

Reporting to:	Trust Board - 29 January 2015
Title	People Strategy
Sponsoring Director	Victoria Maher, Workforce Director
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Previously considered by	Trust Board, 27 November 2014 Workforce Committee, 12 December 2014
Executive Summary	This paper provides a People Strategy Update.
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	<input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	<input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	<input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input checked="" type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	<input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Board are asked to receive the People Strategy Update

PEOPLE STRATEGY UPDATE

SECTION 1 – BACKGROUND

The organisation's People Strategy is clear about its ambition to be a great place to work. In November 2014 the Board received an overview of progress in year one and approved year two focus.

- Employee Engagement
- Recruitment
- Leadership

In addition the Board asked the Workforce Committee to progress Recruitment, to support this, a Recruitment workshop was held in December. The Workforce Committee agreed that pace was required for Recruitment therefore agreed actions are in progress.

This paper provides the Board with an update of progress in the three areas of focus.

SECTION 2 – EMPLOYEE ENGAGEMENT

We want all our staff to feel engaged but more importantly involved in terms of what is happening within the organisation and how they can make changes that support our patients, staff and the organisation.

A model for engagement has been developed

Figure 1: SaTH Engagement Model



Our plan for engagement has distinct areas of focus however it is important that our staff have the opportunity to shape how each will work, this is critical to ensure successful implementation.

Our plan is based on the following:

At the heart is *our voice*, it will ensure that all staff have the opportunity to provide feedback primarily regarding their employment experience. Staff will be asked to provide feedback which will support the measurement of employee engagement through 3 key themes called **AIM** i) **Advocacy** ii) **Involvement** iii) **Motivation**.

Our voice will also include the Trust's response to the annual staff survey, we will ask our staff to define our focus for the year ahead. Each team and Care group/Corporate area will define their commitments to their staff to make improvements that benefit employment experience, which will shape our priorities as a Trust. This will allow us as a Trust to ensure a more free flowing feedback cycle not only asking for feedback but providing a "we said we did" and making us all accountable for driving cultural change.

It has been acknowledged that in order to influence the many we need to influence the few and our managers are a key element of this. Therefore, by engaging, developing and empowering our line managers, they will create the environment for staff involvement within their teams and consolidate a network of SaTH Engagers.

SaTH Conversations; conversations that support cultural change. The conversations will be driven by the feedback gathered from our voice, which contain the Staff FFT questions, and will also provide our executive and senior management team a sound board to sense check the levels of engagement within the Trust and drive improvement. In addition SaTH conversations will support visibility of the executive and senior management team, which will enhance the Gemba Walks

MAD (make a difference) will support our staff to share their ideas and they will be supported through an innovation fund.

SECTION 3 – RECRUITMENT

The Workforce Committee met and discussed the development of a Recruitment Strategy, taking account of our short, medium and long term requirements.

Options for taking recruitment forward include:

Since the beginning of November 31wte adult nurses have been recruited or have been offered posts and are due to join the Trust within the next two months, which delivers a 2.2% growth in nursing numbers. With our current weekly recruitment campaign and plan to visit the Philippines in early March, this puts the Trust is on a trajectory to reduce the number of vacancies to 50 by March 2016. The Workforce Committee have agreed a number of actions to support recruitment

- Brand Identity
- Flexible employment offers
- Home growing talent
- Attracting candidates nationally and internationally
- Support for Recruiting managers

In terms of Medical Workforce the Board received a report at its meeting in September 2013 that outlined a strategy for developing a better balance to the "four-legged stool" – of staffing, operational delivery, quality and safety, and finance – through greater focus on the recruitment of suitable medical staff.

Emphasis was placed on filling the “gaps” in staffing, reducing reliance on locum doctors – particularly long-term locums – and developing “smarter” ways of recruiting. Four months on, progress has been made on each of these, but more work remains to be done.

a) Appointments

Considerable efforts have been made to recruit substantively-appointed senior medical staff, in order to reduce reliance on locum doctors, for whom agencies charge a premium for placement.

To date, for the financial year 2014 – 15, there have been:

- for Consultants
 - 17 new appointments
 - 11 in the last four months
 - of these, 5 have been into specialities identified as “acute shortage”
- for Speciality Doctors
 - 5 new appointments
 - 1 in the last four months
 - of these, 3 have been into specialities identified as “acute shortage”

b) Locum doctors

Despite increased pressure over winter, over the last four months the pay bill for agency locum doctors has been held at approximately the same level as for 2013-14. This has been the result of:

- the implementation, and monitoring of a robust “check and challenge” system for all short-term locum posts
- largely as a result of the appointments noted above, a reduction in the number of long-term locum posts

It is expected that when the “winter pressures” abate, a reduction in the run rate for medical staffing expenditure will be delivered.

c) Improved recruitment processes

Following a review of how we could improve our performance in this area, there has been progress in improving the recruitment pathway for medical staff, that now presents SaTH as a more attractive employer

- Better advertising
 - posts at SaTH are now advertised in a larger, more colourful, more exciting format
 - SaTH was represented at the BMJ Careers Fair in October 2014, from which came a number of applications and at least one appointment
- “Lean” appointments processes
 - it has been possible to reduce the time from confirmed need to appointment by addressing each step of the process, including – with thanks to non-Executive Directors who serve as the Chairperson – convening panels in a more timely manner
- Smart recruiting
 - one Consultant has been appointed to a medical sub-speciality post with work in Acute Medicine included in their job plan
 - efforts to recruit other Consultants, with similar contracts, are ongoing

- another example of more “nimble” recruiting involved two Consultants who, having been appointed, expressed a preference for working at less than full time, and have been provided a job-share job-plan
- Looking more widely
 - Head-hunting high-calibre candidates and recruiting abroad have not yet proven successful for senior medical staff, but efforts in these areas are continuing.

4. LEADERSHIP

The development of our leaders is crucial to support a positive employment experience and cultural development.

Over the next twelve months the following has been identified for Leadership Development within the organisation

- A further 74 leaders will complete the SaTH Leadership Programme bringing the total to over 100
- Coaching certificate for a further 15 employees raising the trained coaches to 64
- Support for Postgraduate and Master degree programmes
- Master classes to ensure continued learning
- Access to Shropshire and Staffordshire Local Education and Training Council Compassionate Leadership Programme
- A fourth Leadership Conference
- Development of Strength Deployment Inventory (SDI) profiles to support personal development

5. DELIVERY

Delivery of the People Strategy is monitored quarterly at the Workforce Committee; updates will be presented to the Board from the committee.

Victoria Maher, Workforce Director
January 2015