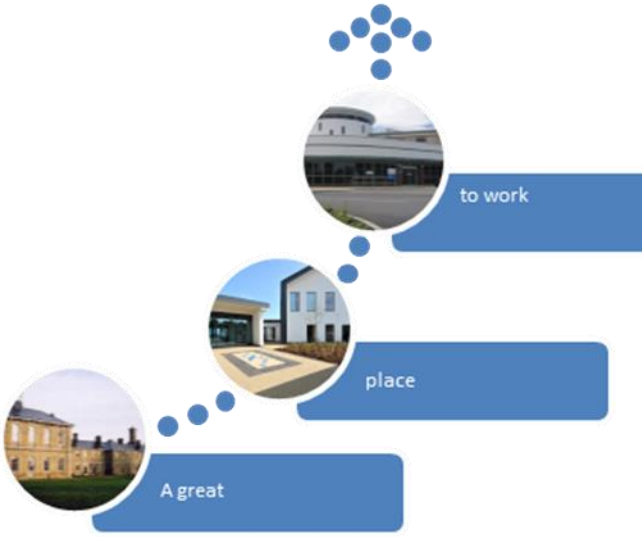
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Workforce Strategy

2017 -2022

A Summary


to work
place
A great

Introduction

Our staff are our greatest asset. Without them we could not deliver our diverse range of services at local, regional and national levels. Without them, we cannot design and deliver future services which will provide excellence in patient care and meet user, carer and public expectations.

We value our current workforce and their recruitment, retention, education, development and levels of engagement, job satisfaction and motivation in working for the Trust are critical to our success. One of the biggest challenges facing us is the uncertainty of what health needs will look like in the next 15 – 20 years, whilst also dealing with workforce challenges we face today.

Within that context, this strategy aims to set out the future vision for the workforce within Northumberland, Tyne and Wear NHS Foundation Trust for a five year period along with the key themes of work to achieve that vision.

It is a vision where our staff are recruited, developed, supported and valued to deliver excellence in patient care. It is a vision where the future workforce has pride in NTW and all that we do

Whilst this strategy sets out our vision and key workforce issues, it's successful delivery will primarily rest with the hundreds of line managers and supervisors who lead, manage and support our workforce on a daily basis.

We have a lot to celebrate. We have a talented and dedicated workforce. A workforce which is passionate about what they do and the many thousands of patients they care for. We will strengthen our voice in the context of regional and national work and raise the profile of our excellent work in the North East, ultimately helping with recruitment and retention of the workforce.

The context for this work

The context for our work has changed since the original workforce strategy was drafted; Brexit, STPs, the Carter review all shape our current thinking. In particular, the NHS-Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services, patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. The Forward View states that over it's term the NHS must drive towards an equal response to mental and physical health and towards the two being treated together. The ambition is to achieve genuine parity of esteem between physical and mental health by 2020.

In transforming care for people with learning disabilities an essential part of our strategy will relate to how we provide the right care in the right place for those with a learning disability in current in patient provision. In accordance with a new national strategy this is likely to include a substantial reduction in the number of people placed in in patient settings and reducing the length of stay for all people in inpatient settings

The future workforce

Is described as a being a workforce which is flexible and fully equipped with the appropriate skills, knowledge and resources to deliver highly effective evidence based treatments across both community and inpatient services. Collective leadership and devolution are at the heart of what we do and how we will work.

In this future state, the Trust will take a strategic approach to Talent Management and talent is identified and individuals are developed, engaged and retained with the organisation.

All staff show high levels of engagement and are committed to the Trust and its values and feel a sense of job satisfaction. They are involved in decision making and have the freedom to voice ideas and opportunities to develop their services.

Our staff will be empowered to maintain their own wellbeing while continuously improving the way in which care is delivered ensuring best quality outcomes for those using our services.

The aims of this Workforce Strategy to enable our vision are;

1. We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do
2. We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
3. We will lead and support staff to work safely and deliver high quality care for all
4. We will help staff to keep healthy, maximising wellbeing and prioritising absence management
5. We will educate and equip staff with the necessary knowledge and skills to do their job
6. We will be a progressive employer of choice with appropriate pay and reward strategies

We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

Where do we want to be?

To successfully meet future challenges, our workforce will need to be flexible; they will need to be ready to meet any change which arises from the STP, work across health and social care, with independent or private sector providers, be flexible in the provision of care at differing points of the patient pathway, provide care and treatment for both physical and mental health care, support those with a learning disability to receive care and treatment in mainstream pathways, provide care in different locations (always closer to home, if not the home) and use new technological developments.

The future workforce will provide informal support to help people prevent ill health and manage their own care when appropriate. They will have the skills, values and behaviours required to provide co-productive and traditional models of care. They will need to be adaptable, innovative and able to provide 'whole person' care, with a focus also on a family orientated approach to care. To do this we need to continue to stretch/push traditional professional roles/boundaries and be courageous in shifting funding from one professional group to another.

Our workforce needs to be ready to respond to further advancements in health and social care science and technology. For example, as both the cost and time of sequencing the human genome is likely to reduce in the next decade, this will increase the potential uptake and preventative measures. In addition, growth in health monitoring tools could prevent or reduce health crises. From a mental health and disability perspective, this may see the development of new technologies that will invariably result in new understandings and novel interventions. The future workforce supply will be a challenge and hence the development of new ways of working and innovative roles will be key to a number of our professional groups, plans for this will be outlined in their own supporting strategies. In the months and years ahead the Trust will need to contend with and plan for:

- The introduction of STP's and changing models of care and the impact these will have upon service delivery
- Transformation both regionally and nationally across Learning Disability services
- Increasing mental health prevalence
- A shift and emphasis towards delivery of care in the community
- A lack of supply of both Nursing and Medical professionals and subsequent supply and enthusiasm from other professions, e.g. Pharmacy and Allied Health Professionals to meet the Workforce Shortage.
- Changes in the way health education is delivered
- Changes to the way in which services are commissioned
- The as yet unknown implications of Brexit on the economy and subsequent impact to the NHS
- Increased financial and efficiency monitoring via the NHS Improvement Agency

We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Where do we want to be?

We cannot afford to become complacent about this work. The second aim of the workforce strategy seeks to help us move to a place where we can deliver even better care by taking better care of each other. This may mean changes to the way we lead, develop and support people and a rethink about some of the priorities we have. Through engagement such as Speak Easy (established in 2015 and refreshed for 2017) we know that our workforce wants to be able to influence the way that work takes place locally: we need to be mindful that we don't create structures or too many plans from the centre of the organisation. Indeed with our devolved model of working that has emerged from Transforming Corporate Services and the Operational Restructure that will be in place from the second half of 2017 will mean that our structures will be leaner with decisions being made about services, closer to those services than ever before. Though devolved our work on values will lead us to the creation of a consistent culture across the Trust and its subsidiary organisations.

Developing People – Improving Care A national framework for action on improvement and leadership development in NHS funded services is a development framework, created under the umbrella of the National Improvement and Leadership Development Board. This is the first major publication on improvement and leadership development by this Board. It is based on concept of Continuous Quality Improvement (CQI) not transformation. It is intended 'to close the gaps' identified in the NHS five year forward view.

- By 2022 we need a flexible workforce which is delivering excellence in patient care and is recovery focused where through recruitment initiatives and development activities the three core values of honesty and transparency, care and compassion and respect are embedded into everything we do.

- Leaders will be confident to work across a complex, changing environment, showing the way for the rest of the workforce whilst also recognising that often the answers to ongoing issues lie within staff teams embodying the principles of Collective Leadership. Leaders will be clear about their individual development needs and have plans in place for these needs to be met.

- We will listen and respond to the needs of our workforce. Individuals and teams across the trust will be highly engaged, be members of highly effective teams and problem solve at a local level when issues arise. There will be clear levels of autonomy across the trust, devolved decision making allowing for solutions that meet local need. This is turn will lead to higher levels of job satisfaction and a greater degree of motivation in the workforce. Our medical workforce in particular will be more highly engaged and clinical leadership, at all levels, embedded.

By 2022 there will be integration between service improvement and organisational development and both will be delivered and supported by clinicians and managers, with expert 'central' advice being called on as the exception rather than the rule.

We will support staff to work safely and deliver high quality care for all

Where do we want to be?

We want to use the data and intelligence we gather from legislative and regulatory requirements to inform and continuously improve our work, constantly challenging ourselves to do more and do better for our patients.

- A Trust that promotes new roles to augment, not replace current roles & professions.
- We want to be a great place to work, whereby our culture reflects our core values. We want to have more applicants than jobs available, values based recruitment processes (for all) dependent on modern technological solutions, engagement is high and turnover is low. We want to reduce the churn amongst the wider NHS workforce and retain staff in public sector employment.
- Our recruitment practices will continue to be compliant with the required standards and nurse revalidation will be embedded alongside medical revalidation.
- Our recruitment pressures will be at a low level, if in existence at all. Supply will be meeting demand and flexibility and a new skill mix will be evident across the workforce and levels of bank and agency usage are low.
- Staff will feel safe to raise concerns, encourage each other to do so and suffer no ill consequence as a result. Our managers will be confident to deal with concerns as they are raised and staff will be fully supported during and after concerns have been raised.
- When issues do arise, we will deal with them in an efficient, effective and modern way. Issues will be dealt with at an appropriate level and as efficiently and as effectively as possible, to reduce (as far as is possible), the impact on our people and ultimately patient care.
- We will see improved staff survey results in this area and be confident that we have a ‘fair blame’ culture.
- Our clinical supervision practice will continue to be well embedded and be supported by robust management supervision practices and guidance.

We will help staff to keep healthy, maximising wellbeing and prioritising absence management

Where do we want to be?

The importance of health wellbeing and prevention is key to the transformation of health within the North East. Our work outlined below will be crucial to the Trust helping to deliver on this. The plan looks towards getting people back into work across the North East, with ambition to improve mental health, reduce musculoskeletal conditions and sickness absence within the region.

- By 2022 our Health and Wellbeing Strategy will be embedded, its foundations being firmly on prevention, early intervention, good quality assessments of fitness for work, effective support services, training and education.
- Employee health and wellbeing will be embedded into everything we do as a Trust. We will better understand our organisational health needs and there will be processes in place to stop individuals in low risk health groups moving into higher risk categories.
- It is difficult to say we will be working in an environment with reduced levels of violence as this depends on the nature of those who are acutely unwell in In Patient Services. This however is our aspiration and our vision for Positive and Safe and Talk First.
- We will ensure that we look our members of staff as a 'whole person'. This will include having exemplary support systems in place to promote employee mental health in the workplace and reduce stigma and discrimination and signpost to community based services when appropriate and recognition that life outside work can affect an employee's performance in work.
- This will include having exemplary support systems in place to promote employee physical health in the workplace and reduce discrimination and signpost to community based rehabilitation when appropriate. To promote health and wellbeing and maximising participation at work, through supported Self-Management, for long term conditions supported by occupational health as required
- We will lead by example providing all staff with the environment, knowledge and tools to develop and maintain emotional resilience and mental wellbeing. There will be early diagnosis at work and staff will have fast track access to good quality psychosocial intervention and support linked to causal factors.
- Our workforce will take full responsibility for their health and wellbeing and improvement of personal resilience, absence levels will be lower.

We will educate and equip staff with the necessary knowledge and skills to do their job

Where do we want to be?

We want to contribute to:

- Improved service user experience through a well trained and experienced workforce
- Improved outcomes for patients through a well trained and experienced workforce
- Improved safety
- Improved staff retention
- Positive impact on staff survey results
- Make the best use of the Apprenticeship Levy
- Support the CQUIN (Commissioning for Quality and Innovation) requirements in particular with reference to physical health skills

The devolution agenda in NTW for 2016 onwards provides opportunities to amalgamate a number of strands (arms) of training, education and service developments into a cohesive structure with overarching governance. The opportunity also exists to incorporate key strands of recruitment and retention to support the future workforce challenges. The Training and Development function has been within the Operational Groups since 2016. A discussion document was produced entitled the 'Seven Arms of Training'. This is provoking debate on how we will:

- Support good practice and models which already exist and work well
- Review and enhance delivery of current models to best meet service need, eg extended hours of operation where appropriate
- Identify and deliver new models to best meet service need
- Create a cohesive structure with previously ‘un-joined’ parts of the organisation to maximise efficiencies and close gaps in service delivery
- Take opportunities to expand into new areas of development, specifically
    - NTW Nursing Academy
    - Medical leadership training (to develop into organisational leadership)
    - National & International developments

Our workforce will keep up to date and prepare themselves for future challenges, or changes in working practices, through accessing flexible continuous professional development learning opportunities. We want our statutory and essential training programme to run as effectively as possible whilst ensuring staff have the greatest flexibility in meeting their training requirements. Where available, statutory and essential training will be delivered via e learning modules.

We will be a progressive employer of choice with appropriate pay and reward strategies

Where do we want to be?

Given we are one of the largest mental health and disability trusts, it therefore follows that we should seek to be a progressive employer, one who influences nationally and locally, embodies modern employment practices, has engagement with staff at its heart and one for whom, there are foundations of successful partnerships none more so than that with staff side partners.

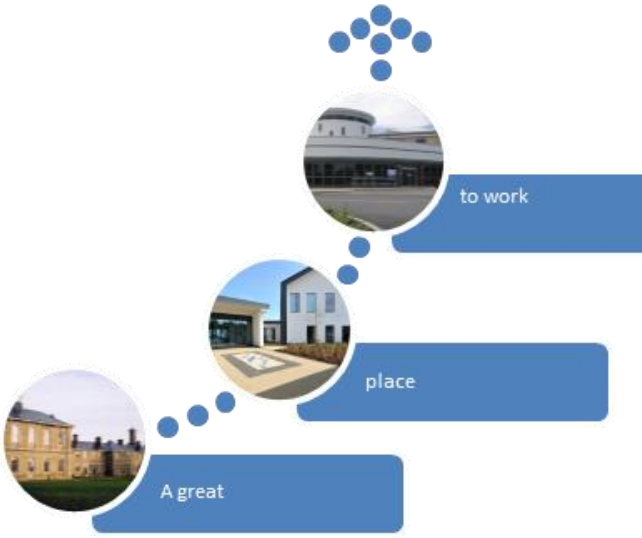
We want to be a great place to work, whereby our culture reflects our core values. Partnership working is integral to everything we do, be this partnerships with, our service users, our staff and trade union reps, the local health economy and population that we serve. We want to be recognised for exemplary workforce practices.

- By 2022 we will have embraced opportunities which have arisen from coproduction and our employment practices will be aligned around recovery and self-management (of physical health conditions) and we will be listening and continuing to learn and value the importance of coproduction with those in, for example, the Recovery College. Our recruitment will be diverse and inclusive through work with, for example, Veterans, Changing Lives and Project Choice.
- Our workforce costs represent 80% of total expenditure, some £241 million. Looking ahead at financial and system wide challenges we will need to reduce the cost per head count of our workforce. There will be a number of ways in which we can do this and some of these have been set out already in this strategy, notably new ways of working and role redesign, reviewed skill mix, efficiency of systems and processes.
- There will however need to be an increasing focus on the terms and conditions and reward strategies for NHS staff in the years to come, driven by both affordability and the need for flexibility within reward systems to meet service needs and sustain organisations.
- By 2022 we will work within a set of fully integrated working practices, be supported by modern technological solutions. We will have built our reputation as a great place to work and attract local and national recognition for this. The expertise of our clinicians and their national and even international reputations will be at the core help in attracting our future workforce and in retaining those already employed.
- Some of our clinicians are starting to explore opportunities which might arise through the development of NTW Innovations and this work will continue over the term of this strategy, sharing practice elsewhere and generating additional income for the Trust.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

NTW Workforce Strategy

2017 – 2022



Executive Summary

We are striving to be at the cutting edge of service delivery, research and development and employment practices. This Workforce Strategy is a key enabler in the delivery of our strategic ambitions.

It sets out our vision for the future workforce and six core strategic themes and underpinning work which are essential to successful delivery of that future vision. It is ambitious in its vision, particularly considering the changing and challenging environment in which we currently work.

During the life of this Workforce Strategy*:*

1. We will develop a representative workforce which delivers excellence in care, is recovery focused and champions the service user at the centre of everything we do
2. We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
3. We will support staff to deliver high quality, safe care for all
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6. We will be a progressive employer of choice with appropriate pay and reward strategies

Whilst ambitious, with excellent leadership, the commitment and engagement of our staff and a range of strong partnerships in place, we believe it is achievable and it will guide us to achieving our essential workforce priorities for the next five years. In order for it to be successfully implemented, it will require joined up thinking, joined up working and a flexible approach by all.

We need to be responsive and adaptable as the direction of future travel becomes clearer and be able to review and update the strategy as needed. We need to challenge ourselves to constantly achieve our vision and enable our staff to deliver excellence in care delivery, across a different footprint, in different ways, with different partners.

A high level set of actions are attached and the Workforce Group and its two sub groups are tasked with the production of annual work plans with oversight sitting with the Workforce Group.

The two sub groups are;

- Organisational Development (including Leadership and Engagement)
- Workforce Planning Education and Training

These are supported by the main public health group which looks at patient issues only. A sub group looks at both staff and patient issues. In addition, in our devolved

operating model, each care group considers workforce issues through their own local Workforce Groups.

The successful delivery of this strategy continues to rest primarily with managers across the Trust, supported by expert Workforce and OD advisors working with front line clinical teams. Continuing to build their Workforce and OD capacity and capability as well as supporting the continuing professional development of Workforce professionals will be an essential area of work to support successful implementation of this vision.

In this way, we can continue to take bold steps towards the achievement of our strategic ambitions

Foreword

In 2015 when this strategy was first introduced we stated that it would be essential to keep this strategy under review and to realign where necessary. Two years on we have many workforce achievements to reflect on and celebrate. This revised strategy has been produced to reflect the recommendations and outcomes of reports that shape our work and to realign the Workforce Strategy to support and enable the delivery of Trust's Strategy **Working together, supporting people, supporting communities - improving lives** introduced in January 2017. The Trust working with the communities that we serve has developed six strategic ambitions to be delivered over the next five years. One of those ambitions is that the Trust will be regarded as a '**great place to work**'.

The strategic context in which we operate has changed in the past two years but one of the keywords from the first strategy 'flexibility' holds true. The biggest challenge facing us is the uncertainty of what health needs and provision will look like in the next 15 – 20 years, whilst also dealing with workforce challenges we face today.

We remain ambitious, striving to be at the cutting edge of service delivery research and development and employment practices. This Workforce Strategy is a key enabler in delivery of our ambitions.

Within that context, this strategy aims to set out the future vision for the workforce within Northumberland Tyne and Wear NHS Foundation Trust (The Trust) for a five year period along with the key themes and strands of work to achieve that vision.

It remains a vision where our staff are recruited, developed, supported and valued to deliver excellent and clinically effective patient care. It is a vision where the future workforce has pride in the Trust and all that we do. In this way, we can deliver world class services within our devolved model of working with collective leadership within the Trust and our nascent Subsidiary Company.

This Strategy should be read and considered alongside the supporting strategies – particularly the Team and People Development (Organisational Development (OD)) Strategy with its greater and very specific focus on the health and well-being of the organisation, its culture, leadership, values and importantly the principles by which we lead and manage the Trust. This strategy is also inextricably linked to the Workforce Plan 2016-2020.

Whilst this Strategy sets out our vision and key workforce issues, its successful delivery will continue to rest with the hundreds of line managers and supervisors who lead, manage and support our workforce on a daily basis, nevermore so now we are working within a devolved model of operation.

This Strategy will be supported by an annual plan setting out priorities for action, with its delivery overseen by the Trust's Workforce Group.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Approved by Trust Board in June 2015 a number of notable milestones have taken place along our journey

2015

- **Dec** – ONE OF THE FIRST TRUSTS IN THE COUNTRY TO APPOINT FREEDOM TO SPEAK UP GUARDIAN
- **Sept** – ATTENDANCE AT OUR FIRST LGBT EMPLOYEE, DIVERSITY AND INCLUSION PARTNER'S MEETING
- **March** – AGREEMENT OF STAFF SURVEY ACTIONS FOLLOWED UP THROUGH THE YEAR DURING BED WEEK, ANTI-BULLYING WEEK AND BY OUR NEW STAFF NETWORKS
- **May** – DIVERSITY AND INCLUSION PARTNER FOR SECOND YEAR RUNNING, CHOSEN TO PILOT WORKFORCE DISABILITY EQUALITY STANDARD
- **Sept** – CQC OUTSTANDING RATING – INCLUDING WELL-LED
- **Oct** – INVESTORS IN PEOPLE REACCREDITATION SOON FOLLOWED BY THE APPROVAL OF OUR WORKFORCE PLAN

INVESTORS IN PEOPLE

NTW Solutions

2017 A Refreshed Strategy

Our workforce vision

We know our staff are our greatest asset and that we have a talented, passionate and dedicated workforce. Without our staff we could not deliver our diverse range of local, regional and national services. Without our staff we cannot meet the significant challenges ahead and design and deliver future services which will provide excellence in patient care and meet service user, carer and public expectations, all delivered in line with our three core values. In our devolved model of operation, flexibility and adaptability of our future workforce is critical; where they work, how they work and who they work with. We want our workforce to be fully equipped with the appropriate skills, knowledge and resources to deliver evidenced based care across new pathways and with partners. Workforce planning must play a fundamental part of what we do and systematically flow from this Strategy and our Strategic Ambitions. Forecasting must also be an integral part of our planning to support our understanding of the current workforce position and what may be needed in the future. A strategic approach to talent management is required to ensure individuals are developed, effectively managed, engaged and retained within the organisation along with continuing our work on embracing equality, diversity and inclusion and further enhancing leadership capacity and capability. We are passionately committed to supporting and empowering staff to improve their own health and wellbeing, supporting the wider health and wellbeing priorities within the Northumberland, Tyne and Wear and North Durham Sustainability Transformation Plan (NTWDSTP). We must continue to engage our staff, involve them in decision making, listen to their ideas, further empower them through devolution to influence and make changes at local level and do all we can to create high levels of job satisfaction and motivation so that the Trust fully realises its ambition to be a ‘great place to work’.

The leadership, culture, and values of our staff will be truly service user and carer centred, collaborative and supportive. Staff morale will be high and people will be nurtured, developed and supported within a culture of knowledge sharing and learning.

Coaching and mentoring techniques will be used widely to enhance individual’s skills, knowledge or work performance and clinical and managerial supervision will be well embedded.

In this future state we will be an employer that is influential at a regional and national level, developing successful partnerships with a move towards a greater recovery focus in all of our employment practices. The Trust will be recognised as a progressive employer and we are known as a ‘great place to work’.

'a great place to work'

We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

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During the life of this Workforce Strategy:

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The working world around us

As one of the largest mental health and disability trusts in the country our workforce of 6000 staff is our greatest asset. They deliver excellence in patient care 24 hours a day, 7 days a week. They are however working in uncertain and changing times where, as an NHS and as a greater health and social care economy, we face some of the greatest challenges ever known to services. Our workforce strategy has been shaped with reference to the following contexts and documents.

The international strategic context

At the time of writing the Government has published the European Union (Notification of Withdrawal) Bill. This is likely to trigger Article 50 of the EU Treaty in line with Government's timescale of March 2017, which may mean that Brexit will occur during the life of this strategy.

Priority issues for the NHS are:

- Maintaining and improving services by securing future workforce supply. Given the UK's heavy dependence on non-UK trained health and social care staff, this means that our migration system must be capable of attracting both highly-skilled and less skilled workers for the health and social care sector.
- Continuing UK participation in mutually beneficial collaborations, e.g. medical research and innovation
- Maintaining existing regulatory frameworks and standards where these work well.

The leave vote will have far-reaching implications for the NHS, but it is not possible at this stage to predict the level of impact as we do not know which type of relationship the UK government will seek, how long negotiations will last and which outcome there will ultimately be.

Despite this uncertainty, we expect that a withdrawal from the EU could have implications on a number of crucial areas for the NHS, expressed by the handy BREXIT acronym:
Budget
Research
Employment
X-border healthcare
Innovation
Trials

It will be essential that we monitor and adjust our action in accordance with the outcomes of the Brexit negotiations.

The national strategic context of the NHS

The NHS –Five Year Forward View (2014): Sets out a vision for the future of the NHS Services and articulates why change is needed, what that change might look like and how it can be achieved. All current NHS developments are being shaped by the Forward View, of particular note being the Sustainability and Transformation Plans.

The Northumberland, Tyne and Wear and North Durham Sustainability Transformation Plan's (NTWDSTP) has developed four work streams;

1. Prevention, health and wellbeing;
2. Optimal use of the acute sector;
3. Neighbourhoods & Communities; and
4. Mental Health.

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health commonly referred to as the Carter Report, makes several recommendations with regard to NHS workforce. NHS Improvement is charged with the responsibility of leading on the Carter Recommendations and indeed Lord Carter is a Board Member of NHS Improvement.

- NHS Improvement should develop a national people strategy and implementation plan, so that transformational change can be planned more effectively, managed and sustained in all trusts;
- NHS Improvement should develop and implement measures for analysing staff deployment.
- Trusts should, through a Hospital Pharmacy Transformation Programme, develop plans to ensure pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities;
- Trusts should rationalise their corporate and administration functions to ensure that resources are used in a cost effective manner;
- NHS England and NHS Improvement should work with trust boards to identify where there are quality and efficiency opportunities for better collaboration and coordination of their clinical services across their local health economies, so that they can better meet the clinical needs of the local community;

The national strategic context of the services that we provide

The NHS-Five Year Forward View states that over its term the NHS must drive towards an equal response to mental and physical health and towards the two being treated together. Whilst acknowledging that investment has already been made through the Improving Access to Psychological Therapies (IAPT) Programme and that in 2015/16 for the first time there will be waiting standards for mental health, it is confirmed that this is only the start and that the much wider ambition is to achieve genuine parity of esteem between physical and mental health by 2020.

The Five Year Forward View for Mental Health (2016) states that the right workforce with the right skills is the single most important component of good care. It calls for urgent work to jointly develop robust health and social care workforce planning for mental health to:
• identify and fill workforce gaps
• provide the right training and support
• involve carers, as appropriate
• provide annual projections for staff numbers and costs.

Staff should be trained to prevent ill health, working across traditional boundaries, it states a need for access to effective social work as part of good quality mental health care should be recognized through the routine inclusion of social workers in NHS provider workforce planning.

Mental health staff should be trained to treat people with sensitivity, in the least restrictive way possible, prescribing in line with standards and using restraint only in exceptional circumstances. There should be a greater focus on mental health awareness for all front-line staff. This will involve cultural change and require strong leadership.

Staff should work in partnership with the people using services to develop plans based on the personal goals of the individual. Peer support should be offered from people who have had similar experiences and carers should be given help to play an appropriate role.

By 2020/21, measures to improve staff morale and wellbeing will be in place, backed by good data, and people with mental health problems will experience an improvement in staff attitudes. Training will have been strengthened and new models of care expanded. Most care should be provided in community and primary care settings.

Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing (2015), states:

Professionals need to be trained to be able to:

- Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience.

- Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.
- Identify mental health problems early in children and young people.
- Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.
- Work in a digital environment with young people who are using online channels to access help and support.

As a Trust we are fully committed to developing integrated models of care which are designed around the whole needs and aspirations of our local populations. We see significant benefits in aligning the approach to physical and mental health long term conditions, and in aligning delivery of support and care across health and social services. We recognise that different models will emerge across the different health and social care economies that we cover, and are aligning our models of care delivery and organisational structure to ensure that the Trust can be an active and flexible partner.

Transforming Care for People with Learning Disabilities – Next Steps (2016) stated the need for the following:

• supporting the development of workforce awareness, knowledge and skills in recognised areas of health need including autism, mental illnesses, physical illnesses and physical ill health and social support needs to enable fulfilled lives;
• developing a good understanding of the links between these needs to ensure person centred care and support and support;
• ensuring that there is a strong emphasis on developing leadership and management skills at all levels to promote innovation and change management.

The 2016 **Services to people with neurological conditions: progress review** stated that there is scope to give patients better access to neurologists by using existing resources more effectively. NHS England has stated that the rate of growth is unlikely to increase over the coming years but is looking at what can be done to make best use of the available neurologists and reduce the variations in access, including through re-designing services and making more use of other clinical staff, particularly specialist nurses.

Where are we now?

Where do we want to be?

How will we get there?

Strategic Aim 1 - We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

Where are we now?

Strategic workforce development, workforce planning and the needs of the future workforce are at the heart of this first theme. Within the Trust workforce planning has had increasing prominence in recent years, culminating with the production of the Trust Wide Workforce Plan 2016-2020. Through Health Education North East we are working closely with partners across the region to understand a wide range of workforce issues, both nationally and locally, and to ensure the quality of supply, education and future readiness of the health workforce in the North East.

The CQC found that the trust knows the population they provide services to and work to ensure that services are accessible and that staff at all levels are representative of the communities they serve.

Within the Trust, our Transformation of Services work has enabled us to start to change our approach to workforce planning. For example, through our Community Transformation Programme work, we have carefully considered future clinical pathways and the skills needed to deliver the community pathways. Through application of professional judgement, our senior clinicians have designed the desired future workforce which sees an alignment of skills into new and different roles. We have developed and tested some new and innovative roles and started early work to work across what have been traditional professional boundaries.

The workforce changes within our Services Transformation Programmes have already been significant, be they changes in roles, ways of working, new pathways, growth or greater alignment with other organisations – health, social care, independent or private sector partners. We learn more about how we manage change and the impact on our workforce with every service change implemented.

Arising from our transformation programmes, we have recruited the first peer support workers into the Trust. IMROC define peer support as 'offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.' (Mead et al 2001). These post holders drive recovery focused organisational change, co-producing services alongside traditional, albeit they changing, mental health and disability professionals. This has been an exciting development but one which has not been without challenge. In 2016 the Recovery College was established in a dedicated space with the Trust being a key stakeholder.

Our current approach to Equality and Diversity has enabled us to attain NHS Employers Diversity and Inclusion Partner status since 2015. We have always met statutory requirements and have always tried to embrace good practice – for example by engaging with NHS England's Equality Delivery System, prior to it becoming a contractual requirement and by collaborative work with our good regional links with Equality and Diversity leads. All staff are required to undertake Equality and Diversity training and our Equality and Diversity Steering Group is starting to take steps to establish better working on Equality and Diversity initiatives within Operational Groups,

with the new requirements of EDS2 and the Workforce Race Equality Standard providing fresh impetus. Our staff networks are starting to gain momentum and the drive to devolve equality and diversity into part of everyday service delivery is developing localised actions that reflect the diversity of the population which we serve.

In the Equality Delivery System 2, the CQC acknowledged that the trust had self-assessed and identified ratings in the following CQC areas:
• Developing' for better health outcomes goal.
• Achieving' for improved patient access and experience goal.
• Developing' for representative and supported workforce goal.

The trust reported against the workforce race equality indicators a slight reduction in recent years in the percentage of black and minority ethnic staff in bands 8-9, (including executive board members and senior medical staff) compared with the percentage of black and minority ethnic staff in the overall workforce. However, the proportion of black and minority ethnic staff employed within the organisation was 3% and the number employed in bands 8-9 was 6.1%, reduced from 6.4%.

Where do we want to be?

To successfully meet future challenges, our workforce will need to be flexible; they will need to be ready to meet any change which arises from the STP, work across health and social care, with independent or private sector providers, be flexible in the provision of care at differing points of the patient pathway, provide care and treatment for both physical and mental health care, support those with a learning disability to receive care and treatment in mainstream pathways, provide care in different locations (always closer to home, if not the home) and use new technological developments.

The future workforce will provide informal support to help people prevent ill health and manage their own care when appropriate. They will have the skills, values and behaviours required to provide co-productive and traditional models of care. They will need to be adaptable, innovative and able to provide 'whole person' care, with a focus also on a family orientated approach to care. To do this we need to continue to stretch/push traditional professional roles/boundaries and be courageous in shifting funding from one professional group to another.

Our workforce needs to be ready to respond to further advancements in health and social care science and technology. For example, as both the cost and time of sequencing the human genome is likely to reduce in the next decade, this will increase the potential uptake and preventative measures. In addition, growth in health monitoring tools could prevent or reduce health crises. From a mental health and disability perspective, this may see the development of new technologies that will invariably result in new understandings and novel interventions."

The future workforce supply will be a challenge and hence the development of new ways of working and innovative roles will be key to a number of our professional groups, plans for this will be outlined in their own supporting strategies. In the months and years ahead the Trust will need to contend with and plan for:

- The introduction of STP's and changing models of care and the impact these will have upon service delivery
- Transformation both regionally and nationally across Learning Disability services
- Increasing mental health prevalence
- A shift and emphasis towards delivery of care in the community
- A lack of supply of both Nursing and Medical professionals and subsequent supply and enthusiasm from other professions, e.g. Pharmacy and Allied Health Professionals to meet the Workforce Shortage.
- Changes in the way health education is delivered
- Changes to the way in which services are commissioned
- The as yet unknown implications of Brexit on the economy and subsequent impact to the NHS
- A General Election in 2020
- Increased financial and efficiency monitoring via the NHS Improvement Agency

We have traditionally managed change processes through agreed HR Frameworks but listening to feedback from staff, work will be completed to develop more flexible approaches to managing change, minimising as much as possible the need to interview staff and particularly minimising the need for numerous interviews as service transformation plans continue to be implemented across the Trust. However on occasions, a need to follow such processes will be inevitable.

We need to establish the Trust as an inclusive organisation – recruiting outstanding people is just the start. Inclusiveness means making sure all our people's voices are heard and valued. This will not only help us to attract and retain the best people, but it will also help us to provide better services making us a great place to work. We need to move beyond ensuring equality to promoting diversity, which, ultimately, is about how we build an organisation with talented individuals from very different backgrounds. We need to grow our staff networks and encourage collaboration between those networks and across the region as we collaborate across the STP footprint.

How are we going to get there?

To achieve Strategic Aim 1 we will;

- Work with HENE to build on current careers activity and success from local pre degree experience pilots to promote working in health careers across the whole workforce. We will achieve this through continued working with a wide range of education partners and schools and local employers, supporting where able activities such as Traineeships, Apprenticeships, veterans support and work experience.
- Continue to influence HEE education commissioning process.
- Develop better relationships with our future workforce supply through improving engagement with young people and school leavers to market the NHS as an employer of choice in the region and encourage members of staff to do so.
- Understand the generational differences across the workforce to best harness the experience, knowledge and opportunities this presents.
- Scope and implement 'grow our own' scheme across professions.
- Further forge relationships with provider universities to influence the quality of education provision.
- Continue our work to better understand the application of a recovery focus to workforce practices and be co-producing workforce systems, processes etc.
- Build and learn from the lived experience of our workforce.
- Train, develop and educate staff in line with service demands and skill mix
- Review traditional HR Frameworks for managing change.
- Work with colleagues across health and social care to create innovative redeployment opportunities, retain staff in employment and minimise redundancy costs to the public purse.
- Scope and understand key enablers to support staff to do their job efficiently and productively
- Review staffing establishments, reducing Bank and Agency spend and usage across the Trust.
- Make it core business: our equality and diversity objectives should support our Trust's objectives to tap into the key agendas for our management and board
- Get senior buy-in: Maintenance of and growth of board-level support is crucial to mainstreaming equality and diversity in our organisation and signals its importance to staff and service users.
- Engage staff: give staff clear and consistent messages about recognising and valuing diversity in our organisation. It's an important recruitment and retention tool.
- Recruit champions: a network of champions – linked to the Positive Fair Diverse Campaign, will help to maintain the focus and get others on board.

- Involve everyone: all our key internal groups should be involved to help reinforce the philosophy that Equality and Diversity is everybody's business. Establish staff networks, utilise the trade unions and different professional groups. We will need them to secure a broad base of support across the Trust.
- Link to service delivery: make the links from our equality and diversity activity to service delivery. This will ensure a more coherent approach to achieving our Trust's equality and diversity (and business) objectives and will give our work in this field more impact.
- Increase diversity in senior management and Board level, to reflect that of the wider workforce and that of our service users.
- Maximise opportunities which are presented to us through being an NHS Employers equality and diversity partner.

Strategic Aim 2 - We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Where are we now?

During the Trust's CQC Inspection as part of its Outstanding rating the inspection team determined that the trust had a clear vision and values which were incorporated into all aspects of the trust's business and supported by a set of strategic objectives which were developed with the involvement of patients, carers and staff. Staff felt involved in most changes and empowered to contribute to the development of services. Members of staff were given the autonomy to provide services based upon the needs of their service users and to develop innovative practice. Staff stated that the trust leadership was approachable, accessible and encouraging.

In the development of the Trust-wide Strategy a conscious decision was made to keep the Trust values as they are. We have initiated our first wave of clinical and collective leadership programmes, ever the more so important in our devolved operating model, and these will conclude in the summer of 2017. Our wider internal Leadership and Management skills courses continue to evaluate well and we make good use of the resources available to us through the North East Leadership Academy.

Our Staff Survey results show evidence of improvement in the areas that we targeted for work as part of this Strategy in 2015 and also point the way towards actions that we need to take during the life of this Strategy.

- The Trust's 2016 Overall Staff Engagement score is just above average for the sector (Trust 3.86, sector 3.80).
- The Trust scores on the two NHS Staff Friends and Family Test questions have both significantly improved and are significantly higher than the sector score. 64% of staff say that they would recommend the Trust as a place to work (compared to 58% in 2015); and 71% of staff would be happy with the standard of care if a friend or relative were treated at the Trust (compared to 65% in 2015).
- 95% of staff say they are aware of the organisation's values, this is slightly higher than the sector score of 93%. 73% of staff say managers demonstrate the values at work, which is significantly higher than the sector score of 66%; and 76% say that colleagues demonstrate the values at work, compared to the sector score of 72%.
- With regards to Leadership and Career Development, most scores are slightly higher than the sector in this section, however some still remain low. For example, only 59% feel there are opportunities to develop their career within the Trust, and 58% say the person they report to creates opportunities for their professional growth. Just 46% feel that learning or development activities completed in the last 12 months have helped to improve their chances of career progression.

- 67% of staff feel that the Trust has a clear vision for the future but only 48% feel like they are part of that vision.

Since 2015 we have established a set of Staff Networks to help improve engagement with our workforce in terms of diversity and inclusion. We have also established an OD Network to provide assurance on our activities and a group of OD Associates that help support our OD activities in a devolved model of working.

In 2016 the Trust has adopted and run Schwartz rounds. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

Where do we want to be?

We cannot afford to become complacent about this work. The second aim of the workforce strategy seeks to help us move to a place where we can deliver even better care by taking better care of each other. In our devolved operating model, this may mean changes to the way we lead, develop and support people and a rethink about some of the priorities we have. Through engagement such as Speak Easy (established in 2015 and refreshed for 2017) we know that our workforce wants to be able to influence the way that work takes place locally: we need to be mindful that we don't create structures or too many plans from the centre of the organisation. Indeed with our devolved model of working that has emerged from Transforming Corporate Services and the Operational Restructure that will be in place from the second half of 2017 will mean that our structures will be leaner with decisions being made about services, closer to those services than ever before. Though devolved our work on values will lead us to the creation of a consistent culture across the Trust and its subsidiary organisations.

Developing People – Improving Care. This is a national framework for action on improvement and leadership development in NHS funded services. It is a development framework, created under the umbrella of the National Improvement and Leadership Development Board. This is the first major publication on improvement and leadership development by this Board. It is based on concept of Continuous Quality Improvement (CQI) not transformation. It is intended 'to close the gaps' identified in the NHS five year forward view.

Identifies 4 critical required capabilities:

- System leadership
- Improvement skills
- Compassionate, inclusive leadership
- Talent management

It states that every team 'directing NHS funded work' (from small to great) need to review their people development strategies and revise priorities, systems and budgets to target:

- Building development skills

- Developing current and future leaders (also specifically refers to ‘management skills needed to meet today’s challenges’)
- Managing talent

With this in mind

- By 2022 we need a flexible workforce which is delivering excellence in patient care and is recovery focused where through recruitment initiatives and development activities the three core values of honesty and transparency, care and compassion and respect are embedded into everything we do.

- Leaders will be confident to work across a complex, changing environment, showing the way for the rest of the workforce whilst also recognising that often the answers to ongoing issues lie within staff teams embodying the principles of Collective Leadership. Leaders will be clear about their individual development needs and have plans in place for these needs to be met.

- We will listen and respond to the needs of our workforce. Individuals and teams across the trust will be highly engaged, be members of highly effective teams and problem solve at a local level when issues arise. There will be clear levels of autonomy across the trust, devolved decision making allowing for solutions that meet local need. This is turn will lead to higher levels of job satisfaction and a greater degree of motivation in the workforce. Our medical workforce in particular will be more highly engaged and clinical leadership, at all levels, embedded.

By 2022 there will be integration between service improvement and organisational development and both will be delivered and supported by clinicians and managers, with expert ‘central’ advice being called on as the exception rather than the rule.

How are we going to get there?

To achieve Strategic Aim 2 we will;

- Continue with our work to move to a devolved model of operation with a reduced corporate centre.
- Develop our approach to Talent management – the Trust must ensure that it attracts, develops, motivates, manages and retains engaged employees.
- Continue to recognise leaders at all levels.
- Continue to work towards an inclusive collective leadership approach
- Roll-out Coaching plan.
- Continue to make available a Leadership Development Programme for all leaders that is strategically aligned to the business needs of the trust.
- Design bespoke leadership activities where needed.
- Continue to support our staff to access leadership programmes via the national Leadership Academy and the more local North East Leadership Academy.
- Expand our use of Organisational Development interventions and our Network of Associates
- Hear how things are for staff and the teams they work in
- Make sure that the needs of service users are at the heart of how we make decisions
- Hear about what staff do well, sharing our success stories and promoting what we are good at doing
- Have honest, two-way and sometimes uncomfortable conversations
- Build mutual trust and respect and *really* listen to and show that we have heard genuine concerns
- Be mindful of the historical and current context for medical staff and do everything we can to increase their levels of engagement.
- Utilise and integrate information we receive via staff survey, Friends and Family test and patient feedback.
- Use the feedback to inform the way we make decisions and explain why some decisions are made.
- Support staff with team development and greater support to any teams in difficulty
- Support managers and leaders to be both visible and accommodating
- Care for and support each other through good or difficult times
- Communicate in way that is in keeping with our values: to be caring and compassionate, respectful and honest and transparent

Strategic Aim 3 - We will support staff to deliver high quality, safe care for all

Where are we now?

We need to comply with a number of legislative, NHS and other regulatory standards and areas of good practice, all of which assist us in our commitment to do all we can to support staff to deliver high quality, safe care. These relate, for example, to NHS Employment Standards, CQC fundamental standards, the Fit and Proper Persons or Friends and Family tests and areas of work which arise from national reviews such as the development of the Freedom to Speak Up Guardian Role.

Recruitment, temporary staffing, employee relations work and the confidence we give our staff to raise concerns are key to ensuring that we lead and support staff to work safely and deliver high quality care for all. These areas of work sit within this area of the strategy with accompanying areas of work, for example, meeting the ongoing training needs of our staff, sitting elsewhere.

The trust's 'Positive and Safe Strategy' led by the Executive Director of Nursing and Operations, aims to reduce the use of restrictive practices in response to managing challenging behaviour, aggression and violence. Lone working procedures are followed in most community teams and appropriate equipment provided to support staff safety.

The CQC during their inspection found that staff were able to tell them about the need for openness and transparency when mistakes were made to meet the Duty of Candour requirements. There was evidence of the trust being open with patients, carers and stakeholders when mistakes had been made. Training in the operation of the Trust's recently revised Raising Concerns policy, supports this as does the recruitment to date of 25 Freedom to Speak Up Champions, supporting the work of the Trust's Freedom to Speak Up Guardian.

We cannot support staff to work safely and deliver high quality care if we do not have the right numbers of staff being recruited, through efficient recruitment processes, into our services. Our recently published Workforce Plan shows the following issues.

- Whilst there remains a short fall in Registered Nursing staff, this is not as significant as that of the Medical staff, which as a staff group has the greatest shortfall of staff in post at 66%.
- The Trust relies significantly on nursing staff to carry out various roles and clinical interventions and as such this staff group account for the highest number of professionally registered staff within the Trust. Likewise, our Medical Workforce is highly skilled and required to carry out high level and expert interventions. Given that the supply of these two workforce groups are reducing, the Trust needs to ensure that Medical and Nursing staff are carrying out appropriate roles and interventions, which utilise their skills in the best way possible.
- Innovative patient-facing roles for Pharmacy staff are in greater demand, driven by service transformation and the Carter programme. In some areas of the Trust, the integration of Pharmacy staff within front-line teams has enabled the release of Medical and Nursing workforce capacity. Examples include: Pharmacist

Independent Prescribers undertaking medication reviews in community teams; Pharmacy Technicians working within clozapine clinics; and Pharmacy Assistants supporting medication administration rounds on in-patient wards. Some Pharmacy workforce capacity to fulfil these roles is being released through productivity gains enabled by the introduction of new technology (e.g. ward-based pharmacy automation) and consolidation of medicines supply

- Non registered Clinical staff are easier to recruit to (as evidenced through the Trusts Central Recruitment process) and there is a significant role for this group to undertake when ensuring the right interventions are carried out by the most appropriately skilled staff. Within Community Care Transformation, a skills audit was undertaken and identified specific interactions and tasks which could be undertaken by a non-registered role rather than that of a professionally registered role; as a result of this an increase in establishment for this staff group was made, whilst also ensuring quality and safety of care remains a key priority.
- Non registered clinical staff provide the potential to 'grow our own' professionally registered staff (see section 4.0).
- In order to plan for the medium to long term workforce demands, services need to analyse current establishments and vacancies. Skill mix reviews need to be undertaken to ensure the most appropriately skilled workforce continues to deliver high quality evidence based care in the years ahead. Staffing establishments need to take into consideration future supply of staff groups and where there is a known shortfall, transition towards a change of skill mix.

In 2013, we introduced a central, values based recruitment model. However, this more central recruitment process for nursing posts has not met with universal acceptance or success. We know (as evidenced through the Trust's Central Recruitment process) non-registered clinical staff are easier to recruit to and there is a significant role for this group to undertake when ensuring the right interventions are carried out by the most appropriately skilled staff.

Within Community Care Transformation, a skills audit was undertaken and identified specific interactions and tasks which could be undertaken by a non-registered role rather than that of a professionally registered role; as a result of this an increase in establishment for this staff group was made, whilst also ensuring quality and safety of care remains a key priority that we need to continue to refine and evaluate its effectiveness through the life of this strategy.

We ensure that all recruitment activities are completed in as efficient and as effective means as possible, retaining standards in accordance with the NHS Employer Safer Recruitment Standards and we are taking an active part in the regional streamlining programme to 'do it once, do it well and pass it on.'

Medical revalidation processes are embedded within the trust and we are improving job planning processes and compliance rates on a continual basis.

Arising from both historic vacancies and ongoing clinical demands, in recent years the trust has utilised higher than desired levels of bank, agency and overtime use. This has been subject to much scrutiny and work to reduce temporary staffing is led by the Director of Nursing and Operations in partnership with other colleagues. We have

now had one trip to India to source psychiatrists to help meet some of these workforce demands.

We have some well embedded clinical supervision practices but acknowledge there is work to be done in relation to formal guidance relating to management supervision.

With a workforce of approximately 6000, it is inevitable that some employment or performance matters will need to be dealt with via a disciplinary process and this is in fact a key part of the overall approach to improve standards and performance across the Trust. It is also inevitable that with a workforce of this size, some matters, despite all efforts to resolve locally and informally, will progress to a formal grievance process.

In the immediate years preceding the original workforce strategy, case management had grown to unprecedented levels across the trust, in relation to both disciplinary and grievance investigations. This presented a number of issues for our staff, managers and trade unions. Since 2013 we have worked with an external HR Advisory service to outsource this work and begun to drive through cultural change needed in this area of work.

Our workforce information system is ESR and whilst embedded in its use, its full benefits have not yet been fully realised. The system is still centrally operated with only early exploration of self service functionality.

Where do we want to be?

We want to use the data and intelligence we gather from legislative and regulatory requirements to inform and continuously improve our work, constantly challenging ourselves to do more and do better for our patients.

We want to be a great place to work, a trust whereby our culture reflects our core values. We want to have more applicants than jobs available, values based recruitment processes (for all) dependent on modern technological solutions, engagement is high and turnover is low.

We want to further embrace international recruitment opportunities, reduce the churn amongst the wider NHS workforce and retain staff in public sector employment. In addition, we are aiming to produce a workforce whose culture and behaviours demonstrate the value of research & innovation to improving patient care, and which demonstrates the commitment to the promotion of new talent throughout the workforce.

Our recruitment practices will continue to be compliant with the required standards and nurse revalidation will be embedded alongside medical revalidation.

Our recruitment pressures will be at a low level, if in existence at all. Supply will be meeting demand and flexibility and a new skill mix will be evident across the workforce and levels of bank and agency usage are low.

Staff will feel safe to raise concerns, encourage each other to do so and suffer no ill consequence as a result. Our managers will be confident to deal with concerns as

they are raised and staff will be fully supported during and after concerns have been raised.

When issues do arise, we will deal with them in an efficient, effective and modern way. Issues will be dealt with at an appropriate level and as efficiently and as effectively as possible, to reduce (as far as is possible), the impact on our people and ultimately patient care.

We will see improved staff survey results in this area and be confident that we have a ‘fair blame’ culture.

Our clinical supervision practice will continue to be well embedded and be supported by robust management supervision practices and guidance.

We want to fully realise the benefits of ESR, roll out all self service functionality and see its development as a strategic information system.

How are we going to get there?

To achieve Strategic Aim 3 we will;

- Use data as intelligence to inform changes and improvements in practice.
- Continue to recruit with a values based approach, including full roll out for medical staff, whilst recognising a need to refine our recruitment processes throughout the life of the strategy and where appropriate, develop local approaches.
- Implement recommendations of streamlining initiatives around recruitment
- Scope and implement improved technological solutions
- Reduce the overall timescale associated with recruitment processes.
- Expand our use of international recruitment to maximise future supply.
- Be an active participant in the regional Streamlining programme with the HR Director lead sitting with the Trust's Workforce Director on behalf of the regional HRD network.
- Roll out self service of ESR and fully realise all its benefits
- Comply with requirements of revalidation for nurses and successfully manage issues which arise from this.
- Challenge traditional organisational boundaries to keep staff employed across the wider NHS
- Eradicate agency usage and minimise bank and overtime usage as far as possible.
- Continue to invest in the Locality based pool of staff and this flexible resource will be deployed under the direction of senior nursing staff.
- Train our temporary workforce to the same standards expected of substantive colleagues
- Support staff to speak out safely and work with the Collective Call to Action on Harassment and Bullying
- Develop guidance for management supervision to compliment clinical supervision practices.
- Foster the development of our Freedom to Speak Up Guardian role and the network of Freedom to Speak Up Champions, and use of the materials in the Draw the Line Toolkit.
- Implement our team of Mediators
- Determine whether employee relations work remains outsourced for a longer period of time.
- Continue to work closely with our staff side colleagues in the spirit of our Partnership Agreement.

Strategic Aim 4 - We will help staff to keep healthy, maximising wellbeing and prioritising absence management

Where are we now?

We understand staff wellbeing is important in its own right and it can improve the quality of both patient experience and health outcomes. We understand that NHS organisations which have more favourable indicators of staff wellbeing have better attendance, lower staff turnover, less agency spend, higher patient satisfaction and better outcome measures.

We recognise both the importance of a strategic approach to employee health and wellbeing and the importance of our organisational culture in driving key behaviours. We know that well designed job environments, giving staff a voice, ensuring staff feel supported and that their job is meaningful are all important drivers towards wellbeing. To this end we have developed a Health and Wellbeing Strategy informed by our Health Needs Analysis.

We have held a number of collaborative discussion and training sessions with managers to examine the strong links between engagement, wellbeing and positive attendance and define the important role of the Manager in improving engagement and supporting staff wellbeing. This is reinforced by the recommendations of NICE Guidance 13, Workplace Policy and Management Practices to improve Health and Wellbeing of Employees.

We run a calendar of events with staff, for example awareness weeks/months and classes to help inform an improved understanding of the role of the Employee Health and Well Being team, the beneficial impact of work on health and to dispel some common myths. Our approach now has identifiable branding with a booklet which gives clear guidance to our services – this is also available online. This work is also coordinated in the operational groups with identified persons responsible for activities within each group. We continue to target the key public health issues and ensure that some of the award winning patient information leaflets we produce for service users are disseminated to our own employees. We are beginning to focus upon developing approaches that embrace mindfulness and help foster resilience.

The nature of some of our services, at a regional and national level, are such that some of our staff encounter high levels of violence and aggression in the course of their work, notably in some of our inpatient areas. The high number of incidents typically relate to a small number of acutely unwell patients and incidents most often occur when staff are working to prevent patients from harming themselves or others. However, this does not mean that levels of violence and aggression are acceptable or tolerated. Dedicated work is taking place to address this through our Positive and Safe and Talk First approaches.

With the work that we have done to date we have made good steady progress in the reduction of our absence rates, the rate however is still high, there is still more work to do.

Where do we want to be?

The NTWNDSTP states the importance of health wellbeing and prevention as key to its plan to transform health within the North East. Our work outlined below will be crucial to the Trust helping to deliver on this. The plan looks towards getting people back into work across the North East, with ambition to improve mental health, reduce musculoskeletal conditions and sickness absence within the region.

By 2022 our Health and Wellbeing Strategy will be embedded, its foundations being firmly on prevention, early intervention, good quality assessments of fitness for work, effective support services, training and education.

Employee health and wellbeing will be embedded into everything we do as a Trust. We will better understand our organisational health needs and there will be processes in place to stop individuals in low risk health groups moving into higher risk categories.

It is difficult to say we will be working in an environment with reduced levels of violence as this depends on the nature of those who are acutely unwell in In Patient Services. This however is our aspiration and our vision for Positive and Safe and Talk First.

We will ensure that we look our members of staff as a 'whole person'. This will include having exemplary support systems in place to promote employee mental health in the workplace and reduce stigma and discrimination and signpost to community based services when appropriate and recognition that life outside work can affect an employee's performance in work.

This will include having exemplary support systems in place to promote employee physical health in the workplace and reduce discrimination and signpost to community based rehabilitation when appropriate. To promote health and wellbeing and maximising participation at work, through supported Self-Management, for long term conditions supported by occupational health as required

We will lead by example providing all staff with the environment, knowledge and tools to develop and maintain emotional resilience and mental wellbeing. There will be early diagnosis at work and staff will have fast track access to good quality psychosocial intervention and support linked to causal factors.

Our workforce will take full responsibility for their health and wellbeing and improvement of personal resilience, absence levels will be lower.

How are we going to get there?

To achieve Strategic Aim 4 we will;

- Promote health, wellbeing and resilience for the whole of our workforce, both clinical and non-clinical staff.
- Ensure that there is a joined up approach to promoting public health messages across the Trust
- Educate and encourage all staff to take responsibility for their own health and help them improve their personal resilience.
- We will develop a prioritised action plan and monitor based on the outcome of this assessment to ensure the best use of the Trusts resources.
- Monitor the health of all employees where they are exposed to a specific hazard
- Ensure that we encourage collaborative working amongst all stakeholders to ensure a robust approach to undertaking risk assessment and identifying health surveillance needs.
- Monitor the health surveillance programme closely so that any adverse trends can be investigated and acted on.
- Develop Wellness and Recovery Action Plans which will be based on the individual staff needs.
- Continue the work of the Positive and Safe Group and support for staff who may be harmed in the course of their work.
- Work closely with Estates colleagues to advocate for well-designed environments
- Adopt a holistic approach to encouraging behavioural change and promoting healthier lifestyle choices based on National Public Health initiatives and guidance, including obesity and smoking.
- Explore ways in which we can encourage the whole workforce to be more active
- Work collaboratively with Senior Managers and Operational Teams to review the occupational health data, identify trends and patterns, benchmark and agree action plans to achieve improvement.
- Foster closer working between the Employee Health and Well Being team and Managers.
- Ensure that managers have the skills and confidence and are empowered to act on the advice that has been given to support employees who are unwell and wherever possible help rehabilitate them successfully back into the workplace or into alternative employment. Ensure that this training is targeted effectively.
- Implement, where staff have frequent periods of absence, robust but supportive management processes, as will be the case for longer term periods of absence.
- Optimise Trust communications resources to disseminate information to our workforce.
- Educate and inform, ensure consistent approaches, signpost to support services in the community and promote free digital tools to help staff achievement their health improvement goals
- Achieve CQUIN - improvement in scores for 3 questions from the NHS Staff Annual Survey on Staff Health & Wellbeing.

Strategic Aim 5 - We will educate and equip staff with the necessary knowledge and skills to do their job

Where are we now?

The role of training and development as was has changed significantly over the last 12 – 18 months with the development of the umbrella term 'The NTW Academy'. Within this, and under the umbrella term, will be 'Learning and Development', which will cover essential and statutory training as well as wider learning and development activities.

We continue to deliver training with quality content both internally and externally. However, the model of delivery has the potential to change particularly as work relating to regional streamlining develops.

We strive to continuously review our offer so that it meets the needs of the organisation and to ensure the content is the most relevant and up to date and embrace new ways of working in terms of technology and the introduction of ESR manager and user self-service for the booking of training.

We are working to support the Trust to make the best use of the apprenticeship levy and in turn support the recruitment of the future workforce. We coordinate the continuing workforce development needs of the workforce through close links with Health Education England North East.

We know that currently:

- We deliver good quality training that is responsive to organisational need
- We don't have a specific identity in terms of what the final Academy offer is or in terms of accommodation as yet.
- We have an award winning vocational / apprenticeship programme
- Demands for bespoke or stand-alone sessions for training are high
- Links with professional leads could be further improved
- We have fluctuating issues with volume of work into the admin team

During our inspection in 2016 the Care Quality Commission observed the following:

- The trust exceeded the majority of its internal targets. Medical revalidation rates were 100% for the trust as a whole. The overall mandatory training rate was 92%, exceeding the trust target of 85%. The average rate for clinical supervision across all 155 teams was 90% in the period 1 May 2015 – 30 April 2016.
- The trust was committed to the continual development of its staff in all roles within its workforce. Staff were encouraged and supported to attended additional specialist training and improve the quality of care and treatment provided to patients.

- Staff in all areas and disciplines had access to training and learning opportunities, ranging from being supported to undertake foundation degrees to support access to nurse training, engineering degrees in the estates and facilities services, secondment opportunities and post graduate clinical training opportunities.
- Staff who attended focus groups told of the full support they received in their personal and professional development. Staff said they had support from the trust to access a range training which was relevant to their area of work and to complete courses which would allow their career to develop. We spoke to a number of staff who, with support from the trust, qualified as registered nurses from their original role as nursing assistants.

Where do we want to be?

We want to contribute to:

- Improved service user experience through a well trained and experienced workforce
- Improved outcomes for patients through a well trained and experienced workforce
- Improved safety
- Improved staff retention
- Positive impact on staff survey results
- Make the best use of the Apprenticeship Levy
- Support the CQUIN (Commissioning for Quality and Innovation) requirements in particular with reference to physical health skills

The devolution agenda in NTW for 2016 onwards provides opportunities to amalgamate a number of strands (arms) of training, education and service developments into a cohesive structure with overarching governance – The NTW Academy. The opportunity also exists to incorporate key strands of recruitment and retention to support the future workforce challenges.

We aspire to:

- Take opportunities to expand into new areas of development, specifically
  - NTW Nursing Academy
  - Medical leadership training (to develop into organisational leadership)
  - National & International developments
- Support good practice and models which already exist and work well
- Review and enhance delivery of current models to best meet service need, eg extended hours of operation where appropriate
- Identify and deliver new models to best meet service need
- Create a cohesive structure with previously ‘un-joined’ parts of the organisation to maximise efficiencies and close gaps in service delivery

Our workforce will keep up to date and prepare themselves for future challenges, or changes in working practices, through accessing flexible continuous professional development learning opportunities. Alongside wider learning and development, we want our statutory and essential training programme to run as effectively as possible

whilst ensuring staff have the greatest flexibility in meeting their training requirements. Where available, statutory and essential training will be delivered via e learning modules.

How are we going to get there?

To achieve Strategic Aim 5 we will;

- Continue to work closely with Health Education North East not only on the future supply of our workforce but on their post-graduate education and opportunities for development.
- Work in partnership with other employers and trainees/students to continue to promote the North East as the place of choice for both training and on-going employment.
- Support HENE to build on the regional excellence in teaching and learning, through further enhancing our student experience using on-going development of technology enhanced learning including simulation, increased use of evidence based teaching and learning interventions and improved in house education and training facilities.
- Explore potential for the NTW Nursing Academy.
- Promote and further develop the role of the educator in practice, further developing coaching (c.f. OD Strategy) and supervision skills and capacity in the region to maximise the learning experience for the wider workforce.
- Do everything we can to ensure the workforce will have improved access to appropriate education and development opportunities enabling delivery of personalised, high quality care and progress into professional programmes.
- Develop our support workforce to enhance their knowledge and skills within their role to deliver high quality patient care through the implementation of the regional Talent for Care strategy.
- Embrace all opportunities to promote and strengthen widening participation.
- Enhance return to practice initiatives
- Encourage our workforce to continually update their skills and competences.
- Develop and build capacity with trainers and wider lead professionals to meet internal training needs, including the provision of CPD requirements arising from NICE guidance and regulatory body standards.
- Continue to work with HENE to complete a regional wide review of the CPD infrastructure and ensure it is aligned to future needs and accessible by all professions, including over time, the support workforce.
- Roll out the physical health training programme.
- Undertake further skills analysis to determine skills gaps within our workforce, understand training needs which arise through appraisal processes and use this information to influence future training and development programmes.
- Keep the content of the Management Skills Programme (guided also by the OD Strategy) relevant to our needs and equip our managers with additional skills needed to effectively manage change
- Monitor the embedding and qualitative feedback on new appraisal process.

- Further develop appraisal processes (alongside our approach to Talent Management) to identify gaps within teams and with individuals relating to the implementation of NICE Guidance/Evidence based practice and provide training opportunities to overcome them.
- Regularly review induction processes ensuring new staff are ‘job ready.’
- Develop vocational pathways to support the workforce to develop by continuing to offer stand alone qualifications and making best use of the apprenticeship levy
- Identify development pathways via vocational training and develop our own in-house courses and further partnership working.
- Understand the pastoral needs of our younger workforce and build this into our programmes moving forwards.

Strategic Aim 6 - We will be a progressive employer of choice with appropriate pay and reward strategies

Where are we now?

In September 2016 the Care Quality Commission awarded the Trust an overall outstanding status following its inspection in May and June 2016. In a press release the CQC gave the following reasons for this rating of the first two Mental Health Trusts to receive these ratings:

"The bar for 'outstanding' is a high one and we were very impressed with what we witnessed during our inspection of these trusts. The common factor that links these two trusts is the quality and the style of leadership. Both have an open culture in which the senior leadership team really value their front line staff. The leaders of these trusts see their role as being to enable the clinical teams to deliver the best possible care to patients. This involves devolving and delegating responsibility, encouraging innovation and supporting continuous improvement.'

We are one of the largest mental health and disability trusts in the country and one of the largest employers in the North East, adhering to national terms and conditions of service for both medical and non-medical staff. We have worked hard to develop good partnership working arrangements with our trade union partners.

We are working with NHS Improvement as an outstanding Trust providing advice to other Mental Health and Learning Disability Trusts. We are one of 23 Trusts that are part of the first wave of the review into community and mental health trusts, building on the approach of the Carter report on operational productivity and performance in NHS acute hospitals. The review will look to understand:

- how organisations in mental health and community trusts operate
- what good looks like
- what approaches to improving productivity and efficiency are already in place and what opportunities there are to drive these further
- what metrics and indicators are required to support the development of the model for these sectors

Whilst committed to having our service users and carers at the centre of everything we do, our employment practices have operated on a traditional model and through our work with colleagues in the Recovery College and IMROC, we are just starting to explore the many advantages of working closely with colleagues with lived experience of mental health illness, to explore co-production and what that might mean.

We are involved in the regional and national workforce scene, with our Diversity and Inclusion Partner status with NHS Employers, with membership on the Workforce Disability Equality Standard group and our Executive Director as Deputy Chair of the Northern Social Partnership Forum.

We are working in a climate of pay restraint which has resulted in industrial action in relatively recent times. To recruit and retain our senior staff during Transforming Corporate Services we introduced the possibility of local pay arrangements for staff

on Bands 8c and above. We are extending this approach in line with Agenda for Change flexibilities.

Our workforce is hugely talented and we employ a number of leading professionals with national and even international reputations, notably for expertise in their clinical field and for their research.

As part of our work towards being a great place to work we have an annual Staff Awards ceremony and also celebrate long service. We will continue to seek ways to improve recognition through the work of this strategy. We are using our Staff Survey findings and those of the Friends and Family test to determine the need for engagement and OD interventions.

At the time of writing we are about to launch a wholly owned subsidiary company, 'NTW Solutions,' and will be transferring the employment of c 600 staff. In addition, we are starting to explore opportunities across the region, in relation the ways in which we all deliver our corporate, support functions.

Where do we want to be?

Given we are one of the largest mental health and disability trusts, it therefore follows that we should seek to be a progressive employer, one who influences nationally and locally, embodies modern employment practices, has engagement with staff at its heart and one for whom, there are foundations of successful partnerships none more so than that with staff side partners.

We want to be a great place to work, whereby our culture reflects our core values. Partnership working is integral to everything we do, be this partnerships with, our service users, our staff and trade union reps, the local health economy and population that we serve. We want to be recognised for exemplary workforce practices.

By 2022 we will have embraced opportunities which have arisen from coproduction and our employment practices will be aligned around recovery and self-management (of physical health conditions) and we will be listening and continuing to learn and value the importance of coproduction with those in, for example, the Recovery College. Our recruitment will be diverse and inclusive through work with, for example, Veterans, Changing Lives and Project Choice.

Our workforce costs represent 80% of total expenditure, some £241 million. Looking ahead at financial and system wide challenges we will need to reduce the cost per head count of our workforce. There will be a number of ways in which we can do this and some of these have been set out already in this strategy, notably new ways of working and role redesign, reviewed skill mix, efficiency of systems and processes.

There will however need to be an increasing focus on the terms and conditions and reward strategies for NHS staff in the years to come, driven by both affordability and the need for flexibility within reward systems to meet service needs and sustain organisations.

By 2022 we will work within a set of fully integrated working practices, be supported by modern technological solutions. We will have built our reputation as a great place to work and attract local and national recognition for this. The expertise of our clinicians and their national and even international reputations will be at the core help in attracting our future workforce and in retaining those already employed.

Some of our clinicians are starting to explore opportunities which might arise through the development of NTW Innovations and this work will continue over the term of this strategy, sharing practice elsewhere and generating additional income for the Trust.

Equally, some of our current workforce will be employed and realising the benefits of working in a wholly owned subsidiary company, and some of our corporate services staff may be working across multiple NHS trusts, perhaps in shared services functions, as support functions change through STP alignments.

How are we going to get there?

To achieve Strategic Aim 6 we will;

- All employment practices will be recovery/self-management focused – maximising independence
- Commit to a further period of joint partnership working undertaking annual reviews as to our achievements and areas for development for the years ahead.
- Continue to support increased facility time for local union representatives and to continue with representation on a number of our programme boards and working groups.
- Develop more flexible and affordable terms and conditions of service and take all opportunity to influence, at a national level, these changes to meet service need.
- We will be working with partners across health and local government with a more integrated set of employment practices.
- Continue to recognise staff at annual recognition events. We will also recognise staff on a more local level, making the time to talk, being responsive and saying thank you for every day and discretionary effort.
- Seek external regional and national recognition for our work and share our learning with other organisations.
- Utilise our clinical and research expertise as components of our marketing strategies and progressive employer status.
- Strengthen our position as a key influencer, notably speaking up for those with mental health concerns and disabilities and as a provider of these services and an employer of a highly skilled workforce.
- Further develop NTW Trust Innovations services.
- Support the development of NTW Solutions and develop our working relationships
- Take an lead and influencing role in the provision of future corporate services provision in NTWND
- Maximise opportunities to learn more and raise the profile of our equality and diversity work, including for example, a greater presence at regional events (Newcastle Mela and Pride events) and through gaining accreditation in the Stonewall Equality indices.

Appendices

High level actions **Appendix 1**

We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do	An increasingly flexible workforce working across health and social care. A workforce able to deliver greater provision of recovery focused self and whole person care To be recognised as a diverse and fully inclusive employer. To be more widely recognised as a diverse and inclusive employer of choice.	Full engagement in STP Workforce Groups, LWAB, LWAG, SPFs etc Further develop workforce planning across health and social care Implement nursing career pathways Finalise medical staffing, psychological therapies & other professional strategies	Active partner in STP work Workforce profile including staff in post, roles E+D monitoring and year on year improvement on equality ratings. Workforce metrics Strategies in place

		Raising the profile of the trust as an employer and employment opportunities available. Further develop our approach and actions to EDS2 and Equality schemes	Comprehensive / integrated workforce plans in place Greater employer community presence. Staff and patient survey feedback Feedback from partners Achievement of awards

We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
We will embed our values, improve levels of staff engagement, create positive staff experiences and	Higher levels of staff engagements	Leadership and management development programmes and bespoke development activities	Programmes in place and review of evaluations.

improve involvement in local decision making	Devolved operating model embedded across NTW, notable collective leadership approach. Embedded approach to talent management.	Speak Easy and other engagement forums Development of approaches to team development and talent management Development of a coaching network OD links with service improvement further enhanced.	Improved organisational performance, measured through staff surveys workforce metrics New operating model embedded.

We will support staff to deliver high quality, safe care for all

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
We will support staff to deliver high quality, safe care for all	To fully use data and intelligence to continuously develop our workforce, including the enhancement of ESR. To maximise opportunities and efficiency of process which arise from regional streamlining work. To be a great place to work. To have a workforce who feel confident and safe to raise concerns and be treated fairly	Roll out of ESR self service Values based recruitment. Full participation in regional streamlining workstreams International recruitment for both medical and nursing staff Work relating to revalidation for nurses	Number of users and quality of transactions SUIs, complaints, claims Recruitment metrics Number of vacancies Bank and agency metrics Whistleblowing / raising concerns metrics Improved ratings on EDS2

		Work to reduce agency and bank spend. Partnership working with staff side and others Learning from disciplinary and grievances Follow the collective call to action on H+B	Staff survey + FFT responses Successful working with trade unions (employee relations cases, industrial action etc.)

We will help staff to keep healthy, maximising wellbeing and prioritising absence management

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
We will help staff to keep healthy, maximising wellbeing and prioritising absence management	An embedded health and wellbeing strategy	Partnership working with Team Prevent	Strategy in place

	Greater support for staff with their physical health, emotional resilience and mental wellbeing An increased awareness and shared understanding of the functions available within the HWB service Effective management led absence management with an increased focus on HWB	Develop a prioritised action plan around our Needs Assessment Robust communications plan Ongoing absence management, keeping up to date with best practice Building HR capacity with managers	Health needs assessment and associated action plans in place Employee health and wellbeing service data Counselling service data Sickness absence metrics - %, costs etc. CQUINs delivered Awards and external recognition

We will educate and equip staff with the necessary knowledge and skills to do their job

Strategic Aim	Goals	Initiatives	Milestones and monitoring
We will educate and equip staff with the necessary knowledge and skills to do their job	Staff will have the appropriate skills and education to deliver high quality, safe and sustainable care. A comprehensive CPD programme is in place and accessible by all staff. NTW Academy introduced with customer focused, co-produced statutory, essential training and induction programmes. Work with partners to support the implementation	Close working with HENE and partners across the North East. Explore the concepts of the NTW Academy Implementation of the devolved operating model Ongoing development of appraisal systems.	SUI, incidents, complaints etc. All education and quality metrics Commissioned education places meet the trust future workforce supply needs. Revalidation metrics Training metrics New regional CPD framework in place

	of a regional streamlined approach to the above. An embedded and customer focused management skills programme in place. Vocational learning pathways further developed.	Use of role competencies through improved ESR functionality. Full benefits from apprenticeship levy realised.	Workforce metrics Academy up and running Vocational training offered to other partners Activity matches levy paid.

We will be a progressive employer of choice with appropriate pay and reward strategies

Strategic Aim	Goals	Initiatives	Milestones and monitoring
We will be a progressive employer of choice with appropriate pay and reward strategies	Be an authoritative voice on mental health and disability employment issues.	Senior staff increasing external focus, speaking up, influencing and sharing our work	External recognition and a greater sharing of our work. Reduction in recruitment pressures and other

	To be recognised as a great place to work. Be an authoritative voice on corporate services future provision. Recovery focused workforce practices in place. Recognition + Reward strategies in place Strong partnerships in place including those trade unions	Increasing our presence with e.g., NHS Providers, NHS Employers and many others Regional work streams and streamlining Greater recovery focus in employment practices and exploration of coproduction Partnership working with staff side Actions arising from EDS2 and Equality Schemes	improvement across workforce metrics and service user / carer metrics Feedback from staff; staff survey results, FFT, new policies etc in place. Reward and recognition Strategies in place Streamlining objectives realised and future corporate services provision known and ultimately in place.

People and Team Development: Organisational Development (OD) Strategy 2017-2022 and Plan:

"Helping us move to an even better place."

1. Introduction

Our organisation has an established and developing culture, "the way we do things around here." We know something about the nature of our culture (this has been informed, for example by the outcome of our CQC report) and about the challenges that we face.

Our culture is shaped by our history, values and norms. We establish and embed accepted ways of being and doing, that impact on the way we work and which is influenced by dynamic and complex factors such as: the context that we work in, the way we lead and serve others, the demands placed on us, the scale and pace of change, our expectations, our ability to adapt and the behaviours and actions of others.

The contribution of people as individuals and through teamwork is vital to achieving the mission and strategy of the Trust. In order to remain sustainable the Trust must continuously improve its ability to deliver quality, performance and excellent resource management. Organisational Development can be simply defined as planned or emergent changes to structure, process and behaviours to continuously improve the organisation's capacity and capability to deliver the results it truly desires.

This enabling strategy is being refreshed in order to support the successful delivery of the six strategic ambitions contained in the Trust's strategy, "Working together, supporting people, supporting communities - improving lives." It is informed by key national and regional developments and initiatives. It adds focus and detail to the NTW Workforce Strategy. It suggests that a critical part of the way forward, in order to meet the challenges and to make the most of the opportunities outlined in the six strategic ambitions of the Trust's strategy, is to continue to focus on the development of our organisations culture: the way we develop the ability and capacity of people and teams to "help us to move to an even better place." It is based on the need to engage the breadth of skills, expertise and experience of our people, to generate ways of meeting our strategic ambitions through the development of people and teamwork, in order to enhance the wellbeing and functionality of the organisation. It identifies the core components of a developing OD plan.

2. Organisational Development

Organisational Development is "a planned and systematic approach to enabling sustained organisation performance through the involvement of its people." CIPD, (2012). It seeks to engage all in a drive to enhance the way we work: to ensure that we are effectively meeting the needs of those we serve, to problem solve, to be responsive and to improve the quality of our working lives. It helps us:

- Learn more about the nature of our organisations culture and the impact this has on the way we deliver care
- Develop interventions to enhance the way we work and to positively influence the organisations culture
- Ensure that we have alignment between our strategic ambitions and the way we prioritise and undertake actions to achieve them

3. Our Strategic Drivers

Our future and sustainability will be shaped by our ability to meet our strategic ambitions. If we do this, we will need to understand more about the nature of the organisations culture and initiate actions that will bridge the gap between where we are now and where we need to be. There is a critical need to align this work with our programme of service improvement, to establish a culture where a more systematic, continuous approach to quality improvement is the norm. As such, this strategic plan will continue to evolve and will need to be adapted, due to the nature of the 'emergent' changing world that we live and work in.

4. The How

OD is owned and driven by the people within the organisation. It is not driven by those positioned at the 'corporate centre' of the Trust. It is a mechanism for aligning strategy, processes and people**.** It regards the organisation (and the larger system that we work in) as an interconnected system or a network of teams. It seeks to innervate, to support participation and to develop collaborative networks of people committed to improving the way we work and the quality of the impact that we have on those we serve. It is also a set of initiatives or tools for changing structures, processes and adapting behaviours to enable the improvement and assurance of quality (delivering care), performance (satisfying regulators and other stakeholders) and resource management (sustainability).

The development of our organisations culture is everyone's business (including service users, carers and our partners in the delivery of care) and everyone's concern. We have sought to do this by devolving responsibility and accountability to individuals and teams through the use of an inclusive, collective leadership approach and it is important that this work continues. This strategy seeks to support and to work with our key stakeholders, the Operational Groups and those we serve and care for in order to address key actions that will help us to meet our strategic ambitions and to move us to an even better place. It is designed to be both supportive and enabling.

4.1 Overarching Trust Organisational Development Goals

1. Embedding values

2. Involving people

3. Working with the people side of change and developing the way we work (service improvement)

4. Developing leaders, managers and developing talent

5. Building and maintaining effective team work

6. Assessing and measuring the 'culture': the health and wellbeing of the organisation

1. **Development and Embedding of Values:**
   We own and live by our stated values

- We 'own' and 'live' the values of this organisation. We are involved in developing the values and understand the meaning of these values in daily practice
- There is a sense of pride in working in a way that reflects the values of the organisation, we are regarded as 'a great place to work'

2. **Involving People:**
   We feel that we are listened to, respected, cared for, actively

   Involved and consequently, valued

- The views of service users, carers and staff are central to the way we make decisions
- We are up front and honest. We don't 'sugar coat' or 'spin' messages to avoid the difficult realities we face. We engage people like intelligent human beings. Sometimes the 'least worst' solution is the best we can achieve and we are honest about this
- We are engaged in and with the changes that we undertake collectively, in the pursuit of our strategic goals
- We utilise the breadth of skills, expertise and experience that we have within our trust and engage people in the development of solutions to complex problems. We are inclusive, not exclusive in developing solutions, beyond the boundaries of NTW
- We learn from our mistakes
- We are attentive to our own well-being, that of our colleagues and those we serve
- We communicate to all, both internally and externally in an engaging way, which is congruent with our values
- Our managers and leaders are visible and accommodating to all they serve

3. **Working with the people side of change and service improvement:**

   We recognise how change (and the feelings this generates) impacts on others and ourselves and consequently develop ways of adapting how we behave and function

- We understand the 'whys' of change (i.e. the scale of the challenge that we face) and feel positive about our collective ability to find creative, innovative and effective solutions that will help us to move forwards
- We acknowledge that change cannot be achieved through the revision of structures and processes alone and that we need to concentrate on how we can meaningfully involve people in change
- We are able to work with change and uncertainty in a positive way. We understand that things have to change, and accept that anxiety and feeling out of our 'comfort zone' is an accepted response that needs to be supportively managed
- We support each other, on a personal level, through the process of change. We recognise the human impact of change on people, and focus on developing our people to adapt to change
- We focus on ways of continuously improving the quality of our services

- Our leaders empathise with the feelings that change instils in people and we provide those we serve with the space and support to 'mourn' the loss of past ways, and adapt the way they function, without criticism

4. **Developing Leaders, Managers and Developing Talent:**
   We understand what is required from our leaders/managers and develop effective ways of enhancing their skills and of developing their talent

- Leaders and managers are able to 'show the way' on what is needed to be done. Leadership is not dependent on role or seniority. Service users and carers are leaders too and we need to encourage their development as leaders
- We recognise that our leaders and managers need to be capable and competent in the art of leading people as well as managing quality, performance and resources utilising an approach to inclusive, collective and systemic leadership. Everyone understands this
- We acknowledge that our leaders and managers need to seek to understand themselves first, and to develop an awareness of how they impact on others
- Our leaders and managers are visible and accommodating to those they serve. They adapt their leadership style and approach to managing according to the situation and to our strategic context and are open to feedback from others about how they behave and function
- We strive to develop the talent of all our staff, regardless of role or seniority

5. **Building and Maintaining Effective Team work:**
   We work in effective, healthy and resilient teams

- We work in effective, supportive, resilient and healthy teams that are allowed to develop a sense of local identity and purpose, by embracing a collective approach to the management of quality, performance and resource management
- We all understand what is expected of us
- We understand the needs of others
- We challenge and are held to account
- We are supported in our development

6. **Assessing and measuring the 'culture': the health and wellbeing of the organisation:**
   We tend to the health of the organisations culture

- We make the most of available intelligence to learn more about the health and wellbeing of the organisation: Formal - Staff Survey, Friends and Family Test, performance measures, Informal – anecdotal, feedback from meetings and courses etc.
- We develop and make the best use of additional cultural specific measures when needed

4.2 The Way Forward: Trust OD Strategic Plan, 2017-2022

The strategic plan consists of four 'core components.' In keeping with the devolved model, the accountability for the development and implementation of each component sits with different groups of people.

1. Working with the Board and Senior Leaders

‘Boards need to engage staff with a compelling vision that inspires them to work to their common goals. ‘(Kings Fund/CQC, 2015)

The Kings Fund’s work on collective leadership argues that, ‘the most important determinant of organisational cultures is current and future leadership.’ (Kings Fund/CQC, 2015) The way that our senior leaders function and behave will set the tone for others to follow. It is imperative that we get this right. The board and our senior leaders play a pivotal role in ensuring the achievement of our strategic ambitions.

Action:

The Board and our senior leaders have a key role to play in ensuring that we are working towards the attainment of the overarching Trust OD goals: in being visible and accommodating leaders, listening and hearing what staff, service users and carers are telling us and in providing context that helps people make sense of the external and internal environment. They will seek the support of an experienced OD consultant (whilst continuing to develop and make best use of our own internal resource) to work with the Board and our senior leaders and managers, to develop our ability to shape the desired culture, to help set and deliver on our strategic objectives: to help us to move to an even better place. Detailed objectives for this work will be set by and monitored by the Executive Directors annually.

2. Working with the Operational and Corporate Groups (including service users and carers)

Board to the ward, staff are our conduit to the work that we do and teams are empowered to co-ordinate, deliver and develop approaches to the way they deliver care and to support their staff. All of our staff have an important role to play in shaping the desired culture and delivering the desired results: helping us move to an even better place. ‘Evidence shows that organisations with consistently high levels of staff engagement also have better patient experience and outcomes.’ (Kings Fund/CQC, 2015) We need to ensure that the experiences and views of our service users and carers are understood and acted on. We therefore need to focus our attention on involving, developing and supporting all staff and our stakeholders, ‘in high performance organisations leaders work collaboratively with staff, involving them in decisions and empowering them to make changes in response to patient’s needs,’ (Kings Fund/CQC, 2015). Our people and our teams will also play a pivotal role in focussing in on the achievement of our strategic ambitions. Whilst much of the OD work that is undertaken is ‘devolved’ and ‘owned’ by the groups, which means they identify, prioritise and undertake most of the OD interventions required, they also have a responsibility to ensure that they are working towards the attainment of the overarching Trust OD goals.

Action:

Each group will need to develop, prioritise and work towards the attainment and evaluation of their OD and service improvement goals. They are able to seek the support of the Head of

People and Team Development (and others) in this and the Trust OD Group but they account to their respective management groups.

3. Working with the corporate centre of the organisation, to support the achievement of our overarching OD goals and our strategic ambitions and priorities arising from national strategies and guidance.

Part of the corporate centre's role in the devolved model, is to maintain and support the framework within which business units (the groups) have the freedom to act. A small number of initiatives need to be driven by the centre but this will be the exception to the norm: OD initiatives are identified and driven predominantly by the operational and corporate groups, by Executive Directors and because of emerging national strategies and guidance.

Action:

A modest number of projects and initiatives need to be identified, co-ordinated and or supported from the centre of the organisation. This plan will need to be continuously adapted according to emergent need. A key question that needs to be regularly asked is, "do we need to drive this from the centre of the organisation?"

4. Building our OD capacity

Key to the delivery of these actions is an acknowledgement that many staff, service users and carers have acquired OD expertise The development of the Trust's and the local system's capacity to manage through a devolved way of working, utilising a collective leadership approach, will be enhanced by the formalisation of an 'OD Associates network' and the goal is to encourage, develop, support and to enhance the OD work that they do. The contribution of the Head of People and Development role will be to offer an internal consultancy (working with or on behalf of the groups and especially the group Workforce and OD staff) to people and teams and to develop OD expertise and networks of 'associates' who feel able and willing to initiate OD initiatives (with the support of others, including the OD Group) throughout the Trust.

Action

The scope and function of the Head of People and Team's role will be outlined in a service offer that will be promoted widely (see appendix). The status of the OD Associates will be 'formalised' and a plan will be drawn up to highlight how we might support their work and how we can evaluate its impact.

4.3 Measurements and Evaluation

The success of this Strategy and supporting plan and the effectiveness of the interventions included in the actions we undertake can only be determined through dialogue with staff, service users, carers and partners and by the use of selected systematic measures of performance. We propose to do this through a number of involvement methods and activities, which will be detailed in the OD Strategic plan.

The ‘involvement’ activities will include:

- Analysis of the Friends and Family Test and Staff Survey
- Communication with staff and leaders throughout the organisation to determine if our interventions have worked and to learn more about how they can be improved
- Use of the Speak Easy sessions to learn more about the health and functionality of the organisational culture
- Formal evaluation of all OD interventions

By undertaking initiatives to measure the culture of the organisation, it is also important to note and to make cross reference to other enabling strategies, such as the third objective in the Trust’s Clinical Effectiveness Strategy which points out that ‘there is evidence that the culture of the organisation is supporting staff in delivering clinically effective care.’

4.4 Governance

Ownership of the OD strategic plan sits with the Trust Board and is sponsored by the Chief Executive and Executive Director of Workforce and OD. It is proposed that the setting and subsequent review of the annual action plan is managed by the Trust OD Group on behalf of the Trust Workforce Committee and that it reports into both the Business Delivery Group (BDG) and the Corporate Decisions Team (CDT).

Appendices

Goal 1, Working with the Board and Senior Leaders

Goal 4, Head of People and Team Development Service Offer

Goal 1: Working with the Board and Senior Leaders

OBJECTIVE	HOW	SPONSOR	MEASURE	TIMESCALE/LEAD
1.Senior leaders and managers will support the shift towards a more devolved organisation	Group and individual development work • Trust board development • Executive development • Triumvirate development (including sub triumvirates) • Corporate development	CE/Executive Directors	Qualitative evaluation of each event Annual evaluation structure to be agreed and set by Executive Directors, with identified measures	Ken Tooze Commenced April 2015, to be reviewed annually Executive Directors with support from Head of People and Team Development

2. We will support and develop our senior clinicians to collectively lead organisational change	Group and individual interventions targeting: • Senior Clinicians • Middle Managers Including (but not limited to) development and implementation of the Clinical and Collective Leadership Programmes	Executive Medical Director, Director of Nursing and Ops, Director of Workforce and OD	Agreed and documented evaluation structure to incorporate pre and post measures, designed to demonstrate attainment of programme objectives	Ken Tooze Commenced April 2015 and is to be reviewed annually Gail Bayes with support from Head of People and Team Development
3. We will make the most of the data that is available to initiate actions to address emergent organisational, cultural concerns or priorities	We will obtain data, identify and address emerging concerns or develop ways of improving the culture of the organisation	CE/Executive Directors Example: work on the development and implementation of the Trust strategy	Each identified intervention will have documented objectives and identified measures	Ken Tooze/ Head of Team and People Development

Appendix 2. Goal 4, Head of People and Team Development Service Offer

HEAD OF PEOPLE AND TEAM DEVELOPMENT

'SERVICE OFFER'

The contribution of people as individuals and through teamwork is vital to achieving the mission and strategy of the Trust. In order to remain sustainable the Trust must

continuously improve its ability to deliver quality, performance and excellent resource management. Organisational Development can be simply defined as planned or emergent changes to structure, process and behaviours to continuously improve the organisation's capacity and capability to deliver the results it truly desires.

The goals are:

1. To develop the OD capacity of the organisation in order to continuously develop the culture and preeminent leadership styles in support of a devolved way of working.

2. To support and develop effective teamwork

It is achieved by providing:

- Support to the Workforce and Organisational Development (OD) staff, embedded in the operational groups, focusing on:
- Personal development and support for staff, service users and carers in undertaking organisational development interventions
- Undertaking agreed development initiatives on their behalf or in partnership with them
- Ensuring that we align the work of the operational groups to the overarching OD goals contained in the Trust OD Strategy

- Assurance that we are working towards the attainment of the goals set out in the Trust OD Strategy by:
- Working with the Board, Executive Team, senior leaders, staff, service users and carers to develop our capacity to lead and to support organisational and cultural change, towards a devolved way of working
- Developing and supporting approaches to the way we involve staff, service users and carers
- Developing the skills and abilities of our leaders and managers and by supporting them and their teams