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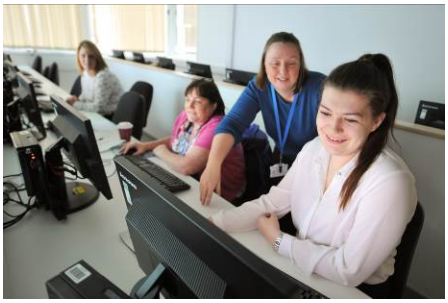
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

NHS
Calderdale and Huddersfield
NHS Foundation Trust

WORKFORCE STRATEGY

2016 – 2021



Approved by the Board of Directors
5 January 2017

compassionate care

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CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

WORKFORCE STRATEGY

Foreword

In line with the vision of the future of the health sector across the region, we clearly face significant challenges in terms of the ever-increasing and complex demands placed upon the Trust.

As part of the ongoing need to develop our services, we are further challenged by the need to re-configure our services to meet these increasing demands across a multi-site organisation. We firmly believe that our workforce needs to be fully engaged in developing our approach to meet these future, and often unclear, requirements.

The Workforce Strategy is the key document that draws together the approaches we require to attract, retain, support, engage and reward our people in order to meet this challenge.

Our vision is to have an engaged and healthy organisational culture, supported by a sustainable and capable workforce working in an integrated and co-ordinated approach with all of our partners. This requires us to ensure that our leadership and management, with our colleagues, is undertaken and delivered in a manner which firmly demonstrates our values and behaviours – and that we put these into action through everything we do.

IAN WARREN

Executive Director of Workforce and Organisational Development

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CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

WORKFORCE STRATEGY

1. Introduction

This Workforce Strategy is grounded in our vision:-

> **"Together we will deliver outstanding compassionate care to the communities we serve"**

and underpinned by the fundamental behaviours which guide the way we work, and which are set out in the Trust's People Management Framework as highlighted in our 4 pillars below:-

These behaviours will continue to guide and sustain us over the next five years as we strive to balance the dimensions of quality, people and money.

There are a number of explicit challenges we need to address within our strategy and it is necessary to keep these in focus as we deliver the changes to our services throughout the next five years and beyond.

The focussed areas within our strategy can be listed simply, but we are clear there are significant workforce issues to be addressed when dealing with these. The areas of focus are:-

- Recruitment
- Retention
- Workforce planning – availability, utilisation and effectiveness
- Agency spend – both in terms of cost and number
- Attendance Management
- Colleague Engagement
- Organisation Development and Leadership

We will ensure that through effective engagement of our colleagues, across the Trust and beyond, we maximise the opportunity of working for CHFT. As with all NHS Trusts, we are dealing with a shortage of professionals in many areas such as Emergency Care, Interventional Radiology, and many nursing areas. We will make certain that through marketing career opportunities in the Trust, developing our workforce, creating career pathways and through effective engagement of our staff that we will equip them to deliver the care required for all of our patients. It is essential we maximise the opportunity and desire to want to work with us as we deliver our future services in keeping with the commitment made in Right Care, Right Time, Right Place.

Further, we will need to consider how new competencies, roles and careers are developed to ensure we have a future workforce capable and enabled to deliver within a more demanding and complex future service. Put simply, we will be the employer of choice and will work with our workforce to ensure we deliver this.

As our Clinical Commissioning Groups have agreed to progress to a Full Business Case which would reconfigure services between our two main sites, we are presented with an opportunity to develop and deliver a future service, which will enable our vision of a sustainable quality service, supported by a workforce who clearly understand their role, and are clear on their career opportunities within, allowing us to work with our clinical colleagues to further develop their own careers with us.

Patient safety and workforce sustainability are at the forefront of our thinking, as we embark on this journey. We recognise that the scale of financial challenge we face will only be met by taking a whole system perspective, that avoids the trap of a purely reductionist approach; which attempts to ‘do the same things in the same way’, with less people year on year. We know that this is not realistic, neither is the assumption that the required scale of reduction in our cost base can be achieved solely through improvements in productivity and greater efficiencies.

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We are wholly committed to reducing waste and improving efficiency within our organisation, and maximising the availability, utilisation and effectiveness of our workforce, and it is our strategic intention to work across traditional organisational boundaries. We aspire to a leadership role which is collaborative, inclusive and directive; acting in the collective interest, to deliver the needs of our patients, whilst making a positive contribution to system-wide choices. We acknowledge that at this point decisions regarding many such choices remain outstanding, and therefore we must be agile in our thinking and our planning needs to be both flexible and responsive to the emerging agenda.

Throughout this journey we will keep the interests of our patients and staff at the forefront of our thinking, ensuring that we are able to support our colleagues through, what is undoubtedly, significant transformational service change along with specific financial and workforce challenges. First and foremost we will drive real service change and improvement, building a resilient workforce with the capability and capacity to thrive and so continue to meet the challenges of the modern NHS.

1.1 This Workforce Strategy sets out the Trust's approach to working with our people and partners in health and social care to build a 'Workforce for the Future'' – by this we mean:-

'A workforce of the right shape and size with the commitment, capability and capacity
to deliver safe, efficient, high quality patient care.'

It provides a framework for plans at health economy, Trust and service level, describing how we will design and deliver the workforce change which is integral to the success of our Five Year Strategic Plan. We aim to create a sustainable future for the Trust and its patients as part of a vibrant local and regional health economy. In striving for this future we know that we must plan, manage and sustain the required transformational change effectively. In doing so we do not underestimate the scale of these challenges or the associated risk, to both our services and our workforce. However, the Board is clear that the combination of a strong clinical case for change together with the requirement to significantly reduce our running costs means that the status quo is not an option for the Trust or the NHS

1.2 It is in this context that this Workforce Strategy must:-

- Deliver the future vision for patient services and CHFT.
- Be grounded in Trust values and aim to reconcile the key dimensions of quality, people and money.
- Create the future of being an employer of choice, allowing for collaborative and flexible working, in support of delivering excellent patient care and treatment.

- Develop a future workforce vision and plan, enabling development of both existing and future roles and careers.

- Develop from a strategic 'whole system' perspective, bringing visibility and transparency, ensuring that short-term in year savings do not compromise longer term strategic aspirations.

- Deliver safe efficient, high quality services within the available resource, underpinned by innovative approaches to our future workforce requirements ensuring that we avoid the problems a purely reductionist approach would create

- Look forward to implementation, continuously assessing and stress testing the impact on staff and structures at any one time to avoid the risk of destabilisation and 'Keep the base safe'.

- Engage and secure collaboration and ownership across the Trust and the wider Health Economy.

- Align with and deliver the workforce impacts of the Five Year Strategic Plan.

- Actively support and enable organisational and service change, to ensure we maintain colleague engagement and effectiveness

2. THE FIVE YEAR STRATEGIC PLAN

2.1 The Five Year Strategic Plan published in January 2016 noted that the Trust currently faces considerable workforce challenges to the detriment of the resilience of clinical services, staff satisfaction and health and wellbeing and to Trust finances. As such, workforce is one of the key factors driving the need for reconfiguration.' Put simply the challenge of maintaining qualified, trained staff in all posts is a definite risk to the quality of patient services.

Specific risks and workforce challenges were noted as including:-

- Non-compliance with Royal College of Emergency Medicine's recommendations on Children and Young People in Emergency Care settings, Critical Care workforce standards and emergency department consultant cover.

- Intense, fragile clinical rotas where unplanned services are provided at two sites.

- Recruitment, retention and vacancy challenges

- Long-term sickness absence challenges primarily relating to anxiety, stress and depression

- Inability to fill the substantive posts in the funded establishment creating heavy reliance on agency staff with a £21.2m forecast expenditure for 2016/2017

2.2 Workforce assumptions included that:-

- The challenges arise specifically due to the current clinical service, and are addressed through the proposed reconfiguration of clinical services which is now in the final stages of consultation.

- Further to the reconfiguration, the Trust will employ broader strategic workforce initiatives to improve the quality and resilience of clinical services and improve opportunities for the future workforce and workforce modernisation, including development of existing roles, as well as maximising new roles, including apprentices, to ensure we maximise the opportunity presented by the Apprentice Levy

- The Trust's financial position is strongly constrained by CIP and QIPP requirements and an overall financial envelope.

- Business as usual turnover of staff, 12.91% (October 2016) will be sufficient to achieve the necessary reduction in WTEs without the need for redundancy, and presents an opportunity through detailed workforce planning to ensure we deliver workforce changes including new roles.

- No assumption was made regarding re-investment in the community workforce model as the preferred provider of these services.

2.3 In the period since publication of the Five Year Plan, changes in activity levels and the further development of the workforce agenda continues to test the assumptions underpinning the profiling of staff groups. Factors influencing this position include:-

- The potential for improvements in operational productivity and performance as referenced in the Carter report, in terms of efficiency and utilisation of staff. Specifics include consideration of back office support, e-rostering, sickness and other areas of staff productivity.

- The opportunities to create new or advanced roles to address medical workforce shortages, and support roles to meet gaps in non- medical workforce. We will continue to assess where other roles can be developed for the future workforce to enable qualified staff to maximise patient facing time.

- The need to respond to the Workforce Race Equality Standard data analysis (2016), whilst we ensure we develop a fully inclusive approach to our recruitment and development, to ensure that we are the employer of choice.

- Focussing further on our health and wellbeing of our colleagues, supported by a fully integrated engagement approach, to ensure continuing reduction in absence levels.

- To deliver a reduction in turnover rates we will develop our engagement approach focussing upon the delivery of a fully effective and quality appraisal for all of our staff.

- Feedback from the CQC visit in March 2016 included many of the areas set out above and also referenced the need to ensure delivery of key development for staff. Specifically, we will concentrate on improving all mandatory training areas with an emphasis particularly on Mental Capacity, Safeguarding and Root Cause Analysis training.

- Changes in activity assumptions, which see significant increase in demand for acute services.

- Improvements in income levels built on increased activity.

- 2017/18 £16.8m agency ceiling

3. 'A WORKFORCE FOR THE FUTURE'

3.1 The financial operational, clinical and system wide challenges confronting the Trust are faced in a difficult financial environment for health and social care. It is in this context that the Trust must embark on the journey to reshape its workforce, building 'A workforce of the right size and shape with the commitment, capability and capacity to deliver safe, efficient, high quality patient care within the available resource'.

By this we mean a workforce where:-

Colleagues are clear about the Trust's priorities, feel valued, confident that their voice is heard; and able to take an active part in decisions which affect the Trust, its patients, carers and the community.

Colleagues are value driven and work together in pursuit of Trust priorities, the right teams are in the right place at the right time collaborating to deliver safe, efficient, high quality patient care within the available resource.

Colleagues are professional and capable, feel equipped to make an effective contribution to Trust priorities and are actively supported by a directive and inclusive leadership community.

Colleagues are resilient, feel supported to improve and maintain their health and wellbeing, sustaining their availability for work to the benefit of patients and fellow team members.

Colleague development will be supported by focus upon the Investors in People standards and will be underpinned by delivery of an effective appraisal. We will continue to strive for improvement utilising the Investors in People Standard as a key approach for driving and analysing our delivery.

4. ENVIROMENTAL ANALYSIS and POSITION STATEMENT

This section highlights known factors both external and internal to the organisation, that underpin and shape the requirement for workforce change; and which have influenced and shaped our thinking. It also summarises current workforce status utilising the latest available quantitative and qualitative data.

The complexity of the external environment and data from a range of sources reveals a workforce under significant pressure, working in an increasingly demanding environment; with an unsettling level of uncertainty about the future. Turnover indicates that significant numbers of clinical staff are making the decision to leave the Trust whilst those that remain are looking for greater clarity about the future and our journey to get there. We are alive to the challenge of maintaining and where required improving staffing levels during this period of change.

As Lord Carter's report states clearly, we firmly believe that our employees are integral to delivering the future service required by ever increasing complexities – indeed they present the best solution in identifying and delivering on our strategy and plans.

We believe that the Trust is already on this journey, and that our approach to people articulated in 'working together to get results' evidences a positive mind-set that recognises people as our greatest asset. However we also recognise the challenges we face, the need to 'take our people with us', and that our approach has to be focussed around engagement, inclusivity and involvement. to build resilience in our workforce and our services supporting an ability and readiness for transformation.

4.1 **Available Resource**

It is increasingly clear that healthcare systems cannot sustain current rates of spending. The Trust's Five Year Plan includes the requirement for a reduction in workforce costs over the five year period to ensure that we are sustainable. These point to a different clinical service model and a workforce of a different size and shape, with potentially a variety of new roles – some of which are yet to be developed. In particular, there is an imperative to get best value from every pound spent on pay and this is at the forefront of our thinking; as is the need to avoid a purely reductionist approach - 'doing the same things in the same way with less

people year on year'. Workforce planning, including the ability to focus on future services and roles, is a priority in this area.

The 2016/17 financial plan is to deliver a deficit of £16.1m. This requires the delivery of £14m CIP, and assumes that non recurrent STF funding of £11.3m is received. Receipt of the STF fund is conditional upon delivery of the overall £16.1m control total, delivery of agreed access improvement trajectories, engagement with the Carter Report, progress towards 7 day working and agency expenditure being within the agreed £15m ceiling. The plan does not allow for any revenue impact relating to the introduction of EPR.

The Trust recognises that the financial position is strongly constrained by the underlying recurrent deficit, the need to identify ongoing CIP and the Commissioner's requirements to deliver QIPP. In addition the Trust faces challenges linked to the financial position regarding cash, and the continuing capital investment requirements relating to the aged building stock at HRI.

4.2 **CIP Performance**

The Trust has a well-established governance processes for the development of CIP schemes. The process has governance oversight provided by the Trust's monthly Finance and Performance Committee and weekly meetings of the Turnaround Executive. This process includes the initial idea scoping stage, to Gateway 1 (GW1) where schemes are required to have a project brief including stage 1 Quality Impact Assessment (QIA) and executive sponsor. Schemes progress to Gateway 2 (GW2) only when there is a full project workbook including stage 2 QIA panel sign off and full Programme Management Office and executive sponsor approval. For these reasons GW2 approved schemes are better developed and therefore carry less risk. However, all schemes are assigned a risk rating.

As of M7, a total of £15.1m of CIP schemes are forecast to deliver against a plan for £14m. £5.05m (34%) of this forecast is reduction in pay costs of which £927k of schemes remains as 'high risk'.

The Trust recognises that the approach set out in this Workforce Strategy requires a fundamental shift from more traditionally focussed in year CIPs to an organisation wide transformational agenda for service and workforce change over the next five years. In October 2016, our Clinical Commissioning Groups announced the decision to re-configure the services between HRI and Calderdale. The key priority within the Workforce Strategy has to be the establishment of the future workforce requirements and the workforce, resourcing and development plans to deliver the vision.

4.3 Impact of Clinical Reconfiguration

As part of a whole system approach, the Trust's Five Year Strategy describes a clinical model underpinning the future model of care for hospital services in Calderdale and Greater Huddersfield. The proposed model of care will address service sustainability issues strengthening the care and quality received by patients. This model of care proposes co-location of planned care services, and unplanned care services. There is strong evidence that the proposed model of care will deliver clinical benefits. In particular, through improvements in paediatrics, emergency medicine and critical care staffing, as well as more general quality benefits from service co-location. The model has been endorsed by the Yorkshire and Humber Clinical Senate.

Formal public consultation on these proposals for major reconfiguration has been undertaken and concluded in June. Clinical Commissioners in Greater Huddersfield and Calderdale announced their decision to proceed to Full Business Case and this is now progressing. Our workforce strategy has to consider this and ensure we have the plans to deliver.

We fully believe that collaboration is required across West Yorkshire to achieve the best for our patients, and, as such, we participate with the West Yorkshire Association of Acute Trusts (WYAAT).

Alongside this the Trust is working hard, and in collaboration with WYAAT, to support the development of a shared vision for transformed health and care delivery for West Yorkshire through development of the West Yorkshire Sustainability and Transformation Plan (STP). The vision is aimed squarely at tackling all three gaps in the Five Year Forward View (i.e. health & wellbeing, care and quality, funding and efficiency)**.**

The proposals for the reconfiguration of services across Calderdale and Huddersfield are based on the need to address significant quality and safety concerns particularly relating to the provision of urgent and emergency care.

The Trust recognises that the plans across West Yorkshire are not sufficiently well developed at this stage to provide a clear solution to these concerns. Progressing the local plans for reconfiguration will put Calderdale and Huddersfield in a good position to address safety and quality issues that will enable and support the wider West Yorkshire model as it develops. In addition in terms of contribution to the required reductions in workforce costs, the burden falls on a combination of annual efficiency savings and strategic initiatives not directly associated with reconfiguration.

4.4 Opportunity for Productivity Gains

The opportunity for productivity gains set out in the Carter Report are seen as directly relevant to shaping the agenda for workforce change at CHFT to focus on productivity improvements across all services – provision of high quality clinical care and good resource management go hand in hand. It is recognised that there is significant potential to improve productivity in the areas of:-

- Improving deployment and optimising our current resource, through focus upon availability. utilisation and effectiveness
- Simplifying existing structures and systems in alignment with EPR implementation.
- Standardising good management practice across the organisation

The Trust recognises the need to support and enable changes in both front line services and back office functions to improve efficiency and reduce waste. To this end it is our intention to revisit current organisational structures, and processes to better align services, eliminate duplication, remove management layers and reduce costs. Key to achieving this will be out ability to bring together clinicians, other healthcare and technology professionals to collaborate in the development of EPR which will underpin the successful delivery of safe, efficient, high quality services.

4.5 Reshaping the Workforce

The Nuffield Report 'Re-Shaping the workforce to deliver the care patients need' states that role re-design is 'essential if we are to find a sustainable balance between available funding, patient needs and staff needs'. The Trust's approach to workforce change reflects this and recognises that there is significant opportunity to create new roles and extend existing roles to address medical workforce shortages; and develop new support roles to meet gaps in non-medical professions. Such roles can offer a rewarding clinically facing career option for experienced staff. However, re-shaping the workforce also carries risk. There is evidence that without careful role and service re-design, new and extended roles can: increase demand, supplement rather than substitute for other staff (cost more), compromise quality and fragment care. The lack of statutory regulation also limits the availability of roles such as physicians assistants to work autonomously. We also believe there are opportunities through effective future workforce planning to deliver employee development opportunities including those generated through apprentice levy to deliver both new roles and competencies.

The Trust recognises these challenges and intends to drive an integrated approach utilising the Calderdale framework as a robust methodology, rather than starting from existing notions of sectors, settings, services and professions. This will require careful planning improvements in collaboration

across professional groups, a realistic view of time and capacity needed to support change, and further investment in training and education.

4.6 **Colleague Engagement**

The direct link between staff engagement and quality of outcomes as Carter states is 'well understood and evidenced across high performing organisations' – Evidence from other industries has shown that good staff wellbeing leads to increased productivity. The Trust understands this and is alive to the risks also articulated by Carter who observed a naturally high resilient NHS workforce 'feeling jaded from consistent pressure to do more with less and the relentless scrutiny of performance'. Importantly Carter offers the following insight 'whilst NHS staff, in the main work extremely hard, often going beyond the call of duty, and are truly dedicated to the NHS and delivery of care to patients, we need a mind-set shift from seeing people as the problem to seeing them as the solution'.

This is reinforced by a recent McKinsey report which concludes 'workforce is by far the bigger component of healthcare spending. Automation and task shifting can dramatically reduce cost and improve care, but the biggest challenge is changing mind-sets'.

By focussing clearly on our values and behaviours, alongside the development of our workforce, we will improve capability and capacity for transformational change. This will be underpinned by direct focus on delivering an effective appraisal to continuously improve our performance against the Investors in People Standard.

The Trust recognises that improving and sustaining levels of job satisfaction, engagement and wellbeing is key to its ability to deliver transformational change; and that given the scale of that change, this presents a real challenge and as such is a top priority requiring focussed leadership and grip across the organisation.

4.7 **Organisation Development and Leadership**

Effective leadership working collaboratively to create an engaged and inclusive environment is an established pre-requisite to achieving successful change. Carter articulates the need to 'raise people management capacity and achieve greater engagement by significantly improving leadership capability from 'ward to board' so that transformation and change can be planned more effectively and sustained'. The report goes on to summarise that this will require a 'Board sponsored leadership strategy – based on business need and a clear set of expectations and encompassing all leaders from Board to frontline; including recruitment, engagement, development, talent management and succession planning'.

We know that there is wider need to equip every individual in the Trust to contribute to the best of their ability which in turn requires an individual performance

management system which is capable of 'appraising both task and behavioural performance and has a range of feedback mechanisms'.

We will develop our workforce and leaders at all levels of the Trust to build capability, capacity and resilience. This will be critical in delivering real transformational change in our service and delivery to our patients.

The Trust recognises that it has an established and effective set of tools deployed in support of engaged leadership - 'Work together to get results'. However, given the challenges facing the Trust there is an urgent need to re-visit this agenda to further inform and focus the future approach to organisational development and leadership.

4.8 **Focus on the Future**

There is a consensus between external commentators that the nature of work is changing, and 'how people want to work' is changing with it. The number of people choosing to be self-employed is increasing year on year. The traditional relationship between employers and employees is changing and becoming more complex with more links in this chain and more insecure terms of employment on the increase.

Demographic trends indicate that by 2025, three quarters of the workforce will be 'millennials' with entirely different expectations. There is also a new information savvy generation of healthcare users who want to 'book' their healthcare like they book a restaurant. Multiple websites provide the information on which to base choice, which is driving ever greater transparency revealing huge variations in treatment and outcomes. At the same time the care needs of our elderly population are putting the NHS under unprecedented pressures as other parts of the system fail.

Technology and automation is transforming healthcare and the requirement for and nature of the resource required to deliver it. As a recent McKinsey report notes 'The potential impact on costs, speed of service, and patient empowerment are quite phenomenal'. The report goes on to comment '15 years ago, no politician would dare to support investment in computers over investment in nurses and doctors. Now every country wants to know how they can accelerate healthcare technology adoption'. Collaboration between clinicians and informatics professionals will be key to bring together expert knowledge of patient care and operational processes with understanding of healthcare informatics methods and tools. We believe success in this endeavour will be key to securing sustainability as we move forward.

The Trust recognises that in driving workforce change it has to design for a different future, at the same time as securing the present and 'keeping the base safe'. The scale of change combined with the complexity of the environment demands an approach where 'transformational change can be planned more effectively, managed and sustained'. The implementation of EPR in 2017 is seen as a critical enabler. At an operational level – driving new ways of

working and upskilling our people to maximise the contribution of technology, and strategically; facilitating real progress towards achieving Joint Governance arrangements and closer working with partners.

4.9 **Management of Workforce Change**

The Nuffield Report 'Re-shaping the workforce to deliver the care patients need' concludes with the statement 'it takes time, investment and skill to re-imagine the workforce and successfully implement change. Implementation can be particularly time consuming and organisations that have successfully transformed their workforce have often embarked on long multi-year journeys, adopting a systematic approach to workforce development and change'.

The Trust recognises the complexity of the wider environment, specifically the need for a systematic evidence based approach within a robust governance structure that brings grip, visibility and transparency. Thus avoiding duplication between different elements and ensuring that shorter term responses to in-year savings plans do not compromise longer term strategic aspirations. We will always look forward to implementation, continuously assessing and stress testing the impact on service staff and current organisational structures at any one time to avoid the risks to destabilisation and business continuity. The establishment of a programme infrastructure supported by robust governance arrangements and the application of the Trust's QIA process will support our priority to 'keep the base safe' through this period of change.

4.10 **Labour Market – Demand and Supply**

Shortages in the supply of labour for key roles in the NHS are well documented at a national level. The World Health Organisation has projected a global deficit for skilled health service professionals (midwives, nurses, physicians) by 2035; reporting 'an increasing competition between OECD countries to attract and retain highly skilled staff in general and health professionals in particular [because] population ageing and changing technologies are likely to contribute to increase in the demand for health workers, while workforce ageing will decrease the supply'. Managing the uncertainty in future demand for highly specialised medical and dental staff is also seen as a critical challenge in this workforce system.

The Centre for Workforce Information (CWI) has reported that the demand for health and care workers could grow more than twice as fast as the rate of overall population growth by 2035. Over 80% of additional demand being driven by increasing healthcare and support needs which are associated with long-term conditions. This relates both to the ageing population and a projected prevalence across age groups.

The initial results from the CWI Horizon 2035 Study suggest that the future profile of demand may be very different to the picture of demand we see today. A key driver

for this difference is the growth in demand for lower levels of skill – those associated with unpaid care support workers, and in paid roles, NHS bands 1-4 staff are projected to substantially outstrip growth in demand for higher staff levels associated with medical and dental professionals.

It is against this background that the Five Year Forward View identifies the risk that given the time it takes to train skilled staff the 'NHS will lock itself into outdated models of delivery unless we radically alter the way in which we plan and train our workforce'. In response we have a stated commitment from Health Education England to 'Commission and expand new health and care roles ensuring we have a more flexible workforce that can provide high quality care wherever and whenever the patient needs it'.

The Trust recognises that the uncertainty and transitional status of the wider health care system adds a level of complexity to formulating its future approach to its people. It is clear that Trust aspirations about both wider future and service models must be considered against the reality of supply; and that in the present a robust recruitment and retention strategy is key to securing areas where vacancies are high. It is clear we need to focus on our ability to consider new models of care and the impact on the traditional view on what roles exist to deliver this. Effective workforce planning and consideration of how we deliver new competencies and roles is becoming increasingly importance – simply replacing like-for-like roles is not sustainable. The competition for the limited pool of clinical professionals is well rehearsed and needs specific attention including longer term planning and considerations for future educational requirements. This will need careful consideration with external stakeholders such as Health Education England.

4.11 Workforce Status 2016/17

4.11.1 Staff Survey 2015

We firmly believe that staff engagement is critical to the successful delivery of our future services and we will pay significant attention to developing our workforce.

With this in mind, the results of the 2015 Staff Survey were disappointing for the Trust. The overall response rate of 40% is below Trust expectations but reflects the national average. The overall indicator for staff engagement was worse than average when compared with Trusts of a similar type.

Overall Staff Survey results put the Trust in the bottom 20% of all acute trusts, although there are some positive indications from staff relating to reporting of incidents, witnessing potential harm, experiencing violence, confidence in reporting unsafe practice and appraisal. The bottom five ranked scores when compared to the national average for acute trusts are a significant cause for concern relating as they do to the quality of the relationship between employees and their employer on

key issues of flexible working, work related stress, pressure to return to work when unwell, lack of management interest in health and wellbeing, recognition and valuing of staff.

Led by the CEO the Trust has engaged a wide range of people in constructing an immediate and combined response to this dissatisfaction which addresses the range of issues in both the 2015 Staff Survey and the 2015 Workforce Race Equality data report , and sees this as integral to its work on improving engagement.

Comprehensive and effective staff engagement will be a key area of focus within the first year of the Workforce Strategy and will continue to receive priority attention throughout our reconfiguration agenda. We believe it is critical to staff health and wellbeing, resilience, recruitment and retention.

The Trust recognises that instilling value driven engaged leadership at all levels of the Trust to ensure that the day to day experience of staff is positive and supported by directive, inclusive and accountable leadership is key to its future success and sustainability .

4.11.2 **Staff Friends and Family Test**

The Staff FFT running since 1 April 2014 has generally consistently positive themes around:-

- Good quality care from caring health professionals
- Staff work hard and are committed to the patients
- Friendly staff

The summary also highlighted staff priorities for improvement as:-

- Poor staffing levels
- Low staff morale
- Management support

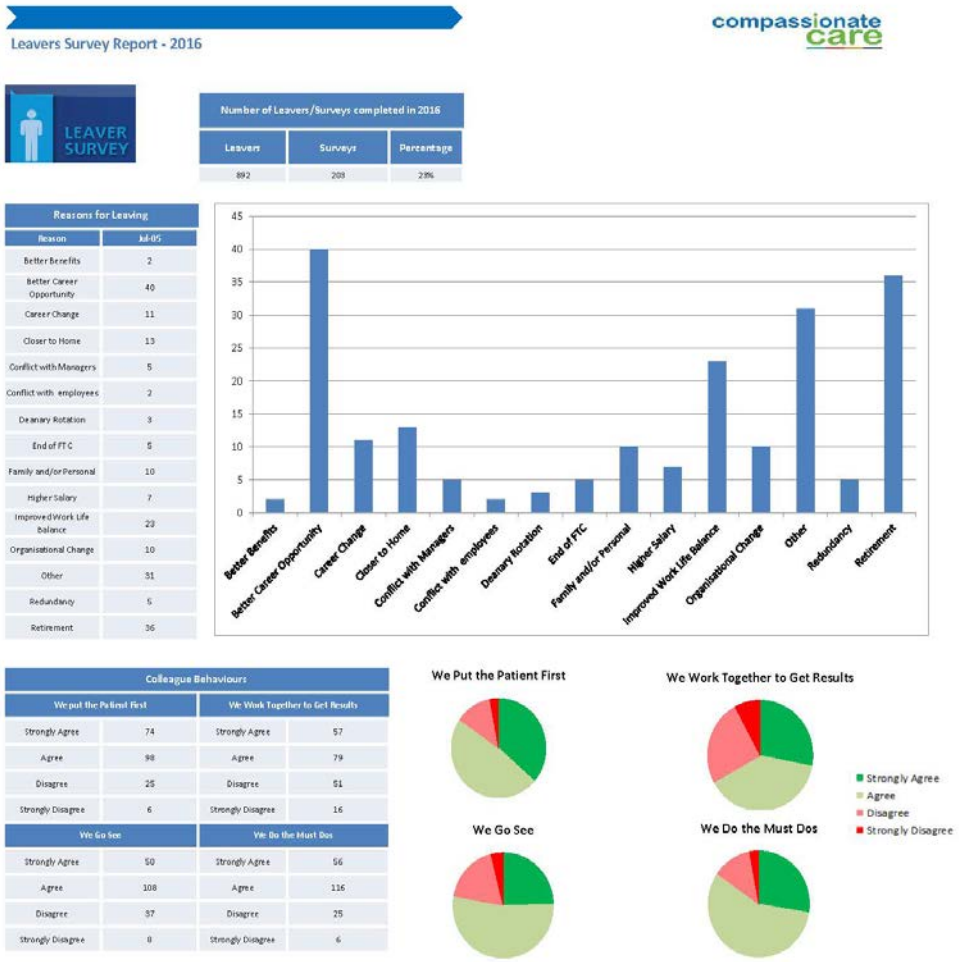
The Trust recognises that its response to colleague feedback provided through the Staff FFT frames the opinion of existing and prospective employees. We know that our effectiveness in retaining and attracting high calibre workers in this competitive labour market is directly linked to our reputation and ability to brand ourselves as an Employer of choice. Therefore meaningful engagement with colleagues in the design of simple solutions that are valued and improve the overall staff experience is critically important to our future success and sustainability. Our plans will also include clear engagement and involvement with all colleagues, to ensure everyone understands what is being done. This is critical in the areas of recruitment and retention as clearly our staff have identified they feel

staffing is low, albeit they report being unclear what our plans are. It is important they are involved in developing solutions and are kept informed of progress.

4.11.3 On-line Leavers Survey

The on-line leavers survey provides valuable insight into reasons for leaving the Trust, albeit only 23% of leavers completed the survey in 2016.

Of particular note is staff leaving the Trust in order to further their career, dissatisfaction with opportunities to achieve work-life balance and a significant level of retirements.



The Trust recognises that improving current retention rates for highly skilled healthcare workers is key to sustaining local services and safe and high

quality patient care. The significant investment in recruitment and development is being compromised by the loss of colleagues to both NHS organisations and those in the private and third sector. There is an imperative to improve staff experience, increase retention and reduce turnover in the medical and nursing workforce in order to avoid the potential for adverse impacts on service standards and the delivery of the strategic plan.

4.11.4 **Investors in People (IIP)**

The Trust has been a recognised organisation since 2001. The latest assessment took place between October and December 2015, and concluded that the Trust met the necessary evidence requirements to achieve the IIP Bronze award, which is a progression from the core standard maintained since 2001.

The Assessor's report identified strengths and areas of good practice which were viewed positively by staff as:-

- Opportunities to be involved in business planning
- Results from the practical application of 'working together to get results'
- On-line learning for mandatory training
- Examples of good line management and recognition of team and individual achievements
- Commitment to the aims of the Trust
- Support for new members of staff

Areas for improvement were also detailed as:-

- Recruitment to become an employer of choice
- Appraisal (focus on quality)
- Individual responsibility and commitment (for team communications, appraisal and recognition)
- Strategy development (OD, Education and training)
- Evaluation (developing metrics to demonstrate return on investment in people)

The report concludes that there is still much work to be done in terms of organisational development but importantly that the Trust has commenced on this journey.

The Trust recognises the need to have a fully co-ordinated OD strategy to maintain momentum in developing its people management practice and retaining accreditation against this well-recognised external quality mark provides assurance. We are also encouraged by the alignment with current thinking. We will continue to work with our Investors in People colleagues to develop this agenda, as we know that our ability to develop our people and in particular grow our leadership and management capability is key to securing the present and future workforce and competing in a difficult labour market.

4.11.5 Workforce Race Equality Standard Data Analysis 2016

The Workforce Race Equality Standard was introduced in April 2015. The standard has nine indicators aimed at improving Workforce Race Equality across the NHS. It aims to improve opportunities, experiences and the working environment for BME staff, and in doing so, help lead improvements in the quality of care and satisfaction for all patients. The Trust WRES submission in July 2015, which was shared with Clinical Commissioning Groups, highlighted a number of areas where improvement was required in relation to BME staff feeling :-

- That the Trust did not provide equal opportunities for career progression or promotion.
- That they were bullied and harassed by other staff.
- That they experienced discrimination at work, from their manager /team leader or colleagues.
- That there was less likelihood that as a BME member of staff they would be appointed from shortlisting processes in the Trust.

Led by the CEO the Trust has responded to these concerns and between January and March 2016 seven focus groups were constituted for BME staff throughout the Trust to collaborate to develop an action plan aimed at improving the position of BME colleagues throughout the workforce by responding to their concerns. This plan was approved in late May 2016 by the senior leadership of the Trust and is being led by a partnership of Executive and Non-Executive Directors working with members of the Trust's BME workforce.

We have established a BME network, which now meets quarterly, and forms a major step of our aim of ensuring a fully inclusive workforce model. We will continue to develop other areas, to ensure we consider and develop across the Trust to maximise inclusivity, and continue to be the employer of choice.

The Trust recognises the critical importance of building a workforce that is both representative of the communities it serves and responsive to the diverse needs of those accessing its services. We are committed to identifying and developing the best talent across all professional groups. This will enable the Trust to fulfil its obligations as a community partner and provide employment opportunities to drive improvements in the health of the local population.

4.11.6 Mandatory Training

Mandatory training helps employees achieve safety and efficiency in a timely manner. The mandatory training programme, which largely comprises e-learning, enables the Trust to demonstrate that employees regularly have mandatory training designed to ensure they can undertake their job roles safely and maintain a safe and healthy work environment. The Trust's approach identifies what training employees are required to complete, how often they are required to complete the training and how to access the training. Compliance continues to be a focus for the Trust and it presents a challenge to compliance rates varying between 65% and 89% across the 10 elements of the programme.

The Trust recognises that the provision of learning and development opportunities throughout employment is key to enhancing the quality of patient care, and that comprehensive, easily accessible Mandatory Training underpins the ability of colleagues to provide safe efficient high quality care. The implementation of EPR requires the Trust to focus on pre go-live training for an eight week period prior to launch in Spring 2017. To enable this and maintain staff availability for service those elements of Mandatory Training that are not subject to annual/two year refreshers have been deferred for 2016. Requirements for compliance with fire safety, infection control, information governance and manual handling will continue. The procurement of a new learning management system in 2017 will improve the Trust's ability to report compliance in this key area of training.

4.11.7 Appraisal

A quality driven formal annual appraisal process provides employees with information around how they may be perceived within their team and organisation and offers constructive feedback about their performance at work. We believe that a good appraisal is the vital component in developing our workforce, helps colleagues understand the strengths they should capitalise on and where development opportunities can aid improvement as well as career development. We firmly believe this is a key pillar in our becoming employer of choice and have firmly committed to developing this area. Appraisal rates continue to improve, albeit we are targeting an acceleration of this, and now forms part of our regular discussions with our managers and leaders throughout the Trust. We are slightly

below trajectory but have improvement plans from all areas to ensure we hit our target at the end of this service year. We will now focus on the actual appraisal discussion to ensure it is undertaken in line with our desired outcomes.
We have a stated aim to improve our performance and:-

- ensure all colleagues have access to a simple and effective appraisal structure
- maximise progress using that simplified structure towards the 100% annual target (90% by 31 December)
- facilitate effective and timely reporting for the organisation to ensure compliance
- provide access to a high quality appraisal interaction

The Trust recognises the importance improving performance on appraisal. This is a must do given the challenges ahead. Leaders need to be in continuing and positive dialogue with their people about work priorities, objectives and personal/professional development. To this end appraisal plans have been developed by each division and corporate directorate to deliver compliance and these plans are monitored through the Trust's Integrated Performance Report and Divisional Performance Meetings. The quality of appraisals is reported as an issue within the Trust by colleagues and a study of current practice is being commissioned through an external partner to test our approach and deliver improvements to the overall appraisal experience.

4.11.8 **Vacancies**

Vacancy rates are of concern and drive unacceptable levels of agency costs. The Trust's vacancy outturn rate for 2015/2016 was 8.9%. As at 31 October 2016, the Trust's vacancy position is 402.49 fte (7.2%). This comprises 73.5 fte in the Medical and Dental group and 186.5 fte in the Nursing and Midwifery group. The Trust is engaged in recruitment of qualified practitioners in the UK and the EU and is extending its search internationally.

The Trust recognises that it must secure and retain high calibre and skilled healthcare workers and be an employer of choice offering attractive career pathways and opportunities, professional and personal development, work life balance and high levels of job satisfaction if it to ensure that it is able to develop services as well as deliver safe and high quality care to patients. Given the significant level of change over the next five years achieving these aspirations must be acknowledged as presenting very real challenges for the Trust. We firmly believe that we can improve our marketing and recruitment to professional roles. This will be supported by improvements in our actual times to recruit enabling us to maximise the market opportunity to attract and employ new colleagues.

4.11.9 Turnover

Latest benchmarking information for Yorkshire and the Humber (August 2016) reveals the Trust to have a high level of turnover when compared to the average for large acute trusts (14.52% v. 10.01%). This is in part explained by transfers of staff out of the Trust. Turnover for the 12 month period up to 31 October 2016 is 12.7%, still higher than the average though a ninth consecutive reduction from a high of 16.76% in January 2016. Of particular concern is the challenge to recruit qualified nurses at a rate which matches and exceeds leavers. This creates a pressure on the retained and existing workforce leading to the potential for higher incidence of stress and sickness absence; a reduction in the quality of patient care; and the increased likelihood of harm to patients. The situation also increases the likelihood of a reliance on bank and agency workers with a resulting increase in non-contract spend.

The Trust recognises that it must ensure its existing workforce is valued and recognised for the contribution it makes. This means the Trust has to maintain a positive dialogue with staff to understand what the overall experience is of working in the Trust, what needs to improve and what staff believe are the areas where improvement will have the biggest impact. This necessarily informs the approach to colleague engagement and communication, reward and recognition. The current and future context will challenge the Trust's ability to maintain and where required improve existing staff levels.

4.11.10 Sickness

We continue to focus on the health and wellbeing of our employees, and have seen improvements across the Trust, in relation to absence The impact of absence both on the morale of colleagues who are in work and the cost of covering gaps continues to be an area of focus. We will continue to support employees and develop this area to maximise attendance, supported by effective health and wellbeing.

In response an investment was made in December 2015 to create a dedicated team focussed on supporting managers to manage attendance more effectively. This has resulted in reductions in both short and long-term absence levels. In October 2016 overall absence stood at 4.14% against a Trust target of 4.07%. Work is continuing to drive down absence and improve and maintain availability.

The Trust recognises that maintaining availability of its workforce underpins the ability to deliver safe, efficient high quality care. Improving colleague health and wellbeing is key to this and is important to ensuring staff feel valued and supported. This is particularly important when absent due to sickness. We recognise the need for a focussed and supportive approach to

this underpinned by a clear process to managing both long and short term absence which enables colleagues to sustain their attendance in work.

4.11.11 **Deployment**

The efficiency of deployment across the Trust is a cause for concern specifically in terms of the impact on the quality of service, efficiency and productivity, and as a stated reason for nurses leaving the Trust. We acknowledge that the lack of a strategic approach, management, system issues and a shortage of sufficient expert support for implementation and maintenance has combined to undermine progress, limit benefit realisation and create negativity amongst colleagues.

The Trust recognises that achieving improvements in the efficiency of its deployment of key staff is a priority and to this end a Safe Staffing Board under the leadership of the Executive Director of Nursing has been established with a cross staff –group brief.

4.11.12 **Role Reshaping**

Work on the development of new support roles has commenced, with notable progress in Nursing and Therapies, albeit there has been a lack of working across existing professional boundaries. Currently new roles tend to be positioned within recognised staff groups, and progress within the medical workforce is limited.

This will form a key part of our workforce planning discussions and will be critical as we establish our future workforce.

The Trust recognises that the rate of progress needs to be ramped up and we need to be more ambitious. Given the transitional status of these changes we will take a considered and purposeful multi-disciplinary approach across the Trust led by the Director of Nursing. We aim to widen this to all clinical workforce planning discussions to ensure we maximise the opportunities available to us. Other areas we are currently reviewing are Physician Associates and we will continue to review all areas where we can consider differing future roles.

5. THE STRATEGIC WORKFORCE FRAMEWORK

5.1 Whilst fully recognising the scale of the challenge this Workforce Strategy is unashamedly ambitious, designed to actively support the achievement of the Trust's vision and strategic direction set out in the Five Year Strategic Plan through the delivery of a coherent Trust-wide approach to working with our people and partners in health and social care to build a 'workforce for the future'.

The strategy provides a framework for plans at health economy, Trust and Divisional level, describing how the Trust will design and deliver the workforce change which is integral to the success of the Five Strategic Year Plan.

In the context of the wider Health economy and Social Care developments and our plans for clinical reconfiguration, we are progressing towards a more focussed strategic position for the Trust. This means clarifying the need for and focus of our hospital and community services, and how we can continue to provide these services by exploring new models of care to meet the needs of our population.

5.2 We recognise that there is significant risk in the scale and complexity of workforce change associated with the Five Year Strategic Plan. Against this background we are clear that this Strategy must:-

- Firmly embed and advocate our vision and behaviours
- Balance the dimensions of quality, people and money
- Prioritise patient safety and workforce sustainability
- Promote a systematic whole system perspective
- Avoid a purely reductionist mind-set
- Maximise the opportunity for efficiency and productivity gains to reduce unit cost
- Innovate and lead across traditional professional, structural and organisational boundaries
- Champion inclusiveness and diversity
- Engage and secure cross system ownership
- Include a robust Recruitment and Retention Strategy, underpinned by a fully effective engagement culture
- Be fully supported by a Workforce Business Intelligence approach, which provides contemporary data in support of key action planning and decision making.
- Progress in a purposeful and managed way with robust governance structures
- Recognise that the current model of providing ‘everything to everyone’ as is traditional in a DGH is not sustainable

6. IMPLEMENTATION PLAN

6.1 The organising method for this Strategy and the plans that follow aims to ensure that interventions and actions at system, hospital and service level are linked with the Trust Workforce goals and strategic objectives; making all activity transparent and ensuring that linkages are in place and understood, thus creating a golden thread of connectivity from Ward to Board.

Level 1 - Workforce Strategy
Level 2 - Trust Workforce Plan
Level 3 - Divisional Workforce Plans

6.2 Workforce change is organised around four goals which provide the cornerstones of this Agenda at the Trust for the next five years. Each goal is supported by a set of strategic objectives designed to provide a framework for the interventions and actions which will be required at Trust and service level to achieve Trust workforce goals. These are set out below and summarised in the 'Plan on a Page' in Appendix 2 and further detailed in the Trust Implementation Plan Appendix 3.

Goal – Engagement

'We aspire to a workforce where colleagues are clear about the Trust's priorities, feel valued, confident that their voice is heard; and able to take an active part in decisions which affect the Trust, its patients, carers and the community.'

Trust KPIs

- CHFT in top 20% overall of acute Trusts for Staff Survey outcomes by 2017 survey results
- Reductions in turnover in nursing workforce to 13.5%
- Reductions in short-term absence levels -1.3% by 31/03/17
- 100% compliance with 4 x priority mandatory training requirements by 31/03/2017
- Consistent year on year improvement in overall staff engagement (key finding 4 in Annual Staff Survey)
- Consistent year on year improvement in staff recommending CHFT as a place to work or receive treatment (key finding 1 in Annual Staff Survey)

Strategic Objectives

To achieve this Goal we will:-

- Create and deploy communications machinery that connects Ward to Board, improving the ability of all colleagues – to feed their views upward (have a voice) know what's going on and feel connected with their immediate managers and Trust leadership
- Deploy a clear narrative about values and priorities, making it the job of every manager to 'tell the story' of Trust aims and priorities so that colleagues can see how their job fits in and participate in decisions which affect them and their service

- Create opportunities to demonstrate that colleagues are valued in their role by recognising and rewarding contribution – individual and team

- Support and promote consistently good management practice across the Trust, and hold leaders at every level accountable for their people

Goal – Modernisation

'We aspire to a workforce where colleagues are value driven and work together in pursuit of Trust priorities, the right teams are in the right place at the right time collaborating to deliver safe, efficient, high quality patient care within the available resource.'

Trust KPIs

- Implementation programme for design and deployment of new roles in place by 31/12/16
- Absenteeism due to sickness stable between 3% and 3.5%
- Nursing absenteeism due to sickness no greater than 4% by 31/03/17
- Continuing sustained reduction in vacancy levels for Consultants and qualified nurses during 2017/2018
- Reduction in turnover to 12.5% by 31/03/17
- New job planning framework fully implemented by 31/03/2017
- Maximum of 2.5 SPA allocations for individuals by 31/03/2017
- Contractual maximum of 12 PAs (10 + 2 APAs) by 31/03/2017
- New performance management framework fully implemented, objectives set at team and individual level via Appraisal by 31/3/17
- Reduction in agency costs to agency costing of £15m in 2016/2017
- Achievement of year on year reduction in workforce WTEs as set out in Five Year Plan

UNIQUE IDENTIFIER NO: P-53-2017
EQUIP-2017-014

Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

Strategic Objectives

To achieve this Goal we will:-

- Implement a service led multi-disciplinary approach to the design and deployment of new advance roles to address continuing medical workforce shortages; and create new competency based support roles to meet gaps in non-medical professions

- Improve the efficiency of staff deployment across all staff groups to maximise the availability of permanent staff and reduce the unacceptable dependencies on agency staff

- Reduce absenteeism to 3% across the Trust and maintain this level consistently reducing demand for agency staff

- Achieve demonstrable improvements in efficiency and productivity(%)by eliminating any waste of skills and money across the Trust

- Actively support and enable Service transformation across the Trust ensuring that workforce impact is understood and requirements for workforce change are clearly articulated and managed.

- Target of 130 apprentices, and utilisation of the apprenticeship Levy.

Goal – Organisational Development and Leadership

'We aspire to a workplace where colleagues are professional and capable, feel equipped to make an effective contribution to Trust priorities and are actively supported by a directive and inclusive leadership community.'

Trust KPIs

- Annual staff survey results in following key indicators above 'lowest 20% in 2017
  - Effective team working
  - Support from immediate managers
  - Good communication between managers and staff

- Improvement in appraisal rates -90% (Dec 2016) 100% (April 2017)

- Consistent year on year improvement in overall staff engagement (key finding 4 in Annual Staff Survey)

- Consistent year on year improvement in staff recommending CHFT as a

place to work or receive treatment (key finding 1 in Annual Staff Survey)

- Compliance with mandatory training targets by 31/03/2017
- Deployment of new Performance Management Framework evidenced at team and individual level by 31/12/16
- Assessment centres for leaders programmes in place by 31/03/17

Strategic Objectives

To achieve this Goal we will:-

- Build leadership capability and capacity from Ward to Board, co-creating an organisational environment that actively supports an engaged and inclusive culture
- Develop an integrated cross Trust approach to role re-design assessing workforce requirements using the common currency of skills and competence utilising the Calderdale Framework; rather than starting from existing notions of sectors, settings services and professions
- Develop and bolster personal and team resilience equipping staff to work across organisational and sector boundaries, so creating readiness for change
- Build the Trust healthcare support workforce (Bands 1-4) into a highly skilled and flexible workforce that is able to support the Trust in meeting healthcare challenges
- Improve and sustain performance in relation to appraisal and mandatory training, and implement a consistent cross Trust approach to regular performance reviews

Goal – Health and Wellbeing

'We aspire to a workforce where colleagues are resilient, feel supported to improve and maintain their health and wellbeing, sustaining their availability for work to the benefit of patients and fellow team members.'

Trust KPIs

- Reduction in sickness absence levels due to stress – move out of lowest 20% in Annual Staff Survey by 2017 Survey
- Reduction in short-term absence levels to 1.3% by 31/03/2017

UNIQUE IDENTIFIER NO: P-53-2017
EQUIP-2017-014

Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

- Reduction in turnover 12.5% by 31/03/17
- Annual Staff Survey results in following key indicators above 'lowest 20%' in 2017
  - Staff satisfied with opportunities for flexible working
  - Staff feeling pressure in last 3 months to attend work when feeling unwell
  - Organisation and management interest in action on health and wellbeing
- Demonstrable improvements in utilisation of feedback from Exit interviews by 31/03/2017

Strategic Objectives

To achieve this Goal we will:-

- Collectively embed new and enhanced approaches to health and wellbeing which are linked to Trust values and priorities, fully integrated into our ways of working and contribute to improved performance.
- Co-create a broad programme of health promotion activities which reach out to those who are least active, improving health and wellbeing, so optimising availability and reducing premium cost.
- Ensure that the health and well-being of colleagues is at the heart of changes in the Trust, and that this is visible and recognised by all.
- Create and promote a Trust-wide employee benefits and assistance programme that supports the Trust as a good employer in the eyes of its Workforce.

7. MOBILISATION - DELIVERING THE WORKFORCE STRATEGY

7.1 Workforce Modernisation Programme Board

7.1.1 In recognition of the scale and complexity of the workforce agenda over the next five years the Trust has put in place robust arrangements to ensure that workforce change across the organisation is managed effectively and risk minimised. Key to this is the establishment of a Workforce Modernisation Programme Board chaired by the Director of Workforce and Organisational Development (SRO) as the Executive Lead for workforce change.

The Programme Board will report to Executive Board. It allows for the escalation and discussion of project performance, progress against plan and associated risks and issues. The outputs are used to produce programme reports and inform WEB of progress and achievements against plan. The Programme Board also acts as a buffer to ensure that any risk or issue that has a significant rating or agenda item that cannot be properly resolved by the Programme Board are escalated to WEB.

7.1.2 The prime purpose of the Programme Board is to scope, initiate and sign off all workforce related projects in the Trust, to ensure that these are supported by the necessary expertise, and that all proposed service change considers workforce impact at an early stage. The Board will provide strategic oversight, direction and corporate governance for all projects, acting as the driving force ensuring that individual projects deliver the outcomes and benefits as specified.

7.1.3 Membership

Executive Lead – Director of Workforce and Organisational Development
Workforce Programme Manager
Director of Transformation and Partnerships
Deputy Director of Workforce and Organisational Development
Deputy Director of Finance
Associate Medical Director (Workforce)
Deputy Director of Nursing
Chief Operating Officer
Company Secretary

Chairs of the Medical Workforce Group and Nursing and Midwifery Workforce Group will also attend to account for project performance within the remit of their group.

7.1.4 Members of the Programme Board are individually and collectively accountable to the Executive lead for their areas of responsibility and project deliver as follows:-

- Define the acceptable risk profile and risk thresholds for individual projects and the programme as a whole (see Appendix 4.1 for Workforce Projects – Master Schedule)

- Ensure projects deliver within their agreed parameters (cost, organisational/workforce impact, expected/actual benefits realisation) (see Appendix 4.2 for Project Status Report)

- Resolve strategic and directional issues between projects which need the input and agreement of senior stakeholders to ensure the progress of the programme

- Ensure the integrity of benefit priorities and realisation plans and ensure there is no double counting of benefits

- Provide assurance for operational stability and effectiveness (keeping the base safe) through programme delivery

- Ensure that all key elements of The Workforce Strategy: OD and leadership, engagement and health and wellbeing are aligned with and actively support workforce modernisation

8. GOVERNANCE OF THE TRUST WORKFORCE AGENDA

8.1 In developing this strategy the Trust recognises the risk associated with this level of transformational challenge and in particular the demands it will place on colleagues. In recognition of this we have committed to 'look forward to implementation, continuously assessing and stress testing the impact on staff and structures at any one time to avoid the risk of destabilisation and 'keep the base safe'.

Responsibility for this lies with the Workforce Modernisation Programme Board and are clearly articulated.

8.2 The Workforce Modernisation Programme Board will be supported by the Workforce (Well Led) Committee, which is a sub-committee of the Trust Board will act on behalf of the Board to gain assurance from the Executive Director of Workforce and OD, as Accountable Officer; on the overall status of the Workforce Modernisation Programme, and associated risks and issues. This will be provided via a consolidated Programme report on a monthly basis. (see Appendix 4.3)

8.3 In addition to the above, all programmes and projects which have the potential to significantly impact the workforce will be subject to the EQUIP process, the electronic process for carrying out equality impact assessments.

The purpose of EQUIP is to provide assurance that all risks to quality and performance have been considered at the planning stage of any service change and periodically refreshed throughout the business cycle. This will ensure that the impact of the service change on quality and performance will be accurately assessed and managed. This impact may be positive or negative.

The Workforce Strategy has been EQUIP'd. The unique reference ID number for the Workforce Strategy is: **EQUIP-2017-014.**

UNIQUE IDENTIFIER NO: P-53-2017 EQUIP-2017-014
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

Calderdale and Huddersfield NHS
NHS Foundation Trust

Workforce Submission to NHS Improvement 2017/2019
(Updated Submission March 2017)

UNIQUE IDENTIFIER NO: P-53-2017 EQUIP-2017-014
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

WORKFORCE WHOLE TIME EQUIVALENT	01WTEPYE	01WTEM01	01WTEM02	01WTEM03	01WTEM04	01WTEM05	01WTEM06	01WTEM07	01WTEM08	01WTEM09	01WTEM10	01WTEM11	01WTEM12	01WTECYECH	01WTECYECH2	01WTENYE	01WTENYECH	01WTENYECH2	01WTECOMMENT
																			Commentary is mandated for all values greater than or less than 1
	Forecast Out-turn	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	31/03/2017	30/04/2017	31/05/2017	30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017	31/12/2017	31/01/2018	28/02/2018	31/03/2018	31/03/2018	31/03/2018	31/03/2019	31/03/2019	31/03/2019	31/03/2018
	Year Ending	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE Change	% Change	WTE	WTE Change	% Change	FREE TEXT
ALL STAFF	5,623.1	5,617.8	5,618.0	5,582.8	5,439.3	5,415.7	5,435.5	5,454.3	5,415.1	5,404.4	5,393.4	5,395.4	5,394.4	(229)	(4.1%)	5,298.8	(96)	(1.8%)	
Bank	236.4	93.6	94.2	94.9	96.5	97.1	97.8	98.4	99.0	99.7	100.3	101.0	101.6	(135)	(57.0%)	99.2	(2)	(2.3%)	
Agency staff (including, Agency, Contract and Locum)	190.6	134.7	132.7	130.7	110.2	106.2	105.5	121.9	115.8	113.8	101.5	101.5	101.5	(89)	(46.7%)	99.2	(2)	(2.3%)	
Substantive WTE	5,196.1	5,389.5	5,391.1	5,357.3	5,232.7	5,212.4	5,232.2	5,233.9	5,200.3	5,190.9	5,191.5	5,192.9	5,191.2	(5)	(0.1%)	5,100.3	(91)	(1.8%)	
Total Substantive Non Medical -Clinical Staff	3,834.8	3,977.3	3,979.2	3,954.7	3,849.0	3,833.2	3,852.4	3,853.5	3,828.5	3,820.5	3,820.7	3,821.3	3,819.7	(15)	(0.4%)	3,730.3	(89)	(2.3%)	
Total Substantive Non Medical- Non-Clinical Staff	836.8	886.5	885.1	874.8	854.9	842.4	840.5	839.8	831.3	829.9	829.3	830.0	830.0	(7)	(0.8%)	840.9	11	1.3%	
Total Substantive Medical and Dental Staff	524.5	525.8	526.8	527.8	528.8	536.8	539.3	540.5	540.5	540.5	541.5	541.5	541.5	17	3.3%	529.1	(12)	(2.3%)	
Registered Nursing, Midwifery and Health visiting staff	1,675.0	1,730.7	1,732.7	1,727.7	1,661.1	1,662.1	1,676.1	1,677.1	1,668.1	1,664.1	1,666.1	1,666.1	1,662.1	(13)	(0.8%)	1,623.9	(38)	(2.3%)	
Acute, Elderly and General (adult nurses)	1,133.6	1,171.3	1,172.6	1,169.3	1,165.5	1,166.2	1,175.7	1,176.4	1,170.3	1,167.6	1,168.9	1,168.9	1,166.2	33	2.9%	1,140.3	(26)	(2.2%)	Increase in substantive nurses
Community Services (including district nurses)	208.1	215.0	215.3	214.6	152.9	153.0	154.7	154.8	153.7	153.2	153.5	153.5	153.0	(55)	(26.5%)	148.2	(5)	(3.1%)	Increase in substantive nurses
Education Staff	8.9	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2	0	2.9%	9.0	(0)	(2.2%)	
Maternity Services (including SCBUs)	214.4	221.5	221.8	221.1	220.4	220.6	222.4	222.5	221.3	220.8	221.1	221.1	220.6	6	2.9%	215.7	(5)	(2.2%)	Increase in substantive nurses
of which Registered Midwives	175.3	181.1	181.3	180.8	180.2	180.3	181.8	181.9	181.0	180.5	180.8	180.8	180.3	5	2.9%	176.3	(4)	(2.2%)	Increase in substantive nurses
Paediatric Nursing (Child nurses)	101.3	104.7	104.8	104.5	104.2	104.2	105.1	105.1	104.6	104.3	104.5	104.5	104.2	3	2.9%	101.9	(2)	(2.2%)	Increase in substantive nurses
Psychiatry (MH nurses)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Learning Disabilities (LD nurses)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
School Nurses	8.7	9.0	9.0	9.0	8.9	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	0	2.9%	8.8	(0)	(2.2%)	
Other Nursing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
All Scientific, Therapeutic and Technical Staff	657.7	656.7	659.7	659.2	658.8	665.2	674.3	676.3	676.3	675.3	675.3	675.3	678.3	21	3.1%	662.7	(16)	(2.3%)	
Allied Health Professionals	355.6	355.1	356.7	356.4	356.2	359.6	364.6	365.7	365.7	365.1	365.1	365.1	366.7	11	3.1%	358.3	(8)	(2.3%)	
Art/ Music/ Drama therapy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Chiropody / Podiatry	13.3	13.3	13.3	13.3	13.3	13.5	13.6	13.7	13.7	13.7	13.7	13.7	13.7	0	3.1%	13.4	(0)	(2.3%)	
Dietetics	18.9	18.9	19.0	18.9	18.9	19.1	19.4	19.4	19.4	19.4	19.4	19.4	19.5	1	3.1%	19.0	(0)	(2.3%)	
Occupational Therapy	48.0	47.9	48.1	48.1	48.1	48.5	49.2	49.4	49.4	49.3	49.3	49.3	49.5	2	3.1%	48.4	(1)	(2.3%)	Expectation to be stable in this role
Orthoptics / Optics	12.8	12.8	12.8	12.8	12.8	12.9	13.1	13.2	13.2	13.1	13.1	13.1	13.2	0	3.1%	12.9	(0)	(2.3%)	
Physiotherapy	120.4	120.2	120.8	120.7	120.6	121.8	123.4	123.8	123.8	123.6	123.6	123.6	124.2	4	3.1%	121.3	(3)	(2.3%)	Expectation to be stable in this role
Radiography (Diagnostic)	108.0	107.8	108.3	108.2	108.2	109.2	110.7	111.1	111.1	110.9	110.9	110.9	111.4	3	3.1%	108.8	(3)	(2.3%)	Expectation to be stable in this role
Radiography (Therapeutic)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Speech and Language Therapy	34.2	34.1	34.3	34.3	34.3	34.6	35.1	35.2	35.2	35.1	35.1	35.1	35.3	1	3.1%	34.5	(1)	(2.3%)	Expectation to be stable in this role
Other Scientific, Therapeutic and Technical Staff	183.0	182.7	183.6	183.4	183.3	185.1	187.6	188.2	188.2	187.9	187.9	187.9	188.7	6	3.1%	184.4	(4)	(2.3%)	
Clinical Psychology	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	0	3.1%	1.5	(0)	(2.3%)	
Dental	10.5	10.5	10.5	10.5	10.5	10.6	10.8	10.8	10.8	10.8	10.8	10.8	10.8	0	3.1%	10.6	(0)	(2.3%)	
Multi-Therapies	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0	3.1%	1.0	(0)	(2.3%)	
Operating Theatre's / ODPs	57.7	57.6	57.9	57.8	57.8	58.4	59.2	59.3	59.3	59.2	59.2	59.2	59.5	2	3.1%	58.1	(1)	(2.3%)	Expectation to be stable in this role
Pharmacy	42.4	42.4	42.5	42.5	42.5	42.9	43.5	43.6	43.6	43.5	43.5	43.5	43.7	1	3.1%	42.7	(1)	(2.3%)	Expectation to be stable in this role
Pharmacy Technicians	61.2	61.1	61.4	61.3	61.3	61.9	62.7	62.9	62.9	62.8	62.8	62.8	63.1	2	3.1%	61.7	(1)	(2.3%)	Expectation to be stable in this role
Psychotherapy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Social Services (workers)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Other STT Staff	8.7	8.7	8.7	8.7	8.7	8.8	8.9	8.9	8.9	8.9	8.9	8.9	9.0	0	3.1%	8.8	(0)	(2.3%)	
Health Care Scientists	119.1	118.9	119.5	119.4	119.3	120.5	122.1	122.5	122.5	122.3	122.3	122.3	122.8	4	3.1%	120.0	(3)	(2.3%)	
Clinical Engineering & Physical Sciences	70.0	69.9	70.2	70.2	70.1	70.8	71.8	72.0	72.0	71.9	71.9	71.9	72.2	2	3.1%	70.5	(2)	(2.3%)	Expectation to be stable in this role
Life Sciences / Pathology	12.6	12.6	12.6	12.6	12.6	12.7	12.9	13.0	13.0	12.9	12.9	12.9	13.0	0	3.1%	12.7	(0)	(2.3%)	
Physiological Sciences	36.5	36.4	36.6	36.6	36.6	36.9	37.4	37.5	37.5	37.5	37.5	37.5	37.6	1	3.1%	36.8	(1)	(2.3%)	Expectation to be stable in this role
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Qualified Ambulance Service Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Ambulance Paramedic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Ambulance Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Other Qualified Ambulance Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Support to clinical staff	1,502.1	1,589.9	1,586.8	1,567.8	1,529.1	1,506.0	1,502.0	1,500.2	1,484.1	1,481.1	1,479.3	1,479.9	1,479.3	(23)	(1.5%)	1,443.8	(36)	(2.4%)	
Support to nursing staff	751.4	773.4	771.6	761.7	734.7	722.8	720.5	719.3	710.9	709.1	707.9	707.9	707.3	(44)	(5.9%)	689.5	(18)	(2.5%)	Increase in support for clinical staff
Support to STT & HCS staff	281.8	306.5	306.0	302.6	298.2	294.0	293.3	293.1	290.2	289.8	289.6	289.8	289.8	8	2.8%	283.1	(7)	(2.3%)	Increase in support for clinical staff
Support to ambulance staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Support to Allied Health Professionals	50.6	55.0	55.0	54.3	53.6	52.8	52.7	52.6	52.1	52.0	52.0	52.1	52.1	1	2.8%	50.9	(1)	(2.3%)	Increase in support for clinical staff
Other clinical support staff	418.3	455.0	454.3	449.1	442.7	436.4	435.5	435.1	430.8	430.2	429.8	430.2	430.2	12	2.8%	420.3	(10)	(2.3%)	Increase in support for clinical staff

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Support to clinical staff	1,502.1	1,589.9	1,586.8	1,567.8	1,529.1	1,506.0	1,502.0	1,500.2	1,484.1	1,481.1	1,479.3	1,479.9	1,479.3	(23)	**(1.5%)**	1,443.8	(36)	**(2.4%)**	
Support to nursing staff	751.4	773.4	771.6	761.7	734.7	722.8	720.5	719.3	710.9	709.1	707.9	707.9	707.3	(44)	**(5.9%)**	689.5	(18)	**(2.5%)**	Increase in support for clinical staff
Support to STT & HCS staff	281.8	306.5	306.0	302.6	298.2	294.0	293.3	293.1	290.2	289.8	289.6	289.8	289.8	8	**2.8%**	283.1	(7)	**(2.3%)**	Increase in support for clinical staff
Support to ambulance staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Support to Allied Health Professionals	50.6	55.0	55.0	54.3	53.6	52.8	52.7	52.6	52.1	52.0	52.0	52.1	52.1	1	**2.8%**	50.9	(1)	**(2.3%)**	Increase in support for clinical staff
Other clinical support staff	418.3	455.0	454.3	449.1	442.7	436.4	435.5	435.1	430.8	430.2	429.8	430.2	430.2	12	**2.8%**	420.3	(10)	**(2.3%)**	Increase in support for clinical staff
NHS Infrastructure Support	835.8	885.3	884.0	873.7	853.8	841.2	839.4	838.7	830.1	828.8	828.2	828.9	828.9	(7)	**(0.8%)**	839.8	11	**1.3%**	
Managers & senior managers	123.7	131.0	130.8	129.3	127.4	125.5	125.3	125.2	123.9	123.7	123.6	123.7	123.7	0	**0.0%**	124.3	1	**0.5%**	Expectation to be stable in this staff group
Admin and Estates staff	450.3	477.0	476.3	470.7	456.7	450.0	449.0	448.6	444.0	443.3	443.0	443.3	443.3	(7)	**(1.5%)**	452.5	9	**2.1%**	Expectation to be stable in this staff group
Other Infrastructure & Support Staff	261.8	277.3	276.9	273.7	269.6	265.7	265.1	264.9	262.2	261.8	261.6	261.8	261.8	0	**0.0%**	263.1	1	**0.5%**	Expectation to be stable in this staff group
Any others	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	0	**13.0%**	1.1	(0)	**(2.3%)**	
Total Medical and Dental Staff	525	526	527	528	529	537	539	541	541	541	542	542	542	17	**3.3%**	529	(12)	**(2.3%)**	
Career/Staff Grades	76.2	71.3	72.3	72.3	72.3	77.3	78.3	78.3	78.3	78.3	78.3	78.3	78.3	2	**2.8%**	76.5	(2)	**(2.3%)**	Expectation to be stable in this staff group
Trainee Grades	224.6	232.9	232.9	232.9	232.9	232.9	232.9	232.9	232.9	232.9	232.9	232.9	232.9	8	**3.7%**	227.5	(5)	**(2.3%)**	Expectation is to have an increased number of Junior Doctors from Health Education England
Consultants (including Directors of Public Health)	223.7	221.5	221.5	222.5	223.5	226.5	228.1	229.3	229.3	229.3	230.3	230.3	230.3	7	**3.0%**	225.0	(5)	**(2.3%)**	
Accident & Emergency	9.0	8.9	8.9	9.0	9.0	9.1	9.2	9.2	9.2	9.2	9.3	9.3	9.3	0	**3.0%**	9.1	(0)	**(2.3%)**	
Anaesthetics	38.0	37.6	37.6	37.8	38.0	38.5	38.8	39.0	39.0	39.0	39.1	39.1	39.1	1	**3.0%**	38.2	(1)	**(2.3%)**	Expectation to be stable in this staff group
Dentistry / Dental (NHS employed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
GP, Community & PH (NHS employed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Medicine	61.4	60.8	60.8	61.1	61.4	62.2	62.6	62.9	62.9	62.9	63.2	63.2	63.2	2	**3.0%**	61.8	(1)	**(2.3%)**	Expectation to be stable in this staff group
Obstetrics and Gynaecology	16.3	16.1	16.1	16.2	16.3	16.5	16.6	16.7	16.7	16.7	16.8	16.8	16.8	0	**3.0%**	16.4	(0)	**(2.3%)**	
Paediatrics	15.7	15.5	15.5	15.6	15.7	15.9	16.0	16.1	16.1	16.1	16.2	16.2	16.2	0	**3.0%**	15.8	(0)	**(2.3%)**	
Pathology	14.7	14.6	14.6	14.6	14.7	14.9	15.0	15.1	15.1	15.1	15.1	15.1	15.1	0	**3.0%**	14.8	(0)	**(2.3%)**	
Psychiatry	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Radiology	16.0	15.8	15.8	15.9	16.0	16.2	16.3	16.4	16.4	16.4	16.5	16.5	16.5	0	**3.0%**	16.1	(0)	**(2.3%)**	
Surgery	52.6	52.1	52.1	52.3	52.6	53.3	53.6	53.9	53.9	53.9	54.2	54.2	54.2	2	**3.0%**	52.9	(1)	**(2.3%)**	Expectation to be stable in this staff group
Bank	236.4	93.6	94.2	94.9	96.5	97.1	97.8	98.4	99.0	99.7	100.3	101.0	101.6	(135)	**(57.0%)**	99.2	(2)	**(2.3%)**	
Total Non Medical -Clinical Staff	176.6	75.3	75.9	76.5	77.2	77.8	78.4	79.1	79.7	80.4	81.0	81.6	82.3	(94)	**(53.4%)**	80.4	(2)	**(2.3%)**	
Registered Nurses	47.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	21.9	(26)	**(54.3%)**	21.4	(1)	**(2.3%)**	Reduction in bank staffing, replaced with substantive
Qualified Scientific, Therapeutic and Technical Staff	13.1	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	(10)	**(79.8%)**	2.6	(0)	**(2.3%)**	Reduction in bank staffing, replaced with substantive
Qualified Ambulance Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Support to clinical staff	115.6	50.7	51.4	52.0	52.6	53.3	53.9	54.5	55.2	55.8	56.4	57.1	57.7	(58)	**(50.1%)**	56.4	(1)	**(2.3%)**	Reduction in bank staffing, replaced with substantive
of which Support to nursing staff	74.3	50.0	50.6	51.3	51.9	52.5	53.2	53.8	54.4	55.1	55.7	56.4	57.0	(17)	**(23.3%)**	55.7	(1)	**(2.3%)**	Reduction in bank staffing, replaced with substantive
of which Support to Allied Health Professionals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Total Non Medical- Non-Clinical Staff	15.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	(5)	**(33.3%)**	9.8	(0)	**(2.3%)**	Reduction in bank staffing, replaced with substantive
Total Medical and Dental Staff	44.8	8.3	8.3	8.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	(35)	**(79.2%)**	9.1	(0)	**(2.3%)**	
Career/Staff Grades	9.1	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	(7)	**(75.5%)**	2.2	(0)	**(2.3%)**	Reduction in bank staffing
Trainee Grades	8.2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	(7)	**(87.8%)**	1.0	(0)	**(2.3%)**	Reduction in bank staffing
Consultants	27.5	5.1	5.1	5.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	(21)	**(77.8%)**	6.0	(0)	**(2.3%)**	Reduction in bank staffing
Agency staff (including, Agency, Contract and Locum)	190.6	134.7	132.7	130.7	110.2	106.2	105.5	121.9	115.8	113.8	101.5	101.5	101.5	(89)	**(46.7%)**	99.2	(2)	**(2.3%)**	
Total Non Medical -Clinical Staff	113.7	56.6	54.6	55.6	40.1	40.1	40.1	59.5	53.4	51.4	40.1	40.1	40.1	(74)	**(64.7%)**	39.2	(1)	**(2.3%)**	
Registered Nurses	72.1	46.2	44.2	42.2	29.7	29.7	29.7	49.1	43.0	41.0	29.7	29.7	29.7	(42)	**(58.8%)**	29.0	(1)	**(2.3%)**	Increase in agency until all substantive appointments are in place, there is a plan in place for overseas recruitment for nursing.
Qualified Scientific, Therapeutic and Technical Staff	4.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	4	**100.0%**	7.8	(0)	**(2.3%)**	Increase in agency until all substantive appointments are in place
Qualified Ambulance Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Support to clinical staff	37.6	2.4	2.4	5.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	(35)	**(93.6%)**	2.3	(0)	**(2.3%)**	Decrease in agency due to appointments in substantive roles
of which Support to nursing staff	34.6	2.4	2.4	5.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	(32)	**(93.1%)**	2.3	(0)	**(2.3%)**	Decrease in agency due to appointments in substantive roles
of which Support to Allied Health Professionals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	-	0.0	0	-	
Total Non Medical- Non-Clinical Staff	16.0	14.0	14.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	(5)	**(31.3%)**	10.7	(0)	**(2.3%)**	Due to the implementation of EPR the useage of agency staff will reduce over time as the plan is rolled out
Total Medical and Dental Staff	60.9	64.1	64.1	64.1	59.1	55.1	54.4	51.4	51.4	51.4	50.4	50.4	50.4	(10)	**(17.2%)**	49.3	(1)	**(2.3%)**	
Career/Staff Grades	20.6	24.6	24.6	24.6	20.6	16.6	16.6	16.6	16.6	16.6	16.6	16.6	16.6	(4)	**(19.6%)**	16.2	(0)	**(2.3%)**	Increase in agency until all substantive appointments are in place
Trainee Grades	5.0	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	3	**61.2%**	7.9	(0)	**(2.3%)**	Increase in agency until all substantive appointments are in place
Consultants	35.3	31.4	31.4	31.4	30.4	30.4	29.8	26.8	26.8	26.8	25.8	25.8	25.8	(10)	**(26.9%)**	25.2	(1)	**(2.3%)**	Less reliance on agency staff

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Review Lead: Director of Workforce and Organisational Development

Calderdale and Huddersfield NHS
NHS Foundation Trust

Workforce Strategy 2016/2017 – 2020/2021
Plan on a Page

Appendix 2

AIM

A workforce of the right size and shape with the commitment, capability and capacity to deliver safe, efficient, high quality services within the available resource

	Engagement	Modernisation	Organisational Development and Leadership	Health and Wellbeing
GOALS	Colleagues are clear about the Trust's priorities, feel valued, confident that their voice is heard; and able to take an active part in decisions which affect the Trust, its patients, carers and the community.	Colleagues are value driven and work together in pursuit of Trust priorities. The right teams are in the right place at the right time, collaborating to deliver safe, efficient, high quality patient care within the available resource.	Colleagues are professional and capable, feel equipped to make an effective contribution to Trust priorities and are actively supported by a directive and inclusive leadership community.	Colleagues are resilient, feel supported to improve and maintain their health and wellbeing, sustaining their availability for work to the benefit of patients and fellow team members.
STRATEGIC OBJECTIVES	Create and deploy communications machinery that connects Ward to Board. Improving the ability of all colleagues to feed their views upward (have a voice) know what's going on and feel connected with their immediate managers and Trust leadership. Deploy a clear narrative about values and priorities, making it the job of every manager to 'tell the story' of Trust aims and priorities, so that colleagues can see how their job fits in and participate in decisions which affect them and their service. Create opportunities to demonstrate that colleagues are valued in their role by recognising and rewarding contribution – individual and team. Support and promote consistently good management practice across the Trust, and hold leaders at every level accountable for their people.	Implement a service led multi-disciplinary approach to the design and deployment of new and advanced roles to address continuing medical workforce shortages; and create new competency based support roles to meet gaps in non-medical professions. Improve the efficiency of staff deployment across all staff groups to maximise the availability of permanent staff and reduce the unacceptable dependencies on agency staff. Reduce absenteeism to 3% across the Trust and maintain this level consistently reducing demand for agency staff. Achieve demonstrable improvements in efficiency and productivity (%) by eliminating any waste of skills and money across the Trust. Actively support and enable transformation across the Trust ensuring that workforce impact is understood and requirements for workforce change are clearly articulated and managed. Target of 130 apprentices, and utilisation of the apprenticeship Levy.	Build leadership capability and capacity from Ward to Board, co-creating an organisational environment that actively supports an engaged and inclusive culture. Develop an integrated cross Trust approach to role re-design assessing workforce requirements using the common currency of skills and competence utilising the Calderdale Framework; rather than starting from existing notions of sectors, settings, services and professions. Develop and bolster personal and team resilience equipping staff to work across organisational and sector boundaries, so creating readiness for change. Build the Trust healthcare support workforce (Bands 1-4) into a highly skilled and flexible workforce that is able to support the Trust in meeting healthcare challenges Improve and sustain performance in relation to appraisal and mandatory training, and implement a consistent cross Trust approach to regular performance reviews.	Collectively embed new and enhanced approaches to health and wellbeing which are linked to Trust values and priorities, fully integrated into our ways of working and contribute to improved performance. Co-create a broad programme of health promotion activities which reach out to those who are least active, improving health and wellbeing, so optimising availability and reducing premium cost. Ensure that the health and wellbeing of colleagues is at the heart of change s in the Trust, and that this is visible and recognised by all. Create and promote a Trust-wide employee benefits and assistance programme that supports the Trust as a good employer in the eyes of its Workforce.

compassionate care

UNIQUE IDENTIFIER NO: P-53-2017
EQUIP-2017-014
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

Appendix 3

compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

Workforce Strategy Implementation Plan 2016/2017 – 2020/2021

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
RECRUITMENT						
REC 1	**Implement recommendations as set out by Step Change**	Various see individual project plan with KPIs and deadlines Working Project Plan 25Oct16.xls		Rachael Pierce	31 October 2017	
REC 2	**Develop a brand and offering – WOD Customer service**	Create tools for story telling – publicise the positives of working in CHFT, new starters experience Make candidates feel special – personalised communication throughout the process Consider the use of R&R premia Review Induction activities- corporate/local by 31 March 2017 Pilot of new system will need to be delayed until Sept 2017 to allow implications of Apprenticeship Levy to embed.	'Story' to be available demonstrating the recruitment process and what it's like to work for CHFT Set through Stepchange project plan	Rachael Pierce Pauline North Caroline Wright Bev France	31 December 2017	
REC 3	**Identify and implement marketing materials**	Liaise with Communications colleagues linked to safer staffing. Use of social media	Increased use of social media with all adverts and recruitment events	Rachael Pierce Pauline North Caroline Wright	30 June 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		Adverts placed in Defence (MOD) journals Attendance at recruitment fairs Communicate across divisions planned changes and the recruitment process Sell the trust – create benefits of organisation and local area	Visibility at recruitment fairs			
REC 4	**Standard Operating Procedures**	Consistent organisational advert/ Localised departmental advert Consistent Job Descriptions Implement a system for cross exposure "We go see" – option to allow employees to transfer between departments on a trial basis to improve retention. Improving access to bank assignments Explore different selection activities	Managers/HR and Recruitment all aware and following same process Improve retention and internal vacancy process Streamlined process to access bank work	Rachael Pierce Pauline North	31 March 2017 31 December 2016	
REC 5	**Planned recruitment activity**	Implement TRAC system Link with schools/colleges/universities Schedule of planned recruitment	Recruitment activity to be managed to reflect planned recruitment Increase use of apprenticeships	Rachael Pierce Pauline North Pam Wood	30 April 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		Clear apprenticeship strategy (see also ODL4) Development of new roles Overseas recruitment- Doctors / Nurses	Increased variety of roles available Reduction in gaps within services	Michelle Bamford Charlotte North		
RETENTION						
RET 1	**Flexible/Responsive workforce**	Clarify flexible working options with case study examples and staff/manager stories particularly for older staff who are coming up to retirement and apply a consistent approach across the Trust. Promote the in house preparation for retirement course more widely. Utilise the delegate list to have focussed discussions with individuals about their plans and retire and return opportunities. Review the rationale behind the traditional shifts patterns and consider changing them to make them less unsocial and more family friendly e.g. 8am start for nurses	Increase in supported applications for flexible working A reduction in non-flexible working hours being cited as a reason for leaving on the exit questionnaire Retention of staff in difficult to recruit to posts. Reduction in flexible working applications Reduced Trustwide sickness levels to	Diane Marshall Christine Bouckley	30 September 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		rather than 7am. Short and long term sickness reduced, support increased for RTW, alternative employment or flexible working	3.5%			
RET 2	**Payments to staff to remain with the Trust for staying in hard to recruit to posts**	Identify the hard to recruit to posts with high turnover/agency spend and develop a bonus payment scheme.	Reduction in agency spend Reduction in turnover	Azizen Khan Pauline North	30 June 2017	
RET 3	**Reward and recognise staff for the small things**	Promote the use of thank you messages/cards more locally by hand delivering them to managers to issue. Reward staff with the small things like free coffee or fruit by working in partnership with Costa or the fruit stall Promote and encourage colleagues to nominate each other for the star award. Review and simplify the nomination process.	Improvement in staff survey results indicating staff feel valued Improvement in FFT results Increased number of nominations for star award	Azizen Khan Caroline Wright	31 March 2017	
RET 4	**Develop our Trust brand with improved Communications and Marketing strategy embedded to enhance recruitment**	Use the new starter survey to build a story board for each Division and then use that to promote the services and opportunities at CHFT	Increase in number of new starter surveys being completed	Charlotte North Caroline Wright	30 September 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
	potential and retention across all staff groups.	Increase the numbers of staff completing the new starter survey and build this into a performance measure for the line manager Develop an informal `buddy system' for new starters to have someone they can talk to in the first few months of starting in post. Use social media to promote and highlight CHFT. Staff champions identified regularly support recruitment, marketing and communication initiatives	Reduced turnover for staff with short length of service	Rachael Pierce		
RET 5	**Define career pathways and development programmes**	Provide mentoring and coaching including support to navigate training and development pathways and opportunities for job shadowing Develop a comprehensive programme for Bands 3/4 (Clinical & Administration staff) and Band 5/6 (Clinical staff) to support them in career progression/promotion	Increased uptake of apprenticeship pathways to facilitate this development. Improvement in staff survey results indicating staff have been offered development and career progression. Reduced turnover Improvement in	Azizen Khan Ruth Shaw Ruth Mason Pam Wood	31 March 2018	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
			WRES indicators			
RET 6	**Promote NHS benefits and non-pay benefits for staff**	Include non-pay benefits in the recruitment campaign for CHFT. Review and refresh the total rewards statement available annually to staff. Develop a brochure promoting employee benefits.	Improvement in staff survey results. Greater uptake of salary sacrifice schemes	Rachael Pierce Sarah Parkin Laurie Beckett	31 May 2017	
RET 7	**Development of an Internal transfer framework**	Offer opportunities for staff to have work trials in other areas so they can work in another area with the opportunity to transfer without the need for formal application. Identify and develop a framework for posts that could rotate between specialities / divisions	Improvement in staff survey results Reduction in turnover rates Reduction in lack of development being cited as reason for leaving in exit questionnaire.	Azizen Khan Michelle Bamforth	31 March 2017	
RET 8	**Have a new must-do which is to 'smile and be respectful' and use 'please and thank you' and 'be kind to each other'**	Add the 'must-do' value to those the Trust already has in place and communicate	Improvement in staff survey results Improvement in FFT results	Azizen Khan	31 January 2017	
WORKFORCE PLANNING – AVAILABILITY, UTILISATION AND EFFECTIVENESS						

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
WP 1	**Review the option of sourcing NHS workforce planning specialists**	Understanding the external market to assess who the NHS Workforce Planning Specialist are and determine how to use their expertise (in-house)	To have sourced an "expert" in NHS Workforce planning.	Ian Warren	30 November 2016	
WP 2	**Training needs analysis of workforce planning within the Trust as a whole (including HR). Increasing the knowledge, skills and competences in workforce planning**	Undertake a Training Needs Analysis and have an associated action plan, to understand the skills and competences needed to develop a robust workforce plan.	Sign-off of Training Needs Analysis. Have a skills and competence training plan.	Ian Warren	31 December 2016	
WP 3	**Develop a Workforce Planning Toolkit for the Trust**	Produce a standardised toolkit that is user friendly for managers to use.	Production of workforce planning toolkit for the Trust	Ian Warren Claire Wilson Adam Matthews	31 March 2017	
WP 4	**Engage senior management (including clinicians) in the discussions and workshops in planning the workforce of the future.**	Board level commitment to involve colleagues at a senior level in the formulation of Workforce plans. To use clinical expertise to address challenges.	Engagement plan to include all senior and middle managers within the Trust in the formulation of workforce plans.	Ian Warren Claire Wilson Adam Matthews Mark Bushby	31 March 2017	
WP 5	**Encourage creativity and innovation of senior managers and teams to consider their workforce for their service requirements (including skills and competences).**	To have a Workforce Planning Workshop to launch the workforce planning toolkit and kick-off the preparation of the Workforce Plan – to align to the Workforce Strategy (2016/2017 – 2020/2021). A Trust,	To have dates of Workforce Planning workshops to launch the toolkit.	Claire Wilson	31 March 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		Divisional, Directorate and Service Plan.				
WP 6	**Role and Job redesign – what roles do we need for the future supporting the need for using qualified staff appropriately**	To review the new roles of working in the NHS (As per the Nuffield Trust – Reshaping the Workforce to deliver the care patients need).	The senior team across all Divisions understand the new roles and how they can address their future workforce challenges. The knowledge and understanding of this to occur before the launch of the workforce planning sessions (or as part of)	Claire Wilson Azizen Khan Charlotte North	31 January 2017	
WP 7	**Assess the option of the utilisation of the Calderdale Framework in service areas for the organisation**	Assess the Calderdale Framework and agree the use within the Trust so that there is consistency of the implementation.	To determine whether to utilise the Calderdale Framework as a model for Job analysis, role redesign and workforce plan	Claire Wilson Azizen Khan Charlotte North	31 January 2017	
WP 8	**Succession planning in the organisation (the future workforce)**	To have a workforce where there is a career structure in place for employees to have development to support future opportunities and to aid retention with the Trust.	A career development structure in place in all Divisions to support succession planning (for both current	Bev France	31 March 2018	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
			employees in existing roles as well as new roles that will come on stream in the future). Please note this element needs further clarification of both the output and timescale.			
AGENCY SPEND – BOTH IN TERMS OF COST AND NUMBER						
AS 1	**Job planning**	Job Plans and Rosters re-evaluated by Division to improve cover (middle grade) across all shifts. Job Plans and Roster re-evaluated from past metrics (6 quarters) to realigned number of staff in post against workload demand and Quality Impact Assessment (QIA) against statutory requirements (i.e. ED, 18 week/2 week) per division. Programme of Divisional Support meetings established to facilitate senior leadership involvement in process. Medical Workforce Group agrees	Trust agency spend & use weekly report and fiscal year trajectory.	Martin Debono/Ashwin Verma/Julie O'Riordan Azizen Khan/Charlotte Baldwin/Richard Metcalf	30 December 2016	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		strategy to pool cover across medical specialities and adapt work plans accordingly. Short term and medium term sustainability plans review by Division in specialities with high vacancy levels. Short term action plan developed and agreed to limit activity which creates a long-term financial loss for the Trust. Sustainability plans reviewed by Division in specialities with high vacancy levels. Action plan developed and agreed to increase advanced nurse practice and/or trained staff to release medical time. Robust job planning for Consultants and Speciality Doctors to identify extra capacity.	Completed prospective job plans ready for April 2017.			
AS 2	**Junior doctor rotas**	Identify difficult to fill vacancies. Review rota frequencies to cover vacancies.	Trust agency spend and use weekly report and fiscal year trajectory.	Martin Debono/Ashwin Verma/Julie O'Riordan Azizen Khan/Charlotte	31 January 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
				Baldwin/Richard Metcalf		
AS 3	**Agency Engagement**	All mid-long term agency contracts reviewed and discussions had around renegotiated rates (Nov 2016). Action log / task list embedded to ensure all possible action is undertaken to negate need for mid -long term agency workforce. 100% Compliance of SOP for Agency Use & Engagement. Continuous review of mid-long term agency contracts. Continuous review of action log and tasks undertaken (and modified where necessary).	All mid to long-term agency contracts have been reviewed & renegotiated (where possible). Alternative provision to agency use is continuously explored. Action log captures any areas of non-compliance and is reported back to confirm and challenge panel.	Mark Borrington Lisa Cooper	30 November 2016	
AS 4	**Paying internal shifts**	Simpler systems to capture and when people have worked	Internal locum shifts paid in a timely	Sarah Parkin	31 December 2016	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		additional hours and increase the frequency of pay e.g. weekly	manner			
AS 5	**Internal locum rates**	Review internal locums rates; benchmarking across the region.	Ensure locum rates are consistent across the patch.	Pauline North	30 November 2016	
AS 6	**Risk assessment**	Robust locum confirm and challenge.	Reduced reliance on agency locums.	Martin Debono/Ashwin Verma/Julie O'Riordan Azizen Khan/Charlotte Baldwin/Richard Metcalf	31 March 2017	
AS 7	**Shared out of hours working**	Identify opportunities for junior doctor cross cover (across specialities).	Reduced reliance on agency locums	Martin Debono/Ashwin Verma/Julie O'Riordan Azizen Khan/Charlotte Baldwin/Richard Metcalf	31 January 2017	
AS 8	**Regional cover**	Collaboration with local Trusts for some services e.g. tele medicine for stroke services.	Reduce reliance on agency locums	David Birkenhead	30 April 2017	
AS 9	**Rota Planning**	Rotas to be written and released 3 months prior.	Reduced reliance on agency locums.	Lisa Cooper	31 December 2016	
AS 10	**Incentivise Divisions**	Provide Divisions with incentives to come up with alternative ways to	Reduced reliance on agency locums	David Birkenhead	31 January 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		'bridge the gaps'.				
ATTENDANCE MANAGEMENT						
ATD 1	**Maintaining Wellbeing of Staff to prevent ill health and minimise health related absence**	Fast-track wellbeing initiatives fast track Occupational health, rapid access to physiotherapy and availability of counselling services Promoting services provided by OH and Wellbeing Team (wellbeing champions) Implementation of the Wellbeing CQUIN Action Plan which includes: • Promoting physical activity • Building physical activity within workplace hours • Health and wellbeing benefits • Exploring partnerships for provision of mental and physical wellbeing • Direct referral to physiotherapy • Access to chronic pain management program • Access to therapeutic massage • Counselling services	Employees will be seen within 5 working days of referral Increased uptake of services Achieving CQUIN	Christine Bouckley	31 March 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		including sleep counselling • Mindfulness program • Mental health first aider • Resilience and stress management training				
ATD 2	**Accurate Recording System**	Developing ESR into a management tool for recording, reporting and implementation of the Attendance Management Policy. Develop the alternate learning management system that is currently in procurement into the management tool for recording, reporting and implementation of the mandatory and essential skills training across the organisation. Identification of staff on long term sickness absence. Identification of staff on Attendance Management Process.	100% compliance with using ESR 100% compliance with use of the new LMS measured at 'Go-Live', and at 6 and 12 months post 'Go-Live' Reduction in sickness absence and 100% case management plans for long term absence cases	Claire Wilson/ Diane Marshall Adam Mathews	31 March 2017 Throughout the procurement, implementation and Go Live phases of the alternate LMS project. Go live anticipated at September 2017 therefore 12 month post 'Go-Live' at September 2018	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
ATD 3	**Workplace Adjustments to prevent absences and reduce length of absences**	Support and planned return to work by: • Flexible working options • Adjustment to current role and duties or temporary move to suitable alternatively role • Permanent redeployment to alternative role Appreciation Scheme for members of staff with nil absences: • Recognise members of staff for following a healthy life styles and being resilient.	Reduce LOA TO 9 days. 100% of staff receive a letter from the CEO	Diane Marshall Christine Bouckley	31 December 2016	
ATD 4	**Managers Capacity to Manage**	Empowering managers to make decisions and take responsibility. Promote “Line manager is the driver of creating a healthy workplace” by; • Recruiting Socially Sensible managers • Training programs Allocate time management and promoting healthy specifically for attendance workplace. Provide managers with attendance	Audit that all managers have accessed and understand the resource toolkit online. Continue to promote divisional first point of contact	Diane Marshall Christine Bouckley	31 March 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		management resource kit Provide dedicated and tailored divisional support.				
COLLEAGUE ENGAGEMENT						
CE 1	**Employee voice – ensure the employee has a voice**	Back to the floor Floor to board, work alongside colleagues outside own area Workplace champions Joined up approach for champions eg “colleague engagement champions, patient champions, E&D champions	Divisions to include back to the floor arrangements as part of the engagement strategy Identify 1 workplace champion in each area Common approach	Ruth Mason Ruth Mason Ruth Mason	31 March 2017 31 March 2017 31 March 2017	
CE 2	**Create and agree engagement strategy**	Identify those with good/range/experiences. Use their experience to craft CHFT strategy. Senior team “buy in”	Identify 15 colleagues for task and finish group to produce engagement strategy Sign off at WEB	Ruth Mason	31 March 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		An inclusive Engagement plan - to include staff at all levels within the Trust in the formulation of engagement plans with backing from senior team. New staff will be aware of values and behaviours and adopt CHFT culture at induction	100% of staff have an induction	Ruth Mason Ruth Mason	31 March 2017 31 December 2016	
CE 3	**Communication plan to include roadshows, success stories**	Use a range of tools i.e. social media, Trust intranet development Mystery shopper – staff feedback Closing feedback loop – principles such as "you said we did" Research staff engagement tools – "go see"	Link with Media group to establish the Trusts approach to Social media Increase of 20% Hits via intranet	Laurie Beckett Laurie Beckett	31 December 2016 31 March 2017 (dependent upon launch of new intranet)	
CE 4	**Increase colleague engagement and change management capacity**	Increase the numbers of participants accessing the WTGR Programme Train 6 additional WTGR facilitators to enable delivery of additional WTGR programmes– divisions to nominate potential new facilitators to be trained – will require 6month lead in to enable novice to expert process	Increase annual uptake by 10% 6 new facilitators identified, trained and capable of delivering WTGR without supervision	Ruth Shaw Ruth Shaw/Bev France	31 July 2018 31 July 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		Expand the coaching offer available to all colleagues through promotion of MyE-coach regional on-line platform	Promoted via line manager bulletin	Ruth Shaw	31 December 2016	
			MyE-coach included within WD intranet pages	Ruth Shaw/Laurie Beckett	31 December 2016	
			Offered within new Leadership and Management programme	Bev France	30 September 2017	
		Identify common workplace issues/problems shared by participants on WTGR programmes with a view to offering 'themed' coaching circles on a monthly basis.	Themes identified by June 2017	Ruth Shaw & WTGR facilitators (Bev France, Ruth Mason, Christine Bouckley)	30 June 2017	
		Current coaches recruited to lead and support themed coaching circles	Coaches allocated to dates on coaching circle schedule	Ruth Shaw	30 June 2017	
			Schedule of appropriately themed monthly coaching circles included within OD offer by July 2017	Ruth Shaw	31 July 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
CE 5	**Investment in change management and service improvement**	Investment in specialists	Staff in post	Ian Warren	31 March 2016	
ORGANISATIONAL DEVELOPMENT AND LEADERSHIP						
ODL 1	**Appraisal**	1.1 identify hotspot areas for poor quality of appraisal 1.2 test current 'reality' – pre-input (questionnaire methodology) 1.3 design appraisal quality 'result' (behaviour and task) 1.4 Deliver in-put (in-house programme v theatre based learning programme actors) 1.5 Identified hotspot post-input evaluative questionnaires 3 months later 1.6 Roll out to all divisions May 2017	Pulse check questionnaire re quality of appraisal April 2017	Bev France/Ruth Shaw	Pilot process in place Jan 2017 3 month post input evaluations completed June 2017. Roll out conjoined process commencing July 2017	
ODL 2	**Leadership**	2.1 define leadership and management standards 2.2 design/source leadership and management inputs to deliver standards (identify specific staff groups – BME,CD, professional groups etc)	post programme pulse check – delegate and line manager	Bev France/ Ruth Shaw	First modules in May 2017 (consistent with the intro of apprenticeship Levy and new leadership	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		2.3 create full business case to support delivery of programmes including enhanced resource to support in-house delivered elements 2.4 Understand the commissioning needs through workforce planning NB explore opportunity for collaborative working with partner organisations 2.5 design formal application process 2.6 pre-input and line manager evaluation of task, achievement and behaviour 2.7 deliver/manage inputs 1.7 2.8post input programme evaluation			standards) with initial evaluation of completed elements by 1 September 2017	
ODL 3	**Expand OD opportunities through blended learning (including masterclass approach) to support transformational change**	3.1 Review current OD offering/processes and change where required 3.2 Create expanded OD opportunities – to include: • Creative thinking • Cultural awareness/diversity awareness • Resilience • Service improvement • Emotional Intelligence (relationship	post programme pulse check – delegate and line manager	Bev France/ Ruth Shaw	Review completed by 31 March 2017 Roll out of changed offering May 2017	

REF	IDENTIFIED RESPONSE	ACTION	KPI	ACTION LEAD	TIMESCALE	RAG RATING
		building/understanding teams) • Coaching/mentoring • Email management • WTGR (See colleague engagement section also) 3.3 Business case as part of wider OD offer				
ODL 4	**Linking from Workforce Planning through recruitment and retention into learning opportunities. Any opportunity should be considered as an apprenticeship opportunity primarily**	Define as part of apprenticeship strategy (see also REC5)				
ODL 5	**Leadership Walk Rounds**	5.1 review leadership walkround process 5.2 Test Exec Team desire for walk arounds 5.3 ensure structured process for senior leadership walk rounds 5.4 Design and administer post walk around pulse check	Post walk around pulse test	Bev France/ Ruth Shaw. Ian Warren to test with Exec Team Directors office to co-ordinate process	31 December 2017	
ODL 6	**Learning Management System**	Procure and implement a new Learning Management System	Post roll out pulse test	Bev France	December 2017	

Appendix 4.1

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
WORKFORCE PROJECTS AND OWNERSHIP - MASTER SCHEDULE 2016/2017 - 2020/2021

Project	Responsible Officer

UNIQUE IDENTIFIER NO: P-53-2017
EQUIP-2017-014
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

Appendix 4.2

Calderdale and Huddersfield
NHS Foundation Trust

PROJECT STATUS REPORT

Reporting Period	Delivery Confidence (RAG)	Last Period	This Period

Programme		**Project**	
Exec Sponsor *(Accountable Officer)*	Ian Warren	**Project Lead** *(Responsible Officer)*	

FINANCIAL PERFORMANCE

	2016/2017									2017/2018			TOTAL
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Forecast	0	0	0										
Actual	0	0	0										
Variance	0	0	0										

KEY RISKS & ISSUES

(refer to Programme Risk & Issue Log)

ID	RAG	Risk/Issue	Description	Mitigation	By whom, by when
1	A	Risk			
2	A	Risk			

PROGRESS THIS PERIOD

ITEMS REQUIRING ESCALATION TO PROGRAMME BOARD FOR RESOLUTION

PROGRESS PLANNED FOR NEXT PERIOD

Calderdale and Huddersfield
NHS Foundation Trust

KEY MILESTONE SUMMARY											
2016/2017									2017/2018		
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

KPI Description - To Be Confirmed	KPI Performance		
	Target	Actual	RAG

SIGN OFF		
	Signature	Date
Project Lead *(Responsible Officer)*		

PROGRAMME BOARD COMMENT & SIGNATURE		
	Signature	Date
Programme Sponsor *(Accountable Officer)*		

UNIQUE IDENTIFIER NO: P-53-2017
EQUIP-2017-014
Review Date: January 2019
Review Lead: Director of Workforce and Organisational Development

Appendix 4.3

Calderdale and Huddersfield
NHS Foundation Trust

PROGRAMME STATUS REPORT

Reporting Period	Delivery Confidence (RAG)	Last Period	This Period

Programme	Workforce Programme Board

Exec Sponsor *(Accountable Officer)*	

FINANCIAL PERFORMANCE

	2016/2017									2017/2018			TOTAL
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Forecast													
Actual													
Variance													

KEY RISKS & ISSUES

(refer to Programme Risk & Issue Log)

ID	RAG	Risk/Issue	Description	Mitigation	By whom, by when

PROGRESS THIS PERIOD

ITEMS REQUIRING ESCALATION TO TURNAROUND EXECUTIVE FOR RESOLUTION

PROGRESS PLANNED FOR NEXT PERIOD

Calderdale and Huddersfield
NHS Foundation Trust

KEY MILESTONE SUMMARY											
2016/2017									2017/2018		
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

KPI Description	KPI Performance		
	Target	Actual	RAG

PROGRAMME BOARD COMMENT & SIGNATURE

	Signature	Date
Programme Sponsor *(Accountable Officer)*		