NUH People Strategy

2023-2026

September 2023

Contents

Version control log

Version	Author	Summary of changes
v1	Chief People Officer	NUH People Strategy 2023-2026 approved.
v2		
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1   Executive Summary

NUH is a large organisation by anyone's standards. We employ directly over 19,000 staff as part of a 60,000 strong workforce across the Nottinghamshire Integrated Care System (ICS). We have an annual budget in excess of £1.6 billion and provide healthcare to an immediate population of 2.5 million residents. We further provide specialist services to a wider population of over 3 million. Despite the size of NUH, there is no reason why employment here cannot feel personal and part of one team, Team NUH.

When creating this People Strategy I was repeatedly challenged by colleagues in relation to why a prospective employee should choose NUH as a place to work. It is not just a question of being employed at NUH; we must consider what it takes for people to feel they belong and for their career to really thrive here. For this reason I walked the wards, departments of our Trust sites, I spoke to staff in clinical, non-clinical roles and patient facing and non-patient facing areas. They told me what they enjoy about their jobs and what they find challenging. The aspect of the conversations I found pivotal for this strategy is why they came to work here. They came here hoping for the following points to run through their employment as a golden thread –

- We want to feel part of a team
- We want to be valued and appreciated
- We want to be empowered
- We want to know that we can progress in our careers
- We want our wellbeing to be considered
- We want to know what is happening so we can understand and can contribute
- We want to feel that we are making a difference
- We want to maintain a sense of belonging - as part of our community
- We want to be treated fairly and with respect

This brings me on to our True North, our ultimate goal and the reason why someone would want to work at NUH. A True North can be described as the long term ambition, the point in the future that grounds us, that unites us in our aims but more importantly the goal that orientates our direction of travel for the long term.

2   Why do we need a People Strategy?

The True North of this Strategy is – 'To be the employer of choice in the NHS'.
The purpose of this strategy is to provide a blueprint for the People agenda for the next 3 years and in doing so taking a major step towards our True North. The People agenda at every organisation now presents the biggest area of challenge but also the largest focus of opportunity. Rather than attempting to cover every aspect of the people portfolio this strategy focuses on the 'super' initiatives, areas of intense focus that will deliver real improvements to the People agenda and therefore employee experience at NUH and will maintain the link to the People First Plan (see below for more details).

2.1   Current Context and Drivers for Improvement

Care Quality Commission (CQC)
In September 2021 the CQC published its report relating to NUH. This review downgraded NUHs overall rating of 'Good' to 'Requires Improvement'. The report also lowered the 'Well Led' domain to 'Inadequate'. Specific reference was made in the report to bullying at NUH and the inequitable treatment of staff from minority backgrounds, where some groups of staff were identified as being treated unfairly. This is clearly unacceptable. There has been a structured process and action plan in place to respond to the CQCs findings. As part of this People strategy there is a focus on culture and leadership with specific reference paid to behaviour, civility and professionalism. It is not just what we say but what we do that drives organisational culture.

On 13 September 2023, following further Trust-wide inspections earlier in the year, the CQC published its latest report increasing our overall Trust Well Led rating from 'Inadequate' to 'Requires Improvement'. From a People perspective, within this latest report there is positive recognition that the leadership and culture in the Trust is improving. Whilst this is great news; it is important to note that we have been on, and continue to be on a People-related improvement journey. The themes from the 2021 CQC report is where our journey began and are still relevant today. Although there has been some good progress, there is still significant work and improvements needed to align and progress these areas of key focus in this strategy.

NHS Long Term Workforce Plan and Other Trust Divers
In June 2023, NHS England, (NHSE) published the NHS Long Term Workforce Plan (LTWP). The LTWP acknowledges the challenges facing the NHS and its workforce. It details that if current challenges were to persist without intervention, the modelling that underpins the LTWP suggests the service would be facing a workforce shortage of 260,000 – 360,000 staff by 2036/7. These challenges include significant staff vacancies, the need to provide responsive care to an ageing population, and the need for a shift to a model of care centred on prevention. NHSE is clear that organisational culture and experience at work also plays a key role in recruitment and retention.

The Long Term Workforce Plan has 3 key areas of action:

Train – Growing the workforce
This section focuses on the changes to training needed across specific staff groups, as well as agency staff and volunteers. It also considers the role of Trusts as anchor institutions.

Retain - Embedding the right culture and improving retention
This section focuses on the NHS People Promises as the enablers for improved culture and retention and describes ambitions for retention as the "minimum standard" for the NHS.

Reform - Working and training differently
While the LTWP recognises the need for the NHS to recruit and retain more people, it also includes significant focus on the need to work differently, in part to drive productivity. It is therefore helpful that the text rightly states that its productivity aims are "categorically not about staff working harder."

The elements of train, retain and reform are threaded throughout the Strategy especially in relation to sections on workforce planning and recruitment and retention.

NUH finds itself facing a period of colliding local and national pressures. This is resulting in both organisational and system financial challenges require immediate and permanent resolution. This is a testing time for all NHS organisations, and NUH is no different. The Trust has a strong history of both operational and financial performance and has invested in the future of its healthcare provision. The Trust has benefitted from a significant increase in its capital programme that has grown from pre pandemic levels of c£40m to regular programmes above £150m, which significantly improves the services for our patients. However, following the Covid pandemic it also finds itself in a place where it needs to recover its service provision and patient backlog, review and refresh the delivery models internally. We have invested significantly in our services since Covid, across range of Quality and capacity initiatives, but our income and activity has remained flat. Despite this level of investment our temporary staffing spend has continued to grow. As a result our pay position is overspent and represents the most significant challenge to our financial sustainability as an organisation. The key areas of within this strategy should be viewed in the context of contributing to the sustainability.

In relation to people metrics, turnover is decreasing at a gradual rate. As we continue to grapple with the continued impacts following the global pandemic, sickness is above target levels, with stress and anxiety the primary reason for absence. Some areas of core workforce focus, appraisals and mandatory training have been perpetually below target levels at NUH for several years. This is due to problems with the delivery of these subjects which has been compounded during Covid where

face to face teaching was stopped and social distancing equates to smaller class sizes. The pressures on the organisation as we continue to focus on recovering our lost activity, results in ongoing additional challenges in releasing staff. Even more so a lot of the workforce systemic problems stem from the NUH struggle with inadequate systems to accurately record and report workforce data. The Electronic Staff Record (ESR), which holds all staff data and enables the payroll to operate, has never been optimally deployed to a managerial or local user level at NUH. With no manager self-service, this means that any changes that need making have to be undertaken centrally. The current process is inefficient and prone to error. It has also become apparent that there are users of ESR data in other core services such as Finance with editing permissions. With ESR data being used for many different uses, altering one source of information in the system invariably has a ripple effect to other users as data will be skewed and distorted 'downstream'. Creating a long term solution to these issues is pivotal if the people agenda is to move forward.

The final consideration is, in line with the LTWP, the national and to a certain extent, global operating conditions of the employment market. Labour market shortages have been well reported over recent years but in past months, a spotlight has been shone on many jobs that struggle to recruit. This is affecting many roles across multiple sectors. Problems with recruitment, previously the domain of higher end specialist jobs, are now seen across the workforce. Entry-level jobs in areas such as Estates and Facilities that would previously have attracted double-digit numbers of people interested are seeing a handful of applicants. Admin and Clerical vacancies in the workforce are hard to fill, as there are a range of opportunities available for those looking for a new opportunity. Due to the nature of work in the NHS, there is a requirement to undertake certain checks prior to employment commencing. In a competitive market these checks, although absolutely necessary, can be viewed as a time consuming step that prevents a faster take up of employment compared to other non-NHS jobs. The pace and level of clinical activity in some areas is leading staff to reflect on their career choice in terms of the sustainability of some jobs from a wellbeing perspective. As many clinical roles require degree level qualifications, and with graduates being highly sought after, radical career changes are becoming more frequently considered. This is especially prevalent in those staff from younger generations. To remain in post, many staff and potential applicants are requesting reduced hours or more flexible ways of working to achieve a better work life balance.

These are all key points of consideration to keep in mind in terms of the operating environment if this People strategy is to be successful in delivering long-term positive change. This strategy has been created with an eye to the National People Strategy and the development of system working in mind. As ICSs became legal entities in summer 2022, the move to more collaborative ways of working, especially in relation to the workforce will be pivotal. All the subjects of strategic intervention within this strategy are applicable and capable of integration as part of system plans.

Figure 1: Summary of key drivers

Key drivers	Description	Impact
Key driver 1	• Capacity, resourcing and recruitment challenges	• External factors such as labour market shortages and the 'great resignation' are partly driving the large number of vacancies NUH is trying to fill (approx.1800). This is a wider problem affecting the NHS, with an estimated 110,000 vacancies nationally. • Additionally, staff are often working in incredibly challenging circumstances due to staff shortages and increased demand and pressure leading to high turnover and sickness levels. • In turn, this means that some people aren't moving through the recruitment pipeline as quickly as they could be leading to dropouts. • Lack of capacity leads to increased use of premium pay options which is having an adverse impact on the Trust's financial position.
Key driver 2	• Need to improve organisational culture	• Prominent inclusion challenges include bullying, harassment, and treatment of staff from minority backgrounds as referenced in the CQC report and staff surveys. • Some work has started, initially focused on ethnicity as the immediate priority and this now needs to extend to all protected characteristics.

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		• Cultural change is necessary and through this and the values there need to be improvements in behaviour, civility and professionalism going forward.
Key driver 3	• NUH Brand and reputational challenges	• The Trust CQC rating as well as negative publicity relating to maternity care are feeding some of the challenges, particularly for recruitment. More can be done to promote the strengths of NUH e.g. 'in Caring' whilst working on the areas that need improvement. • Other recent reports and action plans highlight the need for improvements across NUH and the wider NHS e.g. CQC action plan, Messenger Review of NHS Leadership and Workforce Race and Workforce Disability Equality Standard reports (WRES & WDES).
Key driver 4	• Outdated systems and data	• Inadequate systems to record and report workforce data have led to frustration and inconsistency. While there are efforts underway to digitally transform a number of processes the admin load on staff is still heavy.

3   Aims and priorities

After 100 days in post, the NUH Chief Executive produced a report 'People First' which describes the issues that he has been asked to address most often by staff. These relate to: 1) Emergency care and its impact on delays and waiting times (flow) 2) Recruitment and retention 3) Culture and leadership.

The key tenants of the People First plan are:

1. To accept that improving emergency care flow (and its consequent impact on all our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH
2. To develop and deliver a series of interlocking strategies designed to achieve our three top priorities
3. The adoption of a Trust-wide system to lead change and development in an inclusive and transparent way, and which encourages a bottom up approach to ideas for innovation, efficiency, and effectiveness

It describes 10 enabling strategies to address NUH priorities. Those relevant to this People Strategy are listed below and provide a framework for the People Strategy going forwards;

- Recruitment and Retention
- Inclusion (Culture and Leadership)
- Education

There is no enabling strategy for culture and leadership within the People First plan. Elements of culture and leadership are included within the three strategies above and most significantly within the inclusion strategy.

The NUH People Strategy supports the objectives of the People First plan and ensure its areas of focus contribute to the framework of delivery.

Figure 2: NUH People Strategy on-a-page

Aim	The True North of this Strategy is – 'To be the employer of choice in the NHS'			
Objectives	**Objective 1 – Retention and Recruitment**	**Objective 2 – Culture and Leadership**	**Objective 3 – Education**	**Objective 4 – Digital Agenda**
What we will achieve	1.1 Embed a robust approach to workforce planning, delivering a	2.1 We will support our people to be the best they can be, both as an	3.1 Provide the appropriate leadership, strategy and structure	4.1 Contribute to the Trust approach to digitalisation of People

	sustainable workforce plan for the Trust	individual and collectively as leadership teams.	for education to thrive at NUH.	services with a focus on enabling tools for colleagues
	1.2 We continue to develop and expand our offer while supporting the health inequalities agenda and giving better utilisation of the apprenticeship levy.	2.2 We will be a highly engaged, safe and compassionate led place to work and receive care	3.2 Create a robust and scalable approach to talent management, underpinned by best practice in personal appraisals.	
	1.3 Provide a candidate focused approach to recruitment, with targeted marketing and attraction campaigns	2.3 We will continually listen, learn and improve the way we do things in NUH	3.3 Ensure all staff are clear of their requirements and have appropriate and efficient access to the required training.	
	1.4 Continue to deliver an improvement in the Trust retention rates by making the Trust an employer of choice		3.4 Create optimal opportunities for managers to develop their skills.	
	1.5 Efficiently and effectively use temporary staffing to meet both internal and system resource challenges, and reduce reliance on hi-cost agency usage			
For our staff	- Improved reputation for NUH and better perceptions about working here - Staff trust leaders to make the right decisions - A safe and supportive culture - A more efficient and effective NUH team - Increased productivity - Accurate, timely and useful data that provides key information quickly and clearly - Integrated learning - Better (and less siloed) ways of working			
For our patients	Through the benefits to staff in turn this will lead to: - Better outcomes for patients - Reduced health inequalities - Regaining staff trust to make the right decisions through meaningfully engaging with diverse voices and putting patients and staff first			
Measures of success	Please see section 4.3.1 for information which details the measurement for success of this strategy and Appendix A, for the People Strategy Delivery plan which includes deliverables for year 1 of this strategy			
People First	The People Strategy is an enabling strategy of the People First plan. This strategy incorporates two of the top three priorities of People First: - Recruitment and Retention: ensuring our workforce is well-trained, well-supported, healthy and motivated - Leadership and culture, including addressing problems of racism, bullying and harassment By focusing on these areas, we will in-turn contribute to and influence the delivery of the third top priority relating to Flow through the hospital, emergency care and its impact on delays and waiting time.			

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3.1   Objective 1 – Retention and Recruitment

Recruitment and retention is a core priority for the Trust. A newly established Recruitment and Retention Taskforce will support with the People First priorities through the following objectives:

- Expand and right size the Recruitment team, funded by an approved business case; this will reduce time to hire to 45 days and improve the candidate experience
- Develop an approach to 'volume' Trust-wide recruitment for identified roles / staff groups where there are high numbers of vacancies across multiple specialties / areas.
- Develop marketing plans and commission external support to develop materials that promote the Trust, its opportunities and the region as a place to live and work.
- Establish NUH as an anchor organisation as part of the health and care system and contribute to the improvement of health inequalities.

The Taskforce has established four key delivery groups:
- Workforce Planning and Transformation
- Recruitment
- Retention
- Temporary Staffing

3.1.1   Workforce Planning and Transformation

The need for the NHS workforce to transform has been recognised for a significant time. This is not just to secure the provision of labour but to optimise opportunities from new talent pools and ultimately deliver high quality seamless care. NUH should be a beacon for new ways of working. With its academic links and the plethora of services offered, this organisation should be at the vanguard of innovation when it comes to its workforce.

Workforce planning has traditionally looked at projecting vacancies based on estimated turnover and known changes in clinical activity. Going forward NUH will utilise an approach to workforce planning that builds on existing more traditional methods yet utilises information from changes in clinical pathways and service transformation. This will also serve as a way to expose workforce related vulnerabilities in services where there may be an over reliance on small groups or even individuals.

A new approach to workforce planning that is underpinned by data and an evidence based methodology will be developed and implemented. To catalyse the workforce planning process, embrace transformation and create really new ways of working, the Trust must use flexibility of resources. There must be the ability to flex job roles and resources to match changes in service need and clinical pathways. The organisation must also seriously consider its use of backfill to support longer term workforce planning. Macro changes in roles and pathways invariably could be delivered better and faster but this will mean staff will need to be trained and in some cases qualified, while existing roles are maintained. NUH has a significant number of staff who could enter professional training and then return to the organisation as qualified practitioners but backfill arrangements will be required from a corporate perspective. Optimising our relationship with local universities and other educational providers will be pivotal in supporting changes to the workforce planning process. Finally the NUH approach to workforce planning will recognise sources of recruitment with a specific focus on the international market. In relation to nursing, NUH has clear plans to recruit internationally in forthcoming years. An evaluation of international recruitment options needs to be undertaken more widely in relation to other professional groups to ensure NUH is optimising all markets when it comes to talent globally.

It is worthwhile reflecting here on the positive impact of having a job on an individual and their family. Having good quality employment with the chance to learn and progress has a beneficial impact on physical and mental health in addition to improving life expectancy. NUH has an

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ambition to become an 'anchor organisation' and therefore contributing significantly to the health inequalities agenda. Anchor organisations are named because they have 'sticky capital,' in other words they are not going to physically move and the nature of the services will be provided indefinitely. NHS organisations facing the significant challenge of labour market shortages can fill vacancies whilst simultaneously helping to reduce health inequalities. Offering a career path to those members of society who would not have previously considered NUH as a place to work, is a win win situation for employer and prospective candidate.

This positive contribution to the health inequalities agenda can start at school too. Similarly, to the Montefiore Hospital example in New York, partnerships can be formed between local communities, health and social care providers and academic institutes. These relationships can help to strategically plan a longer term view of the workforce supply chain where local people are trained and recruited to professional roles. We know that our academic partners struggle to retain graduates in Nottingham. Building these partnerships and facilitating different mechanisms of accessing academic programmes, supported by appropriate mentoring and support, should lead to a sustainable local workforce. This approach would also significantly influence the health inequalities agenda and address the staff section of the Health Population Framework.

In summary these are the main actions that will be delivered –
- Implementation of a robust evidence based approach to workforce planning.
- Create and implement a plan in relation to the workforce element of the health inequalities agenda.
- Development of workforce plans at Trust, Divisional and Speciality level.
- Being able to grow our own workforce by working with our partners in local authorities, schools and universities to develop and grow our own workforce supply
- Establish ourselves as an Anchor organisation as part of the health and care system and contribute to the improvement of health inequalities.

3.1.2 Recruitment Process

The Trust currently utilises the Trac system to deliver recruitment. The recruitment function is jointly reliant on the central recruitment department and elements of the process are undertaken at a local level. Recruitment is a linear process with clearly defined steps that makes it perfect for review through a quality improvement practice lens. Previously Time to Hire (TTH) was considered to take too long, which led to candidates dropping out of the process, frustration from recruiting managers and dissatisfaction from those administrating the process. In an increasing globally competitive recruitment market, the time recruitment takes is a defining factor in where a prospective candidate chooses to work.

The solution to improvement sits with recruitment as a department who are custodians of the process, and the divisions who have to enact key stages such as shortlisting and reference checks. This really is a symbiotic process that can only be delivered efficiently if all those involved complete their assigned steps efficiently and on time. The vision for the future of recruitment is a fast efficient streamlined service that fulfils the needs of the candidate and the service user.

Following focused work within the recruitment team, improvements are starting to be seen, with work ongoing in the following areas:
- Reduction in time to hire
- Trust wide recruitment campaigns
- Increased diversity within the recruitment process
- Improvement in on-boarding experience.

More work is required to develop marketing to promote NUH, develop an approach which focuses on Trust wide recruitment by staff group, and establish ourselves as an Anchor organisation. Of particular importance is the brand of NUH. Following the initial 2021 downgrading of the Trust by

the CQC and the ongoing associated media interest, the brand of NUH is remains at a low point. In a globally competitive recruitment market this trend must be reversed. This is by no means a way in which to gloss over the challenges that we face but there are fantastic staff at NUH delivering remarkable services which we must get back to promoting and in doing so, strengthening the brand of Team NUH. As we continue to enact the CQC action plan, deliver on necessary changes and promote the amazing achievements our staff deliver each day, the reputation of NUH will improve. We must not forget the CQC rated NUH 'Outstanding' in caring in both 2021 and 2023, set against one of the most difficult periods in NHS history.

The improvements we continue to make must filter in to our recruitment and marketing materials. We must promote to potential members of Team NUH the positive aspects of working here, not allowing them to be negatively influenced by external themes. We are one team, working tirelessly to take care of each other and the patients we serve.

These positive messages must be linked in to the wider story of why people consider NUH as a place to work and live. For those considering relocating to Nottingham, information on where to live, house prices, schools and transport links must be readily available. The promotion of the Trust must form part of a wider offer, with NUH at the centre of a broader campaign to promote the region.

We will:
- Continue to reduce time to hire to target of 45 days
- Develop an approach, which focuses on Trust-wide recruitment by staff group
- Develop a marketing and attraction approach to promote NUH, its opportunities and the region as a place to live and work
- Embed inclusive Recruitment and Retention Training within the Trust training offer

3.1.3 Retention

A key part of this strategy and the Trust wide taskforce is staff retention. We want our people to remain at NUH for as long as possible because they feel supported, cared for and they can reach their career ambitions here. How we approach retention will send a clear message to our staff in terms of how they are valued.

There has already been work undertaken to redesign the approach to retire and return for staff, redesign the internal recruitment process, trialling a 'stay' conversation framework in a number of areas before proposing a roll out across the organisation, and we have undertaken a deep dive into turnover and the stability index of the Trust.

We have undertaken a self assessment of the national staff retention guide with an honest appraisal of where we are now and have developed an action plan to ensure progress.

Key to retention of staff is the work on improving organisational culture which is covered within the culture and leadership section below.

3.1.4 Temporary Staffing

The Trust depends significantly on the use of temporary staff to provide cover for vacant posts. This is hugely expensive and does not support continuity of care for patients. The temporary staffing workstream will focus on both reducing demand for temporary staff by increasing retention and improving recruitment processes and managing supply through the rationalising of temporary staffing providers and a greater management of costs.

We will:
- Review the controls and governance for agency usage moving from a retrospective sign off process to prospective sign off process for all agency bookings

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- Develop Divisional agency savings targets with a focus on a reduction in the volume of agency staff the Trust is using

3.1.5 Apprenticeships

NUH currently offers a robust development programme for apprenticeships that is beyond that found in most hospitals across the NHS. Recently the Trust won a regional award for the quality and scale of provision when it comes to apprenticeships. There is though a recognition that we can do much more in terms of

- Number of apprenticeships at the Trust
- Subject of apprenticeship, diversifying the current portfolio even more
- Utilisation of the apprenticeship levy

We will:
- Identify and engage with areas / department across the Trust who have not yet fully utilised apprenticeship opportunities to help understand apprenticeships and facilitate usage
- Promote the use of apprenticeships to bring new people into the organisation (creating a clear link to supporting health inequalities) and consider the use of new apprenticeship standards

Please refer to Appendix A, for a copy of the People Strategy Delivery Plan and Year 1 Deliverables for Retention and Recruitment.

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3.2 Objective 2 – Culture and Leadership

3.2.1 Management and Leadership

The culture of an organisation can at times be difficult to measure but invariably influences the happiness of staff, how attractive it is viewed as a place to work and the ongoing success from a business perspective. While NHS organisations are centrally funded by the government, NUH is still a large complex business, turning over in excess of £1 billion a year and providing healthcare services to millions of people. The link between the quality of care and organisational culture is unequivocally linked. Getting the organisational culture right is essential for good quality care delivered by a proud, happy, and engaged workforce who want to work at NUH.

The Messenger review into health and social care leadership in England has now been published along with a set of seven recommendations. Led by Dame Linda Pollard and Sir Gordon Messenger, the review is a promising start for health and social care leadership reform, although many hurdles to its implementation remain.

Following extensive stakeholder engagement, the review has produced the following recommendations:

1. Targeted interventions on collaborative leadership and organisational values
2. Positive equality, diversity and inclusion (EDI) action
3. Consistent management standards delivered through accredited training
4. A simplified, standard appraisal system for the NHS
5. A new career and talent management function for managers
6. Effective recruitment and development of non-executive directors (NEDs)
7. Encouraging top talent into challenged parts of the system

Better training for managers and those in leadership roles, irrespective of grade, is a key central theme running through this strategy. We will ensure that the key points from the Messenger review are considered and where possible integrated in to our development portfolio and we will design and launch a multi disciplinary leadership programme for NUH Leaders.

3.2.2 Safe and Inclusive Culture

Just Culture is about creating a culture of fairness, openness and learning in the NHS. This is to make colleagues feel confident to speak up when things go wrong, rather than fearing blame. Mersey Care NHS Foundation Trust in the North West of the country has been pivotal in deploying just culture principles in the UK health care arena. Mersey Care worked closely with Professor Sidney Decker to apply principles learnt from other high risk industries such as aviation and nuclear fuels in to the NHS.

Supporting colleagues to be open about mistakes allows valuable lessons to be learnt. This helps to prevent the same mistakes being repeated. A just culture approach asks a series of questions that help clarify whether there truly is something specific about an individual that needs support or management, or whether the issue is wider, in which case singling out the individual is often unfair and counter-productive. Embedding just culture helps reduce the role of unconscious bias when making decisions. It ensures individuals are consistently treated equally and fairly no matter what their staff group, profession or background. The successful deployment of just culture ensures an organisation looks at the causes of why things go wrong and recognise that as humans we all make mistakes. Just culture is key to supporting an open and honest culture while preventing disproportionate disciplinary action against staff.

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The 2021 CQC report findings spoke about bullying at NUH, which was extremely difficult to read. Staff must come to work in an environment that is supportive, not one in which they feel bullied or harassed. Immediate actions to address this situation were delivered via the CQC action plan. Strategically NUH must never find itself in this situation again. A reputation as an organisation that allows bullying to go unchecked will erode organisational culture, impact on sickness, recruitment and retention and ultimately impact patient care. The ongoing CQC actions must be embedded in HR practice where allegations or areas of concern are rapidly evaluated. As much evidence as possible will be evaluated such as sickness rates, turnover and staff survey data to create a heat map of the organisation and flag possible areas of concern. Where investigations are required they will be undertaken as quickly and efficiently as possible with external investigators utilised if there is not the immediate internal capacity to support. There will also be mechanisms of feedback to the organisation developed. Previously allegations were made, investigations took place but the feedback loop was left open. The fact that staff and staff side colleagues did not know the outcome of such investigations has propagated feelings of mistrust and scepticism with the process. A process of supervision will be introduced for staff working in employee relations (transactional HR) and there will be opportunities to review cases to learn how things could be improved going forward.

Just culture is also fundamental to the implementation of people policies and procedures. Countless hours are consumed within the NHS undertaking unnecessary investigations, placing an inordinate amount of stress and anxiety on individuals and their families. An organisation with successful deployment of just culture learns from mistakes and has more space and capacity to work on transformational aspects of work than just managing processes.

The key strategic objectives in relation to this element of the people strategy are –
- The immediate response to the CQC report on bullying will be embedded into the transactional people processes
- Strategic plan for the deployment of just culture will be created and enacted.

The CQC report highlighted that some staff from underrepresented groups have a less favourable experience working at NUH than others. This is clearly not acceptable. NUH is a diverse employer and no member of Team NUH must suffer any detriment based on ethnicity, sexual orientation, disability, religion or any other protected characteristic. Since then, a significant amount of support has been given to the development of a Black Asian and Minority Ethnic (BAME) strategy that is being delivered at the Trust. This strategy was developed by the BAME staff network and BAME shared governance council and has been endorsed by the Trust Board of NUH. The content of this strategy focuses on high impact interventions that would positively improve the experience of staff from a BAME background. The strategy was also viewed as a pathfinder document that would lead the way for the development of similar plans for the LGBTQ+ and Staffability (staff with a disability) networks.

The inclusion agenda has been refocused under a restructured department of 'Inclusion' which sits outside of the People Directorate. An inclusion strategy is in development and the People Directorate will work closely with the inclusion team to ensure that the aims of both strategies are delivered.

3.2.3   Health and Wellbeing

It is clearly apparent that the NHS has been under years of sustained pressure prior to the emergence of Covid 19. The global pandemic has placed additional stress on what were already strained services and staff. Staff absence rates have reached higher levels in early 2022 than have ever been recorded previously in the NHS. Although the Omicron variant of Covid and its higher rates of transmissibility was a huge driver for sickness over winter, stress anxiety and depression is still the number one cause of absence.

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In November 2021, the NHS published a national Health and Wellbeing Framework for the service. This framework has been developed by Dame Carol Black and builds on the first version of the document that was published in 2018. Within the associated documents of this framework there are definitions of each of the seven elements of the NHS health and wellbeing model as well as evidence and rationale for change, critical questions and considerations to apply to our organisational context and diversity of people. The aim of this framework is to help organisations understand the components of health and wellbeing to gain inspiration for what is possible for health and wellbeing within our organisation.

The seven elements of the NHS health and wellbeing model include:
1. improving personal health and wellbeing
2. profession wellbeing support
3. data insights
4. environment
5. managers and leaders
6. fulfilment at work
7. relationships

As part of the framework there is a tool to review existing strategies and services. NUH is fully utilising this assessment of our current offer to inform future plans. We have an extensive health and wellbeing offer underpinned by high performing Occupational Health and Staff Wellbeing services. It is imperative though that we think about staff health and wellbeing through a holistic lens.

As an organisation, there are aspects of the health and wellbeing agenda we do extremely well. We have for example recently diversified its offer from a psychological wellbeing perspective and we have invested strongly in this area, appointing a consultant psychologist in to the occupational health service and directly employing counsellors. Conversely, we are learning through communication with staff that we must look at some of the more fundamental basics of health and wellbeing including the provision of fresh water, staff being supported to take breaks and contact with line management. It is imperative that through this strategy review we also review some of the fundamental drivers to health and wellbeing that could be viewed as 'quick wins' which we may not be currently getting consistently right.

As the year has progressed, there are now emerging wellbeing challenges not previously considered in relation to financial well-being. There is now a cost of living crisis, with spiralling fundamental costs such as food and utilities. The threat of in work poverty is looming for many NHS staff, many of which will be impacted at our organisation. According to the Joseph Rowntree Foundation, this will be even more the case for staff who are single parents or those with a disability. It is essential that our health and wellbeing offer extends to consider the impact of financial wellbeing.

- We will revise our Health and Wellbeing approach utilising the NHS national framework and guidance.
- We will ensure that we also evaluate the wider determinants of health and wellbeing and self-evaluate any areas of immediate focus for improvement.
- We will diversify our area of focus to make sure that financial wellbeing is a core focus of attention.
- We will work as a system to share resources and expertise.

Please refer to Appendix A, for a copy of the People Strategy Delivery Plan and Year 1 Deliverables for Culture and Leadership.

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3.3   Objective 3 – Education

3.3.1   Education and Training

NUH has a strong history as a teaching Trust. Longstanding and successful relationships with our local Universities have helped us train many incredible healthcare professionals. Changes in our patient population, workforce diversity, funding pathways, technological developments, and the shift to more collaborative working across the system, present many opportunities to enhance our learning and education offer and be more ambitious about our role as a training provider.

However, the education function at NUH is fragmented across multiple portfolios, which leads to:

- A lack of understanding of the true scale of investment in education and training.
- Professional silos and limited shared learning and good practice.
- A lack of robust governance and risk management and the management of performance and progress.

3.3.2   Personal Development

We must ensure NUH is an organisation that has a reputation for developing its staff. This organisation being recognised as somewhere staff can come to be developed, to achieve their personal career ambitions will lead to a productive, happy workforce that delivers excellent outcomes including in patient care.

To enable this to happen, it is essential that a robust programme of development is provided but within an organisational culture which recognises and values progression in all its forms. NUH will ensure that there is the depth of opportunity to support personal development backed by resources in terms of time and funding.

3.3.3   Mandatory Training

There must be a structured development plan created to enable staff to access and undertake mandatory training in the most productive and efficient way. Currently at NUH mandatory training is a confused landscape for many staff. The way mandatory training is delivered requires revisiting and viewed from a service user's perspective.

There are requirements for mandatory training that can only be described as shades of grey. These are dominated by subjects that do not form part of a mandatory training requirement but have been locally identified as being core.

There must be a review of what core training is and what is role specific. For core mandatory training, there must be ease of access and equally accurate recording and reporting that the training has taken place. Only then can we gauge staff to be competent and the necessary assurance given to the Trust Board.

3.3.4   Leadership and Management

NUH has a number of programmes in place to support and develop leaders at all levels within the organisation. Some of these are developed and delivered within the People Directorate, some in other areas of the Trust. To ensure we support and develop leadership capability and capacity at all levels, we will look at the current development opportunities, ensure they are complimentary, and harness the benefits of multi-disciplinary learning. We will develop a clear overall development offer for leaders and managers within the Trust, with a specific focus on those with the most responsibility, such as mid-band leaders.

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To address the above and take advantage of the opportunities available to us we will:
- Appoint a Director of Education to drive forward the coordination of all the different educational programmes we are involved in
- Work increasingly with our partner educational providers through agreed memorandum of understanding
- Restructure the education and development functions at NUH to align to this direction of travel
- Create an Education Strategy for NUH
- Develop a Leadership and Management programme to support those in management and leadership roles

Please refer to Appendix A, for a copy of the People Strategy Delivery Plan and Year 1 Deliverables for Education.

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3.4   Objective 4 – Digital Agenda

3.4.1   Digital People Strategy

Digital transformation is essential for the delivery of timely efficient people services. Currently workforce data is frequently flawed, the extraction is reliant on manual generation and there is a lack of confidence from managers and staff in terms of data accuracy. The workforce is not able to optimise the benefits of technology that would make their working lives easier and more efficient. A workforce that is well supported by effective technology and processes is more likely to be happy and productive. Currently staff within the People Directorate need to find the sources of the problems and apply manual fixes. Optimising technology through digital people processes will require less central support and save a plethora of time for those running the service and service users waiting for the resolution to be applied.

The People element of the NUH Digital Strategy will be developed with the core objective of moving from the transactional electronic staff record to the value adding digital people record; delivering frictionless employment transactions to reduce waste and providing transparency for managers and staff alike.

By developing frictionless transaction, systems will be simple and easy to use giving managers and staff the information they need. All staff will be able to get the information they need, transact the decisions they are authorised to make with just a few clicks reducing time and waste. Harnessing the power of digital technology will provide greater transparency for managers and staff so they can make informed decisions based on high quality trusted information.

Harnessing digital capability in relation to the People agenda is essential if the Trust is to optimise the workforce. Utilising technology in this way will boost retention and enable core functions such as mandatory training and appraisals to be delivered and recorded efficiently and accurately. Furthermore there are plans to migrate the NHS to a new operating platform for staff information in three years' time. This new platform will integrate with finance automatically with no need to reconcile finance ledgers with workforce data. It is expected that current digital capability offered through ESR will be fully deployed ahead of migrating to a new operating system for the NHS.

To deliver the digital agenda there must be:
- Development and approval of an NUH Digital Strategy with a specific section on People. This strategy will be supported by a delivery plan with key milestones
- Deployment of the manager self-service (MSS) facility within ESR
- Enhanced analysis and reporting of People information

Please refer to Appendix A, for a copy of the People Strategy Delivery Plan and Year 1 Deliverables for the Digital Agenda.

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4   Implementation

4.1   Strategy Implementation

The implementation of this strategy is through the Delivery Plan at Appendix A. Progress will be measured and governed as per the arrangement in section 4.3

4.2   Partnerships

Partnership working will be key to the delivery of this strategy. We work in close collaboration with our trade union colleagues and the Local Negotiating Committee (LNC) through the partnership and recognition agreement. Furthermore we hugely value the staff networks at NUH: BAME, LGBTQ+ and Staffability for their insight and tireless campaigning for groups of staff who struggle to have their voice heard. Over recent years people functions across the NHS have worked in partnership with Freedom to Speak up Guardians (FTSU). The FTSU guardians at NUH have been a constant source of learning and support. Cultivating this relationship with the FTSU office and the People Directorate will be pivotal moving forward. Ultimately, the only way this strategy will be fully optimised is by continuing to work with our staff for the benefit of the entire workforce. While this document has been created by the People Directorate, it is very much a strategy for all our staff for whom we are ultimately accountable.

Outside of the organisation, the Trust is a key member of the Integrated Care System (ICS), ICS Provider Collaborative and Place and Primary Care partnership. Given our size and portfolio of services, NUH has significant influence. We will contribute to developing and delivering the People element of the ICS strategy and share and implement good practice. In particular, we will work together across the East Midlands on common fragile services, on initiatives to support the recruitment, retention and development of the medical workforce, and focus on talent management, flexibility of the workforce to support working across organisational boundaries and will consider the impact of the Scaling Up of People Services national programme. On a strategic level, we will work with ICS partners to consider the requirements of the LTWP and how we can work together to make progress.

We will continue to work with educational providers and MOUs with the two Nottingham universities are signed with future opportunities for partnership working being scoped.

4.1   Financial assessment

Additional funding has been identified and allocated in specific teams such as Recruitment, People Planning and Transformation and the Digital People Agenda to support the delivery of key activities in this Strategy. However, the size of the People Directorate continues to benchmark poorly in comparison to equivalent sized NHS Trusts across the country and local Trusts within our region.

It is essential that there is enough resource and people have enough time and capacity to focus on the action plan implementation outside of their diverse business as usual work.

The People agenda and the delivery plan for this strategy is large, complex and transformational, meaning it will take time, sustained focus, attention and investment to see significant and embedded changes and benefits.

4.2   Governance and assurance
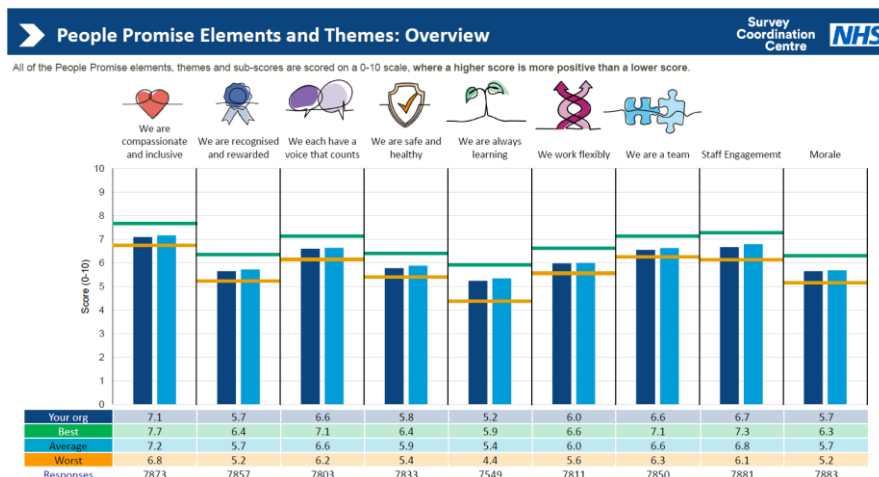
4.3.1   Measurement

The measuring of culture has never been viewed as an easy undertaking. Currently we have data regularly produced in relation to people metrics on topics such as staff turnover and absence but these form a very crude link to organisational culture. The NHS as part of the model hospital metrics

is now producing a culture dashboard for each organisation. The dashboard is informed by measures drawn from the people metrics of the model hospital and staff survey. Following evaluation and review of various methods of measuring culture, the following set of questions taken from the staff survey are used as a baseline measure. The results of these questions will now be reported quarterly to the People and Culture Committee. Any relevant information from other sources pertaining to culture can be considered, including qualitatively themed analysis, as supporting narrative. It is through these questions, grouped in three themes, which will form the nucleus of our cultural measurement.

Motivation
2a. I look forward to going to work
2b. I am enthusiastic about my job
2c. Time passes quickly when I am working
Involvement
3c. There are frequent opportunities for me to show initiative in my role
3d. I am able to make suggestions to improve the work of my team/department
3f. I am able to make improvements happen in my area of work
Advocacy
21a. care of patients/service users is my organisations top priority
21c. I would recommend my organisation as a place to work
21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

From late 2022, the national model hospital data platform includes a cultural dashboard. This has been referred to in the NHS Improvement Cultural and Leadership programme, which NUH is part of. This national dashboard is published annually and pulls data from the staff survey, blending it with other metrics to create an overview of culture. NUH has already started building a dashboard that replicates the architecture of the national one, but will allow us to add data and monitor throughout the year, as opposed to waiting for a one off annual publication. The NUH version also allows for analysis at a Divisional level.
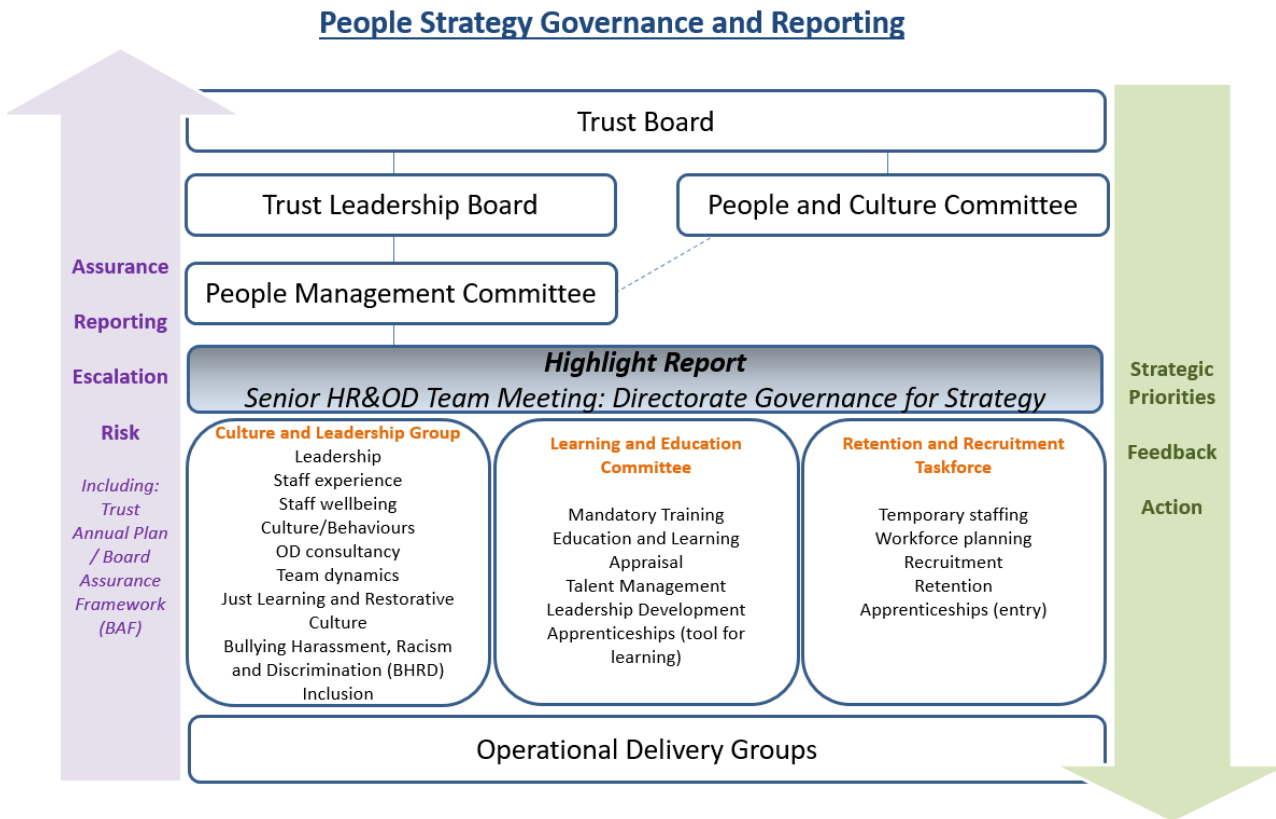
Staff engagement is clearly an essential core component of improving organisational culture. As a core benchmark of organisational improvement, we will gauge the organisational engagement score across the year culminating in the National Staff Survey. Engagement at NUH has remained largely static over the past 4 years but dipped in 2022 (see graph below). By keeping this key metric under review it is anticipated that engagement will serve as a 'yard stick' as to how the organisation is developing from a People perspective.

People Promise Elements and Themes: Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.1	5.7	6.6	5.8	5.2	6.0	6.6	6.7	5.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	7873	7857	7803	7833	7549	7811	7850	7881	7883

Specific metrics have also been identified for each of the Strategy objectives within the delivery plan. Please refer to Appendix A, for a copy of the People Strategy Delivery Plan and Year 1 Deliverables.

4.3.2   Governance

The delivery of this People Strategy and its supporting delivery plan will be managed through the People Management Committee, Trust Leadership Board, People and Culture Committee and ultimately Trust Board. There are also a number of key workstreams/committees who will take this work forward. This is summarised below:

People Strategy Governance and Reporting

Trust Board

Trust Leadership Board | People and Culture Committee

Assurance

Reporting

People Management Committee

Escalation

Risk

Including: Trust Annual Plan / Board Assurance Framework (BAF)

Highlight Report
Senior HR&OD Team Meeting: Directorate Governance for Strategy

Strategic Priorities

Feedback

Action

Culture and Leadership Group
Leadership
Staff experience
Staff wellbeing
Culture/Behaviours
OD consultancy
Team dynamics
Just Learning and Restorative Culture
Bullying Harassment, Racism and Discrimination (BHRD)
Inclusion

Learning and Education Committee

Mandatory Training
Education and Learning
Appraisal
Talent Management
Leadership Development
Apprenticeships (tool for learning)

Retention and Recruitment Taskforce

Temporary staffing
Workforce planning
Recruitment
Retention
Apprenticeships (entry)

Operational Delivery Groups

5   Conclusion

This strategy started with the why. It has been informed by what staff want from their employment at NUH. The concept of the True North to be the employer of choice for the NHS will guide this agenda well into the future. This strategy aims to provide a blue print for the main areas of focus for the People agenda over the next three years. It has not tried to cover every workforce/People consideration, rather focus on those main areas of work that will really advance this agenda and make NUH the best place to work.

The workplace and the global labour market is changing. This strategy will be regularly refreshed and checked to ensure it is focusing on not just the here and now, but emerging areas of opportunity and challenge.

This strategy has initiated the development of delivery plans each with clearly established aims and objectives. This strategy and the delivery work that sits underneath it will drive the work of the People agenda over coming years as we move to being the employer of choice for the NHS.

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Appendix A – NUH People Strategy Delivery Plan and Year 1 Deliverables

Please note – as work is progressed, it may be required to make changes / amendments to this initial Delivery Plan.
If required, please contact the People Directorate for the most up-to-date version of this document.

NHS Nottingham University Hospitals NHS Trust

NUH People Strategy Delivery Plan and Metrics

2023 - 2026

(Incorporating People First Plan Deliverables)

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2023-2026
1 - 3 Year Plan

The next two slides outline the current three year delivery plan for the NUH People Strategy. Deliverables for years 2 and 3 will be further added to on review of current position and priorities closer to the time.

This plan also incorporates the People deliverables as outlined in the Chief Executive People First Plan. These activities are highlighted throughout this document in a purple colour

Goals		23/24	24/25	25/26
Retention and Recruitment				
Workforce Planning and Transformation	Have embedded a robust approach to workforce planning delivering a sustainable workforce plan for the Trust	• Refine and enhance workforce plans including professional group plans • Understand the requirements within the Trust for future workforce planning including agreeing governance and monitoring arrangements of plans and workforce planning alignment with other programmes and plans e.g. TNUH reconfiguration • Establish ourselves as an Anchor organisation as part of the health and care system and contribute to the development of an approach to NUHs role in improving health inequalities from an employment and education perspective.	• Create and implement a plan in relation to the workforce element of the health inequalities agenda.	• Have well established strategic plans and processes that will enable NUH to grow our own workforce by working with our partners in local authorities, schools and universities to develop and grow our own workforce supply
Apprenticeships	We continue to develop and expand our offer while supporting the health inequalities agenda and giving better utilisation of the apprenticeship levy.	• Identify and engage targeted areas / departments across the Trust who have not yet fully utilised apprenticeship opportunities to help understand apprenticeships and facilitate usage. • Promote the use of apprenticeships to bring new people into the organisation, particularly in areas with higher workforce challenges (creating a clear link to support health inequalities) and consider the use of new apprenticeship standards	• Continue to expand the use of apprenticeships, consider linkage to with the widening participation agenda.	• Continue to expand the use of apprenticeships, consider linkage to with the widening participation agenda.
Recruitment process	Provide a candidate focused approach to recruitment, with targeted marketing and attraction campaigns	• Consistently deliver the reduced time to hire target of 45 days • Develop a tailored approach, which focuses on Trust-wide recruitment by staff group and supports those areas of greatest workforce risk • Develop a marketing and attraction function which promotes NUH, its opportunities and the region as a place to live and work	• Continue to review processes for efficiency opportunities in relation to time to hire further reducing the 45 day target. • Embed inclusive Recruitment and Retention Training within the Trust training offer • Develop further the Trust international recruitment offer	• Continue to review processes for efficiency opportunities
Retention	Continue to deliver an improvement in the Trust retention rates by making the Trust an employer of choice	• Undertake the self assessment of national retention guide and develop action plan – deliver short term actions • Develop and implement, though the recruitment and retention taskforce, a range of initiatives to support an increase in retention.	• Create NUH Retention and Recruitment Strategy (moved from 23/24) • Deliver medium time actions from retention guide • Expand agile working opportunities	• Deliver longer term actions from retention guide
Temporary Staffing	Efficiently and effectively use temporary staffing to meet both internal and system resource challenges, and reduce reliance on hi-cost agency usage	• Review the controls and governance for agency usage, developing divisional agency targets and a specific focus on Admin and Clerical and Estates and Facilities agency usage increase with the aim of reducing volume and reliance on agency usage.	• Review any changes to control environment • Identify further staff groups for specific focus on reduction • Review savings targets • Award temporary staffing provider contracts • Develop and implement the future strategy for temporary staffing at NUH	• Review any changes to control environment • Identify further staff groups for specific focus on reduction • Review savings targets
Inclusion (Culture and Leadership)				
Leadership Culture	We will support our people to be the best they can be *as an individual and collectively as leadership team.*	• To implement one pilot of the High Performing Teams programme to help build collaborative and collective leadership and culture improvement. • Scope and recommend a structured approach to building collaborative and compassionate leadership for the Trust Leadership Board.	• Review the Trust approach to the high performing teams development programme for stronger collaborative and inclusive leadership behaviours. • Support 23/24 recommendations for the structured approach to building collaborative and compassionate leadership for the Trust Leadership Board. • Co-design and introduce network spaces-inviting guests of specialist interest, expertise and impact.	• Deliver core management and leadership development: Priorities 1 and 2. • Continue to optimise structured and flexible network and leadership spaces.
Safe and Inclusive Culture (including staff wellbeing)	We will be a highly engaged, safe and compassionate led place to work and receive care	• Support, alongside the Communication department, a CEO led engagement exercise to, review, clarify and launch the new NUH Values and expected Behaviours. • Review and refine the culture, inclusion and just culture interventions to meet the new NUH values and behaviours. • Deliver the initial Bullying Harassment, Racism and Discrimination (BHRD) Campaign linked to the BHRD Charter • Continue to embed the BHRD Charter focusing on key areas of concern • Reduce Resolution of Employment Concerns and Conduct cases that have been open over 6 months • Increase the number of Resolution of Employment Concern cases that are resolved informally • Revise our Staff Wellbeing Delivery Plan utilising the NHS national Health and Wellbeing framework organisational diagnostic tool, and develop metrics to gauge strategic efficacy • Review and refine year 1 actions of Staff Wellbeing Delivery Plan and progress in areas of biggest risk	• Collaborate to further build the Values of NUH in to the strategy and structure of the organisation and business. • Integrate relevant culture, inclusion and just culture interventions to support and reflect the new NUH Values and compact behaviours. • Identify and introduce underrepresented Professional Network spaces: Administration • Progress actions of the Staff Wellbeing Delivery Plan • Evaluate the wider determinants of health and wellbeing and self-evaluate any areas of focus for improvement. • •Implement actions from the Aggression, Violence and Harassment (AVH) Action plan	• Continue to regularly and consistently measure the impact of interventions to support culture improvement. • Continue to develop and support the Administration Professional Network for NUH.
Impact	We will continually listen, learn and improve the way we do things in NUH	• Review current approach and governance on improving organisational culture, implement short term actions • Contribute to the creation of a clear engagement and delivery approach for NUH	• Continue to develop the engagement and delivery of culture improvement at a Trust, Divisional and Team level. • Review the Trust OD Consultancy model and intervention offer	• Continue to engage, listen and respond in a timely and deliberate approach to grow and improve organisational culture. • Continue to effectively measure and assess the impact of OD, Culture and Leadership interventions. Where required, pause, stop and revise interventions.

	Goals		23/24	24/25	25/26
Education	**Education and Training**	Provide the appropriate leadership, strategy and structure for education to thrive at NUH.	• Work increasingly with our partner educational providers through agreed memorandum of understanding	• Appoint a Director of Education and OD (moved from 23/24) • Create an Education Strategy for NUH (moved from 23/24) • Restructure the education and learning functions (moved from 23/24) • Work increasingly with our partner educational providers through agreed memorandums of understanding. • Be able to demonstrate a unified approach to education giving better return on investment and value for money.	• Continued expansion of working with other educational partners
	Personal Development	Create a robust and scalable approach to talent management, underpinned by the best practice in personal appraisals.	• Review current arrangements for talent management and recommend a revised approach • Develop Team NUH leaders and managers responsible for appraisals to establish the foundations of regular manager and employee conversations and objective setting, and engage with staff to further understand what is required to improve appraisals.	• Review, develop and deploy a revised innovative approach to talent management. • Evaluate the changes made in year 1 and make any necessary change to approach.	• Embed talent management approach
	Mandatory Training	Ensure all staff are clear of their requirements and have appropriate and efficient access to the required training.	• Review existing role specific mandatory training ensuring it's relevant, accessible and governed appropriately and deliver improvement on area of difficulty, establishing an approval process for new requests	• Continued review of mandatory training content, approach and reporting	• Continued review of mandatory training content, approach and reporting
	Management and Leadership Delivery	Create optimal opportunities for managers to develop their skills.	• Design and launch a multi disciplinary leadership programme for NUH Leaders, focusing on the fundamentals of leadership and to equip them with the ability to lead in line with NUH values and the NHS 'Our Leadership Way'	• Implement Leadership and Management Development model	• Embed Leadership and Management development model
Digital and People fundamentals	**Digital**	Contribute to the Trust approach to digitalisation of People services with a focus on enabling tools for colleagues	• Contribute to the People elements of NUH Digital Strategy • Implement year one stages of manager self service project • Support the People element of the establishment control project (phase one - budget alignment) • Support the People element of the establishment control project (phase two - full establishment control) • Implement medical e-rostering in three priority areas	• Implementing people elements of digital strategy • Continue MSS roll out	• Implementing people elements of digital strategy
	Business as Usual		• Review and refine business as usual activities across the People Directorate • Continue to deliver wide range of fundamental services • Develop the efficiency and efficacy of core HR services.	• Continue to deliver wide range of fundamental services	• Continue to deliver wide range of fundamental services