

TRUST BOARD

Title:	TRUST-WIDE BI-ANNUAL WORKFORCE REVIEW
Action:	FOR NOTING/DISCUSSION
Meeting:	15 July 2020

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. It also details the progress that has been made against the actions identified in our last workforce review in November 2019. The update is attached in Appendix 1.

The bi annual report would usually be presented to the Board in November and May each year, however the May report were postponed to allow front line services to focus on Covid-19 activity at the time they would normally be reviewing their workforce plans.

Due to the Covid-19 pandemic situation, the focus of this review has been on the immediate short term plans to address the current situation in the following services:

- 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 Beds Acquired Brain Injury Services

A summary of each review is attached in Appendix 2 with the main workforce challenges for each service and actions taking place to provide assurance on the delivery of safe services. This appendix would normally include a service wide dashboard that shows key workforce, quality, finance and performance indicators at service level, however for this report it was agreed to provide narrative for each service.

Recommendation:

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

	Name	Title
Author:	Angela Hartley	Assistant Director of Workforce
Executive sponsors:	Anita Pisani Julia Curtis	Deputy Chief Executive / Director of Workforce Chief Nurse

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 2019

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							
Introduce Disability Passport Scheme to record agreed reasonable adjustments	Updates the boards on the implementation plan for adjustment passports							
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture	Updates the board on the launch of the “Big 9” mentoring scheme							
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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. INTRODUCTION

This report details the outcomes from our service level workforce planning reviews, which took place across each service during May and June 2020. These conversations involved clinical, operational, human resources and training and education colleagues. They were led by the 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 the impact of Covid-19, workforce planning and supply.

A summary of these discussions is attached as Appendix 2.

2. ATTRACTING STAFF

The Trust recruited 172 substantive and 48 bank staff between 01 October 2019 and 31 March 2020. 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 the NHS currently has 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, Speech and language therapists.

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. These are a salary premium payable under national NHS terms and conditions, where there is evidence of hard to recruit posts in a locality and, where in place, are paid to both newly recruited and current staff working in those roles. Payments are made where a business case has been considered that this will aid recruitment and retention in hard to fill roles.

The RRP's are regularly reviewed, most recently on 30 June 2020, to agree if they should continue as detailed below.

Health Visitors in Luton – 6% increase for experienced Health Visitors and 4% for those with less than 12 months experience. Following the increase in the RRP rate to 6% and 4% there had been a positive increase in the Luton team's ability to attract applicants and successfully recruit to vacant posts. However this improvement in recruitment has not continued to a level whereby the team is adequately resourced. Therefore the current RRP rate needs to be maintained at this time with the service continuing to review its effectiveness at this level.

School Nurses in Luton – 6% increase for experienced school nurses and 4% for those with less than 12 months experience. The School Nursing team were fully staff for a period of time but this has now reduced to 50% staffing and continues to experience the same issues as health visiting, as described above. It was agreed to continue with the current RRP agreement.

Health Visitors in Wisbech – 8% for staff with over 12 months experience and 4% for newly qualified caseload holding staff. The RRP will continue for a six month period until the end of February 2021. The service has had long standing challenges in being able to recruit into this area due to the demographics and geography. The service will have a clearer picture about the recruitment opportunities from the current cohort of Specialist Community Public

Health Nurses (SCPHN) students and considers a period of stability and confidence about retention is required before a reduction/removal of RRP is actioned.

Audiology in Luton - A RRP of 4% is awarded to band 6 and 7 Audiologists. The use of the RRP has resulted in the service being able to attract applicants since its introduction. The RRP will continue to allow a period of stability in the recruitment and retention of staff.

As part of the Trust's commitment to providing excellent, adaptive and qualitative recruitment practice in April 2020 we moved to a fully in-house recruitment function following the ending of the third party contract previously in place. A service redesign programme to move the in-house provision to a fully end to end recruitment function was planned for April 2020, and is temporality on hold due to the Covid-19 pandemic. This service redesign work will now start at the end of July 2020 with the aim to offer a smooth introduction for new members of staff to the Trust and to aid retention by giving staff an enhanced positive first experience of the Trust.

During the pandemic the recruitment team have worked flexibly and proactively following the national guidance provided. They have helped our managers with streamlining how recruitment is carried out to ensure we are able to recruit quickly but also qualitatively. Virtual recruitment training has also been developed and delivered.

To support greater diversity in the workforce and to seek to eliminate bias, the Trust have rolled out BAME representation on all interview panels were a BAME applicant is shortlisted. This is part of our wider work to support workforce diversity and inclusion and to seek to eliminate bias. In doing this, we have also encouraged greater general diversity on selection panels and continue to promote how all staff can avoid acting negatively on their unconscious biases.

Work continues to explore the greater involvement of service users in the selection process.

Work is ongoing within the Norfolk Healthy Child programme to explore the options for specialised recruitment techniques which explore the motivation of applicant wanting to work with children.

Prior to Covid-19 Trust representatives continued to attend job fairs and visit local schools to promote careers in the NHS and local job opportunities. Plans to expand further will recommence when safe to do so.

The Trust's cohort of Health Ambassadors who are committed to spending time in local schools to promote careers in the NHS will also recommence this when safe to do so.

Historically the Trust has offered a limited number of work experience placements, due to the difficulty of clinical services accommodating young people whilst delivering care. Therefore our work experience programme was redesigned in early 2020 to offer a more generic programme for young people and others interested in working in the NHS, with time spent learning about a wide range of services. This was due to start in 2020 with a pilot site and be rolled out further. This is now on hold and will be introduced in 2021, should it be safe to do so.

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. Services are supported to make use of social media and less traditional NHS places to advertise as it is recognised, and was noted during the workforce reviews, that the NHS Jobs website is not always the place potential applicants for some roles will look, e.g. administration or corporate roles. Adverts have also been updated to encourage applicant from diverse backgrounds.

In 2019 we increased the notice period for staff in Band 5 posts from one to two months to assist services in reducing the time they have vacant posts when staff leave.

Sexual health services support General Practitioners (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 supported three NHS Graduate Trainees within the Trust in year one placements during 2019. The Trust has hosted several trainees over recent years and successfully appointed former graduate trainees to substantive roles. The national scheme changed in 2019 and we chose not to take part ahead of a review of the success of these changes. Due to Covid-19, the scheme is on hold and the Trust will reconsider taking graduates in 2021.

In order to ensure that all new recruits have values and behaviours 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 interview panel chairs are trained to assess an applicant's values and behaviours at interview and during 2020 we are rolling this requirement out to all members of selection panels. 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 working together and people participation work streams.

We continue 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.

We took part in a system wide streamlining workshop on 31 October 2019 to learn from best practice and share ideas. We are one of the few trusts making full use of ESR for its mandatory training provision and recording and our mandatory training lead chairs the regional mandatory training work stream. Whilst further development of the work stream is on hold due to Covid-19, the Trust continues to benefit from our work so far during Covid-19, such as the use of factual references which speeds up recruitment and the acceptance of the transfer in of mandatory training for new staff. Plans for the Trust to move to a new occupational health provider in April 2020 are on hold and we continue to work with our current provider.

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 leads so action can be taken as required. This is also discussed at local induction and orientation. As a result of previous workforce reviews we designed a process to seek feedback from new staff during their first year in post, which was planned to go live and is now delayed but is ready to re-start. Findings and actions taken based on feedback, will be in future workforce review updates.

The Trust continues to recruit and support staff undertaking professional training programmes, including, Health Visitor, School Nursing and District Nurse Nursing 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

The 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%* 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.

** 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 53% of our current workforce still in work in 10 years' time if we successfully retain them.*

3.1 Appraisals

Embedded into our annual appraisal, career and personal development planning discussions, is the importance of managers talking with all of their team 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.

Staff are asked to give confidential feedback on the quality of their appraisal conversation, including how it helps them perform in their role and a summary of the feedback is attached at Appendix 3. The feedback indicates that most staff feel the appraisal adds value and all narrative feedback is reviewed and, where applicable, used to review our appraisal process. Key highlights are:

- 96% of staff agreed or strongly agreed that their appraisal was a positive experience;
- 81% felt it made a positive difference to undertaking their role;
- 97% reported having the opportunity to discuss their personal health and wellbeing, career and training aspirations;
- 95% reported having the opportunity to discuss their personal health and wellbeing, career and training aspirations.

At the start of the pandemic the Trust relaxed the requirement for all staff to have had their appraisal within 12 months, in order to allow staff to focus on the Covid-19 effort. However we continued to encourage managers and staff that, where appraisals could take place, they should.

The feedback staff gave on the quality of their appraisal conversation along with feedback from the staff opinion survey is used to inform policy and paperwork review and training content both for appraisers and appraisees and in July 2020 the Training Team are reviewing the paper work in light of staff feedback which will be launched and publicised in August and September 2021.

3.2 Training and Development

The Trust offers a wide range of training and development, both in house and delivered externally. We also operate a 70:20:10 approach to learning and development, valuing experiential learning, learn from others and a smaller level of taught/classroom learning.

The Covid-19 pandemic and the move towards different ways of working as a result has created a catalyst to re consider how we deliver training and development interventions and ways to use technology in training. We have delivered recruitment and selection training, Care Certificate, action learning sets, team development session and corporate induction via Microsoft teams. The Communication Team has also created a VIMEO channel for on-line learning sessions that are recorded, to create a resource for learners to revisit at a later date.

Evaluation of online training delivered during Covid-19 will be carried out, however feedback indicates the use of technology has meant staff can join training from any locations, increasing networking opportunities and helping to breakdown of geographical barriers. There are also financial and time saving benefits, although the value of face to face interventions will not be forgotten and some face to face training will be reintroduced when safe to do so, as part of a mixed model of development activities.

The following programmes have continued during Covid-19:

- Care certificate (specific modules);
- Chrysalis 10 Action Learning Sets groups;
- Coaching and Mentoring support;
- Functional skills;
- Induction (virtually);
- Making the difference bespoke training with *Teams*;
- Personal resilience;
- Step on Up 'check-in'.

In addition Myers Briggs and 360 assessments and feedback (*via Teams*) will restart in July 2020 for teams and individuals, as required.

The Training team are continually developing their skills in delivering on-line training and virtual training and are reflecting on the evaluation feedback and learning so far. To support this new way of learning, Sallyann Woodthorpe Training and Development Manager is undertaking an Open University programme on online Teaching 'Creating Courses for Adult Learners' and will use the skills learnt to help develop further our on line and virtual training offer.

From autumn 2020 we are planning to reintroduce the following training in some format:

- Appraisal training;
- Big9 diversity mentoring;
- Chrysalis cohort 10 graduation ceremony;
- Mental health first aid training;
- Personal development;
- Positive conversations;
- Step on Up (cohort 5 resumes/cohort 6 starts);
- Amazing Managers;

and, from 2021:

- Chrysalis 11 (would have been an April 2020 start);
- Compassionate teams;

- Performance mentoring and leadership;
- Work experience (schools).

3.3 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.

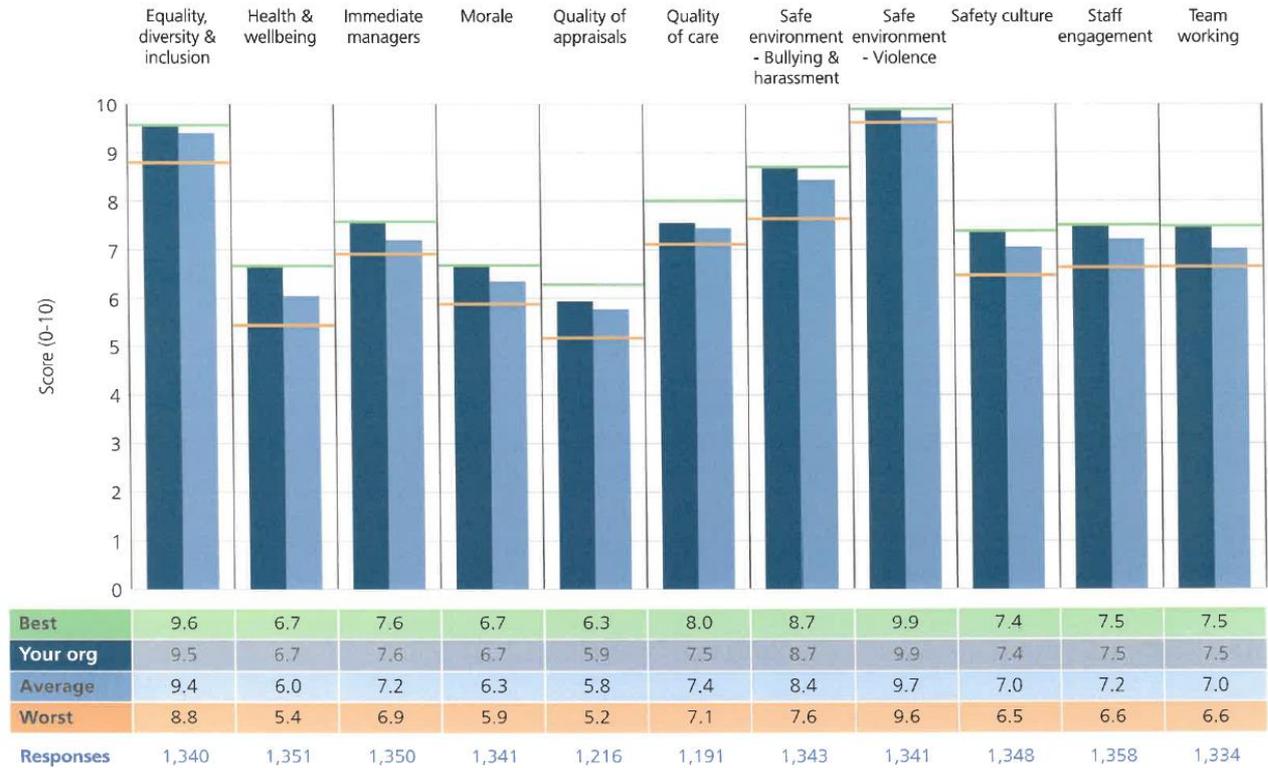
During this reporting period, the 2019 SOS took place and the Trust Wide Improvement Plan from the 2018 survey was fully implemented, as detailed below:

Area for Improvement from 2018 survey	Actions Taken
Staff satisfaction with the quality of work and care they deliver	<p>Local divisional action plans and focus groups established to address any concerns issues that are local to each division to bring greater control to staff within these divisions to impact change empower staff to make improvements in own work areas, in turn having a benefit to the quality of care delivered.</p> <p>Also linked to this work are the local Staff Friends and Family Test Survey responses which have been factored into the local plans.</p> <p>Action plans made available to all staff on the Trust's Intranet.</p>
Ensuring the Trust has a fully inclusive culture and addressing Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) areas for improvement	<p>Development and publication of 'Working with a Disability – Staff Support Guidelines' which underpinned the Trust's Workforce and Inclusion Policy, promoting fair treatment to staff and applicants who are disabled to ensure our actions/inactions do not discriminate.</p> <p>Launch of a staff 'Adjustment Passport' as a live record of the adjustments that an individual has agreed with their manager to support them at work due to a health condition, impairment or disability. Launched in December 2019.</p>

<p>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</p>	<p>A review was undertaken of the Trust's appraisal policy and paperwork following feedback received from the Staff Survey results along with the appraisal audit and feedback from staff. In light of these responses different paperwork for clinical and non-clinical staff was added.</p> <p>In addition to the non-clinical appraisal paperwork, more focus was included given on development opportunities available.</p> <p>Research has also been undertaken as to how many appraisees should one manager have and this recommendation was included in the updated Appraisal Policy (suggesting that no appraiser has more than 10 appraisees).</p> <p>The updated policy and documents were launched in June 2019 and therefore most staff would not have has an appraisal using them before the 2019 survey took place.</p>
<p>Staff reporting any experiences of violence or aggression at work</p> <p>A call to action on bullying and harassment at work</p>	<p>Reinforced message that the Trust has a zero tolerance to bullying and harassment, violence and aggression at work. A video message was recorded of the Trust's CEO highlighting this message and where staff can go for help and support.</p> <p>Local divisional groups where this has been flagged as a concern (violence/aggression from service users) have carried out their own division specific actions i.e. within the Ambulatory Care Division the iCaSH and Dental departments are working together to source an external provider to deliver bespoke training for front line staff on how to manager violence and aggression from members of the public.</p>

3.3.1 SOS Key Messages and Actions Planned to Address

The Trust received another year of positive staff survey results with a response rate of 60% and top scores in 8 out of the 11 themed results and remaining above average in the remaining 3.



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The Trust is committed to listening to our staff views and an overarching Trust action plan and group have been re-established. This was again initially delayed due to the pandemic however has now started and will focus on the following key actions:

Area for Improvement from 2019 survey	Actions Planned 2020/21
Staff satisfaction with the quality of work and care they deliver	<p>The responses received relate to concerns with the quality of care our staff give as a result of staffing levels. Actions are to review any negative impact on the quality of care given as a result of staffing levels and to proactively manage future workforce supply planning to address areas with staff supply issues.</p> <p>To establish what areas have issues with retention and vacancies, utilise workforce planning and supply pipelines, linking in with corporate colleagues in training and development.</p> <p>To review all exit questionnaires, retention and recruitment surveys to establish if there are any themes and to contact staff about their experience. If a negative experience is identified, this will help to identify any issues/concerns early on to help prevent escalation.</p> <p>Action plans will be available to all staff on the Trust's Intranet.</p>

<p>Ensuring the Trust has a fully inclusive culture and addressing Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) areas for improvement/</p> <p>NB: These actions will be undertaken as part of the Workforce Diversity and Inclusion work plan.</p>	<p>To re-launch our staff diversity network, and establish sub-networks starting with a BAME network.</p> <p>Further development of the Trust's Adjustment Passport following Covid-19 to incorporate all potential adjustments a member of staff may have, including but not limited to carers responsibilities.</p> <p>To establish a 'Disability Network' if identified that this is needed from our disabled staff.</p>
<p>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.</p>	<p>Building on the review and amendments implemented last year to the appraisal documentation and training.</p> <p>To introduce greater frequency of appraisal feedback reviews and to action any common themes raised in them. Following from this feedback to review and update (if necessary) the appraisal documentation to support the health wellbeing and career support conversation.</p> <p>To use e-scheduling/rostering to plan in protected time for managers' supervision and annual appraisals – including time for the appraisal and the time to prepare for both manager and member of staff.</p>
<p>Staff reporting any experiences of violence or aggression at work.</p> <p>A call to action on bullying and harassment at work.</p>	<p>Reinforced message that the Trust has a zero tolerance to bullying and harassment, violence and aggression at work.</p> <p>To review/ re-launch staff information on bullying, through a How to Become Bully Proof campaign (title to be confirmed), based on our previous staff leaflet.</p> <p>Results show that the concerns are mostly associated with abuse from the members of the public towards our staff, therefore we as a Trust will ensure our sites protect our staff from violence and harassment.</p>

Local action groups and plans are also starting to be re-introduced but due to the pandemic and impact on staff will focus on two or three main themes relevant to their area.

3.4 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. Guidance for managers and staff on flexible retirement options supports this approach.

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. However some services have expressed concerns that managing staff on a range of flexible working patterns and hours can cause issues and make recruitment into the remaining hours a challenge. Therefore detailed 5 year workforce plans, which can predict changes and map actions, help with decisions on what flexible arrangements can be accommodated.

3.5 **Staff Health, Wellbeing and Attendance**

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.

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;
- support and expertise from the Human Resources Team;
- access to the rapid MSK services;
- union representatives support and guidance;
- access to occupational health;
- access to confidential 24/7 counselling services;
- health and wellbeing conversations at management supervision and appraisals;
- Covid-19 risk assessments.

Line managers and the HR team support the Trust's personalised approach to managing staff attendance (agreed in 2019), supporting a focus on the individual and their personal circumstances rather than on policy and sickness trigger points. Reducing sickness absence levels across the Trust remains a key focus of work and we continue to review and benchmark across services across other NHS providers and across wider non NHS organisations and where possible by localities.

3.6 **Attendance Benchmarking**

The total sickness rate for March 2020 was 5.78%, excluding the Covid-19 related absences which were 5.07% (Covid-19 related sickness took effect mid-March 2020.) This compares to a rate of 5.2% for all Community Trusts.

Please see Appendix 4 which shows the latest benchmarking data available for NHS providers and the 2017 ONS data.

The HR team will continue to support managers to identify supportive action for individual staff and teams where absence levels are high.

3.7 **Analysis of Trust Sickness Levels / Reasons**

The HR team undertake periodic deep dives on the reasons for absence as required with the teams they support and work with managers to support staff to maximise their health and wellbeing and maintain attendance at work. Please see Appendix 5 which details the reasons for sickness absence and measure by staff groups for March 2020.

3.8 **Supporting our Staff to Maximise their Health and Wellbeing**

The Trust has seen its overall level for sickness absence remain fairly constant over the last few years and our new focus on a flexible supportive approach is aimed at getting staff back to work sooner, as one way to address this.

NHS Improvement has produced an NHS Workforce Health and Wellbeing Framework, which the Trust uses to review our support to staff and identify areas of further opportunity. This is overseen by the Trust wide health and wellbeing group, Live Life Well (LLW) and is accessible to all staff via the Intranet. This was most recently reviewed on 10 July 2020.

One example of an outcome from reviewing the framework is identifying the benefits of having clear guidance for managers and staff on the whole health and wellbeing offer in a single policy and this led to a new policy in 2019 which details the support for staff wellbeing.

We support managers and staff through guidance on work place stress assessments and are 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 the mental wellbeing of staff remains our priority with successful Mental Wellbeing Weeks in 2018, 2019 and 2020, which help to raise the profile of paying attention to your own mental wellbeing. This work in particular has continued during Covid-19 with expert input from clinical physiologists in our 'stepped offer' of mental wellbeing and psychological support.

Feedback from staff during the 2018 week informed our Mental Wellbeing support for staff and we offered a programme of support, advice and guidance on mental wellbeing as part of our 2019 Mental Health Week. Based on feedback from staff we have developed a four-part 'Compassionate Team' training course, developed to deliver to whole teams and sessions have been well received. During our 2020 week we promoted wellbeing during Covid-19, highlighting tips on working from home and normalising how staff are feeling.

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 the Emotional Health and Wellbeing team managers having been initially produced by a former CCS Clinical Psychologist. This has continued and been expanded during Covid-19, resulting in our stepped offer which recognise that different staff will have different needs at different times during the Covid-19 epidemic and based on their own personal circumstances.

We continue to offer personal resilience training to all staff and bespoke support to individuals and teams going through organisational change. We have reminded staff of this support during the preparation for BREXIT and again currently during Covid-19 when it was anticipated there may be an increase in unacceptable behaviour from some members of the public towards staff

Financial difficulties/pressures can cause undue stress and anxiety and to support staff we introduced the services of Neyber, a financial service provider, to offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investment opportunities. Neyber have launched a new salary advance service to help staff avoid costly payday loans and to assist staff who, in the past, have had to ask the Trust for help and to ensure a consistent and fair access to help. Additionally, in partnership with our staff side representatives, we have published details of the financial support available to trade union members via their unions. We are also exploring the use of a new payroll function to allow staff to draw down some salary ahead of pay day.

In April 2020 we extended our contract with Optima for occupational health services and as part of this we moved to a new Employee Assistance Programme (EAP) called HELP. HELP also provides an online support internet site, Optimise. This is a comprehensive wellbeing assessment that staff or their families can take at any time. It provides personalised

wellbeing content tailored to staff responses and has an extensive library of wellbeing information for staff to access at any time, including videos, podcasts and Ted Talks. The existing arrangements or OH services and EAP remain in place for staff working in Luton which are effective and well received by staff.

3.9 **Supporting Staff Health and Wellbeing during Covid-19**

To support the mental health and wellbeing of staff during and after the pandemic, the workforce team has worked with clinical psychologists within our services to produce our Stepped Approach.

This aims to

- Recognise what staff are going through
- Draw on up to date evidence
- Using national resources and local expertise
- Pull together the information into one accessible form

A summary of the stepped offer is attached at Appendix 6.

In addition to our in house stepped offer, the Trust has signposted staff to offers of support both locally and nationally including the National NHS help line run by the Samaritans and are exploring an offer from CPFT to access support should staff need more specialist interventions and are exploring what we can learn from the experiences of the armed forces post conflict support offers.

Through Covid-19 several CCS services have run on-line support sessions including eleven fitness classes and twenty eight session of 15 Minutes of Mindfulness. Yoga, Zumba, whole body office based exercises, stretching and mobility and Pilates sessions have also been made available for staff to view on line.

Risk assessments are being undertaken with all staff and a range of support is in place, including supporting those shielding to work from home, the provision of PPE and risk assessments on work bases.

3.10 **Live Life Well Programme**

Our staff Health and Wellbeing Live Life Well Programme continues to successfully support staff and has achieved the following during 2019/20:

- Recruiting and training Health and Wellbeing Champions;*
- Bi annual Health and Wellbeing Newsletter showcasing our offer and positive actions by staff;
- Promoting 'pass it forwards' and acts of kindness as a way to promote wellbeing;
- Continuing to promote personalised approaches to managing attendance and flexible working requests and a support offer for staff with their financial wellbeing;
- Promotion of the wellbeing values of good team working and two way communication and taking a break;
- Mental Health First Aid light training (for Health and Wellbeing Champions*);
- Promotion NHS staff discounts and promotion of NHS health checks;
- Mental Wellbeing Week (May 2020);
- Promotion of key national wellbeing related national days/weeks throughout the year;
- Resilience training;
- Newsletters, intranet pages and Comms Cascade updates;

- Providing information on the menopause to reduce the reluctance of staff to talk about this openly at work.

** Due to Covid-19 the launch of the staff Health and Wellbeing Champions has been delayed until later in the year as it was agreed that to start this role at such a time could put an unrealistic expectation of their role on them and expose them to staff concerns which were outside their remit.*

3.11 **Use of Exit and New Starter Data**

Feedback from staff leaving the Trust is reviewed on a regular basis to identify themes, take actions and where applicable support individuals. Appendix 7 details this information.

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

It is recognised that by the time someone has chosen to leave, it may be too late to change their mind therefore we are introducing support to staff in their first 365 days to support new staff and get feedback on any issues at an early stage. The launch of this was delayed and will start during 2020. In the interim all new staff are surveyed on their experience during the recruitment process and on-boarding. Action will be taken on any areas of concern/delay/improvements required. This is to help establish if there are any concerns, themes that can be rectified to help keep that member of staff with the Trust and any help/support a particular area may need from the HR team to help with their retention of staff. Research has shown that new members of staff who stay within an organisation over 12 months are more likely to stay longer term.

During 2020 we will start to survey new staff additionally 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 so that action plans can be developed and 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.

3.12 **E-Learning and Electronic Staff Records (ESR)**

ESR Manager and Employee ESR self-service is now in place across all services. Managers and/or administrators with proxy access 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 has reviewed the other functions available in ESR and any further roll out is subject to further work taking place on e-scheduling and e-rostering, as the two systems have similar requirements and need to be linked to avoid duplication as the two systems need to talk to each other and share data.

In the meantime, the recording of essential clinical training on individual staff profiles is underway starting with Luton Adult services. The aim being that the training record function in ESR becomes the single place to record training requirements and compliance within the Trust.

From 01 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. CCS was the first trust locally to have its plans in place for when this impacts on staff. This becomes applicable to all staff from 01 April 2020; however, due to Covid-19 the Trust relaxed the requirements for staff to have an appraisal and be up to date with all mandatory training, which are pre requisite for pay progression, ahead of the national decisions to do this. The Trust is committed that staff will not be financially impacted as a result of Covid-19.

The Trust took the decision to step down the mandatory training subject to 5 core modules to allow staff to dedicate their time to front line issues at the outset of the Covid-19 pandemic in March 2020. All face to face training has now been suspended and the Resuscitation and Moving and Handling of Patients' training were substituted with e-learning working with the subject matter experts to ensure this met our needs in the short term. Discussions are ongoing with the subject matter experts on how and when we can reintroduce other mandatory training modules.

The procedure for undertaking safe face to face mandatory training has been considered and when reintroduced Basic Life Support and Moving & Handling of People training will adhere to strict procedures with the aim of ensuring maximum safety (from Covid-19 transmission).

The Trust regularly undertakes awareness raising for staff in whistleblowing and freedom to speak up and the role of Freedom to Speak Up Champions.

Following the recent national announcement of autism awareness becoming mandatory training for NHS staff, the Trust is working with another provider on a pilot to deliver this.

3.13 **Professional Development**

The Trust provides Continuing Professional Development (CPD) and essential training for all clinical staff to deliver their roles safely. A summary of CPD activity for non-medical clinical staff between 01 October 2019 and 30 June 2020 is attached as Appendix 8. There is a downturn in CPD activity in the summer 2020 semester as a result of the Covid-19.

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. Doctors' placements were suspended as a result of the Covid-19 but are due to restart.

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. We are

in the process of recruiting an additional non-medical clinical educator and placement lead to assist with the management of placements and student support.

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. In September 2019 a non-clinical member of the training team who had undertaken the care certificate, began a foundation degree in healthcare having being inspired to pursue a clinical career. She is due to commence her Children's Nurse Training in September 2020.

3.13.1 Medical Staff Development

The Annual Trust Development Plan (ATDP) is attached at Appendix 9. This is a review of the Trust's medical education activity and is written in partnership with Health Education England. The report recognises the unusual nature of the Trust commenting on "A functional and pragmatic approach to quite a unique set up". The key gap in support is provision of administrative support which is being addressed.

3.13.2 Guardians of Safe Working

Following the introduction of the new contract for junior doctors the post of Guardian of Safe Working (GoSW) was created to ensure medical trainees were able to access education, and were not asked to work outside their contracted hours on call. The Trust's Guardian is Dr Jorge Zimbron, a Consultant Psychiatrist employed by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Trust accesses medical staffing support from CPFT, due to our relatively small number of medical staff which makes having an in-house provision inefficient and sharing Dr Zimbron as GoSW between both trusts reflects this arrangement.

On 01 April 2019 the Trust transferred its acute paediatric service to North West Anglia NHS Foundation Trust (NWAFT). From that date the Trust has had no junior medical staff who take part in medical on-call rotas, although community paediatric trainees participate in the NWAFT on call rota as part of their training. Whilst, following the transfer of acute paediatric services to NWAFT, we agreed that although technically a Guardian was no longer required in CCS, we would continue the arrangement as a point of contact for our trainees if they had any concerns. Dr Zimbron also liaises with Dr Cilla Reid, GoSW at NWAFT.

Dr Zimbron has reported to us that he has had no concerns raised with him by our trainees since 01 April 2019.

3.14 **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 the staff restructure across 0-19 services in Bedfordshire and some realignment as Luton Children's Services are being managed alongside Bedfordshire Children's Services. 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 adoption of an all staff version of the key principles in the BMA's SAS Doctor Charter and the adoption of the RCN's Disability

Passport Scheme (Adjustments Passport). We openly endorse staff joining a union as part of their Trust Induction and our Workforce Lead attends the annual regional partnerships working conference jointly with the Staff Side Chair to learn from others and share best practice.

3.15 **Supporting a Diverse Workforce**

The Workforce Diversity and Inclusion Group oversee actions which support the delivery of the Trust's People Strategy and in particular the Diversity and Inclusion For All Programme. This is overseen by the People Participation Committee.

The Workforce Diversity and Inclusion Group meets quarterly and last met on 11 June 2020. The March 2020 meeting, which was due to undertake the EDS self-assessment event, did not take place due to Covid-19, although the EDS2 self-assessment did take place virtually.

The Workforce Diversity and Inclusion Group oversee actions which support the delivery of the Trust's People Strategy and in particular the Diversity and Inclusion for All Programme.

The key work stream in the People Strategy Implementation Plan 2020/21 is the Diversity and Inclusion For All Programme, and the actions are to:

- Provide *Personal Resilience* training and equip staff to balance work and life challenges and stresses;
- Deliver the Workforce Race and Disability Equality Standards and Gender Pay gap action plans;
- Deliver our annual Equality Delivery System Objectives and our Equality Improvement Plan;
- Work with experts in this field to embed the diversity and inclusion agenda from both a service delivery perspective and as an employer;
- Attend public events to get feedback on the Trust's approach;
- Finalise the roll out of BAME representation on interview panels where a BAME applicant is shortlisted;
- Continue to support our Cultural Ambassador Programme.

Through the Trust staff health and wellbeing programme Live Life Well and our Staff Opinion Survey Action Plan, actions are in place to support staff with personal resilience, work life balance and managing work place stress.

Additionally, in light of Covid-19, supplementary support information and advice is in place during 2020 supporting staff with emotional/psychological wellbeing, working differently and working in an atypical environment. The Trust is accessing national and regional support as well as Trust support, which includes our counselling and Occupational Health Services and support from our in house clinical psychologists. We are working with STP partners on additional mental health services to support staff who may experience mental ill health as a result of Covid-19.

The Trust was due to launch our staff Health and Wellbeing Champions Programme in April 2020, with over 40 staff who have an awareness of support available to staff to sign post colleagues, including how to access mental health support (having received some mental health first aid light training). However, in light of Covid-19 and after seeking advice from our clinical psychologists, it was agreed that it was unfair to staff champions to ask them to take on this role in the current climate and they will receive refresher training ahead of a formal launch later in the year. It was also agreed that they will not be launched as mental health first aiders as their role is in signposting staff to appropriate support.

This work stream will in future be reported on via the Live Life Well Committee.

3.15.1 Diversity Reports and Objectives

3.15.1.1 The Workforce Disability Equality Standards (WDES)

In July 2019, the Trust published its first set of workforce disability data against a set of national standards, the Workforce Disability Equality Standards or WDES.

The 19/20 objectives, listed below, were all achieved with the exception of introducing disability leave. This had been due by April 2020 and was delayed due to Covid-19, although in practice, a greater number of disabled staff have been supported with paid leave due to their health conditions during this current time.

WDES Objectives 2019/20

- To Implement a disability passport;
- To establish a staff led, disabled staff network;
- To offer mentoring to disabled staff;
- To review the options for disability leave within the newly implemented Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy;
- To increase the number of staff who declare their disability.

Publication of the 2020 data is delayed nationally due to Covid-19, however we have reviewed our draft data and the People Participation Committee agreed the objectives to be implemented during 2020/21.

WDES Objectives 2020/21

- To review the options for disability leave within the Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy;
- To support the ongoing use of the Adjustments Passport;
- To promote the use of the Covid-19 staff risk assessment and appropriate actions;
- To support disabled staff to establish a staff network as required;
- To review the lessons learnt during Covid-19 on how disabled / staff in the critically high risk groups were supported to work differently, including disability leave.

There has been a significant increase in the number of staff declaring working with a disability, since March 2020, due to staff declaring their critically at risk status of Covid-19, and recording this in their personal staff record. As anticipated, when staff can see that their data will be used for positive benefits this encourages them to declare, rather than fear this will be used against them.

Through communication on the actions taken to support staff, by highlighting at Trust Induction and through promoting the Adjustments Passport, along with other activities, we will continue to promote the value for staff in declaring that they have a disability to help us know if more action is required.

3.15.1.2 The Workforce Race Equality Standards (WRES)

Our 2019 WRES action plan was published in September 2019.

WRES Objectives 2019/20

- To finalise the implementation of BAME representation on recruitment panels;
- To make recruitment training as mandatory for all recruitment panel members;

- To widen and relaunch the offer of mentoring for BAME staff;
- To offer more interactive theatre style training to teams/localities.

These were partly met, with finalisation of training for all involved in recruitment to be completed during 2020.

Publication of the 2020 data is delayed nationally due to Covid-19, however we have reviewed our draft data and the People Participation Committee agreed the objectives to be implemented during 2020/21.

WRES Objectives 2020/21

- To promote at all sites and in all services the Trust's zero tolerance toward abuse of staff by members of the public;
- To support managers to address abuse from the public where this takes place;
- To support a BAME staff network and to act on their feedback;
- To target Trust and external leadership and skill development opportunities to BAME staff;
- To introduce BAME mentoring as part of all in house managers skills and leadership development programmes.

The Tables at Appendices 10 & 11 provide a comparison of the WDES and WRES data over the last 2 and 3 years respectively.

The Trust will publish our 2020 WDES and WRES data and action plans on receipt of the new template and guidance and before the deadline of 31 August 2020. The actions planned to date are based on our anticipated results of the data analysis based on how this has taken place in previous years.

3.15.2 BAME Representation On Recruitment Panels

Agreement was made in December 2019 to move all our recruitment activity in house from April 2020. This enables the Trust to support the final roll out of BAME representation on all interview panels where a BAME applicant has been shortlisted, as the recruitment team will have access to the confidential diversity declarations made by applicants allowing them to identify which panels require a BAME member.

3.15.3 Recruitment Training

The Recruitment and HR teams are providing additional recruitment (including anti discriminatory practice) training during 2020 and thereafter staff who have not had this training will not be able to take part in the selection process.

In the interim, the chair and any BAME representative on selection panels will have undertaken training as a minimum.

3.15.4 Mentoring

In October 2019, as part of Black History Month, we launched our new diversity mentoring programme 'Big 9' with training for mentors, using a mix of our existing mentor training and specific diversity and inclusion mentoring training. The Wider Executive Team were trained in December 2019 and the Leadership Forum briefed in December 2019 and training was put in place across the localities with the aim to launch the programme in early 2020.

Whilst the formal launch is delayed due to Covid-19, the actual uptake of mentoring, including reverse mentoring and mentoring by BAME staff with white colleagues has increased, to support staff during the current challenging climate.

3.15.5 Theatre Style Training

Service Directors have further reviewed their outcome reports following the 2018/19 diversity training sessions and further sessions are available as required and have been accessed by Luton services.

3.15.6 Staff Networks

During the Trust's annual Diversity and Inclusion week in May 2019, staff volunteers were sought to be either a diversity mentor or to be involved in staff networks and several staff came forward. Subsequently, work was underway to re-launch the Trust's diversity network and this has progressed during Covid-19 with a BAME staff network established. The higher instances of Covid-19 amongst BAME communities and the Black Lives Matter campaign have given an impetus to this network which will be chaired in the first instance by Mercy Kusotera.

3.15.7 Gender Pay Gap

The 2020 Gender Pay Gap report was published in April 2020, based on our gender pay information in 2019. The report is attached at Appendix 12.

The Objectives agreed in 2019 are rolled over into 2020 as they remain areas for the Trust to work on to help to narrow its gender pay gap.

3.15.8 Equality Delivery System 2 (EDS2) – Workforce Objectives

The 2019/20 EDS2 Workforce Objectives were reviewed as part of our self-rating in March 2020, and the outcomes of that review are attached at Appendix 13.

The proposed 2020/21 Workforce EDS2 Objectives are:

To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.

To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.

3.15.9 Cultural Ambassadors

The role of Cultural Ambassadors is embedded in the Trust and they play a key role not only in formal HR processes but also as part of the Workforce Diversity and Inclusion Group, other workforce related work streams including the Staff Survey Action Planning and Live Life Well Group, and on the Trust Covid-19 Incident Management Team.

3.15.10 Supporting Our Diverse Workforce During COVID-19

In March 2020, we identified those staff in the highest clinical risk categories that needed to shield and put in place support to allow this to happen. This includes working in a Covid-19 safe environment, or where this is not possible, supporting staff to be away from work without impacting their pay.

Acting on the medical evidence of the disproportionate impact of Covid-19 on people with a BAME heritage, we put in place a Covid-19 risk assessment, with input into its design from BAME colleagues and introduced via an individualised letter sent to all BAME staff. This is not only for BAME staff, although they were the focus initially, and the risk assessment has been widely communicated through our Incident Management Team (IMT), Wider Executive Team, management and service teams, Trust-wide Q&A sessions, the HR team and our staff side colleagues.

We have held 3 virtual Q&A sessions, to which all BAME staff were invited, to discuss any issues of concerns to them including the risk assessments, BAME network and the #blacklivesmatter movement.

The risk assessments have been well received and we have put in place a process for Anita Pisani, David Vickers and Angela Hartley (HR Director, Medical Director and AD for Workforce) to be directly involved in offering additional advice and guidance to BAME staff and their line managers on issues arising in the risk assessments.

A BAME clinical member of staff sits on our Incident Management Team decision making group and we have our Cultural Ambassadors actively involved in conversations.

We are re-energising our BAME network and Matthew Winn sent out an all staff message in relation to the impact of Covid-19 on our BAME workforce and the #blacklivesmatter movement.

We have introduced digital technology to support staff to work differently and have responded to individual needs to support all staff to access adaptations to support any needs due to disability or caring responsibilities etc. Further work is currently underway to review any additional support we can give to staff who are unpaid carers to assist them during Covid-19.

We have put in place a stepped packaged of emotional and physiological support and advice for all staff impacted by the current crisis to ensure the mental health and wellbeing of staff remains a priority. Whilst delayed due to Covid-19, we are reviewing a new launch date (following refresher training) for our Health and Wellbeing Champions, to further support staff with any health and wellbeing concerns at this time.

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 was successfully recruiting additional central support for managers with this work by appointing a Future Talent Advisor who began with the Trust in September 2019 who was key in supporting service with their workforce reviews and planning in May/June 2020.

4.1 Workforce Modelling

The Trust continues to use service and workforce modelling 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 Cambridgeshire 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.

The introduction of electronic rostering and scheduling is implemented in 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 although further roll out is currently on hold during Covid-19

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 8 workers across the Trust covering both clinical and non-clinical roles. We have not seen an increase in needing to engage with agency workers during Covid-19.

The three highest services engaging with agency workers are (headcount):

1. Health Visiting Cambridgeshire
2. Speech & Language Bedfordshire
3. Community Nursing Bedfordshire (administrators)

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

1. Vacancies within the service
2. To cover sickness
3. Additional capacity / projects

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.

Prior to Covid-19 we were working with the STPs to explore any opportunities to make best use of 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.

Following feedback from staff in our Luton Adults Service, it was recognised that staff were discouraged from working bank shifts due to the length of time it took to receive payment for the work which led to the offer to all bank workers to opt for weekly pay. Once implemented we hope that this will encourage staff to undertake bank shifts more frequently and if successful, weekly pay for Bank workers will be introduced across the Trust.

In September 2019 we implemented the latest national agency restriction on the use of agency workers in administrative (including management, IT and estates roles) unless the work meets some excluded rationale. We successfully moved a significant number of agency workers on to bank contracts with the Trust as a result of this. We brought forward moving to weekly pay for this cohort of new bank staff to attract them to make this move and plan to roll out the offer of weekly pay to all bank staff.

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.

These plans 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.

As part of the NHS Long Term Plan, the Trust has worked with partners in both Bedfordshire, Luton, Milton Keynes and Cambridgeshire and Peterborough STPs on our system wide workforce plans and continue to balance both our internal workforce planning needs and those of our wider systems, to support service development and delivery.

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 a 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.

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

Two members of staff were supported to undertake the Trainee Nursing Associate (TNA) programme with the University of Bedfordshire's in April 2017 and have successfully graduated as NMC registered Nursing Associates.

A further ten members of staff from Cambridge, Peterborough, Luton and Bedfordshire are undertaking Nursing Associate Apprenticeships as part of their services' workforce plan.

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 Mathematics 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.

4.4.1 Summary of Apprenticeships

The Trust currently has 36 staff undertaking apprenticeships. Since April 2020 we have enrolled our first two staff from iCaSH on to the Level 3 Senior Healthcare Support Worker apprenticeship and recruited two 'pure' apprentices to the Single Point of Access team in Bedfordshire. A Summary of Current Apprenticeships is attached at Appendix 14.

Four members of staff completed their children's nursing apprenticeships with Anglia Ruskin University (2 year programme commenced April 2018) in January 2020. 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. A further four members of staff have been recruited to commence the apprenticeship from February 2020. In addition one member of staff is being supported through an extended apprenticeship to access the Nursing Degree Apprenticeship which commenced October 2019 which will include a bridging module which will then allow her to access the registered nurse apprenticeship.

The Future Talent Advisor coordinated a recruitment process to support five members of staff from the Bedfordshire children's service to access the Level 5 Assistant Practitioner Apprenticeship with Anglia Ruskin University starting in September 20. She is also working with Norfolk HCP to explore the use of the Assistant Practitioner Apprenticeship at City College Norwich.

The Dental Service is still intending to recruit a Dental Nurse apprentice in Huntingdon but this has been put on hold due to Covid-19. Children's services in Luton are considering recruiting administration apprentices but are concerned about providing necessary support while social distancing and home working are in place.

4.4.2 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 2019/20 is detailed in Appendix 15.

Supernumerary clinical placements were suspended in March 2020 in a response to the Coronavirus pandemic. Direct entry students were given an option by their HEI to opt into deployment into Trusts and undertake paid work as Health Care Assistants/Support Workers or opt out of clinical placements. For those students that opted out in the last 6 months of their training, they are likely to be delayed in qualifying. The Trust was approached by a small number of nursing and AHP students but were unable to offer employment as there was not a suitable placement or role within the Trust for them.

The placement team are working with Services and HEI placements teams to forward plan for supernumerary placements to be reinstated if possible in the autumn.

Employed apprentices on the trainee Nursing Associate and Registered Nursing apprenticeships also were withdrawn from supernumerary placements in external placements, and returned to their employed areas as apprentices. It has been a challenge to support and manage expectations of the services and apprentices and reframe learning opportunities. Academic and theory components of the apprenticeship have been delivered online by the HEI.

We have been able to continue all employed students and apprentices on their clinical pathways during the Coronavirus period, taking an individualised approach to their learning.

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 student

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.

4.5 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.

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. Courses post-March 2020 have been postponed and will be re-started as soon as possible.

Our most recent Chrysalis Leadership Development Programme (Cohort 10) was scheduled to end in May 2020, with 48 participants graduating. The last workshop and graduation is now planned for the end of 2020. Action Learning Sets have continued via Teams, as this has been really beneficial to our current learners.

Cohort 11 will be run in 3 localities (Luton, Cambridgeshire and Norfolk) originally set to begin in June 2020, but now delayed until spring 2021. This will enable us to develop 75 leaders through Chrysalis. We are growing our ALS (Action Learning Set) facilitator to accommodate this, from our growing coaching community.

The 10 years of Chrysalis Celebration event was postponed from July but will take place when safe to do so.

Our practical management development programme, Step on Up (was Stepping Up), is designed for those new to line management and supervision. It provides training in the practical skills needed to lead people competently and with confidence. This year we had an additional "online community" and social media learning on the programme. This provided a good platform for learners staying connected through Covid-19 and a "buddying system". Cohort 5 currently has 28 applicants and although we still have a workshop and graduation to complete we have had a "Step on Up – Check in" to continue "learning" and we are looking to run the next module remotely.

Applications will be invited from staff in August 2020 for a December start for Cohort 6.

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, building rapport, 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.

Started in January 2020, our new in house Manager Development Programme, 'Amazing Managers' has been supporting managers, both those new to the organisations and those wanting a refresher. It is front-ended with coaching conversations and getting the best from your team. 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. To date 30 members of staff have attended the training. This course is now on hold until the end of

2020, as it is very strongly workshop based and most of the learning comes from each other's experience.

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. In addition we have had candidates on the Mary Seacole programme. This is part of a wider organisational and leadership development programme across both STP footprints. Courses post-March 2020 have been postponed and will be re-started in the autumn 2020 through online training platforms.

Nationally we have had staff apply for the Band 5 and Band 7 Stepping Up BAME Leadership programmes. This is currently on hold until after Covid-19 Lockdown.

4.6 **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**

NHS Improvement issued guidance 'Developing Workforce Safeguards' in October 2018 to support providers in delivering high quality care through safe and effective staffing.

In addition ,NHS Improvements issued a safer staffing document for district nursing services . Liz Webb, Deputy Chief Nurse and Chris Morris, Head of Adult Services Luton , compared the guidance with the aims of the service redesign programme in October 2018 and further reviewed it in May 2020. Their feedback is summarised below:

4.7 **Summary of the NHSI safe Staffing district nursing document, 'Safe, sustainable and productive staffing, an improvement resource for district nursing' and its applicability to Luton District Nursing Service, (reviewed May 2020)**

NHSI Safe Staffing District Nursing

In 2018 the NHSI Safe Staffing District Nursing document , 'Safe, sustainable and productive staffing, an improvement resource for district nursing', was described as a tool kit for District Nursing team leaders, Commissioners and trust boards to use when planning services. The tool kit describes four layers that can be used to inform planning and development as detailed in the diagram below

Safe, Effective, Caring, Responsive and Well- Led Care		
<p align="center">Measure and Improve</p> <p align="center">-patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-</p>		
<p align="center">-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing</p>		
Expectation 1	Expectation 2	Expectation 3
<p align="center">Right Staff</p> <p>1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers</p>	<p align="center">Right Skills</p> <p>2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention</p>	<p align="center">Right Place and Time</p> <p>3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency</p>

Specifically this document describes 'safe caseloads' rather than safe staffing. Applying this tool to the Luton One Service Model highlights that many elements of this framework are found within the Luton model. On-going use of the tool would therefore be an advantage as the One Model develops and evolves; the new Service Director is aware of the toolkit and will update in due course if the use is applicable on going. In addition the Malinko e-rostering system is allowing good practice to be embedded around right person with right skills at the right time.

High Level comparison of Luton One Model with the framework May 2020

Safe Staffing District Nursing 2018	One model – Luton
<p>Right Staff</p> <ul style="list-style-type: none"> Evidence based workforce planning Professional judgement Compare staffing with peers 	<p>Annual workforce planning completed. On-going work to ensure right staff deliver the right care, enhanced by the changes made with Covid-19 response. Recruitment is challenging but proactive. Service plans include ambition that the District Nursing role is seen as a valued career path.</p>
<p>Right Skills</p> <ul style="list-style-type: none"> Mandatory training, development and education Working as a multi professional team Recruitment and retention 	<p>Essential to job role training has been formalised. Competencies are cross referenced to the e-rostering system. Multi professional team working continues to develop.</p>
<p>Right Place and Right Time</p> <ul style="list-style-type: none"> Productive working and eliminating waste Efficient deployment and flexibility 	<p>Introduction of e-rostering and linked to System one June 2019. On-going work to ensure robust clinical oversight and competence</p>

<ul style="list-style-type: none"> Efficient employment and limiting agency 	<p>Covid-19 response has sped up the flexible use of staff and training accordingly.</p>
<p>Measure and Improve</p> <ul style="list-style-type: none"> Patient outcomes, people productivity and financial sustainability Report investigate and act on incidents Patient, carer and staff feedback Care hours per day Quality dashboard for safe sustainable staffing 	<p>Patient outcomes and the integrated population approach by the BLMK system continue to ensure patient and population outcomes are achieved.</p> <p>Within the Luton District nursing service incidents are reported in the main and acted on.</p> <p>Feedback from both patients and staff is collected and collated, with actions and learning put in place. A service specific co-production lead in now in the service.</p> <p>The use of e-roster and system one enable the efficient use of care hours each day.</p>

5. Progress against November 2019 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.

6. Next Steps

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

- Continue to support our staff during Covid-19;
- 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 Cambridgeshire and Peterborough Foundation Trust on children's services partnership and support staff to work across our organisations;
- We will promote 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;
- Implement our SOS Action Plan;
- We will review the adjustments passport to include wider adjustments including caring responsibilities;
- We will provided refresher training to and roll out, our health and wellbeing champions to support staff;
- 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;
- 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;

- Action our WDES / WRES and gender pay gap action plans and meet our staff related EDS objectives;
- We will meet the requirements of 'Developing Workforce Safeguards'.

7. 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.

Appendices:

Appendix 1	Progress Against November 2019 Workforce Review Actions
Appendix 2	Summary Workforce Review Narrative by Service
Appendix 3	Appraisal Feedback (by Key Themes)
Appendix 4	Sickness Benchmarking Data
Appendix 5	Sickness Measure by Staff Group
Appendix 6	Stepped Approach Support for Staff
Appendix 7	Exit Questionnaire Feedback
Appendix 8	Continuing Professional Development Activity 2019/20
Appendix 9	Annual Trust Development Plan
Appendix 10	WDES Comparison
Appendix 11	WRES Comparison
Appendix 12	Gender Pay Gap Report
Appendix 13	EDS2 Workforce Objectives
Appendix 14	Summary of Current Apprenticeships
Appendix 15	Student Placements 2019 – 2020