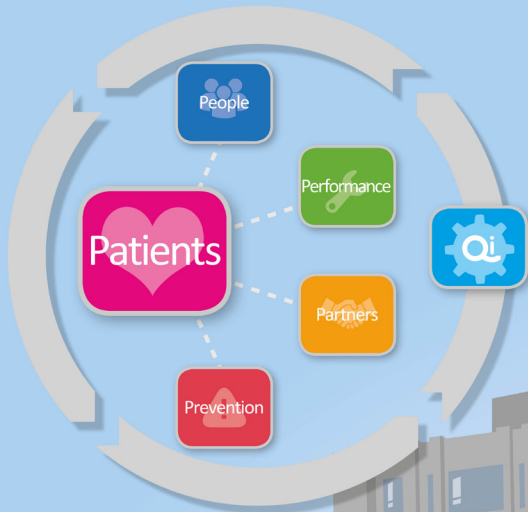


# DBTH Workforce Plan

2019 to 2021



# Our vision: To be the safest trust in England, outstanding in all that we do.



## Our strategic objectives which will help us get there:



Work with patients to continue to develop accessible, high quality and responsive services.



We will increase partnership working to benefit people and communities.



As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.



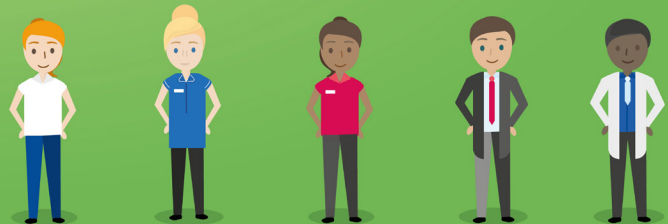
Support the development of enhanced community based services, prevention and self-care.



We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.



Working together using methods, tools, data measurement, curiosity and an open mindset to make improvements (Health Foundation).



# Introduction and Context

**This plan has been developed to ensure, as a Trust, we have a robust workforce plan. This has been informed by our 'We Care' values, our vision to be the 'Safest Trust in England, outstanding in all that we do' as well taking into consideration respective Doncaster and Bassetlaw Place Plans.**

The purpose of this plan is to demonstrate how we are addressing our current workforce gaps and how in the longer term our workforce needs to adapt and change in line with our strategic direction.

We know that Doncaster and Bassetlaw share many of the challenges faced across the country - workforce growth has not kept up with the increasing demands on the NHS and other health and care services; an ageing workforce; insufficiency of the right people with the right experience and qualifications to meet growing and changing need; staff leaving due to workload pressures and other employment issues and more recently the impact of pensions on our medical staff in particular.

As a Trust we have developed our five year strategic direction together with a number of enabling strategies, including our People and Organisational Development Strategy within which we identified our priorities as staff engagement, delivering great management and leadership, promoting a healthy and safe environment, ensuring every

role counts, supporting personal development and training, and workforce planning- supply, upskilling, new roles, new ways of working.

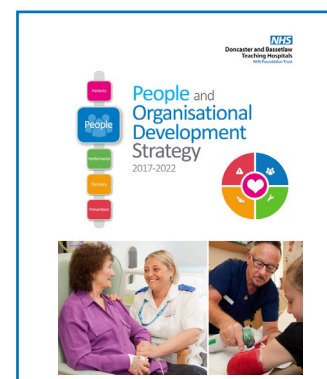
In all, this document sets out the Trust's key workforce challenges, the key actions being taken either by the Trust or within the two ICPs or the Integrated Care System (ICS), as well as the actions that the partners across Doncaster and Bassetlaw will take, delivering in-line with the priorities for this plan, which are to:

1. Retain the workforce, making Doncaster and Bassetlaw Teaching Hospitals the employer of choice
2. Develop existing talent into new and existing roles;
3. Attract new workers, from current and future generations of working adults, into priority health, care and support careers;
4. Introduce a robust approach to workforce planning

**Karen Barnard**

Director of People and Organisational Development

## Our supporting resources

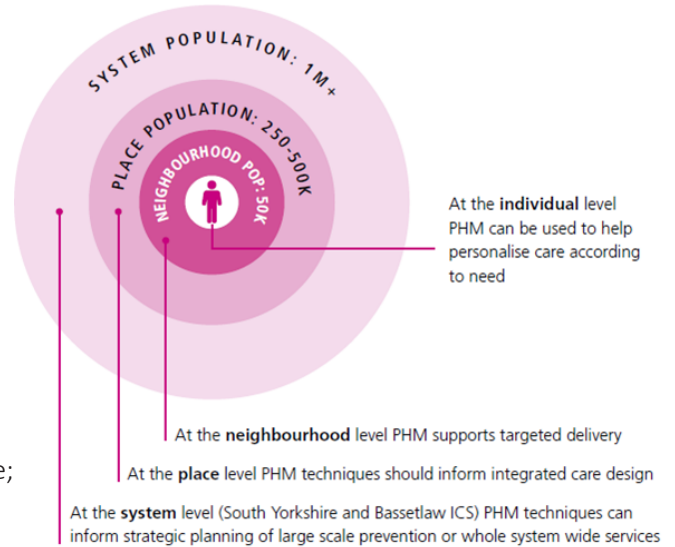


# Strategic context

**Doncaster and Bassetlaw Teaching Hospitals (DBTH) works as part of the South Yorkshire & Bassetlaw ICS and within both Doncaster and Bassetlaw ICPs.**

Nationally the NHS Long Term Plan (2019) identifies national actions and priorities, including:

- Expanding the number of nursing and other undergraduate places, including funding;
- Backing new routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support;
- Expanding international recruitment;
- Incentivising recruitment into hard-to-recruit specialities;
- Improving the mental health and wellbeing of the workforce;
- Establish new NHS career pathways.



These priorities have been further developed in the NHS 'Interim People Plan'. The plan includes how to:

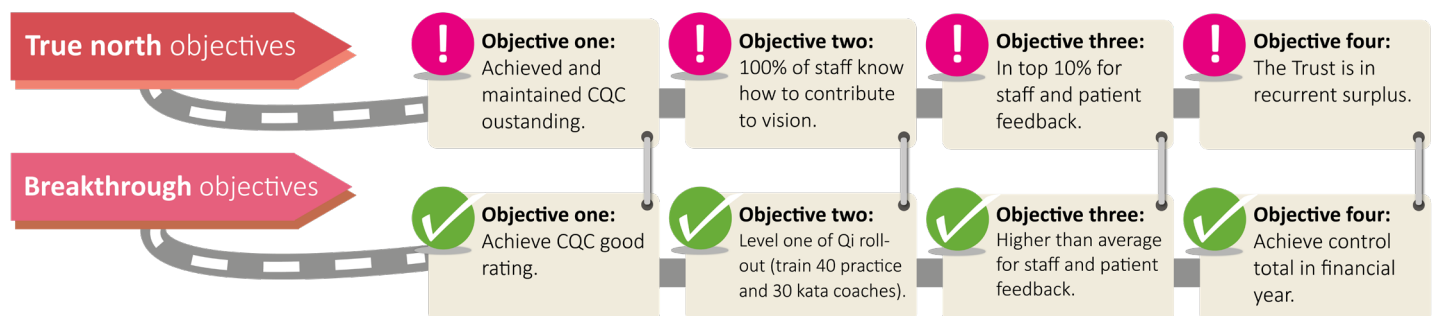
- Make the NHS the best place to work
- Have an improved leadership culture
- Address urgent workforce issues in nursing
- Deliver 21st century care
- Introduce a new operating model for workforce.

The workforce work-streams within each ICP and the ICS are determining what is best placed to be delivered at ICS, Place and organisational level– to reduce duplication, and complement developments happening at national, system and neighbourhood population levels.

At system level, the South Yorkshire and Bassetlaw ICS (SYBICS), and Health Education England (HEE) have established a Workforce Hub. The Hub is facilitating advanced practice, provides an excellence centre for workers in bands 1 to 4 and for primary care training, and is recruiting advanced practitioners.

The agreed priorities of this workforce plan is to:

- Retain our staff, making the Trust the local employer of choice
- Develop existing talent into new and existing roles
- Attract new workers, from current and future generations of working adults, into priority health and care careers
- Introduce a robust approach to workforce planning.



# Retaining the workforce

Whilst sections of this plan focus on recruiting to our workforce we must also concentrate on retaining and developing the staff we already employ and being the employer of choice, recognising our responsibilities as a local 'anchor organisation'.

The Trust recognises that the quality of people's experience as a member of Team DBTH is influenced by far more than their pay and terms and conditions. The experience staff have whilst at work directly correlates with the experience that patients have of our services.

Promoting flexibility, wellbeing (both mental and physical), career development, and redoubling efforts to address discrimination, violence, bullying and harassment are priorities for the NHS' new 'Chief People Officer'. There is also much that can be done locally. As such, a priority in DBTH is giving our workforce the best possible experience in their roles.

## We commit to:

- **Investing time and resources in employee wellbeing**, so that whether someone works in primary care, voluntary sector or within DBTH, they and their managers have access to wellbeing support to build resilience;
- **Recognising achievement and effort**, through our appraisal process, our Star Awards – at divisional and Trust level (monthly and annual); other celebratory events such as Sharing How We Care, iQAT, and learning achievements ceremony together with thank you cards and long service awards;
- **Developing the skills and competence of leaders and managers** across the Doncaster and Bassetlaw places, through training and organisational development. Locally we have introduced our 'Develop, Belong, Thrive, Here' programme, along with various 'Soundbite' topics and our 'Leading to Outstanding' programme – at the heart of these programmes is inclusive and compassionate leadership;
- **Ensuring service leaders plan intelligently for sufficiency of staff** on all shifts so that staffing levels are safe and sustainable;
- **Engaging and responding to the views and insights of our workforce** in shaping priorities and service developments through staff, learner, trainee and trainer surveys. Involving our colleagues in quality improvement initiatives;
- **Flexible working policies**, that achieve the best possible balance of service needs and the home lives of staff;
- **Provision of training and development opportunities** for staff at all levels, working with the SYB Workforce Hub and local colleges and Universities. As part of our nursing retention programme we have developed the next page as a poster describing the potential career journey for qualified nurses (as seen in this document, see overleaf)
- **Tackling violence, bullying and harassment** within all workplaces ensuring that everyone feels able to contribute regardless of their protected characteristic and able to raise concerns openly.
- **Promoting and embedding our values and behaviours** throughout the organisation so they genuinely become the bedrock of our culture
- **Celebrating and promoting difference** so that all staff regardless of their difference have a positive experience and are able to progress in their career.



**W**e always put the patient first.

**E**veryone counts – we treat each other with courtesy, honesty, respect and dignity.

**C**ommitted to quality and continuously improving patient experience.

**A**lways caring and compassionate.

**R**esponsible and accountable for our actions – taking pride in our work.

**E**ncouraging and valuing our diverse staff and rewarding ability and innovation.



# Registered Nurse Careers



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

At DBTH, we offer many opportunities for you to specialise and progress throughout your career.



Newly Qualified Registered Nurse

Preceptorship



## Medicine

Emergency Department  
Medical Assessment  
Care of Older People  
Speciality Medicine

## Surgery

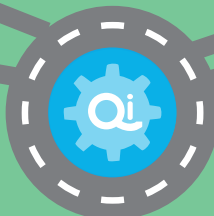
Surgical Assessment  
Inpatient Surgical Specialities  
Outpatient Specialities  
Cancer services

## Paediatric Nursing

On the Ward  
Neonatal Unit  
Emergency Department  
Outpatients specialities

## Clinical Specialities

Critical Care  
Outpatients  
Theatres



Hospital  
Community  
GP

## Leadership

Junior sister  
Ward/  
department  
Manager



## Advanced Clinical Practice

Advanced Clinical Practitioner  
Clinical Nurse Specialist



## Research

Research Sister  
Clinical Academic Post

## Education

Clinical Skills,  
Simulation & Educators  
Education lead

## Corporate Nursing

Infection Prevention & Control  
Skin Integrity Team  
Safeguarding  
Patient Safety & Experience

Matron  
Lead Specialist Nurse



Head of Nursing  
Associate Director of Nursing  
Deputy Director of Quality and Governance/Education



Deputy Director of Nursing, Midwifery and AHPs

Director of Nursing, Midwifery and AHPs

Chief Executive

We care

Look for your next role at:  
[www.dbth.nhs.uk/join-the-team](http://www.dbth.nhs.uk/join-the-team)

# Current workforce gaps

In developing the Trust workforce plan a review has been undertaken of the current vacancy position together with an analysis of the ease by which these gaps can and will be filled during 2019/20. It should be noted that in many staff groups we benchmark favourably in terms of the number of vacancies we have and our retention rates.



**Nursing and midwifery:** whilst the Trust currently has 144wte (8%) qualified nurse and midwifery vacancies across various specialties these gaps will in the main be filled in September/October 2019 through newly qualified nurses and midwives together with further cohorts of Trainee Nursing Associates and Assistant Practitioners. The area of greatest concern is paediatric staffing – the local training provider has increased its cohort of trainees from 45 to 90, however this will not result in additional staff until 2022. The Trust will therefore introduce Paediatric Nurse Practitioners and Nursing Associates to fill the gaps in our establishment. Support worker vacancies are able to be recruited to – recent movement has been due to the TNA and TAP programmes. An ongoing programme is also in place with NHSP trainees which can result in them moving to become Trust employees at the end of their training programme. We are progressing discussions with Derby University to ‘pilot’ supporting their elective and final year pre-registration paediatric nursing students to come and have placements with us. This is a comparable model tested with Lincoln University last year which resulted in a 19 learners coming to gain employment with us as RGNs. As an ICS the Chief Nurses are working together to review whether international recruitment is required across the ICS or only within certain individual Trusts and nurse apprenticeships with DBTH taking the lead on trainee Nursing Associates

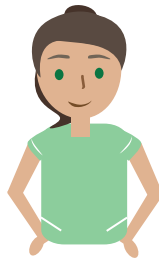


**Medical imaging:** 12 newly qualified Radiographers are due to commence August/September 2019 – this together with the introduction of Band 2 assistants will remove the use of agency staff within the plain film team. However there remains difficulty in recruiting to specialist areas and therefore training programmes are in place together with ongoing reviews of the workforce model to deliver the service.



**Admin and clerical:** following the conclusion of the clinical admin review posts are now being recruited to and training programmes put in place to ensure standardisation of operating

models and development of the supervisory level (Progress programme). Professional groups such as Finance and HR have experienced difficulty in recruiting to senior posts resulting in the use of agency staff within the former. These roles are now recruited to.

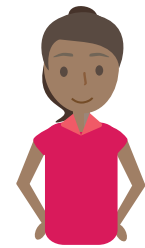


**Theatres:** there are circa 10wte vacancies which can be a mixture of nurses and Operating Department practitioners.



Plans are in place to introduce Assistant Practitioners and Apprentice ODPs in autumn.

**Clinical Therapies:** there appears to be no significant issue in recruitment other than Orthotics where a ‘grow your own’ plan is being finalised; however our turnover amongst therapists benchmarks less well than other Trusts- this forms part of our engagement work with this group of staff. Within the HASU model we have increased our therapy complement along with Advanced Clinical Practitioners and support workers.



**Estates and Facilities:** there is currently a gap of 26wte service assistants (7% vacancy rate) – the shift pattern of 15 hours a week working before 9am and after 5pm appears to restrict the pool of interested applicants. In addition the time it has traditionally taken over pre employment clearances has resulted in significant withdrawals – a revised one stop recruitment event is now being trialled.



**Information Technology:** Recruitment and retention of specialist technical posts has been particularly problematic over the past 18 months, particularly the recruitment of suitably qualified individuals for senior positions. As identified in the Topol Review, IT skills are nationally and locally in high demand. This is at a time when the Trust is seeking to deliver a major Digital Transformation Programme. It is evident that the Trust is competing with major private and public sector (e.g. NHS Digital) IT employers in Leeds and with local NHS Trusts within daily travel to work patterns. We are currently seeking to recruit into seven positions including; IT Technical Operations Manager, Systems development Manager. Should this not result in successful recruitment we will explore alternative recruitment strategies.

**Doctors in training:** The Trust has a funded establishment of 270 doctors in training – we are allocated trainees through the deanery – on the whole it does appear that we receive a fair allocation when reviewing data across the region – however there are specialties where nationally there is a shortage (eg O/G); in addition trainees may go out of area on placements resulting in not all places being filled. These posts must then be filled by locums or MTIs (medical training initiative through the relevant royal college). Through the Guardian for Safe Working reports to the Board we monitor the gaps. In June we had 16 gaps, we anticipate 34 gaps in August which is similar to earlier in the year.

Through the work of the Guardian for Safe Working and the College Tutors we work to ensure that trainees have a good experience so we can attract trainees into the Trust. Where appropriate we also explore where alternative roles can work alongside doctors, eg Advanced Neonatal Practitioners.

### Consultant gaps:

The Trust has a number of challenges but are looking at a number of strategies to improve recruitment and be innovative in our approach to fill gaps.

- Gastroenterology (two posts) - currently being filled through additional sessions, an ACP has recently commenced who will undertake some work – recruitment campaign required
- Stroke – remaining vacancy will be filled in September but further capacity required due to HASU – recruitment campaign required
- Respiratory – two posts have been filled through additional sessions and a locum – recruitment campaign required for substantive recruitment
- Acute Medicine – three vacant posts of which two will commence in September; remaining gap covered through additional sessions
- Cardiology – the two gaps currently covered through NHS locums – two posts advertised one of which is a joint post with STH
- Care of the Elderly – a recruitment campaign is required due to ongoing difficulty in filling this post
- Diabetes & Endocrinology – the one vacancy has been recruited to this month and is able to commence immediately.
- Renal – the one vacancy has been recruited to and will commence in September
- Rheumatology – a recruitment campaign is required for the one vacancy – a senior SpR will commence in August who will provide some additional capacity
- Obstetrics/Gynaecology – currently there are two gaps which could be difficult to recruit to due to the sub specialism – on the whole recruitment into this speciality has been good.
- ENT – we have 2 vacancies which have been difficult to

recruit to - an interim solution is looking possible with locum cover. A recruitment campaign is required.

- Ophthalmology – Ongoing difficulties to recruit to 2.71wte gaps – recent offer affected by uncertainty of Brexit. Recruitment campaign to be reviewed along with options around service delivery
- Paediatrics – The Trust has recently recruited a Community Paediatrician leaving one post vacant. As this is a role which is difficult to recruit to a review is being undertaken to scope out our requirements.
- Histopathology – ongoing difficulties to recruit and future planned retirements – the Trust will be advertising posts shared with STH and local posts.
- Intensive Care – We have three vacancies with an advert about to close - we expect to fill one of these posts. The introduction of Advanced Critical Care Practitioners is being explored with visits to other sites to determine how they can be introduced.

### Specialty/Associate Specialty/Local Employed Doctors:

Changes to service models and opportunities for recruitment are being taken forward.

- Trauma and Orthopaedics – posts located at Bassetlaw as trust employed doctors have continued to be difficult to recruit to – the need for these four doctors will be reduced by the introduction of Hospital@.
- Emergency Medicine: Our key pressure is related to the SAS level (Specialty and Associate Specialist doctor) six doctors will be commencing in November through the QiMET programme but will commence at 'SHO' level in the first instance; ongoing successful recruitment to CESR programme. The service are reviewing their workforce model to reduce reliance on this level of doctor
- We will continue to explore the introduction of Physicians Associates, Advanced Nurse/Clinical Practitioners to fill places on medical rotas.

### Other factors affecting staffing levels:

- Maternity leave cover – we currently have 147 members (2.22% of the total workforce) of staff on maternity leave of which 67 (4% of this group of staff) are nurses and midwives and 35 nursing support workers
- Closed and escalation beds being open which are not built into the current ward establishment and result in the use of bank and agency staff. Current work is in place to improve flow thereby reducing length of stay which will facilitate the closure of these beds.
- Enhanced care where additional support is required for some patients. A programme of work is underway to ensure that staff are appropriately skilled to support complex patients together with the introduction of the role of activity co-ordinator.



# Improving recruitment

**As a Teaching Hospital we are proud of our track record in training undergraduate and postgraduate students including doctors in training.**

In developing our approach to research we have been able to attract Consultants who have a particular interest in research but also other groups of staff who wish to undertake an academic research pathway such as nurses and allied health professionals. This will continue to be developed as part of our Teaching Hospital Phase 2 programme of work along with the development of academic directorates with our surgical directorate being part way along that journey. We will promote and celebrate difference and recruit a workforce that is representative of the population we serve.

- **Service Assistant recruitment** – As a result of applicants obtaining alternative roles during our pre employment process, leaving gaps in rotas we have developed a one stop shop recruitment day to reduce the time to employment. These recruitment days also enable us to have discussions with applicants regarding the available shift patterns to maximise shift fill rates.
- **Healthcare Support Workers and Associate Nurses** – as a Trust we run successful campaigns when recruiting support workers. In order to ensure we target prospective candidates with an interest in specific specialties, for example paediatrics, we are developing cohort recruitment for each division. We are expanding our recruitment of apprentices alongside candidates already working in the care sector.
- **Student nurses** – We have increased placements to support the increase in cohorts of student nurses from various universities; we are exploring a range of options for student nurse training – a case of need is being developed jointly between the Education and Nursing teams. Our preceptorship offer across the ICS is being reviewed by the ICS Chief Nurses group involving Health Education England. DBTH will be leading the TNA programme on behalf of the ICS.
- **Apprentices** – We have agreed that the default position for entry level posts will be an apprentice unless the service can demonstrate it is unable to support an apprentice, for example they already have a number of apprentices, or a single

post within a team. In addition we offer existing staff apprenticeships to undertake advanced qualifications.

- **Pharmacy** - Has a development programme in place at an apprenticeship level and at Band 4 to ensure staff are ready to move into more senior vacancies as they arise. The service continues to be able to recruit newly qualified pharmacists – our risk is around the increase in pharmacist roles within the community and primary care.
- **Midwifery** – Discussions are in train with the University to offer year 3 students Band 3 work as Midwifery Aides (bank workers). A review of their preceptorship programme has been undertaken to support and ensure we retain the newly qualified midwives.
- **Consultants** – We are exploring options for a recruitment campaign for those posts which are proving difficult to recruit which will include whether international recruitment is suitable. We retain links with doctors towards the end of their training programme in order to encourage them to return to us as a Consultant



# Attracting new workers

**The NHS is the largest employer in the country. However, the NHS workforce does not have enough capacity to meet demand, and employers across Doncaster and Bassetlaw in the health and care sector are facing a recruitment challenge.**

Increasingly, areas which share a border are competing for a limited supply of the right labour. As such working at system level is critical, in addition to ensuring that Doncaster & Bassetlaw Teaching Hospitals is an employer of choice, so that the right health and care workforce is attracted to work in the area.

The next generation of working age adults are key to meeting the current and future workforce challenges, and attracting children and young people into health and care careers is a priority. Therefore, the workforce Work Stream Groups across Place will work with schools, further education (FE) and other partners, as a critical partner to promote health and care careers, and attract young people into the roles of the future. The South Yorkshire and Bassetlaw Integrated Care System has also established a schools engagement team. DBTH will work with the schools engagement team to optimise working at system level to attract new talent, and to track progress and routes for young people.

Having access to the right qualifications is also a priority. As such, partners will work with schools and FE to ensure the right level 2 and 3 qualifications are available, and meet the needs of students. For higher education, Bassetlaw young people are currently required to leave the district to train. As such, Bassetlaw partners will develop new and progressive relationships with the universities locally, to secure level 4 and above qualification provision for health and care careers within Bassetlaw, through a variety of routes.

We also recognise that there is untapped potential within the current population of existing working age adults, including disadvantaged groups. Positive action will be taken to promote and attract such adults into health and care careers, such as through adult apprenticeships. Furthermore, where adults need support to be work-ready, Doncaster and Bassetlaw partners will collaborate with local employment initiatives such as Building Better

Opportunities, Working Win, Assisted Internships, Employability programmes and via the Department of Work and Pensions.

There will also be a focus on the workforce of the district's care homes through development of a sector-based work academy to support individuals who may have gaps in employment or be unemployed with an opportunity to get back into work.

We continue to work with our higher and further education providers to maximise our placement opportunities and to ensure students have excellent placements and return to us once qualified.



# Our changing service models - and the future workforce

**This workforce plan is presented in the context of significant strategic change. We need to consider the service changes within the organisation, at place and across the region – to guide our future workforce plan. The key strategic changes themes for our workforce are as follows:**

## 1. A Growing Specialist Service Portfolio

As the second largest acute provider in SYB, we can expect a greater specialist portfolio for DBTH. This includes:

- DBTH as one of two Hyper Acute Stroke Unit in SYB
- A partnership model of care for Vascular across Sheffield Teaching Hospitals (STH)/ DBTH
- Potential development of a Diagnostic Centre for Cancer
- As the HSR hosted networks mature we expect to develop other hospital services which support this vision

In these areas, we can expect growth of services, and the opportunity to attract and develop specialist staff to DBTH at all levels. This will help build on our reputation as a teaching and research centre, and will be important to our attraction strategies. These models will require increasingly mobile working of particularly our senior staff across the region as part of a workforce contributing to regional models of care across SYB. We will need to plan and prepare our workforce for this.

## 2. Greater regional partnership working

Greater regional working also offers opportunities to develop networks where this improves quality and the resilience of our service and workforce models. For example:

1. A hub and spoke model for Pathology across SYB

2. A partnership model for paediatric care across Sheffield Children's/ DBTH

Our workforce will need to become increasingly agile, with senior posts likely to work across sites, and a workforce skilled up to work remotely and through networks. These partnerships offer opportunity for joined up career pathways and opportunities to address the challenging vacancy context we face.

## 3. Consolidation of services and teams within DBTH to provide safe, sustainable care

Our clinical site strategy, in our True North journey towards Outstanding, has prompted a series of questions about consolidating services within the organisation to improve safety, quality, sustainability and address workforce challenges. These include:

- The delivery of Paediatric Services, with the piloting of the consolidation of out of hours care at DRI
- The potential strengthening and consolidation of services
- Joint nursing services for Place plans

These changes offer the opportunity to consolidate our staff on fewer sites and address some key vacancy challenges by reducing multi site working in and out of hours. Our workforce plan needs to consider how we plan for the workforce change associated with this, and develop a workforce increasingly willing to adapt how and where they work.

## 4. Responding to Place – More Integrated Multi-Agency Working

Our local Place Plans focus on the development of more integrated working across agencies. Local examples include (next page):



- A new model of care for the front door, with greater collaboration with primary care, council and mental health.
- A future more community based model of Dermatology and Diabetes
- A more integrated model of care for frailty

More integrated care will mean the development of more generic skills and roles at junior level (for example within therapy and nursing), and increasing appreciation of different parts of the system. Our staff will need to become more familiar with the changing offer across place (for example the growth of social prescribing) and develop greater skills in areas such as mental health and prevention. We will work in partnership to develop more joined up training and development and career pathways to support these models of care.

## 5. New Roles and Role Extension

As the next sections outline, our recruitment challenges are leading to innovation in service models and new roles. We are seeing increasing examples of role extension and new roles to fill areas of shortage. Examples include:

- Increasing use of technicians to report plain film
- Increasing use of Advanced Nurse Practitioners to contribute to junior doctor rotas (for example Hospital @ Night, Critical Care, Urology, General Surgery, Vascular)
- Growth of the Medical Training Initiative (MTI) and increasing use of MTI doctors in Anaesthetics and Quality improvement Medical Education and Training (QIMET) doctors in ED
- The likely growth in use of Physician Associates
- The growth of the Nursing Associate and the opportunity to extend Pharmacist roles
- Changing training needs (for example all Core Medical Trainees to spend 3 months in critical care)

Our service and workforce models are increasingly being redesigned to accommodate these new roles. This has impact on our existing and future workforce. We need to be aware of the:

- Greater supervisory time that our senior staff will

spend with a trainees from diverse professional backgrounds

- The greater focus for our senior staff on the “top of the license” work (rather than for example reporting plain films)
- We need to develop meaningful career pathways for our new roles to attract, develop and retain the best

## 6. Changing Skills– The Organisational Development Challenge

This context of strategic change means we need a different set of skills within our workforce. Therefore our workforce plan needs to ensure we systematically develop the following skills:

- Quality improvement skills needs to review service models, plan change and understand current and future workforce
- Greater digital skills to accommodate more digitally enabled models of care (for example in OP, and working in networks across SYB)
- Ability to work in an agile way across departments, places, systems and organisations
- Greater understanding of system leadership- the different skills that are required to work effectively within networked models of care
- “Shared, distributed and adaptive” leadership skills across our organisations – the skills to engage teams to redesign their workforce and sensitively and effectively lead associated organisational change.

## 7. Strategic workforce planning

- We will agree the model of workforce planning by November (informed by discussions with the ICS and HEE)
- Workforce redesign skills to map out how new roles and new teams will look to support the new model of care
- Link to the ICP and ICS workforce planning streams
- Ensure there is a joined up approach to quality improvement and workforce planning
- Ensure all divisions have the capacity and skills to develop local workforce plans with the opportunity to network.



# Developing talent into new and existing roles

## Develop, Belong, Thrive, Here

**Enabling work experience is critical to developing talent from the district's local universities. DBTH will work with ICS to increase placement capacity by 7% across a range of clinical professions. DBTH has tested a new model of placements with wider HEI providers and will expand this model during 2019 to include Derby as well as Lincoln University pre-registration nursing students.**

We are aligned and prepared for the new NMC pre-registration education standards. DBTH is also working with DN and RNN FEI college groups to prioritise and support learners on appropriate academic programmes to be undertake work experience e.g. Health and Social care Foundation degree students.

Developments such as the Primary Care Networks (PCNs) offer unprecedented opportunities for creating clear and agile career pathways for Doncaster and Bassetlaw people in health and care services, working as part of a multi-disciplinary team.

As such, the creation of, and enablement of people into, a new and diverse range of roles, including in primary care and in specialist areas, and areas of shortage, such as the Emergency Department (ED), paediatrics and others is priority for the Workforce Work Stream Groups.

DBTH is already offering and sharing educational programmes (previously delivered in house and only available to DBTH staff) with the wider place based partners (through the SYREC partnership model).

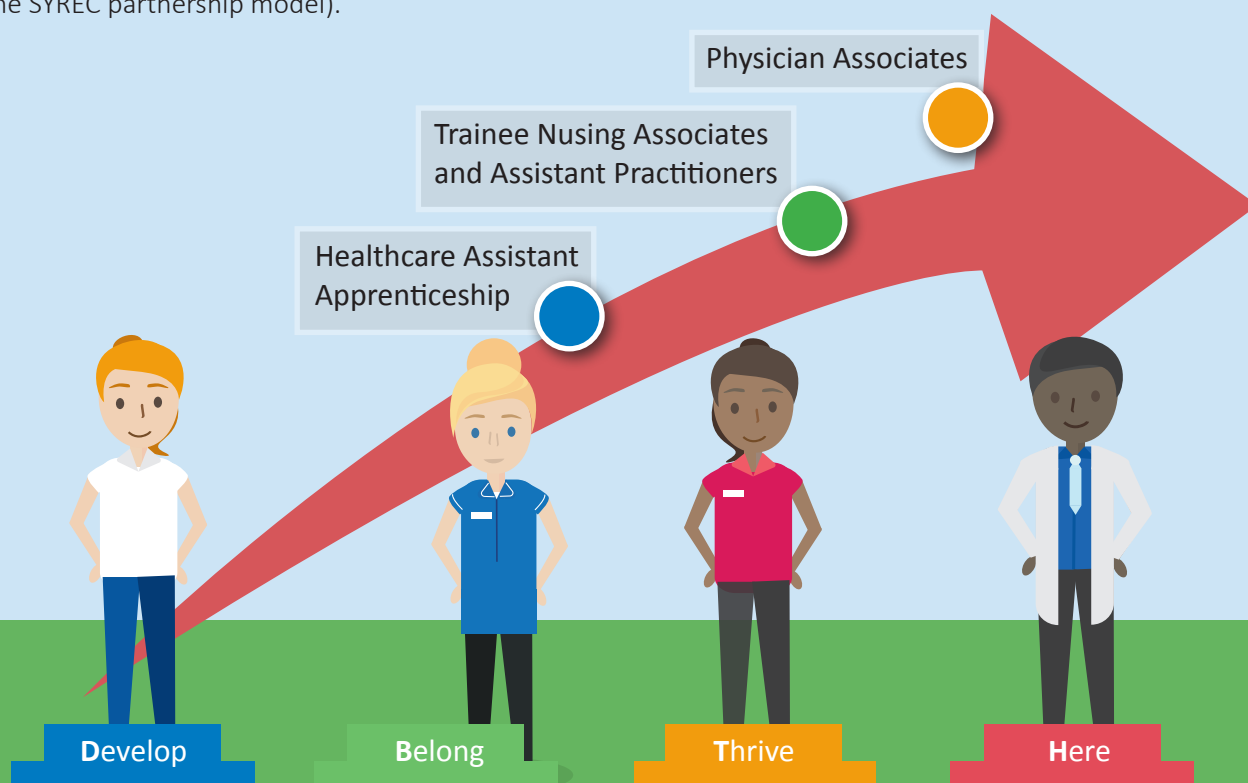
Opportunities to use existing resources better, and to make better use of digital technology to support the workforce will be exploited. This will include use of digital training tools, such as ECHO, and sharing of training between agencies.

Through the use of the apprenticeship levy and funding from HEE we will provide development opportunities to existing members of staff at foundation degree level, and at advance levels such as masters qualifications.

As increasingly our leaders and staff will work across Place and the system (ICS), we will provide development opportunities to ensure everyone is equipped appropriately, for example our OD leads are building system leadership into our programmes.

It is our goal to give those who join Team DBTH the tools and opportunities in order to grow their career, so whether they spend just one year or fifty with us, it's our pledge to help colleagues **Develop, Belong** and **Thrive, Here**.

Overleaf are examples of the development nurses and support workers can expect in their roles - this poster approach is being developed across the Divisions so that staff can see more easily the opportunities open to them

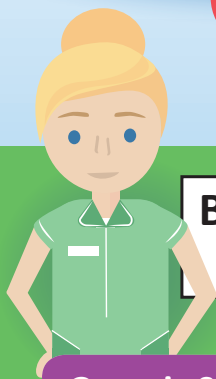




# Career mapping



## S12



### Band 2 roles:

Example

#### Generic Skills

Vital Signs  
Blood Glucose monitoring  
React to Red

#### Specialist Skills

Tracheostomy/  
Laryngectomy Care  
DATIX

#### Leadership Skills

Support new starters  
Support students  
Support Trainee Nursing  
Associates

#### Educational Skills

SET  
Care Certificate  
Nutrition  
Tracheostomy package

#### Research/Qi

Link role  
Audits



#### Additional notes

Enhanced Care  
Telephone skills



### Band 5 roles:

Example

#### Generic Skills

Vital Signs  
Blood Glucose monitoring  
React to Red  
Cannulation  
Venepuncture  
Urinary Catheterisation  
ECG  
IV administration  
Medicines Management  
SEPSIS

#### Specialist Skills

Enteral Feeding  
End of Life Care  
Deteriorating patient  
CVAD  
Airway Management  
Tracheostomy/Laryngectomy  
Care  
PEG/RIG care  
Ward attenders  
DATIX

#### Leadership Skills

Support new starters  
Support students  
Support Trainee Nursing Associates  
Preceptor  
Team leader/Co-ordinator  
Professionalism

#### Educational Skills

Mentorship  
Link Nurse  
SET  
CCAST  
Preceptorship

#### Research/Qi

Through preceptorship  
Audits



#### Additional notes

Enhanced Care



## Band 6 roles:

Example

### Generic Skills

Vital Signs  
 Blood Glucose monitoring  
 React to Red  
 Cannulation  
 Venepuncture  
 Urinary Catheterisation  
 ECG  
 IV administration  
 Medicines Management  
 SEPSIS

### Specialist Skills

Enteral Feeding  
 End of Life Care  
 Deteriorating patient  
 CVAD  
 Airway Management  
 Tracheostomy/Laryngectomy  
 Care  
 PEG/RIG care  
 Ward attenders  
 E-Roster  
 Governance  
 DATIX

### Leadership Skills

Support new starters  
 Support students  
 Support Trainee Nursing Associates  
 Preceptor  
 Team leader/Co-ordinator  
 Professionalism  
 NHSP  
 Surgical bleep  
 Appraisals

### Educational Skills

Mentorship  
 Link Nurse  
 SET  
 CCAST  
 Preceptorship

### Research/Qi

Audits



### Additional notes

Enhanced Care



## Band 7 roles:

Example

### Generic Skills

Vital Signs  
 Blood Glucose monitoring  
 React to Red  
 Cannulation  
 Venepuncture  
 Urinary Catheterisation  
 ECG  
 IV administration  
 Medicines Management  
 SEPSIS

### Specialist Skills

Enteral Feeding  
 End of Life Care  
 Deteriorating patient  
 CVAD  
 Airway Management  
 Tracheostomy/Laryngectomy  
 Care  
 PEG/RIG care  
 Ward attenders  
 DATIX

### Leadership Skills

Support new starters  
 Support students  
 Support Trainee Nursing Associates  
 Preceptor  
 Team leader/Co-ordinator  
 Professionalism  
 NHSP  
 Appraisals  
 Escalation  
 Team leader

### Educational Skills

Mentorship  
 Link Nurse  
 SET  
 CCAST  
 Preceptorship

### Research/Qi

Audits



### Additional notes

Enhanced Care



# Conclusion

**In summary this plan demonstrates how we will address the current gaps and recruit better; how we will retain better; attract new workers and adapt our workforce to our changing service models.**

In order to reduce our requirement to recruit we will retain and develop our existing talent. The next steps will be to translate this strategic workforce plan into specific service plans which outline how we attract, recruit and retain staff to meet the current operational gaps and meet the future service needs. This process will be embedded into our business planning processes.

## How will we know we are making a difference?

We will monitor progress against our key performance indicators for:

- Vacancy rates (target of 5%)
  - Bank and agency spend
  - Turnover (target 10%) and retention rates (target 90%)
  - Sickness rates (target 3.5%) and staff engagement (target 4.00)
- { Monitor through Finance & Performance Committee**
- { Monitor through Quality and Effectiveness Committee**

Each of these KPIs will also be monitored through the Divisional Accountability meetings with reports being discussed at the Workforce, Education and Research Committee.





**Doncaster and Bassetlaw  
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