

TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP

Human Resources Plan 2012/13

(work in progress)



Care of Telford and Wrekin

Every patient experience matters - Every clinician is involved

"Telford and Wrekin Clinical Commissioners will deliver high quality, equitable, safe and locally driven care. Despite our finite resources, patients and clinicians together will strive for the best possible healthcare in Telford and Wrekin".

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Foreword

It is well known that the staff are the most important aspect of the any business and in healthcare, where interaction with staff can be therapeutic in itself, staff are all the more important. As the third biggest employer in the World, the NHS needs to devote substantial effort to its Human Resources (HR).

Notwithstanding this general comment, the transformation that is underway necessitates especial focus on HR matters.

One of the concerns about the change is the risk of something being missed or 'dropped'. The Department of Health and outgoing substructures are particularly concerned with 'legacy' and the handing over of the full picture to incoming bodies. Whilst written legacy documents are important, it is the institutional memory of the staff that is crucial. This and the invaluable expertise that sits in the staff means that the CCG is particularly concerned to have a policy on HR. In the shadow year, the PCT represented at Cluster level will be responsible for HR. However, the CCG Board believes that it should also take an interest in the Human Resources, hence the plan set out below.

Dr Mike Innes
Chair - Telford and Wrekin Clinical Commissioning Group

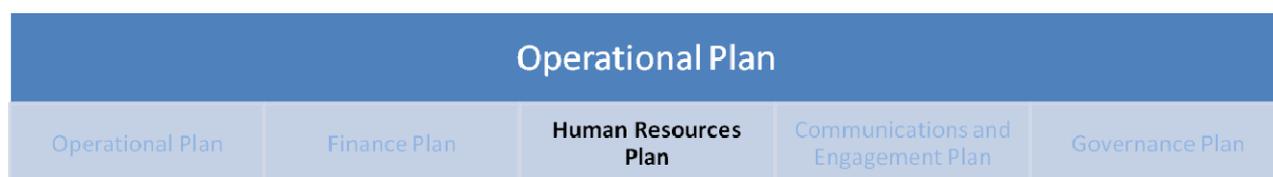
1. Introduction

This document is one of five documents collectively forming the Telford and Wrekin Clinical Commissioning Group’s (CCG) **Operational Plan** which details our priorities and activities in the coming year (2012/13) and how they are going to be addressed. This document clarifies the priorities of the CCG, to ensure that there is clear understanding of the challenges to be addressed here in Telford and Wrekin; the specific priorities the CCG has set and the deliverables under each target. The diagram below clarifies how these documents work together to deliver the Strategic Development Plan.



As there is significant cross-departmental impact on the delivery of the priorities, plans created by one part of the organisation inevitably have implications for other parts. The five documents above are written to integrate with each other and should be read in conjunction to provide an overall picture of the deliverables of the CCG.

This document is the **Human Resources Plan** and outlines Telford and Wrekin CCGs intentions with regards to workforce and development required to support the delivery. It will also ensure that the organisational development priority of designing an Organisational structure which provides the right people, with the right skills in the right roles is achieved.



2. Background

A competent and confident workforce, together with an appropriate structure for delivery underpin successful organisations. The CCG employed workforce will be small, consisting of a senior executive team with a small administrative support. The day-to-day operational work will be undertaken by a Commissioning Support Service (CSS).

The formal functions of Human Resources (HR) will be contracted out to the CSS; however, the CCG will need to have confidence in the policies, procedures and processes that will be described in a service level agreement.

All employees within the CCG will be afforded the rights as outlined in the NHS constitution for staff, which are:

- “Have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives”
- “Have a fair pay and contract framework”
- “Be involved and represented in the workplace”
- “Have healthy and safe working conditions and an environment free from harassment, bullying or violence”
- “Be treated fairly, equally and free from discrimination”
- “Can raise an internal grievance and if necessary seek redress, where it is felt that a right has not been upheld”
- “Have employment protection”
- “Can join the NHS Pension Scheme”

3. Leadership and supporting the workforce

The strategic plan outlines the culture of the new organisation, its function and the overarching goals which the workforce is needed to deliver. The reforms require changes to the NHS workforce and clinical leadership and working together are fundamental when decisions are taken that have an impact on staff.

The CCG is committed to ensuring a smooth transition for staff transferring to new organisations, whether this be in the National Commissioning Board, the Commissioning Support Service or the Clinical Commissioning Group itself.

The overall aim is to develop a climate in which every employee feels valued and understands their roles within the CCG and CSS.

Clinical Commissioning will be clinically led and supported by appropriately competent managers who will ensure that the strategies approved by the CCG Board are delivered. All Board members will be assessed according to an approved and appropriate Leadership Framework. A full development Programme will be put into place on completion of the Board appointment process and from the results of the assessment.

Formal responsibilities will be set out for Board members and for other lead areas to ensure that there is clarity in expectations; both for individuals and for the CCG.

Effective leadership will ensure colleagues being brought together to deliver improved outcomes and value for money which have arisen from a shared vision of the future health and social care economy feel valued in the organisation and feel able to contribute effectively to its success.

We consider the views of staff to be a fundamental source of information and, as such, staff surveys will be undertaken and the CCG will analyse results and respond to its findings.

4. Skills

The skills that the CCG requires to carry out its functions are outlined in the OD plan, however, these include:

- **Clinical Focus** – Commissioning, leadership, clinical, clinical governance, communication
- **Organisational Capacity and Capability** – Organisational development, Human Resources, Succession planning, learning, Clear and Credible Planning, Programme and project management, organisational development, Governance, Finance,
- **Engagement with patients / Communities** – Communication and Leadership
- **Leadership capability and capacity** – leadership, communication, development
- **Collaborative arrangements** – communications
- **Education and training** - autonomy and accountability for planning and developing the workforce

The new structure will allow for these skills to be understood, evidenced and, therefore, ensuring there is a workforce that is skilled and competent to deliver the transformational reforms required.

5. Structures

The Structure in **Appendix 1** shows that the CCG has the appropriate Executive functions planned in order to deliver the health outcomes defined in our Operational Plan. The CCG will have in place a robust process to ensure that people with the right skills are recruited to these posts within the affordability model outlined in the financial plan. The appointment of the Board has been detailed in the Governance Plan.

5.1. Joint commissioning and Commissioning Support arrangements

The CCG is undertaking an evaluation of its requirements from a Commissioning Support Service currently. Additionally, it is considering opportunities for joint commissioning with partners in the NHS and Local Authority, the outcome of this will determine how we identify and assign staff, together with fulfilling the necessity to ensure appropriate transitional arrangements are in place.

6. Recruitment / assignment of staff process

The human resources agenda nationally is unclear in respect of some of the specific details regarding the formal process that will be adopted during the transition. For example, whether there will be slotting in to positions based on current job descriptions or whether there will be an open interview and selection process for all new positions. An effective human resources management process is critical for the reputation of the CCG and also the CSS. The first process of this is continually updating existing PCT staff on any developments and proposals in terms of future recruitment processes.

An important issue to clarify is the application of TUPE regulations and, as a statement of good practice of staff transfers, it is expected that this will apply for assignment of staff to both the CCG and CSS.

Although the outline job roles for the Executive posts have been agreed, formal Job descriptions and Person Specifications will be drawn up so that recruitment can commence as soon as

practicable. To ensure that levels of pay, grading systems and terms and conditions of employment are fair and equitable, Agenda for Change processes will be adopted.

7. Workforce and Succession Planning

Workforce Capacity Planning is how the CCG will identify the future size, shape and skills of its workforce, this also includes succession planning allowing identification of who may be able to succeed current holders of key roles. Both of these elements will be contained in the service level agreement with the HR provider.

8. Learning Education & Training

To ensure that all staff have the necessary competencies to fulfil their role and have the opportunity for self-development within a fair and equitable environment CCG will ensure that the SLA contains a full and detailed education and development programme. In addition, a full training needs analysis will be undertaken on the current Board members to ensure that they are developed according to the needs of the organisation.

9. Equality and Diversity

The CCG will comply with the Equality Act 2010 by having due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

In addition, the CCG is also subject to the public duty contained in the Act which requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

In order to demonstrate that the CCG is complying with the general equality duty and the specific public duty it has adopted the Equality Delivery System designed specifically for NHS bodies to benchmark current evidence of compliance with their community set targets for improving their compliance. Locally, the benchmarking process will start with a community event across Shropshire involving several NHS bodies and including the CCG.

10. Key challenges, Risks and Mitigation

There are many challenges and risks within Clinical Commissioning, however, ensuring that the governing focus is outward facing as well as identifying internal strategic risks should assist in the mitigation of risk. The types of risks which could affect the Human Resource Plan are around:

- capacity implications including workforce;
- accountability arrangements; and
- strategic change.

The key risks and current mitigation around non-delivery of the Human Resources plan are:

Challenge	Risk	Mitigation
Capacity	The risk of loss of continuity and knowledge by PCT staff leading changes currently, who may leave the PCT to take up roles outside the CCG is a significant risk to the delivery of the Operational plan.	Allocation of staff members to new formal structures will reduce this risk. Agreement via service level agreements between commissioning support services and joint commissioners should mitigate this risk
	Lack of staff capacity to develop key governance documents will delay the process of consultation and approval.	Allocation of staff members to new formal structures will reduce this risk.
Accountability	There is a risk of accountability from any change implemented.	During the transition period, management structures have, and will, change. Clarity with regards to accountability and reporting needs to be made clear to all staff during the transition.
Strategic change	Legislation detailing the final details of Clinical Commissioning has not yet been passed. Therefore, all planning has been done on predicting the responsibilities of Clinical Commissioning Groups and may be subject to change.	Keeping staff up to date in terms of progress and developments will ensure that the strategic change is implemented with staff on board with the process.

11. Next steps

In terms of next steps for the Human Resource plan, clarification will be sought from the PCT Human Resources Department for support with the details needed to further development of this plan.

Appendix 1 - Proposed Organisational Structure

