HSCIC Workforce Strategy

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Reviewers

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Name	Signature	Title	Date	Version
Rachael Allsop		Director of HR and Transformation	21/02/14	V1.0
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Contents

Context and Workforce Vision

Introduction

1. Our success as an organisation is entirely dependent on our workforce. This Workforce Strategy sets out our workforce approaches to meeting the challenge of being **a high performing organisation with an international reputation that is recognised as an outstanding place to work**.

2. Figure 1 below shows some of the main components and external factor relating to our workforce strategy.
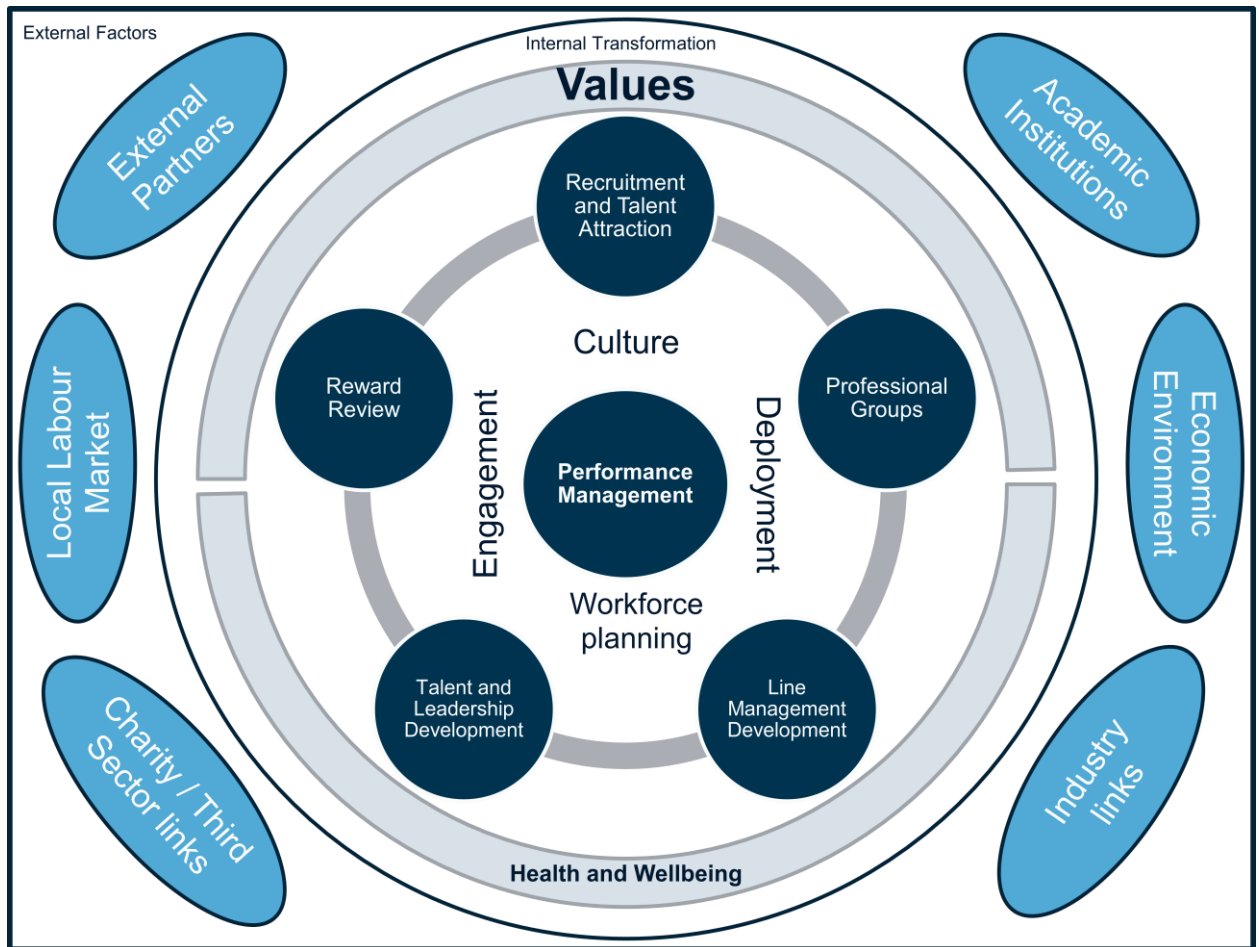
Figure 1: Components of the workforce strategy

Context

3. The HSCIC is a significant employer of healthcare informatics expertise in the UK. We need to attract and retain an appropriately skilled workforce to meet our ambitions and at the same time the wider health and care system will also need a growing number of qualified staff if it is to benefit from the increasing use of technology, information and data.

4. The HSCIC was established as an Executive Non Departmental Public Body on 1st April 2013 and brought together informatics staff from a number of sending organisations including the NHS Information Centre, NHS Connecting for Health, 10 Strategic Health

Authorities, 1 PCT, staff seconded from CSUs for the Data Services for Commissioners Regional Offices and subsequently NHS Choices.

5.   The starting point for the new organisation was therefore the inheritance of a diverse workforce of professions, locations and culture and an immediate recent history of a long transitional period for the majority of our staff. **This brings significant challenges in developing a new culture for the organisation.**

6.   Through most of the first year of operations the majority of our Board are in interim or temporary position. Recruitment to permanent Executive and Non Executive Director posts will continue into FY14/15.

7.   With the exception of a small proportion of staff recruited directly to the HSCIC since 1st April 2013, the majority of staff joined the organisation by TUPE transfer from one of the predecessor organisations. **Therefore organisational change must be undertaken within the context of post TUPE transfer constraints.**

8.   The majority of our staff are employed on NHS terms and conditions **so pay and progression is linked to the structures and agreements set out under the Agenda for Change Framework**.

9.   As an Executive Non Department Public Body of the Department of Health the HSCIC is classified as a Central Government organisation. **Therefore a number of workforce related agendas including pay and learning and development are subject to both Department of Health and Cabinet Office approaches and controls**.

10.   There is significant scrutiny and control across government on pay and reward and on workforce numbers in general. We are required to submit a range of regular monitoring reports and are impacted by HMT Pay Remit process.

11.   Our recognised trades unions have been and continue to be actively and constructively engaged in a range of workplace consultation and representation activities.

12.   The local labour market for our locations has a bearing on attracting new talent to the organisation.

13.   Equality and diversity is embedded in everything that we do. This is reflected in our Equality and Diversity policy which sets out the organisation's commitment to a culture where all individuals receive fair and equal treatment in all aspects of employment and the benefits of working within a diverse workforce.

HSCIC Strategy and Transformation Programme

14.   The HSCIC Strategy 2013 - 15[1] sets out a large number of commitments that will require a capable, professional and flexible workforce to achieve successful delivery.

15.   The HSCIC Strategy also sets out a number of ambitions that are directly related to our workforce with the overarching aim of consolidating the HSCIC **as a high performing organisation that is recognised as an outstanding place to work**. The Strategy states:

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[1] http://www.hscic.gov.uk/article/3887/HSCIC-publishes-strategy-for-2013-2015
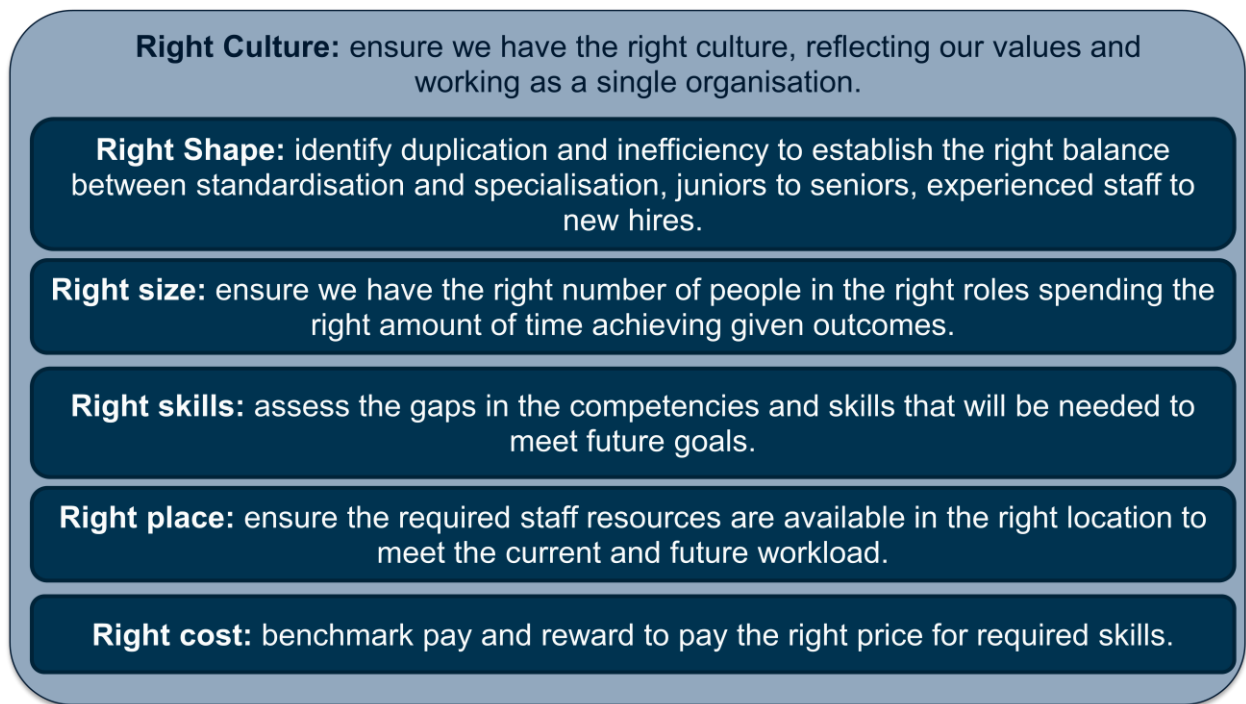
> Our success is entirely dependent on our ability to recruit and retain highly skilled staff. Over the next 18 months we will invest significantly in the professional development of our staff and in supporting organisational and cultural transition across the organisation.
>
> We are committed to being the "employer of choice" for anybody interested in health, public health and social care informatics. To achieve our ambition and to meet our responsibilities to the health and care system, and to the wider community, we need to become an organisation with an outstanding reputation not only for the quality of our services and products, but also for our leadership and people. We intend to be an organisation where informatics specialists from around the world want to work.

16. Through FY13/14 there has been significant focus on building the workforce 'foundations' following the establishment of the new organisation (for example agreeing a single set of harmonised HR policies, addressing inherited pay discrepancies and putting in place a single HR structure to support the organisation). Good progress has been made, however a significant number of legacy challenges remain.

17. The HSCIC has established a Transformation Programme to be the main driver for our internal development and culture change to help us to meet the ambitions set out in our Strategy. The Transformation Programme has been structured to address a number of the legacy challenges in addition to building new capability.

18. There is therefore an inherent tension between some of the environmental and cultural factors inherited as part of the creation of the HSCIC and the controls under which we operate and some of the ambitions for our workforce as set out in the HSCIC Strategy. These factors need to be considered in the context of this workforce strategy.

Workforce Vision

19. If we are to meet our ambition to be a **"high performing organisation that is recognised as an outstanding place to work"** then we must ensure we have the *right culture*, *right number* of people, with the *right skills*, in the *right place*, at the *right level* and at the *right cost.*

Right Culture: ensure we have the right culture, reflecting our values and working as a single organisation.

Right Shape: identify duplication and inefficiency to establish the right balance between standardisation and specialisation, juniors to seniors, experienced staff to new hires.

Right size: ensure we have the right number of people in the right roles spending the right amount of time achieving given outcomes.

Right skills: assess the gaps in the competencies and skills that will be needed to meet future goals.

Right place: ensure the required staff resources are available in the right location to meet the current and future workload.

Right cost: benchmark pay and reward to pay the right price for required skills.

Figure 2: The 'Six Rights' – Key Dimensions of Strategic Workforce Planning[2]

20. We are a new organisation, working in a different context to the predecessor organisations and operating in a very different health and care system. The external environment expects rapid change - customers expect us to deliver in new ways and with new behaviours and staff expect that they will have opportunities for development in these new ways of working. **We must therefore do things differently from how we have in the past and think of new and innovative approaches to developing our workforce.**

21. We must seek to build our workforce capability aligned to our delivery roadmap and build mechanisms and approaches to enable us to deal with changing priorities.

22. Our vision for our workforce must therefore be to:

- **Have a dynamic, well motivated workforce that has the relevant professional and technical competences, displays behaviours consistent with our values and works flexibly to meet our commitments.**

- **Attract new talent into the organisation through an enhanced organisational reputation, more effective routes to market and strategic links with academic institutions and industry.**

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[2] Adapted from: http://www.haygroup.com/downloads/uk/Strategic_Workforce_Planning.pdf

Our Workforce

Our current workforce

23. The HSCIC employs 2,149 individual members of staff based in 13 geographical locations. The Head Office is in Leeds, with hubs in Exeter, London, Redditch, Southport and Newcastle and hosted offices in the remaining locations.

Geographic/Home/Other <3%

Newcastle <2%

Darlington <1%

Leeds 64%

Derby <1%

Southport 5%

Manchester <1%

Cambridge <1%

Redditch 5%

London 8%

Taunton <1%

Horley <1%

Reading <2%

Exeter 10%
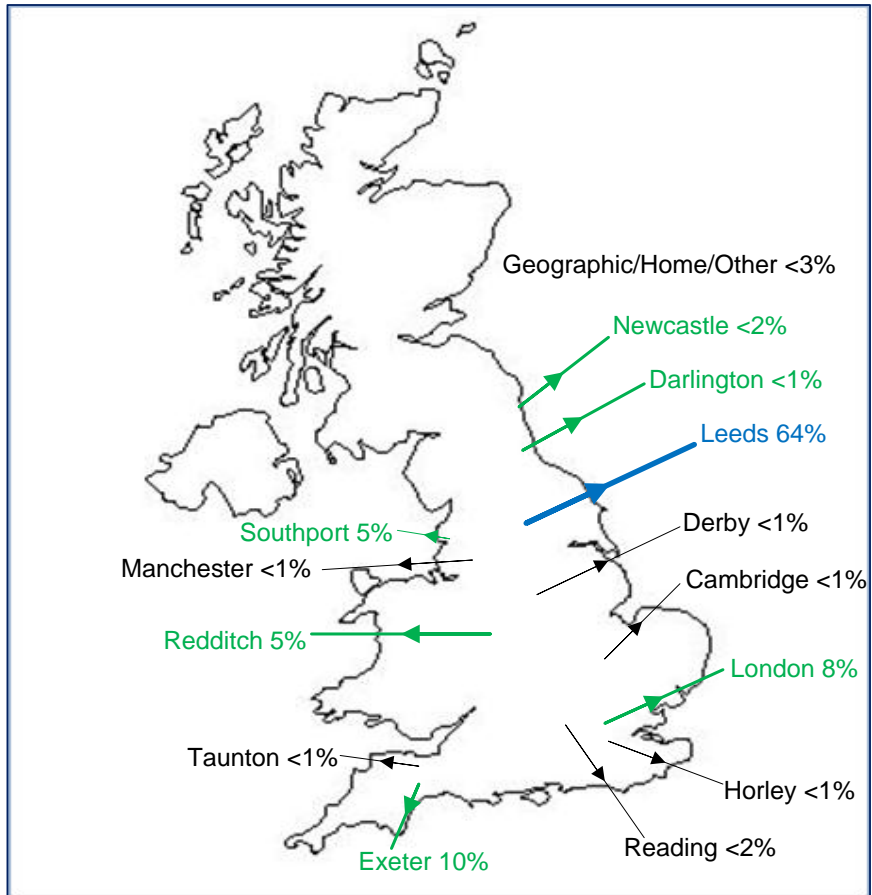
Figure 3: HSCIC Geographical spread

24. Our workforce is currently split across our directorates as follows:

Number of Employees by Directorate

- Programme Delivery
- Operations and Technical Services
- LSP Delivery
- HR and Transformation
- Finance and Corporate Services
- Data and Information Services
- Clinical and Public Assurance

■ Number of Employees

0 100 200 300 400 500 600 700

Figure 4: Workforce split by directorate

25. Of the 2,149 staff 56% are male and 44% are female. Approximately 72% of employees would define themselves as White British ethnic origin, with 14% of employees identifying with other ethnic groups (including relatively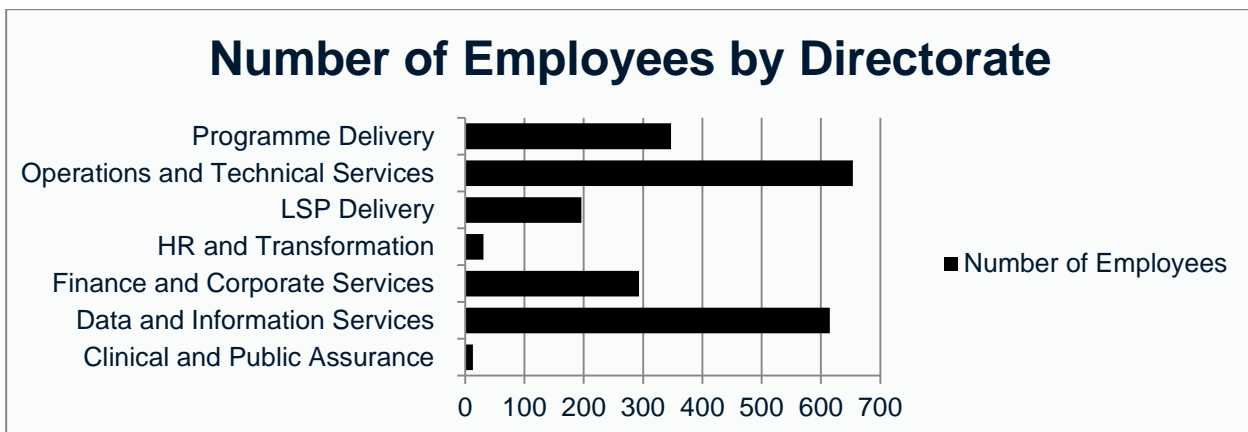 small numbers for each group), 7% preferring not to state an ethnic origin and another 7% who have not yet stated the category with which they identify.

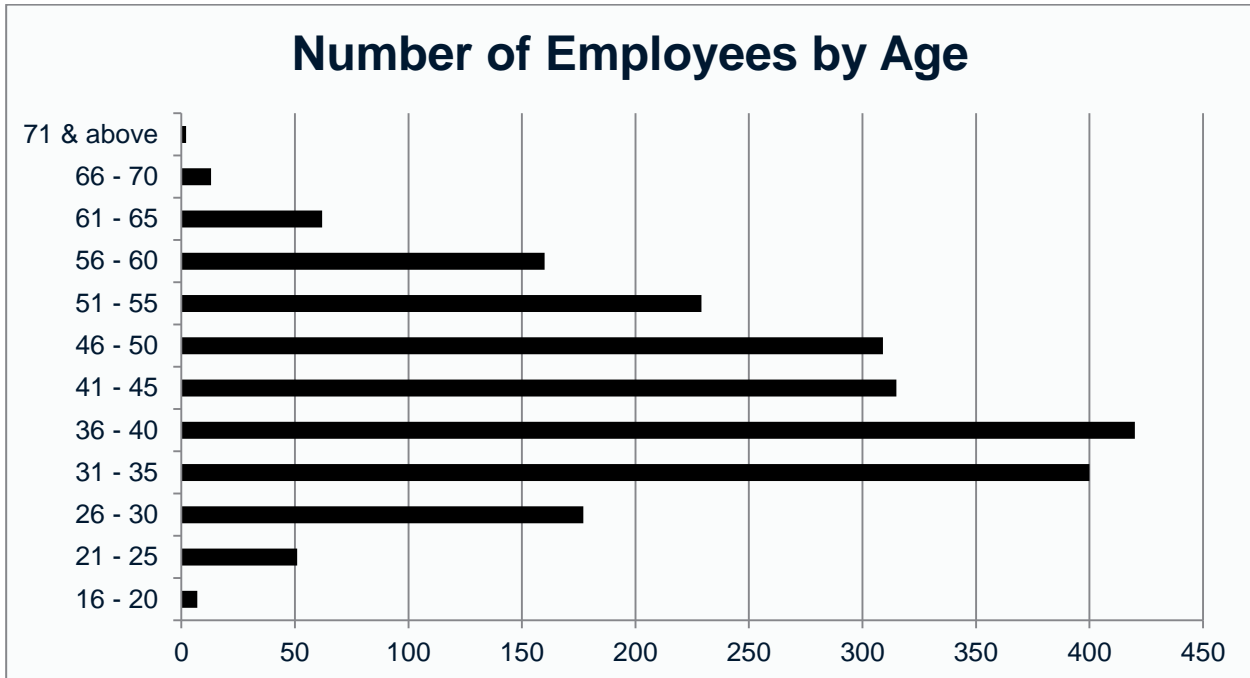26. We have a range of ages employed as outlined in figure 4 below.

Number of Employees by Age

Age	Number
71 & above	~2
66 - 70	~12
61 - 65	~62
56 - 60	~160
51 - 55	~230
46 - 50	~310
41 - 45	~315
36 - 40	~420
31 - 35	~400
26 - 30	~178
21 - 25	~52
16 - 20	~7

Figure 5: Number of Employees by age

27. The majority of our staff (91%) are employed on NHS Agenda for Change Terms and Conditions. The Pay Framework for Very Senior Managers (VSM) applies to the Executive Directors. The remaining staff are on Civil Service Terms and Conditions (85 staff), Clinical pay arrangements and other arrangements inherited from TUPE transfers.

28. Figures 6, 7 and 8 show the number of our staff split by annual salary range and then split by gender and working pattern. Annual Salary Range relates to basic salary on a full time equivalent basis for part time workers and excludes other payments and allowances e.g. high cost allowances

Number of Employees by Annual Salary Range

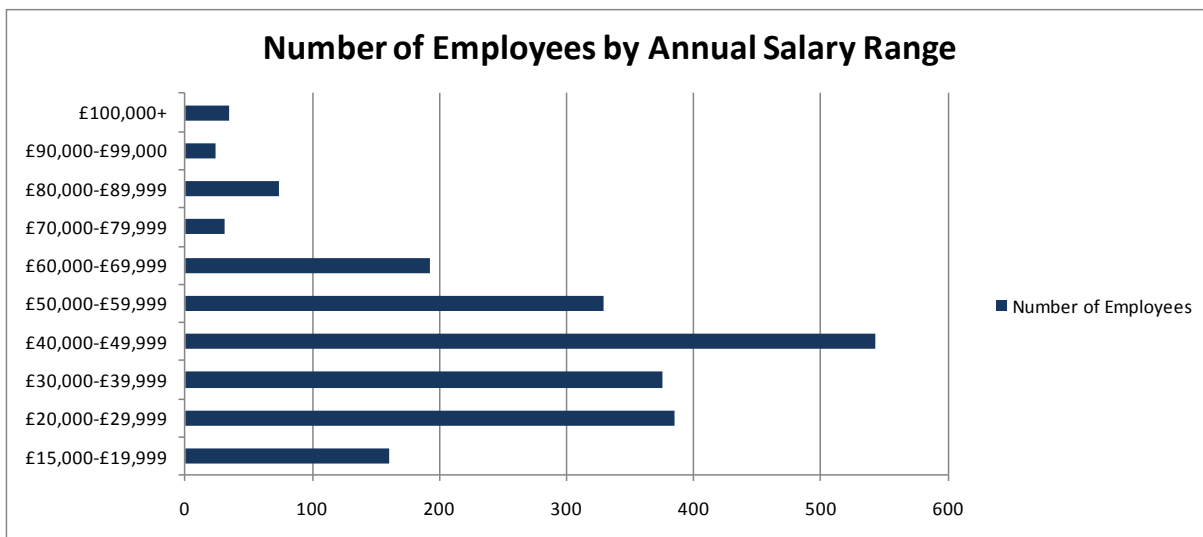**Figure 6: Employees by Annual Salary Range**

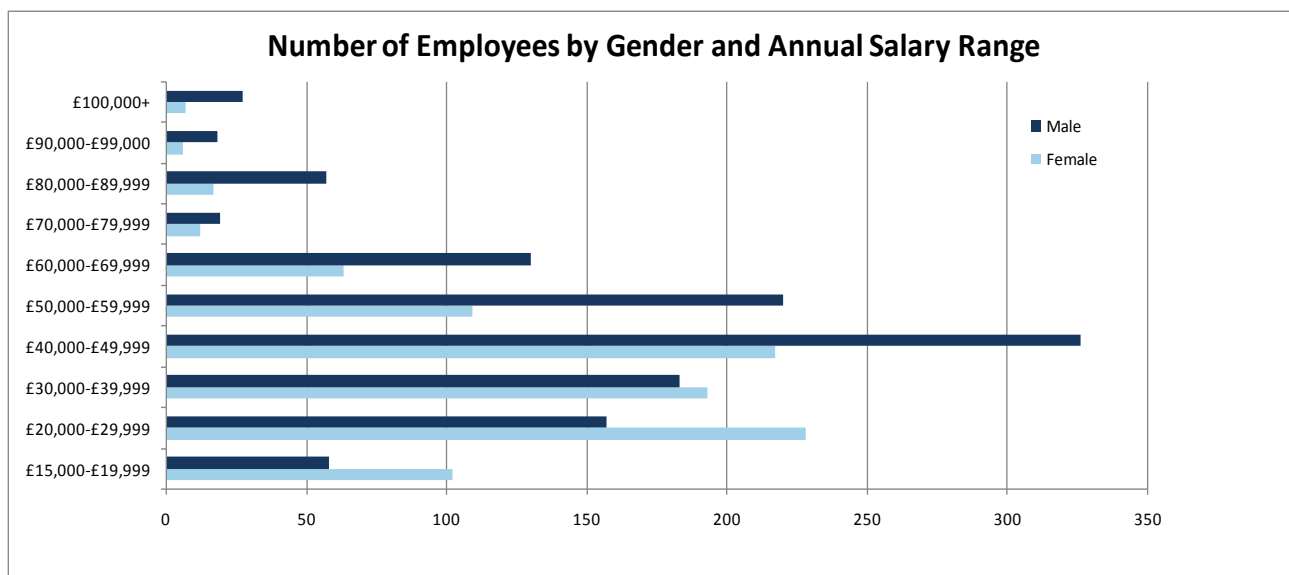**Number of Employees by Gender and Annual Salary Range**

Figure 7: Employees by Gender and Annual Salary Range

29. Our Work Life Balance policy supports part time working. Figure 7 shows our split of part time workers, with a total of 13% of our workforce working part time. 23% of our female staff and 5% of our male staff work part time.
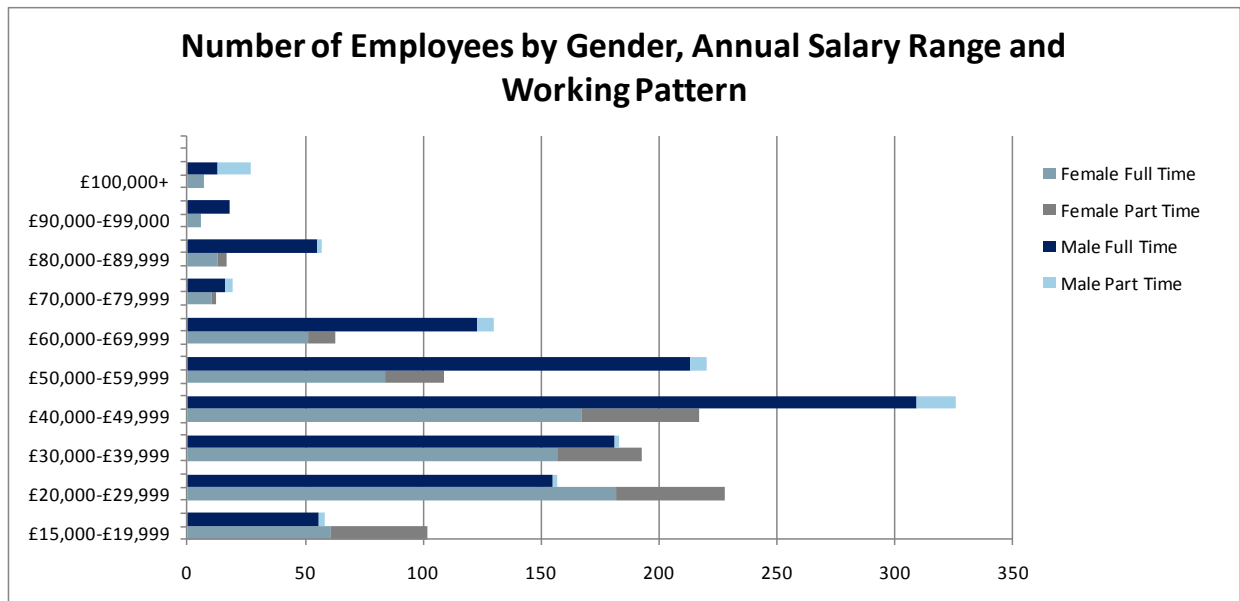
Number of Employees by Gender, Annual Salary Range and Working Pattern

Figure 8: Employees by Gender, Annual Salary Range and Working Pattern

30. We have recently launched our Professional Groups have identified 25 Professions of staff organised in six Professional Groupings of Project and Programme Delivery, Information Technology, Information Management, Communications and Stakeholder Relations, Business Administration and Clinical Informatics. The split of staff numbers in each professional group (of those staff who had selected into a group as of 13th February 14) is shown in figure 9.

Number of Employees by Professional Groups
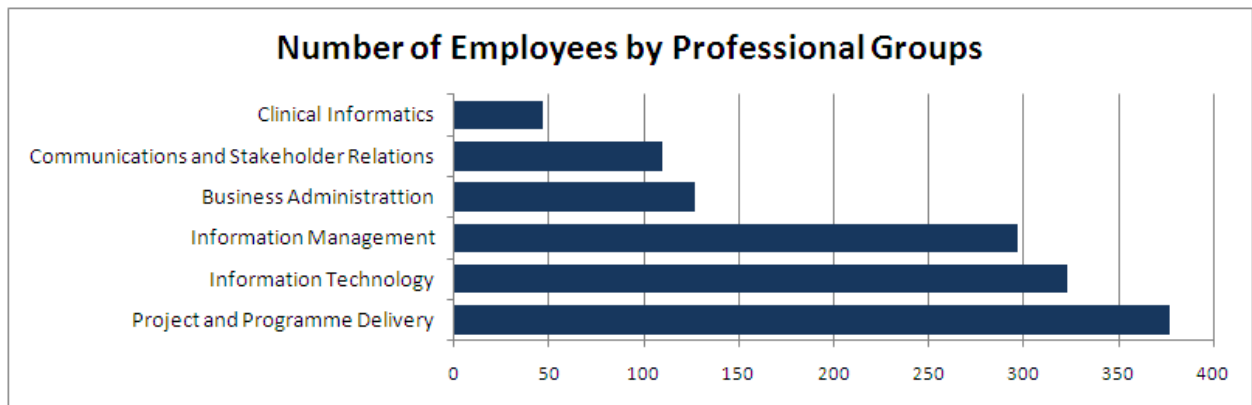
Figure 9: Employees by Professional Group (as at 13th February 14)

31. All of the figures above are for headcount and include information on permanent and fixed term employees at 31st January 14 and therefore do **not** include secondees, contractors or agency staff. We have a total of 502 secondees of which 480 are staff seconded from CSUs for Data Services for Commissioners Regional Offices. The remaining 22 secondees are split fairly evenly across the other directorates.

32. A number of conclusions can be drawn from our current workforce including:

  - Approximately 72% of employees would define themselves as White British ethnic origin, with 14% of employees identifying with other ethnic groups. This is comparable with national percentages (from 2011 census) but regional

variations exist and we must continue to ensure that equality and diversity is embedded in everything that we do.

- Whilst we have similar proportion of male and female employees we have a predominance of female employees at lower grades and a predominance of males at high grades. A total of 13% of our workforce work less than full time, with 23% of our female staff and 5% of our male staff working part time. This indicates that we need to work hard to ensure that our workforce policies and approaches continue to focus on equality and diversity and that we are able to apply flexible working patterns across all of our staff groups and grades.

- The predominance of our workforce is within the middle age range and pay bands indicating that we could be doing much more to facilitate a broader range of entry points – for example school leavers, apprentices and graduates - into our organisation and by ensuring that our employment policies allow flexibility to retain staff in the older age ranges.

- The predominance of our workforce is based in Leeds and our predominant professional groups are Project and Programme Delivery, Information Management and Information Technology. We need to ensure future recruitment and location decisions are guided by relevant labour market analyses and ensure that we have structured career ladders for our staff to support staff development.

33. The approaches outlined in this workforce strategy support us in addressing these themes.

Capacity Planning

34. Our workforce capacity information – the number, skills, location, and level of resources we require - will be informed by our capacity planning processes, which will in turn be informed by our Portfolio and organisational priorities.

35. As a new organisation our capacity planning and portfolio management processes are not yet mature and are developing. Our professional groups are categorising our workforce into workforce segments and our capacity planning will align with our professions.

36. One of our largest Profession Groups is Project and Programme Delivery and a number of activities relating to this group will be developed in 2014 which will inform our workforce planning. These include:

- Effective project and programme planning against which resources can be allocated and a corporate "histogram" prepared showing demand and availability profile by role type

- Openness to challenge, peer review of work load and grades necessary to undertake the work to ensure it is being planned and delivered in the most cost effective manner

- Use of benchmarking to test best resourcing practice internally and against external organisational norms

- Improve fluidity of allocation of staff, thereby allowing resource sharing and resource based smoothing of plans.

37. Although not all of the above are as directly applicable to information or technical services / resources, certainly the flexibility of teams and the openness to "right grading" and benchmarking should apply.

38. The effective use of variable capacity/contingent labour to resource temporary "peaks" can be maximised once the improvements in planning quality proposed above are implemented.

Financial constraints and efficiencies

39. The HSCIC is an Arms Length Body of the Department of Health and is held to account through the Framework Agreement with the Sponsoring Department and through regular accountability meetings with the Sponsor Team.

40. It is essential that there is appropriate challenge and governance in place to be able to demonstrate that all work is being undertaken in an efficient and productive manner, ensuring appropriate best value for money. In this respect, striking a sensible balance between the level of permanent staff and other forms of resources such as the use of contingent labour or work packages is essential, especially where such work is potentially short term or programme funded in nature.

41. Whilst the HSCIC as an Executive Non Department Public Body is to a certain extent able to operate the delivery of its functions free from micro management from the wider health system it is of course subject to the Department of Health and Treasury expenditure controls. This covers for example expenditure such as professional fees, learning and development, consultancy, IT, and contingent labour and wider controls on pay and recruitment.

42. We are required to operate within our Grant in Aid limits agreed with the Department of Health but there are no specific limits on headcount numbers.

43. We know however that there is likely to be continued year-on-year downwards pressure on Grant in Aid budgets and we therefore need to ensure that we are doing more for less. A mature capacity planning approach and a flexible workforce will help us to achieve this.

14/15 Workforce Requirements

44. Through late FY13/14 significant work has been undertaken on an organisation wide Zero Based Review to inform the development of the Business Plan for FY14/15. Both of these exercises included a focus on workforce requirements. The key themes emerging that inform our Workforce Strategy are as follows:

- Recruitment (to fill existing vacancies) including hard to fill roles and consideration for attracting graduate entries

- Training and development of staff (including professional training) and the importance of the Professional Groups

- Quality of people management linking to ability to manage organisational change and retention of staff

- Developing a flexible and dynamic workforce and introducing new ways of working (e.g. Agile approaches, flexibility of deployment)

45. The Executive Management Team also used the outputs of these exercises to identify and prioritise cohorts of vacancies that are most critical to the delivery of our commitments. The priority cohorts of vacancies identified were in the following groups, aligning to our predominant professional groups:

- Projects and Programme Delivery Staff
- Information Management Professional Group
- Information Technology Professional Group

46. Improved capacity Planning will help us to identify the *right skills*, *numbers* and *shape* of roles we need and at the *right cost.*

Developing Our Workforce

New structures

47. A new top level structure for the HSCIC has been agreed and is being implemented during the latter stages of FY13/14 and into FY14/15.

48. The new top level structure has been designed to build the capability to deliver the HSCIC Strategy and balances ongoing delivery continuity with a new focus. For example the new role of Director of Customer Relations has been created in the top level structure and is in response to feedback from customers and stakeholders who have commented about our interface with the outside world. The new top level structure for the HSCIC is shown in Appendix A.

49. The new structure has also provided the opportunity to rationalise the number of very senior roles and reduce executive management costs in relation to the predecessor organisations.

50. Directorate level transformation is driving changes to the shape, skills and in some cases size of directorate level structures. The timing of changes within directorates has varied depending on the start and end point and the drivers for change. For example the starting point for the LSP Delivery Directorate has led to a significant organisational change programme delivered throughout FY 13/14.

51. Directorate level changes have also provided the opportunity to put in place more sustainable structures for the future, for example by streamlining reporting lines and spans of control and ensuring focus on key priorities.

52. The Department of Health sets out a design principle that there should be no more than five steps in the structure below the CEO and that five direct reports is an optimum span of control. **We will pragmatically apply this principle to all organisation redesign opportunities**, whilst ensuring that all change is managed in accordance with our agreed organisational change policy.

53. The new structures, at the top level and within directorates, address elements of our *shape*, *skills, culture* and our *size*.

Developing the right behaviours

54. Developing the right behaviours, as well as the professional and technical competencies will be essential to the success of our organisation.

55. A recent Chartered Institute of Personnel and Development (CIPD) study showed that almost three-quarters (72%) of employees believe it is important or very important for organisations to have defined values which govern employees' behaviour and just over half of respondents agreed that their organisation's values positively influence people's behaviour at work.[3].

56. Through involvement with staff we have developed and agreed the **Values** for the HSCIC.

People focused
We value and promote **positive relationships** with colleagues, customers and the public and are **responsive** to their needs

Professional
We deliver on our commitments by applying the highest levels of **expertise**, **conduct** and **personal responsibility**

Our values

Trustworthy
We act with **integrity**, **impartiality** and **openness** and in the best interests of the public

Innovative
We actively **embrace change** and bring **new ideas** to deliver excellent services for our customers and better outcomes for the public

Figure 10: Our Values

57. Our Values help to underpin key elements of the HSCIC Strategy. For example *Trustworthy* underpins the promotion of trust; *Innovative* underpins the delivery of new services and partnerships with industry, academic institutions and entrepreneurs; *Professional* is linked to developing the informatics skills base and our ambitions to become a high performing organisation with an international reputation and *People Focused* runs through all of our internal and external interactions with colleagues, partners, customers, suppliers and the public.

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[3] http://www.cipd.co.uk/binaries/6030%20EmpOutlook%20Autumn%202012%20WEB.pdf

58. Our Values will form an integral part of our new Performance and Development Review (PDR) process for 14/15 and through this all individuals will be assessed on their performance against the values. Through 14/15 we will embed our values into our core recruitment approaches.

59. **We need to work hard as an organisation to embed the values across our organisation so that they form the bedrock of everything that we do**.

60. Our values will help us to deliver the *right culture* with the *right skills*.

Developing our people managers

61. There is a significant body of research[4] detailing the positive impact of good people management on organisational performance and we will therefore seek to develop the people management capability of our line managers.

62. At a very general level, the CIPD has recently published results from a survey into line management training in the UK. A central finding of this survey was that a lack of management training across a range of UK plc sectors was causing cultural difficulties within organisations. Additionally more than a third of line managers have not been trained in how to manage people with almost half of organisations admitting that individuals were promoted into managerial roles based on their technical and specialist expertise performance record rather than people management skills.

63. Research conducted by Investors in People and published in December 2013[5] reported that almost half of workers (47%) said that bad management is a leading cause of their unhappiness at work.

64. Within the existing HSCIC structures we have **over 550 line managers** with various spans of control. As directorates undergo directorate level transformation we will seek to review the number of line managers we have by applying sensible organisational design principles whilst ensuring that we are following our agreed organisational change policy.

65. There are also a number of factors local to the HSCIC that emphasise the need to invest in the development of our line managers. These include different expectations of the role of line management in the predecessor organisations, varied levels of line management experience and individuals appointed into managerial roles based on their technical and specialist expertise. Inconsistencies in line management were highlighted as a concern in the August 13 Staff Survey and emerged from the Leadership Forum as a key focus for improvement.

66. **We have developed a Line Manager Charter for the HSCIC** through involvement with our staff. Our Line Manager Charter sets out our expectations for all line managers. The charter, summarised in the figure below, will form an integral part of our new PDR process for 14/15 and all line managers will be expected to undertake - in conjunction with their manager - an assessment of their competence against the Charter.

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[4] West et al (2002), Guest (1998), The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry http://www.midstaffspublicinquiry.com/report
[5] http://www.hrreview.co.uk/hr-news/recruitment/nearly-half-of-british-workers-are-considering-a-job-move-in-2014/49789

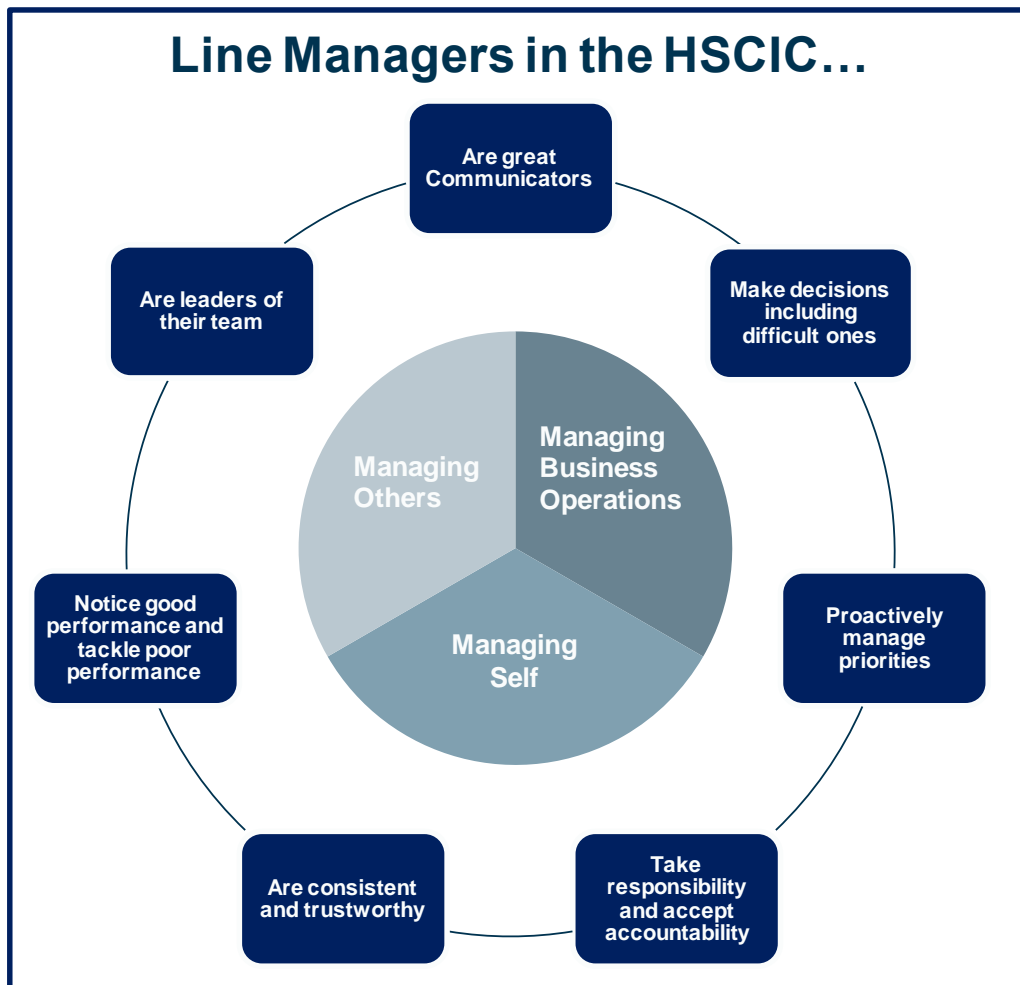Copyright © 2013, Health and Social Care Information Centre.

Figure 11: Summary of our Line Manager Charter

67. **We will invest in a Line Management Development Programme for our line managers.** This programme will be delivered through a variety of mechanisms to build people management capability and develop skills. This will include understanding our new HR and corporate policies, managing performance and behaviours, embedding our values and understanding accountability and responsibility.

68. Phase 1 of our Line Management Development Programme has commenced in FY13/14 and will focus on targeted training and development to embed the harmonised HSCIC employment policies which have recently been approved. Early focus is on management of change, effective recruitment and managing performance.

69. Phase 2 of our Line Management Development Programme will be undertaken through FY14/15 and will be focused on identifying the capability gap against the Line Manager Charter at an individual level through the PDR process. Training and development interventions which will vary depending on the requirement will be designed and delivered to bridge this gap. It is anticipated that phase 1 will continue to be delivered on a rolling programme as phase 2 is progressed across the organisation.

70. Our approach to developing our line managers will help us to develop the *right culture* with the *right skills.*

Managing Performance

71. If we are to achieve our ambition to become a high performing organisation, **an essential role for our line managers is to manage the performance of their staff**. This will involve noticing good performance and tackling poor performance.

72. The Chartered Institute of Personnel and Development (CIPD) states that PDRs are a "process which contributes to the effective management of individuals and teams in order to achieve high levels of organisational performance". Building on the development of line managers to manage performance, the Performance and Development Review (PDR) process is where many of the elements are brought together for the individual member of staff. We will launch a new PDR process for the start of FY14/15 which will include:

    - Performance against our Values

    - Clear links between individual performance objectives and team / directorate / organisation objectives

    - Assessment of competence against our Line Manager Charter (for line managers)

    - Assessment of professional competence against professional development strategy (relevant to the individual's HSCIC profession which will develop and mature through FY14/15)

    - Development Activities

73. **Appendix B** shows extracts of the new PDR Form.

74. We will also introduce the concept of performance and potential identification (see section on nurturing talent) and consider options for linking the PDR process to progression within the organisation. For example by linking the completion of annual PDRs to pay progression and using the PDR as part of the internal recruitment and promotion processes.

75. Through 14/15 we will also seek to introduce 360 feedback mechanisms for certain staff groups to enhance the performance management and development process through more rounded feedback mechanisms.

76. **We expect that all members of staff will have a minimum of two Performance Development Reviews a year.** This will help us to develop the *right culture*.

Professional and technical competencies

77. The HSCIC Strategy sets out a commitment to invest in the professional development of our staff. Professional development and clarity about career paths has been identified as a key priority for staff through staff surveys and other engagement work.

78. As a first stage we have agreed that all members of staff should belong to a **Professional Group**. We have also identified **Professional** as one of our four values.

79. Professional Groups will aim to build vibrant professional communities across the organisation, to share knowledge, develop standard ways of working, provide advice on training requirements and help to shape career development. We expect that each profession will develop standard job descriptions and structured career ladders.

80. **Appendix C of this document** sets out the professional groups and professions for the HSCIC.

81. Through 14/15 we will look to the Professional Leads to work with our Organisational Development team to build the vibrant communities and to develop the standard job descriptions and structured career paths.

82. Standardisation of job descriptions in an important element of streamlining our recruitment processes as this reduces the need for individual job evaluations and sets expectations when staff join the organisation (and for existing staff) that we are seeking to build a flexible workforce.

83. Through 14/15 we will investigate further opportunities to develop and invest in the Informatics Professions to enhance the status and build the reputation of the informatics profession which will support our ambition to recruit and retain the best information and IT specialists.

84. The introduction of Professional Groups is helping to break down organisational silos and will help us to develop the *right culture*. Our approach to developing our professional and technical competencies will help us to develop the *right skills* and the development of structured career ladders will help us to develop the *right shape*.

Nurturing our talent and developing our leaders

85. Our Leadership Forum has identified 'Consultative Leadership', 'Challenging Leadership' and 'Inspirational Leaders' as health aspirations at which we should strive to be elite. This highlights the importance of leadership capabilities identified by our own leaders in the organisation. We tested these aspirations in our staff survey in August 2013 and the results indicated that further work is required to develop our leadership capabilities.

86. We are appointing a permanent CEO and Executive Management Team in late 13/14 and early 14/15. We have therefore taken the decision that our full leadership development approach should be developed FY14/15 led by our new Executive Management Team.

87. We have however taken initial steps to develop our leadership capability for example the introduction of a Leadership Forum consisting of our Executive Management Team and their direct reports.

88. We also plan to introduce the concept of Talent Management through Performance and Potential Identification (also known as a 'nine box grid' or talent identification) at the start of FY14/15 in the new PDR guidance. **We will build our Talent Management strategy and approach to this through FY14/15** so that at March 15 we have an agreed approach for identifying and normalising performance and potential and have an agreed strategy for using the outputs.

89. Our strategies for recognising high performance across all levels of the organisation is something that we will consult on in 2014.

90. The general methods of differentiating between performance and potential are often referred to as Talent Management, although its application must be tailored to the specific needs of an organisation. We have considered CIPD best practice guidance on

talent management[6] linked to organisational maturity and will use this to inform the introduction of talent management approaches.

91. An example of a nine box grid that will be included in the PDR guidance is shown in figure 12 below.

	Inconsistent or incomplete performer (A)	Fully effective (B)	Exceptional performer (C)
Likely to progress beyond current grade (1)	Early Promise (4+ years)	High Potential (1-3 years)	Star Performer (Ready now)
Could progress beyond current grade (2)	Future achiever	Solid Contributor	Strong Performer
Best suited to current grade (3)	Under Performer	Satisfactory Contributor	Good Performer

Potential ↑

Performance →

Figure 12: Example 'nine box grid'

92. The introduction of Performance and Potential Identification will also help us to undertake succession planning more effectively.

93. Our approach to nurturing our talent and developing our leadership capability will help us to develop the *right culture*, *right shape* and the *right skills.*

Learning and Development

94. Our Strategy outlines the correlation between a highly skilled and professional workforce and organisational success. Our learning and development policy supports this ambition whilst emphasising the need to get a good return on public investment.

95. Our Learning and Development Policy is guided by the principles of value for money, return on investment, application of learning and sharing of knowledge; informed by the

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[6] CIPD: Talent Management: design, implementation and evaluation

expertise of our professional groups. The Policy features a number of training categories.

Training Categories					
Mandatory Everyone must do	**Technical and Vocational** Gain knowledge do their job proficiently	**Skills** Gain skills and knowledge to do job in the right way	**Professional** Typically accredited by an external professional body **and** supported by an HSCIC Professional Group	**Strategic** Development of a wider group to achieve a strategic objective	**Academic** Financial assistance and support for further or higher education
e.g. Health & Safety, Information Governance, Information Security, Equality & Diversity	e.g. MS-Office, SQL, Regression Analysis, Modelling Techniques	e.g. Managing change, Presentation Skills, Managing people, Communication Skills	e.g. PRINCE2, ITIL, RSS Statistics, Chartered Professional	e.g. Management Development Programme, Valuess at Work	e.g. BTEC, BSc, MSc

Figure 13: Training categories

96. **From April 2014 we will move to use 'Civil Service Learning' (CSL)** as our route to access external learning and development solutions in line with the wider government strategy for central government organisations.

97. CSL and its gateway process will provide us with an effective route to access learning and development solutions for the majority of our training categories.

98. CSL delivers a variety of blended learning including eLearning and extensive learning resources with excellent credentials and has very competitive rates for classroom based courses.

99. When we launch CSL all HSCIC employees will receive access to a new learning portal so that they can access learning materials, eLearning and book on classroom based courses. Civil Service Learning solutions are categorised as:

Core Skills	Communications, Project management, Commercial, Finance, Influencing, Customer Service, Media handling, Negotiating, Word, Excel, H&S, IG etc.
Leadership and Management	Performance management, Management Development Training, 360 feedback, Ashridge resources, talent management etc.
Professional	IT, Project Delivery, Communications Procurement, Finance, HR etc.

Figure 14: Civil Service Learning categories

100. Where it is more effective and relevant to do so, we will also deliver some training internally – for example phase 1 of our line management development programme – through a variety of mechanisms, to supplement the CSL offerings.

101. Our approach to learning and development will help us to develop the *right culture* and the *right skills*

A healthy workforce

102. Government policy 'Heath, work and wellbeing: caring for our future[7]' sets out a strategy to improve the health and wellbeing of working age people and provides the context for our approach to supporting the health and wellbeing of our staff.

103. At the same time society is seeing a shift of emphasis around individuals taking greater control of their own health and wellbeing and indeed a number of HSCIC delivered programmes and services, for example NHS Choices, support this agenda.

104. Good **health and wellbeing** of staff is proven to lead to increased motivation in the workforce and helps everyone to maximise their contribution at work. A positive health and wellbeing strategy will also help to position ourselves as an outstanding place to work and to attract new talent to the organisation.

105. Linked to the wider contribution our staff can make, we will develop a Corporate Social Responsibility Programme aimed at contributing to our local communities and empowering staff to contribute directly by providing time to local organisations such as charities or Third Sector organisations. This contributes directly to the strategic commitment to supporting local communities and individual members of staff can feel motivated about contributing to a positive cause.

106. The HSCIC already has a number of health and wellbeing offerings. We will consolidate these as we **develop our health and wellbeing strategy during FY14/15**.

Where we work

107. We have 19 office locations in 13 geographical locations. Our Headquarters is in Leeds and we have regional hubs in Newcastle, Southport, Redditch, London and Exeter.

108. We need to ensure that the locations from where we work and our supporting policies enable us to deliver our programmes and services effectively whilst ensuring value for money. We also need to ensure that they enable us be responsive and flexible to changing priorities and to support staff development.

109. We have developed a new locations policy that takes the default position that all roles should be capable of being undertaken at any of our HQ (Leeds) or Hub (Newcastle, Southport, Redditch, London or Exeter) locations. Where a role can only be performed in a single location this must be justified. We are now building on this and developing a comprehensive policy to address home and remote working.

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[7] https://www.gov.uk/government/publications/health-work-and-wellbeing-caring-for-our-future

110. This is a change in thinking and approach for some of our teams who may be more used to having teams based in a single location, often for very valid operational reasons. It will take time for this change of mindset to become embedded across our organisation.

111. It does however provide us with the emphasis to think differently about how we might resource particular programmes and services. We have a number of roles within the organisation which have historically been hard to fill in certain locations. Considering the local labour market across all of our locations may provide an opportunity to resource hard to fill roles or to provide better value for money.

112. **We are developing our locations strategy which will build on our locations policy** and through this we will seek to set out a modern and efficient locations approach which meets the needs of our geographically dispersed organisation. This will involve a review of all of our office locations.

113. Optimising our approach to locations will help us to get the *right culture*, *right skills* in the *right place* and at the *right cost.*

Flexible and responsive

114. A flexible workforce provides benefits for the organisation to enable us to respond to changing priorities, but also benefits individuals by offering fresh challenges and the opportunity to build new skills. It may however also feel uncomfortable for some members of staff.

115. Our desire to develop a more flexible approach is emphasised in our values with *'responsive'* and *'open to change'* featuring in the definitions.

116. Our organisation has different models for deployment of staff; some areas have staff aligned directly to an individual programme or service; some areas have staff in rotation and some areas have staff managed in groups / pools who are deployed to support other areas of the organisation depending on organisational priorities.

117. Starting with the recruitment of new staff (see sections below) we wish to attract staff who will value the opportunities of flexible working and where possible we will look to recruit against generic job descriptions (developed by the professional groups).

118. We will also develop and assess approaches for staff to be recruited into permanent posts within broader pools of expertise and deployed / assigned for either long term assignments (where the line management will lie with the individual programme or services) or to short term assignments (where the line management will remain with the 'pool'. This will build on the models in operation for Information Analysts and for Project and Programme and Business Analysis staff and we will take learning from these approaches.

119. We need to ensure that our corporate and employment policies support our approaches for flexibility in the workforce. This particularly includes our Locations Policy and strategy, Work Life Balance Policy and our emerging Remote Working Policy and Resourcing Policy. As an immediate priority we will develop a Reassignment Policy.

120. **Developing our culture, policies and ways of working to enable us to become a flexible and dynamic organisation will be a major focus for FY14/15.**

121. A flexible approach from staff and the organisation will help us to get the *right culture*, *right skill*s in the *right place* and the *right cost*.

The right pay and reward

122. Whilst the majority of our staff transferred to the HSCIC on Agenda for Change terms and conditions, almost inevitably the different legacy organisations had local variations to the application of the framework. This has led to some inconsistencies with job titles and role descriptions. This is compounded by subsequent transfers of staff from organisations outside of the NHS.

123. There is significant scrutiny across government on pay and reward and in particular in relation to senior pay and the implications of the HMT Pay Remit and scrutiny on additional payments.

124. The approach to **Reward Review** is to undertake, in partnership with our trades unions a review of our current application of the Agenda for Change framework and DH and Cabinet Office Guidance for Executive Non Departmental Public Bodies and propose an approach for the most effective use of these frameworks for the HSCIC.

125. Initially this will focus on equal pay for work or equal value through reviewing pay anomalies inherited from the predecessor organisations and arising as a consequence of transferring staff with different pay arrangements and hierarchies and ensuring a consist application of additional payments and our approach to Recruitment and Retention Premium.

126. Work will be conducted on developing standard definitions to inform Agenda for Change job evaluation in the context of the HSCIC. When we are considering new roles the content of the roles will be informed by the professional groups and our standard definition and the grade of the role through job evaluation.

127. We must also be mindful of the significant scrutiny and control across government and public opinion on pay and reward. Before seeking to apply additional payments including Recruitment and Retention Premium we will need to demonstrate that all other options have been fully considered. This might include, but not be limited to, reallocating responsibilities; relocating work to take account of variations in local labour markets; promoting non-pay benefits and pursuing all available sources of recruitment.

128. We are however mindful that we have a number of specialist and hard to fill roles and we will need to balance pay constraint with attraction and retention of the right talent.

129. **In 14/15 will undertake a wider review of our use of Agenda for Change to ensure that it is fit for the purpose for our needs and ambitions.**

130. As part of the Reward Review we will consult on developing a pay progression approach which might for example consider linking completion of annual PDRs to pay progression. We will develop a broader reward strategy that will explore options other than pay to recognise and reward good performance. This will be linked to the options outlined in the section on nurturing our talent.

131. Our approach to pay and reward will help us to attract and retain the *right skills* at the *right cost.*

Attracting new talent

Context

132. The HSCIC is a significant employer of healthcare informatics expertise in the UK. As such we have an extensive range of skills and expertise, and an interest in encouraging the next generation of health informatics experts.

133. Our HSCIC Strategy sets out our ambition to **become the "employer of choice" for anybody interested in health, public health and social care informatics.**

134. We need to be able to recruit a steady stream of appropriately skilled staff as well as identifying and growing our own talent. The wider health and care system will also need a growing number of qualified staff if it is to benefit from the increasing use of technology, information and data. We therefore have an interest in fostering a community of interest for healthcare informatics experts that can, in turn, be the foundation for developing the UK's international ambitions.

135. Historically our predecessor organisations have, in the main, relied on traditional recruitment approaches and we inherited large numbers of budgeted vacancies.

136. We use NHS Jobs as our predominant route for advertising new roles and in our first year of operations our recruitment approaches have been largely tactical.

137. Some of the programmes and services we deliver rely on highly specialised skills (for example some of our technical roles) to enable successful delivery and we face significant challenges to recruit to certain specialist roles in certain locations.

138. We are financially constrained not only in what we can pay and reward, but also on what we can spend on advertising and marketing new roles and we are subject to government wide controls on external recruitment.

139. The elements contained within this Workforce Strategy on 'Developing Our Workforce' will help us to offer balanced packages of reward and development opportunities for potential new recruits. **But we must radically change our approach for attracting new talent if we are to meet our ambitions.**

140. Our recruitment and talent attraction approach must support us to develop our workforce of the *right size*, *shape*, and *cost* with the *right skills* in the *right place* and most importantly of the *right culture*.

Developing our employer brand

141. Our ambitions set out within the HSCIC Strategy to develop the informatics skills base will help us to enhance our employer brand related to the informatics community. Commitments include:

- Bringing forward proposals to develop professional education and training resources for informatics specialists, including within secondary schools and at apprenticeship, university and post-university levels.

- Exploring the opportunities for establishing national and international partnerships to support the development of a mutually beneficial skills share programme, offering secondments and other forms of employment.

- Consulting with the wider system, industry, trade bodies and academic institutions on what we can do support the establishment of an appropriate professional structure for the health and care informatics profession

- Launching with partners a series of education and training initiatives to provide scholarships, training and qualifications, including MScs, apprenticeships and other courses

- Starting a service for schools and universities, giving access to appropriate material to support teaching in areas such as economics, statistics and clinical studies will help us to enhance our employer brand related to the informatics community.

142. Investing in our own staff, through the elements set out in 'Developing our Workforce' will help staff to be satisfied with their jobs, proud of our organisation and happy to recommend the HSCIC to others.

143. Other work, for example our Corporate Social Responsibility programme, will help to develop our employer brand and we have a specific Brand Development transformation project led by our Communications Directorate which is focussed on developing and enhancing our overall brand.

144. We are enhancing our website and the use of social media channels to communicate our employer brand more effectively.

145. Ultimately our brand must be developed closely in line with our Values so that we are clear externally about our values and the behaviours that are important to us.

Strategic partnership and entry points

146. We already have strong relationships with a number of academic institutions through our work with universities and other awarding bodies to build informatics capacity and capability by developing and promoting academic and vocational qualifications in health informatics.

147. We have good relationship with sector skills councils, namely Skills for Health, Skills for Care and eSkills and have been and are developing informatics qualifications with them, academia and industry partners.

148. With partners, we have developed Level 2 Award, Certificate and Extended Certificate in Health Informatics and the Intermediate Health Informatics Apprenticeship Framework - the only qualifications in the UK that provide an entry level qualification for those wishing to work within the Health Informatics profession. In addition, we have also developed Level 3 Diploma in Health Informatics qualification and the associated advanced apprenticeship framework.

149. At the other end of the scale, we are supporting development of Doctoral programmes in Health Informatics and we are actively building new masters level qualifications for emerging sub-disciplines in Health Informatics, such as MSc in Clinical Bioinformatics – Health informatics in collaboration with partners, such as NHS England, HEE MSC, and a number of NHS, industry and academic partners.

150. We will build on these relationships to forge closer links with academic institutions and industry and seek to introduce schemes for new entry points into our organisation including:

    - Work experience opportunities for schools and colleges

    - Work placements with colleagues and universities

    - Apprenticeships

    - Graduate entry

    - Partnerships with industry and enterprise

151. Career ladders developed by our professional groups will help us to identify the groups and work areas most relevant to the different entry points.

152. **It is our ambition to change the balance of our entry points and seek to attract school leavers, apprentices and graduates to bring staff into the organisation at an earlier age and at lower grades.**

153. We also need to make best use of secondments with other Arms Length Bodies and the wider health and care system to create a dynamic and flexible workforce which sees the benefits of secondment arrangements to bring new ideas into our organisation and share our learning outside.

154. This will help us to get the *right shape,* the *right skills* and the *right cost.*

Our approach to recruitment

155. Our approaches to recruitment in our first year of operation have been, in the main, tactical and our recruitment processes have been developing through the year.

156. The majority of our vacancies have been advertised internally in the first instance (reflecting government controls) which has resulted in an internal churn of appointments and we have almost exclusively relied on NHS Jobs as our route to advertising those roles which have been offered externally.

157. Our strategic recruitment approach – which we have already initiated under our Priority Cohort Recruitment project – seeks to apply a more consistent approach to recruitment, increasing our exposure and opportunities. This includes the following general principles:

    - Recruiting to standard job descriptions (developed by our Professional Groups) which will reduce the bottleneck in job grading and ensure consistency of roles and pay for new recruits.

    - Recruiting in cohorts of staff not to individual roles to build a more efficient recruitment process.

    - Advertising roles internally and externally at the same time (subject to relevant recruitment controls in operation for ALBs at the time) to ensure we have the best available range of candidates from which to select.

    - Informing recruitment decisions based on job market analysis.

- Additionally using targeted recruitment channels to supplement NHS Jobs (subject to controls in place).

- Making best use of our own website presence and social media channels to raise interest and awareness of vacancies and clearly communicate the benefits of working at the HSCIC.

- Holding open days to generate interest.

158. We recognise that we need to ensure we have the right capability and capacity to support the organisation to recruit the right talent and get the optimum balance between work-area led recruitment and organisational consistency. We are now creating a dedicated Recruitment Team within the HR Function. We will continually review and seek to improve our recruitment processes.

159. We will embed out values within our recruitment processes such that the first test in a recruitment process is fit against our values as opposed to technical capabilities.

Our approach to contracting staff

160. If we are to offer flexibility of employment options and a wider range of entry points we need to plan ahead to ensure the best use of options that will form part of our emerging resourcing policy, including:

- Recruitment to permanent posts to address long-term, funded requirements that can utilise transferable skills and provide career development and pathways.

- Recruitment to Fixed Term posts in response to short-term requirements, uncertainty about funding or a requirement to develop and test new types of role.

- Zero Hours contracts where there is a genuine ad-hoc or infrequent requirement for specialist skills or knowledge and there is mutual benefit in this level of flexibility.

- Secondments to address short-term requirements for niche skills or knowledge of particular areas of health and social care activity.

- Contractors where there is a 'one-off' requirement for unique skills that are not required in the long-term or which are unavailable through other routes.

- Temporary Agency staff to fill gaps pending recruitment or other short-term requirements where the cost of recruitment would outweigh agency costs.

161. In all cases where temporary staff are employed or deployed we will ensure effective arrangements are in place for any necessary knowledge transfer. We will also introduce a more robust exit interview process ensuring that lessons are fed back into our workforce approaches.

162. The right approach to contracting will help us to ensure the *right cost*

Induction of our new staff

163. Our recruitment process should continue right the way through to induction and during FY14/15 we will seek to enhance our induction approaches to balance corporate, professional and work area induction.

164. If we are to employ staff from a broader range of entry points we will need to ensure that our induction approaches are relevant to the range of staff that we seek to employ.

165. Getting the right approach to induction of new staff will help us to get the *right culture* from the moment that new members of staff join our organisation.

Engagement with our workforce

166. There is a very strong business case for involving and engaging staff in matters that affect their experience of employment. Evidence shows that organisations who do so are likely to benefit through enhanced employee motivation and commitment as well as better business decisions. There is also correlating research evidence which demonstrates a clear link between engagement in change management processes and more successful and sustainable change outcomes.

167. Our predecessor organisations were all very different in size, structure and geography and therefore had very different approaches to engagement and internal communications. Our staff groups therefore have varied expectations about approaches to engagement. Our staff survey undertaken in August 2013 indicates that significant and sustained effort is required to provide opportunity for individuals to engage in organisational change.

168. We have a legal obligation to consult with recognised trades unions in a range of circumstances. It is difficult to pinpoint the precise level of trades union membership within the HSCIC as some members pay by direct debit rather than by deduction from salary and union membership levels vary significantly across different parts of our organisation. However, we are committed to consultation and negotiation with our trades unions through an established mechanism of representative democracy.

169. The Joint Negotiating and Consultative Committee (JNCC) is the formal consultative body for the HSCIC and comprises management representatives and elected representatives of the trades unions. The JNCC has worked positively and constructively through the transition and transformation and in the development of HSCIC policies. Work is progressing to further develop the JNCC, underpinned by more localised consultation arrangements.

170. To supplement formal consultative arrangements with the trade unions and recognising that staff engagement is vital to the ongoing success of the organisation - particularly through a period of change - a number of additional channels and forums have been established.

171. The HSCIC Championing Change Forum meets every six weeks with elected representatives from each directorate and main locations to provide an inclusive, structured mechanism for two way staff communications in the HSCIC regardless of union membership. Following each Championing Change Forum members of the group provide direct updates to our Executive Management Team.

172. In addition to more traditional line management cascade and engagement mechanisms, organisation wide communications channels include the HSCIC Intranet, staff magazine, weekly review emails, Directors Blogs and discussion forum and more recently monthly 'key messages' to support line managers in the cascade of important corporate information.

173. The HSCIC Leadership Forum, involving the Executive Management Team and their direct reports (circa 60 colleagues) has been meeting regularly since April 13 and has been instrumental in supporting the development of the HSCIC Strategy and the Transformation Programme.

174. Each Directorate has appointed a Transformation Lead to support directorate level transformation activities and to ensure continuity and linkages with organisation wide activity.

175. Other opportunities to break down organisational silos are progressing for example 'lunch and learn' seminars led by different teams, briefings on the HSCIC Strategy and transformation and the introduction of Professional Groups to build vibrant professional communities across the organisation. Each director is visiting other directorates every month to improve corporate organisational awareness.

176. We are engaging staff on the development of new initiatives, for example in the development of our Values, our Line Manager Charter and our Professional Groups.

177. The staff survey measures staff satisfaction and engagement. The first HSCIC staff survey ran in July and August 2013 and this will be run twice yearly in March and September. The formal staff survey will be supplemented by more regular pulse type questions to gauge levels or engagement and understanding on specific areas. The Executive Management Team continues to have Staff Engagement as a key performance indicator and the HSCIC Board review the Staff Survey outputs.

178. Our approach to staff engagement will help us to develop the *right culture*.

Appendix A: HSCIC New Top Level Structure

Denotes VSM roles in scope for recruitment activity

Chief Executive

Finance and Corporate Services — Director of Finance and Corporate Services	Customer Relations — Director of Customer Relations	Information and Analytics — Director of Information and Analytics	Operations and Assurance Services — Director of Operations and Assurance Services	Development and Solutions — Director of Solutions & CTO	Strategy — Director of Strategy	HR, OD and Professional Development — Director of HR
Portfolio	Account Management	Information Analysis	Systems and Services Delivery (Exeter)	**Director of Programmes** (Inc. Spine Services, NHS Choices, Primary Care IT, e-Referral Service, NHS Networks, NHSmail (Service) and NHSmail 2, Cross-Gov IT, Summary Care Records, Digital Technology Fund)	Organisational Strategy	HR Operations
Finance	Comms	Productivity and Efficiency	Service Management		Cross Government Agenda	Organisation Development
Procurement & Contracts	Public Engagement	Benefits Management and Utilisation	Solution Assurance	**National Director of LSP Delivery** (Inc. CSC LSP Programme, BT LSP Programme, South Local Clinical Systems ,LSP Strategy and NHS Benefits, PACS)	Business Architecture	Transformation
Business Services	Clinical Engagement	Information Standards Delivery	Clinical Safety		DH Sponsorship	Workforce Development and Professionalism
Corporate Governance	Social Care Engagement	Casemix	Information Governance	Technical Architecture and Solution Design	Independent Advisory Panel	Education
	Industry Liaison	Data Services for Commissioners	ISMS Standards Assurance	CIO (internal)		
		Care.Data	ICT			
		PbR and SUS				
		National Back Office				
		Statistical Governance				
		Data Quality Assurance				
		Burden				

Appendix B: Components of the New PDR Forum – Example extracts

Section 3 – Values

Value	Status	Comments and Agreed actions
People Focused: We value and promote positive relationships with colleagues,		

Section 4 – Objectives

Use this section to agree work objectives for the year and link these organisational / directorate objectives.

Objective	Linked to	Target date	Status	Summary of Achievements

Section 5 – Assessment of Competence

This is a summary assessment of the individual's competence in three areas:

1. Personal – the extent of proficiency within their current role including any areas for improvement to be more effective in current role.
2. Professional – the extent of proficiency against their HSCIC professional competencies and any areas for development/improvement.
3. Management – assessment of proficiency and effectiveness as a line manager against the HSCIC Line Management Charter

Section 6 – Agreed Development Activities

Development Need	Category	Target date	Agreed Activity	Status

Appendix C: HSCIC Professional Groups

Project & Programme Delivery Tom Denwood/James Hawkins	Project & Programme Delivery Tom Whitehead	Business Analysis Ross Dixon			
Information Technology Rob Shaw	Infrastructure & Technology Specialist Shaun Fletcher / Solutions Assurance Andrew Paice	Software Development Joan Foreman / IT Service Operations Ian Cooke	Service Management Kevin Holland / Technical Architect Shaun Fletcher		
Information Management Max Jones	Information Governance Andy Dickinson / Data Engineer Phil Cooke	Health/Care Record Administration Sue White / Information Standards Ken Lunn	Information Analysis and Statistics John Varlow & Andy Sutherland	Knowledge & Information Management Sofia Layton	
Communications and Stakeholder Relations Carl Vincent	Relationship Management Martin Orton	Communications Phil Wade	Contact Centre Jane Moore		
Business Administration Rachael Allsop	HR Jenny Allen / Finance Steve Leathley	Procurement & Supply Management Ben Gregory	Business Support Annabelle McGuire	Estates & Facilities Mgt. Anne Nicholson	Corporate Assurance David Wilmshurst
Clinical Informatics Mark Davies	Clinical Informatics Ira Laketic-Ljubojevic	Clinical Advisor TBA			