

# Organisational Development and Workforce Plan Update

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Sponsor: Director of  
Trust Board paper P

## Executive Summary

### Context

To deliver our vision of 'Caring at its Best' and to facilitate the necessary change including an ambitious reconfiguration programme linked to 'Better Care Together', we have set out an ambitious Organisational Development (OD) Plan and underpinning Workforce Plan for UHL. Our priorities for OD are led through five work streams which were approved by the Trust Board and Executive Workforce Board in June 2015. Our priorities for the Workforce Plan include six pillars of delivery relating to reduction in dependency on non contracted workforce, safe staffing, review of urgent and emergency care, impact of seven day services, shift of activity into community settings and increased specialised services where appropriate. Addressing this plan requires ambitious interventions around recruitment, retention and redesign of the workforce supported by a programme of work to support cultural and behavioural change.

### Questions

1. Does this update demonstrate the right priorities are being addressed?
2. Does this update demonstrate that sufficient progress is being made?
3. How can we measure progress and the impact of our organisational development interventions?
4. What further actions are required?

### Conclusion

Against each work stream of the Organisational Development Plan we have set out what we are doing to 'make it different'. This paper should be read in conjunction with the December 'Learning into Action' Newsletter which highlights key learning and organisational development initiatives and events. Against a number of priority areas in the Workforce Plan, we have set out what the challenges are and how we are addressing these challenges. We have also set out how we are remodelling the workforce and OD input into the Better Care Together Programme and internal Reconfiguration Schemes to ensure we enable transformational change.

We are developing a pay related dashboard and improved mechanism for reporting vacancies to measure our progress in delivery of the plan. Delivery is also measured against operational plans and the Organisational Health Dashboard.

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.

## Input Sought

The Executive Workforce Board is asked to note progress with and comment on the implementation of the priorities of the Trust's Organisational Development Plan and Workforce Plan.

## 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	[Yes]
Consistently meeting national access standards	[Yes]
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	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

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

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

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

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

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

# University Hospitals of Leicester NHS Trust

**REPORT TO:** Trust Board

**DATE:** 7 January 2016

**REPORT FROM:** Louise Tibbert – Director of Workforce and Organisational Development

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

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

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## 1.0 BACKGROUND

- 1.1 The Organisational Development (OD) Plan forms an umbrella plan for UHL's Workforce and OD activity in order to deliver an ambitious change and transformation programme supported by a caring, professional, passionate and engaged workforce. This is delivered through five workstreams:



- 1.2 Supporting the Organisational Development Plan is the Five Year Workforce Plan (2014-2019) with six strands of delivery:

- Reducing our dependency on the non contracted workforce
- Ensuring safe staffing levels
- Seven day service delivery
- Urgent and emergency care
- Increasing community provision
- Increasingly specialised services.

- 1.3 These are managed through a range of workstreams including the Workforce Cross Cutting Board and associated subgroups, the Nursing Executive, the Better Care Together workstreams,

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the Reconfiguration Business Case workstreams, the Seven Day Services Project Board, the New Roles Group and the Strategic Planning Group.

- 1.4 In the last quarter we have presented the concept of the UHL Way which will ensure we address the cultural and behavioural changes and service improvement methodology needed to deliver the large scale changes through engagement of the workforce. Work is currently underway to integrate the UHL Way into the workforce strand of Reconfiguration Programmes. Once this work is complete there will be a refresh of the Five Year Workforce Plan.

## 2.0 OVERVIEW OF ORGANISATIONAL DEVELOPMENT PLAN PROGRESS

### 2.1 The Organisational Health Dashboard

The Organisational Health Dashboard measures the impact of OD actions and 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 Learning into Action Newsletter

The December 'Learning into Action' newsletter (Appendix 1) updates on key learning and development initiatives and events which form part of the OD Plan. Of particular note is the success of the Learning and OD Team and colleagues from OCB Media who were nominated and subsequent winners of the 'East Midlands NHS Leadership Academy Award for Outstanding Collaborative Leadership'. The award was primarily based on the partnership work carried out with OCB Media to develop and improve the Statutory and Mandatory Training Performance across UHL and the progress made by the Trust in setting up the Health Education Learning Management System, to support organisations both at a regional and national Level.

### 2.3 Key Highlights from Five Workstreams

Across the five workstreams key areas of development not reflected elsewhere in this report have been:

- Development of a revised approach to reward and recognition through a Resourcing and Attraction Strategy.
- Development of an autonomous teams approach in Trauma, Orthopaedics and Theatres to drive employee engagement.
- Further embedding of Listening into Action and a 'Pass it on Event' for Wave 5.
- Development of an overarching Health and Wellbeing Strategy.
- Launch of 'Mindfulness' training to build resilience and stress management techniques.
- Further spread of Accountability into Action learning.
- A second cohort of mentorship training was undertaken.
- A review of leadership development to reflect the impact of the Race Equality Scheme.
- Further training for the leadership community on 360 degree feedback.
- Commencement of nine Graduate Management Trainees on our own internal scheme.
- Further development of the e learning platform and learning management system.

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- A review of student nurse attrition.
- Development of a new approach to mentorship for student nurses.
- An improved outcome from the recent Health Education East Midlands Quality Review with recommendations relating to developing new types of placement across organisational boundaries; improved liaison with Health Education Institutions around documentation and a requirement to focus on improvements in cardiology training for medical trainees.
- A review of the impact of reforms to the Apprenticeship scheme including introduction of a levy (equivalent to 0.5% of paybill) to encourage the uptake and control of apprenticeship programmes.

### 3.0 OVERVIEW OF WORKFORCE PLAN PROGRESS

3.1 There are currently pressures affecting the workforce as we enter a significant phase of transformation and change both internally and through the LLR Better Care Together Programme. These changes are exacerbated by the reduction in supply of nursing staff and junior medical staff in particular and changes arising from national initiatives to control and cap agency expenditure. This provides the backdrop to the current operational planning process where Clinical Management Teams are trying to address current pressures while reviewing how emergent models of service delivery are impacting on the workforce. The majority of this paper will describe these challenges and the Trust's workforce planning and development response with specific reference to:

- The Medical Workforce
- The Nursing Workforce
- Non-Medical/Other Clinical Roles
- Better Care Together
- Internal Reconfiguration
- New Roles
- CIP and Paybill

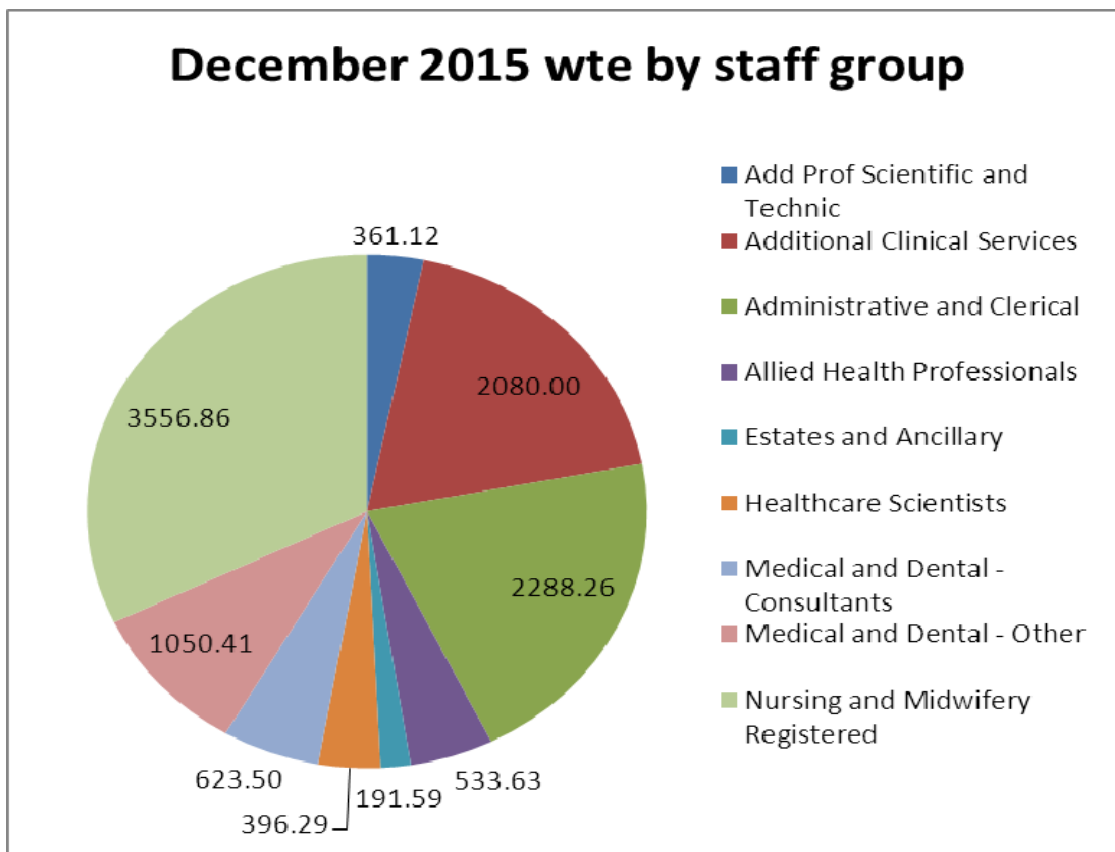
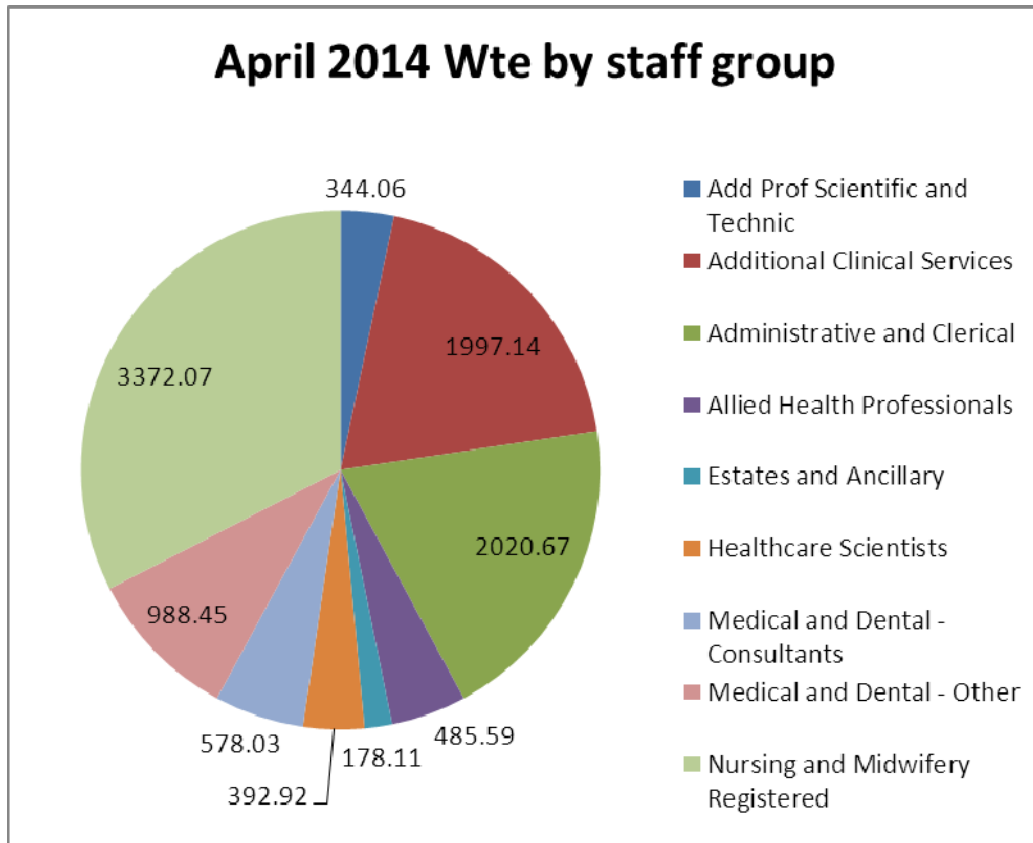
The paper will also describe the internal HR and workforce response to enable the changes to take place as initiated by the September Board Thinking Day, launch of the UHL Way and the potential launch of an LLR Way.

### 3.0 THE CURRENT WORKFORCE POSITION

3.1 A comparison of the workforce profile in November 2015 compared to April 2014 is shown in Figure One below. Figure Two is a bridge diagram showing the relative growth in each workforce category to reach our current position. Although there has been growth overall, this has been most pronounced for administration and clerical groups. Some of this change has been driven by the TUPE transfer of Alliance Staff (109 administration and clerical) and Urgent Care (10 A&C staff). Nursing and Midwifery has increased as expected to reflect the acuity investment and the medical and dental position reflects increased investment in the consultant workforce and improved fill rates.

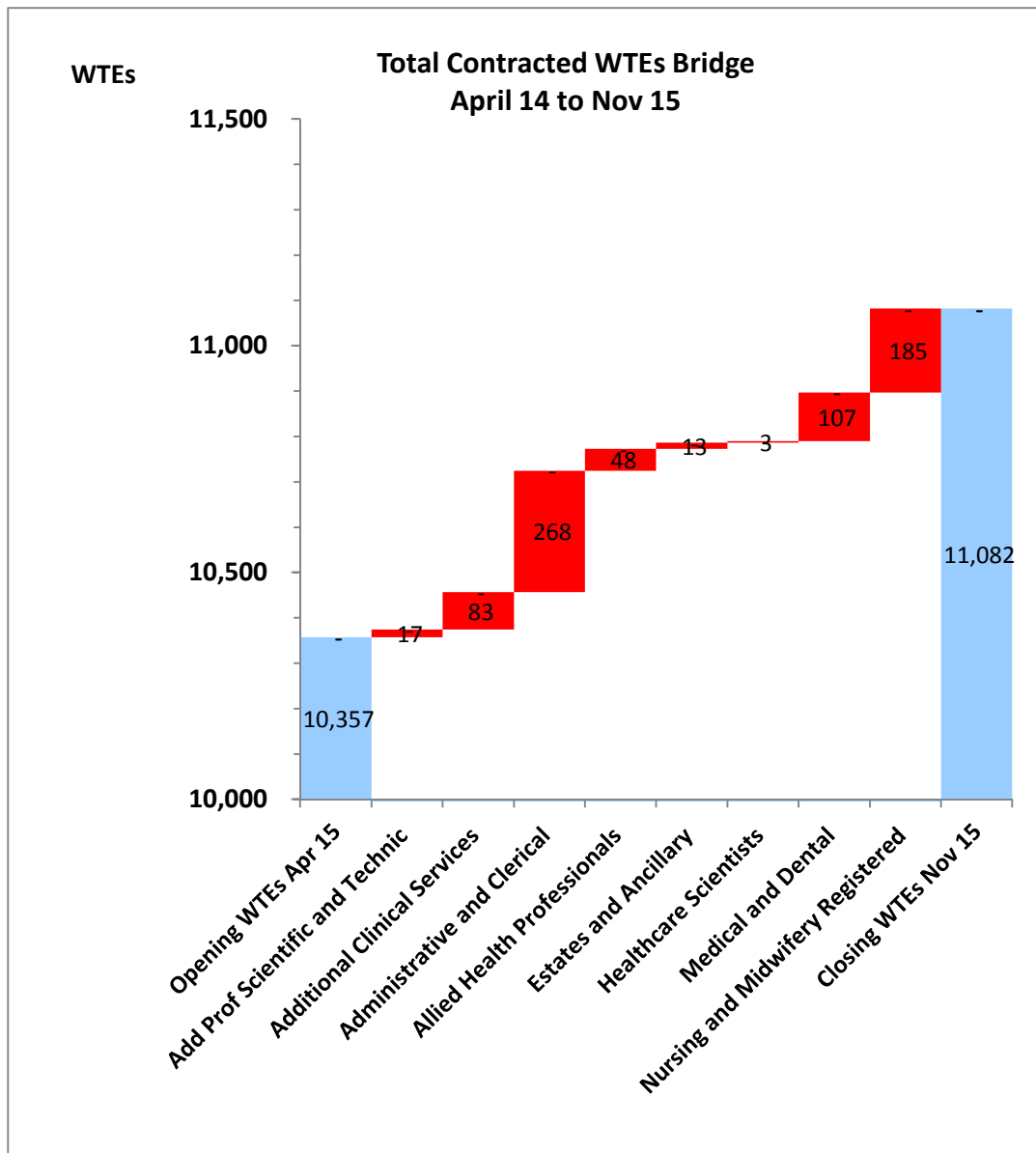
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Figure One: Staff Group Change Comparison (source ESR)



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Figure Two Staff Group Change Bridge (source ESR)



3.2 Figure Three below is extract from the workforce plan submission to the TDA and shows how we are performing against our revised plan for this year. Our plan is below the budgeted establishment figure to reflect that we utilise vacancy monies to fund non contracted workforce which generally attracts higher costs per hour than substantive rates. This report shows that we are approximately on target in respect of our relative prediction of substantive staff in post (with the exception of nursing where we are 40 posts behind plan) but we continue to exceed our plan for non contracted workforce. A summary of the current vacancy position provides the explanation for this dependency. Figure Four shows that a number of areas are seeing an increase in staff turnover relative to the position in April 2014. This will need to be taken into consideration for the operational planning for workforce for 2016/17 particularly given our responsibilities to ensure safe staffing and agency controls. The skewed data for healthcare scientists is driven by a large number of retirements in the reporting period.

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Figure Three TDA Workforce Plan Submission (source Finance Ledger)

VARIANCE TO PLAN					
	Substantive Actual in Post WTE	Bank WTE	Agency WTE	Total WTEs WTE	
Registered Nursing	40.1 (less than planned)	-28.4	-18.9	-7.1	
Qualified Scientific Support to Clinical Staff	-1.8	-3.0	-15.1	-19.9	
NHS Infrastructure	0.1	-21.6	-8.8	-30.3	
Medical Staff	-20.6	0.0	-37.4	-58.0	
<b>TOTAL VARIANCE</b>	<b>4.4</b>	<b>-92.8 (more than planned)</b>	<b>-104.3 (more than planned)</b>	<b>-192.8</b>	
ACTUAL					
	Substantive Actual in Post WTE	Bank WTE	Agency WTE	Total WTEs WTE	
Registered Nursing	3,549.9	78.4	118.9	3,747.1	
Qualified Scientific Support to Clinical Staff	1,342.8	13.0	27.1	1,382.9	
NHS Infrastructure	2,097.4	138.9	43.1	2,279.4	
Medical Staff	2,382.9	45.6	17.8	2,446.3	
<b>TOTAL ACTUAL WTEs</b>	<b>11,081.6</b>	<b>275.8</b>	<b>298.3</b>	<b>11,655.8</b>	
REVISED NTDA PLAN					
	Substantive Actual in Post WTE	Bank WTE	Agency WTE	Total WTEs WTE	
Registered Nursing	3,590.0	50.0	100.0	3,740.0	
Qualified Scientific Support to Clinical Staff	1,341.0	10.0	12.0	1,363.0	
NHS Infrastructure	2,084.0	99.0	19.0	2,202.0	
Medical Staff	2,383.0	24.0	9.0	2,416.0	
<b>TOTAL PLAN</b>	<b>11,086.0</b>	<b>183.0</b>	<b>194.0</b>	<b>11,463.0</b>	
Nov-15					
	Substantive Actual in Post WTE	Budget establishment WTE	Planned per NTDA Plan WTE	Vacancy %age v's estab. v's NTDA Plan	
Registered Nursing	3,549.9	3,876.8	3,740.0	8.43%	5.08%
Qualified Scientific	1,342.8	1,424.9	1,363.0	5.76%	1.48%
Qualified Ambulance Support to Clinical Staff	0.0	0.0	0.0		
NHS Infrastructure	2,097.4	2,186.6	2,202.0	4.08%	4.75%
Medical Staff	2,406.9	2,533.4	2,416.0	4.99%	0.38%
Turnover factor	1,708.6	1,778.9	1,742.0	3.95%	1.92%
		100.00			
		-53.9	0.0	%	
<b>TOTAL</b>	<b>11,105.6</b>	<b>11,746.7</b>	<b>11,463.0</b>	<b>5.46%</b>	<b>3.12%</b>



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Figure Four Changing Turnover Levels (source ESR)

	Apr-14	Dec-15
Staff Group		
Add Prof Scientific and Technic	9.19	11.99
Additional Clinical Services	10.02	10.46
Administrative and Clerical	12.73	10.50
Allied Health Professionals	10.63	10.85
Estates and Ancillary	4.46	8.97
Healthcare Scientists	7.12	10.34
Medical and Dental	11.03	11.05
Nursing and Midwifery Registered	8.51	8.68
UHL	9.92	9.93

3.3 Plans are in place to create more robust vacancy reporting which will include an overview of recruitment strategies and RAG rating of risk. This is already in place for junior doctors. Nursing produce detailed vacancy reports and the workforce planning tool shows the plans to fill vacancies on an ongoing basis.

#### 4.0 **WORKFORCE PLANNING AND DEVELOPMENT**

4.1 Planning our future workforce is a complex process as we need to envisage and predict different models of care for the long term planning horizon (the next 3-10 years) and plan education and development interventions now to deliver these changes. This needs to occur in the context of managing current workforce pressures such as changes in the supply of workforce and changes in the relative dependency on a non contracted workforce. Appendix Two summarises our current challenges, how we are managing and governing these changes and some key outputs to date for each of the workstreams outlined in 3.1.

4.2 The Trust is currently reviewing first cut operational plans for 2016/17 which show how Clinical Management Groups are responding to these challenges. CMGs are describing their workforce demand and how they will meet this demand through recruitment and management of the non contracted workforce. The demand is being informed by CIP schemes, changes in workforce arising from business case and other investments/disinvestments. Work is underway to triangulate activity changes and finance to demonstrate that we are moving to greater levels of efficiency. Once the nursing acuity 6 month review is complete, the outcomes of this will be incorporated into workforce plans.

#### 4.3 **The Medical Workforce**

A detailed Medical Workforce Strategy is currently being implemented and the main areas of progress against this are detailed below. These highlights reflect our current short term plans to increase Trust Grade capacity and flexible deployment as we redefine, define and educate an alternative team around the patient.

##### 4.3.1 **Recruitment**

4.3.1.1 A focus on Trust Grade capacity increase, supported by international recruitment is addressing the dual objectives of the Workforce Plan to reduce dependency on the non contracted workforce and ensure safe staffing. It is proposed that rotational posts around clustered specialties are introduced widely across the Trust which will also improve turnover rates and increase retention onto national training programmes or the local CESR programmes.

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4.3.1.2 A Resourcing Board is being introduced into the Trust with the aim of developing an attraction strategy for attracting all workforce groups to UHL which will include more innovative approaches to social media and increased 'presence' in the recruitment market, particularly international markets.

4.3.1.3 The Trust is also reviewing the consultant appointment process. The introduction of values based questions 12 months ago has been well received and there is still an appetite to introduce assessment centres to the recruitment process. This will not only raise the professionalism of the selection process but also ensure greater opportunity to utilise outputs to enhance a development plan for doctors. Early discussions are taking place to enhance marketing of opportunities to potential consultants through showcasing the engagement and development activity at UHL and the opportunities potentially arising from the Reconfiguration Programme.

### 4.3.2 Retention

4.3.2.1 HEEM funds are supporting our investment in Trust Grade posts enabling clinical supervision, more robust education plans and increased opportunities for engagement which culminated in a Trust Grade Conference in October 2015. The outputs of this are being used to further enhance the induction programme.

### 4.3.3 Redesign

4.3.3.1 The Trust is currently engaging teams in how to construct different 'teams around the patient'. Work undertaken in Renal Respiratory and Cardiology has identified that there is scope to introduce new roles and a programme of functional mapping will be undertaken to identify what tasks need to be undertaken in what volume in order to design an appropriate workforce.

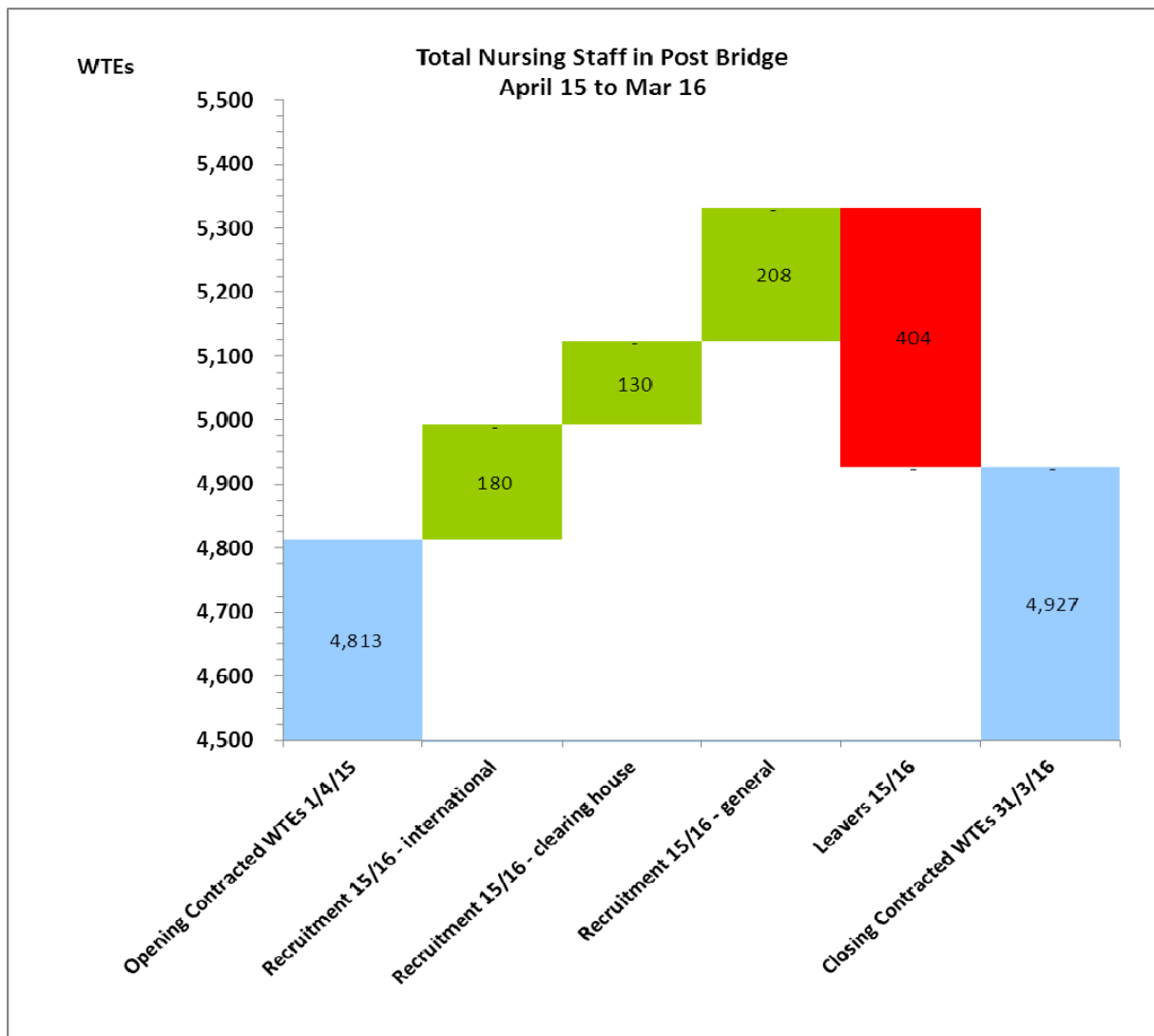
4.3.3.2 The Physician Associate (PA) National Expansion Programme has led to the appointment of five PAs for UHL supporting the gaps we have in orthopaedics, urology and renal.

## 4.4 The Nursing Workforce

The vacancy position for registered nurse and healthcare assistants continues to be closely monitored together with relative turnover trends. The turnover for International Nurses and Emergency Department Nurses has increased to 18%. As at November 2015, the current vacancy position is c10% of 402 whole time equivalents (wte), 297 wte registered nurses & 105 wte unqualified. Figure Five is a bridge from the starting position in April 2015 to the closing position in March 2016 and demonstrates the numbers to be recruited from three recruitment campaigns – international, clearing house and generic advertising. These numbers are offset against total turnover which is around 404 whole time equivalents.

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Figure Five : Nursing Bridge



### 4.4.1 Recruitment

4.4.1.1 International nurse recruitment has been very successful with 375 recruited since the start of international recruitment. UHL has lost 60 international nurses in total.

4.4.1.2 Recruitment from the Clearing House has been successful this year although this was impacted on by higher than expected attrition. Paediatric recruitment was particularly successful where nurses were recruited from outside of DMU. Paediatric recruitment continues to be a risk for the organisation and talks have commenced with DMU with regard to supporting two intakes to relieve the pressure from a single intake. This is subject to UHL being able to appropriately resource placement capacity. It is not yet clear what the implications of the Comprehensive Spending Review are for nursing 'commissions'. Once these are clear then UHL will develop its response to the changes.

4.4.1.3 In addition to risks within children's, other areas of significant risk remain medicine and theatres. Medicine, together with ED and Children's have developed local recruitment and retention premia. Within Medicine, the Trust has put in place a joint preceptorship scheme with the LPT to attract new qualified staff into developing skills across both care settings. Within theatres, plans are in place to develop the Operating Department Practitioner degree in order that this workforce forms the largest component of theatre staffing.

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4.4.1.4 Following the introduction of scrutiny in relation to use of non framework nursing agencies and a requirement to reach the agency cap level of 3% by April 2016, more emphasis is placed on recruitment of bank and substantive. The introduction of bank weekly pay and improved pay and conditions has led to a significant increase in the use of bank staff to fill non contracted workforce requirements. Figure Six below shows the increase in WTE bank usage through the current financial year:

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
Bank - Qualified nursing		51.2	48.1	45.0	53.2	37.2	35.2	78.8
Bank - Support to nursing staff		101.5	102.0	97.2	110.3	108.8	105.6	176.9

4.4.1.5 The Trust is embracing Revalidation and the Care Certificate as an opportunity develop first class education and support programmes to attract qualified and qualified staff to UHL. The Care Certificate has also provided the opportunity to raise the bar on selection standards for health care assistants which has resulted in better appointments and improved retention.

4.4.1.6 As part of the overall attraction and resourcing strategy, the Trust will be reviewing its approach to the recruitment of healthcare assistants including developing methodology to tap into new recruitment sources and increasing the number of intakes.

### 4.4.2 Retention

4.4.2.1 Nursing into Action teams have fully embraced the principles of Listening into Action to engage and motivate staff to develop local innovation to improve both patient and staff experience.

4.4.2.2 As a result of focus groups held on the National Staff Survey, a number of wards are implementing local recognition schemes as we know from our survey results that we are not where we would wish to be on measures that relate to valuing our staff.

### 4.4.3 Redesign

4.4.3.1 The two principle redesign initiatives in the nursing workforce are Advanced and Assistant Practitioners. An advanced practice unit has been developed (supported by HEEM). This unit has put in place robust governance arrangements for quality assuring the practices, academic levels and competencies of this workforce. There are 23 advanced practitioners participating in development programmes and the Trust intends to fill the new cohort for September 2016. These trainees will support the workforce plans for Clinical Management Groups who have been redesigning teams around the patient.

4.4.3.2 Assistant Practitioners are able to undertake a range of tasks traditionally undertaken by nurses but do not require registration. The approach replicates in the advanced model as it is a 'grow your own' model and emphasises learning in the workplace at QCF level 5. There are approximately 40 assistant practitioners participating in training programmes. UHL also is the preferred provider for LPTs assistant practitioner training which enables a level of consistency across the LLR community.

4.4.3.3 In addition to specified roles, there are other emergent roles such as Operating Department roles whereby qualified staff work on an in reach model to support patient flow between different parts of the hospital system.

### 4.5 Non Medical/Other Clinical Roles

This group embraces allied health professionals, pharmacists and health care scientists for whom there have traditionally been fewer risks to supply.

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### 4.5.1 Recruitment and Retention

4.5.1.1 Sonographers have always been a recruitment risk and the Trust has invested in international recruitment programmes to redress shortages in supply. In addition, the Trust has an internal development programme to 'grow our own' sonography workforce. This group of staff will be a pressure following the introduction of agency caps as we currently pay in excess of cap values.

4.5.1.2 Therapies and Imaging all experience high rates of turnover at band 5 level as staff traditionally work in Acute Trusts to broaden early postgraduate experience. As a result rolling bulk recruitment programmes have been implemented in order to improve the efficiency of managing individual recruitment activity and develop open day and assessment centre approaches to recruitment. In addition 15 radiographers have been recruited from Portugal and Italy to support changes arising from a number of reconfiguration moves.

4.5.1.3 A number of Occupational Therapy staff have been seconded to LPT to support the Integrated Care Service model of care which is a set up of virtual beds supported by a multidisciplinary team of therapists and nursing staff. This is designed to support patients who no longer require a community or acute bed. Physiotherapists have introduced a rotation into the community to provide support to this model.

4.5.1.4 In partnership with NHS England the Trust has appointed its own cohort of graduate trainee managers to support the significant transformation agenda in LLR. These graduates are undertaking a development programme which is designed to develop Leadership competencies for future organisational and system leadership.

### 4.5.2 Redesign

Through the redesign group some healthcare scientists and pharmacists are looking to develop clearer routes to bridge the gap between unqualified and qualified staff through advanced apprenticeship courses and locally designed training.

4.5.2.1 Through the New Roles Group, it has been identified that specific skills of allied health professionals and healthcare scientists can be utilised to undertake tasks traditionally undertaken by junior medical staff. This would include TTO's being prescribed by pharmacists and cardiac measurement procedures undertaken by healthcare scientists and reports in Imaging and some areas of physiological measurement.

## 4.6 Better Care Together

4.6.1 Since the Board Thinking Day in September 2015 when we reviewed the significant workforce challenge facing the LLR health and social care community (both in terms of reshaping the demand for workforce to reflect changing demographics and multimorbidity and issues in relation to supply), the Director of Workforce and OD has held a stakeholder event involving senior transformational leaders from both health and social care. At this event we reviewed our priorities in relation to:

- The required cultural and behavioural transformation of the workforce
- The required remodelling of the workforce
- The need for joined up approaches to workforce planning and development
- The need for integrated approaches to attraction, resourcing and development
- The need for integrated employment models which enable movement around the system.

4.6.2 Workstreams have been established to progress these priorities and will be managed through the LETC and Better Care Together Programme Board.

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- 4.6.3 This approach requires that workforce are alongside system wide managers and clinicians when new pathways of care are developed to ensure we develop appropriate workforce models which are designed around patient need and not professional groups.
- 4.6.4 As part of the planning the pre consultation business case for Better Care Together, UHL have started to scope the workforce impact in terms of numbers of moves and it is critical that this is underpinned by a robust change management approach.
- 4.6.5 The Out of Hospital Workstream is currently the only clinical workstream with a comprehensive project team for workforce. Workforce models for supporting this workstream have been described above and have now been implemented to provide additional virtual bed capacity to enable discharge from the acute hospital setting. An additional organisational development intervention has been put in place to review discharge practice to ensure that this resource is maximised.
- 4.6.5 Workforce have participated in all of the Better Care Together Star Chamber events in order to ascertain the demands from new models of care and develop the approach for remodelling the workforce. In the main this will be developed using functional mapping methodology which involves breaking down the tasks to be performed and then thinking about what skills and competencies will be required to perform those tasks.
- 4.6.6 In February 2016 a whole systems modelling approach will be launched which will pull activity data sets to review how the workforce needs to be organised around the health and social care system against four broad categories of staff – foundation through to specialised. This help stakeholder to visualise a different future workforce and remove some of the professional boundary issues.

### 4.7 Internal Reconfiguration

- 4.7.1 Each of the following internal reconfiguration programmes will be supported by a workforce workstream:
- Emergency Floor
  - ICU Reconfiguration
  - Planned Ambulatory Care Hub
  - Women's
  - Children's Hospital
- 4.7.2 The purpose of these workstreams is to develop comprehensive multidisciplinary workforce plans to support new models of care arising from reconfiguration. These plans will be managed through a programme management methodology to ensure that all aspects of workforce responsibility – OD and transformation, planning and development, education and training, recruitment and resourcing, HR systems and payroll, employee relations, occupational health and support - are integrated into the planning process. The UHL Way methodology covering engagement, development and improvement will be adopted to support this approach. Senior confirm and challenge will be introduced at breakpoints in the business case development programme to confirm and challenge proposed plans and ensure opportunities for quality and efficiency are maximised.

### 4.8 CIP and Paybill

- 4.8.1 Each of the Clinical Management Groups has developed a series of Cost Improvement Plans which are targeted at workforce efficiency. Many of these plans relate to theatre efficiency, bed reconfiguration and outpatient reconfiguration. In addition to these the Cross Cutting Workforce Workstream is designed to develop corporate interventions to support Clinical Management

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Groups in delivery of cost improvement measures. The three main workstreams are medical, nursing and premium spend. In addition this group will have oversight of the future operating models arising from 4.6 and 4.7 above.

4.8.1.1 In addition to the plans described in 4.4 above, the nursing workstream aims to deliver a number of specific efficiency programmes:

- A comprehensive review of clinical nurse specialists to ensure appropriate levels of income arise from services provided by such nurses.
- A review of shift patterns to ensure long days are implemented, where appropriate, as these deliver quantifiable efficiency. Such actions need to be balance against the attractiveness of flexibility as a recruitment and retention tool.
- Monitoring of Electronic Rostering to ensure most efficient deployment of workforce including monitoring of annual leave authorisations and additional shift usage.

4.8.2 In addition to the plans described in 4.3 above, the medical workstream will:

- Review Job Plans and match to activity profiling to ensure efficient usage
- Ensure appropriate governance of additional payments such as waiting list initiatives
- Review of Study Leave Policy and appropriate use of SPA time
- Review of adoption of electronic rostering solution

4.8.3 The premium spend workstream has supported:

- Development of comprehensive premium pay reduction plans with actions clearly aligned to cost savings targets
- Development of the Trust response to agency pay capping and adoption of the national Agency Spend Toolkit
- Utilisation the workforce planning tool to predict when recruitment levels will enable significant reductions in premium expenditure. Utilise the outputs of this tool to develop the workforce elements of financial forecasts
- Develop comprehensive plans to increase bank staff including utilising incentives such as revalidation opportunities and weekly pay.

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### **4.9 New Roles**

- 4.9.1 All of the above sections have made reference to the implementation of new roles which, by their nature, need to reflect multidisciplinary approaches. The New Roles Steering Group, chaired by the Chief Nurse, is responsible for promoting methods for designing the workforce in different ways and communicating the policies and processes described above.
- 4.9.2 Wherever possible roles are being designed in partnership with Leicestershire Partnership Trust and their educational teams in order to ensure consistency and efficiency in development. The most significant challenge to the New Roles Steering Group is to articulate the differences between each level in terms of educational requirements, levels of responsibility and autonomy and responsibility for the patient.
- 4.9.3 The New Roles Steering Group has defined and approved generic job descriptions and the career framework which will allow staff to move to the specified levels i.e. student, foundation and fully competent Advanced Practitioners. Standard Operating Procedures have been developed which describe the governance for introducing roles, how staff will be invited to apply and principles for claw backs in the event of non completion or a voluntary move from the Trust.

### **5.0 HR and Workforce as Enablers**

- 5.1 In order to respond to the significant challenges to reduce pressure in the acute setting and support front line staff in resourcing, developing and engaging workforce, the wider HR team has recognised the need to reform the way in which it operates.
- 5.2 The wider HR family engagement in UHL's reconfiguration programme and introduction of the UHL Way exemplifies this. In addition workshops have been held on:
- Developing an integrated Trust wide Resourcing and Attraction Strategy
  - Review of Recruitment practices and processes designed to significantly reduce the time to hire and supported by a set of robust and transparent KPIs
  - Review of opportunities for introducing e HR including reduction in paper based systems and more ready access to HR information and support for front line staff. Using enabling technology to support staff through the whole employment cycle including recruitment, on boarding, education and development and appraisal through to exiting the organisation.

### **6.0 NEXT STEPS**

- 6.1 Each of the groups described in this paper will continue to deliver the objectives described.
- 6.2 The Trust Board will continue to be appraised of progress and risks
- 6.3 A Board Thinking Day will be held in February 2016 to review progress and refresh priorities

### **7.0 RECOMMENDATIONS**

- 6.1 The Trust Board is asked to:-
- Be assured of the actions being taken and outcomes to date
  - Identify further recommendations for action.





# Learning into Action Newsletter

## Our future depends on it

### Dear colleagues

December 2015

Welcome to our **Learning into Action** Christmas Edition, filled with updates on exciting initiatives led by our **HR and Learning & Organisational Development** colleagues.

First congratulations to the team on winning the **East Midlands Leadership Academy Award for 'Outstanding Collaborative Leadership'**. Also congratulations to **Damian Roland**, Consultant in Paediatric Emergency Medicine, who won the **'NHS Development Champion of the Year' Award**. A marvellous achievement and hopefully we will succeed at the national awards to be held in March.

This year's **Annual Leadership Conference** was a resounding success, attended by over 280 of our Leadership Community. We focused on **Better Care Together and The UHL Way**. The day included an inspiring talk on

new ways of thinking and behaviours by our guest speaker, Darrell Woodman.

It is great to update you on our **Accountability into Action Programme, Medical Leadership and Graduate Management Scheme**.

This issue includes articles on how we need your support by getting involved with the **'Get Into Hospital Services' Programme**. A joint partnership scheme working with **The Prince's Trust** supporting young adults over a 4 week programme.

Or perhaps you could offer an **Apprenticeship** in your work area. We need your help in providing placements for young apprentices.

**The Equality Team** have included a very informative article on **Specific Learning Differences** and the **Hidden Disabilities Questionnaire**.

**Well-Being@work** have some exciting **New Year! New Me!** programmes to help us work off some of the festive pounds!

Please read the **'Changes Ahead for 2016 Affecting You'** article relating to **Childcare, Appraisals, Expenses and Pensions** which will come into effect next year.

Finally, the **Flu Vaccination**—I have had mine, have you had yours?

*On behalf of the Trust Board, I would like to send season's greetings to you and your families and best wishes for a happy and prosperous 2016*

Best Wishes  
*John Adler*  
Chief Executive



## CONGRATULATIONS!

We are proud to share with you our great news about a prestigious award that our Learning and OD Team has won...



On the 3rd December at Salford Hall in Melton Mowbray, our Learning and Organisational Development Team and colleagues from OCB Media were the lucky winners of the **'East Midlands Leadership Academy Award for Outstanding Collaborative Leadership'**. As winners they have now been put forward for the National Leadership Academy Awards and hope to win at a national level.

This award was based upon their work alongside OCB Media to develop and improve the Statutory and Mandatory Training Performance across UHL and the impact this has had on patient and staff safety. In addition to the progress we have made with setting up the Health Education Learning Management System to support organisations both at a regional and national Level (public and private sector) with meeting Core Learning requirements.



We would also like to congratulate **Damian Roland, Consultant in Paediatric Emergency Medicine** who won the **'East Midlands Leadership Academy NHS Development Champion of the Year' Award**



**Better care together**  
Leicester, Leicestershire & Rutland health and social care

Listening into Action  
Leadership into Action



# Annual Leadership Conference



## The focus of this year's Conference was:

- \* Deepen your understanding of Better Care Together
- \* Understand key workforce issues
- \* Explore some of the 'secrets' of positive psychology, focusing on learning new habits of thinking and behaviour that will sustain transformational leadership 'brilliance'
- \* Be part of the development of the 'UHL Way'



From experience we know that brilliant leaders can be developed and our experience tells us it is not simply about models, processes or self-analysis. Leadership comes from deep within us, from an understanding of who we are, the choices we make and the impact we have on others.

The whirlwind of change in the last decade means that staff feel they have had change thrust upon them. Managers and teams are worn out by incessant initiatives and have had their enthusiasm eroded.



The 'Brilliant Leadership' session looked at the inevitability of change (i.e. it isn't suddenly going to go away) and the thinking and skills needed to create transformational leadership in a rapidly changing business world.

It was based upon cutting edge research to explore how we can be brilliant.

*"This conference has been the best to date. Great mix of topics. Positive thinking throughout the event."*



**Attended by 289 UHL Leaders**

- 96% said the conference met expectations
- 92% said the conference enhanced knowledge and skills



*"Wow! Lifted my horizons and engaged my brain! Brilliant"*

Darrell Woodman





UHL Trainers

A small group of us have now successfully completed our **Trainer Certification Programme** to deliver the Crucial Conversations Training. We have now commenced with providing **Crucial Conversations Sessions** internally.



Future Programme Dates:

Dates	Time	Venue
7 <sup>th</sup> & 8 <sup>th</sup> January 2016	0900-1700	LGH
25 <sup>th</sup> & 28 <sup>th</sup> January 2016	0900-1700	LGH
3 <sup>rd</sup> & 4 <sup>th</sup> March 2016	0900-1700	LRI



**Influencer Training**

provides skills to:

- Identify the high-leverage behaviours you should focus on
- Diagnose the real causes behind behaviour problems
- Effectively motivate and enable others—regardless of formal authority

- Create behaviour-change strategies that yield rapid, lasting results

**INFLUENCER - The New Science of Leading Change** will continue to be held on a monthly basis. We have successfully completed delivery of five Programmes.

Future Programme Dates:

Dates	Time	Venue
18 <sup>th</sup> & 19 <sup>th</sup> January 2016	0900-1700	LGH
23 <sup>rd</sup> & 24 <sup>th</sup> February 2016	0900-1700	LGH
14 <sup>th</sup> & 15 <sup>th</sup> March 2016	0900-1700	LGH



During November those who completed **Crucial Conversations** were given the opportunity to attend the **Crucial Accountability Programme** which will provide delegates with the tools and expertise to resolve Violated Expectations, Broken Commitments and Bad Behaviour

- The course takes a step-by-step process for enhancing accountability, improving performance, and ensuring execution.
- By learning how to talk about violated expectations in a way that solves problems while improving relationships, you'll improve individual, team, and organisational effectiveness.



For more information and to enrol onto any of these programmes contact: [lauren.j.copland@uhl-tr.nhs.uk](mailto:lauren.j.copland@uhl-tr.nhs.uk)



Crucial Accountability

## MEDICAL LEADERSHIP DEVELOPMENT PROGRAMME



We are pleased to announce that we are now in a position to offer you the opportunity to attend the next cohort of the 'Medical Leadership Development Programme'.

This programme is designed for Consultant colleagues who are looking to extend their leadership skills. The workshops will be run by Nick Dingley, Momentum Consultants Incorporated. Nick has over 18 years' experience within this field, in both private and public sector organisations.

We only have 12 places available for this programme, should you wish to be considered contact:

Lauren Copland [lauren.j.copland@uhl-tr.nhs.uk](mailto:lauren.j.copland@uhl-tr.nhs.uk)

by 1<sup>st</sup> February 2016

Attendance is required for all three dates

If you would like any further information contact:

[helen.mancini@uhl-tr.nhs.uk](mailto:helen.mancini@uhl-tr.nhs.uk)

Dates	Time	Venue
5th April 2016	0900-1700	LRI
6th April 2016	0900-1700	LGH
28th June 2016	0900-1700	LGH



## GRADUATE MANAGEMENT TRAINING SCHEME

Update

In September 2015 the very first **Graduate Management Training Scheme** at UHL began with a cohort of nine trainees starting in roles across UHL on a scheme jointly run in partnership with NHS England. The aim of the scheme is to develop future leaders for the Trust including potential heads of service and operations. Learning and Organisational Development (L&OD) staff have been managing and delivering the **Graduate Development Programme** element of the scheme aimed at maximising the development and potential of the nine graduates over a 20 month period.

The key elements of the **Graduate Development Programme** include:

- Induction into the Trust and NHS England
- On the job work projects and activities
- Knowing Your Business Modules – including strategy, performance, quality, procurement, cost improvement and finance
- Post Grad Certificate Programme – in Leadership for Health and Social Care
- Buddying, shadowing and mentoring activities to support personal development, competency development and the acquisition of core skills and knowledge
- Action Learning Sets (ALS) – running within the programme with facilitated support so that live trust issues/problems can be worked on

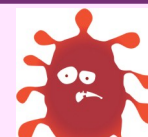
As well as providing support for all the activities above, Learning and Organisational Development will also be supporting the following in 2016:

- 360 feedback and personal development planning
- An interim review and learning event half-way through the programme
- HR & L&OD Knowing Your Business Module
- Ongoing development support for line manager and trainees
- Mentoring activities



## Flu Vaccinations are here!

The flu vaccine is available to all staff



The flu campaign is well underway and 37% of our staff were vaccinated during October. There is plenty of vaccine available and it is not too late to have your jab.

Further information about the vaccine is available on Insite:

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



# Get into Hospital Services



## The Prince's Trust in Partnership with University Hospitals of Leicester



University Hospitals of Leicester (UHL) working in conjunction with The Prince's Trust aim to deliver a 'Get into Hospital Services' scheme. The purpose of the scheme is to provide a 4 week work based training and classroom learning programme within a hospital administration and customer service environment.



Prince's Trust Volunteers

### Who is this scheme for?

The scheme is aimed at unemployed 16-25 year olds who are not in any education or training or for less than 12 hours a week, not in employment or in employment less than 16 hours a week. They will be motivated, reliable and have a desire to work in the health sector. The Prince's Trust focuses their efforts on four key groups who need help the most: unemployed young people, educational underachievers, care leavers and young offenders/ex-offenders.

### What does the scheme involve?

During the scheme these young people will undertake Trust training, employability skills sessions, role related training and practical experience. We are looking for placements and buddies within customer services and business functions at UHL.

### When does the scheme start?

The next programme starts February 2016 with further programmes running later in the year so if you can offer a placement please get in touch.

*We are looking for buddies for the duration of their work placements. We need placements in clerical, business administration or customer service type roles*

## Could you provide a place?

### Be part of this very rewarding programme

To discuss further please contact:

**Liz Allison, Training and Development Manager,**

Tel 0116 258 7520, email: [elizabeth.allison@uhl-tr.nhs.uk](mailto:elizabeth.allison@uhl-tr.nhs.uk) or

**Lauren Bettany, Admin Support**, Tel 0116 258 6112

email [Lauren.Bettany@uhl-tr.nhs.uk](mailto:Lauren.Bettany@uhl-tr.nhs.uk)



Prince's Trust



# Supporting Staff with Specific Learning Differences

Specific Learning Differences (SpLDs) are a group of conditions which affect the way the brain processes information. One of the most common SpLDs is dyslexia which affects around 10% of the population. Some of the others include dyscalculia, dyspraxia and Asperger's syndrome.

Individuals with a SpLD do not lack ability; but neurological differences means they have a particular way of thinking, processing and learning. Individuals commonly

demonstrate strengths in lateral, creative and visual thought processes, often being innovative thinkers, excellent trouble shooters and intuitive problem solvers.

Our educational and work systems however may need to be adjusted to accommodate these differences.

SpLD is often a hidden disability and individuals develop strategies to deal with their difficulties. They may not realise they have a SpLD and it may only become evident due to job or organisational changes or when undertaking additional study, an exam or formal as-



essment where their strategies are no longer sufficient. The areas that individuals may have difficulty with are unique to each individual.

They include difficulties with:

- Numeracy and literacy
- Co-ordination
- Memory and organisation
- I.T. skills
- Language and communication
- Ability to work in a team

No one individual is likely to experience difficulties in all of the potential areas, and recognition of their specific areas of need and how to support them will need to be personalised.

The Hidden Disability Questionnaire (HDQ) is designed to identify

barriers to learning and everyday tasks and whilst **not a diagnostic assessment**, can highlight the particular areas of difficulty associated with SpLD that an individual maybe having.

For confidential informal advice or information around managing SpLD, please contact: **Disability Advisory Service:**

[disability.advisor@uhl-tr.nhs.uk](mailto:disability.advisor@uhl-tr.nhs.uk)

or call (0116) 250 2959

Further information can also be found at: <http://insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/equality-act--protected-characteristics/disability/specific-learning-differences-splds->

**Coming Soon...**

**STAFF TRAINING to support patients who are deaf or have hearing loss**

Following the success of our visual awareness training this year, the Equality Team will be running some sessions looking at improving communication for patients with hearing loss / deafness.

This will include:

- New technology currently being trialled for BSL (British Sign Language)
- How to use Hearing loops and amplifiers to make communication easier
- What to do if you suspect a patient has hearing loss
- Patients sharing their experiences

**...Coming Soon**



**well-being@work**

be healthy, have fun

**Coming in the New Year:**

**New Year! New Me!**



12-week Slimming World Programme.

'Mind Training for a healthier lifestyle' – Hypnotherapy 3 week Programme to run across the three sites.



**New classes:**

Salsa dancing!

Karate!

Abs blast!



Full details will be provided in the Wellbeing Christmas Newsletter and [Wellbeing@uhl-tr.nhs.uk](mailto:Wellbeing@uhl-tr.nhs.uk)

*Welcome*



The Occupational Health Service is delighted to announce that we have appointed 2 new Consultants.



Dr Charles Goss, pictured, has successfully completed his SPR training in UHL and joined us as a Consultant from 1<sup>st</sup> November 2015.

Dr Jennifer Dodman joins us in January 2016 from the Pennine Acute Hospitals Trust.

**Statutory & Mandatory**

**TRAINING UHL**



**Excellence in Training  
Excellence in Care**



## Out with the old, in with the new!

### Information you need to know concerning changes planned for 2016



#### Tax Free Childcare Schemes — keep your right to choose!

From early 2017, the Government proposes new **Tax-free Childcare for Working Families** as an alternative for existing employer supported childcare voucher schemes such as **'UHL's Childcare Voucher Scheme'**.

Parents who are not already members of **'UHL's Childcare Voucher Scheme'** should not delay in signing up, to ensure they subsequently have the right to choose which scheme will best suit their ongoing needs.

Once the new **Tax-free Childcare for Working Families has been launched**, **'UHL's Childcare Voucher Scheme'** will no longer be available to **new** applicants.

Over the coming months, look out for a series of articles explaining how the new Scheme will work; the differences between the two Schemes and most importantly the action you need to take to ensure you don't miss important deadlines for securing the most cost efficient Scheme for you.

Keep your right to choose when the new scheme comes - if you would like to learn more about, or join **'UHL's Childcare Vouchers Scheme'**, visit:- [>>>InSite/ChildcareVouchers](http://>>>InSite/ChildcareVouchers)



#### Appraisal System Changes

As hopefully you are aware we are now operating a new appraisal process with supporting paperwork this year.

From 1<sup>st</sup> April 2016 all appraisals undertaken will result in an outcome which will impact the awarding of incremental pay progression if you are not at the top of your payscale.

For those not at the top of their grade your **appraisal must take place at least 3 months in advance of your increment date** (which can normally be found on your payslip in the middle at the top). Please note, historical dates showing on your payslip normally indicate you are at the top of your payscale already. Please ensure that you agree a date with your Appraiser that meets the three month rule, as otherwise this could delay any increment being awarded.

#### Recapping Reward for Achievement

**The awarding of pay progression (increment) is dependent upon a number of criteria** which will include:-

- Assessment of performance against Trust values and behaviours (including 360 feedback where appropriate)
  - Reviewing your performance based on current agreed objectives and determining your performance level against these objectives
  - Satisfactory completion of statutory and mandatory training
- No Formal Sanction under the Disciplinary and /or Capability Policies live in 12 month review period (Disciplinary and Capability sanctions issued prior to 01/08/15 will not count)

**ACTION FOR TODAY – Check you have your appraisal booked at least three months ahead of your incremental date if it's after 1<sup>st</sup> April 2016**



#### Introducing UHL's 'eExpenses' System

As part of our HR Systems and Payroll modernisation Strategy we are introducing **UHL's 'eExpenses' System** to replace existing paper **'PCF4'** Payroll Claim forms for Business Mileage and Expenses from January 2016.

**UHL's 'eExpenses' System** provides greater transparency and accuracy for everybody, it's easy to use for both employees making claims and those authorising them.

The system is fully interconnected with Electronic Staff Record (**'ESR'**) to ensure it uses the most up to date information and has a facility to monitor claim progression / status.

Look out for further details later in the year and what you will need to do. [>>>Visit InSite/eExpenses](http://>>>Visit InSite/eExpenses)

#### New State Pension being introduced April 2016

From April 2016 a new State Pension for those that reach State Pension Age on or after 6<sup>th</sup> April 2016 is being introduced by the Government

#### What will change?

The current State Pension is made up of two parts:

- the Basic State Pension
- the Additional State Pension, also known as the State Earnings Related Pension Scheme (**'SERPS'**)

The new State Pension will replace **both** the Basic State Pension and **'SERPS'**.

At the moment, members of the NHS Pension Schemes pay a slightly lower rate of National Insurance (**'NI'**) as they do not contribute towards, or receive the **'SERPS'** element of the current State Pension when they retire.

#### How will this affect me?

Starting April 2016, if you are a member of one of the NHS Pension Schemes, you will notice a slight increase in your **'NI'** contributions as **'SERPS'** will no longer exist.

Anybody not a member of the NHS Pension Schemes will not be affected.

#### Do I need to do anything?

No, this is all automatic.

[>>>For further information on the new State Pension visit Gov.uk](http://>>>For further information on the new State Pension visit Gov.uk)



#### Congratulations to our lucky winner!

The **'Salary Maxing'** Team is delighted to announce that the lucky winner of UHL's **'Salary Maxing' Car Scheme 'Win a Meal for Two'** competition is....

**Nicola Marriott, Deputy Team Leader for Theatres, LRI**

Nicola entered the competition by saving a new, no obligation quote for a brand new car through UHL's **'Salary Maxing' Car Scheme** during October.

For information on how to get your quote visit:-

[>>>InSite/SalaryMaxing](http://>>>InSite/SalaryMaxing)





## Do you have an Apprenticeship Opportunity? We are recruiting for March



**Apprenticeship Programmes offered at UHL** aim to provide the skills and knowledge required to become competent in supporting health professionals. An apprentice could work in various support roles alongside health professionals to provide patient care in a range of settings. The Apprenticeships are designed as a work-based Programmes and includes:

- ⇒ A Qualification Credit Framework (QCF) in your chosen area of work
- ⇒ A Technical Certificate (where applicable)
- ⇒ Employment Rights & Responsibilities workbook/qualification
- ⇒ A set of Functional Skills (Numeracy, Literacy)

When all are linked with a QCF Level 2 they create a Programme known as an Intermediate Apprenticeship, which is work related and equivalent to 5 GCSE's and takes 12 months to complete.

For further details regarding Apprenticeships within the UHL contact :  
Heather Parsons, Email: [heather.parsons@uhl-tr.nhs.uk](mailto:heather.parsons@uhl-tr.nhs.uk) Tel: 0116 258 2738

HEALTH

CUSTOMER  
SERVICE

IT

BUSINESS  
ADMINISTRATION



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

*From everyone in the HR & Learning and Organisational Teams thank you for supporting our programmes and interventions throughout 2015. We look forward to welcoming you at our future events in the new year.*

*We wish you all a  
Very Merry  
Christmas and  
Happy New Year*



## Appendix Two: Medical Staffing



## 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
- Agency caps and restrictions
- 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 and agency usage
- 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
- Improved bank fill rates and demonstrable reduction in agency expenditure

## 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

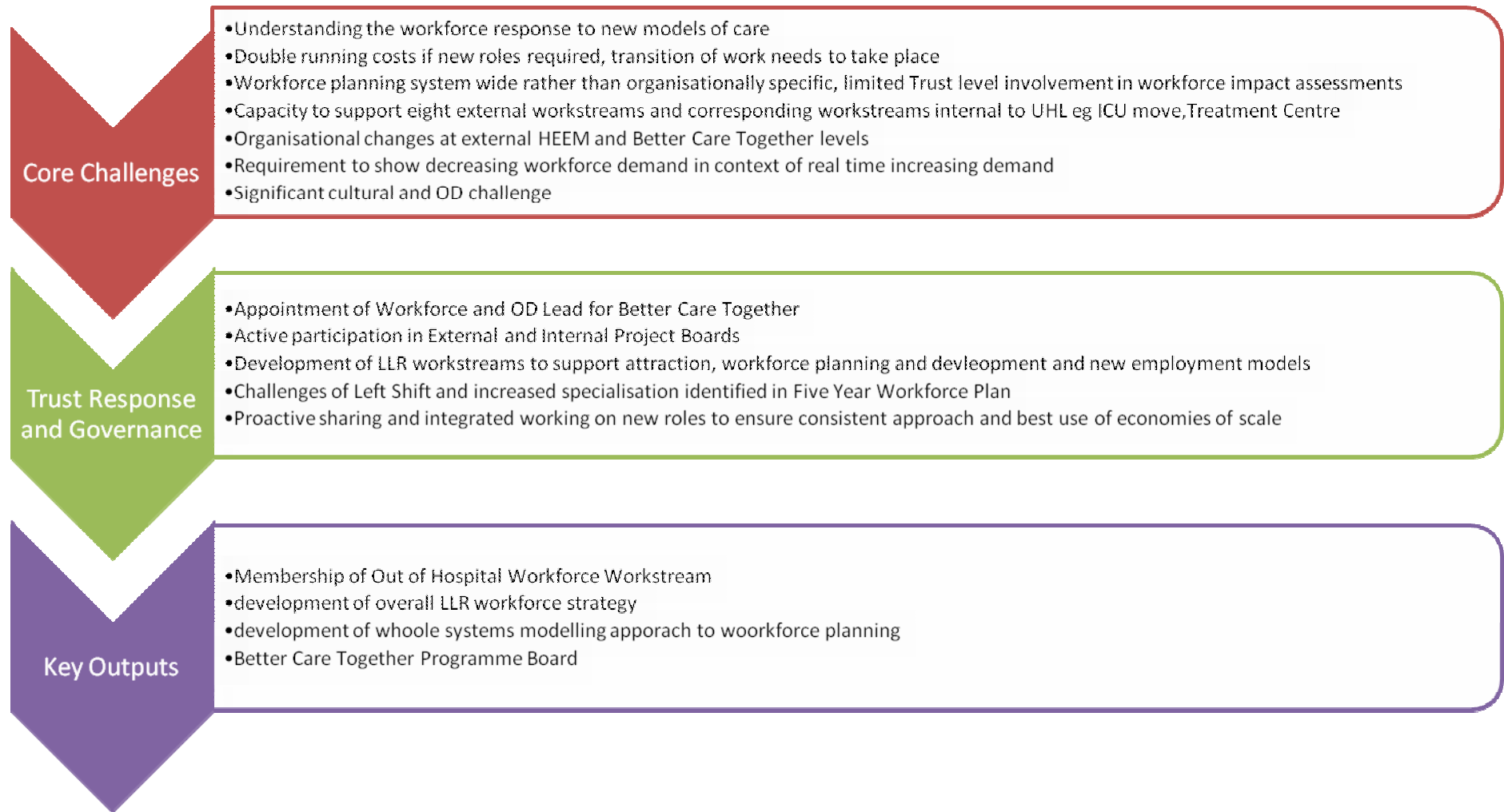
### Trust Response and Governance

- 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

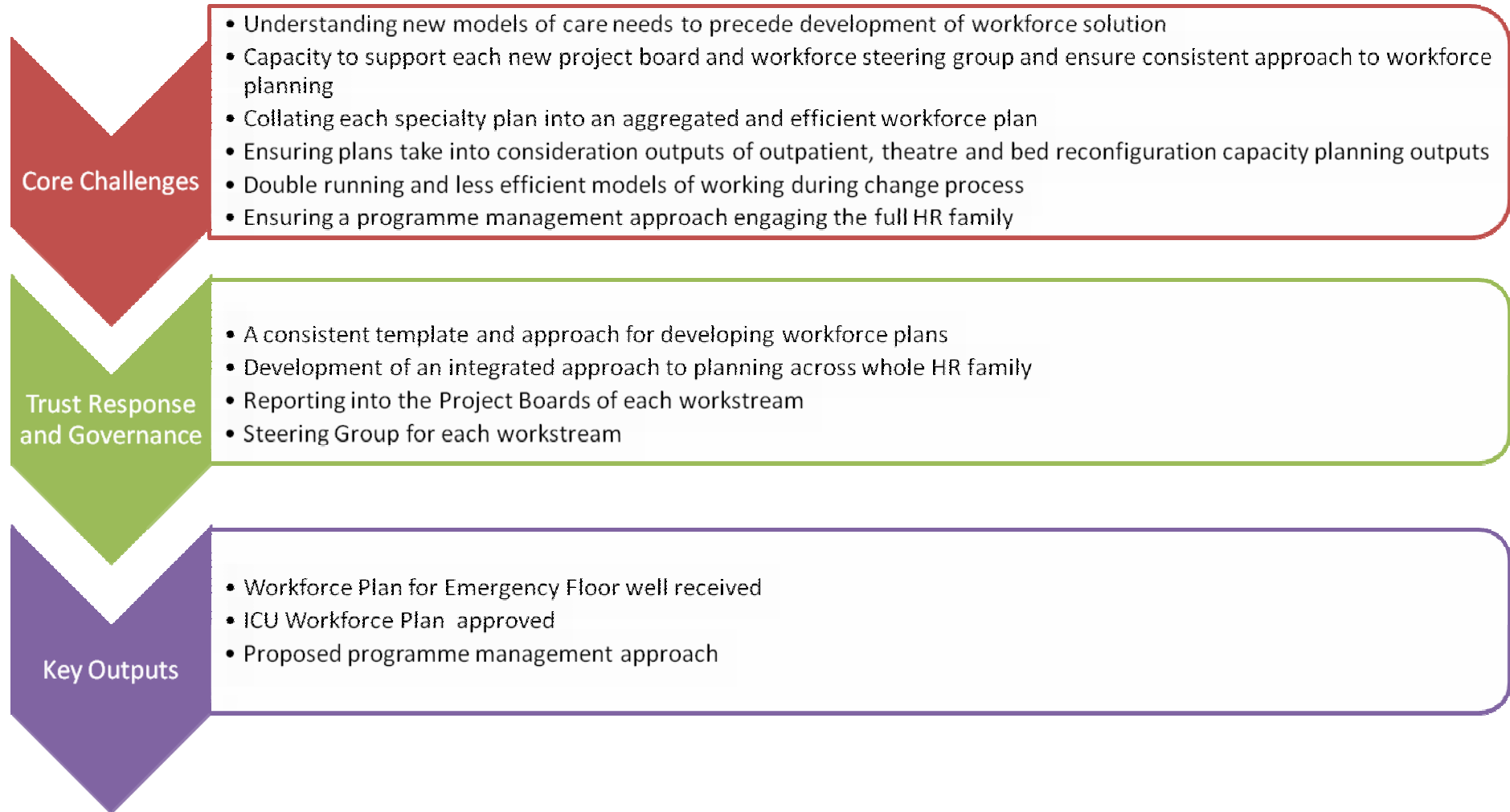
### Key Outputs

- 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
- Introduction of international recruitment for radiography posts
- Utilisation of therapy staff to support alternative solution to sonography gaps
- Increased working across organisational boundaries

## External Better Care Together



## Internal Reconfiguration



## 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
- Implementation of the National Physician Associate Expansion Programme locally

## 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
- Comprehensive Premium Spend Action Plans
- Recommendations re agency capping and governance infrastructure

### 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
- CNS and Job Planning opportunities identified
- Robust approach to filling of medical workforce gaps

