

Trust Board paper W

	TRUST BOARD									
From:	Kevin Harris, Medical Director Kate Bradley, Director of Human Resources									
Date:	31st July 2014									
CQC regulation	All									
Title:	Medical Workforce Strategy									
Author/Responsible Director:	Louise Gallagher, Workforce Development Manager									
Purpose of the Report:	To present the proposed Medical Workforce Strategy to support the Trust's Five year Workforce Plan. The strategy describes four aspects to support the medical workforce with particular emphasis on mechanisms to address future shortages in supply particularly the junior medical workforce.									
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 50%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 50%; text-align: center;">√</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">√</td> <td>Endorsement</td> <td style="text-align: center;">√</td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	√
Decision		Discussion	√							
Assurance	√	Endorsement	√							
Summary / Key Points:	<p>The overarching Five Year Workforce Plan 2014/19 sets a direction of travel in relation to our workforce capacity and capability requirements. This plan is based around six pillars of delivery that relate to both efficiency and productivity and how we will transform our workforce to support high quality patient care in the future. The plan describes new models of care and areas for future investment in relation to specialised services and as such there are important implications for the medical workforce.</p> <p>The Medical Workforce Strategy and its supporting action plan, covers a range of initiatives relating to the attraction, shaping, development and engagement of the medical workforce to meet the needs of the Five Year Workforce Plan. Many of these initiatives are already in train and this strategy pulls together existing workstreams into an overarching vision for the medical workforce.</p> <p>The paper describes our core priorities which focus on reshaping the medical workforce including developing non medical solutions in recruitment hotspot areas and improved alignment of Job Plans with activity.</p> <p>A range of short term tactics to address our immediate recruitment shortfalls are also described.</p> <p>The paper also describes the quality measures and ongoing assurance mechanisms</p>									
Recommendations:	Members to note and endorse the Medical Workforce Strategy									
Strategic Risk Register	Risks 13,14,15,16	Performance KPIs year to date Vacancy rates, junior doctor fill rates, paybill expenditure								
Resource Implications (eg Financial, HR)	Risk of higher levels of premium payment									

expenditure
Assurance Implications Underachieved targets will impact on achievement of the Workforce Plan and NTDA measures relating to this
Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation
Equality Impact considered and no impact
Information exempt from Disclosure N/A
Requirement for further review? Review and monitor through the Executive Workforce Board

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 31 JULY 2014

REPORT FROM: KEVIN HARRIS, MEDICAL DIRECTOR/ KATE BRADLEY,
DIRECTOR OF HUMAN RESOURCES

REPORT BY: LOUISE GALLAGHER, WORKFORCE DEVELOPMENT MANAGER

SUBJECT: MEDICAL WORKFORCE STRATEGY

1.0 Background

- 1.1 As part of the five year planning cycle, we have developed and refreshed our Five Year Workforce Plan 2014-19 to set a direction of travel in relation to our capacity and capability requirements. This plan is based around six pillars of delivery that relate to both efficiency and productivity and how we will transform our workforce to support high quality patient care in the future. The plan describes new models of care and areas for future investment in relation to specialised services and as such there are important implications for the medical workforce.
- 1.2 In order to support delivery of this plan we have pulled together a number of existing pieces of work into an overarching Medical Workforce Strategy and action plan (attached as appendices 1A and 1B). There is an increasing urgency for a focus on the medical workforce given the widening gap between supply and demand particularly in relation to junior doctors and the need for innovative solutions to more efficient ways of working particularly in integrated ways across health and social care.

2.0 Introduction

- 2.1 The purpose of this paper is to receive feedback from the Trust Board on the proposed Medical Workforce Strategy 2014-16 and the initial quality measures relating to this.
- 2.2 The Medical Workforce Strategy has received initial input from the Associate Medical Director for Education and the Trust's medical engagement lead. Feedback has also been received from the Executive Team.

3.0 The Strategy

- 3.1 There are four work streams identified within the strategy:
- Recruit and retain a high quality medical workforce proactively (attract)

- Shape a workforce to be efficient and effective and focused on quality. Shape new roles which support new models of healthcare delivery and support the closure of gaps in traditional hot spot areas (shape)
 - Develop a learning organisation approach to education and training and enhance our reputation as a teaching trust (develop)
 - Establish a culture of engagement and innovation (engage)
- 3.2 Each workstream has an associated set of outcomes and a series of short term and long term initiatives designed to achieve the high level outcomes. Initiatives include innovative approaches to recruitment and retention in hotspot areas, redesign of the workforce to introduce non medical solutions, sharpening our processes for the management of Job Plans and ensuring good governance in relation to pay. We also describe how we aim to become a learning organisation and improve our levels of engagement with the consultant workforce.

4.0 **Core Priorities**

- 4.1 The 'shape' workstream is the highest level of priority if we are to deliver our vision of a transformed workforce which can deliver healthcare in a sustained way in the future. We know that there are future plans to further reduce the number of training posts and we are consistently seeking to source workforce from an area of limited supply. Our planned transformation of services presents significant opportunities to review what functions need to be carried out, in what settings and how. This will entail constructing a workforce model to deliver the planned operational model and then giving consideration to the education and governance arrangements arising from this remodelling. We have good practice in many parts of the Trust for example trauma coordinators in trauma and orthopaedics or advanced nurse practitioners in the Emergency Department. We need to ensure that we develop an overarching strategic approach which allows flexibility at specialty level based on a baseline definition of functional responsibility, educational requirements and good governance in respect of policies and procedures.
- 4.2 Advanced practitioners are the most developed form of non medical workforce solution and have been introduced in response to specific specialty hot spot areas. A more planned approach is being developed which will entail adoption of an East Midlands wide competency framework, with educational input and competency sign off designed and delivered locally.
- 4.3 Work is underway to review the introduction of Physician Assistants based on good practice in both the United States and locally. The focus here will be on scoping our requirements and developing an education programme to ensure delivery. This will not only support recruitment hotspots but also support the delivery of seven day service provision.
- 4.4 Work is being undertaken to attract and provide CPD support to non traditional medical workforce posts such as career grade and specialty doctors. A workforce of this nature can deliver stability and enable trainee doctors to have better supported educational programmes.

4.5 The work underway to review consultant job plans is a key mechanism for aligning workforce with activity but also to create opportunities for additional portfolio programmed activities which underpin our vision to be leaders in education and research thereby attracting and retaining talent for the future.

5.0 **Short term Tactical Approaches**

5.1 As work progresses to develop new and innovative roles, there are a number of short term approaches being adopted to attract trainee and substantive staff to the Trust. Initiatives include:

- the development of multispecialty roles such as geriatrics and emergency medicine
- opportunities for out of programme experiences and training
- the development of a collaborative approach to cover gaps in our trainee medical workforce. In this a single agency supplier has been commissioner to supply doctors across the East Midlands which can offer rotations to new and different specialties through a pooled approach.

6.0 **Measurement of the Medical Workforce Strategy**

6.1 The action plan and local CMG action plans (collated through the Delivering Caring at its Best Workforce Plan workstream) will be monitored via the Executive Workforce Board.

6.2 Gaps in relation to consultant and trainee medical workforce will be monitored via the Executive Workforce Board and reported to the Clinical Quality Review Group.

6.3 Performance in relation to medical workforce engagement will be monitored through the Staff Survey.

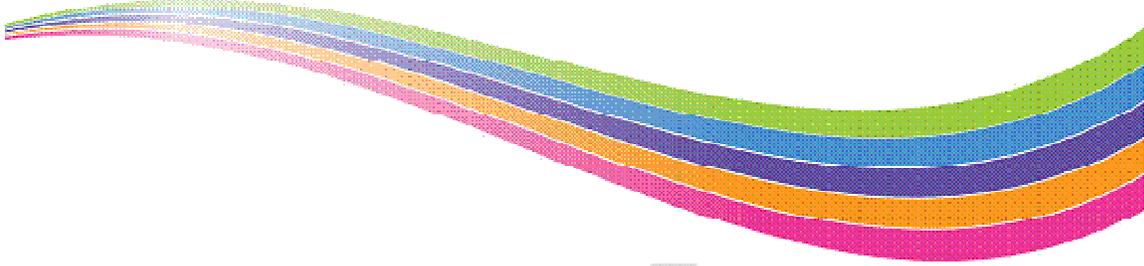
6.4 Education Quality will be monitored and measured through LETB Quality Dashboards and GMC quality measures and trainee feedback.

7.0 **Summary and Recommendations**

This paper has captured the principle priorities from the Medical Workforce Strategy which are detailed in the outcomes and action plan

6.1 The Board is asked to approve the Medical Workforce Strategy

6.2 Note the assurances to be provided and measurement mechanisms.



UHL Medical Workforce Strategy

2014- 2016

DRAFT

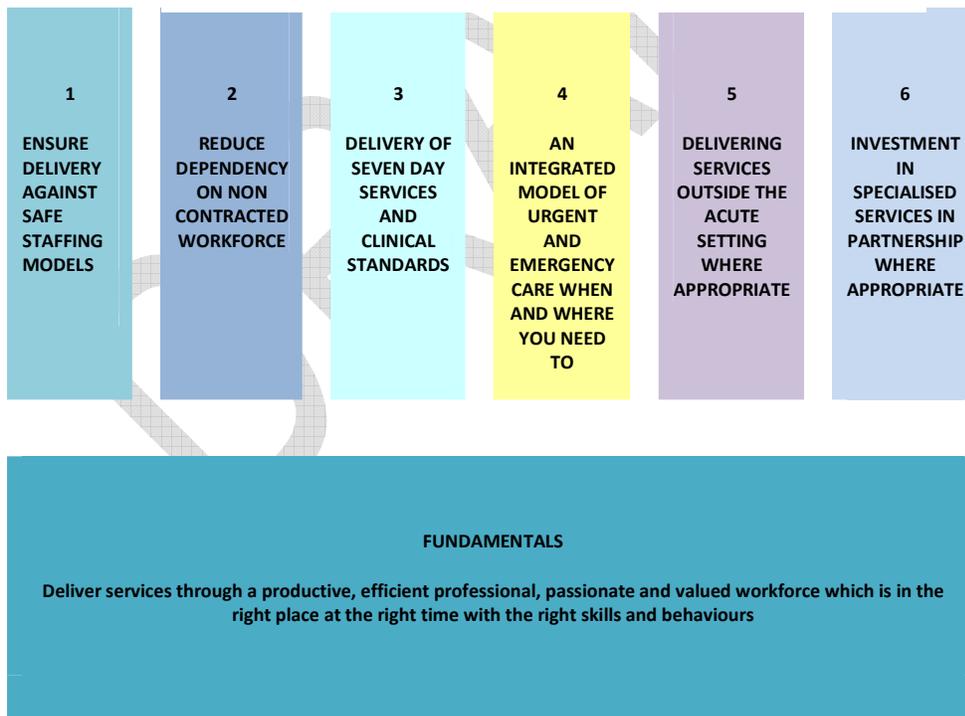


Foreword

OUR VISION: We will become a successful Foundation Trust (FT) that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve our patient experience. We call this ...

...Caring at its best

Our overall Five Year Workforce Plan for 2014 -19 describes six pillars of delivery to shape the workforce model for delivery of the overall Better Care Together Strategy for the Leicester, Leicestershire and Rutland (LLR) health community:



The purpose of the Medical Workforce Strategy is to draw together a number of medical workforce workstreams to describe how we will progress towards the overarching workforce plan specifically in relation to medical staffing. As such the strategy will embrace both consultants and training staff who provide core aspects of service delivery. It will also include our growing non training workforce of Specialty and Career Grade Doctors and describe plans for the

introduction of non medical workforce roles to support multiprofessional approaches to care and address recruitment hotspots. A number of recruitment hotspots are replicated nationally and we recognise the need to transform our workforce in order to address these gaps in new and innovative ways.

The strategy will initially span a period of two years with a predominant focus on the first three pillars of the workforce plan as we await more detail on the Greenaway 'Shape of Training Review' (2013) and the evolution of new models of care in the LLR health community. In addition to being driven by the Trust's Five Year Workforce Plan, this strategy is underpinned by:

- UHL Clinical Strategy
- UHL Organisational Development Plan 2013-2016
- A Strategic Vision for Medical Education and Training in UHL
- The Medical Productivity CIP Cross Cutting Theme
- The Nursing Productivity CIP Cross Cutting Theme (with particular emphasis on new role development)
- New initiatives around medical engagement including the Junior Doctors in Training Committee and Clinical Senate
- Listening into Action

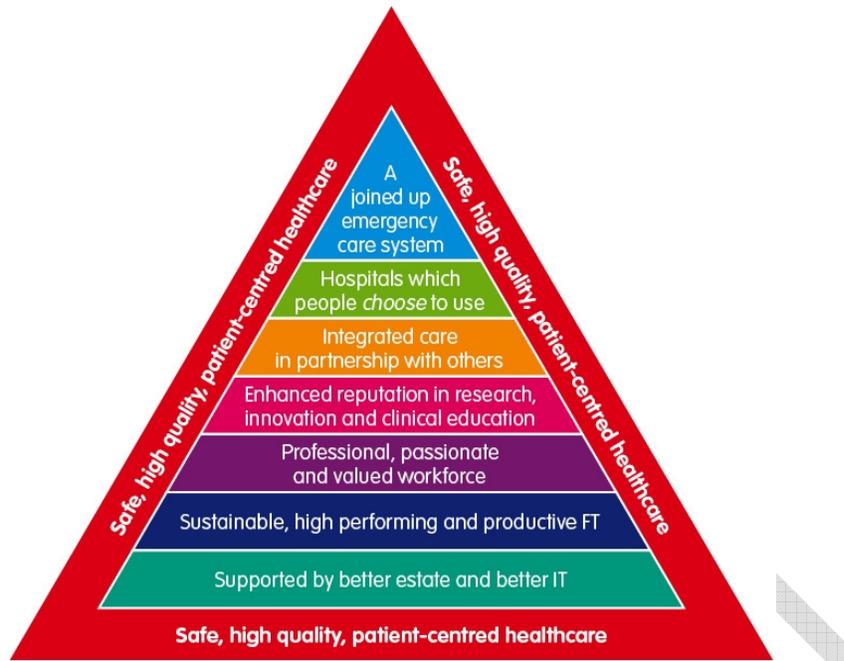
1 Our Values

Our values have a key influence on shaping our workplace in terms of culture and behaviours. The values are also key to shaping medical workforce strategy and planning in that we need to ensure a focus on high quality care is embedded in all employment practices and plans.



2 Our Medical Workforce Strategy – Principles and Aims

Our Strategy will focus on attracting, recruiting, shaping, developing and engaging the medical workforce to support delivery of the Trust's Strategic Direction:



Our Strategy is underpinned by the following principles:

- Ensure our medical staff are supported to work safely in order that they can deliver high quality patient care and experience
- A focus on ensuring transparency in the allocation and expenditure of the Trust's resources with patient needs at the heart of our planning processes
- Ensure mechanisms are in place to respond quickly and proactively to recruitment hotspots and high risk areas both at the current time and in response to known risks on the planning horizon
- Ensure workforce plans are influenced and shaped through engagement and innovation
- Deliver high quality training and education at undergraduate and postgraduate levels
- Listening into Action principles will underpin our approach to medical staff engagement

Working with these principles we aim to:

- Manage our skill shortage areas and recruit high calibre staff ensuring a consistent flow of applicants for all levels of medical staffing to meet our needs
- Improve staff engagement in order to limit turnover
- Invest in the development of new non medical roles to support future gaps in the supply of traditional workforce

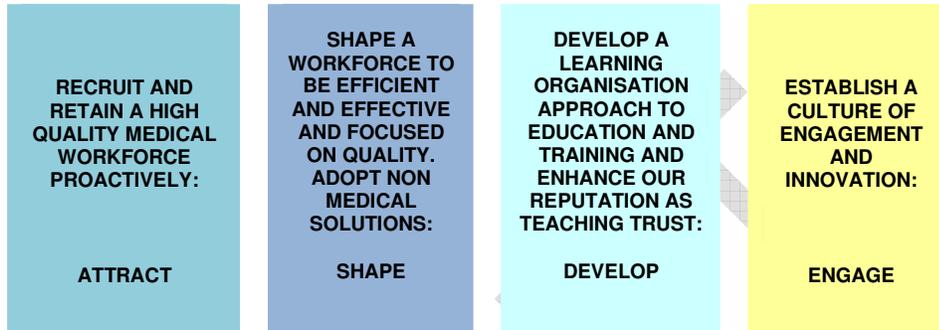
- Shape our workforce to ensure rotas and job plans are created to meet service needs on an ongoing basis and specifically to meet the requirements of seven day service provision
- Shape rotas and job plans to maximise efficiency and productivity and ensure use of non contracted payments to supplement gaps is minimised
- Invest in the development and education of our workforce, ensuring we enhance our reputation as one of the largest Teaching Trusts – ensuring investment in both facilities and methodology as well as the quality of traditional education and mentorship
- Embed engagement and involvement in working practice including more routine adoption of service improvement techniques

3 Where are we now and where do we want to get to?

<i>From</i>	<i>To</i>
<i>Pay for time served and grade</i>	<i>Pay driven by achievement of goals – the what and the how</i>
<i>Job Plans that are inconsistent and limited in the provision of detail</i>	<i>Clear and consistent job plans throughout the Trust</i>
<i>Recruitment that is reactive and in direct response to vacancies as they arise</i>	<i>Predicting the shape of the future workforce and transform the workforce by developing new roles and rotas to meet changes in technology, settings of care, patient expectations, demographics and acuity and dependency</i>
<i>Limited internal measures of productivity and quality</i>	<i>Clear and transparent objectives and defined measures of productivity</i>
<i>Complex training and education funding arrangements</i>	<i>Transparency in relation to education and training funding</i>
<i>Medical workforce has a passive role in shaping and directing the future of services</i>	<i>Medical workforce given extensive opportunity to engage in the future direction of the Trust and shape clinical services</i>
<i>High premium paybill for medical staff cover and capacity issues</i>	<i>A flexible workforce that provides sufficient capacity 24/7</i>

4 How will we structure our approach to planning the medical workforce

To deliver this Strategy, we have developed our work by focusing on the consultant, trainee and non medical and non training workforce under four key headings (not necessarily mutually exclusive) which each contain desired outcomes, initiatives and measures of success. This is an iterative strategy which will be shaped over time and refreshed.



5 What will our priorities be?

Under each of the four key themes outlined above, we will describe high level desirable outcomes and both short term and long term initiatives to support the delivery of these outcomes and how we will measure our achievement of these.

6 Work Stream 1: Recruit and Retain A High Quality Medical Workforce Proactively

Desired Outcomes

To ensure all roles attract sufficient high calibre applicants to ensure excellence in clinical skills is complimented by behaviours that support the Trust values and a commitment to work effectively in multidisciplinary teams.

What steps will we take to achieve this?

WORK STREAM 1: ATTRACT

2014/15 Priority Initiatives

Consultants

- **Ensure proactive and responsive management of the consultant appointments process**
- **Embed values based recruitment into the appointments process including the potential introduction of assessment centres**
- **Provide robust training for those supporting consultant panels**
- **Monitor recruitment hotspots and develop innovative approaches to fill posts including development of strategic alliances where appropriate eg radiology, cancer services and shared community and acute posts in geriatrics**
- **Develop innovative roles to attract high calibre applicants eg roles which provide opportunities for education or roles that deliver services to more than one specialty eg ED consultants with a special interest in geriatrics**
- **Fully exploit the outstanding reputation of research and development to attract consultants and enable the development of specialised services**
- **Identify schemes to attract high calibre leaders for academic and senior management positions**

Training Posts

- Proactively track and monitor gaps in fill rates and seek opportunities to proactively recruit to Locum for Service Posts particularly in medicine, ED and anaesthetics
- Develop innovative trainee posts eg Emergency Care roles with OOPE and OOPTe opportunities particularly where there are predicted benefits in long term service delivery priorities
- Work with Health Education East Midlands to market the East Midlands and learning and education facilities at Trusts within a particular rotation
- Encourage support for MTI schemes which attracts good doctors from abroad and can support developing nations
- Work with Health Education East Midlands and Training Programme Directors to ensure the timely notification of proposed training rotas

Longer Term Initiatives

- Dependent on the outcome of the 'Shape of Training Review' determine where the Trust will offer credentialing opportunities in order to develop and enhance specialised services

Measures

- Numbers of applicants per post
- Number of posts vacant
- Training post fill rates
- Compliant rotas

7 Work Stream 2: Shape a Medical Workforce to be Efficient and Effective and Focused on Quality adopting non medical models where appropriate

Desired Outcomes

We will have robust and systematic Job Plans and rotas that are closely aligned to activity and service priorities including the 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.

We will have clear policies and practices in place for the management of additional PA s and Special PA s to ensure transparency and added value. The design of additional PA s will recognise the added value of externally funded national and international roles which bring important influence and kudos to the Trust. This will also impact on the recruitment and retention of future consultants.

All forms of additional payment will be transparent and relating to service or levels of responsibility.

We will have clear and transparent processes in place for approving new medical staffing posts which are confirmed and challenged to ensure they are closely aligned to capacity requirements. This will be supported by a robust approach to service line reporting where activity is closely aligned to income streams and with accountability for delivery clearly defined.

We will be in the upper quartile of efficiency and productivity through the adoption of lean and systematic process redesign particularly in relation to theatres.

New roles will be in place for Assistant and Advanced Practitioners and Physician Assistants in order to support the closure of gaps in the supply of trainees particularly in surgical specialties. Specialty and Trust Grade doctors will also be employed to support safe senior rotas. These will be supported by specific development programmes to ensure re entry onto training routes where appropriate and continuous professional development.

What steps will we take to achieve this?

WORK STREAM 2: SHAPE

2014/15 Initiatives

Consultants

- **Launch the UHL Job Planning Framework and Consistency Panel and ensure all reviewed Job Plans aligned to activity are in place for November 2014**
- **Additional payments such as management allowances will reflect market rates and levels of accountability. On call arrangements will reflect demand for out of hours services and will be assessed to ensure they represent best value as a working arrangements**
- **Undertake systematic review of all additional payments and confirm and challenge the purpose of such and whether to continue remuneration**
- **Utilise the baseline Seven Day Services to develop and cost actions to ensure compliance. Review workforce implications from three perspectives in conjunction with East Midlands colleagues – contractual levers, culture and workforce planning (eg new roles to support service in new and innovative ways)**
- **Develop clear and transparent set of measures for determining productivity which is aligned to service line reporting**
- **Ensure compliance with appraisal and revalidation requirements in order to support safe and high quality delivery**
- **Develop clear and transparent set of KPIs for consultants relating to quality, workforce, finance and delivery and implement clear and robust relationship to pay progression as defined in the 2003 consultant contract**
- **Involvement of clinicians in service and operational policy redesign particularly in relation to two site reconfiguration programmes in order that opportunities to reach upper quartile of productivity are maximised. Adopt programmes of expert challenge where appropriate**

- Ensure all new posts are approved through the Revenue Investment Committee

Trainee Workforce

- Scope roles where fill rates are poor/ there is a strong likelihood of reduced future investment and determine how and who can undertake role in the future. Determine competencies based on generic model and devise and commission where appropriate an supporting educational model
- Implement governance framework for new roles

Overall

- Develop conversion strategy in areas that consistently utilise agency and non contracted payment to address gaps eg convert to additional PA s or appoint to short term locum
- Adopt strict authorisation processes for the agreement to agency/ non contracted cover arrangements and monitor reasons for use of non contracted workforce. Utilise information to inform conversion strategy
- Review most cost effective payments for additional work eg fee for service
- Agency, medical locum and waiting list initiative payments will be used in a planned way where need is required by the service. Payments and usage will be monitored to ensure efficiency, good governance and high quality patient care
- Review rotas to ensure the most efficient and effective deployment of trainee and non consultant medical staff.

Longer Term Initiatives

Measures

- Develop systematic approach to reconfiguration programmes and workforce design for two sites

Gap fill rates

Job Plan Completion rates

Non contracted expenditure levels

Productivity rates

Revalidation and appraisal completion

8 Work Stream 3: Develop a Learning Organisation Approach to Education and Training and Enhance Our Reputation as a Teaching Trust

Desired Outcomes

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

- Enhance the recruitment and retention of staff through the provision of excellent training
- Ensure UHL remains an accredited centre for training based on the experiences of trainees
- Working in partnership with the University develop a programme for improving the quality and capacity of education provision
- Capitalise on our reputation in relation to research and development
- Developing learning programmes which incorporate community and acute experiences
- Develop multiprofessional approaches to education based on the model developed in the Emergency Department
- Fully utilise technology such as Moodle to enhance the learning experience

What steps will we take to achieve this?

WORK STREAM 3. Develop

2014/15 Initiatives

Consultant

- **Utilise the outputs of consultant selection assessment centres to develop bespoke programmes of learning and development for individuals**
- **Ensure all new consultants are supported by a mentor and systematic talent management processes are put in place**
- **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
- Promote the new Consultant Forum which provides quarterly developmental updates for new consultants in post
- Leadership and management development programmes particularly those relating to leadership across boundaries:
 - Access to suite of Leadership Academy Programmes (including Team leadership)
 - Internal aspiring leadership programmes for future Heads of Service
 - Knowing the Business programmes to support Service Line Management
 - Mentoring training with HEEM
 - Appraiser training and refresher training

Trainees

- Utilise the Tariff to create a transformative approach to education and training in the future
- Develop community and acute rotations to enhance learning experiences
- Build on existing programmes of development relating to:
 - developing your career
 - preparing for consultant positions
 - preparing for the consultant interview

Specialty Doctors

- Assign Clinical Supervisors to support ongoing development of this workforce
- Develop bespoke training modules which enable retention and promote opportunities to return to training programmes, adoption of ED model

Longer Term Initiatives

- Review learning models and approaches in the context of the 'Shape of Training' Review
- Identify specialties to adopt credentialing approaches
- Implement estates strategy for the improvement of education and training facilities

Measures

- Staff Survey
- Evaluation of Learning Experiences

DRAFT

9 Work Stream 4: Establish a Culture of Engagement and Innovation

Desired Outcomes

We will systematically engage Doctors in decisions that affect them and enable a culture of innovation in order that, as leaders of their clinical services, they have the opportunity to develop and enhance their services

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.

What steps will we take to achieve this?

WORK STREAM 4. ESTABLISH A CULTURE OF ENGAGEMENT AND INNOVATION

2014/15 Initiatives

- Continue to promote the Clinical Senate as a confirm and challenge to significant Trust strategic decisions
- Continue to promote the Doctors in Training Committee particularly to use as Sounding Board for initiatives to improve the Drs experience
- Build on success of recent Joint Consultant and GP Leadership Conference to further embed integrated models of care
- Build on early intervention for junior and senior trainee doctors to enable a business/patient focused approach to service delivery eg Knowing the Business courses including financial awareness
- Embed LiA as an approach to drive service innovation through listening and engagement
- Further enhance CMG service development interventions to optimise improvement

Longer Term Initiatives

- **Create a Improvement and Innovation Centre in collaboration with local health and academic partners to focus on**
 - **Service improvement**
 - **Research**
 - **Innovation**
 - **Education**

Measures

- **Staff Survey Results**
- **New Initiatives**
- **LiA Pulse Check Results**

Conclusion

This strategy pulls together a number of cross cutting workstreams to develop a vision for the medical workforce. Although it has been written as a professional specific approach, it describes a number of multiprofessional and cross organisational initiatives which will be key to the sustainability of affordable and high quality patient care in the LLR community.

Appendix 1B OUTLINE WORKFORCE ACTION PLAN 2014 – 2015 (YEAR ONE OF MEDICALWORKFORCE PLAN)

Monitoring body (Internal and/or External):	Delivering Caring at its Best Programme Board
Executive Sponsor:	Kevin Harris
Operational Lead:	Pete Rabey/Louise Gallagher
Frequency of review:	Monthly
Date of last review:	

This plan is a high level summary of actions identified in across the four mainstreams

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	Recruit and Retain a High Quality Medical Workforce					
	Complete review of Consultant appointments process	Kate Bradley/ Kevin Harris	Emma Stevens	Sept 2014	Reviews of documentation complete and require refinement. Process review complete and new panel infrastructure implemented. Assessment centre proposal developed	4
	In conjunction with evolution of Five Year LLR and UHL strategies, develop innovative and potential strategic alliance role to support development of specialised services for example		Clinical Directors and CMG Management	Ongoing	Some work commenced eg cancer services, geriatrics	4
	Closer monitoring of likely trainee doctor posts gaps and more proactive management of vacancies	Kevin Harris	Louise Gallagher /Leena Patel		Better and more timely communication from Health Education East Midlands in order to develop rotas for known staffing	4
	Development of innovative trust grade/ training posts to attract trainees	Heads of Service/ TPDs	Service and Operational Managers		Posts in place in Emergency Department and Emergency Medicine offering OOPE and OOPTES	4
	Review recruitment strategies and identify where there is scope to introduce incentives to attract high calibre applicants in difficult to recruit areas eg research and development	CMG Directors		Ongoing		4

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned OR implemented but not fully embedded	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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	Workstream Two Shape a Medical Workforce to be Efficient and Effective and Focused on Quality adopting non medical solutions where appropriate					
	Rescope roles where there are ongoing recruitment challenges or there is a strong likelihood of disinvestment and identify competencies required for post, deliver non medical solutions	Kate Bradley, Kevin Harris, Rachel Overfield	New roles development group members	March 2015	New roles group and terms of reference currently being established and new roles summit being planned for Sept	4
	Revised process in place for authorisation of non contracted payment and revised definitions of Waiting Lists Initiative Payments	Pete Rabey	Locum Bookers and Clinical Directors	June 2014 and ongoing	Revised processes in place	4
	Define productivity measures for consultant workforce and implement	Pete Rabey	Medical Productivity Board	March 2015	Progress being made in defining measures	4
	Implement processes and systems for ensuring the medical workforce can translate operational procedures into workforce models	Clinical Directors	CMG Managers, Heads of service	March 2015	Commencing with workforce plans for the Emergency Floor	4
	Review rota template development to ensure maximum efficiency and understanding by service and HR leads	Kate Bradley	Vidya Patel		Plan to be drafted for end June 2014	1
	Develop conversion strategy for all non contracted payments and develop into job plan review sessions	Pete Rabey	Louise Gallagher	End Nov 2014	Job plan review process underway	4

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	Ensure delivery of targets in relation to appraisal and revalidation	Peter Furness	CMG Directors	Ongoing		4
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3	Pillar three Develop a Learning Organisation Approach to Education and Training					
	Review mechanisms for supporting the development and mentorship arrangements for new consultants including using the outputs of assessment centres	Sanjay Agrawal	Helen Mancini	March 2015	Assessment Centre approach developed. proposal in place for revised induction programme including mentorship	4
	Proactive promotion of leadership and other development programmes	Bina Kotecha	Helen Mancini	Ongoing	Already in progress	4
	Develop training programme and support for Specialty and Trust Grade Drs	Sue Carr	CMG Mgt	March 2015	Programme to assign Clinical Supervisors already underway	4
	Develop community and acute rotation to enhance learning experiences	Heads of School/ Service	TPDs	March 2015	Already in place in emergency medicine	4
	Support increased intake of ED specific trainees and innovative OOPE and OOPTE programmes	Richard Wright		August 2014 and ongoing	Workforce numbers agreed and appointed to. In long term will deliver viable model of senior training grades	4
	Pillar Four Establish a Culture of Engagement and Innovation					
	Continue to promote Clinical Senate as a confirm and challenge to significant Trust changes	Kevin Harris	Sanjay Agrawal	Ongoing	Clinical Senate in place	4
	Continue to promote the Drs in Training Committee as a mechanism for engagement	Sue Carr	Drs in training committee	March 2015	Already adding value to such initiatives as Junior Drs Induction Portal	4
	Further develop Knowing your Business Development Programmes	Sanjay Agrawal	Helen Mancini	November 2014 and ongoing	Face to face delivery in place, Funding sought for developing on line training programmes to support development	4

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned OR implemented but not fully embedded	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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