



St George's Healthcare NHS Trust:
the next decade

Workforce Strategy 2012 – 2022



January 2013

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◆ Why does St George's Healthcare NHS Trust (St George's) need a workforce strategy?

St George's wants to provide the highest quality care to its patients and services users, across the spectrum from community based services to highly specialised services. The trust believes that a highly skilled, motivated and engaged workforce is essential to ensuring this can be achieved. As well as providing direct patient care a large number of our staff are involved in providing education and research, both of which support the Trust to deliver the highest possible standards of care.

St George's is proud that its members of staff are positive about the trust as a place to work:

- 86% would recommend the trust as a place to work compared to 85% nationally
- 93% would be happy for their relative to be treated at the trust compared to 91% nationally.

The trust is proud of its tradition of excellence in education and of the strong links that it shares with St George's University of London (SGUL). The full detail of the education strategy is set out in a separate document but the key elements are included in this workforce strategy.

The trust is aware of the scale of change that will be required from the workforce in order to deliver the Trust Strategy in the context of external changes that will impact on the workforce and the challenging financial environment. A key element of this strategy is to develop plans to meet these challenges.

◆ How has the workforce strategy been developed?

This strategy has been developed with input from the Trust Board and senior leadership, the Workforce and Education Committee, the Education Board, the Partnership Committee and external senior leaders.

St George's mission, vision and values

The mission and vision shape what St George's wants to be and do. The Trust will need to ensure that it has an appropriate workforce to support their delivery. The values show the behaviours that the Trust expects its staff to adopt in their working practice.

Mission

Our purpose

To provide excellent clinical care, education and research to improve the health of the populations we serve

Vision

What we want to be

An excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research

Values

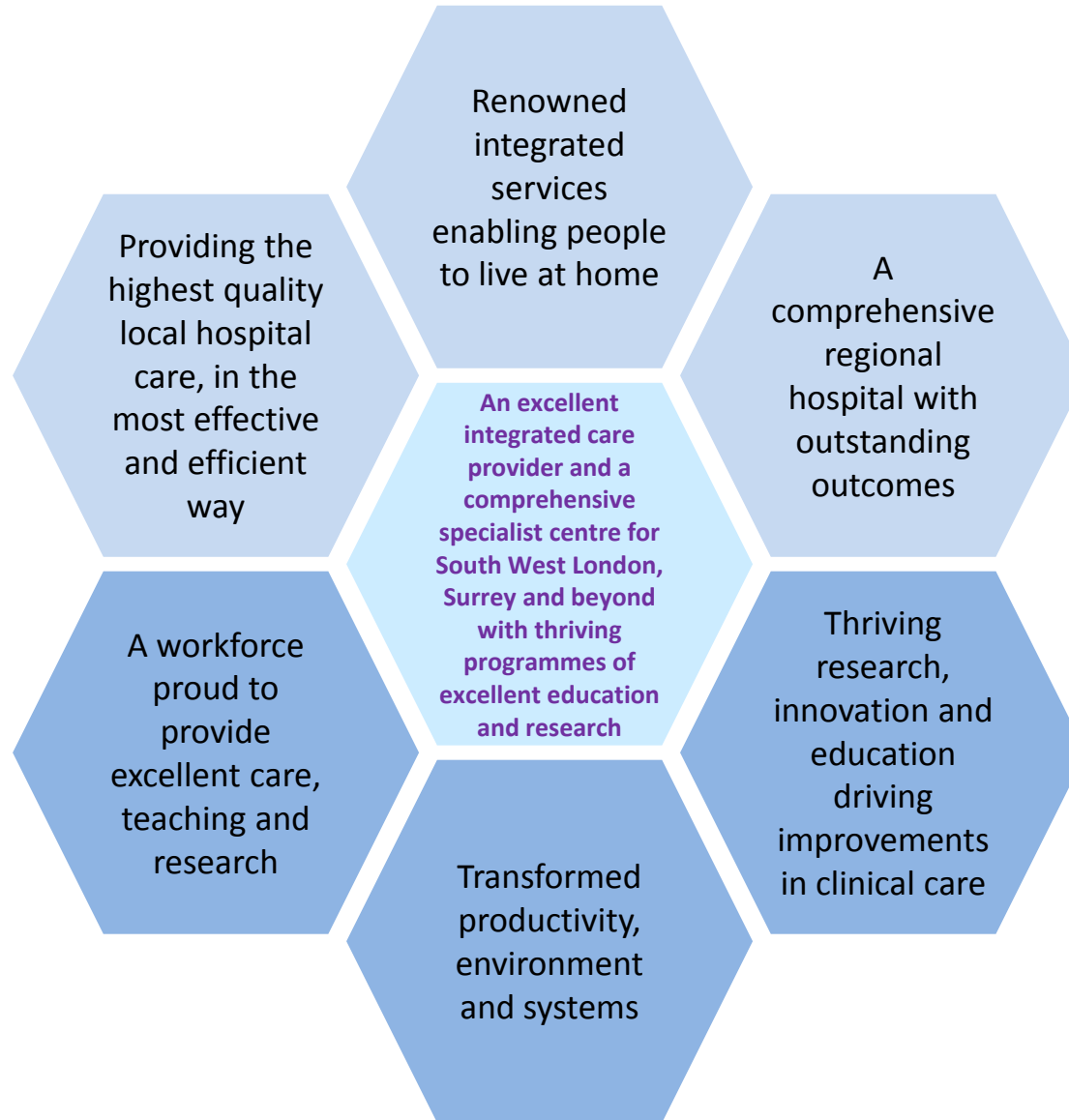
These guide the way in which we work and the behaviours we would expect to see

- ◆ kind
- ◆ excellent
- ◆ respectful
- ◆ responsible



St George's vision for 2022

The Trust's vision for 2022 can only be realised if the right workforce is developed: delivering the right care in the right place at the right time.



St George's in 2022 – what this means for the workforce

St George's Healthcare NHS Trust's vision is to be an excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research.

The vision statements on the following two pages have been taken directly from the Trust Strategy (November 2012). The associated requirements for the workforce are set out beneath each vision statement.

◆ **Renowned integrated services enabling people to live at home**

This will require a workforce that:

- Can shift from acute to community settings
- Can work across boundaries (clinical and organisational)
- Has the skills to work in a range of settings and to use IT systems effectively to support delivery of the highest quality care
- Works according to protocols but can also be autonomous
- Provides services when and where needed according to need
- Works alongside other service providers in a seamless way.

◆ **Providing the highest quality local hospital care in the most effective and efficient way**

This will require a workforce that:

- Can work effectively in multi-professional teams
- Is planned and managed to ensure the right skills are available to provide the highest quality of care to patients
- Fulfils the staffing ratios required as specified in commissioners' contracts
- Has greater consultant and less junior doctor presence with more new and extended roles.

◆ **A comprehensive regional hospital with outstanding outcomes**

This will require a workforce that:

- Comprises the finest clinicians leading our specialist services
- Attracts scarce specialist nursing and professional staff
- Has educational pathways and good links with higher education, especially St George's, University of London, to grow specialist skills and develop new roles
- Leads on medical education, attracting high quality clinicians and securing future supply of an excellent medical workforce.

St George's in 2022 – what this means for the workforce

◆ Thriving research, innovation and education driving improvements in clinical care

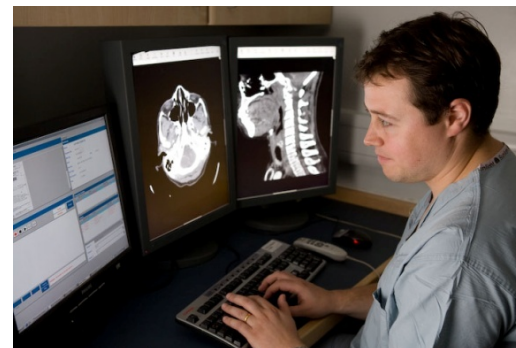
This will require a workforce that:

- Has clearly agreed and managed job plans including specific time for education, teaching and research
- Makes the most of opportunities for joint working with St George's, University of London
- Plays a leading role in the South London Local Education and Training Board commissioning and delivering innovative programmes that attract the best talent
- Has well developed succession plans in place.

◆ Transformed productivity, environment, and systems

This will require a workforce that:

- Through efficiency is reduced in size and cost
- Is employed on nationally agreed contractual terms that enable flexibility
- Uses systems and processes in an efficient and effective way
- Is recruited quickly and safely
- Is deployed appropriately through electronic systems
- Has the skills required and is able to update these skills easily.



◆ A workforce proud to provide excellent care, teaching and research

This will require a workforce that:

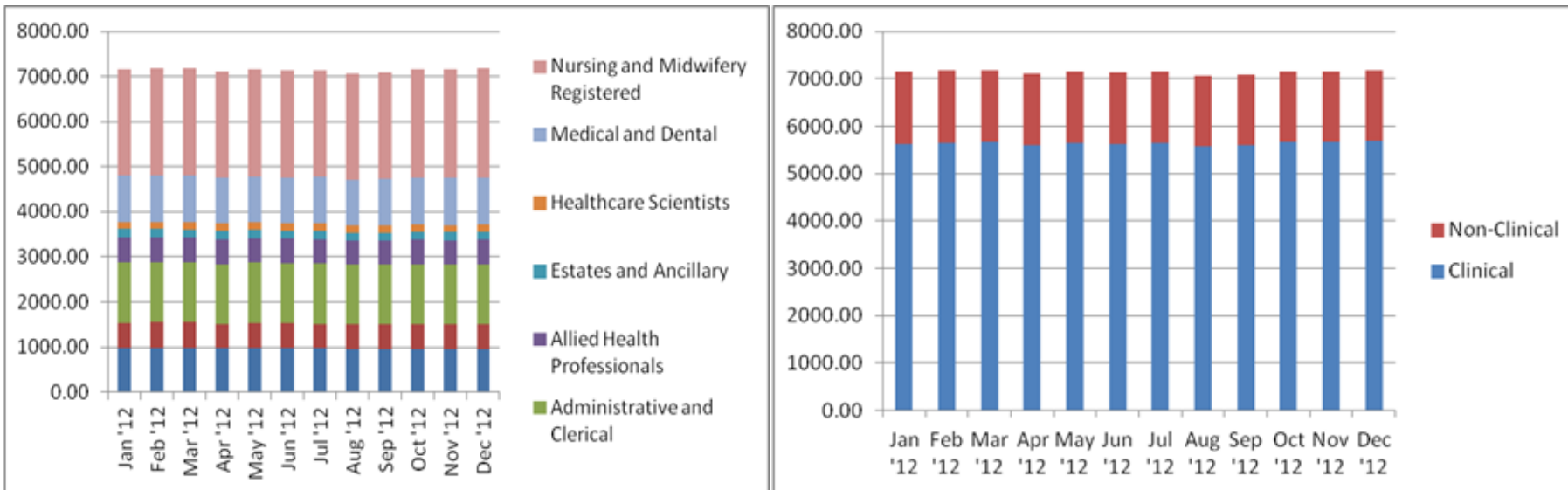
- Is proud both to work for St George's Healthcare NHS Trust, and proud of the excellent services they provide
- Is motivated and inspired to continuously improve the care they provide
- Is fully engaged in shaping the future of the trust
- Has more opportunities to participate in educational development and research
- Is fully engaged and committed to working according to the trust's values.



The workforce in 2012 – where we are now

The following section of the Workforce Strategy sets out a summary analysis of where we are now, focusing on some key workforce indicators, and concluding with a SWOT (strengths, weaknesses, opportunities and threats) analysis. It is important to understand where we are now, so that we can be clear what needs to change over the coming years to ensure that we meet the Vision set out in the previous section.

1. Workforce numbers



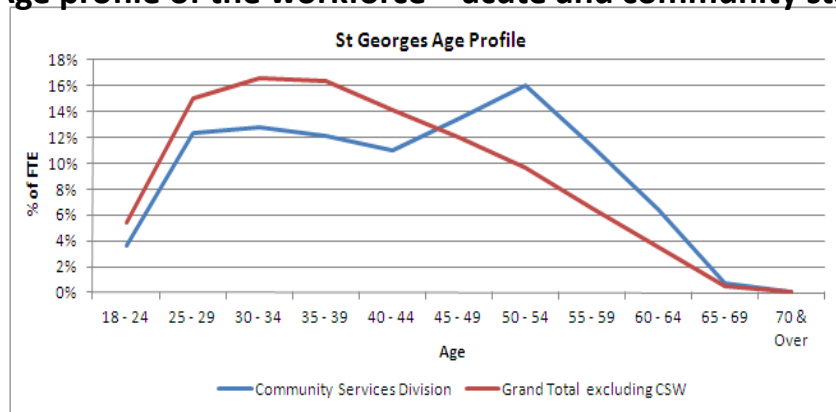
Overall workforce numbers have remained relatively stable throughout 2012/13. There has been a gradual reduction in non-clinical posts, which was accelerated through the Mutually Agreed Resignation Scheme in August. Change in overall workforce numbers is small.

The workforce in 2012 – where we are now

2. Age Profile

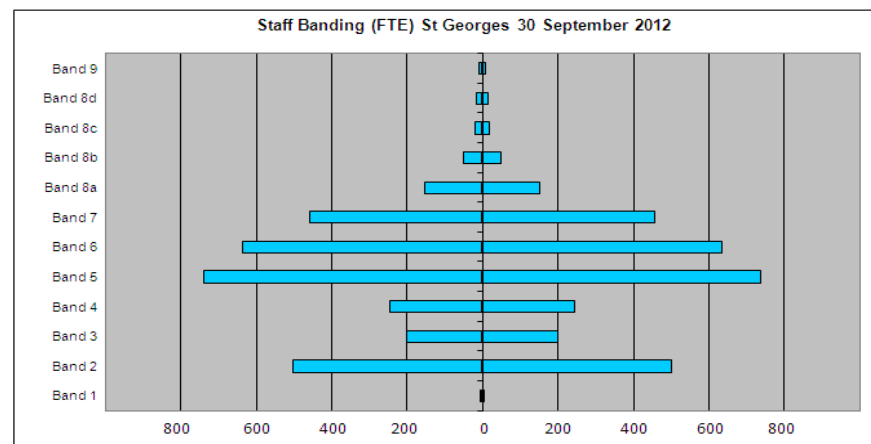
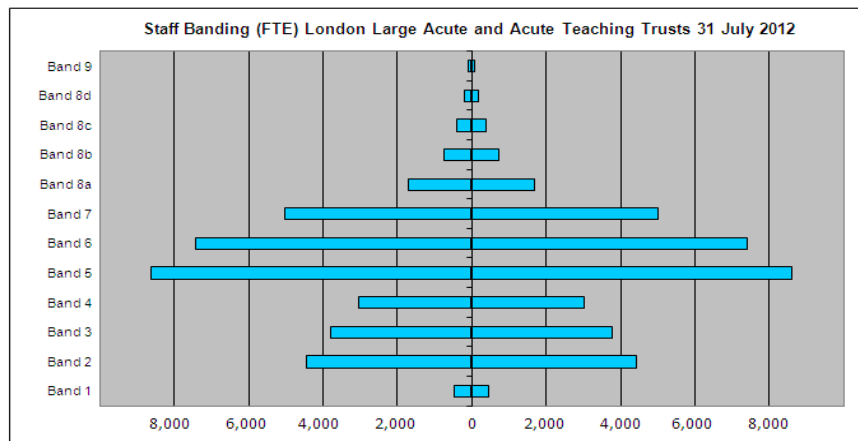
The community staff profile is older, and staff tend to be older when they join. Acute staff leave at a younger age, after they are trained, and some of this workforce shifts into the community.

Age profile of the workforce – acute and community staff



3. Banding profile

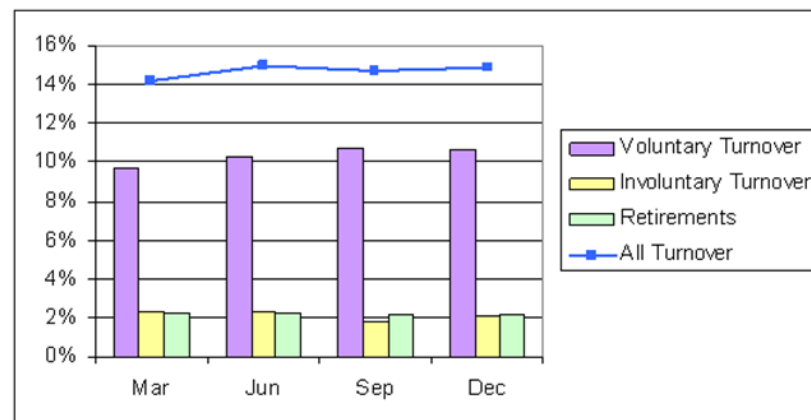
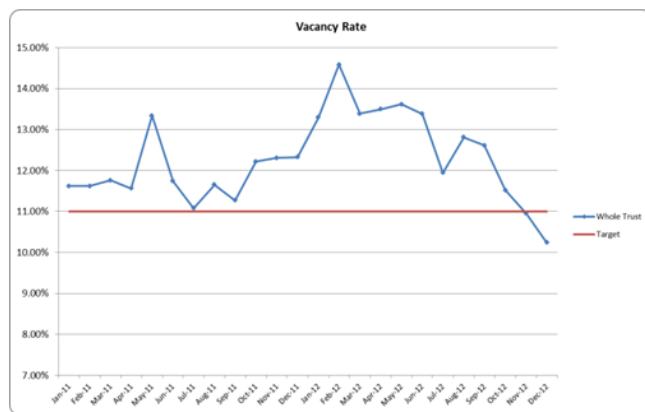
When looking at Agenda for Change banding, we look as though we may be more efficient than our London peers. We need to do more work to understand the detail.



The workforce in 2012 – where we are now

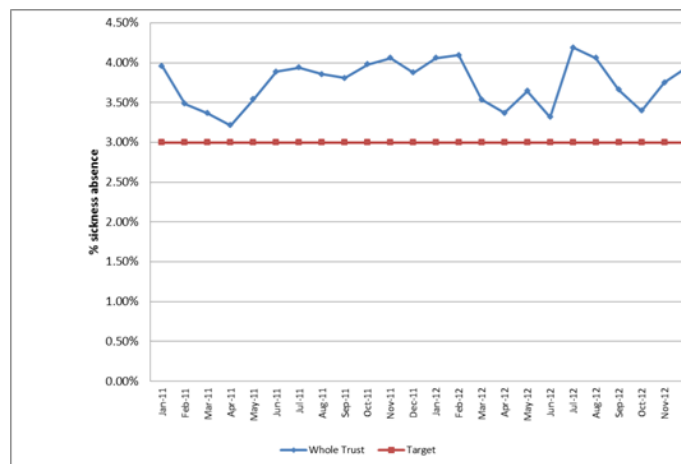
4. Vacancy rate and voluntary turnover

Both through a process of more efficient data management and enhanced workforce planning, the vacancy rate is reducing. The voluntary turnover rate remains within reasonable levels overall but there are some significant fluctuations within some areas.



5. Sickness absence

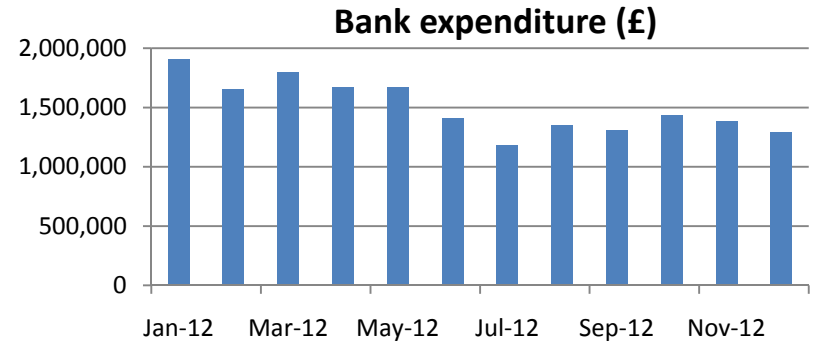
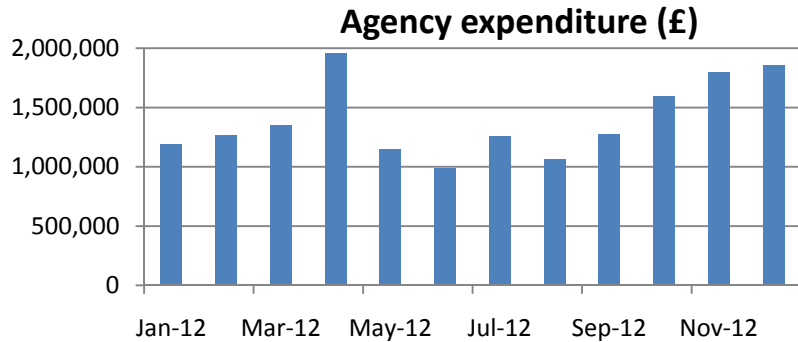
Sickness absence levels fluctuate seasonally and remain within the region of 3-4%. The DH target is 3%.



The workforce in 2012 – where we are now

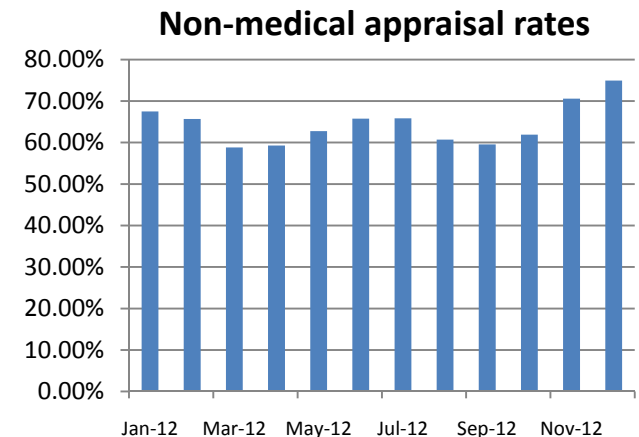
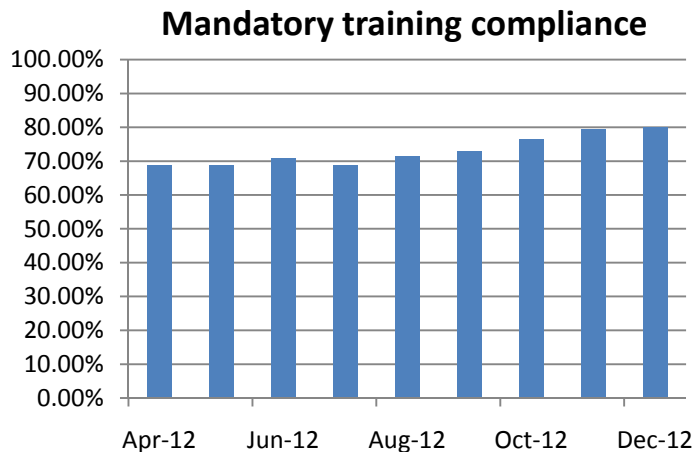
6. Bank and agency usage

The trust needs some flexibility in the workforce and is aiming to increase the ratio of bank staff and reduce the ratio of agency staff used.



7. Mandatory and Statutory Training (MAST) and appraisal

Through the use of the national mandatory training framework and through a focused approach to managing appraisals levels of compliance are increasing.



The workforce in 2012 – where we are now

8. Comparative levels of engagement

The table below sets out the results of the staff attitude survey that the trust undertook in August 2012. It compares trust performance with other teaching hospitals. The levels of staff engagement are average.

St George's		Picker Acute Average %	Trust Average %
Staff Engagement Score		73	72
I would recommend my trust as a place to work.	Advocacy	70	67
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.		74	72
Care of patients / service users is my Trust's top priority.		73	79
I am able to make suggestions to improve the work of my team / department.	Involvement	74	75
There are frequent opportunities for me to show initiative in my role.		72	71
I am able to make improvements happen in my area of work.		69	69
I look forward to going to work.	Motivation	70	66
I am enthusiastic about my job.		78	74
Time passes quickly when I am working.		82	79

A summary of the current workforce

The table below has been completed using the data presented in the previous section, coupled with local intelligence.

Strengths and opportunities

- Strong links with St George's, University of London and the Joint Faculty with Kingston University
- A devolved leadership structure that enables clinical engagement and earned autonomy at divisional level
- Staff recommend the trust as a place to work or to receive treatment
- Staff report that trust action when bullying or harassment is reported is better than average
- Overall staff engagement is average compared with other acute trusts
- There is a good supply of a high quality workforce and most vacancies are relatively easy to fill with high quality staff
- Recent nationally driven industrial action has been well managed in partnership at trust level
- The workforce planning group has senior representation and enables co-ordination of clinical and service plans with finance and human resources information providing greater opportunities for coherent educational commissioning and internal planning
- Service improvement work provides opportunities to develop new roles and new ways of working that will enable the trust to retain and develop existing staff.

Weaknesses and threats

- In the 2012 staff survey, 80% of staff report having been appraised in the last 12 months. This is a reduction from 2011 data. However staff do report agreeing clear work objectives in appraisal
- Management of expenditure on agency staffing requires greater control
- Relatively high levels of sickness absence, particularly in some areas of the trust
- Overall voluntary turnover is within reasonable levels but there are some areas of very high turnover
- Trust reported higher than average incidents of bullying
- The supply of some staff groups such as paediatric nurses is difficult
- The current contractual terms mean that when staff work at weekends or at night time the cost is significant
- Line management skills are not embedded effectively
- Electronic rostering is not yet implemented across all staff groups.

External drivers for change

The tables below set out a summary of the key external drivers for change and the impact that these are likely to have on the workforce. These external drivers are important considerations for the action that we need to take in shaping our workforce.

DRIVERS

Re-design of health services in South West London
(Better Services Better Value (BSBV) review)

Increased activity in maternity and new born care

Commissioner requirements

The NHS SW London Pathology programme

London Quality and Safety Programme

Local CQUIN requirements

'Any qualified provider' tendering process

Future Hospital Commission proposals

Reduction in junior doctor training numbers

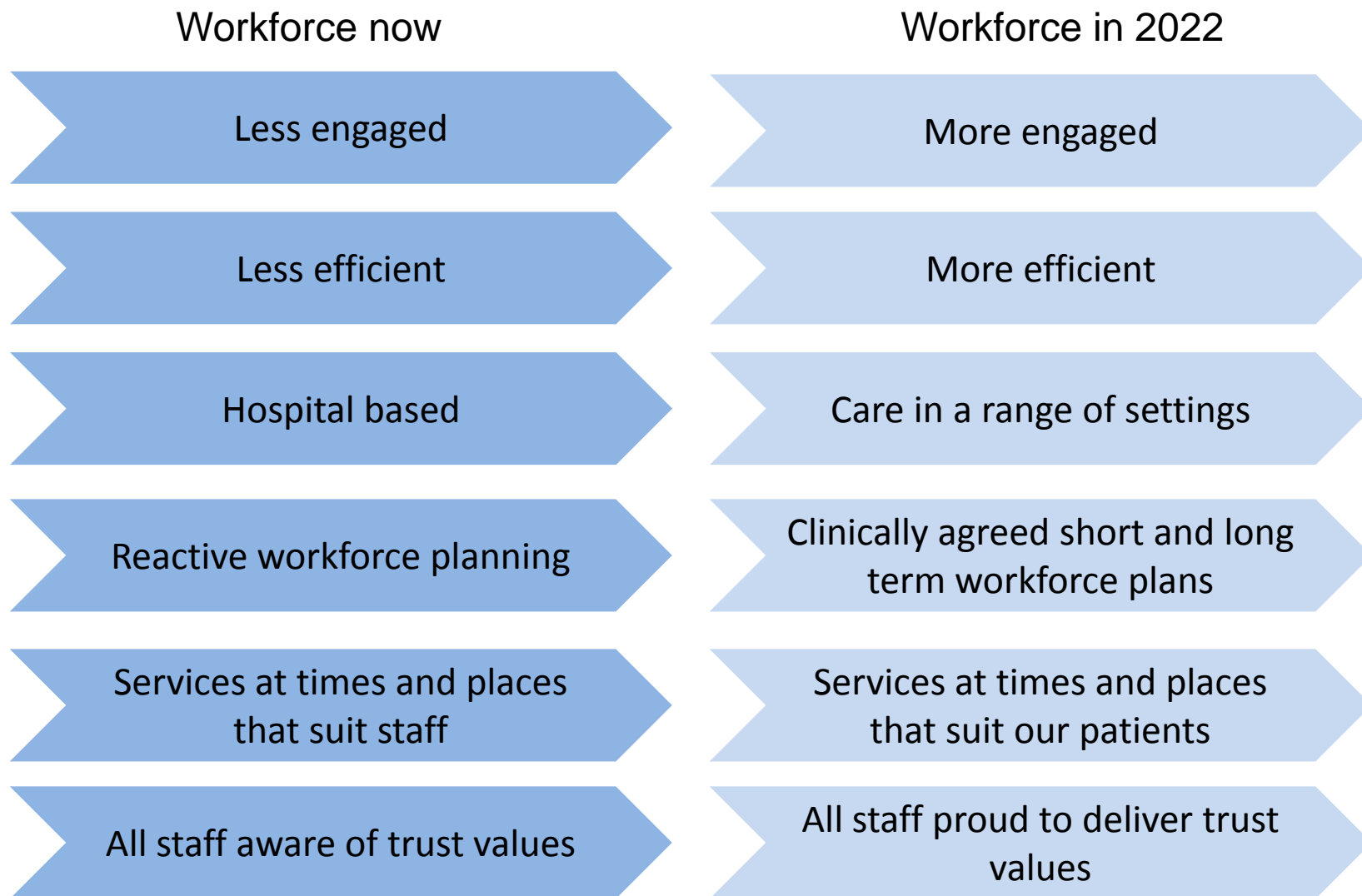
IMPACT ON THE WORKFORCE

- A shift in the workforce into community and into integrated care pathways
- Realignment of the acute workforce across organisations to meet the chosen service delivery models
- A greater requirement for paediatric nursing
- Increase in the workforce and changes in the skill mix in maternity services
- A transfer of staff into the pathology hub
- Increases in consultant presences in the emergency department, in obstetrics and some surgical specialties
- Staffing ratios such as in maternity
- Fluctuation in demand for services provided by staff groups such as physiotherapy, podiatry
- Greater 24hour/7day working presence for consultants and therapy staff
- The introduction of more generalist consultant physicians
- The introduction of more physicians' assistants and advanced nurse practitioner roles.

How our workforce needs to change

Set out below is a summary of the key characteristics of the workforce that will need to change over the next 10 years. This analysis underpins the workforce strategy that is set out in the following section.

How our workforce needs to change



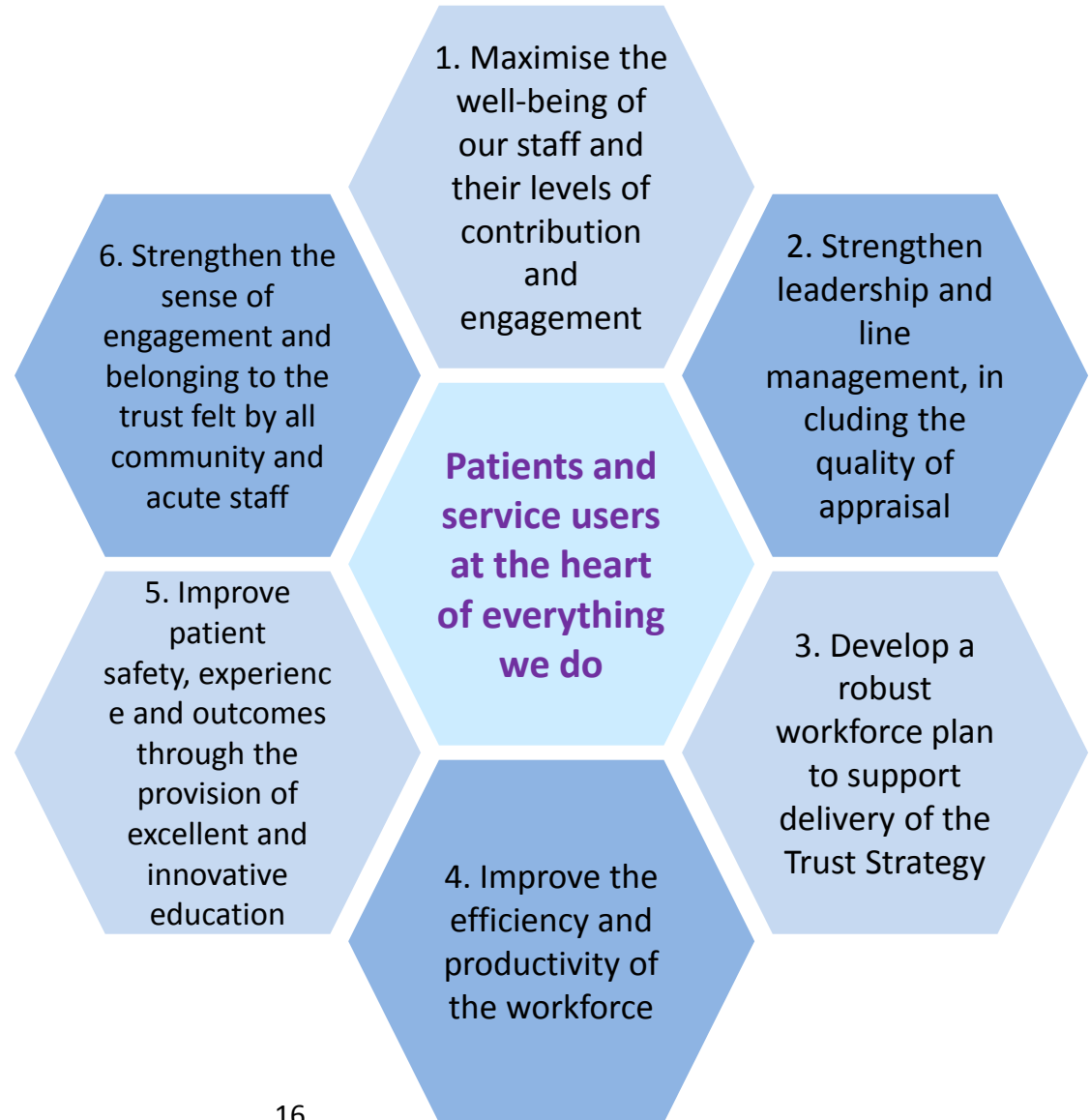
The components of the Workforce Strategy

The overarching aim of the Workforce Strategy is to develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision set out earlier on pages 5 and 6.

The workforce is vital to the delivery of the highest quality clinical services, education and research, and will need to evolve to meet future needs. The Trust needs to value its staff and ensure they champion the Trust's values. Patients have commented that happy staff result in happy patients.

The workforce data, the analysis of strengths and weaknesses, and the identification of the external drivers have formed the basis for deciding what needs to change.

The slides on the following pages explain each of the six components of the workforce strategy in turn.



1. Maximise the well-being of our staff and their levels of contribution and engagement

As well as caring for our patients we need to do more to make our staff feel cared for. We also need to strengthen their engagement and contribution to improving the quality and consistency of services we provide.

Work in this area is undertaken in partnership with trade unions and includes tackling bullying and harassment, and the development of a staff well-being plan.

Strategic Objective	Detailed Objective	Outcome measures
<p>Maximise the well-being of our staff and their levels of contribution and engagement</p> <p>Aims:</p> <ul style="list-style-type: none"> •To improve the number of staff who feel valued by their work colleagues. •To improve the number of staff who feel that the Trust provides equal opportunities for career progression. •To reduce the incidence of reported stress as a result of work. 	<ul style="list-style-type: none"> •To set up a partnership working group to establish where bullying is taking place and to address it. •To undertake the listening into action engagement programme. •To agree and implement a well-being strategy. •To establish ways of working in greater partnership with trade unions. •In partnership with trade unions to review equalities data and to establish ways to address inconsistencies. •To establish a Midwifery Futures Programme to enable BME staff to engage in issues that are of concern. 	<ul style="list-style-type: none"> •Improved responses in staff attitude survey regarding perceptions of Trust action in response to incidence of bullying and in overall engagement score – increasing over a 5 year period to achieve top quartile.

2. Strengthen leadership and line management including the quality of appraisal

High quality line management is the key to staff engagement and good quality patient care. The trust has developed a 'leadership framework' that builds on leadership development programmes that already exist. The framework identifies the behaviours that leaders are expected to exhibit and to role model to staff, and which provide the basis for succession planning and for the development of new leaders.

Although in the 2011 staff attitude survey the trust ranked in the top 20% of acute trust's for the percentage of completed appraisals and for staff who had personal development plans, the trust scored less well in staff perceptions of the quality of appraisals, with 38% reporting having had a well-structured appraisal. A review is being undertaken to ensure that the appraisal system fits in with the trust's objectives and provides a means of identifying poor performance and of enabling the trust to succession plan. Appraisal is an essential part of revalidation for medical staff and the processes are well established.

Strategic Objective	Detailed Objective	Outcome measures
<p>Strengthen leadership and line management, including the quality of appraisal</p> <p>Aims:</p> <ul style="list-style-type: none"> •To retain position as a better than average place to be treated or to work. •To retain position as a better than average place for staff to contribute towards improvement at work. 	<ul style="list-style-type: none"> •To agree the content of the leadership framework with Divisions, Chief Nurse and Medical Director. •Framework to include: <ul style="list-style-type: none"> • Current leadership programmes available • Development of a senior mentoring programme. • To implement a programme of leadership seminars. • Agreed leadership behaviours at different levels. • To develop a process for identifying and nurturing talent. 	<ul style="list-style-type: none"> •A clear framework agreed and in place by February 2013. •Mentoring scheme launched February 2013. •Seminars/master classes to be launched January 2013.

3. Develop a robust workforce plan to support delivery of the Trust Strategy

The trust needs to constantly re-evaluate the skills and size of the workforce as the way in which services are provided will change. The trust will develop a robust workforce plan for the changes we will need to make over time.

The trust will need to ensure it has a workforce that can meet these needs through working in partnership with the university and the Local Education and Training Board (LETB) to ensure that the skills needed are being commissioned and provided, and by regularly reviewing ways and hours of working with the current workforce.

Strategic Objective	Detailed Objective	Outcome measures
<p>Develop a robust workforce plan to support delivery of the Trust Strategy</p> <p>Aim</p> <ul style="list-style-type: none"> •To have a workforce plan in place that enables the Trust Strategy to be delivered. 	<ul style="list-style-type: none"> •To draft a workforce plan in support of the Trust Strategy, with particular focus on the clinical strategy. •To lead the workforce elements of major service change such as the planned changes in pathology and the implications from the Better Services Better Value (BSBV) review. •To contribute to the development of the South London Local Education and Training Board (LETB). 	<ul style="list-style-type: none"> •Workforce strategy agreed January 2013. •Clear workforce and HR plans in place to support pathology transformation March 2013. •Clear workforce plans in place to support the Trust and Clinical strategies and drawn from the business planning process by March 2013. •Full participation in the workforce transformation work-stream of BSBV. •LETB proposals reflect St George's input.

4. Improve the efficiency and productivity of the workforce

The Trust will seek out new and different ways of providing more care with the same or less resource. The Trust will need to ensure that its skilled staff are used effectively and that time is not spent doing tasks that less qualified staff could do. Staff have also advised that time is wasted due to inefficient processes and action must be taken to tackle this.

A workforce efficiency steering group has been established, which reports into the Improvement Board. The main area of focus for the group is to establish more effective processes for the procurement of flexible staffing, with the expectation of being able to reduce the cost of agency staffing by more than 10%. There is a work-plan that includes the consolidation of electronic rostering and the implementation of an interface with the staff bank, which will then enable the majority of staff groups to be procured through the bank rather than being booked locally.

Strategic Objective	Detailed Objective	Outcome measures																				
<p>Improve the efficiency and productivity of the workforce</p> <p>Aims:</p> <ul style="list-style-type: none"> •To reduce Trust expenditure on workforce. •Specifically to reduce agency expenditure by >10% 	<ul style="list-style-type: none"> •Workforce efficiency sub- projects to be established to include: <ul style="list-style-type: none"> • Agency expenditure including moving from use of admin agencies • Electronic rostering and bank interface • Workforce information and planning • MARS • Salary sacrifice • Sickness absence • Appointments/recruitment processes • Workforce benchmarking • Medical workforce productivity • Reduction in annual leave carry over • Terms and conditions/7 day working • Adopting opportunities from changes to national contracts 	<p>•Workforce efficiency projects identified and implemented that enable the trust to meet the workforce elements of the trust’s long term financial model and which support service improvement and divisional level improvement projects – as per the illustrative example below:</p> <div data-bbox="1265 863 1864 1392"> <p>Estimated percentage workforce efficiency savings</p> <table border="1"> <thead> <tr> <th>Project</th> <th>Estimated Savings (%)</th> </tr> </thead> <tbody> <tr> <td>Installation of the bank module - overheads in bank office</td> <td>~2%</td> </tr> <tr> <td>Move from using agency admin staff to internal bank</td> <td>~3%</td> </tr> <tr> <td>National AFC amendments</td> <td>~3%</td> </tr> <tr> <td>New bank nurse rates incl harmonisation of SGH/CSW</td> <td>~10%</td> </tr> <tr> <td>Annual leave carry forward reduction</td> <td>~10%</td> </tr> <tr> <td>Complete Allocate eRP roll-out to remaining staff groups (ex drs)</td> <td>~10%</td> </tr> <tr> <td>Process changes resulting in workforce reductions</td> <td>~10%</td> </tr> <tr> <td>Medical workforce savings</td> <td>~10%</td> </tr> <tr> <td>MARS scheme</td> <td>~10%</td> </tr> </tbody> </table> </div>	Project	Estimated Savings (%)	Installation of the bank module - overheads in bank office	~2%	Move from using agency admin staff to internal bank	~3%	National AFC amendments	~3%	New bank nurse rates incl harmonisation of SGH/CSW	~10%	Annual leave carry forward reduction	~10%	Complete Allocate eRP roll-out to remaining staff groups (ex drs)	~10%	Process changes resulting in workforce reductions	~10%	Medical workforce savings	~10%	MARS scheme	~10%
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5. Improve patient safety, experience and outcomes through the provision of excellent and innovative education

The trust will seek to plan and deliver education programmes that enable it to improve the safety, experience and outcomes of those whom it provides services to and meet the changing needs of the workforce. The trust is proud of its tradition of excellence in education and of the strong links that it shares with St George's, University of London (SGUL). The full detail of the education strategy is set out in a separate document but the key elements that relate specifically to the development of our workforce are listed below.

Strategic Objective	Detailed Objective	Outcome measures
<p>Improve patient safety, experience and outcomes through the provision of excellent and innovative education</p> <p>Aim:</p> <ul style="list-style-type: none"> •To ensure the development of a competent and capable workforce, adaptable to new roles and changing environments of care. 	<ul style="list-style-type: none"> • To ensure that there is a robust Education Strategy that has as a core deliverable the training and development of our staff (both current and future). • This training and development element of the education strategy will include: <ul style="list-style-type: none"> • Commission external and in-house training to support the requirements identified, through appraisal, in the annual training needs analysis report • Provide training and development for identified staff/staff groups to enable them to deliver care in a broad range of operational settings • Develop our staff to perform new roles that support changes in service delivery or address clinical areas with under supply of staff •To implement the national framework for mandatory training. 	<p>Achieve an 85% appraisal rate.</p> <p>To improve staff attitude survey scores in personal development to be consistently above average.</p> <p>To ensure 85% achievement of mandatory training requirements.</p>

6. Strengthen the sense of belonging to the trust across all acute and community staff

Following integration between St George's and Community Services Wandsworth (CSW) in October 2010 work has been undertaken to achieve a sense of belonging for all staff. Comments from staff suggest that there is further need to develop this area. It is proposed that the service improvement work will consider the workforce along the whole of the patient pathway, and this might provide a basis for further integration of staff.

Strategic Objective	Detailed Objective	Outcome measures
Strengthen the sense of engagement and belonging to the trust felt by all community and acute staff	<ul style="list-style-type: none"> •To ensure that the service improvement programme enables staff from community and acute settings to be involved in working together in the development of integrated patient pathways. 	<ul style="list-style-type: none"> •All staff feel a greater sense of engagement – measured by the Staff Survey – with steady improvement over a 5 year period leading to top quartile performance.

How the Workforce Strategy will support delivery of the trust objectives

Trust Objective	Some workforce developments to support delivery of the Trust Strategy	1. Well being, contribution & engagement	2. Leadership & line management	3. Workforce plan	4. Workforce productivity & efficiency	5. Innovative education	6. Engagement across all acute & community
Redesign care pathways to keep more people out of hospital	Trust wide engagement programme Implementation of new national contracts	Y	Y	Y	Y	Y	Y
Redesign and reconfigure our local hospital services to provide higher quality care	Midwifery futures programme Full implementation of electronic rostering Develop new roles in areas of staff shortage Implement Francis Report workforce recommendations	Y	Y	Y	Y	Y	Y
Consolidate and expand our key specialist services	Development of pediatric support roles Implementation of leadership framework	Y	Y	Y		Y	
Provide excellent and innovative education to improve patient safety, experience and outcomes	Full implementation of national mandatory training framework Commissioning of education to develop new roles		Y	Y		Y	
Drive research and innovation through our clinical services	Develop recruitment processes that attract the best	Y	Y			Y	
Improve productivity, the environment and systems to enable excellent care	Develop a robust workforce plan	Y	Y	Y	Y	Y	Y
Develop a highly skilled and engaged workforce championing our values	Through the engagement programme ensure that staff are proud to deliver the trust values	Y	Y	Y	Y	Y	Y

Every year a set of key workforce deliverables will be developed and agreed and then progress against these will be tracked and monitored. This will ensure that progress against the Workforce Strategy is made. This monitoring and tracking will take place through a range of mechanisms including:

- ◆ **Trust Board** – they will receive regular reports on progress against our Annual Objectives and key performance indicators on workforce within the Performance Scorecard
- ◆ **Workforce and Education Committee** – will oversee the development of annual action plans, based on those outlined in pages 18-23, and track progress in detail against these
- ◆ **Divisional Quarterly Performance reviews** – through the annual business planning round workforce objectives will be developed by Division and progress against these will be tracked. These workforce objectives will include an annual training needs assessment and an annual workforce plan that will be agreed with the Medical Director, the Chief Nurse and the Trust Board.