

## TRUST BOARD

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Title:	<b>TRUST-WIDE WORKFORCE REVIEW</b>
Action:	<b>FOR NOTING/DISCUSSION</b>
Meeting:	<b>24<sup>th</sup> NOVEMBER 2021</b>

### **Purpose:**

This workforce review provides the Trust Board with an update and understanding of the actions in place to retain and secure our workforce and how we have been supporting our people since the last report in March 2021.

The service level bi-annual workforce reviews and subsequent Trust wide summary board report are usually undertaken in time for presentation to the Board in May and November each year. However, during Covid-19, the reports have been compiled by the workforce team directly to enable our clinical services to concentrate on operational delivery.

During the pandemic, our Clinical Operational Boards have continued to take place, reviewing workforce key performance indicators to support Board assurance.

### **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 others	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 People 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

NHS People Promise and People Plan

## Previous Papers:

Title:	Dates Presented:
Bi-annual Workforce Review	November 2019, July 2020 and March 2021

## Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
To support the development of a Trust wide Anti-Racism Strategy and OD plan	This report outlines the Workforce Diversity and Inclusion activities and feedback from the Cultural Diversity Staff Network							
To finalise the roll out of reverse mentoring as part of all in house development programmes	The paper describes work to support mentoring							
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve	Not included in this report							
We will ensure that the recruitment of our volunteers is from the diverse communities they serve	Not included in this report							
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 current workforce issues with a key focus being on the impact of Covid-19, workforce planning, supply and retention.

## 2. ATTRACTING STAFF

2.1 The Trust recruited 153 substantive and 33 bank staff between 1 April and 30 September 2021 (excluding those who transferred in with the Norfolk Speech and Language Therapy [SaLT] service) and since November 2020, we have recruited over 2000 workers, through a range of routes, to work in our Large Scale Vaccination (LSV) centers. Over 4000 volunteers have also supported service delivery.

The Trust continues to experience recruitment challenges for a variety of reasons.

The key areas of challenge continue to be:

- Luton - District Nursing; Health Visitors, School Nurses, Audiologists and specialist safeguarding roles; Community Paediatrics;
- Dental – Dental Nurses in South Cambridgeshire;
- Cambridgeshire and Norfolk Children's Services - Health Visitor and School Nursing and Community Nurses, Speech and language therapists and support and administrative staff.

2.2 The Trust continues as the lead provider of the LSV programme across both Cambridgeshire and Peterborough and Norfolk and Waveney. The Trust has recruited upwards of 1200 staff per county on a variety of employment/contract models, most workers however are only available to work limited hours.

Initially, significant numbers of Trust staff were internally redeployed for some or all of their time to support the vaccination programme whilst the external recruitment programme gained momentum and overcame initial logistical challenges. The majority of individuals have now returned to their normal role.

Recruitment is ongoing across both systems. Roles include registered nurses and allied health professional staff, vaccinators, administrators and volunteers. The staffing needs continue to be regularly reviewed to reflect the changing needs of the vaccination programme.

2.3 To attract and retain staff, a number of local Recruitment and Retention Premia (RRP) are in place and the effectiveness of these is regularly reviewed. RRP are a salary premium payable under national NHS terms and conditions where there is evidence of hard to recruit roles in a locality. Where these are in place, they are paid to both newly recruited and current staff working in those roles in that locality. Payments are made where a business case has been considered that payment would aid recruitment and/or retention in hard to fill roles.

RRPs were last reviewed in August 2021. The outcome of that review is detailed below:

- **Health Visitors in Luton** – to continue with the RRP for a further 12 months;
- **School Nurses in Luton** – to continue with the RRP for a further 12 months;
- **Health Visitors in Wisbech** – to continue with the RRP for a further 12 months;
- **Audiology in Luton** – to continue with the RRP for a further 12 months;
- **Band 6 Health Visitors in Cambridge City and Doddington** – RRP extended to cover these roles.

- 2.4 A service redesign programme to develop our in-house recruitment provision into a fully end to end recruitment function is still planned. As part of this the Trust will also implement a tried and tested recruitment administration system, TRAC. A project to implement this is in place and it is due to go live in early 2022. This will both streamline the work of the recruitment administration function and give appointing managers direct access to real time information.
- 2.5 Flexible working/job share continues to be promoted in the majority of our adverts. In addition services are being encouraged to advertise and offer relocation assistance and the Trust's policy has been revised to be more inclusive. Services are supported to make use of social media and less traditional NHS places to advertise as this is not always the place potential applicants will look, e.g., administration or corporate roles. Adverts have also been updated to encourage applicants from diverse backgrounds. Work is also underway to learn the lessons from the NHS wide 'If Your Face Fits' review of discrimination in recruitment practices, so that we can act to further improve our non-discriminatory practice. Detail of our internal review and proposed next steps is attached at **Appendix 1**.
- 2.6 To support Luton Adult Services we have joined a collaborative bid with the London Collaborative and East London Foundation NHS Trust to recruit 10 international nurses during 2022.
- 2.7 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.
- 2.8 The Trust has hosted several trainees over recent years and successfully appointed former graduate trainees to substantive roles. The Trust has agreed to work with the BLMK ICS to offer a placement for a general management trainee in Luton Adult Services and an individual is on placement with the team now.
- 2.9 We continue to appoint staff using a values-based recruitment process with application forms including a values-based question to aid shortlisting. We also encourage other selection methods including relevant practical tests, presentations and in some services, patient/service user involvement.
- 2.10 Work continues to explore the greater involvement of service users in the selection process with service users often part of stakeholder panels or interview panels.
- 2.11 Both MS Teams and telephone interviewing has been used successfully during the pandemic.
- 2.12 We are currently looking to procure a new Occupational Health provider from April 2022 and are working with other local NHS Trusts on this.
- 2.13 The Trust continues to recruit and support staff undertaking professional training, including, Health Visitor, School Nursing, District Nurse Nursing and apprenticeships. There are a mix of internal and external appointments and these form part of our workforce supply solution identified in the services workforce plans. From October 2021 we have moved to guaranteeing a permanent role to all successful Health Visitor and School Nursing students on completion of their programme.

### **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 54%\* of our staff will still be below their earliest retirement age in 10 years' time and therefore retaining them is as important as attracting new staff. Much of this report includes the support the Trust offers

to encourage staff to stay, by engaging with them, listening to and acting on their feedback, treating them with dignity and respect, supporting 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 54% of our current workforce still in work in 10 years' time if we successfully retain them.*

### **3.1 Appraisals**

3.1.1 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.

3.1.2 Staff are asked to give confidential feedback on the quality of their appraisal conversation, including how it helps them perform in their role. 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 documentation and training.

Key highlights from the feedback received are:

- 93.7% of staff agreed or strongly agreed that their appraisal was a positive experience;
- 95.9 %of staff agreed or strongly agreed that they were given the opportunity to express themselves openly;
- 95.7% reported having the opportunity to discuss their personal health and wellbeing;
- 96.8 % reported having the opportunity to discuss their career and training aspirations.

### **3.2 Training and Development**

3.2.1 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 (70), learning from others (20) and a smaller level of taught/traditional/classroom learning (10).

3.2.2 The Covid-19 pandemic and the move towards different ways of working as a result has created a catalyst to reconsider 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, step on up, team development session, leadership forum and corporate induction via Microsoft Teams. The Communications Team has also created a VIMEO channel for online learning sessions that are recorded, to create a resource for learners to revisit at a later date. Chrysalis 11 has begun in November 2021, with early workshops being run virtually until we feel it is safe to resume face to face.

3.2.3 The Training Team are continually developing their skills in delivering online and virtual training and are reflecting on the evaluation feedback and learning so far. To support this new way of learning, we have developed further our online and virtual training offer and to upskill other staff (Train the Trainer), such as the Service Redesign and Safeguarding Teams.

3.2.4 The Training Team have delivered training via MS Teams since the start of the pandemic, including Trust Induction. Evaluation of online training delivered during Covid-19 is being carried out. Feedback indicates that the use of technology has meant staff can join training from any location, increasing networking opportunities and is helping to breakdown 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.

3.2.5 The following programmes have continued throughout on MS Teams:

- Care Certificate (all modules);
- Chrysalis 10 Action Learning Sets groups;
- Coaching and mentoring support;
- Functional skills;
- Induction (virtually);
- Making the Difference bespoke training;
- Personal Resilience (Power Skills);
- Step On Up.

Since September 2020 on MS Teams, we have re-introduced:

- Amazing Managers;
- Appraisal training;
- Big 9 diversity mentoring;
- Coaching Conversations;
- Delivering Online Training - Train the Trainer;
- Drop-in Question and Answers for new staff;
- Group Myers-Briggs Type Indicators (MBTI);
- Personal development;
- Positive conversations and mindset have been embedded into all group training and making the difference training;
- Mental health first aid refresher training.

We also introduced a coaching apprenticeship programme and held a virtual Chrysalis (Cohort 10) graduation ceremony. In addition, Myers Briggs and 360 assessments and feedback (via Teams) restarted in July 2020 for teams and individuals.

3.2.6 When staff capacity permits, we will reintroduce the following training:

- Compassionate teams (in a revised format);
- Performance mentoring and leadership;
- Work experience (school aged young people);
- Chrysalis - Cohort 11 (planned for November 2021);
- Step on Up – Cohort 6 (planned for December 2021).

3.2.7 The Training Team are reviewing which training to continue to deliver online going forward (to reduce travel expenses and time, and to share learning and break down barriers across the localities). Feedback from learners indicates that MS Teams learning lends itself well to small group learning such as Action Learning Sets, Care Certificate workshops, 1:1 coaching, Making the difference (with small teams) and appraisal training.

### 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.

The 2021 SOS is currently taking place and at the time of writing our Trust wide response rate is at 48%. The survey period closes on 26<sup>th</sup> November. Percentage breakdown by teams are as follows:

- Ambulatory – 49%
- Bedfordshire and Luton Adults – 47%
- Bedfordshire Children’s – 45%
- Cambridgeshire and Norfolk Children’s – 46%
- Corporate – 73%
- LSV – 46%
- Luton Children’s – 43%

We have implemented the improvement actions from the 2021 survey and a summary of this is detailed below.

<b>2020 Survey Improvement Plan</b>	
<b>Area for Improvement from 2020 Survey</b>	<b>Actions Taken</b>
To address the feedback on staff satisfaction with the quality of care they give, which fell slightly from the 2019 survey	<ul style="list-style-type: none"> <li>• Short survey of clinical staff undertaken and feedback shared with staff;</li> <li>• Two key responses from staff on their reasons for feeling this were:               <ul style="list-style-type: none"> <li>○ Not having enough staff to do the work;</li> <li>○ Impact of changing from face to face to digital consultation.</li> </ul> </li> <li>• The Quality Team will continue to work with services on actions.</li> </ul>
To address the feedback of staff experiencing work related stress	<ul style="list-style-type: none"> <li>• Review of any suitable e-learning packages available for managers;</li> <li>• Living our values to be built into the Trust’s Civility and Respect OD Plan;</li> <li>• Communications Plan to remind staff of the support available to them and promotion of the My Employment Passport;</li> <li>• On-going manager development and case studies to be included in Amazing Managers;</li> <li>• Ongoing review of policy and tool kit to ensure it is proactive and user friendly.</li> </ul>
To address the feedback on staff experiencing MSK problems	<ul style="list-style-type: none"> <li>• Re-publicising the MKS Rapid Access Service to support staff;</li> <li>• Review and update of Remote Working Policy and guidance, with advice/input from MSK service;</li> <li>• To work with staff network for ideas on support;</li> <li>• Article in Autumn 2021 Live Life Well newsletter on back care;</li> <li>• Funding allocated for additional staffing in the Rapid Access Service available to staff</li> </ul>

Other	<ul style="list-style-type: none"> <li>• Review of Zero Tolerance to Violence aggression abuse posters for public facing sites, thanking people for treating staff with civility and respect.</li> <li>• Widening of the scope of the My Employment Passport to incorporate all events that have an impact on staff, not just those with long term conditions.</li> <li>• Staff-led Cultural Diversity, Long Term Condition and Disability and LGBTQ+ Networks to help create a safe and inclusive working environment.</li> </ul>
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### 3.4 Flexible Retirements/Retire and Return

The Trust continues to offer 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 for other staff. Guidance is available for managers and staff on the different flexible retirement options.

#### 3.4.1 Return To Practice

The Trust has introduced a process to support former NHS professionals wishing to return to practice. In the past we have supported requests for placements as part of an individual's return to practice, on an ad hoc basis. We are now moving to having a formal intake (if there is sufficient interest) on a regular basis in line with our local Higher Education Institutes (HEI) return to practice programmes.

During the pandemic, the requirements for the formal re-training were relaxed to help support the NHS, and we want to build on the interest this generated to support those wishing to return to the NHS longer term.

### 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 have been affected by the Covid-19 pandemic, to some extent due to cases of Covid, however over the past 6 months more are related to the cumulative impact on our staff of working through the pandemic.

Managers continually review the support being provided. 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;
- our 'Stepped Approach' - Psychological support offer to staff during Covid-19;



- higher level psychological support offers from neighbouring Mental Health Trusts;
- launch of Health and Wellbeing Champions and their support network event (January 2021) and closed Facebook group;
- appointing a NED Wellbeing Guardian;
- medical director; chief nurse and director of workforce conversations with managers and staff;
- supporting managers to have wellbeing conversations and a focus on their teams' wellbeing as part of their management responsibilities.

Line managers and the HR Team support the Trust's personalised approach to managing staff attendance, supporting a focus on the individual and their personal circumstances rather than on an impersonal application of policy. Reducing sickness absence levels across the Trust remains a key focus of work and for some teams is a big challenge/pressure point.

The Trust, along with the rest of the NHS, has taken a supportive approach to staff either unwell with or isolating with Covid-19, as well as those self-isolating because of contact with others and those shielding due to underlying health conditions.

### **3.6 Analysis of Trust Sickness Levels/Reasons**

The HR Team undertake periodic deep dives, as required, on the reasons for absence 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 2** which details the reasons for sickness absence and measure by staff groups for September 2021.

### **3.7 Supporting our Staff to Maximise their Health and Wellbeing**

3.7.1 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.

3.7.2 We support managers and staff through guidance on workplace 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 we could make to support staff in general.

3.7.3 Supporting the mental wellbeing of staff remains our priority with successful Mental Wellbeing Weeks which help to raise the profile of paying attention to your own mental wellbeing. This work has continued during Covid-19 with expert input from clinical physiologists in our 'stepped offer' of mental wellbeing and psychological support.

Feedback from staff has informed our mental wellbeing support offer to staff. Based on this feedback 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. We used the 2021 week to signpost staff to the wealth of advice, guidance and support available.

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 Trust's Emotional Health and Wellbeing Team and Clinical Psychologists have offered additional support to complement our Covid-19 'Stepped Offer' which recognise that different staff will have different needs at different times during the Covid-19 epidemic based on their own personal circumstances.

- 3.7.4 We continue to offer personal resilience training to all staff and bespoke support to individuals and teams going through organisational change and this has been successfully run virtually.
- 3.7.5 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.
- 3.7.6 Optima provide the majority of our occupational health services and we also have an Employee Assistance Programme (EAP) in place 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 for OH services and EAP remain in place for staff working in Luton which are effective and well received by staff and are provided by the Luton & Dunstable Hospital. We are currently in a procurement process to appoint an OH provider when the Optima contract ends on 31 March 2022.

### **3.8 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. A summary of the Stepped Approach Support for Staff is attached at **Appendix 3**.

In addition to our in house stepped offer, the Trust signposts staff to offers of support both locally and nationally including the National NHS help line run by the Samaritans and support from mental health trusts locally for staff to access support should they 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 services have run online 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 Pilate's sessions have also been made available for staff to view online. These have been re-publicised to staff to access via links on the Intranet.

In 2021 the Trust's Remote Working Policy was fully reviewed to support safe remote working in locations other than an office/clinical base.

The Trust fully supported all staff who initially had a shielding letter and continues to support staff to work in a safe way, based on their health and wellbeing needs as well as those of the services.

### **3.9 Live Life Well Programme**

Our staff Health and Wellbeing Live Life Well Programme continues to successfully support staff and below are a few examples of the support in place:

- Recruiting, training and subsequently held refresher training, for Health and Wellbeing Champions in January 2021;
- Bi-annual Health and Wellbeing Newsletter show casing our offer and positive actions by staff, next edition due early 2022;
- 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 weeks;
- 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, a new Menopause Policy and activities on International Menopause Day on 18 October 2021;
- Health and Wellbeing Champions across all services/locations supported through a peer group network.

### 3.10 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 4** 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 new staff in their first 365 days to get feedback on any issues at an early stage. The launch of this was delayed and will start as soon as is practicable. In the interim, all new staff are surveyed on their experience during the recruitment process and on-boarding. This is to help establish if there are any concerns or 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.

When practical, we will start the planned surveys for new staff 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.

### 3.11 E-Learning and Electronic Staff Records (ESR)

- 3.11.1 ESR Manager and Employee ESR Self-Service is now in place across all services. Managers and/or administrators with 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 a 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.

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 the implementation of staff rostering/allocate 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.

The use of ESR to record mandatory training for staff working in Large Scale Vaccination (LSV) has been very helpful in assuring the Trust that staff are trained and working safely.

- 3.11.2 Mandatory training compliance has continued to remain high, and we have reintroduced some Covid-19 safe face to face training in Resuscitation and Moving and Handling of Patients for those staff in roles where this is essential for their own and/or patient safety. The Trust regularly undertakes awareness raising for staff in whistleblowing and freedom to speak up and the role of Freedom to Speak Up Champions. All mandatory training requirements are now reestablished.
- 3.11.3 Following the national announcement of autism awareness becoming mandatory training for NHS staff, the Trust was working with another provider on a pilot to deliver this although this has not progressed during the pandemic.

### 3.12 Professional Development

- 3.12.1 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 April 2021 and 30 September 2021 is attached as **Appendix 5**.

Since April 2021, CPD activity has started to increase but is not back to pre-Covid-19 levels yet, this may be due to services capacity to release staff as well as staff possibly being fatigued from the pressures of Covid-19 working. There is starting to be an increase in the number of study leave requests for both long and short courses as well as for attendance at professional conferences. Higher Education Institutes and other training providers continue to offer a blended approach to course delivery.

- 3.12.2 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 learning experience

with the Trust, with the aim that students see the Trust as an employer of choice after they qualify.

3.12.3 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. During 2021, unregistered staff within the LSV Service have been encouraged to access either the Trust or HEE provided Care Certificate. So far 10 staff have completed the Trust provided care certificate and a further 32 are working towards completion. 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 who have expressed an interest in expanding their knowledge with a view to applying for clinical roles in the future. The Training Team has reviewed delivery and assessment as part of the Care Certificate, and this is currently being rolled out to ensure a timely uptake, greater pastoral support and earlier identification of any individual needing additional support.

#### 3.12.4 Medical Staff Development

The focus of Medical Education is moving towards Covid recovery and resuming more face-to-face training. Health Education England East of England (HEE EoE) has not required us to provide an Annual Trust Development Plan for 2021, we have however been allocated some Covid recovery funds to support the learning needs and wellbeing of our trainees. We were initially not included, due to our low numbers of trainees, but have now submitted a plan and are awaiting the funds. Some of the money will be used to support Educators and provide additional training on remote supervision, as remote consultations remain part of routine service provision. Trainees' supervision and experience has remained good as per trainee feedback from the General Medical Council Survey.

Within the Trust the Staff Grade Associate and Specialty Doctors (SAS) tutor continues to be successful in bidding to provide excellent educational events for SAS doctors (both within our Trust and other local providers) and proposals for further education days have received funding from HEE and is supported by the SAS committee and administrative support is provided by the Training and Education Department. The group has also completed a survey of the SAS doctors, developed an SAS induction pack and disseminated relevant information such as national developments and contract discussions. The current post holder is planning to step down from this role. There are currently discussions about splitting the SAS tutor role into SAS tutor and SAS ambassador as many other NHS trusts have done because the job role has expanded.

The Trust remains the only provider of higher specialist training in Genitourinary (GU) Medicine and Community Sexual and Reproductive Health (CSRH) in the East of England, with 4 specialist training posts, 2 in CSRH and 2 in GU Medicine based at Norwich and Cambridge (one each per specialty). There is currently only one Genitourinary Medicine trainee in program regionally, and she is based at iCaSH Norwich. Our Cambridge trainee has successfully completed her training and taken up a consultant post at iCaSH Peterborough.

As a result of a national review of physician training and the need for more general physicians, GU Medicine training will become dual accredited with General Medicine for all trainees starting from August 2022. This means that the trainees need to complete General Medical competencies within a hospital trust as well as those in Sexual health. Over the 4-year training period 12 months will need to be spent in a general medical post and also participating in emergency admissions/out of hours care. Exact arrangements are at the discretion of the local Training Programme Directors (TPD) (between GU Medicine and internal Medicine), but funding may not be provided by the acute trust for this time.

There are currently significant recruitment issues in GUM related to the effects of commissioning and forthcoming change of curriculum. Our DoME is the Regional Training Programme Director for GUM.

Both of the regional trainees in CSRH are employed by CCS. They are both in their 4<sup>th</sup> year (of a 6-year training programme). Initial training was in gynaecology within the acute trusts. The curriculum is overseen by the Faculty of Sexual and Reproductive Health, which is part of the Royal College of Obstetricians and Gynaecologists.

There are 2 GP training posts within iCaSH, one based at Abbey View Clinic, and one based at Great Yarmouth, these are now split 50:50 with General Practice placements. The GP posts are part of the national expansion of General Practice training which focusses on community placements, and 2 further posts have been agreed at Peterborough and King's Lynn. In addition, there are 2 GP trainees who are attached part time to Community Paediatrics in Cambridge, one post in Huntingdon and 2 further part time GP trainees in Luton. The Trust has been approached to see if we have capacity to develop further innovative posts (which could attract full funding) across any of our services, for example there is also scope to develop innovative new rotations with a rehabilitation or musculoskeletal focus, or in Community Paediatrics.

We have one foundation trainee working within Community Paediatrics and another post at Hinchingsbrooke which should be more community focused. There is a forthcoming expansion of Foundation posts, numbers yet to be confirmed. This aligns with increases in medical student numbers and could be up to 40 posts (although the distribution is uncertain less are likely to be allocated within Cambridge and Peterborough as staffing is better than elsewhere in the region). Foundation posts are usually fully funded for salaries via HEE.

Within the Foundation school a generalist curriculum is being developed and we have been approached to be involved in trial rotations. There will be an opportunity to shape rotations as part of a national pilot, developing longitudinal experience across specialities, for example iCaSH with Women's Health and Obstetrics and Gynaecology, or a child centered themed rotation.

There are currently 4 Community Paediatric posts within the Trust at Cambridge and Huntingdon. In addition, we provide training in Community Paediatrics for trainees based at Luton and Dunstable and Bedford Hospitals. Some of the Covid recovery monies have been allocated to provide further autism assessment training, as capacity this has been impacted by the reduction in face-to-face clinical exposure.

We support undergraduate medical training from a range of HEI's:

- University of East Anglia (UEA): iCaSH currently provides clinical teaching and placements for medical students from UEA. This year sees an increase from 3 to 4 cohorts prior to the increase in student numbers in 2022-2023. Dr Edwards has been appointed as an Honorary Lecturer at UEA in recognition of her involvement in quality assurance and the development of teaching across iCaSH. She has been involved in the updating of learning outcomes with UEA and coordinating the development of a blended learning resource package to support 1 day of training in iCaSH. We have recently piloted this, and initial feedback from the Suffolk cohort has been very positive.
- University of Cambridge: One of our Doctors is involved in student lectures on sexual Health for Cambridge undergraduates but there are no clinical placements within iCaSH. More recently we have been approached for elective experience and are exploring this. The DoME has a forthcoming meeting with the Clinical Dean to discuss clinical exposure to Sexual Health for Cambridge students.

In Community Paediatrics, as well as lecturing on childhood development and assessment and on common neurodevelopmental conditions in children and their management (for year 4 and 5 medical students respectively), we have recently designed and arranged the paediatric experience block within community paediatrics for the Year 5 medical students placed in Cambridge including preparation of additional learning materials and one of our doctors is an honorary associate lecturer within the Clinical Medical School, Director of Studies for Girton clinical medical students and 5 are examiners for the clinical school paediatric examination. Additional clinical teaching on the postnatal wards is provided along with supervision of special study projects for undergraduates.

In addition, iCaSH Milton Keynes has historical links with University of Buckingham Medical School (this is an independent medical school and not covered by the Learning and Development Agreement (LDA) funding) and has previously hosted 3 students from the University of Oxford during their Gynaecology rotation, but they have not been approached to take students recently.

The following are examples of achievements in Medical Education within the Trust.

<b>Achievement</b>	<b>Staff member involved</b>
Joint publication with medical student as first author on paper in 2020	Dr Tamsin Brown
Royal College of Paediatrics 2021 student prize (from the Student Selected Component (SSC) project and publication - the student also went on to take a research post as part of her foundation year when she qualifies this year)	Dr Tamsin Brown
Two articles for BATOD (British Association of Teacher of Deaf) flagship magazine – co-written with student	Dr Tamsin Brown
Medical student and pre-med student separately involved to support another digital health project this year on DigiBel	Dr Tamsin Brown
Medical student involved in trialing digital health apps for clinics for children with Down Syndrome	Dr Tamsin Brown
Cambridge University Paediatric Society (CUPS) - after teaching on their 2021 course about digital health	Dr Tamsin Brown
Put forward for an excellence award in teaching from Cambridge University 2019 (at recommendation of CUPS)	Dr Tamsin Brown
University of Lancashire lecture on their digital health Master of Science (MSC) (and honorary Lectureship)	Dr Tamsin Brown
SAS doctor development and training days (excellent evaluation)	Dr Tamsin Brown (and SAS group)
Development of Paediatric experience block for Cambridge University (approached by Dr Emile Hendriks)	Dr Katie Burton
Designed, supported and supervised 1 or 2 SSC projects (selected student component projects) each year. Projects have all been presented at regional meetings and	Dr Katie Burton

most have resulted in abstracts being accepted for national paediatric meetings	
Co-supervised a PhD project through the London School of Hygiene and Tropical Medicine (LSHTM) which has now been successfully completed and submitted.	Dr Katie Burton
Director of Studies for Girton clinical medical students	Dr Katie Burton
Supervised 2 GP trainees in quality improvement and audit projects which have been presented to Commissioners as posters at national meetings	Dr Sarah Edwards
Honorary Lecturer position at University of East Anglia in recognition of curriculum development and quality assurance work	Dr Sarah Edwards
Involvement in successful curriculum redevelopment for GU Medicine (now approved by the GMC)	Dr Sarah Edwards
Foundation school 'Community Careers' symposium - this has now run twice with excellent feedback	Dr Katie Burton, Dr Adele Humphries, Dr John Greenall, Dr Sarah Edwards, Dr Deepa Agarwal, Dr Jane Sams, Dr Emma Lincoln

### 3.13 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. 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 (My Employment 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.

Close partnership working has continued during the pandemic and our regular Joint Consultation and Negotiating Partnership meetings have continued to take place and have included updates to staff side representatives from the Medical Director and Chief Nurse on Covid-19 risk assessments and staff vaccinations as well as business as usual work.

### 3.14 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 oversees 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 2021/22 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.

In light of Covid-19, supplementary support information and advice has been in place during 2020 and 2021 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 partners on additional mental health services to support staff who may experience mental ill health as a result of Covid-19.

The Trust has now launched our staff Health and Wellbeing Champions Programme, with over 40 staff who have an awareness of support available to staff to signpost colleagues, including how to access mental health support (having received some mental health first aid light training).

To support the NHS People Plan delivery, Wellbeing Guardians have been introduced in all NHS trusts, with a Non-executive Director level role as guardian which Anne McConville is undertaking. Two further roles are also included, the Trust is already ahead of the national agenda with these roles. One is Health and Wellbeing Champion and the other is line managers taking a leading role in staff wellbeing. We have already inbuilt into line managers practice, conversations on staff wellbeing at both management supervision meetings and at appraisals, as well as embedding this as a core skill for managers in our development programmes. Through the bi-annual workforce reports to the Board and through the Staff Opinion Survey and LLW action plans we will give assurance, via the Health and Wellbeing Guardian to the Board, that we have the wellbeing of staff as core to the organisation. The Health and Wellbeing Guardian's 9 principles are:

1. The health and wellbeing of NHS people will not be compromised by the work they do.
2. The Board and guardian will check the wellbeing of any staff member exposed to distressing clinical events.
3. All new staff will receive a wellbeing induction.
4. The NHS people will have ready access to self-referral and confidential occupational health services.
5. Death by suicide of NHS people will be independently examined.
6. The NHS will ensure a supportive safe environment to promote psychological, and physical wellbeing.

7. The NHS will protect the culture and spiritual needs of its people, ensuring appropriate support is in place for overseas NHS people.
8. Necessary adjustments for nine groups under the equality act 2021 will be made.
9. The wellbeing guardian will suitably challenge the Board.

### 3.14.1 Diversity Reports and Objectives

#### 3.14.1.1 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, and we have published annually since then.

The 2020/21 objectives, listed below, were all achieved.

#### **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, as a result of 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. The Adjustments Passport was updated in 2021 to become My Employment Passport to cover any work adjustments, not just those related to having a disability.

#### **WDES Objectives 2021/22**

In October 2021, the Trust published its 2021 WDES Data and Action Plan which is overseen by the Workforce Diversity and Inclusion Group.

The actions are listed below and the full Workforce Diversity and Inclusion Action Plan can be found at **Appendix 6**.

We will:

- seek to have a workforce at all pay bands and roles which is representative of our workforce;
- continue to promote the value of reporting disability status through positive actions e.g., My Employment Passport, to agree reasonable adjustment, Covid-19 risk assessments and support to work in Covid safe environments and access to any work kit to support staff in work;
- implement key finding from the No More Tick Boxes and If Your Face Fits reviews (of discrimination in recruitment practices);

- train all staff involved in recruitment in Anti Discriminatory Practice;
- promote the support available to managers and disabled staff to enable them to undertake roles;
- continue to seek to resolve all formal employee relations cases informally where possible;
- implement the NHS Violence Prevention and Reduction Standards;
- raise the profile of our stance against HATE Crimes through the Tackling Violence and Aggression (from Members of the Public) Policy;
- seek to address an increase in disabled staff experiencing bullying and harassment and discrimination from their managers;
- promote understanding by reviewing, updating and re-sharing our guidance on supporting disabled staff to increase understanding of differences;
- review training to see if it is still fit for purpose to address understanding between non-disabled and disabled staff;
- implement our civility and respect OD implementation plan. We will work with our staff networks to promote opportunities including options to use shadowing and secondments to support career development;
- continue to support staff to maintain a reduction in staff feeling under pressure to attend work when feeling unwell and use remote working to the maximum to support disabled staff;
- work with our Long Term Conditions and Disability Staff Network to learn from their experiences;
- continue to promote the CCS My Employment Passport for all.

### 3.14.1.2 The Workforce Race Equality Standards (WRES)

Our 2019 WRES Action Plan was published in September 2019 and has been published annual since.

The 2020/21 objectives, listed below, were all achieved.

#### **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.

Zero tolerance posters, policy and awareness raising has been reviewed by the Health and Safety Group and is regularly discussed with staff side and at the BAME Network which is now well established and has been renamed as the Cultural Diversity Network. The Trust is targeting and supporting BAME staff to access internal and external training opportunities and once in house leadership programmes re-start, BAME mentoring will be introduced.

In addition, we are supporting BAME staff from across all localities to take part in BAME staff development programmes including Strength Coaching and BAME Mental Health First Aider training. Both courses started in March 2021 and are delivered as Train the Trainer. The training and development team will support these members of staff to cascade their learning on completion.

In October 2021, the Trust published it's 2021 WRES Data and Action Plan which is overseen by the Workforce Diversity and Inclusion Group.

The actions are listed below and the full Workforce Diversity and Inclusion Action Plan can be found at **Appendix 7**.

We will:

- continue to promote diverse panels and the positive role of BAME panel members through feedback and work with the Cultural Diversity Network;
- implement learning from the No More Tick Boxes and If Your Face Fits reviews (of discrimination in recruitment practices);
- train all staff involved in recruitment in Anti Discriminatory practice;
- seek to eliminate any bias experience by BAME applicants in CCS by training those involved in anti-discriminatory practice;
- build on the improvements by increasing the number of cultural ambassadors;
- introduce See Me First Champions;
- develop a Civility and Respect OD Plan and implement actions identified;
- seek to eliminate the gap by promoting training and development opportunities via the Cultural Diversity Network and further roll out of diversity mentoring;
- support the development and implementation of a Trust wide Anti Racism Strategy;
- implement the NHS Violence Prevention and Reduction Standards;
- raise the profile of our stance against hate crimes through the Tackling Violence and Aggression (from Members of the Public) Policy;
- promote understanding by reviewing updating and re sharing our cultural awareness information to increase understanding of different cultures;
- review our training to see if it is still fit for purpose;
- work with our Cultural Diversity Network to promote opportunities including options to use shadowing and secondments to support career development and learning;
- promote and widen the use of diversity mentors starting with our in-house Leadership development programs;
- seek to have a Trust Board which is representative of the population we service and the staff we employ;
- continue to widen our mentoring and reverse mentoring for board members.

The Tables at **Appendices 6 and 7** provide a comparison of the WDES and WRES data over the last 3 years.

#### 3.14.2 BAME Representation on Recruitment Panels

Agreement was made in December 2019 to move all our recruitment activity in house from April 2020. This enabled 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.

#### 3.14.3 Recruitment Training

The Recruitment and HR Teams have provided additional recruitment (including anti discriminatory practice) training.

#### 3.14.4 Coaching and Mentoring

The Trust continues to promote coaching, mentoring and our 'Big 9' mentoring programme.

Whilst the formal launch of our 'Big 9' programme 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.

#### 3.14.5 Staff Networks

Cultural Diversity, Long Term Conditions and Disability and LGBTQ+ networks are now established, and further networks will be established as identified by staff.

#### 3.14.6 Gender Pay Gap

The 2021 Gender Pay Gap report was published in October 2021, based on our gender pay information in 2020. The report is attached at **Appendix 8**.

The Objectives agreed in 2020 are rolled over into 2021 as they remain areas for the Trust to work on to help to narrow its gender pay gap.

#### 3.14.7 Equality Delivery System 2 (EDS2) – Workforce Objectives

The 2020/21 Workforce EDS2 Objectives were

*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.*

These were reviewed in April 2021, and the 2021/22 two Workforce objectives below were agreed by the Board in July 2021.

- *To Support the development of a Trust wide Anti-Racism Strategy and OD Plan;*
- *To finalise the roll out of reverse mentoring as part of all in house development programmes.*

#### 3.14.8 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. We are currently recruiting 3 new Ambassadors who will be fully trained before taking up this role.

## 4 **WORKFORCE MODELLING**

Staff rostering system has been rolled out within our LSV services and is currently being rolled out in Luton Adults and a Trust-wide plan will be agreed following this implementation.

### 4.1 **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 integrated governance report). Our current volume of agency workers is approximately 56 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. There has been an increase in the use of agency for LSV. This has included corporate and operational support e.g., rota coordinators.

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.

## 4.2 **Apprenticeships and Growing Our Own**

All services are currently viewing apprenticeships as one way to help meet their future workforce supply needs. For example, Cambridgeshire and Peterborough Health Child Programme (HCP) have recently recruited 6 Assistant Practitioner Apprentices (4 employed by CCS) on a 5-year pathway to become Health Visitors/School Nurses. Norfolk HCP have similarly recruited 2 Assistant Practitioner Apprentices to become qualified Assistant Practitioners. These initiatives are new for these areas and are a response to difficulties they have experienced when trying to recruit qualified staff.

Our apprenticeship numbers have continued to grow throughout the pandemic. We had 34 new apprentices start since September 2020 both clinical and non-clinical. The apprenticeship application process, tutor meetings and formal learning have moved online for the majority of our apprenticeships although some HEIs are now moving back to face to face learning.

Covering the study time required remains a key challenge and is a barrier to manager's supporting existing staff to undertake 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. 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.

New apprenticeships such as Customer Service Practitioner, Team Leaders and Coaching Professional have been launched within our Trust and we have taken part in system commissioned apprenticeship cohorts such as the Operational Manager and Senior Leader.

The Training and Education Team continue to investigate new apprenticeships and training providers that meet the training needs of individuals and support workforce plans.

As part of the levy funding rules, we can choose to transfer up to 25% of our funds to pay for apprenticeship at another employer. In December 2020 we started our first levy transfer to support a GP at The Spinney Surgery in St Ives to undertake the Level 7 Senior Leader Apprenticeship and we are now supporting 3 further apprenticeships via levy transfer in Cambridgeshire and Norfolk. We will continue to assess levy transfer requests as we receive them and will choose to support when the request is supporting our local health systems.

The Trust is participating supports staff to achieve a Level 2 Functional Skills qualification in English and/or Mathematics as this is a requirement for all apprenticeships. Staff can access functional skills classes through a range of local training providers or a self-study option is now available using Basic and Key Skills Builder (BKSB) for assessment and learning and then Open Awards for the exams. This process is administered by the Training and Education Team and is funded by HEE until 2024.

#### 4.2.1 Summary of Apprenticeships

The Trust currently has 57 staff undertaking apprenticeships. A Summary of Current Apprenticeships is attached at **Appendix 9**.

The Government's 'Kickstart' scheme is where the Government funds work placements for young people at risk of long-term unemployment. 16 Kickstart placements were identified from Dental Services, Bedfordshire Children's Services, Service Redesign, Dynamic Health and Governance. We have worked with the Job Centre to promote the vacancies, but the applicant rate has been low, similar to the experience of other NHS trusts. Once the Kickstarters are in post, we will work in partnership with Form the Future, a social enterprise in Cambridge, who will provide remote employability skills training to the young people.

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. Staff are able to access functional skills classes through a range of local training providers or a self-study option is now available using BKSB for assessment and learning and then Open Awards for the exams. This process is administered by the Training and Education team and is funded by HEE until 2024.

#### 4.2.2 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 experiences. The numbers of students offered placement during 2020/21 is detailed in **Appendix 10**.

Clinical placement areas continue to support placements using a mix of digital learning alongside face-to-face placement activity. Safe car sharing has been reinstated and this has eased some of the pressures around students working with their supervisors and assessors. Student feedback is received from Anglia Ruskin University (ARU) on a regular basis and is shared with the services supporting their students. This includes the positive relating to the placement and support from assessors and supervisors as well as things we could do better. Unfortunately, feedback isn't shared by the University of East Anglia (UEA), and this is being explored to develop the links to gain this feedback as well. (See **Appendix 11** for ARU student feedback).

During June/July 2021 four LSV Centers in Cambridgeshire hosted 3 nursing students from ARU for an eight-week placement. This had a mainly positive evaluation from the students, staff and volunteers with the main criticism (from all involved) being it was too long, and a 2-week placement would be better and as a result of this the LSV service are now able to offer a limited number of placement opportunities across Cambridgeshire, Peterborough (5 places) and Norfolk (3 places). (See **Appendix 12** for LSV placement feedback).

September 2021 saw 10 Specialist Community Public Health Nursing (SCPHN) students (health visiting) and 2 SCPHN (school nursing) students graduate in Luton and Bedfordshire Healthy Child Programmes (HCP). Of these, 2 health visiting students have not taken up posts in the Trust. This was the last cohort to attend the University of Bedfordshire as they have withdrawn their SCPHN – HV, SN and DN courses and do not have plans to re-instate them. Following this the Luton and Bedfordshire HCPs will send their students to ARU from January 2022.

Norfolk and Cambridgeshire and Peterborough HCPs have 10 health visiting and 1 school nursing students between them who are all due to graduate in January 2022 and have

been offered posts in their HCPs. The students initially needed to adapt to the virtual working environment as there were limited opportunities for home visiting when they started, however they have felt more engaged and able to develop their skills and knowledge once home visiting started again.

Children's community nursing (Cambridgeshire/Luton/Bedford) is recruiting to 4 Health Education England (HEE) commissioned places at the university of Hertfordshire. Two students started in September 2021 and the services have recruited 1 student for January 2022.

Luton Adults have been unable to recruit to their 4 HEE funded district nursing places this year which is disappointing, however, work is underway with the service to identify what more could be done to attract individuals.

A Trust wide approach to SCPHN recruitment has been implemented this year and this is ongoing. Students will attend either Anglia Ruskin University or the University of Suffolk and will start January 2022. The HEE scoping exercise for HEE funded commissioned places for 2022/2023 has been completed and the services have now completed their recruitment campaigns.

In September 2020 the Trust was successful in the bid to secure funding from HEE for the Clinical Placement Expansion Programme to increase placement capacity for first year nursing students (September 2020 cohorts). The funding has been used to recruit a Professional Education Facilitator (PEF) whose remit is to support first year nursing students in their clinical placements. This post is a one-year secondment and the post holder commenced 18 October 2021 (there was a delay in utilising this funding due to Covid restrictions and difficulties recruiting to the post).

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

<b>HEI</b>	<b>COURSE</b>
<b>UNIVERSITY OF BEDFORDSHIRE (UOB)</b>	Pre-Registration Nursing Nursing Associate
<b>ANGLIA RUSKIN UNIVERSITY (ARU)</b>	Pre-Registration Nursing PGDip Specialist Community Public Health Nursing (Health Visitor / School Nurse) Nursing Associate Paramedic students Midwifery <b>PROPOSED</b> – Return to Nursing (all NMC fields)
<b>UNIVERSITY OF EAST ANGLIA (UEA)</b>	Pre-Registration Nursing Speech & Language Therapy Occupational Therapy Physiotherapy Psychology
<b>UNIVERSITY OF SUFFOLK (UOS)</b>	PGDip Specialist Community Public Health Nursing (Health Visitor / School Nurse) <b>PROPOSED</b> - Midwifery
<b>UNIVERSITY OF ESSEX (UOE)</b>	Speech & Language Therapy Occupational Therapy Physiotherapy
<b>UNIVERSITY OF NORTHAMPTON (UON)</b>	Orthoptic students Occupational Therapy Physiotherapy
<b>UNIVERSITY OF HERTFORDSHIRE (UOH)</b>	Physiotherapy Dietetic students PGDip Specialist Community Public Health Nursing (Health Visitor / School Nurse) PGDip Specialist Practitioner Community District Nursing
<b>UNIVERSITY OF SHEFFIELD</b>	Orthoptic students



In addition to the above it is proposed that the Trust will begin to work with the University of Brighton and the University of West England (Bristol) to support SCPHN return to nursing programs (RtP). RtP is being explored as a means to fill some vacancies within nursing services and also as a means to contribute towards increasing placement capacity expansion. The University of Brighton offers RtP for SCPHNs who have let their SCPHN and their main Nursing and Midwifery Council (NMC) field lapse and are no longer registered with the NMC, whereas the University of West England offers the RtP module for those on the NMC register but needing to re-register their SCPHN. Anglia Ruskin University offer RtP for all NMC fields and would be used for those only needing to re-new these e.g., adult nursing, children’s nursing, etc.

The Trust continues to engage in two Nursing Associate Partnerships aligned with ICS/STPs:

- Bedfordshire Nursing Associate Partnership Board (NAPB) – BLMK;
- Cambridgeshire & Peterborough Nursing Associate Partnership Board (CAPNAP).

The Trust has also recently joined the Norfolk and Waveney Nursing Associate Partnership Board as Norfolk/Suffolk iCaSH will be taking on trainee nursing associates as well.

#### 4.3 Collaborative Leadership Development Activities with Service Redesign and Organisational Development Leads

The following activities have taken place since April 2020 or are planned to take place:

Service Supported	Aim	Numbers Supported	Ongoing / completed
Beds and Luton CYP, Team Leads Leadership Development	A programme designed to support the development of leaders to lead and engage teams through a culture of compassionate, collective and collaborative leadership that supports continuous improvement and the service improvement programme.	65	Completed
Beds and Luton CYP Senior Leaders Action Learning Set	A programme of ongoing action learning sets that provide a collaborative environment for senior leaders to reflect on building a culture of leading and engaging teams to achieve service objectives that supports service improvement.	15	Ongoing until March 2022
Beds and Luton CYP, Admin Leads Development Programme	A programme to provide leadership development for Admin Leads that supports service objectives to -  Develop a cohesive and effective admin leadership team that works collaboratively with their aligned administration and clinical service teams to deliver safe, effective, high quality patient care.  Contribute to the overall development of an integrated Beds and Luton CYP service by working collaboratively across administrations teams.	21	Ongoing until March 2022
Co-Production Leads Development Programme	A programme of action learning sets designed to consider the role of Co-Production Leads in leading and influencing the development and	6	Completed

	effective implementation of co-production across CCS.		
Luton Adults Development Programme (co-facilitated with OD and System-wide development)	A programme where service leads consider how a culture can be created where staff are trusted, engaged, and empowered to deliver high quality care and importantly, what their role as leaders is in creating this.	18	Ongoing until March 2022
Leadership Support Circles (this system-wide initiative will be co-facilitated by Workforce and OD CCS staff with colleagues in CUH and NWAFT)	<p>An NHSE/I health and wellbeing initiative, designed to support the wellbeing and resilience of leaders and their teams through this sustained period of intense pressure on services and staff. Leadership support circles provide:</p> <p>A space for leaders to come together</p> <ul style="list-style-type: none"> <li>• ...to share experience</li> <li>• ...to be heard, to gain insights and sometimes to work through complex challenges</li> </ul> <p>Similar in approach to Schwartz rounds and Care circles...with the focus on <b>leading services under pressure</b> rather than the patient care experience</p>	unknown	Ongoing until Feb 2022

## 5 Next Steps

We will continue to support our workforce during the pandemic and into recovery, and services will resume biannual workforce reviews of their 5-year workforce plans when they have the capacity to do so.

## 6 Recommendation

The Board is asked to:

- note and discuss the content of this report;
- Identify whether there are any other actions that should be being undertaken.

### Appendices:

Appendix 1	If Your Face Fits CCS Review
Appendix 2	Sickness Measure by Staff Group
Appendix 3	Stepped Approach Support for Staff
Appendix 4	Exit Questionnaire Data Key Issues April to September 2021
Appendix 5	Continuing Professional Development (CPD) Activity April to September 2021
Appendix 6	WDES and Summary Comparison 2019, 2020 and 2021
Appendix 7	WRES and Summary Comparison 2019, 2020 and 2021
Appendix 8	Gender Pay Gap Report 2020
Appendix 9	Summary of Current Apprenticeships
Appendix 10	Clinical Placements September 2020-2021
Appendix 11	ARU Student Feedback
Appendix 12	Large Scale Vaccination Placement Feedback