

Agenda item 4.i

Report to:	Board of Directors	Date: 28 March 2019
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:	Well-Led	
Equality Considerations:	n/a	
Key Risks:	<ul style="list-style-type: none"> • Turnover increases as a result of poor staff engagement • Releasing staff to undertake training and familiarization training 	
For:	Information and feedback	

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:

- National Interim Workforce Plan
- ePay Expenses Implementation

2. Updates

An interim Workforce Implementation Plan will be published in early April as part of the overall Implementation Plan for the *NHS Long Term Plan (LTP)*. It will include a 2019/20 action plan together with a more detailed vision of how the workforce will transform over the next ten years. A full implementation plan will follow within two months of the conclusion of the Comprehensive Spending Review.

NHSi have published details of the emerging vision and 19/20 actions developed following engagement with a broad range of partners from across the NHS, think tanks, regulatory bodies, academia and trade unions. They are seeking feedback on this vision and the plans.

Theme 1: We can make a significant difference to our ability to recruit and retain staff by making the NHS a better place to work.

Our vision: We know many people feel the NHS is a great place to work, but people tell us it could be much better. We know that the added stress from gaps in rotas can cause burnout, while the Pearson report on NHS staff and learners' mental wellbeing sets out some of the most serious cases of harm to our people's mental health and wellbeing:

- We need to make the NHS an employer of excellence
- We need to widen participation in both education and training, and NHS careers, so that the workforce in 10 years' time better reflects the population it serves.
- We must prioritise the physical and mental health and wellbeing of our staff. All NHS staff should expect to work in an environment where their concerns are welcomed and taken seriously, and they don't suffer any negative consequences if they raise concerns. We must weed out discrimination, violence, bullying and harassment across the NHS, and provide better support for people who have been at the receiving end of unacceptable behaviours and actions.

Potential actions for 2019/20

- Consultation on a new deal with staff, building on the NHS Constitution, setting out what they can expect from the NHS as a world-class and modern employer
- Associated campaign to engage all our people; framework to support Boards on how to engage with their people; good practice case studies of employers that are at the vanguard on this agenda
- Further action to improve health and wellbeing, including implementing the recommendations from the recently published NHS staff and learners' mental wellbeing commission
- Next steps on tackling violence and aggression, and bullying and harassment
- Embedding the Workforce Race Equality Standard and consulting on Workforce Disability Standard
- Expanding the NHS Improvement retention programme to all trusts and developing an equivalent program for Primary Care
- Streamlining induction and training processes, and passporting training and qualifications across different employers and settings
- Review of the impact of pensions policy on retention and options to resolve

Theme 2: If our workforce plan is to succeed we must start by making real changes to improve the leadership culture in the NHS.

Our vision: Our ability to continue to recruit and retain the best staff depends on us creating a positive and engaging culture – a culture which needs to start at the very top of the NHS. It is also clear that this positive leadership is not consistently demonstrated across the system in national bodies, providers or commissioners. If we are to deliver the promise of the LTP we need to acknowledge this and improve our leadership culture and capacity.

- We all recognise the increased need for system collaboration and service transformation means new and different leadership challenges, in particular for our most senior people.
- This is not just about Board leadership. Middle management often sets the culture of our organisations for our front-line staff. We need to do more to embed strong management skills and support and develop our middle managers to lead through engagement and improvement, rather than command and control.

Potential actions for 2019/20

- Review of the support provided to challenged organisations by NHSI/E to ensure it reflects the inclusive and compassionate leadership we know delivers
- Develop a consistent, whole system approach for identifying, assessing, developing, deploying and supporting our talent
- frameworks for board level roles and other recommendations from recent reports by Tom Kark QC and Sir Ron Kerr
- Co-production of new 'leadership compact' between NHS Improvement/NHS England and Chief Executive Officers/Accountable Officers and Chairs which will set out the, values, behaviours and competencies expected of senior leaders, and the support and development those senior leaders should expect in return

- Review of the national oversight frameworks to ensure they are reflecting the inclusive and compassionate leadership we know delivers

Theme 3: Although there are workforce shortages in a number of professions, disciplines and regions, the biggest single challenge we currently face nationally is in the nursing and midwifery profession.

Our vision: We currently have vacancies across all branches of nursing, with the most significant shortages in mental health, learning disability and community nursing. We have also seen a decline in mature students choosing to train as nurses. Our initial analysis suggests that this position is unlikely to improve in the near future without a serious focus on the supply, development and retention of the nursing and midwifery workforce.

- urgent need to boost entrants to nursing and midwifery courses
- focus on improving retention
- reinvigorating the undergraduate nursing pipeline
- recruiting overseas nurses.
- increase efforts to make nursing a more attractive career choice
- maximise system capacity by more actively engaging with our Higher Education Institutions (HEIs)
- explore the routes into the profession, focussing on maximising the contribution of the apprenticeship and new Nursing Associate routes
- explore an expansion of Health Education England's RePAIR initiative to stem attrition during training
- job guarantee scheme to match graduates with employers
- increase the focus on newly qualified nurses in NHS Improvement's retention programme
- enable our nurses to move within and between employers and sectors, so they can have fulfilling careers
- foster a culture of continuous development that supports our nursing and midwifery staff to meet their personal aspirations, as well as meeting the needs of the NHS through the development of new and advanced practice.

Potential actions for 2019/20

- 5,000 expansion of clinical placements for impact September 2019 intake
- New annual campaign and targeted approaches to school leavers, in particular 15 to 17-year olds (linked to volunteering and work experience programmes to maximise opportunities for exposure to health careers)
- Review of current Return to Practice processes to determine whether these can make a further contribution to increasing supply
- Details of the job guarantee offer, and an approach to preceptorship and early career support as part of an expanded retention programme

Theme 4: To deliver on the vision of 21st century care set out in the LTP will not simply require 'more of the same' but a different skill mix, new types of roles and different ways of working.

Our vision: To deliver the model of care set out in the LTP will require the transformation of our workforce. While this is already underway in some parts of our workforce, with the introduction of critical new roles such as Physician Associates and Nursing Associates, we must accelerate our efforts to bring about a different skill mix and new ways of working to meet patient and population need. The creation of a more flexible and adaptive workforce will require the further development and upskilling of our people to enable us to make the best use of their talents, as well as ensuring we can get the most from critical new roles and our wider workforce of volunteers and partners.

- we will need to change the way we work, with multidisciplinary team models across professions, care settings and organisations becoming the norm.

- we will need to facilitate this movement of staff by recognising relevant skills and training acquired in different settings, and removing barriers to integrated care provision.
- we will need to harness the potential of technology to enable our people to work more flexibly and spend more time with patients, as well as equip them with the skills needed to operate in a world constantly evolving as a result of digital and genomic innovation.
- ICSs will need to work together to use the levy funding available to them to secure the skills required locally. The newly established National Academy of Advancing Practice will also lead development of and agree the standards for multi-professional credentials, which are another means of safely and effectively widening the skill mix of our workforce.
- we must ensure that we fully embed and maximise the contribution made by new roles, such as Nursing Associates and Physician Associates, including by planning for a sustainable pipeline and clarifying career pathways.
- review how current funding is being targeted to ensure it is being used to upskill our people
- we will use a range of learning programmes to drive digital skills leadership for system and organisational leaders through both the established Digital Academy and other education providers, providing the development for change leaders and aspiring leaders. We will launch an easy to use learning hub where content on everything from robotics to genomics will be easily accessible to all.

Potential actions for 2019/20

- Tools and good practice case studies to support systems to maximise the use of the apprenticeship levy
- 4 new multi-professional credentials and details of the next set for development
- Review of priorities areas for CPD investment

- Establishment of sustainable NHS Digital Academy; plans to ensure new areas such as AI are included in curricula; establishment of a board level leadership development model; and a digital workforce planning exercise

Theme 5: We must look again at respective roles and responsibilities for workforce across the national bodies and their regional teams, ICSs, and local employers, to ensure we are doing the right things at the right level.

Our vision: The LTP is clear that the main organising unit of our health system will be ICSs, and all local health economies will move to become ICSs over the next 5 years. It is clear that different organisations and geographies have different workforce demands, different cultures and different local labour markets, so the way we recruit, retain and develop our people is going to be critical to the success of ICSs.

- we will clarify the respective roles and responsibilities of the national bodies, aligning these under a shared strategic vision, to eliminate duplication and provide an enhanced support offer for local systems.
- supporting the development of more robust local workforce plans, that together inform national plans, and are more than a product of simply reconciling activity and finances.
- we will therefore seek to devolve more workforce activities to local systems, with the accompanying resources, as they are ready
- we need a single, real time, workforce dataset available to national, system and local bodies.
- we must also take steps to address the gaps in our workforce data, beginning with Primary Care.

Potential actions for 2019/20

- Clarity about the roles and responsibilities of the national bodies and their regional teams, STPs/ICSs and local employers on workforce, with a roadmap for greater devolution of responsibilities and resources to STPs/ICSs and the support offer from regional teams
- Details of the critical path to establish single, real time, workforce dataset available to national, system and local bodies, built up from local systems

The Board are invited to consider and discuss this emerging vision and plan and provide feedback which can be communicated to NHSi.

2.1 ePay Expenses Implementation Update

The Trust is implementing a system for processing electronically expenses claims. This is in support of the Trust objective to have paper light systems and will ensure that only appropriate expenses are paid. It will also support the more efficient processing of the additional excess travel expenses we will have for the 12 months after the move to the Cambridge Biomedical Campus. We have chosen to use the SBS e-expenses solution. This is a standalone system that enables managers to approve travel and other expense claims according to the Trust's policies.

The ePay project commenced on 21st January 2019. A project board has been established with representation from Workforce, Finance, IT and other stakeholders such as clinical education engaged as required. The system will be implemented for April 2019 expenses. The relevant Trust policies have been amended and training for approvers of expenses is taking place in April. There will be webinars and user guides provided for staff who claim expenses.

3 Recommendation:

The Board of Directors is requested to note the content of this report and to provide feedback on the national Workforce Plan emerging vision and actions.