

# **PEOPLE STRATEGY**

**Full Version**

**April 2017**

# 1. Purpose

## What Is The People Strategy For?

- 1.1 Our People Strategy is our strategy for the workforce at ULHT. It also encapsulates our organisational development strategy. If we can ensure we have the “*right number of people, in the right places, with the right skill mix, attitudes and behaviours, motivated and managed to perform their best (at a price we can afford) and engaged on patient safety*”, then we will, as an organisation, be successful.

## Who Are Our People?

- 1.2 Our “people” can be divided in to four main categories:
- 1). Our permanent workforce (including the trainees who work with us)
  - 2). Our temporary workforce (agency/bank)
  - 3). Our volunteers
  - 4). Carers

- 1.3 In terms of our permanent workforce, the two tables below show a breakdown of our workforce by location and then contract type and staff group at December 2016:

### **Headcount By Location**

<b>Boston</b>	<b>2485</b>
<b>Corporate</b>	<b>566</b>
<b>Gainsborough</b>	<b>14</b>
<b>Grantham</b>	<b>820</b>
<b>Lincoln</b>	<b>3565</b>
<b>Louth</b>	<b>122</b>
<b>Skegness</b>	<b>5</b>
<b>Spalding</b>	<b>8</b>

### **Headcount By Contract Type**

<b>Staff Group</b>	<b>Fixed Term</b>			<b>Total</b>
	<b>Temp</b>	<b>Locum</b>	<b>Permanent</b>	
Add Prof Scientific and Technic	6		222	228
Additional Clinical Services	27		1252	1279
Administrative and Clerical	84		1436	1520
Allied Health Professionals	9		390	399
Estates and Ancillary	6		888	894
Healthcare Scientists	1		114	115
Medical and Dental	335	79	411	825
Nursing and Midwifery Registered	26		2279	2305
Students	4		6	10
<b>Total</b>	<b>498</b>	<b>79</b>	<b>6997</b>	<b>7575</b>

- 1.4 In October 2016 temporary staff spend was 8.10% (4.25% Agency + 3.85% Bank). This shows the importance of this staff group within the overall workforce. It is important that they are engaged as staff members with the Trust as an employer.
- 1.5 As a Trust we recognise the important role that volunteers can play in improving the experience of patients and complementing the work of our staff. We have developed a volunteers strategy, which we believe offers us the opportunity to become an example of 'Best Practice' in the management of volunteers and an organisation renowned for delivering a personally rewarding experience for every volunteer in line with their personal goals.
- 1.6 We have 267 volunteers as at September 2016, but as part of the strategy, we want to increase that number significantly. At ULHT we have a Carers Policy that was developed in partnership with local Carers & patient organisations; this was updated in 2015 to reflect the introduction of The Carers Act. Our policy includes 5 Carers rules to ensure not only that we identify and support Carers but that they are seen and recognised as expert partners in our patients care.
- 1.7 Alongside the policy we have signed up to the national Johns Campaign that seeks to more formally involve and value Carers and to enable them where possible to stay in hospital with the cared for patient. A further initiative developed by ULHT and being adopted across the county is the All About Me booklet; this is a patient held document that details specific individualised needs of a patient; how they like to sleep, what they like or don't like to eat, how they settle if upset and whilst initially designed with dementia patients in mind is proving useful for any patient who may have difficulty in expressing or communicating their needs. The booklet stays with the patient and is used to direct and inform care planning as opposed to replace our documentation.
- 1.8 Finally we undertake respective Carers surveys and look to understand whether we are meeting Carers needs and listening to their experiences.

## **2. Context**

### STP & 2021 Programme

- 2.1 The Trust has been at the forefront of developing the Lincolnshire Sustainability and Transformation Plan (STP). The STP outlines a very different future than at present for Lincolnshire health and care with primary care and community services playing an increasingly central part with greater integration of services that are built around patients and citizens rather than services that they have to fit into.
- 2.2 The vision and objectives for the STP are as follows:

#### **Vision:**

*To achieve really good health for the people of Lincolnshire, with support from us as excellent and accessible health and care services, delivered within our financial allocation*

**Objectives:**

- *Develop multi-speciality community providers alongside integrated strategic commissioning arrangements.*
- *Develop a network of community hospitals and primary care hubs supporting Neighbourhood Teams.*
- *Change the relationship between the individual and the care system.*
- *Move care from acute hospitals to neighbourhood networks, providing care closer to home.*
- *Simplified pathways for specific diseases based on what works well with fewer people travelling out of county.*
- *A smaller but more resilient acute hospital sector providing emergency and planned care.*
- *Develop resilient specialist mental health inpatient facilities in county.*
- *Keeping people well and healthy.*
- *High quality and effective services.*
- *System financial plans achieved annually and financial balance is achieved by 2021.*

2.3 The objectives mean significant change for the workforce in the health care system and in ULHT. The workforce will be smaller and there will be a shift in numbers from the acute sector to neighbourhoods and communities. There will also be a need to reskill to reflect the emphasis on the prevention agenda, the treatment of the whole person and the greater use of technology. This will all be reflected in this People Strategy.

2.4 ULHT does not believe that without significant change in the way we deliver services and are organised we will be able to achieve that vision with the resources available. ULHT like many other NHS Trusts currently faces significant service and financial challenges and we have been developing our own Five Year Strategy underpinned by six improvement priorities being managed through the 2021 Transformation Programme, which aligns to the STP to achieve future sustainability.

2.5 The ambitions of the 2021 Programme are:

**Our services**

**will:**

- Be centres of excellence
- Be secure in Lincolnshire where possible
- Get things right first time, valuing patient's time



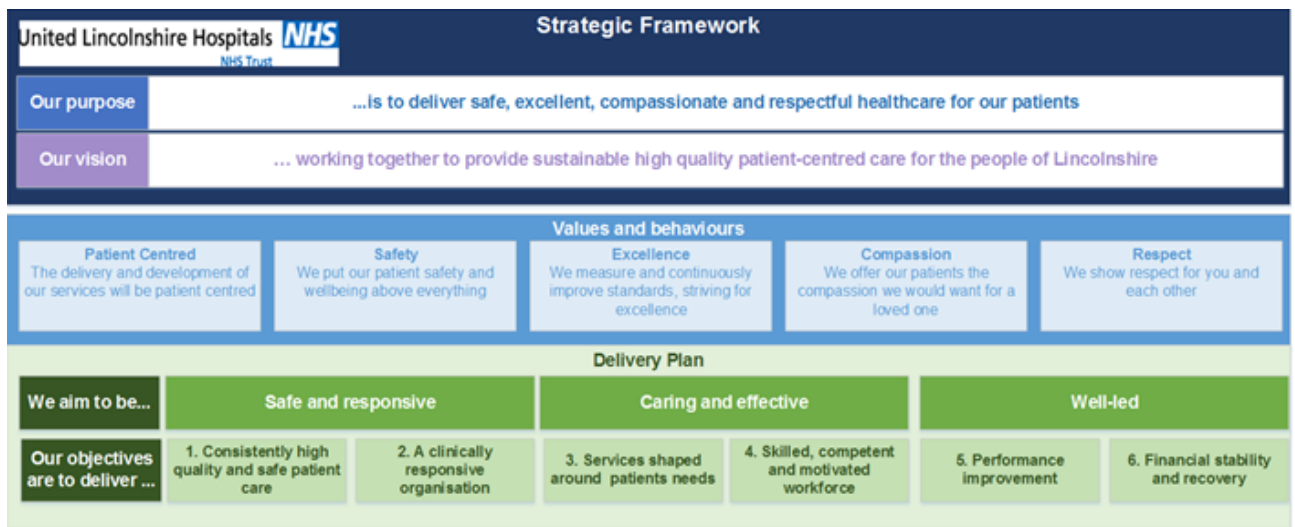
2.6 The 2021 programme comprises the following workstreams:

- Redesign our clinical services
- Productive Hospital to improve our Market Share
- Improve productivity, efficiency and Estates
- Review our workforce
- Improve staff engagement
- Targeting quality improvement

2.7 Two of the programmes relate to our people. The two programmes have effectively been brought together within this People Strategy and the fundamental purpose of the Strategy is to enable the delivery of the 2021 programme. However, what we recognise is that initially the Strategy must focus as much on the basics of people management as much as developing for the future, as ULHT needs a sounder base on which to build.

2.8 There is the potential that we may work with a change partner to give us greater capacity to take forward the programme and to establish a common change methodology. This may have an impact on aspects of this People Strategy.

- 2.9 We have recently produced a two-year operational plan, within the framework of the STP and 2021 programme. Within this we describe our Strategic Framework, to guide our activity within the next two years. This contains our vision statement and values.



- 2.10 One of the key engagement issues for us is that our people lack a clear understanding of the organisation we wish to become. That lack of a coherent narrative holds us back and the organisation lacks “hope” that things will be different. We are at a moment in time when we can construct a narrative based around the 2021 programme as the definition of “what” the Trust will do and how it will be shaped and focus heavily on our values as the definition of the style or culture that we expect to see consistently across the Trust. These can provide an important anchor point as we go through a period of change.

Alignment To STP OD & Workforce Strategies

- 2.11 Lincolnshire Health and Care Leaders have developed an OD Strategy and a Workforce Strategy to support the Sustainability & Transformation Plan (STP). This sets out how we will deliver our transformational vision of truly integrating health at scale and pace and achieve the changes in workforce numbers and shape that we expect.
- 2.12 This People Strategy is fully aligned with the STP OD and Workforce strategies. We are active participants in LWAB, leading on two of the current priorities. What the ULHT People Strategy does also reflects is the need to address immediate issues in the organisation, to establish solid foundations on which we can build and address immediate financial and performance challenges.

Supporting Delivery Of Efficiencies

- 2.13 As a Trust we face significant financial challenges. We recognise the need to invest to change the model in which we are operating, but we must also look to become more efficient in the way we provide services As spend on our workforce accounts for over 65% of the Trust’s total financial expenditure, the circumstances demand that our future workforce be leaner and more efficient, whilst not compromising on quality and safety. We are set the challenge to do

more with more with less and workforce productivity is therefore of prime importance.

- 2.14 The Carter Review identified a range of efficiency savings related to the workforce. In the review he commented that “Optimising and improving the well-being of this resource will not only lead to improved efficiency but can also lead to improved clinical outcomes. There is no doubt there is significant variation across our hospitals across a number of dimensions including sickness, staff turnover, alleged bullying and morale. There is also variation in how we manage annual leave, shift patterns and flexible working, through to the use of technology and good practice such as e-rostering and the use of information to make decisions about staff utilisation. We need to review and improve our people policies and practices.”

### History

- 2.15 In developing this People Strategy, we recognise that ULHT has a track record of developing its people and engaging them around improvement. It has worked with strategic partners in the past, such as Beech on culture change and has adopted what is considered to be a best practice approach to staff engagement, Listening into Action (LiA). Wrightington, Wigan and Leigh NHS Trust have supported ULHT in developing and implementing the ULH Way, an adaption of LiA. What is clear is that this work has only been partially successful and this emphasises that adopting best practice alone will not provide the answer, there must be a “fit” with the particular needs and circumstances of ULHT.

### Alignment To National Frameworks

- 2.16 The People Strategy reflects the thrust of the NHS constitution and the values within it – working together for patients, respect and dignity, commitment to quality of care, improving lives, compassion and everyone counts. It also takes account of the framework on improvement and leadership, recently published by the National Improvement and Leadership Development Board and entitled “Developing People – Improving Care”. Within the Strategy, we also intend to adopt aspects of the Culture and Leadership programme developed by the Kings Fund.
- 2.17 The Strategy has taken account of the “Leading Change, Adding Value” framework for nursing, midwifery and care staff, notably in its emphasis on prevention and well-being, the recognition of the need to manage resources efficiently and crucially the reduction in unwarranted variation in the quality of care and the need for consistent behaviours.
- 2.18 Finally, the People Strategy draws other recognised best practice, such as the key drivers of engagement identified by the “Engage for Success” movement, but seeks to apply this in the most simple way possible..

## **3. Our People Vision**

- 3.1 We have recognised that our people are fundamental to the achievement of our future vision. ULHT needs to define what we want to achieve with our people over the next five years. The STP have developed a vision for the workforce, which is as follows:

“Lincolnshire is a great place to work, a place where staff feel valued and empowered to carry out their roles. Staff have a clear understanding of their own roles and skills and where these fit with others across the health and social care setting, enabling them to work seamlessly with their colleagues. They work in pleasant environments, mostly in community settings, free from the frustrations from IT systems and unreasonable workload expectations. They have a good work-life balance and their job roles are varied and exciting, with greater opportunities for development.”

3.2 In developing our People Vision, we should also draw on the descriptors of a “Well-Led” organisation, developed by our regulators, the CQC. It will be important that they can see our commitment to be a “well-led” organisation embedded within this People Strategy. Their documentation states that in a “well-led” organisation:

- The leadership, governance and culture are used to drive and improve the delivery of high-quality, person-centred care.
- Leaders have an inspiring shared purpose, strive to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies are in place to ensure delivery and to develop the desired culture
- There are high levels of staff satisfaction across all equality groups. Staff are proud of the organisation and as a place to work and speak highly of the culture. There are consistently high levels of constructive engagement with staff, including all equality groups, staff at all levels are actively encouraged to raise concerns.
- The leadership drives continuous improvement and staff are accountable for delivering change. Safe innovation is celebrated. There is a clear, proactive approach to seeking out and embedding new and more sustainable models of care.

3.3 In the ambition statements developed for the 2021 programme. we recognise the part our people must play in our future success. We have said “Our staff will:

- Be proud to work at ULHT
- Always strive for excellence and continuous learning and improvement
- Challenge convention and improve care”

In reviewing this vision for our workforce we have said that our focus through 2021 should be on “**developing a brilliant and confident workforce that consistently delivers excellence**”.

3.4 In the table below we have developed those statements a little further and have identified a number of performance measures, so that we can measure progress towards the vision.

Outcomes	Outcome Measures	Process Measures
<b>Be proud to work at ULHT:</b>		
Have the right “shaped” workforce equipped to deliver in the future system and who are proud to tell people that they work for ULHT. Reduce the reliance on agency staff and ensure the appropriate ratio of permanent to agency staff at ward level.	% of staff recommending ULHT as a place to work Staff engagement at work score Reduction in workforce numbers achieved	No of grievances % agency staff at medical/clinical level on each site



Attract and retain talented people, who always display positive behaviours, working with the local health and care system to achieve this	Reduction in agency spend achieved % of staff enthusiastic about their work % of staff who expect to be working at ULHT in 12 months' time	No of disciplinaries Vacancy rates Turnover rates (voluntary) Turnover rates in first year
Having real concern for the health and well-being of staff, recognising the part they play in the prevention and self-care agenda	% of staff believing immediate manager takes a positive interest in health and well-being	% of staff saying we taken positive action on health and well-being
Have compassionate, inclusive and effective leaders, able to develop high quality local health and care systems in partnership	CQC rating of "Excellent" for well-led	% of staff reporting effective communications with senior managers % of staff who feel senior managers involve them in decisions
<b>Always strive for excellence and continuous learning and improvement:</b>		
Ensure there is a consistent focus on patient safety and a good understanding of risk. Have a learning culture and a focus on continuous improvement in every aspect of the services we provide	% of staff able to contribute to improvements liP assessment Mitigation of risks in risk register	% completion of core learning Quality of non-mandatory training/learning score
Ensure every member of our workforce has a clear understanding of their role and objectives and how to work as part of a high-performing team. Ensure people feel empowered in their roles	% of staff who feel able to make improvements happen in their area of work	% appraisal rate Quality of appraisals score
<b>Challenge convention and improve care:</b>		
Have a relentless focus on the patient's interests, the quality of their care and safety. Never "walk by" but challenge inappropriate care and behaviours	Friends and family test If friend or relative needed treatment, % of staff who would be happy with standard of care	% of staff saying care of patients is our top priority Staff satisfaction with the quality of work and patient care
Value, encourage and recognise constructive challenge, openness, candour and a willingness to speak up. Have a zero-tolerance of bullying	Measure of "trust" across the organisation	% of staff confident and secure in reporting unsafe clinical practice % report bullying by other staff members Number of Freedom to Speak Up reports
Develop effective team working as this is at the heart of how we will build and sustain excellent patient services. Have an expectation and ability to work in multi-professional, multi-agency teams.	Effective team working score	% of staff who feel the team in which they work has shared objectives % of staff who believe the team in which they work often meets to discuss the team's effectiveness

## 4. Where are we now?

### Evidence Base

- 4.1 We have undertaken a systematic review of the how the Trust currently shapes up against our people vision, using the range of evidence available. This analysis can be found in the separate People Strategy Evidence File. Much of that evidence is positive (including the results available from the 2016 staff survey) and shows improvement over the last three years in terms of levels of staff engagement. However, scores remain below the average for acute hospitals and we need the pace of improvement to be faster.
- 4.2 On efficiency, whilst agency spend has reduced, we are not likely to fully achieve targets set and whilst vacancy rates and productivity indicators like sickness, are moving in the right direction, as a Trust we are somewhat short of the best in the sector and need to improve significantly if we are to achieve tough financial targets in the next few years. Moreover, the ratio of permanent to temporary staff continues to be a concern. Our ability to recruit a permanent workforce, with whom we can work to establish a consistent culture based on our values is crucial to our future success.
- 4.3 Inevitably we do not have a workforce in terms of numbers and skills that reflects the organisation we will become by 2021 and the healthcare system we will operate in. The People Strategy must reflect the need to re-shape the workforce as part of the STP, whilst at the same time, focusing on improving upon the basics of workforce management and engagement, to provide a sounder base from which we can move forward.

### CQC Assessment

- 4.4 The CQC review has identified shortcomings to which we must respond, notably in the areas of safety and the extent to which the Trust is well-led. In particular, the CQC refer to:
- A theme in their focus groups and contacts with staff of staff telling them “they perceived they did not feel confident to raise concerns in their work environment”. It is not clear there is feedback and learning takes place when they do.
  - Some staff feeling that they were bullied and harassed
  - Insufficient action around equality and diversity in the workforce
  - Failure to achieve appraisal and core learning targets – how do we ensure staff are trained to deliver safe care
  - The strength of accountability across the Trust
  - Inconsistency in the delivery of quality/safe care – some great examples, some poor examples – lack of a clear and consistent safety culture
  - Leaders who are not sufficiently in touch to ensure standards are sustained in all places
  - Not assured there was sufficient professional challenge given to nursing staff. Some staff lack the capability to recognise what good care looks like.

- Areas where morale is low and staff do not feel appreciated. They do not feel engaged with the future direction and values of the Trust.

4.5 What is evident as a theme is inconsistency in terms of the standards of care provided. That inconsistency is linked to the quality of leadership at a local level. What is lacking is a sound structure for ensuring consistency of behaviours, based around the stated values of the Trust. Alongside swift action to address issues of bullying, listening to staff, adherence to policies and acceptance of poor standards in some places, we must address through this strategy the underlying issues around culture, leadership and accountability.

#### Themes

4.6 From all the evidence that is available, our focus in this People Strategy needs to be on the following:

- Bringing about the change in the shape of the workforce that supports 2021/STP
- Engaging our staff around a positive future vision, giving them a greater sense of “hope” and belief the Trust can move forward positively
- Ensuring that a safety culture is in place in all parts of the Trust
- Fully embedding our values as a definition of the culture of ULHT
- Rebalancing the permanent/temporary workforce mix as a means to reduce costs and improve quality of care
- Maximising the productivity of our workforce through a focus on the basics of people management consistently applied
- Achieving consistent delivery of safe care across the organisation, ensuring compliance with the standards we set and have trained people for. Address the inconsistencies in the organisation
- Strengthening the “golden thread” through sound governance (including structure), holding people more effectively to account
- Demonstrating compassionate, inclusive leadership at all levels and consistently across ULHT, so that we can build higher levels of trust in our leaders
- Giving confidence to our staff that their voice will be heard and their concerns listened to
- Being seen to be equitable and fair in the way that we treat all our people, promoting the value of diversity.

4.7 These themes are reflected in the priorities we have set in the section below.

## 5. Delivering The People Vision

### Priorities

- 5.1 Based on the analysis above and reflecting the structure of the 2021 programme, a number of potential People Strategy priorities are identified in two strands – workforce numbers and skills (linked to our strategic risk “failure to sustain an adequate workforce”) and organisational development (sustaining motivation through change, linked to our strategic risk “failure to sustain an engaged workforce”).

### Workforce Numbers and Skills

- 5.2 This reflects the need to change the shape of the workforce as set out in the STP. It is also about establishing a stronger baseline now, with a higher proportion of permanent staff who are managed to maximise their productivity. The proposed priorities are:
- Developing new roles and capability
  - Improved recruitment and retention to reduce agency spend
  - Talent management
  - Productivity & performance

### Organisational Development

- 5.3 This reflects the need to engage our workforce around a future vision and a set of values that define our culture. It is about ensuring greater consistency across the Trust in terms of performance and behaviours through strengthening leadership and accountability, both through structure and systems. It is about delivering a change in culture through focusing on a simple change cycle:
1. Set out clearly our expectations
  2. Understand why it may be difficult to meet those expectations
  3. Equip people with the skills they need to deliver to those expectations
  4. Hold people effectively to account.
- 5.4 The proposed priorities are:
- Engaging with the vision & values

- Building trust and ensuring staff voice is heard
- Inclusive leaders (of the health and care system, as well as the Trust)/engaging managers
- Promoting workforce health, well-being and resilience
- Reward and recognition
- Supporting change and promoting continuous improvement through empowering our staff

5.4 For each one we have identified:

- Why it is a priority
- What we have done to date to address this (recognising that the People Strategy must reflect the fact that this is not a standing start)
- What we plan to do in the future (some key projects and milestones, although the intention will be to develop a more detailed People Strategy Work Programme covering the first two years).

5.6 There are inevitably significant overlaps between the priorities, but the key aim must be to have one strategy and one delivery plan to ensure there is coherence in what we do and an ability to focus limited resources on our priorities. Equality and diversity of the workforce is a strand that runs through the proposed Strategy.

Workforce Numbers & Skills – Developing New Roles and Capability

<b>Why it is important? How does it relate to our people vision?</b>	<p>The STP proposes a significant change in the way services are provided across the health and care system in Lincolnshire. The STP plan will involve a reduction in the overall size of the workforce and a shift in the roles and skills required. We expect over 5 years an 8.4% reduction in the workforce (some 700 wte.). A significant amount of modelling work has been undertaken to identify the shift in the workforce required which, because of levels of vacancies and turnover, should be achieved through natural wastage. ULHT will plan in more detail, as part of the 2021 Programme, the specific impacts on the Trust.</p> <p><i>This links to the outcome of <b>having the right “shaped” workforce equipped to deliver in the future system and who are proud to tell people that they work for ULHT</b></i></p>
<b>What have we done to date?</b>	<p>The Trust has actively participated in the development of the STP and the Workforce Strategy that is appended to it. Those plans include a significant amount of workforce modelling, to demonstrate how the financial improvement required across the system can be achieved and what the shift in skills expected means in practice.</p> <p>The Trust has been an active contributor to LWAB for a number of years. There are five workstreams:</p> <ul style="list-style-type: none"> <li>• Culture &amp; OD</li> </ul>

- Lincolnshire Workforce Transformation
- Workforce Supply and Demand
- Lincolnshire Attraction Strategy
- Lincolnshire Talent Academy

ULHT supported the modelling work undertaken by Whole System Partnership and the reshaping of the workforce can be shown against broad competency levels

	Foundation	Core	Enhanced	Advanced	Total
Baseline workforce	3373.3	2379.9	2431.6	1920.1	10104.9
<b>Workforce FTE change:</b>					
Women & Children's	-33.5	-23.0	59.7	-3.1	0.0
Primary Care	28.8	-0.7	14.2	53.7	96.0
Proactive Care	-105.0	-181.6	-91.2	-29.4	-407.3
Urgent Care	-82.4	-24.6	-26.0	17.1	-115.8
Planned Care	-161.0	-128.9	-86.3	-111.9	-488.1
MH/LD	66.6	-43.1	33.7	9.3	66.4
Diagnostics	0.0	0.0	0.0	0.0	0.0
Total	-286.5	-402.0	-96.0	-64.3	-848.8
Change on base	-8.5%	-16.9%	-3.9%	-3.3%	-8.4%

What is lacking at present is a clear Workforce Operational Plan, which shows across the different pathways, how the shape of the workforce will change in terms of roles and employing organisations. This is an urgent piece of work, if we are to effectively manage the change in size and shape of the workforce over the next five years. This needs to overlay clarity about how the change in service model within those pathways will be delivered.

**What we plan to do in the future? – key milestones**

Year 1:

Create a Workforce Operational Plan that demonstrates the year on year change in the make-up of the ULHT workforce by role and care pathway.

Identification of the priority workforce roles to be implemented within each care pathway in Years 1 and 2

Develop process to identify current skills held by existing workforce, allowing us to align these to development

	<p>opportunities</p> <p>Develop skills matrices and development plans to reflect the core and common skills to be required for priority new roles e.g. use of technology, prevention agenda, inclusion of funded apprenticeship programme where appropriate (see below)</p> <p>Trial Nurse Associate role – 25 in ULHT</p> <p>Develop Nurse Degree Apprenticeship pathway</p> <p>Lead the Degree Apprenticeship trailblazer for Occupational Therapy and Physiotherapy</p> <p>Develop ACP Business Case including:-</p> <p>Definition, Demand, competencies, generic job description, baseline, benchmarking, gap analysis, current education and future provision. Agree support mechanism to retain and upskill current workforce plus attract new and retain all ACPs, e.g. clinical supervision and action learning – by STP</p> <p>To explore with staff side the appetite for change regarding the possibility of coming to a collective agreement on local terms and conditions for the 3 NHS providers which fall outside A4C</p> <p>Frailty tool-kit commissioned and rolled out by STP</p> <p>STP to develop Prevention Business Case</p> <p>Identification and implementation of entry level / integrated apprentice roles aligned to STP vision for integrated role development, career pathways, ensuring a true development cycle is in place</p> <p>Development of in-house apprenticeship training service, ensuring utilisation of levy and reinvestment back into the Trust, speed of response to internal change, governance of quality of delivery.</p> <p><b><i>Further milestones will be developed once the Workforce Operational Plan is in place – in line with programme, we will consult with staff on the changes that impact on them</i></b></p>
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	<p><u>Years 2-3:</u></p> <p>To explore with staff side the possibility of coming to a collective agreement on local terms and conditions for different staff groups to facilitate the movement of staff between organisations</p> <p>Develop an evaluation framework to measure the benefits of the ACP role regarding patient outcomes, financial sustainability and staff attraction and retention</p> <p>STP to roll-out variety of actions to embed prevention culture among staff – focus in particular on Making Every Conversation Count</p> <p><u>Years 4-5:</u></p> <p>By 2021 Lincolnshire as a place to work and live will be fully embedded ensuring that:</p> <ul style="list-style-type: none"> <li>- There is one e-access to find out about working and living in Lincolnshire</li> <li>- There will be quality information and sign-posting</li> <li>- One recruitment and selection portal utilising NHS jobs</li> <li>- There is a flexible workforce with NHS staff on the same local terms and conditions where appropriate</li> </ul> <p>Care pathways will be fully implemented with the right workforce and balance of skills/competence at each level:</p> <ul style="list-style-type: none"> <li>- Local education and training will be in place within the Lincolnshire NHS – operating as centre of excellence</li> <li>- Universities and Colleges will be producing graduates and workers with the right skills competencies and support to undertake new and existing roles</li> <li>- The Lincolnshire Talent Academy will ensure the right flow of people wanting to work within the NHS at different levels</li> <li>- Internship programme will be in place to support identification of future leaders</li> <li>- Lincolnshire Graduate Programme will be in place supporting development of our future leaders</li> <li>- The right technology and systems will be in place to support staff and deliver the best care</li> </ul>
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Workforce Numbers & Skills – Improved Recruitment & Retention To Reduce Agency Spend

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The Trust’s financial challenges are in large part driven by the difficulty of recruiting to permanent positions and the high dependence on agency staff. This is particularly true in terms of medical and clinical staff, but impacts in other areas also. Overall retention rates are satisfactory, but there are areas where retention remains a problem (newly-qualified nurses for example).</p> <p>Whilst we will work within the system to address these challenges, there are a number of services that have been identified as being “fragile” now, namely A and E, Oral Maxillofacial, Paediatrics, Breast, Neurology, Cardiology, Gastro and Respiratory Medicine. Whilst within the 2021 Programme we will review fundamentally the way services are provided, these challenges are immediate if we are to sustain services and the expectation is that we will need to continue to work hard at recruiting appropriate staff even if pathways change and the skill mix required within them.</p> <p>The ongoing challenges in Nursing, Medical and AHP workforce supply, combined with shortages in Registered Nurses, Junior and Middle Grade Doctors, have the potential to create a fragile workforce, and therefore the delivery of fragile services. Part of our response must be to look at how looking differently at the skills mix required in clinical pathways can reduce the demand for hard to recruit roles. These new roles will include, Advanced Nurse Practitioners, Physician Associates, AHPs, Apprenticeships and Degree Apprenticeships roles, Advanced Clinical Practitioners, Nurse Practitioners (Emergency Care) and Specialist Nurses and Ward-based Pharmacy Technicians. The use of the apprenticeship programme for delivery of training from foundation skills to professional degree level will be aligned to the workforce plans in support the development and progression of these roles through the Trust apprenticeship levy.</p> <p>We must also be as imaginative as possible in seeking to recruit and retain our staff. In doing so we must look at our approach to attraction, the efficiency of our recruitment processes and consider all aspects of the employee lifecycle to see how this can support retention.</p> <p>We must consider alternatives to agency staff for cover (bank staff, fixed term contracts) and, where agency staff are absolutely necessary, take steps to minimise their cost.</p> <p>This links to the outcome <i>attracting and retaining talented people, who always display positive behaviours, working with the local health and care system to achieve this.</i></p>
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<p><b>What have we done to date?</b></p>	<p>The Trust has had a focus on medical and nursing recruitment for some time. Vacancy rates are KPIs for the organisation. We have had plans in place to seek to reduce agency costs as part of our financial efficiency plans.</p> <p>On the medical side, we intended in 2016/17 to focus on improving recruitment rates, the skill and role mix and introducing a master vendor contract for agency staff. The Holt contract is in place and we have contracted with Experis, an agency supporting us in filling hard to recruit posts. Services have been looking imaginatively about how to fill specific roles also, but we need to be more systematic in our approach.</p> <p>On the nursing side we have sought to recruit from the Philippines, but it is taking longer than expected to see the results (due to the many steps in the process). To date 8 new staff have landed and 27 have now passed their ELTS exam. There have been a variety of other initiatives put in place and notable successes, the number of newly-qualified nurses recruited being an example.</p> <p>Working with the Lincolnshire system, we have participated in developing the Lincolnshire Healthcare Attraction Strategy, although we have yet to fully embed it within the Trust. We have also led particular initiatives, such as the NHS Boston Workshop which brought together over 20 different stakeholder groups with a specific focus to increase the NHS workforce in Boston.</p> <p>We have initiated a Youth Engagement Group to help inform the Trust in its youth engagement process, working on how to inspire our future workforce as we look at our Talent Pipeline.</p> <p>We have launched our very first Integrated Health and Care Apprentice posts, led by ULHT. As the first truly integrated post in the region to our knowledge, our apprentices will be working on rotation across the acute, community, mental health and social care providers in order to gain a broad experience of all patient pathways. New apprentices will commence in post from January 2017.</p> <p>We have introduced a new questionnaire to capture the views of leavers and, whilst the process does need refinement, it has given the Trust a new source of data. Results for the first six months show that 24.35% of leavers retired, 10.69% left due to “family or domestic reasons”, 10.69% for promotion opportunities and 9.92% because there were “insufficient opportunities for career progression”</p> <p>This links to our people objective “attracting and retaining talented people, who always display positive behaviours, working with the local health and care system to achieve this.”</p>
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<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Review our approaches to medical and nursing recruitment and retention, ensuring we are exploring every avenue to reduce vacancy rates and reliance on agency staff. Ensure we have in place specific plans for hard to recruit medical posts. Explore how we can use opportunities for development as the means to recruit and retain staff.</p> <p>Review the exit interview process to improve the quality of information. Consider undertaking specific follow-ups in “hot spot” areas e.g. newly-qualified nurses</p> <p>Review and improve the recruitment process, including developing a business case for the introduction of an applicant tracking system</p> <p>Ensure we are making the most of the opportunities provided by the Attraction Strategy developed by the Lincolnshire Healthcare System. Develop a clear brand for roles within ULHT and marketing materials that enable us to “sell” roles in this organisation more effectively</p> <p>Intake of new junior doctors and implementation of new contract</p> <p>Explore the potential of a medical agency bank</p> <p>Review our approach to workforce planning, so that we are more systematically reviewing and capturing the number of staff we need in different roles, incorporating the opportunities for existing staff development and the succession planning process.</p> <p>Take part in the Nurse Associate ‘Pilot’ Scheme - it is anticipated that the Trust will recruit 25 whole time equivalent posts from M6, 2017/18 onwards.</p> <p>Look for opportunities to develop a Lincolnshire-wide nurse bank</p> <p><u>Years 2-3:</u></p> <p>Undertake recruitment reviews for posts that are vacant – do we need this role, is there an alternative role, could we use an apprentice?</p>
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	<p>Reflecting the age profile of the organisation, explore ways in which we can introduce more flexibility in our working practices to enable people to remain at work longer should they wish to do so.</p> <p>Involvement in development of degree apprenticeships for other professions</p> <p>Hold “staying at work” programmes, alongside “retirement” programmes</p> <p>Potential sharing of back-office recruitment services across STP</p> <p><u>Years 4-5:</u></p> <p>Medical Staff – Develop an MSc Programme for rural healthcare</p>
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Workforce Numbers & Skills - Talent Management

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>We recognise that it is only by being able to recruit and retain talented people that we will be able to address the challenges we face. We need to be able to provide opportunities for everyone within the Trust to maximise their potential within role, whilst identifying and growing those who have the potential to progress.</p> <p>There is a focus on this at both a national and local level. At a national level, NHSI have recently published a National Improvement and Leadership Development Strategy, with the aim of “supporting organisations and local managers to improve how talent at all levels is managed.” The strategy is still in development, but will provide tools to support a systematic approach to talent management, look again at how the most senior leaders are developed and retained in the sector and create a “hub and spoke” approach, recognising that there is a need to encourage local collaboration around talent.</p> <p>This is positive because we have, as part of the STP, indicated that we need to work across the Lincolnshire Healthcare System on talent, both as a means to retain talent in the system and facilitate system-wide working.</p> <p>In the Trust we also see talent management as an important tool to help retain staff (giving them opportunities to develop and progress along clear career paths) and bring in new talent, reflecting the fact that we have the potential to lose a significant body of our staff in the next ten years as a consequence of our age profile.</p>
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	<p>The Education and Training Committee has developed a Multi-Professional Training, Development and Education Strategy for the period 2015-18, with the following priorities:</p> <ul style="list-style-type: none"> <li>- Ensure our patients are safe, reducing harmful adverse events and mortality</li> <li>- Ensure our treatment is safe and effective</li> <li>- Ensure our patients have the best possible experience</li> <li>- Become a high reliability organisation</li> </ul> <p>For each priority a number of actions have been identified. It is not evident that there has been close monitoring of the delivery of those actions, nor are they as SMART as they might be. Future actions are focused on reviewing that Strategy in light of this People Strategy, to ensure it is aligned and reflects the financial resources available.</p> <p>The 2016 GMC in their East Midlands Regional Review identified many positives in our approach to medical education. There are some areas for improvement that we need to address. The Trust is appointing one Medical Education Director to work across specialisms to ensure that there is an over-arching approach to training and development across multi-specialist teams.</p> <p>This links to the outcome <i>attracting and retaining talented people, who always display positive behaviours, working with the local health and care system to achieve this.</i></p>
<p><b>What have we done to date?</b></p>	<p>There is always an issue about where you draw the boundary around talent management and make it distinct from good people management. Issues around the broader people management agenda are addressed elsewhere. In terms of maximising the potential of all our people, we have an appraisal process in place and have implemented the “nine-box model” as part of this, to identify where our talent to progress sits in the organisation. What we have yet to do is follow this up with a systematic approach to developing talent and thinking in particular about representation at senior level.</p> <p>The Trust developed a model Talent Academy, which is now addressing the STP talent issues. It has the following priorities:</p> <p><b>Government Apprenticeship mandate</b></p> <ul style="list-style-type: none"> <li>- Public sector targets for apprentices – 2.3% of organisational workforce</li> <li>- Financial levy imposed from April 2017 – 0.5% of payroll via PAYE – ring-fenced by Government for Apprenticeship training delivery</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Talent for Care Strategic Framework</b></li> <li>- Strategic intention no. 6 - To double the number of HEE funded or supported apprenticeships by March 2016 and establish an NHS Apprenticeship Scheme to rival the best in the country</li> <li><input type="checkbox"/> <b>HEE Mandate - Widening Participation</b></li> <li>- Enhance further the visibility and targeting of Health Careers Information and Advice</li> <li>- Increase collaborative approaches in supporting widening participation initiatives, including outreach activity:</li> <li>- Stimulate and increase the capacity of healthcare organisations in being able to expand and support work or work related experience opportunities</li> <li><input type="checkbox"/> <b>Shape of Caring</b></li> <li>- Widening access for care assistants who wish to enter nursing (nursing degree apprenticeship pathway)</li> <li><input type="checkbox"/> <b>Lincolnshire Health and Care Project</b></li> <li>- Integrated health and care provision, greater portability of staff across both sectors (e.g. introduction of new Integrated Health and Care Apprentices from January 2017)</li> <li>- Identification and development of critical education pathways via the apprenticeship route where current funding is due to cease (e.g. Physiotherapist, Occupational Therapist Degree apprenticeships)</li> </ul> <p>The Trust has also participated in the National Graduate Programme to secure another pipeline of talented individuals to bring fresh ideas in the Trust. Plans are also in place to develop a Lincolnshire specific programme.</p> <p>We are committed to promoting talent in all parts of our workforce and community and will take steps to ensure that there are no barriers to people of talent from any background (and from any of the protected characteristics) from joining or progressing in the Trust.</p> <p>We also wish to maximise our use of the talent in our volunteer community and the Volunteer Strategy identifies a number of actions to enhance the use of volunteers.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Development of 2017-2020 Apprentice Training Workforce Plan, utilising apprentice levy to develop opportunities for new apprentices and development of existing staff</p>

	<p>Development of Lincolnshire Apprenticeship delivery network (NHS levy Trusts) - generating funding stream, standardisation and aiding reinvestment of levy into system, whilst supporting all system stakeholders</p> <p>Maximise opportunities for staff to develop their skills and fulfil their potential within the financial constraints of the Trust – link to develop of role of Multi-Professional Education &amp; Training Committee</p> <p>Development of apprentice marketing campaign</p> <p>Co-ordination of 2017/18 Academic Year careers programme for schools and colleges, including work experience, school events and careers support with focus on specific key roles i.e. medical, midwifery</p> <p>Make rotational posts across health and care the norm and an accepted and valued part of working in Lincolnshire</p> <p>Develop a Talent Management system to record staff skills and competencies, and to spot and develop those who have the requisite skills and competencies to transform our vision into reality, to encourage staff retention.</p> <p>Develop CPD / Development plans for staff, linked to skills and competency records: enabling aspirations for development and progression to be captured, aiding talent conversations, whilst identifying skills gaps and training/career pathways</p> <p>Raise aspirations through development of an “insight” work experience placement programme providing staff with opportunities to work in and experience the benefits and challenges faced by our partner organisations</p> <p>Develop and manage integrated rotational apprentice programme, aiding the inclusion of smaller stakeholders such as GP surgeries and providers of social care</p> <p>Take forward the volunteering strategy, as follows:</p> <ul style="list-style-type: none"> <li>• Develop and empower volunteers to achieve their roles safely and effectively.</li> <li>• Standardise and ensure delivery of core learning for volunteers.</li> <li>• Inspire confidence in volunteers and their need for development and learning.</li> <li>• Empower and encourage volunteers to progress in their roles proportionate to their skills and experience and within the confines of their roles.</li> <li>• Facilitate sharing of skills, knowledge and experience within the volunteer community</li> </ul>
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- Encourage a spirit of volunteering among ULHT staff also

Maximise opportunities for staff to develop their skills and fulfil their potential within the financial constraints of the Trust (link this to our retention initiatives)– link to develop of role of Multi-Professional Education & Training Committee

Review the way we manage training budgets across the Trust and explore whether we can have a structured approach to learning and development, using development opportunities as a retention tool

Years 2-3:

Develop employer responsive delivery model for apprenticeships across Lincolnshire, ensuring consistency, portability and cost efficiency

Review opportunities / create business case for development of a physical Lincolnshire Talent Academy, providing purpose built training and education facilities for integrated delivery of “Health and Care” education (unique experience, aligned to options for Institute of Rural Health & Care)

Support the implementation of the OT and Physio Degree Apprenticeships across Lincolnshire

Continue development of Apprentice Frameworks and new standards as they arise from STP ensuring portability across all stakeholder organisations

Formalise system-wide internships – use as recruitment pipeline

Implement Lincolnshire Graduate Programme for key roles

Develop careers support, ensuring staff are informed and supported to progress within the Trust and system

Focus on identifying and developing talent in those groups that are under-represented at more senior levels

Years 4-5:

Fill leadership posts from the best candidate across the system, regardless of organisational background



	<p>Flexible career pathways across health and care community – recognising portfolio careers</p> <p>Share and distribute talent across the STP system</p> <p>Identify rotational posts and opportunities for shadowing and secondments</p>
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Workforce Numbers & Skills - Productivity & Performance

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The Trust has limited resources available and must be in a position to maximise the performance and productivity of the resources that it has got. This is in part linked to staff engagement (and health and well-being), as we know that engaged staff are productive staff. However we also need to ensure we have the basics in place to support a productive workforce, namely:</p> <ul style="list-style-type: none"> <li>- Have the right structures in place, which give clarity around accountability and support</li> <li>- Having a clear “golden thread” in place, linking the Trust vision to individual objectives</li> <li>- Utilising job planning and rostering to ensure we are using resources most effectively</li> <li>- Having an approach to performance management which enables people to be productive</li> <li>- Managing absence and attendance well</li> <li>- Clear learning and development strategies</li> </ul> <p>The review by Lord Carter identified that there significant variances between acute trusts in a number of areas, including the productivity of the workforce. We know that the Trust is not as efficient as it might be and there are variations in the productivity levels of our staff. Systems and processes are not applied consistently and this will assist in reducing our cost base.</p> <p>This links to the people outcome <i>ensuring every member of our workforce has a clear understanding of their role and objectives and how to work as part of a high-performing team. Ensure people feel empowered in their roles</i></p>
<p><b>What have we done to date?</b></p>	<p>The Trust has the policies and processes in place that you would expect to see around job planning, appraisal and sickness management for example. There is no doubt that those policies could be made more robust, but equally,</p>

	<p>they could be more consistently applied and that must be a focus.</p> <p>We have not achieved the target compliance rate around appraisal (we should reasonably expect 90%+) and our quality checks around appraisal show varied quality. Pay progression has now been linked to appraisal in order to improve compliance levels.</p> <p>The sickness policy has been reviewed and we have the expected trigger points in place. We have good practice in place in some sites, where HR supports managers to address hot-spots and the occupational health service supports managers in helping staff on long-term sick return to work. There is a health and well-being strategy in place, designed to help staff stay healthy (and this is referenced in other parts of this People Strategy). As an example of the initiatives the Trust has taken, in 2016 over 400 staff took part in the Pedometer Challenge and 300 in the Global Corporate Challenge.</p> <p>We have some structure to our approach to learning and development, but this could be improved. The Multi-Educational Training Committee agrees a Learning and Development Plan and seeks to ensure that there is coherence in what we provide for different staff groups and that we use external funding available to support priorities.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>COO is leading work to ensure that the Clinical Directorate structure provides an appropriate framework for accountability. This work will focus on equipping CDs to fulfil their roles and developing empowered teams</p> <p>Ensure we achieve the target compliance rate for appraisal – follow-up with individual managers, cascade accountability</p> <p>Review our approach to appraisal to ensure we have a system in place which supports on-going performance management and the “golden thread” of objective setting across the organisation. Performance review should focus more strongly in future on assessing behaviours that reflect the Trust values.</p> <p>Ensure that all medical staff have a compliant job plan in place – use the Allocate system fully and effectively to support this</p> <p>Focus on “getting the basics right” in HR in key areas such as grievances and disciplinaries, so that less resource is consumed in the Trust on managing these issues and we are more efficient in resolving problems at the earliest</p>

	<p>possible stage</p> <p>Target a reduction in sickness absence levels, through a review of policy, the application of best practice across the Trust, exploration of new models (e.g. first day reporting) and training for managers in creating resilient workplaces. Focus in particular on addressing hot-spots and the variation away from the norm          Take steps to ensure that our temporary workforce are engaged and trained to play a full part in the life of the Trust, able to work to the standard and values we expect - “Key To Care” work in Nursing</p> <p>Implement ESR Supervisor and pilot employee self-service</p> <p>Evaluate how people are using their time – rationalise the number of meetings we have and look at particular pinch points (managers at different levels) and whether they are spending time on the right things</p> <p>Ensure we can report on key workforce indicators to ward level (ideally) as part of a robust performance management arrangements</p> <p><u>Years 2-3:</u></p> <p>Introduce integrated electronic rostering and bank systems for junior doctors</p> <p>Introduce activity management system linked to job plans and rotas</p> <p>Complete the HR policy review (of agreed priority policies) ensuring that they reflect the future style of the Trust and align, where necessary, with other employers in the Lincolnshire Health and Care System</p> <p>Explore the potential for implementing more flexibility in medical roles – As an example, enable Associate Specialists to see patients in their own right where they are competent to do so</p> <p>Roll-out of employee self-service</p> <p><u>Years 4-5:</u></p> <p>This work is front-loaded in order to support the financial targets of the Trust</p>
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Organisational Development – Engaging With the Vision & Values

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The Trust has had a chequered history. It was placed in special measures in 2013. Since then though there has been steady improvement. Staff fed back to CQC inspectors recently that the Trust was a “safer” place for patients. Engagement scores have been improving slowly but remain below the median for acute trusts.</p> <p>There is no doubt that we have a body of staff who are very committed to the services they provide. There is however some cynicism about the ability of the Trust to fundamentally change and improve and escape the cycle of financial and performance challenges. Loyalty to location rather than the Trust as a whole remains strong. Whilst there is an inevitability about this in a multi-site organisation, spread across a large geographical area, it does inhibit organisational change and we need to find ways to make this a strength, rather than a weakness.</p> <p>The Trust has lacked a coherent vision over the last few years. It has been unable to progress work in which staff engaged around the clinical strategy. Now that the STP is in place however and our 2021 programme is developing, there is a huge opportunity to engage staff around a challenging but positive vision for the future.</p> <p>In uncertain times, values can act as an anchor point, but the values at ULHT do not seem to have the prominence they should. They describe the organisation we aspire to be but are rarely referenced. Efforts to embed them (around recruitment, for example) have not been followed through. They are not “in your face” in branding terms.</p> <p>The consequence of this lack of engagement around the vision and values is staff uncertainty and the prevalence of rumour and some difficulty in really embedding change. This in part reflects challenges around accountability, that are referred to elsewhere. The lack of compliance (evident around core learning and development and sepsis) is about accountability, but also about a failure to really engage with the values of the organisation and perhaps a lack of clarity about what is important.</p> <p>There is much evidence of course of behaviours that fully reflect our values and these are celebrated at the staff awards events. But there is also evidence of behaviours that run counter to our values and there is not systematic and robust challenge to these. We need more clearly to set out our expectations and rigorously hold people to account.</p> <p>This links to all our people outcomes, but particularly the focus on the patient.</p>
<p><b>What have we done to</b></p>	<p>The Trust values were developed in conjunction with staff. The clinical strategy was created with significant</p>

<p><b>date?</b></p>	<p>engagement with staff. There is recognition that the launch of the STP and the development of the 2021 programme provides an opportunity to re-engage with our people around the future direction of the Trust.</p> <p>A review of engagement has been completed and what is evident is that the Trust has implemented best practice approaches to engagement (beginning with Listening into Action and then the ULH Way, based on the Wrightington, Wigan and Leigh approach) and there are many strengths in what has been done, particularly staff engagement at a local level around service improvement. What we need to do is add a layer over this which ensures engagement also with the vision and values of the Trust.</p> <p>The staff engagement group have successfully overseen the implementation of the ULH Way and have been imaginative in finding ways of promoting the values and Fab Change Days are one example of this.</p> <p>We have developed a behavioural framework to underpin the values and demonstrate the behaviours we expect. These have been integrated into core processes such as recruitment and appraisal. However they do not seem to be consistently applied and it is not clear that we are monitoring their application and impact.</p> <p>Engagement with the vision and values is so important for the future success of the 2021 programme that much of the activity is front-loaded.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Engage staff in the launch of the STP and the consultation process around it</p> <p>Develop and implement an engagement plan for staff around the 2021 programme</p> <p>Engage staff in some early wins in terms of clinical change, creating a momentum around change and a belief in it</p> <p>Create a new brand around change and the values – tackle the inconsistent branding around ULH Way, Beyond Good etc.</p> <p>Support the implementation of the ward assurance framework</p> <p>Review the induction process to ensure that it equips people with the skills they need, but engages them with the vision and values from the beginning</p>

	<p>Fully embed the values in our recruitment and performance and development processes</p> <p>Initiate a campaign to promote our values, what they mean, how we are delivering against them and where there are shortcomings. Demonstrate clearly where we addressing behaviours that do not fit with our values. Consider re-branding the values, so that they become more memorable</p> <p>Ensure we have arrangements in place which help build staff resilience, thereby bringing to life our value around “safety” and caring for our staff</p> <p>Work to build a sense of “One team” in ULHT, reviewing the ways we engage with staff across sites and across workforce groups – Medical and Agenda for Change</p> <p>Re-run the Medical Engagement Scale Assessment, assess results and agree subsequent actions</p> <p>Create an organisational volunteering culture that encourages, promotes and supports volunteering through leadership and staff engagement at all levels across the trust.</p> <p>Implement the volunteering strategy and link to the values:</p> <ul style="list-style-type: none"> <li>- Increase the number of volunteers</li> <li>- Engage widely across the Trust to consider the value of volunteers.</li> <li>- Provide a clear definition of volunteering and its role within the organisation.</li> <li>- Provide a clear understanding of the role of volunteer supervisors and the expectations therein.</li> <li>- Celebrate and communicate the successes, achievements and learning that volunteers bring to services.</li> <li>- Evidence within key Trust strategies and service models how volunteers can make a difference</li> </ul> <p>Create a network of “patient experience ambassadors” and link their work to the values</p> <p>Develop a staff charter that sets out the two-way commitments between the leadership and staff.</p> <p><u>Years 2-3:</u></p> <p>Engage staff effectively in the implementation of the specific proposals around clinical pathways in the 2021 programme</p>
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	<p>Investment in the working environment to ensure we have an environment that at least does not run counter to ref our values</p> <p>Find ways to make the “Team Lincoln, Louth, Grantham, Pilgrim” a real strength – healthy competition, pride in the location</p> <p><u>Years 4-5:</u></p> <p>Organisational culture will support one Lincolnshire vision for Lincolnshire Healthcare System</p>
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Organisational Development – Building Trust & Ensuring Staff Voice Is Heard

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>One of the key drivers of staff engagement is the extent to which staff feel able to play a part in shaping the future of the organisation. Staff were involved in developing the ULHT clinical strategy and we want to extend that to ensure they feel involved in taking forward the 2021 programme. We need to be clear where there are “givens” and where there is still opportunity to shape the agenda. We need to create opportunities for the voice of staff to be heard.</p> <p>Through the CQC we have heard that staff do not always feel they can voice their concerns, or that they will be listened to. Levels of trust in senior managers is not as high as we would wish it to be. The Trust does systematically respond to staff survey results by publishing “you said, we did” documents. Managers have found it difficult to respond to some of the fundamental concerns of staff about the future of services and sites, outside of the agreed timetable for producing the STP.</p> <p>At a service level, there is evidence that not all managers have been as open to view and ideas as they might have been and staff have been uncertain how to escalate this. This has resulted in a breakdown in trust and doubt as to whether the Trust is open to hearing about staff’s concerns and ideas</p> <p>Now there is a real opportunity to engage with staff through change and to ensure their voice is heard and the way in which we do this will determine whether levels of trust can be rebuilt.</p> <p>This links to the people outcome of <i>valuing, encouraging and recognising constructive challenge, openness,</i></p>
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	<p><i>candour and a willingness to speak up. Have a zero-tolerance of bullying</i></p>
<p><b>What have we done to date?</b></p>	<p>The Trust runs regular pulse surveys to supplement the National Staff Survey and understand levels of staff engagement. “You said, we did” follow-ups are always produced following the publication of survey results to demonstrate the Trust is listening.</p> <p>The CX, Chairman and other members of the Executive take action to ensure that they are visible in the organisation and spend time out with different staff groups to listen to their views. The CX’s blog often directly responds to concerns raised by staff e.g. staff car parking.</p> <p>The ULHT Together Facebook group which has 3391 members, was developed by staff themselves. This site is used to share corporate information on surveys, Jan’s blog, etc., share educational information, and used widely by staff to celebrate good work and thank colleagues for hard work or care given to relatives. Lots of competitions held to have some fun and generate friendly rivalry. When staff raise concerns, a senior person will respond or commit to raise with relevant senior manager.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Re-launch our Voicing Concerns Policy, reminding staff of the variety of ways in which they can raise concerns. Promote the role of the Freedom to Speak Up Guardian as the overseer of our approach. Ensure that voicing concerns is regularly reported to the Board.</p> <p>Establish a “Listening and Responding to Staff” task and finish group, a joint group with staff side to address concerns about the extent to which staff feel their voice is heard.</p> <p>Take action to create more of a sense of partnership with staff side – review staff side meetings and hold joint session with staff side and the Executive. Define the kind of partnership we wish to have/review the constitutional arrangements that underpin this (Recognition Agreement etc)</p> <p>As part of our engagement plan around 2021 programme, identify the means by which employees will be able to influence the programme. Ensure all parts of the workforce feel that they have the opportunity to influence.</p> <p>Use the Culture and Leadership tool across the Lincolnshire Healthcare System to create a cultural map and</p>



	<p>understand base levels of trust.</p> <p>Promote the National Staff Survey more strongly to increase participation above the 2016 levels. Learn from other Trusts who achieve a higher response rate</p> <p>Continue to review the ways in which we communicate with different staff groups to ensure that we are focusing on those that are most effective</p> <p>Continue to capture the voice of our people through a redesigned pulse survey</p> <p><u>Years 2-3:</u></p> <p>Engage with staff in the design and delivery of specific clinical pathways, in line with our change management policy</p> <p>Explore how we can build on what has been done to date to use facebook to directly engage with staff who may not be able or inclined to use more established communication channels.</p> <p><u>Years 4-5:</u></p> <p>Repeat the cultural survey to understand if levels of trust have increased across the system.</p>
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Organisational Development – Inclusive Leaders (of the system as well as the Trust)/Engaging Managers

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The challenges the Trust has faced and faces in the future required effective leadership. The Trust has recognised this and has invested significantly in leadership training for a number of years. It is recognised that the Trust has not been as systematic as it might in ensuring the right people attend the development and in assessing the impact that it has had.</p> <p>The evidence from staff surveys etc. is mixed. Many staff are positive about their line managers, but there have been comments around the pulse surveys, evidence from the CQC inspection and a commentary from staff side, that some managers are not showing leadership which reflects the values of the Trust. This suggests that the compassionate and inclusive leadership we expect is evident consistently. Going forward the quality of leadership</p>
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	<p>will be a key determinant in the success of the 2021 programme.</p> <p>Moreover we will need to have leaders who are effective in working in partnership across the Lincolnshire Healthcare System and there is a real focus in the STP OD Strategy around creating good system leaders, able to effect change within the overall system.</p> <p>This relates to the people outcome <i>having compassionate, inclusive and effective leaders, able to develop high quality local health and care systems in partnership</i></p>
<p><b>What have we done to date?</b></p>	<p>There is an established framework for leadership development at different levels:</p> <ul style="list-style-type: none"> <li>• Leadership in Practice – 13<sup>th</sup> cohort</li> <li>• Stepping into Management</li> <li>• Senior Leadership Development Programme – 4<sup>th</sup> cohort</li> <li>• Senior Leadership Forum</li> <li>• National Programme – 30/40</li> <li>• Specific programmes run by the East Midlands Leadership Academy</li> </ul> <p>Some 300 medical leaders have attended one of the above programmes.</p> <p>The Board and Executive Team have devoted time to review their own approach to leadership and engagement</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Continue with the process of Board development, ensuring that our values and behaviours are lived and modelled on a daily basis by the Board and each member of the Executive team and that they are prepared to be held accountable by staff if they are not seen to be modelling these values and behaviours.</p> <p>Review current leadership forums to ensure they are fit for purpose – e.g. Senior Leadership Forum</p> <p>Launch the Leadership Charter. Create mechanisms to hold people to account for delivering against the charter (local 360 system based around agreed leadership behaviours)</p> <p>Review current approach to leadership development, to ensure it remains fit for purpose, it is reaching the right audience and is having an impact, ensuring we have compassionate, inclusive leaders in ULHT. Are we equipping people with the core management skills to be able to manage their staff well and in an engaging way.</p>

	<p>Support the work to embed an organisational structure based around the clinical directorates. Undertake development work to ensure the leadership triumverates at that level are equipped to fulfil their role (including the capacity for Clinical Directors to be fully-involved involvement in organisational planning)</p> <p>Introduce further development for leaders (notably Operational Managers) around resilience and creating engaging working environments in a pressurised and target-driven system.</p> <p>Run “systems leadership labs” for leaders in the Lincolnshire Healthcare System</p> <p>Offer the Mary Seacole Local programme for systems leaders in the Lincolnshire Healthcare System</p> <p>Establish a Lincolnshire coaching network to strengthen mentoring and coaching resources</p> <p><u>Years 2-3:</u></p> <p>Use the Healthcare Leadership Model 360 framework to identify system strengths and development needs for our leaders</p> <p>Develop a collective leadership strategy across the STP community</p> <p>Provide resilience training to support and sustain leaders through the process of change</p> <p><u>Years 4-5:</u></p> <p>We will have developed a cadre of Lincolnshire leaders who are able to work across the system with no organisational barriers</p> <p>System leadership will be the way we do business in Lincolnshire</p>
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Organisational Development – Promoting Workforce Health & Well-Being

<p><b>Why it is important?</b> <b>How does it relate to</b></p>	<p>ULHT recognises that our employees have a direct impact on our clinical outcomes and the experience of our patients. When our staff are healthy, well and satisfied, the experience of our patients improves. As a Trust we</p>
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<p><b>our people vision?</b></p>	<p>commit to developing a culture of promoting the Health and Wellbeing of all our staff, linked to our broader approach to engagement.</p> <p>There are a number of important principles underpinning the framework. We will:</p> <ul style="list-style-type: none"> <li>- Work with employees to ensure our organisation identifies and minimises those issues which may impact negatively on staff health.</li> <li>- Ensure that managers have the key skills, knowledge and ability to support employees to improve their Health and Wellbeing.</li> <li>- Ensure that we increase the awareness of our employees as to what is important in ensuring their own Health and Wellbeing and positive emotional and mental health wellbeing and exercise.</li> <li>- Ensure that the work place is fit, safe and supports the Health and Wellbeing of staff through the regular review of reporting and acting on accidents and incidents in the workplace.</li> <li>- Ensure Health and Wellbeing is integrated into relevant policies, procedures and training so that staff and managers understand the link between the application of the subject and the impact on Health and Wellbeing, measured by relevant KPIs and monitoring processes.</li> </ul> <p>This supports our people outcome <i>having real concern for the health and well-being of staff, recognising the part they play in the prevention and self-care agenda</i></p>
<p><b>What have we done to date?</b></p>	<p>We work in partnership with other provider Trusts in Lincolnshire on a joint Health and Wellbeing approach and plan.</p> <p>We have developed a specific Health and Well-Being Plan, which provides a framework through which we can take a proactive approach to enhancing the Health and Wellbeing of our staff. This will be achieved through wellbeing initiatives, employee support mechanisms and joint working with staff and their representatives and local partners to identify and address areas for improvement. The Plan is overseen by a Health and Well-Being Group which will report as required to the Workforce and OD Committee.</p> <p>Our Occupational Health Service is well-established. The Team support managers in helping staff who are absent, return to work. They offer counselling support, in recognition of the high proportion of sickness that is a</p>

	<p>consequence of stress. They have been proactive in stress management by offering programmes in mental health first aid and mindfulness.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Develop further our approach to health and well-being, putting in place cost-effective actions that we believe will enhance engagement with staff – re-write our strategy as “The ULHT Approach To Staff Health &amp; Well-Being</p> <p>Provide NHS health checks to all staff members aged 40+</p> <p>Increase the % of frontline staff who have flu vaccines and achieve the 2017/18 target</p> <p>Review emotional support services available for staff - responding to key cause of sickness absence – focus in particular on enhancing mediation services</p> <p>Promote and encourage participation in the Global Corporate Challenge</p> <p>Trust is implementing a "smoking-free" policy on its hospital sites - intending to strengthen its support to staff (and patients) to stop smoking</p> <p>Explore the potential of a "therapeutic" return to work</p> <p>Use the HSE stress management standards to assess our overall approach to managing stress.</p> <p><u>Years 2-3:</u></p> <p>Further develop our approach to employing an older workforce (recognising the age profile of our workforce):</p> <ul style="list-style-type: none"> <li>• Individual wellness programmes to maintain fitness for work</li> <li>• More information available for the older workforce about long term conditions and Self-management</li> <li>• Flexibility with work patterns or reduced hours, Maximising the use of different types of contracts e.g. annualized hours or bank</li> </ul> <p>Review shift patterns so they support a better work/life balance e.g.:</p> <ul style="list-style-type: none"> <li>- Forward rotating shift pattern in which a worker moves from an early to a late to a night shift is better.</li> </ul>

	<ul style="list-style-type: none"> <li>- Ensuring staff finish their shift on time</li> <li>- That staff have time to take their allocated breaks at reasonable time</li> </ul> <p>Assess the organisation against the workplace well-being standard, so measure the impact of our approach to health and well-being</p> <p><u>Years 4 – 5:</u></p> <p>We will be working across the Lincolnshire healthcare community to ensure that all staff will have access to universal health and well-being practices and initiatives that will enable excellent attendance at work, including interventions that support a healthy workplace e.g. early access to psychological therapies, physiotherapy and support for healthy work activities e.g. steps, yoga, mindfulness. This will bring both organisational improvement, but also will be modelling the prevention and health-care agendas that are at the heart of the STP.</p>
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Organisational Development - Reward & Recognition

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The organisation struggles to recruit staff to many different roles and we must ensure that the broad deal we offer is attractive and enables us to recruit and retain staff. We must be clear what our approach and offer is and this needs to be flexible to circumstances and differentiated to reflect the particular motivations of the diverse range of people who work for the Trust.</p> <p>ULHT complies with national pay frameworks. The Government has indicated that pay constraint will continue in all public services. The STP have committed to apply all nationally agreed pay increases. We expect 1% pay awards to be made for the foreseeable future.</p> <p>“Fairness” is an important principle around pay. Staff side will argue that Agenda for Pay pay awards have not been fair in the last few years. This is outside of the control of ULHT. What we as an organisation can do is help pay packets stretch further, through the benefits package that we offer.</p> <p>We must look beyond pay and benefits to ensure overall deal that we offer is in balance and is perceived to be so. The “deal” encompasses some of the softer elements of working for the Trust, which are addressed in other parts of this strategy. Feeling recognised for the effort and commitment shown is important. Reward does not only come</p>
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	<p>in the form of financial rewards, but informal recognition. Simply being thanked for what you have done is so important in terms of motivation.</p> <p>This underpins delivery of all our people outcomes.</p>
<p><b>What have we done to date?</b></p>	<p>The Trust has recognised the importance of ensuring that people understand the value of their pay and benefits, by introducing total reward statements</p> <p>Implemented a Fab Change Day with hundreds of staff thanked for the hard work they do by a small team of volunteers</p> <p>Best practice for rewarding staff, e.g. Employee of the Month, schemes have been widely shared across the Trust and all managers encouraged to adopt or adapt these ideas to suit local needs.</p> <p>The Staff awards recognise people who live by our values through the annual award process</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Ensure we have an articulated approach to reward, which ensures we are addressing our recruitment challenges in a systematic but fair way</p> <p>Review our suite of benefits to see if there is more we can do to support the financial well-being of our staff. Promote the benefits more robustly and their value to the individual</p> <p>Review our approach to staff awards and recognition, praise and celebration – Link staff awards to values more clearly. Find a way where we can thank people in the moment for what they have done well – build on the “Thank You” cards from Fab Change Day – link to ward accreditation</p> <p>Incentivise bank shifts for nursing staff and introduce weekly pay arrangements</p> <p>Review and rationalise the additional payments we have agreed, including on-call</p> <p><u>Years 2-3:</u></p> <p>Undertake work to better understand the state of the “deal” with staff in ULHT</p>

	<p>Reduce the number of secondments in the organisation. Whilst encouraging secondments for development purpose, avoid them being long-term and make permanent roles the norm</p> <p><u>Years 4-5:</u></p> <p>Align reward strategies across the healthcare system</p>
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Organisational Development – Supporting Change & Promoting Continuous Improvement Through Empowering Our Staff

<p><b>Why it is important? How does it relate to our people vision?</b></p>	<p>The 2021 programme envisages significant changes in the way services are provided. The need to respond to the challenges posed by the Carter Review and the immediate financial and performance improvements required by the Trust, requires everyone to be focused on both longer-term transformation and short-term efficiency and quality of service improvements.</p> <p>The Trust is prepared to invest in order to support transformation, both by building an internal 2021 programme resource, but also identifying a change partner to work alongside us. We would expect that change partner to help us implement a common change methodology to assist our people identify and manage what needs to be done to deliver the 2021 programme.</p> <p>We need everyone in the Trust to have a focus on improvement, it needs to be part of what we do every day, reflecting our commitments in our values. We need to promote a sense that it is good to try things and it is ok to make mistakes. We want to encourage people to look outside the Trust for examples of good practice that can be applied at ULHT</p> <p><i>This supports the people outcome having a learning culture and a focus on continuous improvement in every aspect of the services we provide</i></p>
<p><b>What have we done to date?</b></p>	<p>The ULH Way provides a good mechanism for engaging people in local improvement and strengthened team working. It has been enthusiastically embraced in some places. Some 10 teams have been trained in the continuous improvement methodologies that are at the heart of the approach.</p> <p>Despite this investment, the scores around involvement in change and improvement are not as high as we would wish across the organisation.</p>



	<p>We have introduced the Business Improvement Techniques (BIT) apprenticeship for staff in Health Records in Sept. This has resulted in process improvement from within the team – it empowers teams and gives them a sense of ownership.</p>
<p><b>What we plan to do in the future – key milestones</b></p>	<p><u>Year 1:</u></p> <p>Review the content of “core learning” and take steps to ensure compliance with the target set</p> <p>Continue to promote the mechanisms of the ULH Way as a means to engage staff in local improvement and our values</p> <p>Establish a common change methodology (e.g. LEAN or Six Sigma) to support the 2021 programme</p> <p>Support the “Getting it right first time” programme, understand the skill set that might be needed and where they not yet in place, or being deployed</p> <p>Promote examples of innovation and success at ULHT, so that people get more of a sense of what is possible</p> <p>Train service improvement coaches across the Lincolnshire Healthcare System</p> <p>Provide masterclasses in improvement methodology</p> <p>Potential of extending the Business Improvement Techniques apprenticeship to be explored</p> <p><u>Years 2-3:</u></p> <p>Develop on-line communities where ideas and best practice can be shared</p> <p>Establish health and care Action Learning Sets to allow joint problem solving</p> <p><u>Years 4-5:</u></p> <p>The initiatives here are front-loaded, to ensure we are well-positioned to embrace change. We will take further action in years 4 and 5 to refresh our approach.</p>



## **6. Delivery of the Strategy**

### People Strategy Work Programme

- 6.1 This is an ambitious programme of work and we must ensure that we have the capacity to deliver it and that we develop a plan to deliver agreed priorities that can be rigorously monitored. Alongside this strategy we will develop a comprehensive two year People Strategy Work Programme. The Programme will also pick on activity arising from the Business Plans being produced by Business Units.

### Roles and Responsibilities

- 6.2 The Workforce and OD Committee will seek assurance that this Strategy is right and deliverable. They will receive regular updates on progress and how we are delivering against our performance measures.
- 6.3 The People Board are an important link between HR/OD and the business. The Board have a key part to play in shaping the final People Strategy and will help us in managing delivery of it.
- 6.4 The HR/OD team will facilitate the delivery of the Strategy. The work programmes and targets need to be realistic and reflect the capacity we have in HR and OD. We will restructure HR and OD so that it is best equipped to meet the needs of the organisation. We will play our part in the streamlining agenda to ensure we can maximise the efficiency of the resources we do have available.
- 6.5 The Strategy is the Trust's and not HR's. the Management Community in the Trust have the primary role in delivering it. We will ensure that this community is equipped to fulfil that role and will support them to do so.
- 6.6 We want a strong relationship with staff side (both the Medical Community and Agenda for Change TUs). We will review the way in which we engage with all representative groups, to ensure we are addressing one workforce issues appropriately, whilst reflecting the differences in our workforce.

### Funding

- 6.7 This is not a costed strategy, but it has been constructed in the understanding that resources will continue to be tight. We will need to evaluate on an individual basis the business case for the individual initiatives proposed within it, maximising funding that is available (i.e. apprenticeship levy), utilising the resources that we have within our base budgets to drive forward what we believe to be the top priorities.

## **7. Measures**

- 7.1 We need to have a suite of measures that will enable us to demonstrate progress towards our vision and that the key workforce elements of the 2021 programme are being delivered.
- 7.2 The following are the proposed measures linked to our people vision. If these measures are considered to be the right ones, then for each, a target for end-March 2017 and 2021 will be included:

<b>Outcome Measures</b>	<b>Baseline (Oct 2016)</b>	<b>March 2018 Target</b>	<b>2021 Target</b>
<b>Be proud to work at ULHT:</b>			
% of staff recommending ULHT as a place to work	55%	58%	65%
Staff engagement at work score	3.75	3.85	Above acute sector average (currently 3.81)
Reduction in workforce numbers achieved	N/A	On Target	On Target
Reduction in agency spend achieved	8.10% of workforce spend	7%	3%
% of staff enthusiastic about their work	76%	78%	80%
% of staff believing immediate manager takes a positive interest in health and well-being	62%	65%	75%
CQC rating of "Good" for well-led	TBA	Requires Improvement	Good
<b>Always strive for excellence and continuous learning and improvement:</b>			
% of staff able to contribute to improvements	67%	70%	75%
lIP assessment or Workplace Well-Being Charter	Not assessed	Working towards	Achieved
% of staff who feel able to make improvements happen in their area of work	52%	57%	65%
<b>Challenge convention and improve care:</b>			
Friends and family test scores relating to staff attitudes	75%	78%	85%
Effective team working score	3.69	3.75	3.80
% report bullying by other staff members	25%	23%	15%
% of staff confident and secure in reporting unsafe clinical practice	63%	70%	80%
If friend or relative needed treatment, % of staff who would be happy with standard of care	59%	62%	70%

<b>Process Measures</b>	<b>Baseline (Oct 2016)</b>	<b>March 2018 Target</b>	<b>2021 Target</b>
<b>Be proud to work at ULHT:</b>			
Vacancy rates: Nursing & Midwifery Medical	N&M – 12.66% Medical – 13.16%	10% 10%	5% 5%
Turnover rates (voluntary)	7.2%	7%	6.5 %
Turnover rates in first year	21.4%	17.5%	10%
No of open disciplinaries	35	35	25
No of grievances	23 active	20 active	15 active
% of staff reporting effective communications with senior managers	37%	45%	55%
% of staff who feel senior managers involve them in decisions	29%	35%	45%
<b>Always strive for excellence and continuous learning and improvement:</b>			
Number of Freedom to Speak Up reports	N/A	5	110
Levels of sickness absence	4.38%	4.3%	4%
% of staff satisfied with the quality of work and patient care they are able to give	3.91	3.96	4.0
% of staff satisfied with the recognition they get for good work	51%	55%	60%
% of staff who believe their immediate manager values their work	67%	70%	75%
Effective team working score	3.69	3.75	4.0
% of staff who feel the team in which they work has shared objectives	70%	75%	80%
% of staff who believe the team in which they work often meets to discuss the team's effectiveness	53%	60%	70%
% appraisal rate (non-medical)	70.24%	80%	95%
Quality of appraisals score	3.03	3.10	3.5
% of appointments filled by internal candidates	N/A	5% improvement	15% improvement

<b>Challenge convention and improve care:</b>			
% of staff able to contribute to improvements	67%	70%	80%
% completion of core learning	85%	87%	90%
Quality of non-mandatory training/learning score	4.04	4.06	4.10
% of staff satisfied with opportunities for flexible working	49%	52%	60%
Organisational and management interest in and action on health and well-being	3.43	3.55	3.80
Staff satisfaction with the quality of work and patient care	3.91	3.98	4.10
% of staff saying care of patients is our top priority	73%	78%	85%
% of staff who feel that time passes quickly at work	79%	80%	88%

7.2 We have agreed to introduce a new pulse survey through which we will monitor progress on a number of key indicators. The survey questions are as follows:

**Strategic Narrative**

- I am aware of the 2021 strategy.
- I understand how the 2021 strategy affects me

**Employee Voice**

- Communication between senior management (such as executive directors, clinical directors, heads of service) and me is effective
- I am encouraged to contribute to changes that affect my Team or service.

**Quality of Management/Leadership**

- Senior managers and leaders (such as executive directors, clinical directors, heads of service) seek my views about how we can improve our services
- I feel valued for the contribution I make

**Organisational Authenticity**

- I feel that the quality and safety of patient care is ULHT's top priority
- I am aware of the Trust's values and understand how they impact on what I do

### Outcomes

- I believe ULHT is providing high quality services to our patients
- I look forward to going to work
- How likely are you to recommend ULHT to friends and family if they needed care or treatment?
- How likely are you to recommend ULHT to friends and family as a place to work?

We will add certain questions each year, depending on priorities. The focus in 2017/18 is on listening and responding to staff.

- 7.3 It is suggested that at an appropriate time, perhaps in the first quarter of 2018/19, we have an external assessment of our approach to people management, wither using the Investors in People or Workplace Well-Being Charter frameworks.

### Equality & Diversity In The Workplace

- 7.4 ULHT is committed to equality and diversity in the workplace. We are currently developing our overall Equality and Diversity Strategy that will set both service and workforce equality and diversity objectives. We are using EDS2 as our equality framework and this has two goals relating to the workforce, including inclusive leadership. We have agreed a vision for equalities, which includes the following statement on our staff. We intend that they should:

- 1). Feel valued and fairly treated in an organisation that really cares
- 2). Know the Trust as an organisation that people want to come and work for, stay with and thrive in, because of its commitment to equality, diversity and inclusion
- 3). Are proud to work in an open and inclusive organisation.

- 7.5 We intend that equality and diversity should be embedded throughout this People Strategy, as in this way we will support the objectives within the Equality Strategy. As examples of this:

- Our Equality Strategy will set targets for representation across our workforce as we know that we do not have a workforce that reflects the population we serve at all levels. The actions around talent management in this People Strategy will support this.
- Inclusive leadership is embedded within our whole approach to leadership development and features within the leadership charter
- We are aware that the proportion of BME staff who report through the national survey that they have experienced bullying by other members of staff is at 47%. This is extremely high. In the Strategy we have indicated that we will reinforce our zero tolerance of bullying. We believe that through effectively supporting our workforce and particularly by adopting an inclusive leadership style, we will address this problem.

## 8. Review

- 8.1 The People Strategy will be reviewed and updated each year to reflect progress made, both in its delivery, but also as the 2021 programme is developed and starts to be delivered.