

<b>To:</b>	<b>Trust Board</b>										
<b>From:</b>	Kate Bradley, Director of Human Resources										
<b>Date:</b>	27 March 2014										
<b>CQC Regulations:</b>	Outcomes 12 to 14										
<b>Title:</b>	<b>Organisational Development Plan Priorities (2013/15) Quarterly Update Report (Final Quarter January – March 2014)</b>										
<b>Author/Responsible Director:</b>	Kate Bradley, Director of Human Resources / Bina Kotecha, Assistant Director of Learning and OD										
<b>Purpose of the Report:</b>	<p>This report sets out:-</p> <ol style="list-style-type: none"> <li>1. Progress against 2013/14 priorities of the Trust's Organisational Development (OD) Plan during the final quarter (January to March 2014);</li> <li>2. Quarterly analysis against key HR performance measures, the workforce profile and pay bill; and</li> <li>3. Key steps undertaken to improve efficiency and effectiveness of HR delivery.</li> </ol>										
<b>The Report is provided to the Board for:</b>	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>								
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>								
<b>Summary / Key Points:</b>	<p>We have set out an ambitious OD Plan led through six substantial work streams focussed on a number of targeted priorities and on-going fundamental areas as shown in Appendix 1:-</p> <ul style="list-style-type: none"> <li>• Live our Values;</li> <li>• Improve Two-way Engagement;</li> <li>• Strengthen Leadership;</li> <li>• Enhance Workplace Learning;</li> <li>• Improve External Relationships and Workplace Partnerships; and</li> <li>• Encourage Creativity and Innovation.</li> </ul> <p>A review of the OD Plan has been undertaken by PWC as agreed by the Trust's Audit Committee. The OD Plan review Audit Report was published in February 2014 and the overall report classification was graded 'low risk' (green). Work is underway in refreshing the OD Plan for 2014/15 adopting the best practice model provided by PWC.</p> <p>Key progress against priorities/fundamental areas, in this quarter, are summarised below:-</p> <ul style="list-style-type: none"> <li>• Plans are underway in implementing a 'Nursing into Action' Programme to support nursing leads in implementing Listening Events in all Ward and Clinical Department areas</li> <li>• Assessment centre approaches to recruitment are currently being explored to strengthen recruitment practices</li> <li>• The Trust is currently in the final phase of our first year LiA journey. This involves supporting, coaching and directing Pioneering Teams to promote and embed LiA as the way we engage with staff around what matters to them and involve staff in implementing change at a local level</li> <li>• We continue to focus on a range of medical engagement activities including the initiation of 'LiA Code Breakers'. This Pioneering Team are looking at ways to improve the accuracy and depth of recording and coding of co-morbidities</li> </ul>										



- The Trust was recognised for our '**Salary Maxing Car Scheme**' in the prestigious 'Pay and Benefits Awards 2014' in the best Salary Sacrifice category as 'Highly Commended'
- We are working on developing a UHL 360 Degree Feedback Tool that will offer staff valuable feedback. On an interim basis we are utilising a simple three question process
- We are currently working closely with senior leadership teams within the CMGs on team building development, mapping out how teams will work together to achieve excellence
- We have appointed Foresight Partnership to carry out an independent review of the Board Effectiveness
- We have set a minimum target of 75% staff to complete Statutory & Mandatory Training across all core programme areas by 31 March 2014 and as at 17 March 2014 we have achieved this target and continue to focus on improving performance
- Workforce Plans for 2013/14 continue to be implemented and have remained fluid to reflect in year pressures and increased capacity requirements. Over 100 International Nurses have commenced with UHL in this quarter and it is anticipated that this will start to have a significant impact on band and agency expenditure from the start of 2014/15
- Plans are underway to carry out our third annual appraisal quality audit
- Over the last quarter a key area of focus has been to fully establish a PPI structure within the CMGs. As such, each CMG now has a named lead responsible for coordinating PPI activity
- The approach we adopt for co-ordinating operational and strategic activities to rise to the challenges we face and to ultimately deliver our vision of "Caring at its Best" has been revised. It is now proposed that the "Improvement and Innovation Framework" is replaced by a more "user-friendly" branding i.e. 'Delivering Caring at its Best'.
- We host the East Midlands Clinical Research Network and have seen an increase in recruitment to NIHR-adopted research studies.

Our Human Resources Key Performance Indicators detailed in Section 2 of this report are designed to give assurance that we have sufficient supply of workforce to meet our activity requirements and that the workforce is working to high levels of efficiency. We continue to focus on the efficiency and effectiveness of our HR Service and have made excellent progress in improving our recruitment services.

A report on the National Staff Survey (2013) results was presented to the Trust Board on 27 February 2014 and updated on the CQC published report and Key Findings highlighting benchmark data for all Acute Trusts. A Trust Board Development Session will take place on the 10 April 2014 in further exploring local areas of strength and development needs.

**Recommendations:**

The Trust Board is asked to note the progress in the final quarter of 2013/14 in taking forward key 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 2

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

**Assurance Implications:**

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

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

**Stakeholder Engagement Implications:**

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

**Equality Impact:**

Priorities have been assessed against the nine protected characteristics under the Equality Act 2010

**Information exempt from Disclosure:** None

**Requirement for further review?** Progress will be monitored by the Executive Quality Board

**REPORT TO:** Trust Board

---

**DATE:** 27 March 2014

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

**SUBJECT:** UHL Organisational Development (OD) Plan Priorities Update Report (Quarter 4 – January to March 2014)

## 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 December 2013. Our priorities are led through six substantial work streams:-

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

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

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

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

**Section 1** updates on activity undertaken during the final quarter of 2013/14 (January – March 2014) as summarised in Appendix 2. We have incorporated the RAG Status against each priority area to indicate progress against key actions identified in the previous quarterly update (dated 20 December 2013). All actions are on track indicated by the  symbol in the heading line.

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

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

1.4 A review of the OD Plan has been undertaken by PWC as agreed by the Trust's Audit Committee. The OD Plan Review Report was published in February 2014 and reported against the following:-

- The processes involved in creating the OD Plan, including any external consultation;



- The work performed by the Trust Board in relation to the OD Plan through discussion with key personnel and review of key documentation;
  - Testing, on a sample basis, the Trust's progress against work streams 2 and 4, and comparing this to that reported to the Trust Board; and
  - How the OD Plan compares against good practice.
- 1.5 The overall report classification was graded 'low risk' (green) determined by allocation of points to each of the findings included in the report. The report confirms that:-

*'Overall the Trust's process for preparing the OD Plan has been carried out effectively and the Trust has implemented a strong OD Plan. There was a robust consultation process with staff and the plan is aligned to the Strategic Direction of the Trust. Detailed progress reports are shared with the Trust Board on a quarterly basis and the plan is a dynamic document with actions evolving to ensure the direction and emphasis of OD is meeting the needs of the organisation. Steps have been taken to incorporate the key recommendations from the Francis Report, Keogh and Berwick Reports into the OD Plan.'*

*Extracted From: OD Plan Review Report dated February 2014*

- 1.6 The audit noted that for each priority and fundamental, the plan does not set out what the desired outcome would be and the key change requirements. Work is underway in refreshing the OD Plan for 2014/15 adopting the best practice outcome model provided by PWC.
- 1.7 A report on the National Staff Survey (2013) results was presented to the Trust Board on 27 February 2014 and updated on the CQC published report and Key Findings highlighting benchmark data for all Acute Trusts. In addition the Trust Board report summarised the results from our UHL local questions and the Listening into Action Pulse Check Survey which took place in early January 2014. A Trust Board Development Session will take place on the 10 April 2014 in further exploring local areas of strength and development needs.
- 1.8 We are involved in seven national 'Do OD' Projects as summarised in Appendix 3 in order to influence OD work at a national level, across organisations and systems. This is a great opportunity to share areas of best practice and build OD work around patients, quality and safety.

## SECTION ONE – ORGANISATIONAL PLAN PRIORITIES – 2013/2014

### Work Stream 1: Live Our Values

---

#### 2.1 **Implement Putting People First/ Nursing into Action**

- A 'Nursing into Action' Programme supporting Ward Managers to host a Listening Event for their areas around the priorities identified by the Chief Nurse will be implemented over the next 18 months.

#### 2.2 **Implement Values Based Recruitment**

- The 'Developing Our Employer Brand' Task and Finish Group is implementing more programmes of bulk recruitment which provide the scope for assessment centre approaches to recruitment and selection. This will provide more opportunities for assessors to explore the extent that applicants can demonstrate they will uphold the Trust values.
- During the last quarter we have reviewed the guidance for consultant panels and ensured that example questions/areas of questioning reflect the Trust values.
- In the next quarter NHS Jobs 2 will be further embedded and we will focus on developing a bespoke application form which requires applicants to give examples of how they uphold the Trust values. In addition we will redesign the interview assessment documentation to ensure that all applicants are assessed in relation to the way in which they demonstrate Trust values.

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

- Judging for quarter 2 in our new cycle has finished. There were 38 nominations in total and the quality of nominations remained high. All workplace awards will be presented during March 2014. The next nominations are already underway with 25 submissions received to date.
- A UHL wide communication resulted in 46 more volunteer judges. Training dates across the three sites are booked to ensure all volunteer judges are fully trained for to participate in the next quarter.
- Preparations for the annual awards ceremony on the 25<sup>th</sup> of September are underway.

### Work Stream 2: Improve Two-way Engagement

---

#### 3.1 **Embed Listening into Action Framework**

- The Trust embarked on a 12 months 'Routemap' in April 2013. The first 12 months of LiA are split into 4 distinct phases:-
  - Phase 1 Committing to a new way of working;
  - Phase 2 Engaging staff around what matters;
  - Phase 3 Mobilising and empowering staff to drive change, and
  - Phase 4 Embedding LiA as the way we do things at UHL.
- The Trust is currently in the final phase of the first 12 months. This involves supporting, coaching and directing Pioneering Teams to promote and embed LiA as the way staff engage their colleagues around what matters to them and how they implement change at a local level. At the same time the Enabling Our People (EoP) Schemes and Quick Wins are continuing to drive change at an organisation wide level around the issues which have an impact on a significant

number of staff from across the Trust with the aim of ultimately improving services for our patients.

### 3.2 **Implement Medical Engagement Strategy Priorities**

- An additional follow-up day was delivered in February for eight Heads of Service and Consultants who had previously attended the initial Medical Leadership Programme. A further three day programme has been planned for March 2014 with a subsequent day four planned for June 2014.
- The second meeting of the Clinical Senate took place on the 25th of February, when the Terms of Reference of the group was agreed.
- The UHL Doctors in Training Committee (DiTC) meet on a bi-monthly basis with representation from all specialties and grades. Priority work streams for the committee are Maximising Training and Learning Opportunities; Communication and Patient Safety.
- Following meetings with focus groups on reporting concerns, a new form has been designed. Its use will be evaluated by the Safety Team. The group has also developed a short workshop around Quality Improvement which the Committee vice chair ran in December. Various research or service improvement projects are currently being completed by Committee members and will be presented at the Patient Safety Showcase on 21<sup>st</sup> March.
- 'LiA Code Breakers' are looking at ways to improve the accuracy and depth of recording and coding of co-morbidities and will take a phased approach to ensure the project is manageable. A Listening Event was held in January 2014 and twenty four members of staff attended the event and contributed to the action planning.
- Eleven consultants attended the Consultant Appraiser Training on the 12th February 2014. A follow-up refresher day is in the process of being designed for all trained consultant appraisers for the Autumn of 2014 and will be based on feedback from current Appraisers.
- 'Preparing for your first Consultant job', a full day course was held in February 2014 for SpR's in preparation for Consultant Interviews.
- Following the Mentoring event held with Health Education East Midlands, feedback from attendees was for further Mentoring training for new mentors and a separate system for Buddying to be put in place. These are currently under development.

### 3.3. **Achieving 'Excellent Employer' Status**

- The first ever Staff Benefits Fair was held at each of the main sites attracting circa 1,100 employees. The fair offered employees the opportunity to visit a wide variety of stalls including '**the full range of Salary Maxing**' offerings, Staff Accommodation, Payroll, Pensions, Training and Development, Travel, Well Being at Work, AMICA Staff Counselling, Occupational Health, STOP Smoking Service, Staff Lotto etc. Both employees and stallholders provided extremely positive feedback to the events.
- Our new **Salary Maxing Benefits Portal** has attracted in excess of 69,000 page visits since launch clearly demonstrating employee's interest in our staff

benefits. Our *'Salary Maxing'* benefits pages on our external website have attracted a great deal of interest also with prospective employees making enquiries about the benefits available.

- The first application window for **'Salary Maxing Take IT Home'** scheme saw over 300 employees signs up. A second application window opened during March 2014.
- The Trust was recognised for our **'Salary Maxing Car Scheme'** in the prestigious *'Pay and Benefits Awards 2014'* in the best Salary Sacrifice category as *'Highly Commended'* staving off competition from Tesco Stores. The Awards honours individuals and teams for their outstanding achievements in the industry. This is a tremendous achievement for the *'Salary Maxing'* team as the scheme is less than a year old it recognises the tremendous work the Trust is undertaking.

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

- The UHL Health and Wellbeing Steering Group met on 31 January 2014 and the focus remains on the 5 High Impact Changes that apply to every NHS organisation. The key priorities for UHL over the next year being 'Stress Management and Training' which will be underpinned by the Trust commitment to the Public Health Responsibility Deal (PHRD).
- Over the last quarter we have continued to provide training in a range of areas including emotional resilience, self-care at work and have refocused our sickness absence management training. In the last quarter the sickness absence data indicates sickness due to stress is reducing across the Trust.
- In 2012 UHL signed up the PHRD. To date we have committed to a number of pledges aligned to managing chronic conditions, providing occupational health services and increasing physical activity in the workplace.

## Work Stream 3: Strengthen Leadership

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

- We are working on developing a UHL 360 Degree Feedback Tool that will offer staff valuable feedback against our [Leadership Qualities and Behaviours](#). This will be available from the Summer and will be a powerful tool to help staff identify where their leadership strengths and development needs lie. The process will include receiving confidential feedback from line managers, peers and direct reports. As a result, it will provide staff with an insight into other people's perceptions of their leadership qualities and behaviours.
- Until our specific feedback tool is developed, on an interim basis we are utilising a simple three question process which we have asked our Leadership Community to adopt in the short-term.
- We will be working with Health Education East Midlands and OCB Media to put together e-learning modules to support the implementation of National NHS Healthcare Leadership Model and Leadership Qualities and Behaviours.

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

- The East Midlands Leadership Academy (EMLA) provides a wide ranging portfolio of training programmes and we have accessed EMLA programmes 102 times across 16 programmes over 2013.

- Working in partnership with EMLA, we are participating in a pilot development programme titled 'Leading Across Boundaries' and have put together our first two clinically led multi-professional project teams to attend this development focussed on service and quality improvement (linked to Cancer Centre and Theatre Utilisation). Over 2014/15 we plan to expand on this approach to multi-professional team development focussing specifically on key Trust priorities including Emergency Care and seven day services.
- We have delivered emotional resilience workshops which have been attended by 170 staff over 2013/14. They are very well evaluated and sickness absence in the Trust for stress related illness for the past two quarters has reduced as a result of this training and other measures. Three further workshops are planned for 2014 hoping to reach around 200 staff.
- In September 2013, the Trust implemented a change programme to replace the Divisional structure with seven Clinical Management Groups. We are currently working closely with senior leadership teams within CMGs on team building development, mapping out how teams will work together to achieve excellence and optimise integration.
- We have appointed Foresight Partnership to carry out an independent review of Board Effectiveness. The review has commenced and is due to conclude in May 2014. In 2014/15 we will work closely with 'Foresight Partnership' in implementing a tailored approach to developing a highly effective Board.
- Board's development sessions in January and February 2014 have focused on the development of our Annual Operational Plan 2014/15-2015/16; IM&T developments and complaints handling.

#### **Work Stream 4: Enhance Workplace Learning**

---

##### **5.1 Statutory and Mandatory Training**

- Statutory and Mandatory Training is critical to ensuring that staff are safe at work and are providing safe, high quality patient centred care. We have identified training that is absolutely essential and reflective of the national Core Skills Training Framework (Skills for Health, 2013). We have re-designed Statutory & Mandatory Training Programmes in e-learning format (where appropriate) to improve programme access and ensure the training we provide is high quality and educationally relevant. We have also increased capacity to deliver classroom based training in core clinical areas including Basic Life Support.
- We have set a minimum target of 75% staff to complete Statutory & Mandatory Training across all core programme areas by 31 March 2014 and as at 17 March 2014 we have achieved this target. We have made good strides this year and need to ensure that there is a concerted effort in sustaining and improving on our current performance over 2014/15. We have arranged for Listening Event to take place on the 31 March 2014 in sharing areas of best practice and agreeing the 2014/15 action plan with Trust Statutory and Mandatory Training Leads.

##### **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. Over 100 International Nurses have commenced with UHL in this quarter and it is anticipated that this will start to have a significant impact on band and agency expenditure from the start of 2014/15.

- There have been a number of key developments in the last quarter relating to a more structured approach to workforce planning. Strategic planning sessions with Clinical Management Groups, encompassing significant clinical engagement, have focused on operational plans for 2014-16 and strategic plans for the next five years. In developing the visions for service delivery, participants have considered the workforce and organisational development implications and a number of key themes have emerged:
  - Increased scope for the development of advanced and assistant practitioner roles
  - Improving the marketing and branding of our research and clinical expertise portfolio to attract staff
  - Reviewing the workforce implications of changing the setting of clinical activity
- In addition to strategic planning sessions, budget setting meetings have tasked Clinical Management Groups to analyse the relationship between activity and the provision of a safe and effective workforce. The output of this analysis will be reflected in Operational Plan submissions for 2014-16.
- During 2013/14 we have worked in partnership with Health Education East Midlands (HEEM), University of Leicester and De Montfort University to appoint four graduate interns across a range of managerial disciplines. This programme has enabled graduates to complete a variety of projects supported by educational input from the University of Leicester's School of Management and the Careers Service. The graduates officially completed their placements in February 2014 and presented a number of projects with tangible outcomes which varied from theatre utilisation projects to the development and implementation of a recruitment approvals project. With the support of Health Education East Midlands, this pilot will be expanded in 2014/15 and UHL will continue to work in partnership with local Higher Education providers to secure Summer placements and sandwich course students.
- The Emergency Department have successfully secured £191K of workforce development funds from HEEM to support their Workforce Strategy and further develop innovative educational practices in order to improve recruitment and retention and the quality of educational experiences of a multidisciplinary workforce. In this programme there is a particular emphasis on the development of specialty doctors and advanced and assistant practitioners.

### 5.3 **Appraisal Quality**

- Our 2013 national staff survey results show that one of our 'top ranking findings' i.e. in the best 20% of Acute Trusts, relates to 'staff completing appraisal in the last 12 months' (Trust score 91% against a national average of 84%).
- New appraisal documentation is being developed and aligned to Pay Progression changes relative to Agenda for Change staff. In adopting the

revised process, over coming months we will be communicating changes and offer awareness raising / update sessions in prominent locations across the three sites.

- We will be carrying out our third annual appraisal quality audit in May 2014. Appraisals being quality assured at this time will be those reported as undertaken between February and April 2014.
- The audit processes will include:
  - Paperwork samples sought from all areas and quality assured
  - Appraisee Online Survey to be completed by a sample of staff
  - Relevant questions and key findings from the national staff survey will again be considered to gain a broader context.

#### **5.4 Recruitment and Retention of Staff**

- During this quarter approximately 100 nurses from overseas (Portugal, Spain, Ireland and Greece) have commenced work with UHL. The induction and adaptation programme is underway and very positive feedback has been received from nurses joining us through this programme. A further fifty nurses are due to commence in May 2014 and this is having a significant impact on reported nursing vacancies for the Trust.
- The LiA 'Enabling our People' Scheme dedicated to recruitment and selection, continues to deliver on its objectives:
  - Reports are being generated from the electronic tracking system which can demonstrate our compliance with key performance indicators and compliance with the NHS Employers Pre employment Checking Standards.
  - Over 400 posts have been reviewed through the 'Route to Recruit' on line approvals process. The processing of approvals has been reduced from 3-4 weeks to an average of 10 days.
  - The process for issuing and collating new starter payroll paperwork has been streamlined and a new process will be launched to coincide with weekly Trust Corporate Induction
  - The process for the collation of pre-employment checking documentation has been reviewed and will be revised in pilot form from June 2014. The anticipated benefit of this review is a right first time approach and an improved experience for candidates.
- The Reward and Recognition Strategy designed to improve recruitment and retention of staff was approved by the Board in December 2013 and the associated action plan is being implemented. This will be presented to an NHS Employers National Network Meeting in April 2014.
- A 'Delivering Our Employer Brand' Task and Finish Group has been established to develop our recruitment marketing and maximise the use of social media. This group is also focused on developing bulk recruitment campaigns to support a more proactive and structured approach to assessment of new recruits.

### **Work Stream 5: Improve External Relationship and Working Partnerships**

#### **6.1 Develop Patient and Public Involvement Strategy**

- Over the last quarter a key area of focus has been to fully establish a PPI structure within the CMGs. Five new Patient Advisors and the eleven existing

Patient Advisors have now been allocated to a CMG and are beginning the process of establishing their work programme for the year. CMG leads have been asked to focus on service developments that will require patient and public engagement in 2014/15.

- Patient Advisors have also recently been consulted on the scope of their role and the relationship between the Patient Advisor Group and the Trust. The outcome of these discussions will be reflected in a revised role outline.
- In the last quarter a group of our Prospective Governors met with the Director of Corporate and Legal Affairs and PPI and Membership Manager to develop the Terms of Reference for the group. A draft Terms of Reference has now been developed and was presented to the group for endorsement in March 2014. The group will now be known as the “UHL Membership Forum” and will meet quarterly.
- The involvement of patients has become fundamental to the management of each of our new Listening in to Action projects and each of the 12 new “Pioneering Teams” includes a patient representative who participates in the running and development of the project.

#### 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***

- The approach we adopt for co-ordinating operational and strategic activities to rise to the challenges we face and to ultimately deliver our vision of “Caring at its Best” has been revised. It is now proposed that the “IIF” nomenclature is replaced by a more “user-friendly” branding i.e. **‘Delivering Caring at its Best’**. It is felt that this branding will capture well the improvements that we are trying to secure on our journey towards “Caring at its Best”. The core programmes within this and the key enabling work streams have also been refreshed.
- The eLearning module on Quality Improvement has now been developed in conjunction with OCB Media and will be piloted in the CSI CMG during March/April. Quality Improvement networks are being established and a celebration event will take place this month for the completed Trainee Doctor Quality improvement Programme which commenced in November 2013. Connections have been made with the Local Education Training Board and HEEM with regards to commissioning Quality Improvement educational programmes to explore how we can work collaboratively.
- Early discussions have taken place with University of Leicester to explore opportunities to work together with local Universities and other key stakeholders across the Health and Social Care Community to create an Improvement and Innovation Centre which connects improvement experts, clinicians and researchers to drive the design and delivery of change programmes which improve health and healthcare.

##### **7.2 *Embedding Releasing Time to Care***

- This project has now closed as agreed by the Executive Quality Board.

**7.3  Build on Research and Development**

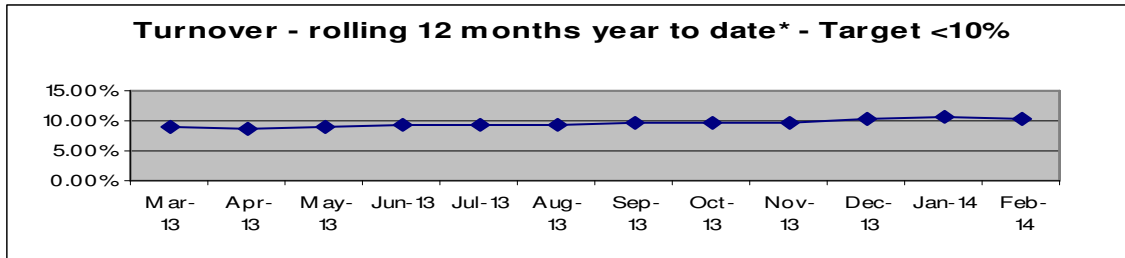
- Significant progress has been made with the hosting arrangements for the East Midlands Clinical research Network awarded to UHL: the Clinical Director has been appointed and the mandated Operational Management Group and Partnership Board have been set up.
- This quarter has seen the increase in recruitment to NIHR-adopted studies continue: UHL is currently 67% above recruitment for the same time point last year and at 97% of the annual target.

**SECTION TWO – HR OPERATIONAL PERFORMANCE**

**8.1 KEY PERFORMANCE INDICATORS**

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

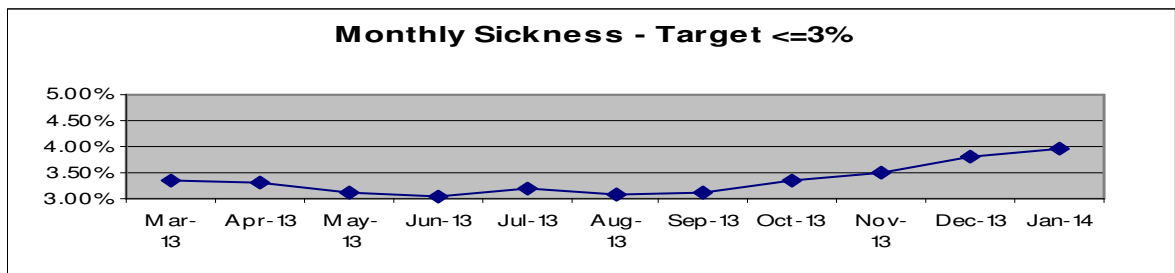
**Graph 1 Cumulative Turnover Rates as at 28.02.14**



\* Excludes Facilities / Trainee Doctors

- These turnover figures exclude Facilities staff as rates are skewed by the TUPE transfer of these staff in February 2013. They are inclusive of 66 IM&T staff who TUPE transferred between 1 August 2013 and 30 November 2013 and 77 sexual health staff who transferred to Staffordshire and Stoke-on-Trent Partnership NHS Trust on 1 January 2014.
- As a result of these transfers, turnover rates have slightly increased between December 2013 and February 2014 and are now above the target level of 10%.

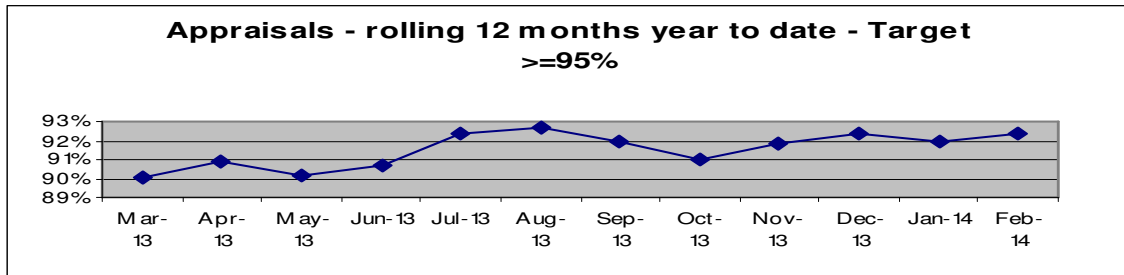
**Graph 2 % Sickness Rates as at 31.01.14**



- With effect from February 2014, sickness is to be reported to the Board one month in arrears in order to improve the accuracy of reporting and allow for the closure of absences. The figures above therefore relate to the period ending 31 January 2014. Throughout 2013/14, sickness has fluctuated between 3 and 3.5% although there has been an increase in December 2013 and January 2014 to 3.8% and 3.95% respectively. The cumulative sickness level is 3.34% which is above the stretch target of 3%.
- Although there was an increase in sickness rates in the same period last year, this was not as high as that experienced in this reporting period. This increase has been experienced across all areas and therefore could be as a result of the changes in CMG management structures. To address this operational managers

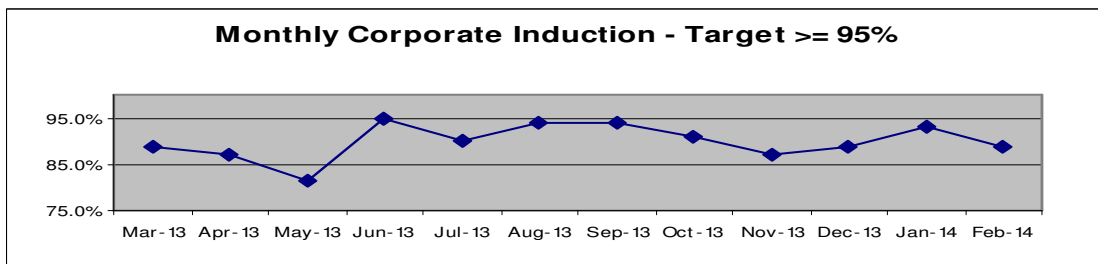
and other managers who support the management of sickness absence have received focused training.

**Graph 4 % Appraisal Rate 12 month's year to date as at 28.02.14**



- There continues to be considerable appraisal activity over the last month, between January and February the Appraisal rate has increased to 92.3% at the end of February. Appraisal performance and quality remains high on the CMG business agenda and there is a strong commitment to achieve 95%.
- Work continues with IBM, IM&T & OCB Media in developing the new e-Appraisal system to improve reporting functionality.

**Graph 5 % Corporate Induction Completion as at 30.11.13**



- Performance has deteriorated marginally at the end of February. The figures continue to reflect numbers booked onto Corporate Induction against actual attendance. The process for following-up non-attendees continues to be implemented at a local level in line with the Induction Policy.
- The new weekly Corporate Induction Programme will be delivered from 31<sup>st</sup> March 2014. Working in collaboration with key stakeholders the internal processes have been improved and strengthened.

### Statutory and Mandatory Training Overall Performance

Data Generated	Projected Compliance *	Reported Percentage of Compliance	Ahead / Behind Projected Compliance
10/07/13		40%	
02/08/13		48%	
13/08/13		48%	
29/08/13		48%	
10/09/13		49%	
30/09/13		53%	
14/10/13	45%	55%	<b>Ahead</b>
31/10/13	50%	57%	<b>Ahead</b>
14/11/13	50%	58%	<b>Ahead</b>
02/12/13	55%	60%	<b>Ahead</b>
15/12/13	55%	62%	<b>Ahead</b>
08/01/14	60%	65%	<b>Ahead</b>
31/01/14	65%	69%	<b>Ahead</b>
14/02/14	65%	72%	<b>Ahead</b>
04/03/14	70%	73%	<b>Ahead</b>
17/03/14	70%	75%	<b>Ahead</b>
31/03/14	>=75%		
01/04/14	>=75%		

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

- During the period between January and mid- March compliance against Statutory and Mandatory Training has increased from 65% to 75% across the nine core areas.
- The final Health & Safety eLearning module is now live on the eUHL system and sees the total number of Statutory and Mandatory core subjects rise to 10. This last package is a requirement for all clinical and non- clinical staff to complete on a 3 yearly cycle.
- Work continues with IBM, IM&T & OCB Media in developing the new Learning Management System to improve reporting functionality, programme access and data accuracy.

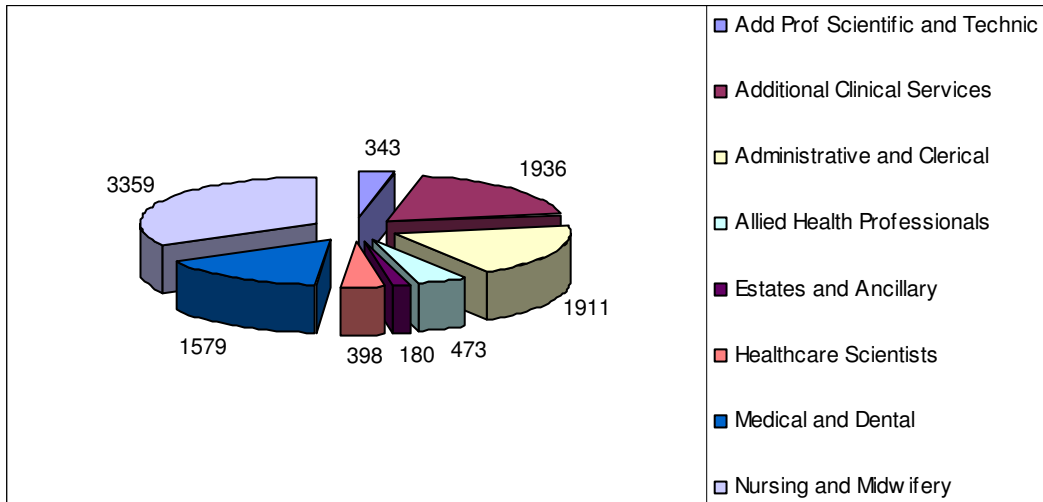
## Workforce Profile / Pay Bill

### 9.1 Workforce Profile

- The total headcount figure as at 28 February 2014 is 11839 (10,178 WTE). The position as at 30 November 2014 was 11749 (10,072 WTE).
- The chart below indicates the workforce profile by staff group (in contracted whole time equivalents) with the largest proportion of staff employed within nursing and midwifery. These figures have increased as a result of preparations for winter pressures and increased nursing establishments (see below).
- Revised establishment figures for nursing staff have been agreed taking into consideration the allowance for two days protected supervisory time for nurse

managers. There has been a significant increase in nursing workforce numbers (138 WTE) as a result of an international recruitment campaign. Over 100 nurses from Spain, Portugal and Ireland commenced work in January and February 2014.

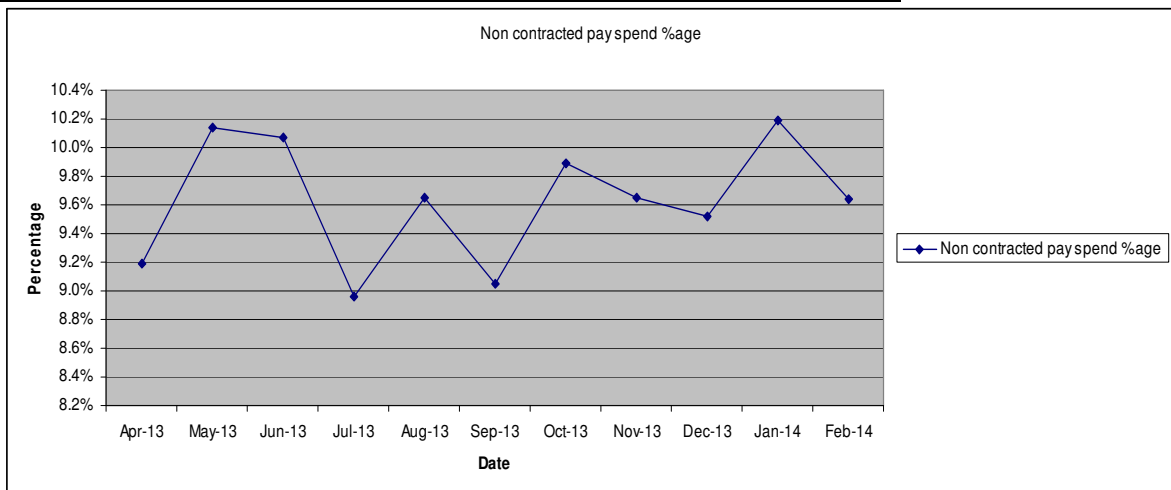
**Chart 1 Headcount of Workforce by Staff Group as at 28.02.14**



## 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 £11.4m. In the main this short fall has been as a result of a continued requirement to keep extra capacity wards open throughout the year.

**Graph Six Premium Rate Expenditure as a Percentage of Pay bill**

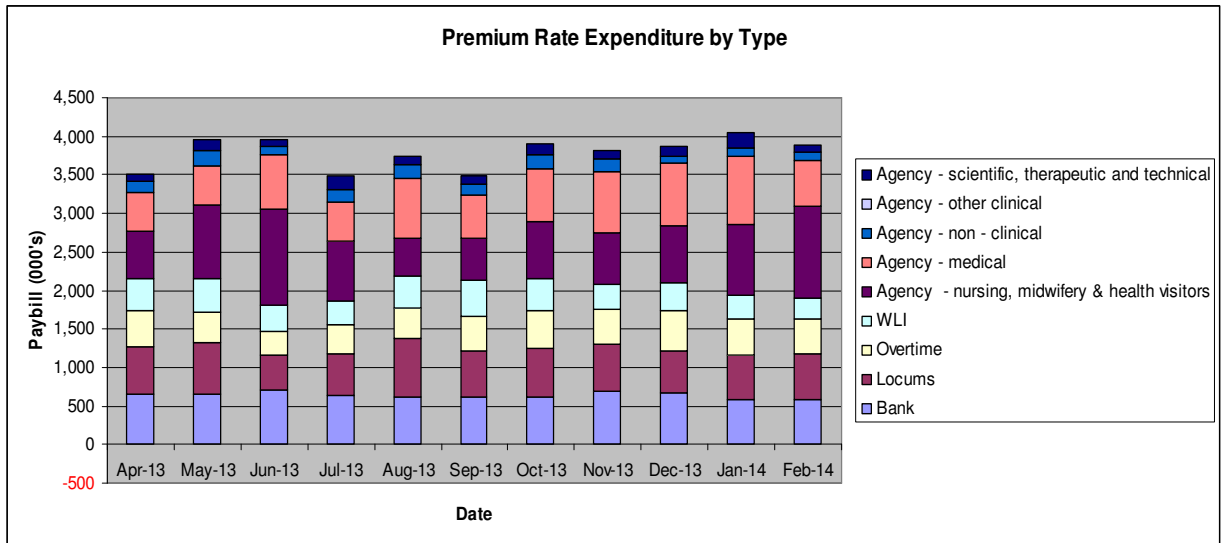


- Premium rate payment in proportion to substantive pay bill has been at 9.0% or above since April 2013. In January 2014, the proportion reached its highest level of 10.2%. Nursing agency expenditure increased in each month of the reporting period and exceeded £1m in February 2014. The reasons for this will have been multifactorial including increased emergency admissions, additional staffing to



support the 'super weekends' and maintaining international nurses as supernumerary to allow for induction and adaptation.

**Graph Seven Premium Rate Expenditure by Type**



- In the last quarter, we reported 500 nursing vacancies, at the end of this reporting period, this has reduced to 230 (220 qualified nurses and 18 healthcare assistants). A number of registered nurses are still supernumerary or waiting to commence employment and therefore the number of 'felt vacancies' is 439. These 'gaps' have been covered to ensure we maintain safe staffing levels in terms of nurse to bed ratios and proportions of qualified to unqualified staff.
- Waiting List expenditure payments have reduced in the reporting period following further focused control on such payments.

**9.3 Next Steps**

The priority for the next quarter will be to:-

- Commence a further 50 international nurses following two highly successfully inductions in January and February 2014
- Issue the final workforce plan submission for 2014-16 to NHS Trust Development Authority
- Continue work to develop the staffing models for vascular surgery and the emergency floor
- Refresh the 2012-18 five year workforce plans to reflect the CMG strategy sessions defining long term plans for service development.
- A new Waiting List Payments Policy will be introduced.

## SECTION THREE – TRANSFORMATION OF HR SERVICE

### 10. Development in HR Service Model

---

- Since the launch of Route to Recruit on 2 December 2013 we have been continuously monitoring and evaluating the system. We have secured LiA funding to develop the system further to support the approvals process introduced by the Chief Executive and to enhance the system following feedback from recruiting managers.
- NHS Jobs 2 went live on 4 March 2014. The new functionality of NHS Jobs 2, which will dovetail into the Route to Recruit System to further streamline our recruitment processes. New functionality will be switched on throughout April and May, once full testing has been undertaken and necessary communications and training provided.

## SECTION FOUR – RECOMMENDATIONS

### 11. Recommendations

---

- The Trust Board is asked to note the progress in the final quarter in taking forward key priorities for 2013/14 identified within the Trust's Organisational Development Plan 2013/15.
- The Trust Board is also asked to comment on key HR performance results and the steps undertaken to improve the efficiency and effectiveness of HR delivery across UHL.

**Appendix 1: Organisational Development Plan 2013-2015 – Summary (Updated March 2014)**

Work currently being undertaken on refreshing the Organisational Development Plan for 2014/15

*Caring at its best*

Six Work Streams	2013	2014-15	On-going Fundamentals
1. Live our Values	<ul style="list-style-type: none"> <li>• <b>Implement Putting People First / Nursing into Action</b></li> <li>• Implement Values Based Recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of "Caring at its best" training Trust wide</li> </ul>	<ul style="list-style-type: none"> <li>• Embed Values within Systems and Processes</li> <li>• Continue 'Caring at its best' Awards</li> </ul>
2. Improve Two-way Engagement	<ul style="list-style-type: none"> <li>• Embed Listening into Action Framework (LiA)</li> <li>• Implement Medical Engagement Strategy Priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Build on Health and Well Being and Resilience at Work Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Change Management</li> <li>• Achieve and maintain 'Excellent Employer' status</li> </ul>
3. Strengthen Leadership	<ul style="list-style-type: none"> <li>• Devise and implement Leadership Qualities and Behaviours</li> <li>• Board, Exec and Senior Leadership Development</li> </ul>	<ul style="list-style-type: none"> <li>• Embed Inclusive Talent Management</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership Development</li> <li>• Skills development in Finance and Business Acumen</li> <li>• Talent Profile for Senior Leaders</li> </ul>
4. Enhance Workplace Learning	<ul style="list-style-type: none"> <li>• Statutory and Mandatory Training</li> <li>• Implementation of Workforce Plans and Enhance Workplace Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Build on training capacity and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Improve Appraisal quality</li> <li>• Training, education and development for all staff</li> <li>• Recruitment and retention</li> </ul>
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> <li>• Develop Patient and Public Involvement Strategy</li> <li>• Production of key guidance / toolkits</li> </ul>	<ul style="list-style-type: none"> <li>• Implement actions highlighted in PPI strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Community Ambassador Programme</li> <li>• Representative Membership</li> <li>• Community Engagement and Representation</li> </ul>
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> <li>• Develop an Improvement and Innovation Framework (IIF)</li> <li>• <b>Develop and implement a plan for 'Delivering Caring at its best'</b></li> </ul>	<ul style="list-style-type: none"> <li>• Roll-out training, to enable a bottom-up approach towards improvement and innovation</li> </ul>	<ul style="list-style-type: none"> <li>• <del>Embedding Releasing Time to Care</del></li> <li>• Build on Research and Development</li> <li>• Implementation of Improvement and Innovation Framework</li> </ul>

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 4 Progress Summary (27<sup>th</sup> March 2014)

*Caring at its best*

Six Work Streams	2013 /14 Priorities	Progress Quarter 4
1. Live our Values	<ul style="list-style-type: none"> <li>Improving the experience for Patients and Staff</li> <li>Nursing into Action</li> <li>Implement Values Based Recruitment</li> <li>Caring at its Best - Awards</li> </ul>	<ul style="list-style-type: none"> <li>Divisional days held in Sept 2013</li> <li>Plan Nursing into Action Programme</li> <li>Designing more robust recruitment and selection processes that incorporate questions specific to Trust values</li> <li>Caring at its best Awards presentations in work areas. Plus 46 more volunteer judges have been recruited and their training planned</li> </ul>
2. Improve Two-way Engagement	<ul style="list-style-type: none"> <li>Embed Listening into Action Framework (LiA)</li> <li>Implement Medical Engagement Strategy Priorities</li> <li>Achieving 'Excellence Employer' status</li> <li>Build on Health and Well Being</li> </ul>	<ul style="list-style-type: none"> <li>Pioneering Teams, and Enabling Our People Scheme Capital fund established and Pulse Check during Jan 2014</li> <li>Medical leadership Development</li> <li>Clinical Senate</li> <li>DiTc Committee work streams progressed: Maximising Training &amp; Learning Opportunities, Patient Safety &amp; Communication.</li> <li>The Trust was recognised for our 'Salary Maxing Car Scheme' in the prestigious 'Pay and Benefits Awards 2014'</li> <li>5 High Impact Changes – Focus on 'Stress Management &amp; Training'</li> </ul>
3. Strengthen Leadership	<ul style="list-style-type: none"> <li>Devise and Implement Leadership Qualities and Behaviours</li> <li>Board, Exec and Senior Leadership Development</li> </ul>	<ul style="list-style-type: none"> <li>HEEM &amp; OCB Media to develop e-learning module to support National Healthcare Leadership Model &amp; Leadership Qualities' and Behaviours</li> <li>Utilisation of EMLA Programmes</li> <li>CMG Team Development Activity</li> <li>Board Development Programme continues Independent Review planned May 2014</li> <li>Leadership into Action Priorities drafted</li> </ul>

Appendix 2: Organisational Development Plan 2013-2015 – Quarter 4 Progress Summary (27<sup>th</sup> March 2014)

*Caring at its best*

Six Work Streams	2013/14 Priorities	Progress Quarter 4
4. Enhance Workplace Learning	<ul style="list-style-type: none"> <li>• Statutory and Mandatory Training</li> <li>• Implementation of Workforce Plans</li> <li>• Appraisal Quality</li> <li>• Recruitment and Retention of Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Statutory and Mandatory Training achieve 75%</li> <li>• Progress Workforce Plans in key areas</li> <li>• Appraisal Quality audit planned</li> <li>• Successful recruiting of Doctors from overseas (20)</li> <li>• Continued recruitment promotional activities</li> <li>• LiA RAPID Recruitment priorities progressed</li> <li>• Reward and Recognition Strategy drafted – LiA enabling our people scheme</li> </ul>
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> <li>• Develop Patient and Public Involvement Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• CMG's lead responsibility for co-ordinating PPI activity and work with Patient Advisors. Developing work programme for the year</li> <li>• 16 Patient Advisors in total</li> <li>• Patient Advisors consulted on scope of role</li> <li>• UHL membership Forum – draft Terms of Reference</li> <li>• Patient Representative on LiA Pioneering Teams</li> <li>• Public Health Responsibility (PHRD)</li> </ul>
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> <li>• "Delivering Caring at its Best".</li> <li>• Embedding Releasing Time to Care</li> <li>• Build on Research and Development</li> </ul>	<ul style="list-style-type: none"> <li>• Core programmes within Delivering Caring at its Best work streams have also been refreshed</li> <li>• Quality Improvement e-module developed in conjunction with OCB media &amp; Quality</li> <li>• Establishing Improvement networks</li> <li>• Celebration event Junior Doctor quality improvement programme</li> <li>• Links made with HEEM to commission Quality Improvement educational programmes</li> </ul>

**Appendix 3: National Do OD Projects**

