



Foundation 1: User Friendly People Processes

Objective:

Our People processes are simple, easy to use and maximise the use of technology which frees up the time of busy clinicians and line managers.

1 Where are we now?

- Largely paper-based processes
- Lots of silos with multiple handoffs
- Little investment in digital People IT solutions
- Low appraisal and statutory & mandatory training compliance

3 How do we get there?

- Introduce Robotic Process Automation wherever possible
- Invest in new HR Information Systems that are contemporary & easy to use
- Introduce 'paper light' People Function
- Redesign recruitment and on-boarding process; appraisal process
- Introduce new Learning Management Solution
- Update temporary staffing process
- Redesign Operational HR Function



2 What do we want to be?

- National influencer in simple, easy to use recruitment, temporary staffing services, appraisals and learning management processes
- Lead innovation across BSW
- Provide 'Value Added' services to busy clinicians and leaders

KPIs – by end of 2023

- Improved Vacancy Levels
- Reduce Time to Hire to 20 days
- Improve recruitment net promoter score to greater than 50%
- Improve bank fill rates to 70%
- Improve appraisal rates to 90%
- Reduce and maintain agency spend to within agreed NHSE/I cap

Foundation 2: Civility & Respect – Restorative Just & Learning practices

Objective:

Our People are kind and compassionate; say hello, help where needed and are curious about other perspectives, cultures and ways of thinking.

3 How do we get there?

- Restorative Just & Learning 4 step process embedded in both Patient and People processes
- Embed RUH's behaviours into all development programmes
- Redesign and realign all People processes to recruit, promote, recognise and reward for values and behaviours
- Focus on customer service & patient experience



KPIs – by 2025

- Top quartile organisations for lowest proportion of staff experiencing Bullying & Harassment
- Top quartile organisations for staffing feeling 'respected and valued'
- Improved inpatient experience survey results
- Improved reputation from BSW partners

1

Where are we now?

- Well established & respected FTSUG service
- Staff survey indicates improving levels of safety in 'Raising Concerns'
- Worse than average experiences of Bullying & Harassment from patients/service users
- Worst in class nationally for staff reporting physical violence
- Consistent experiences of Bullying & Harassment from managers and other colleagues
- More work required to improve patient and customer experience

2

What do we want to be?

- Line managers create an open environment where any concerns are spoken of openly and honestly & solutions are co-produced
- Physical violence is reported, investigated & our People are supported
- Errors/mistakes are used as a learning opportunity
- Each employee focuses on offering excellent customer/patient service

Culture: Experience/Engagement

Objective:

Our People are fully engaged at all levels; they understand and are committed to the shared future vision and ambition of RUH. We work together to achieve the vision and make a difference to the people who work and receive care at RUH.

1 Where are we now?

- Above national average engagement scores but significantly off 'best in class'
- Nursing & Midwifery; Additional Clinical Services; Estates & Ancillary; colleagues currently reporting lower levels of engagement

3 How do we get there?

- Provide enough resources to do the job
- Embed Improving Together – distributive leadership
- Design reward and recognition strategy aligned to delivering True North
- Continue to focus on Health & Wellbeing
- Improve physical work environment
- Ensure People have contemporary IT solutions



KPIs – by 2025

- Top quartile organisations where People would recommend RUH as a place to work
- 95% of all roles offer flexible working options
- 80% report being able to make improvements happen in their work areas
- Less than 30% report finding work emotionally exhausting

2 What do we want to be?

- Our People will recommend RUH as a place to work and receive treatment
- Our People feel valued and recognised for who they are/what they bring/their unique leadership potential and what they do
- Our People trust each other
- An organisation that encourages work-life balance & flexible roles
- Our People have the autonomy over their work & can make change happen in their areas of work

Culture: Diversity and Inclusion

Objective:

Our People understand the difference between 'equity' vs 'equality' and recognise where disadvantage exists and how to make change happen. We know how to work with partners from different cultures and backgrounds.

3

How do we get there?

- Partner with NHSE/I to improve WRES scores (2,3 and 7)
 - Improve likelihood of BAME staff being appointed from shortlisting
 - Reduce number of BAME colleagues entering formal disciplinary
 - Improve perception of equal opportunity
- EDI objectives as key part of any leadership role
- Positive action recruitment & development programmes to meet our aspirational targets for BAME, women in senior positions and disabled employees
- Improve gender pay gap
- Cultural Intelligence training in all leadership development programmes
- Re-energise staff networks and promote membership
- Partner with Council to get children in care and other deprived backgrounds into work



KPIs – by 2025

- Equal likelihood of BAME staff being appointed from shortlisting
- Equal likelihood of BAME staff entering formal disciplinary processes
- Achieved aspirational targets for Bands 8b-9
- Improved percentage of staff reporting Trust as an equal opportunity employer
- Stonewall Workplace Equality Index top 100 employers
- More female BAME senior medical roles to balance gender pay gap
- More staff declaring disability

1

Where are we now?

- Disproportionate number of BME staff entering disciplinary process and reporting bullying and harassment
- Disproportionately low numbers of BME staff in senior management roles
- Limited impact of staff networks
- Trust has a reported gender pay gap
- Under-representation of disabled job applicants and staff
- Perception of favoritism and nepotism, especially around career progression

2

What do we want to be?

- An equal opportunity employer that fully meets the requirements of the Equality Act 2010 and the NHS contractual requirements in respect of equality and demonstrates best practice in inclusion
- An employer where employees can bring their true selves to work without fear of stigma and exclusion
- Reduced perception of inequality to accessing learning and development opportunities
- More proportionate distribution of BME & disabled staff at senior levels of management

Culture: Compassionate People Leaders

Objective:

Our People Leaders create a clear shared vision for their teams based on RUH's vision; there are clear goals and People are trusted to deliver on these goals.

1 Where are we now?

- More employees reporting being satisfied by the support they receive from their line managers; their immediate managers care about their concerns & that immediate line managers take effective actions to help them with the problems they face
- More people reporting feeling valued by their teams & strong personal attachments to their teams
- Downward trend in people feeling like they are able to make suggestions to improve the work of their team/department & always knowing what are their work responsibilities

3 How do we get there?

- Cascade Improving Together to all levels of the organisation
- Introduce quarterly leadership strategic forums
- Redesign all developmental programmes to focus on clarity of purpose, vision & values
- Embed Barrett Model for Values Alignment and Leadership Values Assessments



2

What do we want to be?

- More leaders skilled in Improving Together methodology
- More people can see the link between their personal goals and those of RUH
- More leaders value difference and are committed to Equality and Inclusion
- More consistent leadership across RUH
- There are more moments of meaningful face to face contact & moments of connection

KPIs – by 2025

- Reduction in number of People experiencing bullying & harassment from colleagues
- At least 60% of our people report feeling like the organisation values their work

Capability: Health and Wellbeing

Objective:

Our People feel like we care for them because we create an environment that is Safe and Healthy.

How do we get there?

- Develop & continuously improve a comprehensive Health and Wellbeing plan focusing on:
 - Mental & emotional
 - Spiritual & cultural
 - Financial & social
 - Physical health
- Introduce a team of clinical psychologists to tackle stress & PTSD
- Work with Estates & Facilities to develop a physical working environment improvement plan
 - Create a 'Safety Culture'
 - Provide rest areas for Porters/Cleaners
- Annual "valuing our staff" programme of events showing appreciation for our People
- Increase access to Healthy Lifestyle options

3



1

Where are we now?

- Improving feedback about positive action being taken on health & well-being
- RUH actively investing in Health & wellbeing offer
- National leader in TRiM
- High levels of burnout; lack of focus; conflicting priorities and too few people to do the job
- Increasing threats and incidents of physical violence from patients & public

2

What do we want to be?

- An employer that ensures staff have adequate working environment & safety culture, i.e. enough rest and break out areas, affordable 24/7 access to hot nutritious meals
- Plans that focus on prevention, care during a trigger event and aftercare
- Work with BSW colleagues to develop a comprehensive offer to everyone working within BSW

KPIs – by 2025

- Top quartile of Trusts reporting there are enough people to do the job
- Reduction in percentage of staff reporting wanting to leave the organisation
- Improved ratio of staff to rest areas

Capability: Maximising Potential

Objective:

Our People will maximise their potential and be recognised & rewarded for making a difference; our Learning offer will be a key tool to attract and retain a broader, stronger and more agile and resilient workforce.

How do we get there?

- Develop new offer aligned to True North which focuses on:
 - Delivery of clinical strategy
 - Innovation & Transformation
 - Change Management
 - Project Management
 - Systems Leadership & cross sector
 - Customer care/hospitality
 - Digital
 - Data Science
- Agree investment fund for all staff groups
- Agree competency & capability models for job roles linked to new clinical strategy
- Introduce new career pathways
- Redesign learning experiences to be more agile, modular and portfolio based
- Extend offer to Primary Care partners

3



KPIs – by 2025

- Increase in % of Staff obtaining promotions within RUH and across BSW
- Increased % of performance ratings
- Top quartile organisations for employee engagement scores & team working

1

Where are we now?

- Top 14 nationally when it comes to apprenticeships
- RUH assisting in developing national Operational management offering
- Matron's development programme
- Improving Together Leadership Programme
- Programmes not currently not aligned to delivering True North
- Currently no strategically aligned Education Plans
- Lack of investment for non-clinical colleagues

2

What do we want to be?

- RUH will partner with BSW Academy creating leaders in clinical, professional and operational programmes
- Local specialist knowledge recognised
- Equal investment to develop clinical and non-clinical staff
- Consistently offer project-based opportunities

Capability: RUH Leadership Framework & Development

Objective:

To design and embed a new leadership and talent management framework that is focused on the principles of collective, compassionate and inclusive practices

How do we get there?

3

- Clear structures for the management and learning and development staff/resources for the delivery of training and development
- New leadership and talent management framework (Scope for Growth) focusing on:
 - Collaborative/appreciative leadership
 - Compassionate, inclusive and effective leadership at all levels
 - Coaching and mentoring programmes for all levels
 - Embed agreed improvement methods
- Improve and align appraisal systems to organisational priorities
- Align 360-degree feedback to RUH behavioural framework
- Clear succession plans



KPIs – by 2025

- 90% of leaders on a Trust accredited programme
- Top quartile engagement scores – Staff Attitude Survey
- Improved internal promotion rates
- More BAME Female leaders
- Reduction in perception of bullying and harassment
- 90% of leaders obtain 360-degree feedback

1

Where are we now?

- National pilot site for Scope for Growth – Talent Management
- Well-developed leadership programmes e.g. First Steps, Improving Together etc
- Clinical Leadership being delivered by BSW Academy
- Programmes require alignment to key central themes & new RUH Vision

2

What do we want to be?

- Our People are trained in leading improvement initiatives within their respective areas
- Leaders who are collaborative, inclusive and who understand their role is to be a coach and mentor to their direct reports and colleagues
- Comprehensive management and leadership programmes
- Systematic and embedded appraisal scheme
- Clear accountabilities and levels of responsibility
- Developed talent management process through succession planning, coaching and mentoring

Capacity: Maximising Collaboration across BSW & BNSSG

Objective:

Lead collaboration across BSW where we are seen as 'Best in Class' and partner in areas where we are still developing

1 Where are we now?

- Successful collaboration of Procurement services
- Collaborative procurement of new Electronic Patient Record
- Played key role in the design and establishment of BSW Academy
- Well developed collaboration with BSW People Function and BSW Acute HealthCare Alliance

3 How do we get there?

- Build strong relationships with non-NHS stakeholders e.g. Hospices, local authority, universities
- Build stronger relationships with new BSW People function partners
- Increase understanding and knowledge of ICS/ICB role within the organisation



2 What do we want to be?

- Collaborate on transactional HR services where this improves quality and cost delivery for BSW partners
- Collaborate on Health and Wellbeing initiatives
- Support collaborative workforce planning
- Share best practice on inclusive People practices

KPIs – by 2025

- Decide on shared service model for People Function and other corporate services
- Support clinical pathway redesign

Capacity: Recruitment

Objective:

To recruit the right number of caring and compassionate staff with the right values and skills at the right time to meet the Trust's workforce plans.

1

Where are we now?

- 3% vacancy level – April 2022
- A small but significant number of recruitment hot spots largely mirroring national skills shortages
- Median time to hire metrics compared to other BSW Trusts
- Highly developed and successful apprenticeship programme

3

How do we get there?

- Transform recruitment services
- Create strong employer brand
- Clear recruitment strategies regularly reviewed at Board and sub-Board committee level
- Improve use of Trac recruitment system to reduce any delays in time to hire
- Implement training for recruitment panel chairs (including AAC Chairs)
- Targeted international recruitment with funded pastoral supporting including accommodation
- Implement values-based recruitment



2

What do we want to be?

- Best Acute Trust in SW for training of apprenticeships
- Top quartile in SW Trusts for time to hire metrics
- Top quartile in SW Acute Trusts for vacancy rates
- Improved ability to recruit nationally identified shortage posts
- Safe and inclusive recruitment practices
- Applicants screened to ensure compatibility with Trust values

KPIs – by 2025

- Reduce vacancies in key positions
- Reduce cost per hire
- Reduce bank & agency spend
- Average recruiting cycle times
- More female, BAME and disabled employees in leadership positions
- Reduce new hire attrition

Capacity: Workforce Planning

Objective:

To create an effective workforce through proactive workforce planning that is evidence based, triangulating affordability, activity and performance plans, and directly involves leaders and managers of the service. These plans flex with demand & seasonal pressures.

3

How do we get there?

- Workforce planning function enhanced by training, networking and creation of job planning analysis expertise
- Reconciliation of HR and Finance data
- Development of a workforce metrics reporting template
- Introduce new employment contracts to meet need of workforce and demand pressures
- Improved, “bottom up” approach to workforce planning
- Robust successful bids for HEE transformation funding to develop new roles
- Align workforce planning process with the annual business planning cycle
- Up skill HRBPs and Divisional Teams with workforce planning skills
- Introduce Health & Care academy in conjunction with BSW partners
- Increase local development of Talent e.g. School of Nursing & HealthCare professionals etc.
- Increase pool and role of volunteers



KPIs – by 2025

- Level 3-4 rating of NHSI Operational Workforce Planning toolkit
- Reduction in temporary staff usage
- Workforce Plan reviewed bi-annually at Board Level
- Introduction of skills based, modular roles based on BSW priorities

1

Where are we now?

- Workforce metrics and data are available and distributed but occasional discrepancies occur between different databases
- No uniform template for presenting data to Board and sub-Board committees
- Limited and often un-coordinated development of new job types and roles
- Little data on job planning compliance
- Workforce planning process is finance led with limited input from HR and the Divisions

2

What do we want to be?

- Accurate and consistent workforce data available to Board, sub-Board Committees and Trust operational meetings
- Consistency between Divisional, HR and Finance generated workforce data
- Challenging workforce targets based on informed benchmarking
- Valued contributors to BSW-led programmes on development of new roles
- Close collaboration with HEE on workforce transformation projects
- New roles introduced and HEE workforce transformation programme implemented
- Improved analysis of workforce data
- Improved analysis of job plans
- National exemplar