NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	15th March 2018
Paper number	F1

People and Culture Report

For approval:		For assurance:	X	To note:	

Accountable Director	Director of People and Culture		
Presented by	Tina Ricketts	**Author**	Tina Ricketts

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	X
Ensure the Trust is financially viable and makes the best use of resources for our patients	X	Develop and sustain our business	X		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	X	Operational Performance		Quality of Care	
Finance and use of resources	X	Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	R3.1 R3.2 R4.2 R4.3

Level of assurance and trend			
			↑ ↓ →
	Significant		
	Limited	√	
	None		
	Not applicable		

Recommendations	The Board is asked to receive the report which is provided for assurance.

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Date of meeting	15th March 2018
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Executive Summary

The purpose of this report is to provide the Board with an overview of the effectiveness of the Trust's people and culture strategy.

Although approved by the board in November 2017, the Trust formally launched the strategy on 9th February 2018 to coincide with the new Director of People and Culture joining the Trust. Launch events were held at Worcester, Kidderminster and Redditch with over 100 colleagues attending a presentation by the Chief Executive, Freedom to Speak Up Guardian and new director.

An implementation plan has been developed to support the delivery of the strategy and this was reviewed by the People and Culture Committee in January 2018. The committee identified three priorities for improvement and requested that plans be developed by 31st March 2018 to ensure progress is made in the following areas:

- Leadership development
- Staff communications and engagement (with an initial focus on medical engagement)
- Apprenticeship levy plan for 2018/19

Other actions within the implementation plan have been intentionally weighted for the first 9 months of 2018 to ensure good progress is made against the strategy.

The Trust will be embarking on a span of control review during the first quarter of 2018/19. This review will see a reduction in the number of management layers within the Trust and where practical the introduction of generic job titles and job descriptions to ensure consistency of roles and responsibilities.

With regard to current performance, the Trust continues to make progress with regard to medical appraisals, turnover, agency spend and medical staffing vacancies but requires continued focus in these areas to ensure targets are met and performance is maintained.

Whilst some progress has been made with regard to qualified nursing vacancy rates, further work is required to reduce the number of vacancies across the Trust to under 7%. Other areas for improvement are non-medical personal development review (PDR) compliance, up to date job plan compliance and sickness absence.

Issues and Options

People and Culture Strategy

The People and Culture strategy was approved by the Trust board in November 2017 and is supported by an implementation plan. Fifty priority actions have been identified within the plan, which have been split into 9 phases over the period 1st January 2018 to 31st March 2020.

The following table provides a summary of the priority actions that the People and Culture Committee have identified for the first 6 months of 2018.

Date of meeting	15th March 2018
Paper number	F1

Table 1: Summary of people and culture implementation plan

Phase 1: **To be completed by 31st March 2018**	**Phase 2:** **To be completed by 30th June 2018**
• Develop Leadership plan • Develop Staff communications and engagement plan for 2018/19 • Develop apprenticeship levy plan for 2018/19	• Review staff survey methodology • Review experience of candidates and new starters • Develop strategic workforce plan • Complete options appraisal for medical e-rostering system • Develop education, learning and development plan • Complete phase 1 of span of control review • Identify deliverables for HR function • Review terms of reference for equality and diversity committee and priority actions for the Trust • Review the Trust's childcare offer • Develop business case for electronic job planning system for medical staff

Span of control review

The Trust has launched a span of control review as part of its recovery plan. This review will see each division and corporate service directorate reviewing their non-direct patient care structures against a set of agreed principles. These include:

- Budgets being zero based so that structures are developed based on organisational/ service need
- Spans of control being set at a norm of 1:8 (8 direct reports per manager)
- Consistency in job titles
- The introduction of generic job descriptions where appropriate

The review will see a reduction in the number of management layers within the Trust and greater clarity of roles and responsibilities.

Current Performance

The Trust has developed a scorecard to monitor the effectiveness of the strategy and this can be seen in **appendix 1**.

Personal Development Review (PDR) compliance has improved for the medical workforce which has been driven by the requirement for revalidation. However, the Trust has seen a decrease in the compliance for the non-medical workforce to 69% which is of concern. The Trust Leadership Group has been tasked with improving compliance within their areas of responsibility.

The Trust has consistently underperformed with regard to up to date job plans. This not only impacts on the alignment of individual job plans to Trust priorities but also on the ability to set accurate budgets for additional personal activity (PA's). To address this each division

has been asked to submit an action plan to achieve 100% compliance and this has resulted in steady improvement each month.

As reported to Board in January a significant programme of work has been undertaken to improve mandatory training compliance. Of concern is the lack of progress with regard to equality and diversity training, safeguarding (levels 2 & 3), fire, moving and handling (level 2) and infection control (level 2) and this is being addressed through the Trust Leadership Group.

The Trust has seen continued improvement with regard to the overall turnover rate and now performs better than its peer groups at under 11%.

The monthly sickness absence rate has increased to 4.94% for January 2018 which is the highest rate since 2016. A deep dive in to this issue is being undertaken which will be reviewed by the Trust Leadership Group in April 2018.

The reduction in medical vacancy rates has had a positive impact on agency spend and the Trust continues to see an improved position.

Recommendations

The Board is asked to note the report which is provided for assurance.

Appendix: Scorecard

PEOPLE AND CULTURE SCORECARD - AS AT 31 JANUARY 2018

DATA FROM OLM BI/DISCOVERER - run 12 February 2018										
Metric	**Description**	**31/03/2015**	**31/03/2016**	**31/03/2017**	**30/11/2017**	**31/12/2017**	**31/01/2018**	**Target**	**Trend from last month**	**Trendline for 3 years**
Staff In Post (SIP)	**Contracted SIP (FTE)**	5,079.14	5,080.09	5,104.18	5,183.14	5179.21	5051.27	5672.36	-127.94	
Staff FFT - Recommend Trust as a place to Work	2017 Staff Opinion Survey provisional results	58%	51%	48%	50%	50%	50%	60 % QH average	0%	
PDR Compliance	Medical	85%	82%	82%	90%	90%	90%	85%	0%	
	Non Medical	78%	80%	76%	70%	70%	69%	85%	-1%	
Up to date Job Plans	All Medical staff		68%	61%	63%	65%	67%	100%	2%	
	Consultants					69%	71%	100%	2%	
Mandatory Training Compliance	Information Governance	73%	87%	90%	86%	87%	95%	95%	8%	
	Fire	78%	85%	82%	81%	81%	81%	90%	0%	
	Moving & Handling L1	80%	90%	88%	89%	89%	88%	90%	-1%	
	Moving and Handling L2				82%	80%	79%	90%	-1%	
	Safeguarding Children L1	75%	88%	80%	99%	99%	99%	90%	0%	
	Safeguarding Children L2				61%	59%	57%	90%	-2%	
	Safeguarding Children L3				54%	56%	57%	90%	1%	
	Safeguarding Children L4				100%	100%	100%	90%	0%	
	Safeguarding Children L5				100%	100%	100%	90%	0%	
	Safeguarding Adults L1	83%	96%	96%	94%	95%	92%	90%	-3%	
	Safeguarding Adults L2				50%	50%	51%	90%	1%	
	Safeguarding Adults L3				tbc	tbc	tbc	90%		
	Safeguarding Adults L4				100%	100%	100%	90%	0%	
	Safeguarding Adults L5				33%	33%	33%	90%	0%	
	Resuscitation L1				83%	92%	93%	90%	1%	
	Resuscitation L2 Basic Life Support	82%	85%	85%	75%	77%	84%	90%	7%	
	Health & Safety		75%	85%	86%	85%	85%	90%	0%	
	Conflict Resolution		81%	87%	89%	88%	88%	90%	0%	
	Equality & Diversity		74%	69%	70%	68%	68%	90%	0%	
	Infection Control L1	79%	85%	77%	89%	89%	88%	90%	-1%	
	Infection Control L2				68%	68%	67%	90%	-1%	
	Preventing Radicalisation L1				83%	84%	85%	85%	1%	
	Preventing Radicalisation L1				74%	76%	86%	85%	10%	
	Preventing Radicalisation L3 (WRAP)				28%	28%	36%	85%	8%	
	Preventing Radicalisation L4 (WRAP)				100%	100%	100%	85%	0%	
	Preventing Radicalisation L5 (WRAP)				100%	100%	100%	85%	0%	
Turnover		10.42%	12.97%	12.57%	11.16%	11.17%	10.94%	10-12%	-0.23%	
Sickness Absence		4.11%	4.06%	4.06%	4.47%	4.58%	4.94%	3.50%	0.36%	
Vacancy Rate	Medics Overall		16%	20%	18%	16%	15.3%	10%	-0.70%	
	Consultant		11%	15%	13%	12%	12.91%	15%	0.91%	
	Other Medics		20%	24%	21%	19%	17.2%	10%	-1.80%	
	Registered Nursing and Midwifery	2.51%	7.13%	8.38%	8.12%	8.00%	8.25%	7%	0.25%	
	Registered Nursing	2.76%	7.83%	9.97%	9.17%	10.00%	7.48%	7%	-2.52%	
	Registered Midwifery	0.59%	1.66%	-4.16%	-0.25%	-1.00%	1.00%	7%	2.00%	
*Agency as a % of Gross Cost**	All staff groups	7.72%	13.12%	9.36%	8.23%	6.91%	7.14%	7%	0.23%	
*Bank as a % of Gross Cost *	All staff groups	2.59%	3.56%	4.01%	6.85%	7.41%	7.99%	7%	0.58%	

**Vacancy rate is an in month value only*

Gross Pay Costs = Gross Staffing Costs

Registered nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above

Agency as a % of gross pay cost = this is all agency for all staffing types

** No exclusions for sickness, maternity or career break will be taken out from this month forward which will marginally reduce compliance by around 0.2%*

KEY:

TARGET MET

WITHIN 3% OF TARGET

QH - Quality Health, the company that analyses the results

Date of meeting	15 March 2018
Paper number	F2

Staff Survey 2017 - results

For approval:		For assurance:		To note:	x

Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts, Director of People and Culture	**Author**	Tina Ricketts, Director of People and Culture

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance		Quality of Care	
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y/N	BAF number(s)	

Level of assurance and trend				
		√	↑ ↓ →	
	Significant			
	Moderate			
	Limited			
	None			
	Not applicable	x		

Recommendations	The Trust Board is requested to note the results of the Staff Survey and that the People and Culture Committee will be discussing the results in detail at its meeting on 19 March.

Date of meeting	15 March 2018
Paper number	F2

Executive Summary

The NHS staff survey results for 2017 were issued this month and will be considered by the People and Culture Committee at its meeting on 19th March 2018. Whilst the Trust remains in the bottom quartile for the national staff survey results, the Trust has seen slight improvement in two thirds of the questions with staff engagement, support from immediate managers, employee health and wellbeing and the fairness and effectiveness of procedures for reporting errors seeing improvement. Furthermore, the Trust is in the top 20% of acute Trusts for staff reporting errors, near misses or incidents witnessed in the last month.

The three key findings where staff experiences have deteriorated since the 2016 survey are the percentage of staff reporting their most recent experience of violence, percentage of staff reporting their most recent experience of harassment, bullying or abuse and the percentage of staff that have been appraised in the last 12 months.

Background

The Staff Survey was undertaken in October 2017.

Issues and options

Staff Survey Results

Whilst the Trust remains in the bottom quartile for the staff survey results when compared to its peer group, the findings confirm that the Trust has improved its results in two thirds of the questions. For example, the overall staff engagement rate for the Trust has improved to 3.70[1] (compared to 3.66 in 2016) but remain below the national average of 3.79. The following tables contain a summary of the key areas of the Trust's performance compared to the 2016 survey.

The survey confirms that the Trust is in the top 20% of acute trusts for staff reporting errors, near misses or incidents in the last month.

Table 2: Summary of areas where the Trust has improved its performance

Theme	Areas improved since 2016 survey	% improvement
Staff engagement	Enthusiasm for working for the Trust	4%
	Trust values my work	2%
	Line management support	3%
	Recognition for good work	3%
Management relationship	Encouragement for individuals and team	3%
	My manager gives me clear feedback	3%
	My manager values my work	3%
	I know who senior managers are	4%
	Communications between senior management and staff is effective	3%
Health and	The Trust takes positive action on health and	2%

[1] This indicator is calculated by using the results of the following questions:

- Staff members perceived ability to contribute to improvements at work
- Their willingness to recommend the trust as a place to work or receive treatment
- The extent to which they feel motivated and engaged with their work

wellbeing	wellbeing In the last month have you seen errors/ near misses that could have hurt staff or patients The Trust takes action to ensure incidents don't happen again	 Reduced by 2% 3%
Raising concerns	I feel secure in raising concerns about unsafe practice I have personally experienced bullying and harassment from patients I have personally experienced bullying and harassment from colleagues	3% Reduced by 2% Reduced by 3%

Table 3: Summary of areas where the Trust has seen a deterioration in performance

Theme	Areas deteriorated since 2016 survey	% Decrease
Employment Relationship	Satisfaction with level of pay Percentage of staff appraised in last 12 months	5% 6%
Patient care	I am satisfied with the level of care I give	3%
Management relationship	Senior managers act on feedback	1%
Health and wellbeing	During the last 12 months have you felt unwell as a result of work related stress	Increase of 1%
Raising concerns	Did you or your colleagues report the latest incident of violence Did you or a colleague report a concern regarding bullying and harassment	Reduced by 2% Reduced by 7%

From the above table it can be seen that the Trust has further work to do to improve personal development review (PDR) compliance and to ensure colleagues have the confidence to raise concerns. Appropriate actions will be taken forward through the People and Culture Committee, with an update to be reported to the Board at its next meeting.

Recommendations

The Trust Board is requested to note the results of the Staff Survey and that the People and Culture Committee will be discussing the results in detail at its meeting on 19 March.

Date of meeting	15 March 2018
Paper number	F3

People and Culture Committee Assurance Report

For approval:	x	For assurance:	x	To note:	

Accountable Director	Chris Swan Non-Executive Chair		
Presented by	Chris Swan Non-Executive Chair	**Author**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance		Quality of Care	
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	R3.1 R3.2 R4.3

Level of assurance and trend				
		√	↑ ↓ →	*Please see individual items within the report*
	Significant			
	Moderate			
	Limited			
	None			
	Not applicable			

Recommendations	The Trust Board is requested to • Approve the terms of reference • Receive the report for assurance.

Date of meeting	15 March 2018
Paper number	F3

Executive Summary

Items discussed at the January meeting included:

- **Women and Children Division**: The Committee received a presentation in relation to the key workforce risks and mitigations within the Women and Children Division. There had been success in recruiting to the vacant consultant roles but there remained gaps within the middle grade doctor rota. The Director of People and Culture is investigating the costs of 'acting down'. These were being mitigated with the position of clinical fellow. Nurses were being offered rotation within the division and the emergency department which was proving popular. Challenges remained with the staffing of the neonatal unit. One member of staff was currently on an advanced neonatal practitioner course.
- **Terms of Reference**: The frequency of the committee was changed to bi-monthly on the basis that the length of meetings would be extended and would include presentations/ attendance from colleagues across the Trust. Membership was approved to be amended to include the Chief Nursing Officer and the Chief Medical Officer. These are appended for board approval. If these executive directors are unable to attend then their deputies must have their authority to act.
- **People and Culture Strategy**: Priority actions for phase one (to be completed by 31st March 2018) included the leadership plan, apprenticeship plan and the education and development plan. Leadership training for senior staff and executive team members is being developed.
- **Draft health and care workforce strategy**: the draft national strategy was received and comments returned by 28 February.
- **Implications of Brexit**: With the national guidance now available, the Committee agreed that the assurance level around this area was significant.
- **Clinical engagement**: The Committee remains very concerned with the number of consultants engaged with the corporate trust agenda. We have invited two consultants to the Committee meeting in May to discuss this further. A process flow exercise (led by the CMO) will also take place. Limited assurance.
- **Scorecard**: It was pleasing to note that vacancy levels were falling. The spend on bank and agency staff remain a challenge, despite the fall in vacancy levels. The Committee are investigating whether a deep dive can be undertaken into aspects of bank and agency spend. PDR compliance has fallen for non-medical staff and a review of the policy is being undertaken. Limited assurance.
- **Mandatory Training**: A deep dive into this topic was presented to the Committee. The ESR system is now up to date with the 11 areas of mandatory training. The new scorecard will identify the 'hot spot' areas. Limited assurance.
- **Workforce Race Equality Standard results**: Actions to improve performance had been identified through the Equality and Diversity Group. Trust had three indicators above the national level, three at the national level and three below the national level. Limited assurance.
- **Recruitment and Retention**: I am pleased that the subgroup has now met. There had been significant recruitment to consultant posts and a 14wte reduction in number of nursing vacancies. Limited assurance.
- **Safer Staffing**: The Committee has concern in respect of the timing of the data for this report and was unable to review it. Further work is being undertaken on the validation and approval process.

Other items presented:

- 4ward steering group report – staff advocates will be attending the next Committee

meeting.

- Staff Survey results which showed little improvement. The Director of Communications is reviewing staff engagement methods.
- Risk Register
- BAF risks which remained unchanged
- Work plan.

The Committee commented on the improvement in the quality of papers presented for discussion.

Background

The People and Culture Committee is set up to ensure that the Trust develops and implements the People and Culture Strategy. This report covers items discussed at the January 2018 meeting.

Issues and options

None.

Recommendations

The Trust Board is requested to

- Approve the terms of reference
- Receive the report for assurance.

Appendix – terms of reference

Worcestershire Acute Hospitals NHS Trust

Terms of Reference

PEOPLE AND CULTURE COMMITTEE

Version: 1.3

Terms of Reference approved by: P&C Committee/Trust Board

Date approved: January 2018/March 2018

Author: **Company Secretary**

Responsible directorate: Human Resources

Review date: September 2018

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Terms of Reference
People and Culture Committee

1. Introduction

This Committee will act as a Committee of the Trust Board and is set up to ensure that the Trust attracts and retains a high performing workforce capable of delivering the Trust strategic objectives

The People and Culture Committee is authorised by the board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is authorised to obtain such internal information as is necessary and expedient to fulfil its functions.

2. Purpose

The purpose of the group is:

- To assess the workforce implications of the Trust strategic objectives, national HR workforce strategies, employment legislation and local initiatives.
- To oversee the development and implementation of the Trust's People and Culture Strategy and associated plans
- To monitor the effectiveness of the strategy and report on progress against plan.
- To provide assurance to the Board on the operation of effective and robust HR Workforce & OD practices and governance frameworks.

3 Membership

- Two Non-Executive Directors
- One Associate Non-Executive Director
- Chief Executive
- Director of Finance (or representative)
- Director of People and Culture
- Director of Communications
- CNO (or representative)
- CMO (or representative)
- Deputy Directors of Human Resources and OD
- Chairs of the sub committees

In attendance:

- Company Secretary (or Deputy)

- Divisional representatives and other staff as appropriate

3.1 Chair of the Committee is appointed by the Trust Board.

4 Arrangements for the conduct of business

4.1 Chairing the meetings

The Non-Executive Director Chair will chair the meeting. In the absence of the Chair, another Non-Executive Director will Chair the meeting.

4.2 Quorum

The Committee will be quorate when one third of the members are present including one Non-Executive Director and two Executive Directors.

4.3 Frequency of meetings

The Committee will meet monthly.

4.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances.

4.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

4.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the Director of People and Culture.

4.7 Secretariat support

Secretarial support will be through the CE secretariat and a report will be presented to the Trust Board.

5 Purpose and Functions

5.1 Purpose

To act as a Committee of the Trust Board to:-

- Enable the Board to obtain assurance on the management of the Trust's workforce.

5.2 Duties

In discharging the purpose above, the specific duties of the Committee are as follows:

- To oversee the development and implementation of a strategic workforce plan to ensure sustainability and affordability of workforce supply on a short, medium and long term basis To oversee the

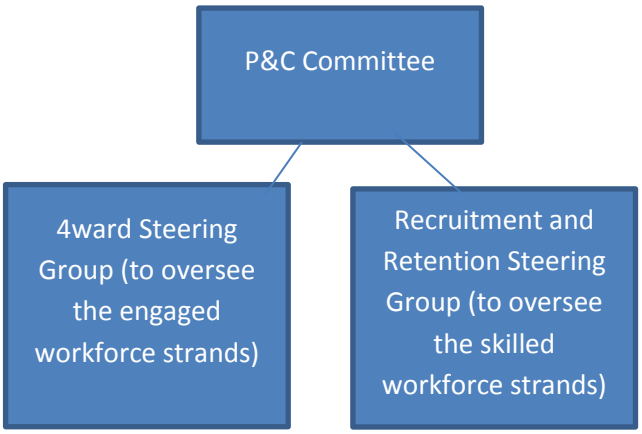
implementation of the Trust's recruitment and retention plan to ensure the Trust has the right number of staff to deliver high quality services

- To oversee the development and implementation of a workforce education and development plan to ensure the knowledge and skills of the workforce enable continuous improvement in the delivery of services
- Review staff survey results and monitor implementation of the action plan and effectiveness of arrangements to engage colleagues
- To oversee the effectiveness of the Trust's workforce equality and diversity plan
- Monitor key workforce performance indicators and action plans to improve performance.
- To oversee the implementation of trustwide cultural change programmes. To regularly review the effectiveness of these programmes
- To oversee the implementation of the Trust's employee health and wellbeing plan that minimises sickness absence rates across the Trust
- Identify risks associated with workforce issues ensuring ownership with mitigating actions, escalating to Trust Board as required.
- Assure the Board on the progress of the workforce related Board Assurance Framework risks
- To assure the board that controls are in place to reduce reliance on agency staff (all areas) and therefore reduce agency spend.
- To ensure that all Trust polices relevant to HR / OD / Education / Training/Equality and Diversity and Occupational Health are maintained and updated in accordance with best practice, operational service activities, relevant legislation as well as taking into account the requirements of NHS regulatory bodies

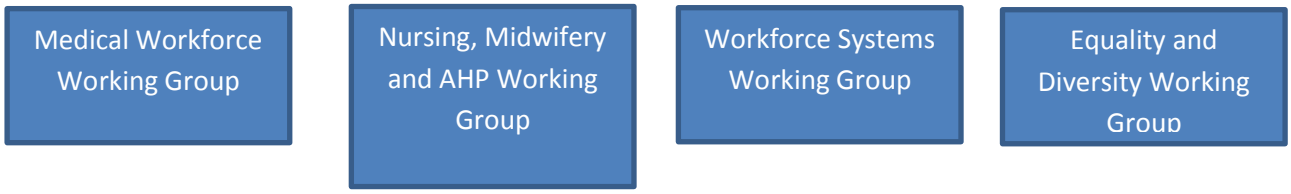
6. Relationships and reporting

6.1 The Committee is accountable to the Trust Board and will report after each of its meetings to the Trust Board in public and where appropriate in private.

6.2 The following governance structure has been established to oversee the effectiveness of the strategy and to ensure that associated plans are implemented within agreed timescales.



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



7 Review of the Terms of Reference

These Terms of reference will be reviewed by September 2018 or earlier if deemed appropriate by the Chair.

KS/ToR People and Culture
January 2018