

## TRUST BOARD

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Title:	<b>TRUSTWIDE BI-ANNUAL WORKFORCE REVIEW</b>
Action:	<b>FOR NOTING/DISCUSSION</b>
Meeting:	<b>8 May 2019</b>

### **Purpose:**

This bi-annual workforce review provides the Trust Board with an understanding of the workforce planning and supply issues and the actions in place to retain and secure our workforce supply. It also details the progress that has been made against the actions identified in our last workforce review in November 2018. The update is attached as Appendix 1.

The report is based on the key findings from the workforce reviews undertaken in:

- Luton Adult Services
- Luton Children and Young People's services
- Bedfordshire Children and Young People's services.
- Dynamic Health services
- iCaSH Services
- Norfolk Children and Young People's services
- Cambridgeshire Children and Young People's services including Healthy Child Programme and Emotional Health and Wellbeing and School Age Immunisation and Vaccination team
- Dental services
- Oliver Zangwill Centre and Acquired Brain Injury Services

A summary of each review is attached as Appendix 2 with the main workforce challenges for each service and actions take place that provide assurance on the delivery of safe services. These summaries include a service wide dashboard that show key workforce, quality, finance and performance indicators at service level.

### **Recommendation:**

The Board is asked to note and discuss the information and actions in this report.

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**Trust Objectives:**

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The report demonstrates that the Trust and its leaders undertake monitoring of staffing levels in order to maintain safety.
Collaborate with other organisations	Demonstrates close working with Health Education East of England; other NHS and Care organisations and Higher Education Institutions, where appropriate
Be an excellent employer	The report identifies improvements in line with the Workforce Strategy.
Be a sustainable organisation	The report identifies how the Trust seeks to ensure sustainable workforce supply to meet our future staffing needs

**Trust Risk Register**

This report refers predominantly to actions associated with Board risks:

- Staff Morale and workforce challenges
- Compliance with Care Quality Commission standards

**Legal and Regulatory Requirements:**

CQC Outcomes

NHS Constitution – Staff Rights and Pledges

**Previous Papers:**

Title:	Date Presented:
Bi Annual Workforce Review	November 2018

**Equality and Diversity implications:**

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.	The actions with the reviews to support our workforce will support the delivery of this objective							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	The actions with the reviews to support our workforce will support the delivery of this objective							
To introduce wider diversity on recruitment selection panels.	This paper updates on BME representation on interview panels							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	This paper covers the training in place to ensure a highly skilled workforce including the diversity awareness training commissioned and run in 2018/19.							
Are any of the following protected characteristics impacted by items covered in the paper								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
x <input type="checkbox"/>	<input type="checkbox"/> x	x <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/> x	x <input type="checkbox"/>	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x

## 1. Introduction

This report details the outcomes from the face-to-face service level workforce reviews, which took place across each service during March and April 2019. These discussions were attended by clinical, operational, workforce, education and training staff. They were led by our Assistant Director of Workforce and the relevant Service Director and key workforce data was reviewed and discussed. In addition, these reviews provided an opportunity to discuss all current workforce issues with a key focus being on workforce planning and supply.

A summary of these discussions with the relevant workforce, quality, financial and performance data for each service is attached as Appendix 2. Key workforce supply challenges and assurance on the delivery of safe services is also detailed on the summaries.

## 2. Attracting Staff

The Trust recruited 164 substantive and 41 bank staff between September 2018 and March 2019. However, the Trust continues to experience recruitment challenges in some roles/services. This is for a variety of reasons including location and national staff shortages. It is well known that by 2020 the NHS will have over 52,000 nursing vacancies nationally.

The key areas of challenge continue to be:

- Luton - District Nursing; Health Visitors, School Nurses, Audiologists and specialist safeguarding roles;
- Dental – Dental Nurses in South Cambridgeshire;
- Cambridgeshire Children’s Services - Health Visitor and School Nursing and Community Nurses;
- Norfolk Children’s Services – Health Visiting;
- Dynamic Health – specialist physiotherapy roles especially within East Cambs and Fenland locality.

To attract and retain staff a number of local recruitment and retention premia (RRP) are in place and the effectiveness of these are regularly reviewed. Current RRP’s in place are:

- Audiologists – Luton;
- Named Nurse – Luton;
- Health Visitors – Band 6 – Luton and Wisbech;
- School Nurses – Band 6 – Luton;
- Speech and Language Therapy temporary roles – Bedfordshire and Luton.

An option to introduce an RRP for Dental Nurses in Cambridge is still open should current efforts to address recruitment and retention be unsuccessful.

In Luton, RRP’s are proving relatively successful in helping retain staff, but less successful in attracting new staff and therefore we are exploring the option of a ‘Golden Hello’ scheme to help address this.

The RRP for Health visitors in Luton was increased on 1 April 2019 to 6% as one method to retain current staff in a location and profession where this staff group have a range of employers to choose from.

As part of service redesign in Luton, several new roles are required and recruiting to these will be a challenge.

The Trust's internal recruitment function is well-established in some services/locations and has reduced our reliance on our third party recruitment support provider. The internal service is intended to become fully 'end to end' to minimise the input in administration activity by appointing managers, freeing them up to concentrate on their role in selecting the right recruit and to ensure a smooth, positive and speedy experience for applicants. The next stage is to expand the centralised service and to ensure consistency whilst still being flexible and responsive to support service needs.

Trust representatives continue to attend job fairs and visit local schools to promote careers in the NHS and local job opportunities and this will be expanded further during 2019/20. Our work experience programme is being redesigned to offer a taster in working in the NHS to young people, and others interested in working in the NHS, as part of our wider workforce supply work. Currently the Trust offers a limited number of work experience placements, as they are difficult for clinical services to accommodate. By having a more generic programme, with time spent across a range of services, we anticipate being able to support more placements and promote more NHS career options. This work will be part of the role of the new Workforce Planning and Supply Officer agreed as an outcome from the November 2018 workforce reviews.

The applicants' information pack, which informs potential applicants about the Trust and the benefits of working here, including our staff health and wellbeing programme, is regularly reviewed and updated to ensure it is both informative and promotes the Trust as a good place to work, learn and succeed.

In our job advertisements, we publicise, where applicable, flexible working/job share opportunities to widen our available search area. In addition, services are being encouraged to advertise and offer relocation assistance and the Trust's policy on this has been revised to be more inclusive.

From 1 July 2019 we have agreed with our Trade Union colleagues to extend the notice period for staff in Band 5 posts from one to two months to assist services in reducing the time they have a vacant post when staff leave. This brings us in line with most neighbouring Trusts.

The Trust supports a number of junior doctor rotations. The majority of trainees worked on Holly and SCBU, and these services transferred to North West Anglia Foundation Trust on 1 April 2019. Prior to the transfer the service had been successful in retaining junior doctors on the bank following their placements.

Sexual health services support GPs in training and this can provide a source of future GPs with special interest to provide sessional work for us.

As part of the national Graduate Management Training Scheme (GMTS), we have three current NHS Graduate trainees within the Trust on year one placements. They will move to neighbouring Trusts for their second placement in September 2019, after undertaking a 'flexi placement' during the summer. In the past, the Trust has hosted several trainees and successfully appointed former graduate trainees to substantive roles. The scheme is changing for the 2019 intake and we will review the success of the new scheme and consider applying to host trainees again in 2020.

In order to ensure that all new recruits have a values and behaviours set, in line with those of the Trust, we appoint staff using a values based recruitment process with application forms including a values based question to aid shortlisting. All appointing officers are trained to assess an applicant's values and behaviours at interview. We also encourage other selection methods including practical tests, presentations and in some services, patient/service user involvement. Greater involvement of patients/service users in recruitment is planned as part of the Trust's people participation work stream.

In December 2018 we introduced the inclusion of a BME panel member on selection panels where a BME applicant has been shortlisted, as part of our wider work to support workforce diversity and inclusion, and to seek to eliminate bias. In doing this, we also encouraged greater general diversity on selection panels and continue to promote how all staff can avoid acting negatively on their unconscious biases. This will be fully rolled out as the centralised recruitment function rolls out to all services.

The Trust continues to work with neighbouring Trusts on the national Streamlining Programme, which is aimed at improving the recruitment experience of staff who move between NHS organisations by reducing duplication, speeding up the process, offering an enhanced positive first impression, avoiding applicants withdrawing mid process and general retention. Our Director of Workforce is the lead for this programme across the East of England. The focus is on streamlining processes for:

- Occupational Health checks/clearance;
- Medical staffing recruitment and in particular Doctors on rotation;
- Recruitment processes and data transfer between trusts;
- Portability of Mandatory Training.

At Trust induction, we ask new staff for feedback on their recruitment experience and their first impressions of the Trust as a place to work. This feedback is shared with the relevant service lead so action can be taken as required. This is also discussed at local induction and orientation. As a result of the November 2018 workforce review we have designed a process to seek feedback from new staff during their first year in post, and we will report on the findings and action taken based on that feedback in future board updates.

In 2018 the Trust recruited 28 Health Visitor, 4 School Nurse and 2 District Nurse students. These are a mix of internal and external appointments and they form part of our workforce supply solution identified as part of our services workforce plans.

### **3. Supporting Staff to Stay in the Organisation**

Retention of our workforce, (our 'stay' strategy), is a key part of the role of our people managers and our workforce planning activities. Currently 53.5%\* of our staff will still be below their earliest retirement age in 10 years' time and therefore retaining them is as important as attracting in new staff. Much of this report includes the support the Trust offers to staff which is in place to encourage staff to stay, by engaging with them, listening to and acting on their feedback, treating them with dignity and respect, support their development, career aspirations and current career choices and addressing issues when things go wrong at work in a kind, compassionate and fair way. We recognise that most of our workforce perform well and are happy in their current role so we place as much emphasis on supporting them as we do in supporting those who have the ability and desire to progress.

Embedded into our annual appraisal process and personal development planning is the importance of managers talking with all of their employees about their career aspirations. This supports our 'stay' strategy as it provides a solid platform for succession planning within our different service areas. It also prompts a conversation into any stresses and strains that an individual may be experiencing so that this can be constructively addressed.

*\* based on the earliest age staff can retire with their NHS Pension. Not all staff will retire when they reach this age. Therefore, we will have over 52.5% of our current workforce still in work in 10 years' time if we successfully retain them.*

### 3.1 **Staff Engagement**

Research evidence shows that a highly engaged workforce will achieve better patient satisfaction and outcomes; therefore, we continue to pay particular attention to how engaged and valued our staff are feeling. The best way of getting this feedback from staff is through the annual Staff Opinion Survey (SOS) and our quarterly staff friends and family survey.

During this reporting period, the 2017 SOS Trust Wide Improvement Plan was fully implemented and had focused on 5 key findings at Trust wide level.

Our 2018 SOS results published in March 2019 saw an improvement in all 5 areas addressed in the 2017 Action Plan and in 3 areas staff now rate the Trust as the best in the country when compared to our peers which is great to see. Further improvements in these areas can still be made. A summary of progress on the findings related to the actions taken following the 2017 surveys is detailed below:

<b>Key Finding</b>	<b>Change – from 2017 to 2018</b>	<b>Comment</b>
KF27 - % of staff/colleagues reporting most recent experience of harassment, bullying or abuse	Increase ↑	Increased from 52% to 55% (not significant increase)
KF28 - % of staff witnessing potentially harmful errors, near misses or incidents in last month	Decreased ↓	Decreased from 18% to 16% (best rating nationally)
KF11 - % appraised in last 12 months	Increase ↑	Increased from 91% to 93% (significant increase)
KF16 - % of staff working extra hours	*Decrease ↓	Decreased from 69% to 65 (best rating nationally)
KF25 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	*Decrease ↓	Decreased from 20% to 19% (best rating nationally)

\* Lower response rate the better

A full board report on the 2018 survey outcomes was presented at the March 2019 Trust Board and the 2018 Trust wide improvement plan is now in place. In addition, divisional level improvement plans with actions to address service/locality specific feedback are being developed locally and these will be presented at a future Clinical Operational Board meeting.

The 2018 staff survey action plan includes:

- Staff satisfaction with the quality of work and care they deliver;
- Ensuring the Trust has a fully inclusive culture and addressing Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) areas for improvement;

- Ensuring objective setting and appraisals help improve how individuals feel about their role making a difference to patients and that staff report that they have a quality and meaningful appraisal;
- Staff reporting any experiences of violence or aggression at work;
- A call to action on bullying and harassment at work.

### 3.2 **Flexible Retirements / Retire and Return**

The Trust offers flexible retirement as an alternative to staff retiring completely. This is particularly helpful as some clinical staff groups can retire with their NHS Pension at 55 when many people are not ready to stop working completely. This is available on request and is accommodated wherever possible and supports the retention of knowledge and skills whilst freeing up roles for progression to other staff. Following the November 2018 workforce review, the guidance for managers and staff on flexible retirement options was reviewed to make it more user friendly and supportive.

Services consider their known and anticipated retirees and review their workforce demographics and where they anticipate and could accommodate flexible retirement as part of their workforce reviews and planning. We have a number of examples across the Trust where this has been implemented.

### 3.3 **Supporting Staff Wellbeing**

Sickness absence levels continue to vary across the Trust and as part of the workforce reviews services reviewed their levels and the support given to staff. Examples being:

- support offered by the manager;
- the Human Resources Team;
- access to the rapid MSK services;
- union representatives support and guidance;
- access to occupational health and our confidential 24/7 counselling services.

The HR team are supporting the implementation of a personalised approach to managing staff attendance. We are encouraging our leaders to focus on the individual and the personal circumstances of their absence rather than focusing on policy and sickness trigger points. Reducing sickness absence levels across the Trust remains a key focus of work.

The Trust has seen its overall level for sickness absence remain fairly constant for the last couple of years therefore it is time to identify new interventions/activities, with a focus on supporting staff to return to work after a period of ill health, as we know that, staff who are off for over 4 weeks find returning difficult.

NHS Improvement has produced an NHS Workforce Health and Wellbeing Framework, which the Trust is using to review our current support to staff and identify areas of further opportunity. This is overseen by the Trust wide Health and Wellbeing Group (Live Life Well 'LLW').

In reviewing the framework, we have identified the benefits of having clear guidance for managers and staff on the whole health and wellbeing offer in a single policy to sign post staff. Work is ongoing to separate out general health and wellbeing advice from other policies to consolidate this in one place to support the staff wellbeing work stream of our workforce strategy.

In addition, we are simplifying the guidance on work place stress assessments and will be working with staff who have been absent from work due to stress or anxiety, regardless of whether it was work related or not, to understand the level of support offered locally and how

effective this was and what more can be done. More importantly, we will be exploring what further improvements could we make to support staff in general.

Supporting staff when they are unwell, minimising the negative and promoting the positive health benefits of work and proactively managing staff attendance remains a key priority for the Trust.

Supporting the mental wellbeing of staff remains our priority with a successful Mental Wellbeing Week 'Healthy Mind and Healthy Body' in May 2018 which raised the profile of the importance of paying attention to your own mental wellbeing.

Feedback from staff during the week has been reviewed and the key themes raised to support wellbeing were:

- flexible working opportunities;
- physical activity advice;
- health work life balance and support with managing stress.

This feedback has informed our Mental Wellbeing support for staff. In addition, an awareness session for managers is being developed to enable them to be able to support the mental wellbeing of their staff better. The workforce team is being supported by a Clinical Psychologist from the OZC with expertise in this area and will work with internal experts from our Emotional Health and Wellbeing team in the future.

The Board heard a mental health and wellbeing staff story in January 2019. A further programme of support, advice and guidance on mental wellbeing is planned for our 2019 Mental Health Week (13 to 19 May 2019). An online toolkit and clear resources will be created to support this. There will also be a tweet everyday of Mental Health week with supporting testimonials or information. In addition, a four-part Compassionate Team training course has been developed to deliver to whole teams. We are currently delivering this in the Peacock Centre and Oak Tree Centre in April - June, when we will evaluate its effectiveness. The first sessions have already been well received.

We continue to offer personal resilience training to all staff and bespoke support to staff going through organisational change.

It is well known that financial difficulties/pressures can cause undue stress and anxiety and we introduced support from an organisation called Neyber, a financial service provider, who offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investments opportunities in. In addition, in partnership with our staff side representatives, we have published details of the financial support available to trade union members via their unions.

Our staff Health and Wellbeing Live Life Well Programme continues to go from strength to strength and has achieved the following during 2018/19:

- Personalised approaches to managing attendance and flexible working requests;
- Support for staff with their financial wellbeing;
- Promotion of the wellbeing values of good team working and two way communication and taking a break;
- Expert input into our mental wellbeing, reliance and mindfulness support and research into wider use of mental wellbeing interventions;
- Promotion of the wellbeing effects of volunteering;
- Promotion NHS staff discounts and promotion of NHS health checks;
- Mental Wellbeing Week (May 2018);
- Promotion of key national wellbeing related national days/weeks throughout the year;

- Working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton;
- Resilience training;
- Newsletters, intranet pages and Comms Cascade updates;
- Review of the staff feedback on flexible working and plans to review how this can be promoted further;
- Review of our domestic violence policy/support using the expertise in our safeguarding team;
- Reminder to staff about access to free eye tests if they use a computer as part of their role;
- Providing information on the menopause and aging to reduce the reluctance of staff to talk about this openly at work.

The work plan for 2019/20 will focus on the NHS Workforce Health and Wellbeing Framework, related policies and support. We have begun to review a streamlined sickness absence guide, a separate managing workplace stress and separate Staff Health and Wellbeing Policy and specific support for disabled staff, including clarification on disability leave. We will be working with the RCN on a 'Disability Passport' during 2019/20.

A member of the HR team attended an NHS Employers national event recently on health and wellbeing and what was great to see and hear was that the Trust was already doing or about to implement the vast majority of areas of best practice in this arena.

### 3.4 **EU Staff and Brexit**

In preparation for the potential 'no deal' Brexit, the Trust supported its staff (0.07% of staff) by providing information on applying for the right to remain and reviewed services which may be at risk if EU staff chose to leave. The table below shows where we have the highest levels of EU staff and the services are reporting that staff are not indicating that they will be leaving as a result of Brexit.

<b>Service</b>	<b>% of Staff</b>
Rapid Response	0.26
Dynamic Health, Cambridge	0.18
Dynamic Health, Peterborough	0.18
Dental Health, Peterborough	0.11
Luton District Nurses	0.11
Paediatric Trainees	0.11

### 3.5 **Use of Exit Data**

Feedback from staff leaving the Trust is reviewed on a regular basis to identify themes, take actions and where applicable support individuals. Appendix 3 details this information.

Where an individual provides a negative response this is raised with the service so they can identify any changes they can make to their staff experience.

However, it is recognised that by the time someone has chosen to leave, it may be too late to change their mind, therefore we will be introducing support to staff in their first 365 days to support new staff and get feedback on any issues at an early stage. This will be launched from August 2019. New staff will be surveyed at six months and one year after joining. Set questions via a survey monkey will be asked and the responses analysed to identify any themes/trends that so that action plans can be developed to improvement actions put in place,

where possible, to help with retaining staff. Staff highlighting serious issues will be offered support by the HR team in the first instance.

We are aware that demographic changes indicate that younger workers no longer have an expectation of remaining in one organisation or career for their whole working life, therefore turnover amongst our younger workers is expected. In addition, our expectation is that our newly qualified staff would usually be looking to move to their next role within 18 months to 2 years. This is particularly evident within the acute children's wards (prior to the transfer to NWAFT) and MSK services.

### 3.6 **E-Learning and Electronic Staff Records (ESR)**

ESR Manager and Employee ESR self-service is now in place across all services. Manager and/or delegated administrators have been trained to directly input sickness absence into staff records as the first part of a wider roll out of ESR functions to support managers to know their workforce data better and to use it in timely way to support them manage better.

For the majority of their mandatory and role specific training staff access e-learning on ESR. This supports staff to access user-friendly training at a time and place which suits them and their work and reduces time away from work, travel, cost and inconvenience. IT compatibility, issues which have previously been an issue have now largely been resolved.

Staff can also easily access their pay slips, total reward package information, including projected pension benefits and their personal data.

The Trust is reviewing the other functions available in ESR and will plan the roll out of further functions, starting with recording all essential to role training, on individual staff profiles and the option to use the annual leave planning, appraisal and talent management functions in the future. This will be implemented where we can identify that they support managers and staff and where they improve the employee experience and will be rolled out in conjunction with e-Rostering and e-Scheduling where it makes sense to do so.

From 1 April 2019, when earned pay progression for newly appointed staff was implemented as part of the 2018-2021 pay award, managers are using ESR to record their relevant staff are meeting the required competencies to trigger their pay progression.

### 3.7 **Professional Development**

The Trust provides Continuing Professional Development (CPD) and essential training for all staff to deliver their roles safely. A summary of CPD expenditure for non-medical clinical staff between October 2018 and March 2019 is attached as Appendix 4.

The Trust continues to support Doctors in Training in their placements across the Trust and we continue to get positive feedback from our trainees on the placements offered. We continue to have a Guardian of Safe Working in place to provide support and guidance to our junior doctors. These arrangements remain in place even though the Trust has a reduced number of doctors in training following the transfer out of the acute children's service on 1 April 2019.

Following the changes in the training routes into clinical professional roles, pre-registration students, who undertake work based placements as part of their qualifications now come to the Trust from a wider range of routes. We continue to work with neighbouring trusts on a joint approach to ensure we can manage this effectively. We provide central support to both the students and the services to ensure students have a quality experience with the Trust, with the aim that students see the Trust as an employer of choice after they qualify.

The Trust continues to support the care certificate programme, which gives care workers a national standard level of skills and competence, with study days run across our geography. This supports the assessors to focus their support on assessing the practical competencies. The Care Certificate is also offered to staff in non-clinical roles for staff who have expressed an interest in expanding their knowledge with a view to applying for clinical roles in the future.

### 3.8 **Partnership Working**

Partnership working with trade unions continues to be positive and the Trust supports protected time for the Staff Side Chair to undertake her duties on a full time basis.

Positive partnership working has supported the Trust when difficult changes have taken place through our open and honest dialogue with unions and staff, most recently with the transfer of Acute Children's staff to NWAFT and the staff restructure across 0-19 services in Bedfordshire. Whilst hard to quantify, this is likely to have had a positive effect on retention. Some full time union officials have given verbal feedback to the Trust that we are viewed as a good employer, who listens to staff and addresses issues, and not a Trust they have cause for concerns with.

An example of this is our proactive work with the RCN to introduce Cultural Ambassadors and the adoption of their 'Rest Hydrate Refuel Scheme', the adopted BMA SAS Doctor Charter, and the Trust is working with the RCN on a Disability Passport Scheme. We openly endorse staff joining a union as part of their Trust Induction and our HR lead attends the annual regional partnerships working conference jointly with the Staff Side Chair to learn from others and share best practice.

### 3.9 **Supporting a Diverse Workforce**

The Trust's Workforce Diversity and Inclusion Group, continues to support the Trust's overall diversity and inclusion agenda, by leading on the planning and implementation of actions to support fairness, equity and the elimination of prejudice and discrimination for our staff and applicants.

#### 3.9.1 **Gender Pay Equality**

In March 2019, the Trust published its second gender pay gap report. The report shows the percentage of male and female workers in each pay band and those medical consultants in receipt of Clinical Excellence Awards. Our gender pay gap report is attached at Appendix 5.

The Trust Workforce Diversity and Inclusion Steering Group will oversee our 2019 Gender Pay Gap Implementation Plan, which is to:

- Continue to promote flexible working in senior roles to attract female applicants, including job share as standard in all Executive Director job adverts;
- Commission a second Springboard Development programme for female staff to supplement the current programme in 2019, and encourage staff to attend;
- Continue to review shortlisting and appointment data by gender, and recommend actions if any issues identified;
- To offer mentoring and coaching opportunities with female coaches and mentors; in particular to newly appointed female managers and to explore reverse mentoring to senior male staff from junior female staff;
- Review how we attract more male applicants into the NHS early on in their career through a revised work experience programme and other measures;
- Offer support on CEA award applications to all consultants;
- Promote role models through 'face of the service' staff stories to promote male role models in traditional female roles;

### 3.9.2 Race Equality

The Trust's Workforce Race Equality Standards (WRES) Action Plan led to the following support to ensure we have a racially diverse and equitably supported workforce:

- Introducing BME representation on recruitment panels where a BME applicant is shortlisted in parts of the Trust with further roll out during 2019/20;
- Running a successful series of diversity and inclusion drama events across all of our localities to explore with our staff perceptions, behaviours and reflections on diversity and inclusion in the workplace and explore the current culture within the Trust and identify, in a collaborative way, the behaviours and language that promotes positive working practices;
  - working with the above training provider to identify relevant work place and service scenarios;
  - planning further sessions for Luton based services;
  - addressing issues staff raised directly as a result of attending the training as they felt it gave them a voice to challenge unacceptable behaviours;
- Appointing a NEX Scheme Non-Executive Director (from November 2018) to support them in getting exposure to board level working and to support their development for a future board level role;
- Ongoing and wider use of the Cultural Ambassadors' expertise to advise managers at informal stages of HR processes involving BME staff, with the aim to stop issues arising which require formal action agreed and in planning stages;
- Resolution practices as part of the Bullying and Harassment and Grievances Policies to seek and agree formal solutions without resorting to formal procedures;
- More focus on inclusive leadership development in our in-house leadership and management development programmes;
- Ongoing work to revise the line manager's induction programme to focus on good management and leadership skills and how to manage people well;
- Finalising the roll out of unconscious bias e-learning;
- Reviewing and continuing to support and develop the diversity network and look into the options for more networks and how to 'facilitate' these.

Our 2019 WRES Action Plan will be agreed in June 2019 following publication of our 2018 WRES data. The Trust continued to perform better than our peers in the 2018 National Staff Survey, however, our BME members of staff were still reporting a slightly less positive experience of working in the Trust when compared to our white employees.

### 3.9.3 Disability Equality

In July 2019 we will publish our first Workforce Disability Equality Standard Report (WDES). This report uses data, similar to the WRES criteria, comparing disabled staff to their non-disabled counterparts. Based on the report, we will plan and implement actions to support our disabled staff. Work has already begun on this as detailed in other parts of this report. A presentation on the WDES is attached at Appendix 6.

## 4. Workforce Supply Planning

To ensure that the Trust has oversight of the future workforce needs, services have been undertaking workforce reviews since 2014 and have begun to build these into workforce plans. Whilst more development is required to have proactive 3 - 5 year rolling workforce plans, several aspects of workforce and supply planning are in place. The Trust is recruiting additional central resource to support managers with this work.

#### 4.1 **Workforce Modelling**

The Trust continues to use service and workforce modeling tools as part of service planning and service redesign programmes, supported by an extensive service redesign team to support service leaders.

The Benson modeling tool continues to be used to support service planning in our 0-19 services across the Trust including the new revised service model for Bedfordshire Children's Services and the planning of the Cambridgeshire and Peterborough model in partnership with Cambridge and Peterborough NHS Foundation Trust.

Service redesign is taking place in Luton Adult Services to deliver the 'One Service' Model which includes workforce modeling and we continue to work with Benson to enable them to build their community nursing tool. This has identified a need for several new roles to deliver the new service model.

Safer Staffing level guidance was used in our acute children's wards prior to the transfer out in April 2019.

The introduction of an electronic rostering and scheduling systems is in its implementation stage across some services and it includes a workforce modeling system, based on activity, known resources and skills and will allocate work accordingly. The priority area for this is Luton Adult Services closely followed by our other community based services.

#### 4.2 **Planned and Proactive use of Agency and Bank Workers**

The Trust continues to manage the use of agency workers Trust-wide (details of usage are included within the bi-monthly finance board reports). Our current volume of agency workers is approximately 35 active workers across the Trust covering both clinical and non-clinical roles.

The three highest users of agency workers are:

- Audiology in Luton (6 Audiologist and 3 Administrators);
- HCP 0-19 Cambridgeshire (5 Health Visitors);
- Dental Services Cambridgeshire (4 Administrators and 1 Receptionist).

The three main reasons for the requirement of agency workers are:

- to cover vacancies;
- to meet additional workload demands;
- to cover the sickness absence of staff.

The use of agency workers continues to be required, on occasions, in some service areas, however, this is in a planned and targeted way and systems are in place to authorise and monitor the appropriate use of agency staff. Managers record the reasons for agency usage and this is reported centrally on a weekly basis so that we can be assured that appropriate plans are put in place, where possible, to reduce reliance on agency workers to a minimum.

Work is on-going across our footprint with partner organisations to explore any opportunities to make best use of the pool of bank workers. We are also reviewing our ways of working to ensure that these are in line with best practice.

Work is also on-going with our partners to ensure that the agency and bank rates for medical staff are reduced and that we work together to achieve this. As a Trust, our use of medical locums is smaller than in acute trusts however we are committed to working with colleagues on this. The Trust continues to utilise dental locums to cover work for which our funding is short-term as the most efficient way to staff the service.

The Trust is considering the option to engage all new staff on a separate bank contract, on appointment to a substantive role, to facilitate an easier way for them to do extra work. We are also moving to weekly pay for bank work when our payroll provider is able to accommodate this as we know many people undertaking bank work currently have a to wait some time to be paid which can discourage them.

#### 4.3 **Workforce Planning**

The aim of the workforce planning process undertaken bi-annually is to ensure that services have identified their future workforce needs and the likely supply of this workforce. The November 2018 review highlighted the need to support services in developing their 3-5 year rolling strategic workforce plans. These plans will identify the number and type of staff required and the likely source of that workforce including up-skilling current staff, recruiting through traditional routes and/or recruiting into apprenticeship and other development posts and support proactive succession planning.

In order to support services with workforce planning and supply, we are appointing a Workforce Supply Advisor. They will be key in working with services to identify their workforce supply routes and in promoting our 'Grow Your Own' agenda.

#### 4.4 **Apprenticeships and Growing Our Own**

The Trust undertook a programme of awareness raising/myth busting on modern apprenticeships during 2017 to support managers to understand the new apprenticeship levy and the new apprenticeship routes available at that time. This report acknowledges that the complexity of the apprenticeship levy rules and the procurement process has hindering progress, however the Trust is not alone and most other NHS organisations are in similar position. Where trusts have a large scale apprenticeship plan they have had to invest significantly in addition to their apprenticeship levy. This is an option for the Trust should it be identified as a key workforce supply route.

More clinical apprenticeships are now available and a full list is attached at Appendix 7 including those still under development. Not all are currently being offered at our local higher education providers, however the Trust has several clinical apprenticeships in place, where services have identified a need for these roles and have staff with the skills and ambition to undertake them.

Apprenticeship training that has taken place or is taking place since 2016 is outlined in Appendix 8.

All services are currently viewing apprenticeships as one way to help meet their future workforce supply needs.

Two members of staff started their Trainee Nursing Associate (TNA) programme with the University of Bedfordshire's in April 2017 have recently completed their training and await NMC registration. A further eight members of staff in Luton and Bedfordshire undertook Nursing Associate Apprenticeships as part of their services' workforce plan.

Four members of staff are half way through their children's nursing apprenticeships with ARU (two year programme commenced April 2018). Within Luton Adult and Children's Services and in Bedfordshire Children's Services, six members of staff commenced the Nursing Degree Apprenticeship (both child and adult nursing) through the 18 month flexible route, in February 2019.

Alongside the complexity of the system and the levy rules, the main challenge to date has been that services have largely relied on replacing staff like for like when they leave, from a ready supply of trained staff rather than using apprenticeships. A key challenge is that the levy cannot be used to support the time when an apprentice is undertaking study and this leaves services short staffed.

To support existing staff to be ready to undertake new apprenticeships where appropriate the Trust supports staff to achieve a level 2 functional skills qualification in English and/or Maths as this is a requirement for all apprenticeships and Higher Education courses such as the Nursing Associate Apprenticeship Foundation Degree. We work with an external training provider and run these in Luton, in conjunction with neighbouring trusts. In Cambridgeshire we can signpost to local colleges or access classes delivered by North West Anglia Foundation Trust or Royal Papworth NHS Hospital Trust. In Norfolk/Suffolk we have shared details of courses across the counties that are being run by West Suffolk College. The Trust subscribes to an online functional skills assessment programme, where staff can complete an assessment to gauge their current levels of ability and where they could improve. We use this as part of the Care Certificate programme and also for interviewing new staff.

#### 4.5 **Supporting Students and working with Higher Education Institutions**

Health care professionals undertaking training are required to do clinical placements alongside their academic training and the Trust supports students with a quality placement as part of this. We have successfully attracted newly qualified staff to work for us based on their positive training experience. The numbers of students offered placement during 2018/19 is detailed in Appendix 9. We have recently applied for some additional monies to enable us to employ resources to support us being to expand our clinical placements across the Trust. Outcome of bid is awaited.

Due to our diverse portfolio of services the Trust works with a number of different institutions as detailed below:

##### **University of Bedfordshire**

- Pre-Registration Nursing
- Nursing Associate
- PGDip Specialist Community Public Health Nursing ( Health Visiting & School Nursing)
- PGDip Specialist Practitioner Community District Nursing

##### **Anglia Ruskin University**

- Pre-Registration Nursing
- PGDip Specialist Community Public Health Nursing ( Health Visiting & School Nursing)
- Nursing Associate
- Paramedics students
- Midwives

### **University of East Anglia**

- Pre-Registration Nursing
- Speech & language students
- Occupational therapy students
- Physiotherapy students
- Psychology students

### **University of Suffolk**

- PGDip Specialist Community Public Health Nursing ( Health Visiting & School Nursing)

### **University of Essex**

- Speech & language students
- Occupational therapy students
- Physiotherapy students

### **University of Northampton**

- Orthoptic students
- Occupational therapy students

### **University of Hertfordshire**

- Physiotherapy students
- PGDIP Specialist Community Public Health Nursing ( health Visiting & School Nursing)
- PGDip Specialist Practitioner Community district Nursing

### **University of Sheffield**

- Orthoptic students

In addition, our clinical leads get involved in recruiting to some of the training programmes and where applicable our teams have helped with reviewing, revising and writing new clinical training curricula. A number of our clinical leads also teach on the education programmes.

A number of our clinical/operational leads have also got involved with apprenticeship trailblazer's work.

## **4.6 Developing our Current and Future Leaders**

The Trust's appraisal, career and personal development process (CPDP) provides staff with an opportunity to discuss their career potential and aspirations and for service managers to undertake succession planning. Feedback on the effectiveness of appraisals is noted at Appendix 10.

We continue to implement 'Our Leadership Way' and 'Our Improvement Way'. These ways of working develop skills and competencies that will equip our staff to support our ambition of continuous improvement, alongside supporting current and future leaders to develop their leadership skills.

The Trust is supporting several members of staff to undertake the system wide local Mary Seacole leadership programme. We have two in house trained facilitators supporting this programme and are able to fill places on new cohorts as they are released from our waiting list. This programme is aimed at staff in their early management/leadership career and it provides an opportunity to learn with colleagues across health and care. Our Director of Workforce is the Executive Sponsor for this programme across the Cambridgeshire and Peterborough system.

Our latest Chrysalis Leadership Development Programme ended in March 2018 with 44 participants graduating. The next programme begins in May 2019 and currently has 56 participants identified.

Our practical management development programme, Stepping Up, is designed for those new to line management. It provides training in the practical skills needed to lead people competently and with confidence. 18 participants are due to graduate in May 2019.

Our internal 'Make the Difference' programme provides training to teams through bespoke sessions relevant to their specific needs, and is aimed at making a positive difference to their team effectiveness. The subjects covered include, success based thinking (creating a more positive environment), effective appraisal conversations (for appraises and appraisers), courageous conversations (for those who have challenging conversations with patients and their families) and team building activities.

Our in house Managing People Well/New Manager's Induction programme supports new managers in 2018/19 and the programme is currently being reviewed to reflect our aim to provide managers with the skills to put their staff first and to manage them as individuals. There will be less focus on managing issues and more on good management attributes and behaviours and signposting to sources of help if issues arise.

In partnership with other organisations in our STP footprint, the Trust is offering staff the opportunity to take part in a Step into my Shoes programme, shadowing colleagues in other parts of the STP system to enhance their cross system working skills. This is part of a wider organisational and leadership development programme across both STP footprints.

#### 4.7 **Developing Workforce Safeguards (NHS Improvements Guidance on Supporting Providers to Deliver High Quality Care through Safe and effective Staffing) and Safer Staffing Guidance for District Nursing Services**

##### **NHSI Safe Staffing District Nursing**

In November 2018 Liz Webb, Deputy Chief Nurse and Chris Morris, Head of Adult Services, reviewed the NHSI Safe Staffing district nursing document , 'Safe, sustainable and productive staffing .

They applied this tool to the Luton One Service Model highlighting that many elements of this framework are found within the Luton model. A progress update is shown in the table below.

## High Level comparison of Luton One Model with the framework

Safe Staffing District Nursing	One model- Luton	Progress Update April 2019
<p>Right Staff</p> <ul style="list-style-type: none"> <li>• Evidence based workforce planning</li> <li>• Professional judgment</li> <li>• Compare staffing with peers</li> </ul>	<p>Annual workforce planning completed. One model 'Cluster' model has the potential to maximize opportunity to have the right staff at the right time</p>	<p>The is work on going as the One Model becomes business as usual</p>
<p>Right Skills</p> <ul style="list-style-type: none"> <li>• Mandatory training, development and education</li> <li>• Working as a multi professional team</li> <li>• Recruitment and retention</li> </ul>	<p>Essential to job role training. New Clinical lead appointed and Clinical Trainers Clusters facilitate multi professional team working</p>	<p>The Clinical and Professional development lead and team in all in place. Work on multi professional skills training is planned</p>
<p>Right place and Right time</p> <ul style="list-style-type: none"> <li>• Productive working and eliminating waste</li> <li>• Efficient deployment and flexibility</li> <li>• Efficient employment and limiting agency</li> </ul>	<p>Introduction of e-rostering and linking to System one diaries will facilitate having the right staff in the right place at the right time.</p>	<p>E rostering project and mapping the roster to skills of staff is being implemented at present</p>
<p>Measure and improve</p> <ul style="list-style-type: none"> <li>• Patient outcomes, people productivity and financial sustainability</li> <li>• Report investigate and act on incidents</li> <li>• Patient carer and staff feedback</li> <li>• Care hours per day</li> <li>• Quality dashboard for safe sustainable staffing</li> </ul>	<p>Patient outcomes and the integrated population approach outlined by LCCG have the potential to ensure patient and population outcomes are achieved. Within the Luton District nursing service incidents are reported. There is work to do to rally embed a culture of learning from these at a local level but this is underway. Feedback from both patients and staff is collected and collated, with actions and learning put in place. The use of e-roster and system one will enable the efficient use of care hours each day.</p>	<p>The use of Patient Outcome measures is an area for development but the population outcomes are monitored as part of the One Model.</p>

## 5. **NHS Long Term Plan – Interim Workforce Implementation Plan**

To support the NHS LTP, a national Workforce Implementation Plan is being developed. The Trust has fed back on its proposed focus/content and the Director of Workforce is part of the national group producing the plan. Details can be found at Appendix 11.

## 6. **Progress against November 2018 Actions**

A summary of the progress that has been made against the November 2019 actions is attached as Appendix 1. All of these actions have either been completed or are ongoing actions.

## 7. **Next Steps**

Following this workforce review, the following actions will be taking place:

- Appoint to the Workforce Planning and Supply Adviser; post to support services to enable them to develop a 3-5 year strategic workforce plan and supply routes;
- Services will review their future roles requirements and use this to inform their apprenticeships, skill mix and staff development plans;
- Wider use of open and inclusive advertising recruitment and selection process for internal applicants for apprenticeships;
- We will continue to work with CPFT on children's services partnership and support staff to work across our organisations;
- We will promote widely the flexible benefits of working for the Trust including in senior roles;
- We will engage with other organisations to learn from them any new activities/initiatives that can reduce sickness absence rates;
- We will consider options for 'Golden Hellos' for hard to fill posts where RRP's are not effective;
- Implement our SOS Action Plan including reviewing appraisal paperwork based on staff feedback;
- Review feedback from the D&I theatre training and provide further training as required;
- We will roll out our mental health wellbeing programme of work and look to understand more fully what additional support we could put in place to support staff who are suffering for stress or anxiety whether work related or otherwise;
- We will review recruitment hot spots and introduce RRP where there are real issues, including for support roles;
- We will support staff during service redesign;
- Start to implement the roll out of e-rostering and e-scheduling and more ESR functionality;
- We will continue with our bespoke leadership development programmes that are wrapped around our service redesign programmes of work;
- Survey and provide additional support, as required, in the first 365 days to new members of staff after 6 months and 12 months;
- Offer support to new managers in their first 100 days through a coaching model;
- We will review our leadership development offer to support our leaders to be excellent;
- We will further implement BME representation on interview panels where BME applicants and shortlisted;
- We will meet the requirements of 'Developing Workforce Safeguards';
- We will review a range of options to encourage staff to join the bank or work extra hours in key areas and or to introduce a friend, building on our use of similar in the past;
- We will publish our first Workforce Disability Equality Scheme and take action to address any issues.

## 8. Recommendation

The Board is asked to:

- note and discuss the content of this report and the actions being taken to address recruitment and retention challenges across our services;
- identify whether there are any other actions that should be being undertaken.

Appendix 1	Progress Against November 2018 Workforce Review Actions
Appendix 2	Summary Workforce Review and Workforce Data
Appendix 3	Exit Questionnaire Feedback
Appendix 4	Continuing Professional Development Investment
Appendix 5	Gender Pay Gap Report 2017-18
Appendix 6	WDES Presentation
Appendix 7	National NHS Related Apprenticeships
Appendix 8	Apprenticeship Volumes 2016 – 2019
Appendix 9	Student Placements 2018 – 2019
Appendix 10	Summary Feedback on Quality of Appraisals April 2018 to March 2019
Appendix 11	Letter - National Interim Workforce Implementation Plan