

Workforce Development Plan 2014-2016	Type: Strategic Register No: 08091 Status: Public
Developed in response to:	Workforce and Organisational Strategy
Contributes to CQC:	Outcome 14 Supporting Workers

Consulted With	Post/Committee/Group	Date
Workforce Advisory Group	Workforce Advisory Group	September 2014
Professionally Approved By	Bernard Scully, Director of HR	October 2014

Version Number	2.1
Issuing Directorate	HR: Learning and Development
Ratified by:	DRAG Chairman's Action
Ratified on:	14th November 2014
Trust Executive Board Date	December 2014
Implementation Date	November 2014
Next Review Date	Extension agreed to May 2019
Author/Contact for Information	Catherine Lee
Policy to be followed by (target staff)	All Staff
Distribution Method	Trust Intranet and website
Related Trust Policies (to be read in conjunction with)	Workforce Strategy Warner Library and Information Services Plan Management Development, Leadership and Talent Management Plan

Document Review History

Version No	Reviewed by	Issue Date
1.0		2008
2.0	Cathy Lee	November 2014
2.1	Jayne Toplis - 6 month extension request due MSB standardisation	6 th November 2018

Index

- 1. Purpose of Workforce Development Plan 2014-2016**
- 2. Aims of the Workforce Development Plan 2014-2016**
- 3. Scope**
- 4. Roles and responsibilities**
- 5. Audit**
- 6. Communication**
- 7. References**

Appendix 1: Equality Impact Assessment

1.0 Purpose of Workforce Development Plan 2014-2016

1.1 The Workforce Development Plan has for Mid Essex Hospital Services NHS Trust (MEHT) evolved from the 2008-2013 learning and development strategy. This plan intentionally covers a two year period 2014-2016 in line with the Trust's five year organisational strategy, launched in 2011. The organisational strategy aims to deliver healthcare that embraces all the rights and pledges conferred by the NHS Constitution, underpinned by 4 strategic priorities:

- Clinical and Service Excellence
- Quality Leadership
- Effective Relationships
- Business Excellence

1.2 The workforce development plan derives from and supports the organisational strategy, and is consistent with the workforce aims articulated by Health Education East of England (HEEoE), and reflects national education and training priorities including those previously outlined in *Developing the Healthcare Workforce: from design to delivery*

1.3 The workforce strategy currently under consultation aims to provide the Trust with a workforce that supports its strategic and operational goals to meet the needs of our patients. This will be achieved through a positive leadership culture that facilitates:

- the maximum involvement for staff;
- the promotion of their well-being;
- the opportunity for personal and professional development; and
- a commitment to fair and equitable practices.

1.4 The workforce development plan incorporates an expectation that staff will exemplify the behaviours aligned to the NHS Constitution and manifested in MEHT's corporate identity.

1.5 This document sets out a plan to underpin an organisation that possesses knowledgeable and skilled staff to deliver the new service models locally.

1.6 The workforce development plan recognises that there are significant changes ahead within the healthcare in order to meet the challenges of providing high quality services which incorporate priorities

- Seven day working
- Emergency and urgent care
- Older persons
- Respect and dignity agenda

1.7 The key components that constitute workforce development for this organisation are:

- The Induction Process
- Mandatory Training
- Pre-professional/vocational Development and career ladders
- Continuing Professional Development
- Leadership and Management development
- Organisational change and associated workforce development
- Appraisal and development planning
- MEHT as an education and training placement provider/supervision of staff
- Monitoring the quality of education provision

1.8 Each component will be outlined as an aim in section 2, and is underpinned by objectives, achieved through agreed actions, and monitored by the workforce advisory group.

1.9 Workforce development takes place in multiple locations and in many formats. The on site resources are:

- teaching rooms and meeting rooms in various locations across the organisation
- the warner library and information suite, incorporating computer assisted learning
- the medical academic unit which has various multi-purpose rooms
- Bioskills laboratory for practical and surgical skills training
- Live link between theatres and Anglia Ruskin University to enable observation of live time surgery

1.10 The resources are utilised for numerous purposes, have computer and projector services, and priority is given to the training needs of our learners to ensure that curricular requirements are met.

1.11 Facilities are also accessed through our education partners at University of Essex, Anglia Ruskin University, the Postgraduate Medical Institute(PMI) at Chelmsford, and the Icen Centre at Colchester.

1.12 Training and development is supported by a combination of trust funding and income from HEEoE in the form of ring fenced educational contracts, commissions, and specifically defined study

2.0 Aims of the Workforce Development Plan 2014-2016

The aims of the workforce development plan collectively are to ensure a considered and co-ordinated approach to workforce development and learning for all staff groups. This supports the ethos that that a competent and motivated workforce looks after patients and their families. The workforce development plan has nine aims, underpinned by service objectives

2.1 To support the introduction of new staff into the organisation in a manner that helps them become efficient and effective employees.

- 2.1.1 Provide a comprehensive induction programme for all staff
- 2.1.2 Provide a means for staff to understand the *modus operandi*, and most importantly show how we value our staff.
- 2.1.3 Provide induction programmes that are structured, and consistent, yet have flexibility built in to ensure the specialist requirements of staff groups are integrated into the process.
- 2.1.4 Implement an induction process that is fair, accessible and meets the needs of different staff groups
- 2.1.5 Outline a systematic process for all elements of implementation, reporting and monitoring of induction as an induction policy
- 2.2 To provide staff with access to mandatory training programmes to support them to work effectively in their roles.**
- 2.2.1 Outline a systematic process for all elements of mandatory training implementation, reporting and monitoring as a mandatory training policy
- 2.2.2 Issue mandatory training requirements for each staff member commensurate with their role in the form of a training needs analysis (TNA) and training matrix.
- 2.2.3 Present TNA to Executive Team with recommendations for approval annually as a minimum.
- 2.2.4 Provide access to mandatory training through different training mediums
- 2.2.5 Provide training compliance reports in a range of formats on a regular basis
- 2.2.6 Ensure training content is relevant to the staff groups, contemporary, and represents best practice.
- 2.3 To implement a pre-professional/vocational framework for staff development wishing to build a career in healthcare based on the national minimum training standards**
- 2.3.1 Develop a standardised set of skills and competences for pre-professional staff
- 2.3.2 Develop and agree an organisational approach to a pre-professional career ladder
- 2.3.3 Develop the associate practitioner role
- 2.3.4 Provide a process for the undertaking foundation degrees in healthcare and the sciences.
- 2.3.5 Review the organizational yearly training commissioning process to incorporate the pre-professional requirements.

- 2.3.6 Introduce a process for the regular employment of apprentices.
- 2.3.7 Work collaboratively with directorates to provide work based apprenticeship programmes
- 2.3.8 Maintain our excellent quality ratification rating and accreditation to train the dedicated work place assessors with the appropriate recognised qualification.
- 2.3.9 Work collaboratively with HEEoE and the Higher Educational Institutes to agree routes in health professional degree based roles
- 2.4 To support staff to develop to meet organisational aims, objectives and service initiatives by enabling staff to demonstrate that they are up to date to date within their practice or to meet the statutory requirements of their profession.**
- 2.4.1 Ensure that education and training commissions reflect organisational workforce priorities
- 2.4.2 Ensure the organisational education and training request processes are implemented in a fair and equitable way.
- 2.4.3 Ensure the funding is sufficiently flexible to incorporate emerging service developments and utilised in the most effective way possible to benefit staff development and positively impact on patient care.
- 2.4.4 Ensure that all income received for education and training is ringfenced and used in accordance with the criteria set down in the regional learning and development agreement (LDA) issued by HEEoE
- 2.4.5 Explore ways to support services to manage service provision, and patient care as well as support staff to undertake development commensurate with their role
- 2.4.6 Ensure there is a clear correlation between education approved and appraisal outcomes
- 2.4.7 Implement a process for recording all education and training undertaken.
- 2.4.8 Monitor education and development that adheres to the criteria set down in learning and development agreements and associated educational performance frameworks
- 2.4.9 Provide training reports in a range of formats for directorates, and external quality visits
- 2.4.10 Work collaboratively with the Essex Workforce Partnership (EWP) to ensure that any inter-organisational working benefits are maximized.
- 2.5 To provide a structure for management development, leadership and talent management that contributes to personal development and underpins an excellent patient experience.**

- 2.5.1 Implement a structure for management development, leadership, and talent management in the form of a strategic plan
- 2.5.2 Ensure that all staff in a designated leadership or management role are facilitated towards the most appropriate development commensurate with their role
- 2.5.3 Implement a process for talent management integral to the appraisal process
- 2.5.4 Signpost leadership and management development for different staff groups/needs
- 2.5.5 Ensure organisational representation at the local, regional and national Leadership Meetings through the Head of Learning and Development
- 2.5.6 Provide training reports in a range of formats for directorates, and external quality visits
- 2.6 To support the organisation to undertake service reviews in a systematic way and implement operational changes**
- 2.6.1 Provide the tools to support skills gap analysis during service change
- 2.6.2 Provide workforce intelligence data outlining vacancies, recruitment patterns, national and regional directives, and local operating pressures
- 2.6.3 Support directorates to ensure staff who are involved in organizational change are treated in accordance with the organizational change policy
- 2.6.4 Facilitate skills gap and training needs analyses during service change
- 2.6.5 Underpin HR inputs to a fair and consistent process of service change
- 2.6.6 Provide input into submissions to the Investment Group when service change requires training and education expenditure
- 2.7 To facilitate a robust and professional approach to Appraisal and Personal Development Planning which is viewed as a positive process and promotes innovation**
- 2.7.1 Source an effective user friendly appraisal process
- 2.7.2 Provide advice and training on the undertaking of appraisals
- 2.7.3 Provide guidance on best practice appraisal process as an organisational
- 2.7.4 Support staff to undertake appraisals in a constructive manner
- 2.7.5 Maximise appraisal as a quality process for identifying future talent
- 2.7.6 Ensure documentation is user friendly and standardised

2.7.7 Work closely with medical resources to ensure that the equivalent medical processes are in place through policy, recording and reporting.

2.7.8 Work with directorates to achieve an appraisal recording compliance of at least 90%

2.8 To promote Mid Essex Hospitals NHS Trust as a training and education placement provider

2.8.1 Act as a placement provider for the following professions

- Undergraduate training(Medical, Nursing, Midwifery and Child Health, Occupational Therapy, Physiotherapy and Speech and Language Therapy)
- Pre-professional and apprenticeships
- Postgraduate medical training
- Educational infrastructure schedules
- Library and information services(also termed as knowledge management)
- Dedicated staffing levels to resource the above
- Supervision and mentorship
- Operating Department Practitioners
- Diagnostic Radiography
- Dietetics
- Cardiac physiology
- Pharmacy
- Clinical Psychology

2.8.2 Support the service areas to fulfil the educational standards and criteria set out within the Learning and Development Agreement (LDA)

2.8.3 Secure optimal income for the provision of education placements

2.8.4 Monitor the quality of all placements in accordance with educational standards and criteria set out within the LDA

2.8.5 Organise and maintain the educational quality inspection schedule

2.8.6 Support the educational leads to address any recommendations issued during quality inspections

2.8.7 Demonstrate that the organisation is able to fulfil its a statutory responsibility to provide high quality placements as mandated by Secretary of State for Health to HEE.

2.8.8 Implement a framework for high quality mentorship, supervision, and placement monitoring for all trainees and students that recognises the requirements specific to the professional group, and determined by the nationally agreed statutory and specialist agenda.

- 2.8.9 Ensure that high quality mentorship and supervision is supported by a comprehensive and clear policy guiding mentors and supervisors.
- 2.8.10 Ensure that education and training is supported by access to the most appropriate and reliable information in connection with their role and responsibilities by maximising the Warner Library as a resource for all staff
- 2.8.11 Ensure that education is core to all appropriate agenda, discussed, recorded and reported appropriately

2.9 To ensure that the training delivered and commissioned is fit for purpose and meets service and individual need

- 2.9.1 Work in partnership with higher education institutes to evaluate and monitor educational programs
- 2.9.2 Engage in 1-3 yearly educational quality improvement cycle in partnership with Health Education East of England for medical and non-medical education
- 2.9.3 Implement a process to ensure compliance with national regulation through Nursing and Midwifery Council, and other professional bodies
- 2.9.4 Ensure appropriate organisational representation at all educational quality meetings
- 2.9.5 Ensure outcomes from faculties, committees and groups are communicated across the organisation in the most appropriate format
- 2.9.6 Ensure MEHT is externally ratified as a training center

3.0 Scope

- 3.1 This plan intentionally covers a two year period 2014-2016 in line with the Trust's five year organisational strategy, launched in 2011.
- 3.2 The plan will evolve and form part of the workforce strategy to reflect changing national priorities, CQUINs, and local initiatives
- 3.3 The workforce development plan applies to all staff, trainees, and students on placement, commensurate to their roles and responsibilities
- 3.4 MEHT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals within the scope of this plan.

4.0 Roles and responsibilities

- 4.1 Managers are responsible for undertaking appraisals and identifying training needs in the form of personal development plans
- 4.2 Managers are responsible for submitting training and education requests to learning and development in order to develop a plan for each successive year

- 4.3 Learning and Development will record, report and issue training and development information for the most appropriate forum
- 4.4 Learning and Development will commission training and development within an agreed framework.
- 4.5 The Director of HR will be responsible for the workforce development framework and all its constituent elements at board level

5.0 Audit

- 5.1 Externally, the organization is subject to the Quality Improvement Performance Framework for non-medical education. Self-assessment is undertaken yearly and signed off at executive level. This assessment generates an educational action plan which is monitored quarterly with HEEoE, regionally at the Essex Operational Contracts Meeting, and locally through Workforce Advisory Group (WAG).
- 5.2 Medical Education is addressed through each specialist faculty, external scrutiny visits. Updates are provided to the Trust Board on a regular basis through the Medical Directors Twice Yearly report.
- 5.3 Each of the objectives outlined in this strategic plan will be incorporated into an action plan and monitored at WAG.
- 5.4 Workforce development elements will be integrated into directorate governance meetings
- 5.5 Reports will be submitted to Finance and Performance Committee and Trust Board
- 5.6 Associated policies will be audited for compliance and reported at WAG (integral to the action plan)

6.0 Communication

- 6.1 The plan will be hosted on the Trust intranet on the Learning and Development pages. Staff groups will be notified of the strategy via FOCUS, directorate meetings and the education structure.

7.0 References

- 7.1 Health Education East of England (2013) *2020 Vision: Workforce Skills Strategy*
- 7.2 Department of Health (2013) *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values: A mandate from the Government to Health Education England*

Appendix 1: Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Workforce Development Plan

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	No	
Race and ethnicity	The plan is written in English	Translations can be sought if required
Disability	Within the teaching resources, some areas are less accessible for staff with a disability	Where reasonable, alternative methodology of learning or venue sought
	Difficulty in reading plan	<ul style="list-style-type: none"> • Can be provided in larger font • Can be proved orally to individuals • Dyslexia support tools can be made available
Religion, faith and belief	No	
Sexual orientation	No	
Age	No	
Transgender people	No	
Social class	No	
Carers.	N/A	

Date of assessment: 24 October 2014

Names of Assessor Catherine Lee, Head of Learning and Development

