

Cover report to the Trust Board meeting to be held on 7 March 2019

Trust Board paper M

Report Title:	People, Process and Performance Committee – Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Hina Majeed – Corporate and Committee Services Officer

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson - PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	28 February 2019

Summary of key public matters considered by the Committee and any related decisions made:

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 28 February 2019:-

- **UHL People Strategy 2018-2023**

The report outlined UHL’s People Strategy 2018-2023 with the Nursing and Midwifery workforce plan and Medical workforce plan appended to this report. The People Strategy had been aligned with the Trust’s Quality Strategy and was designed to identify how the workforce and organisational development priorities would achieve ‘Becoming the Best’ as an enabler to achieving outstanding service in the context of the care provided. The Strategy clearly articulated the six priorities which completely aligned with a range of national, regional and local drivers including those specified in the Quality Strategy. Each priority had defined deliverables, success measures and indicators. An iterative five year strategic workforce plan for the Trust had been developed which set out the critical actions in the immediate, medium and long term which could be flexed and adapted but was underpinned by the core principles of matching demand and supply and transforming the workforce to meet the changing needs of patients. The specific actions planned for 2019-20, under each priority were detailed within the report, however, the Director of People and OD advised that the actions might change further to the Trust’s annual priorities being agreed in due course. The PPPC commended the style of this report, which they found very clear, positive and encouraging noting that team working was at the core of the strategy.

Responding to a query, the Director of People and OD advised that the NHS Ten Year Plan particularly considered the need to develop new and enhanced system-wide roles to address changes in technologies and service delivery to meet gaps in workforce supply. This was a priority for UHL and the Trust would be looking to develop new staff roles that could potentially provide a faster route to alleviating staffing issues and offer career development opportunities that could also help improve retention. Members were advised that the results of the staff survey formed a big part of the work being undertaken alongside the culture and leadership programme. In terms of marketing, a good recruitment campaign needed to be in place. Retraining the existing workforce, empowering managers and providing opportunities were key measures that needed to be put in place to retain staff.

The following suggestions were made:-

- (a) the Strategy provided more detail on the workforce plans for medical, nursing and midwifery staff groups. A further focus/reference should also be made to provide emphasis on other staff groups (i.e. AHPs, administrative/clerical/support staff) with plans in development;
- (b) an introductory focus on ‘How we are as an employer’ be included;
- (c) include an update on what actions the Trust was taking system-wide across LLR, and
- (d) in order to secure the workforce it needs, the Trust needed to consider further ways to attract new staff coming out of education and training.

Following a comment from the PPPC Chair, the Chief Executive and the Director of People and OD undertook to have a discussion outwith the meeting regarding how the strategy should be marketed across the Trust. The UHL People Strategy 2018-2023 is appended to this report.

- **E-Hospital 2019-20 Plan**

The Committee discussed the contents of this report, which provided an update on the E-Hospital programme for 2019-20, confirming the high level schemes listed. A brief update on the workstreams delivered in 2018-19 was

provided. Funding through NHS digital in the form of Health Service Led Innovation would support the procurement and implementation of the schemes in 2019-20. Additional UHL capital was required to invest in the infrastructure, software, development and implementation of these systems as per the 5-year capital programme. The most significant change was a proposal to procure the Nerve Centre EPR. Brief discussion took place on the completion of EPMA roll-out and integration with Optimed, plans in place to enable a paperless outpatient setting, digital dictation project and need for digital patient communication.

- **NHS Workforce Disability Equality Standard**

The Deputy Director of Learning and Organisational Development introduced the report, briefing members on the Workforce Disability Equality Standard (WDES) produced by NHS England which comprised of 10 evidence based metrics which would take effect from 1 April 2019. The implementation of the WDES would enable Trusts to better understand the experiences of their staff with disabilities. The use of the indicators required implementation from 1 August 2019. The Chief Executive would be launching UHL's first Staff Disability Network (UHL Differently Abled Voice Network) on 5 March 2019. Members noted the need for the Trust to particularly consider the development and training opportunities in order to address the national issue of staff with disabilities consistently reporting 'Less satisfaction with appraisal and career development opportunities'. Responding to a query, it was noted that clarity regarding the types of disability was awaited through the WDES Technical Guidance.

- **IR35 Off-Payroll Update**

This report updated the Committee on the position with IR35, providing the national context, detailing the current position and process and providing assurance against compliance with IR35 regulations. The Committee noted the position and assurance provided on IR35. In presenting this report, the contents of which were received and noted, the Deputy Director of HR noted that it had been proposed that PwC would be undertaking an internal audit of off-payroll processes in quarter 1 of 2019-20, which would provide an additional level of assurance. In discussion on the national shortage for Sonographers and non-availability of local courses, it was suggested that discussion be held with University of Leicester colleagues in respect of offering Sonographer training courses.

- **Urgent and Emergency Care Performance Report – Month 10**

The Chief Operating Officer presented the report which detailed the position within emergency and urgent care as at the end of January 2019. Progress against plan was being made. A key focus was currently on the Trust's ambulance handover performance. There has been a sustained reduction in non-admitted breaches. A number of changes had been put in place to improve 4-hour performance. A Standard Operating Procedure (SOP) encompassing arrangements in the Children's Hospital and Paediatric Emergency Department (ED), SOP for use of the Balmoral x-ray Bay for patients waiting for inpatients beds from the Emergency Floor and escalation plans for both ED and the whole hospital to generate flow and create capacity had been put in place. There had been improvement in Primary Care 4-hour performance in January 2019 and further improvement was being targeted. The Trust was compliant with 52+ week wait standard. The Chief Executive particularly highlighted that the Acute Medical Working Group had agreed changes to job plans from April 2019 to ensure AMU was exclusively staffed by acute medical doctors, this would be a significant change from the current rota which was staffed by multiple medical specialities. Members noted the key findings from the LLR Multi-Agency Admission Avoidance (MAAD) Days held from 29-31 January 2019. The Chief Operating Officer undertook to circulate a report detailing actions from the Task and Finish Group following the MAAD Days.

In conclusion, the PPC received and noted the contents of this report, acknowledging the significant volume of activity and the encouraging underlying continuing improvement in performance.

- **UHL Winter Plan 2018-19 Update**

The Director of Operational Improvement presented a report which described how the Trust was responding to increased surges and other service demands during the 2018-19 winter period. In comparison to 2017-18 winter period, the Trust had seen a reduction in cancellations of electives in 2018-19. The report also provided details of the activity planning/bed modelling for 2019-20. A winter debrief would be undertaken in April/May 2019 to ensure that changes were made over the summer months to put the Trust in an even better position for the 2019-20 winter period. Responding to a query, the Chief Operating Officer and Chief Nurse confirmed that all data over the winter elements would be triangulated to ensure that all actions that need to be continued and also key developments for 2019-20 were appropriately captured. Particular discussion took place regarding the children's hospital nurse staffing and members were advised that active recruitment continued and mitigations were being put in place in the meantime.

- **Cancer Performance – Month 10**

The Director of Operational Improvement presented a report detailing the latest (Month 10) position in terms of the Trust's cancer performance, noting that cancer performance had generally improved. A robust action plan owned by the Trust's Clinical Management Groups (CMGs) was in place and continued to support the

improvement of performance. Support was required from primary care to manage the growth in referrals. The 62 day performance was 82.3%, although the target was not achieved, it was the best performance achieved since 2017. In respect of patients waiting 104+ days, each patient was being managed by the CMGs to ensure that next steps were booked for these patients and a focused effort was being made to decrease this cohort of patients. The new faster diagnosis standard compliance had shown significant improvement across all tumour sites. The breast 2 week wait performance would see an improvement in January 2019 and recovery in February 2019. It was proposed, in discussion, that the Cancer performance report is scheduled, in future, within the Joint PPPC / QOC session given that the quarterly cancer performance reports in respect of 62 Day breach thematic findings and 104 day harm reviews were also being discussed at the joint session. In response to a suggestion from Ms K Jenkins, Non-Executive Director regarding the drivers behind the breast 2 week wait backlog and a graphical representation of the performance in future reports, the Director of Operational Improvement undertook to discuss this with Ms K Jenkins outwith the meeting.

- **Reports for Information**

- **Workforce and Organisational Development Data Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for January 2019, the contents of which were received and noted.

- **Minutes for information**

- Executive Performance Board Meeting of 29 January 2019, and
- Executive Workforce Board meeting of 22 January 2019.

- **Joint PPPC and QOC session:**

- **Quality and Performance Report – Month 10**

Joint paper 1 detailed performance against quality and performance indicators as at Month 10 (period ending January 2019), the contents of which were received and noted. Particular discussion took place regarding:

- (1) Diagnostic 6 week wait – standard achieved for 5 consecutive months;
- (2) 52 week breaches (there had been no such breaches for 7 consecutive months);
- (3) Referral to treatment – although performance was below national standard, the NHSI trajectory had been achieved;
- (4) Delayed transfers of care – remained within the tolerance;
- (5) 12 hour trolley wait – none;
- (6) Cancer 31 day treatment – achieved;
- (7) Annual Appraisal rate at 91.9% was a rising trend;
- (8) #NOF performance remained above target;
- (9) UHL ED 4-hour performance was 70.7% and LLR performance was 79.1%;
- (10) ambulance handover times had deteriorated – performance at 13%;
- (11) Single sex accommodation breaches – 9 reported in Discharge Lounge. The Chief Nurse advised that there was disparity between the national guidance and local Commissioners agreement regarding the guidance for same sex breaches relating to patients in the Discharge Lounge. Therefore, discussion was underway with Commissioners regarding this matter;
- (12) FFT performance achieved the Quality Commitment of 97%;
- (13) CDiff – year to date 52 cases against a threshold of 61;
- (14) Ward 33 – patients carrying Carbapenem-Resistant Organisms (CRO) were appropriately managed;
- (15) Falls per 1000 bed stays for patients >65 years – 7.0 against a threshold of 5.5, further work was being undertaken across the Trust to resolve issues, and
- (16) Mortality – the latest published SHMI (period July 2017 to June 2018) at 96 and “below expected”.

In discussion on the use of SPC Charts, the Chief Nurse and Director of Safety and Risk provided an explanation confirming how the mean was calculated and tracked on these Charts.

Mr M Caple, Patient Partner provided a brief update on the work undertaken by the Emergency and Specialist Medicine Patient Partner in respect of patient falls and other issues in the Emergency Department. In discussion on the need to ensure that feedback received from the Trust's Patient Partners was converted into action, the Chief Executive suggested that this be included within the triangulation work undertaken by the Chief Nurse which identified patient areas where quality and safety improvements were required.

Responding to a query regarding the 'red' RAG rating of the 'statutory and mandatory training' indicator and

the timescales for the target to be achieved, the Chief Executive advised that there were a combination of issues and a further discussion on this matter would take place at an Executive Planning meeting and an update would be provided to PPPC in due course.

Responding to another query, the Chief Operating Officer advised that the reasons for the increase in cancellations relating to the ENT clinic were multi-factorial and targeted work was being undertaken to reduce this. Members were also advised that the Outpatient Transformation Programme was being reviewed.

- **CMG Performance Review Slides**

A report detailing the latest summary and rating data from the CMG Performance Review Meetings (PRMs) was received and noted. The Chief Operating Officer commented that the PRMs were successful and improvement in CMG performance was starting to be observed. The Chief Operating Officer advised that the Leadership Programme had been launched and an initial update on the next level of the accountability framework would be provided to PPPC in March 2019 with a further update in April 2019.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. UHL People Strategy 2018-23

Items highlighted to the Trust Board for information:

1. None

Matters referred to other Committees:

None

Date of Next Meeting:

28 March 2019

UHL People Strategy 2018-2023

Author: Bina Kotecha Deputy Director of OD / Joanne Tyler-Fantom, Deputy Director of HR / Louise Gallagher, Workforce Development Manager
Sponsor: Hazel Wyton, Director of People and OD

Paper C

Executive Summary

Context

This People Strategy is designed to identify the how the workforce and organisational development priorities, aligned with the new Trust Quality Strategy will achieve 'Becoming the Best' as an enabler to achieving outstanding in the context of the care we provide.

In addition the People Strategy addresses the significant workforce challenges arising, not least from the NHS Ten Year Plan, specifically how we will:

- Draw and retain the highest quality staff from home and overseas
- Create the right leadership and culture to drive organisational change, improvement and innovation
- Create improvement skills at all levels to implement change and maximise learning
- Ensure UHL is an engaging and great place to work with Caring at its Best in our workplace.

Questions

1. How does the People Strategy align with the Quality Strategy?
2. Will the six priorities and the defined deliverables achieve the overarching objective of: *'We will have the right people with the right skills in the right numbers to deliver Caring at its Best for every patient, every time'*?
3. Are the specific actions planned for 2019-20 the right ones?

Conclusions

The final iteration of the People Strategy is attached and reflects Trust Board feedback during the December Thinking Day.

1. The **six priorities** completely align with a range of national, regional and local drivers including those specified in the Quality Strategy:
 - We will **understand** what is happening in our services, so that we know what needs to be improved
 - We will have clear **priorities and plans** for improvement, so that we are clear about what we are trying to do
 - We will develop our **culture and leadership**, so that everyone is empowered and encouraged to make improvements
 - We will adopt a single approach to improvement (our quality improvement **methodology**), and give people at all levels the **skills** to use it

- We will always involve our **patients** when we are making improvements that impact on them and their care
- We will integrate this work with the wider **health and social care system**, of which we are a part.

2. Within the People Strategy the defined deliverables under each priority are detailed as;

1. Develop and apply high quality workforce analytics to inform our People Strategy and workforce planning.
- 2a Design and develop a flexible, multi-skilled workforce operating effectively within the Trust and wider system.
- 2b Develop quality HR services which are streamlined, responsive and cost efficient.
- 3a Embed a healthy, diverse and inclusive workforce to better represent the communities we serve.
- 3b Develop the right behaviours to continuously improve quality.
- 4 Develop the right leadership skills, competencies and behaviours.
- 5 Specifically develop improvement skills.
- 6 Lead and contribute to LLR wide workforce groups.

3. The specific actions planned for 2019-20, under each priority are detailed within the blue boxes within the People Strategy and appendices.

Input Sought

We ask the Committee to give final approval for the People Strategy and accompanying appendices, specifically:

1. Approve the six core priorities
2. Approve the defined deliverables within each section
3. Approve the specific actions for 2019-20

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]
Related Patient and Public Involvement actions taken, or to be taken: [Integrated into relevant parts of strategy]	

Results of any Equality Impact Assessment, relating to this matter: [No detrimental impact]

3. Scheduled date for the next paper on this topic: [TBC]

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

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



University Hospitals
of Leicester
NHS Trust



'Quality through our People'

UHL People Strategy

2018 -2023

'Quality through our People'

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Introduction

Our patients are our highest priority at UHL and we are constantly striving to improve the care they receive, through looking at the ways we work, ensuring our staff are highly trained and encouraging research which allows us to offer our patients the latest technologies, techniques and medicines and attract and retain our enviable team of more than 15,500 highly skilled staff. Our staff are highly committed and caring and deliver a wide range of clinically excellent services.

Based in the heart of Leicester, we are one of the biggest and busiest teaching NHS Trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland and our specialist services serve another 2-3 million patients from areas across the rest of the country.

Our nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, ECMO, cancer and renal disorders reach a further two to three million patients from the rest of the country. We run three city hospitals, Glenfield, Leicester General and Leicester Royal Infirmary, which is home to our Children's Hospital.

Having a role in the development of the next generation of clinical staff is important to us so we work closely with partners at the University of Leicester and De Montfort University to provide world-class teaching to nurture and develop future doctors, nurses and other healthcare professionals, many of whom go on to spend their working lives with us.

We continue to work with many different organisations across the globe to push the boundaries of research and new surgical procedures for the benefit of our patients, with around 1,000 clinical trials taking place every year. We host an NIHR Biomedical Research Centre which supports key research into cardiovascular and respiratory disease, lifestyle and diabetes. We also host an NIHR Clinical Research Facility, which supports early phase clinical trials. Our Research Space has a new dedicated children's research facility catering for our youngest research participants.

We are extremely proud that we have an Experimental Cancer Medicine Centre, and our HOPE facility is an instrumental factor in delivering clinical trials of new cancer treatments, generously supported by the locally-based charity Hope Against Cancer.

We are helping to pave the way for a new era of personalised medicine for our patients by participating in the 100,000 Genomes Project. All of this means that thousands of our patients are amongst the first to be offered the latest medicines and treatments.

Our heart centre at Glenfield hospital continues to lead the way in developing new and innovative research and techniques and has become one of the world's busiest ECMO (extra corporeal membrane oxygenation) centres and the only hospital in the UK to provide ECMO therapy for both adults and children. Our vascular services are nationally renowned, with more patients surviving longer after following an aneurysm repair (to fix a life threatening bulge in a blood vessel).

Our purpose is to provide 'Caring at its Best' by living a set of values created by our staff that embody who we are and what we are here to do. They are:

- We focus on what matters most
- We treat others how we would like to be treated
- We are passionate and creative in our work
- We do what we say we are going to do
- We are one team and we are best when we work together

Our patients are at the heart of all we do and we believe that ‘Caring at its Best’ is not just about the treatments and services we provide, but about giving our patients the best possible experience. That is why we are proud to be part of the NHS and we are proud to be Leicester’s Hospitals.

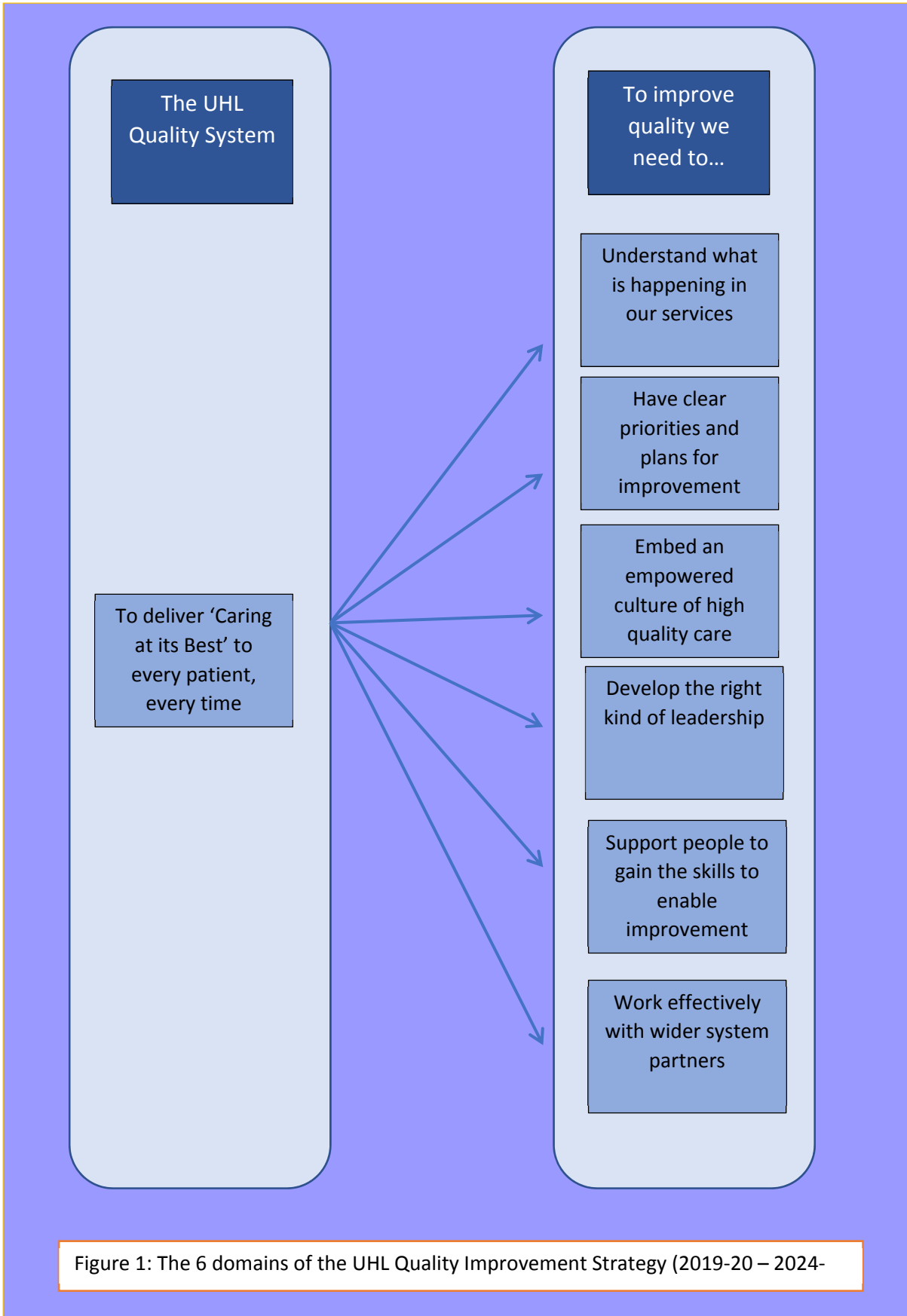
Over the next five years, the services we deliver as part of these networks and partnerships will need to adapt and transform in order to ensure high quality care is delivered to every patient, every time and that UHL and the wider system becomes clinically and financially sustainable. This means that our people, on whom we rely to provide high quality care regardless of which part of our health and care system they work in, may also need to adapt and transform the way in which they work and may also require enhanced or different skill sets to fulfil the requirements of our changing demographics.

Complementing the plans of our partners, our People Strategy will set out how we will develop our people to enable them to better address the unique health and care demands from the socio-economic and ethnically diverse populations across our local and wider catchment areas.

Over the last 5 years, (2015 onwards), our vision has been to deliver ‘Caring at its Best’. Whilst we have come quite some way in delivering this, we recognise that we are on a continuous journey of improvement; this is why we have developed the UHL Quality Strategy. This enables the Trust to define across 6 key domains what each of our key programmes of work will deliver and how we, as a Trust, will deliver our Trust vision of ‘Caring at its Best’ over the next 5 years.

The 6 core elements within the Quality Strategy (Fig. 1) provide the framework for the way in which we have structured our People Strategy to ensure a coherent work programme and to facilitate progress towards our ultimate goal – to deliver ‘Caring at its Best’ to every patient, every time.

This People Strategy will predominantly cover how we will ensure we have the right people with the right leadership capability, behaviours and skills to deliver Caring at its Best and how we will prioritise and address our critical workforce gaps. To address the latter of these, the People Strategy also encompasses our nursing and medical workforce plans (Appendices One and Two).



What is the vision of the People Strategy?

To deliver quality care through our people

As an employer of 15,500 people across multiple sites with ever increasing demand for our services, we need a people strategy which will create the right conditions to:

- Draw and retain the highest quality staff from home and overseas
- Create the right leadership and culture to drive organisational change, improvement and innovation
- Create improvement skills at all levels to implement change and maximise learning
- Ensure UHL is an engaging and great place to work with Caring at its Best in our workplace.

Our People Strategy is a key enabler of the Trust's Quality Strategy. The overall strategic aim of the People Strategy is to have the right people, in the right place at the right time and we can only achieve this aim by having a vision for a workplace culture which attracts and retains the best people who are excited and motivated to come to work; where the right teams, with the most well developed skills, come together in the right place and are led and empowered to be accountable for improving the care delivered to and developed in partnership with patients.

We recognise that the pressures of working in the NHS have intensified with increasing demand on our services arising from an ageing population and higher prevalence of long term conditions and where financial resources are constrained. All of these areas impact on our ability to attract, retain and engage our people. We must therefore value, look after and care for our people in equal measure to the focus we give to caring for our patients. As well as developing better ways to care for our staff, we must look at ways to sustain their commitment to improving the quality of care for our patients. We cannot, therefore, continue to work in traditional ways and in isolation from partners in health and social care and must look at ways of changing the way we deliver and manage care collaboratively across organisational boundaries. To address this we need to invest in the capability of our people to enhance both their professional and service improvement skills in order that we can continuously improve.

Our strategy will set out how we intend to ensure UHL has all the features of a great place to work:

- Leaders who set out a clear vision and clear expectations and display consistent behaviours such that teams are clear about the core purpose of the organisation and work in value streams to deliver objectives
- Leaders who identify and nurture talent, develop it and respect the contribution of diverse individuals at every level
- An organisation which truly reflects its local communities at all levels and uses its diversity and inclusivity to develop the best services for its patients
- A place where individual health and well-being is valued and people feel supported and cared for
- A real sense of belonging where people are welcomed into teams within and across departments and organisations who value contribution and celebrate success
- A place where people feel confident to raise concerns and question poor practice
- A place where people feel empowered to be creative and innovative and constantly suggest improvements and seek better ways of doing things in partnership with patients
- A place where we are looking to the future and thinking about how we structure our future workforce to take into consideration how models of care both internally and across the

system might change; how the skills needed may change; how teams intra and inter organisationally might work differently and how we can embrace technology to improve patient care and the working lives of our staff

- A place where our HR systems and policies are simple and easy to use and help our staff and managers in carrying out their everyday work of caring for patients.

These features are summarised in our driver diagram (Fig.2) which identifies the key programmes which will aim to deliver the right leadership, the right ways of improving staff wellbeing and inclusivity, the right culture, the right skills and the right future workforce model with appropriate HR systems and practices:



People Strategy

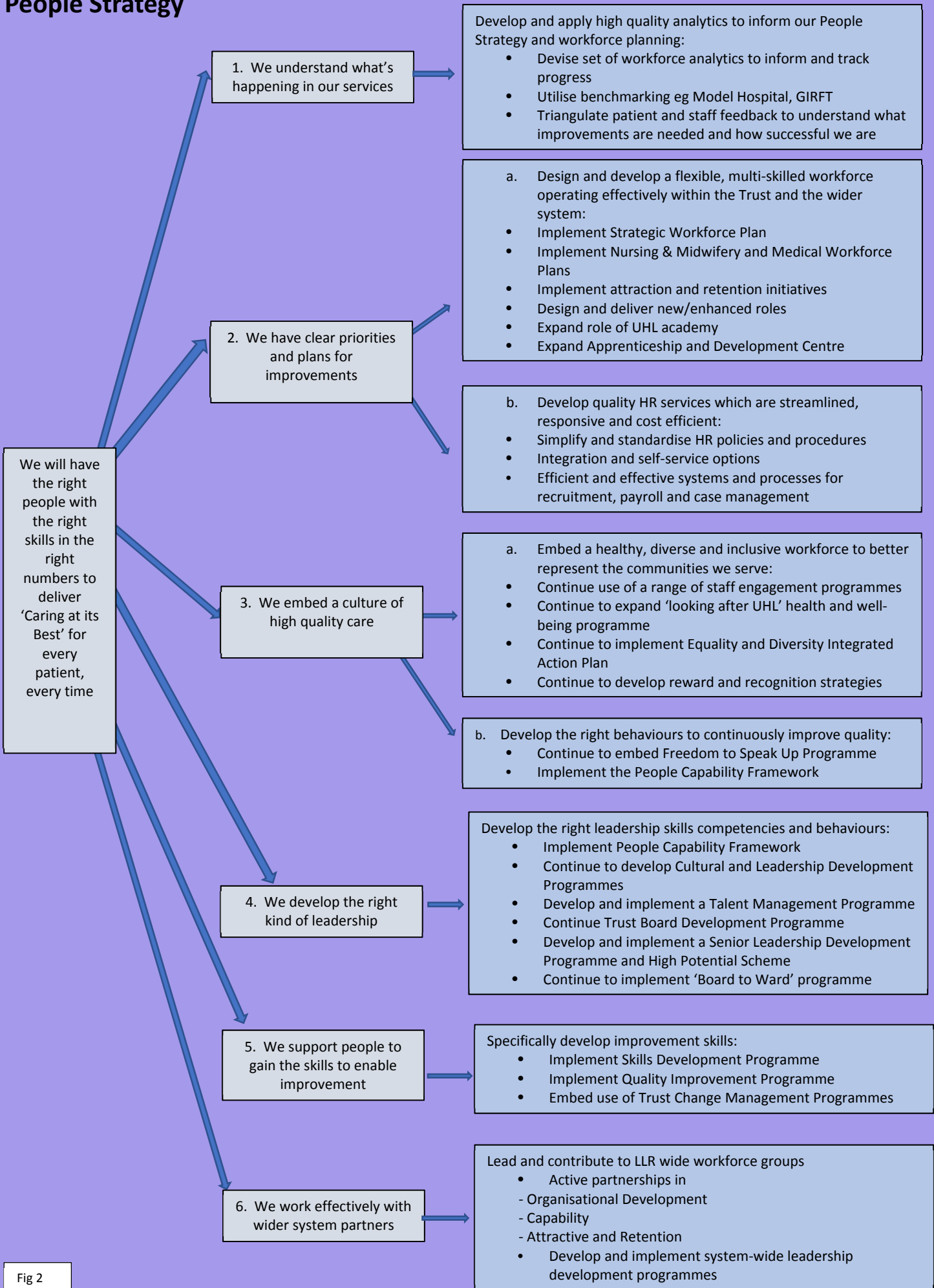


Fig 2

Context and drivers

National context

Demand and new models of care

The announcement that there would be a 10-year workforce strategy for health and care in the coming year has been welcomed albeit cautiously, given the current pressures in the NHS and the on-going evolution of new service models (which should partly determine the shape of the future workforce). Most parts of our local health and care system across LLR are currently engaged in re-thinking pathways of care to create a more integrated and joined-up system of care. This includes better preventive and supportive care in out-of-hospital settings, better links between mental health and physical health, better support to people living with multi-morbidity, support for the frail elderly population. Shaping the future workforce is therefore intrinsically hard as the models themselves are still evolving but clearly these system-level models have to be taken into account as we shape our own future workforce planning.

Our People Strategy must provide the ability for us to adapt as needed during a time of large-scale change throughout the NHS and the wider system of care. The 10 year plan specifies that there must be a supporting workforce plan to support significant changes in the delivery of care. A National Workforce Plan is in development and is supported by the new workforce governance policy framework – ‘Developing Workforce Safeguards’. Locally, we have developed an iterative five year strategic workforce plan for the Trust which sets out the critical actions in the immediate, medium and long term which can be flexed and adapted but is underpinned by the core principles of matching demand and supply and transforming our workforce to meet the changing needs of patients.

We will be affected by challenges including ‘Brexit’ and national shortages of certain registered occupations, in particular qualified nursing and specialist roles such as sonographers, diagnostic radiographers and scientific roles within cardiology services. How we recruit, retain and develop people will be a key determinant in our ability to provide the highest quality care. Although our aim is to develop multi-disciplinary teams to best meet the needs of the patient, our two largest workforce groups (medical and nursing staff) are facing critical shortages and needs for reform and therefore we have developed specific plans for these groups which form part of the appendices to this strategy. These form part of our suite of plans to support the delivery of this People Strategy and reflect how the actions in the driver diagram will impact on these staff groups.

Integration and reconfiguration of NHS services across the country are dramatically changing how patient care is delivered, and we need people who are supported, developed and empowered to provide this care. Opportunities exist to introduce new roles, look differently at how we staff departments, and use apprenticeship education programmes to attract new talent and develop our existing teams.

We also need to maximise the opportunities that increased digitalisation may afford us, helping to remove unnecessary processes that could be replaced by robotic technology and paperless environments, supporting us to work more effectively and efficiently with our partners in the LLR system. This will enable us to better the working lives of our staff, facilitating recruitment and reducing our dependency on non-contracted workforce.

Developing People: Improving Care framework

This is a national support framework developed by the National Improvement and Leadership Development Board, comprised of the NHS national bodies. It provides guidance and support, linking investment in people capability with the improvements in care quality outcomes. As such it provides support to enable us to achieve good levels of performance against the CQC well led standards.

The National Framework gives important context for the UHL People Strategy and we must position ourselves to take full advantage of the development opportunities it provides.

Agenda for Change

Agenda for Change is the national pay system for all NHS staff, with the exception of doctors, dentists and most senior managers. New terms and conditions of service were agreed in June 2018, with an implementation timeframe covering the next three years. In particular, this will impact the pay progression of staff and the overall affordability of our workforce, requiring effective workforce planning and robust appraisal processes and systems.

The Shape of Training

The way we train our medical staff is set to change. It is recognised that medical staff need more generalist skills to treat our most complex multi-morbid patients and therefore we must adapt and reshape our medical workforce to reflect these changes.

Regional context

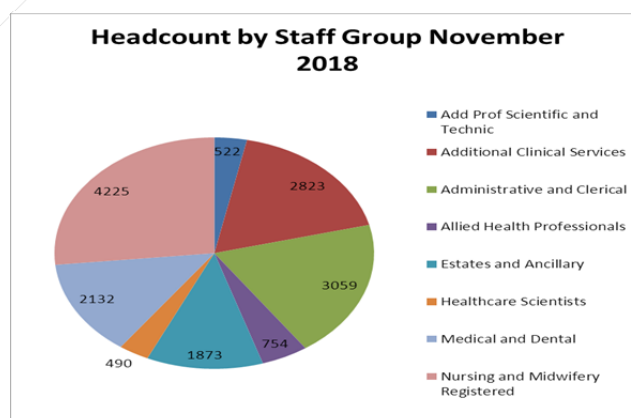
The Midlands & East regions are supporting a range of workforce development programmes and we will continue to work with Health Education England and East Midlands Leadership Academy colleagues as we develop our detailed plans. The development of plans for identifying and managing frailty is a critical priority and supports the reforms we are proposing for Urgent and Emergency Care and Community Services. Our region is leading nationally in the development of NHS talent management approaches, which provide opportunity for UHL to be an early adopter in this area.

We work with our partners in the LLR Sustainability and Transformation Partnership to deliver workforce and OD strategy and plans across Leicester, Leicestershire and Rutland. Our UHL strategy must align and complement the needs of the system, and we develop a combined approach through the Local Workforce Action Board (LWAB) in the following areas:

- Workforce planning- redesigning workforce around the patient
- Attraction, resourcing, retention and mobility
- Workforce capability, incorporating new role development
- Organisational and system development

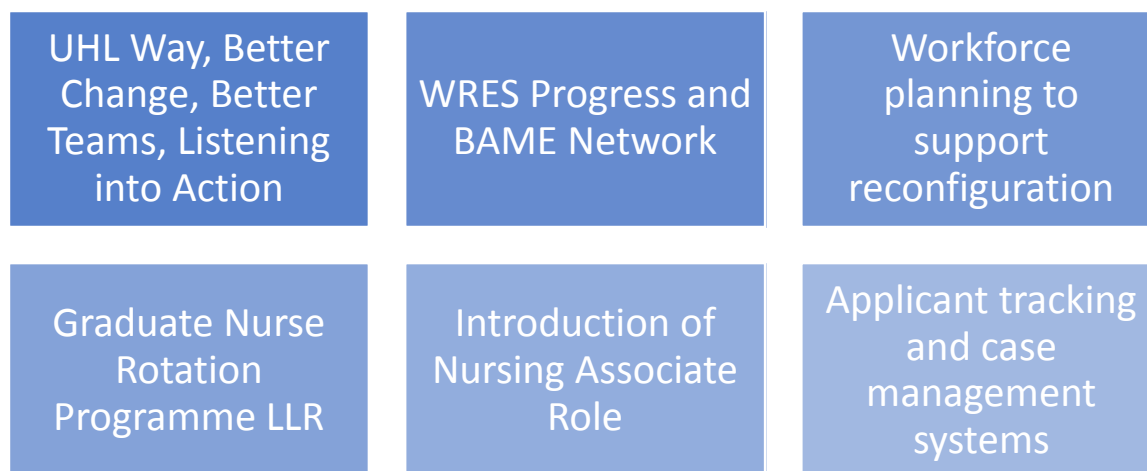
Local intelligence

We employ 15,500 staff across a range of staff groups as detailed below:



Analysis of our local data has driven the content of this strategy. Our staff have told us that we have delivered some successful initiatives but we also know that we need to improve against some key metrics particularly in relation to the extent to which we engage staff in improvement and innovation.

In the past few years, we have made progress and laid the foundation for improvement in some crucial areas. Our successful initiatives include delivery of:

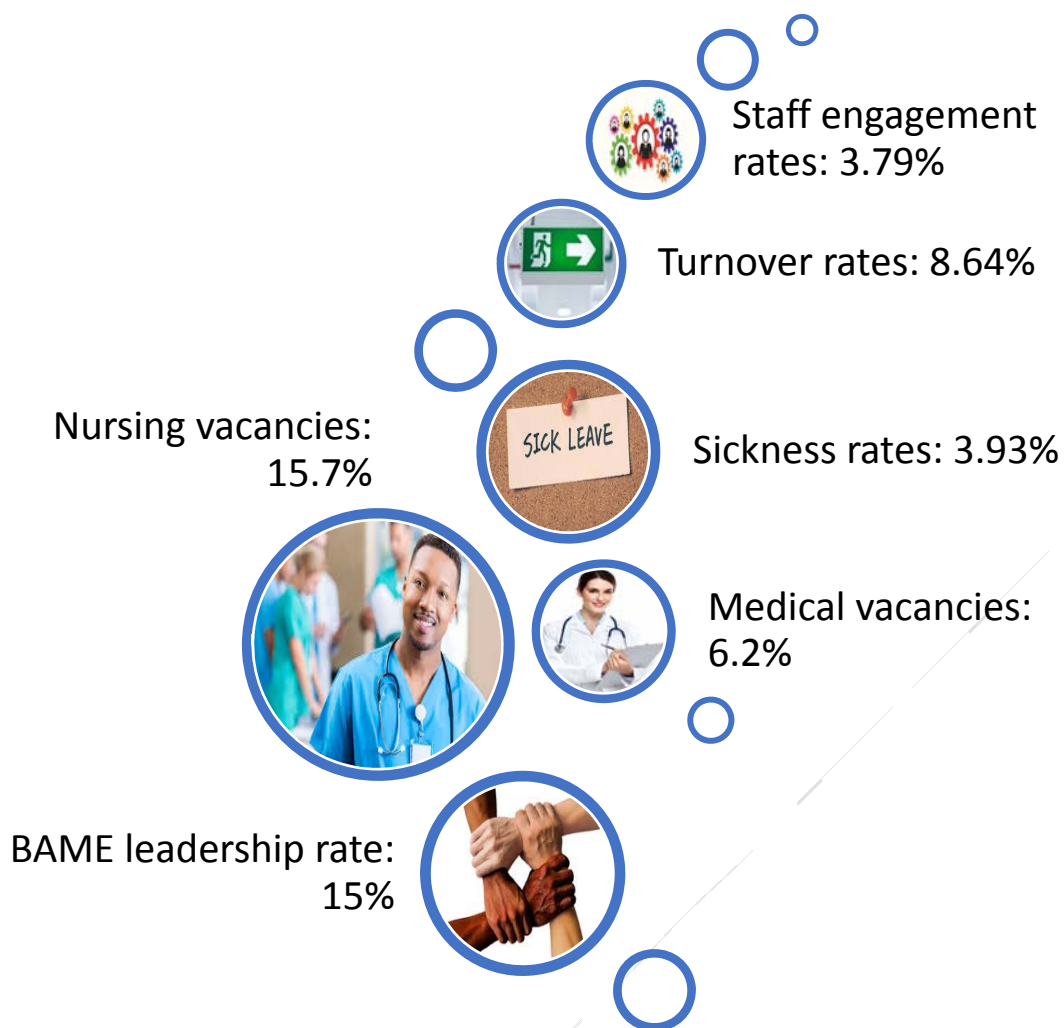


In addition to those above, we are proud to have successfully launched or completed these programmes of work:

- Embedded the role of **Freedom to Speak Up Guardian** and implemented an email inbox to raise concerns, we have developed a 5-step approach for managers to use in responding to concerns raised.
- Carried out a **gender pay gap analysis** and published the results in March 2018, and since developed an action plan to begin to close the gap.
- Redesigned our **recruitment website** and worked with partners in LLR to design a recruitment portal.
- Undertaken on-going overseas **registered nurse recruitment programme**, which expanded to India and the Philippines since 2016.
- Implemented a **UHL graduate management training scheme**, a second cohort commenced in October 2017.
- Put in place an **LLR practice placement strategy**, in partnership with Leicester Partnership NHS Trust, that has increased clinical placements across the health and social care system
- Introduced an **appraisal system** which aligns values and behaviours with objectives
- Successfully recruited **higher level apprenticeships** in health care sciences.
- Achieved our **agency expenditure** NHSI target reduction over the last 2 years.
- Introduced **Time to Change** champions and the **Cultural Ambassador** programme.
- Implemented the 2016 **Junior Doctor Contract** and **Guardian of Safe Working**.
- Achieved a 'Gold' award for work with **our Armed Forces** colleagues.

However despite the success of these programmes, we know we have a lot more to do. Within the Quality Strategy we have identified that although we will take forward the tools and techniques developed as part of the UHL Way, these will form part of a more explicit and rigorous approach to quality improvement. Equally a number of the successful programmes above have formed part of individual action plans and have not been part of an overall strategy framework.

In order to ensure we have real impact of a range of workforce measures, we will track progress on the baseline figures below together with related quality and performance measures.



This People Strategy along with our nursing and medical workforce plans aim to address these challenges.

For each priority in our People Strategy, as shown in our Driver Diagram, we describe why it is important, what our key deliverables will be, our success measures and indicators, and how it will be different when we are successful.

Our Six Priorities

1. We understand what's happening in our services

a. Develop and apply high quality workforce analytics to inform our People Strategy and workforce planning

Why is this important?

The need for expanded workforce reporting and analytical capabilities has likely never been as urgent. Workforce issues, such as recruiting, rewarding, and retaining talent across the NHS as a whole, are well-rehearsed and are only likely to be impacted further over the uncertainty faced across the wider health and care system in the coming years. We must be in a position where we are able to use robust workforce analytics to understand our challenges and how we can overcome them to deliver 'Caring at its Best' for every patient, every time.

Key deliverables

- The use of robust **workforce analytics and data** to inform our strategies, interventions and actions and to monitor our progress of delivery for continuous improvement.
 - Provide consistent and relevant reporting
 - Produce consistent reporting mechanisms that align workforce performance with other areas of Trust performance
 - Improve workforce intelligence
 - Ensure managers fully understand how to best utilise workforce information to mitigate risks, develop plans for change and enhance performance
 - Develop workforce information and analytics
 - Provide credible and insightful data by using tools such as benchmarking (Model Hospital) and audit to assess and enhance workforce performance

Success measures and indicators

We'll know we are successful if we:

- Further develop and automate our workforce analytic functions
- Are able to use the workforce metrics in tools, such as the Model Hospital & other benchmarking tools, to inform service planning across UHL and the wider system
- Achieve improved performance in workforce related, specific Model Hospital indicators.

How will it be different if we're successful?

Workforce analytics will be used systematically by leaders in the organisation to make informed decisions about where to focus their attention and/or where to make improvements.

What specific actions are planned for 2019-20?

- By April 2019 we will fully utilise BI reporting for existing reporting and by April 2020, we will include establishment information in ESR to enable improved workforce planning and prediction of future workforce.
- By September 2019 we will report areas of opportunity for improvement from Model Hospital and identify what actions will be taken to improve productivity.

2. We have clear priorities and plans for improvement

- a. *Design and develop a flexible, multi-skilled workforce operating effectively within the Trust and wider system.*

Why is this important?

To deliver quality care, we must transform our workforce to deliver new models of care and create an effective and affordable organisational structure that meets patient needs within UHL. This means having the right people in the right place at the right time, through attraction and retention initiatives that mean staff will want to work with us and stay. It means having the right learning approach to deliver the right education and development in the right environment so that we have a multi-skilled and flexible workforce to meet the needs of our services and our patients both now and in the future.

Key deliverables

Working with our partners, we will:

- Design, develop and embed specific elements of our **Strategic Workforce Plan** to effectively plan for the skills, roles and individuals that UHL needs now and for the future to meet the changing demands of our services within financial affordability. To do this, we will:
 - Implement the Medical and Nursing and Midwifery plans to deliver the right changes for our workforce and support the attraction, transformation, development and engagement priorities identified in the People Strategy. Ensure these plans are making changes to improve the levels of critical workforce gaps
 - Develop other staff group specific plans i.e. AHP's to support workforce needs.
 - Develop the skills of our teams and managers to redesign workforce and plan for future service models in partnership with our patients
 - Develop new and enhanced roles to address changes in technologies and service delivery to meet gaps in our workforce supply
 - We will utilise robust **Workforce planning** principles & practice in line with the national Developing Workforce Safeguards recommendations, to deliver high quality care through safe and effective staffing that is financially sustainable.
- Design and embed **attraction and retention initiatives** that promote the UHL brand to attract and retain people to work in the organisation and to reduce time to hire and vacancy rates.
 - Use values-based resourcing - commit to only those who match our values and retain talent by recognising and rewarding the behaviours we want to see
 - Recruit through new channels
 - Continue to develop innovative approaches to recruitment utilising social media both internally, nationally and internationally to ensure that opportunities are maximised to reduce our vacancy rates. Utilise our local education providers to promote working at UHL and the wider LLR community.
 - Market our research and innovative practice to attract new recruits from national and international pools particularly in hard to recruit areas
 - Develop on-boarding packages that are attractive and engaging for potential new recruits, including options for relocation and accommodation support.
 - Define career pathways

- Develop clear pathways and roles that are visible to staff and embedded into regular development processes to retain our staff.
- Design a **Multi Professional Education Strategy** supported by a UHL Academy and UHL Apprenticeship and Development Centre which align education to both organisational and individual requirements that is delivered in the most accessible, efficient and appropriate manner.

Success measures and indicators

We'll know we are successful if:

- We reduce vacancy rates in line with available workforce supply
- We successfully introduce new/enhanced roles including Nurse Associates and Physician Associates
- We increase the numbers of apprentices and those following apprenticeship development programmes
- We reduce turnover (retaining and developing staff internally) to 10% or below
- Staff indicate satisfaction with the quality of education and skills development
- Trainees report a positive training environment and experience
- We meet targets for statutory and mandatory training compliance to 95% or above
- We will decrease agency spend and meet our NHSI targets for the pay bill.

How will it be different if we're successful?

If we are successful, the shape of our workforce will be different with a greater variety of roles and career paths for staff, and a resource envelope that better matches both needs and affordability. UHL will be an attractive employer, with a reputation for developing and engaging its people and patients, rewarding positive behaviour and retaining talent. We will bring new people on board quickly, reducing the length of time that posts are vacant and therefore the pressure on those covering the gaps, thus further reinforcing workforce wellbeing and retention. We will be resourced to provide high quality care.

What specific actions are planned for 2019-20?

- By February 2019 we will complete the Strategic Workforce Plan aligned to the People Strategy and Nursing and Midwifery and Medical Workforce Plans
- By April 2019 we will have detailed workforce plans identified for EMCHC, ICU and elements of the Treatment Centre. These will detail the demand and capacity requirements based on clinical engagement and how the demand and supply gap will be met
- By April 2019 we will have scoping in place for the development of AHP, Estates and Facilities and Healthcare Science Workforce Plans which will describe how we will address the skills and capacity requirements of these workforces and how we integrate such roles into multidisciplinary teams
- By April 2020, we will have increased the number of Nursing Associates and Physician Associates in our workplace in clear roles funded from existing resources
- By April 2020, we will have scoped, developed and implemented further staff group and CMG specific recruitment initiatives including the development of an international recruitment hub, aligned to shortage areas and work force plans.

b. Develop quality HR services which are streamlined, responsive and cost efficient

Why is this important?

To deliver quality care our HR Services must showcase best practice in terms of innovation and efficiency. Our policies and practices need to be simple and easy to use by all staff and managers and support the organisation in carrying out its functions. Our recruitment and payroll functions should be slick and streamlined and be supported by a paperless environment where errors can be minimised.

Key Deliverables

We will focus on streamlining by:

- Reviewing all of our **policies and procedures** to ensure they are legally compliant and support agile processes, cutting out unnecessary steps and ensuring they are simple and easy to use. We will do this by further developing our **Case Management function** which supports managers to line manage staff consistently, fairly and effectively.
- Define and consider options to increase capacity, and customer service with a specific focus on systems and processes for **efficient and effective, recruitment, payroll and case management**. Design and delivery of an over-arching work programme for modernisation **which includes self-service systems and paperless processes**.
- Reviewing our processes and practices within recruitment and payroll to ensure we are operating in an efficient manner where errors are minimised.
- Enhance and streamline processes for recruitment to bring the right people in, at the right time, in a cost-effective manner to reduce our time to hire.
- Review all aspects of the recruitment process through the candidate perspective to enhance the experience of joining UHL from vacancy to commencement, including induction.

Success Measures and Indicators

We'll know we are successful if we:

- Determine success measures for case work activity, achieving a reduction in case management handling time.
- Improve and stream line processes relating to recruitment, ESR and payroll services, undertaking service redesign and transformation, moving to paperless systems and improved customer service.
- Develop specific attraction and retention initiatives to target key workforce shortage areas.
- Reduce recruitment time to hire to 60 days for non-medical staff and 118 days for medical staff by April 2020.

How will it be different if we are successful?

If we are successful we will have a suite of policies which contain the optimum number of steps to be successful. The policies will be short and succinct and managers will be able to adhere to them with minimum support and guidance. The reputations of recruitment services and pay services will improve and the numbers of complaints minimised.

What specific actions are planned for 2019-20?

- By April 2020 all of our policies and procedures will be revised to ensure they are streamlined and minimise the number of steps in each of our processes to enable managers to work efficiently

- By April 2019 we will have scoped a delivery plan for service improvement to support recruitment, payroll and case management. We will implement ESR self-service and paperless payroll forms to deliver more efficient workforce practice and reduce processing errors by April 2020.

3. We embed a culture of high quality care

a Embed a healthy, diverse and inclusive workforce to better represent the communities we serve

Why is this important?

We need to ensure our workforce is diverse and inclusive to bring the voices of patients and communities into the design of high-quality care, understanding that a range of perspectives and ideas are needed to innovate and improve services. We aim to have a highly engaged and cared for workforce, performing at their best for the communities we serve. We recognise the increasing challenges for our workforce, as a result of more complex conditions, increased acuity and demand so we must ensure that they are supported in their health and well-being. We want to see staff-led culture change – to encourage staff to lead and champion new behaviour, appreciating the talents of our diverse workforce.

Key deliverables

Building on our existing work, we will:

- Create engaging environments, through the use of a **staff engagement programme**, to maintain a structured approach to engagement at a Trust-wide, team and individual level. This engagement programme will review how we improve the involvement and engagement of our patient partners.
- Improve employee sense of well-being through the development and implementation of **'Looking after UHL' our Health and Well-being Plan**. This will incorporate our commitment to 'Time to Change' and 'Dying to Work' Charters.
- Increase staff involvement and inclusivity, through implementation of the **Equality and Diversity Integrated Action Plan** and networks, strengthen staff voice, its influence and diversity across the Trust, so that people feel involved, empowered, able to promote and drive fair and equitable practices.
- Develop a **Reward & Recognition Plan** to recognise and celebrate, on an equitable basis, contribution and achievement across our organisation to create an environment where all people feel acknowledged and valued.

Success measures and indicators

We'll know we are successful if:

- Our staff survey results show improved engagement and health and well-being metrics.
- We see a reduction in sickness absence towards our 3% target.
- Improve our WRES indicator performance measures, against the nine factors.
- A reduction in our gender pay gap, in the upper quartile by 10% over 3 years.
- We improve the diversity of our organisation, particularly in leadership roles to achieve our target of 21.4% by 2023.
- We can evidence and reward the contribution of our staff, through a variety of different mechanisms demonstrating increased uptake.

How will it be different if we're successful?

The culture of an organisation impacts behaviours at all levels within and across organisations. Staff performance and engagement are directly affected by organisation culture. This in turn impacts patient satisfaction, care quality, financial performance and patient mortality.

What specific actions are planned for 2019-20?

- By April 2019, staff engagement priorities (including Change Networks) will be determined across the priorities within the Quality Strategy.
- By October 2019, the Health and Well Being plan for 2019-20 will be refreshed to reflect the issues raised in the 2018 National Staff Survey and the feedback of the Trust 'Time to Change' champions and other initiatives.
- By May 2019, the Equality and Diversity Strategic Action Plan will be refreshed to reflect the outcomes of the 2017-18 Gender Pay Gap analysis and WRES on-going analysis. By April 2019 we will understand the baseline for our Workforce Disability Equality Standard (WDES).

a. Develop the right behaviours to continuously improve quality

Why is this important?

As well as having the skills and knowledge to make improvements we need to have the right mindset and behaviours in place to achieve continuous improvements. It is important that we develop systems and processes to show that we listen and take concerns seriously and act on concerns raised or ideas for improvement. We want all our staff to feel able to make suggestions and improvements to the quality of care at UHL and question poor practice. We have built this explicitly into our People Capability Framework and will embed this through our Culture and Leadership Programme. We will support this with better accountability and management of performance to reduce inappropriate behaviours including bullying. We will also support this by providing the skills to work across teams. We need to continue our 'Freedom to Speak Up' work to ensure that concerns are identified and learned from.

Key deliverables

Building on our **People Capability Framework**, we will:

- Launch the **Culture and Leadership Programme** detailed further in section 4
- Clarify individual role responsibilities, accountabilities and expectations to support effective decision making and quality patient care.
- Reward the right actions and behaviours by providing clear expectations and approach in a consistent and transparent manner for both successful and substandard performance.

We will continue to develop the role of the **Freedom to Speak Up Guardian**, to create an open and transparent culture.

We will **promote people focussed practice and policy**, to review and align our people policies and processes to support service improvement, quality and a fair, open and transparent culture.

Success measures and indicators

We'll know we are successful if:

- Our staff survey results show greater empowerment and evidence of the ability to influence change and shape ideas for improvement
- We see a reduction in incidents of poor behaviour/ bullying
- We see evidence that all staff know how to and feel able to report concerns
- We see evidence that staff are confident appropriate and action is taken when concerns are raised.

How will it be different if we're successful?

If we are successful in this area, our staff will feel more able to hold themselves and each other to account for behaviour and performance. We will have developed an open culture where innovation can begin to thrive. We will see more evidence of more willingness to step forward and suggest ideas for improvement and more collaborative working across teams to make improvements.

What specific actions are planned for 2019-20?

- We will ensure the behaviours described in the People Capability Framework are embedded in appraisal documentation and reviewed in April 2019
- We will undertake a diagnostic of our current state of culture and leadership as detailed in NHSI best practice, discovery phase to be completed by June 2019
- We will develop the right behaviours as well as the skills of improvement through our 18 month Cultural and Leadership Development Programme to March 2021
- We will continue to develop the role of the Freedom to Speak up Guardian by embedding the role and ensuring engagement in the appropriate forums. This will be reviewed in April 2020.

4. We develop the right kind of leadership

Develop the right leadership skills, competencies and behaviours

Why is this important?

The right kind of leadership sets the behavioural standard for the organisation and is a vital enabler of cultural change. We want to create a positive leadership culture that rewards and recognises the right behaviours and a commitment to quality care.

To deliver high quality care, we must ensure that leaders have the ability to engage, plan, deliver and learn, devoting time and energy to local testing and improvement and constantly sharing across the organisation and throughout the system. We recognise that to do this we need to provide the right skills; ensure inclusivity and the fostering of talent and ensure the right improvement-focused behaviours are visible.

Key deliverables

Taking advantage of national programmes of support, we will:

- Develop a **People Capability Framework** that sets clear leadership expectation for all staff with UHL values and behaviours at the centre and is supported by a technology enabled appraisal system
- Implement a **Culture and Leadership Development Programme** to develop leadership capability by establishing systematic processes for developing leaders
- Develop and embed a **Talent Management approach** that enables us to grow our future leadership pipeline with a broad leadership and management offering as well as active succession planning practices and career frameworks across the health and social care system
- Offer a programme of **Trust Board Development** that seeks to promote the right leadership, values and behaviours at all levels of the organisation, utilising **Board to Ward** programme.

Success measures and indicators

We'll know we are successful if:

- We are recognised by the CQC as a well-led organisation.
- We can measure the performance of our staff through People Capability Framework.
- Our staff survey indicators on leadership improve.
- We have a talent pipeline successfully filling leadership positions with a focus on under-represented groups.

How will it be different if we're successful?

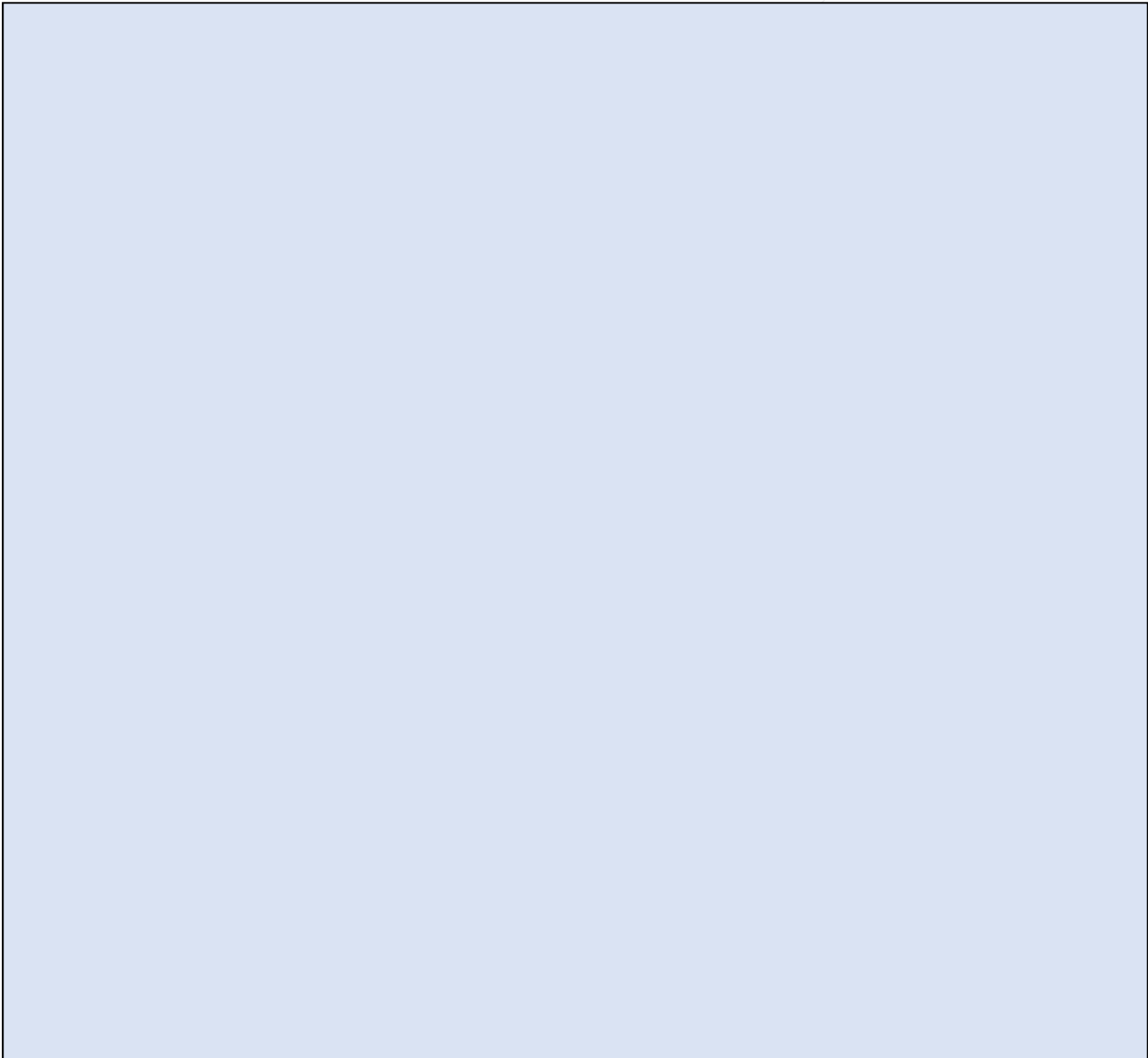
Our staff at every level will have a clear understanding of the leadership behaviours expected of them, and the development programmes in place to help them achieve success. Core capabilities will support a wider culture of engagement and quality as we continue to trial and learn effectively. We will develop our talent pools, providing opportunities for project experience linked to individual potential and succession planning.

Our culture and leadership programme seeks to deliver improvement through key outcomes:

- Quality and value
- Continuous Improvement
- Healthy, flourishing and engaged staff

Underpinning this are the 10 leadership behaviours and cultural elements that support collective leadership. These have been identified through the work of the Kings Fund:

Cultural elements	Leadership behaviours	
Vision and Values Constant commitment to quality of care	Facilitating shared agreement about direction, priorities and objectives	Encouraging pride, positivity and identity in the team/organisation
Goals and performance Effective, efficient, high quality performance	Ensuring effective performance	Ensuring necessary resources are available and used well
Support and compassion Support, compassion and inclusion for all patient and staff	Modelling support and compassion	Valuing diversity and fairness
Learning and innovation Continuous learning, quality improvement and innovation	Enabling learning and innovation	Helping people to grow and lead
Team work Enthusiastic cooperation, team working and support within and across organisations	Building cohesive and effective team working	Building partnerships between teams, departments and organisations



5. We support people to gain the skills to enable improvement

Specifically develop improvement skills

Why is this important?

To continue to improve our quality of care, individuals and teams at every level should build an understanding of established improvement methods and be able to use them in partnership with patients, communities and citizens to improve work processes and systems. We can improve job satisfaction and productivity by enhancing the tools, equipment and technology that people use on a day to day basis enabling the use of technology to support the digitalisation of tasks and improve communication across multidisciplinary teams and multiple systems. We must support skills development, learning and innovation and embed a developmental approach that supports personal and organisational growth.

Key deliverables

To support effective **skills development** and a learning approach, we will:

- Build change capacity by enhancing the tools from the original better teams approach to develop enthusiastic appreciation, team working and support within and across organisations to enable successful transformation underpinned by a people-focussed approach to change
- Develop a single Quality Improvement methodology and stratify the skills required at all levels into a pyramid of capability
- Develop **change management** processes and practices that enable service and workforce transformation and change through our people
- Develop improvement capability through the **Quality Improvement programme** - Build training and coaching capacity in quality improvement techniques, connecting those individuals and teams who have interest and expertise to provide mutual support and learning. Develop a pyramid of capability approach to stratify the skills needed at all levels
- Work with the **E Hospital Programme** to afford staff the appropriate equipment and tools to do their jobs and develop the skills and changed working practices to maximise the benefits of digitalisation.

Success measures and indicators

We'll know we are successful if:

- We have more people with the skills to lead improvement interventions.
- Teams are able to challenge, resolve conflict and work productively to improve performance.
- We can evidence improvements and share stories of success.
- We can evidence improvement in staff survey results that relate to innovation, improvement and team working and the availability of the right equipment to do their jobs effectively.
- We see improvement in staff productivity measures.

How will it be different if we're successful?

If we get this right, our staff will feel confident that they have the skills to analyse current performance, diagnose causes or pressure points in the system, engage effectively and manage the change to a new way of working including the adoption of technology. Our early successes will provide incentive for others to get involved in the network of people working on quality improvement projects both within UHL and across the wider system. We'll grow our network over the life of this strategy.

What specific actions are planned for 2019-20?

- By April 2019, we will scope and define a single QI methodology in order to develop a systematic approach to organisational change, identifying the appropriate number of trained specialists.
- We will create a network of QI coaches across the Trust across 2019-20 as a result of this training.
- We will identify and define the learning and development needs arising from the digitalisation programme commencing 2019-20. This will enable maximum benefit to be gained from implementation.

6. We work effectively with wider system partners

Lead and contribute to LLR wide workforce groups

Why is this important?

We want to work with our system partners on the delivery of quality care by having consistent and joined up approaches to improving workforce capability, the quality of our attraction and retention campaigns, the quality of our workforce planning and the way we approach organisational and leadership development. To deliver quality care we must also transform our workforce to deliver new models of care that meets patient needs across the whole system of health and social care within LLR and not be limited by an organisational view. This means having the right people in the right place at the right time across the wider system to enable better patient outcomes and appropriate flow between organisations. QI methodology will enable our leaders and teams to work across health and social care by enabling complex systems thinking and understanding the patient journey across internal and external organisational boundaries.

Significant efficiencies can be achieved by taking an LLR view of planning, attraction and retention, capability and organisational and leadership development. It is important that we don't compete with scarce resources in the LLR community and create unnecessary movement of staff through employment and reengagement in alternative settings of care. We can improve our mutual attractiveness by creating career pathways that span organisational boundaries. We can achieve economies of scale and improved quality by training and educating our workforces collaboratively. We can enhance leadership capability and capacity through joint approaches particularly in relation to talent management.

Key Deliverables

We will deliver **LLR wide plans** and actions for ensuring we:

- Enhance the capability of our workforce by investing wisely in training and education which provides for the changing needs of our patients and enables staff to be competent and confident in the quality of care they provide focusing on plans to support the frail elderly population as a priority.
- Develop cross system plans for organisational development including **system wide leadership development**
- Develop cross system plans for attraction and retention recognising the benefits that a joined up approach can bring to attracting a workforce to the wider LLR health and social care community.
- Develop a system wider workforce plan recognising that a patient journey takes them through all parts of the system and we need to look at demand and supply of workforce across organisational boundaries
- Design, develop and embed the system-wide elements of our **Strategic Workforce plan** to effectively plan for the skills, roles and individuals that the system needs now and for the future to meet the changing demands of our services within financial affordability. Assess the future workforce requirements within new models of care outlined within the NHS 10 year plan

- Develop new and enhanced system-wide roles to address changes in technologies and service delivery to meet gaps in our workforce supply.
- Develop the skills of our teams and managers to redesign workforce across systems of care and not individual service lines
- Strengthen partnerships with Education Providers to maximise the opportunities of apprenticeships and deliver the training to support our new models of care.

Success measures and indicators

We'll know we are successful if:

- We have an agreed leadership development programme which addresses gaps in our talent profile
- We have leaders in place who demonstrate an ability to work within a complex system
- We are able to define future workforce needs to meet new models of care as outlined in the NHS 10 year plan within the LLR Strategic Workforce Plan
- We are able to begin to outline these requirements within our local context
- We successfully introduce new/enhanced roles, working across the system as required
- We have an agreed plan of investment in skills development and education which has been drawn up by partners and meets the priorities of a strategic workforce plan

How will it be different if we're successful?

If we are successful, the shape of our workforce will be different with a greater variety of roles and career paths for staff, and a resource envelope that better matches both needs and affordability. LLR will be an attractive employer, with a reputation for developing its people, rewarding positive behaviour and retaining talent.

What specific actions are planned for 2019-20?

- By April 2020, we will have scoped, developed and recruited to further system-wide roles
- An LLR Talent Management Blueprint will be created initially focusing on NHS partners by April 2019. This will enable development of a framework and corresponding tools to enhance the skills to deliver systems based approaches to change.
- By April 2019 we will identify a cohort of leaders with high potential to participate in a national programme of development in order to create a pipeline of senior leaders.
- By February 2019, we will deliver a first draft of the LLR Workforce Strategy which will describe the outputs of the work streams to implement changes across the LLR wide workforce.
- By February 2019, we will deliver a first draft of the LLR wide workforce plan which will describe the demand and supply of the workforce to deliver key programmes within the STP programme.
- By June 2019 we will deliver the urgent and emergency care, primary care, mental health and community service detailed workforce plans.
- By August 2019 we will have defined the future workforce needs based on the new models of care in the 10 year plan

By April 2019 we will have a co-designed single LLR portal in place to attract potential applicants to the LLR region.

Delivering this Strategy

Governance

The Trust Board will provide overarching assurance and oversight for the delivery of this Strategy through the governance of the UHL Quality Strategy.

Delivery of each of the aims and objectives in this Strategy sits with our People, Performance and Process Committee, which is a sub-committee of our Trust Board.

Monthly performance against each of our outcome measures will be developed, measured and reported against through our quarterly Executive Workforce Board. At this Board, all interdependencies with associated Trust strategies will be managed to ensure alignment across the Trust.

Nursing and Midwifery Workforce Plan

What is the vision of the Nursing and Midwifery Plan?

This plan is a core component of our People Strategy - a key enabler of the Trust's Quality Strategy which is centred on having the right leadership, behaviours and skills in place to deliver 'Caring at its Best for every patient at all times'.

Our Trust wide five Year Workforce Plan for 2019-2023 describes how we will adopt a 'six steps approach' to workforce planning to tackle a range of workforce challenges through a short, medium and long term approach. The six step methodology is an enabling tool to ensure we have the right staff with the right skills at the right time and place. This plan addresses the challenges for the nursing workforce in more detail, in particular reviewing ways in which we can improve the staffing of our wards and clinical areas safely in the context of unprecedented gaps in the supply of nursing at the national level.

The overall aim of the Nursing and Midwifery Plan is to have

- A Nursing and Midwifery workforce who are recognised for their delivery of Caring at its Best to our patients, families and carers.
- A positive practice environment where nursing and midwifery can flourish

In accordance with the Quality Strategy, this plan is driven by the following core elements:

- Understanding what is happening in our services
- Clear priorities and plans for improvement
- Embedding an empowered culture of high quality care (*including patient empowerment*)
- The right kind of leadership
- Giving people the skills to enable improvement
- Working effectively with the wider system

Understanding our Services:

- Understand what drives the demand for nursing and midwifery workforce
- Using Model Hospital to deliver improved efficiencies and adopt best practice
- Ensuring that the required Care Hours per Patient Day in conjunction with professional judgement, support the delivery of Caring at its Best
- Using a range of workforce metrics including sickness, turnover, vacancies, staff survey information and exit interview data triangulated with a range of performance and quality measures (including patient feedback) to indicate priorities and track progress.

Plans for improvement:

- Develop marketing, branding and a 'USP' to increase our recruitment potential locally, nationally and internationally
- Supporting the nursing and midwifery workforce to embrace technology in order to improve efficiency
- Supporting the nursing workforce to adapt to the future changes in the delivery of nursing and midwifery education and training in the UK
- Support the development of new roles shaped around the needs of the patient
- Evolving the chosen QI methodology into new ways of having a consistent approach to change and quality improvement and affording people the knowledge and skills to do this

Embedding a culture of high quality care:

- Having a culture of challenging poor practice
- Developing a more inclusive and diverse workforce to better represent the communities we serve
- To provide services that meet the needs of all patients, their families and carer's.
- Caring for our staff in equal measure to the care afforded to our patients
- Having the right staff in place with the right skills at the right time

The right kind of leadership:

- To ensure our workforce have the opportunity and competencies to lead a multi-professional workforce
- Talent management of our future workforce
- Improved BAME representation in nursing and midwifery leaders.

People with the right skills to enable improvement:

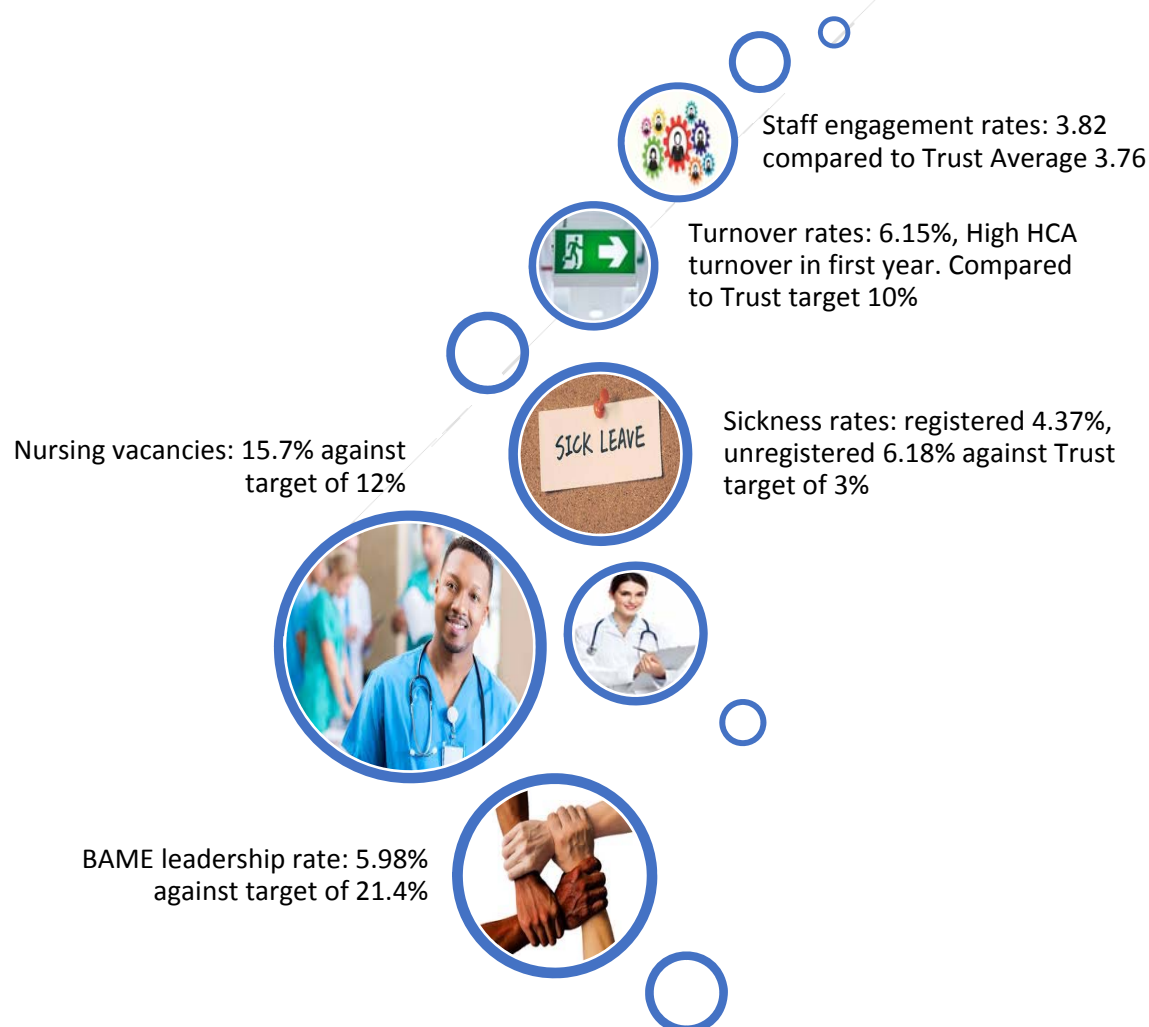
- Develop a learning organisation approach to education and enhance our reputation as a Teaching Trust

Working effectively with the wider system:

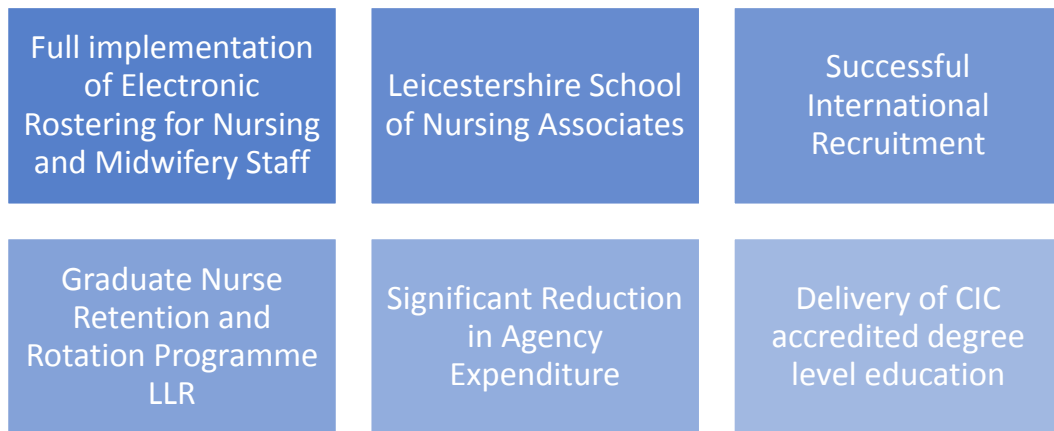
- Engaging in plans for skills development, attraction and retention and workforce planning across the system

Where are we now? (October 2018)

Our Critical Measures



Our successful initiatives:



In the past few years, we have made progress and laid the foundation for improvement in some crucial areas. Below is a summary of our key achievements and a measure of how we are performing:

- Developed a Centre for Clinical Practice to support the on-going development of our nursing and midwifery workforce through accredited specialist education, advanced clinical practice and care assistant training and apprenticeships and clinical simulation.
- Successfully piloted the Nursing Associate through the Leicestershire School of Nursing Associates with a unique programme developed by practice for practice
- Implemented Electronic Rostering across all ward based areas and are maximising the benefit of support tools with the Allocate system to monitor staffing levels (Care Hours Per Patient Day- CHPPD) and other quality measures
- Achieved a significant agency expenditure reduction
- Developed a successful overseas registered nurse recruitment programme
- Developed a graduate nurse rotation programme across LLR specialising in the frail and older person.
- Worked with our healthcare partners to develop an LLR practice placement strategy, that has increased clinical placements across the health and social care system
- Launched an annual UHL Nursing Conference to share best practice and engage nurses in change and innovation

Despite these achievements, we recognise that there is more to do to improve the reputation of UHL as a great place to work as evidenced by mediocre workforce metric measures, particularly staff survey results and recruitment to stubborn vacancies. In addition to international, national and local systems changes in the delivery of healthcare driving the need for further progress, we have recognised that internally we need an overarching approach to quality improvement to create sustained improved performance. This is detailed in our Quality Strategy (QS) and the People Strategy (given its links to skills, behaviours and leadership) is a key enabler to the delivery of the QS aims. As an appendix to the People Strategy, this plan describes how the six priorities will be taken forward within the nursing and midwifery workforce.

Our Six Priorities

1. We understand what is happening in our services

To have the right staff in the right place at the right time to improve care, maximise productivity and ensure financial control

Why is this important?

Understanding the demand for nursing skills relating to changes in patient care and changes in models of care delivery, is pivotal to successful workforce planning. We need to understand whether we have the supply in place to match demand and review what can be done to close the gap including innovative approaches to recruitment and retention (priority 2a) developing new roles (priority 2b) and putting in place the right education and development (priority 5). We need to model the overall impact of a range of initiatives on overall vacancies. We need to ensure that we are focused on best value in deployment of the workforce by ensuring staff are able to work to the 'top of their licence' and we avoid high premium expenditure wherever possible.

Key deliverables

We will:

- Develop a **Demand and Supply Model** that identifies the future demand for nursing and midwifery roles and reviews supply in terms of projected recruitment, retirements, leavers and improved retention
- **Scenario plan** for a range of solutions to the nursing supply issue cognisant of the NHSI requirements of 'Developing Workforce Safeguards' and 'An improvement resource for the deployment of nursing associates in secondary care'
- Create a **model for the management of the temporary workforce** which enables us to use alternative workforce for covering gaps
- Ensure we recompense staff with the **optimum bank/WLI hourly rate** to achieve fill but maintain cost control
- Improve our ability to plan for **daily and seasonal variation** and use **flexible working approaches** to maximise the efficiency of workforce deployment
- Review **Model Hospital data** to identify opportunities for delivering improved efficiency
- Utilise information from staff surveys, exit interviews and stay interviews to inform plans for improvement

Success measures and indicators

We'll know we are successful if:

- We can produce clear future projections of vacancies and understand the assumptions underpinning our modelling
- Safe and effective utilisation of our registered nursing workforce
- We demonstrate lower cost per hour particularly in relation to our temporary staffing
- We perform within the upper quartile on a range of measures within the Model Hospital.

How will it be different if we're successful?

There will be an iterative and systematic process of aligning workforce to patient care demand reviewing daily and seasonal variation. In addition we will systematically review workforce demand within each of our reconfiguration schemes and identify what impact digitalisation and increased use of technology will have on our workforce. We will seek alternative ways of filling temporary and long term gaps in demand and supply focusing on what functions are needed rather than professional group.

What specific actions are planned for 2019-20?

- A model of demand and supply for 2018-23 will be produced which will identify the quantum of future vacancies across a range of scenarios
- A model of temporary staffing management which may incorporate one or more professional groups will be agreed by April 2019 and implemented from May 2019.
- Flexible working opportunities and solutions will be proposed from April 2019 based on needs of a multi-generational workforce and the changes in demand patterns
- Commence work on defining the workforce model for the planned treatment centre from April 2019 in order to ensure that the assumed efficiencies are delivered.

2. We have clear priorities and plans for improvement

2a To recruit and retain a high quality and diverse nursing and midwifery workforce

Why is this important?

We need to ensure we are consistently focused on closing the gap between demand and supply in our workforce in order to not only improve the quality of care to our patients but also to release the relentless pressure on our existing workforce. We need to understand why people leave in order that we can reduce turnover and improve our ability to maintain a supply of workforce. We need to ensure our workforce is diverse and inclusive to bring the voices of patients and communities into the design of high-quality care, understanding that a range of perspectives and ideas are needed to innovate and improve services. We aim to have a highly engaged and cared for workforce, performing at their best for the communities we serve. We recognise the increasing challenges for our workforce, as a result of more complex conditions, increased acuity and demand so we must ensure that they are supported in their health and well-being.

Key deliverables

Building on our existing work, we will:

- Develop a **USP / UHL branding** to increase effectiveness of our local, national and international marketing campaigns for nursing and midwifery recruitment
- Continue a programme of **international recruitment** as part of a wider **International Recruitment Hub** covering all staff groups
- Focus our attention on those specialties and sites that traditionally receive low numbers of applications/experience high staff turnover and review opportunities to develop **innovative roles** including education, research and multispecialty roles.
- Develop **Career Explorer and Chief Nurse Fellow roles** to support career pathways and retention opportunities
- Continue to build **social media campaigns** showcasing recruitment events and innovative practice in our clinical areas.
- Improve employee sense of well-being through the development and implementation of **'Looking after UHL' our Health and Well-being Strategy**. This will incorporate our commitment to 'Time to Change' and 'Dying to Work' charters.
- Increase staff involvement and inclusion, through implementation of the **Equality and Diversity Integrated action plan** and networks, strengthen staff and the learner voice, so that people feel involved, empowered, able to promote and drive fair and equitable practices.

- Maximise findings from **generational research** for our nursing and midwifery workforce to support recruitment and retention strategies across the age range (including our retire and return strategies)
- Develop a **Reward & Recognition Strategy** to recognise and celebrate, on an equitable basis, contribution and achievement across our organisation to create an environment where all people feel acknowledged and valued.
- **Participate in Cohort 4** of the NHSI retention support programme and continue to drive down vacancies and improve retention

Success measures and indicators

We'll know we are successful if:

- The number of registered nursing vacancies decreases to 10% overall by April 2020
- We see a reduction in sickness absence towards our 3% target
- Improve our WRES indicator performance measures, against the nine factors
- A reduction in our Gender pay gap, in the upper quartile by 10% over 3 years
- We improve the diversity of our organisation, particularly in leadership roles to achieve our target of 21.4% by 2023
- A reduction in turnover particularly of HCAs in the first 12 months of employment to 15% by April 2022
- Increase in retire and return

How will it be different if we're successful?

If we get it right, we will start to see a reduction in our vacancies particularly in the hotspot areas of medicine, cancer and haematology and theatres. We will see an increased social media presence which engenders interest in our recruitment events and subsequent recruitment to roles within the Trust. We will have an international recruitment hub which is regarded as excellence in good practice and attracts significant overseas application with reduced needs for agencies. We will see improvements in the numbers of staff leaving within the first year of employment particularly health care assistants.

What specific actions are planned for 2019-20?

- By June 2019, we will have developed a clear USP and UHL brand for our nursing and midwifery workforce building on work already undertaken for the UHL Recruitment website
- By September 2019 we will have developed detailed plans for the establishment of a multidisciplinary international recruitment hub
- By June 2019 we will have identified those areas which will benefit most from the implementation of innovative roles and scoped job description for enhanced roles which incorporate education and research and multispecialty opportunities

2b To shape a nursing and midwifery workforce focused on quality and continuity

Why is this important?

Development of specialist and advanced clinical practice for registered nurses to pioneer excellence in patient care. To widen access to nurse training for our healthcare support workers across all specialities to support talent management and career progression in UHL.

Key Deliverables

We will deliver :

- Adopt **alternative roles** where clinically indicated and safe to do so in order to reduce the use of premium expenditure and increase the efficiency of the workforce
- **Care Apprentice opportunities in all adult / child specialties** leading to permanent care roles in UHL or pathways to Nursing Associate or graduate nurse training
- A **practice led Nursing Associate programme** for Leicestershire expanding numbers of UHL trainees
- Development of **UHL clinical education and practice prospectus for nurses, midwives Nursing Associates and care assistants**
- On-going **growth of our clinical simulation facilities and classroom teaching space** for non-medical learners at the Glenfield Hospital site supported by external teaching revenue
- To grow the **LLR Advanced Clinical Practice unit** expanding the capacity to grow ACPs year on year funded via the apprenticeship levy
- Develop **apprenticeship career framework** for advanced and specialist clinical practice to retain talent and clinical expertise
- Implement **an assessment and accreditation framework** to measure quality and improvement
- **Empower our nursing and midwifery teams to make decisions** about their clinical practice
- Use the opportunity presented by **reconfiguration to align workforce to new models of care**

Success measures and indicators

We'll know we are successful if:

- Our staff survey results relating to capacity shortages and pressure at work are improved
- Retention of staff and 'growing our own' clinical practice experts
- Empowered nursing and midwifery teams

How will it be different if we're successful?

If we are successful, the shape of our workforce will be different with a greater variety of roles and career paths for staff, and a resource envelope that better matches both needs and affordability. UHL will be an attractive employer, with a reputation for developing its people, rewarding positive behaviour and retaining talent. We will bring new people on board quickly, reducing the length of time that posts are vacant and therefore the pressure on those covering the gaps, thus further reinforcing workforce wellbeing and retention. We will be resourced to provide high quality care.

What specific actions are planned for 2019-20?

- Increased teaching and clinical simulation facilities at the Glenfield site following completion of the refurbishment of the 'Recreation Hall' in summer 2019
- Working with DMU to develop the apprenticeship pathway for degree nursing (including top up pathways)
- Increasing in-house teaching capacity to support two cohorts per year for the Nursing Associate programme
- Implementation of assessment and accreditation framework
- Clinical leadership development opportunities through RCN development programme

3. We embed an empowered culture of high quality care

To establish a culture of engagement and innovation

Why is this important?

Engaging nurses and midwives in decisions that affect them enables a culture of innovation providing opportunities to develop and enhance their clinical services. Providing nursing with the tools and opportunities to engage with patients and involve them in the co-design of solutions to improve the quality of care.

Key deliverables

- Implement **an assessment and accreditation framework** to measure quality and improvement
- Develop a **model of shared** decision making that facilitates the principles of shared decision making and innovation across all teams and staff bands
- **Empowered teams** through shared decision making who take responsibility and accountability for shaping change

Success measures and indicators

- Staff survey results
- New initiatives
- Lia Pulse check results

How will it be different if we're successful?

We will see staff engagement scores increase particularly in areas relating to ability to contribute to ideas for change. There will be noticeable changes in working practice in terms of the confidence and support for trying out new ideas to improve the patient experience. Staff will refer less to hierarchy for decision making unless significant changes in practice are required. We will receive positive feedback from our patient partners in relation to engagement in improving quality in the services that they access.

What specific actions are planned for 2019-20?

- Implementation of an assessment and accreditation model
- Implementation of a model for shared decision making
- Nursing and Midwifery Conference June 2019 focusing on nursing and midwifery strategy and opportunities for innovation

4. We develop the right kind of leadership

a. To participate in the Culture and Leadership Development Programme

Why is this important?

To deliver high quality care, we must ensure that leaders have the ability to engage, plan, deliver and learn, devoting time and energy to local testing and improvement and constantly sharing across the organisation and throughout the system. We recognise that to do this we need to provide the right skills; ensure inclusivity and the fostering of talent and ensure the right improvement-focused behaviours are visible.

Key Deliverables

- To develop leadership capability
- To grow future leadership pipeline

Success Measures and Indicators

- To have a talent pipeline successfully filling leadership positions at Band 6/7/Matron level

What specific actions are planned for 2019-20?

- RCN leadership facilitator training July 2019
- Programme commences September 2019 - 12 participants in the first cohort to increase incrementally over the first two years

b To improve the representation of BAME staff at a leadership level to better reflect the diversity of the workforce and our local population

Why is this important?

It is important that our leadership reflects both the diversity of our population and the diversity within the staff groups in order to ensure advocacy and high quality care for our patients.

Success Measures and Indicators

- Clear understanding and ability to address barriers for BAME staff entering senior Nursing and Midwifery leadership positions

How will it be different if we're successful?

- We will see improved representation of BAME and females in our senior nurse and midwifery leadership roles. The Trust will have a clear understanding of the factors that have led to under representation and have listened to feedback on what actions the Trust can take to reduce the gap.

What specific actions are planned for 2019-20?

- To develop and run the first RCN Leadership Programme for 12 band 7 nurses/midwives
- We will engage the BAME network in developing specific action plans
- Bespoke career development pathway for international nurses and recognising previous nursing experience and clinical roles
- Support and expansion of our Leicestershire Asian Nurses Network

5. We support people to gain the skills to enable improvement

To develop a learning organisation approach to education and training and enhance our reputation as a Teaching Trust

Why is this important?

To attract and retain staff through the provision of excellent training and learning environments to nurture research capability and grow future teaching expertise and clinical academic careers in our nursing and midwifery workforce

Key deliverables

To support effective **skills development** and a learning approach, we will:

- Work with the **E Hospital Programme** to afford staff the appropriate equipment and tools to do their jobs and develop the skills and changed working practices to maximise the benefits of technological change and enhance learning.
- Provision of excellent **clinical placement support, supervision and teaching facilities** for pre and post registration students, learners and preceptees
- Enable development of **teaching and supervisory skills** through protected time and introducing Chief Nurse fellows to undertake research that would encourage future clinical academic careers
- To increase through teaching, clinical and pastoral support the number of **rotation programmes across specialities, sites and services**
- Proactively seek **feedback from students** enabling continued development and improvement of the learning environment

Success measures and indicators

We'll know we are successful through:

- Improvement in retention rates
- Staff survey results or exit interview data
- WRES data
- Evaluation of learner experiences (National Student Survey / National Education Trainee Survey)
- Increase in research / publications on nursing and midwifery practice

How will it be different if we're successful?

- More flexible workforce
- Longevity of workforce staying in UHL / LLR healthcare providers because of the range and diversity of career opportunities
- Improvement in patient experience results / confidence of patients in care delivery and expertise of our staff

What specific actions are planned for 2019-20?

- Opportunities to develop Chief Nurse Fellows
- Acting on results of first National Education Trainee Survey (undertaken Nov/Dec 2018)
- To increase the number of clinical and career coaches for nurses and midwives

6. We work effectively with the wider system

To work collaboratively with our nursing and midwifery colleagues in the LLR system specifically in relation to planning, educating and developing and recruiting and retaining the workforce to deliver new models of care.

Why is this important?

Key Deliverables

To support collaborative working we will:

- Continue to develop the **LLR wide education and training programme** through the capability to deliver system wide education needs such as preceptorship and assessor training and clinical skills

Success Measures and Indicators

- Reduced interorganisational competitive recruitment practices such as pay increases and 'poaching practices'
- Increased examples of joint approaches to education and training

How will it be different if we are successful?

We will start to adopt LLR wide rather than organisational specific workforce planning practice where we plan for a quantum of workforce across LLR and deploy appropriately and flexibly to areas of greatest patient demand. Patients will experience greater levels of seamlessness as we develop singular education and governance processes such as frailty scoring and education for Nursing Associates and Advanced Clinical Practitioners.

What specific actions are planned for 2019-20?

- Further development of the clinical placement programme for Advanced Clinical Practitioners/Student Nurse and Midwifery Associates/Trainee Nurse Associates to ensure resource is available for deployment into Primary and Acute and Mental Health settings.
- Use a consistent methodology of functional mapping to ensure new roles are developed in a consistent way across all healthcare providers
- Through the LLR Capability Group begin to review the clinical education that can be delivered across LLR

Conclusion

To deliver quality care, we need to develop and care for our people.

This strategy outlines six priorities that align with national, regional and local drivers including our Quality and People Strategy to meet our business needs now and in the future. We laid the foundations in recent years and must now deliver an effective set of interventions to improve performance and enable the organisation. We will monitor our progress through our People dashboard, and develop detailed implementation plans as defined in the deliverables related to each priority. We have developed our Five Year Workforce Plan and our plans for the Nursing and Midwifery and Medical Workforces as these are critical of focus for delivery. We expect delivery to flex under these six priorities as national circumstances change and will update operational plans accordingly.

Our People priorities will continue to report to the Executive Workforce Board and to the People, Performance and Process Committee for assurance.

Medical Workforce Plan

What is the vision of the Medical Workforce Plan?

This plan is a core component of our People Strategy - a key enabler of the Trust's Quality Strategy which is centred on having the right leadership, behaviours and skills in place to deliver 'Caring at its Best' for every patient at all times.

Our Trust wide five Year Workforce Plan for 2019-2023 describes how we will adopt a 'six steps approach' to workforce planning to tackle a range of workforce challenges through a short, medium and long term approach. The six step methodology is an enabling tool to ensure we have the right staff with the right skills at the right time and place. This plan addresses the challenges for the nursing workforce in more detail, in particular reviewing ways in which we can improve the staffing of our wards and clinical areas safely in the context of unprecedented gaps in the supply of nursing at the national level.

The overall vision of the Medical Workforce Plan is to:

Make UHL 'the go to' place for high quality doctors so that they may have an unparalleled experience at this world class University Teaching Hospital Trust. With the right clinician in the right place at the right time we will continue to provide high quality care to all of our patients. We will achieve this through engagement with our doctors and patients to develop joint plans for improvement which achieve quality and efficiency.

In accordance with the Quality Strategy, this plan is driven by the following core elements:

- Understanding what is happening in our services
- Clear priorities and plans for improvement
- Embedding an empowered culture of high quality care (*including patient empowerment*)
- The right kind of leadership
- Giving people the skills to enable improvement
- Working effectively with the wider system

Understanding our Services:

- Understand what drives the demand for the medical workforce
- Using Model Hospital to drive our efficiencies and adopt best practice
- Ensuring that we have transparency on our established medical workforce and how it is deployed across our services in preparation for the implementation of electronic rostering
- Using a range of workforce metrics including sickness, turnover, vacancies, staff survey information and exit interview data triangulated with a range of performance and quality measures (including patient feedback) to indicate priorities and track progress.

Plans for improvement:

- Develop marketing, branding and a 'USP' to increase our recruitment potential nationally and internationally
- Supporting the medical workforce to embrace technology in order to improve efficiency
- Ensure we have sufficient capacity and the right facilities and equipment to support our education responsibilities – providing modern and innovative interventions
- Support the development of new roles shaped around the needs of the patient particularly those undertaking tasks previously carried out by the medical workforce
- Evolving the chosen QI methodology into new ways of having a consistent approach to change and quality improvement and affording people the knowledge and skills to do this

Embedding a culture of high quality care:

- Having a culture of challenging poor practice and engaging patients and multidisciplinary teams in making improvements to quality
- Developing a more inclusive and diverse workforce to better represent the communities we serve
- To provide services that meet the needs of all patients, their families and carer's
- Caring for our staff in equal measure to the care afforded to our patients
- Having the right staff in place with the right skills at the right time.

The right kind of leadership:

- To ensure our workforce have the opportunity and competencies to lead a multi-professional workforce
- Talent management of our future workforce particularly for future medical leadership roles.

People with the right skills to enable improvement:

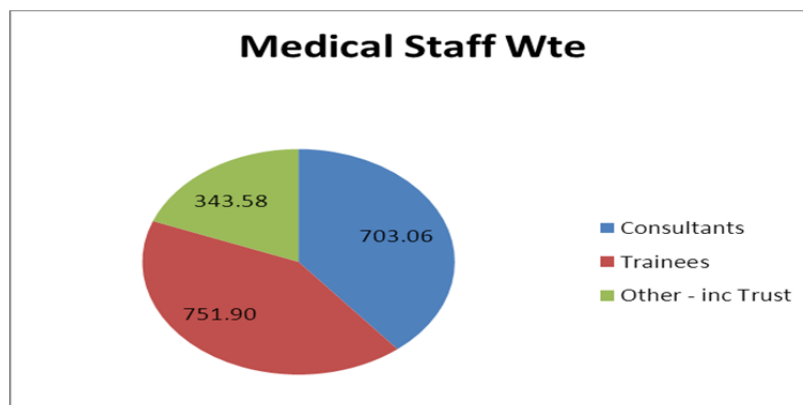
- Develop the Medical Education Strategy to enhance learning and education for students and the postgraduate medical workforce encompassing those in training and non-training posts and new multi-professional roles such as Physician Associates and Advanced Clinical Practitioners. Through this strategy, enhance our reputation as a Teaching Trust
- Utilise the information from Getting it Right First Time (GIRFT) reviews to explore good practice and identify the system and practice improvements that drive good practice.

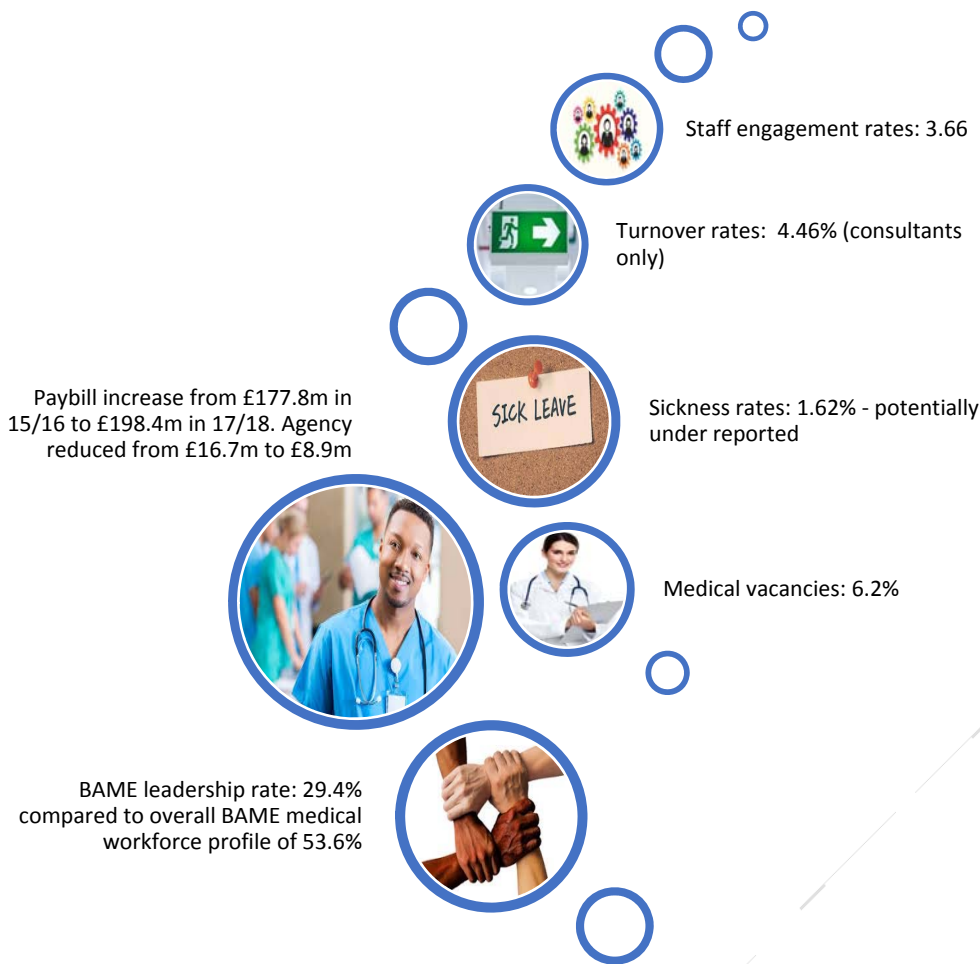
Working effectively with the wider system:

- Engaging in plans for skills development, attraction and retention and workforce planning across the system
- Acquiring the skills to work across the system, engaging with system partners to drive change.

Where are we now? (October 2018)

Our Critical Measures





Our successful initiatives:



In addition we have:

- Carried out a **gender pay gap analysis in detail for the Medical Workforce** and published the results in March 2018, and since developed an action plan to begin to close the gap.
- Redesigned our **recruitment website** and worked with partners in LLR to design a recruitment portal.
- Undertaken on-going overseas **recruitment programme**.
- Successfully ensured all consultants have a **job plan** in place
- Achieved our **agency expenditure** NHSI target reduction over the last 2 years.
- Implemented the 2016 **Junior Doctor Contract** and **Guardian of Safe Working**.

Despite these achievements, we recognise that there is more to do to improve the reputation of UHL as a great place to work as evidenced by mediocre workforce metric measures, particularly staff survey results and recruitment to stubborn vacancies. In addition to international, national and local systems changes in the delivery of healthcare driving the need for further progress, we have recognised that internally we need an overarching approach to quality improvement to create sustained improved performance. This is detailed in our Quality Strategy (QS) and the People Strategy (given its links to skills, behaviours and leadership) is a key enabler to the delivery of the QS aims. As an appendix to the People Strategy, this plan describes how the six priorities will be taken forward within the medical workforce.

Our Six Priorities

1. We understand what is happening in our services

To have motivated and engaged staff in the right place at the right time to improve care, maximise productivity and ensure financial control

Why is this important?

Understanding the demand for medical skills (as part of a wider multidisciplinary workforce) relating to changes in patient care and changes in models of care delivery, is pivotal to successful workforce planning. We need to understand whether we have the supply in place to match a well articulated demand and review what can be done to close the gap including innovative approaches to recruitment and retention (priority 2a) developing new roles (priority 2b) and putting in place the right education and development (priority 5). We need to model the overall impact of a range of initiatives on overall vacancies. We need to ensure that we are focused on best value in deployment of the workforce by ensuring doctors do what only doctors need to do and tasks are distributed to new and existing enhanced roles. New assurance requirements from 'Developing Workforce Safeguards (2018)' will require us to measure the quality of our workforce planning and importantly triangulate metrics from quality and performance measures with workforce metrics to demonstrate we have achieved the above aim.

Key deliverables

We will:

- Ensure that the roll out of the **Electronic Rostering System** is accompanied by a review of what the demand for workforce needs to be (underpinned by national workforce tools/professional judgement and comparisons to Model Hospital)
- We will have **robust and systematic Job Plans and rotas that are closely aligned to activity and service priorities** including compliance with Seven Day Service Clinical Standards. They will also ensure that working practices are safe and adhere to regulations contained within the European Working Time Directive
- Develop a **Demand and Supply Model** that identifies the future demand for medical roles and reviews supply in terms of projected recruitment, retirements, leavers and improved retention
- **Scenario plan** for a range of solutions to the medical supply issue cognisant of the requirements of 'Developing Workforce Safeguards'
- Create a **model for the management of the temporary workforce** which enables us to use alternative, less costly and higher quality workforce for covering gaps
- Ensure we recompense staff with the **optimum locum/WLI hourly rate** to achieve fill but maintain cost control
- Improve our ability to plan for **daily and seasonal variation** and use **flexible working approaches** to maximise the efficiency of workforce deployment particularly the consultant workforce
- Review **Model Hospital data and the outputs of GIRFT reviews** to identify opportunities for delivering improved efficiency

- Utilise information from sickness data, staff surveys, exit interviews and stay interviews and untoward incidents to inform plans for improvement.

Success measures and indicators

We'll know we are successful if:

- We can produce clear future projections of vacancies and understand the assumptions underpinning our modelling (*Numbers of vacancies below national levels, clear articulation of gaps in demand and supply*)
- Safe and effective utilisation of medical workforce as measured by costs per WAU and a range of quality indicators
- We demonstrate lower cost per hour particularly in relation to our temporary staffing
- We perform within the upper quartile on a range of measures within the Model Hospital.

How will it be different if we're successful?

There will be an iterative and systematic process of aligning workforce to patient care demand reviewing daily, seasonal and annual variation. In addition we will systematically review workforce demand within each of our reconfiguration schemes and identify what impact digitalisation and increased use of technology will have on our workforce. We will seek alternative ways of filling temporary and long term gaps in demand and supply focusing on what functions are needed rather than professional group.

In accordance with the aims of the Quality Strategy and mirroring good practice in nursing, we will have a set of triangulated indicators using traditional workforce measures plus quality and performance indicators.

What specific actions are planned for 2019-20?

- Alignment of medical establishments with rotation charts and rota templates and ESR to give transparency on financial control of the medical workforce while being assured of safe and appropriate rotas
- Utilise the above data for the proper articulation of vacancies to inform demand and supply modelling
- Commence the roll out of medical electronic rostering linked to job planning and rota management
- A model of demand and supply for 2018-23 will be produced which will identify the quantum of future medical vacancies across a range of scenarios. Health Education England assumptions will be used in addition to Trust information sources given the model of medical workforce planning in England
- A model of temporary staffing management which allows improved control of bookings and better quality management information linked to electronic rostering will be agreed by April 2019 and implemented from May 2019. This may or may incorporate other professional groups
- Review use of agency or WLI costs which are directly related to delayed recruitment
- Share best practice in the alignment of activity to Job Plan development at team and individual level as part of the operational planning for 2019/20.

2. We have clear priorities and plans for improvement

2a To recruit and retain a high quality and diverse medical workforce

Why is this important?

We need to ensure that all roles attract sufficient high calibre applicants to ensure excellence in clinical skills and is complimented by behaviours that support the Trust values and a commitment to work effectively in multidisciplinary teams (linked to priority 3). We need to ensure we are consistently focused on closing the gap between demand and supply in our workforce in order to not only improve the quality of care to our patients but also to release the relentless pressure on our existing workforce. We need to understand why people leave in order that we can reduce turnover and improve our ability to maintain a supply of workforce. We need to ensure our workforce is diverse and inclusive to bring the voices of patients and communities into the design of high-quality care, understanding that a range of perspectives and ideas are needed to innovate and improve services. We recognise the need to close the Gender Pay Gap and ensure that the needs of an increasingly gender balanced junior workforce are met. We aim to have a highly engaged and cared for workforce, performing at their best for the communities we serve. We recognise the increasing challenges for our workforce, as a result of more complex conditions, increased acuity and demand so we must ensure that they are supported in their health and well-being.

Key deliverables

Building on our existing work, we will:

- Develop a **USP / UHL branding** to increase effectiveness of our local, national and international marketing campaigns for nursing and midwifery recruitment
- Continue a programme of **overseas international recruitment** as part of a wider **International Recruitment Hub** covering all staff groups
- Provide greater oversight of **consultant recruitment, more proactively monitoring** turnover, retirement and activity driven growth to produce future plans for recruiting supported by **rigorous social media campaigns and marketing of roles**
- Develop an **assessment centre approach to consultant recruitment** to ensure rigorous assessment of Trust values and behaviours
- **Monitor closely numbers of applications and withdrawals** and report these more transparently in order to focus where marketing and role design/reward needs to be targeted
- Develop a suite of **education and research based unique selling points** for enhancing roles and attracting larger pools of applicants
- **Utilise analysis of BAME profiles and Gender Pay Gap** to develop actions to reduce gaps including supporting staff in protected characteristic groups to apply for roles
- Improve employee sense of well-being through the development and implementation of **'Looking after UHL' our Health and Well-being Strategy**. This will incorporate our commitment to 'Time to Change' and 'Dying to Work' charters.
- Increase staff involvement and inclusion, through implementation of the **Equality and Diversity Integrated action plan** and networks, strengthen staff and the learner voice, so that people feel involved, empowered, able to promote and drive fair and equitable practices
- Proactively support HEE plans for such interventions as **Flexible Portfolio Careers, early notification of rotations and duty rota, supporting doctors who return to work after a period of absence**

Success measures and indicators

We'll know we are successful if:

- The number of medical vacancies decreases for hotspot posts reducing current gaps by 30%
- Low turnover rates of international doctors
- Improve our WRES indicator performance measures, against the nine factors

- A reduction in our Gender pay gap, in the upper quartile by 10% over 3 years
- We improve the diversity of our organisation, particularly in leadership roles to achieve our target of 21.4% by 2023
- Improved National GMC HEE and local staff survey results.

How will it be different if we're successful?

We will have very few vacancies and be less reliant on the cyclical process of recruitment to fill junior doctor gaps. We will have a successful international recruitment hub characterised by slick processes. We will have large numbers of applicants for consultant roles and there will be less turnover. If we get it right, we'll have a culture that values the contribution that diversity can bring and a workforce that more closely mirrors the demographics of our region. Staff will feel valued and included, increasing overall morale, reduced absence and an improved sense of wellbeing, boosting performance. We'll have proactive networks who work collaboratively for the benefit of staff, patients and the wider health and social care system.

What specific actions are planned for 2019-20?

Health and Well Being

- Medics to be represented on the Health and Well Being Steering Group to help shape the future strategy to meet needs of Doctors and ensure dissemination of information

Attract Consultants

- Identify those roles that traditionally receive low numbers of applications, understand whether this is a local issue and identify what actions can be taken locally to improve
- Commence design of innovative roles designed around service and individual needs to attract high calibre applicants eg roles which provide opportunities for education, research and development or multispecialty roles or roles which work across organisational boundaries
- Review bottlenecks in current recruitment process to ensure smooth process of onboarding including facilitation of regular contact with candidates
- Review timings of consultant post advertising to link to CCT dates
- Undertake training with higher specialist trainees to prepare for future consultant roles
- Reinitiate the Spr Development Programme for aspiring consultants

Recruitment Strategy for Trainee and Trust Grade Vacancies

- Develop an International Recruitment Hub at UHL covering multi professional groups
- Utilise MTI (Medical Training Initiative) and traditional Tier 2 Visa routes to appoint to opportunities. If appropriate enable progression to CESR or Specialty Registrar programmes
- Ensure each CMG has robust medical workforce groups ensuring robust data on vacancies and recruitment actions are in place – solutions may include international recruitment, implementation of new roles, innovative roles such as OOPE, OOPTe
- Review bottlenecks in recruitment processes including notification of vacancies from Health Education England and manage these bottlenecks through the CMG medical workforce groups.

2b To shape a different workforce as part of a new team around the patient

Why is this important?

The old days of the “firm” have gone; the balance between training and service has shifted, and today’s training is provided in a different way. Even with full recruitment we will need to provide services using alternative models in many areas. We will engage with medical and other staff groups to identify where new roles should be used to provide services better

Key Deliverables

We will deliver:

- Work with the Clinical Senate and with CMG’s to **clarify the issues that are underpinning the gaps in our workforce eg blockages to discharge, insufficient capacity to undertake medical procedures and develop appropriate workforce solutions** which may include non-medical solutions.
- When devising solutions, we will focus on **continuity of care** and ensuring the **team is constructed around the patient**
- Where appropriate we will continue to **put in place roles such as Advanced Practitioners and Physician Associates (ACPs and PAs)**. This will support the filling of gaps in the supply of trainees across a range of specialties. These roles will be supported by a robust preceptorship and continuous professional development programme
- **Work with senior clinical leaders to explain the role and benefit of Physician Associates** in order to ensure roles are developed in conjunction with the workforce planning cycle
- **PA Students and trainee ACPs** will be supported to consolidate their learning through a robust programme of **clinical supervision**. Students and trainees will be invited to feedback on their learning experiences in order to ensure we train a workforce able to deliver the competencies required
- Specialty and Trust Grade doctors will also be employed to support safe senior rotas.
- **Specific development programmes to ensure re-entry onto training routes** where appropriate and continuous professional development
- We will encourage UHL staff to be involved in **externally funded national and international roles** which allow us to help influence national policy, and bring important influence and kudos to the Trust (and demonstrate that UHL can fulfil the aspirations of top calibre staff). This will also impact on the recruitment and retention of future consultants
- Across our programme of reconfiguration, **clinicians will be challenged to review traditional ways of planning their workforce**. They will be encouraged to map the skills required to deliver a revised model of care and think creatively about potential workforce solutions

Success measures and indicators

We’ll know we are successful if:

- Improved gap fill rates
- Improved Job Plan completion rates
- Reduced non contracted expenditure levels
- Improved productivity rates
- Improved revalidation and appraisal completion
- Growth in number of ACPs and PAs with clear demand plans
- Excellent student and trainee feedback

How will it be different if we're successful?

If we are successful, the shape of our workforce will be different with a greater variety of roles and career paths for staff, and a resource envelope that better matches both needs and affordability. UHL will be an attractive employer, with a reputation for developing its people, rewarding positive behaviour and retaining talent. We will bring new people on board quickly, reducing the length of time that posts are vacant and therefore the pressure on those covering the gaps, thus further reinforcing workforce wellbeing and retention. We will be resourced to provide high quality care.

What specific actions are planned for 2019-20?

Trainee Workforce

- Implement actions arising from engagement events in order to improve on local retention levels
- Sustain multiple workforce solutions which meet the needs of specific services eg Clinical Fellow posts in research rich environments, posts with special interests

Physician Associates

- We will aim to deliver year one of our workforce plan relating to Physician Associates through local recruitment and particular emphasis on students who have undertaken placements within UHL
- We will utilise the expertise of our US Physician Associates who came to UHL via the National Physician Associate Expansion Programme to
 - Ensure the quality of clinical placements at UHL with an appropriate infrastructure to enable deployment into the LLR community
 - Support students in achieving success in national exams
 - Develop an ambassadorial roles for areas to understand how Physician Associates can contribute to the overall provision of care

Advanced Clinical Practitioners

- To develop a Trust wide plan for overall advanced practitioner numbers based on clear plans for deployment in services
- Linked to Priority 2a, develop ambitious attraction and retention plans to ensure we can increase capacity of Advanced Clinical Practitioners, utilise the current Leicester Hospitals Recruitment website to describe roles, their contribution to the overall Trust strategy and opportunities for further career development
- To maintain the Advanced Clinical Practice Unit which sets the governance arrangements for this role – ensuring we have the capacity to grow our staff; assure ourselves of high quality education and training and support ACPs in their ongoing career development
- Ensure the current cohort of advanced clinical practitioner trainees complete the full programme successfully
- To ensure that rotas are developed for Advanced Clinical Practitioners to ensure they make an efficient contribution to service delivery and recognising that the role performed is not identical to a trainee doctor

3. We embed an empowered culture of high quality care

To establish a culture of engagement and innovation

Why is this important?

Doctors should be systematically involved in decisions that affect them to enable a culture of engagement in order that, as leaders of their clinical services, they have the opportunity to develop and enhance their services. It is important that our medical workforce understand how to implement a quality improvement cycle in order to enhance the patient experience as we seek new and innovative ways of doing things. Doctors should have the skills to engage patients in quality improvements as research shows there are sustained improvements to quality when patients are involved in decisions with empowered and engaged workforces. Medical staff should also be encouraged to speak up about clinical practice that gives them cause for concern and be encouraged to make suggestions for improving their working lives.

Key deliverables

- We will **create opportunities to develop service improvement techniques** and encourage a culture of testing and trying new initiatives in partnership with the wider health and social care community where it is safe and appropriate to do so
- We will do this by **training in service improvement techniques and QI methodology and creating a network of quality improvement champions**
- We will utilise **our existing network of medical engagement forums (Clinical Senate and Junior Doctors in Training Committee) to sound new ideas and influence strategic and operational decisions**
- We will engage the whole consultant workforce through the **Consultant Conference** in current hot topics and showcase how they can get involved in change and transformation both in terms of improving service delivery and improving their overall working lives
- We will work with the **Regional Clinical Senate** to encourage medical staff to be involved in developing solutions to challenging issues facing the LLR community such as the Making Happen Events associated with frailty
- We will work at a local level to invite multidisciplinary teams to review their **CMG Quality and Safety measures** to identify solutions in areas of poor performance. This will specifically support delivery of the Quality Strategy
- Identify members of the medical workforce to develop actions to reduce differential attainment across protected characteristic groups
- Create an Improvement and Innovation Centre in collaboration with local health and academic partners to focus on
 - Service improvement
 - Research
 - Innovation
 - Education

Success measures and indicators

- Staff survey results
- New initiatives
- Lia Pulse check results

How will it be different if we're successful?

We will increasingly see managers and medical staff, together with multidisciplinary teams, working together on large and small scale change programmes to improve results. We will see fewer concerns raised with the Safe Working Guardian and rapid resolution of any issues raised. We will see people reviewing the ways things are done on regular basis and less people accepting sub optimal standards and work arounds to existing problems. Solution finding will be undertaken in a consistent simple way and data and outcomes will inform the basis of programmes of change and be used to monitor success. We will routinely see rapid cycle testing of ideas supported by a network of QI experts.

What specific actions are planned for 2019-20?

- Continue to engage with the Clinical Senate as a confirm and challenge to significant Trust strategic decisions particularly in relation to the reconfiguration of services
- Continue to promote the Doctors in Training Committee particularly to use as a Sounding Board for initiatives to improve the doctors' experience
- Review the outputs from the first Consultant Conference to identify areas for action to improve the working lives of the consultant workforce
- Engage with the medical workforce to enable contribution to the development of the Quality Improvement Strategy
- Identify members of the medical workforce to champion the QI agenda

4. We develop the right kind of leadership

What specific actions are planned for 2019-20?

4a To participate in the Culture and Leadership Development Programme

Why is this important?

To deliver high quality care, we must ensure that leaders have the ability to engage, plan, deliver and learn, devoting time and energy to local testing and improvement and constantly sharing across the organisation and throughout the system. We recognise that to do this we need to provide the right skills; ensure inclusivity and the fostering of talent and ensure the right improvement-focused behaviours are visible.

Key Deliverables

- To develop leadership capability
- To grow future leadership pipeline

Success Measures and Indicators

- To have a talent pipeline successfully filling leadership positions at Head of Service, Deputy Clinical Director and Clinical Director level

What specific actions are planned for 2019-20?

- Across the system work is underway in setting out a LLR Clinical Leadership Strategy. This work will be led by the LLR Clinical Leadership Group in collaboration with national team (NHS I/E). Initial scoping will be undertaken during the next Making Things Happen Event (late April).

4b To improve the representation of BAME and female staff at a leadership level to better reflect the diversity of the workforce and our local population

Why is this important?

The majority of our medical workforce is BAME and yet this majority representation is not replicated for leadership roles such as Clinical Directors and Heads of Service. Similarly the majority of our workforce is female, but this group is under-represented in medical leadership. The Gender Pay Gap for the Trust is mainly driven by differences in the consultant workforce and it is important that we understand the drivers behind this. Recent evidence suggests that pay gaps also exist between BAME staff and their white colleagues. Addressing these issues is a key priority. Analysis of feedback from the Trust's first Consultants' Conference indicates that both racial and gender inequalities are felt by members of staff in the consultant group.

Key deliverables:

- To undertake a detailed analysis of the factors driving both the gender and possible BAME pay gaps in our medical staff groups.
- To formulate an action plan (and refresh the existing action plan for the gender pay gap) that will aim to address this.

Success Measures and Indicators

- Closure of the Gender Pay Gap by 10%
- Improved staff survey results
- Increase in the proportion of women and BAME individuals in leadership roles

How will it be different if we're successful?

We will see improved representation of BAME and females in our Heads of Service, Clinical Director and other leadership roles. The Trust will have a clear understanding of the factors that have led to under representation and have listened to feedback on what actions the Trust can take to reduce the gaps.

What specific actions are planned for 2019-20?

Tackling Differential Attainment in the Medical Workforce

- Identify the barriers to BAME and female consultant staff to applying for more senior leadership roles
- Identify reasonable adjustments that can be made for medical staff with acquired or existing disability
- We will engage the Clinical Senate in the development of specific action plans
- We will engage the BAME network in developing specific action plans
- We will engage with Leicester Women in Medicine in refreshing the Gender Pay Gap action plan

5. We support people to gain the skills to enable improvement

To develop a learning organisation approach to education and training and enhance our reputation as a Teaching Trust

Why is this important?

As an Acute Teaching Trust, we need to display excellence in the provision of learning and education. We need to ensure that the right balance is struck in rota management between the provision of service and education and ensure learning experiences are delivered by experts either in the classroom context or through coaching and mentorship. We need a motivated and high quality infrastructure of Clinical Supervisors, CMG Education Leads and Training Programme Directors to monitor and deliver high quality training.

Key deliverables

To deliver the objectives identified with the Medical Education Strategy ie:-

- Enhance the recruitment and retention of staff through the **provision of excellent training for both medical students and postgraduate doctors with the right educational facilities**
- Working in partnership with the University **develop a programme for improving the quality and capacity of education provision**
- **Respond to curricular changes for the medical workforce as defined by the Shape of Training, ensuring a supportive and safe learning environment.**
- **Fully utilise modern technology to enhance learning**
- **Implement estates strategy for the improvement of education and training facilities, including simulation facilities, on the LRI and Glenfield sites**
- **Implement local quality governance processes to maintain and improve UHL's status as a training provider**
- Sustain **multiprofessional approaches to education based** on the model developed in the Emergency Department
- **Recognise educational excellence and innovation**
- Capitalise on our reputation in relation to research and development
- Developing **learning programmes which incorporate community and acute experiences** in order to support Flexible Portfolio Careers and enhance understanding of the wider healthcare system
- As part of the **Talent Management Strategy** put in place a programme of career coaching and mentorship to enable medical staff to move into future leadership roles. Specifically put in place a **Head of Service** development programme for new and aspiring postholders

Success measures and indicators

We'll know we are successful if:

- Improved Staff Survey results
- Improvements in the evaluation of Learning Experiences (GMC and Local)

How will it be different if we're successful?

We will have excellent learning and development facilities with modern equipment for ensuring clinical simulation learning opportunities, options for the use of Artificial Intelligence and opportunities for remote learning. We will be able to flex changes to the trainee and trust grade posts to reflect emergent changes as part of the Shape of Training review. There will be significantly higher scores in our trainee survey results and UHL will have an excellent reputation as an Acute Teaching Trust.

What specific actions are planned for 2019-20?

Consultant and other Career Grade Doctors:

- Fully develop the induction programme to ensure appropriate orientation to the Trust and introduction to lifelong learning
- Proactively promote available leadership development programmes particularly those relating to leadership across boundaries
- Support Clinical Academic training

Trainees

- Implement the current action plan relating to GMC and HEE surveys of trainees
- Design cost effective rotas to meet the national requirement to increase the number of internal medicine trainees and expand the programme to three years
- Training funding will be clearly identified and transparent. This will encourage the Deanery to continue to invest in UHL, and minimise the risk of training being moved away from UHL. This work is an essential precursor to the training tariff which will be introduced from August 2019.

Specialty Doctors and Trust Grade Doctors

- Assign Clinical and Educational Supervisors to support on-going development of this workforce

6. We work effectively with the wider system

To work collaboratively with our medical and multidisciplinary colleagues in the LLR system specifically in relation to the clinical leadership of the system.

Why is this important?

The CQC have observed that truly patient-centred care cannot come from a single organisation view, but with the recognition that high-quality care is only delivered when all parts of the health system work effectively together. Health and social care organisations are complex, adaptive systems. Moving beyond organisational and functional boundaries and traditional hierarchies requires systems thinking. Clarity on the purpose of QI focuses improvement activity on delivering high-quality patient care, and often results in wider consideration of patient experience and their journey into and through healthcare services. As improvement teams experiment and problem solve, the patient journey is understood across internal and external organisational boundaries. Ultimately this leads to collaboration and improvement across functional boundaries to improve patient care – where improvement teams are thinking and working across the system.

Key Deliverables

To support collaborative working we will:

- Continue to develop the **LLR wide education and training programme** through the capability group to deliver system wide education needs such as hand hygiene and frailty training
- Continue to plan for **roles which will work in a range of settings of care** and move seamlessly through organisational boundaries

- Maximise opportunities to **work collaboratively on long standing barriers to excellent patient care** as seen in recent work relating to frailty and discharge processes
- Continue to **work collaboratively on the development of new roles** to ensure consistency of education and governance – developing a broad LLR understanding

Success Measures and Indicators

- Increased joint appointments both across healthcare and health and social care
- Reduced interorganisational competitive recruitment practices such as pay increases and ‘poaching practices’
- Increased examples of joint approaches to education and training

How will it be different if we are successful?

We will start to adopt LLR wide rather than organisational specific workforce planning practice where we plan for a quantum of workforce across LLR and deploy appropriately and flexibly to areas of greatest patient demand. Patients will experience greater levels of seamlessness as we develop singular education and governance processes such as observed with frailty scoring and education for Nursing Associates.

What specific actions are planned for 2019-20?

- Further development of the clinical placement programme for Physician Associate students to ensure resource is available for deployment into Primary and Acute and Mental Health settings.
- Use a consistent methodology of functional mapping to ensure new roles are developed in a consistent way

Conclusion

To deliver quality care, we need to develop and care for our people.

This strategy outlines six priorities that align with national, regional and local drivers including our Quality and People Strategy to meet our business needs now and in the future. We laid the foundations in recent years and must now deliver an effective set of interventions to improve performance and enable the organisation. We will monitor our progress through our People dashboard, and develop detailed implementation plans as defined in the deliverables related to each priority. We have developed our Five Year Workforce Plan and our plans for the Nursing and Midwifery and Medical Workforces as these are critical of focus for delivery. We expect delivery to flex under these six priorities as national circumstances change and will update operational plans accordingly.

Our People priorities will continue to report to the Executive Workforce Board and to the People, Performance and Process Committee for assurance.