

<b>Title:</b>	<b>Bi-Annual People Strategy Update</b>		
<b>Report to:</b>	<b>Trust Board</b>		
<b>Meeting:</b>	<b>23 November 2022</b>	<b>Agenda item:</b>	<b>11</b>
<b>Purpose of the report:</b>	<b>For Noting:</b> X	<b>For Decision:</b> <input type="checkbox"/>	<b>For Assurance:</b> <input type="checkbox"/>

### Executive Summary:

This report provides the Trust Board with an update, overview, understanding and assurance of the actions and plans in place to recruit, retain, develop and support our people. It builds upon the last report presented in May 2022. It provides the Board with assurance on our people activities that underpin the delivery of our People Strategy.

The People Strategy supports our approach to transformation and continuous improvement and our quality ambitions by ensuring that our staff experiences are the best they can be. This is central to us being able to achieve our vision, mission and strategic objectives. The strategy is delivered through five programmes of work which directly support the NHS People Plan ambitions. The report is written under these five programmes, they are:

- A highly engaged workforce.
- An appropriately trained workforce, which includes developing our leadership culture.
- Maximising staff health and wellbeing.
- Diversity and Inclusion for all.
- An organisational culture of continuous improvement.

Delivery of the strategy is supported by an annual implementation plan. Delivery of this plan is assured through our Quality Improvement and Safety Committee.

### ACCOUNTABILITY, GOVERNANCE, METRICS AND MONITORING OF THE DELIVERY OF THE STRATEGY

Implementation of the strategy is monitored by the Trust Board via bi-annual progress updates being provided directly to the Board. The following groups and committees oversee the delivery of key work areas to ensure the strategy is being delivered:

- People Participation Trust Board Sub-Committee.
- Quality and Improvement Safety Trust Board Sub-Committee.
- Workforce Diversity and Inclusion Sub-Group.
- Live Life Well Steering Group.
- Staff Opinion Survey Task and Finish Group.
- Executive Team.
- Executive Programme Board.
- Health and Safety Committee.
- ESR Programme Board.
- Joint Consultative and Negotiating Partnership (JCNP).

## Recommendation:

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

	Name		Title	
<b>Report author:</b>	Angela Hartley Sarah Edwards		Deputy Director of Workforce Director of Medical Education	
<b>Executive sponsor:</b>	Anita Pisani  Kate Howard		Deputy CEO and Director of Workforce  Chief Nurse	
<b>Assurance level:</b>	<b>Substantial</b> X	<b>Reasonable</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>No assurance</b> <input type="checkbox"/>

## Trust Objectives:

Trust Objective	
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
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	This report provides assurance to the Board that an implementation plan is in place and being delivered.
The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the Trust's and their personal anti racism pledges, to instill a sense of belonging for all our staff	This report supports the Trust's ambitions to be an anti-racist organisation
To commence collection of demographic data for people who give feedback	Not covered in this report
To work with the data team and clinical services to target the collection of demographic data	Not covered in this report

## Links to BAF risks / 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:**

<b>Title:</b>	<b>Dates Presented:</b>
Bi-annual Workforce Review	May 2022

## 1. INTRODUCTION

1.1 This new style report makes it easier for the Board to see how actions relate to the delivery of our strategy and it provides assurance on the actions and activities in place.

1.2 As detailed in the People Strategy, successful delivery of the five programmes will ensure:

- We attract, recruit and retain appropriately skilled, qualified and experienced people.
- Our people live our values, demonstrate our agreed behaviours and support the delivery of safe, compassionate and outstanding care.
- We continue to be a great place to work, with excellent patient outcomes and feedback and our staff engagement levels will be high.
- We continue to be a learning organisation with an embedded culture of continuous improvement, with our patients at the heart of our service delivery.
- We collaborate with other organisations across all of the systems that we work within, providing efficient and effective services for our local communities and our commissioners.
- We develop well-designed volunteering initiatives/opportunities across our different services as recommended in the NHS Long Term Plan.
- We continue to demonstrate diversity and inclusivity for all, both as an employer and as a provider of services.
- We develop our future change leaders by providing greater opportunities for them to develop a skill set and knowledge base in continuous improvement tools and techniques including the human aspects of change.
- We create a workforce and culture that is ambitious, innovative and dynamic which challenges the 'norm', drives improvements for greater quality care leading to high performing and financially sustainable services for our local communities.

1.3 The strategy underpins and contributes to the success of our four strategic objectives, specifically providing outstanding care and being an excellent employer. Specific links to other Trust strategies include:

- Clinical and Quality – our staff are key to delivering the quality agenda as it is well evidenced that improved staff satisfaction and engagement will lead to improved patient outcomes and experience.
- Digital – the increased use of technology will have a significant impact on workforce productivity and efficiency but will also require significant practice and culture change.
- Estates – a safe and effective working and service delivery environment is fundamental to improving staff satisfaction and engagement.
- Communications – good and clear two-way communication with our people will be vital in achieving organisational goals.

## 2. DELIVERING THE PRIORITIES OF OUR PEOPLE STRATEGY

2.1 **Programme 1: A Highly Engaged Workforce (NHS People Promise Domain – We have a voice that counts and staff engagement and morale)**

### 2.1.1 Staff Engagement

We engage with our people both formally and informally in a range of ways and we act on feedback accordingly.

The retention of our workforce, (our 'stay' strategy), is a key part of the role of our people managers and our workforce planning activities. 52% of our staff will still be below their

earliest retirement age in Ten years' time and therefore retaining them is as important as attracting new staff. Much of the People Strategy focuses on:

- encouraging people 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;
- 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.

As part of the refresh of our three-year Trust Strategy, we held a number of listening in action conversations with our peoples called 'Let's Talk'. These sessions encouraged our people from across the Trust to share what matters to them through on-line facilitated sessions. They were asked what more could we be doing to be a great place to work, and, what more could we be doing to provide great outcomes for our patients. They were also asked for their views on the Trust values.

#### 2.1.1.1 Staff Opinion Survey

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 people feel. The best way of getting this feedback is through the annual NHS Staff Opinion Survey (SOS) and our quarterly staff Pulse Surveys.

The results of the 2021 SOS were received in March 2022, reported to the Board and we had an agreed improvement plan in place which has been implemented. We achieved a 53% response rate. We were the best performing or joint best NHS Trust in East of England in 8 of the 9 people promise themes, including staff engagement. We have been contacted by other Trusts and NHS Employers to find out what we do to enable us to receive such good feedback from our people.

The 2022 Staff Survey is currently taking place, with the closing date of 25 November 2022. Our current response rate is 45%. We continue to promote the importance of completing the survey. We are going to make a donation to the Trussell Trust, a charity working to stop UK hunger and poverty, based on our response rate.

This year we are also surveying our Bank Only Workers (staff who only have a bank worker contract with us). We are using the same questions and this will give us invaluable feedback on how these workers feel about working for the Trust.

The Trust has also added in three additional questions this year which are aimed at getting greater detail about how instances of violence and aggression from the public are handled. This feedback will inform our violence and aggression improvement plan.

Feedback from the 2022 survey will be presented to the Board in February/March 2023 and an improvement plan and task and finish group will be established to oversee implementation of the agreed actions. Local action plans will also be in place to address any service/locality specific feedback which is different to the trust wide feedback/actions. This will be over seen by service directors supported by their HR Business Partner. Local actions will be reported through our Clinical Operational Boards.

### 2.1.1.2 Pulse Survey

The quarterly NHS staff Pulse Survey is open to all staff and takes place three times a year.

Uptake of this survey is relatively low and whilst the feedback is reviewed and highlighted to services, our activities are mainly focused on the annual survey, where uptake and range and breath of questions is greater.

### 2.1.2 **Use of Exit and New Starter Data/Learning from Leavers**

Retention of our people is a key issue and crucial to ensuring we secure a skilled and sustainable workforce for the future. In addressing the challenge of workforce supply, we also focus not only on recruitment but also ensure new and existing staff are supported and encouraged to remain within the Trust and wider NHS.

It is important to improve the retention of staff already working in the service, especially following the last two challenging years. To do this, we have a relentless focus on continuing to be an attractive employer, offering more opportunities for flexible working, and embedding collective, compassionate and inclusive leadership across all of our services.

We are committed to listening and responding to feedback from our people. We have reviewed the exit interview process and piloted a new 'Learning from Leavers' questionnaire in September 2022. We wrote to over 240 staff who had left the organisation since April 2021. 60 responses were received.

Our new 'Learning from Leavers' process has been finalised which includes all leavers being offered an independent opportunity of a conversation with our retention team.

Overall, the responses to questions in the pilot were broadly in line with both the annual staff survey and the recent 'Let's Talk' sessions with our people. The key reasons for leaving being:

- Lack of development opportunities.
- Management support and capability.
- Fairness of processes.

### 2.1.3 **Appraisals**

The appraisal system provides the opportunity for our people to have a meaningful conversation with their manager about all aspects of their work. This includes their health and wellbeing, current performance and future aspirations and training needs. This supports our 'stay' strategy as it provides a solid platform for succession planning within our different service areas. The appraisal is essentially a listening conversation, ensuring that members of staff and line managers retain a clear understanding of what has been achieved, as well as a route map to future development.

Over the last six months, the appraisal system has been thoroughly revised in-line with feedback from the 2021 Staff Survey.

#### 2.1.3.1 Appraisal Policy

The Appraisal Policy has been refreshed and relaunched after consultation with a wide range of stakeholders. The policy now facilitates the new appraisal documentation. This supports a wide-ranging conversation led by the member of staff, in conjunction with their manager. The policy also outlines the key responsibilities of both sides.

### 2.1.3.2 Appraisal Supporting Documentation

The supporting appraisal documentation has been redesigned with a greater focus on wellbeing. The aim of the document is to support a positive conversation with the emphasis on future career development. The documentation offers areas for discussion, in a supportive and forward-looking format.

### 2.1.3.3 Management Supervision

In addition, the management supervision recording template has also been revised to support the same approach as the appraisal documentation. Health and well-being is now the first area for discussion. There are also links to intranet pages to help members of staff who may benefit from targeted support.

### 2.1.3.4 Evaluating Appraisals for our Members of Staff

Since the last report, we have been evaluating the experience of appraisal for our people. Following their appraisal, the individual receives a link to an online evaluation tool.

Feedback was collected from the beginning of August 2022 until the start of October 2022. Based on responses from 291 people, the feedback is largely positive and the team continues to review and act on feedback to ensure that the appraisal conversation is supportive and effective.

### 2.1.4 **Partnership Working**

Partnership working with local, regional, and national trade union colleagues continues to be positive and the Trust supports protected time for the Staff Side Chair to undertake their 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.

Examples of this is our proactive work which includes our Cultural Ambassadors Programme, instigated by the Royal College of Nursing (RCN), our 'Rest Hydrate Refuel Scheme' taken from the RCN, 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 CCS Employment Passport).

We openly encourage our people to join a union and our Deputy Director of Workforce attends the annual regional partnerships working conference jointly with the Staff Side Chair to learn from others and share best practice.

Close partnership working continues with our regular Joint Consultation and Negotiating Partnership meetings and our Medical and Dental Negotiating Group, with representatives from the management team, local union/professional body representatives and full-time union officers.

Our Staff Side Chair is a member of our Financial Support Grants Panel and a key member of all of our workforce related working groups, including Workforce Diversity and Inclusion, Live Life Well and the Staff Survey Task and Finish Group.

## 2.1.5 Potential Industrial Action over Pay

Several unions have or are due to ballot their members on the proposal to take strike action in relation to the national NHS pay award given in 2022. The Trust is balancing its support for staff to take part in legal industrial action alongside planning for the provision of services in the event of staff taking part in any such action. We will manage our response in partnership with our local and regional staff side colleagues.

## 2.2 **Programme 2: An Appropriately Trained Workforce, which Includes Improving our Leadership Culture – (NHS People Promise Domain - We are always learning)**

### 2.2.1 Training and Development

We offer a wide range of training and development, both in house and externally and the team undertake a Trust-wide comprehensive training needs analysis annually

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%).

Following the pandemic, we have developed a hybrid offer to our people, with some courses continuing to be delivered online, while some others will now start to take place face-to-face.

Delivery online through MS Teams has worked effectively in many instances especially for shorter sessions, for example coaching conversations and bitesize skills-based sessions such as Time Management and Training for Appraisers. In general, online training offers greater accessibility for our people, who can attend courses without taking time for travel, and either at home or from their office.

Where attendees get a benefit from networking together and sharing learning, face to face sessions will be used. We are doing this already for our internal Chrysalis leadership programme. Our next two cohorts kicked off in early November.

The following courses are currently offered by the Training & Development Team:

- Care Certificate (all modules)
- Chrysalis Leadership Programme
- Chrysalis Action Learning Sets
- Coaching and mentoring support
- Personal Development and Career Planning Workshop
- Functional Skills
- Induction
- Personal Resilience (Power Skills)
- Step On Up
- Amazing Managers
- Time Management
- MS Teams Whiteboard
- Power-Point Presentations
- Chairing Meetings
- Appraisal training
- Diversity mentoring
- Coaching Conversations
- Training and Presentation Skills
- Group Myers-Briggs Type Indicators (MBTI) (Group and Individual)



Our team signposts people to training support as requested. We also commission other courses, to be delivered within the Trust by others, for example Excel Masterclasses.

We continue to support the Organisational Development and Quality Improvement Teams in delivering programmes to teams across the Trust, and where capacity allows, a bespoke service for teams in need of support is provided.

In addition, the Human Resources (HR) Team has set up a series of Bite Size People Management sessions to support people managers on a range of topics. These do not aim to teach managers to be HR professionals, instead to give them the basics skills, techniques and confidence to manage and lead people well.

### 2.2.2 **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 access have been trained to directly input sickness absence 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.

For the majority of mandatory and role specific training, our people access e-learning on ESR. This supports staff to access user-friendly training at a time and place which suits them and their work.

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.

In the meantime, the team are starting to record essential clinical training on individual staff competency profiles. This is underway with Luton Adult services. The aim being that the training record function within 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.

Mandatory training compliance has continued to remain high, and we have reintroduced some 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 the freedom to speak up champions. All mandatory training requirements are now reestablished. Our Chief Nurse and Director of Workforce are currently reviewing all mandatory training requirements.

Following the national announcement of learning disability and autism awareness becoming mandatory training for NHS staff, the Trust is working with another provider on a pilot to deliver this. We are currently in the process of agreeing how we will roll this training out across the Trust.

### 2.2.3 **Professional Development**

The annual Training needs Analysis (TNA) identifies the training and development needs of all. This provides a broader picture of the needs of the Trust and to support planning. The Trust provides Continuing Professional Development (CPD) and supports essential for job role training for all clinical staff to deliver their roles safely.

CPD activity has continued to increase but is still not back to pre-Covid-19 levels yet. Services have also started to think more creatively about the delivery of training to their teams and there have been requests for bespoke 'large groups/whole service' training sessions along with staff requesting to attend external courses and requests for educational resources to provide in-house training where appropriate. Higher Education Institutes (HEIs) and other training providers continue to offer a blended approach to course delivery.

An annual report is presented to our Quality Improvement and Safety Committee each year which outlines all non-medical placements and CPD activity.

We continue to work with neighbouring trusts in providing a joint approach to support learners requiring work-based placements. We provide central support to all learners 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.

The Trust continues to support the Care Certificate Programme, which gives clinical support workers a national standard level of skills and competence. New and existing staff are invited to complete the Care Certificate. During 2021, unregistered staff within the Large Scale Vaccination (LSV) Service have been encouraged to access either the Trust or Health Education East of England (HEE) provided care certificate. To date, 51 staff have completed the Trust provided care certificate, with several others at different stages of completion.

Clinicians working in the vaccination sites have been trained as assessors and focus their support on assessing the practical competencies. The care certificate can now only be offered to staff in non-clinical roles who have patient contact as part of their role e.g., reception or conversations via telephone. 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.

#### **2.2.4 Apprenticeships and Growing Our Own**

All services are currently viewing apprenticeships as one way to help meet their future workforce supply needs and we have noticed an increase in the number of enquiries both from individuals and managers. Apprenticeships can be used to recruit new members of staff and also to develop existing staff.

Our apprenticeship numbers have continued to grow. Between April and October 2022, we had 19 new apprentices start including apprenticeships in Occupational Therapy, Speech and Language Therapy and senior leadership. The apprenticeship application process, tutor meetings and formal learning have moved online for the majority of our apprenticeships although some HEIs and training providers are now moving back to face-to-face learning.

Covering the study time required remains a key challenge and is sometimes a barrier to manager's supporting existing staff to undertake apprenticeships. A key challenge for some services is that the levy cannot be used to support the time when an apprentice is undertaking study, and this leaves services short staffed. This will be reviewed as part of the work on developing our strategic 3-5 year workforce plans for each service. Should apprenticeships be identified as a key supply route, within a particular service, then we will identify a way to provide cover for those undertaking the training.

We have recently launched a new apprenticeship called Data Citizen within the Trust and so far, four members of staff have signed up. This apprenticeship will increase knowledge

and skill in the use of data. We continue to investigate new apprenticeships and training providers across all services.

The Trust is an active member of both Cambridgeshire and Peterborough and Bedfordshire Luton and Milton Keynes (BLMK) apprenticeship networks. Within BLMK we are taking part in a project to support people with special educational needs and disabilities (SEND) into the world of work. We plan to employ two apprentices within Bedfordshire and Luton services. The application process, training provider and role will be tailored for those with additional needs.

We are currently spending around 50% of our apprenticeship levy and we expect our usage to continue to grow. As part of the levy funding rules, we can choose to transfer up to 25% of our funds to pay for an apprenticeship at another employer. We are currently supporting nine apprentices employed in primary care to undertake the apprenticeships through the levy transfer scheme. 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.

We support our people to achieve Level 1 or 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.

Between November 2021 and August 2022, the Trust employed seven young people through the Government's 'Kickstart' Scheme. This scheme is for young people aged 16-24 who are at risk of long-term unemployment. We had roles in Dental services, Dynamic Health, Bedfordshire Children's Services and the Improvement and Transformation Team. We partnered with Cambridge Regional College to offer an employability course which all participants completed online and received a Level 1 qualification. The feedback from the young people and teams involved was very positive. Two of these young people have gone on to secure permanent roles in the NHS.

The Training and Education Team continue to support widening participation work to promote NHS careers through our group of NHS Ambassadors. The NHS Ambassadors have taken part in Cambridgeshire County Day, a talk on NHS careers to a special school and Cambridgeshire virtual summer school.

We also continue our work with local schools and we have an activity plan in place for the rest of this year. We are planning to support young people in special schools, those with SEND and those from disadvantaged backgrounds to introduce them to the variety of work in the NHS.

#### 2.2.4.1 Summary of Apprenticeships

The Trust currently has 60 staff undertaking apprenticeships, in both clinical and non-clinical roles.

#### 2.2.4.2 Supporting Learners and working with Higher Education Institutions

Health care professionals undertaking training are the largest student group that come to the Trust. They are required to complete clinical placements alongside their academic learning and the Trust supports students with a quality learning environment as part of this. Capacity is now calculated in hours, and this will fluctuate each quarter depending on where in the academic year it is. We have successfully attracted newly qualified staff to work for us based on their positive training experiences and we continue to support post-registration specialist practice learners.

Clinical placement areas are now offering students more face-to face learning opportunities but are still also offering a blended approach fitting with their service delivery models. Student feedback is received from the National Education and Training Survey (NETS) as well as the HEIs we work with. This information includes what was positive for the students as well as what we could do better to support them on placement. The compliments and learning are shared with the services both locally if they are service specific and wider if more general where all areas can benefit.

January 2022 brought in the new cohort of Specialist Community Public Health Nurses (SCPHN) students from Anglia Ruskin University for Cambridgeshire and Peterborough, Bedfordshire and Luton Healthy Child Programmes (HCP) and at the University of Suffolk for Norfolk HCP. These students started their course knowing they had the offer of a substantive post upon successful completion of their course. Seven students have withdrawn from the programme due to varied mitigating circumstances e.g., ill health, bereavement, significant personal issues etc. The HCPs are continuing to recruit for January 2023 and the University of Hertfordshire will also be used by Luton and Bedfordshire HCP as this will give them a greater geographical coverage when attracting recruits to the course. Norfolk HCP has an active programme to support their SCPHNs to become dual trained to offer a 0-19 service and have recently moved their students from the University of Suffolk to Anglia Ruskin University as the University of Suffolk have withdrawn this module. The Trust is also supporting a number of staff nurses within our HCP services to access academic modules as part of their preparation to apply for the SCPHN course in the future.

Luton Adults have two commissioned district nursing places for January 2023 and recruitment to these is currently taking place.

Children's Community Nursing across Bedfordshire, Luton and Cambridgeshire recruited three students (internal secondments) between them for the Specialist Practitioner Qualification and they started/start in September 2022 and January 2023.

Our Practice Education Facilitator (PEF) fixed term post, funded by HEE has ended. The role was extremely successful, focusing on clinical placement expansion. The PEF also updated and improved the delivery of the training offered to nursing practice supervisors and assessors, delivering a facilitated online learning package through teams to enable those attending to benefit from group work and sharing experiences relating to working with students. The PEF also developed the updates delivered to nursing staff and this has been successful with the number of attendees increasing from 8-15 per session (with a waiting list) and the number of sessions delivered increased from once a month to 1-2 times per week.

The PEF directly supported student nurses as an assessor in areas where the service was challenged and would have struggled to meet the students' learning needs, and this enabled some areas to increase the numbers of students they could accommodate.

An important aspect of the PEFs work was clinical placement expansion and she supported services to think creatively about how they could continue to offer high quality learning environments to increased numbers of students. The PEF led on pilots for this approach with both nursing and therapy services and was involved in the evaluation of these projects to develop how this can be shared across more services.

We continue to explore funding routes to recruit to a PEF role in future to continue and build on the success above.

We continue to explore return to practice for nurses and Allied Health Professionals (AHP) and the first nursing return to practice applicants have started in post or on student

placements from September 2023 in our Healthy Child Program services. This involves recruiting professionals whose registration with the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC) has lapsed, employing them on a band 3 whilst they are supported to complete their governing bodies return to practice requirements and they are guaranteed a substantive post upon successful activation of their registration with the governing body. Our Dynamic Health Team have also recruited a return to practice physiotherapist who is following the employer led route.

Due to our diverse portfolio of services the Trust works with a number of different institutions across our geography.

The Trust engages in three Nursing Associate Partnerships:

- Bedfordshire Nursing Associate Partnership Board (NAPB) – BLMK.
- Cambridgeshire & Peterborough Nursing Associate Partnership Board.
- Norfolk and Waveney Nursing Associate Partnership Board.

### 2.3 **Medical Staff Development**

Medical staff have now been included in the Trust's training needs analysis. There is no specific CPD funding for permanent medical staff as this is embedded into departmental budgets.

Annual Trust Development Plan – this has been approved by Health Education England (HEE). Areas for development include improving the governance of educational and clinical supervisors and developing a strategic response to requests for new training post development (in the Foundation Programme and General Practice training). A survey has been circulated to service managers to identify capacity for medical training and challenges in delivering this. Currently the response rate is low and further work is required.

Covid-19 recovery – We received further funds from HEE. This is being used to provide the opportunity for relevant trainees to attend additional training courses in lieu of reduced face to face exposure and we have been able to use funds to provide training equipment for our Foundation Dental trainees. Some of the money will be used to support educators and a Medical Educator Faculty Day is being planned for February 2023.

Staff Grade Associate and Specialty Doctors (SAS) – We have now appointed a new SAS tutor and have delivered a face-to-face educational event for SAS doctors. Our bid for funding for further events has been successful and a further face to face event is planned for February 2023. Additional on-line training is also planned, as is an SAS doctor survey.

There are currently four 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. There is currently work ongoing on agreement of contractual arrangements for medical education between the trusts.

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). Recruitment for GU Medicine remains very poor nationally and a meeting is planned by HEE with related specialties about options. The lack of trainees locally could impact on succession planning within iCaSH.

There are now five GP training posts within iCaSH, based in Kings Lynn, Peterborough, Bury St Edmunds and Great Yarmouth and a new post in Milton Keynes. These are now split 50:50 with General Practice placements. In addition, there are two GP trainees who are attached part time to Community Paediatrics in Cambridge, one post in Huntingdon but

the GP posts in Luton have been discontinued. Further approaches for GP training capacity are expected. We are currently investigating as GMC survey data suggesting issues with educational supervision and out of hours work for the GP trainees – these elements should not relate to the training within the Trust.

We have two foundation trainees working within Community Paediatrics in Bedford and requests for expansion of posts. Foundation posts are usually fully funded for salaries via HEE and further requests are likely over the next few years to match the increase in medical student numbers. The Director of Medical Education is working with the Training and Education department to scope out opportunities across the Trust in a strategic manner.

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 saw an increase from three to four cohorts prior and the total student numbers increase to 194 for 2022-2023. The change to delivery of clinical experience has been positively evaluated.

#### University of Cambridge (UoC)

- iCaSH: Additional sexual health training and resources have been developed by UoC Primary care team with input from iCaSH, and an initial half day of training was run in August, in addition to the previous input. The university remain keen for us to provide clinical experience in sexual health for the students, and we will review feasibility of piloting this in 2023.
- 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), the service provides clinic experience for 140 Year 5 medical students. There is ongoing involvement in examining and support for research projects.

#### University of Buckingham Medical School

We have been approached to restart medical student attachments in Milton Keynes. This remains on hold.

#### University of Central London (UCL)

Medical students from UCL have returned to placements in Community Paediatrics in Bedford. Arrangements about placements and funding of training are being progressed.

### **3. ATTRACTING STAFF**

- 3.1 The Trust recruited 210 substantive and 45 bank staff between 01 October 2021 and 31 March 2022 (excluding those recruited into the Large Scale Vaccination (LSV) centres). Since November 2020, we have recruited over 2000 workers, through a range of routes, to support our 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 workforce challenges continue to be:

- Luton and Bedfordshire - District Nursing; Health Visitors, Community and School Nurses, Audiologists and specialist safeguarding roles; Community Paediatrics.

- Dental – Dental Nurses in South Cambridgeshire and Dentists.
- Cambridgeshire: Health Visitors in Cambridge City, Doddington and Wisbech.
- School Nurses in Cambridgeshire, Cambridge and administrative staff.
- Norfolk - SCPHNs in the HCP Norfolk East Locality and Just One Norfolk across all staff band 6 and below, challenges across Norfolk for SCPHN recruitment.

The Trust, in conjunction with the NHS England regional team and the Integrated Care Boards (ICBs), have reviewed the latest modelling across Cambridgeshire and Peterborough and Norfolk and Waveney and agreed that after the Autumn booster programme is complete that our ten LSV sites will close from the end of December. A consultation process with the 280 Fixed Term Contract Staff has ended on 14 November 2022, with the following support for staff being offered:

- A website <https://itsallcomingtogether.co.uk/stay-with-us/> with information on local employers, available training, job and volunteering opportunities.
- Webinars available via the website covering everything from NHS and Care careers to interview and application tips.
- A weekly retention bulletin for all staff (linked from the weekly LSV comms) providing tips, information and links to current job opportunities.
- Career café style drop-in sessions to meet the retention team, ask questions and access information.
- All staff will be provided with the opportunity to transfer to CCS Trust wide bank.

In addition to the above, staff on fixed-term contracts who want to maximise their potential to stay working within the Trust or the wider Health and Care service can access additional tailored support which includes:

- Staff asked to complete a Skills and Competency Profile so they can be added to a targeted Job Opportunities Register.
- Once registered we will work within the Trust and the wider NHS and Care services to highlight any roles which could be a potential match to their skills and experience. Subject to the agreed recruitment process for some roles individuals may get preferential consideration for an interview if they meet the essential criteria.
- All staff on the register have been contacted via email by the Retention Team and given the opportunity to request an individually tailored support session on any aspect of the recruitment process, from tips on completing an application form to improving your interview skills.

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's 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. We work with other local NHS trusts to seek to ensure that through the use of RRP's we do not inadvertently enter salary hiking which becomes unsustainable and destabilises any one provider.

RRP's were recently reviewed and 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.
- **School Nurses and Health Visitors** in the Norfolk Healthy Child Programme (HCP) East Locality.
- **Band 6 and below staff** in the HCP Just One Number Single Point of Access.

As part of our commitment to develop a flexible and adaptable end to end in-house recruitment function the Trust has implemented the tried and tested recruitment administration system, TRAC. TRAC has both streamlined the work of the recruitment administration function and given appointing managers direct access to real time information. Although there is currently insufficient data to analyse the comparison of time to hire and other trust recruitment performance pre and post TRAC implementation, there is already evidence of increased advert views and applications by automatically posting on social media sites.

Flexible working/job share continue 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. TRAC and the Recruitment Team are utilising social media advertising as well as the more traditional NHS advertising. Adverts are now promoted on LinkedIn, Twitter, FaceBook, Indeed, Jora and NHS Jobs which is reaching a wider pool of potential candidates. Adverts have also been updated to encourage applicants from diverse backgrounds.

Work is also underway to implement our actions arising from our review of the NHS wide 'If Your Face Fits and No More Tick Boxes' review of discrimination in recruitment practices. Actions so far include:

- **Job Descriptions and Person Specification:** There is now guidance including removing discriminatory language, reduction in number of essential criteria and limiting desirable criteria.
- **Shortlisting:** Ideally a minimum of two people to carry out shortlisting and should always include a culturally diverse panel staff member (as per demographic split of your area). Shortlisting should be completed independently, to prevent panel members being influenced by others in line with anti-discrimination.
- **Interview process-** guidance for managers on the importance of planning for interviews and how to reduce bias in the interviewing process and having a culturally diverse panel member.

We have a detailed action plan in place to deliver the above and this is shared through our People Participation Committee.

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.

The Trust has hosted several NHS graduate 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.

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.

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.



Both MS Teams and telephone interviewing has been used successfully during the pandemic and a blended approach will continue.

We have procured a new Occupational Health service from 01 April 2022, Heales Medical, which has helped us to streamline pre-employment checks. In the latter part of the financial year, it is our intention to review with the new provider options for TRAC and their occupational health system to interface directly to each other, which will help speed up pre-employment checks.

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 across the Trust, however, unfortunately we were not successful in appointing to all of our commissions for January 2023.

Detailed recruitment plans in place for 0-19 Healthy Child Programme roles across the Trust. This includes more proactive advertising on social media and vimeo's promoting these careers. Recruitment into our 0-19 services remains a key focus for the Trust.

### **3.2 International Recruitment – Adult Luton Services**

Luton Adult services have struggled to recruit and retain Band 5 staff however have successfully recruited 10 oversea nurses, with further plans to recruit to a further 5 nurses by March 2023. Other community trusts have been successful in recruiting from overseas and our Chief Nurse has linked directly with them so that we can benefit from their learning.

The first cohort of six international recruits arrived in September, a further cohort of six are due to arrive before the end of the year. Learning from the work in Luton has been shared with our International Recruitment Project Board in order to shape future cohorts and focuses on a Trust wide model for pastoral support, timely access to competency assessment models and agile financial systems.

International recruitment is now a recognised strand of recruitment for healthcare staff to the NHS. NHS Employers have produced a toolkit to support NHS Trusts to recruit and retain international staff <https://www.nhsemployers.org/publications/international-recruitment-toolkit>

### **3.3 Current Plans for International Recruitment**

We have joined a partnership arrangement in Cambridgeshire and Peterborough to collectively recruit AHP roles from overseas. We have received funding from NHS England to recruit three Occupational Therapists and will commence recruitment before the end of the year with onboarding expected in early 2023.

#### **3.3.1 Recruitment from Overseas via Job Adverts**

Through our normal recruitment processes via NHS Jobs/TRAC we have eight overseas candidates currently at conditional offer stage and we will be applying the learning from the Luton cohort to support both onboarding and support for candidates. In addition, we have appointed four international physiotherapists.

### 3.4 Professional and Pastoral Support

Our Retention Team will provide future pastoral support to our international recruits and we will ensure that professional support is identified as appropriate. This will be in line with national best practice to help shape our offer to overseas candidates.

Our programme for professional and pastoral support includes:

- Meet and greet at the airport.
- Provision of free accommodation for at least the first two months.
- Welcome pack which includes bedding, cooking utensils, basic foods.
- Orientation and connection to the local community including banking, GP services, transport arrangements, community networks, shops, understanding the geography, support with finding more permanent accommodation.
- Financial support – Costs we will cover include visa application; flight to UK (up to £600); £1,000 welcome on arrival.
- Driving familiarisation and access to a pool car for work purposes.
- Professional Development – Fully funded OSCE training and test culturally appropriate 12 month preceptorship programme after OSCE.
- Career Development support after preceptorship.

### 3.5 Strategic Workforce Planning

A review of our workforce planning approach was undertaken following the appointment of our Head of Strategic Workforce Planning role. In September an overview of the review was presented to wider executives and highlighted the following key findings:

- Workforce planning remains an under invested activity within health and care services in general and this has been exacerbated due to the pandemic.
- Our approach to workforce planning has been more tactical (short term focus) than strategic in recent years.
- Our inherent workforce challenges will not be addressed via traditional supply pipelines i.e., pools of newly qualified staff, therefore a longer term more strategic approach to planning our staff needs is required. Whilst at the same time addressing current capacity constraints.
- We have a team of 6 staff attending a HEE 18 week workforce planning master class programme to enable us to apply tried and tested models for more sustainable models of workforce planning and to build our collective capability in planning.
- In support of the refresh of the Trust's Strategy operational and staffing session will be established within each service to review and action plan on both service and staffing needs going forward, drawing on a workforce profile for each service and over time aligned to the demand and capacity modelling led via the Improvement and Transformation Team.
- In order to alleviate current capacity constraints a Trust wide Temporary Staffing Team has been created, drawn from the LSV service, to establish a Trust wide Bank for registered nurses and administrators and we are encouraging as many of our LSV bank staff to remain with the Trust. Roll out due to be complete by April 2023 to all services.

### 3.6 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.

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. WORKFORCE MODELLING**

The allocate staff rostering system has been rolled out within our LSV, support services and Luton Adults teams and a Trust-wide plan is in place for further roll out across the Trust. We aim to have rolled this out across all services by October 2023.

##### **4.1 Programme 3: Maximising Staff Health and Wellbeing (NHS People Promise Domains – We are safe and healthy; we work flexibly; we are a team)**

###### **4.1.1 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. Following the May Board Report, the flexible retirement policy has been reviewed and found to remain supportive and fit for purpose.

###### **4.1.1.1 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) for nursing return to practice programmes and are working with our therapy services to support therapists returning their professional register.

###### **4.1.2 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 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.

We are continually reviewing and improving 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 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.

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

The HR Team regularly review the reasons for absence with the teams they support and work with managers to support individuals to maximise their health and wellbeing and maintain attendance at work. The top three reasons for absence over the past year has been anxiety/stress; cold/cough/flu and chest/respiratory. It should be noted that in many instances individual's sickness absence reasons relate to things going on outside of work.

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

The Trust's overall level for sickness absence has remained consistently higher than average over the last few years. We are focusing on a flexible supportive approach, aimed at supporting the individual and their circumstances and creating an environment where they can remain in, or get back to work as quickly as possible. We are linking with other Trust's to understand their processes and will look to bring back any areas of good practice into our approach.

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. The Stress Tool Kit and Manager Guide has been reviewed and significantly changed, so that it is more user friendly, non-judgmental and supportive.

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 the pandemic 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. 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 offered some additional support at the height of the pandemic, and we now widely promote the support available from our ICS level 'Hubs' which offer psychological support to all staff.

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 and have a new programme starting soon, to support managers and staff in handling challenging situations.

Never before have we been more aware of the impact of financial difficulties/pressures can cause. We have taken proactive steps to support staff most affected by the cost-of-living rises including:

- Continuing with our relationship with our financial support provider who offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investment opportunities.
- Published details of the financial support available to trade union members via their unions.
- We have temporarily removed the 3500 business milage cut off for the higher rate
- We have introduced a financial assistance fund, open to all staff to apply for a non-repayable grant up to £1000, to help with severe financial hardship.
- The Trust hosted a visit from members of the NHS Pay Review Body, for them to talk with unions and staff to help inform the 2023, pay recommendations.

We appointed a new occupational health provider in April 2022, for all staff, except those in Luton who continue to access an excellent OH services from the Luton & Dunstable Hospital. Both the new provider, Heales, and the Luton and Dunstable Hospital offer a comprehensive occupational health services and Employee Assistance Programme (EAP) offering 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.

#### 4.1.5 **Live Life Well Programme**

Our staff Health and Wellbeing programme 'Live Life Well', 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 and regular champions network meetings.
- Bi-annual Health and Wellbeing Newsletter show casing our offer and positive actions by staff. Our most recent newsletter focused on the current cost of living pressures.
- 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 Menopause Policy and regular Menopause cafes.
- Health and Wellbeing Champions across all services/locations supported through a peer group network.

We have a health and wellbeing action plan in place that is developed and monitored by our Live Life Well group.

#### 4.1.6 **Wellbeing Guardian**

To support the delivery of our People Strategy, we have appointed one of our NEDs as our Wellbeing Guardian. Two further areas are being focused on and the Trust was already ahead of the national agenda with these; the Trust has in place a Health and Wellbeing Champions Network, and process and support for our managers to take a leading role in their staff members' wellbeing. We have already built this 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 Live Life Well action plans we are able to 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.

We have mapped with our Guardian the evidence that we have in place across the Trust to meet each of the above principles.

In addition to our in-house stepped offer to support psychological wellbeing during the pandemic, the Trust continues to signpost staff to offers of support both locally and nationally, which are ongoing and include 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.

Throughout the pandemic 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. Support is available to managers and staff from health and safety, HR and other colleagues, in how staff can work differently in future, which many staff expected to work in a hybrid way with a mix of remote and traditional work-place based work. This requires a culture and mindset change which some staff will need more support than other with.

#### 4.1.7 Leadership Support Circles

As updated in May, this NHS Wellbeing Programme is designed to support leaders and managers at times of extreme pressure and to improve their personal resilience and the Trust encourages and supports managers to take part. We have a couple of individuals trained as facilitators of this programme.

#### 4.2 **Programme 4: Diversity and Inclusion for All (NHS People Promise Domain – We are compassionate and inclusive; we are recognised and rewarded)**

The key work stream in the People Strategy Implementation Plan is the Diversity and Inclusion for All Programme, and the actions for 2022/23 are to:

- Deliver our annual Equality Delivery System (EDS) Objectives and our Equality Improvement Plan.
- Actively support all networks now in place to thrive (Cultural diversity, LGBTQIA+, Long Term Conditions, Menopause café) and develop new staff networks in response to need.
- Agree improvement targets with Cultural Diversity Network and Long-Term Conditions/Disability Group in relation to improvement of staff experience during 22-23.
- Develop and Implement Anti-Racism Strategy.
- Embed importance of Black, Asian or Minority Ethnic (BAME) representation on interview panels where a BAME applicant is shortlisted - quality assure and take corrective actions as required
- Continue to support our Cultural Ambassador programme.
- Appoint and embed Equality, Diversity and Inclusion lead role for patient experience and patient delivery.

In addition to these actions, the Trust has in place its Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay gap reports and action plans, our two local EDS workforce annual objectives and general actions as an agreed by the Workforce Diversity and Inclusion Group. These are all presented and discussed through our People Participation Committee.

### 5. WORKFORCE DIVERSITY REPORTS AND OBJECTIVES

#### 5.1 **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.

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

In October 2021, the Trust published the 2021 WDES Data and our 2021/22 Action Plan. The actions agreed have been reviewed and amalgamated into those are listed below.

- ***To eradicate instances of disability related unfair treatment/bullying and harassment from colleagues, managers, including making staff feeling pressured to come to work when unwell.***
- ***To provide adequate adjustments to enable disabled staff to carry out their work.***

Work is ongoing to achieve both of these and remains ongoing alongside the 2022/23 actions which we have published as part of our 2022 WDES Report (2021 data). We published our report in 21 July 2022 and our action plan in October 2022.

Our 2022/23 WDES actions are:

- We will seek to have a workforce at all pay bands and roles which is representative of our disabled workforce by:
  - Commissioning and rolling out Cultural Intelligence training across the Trust using a train-the-trainer model.
  - Continuing to offer career development sessions to all staff networks and wider by:
    - Relaunching our Diversity Mentor scheme.
    - Implementing our action plan following our review of No More Tick Boxes and If Your Face Fits.
    - Implementing mandating of having diverse recruitment panels as standard in all interviews.
    - Agree and set stretch Disparity reduction targets to be achieved over the next 3 years.
- Ensure that all recruitment panel members are trained in anti-discriminatory practice as part of their recruitment training.
- Promote internally the support available to managers and disabled staff to enable them to undertake roles:
  - My CCS Employment (Adjustments) Passport.
  - Flexible working options.
  - Remote working.
  - Long Term Conditions & Disability Network for staff.
  - Continue to seek to resolve all cases informally where possible.
- Implement the actions identified in the Trust self-assessment against the Violence Prevention Standards (violence and aggression from members of the public) via our Health & Safety Group.
- Support line Managers to have the skills to support staff via coaching, training packages and bite size sessions.
- Continue to offer career development sessions to all staff networks and wider.
- Relaunch Diversity Mentor Scheme.
- Continue to work with the Long-Term Conditions and Disability Network to learn from their experiences.
- Provide staff with regular up-to-date information to support the Trusts commitment to the diversity and inclusion of our workforce by promoting importance of staff declaring their diversity data (in ESR) by reminding staff of the positive actions we have then been able to take.
- Continue to work with the Long-Term Conditions and Disability Network to learn from their experiences.

## 5.2 **Workforce Race Equality Standards (WRES)**

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

### 5.2.1 **WRES Objectives 2021/22**

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

The actions agreed have been reviewed and amalgamated into those are listed below:



- ***To support BAME staff development and career progression, including the use of secondments and 'stretch assignment' opportunities.***
- ***To support the Trust in developing the workforce section of its Anti-Racism Strategy to promote understanding and our journey from assimilation and limited inclusion to belonging for all our BAME staff.***
- ***To address the disparity in the relative likelihood of White staff being appointed from shortlisting across all posts compared to BAME staff.***
- ***To address the relative likelihood of BAME staff entering the formal disciplinary process compared to White staff.***
- ***To eradicate bullying harassment abuse or discrimination at work from Manager/team leader, other colleagues, or members of the public.***

Work is ongoing to achieve these, alongside the 2022/23 actions which we have published as part of our 2022 WRES report (2021 data). We published our report in July 2022 and our action plan in October 2022.

Our 2022/23 WRES actions are:

- We will seek to have a workforce at all pay bands and roles which is representative of our BAME workforce by:
  - Commissioning and rolling out Cultural Intelligence training across the Trust using a train-the-trainer model.
  - Continuing to offer career development sessions to all staff networks and wider.
  - Implementing the CCS Action Plan following our review of No More Tick Boxes and If Your Face Fits.
  - Implementing mandating of having diverse recruitment panels as standard in all interviews.
- Agree and set stretch disparity reduction targets to be achieved over the next 5 years.
- Implement the Trust Action Plan following our review of No More Tick Boxes and If Your Face Fits.
- Implement mandating of having diverse recruitment panels as standard in all interviews by January 2023 all panels\* will consist of 3 diverse members with 1 of these being BAME.
- Provide staff with regular up-to-date information to support the Trusts commitment to the diversity and inclusion of our workforce by:
  - Reviewing, updating, and re-sharing our cultural awareness information.
  - Continue to promote and support 'See Me First Champions'.
  - Continue work/support developed by previously completed actions.
  - Continue ensure recruiting staff have been trained and to continue to deliver and update our recruitment training (anti-discriminatory practice).
  - Commission and begin the roll out Cultural Intelligence training across the Trust using a train-the-trainer model in 2023.
  - Ensuring we have sufficient trained Cultural Ambassadors and continuing to support them.
- Continue to offer career development sessions to all staff networks and wider by:
  - Provide training & development opportunities on the Training & Education intranet pages, including a BAME staff specific list of opportunities.

- Actively participate in the planned Diversity and Inclusion work of our system partners for 2022/23 and with our Cultural Diversity Network to identify and share opportunities for development.
- Relaunch Diversity Mentoring- training for Diversity Mentors will begin in January 2023.
- Implement the actions identified in the Trust self-assessment against the Violence Prevention Standards (violence and aggression from members of the public) led by the Health and Safety Group.
- Commissioning and rolling out Cultural Intelligence training across the Trust using a train-the-trainer model.
- Continue to work with the Cultural Diversity staff network to learn from their experiences, the population we service and the staff we employ.
- We will continue and widen our mentoring and reverse mentoring for Board members.
- Agree and set stretch disparity reduction targets to be achieved over the next 5 years.

### 5.3 **Gender Pay Gap Report**

Our 2022 report was published in July 2022 and presented to the People Participation Committee in August 2022. The actions that we will continue to focus on are:

- ensure senior roles are advertised with flexible working as an option to attract female applicants;
- offer the empowering female staff training ‘Springboard’ to staff;
- regularly review shortlisting data and identify any areas of concern;
- use diverse selection panels through policy practice and training;
- promote and facilitate mentoring and coaching, including reverse/diversity mentoring;
- work with young people to encourage more young men to enter NHS careers.
- Provide support for female medics in applying for CEAs.

#### 5.3.1 **If Your Face Fits Review of Recruitment Practice**

As updated in May, in response to a national review, we have agreed the actions the Trust will undertake. These are now embedded in the Trust’s Recruitment and Selection Policy which has been reviewed and updated with a key focus on the selection decision and anti-discriminatory practice. An action plan is in place to deliver these changes.

#### 5.3.2 **See Me First**

In May the Trust launched its See Me First Champion’s Programme. Similar to other Trust champions roles, these champions are staff who have made a pledge to be allies for BAME colleagues and to be a safe person to talk to about any concerns BAME staff may have, or non BAME staff, who have concerns about how they have seen BAME colleagues being treated. They will act a support and signposting friend.

#### 5.3.3 **Neurodiversity**

We are building into our applicants and staff support measures support to neurodiverse individuals, this will include but is not limited to, attracting applicants, making adjustments/support at recruitment stage, increasing awareness amongst managers and staff of neurodiversity in the workplace. We continue to develop this work and aim to launch in 2023 a range of supporting policies (and updates to existing policies) and upskilling of managers in recruiting and supporting our neurodiverse workforce.

5.3.4 To support the Trust's commitment to becoming an anti-racist organisation, the Trust signed up to the UNISON Anti-Racism Charter in May 2022 and is working in actions to implement this. We have an action plan in place to deliver this and this will be presented to the next People Participation Committee for assurance purposes.

#### 5.4 **Equality Delivery System 2 (EDS2) – Workforce Objectives**

The 2022/23 local workforce EDS2 Objectives are:

- ***To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in recruitment practices.***
- ***The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the Trust's and their personal anti racism pledges, to instill a sense of belonging for all our staff.***

#### 5.5 **Staff Networks**

Our three staff networks continue to meet regularly.

##### 5.5.1 **LGBTQIA+**

The network has an active membership who regularly share information and ideas via a team chat group. They have run two successful PRIDE quizzes to celebrate PRIDE month and all things LGBTQIA+.

The group launched their pledge programme with rainbow lanyards which can be worn to demonstrate support for and allyship with the LGBTQIA+ community. The group has also agreed to use the intersectionality LGBTQIA+ flag as its logo.

##### 5.5.2 **Cultural Diversity**

The Network continues to be a safe place for staff to share their lived experiences, and to feedback to the Trust on areas of concern, which are always looked into. The misuse of BAME representatives on recruitment panels continues to be an area fed back by the network, as does staff leaving due to the way they have been treated. The Trust's Future Talent Advisor is also running career development session for network members and we have introduced a measure, to support our 'Being an Excellent Employer' objective, of ensuring that any BAME individual who chooses to leave the Trust is offered an exit interview with someone independent.

##### 5.5.3 **Long-Term Conditions & Disability**

The group has invited guest speaks, most recently Lara Challinor Head of HR and Recruitment, to talk about the support available from occupational health and counselling services. The group has also instigated work within the Trust to produce a simple guide for managers and staff on how to access adaptations and special kit or office equipment etc., to support staff to work with a disability or health conditions (all currently available but feedback was that managers did not always know how to access). The group has also initiated work by the corporate Governance Team to produce some guidance on best practice and etiquette in using Microsoft Teams and emails, following feedback that one downside of remote working and the use of Teams is that sometimes colleagues make Teams calls which interrupt meetings and or, an expectation that if you don't have a meeting in your diary you are 'free'. This guidance is intended to support the remote working policy. Also feedback from members has led the HR Team to update the Organisational Change Policy to include in it that any My CCS Employment (Adjustments)

Passport should be considered during any organisational change impacting on someone who has a passport agreed with their manager.

- 5.5.4 All Board members are encouraged to attend staff network meetings when they are able, as these conversations are a great way to understand the lived experiences of our people and what it is like to work within the Trust.

## 5.6 **Training**

### 5.6.1 **Cultural Competence Training**

We have met with an external training provider to begin scoping a Trust wide programme of cultural competency awareness raising and training, to support the organisation with its aspirations to become fully inclusive and to be an anti-racist organisation. Details of this will be discussed at our next People Participation Committee meeting.

### 5.6.2 **Mandatory Training**

We have reviewed our two mandatory training programmes and feel both are fit for purpose and they are supported by additional introduction to diversity and inclusion at induction. In addition, training take place for those involved in recruitment and selection and as part of all in house leadership and management training as well as in bite size people management sessions.

### 5.6.3 **Specific Training**

We continue to work with other agencies who train our staff locally on relevant diversity and inclusion matters including transgender training.

We have in place a detailed Workforce Diversity and Inclusion Action Plan, the detail of which is discussed at our People Participation Committee.

## 6. **Programme 5: An Organisation Culture of Continuous Improvement (NHS People Promise Domain – We are always learning)**

### 6.1 **Embedding continuous quality improvement in our everyday work, systems and processes**

We have been on a journey of quality improvement for several years. We have seen great success in the delivery of transformational projects and programmes improving and advancing care and experience for our patients and service users, but there is more we can do.

Improvements in the quality of care do not just happen in larger scale projects, but every day - improvements to care plan templates, responding and implementing actions in response to a complaint all improve quality. Small changes can make a big difference. In recognition of this, we have worked collaboratively with our quality division colleagues and introduced a common, consistent QI methodology (Think QI) which can be used for small scale improvements to larger scale transformations.



The 'Think QI' branding includes a simple to use and scalable improvement model which can be used for clinical improvements addressing incidents, complaints etc. and within larger change efforts. Think QI replaces the Quality and Improvement Way approaches.

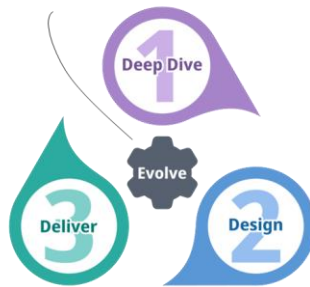
A simple 3 step model (pictured below) which focuses on understanding the problem/improvement area, before designing and test improvement ideas.

EVOLVE – Keep on improving – continuous improvement never ends!

**3. DELIVER – LET'S TEST OUT THE CHANGE**

Have you heard of PDSA?

Plan, Do, Study, Act is a common cycle of improvement used. This is what this step Deliver is all about. Plan your change, Do the change, Study the results and Act - make tweaks.



**1. DEEP DIVE – UNDERSTAND THE PROBLEM OR IMPROVEMENT AREA**

This is where we start questioning the challenge, do we really know the root cause of the problem or have the information on the current situation to help baseline performance?

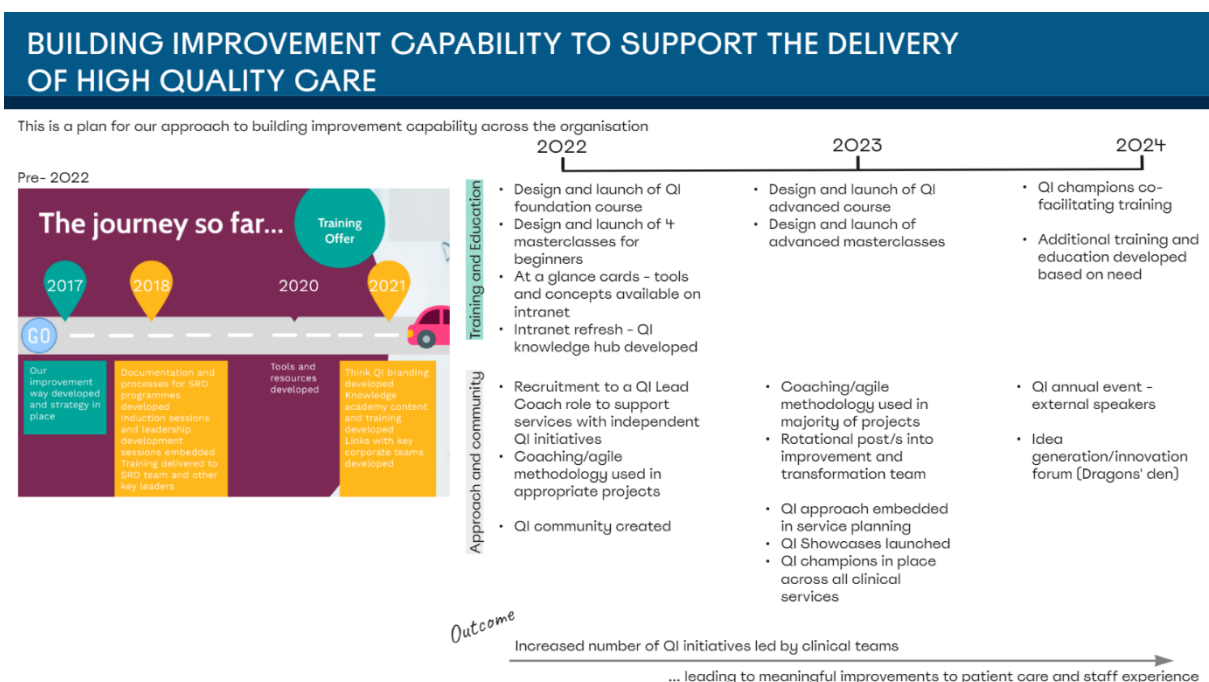
**2. DESIGN – LET'S DEVELOP SOME IDEAS**

What change can be made to result in an improvement? There may be more than one, so which one are we going to test first? And how are we going know/measure the impact?

In May and June, we facilitated discussions with wider executive colleagues and board colleagues on how we can adapt and align our practices, structures, and processes to embed QI in our ways of working. The next priority is to continue engagement and communications to promote the approach and encourage participation in QI initiatives.

**6.2 Build Improvement Capabilities**

Growing our improvement knowledge and capabilities is critical to the culture shift. The picture below details our headline plans for the next few years.



Progress to date against this:

- Launched 60-minute bitesize session introducing Think QI model and approach.
- 4 masterclass sessions have been launched – Process Improvement, Numsense, People; The Heart of Change and Creativity Rules! All are 3-hour virtual sessions for anyone to gain a greater understanding of a particular improvement area.
- Commenced a refresh of our intranet site which includes more resources for colleagues to access independently.
- Introduced a new role to the team – QI Lead Coach role, increasing the use of coaching approach with teams to encourage ownership of change, build skills, knowledge and confidence.
- Increased the use and analysis of data in understanding problems, using data science techniques like simulation modelling to understand the impact of changes. Recruiting another Data Scientist to the team in September.

### 6.3 **Living Our Values, Civility and Respect**

During 2021, the Trust changed its approach from a focus on managing bullying and harassment when it occurs, to promoting the positive benefits of treating each other with civility and respect and dealing with incivility and lack of respect when it occurs. We rolled out information, including TED talks, highlighting the negative impact which ripples throughout a team following an incident of incivility. This can lead to reduced levels of patient care as well as psychological harm to those experiencing and witnessing the behavior. Our Assistant Director of Organisational Development has used this evidence base to produce a tool kit for use in teams, to hold sessions to raise awareness of this and to allow teams to talk about it and gain a better understanding of how to support each other. The tool kit has been used successfully in a number of teams.

The Trust policy on bullying and harassment was reviewed and updated along these lines in 2021, to focus on promoting positive supportive behaviors, whilst still detailing the action we will take if staff act in an uncivil or disrespectful way towards each other. This is support with managers training on having difficult conversations in a kind and compassionate way.

## 7. **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.