

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 2 December 2021</b>
<b>Report from:</b>	<b>Director of Workforce and Organisational Development</b>	
<b>Principal Objective/Strategy:</b>	<b>The purpose of this paper is to provide the Board with an update on workforce and organizational development matters not included in PIPR.</b>	
<b>Title:</b>	<b>Report of the Director of Workforce and Organisational Development</b>	
<b>Board Assurance Framework Entries:</b>	<b>Recruitment Retention Staff Engagement</b>	
<b>Regulatory Requirement:</b>	<b>Well-Led</b>	
<b>Equality Considerations:</b>	<b>Public Sector Equality Duty Workforce Race Equality Scheme</b>	
<b>Key Risks:</b>	<ul style="list-style-type: none"> <li>• <b>Turnover increases as a result of poor staff engagement</b></li> <li>• <b>We are unable to recruitment sufficient staff to meet safe staffing levels</b></li> <li>• <b>Staff engagement is negatively impacted by poor people practices</b></li> </ul>	
<b>For:</b>	<b>Information</b> The Board is asked to note the updates set out in this report.	

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:

- **Mandatory Covid-19 Vaccination**
- **Women’s Network**
- **Reciprocal Mentoring**
- **“The future of NHS human resources and organisational development” report**

**1. Mandatory Covid-19 Vaccination**

1.1 On 10 November 2021, the Secretary of State for Health and Social Care, announced that with effect from 1 April 2022, it will be compulsory for all patient-facing staff working within the NHS in England to have received both doses of the COVID vaccine.

1.2 The principle arguments put forward for making these vaccines compulsory were that they would:-

- protect staff from these infections and would reduce transmission within health and social care settings

- contribute to the protection of individuals who are clinically extremely vulnerable
- avoid disruption to services that provide care.

1.3 Whilst we await the full details of this new requirement including clarity on which roles it applies to and exemptions we are focusing on ensuring that we hold accurate vaccination data on all staff and communication with staff. We have appointed a clinical manager to work alongside the vaccination team to support line managers with conducting sensitive conversations with staff who we do not have a record of having had both vaccinations. The information collected by line managers in these conversations will enable us to better understand the reasons why some staff have not yet been vaccinated and plan how best to support them and provide appropriate information. The ICS are keen to take a common approach to how we support and manage staff who are either not able to have the vaccine or who chose not to.

## 2 Women's Network

2.1 On 23<sup>rd</sup> November we launched our Women's Network through a webinar chaired by the Head of EDI, Onika Patrick-Redhead, with a panel of national and internal speakers:

- Patricia Hewitt - Chair of Norfolk & Waveney Health and Care Partnership (previously Secretary of State for Health 2005-2007)
- Harprit Hockley - Head of Equality and Inclusion, NHS England - East of England
- Sam Allen - Chief Executive, Sussex Partnership NHS Foundation Trust and Chair of the Health and Care Women Leaders Network
- Eddie Morris - President of the Royal College of Obstetricians and Gynaecologists
- Sophie Jackson, Chair of the Network
- Oonagh Monkhouse, Director of Workforce and OD

2.2 There was a great response to the webinar with approximately 60 people joining. The aims of the network are to:

- Provide a **safe space** for female RPH staff to get together in a supportive environment
- Celebrate women's **achievements and contributions** Raise the **visibility** of women at RPH, especially in under-represented areas
- Provide **developmental opportunities and support career development** for staff network members
- Discussion, support and policy development around specific areas of interest such as Menopause, Gender Pay gaps, pregnancy and childcare, and sexist behaviour that are pertinent to the group.
- Develop relationships **with national and international community groups and professional agencies**, to learn from best practice, contribute to and benefit from co-operative working and to promote the trust values of Compassion, Care and Excellence.

## 3 The Future "The future of NHS human resources and organisational development" report

3.1 The NHS Chief People Officer has published the "The future of NHS human resources and organisational development" report. The report's aim is to create a baseline for people services across the NHS and how it will support the implementation of the People Plan and People Plan. It was developed with input from HR leaders and extensive consultation with stakeholders from across the NHS.

3.2 The report sets out three commitments:

- Increase the focus of people services on organisational development and workforce transformation

- Improve transactional HR and OD services by simplifying, digitising and working at scale
- Enhance the development of the profession

3.3 The report is structured around eight themes, each with a set of recommendations:

### 2030 Vision statements



 <b>Prioritising the health and wellbeing</b> of all our people	We take a positive and proactive approach in supporting the health, safety and wellbeing of our NHS people, ensuring that work has a positive impact. We address health inequalities at work and in our communities.
 Creating a <b>great employee experience</b>	We understand the diverse needs, expectations and experiences of our NHS people, and use that insight to tailor our people services. We attract and retain people in health and care, creating a positive impact on our communities
 Ensuring <b>inclusion and belonging</b> for all	We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equity for everyone.
 <b>Supporting and developing the people profession</b>	We support everyone working in the people profession to be their very best and reach their full potential. Together we provide outstanding people practices..
 <b>Harnessing the talents</b> of all our people	We help all our people to fulfil their ambition and potential. We build strong leadership and management capability at all levels.
 Leading <b>improvement, change and innovation</b>	The people profession is productive, efficient and responsive. Our operating model delivers transformation and embeds innovation across organisations and systems.
 Embedding <b>digitally enabled solutions</b>	We make best use of technology and digital solutions to deliver great people services. We develop our digital capability to equip ourselves for the future
 Enabling new ways of <b>working and planning</b> for the future	We enable our people to work differently, to support new models of care. We anticipate the needs of the health and care system, and play our part in creating a sustainable supply of workforce which meets the needs our patients now and for the future

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3.4 The report outlines actions under each of these themes – either at national/regional level or ICS/organisation level. The national/regional actions have timescales from 2022 to 2025. For ICS/organisation actions it will be for them to determine the priority and timescale for delivery of actions. Attached as an Appendix is a slide set summarising the content of the report. The full report is available through the following link: [The Future of NHS HR & OD](#).

3.5 The Region and ICS will, over coming months, develop its implementation plan. We will review the recommendations and undertake a self-assessment of work already underway against the objectives. This gap analysis will inform how we build these objectives into the Trust's People Plan which is being developed.

#### 4 Recommendation

The Board is asked to note the updates provided in this report.