Agenda item 4.i

Report to:	Board of Directors	Date: 6 September 2018
Report from:	Director of Workforce and Organisational Development	
Principal Objective/Strategy:	The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR.	
Title:	Report of the Director of Workforce and Organisational Development	
Board Assurance Framework Entries:	Recruitment Retention Staff Engagement	
Regulatory Requirement:	Employment Legislation Well-Led Flu vaccination	
Equality Considerations:	n/a	
Key Risks:	• **Turnover increases as a result of poor staff engagement** • **Vacancy rates do not improve as a result of PRP staff not progressing to registration with the NMC**	
For:	Information	

1. Purpose

The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR. The areas this paper focuses on are:

- Review of Liverpool Community Health Trust – workforce implications
- Nurse Recruitment Pipeline Update
- 2018 Flu Campaign
- 2018 Staff Survey
- Talent Mapping for senior leadership staff

2. Updates

2.1 Review of Liverpool Community Health Trust – workforce implications

In February 2018 an independent review into the widespread failings by Liverpool Community Health Trust, a community health trust, was published. The review was conducted by Dr Bill Kirkup CBE, commissioned by NHS Improvement and looked into the issues at the Trust from November 2010 to December 2014. It also looked at the oversight of the trust by the NHS Trust Development Authority, CQC, NHS England and commissioners.

Dr Kirkup made a series of recommendations for NHS Improvement, the Care Quality Commission, NHS England, the Department of Health and to the trusts currently providing services that used to be run by Liverpool Community Health NHS Trust.

The report outlined how cost improvement programmes imposed by the trust in a bid to gain foundation trust status put the safety of patients at risk, and that a culture of bullying meant that staff were scared to speak up or that incidents were ignored or not escalated. The review found

that the external overview of the trust failed to identify the services' problems for at least four years, and concluded that earlier intervention would have reduced the avoidable harm that occurred to patients and staff across the trust.

NHSI have responded to the findings and developed a plan to action the recommendations. There are no specific recommendations in the report for other NHS providers however the learning for all other employers in relation to workforce matters are:

- The need to undertake rigorous recruitment processes and Fit and Proper Persons Test for all appointments to senior leadership positions

  o The Trust appropriately advertises all senior leadership posts.
  o Selection processes are undertaken and where appropriate these include external assessors and psychometric testing.
  o The Fit and Proper Person Test process is completed for all appointees to Board level posts as required.

- Ensuring that there is support and mentoring for newly appointed senior leaders

  o All newly appointed senior leaders have a bespoke induction programme.
  o Appointees are encouraged to identify a coach and/or mentor.

- The importance of an open culture where staff are encouraged to report concerns and they are thoroughly investigated and feedback given in a timely manner. Also a culture where mistakes are reported so that learning can be established and shared across the organisation.

  o A new FTSU has been appointed and the role communicated and promoted across the Trust
  o The 2017 Staff Survey results demonstrated that the Trust has an above average rate of reporting incidents and near misses
  o Our Quality Strategy sets out our approach to support a culture of openness and transparency and investigating mistakes and near misses to ensure we identify and share the learning

2.2 Nurse Recruitment Pipeline Update

The Trust has been a net recruiter of nursing staff for 12 consecutive months. The qualified nurse vacancy rate has reduced to 8.2%. There are 144 new recruits either with confirmed start dates or in the pre-employment check process for the period August 2018 to April 2019. Our supply and demand projections for Band 5 nursing staff indicate that we will achieve a 5% vacancy rate, inclusive of Pre-registration practitioners (PRP), in September 2018 and exclusive of PRP staff by January 2019.

However vacancy rates are not evenly distributed across the Trust. Critical Care is now fully recruited and is placing new recruits on a waiting list. We are offering staff who want to work in Critical Care roles on the wards pending a vacancy arising in Critical Care. There remains high vacancy rates in some ward areas and in particular in the Cardiology Wards. There are 20 new recruits in the pipeline for these wards between August - April 2019; 5 are already on the NMC register and a further 9 are UK newly qualified nurses.

We have 58 WTE Pre-registration practitioner (PRP) staff who are studying to achieve either their OET/IELTs and/or OSCE qualifications which will enable them to gain registration with the NMC.

In August two staff passed the OSCE, three the OET and one the IELTS. A review process is underway with all PRP staff with the following aims:

- Providing additional e-learning programme to those who have failed, but are performing excellently on the ward with no absence or behaviour issues.
- Identifying where there are performance/attendance/commitment to learning issues, and contracts will be terminated.
- Considering utilising the process of submission of letters to NMC to enable registration of pre-reg nurses where performance/competencies, behaviour and communication skills are at the required standard (in these circumstances, it is not a requirement for a nurse to pass OET).

We will be running another OET programme in October which will be a combination of e-learning, classroom led and 1:1 support based on the very positive feedback from the July programme.

Whilst our recruitment strategy is proving effective and vacancy rates are reducing the high number of new recruits both registered and PRP does place pressure on the wards as they require considerable support and mentoring from the central development team and nursing teams on the wards.

2.3 <u>2018 Flu Campaign</u>

The 2018 Flu Campaign will commence in October and preparation is underway. Cambridge Health at Work have developed a comprehensive communication and vaccination plan.

We will be using OH staff and peer vaccinators supported by widespread communication of the message that having the vaccination is an important patient and staff safety responsibility. We will also be offering an incentive, the opportunity to be entered into a draw for a prize. There will be weekly monitoring of uptake and we will be using this information of

The national guidance from PHE is for the quad vaccine to be used and this has been ordered.

2.4 <u>2018 Staff Survey</u>

Also in October the 2018 National Staff Survey will commence. We have changed provider in order to have access to improved reporting capability and support.

The Trust can choose whether to undertake a sample survey or survey all substantive staff. In order for all staff to have the opportunity to have their say we will undertake a full survey. A full survey will provide for a larger number of responses and provide an engagement opportunity for all staff. Last year we undertook a sample survey but given the degree of organisational change being experienced it would be helpful to give everyone the opportunity to provide feedback on their experience of working for the Trust.

This year the Trust has the option for surveys to be undertaken electronically with surveys emailed to nhs.net email addresses rather than physical surveys posted to the Trust and distributed manually. We will be using this option as we now have all staff nhs.net email addresses loaded onto ESR in preparation for employee limited access self-service. It is more cost effective and it is in line with our paper light strategy.

We will be undertaking a Trust wide communication campaign to encourage participation and incentivising this by entering staff who respond into a prize draw.

2.5 <u>Talent mapping for senior leadership staff</u>

The NHS has been seeking to improve the way in which talent management is approached and practiced within the health and care service. The foundations were laid through the creation of the national leadership development framework "Developing People: Improving Care" which was published on 1 December 2016, which sets out five conditions for success. One of these is to equip leaders to develop high quality health and care systems in partnership, collaborating with partners across boundaries to achieve system goals. Another is to ensure compassionate, inclusive and effective leaders at all levels. Having skilled, motivated well supported and developed staff is our greatest assurance that we can provide the necessary care to our patients and communities. Evidence shows that if we foster a culture where we engage and care for our staff they will value and care for our patients.

The Midlands and East Regional Talent Board, was created in March 2017 to implement the aspirations of Developing People Improving Care in this region. Part of the programme of work they have been developing, in conjunction with NHSI and the Leadership Academy, is the creation of a regional talent pool for leadership. The vision for this work, called Aspire Together, is one where talent management is owned and valued by the whole health and care system. The priority is to create a diverse talent pool of future senior leaders. They have just launched the talent pool nomination and assessment process for the first cohort of aspiring board and governing body executive directors. The output they are working towards is providing organisations with a quality-assured pool of candidates from which to select when appointing to these key posts.

The Trust welcomes this programme and has responded positively both in terms of identifying suitable leaders to be nominated and in members of the Executive Team volunteering to participate in the assessment process as assessors and mentors.

As part of the preparation for this programme the Executive Team undertook a talent mapping process for the senior leadership team across the organisation. We utilised a talent mapping tool designed by the NHS Leadership Academy based on good practice around NHS Talent Management (TM). This tool is one of a suite of tools and forms part of an inclusive national approach to TM for all NHS staff, considering the potential and value they bring to their current roles as well as reaching and maximising their future potential in the NHS. The outputs from this process will fed into the individual performance review processes for the individual leaders as part of the discussion on career aspirations and development. We identified four leaders that we considered ready to be nominated to undertake the regional programme and there will be discussions with these individuals about whether they wish to consider applying for the programme.

A systematic approach to talent management is an essential element of the Trust's Workforce and Organisational Development Strategy. This Strategy is due for review and updating in early 2019 and there will be further discussion with the Board on how we undertake this so that it aligns with our refresh of the overarching Trust vision and strategy.

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3 Recommendation

The Board of Directors is requested to note the content of this report.