

TRUST BOARD

Title:	TRUST-WIDE WORKFORCE REVIEW
Action:	FOR NOTING/DISCUSSION
Meeting:	17 March 2021

Purpose:

This workforce review provides the Trust Board with an understanding of the actions in place to retain and secure our workforce and how we have supported them during the Covid-19 pandemic up to November 2020. It also details the progress that has been made against the actions identified in our last workforce review report July 2020.

During 2020, the workforce review and subsequent report have been different to our normal, pre Covid-19 reviews and reports and therefore the last full bi-annual workforce review and report, which included service level workforce planning intelligence, was presented to the board in November 2019.

The update to actions identified in the July 2020 report is attached in Appendix 1.

The bi-annual workforce reviews and subsequent reports would usually be presented to the Board in November and May each year, however during Covid-19, the reports have been compiled by the Workforce Team and presented in July 2020 and March 2021 to allow front line services to focus on Covid-19 activity at the time they would normally be reviewing their workforce plans. As a consequence, the focus of this report is a Trust wide workforce review and does not include the usual summary of each service level workforce planning review or the service wide dashboard that shows key workforce, quality, finance and performance indicators at service level. During the pandemic, Clinical Operations Boards have continued to take place, reviewing workforce key indicators to support Board assurance.

Recommendation:

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

	Name	Title
Author:	Angela Hartley	Assistant Director of Workforce
Executive sponsors:	Anne Foley Kate Howard	Director of Workforce Chief Nurse

Trust Objectives:

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The report demonstrates that the Trust and its leaders undertake monitoring of staffing levels in order to maintain safety
Collaborate with 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:	Dates Presented:
Bi-annual Workforce Review	November 2019 and July 2020

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:
To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.	The paper describes the relaunch of Trust Diversity networks.
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	The paper describes work to support mentoring

We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	
We will ensure that the recruitment of our volunteers are from the diverse communities they serve.	

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

1. INTRODUCTION

This report details current workforce issues with a key focus being on the impact of Covid-19, workforce planning and supply.

2. ATTRACTING STAFF

2.1 The Trust recruited 190 substantive and 85 bank staff between 1 April and 30 September 2020. The Trust continues to experience recruitment challenges in some roles/services. This is for a variety of reasons including location and national staff shortages.

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.

2.2 In addition, from October 2020, the Trust became the provider of the Large Scale Vaccination (LSV) Programme for the planned 17 pods in Cambridgeshire and Peterborough, and the planned 17 pods in Norfolk and Waveney systems. This involved the planned recruitment of 618 wte staff for each system including new staff, CCS staff to work bank shifts and staff from other NHS employers to work additional shifts. In reality, this equated to upwards of 1200 staff per county. The recruitment has included the redeployment of CCS staff internally to support vaccination programme. This recruitment is ongoing although the actual pod numbers have reduced to 8 in each system. (approx. 290 wte) The pod staff include registered nurses and allied health professional staff, administrators and health care assistants. The challenge presented by this service development included the volume of staff required, the speed of recruitment and the requirement for registrants in health systems already carrying many vacancies for registrants. There has been a significant number of applicants with the appointment of 3 or 4 people per WTE resulting in a workforce of 1400 people at March 2021 with more people needed and being recruited.

2.3 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. These are a salary premium payable under national NHS terms and conditions, where there is evidence of hard to recruit posts in a locality. Where they are in place, they are paid to both newly recruited and current staff working in those roles. Payments are made where a business case has been considered that payment would aid recruitment and retention in hard to fill roles.

The RRP’s are regularly reviewed, most recently on 30 June 2020, to agree if they should continue as detailed below:

Health Visitors in Luton – 6% of salary for experienced Health Visitors and 4% for those with less than 12 months experience. Following the increase in the RRP rate to 6% and 4% there had been a positive increase in the Luton team’s ability to attract applicants and successfully recruit to vacant posts. However this improvement in recruitment has not continued to a level whereby the team is adequately resourced. Therefore the current RRP rate has been maintained with the service continuing to monitor effectiveness.

School Nurses in Luton – 6% of salary for experienced school nurses and 4% for those with less than 12 months experience. The School Nursing Team were fully staff for a period of time but this has now reduced to 50% staffing and continues to experience the same issues as health visiting. It was agreed to continue with the current RRP agreement.

Health Visitors in Wisbech – 8% of salary for staff with over 12 months experience and 4% for newly qualified caseload holding staff. The RRP would continue for a six month period until the end of February 2021. The service has had long standing challenges in being able to recruit into this area due to the demographics and geography. The service would have a clearer picture about the recruitment opportunities from the current cohort of Specialist Community Public Health Nurses (SCPHN) students and considered a period of stability and confidence about retention was required before a reduction/removal of RRP was considered.

Audiology in Luton - A RRP of 4% of salary was awarded to band 6 and 7 Audiologists. The use of the RRP has resulted in the service being able to attract applicants since its introduction. The RRP would continue to allow a period of stability in the recruitment and retention of staff.

- 2.4 In April 2020, as part of the Trust's commitment to providing excellent, adaptive and qualitative recruitment practice we introduced a fully in-house recruitment function following the ending of the third party contract. A service redesign programme to change the in-house provision to a fully end to end recruitment function was planned for April 2020, and remains on hold due to the Covid-19 pandemic. The planned restart in July 2020 was postponed again during the ongoing pandemic.
- 2.5 During the early stages of the pandemic the Recruitment Team revised processes to follow the national guidance provided. They have helped our managers with streamlining how recruitment is carried out to ensure we are able to recruit quickly but also qualitatively. Virtual recruitment training has also been developed and delivered.
- 2.6 During the LSV recruitment, the Recruitment Team have adapted recruitment processes through a process mapping workshop, to stream-line further, to assist with managing the unprecedented volume of applications and to adapt to the absence of the usual appointing officer role to lead the process managerially. These processes have been risk assessed to ensure they continued to meet compliance requirements laid down through employment and CQC standards. This work and lessons learnt will form the basis of the end to end recruitment process review and redesign for the business as usual service.
- 2.7 To support the development of greater diversity in the workforce and to seek to eliminate bias, the Trust have rolled out BAME representation on all interview panels where a BAME applicant is shortlisted. This is integral to our wider work to support workforce diversity and inclusion and to seek to eliminate bias. In implementing this, we have also encouraged greater diversity with a wider range of staff participating in selection, and actively supporting more staff to avoid acting negatively on their unconscious biases. This practice has been maintained during Covid-19. We have also introduced some rapid interviewing for LSV roles, which have been undertaken by one interviewer. The volume of roles available has eliminated competitiveness and any candidate who meets the person specification has been appointed.
- 2.8 Work within the Norfolk Healthy Child Programme to explore the options for specialised recruitment techniques which explore the motivation of applicants wanting to work with children will be resumed when capacity allows as we move out of the current service pressures.
- 2.9 Prior to Covid-19, Trust representatives continued to attend job fairs and visit local schools to promote careers in the NHS and local job opportunities. Plans to expand further will recommence when safe to do so. The Trust's cohort of Health Ambassadors who are committed to spending time in local schools to promote careers in the NHS will also recommence this when safe to do so.

- 2.10 Historically the Trust has offered a limited number of work experience placements, due to the difficulties for clinical services accommodating young people whilst delivering care. Our work experience programme was redesigned in early 2020 to offer a more generic programme for young people and others interested in working in the NHS, with time spent learning about a wide range of services. This was due to start in 2020 with a pilot programme and further planned roll out. The programme has been put on hold and will be introduced when safe to do so. Ad hoc requests for work experience are accommodated on an individual basis.
- 2.11 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.
- 2.12 In our job advertisements we publicise, where applicable, flexible working/job share opportunities to widen our candidate appeal. In addition, services are being encouraged to advertise and offer relocation assistance and the Trust's policy has been revised to be more inclusive. Services are supported to make use of social media and less traditional NHS places to advertise as it is recognised, and was noted during the workforce reviews, that the NHS Jobs website is not always the place potential applicants for some roles will look, e.g. administration or corporate roles. Adverts have also been updated to encourage applicants from diverse backgrounds.
- 2.13 Within Luton Adult Services, international recruitment (IR) is an ongoing consideration as one route in for new staff. The Trust recognises that IR is a challenge unless a large cohort of IR recruits start together for peer and cultural support. Should this be an area to explore in the future, we would look to do this in partnership with another trust.
- 2.14 Sexual health services support General Practitioners (GPs) in training and this can provide a source of future GPs with special interest to provide sessional work for us.
- 2.15 As part of the national Graduate Management Training Scheme (GMTS), we supported three NHS Graduate Trainees within the Trust in year one placements during 2019. The Trust has hosted several trainees over recent years and successfully appointed former graduate trainees to substantive roles. The national scheme changed in 2019 and we chose initially not to take part ahead of a review of the success of these changes and subsequently have agreed to work with the BMLK ICU for a shared Graduate Trainee, who will work in Luton Adult services when on placement with CCS.
- 2.16 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. We also encourage other selection methods including practical tests, presentations and in some services, patient/service user involvement.
- 2.17 Work continues to explore the greater involvement of service users in the selection process with service users often part of stakeholder panels as part of the process. An example of this approach was the success involving young people in interviewing for mental health support workers in schools, using teams in autumn 2020.
- 2.18 Both Microsoft Teams and telephone interviewing has been used successfully during the pandemic.
- 2.19 Prior to the pandemic we continued 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. 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 are one of the few trusts making full use of ESR for mandatory training provision and recording and our mandatory training lead chairs the regional mandatory training work stream. Whilst further development of the work stream is on hold due to Covid-19, the Trust continues to benefit from our work so far, such as the use of factual references which speeds up recruitment and the acceptance of the transfer in of mandatory training for new staff. This has been Plans for the Trust to move to a new occupational health provider for part of the organisation in April 2020 were put on hold and we continue to work with our current provider, who has adapted the service delivery to meet our needs during the pandemic.

2.20 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. The implementation has been delayed due to Covid-19 and it is ready to start as recovery progresses. Findings and actions taken based on feedback, will be in future workforce review updates.

2.21 The Trust continues to recruit and support staff undertaking professional training programmes, including, Health Visitor, School Nursing, District Nurse Nursing students and apprenticeships. There are a mix of internal and external appointments and form part of our workforce supply solution identified in the services workforce plans.

3. SUPPORTING STAFF TO STAY IN THE ORGANISATION

The retention of our workforce, (our 'stay' strategy), is a key part of the role of our people managers and our workforce planning activities. Currently 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 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.*

3.1 Appraisals

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

- 3.1.2 Staff are asked to give confidential feedback on the quality of their appraisal conversation, including how it helps them perform in their role and a summary of the feedback is attached at Appendix 2. 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.
- 3.1.3 At the start of the pandemic the Trust relaxed the requirement for all staff to have had their appraisal within 12 months, in order to allow staff to focus on the Covid-19 effort. However we continued to encourage managers and staff that, where appraisals could take place, they should. We have now, at the end of 2020, re introduced this as a requirement, as we acknowledge it as a valuable part of supporting staff during this difficult time.
- 3.1.4 Although appraisals resumed for most teams at the end of 2020, fewer staff have given their feedback during Covid-19, therefore data is based on a smaller cohort than previous reporting periods.

However key highlights are:

- 97.5% of staff agreed or strongly agreed that their appraisal was a positive experience;
- 99.5% of staff agreed or strongly agreed that they were given the opportunity to express themselves openly;
- 81% felt it made a positive difference to undertaking their role;
- 98.1% reported having the opportunity to discuss their personal health and wellbeing;
- 98% reported having the opportunity to discuss their career and training aspirations.

The feedback staff gave on the quality of their appraisal conversation along with feedback from the Staff Opinion Survey is used to inform policy and paperwork review and training content both for appraisers and appraisees. In July 2020 the Training Team reviewed the paper work further and we viewed it as still fit for purpose. This will be reviewed again in July 2021.

3.2 Training and Development

- 3.2.1 The Trust offers a wide range of training and development, both in house and delivered externally. We also operate a 70:20:10 approach to learning and development, valuing experiential learning (70), learning from others (20) and a smaller level of taught/traditional/classroom learning (10).
- 3.2.2 The Covid-19 pandemic and the move towards different ways of working as a result has created a catalyst to re consider how we deliver training and development interventions and ways to use technology in training. We have delivered recruitment and selection training, Care Certificate, action learning sets, Step on Up, team development session, Leadership Forum and corporate induction via Microsoft Teams. The Communications Team has also created a VIMEO channel for online learning sessions that are recorded, to create a resource for learners to revisit at a later date.
- 3.2.3 The Training Team are continually developing their skills in delivering online and virtual training and are reflecting on the evaluation feedback and learning so far. To support this new way of learning the Training and Development Manager, undertook an Open University programme on online Teaching 'Creating Courses for Adult Learners' and is using the skills learnt to help develop further our online and virtual training offer and to upskill other staff (Train the Trainer), such as the service re-design and safeguarding teams.

3.2.4 The Training Team have delivered 94 sessions of training via MS Teams since 01 April 2020 (reaching 1372 learners), not including Trust Induction. Evaluation of online training delivered during Covid-19 is being carried out. The Training Team continues to promote the value of this feedback with staff. Feedback indicates the use of technology has meant staff can join training from any locations, increasing networking opportunities and is helping to breakdown geographical barriers. There are also financial and time saving benefits, although the value of face to face interventions will not be forgotten and some face to face training will be reintroduced when safe to do so, as part of a mixed model of development activities.

3.2.5 The following programmes have continued throughout Covid-19 on MS Teams:

- Care certificate (all modules);
- Chrysalis 10 Action Learning Sets groups;
- Coaching and Mentoring support;
- Functional skills;
- Induction (virtually);
- Making the difference bespoke training;
- Personal resilience (Power Skills);
- Step On Up.

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

- Amazing Managers;
- Appraisal training;
- Big 9 diversity mentoring;
- Coaching Conversations;
- Delivering Online Training - Train the Trainer (NEW);
- Drop-in Question and Answers for new staff;
- Group MBTI (NEW);
- Personal development;
- Positive conversations and mindset has been embedded into all group training and making the difference training.

We also held a virtual Chrysalis (Cohort 10) graduation ceremony.

In addition, Myers Briggs and 360 assessments and feedback (via Teams) restarted in July 2020 for teams and individuals, as required.

3.2.6 When staff capacity permits we will reintroduce the following training in some format (intended Autumn 2021):

- Compassionate teams (in a revised format);
- Mental health first aid training;
- Performance mentoring and leadership;
- Work experience (schools).

Learning Programme to re-start in Workshop format:

- Chrysalis - cohort 11 (September 2021)
- Step on Up – cohort 6 (December 2021)
- Coaching Apprenticeship (NEW) (April 2021)

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

3.3 Staff Engagement

Research evidence shows that a highly engaged workforce will achieve better patient satisfaction and outcomes; therefore, we continue to pay particular attention to how engaged and valued our staff are feeling. The best way of getting this feedback from staff is through the annual Staff Opinion Survey (SOS) and our quarterly staff Friends and Family Survey.

During this period, the 2019 SOS Trust Wide Improvement Plan was fully implemented. The 2020 SOS took place and the results were published on 11 March 2021, and are summarised in a separate Board Report.

A SOS 2020 Action Plan will be created to address areas for improvement with relevant leads identified. Updates on the actions and progress will be presented in the next bi-annual workforce review report.

Past actions have included:

2019 Survey	
Area for Improvement from 2019 Survey	Actions Taken
Staff satisfaction with the quality of work and care they deliver	<p>The responses received relate to concerns with the quality of care our staff give as a result of staffing levels. A review of any negative impact on the quality of care given as a result of staffing levels and to proactively manage future workforce supply planning to address areas with staff supply issues.</p> <p>To establish what areas have issues with retention and vacancies, utilise workforce planning and supply pipelines, linking in with corporate colleagues in training and development.</p> <p>To review all exit questionnaires, retention and recruitment surveys to establish if there are any themes and to contact staff about their experience. If a negative experience is identified, this will help to identify any issues/concerns early on to help prevent escalation.</p> <p>Action plans will be available to all staff on the Trust's Intranet.</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>Re-launched our staff diversity network, and establish sub-networks starting with a BAME and Disability networks.</p> <p>Further development of the Trust's Adjustment Passport, into a wider passport to incorporate all potential adjustments a member of staff may have, including but not limited to carers responsibilities.</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 of the appraisal documentation and training.</p> <p>Greater frequency of appraisal feedback reviews and to action any common themes raised in them.</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 messages that the Trust has a zero tolerance to bullying and harassment, violence and aggression at work.</p> <p>Review/re-launch of staff information on bullying.</p> <p>Results showed that the concerns are mostly associated with abuse from members of the public towards our staff, therefore the relevant policy was reviewed and its profile raised.</p>

Local action groups and plans had started but due to the pandemic and impact on staff, the focus for actions during 2020 was shifted on two or three main themes relevant to the service area.

3.4 Flexible Retirements / Retire and Return

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.

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 detailed 5 year workforce plans, which can predict changes and map actions, help with decisions on what flexible arrangements can be accommodated.

3.5 Staff Health, Wellbeing and Attendance

Supporting staff when they are unwell, minimising the negative and promoting the positive health benefits of work and proactively managing staff attendance remains a key priority for the Trust.

Sickness absence levels continue to vary across the Trust and have been affected by the covid-19 pandemic. Managers have undertaken risk assessments with all of their staff and continually review the support provided 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;

- health and wellbeing conversations at management supervision and appraisals;
- Covid-19 risk assessments;
- Our 'Stepped Approach' - Psychological support offer to staff during Covid-19;
- higher level psychological support offers from neighbouring Mental Health Trusts;
- launch of Health and Wellbeing Champions and their support network event (January 2021) and closed Facebook group;
- appointing a NED Wellbeing Guardian;
- supporting managers to have 'wellbeing conversations' and a focus on their teams' wellbeing as part of their management responsibilities.

Line managers and the HR Team support the Trust's personalised approach to managing staff attendance (agreed in 2019), supporting a focus on the individual and their personal circumstances rather than 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.

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

3.6 Attendance Benchmarking

The total sickness rate for January 2021 was 4.02%, excluding the Covid-19 related absences which were 3.91% (Covid-19 related sickness took effect mid-March 2020). This compares to a rate of 4.3% for all community trusts.

Please see Appendix 3 which shows the latest benchmarking data available for NHS providers and the 2017 ONS data.

The HR Team continues to support managers to identify supportive action for individual staff and teams where absence levels are high.

3.7 Analysis of Trust Sickness Levels / Reasons

The HR Team undertake periodic deep dives, as required, on the reasons for absence with the teams they support and work with managers to support staff to maximise their health and wellbeing and maintain attendance at work. Please see Appendix 4 which details the reasons for sickness absence and measure by staff groups for January 2021.

3.8 Supporting our Staff to Maximise their Health and Wellbeing

3.8.1 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.

3.8.2 NHS Improvement has produced an NHS Workforce Health and Wellbeing Framework, which the Trust uses 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 via the Intranet. This was most recently reviewed on 10 July 2020 and a further review due in April 2021.

One example of an outcome from reviewing the framework is identifying the benefits of having clear guidance for managers and staff on the whole health and wellbeing offer in a single policy and this led to a new policy in 2019 which details the support for staff wellbeing.

- 3.8.3 We support managers and staff through 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 we could make to support staff in general.
- 3.8.4 Supporting the mental wellbeing of staff remains our priority with successful Mental Wellbeing Weeks in 2018, 2019 and 2020, which help to raise the profile of paying attention to your own mental wellbeing. This work in particular has continued during Covid-19 with expert input from clinical physiologists in our 'stepped offer' of mental wellbeing and psychological support.
- Feedback from staff during the 2018 week informed our mental wellbeing support for staff and we offered a programme of support, advice and guidance on mental wellbeing as part of our 2019 Mental Health Week. Based on feedback from staff we have developed a four-part 'Compassionate Team' training course, developed to deliver to whole teams and sessions have been well received. During our 2020 week we promoted wellbeing during Covid-19, highlighting tips on working from home and normalising how staff are feeling.
- 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 having been initially supported by a former CCS Clinical Psychologist. This has continued and been expanded during Covid-19, resulting in our stepped offer which recognise that different staff will have different needs at different times during the Covid-19 epidemic and based on their own personal circumstances.
- One of the Trust's clinical psychologists is being redeployed part time to give additional specialist support the staff and teams and this is in addition to the support available to all staff from our local MH trust providers during the pandemic.
- 3.8.5 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 and implementation of BREXIT and during Covid-19 when it was anticipated there may be an increase in unacceptable behaviour from some members of the public towards staff.
- 3.8.6 Financial difficulties/pressures can cause undue stress and anxiety and to support staff we introduced the services of Neyber, a financial service provider, to offer staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and potentially in the future, investment opportunities. Neyber have launched a new salary advance service to help staff avoid costly payday loans and to assist staff who, in the past, have had to ask the Trust for help and to ensure a consistent and fair access to help. Additionally, in partnership with our staff side representatives, we have published details of the financial support available to trade union members via their unions.
- 3.8.7 In April 2020 we extended our contract with Optima for occupational health services and as part of this we moved to a new Employee Assistance Programme (EAP) called HELP. HELP also provides an online support internet site, Optimise. This is a comprehensive wellbeing assessment that staff or their families can take at any time. It provides personalised wellbeing content tailored to staff responses and has an extensive library of wellbeing information for staff to access at any time, including videos, podcasts and Ted Talks. The existing arrangements or OH services and EAP remain in place for staff working in Luton which are effective and well received by staff and are provided by the Luton & Dunstable University Trust.

3.9 Supporting Staff Health and Wellbeing during Covid-19

To support the mental health and wellbeing of staff during and after the pandemic, the Workforce Team has worked with clinical psychologists within our services to produce our Stepped Approach.

This aims to

- Recognise what staff are going through;
- Draw on up to date evidence;
- Use national resources and local expertise;
- Pull together the information into one accessible form.

A summary of the stepped offer is attached at Appendix 5.

In addition to our in house stepped offer, the Trust has signposted staff to offers of support both locally and nationally including the National NHS help line run by the Samaritans and support from MH trusts locally for staff to access support should staff need more specialist interventions and are exploring what we can learn from the experiences of the armed forces post conflict support offers.

Through Covid-19 several CCS services have run online support sessions including eleven fitness classes and twenty eight session of 15 Minutes of Mindfulness. Yoga, Zumba, whole body office based exercises, stretching and mobility and Pilates sessions have also been made available for staff to view on line. These have been re-publicised to staff to access via links on the Intranet.

Risk assessments are being undertaken and regularly reviewed for all staff and a range of support is in place, including supporting those shielding and working from home, the provision of PPE and risk assessments on work bases.

The Trust has fully supported all staff with a shielding letter.

3.10 Live Life Well Programme

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

- Recruiting, training and subsequently held refresher training, for Health and Wellbeing Champions in January 2021 following a delayed implementation due to covid-19.
- Bi annual Health and Wellbeing Newsletter show casing our offer and positive actions by staff, next edition due after Easter 2021;
- Promoting 'pass it forwards' and acts of kindness as a way to promote wellbeing;
- Continuing to promote personalised approaches to managing attendance and flexible working requests and a support offer for staff with their financial wellbeing;
- Promotion of the wellbeing values of good team working and two way communication and taking a break;
- Mental Health First Aid light training (for Health and Wellbeing Champions);
- Promotion NHS staff discounts and promotion of NHS health checks;
- Mental wellbeing weeks;
- Promotion of key national wellbeing related national days/weeks throughout the year;
- Resilience training;
- Newsletters, Intranet pages and Comms Cascade updates;

- Providing information on the menopause to reduce the reluctance of staff to talk about this openly at work, and a new Menopause Policy (March 2021).

3.11 Use of Exit and New Starter Data

Feedback from staff leaving the Trust is reviewed on a regular basis to identify themes, take actions and where applicable support individuals. Appendix 6 details this information.

Where an individual highlights a concern this is raised with the service so they can identify any changes they can make to their staff experience.

It is recognised that by the time someone has chosen to leave, it may be too late to change their mind therefore we are introducing support to new staff in their first 365 days to get feedback on any issues at an early stage. The launch of this was delayed and will start as soon as is practicable. In the interim, all new staff are surveyed on their experience during the recruitment process and on-boarding. Action will be taken on any areas of concern/delay/improvements required. This is to help establish if there are any concerns, themes that can be rectified to help keep that member of staff with the Trust and any help/support a particular area may need from the HR team to help with their retention of staff. Research has shown that new members of staff who stay within an organisation over 12 months are more likely to stay longer term.

When practical, we will start the planned surveys for new staff at six months and one year after joining. Set questions via a survey monkey will be asked and the responses analysed to identify any themes/trends so that action plans can be developed and improvement actions put in place, where possible, to help with retaining staff. Staff highlighting serious issues will be offered support by the HR Team in the first instance.

We are aware that demographic changes indicate that younger workers no longer have an expectation of remaining in one organisation or career for their whole working life, therefore turnover amongst our younger workers is expected. In addition, our expectation is that our newly qualified staff would usually be looking to move to their next role within 18 months to 2 years.

3.12 E-Learning and Electronic Staff Records (ESR)

- 3.12.1 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.

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

Staff can also easily access their pay slips, total reward package information, including projected pension benefits and their personal data.

The Trust has reviewed the other functions available in ESR and any further roll out is subject to further work taking place on e-scheduling and e-rostering, as the two systems have similar requirements and need to be linked to avoid duplication as the two systems need to talk to each other and share data.

In the meantime, the recording of essential clinical training on individual staff profiles is underway starting with Luton Adult services. The aim being that the training record function

in ESR becomes the single place to record training requirements and compliance within the Trust.

- 3.12.2 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 2021.
- 3.12.3 The Trust took the decision to step down the mandatory training subject to 5 core modules to allow staff to dedicate their time to front line issues at the outset of the Covid-19 pandemic in March 2020 and all face to face training was suspended. However, mandatory training compliance remained high and we have subsequently reintroduced this requirements and re introduced some Covid-19 safe face to face training in Resuscitation and Moving and Handling of Patients for those staff in roles where this is essential for their own and or patient safety. The Trust regularly undertakes awareness raising for staff in whistleblowing and freedom to speak up and the role of Freedom to Speak Up Champions.
- 3.12.4 Following the national announcement of autism awareness becoming mandatory training for NHS staff, the Trust is working with another provider on a pilot to deliver this although this has not progressed during the pandemic.

3.13 Professional Development

- 3.13.1 The Trust provides Continuing Professional Development (CPD) and essential training for all clinical staff to deliver their roles safely. A summary of CPD activity for non-medical clinical staff between 01 April 2020 and 30 September 2020 is attached as Appendix 7. There has continued to be less CPD activity based on normal activity, as a result of the Covid-19 pandemic however with the development of online courses this is now slowly starting to increase again and staff are now able to begin accessing courses.
- 3.13.2 Following the changes in the training routes into clinical professional roles, pre-registration students, who undertake work based placements as part of their qualifications now, come to the Trust from a wider range of routes. We continue to work with neighbouring trusts on a joint approach to ensure we can manage this effectively. We provide central support to both the students and the services to ensure students have a quality experience with the Trust, with the aim that students see the Trust as an employer of choice after they qualify. We are in the process of recruiting an additional non-medical clinical educator and placement lead to assist with the management of placements and student support.
- 3.13.3 The Trust continues to support the Care Certificate Programme, which gives care workers a national standard level of skills and competence, with study days run across our geography. 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. The Training Team has reviewed delivery and assessment as part of the care certificate and this is currently being rolled out to ensure a timely uptake, greater pastoral support and earlier identification of any individual needing additional support. Specific work has been undertaken to support staff in the LSV service who wish to pursue the Care Certificate.

3.13.4 Annual Trust Development Plan (Medical Welfare)

The Annual Trust Development Plan (ATDP) is attached at Appendix 8. This is a review of the Trust's medical education activity and is written in partnership with Health Education England. The report recognises the unusual nature of the Trust commenting on 'A

functional and pragmatic approach to quite a unique set up'. The key gap in support is provision of administrative support which is being addressed.

3.13.5 **Medical Staff Development**

The delivery of Medical Education has been significantly impacted by the Covid-19 pandemic over the past year, although trainees within CCS NHS Trust have been less affected than those in the acute trusts during the recent surge. Supervision has remained good and the transition to remote assessment and new ways of working has ensured that none of our trainees have had their training progression delayed. The pandemic has affected other developments, particularly the provision of any administrative support for the Director of Medical Education (DoME) which is still pending, and the approval of the updated Medical Study and Professional Leave Policy.

The focus of Health Education England East of England (HEE EoE) has been on managing the redeployment of medical trainees and the agreement of Annual Trust Development Plans for 2021 are currently being drafted. The planned focus for the forthcoming year will be ensuring that last year's goals are met, streamlining the management of funding and raising the profile of Medical Education within the Trust. This year has seen the development of HEE EoE Medical Locality meetings, attended by the local DoMEs and GP leads and involvement in the Cambridge and Peterborough (C&P) area meeting (with a more recent invitation for the Luton and Bedfordshire group), and acting as representative of the group on the C&P Leadership and Organisational Development Group.

Staff grade and Associate specialist (SAS) doctors' training days have continued during the pandemic, with the original face to face days becoming virtual and further virtual training provided in November and February organised by our SAS doctor tutor, Dr Tamsin Brown with the support of the SAS doctor committee supported by Lyn Currie. There has also been work towards SAS doctor access to the blended learning platform (Panopto/Bridge) which is hosted by HEE EoE.

The Trust supports medical trainees and is currently the only provider of higher specialist training in Genitourinary (GU) Medicine and Community Sexual and Reproductive Health in the East of England, with 4 specialist training posts, 2 in CSRH and 2 in GU Medicine, and these are based at Norwich and Cambridge (one each per specialty). There are significant changes to the GU curriculum which are due for implementation in August 2022, when it will become jointly accredited with General Internal Medicine, and trainees will therefore also require training in the local acute hospital trusts. As our current trainees will complete their training programmes before that time work is underway to develop links to provide cover for the whole curriculum.

There are 2 GP training posts within iCaSH, one based at Abbey View Clinic, which is split 50:50 with Public Health, and one based at Great Yarmouth which is split 50:50 with Palliative care. The GP posts are part of the national expansion of General Practice training which focusses on community placements, and the Trust has been approached to see if we have capacity to develop further innovative posts (which could attract full funding) across any of our services.

We currently host 5 Community Paediatric posts within the Trust (one of which is temporary), and have also provided experience and supervision for a mental health and an academic trainee. In addition we provide training in Community Paediatrics for trainees based at Luton and Dunstable Hospital Trust. During the recent pandemic surge we have worked closely with our trainees to identify capacity to support the local acute trusts, and after risk assessment 2 of our trainees have provided sessions at Hinchingsbrooke Hospital, but in contrast to the first lockdown they have not been fully redeployed so have continued to gain their training competencies.

Monies received for improving junior doctors' working lives were allocated to IT provision (prior to the pandemic in order to improve off site accessibility). Further plans for teleconferencing have been superseded by the use of Teams, and we are engaging with the trainees on best use of the remaining funds.

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

- University of East Anglia: iCasH currently provides clinical teaching and placements for medical students from UEA. Each student is offered at least 1 session of clinic exposure, and they are currently placed at Ipswich, Gt Yarmouth, Norwich and now King's Lynn. As part of our annual quality assurance meeting with UEA we have agreed to collate and develop a resource package to support a whole day of training in iCaSH.

There are currently 3 sets of students per year, but this will increase to 4 cohorts from 2022 / 2023 in line with the expansion of medical student numbers and work is currently underway to revise the formal teaching delivery as well as placements. The most recent students joined in telephone consultations, and this is being used for the current cohort in February/March, with review prior to the June cohort. Evaluation was positive.

- University of Cambridge: Community Paediatricians in Cambridge (led by Dr Katie Burton) are developing a new training programme for the medical students on Developmental Assessment which is due to start in April 2021.

3.13.6 Guardians of Safe Working

Following the introduction of the new contract for junior doctors the post of Guardian of Safe Working (GoSW) was created to ensure medical trainees were able to access education, and were not asked to work outside their contracted hours on call. The Trust's Guardian is Dr Jorge Zimbron, a Consultant Psychiatrist employed by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Trust accesses medical staffing support from CPFT, due to our relatively small number of medical staff which makes having an in-house provision inefficient and sharing Dr Zimbron as GoSW between both trusts reflects this arrangement.

On 01 April 2019 the Trust transferred its acute paediatric service to North West Anglia NHS Foundation Trust (NWAFT). From that date the Trust has had no junior medical staff who take part in medical on-call rotas, although community paediatric trainees participate in the NWAFT on call rota as part of their training. Following the transfer of acute paediatric services to NWAFT, we agreed that although technically a Guardian was no longer required in CCS, we would continue the arrangement as a point of contact for our trainees if they had any concerns. Dr Zimbron also liaises with Dr Cilla Reid, GoSW at NWAFT.

Dr Zimbron has reported to us that he has had no concerns raised with him by our trainees since 01 April 2019.

3.14 Partnership Working

Partnership working with trade unions continues to be positive and the Trust supports protected time for the Staff Side Chair to undertake her duties on a full time basis.

Positive partnership working has supported the Trust when difficult changes have taken place through our open and honest dialogue with unions and staff. Whilst hard to quantify, this is likely to have had a positive effect on retention. Some full time union officials have given verbal feedback to the Trust that we are viewed as a good employer, who listens to staff and addresses issues, and not a Trust they have cause for concerns with.

An example of this is our proactive work with the RCN to introduce Cultural Ambassadors and the adoption of their 'Rest Hydrate Refuel Scheme', the adopted of an all staff version of the key principles in the BMA's SAS Doctor Charter and the adoption of the RCN's Disability Passport Scheme (Adjustments Passport). We openly endorse staff joining a union as part of their Trust Induction and our Workforce Lead attends the annual regional partnerships working conference jointly with the Staff Side Chair to learn from others and share best practice.

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

3.15 Supporting a Diverse Workforce

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

The Workforce Diversity and Inclusion Group meets quarterly and oversees actions which support the delivery of the Trust's People Strategy and in particular the Diversity and Inclusion for All Programme.

The key work stream in the People Strategy Implementation Plan 2020/21 is the Diversity and Inclusion For All Programme, and the actions are to:

- Provide *Personal Resilience* training and equip staff to balance work and life challenges and stresses;
- Deliver the Workforce Race and Disability Equality Standards and Gender Pay gap action plans;
- Deliver our annual Equality Delivery System Objectives and our Equality Improvement Plan;
- Work with experts in this field to embed the diversity and inclusion agenda from both a service delivery perspective and as an employer;
- Attend public events to get feedback on the Trust's approach;
- Finalise the roll out of BAME representation on interview panels where a BAME applicant is shortlisted;
- Continue to support our Cultural Ambassador Programme.

Through the Trust staff health and wellbeing programme, Live Life Well, and our Staff Opinion Survey Action Plan, actions are in place to support staff with personal resilience, work life balance and managing work place stress.

Additionally, in light of Covid-19, supplementary support information and advice is in place during 2020 and 2021 supporting staff with emotional/psychological wellbeing, working differently and working in an atypical environment. The Trust is accessing national and regional support as well as Trust support, which includes our counselling and Occupational Health Services and support from our in house clinical psychologists. We are working with STP partners on additional mental health services to support staff who may experience mental ill health as a result of Covid-19.

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

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

3.15.1 Diversity Reports and Objectives

3.15.1.1 The Workforce Disability Equality Standards (WDES)

In July 2019, the Trust published its first set of workforce disability data against a set of national standards, the Workforce Disability Equality Standards or WDES.

The 2019/20 objectives, listed below, were all achieved with the exception of introducing disability leave. This had been due by April 2020 and was delayed due to Covid-19, although in practice, a greater number of disabled staff have been supported with paid leave due to their health conditions during this current time. It was introduced in January 2021.

WDES Objectives 2019/20

- To Implement a disability 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.

Publication of the 2020 data is delayed nationally due to Covid-19, however we have reviewed our draft data and the People Participation Committee agreed the objectives to be implemented during 2020/21.

WDES Objectives 2020/21

- To review the options for disability leave within the Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy;
- To support the ongoing use of the Adjustments Passport;
- To promote the use of the Covid-19 staff risk assessment and appropriate actions;
- To support disabled staff to establish a staff network as required;
- To review the lessons learnt during Covid-19 on how disabled / staff in the critically high risk groups were supported to work differently, including disability leave.

There has been a significant increase in the number of staff declaring working with a disability since March 2020, as a result of staff declaring their critically at-risk status of Covid-19 and recording this in their personal staff record. As anticipated, when staff can see that their data will be used for positive benefits this encourages them to declare, rather than fear this will be used against them.

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

Disability leave has been added into Trust policies, the passport has been revised and widened to cover any adjustment which staff can reasonably request and a Disability and Long Term Conditions Network has been established.

3.15.1.2 The Workforce Race Equality Standards (WRES)

Our 2019 WRES action plan was published in September 2019.

WRES Objectives 2019/20

- To complete the implementation of BAME representation on recruitment panels;
- To make recruitment training 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.

These were met with the implementation of training for all involved in recruitment to be completed during 2020.

Publication of the 2020 data is delayed nationally due to Covid-19, however we have reviewed our draft data and the People Participation Committee agreed the objectives to be implemented during 2020/21.

WRES Objectives 2020/21

- To promote at all sites and in all services the Trust's zero tolerance toward abuse of staff by members of the public;
- To support managers to address abuse from the public where this takes place;
- To support a BAME staff network and to act on their feedback;
- To target Trust and external leadership and skill development opportunities to BAME staff;
- To introduce BAME mentoring as part of all in house managers skills and leadership development programmes.

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

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

The Tables at Appendices 9 & 10 provide a comparison of the WDES and WRES data over the last 2 and 3 years respectively.

The Trust will publish our 2021 WDES and WRES data and action plans when templates and dates for 2021 are published.

3.15.2 BAME Representation On Recruitment Panels

Agreement was made in December 2019 to move all our recruitment activity in house from April 2020. This enables the Trust to support the final roll out of BAME representation on all interview panels where a BAME applicant has been shortlisted, as the recruitment team will have access to the confidential diversity declarations made by applicants allowing them to identify which panels require a BAME member.

3.15.3 Recruitment Training

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

3.15.4 Mentoring

In October 2019, as part of Black History Month, we 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. The Wider Executive Team were trained in December 2019 and the Leadership Forum briefed in December 2019 and training was put in place across the localities with the aim to launch the programme in early 2020.

Whilst the formal launch is delayed due to Covid-19, the actual uptake of mentoring, including reverse mentoring and mentoring by BAME staff with white colleagues has increased, to support staff during the current challenging climate.

3.15.5 Theatre Style Training

Service Directors have further reviewed their outcome reports following the 2018/19 diversity training sessions and further sessions are available as required and have been accessed by Luton services.

3.15.6 Staff Networks

BAME and disability networks are now established and further networks will be established as identified by staff.

3.15.7 Gender Pay Gap

The 2020 Gender Pay Gap report was published in April 2020, based on our gender pay information in 2019. The report is attached at Appendix 11.

The Objectives agreed in 2019 are rolled over into 2020 as they remain areas for the Trust to work on to help to narrow its gender pay gap.

Dates have yet to be confirmed for publication of the 2021 gender pay gap report.

3.15.8 Equality Delivery System 2 (EDS2) – Workforce Objectives

The 2020/21 Workforce EDS2 Objectives are:

To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.

To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.

These will be formally reviewed by staff in April, and 2021/22 objectives proposed.

3.15.9 Cultural Ambassadors

The role of Cultural Ambassadors is embedded in the Trust and they play a key role not only in formal HR processes but also as part of the Workforce Diversity and Inclusion Group, other workforce related work streams including the Staff Survey Action Planning and Live Life Well Group, and on the Trust Covid-19 Incident Management Team.

3.15.10 Supporting Our Diverse Workforce During COVID-19

In March 2020, we identified those staff in the highest clinical risk categories who needed to shield and put in place support to allow this to happen. This includes working in a Covid-19 safe environment, or where this was not possible, supporting staff to be away from work without impacting their pay.

Acting on the medical evidence of the disproportionate impact of Covid-19 on people with a BAME heritage, we put in place a Covid-19 risk assessment, with input into its design from BAME colleagues and introduced them with an individualised letter sent to all BAME staff. This is not only for BAME staff, although they were the focus initially, and the risk assessment has been widely communicated through our Incident Management Team (IMT), Wider Executive Team, management and service teams, Trust-wide Q&A sessions, the HR Team and our staff side colleagues.

We held 3 virtual Q&A sessions, to which all BAME staff were invited, to discuss any issues of concerns to them including the risk assessments, BAME Network and the #blacklivesmatter movement. Following these the BAME Network was established.

The risk assessments have been well received and we have put in place a process for Anita Pisani, David Vickers and Angela Hartley (HR Director, Medical Director and AD for Workforce) to be directly involved in offering additional advice and guidance to BAME staff and their line managers on issues arising in the risk assessments.

A BAME clinical member of staff sits on our Incident Management Team decision making group and we have our Cultural Ambassadors actively involved in conversations.

We are re-energising our BAME network and Matthew Winn sent out an all staff message in relation to the impact of Covid-19 on our BAME workforce and the #blacklivesmatter movement.

We have introduced digital technology to support staff to work differently and have responded to individual needs to support all staff to access adaptations to support any needs due to disability or caring responsibilities etc. Further work is currently underway to review any additional support we can give to staff who are unpaid carers to assist them during Covid-19.

We have put in place a stepped packaged of emotional and physiological support and advice for all staff impacted by the current crisis to ensure the mental health and wellbeing of staff remains a priority. Whilst delayed due to Covid-19, we are reviewing a new launch date (following refresher training) for our Health and Wellbeing Champions, to further support staff with any health and wellbeing concerns at this time.

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. Development of proactive 3 - 5 year rolling workforce plans is ongoing and several aspects of workforce and supply planning are in place. The Trust was successful in recruiting additional central support for managers with this work by appointing a Future Talent Advisor who began with the Trust in September 2019 who was key in supporting service with their workforce reviews and planning in May/June 2020. Due to the ongoing pandemic and focus on immediate short term priorities, these plans will next be reviewed by services when capacity allows.

4.1 Workforce Modelling

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.

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.

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.

The introduction of electronic scheduling is implemented in 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 although further roll out is currently on hold during Covid-19.

Staff rostering systems were planned for implementation during 2020 however, the system we had selected was not fit for purpose. The decision was taken in October 2020 to stop working with the company and to purchase another system currently used in the NHS. The introduction of the system is underway in the LSV with rosters going live 29 March 2021. A plan of implementation across the Trust will be agreed and undertaken during 2021.

4.2 Planned and Proactive use of Agency and Bank Workers

The Trust continues to manage the use of agency workers Trust-wide (details of usage are included within the bi-monthly finance board reports). Our current volume of agency workers is approximately 56 workers across the Trust covering both clinical and non-clinical roles. We have not seen an increase in needing to engage with agency workers during Covid-19. There has been an increase in the use of agency for LSV. This has included corporate and operational support e.g. rota coordinators. We have also utilised a recruitment company to undertake some of the recruitment for LSV with staff recruited and employed by the agency specifically to support the LSV service.

The three highest services engaging with agency workers are (headcount):

1. Dental Services – 12
2. Healthy Child Programme, Cambridgeshire – 10
3. Adult Nursing, Luton - 8

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

1. Vacancies in the service
2. To cover sickness
3. Additional capacity/projects

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.

Prior to Covid-19 we were 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.

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.

Following feedback from 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 which led to the offer to all bank workers to opt for weekly pay. 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.

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**

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.

These plans 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.

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**

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

a 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.

The majority of our apprenticeships have been able to continue during the pandemic. Three apprentices had to be paused and two were unable to start due to extra work pressures caused by the pandemic and because of shielding. We have had 27 new apprenticeship starts since April 2020, both clinical and non-clinical, with the application process, tutor meetings and learning moved online.

All services are currently viewing apprenticeships as one way to help meet their future workforce supply needs and we have seen an increase in the uptake of apprenticeships. Covering the study time required remains a key challenge and is a barrier to manager's supporting staff to undertake apprenticeships.

The Trust is commissioning new apprenticeship programmes based on service need such as Customer Service Practitioner, Operational Manager, Team Leader and Coaching Professional. We continue to investigate new apprenticeships and training providers that meet the training needs of individuals and support workforce plans.

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

National Apprenticeship week was held 8-12 February 2021 where we offered a series of lunchtime information sessions over Teams on topics such as recruiting a new apprentice and nursing apprenticeships.

The Trust is planning to take part in the Government's 'Kickstart' scheme where the Government funds work placements for young people at risk of long term unemployment. We currently have interest from Dental Services, iCaSH, Bedfordshire children's service and Service Redesign. We will work in partnership with Form the Future, a social enterprise in Cambridgeshire, who will provide remote employability skills training to the young people.

In addition, manager guidance has been written to support them to proactively use apprenticeships as part of their future workforce planning.

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.

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. During Covid-19 several training providers have moved to online provision and staff have been signposted to West Suffolk College, Central Bedfordshire Council and Norfolk County Council. The Trust now has access to BKSB, an online testing and self-study functional skills platform which is funded through HEE. We will use this as part of the Care Certificate programme and also for interviewing new staff. We will also have access to virtual exams through Open Awards which is also funded by HEE until the end of July 2021.

4.4.1 Summary of Apprenticeships

The Trust currently has 42 staff undertaking apprenticeships. A Summary of Current Apprenticeships is attached at Appendix 13.

4.4.2 Supporting Students and working with Higher Education Institutions

Health care professionals undertaking training are required to do clinical placements alongside their academic training and the Trust supports students with a quality placement as part of this. We have successfully attracted newly qualified staff to work for us based on their positive training experience. The numbers of students offered placement during 2020/21 is detailed in Appendix 14.

In January 2021 3rd year nursing students were offered the opportunity to undertake a 12 week paid placement (between 1/2/2021 – 25/4/2021). The Trust offered placements with Luton adults. In January 2021 the NMC brought in new emergency standards for education allowing the Practice Supervisor and Assessor to be the same person which will help to reduce the pressure on capacity within our teams when working with students.

All pre-registration clinical placements recommenced in September 2020 where a blended approach to learning was offered utilising digital platforms e.g. Microsoft Teams, Attend Anywhere, e-Learning for Health etc. In January 2021 the ARU and UEA withdrew their first year nursing students and it is anticipated they will recommence these placements in May 2021. During this time staff have adapted well and embraced using digital platforms to support students with blended learning and we have received positive feedback from students about this.

For 2020-2021 there are 26 Specialist Community Public Health Nursing students (Health Visiting, School nursing, District Nursing and CCN) commissioned across all Trust localities. The scoping of commissions for 2021-2022 is 51 (in total) across all fields and localities. Confirmation of funding and commissions is awaited from HEE.

In September 2020 the Trust was successful in the bid to secure funding from HEE for the Clinical Placement Expansion Programme to increase placement capacity for first year nursing students (September 2020 cohorts). The funding is going to be used to recruit a Professional Education Facilitator (PEF) whose remit will be to support 1st year nursing students in their clinical placements.

Employed apprentices on the trainee Nursing Associate and Registered Nursing apprenticeships were withdrawn from supernumerary placements in external placements, and returned to their employed areas as apprentices. Apprentice placements have now recommenced and they are able to gain experiences outside their service. It has been a challenge to support and manage expectations of the services and apprentices and reframe learning opportunities. Academic and theory components of the apprenticeship have been delivered online by the HEI

We have been able to continue all employed students and apprentices on their clinical pathways during the Coronavirus period, taking an individualised approach to their learning.

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) – course temporarily suspended by UOB for September 2021

- PGDip Specialist Practitioner Community District Nursing – course temporarily suspended by UOB for September 2021

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

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.

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

4.5 Developing our Current and Future Leaders

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.

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.

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. Courses post-March 2020 have been postponed and will be re-started as soon as possible.

Our most recent Chrysalis Leadership Development Programme (Cohort 10) ended in 2020, with 48 participants graduating. The last workshop and graduation took place virtually.

Cohort 11 is planned with an anticipated application date of May 2021, with action learning sets starting in September and Workshops from October 2021. This enables work with small groups to build confidence and peer support.

The new Chrysalis programme will embed learning from the pandemic and will be delivered in module framework so it can be delivered MS Teams learning for part or all of the programme if required.

Our practical management development programme, Step on Up (was Stepping Up), is designed for those new to line management and supervision. It provides training in the practical skills needed to lead people competently and with confidence. This year we had an additional 'online community' and social media learning on the programme. This provided a good platform for learners staying connected through Covid-19 and a 'buddying system'. We set up a 'Step on Up – Check in' to continue 'learning' and are now running modules remotely.

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 appraises and appraisers), courageous conversations (for those who have challenging conversations with patients and their families) and team building activities.

Started in January 2020, our new in house Manager Development Programme, 'Amazing Managers' has been supporting 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.

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. Courses post-March 2020 have been postponed and will be re-started when safe to do so.

Nationally we have had staff apply for the Band 5 and Band 7 Stepping Up BAME Leadership programmes. This is currently on hold until after Covid-19 lockdown.

In October 2020 we began to support one member of staff to undertake their MBA – Level 7 6 others to begin Level 5 Institute of Leadership and Management, Operations Manager, funded by our apprenticeship levy.

4.6 **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**

NHS Improvement issued guidance ‘Developing Workforce Safeguards’ in October 2018 to support providers in delivering high quality care through safe and effective staffing.

In addition, NHS Improvements issued a safer staffing document for district nursing services. Liz Webb, Deputy Chief Nurse and Chris Morris, Head of Adult Services Luton, compared the guidance with the aims of the service redesign programme in October 2018 and further reviewed it in May 2020. Their feedback is summarised below:

4.7 **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, (reviewed May 2020)**

NHSI Safe Staffing District Nursing

In 2018 the NHSI Safe Staffing District Nursing document, ‘Safe, sustainable and productive staffing, an improvement resource for district nursing’, was 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 as detailed in the diagram below:

Safe, Effective, Caring, Responsive and Well- Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback- 		
<ul style="list-style-type: none"> -implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

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. On-going use of the tool would therefore be an advantage as the One Model develops and evolves; the new Service Director is aware

of the toolkit and will update in due course if the use is applicable on going. In addition the Malinko e-rostering system is allowing good practice to be embedded around right person with right skills at the right time.

High Level comparison of Luton One Model with the framework May 2020

Safe Staffing District Nursing 2018	One model – Luton
Right Staff <ul style="list-style-type: none"> Evidence based workforce planning Professional judgement Compare staffing with peers 	Annual workforce planning completed. On-going work to ensure right staff deliver the right care, enhanced by the changes made with Covid-19 response. Recruitment is challenging but proactive. Service plans include ambition that the District Nursing role is seen as a valued career path.
Right Skills <ul style="list-style-type: none"> Mandatory training, development and education Working as a multi professional team Recruitment and retention 	Essential to job role training has been formalised. Competencies are cross referenced to the e-rostering system. Multi professional team working continues to develop.
Right Place and Right Time <ul style="list-style-type: none"> Productive working and eliminating waste Efficient deployment and flexibility Efficient employment and limiting agency 	Introduction of e-rostering and linked to System one June 2019. On-going work to ensure robust clinical oversight and competence Covid-19 response has sped up the flexible use of staff and training accordingly.
Measure and Improve <ul style="list-style-type: none"> Patient outcomes, people productivity and financial sustainability Report investigate and act on incidents Patient, carer and staff feedback Care hours per day Quality dashboard for safe sustainable staffing 	Patient outcomes and the integrated population approach by the BLMK system continue to ensure patient and population outcomes are achieved. Within the Luton District nursing service incidents are reported in the main and acted on. Feedback from both patients and staff is collected and collated, with actions and learning put in place. A service specific co-production lead in now in the service. The use of e-roster and system one enable the efficient use of care hours each day.

5 Progress against July 2020 Actions

A summary of the progress that has been made against the July 2020 actions is attached as Appendix 1. All of these actions have either been completed or are ongoing actions.

6 Next Steps

We will continue to support our workforce during the pandemic and into recovery, and will resume bi annual workforce reviews and planning when services have the capacity to do so.

7 Recommendation

The Board is asked to:

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

Appendices:

Appendix 1	Progress Against July 2020 Workforce Review Actions
Appendix 2	Appraisal Feedback (by Key Themes)
Appendix 3	Sickness Benchmarking Data
Appendix 4	Sickness Measure by Staff Group
Appendix 5	Stepped Approach Support for Staff
Appendix 6	Exit Questionnaire Feedback
Appendix 7	Continuing Professional Development Activity 2020
Appendix 8	Annual Trust Development Plan
Appendix 9	WDES Summary Comparison 2019 and 2020
Appendix 10	WRES Summary Comparison 2019 and 2020
Appendix 11	Gender Pay Gap Report 2018-19
Appendix 12	EDS2 Workforce Objectives
Appendix 13	Summary of Current Apprenticeships
Appendix 14	Student Placements 2020-2021