

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	KPI PERFORMANCE & 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)	£4.03m	£3.95m	£4.18m	4.3m			*				Agency control total met 8 months out of 11. Highly likely that the control total for 2018/19 will be met. Risk associated with labour market supply for both substantive and agency.	Developing an enhanced pack for consultants, with corporate branding which is localised for divisions as required. Posters on display in local supermarkets. Local job fairs attended, RCN Fair attended. Microsite extended to all job roles as required. SFH_Jobs twitter feed being successfully utilised for good news employment stories and via new technology in Trac direct advertising now taking place on more social media platforms. <b>All planned 2018/19 actions completed.</b>
1B	Assessment centres for admin and clerical staff selection introduced	Hannah Parry-Payne	Turnover of admin staff ≤ 1%	1%	1%	1%	0.9%		*					Turnover for admin staff was q1: 1.31%; Q2: 1.1%; Q3: 0.65% and M11 0.29% which moved it from amber to green	Held two administrative assessment centres in 2018 and a bespoke Assessment Centre for Clinical Typists with 17 offers made. <b>All planned 2018/19 actions completed.</b> Actions for 2019 will include setting up a virtual ward equivalent for clerical staff and generic roles. Reviewing A&C band 1 staff utilisation, offering extended skills and role.
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 were Q1 – 20.43%; Q2 – 22.04% and Q3 16.29%. As at end February 2019, they stood at 16.98%. However, all RN vacancies are only 10.90% Risk relates to UK and international labour market and retention of staff.	Working with HealthPerm for overseas recruitment and to build a community for Filipino RN's in Nottinghamshire. <b>Original planned actions to recruit 20 completed</b> as currently 26 Nurses due to start in spring 2019. Approved plan to increase cohort to at 50 with a potential additional cohort later in 2019
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%			*				2018 NHS staff survey reported 10%. Whilst outside our KPI trajectory, it was still within the top 20% of acute Trusts. The KPI can be affected by the number of staff completing the staff survey.	Quarterly updates go to Trust Board. <b>All 2018/19 actions completed.</b> Plan to split the workforce and service delivery aspects of the group in 2019 to ensure clear focus.
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%				*			Medical vacancies consistently below 8%. 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 using that portal. Our product licence has been extended to March 2019 for free. However, the Trust will not use in in 2019/20. <b>All 2018/19 actions completed.</b>
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%				*			Vacancies across all staff groups in the Trust were: Q1: 9.87%; Q2: 9.30%; Q3: 7.44%. And M11; 7.05%. And are green and have shown a sustained reduction. Risk relates to UK and international labour market and retention of staff.	Trust has Joined NHS Employers East Mids. Armed Force Network. Developing sustainable approaches to ensure the trusts attracts where approximate ex-armed forces personnel to the Trust jobs. Trust has also registered to be a "Step into Health" employer. <b>All 2018/19 planned actions completed.</b>
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			*				The 2018 NHS Staff Survey actual score was 11th nationally. Risk relates to the sustainability of a high score which can be affected by the national NHS mood.	Discovery phase fully completed. Analysis of results and production of the organisational report with findings and analysis presented to the Board time out in November 2018. Results also presented to staff engagement group. <b>All 2018/19 planned actions completed.</b>

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	*						Not able to measure this specifically as the national staff survey report has changed. However, SFH had the worst score of any acute Trusts for staff feeling pressure to attend work from their manager. Risk relates to a new low score emerging as current initiatives focus on 2017 lowest scoring areas.	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. <b>All 2018/19 planned actions completed.</b>
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. And if it can be delivered electronically or requires significant manual reconciliation.	A prototype culture heat map has been developed and is being piloted at Trust and division level, triangulating key workforce KPI's and quality, performance and financial metrics, supported with a soft intelligence. Will move into business as usual by 2019/20. <b>2018/19 actions completed</b>
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 and follow-up OD/culture work.	Quality Improvement (QI) Six Step model Launched July 18 and is being rolled out across the Trust and included in Leadership training. QI Toolbox talk launched September 18 to all staff. PASCAL survey outputs can feed into new heat map. <b>2018/19 actions completed.</b>
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 was 70.5%. However, it was an improvement on 2017 and still well above average for an acute Trusts. The best scoring acute Trust only scored 81%. Our quarterly pulse surveys were reporting 77%. The risk relates to the sustainability of continual high scores.	Task and Finish group review undertaken. Exec Team have agreed changes to the Milestone Programme and administration has been streamlined. <b>All 2018/19 planned actions completed.</b>
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 was 70.5%. However, it was an improvement on 2017 and still well above average for an acute Trusts. The best scoring acute Trust only scored 81%. Our quarterly pulse surveys were reporting 77%. The risk relates to the sustainability of continual high scores.	Sought staff feedback and ideas at different engagement events to explore what staff would like to see included. However, there was little interest in corporately organised ones. Instead a best practice tool kit on arranging local team engagement events has been developed for use by managers and staff. <b>All 2018/19 planned actions completed.</b>
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%			*				This scored 71.5% against an acute average of 68.6%. The national report no longer shows the top 20%. Risk relates to current level of improvement plateauing and time for leaders to attend the programme.	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. Receiving good feedback on the programme and it is now established as business as usual. <b>All 2018/19 planned actions completed.</b>
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%			*				This scored 71.5% against an acute average of 68.6%. The national report no longer shows the top 20%. Risk relates to current level of improvement plateauing and time for leaders to attend the programme.	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. <b>All 2018/19 planned action completed.</b> Flyers and posters being renewed in 2019.
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 95% at February 2019 and has been green for all quarters. Time off for training and the impact of corporate FIP is a risk, together with the increased requirements around safeguarding..	Course catalogue review completed in Q3 and all courses were verified as being relevant and appropriate. All training provision has been reviewed to ensure cost effective and relevant delivery through multi-professional confirm and challenge process. <b>All 2018/19 actions completed</b>

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								*			TED FIP has been delivered. 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. New Study Leave Policy developed to ensure fair and consistent approach is applied across the Trust and is out for consultation with a view to being implemented in April 2019. <b>All 2018/19 planned actions completed.</b>
3E	Increase the number and range of apprenticeships in the Trust	Lee Radford	Deliver to our apprenticeship no's target	50	60	70	80				*			Target achieved. Currently 84 apprentices have started an apprenticeship within the Trust. A risk is that a number of the national apprenticeship frameworks are still in development.	Working with recruitment to identify posts that can be apprenticeships. Significant promotional work undertaken including clinical apprenticeships. New apprentice frameworks released at end of December 18, should help to expand usage. New guidelines in place for consistent approach to Apprenticeship Levy expenditure and approach. <b>All 2018/19 planned actions completed</b>
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 trust wide template for new roles. Development of a Doctors Administrator and acute/Advanced Clinical Practitioners. Each division can now show how alternative roles and approaches can be aligned to future divisional workforce plans. Targets for NATs and Nurse apprentices are being planned by nursing taskforce. Developed business cases to support alternative roles have been proposed for development in 2019/20. <b>All 2018/19 actions completed.</b>
4	<b>Nurture - Help staff to plan their careers, aligning their aspirations with the future needs of the Trust</b>	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. Reminders are being sent out to forward outcome reports after appraisals.	Talent map completed for Execs and next tier posts. Refreshed appraisal documentation supports talent management and succession planning. Executive Talent Management Group established. <b>All 2018/19 planned action completed.</b> However submission of outcome reports is slow.
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. One has already acquired an executive position. The remaining two are to be assessed early 2019. <b>All 2018/19 planned actions completed</b>
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%	*						Appraisal rates consistently are at or above the 95% target. 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. <b>All 2018/19 action completed.</b>
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. <b>All 2018/19 actions completed.</b>
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. For all Trust staff turnover was Q1: 0.80%; Q2: 0.79%; Q3: 0.46% and M11 0.4% This is very positive. A key risk relates to age demographics of the over 50's.	Working on creating a career pathway for all roles within the Trust for clinical and non-clinical roles. Once ready this will go on the intranet. Framework information gathered, sense checking with leads is currently underway. Anticipate launching new framework during National Learning at Work Week in early May 2019. <b>Final actions rolled over to Q1 2019/20</b>

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%				*			This scored 71.5% against an acute average of 68.6%. The national report no longer shows the top 20%. Risk relates to current level of improvement plateauing and time for leaders to attend the programme and that many clinical staff are becoming managers whilst still relatively inexperienced.	Successful event on 2nd July 18. All 2018/19 planned 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%				*			% was green for the first 3 Quarters. However, our winter plan usage of temporary staff showed 7.5% at M11. 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 as part of the Nottinghamshire ICS and chair a regional committee helping to establish system wide workforce modelling. An established workforce baseline as been created and developed to a Trust, skill and work steam level which will support the annual planning requirements of 2019/2020. Within SFH detailed age modelling work has been carried out at Divisional level and work on 5 year nurse trajectories with likely, best and worst case scenarios developed. All 2018/19 planned actions completed.
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)	£4.03m	£3.95m	£4.18m	4.3m	*						Agency control total of £16.66m will be met. 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. All 2018/19 planned actions completed.
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				*			Awaiting refreshed national benchmark data. 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. KPI results rolled over to 2019/20 as national model hospital for HR benchmarks has not been refreshed.
5D	Deliver a successful Flu campaign	Becky Loveridge	90%+ flu vaccination uptake of frontline healthcare staff in 2018	0	0	75%	90%				*			the Trust delivered the 75% CQUIN target by Christmas, which was 3 months early. Final compliance was 81.6% of front line staff. Below our desired 90%, but one of the best levels in the NHS. A risk relates to the trusts ability to improve the motivation of staff to be vaccinated	Survey completed re: barriers to vaccination uptake. Results informed 2018-19 campaign. Purchased 4 strain vaccine and IT system updated. Flu season launched W/C 17/9/18 (as part of winter wellness week) 1000 staff vaccinated in first week. CQUIN flu vaccine target for 2018/19 (75%) achieved 4 months ahead of deadline. NHSi recognised SFH as a top performing Trust and have asked us to share good practice and top tips. All 2018/19 planned actions completed.
5E	launch revised local Clinical Excellence Awards	Rebecca Freeman	All job plans signed off on time in 2018/19 round	0	50%	90%	100%				*			Q1 = 71%; Q2=80%; Q3=90% of job plans completed. Some job plans still require sign off and may be dealt with by end of march 2019. However, as we know that there are a small number in mediation, these will not be finalised by end Q4 and therefore the KPI is amber. Clinical activity manager and job 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. New award launched October 2018 and panel taken place with payment in March. All 2018/19 planned actions completed.
5F	Plan and deliver the roll-out of Allocate into AHP areas	Donna Mariner	Programme delivered to planned timescales	tbd	tbd	tbd	tbd				*			The 2018/19 rollout plan will be delivered. A risk relates to the ability to generate enthusiasm for the system amongst AHP's.	Plan and roll-out progressed to timescale. All 2018/19 planned actions completed.
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%	0.96%	0.93%	0.90%			*				The turnover KPI fluctuates each month and by staff group. For all Trust staff turnover was Q1: 0.80%; Q2: 0.79%; Q3: 0.46% and M11 0.4%.	Advisors made available for senior staff. A NHS Pensions Agency review will include pension implications for higher earners. Age demographic work completed via workforce planning group. NHS pensions further guidance issued December 2018 and disseminated to staff. A monthly programme of training and education available for staff on retirement from January 2019. Flexible retirement working groups has developed a streamlined approach to returning to work post retirement. <b>All 2018/19 planned actions completed</b>
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 6 months of fy. =So met the target for 6/12 KPI. A risk relates to winter ailments and winter pressures may be affecting the M11 figure of 4.5%	Full-time equivalent physiotherapist in post from 01/04/18 as part of OH establishment and service being offered in conjunction with OH services. <b>All 2018/19 actions completed.</b>
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 6 months of fy., so met the target for 6/12 KPI. A risk relates to winter ailments and winter pressures may be affecting the M11 figure of 4.5%	Winter wellness held w/c 17/09/18 to coincide with launch of flu campaign. Developing resilience and introduction to mindfulness sessions (facilitated by OH). Having difficult conversations and managing with discretion sessions (facilitated by HR) held. Rolling programme of five key themes for promotion at Health & Wellbeing drop in clinics continuing. Themes are: MSK health, diet and exercise, smoking cessation alcohol awareness and sleep advice. Since April 2018 the H&WB clinics have been attended by 3000 staff. Introduction of EAP scheme dedicated to support and keep staff in work. <b>All 2018/19 actions completed</b>
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			*				This specific question is no longer available in the survey. A risk relates to the Trust ability to change culture.	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. <b>All 2018/19 actions completed.</b>
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%			*				2018 NHS staff survey result 10%. This is still in the top 20% of Acute Trusts. 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. <b>All 2018/19 actions completed.</b>