

## TRUST BOARD

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Title:	<b>TRUSTWIDE BI-ANNUAL WORKFORCE REVIEW</b>
Action:	<b>FOR NOTING/DISCUSSION</b>
Meeting:	<b>9<sup>th</sup> MAY 2018</b>

### Purpose:

This bi-annual workforce review focuses on the work undertaken to:

- develop and support our staff
- ensure that our staffing models and interventions are effective and safe
- deliver high quality patient care through our workforce.

This report provides the Trust Board with an understanding of the workforce challenges and opportunities being taken to inform our service planning. It charts progress against:

- implementation of actions from the November 2017 review – Appendix 5
- the Workforce, Organisational Development and Service Redesign Strategy - Appendix 6

The report highlights the key findings from the service level workforce reviews that were undertaken:

- Luton adult services
- Luton 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
- Dental services
- Oliver Zangwill Centre

It provides the Board with an overview of the workforce plans from the above services, including how they plan to recruit and develop staff to fill current and anticipated gaps in their workforce, including how they will utilise the new work-based clinical learning approach (apprenticeships). Proposed future actions are detailed in Section 17.

A summary of the new routes into nursing (Appendix 2), sickness absence rates (Appendix 3) and a summary of continuing professional development/training and development (Appendix 4) are all attached for information.

### Recommendation:

The Board is asked to **note and discuss** the information in this report and the actions planned to address areas of challenge.

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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 rigorous 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 mandatory staff training and overall staff engagement levels.
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

## Legal and Regulatory Requirements:

All CQC outcomes are addressed in this report  
NHS Constitution – Staff Rights and Pledges

## 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	Whilst not specifically referenced in this report, the actions with the reviews to support our workforce will support the delivery of this objective
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	Whilst not specifically referenced in this report, the actions with the reviews to support our workforce will support the delivery of this objective
Using the national 'A Call to Action on Bullying and Aggression' internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs	This report includes an update on the Workforce Diversity and Inclusion work and on actions to tackle bullying and aggression

<p>Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of underrepresentation identified. In particular, we will seek innovative methods to have co-opted representation on the trust board from diverse backgrounds</p>	<p>As above, and the report updates on actions to support a diverse workforce</p>
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Are any of the following protected characteristics impacted by items covered in the paper - **All**

Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>	x <input type="checkbox"/>

## **1. Update On Workforce Issues, Interventions and Actions since the November 2017 Review**

- 1.1 For this report workforce reviews were undertaken at a Divisional level. The reviews took place through a conversation with service leads; the relevant service director and colleagues across HR, training and education and the workforce information team. Current staff data was reviewed including age profiles, turnover data and sickness information. The workforce data and key points are attached as Appendix 1.

## **2. Workforce Planning**

- 2.1 Each service has produced a workforce plan as an outcome of this workforce review. This will become part of their annual service plan and will form the basis of the November 2018 workforce review.

## **3. Workforce Modelling**

- 3.1 The Trust continues to utilise service and workforce modeling tools as part of service planning and redesign. The Benson modelling tool continues to be used to support service planning in our 0-19 services across the Trust. It was also used to inform the service model for Bedfordshire Children's Services.
- 3.2 Discussions continue with our Commissioner in Luton in relation to the final outcome of the Benson modelling within this locality. Areas to be finalised are identification of appropriate resources for a&e Screening and support to the multi-agency safeguarding hub.

## **4. Agency and Bank Workers Usage**

- 4.1 The Trust continues to manage the use of agency workers across the Trust. Details are included within the bi-monthly finance board report. The number of shifts filled by agency staff, averaged out weekly to:
- 63 shifts a week January to March 2017
  - 59 shifts a week April to September 2017
  - 77 shift a week October – December 2017
  - 78 shifts a week Jan – March 2018
- 4.2 The use of agency workers will continue within some of our service areas, however, the Board can be assured that this is in a planned and targeted way and that systems are in place to authorise and monitor the appropriate use of agency staff. Managers are being reminded of the importance of recording the reasons for usage and for reporting this centrally on a weekly basis so that we can be assured that appropriate plans are put in place, where possible, to reduce reliance as much as possible.
- 4.3 A task and finish group which was established to consider the establishment of a trust-wide staffing bank concluded that a centralised bank was not required. However, work continues to ensure staff registered with one service can work in other services, though most of our bank workers chose to work in one service or location.
- 4.4 A shared bank arrangement has been agreed for our acute paediatric service with North West Anglia NHS Foundation Trust (NWAFT), ahead of the transfer of the service to NWAFT by November 2018.

- 4.5 Work is ongoing across our footprint with partners to explore opportunities to establish shared banks. We are also reviewing our ways of working to ensure that these are in line with best practice. This will include the introduction of an e-scheduling system for our community based teams and e-rostering for all services. The need is currently being scoped and the aim will be to introduce these new systems during 2018/19.
- 4.6 Work is also ongoing 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.

## **5. Staff Engagement and Feedback**

- 5.1 A paper covering the findings from the 2017 Staff Opinion Survey was presented to the Board in March 2018 and an improvement plan is in place to address identified areas.
- 5.2 As the Trust Board is aware our overall staff engagement score was the highest for community trusts nationally and the 9<sup>th</sup> highest for all NHS provider trusts nationally.
- 5.3 The results have been broken down by division and each area is currently pulling together its own local action plan to address service/locality specific feedback.
- 5.4 The Trust wide actions include:
- A review of why staff are reporting a rise in the number of potentially harmful errors near misses or incidents they have witnessed;
  - Continuing to promote a culture where any form of harassment of staff, service users or colleagues, is unacceptable and where action is always taken when this occurs;
  - Undertaking local surveys to understand why staff may not report incidents of bullying and harassment and to encourage staff to use a range of informal resolution processes;
  - Supporting staff to have a healthy work life balance, and a focus on mental wellbeing. Staff taking lunch/rest break and finishing work on time and a reduction in the numbers of staff feeling the need to work additional unpaid hours, including using the pilot of e-rostering to assist with this;
  - Continuing to improve the quality of our appraisals and to review the success of the new appraisal career and personal development planning conversations and the introduction of succession planning during 2018/19.
- 5.5 In addition, comments received from both the national staff survey and our local quarterly staff friends and family surveys are reviewed and grouped into themes and actions to address these identified.

## **6. Current Workforce Challenges**

- 6.1 We continue to experience recruitment and retention challenges in some roles/services. This is for a variety of reasons such as location and/or national staff shortages. Key areas are:
- Luton locality - District Nursing; Health Visitors, School Nurses, Audiologists and specialist safeguarding roles in Luton
  - Dentists in Peterborough and Wisbech
  - Children's community and acute nurses in Cambridgeshire
  - Administration staff in Cambridgeshire
  - Physiotherapists in some localities.

- 6.2 The use of incentives to attract and retain staff remains an option being considered by some services and Recruitment and Retention Premia (RRP) are already in place in some areas. However, it is clear that the effect of these are limited and some previously agreed RRP's have not been renewed after the initial implementation, as it is often not money which is the deciding factor for staff remaining/joining the Trust.
- 6.3 Across Luton Adult and Children's Services a review is currently underway into a locality wide recruitment and retention premia for some roles where there is a significant local recruitment and retention challenge. The continued application of existing premia is also being reviewed at the same time to ensure that these are still appropriate.
- 6.4 It has been identified recently that some staff within the Luton locality receive a historic national high cost of living payment which should have been withdrawn in 2012 alongside the rest of the Trust. However, due to the recruitment and retention issues currently being experienced it has been agreed that this decision would be put on hold pending the outcome of the overall review.
- 6.5 Services continue to introduce new technology to support service modernisation and increased efficiency. Human Factors awareness has been embedded into our in-house leadership development programmes to help staff implement new ways of working.
- 6.6 The recently introduced centralised recruitment administration function, established in late 2017 following feedback from newly recruited staff, is now well established and feedback is very positive both from managers and applicants. This supports both an improved applicant experience and speeds up the recruitment process by eliminating local variations and practice.

## 7. Apprenticeships

- 7.1 A programme of awareness raising/myth busting sessions took place during 2017 to enable services to understand how to access the apprenticeship levy and also to understand what new apprenticeship routes are available. This has enabled many services to start to proactively plan their future workforce supply for clinical and non-clinical staff with apprenticeships being seen as a viable alternative to their traditional methods of workforce planning and workforce supply.
- 7.2 Despite some clinical apprenticeships still being under development and others not currently available at our local higher education providers, there are now several clinical apprenticeships open to individuals who already hold a foundation degree. Three of our local higher education institutions are now providing this for adult nursing. The education teams continue to support services to develop their plans and capacity to support apprenticeships.

Apprenticeship training currently taking place is listed in the table below.

Clinical Apprenticeship	Non Clinical Apprenticeship	Apprenticeship/Training
8	9	Total 17

The following table demonstrates completed training programmes in the previous year.

Clinical	Non Clinical	Apprenticeship/Training
3	10	Total 13

The Trust is also planning apprenticeships for 6 non-clinical and 5 clinical new apprenticeships. Public sector bodies also have an annual target to ensure 2.3% of their workforce is comprised of apprenticeships. This equates to approximately 50 people within our Trust each year. As can be seen above we are currently not meeting this target but we remain focused on doing so in the future as and when more apprenticeships become available locally.

7.3 Three members of staff (one Cambridgeshire and two Luton based) commenced the Trainee Nursing Associate (TNA) programme with the University of Bedfordshire's in April 2017. This 2 year programme is one of the first pilots and will inform future programmes. A further 5 members of staff (all Luton based) are planning to commence in September 2018 as part of Luton's growing their own future registered nurses.

## **8. Supporting Staff Wellbeing**

8.1 Sickness absence rates continue to vary across the Trust and in their workforce reviews, services have reviewed the support they give to their staff, including the support offered by both the human resources team and, where applicable, the occupational health and counseling services. A summary of sickness absence October 2017 – March 2018 is attached at Appendix 3.

8.2 Supporting staff when they are unwell and minimising any negative work impact on staff health and managing staff attendance overall remains a key priority for the Trust. As part of this, our staff health and wellbeing programme (Live Life Well) the HR team continue to support managers to implement a personalised approach, focusing less on absence triggers and more on the personal circumstances of each individual and supporting staff to return to work. It is recognised that some managers prefer a more formal and prescriptive approach and training is being developed to support managers alongside support from their senior manager and the HR team on how to give staff individual support.

8.3 The promotion of mental wellbeing is the priority for the staff wellbeing programme during 2018/19 and a Mental Wellbeing week 'Healthy Mind and Healthy Body' is taking place 14 to 18 May 2018 to raise the profile of the importance of paying attention to your own mental wellbeing. Various support, information and taster activities will be taking place during this week across the Trust.

8.4 The Trust has agreed to partner with Neyber, a financial service provider, who offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investments opportunities. This will be rolled out to all staff during the summer. This is something that other NHS Trusts have implemented and positive feedback has been received from both employer and employees.

8.5 The Live Life Well Programme has reviewed its work plan for the coming year and have agreed the following areas of focus for 18/19:

- personalised approaches to managing attendance and flexible working requests;
- supporting staff financial wellbeing;
- promoting the wellbeing values of good team working and two way communication;
- working with experts including an in-house clinical psychologist on mental wellbeing, reliance and mindfulness;
- promoting the wellbeing effects of volunteering;
- the options to include one non work related objectives in staff objectives, (not measured/monitored, but an opportunity to discuss a personal goal);
- research into wider use of mental wellbeing first aiders, including staff volunteering to be a first contact for staff experiencing mental ill health issues and wanting to talk to someone;
- a refresh of the Staff Wellbeing Policy;
- promoting NHS staff discounts more widely;
- holding inter team wellbeing challenges;
- promoting the Mental Wellbeing Week in May 2018;
- promoting other 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 during 2017/18.

## 9. Proactively using Exit Data to Support Retention

9.1 To support staff retention, exit questionnaire data, collected via a survey monkey, is reviewed. This helps inform actions needed to support retention and to improve the working environment. We encourage our managers to have an exit conversation with staff as soon as they hand in their notice to try and identify whether there is anything that could be done to encourage individuals to stay with the Trust. Individuals can also request an exit interview with someone else if they prefer and a number of staff have asked for face-to-face exit meetings with senior leaders. The information gathered as part of these conversations is discussed with the relevant service leads and within teams as appropriate.

9.2 A summary of the Survey Monkey data is detailed below:

<b>Exit Questionnaire: Survey Monkey data</b>	<b>Oct – Dec 2016</b>	<b>Jan - Mar 2017</b>	<b>Apr –Sept 2017</b>	<b>Oct 17 - Mar 18</b>
<b>Total number of leavers in period</b>	<b>89</b>	<b>78</b>	<b>187</b>	<b>130</b>
<b>Number of completed questionnaires received</b>	<b>28</b>	<b>16</b>	<b>37</b>	<b>38</b>
<b>Less than 1 year service</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>7</b>
Training opportunities	1	0	1	2
Promotion not available	4	4	3	3
Job not as expected	3	1	4	5
Organisational culture	4	2	4	10
Work life balance – work related	1	0	4	4
Commute to work	3	1	2	0
Career opportunities elsewhere	6	0	3	5
Did not like the Job	0	0	2	2
Work Life Balance – Personal	8	3	4	6
Retirement	4	4	5	1

9.3 Exit Questionnaires are reviewed on a regular basis to identify those employees who have asked to speak to a member of the Human Resources team to provide feedback or raise a concern. The employee's individual responses are also reviewed to identify trends or areas of concern. For instance: organisational culture, bullying, relationships with manager and colleagues, training and induction. Where an employee provides a negative response to a question, it is flagged and the details are sent to the local human resources team member to investigate and/or discuss with the managers concerned. Trends are identified and followed up on.



## **10. Mandatory Training/Electronic Staff Records**

- 10.1 Electronic Staff Record (ESR) employee self-service is now fully embedded and is being used by staff to access e-learning for many mandatory and role specific training packages. IT compatibility issues have continued to be a challenge, however alternative ways of undertaking the e-learning are in place and have ensured the organisation has achieved an overall compliance rate of 93% over the past 2 years. This was supported by the ESR team attending team meetings and responding proactively to all issues as they arise.
- 10.2 Although our overall mandatory training compliance levels remain high, the Trust continues to contact all non-compliant staff and their managers to remind them.
- 10.3 Following the introduction of electronic pay slips in June 2017, in March 2018 all staff received their P60s electronically for the first time. Since the introduction of e-payslips there has been an increase in the number of staff viewing their ESR file, which has been helpful to improving our compliance rates.
- 10.4 The roll out of supervisor's self-service is ongoing and currently corporate services and ambulatory care services are using this, and Norfolk will go live from during May and managers within these services are using ESR to record periods of sickness absence and to track their staff's training compliance.
- 10.5 The Trust has been shortlisted in the Best Use of ESR category for the 2018 Health Providers Management Association (HPMA) awards. The ESR team gave a presentation to the judges on 17 April and the winner will be announced at an event on 7 June 2018.
- 10.6 The Trust has fully implemented the new national 'ESR portal'. This provides our staff with a more user friendly access point to ESR on their home page. Feedback from staff is positive.

## **11. Supporting Staff Development, Training and Succession Planning**

- 11.1 Following the reduction in central funding from Health Education England for Continuing Professional Development (CPD), the Trust committed to fund all essential training for our non-medical, clinically qualified workforce in 2017/18. We are continuing to do so in 18/19. We delivered all the essential training to staff to ensure they were safe and able to deliver quality care. A summary of expenditure between October 2017 and March 2018 is attached as Appendix 4.
- 11.2 The Trust's new appraisal, career and personal development process, introduced in September 2017 provides staff an opportunity to discuss their career potential and aspirations and for service managers to think about succession planning. Further guidance for managers is being launched this summer. A further review will take place during 2018/19. The aim of the review is to have a process in place to identify staff with both potential and aspiration to progress their careers. This will become a dynamic process as individual circumstances change over time. This will run alongside the development and support for the majority of our staff who are performing well in their current role and have no current aspirations to change role, as these staff are invaluable to ensure we continue to deliver high quality care.
- 11.3 Following the permanent appointment of our Director of Medical Workforce, the Trust continues to support our Doctors in Training in their placements across the Trust and the we continue to get positive feedback from our trainees on the placements that we offer.
- 11.4 Following the changes in the routes into professional roles, pre-registration students, who undertake work based placements as part of their learning and qualifications will come to the Trust from a wide wider range of education routes. We continue to work with neighbouring trusts on a joint approach to ensure we manage this effectively. We support the students and the services centrally to ensure that students have a quality experience with the Trust and will therefore aid recruitment of them once they qualify.

- 11.5 The Trust continues to support the care certificate programme. 27 staff have completed this and 54 are currently being supported through the programme with a further 17 waiting to start. We have also trained 40 assessors and 15 trained quality assurers to ensure we embed a sustainable programme. We have introduced care certificate study days in Cambridgeshire, Bedfordshire and Norfolk to support learners to complete the knowledge aspects of the workbook in a supportive and interactive way with a view to a timely completion. This also benefits the assessors in focusing their support on assessing the practical competencies. This has been trialled in Luton with the children's continuing care team who said, *'after completing staff 1:1's this week their comments about the teaching and how effective the sessions were, were outstanding!!'*. 3 of those currently engaged in the care certificate are staff in an administrative (non-clinical) role. These learners have shown an interest in expanding their knowledge base with a view to applying for a clinical role in the future. Practical competencies will be met by 3 one-day placements.
- 11.6 We continue to implement 'Our Leadership Way' and 'Our Improvement Way'. A major part of this is equipping our staff to be able to undertake effective service improvement and to support our ambition of continuous improvement alongside supporting current and future leaders to develop their leadership skills.
- 11.7 The new Trust behaviours were formally launched in December 2017 at our #hellomynameis session, led by Chris Pointon. Chris presented the next stages of the #hellomynameis campaign in memory of his late wife Dr Kate Granger. These behaviors are embedded into our appraisal process; induction and all our training and development programmes.
- 11.8 The 8<sup>th</sup> Chrysalis Leadership Development Programme ran from 8 June 2017 to 22 March 2018 for 41 candidates over 2 cohorts and 36 completed the programme. The 5 who left the programme did so for personal reasons. The programme consists of 5 Workshops, 8 action learning sets and a final graduation event, evaluation, self-development review and planning. Members of the Board, Executive Team, senior managers and line managers attend the final event. Programme 9 will begin in May 2018 and due to the high demand we have extended the size of the intake this year to 49.
- 11.9 The stepping up programme is a practical management development programme, originally delivered to Norfolk services during 2017/18, and is designed for those who are new to line manager roles. The programme provides training in the practical skills needed to lead people competently and with confidence. Through 5 workshops a range of models and discussion it gives participants a practical understanding of how to apply their newly acquired knowledge in everyday work settings. The current 22 participants graduate in May 2018 and the next programme runs from October 2018.
- 11.10 To support existing staff to undertake new apprenticeships, we are supporting staff to achieve a level 2 functional skills qualification in English and/or Maths as this is a requirement for most apprenticeships and Higher Education courses such as the Nursing Associate Foundation Degree. We are working with an external training provider and run these in conjunction with neighbouring trusts. In Cambridgeshire a second cohort has recently completed a course in collaboration with and hosted by Papworth Hospital Trust. In Norfolk/Suffolk we have shared details of courses across the counties that are being run by West Suffolk College.
- 11.11 The Trust's 'Make the Difference' programme provides training to teams through bespoke sessions, relevant to their specific needs, and aimed at make a positive difference to their team effectiveness. 14 sessions are planned during 2018/19 and 46 staff attended sessions in April 2018. The subjects covered include, success- based thinking (creating a more positive environment), minute taking, effective appraisal conversations (for appraises and appraisers), courageous conversations (for those who have challenging conversations with patients and their families) and team building activities. Sessions have been delivered in Luton, Norwich and across Cambridgeshire; more are planned with Bedfordshire community services and Suffolk iCaSH .

## **12. Working to Improve Recruitment and Retention**

- 12.1 Values based recruitment has been reviewed, and will be further rolled out during 2018 and the Trust has adapted the NHS jobs application form to include a values based question.
- 12.2 In children's services, the specialised recruitment technique, based on the 'Warner' interviewing style is being finalised by the Trust's safeguarding teams. A suite of questions will be agreed and we are working with other providers to share best practice on how to inform applicants of this process and paper work. This form of interviewing is highly specialised and will only be for specific roles and undertaken by appropriately trained recruiters.
- 12.3 Partnership working with trade union representatives continues to be positive. The role of the staff side chair as a confidential link for staff wanting to talk about any concerns of bullying and harassment has been widely advertised. The poster advertising this has been distributed for display at all staff bases and is part of our call to action commitment. The Trust has agreed to support additional protected time for the staff side chair to undertake her duties and has agreed this with all our recognised trade unions.
- 12.4 The Trust has implemented the 2016 Trade Union Act and local trade union representatives continue to record the time spent on trade union activities and the Trust publishes this on the internet to meet the requirements of the Trade Union Act 2016.
- 12.5 The Trust continues to work with neighbouring trusts on the national Streamlining Programmes:
- Occupational Health
  - Medical staffing
  - Recruitment
  - Mandatory Training

Our Director of Workforce is the East of England Streamlining Lead. Full implementation of streamlining in these four areas will reduce duplication and waste within our recruitment systems and processes and without a doubt improve the overall recruitment experience of our applicants.

- 12.6 The Trust is an active member of two Local Workforce Advisory Boards (LWABs) with partner organisations. These are in Bedfordshire, Luton and Milton Keynes (BLMK) and Cambridgeshire and Peterborough Sustainability and Transformation Programme (STPs) footprints. The LWABs remit is to support the delivery of the workforce aspects of the STPs. Our Chief Executive is the Chair of the BLMK LWAB and our Director of Workforce is the system lead for leadership and organisational development across both STP footprints.
- 12.7 A masterclass took place with Professor Michael West in both STP footprints with over 100 leaders attending each one. The focus of the masterclass was on the importance of compassionate and collective leadership. A number of our leaders attended both of these sessions which was great to see.

## **13. Gender Pay Gap Reporting**

- 13.1 In March 2018 the Trust published its first annual gender pay gap report along with all other employers in England. The report shows the percentage of male and female workers in each pay band and those in receipt of bonus payments, which in the Trust is Consultants in receipt of a Clinical Excellence Awards.
- 13.2 For pay bands up to and including, AfC band 8d, there is no gender pay gap, with the exception of 287 staff in band 7 i.e. for 1,783 staff, the gender pay gap is in favour of female staff. When looking at the relatively small gender pay gap within some higher paid staff, some might be wondering how the overall mean gender pay gap for the Trust is 30.04%. It is important to remember that this is about the gender pay gap not equal pay.

- 13.3 On face value, the staff group/banding analysis is reassuring in respect of pay. However, analysis shows that the gender pay gap is mainly attributed to executive level (band 9 roles) and medical consultant roles, typically the highest earning roles within the Trust. In these roles, there are disproportionately more men than women. Such is the disproportionality, relatively to the pay rates for all staff groups, the gender pay gap is enhanced. See Appendix 7 for the full report.
- 13.4 Our diversity and inclusion workforce group will identify our improvement actions to address the gaps identified.

#### **14. Supporting our Diverse Workforce**

- 14.1 The Workforce Diversity and Inclusion Group, continues to support the Trust's overall Diversity and Inclusion agenda, by leading on the planning and implementation of actions to support fairness, equity and the elimination of prejudice and discrimination within the Trust.
- 14.2 The Workforce Race Equality Standards (WRES) Action Plan was revised in February 2018 and Phase 2 of the Cultural Ambassadors Programme has been agreed to include recruiting and training more Cultural Ambassadors and the widening of the programme to provide wider support and advice to managers and staff as diversity champions. In addition, we are planning the roll out of BME representation on all recruitment panels where a BME applicant is shortlisted.
- 14.3 In addition, during 2018/19 we will be running a number of diversity and inclusion drama events across all of our localities. The first session is being held with our leadership forum in June 2018. The purpose of these sessions will be to explore with our staff perceptions, behaviours and reflections on diversity and inclusion in the workplace. The programme will explore the current culture within the Trust and identify in a collaborative way the behaviours and language that promote positive working practices. We will work with the training provider to identify some relevant workplace and service scenarios.

#### **15. Safer Staffing Levels – Children Acute Services**

- 15.1 Safer staffing levels for our inpatient unit (Holly ward and Special Care Baby Unit) are reported directly are regularly to the Clinical Operational Board and Board (alternate months to each). To ensure safe staffing levels are maintained the services have robust escalation systems and processes in place.
- 15.2 In relation to medical staffing, medical cover for the acute paediatric service in Hinchingsbrooke Hospital continues to be a challenge. Several consultants have moved on to other Trusts, and although we have been successful in making one substantive appointment, the rota for out of hours cover remains fragile.

#### **16. Action Plan following November 2017 Reviews**

An update on the November 2017 actions are attached at Appendix 5. All actions are either completed or are part of ongoing work.

#### **17. Actions Planned as a Result of this Review**

The following actions will be taking place:

- Support the transfer of acute children's services to NWAFT by November 2018.
- Support the smooth integration of staff from Bedfordshire Community Health Services within our Luton, Dental and Oliver Zangwill services.
- Review the use of RRP's across the Trust, in particular in Luton, to address recruitment and retention challenges.

- Support the development of leadership skills by continuing to implement 'Our Leadership Way'.
- Continue to embed the Trust behaviors.
- Roll out the 2018 staff conversations programme.
- Implement phase 2 of the Cultural Ambassador Programme.
- Roll out drama based training for diversity and inclusion across all localities.
- Support services in their workforce planning to make the best use of the opportunities offered by new and higher level apprenticeships (on the job clinical training) as our future method of CPD and workforce supply.
- Continually review our recruitment literature displayed on NHS Job to ensure we take full advantage of the opportunities to promote the Trust to future applicants.
- Review feedback on the appraisal, career and personal development planning conversations, talent mapping and succession planning to ensure that this is effective and embedded across all teams.
- Review and implement any additional recruitment and retention actions to address our hot spot areas.
- Continue to roll out ESR Supervisors service and make best use of the functions of ESR and to improve the working lives of our staff.
- Support the roll out of electronic personal files.
- Support the roll out of e-scheduling and e-rostering.
- Procure clinical apprenticeship providers to meet the needs identified by services in their workforce plans.
- Work in partnership with local providers on STP wide workforce work streams and share best practice.
- Support a mobile and agile workforce to meet internal and STP wide needs.

## 18. Recommendations

The Board is asked to **note** this report and the actions being taken to address areas of current challenge.

**Appendices:**

Appendix 1	Current Directorate Workforce Summaries
Appendix 2	NHS Employers Routes into Nursing Infographic
Appendix 3	Summary of Sickness Absence
Appendix 4	Summary of Continuing Professional Development Spend
Appendix 5	Update on Actions from November 2017 Review
Appendix 6	Summary of Actions Completed from our Workforce, OD and Service Redesign Strategy
Appendix 7	Gender Pay Gap Report 2018

Appendix 1

May 2018 Workforce Review Data

**Luton Community Unit – Adult Services**

**Workforce Data & Agency Spend**

March 2018	Luton Adults
Headcount	253
Whole Time Equivalent	216.2
Vacancy Rate	18.67%
12 Month Cumulative Sickness Rate	5.79%
Monthly Sickness Rate	6.34%
Mandatory Training Compliance	96.00%
Appraisal Compliance	90.72%
Stability	85.77%
12 Month Rolling Turnover	16.20%
Agency cost per % of Trust's overall pay bill	2.93%
Agency Spend Oct to Mar 18	78,757

**QWETT Information**

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Falls Service	0	0	0	8	8	8
Integrated Discharge Team	1	1	0	0	0	1
Community Phlebotomy	5	5	3	0	5	5
Anti-Coagulation/ DVT	0	0	0	0	0	0
TVN	0	0	0	0	0	2
Cancer & Palliative Care	3	4	6	6	NR	12
Diabetes	8	8	LR(11)	10	8	8
Heart Failure/CHD	0	0	5	5	2	2
TB	2	2	NR	2	2	3
Community Respiratory Service	2	2	2	0	0	1
Seacole incl Matrons	8	6	2	9	7	7
Cavell incl Matrons	5	6	4	12	NR	21
Nightingale incl Matrons	4	2	2	3	3	3
Bevan	4	8	7	4	8	7
24 Hr Rapid Response	5	7	8	5	7	5

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer & Palliative Care	3	4	6	6	NR	12

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Integrated Discharge Team	1	1	0	0	0	1
24 Hr Rapid Response	5	7	8	5	7	5
Falls Service	0	0	0	8	8	8

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Community Respiratory Service	2	2	2	0	0	1
TB	2	2	NR	2	2	3

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Seacole incl Matrons	8	6	2	9	7	7
Cavell incl Matrons	5	6	4	12	NR	21
Nightingale incl Matrons	4	2	2	3	3	3
Bevan	4	8	7	4	8	7

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Heart Failure/CHD	0	0	5	5	2	2

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Anti-Coagulation/ DVT	0	0	0	0	0	0

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
TVN	0	0	0	0	0	2

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Diabetes	8	8	LR(11)	10	8	8

The workforce plan over time is to remodel the workforce to meet the delivery model of integrated teams and more generalist roles supporting self-care with service users. This will mean a need to create new roles and access to apprenticeships is part of the short and longer term plan. In the interim, some posts remain hard to fill and a review of recruitment and retention strategies is the key focus of work for this division.

### Luton Community Unit – Children’s Services

Workforce Data & Agency Spend		QWETT Information						
March 2018	Luton Children	<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Headcount	238	Children's Community Nursing	3	0	0	0	0	5
Whole Time Equivalent	204.11	Children's Continuing Care	3	3	3	5	5	5
Vacancy Rate	7.90%	Special Needs Nursing & Paediatric Epilepsy	3	3	3	3	3	4
12 Month Cumulative Sickness Rate	6.07%	Audiology	8	12	9	10	10	10
Monthly Sickness Rate	5.29%	Newborn Hearing Screening Programme	1	1	1	4	1	3
Mandatory Training Compliance	96.00%	Community Paediatrics	1	13	13	12	12	15
Appraisal Compliance	98.10%	School Nursing	5	7	8	11	6	6
Stability	84.87%	Haemoglobinopathy	5	3	3	0	1	1
12 Month Rolling Turnover	16.18%	Infant Feeding	Now Reported within HV Teams					
Agency cost per % of Trust's overall pay bill	7.95%	Looked After Children & Care Leavers	5	5	4	4	9	9
Agency Spend Oct to Mar 18	390,073	Child Health Admin	2	0	0	0	2	2
		Health Visiting Luton Central	10	10	13	13	14	14
		Health Visiting Luton North	12	12	10	10	10	16
		Health Visiting Luton South	13	13	13	13	13	16
		Health Visiting Luton West	15	15	13	14	13	13
		Safeguarding Children	11	6	8	8	10	7



Family Nurse Partnership	6	3	3	Service being Decommissioned No Further Returns		
Luton Youth Offending	6	8	4	5	5	5
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Audiology	8	12	9	10	10	10
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Family Nurse Partnership	6	3	3	Service being Decommissioned		
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Safeguarding Children	11	6	8	8	10	7
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Newborn Hearing Screening Programme	1	1	1	4	1	3
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Looked After Children & Care Leavers	5	5	4	4	9	9
<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Health Visiting Luton Central	10	10	13	13	14	14
Health Visiting Luton North	12	12	10	10	10	16
Health Visiting Luton South	13	13	13	13	13	16
Health Visiting Luton West	15	15	13	14	13	13

Staff shortages, as identified by Benson modeling, remains the key challenge within our 0-19 services. The new Community Health Care model is in its early stages and its success will be reviewed as staff are trained. In house support to train our future health visitors and school nurses is key and there is a plan in place and recruitment is currently underway. Audiologist posts continue to prove hard to recruit to. New skill mix has been identified to help with this and also discussions planned with local hospitals to explore the potential of networking these services to help improve resilience. Workforce pressures continue within Community Pediatrics due to demand exceeding commissioned capacity. Discussions with Commissioner ongoing.

## Ambulatory Care - iCaSH

### Workforce Data & Agency Spend

### QWETT Information

March 2018	iCaSH – Beds
Headcount	20
Whole Time Equivalent	17.25
Vacancy Rate	18.21%
12 Month Cumulative Sickness Rate	7.73%
Monthly Sickness Rate	13.65%
Mandatory Training Compliance	99.00%
Appraisal Compliance	94.44%
Stability	65.00%
12 Month Rolling Turnover	45.00%
Agency cost per % of Trust's overall pay bill	0.14%
Agency Spend Oct to Mar 18	570

March 2018	iCaSH – Cams
Headcount	59
Whole Time Equivalent	39.67
Vacancy Rate	14.78%
12 Month Cumulative Sickness Rate	5.36%
Monthly Sickness Rate	7.47%
Mandatory Training Compliance	96.00%
Appraisal Compliance	92.59%
Stability	87.93%
12 Month Rolling Turnover	10.17%
Agency cost per % of Trust's overall pay bill	0.62%
Agency Spend Oct to Mar 18	5,133

March 2018	iCaSH – Norfolk
Headcount	97
Whole Time Equivalent	69.86
Vacancy Rate	-
12 Month Cumulative Sickness Rate	4.64%
Monthly Sickness Rate	5.88%
Mandatory Training Compliance	97.00%
Appraisal Compliance	97.78%
Stability	91.58%
12 Month Rolling Turnover	5.18%
Agency cost per % of Trust's overall pay bill	0.00%
Agency Spend Oct to Mar 18	-

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Bury St Edmunds	3	4	3	5	5	3
Ipswich	10	12	7	4	6	6
Lowestoft	3	4	5	4	7	5

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cambridge	7	5	4	2	0	2
Hunts	7	5	5	7	5	7
Wisbech	4	2	0	2	4	6

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Peterborough	7	7	7	7	9	9

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Great Yarmouth	2	2	2	2	4	3
Kings Lynn	2	2	2	2	2	1
Norwich	7	7	7	9	7	4

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Bedfordshire - Bridge House	11	13	12	13	15	16

March 2018	iCaSH – Peterborough
Headcount	31
Whole Time Equivalent	24.71
Vacancy Rate	15.64%
12 Month Cumulative Sickness Rate	1.85%
Monthly Sickness Rate	3.17%
Mandatory Training Compliance	99.00%
Appraisal Compliance	93.55%
Stability	93.55%
12 Month Rolling Turnover	8.96%
Agency cost per % of Trust's overall pay bill	3.04%
Agency Spend Oct to Mar 18	13,644

March 2018	iCaSH – Suffolk
Headcount	69
Whole Time Equivalent	49.48
Vacancy Rate	12.18%
12 Month Cumulative Sickness Rate	4.43%
Monthly Sickness Rate	5.19%
Mandatory Training Compliance	99.00%
Appraisal Compliance	90.91%
Stability	95.65%
12 Month Rolling Turnover	22.22%
Agency cost per % of Trust's overall pay bill	0.16%
Agency Spend Oct to Mar 18	2,772

The key challenge is the future supply of newly qualified nursing staff, which the service is dependent upon, and currently recruits externally and then trains in house to be dual trained iCaSH nurses. This supply route is no longer guaranteed due to changes in the routes into nursing and the current drop in number of people entering nurse training. There are also challenges of service redesign as a result of contract value reductions.

### Ambulatory Care - Dynamic Health (MSK)

Workforce Data & Agency Spend		QWETT Information						
March 18	MSK	<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Headcount	127	MSK Hunts	9	9	4	6	8	8
Whole Time Equivalent	106.33	MSK CCSC	6	6	6	4	3	5
Vacancy Rate	-	MSK E&F	5	5	5	5	3	9
12 Month Cumulative Sickness Rate	2.93%	MSK Peterborough	4	3	3	3	5	5
Monthly Sickness Rate	4.66%							
Mandatory Training Compliance	92.00%							
Appraisal Compliance	93.16%							
Stability	75.59%							
12 Month Rolling Turnover	16.81%							
Agency cost per % of Trust's overall pay bill	3.82%							
Agency Spend Oct to Mar 18	50,815							

The service has addressed many of its recruitment issues, although there remain hot spots in some localities. The service anticipates a shift from acute to community and this may cause future staff issues. Lower stability rate is predominately driven by a high number of new starters in the last 12 months.

### Ambulatory Care - Oliver Zangwill Centre (OZC)

Workforce Data & Agency Spend		QWETT Information						
March 18	Oliver Zangwill	<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Headcount	22	Oliver Zangwill Centre (incl ECHIS)	9	9	8	8	7	5
Whole Time Equivalent	19.11							
Vacancy Rate	-							
12 Month Cumulative Sickness Rate	0.90%							
Monthly Sickness Rate	41.00%							

Mandatory Training Compliance	99.00%	
Appraisal Compliance	90.91%	
Stability	76.19%	
12 Month Rolling Turnover	10.26%	
Agency cost per % of Trust's overall pay bill	0.19%	
Agency Spend Oct to Mar 18	1,920	

The service is stable and whilst it can be difficult to recruit, the service is attractive to applicants as part of their career path. Integration with the Bedfordshire team will widen this further.

<b>Ambulatory Care – Dentistry</b>								
Workforce Data & Agency Spend		QWETT Information						
March 2018	Dental	<b>Team</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>
Headcount	83	Brookfields	3	1	6	17	10	10
Whole Time Equivalent	64.42	Princess of Wales	5	1	2	7	5	2
Vacancy Rate	1.78%	Wisbech	3	1	2	12	7	7
12 Month Cumulative Sickness Rate	5.51%	Huntingdon	0	1	3	3	4	5
Monthly Sickness Rate	11.60%	Peterborough	4	1	6	6	7	9
Mandatory Training Compliance	94.00%							
Appraisal Compliance	77.92%							
Stability	80.72%							
12 Month Rolling Turnover	18.52%							
Agency cost per % of Trust's overall pay bill	13.55%							
Agency Spend Oct to Mar 18	260,177							

Recruitment of dentists in some locations remains a challenge as private practice offers higher salaries. The use of apprenticeships and skill mix continues to be pursued.

## Children & Young People's Health Services – Specialist Services

### Workforce Data & Agency Spend

March 2018	Cambs Children Cambs Universal & Specialist ONLY	Cambs Children Cambs Universal, Specialist, Holly, SCBU & School Imms
Headcount	437	594
Whole Time Equivalent	354.92	475.24
Vacancy Rate	10.91%	9.67%
12 Month Cumulative Sickness Rate	4.97%	5.03%
Monthly Sickness Rate	6.39%	5.11%
Mandatory Training Compliance:		
- Universal – 94%		
- Specialist – 95%		
- Holly – 84%		
- SCBU – 98%		
Appraisal Compliance	90.75%	91.45%
Stability	85.06%	84.99%
12 Month Rolling Turnover	17.14%	16.43%
Agency cost per % of Trust's overall pay bill	2.52%	2.84%
Agency Spend Oct to Mar 18	187,268	238,155

### QWETT Information

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Community Nursing (Cambs) incl Neonatal	5	5	5	4	6	3
Specialist Nursing for Schools	6	10	7	7	6	1
Children's Continuing Care incl Transitions	11	9	9	14	14	14
Community Paediatrics (Cambs)	NR	2	NR	4	2	2
Acute Medical Paediatrics	NR	15	NR	NR	7	4
Occupational Therapy (Cambs)	3	7	NR	3	8	9
Children's CFS/ME	0	0	NR	0	0	0
Physiotherapy (Cambs)	NR	13	10	10	7	9
Speech and Language Therapy (Cambs)	NR	5	NR	NR	0	2
Children's Specialist Services Admin Team	10	10	8	6	2	NR
Looked After Children	10	8	5	5	10	5
Safeguarding Children	5	2	5	5	10	7
Paed Dietetics	4	2	NR	LR(2)	2	2

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Inpatients (Holly) (Cambs)	2	9	6	4	4	6
Children's Acute Services Admin Team	4	7	0	LR(0)	0	NR

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
SCBU	5	3	3	5	5	2

Safer staffing levels for our acute teams are agreed and followed and robust escalation systems and processes are in place to maintain these. Challenge in recruitment and retention of Children Nurses both within the Community and within the acute services.

## Children & Young People's Health Services – Universal Services

Workforce Data & Agency Spend

QWETT Information

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Family Nurse Partnership	NR	5	7	5	5	5
Health Visiting Cambridge City North	12	12	8			
Health Visiting Cambridge City South	11	11	8			
Health Visiting Melbourne	5	6	11			
Health Visiting Sawston	8	12	NR			
Health Visiting Cambourne	5	10	8			
Health Visiting Longstanton	2	3	LR(2)			
0-19 Health Child Programme St Neots	8	8	8			
0-19 Health Child Programme St Ives & Ramsey	6	7	7			
0-19 Health Child Programme Hunts (incl Yaxley)	8	9	8			
0-19 Health Child Programme Fenland	10	8	8			
0-19 Health Child Programme East Cambs	7	9	9			
0-19 School Nursing Service	NR	LR(20)	LR(18)	19	22	17

Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
School Immunisation Service	4	2	NR	4	6	2

Team	Jan-18	Feb-18	Mar-18
Cambridgeshire City & South Locality Team	LR(15)	17	15
Huntingdonshire Locality Team	9	6	8
East Cambs and Fenland Locality Team	15	12	13

NB: Teams were Amalgamated to three localities from January Data

## Children & Young People's Health Services – Norfolk HCP

Workforce Data & Agency Spend

QWETT Information

March 2018	Norfolk Children
Headcount	385
Whole Time Equivalent	312.05
Vacancy Rate	4.81%
12 Month Cumulative Sickness Rate	4.90%
Monthly Sickness Rate	5.44%
Mandatory Training Compliance	92.00%
Appraisal Compliance	84.87%
Stability	80.26%
12 Month Rolling Turnover	14.66%
Agency cost per % of Trust's overall pay bill	0.00%
Agency Spend Oct to Mar 18	138

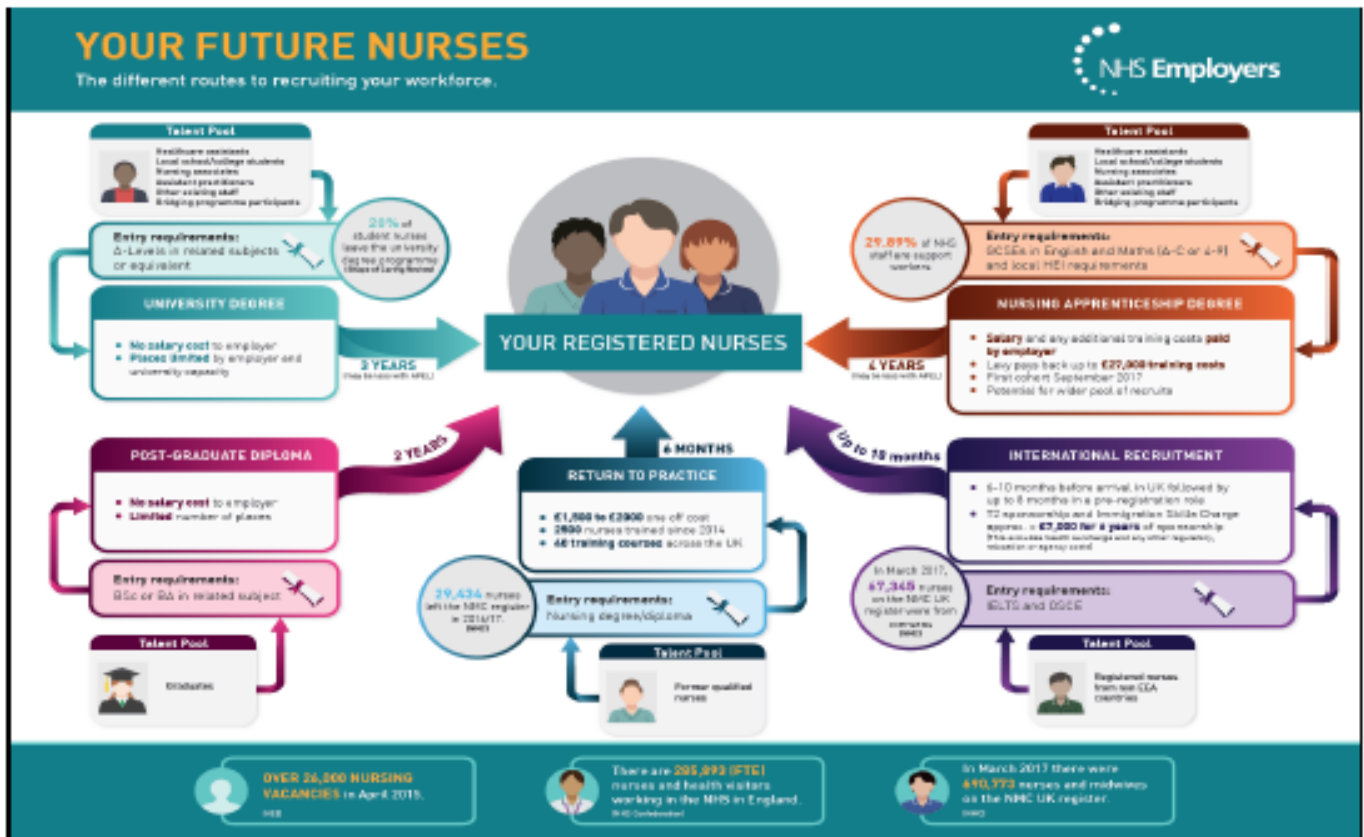
Team	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
FNP	3	3	3	2	5	2
City Locality1& 2	13	11	11	16	15	17
Breckland Locality	14	17	17	17	13	21
South Locality	11	9	10	8	10	13
North & Broadland	8	8	10	8	8	8
East Locality	6	7	9	8	14	14
West Locality	11	6	6	6	6	6
Single Point of Access	5	4	4	5	5	5

The use of apprenticeships as an option for the future workforce will be reviewed during 2018 as to build on those already in place. It was acknowledged in the workforce review that more use of apprenticeships could be made and that the Education team would support the service leads with exploring the options.

The Children's Services in Norfolk and Cambridgeshire overall makes use of its workforce data to plan cover for maternity leaves as this is a key area highlighted in the workforce demographics. This data on the hours staff traditionally return to work in following a maternity leave has supported decisions to back fill with permanent staff which is both more affective in attracting applicants and meets the shortfall when staff return on reduced hours. Some localities finding it hard to recruit to 0-19 roles.



NHS Employers Routes into Nursing Infographic



Appendix 3

Sickness Absence Rates and Reasons for Absence – October 2017 – March 2018

Absence Reason List	Total absences by reason						Total number of absences	Percentage of absence periods (%)
	Oct	Nov	Dec	Jan	Feb	Mar		
<b>S10 Anxiety/stress/depression/other psychiatric illnesses</b>	<b>36</b>	<b>52</b>	<b>53</b>	<b>49</b>	<b>47</b>	<b>38</b>	<b>275</b>	<b>11.39%</b>
S11 Back Problems	16	13	9	7	6	12	63	2.61%
S12 Other musculoskeletal problems	16	23	18	16	17	19	109	4.52%
<b>S13 Cold, Cough, Flu - Influenza</b>	<b>93</b>	<b>95</b>	<b>98</b>	<b>168</b>	<b>98</b>	<b>87</b>	<b>639</b>	<b>26.47%</b>
S14 Asthma	2	1	1	0	0	2	6	0.25%
S15 Chest & respiratory problems	10	20	25	19	21	12	107	4.43%
S16 Headache / migraine	24	28	15	31	23	37	158	6.55%
S17 Benign and malignant tumours, cancers	6	5	4	5	4	5	29	1.20%
S18 Blood disorders	0	1	1	2	1	1	6	0.25%
S19 Heart, cardiac & circulatory problems	2	2	2	3	3	1	13	0.54%
S20 Burns, poisoning, frostbite, hypothermia	0	1	0	0	0	0	1	0.04%
S21 Ear, nose, throat (ENT)	18	21	26	16	18	17	116	4.81%
S22 Dental and oral problems	2	4	4	4	3	1	18	0.75%
S23 Eye problems	4	3	5	5	1	2	20	0.83%
S24 Endocrine / glandular problems	1	4	4	3	0	0	12	0.50%
<b>S25 Gastrointestinal problems</b>	<b>60</b>	<b>80</b>	<b>82</b>	<b>81</b>	<b>64</b>	<b>79</b>	<b>446</b>	<b>18.48%</b>
S26 Genitourinary & gynaecological disorders	15	15	14	19	13	16	92	3.81%
S27 Infectious diseases	2	1	1	1	2	3	10	0.41%
S28 Injury, fracture	7	6	8	12	11	13	57	2.36%
S29 Nervous system disorders	1	1	4	2	1	1	10	0.41%
S30 Pregnancy related disorders	6	3	2	4	3	4	22	0.91%
S31 Skin disorders	2	1	1	0	2	0	6	0.25%
S32 Substance abuse	0	0	0	0	0	0	0	0.00%
S98 Other known causes - not elsewhere classified	24	17	24	25	24	28	142	5.88%
S99 Unknown causes / Not specified	5	15	3	6	12	16	57	2.36%
<b>Totals</b>	<b>352</b>	<b>412</b>	<b>404</b>	<b>478</b>	<b>374</b>	<b>394</b>	<b>2414</b>	

Top 3 reasons highlighted in bold above.

## Appendix 4

CPD 17-18 TRUST FUNDS SPEND FROM OCT 2017-MARCH 2018		
Course Title	HEI	Numbers of staff attended
Introduction to Venepuncture	Luton & Dunstable	4
Introduction to Venepuncture & Cannulation	Luton & Dunstable	5
Introduction to Venepuncture	James Paget University	4
Introduction to Venepuncture	North West Anglia NHS Foundation (Hinchingsbrooke)	2
E-learning Imms & Vaccs Introduction & Updates	Skills for Health	30
V300 Non-Medical Prescribing Course	UOB	7
V100 Non-medical Prescribing Course	UOS	5
Cervical Screening - Prep for Practice	ARU	1
Neonatal Behavioural Observations	The Brazelton Centre, Cambridge	1
Newborn Life Support	Leicester Royal Infirmary NHS Trust	1
Newborn Life Support	Resuscitation Service, Northampton General Hospital	1
Newborn Life Support	Resuscitation Council (UK)	1
Splinting of the Thumb in Paediatrics	Cambs & Peterborough NHS Foundation Trust	6
Spirometry	Great Ormond Street Hospital for Children - NHS Foundation Trust	1
Chailey Approach to Postural Management (24 Hour Postural Management)	Active Design Ltd (68K Wyrley Road, Birmingham B6 7BN).	1
Cervical Screening Update	East England Training, Herts	1
Clinical Decision Making Level 7 (20 credits)	UEA	1
PC929 Applied Pharmacology & Therapeutics & Professional Project modules	University of Warwick	1
Chronic Heart Failure: Optimising Health and Wellbeing	Glasgow Caledonian University	2
MSc Advanced Manipulative Physiotherapy: Year 2 (Dissertation)	University of Birmingham	1
ERIC Roadshow - Buckinghamshire	ERIC	2
iHV Leadership Conference	Institute of Health Visiting	1
SEPSIS: Improving Recognition and Management	SEPSIS Trust / MA Exhibitions	1
CIMT	Harrison Training	3

**CPD 17-18 CONTRACT FUNDS SPEND FROM OCT 2017-MARCH 2018**

<b>ANGLIA RUSKIN UNIVERSITY</b>	
<b>Course Title</b>	<b>Numbers of staff attended</b>
Clinical Assessment Skills for Health Professionals, 30 credits	1
Mentorship Support & Preparation unaccredited	1
CPT - HV/SN [120 credits]	2
Understanding Contraception and Sexual Health, Level 7, 15 credits	1
<b>UNIVERSITY OF HERTFORDSHIRE</b>	
<b>Course Title</b>	<b>Numbers of staff attended</b>
Assessment - Advanced History Taking and Top to Toe Exam 15 credit (MSc)	1
Non-Medical Prescribing (7NMH1052)	1
Advanced Decision Making in Health and Social Care (Level 7)	1
Anticoagulant course	1
<b>UNIVERSITY OF BEDFORDSHIRE</b>	
<b>Course Title</b>	<b>Numbers of staff attended</b>
V300 Non-Medical Prescribing Course	2
Mentorship Support & Preparation unaccredited	10
Special Care of the Newborn	2
<b>UNIVERSITY OF EAST ANGLIA</b>	
<b>Course Title</b>	<b>Numbers of staff attended</b>
Mentorship Support & Preparation unaccredited	6

## Appendix 5

Actions from November 2017 Workforce Review	Actions Taken
To support the transfer of acute children's services as outlined in the Chief Executive's Report to the Board.	Support ongoing as transfer has not taken place.
Review of the options to attract and retain School Nurses across Cambridgeshire and ensure that once recruited an effective induction programme is put in place to retain them.	Work ongoing.
Focus on the development of leadership skills by continuing to implement 'Our Leadership Way'.	Roll out of a range of leadership programmes and interventions including Chrysalis, Stepping up and bespoke programme "you make the difference". Promotion and uptake of Regional development opportunities across the trust. Trust engagement with the Cambridgeshire and Peterborough Mary Seacole programme including have in house facilitators. Booklet issued to all staff which promotes both areas.
Launch and embed the revised Trust behaviours.	The Trust behaviours launched in December 2017 by Chris Pointon and embedded into appraisal; induction and internal training and development.
Finalise action plans from the last programme of staff conversations and agree next steps.	Local action plans in place and the next round of staff conversations being planned.
Embed the Cultural Ambassador Programme.	The programme is now embedded and we are implementing phase 2.
Up-skill services in workforce planning to make the best use of the opportunities offered by new and higher level apprenticeships (on the job clinical training) as our future method of CPD and workforce supply.	The bi-annual workforce reviews in March 2018 and reported to the board in May 2018 were undertaken in a new workforce planning methodology. This will continue to be refined in the next review.
Review and refresh the Workforce, OD and Service Redesign Strategy and agree a refreshed year 3 action plan. For information progress against this strategy is attached as Appendix 6.	Year 3 action plan revised and updated. All actions on track.
Review recruitment literature displayed on NHS Job to ensure we take full advantage of the opportunities to promote the Trust to future applicants.	Review is ongoing to ensure we promote the trust well at this early point of contact. The Recruitment team are embedded and the final vacant post will be filled by July 2018.
Revise the workforce review process for May 2018. This will become a face-to-face conversation with teams, supported by the relevant Service Director.	Completed as detail above.
Follow up on the process of the new Appraisal, Career and Personal Development Planning conversations, talent mapping and succession planning to ensure that this is effective and embedded across all teams.	First review underway and succession planning to be rolled out June 2018 onwards.
Review and implement any additional recruitment and retention actions to address our hot spot areas.	RRP review across all roles underway with focus initially on Luton where most hot spots remain.
Run a series of articles explaining the importance of undertaking your mandatory training to support sustained compliance in all topic areas.	Completed and compliances rates consistently high.

## **Summary of achievements against programmes 1-4 of the Workforce, Organisational Development and Service Redesign Strategy – March 2018**

### **Programme 1: A Highly Engaged Workforce**

We continue to create and support a culture whereby staff feel they belong to one organisation with a cohesive vision, whilst at the same time recognise the importance and identity of them being part of their particular services by:

- Undertaking a listening in action programme across all services leading to local and Trust wide action plans. Actions from these have included, bespoke development for teams, celebrating success and valuing staff events such as 'Love Your Admin Week' in September 2017. Over 1000 staff were involved in these discussions.
- Introducing the annual personal objective setting process from March 2016. This links individual's objectives to the Trust objectives directly.
- Undertaking the Annual Staff Survey and quarterly staff friends and family surveys and taking action to address any issues raised.
- Holding celebrating success events throughout the year including monthly Shine a Light Awards and our Annual Staff Awards.
- Maintaining a positive and productive relationship with trade union colleagues and representatives, even during periods of change and challenge.
- Launching the Trust wide Leadership Plan in 2017 supported by a programme of both experiential and traditional development opportunities.
- Running successful and valued Back to the Floor Visits across all services, leading to actions taken to address issues raised as well as an opportunity for senior leaders and corporate staff to gain a greater understanding of the work undertaken in service delivery.
- Inviting staff to feedback on their experiences as an employee of the Trust at regular staff stories at our Clinical Operational Boards and Trust Board meetings.
- Acting on staff feedback from induction regarding their recruitment experience leading to the introduction of central recruitment administration support (from October 2017) to match the one already offered in Luton services.
- Promoting our raising matters of concern process and appointing a Freedom to Speak up Guardian.
- Refresh and launch of our expected Trust wide behaviours and linking them to our vision, values and overall objectives.
- Introducing local branding for services and identity badge lanyards.

### **Programme 2: An Appropriately Trained Workforce**

#### **Workforce Supply:**

- We have successfully implemented a Grow Your Own Programme leading to the use of the new Apprenticeship Levy (from April 2017) for staff to access apprenticeships in both clinical and non-clinical areas. As described in this month's workforce review further work continues Trust-wide on this.
- Provided excellent student placements for a range of students.
- Applied Recruitment and Retention Premia where it was identified as a means of addressing recruitment shortages, as well as wider usages of existing benefits to attract staff, such as relocation, flexible working, training and education opportunities.
- Reviewing the success of RRP and considering the business need to extend or remove.
- Working with other trusts in to collectively ensure we attract and retain staff in the local NHS system, including joint working on marketing vacancies.

- Successfully marketing Luton as a place to work, jointly with other providers and the Local Authority.
- Introduced a number of different recruitment activities to try and attract individuals to join the Trust. This has included maximising the use of social media; attending career fairs and holding a variety of different open days.

### **Current Workforce:**

- In March 2018 undertaking workforce planning conversations to support a directorate level workforce plan to meet current and future actions to address workforce hot spots where appropriate.
- Reduced the use of agency workers by attracting agency workers onto substantive contracts and greater use of bank workers or fixed term contracts.
- Reduced the need to central decision making, for example in approving recruitment.
- Greater use of e-learning leading to increased accessibility and higher rates of staff training compliance; greater use of internal training expertise and restructuring in the training function to bring clinical expertise in professional education leadership and more capacity to support leadership development within our service redesign programmes.
- Introducing values based recruitment across our services
- Reviewing our corporate induction programme. This led to a wider use of venues across the Trust and changes to the programme content and frequency based on staff feedback.
- Introducing wide ranging staff health and wellbeing support including regular newsletters, intranet page, communication articles, training in personal resilience, mental wellbeing, awareness raising and awareness weeks .
- Meeting all identified continuing professional development essential training via the use of a Trust-wide training needs analysis and agreeing an internal budget and study leave process.

### **Leadership and Service Improvement:**

- An agreed Leadership Plan is in place supported by training and development opportunities and access to a variety of internal and external leadership development opportunities.
- Introduced 'Our Improvement Way'. This is internal development to up up skill front line staff and service managers in leading service redesign and improvement.
- Introduced a revised Appraisal, Career Development and Personal Development Planning conversation process to inform service level development and succession planning from September 2017. This includes a talent mapping discussion.
- Introduction of succession planning as part of the identification of staff with potential planned for June 2018.
- Bi-annual workforce review in all services, supporting service leads to recognise any workforce challenges to service delivery and to identify and agree actions to address these either locally or with corporate support (local and or Trust wide).
- Introduced 'Our Leadership Way'.

### **Programme 3: A Healthy and Well Workforce**

#### **Keeping people well:**

- Incorporated a conversation on health and wellbeing into 1:1 and appraisal conversations.
- Improved the health and wellbeing advice for staff and the information available on the intranet and access to national NHS wellbeing programmes.
- Joint working with in house clinical psychologist on our mental wellbeing and resilience programme, launch in May 2018 at our mental wellbeing week.
- Training of a small cohort of mental health first aiders to act as champions across the Trust.
- Introduced a frequent newsletter dedicated to our staff health and wellbeing. This has received very positive feedback from staff.
- Improved healthy food on offer on our Trust sites.

- Introduced a number of actions to address bullying and harassment, including a revised policy and staff leaflet; separate policy in handling aggression from the public; training and education for staff on managing and dealing with conflict situations; zero tolerance posters and setting up our staff side chair as a confidential advocate for staff who do not wish to raise concerns via a formal process.
- Further revised policy to give managers the information needed to support their staff if they have witnessed or been involved in an upsetting incident at work or are required to take part in a formal external (police or court) process for a work related reason.
- Refreshed our set of family friendly working and other practices to ensure staff can take the time required to take care of non-work emergencies or responsibilities in a supportive way.
- Continuation of our rapid access to MSK services for members of staff.
- Continued promotion of our 24/7 staff counseling service.

#### **Performance Management:**

- Introduced bespoke training for new and established managers in how to manage difficult situations, conflict and under performance in a constructive, coaching way.
- Improvements to the appraisal process to focus on quality and honest conversations which support staff to achieve their best, and to support those who are currently underperforming to reach their potential.

#### **Programme 4: Diversity and Inclusion for All Staff**

- A workforce diversity and inclusion group has been set up to support delivery of this agenda.
- Introduced our Cultural Ambassador Programme to support the Trust actions to address the issues raised in the 2015, 2016 and 2017 Workforce Race Equality Standard (WRES).
- Phase two of the Cultural Ambassador's Programme in place for 2018/19.
- Improvement actions in place to support delivery of our WRES including BME representation on recruitment panels where BME applicants are shortlisted.
- Face to face equality and diversity training to all new staff at Induction.
- Further roll out of Unconscious Bias training which started in 2016 and is delivered to all new starters at induction, embedded into our recruitment training and our in-house leadership programmes. An e-learning package being rolled out to all staff.
- Staff involvement in our annual EDS2 staff RAG rating events.



## **Cambridgeshire Community Services NHS Trust**

### **Gender Pay Gap Report**

#### **Background to the Trust**

The Trust employs circa 2200 staff and provides a diverse range of community health services across Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk.

The Trust is committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does.

#### **Gender Pay Gap Reporting**

Legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data by 30 March 2018 (and then annually), including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The Trust supports the fair treatment and reward of all staff irrespective of gender.

This report sets out:

- the reporting requirements for the Trust
- provides additional data where appropriate
- provides some analysis to identify the gender pay gap
- possible reasons for the gender pay gap, and
- what we are doing to close the gender pay gap in the Trust.

#### **Definitions and scope**

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female colleagues receive.

The mean pay gap is the difference between average hourly earnings of men and women, i.e. the hourly gap divided by the average for men equates to the mean gender pay gap.

The median pay gap is the difference between the mid-points in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

The report is based on rates of pay as at 31 March 2017 and bonuses paid in the year 1 April 2016 – 31 March 2017. It includes all workers in scope as at 31 March 2017.

## Gender Pay Gap

The following Gender pay report data is taken as the snapshot date of 31 March 2017:

1.	The mean gender pay gap for CCS	30.04%
2.	The median gender pay gap for CCS	23.90%
3.	The mean gender bonus* gap for CCS	2.23%
4.	The median gender bonus* gap for CCS	-33.23%

\* Please see comments later in this report explaining what constitutes a bonus

## Pay Quartiles by Gender

Quartile	Female Headcount	Male Headcount	Female %	Male %	Description
1 (lowest paid)	531	21	96.20	3.80	Includes all employees whose standard hourly rate places them at or below the lower quartile
2	524	28	94.93	5.07	Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	525	27	95.11	4.89	Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4 (highest paid)	461	90	83.67	16.33	Includes all employees whose standard hourly rate places them above the upper quartile

## What do we do to ensure equal pay?

As noted earlier in this report, gender pay is different to equal pay.

Legislation requires that men and women must receive equal pay for:

- the same or broadly similar work;
- work rated as equivalent under a job evaluation scheme; or
- work of equal value.

The Trust is committed to the principle of equal opportunities and equal treatment for all employees, regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy/maternity, sexual orientation, gender reassignment or disability. It has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above).

We deliver equal pay through a number of means but primarily through adopting nationally agreed terms and conditions for our workforce:

### National NHS Agenda for Change Terms and Conditions of Service (AfC)

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place within the Trust.

Typically, AfC terms and conditions apply to nursing, allied health professionals and administration and clerical staff, which are the majority of the workforce.

Where appropriate, locally agreed policies may supplement AfC arrangements, such as:

- Family friendly policies
- Evaluating job roles and pay grades as necessary to ensure a fair structure starting salaries policy

Medical and Dental Staff are employed on national Terms and Conditions of Service (TCS) and pay arrangements.

These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all Consultants, Medical and Dental staff and Doctors and Dentists in Training.

### **Our Gender Pay Gap – further data**

The Trust is confident that its gender pay gap does not stem from paying men and women differently for the same or equivalent work. Rather its gender pay gap is the result of the roles in which men and women work within the organisation and the salaries that these roles attract.

It is perhaps helpful to review the staffing profile within the Trust. Below is a table which reflects the pay bands in operation. The bands referred to in the table are the AfC pay bands and range from band 1 (the lowest pay band) through to band 9 (the highest pay band).

Medical and dental roles are categorised by ‘Non Consultant Medical’ and ‘Consultant’. There is a line for Executive Directors and Non-Executive Directors (NEDs).

The information contained within the table is sourced from the same data which provided the gender pay gap figures, i.e. the staffing position as at 31 March 2017.

The final column within the table reflects the gender pay gap position, based on the staff contained within the respective pay categories. Where there is a negative figure, it suggests that the pay gap is in favour of females. Where it is a positive figure, it reflects a gender pay gap in favour of males.

Pay Band	Female	%	Male	%	Total	Gender Pay Gap by Pay Band *
	Headcount		Headcount		Headcount	
Apprentice	4	100	0	0	4	
Band 1	0		0		0	
Band 2	129	96.27	5	3.73	134	-3.13
Band 3	310	96.88	10	3.13	320	-3.13
Band 4	269	97.11	8	2.89	277	-4.41
Band 5	260	94.89	14	5.11	274	-8.38
Band 6	634	94.77	35	5.23	669	-2.97
Band 7	259	90.24	28	9.76	287	0.11
Band 8a	63	85.14	11	14.86	74	-2.44
Band 8b	13	68.42	6	31.58	19	-0.27
Band 8c	8	61.54	5	38.46	13	-3.18
Band 8d	2	66.67	1	33.33	3	-4.89
Band 9	1	33.33	2	66.67	3	13.63
Non Consultant Medical	57	67.86	27	32.14	84	-4.99
Consultant	32	69.57	14	30.43	46	2.53
Exec/Non-Exec Directors	4	80.00	1	20.00	5	-60.63
<b>Total</b>	<b>2045</b>		<b>167</b>		<b>2212</b>	<b>30.04</b>

\* Negative figures in the column 'Gender Pay Gap by Pay Band' indicate a gender pay gap in favour of females.

### What is the data telling us

For pay bands up to and including, AfC band 8d, there is no gender pay gap, with the exception of for 287 staff in band 7 i.e. for 1,783 staff, the gender pay gap is in favour of female staff.

When looking at the relatively small gender pay gap within some higher paid staff, some might be wondering how the overall mean gender pay gap for the Trust is 30.04%. It is important to remember that this is about the gender pay gap not equal pay gap.

On face value, the staff group/banding analysis is reassuring in respect of pay. However, analysis shows that the gender pay gap is mainly attributed to executive level (Band 9 roles) and medical consultant roles, typically the highest earning roles within the Trust. In these roles, there are disproportionately more men than women. Such is the disproportionality, relatively to the pay rates for all staff groups, the gender pay gap is enhanced.

## **What is the Gender Bonus Gap?**

Within the gender pay gap regulations, 'bonus pay' means any remuneration that is the form of money relating to profit sharing, productivity, performance, incentive or commission.

It is clear within the regulations that bonus pay does not include ordinary pay, overtime pay, redundancy pay or termination payments.

For the purpose of gender pay reporting, Clinical Excellence Awards payments are regarded as 'bonus pay'. The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those Medical Consultants who perform 'over and above' the standard expected for their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

There are 12 Levels of award with monetary value. Levels 1-9 are awarded locally (employer based awards) and Levels 10-12 (Silver, Gold and Platinum hereafter) are awarded nationally in accordance with an assessment criteria and application.

Consultants with an existing distinction award or discretionary points keep them, subject to existing review provisions, and are eligible to apply for awards under the new scheme in the normal way.

Accordingly, the legacy of the CEA scheme means that there will continue to be a gender pay gap because there are more male consultants than female consultants and the gender balance is only likely to improve over time (see above).