

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 4 July 2019</b>
<b>Report from:</b>	<b>Director of Workforce and Organisational Development</b>	
<b>Principal Objective/Strategy:</b>	The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the PIPR.	
<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>	n/a	
<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 and feedback</b>	

**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:

- Recruitment Update
- NHS Interim Workforce Plan
- Improving People Processes – Recommendations from and NHSI review of practices
- Changes to our disciplinary processes
- Talent Mapping
- Job Planning Framework

**2. Updates**

**Nurse Recruitment Update**

During May and June we have seen an increase in the number of applicants for nursing and Healthcare Support Workers. At the time of writing this report we had 61 Registered Nurses and 52 Healthcare Support Workers in the pipeline. We ran a very successful recruitment event on the 22<sup>nd</sup> June at which we welcomed 132 visitors. We recruited 8 Registered Nurses and 20 HCSW on the day, (these are included in the pipeline numbers). There are a further 47 other contacts made that we are following up. We used the Outpatients area to host the event and interviewed and offered posts on the day. We plan to hold another such event in the autumn. This would again be a joint event with

CUH.

The next nurse appointment event is on the 13 July. At the time of writing this report we had received 25 registered nurses and 49 HCSW applications and this will increase by the closing date of 30 June 2019. We have also been advertising nurse apprenticeship opportunities and there were 62 applications to date.

We are planning to trial a HCSW information evening held in the hospital. We will reach out to villages in the area that feed into Cambridge and offer the opportunity for attendees to learn about the role, what development and training will be involved and a workshop on application filling and interview technique.

We have been using the positive media reporting of the new hospital and our relocation to promote the opportunities available in the Trust. We will continue to do this over the next month when we hope to have lots of interest in the hospital with the opening ceremony in July. There is a full calendar of events planned for 2019 which include attending recruitment events at Universities.

However we continue to experience very low levels of interest in respiratory nursing roles and we are also not seeing the level of appointments we need to Operating Department Practitioner roles. We continue to work with managers in these areas to explore options including whether overseas recruitment may be warranted.

### **Interim NHS Workforce Plan**

The People Plan is part of the overall implementation programme for the NHS Long Term Plan. The Interim People Plan which was published on the 3<sup>rd</sup> June is the first phase of the programme. NHSI/E have committed to publishing a full plan within two months of the end of the 2019/20 Spending Review.

The Interim People Plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan. Key actions for employers are noted below.

#### **1. Make the NHS the best place to work**

Paying greater attention to why staff leave the NHS, taking action to retain existing staff and attract more people to join:

- Develop a new offer for all people working in the NHS, through widespread engagement with staff and their representatives over the summer of 2019.
- All local NHS systems and organisations to set out plans to make the NHS the best place to work as part of their NHS Long Term Plan implementation plans, to be updated to reflect the people offer published as part of the full People Plan.

#### **2. Improve our leadership culture**

Addressing the need to develop and spread a positive inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity.

- Undertake system-wide engagement on a new NHS leadership compact that will establish the cultural values and leadership behaviours expected from NHS leaders together with the support and development leaders should expect in return.

### 3. Prioritise urgent action on nursing shortages

Supporting and retaining existing nurses while attracting nurses from abroad and ensuring the most effective utilisation of the nurses already within the NHS.

- Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes.
- Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.

### 4. Develop a workforce to deliver 21st century care

Developing a multi-professional and integrated workforce to deliver primary and community healthcare services. While ensuring a flexible and adaptive workforce that has more time to provide care.

- Establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.
- Support local health systems (STPs/ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling a better understanding of the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning.

### 5. Develop a new operating model for workforce

Putting workforce planning at the centre of planning processes, continuing to work collaboratively with more people planning activities devolved to local integrated care systems (ICSs).

- Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs which also informs decisions on the pace and scale of devolution of workforce activities

The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number the number of nurse associates to 7,500
- increase the number of doctors and nurses recruited internationally.
- work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

Attached to this paper is a slide set produced by NHS Employers which provides a helpful summary of the key actions detailed in the Interim People Plan.

NHSI/NHSE have established 8 workstreams which report to the National People Board. The role of these workstreams are to develop the full People Plan and oversee immediate 2019/20 deliverables identified in the Interim Plan. As Chair of the EoE HRD Network I have been encouraged to participate in one of the workstreams. One of the immediate actions articulated in the Interim People Plan was a commitment to undertake a “Summer of Engagement” with NHS staff to talk about what will make the NHS a great place to work. We are waiting for further information on what this will involve and how we will be expected to participate.

## **Learning lessons to improve our people practices**

In late 2015, Amin Abdullah, a nurse, was the subject of an investigation and disciplinary procedure by his NHS employer. A protracted procedure culminated in his summary dismissal on the grounds of gross misconduct. In February 2016 just prior to an appeal hearing, he sadly took his life. This triggered the commissioning of an independent inquiry undertaken by Verita Consulting, the findings of which were reported to the board of the employing Trust and to NHS Improvement in August 2018. The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process he was treated very poorly, to the extent that his mental health was severely impacted. Verita's recommendations were accepted by the Trust, in full. Subsequently, NHS Improvement established a 'task and finish' Advisory Group to consider to what extent the failings identified in Amin's case are either unique to this Trust or more widespread across the NHS, and what learning can be applied. The analysis highlighted several key themes associated with the Verita inquiry which were also common to other historical cases, from across the NHS, considered.

The NHS England and NHS Improvement People Committees in Common received a detailed report on the outcomes of the Advisory Group's activities, which included recommendations that aim to ensure the captured learning is used to best effect in informing positive changes across the NHS. These recommendations were accepted. Some of the proposed recommendations will require further discussion with key stakeholders, including regulatory and professional bodies. The majority, though, can be immediately applied by NHS Employers.

NHSI/E have issued guidance relating to the management and oversight of local investigation and disciplinary procedures and required employers to review them and assess their current procedures and processes in comparison and make adjustments where required to bring the organisation in line with this best practice. This guidance is attached as Appendix 2 to this paper.

The East of England HRD Network has reviewed the recommendations and have identified a number of areas where we can collaborate across the region to support improvements in practice namely helping each other to have access to external investigators and improving the skills and capabilities of line managers and HR staff. We have also reviewed the recommendations with our staff side colleagues at JSC and have agreed to establish a sub-group to review our current practices and what actions we can take to implement the recommendations of the review.

## **Changes to our disciplinary processes**

The new Chief People Officer for the NHS, Prerana Issar, has also set a challenge for all NHS employers to apply new approaches to disciplinary investigation being used in a number of Trusts which have helped close the gap between disciplinary action against BAME colleagues as compared to their white colleagues, and actually reduced the incidence of disciplinaries for all staff. The WRES data shows that staff from a BAME background are more likely to be subject to disciplinary action than white colleagues.

We have discussed this challenge with the BAME Network and have agreed to implement a process for reviewing all potential disciplinary cases before a formal process is commenced in order to consider whether the disciplinary route is warranted taking into account all the circumstances. This review will be based on the "just culture" approach of gathering sufficient information before commencing the disciplinary procedure to enable due consideration to be given to the processes involved, the environment and other relevant circumstances. The review will be undertaken by the Director of Workforce and OD and if the member of staff involved is from a BAME background the Chair of the BAME Network will participate in the review. In the event that the Director of Workforce and OD is not able to undertake the review because of

prior involvement in the case the Chief Operating Officer will undertake the review. We will develop a standard process for this review.

### **Job Planning Framework**

In mid-June we reached agreement with the Local Negotiating Committee (LNC) on a revised job planning framework. This framework, which is based on the national terms and conditions, sets out a clear and equitable approach to job planning. It includes an annual cycle for ensuring that job plans are based on service maps that deliver the Directorate activity plans and that plans are prospective. We have established an Executive Job Planning Steering Group, whose membership includes the Clinical Directors, which is overseeing the implementation of the Framework and the management of the risks of cost pressures arising. We have issued the revised agreed framework to all consultants with a request that 19/20 job plans are finalised by the 12 July 2019.

**Recommendation:**

**The Board of Directors is requested:**

- to note the content of this report

## **Additional guidance relating to the management and oversight of local investigation and disciplinary procedures**

### **1. Adhering to best practice**

- a) The development and application of local investigation and disciplinary procedures should be informed and underpinned by the provisions of current best practice, principally that which is detailed in the Acas 'code of practice on disciplinary and grievance procedures' and other non-statutory Acas guidance; the GMC's 'principles of a good investigation'; and the NMC's 'best practice guidance on local investigations' (when published).
- b) All measures should be taken to ensure that complete independence and objectivity is maintained at every stage of an investigation and disciplinary procedure, and that identified or perceived conflicts of interest are acknowledged and appropriately mitigated (this may require the sourcing of independent external advice and expertise).

### **2. Applying a rigorous decision-making methodology**

- a) Consistent with the application of 'just culture' principles, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident, a comprehensive and consistent decision-making methodology should be applied that provides for full and careful consideration of context and prevailing factors when determining next steps.
- b) In all decision-making that relates to the application of sanctions, the principle of plurality should be adopted, such that important decisions which have potentially serious consequences are very well informed, reviewed from multiple perspectives, and never taken by one person alone.

### **3. Ensuring people are fully trained and competent to carry out their role**

Individuals should not be appointed as case managers, case investigators or panel members unless they have received related up to date training and, through such training, are able to demonstrate the aptitude and competencies (in areas such as awareness of relevant aspects of best practice and principles of natural justice, and appreciation of race and cultural considerations) required to undertake these roles.

### **4. Assigning sufficient resources**

Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.

### **5. Decisions relating to the implementation of suspensions/exclusions**

Any decision to suspend/exclude an individual should not be taken by one person alone, or by anyone who has an identified or perceived conflict of interest. Except where immediate safety or security issues prevail, any decision to suspend/exclude should be a measure of last resort that is proportionate, timebound and only applied when there is full justification for doing so. The continued suspension/exclusion of any individual should be subject to appropriate senior-level oversight and sanction.

### **6. Safeguarding people's health and wellbeing**

- a) Concern for the health and welfare of people involved in investigation and disciplinary procedures should be paramount and continually assessed. Appropriate professional occupational health assessments and intervention should be made available to any person who either requests or is identified as requiring such support.
- b) A communication plan should be established with people who are the subject of an investigation or disciplinary procedure, with the plan forming part of the associated terms of

reference. The underlying principle should be that all communication, in whatever form it takes, is timely; comprehensive; unambiguous; sensitive; and compassionate.

c) Where a person who is the subject of an investigation or disciplinary procedure suffers any form of serious harm, whether physical or mental, this should be treated as a 'never event' which therefore is the subject of an immediate independent investigation commissioned and received by the board. Further, prompt action should be taken in response to the identified harm and its causes.

### **7. Board-level oversight**

Mechanisms should be established by which comprehensive data relating to investigation and disciplinary procedures is collated, recorded, and regularly and openly reported at board level. Associated data collation and reporting should include, for example: numbers of procedures; reasons for those procedures; adherence to process; justification for any suspensions/exclusions; decision-making relating to outcomes; impact on patient care and employees; and lessons learnt.