

To:	Trust Board NHS Trust
From:	Kate Bradley, Director of Human Resources
Date:	26 September 2013
CQC Regulations:	Outcomes 12 to 14

Title:	Organisational Development Plan Priorities (2013/15) Quarterly Update Report (Quarter 2 – July to September 2013)
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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 second quarter (July to September 2013) and key actions to be completed during the next quarter (October to December 2013);
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:-

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

The work streams have been updated and focus on a number of targeted priorities and on-going fundamental areas, as shown in Appendix 1.

We recognise that living our values is crucial to providing 'Caring at its best'. We continue to strive to make the behaviours associated with our values 'what we do'. Work is underway in adopting the national "Putting People First" approach in providing safe, high-quality, patient-centred care. Leadership Qualities and Behaviours, aligned to UHL values, have been devised and launched in fostering high quality leadership. Our recent Caring at its best Awards Evening was attended by over 450 staff and enabled us to celebrate and showcase excellence in delivering Caring at its best.

A central enabler in improving two-way engagement involves embedding the Listening into Action (LiA) approach, as this ensures that staff are involved in decisions, placed at the centre of change and communicated clearly with. The Trust has moved into Phase 3 of our LiA journey involving 'Mobilising and empowering clinicians and staff to drive change'.



Work is progressing in improving medical engagement across the Trust, building a strong level of involvement through a range of activities including creating a 'UHL Clinical Senate'.

We support the principle of lifelong learning and continue to focus on education, training and development that can make a valuable contribution to our aspiration to deliver services through a professional, passionate and valued workforce. We are particularly focusing on improving the quality of Statutory and Mandatory Training through adopting the national Core Skills Framework.

We recognise that positive partnerships with external bodies and internal directorates / divisions are vital to achieving our vision and strategic objectives. As an aspiring FT we continue to strengthen our links with the local population.

We are successfully embracing creativity and innovation and are progressing with developing and implementing an overarching Improvement and Innovation Framework which brings together and connects key improvement activity.

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.

Staff feedback at UHL LiA Events (April to May 2013) indicates that recruitment is one of the key areas that matters most to our staff. 'Enabling changes' which will have a positive impact on many people have been identified and are being worked on as part of the 'Recruitment Enabling our People Scheme'.

We continue to focus on the efficiency and effectiveness of our HR Service through a number of work streams including a dedicated telephone advice line.

The 2013 National Staff Attitude and Opinion Survey will be live from the end September 2013 and will collect staff views about their experiences of working at UHL and the quality of care provided. The survey results will help measure the impact of HR and OD interventions detailed within this report.

Recommendations:

The Trust Board is asked to note the progress in the second 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

Risk 3

Performance KPIs

Evaluation measures are detailed within section three

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?

The Executive Team will monitor on-going progress at regular meetings

REPORT TO: Trust Board

DATE: 26 September 2013

REPORT FROM: Kate Bradley, Director of Human Resources

SUBJECT: UHL Organisational Development (OD) Plan Priorities Update Report (Quarter 2 – July to September 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 June 2013. Our priorities are led through six substantial work streams:-

- Live our Values;
- Improve Two-way Engagement;
- Strengthen Leadership;
- Enhance Workplace Learning;
- Improve External Relationships and Workplace Partnerships; and
- 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. We have also added to the OD priorities for 2013/14 as highlighted in Appendix 1.

1.3 The purpose of this paper is to update the Trust Board on progress related to the implementation of the OD Plan priorities for 2013/14 as summarised in Appendix 2. This report updates on activity undertaken during the second quarter (July - September 2013) and sets out key actions to be completed during the next quarter (October - December 2013). We have incorporated the RAG Status against each priority area to indicate progress against key actions identified in the previous quarterly update (dated 27 June 2013). We are pleased to report that all actions are on track indicated by the  symbol in the heading line.

1.4 A quarterly analysis against key HR performance measures, the Trust's workforce profile and pay bill is also provided. In addition we have highlighted key steps that have been undertaken to improve the efficiency and effectiveness of the HR service across UHL.

1.5 In our previous quarterly update we identified national survey targets for improvement, relative to the Trust's OD Plan priorities. This year we will conduct a full census survey and have included a few local questions around UHL values, linked behaviours and priority areas for action. Preparations are underway for the commencement of the national survey from the end of September 2013.



SECTION ONE – ORGANISATIONAL PLAN PRIORITIES – 2013/2014

Work Stream 1: Live Our Values

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

- During this quarter, the UHL Patient Experience Team have been working closely with Ward Sisters and Department Managers from targeted ward areas to provide a comprehensive programme of education and support, in response to patient and family feedback. Progress against agreed action plans is monitored at regular intervals.
- The Head of Patient Experience in partnership with TMI (national leads), has put together a development programme titled 'Patient Experience – Development Tools to Support Cultural Shift'. Planned workshops will incorporate a range of cultural shift tools and techniques including 'Putting People First' development modules endorsed by the national centre for Patient Leadership. The facilitated workshops will take place during September and October 2013 and will focus on delivering patient centred services.
- During the next quarter the Patient Experience Team will continue to work with TMI, in changing practices to improve patient experience and quality.
- The Chief Nurse will host a 'Ward Team Challenge Event' during November 2013. Ward teams will experience a range of scenarios designed to test their "decision-making, flexibility, negotiation and persuasion" skills. This approach supports the identification of high performing teams and areas for improvement relative to patient experience. It also enables an assessment of whether the ward teams build confidence and trust in highly pressurised situations.

2.2 **Implement Values Based Recruitment**

- During this quarter, Trust values have continued to be further embedded into the Recruitment and Selection full day and half day refresher courses. Training includes the importance of having appropriately graded jobs descriptions and person specifications from which value based interview questions can be developed. These are put into practice through interview role play activity which receives very good feedback from course participants.
- In the next quarter we will continue to build examples of 'value based interview questions', with relevant examples, which managers can use to support a more comprehensive approach to value-based recruitment.

2.3 **Continue 'Caring at its best' Awards**

- During this quarter, nine individuals and three teams were recognised for their excellence through our 'Caring at its Best' Awards.
- Our annual 'Caring at its Best Awards Event' took place on the 12th September at Athena and was attended by over 450 UHL staff including members of the Trust Board. As shown in Appendix 3, overall winners for all categories from 2012/13 were awarded during the evening along with awards for Highly Commended and Winner in our 'Volunteer of the Year' category.
- The nomination process is now open for the next quarterly awards to be presented in the workplace during December 2013.

Work Stream 2: Improve Two-way Engagement

3.1 **Embed Listening into Action Framework**

- The Trust has moved into Phase 3 'Mobilising and empowering clinicians and staff to drive change'. This phase of our journey involves driving forward big impact, measurable, accelerated changes that matter to patients and staff through implementing the 'First 12 Pioneering Teams', 'Quick Wins' and 10 'Enabling our People' schemes.
- A series of Quick Wins have now been delivered and the First 12 Pioneering Teams and 10 Enabling Our People Schemes have commenced a 20 week journey along the 7 step Optimal Framework:-
 - Step 1: Be clear about your mission
 - Step 2: Set up a small Sponsor Group
 - Step 3: Get the right people on board
 - Step 4: Prepare for a Listening Event
 - Step 5: Host a Listening Event
 - Step 6: Move into action
 - Step 7: Shout about successes to encourage others and keeping up momentum
- The Enabling Our People Schemes have been included as a pillar within the Improvement and Innovation Framework (IIF). In addition during the next quarter the LiA methodology will be used to focus on the move from Divisions to Clinical Management Groups, initially supported by a LiA Event on 30 September 2013.

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 fourth cohort and attended by Heads of Service and aspiring medical leaders, during July/August 2013, with a further programme organised for October 2013. Currently work is underway in recruiting into the next programme (cohort five) targeting aspiring medical leaders. Subsequent follow-up days have been commissioned and will take place in the next quarter to continue to develop the previous four cohorts and sustain learning.
- A new consultant's development event took place in August supported by the Medical Director and Chief Executive and focussed on medical appraisal and revalidation. A further session will take place in November 2013.
- In improving consultant engagement, work is being progressed in creating a 'UHL Clinical Senate'. The Senate will provide a 'sense check' for current proposals and help develop strategy and will complement the current managerial structures. The Senate will be elected from across the consultant body and is specifically targeted at consultants who are not currently in Trust management positions. Proposals have been circulated to all consultants for comment. Elections to the Senate will take place before the end of September 2013.
- The Chief Executive will host UHL's first Consultant / General Practitioner (GP) Conference Event on 5 December 2013. This event will focus on developing

UHL consultants in key areas related to commissioning and building influencing networks. GPs will attend the afternoon session which will focus on working together to improve quality.

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

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. In this quarter we launched our computer scheme offering iPads and other products through Salary Exchange.

3.4. **Build on Health and Well Being**

- On 6 July 2013, we held our 'Fun Day' which was attended by over 300 staff and their friends and family to share in a range of outdoor activities.
- 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 and 'Making it Happen Training'. Staff continue to benefit from over 20 different exercise classes and seasonal coach trips have proved to be very popular as have recent theatre trips.
- Following our application for accreditation under the NHS Sport and Physical Activity Challenge we have received Silver Accreditation in recognition for all the work done so far.
- The membership and Terms of Reference of the UHL Staff Health and Wellbeing Steering Group have been updated and the new group will focus on progressing key priorities including:-
 - Implementation of the Public Health Responsibility Deal
 - Stress management
 - Health and well-being training

Work Stream 3: Strengthen Leadership

4.1. **Devise and Implement Leadership Qualities and Behaviours**

- The UHL Leadership Qualities and Behaviours were launched in July 2013 and selected as a Listening into Action 'Quick Win' for July 2013. During July these behaviours were communicated out via the Chief Executive Briefings and a global e-mail to all staff. To demonstrate 'what good leadership looks like' we have developed short video interviews and case studies which can be accessed from iNsite. In showcasing leadership excellence, further case studies and interviews will be added over the next quarter and are currently being worked on.
- Work is underway in developing a 360 Feedback Tool in partnership with OCB Media.

4.2. **Board, Executive and Senior Leadership Development**

- We are making good progress in developing UHL's 'Leadership into Action' Strategy to reflect the Trust's leadership vision and priorities. UHL's Leadership

into Action Event was held on 22 August 2013. This was attended by a good proportionate representation of UHL leaders. During the event we received 678 comments on 'what excellent leadership looks like' and leadership development priorities and specific action. As shown in Appendix 4, the key development opportunities and associated actions have been identified based on what matters most to our leaders. Over the next quarter we will work with energised leaders in setting out a detailed action plan including measures and timeframes, building on existing good work in fostering high quality leadership.

- In developing senior leadership, during August 2013, the Executive Team agreed on a UHL Conference Event Programme comprising of six key events to take place from November 2013 to September 2014. Two key events will be held in the next quarter including the Ward Team Challenge and Consultant / GP Conference as detailed in previous sections of this report.
- During this quarter we have continued to utilise East Midlands Leadership Academy Programmes. We have selected UHL leaders to attend the new national 'Professional Development Programmes' based on talent conversations and achievement of objectives. Programmes will commence in September / October 2013.
- To support with talent management, succession planning and prioritising leadership development, work will be completed in compiling the Talent Profile for the UHL senior leadership community by the end of September 2013. This will be presented to the Trust's Remuneration at the end of October 2013.
- The Trust Board has received and accepted the Board Governance Developmental Report prepared by Capsticks/ Good Governance Institute Alliance (June 2013) and this report formed the basis of a Board development session held on 15 August 2013. Arising from discussions held at this session, the Board considered commissioning an independently-led Board Effectiveness Review at its meeting on 29 August 2013.
- The Board continues with its programme of Board development sessions. In July, the Board discussed the latest market assessment, enabling strategies and an updated, draft self-assessment against Monitor's Quality Governance Framework. At the August session, in addition to considering the Board Governance topic mentioned above, the Board also considered the Trust's Reconfiguration Programme. Further Board development sessions are planned through to December 2013.

Work Stream 4: Enhance Workplace Learning

5.1 Statutory and Mandatory Training

- During this quarter we have strengthened reporting against Statutory and Mandatory Training performance through inclusion in the Chief Executive Briefings and the Trust's Quality and Performance Report, resulting in marginal improvements in performance. As shown in Appendix 5 we have also communicated training requirements in a simplified way and have progressed with developing core e-learning products against the first three modules aligned the national Core Skills Framework. We have extended internal training provision in key areas including Resuscitation Training.

- In the next quarter, work will continue in progressing with the implementation of the national Core Skills Framework and designing the e-learning modules to correspond with the programme specific quality indicators detailed within the national framework. Work is also underway in developing a comprehensive Learning Management System adopting a whole systems approach which fully integrates the electronic recording of appraisal, a 360 Feedback Tool and Statutory and Mandatory Training completion recording.

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. All Divisions have produced trajectories for reduction in premium rate expenditure resulting in a reduction of £0.5m between June and July 2013.
- Key developments in the last quarter relating to the Annual Plan and the longer term Workforce Plan 2013/18 include a review of the appropriate staffing and skills mix relating to Urgent Care Centre to align with the Emergency Care Pathway. We have progressed in increasing the number of nursing staff and Health Care Assistants to support Hospital 24/7. Work is underway in introducing new roles to support the Theatre Transformation Programme.
- In this quarter we have completed another successful recruitment campaign to appoint 41 apprentices' across the Trust. This was run as an LLR wide campaign and was assisted by Leicester City Council, Job Centre Plus, Regents and South Leicestershire Colleges. These posts are working towards a variety of frameworks, such as Pharmacy, Customer Service, Business Administration, and Healthcare Support Services. In the next quarter we are working with nursing leads in recruiting 16 Healthcare Assistant Apprentices as a trial cohort.

5.3 **Appraisal Quality**

- Area specific appraisal quality results have been shared with relevant senior leadership teams through Divisional and Clinical Business Unit Board meetings. As shown in Appendix 6 an information booklet detailing appraisal quality findings and improvement areas (specific to overall experience and recording) has been communicated across the Trust as part of the recent Chief Executive Briefing. Appraisal Training has been updated to reflect appraisal quality audit findings.
- Appraisal documentation has been updated to integrate the Leadership Qualities and Behaviours. The measurement of achievement of performance objectives has been strengthened through the introduction of the scoring of 'delivery and approach' based on a 10 point scale. Talent Management Guidance has been updated to reflect changes to appraisal documentation.
- Improved appraisal rates were noted in July and August 2013 with local actions agreed across all areas to achieve the 95% target for appraisals by 30th September.

5.4 **Recruitment and Retention of Staff**

- During this quarter, Specialty Doctors for Anaesthetics and the Emergency Department have been successfully recruited from overseas. Ten doctors have commenced work and a further ten are expected to start in the next three months.
- Key recruitment promotional activity undertaken in this quarter includes attending the RCN Conferences, operating rolling recruitment campaigns (to maintain the supply of nurses) and enhancing branding and marketing materials including the external website.
- A LiA 'Enabling our People' Scheme has commenced which relates specifically to Recruitment and Retention. This is focused on processes to improve efficiency to ensure more timely recruitment practices. This scheme is sponsored by the Chief Executive and in this quarter we have made good progress with implementing actions against the top three priority areas (based on staff feedback):-
 - Streamlining approvals
 - Proactive recruitment planning and over recruitment
 - Development of electronic tracking systems for the management of the recruitment process.
- A Reward and Recognition Strategy has been drafted as part of the 'Right Staff Right Place Right Time' LiA 'Enabling our People' Scheme. This strategy aims to improve recruitment and retention of staff. Six key themes which relate to the following areas and actions to underpin this Strategy will be developed through two listening events which have been organised for September 2013:-
 - Responsive pay systems
 - Benefits and recognition schemes
 - Learning and innovation
 - Career progression
 - Enhanced workplace
 - Branding

Work Stream 5: Improve External Relationship and Working Partnerships

6.1 **Develop Patient and Public Involvement Strategy**

- During this quarter we have committed to a review of the Trust's Stakeholder Engagement Strategy which will incorporate the results of a new Reputation Audit. The audit is being developed by the PPI and Membership Manger and the Clinical Audit Manager. It will be sent out to stakeholders by the end of September 2013. The Stakeholder Engagement Strategy review will be completed by November 2013.
- Our Prospective Governor meetings continue to be well attended. In July 2013 we engaged the group on our plans for the new Emergency Floor and the proposed move of Outpatient clinics 1 - 4 to the LGH. The group meets again on September 17th.
- We have engaged with members, local residents, police officers and councillors regarding the proposed move of Outpatient Clinics 1 – 4 from the LRI to the LGH. We have also presented these proposals to the City Office of Surveillance Commissioners (OSC). A further meeting with the County OSC is also planned for the end of September 2013.

- We have recruited five new Patient Advisors to the Trust since the last update (June 2013), significantly improving the ethnic and disability representation among the group. Patient Advisors have also been involved in the development of a new PPI strategy. The strategy itself will be developed in the light of the recent Capsticks review.
- Engagement with Healthwatch is progressing at pace since the organisation(s) were formed in April 2013. The Director of Communications and External Relations and PPI and Membership Manager have met with the interim Healthwatch Chairs, Healthwatch representatives have been invited to sit on key reconfiguration Boards and a follow up visit to the Emergency Department was conducted by Healthwatch in early September.

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, the Improvement and Innovation Framework has been formally launched within the Trust (July 2013) through Chief Executive Briefings, a UHL Special Feature and other communication methods. Progress is monitored and governed by a newly established Improvement and Innovation Framework Board which is chaired by the Chief Executive and meets monthly.
- Improvement and Innovation Projects have been mapped to the Framework and are divided into two broad categories, Improvement and Innovation Support Office (IISO) governed projects and IISO enabled projects. Reviews of the current projects mapped to the framework have commenced incorporating an assessment of project set-up, governance and status of project delivery.
- Building capability for improvement work has commenced to scope current capability across the organisation and linkages with current leadership development provision. This will provide a clearer understanding of our baseline position and models/options for development. A proposal on how we build our improvement expertise and capability will be presented at the October IIF Board and progressed in the next quarter.

7.2 *Embedding Releasing Time to Care*

- *Releasing Time To Care (RT2C)* – the Productive Ward is now being rolled out to all inpatient wards, aiming for all wards to complete implementation by May 2014. During this quarter the senior nursing leads and the RT2C Team have devised a “Fast Track” implementation programme. The RT2C programme is modular based, with each module focusing on improving nursing processes carried out in ward areas to maximise on time for delivering high quality patient care. Over the next quarter work will continue in standardising Nursing Shift Handover Systems

7.3 *Build on Research and Development*

- In this quarter we have been selected to host the East Midlands Clinical Research Network with a contract value of £23 million per annum over a five year period.

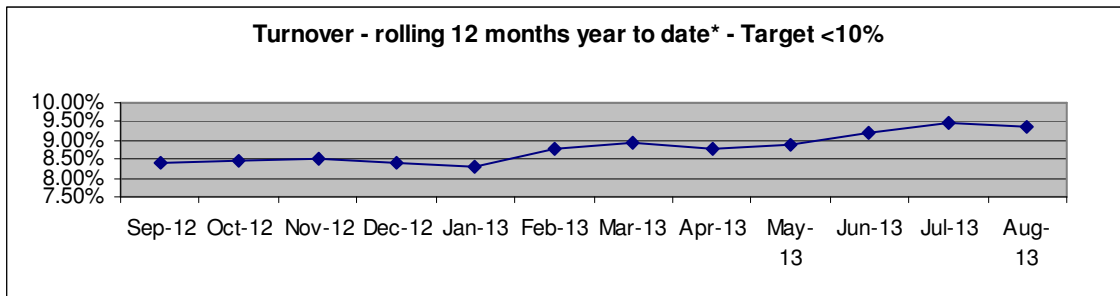
SECTION TWO – HR OPERATIONAL PERFORMANCE

HR Key Operational Measures

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.

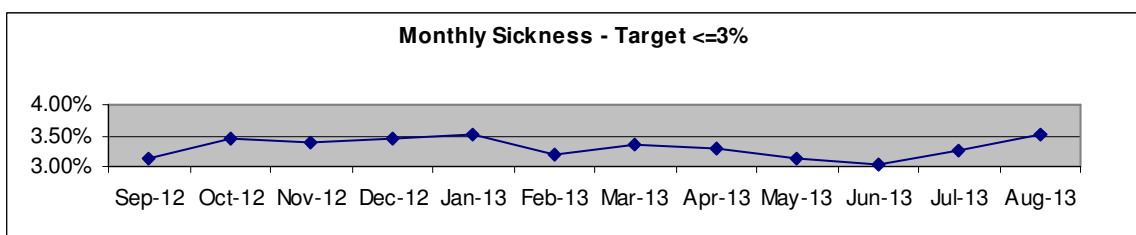
Graph 1 Cumulative Turnover Rates as at 31.08.13



* 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 22 IM&T staff who TUPE transferred on 1 August 2013.
- Turnover rates are relatively stable throughout the 12 months and 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 31.08.13



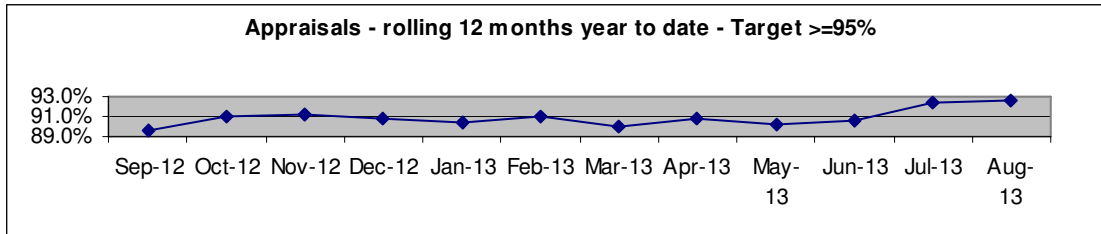
August figure will reduce by approx. 0.5% due to the timing of closure of absences

- Overall the sickness rate has fluctuated between 3 and 3.5% during the previous 12 month period. This is higher than the stretch target of 3% but within the previous SHA target of 3.4%.
- The Self Care programme, referenced in section 3.4, provides support to staff in maintaining regular attendance at work and is having a demonstrable impact on sickness rates. An analysis of total days lost for the first cohort (8 attendees) for the

six month period prior to course attendance and the six month period post course attendance showed a significant decrease from 186 days lost to 12 days lost.

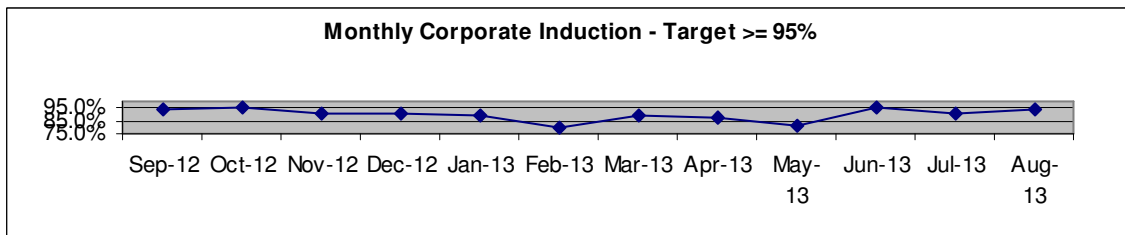
- Attendance continues to be managed rigorously and line managers are supported in this role.

Graph 4 % Appraisal Rate 12 month's year to date as at 31.08.13



- Appraisal rates have improved in the three month reporting period and Divisions are demonstrating good progress in attaining the target trajectory of 95% by the end of September 2013.

Graph 5 % Corporate Induction Completion as at 31.08.13



- Since November 2012, the Trust has not reached its target of 95% of staff attending the corporate induction within 8 weeks. This is primarily due to large numbers of new starters within this period.
- Reflecting Trust Board feedback (27 June 2013), the establish Task and Finish Group are undertaking a review of induction requirements and progressing with increasing the number of Corporate Inductions to two per month from 1 April 2014. The revised programme will be held on Trust premises to reduce delivery costs. This will increase our capacity to ensure new starters have the opportunity to attend Corporate Induction within eight weeks of commencement.
- We are currently exploring the introduction of a more stringent approach to ensure 95% attendance at Corporate Induction within the first 8 weeks of employment, giving consideration to pay sanctions.

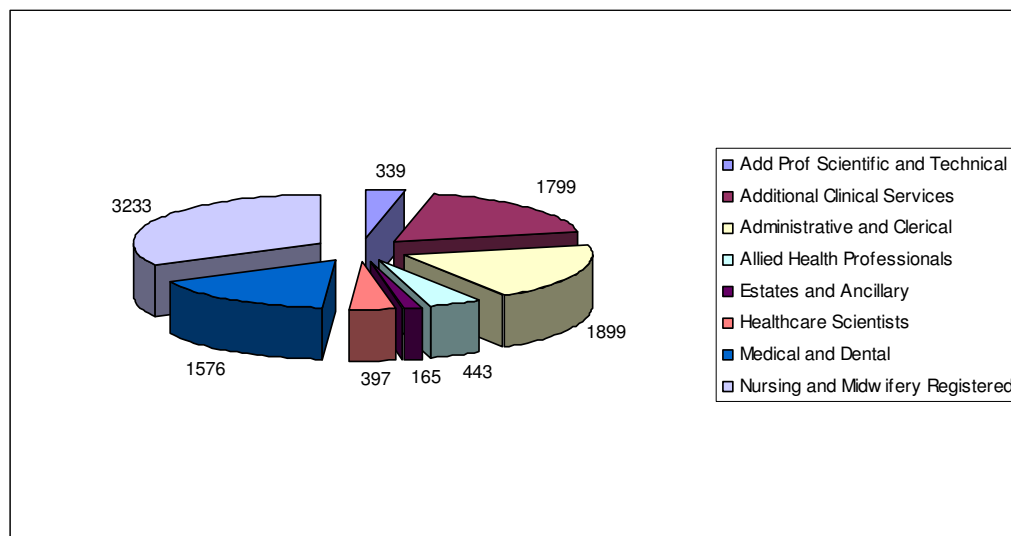
Workforce Profile / Pay Bill

9.1 Workforce Profile

Chart 1 Headcount of Workforce by Staff Group as at 31.08.13

The total headcount figure as at 31 August 2013 is 9851 with a whole time equivalent figure of 11503.

- 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.
- There have been some shifts in proportions of staff in each staff group as a result of national re-categorisation of healthcare scientists
- Revised establishment figures for nursing staff have been agreed taking into consideration the allowance for two days protected supervisory time for ward sisters.



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 £13.8m. A number of schemes were removed from CIP in June 2013 as a result of 'overheating' these included bed base reduction schemes in Speciality Medicine and Length of Stay reduction schemes in GI and General Surgery. Extra capacity wards have remained open as a result of securing of additional funding. This had the effect of reducing the total pay CIP plan by £2.6m.
- Separate premium rate (overtime, agency, bank and locum) pay bill reduction schemes have been agreed at CBU level and these are monitored through Divisional and CBU Confirm and Challenge meetings.
- Premium rate payment has increased in proportion to the overall pay bill in the last 12 months. The expenditure in 2013/14 quarter one reached almost £4m representing 10.1% of the total pay bill. The Trust is aiming to reach a target level of 5% of pay bill. To achieve this each CBU has produced a trajectory for premium rate reduction and agreement reached on actions to ensure achievement of this target.
- For the first two months of quarter two there has been a reduction in the pay bill overall (0.6m). Premium rate expenditure reduced in July by £0.5m but increased in August particularly for medical staff. The current position is at 9.7%

- In addition to CBU level premium pay reduction plans, a number of Trust wide actions have been agreed in the reporting period. These include a robust plan to improve our bank capacity through a series of recruitment and retention initiatives.

9.3 *Next Steps*

The priority for the next quarter will be to:-

- Increase Bank capacity through a number of recruitment and retention initiatives with the aim of reducing the dependency of agency staff.
- Commence the 2014/15 planning rounds with clear guidance on what is expected in terms of plans for next year.
- Complete the 12 week actions relating to recruitment and staffing levels as part of the LiA Enabling our People Schemes.

SECTION THREE – TRANSFORMATION OF HR SERVICE

Development in HR Service Model

10.1 A number of steps have been taken to improve the efficiency and effectiveness of HR delivery. This comprises a number of work streams:

- **Telephone Advice Line and Dedicated Email** - Since the launch of the HR automated telephone system on 3 June 2013 over 1800 calls have been directed through to the appropriate areas of HR. The system has highlighted the need for HR Shared Services to identify dedicated resources to manage the high volume of calls. Therefore, to address this HR Shared Services will be launching their own helpline number via the existing automated system which will be answered by a dedicated individual, who will respond to queries or redirect to the most appropriate person.
- **HR IT Portal** - The preparation for a dedicated HR IT portal continues. We are currently working with IT and procurement colleagues to ensure that any system is value for money and meets the needs of the Trust's managers, staff and HR.
- **Key HR Policies and Procedures** – We are continuing to review key HR policies and procedures to streamline our processes in line with best practice and benchmarking data available.

SECTION FOUR – RECOMMENDATIONS

Recommendations

- 11.1** The Trust Board is asked to note the progress in the second quarter in taking forward key priorities for 2013/14 identified within the Trust's Organisational Development Plan 2013/15.
- 11.2** 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.

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	<ul style="list-style-type: none"> Implement Putting People First / Cultural Shift Programme Implement Values Based Recruitment 	<ul style="list-style-type: none"> Delivery of “Caring at its best” training Trust wide 	<ul style="list-style-type: none"> Embed Values within Systems and Processes Continue ‘Caring at its best’ Awards
2. Improve Two-way Engagement	<ul style="list-style-type: none"> Embed Listening into Action Framework (LiA) Implement Medical Engagement Strategy Priorities 	<ul style="list-style-type: none"> Build on Health and Well Being and Resilience at Work Programmes 	<ul style="list-style-type: none"> Change Management Achieve and maintain ‘Excellent Employer’ status
3. Strengthen Leadership	<ul style="list-style-type: none"> Devise and implement Leadership Qualities and Behaviours Board, Exec and Senior Leadership Development 	<ul style="list-style-type: none"> Embed Inclusive Talent Management 	<ul style="list-style-type: none"> Leadership Development Skills development in Finance and Business Acumen Talent Profile for Senior Leaders
4. Enhance Workplace Learning	<ul style="list-style-type: none"> Statutory and Mandatory Training Implementation of Workforce Plans and Enhance Workplace Capacity 	<ul style="list-style-type: none"> Build on training capacity and resources 	<ul style="list-style-type: none"> Improve Appraisal quality Training, education and development for all staff Recruitment and retention
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> Develop Patient and Public Involvement Strategy Production of key guidance / toolkits 	<ul style="list-style-type: none"> Implement actions highlighted in PPI strategy 	<ul style="list-style-type: none"> Community Ambassador Programme Representative Membership Community Engagement and Representation
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> Develop an Improvement and Innovation Framework (IIF) Develop and implement a plan for building improvement capacity 	<ul style="list-style-type: none"> Roll-out training, to enable a bottom-up approach towards improvement and innovation 	<ul style="list-style-type: none"> Embedding Releasing Time to Care Build on Research and Development Implementation of Improvement and Innovation Framework

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 2 Progress Summary (27 September 2013)

Caring at its Best

Six Work Streams	2013 Priorities	Progress Quarter 2 (Jul – Sept 2013) This includes progress with on-going fundamentals as detailed in Appendix 1	Planned Actions Quarter 3 (October – December 2013)
1. Live our Values	<ul style="list-style-type: none"> Implement Putting People First /Programme Implement Values Based Recruitment 	<ul style="list-style-type: none"> Patient Experience – Development Tools to Support Cultural Shift Ward Team Challenge Event programme put together for delivery Interview packs and full ad half day Recruitment and courses updated to include value based interview questions Caring at its best Awards presentations in work areas Annual Awards Celebration Event 	<ul style="list-style-type: none"> Continued work closely with targeted ward areas to develop education programmes and workshops linked to patient feedback 'Deliver Patient Experience - Development Tools to Support Cultural Shift' workshops Chief Nurse to host 'Ward Team Challenge Event' Build examples of 'valued based interview questions' Caring at its best Awards – Workplace presentations
2. Improve Two-way Engagement	<ul style="list-style-type: none"> Embed Listening into Action Framework (LiA) Implement Medical Engagement Strategy Priorities 	<ul style="list-style-type: none"> First 12 Pioneering Teams, Quick Wins and Enabling Our People Schemes implemented Consultants Financial workshops ran Medical leadership development sessions (aspiring leaders) delivered New Consultants Development Day delivered Computer Salary Maximising scheme launched 25 year Dinner Event held UHL Fun Day Event held 	<ul style="list-style-type: none"> Use LiA to support the new Clinical Management Groups Medical Leadership Follow up days Recruit for Medical Leadership Programme cohort 5 New Consultants development day (Nov) Create 'UHL Senate' Consultant/General Practitioner (GP) Conference Mentoring Development Event
3. Strengthen Leadership	<ul style="list-style-type: none"> Devise and Implement Leadership Qualities and Behaviours Board, Exec and Senior Leadership Development 	<ul style="list-style-type: none"> Communicate Leadership Qualities' and Behaviours - LiA quick win Leadership Qualities' and Behaviours iNsite page developed and populated with example case studies UHL 360 Feedback Tool – explorations with OCB media Leadership into Action Event to inform strategy and action plan Conference event programme agreed Utilisation of EMLA Programmes 	<ul style="list-style-type: none"> On-going collection and communication of Leadership Qualities' and Behaviours case studies of Best Practice On-going development of 360 Feedback tool, with provider Leadership into Action strategy and Action Plan Talent Profile for UHL Leadership Community Developed Continued Board Development Sessions

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 2 Progress Summary (27 September 2013)

Caring at its best

Six Work Streams	2013 Priorities	Progress Quarter 2 (July – Sep 2013) This includes progress with on-going fundamentals as detailed in Appendix 1	Planned Actions Quarter 3 (October - December 2013)
4. Enhance Workplace Learning	<ul style="list-style-type: none"> • Statutory and Mandatory Training • Implementation of Workforce Plans 	<ul style="list-style-type: none"> • 3 core e-learning modules developed • Implementation of Electronic Staff Rostering • Progress Workforce Plans in key areas • Communication of Appraisal Quality audit findings • Successful recruiting of Doctors from overseas (20) • Continued recruitment promotional activities • LiA RAPID Recruitment priorities progressed • Reward and Recognition Strategy drafted – LiA enabling our people scheme 	<ul style="list-style-type: none"> • Continue progressing of Core Skills Framework and e-learning programmes • Continue recruitment promotional activities • Complete short term LiA Rapid Recruitment actions • Further develop Reward and Recognition Strategy through 2 LiA events.
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> • Develop Patient and Public Involvement Strategy • Production of key guidance / toolkits 	<ul style="list-style-type: none"> • Commenced PPI Stakeholder Engagement Strategy Review • Community Ambassador Training • Bi-monthly Prospective Governors Meeting on Reconfiguration Plans (well attended) • Consultation meeting move of Outpatients clinics to LGH held and presentation to OSC • 5 new patient advisors recruited • Meeting held with new Healthwatch 	<ul style="list-style-type: none"> • Complete PPI Stakeholder Engagement Strategy Review • Continued Bi-Monthly Prospective Governor meetings • Continue to involve Patient Advisors in the development of the PPI Strategy • Continue engagement with Healthwatch • Continue to engage patient and local community
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> • Develop an Improvement and Innovation Framework (IIF) • Develop and implement a plan for building improvement capacity 	<ul style="list-style-type: none"> • IIF contents defined and approved • IIF Communication Strategy developed • IIF formally launched • IIF projects mapped to framework • RT2C with Phase 11 wards rolled out • Selected to hold East Midlands Clinical Research Network (23 million) 	<ul style="list-style-type: none"> • Review projects mapped to IIF • Proposal to build on how to build improvement expertise and capability presented to IIF board and progressed • Continue to embed RT2C 'Fast Track' programme • Continue to standardised nursing shift handover • Progress East Midlands Clinical Research Network

Appendix 3: University Hospitals of Leicester NHS Trust - Overall Winners for Caring at its best Annual Awards 2013

Name	Job Title	Category	Status
Glyn Harris	Trauma Physiotherapist at the LRI	We treat people how we would like to be treated	Winner
Dr Harriet Walter	SpR Medical Oncology at the LRI	We do what we say we are going to do	Winner
Sarah Barrie	Temporary Ward Sister, and her team at Glenfield	We focus on what matters most	Winner
Pat and Suttty Nutting	Volunteer	Volunteer of the year	Winner
Mary Stembarksi	Volunteer	Volunteer of the year	Highly Commended
Simon Conway and the Emergency Frailty Team	Simon Conway and the Emergency Frailty Team at the LRI	We are one team and we are best when we work together	Winner
Claire Porter	Burns and Plastics Specialist Nurse at the LRI	We are passionate and creative in our work	Winner
Carol Quinn	Nurse from ward 29 at the LRI	Caring at its best	Winner



Appendix 4: Leadership into Action - Development Priorities and Key Action Areas (22 August 2013)

The following table illustrates the main Development Priorities and the associate Actions areas put forward for Question 2: "what will we do differently to develop excellent Leaders?" And Question 3: "How will we collectively achieve this over the next two years?"

Your Key Development Priorities	Your Suggested Key Action Areas (consolidated)	Examples of Your Comments
1. Coaching & Mentoring	<ul style="list-style-type: none"> Develop an internal mentoring and coaching network / directory Train and develop leaders to be coaches and mentors Assign mentors to newly appointed leaders Develop Framework / guidance 	<p>"internal pool of people with appropriate skills to coach/mentor"</p> <p>"Coaching – clinical supervision (works well with AHP group)"</p> <p>"Team coaching"</p> <p>"Coaching and Mentoring register"</p> <p>"Focus on using peoples strengths"</p>
2. Shadowing & Buddying	<ul style="list-style-type: none"> Create shadowing opportunities and a buddy system for leaders 	<p>"Options, mentors, buddy's for new managers, shadowing up and down, visit other areas"</p> <p>"work alongside effective leaders, shadow shifts"</p>
3. Improve Local Communication and 360 Feedback	<ul style="list-style-type: none"> Set clear expectations around responsibilities, accountabilities and areas of shared ownership Develop and Implement 360 degree feedback for all leaders Improve appraisal quality Improve email communication style Improve visibility of leaders Review time and give permission to lead Showcase excellence 	<p>"360 tool available and aligned to values and leadership"</p> <p>"Encourage more self-reflection 360"</p> <p>"Give us autonomy to enable credibility"</p> <p>"Set very clear expectations"</p> <p>"Evaluate – does the protected time given to ward managers make a difference?"</p> <p>"Protected time to walk your areas. Permission to do so and this being accepted practice. To challenge and close gap between managers and ward staff"</p> <p>"power of learning stories, share best practice"</p>
4. Shared Learning Networks	<ul style="list-style-type: none"> Create and support shared learning networks Action Learning sets across disciplines Implement Journal / breakfast clubs Initiate paired learning Support integrated working 	<p>"Enable managers to network with each other on a regular basis to share their current priorities and issues and seek, receive advice help and support from other colleagues"</p> <p>"Action learning sets to support new CMG's"</p> <p>"breakfast clubs where leaders learn from others in a different organisations meet and share their learning"</p>
5. Talent Management and Succession Planning	<ul style="list-style-type: none"> Develop talent management and succession planning framework Set up a Leadership Career Framework / Matrix 	<p>"Development pathways-succession planning"</p> <p>"Release untapped resource in UHL"</p> <p>"Talent spotting"</p> <p>"Talent management meaningful, transparent."</p> <p>"We need to be having talent conversations"</p> <p>"Leadership Framework Matrix"</p>
6. Leadership, Management and Team Development (fun and creative)	<ul style="list-style-type: none"> Develop leaders in key areas aligned to leadership qualities and behaviours Provide creative ways of learning ... lunch and learn, bite sized teaching Leadership programmes to build improvement capacity Build on team development 	<p>"we have excellent staff in UHL, use them to train, mentor and support others"</p> <p>"Continuous leadership programmes where staff work on projects and have an opportunity to share and tell their story"</p> <p>"Encouraging innovation – Putting People First Tools"</p> <p>"Do differently"</p> <p>"Involve patients and front line staff in the design and potential delivery of courses"</p> <p>"Team development which is tailored to specific teams"</p>

Appendix 5: Statutory and Mandatory Training Guide (August 2013)

www.eUHL.nhs.uk

University Hospitals of Leicester 
Carry out it best

Completing your Required Training on eUHL

In late 2012, 8 subjects were identified for employees of UHL that all staff need to be trained in. This is simply a guide to show you how to access eUHL, the trusts training system, and become compliant in these subjects. We have updated the system to make this as simple and easy as possible.
PLEASE NOTE: These subjects are not the only ones you may be required to complete as part of your job role, if you have any queries about other training you may be required to complete then please speak to your line manager.

Stage 1: Logging into www.eUHL.nhs.uk
 Log in to any computer with internet access, at work, at home or in one of UHLs libraries etc and head to www.eUHL.nhs.uk and log into your account. If you do not have an account or have forgotten your password or log in details then follow the on screen instructions, if you have any other problems then please submit a query to the 'Help and Support' desk.

Stage 2: What training do I need to do?
 Once you have logged in then from the menu across the page move your mouse over the 'My Training' tab and then click on 'Required Training.' Once you have selected this page you will see a series of 8 boxes, one for each of the subjects that you need to be trained in, and they are either red or green in colour.
GREEN means You are competent in this training. No further action is required
RED means You are NOT competent in this training. Please click on the button to book onto / or complete the relevant training.

The Required Training page is populated by a weekly snapshot of all current training. The snapshot is taken on a Friday night, therefore any courses completed between Saturday and following Friday Night will not appear in the section below until the latest snapshot is taken.


Fire Safety Training	Moving & Handling	Hand Hygiene	Equality & Diversity **
Information Governance **	Safeguarding Children & Adults	Personal Safety Awareness	Bullying & Harassment

Key:
■ You are competent in this training. No further action is required
■ You are NOT competent in this training. Please discuss with your manager for advice correcting this

As can be seen in the example above, there are 4 training courses that need to be completed, simply turn the page for details on how to make those red boxes disappear and become green...

www.eUHL.nhs.uk

Appendix 5: Statutory and Mandatory Training Guide (August 2013)

www.eUHL.nhs.uk


Stage 3: How do I get the training I need?
 Below are the instructions that you need to get some of the training you require. If you are uncertain about which type of training you need then please speak to your line manager, who will be able to help or point you in the right direction.

Required Training Subject	Type of Staff you are...	How to get Trained
Fire Safety Training	Non-Clinical Staff	Click on your red box and then book on to a Fire Lecture at one of the sites or every other year you may complete the eLearning entitled 'Fire Safety Training for Non-Clinical Staff (eLearning)'
Fire Safety Training	Clinical Staff	Click on your red box and then book on to a Fire Lecture at one of the sites.
Moving & Handling	Non-Patient Handlers	Click on your red box and then book on to, and complete, the eLearning entitled 'Manual Handling—Principles for non-Patient Handlers (eLearning)'
Moving & Handling	Patient Handlers	Contact your Manager and ask your areas Manual Handling Trainer to deliver Face to Face training.
Hand Hygiene	Non-Clinical staff	Click on your red box and then book on to, and complete, the eLearning entitled 'Hand Hygiene Education for Administration and Non-Clinical Staff 2013 (eLearning)'
Hand Hygiene	Clinical Staff	Click on your red box and then book on to, and complete, the eLearning entitled 'Hand Hygiene Training for all clinical staff—Mandatory (eLearning)'
Equality & Diversity	All Staff	Click on your red box, log on to the external website and then book on to, and complete, the eLearning entitled 'Equality and Diversity Module 1: General Awareness' *** Please be aware of a slight delay in these records being updated on the system, any queries regarding this please email nicola.trainer@uhl-tr.nhs.uk
Information Governance	All Staff	Click on your red box, log on to the external website and then book on to, and complete, the eLearning entitled 'Dept of Health: REFRESHER MODULE' *** Please email a copy of your certificate to Robin.Smith@uhl-tr.nhs.uk
Safeguarding Children and Adults	All Staff	Click on your red box and then book on to, and complete, the eLearning entitled 'Safeguarding Children and Young People Level One' (eLearning)
Safeguarding Children and Adults	All Staff with contact with Patients, Carers and Visitors	Click on your red box and then book on to, and complete, the eLearning entitled 'Safeguarding Children and Young People Level Two' (eLearning)
Personal Safety Awareness	All Staff	Click on your red box and then book on to a Personal safety Awareness session. *** There are currently a lack of spaces on these courses but please check back regularly.
Bullying & Harassment	All Staff	Click on your red box and then book on to, and complete, the eLearning entitled 'Bullying, Harassment and Victimisation Awareness (eLearning)'

www.eUHL.nhs.uk

Appendix 6: UHL Appraisal Quality Feedback (August 2013)

What are the quality indicators we look at when auditing appraisal paperwork?

How are we doing?

The final page of the appraisal paperwork is examined and six indicators of quality are looked at, those are below with our results:-

- ◆ Was summary feedback recorded in the space provided? Yes 93%
- ◆ Does the date of appraisal written on the paperwork correspond with that recorded on ESR? Yes 63%
- ◆ Appraisee signature present? Yes 74%
- ◆ Appraiser signature present? Yes 78%
- ◆ Next line manager signature present? Yes 42%
- ◆ Duration of appraisal? 81% 30–120 minutes

How to improve appraisal quality audit results from a paperwork perspective!

- ✓ Download appraisal paperwork from InSite to ensure you are using the current version.
- ✓ Record a summary of overall feedback in the box provided on the final page.
- ✓ Record the date the actual appraisal meeting took place on the paperwork in the space provided on the final page. THIS SHOULD MATCH THE APPRAISAL DATE RECORDED ON ESR!
- ✓ Ensure appraiser and appraisee sign and date the completed appraisal document once it is written up. It sounds simple and yet this is not always happening!
- ✓ The next line manager to sign and check, this signature should be present. Once this is completed, the appraisal paperwork copies should go to the appraisee and one for the manager to be kept on file.
- ✓ Once appraisal meetings are completed remember to record the date and pass to your local appraisal lead to ensure prompt data entry to ESR.

Delivering an effective quality appraisal experience can be a challenge when work areas are stretched to capacity. The effort placed in delivering a quality appraisal will benefit everyone. A quality appraisal will ensure every staff member has a set of personal objectives clearly aligned to the Strategic Direction, ensuring we are all pulling in the same direction to improve our services, patient experience and quality of care.

The annual appraisal meeting can be very high quality when regular one to one meetings are held year round.

We will continue to drive up the quality of appraisal through training, guidance and development.

A further appraisal audit will take place in Spring 2014.



For appraisal training and development please contact the Learning and Organisational Development Team on 6306 or 6112.

For information, advice and guidance, about training, learning or development please contact the Directions Service thedirectionsservice@uhl-tr.nhs.uk

Caring at its best

Appraisal Quality Audit Feedback

YOUR performance
OUR future

One Team Shared Values



Important Information

Appendix 6: UHL Appraisal Quality Feedback (August 2013)

Appraisals take place all year round and are a powerful tool in encouraging and motivating you. They're an important opportunity to have meaningful conversation about how and why your work makes a difference. You need to be clear about what you are doing and why, and sure that you have the skills to do your job well, for you to deliver high quality patient-centred care. You'll get feedback on your achievements and behaviours linked to our values and you'll be able to agree on the focus for the future. Your appraisal is a chance to share your thoughts on what's happened in the past and to look to the future. Appraisals are a great chance to build understanding between you and your manager...make your appraisal a two way affair.

Give your appraisal the time and attention it deserves and keep communications open ... remember no surprises!

Kate Bradley, Director of Human Resources

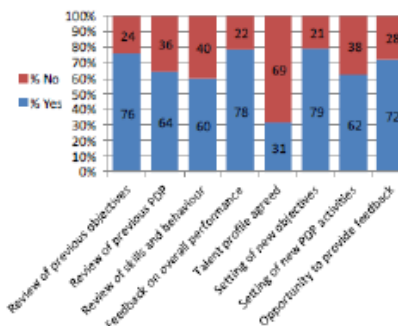
An appraisal quality audit was undertaken during January to March 2013. As part of this audit we sampled 451 randomly selected appraisal documents and conducted an on-line appraisal quality survey.

The on-line survey targeted 483 individuals who had their appraisal completion date recorded as between July and December 2012 on the Electronic Staff Record (ESR) System. The survey response rate was 37% (179 respondents).

Improvements have been made since the 2012 Audit with 81% of appraisal meetings now falling within the time parameters expected and 92% of survey respondents saying the length of appraisal was sufficient.

What quality indicators of appraisal experience are included in the online survey? How are we doing?

We asked those taking part in our online survey to indicate what was included in their appraisal meeting. The responses indicate that there are inconsistencies across the organisation in the annual appraisal meeting content. As shown in the chart below.



Individuals responding to the online survey were also asked a series of questions to share the quality of their appraisal experience. This provides an indication of the quality of appraisal experience across all areas.

◆ What preparation did you do?

- ◆ 61% Formal preparation
- ◆ 34% Informal preparation
- ◆ 5% No preparation

◆ Did you consider the location of appraisal was appropriate?

- ◆ 94% Yes
- ◆ 6% No

◆ Did you consider the length of meeting sufficient to cover all aspects you wanted to discuss?

- ◆ 92% Yes
- ◆ 8% No

◆ When were you provided with documented output following your appraisal?

- ◆ 69% within one month
- ◆ 5% between 3 and 6 months
- ◆ 26% longer than six months

How to improve the quality of appraisal experience for the individual

- ✓ You need to make time to prepare for the annual appraisal meeting.
- ✓ Make sure you allow between one to two hours for the meeting.
- ✓ Plan the time allocated to ensure all aspects are covered, agree agenda at start of meeting.
- ✓ Include the following: -
 - ✓ Review previous objectives
 - ✓ Review previous PDP
 - ✓ Review skills and behaviour linked to our values
 - ✓ Feedback on overall performance
 - ✓ Agree Talent profile
 - ✓ Set new objectives
 - ✓ Set new PDP activities
 - ✓ Feedback opportunity for you
- ✓ Hold your appraisal meeting in a private location without distractions
- ✓ Record the meeting and sign off within 4 weeks. You will have a personal copy for your records.