East Kent Hospitals University NHS
NHS Foundation Trust

East Kent Hospitals University NHS Foundation Trust

Workforce Strategy & Plan

2011 – 2016

YEAR THREE REVIEW APRIL 2014

We care

Version:	Nine
Ratified by:	Board of Directors
Date original strategy ratified:	July 2011
Amended:	April 2014
Name of originator/author:	Head of Human Resources
Director responsible for implementation:	Director of Human Resources and Corporate Services
Date issued:	July 2014
Review date:	April 2015
Target audience:	All staff Trust Wide.

Version Control Schedule

Version	Date	Author	Status	Comment
1.0	December 2010	Head of Human Resources	Draft	Amendments made by HR senior team
2.0	February 2011	Head of Human Resources	Draft	Amendments made by HR senior team
3.0	March 2011	Head of Human Resources	Draft	Amendments made following broader HR / OH discussion
4.0	May 2011	Head of Human Resources	Draft	Inclusion of staff survey data and action plan / workforce plan and monitor template.
5.0	July 2011	Head of Human Resources	archived	Inclusion of comments from staff committee, governors, commissioners and Equality & Diversity Steering Group.
6.0	April 2012	Head of Human Resources	draft	Year one review with revised plans
7.0	May 2012	Head of Human Resources	archived	Board approved year one review and plan for 12 /13
8.0	May 2013	Head of Human Resources	archived	Board approved year two review with revised plans incorporating Francis Report recommendations and “We Care” programme.
9.0	June 2014	Head of Human Resources	approved	Board approved Year three review with revised plans incorporating objectives and actions from Health and Wellbeing group and internal communications strategy

WORKFORCE STRATEGY & PLAN 2011 – 16

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OUR ORGANISATION

Our vision is to be known as one of the top ten hospital trusts in England and the Kent hospital of choice for patients and those close to them.

Our mission is to provide safe, patient focused and sustainable health services with and for the people of Kent. In achieving this we acknowledge our special responsibility for the most vulnerable members of the population we serve.

Our new values

We Care so that:

- People feel **cared** for as individuals
- People feel **safe**, reassured and involved
- People feel that we are **making a difference**

INTRODUCTION

This strategy and plan detail the changes that need to be made to enable the organisation to move forward and be able to react and adapt to the changing environment of the NHS. The healthcare environment of today requires high capability and commitment from its clinical and managerial leaders to balance the challenges of providing high quality, safe services, with excellent outcomes and in a way that meets the expectations of patients and the public. This is in the context of increased competition and the continuing focus on achieving efficiency savings by improving quality and productivity so that we can re-invest in service development and improving care environments.

Today and tomorrow, improved quality in patient care will be delivered against the backdrop of considerable financial challenge, and the drive for increased productivity and improved quality of care. As society changes, and the population ages, there will be an increased demand for health services and public and patient expectations will increase. Yet healthcare will be delivered without the levels of investment seen over the last 10 years. To meet these challenges the organisation's workforce needs to be more productive, whilst demonstrating better quality outcomes. Clinical and other leaders must be relentless in their drive for improvement and focus on compassion in care. Leaders must demonstrate their commitment to change by leading by example, being accountable and being open to change.

New ways of working will mean increasing the number of highly competent support staff and increasing the efficient use of our expert clinical staff in selected areas of practice.

The Trust will work to ensure that the staff we attract reflect our population in terms of their socio-economic background and cultural diversity so that the health needs of the people it serves are met.

Divisions must play their part in ensuring maximum efficiency and productivity from their staff by setting realistic plans where workforce is aligned with service planning and finance and managed across professional groups.

WORKFORCE PRIORITIES

The workforce priorities, on which this strategy is based, were determined, in 2011, by reflecting on the strategic objectives of the Trust, results of the NHS Staff Survey, the annual equalities workforce review, the national context of the NHS (including the staff pledges enshrined in law as part of the NHS constitution), Corporate and HR risks identified in relevant risk registers and an understanding of the organisational cultural change programme set in place by the Executive Team and the Board in 2010.

Key priorities identified as a result included:-

- A focus on performance appraisal and team working to reflect findings in the Staff Survey and organisational change programme
- A continuing improvement in workforce planning methodology
- A focus on improving the health of the workforce to reflect the key findings of the Boorman review
- A focus on improving HR and OH systems and processes to ensure they are as efficient as possible, and where necessary looking at market testing and outsourcing
- A review of education and training to ensure that maximum benefit is realised from a decreasing financial investment
- Improving staff engagement within the organisation and supporting the organisational change programme
- A continuing improvement in supporting the risk and governance issues the organisation faces, in particular in regard to the workforce.

How we treat our staff is important, not only in relation to our need to be a good employer, as there is increasing evidence of a relationship between staff satisfaction and quality of patient treatment. For example, in West's[1] 2005 study, it was proved that there was a relationship between HR practices and patient mortality in acute hospitals. The relationship with the extent and sophistication of appraisals was particularly strong, but training, team working, clarity on objectives, good leadership, and communication also mattered. This means that investments made in management time and resources in improving how staff are managed, communicated with and developed and in improving team working can lead to improvements in patient care. We know, based on initial research by the Healthcare Commission, that patient satisfaction and staff satisfaction go together[2]. Although the nature of the relationship still requires further research work, Aston Business School [3]has helped to understand the connections and it seems likely that several factors are important. More detail on this relationship is provided in the Staff Survey section on page 9. In February 2013 the recommendations from the Francis Report [4]were published and the workforce programmes identified in this strategy were refreshed in the year two review to incorporate those which are relevant to the workforce. An additional priority identified as a result of this work has been the need to review the Trust's recruitment processes. The findings of the work undertaken in 2012/13 as part of the "We Care" programme has resulted in the formulation of some newly proposed values which, it is hoped, which were finally approved by the Board in January 2014. In the light of this work programme three which previously was described as supporting the organisational change is now described as delivering the We Care Culture. Following the receipt of the national staff survey findings for 2013 a further addition to the workforce strategy has been made with the incorporation of the previous internal

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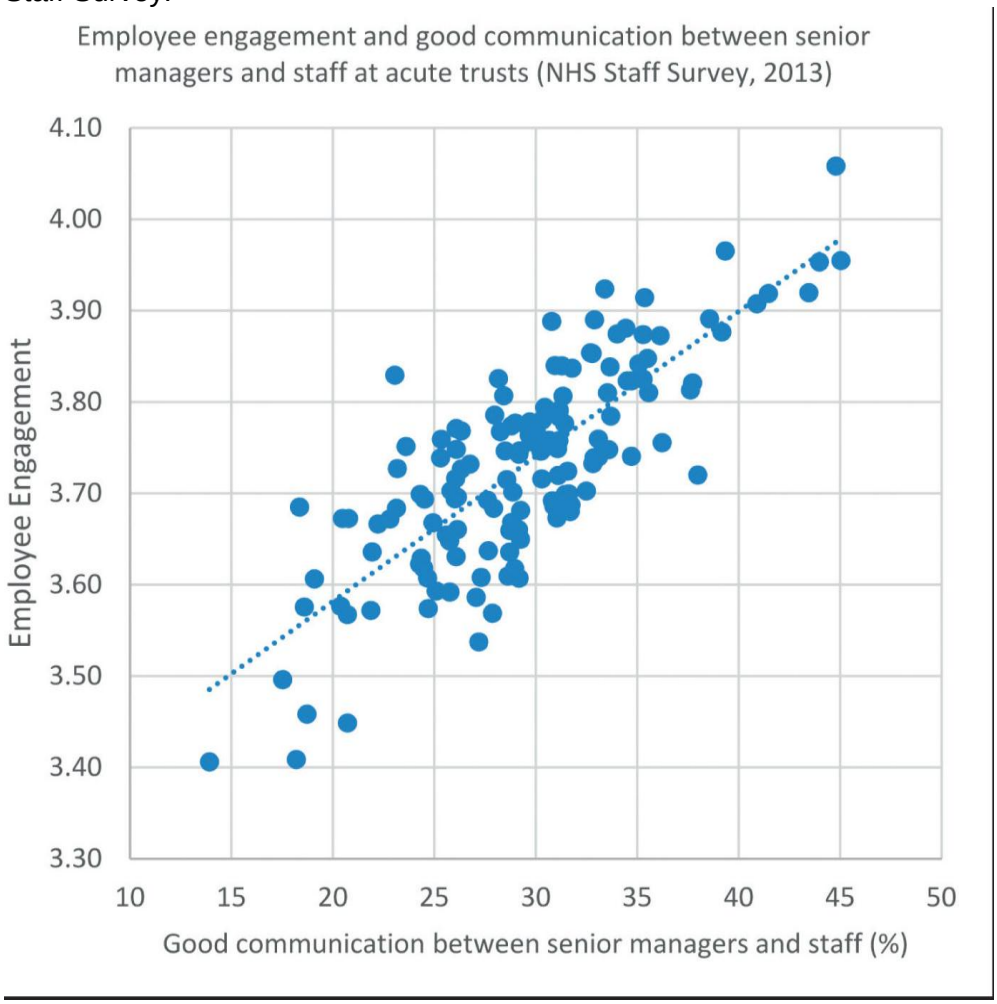
[1] West M et al (2005). "The link between the management of employees and patient mortality in acute hospitals." The International Journal of Personnel and Human Resource Management 13 (8) 1299 - 1310

[2] Raleigh, V (2008) " Surveys of inpatients and staff in NHS acute trusts: is there an association?" Healthcare Commission.

[3] "Does the work experience of NHS staff link to the patient experience of care?" Aston Business School (2009) www.doh.gov.uk

[4] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013

communications strategy, which was originally approved by the Board in 2013, in Programme Three. Improving internal communication at EKHUFT is a key part of improving staff engagement, one of EKHUFT's annual objectives for 2014/15. The chart below shows the correlation between staff engagement scores and communication scores in the NHS Staff Survey:



Source: Meeting the Challenge: Successful Employee Engagement in the NHS, IPA report 2014.

The four programmes of work identified below summarise the key workforce priorities. These programmes are shown in more detail later in this document and the plans for these programmes are reviewed and refreshed on an annual basis to reflect feedback received during the 5 year cycle of this strategy.

WORKFORCE STRATEGY PROGRAMMES			
	Safe & effective workforce		Delivering the We Care Culture
	People (right people, right place, right time)		Developing the Human Resources and Occupational Health Service

TRUST STRATEGIC OBJECTIVES

The table below shows how the programmes in the workforce strategy link to the Trust's strategic objectives:-

STRATEGIC OBJECTIVES				
1. To deliver safe care to patients				
2. To deliver effective care with patient outcomes				
3. To provide an excellent patient experience				
4. To guarantee staff are able, empowered and responsible for the delivery of effective care				
5. To deliver efficient services that generate funding to both enable and sustain future investment in local services				
6. To deliver innovation through the services we provide.				

REVIEW OF HR STRATEGY 2006-2011

A refresh of the HR strategy in 2008 linked the actions identified to themes in the IPSOS MORI research published in June 2008 on *What Matters for staff.* This research identified 10 factors, grouped into four themes, which summarised the key issues in the NHS that are important to staff:

The resources to deliver quality care to patients

- I've got the knowledge, skills and equipment to do the job
- I feel fairly treated with pay, benefits and staff facilities

The support I need to do a good job

- I feel trusted, listened to and valued at work
- My manager (or supervisor) supports me when I need it
- Senior managers are involved with our work

A worthwhile job with the chance to develop

- I've got a worthwhile job that makes a difference to patients
- I help provide high quality patient care
- I have the opportunity to develop my potential
- I understand my role and where it fits in

The opportunity to improve the way we work

- I am able to improve the way we work in my team

The HR Strategy was built around these key themes and had over 30 individual projects linked to the themes. These have been reviewed as part of the formation of this strategy document and consideration given as to whether these should be included in the delivery plan, and as a result a number of objectives have moved to be included in the Equalities Workplan managed by the Equality and Diversity Steering Group.

The success of the HR strategy 2006/11 can be measured in a number of ways. During this period the organisation has moved to a position of financial surplus, achieved University and subsequently Foundation Trust status. The workforce has grown both in terms of funded establishment and in headcount. Recruitment has been more successful in a number of areas and the trust's vacancy level has dropped significantly since 2006.

During this time the HR and OH departments have restructured and have set up additional services which are being provided to other NHS and private / public sector organizations – all designed to achieve a more cost effective and efficient service for East Kent Hospitals University NHS Foundation Trust.

In determining the success of the previous HR strategy the workforce performance indicators (those regularly reported at board level) are given overpage showing the improvement or deterioration over this time

Workforce performance indicator[5]	2006	2011	variance
Funded establishment (in whole time equivalent numbers)	6806	7151	+345
Average vacancy level for previous 12 months	11.4%	7.0%	-4.4%
Turnover for previous 12 months	10.4%	8.2%	-2.2%
Average sickness level for the year	4.4%	3.4%	-1%
Appraised in the last 12 months	68%	58%	-10%

Key:

	Deteriorated
	No change
	Improved

[5] taken from the HR Performance reports at March 2006 and at Feb 2011.

Below is a comparison of staff survey results from 2005 to 2010 for indicators that have been measured across the period:

Staff survey indicator[6]	2005	2010	variance
KF8: Staff working extra hours	73%	68%	-5%
KF12: Staff appraised within previous 12 months	83%	74%	-9%
KF13: Staff having well-structured appraisal reviews within previous 12 months	38%	34%	-4%
KF14: Staff appraised with personal development plan within previous 12 months	73%	61%	-12%
KF11: Staff receiving training, learning or development in previous 12 months	97%	76%	-21%
KF14: Quality of job design (clear content, feedback and staff involvement)	3.30	3.34	+0.04
KF15: Support from immediate managers	3.50	3.59	+0.09
KF17: Staff suffering work related injury in prev 12 mths	21%	15%	-6%
KF18: Staff suffering work related stress in prev 12 mths	38%	26%	-12%
KF20: Witnessing potentially harmful errors, near misses / incidents in prev mth	46%	29%	-17%
KF21: Staff reporting harmful errors, near misses or incidents in prev mth	94%	97%	+3%
KF22: Fairness + effectiveness of process for reporting errors/near misses/ incidents	3.42	3.48	0.06
KF23: Staff experiencing physical violence from patients/ relatives in prev 12 mths	8%	9%	+1%
KF24: Staff experiencing physical violence from staff in prev 12 mths	1%	1%	-
KF25: Experiencing harassment, bullying/ abuse from patients/ relatives in prev 12 mths	25%	14%	-11%
KF26: Experiencing harassment, bullying/ abuse from staff in prev 12 mths	14%	15%	+1%
KF27: Perceptions of effective action from trust towards violence and harassment	3.44	3.63	+0.19
KF32: Staff Job satisfaction	3.42	3.49	+0.07
KF33: Staff intention to leave	2.81	2.49	-0.32

Key: as shown on previous page

[6] taken from Staff Survey reports Oct 2005 (published Feb 2006) and Oct 2010 (published Feb 2011)

THE NHS STAFF SURVEY

The NHS Staff Survey is the largest survey of staff opinion in the UK. It has been undertaken nationally since 2003 and the results help organisations to review and improve the work experiences of staff so that they can provide better care to patients. The results of the survey are used by the CQC to review the compliance of the organisation with key standards which contributes to their monitoring and licensing decisions.

The analysis of the links between the 2007 acute trust inpatient surveys and NHS staff surveys found a large number of associations. Further analysis and interpretation of the associations provided the following key findings:

- The more staff that have had health and safety training, the better the patient perceptions of greater conscientiousness and availability of staff.
- Organisations where staff have clear, planned goals are more likely to have patients who report positive experiences of communication; in particular around patients being involved in decisions on care/treatment, family members being able to speak to doctors, the medical information patients were given, and doctors acknowledging the presence of the patient directly when talking about their case with others.
- When employees are considering leaving their organisation, it is more likely that there are poor levels of communication with patients, particularly around medicine.
- Patient perceptions of staffing levels and the respect and dignity shown towards them are correlated to employee's feelings of work pressure and staffing levels.
- Prevalence of discrimination against staff is related to several areas of patient experience, particularly patient's perceptions of nursing staff.
- High levels of bullying, harassment and abuse against staff by outsiders relates to many negative patient experiences.
- Staff views on the confidentiality of patient information are mirrored by patients views of the privacy they are given.

In recent year's progress within the Trust against the indicators in the Staff Survey, in particular in regards to Staff Pledges 1, 2 and 4 of the NHS Constitution has been slow; this is reflected nationally in regard to Pledge 1. The Trust has historically responded to survey results by writing action plans covering all areas identified for improvement. This approach has not been entirely successful and for this reason it has been determined that action should be directed in four areas, at most, every year and that these actions be aligned to the activities of the organisation to maximize opportunities for success. Every year the results from the staff survey are analysed to determine the four priority areas for action. This allows a plan to be determined with the Trust Board in partnership with trade union colleagues for action for the coming year. The areas of action identified and priority areas for the coming year are identified in Appendix Three.

THE NHS CONSTITUTION

The NHS Constitution, published in January 2009, sets out pledges which the NHS is committed to achieve, together with responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

There are four staff pledges designed to set out what staff can expect from NHS employers. The Department of Health sees these as part of a commitment the NHS has to being a good employer and helping staff feel valued. The four pledges are shown, as they link to the workforce strategy programmes:-

NHS Constitution staff pledges	**Workforce strategy programmes**				
	1	**2**	**3**	**4**	**5**
SP1: To provide all staff with clear roles, responsibilities and rewarding jobs.					
SP2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.					
SP3: To provide support and opportunities for staff to maintain their health, well-being and safety.					
SP4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services					

The constitution also includes a set of responsibilities for staff. The key ones are:

- Staff should aim to maintain the highest standards of care and service, taking responsibility not only for the care they personally provide, but also for their wider contribution to the aims of their team and the NHS as a whole.
- Staff should aim to take up training and development opportunities provided over and above those legally required of their post
- Staff should aim to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation. They should contribute to a climate where the truth can be heard and the reporting of, and learning from errors is encouraged.

YEAR THREE REVIEW 2013/14

In the three years since the agreement of the Workforce strategy the HR department has saved £988,000 in real terms from their departmental budget and running costs. In addition the team has contributed to the delivery of divisional and corporate savings plans.

- Led on the rebranding of We Care with external partners Bernard Hodes
- Began the programme of face to face executive visits to wards / departments and the “Meet the Director” programme, supplemented by the “Board to Ward” short films.

- Developed our social media programme and published social media guidelines for staff
- Began a programme of developing managers' communication and engagement skills.
- The popularity of the new communications channel for the Trust "trustnewsonline" has increased significantly over the year and has grown to 6,500 users a month. Staff engagement with our current internal communications channels is good and in some cases better than industry benchmarks.
- Implemented solution for Divisions to access medical agency staff through a new platform "Stafflow" which reduces costs.
- The Trust received a highly commended at the 2013 HSJ awards for the use of apprenticeships, in particular in Pathology. The Trust now has over 35 apprentices in training.
- 300 staff participating in the Take 5 challenge, as individuals or as part of a team. The senior Occupational Health team have presented the "Take 5" programme and outcomes to an NHS employers forum in February 2014.
- Manual Handling team bid for charitable funds to purchase a new "hoverjack" system for raising patients from the floor with no maximum weight limit. This will improve safety for patients and staff and raise standards of privacy and dignity for this client group.
- Manual Handling have also developed collaborative working with specialist clinical teams which has improved early access to staff and patients for moving and handling advice contributing to a number of patient safety initiatives.
- Developed a new animation for staff to support access to learning and development and the Trust's approach to talent management.
- The Learning & Development (L&D) team delivered over 1000 hours of training & coaching during 2013/14 covering statutory training, such as Conflict Resolution, as well as personal and leadership development programmes.
- The Trust's apprenticeship scheme continued to develop over 2013/14. Since launch, over 75 apprentices have studied in a number of disciplines including business, healthcare and science. 90% of our apprentices have secured permanent roles within the Trust. Our successful partnership with Canterbury College has ensured that the success rate for achievement of apprenticeships is 93%.
- We continued to provide crucial basic skills support in literacy, numeracy and ESOL as well as dyslexia diagnostic screening, as part of the Trust's Lifelong Learning agenda. Individual development needs in these areas are diagnosed through one-to-one Information, Advice and Guidance (IAG) sessions. In total 389 IAG sessions were held in 2013/14, against a target of 240.
- 131 teams have undertaken team based working development using the Aston team development model.
- HR participated in the NHS England piloting of the friends and family test for staff providing useful feedback and staff input which led to a revision of the national requirements, published at the end of February 2014.
- OH participated in an NHS employers sponsored project on reducing sickness absence in the NHS, the findings were published in April 2014.
- Presented at an NHS employers conference on reward in March 2014.

- The implementation of a new employee assistance programme for staff in January 2014 has given staff improved access to pastoral and lifestyle support as well as traditional counseling services. Staff have access to on-line health, wellbeing and welfare advice on at any time day or night and 365 days a year.
- In October 2013 the OH team ran a mental health awareness conference for managers which was well attended.
- In November 2013 the OH team achieved Safe, Effective, Quality Occupational Health Service (SEQOHS) status following assessment by the Royal College of Physicians. The team was highly recommended in a number of areas and was encouraged to share these initiatives nationally.
- Accepted to participate in an NHS research programmes "Singing for Health" to commence in June 2014.
- Implemented the We Care rewards package for staff, the first partnership with international reward company "Asperity" in the NHS
- In 13/14 the Corporate HR team updated and approved a number of policies which supported the organisation in being a good employer and in delivering effective and safe care. The team successfully negotiated with staff side representatives the local arrangements for incremental pay advancement. These arrangements are effective from 1 April 2014. The team also modified and agreed the pay arrangements for on-call. The Corporate HR team have supported managers and staff in a number of significant and complex internal employee relations cases and in external tribunal claims. There has been an increase in the number of organisational change processes taking place within the Trust, including changes to the pharmacy department structure, a review of medical secretary roles and work related to the development of the Kent Pathology Partnership. Employee relations activity continues to increase and this work has been absorbed by the team within existing resources.
- The Occupational health team has improved accessibility through increased use of telephone appointments, from 63 per month in January 2013 to 142 per month in January 2014. This approach avoids lost time for staff away from their work area and provides timely advice to staff and managers on proactive absence management, particularly short term absence.
- There has been some useful collaboration between human resources, management and staff side representatives on generating ideas with staff in saving money.
- A values based competency model has been developed and used extensively for Consultant recruitment, leading to the appointment of 9 consultants during the year. This has been promoted as best practice by NHS employers and details of the programme are available on their website. Following the progress that has been made, the HR function has also been requested to support and partner in a national project with NHS Employers which focuses on Values based recruitment.
- The Allocate Healthroster software has been upgraded to a web-based version and moved to the Allocate Cloud. 190 cost codes are now using the full rostering functionality, this equates to approximately 230 individual rosters.
- We developed a business case for an e-expenses process and workflow software for payroll related employment life cycle changes which has been approved and purchased for implementation during 2014.
- HR blog site up and running with blogger of the month awards for HR team members rewarding the most interesting contributions that month.

In 13/14 there has been an increase in turnover across the Trust with some significant increases in areas of change in the organisation. This is balanced by general improvement in the average numbers of staff in post over the year, when transferred services are taken into account.

Workforce performance indicator[7]	2011	2014	variance
Funded establishment (in whole time equivalent numbers)	7157	6990.46	-166.54[8]
Average vacancy level for previous 12 months	7.0%	5.9%	-1.1%
Turnover for previous 12 months	8.3%	11%	2.7%
Average sickness level for the year	3.4%	3.7%	+0.3%[9]
Appraised in the last 12 months	58%	78%	+20%[10]

Key:

	Deteriorated
	No change
	Improved

[7] taken from the Workforce Performance reports at March 2011 and at March 2014.

[8] Funded wte has increased over time with decreases relating to TUPE transfers of CAMHS and nursery in 12/13 and Patient transport in 13/14.

[9] Sickness absence has remained at the same level as 2013/14

[10] This is a deterioration from 13/14 when reported levels were at 82% for the year

PROGRAMME ONE – SAFE AND EFFECTIVE WORKFORCE

Central to providing excellent patient services is the need to have a workforce that is safe and effective in the care they deliver. To achieve this staff need to have the right support to ensure that they are healthy, work in safe environments and are trained to provide safe care. Staff who are recruited should be checked to ensure that they are safe to practice in the role they have applied to work in and are appropriately inducted and supported when joining the organisation.

The key actions for delivering on this programme are:-

1. To develop a number of accessible health promotion initiatives aimed at all staff working in the Trust, to improve levels of health and wellbeing
   - **Maintaining healthy weight** – develop and implement a healthy weight programme using educational, behavioural and environmental intiatives to enable all staff to identify, establish and maintain their ideal weight, measured by Body Mass Index and regular local surveys and evaluations.
   - **Promoting positive mental health** – develop and implement a stress management programme using personal resilience training, stress awareness classes and proactive organisational and cultural initiatives to promote positive mental health. Measured by feedback from staff survey, referrals to Occupational Health and uptake / activity data from the external staff counseling service.
   - **Promoting awareness around the health and wellbeing agenda and Take 5 programme** – develop and implement a health promotion programme to raise awareness of a wide range of health and wellbeing issues and raise the profilt of the Take 5 wellbeing service for staff.
2. Reviewing relevant Trust employment policies and providing associated training, education and support to managers and staff
3. Undertake regular reviews and make recommendations on the use of mediation to support resolution of employee relations issues
4. Completing the implementation of e-rostering and ensuring that the full benefits are realised.
5. Ensuring compliance with regulatory requirements of the CQC, NHSLA level 3 and employment legislation.
6. Progressing work to deliver effective and efficient doctors revalidation system
7. Ensuring that employees undertake statutory and job specific training as required by Trust policies.

PROGRAMME TWO – PEOPLE

In order for the Trust to deliver its business, via the successful achievement of strategic objectives, it needs to have the right people with the right attitude in the right place at the right time with the right skills. To achieve this we need to know the mix of permanent, temporary and contingent workforce that we need to deliver our business effectively and efficiently. The Workforce Plans for the organisation need to be aggregated up from speciality and divisional level and be consistent with the long term financial model (LTFM). We need to make sure that we have the right development in place for our many and varied staff groups and to know when and how many staff we need to recruit and the most appropriate method of doing so.

Our focus will be on improving workforce planning methodology so that it is consistent and congruent with other planning tools and methodologies across the Trust. The key actions for improving Workforce Planning are:

1. Improving understanding by managers, as well as Finance and HR staff of the links between the budgets and planning of the future workforce – including contingent and flexible workforces.
2. Development and regular review of Divisional workforce plans and Staff group specific workforce strategies and plans
3. Action plans designed to re-profile the workforce to support the clinical strategy, efficiency targets and the developing patient pathways
4. Development of career pathways with a move to generic sets of role profiles for all staff groups including competency profiles
5. Improving the Trust's approach to talent management and succession planning.

Ensuring staff are equipped with the right skills to deliver the best possible patient outcomes and experience requires increased focus on performance appraisal and personal development planning. The key actions for improving skills of the workforce are:

1. A continuing focus on performance management
2. Development and roll-out of a coaching programme for managers
3. Improving leadership and management competencies – in accordance with the organisational change programme and the requirement that they will be held to account for a range of measures identified in the operating framework.
4. Enhancing team working through implementation of team-based training programmes and development of team-based training initiatives.

PROGRAMME THREE – DELIVERING THE WE CARE CULTURE

At a meeting of the Board of Directors in April 2012 the Quality Strategy for the Trust was approved. This included a fourth domain in relation to cultural change to support the enhancement and focus on quality. The cultural change programme described in the quality strategy has led to the development of the We Care values and behaviours. In 2014/15 there is significant work to be undertaken to support the "We Care" cultural change programme and to improve staff engagement in response to the Staff Survey results and for the purposes of clarity this is included and referenced in the workplan attached at Appendix Four. Staff engagement and internal communications will be key to the success of delivering the "We Care" culture. In order to improve staff engagement the Trust will:

- Improve employee knowledge, understanding and resonance with the demands on the Trust, its values and their role within it
- Improve line manager's ability to communicate effectively with their teams
- Provide further channels for staff to raise concerns and ideas – and effective channels to close the feedback loop
- Reinforce behaviours/standards through awards and recognition in Trust communication channels.

Key focus for 14/15 will be a more focused approach to the content of our communications and ensuring staff get feedback to the issues they raise.

We will evaluate progress by year on year improvements in NHS staff survey staff engagement scores and the Friends and Family Test scores for staff.

PROGRAMME FOUR – IMPROVING THE EFFICIENCY OF THE HUMAN RESOURCES AND OCCUPATIONAL HEALTH SERVICE

To deliver the Workforce Strategy and plan, Trust vision and strategic objectives, the Trust will require different things of Human Resources and Occupational Health Services. We will need to refocus our priorities and product offerings to deliver to these organisational requirements, to demonstrate a return on investment and to be valued as a key enabler and support service. Operating services within a performance framework that demonstrates both cost effectiveness and delivers, or exceeds, quality standards will be the key to back office services of the future. We will also seek to exploit opportunities to generating funding to enable innovation and offset direct costs to the Trust.

Key actions for delivering on this programme are:-

1. Creating and sustaining a brand identity and marketing strategy for HR & Occupational Health for internal & external customers.
2. Compliance with, where available, national standards, to provide assurance and benchmarking for services.
3. Expanding the use of IT to deliver enhanced client access to services, or reducing administration and costs to service users. Delivering efficiencies and reducing the administrative burden by introducing a "paperlight" environment.
5. Implementing reporting and performance management data to reflect the value and quality of services provided to customers.
6. Within the changing healthcare economy and public sector environment, the Human Resources and Occupational health team(s) will look to identify opportunities to work with partners to develop a shared service approach where value for money and improved services to EKHUFT can be demonstrated.

SUCCESS MEASURES

Success will be measured against key deliverables as detailed in the attached delivery plan.

DELIVERY AND ACCOUNTABILITY

The Director of Human Resources & Corporate Services is responsible for the delivery of the Workforce Strategy and Plan. Progress will be monitored and reported annually to the Board of Directors.

KEY STAKEHOLDERS, CONSULATION, APPROVAL AND RATIFICATION PROCESS

This strategy was developed in consultation with the HR and OH teams. Views were sought from Trade Union colleagues and Executive Directors. In addition the document was shared, for comments, with the Equality and Diversity Steering group, Council of Governors, Patient Experience Group and local healthcare commissioners. The Strategy was approved by the Trust Board in July 2011.

REVIEW AND REVISION ARRANGEMENTS

This strategy document is reviewed annually and revisions made according to the feedback received via the Staff Survey and other important measures and in the light of any significant changes to organisational strategies. In particular it is expected that the appendices will be renewed / replaced on an annual basis. Any such revisions will be approved by the Board of Directors at the beginning of each financial year.

APPENDIX ONE – DELIVERY PLAN 2011 /16 INCLUDING YEAR THREE REVIEW

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Milestones 2011/12 2012/13 2013/14	2013/14 progress (RAG key: RED-target not met, AMBER-significant progress, GREEN-target met)
Safe and effective workforce By implementing key priorities of the Boorman Review that relate to NHS providers.	To improve the productivity, health and well-being of all our staff and reduce sickness absence.	Implement an early intervention musculo-skeletal service by January 2012. Employee health & safety programme (partnered by the Health & Safety team) focusing on Work-related stress. Healthy Lifestyle programme over 3 years. Delivery Risk: Staff understanding of the importance of these issues in an increasingly challenging environment.	Year on year reduction in sickness rate from 2010/11 benchmark rate of 3.8%. Maintain EWTD compliant rotas. Improvements in self-reported stress levels in staff survey and other self-assessment tools.	Sickness absence rate stabilised in 13/14 at 3.7% following an increase in 12/13. This continues to be an area of concern which requires attention. Programme 1 has been updated to reflect this requirement. EWTD compliant rotas have been maintained. DH benchmarked results showed no change in the survey score between 12/13 and 13/14, however the Trust is benchmarked in the worst 20%.
Safe and effective workforce Continue to ensure that staff are well trained and developed to meet the standards expected internally and externally and deliver against the trust strategic objectives.	Increase in quality of care to patients	Robust training plans in place Focus on performance management and appraisal Meet policy changes and developments including ISA and revalidation. Use of in-contract CPD monies to support changes in patient pathways.	Improved mandatory training compliance each year as measured by staff survey results. Annual report of the quality of training and development opportunities through level 3 evaluation. Successful revalidation of all doctors and dentists.	The Trust continues to perform well in this area. Continued focus is required on the evaluation of training and development - an annual report on progress will be produced this year and is included in the HR workplan Work on target for revalidation.

People - the right people in the right place at the right time.	Improving workforce planning to support the clinical strategy	Improve the links between the LTFM and the budgetary planning of the future workforce. Develop Divisional workforce plans and Staff group specific workforce strategies and plans. Re-profile the workforce to support the clinical strategy, efficiency and patient pathways. Development of career pathways with generic sets of roles and competencies Deliver the Talent Management Policy.	Year on year reduction in vacancies from 2010/11 benchmark. Year on year reduction in agency spend as a percentage of total pay bill from 2010/11 benchmark.	Continuing reduction in vacancy levels March 2014 The agency spend increased further in 13/14 despite the reduction in vacancy levels and no increase in sickness absence. This increase mainly related to doctors agency usage in hard to fill areas and was associated with additional unplanned activity in year. It is an area for significant focus and attention in 14/15 for the Divisions.
People	Improving skills	Year one focus will be on performance management Develop more appropriate approach to coaching within the organisation Implement new leadership competency model. Enhancing team working through team based training	Improvement in organisational operational and strategic performance year on year	Appraisal rates have stabilised during 13/14 and there was no change in the quality of appraisal indicator. In year a lot of work was undertaken to align appraisal to the new organisational values and for staff on agenda for change terms and conditions this appraisal is now linked to incremental progression.
People	Effective management of core staff establishment. Support workforce efficiency programme.	Reduction of premium costs of both agency staff and employees by reducing the average cost per wte. Work with Divisions to reduce the establishment and workforce through natural wastage.	Year on year 5% efficiencies on staff costs Zero redundancy costs Workforce efficiency programme delivers required drop of 297	This measure was affected by the increased usage of high cost agency doctors in 14/15 Workforce plan submitted to Monitor in 13/14 has again been impacted by in year activity changes. Assumptions, in regard to whole time equivalent

		Review of specialist nursing roles and development of Band 4 associate practitioner roles. Improve back office efficiency through use of new technologies and other initiatives. Move to a three sessions and six day week for some staff	budgeted wte in 2011/12 (based on expected activity drop & consequent cost reduction deriving a wte based on Trust average salary). A further 300 wte drop planned for 2012/13 and 2013/14.	reductions, when this strategy was developed, are not being borne out by the demand for services the Trust is currently facing. The clinical strategy implementation group will take forward work on the future workforce to develop planning and modeling around these future requirements in 14/15.
People	To ensure effective utilisation of technology to improve efficiency and productivity. Increase in quality, patient flow and patient outcomes.	Voice recognition, Audio visual comms reducing travel costs, e-rostering project, observation and decision support IT and Electronic Discharge Notices.	As above. Reduced LOS. Improvement in Patient Safety and Quality outcomes.	Introduction of new technology and systems such as VitalPac, EDN, text messaging, WinDip is well underway.
Delivering the We Care Culture	Organisational Development Strategy in place.	OD strategy and plan approved by Board in Apr 2011 Business Case to support the strategy and plan approved by the executive team by April 2011. Deliver key milestones and activities in the Organisational Development (OD) plan.	Strategy and Plan approved. Business Case funding approved and additional resources secured. Plan implemented in key phases over next 5 years and success measured in accordance with the strategy and plan as well as overall organisational performance.	Strategy and plan reviewed at OD Programme Board and closed down when the work was incorporated into the Quality Strategy in April 2012.

Delivering the We Care Culture	Moving the Board to high performance	Identifying external partner to work with the Senior Team on development and leadership Board to re-consider Trust's Mission, Vision and Values.	As above	Executive team undertook work on team development in year. Board agreed new values as part of the work on We Care in January 2014.
Delivering the We Care Culture	Support the implementation of the new Divisional Structure. Improving services through improved leadership and management.	Implement of structure from 1st April 2011. Testing and finalisation of the Operational Framework for the organisation (by Finance, Strategic Development and the Divisions)	Staff Survey improvements in perception of leaders and understanding of message	Staff survey results continue to show no change in perception of senior leaders and communication in the organisation. The Board has agreed to make engagement a key area for action in 14/15.
Developing the Human Resources and Occupational Health Service	Ensuring excellence and value for money, contributing to back office review	Benchmarking of services across public and private sectors. Working with partners to develop a shared service approach for each back office function Develop internal SLA arrangements with new Divisions.	Year on year increase in contribution to EBITDA from these services.	OH EBITDA has improved from position in 2011 for contracted services.

APPENDIX TWO – ORGANISATIONAL WORKFORCE PLAN 2014 /15

1 Highlights of progress from last year

The numbers in the workforce has reduced marginally last year, approximately 85 WTE, though this has included changes due to TUPE in year, including patient services and cancer network. Agency expenditure was much higher than planned in year which is partly explained by increased unplanned activity and the continuing difficulty the organisation faces with vacancies in Deanery filled doctors in training posts. In the main the unit cost of agency usage is managed effectively, however premium rates were paid for difficult to recruit posts and locum cover in certain specialities. Overseas recruitment of nurses was undertaken to alleviate winter pressures and was successful in placing up to 30 nurses. In addition work with the Trust's nursing bank provider resulted in 13 Portuguese registered nurses commencing nursing bank work in February 2014.

A revised talent management approach has been developed with Canterbury Christ Church University and has been designed and implemented in year to support a more robust succession plan for key posts within the Trust, particularly at divisional director level.

2 Plan for 2014/15

This year activity, income and quality investment assumptions, suggest that the workforce will increase slightly. This is mainly due to an increase in nursing establishment recommended following a ward based nurse staffing review using the AUKUH (Association of UK University Hospitals) and Hurst models. Funding was agreed by the Board to increase the establishment from April 2014. A significant increase in staffing is planned for in Quarter two as a result of the creation of the Kent Pathology Partnership, which EKHUFT will be and hosting, with approx. 270 WTE employees transferring into the organisation.

The turnover rate has risen slightly in 13/14 and at an average of 11% means that approx. 500 WTE employees leave the Trust per annum. This organisational turnover allows us to flex the workforce in year, should the situation change unexpectedly. There is an acknowledged over reliance on agency middle grade doctors in acute medicine, A&E and other specialties that will, in time, be alleviated through the creation of alternative roles and skill mix reviews. This work has been made more pressing by the continued reduction of availability of middle grade doctors nationally. We are working with Health Education England – Kent, Surrey & Sussex (HEE KSS) and local health education institutions (HEIs) to develop a Physician Assistant role to support the delivery of care in these areas.

Aspects of the Clinical Strategy are being progressed, including the outpatients review which has been publicly consulted on. Overall the workforce impact of the outpatient review is not expected to appear in workforce headcount numbers. Instead it is expected that the workforce will be delivering services in different ways, the details of this work will become clearer during the 14/15. The aspects of the clinical strategy that considers planned care, emergency care and trauma are still being consulted on with input from the Royal College of Surgeons around surgical options and their appropriate clinical adjacencies. The Board has identified an interim solution to mitigate risk for high risk emergency GI surgery but at the time of writing this plan the full impact of this is unknown. This work is driven by the need to ensure the sustainability of services by delivering a sustainable consultant delivered service through reconfiguration and changes to working practises.

Workforce pressures in the delivery of emergency care reflect national trends and are part of the consideration of the Clinical Strategy, though progress has been made in the creation and recruitment to new nursing roles to help improve care to patients and alleviate pressures in some areas.

The fill rate for bank nursing provided by NHSP has fallen in year despite working with them to implement an in-year programme to recruit 30 overseas registered nurses to support this shortfall. This exercise has been repeated (with a further 25 nurses identified from Italy as part of a planned

recruitment exercise with NHSP in May 2014) but the Centre for Workforce Intelligence is predicting a national and potential worldwide shortage of registered nurses beyond 2016 which will require us to critically evaluate our offering to attract and retain overseas nurses.

This year a post implementation review of the Administrative and Clerical (A&C) job roles review will be undertaken to assess the realisation of benefits. The exercise was undertaken to maximise the benefits of the use of new technology and team-working, with a significant change in the skills mix. Junior doctor's bandings are also continually reviewed, especially within the Surgical Division, to ensure value for money.

Activity to reduce sickness absence to the target of 3% by 2014, from the current target of 3.3% is on-going though progress is variable across the Trust with the overall trend increasing. This will need to be an area for particular focus in 14/15 with work on health and well being, focus on stress management and personal resilience particularly reflected in the annual workplan.

As part of the Quality Strategy, in particular Goals 1 and 4, and the achievement of annual objective AO7, a comprehensive staff engagement programme was developed in year. Work is on-going in rolling out the Aston Team Working Model and ensuring the values and behaviours identified by the 'We Care' Programme and endorsed by the Board in January 2014 are embedded in supporting employee policies and practises including values based recruitment and assessment of performance. A clinical leadership development programme for doctors, nurses and allied health professionals based on the, internally developed, shared purpose framework competencies is continuing its roll out and the Trust continues to take advantage of the leadership programmes provided by the NHS Leadership Academy.

A partnership approach facilitated by ACAS between the organisation and Trade Union representatives in 2012/13 has evolved into joint events looking at how the Trust can be sustainable in the current economic climate and is helping to improve formal engagement. This methodology has resulted in 6 staff being trained as facilitators with the hope that more will be trained to run events with staff in 2014/15. The workforce plans for both 2014/15 and 2015/16 are dominated by the Trust's savings requirement. Over 60% of the Trust's operating costs are spent on staffing which means that a significant element of the circa £30m savings will be required from the workforce if the Trust is to meet its overall savings requirement.

Despite the additional posts resulting from TUPE and investment via business cases, on-going efficiency in the underlying trend in workforce numbers needs to be made in order to make the care we provide affordable. Skill mix reviews intending to reduce the unit cost of staff may well result in the WTE increasing but the pay bill reducing. This will certainly be the case as the use of apprentices and associate practitioners increases. Given the turnover mentioned previously it will be possible for the Trust to take all reasonable steps to avoid redundancies. In addition a reduction in the use of high cost temporary staff will ensure that the level of staff reductions will remain within the 500 turnover level for each year of the plan.

The workforce plan analysis of workforce numbers is shown overpage. This is the same return that is submitted to Monitor and includes the in year business cases for which account have been made in the pay budgets. The known TUPE transfer of KPP in Q2 of 2014 is accounted for in these figures and is evident form the marked increase.

Analysis of Workforce Numbers

	Out-turn 31/3/14	Plan Q1	Plan Q2	Plan Q3	Plan Q4
	WTEs	WTEs	WTEs	WTEs	WTEs
Clinical Staff					
Consultants (not locums)	347.310	345.3	363.3	363.3	363.3
Locum Consultants	52.200	46.2	46.2	45.2	45.2
Consultants (Total)	**399.5**	**391.5**	**409.5**	**408.5**	**408.5**
Junior Medical - career grade	123.580	123.6	123.6	123.6	123.6
Junior Medical - trainee grade	394.810	394.8	403.0	403.0	403.0
Junior Medical - Other					
Junior Medical (total)	**518.4**	**518.4**	**526.6**	**526.6**	**526.6**
Registered Nurses	1,947.420	1,955.6	1,955.6	1,955.6	1,955.6
Registered Midwives	233.510	233.5	243.5	248.5	248.5
Registered Health Visitors	0.000				
Other Nurses, Midwives	0.000				
Nurses and Midwives (incl Bank)	**2,180.9**	**2,189.1**	**2,199.1**	**2,204.1**	**2,204.1**
Allied Health Professional	428.690	428.7	428.7	428.7	428.7
Sci, Tec & Ther	136.670	136.7	146.7	146.7	146.7
Health Care Scientists	416.100	416.1	528.1	528.1	528.1
Sci, Tech & Ther (total incl bank)	**981.5**	**981.5**	**1,103.5**	**1,103.5**	**1,103.5**
Nurses and Midwives - agency	25.100	20.0	15.0	10.0	10.0
Sci, Tech & Ther - agency	3.000	3.0	3.0	3.0	3.0
Healthcare assistants etc	1,131.120	1,131.1	1,254.6	1,254.6	1,254.6
Ambulance paramedics	0.000				
Social care staff	0.000				
Other clinical	0.000				
	5,239.5	**5,234.6**	**5,511.3**	**5,510.3**	**5,510.3**
Non-clinical staff					
Admin & Clerical	1,479.750	1,479.8	1,480.8	1,480.8	1,480.8
Executives	6.000	6.0	6.0	6.0	6.0
Chair & NEDs	8.000	8.0	8.0	8.0	8.0
Agency & Contract	51.000	51.0	51.0	51.0	51.0
Other non-clinical staff	82.500	82.5	82.5	82.5	82.5
	1,627.3	**1,627.3**	**1,628.3**	**1,628.3**	**1,628.3**
Total WTE	**6,866.8**	**6,861.9**	**7,139.6**	**7,138.6**	**7,138.6**

Workforce KPIs					
Staff turnover	11.2%	11.0%	11.0%	11.0%	11.0%
Staff sickness rates (long term rate)	2.0%	2.0%	1.9%	1.8%	1.7%
Staff sickness rates (short term rate)	1.8%	1.6%	1.4%	1.3%	1.3%
Staff sickness rates (overall rate)	3.7%	3.5%	3.3%	3.1%	3.0%
Percentage of vacancies	5.8%	6.0%	6.0%	6.0%	6.0%
% of staff appraisals in last 12 months	78.0%	85.0%	85.0%	85.0%	85.0%

There is significant potential for the plans to change in year with benchmarking of back office services, commissioning intentions in regard to market testing and AQP unclear in some areas and the patient administration review and the outputs of the outpatients strategy not factored into the information.

4 Divisional plans

Each of the Trust's Divisions have developed workforce plans to support the business, CIP and activity plans for the year. A summary of the issues identified is shown for each of the four clinical divisions below:-

Clinical Support Services

The shortage of sonographers continues to be addressed and is being closely monitored to ensure that we keep the right number of trainee and qualified staff in place to support the anticipated activity levels. The AQP process has not reduced demand on services, and we are looking at ways of ensuring effective service delivery with the continuing challenge.

The Pharmacy workforce has undergone a substantial review during 2013/14 to ensure continuing improvements in patient safety, quality and support of national guidelines in medicine management and reconciliation. This continues to be implemented in year and includes a robust on-call system, weekend working and rotational/cross site working.

Therapies have standardised appointment slots across the Trust and have substantially increased capacity as a result. A business case is currently being produced to implement 7 day working to support the Divisions in discharge and reducing length of stay.

The Outpatients Clinical Strategy has gone to public consultation and will be implemented in year, this is expected to impact how people work but will not have a significant impact on numbers of staff employed.

The Division remains focused on workforce innovation, currently, there are 15 apprentices across Outpatient Services (appointments, health records and reception) and within Laboratory Medicine. Outpatient nursing is starting 5 apprentices in the first quarter with a view to increasing the umbers after reviewing how this cohort works..

The creation of the Kent Pathology Partnership will be a major programme of activity for the Division the year. This will involve review of structures and roles across services on all sites.

Specialist Services

In Acute Paediatrics, work continues to establish emergency paediatric services, with the establishment of paediatric assessment centres. A fourth neonatal consultant (as part of transitional care funding) will start work in the Trust in May 2014 and the Neonatal Outreach service business case will be progressed in order to return NICU babies to their home sooner. In Paediatric Dermatology there will be a review of pathways with the intention of repatriating children currently referred to London for eczema

Demand for the community paediatrics service has increased by over 200% which has increased the workload for Medical Advisors and the associated secretarial support. We therefore intend to increase capacity of Adoption Medical Advisors. The commissioners have recognised this increased activity and the need for additional workforce to support it and they have produced a business case (to be approved) to support this additional work.

Over the past few years a number of commissioning plans relating to Dermatological services have been implemented across east Kent. Some pathways are now based outside of the acute sector; whilst many continue to be provided by secondary care. Whilst changes

to pathways have introduced new providers to the market GPs have reported a lack of clarity over which services they should be referring to, and see dermatological services as being fragmented. A task and finish group which includes representation from service users, commissioners, GPs, GPwSI (Including Surgery in Primary Care) community and secondary providers has been established to review current service provision and support the development of the integrated model.

There is continued marked growth in the renal transplant programme linked with the repatriation of patients following discharge from Guys Hospital. The growth is currently 50 patients a year with activity at 520 patients per year at present. As a result the projection of growth is currently being mapped over the next five years to look at new ways of nurse led working in transplant to predict the requirement of additional nursing posts over this period. A detailed plan is expected in May 2014.

As part of their initial commissioning intentions the commissioners have stated their intention to remove the £700K investment in maternity workforce in East Kent. This funding was allocated to the trust in the last 24 months following a public consultation about the provision of maternity services and to enable us to meet the midwife/birth ratio as laid out in 'birth rate plus'. This investment has allowed the trust to open the Midwifery Led Unit (MLU) at QEQMH. The Trust is strongly resisting the proposal to remove funding, which would result in closure of the MLU and would be against the outcomes of the public consultation. There was a significant challenge in 2013 /14 due to an unexpected fall in births. The maternity service responded to this and to the change in funding arrangements in 2013 by managing the midwifery vacancies to maintain a woman to midwife ratio of 1:28. Birth rates are now showing a steady increase in line with previous trends and vacancies are currently being recruited to.

Urgent Care and Long Term Conditions

The workforce priorities in UCLTC Division include the implementation of the proposed Emergency Department Consultant led model of care for the Emergency Floor, as part of the Trust's Clinical Strategy, and to support the interim Trauma Unit at WHH. The workforce model supports the reduction of the reliance on middle grade doctors and includes the development of extended non-medical practitioners such as Nurse Consultants and physician assistants. This is a 7-10 year strategy aimed at reducing the middle grade workforce by 25%. Programmes are being developed to support the development of acute middle grade doctors through to acute consultant and will be starting in quarter two this year. It is envisaged that this will be the start of a different approach to recruiting and developing middle grade doctors to create the consultants of the future.

A full review of consultant posts is being undertaken across the Division to consider the need to provide 7 day on site consultant working and supporting the interim plans for changes to emergency high risk Gastrointestinal (GI) surgery.

Work is being undertaken with the Deanery to improve the junior doctor rotations and experience in Canterbury.

The Division will develop a recruitment and retention strategy for high volume recruitment in the nursing and medical workforce in 2014/15. This will support the delivery of workforce efficiencies and the achievement of the Divisional savings targets including reduction in the usage of temporary and agency staff.

Surgical Services

Implementing the interim solution for high risk emergency GI surgery is a priority for the Division as well as considering the broader clinical strategy and delivering sustainable surgical services.

The development and implementation of the physician assistant is on-going within the Division as part of the skill mix changes. Work will continue throughout 2014 to achieve all Clinical Strategy actions and to deliver the level II Trauma Centre at WHH. The priorities for the Clinical Strategy will be delivering the Royal College of Surgeons recommendations and in working with theatres to change working patterns to meet service needs.

The clinical leadership structure is being refreshed with new clinical leads being appointed and the creation of 2 deputy medical director posts.

To support commissioning intentions and increasing demand work will be undertaken in year with trauma and orthopaedicas and in outpatients ophthalmology. A working group has been set up to agree the work plan for these specialties.

5 Cost Improvement Programmes

2014/15 Workforce Efficiency Programme

The significant level of efficiency savings required by the Trust over the coming years requires comprehensive and robust plans that assure delivery. As such, the Trust has adopted a strategic approach to finding savings by establishing a workforce efficiency scheme with a target for £5m savings in 14/15 This work is being led by the Director of Human Resources & Corporate Services and the schemes are focused on improving financial efficiency through a reduction in unit labour costs across the Trust. The schemes cover a number of areas including:-

- review of terms and conditions,
- use of salary sacrifice,
- review of expenses,
- reducing agency costs and
- general usage of temporary staff

6 Vacancies and recruitment hotspots

The vacancy rate did fall as expected at the beginning of last year but then stabilised and then increased slightly in line with the funded establishment. The average vacancy rate for last year was 5.9%. Where Divisions are higher than this it is because they are holding vacancies pending significant reorganisations, e.g Strategic Development.

MEDICAL STAFF

Doctors in training - The Trust continues to experience difficulties across most specialties in recruiting doctors. Work is on-going with the Deanery to try and mitigate this. We are currently in detailed dialogue with the Deanery about support provided to trainees and the scope of some of scope and type of rotations on offer.

Specialty Doctors – There are significant areas of shortages in A&E, Paediatrics & HCOOP. Whilst recruitment solutions are being sought the mid to long term plan continues to be the re-profiling of the workforce through role re-design in order to be able to deliver an appropriate service with suitable qualified professionals that are available in the employment market. This will include the development of extended nurse roles and providing a consultant delivered service, using the budget for the current difficult to fill speciality doctor vacancies. CMB have been engaged in discussing and agreeing an approach to develop new roles.

NURSING STAFF
Palliative care nurses are in short supply within the region, particularly for QEQM but work is being undertaken to address this potential by creating rotational posts and working with the Hospice. The Trust continues to do well in supporting the preceptorship of nurses and benefits from the continuing practise of having two graduating cohorts per year available locally (a practise that has ceased in a number of other regions).

SONOGRAPHERS
There is a national shortage of sonographers, the Clinical Support Division is implementing an action plan to address this and have a number of people in training to manage the shortfall. This plan has been in place for a number of years and is alleviating the situation, thought the need is on-going.

7 Succession and contingency planning

The Department of Leadership and Management at Canterbury Christ Church University Business School has implementing our agreed approach to talent management for the development of a talent pool for Divisional Director posts. We have a small cohort of suitable applicants who are going through the development process and as are hopeful a pipeline for Divisional Director post is being created. Within Divisions key posts are being considered and succession plans developed where there are specific gaps.

8 Workforce Diversity, including age range, ethnicity and gender

A full analysis of the diversity data has been conducted to the end of December 2013 and was reported to the Board in February 2014.

Key issues identified were the underrepresentation of females above band 8, the amount of sickness taken by gender and race and the ethnicity of clinical leads when compared to the overall clinical body. The HR team will be working with the Equalities lead to support any actions and these will be agreed and monitored via the Equality & Engagement Governance Group.

9 Training priorities

EKHUFT is working closely with HE–KSS to ensure that training and commissioning intentions are understood and that the Trust maintains a critical mass of doctors, nurses and other clinical staff. We are fully supportive of the Skills Development Strategy and other key documents they have produced with our input.

The focus for L&D is supporting CQUINS and the HE-KSS skills development strategy e.g. dementia, maintaining mentorship training for newly qualified professionals, embedding the We Care values and encouraging engagement with staff in bringing them to life. On-going leadership and management training for all staff groups encouraging multi-disciplinary learning for both clinical and non-clinical skills. A review of role specific essential training is also needs to be implemented.

10 Related documents

Detailed plans for the delivery of Trust wide as well as specific initiatives are outlined in Divisional plans and monitored either through the CIP programme office, Divisional reviews or the Executive performance review process. Documents that should be read in conjunction with this workforce plan are: Quality Strategy, Workforce Strategy and associated HR workplan, Workforce Assurance framework, Divisional Workforce plans and profession specific strategies.

APPENDIX THREE – STAFF SURVEY KEY PRIORITIES 2014/15

This table covers all areas identified as negative findings in the Department of Health's report on the NHS National Staff Survey 2013.

Kay areas relating to engagement have been identified for specific / focused action in 2014/15 and these areas are shown shaded red.

STAFF SURVEY KEY FINDINGS 2012	RESULTS				WORKFORCE STRATEGY PROGRAMMES				MEASURE/ IMPACT
	10	**11**	**12**	**13**	**1**	**2**	**3**	**4**	
Overall staff engagement score	**3.60**	**3.60**	**3.60**	**3.63**					Improvements in friends and family test scores in year, activities by Board to address engagement delivered reflected in improvements in annual survey scores
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	**69%**	**71%**	**78%**	**75%**					Measured through friends and family test in year, delivering the We Care programme, with reflected improvements in annual survey scores
KF3. Work pressure felt by staff	**!** [11]	**!**	**3.09**	**3.16**					Measured via sickness absence, reasons for referral to OH and employee assistance programme. Improvements in rostered measures also reflected in annual survey results.
KF4. Effective team working (scale 1 (poor) to 5 (high))	**3.65**	**3.71**	**3.67**	**3.72**					Improvement in staff survey performance in period 2013-2015. There has been some improvement in Specialist Services, Surgical Services and Urgent Care. Areas for action in 14/15 include Clinical Support and Strategic Development

[11] Because of changes to the format of the survey questions it is not possible to provide comparison scores

STAFF SURVEY KEY FINDINGS 2012	RESULTS				WORKFORCE STRATEGY PROGRAMMES				MEASURE/ IMPACT
	10	**11**	**12**	**13**	**1**	**2**	**3**	**4**	
KF5. % working extra hours	**68%**	**60%**	**70%**	**73%**					Improvement in rostering efficiency measures in 14/15 reflected in future staff survey results
KF11. % suffering work related stress in last 12 months	**26%**	**27%**	**39%**	**44%**					Health and wellbeing plans implemented, including support for staff on personal resilience and cultural change to ensure staff are supported by colleagues. Expect improvements in this score in the central and corporate functions and admin & clerical professional groups who report higher scores.
KF12. % saying hand washing materials are always available	**67%**	**64%**	**53%**	**49%**					Improvement in access to hand washing materials for staff in Corporate and Clinical Support areas.
KF13. % witnessing potentially harmful errors, near misses or incidents in the last month	**29%**	**32%**	**34%**	**38%**					Datix incidents reporting continues to show improvements in levels of reporting and action / follow up reflected in national survey trend data.
KF16. % experiencing physical violence from patients, relatives or the public in last 12 months	**!**	**!**	**14%**	**16%**					Improvement in DATIX reporting, actions implemented that are identified as part of the Health and Safety Committee's work on violence and aggression.
KF18: Staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 mths	**!**	**!**	**33%**	**33%**					Linked to the work on stress and personal resilience identified under KF 11 and the Health and Wellbeing plans.

STAFF SURVEY KEY FINDINGS 2012	RESULTS				WORKFORCE STRATEGY PROGRAMMES				MEASURE/ IMPACT
	10	**11**	**12**	**13**	**1**	**2**	**3**	**4**	
KF19: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 mths	**!**	**!**	**28%**	**31%**					Linked to the work on stress and personal resilience identified under KF 11 and the Health and Wellbeing plans.
KF20. % feeling pressure in last 3 months to attend work when feeling unwell	**24%**	**23%**	**32%**	**34%**					Further take up of “Take 5” initiative and implementation of Health and Wellbeing plans. This is a particular issue for where improvement will need to take place.
KF21. % reporting good communication between senior management and staff	**!**	**!**	**24%**	**26%**					Results were lowest for admin & clerical, therapeutic, scientific & technical staff and doctors. Consideration to be given to focusing communication and engagement activities to communities of staff. Expect continuous improvement in staff survey results from 13-15.
KF22. Staff ability to contribute towards improvements at work	**58%**	**60%**	**62%**	**60%**					Improvements in Staff Survey results expected in all areas from 13 -15.
KF23. Staff Job Satisfaction	**3.49**	**3.48**	**3.54**	**3.51**					Levels of staff satisfaction are lowest in Strategic Development and amongst healthcare assistants.
KF24. Staff recommendation of the Trust as a place to work or receive treatment	**3.50**	**3.53**	**3.47**	**3.54**					Continuing improvement in results across all areas with a particular focus on clinical support services.

STAFF SURVEY KEY FINDINGS 2012	RESULTS				WORKFORCE STRATEGY PROGRAMMES				MEASURE/ IMPACT
	10	**11**	**12**	**13**	**1**	**2**	**3**	**4**	
KF25. Staff motivation at work *(extent to which they look forward to going to work, & are enthusiastic about & absorbed in their jobs scored on scale 1poor – 5 high)*	**3.78**	**3.77**	**3.79**	**3.83**					Continuing improvement in results across all areas with a particular focus on supporting healthcare assistants.
KF27. % believing the Trust provides equal opportunities for career progression or promotion	**93%**	**90%**	**86%**	**87%**					Continuing improvement in results across all areas.

APPENDIX FOUR - WORKPLAN 2014/15

Action	Programme	Lead	Deadline	Measure
Develop and sustain the Take 5 health and wellbeing programme for staff across the Trust. Increase visibility and sustainability of the Take 5 brand to include provision of “Take 5 plus” – a programme of ongoing support for staff with lifestyle and health improvements		Head of OH	Review by Sept 2014 with roll out from October 2014	Communications plan in place with evidence of increased awareness via uptake rates by March 2015.
Broaden the opportunities for staff to access health and wellbeing support through a range of innovative options. Implement the findings of the wellbeing staff survey to include provision of staff wellbeing classes and work based choirs.		Head of OH	Programme in place by August 2014	Evaluation of uptake of classes on a 3 month rolling review and outcomes of research conducted in partnership with Canterbury Christ Church University on outcomes linked to the benefits of singing
Promoting positive mental health through a programme of personal resilience training for all staff. Supporting staff to recognise and manage personal stressors		Head of OH	July 2014	Uptake of training and future improvement in staff survey scores.

Action	Programme	Lead	Deadline	Measure
Improving absence programme – collaborative work between OH/ HR and Trade union reps with a focus on dignity at work issues in year one.		Head of OH	October 2014	Implementation of a supported pathway for staff informally reporting alleged bullying and harassment. Monitoring of uptake levels of this service with feedback from users of the service and information on progression to formal management processes.
Implement improved approach to internal recruitment		Head of CHR	Autumn 2014	Options paper to go to Staff Committee and Trust strategy group for discussion and approval. Changes to recruitment process implemented.
Support TUPE and organisational change processes relating to the creation of the Kent Pathology Partnership		Head of CHR	September 2015	TUPE transfer completed with new structure in place.
Development of new roles in HR – appointment to HR graduate internships via job centre plus and recruitment to locally appointed HR graduate trainee		Head of HR	September 2014	New roles in place, improvement in staff survey scores in HR in regard to support for development and training.

Action	Programme	Lead	Deadline	Measure
Recommend and implement an approach to the use of mediation in the Trust		Head of CHR	July 2014	Paper presented to CPMT for approval and implementation of use of external mediation support in the organisation.
Review HR policies, toolkits, training and other materials to reflect We Care tone of voice.		Director of HR	March 2015	Programme of review to be developed in priority order for action and progress monitored via Senior team.
Annual report on the evaluation of training and development – initially focused on leadership programmes		Head of L&BP	June 2014 March 2015	Report produced on 2013/14 with recommendations Report produced for Education and Steering group from 2014/15
Embed the We Care tone of voice and ethos into all the learning and development team products, guidance packs, correspondence and customer communications.		Head of L&BP	Planned roll out 04/15 to end of 01/04/16	Products updated and incorporate values, behaviours and those and brand.

Action	Programme	Lead	Deadline	Measure
Review the talent pipeline for service and operations managers across the Divisions to maximize the potential of those in that role and in “feeder roles”		Head of L&BP	September 2014	Cross divisional work with the HR business partners leading to clear plan identifying future talent
Review the management of apprentices and work experience in the organisation to identify a more effective structure to support increasing numbers of apprentices and support to work experience students		Head of L&BP	September 2015	Proposal taken to Education and Training Steering group for approval with agreed roll out plan to be monitored
Undertake a review of all services as part of the Back Office review group		Head of HR	January 2015	Initial review by September 2014 with options appraisal for Back office review group prepared for January 2015.
A competency based approach using Job Description & person specification requirements together with scenario questioning aligned with the Trust We Care values to be in use for all staff groups during the recruitment process.		Head of ES	September 2014	Roll out of competency documents to Line managers as they initiate recruitment activity from Q3.
Complete a review of NHS Jobs 2 functionality and make recommendations for future use of ATS and NHS Jobs 2		Head of ES	June 2014	Report received with recommendations on next steps and planned roll-out associated.

Action	Programme	Lead	Deadline	Measure
Implementation of e-expenses software system and workflow technology for HR transactional processes		Head of ES	Sept 2014 Workflow (Dec 2014)	Software piloted in July 2014 will roll-out to the organisation from Sept 2014 delivering savings. Removal of paper from a number of HR transactional processes
Support finance with back office review of payroll services and subsequent plans		Head of ES	October 2014	Successful migration of payroll services with savings for the organisation delivered. Resource required from HR to support Finance subject to negotiation and agreement.
Produce report on Clinical Activity Management system following pilot and subject to approval roll-out to medical teams		Head of ES	June 2015	Report produced for consideration by the Medical Director and Clinical Management Board.

Action	Programme	Lead	Deadline	Measure
Provide self service access to staff for ESR		Head of ES	September 2014	Staff have access to update their biographical data. Staff have access to their Total Reward Statement via ESR.
Work with Comms to develop trust LinkedIn website for use in recruitment and for other purposes. Career website content reviewed and updated.		Head of ES	October 2014	Onboarding of new recruits is in line with the We Care values and brand to reflect all other aspects of employee life cycle. LinkedIn to deliver recruits for hard to fill roles.
Implement a values based assessment tool to improve selection of candidates through the recruitment process. This work as part of a pilot with NHS employers and Health Education England		Head of ES	October 2014	Values based recruitment tool in place and piloted for particular roles and plan in place for full assessment and role out - subject to timelines of the national project
Work with Job Centre Plus to develop a sector based work academy initiative.		Head of ES	Review Sept 2014 Plans in place Jan 2015	Successful scheme in place with Job Centre plus to support young people and others accessing employment at the Trust

INTERNAL COMMUNICATIONS PLAN 2014/15

Key messages / campaigns

Strategic narrative – where the organisation has been, where it is today and where it is heading for the future.

Content to focus heavily on patient care/quality to ensure there is no perceived discrepancy between caring values and focus on efficiencies/targets in corporate communications. Raising concerns should also feature heavily in our strategic narrative as an encouraged behaviour.

Our organisational values should be included with every communication and used as a reference point for explaining decisions.

Content should also include the nature and scale of the challenge we are facing – staff need to fully understand the pressures we are under and the context in which they operate.

Engaging managers – line managers who are clear what success looks like, gives staff scope to achieve, who coach regularly, who acknowledge good behaviour and address dysfunctional behaviour.

Listen – making sure staff are informed, are involved in relevant decisions and have a voice.

Work will include an 'it's OK to talk' campaign to boost employee and manager use of the organisation's social media tools (including the internal Yammer channel).

Acting on values – no gap between what the organisations says it values and what it (and its managers) actually does/do. Our values should be the focus of staff award and recognition schemes.

Action	Programme	Lead	Deadline	Measure
Improve dialogue between senior managers and staff by:- Feedback after Chief Executive's forum and other listening events to all staff via Trust News		Dir of Comms	In place for 17 July forum	Improvements in annual NHS staff survey engagement scores and Friends and Family test scores

Feedback to all staff on actions from key issues, e.g. staff survey results, regularly IC social media campaign – focus on Yammer for ideas and views – Trust news article monthly			quarterly feedback from June 2014 quarterly social media campaign from July 2014	
Develop a comms resource pack for new starters		Dir of Comms, Dir of HR	August 2014	Improvements in annual NHS staff survey engagement scores and Friends and Family test scores
Focusing on the strategic narrative:- Involve staff in the development of the annual plan and communicate the plan with quarterly updates We Care values to be used in all communications Direct CEO message monthly to incorporate “wider” NHS environment and focus on quality. Focus on quality and values in Chief Executive’s forum agenda and team brief		Dir of Comms	From June 2014 Ongoing Monthly from June 2014 In place from July 2014	Improvements in annual NHS staff survey engagement scores and Friends and Family test scores

HR SENIOR TEAM OBJECTIVES 2014/15

Action	Programme	Measures
Provide a positive client experience by:- Reducing bureaucracy and hand offs Effective system & processes Balanced approach to risks Getting it right first time The top 3 areas for review and improvement in 14/15 are – • Resolving expected problems from the implementation of new approach to incremental progression in agenda for change • Improving the new starter process • Resolve organisational difficulties with NLMS		<u>Incremental progression</u> Business case for e-appraisal revised and resubmitted to SIG in May 2014 Briefing for staff and others Improved training process to incorporate values and behaviours role out from April 2014 <u>New Starter process</u> Reduce handoffs between OH, resourcing and hr systems teams. AS IS review to be complete by Summer as part of NHS Jobs 2 v ATS review and decision paper for CPMT. TO BE approach to be implemented as part of role out of NHS JOBS 2 from August 2014. Publicise results broadly within the organisation <u>NLMS resolution</u> Identify options for progressing matter and have paper presented for solution to the organisation by Autumn 2014 with plan to be fully implemented by April 2015
Enhance the reputation of the HR service both within and external to the organisation by:- • Applying for local/ regional and national awards • Identifying and publishing information that supports reputation enhancement • Determine HR's value added services • Promote innovation and ideas generation in the team		Quarterly report via innovation metric on balanced scorecard Monthly Board report produced for Director of HR on important issues for Board to consider Identify key award areas through workplan in May 2014 and apply during the year in accordance with timelines for these awards.

Develop the culture of the wider HR team in line with the We Care values, role modelling good people management practices and be recognised as exemplars in this field. The team will use feedback, reflection and other opportunities to support shared learning both within the senior team and across the department as a whole.	 	Effective delivery will measured via the quarterly FFT and other staff engagement scores for HR. Development of trainee roles and apprenticeships Role out of job-shadowing proposal from HR away day

APPENDIX FIVE - WORKPLAN REVIEW 2013/14

Action	Programme	RAG status	Measure	Comments
Improving recruitment process to support revised organisational values, Francis report recommendations and the We Care programme:- a. Improved usage of NHS Jobs with realistic job preview questions b. Review of all recruitment material used on NHS Jobs and on Trust websites to ensure consistent message c. Revised content to all Job Descriptions issued from September to include values requirements d. Pilot use of other forms of new technology and alternative sources for candidates e. Further schemes in place to support access to work for unemployed and young people in collaboration with Job Centre Plus			Improvements in staff survey results and reduction in performance / disciplinary issues related to new starters and their behaviour (by 2016). This programme supports improvements in the Quality Strategy measures Launch of new material to align to launch of new organizational values Improvements of understanding of applicants and successful candidates of Trust's values and improvements in match.	Recruitment material was redesigned to reflect We Care values and implemented in March 2014. Values requirements included in all job descriptions from March 2014 Discussions with Job Centre Plus ongoing in regard to development of a sector based work academy.
Review of induction process to support Francis recommendations and We Care programme			Revised induction in place, for all staff (including junior doctors) that reflects values and culture. Incorporates duty of candour and raising of concerns etc.	Revised induction in place from March 2014.

Implement review of performance appraisal process to incorporate;- values from We Care programme, findings from Francis Report, feedback from Staff Survey, new arrangements for incremental progression and results of internal audit. Balancing goal setting against behavioural objectives and softer skill areas Alignment of probationary period within the performance appraisal to the above. Undertake review of available electronic platforms for appraisal, including ESR and make recommendations alongside any necessary business case.			Supports improvement in Quality Strategy measures and Staff Survey action plan. Revised performance appraisal process approved Revised probationary period in place Options appraisal paper and Business Case reviewed by October 2013 with plan approved by Strategy Group in January 2014.	Revised appraisal process agreed and implemented from April 2014. Business case for e-appraisal prioritised by executive team in January 2014 leading to a decision not to proceed in 14/15 (unless the software implementation is self-funding).
Implement skills based training around Trust's values for line managers and teams as part of the We Care programme.			Review content of training to align to the launch of Trust's values. Inclusion in We Care programme and support from September 2013.	Training material reviewed in year – annual review of all management and leadership programmes now expected as part of usual business.
Improve roll-out of team based development with Divisional teams this to include an understanding and analysis of effective teams in the organisations and recognition of these teams			This supports improvements in the Quality Strategy measures and Staff survey action plan. Report to Strategy group on proposed approach July 2013 with mandatory roll-out for identified divisional teams from September 2013.	Not all Divisions met their targets for 13/14. Report to strategy group was given which agreed targets but did not agree to making the programme mandatory for service areas.

Implement Health & Wellbeing strategy as agreed by the Health and Wellbeing steering group. To include:- Further development of the “Take 5” initiative Survey staff on health and well-being initiatives they would like the Trust to implement. Further bid to Dragon’s den for funding to support health and wellbeing initiatives Partnership with NHS employers on sickness absence reduction project Personal resilience training for staff Implementation of new counseling and mediation provision.			This programme supports improvement of Quality Strategy measures and Staff Survey action plan. Results of survey shared with health and wellbeing group with prioritised areas for action. Successful bid in place. Launch of project with agreed milestones and deliverables Training launched and available / publicised to staff and managers New system in place and promoted to the workforce.	300 staff participated in Take 5 Health and well-being plan in place for 14/15 and incorporated in the HR workplan for 14/15. Bid was approved Project report published Training for key managers has taken place, roll out to all staff commences in 2014. New contract in place and went live on 2nd January 2014. This is a broader service with additional support for staff and for managers.
Support We Care programme launch in September and roll out of the cultural change programme:- Developing business case to support the approach Run “mini” NHS staff survey via NHS mail accounts online in Summer 2013. We Care marketplace launch for staff benefits in October aligned with staff survey 2013.			This programme will support delivery of measures described in the Quality Strategy Business Case reviewed by the Strategic Improvement Group Staff Survey results published September 2013 with launch Improved take up of and understanding of workplace / employer benefits in staff survey results.	Business case drafted in Autumn 2013 with further work undertaken in February and March 2014. Mini survey undertaken in July 2013 with results published to Divisions – and action plans developed and promoted. We Care Market place in October 2013 followed by We Care rewards website in December 2013.

Quarterly report of progress against organisational workforce plan to CPMT			Reports to CPMT.	Reported to CPMT – further reviews recommended to take place at EPR. However further work is needed to ensure this is discussed robustly at these meetings.
Merger of workforce information and e-rostering teams			Teams are merged	Merger took place in January 2014.

APPENDIX SIX – EQUALITY IMPACT ASSESSMENT

Type of Component (policy, procedure or strategy) **Version:** **Author(s):**	Component: Workforce Strategy and Plan. Version: Five Authors: Jacqui Siggers, Head of Human Resources Date Created: April 2011 Next Review: April 2016
PHASE 1 – Initial Screening for Relevance **Summary of aims** (consider any proposed changes to be made to an existing component**.** Ask why it is needed) **Summary of Objectives and Outcomes**	Aim: The workforce is key to the mission of the organisation to be a top 10 hospital provider in England and the provider of choice in Kent. This strategy and plan are designed to ensure that the workforce is able to support the organisation in meeting its strategic objectives. Objectives: To meet the organisation's six strategic objectives Outcomes: As shown in attached delivery plan and measured through Staff Survey, annual equality workforce review, patient survey and the balanced scorecard at both Trust and Divisional level.
PHASE 2 – Collect Information	Information will be collated annually in the Equalities workforce review
PHASE 3 – Decide if the policy is relevant	A) **COMPONENT HAS RELEVANCE TO EQUALITIES** Annual full impact assessment is monitored through the annual reported results of the Staff Survey and the Annual equalities workforce review and will result in amendments and revisions of the strategy and plan. Director of HR and Corporate Affairs: 30th April 2011