

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper: NTW Medical Workforce Strategy 2017-2023
Dr Rajesh Nadkarni, Executive Medical Director

Executive Lead: Dr Rajesh Nadkarni, Executive Medical Director

Responsible subcommittee: CDT

Paper for Debate, Decision or Information: Information

Risks Highlighted to Board :

None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies:

Sustainability and Transformation Plans Milestones
NTW Research & Development Strategy
NTW Nursing & Operations Strategy
NTW Workforce & Organisational Development Strategy
Trust Clinical Leadership Programme
Trust Collective Leadership Programme
Handling Doctors Concerns Policy
SAS Career Development Programme
Continuous Professional Development Programme
International Recruitment Programme
NTW Appraisal and Revalidation Programme

NTW MEDICAL WORKFORCE STRATEGY

2017 – 2023

Delivering Excellence in Care



Introduction

Northumberland, Tyne and Wear NHS Foundation Trust was established in 2006. We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We are one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ over 6,000 staff across the NTW group, operate from over 60 sites and provide a range of comprehensive services including regional and national services.

In September 2016 the CQC rated our Trust as “outstanding” and we became one of only two mental health and disability providers in England to be awarded an overall rating of outstanding.

The Medical Workforce Strategy will function alongside the Trust Workforce and individual discipline strategies to achieve the objectives of the Trust Strategy for the next five years. It will apply to all Trust substantive medical staff. It is expected that individual business units, operational and corporate groups will incorporate the guiding principles and strategic ambitions within their own strategies.

The Executive Medical Director led the development of this strategy. It was influenced by engagement events and workshops. A number of Consultants, Specialty doctors, Medical and Non-medical Managers contributed to its development.

Strategic influence

- NHS 5 year Forward View – 2015.
- 5 Year forward View for Mental Health – 2016.
- Health Education England Workforce Planning and Strategic Framework – 2015/16.
- Transforming Care for Learning Disabilities.
- Northumberland, Tyne and Wear and North Durham, Sustainability and Transformation Plans.

Other specific guidance relating to workforce or standards were considered where available in relation to Psychiatry and Neuro Rehabilitation.

Ambitions and Implementation

The strategy is based on the achievement of four ambitions:

- We will develop a Medical Workforce which delivers excellence in patient care.
- We will support and develop excellence in education, research, innovation and leadership.
- We will be an employer of choice, actively seeking to recruit and retain medical staff.
- We will support and value our medical workforce.

There are Trustwide milestones which will have a work plan for implementation. It is the responsibility of the collective leadership within clinical business units and group triumvirates to ensure that it is implemented and embedded within operational services. It is the responsibility of corporate departments to be cognisant of this strategy and its application within their services.

STRATEGIC AMBITION ONE	
We will develop a Medical Workforce which delivers excellence in patient care.	
WHY IS THIS IMPORTANT?	
In the policy context of the Forward View, we are required to continue providing excellence in healthcare, while including in our focus, promotion of well-being and prevention of illness. To ensure our clinicians have the expertise and resources to deliver care, along with the mechanisms to evidence positive outcomes, as set out in the Trust Clinical Effectiveness Strategy as 'living for longer'.	
WHERE ARE WE NOW?	
<ul style="list-style-type: none"> • Outstanding CQC inspection. • Ability of the senior medical workforce to deliver consultant-specific tasks, by strategic use of non-medical workforce needs to be enhanced. • Further development of outcome measures to evidence excellence in care. • Improve recruitment to maintain and enhance excellence in patient care. 	
WHERE WE WANT TO BE	HOW WE WILL GET THERE:
Medical workforce influencing and leading a culture of continued learning within teams and services.	Medical workforce to be supported to set up and influence local, multi-disciplinary systems e.g. reflection on complex cases.
In line with Forward View, medical workforce to have focus on prevention and physical healthcare excellence.	Training and advising primary care to manage SMI (Serious Mental Illness) and long term and chronically disabling conditions.
Greater guidance, adherence and application of outcome measures to ensure we can evidence excellence in medical care.	Collaboration with Trust Outcomes Group, to build on work already done.
	Also link with other actions in Clinical Effectiveness Strategy i.e. structures in place to ensure adherence to NICE guidance, e-pathways etc.
Medical workforce being familiar with using, and adding to the evidence base to support clinical decision making.	Incorporation of best evidence into relevant Trust policies and guidance.
	Support workforce in contributing to the evidence base through research, participation in academic conferences and publishing in peer reviewed academic journals.
Support professional development, to ensure excellence in workforce.	Improved utilisation of individual and group job planning processes including SPA allocations.
	Support for relevant Continuous Professional Development.

Improved recruitment.	See strategic ambition 3.
Integrate medical workforce strategy with other workforce and Trust strategies, resulting in development of non-medical workforce to support consultants focussing on consultant specific task and input at correct points in pathway.	Implement medical workforce strategy in alignment with other initiatives.

STRATEGIC AMBITION TWO	
We will support and develop excellence in education, research, innovation and leadership.	
WHY IS THIS IMPORTANT?	
An organisation whose culture and behaviours demonstrate the value of education, research and leadership improves patient care and in so doing, demonstrates a commitment to the promotion of new talent throughout the workforce. This ambition is a lynchpin in ensuring the success of the other strategic ambitions.	
WHERE ARE WE NOW?	
<ul style="list-style-type: none"> • Many doctors have a role in medical education. However, many more express a wish to become involved and are prevented by time pressures and competing demands. • Good links with universities and HEE, well established SAS doctor CPD programme, adequate resources for most PG roles. • Active role in Newcastle Academic Health Partnership. • Trainers involved in delivering postgraduate education are generally supported through their job plans and as a Trust we excel in the quality of postgraduate education delivered. • Trainers involved in delivering undergraduate education need improved support within job plans. • While there are a number of avenues to engage with research, the opportunities remain limited due to constraints on time and funding. • Medical leadership needs to be embedded across the collective leadership models with opportunities for development. 	
WHERE WE WANT TO BE	HOW WE WILL GET THERE:
Consultant and SAS doctors to be involved and supported in delivering education and medical education seen as core NTW business.	Clearly described 'escalator' of levels of involvement in medical education with associated support.
	Increasing the number of staff with GMC recognised educational roles, with more staff involved in education, research and collaboration with universities, which is adequately job planned.
	Medical staff to lead Trust CPD programmes.
	Closer inter-professional collaborations in the development and delivery of education (i.e. nursing and pharmacy colleagues).

STRATEGIC AMBITION TWO (Continued)

WHERE WE WANT TO BE	HOW WE WILL GET THERE:
Consultant and SAS doctors delivering consistently high quality undergraduate and postgraduate medical education.	Clearly defined support for different educational roles both in relation to job planning and wider support.
Development of training strategies and adoption of 'talent management approach'.	Maximise our current training strategies to identify and nurture potential future leaders/researchers/teachers.
	Specific targeted further development of individuals through e.g. coaching/mentoring.
	Extend the work done on developing clear joint assessment processes with university.
All medical staff to have leadership roles recognised and supported.	Medical leadership embedded within operational groups.
	Pathway with support defined to all medical staff to develop leadership roles.
Research viewed internally as an integral element of core NTW business and externally the Trust seen as highly research active (e.g. as evidenced by national ranking on recruitment rates)	Involvement in research considered in annual appraisals and job plans of all medical staff.
	Impact on research activity considered by collective business units in Operational decisions.

STRATEGIC AMBITION THREE	
We will be a great place to work, actively seeking to recruit and retain medical staff.	
WHY IS THIS IMPORTANT?	
Recruitment into health services in line with the Forward View is no longer driven by supply but by a holistic and strategic view of the future needs of the service user with excellence in patient care the ultimate driver. (Recruitment into psychiatry and rehabilitation medicine.)	
WHERE ARE WE NOW?	
<ul style="list-style-type: none"> • NTW has significant vacancies (including SAS doctors and trainees), which impacts on clinical service delivery, staff morale, health & well-being and finances. • Support systems and processes not exploiting optimal utilisation of medical expertise. 	
WHERE WE WANT TO BE	HOW WE WILL GET THERE:
National and international roles.	Advertising needs to be targeted with job descriptions accurately reflecting roles and opportunities within the Trust/NHS.
	Outreach programme to schools and medical schools.
	International strategy inclusive of recruitment.
	International exchange programmes on both consultant and trainee levels, which also links with Ambition One.
Less dependency on medical agency staff.	Medical Directorate, Groups and business units to work jointly to develop workforce plans, involving non-medical support.
	Collaboration across disciplines to support innovative working and optimal utilisation of medical time.
	Collaboration among different workforce strategies, to ensure effective recruitment and training of non-medical workforce.

STRATEGIC AMBITION THREE (Continued)

WHERE WE WANT TO BE	HOW WE WILL GET THERE:
Improved recruitment and retention, as evidenced by lower levels of vacancies.	High quality HR support to be effective and pro-active in recruitment.
	Systems in place to maximise our ability to retain trainees.
	Systems in place to support return after retirement.
Improved retention of current workforce.	Having a trained and integrated non-medical workforce.
	A range of special interests and development opportunities including research available and practised by workforce.
	Creating a healthy work-life balance within the workforce.
	Appropriate resources (office/IT/admin provision).

STRATEGIC AMBITION FOUR	
We will support/value our workforce.	
WHY IS THIS IMPORTANT?	
Our medical workforce is an excellent resource, it performs best and is most engaged when valued and supported. This directly ensures excellent patient care as well as clinically informed service development/implementation, local leadership ultimately resulting in great efficiency and therefore improved cost effectiveness.	
WHERE ARE WE NOW?	
<ul style="list-style-type: none"> • Relatively engaged workforce which needs to be progressed further. • Difficulty to recruit in certain areas. • Medical staff feel stretched with limited resources in certain areas. • Pockets of excellence to develop further. 	
WHERE WE WANT TO BE	HOW WE WILL GET THERE:
Organisation to ensure that medical time is used effectively.	Medical workforce to be empowered to influence: <ul style="list-style-type: none"> • Service development • Medical education • Clinical decision-making • Innovation.
Strong identity/communication within medical group.	Develop culture of support/cohesion by developing or using existing networks at local and Trust level.
Excellent morale and high level of engagement.	Development and greater awareness for learning and support to utilise SPA time.
	Appropriate resources (office/IT/admin provision).
	Flexible job planning process (link with ambition 2).
	Greater communication of our strengths/opportunities for involvement.
To maintain high quality support in meeting requirement for revalidation.	Review of quality of current revalidation process within the organisation, and identify an action plan for implementation.

Milestones contributing to the strategic ambition	Timeframe	Responsible post
Review of appraisal and NTW revalidation process – linked with Ambition one, three and four.	2017	Deputy Medical Director: Appraisal, Revalidation.
Review of job planning policy, review of Handling Concern for Doctors Policy – linked with Ambition one, three and four.	2017	Deputy Medical Director: Appraisal, Revalidation.
Development of non-medical workforce – linked with Ambition one and three.	2022	Executive Medical Director, Director of Nursing and Operations.
SAS career development programme – linked with Ambition one, three and four.	2019	Deputy Medical Director for Training and Development.
Senior medical workforce to influence health and social care system developments, including STP milestones – linked with Ambition one.	2022	Executive Medical Director, Deputy Chief Executive.
International recruitment work plan – linked with Ambition three.	2022	Executive Medical Director, Director of Nursing and Operations.
NTW will expand on the current CPD programme – linked with Ambition one.	2022	Deputy Medical Director: Appraisal, Revalidation.
Trust Clinical Leadership Programme/Collective Leadership Programme – linked with Ambition two.	2023	Director of Research, Innovation and Clinical Effectiveness, Deputy Medical Director for Training and Development.
Research and Development Strategy – linked with Ambition two.	2023	Director of Research, Innovation and Clinical Effectiveness, Deputy Medical Director for Training and Development.