

TRUST BOARD

Title:	TRUST-WIDE WORKFORCE REVIEW
Action:	FOR NOTING/DISCUSSION
Meeting:	18 MAY 2022

Purpose:

This workforce review provides the Trust Board with an update, overview and understanding of the actions in place to recruit and retain our workforce and how we have been supporting our people since the last report in November 2021. It provides the Board with assurance on our people activities that underpin the delivery of our Trust wide People Strategy.

This report is prepared by the workforce team directly to enable our clinical services to concentrate on operational delivery. In future our services will be supported with their strategic workforce planning by a new Strategy Workforce Planning Lead that we are currently recruiting. This role will help support our services to identify new and innovative ways to help address some of their workforce challenges.

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

Recommendation:

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

	Name	Title
Author:	Angela Hartley	Deputy Director of Workforce
Executive sponsors:	Anita Pisani Kate Howard	Deputy CEO and Director of Workforce Chief Nurse

Trust Objectives:

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The report demonstrates that the Trust and its leaders undertake monitoring of staffing levels in order to maintain safety
Collaborate with 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, March 2021 and November 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 ongoing impact of Covid-19, workforce planning, supply, and retention.

2. ATTRACTING STAFF

2.1 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 - 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 –
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;
- Bedfordshire - Health Visitors, Community and School Nurses.

2.2 The Trust continues as the lead provider of the LSV programme across both Cambridgeshire and Peterborough and Norfolk and Waveney. Working patterns and models in our centres are more agile, with a variety of different employment/contracts in place. Most workers supporting our centres do so on limited hours. Recruitment directly for the LSV programme paused at the end of March 2022 and there are currently no recruitment campaigns required for LSV for the foreseeable future.

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. RRPs 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 RRPs we do not inadvertently enter salary hiking which becomes unsustainable and destabilises any one provider.

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.

Subsequently RRPs were awarded in March 2022 to SCPHNs in the Norfolk Healthy Child Programme (HCP) East Locality and all band 6 and below staff in the HCP Just One Number Single Point of Access.

2.4 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. This went live on 25 January 2022. 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 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. 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.

2.5 Work is also underway to implement our actions arising from our review of the NHS wide 'If Your Face Fits' 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.

Detail of our internal If Your Face Fits review and next steps is attached at **Appendix 1**.

2.6 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.

2.7 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.

2.8 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.

2.9 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.

2.10 Both MS Teams and telephone interviewing has been used successfully during the pandemic. MS Teams is being used for the majority of our interviews; however, some face-to-face interviews are starting to occur as restrictions are eased.

2.11 We have procured a new Occupational Health service from 01 April 2022, Heales Medical, which we envisage will help streamline pre-employment checks. In the latter part of the 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.

2.12 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.

2.13 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.

2.14 **International Recruitment – Adult Luton Services**

2.14.1 Adult Luton services has had issues recruiting and retaining Band 5 staff and is now planning to recruit 10 staff from overseas during 2022. 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.

2.14.2 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>

2.15 **Current Plans for International Recruitment**

There are two recruitment pathways in place.

2.15.1 CapitalNurse

2.15.1.1 We are in a partnership with East London Foundation Trust (ELFT), which is enabling the Trust to access CapitalNurse frameworks. CapitalNurse is a consortium of London trusts who work together to recruit and retain nurses and employ recruitment agencies to recruit nurses internationally.

2.15.1.2 Through this partnership we are expecting that there will be a specific day of recruitment of nurses from India be organised in late summer 2022. The recruitment agency will be responsible for sourcing the candidates, ensuring the candidates have the appropriate documentation and eligibility to work. Once they are appointed we will be responsible for all aspects of their visas, on-boarding, induction and pastoral care.

Candidates recruited through this pathway will be provided with OSCE Training in London.

2.15.2 Recruitment from Overseas via Job Adverts

2.15.2.1 We are currently testing the recruitment of candidates from overseas who apply via NHS Jobs/TRAC and have several conditional offers made and are now completing the relevant ID and documentation checks, support visa applications, source and organise OSCE training and tests.

2.16 **Professional and Pastoral Support**

2.16.1 Our pastoral and professional support programme will set the tone for how we are viewed by candidates both before interview and after arrival. A strong programme which is welcoming and supportive can influence whether candidates decide to accept an offer of

employment from us, and once here, how long they stay. Our intention is to bring staff over, and to grow and enable them to develop.

2.16.2 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.

2.17 Strategic Workforce Planning

2.17.1 Prior to the pandemic services undertook bi-annual workforce planning, with the aim to have in place a 3-5 year strategic plan, alongside a 1-2 year operational plan. To support our services and to ensure all services have a 3-5 year strategic workforce plan in place we are currently recruiting to a Strategic Workforce Planning Lead role.

2.17.2 The Human Resources (HR) Team are currently finalising a guide for leaders on a range of recruitment and retention financial incentives, which could be used, to address workforce challenges in the future. The aim is to have a range of options available which can be quickly applied when required. These will include options for referring a friend, golden hellos, retention payments, etc.

2.17.3 We are currently exploring the possibility of extending our large scale vaccination centre administrative bank across the whole Trust. This would provide greater access for our services to temporary administrative cover, which at times has proved difficult to secure.

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 52% 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.

3.1 Appraisals

3.1.1 Embedded into our annual appraisal, career and personal development planning discussions, is the importance of managers talking with individuals 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 Our process of asking staff to give confidential feedback on the quality of their appraisal conversation, including how it helps them perform in their role, was updated at the end of 2021, using a new online questionnaire and to date uptake of this has been low. However as detailed in this report, reviewing, training in, and promotion of, the value of good appraisal conversations, to support staff to make the link between the work they do and the success of their service and the Trust, is underway as part of our 2021 Staff Opinion Survey actions.
- 3.1.3 As a result of the current situation, an action plan is being formulated to overhaul the appraisal system, and in particular to improve the ways in which feedback is collected.
- 3.1.4 We now intend to put into place a range of new measures to ensure that managers and members of staff who are appraised are both able to give full feedback on their views of the experience. These will include:
- Increased communications for staff on how to access the survey as well as the regular inclusion of a standard reminder and link to the survey;
 - Add into appraisal paperwork which is currently being updated;
 - Include in Appraisal Training sessions;
 - Update on Intranet;
 - HR Business Partners to promote with leadership teams etc;
 - Workforce information appraisal reporting inbox message to have the link, replacing the previous system of sending a list to training team to send survey out.

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 as we move to 'living with covid'. 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.
- 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 Evaluation of online training has been undertaken and indicates that the use of technology has meant training is more accessible, with staff to join training from any location without travel time. This is increasing networking opportunities and is helping to breakdown geographical barriers and 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.
- 3.2.5 There are also financial and time saving benefits. We will consider these benefits alongside the value of face-to-face interventions, and some face-to-face training will be reintroduced when safe to do so, as part of a mixed model of development activities. This plan fits in

with and support the Trusts Digital strategy, as we move towards greater use of digital technology in all that we do.

3.2.6 The following programmes are continuing to be delivered currently throughout on MS Teams:

- Care Certificate (all modules);
- Chrysalis Action Learning Sets;
- Coaching and mentoring support;
- Functional skills;
- Induction;
- Making the Difference;
- Personal Resilience (Power Skills);
- Step On Up;
- Amazing Managers;
- Appraisal training;
- Diversity mentoring;
- Coaching Conversations;
- Delivering Online Training - Train the Trainer;
- Drop-in Question and Answers for new staff;
- Group Myers-Briggs Type Indicators (MBTI);(Group and Individual);
- Personal development;
- Positive conversations and mindset have been embedded into all group training and making the difference training;
- Mental health first aid refresher training.

3.2.7 We also introduced a coaching apprenticeship programme and held a virtual Chrysalis (Cohort 10) graduation ceremony and an Apprenticeship Celebration event.

3.2.8 We will restart the following as soon as staff capacity and covid restrictions permit:

- Compassionate teams (in a revised format);
- Performance mentoring and leadership;
- Work experience (school aged young people).

3.3 **Staff Engagement**

3.3.1 Staff Opinion Survey

3.3.1.1 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.

3.3.1.2 The results of the 2021 SOS were received in March 2022 with a response rate of 53% with a total of 1417 questionnaires were completed. Percentage breakdown by Directorates was as follows:

- Ambulatory – 54%
- Bedfordshire and Luton Adults – 50%
- Bedfordshire Children's – 48%
- Cambridgeshire and Norfolk Children's – 51%
- Corporate – 79%
- LSV – 49%
- Luton Children's – 49%

3.3.1.3 Overall feedback was marginally less positive than in previous years, however, the Trust still came top in terms of staff experience of working for the trust in 8 out of the 9 People Promise themes across all trusts in the East of England.

The improvement areas from the 2021 Survey have been agreed and an Implementation group established. A summary of these improvement areas is detailed below:

2021 Survey Improvement Plan (for implementation 2022/23)	
Area for Improvement from 2021 Survey	Action Plan
To strengthen our response to any act of violence or aggression from service users, including to fully implement the national safety standard 'Prevention of violence and aggression' and to provide support and information/ training for managers and staff in handling issues as they arise.	<ul style="list-style-type: none"> • Key discussion at next Health and Safety committee: Agree actions, and report to May 2022 Wider Executive progress on implementation of the Prevention of Violence and Aggression Standard, including identifying safe spaces/wobble rooms where staff can go to have time and space to deal with what has just happened to them, with support and resources in these areas to help them. • Development session at Leadership Forum on implementing the Violence and Aggression by Members of the Public Policy. • Review, update and re publish policy guidance and support for staff following an incident.
Improve the appraisal experience of staff as a supportive conversation, which values their role in their service and allows for so that staff feel they can develop and there are clear progression pathways.	<ul style="list-style-type: none"> • Review/update and run Appraisal Conversation training for managers and staff. • Review number of appraisals any one manager is undertaking, in line with Trust guidance. • Explore any value to using ESR appraisal functionality (although this is about recording, not the value of the discussions). • Review and implement timely feedback on the appraisal experience of staff and share with relevant service leads.
<p>To learn from the pandemic about flexibility and kindness when working with colleagues with health conditions which impact on their daily lives and make this the norm.</p> <p>Embed true allyship into our culture and take steps to ensure our disabled workforce do not face discrimination in any form from managers, colleague, or members of the public, including abuse, violence, bully harassment.</p>	<ul style="list-style-type: none"> • Implement the living our values/civility and respect OD plan and wider offer of diversity mentoring to foster understanding.
To listen to the experiences of our culturally diverse staff and to take steps to inform, educate and upskill all managers and staff in actively challenging prejudice, being a true ally and in taking steps to ensure our culturally diverse workforce do not face discrimination in any form from managers or colleague and any abuse from members of the public is promptly dealt with.	<ul style="list-style-type: none"> • Re-commission the Garnett Foundation (or similar) to run session in all services, focusing on anti-racism. • Support all anti-racism actions and implement agreed workforce specific actions. • Develop and deliver (or commission) D and I training for all line managers and all staff in Allyship, where possible in collaboration with ICS colleague organisations. • Set as a non-negotiable objective for ALL staff, to actively challenge their own prejudices and biases and to call out inappropriate behaviour of others including those more senior to them, with assurance of protection from the Trust from any negative repercussions. • To demonstrate to all staff the steps the Trust is taking to meet the Prevention of Violence standards.

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 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 (Back care) 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.

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

3.6.1 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 3 reasons for absence over the past year has been anxiety/stress; cold/cough/flu and chest/respiratory.

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

3.7.1 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.

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

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 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. 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 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.

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

3.7.5 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 mileage cut off for the higher rate, backdated to January 2022 to the end of June 2022, when business mileage is reset to 0;
- 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.
- We continue to lobby nationally for a speedy agreement on the 2022, annual pay awards and for a review of the contractual travel expenses rates.

3.7.6 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.

3.8 **Supporting Staff Health and Wellbeing during Covid-19 and Beyond**

3.8.1 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 2**.

3.8.2 In addition to our in house stepped offer, 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.

3.8.3 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.

3.8.4 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.

3.9 **Leadership Support Circles**

3.9.1 This is an NHS wellbeing programme designed to support leaders and managers at times of extreme pressure and to improve their personal resilience.

3.9.2 There is a wealth of evidence about the value of safe space to share experience in a structured time, at a time when pressures are at their highest.

3.9.3 The programme comprises of facilitated, interactive webinars (75 minutes each), scheduled weekly from 20 April to 6 July 2022, to create a safe space to de-compress, be heard and connect with others having similar experiences.

- 3.9.4 The circle sessions provide facilitated supportive space for all those who have a responsibility for managing a team, at whatever level, and whether medical, clinical or non-clinical.
- 3.9.5 Participants can share current experiences and gain personal insights about self-care supporting their teams, as we continue to navigate challenging working conditions and adjust to new ways of working.
- 3.9.6 Staff can join any one or all of the themed sessions and will also be signposted to further resources. The programme is facilitated by Cambridgeshire and Peterborough NHS Trusts, including CCS. The sessions are open to all staff who are responsible for leading a team, regardless of their locality. Detail of the Leadership Circles programme can be found at **Appendix 3**.

3.10 **Living Our Values, Civility and Respect.**

- 3.10.1 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, even leading to reduced levels of patient care as well as psychological harm to those experiencing and witnessing the behavior. Our Assistant Director of Organisational development is using this 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. Detail of the tool kit are being finalised following trials in the Bedfordshire and Luton senior leadership teams.
- 3.10.2 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.

3.11 **Live Life Well Programme**

- 3.11.1 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 in January 2021 and regular champions network meetings;
 - Bi-annual Health and Wellbeing Newsletter show casing our offer and positive actions by staff. The attached link is to our April 2022 edition <https://campaign.emailblaster.cloud/MTIzOTI/851.html>
 - 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.

3.12 Use of Exit and New Starter Data

- 3.12.1 On-line survey feedback from staff leaving the Trust is reviewed on a regular basis to identify themes, take actions and where applicable support individuals. However, at present take up of the survey at the current time is low and actions are underway to improve and extend the ways staff can give their feedback. We are looking at introducing a range of Stay and Exit surveys including at 6 and 12 months into employment, itchy feet surveys when staff start to think about leaving and exit surveys/information gathering when they hand in their resign and more detail can be found at **Appendix 4**.
- 3.12.2 All new staff continue to be surveyed on their experience during the recruitment process and on-boarding.
- 3.12.3 The information will be used to help establish if there are any concerns or themes that can be rectified to help keep staff in the Trust. Research has shown that new members of staff who stay within an organisation over 12 months are more likely to stay longer term.
- 3.12.4 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.

3.13 E-Learning and Electronic Staff Records (ESR)

- 3.13.1 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 as the first part of a wider roll out of ESR functions to support managers to know their workforce data better and to use it in timely way.

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.

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.

- 3.13.2 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.

- 3.13.3 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. Nationally the roll out has been delayed but is due for sign off in late May. We will then look to introduce this mandatory training across the Trust.

3.14 **Professional Development**

- 3.14.1 We conduct an annual Training needs Analysis (TNA) to identify the training and development needs of all staff. 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. 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 and other training providers continue to offer a blended approach to course delivery.

- 3.14.2 We continue to work with neighbouring trusts across our geography to provide a joint approach to support learners requiring work-based placements. 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.
- 3.14.3 A member of the Professional Education Team has spent the last year on secondment to the Large-Scale Vaccination Service, delivering training to new staff within the service as well as working as a site supervisor. The training being delivered has involved theory and practical experience to ensure new staff understand the different roles as well as their one role duties and responsibilities to ensure they are safe and confident practitioners when they start in post.

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 online by either attending study sessions on Teams or completing the online modules via E-Learning for Health. During 2021, unregistered staff within the LSV Service have been encouraged to access either the Trust or HEE provided care certificate. To date, 51 staff have completed the Trust provided care certificate, several are 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.

3.14.4 Medical Staff Development

Annual Trust Development Plan – this has been submitted to 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). This work is

being enabled by the provision of administrative support allowing the implementation of more robust processes.

Covid recovery – We received funds from HEE to help trainees to access training opportunities which may have been affected by Covid. This has been used to provide the opportunity to attend additional training courses and provide equipment to increase the access to clinical assessments affected social distancing. 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.

Staff Grade Associate and Specialty Doctors (SAS) – the tutor has now stepped down and interviews are being arranged for a replacement. Educational events have been delivered online, and there has been some disruption due to Covid.

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.

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). Both of the GU Medicine posts are currently vacant (the postholders having qualified and taken up posts within the Trust), although we have an international medical Graduate receiving training in Norwich as part of the Medical Training Initiative. National recruitment for the specialty remains critically low (just 18% for the last recruitment round) and workforce data suggests that the number of trainees qualifying will no longer meet the demand for new Consultants. The Regional Training Programme Director for GUM is working with HEE on how best to attract trainees to the specialty in the region.

Both of the regional trainees in CSRH are employed by CCS. They are both in their 4th year (of a 6-year training programme). 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 4 GP training posts within iCaSH, based in Kings Lynn, Peterborough, Bury St Edmunds and Great Yarmouth. These are now split 50:50 with General Practice placements. 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 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 2 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 sees an increase from 3 to 4 cohorts prior to the increase in student numbers in 2022-2023. From September 2022 this will mean the

delivery of 1 day of clinical experience teaching for each of the 204 students. The learning outcomes are being reviewed and further resources added. We receive feedback for the module, and the Sexual health component has been positive. We also collect feedback locally.

- University of Cambridge
 - iCaSH: One of our Doctors is involved in student lectures on sexual Health for Cambridge undergraduates but there are no clinical placements within iCaSH. In response to our approach the university are keen for us to provide clinical experience in sexual health for the students, and we are looking to piloting this in 2023. In addition, we have added online learning resources and are involved in the joint development of teaching with Primary care.
 - 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), Year 5 medical students now have a paediatric experience block within community paediatrics for the students placed in Cambridge. 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 is an independent medical school and if the service has capacity, would need costing and contracting support as it falls outside the Learning and Development Agreement (LDA) funding).

3.15 **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 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 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 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.

Our Staff side chair is a member of our financial support Grants panel and a key member of all out workforce related working groups including Workforce Diversity and Inclusion, Live Life Well and staff survey task and finish group.

3.16 **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.

In light of Covid-19, supplementary support information and advice has been in place 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 the pandemic.

We have 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). This group meets regularly for peer support and to keep up to date with the support available to staff.

To support the delivery of our People Strategy, we have appointed Anne McConville 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 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.

3.16.1 Diversity Reports and Objectives

3.16.1.1 *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 in line with national data run and reporting dates, usually in July/August each year. The Trust then updates its action plans, the last of which was agreed and published in October 2021 and is overseen by the Workforce Diversity and Inclusion Group.

WDES Objectives 2021/22

The 2021/22 actions are listed below, and the full Workforce Diversity and Inclusion Action Plan can be found at **Appendix 5**.

NB: The agreed WDES actions were reviewed by the steering group in March 2022 and the list below reflects that review, removing duplication and the number of actions.

- 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;
- Provide adequate adjustments to enable disabled staff to carry out their work.

3.16.1.2 The Workforce Race Equality Standards (WRES)

Our first WRES Action Plan was published in September 2019 and has been published annually since, in line with national data run and reporting dates, usually in July/August each year. The Trust then agrees its action plans, the last of which was agreed and published in October 2021 and is overseen by the Workforce Diversity and Inclusion Group.

The 2021/22 actions are listed below, and the full Workforce Diversity and Inclusion Action Plan can be found at **Appendix 5**.

NB: The agreed WRES actions were reviewed by the steering group in March 2022 and the list below reflects that review, removing duplication and the number of actions.

- 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;
- Address the relative likelihood of White staff being appointed from shortlisting across all posts compared to BME staff;
- Address the relative likelihood of BAME staff entering the formal disciplinary process compared to White staff;
- Irradicate bullying harassment abuse or discrimination at work from Manager/team leader ,other colleagues or members of the public.

NB: The agreed WRES actions were reviewed by the steering group in March 2022 and the list below reflects that review, removing duplication and the number of actions.

The Tables at **Appendices 6 and 7** provide a comparison of the WDES and WRES data over the 3 years up to 2021.

Key WRES related actions currently underway are:

- To review the reasons staff gave to their managers (not via exit surveys which are not often completed as detailed above) for leaving over the last 3 years. As part of this we are working with the chair of the Cultural Diversity Network to agree how best to make contact with BAME leavers from that period to get a better understanding of their reasons for leaving and their experience of working at the trust. This will help us identify any other actions to support our BAME staff to feel that they truly belong.

Reason for Leaving	Feb '19 to Jan '20	Feb '20 to Jan '21	Feb '21 to Jan '22
Death in Service	1	2	1
Dismissal - Conduct	1	1	
Dismissal - Some Other Substantial Reason	2	1	
Dismissal - Statutory Reason	1		
Pregnancy			1
Redundancy - Compulsory	3	1	
Retirement - Ill Health	2	4	1
Retirement Age	55	45	63
Voluntary Early Retirement - no Actuarial Reduction		4	13
Voluntary Resignation - Adult Dependants	2	7	3
Voluntary Resignation - Better Reward Package	19	13	17
Voluntary Resignation - Child Dependants	7	8	10
Voluntary Resignation - Health	22	14	19
Voluntary Resignation - Incompatible Working Relationships	5	4	9
Voluntary Resignation - Lack of Opportunities	31	13	18
Voluntary Resignation - Other/Not Known	3	16	42
Voluntary Resignation - Promotion	43	58	62
Voluntary Resignation - Relocation	40	20	29
Voluntary Resignation - Work Life Balance	91	52	62
Grand Total	328	263	350

See ME First – Becoming an Ally

- In May 2022 we launched our 'See Me First' BAME Champions/Allies Programme. We are recruiting See Me First Champions, willing to take a pledge to support our anti-racism stance and to act as allies and first points of contact for BAME staff who wish to talk with someone about their staff experiences. Details of becoming an ally are below and all board members are encouraged to make a pledge and become a champion. This aligns closely with the Anti Racism Pledge and personal pledges made by Board members in April 2022.

All staff have been invited to make a pledge and become an Ally and to consider what that means to them and to consider if they are:

Indifferent - not understanding
Aware – starting to understand
Active – sharing/seeking diversity
Advocate – commit to being a champion/ally

Being an ally is easy and many would-be allies are afraid of making mistakes that could have them labeled as '-ist' or '-ic' (i.e., racist, sexist, transphobic, homophobic, etc). This means that as an ally, there is much to unlearn and learn, and mistakes are expected. See Me First Champions/Allies will need to own this as fact and be willing to embrace the daily work of doing better and think how to:

- Transfer the benefits of your privilege to those who lack it;
- Amplify voices of the oppressed before your own;
- Acknowledge that even though you feel pain, the conversation is not about you;
- Stand up, even when you feel scared;

- Own your mistakes and decenter yourself;
- Understand that your education is up to you and no one else;
- 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. This is working well in some teams but not all and remains an area of improvement;
- The Recruitment and HR Teams have provided additional recruitment (including anti discriminatory practice) training;
- The Trust continues to promote coaching, mentoring and our diversity (formerly called Big 9) mentoring programme;
- Cultural Diversity, Long Term Conditions and Disability and LGBTQIA+ networks are now established, along with a menopause café and further networks will be established as identified by staff.

3.16.2 Gender Pay Gap

The 2021 Gender Pay Gap report was published in October 2021, based on our gender pay information in 2020.

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.

At the time of writing this report the 2022 Gender Pay Gap report has not been finalised.

3.16.3 Equality Delivery System 2 (EDS2) – Workforce Objectives

The 2021/22 Workforce EDS2 Objectives were:

- 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.

As detailed in the separate Diversity and Inclusion annual report to board this month, it is proposed that these objectives were met and that the trust agree the proposed 2022/23 objectives.

3.16.4 Cultural Ambassadors

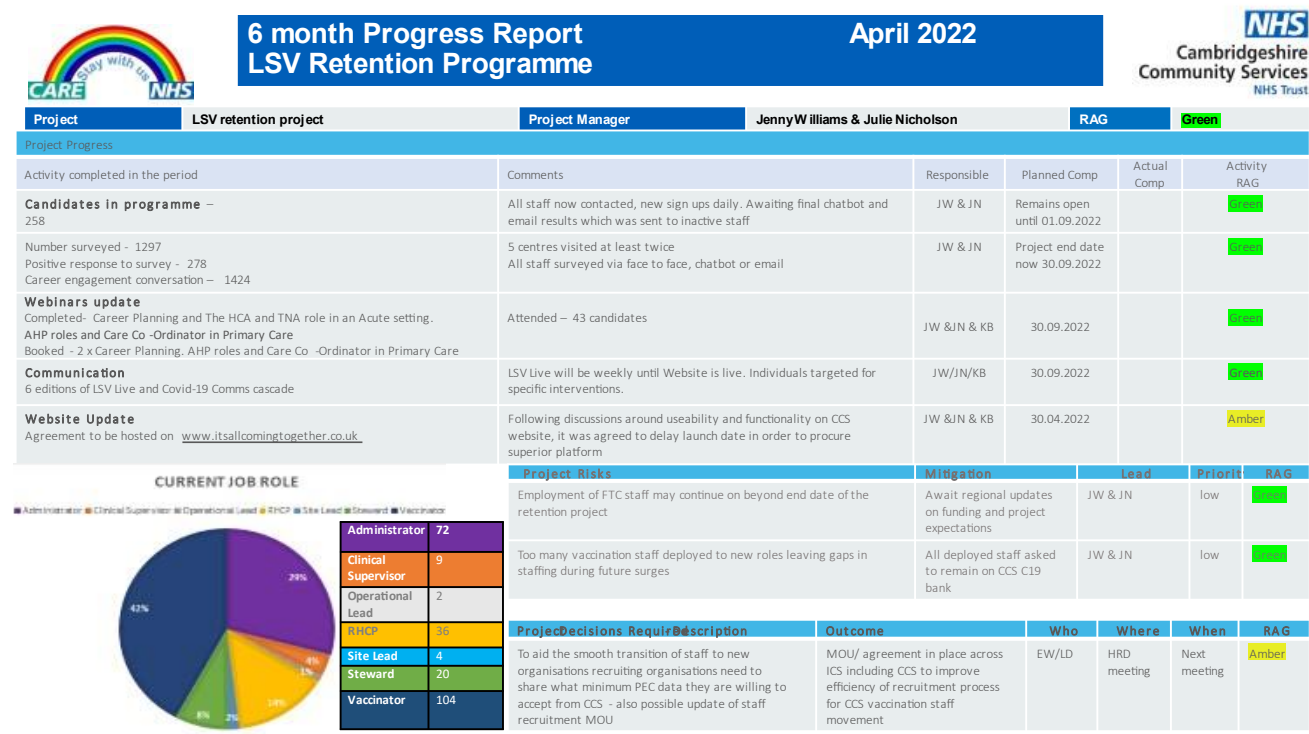
The role of Cultural Ambassadors is embedded into the Trust's employee relations activities. They play a key role, not only in formal HR processes, but also as part of the Workforce Diversity and Inclusion Group, other workforce related work streams including the Staff Survey Action Planning and Live Life Well Group, and on the Trust Covid-19 Incident Management Team. We have successfully recruited 3 new Ambassadors bringing our total back up to 5.

3.16.5 Retention

Initially as part of a system wide programme to support Large Scale Vaccination (LSV) staff to remain in the NHS, the Trust has widened the scope of our small retention team to support the Trust' wider retention work.

The graphic below details the Large Scale Vaccination (LSV) retention work and to date several staff have now successfully moved into roles within the Trust and we continue to

work with our own services and all trusts and local authority employers in the Cambridgeshire and Peterborough ICS system to seek to retain LSV staff. In addition, the retention team are supporting the HR Team with a review of Stay, Itchy feet and Exit surveys as detailed in Section 3.7.



4. WORKFORCE MODELLING

The allocate 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 is being agreed for further roll out across the Trust.

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.

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 and we have noticed an increase in the number of enquiries. For example, we received 17 applications from existing staff for clinical apprenticeships –

nursing and AHP – in the last application round. AHP apprenticeships have become a particular focus with 2 staff members due to start an Occupational Therapy apprenticeship in September 22 and 3 members of staff applying for a Speech and Language Apprenticeship also to start in September 2022.

Our apprenticeship numbers have continued to grow throughout the pandemic. Between April 2021 – March 2022 we had 31 new apprentice starts 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 and training providers 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. This will be reviewed as part of the work on developing strategic 3-5 year workforce plans for each service. Should apprenticeships be identified as a key supply route then we will need to consider investing more in providing cover for those undertaking the training.

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. For example, we are soon to launch the Digital Citizen Apprenticeship to upskill those who use data as part of their role.

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 9 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.

The Trust supports staff to achieve a 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.

The Trust has employed 7 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, the DWP funds the salary costs for newly created roles at 25 hours a week for 6 months. We have roles in Dental services, Dynamic Health, Bedfordshire Children's Services and Service Redesign. We have partnered with Cambridge Regional College to offer an employability course and access to a training platform. The young people will be supported to apply for suitable roles within CCS and/or the NHS to move into at the end of their Kickstart role.

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 virtual mock interviews with Year 12 students, given careers talk to Year 9s and taken part in creating video content for Cambridgeshire and Peterborough Health and Care Academy. **See Appendix 8a.**

Please see attached a plan for our school's work for this year at **Appendix 8b** and we are planning to support young people in special schools those with SENDs and those from disadvantaged backgrounds to introduce them to work in the NHS.

4.2.1 Summary of Apprenticeships

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

4.2.1 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. We have successfully attracted newly qualified staff to work for us based on their positive training experiences. The numbers of students offered placements (2021/22) is detailed in **Appendix 10**.

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. (see **Appendix 11** for student feedback and comments).

January 2022 brought in the new cohort of SCPHN students at 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.

Luton Adults were 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 for next year's intake.

Children's Community Nursing across Bedfordshire, Luton and Cambridgeshire recruited 3 students (internal secondments) between them for the Specialist Practitioner Qualification and they started in September 2021 and January 2022.

Services are waiting for confirmation from HEE for the number of commissioned places they will be offered this year and Trust wide recruitment is planned to commence in June for a January start date.

Our Practice Education Facilitator (PEF) has developed the role over the last 6 months with a focus on clinical placement expansion. The PEF has updated and improved the delivery of the training offered to nursing practice supervisors and assessors, delivering an online learning package through teams to enable those attending to benefit from group work and sharing experiences relating to working with students. The PEF has 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 has 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 has enabled some areas to increase the numbers of students they could accommodate.

An important aspect of the PEFs work has been clinical placement expansion and she has supported services to think creatively about how they can continue to offer high quality learning environments to increased numbers of students. The PEF has led on pilots for this approach with both nursing and therapy services and is involved in the evaluation of these projects to develop how this can be shared across more services. This has led to Cambridgeshire HCP being able to support 20 child field students at one time and Cambridgeshire speech and language therapy service doubling the number of students they could support. These pilots were a success as they utilised a blend of face-to-face contact with the teams, virtual learning, peer learning and workshops. This work is being formally evaluated by Anglia Ruskin University and the University of Bedfordshire with a view to being possibly being published.

Our PEF and one of Clinical Educator and Placement Leads are working together to develop an online learning platform for students to access. They have also developed a corporate placement with the Quality team which has received positive feedback. Numbers have been limited to 4 students initially, but it is hoped this will be increased and be opened out to AHP students as well as nursing students.

We continue to explore return to practice for nurses and AHP professionals and hope to employ the first return to practice nurses in our Healthy Child Program services later this year using the employer led model. This involves recruiting professionals whose registration with the NMC or 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.

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

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

University of West England (Bristol)	Return to Practice - Specialist Community Public Health Nursing (Health Visitor / School Nurse)
University of Brighton	Return to Practice - Specialist Community Public Health Nursing (Health Visitor / School Nurse)

The Trust engages in three Nursing Associate Partnerships aligned with ICS/STPs:

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

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

The following activities have taken place since April 2021 or are planned to take place:

Team or Service	Aim	Numbers Supported	Ongoing / 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	Complete
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	Main programme with Admin Leads complete Further als with Admin Service Sr Leads to complete in June
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 effective implementation of co-production across CCS.	6	Main programme completed – biannual sessions on-going
Public and Patient Involvement, developing a vision and strategy (Chief Nurse)	Support stakeholders to reflect, review and identify key themes that contribute to the next 3-year PPI vision and strategy	18	Complete
Luton Adults Development Programme (co-facilitated with OD and System-wide development)	A programme for service leads to consider how a culture can be created where staff are trusted, engaged, and empowered to deliver high quality care and explore their role as leaders in creating this	18	Programme paused by winter Covid progr
CP CYP Team Leads Development Programme – this is part of a comprehensive practical management skills, service improvement and leadership development	Build on previous leadership development programme to - Create a culture of trust, engagement and empowerment	53	On-going until June

programme delivered with SRD	<p>Increase confidence to lead teams and services through change and service improvement</p> <p>Enhance communication styles and skills to be able to deal with challenging and essential conversations</p> <p>Develop solutions and make decisions confidently and collaboratively</p>		
Leadership Support Circles (this system-wide initiative will be co-facilitated by Workforce and OD CCS staff with colleagues in CUH, CPFT and NWAFT)	<p>An NHSE/I health and wellbeing initiative, designed to support the wellbeing and resilience of leaders and their teams through 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"> • ...to share experience • ...to be heard, to gain insights and sometimes to work through complex challenges <p>Similar in approach to Schwartz rounds and Care circles...with the focus on leading services under pressure rather than the patient care experience.</p>	unknown	<p>First stream completed.</p> <p>Second stream ongoing until July 2022.</p>

3 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 - Review and Plan
Appendix 2	Stepped Approach Support for Staff
Appendix 3	Leadership Support Circles
Appendix 4	Engaging to Stay
Appendix 5	Workforce Diversity and Inclusion Action Plan (including WRES/WDES and Gender Pay Gap)
Appendix 6	WDES and Summary Comparison 2019, 2020 and 2021
Appendix 7	WRES and Summary Comparison 2019, 2020 and 2021
Appendix 8a	School Events List
Appendix 8b	Plan for Widening Participation Work 2022/23
Appendix 9	Summary of Current Apprenticeships
Appendix 10	Clinical Placements September 2020-2021
Appendix 11	ARU Student Feedback and Comments