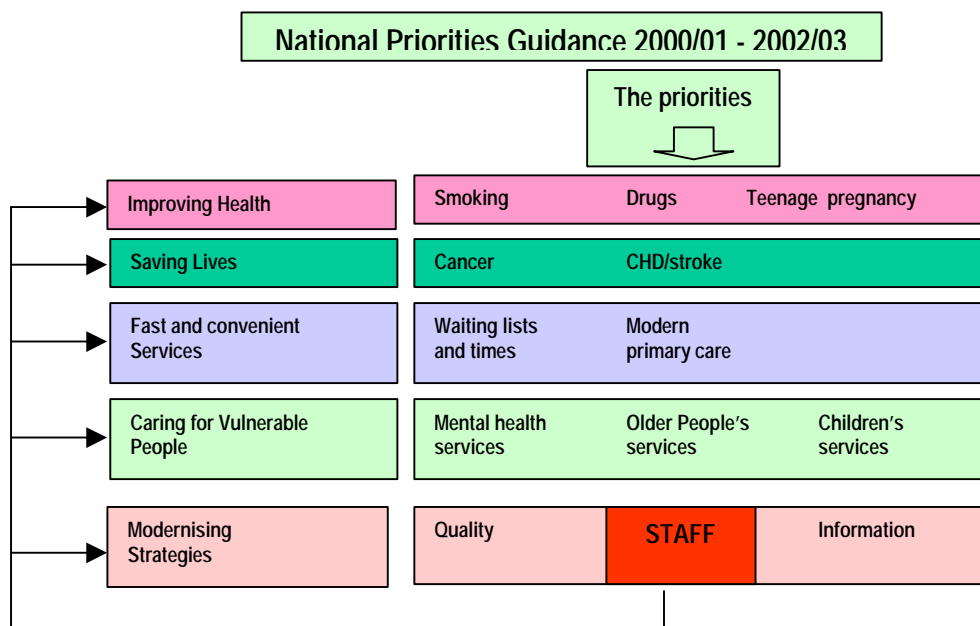


HUMAN RESOURCES PERFORMANCE FRAMEWORK

INTRODUCTION

1. Managing staff is not an incidental function in the NHS. It is essential to the success of a modern health care system. The NHS Plan stresses the importance of ensuring that we have the staff we need to deliver modernisation across the Service, that those staff are working in the most effective ways, and that the NHS is investing in improving the working lives of its staff.



2. The principles of this framework should be applied to everyone working directly for the NHS. **In particular, Health Service organisations should ensure that early discussion takes place with Social Services on how this framework will be implemented locally.**
3. The framework sets clear targets which confirm Regional Offices as lead organisations responsible for ensuring that national targets are met for three headline performance objectives:
 - **Improving Working Lives**
 - **Working Together**
 - **Developing the Workforce**

It also provides high level guidance and key targets for education and training priorities to support these objectives.

PERFORMANCE OBJECTIVES AND TARGETS

OBJECTIVE 1: IMPROVING WORKING LIVES

Making the NHS a place where people want to work is essential if the NHS is to have enough staff to deliver services, attract the next generation of healthcare professionals and be able to modernise services. To achieve this, the Improving Working Lives (IWL) campaign was launched in 1999. The IWL Standard aims to create a well managed flexible working environment that supports staff, promotes their welfare and development and provides a productive balance between work and life outside work. Regional task forces have been established to promote IWL and all employers should work towards achieving full IWL accreditation. Full details of the new standard are being published in parallel with this framework.

Improving Working Lives Standard

An employer committed to Improving Working Lives:

- Recognises that modern health services require modern employment services.
- Understands that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work.
- Accepts a joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff.
- Values and supports staff according to the contribution they make to patient care and meeting the needs of the service.
- Provides personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns.
- Has a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work.

TARGET

By April 2001:

- Trusts have achieved at least the first stage of IWL accreditation.

Regional Offices should ensure:

- Their IWL regional taskforce is strengthened and that good practice is widely disseminated through the taskforce.
- All employers, including PCTs, have in place plans for achieving full IWL accreditation.
- Systems are in place to assess employer progress and award IWL accreditation.
- Employers have in place a system for reviewing performance against IWL standard.

By April 2003:

- All NHS Employers are expected to be accredited for putting the Improving Working Lives standard into practice.

OBJECTIVE 2: WORKING TOGETHER

Working Together: Securing a quality workforce for the NHS launched in 1998 marked the beginning of a process aimed at improving the standards of human resource management. To ensure momentum is not lost, the following objectives and targets update the original *Working Together* priority areas for action. Regional Offices should ensure that all employers are seeking to achieve the up-dated targets and beginning to look ahead at how developing targets – ‘Planning Targets’ - will be achieved.

TARGETS

Primary Care Groups/Trusts

By April 2001:

- PCGs/PCTs have plans in place for achieving the targets set out in *Working Together*.

Planning Target:

- PCTs to develop plans for implementing the HR standards as set out in the *Human Resources guidance and requirements for Primary Care Trusts* issued to the Service in December 1999.

Clinical Governance

By April 2001:

- *In line with the Working Together target that by April 2000 each local employer should have training and development plans for the majority of health professional staff, personal development planning should be extended to all staff groups with an improved emphasis on work and team based learning and development planning.*

Planning Target:

- Employers have set a deadline for all health professional staff to have training and development plans linked to an agreed system of appraisal.

Recruitment & Retention

By April 2001:

- Employers have met the criteria to use the Employment Service disability symbol ✓✓.

Equality in the Workplace

Planning Target:

- Employers must ensure that they are planning for and working towards the three strategic equality aims and the targets set out in the national equality framework.

[HSC 2000/014 The Vital Connection: An Equalities Framework For The NHS]

Creating Healthy Workplaces

By April 2001:

- Employers will have targets, agreed with Regional Offices, to secure an overall reduction in the NHS of incidents of violence to staff, accidents at work and the levels of sickness absence by 20%.

[HSC Working Together, securing a quality workforce for the NHS: managing violence, accidents and sickness absence in the NHS: the performance management process for incidents of violence to staff, accidents and sickness absence.

HSC 1999/226 Campaign to stop violence against staff working in the NHS: NHS zero tolerance zone].

Measuring progress on improving quality of working life for staff

By April 2001:

- Employers and staff organisations have jointly conducted an assessment of progress in involving staff using the Staff Involvement Self-Assessment tool, and have mechanisms in place jointly to review and improve progress on a regular basis.
- Employers have conducted a second staff attitude survey, which complies with best practice as set out in national guidance.

From October 2001:

- Employers have agreed a deadline with Regional Offices to meet the new targets for the reduction in working hours for doctors in training. Trusts have eliminated non-compliance for PRHOs. [Letter from Hugh Taylor dated 13 January 2000].

By April 2001:

- Employers to have taken steps to implement the Working Time Directive for remaining staff within scope of the agreement.

[For career grade hospital doctors this should be based on the national agreement between the BMA and Department of Health in November 1998].

OBJECTIVE 3 : DEVELOPING THE WORKFORCE

A key HR priority for this year is filling vacancies across the workforce and expanding the nursing and health professions workforce. **Regional Offices must ensure that employers are focused on maximising the number of nurses employed and tackling shortages.**

Regional Offices should ensure:

- There is a Regional Office recruitment and retention support lead.
- That recruitment and retention targets are agreed with their Education Consortia and employers to ensure regional and national targets are met.
- Education Consortia and employers have in place systems to monitor progress and provide regular reports to the Regional Office.
- Education Consortia and employers have in place arrangements to handle effectively enquiries arising out of national and local recruitment campaigns.
- Employers are seeking to reduce reliance on agency and temporary staff.

The objectives and targets below provide a high level view of what needs to be done on a national basis. Regional Offices will work with service planners and education consortia at local level to plan for the emergent service envisaged within this year's National Priorities Guidance including critically support for National Service Frameworks. Regional Offices will work with SHRINE networks and employers to agree local targets against local labour market benchmarks for:

- Vacancy rates
- Turnover rates

- Return to employment

Commissioners will also need to work together to increase the overall capacity to train and to make use of all available capacity across the country. Through the performance monitoring process Regional Offices must ensure that employers have met the following objectives and targets.

OBJECTIVES

- Base workforce plans on locally driven service planning.
- Maximise the investment in local workforce and training priorities to prepare for winter pressures, particularly in critical care.
- Actively liaise with education consortia to develop specific planning to recognise NSF and specialist service demands and local priorities.
- Invest in leadership development which explicitly boosts local leadership capacity and capability to deliver the national and local priorities covered by the Himps.
- Increase partnership with the education sector to improve the quality of education in both academic and clinical settings and to focus its relevance to national priorities for the NHS and Social Services.
- Introduce flexible learning pathways, development and training that supports inter-professional team working and learning.
- Develop innovative and flexible career pathways for current and future staff.

TARGETS

Training Places

By April 2001:

- 5,000 nursing, midwifery and health visiting returners back into NHS employment. (The workforce development priorities of the HImP may also determine other health professional groups where local return to practice action is required).
- 1,000 more nursing & midwifery pre registration training places and 100 more Health Visitor training places.
- 690 more pre registration places for the health professions (PAMs) in line with the needs of NSF implementation with funding earmarked for diagnostic and therapeutic radiography, speech and language therapy and clinical psychology.
- Post-registration training to be provided for 600 critical care nurses, 50 community psychiatric nurses, 175 infection control nurses and 25 cancer nurses.
- 100 extra training places for ODPs and 200 for scientists and technicians.
- New higher specialist training places for; radiology (70), histopathology (40), general psychiatry (75), old age psychiatry (30), child & adolescent psychiatry (25) and cardio-thoracic surgery (30).

Clinical Placements

By April 2001

- NHS organisations should work closely with higher education, the independent and voluntary healthcare sectors to plan for expansion in clinical placements and relevant infrastructure to begin to build sufficient placements to deliver the new training commissions set out in the NHS Plan.

Widening Access

By April 2001

- Consortia should take steps to ensure that successful applicants to pre-registration education reflect the community they serve in terms of age, gender and ethnicity.
- Training opportunities should be accessible and open to all staff irrespective of their working patterns.
- Organisations should work with the education sector to ensure that curricula address skill gaps and competencies to enable staff to respond appropriately and sensitively to patient needs in a non-discriminatory and culturally sensitive way.

Attrition

Action should be taken to reduce attrition in training annually. In particular

For training intakes from 2000/1:

- Attrition rates should not exceed 13% in pre-registration nursing and midwifery training.
- Attrition rates should not exceed 10% in pre-registration PAM training.
- Attrition rates for students from ethnic minority communities should be no higher than the programme average.
- When contracts are due for re-negotiation, contract triggers should be agreed (either monetary or efficiency related) to ensure that target attrition rates are not exceeded and the quality of training is not reduced).

Leadership Development

By April 2001

- All organisations should ensure leadership development plans are in place and resources identified to address NHS Plan priorities, providing support for leaders at all levels, focussed on personal leadership qualities, effective organisational and system leadership, improving clinical quality and leading modernisation programmes.

ROLES AND RESPONSIBILITIES TO IMPLEMENT THIS FRAMEWORK

Key organisational responsibilities are set out below:

NHS Executive Headquarters – accountable for the implementation of national HR policy

- Monitoring of progress nationally and providing Ministers with a national picture of achievement and progress on improvements in the management of HR ensuring HR policy continues to support the NHS modernisation programme.
- Identifying new areas for national development and improvement through the Regional HR leads, HR advisory group and the Social Partnership Forum.
- Supporting Regional Offices and employers in the achievement of the *WT* strategic aims.
- Working with Regional Offices to build their performance capacity and capability.

NHS Executive Regional Offices – Responsible for the performance management process

- Supporting organisations failing to meet objectives and targets.
- Integrating the HRPF with the regional performance management process and ensure HR activities support the National Priorities Guidance 2000/01-2002/03.
- Determining and agreeing targets with employers to ensure national targets are met.
- Monitoring local progress and provide a picture of achievement and progress in improvements in the delivery of HR.
- Ensuring the sharing of good practice and identifying new areas for development and improvement through SHRINE and other Regional networks - and co-ordinating local action in these areas.
- Supporting the development and use of R&D in HR management practice.

Local Employers – Health Authorities, PCGs/PCTs and Trusts – responsible for the achievement of the HR objectives and Targets

- Integrating HR with the internal performance management and planning processes achieving all statutory objectives and targets.
- Routinely monitoring progress of achievement of objectives and targets and improvements in the delivery of HR at Board level.
- Working with staff and their representatives to develop and promote good HR.
- Working co-operatively with other local health and associated employers such as Social Services to maximise the resources available and make rapid progress on objectives and targets.

- Identifying new areas for development and improvement, through SHRINE and other networks to share good practice.
- Ensuring HR development programmes are available and that these programmes are delivering improvements in HR.
- Reporting progress to the Regional Office.
- (Health Authorities) to ensure that targets and progress are clearly linked to the HimP.
- (PCTs) to progress *Working Together* objectives and targets and to make use of HR guidance for PCTs.

All health Service organisations should ensure they are making full use of the SHRINE networks and developing partnership working locally.