

Strategic Priority 2 - To support each other to do a great job																	
EXECUTIVE LEAD JULIE BACON																	
PROGRAMME / ACTION		LEAD MANAGER	BENEFITS REALISATION MEASURES / KPIs				KPI's - Trajectory				MILESTONES - ACTIONS FOR 2018/19				RAG	RISKS	COMMENTS
1	Attract - Fill our jobs with the right people, reducing gaps and reliance on agency staff	Rob Simcox	Reduction in Trust vacancies and reduce the BAF risk regarding staffing levels				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20		
1A	The Trusts recruitment brand "Outstanding Careers", digital offerings and social media refreshed and used for vacancies in all staff groups across the Trust	Hannah Parry-Payne	Agency spend within the NHSI control total for 2018/19 (£16.66m)				£4.1m	£4.06m	£4.2m	4.3m			*			Control total met 3 months out of 6. Risk associated with labour market supply for both substantive and agency.	Developing an enhanced pack for consultants, with corporate branding to be localise for divisions. Posters on display in local supermarkets. Local job fairs attended, RCN Fair booked for November. Microsite to be amended for all job roles by year end.
1B	Assessment centres for admin and clerical staff selection introduced	Hannah Parry-Payne	Turnover of admin staff ≤ 1%				1%	1%	1%	1%			*			Turnover remains below 1%.	Held assessment centre early 2018 and a second in July, so main action completed. Setting up a virtual ward equivalent for clerical staff and generic roles. Reviewing A&C band staff utilisation. Bespoke Assessment Centre for Typists being held Oct.
1C	Undertake an overseas recruitment campaign for registered nurses	Hannah Parry-Payne	Band 5 RN vacancies under 12% by 31/03/19				18%	16%	14%	12%			*			Band 5 RN vacancies increased to 21%+ at end of Q1. But have almost 60 students for Autumn so far. Risk relates to UK and international labour market and retention of staff.	International recruitment undertaken by partnering with an agency. Interviews took place by Skype in August, 22 offers made. Progressing with processes. Co-horts of x5 will land Jan 2019 onwards. Remaining nurses to arrive in Q4
1D	Complete the Trusts Workforce Race Equality Action plan and measure the impact; Refresh for 2019/20	Rob Simcox	Staff experiencing discrimination at work ≤ 8% in 2018 staff survey				n/a	n/a	n/a	≤ 8%			*			The KPI can be affected by the number of staff completing the staff survey. As it is an annual survey it is not possible to have a quarterly trajectory.	Plan developed and being implemented. Quarterly updates going to Trust Board.
1E	Make optimum use of the Clinicians Connected service for the recruitment of doctors and assess its impact and cost/benefit	Rebecca freeman	% medical vacancies under 9.5% by 31/03/19				12%	11%	10%	9.50%				*		Risk relates to UK and international labour market, retention of staff and the junior doctors rotation. Risks are now being considered on a speciality basis.	Calibre of candidates not to required level. Need to recruit to two posts to break even. Our subscription has been extended for a further 6 months for free. Therefore milestone completion is moved to Q4.
1F	Set up arrangements for attracting ex-armed forces personnel to the Trust jobs	Hannah Parry-Payne	Reduction in vacancy levels				10%	9.90%	9.80%	9.70%				*		Risk relates to UK and international labour market and retention of staff.	Initial scoping underway. Currently researching the best route for advertising opportunities. A number of meetings planned with local interested parties.
2	Engage - Create a healthy culture and staff who are engaged and motivated to deliver outstanding care	Lee Radford	Staff survey engagement score in top 5 acute trusts in 2018 and 60%+ response rate				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20		
2A	Deliver the discover phase of the NHSI / Kings Fund Culture and Leadership Toolkit in accordance with its detailed plan, identifying the prevailing and desired organisation culture	Annette Robinson	Staff survey engagement score in top 5 acute Trusts in 2018				n/a	n/a	n/a	top 5			*			Risk relates to the sustainability of a high score which can be affected by the national NHS mood. As it is an annual survey it is not possible to have a quarterly trajectory.	Board interviews completed Feb. 18 and report compiled. Culture and Leadership Behaviours questionnaire completed Summer 18; received 546 respondents. Facilitator's trained in Spring 18, scheduled 65 focus groups and facilitated 38 to all staff groups by end September; 228 staff attended. Analysis of results and production of the organisational report underway and on track.
2B	Ensure that the information from the NHS staff survey and pulse surveys is fed into all divisions in a timely and meaningful way, together with advice on improving local engagement.	Annette Robinson	No score in bottom 20% of NHS acute trusts in 2018 Survey				n/a	n/a	n/a	0	*					Risk relates to a new low score emerging as current initiatives focus on 2017 lowest scoring areas. As it is an annual survey it is not possible to have a quarterly trajectory.	2017 Staff survey results disseminated to Divisions early 2018. HRBP's and OD trained as Focus Group facilitators to support Divisions to engage staff and improve areas of concern / low score. "Engaging your team" on HRBP Development Programme. Divisions develop, own and implement action plans with updates on progress at monthly performance review meetings.
2C	Develop and maintain a culture and outcomes dashboard / "heat map" that helps to identify areas that may require interventions	Annette Robinson	Heat-map will have its own KPI's				n/a	n/a	n/a	n/a			*			Risk relates to the degree of granularity that it is possible to achieve for the heat-map as its value is in an early warning system for culture shift.	Format, process and administration of the culture and outcomes dashboard (heatmap) to be developed as part of the Culture and Leadership Discovery work. It will utilise a range of HR KPI's, staff survey results, Patients Friends & Family Feedback, together with a selection of performance KPI's. Analysis of focus groups and online survey will include template for an organisational heat map with KPIs which will triangulate hard and soft KPI and intelligence sources.
2D	Patient safety culture work aligns seamlessly with corporate culture activity, heat-map and improvement skills training	Lee Radford / Ceri Charles	PASCAL surveys improve year on year				n/a	n/a	n/a	n/a			*			This KPI is specific to each ward or area. The risk relates to being able to free up staff time for improvement work.	Quality Improvement (QI) Six Step model Launched July 18 and will be rolled out across the Trust. Training on this model being developed and will be included in Leadership training. QI Toolbox launched September 18 to all staff. PASCAL survey outputs will feed into new organisational heat map.

2E	Review the milestones in service awards and events	Annette Robinson	82% + (4.10) staff recommend the Trust as a place to work in 2018 staff survey	n/a	n/a	n/a	82%		*						This target would mean that the Trust had to equal the best scoring acute Trust of 2017. The risk relates to the sustainability of continual high scores. The quarterly pulse surveys give an indication of progress.	Task and Finish group review undertaken. Exec Team have agreed changes to the Milestone Programme and administration has been streamlined. Action completed.
2F	Develop and launch a complete programme of corporate, social and family orientated annual engagement events	Annette Robinson	82% + (4.10) staff recommend the Trust as a place to work or receive care in 2018 staff survey	n/a	n/a	n/a	82%			*					This target would mean that the Trust had to equal the best scoring acute Trust of 2017. The risk relates to the sustainability of continual high scores. The quarterly pulse surveys give an indication of progress.	Sought staff feedback and ideas at different engagement events to explore what staff would like to see included.
3	Develop - Provide outstanding education, training & development, making sure all staff have the skills to do their job	Lee Radford	Mandatory Training scores on or above target (93%)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20				
3A	Senior Leadership Development programme launched in the Trust	Lee Radford	staff survey support from immediate managers in top 20%	n/a	n/a	n/a	top 20%			*					Risk relates to current level of improvement plateauing and time for leaders to attend the programme. As it is an annual survey it is not possible to have a quarterly trajectory.	New 2 day programme delivered by NHS Elect commenced with an Executive pilot in Sept 18. All delegates (8a/b and above) have an MBTI assessment. Invites sent out to all senior leaders to attend. Full programme commenced in October 2018.
3B	The new leadership framework visible and used on the intranet as a way of leadership career planning	Annette Robinson	staff survey support from immediate managers in top 20%	n/a	n/a	n/a	top 20%			*					Risk relates to current level of improvement plateauing and time for leaders to attend the programme. As it is an annual survey it is not possible to have a quarterly trajectory.	On intranet and embedded. The promotional flyer launched in May was sent to all work areas. Poster drops completed and incorporated into appraisal awareness and managers induction training events. A stronger co-ordinated approach with medical leadership using this poster is used to raise awareness of leadership offerings to medics. action Completed.
3C	Undertake a complete review of training offerings to ensure that they are relevant and delivered in the most efficient way	Lee Radford	MAST compliance 93% for 10 months / 12in 2018/19	93%	93%	93%	93%				*				MAST was 94% at end of Q2. Time off for training and the impact of corporate FIP is a risk, together with the increased requirements around safeguarding.	Confirm and challenged framework developed, PID completed and objectives agreed. Confirm and challenge meetings take place in Q3. Course catalogue and a review of study leave and expenditure scheduled for Q4.
3D	Review and revise training budget management and expenditure across the Trust in order to deliver best value for money	Lee Radford	Deliver FIP targets	tbd	tbd	tbd	tbd				*				The specific amount of FIP to be delivered is still to be determined. The risk is that the work identifies training gaps or unmet need which require funding, rather than savings.	Work forms part of corporate FIP programme and has already identified anomalies in how budgets reflect training allowance. Main work in Q4 - see above.
3E	Increase the number and range of apprenticeships in the Trust	Lee Radford	Deliver to our apprenticeship no.s target	50	60	70	80				*				Currently on course to deliver the target number. A risk is that a number of the national apprenticeship frameworks are still in development.	Target for 2018/19 is 80 and has almost been achieved, with apprenticeships at all levels. Working with recruitment to identify posts that can be apprenticeships. Significant work undertaken to promote apprenticeships, which going forward will focus on promoting clinical apprenticeships. Managers are becoming more proactive at utilising the Apprenticeship Levy.
3F	Develop and maintain an over-arching plan for new role development in the Trust, encouraging a Trust and system wide approach where appropriate / viable.	Rob Simcox	Targets achieved for no. of Nurse Associates and Trainees	tbd	tbd	tbd	tbd				*				The specific number of targeted posts are still to be determined. A key risk relates to the availability of pump-priming funding to cover the cost of time off for training and the fact that most new roles need to be supernumerary for a period of time.	Introduced a unified template for divisions to use to show how they are developing new roles. HRBPs working with divisions to understand age profile of workforce/work areas and implications. Nurse Associate role review to maximise its value. Development of a Doctors Administrator post and consideration of Advanced Clinical Practitioners
4	Nurture - Help staff to plan their careers, aligning their aspirations with the future needs of the Trust	Lee Radford	80% + staff recommend the Trust as a place to work in 2018 staff survey and ongoing	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20				
4A	Embed the talent mapping and succession planning system for leadership roles into business as usual and create a formal Executive Talent Management Group	Annette Robinson	50% of SFH talent map completed in 2018/19	20%	30%	40%	50%	*							Talent mapping of all leadership roles 8a and above is dependent on individuals releasing their personal information for the map and the time for talent conversations to take place.	Talent map completed for Execs and next tier posts. Refreshed appraisal documentation supports talent management and succession planning. Executive Talent Management Group established. Action completed.
4B	Participate in system wide talent approaches such as the Midlands and East Executive Talent Scheme (MEET)	Julie Bacon	50% of SFH talent map completed in 2018/19	20%	30%	40%	50%				*				Placing SFH leaders on a regional talent map is dependent on individuals releasing their personal information. A risk is that the regional talent mapping process with not align with SFH.	Relevant return are being completed on behalf of our Trust. Three senior people nominated for Aspiring Together talent assessments, using our talent mapping process.

4C	Embed the new appraisal system which incorporates talent conversations	Annette Robinson	Appraisal KPI meets 95% for at least 10 months of 2018/19	95%	95%	95%	95%	*						Q1 appraisal rates are 95%. A risk is managers and staff making time for talent conversations and being able to have difficult conversations if necessary.	New appraisal documentation well received. Appraisal Awareness and Talent Conversation training rolled out. Action completed.
4D	Coaches, mentors and "wise owls" embedded into business as usual - so that anyone who requires a coach or "buddy" has access to one	Annette Robinson	year on year increase in the number of available coaches and wise owls	tbd	tbd	tbd	tbd			*				As this is the first year and the KPI relates to a year on year increase it is not possible to have a trajectory. A risk is being able to match demand with coaching and wise owl capacity.	Wise Owl network launched July 18 with profiles and contact details on intranet. Promoted through bulletin and other sources. 31 wise owls recruited end Q2 Promotion continues in staff bulletins and at Orientation Day. Action completed.
4E	Guidance on career paths and options available for A&C, Nursing and AHP roles	Lee Radford	Turnover ≤ 0.9% in 2018/19	1%	0.96%	0.93%	0.90%				*			The turnover KPI fluctuates each month and by staff group. A key risk relates to age demographics of the over 50's.	Working on creating a career pathway for all roles within the organisation for both clinical and non-clinical roles. Once ready this will go on the intranet.
4F	The annual leadership event take place	Lee Radford	staff survey support from immediate managers in top 20%	n/a	n/a	n/a	top 20%				*			As it is an annual survey it is not possible to have a quarterly trajectory. Feedback from the leadership event itself was very positive. Risks relate to the fact that many clinical staff are becoming managers whilst still relatively inexperienced.	Successful event on 2nd July 18. Action Completed.
5	Perform - Remove barriers, set and maintain standards and recognise and reward excellence	Rob Simcox	Agency spend within the NHSI control total for 2018/19 (£16.66m)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
5A	A modelling tool developed which permits changing workforce scenarios to be tested and the workforce and service impact predicted	Rob Simcox	% temporary staff ≤ 7.3%	7.60%	7.50%	7.40%	7.30%			*				% for June 18 was 7.15%. A risk relates to the difficulty of capturing vacancy rates across the ICS, using ESR which is built around staff in post. This may lead to system gaps being under-estimated.	SFH have a leading role in developing system wide planning and modelling as part of the Nottinghamshire ICS. SFH currently chair a regional committee to help shape workforce planning across the system. Currently exploring how a system modelling tool can feed into SFH process and performance.
5B	Deliver the workforce plan which underpins the Trusts two year operating plan and ensure that it aligns with strategy and finance	Rob Simcox	Agency spend within the NHSI control total for 2018/19 (£16.66m)	£4.1m	£4.06m	£4.2m	4.3m	*						Control total exceeded by £290K for Q1. Risk associated with labour market supply for both substantive and agency staff.	Two year plan successful completed and submitted to NHSI on April 30th 2018. Action Completed. From M2 monthly reports presented to the Workforce Planning Group to monitor performance against plan.
5C	Improve the HR efficiency index in the Trust as compared with peers in the model hospital	Julie Bacon	move from upper quartile to average in 2018	tbd	tbd	tbd	tbd				*			Performance against benchmarks differ for specific parts of HR. A risk is that the benchmarking doesn't compare like with like.	Pilot site for model hospital. Tracking model hospital data for benchmarking purposes on a quarterly basis through Workforce Planning Group. Using benchmarking to inform FIP.
5D	Deliver a successful Flu campaign	Becky Loveridge	90%+ flu vaccination uptake of frontline healthcare staff in 2018	0	0	75%	90%			*				The trajectory is based on delivering the 75% CQUIN target by Christmas. 50%+ staff by week 3. A risk relates to the trusts ability to improve the motivation of staff to be vaccinated	Survey completed to understand barriers to vaccination uptake. Results used to inform the 2018-19 campaign. Top two Trusts in country contacted to identify how to improve SFH take up. Purchased 4 strain vaccine and IT system updated. Flu season launch commenced W/C 17/9/18 (as part of winter wellness week) 1000 staff vaccinated in first week. Front line uptake over 50% by week 3. 36 fully compliant peer vaccinators covering all sites
5E	launch revised local Clinical Excellence Awards	Rebecca Freeman	All job plans signed off on time in 2018/19 round	0	50%	90%	100%			*				Clinical activity manager and ejob planning helps to mitigate the risk relating to sign off as it enables compliance to be easily tracked	Final guidance received July from NHS Employers delaying ability to develop local guidance. Guidance agreed at September 2018 LNC. Action Completed. New award launches October 2018.
5F	Plan and deliver the roll-out of Allocate into AHP areas	Donna Mariner	Programme delivered to planned timescales	tbd	tbd	tbd	tbd				*			A risk relates to the ability to generate enthusiasm for the system amongst AHP's.	Plan and roll-out progressing to timescale.
6	Retain - Make SFH a great place to work and encourage staff to spend their whole career with us	Rob Simcox	Turnover rates ≤ 0.90%	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
6A	Identify the implications of the HMRC changes to pension thresholds, providing advice to individuals who may be affected and develop retention initiatives	Rob Simcox	Turnover rates ≤ 0.90% for consultants and very senior leaders	1%	9.96%	9.93%	0.90%			*				Turnover rates are below 1%. However, the impact of the new HMRC rules are just emerging. A risk relates to the age demographics in the Trust.	Advisors made available for senior staff. Exploring routine provision of pension information to Trust employees. Raising issue at regional forums. NHS Employers recognise it as a national problem. There is a pensions Agency review which will include pension implications for higher earners. Undertaking age demographic work for likely affected staff in the Trust coordinated via workforce planning group

6B	A full time internal staff physiotherapy service available	Becky Loveridge	sickness rates ≤ 3.5% target for a minimum of 6 months in 2018/19	3.50%	3.50%	3.50%	3.50%		*					3.5% threshold maintained for first 5 months of fy. A risk relates to winter ailments and winter pressures leading to staff burnout.	Full-time equivalent physiotherapist in post from 01/04/18 as part of OH establishment and service being offered in conjunction with OH services. Action completed.
6C	Deliver a week long Staff Health, Wellbeing and Safety at Work event and hold weekly well-being clinics	Becky Loveridge	sickness rates ≤ 3.5% target for a minimum of 6 months in 2018/19	3.50%	3.50%	3.50%	3.50%				*			3.5% threshold maintained for first 5 months of fy. A risk relates to winter ailments and winter pressures leading to staff burnout.	Action completed. Frequency and locations of Health & Wellbeing (H&WB) drop in clinics increased from February 18 after successful H&WB tour in January (650 attendees). Themed approach for the year. Winter wellness week completed which coincide with launch of flu season. Bookable resilience, mindfulness, managing with discretion and having difficult conversations session held as flu clinics.
6D	Develop and launch a major initiative to encourage more inclusive teams in the Trust	Lee Radford	2018 staff survey - in top 5 acute Trusts for effective team working	n/a	n/a	n/a	top 5		*					As it is an annual survey it is not possible to have a quarterly trajectory. A risk relates to the Trust ability to sustain high scores in this area.	July/August 18 launched new toolbox talk for managing inclusive, high performing teams which is now a business as usual offering as part of our leadership programmes. Action completed.
6E	Produce and roll-out standards of conduct guidance to tackle nepotism and favouritism	Rob Simcox	% staff experiencing discrimination ≤ 8%	n/a	n/a	n/a	≤ 8%		*					As it is an annual survey it is not possible to have a quarterly trajectory. A risk relates to the Trust ability to change culture.	Personal relationships at work policy agreed and implemented September 18. Moral compass tool box talk delivered to SLT and will also be delivered in partnership with Staff Side Chair. Action completed.