

## LCH Workforce Strategy 2021-25 (V1.0)

### Hello

We are pleased to share the LCH Workforce Strategy (2021-25) with you. It describes our LCH workforce and organisational development ambitions and objectives for the next 3 and a half years.

Many people and services from across LCH have contributed to the Strategy's development, and we thank each one of you.

People and their wellbeing are the essence of LCH – without you this organisation cannot deliver excellent services to our communities. Everything this Workforce Strategy describes is therefore designed to help LCH to **attract, develop and keep the best people** in order to deliver outstanding care. This is what we call our **“Golden Thread”**

We are always keen to hear feedback; you can reach us at [jennyallen.laurasmith@nhs.net](mailto:jennyallen.laurasmith@nhs.net). Thanks for reading.

Jenny & Laura

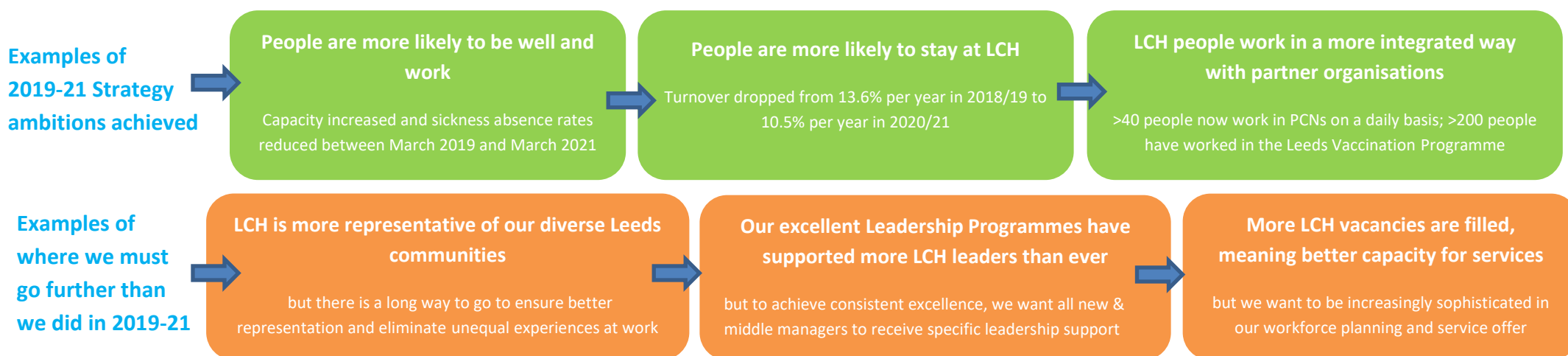
Jenny Allen & Laura Smith, Director of Workforce, October 2021



### 1. Where have we been?

Much progress was made during the lifespan of the last Workforce Strategy (2019-21). We want to build on its successes, and learn from the things that didn't quite achieve the results we expected. A few examples of how we performed against the 2019-21 Strategy's ambitions are shown in the diagram below (Fig 1).

**Fig 1: Examples of performance against 2019-21 Workforce Strategy ambitions**



## 1. Where have we been? (continued)

In addition to achievements against the overall ambitions of the 2019-21 Strategy, a range of additional innovations were identified, planned and introduced. These include the LCH Employ / Deploy model, designed by LCH to meet the needs of primary care partners in PCNs looking to secure roles designated by the national Additional Roles Reimbursement Scheme; the central role played by LCH in the design and delivery of the Leeds System Leadership Training Programme; and the Workforce Sharing Agreement designed by LCH to enable the transition of staff across organisational boundaries in support of Care Home partners.

Further detail and examples of workforce innovations and achievements delivered during 2019-21 can be found at [Appendix 1a](#).

By the end of the lifespan of this new Workforce Strategy, we want to have made further progress towards the things that matter most to us as a workforce and as an organisation.

## 2. What is important now?

Many factors both internal and external to LCH have also been taken into account during the development of this Strategy. We have summarised them in the diagram on the following page (Fig 2), using the well-regarded Harvard and Warwick models of HR Management to identify the different types of factor.

In developing the LCH Workforce Strategy 2021-25 we have sought to take into account the current and future working environment; to consider where employee and employer needs, expectations and opportunities are now and will go in future; how technology can support and accelerate change; and to determine how LCH can use all of this knowledge to achieve the very best outcomes possible for its workforce and its communities. [Appendix 1b](#) provides additional detail about the innovations and context of the future world of work which have informed the Strategy.

The global COVID-19 pandemic has accelerated and disrupted some of those future innovations; and we continue to work in a VUCA environment (Volatile / Uncertain / Complex / and Ambiguous). A key focus for us throughout the Strategy, will be on supporting and enabling LCH in its handling of and recovery from the pandemic period; and with this in mind we expect to retain a particularly sharp focus on the optimal resourcing of the workforce and the wellbeing and employee experience of LCH staff.

Our Strategy ambitions are well-aligned with the aim of the NHS's national [NHS People Promise](#) and the [NHS People Plan](#) which seeks for the NHS to have, *more staff, working differently, in a compassionate and inclusive culture*.

Whilst the NHS is a heavily regulated environment both in terms of the performance management regime and expectations as well as the mandated way in which we employ, reward and deploy our staff there are opportunities for us at LCH to understand better a disrupted world of work and to implement aligned solutions to some of our workforce challenges. There were many examples of this through the previous Workforce Strategy, as described in our opening section and at [Appendix 1a](#), and our continued focus on solutions aligns well with the *New ways of working and delivering care* pillar of the NHS People Plan.

All of the above feeds into our **Golden Thread** for this Strategy, **to attract, develop and keep the best people**, in order to deliver outstanding care. This is the Strategy's guiding principle and ultimate aim. We have tested it during the development stages of the Strategy, refining it through the engagement process to ensure that it embodies what we seek to achieve.

## 2. What is important now? (continued)

**Fig 2: Factors influencing Strategy development:**




### 3. How will this Strategy help LCH to attract, develop and keep the best people, in order to deliver outstanding care?

There are seven Themes in this Strategy: **Organisation Design**; **Resourcing**; **Inclusion**; **Wellbeing**; **Leadership**; **System Partner** and **Foundations**. These are described in more detail, together with their accompanying Ambitions, in section **3b**.

The Strategy's Themes are underpinned by three Enablers, which contribute to every Theme: *Employee Voice*; *Data & Evidence*; and *Digital & Technology*. The purpose, content and importance of each Enabler is summarised below:


#### 3a. Enablers



**Employee Voice**

*Employee Voice permeates every element of our work. It is a critical aspect of LCH's cultural identity as we seek to listen, learn and grow as an Employer of Choice. This is perhaps most important when people are telling us about where and how things can improve. Alongside LCH's wide range of formal and informal listening and feedback channels, some of which are highlighted in the pink boxes below, and our strong partnership working arrangements with Trade Union colleagues; our Freedom to Speak Up (FTSU) Guardian, Champions and approach are vital here. Our Freedom to Speak Up Strategy is appended to the Workforce Strategy document emphasising the vital interrelationship between the two.*

- JNCF & JNC
- Leaders Network
- FTSU
- Service visits
- Formal engagement exercises
- Ask Thea
- Exit Interviews
- Staff Networks
- 50 Voices
- Staff Surveys
- Diversity & Inclusion Forum



**Digital & technology**

*How we work is changing. Service efficiency and quality will be increasingly enhanced by technological capability to better meet patient needs. Hybrid working, accelerated during the Covid-19 pandemic, is going to stay, or become, the norm for many. This Strategy anticipates and expects to support & enable the changes to working practices, skills and organisational design that will underpin an increasingly digitally enabled organisation, aligned with the Digital Strategy and associated funding streams. Examples of new technology development and optimisation of existing technologies that are expected during the lifespan of the Strategy are highlighted below in orange boxes; all of which must be underpinned by appropriate implementation programmes and training on use of systems.*

- NHS Jobs 2
- InstantPay
- eJob Planning
- Learning Management System
- eRostering
- Data Warehouse > PIP
- ESR2
- New Starter Workflow
- ESR Self Service

### 3a. Enablers (continued)



*Understanding the case for, and the impact of, interventions is vital, to ensure efficacy and minimise waste. Our commitment with this Workforce Strategy is to base the interventions we prioritise and implement on evidence gleaned from data and / or research with appropriate data standards and governance; and to monitor the efficacy of interventions using quantitative and qualitative measures. This will enable us to focus our capacity on the things that we can reasonably expect to have the best impact in achieving our Ambitions; and to avoid or remove focus and capacity from those things which are comparatively of limited or no value to our Ambitions. Examples of the data & evidence to be used are highlighted below, in navy boxes.*

*Further information about research & evidence underpinning this Strategy is at [Appendix 2](#).*



### 3b. Themes and Ambitions

The Ambition for each of the Strategy's seven Themes is shown in italics in the Workforce Strategy infographic below. Each Ambition describes what we want to have achieved by 31 March 2025. In determining each one, we have asked ourselves our **Golden Thread** question: Will this help us to **attract, develop and keep the best people**, in order to deliver outstanding care?



### 3b. Themes and Ambitions (continued)

Within each Theme, there are between five and seven objectives. We believe that delivering these objectives will enable LCH to achieve the Ambition for each Theme.

Many of our objectives contribute to multiple Themes; for example our objective to improve our recruitment & selection processes will contribute to our Resourcing Ambition as well as to our Inclusion Ambition.

Changes external or internal to LCH might influence the objectives during the course of this Strategy, causing them to be adjusted or added to, so we can make sure the Strategy remains relevant throughout its lifespan.

In line with our Data & Evidence Enabler, we will be monitoring progress towards and achievement of our Ambitions using a range of target quantitative and qualitative measures, which are summarised against each theme in the following pages.

Our focus is on measuring outcomes more than inputs; although some input measures (for example the measurement of leaders undertaking LCH leadership training & development) are important to include.

Our objectives and their measures are described on the pages that follow (p9-22):

Resourcing	p9
Organisation Design;	p11
Leadership	p13
Inclusion	p15
Wellbeing	p17
System Partner	p19
Foundations	p21



## Theme 1: Resourcing

*We maximise our workforce capacity for delivery of the best possible care, by fully exploring all options available to us*

During the lifespan of this Strategy, LCH will become increasingly sophisticated in our understanding and analysis of, and our responses to, the resourcing needs of LCH and the means of securing the workforce we need. Working increasingly in partnership across organisations; with third sector partners, primary care and within our Leeds ICP and West Yorkshire & Harrogate ICS footprints, we will leverage a broad range of resourcing approaches. We will focus in particular on those roles and professions requiring most support; and on attracting and supporting under-represented groups to join our workforce. Together with operational expertise we will maintain and enhance our targeted LCH resourcing plan, aligning well with the *Growing for the future* pillar of the [NHS People Plan](#)

As a relatively small NHS organisation, opportunities for staff to progress their careers via promotion wholly within LCH can be constrained by the number of senior roles available and our related aspiration to maintain high organisational stability by limiting turnover. To maximise retention of our talented staff we must therefore work even harder on other means of ensuring LCH is an Employer of Choice, as well as maximising those career development opportunities that are available and considering additional innovations with partners to enhance careers and retention, for example rotations and secondments between organisations.

### How will we achieve this?

#### OBJECTIVES

- 1. We will increase the breadth and quality of our attraction and marketing techniques and better “sell” LCH as an employer of choice; particularly in hard-to-recruit and high volume recruitment exercises, working with and learning from third sector partners where appropriate, to widen and diversify our prospective applicant pool*
- 2. We will specify and mobilise a new temporary staffing model to improve flexibility and resilience in staffing capacity*
- 3. We will enhance our internal Bank capacity and increase fill rates by introducing flexible payment options, a clear reward structure and simple, technology-enabled shift booking capability*
- 4. We will adapt our approach to internal “mutual aid” to ensure that employees are well-supported before, during and after; and to embed improved workforce agility into our organisational culture*
- 5. We will attract and retain more staff by enabling a range of flexible working options that meet individual and service needs*
- 6. We will meet regularly with LCH new starters to understand and address specific unmet needs they may have, including implementing any required improvements to processes to improve the new starter experience*

## How will we know we've achieved our ambition?

### MEASURES

- Bank fill rates increase by 10% and active Bank capacity increases by 20%
- Turnover is below 13%, with stretch target of 11%
- Vacancy fill rates achieve 90%, with more applicants for hard-to-recruit roles than in 2020/21
- Range of advertising and marketing options is increased, with regular targeted campaigns for high priority roles / services
- Recruitment Service offer is clearly specified, with associated KPIs regularly monitored and achieved

## What difference will this make for LCH people?

*For leaders: I am able to target the widest possible pool of suitable prospective applicants when I recruit to a vacancy*

*For everybody: I am happy with my working life and my opportunities for development*



## Theme 2: Organisation Design

*We know what workforce and what skills LCH needs to deliver the best possible care, now and in the future; and take action to enable its delivery*

Our ambition for improved **Organisation Design** relies upon an accurate and detailed understanding, informed by services, data and external factors, of the required and likely shape of the LCH workforce in the short, medium and long term; and any associated gaps in capacity and skills.

This ambition extends beyond the boundaries of LCH, and links closely with our **System Partner** theme (Theme 6). We propose to continue and develop our close working with partner organisations to support the co-design of a One Workforce approach across care pathways and services, ensuring that the delivery of outstanding care for our communities is not constrained by organisational boundaries.

Meanwhile, innovations and expectations within the broader labour market are driving different behaviours amongst existing and prospective workforces in multiple sectors including health. We will be working to ensure that the LCH *benefits offer* as well as opportunities for flexibility in work are as attractive as possible. This must be within the context of our heavily regulated public sector environment and nationally-determined terms and conditions; as well as within the context of our patient facing services, which are increasingly moving towards seven-day working and require a careful balance between the commitment that LCH and its staff have towards delivering outstanding care; and the individual needs and aspirations of staff in relation to the crucial balance between work and home.

### How will we achieve this?

#### OBJECTIVES

- 1. We embed tactical, operational and strategic workforce planning principles alongside Business Units to deliver a mature workforce planning cycle and a clear understanding of required and future organisational workforce needs*
- 2. We work alongside services and clinical leaders to specify and diversify career pathways, enabling development, progression and retention in the LCH workforce as well as creating enhanced opportunities for prospective employees*
- 3. We work alongside services and in line with the LCH Digital Strategy to support and enable improved organisational productivity and the release of more time to care through implementation of new technology and approaches, including eRostering capability*
- 4. We develop and implement a new Hybrid Working approach that better meets organisational and employee requirements as well as the requirements of the NHS People Plan and revised Agenda for Change terms & conditions.*
- 5. We lead on the full establishment of new protocols that enable working across organisational boundaries, supporting an increase in rotational posts and enabling inter-organisation teams to become increasingly Business As Usual*

## How will we know we've achieved our ambition?

### MEASURES

- Resourcing plans are in place for each Business Unit and refreshed annually
- The overall LCH Workforce Plan reflects system partnership approaches to specific pathways, careers or roles
- eRostering is fully implemented, enabling systematic skills and capacity planning by services
- Hybrid Working is fully embedded, supporting and informing the design and delivery of LCH approaches to Estates, Sustainability and Digital
- A new LCH approach to Flexible Working is developed and introduced, with some form of flexible working taken up by >50% of LCH staff

## What difference will this make for LCH people?

**For leaders:** *I anticipate and plan for my team's long term and short term skills requirements*

**For everybody:** *I have the opportunity to use technology and remote working practices to enhance both my working life and the service I deliver*



## Theme 3: Leadership

*LCH leaders are consistently inclusive, capable, put people before process and are aligned with LCH values. We support our existing and aspiring leaders*

We will build on the success of the LCH Leadership Programme; developing it further in partnership with operational leads to anticipate and align with new and emerging local and external requirements and aspirations. Our leadership training is a culture carrier in LCH. It aims to ensure that our leaders fully understand and role model our organisational culture and priorities, enabling and empowering their teams. We will therefore require all new and middle LCH managers to undertake specific modules; and commission a detailed 360 assessment of senior leaders, to cement their understanding and role modelling. With a view to succession and retention we will strengthen our talent pipeline; identifying and offering mentoring to new and aspirant leaders; working in partnership with the ED&I team to ensure those groups underrepresented in our talent pipelines are targeted for appropriate support.

### How will we achieve this?

#### OBJECTIVES

- 1. We will deliver a leadership development provision that adapts and responds to the organisation, the wider system needs and in the context of hybrid and flexible working aspirations; available to all LCH leaders.*
- 2. All new leaders at LCH will be required to attend the LCH Leaderships Essentials course. We will monitor uptake of leadership development courses to identify and close gaps in attendance, support or coverage*
- 3. Areas of the organisation experiencing detriment associated with leadership behaviours or capability are identified and action plans agreed in partnership with affected services to improve leadership capability, confidence and alignment with LCH values and behaviours, particularly regarding diversity, inclusion and wellbeing.*
- 4. We will seek funding for, commission and introduce a 360 degree assessment for our most senior leaders, to robustly evidence quality of leadership and alignment with LCH leadership expectations, with a particular focus on diversity, inclusion and wellbeing.*
- 5. Our work on talent management and succession planning will include a focus on underrepresented groups*
- 6. We will explore and utilise opportunities to work with system partners in the commissioning and implementation of relevant leadership programmes*
- 7. A new mentoring scheme is implemented, targeted at new LCH leaders<sup>13</sup>, or those in need of additional support, enabling experienced and skilled LCH leaders to support and develop others*

## How will we know we've achieved our ambition?

### MEASURES

- Quarterly and National Staff Survey results evidence overall improvement of at least 5 percentage points in staff experience of their leaders, with areas implementing Leadership Development action plans seeing specific improvement in scores.
- New managers have attended an LCH Leadership Essentials module, or provided evidence of recent equivalent training with a previous employer.
- Every member of the LCH Senior Leadership team has undergone 360 degree assessment and has a resulting individual development plan to address any gaps and / or opportunities for improvement
- LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career

## What difference will this make for LCH people?

**For leaders:** *I have the training and support I need to lead at LCH*

**For everybody:** *My individual circumstances, perspective and aspirations are understood and taken into consideration*



## Theme 4: Inclusion

*We are much more representative of our communities. Disparities in employee experience have substantially reduced; with remaining disparity actively tackled.*

We have experienced a degree of success in LCH with the introduction of initiatives such as Reverse Mentoring and the Allyship Programme. The resulting heightened understanding and acknowledgement of issues and experiences linked to diversity and inclusion is crucial and will continue to be a central plank of our LCH Equality, Diversity & Inclusion (ED&I) programme.

This Strategy will see LCH move increasingly to targeted action in core areas of recruitment, development and health and wellbeing, to improve both the representation levels and experiences in work of underrepresented groups. In particular we will ensure that the voices and views of representatives from those groups are actively involved in the design and scrutiny of our ED&I programme of work; and seek to ensure the long term sustainability of dedicated ED&I resource as part of our core business.

Key to success is local ownership and action on the ED&I agenda from services and operational leaders. The new LCH ED&I Forum as well as existing governance routes will have key roles to play in ensuring this ownership and action. Local ownership and action will also be driven through the objectives below as well as those appearing under other themes in this Strategy, particularly the Leadership theme.

This Theme aligns well with the *Belonging in the NHS* pillar of the [NHS People Plan](#)

### How will we achieve this?

#### OBJECTIVES

- 1. We will identify the Leeds communities most under-represented in our workforce and work alongside them to understand and reduce barriers to working at LCH, particularly in leadership roles, through improvements to our recruitment and selection processes*
- 2. As an anti-racist organisation, we will consider how we use appraisal processes, to emphasise the personal responsibility each of us has for calling out and reporting racist or discriminatory behaviours*
- 3. We will identify and tackle areas of the organisation with most disparity in employee experience, by protected characteristic, between those with and without particular protected characteristics, focusing on Race, Disability and Sexual Orientation; and working with those areas to develop targeted action plans to reduce those disparities*
- 4. We will work with our existing and emergent Staff Groups, Forums and Networks to better understand and incorporate their lived experience and diverse employee needs into our organisational approaches and policies*
- 5. We will build on the success of the Allyship and Reverse Mentoring Programmes to continue our journey towards a compassionate and inclusive organisational culture, enabling every employee to feel that **#@LCHICanBeME***
- 6. We will seek sustainable funding streams to maintain the LCH ED&I programme in order to achieve its stated objectives*

## How will we know we've achieved our ambition?

### MEASURES

- 14.5% of the LCH workforce have a Black, Asian & Minority Ethnic background, increasing from 10% in 2021 and working towards 18% by 2028
- LCH talent management programme cohorts are at least representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career
- Staff Survey results evidence reduction of at least 50% in the gap in discrimination experience of disabled and BAME respondents, with aspirations towards complete closure of the gap
- 100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the LCH Leadership Essentials course

## What difference will this make for LCH people?

**For leaders:** *As a leader, I take action to identify and address inequalities*

**For everybody:** *@LCH I Can Be ME : I bring my authentic self to work*





## Theme 5: Wellbeing

*We look after our people through improved psychological, physical and financial wellbeing; leading to best-ever attendance, capability & satisfaction*

A vital part of **keeping the best people** is looking after people well, creating and sustaining an environment in which they can thrive, and providing support in times where health & wellbeing is at risk or compromised. This Theme of the strategy aligns with the *Looking After Our People* pillar of the [NHS People Plan](#).

Substantial health and wellbeing (HWB) gains have been made at LCH since 2019. With an improved, increasingly tailored HWB offer and plans to develop further psychological support, LCH is in a strong position to facilitate the long term, sustainable recovery of the workforce following the COVID-19 pandemic and to build further HWB gains subsequently. Initiatives aimed at positively supporting wider determinants of health, including financial wellbeing, will be welcome additions to the continuously improving suite of HWB options available for the workforce.

### How will we achieve this?

#### OBJECTIVES

- 1. Employee wellbeing is viewed as vital by Trust Board, with its scrutiny spearheaded by a Non Executive Wellbeing Guardian and the impact of the Covid-19 Pandemic taken into consideration*
- 2. The Health & Wellbeing offer is expanded to incorporate financial and lifestyle wellbeing support*
- 3. The LCH psychological support offer demonstrably enables more people to remain well and at work; with particular focus on pandemic-related support*
- 4. Fewer people report feeling pressure to attend work when not well enough to do so*
- 5. Leaders and staff feel safe, comfortable and confident to engage in “wellbeing conversations”, leading to improved understanding and support*
- 6. Employees with long term health conditions and/or disabilities are empowered to coproduce new LCH health & wellbeing approaches and initiatives to better meet their needs*

## How will we know we've achieved our ambition?

### MEASURES

- Our “lead indicators” from the Staff Survey around staff engagement, motivation, and support from line managers, improve year on year between the 2021 and 2024 Staff Surveys
- Absence due to stress / anxiety / depression is reduced, with overall annual sickness below 5% by 2025
- Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%
- Staff reporting that LCH takes positive action on HWB rises by 5%
- Health & wellbeing conversations are embedded as a regular part of employee / leader conversations, supported by LCH leadership training

## What difference will this make for LCH people?

**For leaders:** *I sensitively discuss individual health & wellbeing needs with my team members*

**For everybody:** *I am heard, supported and can flourish at LCH*



## Theme 6: System Partner

*We enable further successful integration and joint working for services and clinical pathways. We feel and act as part of #TeamLeeds.*

Our work in the system space to date gives LCH a strong foundation, including the development of staff sharing agreements for Leeds, workforce expertise for the GP Confederation, and the implementation of the innovative Employ / Deploy approach for PCNs. The advent of a Leeds Integrated Care Partnership (ICP) and the introduction of the new LCH Third Sector Strategy both bring further opportunities for collaboration on shared priorities for the benefit of our Workforce Strategy ambitions, overall business objectives, and, most importantly, our communities.

### How will we achieve this?

#### OBJECTIVES

- 1. We develop and share a #TeamLeeds talent pipeline with health & social care city partners, including the Third Sector, prioritising collaboration on recruitment exercises and rotational post opportunities that meet LCH workforce needs*
- 2. We lead on the full establishment of new protocols that enable working across organisational boundaries, supporting an increase in rotational posts and enabling inter-organisation teams to become increasingly Business As Usual*
- 3. We are instrumental in the delivery of Leeds One Workforce objectives, including System Leadership and Talent Management, working closely with the Leeds Health & Care Academy and supporting the participation of LCH people*
- 4. We work in partnership with other [Anchor Institutions](#) in Leeds, to positively influence social, economic and wellbeing prospects for Leeds*
- 5. We enable the GP Confederation to become a mature employer with established policies, controls, terms and conditions*
- 6. We develop the LCH ARRS offer to Primary Care into a self-sustaining model providing clearly-specified and valued services*

## How will we know we've achieved our ambition?

### MEASURES

- A minimum of 4 recruitment or training exercises per year, on average, are carried out collaboratively with ICP or ICS partners
- The GP Confederation has a full suite of pay, terms & conditions protocols
- LCH staff in multiple services are working beyond LCH's organisational boundaries in support of LCH and system goals
- LCH staff join ICP and ICS colleagues in undertaking collaborative and system leadership training opportunities

## What difference will this make for LCH people?

**For leaders:** *My team and I are part of #TeamLeeds*

**For everybody:** *I feel confident working with people from other health & care organisations*



## Theme 7: Foundations

*We provide excellent workforce and HR services to our customers, in support of the provision of outstanding care*

Underpinning everything the Workforce Strategy aims to deliver, are the core services that make up the Workforce Directorate: Human Resources; Workforce Systems & Intelligence; Organisational Development; Resourcing; and Equality, Diversity & Inclusion. We seek to further enhance the clarity, accessibility and quality of these services over the lifespan of the Strategy.

### How will we achieve this?

#### OBJECTIVES

- 1. Workforce services are benchmarked, consistent, stable, professionally led and with core KPIs visible to customers. Customer feedback informs our planning and priorities.*
- 2. “We Move Together”: Workforce teams integrate and prioritise their work to deliver the initiatives and change which will deliver the most impact for the organisation.*
- 3. We have a resourcing service for substantive and temporary roles that is customer focused and technology-enabled*
- 4. HR Business Partners are embedded in Business Units, commissioning interventions and services from Workforce colleagues aligned to the Workforce strategy.*
- 5. A strengthened analytics function, incorporating automation of core tasks, enables increased use of data to drive evidence-based decision making*
- 6. The People before Process approach is fully embedded, embracing Just Culture and Speaking Up principles*
- 7. LCH’s Organisational Training and Development offer and approach is designed and delivered in partnership with the QPD Directorate, to meet organisational needs*

## How will we know we've achieved our ambition?

### MEASURES

- Service specification with KPIs is in place for Resourcing, Workforce Information and HR
- Core KPIs including “time to recruit”; “average length of formal ER case” are met and within benchmarked norms
- A co-produced Organisational Training & Development offer and approach is in place, in partnership with QPD

## What difference will this make for LCH people?

**For leaders:** *I use the People before Process approach to effectively support and manage my service*

**For everybody:** *It is easy for me to access high quality, professional Workforce services and information*



#### 4. How will we know we've achieved our Ambitions?

Scrutiny of progress towards the Ambitions is important, and we aim to provide this with transparency and accountability.

To achieve this, we will provide a 6-monthly progress report to the Senior Management Team, employee relations forums and to Trust Board. We will also publish this report via MyLCH and the LCH Midday Briefing to enable everyone in the LCH workforce to view it.

Further scrutiny of particular objectives within Ambitions will be carried out by other formal groups and Committees including the Business Committee through the Quarterly Workforce Report and the new LCH Diversity & Inclusion Forum.

#### 5. Risks to delivery

As with every Strategy, it is important to recognise from the outset where risks to delivery may occur. Principle areas of risk are set out below. These will be taken into consideration in each of the 6-monthly updates provided to LCH on the Strategy's progress towards achievement of its objectives; and will be added to the LCH risk log should that become necessary during the lifespan of the Strategy:

1. **Changes to LCH or NHS priorities:** where changes in organisational direction or priorities are required, changes to the Ambitions and their objectives may follow
2. **Capacity constraints:** in the event of reduction in the financial or human resources available, delivery of objectives may be affected
3. **Capability constraints:** where scarce skills required for delivery are not available, delivery of objectives may be affected
4. **Continuation or repetition of Covid-19 pandemic:** associated Business Continuity measure and other pandemic-related work requirements might require reassessment of objectives and timescales

## 6. What happens next?

Following approval of the Workforce Strategy we embark upon the welcome challenge of delivering its Ambitions against the seven Themes, underpinned by the three Enablers.

Monitoring, reporting and scrutiny of progress will help us to ensure we remain on track. Our course of action and objectives would be adjusted as necessary in response to the realisation of any risks or other significant changes and opportunities.

With every review of the Strategy's progress, we will keep in mind the **Golden Thread** that is so important – enabling LCH to **attract, develop and keep the best people**, in order to deliver outstanding care.

**Thank you** for reading this document and sharing in our LCH Workforce Strategy Ambitions for LCH's current and future workforce, our patients, partners and communities.

As we said in our Foreword, we are always keen to hear feedback; you can reach us at [jennyallen.laurasmith@nhs.net](mailto:jennyallen.laurasmith@nhs.net) .

Best wishes

Jenny & Laura



## **Appendix 1a: Innovations and achievements at LCH since 2019**

### ***System Leadership:***

LCH employs and has supported the main architects of the trail blazing Leeds System Leadership offer which responded to city calls to strengthen the partnership through engaging leaders at all levels across all partner organisations. This work is a model for other now Integrated Care Partnerships (ICPs) and has been written up and published in a renowned people journal.

### ***Employ and Deploy:***

Continuing with the theme of partnership, one of LCH's stated aims has been to partner more fully with primary care. In 2018, the Additional Roles Reimbursement Scheme (ARRS) was launched nationally which resulted in significant amounts of money being made available for Primary Care Networks (PCNs) to secure the professional skills of clinical professionals other than GPs in an attempt to free up more GP expert time on the work that could only be done by GPs.

There are 19 PCNs in Leeds and at that time all were newly formed and in their infancy without the infrastructure or appetite to assume liability for staff. In response to this and with Trust Board approval, within Workforce we developed our Employ and Deploy offer to in effect employ these staff on behalf of PCNs deploying them operationally to PCNs. This remains a unique offer across the country with much interest in the mechanics behind this arrangement and in fact NHS England have recently nationally mandated for a further tranche of ARRS money that NHS Trusts should be looking to employ such roles on behalf of primary care. LCH was and remains the developer and early adopter of this approach and currently employs one third of the ARRS roles within primary care in Leeds.

### ***Diversity and Inclusion:***

There is always more work to do in the Diversity and Inclusion space including on Race and it is so important to acknowledge that. As part of the LCH commitment to improving the experience of our Black, Asian and Minority Ethnic staff, we launched our innovative and unique Allyship programme in 2020 to exceptional reviews from participants on the 'life changing' experience. This impact of this transformational programme in LCH is part of a longer study, however, a neighbouring Trust has been so impressed with the programme content and indeed the skill, expertise and passion of the facilitators running it that they have now commissioned it from us – we've run a first cohort for them and will shortly commence with a second cohort of staff.

### ***Resourcing:***

LCH has been instrumental in a number of innovative resourcing approaches on its own behalf and in support of partners. Examples include the Community Nursing Bus Tour, which was nominated for a Nursing Standard award; and the resourcing programme for the CAMHS Tier IV Unit that has utilised both hyper-local recruitment techniques to engage and attract applicants from local communities and national recruitment campaigns to reach scarce professional

applicants. Also of note is LCH's leadership of the resourcing for Leeds' Covid Vaccination Programme, which drew on a broad range of resourcing techniques including partnerships with universities and Leeds City Council to target specific candidate pools; the sharing of labour across organisations; and the use of volunteers with the support of third sector partners.

### ***Health and Well-being:***

Further examples of innovations in the life span of the previous Workforce Strategy stem from the acceleration of some of our work and thinking as a result of the COVID pandemic. In the health and well-being space and in advance of 2020, our approach could be described as much more generic and traditional – so we had our Feelgood Pledge with a plethora of offers and opportunities for staff alongside an Occupational Health service. The pandemic catapulted LCH into unknown territory in this and other spaces – we were faced with responding much more to the individual needs of our staff both in terms of their home and personal circumstances as well as the demands of their work.

As a Trust we responded well and particular innovations to know include the early insight that staff might suffer trauma from what they were seeing and encountering in their everyday work with many more serious conditions being managed at home and significant increases in the number of patients wishing to access end of life care in their own homes. Our response was to secure the services of a Clinical Psychologist and subsequently to grow and develop that service alongside OD interventions promoting a fuller offer with triage and signposting of individual members of staff and teams to the right psychological support (whether clinical or organisational as needed).

This approach alongside numerous other intervention and support mechanisms kept our staff well and at work through waves 1 and 2 of the pandemic and in fact our sickness absence levels for 2020 and early 2021 tracked beneath those for the same period the year previous. We were early adopters of Clinical Psychology input and NHS E/I recommended in their 2021/22 planning guidance that all organisations should be securing this expert input.

### ***Staff Sharing:***

The pandemic also tested LCH as with other partners in the city in terms of resourcing and capacity. There were early concerns in wave 1 that LCH may need to deploy our staff into Care Homes under their direction to support i.e. share our staff. This proposition was fraught with difficulty both in terms of liability and risk but also in terms of assuring and ensuring the protection of our staff. We worked through the challenges engaging with both Trade Union colleagues, Care Home owners and legal advisers to develop an agreed staff sharing approach.

LCH has since led further work to develop and agree with city wide partners a staff sharing approach across the city which enables staff from different sectors to be deployed to partners as needed. This was utilised in late 2020 / early 2021 to deploy staff from partners to LTHT as the lead provider in the COVID vaccine programme and LCH further used this agreement to employ and deploy vaccinators to PCNs delivering the vaccine in the community. Our work led to interest regionally and nationally and has been developed for use elsewhere – it is anticipated we'll need to use this further this coming winter.

## Appendix 1b: The Future World of Work

Looking to the future in the **Employee Experience** arena, the advent of collective populism and the drive for a consumer like experience for employees leads us to a much more customer focussed way of interacting with both our prospective and well as existing employees. This approach is integrated through our Workforce Strategy from how we recruit to dealing with staff queries on matter from pay to conduct and everything in between with very much a move towards digital first.

Employees are also keen for an approach to employment that takes account of their needs and this is in part driven by the arrival of new generations in the workforce. Our setting out of work on flexibility for individual members of staff in terms of both where, how and when they work (dependent of course on service needs) as well as a much more bespoke and individualised health and well-being offer and investment in management and leadership skills to deal with individuals on that basis all point towards our aspiration within this area.

Similarly with **Organisational Development and Learning**, the increasing shift towards compassionate leadership is evident in our work at LCH as well as in national mandates and broader employment sector evidence. And accessing training when and where employees can access it most conveniently, with bigger ranges of training media, less “classroom style” teaching and more experiential learning is increasingly evident in the approaches we are taking at LCH.

The **People Technology** space is exploding with early adopters of AI (Automated Intelligence) and RPA (Robotic Process Automation), mainly outwith the public sector, to carry out tasks and automate every possible process including those associated with employment (recruitment, pay etc.). Employee wearable tech to track stress levels at work, productivity and working hours are now also fairly readily available on the market.

Our regulatory environment in the form of the prevalence and welcome presence of Trade Union colleagues as well as our digital preparedness mean that the NHS as a whole is somewhat lagging in this space. At LCH though, we are attempting to lay some of the foundations for movement in these space when timely and appropriate. So our ongoing work with partners to understand systems and their inter-operability across organisations to support patient care and a patient pathway approach is one example.

In terms of **Insights and Analytics** and aligned with the People Technology space described above, the trends are towards data driven analytics considered alongside more qualitative measures of people management. Our work with Business Intelligence colleagues to link patient and workforce data and integration with the organisational digital strategy to develop the digital skills and thinking necessary for the future. Meanwhile we continue to maximise the capability of the existing national workforce system (Electronic Staff Record - ESR) whilst awaiting national direction on the future digital space which is due soon.

The current UK labour market is extremely tight and in particular with several markets which include health and care. Consequently innovations within the **Resourcing** space are driving different behaviours – this includes one off pay rises, additional rewards and perks of a non financial nature and endless flexibility

in terms of where, when and how people work. Again as a part of the public sector which is heavily regulated and due to the nature of the vast majority of our patient facing work there are hard edges around both what reward as well as flexibility in work can be offered.

However, our approach and aspiration in terms of this Workforce Strategy is to ensure that all staff feel and are very much part of Team LCH – we have and will continue to invest significantly in our culture and employee engagement as a key tool in both recruitment and retention. Additionally, we have worked hard on our hybrid working offer and post the initial waves of the pandemic so wherever possible we will offer staff flexibility about where they work and when. Finally in this space, we are embarking on a change piece around flexibility in terms of working hours and contracted WTE – trying to ensure that we are able where we can and within the constraints of service delivery to offer staff the working hours and patterns that best accommodate their working lives.

## **Appendix 2: Workforce Strategy – Research and Evidence:**

In his seminal research into people management and in particular working in terms in the NHS, a clear link was established by Professor Michael West between effective working teams and the leadership of them with a positive impact on patient care.<sup>1</sup> In NHS people management terms this is the clear ‘why’? – all that we do, provide, facilitate, support and lead should lead to better outcomes for our staff and ultimately to better patient care. It is with this ethos that we have developed this Workforce Strategy – both ensuring that our proposed areas of focus and objectives are research and evidence based but also that they will impact positively on our patients.

A number of examples of how this approach is integrated throughout our Workforce Strategy are set out below:

### ***Health and Well-being:***

The CIPD’s latest survey on health and well-being at work cites the criticality of leaders who demonstrate compassion with staff and foster a culture that leads to trust and kindness.<sup>2</sup> The visibility of the top team within organisations and their ownership of health and well-being is also established as a clear factor in effectively managing health and well-being at work as is taking a holistic approach and one that commits to preventative as well as reactive measures in terms of staff health.

This connectivity of the skills, competence and compassionate approach of leaders feeds directly into our Workforce Strategy aims and aspirations to work hard on the development and support to all of our leaders. There is a clear evidence base for investment in this area as there is for the monitoring and measurement of both qualitative as well as quantitative measures in terms of understanding staff health and well-being at work.

The national NHS People team have invested time and resources in understanding how to measure impact as well as better predict health and well-being activity. Their resounding conclusion in conjunction with research undertaken by Aston University is that lead measures which are largely qualitative in nature and informed by quarterly and annual Staff Surveys, are much better indicators of the health and well-being of staff within organisations.<sup>3</sup> Hence our approach within this Workforce Strategy to rely on both quantitative and qualitative measures of success; this area in particular really is one where what counts – compassion, kindness and culture – cannot always be counted.

### ***Diversity and Inclusion:***

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<sup>1</sup> *Developing Team-Based Working in NHS Trusts*; Report prepared for Department of Health; November 2008.

<sup>2</sup> *Health and Wellbeing at Work 2021*; CIPD Survey Report; April 2021.

<sup>3</sup> DN – Steve Lee at national people team providing the reference for this.

Beyond the moral, ethical and legal arguments, there is significant evidence that diverse and inclusive organisations provide better patient care. In term of the business case for inclusion, the CQC in its 2018 publication clearly established the link between equality and inclusion for staff and good care. <sup>4</sup> The publication strongly advocates for the development of compassionate and inclusive cultures in organisations which are inclusive and time and again makes the link between engagement (measured in NHS Staff Survey results) and inclusion.

Added to which, the national NHS WRES team in their published research, clearly established the importance of Race in the inclusion agenda through their evidential basis which set out that where organisations improve engagement for Black, Asian and Minority Ethnic staff, they improve engagement for all staff irrespective of their Race. <sup>5</sup> There is a clear causal link. This research base alongside others, leads us to continue to focus on Race within this version of the Workforce Strategy with the established national WRES indicators which include both quantitative and qualitative measures the ones to focus on.

### **Leadership and Management:**

There is a plethora of evidence for the premise that employees who have good quality jobs and are well led and managed will be both happier at work but also invariably more productive – the interplay of employee engagement and leadership and management is very significant. <sup>6</sup> Add to that the focus in terms of health and well-being and inclusion on the importance of culture and the creation of that by leaders and it is important to conclude that leadership and management should be a key area within this Workforce Strategy.

There are a number of lead and lag, qualitative and quantitative, input and output measures in terms of leadership – the key question to answer in navigating all of this is ‘how will we know our leadership is effective?’. We could measure inputs such as number of leaders and managers through development courses, staff appraised etc. – it is important to monitor such indicators and potential leads in terms of performance or leads in terms of where predicted performance may be going of course, but it is more important to measure outputs and ideally outcomes.

Evaluation of leadership and management courses and interventions offered through the duration of this Workforce Strategy will be critical. Kirkpatrick sets this out at four levels, and in this context an ongoing exploration of changes in attitudes as well as skills and behaviours through routine survey at various points post the intervention will be important. <sup>7</sup> Recognising the major limitation in this approach which is that it is self assessed by leaders and managers, it is also proposed that we measure our leadership development impact by seeking out feedback from our staff. The now quarterly and annual Staff Surveys which are designed in part to evaluate exactly the impact of leadership in organisations will be invaluable tools in this respect.

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<sup>4</sup> *Equally Outstanding Equality and Human Rights – Good Practice Resource*; Care Quality Commission; October 2018

<sup>5</sup> Richard Worlock providing this reference.

<sup>6</sup> *Employee Engagement An Evidence Review*; CIPD Scientific Study; January 2021.

<sup>7</sup> Kirkpatrick DL (1959); *Techniques for Evaluation Training Programs (sic)*.

