University Hospitals of Leicester **NHS**

NHS Trust

To:	**Trust Board**
From:	Kate Bradley, Director of Human Resources
Date:	20 December 2013
CQC Regulations:	Outcomes 12 to 14
Title:	**Organisational Development Plan Priorities (2013/15)** **Quarterly Update Report (Quarter 3 – October – December 2013)**

Author/Responsible Director:

Kate Bradley, Director of Human Resources / Bina Kotecha, Assistant Director of Learning and OD

Purpose of the Report:

This report sets out:-

1. Progress against 2013 priorities of the Trust's Organisational Development (OD) Plan during the third quarter (October to December 2013) and key actions to be completed during the next quarter (January to March 2014);
2. Quarterly analysis against key HR performance measures, the workforce profile and pay bill; and
3. Key steps undertaken to improve efficiency and effectiveness of HR delivery.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points:

We have set out an ambitious OD Plan led through six substantial work streams focussed on a number of targeted priorities and on-going fundamental areas as shown in Appendix 1:-

- Live our Values;
- Improve Two-way Engagement;
- Strengthen Leadership;
- Enhance Workplace Learning;
- Improve External Relationships and Workplace Partnerships; and
- Encourage Creativity and Innovation.

Key progress against priorities/fundamental areas, in this quarter, is summarised below:-

- Training has been delivered (to former Divisions) in 'Improving Experience for Patients and Staff' incorporating nationally endorsed 'Putting People First' tools and techniques;
- Training has been delivered to Consultant Recruitment Panels and we are working on strengthening future Consultant recruitment practices including the use of Assessment Centres;
- During December we have presented exceptional staff and teams with 'Caring at its best' quarterly awards in the workplace;
- We held a LiA 'Pass it on' Event during November and the Trust has moved into Phase 4 of our LiA journey involving 'embedding LiA as the way we do things at UHL';
- Work is progressing in improving medical engagement across the Trust, through a range of activities including medical leadership and financial skills development;
- The first meeting of the 'UHL Clinical Senate' was held in December along with UHL's first Consultant / GP Conference focusing on 'improving quality and understanding commissioning';
- We have established a UHL Doctors in Training Committee and are progressing key developments aligned to improving patient safety and communication;

- We continue to extend the range of benefits available to staff and provide a portfolio of health and wellbeing activity (awarded Gold Accreditation);
- We continue to focus on 'what good leadership looks like' through our Leadership and Qualities Behaviours and corresponding case studies / video interviews;
- In improving appraisal quality we are progressing with system developments including a 360 Feedback Tool and E-Appraisal Recording Tool and are exploring the use of recently released national NHS Leadership Academy Leadership / Talent Management Frameworks;
- The Board continues with its development programme and has held development sessions on the new CQC Inspection regime, stakeholder engagement and the Trust's Strategic Direction;
- We continue to focus on education, training and development. We are particularly focusing on improving the quality and accessibility of Statutory and Mandatory Training;
- Workforce plans continue to be implemented supported by rigorous marketing and recruitment activity including international nurse recruitment;
- Each CMG has identified a PPI Lead who will encourage and co-ordinate PPI activity and will be representative on our new Quality Assurance Committee;
- The Trust's Chief Nurse held a Public Engagement Listening Event during December in exploring the recent experience of patients and their families. Emerging themes will form the basis of a work programme monitored by the assurance committee;
- We have implemented a new way of managing projects and programmes being delivered within the Trust's Improvement and Innovation Framework and work is progressing in devising a comprehensive development programme in building improvement capacity; and
- We host the East Midlands Clinical Research Network and have seen an increase in recruitment to NIHR-adopted research studies.

Our Human Resources Key Performance Indicators detailed in Section 2 of this report are designed to give assurance that we have sufficient supply of workforce to meet our activity requirements and that the workforce is working to high levels of efficiency.

We continue to focus on the efficiency and effectiveness of our HR Service and have made excellent progress in improving our recruitment services.

The National Staff Survey was distributed to all staff in September 2013 and an initial set of results are expected in mid-December 2013. We will report on performance against previously agreed national survey targets for improvement (June 2013) in the next quarterly update.

| **Recommendations:** |
| The Trust Board is asked to note the progress in the third quarter in taking forward key 2013/14 priorities identified within the Trust's OD Plan. The Trust Board is also asked to comment on key HR performance results and steps undertaken to improve efficiency and effectiveness of HR delivery. |

Previously considered at another corporate UHL Committee? N/A

2013-2015 Strategic Risk Register	**Performance KPIs**
Risk 3	Evaluation measures are detailed within section 2

Resource Implications (e.g. Financial, HR): Led by members of the Executive Team.

| **Assurance Implications:** |
| The Trust's OD plan is the Personal Development Plan for UHL and identifies priorities that need to be addressed in order to develop and change 'the way things are done around here' (our prevailing culture) and further improve patient experience. |

Patient and Public Involvement (PPI): PPI Implications have been detailed within work stream 5

| **Stakeholder Engagement Implications:** |
| Members of the Executive Team will continue to actively engage with key internal and external stakeholders, in successfully implementing the Trust's OD Plan priorities. |

| **Equality Impact:** |
| Priorities have been assessed against the nine protected characteristics under the Equality Act 2010 |

Information exempt from Disclosure: None

Requirement for further review? Progress monitored by the Executive Team at regular meetings

University Hospitals of Leicester NHS
NHS Trust

REPORT TO:	**Trust Board**

DATE: **20 December 2013**

REPORT FROM: **Kate Bradley, Director of Human Resources**

SUBJECT: **UHL Organisational Development (OD) Plan Priorities Update Report (Quarter 3 – October to December 2013)**

Introduction

1.1 To deliver our vision of 'Caring at its Best' and to facilitate the necessary change we have set out an ambitious Organisational Development (OD) Plan for UHL, as previously reported to the Trust Board in September 2013. Our priorities are led through six substantial work streams:-

1. Live our Values;
2. Improve Two-way Engagement;
3. Strengthen Leadership;
4. Enhance Workplace Learning;
5. Improve External Relationships and Workplace Partnerships; and
6. Encourage Creativity and Innovation.

These work streams have been aligned to UHL values, vision and strategic objectives particularly our objective to support the development of a professional, passionate and valued workforce.

1.2 As summarised in Appendix 1, we are focussing on a number of targeted priorities that are relevant to patients and staff; reflect local and national requirements and which we believe will have the most significant impact on delivering against these work streams. These OD priorities are supported by continuing focus on fundamental areas that are on-going and key to delivering our vision.

1.3 The purpose of this report is to update the Trust Board on progress related to the implementation of the OD Plan priorities for 2013/14 and comprises of 3 sections:-

Section 1 updates on activity undertaken during the third quarter (October - December 2013) and sets out key actions to be completed during the next quarter (January - March 2014). We have incorporated the RAG Status against each priority area to indicate progress against key actions identified in the previous quarterly update (dated 27 September 2013). All actions are on track indicated by the □ symbol in the heading line.

Section 2 provides a quarterly analysis against key HR performance measures, the Trust's workforce profile and pay bill.

Section 3 highlights key steps that have been undertaken to improve the efficiency and effectiveness of the HR service across UHL.

1.5 A review of the OD Plan is currently being undertaken by PWC as agreed by the Trust's Audit Committee and sponsored by the Director of Human Resources. The OD Plan review will report on the following:-

- The processes involved in creating the OD Plan, including any external consultation;
- The work performed by the Trust Board in relation to the OD Plan through discussion with key personnel and review of key documentation;
- Testing, on a sample basis, the Trust's progress against work streams 2 and 4, and comparing this to that reported to the Trust Board; and
- How the OD Plan compares against good practice.

1.6 The OD Plan audit review closing meeting has been arranged for the 9 January 2014. The final report will be presented to the Trust Board at the end of February 2014.

1.7 The Trust Board have agreed national survey targets for improvement, relative to the Trust's OD Plan priorities. The National Staff Survey was distributed to all staff in September 2013 either via email for on-line completion or as a paper version. Staff included in the CQC sample all received the paper survey and the response rate was 47% (December 2013). The on-line response rate was much lower as this was the first time the Trust had used this survey methodology. An initial set of results are expected in mid-December 2013 and we will report on performance against targets set in the next quarterly update (March 2014).

SECTION ONE – ORGANISATIONAL PLAN PRIORITIES – 2013/2014

Work Stream 1: Live Our Values

2.1 ☐ *Implement Putting People First / Cultural Shift Programme*

- During September each Division hosted a staff development day funded through the Trust's Charitable Funds Committee. These days were titled: 'Improving the Experience for Patients and Staff' and led by the Patient Experience Team.

- Each day was structured around the needs of the specific Division and aimed at medical, nursing and admininistrive staff.

- The objectives of each development day were:-

    o To provide the leaders with top tips to help them manage more effectively;
    o To help leaders engage and communicate more effectively using simple, pragmatic and relevant tools; and
    o To understand how we can improve our patients' experience in our day to day work.

- The outcomes for the day were:-

    o An understanding that the route to a great patient experience is through the staff experience and their essential role to make this happen;
    o An energised team who have had an opportunity to work together and to focus on what they need to do to be more effective; and
    o A team who feel in control and able to focus on what needs to be done to build on the great things that are already in place.

- All days were positively evaluated with Friends and Family Test Scores and free text comments as shown in Appendix 2. We are consulting with Clinical Management Groups (CMGs) in progressing the next phase of development.

2.2 ☑ *Implement Values Based Recruitment*
- We continue to deliver the full day Recruitment and Selection Training Workshop and the half day refresher courses which have a strong focus on values based recruitment. The afternoon session of the full course is dedicated to the development of appropriate interview questions and utilising these in role play situations including the scoring of candidates.

- During the last quarter we have delivered a two hour workshop to those involved in Consultant Panels and this session includes how questioning techniques can be used to elicit evidence regarding the Trust Values. A proposal is currently in development regarding the expansion of the consultant recruitment process to include an Assessment Centre prior to the formal selection interview. This Assessment Centre will include values based exercises to ensure demonstration of the leadership qualities associated with our Trust values.

- In the next quarter the HCA selection process will be reviewed to ensure it embraces the Trust values.

2.3 ☑ *Continue 'Caring at its best' Awards*
- Judging for our Quarter 1 (new annual cycle) has finished. There were 36 nominations in total and the quality of nominations remained high. All workplace awards will be presented during December 2013.

- Quarter 2 nominations are already underway with 18 submissions received to date.

Work Stream 2: Improve Two-way Engagement

3.1 ☑ *Embed Listening into Action Framework*
- The Trust has moved into Phase 4 of the LiA journey which means that it has started the process of 'embedding LiA as the way we do things at UHL'. A *Pass It On* event on the 6 November 2013 marked the transition from Phase 3 to Phase 4, with approximately 150 staff attending to hear from the 12 Pioneering Teams and 10 Enabling Our People (EoP) Schemes about what they had achieved on their 20 week LiA journey. The *Pass It On* Event was also attended by the next wave of Pioneering teams and EoP Schemes.

- The first 12 Pioneering teams and the EoP Scheme leads from the first wave will now be referred to as LiA Innovators. Continued support will be provided to the LiA Innovators Team Leads via monthly LiA Innovator Network meetings and maintenance of their links to a Sponsor and to the LiA Team.

- The EoP Scheme LiA Innovators have been invited to an EoP Scheme LiA Innovator meeting on 19 December 2013 to scope out what has been achieved so far and to raise the ambition around what further can be achieved over the next 20 weeks. Following this event a monthly EoP Scheme LiA Innovator meeting has been scheduled over 2014 to maintain the momentum and provide guidance, coaching and support as necessary.

- The EoP Schemes remain a pillar within the Improvement and Innovation Framework (IIF) and a request has been made to the IIF team to amend the pillar to include the additional EoP Scheme from the new wave.

- A number of additional LiA activities have taken place since the last report, including a number of LiA events on meals and cleaning hosted by the Chief Nurse. In addition a number of LiA activities are planned for the forthcoming weeks including an event dedicated to junior doctors to be hosted by the Chief Executive and an event dedicated to student nurses to be hosted by the Chief Nurse.

- At the *Pass It On* event, the Chief Executive made a commitment that in future all Management of Change within UHL would be supported by LiA activity and that greater links to the IIF would be created to ensure that engagement underpins change programmes within the Trust.

3.2 ☐ *Implement Medical Engagement Strategy Priorities*

- Financial workshops for Consultants have been delivered during this quarter supporting the ethos of Service Line Management.

- The Medical Leadership Programme was delivered to the October Cohort and evaluated very positively.

- A new consultant's development event took place on 1st November 2013 supported by the Medical Director.

- The first meeting of the Clinical Senate took place on the 5 December 2013. The Senate has been elected from across the consultant body and is specifically representative of consultants who are not currently in Trust management positions.

- The Director of Strategy hosted UHL's first Consultant / General Practitioner (GP) Conference Event on 5 December 2013. This event focussed on developing UHL consultants in key areas related to commissioning and building influencing networks. 14 GPs attended the afternoon session and working in collaboration with CCG colleagues we presented on 'clinical problem solving', 'improving quality' and 'setting out local commissioning intentions'.

- Working in collaboration with East Midland's Health Education England, a 'Mentoring Development Event' has taken place on 12 December 2013, targeting medical staff that have previously completed accredited mentoring training.

- The UHL Doctors in Training Committee (DiTC) meet on a bi-monthly basis with representation from all specialties and grades. Priority work streams for the committee have been identified as:-

  1) Maximising Training and Learning Opportunities;
  2) Patient Safety; and
  3) Communication.

- A development day for the DiTC members was held in September in UHL. In addition a Listening in Action Event took place for doctors in training on 9 December 2013 and a UHL 'Enhancing Quality Improvement Programme' has

been launched, with the support of the Head of Service Improvement and LNR Foundation School.

- The focus for next 3 months will include work on the DiTC work streams identified above. Outputs from the LiA event and Quality Improvement Programme will lead to further work streams that doctors in training will undertake.

- A major project has been identified in the Capital projects to improve access to educational resources at the LRI site, work to transform the Odames Ward into a new library facility will commence early in 2014.

3.3. ☐ *Achieving 'Excellent Employer' Status*
- We continue to extend the range of benefits available to our employees through Salary Exchange designed to aid recruitment and retention. We introduced '*Salary Maxing* **Take IT Home**' scheme in December 2013 delivering significant employee savings.

3.4 ☐ *Build on Health and Well Being*
- The first meeting of the new Health and Wellbeing Steering Group has taken place, which has resulted in a more focused agenda which is based on the 5 High Impact Changes that apply to every NHS organisation, with the key priorities for UHL over the next year being 'Stress Management and Training' which will be underpinned by the Trust commitment to the Public Health Responsibility Deal (PHRD).

- In 2012 UHL signed up two PHRD pledges relating to the management of chronic conditions and the Occupational Health Standards. We have agreed to sign up to a further two Public Health Responsibility Deal pledges in 2014:
    1. Ensuring the health and wellbeing of employees and associated data and actions are reported to the Board
    2. Embedding the principles of Mental Health Workplace Adjustments Guide within UHL.

- Over the last quarter we have continued to provide training in a range of areas including emotional resilience, self-care at work, sickness absence management, 20 exercises classes and seasonal coach trips. Sickness absence data indicates sickness due to work related stress is reducing across the Trust.

- In recognition of the demand, and positive health and wellbeing benefits, emotional resilience workshops will continue in 2014, and the format of the workshops will be reviewed to meet high levels of demand.

- Following a review of our application, against other comparable Trusts, for accreditation under the NHS Sport and Physical Activity Challenge we have now been upgraded to Gold Accreditation in recognition for all the work done so far.

Work Stream 3: Strengthen Leadership

4.1 ☐ Devise and *Implement Leadership Qualities and Behaviours*
- To demonstrate 'what good leadership looks like' we continue to develop short video interviews and case studies which can be accessed from iNsite. Work is

progressing in developing a local 360 Feedback Tool in partnership with OCB Media.

- Recently (14 November 2013) the national NHS Leadership Academy released the new Healthcare Leadership Model. This is based on the learning from the former NHS Leadership Framework (2011) and extensive research/testing.

- The Healthcare Leadership Model is made up of nine 'leadership dimensions' as shown in Appendix 3 and each dimension comprise of four scales i.e. from 'essential' through to 'proficient' and 'strong' to 'exemplary'.   The 'Leading with Care' Dimension is shown within Appendix 4. This shows that within the four scales, the leadership behaviours themselves are presented as a series of questions.

- Over the next quarter we will review UHL's Leadership Qualities and Behaviours against key elements of the Healthcare Leadership Model.

4.2 ☐ *Board, Executive and Senior Leadership Development*
- During this quarter we have continued to utilise East Midlands Leadership Academy Programmes. We have put together our first Project Team to attend the new Leading Across Boundaries Programme. The Project Team will be developed to support them to 'Improve the Quality of Cancer Care through Service Improvement'.

- To support with talent management, succession planning and prioritising leadership development, a report on the compiled Talent Profile for the Trust's senior leadership community (based on the former structure) has been presented to the Trust's Remuneration Committee (November 2013).

- The Trust Board has received and accepted the Board Governance Developmental Report prepared by Capsticks/ Good Governance Institute Alliance (June 2013). The Board has agreed to commission an independent-led Board effectiveness review. It is anticipated that a third party, independent provider will be appointed in January 2014 and the review commence in the next quarter.

- The Board continues with its programme of Board development sessions. During September and October, the Board has held sessions on the new CQC inspection regime; stakeholder engagement; and further development of the Trust's Strategic Direction. The Board Development Programme will continue throughout 2014.

Work Stream 4: Enhance Workplace Learning

5.1 ☐ *Statutory and Mandatory Training*
- A UHL sub-group has been established (July 2013) to improve training access, quality and performance and have identified what training is absolutely essential and reflective of NHSLA, CQC and the national Core Skills Training Framework.

- The production of a top level 'dashboard' showing the compliance status across the Trust against the core Statutory and Mandatory Training courses and other improvement activity has resulted in an increase in the overall performance.

Current overall performance is at 60% (against a target of 75%) and this has increased by 20% since the initiation of the dashboard during early July 2013.

- It is recognised that the lowest level of performance is across medical staff (currently at 36% overall). The Deputy Medical Director is currently working through a number of key actions in addressing this including reviewing data at individual level and corresponding with medical colleagues.

- The Trust has entered into a contract with OCB Media to redesign training material in e-learning format to improve programme access. As shown in Appendix 5 the first three programmes have been launched across the Trust and all staff that are non-compliant in these core areas have been sent individual correspondence. Recently we have also released a further four programmes and intend to complete all e-learning module developments by the end of December 2013.

- Based on our agreed delivery model, face to face training is essentially required for four subjects. Work is underway in increasing capacity to deliver against these four areas.

- We continue to communicate core Statutory and Mandatory Training requirements across the Trust (in guidance format) and we will be running awareness raising sessions during January 2014.

- A Project Board has been established in setting up an E-appraisal Recording system to support a range of functions including the automated update of the Personal Development Plan on completion of Statutory and Mandatory Training.

5.2 ☐ *Implementation of Workforce Plans and Enhance Workplace Capacity*
- Workforce Plans for 2013/14 continue to be implemented and have remained fluid to reflect in year pressures and increased capacity requirements. Workforce related CiP schemes continue to be performance managed through the Improvement and Innovation Framework and are regularly reported on through the Finance and Performance Committee and CIP Delivery Board. Nursing agency expenditure has fallen during the last quarter as a result of increased substantive staffing numbers and the implementation of the Nurse Bank Action Plan which is focused on improving the capacity and capability of this valued workforce.

- There have been a number of key developments in the last quarter relating to the longer term Workforce Plan 2013/18. A high level forecast of workforce requirements for the new Emergency Floor has been included in the Outline Business Case based on forecasted changes in activity and assumptions regarding improved efficiency. The review of nursing baselines, taking into consideration acuity and dependency and release of supervisory time, has been completed and indicated approximately 500 nursing vacancies. Rigorous recruitment and marketing plans have been put in place to ensure our ability to recruit to these posts in a timely manner and have formed the subject of a separate Board Report in October 2013. UHL is progressing well in relation to International Recruitment and is expecting 40 nurses to commence in January 2014. These nurses will be supported by a rigorous induction and adaptation plan.

- Following the commencement of our new Director of Strategy, the Strategic Planning Process was launched to Clinical Management Group Teams in November. This included reference to the requirement to include workforce plans to ensure triangulation with service, finance and workforce. By the end of the year these plans will be built into a refreshed five year Workforce Plan

- In this quarter we have completed another successful recruitment campaign to appoint 17 apprentice Healthcare Assistants across the Trust. This is a pilot scheme for the Trust and it is hoped will provide a career pathway into the Healthcare Assistant role and potentially nursing roles in the future.

5.3 ☐ *Appraisal Quality*

- In continuing to improve appraisal quality, in addition to the 360 Feedback Tool referred to previously in this report, we are exploring the use of the Maximising Potential Conversation Tool (MPC-T) developed by the national NHS Leadership Academy.   It is anticipated that this tool will strengthen the talent conversation specifically associated with maximising an individual's potential.

- As part of the Talent Management and maximising potential process, the MPC – T will look at reviewing employees against performance, behaviour, ambition and raw potential to move onwards and upwards. By looking at where employees sit on these scales it will help to understand how best to support them in their development to reach their full potential in UHL and the wider NHS.

- Maximising Potential should consider all individuals in an organisation. It should cover the development they require, the value they bring, and the position(s) that best suit their skills currently and into the future within an organisation and/or elsewhere in their career journey. Talent and career development and maximising their potential is necessary for the retention of employees no matter what their seniority and position within the organisation.

- It is proposed that tool is aligned to the Trust's nine point matrix (the corresponding version of the tool is currently being developed nationally) and incorporated within UHL's Talent Management process.

5.4 ☐ *Recruitment and Retention of Staff*

- During this quarter approximately 40 nurses from overseas (Portugal, Spain, Ireland and Greece) have been offered posts to commence in January 2014 as described in 5.2. As a result of the success of this scheme the recruitment target has been raised to 200 nurses. A dedicated HR resource has been appointed to support this programme to not only ensure the robustness of pre employment checking but also ensure nursing receive an appropriate welcome and support.

- The LiA 'Enabling our People' Scheme dedicated to recruitment and selection, continues to deliver on its objectives which relate to:
  o Streamlining approvals
  o Proactive recruitment planning and over recruitment
  o Development of electronic tracking systems for the management of the recruitment process.
  o The 'Route to Recruit' on line approvals process was successfully launched in December 2013 preceded by a number of familiarisation sessions. This process replaces the previous manual Workforce Change Forms (WCF)

with a SharePoint based system for requesting and authorising recruitment requests. The process also has simplified levels of authorisation and is capable of extensive reporting.

- In addition a SharePoint solution has been developed for tracking recruitment processes through its various stages. In the first instance this will be developed for internal HR use.

- The Reward and Recognition Strategy designed to improve recruitment and retention of staff will be presented to the Board in December 2013.

Work Stream 5: Improve External Relationship and Working Partnerships

6.1 ☐ *Develop Patient and Public Involvement Strategy*
- Each CMG has now identified a named PPI lead who will encourage and coordinate PPI activity in their area. The PPI leads will have responsibility for reporting in to the new assurance committee. Over December the Trust's Patient Advisors will be allocated to the new CMG structure to work with the PPI leads.

- An assurance committee is currently being established (December 2013) which will encompass the Trust's equality, engagement and patient experience agendas. The committee will seek monthly reports from each of the CMGs and will drive and monitor progress on CMG plans. The committee will be chaired by the Trust's Director of Nursing and co-chaired by a Non- Executive Director.

- Once the reporting process and working arrangements with Patient Advisors has been established, a PPI strategy will be developed outlining these processes. In the meantime the Trust's Stakeholder Engagement Strategy, approved by the Board in January 2013, outlines the Trust's engagement activity for 2013/14.

- During this quarter a new reputation audit was conducted. The results were presented at the November Trust Board. The Audit focused on key stakeholders (public and professional) identified in the Trust's Stakeholder Engagement Strategy.

- The last Prospective Governor meeting of 2013 was held in November. During the meeting a proposal for a new format and focus of the meetings was presented. The focus of the group will shift in 2014 away from preparation for governorship and will place greater emphasis on engagement.

- The Trust's Chief Nurse held a public engagement event in early December to explore the experience of recent patients and their families. Themes emerging from the event will form the basis of a work programme.

- Engagement with Healthwatch continues to increase. Members of Healthwatch are involved in some of our key reconfiguration work and a Healthwatch representative now sits as a non-voting member of the Trust Board. Monthly meetings with the Healthwatch Director have now been established which supplement the existing meetings with the Trust's Chief Executive. A protocol covering working relationships between the Trust and Healthwatch is now in development.

Work Stream 6: Encourage Creativity and Innovation

7.1 ☑ *Develop and Implement an Improvement and Innovation Framework / Develop and implement a plan for building capability on improvement techniques at all levels*

- During this quarter, we have developed and implemented a new way of managing projects and programmes being delivered within the IIF. This includes:
  1. A standardised approach to project documentation including templates, reports and e-filing system.
  2. An IT project tracking and reporting system.
  3. Resource and training centre accessible through the IIF website on INsite

- A strategy for building capability for improvement has been agreed by the IIF board this quarter. This comprises of a mixed approach to learning based on the individual's role and improvement skills required. The programme will align with and form a key component of the Trust's Leadership into Action Strategy as there is a strong overlay with team behaviours and attitude in order to achieve successful improvement. The programme includes e-learning modules, train the trainer programme and classroom based, multi-professional learning, aimed at operational leaders and clinical leaders. Preparation of the training material for this are underway and will be supported by our future Quality Improvement Academy (to be launched in the next quarter).

7.2 ☑ *Embedding Releasing Time to Care*
- *Releasing Time To Care (RT2C)* – the Productive Ward continues to be rolled out to all inpatient wards, aiming for all wards to complete implementation by May 2014 using the "Fast Track" implementation programme. Modular based, it focuses on improving nursing processes carried out in ward areas to maximise on time for delivering high quality patient care.

**7.3** ☑ **Build on Research and Development**
- We host the East Midlands Clinical Research Network with a contract value of £23 million per annum over a five year period. At the end of this quarter we have seen a sustained increase in recruitment to NIHR-adopted research studies: UHL is currently 42% above target and 85% above recruitment for the same time point last year.

SECTION TWO – HR OPERATIONAL PERFORMANCE

8.1 KEY PERFORMANCE INDICATORS
The Human Resources indicators below are designed to give assurances that we have sufficient supply of workforce to meet our activity requirements and that the workforce is working to high levels of efficiency.

Graph 1 Cumulative Turnover Rates as at 30.11.13

Turnover - rolling 12 months year to date* - Target <10%
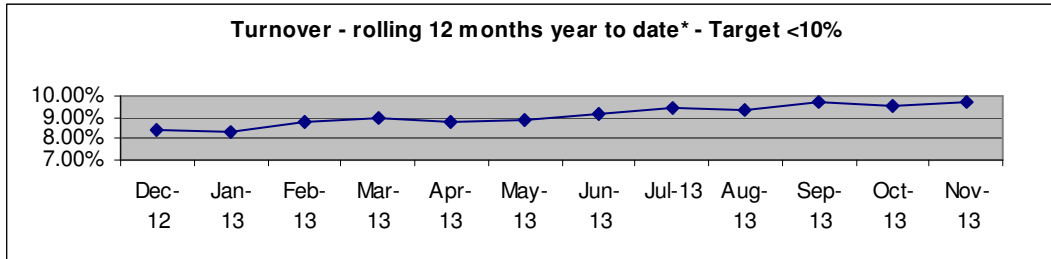
* Excludes Facilities / Trainee Doctors

- These turnover figures exclude Facilities staff as rates are skewed by the TUPE transfer of these staff in February 2013. They are inclusive of 66 IM&T staff who TUPE transferred between 1 August 2013 and 30 November 2013.

- As a result of these transfers, turnover rates have slightly increased between August and November 2013 but remain below the maximum target level of 10%.

- There are no specific staff groups or areas experiencing higher than expected turnover levels.

Graph 2 % Sickness Rates as at 30.11.13

Monthly Sickness - Target <=3%
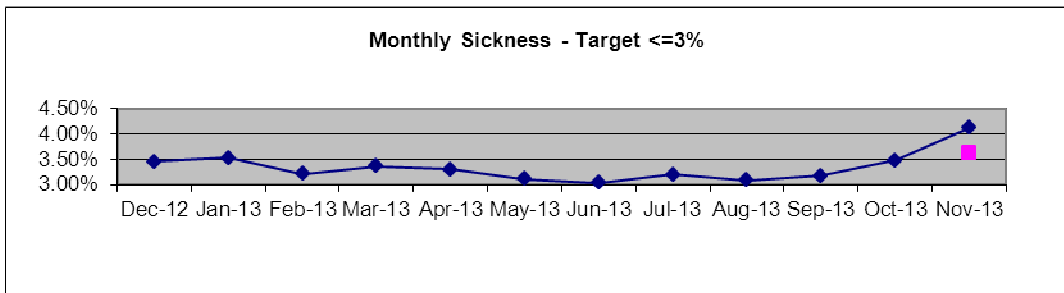
☐*November figure will reduce by approx. 0.5% due to the timing of closure of absences*

- Overall the sickness rate has fluctuated between 3 and 3.5% during the previous 12 month period. It is likely that the November figure will adjust to above 3.5% which is consistent with sickness levels in 2012. These rates are higher than the stretch target of 3% and October and November rates are slightly above the previous SHA target of 3.4%. The cumulative sickness level is 3.34%.

- In order to provide a safe and healthy work environment for both staff and patients and as part of our key priority for preparations for winter 2013/14, we actively encourage our staff to have the flu vaccination. The Department of Health target is to vaccinate 75% of front line staff i.e. those delivering direct patient care. The Trust has so far vaccinated 51.5% of front line staff

to 30 November 2013. To date this has already exceeded last year's figure by 400 staff.

- Attendance continues to be managed rigorously and line managers are supported in this role.

Graph 4 % Appraisal Rate 12 month's year to date as at 30.11.13

Appraisals - rolling 12 months year to date - Target >=95%
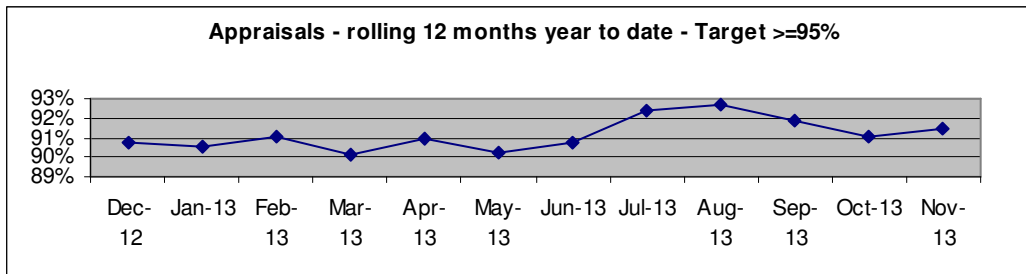
- Appraisal rates have shown deterioration since August 2013. Between October and November, the rates have improved as a result of the management of trajectories to reach 95% and the re-alignment of responsibilities in the new CMG Structures. The appraisal rate for November is skewed due to TUPE transfer of some staff groups, for example Sexual Health Service and IM&T.

- Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans'. Appraisal data leads for all service areas and CMGs have been identified in the new structure to ensure accuracy of reporting and robust monitoring.

- A Project Board has been established to take forward the development of an e-Appraisal solution to support and evidence the appraisal process and automate the reporting.

Graph 5 % Corporate Induction Completion as at 30.11.13

Monthly Corporate Induction - Target >= 95%
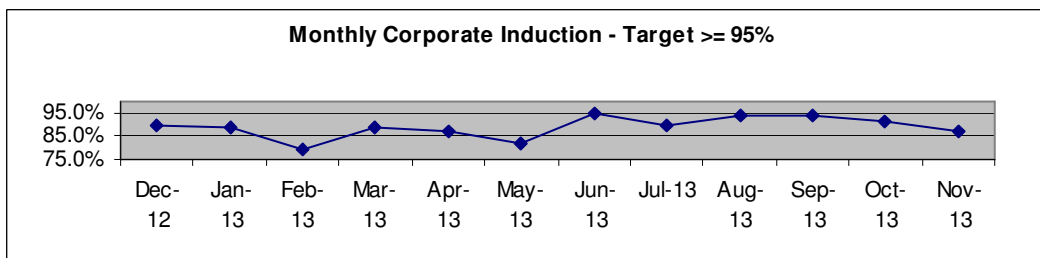
- The UHL Induction Task and Finish Group have completed a review of induction requirements and progressing with increasing the number of Corporate Inductions to weekly from 1 April 2014. The revised programme will be held on Trust premises to reduce delivery costs. This will ensure that new starters have the opportunity to attend Corporate Induction within the first week of commencement.

- The new Corporate Induction will provide a one stop solution and provide a generic programme offering essential resources, information, advice and guidance common to all areas.

- A number of immediate actions have been implemented to ensure new starters have an effective timely induction including the provision of additional sessions specifically around essential clinical development.

- The structure of induction has changed to meet the needs of statutory and mandatory elements.

Statutory and Mandatory Training Overall Performance

Data Generated	Projected Compliance *	Reported Percentage of Compliance	Ahead / Behind Projected Compliance	
10/07/13		40%		
02/08/13		48%		
13/08/13		48%		
29/08/13		48%		
10/09/13		49%		
30/09/13		53%		
14/10/13	45%	55%	Ahead	
31/10/13	50%	57%	Ahead	
14/11/13	50%	58%	Ahead	
02/12/13	55%	60%	Ahead	
15/12/13	55%			
01/01/14	60%			
15/01/14	60%			
01/02/14	65%			
14/02/14	65%			
01/03/14	70%			
15/03/14	70%			
31/03/14	>=75%			
01/04/14	>=75%			

* Trajectories where agreed at the beginning of October 2013 as advised by the Board in September 2013

- We have clearly set out and communicated Statutory and Mandatory Training requirements and are now able to report on compliance. We have made good progress with developing relevant and quality e-learning programmes which correspond with the national Core Skills Training Framework. We have increased training capacity in key areas and made improvement to the eUHL System to correspond with training requirements set out. Activity to date has resulted in an overall increase in training compliance by 20%.

- We will sustain current activity and continue to improve performance through planned e-learning developments, continued performance monitoring at Trust, CMG/Directorate, Service and Individual level. Staff will be supported to meet requirements through the provision of guidance, awareness raising sessions and basic IT training. Planned improvements to appraisal monitoring / recording and Corporate Induction will be beneficial to improving and maintaining overall training compliance.

Workforce Profile / Pay Bill

9.1 *Workforce Profile*
### Chart 1 Headcount of Workforce by Staff Group as at 30.11.13

- The total headcount figure as at 30 November 2013 is 11749

- The chart below indicates the workforce profile by staff group (in contracted whole time equivalents) with the largest proportion of staff employed within nursing and midwifery. These figures have increased as a result of preparations for winter pressures and increased nursing establishments (see below).

- Revised establishment figures for nursing staff have been agreed taking into consideration the allowance for two days protected supervisory time for managers. The increase in nursing numbers is expected to take effect in December 2013 when the current newly qualified nurses receive their nursing registration and convert from healthcare assistants
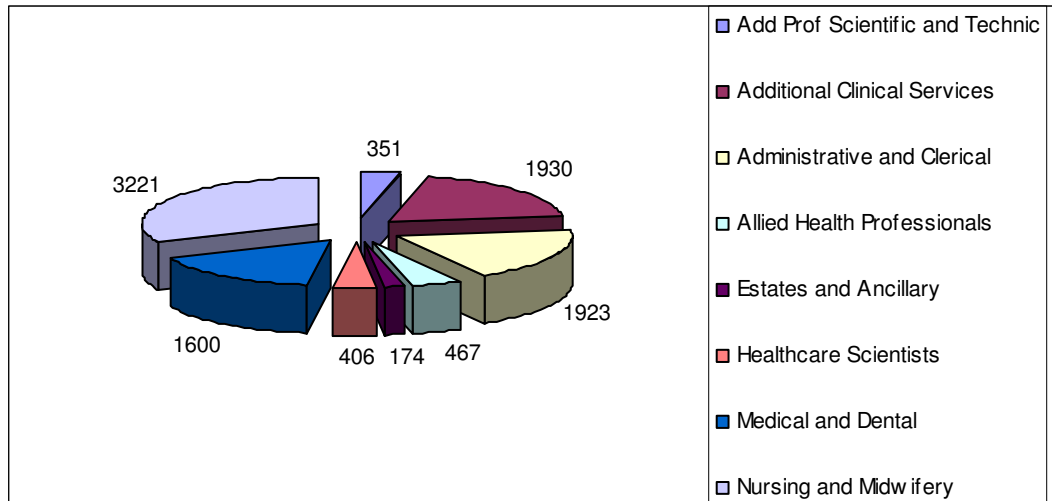
9.2 *Pay Bill*

- The total pay bill for 2012/13 was £455m and the target set out in the Trust's Annual Operating Plan for 2013/14 is £440m taking into consideration a £4.4m pay award.

- The total planned value of workforce related CIP schemes is £16.7m with a current forecast delivery of £12.6m. In the main this short fall has been as a result of a continued requirement to keep extra capacity wards open throughout the year.

Graph Six Premium Rate Expenditure as a Percentage of Pay bill
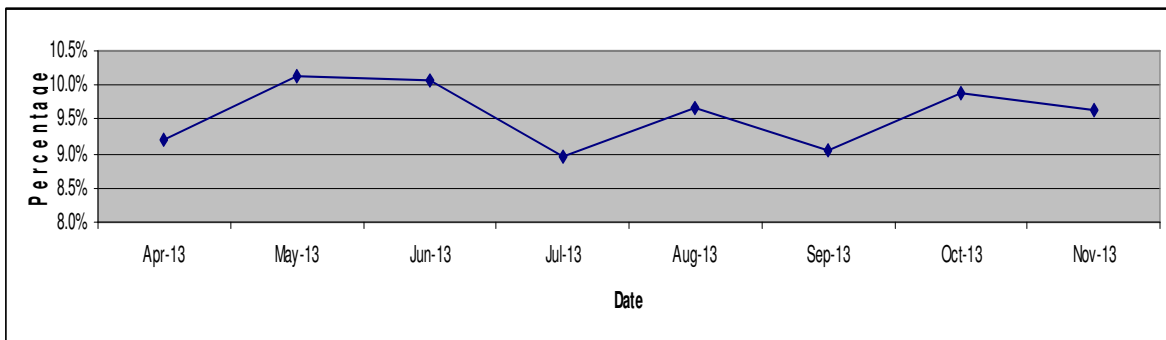
- Premium rate payment in proportion to substantive pay bill has been at 9.0% or above since April 2013. Between October and November 2013, the proportion reduced from 9.9% to 9.6%. Medical agency expenditure increased in both October and November 2013. Nursing agency expenditure has reduced between October and November 2013 with a commensurate increase in bank usage which is in line with Trust plans. The Trust is aiming to reach a target level of 5% of pay bill which will be achieved through a number of recruitment initiatives.

Graph Seven Premium Rate Expenditure by Type
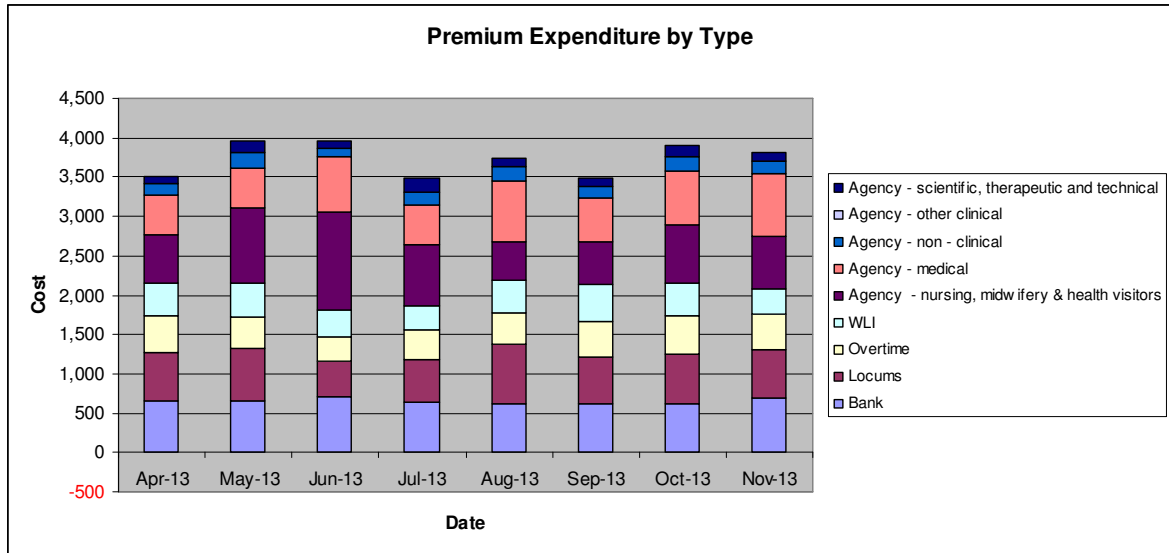
- Following the review of nursing establishments, the total nursing vacancies was calculated as approximately 500. Since October 2013, a rigorous international nursing campaign has been in progress and 40 nurses are scheduled to commence in January 2014. Combined with our on-going nursing recruitment campaigns, this should impact on a reduction in bank and agency spend.

- An international recruitment campaign has also been in place for two medical staffing 'hot spot' areas- emergency medicine and anaesthetics.

9.3 Next Steps

The priority for the next quarter will be to:-

- Ensure an appropriate and robust induction and adaptation period for international nurses

- Complete workforce plans as part of the 2014/15 annual service plan

- Commence work on a workforce plan for the new emergency floor

- Implement the Reward and Recognition Strategy (priorities for 2013/14)

SECTION THREE – TRANSFORMATION OF HR SERVICE
10. Development in HR Service Model

- This was an overwhelming priority raised by staff at the UHL wide LIA Listening Events relating to an urgent need for a streamlined vacancy approval process and dissatisfaction with the Workforce Change Form (WCF). The LiA Enabling our People Scheme for Recruitment has delivered a new, web- based streamlined vacancy approval process, called Route to Recruit (R2R) which was launched on 2 December 2013. In addition, processes for contractual changes have also been reviewed which mean that managers are no longer required to complete a Workforce Change Form.

- Recruiting managers will receive a survey early in the New Year to evaluate the new vacancy process to inform future developments.

- Whilst still awaiting a final implementation date we are hopeful that NHS Jobs 2 will be live from March 2014. The enhanced functionality of NHS Jobs 2 will complement the LiA Enabling our People Recruitment Scheme priorities with improvements for managers and applicants such as web enabled interview booking.

SECTION FOUR – RECOMMENDATIONS
11. Recommendations

- The Trust Board is asked to note the progress in the third quarter in taking forward key priorities for 2013/14 identified within the Trust's Organisational Development Plan 2013/15.

- The Trust Board is also asked to comment on key HR performance results and the steps undertaken to improve the efficiency and effectiveness of HR delivery across UHL.

University Hospitals of Leicester NHS
NHS Trust

Appendix 1: Organisational Development Plan 2013-2015 – Summary (Updated September 2013)

Caring at its best

Six Work Streams	2013	2014-15	On-going Fundamentals
1. Live our Values	• Implement Putting People First / Cultural Shift Programme • Implement Values Based Recruitment	• Delivery of "Caring at its best" training Trust wide	• Embed Values within Systems and Processes • Continue 'Caring at its best' Awards
2. Improve Two-way Engagement	• Embed Listening into Action Framework (LiA) • Implement Medical Engagement Strategy Priorities	• Build on Health and Well Being and Resilience at Work Programmes	• Change Management • Achieve and maintain 'Excellent Employer' status
3. Strengthen Leadership	• Devise and implement Leadership Qualities and Behaviours • Board, Exec and Senior Leadership Development	• Embed Inclusive Talent Management	• Leadership Development • Skills development in Finance and Business Acumen • Talent Profile for Senior Leaders
4. Enhance Workplace Learning	• Statutory and Mandatory Training • Implementation of Workforce Plans and Enhance Workplace Capacity	• Build on training capacity and resources	• Improve Appraisal quality • Training, education and development for all staff • Recruitment and retention
5. Improve External Relationships and Workplace Partnerships	• Develop Patient and Public Involvement Strategy • Production of key guidance / toolkits	• Implement actions highlighted in PPI strategy	• Community Ambassador Programme • Representative Membership • Community Engagement and Representation
6. Encourage Creativity and Innovation	• Develop an Improvement and Innovation Framework (IIF) • Develop and implement a plan for building improvement capacity	• Roll-out training, to enable a bottom-up approach towards improvement and innovation	• Embedding Releasing Time to Care • Build on Research and Development • Implementation of Improvement and Innovation Framework

UHL Organisational Development Plan Priorities Update Report (20 December 2013)

Appendix 2: Improving Experience for Patient and Staff Development Days

Division	Approx. No. of Attendees	FFT Score						Overall Score
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	
Acute Care	50	26	1	0	0	0	0	**96.3**
Comments: • "Very motivational day that all staff will benefit from. Lots to take back to the ward and influence daily working life. Thank you for the lovely place, food and drinks" • "Very friendly, feel good about my job again" • "Positive day, giving us skills to promote better patient experience"								
Planned Care	70	44	19	1	0	0	0	**67.2**
Comments: • "Excellent programme very thought provoking" • "Very inspiring with great examples and practical models/ideas to use everyday to improve experience and performance" • "Really enjoyed all the topics discussed it relates to my job and my role looking forward to a change that I can do for my ward/organisation"								
Women's and Children's	40	24	10	0	0	0	0	**70.5**
Comments: • "Excellent insight in team characteristics and ideas how to communicate. Gives innovative ideas on quick feedback and looking at how simple solutions can make a massive change to patients and staff" • "Very inspiring with useful ideas to take back to staff to begin to improve patient experience" • "Good tools that can be used easily within staff teams. Excellent motivational speaker"								

Appendix 3: New Healthcare Leadership Model (14 November 2013)

Leading with care

Sharing the vision

Evaluating information

Connecting our service

Influencing for results

Engaging the team

Inspiring shared purpose

Holding to account

Developing capability

UHL Organisational Development Plan Priorities Update Report (20 December 2013)
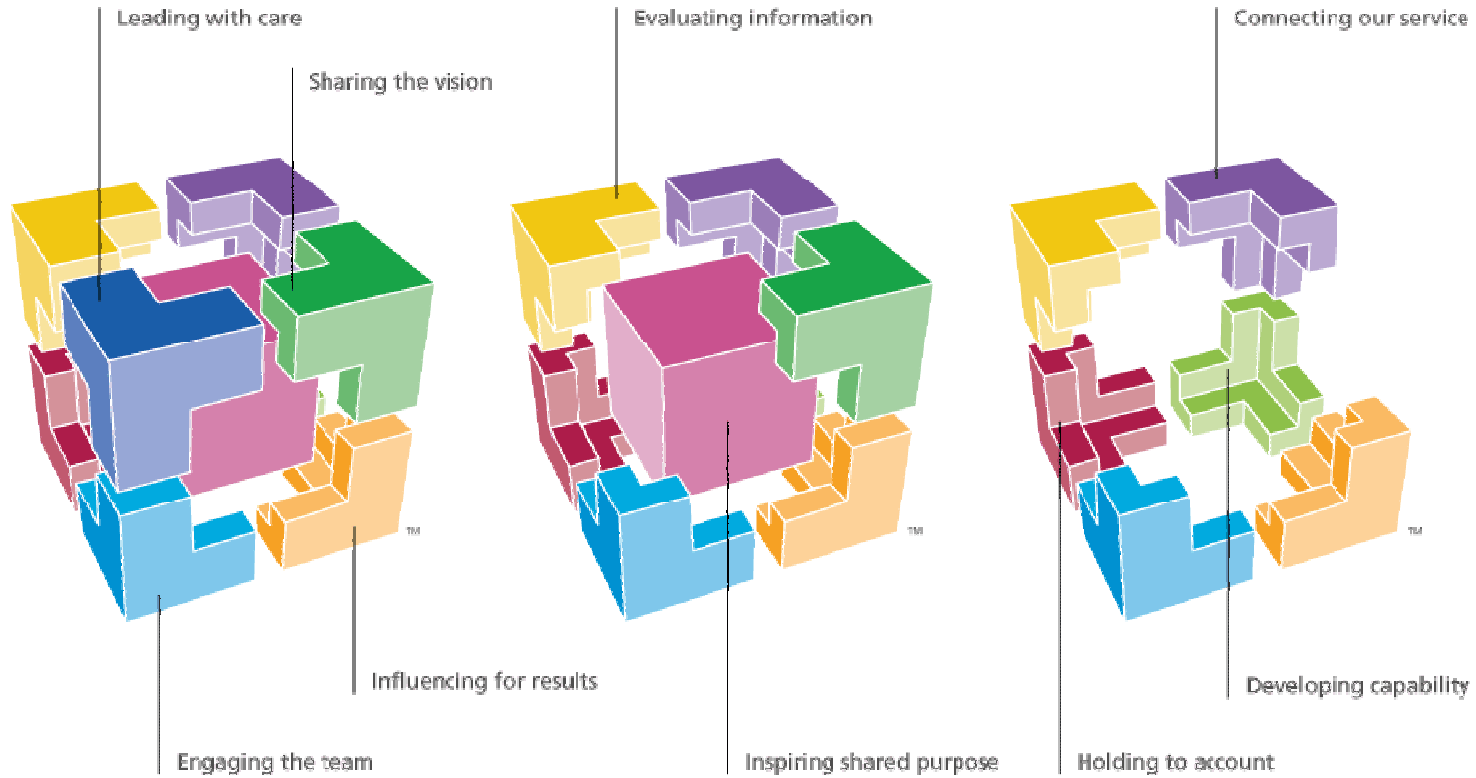
Appendix 4: Example of one of the nine dimensions of the new Healthcare Leadership Model (November 2013)

Leading with care

What is it?

- Having the essential personal qualities for leaders in health and social care
- Understanding the unique qualities and needs of a team
- Providing a caring, safe environment to enable everyone to do their jobs effectively

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users

What is it not?

- Making excuses for poor performance
- Avoiding responsibility for the wellbeing of colleagues in your team
- Failing to understand the impact of your own emotions or behaviour on colleagues
- Taking responsibility away from others

Essential

Caring for the team

Do I notice negative or unsettling emotions in the team and act to put the situation right?

Do my actions demonstrate that the health and wellbeing of my team are important to me?

Do I carry out genuine acts of kindness for my team?

Proficient

Recognising underlying reasons for behaviour

Do I understand the underlying reasons for my behaviour and recognise how it affects my team?

Can I 'read' others, and act with appropriate empathy, especially when they are different from me?

Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide?

Strong

Providing opportunities for mutual support

Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users?

Do I help create the conditions that help my team provide mutual care and support?

Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users?

Exemplary

Spreading a caring environment beyond my own area

Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams?

Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?

Appendix 5: Launch of new E-learning Programmes (Guidance)