sherwood Forest Hospitals advertising brand.
- To ensure our recruitment supports new patient pathways and associated new roles.

In order to secure appropriate qualified staff we will:

Action	Year
Review recruitment strategy and initiatives to ensure support of new patient pathways and associated roles	Year 1
Review and refine working arrangements with agencies	Year 1
Develop SFH advertising brand	Year 1
Review recruitment process and implement NHS jobs 2	Year 1
Consider option of collaborative working with NHS partners in local area	Year 2
Review effectiveness of advertising campaigns and branding	Year 2
Review implementation of NHS jobs 2 and impact of resource requirements	Year 2

3.1.3. Employer of Choice

We are the largest employer locally but compete for staff in a competitive local NHS market. However, recent negative media stories have not aided

recruitment or staff morale. We are working hard to improve our image and profile locally and this continues to be important in terms of recruitment.

Our Organisational Development Strategy defines the values and behaviours necessary to define our culture. Management Training will take place to equip managers with the necessary skills to ensure staff are well managed and engaged with the organisation. To achieve our aim of becoming an employer of choice we will also be focusing on the following:

- Developing our brand
- Promoting positive media stories
- Using our annual and quarterly staff surveys as an indicator of staff perceptions and developing action plans to secure improvement.

Action	Year
Evaluate Trust survey results and develop and implement overall Trust action plan.	Year 1
Support divisions to develop and implement divisional action plans	Year 1
Develop Trust advertising brand	Year 1
Promote good news stories within advertising campaigns	Year 1
Evaluate effectiveness of actions relating to staff survey action plans	Year 2
Evaluate Trust survey results and develop and implement action plans	Year 2
Evaluate effectiveness of actions relating to staff survey action plan	Year 3
Evaluate results of staff survey action plans and understand recurring themes and issues	Year 3

3.1.4. Strategy to mitigate the reduction in Doctor in Training numbers

The number of Doctors in training is reducing and this presents us with the opportunity to develop new roles for other clinical staff. These could range from, specialist nurse roles, advanced nurse practitioners, nurse consultants.

The Local Education and Training Board (LETB) is currently developing a new post graduate medical education tariff which is anticipated to come into effect in 2014. The Department of Health has indicated that the overall budget for post graduate medical education nationally has been reduced and therefore the introduction of a new tariff will mean that there will be financial winners and losers. A reduction in post graduate medical education funding would result in the Trust being able to employ fewer doctors in training and reduce the amount of services it can safely provide to the local community.

In line with Government policy, it is anticipated that many local patient services will move into the community and away from an acute setting. The LETB has also indicated as part of their workforce strategy that from 2016, more doctors in training will undertake a community placement as to reflect these anticipated changes.

This would result in a potential reduction of doctors in training being based in acute settings and impact on acute Trusts by providing fewer services to patients in a hospital environment and potentially effect standards in patient care.

In the past 2 years, most acute settings nationally have seen a significant increase in acuity of patients and therefore the move by the LETB to reduce the numbers of doctors in training does not seem appropriate or conducive to providing high standards of safe hospital care.

In order to address this issue, this strategy sets out a number of priorities as outlined below.

Action	Year
Influence and lobby the LETB to re-visit its workforce strategy to reflect more accurately the needs of an acute setting.	Year 1
To attend Deanery stakeholder events to influence its doctors in training curriculum to ensure that there is an appropriate balance between acute and community placements and that local acute services are not compromised.	Year 1
To evaluate the financial impact of the new post graduate education tariff on the Trusts ability to provide its current range of services to patients.	Year 2

3.1.5. Development of unregistered workforce

We currently enjoy access to specific funding to support the development of the bands 1-4 unregistered workforce. This is used to equip the workforce with professional qualifications and training, such as NVQs in Healthcare, business diplomas and foundation degrees. Our Workforce Plan actively captures these requirements from all specialties as well as corporate training priorities.

Nationally, and in line with Government austerity measures, this funding is reducing both at a national and a local level. Development of the unregistered workforce has been highlighted as a key national priority from several national reports such as Cavendish, Francis and Berwick.

A recommendation from these reports was also to create a Certificate approach and a Higher Certificate of Fundamentals of Care was made to ensure that standards of care delivered by the unregistered workforce are of a high and consistent standard.

The new 'Talent for Care' strategy for the bands 1-4 workforce is also being developed by the East Midlands LETB. This development will also support the findings of these national reports and is designed to equip the bands 1-4 workforce with the education and training that they require to effectively carry out their roles as well as supporting succession planning.

The key actions to support this priority are outlined below:

Action	Year
To carry out a qualifications audit and training gap analysis on the existing unregistered workforce.	Year 1
To input and influence the Governments consultation on establishing a fundamentals and a higher certificate of care in terms of its content.	Year 1
To strengthen the registered nurse and HCA induction programmes in response to these reports.	Year 1
To assess the funding implications of equipping the Trusts unregistered workforce to an appropriate level.	Years 1, 2
To lobby the LETB to ensure that funding for the wider and unregistered workforce is not reduced and is supportive of the delivery of the Fundamentals and Higher Certificates of Care.	Years 1, 2, 3
To influence and engage with the development of the LETBs Talent for Care strategy to ensure it is reflective of an acute workforce and to then deliver it.	Years 1, 2
To develop a career development pathway for the Trust's band 1-4 workforce to enable career development, support succession planning and widening participation.	Year 3

3.1.6. LETB and LETC Training Strategy

The newly formed Local Education and Training Boards (LETB) and Local Education and Training Committees (LETC) (previously Strategic Health Authorities) are seen as the key strategic bodies locally and regionally in terms of developing, designing, funding and implementing workforce planning, training, education and development.

East Midlands LETB's vision for their workforce strategy is:

'To develop a high quality, safe and sustainable workforce to meet the healthcare needs of the people of the East Midlands by 2018. '

The key focus of this workforce strategy will be to:

- Develop a new workforce with a core set of generalist acute skills able to fill nursing and Allied Health Professional positions.
- Develop more specialist roles to provide services in primary and community care
- Develop closer integration of the health and social care workforces which includes cross boundary working.
- By 2014, develop a framework and methodology to define the ratios of three different skill levels in each professional group and in each setting, taking account of national guidelines.
- All skill mix development will be against patient need using a competency based approach.
- The workforce delivering services in primary care and community settings will be 20% more than today. In residential settings 10% more and in hospitals 40% <u>less.</u>
- Student and trainee practice placements in community, primary care and residential settings will have increased by at least 30% from today.

- An East Midlands framework to recruit and retain a workforce with the right values and behaviours will be embedded across all service and education providers.
- The NHS Constitution responsibilities will be included in all job descriptions and our workforce will live the values and behaviours that are embedded within it.
- Covering 24/7 and 7 day services and flexible working
- Attract and retain specialist and trained staff.

The LETC have created 4 key strategic groups to develop and deliver the LETBs workforce strategy and focus on the following areas:

- Widening participation
- Frail Elderly
- Workforce planning, training and education
- Integration

Although this strategy is ambitious and contains some major culture changing aspirations, it is also important that it reflects accurately the reality of an acute setting and the emerging trends in acute patient care. It is therefore pivotal that the Trust fully engages with the LETB/C through these strategic groups in order to influence the development and design of the current and future strategy.

In order to ensure that our voice is heard by the LETB/C and its developments are reflective of our needs, we will focus on the following priorities over the next 3 years.

Action	Year
To ensure that the Trust's priorities are fully articulated to the LETB via consistent representation at strategic subgroups.	Year 1
To develop an annual workforce and training plan that is reflective of the Trust's vision and priorities.	Years 1,2,3
To build closer relationships with health and social care providers to develop better integration.	Year 2
To scope out the Trust's vision for 24/7 working.	Year 1
To work with the LETB in developing a new workforce with generalist and specialist skill mixes that are fully equipped to support the Trust's workforce requirements.	Years 2 and 3
The NHS Constitution responsibilities will be in all job descriptions and our workforce will live the values and behaviours that are embedded within it.	Years 1,2,3
To develop an approach with the LETB to ensure that the Trust practice learning needs for nursing, midwifery, medical and AHP trainees are sustained.	Years 1,2,3
To develop a plan to support the development of the wider and unregistered workforce to support the Trust's and LETBs widening participation priorities. (Also see supporting the unregistered workforce section.)	Year 3

3.1.7. Workforce planning

Effective workforce planning is critical, not only to support plans for future service delivery and provide the staff and skills required to deliver the service, but also to inform the LETB and LETC commissioning intentions for training.

Workforce planning has proved to be problematic (as reflected in the recent Internal Audit Report) as it does not fall in cycle with the annual planning and financial planning cycle of the Trust. The revised annual planning process determined by our Regulator Monitor will help in improved alignment.

We have developed an improved system for workforce planning to ensure the full engagement of the divisions. This will be evaluated at the end of the process for 2014 to see how this can be improved for future years.

Our workforce planning process will incorporate 'confirm and challenge' sessions within the divisions before submission of information to inform the overarching workforce plan.   The following key actions will be undertaken:

- To evaluate 2013/14 workforce planning process.
- To establish across the Trust an annual planning process that takes into account annual planning, financial and strategic planning and workforce planning.

Action	Year
Implement revised workforce planning process	Year 1
Evaluate revised workforce planning process	Year 1
Evaluate congruence with Annual Plan and Financial Plan	Year 1
Ensure that all planning processes are linked and run as one process	Year 2

3.1.8. Reward Strategy

Our pay arrangements predominantly reflect national terms and conditions (Agenda for Change and Medical Staff Terms and Conditions). We have utilised nationally negotiated Agenda for Change flexibilities within our pay structure such as satisfactory appraisal determining incremental progression. We will now consider reward strategies for our senior staff and continue to use local incentives for difficult to fill posts within a challenging labour market. In order to drive improved performance we will review the incremental pay progression policy to include other factors such as satisfactory completion of mandatory training, a positive attendance record and no disciplinary / capability record. The activities necessary to develop an improved approach to reward are detailed below:

Action	Year
Evaluate current incremental pay progression policy and impact on appraisal rates	Year 1
Develop, consult on and implement revised incremental pay progression policy	Year 1
Develop pay strategy for band 8c and above	Year 1
Develop and implement reward strategy	Year 2
Evaluate incremental pay progression policy and impact on pay	Year 2
Determine additional criteria for year	Year 2
Implement band 8c and above strategy	Year 2
Evaluate and review all strategies relating to pay	Year 3

3.1.9. Staff Retention Plan

The development of a staff retention plan is largely linked to the success of implementing many of our organisational development actions making Sherwood Forest Hospitals a great place to work.

However data suggests that we are losing a number of staff due to a perceived lack of support on the wards, particularly newly qualified nursing staff. Our data collected from April 2010 to date shows the following with regard to registered nursing staff who are either newly qualified nurses or new to the Trust.

- Number of newly qualified/new to NHS who leave within 12 months: (28.61 wte/81.59 wte total leavers) 35.07%

- Number of newly qualified/new to NHS who leave within 6 months: (17.40 wte/43.47 wte total leavers) 40.03%

- Number of newly qualified/new to NHS who leave within 3 months: (4.00 wte/ 14.83 wte total leavers) 26.97%

We will develop plans to address this issue both for our current staff and the newly recruited staff from international sources.

An induction plan specifically for the international recruits has been developed, along with a buddying system.

We will continue to analyse turnover figures and data from exit interviews to identify key themes and develop strategies to improve particular areas of concern.
In summary are priorities in this area are:

Action	Year
Analyse information and develop a retention strategy	Year 1
Implement retention strategy	Year 2
Review and evaluate the above	Year 3

3.1.10. Training and Development Strategy

Our Training, Education and Development Strategy plays a major role in developing and supporting the staff experience, raising standards and quality in patient care, encouraging succession planning and professional development of our workforce.

Over the past 3 years this strategy has resulted in many successes such as increased mandatory training compliance, contributing to raising standards and quality in patient care, establishing the Trust as a well-regarded centre for educational and training excellence, development of innovative leadership and management development programmes and the professional development of our workforce.

Development of a new Training, Education and Development Strategy will build on this earlier success, supporting the delivery of the Organisational Development Strategy and focusing on the following priorities:

- To support the achievement our strategic aims and objectives.
- To improve the quality of safe patient care and experience through a well trained workforce.
- To improve the staff experience through the ongoing development of the workforce, their skills, behaviours and knowledge to improve their performance and increase their job satisfaction.
- To support patient safety and service improvement priorities.
- To enable the organisation to develop its leaders and management capability to effectively lead service delivery and change confidently and effectively.
- To develop the widening participation agenda and development of the bands 1-4 workforce.
- To develop, embrace and utilise new and innovative technologies to deliver learning and development opportunities.
- To engage with key stakeholders to support the delivery of national and local training and development standards, priorities and initiatives.

Our values and behaviours will also be embedded into all training programmes in order to create a common and shared understanding of the culture and expectations of our workforce.

Action	Year
Development of the new Training, Education and Development Strategy.	Year 1
To identify priority areas and then to deliver strategy.	Year 1, 2 and 3

3.2. TO HAVE A FLEXIBLE WORKFORCE

In a competitive labour market it is important that we offer flexible working practices in order to secure appropriately competent and skilled staff. However, we also accept that there will always be instances when we have temporary staffing needs and we must develop our in-house temporary staffing function to ensure the supply of appropriately qualified staff at the most efficient cost.

3.2.1. Agency, Bank & Variable Pay

We currently employ a large number of agency staff to cover the shortfall in appropriately skilled and qualified staff, particularly registered nurses and medical consultants. We are therefore strengthening the nurse bank. The aim is to enable the eventual implementation of a more strategic approach to bank staff usage to cost effectively manage the change implications of future workforce re-profiling.

Initial actions have led to an increase in fill rates for the in-house bank and to enhance this service further the bank team and e-Rostering team will be amalgamating. This will be integral to the success of improving bank fill rates in a cost effective manner and ensuring quality and safety on our wards. Currently the two teams work collaboratively but to achieve maximum benefits the teams will be integrated under the leadership of the Deputy Director of Human Resources.

Our long term aim is to develop an in- house agency which will fulfil the wider activities associated with a comprehensive Temporary Staffing function. This will initially be for nursing staff but will be developed to include all Agenda for Change staff and medical staff. A project manager will be recruited to ensure that the benefits of merging the bank and e-Rostering departments are achieved and to scope the development of an in house agency.

Action	Year
Appoint a project manager	Year 1
Scope viability of developing an in-house bank	Year 1
Realise benefits of joining bank and e-Rostering functions	Year 1
Evaluate benefits of joining bank and e-Rostering functions	Year 2
Implement development plans for establishing in-house bank	Year 2
Evaluate all of the above and review temporary staff function strategy	Year 3

3.2.2. Flexible Working Options

Along with many NHS Trusts, the majority (80.1%) of our workforce is female. This means that a high percentage of them will have families and will want to have flexible working opportunities available to them.

Many of our staff have caring responsibilities particularly for elderly parents or disabled children. Flexible working opportunities for these staff will support them in meeting these responsibilities and support our ambition of being an employer of choice.

Action	Year
Review flexible working policy to ensure it supports recruitment and retention of staff and delivery of high quality patient care.	Year 1

3.2.3. 7 Day Working

The need to provide services 24/7 is a national priority. We are participating in both national and local discussion to support both an individual Trust and health community response. Many of our services will be affected, in particular diagnostic services, and this will involve significant change in working hours and shift patterns for the staff concerned.

We are currently implementing seven day working within our pathology and radiology services. It will now be necessary to undertake a full scoping exercise to determine what 24/7 working means in relation to achieving our strategic priorities.

Action	Year
Participate in the Trust scoping exercise to understand the implications of 7 day working	Year 1
Participate in regional activities to understand the impact of 7 day working	Year 1
Develop a workforce strategy to support the introduction of 7 day working	Year 1
Implement strategy for 7 day working	Year 2
Evaluate the above	Year 3

3.2.4. Consultant contract – National Negotiations

Changes to the consultant contract are being consulted on nationally. The parameters of the negotiations are to support seven day working, to be revenue neutral and to support the expansion of the consultant workforce.

Once the terms of the new contract have been agreed we will scope the implications for our services and develop plans for any necessary changes required to support implementation. Whilst national negotiations are continuing, we will ensure we fully utilise the current consultant contract arrangements and in particular carry out effective job planning.

Action	Year
Evaluate implications of changes to consultant contract and develop implementation plan	Year 1
Ensure the implementation of robust job planning process for all consultants	Year 1
Implement plan	Year 3

3.2.5. Changes to Doctors in Training Contract

It has been acknowledged nationally that the contract for Doctors in Training is not fit for purpose. Heads of terms for contract negotiations have been agreed between NHS Employers and the British Medical Association and negotiations will commence in April 2014. These will include working hours, pay, quality of life and training.

Once the terms of the new contract have been agreed the Trust will scope the implications for its services, identify changes required and develop an implementation plan.

Action	Year
Evaluate implications of changes to doctors in training contract and develop implementation plan	Year 1
Implement plan	Year 3

3.2.6. Agenda for Change

There are changes expected nationally to Agenda for Change terms and conditions. These changes, if agreed, will support 7 day working with regard to pay enhancement for weekend working, consider annual leave entitlements and the potential to cap redundancy payments given recent media attention in relation to the significant redundancy payments that have been made to support NHS wide structural change.

We have already implemented the incremental pay progression changes locally and will be reviewing this further in the coming year to strengthen our performance management approach. Consideration will be given to a process which links incremental pay progression to completion of mandatory training, attendance record and disciplinary record.

Action	Year
Monitor and contribute to the debate relating to proposed changes to national agenda for change terms and conditions	Year 1
Consider any national agreements and determine an appropriate response for the Trust.	Year 2
Develop and implement necessary procedures and processes to support the change	Year 3

3.2.7. Change Management

We have undertaken significant change management in the past few years. The Human Resource department has supported many organisational change projects and this has predominantly been concerned with the process of change. It is acknowledged that staff have not always felt supported throughout the change process and that the benefits of the change have not always been achieved or sustained due to failure to embed the change required.

We have sought to learn the lessons from previous organisational changes such as those involving Patient Pathway Co-ordinators, NHIS transformation and Finance transformation. Managing Change training has been developed in conjunction with our trade union colleagues and is routinely available for managers. An effective Workforce Change Group has been established and continues to ensure change processes are implemented consistently and at speed in partnership with our trade union colleagues. We continue to grow and develop the effective partnership working arrangements with staff side which have supported us in achieving some particularly challenging workforce change initiatives.

Our future priorities include:

- A review of how we manage change and the development of a strategy for supporting staff and managers through change.
- A change management strategy for each project to enable the required change and to include support for staff and managers,
- Organisational development interventions to facilitate and embed change.
- The development of organisational development skills within the HR function to support change management.

Action	Year
Determine appropriate training and support required for managers and staff to support change	Year 1
Develop and implement the managing change strategy	Year 1
Develop HR OD skills and capacity to support change	Year 1
Evaluate success and effectiveness managing change strategy and supporting initiatives and modify where necessary	Year 2
Evaluate the above	Year 3

3.2.8. Transformation

We want to apply the best improvement techniques, expertise and experience to enable our staff to deliver the highest quality, most cost-effective treatment and care to each and every patient we serve.

To achieve this ambition, we will need to develop as a learning organisation and to constantly question and improve everything we do. Our Organisational Development Strategy defines our priorities and actions in this area.

3.2.9. Integrated Care

True integration of care requires a relentless focus on patients for whom care provision is currently disjointed. It requires effective systemic leadership together with interactions between generalist and specialist clinicians.

The Mid Nottingham Blueprint begins to shape future care provision across North Nottinghamshire and is likely to require implementation of a health community wide transformation team to drive through its priorities. True integrated care will require us to think differently about the roles we have within our organisation and may lead to the development of rotational posts across acute and community settings.

In order to achieve this exciting and challenging agenda the following actions will be required following the agreement of the priorities of the Mid Nottingham Blueprint.

Action	Year
Evaluate the workforce impact on the agreement priorities	Year 1
Implement the necessary organisational change processes to support staff working across organisational boundaries	Year 1
Develop contractual terms and condition that facilitate the working across organisational boundaries	Year 1

3.3. WELL LED AND MANAGED WORKFORCE

3.3.1. Management capability

The development of management capability is key to ensuring services and staff are well managed.

As part of our strategy to improve capability, management training courses covering not only key policies and procedures but also incorporating the development of key skills have been successfully implemented. These will be further enhanced to incorporate additional inputs such as handling difficult conversations and working across boundaries. The courses proposed will maintain a focus on practical learning and provide managers with key people management skills to enable them to manage their staff effectively in accordance with our core values and behaviours.

The human resources team will also be providing one to one training and coaching for managers as required.

Action	Year
Evaluate management capability across the Trust and develop strategy to address identified gaps	Year 1
Enhance skills of HR team to support training and coaching	Year 1
Develop training to improve management capability	Year 1
Support implementation of OD plan	Year 1
Review all of above and modify as necessary to develop mechanisms for ensuring managers update their skills regularly	Year 2

3.3.2. Performance Management

Effective performance management has been identified as critical to our success. Managers currently find this area of management difficult. This reflects the culture of being a friendly organisation with long serving employees, which makes it difficult for managers to manage performance as they have often worked with the same staff group for a long time and have been promoted within a team.

Performance management is dependent on staff having a clear understanding of their role, clear objectives and regular appraisals and reviews. Until recently our appraisal rate was poor and many staff had not had an appraisal or objectives set for a number of years.

The linking of incremental pay progression to appraisal has improved our appraisal rate and resulted in an increased number of staff with having an appraisal and being set clear objectives. This provides a foundation for effective performance management going forward.

The capability policy will be reviewed and anchored to the appraisal policy.

Action	Year
Review capability policy and launch new policy. Train managers on new policy.	Year 1
Review people management training courses to ensure that they have key skills embedded within	Year 1
Review and evaluate effectiveness of new policy	Year 2
Review and evaluate effectiveness of management training	Year 2

3.3.3. Review and Development of People Management Policies and Procedures

A review of our current employment policies and procedures is necessary to ensure they reflect current best practice and support the OD strategy.

An assessment of current policies has been undertaken and a plan developed to timetable reviews. The majority of HR policies will be reviewed and rewritten in 2014 and will reflect our core values and behaviours as set out within our organisational development strategy

Each policy will be supported by a clear communication plan and training in effective implementation for managers.

Action	Year
Develop schedule for review of HR policies	Year 1
Review policies, develop, implement and launch training plan	Year 1
Evaluate effectiveness of new policies	Year 2

3.3.4 Staff Engagement

Our Organisational Development Strategy sets out our ambitions and actions needed to ensure we fully support and engage with our staff.
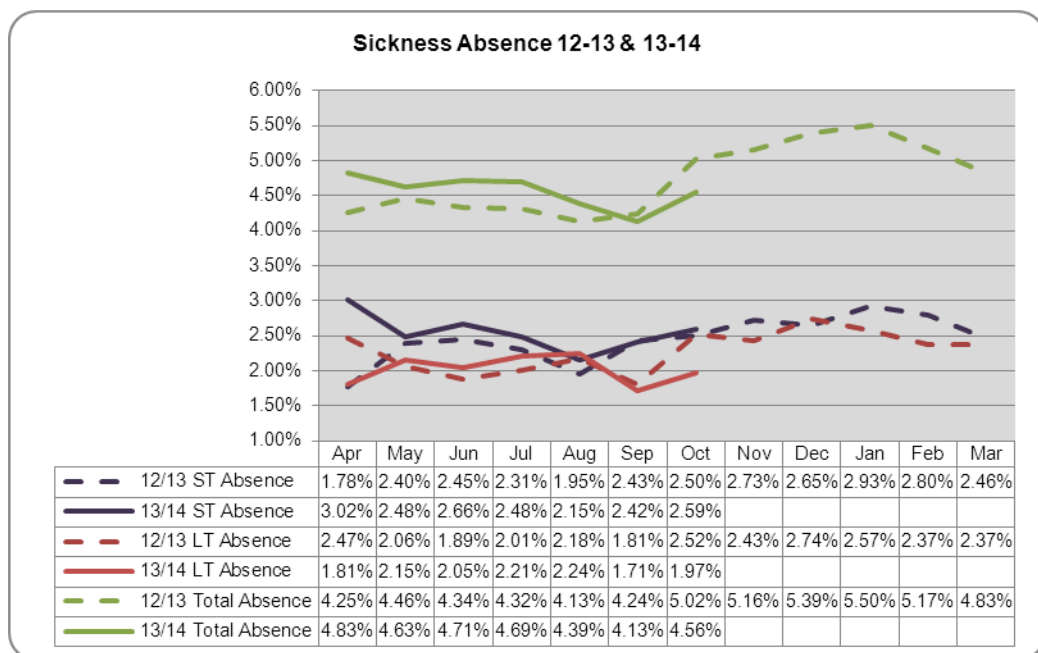
3.3.5. Culture

Our Organisational Development Strategy sets out our ambition to ensure our culture is focused on delivering Quality for All to everyone we serve.
Actions needed to ensure success are detailed within the strategy.

3.3.6. Sickness, Absence and Health & Wellbeing

The Human Resources Team is working in partnership with managers and Occupational Health to promote commitment from all areas to achieve the sickness absence target of 3.5%.

Currently the sickness absence in month was 4.56%, with a rolling 12 month rate of 4.83%. Intensive work is underway to address high levels of sickness absence.

Sickness Absence 12-13 & 13-14

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
12/13 ST Absence	1.78%	2.40%	2.45%	2.31%	1.95%	2.43%	2.50%	2.73%	2.65%	2.93%	2.80%	2.46%
13/14 ST Absence	3.02%	2.48%	2.66%	2.48%	2.15%	2.42%	2.59%					
12/13 LT Absence	2.47%	2.06%	1.89%	2.01%	2.18%	1.81%	2.52%	2.43%	2.74%	2.57%	2.37%	2.37%
13/14 LT Absence	1.81%	2.15%	2.05%	2.21%	2.24%	1.71%	1.97%					
12/13 Total Absence	4.25%	4.46%	4.34%	4.32%	4.13%	4.24%	5.02%	5.16%	5.39%	5.50%	5.17%	4.83%
13/14 Total Absence	4.83%	4.63%	4.71%	4.69%	4.39%	4.13%	4.56%					

We continue to see sickness absence rates higher than the national average for the NHS across all staff groups. This has a considerable impact on the quality of care we provide as absences are often backfilled by locum or agency staff. This also drives high levels of variable pay spend.

The HR department has been working with managers to support the management of sickness absence and ensure that cases are managed appropriately:

- Confirm and challenge sessions at divisional level are now in place.
- Sickness absence data dashboards and improved data for managers are produced
- A new policy will be developed which will enable proactive absence management and the ability to take firm management action as required.
- Working with managers to ensure absence management is undertaken at an appropriate level.
- Development of a sickness absence management strategy and action plan.

However policy and process on its own will not bring about the required reduction in sickness absence levels. This must be implemented hand in hand with a staff health and wellbeing strategy which promotes and supports positive health and wellbeing for the staff.

Improved staff engagement and management of change will also improve absence levels across the Trust. .

Action	Year
Write new absence management policy and develop launch and training plan to support	Year 1
Review sickness absence plan	Year 1
Develop sickness absence management system with SMART	Year 1
Develop and implement Health and Wellbeing Strategy	Year 2
Review effectiveness sickness absence interventions	Year 2

3.3.7. Whistle blowing

In 2013 the Keogh review made reference to concerns regarding our 'Raising Concerns' - Whistleblowing Policy. On reviewing the policy we identified an opportunity to go further and use the revised policy to support of a culture of openness.

The new policy has been developed in partnership with Public Concern at Work and approved by the Trust Board. The following approach will be adopted:

- All staff who are referenced in the policy will receive whistleblowing training from Public Concern at Work.
- Whistleblowing training will be developed for all staff across the Trust.

- We will strive to develop a culture where staff feel confident that they can raise concerns about the quality of care without fearing repercussions for themselves.

Action	Year
Train managers referenced within the whistleblowing raising concerns policy	Year 1
Develop and implement training cascade programme	Year 1
Review results of staff survey in respect of raising concerns	Year 1
Evaluate and review whistle blowing Policy	Year 2

3.3.8. OD Strategy

As a result of our Quality for All Programme we have developed an Organisational Development Strategy. This strategy sets out our commitment to our staff, our undertaking to continue to develop our organisation as one that we can all be proud of and staff want to be part of.

Our organisational development strategy maps out how we want to develop our Trust over the next three years. It is fundamental to the successful implementation of our Workforce Strategy.

3.3.9. Talent Management Strategy

Leadership and Management Development – Trust Leadership Development Programme

This highly successful Leadership and Management Development programme, has been well attended and received extremely positive feedback throughout the 2 years it's been running. The programme incorporates a values and behaviours based approach to equip leaders and managers with the knowledge, skills, expectations and behaviours required to successfully undertake a leadership and management role the Trust. Specifically, it enables attendees to deliver high quality patient care and organisational services as well as leading change in a constantly evolving NHS landscape.

The current programme covers:

- Expectations and behaviours of Leaders and Managers at Sherwood Forest Hospitals NHS Foundation Trust, managing yourself and self-awareness.
- Change management, innovative thinking, new ways of working and managing people through change.
- Managing people and performance management, developing and supporting staff, building effective teams and managing poor performance.

- Managing service delivery and improvement, managing and reducing risk, business continuity, effective communications and creating a well organised department.
- Project management training.

Over the past 2 years the NHS and the Trust have undergone a period of significant change. Whilst the principles of this training programme remain sound, we need to refresh and contextualise the content to reflect the new values and behaviours outlined within our Organisational Development Strategy. Our leaders and managers are agents of change. As such they must be empowered and equipped to operate in the current NHS landscape to enable organisational change to take place.

The growing need for more specialist leadership and management development programmes and at different levels of leadership is also an emerging theme, particularly at a more senior management level.

Action	Year
To refresh the content and context of the Trust Leadership Programme to reflect the Trust's new values and behaviours.	Year 1
To deliver a revised Leadership Programme to Trust Leaders and Managers.	Year 2 and 3
To carry out a leadership and management TNA and gap analysis	Year 2
To design and deliver a range of specialist leadership management development programmes.	Year 2
To design and deliver bespoke divisional management leadership programmes.	Year 1, 2

3.3.10. Clinical Leadership

Following on from the success of the Leadership and Management development programme, two new leadership programmes have been launched specifically focusing on clinical and medical leadership.

The first of the current clinical leadership programmes is aimed at bands 6 and 7 Deputy and Ward Leader levels and are focused on enabling effective clinical leadership, governance, quality, patient experience and standards of care.

The second clinical leadership programme is based on the national RCN Leadership course and is aimed developing current ward leaders with higher level leadership skills to a Head of Nursing level, thus supporting succession planning in the organisation.

In light of the many national reports and recommendations and the new values and behaviours agreed by the Trust, all of our Clinical Leadership Programmes will be evaluated and refreshed to reflect these.

Action	Year
Evaluate and refresh the content and context of the band 6/7 clinical leadership programme.	Year 1
To deliver further cohorts of the refreshed clinical leadership programme	Year 1, 2, 3
Continued delivery of RCN Leadership Programme to support succession planning.	Years 1,2,3

3.3.11. Medical Leadership and Management Development

We have piloted a new Medical Leadership and Management Development programme aimed at service directors in order to enable and equip them to lead and manage their services effectively.

The programme covered developing personal leadership skills, leading others, managing people and performance, understanding and leading change in the new NHS and in practice and managing service delivery and improvement.

Due to the significant changes within the Trust and the NHS operating environment, this programme will be critical to support our medical leadership workforce to deliver high quality services and standards in patient care, engage effectively with the CCGs, lead governance and quality agendas and manage high performing teams.

The priorities for the further development and delivery of this programme are outlined below.

Action	Year
To evaluate and update the pilot medical leadership programme.	Year 1
To deliver a revised and dynamic medical leadership programme that enables senior medical managers to lead and manage effectively.	Year 1, 2, 3

3.3.12. Human Resources Transformation

The Human Resources operational team provides advice and support to operational and corporate departments and this is perceived by many to be reactive rather than proactive.

As a result of many national, local and organisational changes, there is an increased requirement for the department to provide a much greater range of HR services and to work proactively to support service delivery and the ever changing needs of the Trust.

A review of operational human resources services and structure has been undertaken and proposals developed to implement a Business Partnering model of working for the HR operational team.

The benefits of this are:
- Greater integration and understanding of issues at an appropriate level
- Improved understanding of business and workforce issues
- Ability to support workforce change not only from a process prospective but to ensure staff engagement and embedding of change
- Development of OD skills within the HR team and ability to support OD work
- Improve provision/ development of HR strategy and implementation

Action	Year
Commence workforce change for the operational HR function	Year 1
Support affected staff through workforce change	Year 1
Commence HR operational team training	Year 1
Evaluate effectiveness of new model	Year 2
Continue HR operational team training	Year 2

3.3.13. Implementation of the Workforce Strategy

There is considerable overlap between the Organisational Development Strategy, Training and Education and Development Strategy and the Workforce Strategy. Accordingly an integrated plan will be developed to co-ordinate and align elements of all three strategies. This will be developed and overseen by the Organisational Development and Workforce Committee.

4. WHAT WILL SUCCESS LOOK LIKE?

The success of our Workforce Strategy will be measured in a number of ways:

We would expect to see an improvement in the Staff Survey results in the key areas concerning staff engagement, personal development, Your job, Your Managers and Your Organisation. Improvement in these areas will also carry over to the Patient Satisfaction Survey and Friends and Family score as success in these areas is dependent on having an engaged and motivated workforce.

We would expect to see a reduction in the number of issues that progress to formal disciplinary or capability proceedings as managers become more competent and confident in dealing with issues as they arise and so will undertake the difficult conversations required earlier than at present.. The core skills required for these changes will be embedded and accessed via People Management Training Programmes. In addition we should also see improved attendance figures as staff who are engaged, motivated and well managed want to come to work.

The Trust would be the employer of choice - somewhere people want to come and work, attracting high quality applicants for vacancies and an attendant reduction in the use of specialist recruitment agencies to assist recruitment to senior posts and subsequently leading to a reduction in variable pay spend.

Transformation of the Human Resources team to a business partnering approach will take time. The strategic ambition is that the department proactively supports the business units in developing strategies to manage the workforce effectively. This will include supporting managers in developing people management skills, effective workforce planning and promoting the values and behaviours expected by the Trust and challenging when they are not shown. In addition we will be supporting change management initiatives with OD support to ensure the requisite changes are fully embedded..

5. ENSURING OUR STRATEGY IS DELIVERED: GOVERNANCE

The successful delivery of our Workforce Strategy requires the support of key stakeholders, specifically leaders and managers.

To ensure effective governance of our Workforce Strategy we will translate this document into a three year action plan and detailed plan for year 1 with clear roles, responsibilities and targets for delivery identified.

The Organisational Development and Workforce Committee will oversee the development and delivery of the action plan. The Executive Director of Human Resources and Organisational Development will be responsible for developing the action plan, reporting progress to the Organisational Development and Workforce Committee.

Progress will also be reported to the Trust Management Board and through the Executive Director of Human Resources and Organisational Development to the Board of Directors.

6. ENSURING OUR STRATEGY IS RESOURCED

Whilst purposefully ambitious around the priorities of having an appropriately skilled, flexible and well led and managed workforce we have already begun a number of key initiatives in order to secure our future workforce requirements. We recognise there is still more to do.

To have an appropriately skilled workforce:
The recruitment initiatives already started will be enhanced by our in-house temporary staffing function in order to ensure we have sufficient staff to deliver safe care. We will continue to work hard to improve our external reputation, implement values based employment practices and offer exceptional educational opportunities

To have a flexible workforce :
Without doubt our ambitions around 7 day working are a significant challenge. They will be delivered within our Integrated Improvement Programme and we will drive improved performance management via enhancing agenda for change flexibilities.

To have a well led and managed workforce: .
Management capacity and capability are essential if we are to deliver the priorities outlined within this strategy. Our Leadership and Management Development offering will be adapted to support this priority.

7. STRATEGY REVIEW

This strategy is a live document that will flex to opportunities that may arise during its lifespan. It will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives. It will be updated in line with any changes in national policy and local circumstances and refreshed in line with the Organisational Development Strategy no later than March 2017.

8. CONCLUSION

An effective Workforce Strategy is critical to ensure we clearly understand the local and national landscape in relation to health care and the impact on future workforce needs.

We have begun to introduce a number of initiatives to secure the required future workforce such as international recruitment but recognise there is still much more to do. This strategy together with the Organisational Development Strategy will help us to achieve our aims.

9. CONTACT FOR FURTHER INFORMATION

For any queries about this strategy contact

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