Appendix 6

East Midlands Ambulance Service NHS

WORKFORCE STRATEGY: DRIVING QUALITY DELIVERING CHANGE 2012-2016

Links to:

- EMAS Integrated Business Plan
- Guide for Applicants (Monitor)
- NHS Constitution
- Clinical Strategy
- Quality Strategy
- Operational Strategy
- Innovation Strategy
- Board Assurance Governance Framework
- Operational Management Structure Business Case

Owner: **Director of Strategy and Transformation**

Lead: **Acting Director of Workforce**

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Approvals

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CONTENTS PAGE NUMBER

Vision Statement	4
Introduction	4
Background	4 - 5
Purpose of the Workforce Strategy	5 - 8
- Figure 1: Supporting the delivery of the Trust's Vision, Strategy, Aims and Strategic Objectives	9
- Figure 2: Workforce Goals and Strategic Objectives	10
Transformation to a New Service Model and Operational Management Structure	11 - 12
- Figure 3: Transformation to a New Service Model and Operational Management Structure	13
Workforce Risks	14
Ensuring Delivery and Realising Benefits	14
Assurance	14
Monitoring and Reporting	14 - 15
Appendix 1: Goals and Objectives	16 – 25
Appendix 2: Workforce Strategy: Year 1 2012/2013 High Level Action Plan	26 - 33
Appendix 3: Workforce Plan (Will be developed upon formal approval of Workforce Strategy)	34

VISION STATEMENT

East Midlands Ambulance Service NHS Trust (EMAS) vision is to be *"A leading provider of high quality and value for money clinical assessment and mobile healthcare"* and our strategy sets out our aim "*to be there when patients need us by strengthening our position in integrated healthcare and regional resilience and growing our business in a clinically and financially viable way."*

Five strategic aims which underpin this vision and strategy:-

1. Delivering high quality, patient focused services.
2. Ensuring a highly skilled, motivated and engaged workforce.
3. Providing value for money.
4. Delivering organisational change by being innovative and responsive.
5. Ensuring sustainable financial viability.

The purpose of this Workforce Strategy therefore is to set out what we will do to ensure *"a highly skilled, motivated and engaged workforce"* to meet the health needs of the local population. Our employees are crucial to our success, and to meet the challenges we face we need a professional, competent, engaged and motivated workforce, recognising success can only be delivered through our approach to the people we employ

INTRODUCTION

The core services delivered by EMAS are through our 4 business segments of: Contact Centre Management; Clinical Assessment; Mobile Healthcare; Regional Resilience. Our workforce comprises roles across those business segments providing a range of services:

Contact Centre Management: Call Answering; Patient Booking; Resource Allocation; and Dispatch.

Clinical Assessment: Hear and Treat; Hear and Refer; Application of the Directory of Services; Clinical advice for crews; Management of High Volume Services Users.

Mobile Healthcare: See and Treat; See Treat and Refer; See Treat and Convey; Emergency Transfer; Urgent Transfer; Repatriation; Scheduled and Unscheduled Patient Transport Services.

Regional Resilience: Major incidents; HART/SORT/CBRN

BACKGROUND

Our current Workforce Strategy, *'Driving Quality Delivering Change 2011–2015'* focused upon the theme of service improvement through safety, learning and partnership working. It articulated how we would engage, develop and support our workforce to deliver our vision of high quality patient care and services, through a number of service and workforce development objectives.

An imperative focus on cultural change was outlined, and this continues to be a high priority within this Workforce Strategy. We identified the need to create the climate for change and to develop a culture that supports the EMAS strategic vision and values. Our cultural aims are to ensure our organisational environment is focused on patient safety; driven by quality and value; committed to learning and

development; with a high level of employee engagement and empowerment; an environment where innovation and entrepreneurialism is encouraged; and where equality of opportunity is embedded in everything that we do.

During last year we commissioned and implemented a cultural benchmarking exercise to identify features of our current organisational environment, how these impact upon organisational health and well-being, and the factors that create a negative impact upon morale, productivity, and organisational performance. Early findings identified the following key priorities that we must address to improve our culture, embed our values, and improve individual and organisational health and well-being:

- Staff recognition
- Supportive management behaviours
- Teamwork and interpersonal relations within the workplace
- Giving staff a greater say in what goes on in the workplace
- Empowered, engaged & well supported staff

It must also be acknowledged that during 2011/2012 EMAS experienced a climate of prolonged high sickness absence (6.78% year to date against a target of 5.5%) impacting upon performance and financial targets; little commitment to supportive processes of Performance Development Review (47% against a target of 100%) and Clinical Supervision; limited opportunity for involvement and participation to support service development; and low staff engagement and morale.

All these priorities are therefore embedded within the goals and objectives of this Workforce Strategy 2012-2016.

PURPOSE OF THE WORKFORCE STRATEGY

Driving Quality Delivering Change set out a number of objectives, and it is very positive to note how much has been achieved. Some of the key achievements include:

- Introduced robust essential education programmes for the whole workforce.
- Introduced clinical supervision and observed practice to support development in role.
- Ensured access to a wide range of education opportunities to support continuous professional development.
- Introduced systems to support workforce planning ensuring skills mix and relief in rota targets were achieved.
- Brought to conclusion a number of longstanding A4C outstanding employee relations matters.
- Introduced a range of interventions to support staff health and wellbeing, including employee assistance through counselling; specialist harassment advisors; mediation; coaching and mentoring.

In the current environment, where increasing evidence supports the drive for transformation, reform and service modernisation as envisaged in *'Equity and Excellence: Liberating the NHS'*, EMAS will need to maintain commitment to improvement through delivery of organisational and workforce development objectives. *'Liberating the NHS Developing the Healthcare Workforce'* also sets out a new approach to workforce planning, education and training, and sees the transition to a new system where Local Education and Training Boards (LETB) will take on the workforce functions currently discharged by SHA and Education Commissioning Units. EMAS will need to continue to work in partnership with

stakeholders as the new system develops to ensure a voice in the local economy, planning and developing the ambulance workforce to meet the healthcare needs of the local population.

In addition, the NHS Constitution sets out a number of staff rights and pledges articulating what employees can expect from their NHS employer reflective of the fact that improving the patient experience requires the continued improvement of the working lives of employees. Through this Workforce Strategy EMAS will ensure staff legal rights are adhered to; and commit to achieve the pledges set out in the NHS Constitution of:

- To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals.
- To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- To provide support and opportunities for staff to maintain their health, wellbeing and safety.
- To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements.

EMAS is also experiencing major transformational change at a local level. Firstly, during 2011, local Primary Care Trusts (PCTs) initiated a competitive tendering process in respect of the Patient Transport Service (PTS) presently delivered by EMAS. EMAS was unsuccessful in securing any of the contracts with the services awarded to private sector providers. A large component of the current workforce delivering the PTS service (c600 employees) is currently in the process of TUPE transfer to the new providers which is due to conclude by 1st July 2012. As a result Support Services across the Trust are also subject to downsizing and reconfiguration to reflect the size and shape of the workforce post PTS transfer. Secondly, at the same time, EMAS is initiating a major transformational change programme, involving significant workforce redesign, aiming to ensure the service model and operational management structure supports delivery of strategic aims and objectives that include: better quality of care, improved performance and job satisfaction, and good financial management.

Given this changing climate, set against a period of financial austerity, it is appropriate to refresh the Workforce Strategy, realigning workforce goals and objectives to ensure that we build upon the original commitments made in 2010/2011 strategy to reflect the new priorities, risks and challenges that have emerged.

With such a challenging time ahead, it is vital that we create the right conditions to enable transition and transformation as EMAS adapts and develops. The purpose of this Workforce Strategy therefore is to set out what we will do to ensure *"a highly skilled, motivated and engaged workforce"* to meet the health needs of the local population.

This strategy is structured such that it reflects key stages of the employment cycle from development of workforce planning solutions to ensure capacity and capability at every level, through to retention and succession planning. Achieving this will require an ambitious work programme over the next 5 years that seeks to ensure workforce transformation to a new service model and operational management structure; embed the key priorities identified to enhance our organisational culture and drive organisational excellence.

This is articulated through the 10 workforce goals (with year 1 priorities set out under each goal). A comprehensive Workforce Plan will be developed to support the delivery of the actions necessary to achieve the workforce transformation during 2012-2016:

1) Deliver robust and compliant workforce planning to ensure capacity and capability:
   a) We will develop a Workforce Plan to enable transformation to a new service model and operational management structure which ensures business continuity and provides the regional and national requirements for the commissioning of future workforce supply.
   b) We will establish a set of key performance indicators that provide assurance to the Board of business sustainability and any key risks to delivery due to workforce factors.

2) Embed Equality, Diversity & Human Rights to achieve greater awareness, equal opportunities, and responsiveness to patient needs:
   a) We will continue to implement the NHS Equality Delivery System to national guidelines, engaging with our stakeholders to identify equality objectives and grade our equality performance, and support continuous improvement.
   b) We will develop an Equality Assurance Framework in response to the Equality Act 2010 and NHS Equality Delivery System that articulates our equality objectives, and ensures that principles of equality and diversity are understood and embedded in everything that we do.

3) Excel in resourcing to attract and recruit the best candidates for the service:
   a) We will develop our people to strengthen our recruitment decision making and ensure that we attract and retain the right people.
   b) We will deliver bespoke induction programmes which reflect the vision and values of EMAS to all new entrants to our workforce.

4) Deliver best practice in human resource management to drive cultural change and enhance discretionary behaviour:
   a) We will review and realign our HR team to ensure a fit to the future service model of EMAS, and ensure the right capacity and capability through the new operational management structure for line management to take responsibility, ownership, and accountability for people management with support and guidance from HR expertise.
   b) Ensure HR policies and procedures enable local, informal and early resolution to employee relations matters, including effective mediation.

5) Embed a model of organisational development:
   a) We will develop a model of organisational development supported by principles of effective team working which engages the workforce, creating opportunity for innovation and leadership at all levels.
   b) We will continue to develop our culture to ensure our environment is patient safety focused; quality and value driven; committed to learning and development; supportive of engagement and empowerment; encourages innovation and entrepreneurialism; and ensuring equality of opportunity.

6) Deliver excellence in education, training and development to support the delivery of high quality healthcare:
   a) We will provide an annual training needs analysis and education, training and development interventions to meet essential standards of quality and safety; service development objectives; clinical updates and CPD.

b) We will develop a model of pre-registration education in partnership with Higher Education Institutes and the Local Education and Training Boards, providing a route to paramedic education in the East Midlands, facilitating career progression pathways, and security of supply.

7) Promote an engaged workforce and deliver our staff engagement strategy to support the development of a motivated workforce:
   a) Implement the Staff Engagement Strategy, including: regular 'temperature checks' to gain a more frequent sense of the level of staff engagement and matters of staff concern; and action plans in response to specific issues of concern raised via the Annual Staff Opinion Survey.
   b) We will develop our approach to 'recognition' based upon staff feedback, implementing an annual awards event to recognise staff achievements, and ensuring consistent processes are developed for long service and retirement awards.

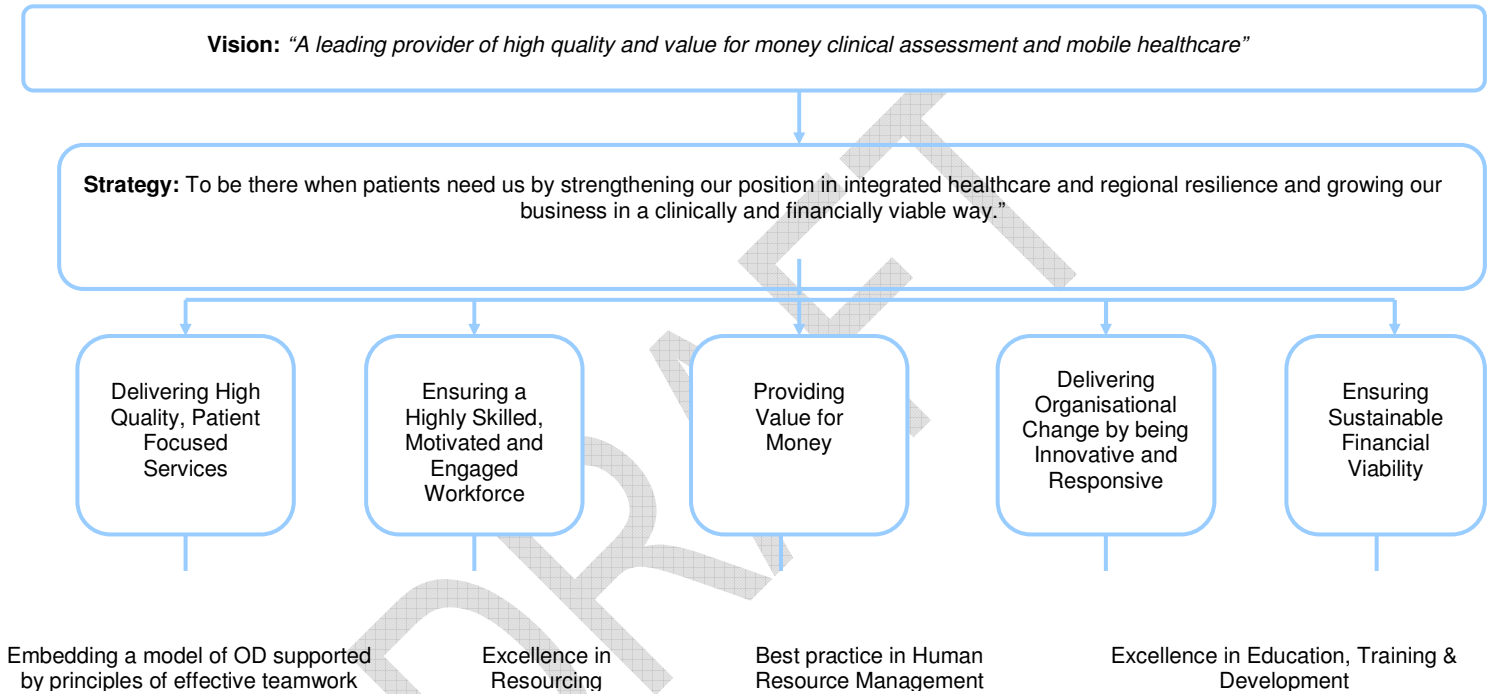
8) Improve the well-being of our workforce and their levels of attendance:
   a) We will develop our Health and Wellbeing Framework in line with the Department of Health Workplace Wellbeing Charter, implementing our health and wellbeing plans to support a reduction in sickness absence year on year, and to create an environment where staff feel good and function well both physically and mentally.
   b) We will put in place prevention focused occupational health services to support management of sickness absence, ill health prevention and wellbeing support, and developing early interventions for staff with musculoskeletal and mental health conditions, to help minimise the time staff must spend suffering with these problems and to support early return to work.

9) Develop talent in our organisation and plan succession into key roles:
   a) We will develop our local talent management plans, ensuring open, fair and transparent systems and processes that maximise the potential of our existing workforce and ensure acquisition, development, management, retention and succession planning.
   b) We will ensure our talent management approach supports our aim to deliver empowered management teams, working in the heart of their communities.

10) Support delivery of quality, innovation and productivity strategies:
   a) We will develop a set of Workforce Key Performance Indicators to support performance management processes, quality assurance, and national benchmarking to drive continuous improvement.
   b) We will endeavour to seek out innovative workforce practices which enhance quality and increase productivity.

Figures 1 and 2 below illustrate how the goals of this Workforce Strategy contribute to the delivery of the Trust's vision, strategy, aims and strategic objectives.

Figure 1: Supporting the delivery of the Trust's vision, strategy, aims and strategic objectives:



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Strategic Objectives Driving Organisational Excellence

1. Clinical skills development and operating model delivering high staff motivation and resultant improved productivity
2. To be the provider of choice for telephone clinical services including 111 by 2013
3. To be the Integrated Solution Provider of Choice for Mobile Healthcare by 2016

Strategic Objectives Driving Organisational Viability

6. Annual Compliance with regulatory and locally determined standards
7. Improve reputation through consistently high performance in all business segments to become synonymous with brand lead
8. Retain and win profitable business

Figure 2: Workforce Goals and Strategic Objectives

WORKFORCE GOALS	STRATEGIC OBJECTIVES 1	2	3	4	5	6	7	8	9	10	11
Transformation to a new service model and operational management structure	■	■	■	■	■	■	■	■	■	■	■
Deliver robust and compliant workforce planning to ensure capacity and capability	■	■	■	■	■	■	■	■	■		■
Embed equality, diversity and human rights	■	■	■			■	■	■			■
Excel in resourcing to attract and recruit the best candidates	■	■	■	■	■	■	■	■	■	■	■
Deliver best practice in HRM to drive cultural change and enhance discretionary behaviour	■	■	■	■	■	■	■	■	■	■	■
Embed a model of Organisational Development	■	■	■	■	■	■	■	■	■	■	■
Deliver excellence in education, training and development to support the delivery of high quality healthcare	■	■	■	■	■	■	■	■	■	■	■
Promote an engaged workforce and deliver our staff engagement strategy	■					■	■	■	■		
Improve the well-being of our workforce and their levels of attendance						■	■	■	■		■
Develop talent in our organisation and plan succession into key roles	■	■	■	■		■	■	■	■		
Support delivery of quality, innovation and productivity strategies	■	■	■		■	■			■		■

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TRANSFORMATION TO A NEW SERVICE MODEL AND OPERATIONAL MANAGEMENT STRUCTURE

Over the last 2 years we have experienced quality, financial and performance challenges which have necessitated a review the current service model and operational management structure. The aim of this change is to ensure the delivery of high standards of clinical care coupled with the achievement of performance standards. The new model provides a greater degree of flexibility and responsiveness to local and national developments across healthcare, and is affordable. This involves significant workforce transformation to ensure we have the right staff, with the right skills, in the right place at the right time, at the right price. The key focus for the Workforce Directorate over the next few years is to support and deliver workforce transformation to enable implementation of the new service model and operational management structure.

The new service model and operational management structure emphasise the importance of clinical leadership (see Figure 3 below) and a devolved approach to decision making and accountability through service line management; establishing a flatter structure of operational management below board level – the division, the locality and the team. Effective teamwork and good communication channels underpin the new model to ensure principles of working together, supportive management, and involving and value the contributions of all underpin the way we will operate. This will require a new relationship between the corporate body and operational management, and alignment of corporate departments to support the divisional structure.

We will also see change across our frontline workforce as our new model of service delivery is implemented. Through this change programme we aim to ensure that clinical skills remain at a high level, and that all staff work in a team environment, have regular appraisals, an individual development plan and regular contact with their team leader, through an environment where staff are valued, recognised, empowered and nurtured through supportive management behaviour and increased opportunity for involvement and participation.

Consolidation of the divisional structure will see the development of local hubs where local managers can have contact with clinical staff and where team leaders can provide supervision and support. A key aim is to improve the communications between the organisation and individual clinicians and to ensure that an experienced colleague can be available to support individual clinicians at the end of a tough day or after a difficult incident.

Key features of the workforce transformation include:

- Implementation of the new service model based on 3 levels of response: an urgent care ambulance; a front line A&E ambulance; and an ECP service. This will be supported by increased clinical skills in the Emergency Operations Centre to support increased clinical assessment, Hear and Treat, and Hear and Refer.
- Complete restructure of divisional management teams with reduced number of operational staff and managers.
- Ensuring increased clinical leadership within divisions with the introduction of Consultant Paramedic roles supporting Divisional Directors.
- Ensuring an effective team based approach is embedded within the new structure.

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- Ensuring team leaders have the capacity and capability to do the job effectively.

The diagram overleaf (Figure 3) illustrates how the goals of the Workforce Strategy align and deliver the proposed changes.

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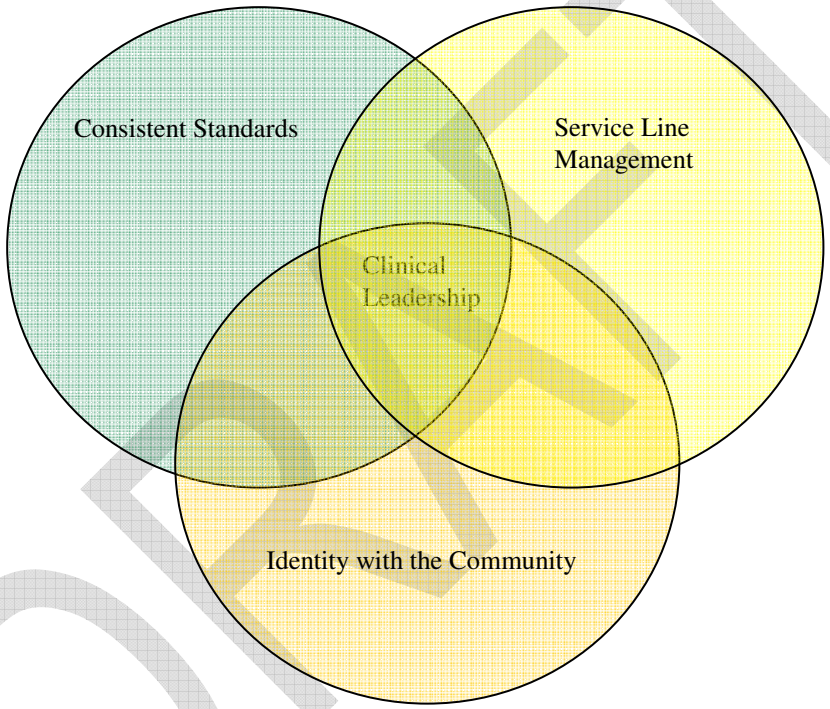
Figure 3: Transforming the workforce to a new service model and operational management structure

- Embedding a model of OD
- Workforce planning
- Excellence in resourcing
- Best practice HRM
- Excellence in education and training
- Talent management and succession planning
- Quality, Innovation and Productivity Strategies



- New service model
- New operational management structure supporting a culture of staff recognition; supportive management behaviour; positive team working and interpersonal relations; employee involvement and participation; empowered, engaged and well supported staff.

- An engaged workforce and staff engagement strategy
- Improved well-being and levels of attendance
- Equality, Diversity & Human Rights

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WORKFORCE RISKS

The goals and objectives of this Workforce Strategy seek to address the key workforce risks which can be summarised as follows:

- High sickness absence rates impacting on service and financial targets.
- Lack of commitment to supportive management behaviour and developmental support through PDR and supervision frameworks.
- Low staff engagement and morale.
- Compliance with CQC Supporting Staff standards of quality and safety.
- Staff Opinion Survey outcomes with particular reference to staff perceptions of service quality.
- A climate of employee relations unrest through workforce redesign, transformation and implementation of the new service model and operational management structure.

ENSURING DELIVERY AND REALISING THE BENEFITS

To deliver high quality patient centric care the Workforce Strategy is a fundamental underpinning strategy for EMAS. Therefore it is essential that the delivery of the goals and objectives is monitored with identification of benefits attained. The Trust Board is asked to agree the strategy thereby indicating leadership at Executive level. A comprehensive Workforce Plan will then be developed to enable implementation of this strategy.

ASSURANCE

The Director of Strategy and Transformation will provide assurance to the Trust Board on the effectiveness of the strategy and will produce reports based upon the supporting Workforce Plan via the Trust Executive Group, the Organisational Development Group, and Quality and Governance Committee.

MONITORING AND REPORTING

A comprehensive Workforce Plan will be developed to take this strategy forward. The Workforce Plan will reflect the goals and objectives set out in Appendix 1, and will articulate key performance measures against each goal for monitoring bi-monthly via the Trust Executive Group, the Organisational Development Group, and the Quality and Governance Committee.

Key performance indicators will include for example:

- Implementation of Workforce Transformation to support the new Service Model and Operational Management Structure: to the agreed project plan milestones.
- Workforce Capacity: Skills Mix Ratio; Relief Rates; Sickness Absence Rates; Turnover.
- Workforce Capability: Numbers of Performance Development Reviews; Clinical Supervision; Essential and Mandatory Education; Numbers of day's education and training per employee.
- Human Resources: Resolution of employee relations matters within policy timeframes.
- Employee Engagement and Morale: Improving response rate on Staff Opinion Survey; and improving outcomes against key measures within the Staff Opinion Survey.

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The strategy will be reviewed annually by the Director of Strategy and Transformation and the Organisational Development Group. Reviews will take account of any new initiatives with additions made if deemed necessary.

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APPENDIX 1: WORKFORCE GOALS AND OBJECTIVES

GOAL 1: DELIVER ROBUST AND COMPLIANT WORKFORCE PLANNING TO ENSURE CAPACITY AND CAPABILITY

What we need to do:

Planning and developing our workforce is fundamental to ensuring security of supply as well as attracting staff that can develop the appropriate knowledge, skills and attitudes through high quality education and training to meet the needs of patients and changing service models. Over the last two years we made significant progress in developing our internal workforce planning processes. However, moving forward, the onset of national changes to the workforce planning infrastructure with the introduction of Health Education England and Local Education and Training Boards, as well as the redesign of our operational service model requires even greater emphasis upon developing workforce planning systems and processes, and partnership working with internal and external stakeholders to ensure data and intelligence is available to support effective workforce planning and ensure the right workforce capacity to deliver high quality patient care.

This will be achieved through the following objectives and actions:

- Engage with regional stakeholders and national partners to ensure the development of the workforce planning framework; the development of integrated service, financial and workforce plans; and education commissioning systems take account of the specialist needs of the Ambulance service.
- Develop an annual Workforce Development Plan that reflects the East Midlands SHA Workforce Planning Framework and is responsive to local and regional integrated service plans.
- Continue to contribute to the national development of the Ambulance Service Career Framework to ensure role clarity, ensure career progression opportunities, and support consistency and transferability of roles across the service and wider NHS.
- Re-profile and reconfigure our A&E workforce to reflect the new Emergency Care Service Delivery Model to ensure relief in rota and skills mix ratio, maximise productive workforce utilisation, support service demands, new models of care, and emerging opportunities such as Tele-Health.
- Re-profile and reconfigure our operational management structure to support the new service delivery model, and Trust operating model.
- Re-profile and reconfigure our support services infrastructure in light of the loss of PTS contracts and the new Service Delivery Model and Operational Structure.
- Scope capacity and capability in our Emergency Operations Centre and Clinical Assessment Team to ensure our workforce is able to respond to changing models of emergency care systems, the introduction of '111' and NHS Pathways.
- Review and market test all support/and back office functions to ensure value for money.
- Undertake a governance review of Bank and Voluntary Worker arrangements, ensuring consistent practices and maximising productivity.
- Formal workforce planning methodology to be researched and implemented.
- Develop local systems to ensure the provision of accurate data and information for workforce planning to support recruitment, education and training plans.
- Establish key performance indicators that provide assurance to the Trust Board of business sustainability and any key risks to delivery due to workforce factors.

GOAL 2: EMBED EQUALITY, DIVERSITY & HUMAN RIGHTS TO ACHIEVE GREATER AWARENESS, EQUAL OPPORTUNITIES, AND RESPONSIVENESS TO PATIENT NEEDS

What we need to do:

Equality & diversity must be embedded as core components within the Trust's business portfolio. As well as being central to legal and regulatory requirements, equality and diversity is being embedded within contract requirements and specifications. We need to enhance workforce capability and confidence around equalities through better awareness, ownership and involvement; increase diversity of workforce composition; deliver services that effectively respond to and meet the needs of diverse communities; embed equalities within the staff engagement strategy especially in areas that support the development of special interest groups; identify and engage with national/regional equalities initiatives that nurture talent and support career development especially from under-represented staff; and identify innovative and creative ways to improve collection and use of equalities data to improve our equality performance.

This will be achieved through the following objectives and actions:

- Continue to implement the NHS Equality Delivery System, engaging with our stakeholders to identify equality objectives and grade our equality performance, and drive continuous improvement.
- Develop the Trust Equalities Assurance Framework in response to the Equality Act 2010 and NHS Equality Delivery System requirements that articulates our equality objectives and ensures principles of equality and diversity are understood and embedded in everything that we do.
- Develop the Trust Diversity and Inclusion Group and EDS Groups to take on a more pro-active role in identifying and responding to issues and gaps in services, monitoring equality performance and compliance, and to nurture mainstream ownership of equalities across all directorates/functions.
- Maintain compliance with all legal equality duties, and NHS essential standards of quality and safety.
- Undertake an internal census to identify gaps in workforce equality data and assessment of data quality, to support the introduction of robust workforce equality data systems and processes.
- Undertake an internal census to identify the reasons for non-declaration against protected characteristics, introducing mechanisms to support disclosure, reasonable adjustments, and nurturing staff support groups, to ensure equality of opportunity, positively empowering and supporting staff to reach their full potential.
- Implement actions to develop workforce diversity to reflect the community served.
- Ensure equality and diversity education and training updates are an integral part of the Trust's Essential Education programme.
- Progress work to revise the equalities section of the staff intranet in order to establish a resource pool of material and guidance on equality and diversity.
- Embed equality and diversity best practice into contracting and procurement processes.

GOAL 3: EXCEL IN RESOURCING TO ATTRACT AND RECRUIT THE BEST CANDIDATES FOR THE SERVICE

What we need to do:

Our approach to recruitment will develop to ensure a blended approach to selection, including competency based interview, assessment centres, and psychometric testing where applicable to maintain a high quality appropriately skilled and qualified workforce. Selection processes will take greater account of the Trust Values and required leadership and management behaviours to support the development of our organisational culture. We also aim to retain and increase the diversity within our workforce and ensure it is representative of the communities that we serve.

This will be achieved through the following objectives and actions:

- Develop our people to strengthen recruitment decision making and ensure we attract and retain the right people.
- Implement a programme of recruitment and selection training for line managers to support human resource management practice, recruitment decision making, compliance with legislation, and equality and diversity best practice.
- Measure against Mindful Employer Charter to identify improvements that would support our ongoing development to become an Employer of Choice.
- Maintain recruitment and selection processes within legislative and compliance standards.
- Increase the diversity across our workforce to reflect the communities we serve through targeted community events to raise awareness of EMAS career options for seldom heard groups; continued implementation of the EDS and defining of relevant equality performance objectives.
- Continue to ensure a robust programme of pre-employments checks and CRB checks.
- Review and further develop our induction programme to ensure robust and meaningful corporate and local induction arrangements for all new employees, maximising the use of technology and pre-employment induction opportunities.
- Develop our induction programme to ensure bespoke induction arrangements for those entering management positions.
- Develop our induction programme to ensure bespoke induction arrangements for Senior Managers; Executive Directors and Non-Executive Directors.
- Introduce a Preceptorship Framework to ensure newly qualified paramedics receive appropriate supervision, mentorship and support to ensure competence and confidence in practice.
- Design new recruitment strategies to include social media and LinkedIn

GOAL 4: DELIVER BEST PRACTICE IN HUMAN RESOURCE MANAGEMENT

What we need to do:

Realise best practice in human resource management, with line management taking more ownership, having the autonomy and accountability for people management, supported by professional HR expertise and guidance. We need to ensure employee relations matters are resolved informally and brought to early local resolution wherever possible, and where it is necessary to resort to formal matters of grievance; disciplinary; performance management and capability; that these be resolved quickly and efficiently, minimising stages within processes to support early resolution. We need to improve HR systems and processes to ensure the interface between line managers, HR and SBS operate efficiently and effectively. In addition, we need to continue to ensure the Trust remains compliant with existing and emerging employment legislation; CQC supporting workers standards; and Agenda for Change Terms and Conditions of Service.

This will be achieved through the following objectives and actions:

- Re-profile and reconfigure the HR team to develop a model that is fit for purpose and effectively supports the new divisional and operational management structure.
- Ensure the right capacity and capability through the new operational management structure to ensure line management can take responsibility, ownership, and accountability for people management within their teams and departments with support and guidance from HR experts.
- Ensure HR policies and procedures enable local, informal and early resolution to employee relations matters, including effective mediation service.
- Provide a suite of resources/toolkits to support effective people management in line with best practice and legislative frameworks.
- Ensure education and training for line managers to support effective people management; supportive management behaviour; and reduced formal employee relations matters.
- Continue to work in partnership with Trade Union colleagues to support the common objectives of the Trust in relation to organisational strategy, financial climate and sustainability. This will see a review of the current Partnership Agreement to ensure a clear framework within which the relationship between Trade Unions and managers at all levels can operate.
- Improve HR systems and processes to ensure the interface between line managers, HR team, and external services operate efficiently and effectively: introducing a HR Case Management System; and Manager Self-Serve, ensuring compliance with processes, increasing efficiency and productivity, and mitigating against risk/error.
- Continue to update policies and procedures to ensure compliance with current and emerging legislation.
- Bring to resolution the outstanding 'Minor CQC Concern' regarding Personal Files.
- Continue to ensure A4C and job evaluation processes operate in line with national guidance.

GOAL 5: EMBED A MODEL OF ORGANISATIONAL DEVELOPMENT

What we need to do:

Define a model of organisational development that will provide a consistent approach to managing change, development of our organisational culture, and implementation of service improvement tools and techniques. In addition, we need to continue to develop our leadership capability to drive change and individual and organisational performance. Aligned with robust performance management and individual performance development review/appraisal which is fundamental to ensuring that development needs are identified and understood, with a 'golden thread' from strategic to team and individual objectives. In addition, we need to develop a structure that supports the development of high performing teams, working within a devolved organisation and based upon the principles of earned autonomy, enhanced by supportive management behaviour, management competence and resilience.

This will be achieved through the following objectives and actions:

- Develop a model of organisational development, supported by principles of effective teamwork, which engages the workforce, creating opportunity for innovation and leadership at all levels.
- Continue to review and develop our culture to ensure our environment is patient safety focused; quality and value driven; committed to learning and development; supportive of engagement and empowerment; encourages innovation and entrepreneurialism; and ensuring equality of opportunity.
- Commit to the delivery of the pledges set out in the NHS Constitution.
- Based upon the outcomes of the recent cultural review, ensure leadership and management development is responsive to the themes identified by staff as significant factors affecting health and wellbeing, namely: Effective and supportive management behaviour; increasing participation in decision making; improving access to training and information; supporting team work and collaboration.
- Implement the agreed leadership development plan and continue to develop management and leadership interventions, tools and techniques which support individual and organisational development.
- Ensure all staff have a meaningful annual performance development reviews and PDPs; and develop a process for Board level 360 degree appraisal.
- Introduce a performance management framework focused on individual responsibilities and accountability.

GOAL 6: DELIVER EXCELLENCE IN EDUCATION, TRAINING AND DEVELOPMENT TO SUPPORT THE DELIVERY OF HIGH QUALITY CARE

What we need to do:

The service has experienced significant change and increasing diversification over recent years. A shift from transferring all patients to Emergency Departments to one that now has greater responsibility for patient assessment, treating and clinically managing patients at home, and referring through alternative healthcare pathways ensuring patient care is responsive and appropriate to patients needs. This highlights the changing role of the ambulance practitioner who needs a greater range of competences, skills and underpinning knowledge whilst maintaining the vocational nature of their training. Registration with the Health Professions Council, and the College of Paramedics curricula and subsequent review processes has moved the minimum entry requirements for registered professionals to Diploma or Foundation degree with entry through duly accredited Higher Education programmes, which provide the foundation for professional practice. Continued commitment to education, training and development, and further education to support the introduction of new care pathways is essential to ensure all our staff have the right skills and qualifications to do their job safely and effectively.

This will be achieved through the following objectives and actions:

- Continue to produce an annual TNA and provide statutory and mandatory education and training to reflect role requirements and ensure essential standards of quality and safety as set out within the Trust's compliance framework.
- Develop a model of pre-registration education in partnership with Higher Education Institutes and the LETB providing a route to paramedic education in the East Midlands and facilitating career progression, ensuring a balance between academic study and vocational skills based education, and ensuring security of supply to support workforce requirements.
- Continue to work in partnership with other education providers through the continued commitment to the Learning and Development Agreements to access cross organisational learning opportunities; clinical placements; and post registration continuous professional development.
- Ensure the provision of clinical skills update training and access to continuous professional development to ensure our staff have the opportunity to maintain and continue to improve their practice.
- Continue to develop and invest in accredited education provision to enable all our staff (clinical and non-clinical) to maintain and gain the qualifications, knowledge and skills required to support the delivery of professional practice and high quality care.
- Continue to support our existing paramedic workforce to attain level 5 education through delivery of the Higher Education Pre Hospital Assessment and Disposition (PHAD) module which focuses on clinical decision making, safety netting, accessing and utilising alternative care pathways.
- Continue to invest in and support the development of accredited Mentors across the service who can provide support and mentorship for newly qualified and student paramedics.
- Ensure blue light driving training and assessment plans are implemented to emerging legislative requirements.
- Develop and publish EMAS Training, Education and Development Prospectus 2012/2013 to support continuing development and professional registration responsibilities.
- Maximise funding streams to support annual education and development plans.
- Develop our blended learning approach, including exploration of wider use of technology, to maximise the range of education and training delivery methods, support education in practice and reduce abstractions.
- Launch and implement the Integrated Audit Tool to support clinical supervision and performance development review in practice.
- Continue to develop opportunities for our staff in bands 1-4 and support employment opportunities, education and training for apprentices.
- Explore the commercial market place and become a competitive provider of education.

GOAL 7: PROMOTE AN ENGAGED WORKFORCE AND DELIVER OUR STAFF ENGAGEMENT STRATEGY

What we need to do:

Improving staff engagement is a key challenge facing the NHS. A growing body of evidence points to the fact that staff who feel more 'engaged' are more productive, motivated, resilient and willing to go the extra mile for the organisation. The importance of engagement is emphasised in the NHS Constitution where it is recommended that NHS organisations should *…"engage staff in decision that affect them and the services they provide ….all staff will be empowered to put forward ways to deliver better and safer services."* We need to work with staff to develop our staff engagement strategy, listen to staff and implement the most effective ways to ensure meaningful engagement, feedback, and improvement, supporting increased levels of motivation and higher productivity.

This will be achieved through the following objectives and actions:-

- Working in partnership with staff representatives to develop and implement a Staff Engagement Strategy utilising the data from the Organisational Risk Assessment/Health Audit; the Big Conversation; and Staff Opinion Surveys.
- The Staff Engagement Strategy will identify what 'engagement' looks like and the most effective ways to engage with and involve our workforce in things that matter to them.
- Introduce 'temperature check' mechanisms to gain a more frequent sense of the level of staff engagement and matters of concern to staff.
- Develop local and corporate action plans in response to specific issues identified via the Staff Opinion Survey to ensure action is taken to address areas of concern and ensure feedback mechanisms are developed.
- Develop local questions to add to the national Staff Opinion Survey.
- Increase staff participation in the annual Staff Opinion Survey.
- Work in partnership with staff representatives to develop and implement ways to recognise staff achievements.
- Develop consistent approaches to recognise the achievements of our staff, including long service, retirement, and annual award events.
- Develop a process to support an annual cycle of conversations with staff to encourage input into improvement plans, recognition schemes and the Staff Engagement Strategy.
- As part of our Staff Engagement Strategy, we will build upon the Big Conversation and the current Local Conversations and when we develop new initiatives we will involve staff who will be working with these new processes/initiatives.
- Continue to engage with staff side representatives to ensure a greater understanding; a climate of harmony and partnership working.

GOAL 8: IMPROVE THE WELLBEING OF OUR WORKFORCE AND THEIR LEVELS OF ATTENDANCE

What we need to do:

The report on NHS Health and Wellbeing by Dr Steven Boorman clearly sets out the rationale for the improvement in health and wellbeing across the NHS, and its findings confirm that where organisations prioritise staff health and wellbeing, they achieved better performance, improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower levels of sickness absence. The current focus on staff health and wellbeing in EMAS is primarily based on reactive occupational health services through line manager or self referral, access to counselling support and physiotherapy. Furthermore, we are experiencing a prolonged period of high sickness absence (6.78% 11/12 year to date). Sickness absence targets of 5% for 2012/2013 and 4% by 2013/2014 have been agreed. It is important that we focus on reducing the rate of sickness absence and improving our health and wellbeing offering focusing on prevention and health improvement; by providing efficient support for staff who present with ill health; by being proactive in tackling the causes of ill health (both work and lifestyle related); and, where there are clear benefits, by providing early intervention services.

This will be achieved through the following objectives and actions:

- Develop our health and wellbeing framework in line with the Department of Health Workplace Wellbeing Charter.
- Engage with staff and Trade Union representatives to determine, develop and implement health and well being plans (in line with the recommendations of the Boorman Report) including health promotion initiatives to support a reduction in sickness absence year on year, and to create an environment where staff feel good and function well both physically and mentally.
- Put in place prevention-focussed occupational health services to support management of sickness absence, ill health prevention and wellbeing support.
- Develop early interventions for staff with musculo-skeletal and mental health conditions, to help minimise the time staff must spend suffering with these problems and to support early return to work.
- Ensure policies and procedures facilitate early intervention.
- Improve the quality of information provision to managers on sickness absence, health improvement and promotion activities; and strengthen accountability for the management of sickness and absence at a local level.
- Develop a programme of education and training to support line managers to develop healthy workplace environments; provide support to staff with mental health problems; and pro-active sickness absence management.
- Develop an online resource via a dedicated health and wellbeing webpage to raise awareness of the support available to staff and managers.
- Review the current position in relation to regular fitness testing.
- Explore the opportunities available to facilitate lighter duties to minimise heavy lifting and sickness absence.

GOAL 9: DEVELOP TALENT IN OUR ORGANISATION AND PLAN SUCCESSION INTO KEY ROLES

What we need to do:

The CIPD define talent management as "*the systematic attraction, identification, development, engagement, retention and deployment of those individuals with high potential, who are of particular value to an organisation, either in view of their high potential for the future or because they are fulfilling business/operational critical roles.*" Whilst the Trust has made some progress and is currently working on a talent management pilot project to support the development of our systems and processes, there is further work to do to ensure an inclusive and Trust-wide approach is developed, implemented and embedded. Growing and supporting our own staff to be leaders and/or develop into functional/specialist roles is important and a more systematic approach to nurturing talented individuals within our workforce needs to be developed. It is also imperative to ensure a succession plan is in place to enable workforce risks to be proactively managed, creating a talent pool that will increase the speed to appointment to all roles and give assurance that successors have been established for key roles in the Trust.

This will be achieved through the following objectives and actions:

- Develop our local talent management plans, ensuring open, fair, and transparent systems and processes that maximise the potential of our existing workforce and ensure acquisition, development, management, retention of talented individuals, and succession planning.
- Ensure our local approach strongly supports our leadership and management development aim to deliver empowered management teams, working in the heart of their communities.
- Ensure our local approach strongly supports our workforce development planning aim to ensure our workforce has the appropriate knowledge and skills, through high quality education and training to support and meet the patient needs and changing service models.
- Develop education and development programmes to develop the leaders of the future and a talent pipeline of 'ready now' individuals for succession into key/critical posts.
- Work in partnership with divisions and directorates in identifying key posts, skills shortages, development needs, and development approaches to effectively manage talent and ensure there is a focus on succession planning.
- Research and implement an electronic Talent Management Solution that enables a central database for talent management and succession planning aligned to PDR processes.
- Work with divisions and directorates to identify all key/critical roles within the Trust where loss of the current incumbent in the role would have a potentially serious detrimental effect on our business.
- Succession planning approach to executive appointments to be formalised.

GOAL 10: SUPPORT THE DELIVERY OF QUALITY, INNOVATION, AND PRODUCTIVITY STRATEGIES

What we need to do:

The Care Quality Commission and the NHS Litigation Authority set out essential standards of quality and safety that we must demonstrate and evidence in order to demonstrate compliance and provide assurance of the delivery of high quality patient care. Compliance with legislation, supporting staff and driving quality through organisational and workforce development strategies are integral to these standards, and the contributions and objectives of the Workforce Directorate have been articulated throughout this document. However, in addition there is further work to do to ensure appropriate means of measurement are developed to ensure we can demonstrate the contribution to quality; encourage innovation; maximise workforce productivity; contribute to cost improvement plans; and inform decision making.

This will be achieved through the following objectives and actions:

- Develop a set of Workforce Key Performance Indicators to support performance management processes; quality assurance; and benchmarking to support continuous improvement.
- Support delivery of the Innovation Strategy by endeavouring to seek out innovative workforce practices which enhance quality and increased productivity.
- Develop systems and processes to enable workforce monitoring and evaluation systems to measure accessibility, quality, innovation, productivity, value and return on investment of workforce initiatives.
- Review, monitor and report performance against Workforce Key Performance Indicators.
- Develop service level agreements to support the provision of services from the Workforce Directorate.
- Review workforce practices and local terms and conditions to identify potential options for workforce savings through more flexible employment contracts.

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APPENDIX 2: WORKFORCE STRATEGY: YEAR 1 2012/2013 HIGH LEVEL ACTION PLAN

WORKFORCE GOAL	OBJECTIVE	ACTIONS	MEASURES OF SUCCESS	TIMEFRAMES
Deliver robust and compliant workforce planning to ensure capacity and capability	Develop a Workforce Plan to enable transformation to a new service model and operational management structure which ensures business continuity and provides the regional and national requirements for the commissioning of future workforce supply.	Establish Project Team Upon formal approval of Workforce Strategy; Service Model; and Operational Management Structure Business Case develop comprehensive workforce transition plan Ensure Workforce Plan meets national and regional commissioning requirements	Establishment of Project Team with projected time. Formally approved Workforce Transition Plan. Formally approved Workforce Plan	End of April 2012 End of May 2012 Regional submission required July 2012
	Establish a set of KPIs that provide assurance to the Board of business sustainability and any key risks to delivery due to workforce factors.	Identify KPIs required to assure the Board of progression of the Workforce Strategy	Agreement to KPIs and reporting via Trust Assurance Committee Structures	End of April 2012
Embed Equality, Diversity & Human Rights to achieve greater awareness, equal opportunities, and responsiveness to patient needs	Continue to implement the NHS Equality Delivery System to national guidelines, engaging with our stakeholders to identify equality objectives and grade our equality performance, and support	Stakeholder engagement activity across the region has been ongoing. Next step is to convene specific EMAS Community engagement events relative to EDS grading.	1 EDS engagement event per county with grading against EDS criteria	End of June 2012

DRAFT

	continuous improvement.	Identification of Equality Objectives	Publication of Equality Objectives	6th April 2012
	Develop Equality Assurance Framework in response to the Equality Act 2010 and NHS Equality Delivery System	Update the current Equality Scheme to develop an overarching Equality Assurance Framework articulating equality objectives and action plans to deliver year 1 equality objectives.	Trust Board approval of the Equality Assurance Framework. Delivery of Year 1 Equality Objectives	End of April 2012 End of March 2013
Excel in resourcing to attract and recruit the best candidates for the service	Develop our people to strengthen our recruitment decision making and ensure that we attract and retain the right people.	Implement a programme of recruitment and selection training for line managers. Continue to ensure robust pre-employment and CRB checking. Maintain recruitment and selection processes within legislative and compliance standards.	Development and implementation of education plan. 100% compliance. Achieving compliance with CQC Supporting Staff and Safeguarding Standards.	End of June 2012 April 2012 April 2012
	Deliver bespoke induction programmes which reflect the vision and values of EMAS to all new entrants to our workforce.	Development of bespoke induction programmes for: - Trust Board - Senior Managers - Line Managers - All Staff	Compliance with CQC and NHSLA standards; and Board Governance Assurance Framework.	April 2012 End of June 2012 End of June 2012 End of June 2012
Deliver best practice in human resource management to drive	Review HR team to ensure a fit to the future service model of EMAS,	Workforce Team review and restructure.	Completion of Workforce Team restructures and team in place.	End of July 2012

DRAFT

cultural change and enhance discretionary behaviour	and ensure the right capacity and capability through the new operational management structure for line management to take responsibility, ownership, and accountability for people management with support and guidance from HR expertise.	Workforce Team SLAs to be developed to agree service provision criteria. Education and training for line managers to support effective people management, supportive management behaviour. Provide suite of resources/ toolkits to support line managers' effective people management.	Formally agreed SLA between Workforce and Operational Directorate. Reduced formal employee relations matters. Decreasing sickness absence rate. Numbers attended supportive manager behaviour programme.	End of July 2012 End of March 2013 End of March 2013
	Ensure HR policies and procedures enable local, informal and early resolution to employee relations matters, including effective mediation.	Review and update of HR policies and procedures to ensure local and early resolution to employee relations matters. Education and training for line managers in policy application to ensure local and early resolution is optimised.	Decreasing formal employee relations matters (grievances; disciplinaries; bullying and harassment claims)	End of March 2013
Embed a model of organisational development	Develop a model of organisational development supported by principles of effective team working which engages the workforce, creating	Research and review models of OD and develop OD model that supports the EMAS aspirational culture.	Formal adoption of OD Model.	End of June 2012

DRAFT

	opportunity for innovation and leadership at all levels.	Implement new service model and operational management structure and commitment to ensure delivery of the staff pledges set out in the NHS Constitution.	Engaged workforce evidenced through: - outcomes of Staff Opinion Surveys; - Regular 'temperature Check' surveys. - Numbers of PDRs - Education and Training activity	End of March 2013
	Develop our culture to ensure our environment is patient safety focused; quality and value driven; committed to learning and development; supportive of engagement and empowerment; encourages innovation and entrepreneurialism; and ensuring equality of opportunity.	All the actions and objectives of the Workforce Strategy seek to contribute to the Trust's cultural development.		
Deliver excellence in education, training and development to support the delivery of high quality healthcare	Provide an annual training needs analysis and education, training and development interventions to meet essential standards of quality and safety; service development objectives; clinical updates and CPD.	Implementation of the TNA for 2012/2013 comprising: - Essential Education - Workforce Plan - Clinical Updates - CPD - Leadership Development Plan	Programme implementation. 100% compliance with Essential Education Activity versus targets of education plans including Workforce, CPD, and Leadership Plans	End of March 2013

DRAFT

	Develop model of pre-registration education in partnership with Higher Education Institutes and the Local Education and Training Boards, providing a route to paramedic education, facilitating career progression, and security of supply.	Engage in National Education Summit to agree strategy. Engage with cluster partners, HEIs and LETB to develop proposals. Submit to EMAS Trust Board for approval.	Attendance at National Summit. Development of proposal outlining partnership model of education Formal approval by EMAS Trust Board for submission to LETB Model agreed and implemented.	End of April 2012 End of June 2012 End of September 2012 From 2013/2014
Promote an engaged workforce and deliver our staff engagement strategy to support the development of a motivated workforce	Implement the Staff Engagement Strategy, including: regular 'temperature checks' to gain a more frequent sense of the level of staff engagement and matters of staff concern; and action plans in response to specific issues of concern raised via the Annual Staff Opinion Survey.	Draft Staff Engagement Strategy to be completed and submitted to the Trust Board. Implement strategy recommendations including: - regular temperature check surveys Develop local and corporate action plans in response to the 2011 Staff Opinion Survey Develop local questions to	Trust Board approval of Staff Engagement Strategy. Implementation of the strategy against the milestones and action plan. Action plans developed with progress and outcomes monitored via the OD Group. Local questions added to	End of May 2012 End of June 2012 End of May 2012 End of September 2012

DRAFT

		add to the 2012 Staff Opinion Survey	2012 survey. Improve response rate by 10% of Staff Opinion Survey. Improved outcomes of the Staff Opinion Survey when comparing 2012 to 2011 outcomes especially in relation to staff perceptions of service quality.	 End of December 2012 End of March 2013
	Develop our approach to 'recognition' based upon staff feedback, implementing an annual awards event to recognise staff achievements, and ensuring consistent processes are developed for long service and retirement awards.	Implement Annual Awards Event to recognise staff achievements. Review and develop our approach to recognition, including long service and retirement awards.	Event and attendance rates. Consistent approach implemented to ensure all staff are duly recognised and valued for their contribution.	End of March 2013 End of June 2012
Improve the well-being of our workforce and their levels of attendance	Develop our Health and Wellbeing Framework in line with the Department of Health Workplace Wellbeing Charter, implementing our health and wellbeing plans to support a reduction in sickness absence year on	Develop Health and Wellbeing Framework and supporting Action Plan including health promotion initiatives.	Health and Wellbeing framework formally agreed and Action Plan milestones being achieved. Reducing sickness absence rates.	End of April 2012 End of March 2013

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	year, and to create an environment where staff feel good and function well both physically and mentally.			
	Put in place prevention focused occupational health services to support management of sickness absence, ill health prevention and wellbeing support, and developing early interventions for staff with musculoskeletal and mental health conditions, to help minimise the time staff must spend suffering with these problems and to support early return to work.	Put in place prevention focused occupational health services. Develop early interventions for staff with musculoskeletal and mental health conditions ensuring easy access to physiotherapy and counselling support.	Occupational health provider appointed in line with tender timeline. Referral rates to Occupational Health and timeliness of referrals made. Reducing sickness absence rates	1st June 2012 End of March 2013 End of March 2013
Develop talent in our organisation and plan succession into key roles	Develop our local talent management plans, ensuring open, fair and transparent systems and processes that maximise the potential of our existing workforce and ensure acquisition, development, management, retention and succession planning.	Develop talent management systems and processes aligned to Performance Development Review Processes. Identify all key/critical roles within the Trust and develop succession plans.	Access to information that maximises the talent and potential of the existing workforce. Identified talent pools/pipeline in place. Ease of recruitment. Reduced cost of recruitment.	End of September 2012 End of September 2012

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		Talent management and succession planning approach to executive appointments to be formalised.	Identified talent pipeline. Ease of recruitment and reduced costs to recruit.	End of April 2012
	Ensure our talent management approach supports our aim to deliver empowered management teams, working in the heart of their communities.	Work with the Operational management teams to ensure talent management is integral to the service model and operational management structure.	Capable and competent line managers and practitioners in post to deliver the outcomes of the service model and operational management restructure.	End of March 2013
Support delivery of quality, innovation and productivity strategies	Develop a set of Workforce Key Performance Indicators to support performance management processes, quality assurance, and national benchmarking to drive continuous improvement.	Identify KPIs required to assure the Board of progression of the Workforce Strategy. Integrate KPIs into PMF to ensure consistent workforce monitoring.	Agreement to KPIs and reporting via Trust Assurance Committee Structures	End of April 2012
	Endeavour to seek out innovative workforce practices which enhance quality and increase productivity.	Review systems, processes and methodologies across the directorate to ensure efficiency, quality and productivity.	Development and implementation of measures and methods of evaluation that demonstrate value, quality, productivity, and return on investment.	End of March 2013

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APPENDIX 3: WORKFORCE PLAN TO DELIVER THE WORKFORCE STRATEGY

WILL BE DEVELOPED UPON FORMAL APPROVAL OF THE WORKFORCE STRATEGY 2012-2016

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