

## Board of Directors - Open

Date: 9<sup>th</sup> September 2020

Item Ref: 17

<b>TITLE OF PAPER</b>	People Strategy
<b>TO BE PRESENTED BY</b>	Caroline Parry, Executive Director of People
<b>ACTION REQUIRED</b>	To receive the SHSC People Strategy for information, an update on progress and next steps for implementation.
<b>OUTCOME</b>	Board support the People Strategy and its implementation
<b>TIMETABLE FOR DECISION</b>	Board to receive the People Strategy on 09/09/2020. People Plan will be presented to the People Committee for assurance on 23/09/2020.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Strategic Priorities 2020/21: Getting back to good, Covid-19 Getting through safely, Transformation – changing things that will make a difference. Trust enabling strategies including: OD Strategy (pending), Estates Strategy Quality improvement and assurance strategy Service user engagement strategy, Research strategy, Digital Transformation strategy, Partnership Strategy, Clinical and Corporate Services redesign strategies
<b>STRATEGIC AIM STRATEGIC OBJECTIVE  BAF RISK NUMBER &amp; DESCRIPTION</b>	Aim 3: Improve use of our resources Transformation: Changing Things That Will Make A Difference BAF.0005: There is a risk that the Trust fails to deliver its People Strategy which could result in a failure to prioritise health and wellbeing, recruit and retain the right staff with the right skills, deliver and implement effective transformation of the workforce, develop a new approach to leadership and culture with equal opportunity for growth and development. This could impact on staff morale and engagement, sickness absence levels, recruitment and retention, quality of care and service user satisfaction rates.
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Long Term Plan We are the NHS: People Plan 2020/21 Accountable Care Partnership Workforce Strategy Mental Health Implementation Plan NHS Long term plan
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Ability to attract, recruit and retain the workforce needed to meet service needs and support transformation.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Employment Law as applicable.
<b>Author of Report</b>	Caroline Parry
<b>Designation</b>	Executive Director of People
<b>Date of Report</b>	16/08/2020

# Summary Report

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## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
				✓	✓	

## 2. Summary

The SHSC People Strategy was approved in principle by the Board of Directors on 12<sup>th</sup> February 2020, pending further engagement with our Trust network groups, and any amendments following the refresh of the Trust Strategy. Input has been received from the BAME, SUSEG, Lived Experience, LGBTQ+ and Disability network groups, and also Staff Side. Suggested adjustments were discussed with the Chair of the People Committee and have been incorporated.

The NHS People Plan was launched on 30<sup>th</sup> July 2020, and republished on 6<sup>th</sup> August after amendments to the Equality, Diversity and Inclusion section. The content has been considered and reviewed against our People Strategy.

Progress has been made throughout the Coronavirus pandemic, in each of the priority areas of our strategy on health and wellbeing, recruitment and retention, workforce transformation and leadership and culture.

### 2.1 We are the NHS: People plan

The NHS People Plan sets out commitments around:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people’s skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Our People Strategy (appendix 1) places focus on four key areas, which reflect the commitments outlined in the national plan. These include:

Health and wellbeing  
Recruitment and Retention  
Workforce Transformation  
Leadership and culture (which includes issues to do with equality, diversity and inclusion)

### 2.2 SHSC People Plan

Priority actions that will enable delivery of the strategy are detailed in the People Delivery Plan to be presented to the People Committee on 23/09/2020. This has been developed through:

- Discussion and engagement of our staff network groups, reviewing the draft people plan and identifying specific areas groups would like to work on. Network group chairs also identified members specifically interested in the People agenda, who will work collaboratively with HR and colleagues to deliver our People plan.

- Cross referencing with the Back to good programme to avoid duplication and ensure aligned prioritisation of actions.
- Alignment with Phase 3 planning priorities
- Development of the ICS people plan
- Staff side input and support to communicate and implement the plan.
- Executive group engagement and recognition of the need for all to have a role in delivering our people plan.

### **2.3 Progress to date**

Whilst the pandemic has had a significant impact on our staff and the delivery of our services, we have continued to make progress on key elements of the strategy including:

#### **Health and Wellbeing**

- Provision of a range of health and wellbeing support on line for staff to access (wellbeing apps for sleep, mental health, mediation and mindfulness, access to IAPT support, help lines, chaplaincy and stepped care model of support for mental health)
- Trust sickness has reduced by 1.49% across the top 2 reasons MSK and Anxiety /Stress, and in particular progress is being made on long term absence for both these absence reasons. Seasonal reporting and month by year comparisons will help us better assure the progress in this area.
- Development and implementation of an Unacceptable Behaviours policy (to replace previous Bullying and harassment policy), based on extensive staff engagement on bullying and harassment in partnership with staff side, briefings to be rolled out from 15/9/2020 with Staff Side.

#### **Recruitment and Retention**

- Rapid recruitment team established, targeted campaign to recruit nurses including improved advertising and recruitment information, promotion of careers, review of incentives, open days and exploring options for international recruitment.
- Signed up to the digital passport to enable easier deployment of staff between NHS Trusts.
- The current vacancies for nursing staff stands at 84.
- Turnover now Jul 2020 – 11.22% compared with this time last year Jul 2019 – 11.59%
- Nursing Turnover now Jul 2020 – 8.51% compared with this time last year Jul 2019 – 9.2%

#### **Workforce Transformation**

- Learning Needs Analysis (LNA) – a comprehensive LNA has been developed to support organisational and transformation priorities. This has fed into a regional LNA to influence funding decisions and has informed the nursing/Allied Health Professionals plan for Continuing Professional Development.
- New roles – our Trainee Nurse Associates have progressed in their studies to year 2 of the programme although the next intake has been delayed until October 2020 (2 at Firshill, 1 at Dovedale and 2 at Clover Group), now planning recruitment for March 2021 intake. We have 15 Advanced Clinical Practitioners (ACPs) in training (3 starting January at SAANS, North Recovery & Endcliffe ward). There are plans to enrol 20 Clinical Associate Practitioners in January 2021 to further develop psychological capacity in teams.
- Provision of on line mandatory training - in response to Covid we have moved the majority of our mandatory training updates online and embedded knowledge assessments into programmes to check learning and understanding. This has received positive feedback from staff and managers as it saves time and costs of staff release. We are now looking at options for digital solutions which can improve the quality of learning and support more effective reporting.

#### **Leadership and culture**

- Regular meetings and partnership working with Staff Side to resolve issues and work collaboratively to support staff through Covid-19, has enabled speedy turnaround of information and support for staff.
- Detailed review of the Trust disciplinary procedure using microsystems approach, to update the policy and take action with the aim of:
  - i. reducing investigation time, through process improvements and access to bank investigators (targets in place and reviewed monthly with staff side and the People

Committee)

- ii. Engagement of Staff Side in process improvements to support implementation and a shift in our approaches to embed a fair and just culture including changes to practice and approach, increasing mediation support and training.

Over the last 12 months the Trust has been driving forward initial Organisational Development (OD) priorities as part of developing the 2020-2023 OD Strategy; which will enable leaders and staff to develop our organisation and culture to be as fit for purpose as we can be. This will help enable us to collectively meet the opportunities and challenges for Our Vision/Strategic Priorities, the NHS Long Term Plan, NHS People Plan and the demands of our NHS system.

A key part of this work has been the recent rapid organisational diagnostic (with a specific focus on culture) carried out in March 2020 – August 2020, led by Rita Evans (Director of OD) and supported by the University of Sheffield Management School. The aim was to acquire a clearer picture of organisational culture and the organisational system, taking an “appreciative inquiry” and “forward looking” approach.

The recommendations based on this analysis will form the basis of the 2020-23 OD Strategy and be aligned with the People Strategy/other Trust strategies. Taken together these recommendations offer insights for SHSC that are likely, given the analysis, will have a positive impact on staff engagement, well-being, inclusion and overall Trust performance. A summary of the recommendations is outlined below.

#### Summary Recommendations: Organisational/Culture Diagnostic

The diagnostic process surfaced many reported examples of leadership and management behaviours and processes that effectively support good organisational culture and performance. Some of these have become particularly evident during the Covid19 crisis and highlighted for people the potential of a whole Trust culture which enables people to feel consistently psychologically safe and supported in their work and engagement with colleagues and service users.

To enable a move towards an excellent operating culture there are some key recommendations based on the analysis that, if implemented, are likely to bring significant improvement. These include:

- a. A targeted reduction in staff absenteeism which, based on the analysis, is likely to be part achieved through a focus on reducing reported levels of stress that appears to be widespread amongst the workforce. Reducing the levels of stress will increase the “quality of care” and hence efficiency and safety of services.
- b. Reducing the level of staff turnover. There appears to be a clear correlation between turnover and the perceived quality of the PDR process in the Trust. Addressing this will likely reduce turnover, save money and enhance the Trust culture through enabling a motivated and stable workforce.
- c. Addressing high levels of reported stress by giving attention to:
  - Leader behaviours and role modelling with particular attention at a corporate level.
  - Time taken in management meetings and responding to email traffic.
  - Streamlining governance processes at both corporate and operational levels.
  - Reinforcing trust in teams through clear delegation and accountability.
  - Supporting individual practice and professional development through supportive and consistent supervision and line management behaviours.
  - Clarifying purpose and ways of working at organisational and team levels.

A broader question that this diagnostic was not able to answer is whether or not the Trust has the correct allocation of resources to support the services that it currently provides. It is possible that some stress related behaviours are connected with insufficient staffing and resource levels.

- d. Enabling service improvement by:
  - Taking action to reduce stress, staff turnover with improvements in staff engagement ultimately will lead to greater capacity and motivation to report errors and reduce their re-occurrence.
  - Recognising the links between staff stress levels and their impact on patients and service users. Taking action to reduce stress will likely also lead to improved patient experience and positive engagement with the Trust.

- e. Encouraging relational behaviours and greater inclusion that support well-being and staff commitment by:
  - Clarifying values and the behaviours associated with them.
  - Demonstrating and publicly acknowledging/rewarding desired behaviours.
  - Giving time and space for reflective practice in the working day.
  - Facilitating pan-Trust opportunities for knowledge sharing and learning between groups, teams and professions.
  - Building relational abilities to listen and empathise by, for example, developing coaching skills amongst leaders and managers.
  - Giving time and encouragement to leadership visibility.
  - Involving people in change that will affect them.

## 2.4 Areas of concern

Whilst we have made progress, there are areas of concern including:

- Nurse recruitment
  - rapid recruitment team in place, we need to gain approval for the business case for a new recruitment system to streamline and make more efficient transactional recruitment activity and provide greater flexibility to Brand SHSC (for example using images and bespoke adverts).
  - We currently do not have resource to meet demand for quality and proactive nurse recruitment with 18 separate campaigns for nurses running. The volume of recruitment continues to rise as a result of growth and difficulty to recruit to posts.
- Provision of placements for nursing students

We are facing significant challenges in meeting our commitments to provide quality assured placement experiences for nursing and nursing associate students. The factors that impact on this are the ratio of experienced staff to new staff/preceptors, reduced staffing due to Covid, and high nursing vacancies. Placement capacity on many in patient wards has had to be reduced.

  - We had 10 students start in August and a further 13 due to start on 14 September. Last year we responded to the call to increase nursing placements and are expecting around 33 students in October (at present we have found 13 available placement areas) and a further 33 in January 2021.
  - We have recently been asked to support more nursing degree apprenticeships (with associated funding attached) and have planned enrolments of 3 for October and a further 7 in February. We already have 6 existing nursing degrees running.
  - In addition, we have new role expansion with Physician Associates and Trainee Nursing Associates (TNAs) in the same learning environment which affects the overall capacity of teams to support learners. There are 6 additional trainee nursing associates restarting placements put on hold during Covid.
  - options being considered to alleviate the risk of managing existing and anticipated increase in demand for placements.
- Workforce planning
  - Workforce planning needs to be better aligned to finance, commissioning and contracting through the development of a dashboard and process linked to workforce planning group. We need to reintroduce team level People plans to ensure a clinically led workforce plan which meets service needs.
- Increase in case work due to backlog resulting from Covid-19 and national temporary pause on case work agreed between NHSE and the social partnership forum until 30/06/2020. There has been a steady increase in casework as we move into phase 3 with overall 50 cases of which 26 are disciplinary investigations, including 8 suspensions. Reasons are varied and at this stage there is no identifiable trend other than the delays caused by COVID preventing some cases from progressing to hearing.
  - working with Staff Side on guidance to progress cases safely and efficiently with staff to avoid further delay and distress to staff, monitoring trends monthly through case tracker dashboard and investigating trends to take appropriate focused action.
- Data quality and ability to extract information easily to inform reporting
  - work underway for full roll out of eRoster, work in progress on establishments, refreshed workforce dashboard in place and assessing workforce team capacity. This is the availability of skills and succession planning in a small and specialist team.

- Leadership and Culture It is possible that some stress related behaviours are connected with insufficient staffing and resource levels.

## 2.5 Key Performance Indicators (KPIs)

The following KPIs to be confirmed, will support measurement against our People strategy aims:

Reduce Trust Turnover by 1%  
Reduce sickness absence to below Trust target of 5%  
Reduce agency spend by 10%  
Reduce time to hire [still need data to confirm]  
Reduce the vacancy rate to 8,5%  
Reduce agency expenditure by 10%  
Achieve targets for new roles in line with workforce and NHS long term plan  
Leadership and talent development programme in place  
CQC Good Rating achieved in well led domain  
Staff survey health and wellbeing theme in line with the average score for best performing organisations  
Staff survey staff engagement theme in line with the average score for the best performing organisations

## 3. Next Steps

The phase 3 planning letter sets out priorities for action, including workforce, which have been incorporated into our people plan. These will be shared with the Integrated Care System workforce as part of the Phase 3 planning requirements, and to feed in to the development of an ICS People Plan.

Work has continued with our staff network groups and staff side on the Trust People Plan, which has been positively received, and will be presented to the People Committee on 23<sup>rd</sup> September 2020.

A communications plan will support the implementation of the People Strategy, and share progress with staff over the next 12 months to support engagement.

## 4. Required Actions

Board are asked to receive the SHSC People Strategy, progress to date and next steps for implementation of our People Plan.

## 5. Monitoring Arrangements

The delivery of the People Strategy, will be monitored through the achievement of the actions outlined in the People Plan, and will be reported to the People Committee for assurance.

## 6. Contact Details

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