

Date of meeting	9 November 2017
Paper number	E1

## People and Culture Strategy and Implementation Plan

For approval:	√	For assurance:		To note:		For information:	
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<b>Accountable Director</b>	Michelle McKay, Chief Executive Officer
<b>Presented by</b>	Michelle McKay, Chief Executive Officer
<b>Author</b>	Tina Ricketts, Interim HR Advisor

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

<b>Alignment to the Single Oversight Framework (√)</b>	Leadership and Improvement Capability	√	Operational Performance	
	Quality of Care		Finance and use of resources	√
	Strategic Change	√	Stakeholders	

<b>Report previously reviewed by</b>		
Committee/Group	Date	Outcome
People and Culture Committee	September and October 2017	Approved by the Committee (subject to minor amendments).

Date of meeting	9 November 2017
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<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	R3.1 R3.2
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Level of assurance and trend			
		√	↑ ↓ →
Significant			↑
Limited			
None			
Not applicable	√		

Purpose of report	The purpose of this report is to obtain the Board's approval of the People and Culture strategy.
Summary of key issues	<p>Previous drafts of the strategy document were shared with the People and Culture Committee in September and October 2017 and a number of amendments and additions were requested. These have been incorporated into the final draft of the document which is attached in appendix 1 for approval.</p> <p>A 'strategy on a page document' has been developed to support the communication of the strategy to colleagues. This is attached in appendix 2 for approval.</p> <p>A high level implementation plan has been developed to support the delivery of the strategy. This is attached in appendix 3 for information.</p>
Recommendations	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Approve the people and culture strategy (appendix 1)</li> <li>2. Approve the strategy on a page document (appendix 2)</li> <li>3. Note the implementation plan (appendix 3)</li> </ol>



**Worcestershire  
Acute Hospitals**  
NHS Trust

# People and Culture Strategy 2017 to 2020

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# Introduction

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

## **Vision:**

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

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

The Trust's success is intrinsically bound up with having the right sized, right skilled and engaged workforce and whilst colleagues are seldom excited by strategy documents, being interested in the outcomes, the culture change programme that will be launched in October 2017 will provide colleagues with a clear link between the things that we do and why they make a difference. This programme which will build on the sense of local pride will see four signature behaviours and a set of 'wisdom in the workplace' leadership behaviours form the basis of all future Trust activity. The programme will be a key enabler in setting a culture in line with the Trust's vision as set out above.

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

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

# Trust Profile

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

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

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

148,713	Accident and emergency attendances
48,761	Emergency admissions
8,645	Planned admissions
5,558	Births
526,716	Outpatient attendances

## The Trust's strategic objectives are to:

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



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

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

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

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

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












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

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








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








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

Theme	RAG	Where we are now	Where we want to be	How we will get there
<b>Retention</b>		The overall Trust turnover rate is 12.64% (June 2017) against a model hospital recommended rate of 12%.	A consistent overall turnover rate of below 12%	Continued implementation of the Trust's recruitment and retention plan   Review of reasons for leaving for unregistered nursing workforce – develop new strategies based on findings
		The turnover rate for qualified nurses in line with the national average	A turnover rate of less than 10% for qualified nurses	
		Turnover of doctors at all grades (currently 9.1%) has reduced month on month since Jan 2017	A turnover rate of less than 8% for medical staff groups	
		There has been an increase in turnover of the unregistered nursing workforce from 12.6% in October 2016 to 14.95% in June 2017	A turnover rate of less than 10% for the unregistered nursing workforce	
<b>Workforce planning</b>		The Trust benchmarks at £1,881 pay cost per substantive member of staff which places the Trust in quartile 3 (mid to high cost). This suggests the Trust spends more on staff per unit of activity than a typical Trust	The Trust will be in the lower quartile for cost of staff per unit of activity	The development of a strategic workforce plan  Review of job planning and rota standardisation  Review of electronic rostering and shift standardisation  Review of corporate services
		Only 40% of consultants have job plans	100% of consultants will have job plans linked to the Trust's business plan	
		The Trust's agency spend in 2017/18 is predicted to be in line with the cap set by NHS Improvement	The Trust's spend on agency staff will be 10% below the cap set by NHS Improvement	
<b>Education, learning and development</b>		84% of colleagues have completed the required statutory and mandatory training	The Trust will score consistently over 90% for statutory and mandatory training compliance	Statutory and mandatory training is regularly evaluated to ascertain its impact on the quality of service provision  The development of essential to role training matrices for each staff group  The development of an apprenticeship levy plan  A refresh of the Trust's Education, Learning and Development Plan
		The Trust does not currently monitor essential to role compliance	The Trust will score consistently over 95% for essential to role compliance	
		The Trust is unlikely to meet the apprenticeship levy target in 2017/18 or maximise its spend against the available funding in 2018/19	The Trust will exceed its spend on the apprenticeship levy and will be seen as an employer of best practice in this area	
		The Trust's has a restricted budget for learning and development (outside of statutory, mandatory and essential to role)	Learning and development priorities are clearly linked to the Trust's strategic objectives	

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

Theme	RAG	Where we are now	Where we want to be	How we will get there
<b>Effective HR Function</b>		32% of colleagues report experiencing harassment, bullying or abuse from colleagues in the last 12 months compared to a national average of 25%. The Trust cannot fully evidence its learning from the findings of the Good Governance Institutes investigation in 2016	The percentage of colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%	A zero tolerance campaign to be launched led by the CEO
		The HR function is viewed as reactive. A business partner model has been introduced but is not effective due to gaps in operational management capability and professional development of the HR team	The Trust has implemented all of the recommendations from the Good Governance Institutes report The HR function can evidence its positive contribution to the Trust and is rated as "good" by its internal customers	Raise profile of Freedom to Speak Up Guardian across Trust The attainment of Investors in People accreditation The deliverables of the HR function are agreed with the Trust's Leadership Group
<b>Effective HR Function</b>		32% of colleagues report experiencing harassment, bullying or abuse from colleagues in the last 12 months compared to a national average of 25%. The Trust cannot fully evidence its learning from the findings of the Good Governance Institutes investigation in 2016	The percentage of colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%	A zero tolerance campaign to be launched led by the CEO
		The HR function is viewed as reactive. A business partner model has been introduced but is not effective due to gaps in operational management capability and professional development of the HR team	The Trust has implemented all of the recommendations from the Good Governance Institutes report The HR function can evidence its positive contribution to the Trust and is rated as "good" by its internal customers	Raise profile of Freedom to Speak Up Guardian across Trust The attainment of Investors in People accreditation The deliverables of the HR function are agreed with the Trust's Leadership Group
<b>Equality and Diversity</b>		25% of BME colleagues within the Trust experience harassment, bullying or abuse from patients, relatives or the public compared to a national average of 26%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse from patients, relatives or the public is below 20%	A zero tolerance campaign to be launched led by the CEO
		74% of BME colleagues believe that the Trust provides equal opportunities for career progression or promotion compared to a national average of 76%		A review of the terms of reference of the Trust's Equality and Inclusion Committee
		32% of the Trust's BME colleagues experience harassment, bullying or abuse from colleagues compared to a national average of 27%	The percentage of all colleagues reporting experiencing harassment, bullying or abuse from colleagues is below 25%	A refresh of the Trust's Equality and Inclusion Plan

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

Theme	RAG	Where we are now	Where we want to be	How we will get there
<b>Flexible working</b>		49% of colleagues are satisfied with the opportunities for flexible working patterns. The national average is 51%	Recognised as a flexible employer	The attainment of Timewise accreditation
<b>Effective workforce systems</b>		The Trust's has limited information technology solutions to support flexible and mobile working	The Trust has a range of innovative solutions that support flexible and mobile working and which free up colleagues time to care	Development of an IT Strategy for the workforce
		The electronic staff records system is being developed to support employee and manager (supervisor) self- service. The system will shortly support the recording of all statutory and mandatory training competencies	Full implementation and functionality of employee and manager (supervisor) self service	Continued implementation of the Trust's recruitment and retention plan
		No central records held for pre-employment checks (band 4 and below). Risk of non-compliance with safer recruitment practices	Central recording of all pre-employment checks	Undertake audit of pre-employment checks to include review of the effectiveness of policies, procedures and processes
		Time taken to recruit/process new starters is inconsistent	Time taken to recruit/process new starters is in line with agreed targets	

# People and culture model

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

**Table 2: Summary of workforce priorities**

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

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

**Table 3: The Trust's core competencies and signature behaviours**

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

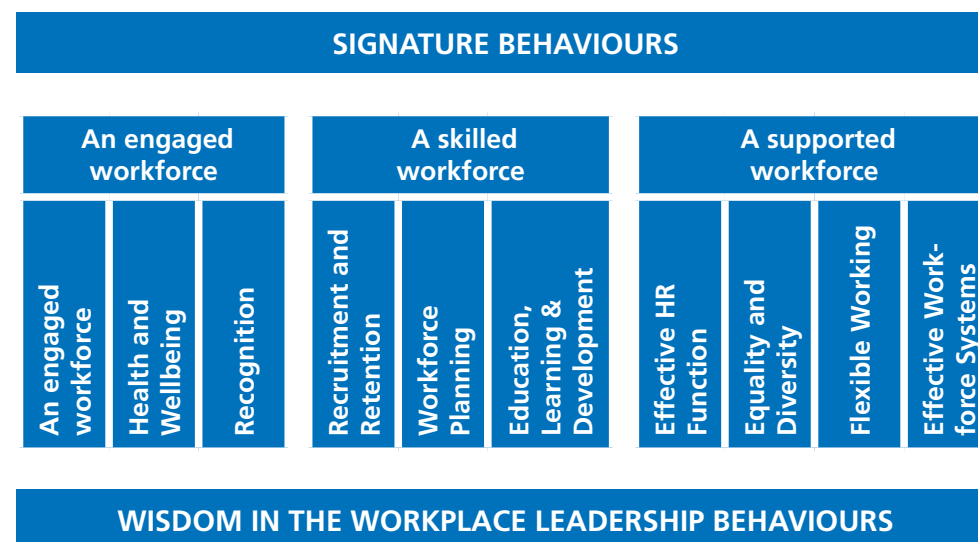
Furthermore, the 4ward programme includes a set of leadership competencies for the Trust which will become known as 'wisdom in the workplace'. The leadership programme has been designed to achieve the following outcomes:

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

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

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

**Diagram 1: People and culture model**



# Overarching Framework – Culture and Leadership

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

## Culture (Signature Behaviours)

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

**Stage 1 Board and executive team alignment** - with all members signing up to 'wisdom in the workplace'.

**Stage 2 Advocate and people strategy** – this stage involves running workshops with medical and clinical leaders across the Trust to launch the programme behaviours with the aim of creating a movement towards the desired culture.

**Stage 3 Business measures, collective achievement and shared goals** – this stage involves setting up a number of 'process flow' conversations to identify actions that need to be taken to improve current performance. The conversations are designed to ensure that the right people are involved in the discussions, that outcomes are clearly defined and that the appropriate actions are identified and assigned to the right person. Each conversation will result in a progress report being submitted to the Chief Executive Officer who will monitor colleagues' commitment to the conversations and the progress made against agreed actions.

**Stage 4 4ward check point and individual accountability** – all colleagues within the Trust will be required to complete a 4ward check point which will include both a self and peer assessment against the signature behaviours.

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

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

## Leadership – Wisdom in the workplace

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

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

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

## Enabling Strategies

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

# An Engaged Workforce

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

### Our aim is that colleagues will:

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

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

# A Skilled Workforce

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

## Our aim is that:

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

## We will achieve our aims by:

Having innovative recruitment and retention strategies

## This means:

- By implementing the Trust's recently developed recruitment and retention plan
- We will implement innovative strategies to reduce the level of qualified nursing vacancies including offering additional hours to part time staff
- We will regularly monitor the reasons for leaving and will take action to avoid resignations for issues that are within our control
- The Trust attracts colleagues that are passionate about providing services to the communities that they live in. We will regularly benchmark, review and promote our employment offer to ensure we continue to attract local people and remain competitive within the marketplace
- We will continue to proactively engage with the local, regional, national and international labour markets through a combination of generic and targeted campaigns
- We will ensure our recruitment processes are as efficient and effective as possible by seeking regular feedback from candidates and new starters
- We will review the Trust's escalation policy to eradicate safer staffing level breaches
- We will undertake a review of how we can better attract Junior Doctors to apply for permanent positions at the end of their training

## A skilled workforce continued

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



## A Supported Workforce

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

### Our aim is that:

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

### We will achieve our aims by:

### This means:

An effective HR function

- We will achieve Investors in People accreditation
- HR will review its current model of provision to ascertain whether it is meeting the needs of the Trust. The impact of the function will be monitored through a set of deliverables as identified by the Trust's Leadership Group
- We will launch a zero tolerance campaign re bullying and harassment
- We will raise the profile of the Freedom to Speak Up Guardian across the Trust
- A review of the management of employee relations cases will be undertaken to ensure lessons have been learnt from the Worcestershire Report into bullying and harassment
- We will routinely review why staff leave and respond to arising themes

Equality and Diversity

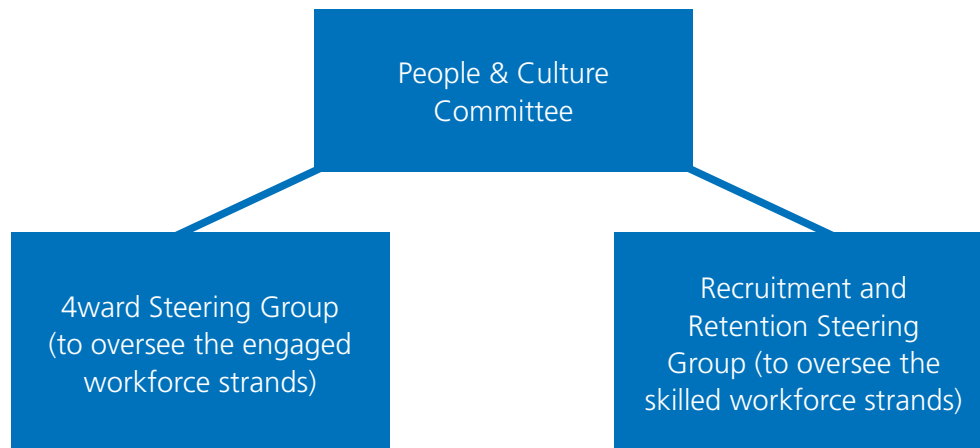
- We will review the terms of reference of the Trust's Equality and Inclusion Committee
- We will refresh the Trust's Equality and Inclusion Plan
- We will integrate the Trust's annual Equality and Inclusion report with the Quality Account

## A supported workforce continued

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

## Governance

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



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



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

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

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

# Measuring Success

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

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

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

**Table 4: People and culture strategy scorecard**

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

# Appendix One - Context

## A: National drivers affecting the strategy

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

- The Five Year Forward View which describes the future of the NHS and the importance of developing new care models to support the increasing demand on services. These new models require a workforce which is reflective of their local community, has the right numbers, skills, values and behaviours with the ability to work across organisational boundaries. The Trust will need to consider new roles, ways of working and working patterns to develop the future workforce.
- The Five Year Forward View for Mental Health which focuses on the future of Mental Health within the NHS. More robust workforce planning is required to integrate mental and physical health services. Workforce gaps need to be identified and the right training and support provided for staff.
- Lord Carter's review of productivity in the NHS identifies clear workforce implications including better performance management practice, better use of nursing staff, clear setting of staffing levels, improved management of sickness absence and annual leave and better use of e-rostering.
- The NHS Leadership Academy's 'Towards a New Model of Leadership for the NHS' details the links between leadership and service outcomes. Lord Rose's review 'Better Leadership for tomorrow' makes recommendations for improving leadership in the NHS and the updated NHS Leadership framework sets out the skills and competencies that NHS leaders should have.
- The outcomes of the Francis Inquiry are still relevant to the Trust. There is a need to continue to develop a culture of openness in which colleagues feel supported to raise concerns.
- New agency rules have been issued by NHS Improvement. These include working only with recommended suppliers; monitoring usage and spend; and adhering to the cap. Whilst the Trust has fully engaged with these rules it is proving challenging for the management of temporary staffing.
- Changes to the removal of the nursing and allied health profession tariffs with effect from September 2017 will have a potential impact on the future supply of staff. Bursaries will no longer be available for students to undertake this training resulting in a change to the age demographic of students.
- The NHS Constitution establishes the principles and values of the NHS in England and sets out the rights to which patients, public and colleagues are entitled. The NHS values underpin everything we do as an organisation.
- The national Talent for Care Framework and Widening Participation strategy have been introduced to support opportunities for people to start their career in a support role and develop their career through a learning pathway. This has been followed by the introduction of the Apprenticeship Levy in April 2017.
- NHS trusts are able to explore their comparative productivity, quality and responsiveness, to provide a clearer view of improvement opportunities. Whilst some variation in trust activity is expected and warranted, the Model Hospital supports trusts to identify and tackle unwarranted variation. The tool is being developed to include benchmark information on the effectiveness of HR functions
- There is a national and local reduction in the supply of medical and nursing staff with all Trusts competing for the same pool.

## B: Local drivers affecting the strategy

There are a number of factors within the local health and social care system and internally within the Trust that need to be considered within the components of this strategy. These include:

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

**Table 5: Herefordshire and Worcestershire STP Workforce Priorities**

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

- The Trust has significant challenges to ensure financial stability. There is a need to make recurrent cost improvements meaning that the future workforce will need to be leaner and more efficient whilst still providing the same or improved quality and safety outcomes. Workforce productivity is key to delivering this.
- The Trust itself has experienced significant change particularly at board and senior management level, has been rated as inadequate by the Care Quality Commission (CQC). The CQC found:
  - The executive team at the time were made up of mainly interim executive directors who are not recognisable or visible to staff through the Trust
  - There were not effective process in place to ensure communication was embedded from ward to board
  - The Trust has poor performance in the NHS Staff survey
  - The rates of bullying for both black and minority ethnic and white staff from patients, relatives and the public along with other staff were high and represented a significant risk to patient care
  - The Trust staff appraisal rate was below the Trust target of 90%
  - Staffing levels within the emergency department were not planned and reviewed in line with national guidance
  - Staff did not feel valued or listened to by divisional and executive teams
  - Nursing staff competency records in some departments were out of date
  - There was not a Freedom to Speak up Guardian in place

## Appendix Two - Current Performance

### C: Current Workforce Profile

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

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

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

The majority of colleagues are female (83%) with 51% working part time. The total number of staff working part time is 45% with the majority of staff working full time.

The Trust has a mixed age workforce with 33% of staff are over the age of 50.

56% of colleagues are employed at Agenda for Change Band 5 or above (excludes Medical & Dental staff).

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

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

Summary of Leavers between 1 April 2016 and 31 March 2017 (incl. Doctors in Training)		
Leaving Reason	FTE.	Headcount
Death in Service	3.53	4
Dismissal - Capability	8.47	10
Dismissal - Conduct	3.81	4
Dismissal - Some Other Substantial Reason	3.73	5
Employee Transfer	25.68	31
End of Fixed Term Contract	284.60	290
End of Fixed Term Contract - Completion of Training Scheme	3.00	3
End of Fixed Term Contract - End of Work Requirement	1.10	2
End of Fixed Term Contract - External Rotation	1.66	2
End of Fixed Term Contract - Other	4.53	5
Flexi Retirement	11.13	13
Retirement - Ill Health	9.20	13
Retirement Age	74.14	101
Voluntary Early Retirement - no Actuarial Reduction	39.80	47
Voluntary Resignation - Adult Dependants	6.04	8
Voluntary Resignation - Better Reward Package	41.86	48
Voluntary Resignation - Child Dependants	4.29	9
Voluntary Resignation - Health	28.41	36
Voluntary Resignation - Incompatible Working Relationships	27.35	31
Voluntary Resignation - Lack of Opportunities	19.49	20
Voluntary Resignation - Other/Not Known	31.73	37
Voluntary Resignation - Promotion	57.19	62
Voluntary Resignation - Relocation	111.44	125
Voluntary Resignation - To undertake further education or training	9.84	12
Voluntary Resignation - Work Life Balance	109.40	135
<b>Grand Total</b>	<b>921.44</b>	<b>1053</b>



The following table shows the staff breakdown by ethnicity and gender

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

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

Only 1.14% of staff declare themselves as having a disability. There are a number of staff who have not declared either way and further data collection is required.

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

## D: NHS Staff Survey Results

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

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

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

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

The overall staff engagement in the Trust has improved from 3.64 in 2015 to 3.66 but remains below the national average for acute trusts which is 3.81.

The Trust also scores below average for staff recommending the organisation as a place to work or receive treatment. The Trust's score deteriorated to 3.49 in 2016 (from 3.52 in 2015) and is below the national average of 3.76.

## E: Chat back Results

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

**Table 7: Summary of chat back results from April 2017**

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

# People and Culture Strategy 2017 to 2020

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

## Core competences and signature behaviours:

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

## Wisdom in the workplace behaviours:

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

## People and culture model:

The following model summarises the people and culture priorities for the Trust:

### SIGNATURE BEHAVIOURS

#### An engaged workforce

An engaged workforce  
Health and Wellbeing  
Recognition

#### A skilled workforce

Recruitment and Retention  
Workforce Planning  
Education, Learning & Development

#### A supported workforce

Effective HR Function  
Equality and Diversity  
Flexible Working  
Effective Workforce Systems

### WISDOM IN THE WORKPLACE LEADERSHIP BEHAVIOURS

#### An engaged workforce

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

#### A skilled workforce

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

#### A Supported Workforce

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

Date of meeting	9 November
Paper number	E2

### Safer Staffing

For approval:		For assurance:		To note:	√	For information:	
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<b>Accountable Director</b>	Vicky Morris Chief Nursing Officer
<b>Presented by</b>	Jackie Edwards Deputy Chief Nursing Officer
<b>Author</b>	Sarah Needham Associate Director of Nursing

<b>Alignment to the Trust's strategic priorities (√)</b>	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	√	Ensure the Trust is financially viable and makes the best use of resources for our patients	
	Develop and sustain our business	√		

<b>Alignment to the Single Oversight Framework (√)</b>	Leadership and Improvement Capability		Operational Performance	√
	Quality of Care	√	Finance and use of resources	
	Strategic Change		Stakeholders	

### Report previously reviewed by

Committee/Group	Date	Outcome
People and Culture Committee	20 <sup>th</sup> October 2017	Approved

Date of meeting	9 November
Paper number	E2

<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	P4.2 R4.2
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Level of assurance and trend				
		√	↑ ↓ →	Not assessed
Significant				
Limited				
None				
Not applicable				

Purpose of report	The purpose of the report is to provide information to the board about the staffing levels on the wards across the Trust for September 2017, utilising the Unify data which is externally reported.
Summary of key issues	<ul style="list-style-type: none"> <li>The Trust has 17 areas where they have declared their staffing to have been below the national standard of 80% fill rate across the month of September 2017.</li> <li>Mitigations have been put in place to ensure assessment of patient acuity and patient needs are met with movement of staff from buddy wards to cover gaps.</li> <li>Escalation of staffing levels and risks in place where staffing levels are reduced below 80% shift by shift to Divisional Nurse Directors , in turn to Chief Nursing Officer.</li> <li>Live view of staffing levels as reported on staffing app in place in capacity hub and discussed in x3 times a day bed meetings.</li> <li>Introduction of the use of 'whats app' closed group with Divisional Directors of Nursing, Deputy Chief Nurse and Chief Nurse for the shift by shift 'live' view of staffing levels.</li> </ul>
Recommendations	The Board is requested to note the data submitted for September 2017 on levels of staffing across ward areas of the trust and the mitigations put into place to ensure patients' needs are met.

Date of meeting	9 November
Paper number	E2

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

### Safer Staffing September 2017

#### 1 Safer Staffing utilising Unify data.

The Unify data above reflects the divisional picture of red flag shifts. This report highlights the areas whereby staffing fill rates fall below the national standard of 80% and these are RAG rated as red shifts.

Divisional Directors Nursing and Matrons have a responsibility of reassessing red flag shifts and developing a plan of what needs to be put in place in order to make the shift safe.

**Table 1. Unified data September 2017**

Ward name	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day
Acute Stroke Unit	74.5%	102.1%	100.4%	134.6%	887
Avon 2- Gastro	94.4%	99.1%	64.3%	133.5%	647
Avon 3- Infectious Diseases	105.3%	90.7%	82.6%	128.0%	578
Avon 4	100.4%	133.4%	67.2%	134.8%	715
Laurel 1 Cardiology-CCU	97.0%	102.5%	94.1%	92.4%	747
Laurel 2 Resp	94.0%	109.9%	96.1%	117.4%	613
Medical Assessment Unit WRH	88.0%	106.2%	85.4%	132.6%	728
Medical High Care and Short Stay	92.6%	116.8%	91.7%	125.1%	888
Silver Assessment Unit	85.6%	82.8%	116.2%	104.4%	586
MAU ALX	56.5%	89.7%	97.1%	88.7%	861
Ward 12 Medicine	96.7%	94.9%	103.8%	99.8%	821
Ward 2 Specialist Med	102.6%	150.2%	117.7%	167.9%	669
Ward 5 - Medicine AHD	84.3%	116.3%	103.6%	77.8%	746
Ward 6	82.9%	94.2%	109.2%	110.2%	644
CCU- Alex	78.5%	-	100.5%	-	97
EVERGREEN 1	58.7%	100.2%	32.3%	71.1%	761
Ward 14	93.3%	82.4%	119.0%	99.0%	488
Ward 10	91.0%	78.1%	99.0%	99.2%	515
Ward 11	76.9%	101.3%	99.3%	97.0%	568
Ward 16	87.3%	72.3%	75.2%	98.5%	477
Ward 17	92.5%	95.9%	98.6%	100.8%	795
Ward 18	82.9%	104.7%	102.7%	130.8%	631
SCDU & SHDU	92.0%	68.2%	101.7%	96.7%	511
Beech A	84.0%	85.3%	92.0%	108.9%	675
Beech B2	70.1%	80.2%	98.7%	108.3%	487
Beech B1	79.8%	94.6%	66.7%	99.5%	462
Trauma & Orthopaedics A	82.3%	106.1%	98.0%	87.2%	469
Severn Unit & HDU	79.6%	98.0%	96.2%	99.7%	677
Trauma & Orthopaedics B	71.7%	79.0%	95.9%	88.5%	564
WRH Delivery Suite & Theatre	77.3%	100.0%	87.1%	93.3%	216

Date of meeting	9 November
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WRH Maternity Triage	100.0%	100.0%	100.0%	100.0%	38
WRH Meadow Birth Centre	100.0%	100.0%	96.8%	100.0%	34
WRH Postnatal Ward	75.3%	94.8%	85.5%	61.3%	535
WRH Riverbank	80.0%	87.2%	100.5%	97.6%	511
WRH Neonatal	100.4%	101.7%	96.7%	83.3%	393
WRH TCU Nursery Nurses	90.0%	93.3%	90.0%	90.0%	240
WRH TCU Midwives	100.0%		100.0%		240
WRH Antenatal Ward	72.3%	59.7%	83.9%	93.5%	500
ITU ALEX	100.0%	100.0%	100.0%	-	118
ITU WRH	100.0%	50.0%	100.0%	-	217
WARD 1 KTC	100.0%	100.0%	100.0%	-	121
LAUREL 3 WRH	81.5%	76.4%	72.5%	100.0%	424

Specific ward information submitted as actions taken to ensure safe staffing levels whereby shifts fall below the 80% national fill rate (red rag rated in table 1) requirement is follows;

Acute Stroke Unit – backfilled with HCA's

Avon 2 –Backfilled with HCA's

Avon 3 – night shift shortage backfilled with HCA's

Avon 4 – night shift shortage backfilled with HCA's

Silver - Slightly reduced trained staff on day shift at 77.3%

MAU Alex – trained reduced to 62.9% assurance given by DDN/ Matron and shifts continually reviewed re acuity/ dependency.

CCU Alex – Staffing at 77.7% slightly below safer staffing of 80%.

Ward 14 – trained at 75.5% monitored by DDN.

SCDU / HDU - HCA reduced to 79.2%.

Beech B2 – trained at 76.2 % managed by DDN

T&O- 69.3% trained day shift and HCA at night 58.1%. Monitored by DDN.

Severn Unit – reduced HCA figures on days

Postnatal – staffing flexed dependant on dependency and activity across maternity.

Riverbank – reduced day staff 76.8%.

Antenatal Ward - staffing flexed dependant on dependency and activity across maternity

ITU WRH – reduced HCA support only.

Laurel 3 – Reduced HCA and trained staff across all shifts. Oversight from DDN.

- The new safer staffing app is now being utilised to provide written evidence as to how the ward has made the shift safe when staffing may continue to fall below the safe staffing requirements. Therefore over the next few months a more detail assurance process will be built upon and triangulation with data relating to submission of incidences through reporting of Datix.

### Recommendation

The Board is requested to note the data submitted for September 2017 on levels of staffing across ward areas of the trust and the mitigations put into place to ensure patients' needs are met.

Compiled by  
Sarah Needham

Director  
Vicky Morris



Date of meeting	9 November 2017
Paper number	E3

<b>Fit and Proper Person</b>
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For approval:	√	For assurance:		To note:		For information:	
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<b>Accountable Director</b>	Michelle McKay Chief Executive
<b>Presented by</b>	Kay Darby Interim Director of Governance
<b>Author</b>	Kay Darby Interim Director of Governance

<b>Alignment to the Trust's strategic priorities (√)</b>	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		Ensure the Trust is financially viable and makes the best use of resources for our patients	
	Develop and sustain our business	√		

<b>Alignment to the Single Oversight Framework (√)</b>	Leadership and Improvement Capability	√	Operational Performance	
	Quality of Care		Finance and use of resources	
	Strategic Change		Stakeholders	

<b>Report previously reviewed by</b>		
Committee/Group	Date	Outcome



Date of meeting	9 November 2017
Paper number	E3

<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	
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Level of assurance and trend			
		√	↑ ↓ →
Significant	√	↑	
Limited			
None			
Not applicable			

Purpose of report	To seek approval for the updated Fit and Proper Person Policy
Summary of key issues	Following an audit of compliance with the FPPT requirements the trust policy has been updated
Recommendations	Trust Board is asked to approve the updated Fit and Proper Person Policy

Date of meeting	9 November 2017
Paper number	E3

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

### FIT AND PROPER PERSON

#### 1 Introduction

The Fit and Proper Person Policy outlines how the Trust will meet the requirements placed on NHS providers following the introduction of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Under the regulations all provider organisations must ensure that director level appointments meet the 'fit and proper persons test' (FPPT) and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non-Executive Director under given circumstances.

#### 2 Background

The Chief Executive invited the Interim Director of Governance to undertake an audit of the Trust's processes for compliance with the Fit and Proper Person Test Regulations (FPPT). The purpose of the audit was to identify any gaps in assurance in relation to the current policy and practice against best practice. The audit checklist is in appendix 1.

#### 3 Current situation

The Trust policy is an appendix of the overall Recruitment and Selection Policy and Procedure which was ratified September 2015.

The policy was found to be compliant with requirements of the FPPT however it required strengthening.

The policy has therefore been updated to be more explicit in relation to who the policy applies to, and responsibilities and monitoring arrangements.

#### 4 Implications

The appendix 2 will replace appendix 22 of the Recruitment & Selection Policy and Procedure.

#### 5 Recommendations

Trust Board is asked to approve the Policy

Compiled by: Kay Darby Interim Director of Governance

### FIT AND PROPER PERSON TEST – AUDIT CHECKLIST

No	Standard	Assurance Process	Evidence	Comment
1	<p>Providers should make every effort to ensure that all available information is sought to confirm that the individual is of good character as defined in Schedule 4, Part 2 of the regulations.</p> <p>(Sch.4, Part 2: Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.</p> <p>Whether the person has been erased, removed or struck-off a register of professionals maintained</p>	<p>Employment checks in accordance with NHS Employment Check Standards issued by NHS Employers including:</p> <ul style="list-style-type: none"> <li>▪ two references, one of which must be most recent employer;</li> <li>▪ qualification and professional registration checks;</li> <li>▪ right to work checks;</li> <li>▪ proof of identity checks;</li> <li>▪ occupational health clearance;</li> <li>▪ DBS checks (where appropriate);</li> <li>▪ search of insolvency and bankruptcy register;</li> <li>▪ search of disqualified directors register.</li> </ul>	<p>References;</p> <p>Outcome of other pre-employment checks;</p> <p>DBS checks where appropriate;</p> <p>Register search results;</p> <p>List of referees and sources of assurance for FOIA purposes.</p>	
2	<p>Where a provider deems the individual suitable despite not meeting the characteristics outlined in Schedule 4, Part 2 of these regulations, the reasons should be recorded and information about the decision should be made available to</p>	<p>Report and debate at the nominations committee(s).</p> <p>Report and recommendation at the</p>	<p>Record that due process was followed for FOIA purposes.</p>	

No	Standard	Assurance Process	Evidence	Comment
	those that need to be aware.	council of governors (for NEDs) or the board of directors (for EDs) for foundation trusts, reports to the board for NHS trusts. Decisions and reasons for decisions recorded in minutes. External advice sought as necessary.		
3	Where specific qualifications are deemed by the provider as necessary for a role, the provider must make this clear and should only employ those individuals that meet the required specification, including any requirements to be registered with a professional regulator.	Requirements included within the job description for all relevant posts. Checked as part of the pre-employment checks and references on qualifications.	Person specification Recruitment policy and procedure	
4	The provider should have appropriate processes for assessing and checking that the individual holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leaderships skills and a caring and compassionate nature), to undertake the role; these should be followed in all cases and relevant records kept. N.B. While this provision most obviously applies to executive director appointments in terms of qualifications, skills and experience will be relevant to NED appointments.	Employment checks include a candidate's qualifications and employment references. Recruitment processes include qualitative assessment and values-based questions. Decisions and reasons for decisions recorded in minutes.	Recruitment policy and procedure Values-based questions Minutes of council of governors. Minutes of board of directors.	
5	In addition to 4., above, a provider may consider that an individual can be appointed to a role	Discussions and recommendations by the	Minutes of committee, board and or council meetings.	

No	Standard	Assurance Process	Evidence	Comment
	based on their qualifications, skills and experience with the expectation that they will develop specific competence to undertake the role within a specified timeframe.	nominations committee(s). Discussion and decision at board of directors or council of governors meeting. Reports, discussion and recommendations recorded in minutes of meetings. Follow-up as part of continuing review and appraisal.	NED appraisal framework NED competence framework Notes of ED appraisals	
6	When appointing relevant individuals the provider has processes for considering a person's physical and mental health in line with the requirements of the role, all subject to equalities and employment legislation and to due process.	Self-declaration subject to clearance by occupational health as part of the pre-employment process.	Occupational health clearance	
7	Wherever possible, reasonable adjustments are made in order that an individual can carry out the role.	Self declaration of adjustments required. NHS Employment Check Standards Board/council of governors decision	Minutes of board meeting/council of governors meeting	

No	Standard	Assurance Process	Evidence	Comment
8	<p>The provider has processes in place to assure itself that the individual has not been at any time responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified, it may include fitness to practise proceedings and professional disciplinary cases.</p> <p>(‘Regulated activity’ means activities set out in Schedule 1, Regulated Activities, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 1 covers the provision of:</p> <ul style="list-style-type: none"> <li>• personal care; accommodation for persons who require nursing or personal care; accommodation for persons who require treatment for substance misuse; treatment of disease, disorder or injury; assessment or medical treatment for persons detained under the 1983 Act; surgical procedures; diagnostic and screening procedures; management of supply of blood and blood derived products etc.; transport services, triage and medical advice provided remotely; maternity and midwifery services; termination of pregnancies; services in slimming clinics; nursing care; family planning services.</li> </ul> <p>‘Responsible for, contributed to or facilitated’ means that there is evidence that a person has intentionally or through neglect behaved in a</p>	<p>Consequences of false or inaccurate or incomplete information included in recruitment packs.</p> <p>Checks set out in 1. Above i.e.</p> <p>Employment checks in accordance with NHS Employers pre-employment check standards including:</p> <ul style="list-style-type: none"> <li>▪ self-declarations of fitness including explanation of past conduct/character issues where appropriate by candidates;</li> <li>▪ two references, one of which must be most recent employer;</li> <li>▪ qualification and professional registration checks;</li> <li>▪ right to work checks;</li> <li>▪ proof of identity checks;</li> <li>▪ occupational health clearance;</li> <li>▪ DBS checks (where appropriate);</li> </ul> <p>▪ search of insolvency and bankruptcy register;</p>	<p>NED Recruitment Information pack</p> <p>Reference Request for ED/NED</p>	

No	Standard	Assurance Process	Evidence	Comment
	<p>manner which would be considered to be or would have led to serious misconduct or mismanagement.</p> <p>‘Privy to’ means that there is evidence that a person was aware of serious misconduct or mismanagement but did not take the appropriate action to ensure it was addressed.</p> <p>‘Serious misconduct or mismanagement’ means behaviour that would constitute a breach of any legislation/enactment CQC deems relevant to meeting these regulations or their component parts.”)</p> <p>N.B. This provision applies equally to executives and NEDs.</p>	<ul style="list-style-type: none"> <li>search of disqualified directors register.</li> </ul> <p>Included in reference requests.</p>		
9	<p>The provider must not appoint any individual who has been responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified, it may include fitness to practise proceedings and professional disciplinary cases.</p> <p>N.B. The CQC accepts that providers will use reasonable endeavours in this instance.</p> <p>The existence of a compromise agreement does not indemnify the new employer and providers will need to ensure that their Core HR policies</p>	<p>Consequences of false, inaccurate or incomplete information included in recruitment packs.</p> <p>Core HR policies for appointments and remuneration</p> <p>Checks set out in Section 1 above.</p> <p>Included in reference requests.</p>	<p>NED and ED Recruitment Information packs</p> <p>Core HR policies</p> <p>Reference Request for ED/NED</p>	

No	Standard	Assurance Process	Evidence	Comment
	address their approach to compromise agreements.			
10	Only individuals who will be acting in a role that falls within the definition of a 'regulated activity' as defined by the Safeguarding Vulnerable Groups Act 2006 will be eligible for a check by the Disclosure and Barring Service (DBS). N.B. The CQC recognises that it may not always be possible for providers to access a DBS check as an individual may not be eligible.	DBS checks are undertaken only for those posts which fall within the definition of a "regulated activity" or which are otherwise eligible for such a check to be undertaken.	DBS policy DBS checks for eligible post-holders	
11	As part of the recruitment/appointment process, providers should establish whether the individual is on a relevant DBS list.	Eligibility for DBS checks will be assessed for each vacancy arising.	DBS policy	
12	The fitness of directors is regularly reviewed by the provider to ensure that they remain fit for the role they are in; the provider should determine how often fitness must be reviewed based on the assessed risk to business delivery and/or the service users posed by the individual and/or role.	Assessment of continued fitness to be undertaken each year as part of appraisal process. Checks of insolvency and bankruptcy register and register of disqualified directors to be undertaken each year as part of the appraisal process. Board/Council of Governors reviews checks and agrees the outcome.	Continual to be assessed as part of appraisal process Register checks if necessary Board/council minutes record that process has been followed.	
13	If a provider discovers information that suggests an individual is not of good character after they	Core HR policies provides for such investigations.	Core HR policies Contracts of employment (for EDs	



No	Standard	Assurance Process	Evidence	Comment
	have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter. The provider has arrangements in place to respond to concerns about a person's fitness after they are appointed to a role, identified by itself or others, and these are adhered to.	Revised contracts allow for termination in the event of non-compliance with regulations and other requirements. Contracts (for EDs and director-equivalents) and agreements (for NEDs) incorporate maintenance of fitness as a contractual requirement.	and director-equivalents) Service agreements or equivalent (for NEDs)	
14	The provider investigates, in a timely manner, any concerns about a person's fitness or ability to carry out their duties, and where concerns are substantiated, proportionate, timely action is taken; the provider must demonstrate due diligence in all actions.	Core HR policies include the necessary provisions. Action taken and recorded as required	Core HR policies	
15	Where a person's fitness to carry out their role is being investigated, appropriate interim measures may be required to minimise any risk to service users.	Core HR policies	Managerial action taken to backfill posts as necessary.	
16	Managerial action taken to backfill posts as necessary.	Core HR policies	Referrals made to other agencies if necessary.	

## Appendix 22 Fit and Proper Person Requirements for Directors and Director Equivalents

### **1.0 Introduction**

#### **1.1 Purpose**

This policy outlines how the Trust will meet the requirements placed on NHS providers following the introduction of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulatory standards for the Fit and Proper Persons Requirements of directors came into force on 1<sup>st</sup> October 2014.

Under the regulations all provider organisations must ensure that director level appointments meet the 'fit and proper persons test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non-Executive Director under given circumstances.

The regulations have been integrated into the Care Quality Commission's (CQC's) registration requirements, and falls within the remit of their regulatory inspection approach. Guidance issued by the CQC emphasises the importance of the Fit and Proper Person Requirements in ensuring the accountability of directors of NHS bodies. NHS bodies have a responsibility to ensure the requirements are met with the CQC's role being to monitor and assess how well this responsibility is discharged.

The Fit and Proper Persons Requirements lists categories of persons who are prohibited from holding office and for whom there is no discretion.

There is an expectation of senior leaders to set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. As such in making Director appointments, Boards and Councils of Governors take account of the values of the organisation and the candidate's fit to these values.

Providers must not appoint to Trust board attendees that is, voting and non-voting Directors and non-executive directors plus the Company Secretary unless they are:

- Of good character
- Have the necessary qualifications, skills and experience
- Are able to perform the work they are employed for after reasonable adjustments are made
- Can provide information as set out in the regulations.

On the basis of the Regulations and guidance, it is necessary for the Trust to assure itself with regard to a number of issues, including:

- Determining who the Requirements apply to;
- Ensuring a robust process for assessing directors' Fit and Proper Persons Requirements compliance at recruitment and on an on-going basis;
- Establishing a process for monitoring and record keeping;
- Updating standard documentation (employment contracts, appointment letters, employment policies,

## 1.2 Scope

This policy presents a summary of the requirements that Trust board attendees that is, voting and non-voting Directors and non-executive directors plus the Company Secretary must abide by and the Trust process for monitoring and record keeping. The scope of the requirements cover all NHS bodies – including NHS Trusts, NHS Foundation Trusts and Special Health Authorities that are required to register with the CQC.

## 1.3 Definitions

CQC	Care Quality Commission
Good Character	The Care Quality Commission's definition of 'good character' is not the objective test of having no criminal convictions but rather a judgement to be made as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances.

## 2.0 Aim of Policy

### 2.1 The role of the Care Quality Commission (CQC)

The regulations give the Care Quality Commission powers to assess whether both Executive and Non-Executive Directors are fit to carry out their role and whether providers have in place adequate and appropriate arrangements to ensure directors are fit and proper persons both on recruitment and whilst in post.

In undertaking inspections, the Commission will assess compliance as part of the well-led domain. Where compliance cannot be demonstrated this will be addressed as appropriate through the regulatory process.

### 2.2 Who do the Requirements apply to?

The requirements apply to Trust board attendees that is, voting and non-voting Directors and non-executive directors plus the Company Secretary

### 2.3 Compliance and Assurance

Directors will complete an annual fit and proper person declaration (Appendix 1). The outcome will be reported to the Trust Board.

The table at Appendix 2 identifies the specific requirements of the fit and proper persons test and sets alongside those requirements how the Trust intends to assure itself about the suitability of individuals.

## 3.0 Responsibilities

3.1 The regulations require the Chair of the Trust to confirm that the fitness of all new directors has been assessed in line with the regulations.

3.2 The Trust is responsible for ensuring the continued "fitness" of those persons to whom the requirements apply. This requirement will be fulfilled through a number of processes including:

An on-going duty upon those to whom this policy applies to notify the Trust immediately if a director no longer satisfies the criteria to be a "fit and proper person", or other grounds under which the director would be ineligible to continue in post is included in contracts of employment

- The completion of an annual self-declaration for all Directors.
- Introduction of annual checks for credit, bankruptcy and registration.
- Formal appraisal processes.

- Maintenance of the register of declared interests.
- 3.3 The Director of People and Culture is responsible for ensuring the policy follows the appropriate Trust format and complies with the recognised development, consultation, approval and ratification process.
- 4.0 Associated Documents and References**  
NHS Employers, NHS Confederation & NHS Providers (2014) “Fit and proper Person Test” nhsconfed.org [Online]  
<http://www.nhsconfed.org/~media/Confederation/Files/public%20access/Fitproper person test guidance providers.pdf>
- 5.0 Dissemination and Implementation**  
This policy will be made available on the intranet. It will also be given to all new executive and non-executive directors on appointment.
- 6.0 Monitoring compliance with the policy**

Standard/process /issue	Monitoring and audit			
	Method	By	Committee	Frequency
Instances of non-compliance with policy	Annual audit (or sooner if necessary)	Report by Company secretary	Trust Board	Annually

Appendix 23 - Annual self-declaration – *available on request*  
Appendix 24 – Annual Audit – *available on request*

Date of meeting	09 November 2017
Paper number	E4

<b>People and Culture Committee</b>
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For approval:		For assurance:	√	To note:		For information:	
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<b>Accountable Director</b>	Chris Swan Non-Executive Director
<b>Presented by</b>	Mark Yates Non-Executive Director
<b>Author</b>	Kimara Sharpe Company Secretary

<b>Alignment to the Trust's strategic priorities (√)</b>	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	√	Ensure the Trust is financially viable and makes the best use of resources for our patients	
	Develop and sustain our business			

<b>Alignment to the Single Oversight Framework (√)</b>	Leadership and Improvement Capability	√	Operational Performance	
	Quality of Care		Finance and use of resources	
	Strategic Change		Stakeholders	

<b>Report previously reviewed by N/A</b>		
Committee/Group	Date	Outcome

Date of meeting	09 November 2017
Paper number	E4

<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	R3.1 R3.2
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Level of assurance and trend				
			↑ ↓ →	
	Significant			
	Limited			
	None			
	Not applicable	√		Not assessed

Purpose of report	This report provides the Board with the key achievements, issues and risks discussed at the People and Culture Committee at its September and October meetings.
Summary of key issues	Items discussed included: <ul style="list-style-type: none"> <li>• People and Culture Strategy</li> <li>• Workforce KPIs</li> <li>• Recruitment and retention</li> <li>• 4ward</li> <li>• Risk register and BAF</li> </ul>
Recommendations	The Board is recommended to: <ul style="list-style-type: none"> <li>• Note the contents of the report</li> </ul>

Date of meeting	09 November 2017
Paper number	E4

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

### PEOPLE AND CULTURE COMMITTEE

#### 1 Introduction

The People and Culture Committee is a Committee authorised by the Trust Board. This report covers items discussed at the September and October meetings.

#### 2 Background

The People and Culture Committee is set up to ensure that the Trust attracts and retains a high performing workforce capable of delivering the Trust strategic objectives. The membership consists of two non-executive directors (NEDs), one associate NED, four directors or representatives, chairs of the reporting committees and the deputy directors of HR. Staff side representatives are on the JNCC and Culture Committee. Staff side will see the notes of the meetings.

#### 3 Issues discussed

##### 3.1 People and Culture Strategy

The Committee endorsed the final version of the strategy which is on the Board agenda for approval. I would like to draw the Board's attention to the Strategy on a Page which will be used when communicating the strategy to the staff and stakeholders.

##### 3.2 Supported workforce

The Committee received a report about Timewise, an initiative run by a social enterprise to ensure that the Trust is a good employer operating flexible working practices. This initiative will be dovetailed with the 4ward programme and regular reports will be given to the Committee.

I am anxious that we provide childcare facilities which support our staff and I have requested a position statement on this service for the next meeting.

##### 3.3 Strategic Workforce Plan

The approach to developing the Strategic workforce plan was agreed. This will inform the budget setting for 2018/19 and will be complete by May 2018.

##### 3.4 Workforce scorecard

The Committee reviewed the workforce scorecard which is developing each meeting. Concern was expressed about the decreasing rates of PDR and it was agreed to develop a corrective action statement. Staff sickness is at 3.88% (target 3.5%) and there is an 8% vacancy rate (target 7%). Mandatory training stands at 87%.

##### 3.5 Recruitment and retention

It was reported that the vacancy rate for middle grade doctors was at 18.42% against a target of <10%. Vacancy rates for consultants was better than the target and for nurses 8.98% (target <7%). The Trust has recruited 51 new nurses (mainly newly qualified) and starting documents are awaited (PINs). A recent recruitment drive in Ireland has resulted in 16 nurses and 5 physios being offered posts. The Committee has requested a detailed look at the recruitment pathway as it is

Date of meeting	09 November 2017
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recognised that this could be streamlined.

The Committee were satisfied with the progress being made in respect of winter staffing.

### **3.6 Safer staffing**

This report is on the agenda for the Board to review. The Committee have requested that the paper concentrates on safer staffing rather than include recruitment. There was concern about the out of policy practice associate with e-rostering. Further training will take place to rectify this.

### **3.7 4ward steering group**

The 4ward programme was successfully launched at the beginning of October. There still needs to be some awareness raising and work continues with the advocates.

### **3.8 Responsible officer annual report**

The report showed the progress up to March 2017 with appraisal of medical staff. Data have been submitted to NHS E.

### **3.9 Other items discussed and reviewed**

- **BAF – workforce risks:** This was approved
- **Workforce risk register:** The work in progress was agreed.
- **JNCC minutes and workplan:** These were noted.
- **Freedom to Speak Up update**
- **Model hospital update**

## **4 Implications**

None.

## **5 Recommendations**

The Board is recommended to:

- Note that the Committee approved the People and Culture Strategy
- Note the contents of the report

Compiled by  
 Kimara Sharpe  
 Company Secretary

Director  
 Mark Yates  
 Deputy Chairman, People and Culture Committee