

People Strategy 2016 - 2020



1. INTRODUCTION

The People Strategy has been developed to ensure alignment with, and underpinning of, Walsall Healthcare's Vision for 2020. This vision, developed in conjunction with our colleagues and partners, demonstrates a clear commitment to the delivery of the NHS Five Year Plan (NHS Five Year Forward View, NHS England, 2014). This will see our approach to care fundamentally shift to deliver services closer to home, where people want it, enabling our patients to stay healthy and happy at home. In order to support this approach, strong partnerships will be developed, working closely with GPs, mental health and social care providers. It is therefore imperative that our people are developing the right skills to work across boundaries, supported by flexible organisational design.

The People Strategy recognises that there is a significant correlation between the delivery of safe, high quality care and an engaged, committed, structured workforce. The People Strategy outlines clear plans to place colleagues first; putting greater value on our colleagues' contribution on creating true engagement, so in turn colleagues recommend the Trust as a place to work and align their personal values to our organisational values. The People Strategy not only provides clear strategic alignment but ultimately will enable the delivery of our Vision for 2020.

The core philosophy of the People Strategy is to place colleagues first in order to become an employer of choice, and to attract and retain engaged and empowered people. The local NHS employment market surrounding Walsall Healthcare is highly competitive, resulting in potential applicants having significant workplace choices. Walsall Healthcare recognises that whilst our competitors can replicate the service conditions we provide they cannot replicate the engaged environment which we will create. The People Strategy has been designed to create an environment where employees feel engaged and their discretionary effort, in delivering exceptional patient care, is valued.

How people perform will determine to a large extent whether the Trust succeeds in reaching its vision for 2020. At the heart of this Strategy is how the workforce is positively encouraged and supported to perform at its best and will become a prime requirement for every leader and manager. Progressive Human Resources (HR) practices with a strong emphasis on organisational development and engagement are essential to realising the Trust's vision and delivering our strategic objectives within the context of the wider NHS reforms.

The healthcare workforce is changing, roles and responsibilities are evolving and traditional professional demarcation lines are being eroded in the face of new ways of working. There is a reduction in the supply of some elements of the workforce and we need new roles to fill that gap. Our people, as well as our patients, are ageing and we need to make sure that we support and nurture our colleagues in order to constantly be developing best practice in the workplace.

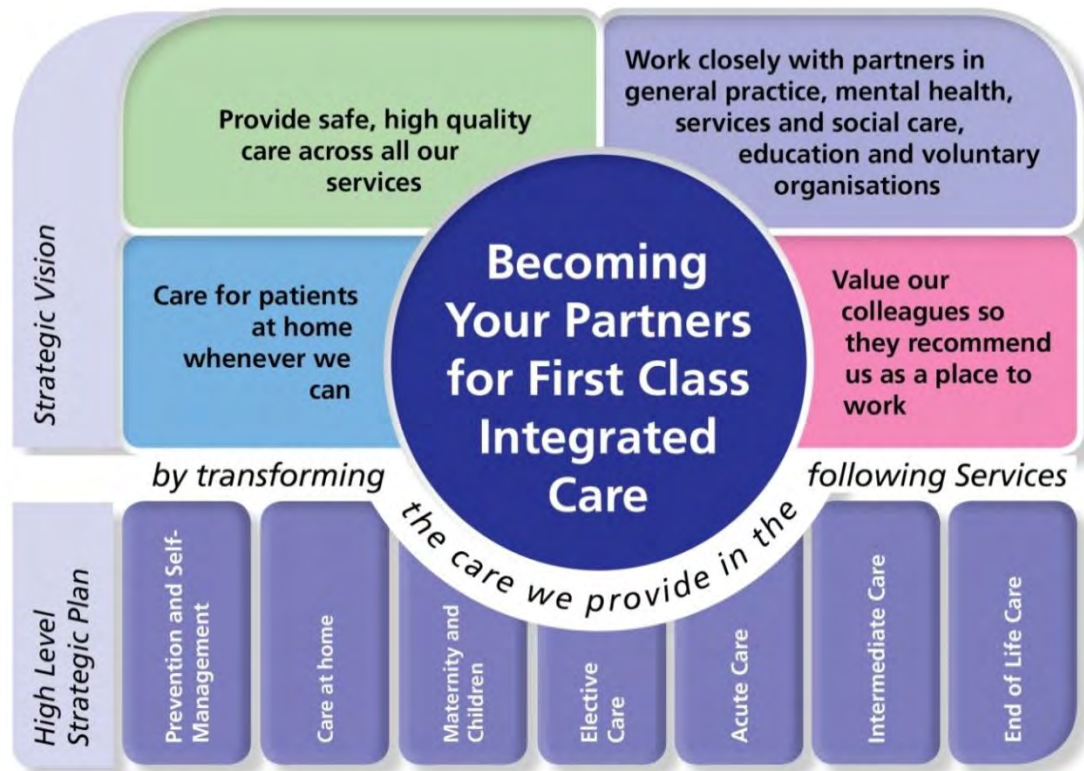
Moreover, many of the problems that the NHS faces – obesity, drug abuse, violence – are not simply problems of health; they are often deeply complex social problems that sit across and between different Government departments and institutions. The People Strategy will support our colleagues to develop flexible and new ways of working, partnering through a multi-institutional framework to improve the holistic provision of care across the local economy.

We aim to develop the talents of all our employees and we will ensure robust succession planning processes to enable a constant supply of emerging leaders. We need to be innovative

in the development of our people to enable us to fulfil our ambition of transforming our workforce in order to deliver our vision. The People Strategy describes the HR approach in order to provide the high quality workplace in which high quality care can be delivered.

1.1 TRUST STRATEGY

The People Strategy clearly needs to demonstrate alignment to the revised Trust strategy below.



1.2 STRATEGIC OBJECTIVES

The overall vision of the Trust is to „Become Your Partners for First Class Integrated Care”, this means that we will work with our colleagues, patients and their carers to deliver joined up health and social care services that best meet the patients” needs. This was adopted by the Trust Board in February 2016 where it was agreed our future sustainable care offering was in partnership with the wider health economy.

We will strive to provide the right care, in the right place by the right person. In order to deliver this we will focus on the care that can be delivered in the community, be it in the patients” home or in a community setting. The clinical and social needs will always be forefront in the decision making process in order to achieve the best outcomes for all patients accessing our services. In order to deliver a first class service we will need to focus on working as part of a seamless service with our colleagues outside Walsall Healthcare Trust. This will see us further developing

our relationships with colleagues in primary care, mental health and social services to streamline services and ensure that our patients are following one clear pathway with minimal handovers.

People Strategy Philosophy: Employees that are treated well, will in turn, treat patients well.

We will ensure that all of our services are safe and of high quality by constantly monitoring and improving the services that we provide using data, reporting and feedback from staff, patients and carers as the basis for all improvements.

In order to achieve our vision we need to ensure that all of our colleagues are valued and feel like an integral part of the wider team, which is striving to achieve the overall vision. There are a number of ways we are looking to do this such as implementing a Listening into Action approach which will allow staff to identify the changes that they would like to see and supporting them to bring about improvements in their services. The training and development of our staff will also be reviewed to support staff satisfaction and to ensure staff have the skills and knowledge that they need to deliver first class care.

Our strategy has been developed in response to the national drivers such as the three gaps outlined in the Five Year Forward View, the need for integration of health and care services as outlined by the Kings Fund and Nuffield Trust and regional and regional and local drivers as set out in the Sustainability and Transformation plans (STP) and our placed care as coordinated by the Walsall Together Programme.



Financial Context: For every £1000 we spend today, will only be £700 to spend in 2020.

2. CONTEXT

The Trust faces challenges if it is to truly deliver first class integrated services for the people who rely on us. These include rising demand for services driven

partly by an ageing population, rising expectations of the quality of care that it provides, significant financial constraints as a result of wider pressures on public sector finances; and the need to develop and maintain high levels of colleague engagement.

Figure 1 below outlines an Environment, Values and Resources (EVR) Congruence Model (Thompson, 2005) which is a measure of how well an organisation is attuned to its environment. It develops the idea of Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to incorporate values. Figure 1 identifies the key influences on our Environment (the opportunities and threats), the Resources (physical) and Values (leadership and culture). An organisation will achieve congruence when its environment, resources and values are mutually reinforced. In order to gain a strong strategic position and achieve congruence, the People Strategy has been developed taking into account this current strategic context.

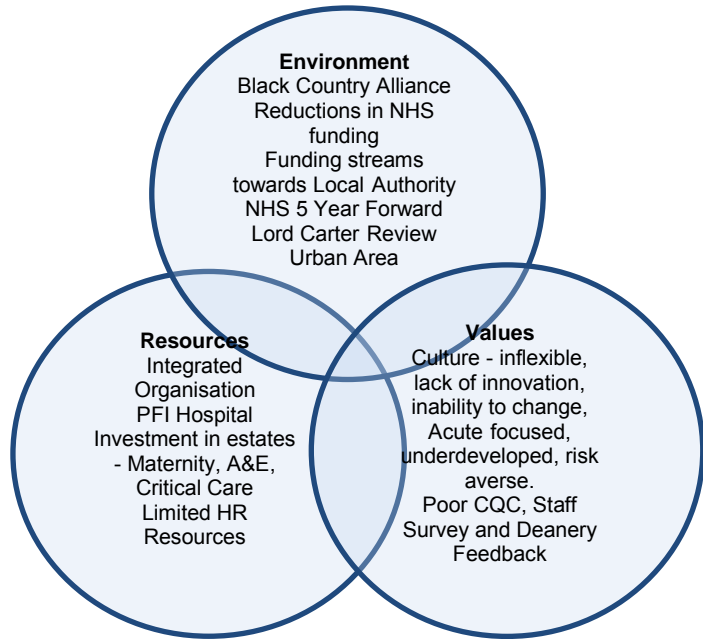


Figure 1 - EVR Congruence Model

To frame the financial challenge in context, the NHS as a whole is required to save £30bn over 5 years.

For Walsall Healthcare, this equates to £70m of savings over 5 years which means for every £1000 we spend today, there will only be £700 to spend in 2020. When faced with these significant financial challenges it is more important than ever to invest in a People Strategy, as it will be impossible to stay a sustainable organisation without engaged people.

The findings of the Robert Francis QC Report (2013) and the publication of Hard Truths (Department of Health, 2014), together with Sir Bruce Keogh’s subsequent review of 14 NHS and Foundation Trusts with higher than estimated mortality rates (2013) provide a strong focus for ensuring that our colleagues are clear about their roles, responsibilities and the expectations

of our organisation. The new style inspection approach introduced by Sir Mike Richards as Chief Inspector of Hospitals gives a focus on all aspects of the delivery of care to our patients with a clear responsibility and the organisation to ensure that our staff levels are transparent and appropriate, our colleagues are trained appropriately and that they are delivering kind and compassionate care to our patients at all times.

The Walsall borough itself poses its own challenges rooted in poor health, it is listed as the 30th most deprived local authority district with high rates of infant mortality, diabetes, heart disease and smoking. As a Trust we are fully committed to developing integrated models of care which are designed around the whole needs of our local population. There will be clear benefits in aligning the delivery of care and support across health, social and third sector services. This will require a more flexible approach and the development of our current models of care across the health economy that we cover.

There are opportunities to do this by working within the Black Country Alliance. An internal challenge that prevents us from leading these innovative solutions at pace however is our culture. The current cultural climate does not enable transformational change to flourish, with optimal processes being adapted to fit the „Walsall way“ rather than simply adopted. Decisions take a long time to implement because they require consensus, creating risk adverse behaviours, stifling innovation. In addition, the NHS environment has its fair share of high-pressured scenarios, causing some of our colleagues to exhibit behaviours that are not always consistent with a caring profession.

The People Strategy takes the internal and external context into account. The Strategy also addresses the recent findings from our CQC Report, the National NHS Staff Survey 2015, Deanery Review and our internal Stress Audit Report. These reports have identified that the current way of working is unsustainable and significant transformation is required in order to ensure future delivery. The data also suggests that colleagues are demonstrating a clear appetite and are in agreement with the need for change. In order to harness this, the OD & HR function needs to be equipped to translate the required plan into action. This will entail a more strategic focus; addressing the underlying causes of disengagement rather than fire-fighting the symptoms of the problem, such as managing grievances, sickness absence and personal conflict.

The scale of the change that we are setting out to undertake will require skilled, competent and engaged people who feel supported in successful delivery within a context of greater competition for our services, and challenging economic circumstances and funding.

This poses a central challenge – and the Trust can continue to focus on delivering high quality services and improve engagement of its people whilst at the same time implementing transformational changes to ways of working and managing transitions in the composition of the workforce.

The People Strategy outlines how the HR function will aid Walsall Healthcare to rise to these challenges. The Strategy is not about chasing targets - it is about implementing a degree of rigour to how we measure and improve our organisational culture. From the Trust's Vision, Values and Strategic context we are consolidating what is important to the Trust, and outlining how the HR function will work with managers to help bring the working environment in line.



3. CURRENT HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT POSITION

In August 2014 a detailed review and recommendations for the HR function by an external consultancy was undertaken. This „Fit for Purpose“ review concluded that the Directorate is predominantly rooted in a Transactional HR model rather than a Transformational HR model. The current emphasis is on a model of HR service that focuses on HR Administration and whilst important it is no longer suitable for a progressive organisation in either the private or public sector. The review identified a number of key opportunities and risks, which need to be addressed in order to ensure Walsall Healthcare had a HR function which could meet the expectations of the organisation. It was agreed to defer action on the report, whilst broadly accepting the direction of travel indicated, until the new HR Director was in place.

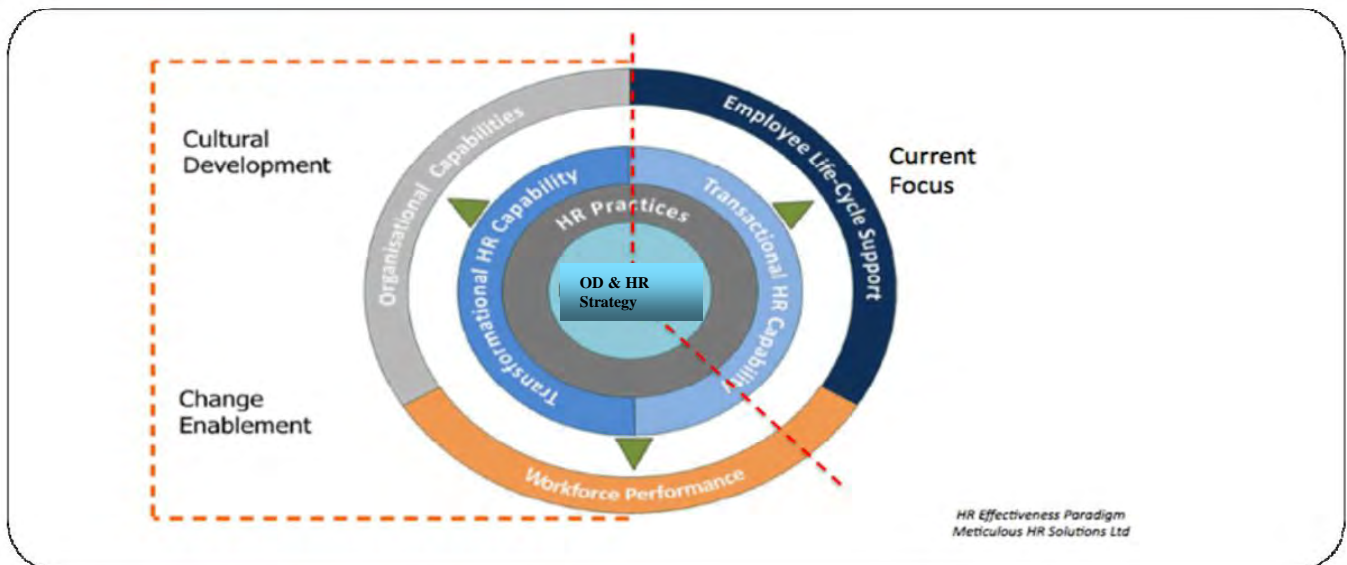
The HR Directorate review (2014) revealed through job activity and stakeholder interviews that:

- There is an opportunity for improvement in OD and HR contribution to organisational development, becoming strategic, value adding and patient focused.
- HR needs to improve its focus and reliability in delivery.
- There is a lack of clarity over the HR function's objectives and the need for communication of a clear HR Strategy.
- There is a need for improved integration and efficiency of HR processes, increased patient orientation and a required investment in HR staffing.
- Additional organisational capacity will be established to deliver the strategy.

There is a widespread view that the function's role, capacity and capability should be enhanced. Managers want a much greater transformational contribution from HR and there is a need for the function to take a leading and facilitative role in developing the culture and future models of care, supporting and enabling change, developing organisational capability and improving workforce performance.

To achieve these outcomes it will require changes to OD & HR structure, job roles, resourcing and capabilities.

The figure below illustrates the current focus of the OD & HR function:



As the public sector in general has modernised and sought to become more efficient, cost-effective and performance driven, there has been an increasing pressure for Trusts to emulate private sector managerial practices, patient orientation and a heightened strategic focus.

Walsall Healthcare has, by no means been immune to these changes and yet, the development of the OD & HR function has not kept track with the required changes.

4. BEST PRACTICE BENCHMARKING TO FACILITATE OD & HR DELIVERY

4.1 Industry Practice

The direction of travel for HR models is to focus on outcomes, not just on what OD & HR function could deliver (Ulrich, 1997). Ulrich describes a structure based on shared service centres together with business partners and a Centre of Expertise. This model is still generally held to be best practice for large or complex organisations.

Accenture research on OD & HR Transformation in the Public Sector also subscribes to the Ulrich model and describe a successful OD & HR function with the following capabilities:

A focus on strategic solutions:	The required business acumen and strategic capabilities:	The right tools in place to access data required for management, analysis and planning:
<p>Business Partners that understands the client group's business strategy and the needs of operational leadership,</p> <p>An HR function that manages itself as a business,</p> <p>A function that's characterised by standardised, leveraged and efficient HR processes,</p> <p>HR that understands the skills that are critical to meet departmental objectives and has plans to address any gaps.</p>	<p>Centres of Expertise that continue to raise levels of business and functional expertise,</p> <p>An HR organisational structure that's aligned to key business units,</p> <p>An HR function that take responsibility and facilitate workforce performance,</p> <p>An HR function that operates from a proactive customer service mentality.</p>	<p>A Shared Service Centre that enables efficient standardised management of HR queries and cases,</p> <p>HR systems in place that provide a single view of the workforce,</p> <p>HR systems in place provide a single view of staff interactions with HR,</p> <p>An HR function that uses workforce analytics to create strategic HR initiatives and interventions.</p>

4.2 Industry Benchmarks

The total number of staff employed within the HR Operations and OD functions is 12.66 FTE. This represents a ratio of HR staff to employees of 1:350. The Incomes Data Services “HR roles and responsibilities survey 2011” provided a benchmark ratio of HR to employees by organisation size and broad employment sector. In the UK public sector, the median ratio of HR staff to employees is 1:103.

The Chartered Institute for Personnel and Development (CIPD) data suggests that for a strategic HR Business Partner the ratio is c1:500, at Walsall Healthcare the ratio is 1:1669.

It is clear from these recognised benchmarks that Walsall Healthcare’s HR function is significantly under resourced.

4.3 New OD & HR Delivery Model

Walsall Healthcare’s OD & HR delivery model, based on Ulrich’s work, will see the OD & HR department realign into four core elements (diagram 4.1):

- **HR Leadership** – providing the overall strategic direction for the Directorate.
- **HR Business Partners** – key HR professionals working closely with leaders, influencing and steering strategy and strategy implementation.
- **Centres of Expertise** – small teams of HR experts with specialist knowledge of leading-edge HR solutions. The role of centres of excellence is to deliver competitive business advantages through HR innovations in areas such as reward, learning, engagement and talent management.

- **Shared Services** – a single unit that handles all the routine „transactional“ services across the business such as recruitment administration, updating employee electronic records, absence monitoring and advice on simpler employee relations issues. The remit of shared services is to provide low-cost, effective HR administration.

It is important to note that each Division will still have its respective HR Business Partners, but that this team will be better enabled by the enhanced capabilities of the HR function. The HR team needs to be highly skilled to influence organisational leadership and take the lead in driving organisational people and HR strategies. To date there has been insufficient capacity in the team as a whole to carry out strategy and function development. This has had consequences for the profile and influence of HR at senior levels and on development of the organisation and HR functions. There needs to be continuity, stability and dynamism in the HR delivery model.

Diagram 4.1:



and financial benefits cannot necessarily be attributed to one HR area in the proposed model. The improvements would be dependent on the combined expertise of a strong team with specialist knowledge and skills that can assist departments in enhancing performance and productivity.

The CIPD suggests that for a strategic HR Business Partner the ratio is c1:500, at Walsall Healthcare the ratio is **1:1669**.

Despite the four distinct areas, it's important for HR to remain united as a function, sharing its knowledge and insight from different parts of the Trust, and remaining dedicated to the colleague focused philosophy regardless of the role that the HR practitioner holds.

Overall, the road to HR effectiveness lies in deeply understanding and adequately supporting the organisational strategy.

5. Human Resources and Organisational Development Strategic Plan

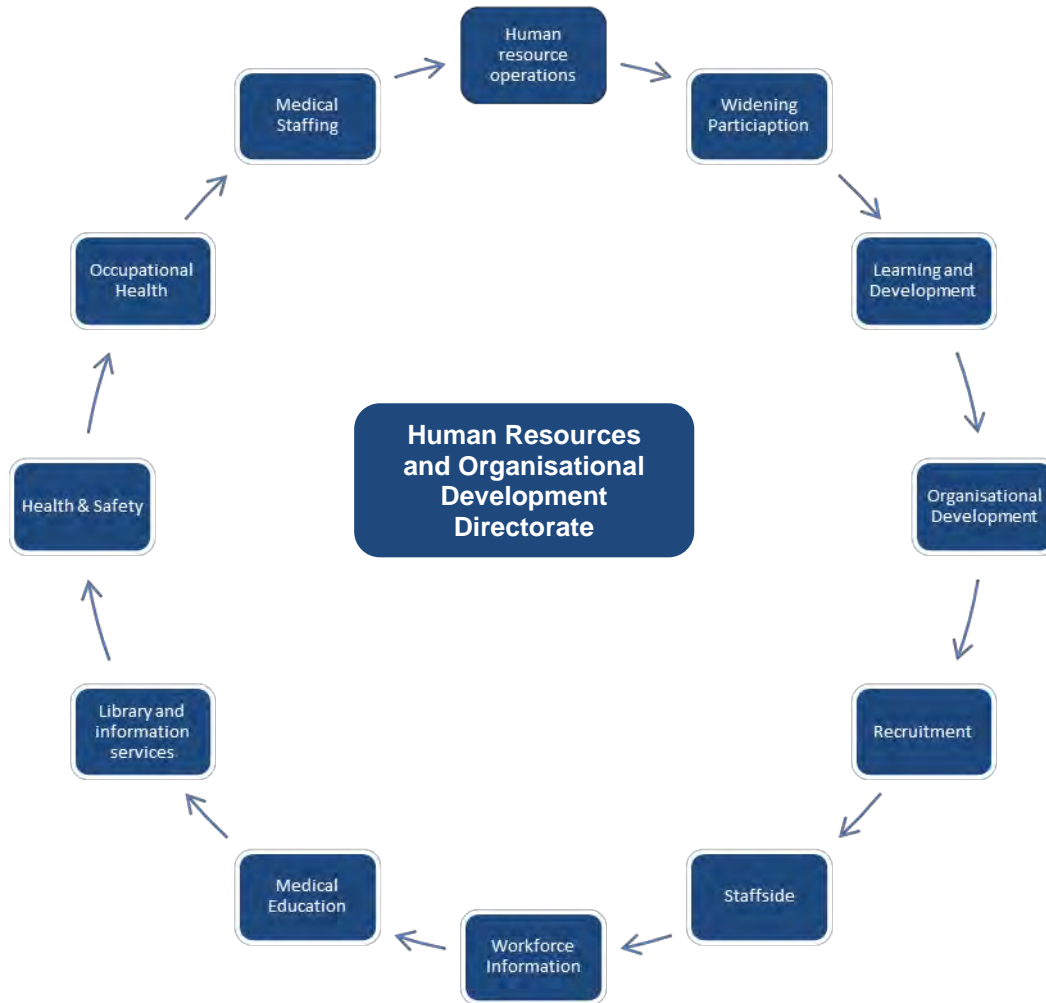
This Strategy will outline the intrinsic focus required by the Human Resources Directorate in order to support Walsall Healthcare to achieve its vision, strategic objectives and associated measurable targets for delivery by 2020. The desire to create a new direction for Walsall Healthcare has led to a refocusing of the mission of the Human Resources Directorate on creating and implementing a new vision. In order to achieve the Trust-wide vision of “Valuing our colleagues so they recommended us as a place to work”, the vision for the HR Directorate is to develop:

- ▶ Vision 1 – A shared culture, vision and values
- ▶ Vision 2 - Strong leaders who create engaged people
- ▶ Vision 3 - High performing people who achieve excellent results
- ▶ Vision 4 - Well-recognised and rewarded people
- ▶ Vision 5 – Well-developed people
- ▶ Vision 6 – Sustainable organisational design.

The points above will create the right conditions and environment in which colleagues will enable the Trust to fulfil its vision and deliver a continuous improvement culture. This means: attracting and recruiting the right numbers of staff into well-designed rewarding jobs; equipping them with the skills, knowledge and behaviours they need to do their job well; keeping them well informed; providing them with constructive feedback on their performance; developing their potential and providing an environment which encourages innovation and improvement, effective leadership and team working in which all contributions are valued.

In order to support the acceptability of the above, work will take place to involve our colleagues and moving forward, will have a more explicit commitment to working fully and openly with Staff Side in the co-development of the final Vision. This will enable colleagues to link their own personal values to the vision, which will increase the likelihood of delivery.

The diagram below demonstrates the business units that formulate the HR Directorate, each team is responsible for core activities that will influence the strategic plan and secure attainment of the vision.



In order to translate this vision into action, it is recognised that the HR function is required to upgrade its capacity to meet the changing needs of the NHS and Walsall Healthcare. The following sections outline the strategic plan for HR’s core work streams and the new direction of travel in order to ensure delivery.

5.1 Organisational Development

The underpinning rationale of Organisational Development (OD) is recognition that an organisation’s policies, practices and overarching culture directly affect corporate performance. Therefore, OD activity should be designed in such a way as to encourage behaviours in the workforce that will promote positive outcomes.

By this definition OD therefore does not exist as an activity in its own right, rather its purpose is to directly influence the achievement of clearly defined objectives and create an organisation that is fit for purpose.

The purpose of the OD functional area will be to support the implementation of continuous service improvement throughout Walsall Healthcare, and to ensure that the required change in culture needed to underpin the vision is developed.

The OD function will be responsible for ensuring that all strategic change, service improvement and supporting OD activity are in line with the vision and strategic objectives. OD will support the transformation plan to establish renewed strategic direction, improved organisational alignment, and harness engagement to improve effectiveness, efficiency and drive innovation. This will include the specific improvement programmes of transforming Community Services, emergency care and patient flow.

The practice to be adopted for these transformational programmes will be „Lean methodologies“. This will engage teams in strategic and operational issues in order to bring about significant and long lasting change. Lean Culture Change is a sustained commitment to drive continuous and never-ending improvement. Strategically, Lean should be focused on developing the voice of the patient, by providing effective and efficient service delivery. Lean thinking starts with a simple methodology to 'focus on the end in mind' and 'seeing through the eyes of the patient' to generate and shape, error and waste free processes that support delivery to our patients.

The purpose of Lean Culture Change is to secure the vision for 2020 by uniting colleagues to deliver the voice of the patient. It is about developing resilient service provision, developing core staff competencies, attracting, and retaining the best people. The methodologies will encourage colleagues to seek solutions outside their professional silos, working together as cross-organisational members to improve processes.

Over the next 5 years, the OD function will support the strategic vision alongside the Transformation team through the deployment of continuous improvement and engagement initiatives. The OD agenda will continue to develop as it helps shape the future direction and culture of Walsall Healthcare. The OD function will continue to be a centre of expertise, providing an important role in the design of processes to ensure Walsall Healthcare is self-sufficient in delivering strategic change and the transformation of services.

5.1.1 Engagement

The Engage for Success White Paper (2012) outlines a clear business case to invest in colleague engagement. For example, as well as high levels of performance and productivity, employee engagement impacts positively on levels of absenteeism, on retention, on levels of innovation, on patient service, and on positive outcomes in public services.

Companies with highly engaged staff report employees taking an average of 7 absence days per year, approximately half the 14 days per year reported in low engagement companies (bottom 25%). Those employees in high engagement companies also report significantly less workplace stress, 28% versus 39% (Aon Hewitt 2012).

One example in the paper has recorded a 26% reduction in absence levels following the introduction of an engagement programme that improved employee engagement by 5%. If Walsall Healthcare reduced its absence levels by 26% to 3.73%, this would result in a cost reduction of £3.83m as well as having a major impact on agency usage.

Significantly, patient satisfaction is considerably higher in NHS Trusts with higher levels of employee engagement. This is also supported by research by Michael West and the King's Fund which demonstrates that levels of staff

Levels of staff engagement predict patient satisfaction, CQC indicators, use of financial resources, absenteeism, turnover & patient mortality.

engagement is the best predictor of a range of outcomes in relation to the national staff survey.

Levels of staff engagement predict patient satisfaction, Care Quality Commission indicators of care quality, use of financial resources, staff absenteeism, staff turnover and patient mortality. The research denotes that people perform better when they feel positive, and specifically clinicians make better medical diagnoses when they feel positive. It is therefore vital that we create positive work environments in order for colleagues to perform at their best.

Our recent National NHS Staff Survey results indicate that Walsall Healthcare has a disengaged workforce. The plan to increase levels of engagement includes the following programmes of work:

1. Listening into Action (LiA) - LiA is about re-engaging with colleagues, unlocking their potential and empowering action in order to contribute to the vision for 2020. Teams are supported and enabled to work differently, linking to performance outcomes they care about making them feel valued. Following an evidence-based, outcome-driven process over an initial 12 months to get to a point of traction LiA will then start to become 'the way we do things around here'.
2. Staff Survey Action Teams – this will see Divisional Champions in working groups, led by the Trade Unions, developing campaigns to target the worst performing indicators from the Staff Survey results.
3. Lean and Improvement Champions – engaging colleagues in the Lean/transformational programmes of work in order to develop the continuous improvement culture.
4. Medical Engagement – the current Strategic Leadership Programme has seen increasing levels of commitment from our medical colleagues. Following on from this programme, medical leaders will be required to develop task force groups organised thematically by clinical pathways.
5. Local engagement – this will involve Executive and Senior Management regularly visiting areas to listen to teams and report back progress on the wider work streams to help close the feedback loop.
6. Team Connect – the current system for the cascade of information via Team Connecting has been adopted inconsistently throughout the Trust. Team Connect is a powerful method of enabling communications up and down the management structure. The current Team Connect method will be reviewed to provide a consistent and measurable process for conveying strategic and operational information, and answering feedback questions.

The work of Engage for Success (2012) demonstrates that engagement drives performance. Employing the above programmes of work will support the development of an engaged workforce, which is essential for the Trust to navigate a turbulent healthcare environment.

5.1.2 Reward and Recognition

Reward and recognition will be a key tool to help foster engagement and commitment. A reward and recognition strategy will be developed with a focus on a personalised programme based on altering behaviours that can actually drive the Trust vision. The Strategy will focus on practices to closely support and advance the organisational objectives as well as employee aspirations. The aim of the Strategy will be to enhance recruitment, retention and performance levels. This will include promoting colleague benefits such as salary sacrifice schemes, fully utilising total reward statements. Total reward has a particularly strong potential to enhance the reputation of an organisation as an employer of choice through its capacity to place a value on the non-basic pay or wider non-financial benefits of working for an organisation.

The strategy will also develop upon our existing recognition programmes, ensuring there are simple methods to identify and applaud everyday actions, the little things that make a real difference to colleagues and patients, as well as the examples of going „above and beyond“.

The current schemes available are:

- For One and All Colleague Recognition Scheme – a weekly scheme where colleague who are nominated receive a personalised card, signed by the Chief Executive, and a badge
- Annual For One and All Colleague Recognition Scheme – an annual award ceremony with specific categories to recognise the „best of the best“
- Long Service Awards – ceremony to recognise colleagues who have achieved either 20, 30 or 40 years“ of NHS service.
- Thank You Postcards – a local initiative where managers can instantly recognise a colleague for good work with a postcard.

All of the recognition programmes will be reviewed to ensure the scheme is tailored to meet the needs of the Trust. Each programme will establish the values and behaviours that the organisation wants to see from colleagues to ensure these positive behaviours are reinforced.

Colleague recognition not only improves engagement and motivation, but it also helps boost an employee“s understanding of its strategic vision. Line managers will play a pivotal role in the implementation of the recognition strategy, creating emotional links to the vision and values. Before colleagues can be truly engaged at work there needs to be an emotional link to the organisation. Recognition programmes that resonate with an individual“s personal values will be a key way to develop pride in one“s work.

Recognition drives behaviours.

5.2 Learning and Development

In order to meet the Trust“s objectives and fulfil our commitment to provide safe, high quality care, we need highly skilled, committed and engaged people. Learning and Development will adapt its approach, being ambitious and visionary in order to enable the delivery of this People Strategy. Learning and Development will support a culture of “putting the colleague first” that enables engaged and competent staff to deliver excellent patient care.

The healthcare workforce is changing, Roles and responsibilities are evolving and traditional professional demarcation lines are being eroded in the face of new ways of working. There is a reduction in the supply of some elements of the workforce and we need new roles to fill that gap. We aim to develop the talents of all our employees and we will ensure robust succession planning processes to enable a constant supply of emerging leaders. We need to be innovative in our offer to our people to enable us to become an employer of choice in our local health economy.

For long term success we will need to build upon our existing education provision to further enhance education in the Trust to support colleagues within their current role, as well as providing more structured and equitable opportunities for career development. We will explore education programmes for new emerging roles, for roles working across health and social care and for roles which work flexibly across traditional professional boundaries. For example, the development of Advanced Nurse Practitioners, Non-Medical Prescribers and Physicians Associates have all been identified by teams as key roles requiring further development and are therefore a priority for Learning and Development.

The Learning and Development team will ensure that colleagues are able to access their Continuing Professional Development and Revalidation requirements to ensure that the future needs of service users can be met. Our people will keep up to date and prepare themselves for future challenges, or changes in working practices, through accessing flexible continuous professional development learning opportunities. We want our statutory and mandatory training programme to run as effectively as possible whilst allowing colleagues to have the greatest flexibility in meeting their training requirements. This will include reviewing the mandatory training content and systems, to support colleagues to attend the courses they are required to attend. Mandatory training is paramount to providing high quality care, ensuring a practitioner's skills are current.

The L&D function's initial focus will be to address the identified organisational training needs to drive the Vision. To achieve this, the function will be delivering three different but related action plans. These are management competency training, service transformation/ improvement skills, and leadership development.

5.2.1 Management Competency

This involves providing general and targeted advanced training on technical subject matters areas such as sickness absence, change and performance management. Managers have the responsibility for all management activity related to their staff. Indeed as they are both the delivery vehicle for change and, along with the colleagues involved, the owners of the eventual outcome, line management will play a vital role in delivering this new People Strategy. This is because of the close relationship managers have with their employees; a level of day-to-day contact that provides the potential for deep understanding of employee attitudes, concerns and motivations. Line Managers have access to the information that can inform, guide and confirm the People Strategy, policy development and business change of Walsall Healthcare.

The learning content will be linked to skill building to enable the participants to quickly apply their new learning. Through discussion and feedback with other participants, the attendees will also be able to learn the good practice embedded across the organisation. This approach to acquiring, reinforcing, and applying knowledge will result in the knowledge transfer to the workplace.

5.2.2 Service Transformation/Improvement Skills

This training is specifically intended to support achievement of the vision in terms of transforming our services to be a fully integrated organisation, delivering care closer to the patient's home. Pathways will need to be analysed to understand the workforce skill set, competencies and team-based working required within integrated pathways, providing a new, more efficient and effective workforce model to be implemented.

A high volume of Lean workshops will take place within service areas, developing local transformational teams to enable colleagues to transform their operational processes in parallel with the delivery of the service. This training design will be utilised in order to maximize knowledge and skill retention, and to ensure the training is applicable to the work the participants undertake. The training will challenge members to consider their workforce design and skill-mix, and how the potential future skill shortages or skills gaps will be mitigated e.g. the development of new roles, the use of apprenticeships.

The emphasis on process improvement skills will provide each participant with a new perspective for looking at the work of their department or speciality. The sessions will be multidisciplinary with attendees from all levels. This will improve the quality of the projects through leveraging the total knowledge of the group.

There will be a consistent focus on application through the use of projects aligned with the vision and strategic objectives. This methodology will develop a significant shift in culture; that all colleagues have a role to play in service transformation. A tangible aspect of leadership here will be to support the transformation projects to enable them to reach fruition, thus supporting the attainment of the vision.

5.2.3 Leadership Development

Through the CQC and Staff Survey reports we have identified the need to develop a supportive yet performance focused leadership style that creates a culture to help colleagues to deliver our Promises and Standards.

The purpose of the Leadership Development functional area is to ensure that leaders at all levels of Walsall Healthcare are equipped with the skills necessary to provide competent direction to the organisation, at the appropriate level and to model the behaviours which promote the organisational culture required for successful delivery of the vision.

The focus of this functional area will be to identify the leadership capacity and potential across the Trust. Capturing the leadership development needs and ensure that leadership programmes and interventions are developed and delivered in an efficient, cost-effective and innovative manner will follow.

The role of the Trust plays an important part in leadership development. The Board will not only undertake its own development programme but will also be a key tool in creating a leadership culture that ensures effectiveness. This will be achieved through translating the vision into clear, aligned, agreed and challenging objectives at all levels of the organisation, from the Board to frontline teams and individuals. Work in this area has already commenced, aligning appraisal objectives to the vision.



A new model of leadership will be implemented at Divisional level to overcome the unprecedented future clinical challenges. General and clinical managers play a pivotal role in delivering the productivity improvements and service transformation that the NHS requires. Therefore, a „shared leadership“ model will be implemented where General and Clinical managers work collaboratively, but with the Medical colleagues leading the team to change and improve services. A programme of work will commence to strengthen the clinical leadership, and leadership development will be taken forward to create a clinically-led service model. This new style of NHS leader will be as adept at building partnerships to deliver care across boundaries as they are at managing their own services.

Leadership development will be a key area of focus towards 2020, as the most important influence on culture is leaders in organisations. What they focus on, attend to, monitor, model, reinforce and do shapes the culture. Every interaction by every leader shapes the culture of the organisation. We will therefore invest in leadership talent and succession planning. This will involve identifying the number of leaders needed in each area of the organisation over the next five years, making sure that leadership reflects the diversity of the staff and local community. Impact will be placed on developing the skills, competencies and knowledge leaders require to achieve the organisational vision – for example, service transformation and staff engagement. It will also involve identifying collective leadership capabilities – how leaders work together to implement organisational strategies and to nurture cultures, which individual leaders working alone cannot accomplish.

The change to a clinically led management model within the Trust is driven by the need to change the way in which we deliver care. This will require high levels of clinical engagement and operational leadership across our services. The proposed model will reinforce the Trust’s “Team of Three” approach at Trust, Division and Care Group level and provide a clinically led approach, whilst ensuring collective responsibility by the team, for service strategy and redesign, quality and safety, operational performance, workforce and finance together with clear accountability and delivery of roles. This will be supported by a robust OD plan and framework which will be drafted and structured by the OD Consultant, by no later than the end of May 2016. This will provide much needed structure in order to engage with Managers through the transformation period, ensuring that as a Trust, we have developed a well-led, supported and engaged clinically led services. This will be driven by a commissioned Clinical Leadership and Transformation Programme.

The Clinical Leadership and Transformation Programme will offer ongoing support designed to develop and work predominantly with the care group leaders “Teams of Three”. This programme aims to focus on developing the competence of the clinical leaders, in order that they can work with the wider clinicians by developing a shared clinically-led service model and will support real time challenges that the Care Groups will encounter over the coming years.

The optimum basis for caring cultures is collective leadership, as opposed to command-and-control structures. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. This will therefore result in increasing the leadership responsibility within the medical workforce, which will bear ultimate responsibility for developing strategies for coherent, effective and forward-looking clinical services.

There will be an approach to embed a culture of accountability and collective leadership which means everyone taking responsibility for the success of the organisation as a whole – not just for their own jobs or area.

This contrasts with traditional approaches focused on developing individual capability. Instead all staff need to take on leadership roles and carry out continual learning. This will empower colleagues to all take responsibility for ensuring high quality patient care – for example, by speaking up when they see unsafe or inappropriate behaviour, regardless of the seniority of the staff concerned. This approach will support leaders and teams to work together across boundaries in the interests of patient care. This requires us to change the way we think about leadership by seeing leadership as the responsibility of all – anyone with expertise taking leadership responsibility when appropriate.

Investing in effective team based working will encourage a culture of compassion and inclusion.

Ultimately, if leaders and managers create positive, supportive environments for colleagues, those colleagues then create caring, supportive environments for patients, delivering higher quality care.

5.2.4 Equality and Diversity

Equality and Diversity is deeply rooted in the NHS Constitution including, dignity and respect, compassion and inclusion. Having shared team objectives and clear roles with a strong commitment to improvement and innovation, the approaches are most likely to have the greatest benefit to encourage inclusion and value different perspectives. These practices alone, however, are not enough; the Trust must take a strategic approach to creating a culture of inclusion.

This will involve using national frameworks such as the Equality Delivery System and the Workforce Race Equality Standard to learn the specific areas for improvement in order to create climates of fairness, inclusion, compassion and equality. This will include reviewing the composition of the Board and wider workforce to ensure it is representative of the people we serve and that our internal processes, whether recruitment or access to training, are supportive of diversity.

Increased focus on effective team based working will encourage a culture of compassion. This means a culture in which colleagues learn to be present and listen to each other (as well as patients); where we have empathic responses to patients and to our colleagues, especially those most subject to discrimination; and taking intelligent action to help each other. For equality and diversity to become part of mainstream business, the key is to invest in the organisational climate so that a profound difference can be made.

5.3 Operational HR

The Operational HR team has predominantly performed a transactional role within Walsall Healthcare. The transactional tasks include managing employee relations and policy development. By performing these traditional roles, HR professionals provide valuable services to the Division that they serve. Nevertheless, these services are often thought of as a cost to the Trust rather than a benefit. In order to support the Trust to deliver its vision for 2020 there is a need for HR specialists to move beyond these traditional roles and thus provide more value-added services.

Every interaction by every leader shapes the culture of the organisation.



These services include helping our leaders to effectively plan and develop their people, improve work processes, and facilitate the smooth transition to new models of care and other innovations in the delivery of healthcare.

The use of agency staff still represents a significant cost to the organisation, however a strategic approach is needed in order to develop a more flexible and responsive workforce and to avoid unnecessary cost pressures.

- Ensure effective use of Rosterpro to help manage temporary staffing and rostering.
- Examine ways to use substantive staff more flexibly through careful workforce analysis – consider piloting your ideas with one department or staff group first.
- Review procurement of agency staff to determine which staff are not being supplied under a framework or local agreement and how to make better use of agencies.
- Create a Trust Locum bank for doctors.
- Ensure that policy and practices are in place to improve the health and wellbeing of our colleagues, for example Healthy Working Lives initiative.
- Explore the possible adoption of the Back Country Alliance to improve flexibility and deployment – consider the possibility of sharing trust-specific bank staff across organisations.
- Explore overseas recruitment for nursing staff.
- Development of new roles to support the workforce transformation agenda.
- Improve support to staff and management to improve attendance.
- Involve HR and internal communications teams to implement organisational change and ensure staff engagement.

The paradigm shift will involve the development of more streamlined processes, communication and collaboration between HR areas, strategic business partnership with line management, employee and management training. Instrumental to the conversion to the new HR model will be working with all Trade Unions to review how employee relations work is currently undertaken and how it should now be approached. This will involve reducing the primary focus of activity from managing the symptoms of underlying problems, e.g. through mediation and grievances, to business partnering with line managers to address the fundamental cause. This model will provide a more consultative HR role, and improve our service leads' capacity to drive improvement. This initiative will require a change from a cultural perspective, working alongside all the Trade Unions recognised within the Trust.

The introduction of the strategic business partner model will significantly increase the capacity of HR professionals to meet the challenges of the future, acting as consultants and change agents with department managers. The HR Directorate's social capital will also improve as a result of being involved with transformational change from the beginning, developing networks within the organisation to support delivery. HR Managers will therefore be positioned to support the future direction of the Trust by continuing to improve the effectiveness of HR programs and services, and to design and implement HR best practice. As strategic business partners, with the ability to adapt to various environments and strategies across the organisation, HR professionals are positioned to be active players in responding to and shaping changes for Walsall Healthcare.



To deliver the Business Partner model there will be a clear distinction made within the operational team. The transactional work will be detached from the HR Managers, with the HR Advisors and Officers solely focusing on the management of attendance and casework. The Business Partner would in essence commission the work to the transactional hub to ensure consistency between the activity requiring HR involvement, and what should be managed within the Divisions.

Securing qualified staff is a strategic imperative and **employer branding** is a means of ensuring access to potential employees.

HR Operations will also develop a balanced scorecard with specific HR measures. This scorecard will demonstrate the ability of HR to drive change with a significant direct impact on the bottom line.

5.3.1 Recruitment and Employer Branding

In employment markets characterised by high competition, obtaining suitable healthcare professionals becomes increasingly problematic as the number of applicants per vacancy declines. Walsall Healthcare will develop a recruitment strategy predominantly based on employer branding to ensure we are an employer of choice within healthcare services. Securing qualified staff is a strategic imperative and employer branding is a means of ensuring access to potential employees.

The employer brand is the package of psychological, economic, and functional benefits provided by employment, identified with an employer. Promoting these benefits will position the Trust in the minds of potential employees as a great place to work (an employer of choice). This approach is closely linked with the People Strategy, because employer branding will only be successful if employee satisfaction and motivation are high.

People are more likely to put effort into living their organisation's values if they understand the fit between their values, and the organisation's. Therefore, the branding will focus heavily on promoting the Trust's values to ensure fit. The Recruitment Team will therefore need to further develop and embed values-based recruitment. This will provide the Trust with more comprehensive information about a candidate's suitability for a position, taking into account the individual's values and behaviours and how they align with those of the organisation.

5.3.2 Occupational Health

Following an external review, there is a business need to develop the Occupational Health (OH) services, moving away from a paternalistic model of delivery towards a proactive and commercially aware service.

The OH service needs to be developed to focus on the promotion of colleagues' wellbeing and the prevention of ill health, as well as the ability to provide reactive services focused on screening, treatment related to work issues and advice. Whilst resourcing the OH department to work together with the organisational development (OD) department to look at staff absences as an organisational rather than an individual issue. Instead of just tackling high levels of sickness absence in a reactive and punitive way, staff wellbeing is proactively managed and supported in the organisation to ensure quality.

The preventative measures will focus on the health and wellbeing of our colleagues. These initiatives will be key to improving the quality of patient care, reducing sickness absence and

improving productivity. The findings of the NHS Staff Survey have identified that initiatives for reducing workplace stress and violence and aggression, would result in a significant positive impact on the colleague experience.

Occupational health has a significant role in working with individuals who are experiencing problems associated with work related stress and helping them either to remain at work or return to work successfully. Occupational Health will promote the common acute manifestations of work related stress such as a change in the individual's performance, showing or reporting some functional impairment, or displaying mood changes. This is due to the fact that frequently these manifestations are noticed by colleagues and line managers rather than the individual concerned. By focusing on a proactive approach individuals may, in the short term, be distressed but long-term sickness absence is not inevitable.

Clear benefits have been identified through the delivery of this model via the Black Country Alliance. This would involve a hub and spoke approach, with the overarching provision of services delivered through Sandwell and West Birmingham Hospitals on site at Walsall Healthcare. Robust links will be developed between OH, HR, and Health and Safety, to ensure that the overall direction of travel for the service is meeting the requirement to be proactive and improve colleague wellbeing.

5.3.3 Workforce Planning

Over the period of the strategy, funding for the NHS will only increase by c 1.5% per year against a predicted annual real cost increase of c. 4%. Given that staff are 60% of our costs this would put considerable pressure on workforce costs. We will need to look at the redesigning of the workforce as a priority, in particular the development of Advance Nurse Practitioners, and assistant nurse practitioners at band 4.

The current practice for workforce planning is heavily reliant on workforce analytics based on current resource modelling. Walsall Healthcare will, therefore, invest in true workforce planning; taking into account the current and future demand for services, local demographics and the impact on other services, whilst helping the Divisions to work within the envelope of affordability.

Continuing to deliver healthcare in the same way is unsustainable. New models of care need to be developed and workforce productivity is required to increase. All colleagues must be encouraged and facilitated to continually look at how they can improve the patient pathway, make things better on a day to day basis and be involved with service redesign from the beginning.

Walsall Healthcare will adopt the „Six Steps“ methodology to integrated workforce planning, taking a systematic practical approach that supports the delivery of quality patient care, productivity and efficiency. The model will enable the Trust to meet both current and future workforce needs in line with the long term financial model. This provides assurance that workforce planning decisions taken are sustainable and realistic. The model itself is a scalable approach, from small ward-based plans to Trust wide, which will support the ability to plan for an adequate supply of qualified staff, mitigating against any potential risks of inadequate staffing numbers.

We will, as part of our understanding of national supply and demand of the healthcare workforce, ensure that we are innovative and supportive of new roles and ways of working, including commissioning training locally or nationally in conjunction with partner organisations.



We will work with our education and community partners on new/shared roles where there is a need to do things differently. This will support our patients in and out of hospital to ensure that, in line with the CQC findings, we continuously review staffing levels and skill mix and adapt to respond to the changing needs and circumstances of people using the service. This will enable us to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet patients care and treatment needs.

Investment in workforce planning will aid the remodelling of the workforce profile, supporting our leaders to redesign pathways and roles to enable the shift of activity towards our community services. This is particularly pertinent given that 80% of our workforce is Acute based. The following table denotes the Acute/Community split by staff group:

By FTE @ 31/01/2016	Acute	Community	Grand Total	Acute %	Community %
Additional Clinical Services	572.84	133.29	706.14	81.12%	18.88%
Administrative and Clerical	686.43	143.60	830.03	82.70%	17.30%
Allied Health Professionals	114.85	99.52	214.37	53.58%	46.42%
Estates and Ancillary	261.80	12.47	274.26	95.45%	4.55%
Healthcare Scientists	87.01	0.00	87.01	100.00%	0.00%
Medical and Dental	347.85	29.90	377.75	92.08%	7.92%
Nursing and Midwifery	804.84	343.66	1148.50	70.08%	29.92%
Professional & Scientific	98.45	6.53	104.98	93.78%	6.22%
Students	33.00	5.67	38.67	85.33%	14.67%
Total	3007.06	774.66	3781.72	79.52%	20.48%

The ambition to move care closer to home is not new, but with effective workforce planning adopted, it will ensure that the significant changes needed in the way care is delivered are developed in order to achieve it.

5.3.4 Workforce Information and Electronic Staff Record (ESR) Systems

In order to support the implementation of the business partner model it is crucial to have efficient and cost effective transactional services underpinning delivery. To achieve this, the focus for the Electronic Staff Record System will be to fully utilise its technological capabilities, increasing the use of self service, which in turn will deliver improvements in the efficiency of HR services and eliminate the unnecessary duplication of efforts.

The team's focus will be to offer a single point of contact, providing a centralised repository of accurate and up-to-date information.

This will include streamlining internal processes such as data entry (employee lifecycle), renewals e.g. Professional Registrations, Right to Work and Disclosure and Barring Service; ESR Systems Administration, Work structures and Establishment Control.

A particular advantage would be to exploit technology, for example, if electronic forms are developed and Manager Self Service is used for more transactions, then the amount of ESR data entry could be reduced. This will initially require a level of resource to provide additional training and communications to support new ways of working and use of additional functionality. This could also have an initial impact on current ESR Helpdesk Support Services especially during the early stages of additional functionality implementation.



More benefits and economies of scale would be delivered from running on one ESR system. The Black Country Alliance approach advocated in the Lord Carter review will optimise resources to improve efficiency.

5.3.5 Medical Staffing

The direction of travel for the Medical Staffing function will be to support Walsall Healthcare to re-address its medical temporary staffing usage and containing workforce costs. There are significant benefits such as increased productivity and reduced costs through ensuring robust processes for the management of rosters, annual leave and study leave, for example. This will involve fully exploiting technology, streamlining and using electronic systems to reduce resource heavy administrative processes. Effective job planning and recruitment processes will also support with the reduction of temporary staffing costs.

Medical Staffing will also embed a new recognition criteria for the Clinical Excellence Awards. The Clinical Excellence Awards are incentive payments designed to reward outstanding work by consultants. It is important that the criteria for local awards are clearly linked to the organisational objectives and drive innovation and improvement. This will ensure that consultants are rewarded for truly exceptional work that has also furthered the Walsall Healthcare agenda.

5.3.6 Governance

The HR function will continue to develop legally compliant employment policies and procedures, ensuring steps are taken to scan the horizon to understand the impact of emergent case law and legislation on Walsall Healthcare. In the immediate short term, all HR policies will be reviewed to develop a paradigm shift from policing to enabling. Policies cannot be written to cover every eventuality, as this leads to laborious documents which inhibit flexibility and management empowerment to „do the right thing“. Numerous examples have emerged where common sense has not prevailed with the application of policies resulting in decisions rooted in strategic drift. In order to support the development of the culture for 2020, HR policies will need to be addressed to ensure they are flexible and enabling for managers, with the overarching fundamental drive of fairness.

6. DELIVERY OF THE STRATEGY

The strategy set out in this document has been designed to enable the delivery of the vision for 2020 as well taking into account a range of feedback mechanisms such as the CQC report, colleague engagement programmes and the NHS Staff Survey.

The degree to which the vision is achieved will be measured as follows:

- Through evaluation of key performance indicators that will be set for each of the core HR business activities
- Through the NHS Staff Survey and other local survey results e.g. the Staff Friends and Family Test
- Recognised improvements, particularly in areas such as culture, as identified through inspections such as the CQC and Deanery.

HR Policy paradigm shift: from policing to enabling.



The People Strategy Critical Success Factors will be:

- Shared Trust-wide values and expected standards of behaviour
- Consistently achieves the Trust-wide target for completed appraisals and mandatory training
- Improved Staff Engagement score as evidenced in the NHS Staff Survey
- Improved overall Staff Satisfaction (NHS Staff Survey)
- Improved % of colleagues recommending the Trust as a place to work
- Increase participation rates in leadership development programmes
- Achieve and sustain the Trust attendance target
- Reduced agency expenditure
- Robust workforce plans aligned with the clinical strategy
- Policies that facilitate innovative workforce

The overall impact of the People Strategy along with the key performance indicators will be monitored through the People and Organisational Development Committee, reporting bi-monthly to Trust Board.

The People Strategy has outlined not only the cost benefits to be realised over time, but more importantly the tangible benefits that can be delivered with a direct impact on patient care. In order for these benefits to be realised, an investment in HR is crucial to build capacity for Walsall Healthcare to deliver and ensure future sustainability.

Appendix 1 outlines the 2016/7 objectives and initial action plan to support this strategy.



Improvement Area		Progress			RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure							
Improving for Patients								
1	Improve the Quality and Safety of our Care							
1.1	Deliver a programme of quality improvement in response to the CQC inspection report.	<ul style="list-style-type: none"> ED and Maternity rated at least "Requires Improvement" by CQC. Safe and Effective domains rated at least "Requires Improvement" by CQC. Improvement in % of staff likely to recommend us for treatment in staff survey. Improvement in overall score in national inpatient survey. 	Q1 • 25 % Completion of actions / confirmed plan Q2 • 50 % Completion of actions / confirmed plan Q3 • 75 % Completion of actions / confirmed plan Q4 • Completion of actions / confirmed timeline for strategic actions			DN/MD	All	Trust Quality Executive
1.2	Improve the quality and sustainability of maternity and neonatal care.	<ul style="list-style-type: none"> Maternity rated at least "Requires Improvement" by CQC. Midwife to birth ratio improved to better than 1:30. Improved results in maternity patient survey. 	Q1 • 1:28 Ratio – taskforce objectives to be determined Q2 • Taskforce Objectives to be determined Q3 • Taskforce Objectives to be determined Q4 • Taskforce Objectives to be determined			DN	All	Maternity taskforce
1.3	Improve the quality and safety of the Emergency Department.	<ul style="list-style-type: none"> ED rated at least "Requires Improvement" by the CQC. Reduce long waits in ED – 4 hour performance improves in line with SRG trajectory. Reduced nursing and medical 	Q1 • 25 % Completion of actions / confirmed plan Q2 • 50 % Completion of actions / confirmed plan Q3 • 75 % Completion of actions / confirmed plan			MD / COO	All	ED Taskforce

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
		vacancies in ED team. • Improvement in ED patient survey results.	Q4	• 100 % Completion of actions / confirmed plan					
1.4	Improve the quality and sustainability of our Cancer services.	• Sustain delivery of 2 week wait standard throughout the year. • Deliver 62 day standard from August 2016.	Q1	• Reduce the size of the backlog		COO	All	Out-patients	
			Q2	• Achieving all mandatory targets					
			Q3	• Continue achievement and compliance					
			Q4	• Continue achievement and compliance					
1.5	Establish a sustainable future for the stroke service	• Agree sustainable future model for the Trust's stroke service with commissioners and stakeholders. • Deliver SSNAP rating of the service of at least B [NB. need to check this – is B realistic or should it be C?]	Q1	• Completion of actions agreed in options appraisal • Rehab pathway design completed and clear deployment timeline outlined		DST	Effective	Patient Flow	
			Q2	• Commence Rehab pathway actions • Stability of SNAP compliance					
			Q3	• Improvement of the base line Metrics by xx% • Improvement in patient/carer experience by xx %					
			Q4	• Improvement of the base line Metrics by xx% • Improvement in patient/carer experience by xx %					
1.6	Improve the quality of the care we provide to patients at the end of their life.	• Embed individualised management plans across all areas	Q1	• Launch new care plan in 100% areas • Deliver training to key staff • Measure patient/user experience • Develop evaluation process • Develop Key metrics for success		DN	Caring	Trust Quality Executive	

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
		Q2	<ul style="list-style-type: none"> Improvement of the base line Metrics by xx% Improvement in patient/carer experience by xx % 						
		Q3	<ul style="list-style-type: none"> Improvement of the base line Metrics by xx% Improvement in patient/carer experience by xx % 						
		Q4	<ul style="list-style-type: none"> Improvement of the base line Metrics by xx% Improvement in patient/carer experience by xx % 						
Improving for Patients									
2	Community Services Development								
2.1	Complete the deployment of integrated locality teams with partners agencies in Mental Health, Social Care and Primary Care	<ul style="list-style-type: none"> 5 locality teams working closely with their GP practices linked to local social care and older adult mental health teams. Single approach to risk stratification in place across all teams and all partners. 	Q1	<ul style="list-style-type: none"> Deployment of integrated locality team with SC staff across all 5 localities 		DST	Responsive	Care Closer to Home	
		Q2	<ul style="list-style-type: none"> Audit of MDT working across all localities and agree a common set of gaps to resolve. 						
		Q3	<ul style="list-style-type: none"> Deployment of integrated locality team with MH staff across all five localities 						
		Q4	<ul style="list-style-type: none"> Readmissions to be at or below the West Midlands average 						
2.2	Deploy mobile technology for community teams	<ul style="list-style-type: none"> Secure the funding Complete a tender of the market Agree a common approach with partners for EPR sharing where possible Initiate the deployment locality by locality 	Q1	<ul style="list-style-type: none"> Completion of procurement process for a mobile working solution 		DST	Responsive	Care Closer to Home	
		Q2	<ul style="list-style-type: none"> Deployment of mobile working in a defined set of community services 						
		Q3	<ul style="list-style-type: none"> Deployment of mobile working across community services 						
		Q4	<ul style="list-style-type: none"> Contingency period for remaining actions 						
2.3	Build a directory of services (DOS) and	<ul style="list-style-type: none"> Agree a common approach to a single DOS for the health 	Q1	<ul style="list-style-type: none"> Map what services exists today and how we can link them together 		DS	Res pon	Car e Clo	

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
	a single point of access to ensure efficient use of resources	economy • Undertake a review of the single point of access function across partners and design a future model. [Do we want to deliver in 2016/17 or just design?]	Q2	<ul style="list-style-type: none"> Commence and complete compilation of a single directory of services for health 50% of Trust services on DOS 					
			Q3	<ul style="list-style-type: none"> Agreed design of single point of access 75% of Trust services on DOS 					
			Q4	<ul style="list-style-type: none"> Implement single point of access for an agreed set of community services 100% of Trust services on DOS 					
2.4	Continue the development of integrated care pathways that link of key services together seamlessly	<ul style="list-style-type: none"> Complete the work on the frailty service to link seamlessly in the community Complete the COPD integration Undertake pathway integration work in at least 2 other areas – use output of logic modelling with CSU to inform. 	Q1	<ul style="list-style-type: none"> Final phase of the FES service linking to community 		DST	Effective	Care Closer to Home	
			Q2	<ul style="list-style-type: none"> To be confirmed by Care Closer to home 					
			Q3	<ul style="list-style-type: none"> Agreed design of XXX integrated pathways 					
			Q4	<ul style="list-style-type: none"> Deploy XX integrated pathways to enable integrated working 					
Improving for Patients									
3	Improve our Emergency Care Pathway								
3.1	Implement a “discharge to assess” model to sustainably reduce medically fit for discharge patients unable to leave acute care.	<ul style="list-style-type: none"> “Discharge to assess” model of care agreed with partners in CCG, social care and mental health. “Discharge to assess” model in operation. Sustained reduction in the numbers of MFFD patients and the time they spend in hospital 	Q1	<ul style="list-style-type: none"> Define the Metrics and baseline 		COO	Effective	Patient Flow	
			Q2	<ul style="list-style-type: none"> Begin reporting against metrics identified 					
			Q3	<ul style="list-style-type: none"> Continue reporting against metrics 					
			Q4	<ul style="list-style-type: none"> Continue reporting against metrics 					

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
		after they have been identified as MFFD.							
3.2	Deliver national 7 day services standards for emergency care	<ul style="list-style-type: none"> Standard 2 - Time to First Consultant Review: Standard 4 - Shift Handovers: Standard 5 - Diagnostics: Standard 8 - Ongoing review: Standard 9 - Transfer to Community, primary & Social care: 	Q1	<ul style="list-style-type: none"> Completion of agreed actions for plans, and agreement of appropriate Measures. 		MD	Effective	Patient Flow	
			Q2	<ul style="list-style-type: none"> Completion of agreed plan for Standards 2 & 4. Agreement reached with Walsall CCG & Public Health re: plan to 2020 					
			Q3	<ul style="list-style-type: none"> Completion of agreed plan for Standards 5 & 8. 					
			Q4	<ul style="list-style-type: none"> Completion of agreed plan for Standard 9. 					
3.3	Implement a SAFER bundle on our wards.	<ul style="list-style-type: none"> SAFER bundle in use consistently across our inpatient wards. Improvement in percentage of patients discharged earlier in the 	Q1	<ul style="list-style-type: none"> All patients have an EDD Develop the trajectory to increase early discharge 		COO	Effective	Patient Flow	
			Q2	<ul style="list-style-type: none"> Achieving Trajectory Continuous compliance with EDD 					
			Q3	<ul style="list-style-type: none"> Achieving Trajectory Continuous compliance with EDD 					

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
		day. <ul style="list-style-type: none"> Improvement in the number of patients discharged at the weekend. 	Q4	<ul style="list-style-type: none"> Achieving Trajectory Continuous compliance with EDD 					
3.4	Delivery a sustained reduction in unplanned readmissions to hospital.	<ul style="list-style-type: none"> Reduction in our rate of emergency readmissions within 30 days from 17% (Jan 16) to no more than 14% by March 2017. 	Q1	<ul style="list-style-type: none"> Completion of SAFER discharge mechanism 		MD	Effective	Patient Flow Care Closer to home	
			Q2	<ul style="list-style-type: none"> Taskforce Objectives to be determined 					
			Q3	<ul style="list-style-type: none"> Taskforce Objectives to be determined 					
			Q4	<ul style="list-style-type: none"> Taskforce Objectives to be determined 					
Improving for Patients									
4	Improve our Elective Care Pathway								
4.1	Complete delivery of the RTT recovery plan (Inc. returning to RTT reporting).	<ul style="list-style-type: none"> Return to national reporting of 18 week RTT data by end Q1. Reduction in total PTL to sustainable size (between 15,000 – 18,000 patients). 	Q1	<ul style="list-style-type: none"> Continue with current agreed RAP (Remedial Action Plan) trajectory Agree subsequent trajectory 		COO	Responsive	Outpatients	
			Q2	<ul style="list-style-type: none"> Delivery of new trajectory Improved understanding of status of treatments 					

Improvement Area		Progress			RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure							
		<ul style="list-style-type: none"> Reduction in patients waiting over 18 weeks to deliver 92% within 18 weeks. [NB. Current trajectory to do so by June under review – must deliver by end of the year at latest]. 		to improve reporting				
			Q3	<ul style="list-style-type: none"> Ongoing delivery of new trajectory 				
			Q4	<ul style="list-style-type: none"> Ongoing delivery of new trajectory 				
4.2	Ensure effective operation of our outpatient services	<ul style="list-style-type: none"> An agreed programme of improvement work for our outpatient services. Increased clinic attendance – improved booking rates and reduced DNA rates. 	Q1	<ul style="list-style-type: none"> Robust establishment of baseline Agree Trajectory 		COO	Effective	Outpatients Theatres
			Q2	<ul style="list-style-type: none"> Deliver agreed trajectory 				
			Q3	<ul style="list-style-type: none"> Deliver agreed trajectory 				
			Q4	<ul style="list-style-type: none"> Deliver agreed trajectory 				
Improving for Colleagues								

Improvement Area		Progress			RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure							
5	Establish a substantive workforce that reduces our expenditure on agency staff.	<ul style="list-style-type: none"> An agreed plan for reducing the Trust's use of agency staff. Agency staff expenditure reduced compared to 2016/17 and in line with the national limit set for the trust. [NB national limit of c. £5m only just set for the Trust so need assessment of deliverability]. 	Q1	<ul style="list-style-type: none"> Bring locum spend in line with national caps Establish system for two year placements for overseas junior doctors Develop relationship with Deanery over Q1 - Q4 Decision to be made where temporary staffing sits Education around staff requesting bank staff Q1 – Q4 Commence recruitment of additional nursing/midwifery posts. 		DOD/HR	Safe	Workforce
			Q2	<ul style="list-style-type: none"> Develop a careers website, presence at nursing careers fayres, social media campaign, and „back to practice“ campaign; to ensure all vacancies are recruited to. Q2 – Q4 BCA Locum Bank to be implemented 				
			Q3	<ul style="list-style-type: none"> Electronic rostering system implementation to be completed 				
			Q4	<ul style="list-style-type: none"> Work with workforce planning team to reduce reliance on Locums by development of ANPs. Employer branding initiatives in place. 				

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
6	Improve attendance through a number of measures including improving occupational support	<ul style="list-style-type: none"> Improved attendance rates through improved management of sickness absence delivering xx% [TBC] by March 2017. 	Q1	<ul style="list-style-type: none"> Consultation with AMD/DD/HoN Rollout with new structure 		DOD/HR	Safe	Workforce	
			Q2	<ul style="list-style-type: none"> To be confirmed 					
			Q3	<ul style="list-style-type: none"> Implement Training Plan to develop AMD to service leader 					
			Q4	<ul style="list-style-type: none"> To be confirmed 					
7	Establish a clinically-led model of service leadership at Care Group and Division level.	<ul style="list-style-type: none"> Clinically-led structure in place at Divisional level by end April 16. Clinically-led structure in place at Care Group level by end July [TBC] 16. Organisational development work ongoing to ensure effective operation of the new structure. 	Q1	<ul style="list-style-type: none"> 25 % Completion of actions / confirmed plan Leadership event held and plans delivered. 		COO/MD/DN	Well Led	Workforce	
			Q2	<ul style="list-style-type: none"> 50 % Completion of actions / confirmed plan 					
			Q3	<ul style="list-style-type: none"> 100 % Completion of actions / confirmed plan 					
			Q4	<ul style="list-style-type: none"> Monitor leadership model and evaluate risks / issues 					

Improvement Area			Progress					
Area	Target / Measure		RAG	Exec Lead	CQC Domain	Programme Group		
8	Deliver a step-change in staff engagement in the Trust using the Listening into Action programme to delivery this.	<ul style="list-style-type: none"> Listening into Action launched and delivering results by end July 2016. Improved engagement scores in the national staff survey / trust pulse surveys by March 2017. 	Q1	<ul style="list-style-type: none"> Organise LiA workshops and project group Identify the 10 projects for LiA initiatives Hold LiA launch event and project workshops Implement Staff Survey action teams led by Staff Side Increase local visibility of senior management Q1 – Q4 through themed walk arounds Implement new cascade model for Team Brief Colleague engagement to develop the vision/values Q1 – Q3. 		DOD/HR	Well Led	Workforce
			Q2	<ul style="list-style-type: none"> Develop programme for medical engagement 				
			Q3	<ul style="list-style-type: none"> Implement LEAN programme. 				
			Q4	<ul style="list-style-type: none"> To be confirmed 				
9	Improve the leadership and management culture of the Trust through a focused programme of development for senior and middle managers.	<ul style="list-style-type: none"> Board and executive, strategic and operational development programmes designed to create a sustainable healthcare service with integrated systems holding leaders to account in driving the challenges forward. Effective manager course to ensure that all managers and colleagues are held accountable and are aware of the standards 	Q1	<ul style="list-style-type: none"> Roll out of Board and operational development programmes. Q1 – Q2 Roll out of new Appraisal paperwork, linking strategy to objectives Leadership Conference 		DOD/HR	Well Led	Workforce
			Q2	<ul style="list-style-type: none"> As above 				

Improvement Area		Progress			RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure							
		of work and conduct expected of them. <ul style="list-style-type: none"> Improved performance in the staff survey on the questions that relate to the way staff feel supported by their managers. [will need to confirm exact measure from staff survey] 	Q3					
			Q4	<ul style="list-style-type: none"> Evaluation of Programmes. 				
Improving for Colleagues								
10	Deliver the Trust's financial plan including a deficit of no more than £xxm		Q1			DF	Well led	FRG
			Q2					
			Q3					
			Q4					
11	Establish and deliver an efficiency programme linked to Improvement activity to deliver savings of £xxm in year one (including impact of Carter Review).	<ul style="list-style-type: none"> An agreed programme covering next 2 years of improvements in efficiency arising from service redesign. Delivery of the programme in line with the agreed plan. 	Q1	<ul style="list-style-type: none"> Improvement groups to establish plan to fully delivery savings for 16/17. Draft set of transformation actions for next 3 years Exec lead improvement group to assure the delivery from each group reporting to PFIC 		DST/DF	Well Led	FRG
			Q2	<ul style="list-style-type: none"> Planning to commence to 17/18 & 18/19 savings through transformational change. Transformation plans to be finalised and drawn together into a single Trust document 				

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
			Q3	<ul style="list-style-type: none"> Finalise the savings plans for 17/18 and draft savings objectives for 18/19 					
			Q4	<ul style="list-style-type: none"> To be confirmed by Executive Improvement Group 					
12	Establish a clear trust capacity plan to ensure future sustainability.	<ul style="list-style-type: none"> A fit for purpose activity and capacity model for the Trust for the next 3 years agreed by September 2016. Outputs from the model used to support planning for 2017/18. 	Q1	<ul style="list-style-type: none"> Recruit staff to improvement team and agree base model for next 3 years 					
			Q2	<ul style="list-style-type: none"> Establish a sub speciality model working with care groups 					
			Q3	<ul style="list-style-type: none"> Test model and begin to use for simulating future transformation scenarios 					
			Q4	<ul style="list-style-type: none"> Compile a full demand and capacity plan Trust wide for next 3 years to inform annual and strategic planning 					
13	Improve the governance of the Trust ensuring the CQC Well-Led standard is met.	<ul style="list-style-type: none"> Trust rated at least "Requires Improvement" on Well-Led domain by CQC by March 2017. Revised Trust governance structure agreed and in place by June 2016. Improved performance in staff survey questions relating to staff reporting that the Trust's priority is patient care and staff and patients recommending the trust as a place to be treated / work. 	Q1						
			Q2						
			Q3						
			Q4						

Improvement Area			Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure									
14	Design and deliver a data quality improvement plan to ensure that our clinical teams have access to and use data to drive service improvement.	<ul style="list-style-type: none"> Undertake a review of current DQ activities and coordinate through a single group Establish a set of actions to systematically resolve the DQ issues remaining Design an information framework that increases the visibility of our data. Work with delivery teams on embedding data driven decision making. 	Q1	<ul style="list-style-type: none"> Finalise the DQ quality actions and deploy first phase of live information environment 		DST / DF	Effective	IMT		
			Q2	<ul style="list-style-type: none"> Complete bespoke DQ actions and move into normal monitoring Have an information environment available for all operational areas of Trust 						
			Q3	<ul style="list-style-type: none"> Embed the use of data into Divisional team meetings through information coaching. 						
			Q4	<ul style="list-style-type: none"> Complete live information monitoring Finalise coaching with divisional teams on the use of data in decision making 						
15	Deliver a transformational strategy that draws on the benefits from our partnerships with the Black Country Alliance and Healthy Walsall Partnership.	<ul style="list-style-type: none"> Draw outputs from improvement groups into a 3 year transformation strategy Work with teams across BCA to develop services fit for the future Resolve duplication and improve system coordination through HWP. Address future service sustainability with partners and the wider STP footprint 	Q1	<ul style="list-style-type: none"> Agree STP actions and agree with plan with Black Country Partners Agree next areas for development through BCA 		DST	Well Led	Strategic Board Working Group		
			Q2	<ul style="list-style-type: none"> Finalise the next work areas for HWP and commence Complete Trusts Transformation plan to support service strategy/ BCA/HWP and STP objectives 						
			Q3	<ul style="list-style-type: none"> To be confirmed from transformation plans 						
			Q4	<ul style="list-style-type: none"> To be confirmed from transformation plans 						
16	Update our estate with the commencement of a new ICCU and Maternity and	<ul style="list-style-type: none"> New ICCU development underway from [date TBC] and on plan by March 2017. Maternity priorities (new neo-natal unit and second maternity 	Q1	<ul style="list-style-type: none"> ICCU build to commence Clear strategic timeline establish to inform Trust Board on the sequence of decision making 		DST / DF	Well Led	Estates Strategy group		
			Q2	<ul style="list-style-type: none"> Finalise planning and approvals for NNU and Maternity 						

Improvement Area		Progress				RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure								
	Neonatal facilities. Finalise future ED facilities.	theatre) underway and on plan by March 2017. <ul style="list-style-type: none"> Agreed approach to ED extension by September 2016. Agreed approach to ward capacity to accommodate Sandwell activity in place by September 2016. Agreed approach to delivery suite and maternity ward capacity in place by December 2016. Business case for a new intermediate care unit for Walsall developed with partners by March 2017. 	Q3	<ul style="list-style-type: none"> Build commence on NNU and Maternity Agree a Strategic options case for ED 					
			Q4	<ul style="list-style-type: none"> To be confirmed 					
17	Establish a robust approach to workforce planning including development of new roles linked to models of care especially for emergency and acute care and maternity services	<ul style="list-style-type: none"> Robust workforce plans supported by TNA. Workforce transformation group fed into by the Learning & Development group. Recruit the right skill mix to transform the workforce. 	Q1	<ul style="list-style-type: none"> Establish workforce planning lead to implement the six step methodology for WFP 		DOD/HR	Well Led	Workforce	
			Q2	<ul style="list-style-type: none"> Establish task and finish group with a robust action plan for service transformation and development of new roles 					
			Q3	<ul style="list-style-type: none"> 					
			Q4	<ul style="list-style-type: none"> All Divisions having a robust WFP in place with plans to shift from Acute to Community 					
18	Improve the access	<ul style="list-style-type: none"> Return the Division of Medicine 	Q1	<ul style="list-style-type: none"> Taskforce Objectives to be determined 		M	Saf	Workf	

Improvement Area		Progress			RAG	Exec Lead	CQC Domain	Programme Group
Area	Target / Measure							
and quality of education and training for medical staff	and Long Term Conditions to level 2 in the Deanery reporting mechanism • % doctors & nurses revalidated on time • % of medical staff mandatory training • Deanery visit monitoring and reporting by division	Q2	• Taskforce Objectives to be determined					
		Q3	• Taskforce Objectives to be determined					
		Q4	• Taskforce Objectives to be determined					