

People Strategy

Sample Strategy

Derby Teaching Hospitals NHS Foundation Trust



'DEVELOPING OUR PEOPLE' STRATEGY

To be the top NHS employer and educator in England



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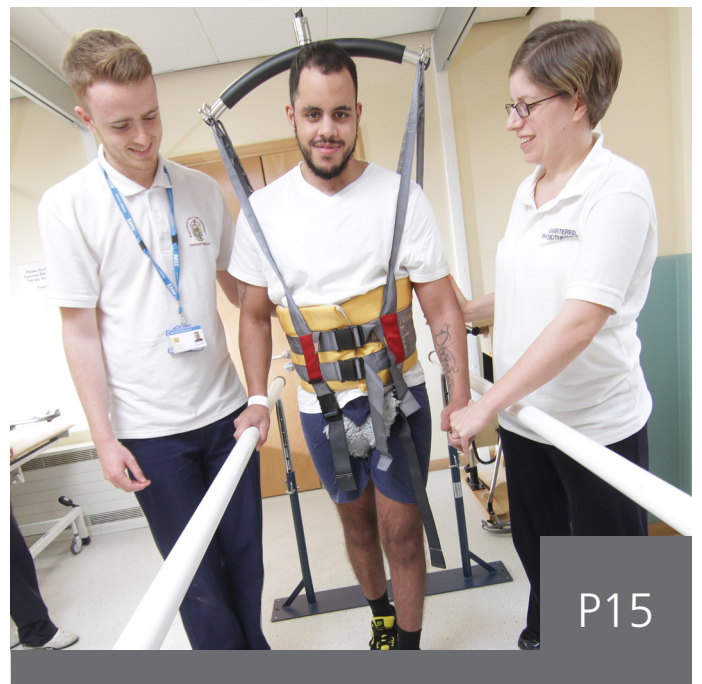
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1.1 Background

The NHS typically spends over 70% of its budget on its workforce. Never before has the culture of an organisation been so much in the spotlight. Organisational culture is coupled with the quality of its leadership, and how it engages with staff. This is a major influencing factor in delivering outstanding patient care with financial sustainability.

Building upon the reputation of our teaching hospital status, we will look to leverage knowledge and resources through our partnerships with Health Education East Midlands, with our affiliations with educational institutes (notably universities) and other health and social care providers (e.g. Nottingham University Hospitals Trust) to support our aim of attracting and retaining the best people. These partnerships will also enable those employed at Derby Teaching Hospitals to be developing new and innovative roles and improve and maintain their own health and wellbeing.

None of this can be delivered without open engagement with collective leadership and an inclusive culture that encourages and enables colleagues to be their best every day.



1.2 Purpose

The 'Developing Our People' Strategy aims to recognise the value brought to the Trust by its people and the link that exists between an engaged, happy workforce who feel valued and the quality and efficiency of the care they are able to deliver.

This Strategy seeks to create the cultural conditions required for colleagues to feel truly engaged and a partner in 'taking pride in caring'. An essential part of the culture we are trying to create is to encourage staff to speak out freely.

The Strategy recognises that not all staff provide direct patient care but that we all have a key role in the patient journey. The Trust wishes to support and value our people in their development to ensure they are able to progress as far as they want to.

1.3 Supporting the Trust's objectives

This People Strategy is aligned with the wider needs of organisation and will support the delivery of the Trust's strategic objectives.

The Trust's vision 'to be a beacon of all that is best in the NHS' will be recognised through a well-educated workforce, who are immersed in the change and transformation agenda that is necessary for services to evolve and thrive.

The people aspects of the Trust Strategy will be delivered through the domains of: Engagement, Transformation, Innovation in Education, Recruitment and Retention, Health and Wellbeing, and Inclusion, with Collective Leadership running through all domains.



2.1 Workforce challenges

At Derby Teaching Hospitals, we currently have over 36 recognised roles that are classed as 'hard to fill'/shortage occupation areas. This is often demonstrated through vacancy rates (8.3% in 2015/16) resulting in increased financial pressure and impact on service sustainability.

In 2016/17

The Trust is forecasting a spend of **£11.7m on agency staff** (compared to a cap of £9.6 million, this is a reduction in spend from £12.6 million in 2015/16).

Such flexible staffing can affect the optimum functionality of a team and the performance which follows.



One of the underlying reasons for this pressure relates to the number of training posts for doctors supplied by the East Midlands Deanery. These numbers have reduced over time and we have one of the lowest ratio of trainee doctors to population in the country.

Because of this shortfall, we employ more consultants and Trust doctors than the national average and have developed alternative workforce solutions as a result of our teaching hospital status, most notably in our emergency department where we have a model incorporating advanced clinical practitioners, Certificate of Eligibility for Specialist Registration (CESR) posts and junior and senior clinical fellows.

Looking forward, we can see that the staff needed to match the vacancies in our shortage areas are not necessarily available in the job market. We will therefore need to see how we can attract staff through alternative/innovative models, put in place robust retention plans including training and developing our staff and redesigning roles in order to create a blended team model (as described above) where we know that traditional like for like recruitment will be unsuccessful in meeting our aims.

Like many NHS organisations, we experience higher levels of unplanned absence than we would hope for with absence of 4.14% for the 2015/16 financial year. It is critical in developing this strategy that consideration is given to improving attendance through embedding exemplary Health and Wellbeing practice, including supporting staff to make healthy choices and dealing with crises ensuring rapid intervention and embedding public health messages through the workforce.

2.2 Key drivers

Both national policy, as described in the Five Year Forward View and the 2016/17 NHS Mandate, and local commissioning intentions, in the Sustainability & Transformation Plan for Derbyshire's health and care system will remain key drivers in helping shape the People Strategy over the next five years.

In addition to these key policies, the Health Education England mandate, together with the local key strategic aims, play a key factor. These include:

- Mental Health and Learning Disability Workforce
- Primary and Community Care Workforce
- Seven Day Services
- Nursing Supply and Demand
- Workforce Transition and Five Year Forward View
- Sustainability and Transformation Plans (STP)
- Maximising partnership opportunities e.g. current exploratory relationship with Burton Hospitals

The Lord Rose Report "Better Leadership for Tomorrow – NHS Leadership Review" June 2015 indicates three areas for concern:

VISION

There is a lack of one NHS Vision and of a common ethos.

1

PEOPLE

The NHS has committed to a vast range of changes, however there is insufficient management and leadership capability to deliver effectively with the scale of challenges associated with these.

2

PERFORMANCE

There is a need for proper overall direction of careers in management across the medical, administrative and nursing cadres.

3

2.3 Our People vision: To be the top NHS employer and educator in England



2.3.1 Key principles

- Have an environment where service improvement and innovation flourishes, by encouraging staff innovation as close to the point of care delivery as possible
- Acknowledge and learn from mistakes and celebrate success
- A life time of engagement
- Develop a more flexible, shared workforce with a broader range of skills
- Attracting staff who share our values and behaviours and tackling those who don't
- Collective leadership
- Grow our own workforce through training, education and increased research and development (including non-medical research) capacity and capability
- Support the workforce to manage their own health and wellbeing.

2.3.2 Outcomes

- A culture which supports the organisation to achieve its objectives
- Outstanding leaders at all levels
- Motivated and engaged staff delivering better patient outcomes
- An integrated and sustainable workforce across the health and social care system
- Workforce plans and systems which are fit for the future.



2.4 Key domains

The People Strategy will be split into seven domains namely: Engagement, Transformation, Education and Innovation, Recruitment and Retention, Health and Wellbeing, and Inclusion, with Collective Leadership running through all domains.

2.4.1 Workforce Transformation

Traditional solutions to the 'wicked problems' facing the health and social care organisations have focused on delivering interventions often in isolation from other parts of the system. The vision for the NHS of the future as described in the Five Year Forward View demands organisations and individuals work together across patient pathways and within new models and frameworks of care that are no longer linear and bounded.

We will work as part of the wider system to ensure that our workforce is aligned to new models of care and system working across organisational boundaries. This aspect of our work hinges critically on clear workforce plans, taking account of the future context of healthcare delivery within Derbyshire and which align to our quality and financial plans.

Derby Teaching Hospitals challenge is to embed sophisticated workforce modelling and planning which is clinically led and addresses both short and long term workforce issues. Over the next two years we shall need to create a culture where staff are more flexible and mobile whereby both clinical and non-clinical staff are working to provide patients with the care that they need either directly or indirectly over seven days a week.

Workforce Optimisation features as a key work stream both within Derby Teaching Hospitals NHS Foundation Trust and also the STP footprint. This includes an approach to the effective and efficient management of our staff to best value high quality care for our patients. Much of the work identified to deliver workforce optimisation includes the traditional and endemic challenges of reducing agency expenditure, improving attendance and ensuring processes are as efficient as possible. We recognise that traditional solutions to these challenges are unlikely to deliver the step change required and only through innovative and system wide transformation will we succeed. In view of this we are fully engaged with partners across the healthcare system collaborating on this agenda.

Supporting the delivery of high quality care through medical student and junior doctor education is a core focus of the Trust. Our values emphasise the importance of developing our people and we expect all medical staff to promote a positive learning culture so that students and trainees receive an excellent experience during their placements within the Trust. Within clinical training, the General Medical Council's ambition to embed Generic Professional Capabilities will be built into all postgraduate medical curricula over the next 2 years. These build on aspects of the Shape of Training report and include training in broader human skills such as communication, team working, leadership and quality improvement needed by doctors to help provide safe and effective patient care.

Support for medical education is focussed at local level through the development of our Educational and Clinical Supervisors, at specialty level through our network of College and Specialty Tutors, and at Corporate level through our Director of Postgraduate Medical Education, Associate Clinical Sub-Dean, and Foundation Programme Directors. They collectively support and enhance the quality of medical education and training within the Trust and promote the importance of learning and development. In addition, we have invested in corporate clinical roles to ensure all new doctors receive an excellent induction so an ethos of high quality care and professionalism is enshrined from day one and a Clinical Skills and Simulation lead developing high quality in-house training and innovative multi-professional training programmes.

The reduction in junior doctor numbers has focussed attention on the need to develop other healthcare professional roles. Work on this is already well underway through the introduction of innovative non-training grade posts, Advanced Clinical Practice roles and the further development of our SAS doctors. We have a shared commitment to supporting and developing the SAS doctor as a valued and vital part of the medical workforce.

Our Consultant body are vitally important in developing and maintaining a culture which promotes the importance of learning and development and we aim to support our consultants and SAS doctors with their personal and professional development through high quality annual appraisal. The appraisal system includes education and recognises individuals' career aspirations and fully supports personal and professional development.

The Advanced Clinical Practitioner (ACP) workforce has become recognised as one of the solutions to workforce transformation.

Derby Teaching Hospitals is fortunate to have been developing this role over many years and now sees the role as underpinning the medical workforce supporting the generation of the modern firm structure. The advanced position Derby has worked hard to develop throughout the last decade places the Trust in a strong but potentially vulnerable position.

There continues to be few trained practitioners to recruit and as such having made such a large investment in this role it is imperative that we not only continue to grow but focus on generating a working environment the ACP wants to continue adding to and working within. The ACP is widely valued and a dedicated lead focuses on supporting and empowering this hugely experienced and valuable team of practitioners something which is reflected within the high retention rates of 95.5%. An emphasis on recruiting for attitude appears to have been successful in supporting success within the role with positive feedback from patient and staff groups.

2.4.2 Leadership and Organisational Development – Support our workforce to develop leadership skills, positive attitudes and behaviours to support improved patient care through innovation (using a collective leadership approach)

It is recognised that excellent leadership at all levels will be key to the delivery of better health outcomes and healthcare for the populations we serve.

Our collective leadership philosophy challenges some basic operating assumptions in that the key principle is collaboration and ensuring that an organisation's culture is one of continual learning for individuals, teams and the organisation. It also means that teams and organisations must expand their boundaries and work together, rather than implement effective leadership within organisational silos. Through this, linking with education and innovation, we will encourage and enable our staff to adopt innovative approaches to their work.

Leaders are refining their leadership role to focus on empowering collective leadership amongst all staff, and embracing their responsibility for ensuring that these staff are valued, supported and engaged in fulfilling the organisation's values, behaviours and strategy (CARE and PRIDE). However, for a sustained positive impact on organisational culture, collective leadership needs to be implemented strategically. It is not simply the number or quality of individual leaders that determine organisational performance, but the ability of leaders at every level to pull together in support of the organisation's goals and ambitions (PRIDE objectives).

2.4.3 Engagement – Engaging our staff to be the best they can be

The most successful organisations are those where staff feel engaged, empowered and valued. Kings Fund research shows that engaged staff are happier in their jobs and leads to better patient outcomes (lower mortality, sickness, turnover, complaints, better quality/safety et al).

Our staff are at the heart of everything we do, so listening to their ideas and suggestions is important to us so that we can improve how individuals and teams work together and therefore improve services.

Employee feedback has been gathered and analysed from various sources including the Staff Survey, lead Ambassador Focus Groups and Staff Friends and Family Test. Whilst the Trust has been in the top 20% of hospitals nationally for the past two years there is still more to be done on recurrent themes identified by staff for improvement. These include a perceived lack of communication in some areas, not feeling supported by management, lack of recognition, senior management not being visible in clinical areas and employees not understanding how their roles relate to overall Trust priorities and the changing external environment.

We will continue to develop our engagement framework not just as a series of one-offs but as an ongoing relationship with our staff. We see staff engagement as a constant process with closed feedback loops to staff so that they know what they have expressed has been listened to and acted upon, or if not acted upon they understand why. We will listen to staff experience as rigorously as we do our patients.

The heart of effective teamwork is communication. We want to encourage leaders to take ownership for communication within their teams. In such a large organisation, where many staff are not computer based, face-to-face meetings are often the only chance to catch up, discuss the team's effectiveness, ask questions and share ideas. We know that being able to make suggestions, share ideas and feel listened to is so important, as the best ideas come from people who understand the challenges and rewards of a job through personal experience. Leadership and management development programmes will also continue to support leaders, managers, and teams to continue to build upon their existing communication and engagement mechanisms.

We are aware of the busy environments we all work in, and that we are not all based on one site or in one location. This requires a range of communication methods. What we know from research about engagement is that the best communication is from face to face discussions and conversations and we will continue to encourage teams and colleagues to engage with one another on a face to face basis where time and logistics allow. We also know we all have different preferences in how we want to be engaged or communicated with, and we will strive to support a wide range of preferences. We also know that at the heart of good engagement and communications is the fact that communication is everybody's responsibility.



2.4.4 Innovation in Education - Investing in our workforce to develop skills and competence to support transformation and improve care

There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. “Compassion in Practice” emphasised the importance of getting this right, as did the publication of the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry and more recent reviews by Professor Sir Bruce Keogh into 14 trusts with elevated mortality rates.

Don Berwick’s review into patient safety and the Cavendish review into the role of healthcare assistants and support workers also highlighted the risks to patients of not taking this issue seriously.

The challenge is to provide educational and professional employment opportunities for young people. Our recruitment and retention intentions will need to focus on attracting young people to careers in healthcare. Increasing opportunities for apprenticeships both in clinical and non-clinical areas and improving links with schools, colleges and Job Centre Plus. This will assist in addressing the issues of our ageing workforce, as well as ensuring sufficient workforce supply to meet the predicted increase in demand for services.

In light of our Teaching Hospital status we will continue to work closely with our higher education partners, which include the University of Derby and the University of Nottingham, developing links that create an education offer that meets the needs of our current and future workforce, and provides opportunities for career progression from apprentice to qualified healthcare practitioner.

Derby Teaching Hospitals will need to strengthen the capability of the workforce and identify clear roles and responsibilities which challenge traditional ways of working across all professions and health and social care boundaries through the introduction of integrated working over 7 days.

Training and development to enable competencies to be met together with clear career pathways to support talent management, succession planning and more flexible working conditions will be key to recruitment and retention.

We want to be ambitious in the creation of new and exciting medical and clinical roles to attract the very best talent to Derbyshire. The Derbyshire Sustainable Transformation Plan will be fundamental to our success and will inform our future workforce modelling. We want to work collaboratively within the local health and care economy to create ambitious and attractive roles to create a sustainable workforce for Derbyshire.

We recognise that innovation is not only about innovative approach to education and addressing the mismatch between workforce supply and demand. Through education and leadership we will enable and encourage staff to innovate in their practice as they seek deliver more effective and efficient care to our patients.



2.4.5 Recruitment and Retention - Optimise the recruitment processes whilst enabling barriers to high levels of retention to be identified and addressed

Many of the operational challenges faced by Derby Teaching Hospitals NHS Foundation Trust and the wider NHS stem from a mismatch in the supply of and demand for high quality individuals required to deliver the best care to our patients. Through this strategy, we will seek to identify the drivers for turnover so that these are addressed, minimising vacancies and reliance on temporary staff. Given our aim to be an employer of choice with an excellent employer brand we would expect to attract and retain the best people in the NHS to deliver the best possible care.

Through both ensuring our operational processes are efficient and best fit and that we adopt innovative approaches for 'hard to fill' posts we will further develop our reputation as employer, working in partnership with organisations to support the wider system in the delivery of care. This approach to resourcing, will enable us, not only to support resilience and decreased reliance on temporary staff within the local health and care community, but also to provide attractive roles for our staff and prospective applicants alike.

In developing and implementing attractive roles we will use the expertise gained through the implementation of new ways of working already including Advanced Clinical Practice and Nursing Associate roles. This coupled with our close partnerships with educational institutions, which has already provided the opportunity to develop innovative solutions to workforce supply such as the CESR programme, MSc entry to healthcare professions and academic international recruitment puts us in an enviable position in developing our employer brand and attracting the best talent.

2.4.6 Health and Wellbeing – support our staff to make healthy decisions through the provision of healthy workplace practices and proactive enabling interventions in the event of staff ill-health

Happy and engaged staff deliver the best care. We recognise that in today's busy work environments, not least within the NHS, it can be all too easy to make poor choices in relation to health and wellbeing as time for exercise can be short and less healthy food choices can be more accessible. We currently take steps to enable our people to make the best possible lifestyle choices when it comes to health and wellbeing. Through the provision of a timetable of onsite gym classes, discounted access to local fitness facilities, accessible healthy food choices, nudge interventions, a vigorous flu vaccination campaign, access to employee support programmes and mindfulness training amongst other interventions we seek to provide capacity for staff to make the healthiest choices possible.

In addition to this, we also acknowledge, particularly in the context of an ageing workforce, the importance of supporting staff to continue to work at times of ill health, whether that arises out of a chronic and long term condition or from an acute episode of ill health. We have reconfigured our occupational health and wellbeing services to provide a range of services including specialist advice in relation to emotional/mental health and musculoskeletal issues, rapid access to treatment of such conditions and an employee assistance programme including crisis support for staff as necessary.

We continue to develop our approach to effective conflict resolution through the use of trained accredited mediators with a new cohort. It is envisaged that these mediators will engage collaboratively with the traditional employee relations structures to develop the strategic approach to the inevitable conflict that arises in the employment relationship from time to time.

2.4.7 Inclusion – embedding an inclusive culture at all levels of the organisation

We recognise that only by valuing diversity and ensuring all staff have voice within the organisation will we truly become the best NHS employer and educator in England. To achieve this we must create the cultural conditions that prevent discrimination and actively encourage our workforce to seek out and reap benefit from views that differ from their own.

We have taken the opportunity of the development of this Strategy to refresh the methodology employed in embedding inclusion within Derby. We currently have an established structure charged with the delivery of this agenda based around the nationally recognised Equality Delivery System and the contractual requirements set out in the Workforce Race Equality Standard, including a network of Personal, Fair, Diverse Champions spread across the organisation.

In December 2016, the Trust established an Inclusion Committee, building on the work of the Personal, Fair, Diverse Action Group. The newly formed committee is currently establishing a base line position and collectively developing the Inclusion Framework and associated actions to ensure that inclusion cuts through all that we do. As priorities for inclusion we have established increased representation of under represented groups in senior posts and developing actions to improve the experience of work for staff from a Black and Minority Ethnic background in the first instance. We will continue, through the inclusion committee, to develop our understanding of the experiences of under represented groups, developing further actions over the life of this strategy.



The owner and leader of the People Strategy and supporting plans is the Executive Director of Workforce who will ensure it is implemented across the organisation.

The Workforce Review Committee will provide operational and divisional engagement, and the People Committee will provide the Board oversight.



Developing Our People Strategy: Annual Objectives

Strategic Objective and Ambition	Supporting Framework	Critical Success Factors	ANNUAL OBJECTIVES				
			2017/18	2018/19	2019/20	2020/21	2021/22
<p>Our Objective: Developing Our People</p> <p>The ambition we are seeking to achieve: To be the top NHS Employer and Educator in England</p>	<p>Innovation in Education Investing in our workforce to develop skills and competence to support transformation and improve care.</p>	<p>Numbers of apprentices and effective use of the levy</p> <p>Successful outcomes from MSc programme, and Associate Nurse</p> <p>Embed other bespoke programmes e.g. international nursing</p> <p>Trust established as a centre of excellence in dental simulation</p>	<ul style="list-style-type: none"> - Increase recruitment of apprentices to 80 - Gain independent centre status and develop structure - MSc students on programme - Associate Nurse pilot commenced - International programme recruitment, e.g. Philippines - Pilot dental training course on behalf of NHS England – East Midlands 	<ul style="list-style-type: none"> - Increase apprentice numbers to 200 - Become an accredited training provider - Recruit to further Associate Nurse Roles - Retain MSc students post programme - Successful development of International plus other development programmes - Review pilot and develop bid for dental educational contracts 	<ul style="list-style-type: none"> - Embedding a range of routes to nursing i.e. nursing associate, professional apprentice, graduate fast track - Expansion of professional apprentice and other models to late adopters - Deliver and sustain dental courses seeking opportunities to expand beyond the East Midlands region 	<ul style="list-style-type: none"> - Expand apprentice training provision to STP and other colleagues - Embed simulation training within the dental curriculum working with Health Education England – East Midlands 	<ul style="list-style-type: none"> - New career structures for healthcare embedded within the workforce - Undertake educational research with dental simulation
	<p>Leadership and Organisational Development Support our workforce to develop leadership skills, positive attitudes and behaviours to support improved patient care through innovation (using collective leadership approach)</p>	<p>Embed Kouzes and Posner Behaviours</p> <p>Increased support to staff of coaching and mentoring</p> <p>Bespoke team development in place</p> <p>Improved staff survey results for work FFT and staff feeling supported by their line manager</p>	<ul style="list-style-type: none"> - Kouzes and Posner behaviours embedded in appraisal - Work with 4 pilot sites on bespoke team development - Pilot resilience training 	<ul style="list-style-type: none"> - Behaviours embedded in recruitment processes - Undertake evaluation of coaching model - Work with further 8 teams 	<ul style="list-style-type: none"> - Behavioural framework embedded in all core workforce processes - Embed team development work - Further roll out of coaching 	<ul style="list-style-type: none"> - Cultural assessment undertaken effectiveness of collective leadership and assess how embedded it is 	<ul style="list-style-type: none"> - National staff survey results show improvements in staff feeling supported and staff wanting to work here - Consolidate work on leadership behaviours and skills
	<p>Recruitment and Retention Optimise the recruitment processes for staff enabling barriers to high retention levels to be identified and addressed</p>	<p>Optimise transactional recruitment process</p> <p>Identify and address challenges to retention</p> <p>Improved employer brand</p> <p>Staff are welcomed and supporting to feel confident and confident in their new roles</p> <p>Vacancy levels below 4% in all areas</p>	<ul style="list-style-type: none"> - Recruitment process across all areas using TRAC - Development of recruitment and retention framework - Multiple modes used to drive the Trust's recruitment including targeted headhunting etc... - Review of local induction for medical staff to complete 	<ul style="list-style-type: none"> - Recruitment for non-medical posts achieved in 35 days - Enhanced employer reputation resulting in improved conversion rates in recruitment - Effective marketing of new roles and vision for future roles - 6% vacancy rate - Develop local induction process within clinical specialties 	<ul style="list-style-type: none"> - Recruitment for non-medical posts achieved in 32 days - 5.25% vacancy rate - Feedback on quality of corporate and local induction is 'excellent' 	<ul style="list-style-type: none"> - 80% of posts recruited in 30 days - 4.5% vacancy rate - Build on reputation of leading employer of ACPs to capture other areas of advanced practice - Ongoing review of on-boarding practice to ensure feedback is acted upon 	<ul style="list-style-type: none"> - Trust acting as a 'host employer' to support other Trust's in hard to recruit specialties - 4% vacancy rate in Trust



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<p>Our Objective: Developing Our People</p> <p>The ambition we are seeking to achieve: To be the top NHS Employer and Educator in England</p>	<p>Workforce Transformation Develop transformational workforce practices to support increased workforce supply and productivity</p>	<p>High levels of high quality workforce supply through a range of routes</p> <p>Robust workforce plans aligned to Trust and STP plans</p> <p>Attractive reward packages in place</p> <p>Development in place to support workforce to community shift</p> <p>Development and increase in number of new roles including Certificate of Eligibility for Specialist Registration (CESR) Specialty and Associate Specialist (SAS) doctors and Advanced Clinical Practitioners (ACPs)</p> <p>Consolidation of corporate functions to ensure effective, efficient delivery</p>	<ul style="list-style-type: none"> - International Recruitment embedded in regular recruitment - Identification of hard to fill posts through workforce plans - Development of incentive package for hard to fill posts - Development of business case for consolidation of first wave of corporate functions with partners - Develop model of workforce planning, including predictive analytics - Appointment of a SAS/ CESR clinical tutor - Establishment of an SAS/ CESR doctor forum 	<ul style="list-style-type: none"> - Development of first tranche of new roles supporting future models of care - Development of local terms of conditions to support recruitment and retention - Commence implementation of shared services for corporate functions - Embed workforce planning consistently in Business Unit practice - Benchmark Trust compliance against SAS Doctors' Charter - SAS Doctors have agreed supporting professional activities within job plans 	<ul style="list-style-type: none"> - Develop proposals for embedding new roles as 'business as usual' - Further implementation of shared services including best workforce utilisation through practice sharing - SAS doctors represented in leadership, on Trust-wide committees and in research 	<ul style="list-style-type: none"> - Review workforce optimisation with STP partners - Support SAS doctors in applications to CESR roles 	<ul style="list-style-type: none"> - New roles embedded in workforce structures and rolled out - Select local terms and conditions in place and embedded - Review of practice in shared corporate function to ensure benefits realisation
	<p>Engagement Engaging our staff to deliver the best possible care</p>	<p>Top rating, organisational engagement</p> <p>Recognition by the Health Service Journal as being a 'Top 100 great places to work'</p> <p>By 2021 be in the top decile for National staff survey measures</p> <p>By 2021 75% of staff will feel able to contribute improvements at work (KF7)</p> <p>Embed GMC Better Medical Training Standards</p>	<ul style="list-style-type: none"> - Establishing a baseline of current awareness, understanding and perceptions of working at Derby - Measure uptake of staff surveys, establish baseline and improve by 5% - Establish staff engagement roadmap and roll out 5 year Engagement framework covering Health and Wellbeing, Recognition, AIS and Inclusion - Review Trust position in relation to GMC Better Medical Training Standards 	<ul style="list-style-type: none"> - Improve score in 25% of questions posed in the national staff survey - Improve the overall return rate and staff engagement score recorded through the national staff survey year on year - Adjust engagement framework in line with STP changes - Encourage increased engagement of trainee doctors in activities such as the national GMC survey of trainees, using feedback to develop local action 	<ul style="list-style-type: none"> - Average response rate for acute trusts - Improve score in 25% of questions posed in the national staff survey - Develop bespoke use of 'impressions' surveys to address hotspots - Consider the impact of GMC Better Medical Training Standards on post-graduate education 	<ul style="list-style-type: none"> - Improve score in 35% of questions posed in the national staff survey - Implement plan to embed GMC Better Medical Training Standards 	<ul style="list-style-type: none"> - Above average response rate for acute trusts - Improve score in 45% of questions posed in the national staff survey - Improve the overall return rate and staff engagement score recorded through the national staff survey year on year - Increase staff FFT survey results by 5% - Consolidate engagement framework



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<p>Our Objective: Developing Our People</p> <p>The ambition we are seeking to achieve: To be the top NHS Employer and Educator in England</p>	<p>Health and Wellbeing Support our staff to make healthy decisions through the provision of healthy workplace practices and proactive enabling interventions in the event of staff ill health</p>	<p>Sickness absence reduced to STP target</p> <p>Relevant CQUIN targets delivered</p> <p>Improved impression of wellbeing activity through staff survey responses and other measures</p>	<ul style="list-style-type: none"> - Reduce Sickness Absence to 4% - Improvement in 2 of 3 staff survey questions on wellbeing - Delivery of 70% uptake of the flu vaccine - Increased supply of mediators - Embed centralised model for managing employee relations 	<ul style="list-style-type: none"> - Reduce sickness absence to 3.90% - Development of a strategic approach to conflict resolution with learning loops - Workforce wellbeing framework in place including work-related, enabling and lifestyle interventions 	<ul style="list-style-type: none"> - Reduce sickness absence to 3.8% - Establish further 'fast track' treatment options based on need 	<ul style="list-style-type: none"> - Reduce sickness absence to 3.7% 	<ul style="list-style-type: none"> - Reduce sickness absence to 3.6% - Actions from wellbeing framework embedded - Improved response to this domain in the staff survey
	<p>Inclusion Embedding an inclusive culture at all levels of the organisation</p>	<p>Developed and embedded approach to inclusion</p> <p>Improved results through the staff survey in this area</p> <p>Delivery of Equality Delivery System outputs in this area</p> <p>Delivery of Workforce Race Equality Standard (WRES) as part of NHS standard contract</p> <p>Delivery of Workforce Disability Equality Scheme (WDES) (new for 2017/18) as part of NHS standard contract</p>	<ul style="list-style-type: none"> - Revised Workforce E&D report identifying priority areas for further work - Establishment of cohort of personal fair diverse champions - Implementation of actions arising from 2016/17 report - Implementation of Workforce Disability Equality Scheme (WDES) - Development of an inclusion strategy based on findings from the workforce equality report - Publish gender pay gap information 	<ul style="list-style-type: none"> - Development of network of Inclusion champions to support staff voice Development of an inclusion strategy based on findings from the workforce equality report - Improved outcomes in national staff survey. - Develop actions arising from WDES and Gender Pay Gap Reporting 	<ul style="list-style-type: none"> - Develop Trust's approach to inclusion and service redesign 	<ul style="list-style-type: none"> - Inclusion considerations embedded in major organisational change including partnerships and STP 	<ul style="list-style-type: none"> - Review of outcomes from inclusion framework - Further improvements of staff survey results - Staff survey measures for BME and disabled staff to be the same or better than the overall survey responses

3

