BOARD OF DIRECTORS MEETING

Agenda Item	P1-167-17	Date: 5th July 2017
Subject /title	**Workforce & OD Quarterly Report – July 2017**	
Author	**Heather Bebbington, Director of Workforce & OD**	
Responsible Director	**Andrew Cannell, Chief Executive**	
Executive summary and key issues for discussion		

In April 2017, a full up-date report was reported to the board setting out the current position and progress made against the Workforce & OD Strategy, focusing on three key areas of work under the Strategy Priorities 1 and 4, namely**:**

Culture and Staff Engagement
Workforce Planning
Talent Management and Succession Planning

It is clear that these areas of work are intrinsic to the successful transition of services to Liverpool over the next 2-3 years and are an important element of the Transforming Cancer Care Programme.

This paper aims to provide further up-date to the Board on progress made against the critical deliverables and to highlight risks associated with effectively implementing the Workforce and OD Strategy.

Progress has been made against the key deliverables and measures are in place to support this. However, the importance of delivering a comprehensive workforce plan and subsequent recruitment and retention strategy linked to succession and talent management cannot be underestimated. The requirement to fully understand the staffing issues for 2019/20 remains the highest priority for the Workforce & OD team and therefore there is still much work to be delivered to address this in Quarters 3 and 4.

Strategic context and background papers (if relevant)
Workforce & OD Strategy

Recommended Resolution
The Board are asked to note progress made and to provide feedback and steer on the level of intervention and timing for delivering this agenda.

Risk and assurance
Risks identified within the WOD Risk register and Directorate/Corporate services risk registers

Link to CQC Regulations
Regulation 18: Staffing Regulation 12: safe care and treatment

Resource Implications
To be discussed as part of this paper

Key communication points (internal and external)

Workforce & OD Committee
Quality Committee
Trust Management Group
Strategic Partnership Forum

Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted. **Application Exemptions:** • **Prejudice to effective conduct of public affairs** • **Personal Information** • **Info provided in confidence** • **Commercial interests** • **Info intended for future publication**	Please tick the appropriate box below: [√] **A. This document is for full publication** [ ] **B. This document includes FOI exempt information** [ ] **C. This whole document is exempt under FOI** IMPORTANT: If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		√
Disability		√
Sex (gender)		√
Race		√
Sexual Orientation		√
Gender reassignment		√
Religion / Belief		√
Pregnancy and maternity		√
Civil Partnership & Marriage		√

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

Appendices

WOD Strategy key Priorities

Strategic Objectives supported by this report

Improving Quality	√	Maintaining financial sustainability	√
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	√
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		*Working environment* Flexible opportunities, healthy and safe working conditions, staff support	√
Quality of care and environment	√	*Being heard:* • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints	√
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality	√		
Informed choice		Fair pay and contracts, clear roles and responsibilities	√
Involvement in your healthcare and in the NHS		Personal and professional development	√
Complaint and redress		Treated fairly and equally	√

Introduction

In April 2017, a full up-date report was reported to the board setting out the current position and progress made against the Workforce & OD Strategy, focusing on three key areas of work under Priorities 1 and 4, namely: Culture and Staff Engagement; Workforce Planning; and Talent Management and Succession Planning. It is clear that these areas of work are intrinsic to the successful transition of services to Liverpool over the next 2-3 years and are an important element of the Transforming Cancer Care Programme.

This paper aims to provide further up-date to the Board on progress made against the critical deliverables and to highlight risks associated with effectively implementing the Workforce and OD Strategy.

Background

Priority over the five year strategy is to enhance clinical skills, embed the Trust's culture and values, develop new roles and ways of working, develop multi-professional teams designed around the needs of the patient, and to introduce management development training for clinical leaders.

Key Measures of success: improved levels of motivation, demonstrable autonomy and clear delegation, change capability, reduction in turnover, team working, high performance and cross functional project working.

The Levers in year 1:
- Exploration and understanding interventions e.g. Honest Conversations to identify concerns,
- Workforce Planning e.g. capacity and demand analysis against the New Clinical Model,
- Coaching e.g. current focus on senior leadership
- Leadership development e.g. professionalization of management and establishing leadership competencies and drivers for the future
- Development of Career Pathways e.g. clear role definitions and career structure for nursing
- CPD e.g. The focus on continuous improvement for excellence
- Medical Coaching e.g. identification of leadership potential and succession planning
- Values & Behaviours e.g. identification of those we wish to reward and encourage

The Measures in Year 1:
- PADR – incorporating the above measures and evaluating management capability, leadership, values, behaviours and focus on continuous improvement. This will generate a learning needs analysis and provide input and focus into the training and development plan
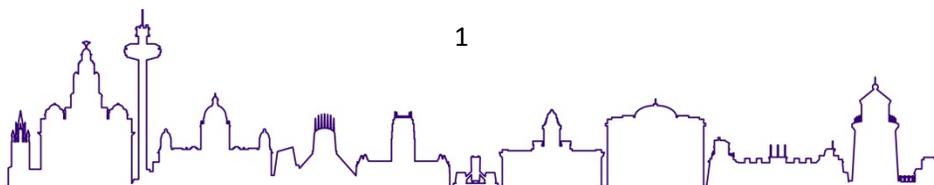
- Staff Survey - providing a temperature check of organisational engagement, as well as providing key indicators to test how staff respond to change and new ways of working.
- Coaching evaluation – internal progression, retention of talent and effective succession planning
- Exit interview data – understanding reasons for leaving and responding to this.
- Sickness Absence data – providing an indication of staff response to change
- Learning and Development up-take – indicating capacity for learning and utilisation of L&D budgets
- Up-take of Apprenticeship posts – indication of staff development and utilisation of CPD funding
- Clinical Excellence Awards – encouraging excellence in quality improvements, focus on change and delivering a high quality service

Key Issues of Highlight for Q2 2017:

1. **Culture and Staff Engagement**

Leadership Development: Effective leadership will be intrinsic to a successful transition period between now and 2019/20, and is the most influential factor required for success within the culture recipe and transformation agenda.

A leadership programme for middle managers is currently being developed and is planned to be open to the first cohort of learners from autumn 2017. The programme is being developed in conjunction with AQuA (Advancing Quality Alliance), which is a NHS health and social care improvement organisation that the Trust has membership with. The programme aims to equip leaders with the skills to have the necessary challenging conversations, to be resilient and support staff through change and to drive a performance led culture. Failure to deliver this element of the Strategy will lead to demotivated staff, limited autonomy, lack of delegation, resistance to change, increased turnover, ineffective team working, poor performance and challenging relationships. Success will enable opportunities for individuals to work within high performing teams, increased performance through providing stretch and challenge of poor behaviour, and encourage development and innovation to make staff want to stay working for the Trust.

Integration of Haemato-Oncology: The successful integration of the H-O team in to CCC will be dependent firstly on a smooth service transition and staff TUPE transfer on 1st July. Thereafter, effective communication at all levels and the bringing together of cultures will enable the true embedment of people and services. Work has begun with the H-O team to welcome them to CCC, with induction plans in place, celebration events organized and involvement and integration in to the everyday running of the Trust. Work to understand the deeper culture of the H-O team is also underway, utilizing the staff survey themes to identify key areas of similarity and difference that firstly need to be understood, then brought together and embraced. Success will mean learning from both parties, which if done well will alter the culture at CCC in a positive way, drawing on the best of both environments. Failure to get this right will result in a disconnected service which doesn't feel part of CCC
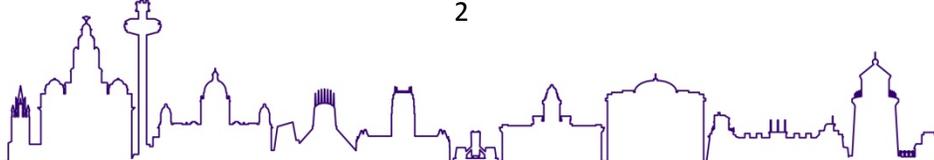
Staff Engagement: The Honest Conversations have identified that uncertainty of future location of work and environment is the biggest concern for staff i.e. where staff will be based in the future, travel requirements, car parking and impact on personal circumstances e.g. child care; travel time and costs. Failure to provide certainty on these issues will continue to cause anxiety and stress, which is a risk to health and wellbeing and increased sickness absence and turnover figures. People will vote with their feet if they don't know where their futures are. This is particularly relevant for non-clinical services who as yet do not know where they will be based. If information and clarity is provided, staff will be able to make a choice and as long as that choice is known and planned for, the Trust will be able to respond.

In response to this, work is progressing to identify how corporate services will function and support clinical services across sites, focusing on the concept of 'dwellers', 'hoppers', and 'nomads' and the principle that medical secretary support should be positioned alongside the consultant. This work is expected to reach an initial position of clarity at the end of the summer 2017. Increased communication at department level needs to be escalated to ensure staff feel informed and able to make the personal choices for their future as necessary.

Although the concept of having honest conversations, which expands beyond large collective events, has been effective, it has been recognised that there is a need for further focus on developing a Trust wide engagement strategy for the next 3 years. Therefore, a Staff Engagement Steering Group has been established whose aim is to ensure the planning, design, implementation and evaluation of a programme of staff engagement initiatives which will provide a forum for staff to share their ideas, voice their opinions and concerns in key areas integral to our future success as we continue on our journey to Transform Cancer Care.

In addition, department level staff survey focus groups have been taking place over the last 3 months to understand and validate the key messages arising from the survey results at department and individual level. Staff focus groups are also running with particular focus on the impact of bullying, harassment and intimidation and also the effects of stress to better understand what can be done to minimise both these areas of concern highlighted within the survey.

The Psychological Wellbeing Programme: A successful programme of support was completed within the last quarter, aimed primarily at the Medical Workforce and Senior Managers to support personal resilience and empowerment to lead change. A follow up session is planned for 4th July to evaluate the potential longer term benefits of the programme and to plan further support mechanisms specifically for the medical workforce to address burn out and stress. Coaching opportunities will be a key element of focus for new and existing oncology consultants and trainees, drawing on the Steve Peter's Chimp Paradox model and utilizing existing internal expertise around coaching. Failure to address workload pressures and support the medical workforce could lead to further attrition of the medical workforce, either through sickness or resignation.

New Clinical Model: The new clinical model is based on the understanding that multi-professional teams will deliver care, based on the principles set out within the Clinical Workforce Strategy, which promotes the consultant doing only what the consultant should do, with a wraparound team to provide multi-professional support. This new way of working is already being developed within existing structures; however due to current medical vacancies the need to escalate the pace of implementation has intensified and alternative models of working to support existing services have been put in place. This has required adjustments to current roles and responsibilities and has required intensive effort from clinical leaders and medical workforce support functions. Although this situation has presented a risk to the Trust, it has resulted in a focused response to how we deploy clinical teams and will support future transition to the new clinical model and proposed new ways of working.

Workforce planning exercise 2017-22: A high level analysis exercise has been carried out against the new clinical model framework to inform future workforce requirements operating within a four hub model. This exercise has highlighted the need for additional senior posts within nursing and Allied Health Professionals, whilst recognizing that adjustments also need to be made to medical job plans to enable this. A new job planning policy is currently being developed in partnership with members of the Joint Local Negotiating Committee and BMA.

A Workforce planning workshop is due to take place on 3rd July with all corporate department heads. The aim of the workshop is to provide information on the rationale for any planned service and workforce changes and will be used for the overall Trust Workforce Plan in order to ensure that the Trust can retain, recruit, train and place staff appropriately to support the future Clinical Model. Clinical Directorates are carrying out a similar exercise, identifying the reasons for any shift in workforce numbers or skill mix to ensure the future workforce remains affordable and achievable in delivering current planned services.

Failure to get this right or to carry out this work within a sufficient timescale will result in not having the right people in the right place, with the right skills at the right time through a failure to train or recruit the necessary staff to deliver the service. The development of a workforce plan in response to the new clinical model is therefore a key deliverable within the work stream. Failure to have this in place by Q3 of 2017/18 will present a high risk for the organisation in being able to deliver a workforce for the future.

Nursing Recruitment Strategy: A nurse recruitment strategy group has been established to support widening of the recruitment pool for nurse recruitment, raising the profile of CCC within the recruitment market, designing innovative approaches to advertising campaigns, block recruitment days and developing a flexible workforce linked to the internal nurse bank to support vacancy management. A nurse recruitment day took place in June which was extremely encouraging, resulting in the recruitment of 12 new nurses. It will be essential that a robust Preceptorship policy is in place to ensure the relevant clinical and personal support is in place to retain these new nurses as many will be newly qualified.

Exit interview data: Exit interview data continues to be collated and analysed for trends and themes. There is no apparent correlation between leavers and the transfer of services to Liverpool at this stage. However, we have experienced low up-take on completion of the exit interview especially within the nursing workforce. Therefore greater effort will be made to capture data in paper format and work with managers is currently underway to encourage all leavers to complete an exit interview questionnaire. Promotion to another NHS Trust is the highest reason for leaving, with relocation and work-life balance sited less frequently. Failure to understand why staff are leaving will potentially affect our retention rates and subsequent workforce planning projections.

Impact of Brexit: As negotiations have just begun, it is still unclear as to the impact Brexit will have on EU nationals working within health and social care. At the NHS Confederation conference, Jeremy Hunt was quoted in the Guardian newspaper on 15 June 17 as saying: "It's an early priority for this Government to secure rights which we would like to be broadly the same as the rights that they have now - and I want to reassure them now that this will be absolutely top of our list as the Brexit negotiations start later this month,". NHS Employers is engaging directly with the government in representing NHS employer views on the impact of Brexit and we await further clarity on this. Although the Trust does not employ significant numbers of EU nationals, the impact from a national perspective of the availability of health staff is likely to have an impact on our ability to attract and recruit staff at CCC.

3. Talent Management and Succession Planning

In response to the recruitment and retention challenges the Trust faces, specifically in areas such as nursing, radiology, physics and oncology, it is acknowledged that effective recruitment and retention strategies, including talent management and internal succession planning will be key to delivering the future workforce. Failure to do this will create further strain on an already limited internal and external recruitment market.

Career Pathways: The Director of Nursing and Quality, in conjunction with heads of service and Workforce & OD has lead a review of the clinical career pathway for all non-medical clinical roles, identifying levels of competency at each level to inform future career pathways and subsequent succession planning approaches. This is an innovative piece of work that aligns the different clinical career pathways and provides clear direction for staff wanting to pursue a career at CCC.

PADR: In response to challenge at the Board in relation to current poor PADR compliance figures, a review of the PADR process and how it contributes to the trust's overall strategic purpose has been undertaken. The process has been better aligned to the corporate objectives and business planning process across the trust and a concentrated period of time has been identified for all staff to complete their PADR. This is to ensure that all staff are clear how their performance directly relates to the business performance of the trust (creating the 'golden thread') and that all managers are given clear direction on what is expected of them and the importance of undertaking PADRs. As a result, managers will be held to account by ensuring that all staff are appraised between April and June each year (July for 2017 to embed the new process), which will enable objectives to be set at Directorate, team and individual level that align back to the corporate objectives. Managers will have to provide evidence of this as part of the quarterly performance
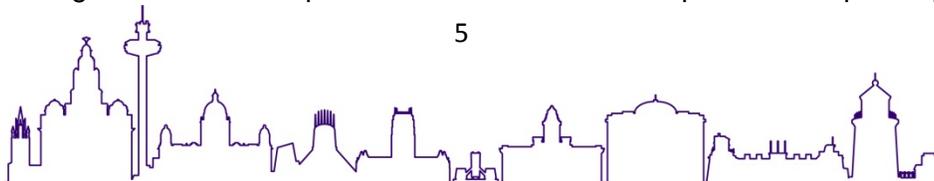
review process and information from PADRs will be collated to inform an annual trust learning and training needs assessment by September each year (the educational start of the year).

The PADR process has also incorporated key questions relating to individuals' career and personal intentions in relation to the opening of the new hospital in Liverpool. This will be collated at department and Trust level to inform on-going recruitment and retention plans. Failure to deliver a 95% PADR compliance rate will impact on the intelligence we are able to collate on learning needs analysis, intention to remain with CCC and future career aspirations, which in turn will have significant impact on the required recruitment and retention strategies going forward.

Leadership Competency Framework: As part of the Talent Management Strategy, a leadership competency framework is currently being validated with Trust staff and managers to ensure the leadership competencies developed are in line with CCC values and behaviours and what CCC considers as essential leadership qualities for CCC managers. This work will underpin the leadership development programme and reflect the leadership competencies outlined within the clinical career pathway framework.

Summary

This paper has provided a progress report and summary of next steps for three key areas of work under Priority 1 and 4 of the Workforce & OD Strategy; Culture and Staff Engagement; Workforce Planning; and Talent Management and Succession Planning. Progress has been made against the key deliverables and measures are in place to support this. However, the importance of delivering a comprehensive workforce plan and subsequent recruitment and retention strategy linked to succession and talent management cannot be underestimated. The requirement to fully understand the staffing issues for 2019/20 remains the highest priority for the Workforce & OD team and therefore there is still much work to be delivered to address this in Quarters 3 and 4.

The Board are asked to note progress made and to provide feedback and steer on the level of intervention and timing for delivering this agenda.

Heather Bebbington
Director of Workforce & OD
July 2017