

To:	Trust Board
From:	Kate Bradley, Director of Human Resources
Date:	27 June 2013
CQC regulations:	Outcomes 12 to 14

Title:	Organisational Development Plan Priorities (2013/15) Quarterly Update Report (Quarter 1 – April to June 2013)
---------------	--

Author/Responsible Director:
Kate Bradley, Director of Human Resources
Bina Kotecha, Assistant Director of Learning and Organisational Development

Purpose of the Report:
This report sets out:-

1. Progress against 2013 priorities of the Trust’s Organisational Development (OD) Plan during the first quarter (April to June 2013) and key actions to be completed during the next quarter (July to September 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 as presented to the Trust Board in February 2013. The work streams have been updated and focus on a number of targeted priorities and on-going fundamental areas, as shown in Appendix 1.

The purpose of this report is to update the Trust Board on a range of strategic and operational HR and OD activities over the last quarter and future actions identified for the next three months, as summarised in Appendix 2. Where possible, we have tried to include benchmark data to enable the Trust Board to compare the Trust’s HR performance to other Acute Trusts.

Recommendations:
The Trust Board is asked to note the progress in the first 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?
The chair of the former Workforce and OD Committee and key work stream leads have been consulted in producing this quarterly report.

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



	three of this report
Resource Implications (e.g. Financial, HR):	This work is led by members of the Executive Team.
Assurance Implications:	At the centre of every patient's experience at UHL is an encounter with the culture of UHL. This culture, by which we mean the attitudes, assumptions, behaviours and values of the Trust and its many professional groups, influences the patient's journey and thus the quality and safety of care we provide. 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 the work stream titled: Improve External Relationships and Workplace Partnerships
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:	Proposed 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. An update will be presented to the Trust Board at quarterly intervals.

REPORT TO: Trust Board

DATE: 27 June 2013

REPORT FROM: Kate Bradley, Director of Human Resources

SUBJECT: UHL Organisational Development (OD) Plan Priorities Update Report (Quarter 1 – April to June 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 presented to the Trust Board in February 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
- 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 first quarter (April - June 2013) and sets out key actions to be completed during the next quarter (July - September 2013). 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.

1.4 An analysis of the Trust's National Staff Survey Results 2012 was presented to the Trust Board on 25 April 2013 and identified national survey targets for improvement, relative to the Trust's OD Plan priorities. A review of the overall survey's 2012 upper quartile survey results has been undertaken and mapped across to UHL's targets for improvement in 2015, as illustrated in Appendix 3. The 2013 National Staff Survey results will be presented to the Trust Board in January 2014.



SECTION ONE – ORGANISATIONAL PLAN PRIORITIES – 2013/2014

Work Stream 1: Live Our Values

2.1 Implement 'Putting People First' Programme

- During April 2013 a range of 'Putting People First' development modules were delivered by NHS Midlands and East, targeting front line staff and senior managers from regional Trusts and Clinical Commissioning Groups. UHL participants benefited from increased awareness of a range of 'Putting People First' tools, materials and techniques, supported by the national Centre for Patient Leadership.
- During this quarter, the UHL Patient Experience Team has 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.
- Work is underway in drawing together a proposal to support the delivery of internal 'Putting People First' workshops during the next quarter. In addition targeted development workshops in ward areas will continue to be provided with key focus on promoting areas of best practice.

2.2 Implement Values Based Recruitment

- During this quarter, Trust values have been embedded into our Recruitment and Selection course. Training includes developing generic value based interview questions and practising through interview role play activity.
- In the next quarter we will include in all interview packs 'value based interview questions', with relevant examples, to support use by panels to develop a more comprehensive approach to value-based recruitment.

2.3 Continue 'Caring at its best' Awards

- During this quarter, eleven individuals and three teams were recognised for their excellence through our 'Caring at its Best' Awards. A summary of award winners and highly commended is provided in Appendix 4.
- Further workplace award presentations have been arranged to take place in June 2013 and preparations for the annual celebration event on 12 September 2013 are well underway. Members of the Trust Board are invited to attend this annual event.

Work Stream 2: Improve Two-way Engagement

3.1 Embed Listening into Action Framework

- An update on progress with Listening into Action (LiA) was presented to the Trust Board in May 2013. During April/May 2013, six LiA Listening Events were hosted by the Chief Executive. Over 500 staff attended the Listening Events and the feedback was extremely positive. At these events the Chief Executive asked for volunteers to sign up to become a local adopter of LiA and over 125 teams expressed an interest in getting involved.

- The Trust has moved from Phase 2 of LiA 'Engaging people around what matters to you' 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 'Enabling our People' schemes.

3.2 Implement Medical Engagement Strategy Priorities

- Three financial workshops for Consultants were delivered during March 2013. The workshop content was driven by a combination of Consultant feedback and taken from the Health Finance Management Association (HFMA) recommendations. Feedback from delegates indicated a positive improvement in knowledge scores by 70%.
- Further sessions have been planned for June and September 2013. The delivery team have been asked to present their work at the HFMA conference in London and Leeds in September and October 2013.
- Work is also underway to design and develop the next phase of development to commence in January 2013. These sessions will focus on Clinical Quality and our Quality Commitment.
- Cohorts 1-3 (targeting Heads of Service) have completed the Medical Leadership Programme during January to April 2013. Workshop feedback has been very positive and the corresponding follow up session (day 3 of each programme) enables medical colleagues to share practical experiences in applying newly acquired leadership skills.
- The next Medical Leadership Development Programme is due to take place in July 2013 and is open to aspiring medical leaders. Further sessions are being planned to commence in quarter 3 (September to November 2013).
- In strengthening engagement with clinical colleagues the Chief Executive has hosted Trust wide consultant meetings during February and May 2013. Further meetings will take place in October and January to further improve clinical engagement and driving forward ideas and actions.

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. April saw the launch of our '**Salary Maxing**' Car Scheme as the latest offering under our '**Salary Maxing**' range with significant interest and take up. We also launched Total Reward Statements (TRS) for all staff as part of a national pilot with a small number of NHS Trusts. TRS enables staff to understand their total reward package of working for us.
- In the next quarter we will be adding our '**Salary Maxing**' Computing Scheme which will offer computers including iPads and other products through Salary Exchange.

3.4 Build on Health and Well Being

- 12 June 2013 130 staff with partners attended our 25 Year Dinner and on 6 July 2013, we will hold our 'Fun Day' where all are invited to bring their family and friends to share in a range of family activities and barbeque.

Work Stream 3: Strengthen Leadership

4.1 Implement Leadership and Management Standards

- The Leadership and Management Standards have been approved and now form part of the appraisal process in guiding development. Further case studies of best practice have been gathered to illustrate the standards.
- In the next quarter we will continue to communicate the standards and examples of best practice. In addition we are in the process of developing a UHL 360 degree feedback tool.

4.2 Board, Executive and Senior Leadership Development

- UHL's Leadership Showcase event was hosted by the Chief Executive on 29 May 2013 to celebrate the achievements of Ward, Theatre and Outpatient managers that have completed the UHL Clinical Leadership Programme. Action learning activity during the event focussed on learning transfer.
- In the next quarter we will share more widely learner improvement projects from the Showcase Event and will define the next phase of leadership development aligned to fundamentally shifting the leadership style, in successfully adopting Listening into Action.
- The utilisation of East Midlands Leadership Academy Programmes in 2012/13 has increased by over 100%, in comparison to 2011/12. In total the Academy has been utilised 190 times by members of staff across 36 programmes and events. The Academy have worked with new cohorts of the Leading Clinical Services and Emerging Leaders Programme in refining its approach to return on investment.
- We introduced the newly launched national NHS Leadership Academy development portfolio to the UHL Leadership Community in May 2013. As summarised in Appendix 5 the new 'Professional Development Programmes' focus on the skills, knowledge and behaviour leaders from all professions need, to ensure they can lead compassionate, high quality, efficient health care for our patients. The programmes are the first set of national programmes to combine successful leadership strategies from international healthcare, private sector organisations and academic expert content. During the next quarter, UHL applicants will be selected to attend Professional Development Programmes, taking into account talent conversations and performance against objectives.
- To support with talent management, succession planning and prioritising leadership development, during July to September 2013, work will be completed in compiling the Talent Profile for the UHL senior leadership community (based on the UHL Management structure).
- A Board Development Programme has been agreed for 2013/14 and development time identified each month (outside formal Board meetings). This programme sets out the core development areas to be covered in 2013/14 and will be reviewed to coincide with the imminent release of the Capsticks Report with respect to the Board Governance Memorandum.

- Board development focused on understanding mortality during May 2013. At the next monthly session (June 2013) three core areas will be covered i.e. Board Quality Governance, Board Governance and Re-configuration of the Estate.
- The Trust's Engaging Leadership Excellence Strategy will be updated by the end of September 2013 to reflect the Trust's leadership vision and priorities.

Work Stream 4: Enhance Workplace Learning

5.1 Statutory and Mandatory Training

- A report on statutory and mandatory training was presented to the Executive Team on 11 June 2013 and agreement reached on the adoption of the national Core Skills Framework for Statutory and Mandatory Training, utilising e-learning modules available through the OCB Media solution.
- 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. A central administration function will be implemented over 2013/14 to deliver accurate monthly performance reports, in monitoring compliance at a local and Trust level.

5.2 Implementation of Workforce Plans

- Each Division has developed a Workforce Plan for 2013/14 which is based on predicted activity levels and Cost Improvement Schemes. These latter are performance managed through the Transformation Office and regularly reported on through the Finance and Performance Committee and CIP Delivery Board. Below are some of the key developments in the last quarter relating to this annual plan and the longer term Workforce Plan 2013-18.
- The Emergency Care Pathway has seen significant workforce transformation in the last quarter with the implementation of the Right Place Consulting Model which has incorporated a range of interventions including I-Phone enabled communication between consultants in ED and Assessment Units; the conversion of Ward 33 to an Acute Frailty Unit covered by Geriatricians and the introduction of Standard Operating Procedures for multidisciplinary teams and ward and board rounds on non elective wards. Gastroenterology are also introducing In reach teams into Assessment Units to allow rapid access to endoscopy.
- A further 20 Maternity Support Workers have been identified to support the births to midwife ratio of 1:31 with a long term plan to achieve a ratio of 1:28.
- Early pilots for Electronic Staff Rostering are now complete and a full 3 year roll out programme will commence implementation in the next quarter. This is predicted to improve efficiency and quality of staff rostering and support short and medium staff planning activity.
- Work will continue during the next quarter on improving theatre efficiency. This work is led through the Trust transformation team.

5.3 Appraisal Quality

- An appraisal quality audit was undertaken during January to March 2013. As part of this audit we sampled 451 appraisal documents (270 sampled in the previous year) 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 ESR System. The survey response rate was 37% (179 respondents).
- Key 2013 audit findings (in comparison to 2012) from the documentation review are summarised below:-
 - 3% deterioration (from 96% to 93%) in 'summary feedback provided'
 - 5% deterioration (from 68% to 63%) in matching of date to that on ESR'
 - We have seen a positive increase (ranging from 1% to 10%) in the appropriate sign off of appraisal documentation by appraisee, appraiser and next line manager.
- The on-line survey was newly introduced in 2013 and overall results show that the majority of staff (70% of respondents) are satisfied/very satisfied with their most recent appraisal experience. The majority of respondents reported positively to core appraisal quality elements:-
 - Appraisal preparation (84% responded positively)
 - Appraisal location (94% responded positively)
 - Appraisal length (92% responded positively)
- Appraisal survey results indicate that more work needs to be done on ensuring staff receive appraisal documentation output in a timely manner (25% of respondents had not received any documented output) and agreeing the talent rating (this aspect was only included in 31% of appraisals).
- Over the next quarter appraisal quality results will be presented to Divisional / Directorate Boards and area specific Engagement Forums / Think Tanks in agreeing local actions to improve appraisal quality. In addition work will be undertaken to update UHL Appraiser Training and improve Talent Management Guidance, reflecting key appraisal quality review findings.
- It is envisaged that the intended release of Ward Managers from clinical duties for two days per week, will prove beneficial to improving appraisal quality outcomes further.

5.4 Recruitment and Retention of Staff

- We have developed a Recruitment and Retention Premium for Band 5 nurses in our Emergency Department to aid recruitment and will monitor the effectiveness of this work going forward. Open Days using the UHL branded literature continue and we have successfully used overseas recruitment and have made 15 offers to doctors in Emergency Department, with a further 16 interviews being booked.
- Workforce Confirm and Challenge meetings will be held in July to discuss and develop with Divisions, plans in place to reduce premium spend, medium workforce change in recruitment and the introduction of new roles and extending existing schemes for example apprentices.

Work Stream 5: Improve External Relationship and Working Partnerships

6.1 Develop Patient and Public Involvement Strategy

- During the last quarter a second Community Ambassador Recruitment event attracted fifteen new people interested in the role. Our bi – monthly Prospective Governors meetings continue to be well attended. Between March and May 2013 there have been two meetings. The first focused on the Trust's response to the Francis Report and also gave participants an opportunity to comment on our Annual Operational Plan. The second meeting focused on the Patient Experience and featured a presentation from our Director of Nursing. During this quarter our public membership reached 14,000 and remains representative of the local population.
- Between June and August 2013 we will be developing a new PPI Strategy for the Trust and engaging with our Patient Advisors to develop this. A further Community Ambassador training session is planned, as is another of our Prospective Governor meetings. The meeting will seek participants' views on our reconfiguration activity and will also be used to agree a programme for the coming year. Now that the new Healthwatch organisations are beginning to establish themselves the Director of Communications and External Relations and PPI and Membership Manager will be meeting with their interim chairs to explore how we can best work together. The pilot introduction of Service Improvement Volunteers will also be evaluated and recommendations made to develop the initiative.

Work Stream 6: Encourage Creativity and Innovation

7.1 Produce Service Improvement Strategy / Skills Development to Drive Forward Service Improvement

- During this quarter, an overarching Improvement and Innovation Framework (IIF) has been created in order to strengthen the Trust's approach to transformation. This work led by the Chief Executive will ensure maximum benefits, the following core activity has been completed:-
 - Defined the organisational structure that will be put in place to successfully take this work forward;
 - Defined clearly the relationship of IIF with the CIP programme;
 - Aligned the IIF with Listening into Action;
 - Confirmed reporting lines and individual accountabilities.
- Key actions planned for the next three months include developing a Communications Strategy so that everyone knows what improvement is and what it means to them and why we are doing this. The new IIF will be launched in the July 2013 via CEO briefings and other channels. Work is underway in finalising the content of the framework (including Better Care Together elements) and confirming all sponsors and leads.

7.2 Embedding Releasing Time to Care

- Releasing Time to Care (RT2C) is now in the accelerated phase of the rollout programme; the final phase of the implementation for the in patient areas is underway with the remaining 26 wards known as phase 11 joining the programme at the beginning of 2013 taking the number of wards now on

programme to 84. The Matron Audits and Executive Sponsor visits are continuing to support the sustainability of the programme.

- Patient Status at a Glance [PSAG] the 3rd foundation module will be underway following the successful charitable funds application in June to complete this process. PSAG supports the 3 second rule whereby at a glance staff are able to determine the patient status.
- All inpatient areas on the programme will continue to progress with completing core modules over the next quarter.

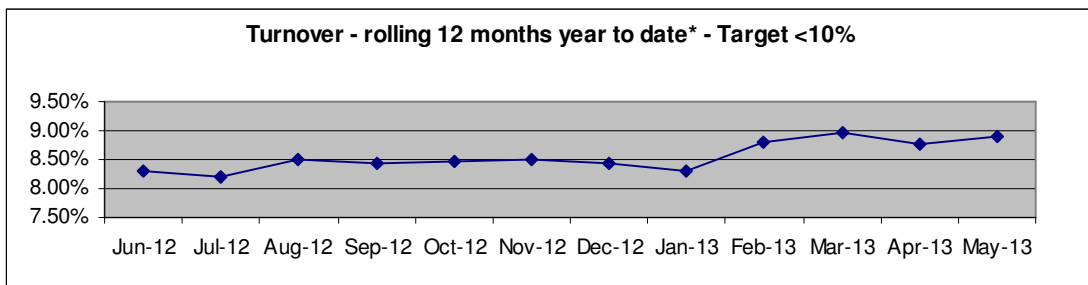
SECTION TWO – HR OPERATIONAL PERFORMANCE

HR Key Operational Measures

8.1 KEY PERFORMANCE INDICATORS

The HR 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.

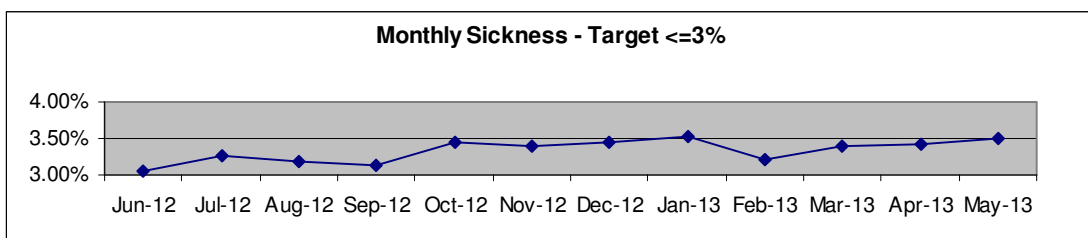
Graph 1 Cumulative Turnover Rates as at 31.05.13



Excludes Facilities / Trainee Doctors

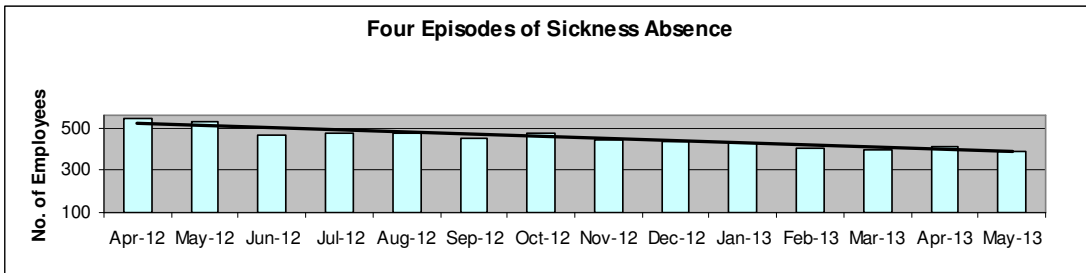
- These turnover figures exclude Facilities staff as rates are skewed by the TUPE transfer of these staff in February 2013.
- Turnover rates are relatively stable throughout the 12 months and below the maximum target level of 10%.
- There are no specific staff groups or areas experiencing higher than expected turnover levels.

Graph 2 % Sickness Rates as at 31.05.13



May figure will change by around 0.5% due to the timing of closure of absences

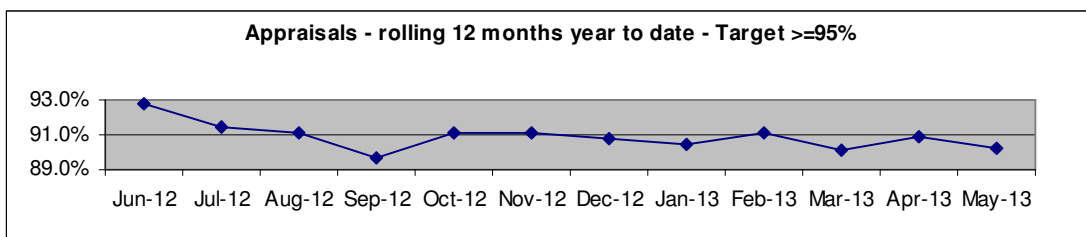
Graph 3 Numbers of Employees with Four or More Episodes of Sickness as at 31.05.13



Policy changed to 3 episode trigger in June 2012

- 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 Trust is the best performing organisation for sickness in the East Midlands.
- The Trust has implemented the Agenda for Change agreement relating to the removal of enhancements for sick pay for staff at the top of Band 2/mid point Band 3 and above. As enhancements are paid in arrears, this has resulted in a pay reduction from £54K in April 2013 to £18.5K in May 2013 for enhancements paid during sickness.
- A revised Sickness Policy was introduced in June 2012 which reduced the sickness trigger from 4 to 3 in a rolling year. This has led to a steady reduction in the rates of 4 episodes since that time as shown in graph 3.
- Sickness continues to be managed rigorously and line managers are supported in this role.

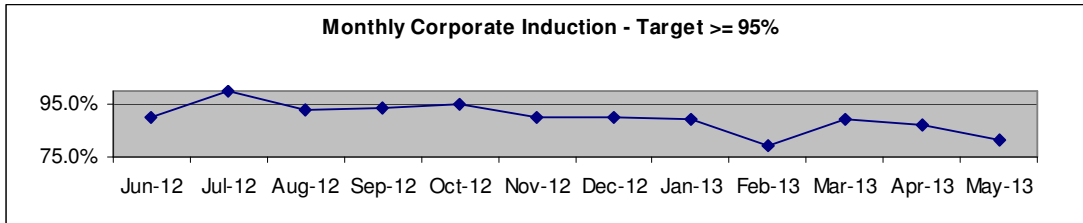
Graph 4 % Appraisal Rate 12 months year to date as at 31.05.13



- Appraisal rates have not yet reached a target of 95% although levels are high compared to other Acute Trusts as highlighted in the national staff survey results for 2012 where we were the top performing Acute Trust across the NHS.
- As detailed in section 5.3 of this report, the Trust continues to review quality of appraisals through its own auditing mechanism. Some quality measures have deteriorated since the last audit although response rates are higher and therefore more representative.
- We will address measures to improve appraisal quality in the forthcoming months in preparation for the implementation of incremental pay progression being dependent

on performance in accordance with revised National Agenda for Change Terms and Conditions.

Graph 5 % Corporate Induction Completion as at 31.05.13

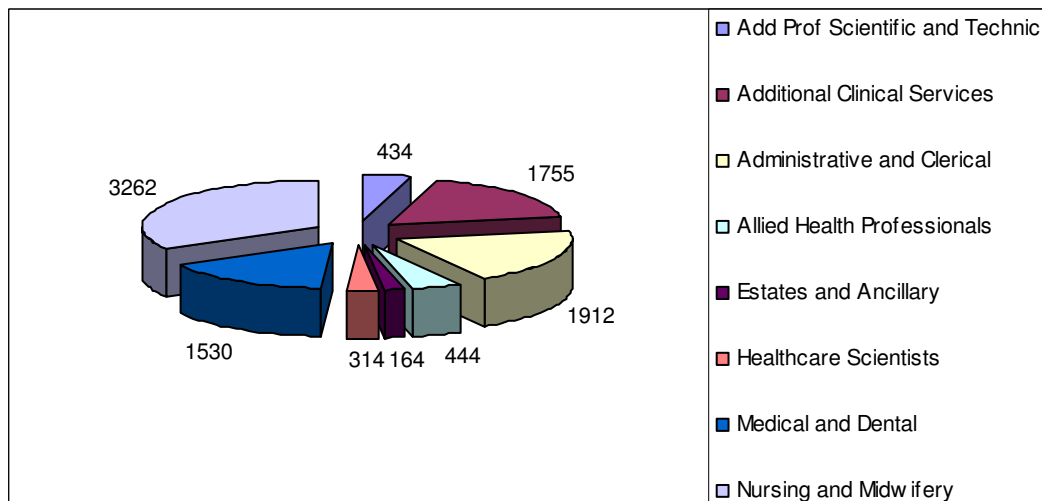


- Since November 2012, the Trust has not reached its target of 95% of staff attending the corporate induction within 8 weeks. This is largely due to large numbers of new starters within this period.
- To address the need for additional induction training capacity, an agreement has been reached with De Montfort University on the use of teaching facilities (including clinical skills laboratories) to support the delivery of the clinical elements of the Induction programme. A task and finish group has been established in planning 2013/14 induction requirements, based on projected recruitment plans.

Workforce Profile / Pay Bill

9.1 Workforce Profile

Chart 1 Headcount of Workforce by Staff Group as at 31.05.13



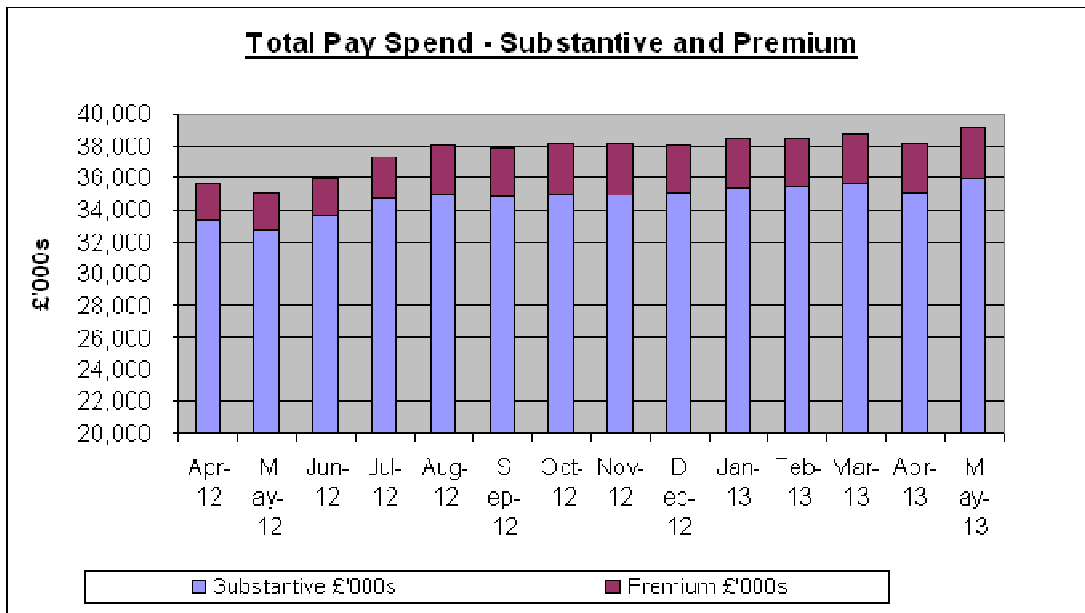
The total headcount figure as at 31 May 2013 is 9815 with a whole time equivalent figure of 11490.

- The chart above indicates the workforce profile by staff group with the largest proportion of staff employed within nursing and midwifery.

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.
- There are a number of workforce related cost improvement (CIP) schemes in place to achieve this pay bill reduction which currently amount to approximately £16m. A number of these schemes relate to premium rate pay bill reduction.
- Separate premium rate (overtime, agency, bank and locum) pay bill reduction schemes are being developed at Divisional level following a number of deep dive analyses into expenditure. Graph 6 shows the split of expenditure between contracted and premium rate.

Graph 6 Total Pay Spend: Proportion Substantive and Premium Spend as at 31.05.13



- Premium rate payment has increased in proportion to the overall pay bill in the last 12 months. It currently costs 8.2% of the paybill. This reflects cover of essential of vacancies, continued use of extra capacity wards to meet the emergency activity levels which is reflective of the national emergency care activity levels, and acuity levels of patients. The Acute Care Division is also rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the delivery of the 4 hour target and provide good patient care.
- There have been meetings with each Division to review premium spend which has involved each CBU auditing March payments. Divisions have then met with high spending CBUs to review all premium spend areas. Each CBU has been asked to produce a Premium Spend Reduction Plan. Premium spend also continues to be a key topic at the Divisional Confirm and challenge meetings. During the next quarter, there will be rigorous implementation of workforce

related CIP plans with particular emphasis on improving theatre productivity and efficiency given the heavy reliance on premium payments.

- The Trust is actively managing its premium payment expenditure levels through social media driven recruitment campaigns and international recruitment for particular hotspot areas such as emergency medicine, theatres and children's services. Further proactive and innovative approaches to recruitment will be implemented including promotion of employment opportunities at major conferences (e.g. the RCN Conference in July) and through our revamped 'Work for Us' area of the website. These are again designed to reduce reliance on the non-contracted workforce.

9.3 **Next Steps**

The priority for the next quarter will be to:-

- Work with the Divisions regarding pay expenditure with a specific focus on premium spend.
- Quarterly review meetings with the Divisions have been set up to review specifically workforce plans and CIP 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** - This first project went live on 3 June 2013 and comprises a dedicated HR telephone advice system and generic email address to improve our customer service and allow HR staff to work more efficiently. This was established following a telephone audit within the HR generalist team which showed that over two thirds of all calls received in the audit period could have been handled more effectively. All callers are given the option to select the area of HR that will best be able to respond to their query, using an automated system. One option is the HR Help Line which is operated by HR professionals who are able to deal promptly and effectively with generic queries.
- **HR IT portal** - This will launch in the next quarter subject to business case approval. The portal will hold all HR policies, procedures, associated letters, payroll forms and guidance documents. It will hold useful information about all aspects of HR including frequently asked questions and answers. Managers and staff will be expected to use the IT portal as their first point of contact to allow them to quickly and effectively find the initial information they require for any HR related issue.
- **Key HR policies and procedures** – An important aspect of ensuring our workforce are supported in the delivery of high quality patient care is the design and implementation of HR policies and procedures. These will also streamline our processes in line with best practice and benchmarking data available.

Recommendations

- 11.1** The Trust Board is asked to note the progress in the first 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.

Organisational Development Plan 2013-2015 – Summary (Updated June 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 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"> • Implement Leadership and Management Standards • 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 	<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"> • Produce a Service Improvement Strategy • Skills development to drive forward service improvement 	<ul style="list-style-type: none"> • Roll-out training, to enable a bottom-up approach towards service improvement 	<ul style="list-style-type: none"> • Embedding Releasing Time to Care • Build on Research and Development • Implementation of Service Improvement Projects

Highlighted items are additions since February 2013 Trust Board paper

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 1 Progress Summary (27 June 2013)

Caring at its best

Six Work Streams	2013 Priorities	Progress Quarter 1 (April – June 2013) This includes progress with on-going fundamentals as detailed in Appendix 1	Planned Actions Quarter 2 (July – September 2013)
<p>1. Live our Values</p>	<ul style="list-style-type: none"> • Implement Putting People First Programme • Implement Values Based Recruitment 	<ul style="list-style-type: none"> • Attendance at external 'Putting People First' training events • Development workshops with targeted ward areas • Value based interview questions embedded into Recruitment and Selection training • Caring at its best Awards presented in work areas (March) 	<ul style="list-style-type: none"> • Implement internal 'Putting People First' workshops • Continue development workshops with targeted ward areas • Interview packs will be updated to include value based interview questions • Caring at its best Awards presentations in work areas (June) • Preparations for Annual Awards Celebration Event
<p>2. Improve Two-way Engagement</p>	<ul style="list-style-type: none"> • Embed Listening into Action Framework (LIA) • Implement Medical Engagement Strategy Priorities 	<ul style="list-style-type: none"> • LIA Staff Pulse Check completed • Six LIA Listening Events • Consultant Financial workshops • Medical leadership development sessions (HOS level) • Trust wide Consultant Meetings hosted by the CEO • Introduction of new Cars Salary Maximising Scheme 	<ul style="list-style-type: none"> • Progress first 12 Pioneering Teams, Quick Wins and Enabling Our People Schemes • Consultants Financial workshops • Medical leadership development sessions (aspiring leaders) • Clinical Engagement Sessions • Launch computer Salary Maximising initiative • Hold 25 year Dinner Event • Hold Fun Day Event
<p>3. Strengthen Leadership</p>	<ul style="list-style-type: none"> • Implement Leadership and Management Standards • Board, Exec and Senior Leadership Development 	<ul style="list-style-type: none"> • Approval of Leadership and Management Standards • UHL Leadership Showcase Event • Utilisation of EMLA programmes • Introduced new national NHS Leadership Academy Professional Development Programmes • Approval of Board Development Programme • Board Development in Understanding Mortality 	<ul style="list-style-type: none"> • Communicate Leadership and Management Standards • Devise UHL 360 Feedback Tool • Agree next phase of Leadership Excellence Plan • Utilisation of EMLA Programmes • Progress Talent Profile for Senior Leaders • Monthly Board Development Sessions • Update Engaging Leadership Excellence Strategy

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 1 Progress Summary (27 June 2013)

Caring at its Best

Six Work Streams	2013 Priorities	Progress Quarter 1 (April – June 2013) This includes progress with on-going fundamentals as detailed in Appendix 1	Planned Actions Quarter 2 (July – September 2013)
<p>4. Enhance Workplace Learning</p>	<ul style="list-style-type: none"> • Statutory and Mandatory Training • Implementation of Workforce Plans 	<ul style="list-style-type: none"> • Core Skills Framework and OCB Media Plans approved • Implementation of Right Place Consulting Model • Introduction of Standard Operating Procedures • Maternity Support Worker review • Appraisal Quality Audit • Implement Recruitment and Retention Premium (B5 Nurses) • Recruitment Open Days • Overseas recruitment 	<ul style="list-style-type: none"> • Implementation of Core Skills Framework • Design OCB Media Modules • Implementation of Electronic Staff Rostering • Appraisal Quality Audit - Develop local action plans • New Recruitment and Retention Premiums (Consultants in ED) • Recruitment and Retention Strategy • Workforce confirm and challenge meetings
<p>5. Improve External Relationships and Workplace Partnerships</p>	<ul style="list-style-type: none"> • Develop Patient and Public Involvement Strategy • Production of key guidance / toolkits 	<ul style="list-style-type: none"> • Community Ambassador Recruitment Event • Public Meeting • Bi-monthly Prospective Governors Meetings on:- <ul style="list-style-type: none"> ○ Trust's Response to Francis Report ○ Patient Experience 	<ul style="list-style-type: none"> • Develop PPI Strategy • Community Ambassador Training • Bi-monthly Prospective Governors Meeting on Reconfiguration Plans • Meetings with Interim chairs • Evaluation of pilot 'Service Improvement Volunteers'
<p>6. Encourage Creativity and Innovation</p>	<ul style="list-style-type: none"> • Produce a Service Improvement Strategy • Skills development to drive forward service improvement 	<ul style="list-style-type: none"> • Creation of overarching Improvement and Innovation Framework and core activity completed:- <ul style="list-style-type: none"> ○ Organisational Structure ○ Links with CIP and LiA ○ Reporting lines confirmed • Service Line Manager development approach agreed • Phase 11 wards joined Releasing Time to Care Initiative 	<ul style="list-style-type: none"> • Define content of IIF • Develop IIF Communication Strategy • Launch new IIF commencing with UHL leadership community • Service Line Manager Development Workshops • Continue implementation of RT2C with Phase 11 wards • Implement Patient Status at a Glance Approach (RT2C)

Appendix 3 National Staff Survey Targets (based on 2012 results)

	2011 Scores	2012 Scores	Average for Acute Trust (2012)	Acute Trusts Lowest or worst (2012)	Acute Trusts Highest or best (2012)	Target (2013)	Target (2014)	Target (2015) *
I am able to do my job to a standard I am personally pleased with. (Agree/Strongly Agree)	61%	82%	80%	70%	89%	84%	86%	89%
Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree)	46%	57%	63%	35%	84%	63%	66%	71%
I would recommend this organisation as a place to work. (Agree/Strongly Agree)	38%	50%	55%	26%	77%	55%	60%	68%
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation. (Agree/Strongly Agree)	54%	55%	60%	35%	94%	60%	68%	75%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (within last 12 months)	90%	94%	84%	64%	94%	95%	95%	95%
Did it leave you feeling that your work is valued by your organisation? (Yes)	53%	63%	60%	42%	74%	64%	67%	70%
I know who the senior managers are here. (Agree/Strongly Agree)	60%	74%	60%	59%	90%	76%	79%	81%
Communications between senior management and staff is effective. (Agree/Strongly Agree)	18%	28%	34%	13%	54%	34%	38%	46%
How satisfied are you with the extent to which the organisation values your work? (Satisfied/Very Satisfied)	24%	39%	40%	24%	55%	42%	46%	51%
Have you felt pressure from your manager to come to work? (Yes) * Deterioration	38%	36%	33%	50%	21%	33%	30%	21%
During the last 12 months have you felt unwell as a result of work related stress? (Yes) * Deterioration	29%	34%	27%	45%	22%	27%	24%	22%
There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	60%	73%	69%	63%	78%	75%	77%	78%
Equality and diversity training (e.g. awareness of age, disability, gender, race, sexual orientation, religion) (within last 12 months)	38%	57%	55%	19%	88%	59%	65%	73%
In the last 12 months, have you personally experienced discrimination at work from your manager / team leader or colleagues?	6%	6%	8%	15%	4%	0%	0%	0%
I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	49%	56%	56%	35%	69%	58%	60%	64%

*Targets are based on upper quartile staff survey performance (2012)

UHL achieved best for all Acute Trusts	
Largest local improvements since the 2011 Survey	

Appendix 4 - Caring at its best Award Winners (March 2013)






Award Category	Individuals or teams recognised	Division / Directorate	Nominator	Presentation Location	Presented by	Level
We treat people how we would like to be treated	Pauline Coser	Women's and Children's	Debbie Smyth	Antenatal Clinic Level 0 Kensington LRI	Kate Bradley	Winner
We do what we say we are going to do	Fiona Miall; Emma Ross & Rachel Boardman	Women's and Children's	Tim Diggle	Ward 27 Level 4 Windsor Building LRI	Mark Wightman	Winner
We focus on what matters most	Hillary Killer	Women's and Children's	Michael Green	Consultant Meeting, Windsor Building LRI.	Suzanne Hinchliffe	Winner
We are passionate and creative in our work	Judy Kilby	Planned Care	Diane Gill	Haematology OPD Osbourne Building LRI	Carole Ribbins	Winner
We are on team and we are best when we work together	Simon Conroy and the Emergency Frailty Team	Acute Care	Andy Palmer	AMU Level 5 Balmoral Building LRI	Carole Ribbins	Winner
Caring at its best	Esther Moss, Gynaecologist	Women's and Children	Miss Marianne Rossi	Ward 31 LGH.	Ian Scudamore	Winner
We treat people how we would like to be treated	Jo Brader & the 'A Day to Remember' Team	Acute Care	Ruth Ibbotson	AICU GH	Carole Ribbins	Highly Commended
We do what we say we are going to do	Shaheen Mulla	Human Resources	Deb Baker	Training Awards Evening	Kate Bradley	Highly Commended
We focus on what matters most	Susan Wesley	Cancer and Haematology	Lorraine Granger	Chemotherapy Suite Osbourne Building LRI	Martin Hindle	Highly Commended
We are passionate and creative in our work	Dr Richard Wong	Surgery/Planned	Diyanah Rafiq	Doctors Room, Ward 37, Level 6, Windsor	Suzanne Hinchliffe	Highly Commended
We are on team and we are best when we work together	Fracture Clinic Team LRI	Planned Care	Jodie Hirst	Fracture Clinic LRI	Carole Ribbins	Highly Commended
Caring at its best	Dr Mark Lawden	Acute Care	Patricia Meredith	Ward 24 Windsor Building LRI	Kevin Harris	Highly Commended

Appendix 5 - NHS Leadership Academy – Newly Launched Professional Development Programmes

Better Leaders
Better Care
Brighter Future

We have **5** ground-breaking programmes designed to develop outstanding leaders at every tier of the healthcare system.
Thousands of staff will experience the programmes in the next few years
Tens of Thousands more people will benefit from them
We're building a better and brighter NHS – are you in?

NHS
Leadership Academy

<p>Edward Jenner Programme Leadership Foundations</p>  <p>Learn to lead like Edward Jenner with tenacity and an enterprising spirit</p>	<p>Mary Seacole Programme Leading Care I</p>  <p>Learn to lead like Mary Seacole with compassion, resourcefulness and practicality</p>	<p>Elizabeth Garrett Anderson Programme Leading Care II</p>  <p>Learn to lead like Elizabeth Garrett Anderson with dynamism and a drive to challenge the status quo</p>	<p>Nye Bevan Programme Leading Care III</p>  <p>Learn to lead like Nye Bevan with a bold vision and wide ranging influence</p>	<p>The Top Leaders Programme</p>  <p>Connect, focus and refresh</p>
<p>Open access</p> <p>40 mins per session (21 sessions)</p> <p>At your own pace</p> <p>Approach to learning</p> <p>Online</p> <p>For all, especially newly qualified colleagues*</p> <p>Free access to all</p> <p>NHS Leadership Academy award in Leadership Foundations</p>	<p>Applications online</p> <p>10-12 hours a week</p> <p>12 months</p> <p>Approach to learning</p> <p>Online & Group Learning</p> <p>For all colleagues aspiring to 1st leader roles*</p> <p>Funding available</p> <p>NHS Leadership Academy award in Healthcare Leadership and a Postgraduate Certificate</p>	<p>Applications online</p> <p>10-15 hours a week</p> <p>up to 24 months</p> <p>Approach to learning</p> <p>Online, Residential, Group Learning & Global Partner Input</p> <p>For all colleagues aspiring to lead complex teams*</p> <p>Funding available</p> <p>NHS Leadership Academy award in Senior Healthcare Leadership and an MSc in Healthcare Leadership</p>	<p>Applications online</p> <p>8 hours a week (average)</p> <p>up to 12 months</p> <p>Approach to learning</p> <p>Online, Residential, Group Learning & Global Partner Input</p> <p>For all colleagues aspiring to executive roles*</p> <p>Funding available</p> <p>NHS Leadership Academy award in Executive Healthcare Leadership</p>	<p>Nomination</p> <p>Variable</p> <p>Variable</p> <p>Approach to learning</p> <p>Residential, Group Learning & Global Partner Input</p> <p>For current executives*</p> <p>Funding available</p> <p>Supporting your continuous development</p>

*For clinical and non-clinical colleagues

For more details visit www.leadershipacademy.nhs.uk