

Item 2.ii

Report to:	Board of Directors	Date: 7 December 2023
Report from:	Oonagh Monkhouse, Director of Workforce and OD Lorraine Howard-Jones, Deputy Director of Workforce and OD	
Principal Objective/ Strategy and Title:	Workforce Strategy Six Month Review	
Board Assurance Framework Entries:	Staff Engagement Retention Recruitment	
Regulatory Requirement:	Well Led	
Key Risks:	<ul style="list-style-type: none"> • Capacity in the Workforce Directorate • Line Management capacity and skills • Workload and competing priorities 	
For:	Information and assurance	

1. Introduction

1.1 In June 2023, the Trust published its 3-year Workforce Strategy as an enabling strategy to the Trust’s Five-Year Strategy and specifically the ambition to offer its staff the best employment experience in the NHS by enabling them to fulfil their potential in an inclusive environment where they are engaged in their work, feel valued and can achieve a good work/life balance.

1.2 The workforce strategy [hereafter referred to as “the Strategy”] set out 6 areas of focus to achieve these goals: -

1. Compassionate and collective culture – creating a positive, engaging working environment, developing skilled and compassionate leaders, and keeping colleagues safe, healthy and well-being.
2. Belonging and inclusion for all – ensuring we are an organisation where everyone is welcome, everyone is respected, can grow, and feel that their voices are heard.
3. Workforce development – helping people realise their true potential for the benefits of our patients, protecting us from national skills shortages and helping us be more effective and efficient than ever before.
4. Growing the workforce – being a place where people want to work, where they can develop and expand their roles and careers, developing new innovative roles.
5. Efficient and effective workforce processes – ensuring that guidance and support for colleagues and line managers is accessible and high quality and that our policies, processes, and practices align with our values and the principles of a just culture.
6. Working with partners - collaborating and learning from partner organisations both in our system but also regionally and nationally.

1.3 The purpose of this report is to provide the Trust Board with an update on progress against the strategy to the end of September 2024 (Q2).

2. Measurement of KPIs

2.1 For several of our KPIs our Staff Survey and WRES and WDES results are the key source of evidence we use to assess the impact of our work under the Strategy, particularly for the aspects that aims to positively influence what it feels like to work here, how engaged our staff are and how they think we are responding to their needs. At the time of writing our survey 2023 is in progress and we won’t be able to examine the results until early in 2024. This assessment therefore is necessarily limited to a report on

what we have been doing and those metrics that we can measure month to month such as sickness absence, turnover, and appraisal rates. See Appendix 1.

3. Update on Themes

3.1 Theme 1 - Compassionate and collective culture

Whilst each of our workstreams are crucial to the success of our strategy, this first one provides the golden thread that brings all workstreams together and is the one on which the success of the others depend. The leadership and the management that staff experience has a significant influence over how staff feel about their work and how engaged they are.

Leadership, management, and team development - Many of the targets for 23/24 have either been achieved or are on track to be achieved by the end of Q4. Cohort 6 -8 are currently ongoing, and we have started to recruit to Cohorts 9 and 10 with at least one of these cohorts dedicated to senior managers with an expanded programme encompassing specific workshops on understanding and managing clinical operations. Under the leadership of our Head of Leadership and Management we have been able to develop this programme to include a broader range of management skills workshops such as neurodiversity, team development and managing challenging conversations, the latter being a key competence to help with our work on conflict resolution. By the end of March 2024, those graduates of the earlier cohorts will have had time to utilise their new knowledge and skills, and this is when we will be undertaking a study to evaluate the impact of their training in their workplace.

Progress: Good progress against the action plan

Values and behaviours - We continue to train staff on our values and behaviours, but the method has moved away from classroom training which was not achieving attendance levels to make it effective and instead we have moved to more bespoke learning, the integration of values and behaviours training into our team development and management development programmes as well as our induction programme. By way of illustration, we have provided this training to 10 consultants and transplant co-ordinators in the Transplant team and have an additional 10-14 bespoke sessions planned for CCA, Thoracic, Transplant and teams on the surgical floors. The CCL team have also innovated in response to the difficulty reaching junior doctors with this training and have developed a values and behaviours audio course for our juniors which will launch in Q3.

Progress: Good progress against the action plan.

Team development - Our approach to team development has, so far, been reactive – offering bespoke team development and support to team managers in order to de-escalate existing conflict. To this end we have supported team development in several areas including STA, Kingfisher House and the HRLI. Our aim in future, and consistent with our strategy ambition, is to develop a suite of tools to proactively support team development.

Progress: Slower progress, clarity on approach and resourcing is required. Likely to move back to 24/25.

Health and wellbeing – Our strategic ambition is to provide a workplace that enables our staff to be healthy and feel well both mentally and physically and we know that achieving this is crucial to high quality patient care. Our main success criteria, the one that we can most easily measure, has always been the reduction of sickness absence. Our work so far has focused on corporate led wellbeing interventions and needs to move to focus on prevention and wellbeing management at a local level. Notable here is the implementation of Wagestream which launched in September and the take up of the

financial support offered through the £1m 2023/24 Welfare fund which provides staff with free travel as well as subsidised parking and food in the cafeteria. To date we have offered more than 30,000 discounted transactions¹ in the café and 12,000 free park and ride journeys to/from work. Corporate led wellbeing interventions are necessary, but the most impactful interventions are those seen and felt by individual in their work location and will be those led and supported by their managers and colleagues. Good management practice is central to successfully supporting health and wellbeing at work and whilst we maintain our substantial organisational offer, we are increasing our focus on developing the management competencies needed to embed health and wellbeing as a priority within the team's everyday practice including active management of absence.

Progress: Good progress on implementing actions in the plan, however sickness absence is increasing, and the focus is now on line management support for health and wellbeing and absence management.

Embedding a just culture - we have completed thorough reviews and refreshes of our Abuse, Violence and Aggression Procedure, Appraisal Procedure, Recruitment and Selection Procedure, Flexible Retirement, Speaking Up Policy, and the Flexible Working Procedure. A Trans Procedure has also been created. Work is in progress on the Capability Procedure and the redesign of our organisational approach to conflict management. This objective of this redesign is to enable us to catch and diffuse conflict early and where possible to avoid escalation to formal case management. The Dignity at Work and Grievance policies will be updated to reflect our new approach. We have also completed the action to implement civility workshops and have introduced the second messenger feedback model on an ad-hoc basis pending the completion of our resolutions project which will articulate our approach to feedback in conflict situations.

Progress: Good progress against the action plan.

Talent Management – we have continued to focus on the embedding of good practice in the appraisal process which plays a key role in talent management. However whilst there has been improvements in compliance rates a recent audit indicates that the quality and therefore the effectiveness of appraisals is not good across many departments. We have also not had the capacity to progress the development of our approach to talent management.

Progress: Progress is behind plan and needs the additional capacity of the Associate Director of Workforce and OD to progress.

3.2 Theme 2 – Belonging and Inclusion

The business and moral case for having a culture that has Equality, Diversity, and Inclusion (EDI) at its centre is comprehensive and clearly aligned to our corporate strategic objectives as a Trust. Our Trust is known for its medical excellence; it is important that the Trust also focuses on going above and beyond the minimal requirements set out by law or our regulators and achieving excellence in our leadership. The Trust's EDI work should seek to create a culture of continuous improvement with regards reducing health inequalities and tackling discrimination. The latest WRES report using 22/23 data indicates that whilst we have areas of workforce practice where inequality is not evident e.g. our disciplinary and recruitment processes and access to training, we continue to have significant inequality in career progression and staff from a BAME background report much higher levels of bullying, harassment, and discrimination than white staff. Addressing racism remains the key focus of our work on EDI as the evidence continues to identify this as the most common type of discrimination and inequality being experienced by staff. However in conjunction with the Staff Networks we have, over the last year, increased the

¹ Discounted at 50%

profile and work in other areas of EDI including the publication of a Trans Procedure and a range of events linked to exploring women's issues.

Engagement and Involvement – The Staff Networks have developed a strategy and have agreed workplans for the year. The introduction of a role to support the networks has undoubtedly made a difference to the work they have chosen to progress and their profile. They are all very active and have run a number of excellent events over the first half of the year including a celebration of Black History Month, Menopause Cafes, exploration of Domestic Violence and the support available and a bake off for National Inclusion Week.

Progress: Good progress with the actions in the plan

Compliance Management/Governance and Policy Framework: We have complied with all statutory/regulatory reporting requirements. We have also improved the information on our external website to better comply with our Public Sector Equality Duty obligations and for the first time have produced an annual report on our EDI work and objectives. The national EDI Improvement Plan was published during the summer, and we have developed a framework for tracking implementation of the actions required under this plan and how they inter-connect with other regulatory requirements. After being paused during the Covid-19 emergency we are required to complete the Equality Delivery System audit which encompasses both workforce and health inequalities and also leadership. We are on track to have this completed by the end of 23/24 as required. A number of key policies and procedures have been substantially reviewed with input from the Staff Networks to ensure that EDI is fully considered and reflected in the policies and processes eg Abuse, Violence and Aggression, Recruitment and Selection. We still need to improve how we understand and use our data to understand the impact of our work and also to help us identify what interventions have the best chance of resulting in improvements.

Progress: Good progress is being made and we are on track to complete all requirements in this area.

Talent Management/Training/Development: We secured funding and have successfully recruited to the second cohort of the Transformation Reciprocal Mentoring Programme which commenced in September. An external review of the programme has been completed and will be presented to the Workforce Committee. The learning from this review is being incorporated into the second cohort programme. The Head of EDI and the Director of Workforce and OD have led the commissioning and implementation of a system wide inclusive leadership programme which will commence in January 2024. In conjunction with the FTSUG a training session on Microaggression and Civility has been developed and delivered on a regular basis. EDI and inclusive leadership is at the heart of the Line Managers Development Programme and is embedded in the corporate induction.

Progress: We are not yet making progress in this area despite the excellent work that has been done. We have not got confidence that the appraisal process is meeting the needs of staff in terms of supporting career development and progression despite the revised processes and training for managers. It is clear from surveys that staff do feel there is equality of opportunity for career progression.

3.3 Theme 3 – Developing the Workforce

One of the central tenets of our strategy is that we provide every employee with the opportunity to reach their full potential. We know that staff do not think they have good career development opportunities with our Trust and yet we also know that there is a huge range of learning opportunities and activities on offer to both clinical and non-

clinical staff. There is a clear disconnect between what we are offering and either a) what staff feel they need and/or b) are aware of and able to access.

Career Pathways: In order to remedy this, we need to ensure our staff have clarity on the competencies needed to succeed in both the job they are doing now and the job they aspire to do in the future. They need to know what training they need to access, when they should access it and where to get it. We have identified the need to do some groundwork to better understand and respond to the training needs across the organisation and we have plans to plot 6 career pathways in 2023/24, understanding in granular detail, role by role, what the competency and training needs are for each role in the pathway. Once we have mapped these pathways, we will overlay this with information on where our staff currently are in their development. The gap between where they are and where they want or need to be will form a training needs assessment which we can then use to ensure the training and development we offer is fit for purpose and appropriately accessed.

We have started on this journey with the mapping of the HCSW pathways earlier this year. This was an exercise to ensure that the Trust was paying the correct banding to its HCSW staff, but it also served to help us understand the roles in detail, the competencies needed and where the training interventions were provided. From this we were able to then map the current competencies of the postholders to determine where they were in the HCSW pathway and address any gaps with targeted development.

A new project to look at the nursing pathway through critical care has commenced and will take a similar approach. The project will look first at the work to be done at each level and the competencies needed before mapping current postholders to the pathway giving us an understanding of what the training needs are so that we can tailor our offer appropriately.

We will have achieved the mapping of 6 pathways by the end of Q4 and through this work we will have set out the important groundwork for good talent management and succession planning.

Progress: Work has commenced, and we are developing a methodology and have identified resources to progress work in this area.

Workforce Planning: Beyond individual development, this theme of the strategy is also interested in how we develop the workforce on a broader, more strategic scale, looking at how we manage our talent and effectively succession plan, how we are improving workforce planning, widen access through existing and new apprenticeship and how we work with higher education providers to influence the development of new curricula to meet our workforce supply needs. Much progress has been made to include better workforce planning into the annual planning cycle with the 2023/24 process not just looking at the number of staff needed but also using data to better understand potential resources fluctuations throughout the year as well as considering new ways of working. Our work on mapping career pathway and training needs assessments will play into this by helping managers predict the potential for staff movement in year.

Progress: Work has commenced but progress is dependent on the appointment of the Associate Director of Workforce role to provide capacity.

3.4 Theme 4 – Growing the Workforce

In order to deliver on all our ambitions both in terms of service delivery of high-quality care and a positive staff experience we need to have safe staffing levels. This requires us to reduce vacancy rates and turnover to healthy levels and to plan ahead for the types of skills and competencies we are going to need as models of care delivery change.

Workforce Supply: To support improvement in the supply side we have invested in a new electronic recruitment system to reduce time to hire and improve the experience of candidates and newly appointed staff. We have also increased engagement with HEIs and colleges and improving our external website to promote the Trust and raise our profile in the recruitment market. We have seen pipelines increase and vacancy rates have been steadily reducing although there remains roles with very high vacancy rates. This increase in headcount is not yet feeding through in higher fill rates for nursing because of the rise in sickness absence. Workforce Business Partners are working with departments to reduce sickness absence and to develop medium term recruitment plans.

Progress – Good progress with the actions in the plan although there is more to do on hard to recruit roles and our medium-term recruitment planning.

Retention: Turnover has also been reducing although that improving trend has slowed. Through the Resourcing and Retention Programme a number of initiatives are being developed and trialled for example stay interviews. The key driver for turnover remains lack of career progression which links with theme 1,2 and 3 and line management skills and capacity.

Progress – there is not good progress as it is interdependent on the work on improving line management skills and capacity and career development/talent management progressing.

Widening Access: Diversify the pool of talent and widening access to careers in the Trust is important not just from a supply perspective but also in order ensure we are bringing into the organisation new skills and perspectives. We have started discussions on how we develop an apprenticeship strategy that would expand the number and range of apprenticeships in the organisation, but it is behind plan as we need the additional capacity of the Associate Director of Workforce post in order to progress this.

Progress – Progress is behind plan pending the additional capacity resulting from the appointment of the Associate Director of Workforce role.

3.5 Theme 5 – Efficient and Effective Workforce Processes

The Strategy recognises that to support the Trust's ambitions for workforce it needs modern, efficient, and effective systems in place. With the increase in demand on recruitment services caused by high levels of turnover and workforce growth it was clear that the manual systems that had reliably serviced our needs in the past could not respond effectively in a timely way resulting in significant bottlenecks in the recruitment and onboarding processes. At a time when we need to attract talent and minimise the time taken to recruit the lack of automation in our processes became a critical point of failure.

Workforce systems: We have procured and are in the process of implementing a new Trust-side recruitment system which is accessed by managers who are able to input their recruitment needs directly and track the process of each campaign and candidates through the pre-employment checks process. The implementation of this system was achieved on time and to budget and is already improving our processes and helping reduce our time to hire. Another area of concern that we have reported previously to the Committee is the volume of conflict cases and the Trust's ability to respond to them in a

timely way. We have introduced two measures to improve this, the first is an automated system to record and track cases which will help workforce professionals and managers track, prioritise, and escalate cases that are ongoing.

Progress – good progress has been made against the action plan.

Work processes and policy framework: In addition to improving the electronic system for managing cases we are also revising how we deal with conflict generally and are looking a) what resources staff need to resolve conflict at an early stage themselves, b) what resources and training managers need to manage conflict that escalates to them and effectively diffuse it c) determining the correct pathway for conflict resolution depending on whether there is a development requirement or a case management requirement and where it is the latter we are planning to implement an initial process of mediation to try and diffuse cases before they escalate to a formal complaint stage. This project is in progress and due to culminate with new practice and policies by the end of Q3. Policy development is a key objective for the Workforce team who are working in partnership with managers and staff side partners to work through those that are due or overdue methodically on a prioritised basis. Policy development requires consultation on the drafting as well as a communications plan and often the development of associated training – so far this year we have completed the policy development for the recruitment and selection policy, the violence and aggression policy, flexible working, and retirement. Where table 5 shows amber for policy development this refers to training yet to be developed and/or implemented.

Progress – good progress has been made against the action plan.

3.6 Theme 6 – Working with Partners

Collaborating with and learning from partner organisations both on the campus, across the system, the region and nationally is important in order to both help us improve and ensure value for money in how we work.

We are active members of a number of system workforce groups whose focus are on improving workforce supply, education and training capacity, leadership development, workforce planning and EDI. Following a jointly commissioned review the Joint Management Board with Cambridge University Hospital (CUH) has been reformed with a clear set of priorities. From a workforce perspective we will be working with colleagues from CUH to support pathway redesign by developing frameworks for workforce planning and skill mix, team development and the contractual mechanisms needed for joint working arrangements.

Progress – good progress has been made against the action plan

3.7 Appendix 2 provides a summary of the 23/24 action plan and progress against the specific action.

Appendix 1

Strategy Performance against our KPIs

We measure the success of the strategy actions reviewed in this report predominantly through our staff surveys and PIPR reporting. Table 7 below sets out the metrics we put in place to measure success and has been updated at Q2 as far as it is possible to do so. Much of our work is about culture change and relies on training, development, and the implementation of learning in the workplace and measuring this quarterly is unlikely to demonstrate substantial change. We will therefore record the position at the end of each quarter in these reports but for a clearer indication of performance we will provide a year-end report in April each year at which point we will look all our sources of evidence to evaluate the success of our workforce strategy programmes.

Table 7 – Q2 progress against KPIs

	Metric	Objective	Measure	22/23 position	23/24 goal	Q2 ² (2023/24)	
1	Staff recommending Trust as a good place to work	1-5	Staff Survey question	61.6%	65%		
2	Staff recommending Trust as a good place to be treated	1-5	Staff Survey question	85.7%	90%		
3	Staff engagement score	1-5	Staff Survey theme	7.1	Peer average		
4	Staff morale	1-5	Staff Survey theme	5.7	6.0		
5	% of staff who have had an appraisal within last 12m	1,3, 4 & 5	As per PIPR methodology	75%	90%	80%	▲
6	Quality of the appraisal	1 - 5	Staff Survey questions average; 21b, c & d	29.9%	33%		
7	Stability Index i.e. new staff retained for >12 months	1,2,4 & 5	% of directly employed staff new to the Trust who remain employed by the Trust after 12 months.	80%	84%	84%	▲
8	Overall mandatory training compliance	1,4 & 5	As per PIPR methodology	85.6%	90%	88%	▲
9	Cumulative Sickness Absence	1,2 & 5	As per PIPR methodology	4.8%	3.5%	4.9%	▲
10	Turnover	1 - 5	As per PIPR methodology	15.2%	12%	8.6%	▼
11	Trust Vacancy Rate	1 - 5	As per PIPR methodology	13.3%	9%	9.3%	▼

² Figure given is in-quarter average.

1 2	Improve experience for Black, Asian, Minority, Ethnic staff (BAME)	1 - 5	Decrease in numbers of staff from a BAME background experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months.	26.5%	23.8% (stretch target 21.5%)		
			Decrease in the % of staff from a BAME background reporting experiencing bullying and harassment from line managers and colleagues.	36.5%	32.8% (stretch target 26.5%)		
			Increase in the numbers of staff from a BAME background who consider that there is equality of opportunity in career progression.	35.6%	39.2% (stretch target 50%)		
			Increase in the % of staff from a BAME background in roles at Band 7 and above.	Clinical (non-medical) 15% Non-clinical 12.4%	Clinical (non-medical) 18% Non-clinical 15%		
1 3	Improve experience for disabled staff	1 - 5	Increase in the numbers of staff with a disability who consider that there is equality of opportunity in career progression.	50.8%	55.9%		
			Decrease in the % of staff with a disability who experience bullying and harassment from their line manager.	15.7%	14.1%		
			Decrease in the % of staff with a disability who experience bullying and harassment from their line colleagues.	25.6%	23%		
			Decrease in the number of disabled staff who have felt pressure from their line manager to come to work, despite not feeling well enough to perform their duties.	28.9%	26%		
1 4	Staff reporting being bullied by manager	1, 2 & 5	Staff Survey question	14.5%	13%		

15	Staff reporting being bullied by colleagues.	1,2 &5	Staff Survey question	23.7%	21.3%		
16	Staff reporting that there is the opportunity to develop their career.	1, 2 & 3	Staff Survey question	50.5%	55.6%		
17	Staff feeling safe to raise concerns.	1, 2, 3 & 5	Staff Survey question	61.5%	67.7%		
18	Staff believing the Trust takes positive action on their health and wellbeing	1,3 & 5	Staff Survey question	64.2%	70.6%		
19	Time to Hire	1 & 5	Time from approval to advertise to unconditional offer	Not available	48 days	52	▼
20	Rostering Effectiveness	3 & 5	% of rosters approved at least six weeks before the start date.	38%	100%	60.6%	▲
			Headroom	32.5%	22%	30.1%	▼

* Shaded areas are annually reported through the staff survey – these KPIs will be updated in April 2024 annual strategy review