

Human Resources Strategic Workplan 2014 - 2016



FOREWORD TO HR/OD STRATEGIC WORKPLAN DOCUMENT 2014-2016

This document details the main strategic HR/OD projects that will be enacted by the HR/OD team over the next 2 years to ensure that we maintain and build on the excellent care that is provided by the organisation., continue to develop the Trust as an employer of choice, and further develop the skills and expertise of our workforce.

With a workforce of just over 9,000 staff we provide acute, community and social care services across the largest rural county in England, Northumberland and acute and community healthcare services within North Tyneside, together this presents a population of over 500,000.

The Trust is working towards acquisition with North Cumbria University Hospitals NHS Trust which will present further challenges for us in relation to continuing to develop our single organisational culture and common systems of working. Within this strategic workplan the HR/OD team have worked collectively across the directorate to make the most of the opportunities which can ensure that there is a strong HR/OD contribution to develop a culture that provides the best service to all our service users. This will ensure that our policies and systems of work are efficient which will enable the organisation to get the very best from our people and that our service has a direct impact on achieving high quality outcomes for patients.

This strategic workplan was developed with reference to key documents such as the Health and Well Being Review, the staff survey results for the organisation, the wealth of data gained from the patient experience work undertaken by the trust and research conducted by Lancaster University Management school and the Work Foundation and Aston University on the link between patient experience and staff engagement. We have also of course considered the Trust strategic plan In addition developments such as the Francis review and the increased regulatory and re validation expectations for qualified nurses and medical staff are considered.

WHERE ARE WE WORKING TOWARDS?

NHCFT performs well in terms of its management and motivation of staff and this is reflected in the results of the annual staff survey, the friends and family test and the plethora of other awards attained by the efforts of staff every year. It has a highly engaged and committed workforce. There is however still much to do to support staff to ensure they have the right

environment and ethos to deliver excellent patient care. We need to ensure that staff are motivated by their time at work, feel fulfilled and professionally managed and supported to achieve their goals.

We need to continue our work to celebrate our diversity and encourage the contributions of those whose protected characteristics make it more challenging to have confidence in their abilities and in the workplace.

We need to continue to recognise the research of Michael West in the link between patient outcomes and staff experience and develop high performing HR processes and an organisational culture that supports motivates and develops its staff.

The projects fall under 15 main headings:

- Organisational Culture
- Organisational Change (including TUPE – processes, procedures and integration).
- Developing people
- Recruitment and Selection
- Health and Wellbeing (including absence management)
- Talent Management and Performance Management
- Communication
- Northumbria Specialist Emergency Care Hospital
- Shared service integration and the required cultural change
- NHS move to 24/7 working
- Development of equality and diversity
- HR/OD Management for Subsidiary Organisations such as Northumbria Primary Care/Northumbria Facilities Management Limited
- Further development of electronic rostering and medical staff inclusion.
- Replacement of staff bank with a more sustainable and quality driven workforce solution
- Quality Improvement and equipping staff with the right skills to improve the quality of care for patients.

Northumbria Healthcare NHS Foundation Trust will look significantly different during the next 12 months with the opening of the Northumbria Specialist Emergency Care Hospital development and the redevelopment and reconfiguration of base

sites together with the redevelopment of some of the community hospitals. Our focus on developing our organisational culture will continue throughout 2014-16 and providing a focus of HR/OD services to be delivered with efficiency and effectiveness is a core priority.

In order to achieve this we recognise that staff are the resource to drive and deliver this change and this strategic workplan is designed to equip staff and the organisation to make the best use of our resources, ensure that the organisation meets its local and national targets and continues to make improvements in its delivery of excellent, safe healthcare to the population that we serve.

This strategic workplan does not include any direct work that will be completed upon acquisition of North Cumbria University Hospitals NHS Trust but does recognise an ongoing mutual dependency in terms of corporate shared service arrangements.

OUR STRATEGIC ALIGNMENT OF THIS HR/OD STRATEGIC WORKPLAN FOR 2014 - 16

The HR/OD Strategic workplan has a strong and direct link to the Trust's 5 year strategic plan. Each area of the HR/OD Strategic workplan is aligned to the Trust's 5 year strategic plan as outlined within this strategic workplan and the overarching objective 4 within the Trust's 5 year strategic plan to attract, retain, support and train the best staff to ensure that we continue to be an Employer of Choice.

Overarching objective 4: Attract, retain, support and train the best staff
Key theme: Employer of choice

Strategic Priority No	Key indicators to meet objective	How the Trust will deliver the requirement
1.	The Trust will continue to work within HR/OD best practice and be recognised as a leader for organisational development within the NHS	The Trust has been chosen as a national pilot site for OD development within the NHS. The trust will implement learning from this pilot study into its on Od strategic workplan from 2015 onwards. The Trust will also ensure that the latest

		legislation implications and lessons learnt from our own and other organisations are implemented as appropriate. Up to 6,000 will undertake development programmes over the next 5 years
2.	Maximising the potential of our employees through the appraisal and development process	100% of working staff to receive an appraisal annually and 100% of working staff to receive job relevant training each year
3.	Ensure the delivery of an honest and open culture within the organisation	100% of all whistle blowing cases reported to Trust board every year with delivery of agreed investigation timescales for all cases
4.	The Trust will be a provider of excellent medical education for undergraduate and post graduate education	The Trust will continue to be rated as the top provider of medical education for post graduate and under graduate trainees year on year.
5.	The Trust engages regularly with stakeholders and staff members. The trust will ensure that our staff are engaged at all levels within the organisation and develop two way feedback mechanisms to ensure that they are able to remain responsive to the needs of their stakeholders.	The Trust will continue to offer mechanisms and methods of engagement for employees through the Trust at all levels on topics which are relevant to them – this will include regular feedback and focus groups following staff survey results and delivery of the culture survey. The Trust will continue to have the highest performing staff survey results over the next 5 years and will improve its response rate year on year
6.	The Trust will continue to deliver effective employee relations management and will seek to develop stronger partnerships with our staff side representatives to promote positive employee	The Trust will strengthen its current partnership working arrangements with staff side and through this will mechanism will move to a 7 day working arrangement in all required areas. The Trust will aim to reduce sickness absence across

	relations.	the organisation to a RYA of 3.5% or less over the next 5 years
7.	The Trust will ensure that all new employees receive an induction which is contemporary and relevant to providing care and compassion to our patients.	The Trust will provide 100% of new employees with a comprehensive and purposeful person centred induction which gives a clear line of sight between their role within the organisation and the delivery of patient care.
8.	The Trust will continue to offer development opportunities to ensure that our workforce is fit for purpose for the future. The trust has developed a number of novel, alternative posts to junior doctors including the development of the nurse practitioner programme, and the role of the physician assistant and acute critical care practitioner	To develop a CPD pathway from apprentice to Chief Executive which offers extensive development opportunities within a range of disciplines to ensure that we can meet the workforce demands of the future. The Trust will continue to develop alternative clinical roles to support the medical consultant work force. The Trust will deliver this in both the medical and surgical specialities and these will be articulated within the Trust's workforce plan

THE TRUST'S ANNUAL PRIORITIES AND THE STRATEGIC THEMES.

The HR/OD Strategic workplan has been aligned to the Trust's Strategic Key Themes and Annual Priorities.

The Strategic Key Themes of the Trust are:

- **Quality**
- **Safe**
- **Caring**

The Annual Priorities which are set in line with the strategic key themes are outlined on the following page:

OUR PRIORITIES 2014/15

OUR VISION:
We provide person
centred best in class
healthcare services

CHIEF EXECUTIVE'S MESSAGES

QUALITY

- Improve management of medicines for patients
- Implement electronic prescribing
- Develop integrated working with nursing homes
- Implement new models for maternity, endoscopy and palliative care
- Introduce out-of-hours inspections for 15 steps ward observation initiative
- Increase number of wards participating in real-time patient experience programme and introduce out-of-hours inspections
- Improve results for friends and family test
- Achieve national accreditation schemes
- Develop community services in line with the Better Care Fund
- Deliver care closer to home
- Commence redevelopment of existing hospitals
- Prepare for opening of NSECH – complete building works, embark on commissioning period and finalise plan for opening
- Agree funding and gain approval for new hospital at Berwick
- Continue to improve transfer of care
- Long-term financial health

SAFE

- Implement seven day working
- Comply with Sepsis 6 bundle of care
- Reduce number of patients with pressure ulcers
- Reduce number of hospital falls and number of patients with hospital-acquired infections
- Achieve dementia assessment target
- Embed WHO checklist and debrief theatres
- Develop a model for weekly clinical audits using the Hogan score
- Roll out electronic patient record system
- Implement ward information system

CARING

- Support carers through dementia and end of life care
- Help patients manage long-term conditions
- Measure kindness and compassion within the patient experience programme
- Support staff to achieve excellence
- Develop palliative care model across acute and community services and nursing homes
- Develop elderly care assessment centre to avoid unnecessary admissions
- Improve frail and elderly pathway
- Develop a coast-to-coast paediatric and clinical support service

Northumbria Healthcare **NHS**
NHS Foundation Trust

OUR VALUES

**EVERYONE'S
CONTRIBUTION
COUNTS**

**SAFE AND
HIGH QUALITY
CARE**

**PATIENTS
FIRST**

RESPECT

**RESPONSIBILITY
AND
ACCOUNTABILITY**

OUR STAFF
are the
foundation
for all that
we do

building
a caring
future
HOSPITAL | COMMUNITY | HOME

Within these Annual Priorities the HR/OD team are currently involved in supporting some projects which overarch the Trust such as:

- Sepsis Project
- Shared Purpose – Dignity in Practice
- Well Organised Ward – Leading the initiative
- Dementia – Training Provision and support to achieve appropriate levels of training for staff
- Numeracy and Literacy for all staff
- Development and implementation of the Care Certificate
- Responding to the Francis Report

Strategic accountability for this strategic workplan:

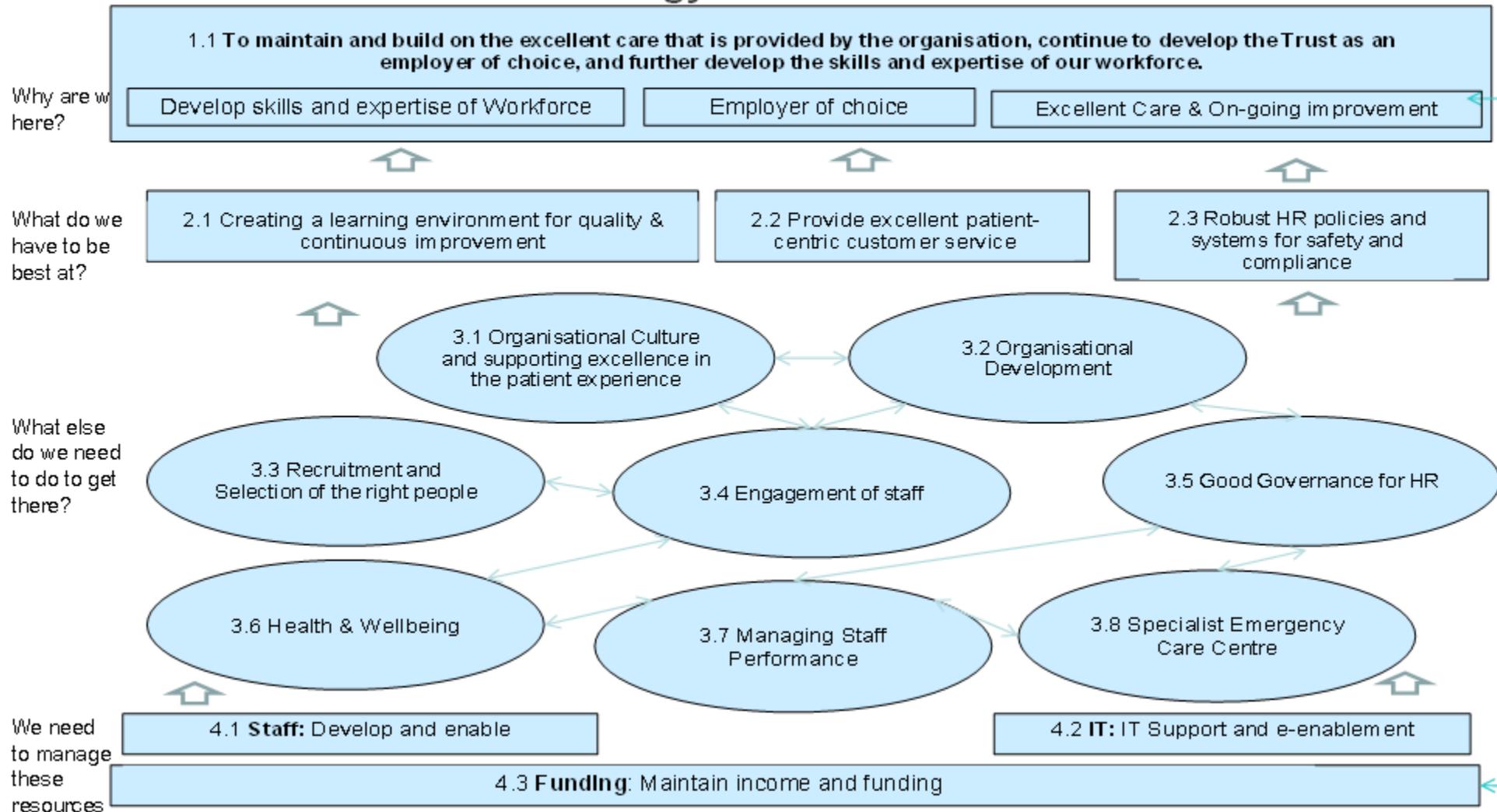
- The HR/OD Strategic Workplan for 2014-16 is submitted for approval to the Trust's Workforce Committee
- The Trust's Workforce Committee, monitor the progress of the HR/OD strategic workplan on a quarterly basis.

The following documents should also be read in conjunction with this strategic workplan:

- OD plan – Northumbria Healthcare NHS Foundation Trust
- Workforce Plan 2014 – 19 – Northumbria Healthcare NHS Foundation Trust

Ann M Stringer
Executive Director of HR/OD
October 2014

Northumbria Healthcare NHS Foundation Trust 'Plan on a Page' HR strategy Document 2014-16



Organisational Culture

Responsible for delivery – Ann Stringer

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
To review our organisational culture intelligence and develop a robust action plan which correlates key themes and has tangible outcomes for continuing to improve our organisational culture	<ul style="list-style-type: none"> To ensure that we have an overview of the key themes emerging from information which relates to our organisational culture To ensure that our action plan positively supports our organisations five year strategic plan To ensure that we have organisational cultural measures which form part of our cultural barometer 	<p>To review our organisational culture intelligence (Staff Survey, Culture Survey, Friends and Family Test)</p> <p>To develop a robust action plan which has key themes from all organisational intelligence available.</p> <p>To identify our organisational culture “measures” for improvement</p>	Start October 2015 – End September 2015	<p>Method of analysis agreed</p> <p>Analysis of organisational culture intelligence undertaken</p> <p>Action plan developed and presented to Workforce Committee/Trust Board</p> <p>Action plan completed</p>	RAG Rating	•	•	•	SP-1 SP-5
To promote our approach to organisational culture	<ul style="list-style-type: none"> To link the HR/OD interventions to a successfully performing organisation and as a response to the Francis Report To be a site of best practice in relation to position HR/OD interventions To communicate a 	<p>To be a beacon site for organisational culture (chosen by NHS Employers)</p> <p>To complete a case study for Organisational Culture for NHS Employers</p> <p>To promote and feedback to staff our HR/OD contributions/achievements</p>	Start September 2014 – End March 2015	<p>Contribute to the Do OD organisational culture strategy for NHS Employers</p> <p>Complete the Case Study for Organisational Culture for NHS Employers</p>	RAG Rating	•	•	•	SP-1 SP-5

	commitment to promote a positive organisational culture within the organisation and outwith the organisation.	which promote a positive organisational culture		Regularly promote communications					
To continue to encourage staff to raise concerns within our organisational culture and that these are acted on accordingly	<ul style="list-style-type: none"> • Open and honest culture • Action focussed and responsive to staff raising concerns • Robust investigations taking place • Mechanism for informing Trust board established 	<p>Ongoing promotion programme with communications</p> <p>We're listening response</p> <p>Reporting formally established with Trust board</p>	<p>Start September 2014</p> <p>End October 2016</p>	<p>Ongoing communications</p> <p>We're listening and other cultural barometer information concluded</p> <p>Policy review</p> <p>Trust Board reporting in place</p>		•	•	•	<p>SP-3</p> <p>SP-5</p>

Organisational Change and TUPE

Responsible for delivery – Julia McLaughlan

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Develop a more formal, robust and consistent approach to organisational change	<ul style="list-style-type: none"> To ensure compliance with legislation and terms and conditions of service To better equip managers to deal with change confidently To improve support to staff throughout a change process To ensure consistent communication 	<p>To review and update existing Organisational Change Policy.</p> <p>To develop a Redeployment Policy.</p> <p>To develop a standardised administrative process supported by template documents/ checklists.</p> <p>To develop a central control mechanism to track and manage change processes taking place across the Trust.</p> <p>To develop an Education and Training programme to support managers leading change.</p>	<p>Start – September 2014</p> <p>End – May 2015</p>	<p>Organisational Change Policy amended to reflect updated processes.</p> <p>Redeployment Policy in place</p> <p>Range of template documents/checklist in place and used by managers across the Trust.</p> <p>Education and Training programme developed and implemented</p>		•	•	•	SP-6
Develop a TUPE process (plug and play) for inward and outward transfers that realises the cultural development that is needed for staff both leaving and joining the organisation	<ul style="list-style-type: none"> The current climate makes the incidence of TUPE transfers much higher (both in and out). We need to improve the skill set of the team to manage this in 	<p>Develop a TUPE process to meet legal obligations with guidance notes etc and also an induction and support process for those that TUPE inwards.</p> <p>Develop the understanding of what benefits do and do not</p>	<p>Start February 2015 – End June 2015</p>	<p>TUPE Checklist reviewed</p> <p>TUPE overview given to wider HR/OD team</p> <p>Ensure systems and processes are</p>		•	•	•	SP-6

	terms of technical issues such as pensions provision, and ensuring staff who join are assimilated smoothly and supportively into the organisation	transfer in a TUPE situation.		in place to ensure a robust and facilitative TUPE Transfer of staff to/from the organisation.					
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Developing People

Responsible for delivery – Kelly Angus

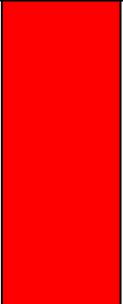
What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Review Trust Induction to ensure that its content is appropriate and it delivered using appropriate methods	Ensure staff have the most up to date information when joining the Trust Initial training provided meets the individuals needs and ensures patient safety	6 month review ongoing of evaluations Review Lesson Plans Review methods of learning	December 2014	Evaluation Observation of delivery		•	•	•	SP-7
Develop Learning Technologies to support staff including Statutory and Mandatory Training, Registration for courses etc	Different methods of learning for individuals offering mobile learning	Review solutions for content and also to ensure that they are multi-device appropriate	Jan 2015 – June 2015	Number of users over a 6 month period Evaluation Review of product Case study for NHS Employers		•	•		SP-1 SP-2 SP-8
Introduce e-portfolio for vocational and work based learners (where appropriate)	Streamlines process Electronic remote review of evidence available Reduction in travel requirements	Evaluate current systems and choose provider	December 2014	Learner feedback Tutor feedback Increased capacity of learners Improved quality assurance Improvement on compliance with OFSTED and SFA		•			SP-1 SP-2 SP-8
Introduce the care certificate for front line patient facing staff who are non-professionally registered	Francis Report requirement (mandated) Improved standards of care Patient expectations met Improved patient	Structure programme	October 2014 – review December 2014	Programme in place Possible accreditation externally		•	•	•	SP-1 SP-2 SP-8

	experience								
To deliver a wider scope and number of apprenticeships with robust processes to support the long term career options for young people within the NHS	Workforce Planning Support Educational component Pastoral support Employment best practice	Review capacity and capability Review procedural arrangements for employment purposes and recruitment Ensure educational quality Contractual review	November 2014 – June 2015	Reviews completed		•	•	•	SP-1 SP-2 SP-8

Recruitment and Selection

Responsible for delivery – Ceri Clark

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Continue to simplify transactional processes within Recruitment using electronic system “Stepchange”	To reduce the recruitment time Improve communication with managers Improve candidate experience	Less duplication Web access Less paper Portable (view from any site) Reduction in time to recruit	12 week implementation commences August 2014	Better KPI monitoring Improved recruitment times Evaluation from candidates		•	•	•	
Values Based Recruitment Roll out Review Process	Undertake review to ensure the process is correct	Process review Evaluation Feedback from Managers	August 2014	Revised process Feedback from managers and staff		•	•	•	
Values Based Recruitment Roll out Review Training	In line with the above	In line with the above	In line with the above	Revised training deployed		•	•	•	
Values Based Recruitment Roll Out Develop electronic solution	To realise efficiencies and cost savings	Via App or web-based solution	December 2014	App or solution deployed Review long term evaluations on the basis of electronic reporting (check hypothesis) Feedback from Managers Ensure consistency with current deployment.		•			

Attracting the right candidates through continuous people branding and content Review R&S Assessments Adverts Sifting on NHS Jobs	To ensure that we attract the right candidate	Refresh of branding and content VBR Promote L&D opportunities Award winning Trust Use of Social Media – different platforms Videos of job roles	March 2015	Staff Turnover No of individuals applying to work with the Trust Reduction in DNA at interview Linked to probationary period /capability Employer of Choice		•	•	•	
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Talent Management

Responsible for delivery – Leanne Furnell

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
To develop a clear definition and model of TM for Northumbria	To get the very best from our workforce and the right people in the right place at the right time	Recognising Contribution (Reward) Systems to support (including Coaching) Through career path promotion Appraisal Appropriate conversations Stakeholder Groups	September 2014 then phase 1 to be completed by December 2015	Clear definition and model of TM for Northumbria Feedback from staff Deployment of coaching microsystem					SP-8

Performance Management

Responsible for delivery – John Eggleston

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Incremental Pay Progression – signed off and implemented	To drive standards and performance	Process in place – Roll out plan being developed to deliver multi site sessions to staff and managers to ensure staff understand the process. Visibility of HR support for line managers	April 2015	In place, staff understand process Being used effectively					SP-6
Coaching Managers	To build managerial competence and confidence	Develop specific coaching capacity Implement accredited coaching training	December 2015	Fewer grievances Improved performance Increase in management confidence					SP-2
Building capability for manager confidence and competence in developing staff and managing performance	Improve quality of care Patient experience Outcomes	Implementation of pay progression system Targeted training Mandatory/PDP objective Audit of quality of use of probationary period Specialty Induction 1:1 Impact of VBR Role boundaries	December 2014	Confidence levels increased Feedback received Audit outcomes					SP-2
Review and re design the director level appraisal process	To ensure the appraisal accurately reflects the values of the organisation, and properly assesses performance and	Review of the existing documentation Review of other organisations appraisal systems plus review of the leadership academy	September 2014 - January 2015	Introduction of revised system that meets requirements of senior managers A4C pay progression and		•	•	•	SP-2

	contribution	resources Consultation with the directors and trust remuneration committee		performance, links to talent management, and meets the values of the organisation				
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Communication

Responsible for delivery – Keri Simm

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
To develop one page reporting KPI's using BI on ESR	To improve accountability of business units for their own KPI's	Utilising national guidance and case studies Need to develop localised one page KPI reporting	Start September 2014 – March 2015	Improved KPI's and accountability both locally and supporting Workforce Committee		•			
To introduce a departmental newsletter	Large HR/OD team – help with inter-departmental knowledge sharing and awareness	Create newsletter (Apprentice project) Continue with team meetings Team Brief Review via strategy days	Start October 2014 –January 2015	Staff Feedback Team meeting feedback Review via strategy days		•			
Standardised website development with people branding for all aspects of HR/OD	Uniformity of information. Right information and user friendly interface for staff and managers	Communications Focus Groups Pilot Schemes Team contributions	Start September 2014 – complete March 2015	Pilot feedback Evaluation Focus Groups Continuous review		•			SP-5
Standard version control for document management of all HR/OD documents	To ensure that all staff use the most up to date documentation	Administration standardisation of all documents Clearance of old documents	September 2014 – December 2014	Standing agenda item on team meetings.		•	•	•	SP-5

Health and Wellbeing

Responsible for delivery – Teresa Jennings/Marian Wilson/Ceri Clark

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Develop guidance for handling staff with terminal illnesses	Supporting teams and colleagues Educating managers Manage situations timely but supportively Consistency	Stakeholder Group Fact find from other trusts Look at % of people not in NHS Pension	Jan 2016	Audit of cases Seek feedback		•	•	•	SP-5
Develop guidance for supporting staff who are carers	There are an increased number of staff with carer responsibilities Changes to parental leave/legislation	Stakeholder group Review absence (Sickness and Special Leave) Benchmark	December 2014	New carer support arrangements in place		•	•	•	SP-5
Review management of Marac and Lado, safeguarding cases (Marian)	Last 2 years increase in cases with Marac and Lado involvement suggesting increase in complexity of cases	Raising awareness with staff on importance of reporting Training for staff Champions within departments	Feb 2015	Increased confidence dealing with cases Engagement of campaign via website		•	•	•	SP-5
Review the alcohol strategy	Increase in cases involving drug and alcohol misuse	Raising awareness with staff Training for managers Brief Interventions Small working Group Link to internal and external networks	Jul 2015	Increased confidence dealing with cases Less cases (reduction in alcohol related illness/cause of absence) Review how many individuals trained Engagement of campaign via		•	•	•	SP-5

				website					
Engagement Dashboard	Identification of gaps in health and wellbeing/engagement and need for more targeted work	Stakeholder group Explore pulse surveys Health Needs Assessment	Feb 2015	Intranet hits No of health advocates Engagement with campaign HNA response rate and comparative review		•	•	•	SP-5
Developing on-line management information pack for health and wellbeing Including Induction (local pack)	Co-ordination of all information/resources in one central place Document version control Up to date information	Establish a Stakeholder Group Determine information available, needed, required, to be developed Brand all materials Upload Promote – launch and within Health at Work Training Evaluate and review	Feb 2015	Hits per page Evaluation		•	•	•	SP-5
Achieve next level of Better Health at Work Award	Increase engagement. Share best practice. Regional recognition of health and wellbeing programme.	Health needs assessment Five health promotion campaigns Three year health and wellbeing strategy Links with sustainability	July 2016	External assessment Staff engagement		•	•	•	SP-5
Deliver a Trust Health at Work training programme	Reduction in sickness absence. Raise awareness of health and wellbeing and prevention initiatives. Compliance with Trust and Statutory obligations Builds confidence of line managers – preventative, informal and formal procedures.	Stakeholder group Develop project plan following pilot held in 2014 Agree target audience, priorities, resources required for roll out.	Jan 2015- Dec 2016	Evaluation Reduction in absence Staff Engagement		•	•	•	SP-5
Create an independent case management evaluation process	Compliance and consistency. Shared, proactive	Task and finish group Establish Criteria/Assessment tool	Jul 2015	Staff feedback (Evaluation and Staff Survey		•	•	•	SP-5

	learning to improve the handling of complex absence matters. Informs further policy/process developments	Develop a process for reporting findings and sharing recommendations		results) Sickness Absence rate - duration of long term sickness absence episodes					
Targeted management of specific absence reasons	To ensure targeted absence management arrangements Respond to internal and external influences/trends –e.g. holiday periods, winter pressures, flu campaign, alcohol awareness, sporting events	Task and finish group Link to Occupational Health programmes Communications	Yearly Dec 2015-Dec 2016	Reduction in Sickness Absence rate – highest causes, periods		•	•	•	SP-5

Northumbria Specialist Emergency Care Hospital

Responsible for delivery – John Eggleston

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Recruitment for NSECH Planned recruitment Changes to recruitment	To ensure that we meet the requirements of the new Northumbria Specialist Emergency Care Hospital.	Ensure the recruitment team understand the requirements and have the capacity to deliver Consider nhfml as a recruitment route Review documentation Preparation for any recruitment drives	Now until June 2015	Workforce complete for any new recruitment		•	•	•	
Deliver the Staff Change Programme Ensure robust measures are in place to pick up any changes ie. staff leave, apply for new roles, structural change	To ensure that NSECH and Base sites is adequately staffed and operational in June 2015	Continue to work on BU specific plans Carry out final audit of the change process to ensure all staff have been covered by the process	End December 2014	Staff will understand where and how they will be working by June 2015		•	•	•	SP-5
Team working	Concerns raised by staff working with other interlinked teams e.g. Childrens ward with A&E	Structured plan to allow teams to work together prior to moving to NSECH Some practical interventions e.g. virtual days with child health but a programme of OD interventions will also be required. Link closely to the induction process	Jan 2015 onwards	Plan being followed, addressing concerns, patient satisfaction, IR1's, grievances, leavers etc.		•	•	•	SP-1 SP-5
Culture – opportunity to set the cultural benchmark for Northumbria	Unique opportunity to reinforce values and culture – set standards to filter across the Trust	Ensure right leadership Communication with staff/engagement Senior management buy in	Asap until June 2015 then ongoing	Staff to have contributed Staff Survey results					SP-1

		Co-creation of culture Learn from other Trusts/best practice							
Workforce planning for actual move Annual leave, Appraisal, Flexi-working, Staff rota's, Personal Files, Flexi-Retirement	Have we got the right balance of staff at the right time	Individual wards and departments have a team in place for staffing with appropriate support offered from HR	March 2015 to deliver in June 2015	Staff understand where they will need to be when the hospital opens Appropriately staffed to open NSECH.		•	•	•	
Induction to NSECH	To ensure that staff have a clear induction to a new workplace including covering off stat and mand training	Structured plan for each business unit	March 2015 onwards	Plan devised and running to timetable Evaluated prior to June All staff should understand the layout of the new hospital		•	•	•	SP-7
Follow up process	Review to ensure staff settling into new environment and possibly new role/team	Increase opportunity to attend resilience training Range of drop in sessions, surveys, focus groups Visibility of HR/OH to support managers Monitor staff survey results and Friends and Family test results	Ongoing support Structured plan 6 months and 12 months – follow up with staff	Benchmark how staff feel immediately prior to the move Evidence that plan followed Action plan following findings Staff Survey Friends and Family Test		•	•	•	SP-7

Move to 24/7 working for Consultant Medical and SAS Staff

Responsible for delivery – Ann Stringer

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Negotiate a local agreement for the above staff to work contractual hours over a 24/7 period	To meet the clinical model for NSECH and recognise the need for patient access to consultant skills	Local agreement with LNC	Start 2013 – target end date December 2014.	Signed off agreement between the Trust and LNC which is affordable and is then implemented in BU job planning meetings in time for NSECH opening		•	•		SP-6
Gain agreement for the introduction of an electronic job planning and time recording system for medical staff	Medical staff are a scarce and expensive resource- look for increased efficiencies through an electronic job planning and recording system	Through existing systems or through procurement of a new system	October 2014 – end March 2015	Agreement to introduce electronic job planning and time and attendance recording system for medical staff agreed		•	•		SP-6

Development of HR/OD Shared Services with NCUH

Responsible for delivery – Kelly Angus/Morven Smith

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Produce a plan for the integration of all recruitment services between both trusts , consult and gain agreement to proceed	Cost saving from duplication of systems and processes Standardised systems and procedures	Options appraisal and business case recognising that both organisations will require some on site recruitment presence	January 2015 – June 2015	Options appraisal completed. Business case agreed		•	•	•	
Produce a plan for the integration of ESR services between both trusts	As above	As above	January 2015 – June 2015	Options appraisal completed. Business case agreed		•	•	•	
Recognise the cultural differences between both trusts in the service delivery model	Both organisations are at different starting points Some additional support may be required following CIH's visit/ongoing recruitment campaign arrangements	To assess the service delivery model for each area separately To consider standards of delivery in the context of culture Recognition of needs of local service delivery to be incorporated into service model	January 2015 – June 2015	Service Delivery Model agreed Plan to implement new service delivery model agreed.		•	•	•	SP-1
Medical Education	Alignment of the medical education support to ensure consistency between NHCFT and NCUH	To review service provision and training quality issues between both sites	January 2015 – January 2016	Structures consistent Support consistent Improvement measures identified for NCUH		•	•	•	SP-4
Learning and	Consistency of	Review of TNA	September	TNA revised		•	•	•	SP-4

Development	provision and aligned TNA between NCUH and NHCFT Development programmes consistent to organisational values and strategic priorities	Development programmes reviewed and appropriate for both organisations	2015 – January 2016	New development programmes in place					SP-7 SP-8
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HR/OD Management for Subsidiary Organisations such as NPC/NHFML

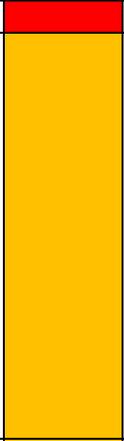
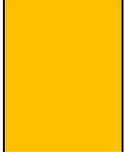
Responsible for delivery – Ceri Clark

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
To develop an approach which identifies the HR/OD issues for subsidiary organisations	<ul style="list-style-type: none"> To ensure a consistent approach in the management of HR/OD issues for subsidiary organisations. 	<p>To identify how each subsidiary is approached.</p> <p>To provide information to relevant teams on the development of such subsidiaries</p>	October 2014 – December 2014	<p>Approach identified</p> <p>List of HR/OD issues reviewed</p> <p>Organisational brief and appropriate training provided to relevant teams</p>		•	•	•	SP-1
To ensure that processes and procedures are in place to assist with the HR/OD Management for subsidiary organisations such as NPC/NHFML	<ul style="list-style-type: none"> To ensure a consistent approach in the management of HR/OD issues for subsidiary organisations. 	<p>To identify what process and procedures are required</p> <p>To put processes and procedures in place</p>	October 2014 – March 2015	<p>Processes and Procedures in place</p> <p>Staff Training Provided</p>		•	•	•	
To ensure that contractual arrangements for both transferee's and new employees are in place to assist with the HR/OD Management for subsidiary organisations such as NPC/NHFML	<ul style="list-style-type: none"> To ensure a consistent approach in the management of HR/OD issues for subsidiary organisations. 	<p>To identify what contractual arrangements are required</p> <p>To put templates and documentation in place</p>	October 2014 – March 2015	<p>Processes and Procedures in place</p> <p>Staff Training Provided</p>		•	•	•	

HR/OD Governance

Responsible for delivery – Kelly Angus

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
Improve the use and management of fixed term contracts across the Trust	<ul style="list-style-type: none"> To ensure a consistent approach to the use of fixed term contracts; To ensure compliance with legislation; To ensure fixed term contracts are being used for appropriate reasons; To ensure that fixed term contracts are being extended for appropriate reasons; To ensure the Trust is aware of staff who are gaining employment rights through the extension of fixed term contracts; To ensure staff on fixed term contracts are managed appropriately at times of organisational change. 	<p>Review current position on use of fixed term contracts – flexible retirements/maternity leave etc to inform decisions on how fixed term contracts to be used.</p> <p>Develop a written protocol for the use and management of fixed term contracts.</p> <p>Agree the Trust's position on the appointment of staff who gain employment rights through the use of one or more fixed term contracts i.e. can they be made permanent or must they apply for a post via advertising.</p> <p>Develop a monitoring mechanism to track extensions to fixed term contracts.</p>	November 2014 – March 2015	<p>Fixed term contract protocol in place</p> <p>Organisational Change Policy updated to include section on staff on fixed term contracts</p> <p>ESR reports developed to identify staff on fixed term contracts/number of extensions/length of service in different fixed term posts etc</p>		•	•	•	SP-1

<p>To develop an integrated risk register in line with Trust Requirements.</p>	<ul style="list-style-type: none"> To ensure that risks are managed corporately and locally To ensure that the integrated risk register is a live document and regularly reviewed and actions undertaken in line with the required processes. 	<p>Development of the new risk register</p> <p>Training to be provided to senior HR/OD team on how integrated Risk Register will be managed</p>	<p>December 2014</p>	<p>Integrated Risk Register in place.</p> <p>Training Delivered to senior HR/OD team.</p>		<p>•</p>	<p>•</p>	<p>•</p>	<p>SP-1 SP-6</p>
<p>To undertake a review of our policies in line with lean methodology to ensure that they are fit for purpose</p>	<ul style="list-style-type: none"> 								

Quality Improvement and equipping staff with the right skills to improve the quality of care for patients

Responsible for delivery – Ron Todd

What <i>Description of what is to be done</i>	Why <i>Include the reasons for completing this work e.g. reference to national guidelines etc.</i>	How <i>How is it to be delivered</i>	When <i>Start/End date</i>	Measure	RAG Rating	Alignment to key themes			Alignment to strategic priorities
						Q	S	C	
<p>Define workplan for the Transformation Team aligned to the Trusts key priorities and which assists and facilitates change.</p> <p>Re focus team on major projects and CIPs; initially WOW, OP's, Theatres, Stepchange, Patient Flow, ward documentation,</p>	<ul style="list-style-type: none"> To ensure the strategic priorities are supported. Enhance ability to deliver. Demonstrate value. Ensure balance between strategic and tactical projects/ maintain focus. 	<p>Develop focussed workplan</p> <p>Develop scoring criteria to prioritise Transformation Team support, aligned to organisational priorities and potential impacts.</p>	<p>Start – September 2014 End – May 2015</p>	<p>Workplan</p> <p>Project Outcomes/ Benefits</p>	●	●	●	SP-1	
<p>Define the improvement model and transformation team role/ focus, inc capacity, resources and facilities to support delivery.</p>	<ul style="list-style-type: none"> Clear understanding of the model, deliverables, expectations. Ability to communicate this clearly Trust wide. Ensure infrastructure in place to enable delivery. 	<p>Redesign paper produced, agree model with senior managers, prior to wider communication</p> <p>Implement agreed changes from the paper: inc recruitment, data and workspace</p> <p>Develop QI Champions/ Coaches across Trust.</p>	<p>Start: Sept 2014 End: – Nov 2015</p>	<p>Feedback. Action on issue highlighted in paper</p>	●	●	●	SP-1	
<p>Integrate the transformation team with Bus Units. Ensure Bus Units have QI support in</p>	<ul style="list-style-type: none"> To ensure Bus Units are supported in identifying and delivering improvements. 	<p>Team members to be aligned to Bus Units. Discuss/ scope all ideas initially. Build relationship through</p>	<p>Start – September 2014 End – May 2015</p>	<p>Project definitions/ plans.</p>	●	●	●	SP-1	

assessing options for change: challenging/ coaching where appropriate.	<ul style="list-style-type: none"> Ensure effective definition, measurement, analysis, challenge and delivery 	effective support and delivery. Produce/ Agreed project definitions, plans, measurement, progress reporting (A3)							
Identify improvement opportunities through discussion, networking and reviewing Regional/ National improvement work.	<ul style="list-style-type: none"> Maximise opportunities/ benefits. Encourage new ideas/ ways of operating/ opportunities. 	Maintain/ enhance links with Regional/ National improvement work. Broaden skills/ knowledge within the team. Use the above to generate new opportunities. Proactive discussion, networking inc Cumbria.	Start – September 2014 End – May 2015	Feedback		•	•	•	SP-1
To have a structured educational programme for Human Factors within the Trust	<ul style="list-style-type: none"> To support staff with openness and transparency in practice 	Develop educational programme for Human Factors as an integrated element of QI	Start – October 2014 End January 2015	Educational Workplan Feedback from Participants/trainers		•	•	•	SP-1
To have a structured educational programme for service improvement within the Trust, involving a mix of training and coaching.	<ul style="list-style-type: none"> Support the Quality Strategy. Improve awareness of QI. Enhance idea generation To support and equip staff with service improvement skills. 	Develop educational programme for Service Improvement at all levels: to include awareness programme Broaden No of staff with QI knowledge/ experience, especially key principles/ approach. Support QI Champions/ Coaches across Trust.	Start – October 2014 End January 2015	Educational Workplan Feedback from Participants/trainers		•	•	•	SP-1