

**Part I**

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 4 November 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:

- **Black History Month**
- **Update on the workforce functions of the ICS/ICB**

**1. Black History Month**

1.1 People from African and Caribbean backgrounds have been a fundamental part of British history for centuries. However, campaigners believe their value and contribution to society is often overlooked, ignored or distorted. Most schools still teach a history curriculum which focuses on traditional events and the achievements of white figures. Black History Month gives everyone the opportunity to share, celebrate and understand the impact of black heritage and culture. The event was officially recognised by the US government in 1976, and first celebrated in the UK in 1987.

1.2 The Trust first celebrated Black History Month in 2019. This year we focused on the hidden history of the contribution of black staff in the NHS. “Sankofa” is a word in the Twi

language in Ghana – it means “go back and get it”. It teaches us to go back to our roots to move forward. Black History Month is a good opportunity to highlight the contributions that Black British people, Black Caribbeans and Black Africans have made to the UK and the NHS. It is an opportunity to celebrate the uniqueness, strength, pride, cultures, achievements, talents and most of all our possibilities of our black colleagues.

- 1.3 The Head of EDI, Onika Patrick-Redhead, organised three inspiring and thought-provoking webinars as follows which were open to all staff and external colleagues to join or listen to at a later date:

**Date:** Friday 15 October

**Speaker:** Jacynth Ivey

Jacynth is a multi-award winning transformational leader, coach, author, mentor and sought-after inspirational speaker. She is a former NHS Executive Director of Nursing and is currently a facilitator on the National WRES Experts Programme. Stephen Posey, Chief Executive, and Judy Machiwenyika, Nurse Consultant and Chair of our BAME Network also spoke at this session.

**Date:** Tuesday 19 October

**Speaker:** Dr Peggy Warren

Dr Warren is the author of ‘Black Women’s Narratives of NHS Work-Based Learning: An Ethnodrama’. She is also a facilitator on the Ready Now and Stepping Up programmes, regionally and nationally.

Maura Screatton, Chief Nurse, and Berin Krenek, Nurse on Day Ward, also spoke at this session.

**Date:** Tuesday 26 October

**Speaker:** Dame Elizabeth Anionwu

Dame Elizabeth is the UK’s first sickle-cell and thalassaemia nurse specialist and helped to establish the Brent Sickle Cell and Thalassaemia Counselling Centre. She is an author and also created the Mary Seacole Centre for Nursing Practice and the University of West London. Marcus Riddell, Director with NHS Professionals, Diane Leacock, Non-Executive Director, Victor Tapah, Staff Nurse on Critical Care, and Judy Machiwenyika also spoke at this session.

## **2. Update on the workforce responsibilities of the ICS/ICB**

- 2.1 In August 2021 NHSI/E published guidance on the ICS people function. It set out an expectation that NHS leaders and organisations will work together, and with their partners in the ICS, to deliver 10 outcome-based people functions from April 2022. In establishing the ICS people function, each integrated care board will be required to agree what people activities can best be delivered at what scale, and how to use resources in the system most effectively, recognising that different systems will take different approaches depending on local circumstances.

- 2.2 The ten key functions are as follows:

1. Supporting the health and wellbeing of all staff: people working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and are therefore better able to provide high-quality, compassionate care to patients.
2. Growing the workforce for the future and enabling adequate workforce supply: the system is retaining, recruiting and, where required, growing its workforce to meet future need. The ‘one workforce’ across the ICS is representative of the local communities served.
3. Supporting inclusion and belonging for all, and creating a great experience for staff: people working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.

4. Valuing and supporting leadership at all levels, and lifelong learning: leaders at every level live the behaviours and values set out in the People Promise, and make strides so that this is the experience of work for all of their 'one workforce'.
5. Leading workforce transformation and new ways of working: service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation – to both meet population health needs and drive efficiency and value for money.
6. Educating, training and developing people, and managing talent: education and training plans and opportunities are aligned and fit for the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.
7. Driving and supporting broader social and economic development: leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.
8. Transforming people services and supporting the people profession: high-quality people services are delivered by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
9. Leading coordinated workforce planning using analysis and intelligence: integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.
10. Supporting system design and development: the system uses organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP). The organisational development approach creates a system-wide culture that: is driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and those delivering services harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

### 2.3 By the end of 2021/22 ICS's are required to:

- agree the governance and accountability arrangements for people and workforce functions in the ICS, including identified SROs
- agree how and where specific people functions are delivered within the ICS
- review and, where necessary, refresh the ICS People Board
- assess the ICS's readiness, capacity and capability to deliver the people function.

3.2 The Cambridge and Peterborough ICS has confirmed that the Chief People Officer role will be a member of the new Integrated Care Board and the recruitment process will start next month. There is a review underway to map the current role and work of the Local People Board (attached as Appendix 2) against the ten functions of the ICB. The capacity of the current ICS people function has been considerably reduced over recent months due to turnover and there is also work underway to identify what capacity and capability will be required centrally in the ICS in order to deliver against the ten key functions particularly in the areas of workforce planning and development.

### 3. Recommendation

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