

TRUST BOARD

Date of Meeting: 05/10/2010	Enclosure: 6
	Agenda Item No: 8.2
Title of Report: Workforce Strategy	
Aims: To review the progress of the Workforce Strategy and to agree the next steps	
Summary: As part of the Board's annual cycle this report examines some of the key achievements since the Workforce Strategy was agreed in November 2009 and then details the next steps that will be required as we move to implement the Staff Pledges and adopt the World Class HR model.	
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):	
Financial	N/A
Workforce	The effects of the Workforce Strategy will continue to be embedded at an operational level through the continued implementation of the strategy over a 3-year period
Other	N/A
Recommendations: The Board is asked to note the progress that has been made and to approve the next steps required to fully implement the Workforce Strategy.	
Document previously approved by: Directly to the Trust Board.	
Prepared by: Damian Gallagher Director of Human Resources and Organisational Development	Presented by: Damian Gallagher Director of Human Resources and Organisational Development

<p style="text-align: center;">TRUST BOARD WORKFORCE STRATEGY OCTOBER 2010</p>

1. INTRODUCTION

The Trust Board approved the Workforce Strategy at its meeting in November 2009. As part of the Board Annual Cycle it is now appropriate to review the Workforce Strategy. This paper provides the Board with an update of what progress has been made in the intervening 10 months and details what the next steps should be as the Trust strives to achieve Foundation Trust status and move towards the World Class HR Model developed by the Strategic Health Authority.

2. THE WORKFORCE STRATEGY – SUMMARY

The workforce strategy takes as its starting point the need to contribute to the objectives of the Trust in a way that is in keeping with our vision and values. It shows how our Human Resources add value to the achievement of the Trust's objectives and it draws a 'line of sight' explaining the causal line between what HR does and how it helps to improve the patient experience.

The diagram below summarises our workforce strategy. It shows four strategic pillars that will enable our Human Resources to add value to the organisation:

- **High Impact HR** interventions
- Operating as a **Model Employer** through enlightened policies and practices
- Offering staff **Skills Escalator** opportunities aligned to the needs of the Trust
- **Integrated Planning** in terms of activity, capacity, workforce and finance

Effective implementation of the four pillars will ensure that we have the right staff with the right capacity and skills, and also that our staff are working flexibly so that we can continuously improve our services and respond to demographic, societal, political, technological and pharmacological change. All of this will enable us to deliver greater choice, improved access and personalised care as well as playing our part in the Health Economy supporting health promotion and health protection, in order for us to meet the needs of our 'bottom line', patients and people who use our services.

Crucially, the whole strategy at every level depends upon working with the culture and values of the organisation and its staff.



3. PROGRESS TO DATE – KEY POINTS

Since November 2009 the Trust has implemented the HR Business Partner model where each division has an assigned HR professional responsible for proactively promoting the Workforce Strategy collectively within the Trust and individually within their assigned departments. This ensures that what the Board thinks is important is reflected in the work of divisional boards and management structures. This is a positive move away from the reactive model of HR Managers merely acting as the organisational policeman dealing with discipline and grievance issues as and when they arise. Coupled with this move we have designed an HR Key Skills Programme aimed at empowering line managers to develop their skills in the implementation of best practice HR. In the past HR was largely done by HR professionals rather than as a core part of line management.

In partnership with trade union colleagues the major HR policies have been revised and updated – most notably the Management of Sickness Absence; Grievance Procedure; Major Organisational Change; and Capability. Line managers develop their understanding of how to implement these policies as part of the HR Key Skills Programme. Tangible improvements can be seen in the efforts made to reduce sickness absence – the policy was agreed in December and training commenced in January with significant reductions following immediately.

Dialogue with the trade unions has been improved through revised and updated terms of reference for the Partnership Forum (for non-medical staff) and the Joint Local Negotiating Committee (for medical staff). Regular informal meetings take place with the full time officers of the principal unions and a Cumbria-wide HR forum has been established ensuring consistency and best practice. While there are still difficult discussions and failures to agree, it is important that this dialogue is maintained and developed. It is significant to note that, apart from historic equal pay claims, the Trust has not been to a formal Employment Tribunal in the last 12 months. This is not to say that claims have not been lodged – they have –but it is a reflection on

constructive talks taking place with the unions to prevent formal legal proceedings. Indeed both UNISON and the Royal College of Nursing have recently requested that we organise development events in partnership for our line managers and trade union representatives to ensure that these improvements are maintained.

Workforce planning has been improved and the Trust now has a workforce plan which reflects the divisional view of the workforce of the future. Previously workforce plans were simply a requirement from the SHA so that student numbers could be accurately commissioned with the higher education sector, consequently they did not cover the whole of the workforce. The Trust has also been a pilot site for the SHAs new electronic workforce information network (e-Win) and is now implementing the finished product to help divisions and corporate functions refine their workforce plans and compare themselves with best practice in other trusts. The SHA has also asked this Trust to pilot its new Competency Based Planning tool for producing more realistic workforce plans. This initiative has been developed by the SHA and Skills for Health and has been nominated for a HSJ innovation award. We will use this new planning tool in a designated directorate this autumn and will receive some financial support from the SHA to ensure effective implementation.

A new set of HR metrics has been developed and this is still being improved. Previously the Board would only see a few headline indicators – now there is a more comprehensive monthly report that provokes meaningful debate. Each division now also receives an HR Performance report each month that shows all the key indicators for their areas. These HR metrics are now a key part of the quarterly divisional review meetings where the senior managers of each division are accountable for the performance of their area.

4. NEXT STEPS

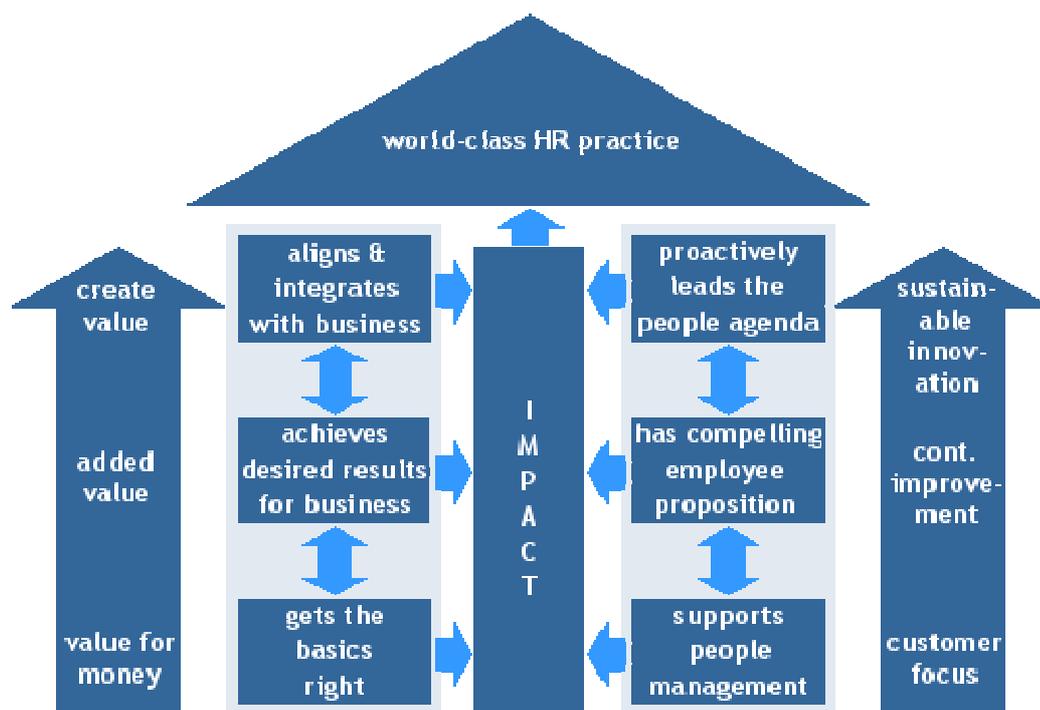
A structured programme management approach is being adopted to ensure that the many and varied HR projects that are being undertaken are performance managed. There are many apparently competing priorities that, when examined closely, are often asking for the same HR outputs. These include: achieving the Trust's strategic aims; implementing the NHS Constitution; meeting CQC requirements; producing an effective IBP and moving towards the World Class HR model. The creation of the Finance, Workforce & Performance Committee and the Organisational Capability Committee will help to ensure that these HR projects are appropriately monitored by Board members.

A key part of the NHS Constitution was the four staff pledges. The pledges are summarised below:

Staff Pledge 1	to provide all staff with clear roles and responsibilities
Staff Pledge 2	to provide all staff with personal development and appropriate training
Staff Pledge 3	to provide support for staff to maintain their health, wellbeing and safety
Staff Pledge 4	to engage staff in decisions that affect them and the services they provide

It can be seen that implementing the staff pledges is complementary to achieving many of the aims in the Workforce Strategy. The HR Business Partners, having received considerable support from our in-house Communications team, are about to launch the Staff Pledges as a major project prior to the issue of the 8th annual staff opinion survey in the coming month. Part of this launch will include a “You said.....we did” section to highlight what changes have been made following last year’s survey. The rest of the work will be about making staff aware of the pledges and how we intend to ensure their effective implementation.

The World Class HR model illustrated below was developed by the SHA and the Institute of Employment Studies. This Trust chose not to participate in this project when it was introduced over 2 years ago. However, following discussions with the SHA we are now able to realise some of the benefits from that project and implement that model within the Trust. With the HR Business Partner model now in place the time is right to progress with this project. There are a number of projects that will support the implementation and there is strong evidence from other trusts in the North West about what works well and what does not.



5. RECOMMENDATION

The Board is asked to note the progress that has been made since the Workforce Strategy was approved in November 2009 and to agree that its continued implementation, principally through embedding the Staff Pledges and adopting the World Class HR model, is the correct approach.

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DEVELOPMENT