

# Workforce and Organisational Development Update

Author: Bina Kotecha and Louise Gallagher Sponsor: Director of Workforce and OD Trust Board 1 October 2015  
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## Executive Summary

### Context

To deliver our vision of 'Caring at its Best' and to facilitate the necessary change we have set out an ambitious Organisational Development (OD) Plan for UHL. Our priorities are led through five work streams which were approved by the Trust Board and Executive workforce Board in June 2015.

### Questions

1. How can we measure progress and the impact of our organisational development interventions?
2. How do we ensure we achieve the right balance between operational pressures of workforce planning and the more strategic workforce planning required to deliver Better Care Together?
3. Is the approach to more collaborative workforce planning and development the right one?

### Conclusion

Against each OD work stream we have set out what we are doing to 'make it different'. This paper should be read in conjunction with the September 'Learning into Action' Newsletter which highlights key learning and organisational development initiatives and events.

We measure the impact of our interventions through our Organisational Health Dashboard and report progress at a range of forums.

Throughout the year we host various events in celebrating the 'so what' difference staff and leaders have made, from exposure to our learning and organisational development interventions.

The five year workforce plan sets out short term and long term planning interventions to ensure we are on track to deliver new models of working to support new models of care in LLR. In order to deliver the plan we need to adopt a more robust improvement methodology within a collaborative cultural framework, the UHL Way offers a model for this and provides a way to tackle the challenges in closing the gap between workforce supply and demand.

A number of separate reports are provided to update on specific elements in more detail, as referred to in this report.

## Input Sought

The Trust Board is asked to note progress with and comment on the implementation of the priorities of the Trust's Organisational Development Plan, led through five work streams, as set out in this report. The Board is particularly asked to comment on the proposed collaborative and improvement focused proposal for tackling the challenges in workforce.

## For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Yes ]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: **Patient representatives involved in key OD initiatives / intervention**

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: [January 2016]

6. Executive Summaries should not exceed 1 page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does not comply]

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** Trust Board

**DATE:** 1 October 2015

**REPORT FROM:** Louise Tibbert, Director of Workforce and OD

**REPORT BY:** Bina Kotecha, Assistant Director of Learning and OD  
Louise Gallagher, Workforce Development Manager

**SUBJECT:** Quarterly Workforce and Organisational Development Update

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### 1. INTRODUCTION

To deliver our vision of 'Caring at its Best' and to facilitate the necessary change we have set out an ambitious Organisational Development (OD) Plan for UHL. Our priorities are led through five work streams which were approved by the Trust Board and Executive Workforce Board in June 2014. Against each work stream we have set out:-

- What will be different?
- What we will do to make it different?
- How we will know if we are successful?



- 1.1 These work streams have been aligned to UHL values, vision and strategic objectives particularly our objective to support the development of a caring, professional, passionate and engaged workforce. This plan provides the overarching strategic context for the Trust's Five Year Workforce Plan 2014-19 which describes how the Trust will respond to immediate pressures with respect to workforce and the longer term challenges presented by reconfiguration driven both internally and through the Better Care Together Programme.
- 1.2 In July 2015, the Board received a comprehensive OD Plan and Workforce Update which placed a particular emphasis on the workforce planning elements covering recruitment, redesign and education and training. This set the scene for a wider discussion at the Trust Board Thinking Day on 10<sup>th</sup> September and subsequent discussions at the Local Education and Training Collaborative (LETC) on 21 September during which a number of subgroups were agreed to take forward a more integrated, collaborative approach to workforce planning and development.

- 1.3 The purpose of this report is to provide:-
- A more comprehensive organisational development plan overview
  - An overview of the key themes arising from the Trust Board Thinking Day
  - An overview of proposals relating to a more collaborative approach to workforce planning and development to support implementation of Better Care Together.
  - Provide a short update on any pertinent actions/outcomes relating to:
    - The medical workforce
    - The nursing workforce
    - Non medical or other clinical roles
    - Better Care Together
    - Internal reconfiguration
    - New role development
    - CIP and paybill
- 1.4 This report highlights progress with implementing the Trust's Organisational Development Plan providing a brief summary of progress against each of the work streams over the previous quarter and key next steps (previous report presented in July 2015). The September 'Learning into Action' newsletter (Appendix 1) updates on key learning and development initiatives and events.
- 1.5 As previously reported to the Board, the Learning and Organisational Development and Listening into Action Team have been shortlisted for a HSJ Value in Healthcare Award under the 'Value in Training and Development' category and will be attending the Annual HSJ Awards Evening in London on 22<sup>nd</sup> September 2015.

## **2.0 ORGANISATIONAL DEVELOPMENT PLAN UPDATE**

### **2.1 Measuring the Impact of our actions - Organisational Health Dashboard**

The Organisational Health Dashboard provides information at a Trust level, which can be further broken down by Directorate and Clinical Management Group (CMG). This information is reported and discussed on a monthly basis at CMG/Directorate Boards and on a quarterly basis at CMG Workforce Performance Meetings.

The measures identified within the Organisational Health Dashboard are directly linked to the five Organisational Development (OD) work streams and incorporate outcomes from the National Staff Survey and Staff Friends and Family Test. Performance can be measured and compared over a selected time period and monitored both on a monthly and quarterly basis. The dashboard can be accessed from iNsite at [UHL Organisational Health Dashboard](#).

### **2.2 Live Our Values Workstream**

#### **2.2.1 Caring at its Best Awards**

The Annual Caring at its Best Awards Ceremony, supported by UHL Charitable Funds, will take place on the 24th September 2015.

#### **2.2.2 Values Based Recruitment**

Health Education England (HEE) commissioned a national team to develop a Values Based Recruitment Tool for bands 1-4 based on the NHS Constitution values. The web based tool, hosted by HEE, will be available for all Trusts to use. It is recommended that the tool is added to the job advert as a self-selection tool for potential candidates, with the option of making this mandatory within the recruitment processes once launched in the autumn. UHL have volunteered to be a Trust to pilot this tool.

Values have also been built into the Graduate Trainee Management Assessment Centre recently as part of on-going work to embed values into recruitment processes

### **2.2.3 Reward and Recognition Strategy**

The '*Work for Us*' area on INsite has now been remodelled and is now simpler to navigate. The investment for improved website technology has been proposed to create innovative, attractive material.

A new toolkit is currently being produced to remind managers of Trust wide recognition schemes and give advice and guidance on setting up schemes locally.

### **2.2.4 Workforce Strategy**

There is increased activity in building new roles around the patient. The National Physician Associate Expansion Programme is underway and plans are in place to develop a local scheme. Expansion plans are also in place for Advanced Practice Roles.

## **2.3 Improve Two Way Engagement and Empower Our People**

### **2.3.1 Mutuels in Health Pathfinder Programme / Autonomous Team Pilot Programme**

Using lessons learned from the Mutuels in Health (MiH) Pathfinder programme to lock in high levels of staff engagement. We propose establishing a staff led Programme Board integrating MSS and ITAPS Services (centred around Theatres/Wards and including Therapy Services and other areas engaged in the former MiH Pathfinder Project). The Board will include ITAPS and MSS representation and we are currently working through key roles to be representative. At the next phase we will communicate and identify interest in joining the Board and progress with giving staff the opportunity to 'vote for their representative' in setting up the final Board structure.

We have also agreed to participate in an Oxford University Research Project (NHS Service Transformation: Utilising Mutuality to Develop New Models of Integrated Healthcare, Dr Ruth Yeoman Research Project Lead). The Project Team are keen to support us with progressing our Autonomous Team pilot work and for us to participate in the Oxford Research Project given this programme will involve us working 'within the values and principals of mutuality' and involve the collaboration of a range of internal stakeholders (including patient representatives/ partners). Participation in this project will be helpful to us particularly as it will offer the proposed Board some independent facilitation support (in the form of Action Learning Sets), guidance and access to an external network (including former MiH Pathfinders and a Vanguard) in sharing best practice.

### **2.3.2 Listening into Action (LiA)**

Activity within each of the LiA work streams were presented to the Executive Workforce Board during the September meeting and have been reflected in the recent newsletter.

### **2.3.3 Salary Maxing**

We continue to innovatively market our '*Salary Maxing*' schemes to ensure employee awareness and take up. Roadshows are planned for '*UHL's Childcare Voucher Scheme*' and '*Salary Maxing* Car Scheme' to further promote the schemes. Additionally leaflets are being provided to each employee. The next quarter will see '*UHL's Childcare Voucher Scheme*' employee system become integrated through our unique '*Salary Maxing* Employee Benefits Portal' to improve the employee experience. Total Reward Statements ('TRS') for 2014/15 have been provided for employees to review on-line to further enhance the understanding of the Total Reward concept.

## **2.3.4 Health and Wellbeing**

### **2.3.4.1 Sickness and Absence Policy Review**

Work has commenced with research into the review of policies within other organisations who demonstrate effective sickness absence management as part of UHL Sickness and Absence Policy review. Consultation with key stakeholders and joint meetings with staff side will be scheduled to work through the changes. First draft will be available in October 2015.

### **2.3.4.2 A Well Being at Work Survey & Collaborative Research**

A Well Being at Work Staff Survey started in July to establish the level of awareness and seek views on how we can support staff at work. The findings report will be submitted to the Charitable Funds Committee with proposal to improve Staff Well-being based on survey findings.

We will be working with SMaRT (Stand More at Work) in collaboration with the University of Leicester, Loughborough University to recruit UHL staff to participate in a research study on the effects of providing sitting to standing solutions to office workers.

### **2.3.4.3 Mindfulness For Insight and Resilience Work Programme**

Following securing funding from Health Education East Midlands we are offering two pilot mindfulness programmes for staff at UHL. 'Mindfulness for Insight and Resilience' will start in September 2015 with a second course running in January 2016. The course is suitable for anyone who would like to establish a regular personal Mindfulness practice, develop better self-care, resilience, and relations at work, plus put in place some long lasting skills for managing stress.

## **2.3.5 Medical Engagement**

A comprehensive outline of Medical Engagement and Development activity is highlighted in the Medical Workforce Strategy Update presented to the Executive Workforce Board (dated 15 September 2015).

## **2.4 Strengthen Leadership**

### **2.4.1 Accountability into Action**

The role out of '*Influencer Training*' started in August and evaluated exceptionally well. Further courses will run each month until May 2016. Up to sixteen delegates can access each programme. Crucial Conversations Train the Trainer will take place in October 2015, with a planned roll-out commencing in November 2015 (*refer to 'Learning into Action' Newsletter*).

### **2.4.2 Knowing your Business e-Learning Development Portfolio**

Eleven 'Knowing Your Business' e-learning programmes, were commissioned via LiA Capital spend. Since the launch in May 2015 voluntary completions have reached nearly 500 across the modules, which is exceptional.

Data of the breakdown of users, per module can be identified and will be included in the Organisational Development Dashboard and provided to the module subject matter experts.

### **2.4.3 Trust Board Development**

The Trust Board embarked on a programme of work (supported by external consultants appointed by the Trust) to improve Board and Board Committee reporting. The aims of this work were to:-



- align the Board agenda to the priorities of the Trust and the things that matter most;
- stimulate more forward-looking and strategic conversations in the Board Room;
- reduce duplication and the size of the Board pack whilst increasing visibility and insight; and
- embed the tools, skills and capability to deliver high quality reports and executive summaries that work for the Board.

The Trust Board held a workshop to explore these issues and final recommendations presented to the Board through a 'Thinking Day' held on 14<sup>th</sup> May 2015.

As a result of the feedback from the Board a report was submitted to the Audit Committee on 27<sup>th</sup> May 2015, which agreed to recommend to the Board formally, at its meeting on 4<sup>th</sup> June 2015, to make changes to Board and Board Committee reporting arrangements.

The Trust Board has subsequently implemented the changes set out in that section of the report to improve Board and Board Committee reporting.

#### **2.4.4 Medical Leadership Development**

A comprehensive outline of Medical Leadership and Development activity is highlighted in the Medical Workforce Strategy Update (*15 September 2015*).

#### **2.4.5 Multi-Professional Mentoring Programme**

As set out in the 'Learning into Action' Newsletter, the Trust is working in partnership with Health Education East Midlands (HEEM) to expand and develop a Community of Trained Mentors. Both staff from UHL and NUH attended the Faculty Development Programme hosted at UHL in June 2015. The rationale is to develop Mentors to deliver the Mentoring Training to the required standard and if successful to develop mentors within UHL and wider East Midlands. This development will continue during September and October 2015.

The first Mentoring Forum took place in July 2015, which forms part of the Mentors CPD and will continue with a Performance Coaching Workshop on 24<sup>th</sup> September 2015.

#### **2.4.6 Multi-professional Mentoring and Coaching Development**

**Coaching:** We are working closely with the EMLA to discuss future coaching development and offerings. Work is underway in offering an accredited Coaching Programme at UHL via the Institute for Leadership & Management.

**Mentoring:** On the 16<sup>th</sup> July 2015, HEEM in partnership with UHL held a Faculty Development Day for mentors who would like to go on to develop and teach our future Mentors across the East Midlands. Nine of UHL trained mentors attended the first of the three days. Attendees will be coached to facilitate the next Egan Mentoring Programmes at NUH in September and UHL in November 2015.

As a direct request from our Mentoring community at UHL we held a Mentoring Forum in July and will be running Performance Coaching Training on 24<sup>th</sup> September 2015. The next cohort of Mentoring Training will be held on 26<sup>th</sup> and 27<sup>th</sup> November 2015.

On the 9<sup>th</sup> October 2015, we will be presenting a session on Mentoring and experiences of being mentored at the New Consultant Forum to raise awareness of the benefits of accessing a mentor.

#### **2.4.7 External Leadership Development**

UHL staff continue to access a range of Leadership Development Programmes through the Regional and National NHS Leadership Academy. Programmes are promoted primarily via the Trust's Senior Leadership Community.

In response to requests from UHL and other member organisations, East Midlands Leadership Academy (EMLA) is launching a facilitation and consultancy service for transformation to help us pave the way for a more collaborative and integrated health and social care system across the region.

In developing the approach, EMLA undertook research to identify what was meant by the term 'systems leadership'. As a result of this, we have established a model of what good systems leadership looks like and EMLA will be working with UHL and other member organisations to tailor support over the next 12-24 months.

### **Research, Model Development and The Offer**

The process followed by EMLA on our behalf has involved three stages of development.

#### **Stage 1 – Research and Consultation**

- 27 interviews with senior leaders across the East Midlands
- Focus group of 10 GP's
- Focus group of 21 membership representatives
- Desk top research from a variety of sources – including The King's Fund, Helen Bevan and The Leadership Centre

#### **Stage 2 – Model Development**

The systems leadership model proposed by EMLA articulates our vision of the sort of leadership required to deliver Better Care Together. The model was developed from extensive research with senior leaders from around the East Midlands.

#### **Systems Leadership Model Implementation**

1. Undertake high level facilitation with Better Care Together Team to tailor package of facilitation and development support by end of September 2015 (5 bespoke days to be provided)
2. Connect the system through masterclasses / conference and networks – ongoing
3. Develop materials for Train the Trainer on System Leadership by December 2015 for roll out from January 2016

### **2.4.8 360 Degree Leadership Appraisal**

UHL have set out a phased approach to implementing the Healthcare Leadership Model. Launched in July 2015, as highlighted in the 'Implementing the Healthcare Leadership Model Report' presented to Executive Workforce Board in June 2015. The model aligns with our UHL Values and now forms part of our 'Leadership Appraisal' process. All Executive and Senior Leaders within the Trust are required to complete an 360 Assessment by the End of March 2016.

## **2.5 Enhance Workplace Learning and Development**

### **2.5.1 New Roles**

There is increased activity in building new roles around the patient. The National Physician Associate Expansion Programme is underway and plans are in place to develop a local scheme. Expansion plans are also in place for Assistant Practitioner and Advanced Practice Roles.



The Trust has now recruited nine trainees to UHL's first local UHL Trainee Management Scheme which will run in partnership with Health Education England and will start in September 2015. A comprehensive Assessment Centre took place in August to ensure we recruited our future talent and a detailed development programme has been put together to build our internal capability and capacity to deliver our strategic direction.

### **2.5.2 Improvements in Medical Education**

The Trust was re-visited by Health Education East Midlands (HEEM) in June 2015 following concerns raised at the December 2014 visit in Obstetrics & Gynaecology (O&G). At the follow-up visit, HEEM commended O&G on improvements that have been made over the 6 month period. Subsequently it was felt that no further follow up visits are required.

The 2015 Quality Management Visit is scheduled for November 2015; a pre-visit conference call will identify specialties to be visited. In addition, HEEM have carried out 2/3 night visits at UHL and a report will be circulated once Glenfield Hospital has been visited.

The GMC National Training Survey identified Induction and Feedback as negative outlying areas for UHL. Further work is underway to investigate this further.

### **2.5.3 Appraisal Training**

The fourth UHL Annual Appraisal Audit (2015) was completed in May 2015. Findings have been reported to CMG Heads of Operation / Senior Human Resources Leads for local area actions. Extensive work is also underway in continuing to improve appraisal quality.

To support the improvement of the quality of appraisals the Executive Workforce Board (June 2015) agreed to adopt the new Healthcare Leadership Model and all levels of leadership are expected to complete a Self-Assessment. In addition our senior 260 leaders will role model best practice by completing the 360 Assessment against the Healthcare Leadership Model and receiving feedback by 31st March 2016. This will be monitored on an on-going basis.

### **2.5.4 UHL Talent Management**

At a regional level the Learning and Organisational Development Team have been playing an active role within the national/regional talent management community as part of the Do OD Network taking part in best practice and benchmarking discussions and learning about toolkit materials that can be used and applied within UHL in order to promote and facilitate better Talent Management

Internally, Talent Management Guidance particularly in relation to appraisals has been further refined including the addition of peer challenge and review and 360 feedback enhancements to strengthen the robustness of talent management decisions, the quality of development discussions and to enhance development planning.

A programme of Talent Management Workshops/ Masterclasses has begun with two of the four planned for 2015 now having been completed.

When the final workshops planned for this year are complete a thematic analysis will be carried out to identify key themes including key barriers/issues, senior leaders' ideas for improving TM within UHL and areas that we need to concentrate on at a corporate level.

In order to discuss and action the areas coming out of the TM workshops and thematic analysis, working groups/focus group consisting of interested leaders who have attended the TM Workshops will be put together to harness leadership ideas and add momentum to our TM work

To supplement the TM Workshops, work is underway in adapting an e-learning Talent Management module in conjunction with Health Education West Midlands which will be piloted with the help of the workshop attendees

**Talent Mapping** We are working on improving the Talent Management and Mapping process in order to improve appraisal quality and ensure that we continue to attract, develop and retain our skilled and valuable staff as set out in the attached briefing. During the appraisal process all our staff at Band 5 and above should have a talent rating discussed with them.

During May 2015 we introduce a more robust talent mapping process, in particular for our senior leaders to ensure compliance with the 'quotas', which are based on industry benchmarks.

All Executive and Senior Leaders are required to include a peer perspective to capture the informed views of others by discussing and agreeing what the profiles should be for senior leaders in 2015/16 in CMG/Directorate against the quotas. During September CMG/Directorate will submit consolidated talent profiles for senior teams.

#### **2.5.6 Statutory and Mandatory Training**

UHL reached its target of 95% across all 10 subjects of the Core Skills Training Framework at the end of March 2015, this has dropped to 92% in September 2015 due to the induction of large numbers of staff and the addition of 'Locum Only' medical staff to the data. We intend to increase compliance levels with the 10 core subjects within statutory & mandatory training to 95%, by focussing on individual subjects and introducing completion deadlines for them.

The portfolio of 'Essential to Job Role Training' is increasing slowly, whilst levels of training within these subjects continues to increase, "Anti Bullying, Victimisation and Harassment" will be the next subject to added under this umbrella.

We are developing two new systems, the first is Health Education Learning Management (HELM), which is an eLearning platform where eLearning can shared or purchased across the NHS and the second is a new Learning Management System, which will replace eUHL and is due to be launched in 2016. This system will improve data accuracy, training & safety levels and improve user experience of e-learning within UHL.

#### **2.5.7 Development Related to Frail Elderly**

Health Education East Midlands (HEEM) are currently supporting a UHL 'Nurse Education Fellow' to develop a Graduate Nurse rotation programme across UHL and Leicester Partnership Trust (LPT) which will focus on the older frail patient. The programme will commence in November and will develop pathways across primary and secondary health care including mental health and social care.

## **2.6 Quality Improvement and Innovation**

### **2.6.1 UHL Measure to Improvement Workshops**

Unfortunately UHL's Application submitted to NTDA for a key development programme to support quality improvement was unsuccessful.

The UHL way of improvement has been drafted by community of improvement experts which will connect quality improvement with the future operating model and CIP programmes.

### **2.6.2 Leicester Innovation Improvement and Patient Safety Unit (LIIPS)**

LIIPs continues to develop well and a full launch event has been confirmed for 4<sup>th</sup> December 2015.

### **2.6.3 Research and Development (R&D)**

UHL is recognised nationally and internationally for its contribution and cutting edge research and innovation. Key actions for R&D include:

- LIFE Study: research midwives and other staff appointed; recruitment planned to start in Q3.
- 100K Genome Project: Senior Research Nurse will be appointed; recruitment and sampling pathway for rare diseases being tested.
- NIHR Programme Award: formal contract with NIHR in place; research posts out to advert

## **3.0 THE TRUST BOARD THINKING DAY**

3.1 There were two core components to the Trust Board Thinking Day:- The UHL Way and a comprehensive overview of key workforce data highlighting the risks and challenges facing the future workforce of LLR and what actions we are already taking in response.

### **3.2 UHL Way**

The UHL Way Framework will support us to build on the Listening into Action brand and consistently embed improvement with staff engagement and empowerment at its heart. As such this will form a key enabler to the delivery of the Organisational Development Plan and will give a focus to the way in which we lead and manage in the organisation.

The UHL Way will be worked up with the UHL Leadership Community (Leadership Conference 29 September 2015). We intend to launch the UHL Way Framework and corresponding tools across the Trust by March 2016.

### **3.3 Key Workforce Data**

3.1 A summary of the data presented to the Trust Board Thinking Day is shown in appendix two. This data outlines the changes in the current UHL workforce profiles and heavy investment in clinical workforce to support safe staffing as highlighted in the July Trust OD and Workforce Quarterly Report. Despite this investment there remains a significant gap between demand and supply in our two principle staff groups- medical and nursing and some niche specialties such as sonography and some of the specialist healthcare science functions. When this is viewed in the context of our turnover rates and the age profile of our workforce, we can begin to see the importance of ensuring the Trust and the wider healthcare community are regarded as attractive and innovative places to work with an engaged retained workforce.

3.2 Appendix two also highlights potential pressures in the LLR and East Midlands' labour market where unemployment rates are falling and the age profile of the working population is shifting. This evidence combined with the predicted changes in the way in which health and social care is delivered in the Better Care Together Programme calls for a collaborative and more strategic approach to attractive and retention strategies for the future workforce.

### 3.4 Linking the UHL Way to the Workforce Challenge

3.4.1 The UHL Way is a methodology with a suite of tools for managing a large and complex improvement agenda which needs, at its core, a workforce who feel and behave in an engaged way and are resilient to and embrace change. This in itself will go some way to addressing the future attraction and retention challenges described in appendix two but will also support leadership to have the tools and headroom to seek new and innovative workforce models to support new ways of delivering care particularly in relation to the impact of digital technology.

3.4.2 The proposed UHL Academy will provide leaders with some of the tools that they need to support them in engaging their workforce in the change agenda and will bring together a number of the OD interventions described in section 2 above into a single coherent approach. The change methodology to be adopted is outlined in figure one below:



Figure One: Change Methodology: Source NHSIQ July 2013

### 3.4.5 Next Steps

The King's Fund report on workforce (April 2015) describes how a number of workforce challenges have arisen from the complexity of balancing the operational needs of today with long term strategic planning. The report also calls for collaborative solutions to workforce planning including joined up approaches to international recruitment and working with recruitment agencies. Following our Trust Board Thinking Day and subsequent discussions at the LETC, our actions can be summarised as:

- Develop a Better Care Together Workforce Board which has oversight of a number of workstreams:
  - A recruitment workstream reviewing the branding of LLR as a place to work and approaches to recruitment and selection
  - A workstream which is focused on enabling people to move their place of work across the health and social system reviewing employment models and contractual provisions as well as systems and processes
  - A workstream which is focused on workforce planning, identifying key gaps in supply and demand and sourcing new sources of workforce
  - A workstream focused on developing a methodology for supporting models of care workstreams in developing new and innovative workforce models adopting such tools as functional mapping to create new teams around the patient.

The BCT Workforce Board will have responsibility for setting the right culture for more collaborative approaches including the potential for developing a 'Better Care Together' Way.

## 4.0 Workforce: Key Areas of Progress

- 4.1 Appendix three is a reminder of the summarised challenges and Trust responses detailed in the July Trust Board Workforce Update. A number of areas have progressed with initiatives since this time.
- 4.2 The focus on international recruitment for the medical workforce has led to contact being made with both the Maltese Government and British Council in Greece who are keen to work in partnership to allow their Drs to work in the UK as part of structured training programmes. Two recruitment drives are being held in Greece at the beginning of October and UHL will be represented.
- 4.3 Standard Operating Policies have been agreed for recruitment and induction of International Doctors at the recent Executive Workforce Board.
- 4.4 The advertisement for Physician Associates as part of the US National Physician Associate Expansion Programme has been placed and interviews are taking place in Boston in October. UHL are represented and successful applicants are expected to start in April 2016. The level of interest is lower than anticipated and therefore a local advertisement for physician associates has been placed in the respiratory and orthopaedic specialties, there have been a number of newly qualified applicants. Early talks have commenced with DeMontfort University on developing a local Physician Associate course in order to develop a local labour market for such roles.
- 4.5 As described in 2.2.3 above work is underway to create an innovative and informative work for us area of the website.
- 4.6 Discussions have commenced about developing CESR programmes in ED and acute medicine. These are a way for doctors to have their name entered onto the Specialist Register or GP Register through the specialty equivalence route. UHL could develop rotations to allow doctors to demonstrate that they have knowledge, skills and experience in a specialty that is approved for the award of a CCT by the GMC, but have gained these outside of an approved training programme. This work is in its initial exploratory stages but

has potential to be rolled out to other areas if viable and attractive to candidates. There are also opportunities to create rotations in core medical or surgical training or follow a broad based training model (paediatrics, medicine, psychiatry and GP) which may be attractive particularly to International Medical Graduates (IMGs) wishing to gain experience in the NHS, or UK trainees who want a longer period after foundation programmes before deciding on a final career.

- 4.7 Supported by short term LETC funding, an appointment has been made to an advanced practice development post which has responsibility for supporting recruitment, teaching and governance of advanced practice roles.
- 4.8 Monitor and the NHS Trust Development Authority (TDA) have jointly launched a set of rules for nursing agency spending. It must be noted that in 2014/15, NHS providers spent £3.3billion on temporary staff, and this spend is rising. In April 2015, year to date agency nursing spend across UHL is c£3.63m. These rules for nursing agency spends are part of a national programme and are applied across all NHS Trusts, in some form. As a Trust we need to use this national guidance to shift the reliance on agency staff, but also encourage agency staff to move into permanent positions. Decisions will be made on whether any areas will use non framework agencies although this will be subject to confirm and challenge.
- 4.9 To support the reduction in agency spend, a number of initiatives have been put in place:
- Implementation of weekly pay for bank staff commencing 1 October 2015.
  - Overtime offered for part time staff, with very close monitoring
  - Bank staff paid at top of Band 5, to encourage staff to join the Bank
  - Promotional activity across the organisation to ensure all staff are aware of the internal changes to Temporary staffing.
  - Change to Health Trust Europe agency framework to facilitate more competitive rates for our Tier 1 agency providers.
  - Clear expectations for achieving efficient and effective rosters communicated to Heads of Nursing.
  - Implementation of HCA bank pool to support patients requiring one to one supervision.
  - Chief Nurse, Medical Director and Director of Workforce and Organisational Development reviewing and streamlining recruitment.
  - Return to practice programme in place
  - Return to acute nursing programme with rotational posts in place via our internal job swap process; however opportunities to expand this further will be explored in an attempt to attract non-NHS staff to UHL by offering education and training and support with revalidation.
  - CMG open days and job swaps available and encouraged.
  - Increasing the numbers and flexibility of induction for healthcare assistants, however an urgent review of the capacity throughout the year for HCA induction is necessary.
  - Recruitment of HCA nursing apprentices ongoing
  - Assistant practitioner programme in place – 45 practitioners continuing on the programme.
  - Skill mix currently being reviewed at ward level.
  - Acuity review will be completed throughout October 2015 with a review of establishments following this and a revised workforce model.



- Process in place whereby those 'learners' who are deemed competent part way through a supernumerary training period (because of previous experience or ease of progress through training programme) are included in staffing numbers as soon as practically possible and additional bank staff are not requested to supplement numbers.
- Review of all in-house study days / education and training programmes for ward based nurses to reduce wherever possible, the amount of duplication with other courses delivered across the Trust, the amount of 'classroom time' incorporated into training programmes and conversion of this time into clinical supervision working alongside educators or mentors in ward areas.

4.10 The Nursing and Midwifery Council (NMC) have advised that as from November 30th 2015 any nurse or midwife anyone who allows their registration to lapse because they have not paid their retention fee or completed renewal documentation on time, will need to make an application for readmission to regain access to the register. This process can take between two and six weeks depending on circumstances during which time individuals will not be able to legally practise as a nurse. These changes are in addition to revalidation and could have significant implications for the existing workforce if, for any reason, nurses and / or midwives fail to pay their annual retention fee to the NMC or their Notification to Practice documentation. Additional checks are being implemented with support from HR to ensure that all registrants in UHL do not inadvertently lapse with their registration.

4.11 It is anticipated that the NMC will confirm on October 8<sup>th</sup> that Revalidation for nurses and midwives will commence in April 2016. In readiness for the new requirements, UHL have identified 100 senior nurses and midwives who will need to undertake additional training to prepare for the role of 'Confirmer'. It is anticipated that the training will need to be approximately two hours duration and will take place from October through to March to support the first cohort of 150 nurses and midwives due to revalidate in Q1 2016. It is also advised that the same cohort of registrants will need to complete additional revalidation requirements (namely a minimum of five reflective discussions based on feedback and a confirmation process) in a relatively short period of time from October to February. The time required will be formally discussed with each Ward / line manager and rostered appropriately.

4.12 A number of workforce plans are being concluded to support the reconfiguration of intensive care level three from the Leicester General site. These plans have required a number of innovative solutions to avoid any potential inefficiencies from split site working.

4.13 As part of the Better Care Together Out of Hospital Workstream, UHL have seconded a number of nurses and therapy staff to support the delivery of an Intensive Community Support Services. The learning from this exercise is being taken forward to future collaborative projects.

## **7.0 RECOMMENDATION**

7.1 The Trust Board is asked to note progress with and comment on the implementation of the priorities of the Trust's Organisational Development Plan, led through five work streams, as set out in this report.

7.2 The Trust Board is asked to agree the proposed collaborative approach to responding to the workforce challenges facing LLR and the wider East Midlands.

7.3 The Trust Board is asked to note recent developments in respect of workforce planning and development.

# Learning into Action Newsletter

*Caring at its best*

## Our future depends on it

### Dear colleagues

September 2015

Welcome to our September edition which updates on a range of exciting initiatives and interventions led by our **HR and Learning and OD** colleagues. Our **Learning and OD Team** will be attending the Health Service Journal **'Value in Healthcare Awards Ceremony'** this month after being shortlisted under the Training and Development category – we wish them the best of luck.

Congratulations to all of you that have successfully completed your development programmes including **Apprenticeships and other vocational qualifications, IT programmes** and our new work experience programme offered in partnership with the **Prince's Trust**. We look forward to celebrating your success with you at our future awards evening.

We hope that more Consultants come forward to train as **Mentors** to support us with building a **Mentoring Community** at UHL.

I hope you find completing the **360°** and **self assessment** we have introduced helpful in planning your **leadership development**.

I would encourage you to go along to one of our new **'Mindfulness' sessions, Wellbeing Groups and Managing Stress sessions**. Please also take the time to join us at our **Well-being @work events** over the next few months and remember to drop-in and take your **Flu jab**.

Find about the range of rewards we offer through our employee packages – from October you will be able to take advantage of our **Take IT Home Scheme**.

Finally thank you to **Leicester Hospitals Charity** for continuing to support a range of our events and initiatives and well done for completing the first stage of the **Baby Loss Appeal**.

I am looking forward to seeing many of you at our next **Caring at its Best Awards Evening** later on this month.

Best Wishes

*John Adler*  
Chief Executive



#hello my name is...

**Louise Tibbert**  
Director of Workforce and  
Organisational Development

I arrived at UHL on 3rd August 2015, just approaching the beginning of week 7.

I am very passionate about **learning and development** and over the years I have led on regional and national development programmes in large and complex public organisations.

It is with great pleasure that I join John in introducing this edition of our **Learning into Action Newsletter** and I am really pleased to hear about all the exciting initiatives taking place on the learning and development front. I hope you enjoy every aspect of our programmes and you are made to feel valued and important.

In the near future I look forward to welcoming you on our programmes and at our events and meeting you - It will be great to hear about the 'so what' difference our initiatives make to you, the services you provide and our patients.

Just to say I am excited about attending, for the first time, the **Caring at its Best Award Evening** later on this month and joining you in celebrating your fantastic achievements and successes. **Keep learning and doing what you do well ... our future depends on it!**

**Best wishes**  
**Louise**

# Impact of Learning



**IT Qualification— European Computer Driving Licence (ECDL).** This is a globally recognised IT qualification in software skills and competency in using IT and is available at UHL.

**Dawn Owen, Tissue Viability** said *“As my current role developed, computer based working became more of a necessity and I began looking to improve my knowledge and confidence. I contacted the **Directions Service** about the ECDL course. Completing the qualification gave me the skills and confidence to look beyond my current role and apply for a vacancy in the Patient Safety Team, an area I am interested in. Having the ECDL qualification enabled me to meet the essential criteria but its much more than simply a qualification to me. Before I was a complete technophobe, my interaction with computers was for surfing the internet or writing and sending emails. This qualification and support from the IT Training Team*



*gave me the push I needed, without the qualification I would not have considered applying for a new role.”* To find out more contact [IT.Training@uhl-tr.nhs.uk](mailto:IT.Training@uhl-tr.nhs.uk)



**28 Apprentices** completed a Health or Customer Service Apprenticeship

between August 2014 and July 2015 which was delivered and assessed by our own in house Apprenticeship Training Team. This is such a worthwhile programme to promote our career opportunities at UHL. We are delighted that 21 (75%) of the Apprentices who completed the programme chose to continue their careers with us and gained substantive posts at UHL. Everyone had positive progression as three learners gained employment externally in associated health careers and three progressed onto Higher Education. The Apprenticeship programme means that Apprentices can earn while they learn and develop in a career, during their 12 months they cover relevant accredited qualifications and English and Maths.

Learners commented that they have learned much more than expected, learning to do things the right way and that it has helped them to see their job role in a different way. The recruitment of apprentices has continued and we have created a pool of experienced and qualified people who are looking for that substantive post when they complete

in September and November 2015.

Intermediate Apprenticeships are offered at UHL to attract new employees to join the organisation and to develop a well-trained future workforce. Apprenticeship qualifications achieved: 27 at Intermediate Level 2 & 2 at Advanced Level 3. Level 2 & Level 3 Qualification Curriculum Framework (QCF). Qualifications in Health and Customer Service have been offered to all current employees at bands 1-4 to up-skill our current workforce. 51 QCF qualifications, 18 at Level 2 and 33 at Level 3



**Prince's Trust**

**UHL's second group of Princes Trust** volunteers finished their 4 weeks programme with a very successful Celebration Event in July and were presented with their certificates by Emma Stevens – Acting Director of HR.

The 15 volunteers thanked their buddies for all their support, encouragement and information and gave presentations detailing the skills and experience they had gained whilst on the **Princes' Trust 'Get into Hospital' Services Programme** at UHL. The buddies organised shadowing experiences with different colleagues covering the patient journey. We were delighted when 4 of the young people succeeded in being selected for our next Apprenticeship programme. **Carla Smith (Project Manager)** said *“Supporting the Programme has been a fantastic experience in developing relationships with the younger generation. It has been rewarding and emotional, in the sense that the volunteers gain so much in just 4 weeks. Some of the benefits are personal development and an opportunity to evaluate processes. It is a chance for an “outsider” to ask why we do things that way and a good opportunity for us to ask ourselves why”.*



**The Direction's Service**



Information, Advice and Guidance

**The Directions Service** is a free confidential information, advice and guidance provision available to all UHL staff. This accredited service is supported by advisors from the HR Training and Development Team. They can access many resources to offer impartial information, advice & guidance and discuss a range of development and career progression routes. Contact one of the team today: GH Ext 2448, LGH 4288 and LRI 5397

## Mindfulness for 'Insight and Resilience' Programme

Following securing funding from Health Education East Midlands (HEEM) UHL are offering two pilot mindfulness programmes for staff at UHL.

### About Mindfulness

Mindfulness is a way of paying attention, in the present moment, to yourself, others and the world around you. Mindfulness provides space for you to be open to what is happening inside of you, without getting swept up by judgements or taken over by expectations. Mindfulness can also help to reduce the tendency to work on autopilot and with on-going practice can develop capacity of choice of how to respond in a given situation rather than simply being reactive.

### Who is it for?

'Mindfulness for Insight and Resilience' is suitable for anyone who would like to establish a regular personal Mindfulness practice, develop better self-care, resilience, and relations at work, plus put in place some long lasting skills for managing stress. The course is taught by an experienced teacher associated with the Centre for Mindfulness Research & Practice at Bangor University.

**Barbara Reid** a Mindfulness Teacher and Supervisor of Mindfulness Teachers will be teaching for four hours every two weeks spanning a 16 weeks period. Adapted from the eight week MBSR Programme attendees will endeavour to attend all sessions to ensure they learn and practice their mindfulness skills.

### When are the dates?

<b>Group 1</b> All sessions held UHL and LGH	<b>Dates &amp; times</b> All sessions are 1-5pm	<b>Group 2</b> Venues to be confirmed	<b>Dates &amp; times</b> All sessions are 1-5pm
Orientation	Tuesday 22 <sup>nd</sup> September 2015	Orientation	Tuesday 12 <sup>th</sup> January 2016
Class 1 & 2	Monday 1 <sup>st</sup> October 2015	Class 1 & 2	Tuesday 26 <sup>th</sup> January 2016
Class 3 & 4	Tuesday 20 <sup>th</sup> October 2015	Class 3 & 4	Tuesday 9 <sup>th</sup> February 2016
Class 5 & 6	Tuesday 3 <sup>rd</sup> November 2015	Class 5 & 6	Tuesday 23 <sup>rd</sup> February 2016
Practice Session	Wednesday 18 <sup>th</sup> November 2015	Practice Session	Tuesday 8 <sup>th</sup> March 2016
Class 7 & 8	Tuesday 8 <sup>th</sup> December 2015	Class 7 & 8	Tuesday 22 <sup>nd</sup> March 2016

## Building a Mentoring Community at UHL

### Developmental Mentoring Programme, 3 day course

#### Calling all Consultants –would you like to train as an Egan Trained Mentor to support our New Consultants?

We are currently looking to extend our pool of Mentors particularly, but not exclusively, with the aim of supporting newly appointed Consultants. If you would like to attend one of our three day Mentoring Training Programmes, held in partnership with Health Education East Midlands, or you are already an Egan Trained Mentor and would like to access the benefits of on-going development and support then please take a look at our UHL INsite page on <http://insite.xuhl-tr.nhs.uk/homepage/working-life/education--training/luhls-leadership-academy/mentoring>

### When are the dates?

<b>Three Day Egan Mentoring Programme</b>		<b>One Day Performance Coaching</b>	
<b>All sessions held at the LRI</b>	<b>Dates &amp; times</b> All sessions are 9.30am – 4.30pm	<b>Session held at the LRI</b>	<b>Date &amp; time</b> Session is from 9.30am – 4.30pm
Day 1 & 2	Thursday 26 <sup>th</sup> & Friday 27 <sup>th</sup> Nov 2015	Day 1	Thursday 24 <sup>th</sup> September 2015
Day 3	Thursday 7 <sup>th</sup> January 2016		

How do I access a place? Contact [Lauren.j.copland@uhl-tr.nhs.uk](mailto:Lauren.j.copland@uhl-tr.nhs.uk) to book onto any of the above programmes



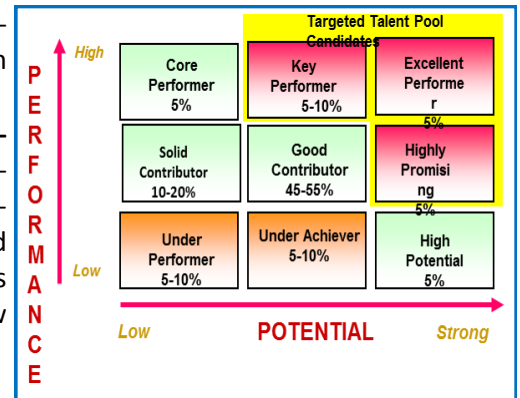
## HEALTHCARE LEADERSHIP MODEL

### Introduction of the Healthcare Leadership Model self-assessment tool.

To support and improve the talent management process the Healthcare Leadership Model self-assessment and 360 feedback tools were introduced from **1<sup>st</sup> August 2015.**

All staff in **band 5 and above** roles are required to complete the **self-assessment tool** on an **annual basis**, as part of the appraisal preparation process. This is a helpful way to better understand your own leadership behaviours and highlight areas of strength, weakness, and areas that you may need greater focus on. The tool also encourages you to think about which areas are particularly important for your role, and will help you to compare how you rate yourself in these areas to inform your development.

[Create an account to access the self-assessment report](#)



### Introduction of the Healthcare Leadership Model 360 degree Assessment tool

All staff in a **band 8 and above** roles will be required to **convert** the self-assessment tool to the **full 360 degree assessment** in the next few months (September – March) repeated on a 3 year cycle. This is a powerful tool to help you identify where your leadership strengths and development needs lie. All you need to do is click 'upgrade to 360' from within your account and the system will automatically remember your ratings and get you started on the full 360 degree feedback process.

### Selecting a Feedback Facilitator

Research into 360° feedback has shown that the provision of quality feedback via a coach or facilitated session plays a crucial role in encouraging managers to accept the results and initiate behavioural change.

#### Health Care Leadership feedback facilitation.

There are a number of internal and external feedback facilitators. To find the right feedback facilitator for you, take a look at the Healthcare leadership profiles from the list provided on the [Healthcare Leadership appraisal hub](#).

### Are you interest in becoming a Feedback Facilitator?

Various training packages for facilitators associated with mentoring or the Healthcare Leadership Model 360 degree feedback tool are now available. Training for new facilitators will consist of an online learning package as well as a 1-day face-to-face training course. If you are interested in becoming a Healthcare Leadership Feedback Facilitator please contact: Sharon Baines email: [Sharon.baines@uhl-tr.nhs.uk](mailto:Sharon.baines@uhl-tr.nhs.uk)

## Talent Management Workshops

At UHL we are currently looking at what our Talent Management approach should be, whilst working also on improving the Talent Management and mapping process in order to improve appraisal quality and ensure that we continue to attract, develop and retain our skilled and valuable staff. As part of this approach we have introduced 360 Feedback and we have also started running half-day Talent Management Workshops for senior staff in July, with a second one successfully completed at the end of August, two more are planned for later this year and feedback has been very positive.

**Steve Weston, Deputy Head of the Transplant Lab, said,** "I've been inspired! I thought the course was really useful, hit all the right notes and I am pulling together a short presentation to give to colleagues. I've since gone away and enrolled on the NHS Leadership Academy's Edward Jenner online course"





# AMICA

The Amica Counselling Service website ([www.amicacounselling.uk](http://www.amicacounselling.uk)) was launched at the start of 2015 to provide access to Amica and information for staff.

Currently some 60,000 staff are covered by our NHS-based service and our small, highly qualified team who are trained in counselling, psychology and psychotherapy and are able to provide a range of therapeutic services to individuals, groups or organisations as a whole.

Our services include individual telephone or face to face counselling, emotional resilience courses, group supervision, and mediation and many others, additionally we signpost to independent services such as those dealing with legal and financial issues.

Amica won the UHL Caring at its Best Award in the category 'We're one team and we're best when we work together' in December 2011.

Our website is designed to accurately reflect the variety of services Amica can offer and to make our service accessible to service users and to business opportunities which would help Amica remain at the cutting-edge of 21<sup>st</sup> century counselling service. The website reflects the warmth and professionalism

that is the hallmark of the Amica service and gives service users a chance to 'dip their toe in the water' whatever their query or issue.

**Amica Wellbeing Groups** are completely free and very informal so while our preference is that you phone ahead to register an interest you can just show up on the day. The sessions commonly have topical themes but are often free ranging and allow members of staff to openly talk about whatever is on their mind - whether its work related and or personal. We allow an hour and a half for our meetings and don't mind if you eat lunch during the session!

At our regular **Wellbeing Group** discussions our AMICA counselling experts will offer tips, advice and support on how to maintain good health and emotional well-being, both in and outside of work, as well as general strategies on how to deal with the challenges.

**Amica Wellbeing Groups** run quarterly over the three UHL sites; our next meeting is themed **Managing Wellness and runs on Friday 18<sup>th</sup> September at 10:30**

**in the Beech Room, Knighton Street Offices.**

## Managing Stress: A Resilient Approach

For Staff Working at  
UHL & LPT



These sessions focus on:

- What is stress
- How to recognise stress
- Symptoms of stress
- Where to go for help
- Self care and self help
- Intervention and prevention of ill health

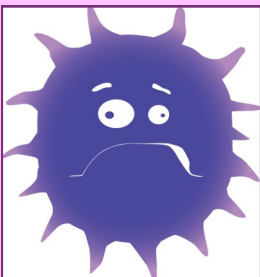
Delivered by **Sue Collington**, Lead OH Nurse for Occupational Health & **Gareth Price**, Head of Amica Counselling.

Sessions for 2015 are held from 9.30 - 11.30 am:

Wed 30th Sept	Holly Room, Training Centre, LGH
Wed 21st Oct	Seminar Room 2&3, Education Centre, GH
Wed 25th Nov	Holly Room, Training Centre, LGH
Wed 16th Dec	Seminar Room 2&3, Education Centre, GH

To book your place contact the Training Department Admin Team, Ext 6112/6306

## Flu Vaccinations are on their way!!



The flu vaccine will be available to all staff via:

- \*\* Peer flu vaccinators in the local areas
- \*\* Occupational Health Depts. will hold Drop-in-Clinics on weekdays from 8.30am—4pm
- \*\* Drop-in-Clinics run from 14<sup>th</sup> October through to 30<sup>th</sup> October 2015

or visit: <http://insite.xuhl-tr.nhs.uk/homepage/working-life/staff-welfare/occupational-health/flu-vaccine>



## Well-being at Work – forthcoming events!!

**Know Your Numbers! Week – 14<sup>th</sup>-20<sup>th</sup> September:** Staff can attend the Well-being road shows across the three sites to get their blood pressure taken by Professional Occupational Health staff. The times and days of each site can be found by clicking on the link:



<http://insite.xuhl-tr.nhs.uk/homepage/social-leisure/wellbeing-at-work/know-your-numbers-week-14th---20th-september>

**Fitbug Challenge!!:** The next challenge will start on Wednesday 23<sup>rd</sup> September. This will be an individual challenge. Registration will start from 24<sup>th</sup> August – 13<sup>th</sup> September. For full details click on the link:

<http://insite.xuhl-tr.nhs.uk/homepage/social-leisure/wellbeing-at-work/fitbug-challenge>

**Darts Tournament – Friday 25<sup>th</sup> September:** The darts tournament will be held at Rileys 6.00-9.00pm. It is a great night out to socialise with other staff members and to have fun! If you would like to enter a team please email Marcella Burgess. There will be prize money and a free buffet!! For full details please click on the link:



<http://insite.xuhl-tr.nhs.uk/homepage/social-leisure/wellbeing-at-work/darts-tournament-2015>



**Free Coach Trip to Hunstanton – Saturday 26<sup>th</sup> September:** The coach trip is finally here!! Places as always are limited so book early to avoid disappointment by going to Well-being INsite and 'online booking'. For full details please click on the link:

<http://insitetogether.xuhl-tr.nhs.uk/SP2007/Human%20Resources/Well-being%20at%20Work%20-%20Hunstanton.ppt>



**Pool Night – Friday 16<sup>th</sup> October:** The Pool night will be held at Rileys 6.00-9.00pm. A fun night out to socialise and enjoy an evening with colleagues!! There will be prize money and a free buffet!! To book your place just book online by going to Well-being on Insite and 'online booking'. For full details please click on the link:



<http://insite.xuhl-tr.nhs.uk/homepage/social-leisure/wellbeing-at-work/pool-night>

**Cricket (Indoor):** Indoor Cricket will be starting back in September at Leicester Sports Centre, Freemans Common. If you would like to join you will need to book online by going to Well-being on Insite and 'online booking'. For full details please click on the link:

<http://insite.xuhl-tr.nhs.uk/homepage/social-leisure/wellbeing-at-work/cricket>

**Tennis:** Well-being will be starting Tennis at Crowns Hill Community College from September 5.30-6.30pm. If you are interested in joining you will need to email Marcella Burgess. For full details please click on the link:

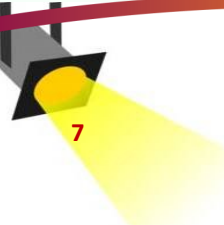


<http://insitetogether.xuhl-tr.nhs.uk/SP2007/Human%20Resources/Well-being%20at%20Work%20-%20Tennis.ppt>



All queries to be sent to Marcella Burgess at [Wellbeing@uhl-tr.nhs.uk](mailto:Wellbeing@uhl-tr.nhs.uk)





## Working for UHL really is a Rewarding Experience! (spotlight on your true employment reward)

**It's Pay day!** You know exactly how much your salary is. True?

### **Possibly, but do you really understand the full value of your employment package with UHL?**

A headline Annual Basic Salary may well be the focus of our decision on whether to apply and subsequently accept a job. After all, we have the bills to pay, food to buy and possibly a car to run, so having money paid into our bank each month is important.

But that's not the end of it, as the advertised headline salary is only part of the story!

Our **"Total Reward Package"** is the combination of "building blocks" of both monetary and non-monetary value provided to us as employees in exchange for our time, talent, efforts and results. Here are just a few of the superb benefits available as building blocks of your **"Total Reward Package"** as a UHL employee.

#### **Pension Schemes**

- Our pension contributions are Tax and National Insurance exempt
- UHL contributes an additional 14.3% of our salaries towards our NHS Pension **'NHSPS'**
- UHL also contributes towards the National Employment Savings Trust Scheme (**'NEST'**), for anyone ineligible to join **'NHSPS'**

>>> [INsite/Payroll](#)

#### **Development and Career**

- Training and Development Programmes
- Performance and Recognition
- Career Breaks
- Education Opportunities

#### **'Salary Maxing' Schemes**

Making your salary go further...

- **'Park and Save'**
- **'Childcare Voucher Scheme'**
- **'Salary Maxing' for Accommodation**
- **'Salary Maxing' Take IT Home**
- **'Salary Maxing' Cycles**
- **'Salary Maxing' Car Scheme**

>>> [INsite/SalaryMaxing](#)

#### **Health and Well-being**

- Range of well being offerings
- Occupational Health Services
- Range of staff benefits
- Stop Smoking Service
- AMICA Staff Counselling Services

#### **Work / Life Balance**

- Generous starting Annual Leave which increases with NHS Service exceeding the statutory allowance
- Other Leave e.g. Maternity / Paternity / Adoption / Parental/ Compassionate / Carer
- Occupational Sick Pay and Injury Benefits
- Flexible working options


#### **Total Reward Statement ('TRS')**

It's easy not to recognise our "Total Reward Package" for working here, so we have a personalised Total Reward Statement **'TRS'** which is updated annually and offers detailed information about the true value of your employment package. Your **'TRS'** includes details about your salary, together with any other benefits provided to you through the Trust i.e:

- \* Basic Pay
- \* Pension Benefits (*NHS Pension Scheme members only*)
- \* Allowances
- \* **'Salary Maxing'** Schemes


It also provides us with a reminder of some of the other benefits on offer - Many colleagues have already accessed their **'TRS'** and are impressed with the detail. UHL employees can now access their updated **'TRS'** on line, so if you are not already registered, make sure you are ready by registering today! >>> [INsite/TotalRewardStatement](#)

### **'Salary Maxing' Take IT Home Scheme opens on 1<sup>st</sup> October 2015!**



With access to many IT courses available through the Trust to develop our IT skills, many of our colleagues have already taken the opportunity to access the latest IT equipment via **'Salary Maxing' Take IT Home** to aid their learning and development! We're delighted to announce that our **'Salary Maxing' Take IT Home Scheme** opens again for applications from **1<sup>st</sup> to 31<sup>st</sup> October 2015** inclusive. If you were thinking about a new laptop, computer or iPad then think on! **'Salary Maxing' Take IT Home** offers access to some of the latest IT hardware such as Apple iPads and Apple MACs, plus a wide range of laptops and desktops! The **'Salary Maxing' Take IT Home** Scheme gives you not only access to the latest technology, but also provides Tax, National Insurance and where appropriate, Pension Scheme savings too! The **'Salary Maxing' Take IT Home Scheme** will only be open for applications from **1<sup>st</sup> October to 31<sup>st</sup> October 2015 inclusive**. Perfect timing for Christmas!

### **'Salary Maxing' Car Scheme Roadshows – Come and have an informal chat with us!**



UHL holds a number of **'Salary Maxing' Car Scheme Roadshows** throughout the year and these provide a great way to find out more about the scheme in an informal setting. You could soon be joining hundreds of colleagues already driving a brand new car and saving money! Dates of our latest Roadshows are widely published on INsite and in the Chief Executives Briefing.

Representatives from the **'Salary Maxing' Car Scheme** attend these events and are able to answer questions or chat about our superb **'Salary Maxing' Car Scheme**. >>> [For more information on any of the Salary Maxing Schemes visit INsite/SalaryMaxing](#)





Leicester Hospitals Charity is the official charity of UHL. We fundraise and administer donations for all departments across the hospital sites. We are based in Belgrave House, LGH and actively raise funds for new equipment, to fund research and development and to enhance patient areas. Please drop in, call us on **0116 258 8709** or email: [fundraising@uhl-tr.nhs.uk](mailto:fundraising@uhl-tr.nhs.uk) for more information.



The Garden Room

We recently completed the first stage of the Leicester Baby Loss Appeal with opening the new rooms in the Kensington Building LRI.

All 3 rooms use the same dandelion theme and colour as those 3 at Leicester General Hospital and have been designed as a calming and peaceful environment to create a home-from-home feel for parents and their families who experience a still birth.



The Bracken Room

We have been very touched and overwhelmed by the support for the Appeal from staff, individuals, charities, community groups and businesses across our region. It has been a pleasure to work with the maternity department who have shown they really care and understand the importance of these facilities for mothers who experience such tragedy."

The Appeal, which grew significantly since the launch in December 2013 has raised just over £300,000 including a £161,000 grant from the Department of Health.

The second stage of the Appeal, helping those experiencing difficulties with their pregnancy, is now underway with a revamp of the neonatal parent rooms at LGH and the final stage will be creating an extra scanning room and waiting area at LRI for ladies who have fetal abnormalities.

For more information or to make a donation go to [www.Justgiving.com/LeicesterBabyLossAppeal](http://www.Justgiving.com/LeicesterBabyLossAppeal)



Throughout the year staff can nominate colleagues in a category to reflect our Trust Values. There are also publicly nominated and volunteer categories. All the quarterly winners and runners up (highly commended) are invited to attend the Annual Caring at its Best Awards Evening. This years ceremony is taking place on **Thursday 24th September** where, after being selected by a panel of external judges, the overall winner in each category will be announced.

### HOW YOU CAN NOMINATE

Nominations can be completed online via the [Awards Categories](#) page on INsite.

Paper nominations can be requested from [ciab.awards@uhl-tr.nhs.uk](mailto:ciab.awards@uhl-tr.nhs.uk).

Public nominations are available from all main receptions areas or via the public website [nomination online](#)

The Awards Evening is sponsored by Leicester Hospitals Charity



# Appendix Two UHL

## Workforce Statistics and Drivers for Change

One team shared values



# Overview

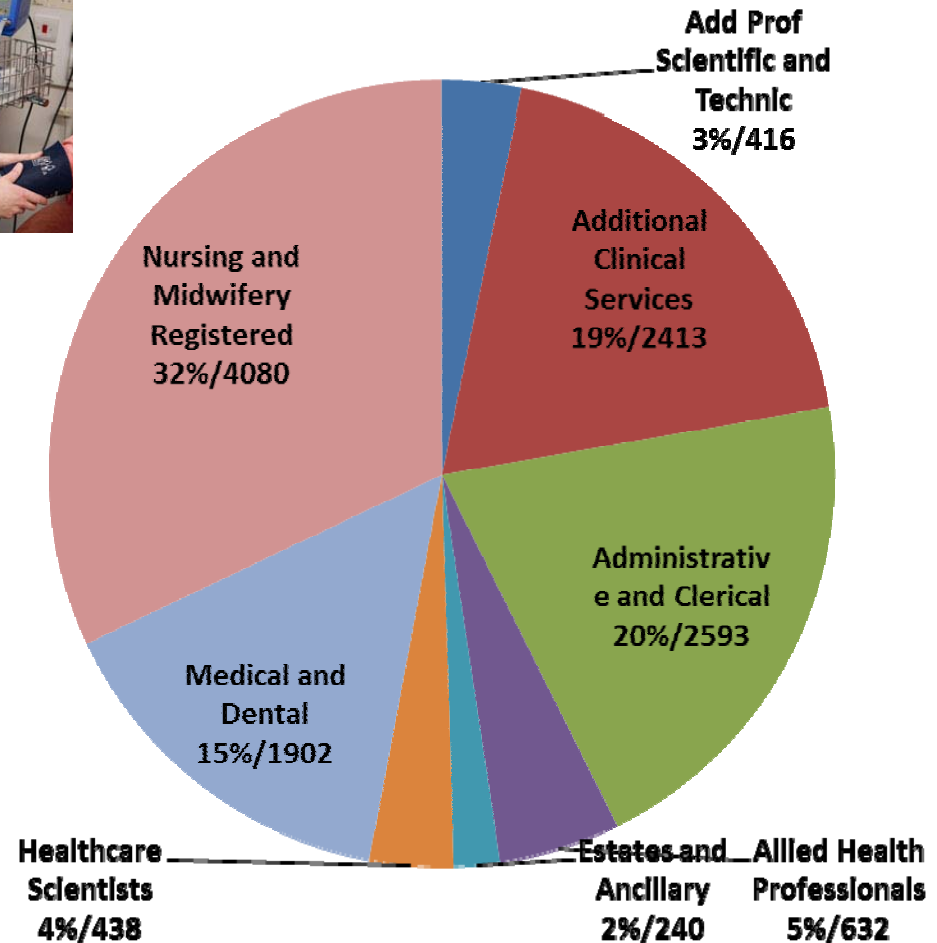
- Profile of the Current Workforce
- Changes in profile
- Vacancy Hotspots
- Pressures in Supply
- Age Profiles
- Potential Changes in Gender Split

One team shared values





# UHL's Workforce

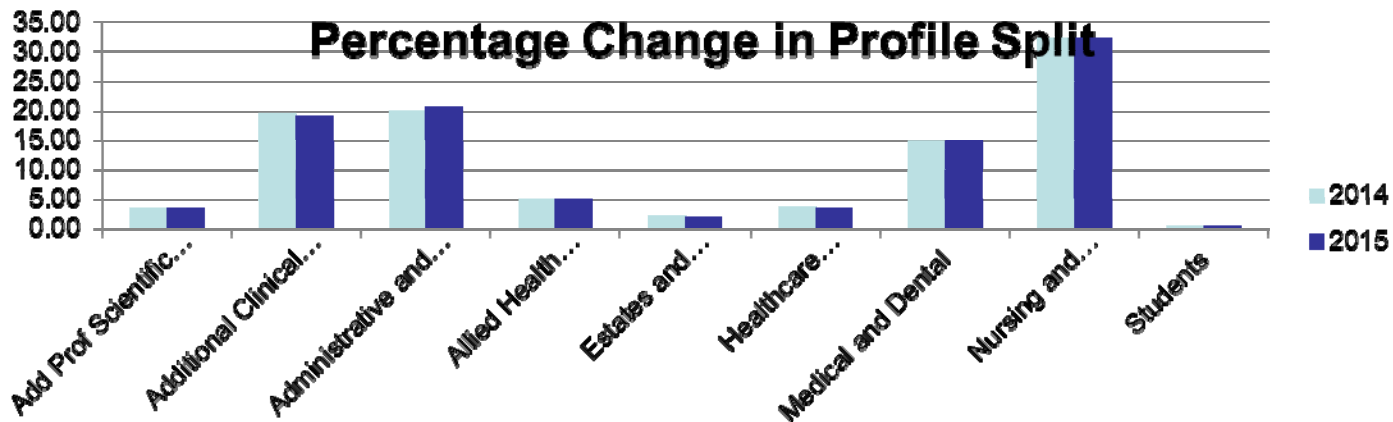
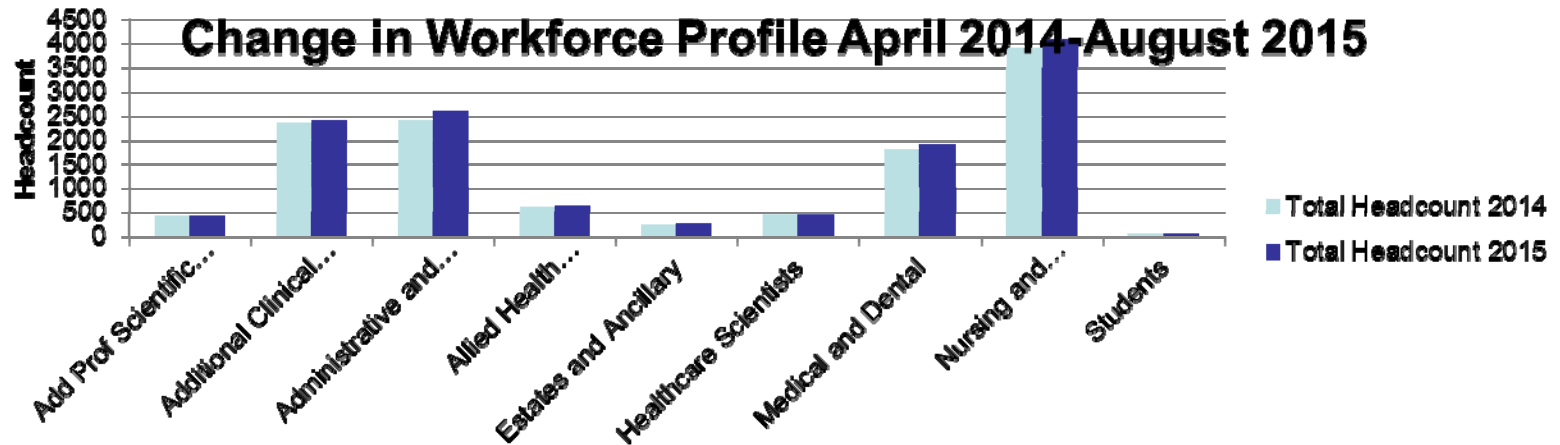


One team shared values



# Changes in the Workforce Profile

## April 2014-August 2015

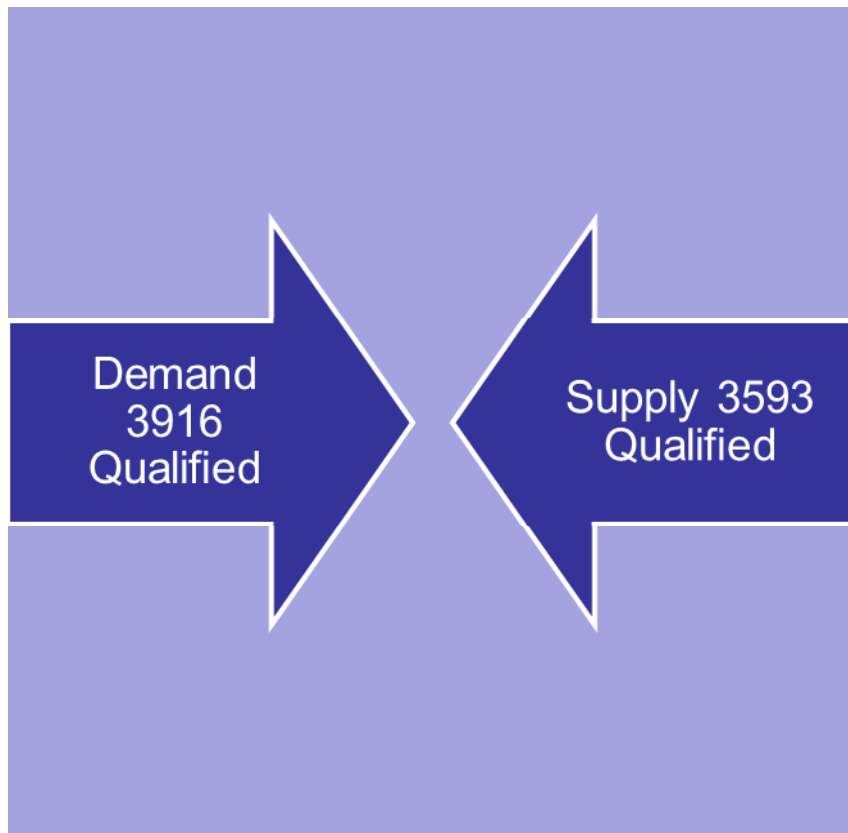


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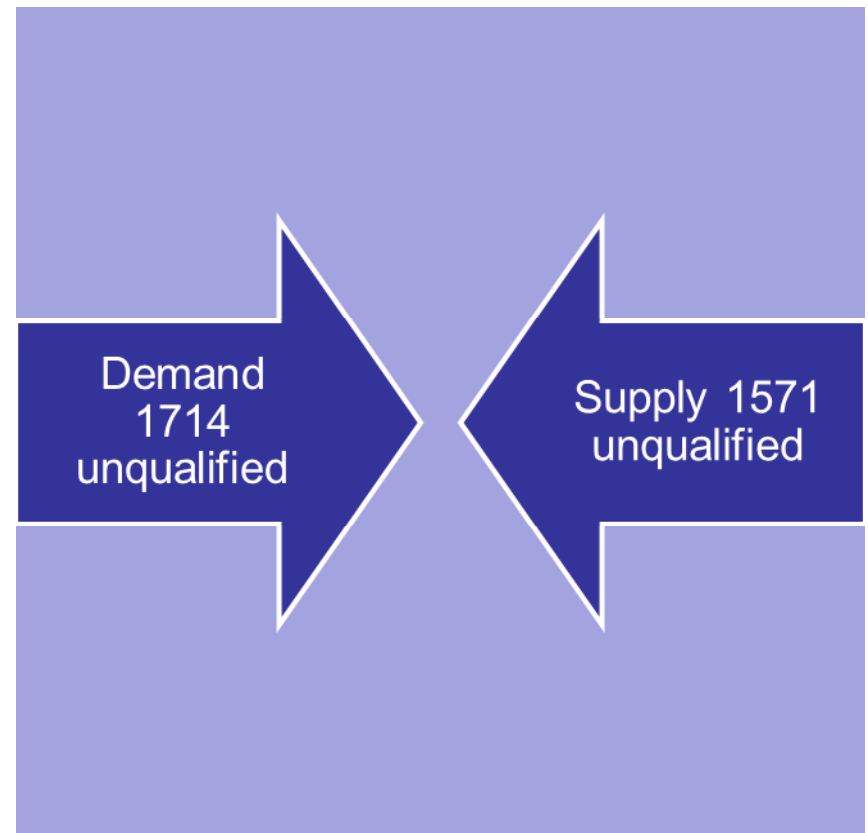


# Vacancy Positions

## Nursing and Midwifery Qualified



## Nursing and Midwifery Support



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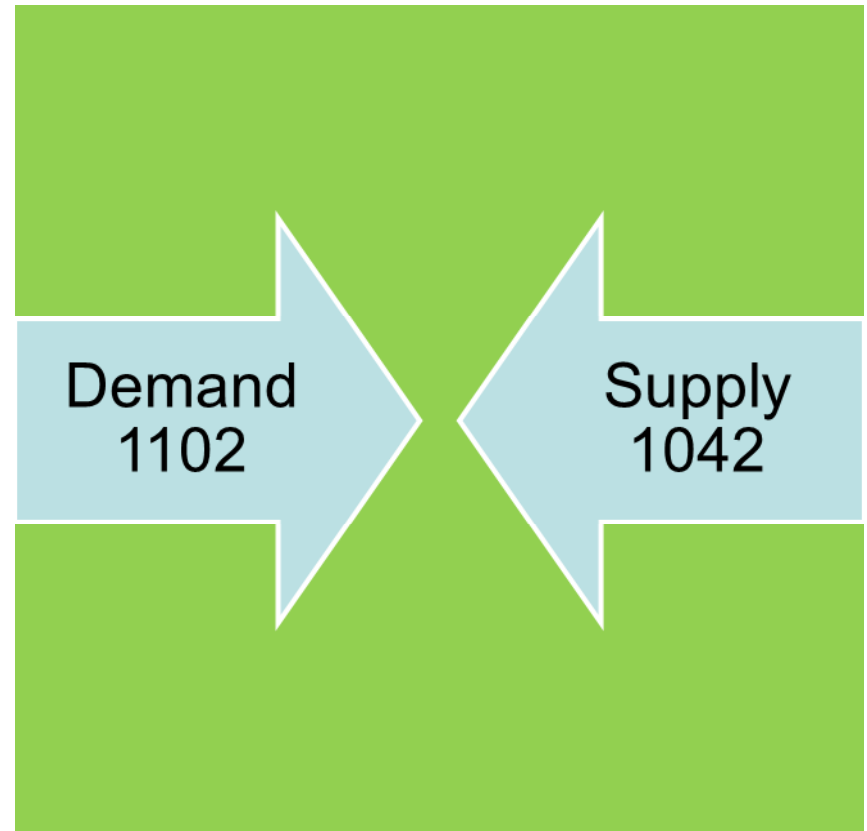


# Vacancy Positions

## Consultants



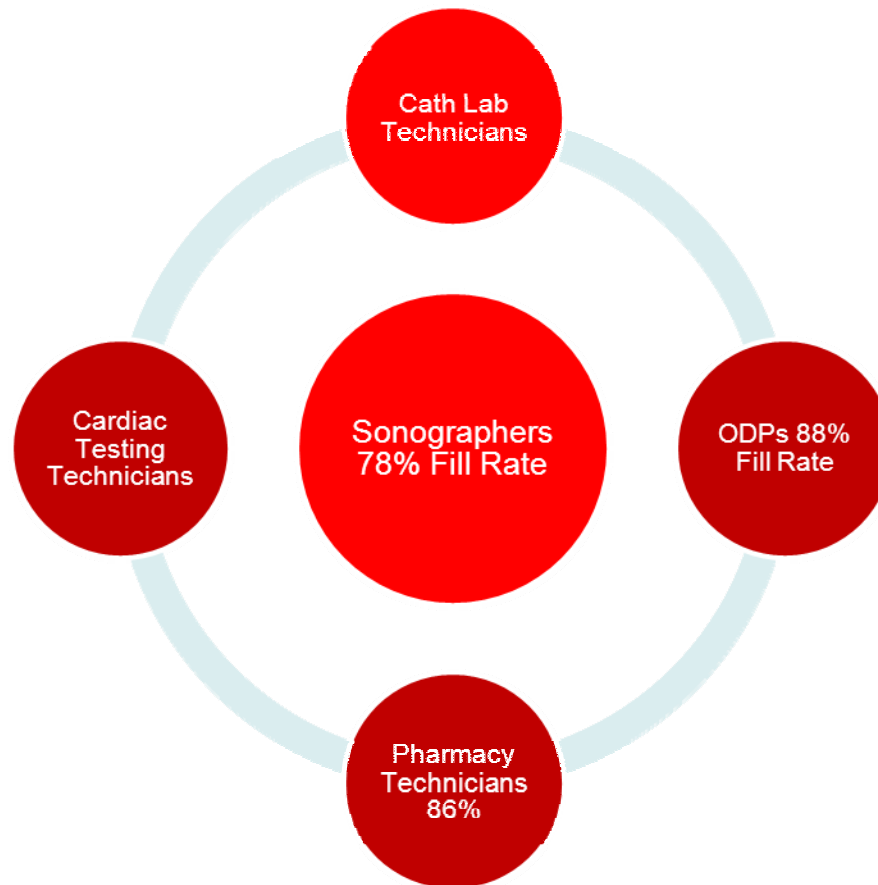
## Junior Medical Staff



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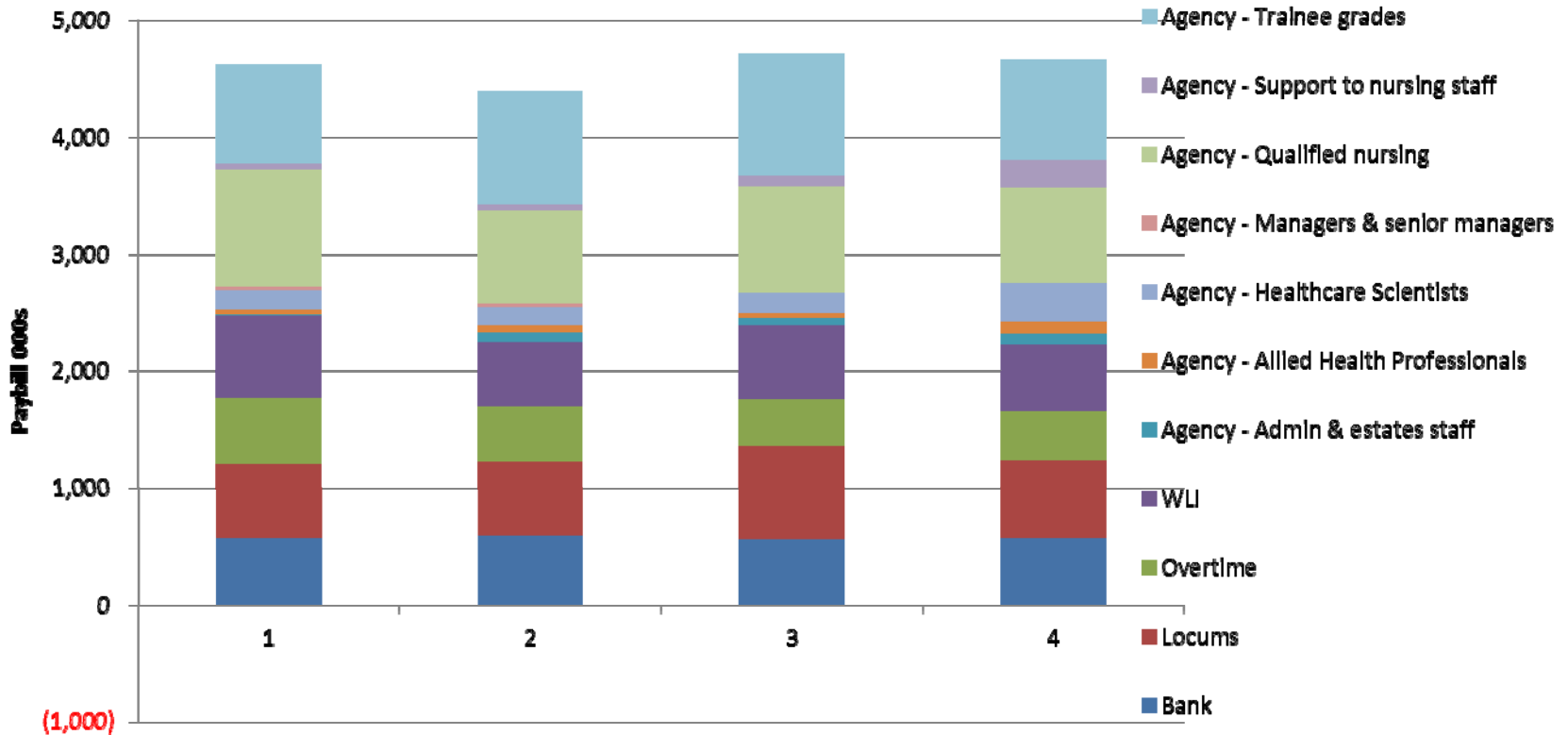
# Known Vacancy Hotspots



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### 2015/16 Expenditure on Non Contracted Pay 000's



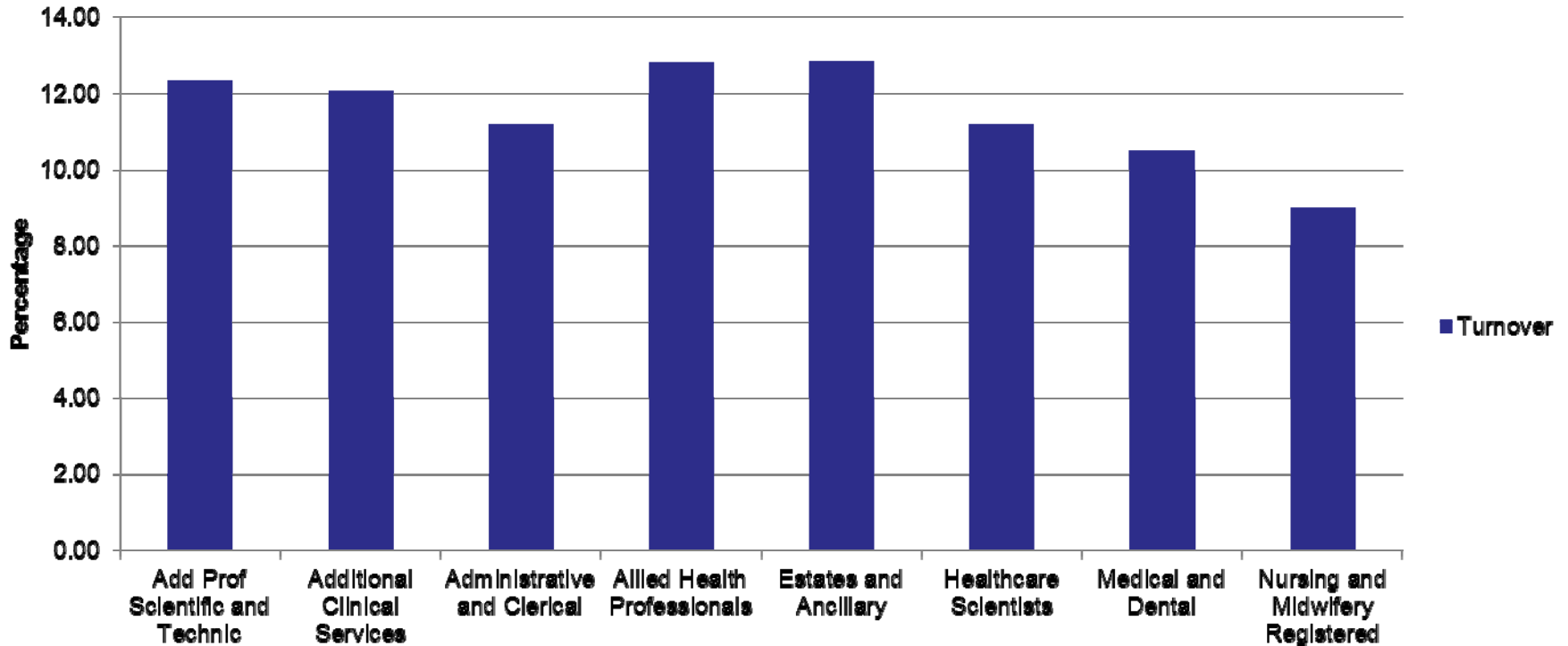
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# Looking Ahead for New Pressures in Supply

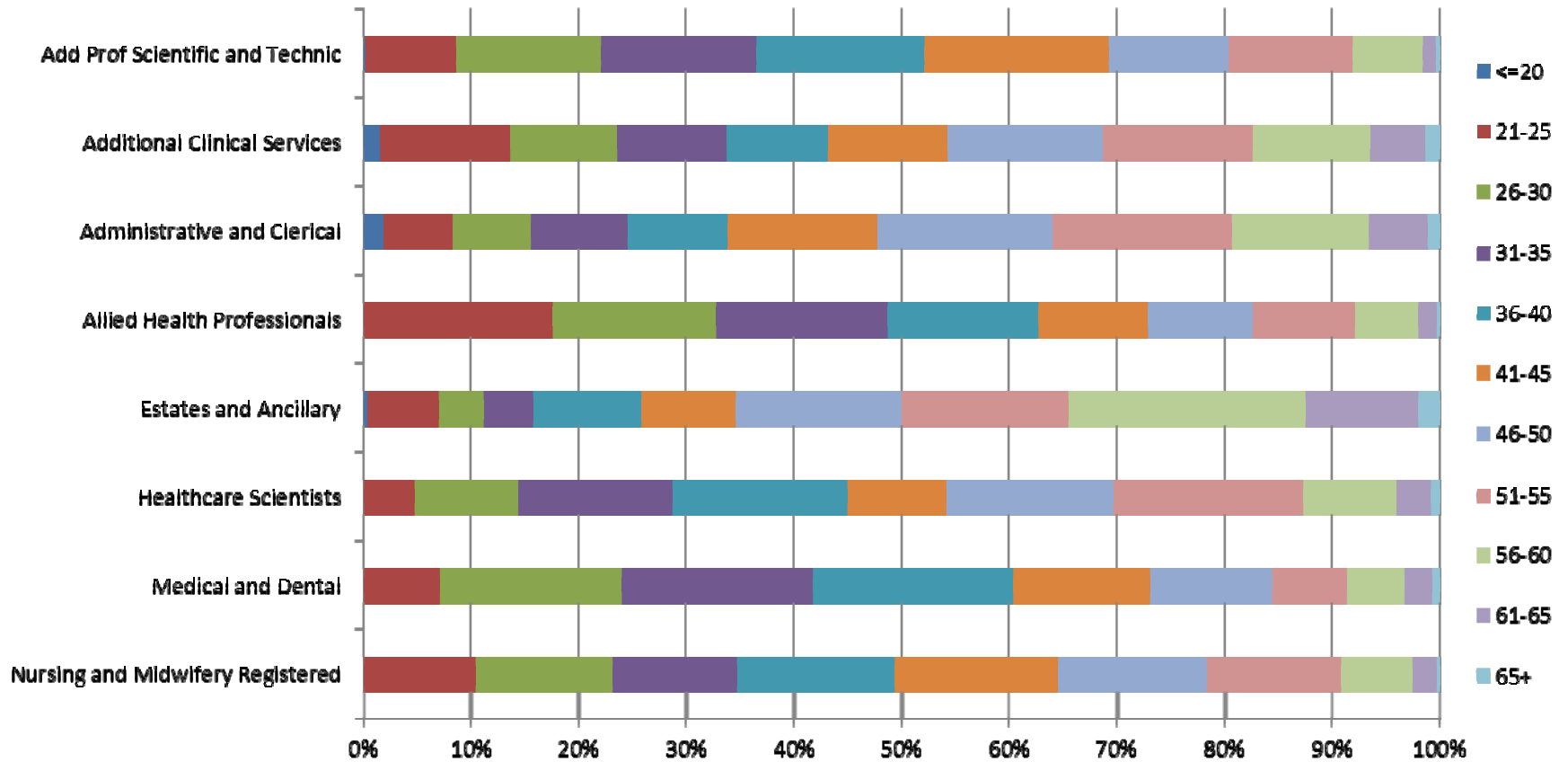
## Percentage Turnover Rates by Professional Group (Excl Junior Drs)



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# Looking Ahead for New Pressures in Supply

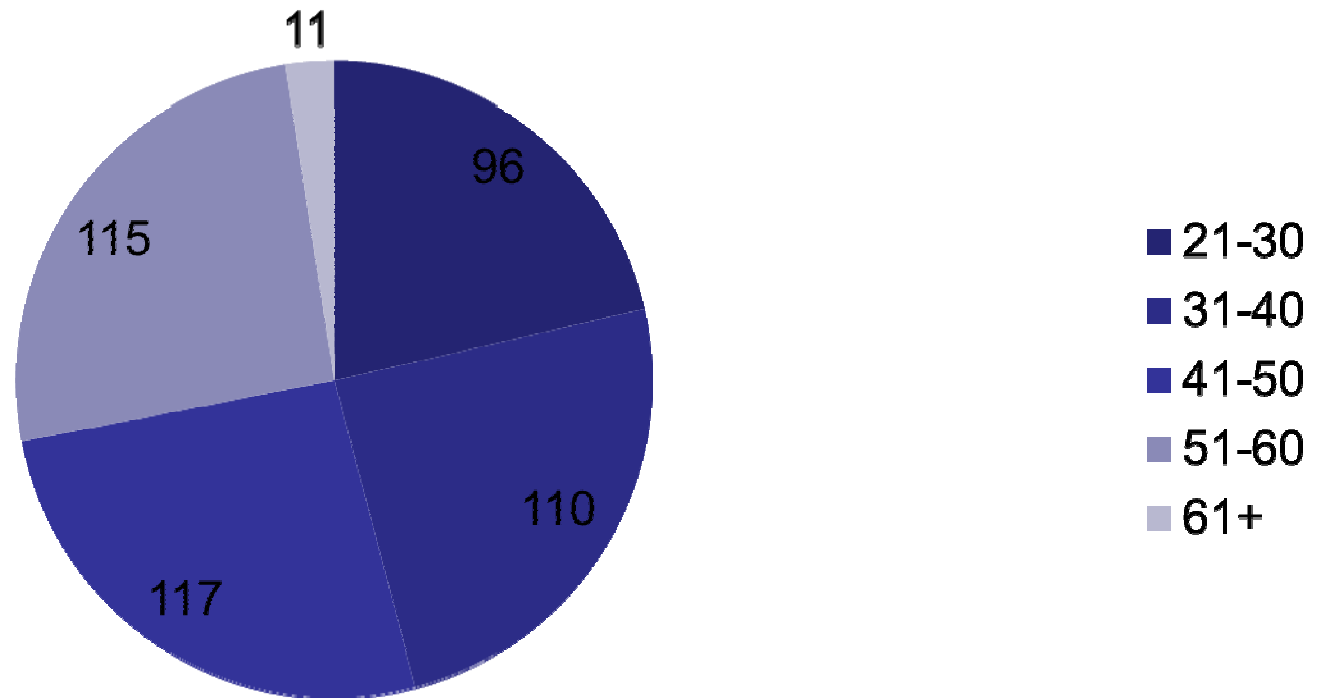


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# Looking Ahead for Pressures in Supply - Midwifery

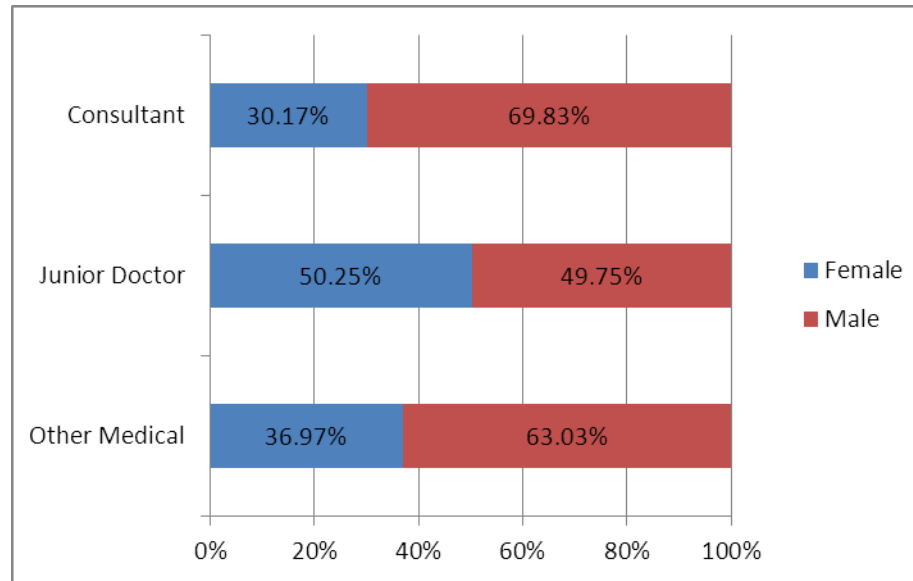
## Age profile midwives



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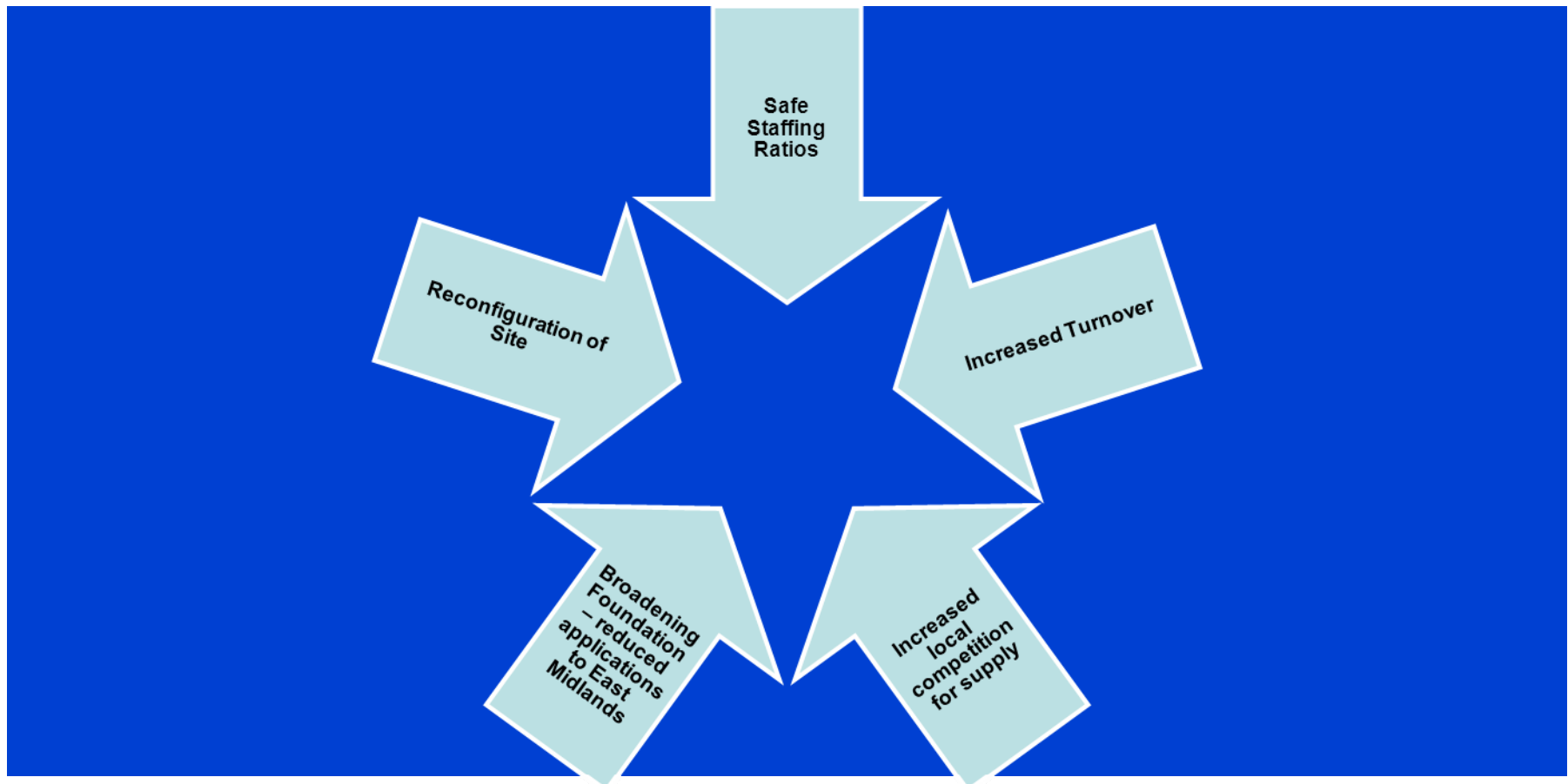
# Looking Ahead for New Pressures in Supply – Medical Gender Splits



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# Internal Drivers for Change

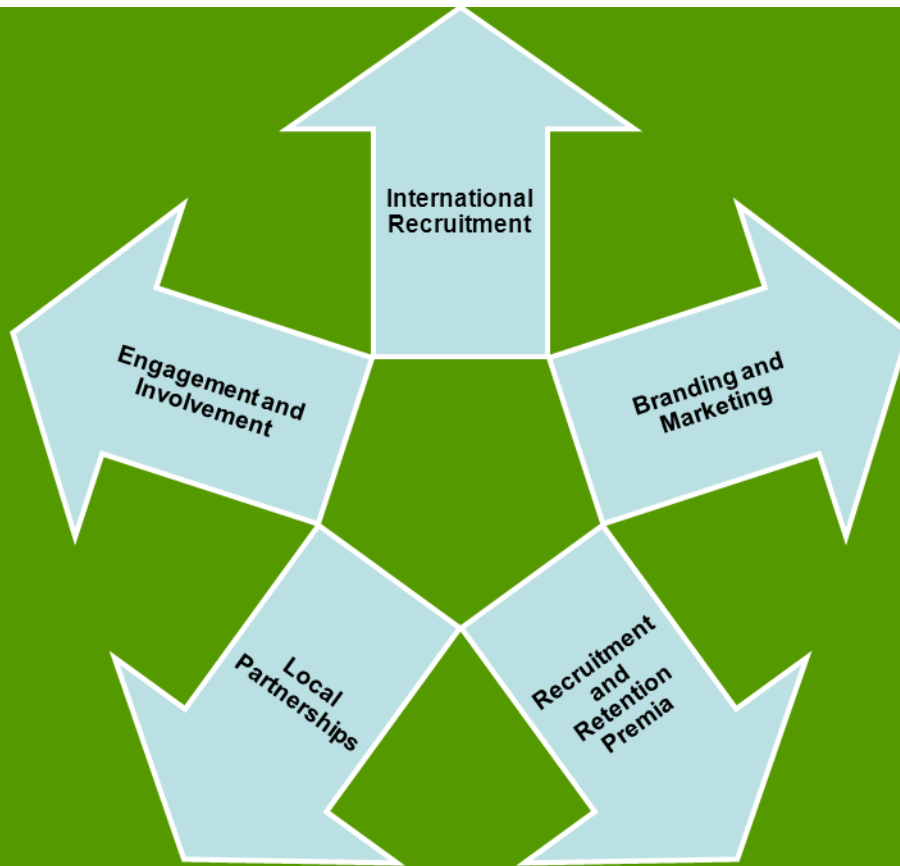


One team shared values





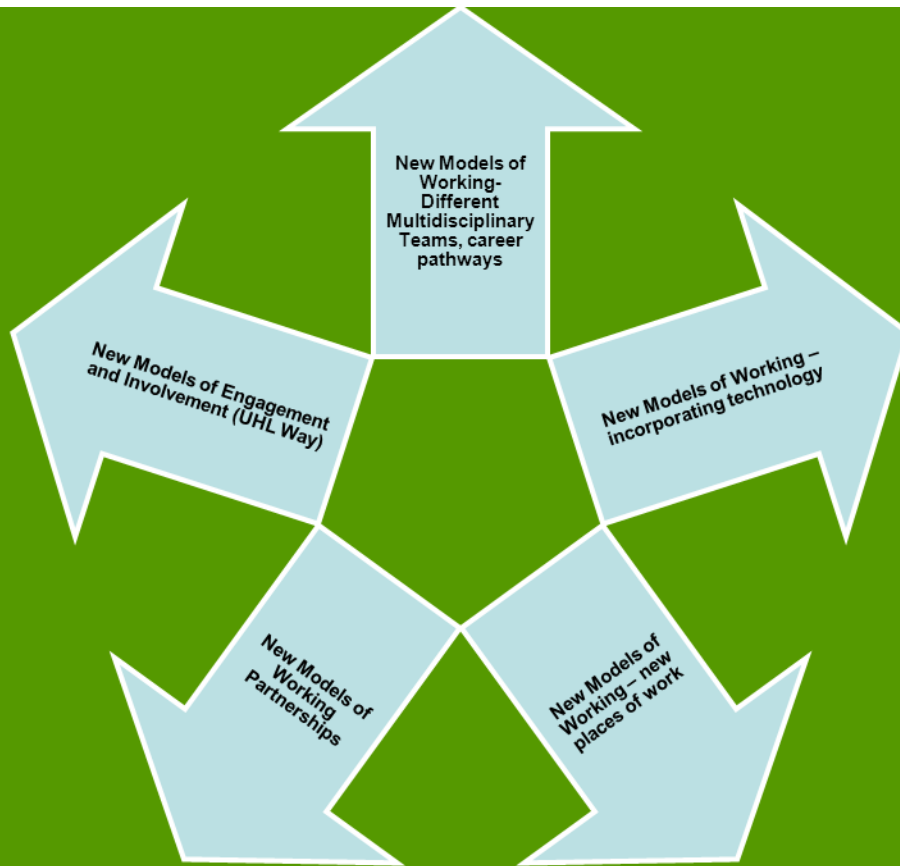
# Immediate responses to increased demand and limitations in supply



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# Longer Term responses to increased demand and limitations in supply



One team shared values



# Looking Beyond UHL

## Overview

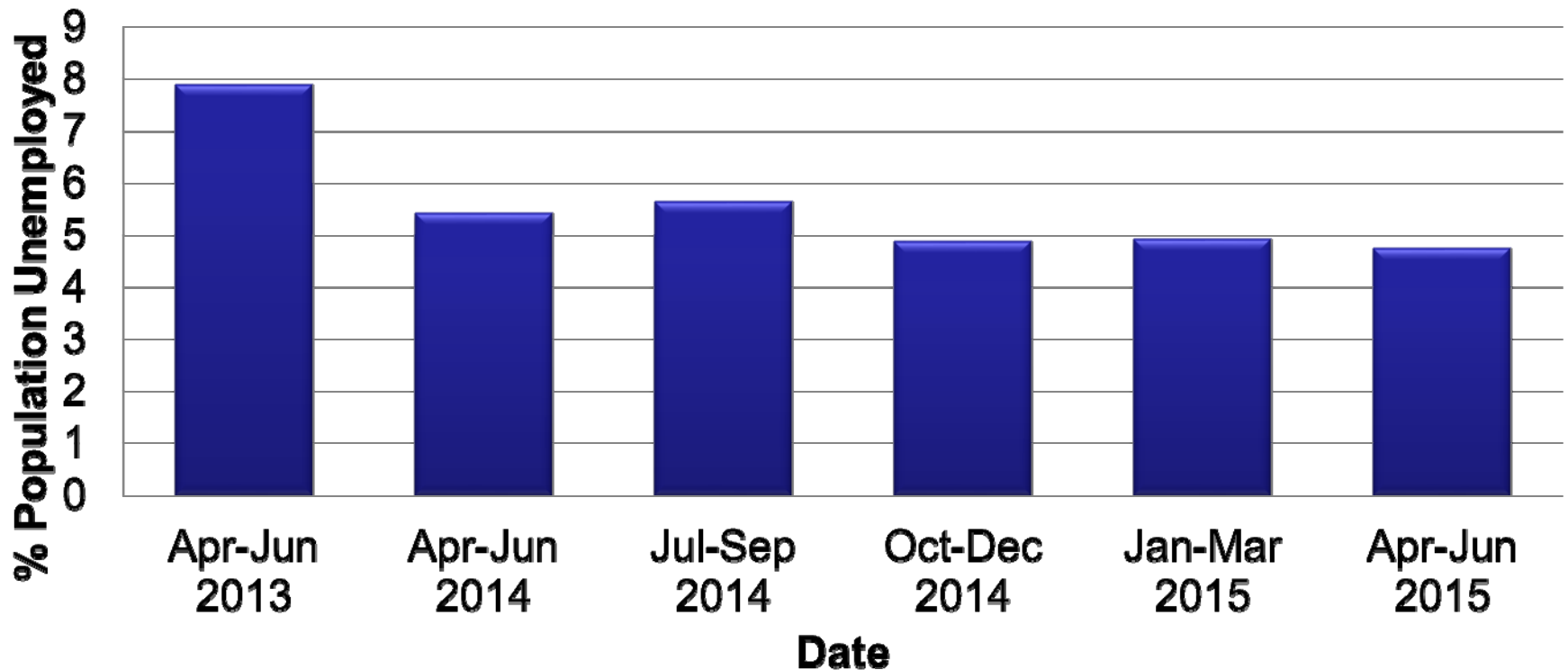
- Supply and Demand
- Partnerships and Better Care Together

One team shared values



# The East Midlands and Leicester's Labour Market

## East Midlands Unemployment Statistics



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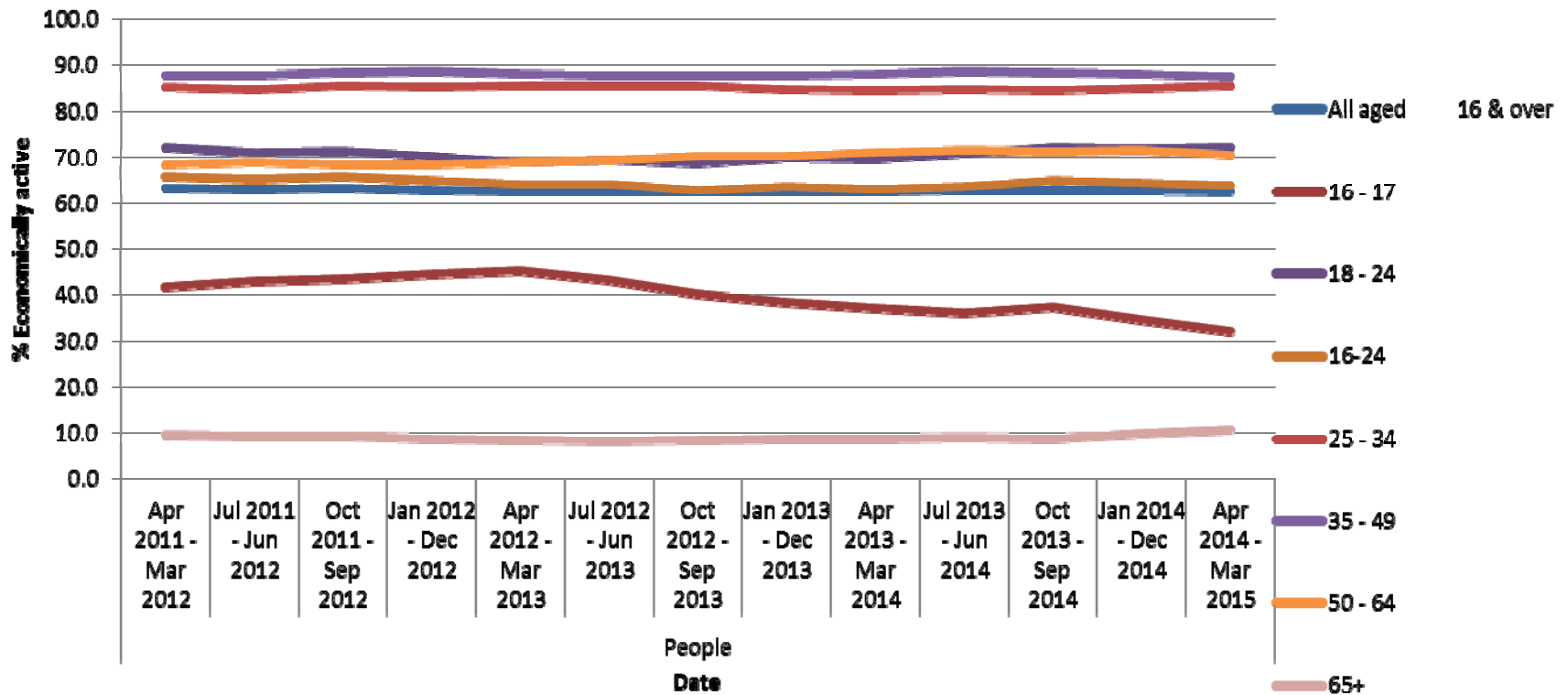
# Changing Trends in the East Midlands

- <http://www.ons.gov.uk/ons/interactive/unemployment-rate-by-region---dvc7/index.html>

One team shared values



## % East Midlands Population Economically Active

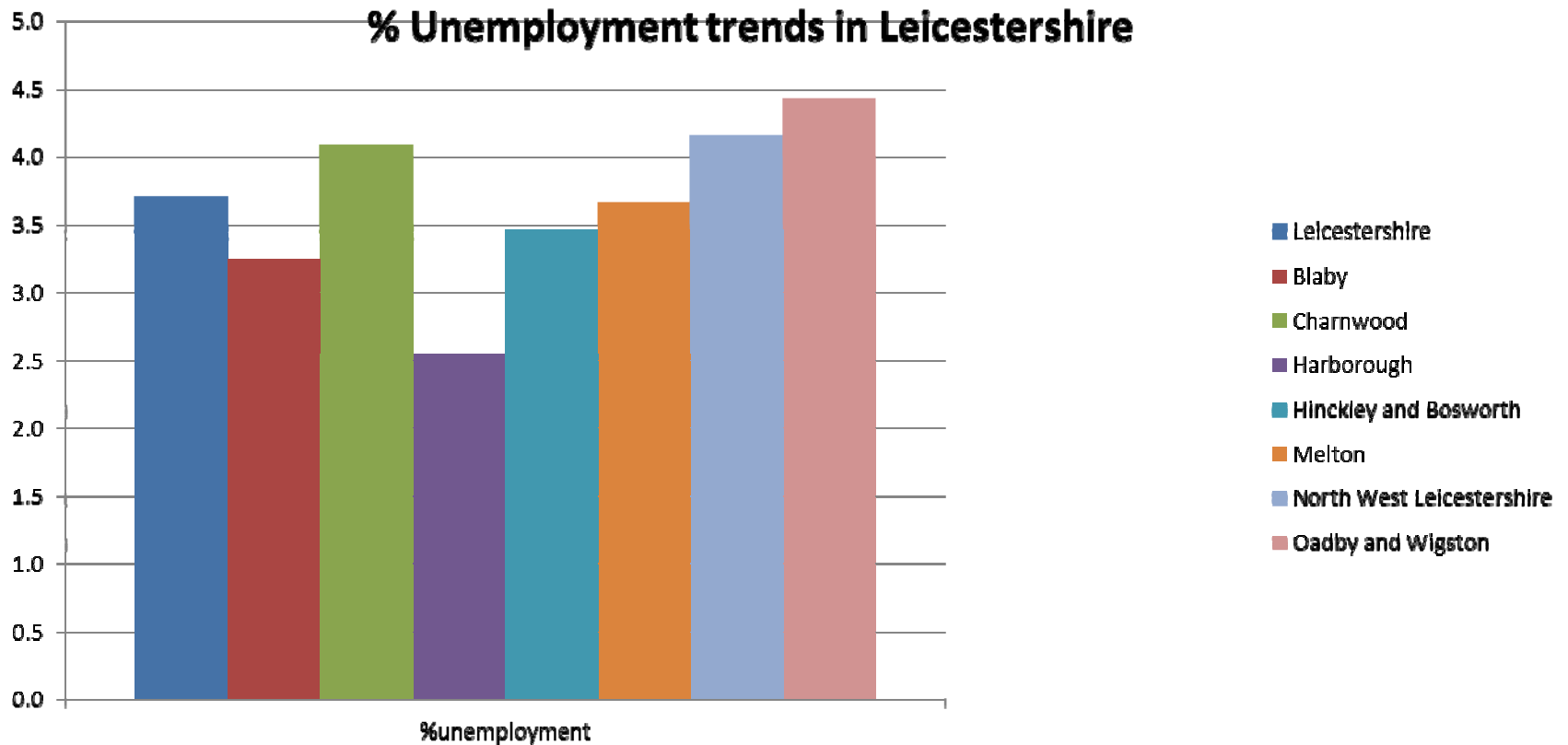


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# Locality Data



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# Nursing Supply

## Adult

Sept / Jan 2012 / 2013	Nov 2015 (Intake 110)	March 2016 (Intake 100)	Nov 2016 (intake 140)	March 2017 (intake 100)
Two intakes per year	65	45	65-85	45-65

## Midwifery

Sept 2012/13	Nov 2015 (intake 40)	Nov 2016 (intake 40)
One intake per year	25	?25

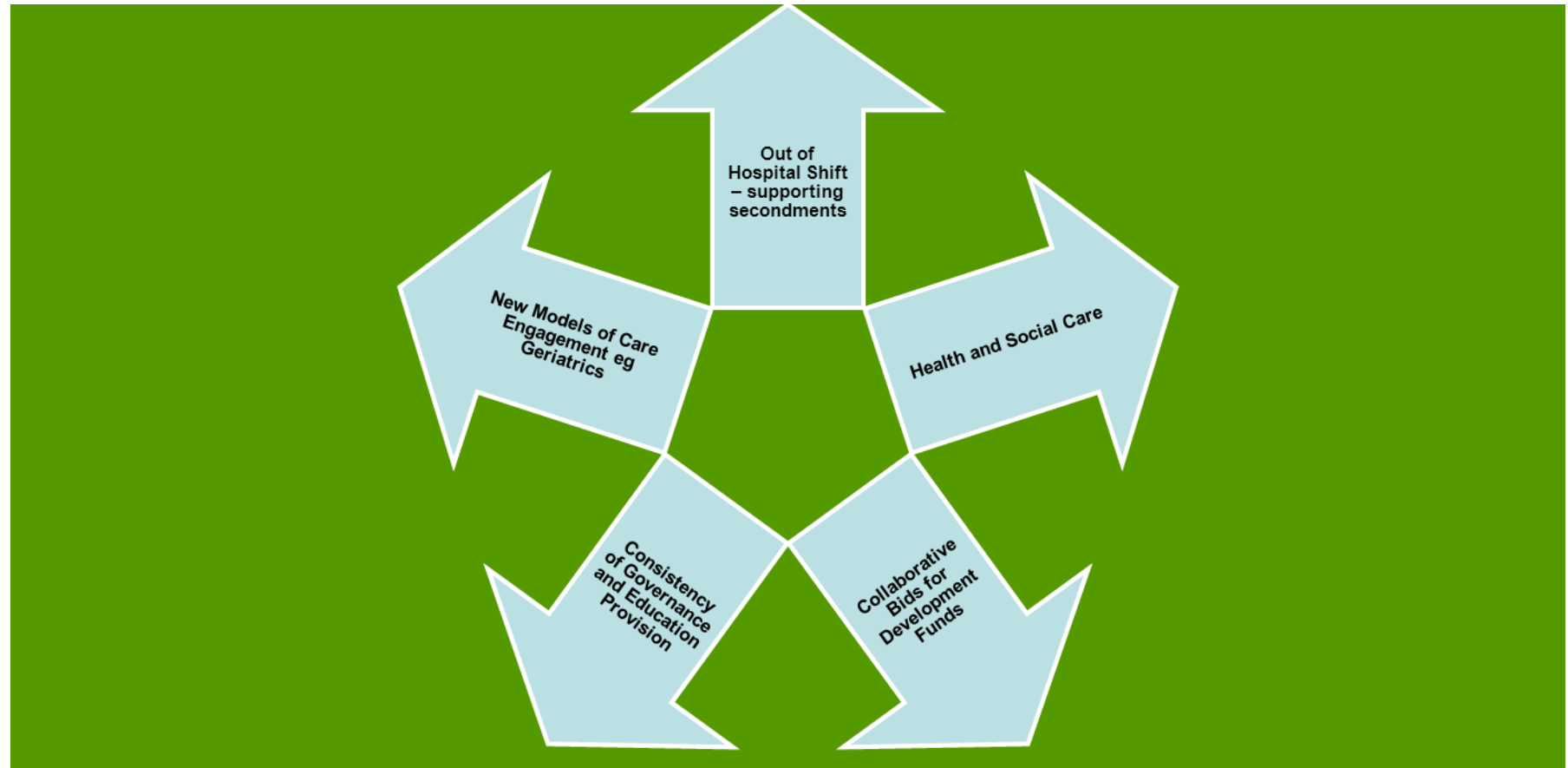
## Child

Sept 2012/13	Nov 2015 (intake 30)	Nov 2016 (intake 30)
One intake per year	25	25

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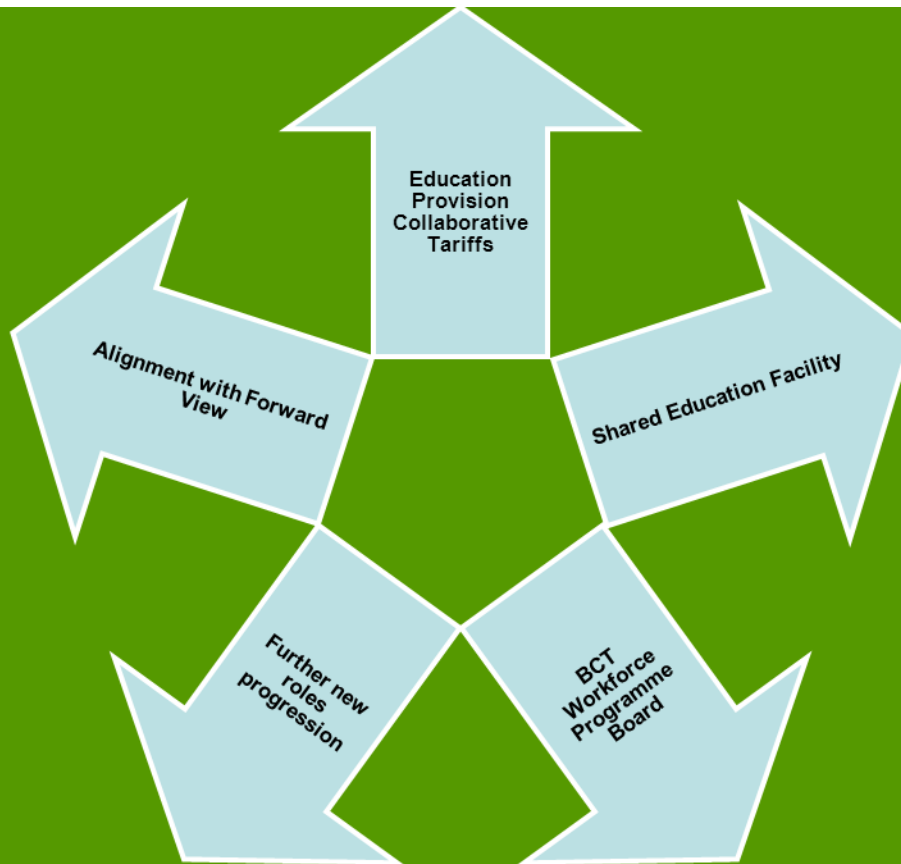
# Immediate Responses



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# Longer Term Responses



One team shared values



# Medical Staffing

## Core Challenges

- Poor junior doctor fill rates, need to improve educational experience
- Limited numbers of applicants for consultant posts some hotspots such as ED Critical Care, Specialist Radiologists
- Competitive environment exaggerated by limitations on immigration numbers, need for unique selling position
- Less positive staff survey results

## Trust Response and Governance

- Medical Workforce Strategy with four pillars - Recruit, Shape, Educate and Engage
- Medical Education Strategy
- Appointment of Associate Medical Director for Workforce
- Reporting of Medical Workforce Strategy Action Plan Executive Workforce Board
- Delivery of Action Plans undertaken through Medical Workforce Design and Recruitment Group and Medical Workforce Group (Education), Clinical Senate and Doctors in Training Committee, New Roles Steering Group

## Key Outputs

- Appointment of International Recruitment Lead - streamlining processes, clarifying expectations
- Improved understanding of funded establishments
- Greater transparency and communication of gaps
- Improved marketing and branding
- Advance Practitioners and Physician Associates roles being implemented via outputs from New Roles Steering Group
- Focus on education quality and experience

## Nursing Staffing

### Core Challenges

- Nursing vacancies remain high and gap filling through agencies is costly but necessary to maintain safe staffing levels
- Recruitment pool of international nurses reducing, turnover not likely to be below Trust average
- Concentrated gaps in medicine
- Balance between efficiency and flexible working
- Education levels for Care Certificate and Assistant Practitioners raised will be further impacted by Leicester Labour Market challenges
- Revalidation of nursing and midwifery and preceptorship pressures from Shape of Caring recommendations
- Retirement of long standing nurse leaders
- LLR recruiting from same pool of staff

### Trust Response and Governance

- Nursing Workforce Strategy with particular emphasis on international recruitment, Nurse Education Strategy
- New roles identified in form of Assistant Practitioner and Advanced Practitioners to support career framework
- Reporting of Nursing workforce progress through the Nursing Executive Team and EWB
- Board reports on safe staffing
- New Roles Steering Group managing implementation of Advanced and Assistant Practitioners
- Nursing/ premium spend strand of Wokforce Cross Cutting Theme

### Key Outputs

- International recruitment team to ensure quality and efficiency
- Improved branding and marketing and presence at recruitment events, now promoting through armed forces publications
- Clear career pathways and education programmes for advanced and assistant practitioners and programme of cohorts for 2015/16
- Strong in house education, training and practice development offering accredited training at degree level
- Utilising Revalidation as a marketing and branding opportunity
- Introduction of shared rotation and strong partnerships with DMU and LPT



## Other Non Medical Clinical Roles

### Core Challenges

- Increasing turnover in traditionally easy to recruit services such as therapies, pharmacists and radiography
- Managing internal career development pathways for pharmacy technicians
- Increasing demand in community for therapy services
- Retirement profile in senior healthcare science roles

### Trust Response and Governance

- Non Medical staff form core component of new roles development governed through New Roles Steering Group
- Engagement in LETG internally and LETC externally
- Engagement in HEEM workforce planning process to predict workforce over five years

### Key Outputs

- More robust workforce return to HEEM outlining core pressures and developments in the Trust
- Wider exploration of how new roles for allied health professionals and healthcare scientists can support medical staffing gaps and new models of care

## External Better Care Together

### Core Challenges

- Understanding the workforce response to new models of care
- Double running costs if new roles required, transition of work needs to take place
- Workforce planning system wide rather than organisationally specific, limited Trust level involvement in workforce impact assessments
- Capacity to support eight external workstreams and corresponding workstreams internal to UHL eg ICU move, Treatment Centre
- Organisational changes at external HEEM and Better Care Together levels
- Requirement to show decreasing workforce demand in context of real time increasing demand

### Trust Response and Governance

- Appointment of Workforce and OD Lead for Better Care Together
- Active participation in External and Internal Project Boards
- Challenges of Left Shift and increased specialisation identified in Five Year Workforce Plan
- Proactive sharing and integrated working on new roles to ensure consistent approach and best use of economies of scale

### Key Outputs

- Membership of Out of Hospital Workforce Workstream
- Need to input into Workforce Impact assessments being undertaken by Better Care Together programme now developing more formal approach to engagement with LETC workforce lead and Better Care Together Workforce and OD lead
- Better Care Together Programme Board

## Internal Reconfiguration

### Core Challenges

- Understanding new models of care needs to precede development of workforce solution
- Capacity to support each new project board and workforce steering group and ensure consistent approach to workforce planning
- Collating each specialty plan into an aggregated and efficient workforce plan
- Ensuring plans take into consideration outputs of outpatient, theatre and bed reconfiguration capacity planning outputs
- Double running and less efficient models of working during change process

### Trust Response and Governance

- A consistent template and approach for developing workforce plans
- Reporting into the Project Boards of each workstream
- Steering Group for each workstream

### Key Outputs

- Workforce Plan for Emergency Floor well received
- ICU Workforce Plan in development
- Workforce template under development

## New Roles

### Core Challenges

- Development of consistent grading structures and mutual understanding of new roles across professional boundaries
- Capacity to undertake functional mapping to develop new roles effectively
- Fear of change and risk
- Understanding of what is possible
- Financial implications of double running costs
- Managerial capacity to deliver the change agenda

### Trust Response and Governance

- New roles Steering Group for development of consistent frameworks
- Reporting of New Roles outputs through EWB
- Workforce Confirm and Challenge is a core component of CMG Review meetings

### Key Outputs

- Defined roles and education frameworks
- Accreditation to deliver degree modules through UHL education infrastructure
- Successful bids to the LETC to enhance the development of new roles
- Introduction of the internship model and UHL Graduate Training Scheme

## CIP and Paybill

### Core Challenges

- Fill rates in substantive recruitment improving prior to reduction in premium spend is placing pressures on the paybill
- Identification of workforce reductions in context of safe staffing requirements
- Balancing efficiency that arises from long shifts with flexible working enabling recruitment and retention
- Identification of an appropriate solution to electronic rostering for medics

### Trust Response and Governance

- Workforce Cross Cutting Group chaired by Director of Finance
- Workforce CIP schemes at CMG level managed through CMG review meetings
- Workforce CIP supported corporately managed through cross cutting workstream underpinned by clear action plans and governance arrangements
- Premium spend workforce planning tool to support management of workforce elements of recovery plans

### Key Outputs

- Action plans in each of the workstreams nursing, medical and premium spend with core areas identified for savings opportunities
- Workforce planning tool produced overview of predicted premium spend expenditure over remainder of financial year
- Refinement of premium spend reporting to facilitate identification of conversion opportunities

