

## **EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST**

### **HUMAN RESOURCES STRATEGY 2011 TO 2016**

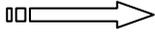
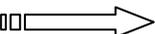
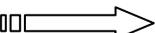
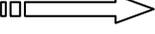
#### **1. Introduction**

- 1.1 The Trust vision is to be the recognised leader in emergency, urgent and out-of-hospital care in the east of England. This vision statement acknowledges the Trust's strategically significant position as the only service provider operating across all six counties in the eastern region, and as the only 24/7 provider of emergency and urgent care.
- 1.2 The overarching strategic objective is for the Trust to be the market leader in providing patients the gateway to urgent and emergency healthcare services. Underpinning this will be the development and delivery of a new service model that will enable the Trust to provide the most appropriate, timely and safe clinical response in a way that delivers increased efficiency and value for money. The HR strategy focuses on the practical steps required to move towards a different way of working from the road to the Board, from how we respond to the calls we receive from the public to the way in which we lead, manage and plan for the future.
- 1.3 Over the next five years the East of England Ambulance Service NHS Trust (EAST) will progress to Foundation Trust status and take a key role in the evolving NHS. This will be a challenging and exciting time of organisational development for the Trust. This HR strategy has been developed with key stakeholders to reflect the main priorities in relation to the development of our leadership, management, staff and supporting infrastructure.

#### **2. Strategic Aims and Objectives**

- 2.1 In order to be a successful Foundation Trust, we must secure our position as a key player in the provision of urgent and emergency care within the health system, and achieve financial sustainability. To do this we must develop our physical resources, financial resources and human resources. This strategy is therefore central to the delivery of our strategy objectives and has been developed to facilitate them.

The table below shows explicitly how the strategic aims of the HR strategy map to the Trust's strategic objectives.

TRUST STRATEGIC OBJECTIVE		HR STRATEGIC AIM
To have a workforce that has the skills to lead and deliver change, create flexibility and create a learning environment		Develop a flexible workforce and organisation that is responsive to the changing needs of the service and the future developments in healthcare all within the context of an organisation that values and respects difference, and adjusts its behaviour accordingly –patients and staff
To be the market leader in providing patients the gateway to urgent and emergency healthcare services		Be an employer of choice with a commitment to equalities and the health and wellbeing of all our staff. Ensure that all staff adopt the Trust's values and perform in accordance with the NHS Constitution.
To become the best provider of unplanned healthcare needs in the country		Provide a model career framework for developing staff
To have the best in class business intelligence tools to be the most responsive and innovative provider of unplanned healthcare		Develop leadership capacity and capability for the future development of the Trust through thought, leadership and people leadership

2.2 The strategy has four elements – workforce; being an employer of choice; developing our staff; and leadership capacity and capability. Within each of these elements we have articulated our long term aims, what we will do to achieve those, and how we will measure progress and success.

### **3. Workforce**

#### **3.1 Our Aim:**

We aim to have a highly skilled, flexible workforce that can provide the right care in the right place at the right time through a sophisticated service delivery model that is able to triage, treat and transport as best fits patient need.

#### **3.2 What we will do:**

The Trust is on a journey of workforce transformation consisting of three essential stages:-

- Workforce consolidation
- Workforce re-profiling (skill mix)
- Workforce redesign

3.3 The long term workforce plan will address the changes in knowledge and skills required to support the provision of a wider range of responses to patients and the introduction of a greater number of patient care pathways as set out in the Trust's IBP – the Integrated Service Model. The plan calls for a larger proportion of highly skilled clinical staff, supported by a support worker role.

3.4 Significant recruitment and training via the student paramedic programme has resulted in a 12% increase in clinical staff since 2007/08, shifting the skill mix to a predominance of professional registered paramedics (qualified, or in training). Workforce redesign to assess and move towards the optimum skill mix for full implementation of the Integrated Service Model is in train and forms one of the key service developments in the Trust's IBP. An initial pilot of the model took place in late 2010/early 2011 and the results of this, together with business modelling of the integrated service model at maturity will provide information on which to base workforce planning for the life of the IBP. This work will require careful planning and phasing to ensure that the necessary technology, alternative care pathways and public expectations are aligned with changes to the service and workforce changes.

3.5 The workforce changes will not only enable the new model to be implemented but will form a major Cost Improvement Programme, as the

new model provides the Trust with the capacity to manage increased activity levels within existing resources / manpower costs, as well as contributing to savings in the wider health economy through reduced A&E admissions. The role of Emergency Medical Technicians going forward is another plank in the workforce transformation, and the current work on demand analysis and business modelling need to coalesce to enable shorter term decisions that support the longer term strategy.

3.6 We will use our business modelling system to help us phase and plan the changes in the workforce profile, beginning with an increase in the capacity of the Clinical Support Desk, providing additional assessment skills training to our paramedics, and increasing the number of Emergency Care Assistants. These are the three key elements of the workforce required to deliver our Integrated Service Model and we will develop annual plans for the recruitment and training activity required to move towards full implementation of the Model.

3.7 **What success will look like:**

A fully operational Clinical Support Desk function with staff who are confident and able to provide telephone assessment and advice to up to 175000 patients a year; a front-line clinical workforce that can work flexibly together to provide the highest levels of clinical care and compassion, utilising their skills in the optimal way.

#### **4. Employer of Choice**

4.1 **Our Aim:**

Our ambition is to be the employer of choice for ambulance staff, and for their colleagues in supporting roles. We want to have a high performing workforce which is proud to work for the Trust, with staff who feel valued and recognised for their contribution, and believe that their views count. We aim to set a leading example of diversity and inclusion practices that help reduce inequalities and improve health and wellbeing both internally and in the communities we serve.

#### 4.2 **What we will do:**

In a climate of low unemployment and skills shortages, recruitment and retention are issues that employers often face, and will look to maximise their ability to recruit and retain the most talented people by creating an environment that people want to join, and want to stay in. In a climate of reducing employment options and vulnerability over job security, creating an environment where people actively want to be is even more important. A demotivated, uninspired workforce which sees little option other than to stay put is not one that will go the extra mile and achieve great things. We will therefore work across the entire range of issues that affect staff motivation and engagement.

4.3 In April 2011, the Trust received its 2010 staff survey results, which provide a sound platform on which to base plans around involving, consulting and engaging with staff. Through a comprehensive communication programme and embedding reviews of progress into the formal performance review system, we are confident that progress will be made in key areas in year one.

4.4 For the longer term we will focus on improving the overall level of engagement. We will conduct an “organisational health check” to assess our baseline, and create a joined-up, structured approach to how we lead, manage, empower, engage, involve and support our staff. This work will begin in the second half of 2011/12, and will include the introduction of ways in which we can “test the temperature” in a more immediate and targeted way than the annual staff survey allows.

4.5 The Trust launched its Health and Wellbeing Strategy in 2010, and has refreshed it for 2011. It has three overarching components:-

- Improvements in the quality and timeliness of advice and faster access to services (treatment)
- A range of health and wellbeing initiatives aimed at providing more support to staff and improving their overall levels of fitness and wellbeing (prevention)
- Improving the effectiveness of sickness absence management (management)

- 4.6 Through this coordinated approach, we aim to improve our staff's wellbeing and thereby reduce ill health; provide appropriate support to staff during time of sickness, giving particular attention to stress-related and musco-skeletal episodes; and improve our ability to manage sickness absence effectively.
- 4.7 In April 2011 the Trust Board approved a new Health and Safety Strategy which focuses on the priorities identified through Health and Safety Executive inspections, analysis of injuries at work, and staff survey results. The priorities are to reduce the incidence of violence and aggression experienced by staff and decrease manual handling injuries, and a range of targets have been set which will be monitored and reported on through the life of the strategy.
- 4.8 We will review our approaches to key stages in our staff's working lives to assess what will be of most benefit to them – this will include the early days of joining the Trust, promotion or other job changes; adjustments required due to personal circumstances such as long term health conditions; starting a family; easing down towards retirement, and retirement itself.
- 4.9 We will build on our existing approach to recognising loyalty and length of service, and will develop a reward and recognition programme that publicly recognises exceptional contributions from all staff.
- 4.10 We will not tolerate bullying, harassment, unlawful discrimination or victimisation. We will review regularly our policies and procedures on these areas, analyse data that can highlight specific issues of concern, and act on it.
- 4.11 We will analyse our staff survey results by demographics to identify imbalances in experience or perception of different staff groups, and work with those staff on addressing the issues.
- 4.12 **What success will look like:**
- 4.13 We will reduce sickness levels to the lowest level of our comparator organisations. Year on year, we will have fewer formal grievances and fewer complaints related to dignity at work lodged by staff. We will have fewer industrial injuries, aiming to reduce these by 10% each year. The relevant staff survey results will improve to the point that they are in the top four ambulance trusts.

## **5. Developing our Staff:**

### **5.1 Our Aim:**

We want to have the “best in class” clinical career framework and learning support structures that enable our staff to maximise their contribution. Spotting and developing talented leaders is a priority in our quest to improve quality, and we will develop a system that enables us to do that.

### **5.2 What we will do:**

Work is underway nationally and within the Trust on developing a clinical career framework that will set out the competency requirements of all clinically focussed roles and signpost the routes for progression through the framework. This important work will inform training and education requirements and set out clearly the clinical roles required to underpin the ISM. It is anticipated that this framework will introduce new clinical supervision roles which, in addition to improving the support for clinical staff on a day to day basis and providing greater assurance of quality care, will provide an additional career step for staff who wish to remain very much at the front end of patient care, whilst having a managerial role.

5.3 Work has begun on a talent management strategy. The strategy will have two key strands - succession planning for key senior posts; and identifying and bringing on talent at every level. The second strand will involve providing dedicated, targeted development of staff from across the Trust who are recognised as having the raw talent for leadership. Through a process of initial selection and assessment, the strengths and potential of these individuals will be explored, and a development plan designed to enable them to work towards reaching their potential.

5.4 Ensuring that all staff have timely and meaningful appraisal is a key element of a highly motivated, high performing organisation. The Trust has found this a particular challenge given the geographical spread and time pressures on clinical staff, and the 24/7 operating environment. Progress has been made in 2010/11 on completion rates, and we have set targets for increasing completion rates to 95% over the next three years. Alongside this drive to increase completion rates, we will develop a revised process to ensure that the quality of appraisals also improves, and that they therefore have the

desired impact on performance and behaviour, and therefore patient outcomes.

5.5 The Trust's current model of learning and development will be reviewed during 2011/12. The planned organisational transformation over the life of this strategy will require a learning and development strategy and function which is of high quality, fit for purpose, and flexible enough to operate in a commercial 24/7 environment. This will require a fundamental review of the scope and content of the education and training provided; where, when and how it is provided and how it is evaluated and reviewed on an ongoing basis.

5.6 **What success will look like:**

Year on year we will increase the percentage of staff who have a performance review, and we will also see an improvement in the perceived quality of them. We will see a reduction in the proportion of complaints from the public related to clinical care and staff attitude; the Trust will hold its own in comparison to other ambulance services in relation to its results on clinical quality indicators. And in addition to mandatory training, we will offer a range of learning and development interventions to our staff.

**6. Leadership capacity and capability:**

6.1 **Our Aim:**

To have an organisation that is led by inspiring individuals who are skilled at getting the very best out of people, followed by staff who take personal responsibility for their part in moving the Trust towards its goals.

6.2 **What we will do:**

The Trust's transformation programme will require strong leadership in setting the direction and steering towards it. We recognise that, whilst major incidents and crisis situations require a clear hierarchical structure and unquestioning followership, a different more flexible approach is needed to manage the complexity of the Trust and respond to the speed of evolving situations, not to mention our desire to engender strong staff engagement and to encourage innovation.

- 6.3 The Board recently agreed an outline framework for staff at all levels, setting out the leadership behaviours that we believe will take the Trust through to becoming the market leader at the gateway to urgent and emergency healthcare. There will be a challenge in increasing our flexibility whilst holding on to the unitary coordination and control that we also need. The leadership behaviours we have identified – be that in leading ourselves, people or projects – will be threaded through all that we do and embrace our values, how we govern, manage information, work as teams, are held accountable and how we plan, coordinate and control our resources. We will develop this framework further and embed the leadership behaviours in our recruitment and selection, appraisal and development processes.
- 6.4 We will review our appraisal system to enable it to engender discussion on the how as well as the what; and at all stages of the performance management system, individuals and teams will be supported to consider the extent to which their behaviours reflect the Trust values and the leadership framework. This reinforcement is essential in changing behaviours, and will be supported by formal interventions through the learning and development function as and when identified.
- 6.5 We will continue with a structured programme of Board development and Associate Director Development, embedding the key skills and behaviours required for a successful senior management team in a more commercially focussed, fast changing and low risk appetite environment.
- 6.6 We will develop a framework for succession planning, initially for key posts but expanding over time as our talent management system begins to produce results.
- 6.7 We will develop a framework to provide support to Governors, both staff and public, so they are confident and able to make a positive contribution from the earliest stages of their governorship. This will link to a wider programme of communication and engagement around the new environment and increased partnership working that being a Foundation Trust will bring.
- 6.8 The development of junior middle managers will be a key element of the learning strategy. We will develop and introduce a mentoring scheme for newly appointed or newly promoted managers to help ensure they have the level of support and challenge needed as they take on a more senior role. First time managers in particular will receive a bespoke package of support

prior to taking up post and ongoing for the first six months in the new role. There is a degree of under-representation in our clinical management levels of women, BAME and disabled staff. Work will therefore also begin on understanding the reasons for this and taking steps to redress the imbalance.

6.9 The Trust has recently begun to implement a revised performance management system, aligned to but distinct from the individual appraisal process. The system is designed to provide a transparent means of holding individuals and teams to account, learning from mistakes and sharing best practice. We will develop and refine this system on an ongoing basis, with the ultimate aim of ensuring complete alignment of corporate and individual objectives and performance; behaviours reflecting the Trust's values; and an environment of continuous learning and improvement.

6.10 **What success will look like:**

We will have a fully aligned performance management system in place which will support effective performance management, delivery of results, and professional behaviours across all roles. Our staff survey results relating to management and leadership will be amongst the top four ambulance service results, demonstrating strong leadership and effective management in the Trust. At all levels, our workforce profile will be more balanced and representative of the communities we serve. We will build a strong talent pipeline and have active succession planning in place.

**7. Tracking our Progress:**

7.1 Underpinning this strategy are several sub-strategies with annual objectives and workplans. We have identified a range of indicators as set out in each section of the strategy and, where appropriate, we have quantified the improvement we are aiming for year by year. These measurable improvements are set out in the relevant individual plans and programmes, and we will use these to measure progress and assess impact and, where necessary, adjust our approach. The plans / programmes include a health and safety, health and wellbeing, clinical education, leadership and management development, talent management, and a staff survey action plan.

7.2 Where it is possible to benchmark against relevant organisations we will, and we will aim to be in at least the top quartile of all benchmarked data by the end of the strategy's life, if not earlier. The indicators are likely to develop

and change over time to reflect the different stages of our development. We will build relevant measures into the performance management system, and report through the appropriate governance routes at relevant times, providing both a quantitative and qualitative assessment of progress, risks and achievements as we continue in our journey to become the best provider of unplanned healthcare needs in the country.

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**14 July 2011**