

## **TRUST BOARD**

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Title:	<b>TRUST-WIDE BI-ANNUAL WORKFORCE REVIEW</b>
Action:	<b>FOR NOTING/DISCUSSION</b>
Meeting:	<b>20 NOVEMBER 2019</b>

### **Purpose:**

This bi-annual workforce review provides the Trust Board with an understanding of the workforce planning and supply issues and the actions in place to retain and secure our workforce. It also details the progress that has been made against the actions identified in our last workforce review in May 2019. The update is attached in Appendix 1.

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

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

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

### **Recommendation:**

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

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## Trust Objectives:

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

## Trust Risk Register

This report refers predominantly to actions associated with Board risks:

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

## Legal and Regulatory Requirements:

CQC Outcomes

NHS Constitution – Staff Rights and Pledges

## Previous Papers:

Title:	Date Presented:
Bi Annual Workforce Review	May 2019

## Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	The actions with the reviews to support our workforce will support the delivery of this objective							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups	The actions with the reviews to support our workforce will support the delivery of this objective							
Introduce Disability Passport Scheme to record agreed reasonable adjustments	Updates the boards on the implementation plan for adjustment passports							
To utilises the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture	Updates the board on the launch of the “Big 9” mentoring scheme							
Are any of the following protected characteristics impacted by items covered in the paper								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
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

- 1.1 This report details the outcomes from our service level workforce reviews, which took place across each service during September and October 2019. These conversations involved clinical, operational, HR and training and education colleagues. They were led by the relevant Service Director and key workforce data was reviewed and discussed. In addition, these reviews provided an opportunity to discuss all current workforce issues with a key focus being on workforce planning and supply.
- 1.2 A summary of these discussions with the relevant workforce, quality, financial and performance data for each service is attached as Appendix 2. Key workforce supply challenges and assurance on the delivery of safe services is also detailed on the summaries.

## 2. Attracting Staff

- 2.1 The Trust recruited 192 substantive and 53 bank staff between 01 April and 30 September 2019. The Trust continues to experience recruitment challenges in some roles/services. This is for a variety of reasons including location and national staff shortages. It is well known that by 2020 the NHS will have over 52,000 nursing vacancies nationally.

The key areas of challenge continue to be:

- Luton - District Nursing; Health Visitors, School Nurses, Audiologists and specialist safeguarding roles;
  - Dental – Dental Nurses in South Cambridgeshire;
  - Cambridgeshire Children’s Services - Health Visitor and School Nursing and Community Nurses, Speech and language therapists;
  - Dynamic Health – specialist physiotherapy roles especially within East Cambs and Fenland locality.
- 2.2 To attract and retain staff a number of local Recruitment and Retention Premia (RRP) are in place and the effectiveness of these are regularly reviewed. Current RRP’s in place are:
- Audiologists – Luton;
  - Named Nurse – Luton;
  - Health Visitors – Band 6 – Luton and Wisbech;
  - School Nurses – Band 6 – Luton;
  - Speech and Language Therapy temporary roles – Bedfordshire and Luton.
- 2.3 An option to introduce an RRP for Dental Nurses in Cambridge is still open should current efforts to address recruitment and retention be unsuccessful.

The RRP for Health Visitors in Luton was increased on 01 April 2019 to 6% as one method to retain current staff in a location and profession where this staff group has a range of employers to choose from. Despite the RRP, six Health Visitors left Luton Healthy Child Programme services, and one retired, during the period 01 April 2019 to 30 September 2019 and the service has in place a workforce plan to mitigate this and other workforce challenges. Part of this plan includes skill mixing and recruiting Staff Nurses into the Health Visiting Service.

- 2.4 The Trust’s internal recruitment function is well established in most services/locations and we are reducing our reliance on our third party recruitment support provider. The internal service will become fully ‘end to end’ to minimise the input in administration activity by appointing managers thus freeing them up to concentrate on their role in selecting the right candidate. This will also ensure a smooth, positive and speedy experience for applicants.

The next stage is to expand the centralised service to all services from April 2020 and to ensure consistency whilst still being flexible and responsive to support service needs.

Trust representatives continue to attend job fairs and visit local schools to promote careers in the NHS and local job opportunities and this will be expanded further during 2019/20.

The Trust's cohort of Health Ambassadors has recently been re-established and are committed to spending time in local schools to promote careers in the NHS.

The Trust offers a limited number of work experience placements, due to the difficulty of clinical services accommodating young people whilst delivering care. Therefore our work experience programme is being redesigned to offer a more generic taster for young people and others interested in working in the NHS, as part of our wider workforce supply work. Time will be spent across a range of services and we anticipate being able to support more work experience placements and promote more NHS career options in the future.

- 2.5 The applicants' information pack, which informs potential applicants about the Trust and the benefits of working here, including our staff health and wellbeing programme, is regularly reviewed and updated to ensure it is both informative and promotes the Trust as a good place to work, learn and succeed.
- 2.6 In our job advertisements we publicise, where applicable, flexible working/job share opportunities to widen our available search area. In addition, services are being encouraged to advertise and offer relocation assistance and the Trust's policy on this has been revised to be more inclusive. Services are supported to make use of social media and less traditional NHS places to advertise as it is recognised, and was noted during the workforce reviews that NHS Jobs website is not always the place potential applicants for some roles will look, e.g. administration or corporate roles.
- 2.7 From 01 July 2019 we increased the notice period for staff in Band 5 posts from one to two months to assist services in reducing the time they have vacant posts when staff leave.
- 2.8 Sexual health services support GPs in training and this can provide a source of future GPs with special interest to provide sessional work for us.
- 2.9 As part of the national Graduate Management Training Scheme (GMTS), we supported three NHS Graduate Trainees within the Trust in year one placements until they moved to their next placement in neighbouring trusts. The Trust has hosted several trainees over recent years and successfully appointed former graduate trainees to substantive roles. The scheme is changing for the 2019 intake and we will review the success of the new scheme and consider applying to host trainees again in 2020.
- 2.10 In order to ensure that all new recruits have values and behaviours in line with those of the Trust, we appoint staff using a values based recruitment process with application forms including a values based question to aid shortlisting. All interview panel chairs are trained to assess an applicant's values and behaviours at interview and during 2019/20 we are rolling this requirement out to all members of selection panels. We also encourage other selection methods including practical tests, presentations and in some services, patient/service user involvement. Greater involvement of patients/service users in recruitment is planned as part of the Trust's people participation work stream.
- 2.11 In December 2018 we began rolling out of BAME representation on selection panels where a BAME applicant has been shortlisted. This is part of our wider work to support workforce diversity and inclusion and to seek to eliminate bias. In doing this, we have also encouraged greater general diversity on selection panels and continue to promote how all staff can avoid acting negatively on their unconscious biases. This will be fully rolled out as the centralised recruitment function rolls out to all services from 01 April 2020.

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

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

We took part in a system wide streamlining workshop on 31 October to learn from best practice and share ideas and CCS remains one of the few trusts making full use of ESR for its mandatory training provision and recording and our mandatory training lead chairs the regional mandatory training work stream.

2.13 At Trust Induction, we ask new staff for feedback on their recruitment experience and their first impressions of the Trust as a place to work. This feedback is shared with the relevant service leads so action can be taken as required. This is also discussed at local induction and orientation. As a result of previous workforce reviews we designed a process to seek feedback from new staff during their first year in post, which will go live before the end of the year and we will report on the findings and action taken based on that feedback in future workforce review updates. A decision has been taken to ask staff to give their names so that we can intervene in situation where an individual needs support.

2.14 In September 2019 the Trust recruited 24 Health Visitor and 5 School Nursing and 2 District Nurse Nursery students. These are a mix of internal and external appointments and they form part of our workforce supply solution identified as part of our services workforce plans. Nineteen Health Visitors and two Student Nurses were new joiners in 2019 and are included in the staff in post headcount as at 30 September 2019.

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

3.1 Retention of our workforce, (our 'stay' strategy), is a key part of the role of our people managers and our workforce planning activities. Currently 53%\* of our staff will still be below their earliest retirement age in 10 years' time and therefore retaining them is as important as attracting in new staff. Much of this report includes the support the Trust offers to staff which is in place to encourage staff to stay, by engaging with them, listening to and acting on their feedback, treating them with dignity and respect, support their development, career aspirations and current career choices and addressing issues when things go wrong at work in a kind, compassionate and fair way. We recognise that most of our workforce perform well and are happy in their current role so we place as much emphasis on supporting them as we do in supporting those who have the ability and desire to progress.

*\* based on the earliest age staff can retire with their NHS Pension. Not all staff will retire when they reach this age. Therefore, we will have over 53% of our current workforce still in work in 10 years' time if we successfully retain them.*

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

- 3.3 Staff who have had their annual appraisal meeting are asked to give confidential feedback on the quality of that conversation, including how it helps them perform in their role and a summary of the feedback is attached at Appendix 10. The feedback indicates that most staff feel the appraisal adds value and all narrative feedback is reviewed and, where applicable, used to review our appraisal process. Key highlights are:
- 98.2% of staff agreed or strongly agreed that their appraisal was a positive experience;
  - 80.18% felt it made a positive difference to undertaking their role;
  - 96.16% reported having the opportunity to discuss their personal health and wellbeing, career and training aspirations.

### 3.4 **Staff Engagement**

3.4.1 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.

3.4.2 During this reporting period, the 2018 SOS Trust Wide Improvement Plan was implemented and focused on 5 key findings at Trust wide level. The 2018 SOS results, published in March 2019, saw an improvement in all 5 areas addressed in the 2017 Action Plan and in 3 areas staff now rate the Trust as the best in the country when compared to our peers which is great to see. Further improvements in these areas can still be made. A summary of progress on the findings related to the actions taken following the 2017 surveys is detailed below:

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

\* Lower response rate the better

3.4.3 A full board report on the 2018 survey outcomes was presented at the March 2019 Trust Board and the 2018 Trust wide improvement plan is now in place. In addition, divisional level improvement plans with actions to address service/locality specific feedback have been developed locally.

The 2018 staff survey action plan and updates includes:

Area for Improvement	Action Taken
<p>Staff satisfaction with the quality of work and care they deliver</p>	<p>Local divisional action plans and focus groups have been established to address any concerns issues that are local to each division. This brings greater control to staff within these divisions to impact change and hopefully empower more staff to make improvements in own work areas, in turn having a benefit to the quality of care delivered.</p> <p>Also linked to this work are the local Staff Friends and Family Test Survey responses which have been factored into the local plans.</p> <p>Action plans are available to all staff on the Trust's Intranet.</p>
<p>Ensuring the Trust has a fully inclusive culture and addressing Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) areas for improvement</p>	<p>Development and publication of 'Working with a Disability – Staff Support Guidelines' which underpins the Trust's Workforce and Inclusion Policy, promoting fair treatment to staff and applicants who are disabled to ensure our actions/inactions do not discriminate.</p> <p>Development of an staff 'Adjustment Passport' which will be a live record of the adjustments that an employee has which have been agreed between them and their manager to support the employee at work due to a health condition, impairment or disability. It's purpose is to:</p> <ul style="list-style-type: none"> <li>• Make sure everyone is clear and has a record of what adjustments have been agreed;</li> <li>• Reduce the need to re-assess adjustments every time you change jobs, are relocated or are assigned an new manager;</li> <li>• Provide you and your manager with the basis for future conversations about adjustments.</li> </ul>

	<p>This will be launched in December 2019.</p>
<p>Ensuring objective setting and appraisals help improve how individuals feel about their role making a difference to patients and that staff report that they have a quality and meaningful appraisal</p>	<p>A review has been undertaken of the Trust's appraisal policy and paperwork following feedback received from the Staff Survey results along with the appraisal audit and feedback from staff. In light of these responses a change to the paperwork has been undertaken to split from one set of paperwork to a clinical and non-clinical appraisal documentation set.</p> <p>In addition to the non-clinical appraisal paperwork, more focus has been given on what development opportunities are available and a non-exhaustive list has been included in the paperwork.</p> <p>Research has also been undertaken as to how many appraisees should one manager have and this recommendation has been included in the updated Appraisal Policy – suggestion, no appraiser has more than 10 appraisees.</p> <p>The updated policy and documents were launched in June 2019.</p>
<p>Staff reporting any experiences of violence or aggression at work</p> <p>A call to action on bullying and harassment at work</p>	<p>Reinforced message that the Trust has a zero tolerance to bullying and harassment, violence and aggression at work. A video message was recorded of the Trust's CEO highlighting this message and where staff can go for help and support.</p> <p>Local divisional groups where this has been flagged as a concern (violence/aggression from service users) have carried out their own division specific actions i.e. within the Ambulatory Care Division the iCaSH and Dental departments are working together to source an external provider to deliver bespoke training for front line staff on how to manage violence and aggression from members of the public.</p>

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

3.5.1 The Trust offers flexible retirement as an alternative to staff retiring completely. This is particularly helpful as some clinical staff groups can retire with their NHS Pension at 55 when many people are not ready to stop working completely. This is available on request and is accommodated wherever possible and supports the retention of knowledge and skills whilst freeing up roles for progression to other staff. Guidance for managers and staff on flexible retirement options supports this approach.

3.5.2 Services consider their known and anticipated retirees and review their workforce demographics and where they anticipate and could accommodate flexible retirement as part of their workforce reviews and planning. We have a number of examples across the Trust where this has been implemented. However some services have expressed concerns that managing staff on a range of flexible working patterns and hours can cause issues and make recruitment into the remaining hours a challenge. Therefore moving to detailed 5 year workforce plans which can predict changes and map actions will help with decisions on what flexible arrangements can be accommodated.

### **3.6 Staff Health, Wellbeing and Attendance**

3.6.1 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.

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

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

3.6.3 The HR team are supporting the implementation of our new more personalised approach to managing staff attendance, agreed in 2019. We encourage managers and leaders to focus on the individual and their personal circumstances rather than focusing on policy and sickness trigger points. Reducing sickness absence levels across the Trust remains a key focus of work and we continue to review and bench mark across services across other NHS providers and across wider non NHS organisations and where possible by localities.

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

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

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

3.7.3 In reviewing the framework, we have identified the benefits of having clear guidance for managers and staff on the whole health and wellbeing offer in a single policy to sign post staff. This new policy was put in place in May 2019 to support the staff wellbeing work stream of our workforce strategy.

- 3.7.4 In May 2019 we have simplified the guidance on work place stress assessments and are working with staff who have been absent from work due to stress or anxiety, regardless of whether it was work related or not, to understand the level of support offered locally and how effective this was and what more can be done. More importantly, we will be exploring what further improvements could we make to support staff in general.
- 3.7.5 Supporting the mental wellbeing of staff remains our priority with successful Mental Wellbeing Weeks in 2018 and 2019 which raised the profile of paying attention to your own mental wellbeing and support and advice offered to staff during Stress Awareness Week in November 2019.
- 3.7.6 Feedback from staff during the 2018 week informed our Mental Wellbeing support for staff as outlined above and in February 2019 the Board heard a mental health and wellbeing staff story. We offered a programme of support, advice and guidance on mental wellbeing as part of our 2019 Mental Health Week (13 to 19 May 2019). An online toolkit and resources supported this along with daily tweets with supporting testimonials and information. A four-part Compassionate Team training course was developed to deliver to whole teams and sessions have been well received.
- 3.7.7 In addition, an awareness session for managers is being developed to enable them to be able to support the mental wellbeing of their staff better. The workforce team is being supported by the Emotional Health and Wellbeing team managers following being initially produced by a former CCS Clinical Psychologist.
- 3.7.8 We continue to offer personal resilience training to all staff and bespoke support to individuals and teams going through organisational change. We have reminded staff of this support during the preparation for BREXIT when it is anticipated there may be an increase in unacceptable behaviour from some members of the public towards staff.
- 3.7.9 Financial difficulties/pressures can cause undue stress and anxiety and to support staff we introduced the services of Neyber, a financial service provider, to offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investment opportunities. Neyber have launched a new salary advance service to help staff avoid costly payday loans and to assist staff who, in the past, have had to ask the Trust for help and to ensure a consistent and far access to help. Additionally, in partnership with our staff side representatives, we have published details of the financial support available to trade union members via their unions.

### **3.8 Benchmarking**

- 3.8.1 The Trust's overall sickness level is 4.76% compared to an average of 4.01% in all NHS trusts. This compares to all industry sickness levels which are based on the 2.60% identified in the Office of National Statistics (ONS) Report 2017.
- 3.8.2 Please see Appendix 3 which shows the latest benchmarking data available for NHS providers and the 2017 ONS data.
- 3.8.3 The HR team will continue to support managers to identify supportive action for individual staff and teams where absence levels are high.

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

- 3.9.1 The HR team have undertaken a deep dive on the reasons for absence and are working with managers to support staff to maximise their health and wellbeing and maintain attendance at work. Please see Appendix 4 which details the reasons for sickness absence and measure by staff group and Appendix 5 which shows the Deep Dive findings.

### 3.10 Live Life Well Programme

3.10.1 Our staff Health and Wellbeing Programme, 'Live Life Well', continues to successfully support staff and has achieved the following during 2018/19:

- Personalised approaches to managing attendance and flexible working requests;
- Support for staff with their financial wellbeing;
- Promotion of the wellbeing values of good team working and two way communication and taking a break;
- Expert input into our mental wellbeing, reliance and mindfulness support and research into wider use of mental wellbeing interventions;
- Promotion of the wellbeing effects of volunteering;
- Promotion NHS staff discounts and promotion of NHS health checks;
- Mental Wellbeing Week (May 2019);
- Promotion of key national wellbeing related national days/weeks throughout the year;
- Working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton;
- Resilience training;
- Newsletters, intranet pages and Comms Cascade updates;
- Review of the staff feedback on flexible working and plans to review how this can be promoted further;
- Review of our domestic violence policy/support using the expertise in our safeguarding team;
- Reminder to staff about access to free eye tests if they use a computer as part of their role;
- Providing information on the menopause to reduce the reluctance of staff to talk about this openly at work;
- Introducing Health and Wellbeing champions.

3.10.2 Our biggest achievement in 2019 is the launch of Health and Wellbeing Champions. Volunteers are being sought to train in mental health first aid. They will act very much like our Freedom to Speak up Champions, by signposting staff to the support available to them, such as streamlined sickness absence guide, separate managing workplace stress and separate Staff Health and Wellbeing Policy and specific support for disabled staff, including clarification on disability leave and we are working with the RCN on an adjustment, Disability Passport. Training is planned for early 2020 after which the Champions will begin supporting staff within their localities.

### 3.11 EU Staff and Brexit

3.11.1 In preparation for Brexit, the Trust supported its EU staff by providing information on applying to the EU settlement scheme and reviewed services which may be at risk if EU staff chose to leave. The table below shows where we have the highest levels of EU staff and the services are reporting that staff are not indicating that they will be leaving as a result of Brexit, although some are anxious about their future.

<b>Service</b>	<b>% of Staff</b>
Cancer and Palliative Care, Luton	10.5
Dental Services	9.7
Adult Nursing, Luton	7.5
Dynamic Health	6.4
Long Term Conditions, Luton	5.7
Corporate Resources, Luton	5.0

Local managers and the Trust are supporting our EU staff.

### **3.12 Use of Exit Data**

- 3.12.1 Feedback from staff leaving the Trust is reviewed on a regular basis to identify themes, take actions and where applicable support individuals. Appendix 6 details this information.
- 3.12.2 Where an individual highlights a concern this is raised with the service so they can identify any changes they can make to their staff experience.
- 3.12.3 It is recognised that by the time someone has chosen to leave, it may be too late to change their mind therefore we are introducing support to staff in their first 365 days to support new staff and get feedback on any issues at an early stage.
- 3.12.4 From November 2019, all new staff starting after October 2019 will be surveyed on their experience during the recruitment process and on-boarding. Action will be taken on any areas of concern/delay/improvements required.
- 3.12.5 The launch of this will be early in 2020 and new staff will be surveyed at six months and one year after joining. Set questions via a survey monkey will be asked and the responses analysed to identify any themes/trends so that action plans can be developed and improvement actions put in place, where possible, to help with retaining staff. Staff highlighting serious issues will be offered support by the HR team in the first instance.
- 3.12.6 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 proxy access have been trained to directly input sickness absence into staff records as the first part of a wider roll out of ESR functions to support managers to know their workforce data better and to use it in timely way to support them manage better.
- 3.13.2 For the majority of their mandatory and role specific training staff access e-learning on ESR. This supports staff to access user-friendly training at a time and place which suits them and their work and reduces time away from work, travel, cost and inconvenience. IT compatibility, issues which have previously been an issue have now largely been resolved.
- 3.13.3 Staff can also easily access their pay slips, total reward package information, including projected pension benefits and their personal data.
- 3.13.4 The Trust has reviewed the other functions available in ESR and will plan the roll out of additional functions after further work has taken place on e-scheduling and e-rostering to avoid duplication as the two systems need to talk to each other and share data.
- 3.13.5 In the meantime, the recording of all essential to role training on individual staff profiles is underway.
- 3.13.6 This will be implemented where we can identify that they support managers and staff and where they improve the employee experience and will be rolled out in conjunction with e-rostering and e-scheduling where it makes sense to do so.

- 3.13.7 From 01 April 2019, when earned pay progression for newly appointed staff was implemented as part of the 2018-2021 pay award, managers are using ESR to record their relevant staff are meeting the required competencies to trigger their pay progression. CCS was the first trust locally to have its plans in place for when this impacts on staff. This becomes applicable to all staff from 01 April 2020.
- 3.13.8 The Trust is currently working on awareness raising for staff in whistleblowing and freedom to speak up and is currently considering the best way to roll this out across the Trust.
- 3.13.9 Following the recent national announcement of autism awareness becoming mandatory training for NHS staff, in 2020 the Trust will work with neighbouring trusts to agree how to deliver this, ideally through e-learning.

### **3.14 Professional Development**

- 3.14.1 The Trust provides Continuing Professional Development (CPD) and essential training for all staff to deliver their roles safely. A summary of CPD expenditure for non-medical clinical staff between 01 April 2019 and 30 September 2019 is attached as Appendix 7.
- 3.14.2 The Trust continues to support Doctors in Training in their placements across the Trust and we continue to get positive feedback from our trainees on the placements offered. We continue to have a Guardian of Safe Working in place to provide support and guidance to our junior doctors.
- 3.14.3 Following the changes in the training routes into clinical professional roles, pre-registration students, who undertake work based placements as part of their qualifications now come to the Trust from a wider range of routes. We continue to work with neighbouring trusts on a joint approach to ensure we can manage this effectively. We provide central support to both the students and the services to ensure students have a quality experience with the Trust, with the aim that students see the Trust as an employer of choice after they qualify. We successfully bid for funding for an addition temporary post to support our student support function and are awaiting detail of this.
- 3.14.4 The Trust continues to support the care certificate programme, which gives care workers a national standard level of skills and competence, with study days run across our geography. This supports the assessors to focus their support on assessing the practical competencies. The Care Certificate is also offered to staff in non-clinical roles for staff who have expressed an interest in expanding their knowledge with a view to applying for clinical roles in the future. In September a non-clinical member of the training team who had undertaken the care certificate, began a nursing degree programme having being inspired to pursue a clinical career.

### **3.15 Partnership Working**

- 3.15.1 Partnership working with trade unions continues to be positive and the Trust supports protected time for the Staff Side Chair to undertake her duties on a full time basis.
- 3.15.2 Positive partnership working has supported the Trust when difficult changes have taken place through our open and honest dialogue with unions and staff, most recently the staff restructure across 0-19 services in Bedfordshire and some realignment as Luton Children Services are being managed alongside Bedfordshire Children Services. Whilst hard to quantify, this is likely to have had a positive affect 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.
- 3.15.3 An example of this is our proactive work with the RCN to introduce Cultural Ambassadors and the adoption of their 'Rest Hydrate Refuel Scheme', the adopted of an all staff version of

the key principles in the BMA's SAS Doctor Charter and the adoption of the RCN on a Disability Passport Scheme. We openly endorse staff joining a union as part of their Trust Induction and our Workforce lead attends the annual regional partnerships working conference jointly with the Staff Side Chair to learn from others and share best practice.

### 3.16 **Supporting a Diverse Workforce**

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

3.16.2 The key staff related work streams in the Workforce Strategy Implementation Plan 2019/20 are to:

- Deliver Workforce Race and Disability Equality Standards and action plans;
- Deliver our commitment in this area by delivering our annual Staff Equality Objectives and Equality Improvement Plan;
- Work with experts in this field to embed the diversity and inclusion agenda as an employer;
- Attend public events to get feedback on the Trust's Diversity and Inclusion approach;
- Establish member led Staff Diversity Networks;
- Review the Cultural Ambassador Programme and plan and implement year 2 activities.

### 3.17 **The Workforce Disability Equality Standards (WDES)**

3.17.1 In July 2019, the Trust published our first set of workforce disability data against a set of national standards, the workforce disability equality standards or WDES. Our action plan, to address areas for improvement, was produced in July and published on the Trust external facing web site on 25 September 2019. This details the actions we will take to promote equality of opportunity for disabled applicants and staff.

3.17.2 The actions are:

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

#### 3.17.3 **Disability Passport**

The Workforce Diversity and Inclusion committee signed off a draft 'Adjustments Passport' on 25 September and following document formatting, this will be launched on National Disability Awareness Day on 03 December and at the Leadership Forum in December 2019, with the aim that all staff with a disability or specific needs, and who want one, will have had a conversation with their manager and agreed an adjustments passport.

#### 3.17.4 **Staff Networks**

Work is ongoing to learn from best practice from other trusts and with support from Mercy Kusotera, Assistant Director of Corporate Governance, to re-launch and widen the existing staff networks.

### 3.17.5 Mentoring

See the section below on Diversity Mentoring 'Big 9'.

### 3.17.6 Disability Leave

The HR team and union colleagues are currently reviewing our special leave arrangements and as part of this the option to have disability leave which is not classed as sick leave, is under consideration.

### 3.17.7 Increase Numbers of Staff Declaring Working with a Disability

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

## 3.18 The Workforce Race Equality Standards (WRES)

Following the implementation of the 2018/18 WRES Action Plan, we published our 2019 WRES data in August 2019 and produced our action plan which was published on the public website on 25 September 2019.

Our actions for 2019/20 are:

- To finalise the implementation of BAME representation on recruitment panels;
- To make recruitment training as mandatory for all recruitment panel members;
- To widen and relaunch the offer of mentoring for BAME staff;
- To offer more interactive theatre style training to teams/localities.

### 3.18.1 BAME Representation on Recruitment Panels

All recruitment activity will be supported by the in house CCS recruitment team from 01 April 2020 and at that time we will finalise the roll out of BAME representation on all interview panels where a BAME applicant has been shortlisted, as we will be able to identify which panels require a BAME member.

### 3.18.2 Recruitment Training for all Recruitment Panel Members

Plans are in place to train all staff involved in recruitment during 2020, thereafter staff that have not had this training will not be able to take part in the selection process. Currently the chair and any BAME representative on panels have to have been trained; therefore no recruitment activity is currently taking place without at least one member of the panel being trained in the interim.

### 3.18.3 Mentoring for BAME Staff

See the section below on Diversity Mentoring 'Big 9'.

### 3.18.4 Theatre Style Training

This training remains available and will be published and booked centrally to meet any identified team/service levels needs.

### 3.18.5 Cultural Ambassadors

Our 5<sup>th</sup> Cultural Ambassador was trained in July 2019 and now the team is back to full complement. As well as their role in formal 'HR' processes, we will continue to will make wider use of their knowledge, expertise and life skills to support issue's before they become formal cases with the aim to resolve cases before they become a formal disciplinary or grievance by acting as an expert resource for managers and HR advisors.

### 3.18.6 Staff Networks

During the Trust's annual Diversity and Inclusion week in May 2019, we asked for staff volunteers to be either a diversity mentor or to be involved in staff networks. Several staff came forward, interested in being involved in some way and work is ongoing to scope the options for facilitating the current diversity network and, if there is a staff interest, supporting staff to form further networks. Mercy Kusotera is a core member of the Workforce Diversity and Inclusion group and will advise on how to re-establish staff networks.

### 3.18.7 Diversity Mentoring

In October 2019, as part of Black History Month, the Trust launched our new diversity mentoring programme, 'Big 9', with training for mentors, using a mix of our existing mentor training and specific diversity and inclusion mentoring training. We will next promote the availability of mentors from a range of backgrounds to work with staff she share that characteristics to help support career and personal development.

## 3.19 Gender Pay Equality

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

3.19.2 Our 2019/20 Gender Pay Gap Implementation Plan actions are to:

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

### 3.19.3 Offer Flexible Working

The Recruitment team is reviewing adverts to ensure that flexible working is a standard offer.

### 3.19.4 Springboard

We are working with colleagues within our localities to finalise the dates of Springboard training and once finalised will advertise this to our female staff. This training is aimed at

addressing issues which may traditionally hold female staff back from progressing in their careers.

### 3.19.5 Data Review

The committee reviews shortlisting data to identify any concerns this raises in particular in female appliances for senior (Band 7 and above) roles.

### 3.19.6 Diverse Selection Panels

Diversity of panels is actively promoted on the recruitment training and with the introduction of BAME staff involvement on panels we are widening the awareness of the value of selection decision being made by a diverse panel.

### 3.19.7 Mentoring and Coaching

See the section below on Diversity Mentoring 'Big 9'.

### 3.19.8 Attracting more Men into the Trust

Our new Future Talent Advisor started with the Trust on 23 September 2019 and will begin work on this during 2020 as part of our wider work to attract people into work in the NHS as a whole and the Trust specifically, including an improved work experience programme, going into schools/colleges, working with organisations which support ex-service personal into the NHS etc.

## 3.20 Workforce EDS2 Objectives

The 2 staff related EDS 2 objectives are:

### 3.20.1 Workforce EDS2 Objective 1

*Introduce Disability Passport Scheme to record agreed reasonable adjustments*

- Managers will be asked to discuss with all staff in either a normal 1:1 at appraisal or in the individual objective setting conversation by 01 April 2020. The launch is planned at the Leadership Forum in December 2019;
- These are regularly reviewed and acted upon, with reminders to discuss embedded into Trust 1:1, Appraisal and Personal Objective Setting guidance and documentation;
- We will measure any impact on staff engagement /satisfaction through staff feedback in the 2020 annual staff survey.

### 3.20.2 Workforce EDS2 objective 2

*To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture*

- Board members will be invited to volunteer to act as coaches and mentors for staff, with training give, where required, including the internal mentoring and 'Big 9' training for diversity mentors;
- Reverse mentoring will be introduced in 2020 and staff including Board members will be invited to be involved;
- We will measure any improved staff experiences within diversity and inclusion indicators of the 2020 annual staff survey.

## 4. **Workforce Supply Planning**

To ensure that the Trust has oversight of the future workforce needs, services have been undertaking workforce reviews since 2014 and have begun to build these into workforce plans. Whilst more development is required to have proactive 3 - 5 year rolling workforce plans, several aspects of workforce and supply planning are in place. The Trust was successfully recruiting additional central support for managers with this work by appointing a Future Talent Advisor who began with the Trust in September 2019.

### 4.1 **Workforce Modelling**

- 4.1.1 The Trust continues to use service and workforce modelling tools as part of service planning and service redesign programmes, supported by an extensive service redesign team to support service leaders.
- 4.1.2 The Benson Modeling Tool continues to be used to support service planning in our 0-19 services across the Trust including the new revised service model for Bedfordshire Children's Services and the planning of the Cambridgeshire and Peterborough model in partnership with Cambridgeshire and Peterborough NHS Foundation Trust.
- 4.1.3 Service redesign is taking place in Luton Adult Services to deliver the 'One Service' Model which includes workforce modeling and we continue to work with Benson to enable them to build their community nursing tool. This has identified a need for several new roles to deliver the new service model.
- 4.1.4 Safer Staffing level guidance was used in our acute children's wards prior to the transfer out in April 2019.
- 4.1.5 The introduction of an electronic rostering and scheduling systems is in its implementation stage across some services and it includes a workforce modeling system, based on activity, known resources and skills and will allocate work accordingly. The priority area for this is Luton Adult Services closely followed by our other community based services.

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

- 4.2.1 The Trust continues to manage the use of agency workers Trust-wide (details of usage are included within the bi-monthly finance board reports). Our current volume of agency workers is approximately 20 active workers across the Trust covering both clinical and non-clinical roles.
- 4.2.2 The three highest services engaging with agency workers are (headcount):
  - 1. Luton Audiology
  - 2. Health Visiting Cambridgeshire
  - 3. Luton Adult Nursing

The three services with highest agency spend are (6 months to Sept 2019):

- 1. Cambridgeshire Children's and Young people's Service
- 2. Bedfordshire Community Services
- 3. iCaSH

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

- 1. Vacancies within the service
- 2. To cover sickness

### 3. Additional capacity / projects

- 4.2.3 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.
- 4.2.4 We are working with the STPs to explore any opportunities to make best use of pool of bank workers. We are also reviewing our ways of working to ensure that these are in line with best practice.
- 4.2.5 Work is also on-going with our partners to ensure that the agency and bank rates for medical staff are reduced and that we work together to achieve this. As a Trust, our use of medical locums is smaller than in acute trusts however we are committed to working with colleagues on this. The Trust continues to utilise dental locums to cover work for which our funding is short-term as the most efficient way to staff the service.
- 4.2.6 The Trust is considering the option to engage all new staff on a separate bank contract, on appointment to a substantive role, to facilitate an easier way for them to do extra work.
- 4.2.7 Following a feedback session with a selection of staff in our Luton Adults service, it was recognised that staff were discouraged from working bank shifts due to the length of time it took to receive payment for the work. As result we are introducing weekly pay for bank workers in our Luton services (anticipated launch date 01 December 2019).
- 4.2.8 Once implemented we hope that this will encourage staff to undertake bank shifts more frequently and if successful, weekly pay for Bank workers will be introduced across the Trust.
- 4.2.9 In September 2019 we implemented the latest national agency restriction on the use of agency workers in administrative (including management IT and estates roles) unless the work meets some excluded rationale. We successfully moved a significant number of agency workers on to bank contracts with the Trust as a result of this. We brought forward moving to weekly pay for this cohort of new bank staff to attract them to make this move and plan to roll out the offer of weekly pay to all bank staff.

### 4.3 **Workforce Planning**

- 4.3.1 The aim of the workforce planning process undertaken bi-annually is to ensure that services have identified their future workforce needs and the likely supply of this workforce. The November 2018 review highlighted the need to support services in developing their 3-5 year rolling strategic workforce plans. These plans will identify the number and type of staff required and the likely source of that workforce including up-skilling current staff, recruiting through traditional routes and/or recruiting into apprenticeship and other development posts and support proactive succession planning.
- 4.3.2 In order to support services with workforce planning and supply, we have appointed the Future Talent Advisor who will work with services to identify their workforce supply routes and in promoting our 'Grow Your Own' agenda.
- 4.3.3 As part of the NHS Long Term Plan, the Trust has worked with partners in both Bedfordshire, Luton, Milton Keynes and Cambridgeshire and Peterborough STPs on our system wide workforce plans and continue to balance both our internal workforce planning needs and those of our wider systems, to support service development and delivery.

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

- 4.4.1 The Trust undertook a programme of awareness raising/myth busting on modern apprenticeships during 2017 to support managers to understand the new apprenticeship levy and the new apprenticeship routes available at that time. This report acknowledges that the complexity of the apprenticeship levy rules and the procurement process has hindering progress, however the Trust is not alone and most other NHS organisations are in similar position. Where trusts have a large scale apprenticeship plan they have had to invest significantly in addition to their apprenticeship levy. This is an option for the Trust should it be identified as a key workforce supply route.
- 4.4.2 Apprenticeship training that has taken place or is taking place since 2016 is outlined in Appendix 8.
- 4.4.3 All services are currently viewing apprenticeships as one way to help meet their future workforce supply needs.
- 4.4.4 Two members of staff were supported to undertake the Trainee Nursing Associate (TNA) programme with the University of Bedfordshire's in April 2017 and have successfully graduated as NMC registered Nursing Associates.
- 4.4.5 A further ten members of staff from Cambridge, Peterborough, Luton and Bedfordshire are undertaking Nursing Associate Apprenticeships as part of their services' workforce plan.
- 4.4.6 Four members of staff will complete their children's nursing apprenticeships with Anglia Ruskin University (2 year programme commenced April 18) in December 19. Within Luton Adult and Children's Services and in Bedfordshire Children's Services, six members of staff commenced the Nursing Degree Apprenticeship (both child and adult nursing) through the 18 month flexible route, in February 2019. A further four members of staff have been recruited to commence the apprenticeship from February 2020. In addition one member of staff is being supported through an extended apprenticeship to access the Nursing Degree Apprenticeship commencing May 2020.
- 4.4.7 Alongside the complexity of the system and the levy rules, the main challenge to date has been that services have largely relied on replacing staff like for like when they leave, from a ready supply of trained staff rather than using apprenticeships. A key challenge is that the levy cannot be used to support the time when an apprentice is undertaking study and this leaves services short staffed.
- 4.4.8 To support existing staff to be ready to undertake new apprenticeships where appropriate the Trust supports staff to achieve a level 2 functional skills qualification in English and/or Mathematics as this is a requirement for all apprenticeships and Higher Education courses such as the Nursing Associate Apprenticeship Foundation Degree. We work with an external training provider and run these in Luton, in conjunction with neighbouring trusts. In Cambridgeshire we can signpost to local colleges or access classes delivered by North West Anglia Foundation Trust or Royal Papworth NHS Hospital Trust. In Norfolk/Suffolk we have shared details of courses across the counties that are being run by West Suffolk College. The Trust subscribes to an online functional skills assessment programme, where staff can complete an assessment to gauge their current levels of ability and where they could improve. We use this as part of the Care Certificate programme and also for interviewing new staff.

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

- 4.5.1 Health care professionals undertaking training are required to do clinical placements alongside their academic training and the Trust supports students with a quality placement as part of this. We have successfully attracted newly qualified staff to work for us based on

their positive training experience. The numbers of students offered placement during 2018/19 is detailed in Appendix 9.

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

University of Bedfordshire

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

Anglia Ruskin University

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

University of East Anglia

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

University of Suffolk

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

University of Essex

- Speech & language students
- occupational therapy students
- Physiotherapy students

University of Northampton

- Orthoptic students
- Occupational therapy students

University of Hertfordshire

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

University of Sheffield

- Orthoptic student

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

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

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

- 4.6.1 The Trust's appraisal, career and personal development process (CPDP) provides staff with an opportunity to discuss their career potential and aspirations and for service managers to undertake succession planning. Feedback on the effectiveness of appraisals is enclosed at Appendix 10.
- 4.6.2 We continue to implement 'Our Leadership Way' and 'Our Improvement Way'. These ways of working develop skills and competencies that will equip our staff to support our ambition of continuous improvement, alongside supporting current and future leaders to develop their leadership skills.
- 4.6.3 The Trust is supporting several members of staff to undertake the system wide local Mary Seacole leadership programme. We have two in house trained facilitators supporting this programme and are able to fill places on new cohorts as they are released from our waiting list. This programme is aimed at staff in their early management/leadership career and it provides an opportunity to learn with colleagues across health and care. Our Director of Workforce is the Executive Sponsor for this programme across the Cambridgeshire and Peterborough system.
- 4.6.4 Our most recent Chrysalis Leadership Development Programme (Cohort 9) ended in April 2019 with 44 participants graduating. The current programme began in May 2019 and currently has 51 participants taking part. Three Admin Leads from the Immunisation and Vaccination team applied but as they worked together and had similar challenges a two part bespoke 'Making the Difference Course' was developed to support these learners instead. To date 333 members of staff have graduated and 188 of those staff are still at CCS. We are planning a 10 year celebration for July 2020.
- 4.6.5 Our practical management development programme, Stepping Up, is designed for those new to line management. It provides training in the practical skills needed to lead people competently and with confidence. As part of Cohort 4, 18 participants graduated in May 2019, we currently have 24 applicants for Cohort 5, starting in November 2019.
- 4.6.6 Our internal 'Make the Difference' programme provides training to teams through bespoke sessions relevant to their specific needs, and is aimed at making a positive difference to their team effectiveness. The subjects covered include, building rapport, success based thinking (creating a more positive environment), effective appraisal conversations (for appraisees and appraisers), courageous conversations (for those who have challenging conversations with patients and their families) and team building activities.
- 4.6.7 Starting in January 2020, our new in house Manager Development Programme, 'Amazing People', will support managers, both those new to the organisations and those wanting a refresher. It is front-ended with coaching conversations and getting the best from your team. There will be less focus on managing issues and more on good management attributes and behaviours and signposting to sources of help if issues arise.
- 4.6.8 In partnership with other organisations in our STP footprint, the Trust is offering staff the opportunity to take part in a Step into my Shoes Programme, shadowing colleagues in other parts of the STP system to enhance their cross system working skills. In addition we have had candidates on the Mary Seacole programme. This is part of a wider organisational and leadership development programme across both STP footprints.

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

4.7.1 NHS Improvement issued guidance ‘Developing workforce safeguards’ in October 2018 to support providers in delivering high quality care through safe and effective staffing. We have reviewed this guidance and provided the Board with a further briefing on this as part of our January 2019 Quality Report.

4.7.2 In addition, NHS Improvement issued a safer staffing document for district nursing services. Deputy Chief Nurse, Liz Webb and Head of Luton Adult Services, Chris Morris undertook an initial piece of work comparing the guidance against our aims with our Luton Service redesign programme in October 2018. Their feedback is summarised below:

**Summary of the NHSI safe Staffing district nursing document, ‘Safe, sustainable and productive staffing, an improvement resource for district nursing’ and its applicability to Luton District Nursing Service**

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

**NHSI Safe Staffing District Nursing**

The NHSI Safe Staffing district nursing document, ‘Safe, sustainable and productive staffing, an improvement resource for district nursing’ is described as a tool kit for District Nursing team leaders, Commissioners and trust boards to use when planning services. The tool kit describes four layers that can be used to inform planning and development. Right staff; Right Skills; Right place and right time; measure and improve (see diagram above). Specifically this document describes ‘safe caseloads’ rather than safe staffing.

Applying this tool to the Luton One Service Model highlights that many elements of this framework are found within the Luton model. Further use of the tool would therefore be an advantage as the One Model develops and evolves.

## High Level Comparison of Luton One Model with the Framework

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

### 5. NHS Long Term Plan – Interim Workforce Implementation Plan (LTP)

To support the NHS LTP, a national Workforce Implementation Plan is being developed. The Trust has fed back on its proposed focus/content and the Director of Workforce is part of the national group producing the plan. We have worked in 2 STP footprints to input into the system wide workforce plans to meet the interim people plan and 5 year plan.

### 6. Progress against May 2019 Actions

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

### 7. Next Steps

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

- Services will review their future roles requirements and use this to inform their apprenticeships, skill mix and staff development plans;
- Wider use of open and inclusive advertising recruitment and selection process for internal applicants for apprenticeships;
- We will continue to work with CPFT on children's services partnership and support staff to work across our organisations;
- We will promote the flexible benefits of working for the Trust including in senior roles;

- We will engage with other organisations to learn from them any new activities/initiatives that can reduce sickness absence rates;
- Implement our 2019 SOS Action Plan including reviewing appraisal paperwork based on staff feedback;
- We will introduce the adjustments passport to support disabled staff;
- We will roll out our health and wellbeing champions to support staff;
- We will review recruitment hot spots and introduce RRP where there are real issues, including for support roles;
- We will support staff during service redesign;
- Start to implement the roll out of e-rostering and e-scheduling and more ESR functionality;
- We will continue with our bespoke leadership development programmes that are wrapped around our service redesign programmes of work;
- Survey and provide additional support, as required, in the first 365 days to new members of staff after 6 months and 12 months;
- Offer support to new managers in their first 100 days through a coaching model;
- We will review our leadership development offer to support our leaders to be excellent;
- We will further implement BAME representation on interview panels where BAME applicants and shortlisted;
- We will meet the requirements of 'Developing Workforce Safeguards'.

## 8. Recommendation

The Board is asked to:

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

### Appendices:

Appendix 1	Progress Against May 2019 Workforce Review Actions
Appendix 2	Summary Workforce Review and Workforce Data
Appendix 3	Sickness Benchmarking Data
Appendix 4	Sickness Measure by Staff Group
Appendix 5	Sickness Deep Dive (September 2019)
Appendix 6	Exit Questionnaire Feedback
Appendix 7	Continuing Professional Development Investment
Appendix 8	Apprenticeship Volumes 2016 – 2019
Appendix 9	Student Placements 2018 – 2019
Appendix 10	Appraisal Feedback