



University Hospitals  
of Leicester  
NHS Trust

# Supporting LEDs should be the priority of every Trust CEO: Why & How

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National LED Educator Conference

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# University Hospitals of Leicester NHS Trust

- 18,000 colleagues / £1.5 bn
- Up to 450 LED / Trust Grade doctors at UHL. Estimated 90% of LEDs at UHL are IMGs
- Non-contractual spend for medical staff at UHL is c.£30mn per year, of which £16mn relates to non-consultant workforce
- Provider collaborative with University Hospitals of Northamptonshire NHS Group (12,000/ £900 mn)

# Why....?

# Growing influence of LED to the NHS



By 2030, LED and SAS doctors will become the largest group in secondary care, based on current projections.



The LED and SAS group grew by 40% from 2017 to 2021.



Majority of LEDs are International Medical Graduates (over 75%).



Currently 4 out of 10 doctors in the NHS are IMGs.



In 1950s this was 1 in 10 doctors.



Source: GMC 2023 *Spotlight on SAS doctors and LE doctors: analysis of Barometer survey 2022 results*

# Challenges for LEDs



4 Key themes (Al-Haddad et al. 2021):

Language

Culture

Medical Education

Belonging



Poor or non-existent induction and pastoral support (Rasquinha 2022)



Discrimination and harassment, workload, access to training (Med Ed)

# Our strategic framework

## Vision: Leading in healthcare, trusted in communities

Four goal areas

High-quality care for all

A great place to work

Partnerships for impact

Research and education excellence

Our UHL values



Compassionate



Proud



Inclusive



One Team

## Embedding health equality and inclusion in all we do

Enablers of success

Continuous improvement approach



Digital, data and technology



Financial sustainability



Becoming a Green Trust



Working with people and communities



# High-quality care for all

- Patient engagement to co-design services
- Focus on new digital tools to be more inclusive for those who struggle with health care access.
- 30 health equity and inclusion programmes





# A great place to work

- It is not possible to run a large organisation effectively without a relentless focus on culture
- New values underpin our inclusive culture
- Demonstrating action from staff survey feedback
- Indicators of improvement – NHS national staff survey response rate 58%





# Partnerships for impact

- Strong relationships with General Practice, Local Authorities and Universities and Education Providers
- Building relationships with community
- UHN, EMAP, BAPIO, BINA, Ellesmere College



# Research and Education excellence

## Research

- £26.1m award for the Leicester NIHR Biomedical Research Centre.
- COVID-19 exemplar; >95% of patients entered at least 1 study; >50% in interventional trials; highest recruiter to RECOVERY.
- Grow as an international centre of research excellence; every patient given the opportunity to be involved in a trial by 2030.

## Education

- Modernised training facilities will attract and retain the best people to Leicester; UHL and UoL Estates plans.

06:18 Fri 13 May

**THE TIMES** News  
Friday May 13 2022

## Leicester overtakes Oxford for medical research

Emma Yeomans

Despite being the architect of one of the Covid vaccines, Oxford has fallen behind the University of Leicester for medical research in the latest academic rankings.

Experts said the 2021 Research Excellence Framework (REF), which is carried out by Research England and measures the volume, quality and impact of research produced at different universities, shows high-quality research is spread evenly across the UK and will boost the government's "levelling up" agenda.

While Oxbridge and other Russell Group universities have been ranked highly, other universities such as Northumbria and Leicester have leapt up the rankings since it was last published in 2014.

In the last REF, Oxford took top place for clinical medicine. In results tables compiled by Times Higher Education, it has fallen to sixth, despite having the highest number of papers included. Cambridge was ranked first, with UCL and Leicester joint second — the latter rising from 25th place from 2014. Oxford had the highest volume of world-leading research, and made the largest submission of research compared with any other university, submitting more than 3,600 researchers into 29 subject areas.

Professor Louise Richardson, the university's vice-chancellor, said that the results showed Oxford was a "research powerhouse".

Universities that have done well in the rankings will have more access to £2 billion of public research funding.

Sarah Richardson, editor of Research Professional News, said the analysis suggested an "encouraging trend" that was "between institutions was growing."

### 2021 rankings

Medicine league table	
1 Cambridge	=6 Oxford
=2 UCL	=6 Liverpool School of Tropical Medicine
=2 Leicester	=8 King's College London
4 Glasgow	=8 Institute of Cancer Research
5 Imperial College London	10 Edinburgh

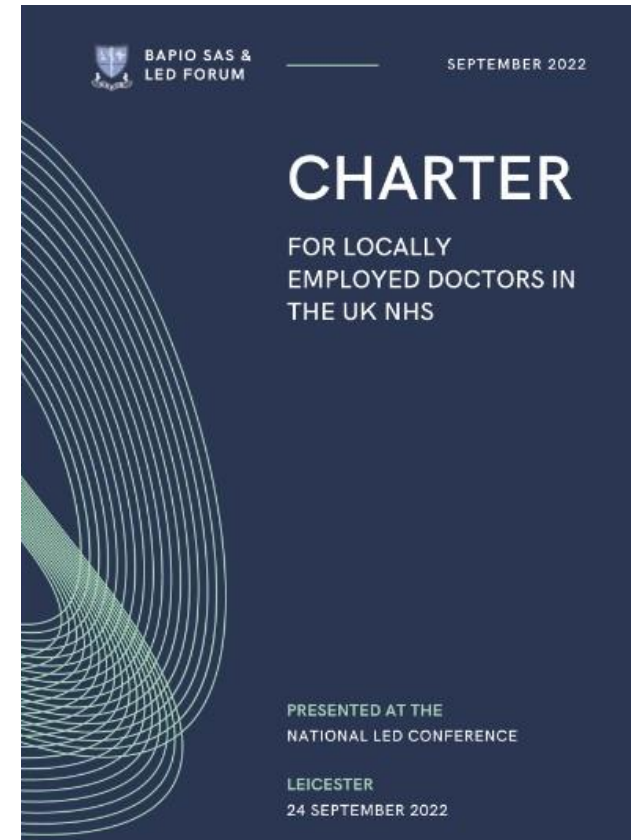


Oxford remains a top institution for research but has been topped by Leicester in the clinical field  
ALAMY

# How...?

# Adopted the BAPIO LED Charter

	LE doctor Charter recommendations
1	Harmonising nomenclature and terms & conditions
2	LED Tutor
3	LED Forum & representation
4	LED Induction
5	Supervision and appraisal
6	Education & training
7	Leadership
8	Teaching
9	Career support & mentoring
10	Civility, raising concerns & wellbeing



# Clinical Fellowship Programme



## Strategic Aims

To design an attractive offering for locally employed doctors and ensure a quality employee experience, to ensure UHL becomes an employer of choice for doctors (UK & International)

To reduce avoidable reliance on temporary staffing i.e., agency/locum

To create a workforce pipeline to hard to fill posts and service expansions

To become a regional recruitment hub



# Clinical Fellowship Programme – Where are we now



All Trust Grade doctors to become Clinical Fellows: Defined JD, contract and role within UHL



Strengthening the pre-arrival phase for fellows



LED Tutor appointed



Enhanced induction and workshops for fellows

### UHL CLINICAL FELLOW PRE-ARRIVAL AND INDUCTION JOURNEY

**CLINICAL FELLOW IS APPOINTED**  
After you receive your conditional offer, you will hear from the Clinical Fellowship team via email. You will receive a Welcome Toolkit and access to our Share Point.

**PRE-ARRIVAL TEAMS MEETING**  
A couple of weeks later, you will be invited to attend a Pre-Arrival meeting, held over Teams with our LED Clinical Tutor and the Clinical Fellowship Team.

**PRE-ARRIVAL BUDDY IS ASSIGNED**  
During the pre-arrival period, you will be paired with a Buddy - another CF who has recently joined the trust, who will can support you as you plan to move to the UK.

**TOUCHING POINT EMAILS**  
During this time, the Clinical Fellowship Team will remain in contact with you. You will receive 'Touching Point' emails from the team, so that they can provide any support you require.

**ARRIVAL IN THE UK**  
When you arrive in the UK, you will have some time to settle into your accommodation. We recommend you use this time to familiarise yourself with your route to work, find your local supermarket, organise a UK phone number, register with a GP and open a UK bank account.

**CORPORATE AND LOCAL INDUCTION**  
After your Occupational Health appointment, you will be ready to start your post! You will receive a Corporate induction from HR, and a local induction in your department. You will also receive your rota, meet the admin team in your department and be assigned a clinical supervisor.

**CLINICAL FELLOW ENHANCED INDUCTION**  
During your first few weeks you will receive a enhanced induction to help you settle into life in the UK and working in the NHS. This will be made up of two teaching days. You will be provided with more information upon your arrival.

**SUPERNUMERARY PERIOD**  
Your first 2 weeks in post will be your supernumerary period and your 3rd and 4th week you will be shadowing a colleague on the on-call rota. This is so that you can get a solid understanding of your department and the trust, and settle into life in the UK before you start to undertake on-calls, independently. You will also meet with your supervisor in this time and during this period you will be supported by measureable check-lists.

# Final thoughts

1. Work with key partners who have knowledge, experience and are trusted
2. Create networks and work across organisational boundaries – provider collaboratives
3. Give LED workforce a voice on strategic platforms
4. Listen to colleagues and act
5. Allocate resources, be held to account for delivering on commitments
6. Work with your CEO to ensure they understand the importance of this – this should be a personal priority for them
7. Take action





**Objectives – Identify SMART objectives (Smart, Measurable, Agreed, Realistic and Time Bound)**

Theme	Target date for completion	What will be Achieved	Expected Outcome	How will you evaluate success?
Culture/leadership	February 2024	Culture – Improve the experience of working at UHL including staff survey outcomes – communicate the staff survey plan more effectively	Overall improvement in place to work, place to receive care, response rate	National staff survey
	October 2023	OD strategy launch	A clear OD strategy which ties into the “ <i>A great place to work</i> ” theme in our overall strategy	People Committee and Trust Board
	April 2024	Clinical leadership – Start the clinical leadership development programme in partnership with <u>UoL</u>	36 leaders join the <u>UoL</u> programme	Greater proportion of future leaders are internal applicants
	Quarterly 23/24	Improve and strengthen F2SU	Improvements in F2SU scores	F2SU national survey
	Quarterly 23/24	Strengthen role of staff networks and LED voice	Greater visibility of the networks and LED voice	Feedback from staff survey and regular interactions with networks