

TALENT MANAGEMENT PLAN

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INTRODUCTION

NHS Vale of York CCG commissions services for approximately 350,000 people over its immediate footprint, and in conjunction with partners, over a wider area both within North Yorkshire and across the Humber Coast and Vale STP area. The CCG has, at December 2018, 126 employees, which equates to 106 whole time equivalent staff, but also commissions support services from eMBED, an external commissioning support organisation, in particular IT services.

The landscape in which CCGs operate is changing, with CCGs encouraged to join forces and share services, or to amalgamate, and the initial number of 211 CCGs established in 2013 has reduced to 195 at December 2018. The NHS England planning guidance for 2019-20 has asked that CCGs reduce their running costs by 20 % for 2020-21, and as the greatest element of running costs is staffing, this may have a direct impact on staffing within CCGs.

The financial background has been challenging for a number of years, with the CCG having been in legal directions and still facing an exacting series of targets over the next three years in order to return to fiscal balance. The CCG has already experienced periods of vacancy control and, in light of the planning guidance, may continue to do so.

The CCG is making progress towards integrated commissioning, working closely with providers and partner commissioners (eg other CCGs and local authorities) to reshape services. This can add an element of matrix working to current responsibilities, with multiple stakeholders and teams based across organisations and functions, calling for skills in co-working and negotiation.

York benefits from its good transport links to other areas of the region, but the local labour market has seen near-full employment, with shortages in the social care workforce impacting on hospital discharge. Certain types of vacancy are difficult to fill, with shortages nationally of trained nurses, midwives and consultants in certain specialities. The effects of Brexit are difficult to calculate, but a reduction in workforce from the EU may cause operational difficulties in parts of the NHS, and this will begin to take effect from March 2019, with restrictions on residency rights to come into effect from December 2020.

The NHS 10-year Plan sets out proposed changes to the way in which the NHS workforce is treated. Measures include:

- A new compact with leadership, via a new 'NHS leadership code' which will set out the cultural values and leadership behaviours of the NHS.
- Nurture the next generation of leaders by more systematically identifying, developing and supporting those with the capability and ambition to reach the most senior levels of the service.

- Develop and embed cultures of compassion, inclusion, and collaboration across the NHS
- To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment.
- Respect, equality and diversity will be central to changing the culture and will be at the heart of the workforce implementation plan.

The CCG's commissioning intentions for 2019-20 are focused on, in particular, the improvement of access to mental health services and the increase in services available in the community.

A talent management plan is key to achieving the organisational objectives by ensuring an alignment between such objectives and the staff available to fulfil them. There are a number of definitions of talent management, such as the one below:

Talent management is a set of integrated organisational workforce processes designed to attract, develop, motivate and retain productive, engaged employees. The goal of talent management is to create a high-performance sustainable organisation that meets its strategic and operational goals and objectives.

Source: Massie, Sarah. *Talent Management: developing leadership not just leaders*, The Kings Fund, June 2015..

The NHS Leadership Academy gives a more detailed analysis in its Maximising Potential Guide: <https://www.leadershipacademy.nhs.uk/resources/talent-management-hub/conversation/>

Talent management planning intersects with leadership development, organisational development, workforce planning and succession planning, and the plan that follows is intended to form one part of a wider organisational development landscape within the CCG.

VALUES

In an online exercise held in January 2019, staff voted on their top three values from the previous set of CCG values and chose:

Integrity

Respect

Quality

In addition, a consultation exercise was held at an all-staff briefing in January 2019 to look at the additional values which had been suggested by staff as part of the online questionnaire, and the values receiving the most votes were:

Integrity

Honesty and Openness

Working Together for Patients and Population

There was an overlap in the values chosen and what these values mean to individuals (for example integrity is taken to include honesty), and this has led to a combined set of values:

Integrity – the way you act

Quality – the care you take in your work

Respect – the way you act towards others

Working Together for Patients and Population – the way you act in your community



These four qualities feed into the talent management model, which focuses on how to increase these values within the organisation.

Talent Management Model

An effective talent management process provides the following benefits:

- A systematic way, rather than one based on anecdote, to identify individuals with potential for progression
- Cross-divisional sharing of people and information to increase organisational effectiveness and networks
- Career paths that move not just up a specialised ladder but across the organisation
- Frequent opportunities for staff to become aware of new options and to accept new challenges
- A system that encourages managers to develop and promote their staff (rather than holding on to them)
- A way of de-risking future workforce trends, such as the increased number of staff approaching retirement

The CCG is working through the initial stages of its talent management programme, and the current focus is on developing internal talent pools and preparing staff at all

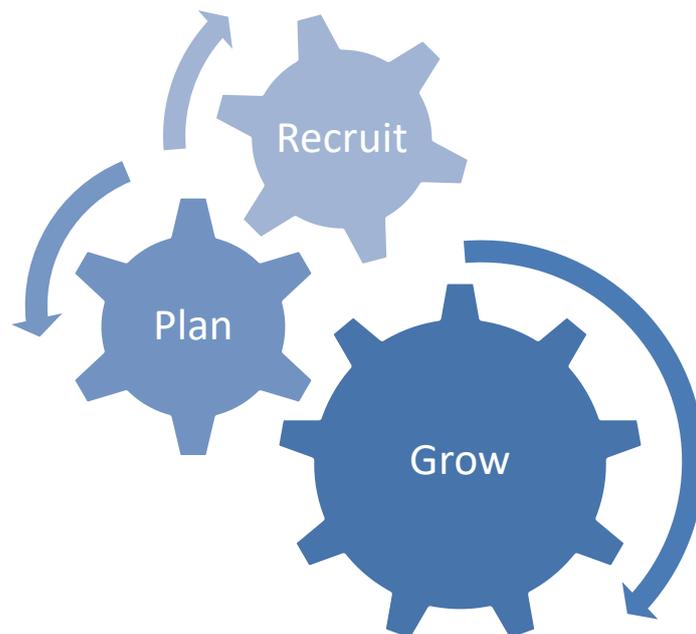
levels to take a long-term view of the intersection between organisational objectives and personal goals.

The CCG's talent management model consists of three main components;

Recruit for excellence – Values based recruitment

Grow for excellence – Personal development plans/ appraisals / performance management

Plan for excellence – Succession planning



RECRUITMENT

There has been an increasing focus on NHS values in recent years, in particular as a result of high-profile investigations such as the Mid Staffordshire NHS Foundation Trust Public Inquiry (resulting in the Francis Report, 2013), which highlighted the vital role of the workforce in providing high quality, safe and compassionate healthcare, with attention focused on the values and behaviours of staff caring for patients.

The CCG follows the principles of values-based recruitment, and the values of the CCG have been chosen in conjunction with staff to complement the NHS constitutional values.

Values will be explicitly stated in all recruitment advertisements, and a standard paragraph added to the recruitment template.

At interview, recruiters should ask questions designed to assess the interviewee's values and approach to the CCG values.

See the CCG's Recruitment and Selection Policy for further details:

<https://www.valeofyorkccg.nhs.uk/publications/policies/> .

APPRAISALS AND PERFORMANCE MANAGEMENT

The CCG is a small organisation with approximately 120 staff members and a team of lead GPs who commit a limited number of days per week to clinical leadership. It is essential therefore that the CCG makes the best use of the clinical time and staff resources it has and to deploy those resources in line with agreed priorities. The purpose of the appraisal process is to ensure that team members are supported to carry out their roles and realise their potential in line with the CCG's priorities.

The appraisal process is used to set objectives for each staff member, and to discuss aspirations for the future, in order that the CCG as a whole can assess whether it has the right people in the right places, and will do so in the future.

The current template for appraisals is attached as Appendix 1. However this will be subject to change in line with Agenda for Change requirements in regard to pay progression. As part of the 2018 pay negotiations, progress to further points in the pay scales for new employees or existing employees who have moved to a new role will be linked to appraisal ratings, including the completion of statutory and mandatory training. This takes effect from 1 April 2019. For full guidance, see <https://www.nhsemployers.org/your-workforce/2018-contract-refresh/pay-progression>.

The following national standards will be applied in line with national guidance, which covers the points at which an employee becomes subject to the Agenda for Change pay progression requirements:

- Has the appraisal process been completed within the last 12 months and outcomes are in line with the organisation's standards?
- Is there a formal capability process in place?
- Is there a formal disciplinary sanction live on the staff member's record?
- Has statutory and/or mandatory training been completed?
- **For line managers only** – have appraisals been completed for all their staff as required?

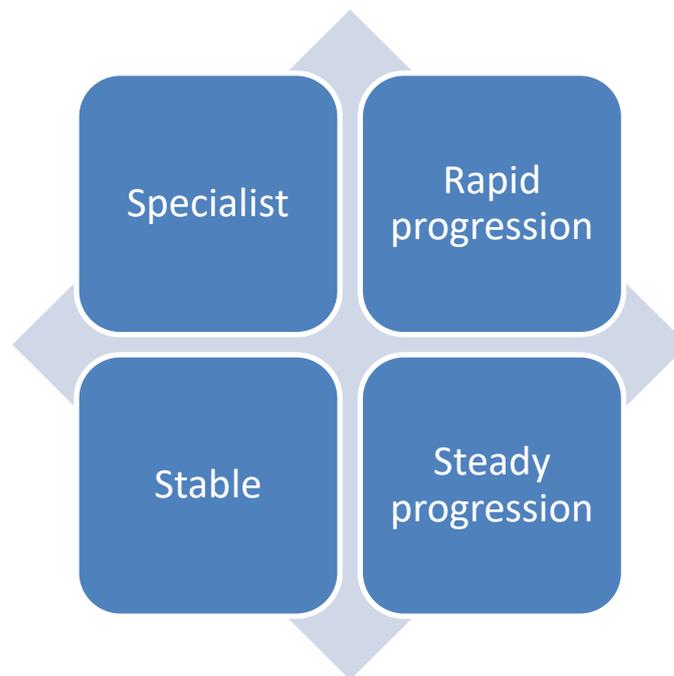
The local appraisal form consists of a simple method of recording objectives set and any learning required as part of a "career conversation". There will be two types of ratings, one against objectives set, which will be the current set of three ratings: Achieved/ Partially Achieved / Not achieved. Where an objective has been superseded by a change in priorities, the manager and employee should agree jointly to delete the objective.

The other set of ratings will be related to the manager's view of the employee's potential as it relates to the CCG and its future roles, taking into account the employee's performance in their current role.

Staff are likely to be at different stages in their employment life, and it is useful to record this after a discussion at appraisal. Some may wish to continue to deepen their knowledge within their current role, whereas others are keen to develop their managerial and leadership skills and take a role at the next level. The objective for managers is to identify staff who are ready to progress or who need further development, and to record this in order to inform organisation-wide talent management and succession planning. See below for the stages of the employee journey to be identified at appraisal.

The current local standard is for all appraisals for the financial year to be completed by 30 September. This gives sufficient time after the start of the financial year for objectives to be cascaded through the organisation. Managers are encouraged to hold an informal six-monthly review conversation but objectives can be reviewed at any point as appropriate.

Four stages of employee journey



Rapid progression (equates to HEE’s Talent Management Planning Tool “Ready Now” category) – staff capable of going further now and needing intensive investment

Steady progression – staff capable of going further but may need more experience in their current role

Stable – staff who may need training to keep skills current or take on additional responsibilities in their current role

Specialist – staff on a specialist career path (but who may want to widen their experience, eg clinical staff, finance staff).

These stages are not permanently fixed – for example, after a period of rapid progression a staff member may need time to assimilate changes and move to steady progression or stable for a period. Equally, staff who have been through a period of stability may become ready for further progression. A specialist, i.e. those with either clinical or professional registration, may wish to broaden their wider management/ organisational expertise, or develop within their chosen profession/ speciality.

Where CPD forms part of professional registration, the CCG will support the learning and time required to maintain registration.

TRAINING

The CCG will encourage all staff to develop to their full potential, enabling them to meet the organisation's objectives and act in accordance with CCG values. The CCG will also support a wide and flexible range of qualification and continuing professional development opportunities to facilitate the recruitment, motivation, and retention of staff.

Training needs can be identified during the appraisal process and recorded as part of the appraisal. An annual training needs analysis (TNA) is carried out on the basis of training needs recorded in this way, and this TNA helps to shape the training provision that may be commissioned either from the CCG's commissioning support organisation or from external providers. Shadowing and mentoring needs should also be recorded, and managers are encouraged to consider the role this would play for each staff member's development.

Senior leaders will encourage managers to share talent across the organisation and work together in supporting stretch assignments and rotating leadership roles, giving those with potential for leadership roles the opportunity to develop their knowledge, skills and experience.

The Lombardo/Eichinger model of leadership development, or the 70/20/10 Model¹, sets out a framework for the ways in which executives learn to lead, and states that 70% of learning comes from work experiences, 20% from feedback and relationships for example with line managers or via coaching/ appraisal, and 10% from formal training and conferences.

The CCG encourages a coaching approach to management and supports the development of coaching provision within the CCG. Individual trained coaches will advise of their capacity to take on additional coaching workload.

The CCG will support NHS Leadership Academy courses where this has been considered the most effective way forward for an individual, but these need to be considered in the round, as part of the annual appraisal process, and in comparison with other formal education opportunities, eg leadership courses provided by the King's Fund, Masters level courses in healthcare provided by local universities, distance learning, fellowship opportunities such as those provided by the Health Foundation, and training provided by professional institutions such as HFMA. The CCG will also work in partnership with the local healthcare system to support training available through partner organisations

The current NHS Leadership Academy courses are aimed at varying career stages, but an indicative guide is as follows:

¹ Lombardo, Michael M; Eichinger, Robert W: *The Career Architect Development Planner*, Minneapolis (1996).

Level within organisation	Current role (who is the training aimed at?)	National Programme (NHS Leadership Academy)
Board	Executive and non-Executive Directors	Top Leaders (Aspiring CEOs)
Directorate	ADs, Divisional Nurses, General Managers, Divisional Medical Directors (Indicative: Bands 8c – 9)	Nye Bevan (Aspiring Board Members)
Directorate/ Department	Heads of Service, Operational Service Managers, Clinical Directors (Indicative: Band 8b)	Elizabeth Garret Anderson
Department/ Team	Frontline Managers, Lead Clinicians, Ward Sisters (indicative: Bands 7 – 8a) Supervisors and Team Leaders (Indicative: Bands 5-6)	Mary Seacole Edward Jenner (E-learning, open access)

Roles and definitions are for guidance only. For further detail on the programmes see: <https://www.leadershipacademy.nhs.uk/programmes/>

In addition, NHS Leadership Academy provide BME-specific leadership courses, with training cohorts advertised on a periodic basis. These are currently the Stepping Up programme for Bands 5-7, and the Ready Now programme for Bands 8a and above. Staff who are interested in these should speak to their line manager.

For further details on the CCG's approach to learning, see the Learning and Development Policy: <https://www.valeofyorkccg.nhs.uk/publications/policies/> .

SUCCESSION PLANNING

Succession planning can be defined as “the process of developing staff to replace executive, leadership or other key employees when they move to another role or leave the company”.

Certain roles within the NHS have been difficult to fill, in particular that of Finance Director (Source: King’s Fund 2014), and the CCG has supported finance staff to engage with the HFMA Future Focused Finance initiative to develop the organisation’s own pipeline of future financial leaders.

For other roles, the skills needed vary from role to role, but succession planning aims to identify the skills gap between those skills already available and those that will need to be developed in order to fill leadership or key roles.

In order to document the process, a succession planning grid should be prepared for each key senior role within the organisation, starting with Governing Body roles but extending to the Deputies (AD-level) group. The Chair and the Accountable Officer (with assistance from an HR Advisor where required) will act as custodians collectively for the Governing Body succession planning notes, and the Deputies Group in conjunction with an HR Advisor for the rest of the organisation.

The Deputies Group (AD-level equivalent) group will take on an increased role in succession planning and will review key roles that require succession planning in order to inform talent management planning. The CCG wishes to give staff the opportunity to stretch and grow into new roles, and early planning for succession will facilitate longer-term talent management.

A sample Succession Grid is attached as Appendix 2. The intention is that Executive Directors will use the completed template to inform the development of staff identified with potential for progression to such roles, and that the equivalent succession grid for other key roles will be used by the Deputies group to inform

OUTCOMES

The successful implementation of the talent management plan is designed to increase the levels of effective identification and support of talent, at every level of the organisation, and to improve the staff ability to access appropriate and timely development (and thereby aid recruitment and retention) which will ultimately lead to improved outcomes for patients and the population of the CCG.

Among the expected outcomes are:

- talent development and succession planning are recognised as being an essential part of effective day to day people management, and talent discussions are included within the appraisal process;
- a clear path for career progression and personal development for existing and future leaders is established and understood;
- an increase in staff motivation with improved multi-disciplinary team working;
- lower staff turnover rates (i.e. better staff retention);
- continued improvement in performance against the range of staff engagement measures associated with the annual Staff Survey;
- better quality candidates (both internal and external) applying for key roles within the organisation;
- the essential principles of coaching and mentoring are understood by leaders and applied to routine interactions with team members.

Successful implementation will also support the organisation in demonstrating to external agencies that services are well led.

Appendix 1

Training Funding Procedure

There are two separate training budgets within the CCG:

- a) One is managed by individual managers or budget holders for their teams, as a team training budget. For team budgets, funding decisions on courses will be taken by the budget holder for the relevant team.
- b) There is also a separate central training budget set aside to support training that will be of benefit to the CCG as a whole. For the central training budget, all expenditure must be approved by the Deputies Group Funding Panel, which meets at least quarterly, but more frequently where time-sensitive decisions are required.

Applications for training funds should be made on the application form with a statement of support from the relevant line manager, prior to submission to the Deputies Group Funding Panel.

Where staff are undertaking qualifications or training that is a statutory or professional requirement if they are to carry out their current or expected duties the CCG, they will receive 100% support for course fees.

In all other cases, funding applications will be assessed on the basis of alignment to the objectives of the organisation and the talent management plan. The Funding Panel will consider whether the proposed application will help to meet future organisational need taking into account current budgetary constraints and the wider picture of developmental needs across the organisation.

Part 1: Applicant Details

(To be completed by the applicant)

Name	
Job Title	
Directorate	

Email address	
Phone number	
Date of request	
Employee Journey Stage – if not yet set, date of last appraisal	
Name of line manager	

Part 2: About the training course/event/conference

Name of course/training/event	
Training/course reference where applicable	
Date of training/event	
Duration of training event	
Location	
Description	

Amount of study leave requested	
Amount of funding requested	£
Total Course cost (if different from above)	£
Amount agreed to self-fund (where applicable)	£
Describe how this training or event will help you in your job and/or career development/project. Please be specific as to anticipated skills, knowledge and/or professional development. Please use a separate sheet if necessary	
Describe any learning and development undertaken in the last twelve months – how have you worked towards your career development yourself?	

The following agreements apply to this application [✓]:

- I have attached the course outline/ details of the course confirming the date and cost
- I agree to report to my manager about the value/content of this learning event and share the knowledge gained with colleagues.
- I confirm non-completion of the course, or leaving the CCG within the timescales outlined in the CCG's Learning and Development Policy, will require me to reimburse the CCG for funding unless otherwise agreed.**

Signature / Date	
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To be completed by line manager

Statement of Support (Continue on additional page if required)	
Name	
Job Title	
Signature / Date	

Completed forms should be emailed to the Planning and Assurance Manager who will forward to members of the Funding Panel and schedule for the next Panel session.

Appendix 2 – Succession Planning Grid

NHS VALE OF YORK CCG

ROLE		READY NOW		READY IN 18 MONTHS	
Job title	Name of postholder	Name	Interest Expressed	Name	Skills to be developed
<i>Eg Exec Director</i>	<i>Jane Doe</i>	<i>Joe Bloggs</i>	<i>Not approached- Exec Director to discuss</i>	<i>Anne Other</i>	<i>Public speaking, Finance</i>
		<i>Al Ternative</i>	<i>Post not aligned to current aspirations</i>		

To be completed for roles considered vulnerable to turnover.