![NHS Torbay and South Devon NHS Foundation Trust logo]

Torbay and South Devon NHS Foundation Trust

Integrated Workforce Education Strategy Report

We need to build our way out of the present together pooling all the strengths, talents and assets we have in our communities across the system to deliver the innovative high quality services our citizens need to support them to live well at or close to home

Key Findings and Recommendations

Prepared by
Carolyn Jackson, Associate Professor Practice Transformation, Director ImpACT Research Group, Director UEA Health and Social Care Partners

10th June 2022

Acknowledgements

The intention of this report is to work with the feedback from these activities to shape key recommendations for the Trust in developing their integrated workforce education strategy for the next two-five years. A detailed audit trail is provided in Appendices.

The front cover image and quotation are taken from a participant transcript from interviews in Phase 1 of the consultation chosen for the inclusive and powerful focus on enabling people to grow and flourish together to deliver a future vision for health and social care for the region.

Contents   Page

Appendices (provided as separate document)

Tables

Figures

Boxes

1. Introduction

This work was commissioned by Chief Nurse Deborah Kelly in the autumn of 2021. The purpose of the consultancy was to support the workforce education leads in Torbay and South Devon NHS Foundation Trust tasked with leading the development of a new integrated workforce education strategy[1] for the future. This strategy needed to embrace the widest consultation possible across all key stakeholder groups in order to deliver the strategic vision for Building a Brighter Future (Figure 1), its People Promise and High Level Road Map for a new model of care delivery over the next five years (Figure 2). In addition, the integrated workforce education strategy needed to embrace the changing Integrated Care System architecture and partnerships required for impact and new ways of working, challenges associated with workforce recruitment, retention and diversification of roles, pandemic recovery and the changing landscape of learning and development to ensure the workforce has the integrated skill sets needed for dealing with increasing complexity and population health needs. Whilst the initial brief was to complete the consultation by early January 2022, a successive way of the COVID-19 pandemic delayed the project significantly as staff were diverted to front line services.

This report provides a summary of the high level key findings and recommendations to support the Trust to deliver its vision for a new kind of workforce education strategy that is inclusive, equitable and accessible for all. The audit trail of feedback from stakeholders and the phases of analysis are included in a separate Appendix document.

Figure 1: Torbay and South Devon NHS Foundation Trust Vision for Building a Brighter Future

Figure 2: Torbay and South Devon NHS Foundation Trust High Level Road Map until 2030

2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	Beyond

Phase 1
Realising the benefit of place-based integration. Developing provider partnerships for specialist services, digital infrastructure investment and productivity improvement

Phase 2
Delivery of estate and IT infrastructure. Longer term pathway developments with increasing digital maturity, more activated communities and sophistication of integrated partnership working. Shift focus of service provision:

> Acute/specialist services → Community (closer to home) → Wellbeing and ill-health prevention

Phase 3
Refine new clinical care model ensuring it is fit for sustainable and equitable provision with focus on continuous service improvement

"Building a Brighter Future" (BBF) Funding Bid
Strategic plan	Outline plan	Full details
Jul 2021	Oct 2022	Late 2023

Sustainable financial position reached
End of 2026/27

IT and estates work complete
Start of 2029

2022
- New medical unit
- Devon-system partners engaged with plans

2023 - 2025
New planned care facility
New patient record IT system
New health and wellbeing centres

2025
New inpatient wards to support clinical service developments and facilitate future facility improvements

2028
Remodelled Emergency Department (ED)
Ward refurbishment complete

2029
All services are within their new homes in the new estate

2. Scope and Methods Employed for Consultation

The work was divided into two phases of consultation (Figure 3). Phase 1 started in October 2021 following an initial education summit held by the Trust with invited guest speakers and facilitators. This summit helped to pave the way for the stakeholder engagement journey that followed.

Figure 3: Stakeholder Engagement Journey

In Phase 1, between October and December 2021 there were 7 engagement workshops with internal and external stakeholders with representation from 55 participants across 16 health and social care organisations. In Phase 2 between January and May 2022 there were a further 6 engagement sessions including a strategic draft consultation workshop with 65 contributors across 4 organisations. In total over the six month consultation period 120 participants provided feedback across 20 organisations (Figure 4).

Figure 4: Stakeholder Engagement Strategy
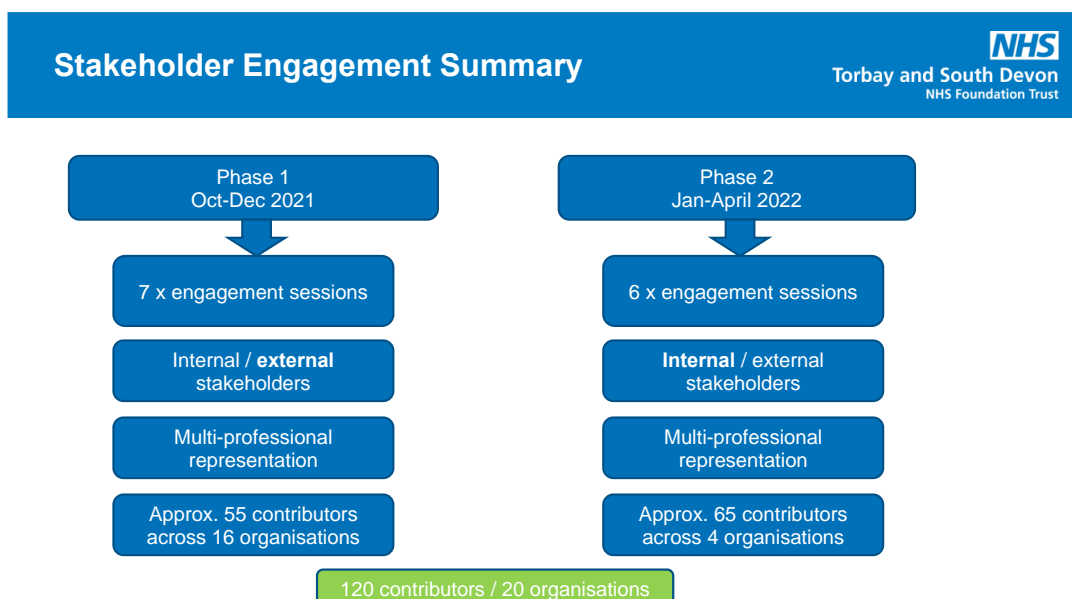
The stakeholder consultation workshops used a Values Clarification Framework (Warfield and Manley1990; Manley 1992) to ask a set of questions that were consistently applied across all of the participant groups.

- What is the ultimate purpose of the integrated workforce education strategy?
- How will this purpose be achieved?
- What are the key enablers and barriers to achieving the purpose?
- What are the outcomes you are trying to achieve?
- How will the impact be evidenced/measured?

The workshops were conducted using a virtual Teams platform as it was not possible to undertake these face to face given the challenges of the pandemic. The workshops were facilitated by internal or external facilitators depending on availability. A number of workshops had to be rescheduled due to the impact of the pandemic on workforce priorities over the Christmas 2021 period. The feedback was provided through recordings and chat box transcripts. The feedback was analysed for themes to develop an ultimate purpose statement (Box 1) and a set of descriptors of how this purpose would be achieved. The transcript information is provided in Appendix 1. It is important to note that the feedback from stakeholders have been used to reflect the contributions made using the language that participants provided.

Box 1: Ultimate Purpose statement

The ultimate purpose of the integrated workforce education strategy is to inspire and enable a confident skilled workforce to deliver constantly improving care and services that meet the needs of our citizens and future workforce and improves working conditions.

The purpose will be achieved by:

- Using the whole multiprofessional workforce to ensure we have the right people with the right skills in the right place at the right time.
- Striving for quality and excellence in everything we do.
- Health and Social Care working together as equal partners with a shared governance approach for delivery.
- Integrating system wide resources to ensure they are accessible for all professions.
- Demonstrating our collective commitment to our people's development, to provide the best care experiences in the region.
- Motivating our staff and making them feel like we care about them and value them.
- Having clearly defined objectives for the next 5 years which will enable all staff to feel supported in their current roles and achieve their ambitions.

A number of foundational principles identified by workshop participants were to:

- Create a learning culture that values the workplace as main resource for learning, development, innovation and improvement.[2]
- Enable learning environments that promote and enable human connection.
- Embed a person-centered approach involving citizens and stakeholders in co-design and co-production.
- Wrap workforce capabilities around the needs of citizens focused on what matters to them.
- Create a whole system approach through strengths-based ways of working.
- Implement a shared governance model with clear ways of working, roles and responsibilities for delivery of the strategy.
- Develop strong and effective partnership working to pool all the strengths and talents of the region.
- Use the resources already in place more effectively.

3. Key Enablers

The key enablers to achieve this purpose were identified and themed into micro (team), meso (organisation) and macro (system) levels. These enablers are outlined in Table 1. The first group of enablers identified related to *staff* working in terms, services, organisations and communities in a wide range of health and social care contexts. The second group of enablers related to the workforce and had three subthemes (i) *Partnership and ways of working*; (ii) *Equity of staff development across the career pathway*; (iii) *Workforce strategies and resources*. The third group of enablers related to *learning and development approaches* and strategies to support the workforce to use the workplace as a key resource. The fourth group of enablers were focused on what support needs to be in place by the system to enable the workforce and staff to make the most of learning and development opportunities to support career progression. Although stakeholder participants were also asked to identify barriers or challenges to developing an integrated workforce education strategy, these were turned into enablers to indicate a positive direction of travel.

---

[2] Learning and development are used throughout this report as terms to replace education and training because of the focus of the former on growth of people's talents, aspirations and ambitions using the workplace as the main resource for learning, development, innovation and improvement. The concepts of education and training are outdated and signal that people are empty vessels that need to be filled by predetermined sets of knowledge and skills in traditional classroom models that take people away from the workplace and do not translate into sustainable models of knowledge exchange, mobilisation and transfer or demonstrable large scale impacts on quality of services and care.

Table 1: Participant themed feedback identifying the enablers for an effective Integrated Workforce Education Strategy

Themes	Enablers
Staff enablers (working in teams, services, organisations, communities)	• Openness to change and doing things differently based on service and citizen needs • Engagement and buy in from all staff • Shared vision, direction and clarity of purpose of career development opportunities • Role clarity and collaborative ways of working • Access to enabling learning culture that supports and values their growth and development • Confidence and awareness of how to access learning and development opportunities available • Regular staff consultation to identify what is important to them • Clear communication across services, departments and teams • Time for collaboration, learning and development
Workforce Enablers	**Partnership and Ways of Working** • Enabling culture that values protected time and being confident that you can use it • Co-creation to enable workforce to take ownership of the plan, and feel involved in changes and improvements • Strong collaborative partnerships, effective communication and shared learning **Equity of Staff Development across the career pathway** • Clear multiprofessional career capability progression and development framework for whole workforce to enhance recruitment and retention from entry level to consultant practice • Clearly focused induction programme for new staff identifying clear skills and competencies required for role • Leadership/management apprenticeship scheme across career pathways • Enabling people to value and share their expertise/knowledge through multiprofessional mentoring and learning **Strategies and Resources** • Clear messaging what's in it for the workforce • Digital strategy and access to digital platforms and resources digital literacy skills • Protected learning time away from the workplace • Investment in using sources of funding effectively e.g., Apprenticeship levy • Legacy programme for the over 55s to support workplace learning • Learning from other team's best practice e.g., crisis tactical agency cover team, about what strategies work to address staff support when there are workforce challenges • Maximise opportunities for agile working, doing things differently with existing multiprofessional workforce to address skills deficits/challenges in service delivery through flexible movement of resource for backfill, learning etc and different roles. • Training posts and passport to maximise workplace learning opportunities • Clear understanding of workforce data and metrics

Learning and Development	• Innovative thinking that is different using the workplace as a key resource to address workforce gaps and challenges
	• Interprofessional learning to maximise opportunities for sharing best practice based on what works
	• Supportive physical and virtual learning environment with mentors/career coaches/ practice learning facilitators
	• Diversity of learning opportunities that are engaging and accessible
	• Profession specific learning developed where needed
	• Learning and development champions
	• Inclusive enthusiastic dynamic teaching team committed to
	    -using/employing and training quality staff
	    - compassionate understanding of staff and patient/citizen needs
	• Online accessible patient learning and development for self-care management
	• Innovative approaches to building placement capacity

System enablers	• Investment, recognition of the importance of workforce learning and development and commitment from the ICB/ICPs
	• Robust Covid workforce recovery plan tailored to workforce wellbeing needs
	• System wide strategy synchronised to support workforce development and employment at point of registration/completion of programme
	• Systematic processes for gathering, analysing, reviewing and acting on evidence in continuous cycles of improvement
	• Be the place people want to come and work with strategies that celebrate, reward, retain and attract staff
	• Integrated and pooled approach with partners (internal and external) to capitalise on resources
	• Embracing new technologies and digital literacy across the workforce and communities
	• Equity of funding for health and social care, shared resources and budgets
	• Clear strategy that engages everyone
	    o Coordinated and managed
	    o Promotes collaborative system wide planning
	    o Celebrates what is working well
	    o Has support from local community and businesses
	    o Provide incentives and funding to help young people feel valued

4. Key activities that would be observed happening across the system

At this stage of the consultation process the key activities drawn from the workshop transcripts that stakeholder participants identified they would expect to see happening across the system are summarised below in Table 2.

Table 2: Key activities that would be seen happening across the system
➢ Investment in staff mental and physical health and wellbeing resources.
➢ Equitable investment in workforce education strategy.
➢ Funding resources for travel for care support workforce.
➢ Crisis funding to support access to learning and development.
➢ Investment in digital literacy, learning technology and resources.
➢ Learning environments that promote and enable human connection.
➢ Investment in protected learning time for innovation and building our way out of the present.
➢ Shared regional teaching across foundation hospitals across the region.
➢ Multiprofessional talent management programme for all taking a strengths -based approach.
➢ Easy to navigate mandatory learning and development options tailored to practitioner needs.
➢ Hybrid ways of working to deliver accessible blended training, education and facilitated learning opportunities (digital and traditional classroom based).
➢ Placement swapping schemes across acute, primary, community sectors.
➢ Flexible placement patterns across the full year.
➢ Employment regulations, processes, recognition, reward and pay.

5. Outcomes of the Integrated Workforce Education Strategy

Stakeholder participants identified a series of potential outcomes that they would expect to see if the enablers and activities identified were in place. These were themed into four groups (I) *Practitioner outcomes*; (ii) *Workforce outcomes*; (iii) *Recipients of care*; (iv) *Learning and development* outcomes. These outcomes are summarised in Table 3.

Table 3: Outcomes of the Integrated Workforce Education Strategy

Themes	Outcome statements
Practitioner level outcomes	• Everyone feels included, supported, valued and more open to enjoying learning and development to support their long term career development needs and personal growth. • Feel empowered and have enhanced self-esteem. • Feel safe in their decision making and taking proportionate risk. • More self-confident in their digital literacy skills. • Feedback prompts action planning to identify key improvements for actual change.

Workforce level outcomes	• Confident, motivated, engaged, enthusiastic well prepared and competent workforce who can deliver future care needs.
	• Better skilled staff with contemporary knowledge, skills, attitudes.
	• System resilience.
	• Flexible career pathways providing pipeline for future workforce that incorporate new care careers .
	• Satisfied workforce that has the knowledge, skills and understanding to be adaptable to changing circumstances and working across different demographics/environments.
	• Multiprofessional shared governance model and collaborative working:
	  • Embracing new ways of working with partners.
	  • Long term succession planning to retain workforce with investment in continuous career development.
	  • A critical mass of coaches, mentors and practice learning facilitators.
	  • Sharing good practice, learning for innovation, improvement and research outcomes.
	Improvements in
	  • Staff satisfaction, recruitment and retention.
	  • Staff turnover and sickness absence.
	  • Staffing resources and funding for learning and development.
	  • Conversion opportunities for students into substantive employment posts.
	  • Operational effectiveness.

Patients/Recipients of Care	• See the right person at the right time and receive the right care • Improved care experiences and high quality outcomes that meets the needs of the population • Reduction in adverse events • Patients/recipients of care feel empowered
Learning and Development	• Torbay recognised as regional leader for staff education and the best place to learn • Clear marketing as employer of choice • Transparent and equitable offer and access regardless of background • An enabling learning culture and holistic approach to workplace learning • Learning valued as an essential part of professional development • Greater use of technology and digital learning platforms, blended learning approaches • Co-designed curriculum involving all key stakeholders • Curriculum focused on prevention and citizen education (to address population and public health needs and health inequalities) • Core multiprofessional capability framework with a blended approach to accreditation and locally endorse education opportunities underpinned by strengths based coaching models to support staff • Interprofessional learning together across health and social care • Protected time to learn for the whole workforce • Emphasis placed on workplace learning and development for all including leadership and management development • Greater choice for health and social care careers to pick and mix pathways • Innovative placement offer matched and tailored to student learning needs • Enhanced placement learning capacity • More effective use of apprenticeship levy

6. Measuring evidence of impact

Stakeholder participants were asked how they would measure and evidence the impact of the outcomes identified in Table 3. Three distinct theme groupings were identified from the feedback as indicators of impact for the (I) *Workforce*, (ii) *Patient/recipients of care* and (iii) *Learning and development*. These are summarised in Table 4.

Table 4: Measurements/indicators of impact

Workforce	Learning and Development
System wide methodologies adopted to measure continuous feedback and improvement from • Rag rated learning and development records for all professions and bandings • 360 feedback and annual appraisal development plans • Staff recruitment and retention levels • Number of practitioners in different roles moving around the health and care system • Workforce recruitment, retention data • Staff satisfaction surveys • Datix reporting • CQC and regulatory reviews around compliance	Holistic evaluation of learning and development effectiveness and impact from • Delivery on ultimate purpose and vision • Increased numbers of apprentices from local areas of deprivation • Number of staff awards • Number of staff champions in network • Number of subject champions • Feedback from staff, supervisor and learner surveys • Protected study time data • Increased take up and demand for education through commercialisation evidenced by feedback, attendance, assessment and evaluation of programmes • Evidencing the impact CPD has on quality of services, and staff and patient experiences- integrate user feedback and experience to enable improvements in services to be made • Sustainable investment in resourcing and growing education
Recipients of care	
• Patient/public complaints, experience and satisfaction data • Patient/public/staff compliments • Improved patient and service user outcomes	

Following completion of the feedback from the thirteen engagement workshops in Phase 1 and early Phase 2 of the process, a number of early recommendations were made to bring these ideas to life as a way of enabling the workforce education leads to undertake some blue sky thinking. These were shared with stakeholder participants that attended the Strategic Stakeholder feedback session held on the 16th May. These emergent ideas are presented firstly below to enable the workforce education leaders to consider whether they are worth further investment. These are presented in section 9 of this report.

7. May 2022 Strategic Workshop feedback session

On the 16th May 2022 the findings from the stakeholder consultation workshops were fed back to an audience using an online team's platform led by Jessica Piper. Early distillation of the findings had been used to construct a draft strategic framework with four loosely developed

strategic goals (Figure 5). These strategic goals were presented to workshop stakeholder participants who were asked to provide feedback and further ideas about how these could be further developed into objectives, deliverables and outcomes. The strategic goals at this stage of the process were to:

1. Establish a person centered interprofessional learning and education architecture.
2. Establish inclusive cultures of learning and investment in people's learning.
3. Establish co-design of future learning and education with citizens, learners and partners.
4. Evidence improved outcomes for learners and citizens.

Each workshop participant was invited to rotate round four themed workshops focusing on each of the strategic objectives that were facilitated by health and social care colleagues working with Torbay and South Devon NHS Foundation Trust. A template was used to enable a consistent approach to gather feedback from stakeholder participants designed by the Trust that would be later analysed to further develop the strategic objectives and key deliverables to be integrated into the final integrated workforce education strategy (Appendix 2). The questions posed to participants in the workshops were:

- What does the strategic goal mean to you?
- What are the key priorities?
- How do we deliver the key priorities?
- What challenges do we need to overcome?
- How do we overcome them?
- What support will we need to deliver and from who?
- Are there any key gaps / areas of risk?

There was very positive engagement from all stakeholder participants providing a significant amount of discussion and feedback that was then analysed and themed to cluster similar ideas around the key questions asked and the four draft strategic goals. The audit trail for this process is provided in Appendix 3.

Figure 5: Early description of the 4 strategic goals presented at the May 16th Workshop
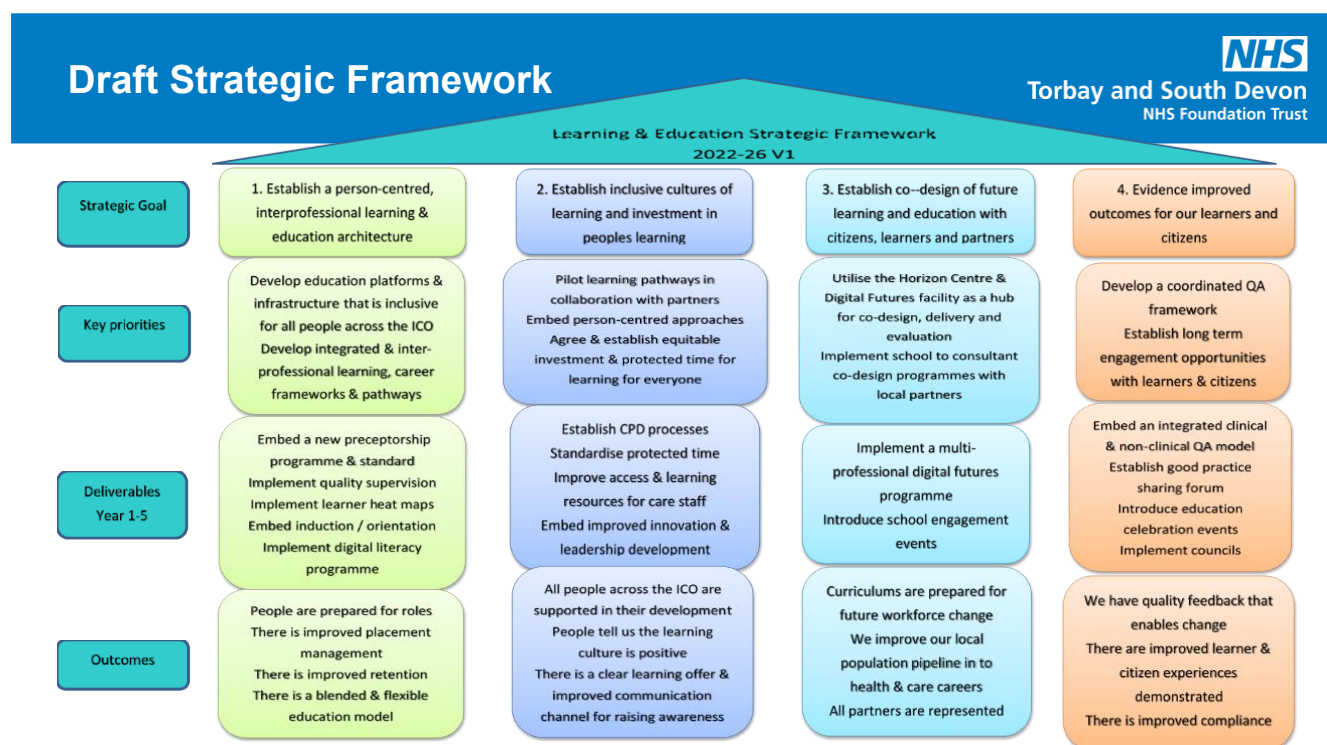
Some domains of the feedback template were left blank by workshop participants or summarised a general discussion that was held, whilst others provided quite significant detail in terms of the objectives they would expect to see developed and delivered.

By the end of the workshop there were 16 sets of workshop data to analyse across the 4 strategic goals as all participants had the opportunity to rotate through each goal to provide feedback and ideas. This feedback was then independently analysed and the audit trail is provided for this process in Appendix 3 and 4. In the first stage of this analysis all of the information from each strategic goal was colour coded by workshop group and a long list of objectives addressing each question drawn up. In the second stage of analysis these objectives were grouped and themed by similarity to condense the long list into a shorter list linked to the four overarching strategic goals. In total 89 strategic objectives were identified through this process which were grouped into 12 themes that reflected the similar nature of the statements made. This grouping process is displayed in Table 5 below. In the final stage of analysis, the short list was further condensed into a set of final strategic goals and deliverables using the structure in Figure 5 and further refinements made to the overall strategic goal to reflect the feedback. These loosely grouped objective statements have been further condensed to provide the final draft version of refined strategic goals objectives ready for presentation to the Trust as a draft working framework. On reviewing the objective statements from the May 16th Workshop (Table 5) it was evident that some of the statements were deliverables and some were outcomes. Therefore in the final draft presentation in Section 8 of this report the statements have been broken up to reflect these domains but the essential essence of the feedback retained.

Table 5: Second level analysis of workshop data demonstrating how the statements were grouped under loose themes (Colour coding reflects the groups that these statements were derived from and can be explored further in Appendix X)

Coded Objectives that demonstrate similarity of a theme	Number of grouped objectives under each heading that are related

Objective 1 Engagement Strategy (11)
• Implement a clear strategy for citizen engagement in co-design with a wide range of participants (1)
• Develop a central engagement strategy that identifies shared governance, ways of working and person centered principles to connect people (1)
• Build co design principles into the engagement strategy as central to future work and have open conversations with citizens, learners and staff to design career pathways (1)
• Develop a clear engagement strategy that underpins the workforce education strategy outlining: (1)
   o Principles for shared governance
   o Ways of working
   o Co-design with citizens and practitioners
   o Key priorities for focus of learning and development for next 3-5 years
   o How feedback will be gathered, reported and acted upon
   o Understanding in real time what is needed through collaborative conversations and what needs to be improved
   o Roles and responsibilities of all key partners
   o Mechanisms, policies and procedures for paying/rewarding citizens for their involvement in co-design work
• Ensure workforce education strategy is underpinned by an engagement strategy that provides the principles and ways of working with citizens and practitioners to co design and monitor impact of workforce education priorities (1)
• Develop a clear engagement strategy that outlines principles of ways of working and shared governance roles and responsibilities for the whole workforce in collaboration with partners. (1)
   o citizens
   o learners
   o partners.
• Implement shared governance model through Community of Practice (1)
• Establish the principles of shared governance and ways of working through a central engagement strategy that maximises opportunities to share best practice (1).
• Ensure the workforce education strategy uses language that is inclusive of everyone (avoiding the use of the term professional) (1)
• Ensure that the workforce education strategy is inclusive and uses simple language understood by everyone (1)
• Have a clearly defined shared governance framework for partnerships with clarity of roles and responsibilities for delivery of the workforce education strategy goals (1)
 	
Objective 2 Career Pathway Development (9)
• Develop an inclusive equitable and accessible workforce education strategy that makes clear to staff that:
   o Offer is open to all staff regardless of stage of career and where they work
   o Learning and development is valuable to all to progress career development aspirations
   o Culture of the organisation facilitates learning and development needs
   o Invests in everyone
   o Reflects diversity of learning styles and skills
	O1 =11
	O2 =9
	O3= 6
	O4= 9
	O5 = 6
	O6= 9
	O7=3
	O8=7
	O9=8
	O10=11
	O11= 7
	O12=3

- o Provides equity of access to digital learning
- o Provides protected time for learning and development
- o Prepares staff to undertake their roles effectively
- o Provides clear guidance to staff about how to access funding
- o Enables all staff to develop their digital literacy skills
- o Advertises what is available and how it will help to support career development needs and aspirations
- o Meets the needs of practitioners and citizens in all contexts (2)
- Co design career pathways with citizens, learners and staff (2)
- Implement a holistic approach to learning, development and career progression for all people working in health and care contexts regardless of role ensuring that mandated professional learning is incorporated.(2)
- Career pathways for early career researchers in practice are identified to improve knowledge translation, adoption and sustainable transformation(2)
- Appraisals are redesigned as career development conversations with a focus on development rather than performance (2)
- Provide a clear learning and development offer to people matched to their workplace, role, and career progression plans recognising the workforce skills gaps and priorities. (2)
- Develop a rolling staff campaign to showcase learning and development opportunities available for the workforce (2)
- Clearly define the diversity of roles that support learning in the workplace and the principles for how to maximise opportunities through
  - o Using a strengths based approach to developing stronger partnerships across the region.
  - o Having a clear plan for supporting new staff in the workplace and investing in team development
  - o Being clear that different roles and professions will have different regulatory body requirements that need to be met.(2)
- Focus on enabling individuals and teams to understand what learning and development opportunities are available to them to support their career progression and development aspirations (2)

Objective 3 Learning Culture (6)
- Develop clear principles and ways of working that identifies the essential ingredients of a learning culture that focuses on:
  - o Ensure learning and development is a visible part of recruitment, interview, induction and training (3)
  - o Enabling workforce to learn, grow and develop through clear career pathways of progression and development
  - o Embedding opportunities for staff to celebrate and share their learning and development through continuous feedback loops to shape the offer according to their needs
  - o Embedding action learning for teams to be effective and provide opportunities for them to use tools that will enable them to feel empowered and productive sharing learning and impact through celebratory activities.(3)
- Embed an inclusive culture of learning and development for all staff focused on career progression and development and tracking evidence of impact involving everyone at all levels of the system evidencing outcomes for staff and citizens experience and outcomes (3)
- Change the culture to enable learning and development to be valued by all and implement opportunities to invest in career progression and development through:
  - o Regular opportunities for practitioners to feedback what career progression barriers they are experiencing to help with planning
  - o Investment in career coaches and workforce champions
  - o Regular celebrations of staff achievements throughout the year
  - o Career progression and development conversations with regular cycle of supervisory review (3)
- Embed a career development and progression road map to enable people to gain equal access to learning and development to support their career aspirations tailored to their needs (3)
- Be clear about what an enabling workplace culture and learning organisation looks like underpinned by a Community of Practice model, aligning staff to things that are of interest and motivate them (3)
- Identify leaders that can model the way for facilitating the workplace to be used as an effective learning culture.(3)

Objective 4 Evidencing impact and effectiveness (9)

- Develop a regular consultation and systematic review cycle with staff across all contexts to bring together programme learning reviews and appraisal processes in a connected platform to:
  - Enable staff to have a voice in reviewing and identifying what they need to enable them to progress and develop in their role to drive programmes of delivery
  - Celebrate staff achievements
  - Develop clear evidence of the impact of existing resources and assets to use these more effectively in future planning
  - Enable the practitioner voice and feedback to drive the learning offer for career progression and development (4)
- Have clear strategic priorities for delivery, lines of reporting and ways of working to systematically review and act on feedback from learner (4)
- Build an inclusive workforce education strategy that evidences the impact and effectiveness of learning and development on practitioners /learners/patients/citizens/partners with systematic feedback mechanisms to celebrate what is going well and what needs to be improved.
  - linked to QA strategy, patient/citizen experience and engagement groups
  - dovetails with talent management and leadership development strategies for all
  - underpinned by an engagement strategy with shared governance, principles of engagement and ways of working with schools, FE colleagues, HEIs, VCSE and other important stakeholders
  - Centralises the role for the Horizon Centre or equivalent to be central conduit for processing feedback and collaborative action planning for improvement together
- Build in and evidence metrics that are holistic, demonstrate value for money and meets the needs of:
  - Citizens (health outcomes and experiences)
  - Staff (wellbeing, recruitment and retention)
  - Learners (meets their needs and is tailored to their career ambitions) (4)
- Reshape the approach to appraisal focusing on career progression and development creating opportunities to integrate a cyclical model of 360 degree feedback loops across the year to enable sharing of best practice, learning, insights and improvements. (4)
- Capture learning to identify what is going well and what needs to be improved (4)
- Benchmark opportunities to gather intelligence and insights from appraisal for whole workforce across the year and have cycles of feedback to inform learning and development offer through:
  - You Said We Did feedback
- Build in feedback loops to ensure that pipeline for skills development is identified through appraisal and career development review cycles (4)
- Build in more robust feedback mechanisms and loops to understand workforce impacts and outcomes including agreed measures of impact to evidence value of investment for
  - Staff engagement, recruitment and retention
  - Career progression and development
  - Staff and patient experiences, wellbeing and outcomes
  - Workforce priorities and challenges (to address gaps) (4)

Objective 5 Building in celebrations (6)

- Ensure there is equity of opportunity and access for all staff to workplace/place-based learning and development across the ICO celebrating achievements through award schemes to enable them to feel empowered and valued:
  - Scholarships,
  - Awards,
  - Free study days (5)
- Develop a programme of celebratory calendar events to share stories of impact for practitioners, learners, citizens, patients and partners (5)
- Provide opportunities for team peer review and learning to share best practice and support career progression and development and self-organising teams to be the best they can be
- Embed peer review
- Achieving and Celebrating Excellence framework
- Guiding lights for effective workplace cultures

- Resilience based supervision (5)
- Celebrate people's stories of the impact of learning and development in a wide range of contexts drawing on quantitative and qualitative feedback (5)
- Celebrate practitioner stories of impact and rewards achievements. (5)
- Build in strategies that enable staff to have the time to celebrate success, share best practice and learn how to make improvements together.(5)

Objective 6 mechanisms for learning on the job (9)
- Build in opportunities for teams to learn together on the job to enable them to become more effective (see strategies above) through:
  - -360 degree feedback
  - -ZOUD and creating psychological safety
  - - Understanding spheres of influence and evidencing impact
  - -Sharing best practice and learning for improvement through Communities of Practice and celebratory events and awards/scholarships/fellowships
  - -modelling the wobble through coaching (6)
- Implement Communities of Practice to deliver regular action learning cycles (6)
- Focus learning and development offer on self-care, mental health and wellbeing (6)
- Review mandatory training and make systematic improvements to measure enhanced compliance, enable practitioners to understand the relevance to role and why and how it is important to person centred safe and effective care (6)
- Develop an interprofessional learning offer for preceptorship (6)
- Embed time and opportunities to make supervision mentoring and coaching a central feature of supporting staff with regular contact and opportunities to feedback the impact of learning and development to ensure it is tailored to need (6)
- Implement a careers coaching model to maximise opportunities for people to support their career aspiration and champion areas they are interested in.(6)
- Implement Communities of Practice to share and cascade knowledge and best practice, promote interdisciplinary learning and development, career pathway options and different support mechanisms (supervision, coaching, mentorship etc) (6)
- Develop workforce champions and careers coaches to provide supportive continuing conversations through the year. (6)

Objective 7 Partnership Working (3)
- Strengthen partnership working arrangements with:
  - o University partners to ensure engagement is ongoing and capable of being responsive to workforce needs and priorities
  - o ICO leaders for workforce education to ensure there is shared understanding of what works and the areas that need to be developed
  - o Feedback from workforce is captured and helps to shape ongoing learning and development offer to ensure it reflects their career progression and development needs, celebrating and sharing best practice, learning and insights (7)
- Set realistic objectives for year 1 and 2 that identify the roles and responsibility of leaders for delivery and outcomes maximising opportunities for engagement from partners.
- Draw on existing partnership initiatives that can provide mentorship and support e.g., Q Fellows, academic fellows, clinical school partnerships and Masters students (7)

Objective 8 Commissioning and Leadership (7)
- Work with the ICS and system partners to ensure that the strategy:
  - o Addresses workforce gaps, challenges and priorities
  - o Promotes collaborative partnership for delivery
  - o Addresses equity of funding for learning and development across the workforce
  - o Addresses challenges around equitable access to learning spaces and diversity of learning platform opportunities (virtual, face to face, blended)
  - o Prepares staff to undertake their roles in high challenged areas (8)

- Commission education that focuses on maximising opportunities for accrediting workplace learning matched to workforce capability and signpost free learning and development programmes locally available. (8)
- Explore the implementation and cost challenges with making a viable learning and development offer for people working in community settings recognising the diversity of these roles within the TSD ICO Model of Care delivery (8)
- Work with the ICS Workforce Leads to promote equity of CPD investment for the whole workforce.(8)
- Ensure that resources are used appropriately to maximise opportunities for inclusion and equity of experience and a hub and spoke partnership model (8)
- Ensure that leaders buy into, support and acknowledge the benefits of workforce learning and development across all contexts (8)
- Harness leadership engagement and commitment to enable the learning culture of the organisation to be of high importance and address equity of funding opportunities for short and longer term gain (8)

Objective 9 Digital Inclusion, Literacy and Support (8)
- Develop website to incorporate staff and citizen wellbeing, self-care and information sharing (9)
- Implement digital inclusion strategy that supports digital literacy skills development through the HIVE (9)
- Improve access to learning technology platforms and expand opportunities for school engagement to ensure equity of access and opportunity, and support staff to develop confidence, capacity and capability to engage in digital learning (9)
- Rebrand the HIVE and its potential for self-directed learning (9)
- Provide accessible spaces to learn with digital support (9)
- Implement a digital literacy programme for the workforce to build confidence, capacity and capability (9)
- Ensure the digital inclusion strategy addresses the health and learning needs of the local population.(9)
- Building on virtual reality platform to enable education for all to be delivered differently (9)

Objective 10 Study leave policy/protected learning time/equity of access (11)
- Implement a study leave policy that promotes equitable access for all and protected time for workplace learning (10)
- Include a policy on protected learning time that is equitable that values and measures workplace learning and its impact on staff career development and progression plans (10)
- Provide protected time for staff learning and development and equity of access to CPD funding, equipment and resources, training opportunities (10)
- Provide equity of access to a range of learning and development opportunities for all staff. (10)
- Ensure the workforce education strategy provides equity of access and opportunities for all registered and non-registered workforce needs (10)
- Maximise opportunities for shared multidisciplinary delivery and learning from each other using heat maps to break down siloed practices (10)
- Provide accessible places for learning and development to ensure equity of access and inclusion and complement with a virtual learning platform (10)
- Provide learning and development in local community contexts and venues that are local to staff workplace contexts (10)
- Build in protected time for learning and development for the whole workforce (10)
- Estates plan for provision of equitable and accessible places to undertake learning and development
- Maximise opportunities to share partner learning spaces (10)

Objective 11 Resources and Modes of Delivery for Collaborative Workplace learning (7)
- Centralise the Horizon Centre role as a workforce transformation hub for the region developing learning around workforce needs, gaps and challenges with accreditation for workplace learning from HEI partners (11)
- Promote hybrid interprofessional learning for team effectiveness and supervision sharing resources for all (11)
- Maximise opportunities to share learning from best practice e.g., the Enhanced Health and Care homes initiative to offer joint learning on the provider page of the HIVE (11)
- Workforce education strategy needs to embed workplace learning as the preferred mode of delivery with more flexible support from University partners (11)
- Build opportunities for collaboration so that expertise is not lost across health and care sector careers (11).

- The strategy needs to be fully inclusive and accessible to all providing flexible opportunities to learn with equity of funding and reflective of career pathways building in an understanding of workforce career progression enablers and barriers.(11)
- Develop the role of the Horizon Centre as a hub for integrating feedback together with all partners. (11)

Objective 12 School children access to health and social care careers (3)
- Enable the Horizon Centre to play a central role to enable school children to gain access to simulated learning about health and social care careers (12)
- Capitalise on strengthening partnership relationships to maximise opportunities for shared learning and development and a pipeline approach to harnessing the interests of a wider future workforce in schools.(12)
- Create a young person's campaign to raise awareness of careers in health and social care.

8. Resultant Draft Strategic Framework for the Integrated Workforce Education Strategy

Missing Strategic Goal: Develop a central integrating engagement strategy

One of the key early findings was that there was a need to develop a central engagement strategy to bring everything together. This central engagement strategy (Figure 6) should provide the principles for shared governance and person centred ways of working, with a focus on co-creation and using an asset based approach placing the recipient of care and citizens at the heart of driving improvements with student learners and practitioners. The principles to guide the development of this engagement strategy are set out in Appendix 5. As one workshop participant said, "*there needs to be a golden thread that sews together the ICS strategy for connecting person to place, neighbourhood, organisations and systems*". Ensuring therefore that there is close collaboration between all the key stakeholders with the ICS responsible for delivery of this integrated workforce education strategy is critical. This will ensure that the five principles for placing effective clinical and professional leadership at the heart of ICSs can be experienced and evaluated for impact at all levels of the system (Box 2).

Box 2: The Five principles for placing effective clinical professional leadership at the heart of ICSs (NHSE 2021)

Principle 1	Integrating clinical and care professionals in decision- making at every level of the ICS
Principle 2	Creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities
Principle 3	Ensuring clinical and care professional leaders have appropriate resources to carry out their system role(s)
Principle 4	Providing dedicated leadership development for all clinical and care professional leaders
Principle 5	Identifying, recruiting and creating a pipeline of clinical and care professional leaders

The list of objectives provided in Table 5 illustrates that there were 11 objective statements that related to the need to co-create a central engagement strategy which was shared diagrammatically in a slide post May 16th Workshop (Figure 6). These objective statements have been condensed further to synthesize the key priorities and messages conveyed by the stakeholder participants presented below.

Figure 6: Illustration of how the Central Engagement Strategy would set out the principles of shared governance and person centered ways of working integrating delivery of all the other Trust Strategies.

Strategic Goal 1: Co-create a central engagement strategy that outlines shared governance framework, ways of working and principles for evaluating impact for all stakeholders.

Deliverables:

A central engagement strategy that is inclusive and uses simple language understood by everyone and identifies:

1. Principles for shared governance.
2. Roles and responsibilities of all key partners.
3. Ways of working.
4. How feedback will be gathered, reported and acted upon.
5. Principles of co-design and how impact will be monitored with citizens, learners and practitioners.
6. Mechanisms, policies and procedures for paying/rewarding citizens for their involvement in co-design work.

Outcomes:

- Clear strategy for citizen, learner and practitioner engagement in co-design with a wide range of participants representing all health and care contexts.
- Co-design principles embedded in future work with evidence of open frequent collaborative conversations involving all key stakeholders engaged in designing learning and development initiatives.
- Citizens, learners and practitioners monitor impact of workforce education road map and priorities on staff and patient/citizen experiences, career development plans, wellbeing and outcomes.
- Feedback loops and action cycles provide demonstrable measures of impact and evidence of collaborative shared decision making.
- System understanding in real time of what is needed to support workforce learning and development.

Recommendations outlined in Section 9 of the report:

- Consider co-creating a Citizen's Academy to engage citizens in public patient involvement in learning and development, research and innovation with clear remuneration policy and procedure to pay for time and contributions (R1).
- Establish a Community of Practice that will help to monitor the impact of the engagement strategy, share and cascade best practice, identify and disseminate risk and drive priorities for research, innovation, improvement, learning and development (R1).
- Explore the value of implementing a One Workforce Virtual Health and Wellbeing Hub (R2)

Having added the foundational integrative strategic goal for engagement the report now focuses on refinement of the strategic goals, priorities, deliverables and outcomes identified in the May 16th May working with stakeholder themes from the analysis presented in the appendices and in Table 5. This means that we have added a strategic goal for engagement and therefore the four former goals become five. Refinements to the wording of each strategic goal will be suggested here to reflect stakeholder feedback.

Strategic Goal 2 (formerly 1): Build the architecture that enables career progression and development and collaborative interdisciplinary shared learning at every level of the system

The original draft goal statement was to "*Establish a person centered interprofessional learning and education architecture*". Working with the feedback from stakeholders acknowledging the need to recognise the widest access pathways to health and care careers and the importance of shared learning this has been amended to **"***Build the architecture that enables collaborative interdisciplinary shared learning at every level of the system*".

For this strategic goal Objectives 2 (O2) related to career development, and 6 (O6) mechanisms for learning on the job identified in Table 5 have been further synthesized to create the following deliverables.

Deliverables:

- Co-designed career pathways that meet the needs of practitioners, learners and citizens in all contexts wrapped around the citizen's care journey through health and care services.(O2)
- Career pathways for early career researchers in practice to improve knowledge translation, adoption and sustainable transformation.(O2)
- A holistic approach to learning, development and career progression for all people working in health and care contexts regardless of role ensuring that mandated professional learning is incorporated.(O2)
- Review mandatory training and make systematic improvements to measure enhanced compliance, enable practitioners to understand the relevance to role and why and how it is important to person centred safe and effective care (O6)
- Develop workforce champions and careers coaches to provide supportive continuing conversations through the year. (O6) with clearly defined roles that support learning in the workplace and the principles for how to maximise opportunities through

    o Using a strengths based approach to developing stronger partnerships across the region.
    o Having a clear plan for supporting new staff in the workplace through induction and orientation and investing in team development.
    o Being clear that different roles and professions will have different regulatory body requirements that need to be met.(O2)

- A rolling staff campaign to showcase what learning and development opportunities are available to the workforce tailored to support their career progression and development aspirations including international recruits. (O2)
- Appraisals are redesigned as career development conversations with a focus on development rather than performance. (O2)
- Embed time and opportunities to make supervision mentoring and coaching a central feature of supporting staff with regular contact and opportunities to feedback the impact of learning and development to ensure it is tailored to need (O6).
- Develop an interdisciplinary learning offer for preceptorship (O6).
- Implement a careers coaching model to maximise opportunities for people to support their career aspiration and champion areas they are interested in.(O6)
- Implement Communities of Practice to share and cascade knowledge and best practice, promote interdisciplinary learning and development, career pathway options and different support mechanisms (supervision, coaching, mentorship etc), celebratory events and awards/scholarships/fellowships (O6).

Outcomes:

The outcomes are drawn for the objective list as some were outcome measures as well as the Outcomes identified from the values clarification workshops summarised in Table 3.

- A clear learning and development offer for people matched to their workplace, role, and career progression plans recognising the workforce skills gaps and priorities (O2).
    - Offer is open to all staff regardless of stage of career and where they work.
    - Learning and development is valuable to all to progress career development aspirations.
    - Culture of the organisation facilitates learning and development needs and invests in everyone.
    - Reflects diversity of learning styles and skills.
    - Offers a blended flexible education platform (Workshop theme 16th May).
    - Provides equity of access to digital learning.
    - Provides protected time for learning and development.
    - Prepares staff to undertake their roles effectively.
    - Provides clear guidance to staff about how to access funding. (O2)
- Improved placement management systems (Workshop Draft Strategic Framework slide 16th May)
- Confident and competent workforce that has the knowledge, skills and understanding to be adaptable to changing circumstances and working across different demographics/environments. (Table 3 Workforce level outcomes)
- Improved staff recruitment and retention (Table 3 Workforce level outcomes)

Strategic Goal 3 (formerly Strategic Goal 2): **Establish inclusive cultures of learning and investment in peoples' learning.**

The original draft goal statement remains unchanged. For this strategic goal Objectives 3 (O3) related to *learning culture*, 5 (O5) *building in celebrations*, 8 (O8) *commissioning and*

leadership, and 11 (O11) *resources and modes of delivery*. These objectives have been further synthesized to create the following deliverables.

Deliverables:
- Be clear about what an enabling workplace culture and learning organisation looks like underpinned by a Community of Practice model, aligning staff to things that are of interest and motivate them (O3)
- Embed a career development and progression road map to enable people to gain equal access to learning and development to support their career aspirations tailored to their needs (O3)
- Identify leaders that can model the way for facilitating the workplace to be used as an effective learning culture.(O3)
- Identify the essential ingredients of an enabling learning culture that focuses on:
  - Ensuring learning and development is a visible part of recruitment, interview, induction and training (O3)
  - Embedding opportunities for practitioners to hold conversations with regular cycles of supervisory review to feedback what career progression barriers they are experiencing (O3)
  - Embedding action learning for teams to be effective and provide opportunities for them to use tools that will enable them to feel empowered and productive sharing learning and impact through celebratory activities.(O3)
  - Tracks evidence of impact for staff and citizens' experience and outcomes (O3)
- Ensure there is equity of opportunity and access for all staff to workplace/place-based learning and development across the ICO celebrating achievements, share best practice and learn how to make improvements together through award schemes and events that enable them to feel empowered and valued:
  - Scholarships,
  - Awards,
  - Free study days
  - Celebratory conferences (O5)
- Develop a programme of celebratory calendar events to share stories of impact for practitioners, learners, citizens, patients and partners (O5)
- Provide opportunities for team peer review and learning to share best practice and support career progression and development and self-organising teams to be the best they can be
  - Embed peer review
  - Achieving and Celebrating Excellence framework
  - Guiding lights for effective workplace cultures
  - Resilience based supervision (O5)
- Maximise opportunities for shared multidisciplinary delivery and learning from each other using heat maps to break down siloed practices (O10)

- Work with the ICS and system partners to ensure that the strategy:
  - Commissions education focused on maximising opportunities for accrediting workplace learning matched to workforce capability and signpost free learning and development programmes locally available. (O8)
  - Addresses workforce gaps, challenges and priorities. (O8)

- o Addresses equity of CPD funding for learning and development across the workforce. (O8)
- o Addresses challenges around equitable access to learning spaces and diversity of learning platform opportunities (virtual, face to face, blended). (O8)
- o Addresses equity of access and opportunities for all registered and non-registered workforce needs.(O10)
- o Promotes collaborative partnership delivery. (O8)
- o Ensures that resources are used appropriately to maximise opportunities for inclusion and equity of experience and a hub and spoke partnership model (O8)
- o Prepares staff to undertake their roles in high challenged areas (O8)
- Explore the implementation and cost challenges with making a viable learning and development offer for people working in community settings recognising the diversity of these roles within the TSD ICO Model of Care delivery (O8)
- Ensure that leaders buy into, support and acknowledge the benefits of workforce learning and development across all contexts (O8)
- Implement a study leave policy that promotes equitable access for all and protected time for workplace learning and its impact on staff career development and progression plans (O10).

Outcomes:

The outcomes are drawn for the objective list as some were outcome measures as well as the Outcomes identified from the values clarification workshops summarised in Table 3.

- Torbay recognised as regional leader for staff education and the best place to learn (Table 3 Learning and Development Outcomes)
- Clear marketing as employer of choice (Table 3 Learning and Development Outcomes)
- Transparent, equitable and accessible workforce education offer to all regardless of background in local community contexts and venues that are local to staff workplace contexts (Table 3 Learning and Development Outcomes, O10)
- People tell us they have experienced an enabling learning culture that values workplace learning as an essential part of professional development (Table 3 Learning and Development Outcomes)
- Protected time for staff learning and development and equity of access to CPD funding, equipment and resources, training opportunities (O10)
- Accessible places for learning and development to ensure equity of access and inclusion and complement with a virtual learning platform (O10)
- Greater use of technology and digital learning platforms, blended learning approaches(Table 3 Learning and Development Outcomes)
- Co-designed curriculum involving all key stakeholders providing shared interdisciplinary learning across health and care sectors (Table 3 Learning and Development Outcomes)
- Core multiprofessional capability framework (for regulated professions) with a blended approach to accreditation and locally endorse education opportunities underpinned by strengths based coaching models to support staff (Table 3 Learning and Development Outcomes)
- Curriculum focused on prevention and citizen education (to address population and public health needs and health inequalities) (Table 3 Learning and Development Outcomes)

- Greater choice for health and social care careers to pick and mix pathways (Table 3 Learning and Development Outcomes)
- Innovative placement offer matched and tailored to learner needs (Table 3 Learning and Development Outcomes)
- Enhanced placement learning capacity (Table 3 Learning and Development Outcomes)
- More effective use of apprenticeship levy (Table 3 Learning and Development Outcomes)
- Defined leadership and management pathway for all to progress into leadership opportunities facilitating cross sector working (Table 3 Learning and Development Outcomes).
- Practitioners report experiences of feeling included, supported, valued, empowered and have enhanced self-esteem.(Table 3 Practitioner level outcomes)
- Practitioners reporting feeling prepared for their roles and safe in their decision making and taking proportionate risk.(Table 3 Practitioner level outcomes)

Strategic Goal 4 (formerly Strategic Goal 3) : Changed to **Capitalise on strengthening existing resources, partnerships and infrastructure to support innovative learning and development opportunities for practitioners, learners and citizens**.

The original draft strategic goals was to "*Establish co-design of future learning and education with citizens, learners and practitioners"*. This has been refined through analysis of stakeholder feedback notes to *"Capitalise on strengthening existing resources, partnerships and infrastructure to support innovative learning and development opportunities for practitioners, learners and citizens"*.

 The objectives aligned to this strategic goal are Objective 7 (O7) related to *partnership working*, 9 (O9) *digital inclusion*, 11 (O11) *resources and modes of delivery* and 12 (O12) *school access to health and care careers*.

Deliverables:

- Develop the role of the Horizon Centre and Digital Futures facility as a hub for co-design, delivery and integrating feedback together with all partners. (O11)
- Build opportunities for collaboration so that expertise is not lost across health and care sector careers (O11).
- Strengthen existing partnership working arrangements with:
  o University partners to ensure engagement is ongoing and capable of being responsive to workforce needs and priorities
  o ICS leaders to ensure there is shared understanding of what works and the areas that need to be developed
  o Feedback from workforce is captured and helps to shape ongoing learning and development offer to ensure it reflects their career progression and development needs, celebrating and sharing best practice, learning and insights (O7)
- Draw on existing partnership initiatives that can provide mentorship and support e.g., Q Fellows, academic fellows, clinical school partnerships and Masters students (O7)
- Rebrand the HIVE and its potential for self-directed learning (O9)

- Develop website to incorporate staff and citizen wellbeing, self-care and information sharing (O9)
- Implement digital inclusion strategy and a workforce programme to build confidence, capacity and capability that supports digital literacy skills development through the HIVE (O9)
- Ensure the digital inclusion strategy addresses the health and learning needs of the local population.(9)
- Improve access to learning technology platforms and expand opportunities for school engagement to ensure equity of access and opportunity, and support staff to develop confidence, capacity and capability to engage in digital learning (O9)
- Centralise the Horizon Centre role as a workforce transformation hub for the region developing learning around workforce needs, gaps and challenges with accreditation for workplace learning from HEI partners (O11)
- Maximise opportunities to share learning from best practice e.g., the Enhanced Health and Care homes initiative to offer joint learning on the provider page of the HIVE (O11)
- Capitalise on strengthening partnership relationships to maximise opportunities for shared learning and development and a pipeline approach to harnessing the interests of a wider future workforce in schools.(O12)
- Enable the Horizon Centre to play a central role to enable school children to gain access to simulated learning about health and social care careers (12)
- Create a young person's campaign to raise awareness of careers in health and social care (O12).

Outcomes:

The outcomes are drawn for the objective list as some were outcome measures as well as the Outcomes identified from the values clarification workshops summarised in Table 3.

- Greater use of technology and digital learning platforms, blended learning approaches (Table 3 Learning and Development Outcomes)
- Practitioners more self-confident in their digital literacy skills. (Table 3 Practitioner Level Outcomes)
- Greater choice for health and social care careers to pick and mix pathways (Table 3 Learning and Development Outcomes)
- Flexible career pathways providing pipeline for future workforce that incorporate new care careers (Table 3 Workforce Level Outcomes)
- All partners are represented (16th May Workshop Draft Strategic Framework outcome)
- Multiprofessional shared governance model and collaborative working:
  - Embracing new ways of working with partners.
  - Long term succession planning to retain workforce with investment in continuous career development. (Table 3 Workforce Level Outcomes)
- Sharing good practice, learning for innovation, improvement and research outcomes (Table 3 Workforce Level Outcomes)
- System resilience.(Table 3 Workforce Level Outcomes)

Strategic Goal 5 (formerly Strategic Goal 4): **Evidence the effectiveness and impact of learning and development on partners', practitioners', learners' and citizens' experiences, wellbeing and outcomes.**

The original draft goal statement was to *"Evidence improved outcomes for learning and citizens"*. Looking at the stakeholder feedback from the workshops and the themes derived from the objective statements the report recommends changing this to "*Evidence the effectiveness and impact of learning and development on partners, practitioners, learners and citizens experiences, wellbeing and outcomes."* The objective statements related to evidencing impact are highlighted in Table 5 under objective 4. These have been further synthesized and presented below.

Deliverables:

- Evidence the impact and effectiveness of learning and development on practitioners learners, citizens and partners with systematic feedback mechanisms to celebrate what is going well and what needs to be improved.
    - linked to QA strategy, patient/citizen experience and engagement groups;
    - dovetails with talent management and leadership development strategies for all;
    - underpinned by an engagement strategy with shared governance, principles of engagement and ways of working with schools, FE colleagues, HEIs, VCSE and other important stakeholders;
    - Centralises the role for the Horizon Centre or equivalent to be central conduit for processing feedback and collaborative action planning for improvement together. (O4)
- Develop a regular consultation and systematic review cycle with staff across all contexts to bring together programme learning reviews and appraisal processes in a connected platform to:
    - Enable staff to have a voice in reviewing and identifying what they need to enable them to progress and develop in their role to drive programmes of delivery.
    - Celebrate staff achievements.
    - Develop clear evidence of the impact of existing resources and assets to use these more effectively in future planning.
    - Enable the practitioner voice and feedback to drive the learning offer for career progression and development.
    - Benchmark opportunities to gather intelligence and insights from appraisal for whole workforce across the year and have cycles of feedback to inform learning and development offer through:
        - You Said We Did feedback (O4)
- Build in and evidence metrics that are holistic, demonstrate value for money and meets the needs of:
    - Citizens (health outcomes and experiences)
    - Staff (wellbeing, recruitment and retention)
    - Learners (meets their needs and is tailored to their career ambitions) (O4)
- Reshape the approach to appraisal focusing on career progression and development creating opportunities to integrate a cyclical model of 360 degree feedback loops across the year to enable sharing of best practice, learning, insights and improvements. (O4)

- Build in more robust feedback mechanisms and loops to understand workforce impacts and outcomes including agreed measures of impact to evidence value of investment for
  - Staff engagement, recruitment and retention.
  - Career progression and development.
  - Staff and patient experiences, wellbeing and outcomes.
  - Workforce priorities and challenges (to address gaps) (O4)

Outcomes:

The outcomes are drawn for the objective list as some were outcome measures as well as the Outcomes identified from the values clarification workshops summarised in Table 3.

Citizens report improved experiences and outcomes:

- See the right person at the right time and receive the right care
- Improved care experiences and high quality outcomes that meets the needs of the population
- Reduction in adverse events
- Patients/recipients of care feel empowered (Table 3 Recipients of Care Outcomes)
- Quality feedback enables celebration of best practice prompts action planning to identify key improvements for actual change (Table 3 Practitioner level outcomes)
- Improvements captured in:
  - Staff satisfaction, recruitment and retention. .(Table 3 Workforce level outcomes)
  - Staff turnover and sickness absence. (Table 3 Workforce level outcomes)
  - Staffing resources and funding for learning and development. .(Table 3 Workforce level outcomes)
  - Conversion opportunities for students into substantive employment posts. .(Table 3 Workforce level outcomes)
  - Operational effectiveness.(Table 3 Workforce level outcomes)

- Improved compliance with mandatory training (16th May workshop slide draft strategic framework)

9. Blue Sky Ideas Based on Emergent Themes for Phase 1 and Early Phase 2 workshops
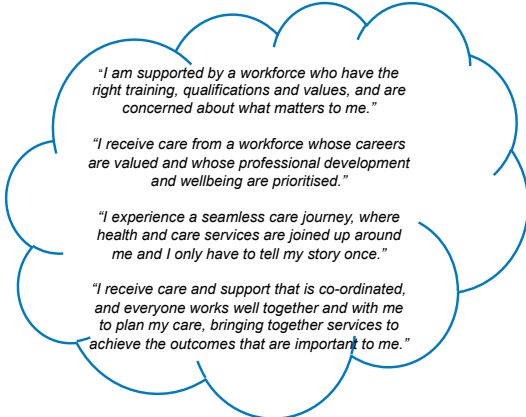
Recommendations are numbered below through the symbol R and the corresponding number for reference.

R 1 Placing People at the Heart of Care

Figure 7: People at the heart of Care

This set of ideas demonstrates a real commitment to authentic co-production ensuring that a multidisciplinary career capability framework is wrapped around the citizen's care journey through services provided across the emerging Integrated Care System in primary, secondary and community care contexts. In order to facilitate this vision, it is important to ensure that co-production methodology is centrally embedded in all strategic and operational work taking place across the system which might be achieved through a Citizen's Academy as a vehicle for PPI in research, learning, development, innovation and improvement. Ensuring that there is citizen representation on key boards and working groups is important and that citizens receive the training and development they need to enable them to be effective in role, as well as receiving remuneration for their time. Selecting citizens to undertake this role is not without its challenge but essentially champions who already have a role in influencing the way in which health and care services are shaped by place, on University curriculum development and quality monitoring groups, patient experience committees or are influencing policy and research at local, regional and national level is important to consider. These early adopter citizen champions can then be used to help inspire and develop others to grow the network. Celebrating shared learning, innovation and improvement through People's Awards will help to show reciprocal appreciation for co design principles which could be achieved through an annual conference bringing everyone together to identify impact and influencing the commissioning process for learning, development and service improvements.

R2 One Workforce Virtual Health and Wellbeing Hub

This is not an original idea as there are examples of these hubs being invested in currently across England. However, it would enable TSDFT to integrate the work of the Hive, Horizon Centre and the Digital Futures Hub in one central resource that is the front door for a range of resources for citizens and practitioners that celebrates the region as a great place to live and work.

Examples of the kinds of resources the hub could provide would be:

- Workforce Digital Literacy programme.
- Digital bite size development.
- Digital surgeries.
- Co-production principles
- Details of the Citizens Academy and how to engage in activities in the region for PPI
- Central events and activities portal.
- Toolkits, top tips, support and initiatives that encourage self-care, self-help and peer support as well as specialist help and support when people need it.
- Learning about how to access health and social care careers supported by practitioner case studies from a range of settings.
- Resources for career returners to help with career planning, progression and resilience.
- Stories of impact on people's lives.

This could be a very good opportunity to capitalise on existing relationships and grow new partnerships with Councils, voluntary sector, charities and social enterprises locally, Healthwatch, Further Education College partners, the Academic Health Science Network and key community citizen groups to name a few (Figure 8) .

Figure 8: One Workforce Virtual Health and Wellbeing Hub

R3 Make more use of the resources you already have

The Horizon Centre seems to be a natural central and unifying hub for workforce development and transformation so investment in and coalescence of partnership with Schools, FE Colleges and University partners including new social enterprises delivering learning programmes seems to be a quick win solution. It could provide a clearer more strategic feeder into health and social care careers by using the simulated learning spaces to enable practitioners to work with young people to tell them about what they do as a doctor, dentist, paramedic, nurse, social worker etc. This approach could fire up the interest and enthusiasm of school children to have a go at simulated treatment in a supported creative safe space for them to be mentored by "experts". In turn this could create health and care ambassador schemes in local schools from an early age. This could be complemented by a health and care careers programme delivered in schools and high streets by partners to cut down on young person's travel costs and access issues which frequently act as a barrier to engagement. Further, running competitions in collaboration with local schools and FE College partners could help to create digital health and care innovators by enabling them to apply design learning principles to projects about how to improve the health of their local neighbourhoods and communities.

Another area that many stakeholders talked about was the importance of investing differently in commissioning undergraduate and continuing learning and development for health and care practitioners. This included having a foundation year for all undergraduate career pathways that lead to professional registration so that there is shared learning from the outset along with greater diversification of fast track career routes beyond the foundation year and potential for dual qualifications. This would require University partners to deliver what is needed differently and to be less reliant on classroom based models by diversifying placement provision and embedding more workplace learning resources and tools into practice to enable learners to evidence the contribution of their learning and development to their career aspirations and plans early on. It would also mean that the Trust could be in a stronger position to commission education from providers who are able to flex and adapt to workforce challenges and deliver realistic solutions in faster time.

Whilst there is no quick and easy solution to filling the workforce vacancies across sectors, more could be made of the potential to bring back legacy leaders to mentor teams in areas where there are workforce challenges but also could be used to work with schools and FE Colleges to motivate and encourage the young to consider a career in health and care (Figure 9).

Social care colleagues also highlighted that there were examples of national framework standards that could be rolling out for all career pathways like supervision standards and I would urge the Trust to consider this proposal to reduce silo'd practices and enable development of the supervision and facilitation capacity of the wider workforce.

- Horizon – new Workforce Transformation Hub
- Stronger partnerships with Schools and FE Colleges for feeder routes into HSC careers and new roles
- One workforce career pathway wrapped around the citizen
- Undergraduate programme foundation years with diversification to different careers
- Make more of your University partners, commission them to deliver what you need
- Take health careers into schools and high streets to reduce travel costs and access issues
- Create ambassadors at an early age
- Legacy leaders to inspire and motivate younger generation
- Digital innovators in schools – get them ready with design learning principles

Figure 9: Make more use of what you have got

R4 Invest in Systems Leaders across health and care contexts

It is clear that systems leadership has become a very important focal point for Integrated Care Boards across England however it requires a multiagency approach and investment with all of the key partners clearly identified in terms of what roles and responsibilities they place in developing the capacity and capability of the workforce to lead at micro (teams), meso (services/organisations), macro (system wide) levels. This needs a clear strategy for investment in apprentice and citizen leaders and a holistic approach to developing the leadership potential of the whole workforce. Now that the national multiprofessional frameworks are being implemented by regional HEE teams for consultant and advanced practice roles there is great potential to think about investment in consultant level posts in national priority areas e.g., learning disability and autism, cancer care, Musculo-skeletal services as well as local and regional priority areas for innovation and improvement. This will require investment by the ICS and an overhaul of how continuing professional development (CPD) budgets are currently allocated across disciplines. All sectors should have a level playing field in terms of investment across health and social care sectors with a career development pathway that provides opportunities for everyone to lead in the future. Examples of how this is being done elsewhere in the country includes the commissioning of bespoke leadership programmes for Consultant and Aspiring Consultant practitioners, legacy leaders, clinical, business and admin leaders and citizen leaders using CPD Funding (Figure 10). Such initiatives are demonstrating the impact on workforce recruitment and retention figures and pathways to excellence in terms of outcomes for staff and patients/citizens.

A different kind of Leadership Development

NHS
Torbay and South Devon
NHS Foundation Trust

Multiagency
- Systems Leadership Development
- NHSE/I Regional Clinical Leadership Fellow Scheme

Investment in
- Consultant and Aspiring Consultant Programmes
- E-portfolio route for ACPs/ASWs
- Clinical leadership
- Business and admin leadership
- Citizen leadership
- Apprentice leadership

Relationships and connectivity

Individual Effectiveness | Systems Leadership | Learning and capacity building

Innovation and Improvement

Figure 10: A different kind of leadership development

Such committed investment will help to create the bottom up leadership approach that comes out as a strong theme in the feedback placing practitioners in the driving seat for shaping their career progression plans and intention to leave data. Building capacity and capability across the workforce will help to engender more of a shared understanding of the importance of collective leadership and the contribution to rapid improvement, and evidencing impact on outcomes (Figure 11). In some regions across England Communities of Practice for systems leaders are beginning to demonstrate the collective impact of leaders underpinned by a collective narrative of the contribution this has made to workforce recruitment and retention. Partnerships with Health Education England, Health Foundation Q Fellows and Academic Health Science networks will support a commitment to workforce development to catalyse best practice and share learning and insights about what works and how to address the issues and challenges the workforce faces in building the integrated skills sets for person centered sustainable transformation (Manley and Jackson, 2020).

Bottom Up Connected Leadership

- Embedding Shared Governance
- Ways of Working
- Shared vision and purpose
- Collective leadership
- Rapid improvement and large scale change
- Evidencing impact
- Power of stories and collective narrative
- Legacy Leadership initiatives
- Community of Practice

Figure 11: Bottom Up Connected Collective Leadership

R5 Integrated approach to Quality Improvement and Innovation

Developing the capacity of the workforce to lead quality improvement and innovation and develop the capabilities required to improve and innovate in real time was another key area highlighted in consultation workshops. Capitalising on the potential to use the workplace as the main resource for learning, development innovation and improvement is an important enabler for sustainable innovation and improvement. There are examples of good practice being used across the region by key partners that could be capitalised upon by the Horizon Centre to upskill the workforce with the tools and skills required to evidence impact on staff and citizen outcomes and a Community of Practice for Quality Improvement and Innovation could be a quick win model to cascade learning and share best practice (Figure 12).

Integrative approach to Quality Improvement and Innovation

- Workplace as main resource for learning, development, innovation and improvement
- Co-production model with citizens working with feedback in real time
- Huddles, hackathons and improvement workshops run through Horizon (Improvement academy model, design learning)
- Vertical and horizontal approach to building workforce capacity and capability
- Make use of Spread Academy, Primary Care Resilience and Rapid Cycle Learning AHSN
- Community of Practice for QII

Figure 12: Integrative Approach to Quality Improvement and Innovation

R6 Developing the capacity of the workforce for Embedded Research

It is ever more evident nationally that the research pillar of the new multiprofessional career frameworks for advanced and consultant practice is the most underdeveloped. Further public health and social care practitioners are finding it very difficult to navigate the system to find support for developing early career research pathways as evidenced by some of the initiatives that NIHR Applied Research Collaboratives are now creating. Having a joined up approach to developing opportunities for everyone to get involved in research in practice focused on what matters to citizens and practitioners is important. The TSDFT Research Strategy could capitalise on how to build capacity and capability for practitioner led research through a number of different initiatives, a few of which are summarised in Figure 13. A recent paper published by Whitehouse *et al* (2022) provides one such approach to building capacity across an organisation (an acute NHS Trust) in partnership with local University partners.

Figure 13: A model for embedded research

10. References

Manley, K. & Jackson C. (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system. *Journal of Evaluation in Clinical Practice- International Journal of Public Health Policy and Health Services Research*, 20 January, https://doi.org/10.1111/jep.13377

Manley K (1992) Quality Assurance: The Pathway To Excellence In Nursing (Chapter 7) In Bryzinska G & Jolley M (Eds) *Nursing Care: the challenge to change*. Edward Arnold London.

NHS England (2021) Building strong integrated care systems everywhere. ICS implementation guidance on effective clinical and care professional leadership. https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf (Accessed 31st May 2022)

Warfield C; Manley K (1990) Developing a new philosophy in the NDU. *Nursing Standard* 4(41) 27-30

Whitehouse CL, Tinkler L, Jackson C*, et al* (2022) Embedding research (ER) led by nurses, midwives and allied health professionals (NMAHPs): the NMAHP-ER model
BMJ Leader Published Online First: 22 April 2022. doi: 10.1136/leader-2021-000578

World Health Organisation (2015) *WHO global strategy on integrated people-centred health services 2016-2026*. https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf (Accessed 9th June 2022)