

## BOARD OF DIRECTORS MEETING

Agenda Item	P1/107/18	Date: 31 <sup>st</sup> October 2018
Subject /title	Workforce Strategy	
Author	Kate Gillon, Workforce Transformation Manager	
Responsible Director	Heather Bebbington, Director of Workforce & OD	
Executive summary and key issues for discussion		
<p>The delivery of the Trust's vision and strategic plans will very much depend on the support of all of our staff. We must continue to develop a highly motivated, flexible workforce that delivers excellent cancer care and is responsive to change. In this context, the Trust has developed a comprehensive workforce strategy that sets out a clear workforce vision and strategic aims.</p> <p>The development of this strategy has been through a period of proactive engagement with numerous stakeholders, including the Workforce &amp; OD Committee, Staff and Operational Partnership Forum, senior clinical leaders, senior managers, trade unions, the Programme Management Office and the Workforce &amp; Organisational Development team. This has informed and shaped the focus areas for delivery of this strategy. The strategy is undergoing a final phase of engagement, prior to sign off by the Board.</p>		
Strategic context and background papers (if relevant)		
Trust's Strategic Plan Research & Development Strategy IM&T Strategy Workforce Strategy (draft) Workforce plan 2018-20		
Recommended Resolution		
The Board is asked to approve of the Workforce Strategy for implementation and monitoring through the Quality Committee and Workforce & OD Subcommittee.		
Risk and assurance		
BAF - Developing our outstanding staff		
Link to CQC Regulations		
Regulation 18: Staffing Regulation 12: safe care and treatment		
Resource Implications		
Annual investment to be discussed at the Board and agreed as part of the annual investment plan, following discussion at Quality Committee and Finance & Business Development Committee.		
Key communication points (internal and external)		
Trust Board Trust Committees Workforce & OD Committee Senior Leaders Forum Strategy Partnership Forum MAC / JLNC		

Transforming Cancer Care Programme  
Communications and Engagement  
Intranet / Extranet  
Internet

### 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:

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**A. This document is for full publication**

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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		<b>X</b>
Disability		<b>X</b>
Sex (gender)		<b>X</b>
Race		<b>X</b>
Sexual Orientation		<b>X</b>
Gender reassignment		<b>X</b>
Religion / Belief		<b>X</b>
Pregnancy and maternity		<b>x</b>

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

### Next steps

Communication Trust wide  
Implementation plans developed and approved at the WOD Sub-Committee for monitoring and escalation to the Quality Committee.

### Appendices

N/A

### Strategic Objectives supported by this report

Improving Quality	<b>x</b>	Maintaining financial sustainability	<b>x</b>
Transforming how cancer care is	<b>x</b>	Continuous improvement and	<b>x</b>

provided across the Network		innovation	
Research	x	Generating Intelligence	x

### Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> <li>Involved and represented</li> <li>Able to raise grievances</li> <li>Able to make suggestions</li> <li>Able to raise concerns and complaints</li> </ul>	x
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	x
Involvement in your healthcare and in the NHS		Personal and professional development	x
Complaint and redress	x	Treated fairly and equally	x



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## Developing our Outstanding Staff

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# CCC Workforce Strategy 2018-2021

*“Planning is bringing the future into the present  
so that you can do something about it now”  
Alan Lakein*

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## Executive Summary

The workforce strategy is designed to build a resilient and sustainable workforce for the long term, and to build on the reputation of the Centre, which has changed the lives of so many. We are clear that our staff are by far our greatest asset, and the key to our future success.

We have developed this strategy in the context of some significant workforce challenges within a number of our existing staff groups, and looking to the future in relation to our ability to attract, retain and develop the workforce we need over the longer term to deliver our future clinical model. Some of these challenges are well within our ability to overcome. Others, such as skills shortages for oncologists, will require a huge amount of focus, hard work, and innovation on the part of the whole team to overcome.

We need to be responsive and adaptable as the direction of future travel becomes clearer and be able to review and update the strategy as needed. We need to challenge ourselves to constantly achieve our vision and enable our staff to deliver excellence in cancer care, across a different footprint, in different ways, with different partners.

During implementation of the workforce strategy:

- We will develop a representative workforce which delivers excellence in cancer care and puts the patient at the centre of everything we do.
- We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making.
- We will support staff to deliver compassionate, safe and effective cancer care.
- We will help staff to keep healthy, maximising wellbeing and prioritising absence management.
- We will educate and equip staff with the necessary knowledge and skills to do their job.
- We will be a progressive employer of choice with appropriate pay and reward strategies.

The Workforce & Organisational Development (WOD) Board Sub-Committee and its sub groups are tasked with the production of annual action plans with oversight sitting with the WOD Sub-Committee.

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## **1. Introduction**

Flexibility and adaptability of our future workforce is critical to delivering our future clinical model; where staff work, how they work and who they work with. We want our workforce to be fully equipped with the appropriate skills, knowledge and resources to expand and improve cancer care in Merseyside and Cheshire. Workforce planning must play a fundamental part of what we do and systematically flow from this strategy and our strategic ambitions. Forecasting must also be an integral part of our planning to support our understanding of the current workforce position and what may be needed in the future.

A strategic approach to talent management is required to ensure individuals are developed, effectively managed, engaged and retained within the organisation along with continuing our work on embracing equality, diversity and inclusion and further enhancing leadership capacity and capability. We are passionately committed to supporting and empowering staff to improve their own health and wellbeing, supporting the wider health and wellbeing priorities within CCC.

We must continue to engage our staff by involving them in decision making, listening to their ideas and empowering them with the authority to make decisions. By making these changes at local level it will help to create high levels of job satisfaction, motivating staff to further the Trust's ambition to be a 'great place to work'.

This strategy should be read and considered alongside other enabling strategies, in particularly the Organisational Development (OD) Strategy with its greater and very specific focus on culture, leadership, values and importantly the principles by which we lead and manage the Trust.

## **2. Drivers for the Strategy**

### **2.1 Deliver outstanding care as locally as possible**

The Cheshire and Merseyside Cancer Alliance is focusing on accelerating the National Cancer Strategy and the transformation of cancer services across the Region with a long term ambition to prevent cancer and ensure outstanding cancer care is provided across Cheshire and Merseyside. This is an exciting time of change for cancer services in Cheshire and Merseyside. The build of our new Cancer Centre and The Royal Liverpool hospital, alongside a significant number of large scale reconfigurations which are underway, provides a real opportunity to improve services.

We have committed significant investment of £162m to transform our services for the building of our new hospital in central Liverpool and the refurbishment of our current hospital site. We have also committed significant investment (including £2.2m of additional staffing in 18/19) to support the delivery of common cancer care (Breast, Lung, Colorectal and Urological) closer to home wherever safe and practical, and identified additional investment of £1.8m over 3 years in our cancer research to build on our reputation and

retain Experimental Cancer Medicine Centre (ECMC) status in 2022.

The Trust's new clinical model will allow us to provide high-quality sustainable care, meet growing demand and expectations, integrate care and research, and maximise accessibility. Our 'hubs' will provide the majority of care for common cancers, significantly increasing the range of treatment which are provided closer to patients' homes. Complementing the hubs, our new flagship hospital in Liverpool will physically integrate complex cancer care, acute oncology services, and research centres of excellence.

Transforming Cancer Care (TCC) sets out a comprehensive programme of change to allow us to meet the challenges we face in providing high-quality, sustainable care into the future, in a way which meets growing demand and expectations. This programme of change is supported by a Programme Management Office (PMO) which is responsible for supporting four work stream pillars of; Care for the Future, Workforce for the Future, Connecting for the Future, and Building for the Future.

The Workforce for the Future work stream is responsible for delivering a series of comprehensive workforce change programmes to deliver the new clinical model of care. Planned changes will result in approximately two thirds of our existing clinical workforce relocating to our new Cancer Centre in 2020. These changes will require strong clinical and medical leadership, robust workforce planning based on future demand and capacity modelling aligned with financial sustainability and multi-professional team working to deliver the most efficient models of working across multiple sites.

## **2.2 National, Regional and Local Drivers**

As well as addressing current gaps, Health Education England has committed to invest in the future workforce to meet the demands of a personalised cancer service. There are obvious difficulties with trying to predict future workforce, HEE give the example that it takes 12-14 years to educate and train a consultant, during which time the needs of people affected by cancer and our ability to prevent, diagnose, treat and care for them will change radically. Add to this an increasingly global market for health workers, the impact of Brexit and the changing expectations of staff as well as patients, then future levels of demand and supply become almost impossible to predict.

The HEE Cancer Workforce Plan (2017) reports on what work is underway to identify gaps in the cancer nursing workforce and define clear skills, competencies and career paths for specialist nurses as part of a major drive to improve cancer care in England. The nursing workforce makes a critical contribution to the delivery of cancer services, ensuring everyone with cancer has access to a nurse specialist or key worker was one of the main goals set out in the Cancer Taskforce Strategy which was published in 2015.

Within the Living and Beyond Cancer Strategies, the new models of service delivery require Trusts to develop new skills, roles and responsibilities to enable them to employ their expertise in multi-disciplinary teams. HEE workforce strategy identified priority areas for initial national action, including Clinical Radiology, Diagnostic Radiotherapy and Medical and Clinical Oncology.



Following the result of the EU referendum in June 2016 there are a number of questions around the implications on the NHS workforce. NHS Employers have confirmed that current arrangements around recruitment and employment of individuals from within the EU remain the same until 1<sup>st</sup> January 2021. On 21<sup>st</sup> June 2018 the government published a statement of intent giving details of how the EU settlement scheme operates. It will be essential that we monitor the ongoing workforce implications associated with BREXIT as they arise and adjust our action in accordance with the outcomes of the negotiations.

## **2.3 Retaining and developing our outstanding staff**

### **2.3.1 Talent Management**

There has been an emerging aspiration for the NHS to adopt a more systematic and coordinated approach to managing talent in light of current economic and social context which we now operate in. Effective talent management is a vital element of the Five Year Forward plan and also required for achieving excellence in the five areas set out in the CQC particularly the 'well led domain'.

As the expectation of the workforce and the wider labour market change, CCC needs to adapt to ensure it is an employer of choice. This will include making opportunities available to those staff wanting to work and train flexibly, supporting individuals to progress their career, addressing the specific challenges arising in relation to skill set shortages across the oncology workforce and resolving issues relating to the recruitment of specific staff groups.

CCC is facing considerable change and our leaders will be critical in managing the change required successfully. It is therefore essential that we develop and support capable, confident and resilient leaders to drive the required change, meet the future operational needs and enhance the performance of our organisation.

### **2.3.2 Health and Wellbeing**

The NHS health and wellbeing review led by Dr Steven Boorman and NICE guidance have outlined the link between staff health and wellbeing and patient care, including improvements in safety, efficiency and patient experience from introducing employer led health and wellbeing schemes.

Staff retention rates are shown to improve when staff feel their employer cares about their health and wellbeing. A report published by the Work Foundation entitled '*The Business case for Employees Health and Wellbeing*' highlights that many of the psychological factors associated with sickness absence also affect employee retention. Not only does better staff retention mean lower recruitment costs but it also often leads to improved team cohesion and better working environments.

CCC has a responsibility to care for the health of more than 1,200 employees and volunteers providing additional support and services. Our staff spend a large portion of their time at work, which is an opportunity to impact positively on their overall health, wellbeing and

happiness.

### **2.3.3 Retention**

The ability of the NHS to retain staff in clinical roles remains a key issue of strategic importance to workforce leaders across the NHS. Where staff turnover is high, it can lead to difficulties in providing continuity of care and the ability to meet patient demand by ensuring adequate staffing arrangements are in place.

The average turnover of NHS staff in Cheshire and Merseyside is over 15%. This is higher than the Trust's own labour turnover rate which has varied on average between 12.5% and 13.5% over the last 12 months. The number of NHS Trusts in Merseyside and Cheshire is considered to be a prime reason for the level of regional turnover, as staff move between Trusts, however a turnover rate running at over 12% for the Trust requires greater understanding and plans to support the on-going management at this level.

Using the exit interview feedback from 1st April to 31<sup>st</sup> March 2018, staff have already started to indicate that their reason for leaving is due to the planned move to Liverpool in 2020. Taking into account where current employees live (73% of all employees living on the Wirral and North Wales) and recent PADR feedback, we are increasingly aware of staff expressing their anxiety about the move to the new hospital.

There is a real concern across the Nursing and Midwifery staff group in relation to travel and parking. We also have to anticipate that it may not be economical for lower paid staff groups to travel to the new site. It is likely that this is where the level of turnover will increase.

### **2.3.4 Equality, Diversity and Inclusivity**

Equality, diversity and inclusion continues to be a focus point across the NHS, with the aim being that investing in a diverse NHS workforce enables Trusts to deliver a more inclusive and improved patient care. With CCC's expansion to the new hospital in Liverpool, it is important that CCC ensures that our recruitment plans remain as open and accessible as possible. It is understood that there is a positive outcome for patient experience of care when the workforce mirrors the patient population.

Using 2014 Census data for Liverpool (provided by Liverpool City Council), we know that 86.3% of the population are classified as white British, with 13.7% of the population being made up from other ethnic groups. Using the same data source for the Wirral 95.8% of the population is recorded as white British. CCC must continue to take targeted steps in recruiting a diverse workforce that reflects the communities we serve, including monitoring all our equality and diversity data.

### **2.3.5 Values Based Recruitment**

There has been an increasing focus on the values agenda across the NHS, in part due to the report of Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) which

highlighted the vital role of the workforce in providing high quality and safe healthcare. In particular, the report emphasised the importance of staff values and behaviours for the level of care and patient experience.

Values Based Recruitment (VBR) is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of the NHS Constitution. It is about enhancing existing processes to ensure that we recruit the right workforce not only with the right skills and in the right numbers, but with the right values to support effective team working and excellent patient care and experience.

### **2.3.6 Changing Demographics of the Workforce**

The NHS as a system has an ageing workforce, which is evidenced regionally within Merseyside and Cheshire, with almost 50% of the NHS workforce currently being aged 45 and over. This demographic is similar within our own Trust with 42% of staff being over the age of 45, the biggest risk of staff retiring within the next 5 years sitting within our medical workforce. The risk is impacted as a result of changes to the pension contribution rates for high earners and the revised pension annual allowance cap which are influencing staff to retire earlier than they might otherwise do.

At the other end of the scale, less than 5% of the Merseyside and Cheshire NHS workforce are under the age of 25. However, this compares favourably with our own Trust data, which suggests that we only have 1% of our workforce under the age of 25 years, which is a worrying statistic in terms of future sustainability and succession planning. This is something that needs to be address within this strategy.

The span of age groups within the workforce provide further challenge in that each generation from baby boomers, through generations x and y to the millennials, expect different things from their employer. This ranges from loyalty, friendship and career longevity in the baby boomers, to needing the most advanced technology, immediate communication and highly flexible careers in the millennials.

The transfer of services to Liverpool will create a different 'pool' of workforce, which will undoubtedly change the demographic make-up of our Trust. This will require differing approaches to our attraction, recruitment and retentions planning if we are to appeal to all working generations.

### **2.3.7 Technology**

New technologies are making it easy to access information remotely and work from a variety of locations. The ability to work in an agile and flexible way is therefore becoming more and more of a reality and will influence the way jobs are designed and the way people are able to work. This will impact on the Trust's ability to attract and recruit different types of workforce, at the same time as providing an enhanced working environment for staff, as well as improving service delivery. This links with the Trust's strategic priority of 'Retaining and developing our outstanding staff', placing emphasis on the importance of staff health and well-being and the benefits of improved work life balance and reduced travel.

### **3. Workforce for the Future**

#### **3.1 Workforce Planning**

Workforce planning has had an increasing prominence in recent years to identify anticipated growth required to fully roll out our future clinical model and specifically the four sector hub based model across the network before 2020.

The Transforming Cancer Care Programme has enabled us to start to change our approach to workforce planning. Through application of professional judgement, our senior clinicians have designed the desired future workforce which sees an alignment of skills into new and different roles. We have developed and tested some new and innovative roles to support multi-disciplinary team working. This work has also been supported through retirement profiling over the last 3 years, which will continue on an annual basis, and will provide crucial intelligence about potential workforce gaps, ultimately highlighting hotspot areas for greater recruitment and retention focus.

The workforce changes within our Transformation Programmes have already been significant, be it the changes in roles, ways of working, growth or greater alignment with other organisations (e.g. acute providers). We learn more about how we manage change and the impact on our workforce with every service change implemented.

Workforce planning activities undertaken in 2017/2018 provided a mechanism for identifying anticipated growth. However, it is recognised that further work is required to develop a robust workforce plan built on capacity and demand modelling and associated income streams.

#### **We will therefore focus our development on:**

- i. Reviewing and defining 2019-2021 workforce plans to prioritise staff investment essential to the safe transition to CCC Liverpool linked to affordability and forecasted activity growth. Following identification of the predicted headcount growth we will assess workforce risks such as the practicality to recruit, train and develop staff reconciled against turnover and impending retirements.
- ii. Continuing to explore innovative workforce solutions to address shortages within the medical workforce including the introduction of new roles such as Nurse Consultant and supporting roles e.g. Trainee Nurse Associates. This work will focus on known shortages in Radiology for example. It will also focus on potential shortages within our future junior doctor workforce and the additional pressure this will have upon our nursing workforce, compounded by the growing and competing demand for nursing staff.
- iii. Exploring role redesign opportunities within the volunteering workforce to enhance new operating models such as single bed occupancy in CCC- Liverpool.

- iv. Developing our workforce planning approach including the design and delivery of a new model and framework to ensure future workforce modelling is evidence based and linked to forecasted activity growth and income.
- v. Developing our managers to accurately forecast workforce numbers based on demand and capacity.
- vi. Reviewing, refreshing and launching '**Clatterbridge Approach to Change**' ensuring the model and framework is fit for purpose and supports successful implementation of change initiatives to fully operationalise the future clinical model.
- vii. Developing an overarching change management plan to manage the Transforming Cancer Care change process, control finances, schedule, scope, communication, and resources to minimise the impact on staff and patients.
- viii. Embedding the ESR Establishment Control process to enable effective reporting to clearly identify over and under establishments. (*Recommendation 12 of the Carter Report stated that: "NHS Improvement should develop the Model Hospital and the underlying metrics, to identify what good looks like, so that there is one source of data, benchmarks and good practice."*)
- ix. Reviewing roster strategy - to ensure safe/appropriate staffing for all departments using fair and consistent rosters and to minimise clinical risk associated with the level and skill mix of staffing levels.
- x. Improving how we report information, analyse workforce data and monitor trends to inform recruitment activity.
- xi. Ensuring that the Workforce Redesign Group is fully aligned to the workforce plans, effectively reviewing recruitment activity to challenge thinking and obtain clear evidence of wider thinking as part of the vacancy approval process.
- xii. Working closely with our Merseyside and Cheshire Health & Care partners to understand a wide range of workforce issues, both nationally and locally, and to ensure the quality of supply, education and future readiness of the health and care workforce in the North West.

### **3.2 Recruitment – Attraction and Selection**

The level of recruitment activity across the Trust remains consistent and has steadily increased over the last 12 months. This could suggest that the Trust is in a period of growth related to workforce planning processes but can also be associated with the level of turnover across key staff groups.

In September 2017, (across all recruitment stages) the Trust were actively recruiting to 71.56 vacancies (WTE) compared to 146.76 (WTE) in September 2018, representing over a

100% increase in recruitment activity, with 34.92% of all recruitment activity being focused on Nurses.

Despite this level of activity, we are aware that we have ongoing challenges to be able to recruit to key roles 'First Time'. Reviewing recruitment activity from 1 January 2017 to 31 December 2017, we failed to successfully fill 45.7% of our vacant posts, which will then move to be re-advertised. This is particularly apparent for Nursing roles, 48% of all posts not being filled following the first advertisement.

Although this reflects what is happening on a National level, the Trust recognises that to ensure that we are attracting skilled candidates we must adopt alternative methodologies. We also recognise that the Trust will be operating in a different competitive market once services transfer to Liverpool, which will require different approaches to our attraction and recruitment campaigns.

**We will therefore focus our development on:**

- I. Developing an annual recruitment planner which is proactive and has a coordinated sustainable flow of candidates within the recruitment processes linked to the Trust's Workforce Plans and supports delivery of the future clinical model.
- II. Developing attractive careers, with focus on supporting career development opportunities to signpost candidates to diverse career pathways.
- III. Ensuring that the Trust maximises local and national recruitment events to market CCC as an employer of choice and specifically promote opportunities at CCC-Liverpool. This has the opportunity to expand to international recruitment campaigns for specific hard to recruit posts.
- IV. Continuing to develop a strong distinctive brand, recognised globally, and articulating what differentiates us from other NHS and non NHS organisations including promotion of our achievements.
- V. Developing, reviewing and promoting a standard advert template and recruitment brand that that will reinforce the values of the Trust.
- VI. Improving the quality and presentation of recruitment materials and develop literature regarding career opportunities including candidate's packs for hard to recruit such as consultant clinical oncologists and consultant radiologist.
- VII. Improving service standards throughout recruitment processes by evaluating selected recruitment campaigns. Survey applicants at the end of campaigns and obtain feedback from recruiting managers and new starters. The results will be evaluated and presented to WOD Sub-Committee and the process revised accordingly.

- VIII. Explore technological advancement to support staff in work and to promote the Trust as a top 10 employer of choice.

### **3.3 Retention**

To support the development of the Workforce Strategy we have been able to review different sources of data which reflect ongoing concerns regarding our ability to retain highly skilled staff to meet future workforce plans.

Taking into account the number of staff choosing to resign from the Trust from September 2017 to August 2018, analysis highlights that we have a higher proportion of staff that are choosing to resign from the Trust within their first 3 years of employment. During this period, the Trust had in total 181 leavers, significantly 67% of those resigning from their post had 3 years or less length of service with CCC.

Within the Nursing and Midwifery staff group, 40.7% of leavers within the same time period had not completed more than 12 months service, with a total of 65% resigning within the first 2 years of their employment. The main reason cited within Nursing and Midwifery for resigning from roles is due to relocation (move to another Trust) and promotion opportunities.

The Trust's labour turnover rate in September 2018 was 13.55% compared to 12.37% in September 2017. Although this remains slightly higher than the target rate of 12%, it has been anticipated that this will remain consistent for some staff groups with the imminent relocation to our new site in Liverpool. Additional Clinical Services (18%), Administration and Clerical (16%) and Nursing and Midwifery (12%), consistently remain areas with high rates of turnover. CCC remains committed to monitoring labour turnover rates as an indicator to support the workforce strategy, the investment in recruitment must be supported by providing development opportunities and talent management strategies to retain our workforce.

#### **We will therefore focus our development on:**

- i. Utilising workforce data and information provided through exit interviews to make practical changes to improve retention.
- ii. Continuing to utilise alternative employment options to assist with retention of skills and experience. Allowing staff the chance to access secondments, rotational posts, internal staff transfers, retire and return.
- iii. Developing the total reward package for staff, ensuring that even from the point of applying for a role, all candidates understand what benefits they will receive from CCC.
- iv. Career development pathways developed to ensure that CCC retains skills and valuable experience across the Trust

- v. Maintaining staff engagement programmes to allow staff to have an input into shaping future strategies and service improvements. Creating an environment where staff feel they are able to communicate honestly and openly through staff forums, surveys and individual meetings with managers.
- vi. Ensuring that health and wellbeing policies and procedures are well supported
- vii. Developing innovative flexible working opportunities, where staff are able to adopt agile working, utilising new technologies.

### **3.4 Education, Training and Development**

Implementation of our future clinical model will change the way we deliver care to our patients requiring robust system, process and structure change. It will require strong leadership to help shape and focus the way people work, focusing on strong multi-professional team working to deliver the most efficient models of working across multiple sites.

Improved organisation performance, clinical outcomes and patient experience can only be delivered through our staff. We recognise that access to skills and career development as well as the provision of high quality learning environments is not only a key enabler in attracting and retaining staff but also in ensuring a competent, capable and compassionate workforce to deliver our future clinical model.

#### **We will therefore focus our development on:**

- I. Developing a leadership behaviours framework for all staff and a suite of internal leadership development programmes, including bespoke support for our clinical leadership model.
- II. Establishing a Leadership 'Welcome Day' for all those new to a supervisory/managerial role to provide support and development at that crucial time in their careers.
- III. Ensuring that we are recruiting high calibre leaders by making our leadership behaviours a key part of both internal and external recruitment.
- IV. Auditing our leadership capability with regular, comprehensive succession planning exercises, recognising our strengths and our gaps, taking action to address as appropriate.
- V. Cascading talent management deeper into the organisation and working closely with our defined cohort of talented leaders to further develop and enhance capability.
- VI. Continuing to develop in-house faculty of ILM level 7 accredited Coaches to support the performance potential of our leaders.



- VII. Further developing and clearly defining our internal coaching service in order to fully support our leaders to continually enhance their performance and disseminate a coaching style culture.
- VIII. Developing a talent management approach to identify potential future leaders for key business critical roles and associated action required to develop staff to be ready to fill these roles.
- IX. Continuing to develop PADR processes to an online system and linking feedback to succession planning.
- X. Developing annual training plans that respond to the wide-ranging organisational and healthcare priorities and to make the most of all funding opportunities available to increase the opportunities for our staff.
- XI. Working with HEE to build on current careers activity and success from local pre degree experience programmes to promote working in healthcare careers across the whole workforce. We will achieve this through continuing to work with a wide range of education partners, schools and local employers, supporting where able activities such as Traineeships, Apprenticeships and work experience.
- XII. Ensuring our value of compassionate, safe and effective cancer care is woven into our education and development programmes and that all our work contributes to excellent patient care.
- XIII. Establishing strong partnerships nationally and locally to contribute to the design and reshaping of healthcare education, particularly during the unprecedented reforms to healthcare education and the establishment of new roles.

### **3.5 Health and Wellbeing**

As an organisation our model of service delivery is evolving and maturing as we implement our future clinical model. Recent changes in the operational structures have included alignment of medical staffing providing greater levels of autonomy and accountability, with responsibility now with the Clinical Directors and General Managers. It is therefore essential that our wellbeing agenda is both responsive to the strategic direction of the organisation, sensitive to changes and developments through the implementation of the future clinical model.

Staff health and wellbeing is an on-going risk to the Trust, with recorded absence rate of 4.35% for 2017/2018 against a target of 3.5%. There are increasing numbers of staff reporting stress and anxiety as a reason for absence, making this category the second top reason by occurrence.

Although some of the tangible data taken from ESR demonstrates that we do not have significant concern in this area, the Trust will have to take into account the staff survey results as a measure of an individual's experience. According to the staff survey results in

2017, 272 members of staff reported feeling unwell due to work related stress. This is a substantial increase of 30.76% compared to the results in 2016.

The Trust will be required to continue to focus on practices, processes and practical support to ensure that the wellbeing of our workforce is protected. Given that sickness absence also impacts on the Trust's workforce capacity and resources, there is a duty to ensure that the Trust provides comprehensive mechanisms to support strategies linked to equality and diversity and staff retention.

Our approach in developing the workforce strategy is less around enforcement of policies, and more about the empowerment of our staff to take a greater interest in their own health and wellbeing and providing the opportunities for them to do so. This will include an equal focus on mental health and wellbeing. In recognition of this being an increasing issue both nationally and locally, we will be mindful about the distinctions between work-related issues and non-work-related issues, but will focus on ensuring appropriate signposting of managers and staff to appropriate resources and in particular, attempting to remove the stigma associated with such conditions.

**We will therefore focus our development on:**

- i. Using all our data sources including reasons for sickness, staff health needs assessment and our national staff survey to design interventions to improve the health and wellbeing of our staff.
- ii. Good team leadership – team leaders have a critical role in setting values, behaviours and attitudes to support the delivery of patient-centred care. Supportive leadership and supervision needs to be in place.
- iii. Following a nationally recognised staff health and wellbeing programme in support of providing an evidence-based approach to the work we deliver.
- iv. De-stigmatising issues surrounding mental health by providing training to staff which will help them to identify issues in themselves and others and signposts to appropriate services.
- v. Ensuring our staff are able to access appropriate clinical care which will enable them to return to their duties at the earliest opportunity.
- vi. Promoting and publicising staff benefit platform Vivup ensuring that staff are aware of all of the opportunities to maintain and improve their health and are encouraged to act as role models to their colleagues and to the broader community.

### **3.6 Equality and Diversity**

The Equality Inclusion and Diversity Annual Report 2017/2018 provides assurances that CCC monitors workforce related opportunities to reduce inequalities. The Trust has to work

within statutory and legal requirements, reporting on our workforce profile and the number of staff accessing employment opportunities.

Our equality and diversity data is provided by the Electronic Staff Record (ESR), enabling us to analyse data and further develop a proactive action plan to address inequalities or challenges with regards to the gender pay gap.

The Trust published its first Gender Pay Report in March 2018, the data provided in the report indicates that the Trust has a pay gap difference that favours men by nearly 30% as of 31<sup>st</sup> March 2017 which has increased to nearly 40% by 31<sup>st</sup> March 2018. This is a cause for concern considering that 82.3% of the workforce is female. However, further work is required to improve the quality of data held ensuring accurate analyse can be undertaken to understand the workforce further.

The current workforce profile (88% of all employees declared as White, British) reflects the demographic of our location on the Wirral, however the Trust is committed to continuing to work to the Workforce Race Equality Standard. Aim being, that employees from Black and Minority Ethnic (BME) backgrounds have equal access to careers and fair treatment in the workplace, especially giving consideration to the expansion to the new hospital in Liverpool city centre.

**We will therefore focus our development on:**

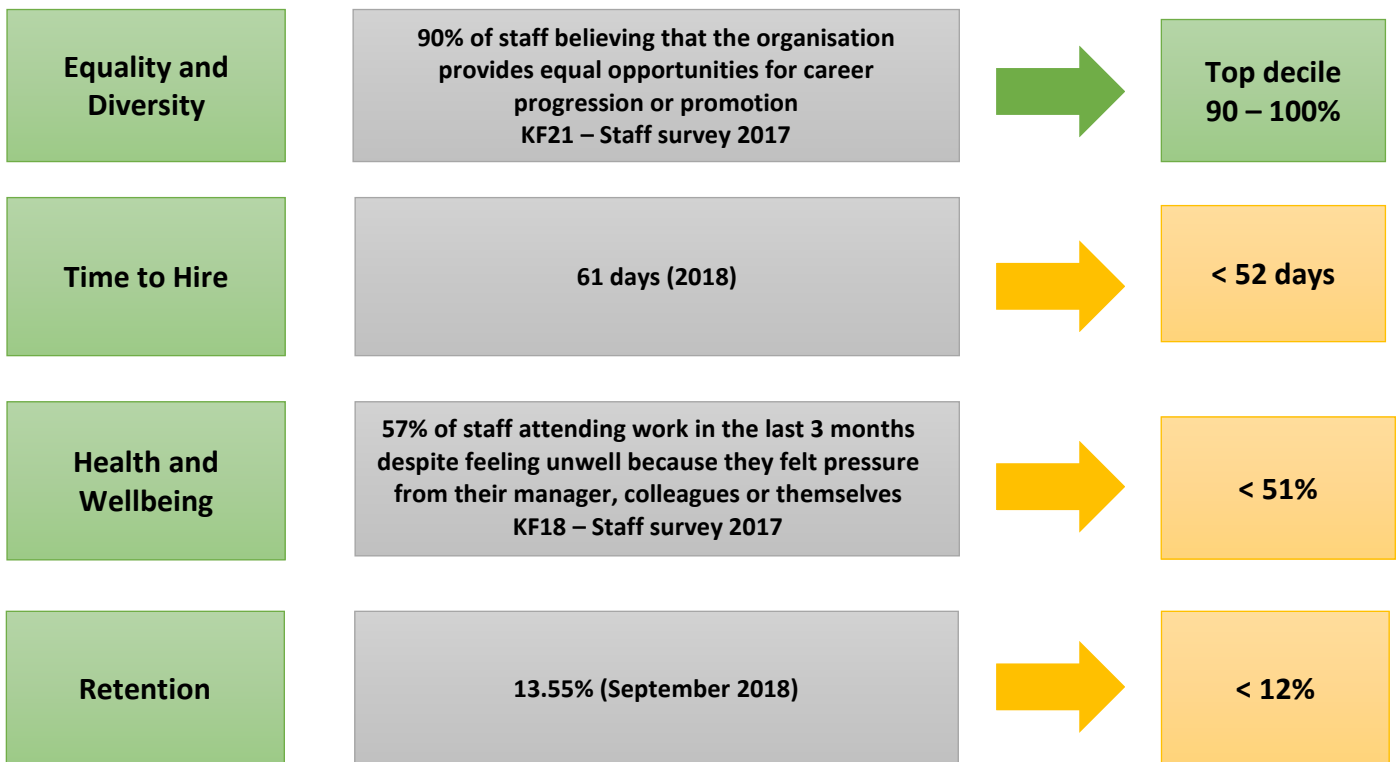
- i. Improving information and data collection, in respect of protected characteristics, to ensure that the right services are delivered, and in order to improve patient experience and staff satisfaction;
  - Reviewing how we analyse and use data to advance race equality
  - Reviewing results of gender pay gap reporting and identify action
  - Continuing to roll out ESR self-service giving all staff access to update their personal details (including protected characteristics)
- ii. Embedding equality and diversity in mainstream business processes ensuring the impact of equality is considered appropriately in all respects put before the Trust's Board and Executive Team.
- iii. Undertaking random samples to review our recruitment (attraction and selection) processes to ensure applicants are treated fairly and equally.
- iv. Reviewing our performance annually against equality and diversity indicators within the staff survey, making the necessary structural and cultural changes needed to advance workforce race equality
- v. Assessing and publishing of our performance against the Workforce Race Equality Standard (WRES), making the necessary structural and cultural changes needed to advance workforce race equality

- vi. Tackling bullying and harassment, supporting staff to be respectful, challenging problematic behaviours, and promoting freedom to speak up. Supporting and developing the role of Freedom to Speak Up Guardian and Guardian of Safe Working.

## 4. Outcome Measures

The Trust already measures a range of key workforce performance indicators via a monthly Workforce Dashboard. The Trust Board receives quarterly workforce reports which will include progress against the workforce strategy. The performance indicators and staff survey results will be used to measure the outcomes of the strategy.

### Key metrics to measure progress:



## 5. Priorities

As described throughout this strategy, the Trust has an ambitious agenda to deliver significant change across Cheshire and Merseyside over the next three years to provide the best cancer care to the people we service. Therefore we will need to prioritise our focus areas within this strategy to align with the Trust's strategic plans.

Feedback from senior clinical leaders, senior managers, trade unions, the Programme Management Office and the Workforce & Organisational Development team have informed and shaped the focus areas for delivery of this strategy.

Year 1 – 2018/19	Year 2 – 2019/21	Year 3 – 2020/21
<p>Develop managers to accurately forecast workforce numbers based on service provision.</p> <p>Define future organisational restructures which enables the Trust to further develop and implement the future clinical model.</p> <p>Enhance and develop further a talent management system and career development framework along with developing potential career opportunities for staff across all professions.</p> <p>Being innovative to attract new staff to the trust and use different methods of promoting the Trust, advertising and recruiting (including international recruitment)</p> <p>Continue to recruit apprentices across the Trust with the aim to retain them following their apprenticeship.</p> <p>Develop the nursing associate and advanced practitioner roles.</p> <p>Launch leadership behaviours framework.</p> <p>Ensure all staff are compliant with their mandatory training (90%)</p>	<p>Review and launch CLATTERBRIDGE approach to changes - OD support programmes.</p> <p>Implement organisational change and transformation programmes.</p> <p>Deploy agile working concept to support implementation of the future clinical model.</p> <p>Develop competency framework for all staff from band 1 to director level.</p> <p>Launch the new appraisal and succession planning tool system and audit the quality of appraisals to provide continuous improvement with managers appropriately trained.</p> <p>Review and issue revised terms and conditions to staff.</p> <p>Continue to review the benefits packages that are on offer for staff with the aim to improve theses.</p> <p>Develop Trust's Health and Wellbeing Strategy which focuses on physical and mental health along with health promotion and effective management.</p> <p>Deploy a temporary staffing solution, which enables our Trust to access a highly skilled workforce who provide excellent levels of care at an appropriate cost.</p>	<p>Ensure all teams are using the health roster system ensuring effective roster management.</p> <p>Continue to implement organisational change and transformation programmes.</p> <p>Increase technically enhanced learning, providing a virtual environment to support and record training.</p> <p>Evaluate the impact of Sector model working, ensuring the environment, equipment is fit for purpose and supports the health and wellbeing of our staff.</p> <p>Widen the opportunities for all professions, nursing, AHPS, medical to develop into leadership roles.</p>

### **5.1. Risks**

The following are risks that have been identified as a threat to fully delivering the strategy. These may be due to external factors outside of the Trust's control.

- I. Failure to recruit appropriately qualified, skilled and experienced workforce due to the lack of supply.
- II. Inability to retain sufficient numbers of staff to deliver a safe transition to the new hospital.
- III. Lack of funding from HEE and other sources which reduces the capacity to deliver the required training.
- IV. Lack of internal funding to support attraction and recruitment activity and investment in learning and organisational development.
- V. Changes in national workforce requirements for trusts.
- VI. Inability to fully utilise the Apprenticeship levy.
- VII. Decline in staff mental health due to increased pressure of change.

## **5. Resource**

The successful delivery of the workforce strategy will be dependent on the appropriate planning of future workforce needs and source. Supported by the Workforce and OD Department, the department has already commenced implementation of a Trust-wide approach to workforce planning across all directorates, which ensures that we are able to attract and retain the highest quality staff.

The investment of Workforce and Transformation Manager post has been key to escalating key issues and opportunities, supporting the development of our future workforce. The analysis of workforce data reported to appropriate Board Committees will be an indicator of increased levels of activity. The initiatives identified within this strategy will have an impact on the capacity of the team and measurement of subsequent action plans will be an indicator of what resources are required moving forward.

Specific resource consideration is likely to arise from increased recruitment activity in 2019/20, development of marketing and recruitment campaigns leading up to the transition period and the investment in staff mental health and wellbeing to support staff through the transition phase.

## **6. Conclusion**

The Trust already enjoys an excellent reputation with an overall outstanding rating from CQC and employs many loyal, committed, highly skilled and hard-working staff. Whilst the Trust is in a strong position overall, there will be a number of challenges on the way to achieving our vision. There are some significant shortages within the labour market, and this includes some pressing challenges across the oncology workforce. In the past 12 months we

have experienced difficulty in recruiting our usual number of medical staff, and we cannot be complacent about our ability to recruit and retain staff in the years to come.

This strategy is ambitious, however, with excellent leadership, the commitment and engagement of our staff and a range of strong partnerships in place, we believe it is achievable and it will guide us to achieving our essential workforce priorities for the next three years. In order for it to be successfully implemented, it will require joined up thinking, joined up working and a flexible approach by all.