

Agenda item 4.i

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 July 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 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 update on the review of disciplinary procedures and the timetable for conclusion of this review.	

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 Trust's Disciplinary Procedure
- Q1 2021/22 Pulse Survey Results
- Covid-19 Second Debrief Report

**1. Review of Trust's Disciplinary Procedure**

**Background**

In May 2019 NHSI wrote to NHS organisations setting out guidance on the management and oversight of local investigation and disciplinary procedures (Appendix 1). This guidance was developed following an independent inquiry into

the disciplinary processes in a Trust which sadly lead to the member of staff taking his own life. The inquiry concluded that serious procedural errors had been made, throughout the investigation and disciplinary process and that the member of staff was treated very poorly, to the extent that his mental health was severely impacted.

The Trust Board considered these recommendations in July 2019. The actions that were discussed at that time were to explore joint working with other NHS organisations, to share resources for investigating complex cases and working with our Staff Side partners to review our policies to ensure they were in line with best practice.

In December 2020 the NHSI Chief People Officer wrote to NHS organisations asking them to review all disciplinary policies and procedures against the recommendations issued in May 2019 and specifically that:

- The disciplinary policy is reviewed and discussed at a public Board or equivalent the
- The updated policy is made available on your organisation's public website.

The original request was for this review to be completed by March 2021, but the Chief People Officer subsequently wrote acknowledging that due to the ongoing emergency situation Trusts may have not been able to meet the March 2021 deadline. She requested that Trusts update the Regional Director of Workforce and OD with their progress by the end of April and that the actions stated above were completed by end of June 2021.

### **Actions taken in response to recommendations of the inquiry**

The review of the Trust's employment policies including the Disciplinary Policy was one of the workstreams under the Compassionate and Collective Leadership Programme. The Trust approved its Values and Behaviour framework in June 2021, and this will be embedded into our working practices and employment policies and procedures.

We are prioritising the review of the Disciplinary Procedure and this work has already commenced. I wrote to the Regional Director of Workforce in April 2021 to assure him that we were reviewing our employee relations processes including our disciplinary processes as part of our Compassionate and Collective Leadership Programme. This review will encompass the guidance issued in May 2019. The emergency situation has slowed down this work, but it is now in progress. I have informed him that we would not be in a position to bring the reviewed policy to the Trust Board by the end of June as we did not want this to be a mechanistic review but to be part of the wider programme on Compassionate and Collective Leadership. The intention is to bring the revised Disciplinary Policy to the Trust Board in September 2021 for review and approval. It will then be published on the Trust's website as required.

## **2. Q1 2021/22 Pulse Survey Results**

The Q1 Pulse survey took place at the end of May. We have 214 responses which is approximately 10% of our workforce and lower than in previous quarters. The chart below sets out the results for the key areas focused on in the survey (Q3 is the National Staff Survey and we do not undertake a pulse survey in this quarter). It shows an improving trend in a number of areas such as communication, regular one to ones and team meetings and perception of

whether the organisation is looking after staff wellbeing. These are areas that have been priorities over the last year with increased resources and capacity allocated to enable improvements to be made and they have been the focus of leadership messaging so it is encouraging to see that the feedback from staff shows staff feel more positive about these areas.

	20/21 Q2 (510)	20/21 Q4 (349)	21/22 Q1 (214)
<b>Regular One to One</b>	48.4%	55.9%	70%
<b>Regular Team Meetings</b>	50.8%	55.9%	70%
<b>Staff communication on issues that are important to you</b>	59.6%	62.8%	78%
<b>Sufficient resources to undertake your role</b>	66.9%	69.1%	65%
<b>Planning to stay working with the Trust for the next 12 months</b>	54.9%	54.4%	53.3%
<b>Wellbeing is considered</b>	54.3%	61%	74.5%
<b>Mental Health wellbeing is considered</b>	54.3%	60.7%	63.6%
<b>Recommender as a place to work</b>	70%	70%	66%
<b>Recommender as a place to be treated</b>	92%	96%	90%

There are a number of themes in the narrative feedback in the survey on areas of concern for staff:

- Lack of career opportunities and progression and equity in these areas. Frustration about how they can progress their career aspirations.
- Poor behaviour between colleagues and teams
- Line management that is not visible and/or compassionate
- Workload pressures and the ability to take breaks and participate in development opportunities

This feedback will be incorporated into workstreams sitting under the Compassionate and Leadership Programme.

### 3. Covid-19 Second Debrief Report

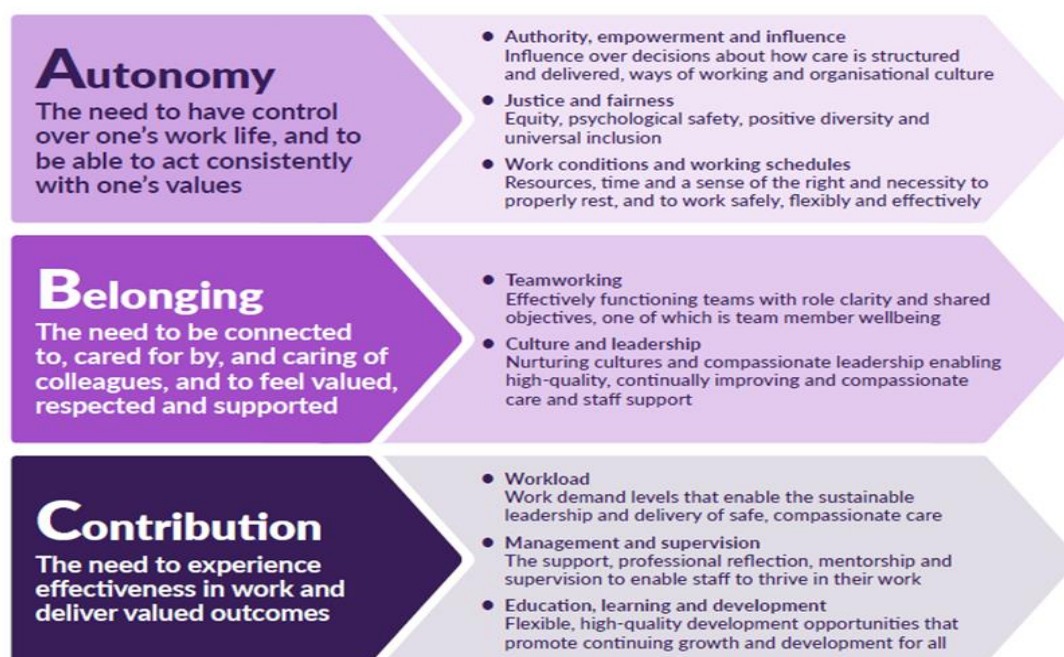
Royal Papworth Hospital NHS Foundation Trust (“the Trust”) conducted a debrief in respect of the actions taken to operationally manage and support staff during the COVID-19 pandemic in August 2020. This report was commissioned by the Emergency Planning Committee. As a result of the recommendations of the report, task and finish groups were created to review the areas for improvement ahead of the second surge.

The purpose of the second debrief process, conducted in March/April 2021 after the second surge in COVID-19 cases, was to establish whether the learning from the first surge had been applied and to gather any further learning. We were keen to understand how staff can be supported as they return to their normal roles recognising that there is significant pent up demand for our services. We also wanted to capture any temporary changes to processes that we should be considering retaining.

This second debrief incorporated staff interviews; pulse survey feedback and each Division/Directorate was asked to collate the feedback from their teams on the following questions:

1. What went well over the last 4 months?
2. What could have gone better?
3. What can we do now to support staff over the coming months and years?
4. How do we need to change ways of working going forward?

We used the Kings Fund ABC Recovery Model (see below) to theme the feedback received. There is a lot of commonality with the themes identified in the Compassionate and Collective Leadership Programme (CCL).



The key feedback against each of the dimensions in this model is summarised as follows:

### Autonomy

- Fairness needed in areas of management decision making, pay arrangements, recognising the contribution of all staff/departments and deploying staff - staff often use the terms unfair which indicates a need for greater transparency and consistency in decision making.
- The need to continue with psychological support.
- Review rostering including the notice given and fairness
- A review of the provision and communication of issues relating to facilities such as parking, rest areas and office space and the retention of things like free tea and coffee
- Retention of remote working – appropriate equipment and fairness in approach.

### Belonging

- Retain the strong team working culture
- Continue to offer support for mental health issues and ensure this is well signposted.
- Continued management training and development for compassion

### Contribution

- The management of redeployment had improved but some remaining concerns about the communication of end dates
- Learning and development gained during the surges needs to be maintained
- Continuing the building of skills to give more flexibility in staff deployment.
- The need for staff to have respite from high workloads

The outputs of the second debrief process have been shared with staff at an All Staff Briefing and it was the focus of a Management Executive meeting. Divisions/Directorates were requested to disseminate the final report with their line managers and build the learning into their staff engagement and operational planning. As stated, there is a lot of overlap with the CCL Programme and in particular the Health and Wellbeing Workplan.

### **1. Recommendation**

The Board is asked to note the update on the review of disciplinary procedures and the timetable for conclusion of this review and the outputs from the Q1 21/21 Pulse Survey and the Second Covid-19 Debrief.

## **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.