



Our People Strategy 2018-21

People will be proud to work for us





Table of Contents

1.	PURPOSE	3
2.	WHERE ARE WE NOW? (JUNE 2018).....	3
3.	TRUST VISION, VALUES AND AIMS	4
4.	STRATEGIC AIM 3: PEOPLE WILL BE PROUD TO WORK FOR US	5
5.	KEY OUTCOMES OF OUR PEOPLE STRATEGY	7
6.	KEY ACTION AND PRIORITIES OF OUR PEOPLE STRATEGY	8
7.	LOCAL & NATIONAL CONTEXTS	9
8.	NATIONAL STRATEGIC CONTEXT	10
9.	KEY CHALLENGES	12
10.	DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 1 - TALENT	13
11.	DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 2 - ENGAGEMENT.....	15
12.	DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 3 – WELL BEING	16
13.	DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 4 – QUALITY OF POLICY AND PROCESS	18
14.	OUR PEOPLE DASHBOARD	20
15.	OUR KEY PERFORMANCE INDICATORS	21
16.	OUR PEOPLE STRATEGY DELIVERY – RISKS IDENTIFIED.....	22
17.	ENGAGEMENT, INVOLVEMENT & PARTICIPATION IN THE PEOPLE STRATEGY	25
18.	LOOKING AHEAD – WHAT WILL HAPPEN IN YEAR 1?	26



1. PURPOSE

The People Strategy sets out the strategic direction for our people over the next three years. It sets out the interventions that are required to ensure we develop as a Trust that is continuously fit for purpose, lives its values and delivers its objectives. It seeks to enable and equip people within the organisation with the necessary knowledge, skills, experience and attitudes to deliver outstanding healthcare.

The People Strategy complements the organisation's parallel and interdependent strategies, including its Sustainability Strategy, acting as an enabler for improving workforce capability and engagement and enabling this both at an organisational and Clinical Business Unit level.

Delivery of this strategy will ensure the highest standards of leadership and management are in place to sustain a motivated and engaged workforce that fosters an organisational culture which truly embraces the diversity and individuality of people and the need for inclusiveness. Through a capable, sufficient, motivated and resilient workforce we will enable more efficient care for our patients.

2. WHERE ARE WE NOW? (JUNE 2018)

The Health Education England Workforce strategy has been produced and is the first national document that they have produced for 25 years, clearly demonstrating that there is now a national refocus on People. It seeks views on what we should do next to ensure our workforce provides the best quality care to patients, service users, carers, and the public.

The Regional Hospital Services Review recommends the creation of a South Yorkshire and Bassetlaw (SY&B) (Mid Yorkshire and North Derbyshire) Health and Care Institute which will be responsible for delivering system-wide functions related to workforce and clinical variation.

In addition, Barnsley is also one of five 'places' of Accountable / Integrated Care Partnerships (ACPs) that form the South Yorkshire & Bassetlaw Integrated Care System. The SY&B ICS is one of eight nationally selected to pioneer the development of integrated care systems. This involves organisations across health and care formally aligning to ensure the right care in the right place for our patients.

Our workforce costs are 68% of our revenue budget, and so planning and leading our workforce to ensure that it is efficient, effective and fully engaged in providing our patients with the quality of care we can all be proud of, is critical to our success in delivering our plan.

We face challenges in recruiting, retaining and developing our health care workers in an increasingly competitive market. And ensuring the engagement of our People in this challenging healthcare agenda.



We have a CQC rating of Good overall and aim to be rated Outstanding. Therefore mapping our People strategy aims and measuring our progress against the CQC well-led domain Outstanding rating characteristics for People will be essential to ensure our success in delivery of this strategy.

3. TRUST VISION, VALUES AND AIMS

The Trust's Vision: To provide outstanding integrated care.

Core to the delivery of this vision are our people who we will support to ensure excellent staff experience, ensuring they are fully developed, engaged and motivated in order to further support the Clinical Business Units to have the right capabilities and leadership.

Our strategic aims are:



1. Patients will experience outstanding care
2. Partners: we will work with partners to deliver better, more integrated care
3. People will be proud to work for us
4. Performance: we will achieve our goals sustainably

Our Values are:

- We treat people as we would like to be treated ourselves
- We work together to provide the best quality care
- We focus on individual and diverse needs

The People Strategy is a key enabling strategy to achieve these strategic aims and is designed particularly to deliver the strategic aim 3: "People will be proud to work for us".



4. STRATEGIC AIM 3: PEOPLE WILL BE PROUD TO WORK FOR US

The strategic objective under this aim is: To build a sufficient, capable, motivated and sustainable workforce.

The structure of this Strategy is that it is organised around 4 pillars as follows:

Talent (Capable)

We will develop all leaders to influence and motivate effectively, giving them the behavioural, process and business skills to effectively serve our patients. We will maximise impact through identifying and developing all our Talent at every level in the organisation to perform to the best of their ability

Engagement (Motivated)

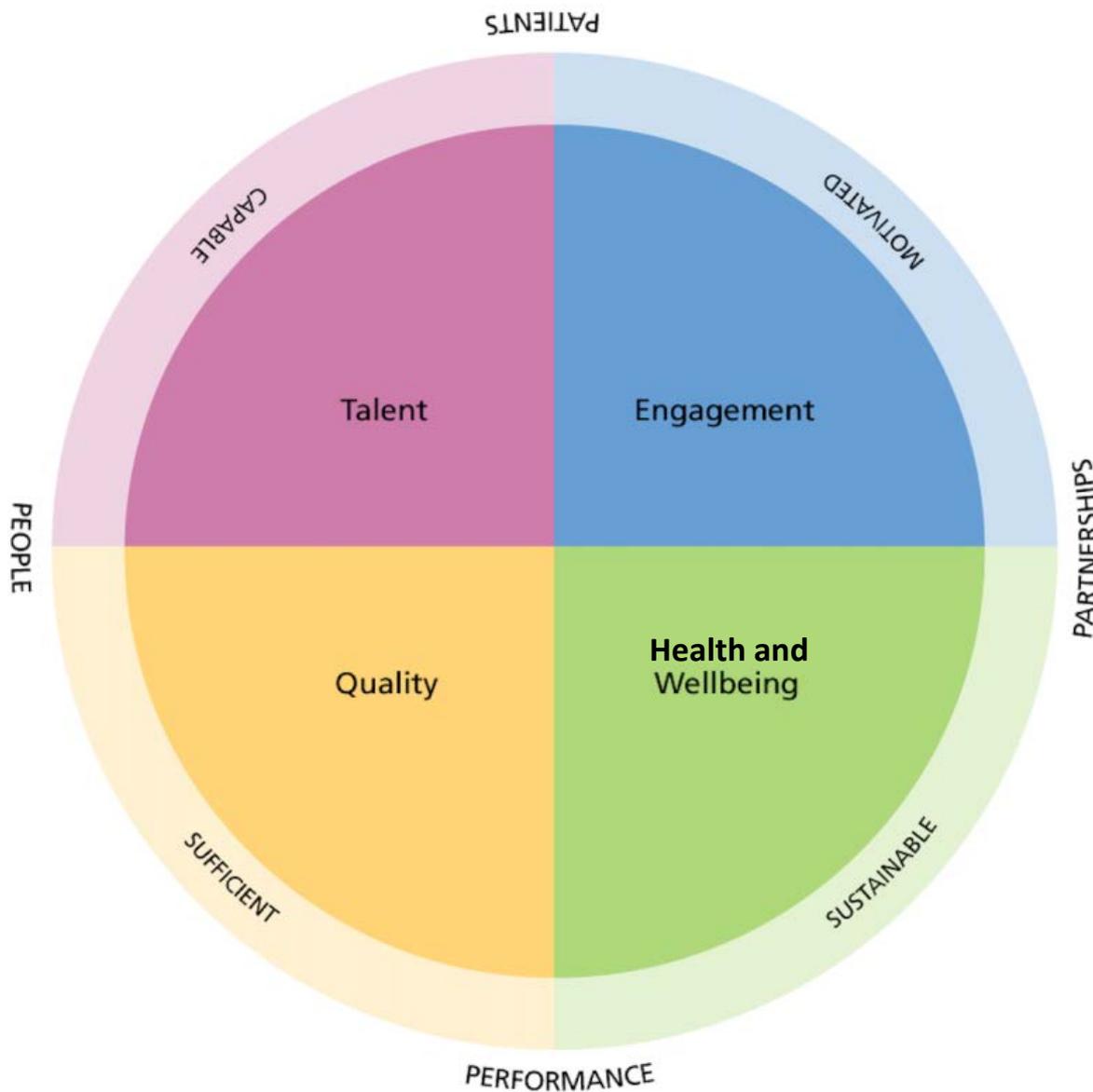
We will motivate our People to do the best that they can by living our Values and creating a culture of Trust and real Engagement

Health and Wellbeing (Sustainable)

We will ensure that we create an environment where our People are physically and emotionally sustained to enable them to give their best and to be able to be at work more of the time in order to better serve our patients

Quality of Policy and Process (Sufficient)

We will provide robust infrastructure and Quality process, policy, procedures and Assurance Framework to support and monitor our ability to lead our People in Barnsley. Also to ensure we attract, select, recruit, develop, performance manage and retain the right people, in the right place at the right time, doing the right things, with the optimum level of motivation.



The People Strategy is underpinned by other corporate strategies and also by the work in each area of our HR & OD directorate service offering and the programmes of work which support it:

- The Operational Plan
- The Clinical Strategy
- The Quality Strategy
- The ICT Strategy
- The Estates Strategy
- The Equality, Diversity & Inclusion Strategy
- Staff Engagement Strategy
- Occupational Health and Well Being Strategy
- Library & Resource Centre Strategy
- Education Strategy
- Investors in People Action Plan
- Staff Survey Action Plans



5. KEY OUTCOMES OF OUR PEOPLE STRATEGY

The following outcomes are expected from the delivery of this strategy:

- All staff employed by the organisation will have a clear understanding of the knowledge, skills, experience, abilities and attitudes required and expected of staff within BHNFT in order for it to achieve our vision, purpose and values.
- All staff employed by BHNFT will have a clear understanding of leadership and the contribution of leadership towards the effective performance of the organisation.
- Compassionate, inclusive and effective leaders at all levels.
- A robust infrastructure and quality assurance process to support and monitor leadership performance and development will exist which encourages all *to live their values...*and those of the Organisation
- People Data intelligence will be readily available and provided in a timely and accessible manner to support planning, decision-making and strategic implementation and to assure commitment from the board in the delivery and sustainability of the strategy.
- Leaders will exist within the organisation, with the agility and the versatility to gain and sustain commitment to change, improvement and excellence through using the right style to influence and motivate individuals and teams.
- Coaching for influencing improved performance and productivity, transformation, commitment and engagement in fulfilling our vision will be evident.
- Leaders will be supported by an effective performance management process and strong succession planning and development process to reach their potential.
- The organisation cultivates the knowledge, skills and capabilities that create the conditions where equality, diversity and inclusion thrive.



6. KEY ACTION AND PRIORITIES OF OUR PEOPLE STRATEGY

Our Key actions/priorities are to:

- Launch the People Strategy fully in the Trust and deliver underlying implementation plans
- Monitor progress on a monthly basis at People & Engagement Group and quarterly at Finance & Performance Committee
- Develop a process to enable Clinical Business Units and Corporate Services complete robust workforce plans to help shape our future workforce
- Develop a new approach to engagement, organisational culture, wellbeing, talent and quality which promotes effective leadership of change, values and organisational development
- Improve engagement and staff motivation by addressing and improving areas highlighted by our staff survey and ensuring that improvement plans are developed and supported for those areas
- Goal for the staff survey overall engagement score to be within the top 20% of NHS employers
- Retain our Investors in People accreditation
- Continue to focus on improving the health and wellbeing of our staff in order to help reduce sickness absence, improve patient and staff experience, improve staff survey result of staff feeling unwell due to work related stress, offer health and well-being advice and education, introduce Schwartz Rounds, ensure flu vaccine take up, and achieve health & well-being CQUIN as a result of this work
- Retain our Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation
- Continue to enable staff to access training and development to support clinical business units and corporate services achieve their mandatory and statutory training (MAST) targets, and support the appraisal process, talent management programmes and apprenticeship roles
- Continue to engage our local community and equality forum partners to promote the Trust as an employer of choice and to improve patient and staff experience



7. LOCAL & NATIONAL CONTEXTS

Our workforce costs are 68% of our revenue budget, and so planning and leading our workforce to ensure that it is efficient, effective and fully engaged in providing our patients with the quality of care we can all be proud of, is critical to our success in delivering our plan.

The Group has a workforce of 3,759 staff (of which 3,575 are Trust staff and 184 are Barnsley Facilities Services staff including bank staff. There are 3,226 Trust staff and 170 BFS staff excluding bank) and is facing major challenges in delivering a financial turnaround plan, which will ensure that it is sustainable for the future.

The Trust is also part of a wider sustainable hospital services review (HSR) across the South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire ICS footprint, of which workforce is a key priority. The HSR report published in May 2018 recommends the creation of a SYB(MYND) Health and Care Institute which will be responsible for delivering system-wide functions related to workforce and clinical variation. This will include amongst other functions – the delivery of a comprehensive workforce strategy and a central intelligence function for collecting and analysing data on unwarranted variation.

In addition, Barnsley is also one of five 'places' of Accountable / Integrated Care Partnerships (ACPs) that form the South Yorkshire & Bassetlaw Integrated Care System. The other ACPs are Bassetlaw, Doncaster, Sheffield and Rotherham. The SY&B ICS is one of eight nationally selected to pioneer the development of integrated care systems. This involves organisations across health and care formally aligning to ensure the right care in the right place for our patients.

Three initial workforce priorities for the ICS are:

1. Developing the SY&B Region Centre of Excellence (unregistered workforce)
2. Creating a Faculty of Advanced Clinical Practice for the region
3. Expanding the primary care workforce.

As a Trust we need to make recurrent Cost Improvement Plans. As spend on our workforce accounts is the majority of the Trust's total financial expenditure the circumstances demand that our future workforce be leaner and more efficient, whilst not compromising on quality and safety.

The Trust's wholly owned subsidiary company has been set up and expanded to enable efficiencies to be achieved in delivering non-clinical support services through Barnsley Facilities Services Ltd (BFS) (operational from 1st September 2017).

The Trust has also signed up to and is actively engaged in the ICS Streamlining Programme which engages 7 local Trusts to work together to identify efficiencies and increase productivity within the system. This has a focus on recruitment, medical staffing, mandatory training and occupational health services. The Trust is the nominated lead for delivery of the mandatory training and occupational health services streamlining and standardising work streams.



We have a CQC rating of Good overall and aim to be rated Outstanding. By well-led (within the well-led domain), the CQC mean that the leadership, management, governance of the organisation assures the delivery of a high quality and person-centred care, supports learning and innovation and promotes an open and fair culture. The CQC well-led ratings characteristics are shown at appendix A. (Of the 8 areas ie W1-W8, the following are not relevant to People; W2,W4 and W6 and so they have been taken out). Mapping our strategy aims and measuring our progress against the CQC well-led domain Outstanding rating characteristics for People will be essential to ensure our success in delivery of this strategy.

8. NATIONAL STRATEGIC CONTEXT

Nationally there are a number of reviews and strategies developed for the whole health and social care system which have an impact on how services are provided in the future which has implications for the Trust and wider NHS workforce.

The Trust actively supports these reviews and this strategy aims to provide a supporting framework to enable the Trust to deliver against these key issues.

These include:

- The Five Year Forward View October 2014 (and the Next Steps Plan issued March 2017) describes the future of the NHS and the importance of developing new care models to support the increasing demands on the service. These new models require a workforce which is reflective of their local community, has the right numbers, skills, values and behaviours with the ability to work across organisational boundaries. Trusts will need to consider new roles, ways of working, working patterns, terms and conditions and reward to develop the future workforce
- Lord Carter's review of Productivity in the NHS February 2016 identifies clear workforce implications including better performance management practice, better use of nursing staff, clear setting of staffing levels, better management of sickness and annual leave and better use of e-rostering.
- The NHS Leadership Academy's 'Towards a New Model of Leadership for the NHS 2013' details the links between leadership and service outcomes. Lord Rose's review 'Better Leadership for tomorrow 2015' makes recommendations for improving leadership in the NHS and the updated NHS Leadership framework provides the skills and competencies NHS leaders should have.
- The outcomes of the Francis Inquiry February 2013 are still relevant to Trust workforce strategies. There is a need to continue to develop a culture of care with safe staffing levels and the ability for staff to be able to raise concerns.



- New agency rules were issued by NHS Improvement in 2015. This includes working only with recommended suppliers; monitoring usage and spend; and adhering to the hourly cap on rates. Whilst the Trust has fully engaged with these rules it is providing challenges for managing temporary staffing. The Trust is working towards reducing non-capped agencies, the challenge is managing risk to patient safety in inpatient environments.
- Changes to the removal of the nursing and AHP tariffs with effect from September 2017 will have a potential impact on the future supply of nurses and AHPs. Bursaries are no longer available for students to undertake nursing and AHP training potentially resulting in a change to the age and demographic of students.
- Talent for Care Framework and Widening Participation strategy have been introduced to support opportunities for people to start their career in a support role and develop their career through a learning pathway.
- The introduction of an Apprenticeship Levy in April 2017 to support apprenticeship training.
- The Health Education England Workforce strategy has been produced and is the first national document that they have produced for 25 years designed to present the facts and stimulate debate. It describes the current state of the NHS, health and care workforce from 2012, outlines recent strategic workforce interventions; describes key decisions that will impact on the future workforce through to 2027; and seeks views on what we should do next to ensure our workforce provides the best quality care to patients, service users, carers, and the public.
- The NHS Constitution pledges to staff are as follows:
 - The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and careers and communities.
 - The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
 - The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
 - The NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.



9. KEY CHALLENGES

The key challenges facing the Trust include:-

- Recruiting, retaining and developing our health care workers in an increasingly competitive labour market.
- Flexing and redesigning the workforce across an integrated health and care system which challenges traditional roles and professional boundaries both within the Trust and in the community.
- Adapting our services and the workforce skill set to meet the increasing needs of patients identified as being “at risk” of developing illness, through lifestyle or other factors, as well as those who present with an acute hospital episode.
- The engagement of our workforce in this challenging healthcare agenda.
- New models of care requiring the development of professional staff through practice development. At the same time, we are developing the unregistered workforce, such as Health Care Assistants, in the light of the Cavendish review and ensuring appropriate supervision and development to encourage a team approach to high quality patient care.
- The use of technology, and the switch from existing platforms to Electronic Patient Record, requires significant investment to ensure that staff are confident in using it.
- Reviewing pay flexibilities that support better health outcomes, including team-based incentives and support the transition between clinical and managerial roles for senior doctors e.g. responsibility payments.
- Embedding integrated leadership at middle management level to ensure and sustain delivery of patient care and to develop the desired diverse and inclusive culture.



Talent



10. DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 1 - TALENT

Talent (Capable)

We will develop all leaders to influence and motivate effectively, giving them the behavioural, process and business skills to effectively serve our patients. We will maximise impact through identifying and developing all our Talent at every level in the organisation to perform to the best of their ability

10.1 OUR APPROACH TO TALENT

People development, leadership and talent management and succession planning are essential in addressing workforce challenges, in particular, shaping the current and future workforce to meet service needs.

The People strategy will enable improved performance management and people development by focusing on the provision of the following:

- **A new simplified appraisal documentation and process.** Also monitoring appraisal returns to ensure that training needs are identified and incorporated in to reporting, product design, programme procurement, and actions required
- We will be flexible, creative and offer learning opportunities and solutions.

We will design, develop and deliver a talent management framework for the Trust. Our talent management processes and development will aim to:

- Create a tangible means of identifying, selecting and deploying outstanding talent.
- **Be proactive around talent spotting, and succession and establish a 'Talent pool'.**
- Become and remain responsive to changing business needs through increased capability.
- Strengthen feelings of accountability by making development goals clear and measurable and visible across the organisation through appraisal review.
- **Utilise apprenticeship levy to map to new role development and leadership programmes.**



10.2 OUR APPROACH TO LEADING PEOPLE

Leadership within our organisation will be inclusive and span the entire organisation. It will be a reflection of how we are perceived as a professional and credible organisation/ business, and the provider of choice.

Teams are more inclusive and well-led when they are well-structured and have effective processes that include: clear vision and values; shared team leadership; valuing diversity as a positive element of the team; and a pattern of listening to and valuing all voices within the team. The key elements necessary for cultures of inclusion are also associated with high-quality health care.

There will be clear distinctions between different levels of leadership, and we will ensure that leadership development is geared towards meeting the needs of specific levels of leadership, and by removing barriers to give greater clarity of vision and strategic direction, permission to act, confidence, consistency and improved team-working across our Clinical Business Units.

We will promote:

- **The definition of ‘Excellent Leadership’ as the ability of any individual to inspire, influence** and maximise the efforts of others towards the achievement of a common goal.
- A model for Leadership which aligns to the **NHS ‘Developing People-Improving Care’ national framework** for action on improvement and leadership development in NHS-funded services (the five conditions which underpin the framework are shown at appendix B).
- **The development and nurturing of leaders at all levels in the organisation.**
- Creation of a culture where our staff are given permission and the confidence to act effectively.
- A clear focus on values, ethics, knowledge, personal responsibility and developing skills for the greater good of our organisation.

10.3 OUR APPROACH TO LEADING CHANGE

We will adopt an approach to leading change which will enable us to give clarity, obtain commitment and ultimately, ensure we have the capability to lead and sustain change where required.

People at all levels will understand the vision for the future and the need for change, will be engaged in the change seeing it as essential and part of their responsibility and we will ensure that leaders and teams have the skills and ability to enable change to be delivered.

We will promote a consistent, values based process underpinned by policy and the capacity and capability of our leaders to lead change, and will support all our people to better balance and manage themselves through personal change in a healthy and constructive way.



Engagement



11. DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 2 - ENGAGEMENT

Engagement (Motivated)

We will motivate our People to do the best that they can by living our Values and creating a culture of Trust and real Engagement

11.1 OUR APPROACH TO ENGAGEMENT

In order for us to meet the challenges that our NHS faces, we must ensure that staff are committed and loyal to our organisation, and that they feel so inclined to give their very best to their roles and our patients. We want our people to be engaged in our operational strategy and also, in our culture and in living the values of our organisation.

The People Strategy will support improved engagement and motivation of our staff by the development and cascade of:

- **An Excellent Leadership Framework** and training and development tool kit for leading people and leading change
- A values based behavioural framework for all staff
- **The setting up and on-going support and facilitation of Schwartz Rounds** (confidential, multi-disciplinary forums designed for staff to come together once a month to reflect on the emotional and social experiences associated with their work)
- **A review and refresh of our current reward and recognition schemes including the introduction of an Inspiring Leader award**
- **The creation of an instant pulse check system and focus on pulse check questions and results**

We will monitor our progress as follows:

- through our **Staff Survey and associated pulse checks, stress surveys, family & friends test**
- by ensuring we understand and act on all feedback that influences our staff morale, through our Occupational Health, HR, L&OD and employee relations services.



Health & Wellbeing



12. DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 3 – HEALTH AND WELL BEING

Health and Wellbeing (Sustainable)

We will ensure that we create an environment where our People are physically and emotionally sustained to enable them to give their best and to be able to be at work more of the time in order to better serve our patients

12.1 OUR APPROACH TO STAFF HEALTH & WELLBEING

We want the experience of working for Barnsley to be a positive one, and to have a positive impact on the health and wellbeing of our employees.

Responsibility for health and wellbeing at work belongs to both employers and employees. The key factors that we believe can determine whether workers will have a positive or negative relationship with work are:

- The relationships and communication between line managers and their people
- Whether employees are involved in organisational issues and decisions and feel empowered and involved in our organisation
- Job design and practicality, flexibility and versatility of role
- Appropriateness and volume of workload
- Availability and acceptability of flexible working
- Awareness of occupational health issues and encouragement to invest in themselves and their wellbeing.

We therefore aim to:

- Create a resilient, physically healthy and emotionally balanced Workforce.
- **Educate and support our workforce to be proactive in their health and wellbeing** encouraging the up-take of Lifestyle Checks to inform healthy lifestyle choices e.g. alcohol, weight reduction and smoking.
- **Reduce levels of sickness absence across the Trust**
- Assess the effects of health on work and work on health



- Occupational Health services continue to be SEQOHS accredited
- **Meet our health and wellbeing CQUIN**
- **Reduce stress and improve mental wellbeing of staff** by offering education and training sessions providing knowledge and skills to equip managers and staff to have better awareness to manage and improve their mental health coping strategies e.g. resilience training, sleep management, mindfulness.



13. DELIVERY OF OUR PEOPLE STRATEGY UNDER PILLAR 4 – QUALITY OF POLICY AND PROCESS

Quality of Policy and Process (Sufficient)

We will provide robust infrastructure and Quality process, policy, procedures and Assurance Framework to support and monitor our ability to lead our People in Barnsley. Also to ensure we attract, select, recruit, develop, performance manage and retain the right people, in the right place at the right time, doing the right things, with the optimum level of motivation.

13.1 A ROBUST PROCESS FOR SUCCESSION AND WORKFORCE PLANNING

We will use succession planning as a proactive process that works to address talent needs before they exist and which then cultivates internal talent to meet those needs. This incorporates linking workforce planning to business planning to inform future leadership requirements and determining the key roles that will have the greatest impact on the stability, productivity and effectiveness of the organisation.

We will:

- Put systems and processes in place to support the succession planning process in order to have a positive organisational impact and to **fully enable our CBU Leads to make decisions about the numbers, roles, skills and development requirements of the resources required to effectively run their services.**
- Use effective leadership planning to equip the organisation with the essential leadership qualities, knowledge, skills and behaviours required to build effective leadership.
- **Provide accurate information around gaps and ensure that future planning decisions are made around robust data.**
- **Support the recruitment of the right people into the right places with the right skills through provision of gap data, and ensure that succession planning is credible and accurate**
- Support the Business Units to be able to make effective workforce plans to realise their business plans.



- Work with regional /external stakeholders where required to ensure that we align our workforce plans and succession plans to the wider, national agenda as required.

13.2 OUR APPROACH TO EMPLOYEE RELATIONS PROCESS AND POLICIES

It is important that managers have access to information and guidance to help them line manage their employees effectively. A number of toolkits will be developed and made easily accessible to line managers on key HR issues including sickness management, capability, flexible working, how to deal with grievances and how to manage organisational change projects successfully.

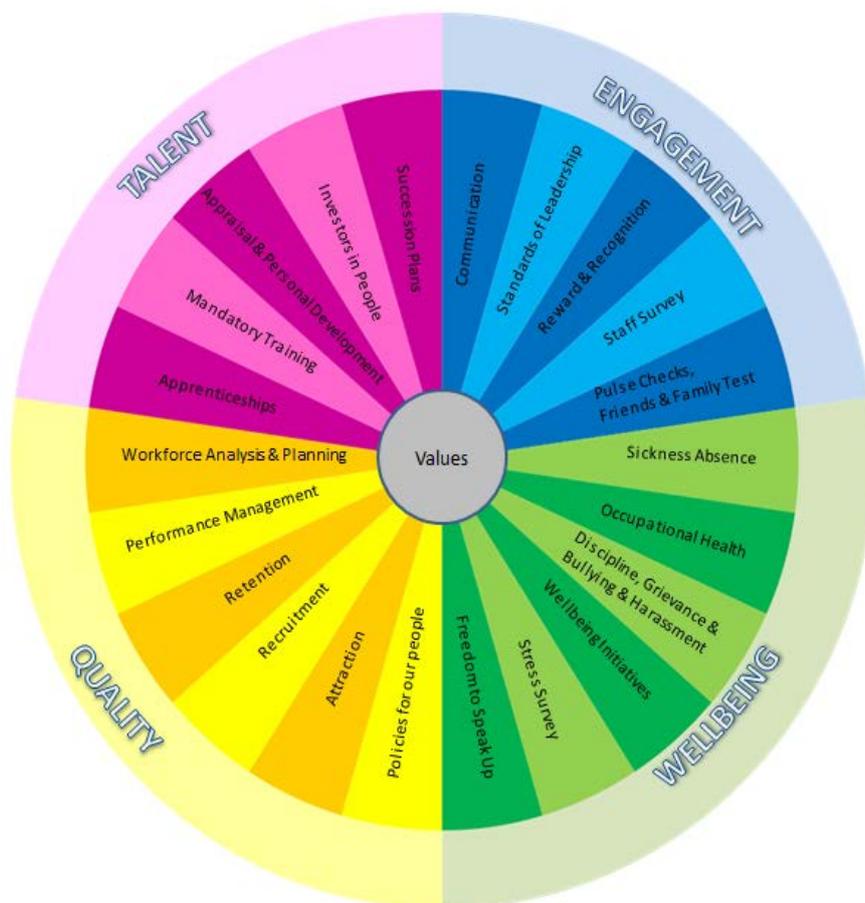
The toolkits will be supported by a “quick reference guide” that will act as an easy reference tool for things like special leave, annual leave and sickness as well as frequently asked questions for each subject matter.

The HR Business Partner intranet page will be revamped – ensuring that the page can be easily navigated and that the toolkits and guidance documents are easy to find.

14. OUR PEOPLE DASHBOARD

All Plans will be monitored through our People & Engagement Group and to the Board via Finance and Performance Governance Committee on a monthly basis through our Workforce Performance dashboard and our People and Engagement Group Chairs Log. Our KPIs will include qualitative in addition to quantitative measures, and will offer CBU's service line information. The People Dashboard will enable leaders to monitor and communicate Performance and will be included in the CBU performance review meetings, reviews and governance committee reviews.

Our dashboard will be based on the 4 pillars of our People Strategy: Talent, Engagement, Health and Well being and Quality. Within these 4 pillars, we will measure our success under the following headings:





15. OUR KEY PERFORMANCE INDICATORS

Under the 4 Pillars of our People Strategy, we will develop our KPIs and measures to include:

Talent

- Return on Investment of training and development outcomes
- Metrics for measuring talent and cultivating a collaborative and consistent approach to managing performance and understanding workforce performance drivers.
- Mandatory training compliance
- Appraisal rates completion and quality of appraisal discussions
- Apprenticeship Levy spend
- Investors in People accreditation

Engagement

- Pulse checks, annual staff survey and staff engagement scores
- Manager communication via Team Brief etc completion rates and quality of Team Briefs
- Progress towards the NHS Equality Delivery System EDS2, WRES, WDES compliance

Health and Well Being

- Sickness absence rates
- Occupational Health service referrals
- SEQOHS accreditation
- Health and Wellbeing CQUIN
- Stress Survey

Quality of policy and process

- Vacancy levels
- Turnover
- Time to recruit
- Agency usage and spend
- Employee relations measures such as Employment tribunals, suspensions, disciplinaries

16. OUR PEOPLE STRATEGY DELIVERY – RISKS IDENTIFIED

Area	Risk	Mitigation
People	<p>Skillset of Organisational Teams</p> <ul style="list-style-type: none"> Any skills gap could result in either a delay or the failure of plans. Lack of a substantive Director of HR & OD Lack of capacity to deliver programmes highlighted requiring OD support 	<ul style="list-style-type: none"> The Trust has previously undertaken a capacity, skill and capability review of both the Executive and of the Board to ensure that the Trust is able to deliver plan and strategy. The Trust has re-profiled the Executive structure and utilised an interim HR & OD contract to kick start the work on People Strategy. There is a plan to recruit a substantive Director of HR & OD. Expectations to be set with all staff through clear objective setting, values-based appraisal and performance meetings- this will be refreshed and reviewed as part of the planned strategic activity.
People	<p>Adequate internal resources</p> <ul style="list-style-type: none"> Potentially insufficient internal resources exist to maintain ongoing services and to fully support People Strategy programmes of work. The complexity and effort to drive them should not be underestimated. Resource constraints could lead to either a delay or the failure of the People implementation plans. 	<ul style="list-style-type: none"> The Trust will, for each function affected by the Plan, complete an internal capabilities review to identify whether the current resource has the necessary capacity to support the plan. For each planned scheme, resource will be reviewed.



Area	Risk	Mitigation
People	<ul style="list-style-type: none"> Organisational ability to lead change and lack of clarity of approach to change. 	<ul style="list-style-type: none"> Use of forward plan, horizon scanning and project reviews at performance and ET meetings Strategy plans to be part of weekly ET review of performance OD & personal/leadership development of Trust Board and Exec team to define approach to change and leadership, organisational definitions and further agreement on ways of working Performance meetings to include strategy/implementation plan reviews of progress

Area	Risk	Mitigation
<p>Culture</p>	<ul style="list-style-type: none"> There is a risk that some Trust employees will be resistant to the changes detailed within this plan which, if not addressed, could delay implementation. 	<ul style="list-style-type: none"> The Plan is underpinned by Trust's change to "can do" culture. The Trust wants all staff at every level to fully understand the Plan and their role within this plan. Accordingly the Trust will deliver a series of interactive roadshows which will provide details of the plan, explain key milestones, what is expected of the staff regarding the delivery of the plan. The Trust will also ensure that there are regular follow on communications to re-emphasise the key message regarding the plan, updates on its delivery and further need for change and work proactively with staff representatives across the workforce to deliver changes in partnership. As part of further change, targets and milestones are being set, met and delivered. Recognition and reward strategy. Workforce flexibility & support for staff health and well being.



17. ENGAGEMENT, INVOLVEMENT & PARTICIPATION IN THE PEOPLE STRATEGY

Employee engagement will be fundamental in delivering the outcomes of the People Strategy, and will be based on building trust in our service.

We will therefore maximise engagement by ensuring that our programmes and interventions:

- Equip our leaders with the skills and motivation to allow them to deliver real and meaningful action based on their opinions and ideas
- Support the offerings of other enablers – e.g. OD to ensure that development is ‘joined up’ and practically supports making working lives easier and outputs more efficient.
- Give clarity, an improved ‘systems’ view and make clear links to the benefits realised as a result of ‘what we do’ in People Development.
- Regularly gather feedback to improve our People Development service.
- Support anything that we do with clear concise communication and easy access to support open conversations around improving our service.
- Ensure we have a clear, professional and recognisable brand for People Development in the organisation and an improved People intranet.

18. LOOKING AHEAD – WHAT WILL HAPPEN IN YEAR 1?

Action	Owner	Delivery Date	Comments
We will embed People as a key component within the Finance and Performance Committee	Michael Wright	Q1	The terms of reference for the Finance and Performance Committee have been expanded to capture enhanced People focussed data.
We will fully collaborate in the HR work streams of the SY&B ICS	Michael Wright	Q1-Q4	We are currently leading on the MAST and Occupational Health streamlining work streams.
We will establish the Schwartz Rounds and fully evaluate their impact within the Trust	Michael Wright	Q1/Q2	The first Schwartz Round was held on the 5 th June 2018. The Schwartz Round Steering Group provides regular updates to the People and Engagement Group.
We will develop a number of toolkits for managers on key HR issues including sickness, annual leave and flexible working to help them line manage their People effectively	Michael Wright	Q1/2	The sickness management toolkit is now available on the HR Intranet site. The annual leave toolkit is currently in development.



<p>We will implement actions necessary to deliver the Health and Wellbeing CQUIN</p>	<p>Michael Wright</p>	<p>Q1-Q3</p>	<p>The Health and Wellbeing CQUIN Action plan was presented to the Executive Team on the 5th June 2018.</p>
<p>We will establish a Workforce Planning Steering Group with key CBU and Corporate Leads to make decisions about the shape of our future workforce and produce a Trust Workforce Plan</p>	<p>Michael Wright</p>	<p>Q1-Q4</p>	<p>The Workforce Planning Steering Group is established and terms of reference have been approved. A key action of the group is to develop a workforce plan aligned to the Trust's Operational Plan.</p>
<p>We will complete all actions in the Investors in People Trust action plan including the introduction of the Excellent Leadership Framework, the Staff Behavioural Framework and a refresh of the appraisal process and documentation</p>	<p>Michael Wright</p>	<p>Q1-Q4</p>	<p>First drafts of the Leadership Framework and Behavioural Framework have been presented at the People and Engagement Group.</p>



<p>We will introduce qualitative measures into our People performance dashboard KPIs including staff engagement scores and quality of appraisal discussions through the introduction and use of regular pulse check surveys data collection and analysis</p>	<p>Michael Wright</p>	<p>Q2</p>	<p>A mechanism to run regular pulse checks is being scoped.</p>
<p>We will seek the appointment of a Director of HR & OD</p>	<p>Richard Jenkins</p>	<p>Q3</p>	<p>Currently exploring the potential for a joint appointment with the Rotherham NHS Foundation Trust.</p>
<p>We will seek the appointment of a Head of OD</p>	<p>Richard Jenkins</p>	<p>Q3</p>	<p>Currently exploring the potential for a joint appointment with the Rotherham NHS Foundation Trust.</p>
<p>We will develop an agreed approach to CBU Triumvirate leadership development.</p>	<p>Michael Wright</p>	<p>Q4</p>	<p>This will be developed following the commencement of the new Head of OD.</p>



<p>We will map our strategy aims and measure our progress in delivering the strategy against the CQC well-led domain Outstanding rating characteristics for People and against the NHS 'Developing People – Improving Care' national framework for action on improvement and leadership development in NHS-funded services.</p>	<p>Michael Wright</p>	<p>Q2-Q4</p>	<p>The CQC well-led ratings characteristics for People are attached at appendix A</p> <p>The five conditons which underpin the 'Developing People-Improving Care' national leadership framework are attached at appendix B</p>
---	-----------------------	--------------	--



Appendix A

CQC Well Led Outstanding Ratings Characteristics for People

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Outstanding	Good	Requires improvement	Inadequate
The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.	The leadership, governance and culture promote the delivery of high-quality person-centred care.	The leadership, governance and culture do not always support the delivery of high-quality person-centred care.	The delivery of high-quality care is not assured by the leadership, governance or culture. Normally some regulations are not met.

- [W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?](#)
- [W3: Is there a culture of high-quality, sustainable care?](#)
- [W5: Are there clear and effective processes for managing risks, issues and performance?](#)
- [W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?](#)
- [W8: Are there robust systems and processes for learning, continuous improvement and innovation?](#)



W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Outstanding

- There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.
- Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.

W3: Is there a culture of high-quality, sustainable care?

Outstanding

- Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.
- Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.
- There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

W5: Are there clear and effective processes for managing risks, issues and performance?

Outstanding

- There is a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems are identified and addressed quickly and openly.



W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Outstanding

- There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.
- Services are developed with the full participation of those who use them, staff and external partners as equal partners.
- Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.
- The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

W8: Are there robust systems and processes for learning, continuous improvement and innovation?

Outstanding

- There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology.
- Improvement is seen as the way to deal with performance and for the organisation to learn.
- Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.
- Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.



Appendix B

Developing People – Improving Care

Condition 1: Leaders equipped to develop high quality local health and care systems in partnership

Leaders of organisations in local health and care systems are able to collaborate with partners including patient leaders across organisational, professional and geographical boundaries in trusting relationships to achieve the same clear, shared system goals¹ for their communities.

Condition 2: Compassionate, inclusive and effective leaders at all levels

Compassionate leadership means paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging existing power imbalances. It may sound a 'soft' and timeless leadership approach given current urgent pressures. But evidence from high performing health systems show that compassionate, inclusive leadership behaviours plus established improvement methods² create cultures where people deliver fast and lasting improvement in quality and efficiency.

Condition 3: Knowledge of improvement methods and how to use them at all levels

Individuals and teams at every level know established improvement methods and are using them in partnership with patients, communities and citizens to improve their work processes and systems. Enough people can lead improvement project teams to release the full benefits of this knowledge.

Condition 4: Support systems for learning at local, regional and national levels

There is sufficient training, coaching and organisation development capacity to meet development needs and enable and support learning and improvement. Data and knowledge-sharing systems to support improvement and leadership development are in place and there are networks for sharing improvement knowledge and experience locally, regionally and nationally.

Condition 5: Enabling, supportive and aligned regulation and oversight

The regulation and oversight system gives local organisations and systems control of driving learning and improvement. At the same time, central organisations help local systems find the support and resources they need. The constituent parts of the oversight system behave consistently and 'speak with one voice'.

¹ Including continuously improving care, population health and value for money.

² These methods include Total Quality Management (TQM), Model for Improvement (including Plan Do Study Act or PDSA), Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. See www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf