

## Workforce Committee Chair's Report

**Public Board**  
**30th September 2021**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Tom Keeney, Chair of Workforce Committee
<b>Author:</b>	Ronnie Alexander, Senior HR Business Partner
<b>Previous Committees:</b>	Workforce Committee - 15th September 2021

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	(✓)	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
Workforce Risk		<p><b>Workforce Supply Risk</b>            We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply</p> <p><b>Workforce Deployment Risk</b>            We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required</p> <p><b>Workforce Retention Risk</b>            We will deliver safe and effective patient care, through supporting and training, development and health and wellbeing of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services</p> <p><b>Workforce Performance Risk</b>            We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce</p>	Cautious	↔ (same)

<b>Key points</b>	
1. This summary provides an overview of significant issues of interest to the Board, highlights key risks discussed, key decisions taken and key actions agreed.	For information and assurance

## 1. INTRODUCTION

The Workforce Committee provides assurance to the Board on workforce performance. It does this principally through analysis of the, current and future workforce, financial and operational performance pressures; and scrutinise assurances provided in respect of key workforce performance indicators against the Trusts People Priorities.

## 2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

### Most Engaged Workforce

It was explained to the Committee that seven work streams were in progress which are aligned to getting the basics right. Each one is regularly presented to the Staff Engagement Group where actions are identified and progress considered.

Two of the work streams are:

- Violence amongst colleagues
- Staff Survey

The Committee was informed that a new governance structure had been developed to address violence, aggression and challenging behaviours in the work place and the actions between staff, the public and patients. A report was presented to the Committee and it provided assurance of the on-going work regarding challenging behaviours and reducing violence and aggression throughout the Trust. The full report is shared as a blue box item.

### [Board Agenda item 10.3\(ii\) Violence and Aggression Against Staff Annual Report](#)

With regards to the Staff Survey it was explained that the average response rate was benchmarked against other Acute Trusts and for this year to encourage a greater response rate incentives have been provided.

### Free From Discrimination

The Committee was updated on the output measures in relation to the Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES). There were no significant signs of improvement and unfortunately some indicators did show deterioration. They were assured that the Trust would continue to run proactive campaigns and communications to increase awareness and provide opportunities for colleagues to share lived experience in order to achieve cultural change.

The Committee was also informed about mandatory training which had seen a shift from yearly training to every three years and Equality Diversity Inclusion (EDI) training was now featured at Corporate Induction. As part of the EDI initiative the Committee was made aware of a book 'Amplifying Voices: Mending Divides' which shared staff stories highlighting experience of racism, discrimination and inequality. A range of activities have been planned to ensure the book is well publicised and be a major influence of the EDI programme.

## **Other Issues**

### **COVID-19 Vaccination**

Following the Prime Minister announcement regarding the booster vaccinations the Committee were informed plans were being developed on a programme to deliver both the flu and booster vaccination separately. It was agreed that a summary update of staff Covid-19 vaccination levels and the plans for the booster vaccinations would be provided for the September Board. The summary is shared at Appendix A.

### **Visit to Trauma Services**

The Chair informed the Committee of his virtual Leadership Walkround visit to the Trauma CSU where he met nurses who had been impacted by Covid-19. The feedback received was insightful, morale was good and the team felt supported (and knew how to access support). Concerns were raised regarding the estate and working environment, resulting in Estates & Facilities engaging with the team to address those concerns. It was also noted that health & wellbeing support was now more important than ever.

### **BAME Network**

Responding to an invite the Chair informed the Committee that he attended the BAME Network meeting. Given the level of discussion and the stark feedback received regarding development and career progression, it provided assurance on the work that is on-going within the Trust and giving the opportunity for staff the freedom to speak up.

### **Workforce Planning**

The Committee was shown a presentation which highlighted that workforce planning would ensure that the Trust had the correct capacity, skill mix and diversity which would resolve gaps in staffing to deliver the best patient safety, quality and experience. It also showed that an annual cycle was being followed and two workshops have been delivered for professional and CSU workforce leads and the plan is to deliver more.

It was also explained that the CSU's have been asked to take into consideration the context of the whole Trust Full Time Equivalent position and the cost and where they can make efficiency savings.

The Committee was also provided with an update on Exit Interviews. It was explained that the current process was only capturing limited quantitative and qualitative data and therefore proving difficult to establish key themes for staff leaving the Trust. A revised process has now been implemented and as a result there is an increase in returns providing more informative data.

To demonstrate the impact of the revised process a presentation and video, produced by the Cardio Respiratory CSU, was shared with the Committee which highlighted what initiatives they implemented due to the data received from the Exit Interviews.

## **Update on National / Regional Issues**

The Committee was provided with an update on the NHS People Plan and Future of NHS HR & OD Programme. A review of the progress of actions made in relation to the People Plan 2020/21 is shared at Appendix B. The report of the Future of the NHS and OD Programme is awaiting publication and work is on-going to discuss themes to identify potential areas of stretch for the future.

The Committee was updated on flexible and remote working. A flexible working policy has been created and agreed with Staff Side. With regards to remote working, a Committee is scheduled to meet week commencing 20th September to review guidance released for the Covid-19 pandemic. A summary of flexible and remote working is shared at Appendix C.

The Committee was informed that the NHS Pay Award has been paid in September including back pay. It was also confirmed that unions were consulting members to see if there was a need for industrial action.

### **Staff Story- Equality & Diversity (E&D)**

The Committee watched a video which provided an insight on the on-going work in Outpatients CSU to create and embed an inclusive environment using E&D as its core. It highlighted the positive impact of staff feeling valued and recognised the Trust support through the BME, LGBT+ and Disability networks.

## **3. Risk**

### **Focus on CRRS 17 Health and Safety of Staff**

A report was shared with the Committee to provide an update to Corporate risk CRRS 17.

The Committee was informed that there were concerns around staff pressures and sickness absence was higher than usual. The recruitment of 250 nurses from September 2021 to February 2022 was anticipated to ease some of the pressure.

Also an internal audit report (PwC), a draft had been received by management which looked at the Trust approach to risk assessments and its controls process. A final report would be received at the next Audit Committee.

The Committee was also informed that Public Health England had asked the Trust to scope the prospect of allowing isolating staff who were double vaccinated back into work. It had been discussed further at Tactical Covid-19 Response and Quality Assurance Committee. The Chair reflected on the Trust's commitment to keep staff safe and also appreciated the conflicting pressures of staff inside and outside of work. It was stressed the health & safety of the staff would not be compromised.

The assurances received by the Committee were in keeping with the define risk appetites agreed by the Board.

#### **4. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000

#### **5. Recommendation**

The Trust Board is asked to receive and note the Workforce Committee Chair's report.

#### **6. Supporting Information**

The following papers make up this report:

[Board Agenda Blue Box: Item 10.3\(ii\) Violence and Aggression Against Staff Annual Report](#)

Appendix A: Summary of Covid - 19 Vaccination

B: Review of Progress In Relation to People Plan 2020/21 Actions

C: Summary of Flexible and Remote Working

Tom Keeney  
**Chair Workforce Committee**  
21st September 2021

## **Appendix A**

### **Covid - 19 Booster Vaccinations**

#### **Summary**

Detailed below is a summary of the latest update from The Joint Committee on Vaccination and Immunisation (JCVI) on the COVID-19 vaccine booster programme and LTHT plans for providing the booster for all eligible staff.

#### **Background**

It is expected that coronavirus infections will continue to circulate in the coming months, alongside seasonal influenza and other respiratory viruses. The vaccines provide high levels of protection against hospitalisation or dying from the virus. To maintain this high level of protection through the coming winter, the JCVI is advising that booster vaccines be offered to those more at risk. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers.

The JCVI advises that the booster vaccine dose is offered no earlier than 6 months after receiving the second dose. People vaccinated early during Phase 1 will have received their second dose approximately 6 months ago. Therefore, it would be appropriate for the booster vaccine programme to begin in September 2021, as soon as operationally practical.

#### **LTHT Plans**

LTHT will be following JCVI guidance and booster vaccinations will be made available to staff in the next few weeks/months. All frontline staff will be encouraged to attend if they have not received it through their own GP.

Any staff that book for a vaccination before the six month period has elapsed will not be vaccinated and told to rebook at a later date.

Some NHS Trust are offering to have the flu and Covid-19 booster vaccines at the same time. The current LTHT position is that roll out programme for each will be run separately.

Jo Buck  
**Deputy Head of HR**  
21st September 2021

## Appendix B

## We are the NHS: People Plan 2020/21 - Action for us all

## Workforce Committee

15 September 2021

The paper provides an update showing progress against the actions outlines in the We are the NHS: People Plan 2021/21 - Action for us all (published 30th July 2020). The People Plan set out actions for employers, national bodies and systems and at Leeds Teaching Hospitals there is a named lead against each action.

Progress to date is described in the final column and a RAGB rating has been applied according to the following key:

Green	On track to complete, no risks
Amber	At risk, mitigating actions in place
Red	At risk
Blue	Complete

Appendix 1: We are the NHS: People Plan 2020/21 Actions

### 1. Responding to new challenges and opportunities

	Action	What The plan says	LTHT Lead/ Action Owner	RAG Rating
1	Health and wellbeing of our people:	There has been a greater focus on the health and wellbeing of our colleagues, with support offered in teams and organisations. This includes psychological support, <a href="#">Schwartz Rounds</a> , and workplace <a href="#">wobble rooms</a> . Systems have played a key role in providing a co-ordinated approach. There has also been greater recognition and support for working carers through the launch of the <a href="#">carers passport</a> . The public and the private sector have also made <a href="#">generous offers to the NHS</a> as well as donating supplies and	Jo Buck	

		support – for example, through <a href="#">‘first class lounges’</a> .		
2	Shared purpose and permission to act:	Some governance and decision-making has been simplified, with clear outcomes specified, which has helped with more autonomy. COVID-19 has also been a catalyst for <a href="#">greater local partnership and system working</a> , with one forum for partners to agree actions in response to offers.	Jenny Lewis	
3	Highlighting existing and deep-rooted inequalities:	The disproportionate impact of COVID-19 on BAME communities and colleagues has shone a light on inequalities and created a catalyst for change. NHS leaders have stepped up, role modelling compassionate, inclusive leadership through open and honest conversations with teams, creating calls to action for boards, and strengthening the role of BAME staff networks in decision-making.	Chris Carvey	
4	Flexible and remote working:	<a href="#">This has increased significantly in the NHS</a> , with the average number of weekday remote meetings rising from 13,521 to 90,253 in weeks 1 to 8 of lockdown. This has enabled teams to run virtual multidisciplinary team meetings, case presentations and handovers, and teaching sessions. Many colleagues across the NHS have noted that this has been more productive, with less time spent travelling (with the additional benefit of reduced air pollution), and better turnout at meetings, as well as improved work-life balance.	Chris Carvey	
5	Remote consultations:	Digital transformation has occurred rapidly across the NHS, with around 550,000 video consultations taking place in primary and secondary care, and 2.3 million online consultation submissions to primary care, in June. Video consultations are now used widely, including in community and <a href="#">mental health services</a> , and in ambulance services. This has enabled staff across <a href="#">primary</a> , community and secondary care to work differently, with some choosing to do part of their work from home.	Paul Jones	
6	Returning and new staff:	NHS staff numbers have been bolstered by <a href="#">clinicians returning from academia, retirement and other industries</a> . <a href="#">Students have stepped out of training to increase their direct support to patient care</a> . <a href="#">Staff have been redeployed to areas experiencing pressure</a> . The role of NHS 111 has increased significantly, with more than 500 GPs returning to work alongside 1,000 locums and other GPs to support the Coronavirus Clinical Assessment Service (CCAS) – a new pathway within 111 for callers with more serious symptoms who did not need immediate acute referral but did require further assessment and follow up. This has	Jo Buck	



		been possible because our people, past and present, wanted to contribute to the NHS effort, supported by <a href="#">new arrangements and agreements devised behind the scenes</a> .		
7	Innovative roles:	Our existing NHS people have taken on new roles. For example, healthcare scientists have been deployed into critical care roles in Nightingale hospitals. Physiotherapists supporting intensive care units (ICUs) have been upskilled to carry out respiratory-related assessment and treatment – improving relationships across multidisciplinary teams and increasing appreciation of each other’s skills. Advanced clinical practitioners have also stepped up, contributing valuable clinical support in critical care and emergency medicine.	Jo Buck	
8	Support for care homes:	The NHS rolled out a clinical support package which provided a named clinical lead for every care home, as well as wider NHS primary and community support including weekly virtual check-ins, care plans, and medication reviews.	N/A	N/A
9	Volunteering:	There has been a huge surge in people volunteering to support those in need of help. Thousands have signed up to <a href="#">national and local initiatives</a> , including Rapid Responders through the GoodSAM campaign. This has brought great opportunities and also challenges to make sure that volunteers are deployed safely and effectively.	Krystina Kozłowska	
10	Research:	Our NHS people have also played a key role in COVID-19 research – in particular, supporting the Recovery (Randomised Evaluation of COVID-19 therapy) programme. This is the <a href="#">world’s biggest randomised clinical trial</a> and pools the resources and skills of the NHS with those of our world-leading life sciences sector. Teams of research nurses and clinical trial assistants have been rapidly assembled to provide a seven-day service to identify and recruit patients. Its success is already improving patient care.	Chris Herbert	

## 2. Looking after our people

11	Infection risk:	Employers should put in place effective infection prevention and control procedures, including social distancing and redesigning care procedures	Jo Buck / Gillian Hodgson	
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		that pose high risks for spread of infections.		
12	Providing PPE:	Employers should make sure all their people have access to appropriate personal protective equipment (PPE) and are trained to use it.	Jo Buck / Gillian Hodgson	
13	Flu vaccination:	Frontline healthcare workers involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. All frontline healthcare workers should have a vaccine provided by their employer. Public Health England will continue to monitor performance on uptake.	Jo Buck	
14	Risk assessment for vulnerable staff:	All NHS organisations will complete <a href="#">risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed. Organisations are encouraged to expand this to all staff.</a>	Jo Buck	
15	Home-working support:	Employers should make sure people working from home can do so safely and that they have the support they need, including suitable equipment.	Chris Carvey	
16	Rest and respite:	Employers should make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Jo Buck / Chris Carvey	
17	Bullying and harassment:	All employers are responsible for preventing and tackling bullying, harassment and abuse against staff, and for creating a culture of civility and respect. By March 2021, NHS England and NHS Improvement will provide a toolkit on civility and respect for all employers, to support them in creating a positive workplace culture.	Chris Carvey	
18	Violence against staff:	Leaders across the NHS have a statutory duty of care to prevent and control violence in the workplace – in line with existing legislation – so that people never feel fearful or apprehensive about coming to work. NHS England and NHS Improvement have developed a <a href="#">joint agreement</a> with government to ensure action in response to violence against staff. By December 2020, an NHS violence reduction standard will be launched, to establish a systematic approach to protecting staff.	Chris Carvey	
19	All organisations to have a wellbeing	NHS organisations should have a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's	Jo Buck	

	guardian:	health and wellbeing lies with chief executive officers or other accountable officers.		
20	All staff supported to get to work:	NHS organisations should continue to give their people free car parking at their place of work for the duration of the pandemic. Organisations should also support staff to use other modes of transport, and hospitals should identify a cycle-to-work lead so that more staff can make use of this option.	Peter Aldridge	
21	Safe space for staff to rest and recuperate:	Employers should make sure that staff have safe spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues.	Jo Buck / Chris Carvey	
22	Psychological support and treatment:	Employers should ensure that all their people have access to psychological support. NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response. NHS England and NHS Improvement will also pilot an approach to improving staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs.	Jo Buck	
23	Support for people through sickness:	Employers should identify and proactively support staff when they go off sick and support their return to work. NHS England and NHS Improvement will pilot improved occupational health support in line with the <a href="#">SEQOHS</a> standard. Working in selected pilot areas, in partnership with the resilience hub and local mental health services, occupational health services will provide a wider wellbeing offer, to ensure that staff are supported to stay well and in work.	Jo Buck / Chris Carvey	
24	Physically healthy work environments:	Employers should ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary.	Jo Buck	
25	Support to switch off from work:	Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away	Jo Buck	

		from the workplace. Leaders should role model this behaviour.		
26	Flexibility by default:	Employers should be open to all clinical and non-clinical permanent roles being flexible. From January 2021, all job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns. From September 2020, NHS England and NHS Improvement will work with the NHS Staff Council to develop guidance to support employers to make this a reality for their staff.	Chris Carvey	
27	Normalise conversations about flexible working:	Employers should cover flexible working in standard induction conversations for new starters and in annual appraisals. Requesting flexibility – whether in hours or location – should not require a justification, and as far as possible should be offered regardless of role, team, organisation and grade.	Chris Carvey	
28	Flexibility from day one:	NHS organisations should consider it good practice to offer flexible working from day one, as individual circumstances can change without warning.	Chris Carvey	
29	Role modelling from the top:	Board members must give flexible working their focus and support. NHS England and NHS Improvement will add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	Chris Carvey	
30	E-rostering:	NHS England and NHS Improvement will support organisations to continue the implementation and effective use of e-rostering systems, accelerating roll-out where possible. These systems promote continuity of care and safe staffing, enable colleagues to book leave and request preferred working patterns up to 12 weeks in advance, and can also be used to support team rostering.	Jo Buck	
31	Management support:	Working with the national NHS Staff Council, NHS England and NHS Improvement will develop online guidance and training on flexible working by December 2020. This will be aimed at staff and managers alike, reinforcing the benefits and providing the tools to develop and assess applications for flexible working, with a view to supporting flexibility as a default.	Chris Carvey	
32	Flexibility in general	NHS England and NHS Improvement will work with professional bodies to apply the same principles for flexible working in primary care, which is	N/A	N/A

	practice:	already more flexible than other parts of the NHS. Building on pilots, it will encourage GP practices and primary care networks to offer more flexible roles to salaried GPs and support the establishment of banks of GPs working flexibly in local systems.		
33	Flexibility for junior doctors:	During the rest of 2020/21, Health Education England will continue to increase the flexibility of training for junior doctors, such as less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.	Chris Carvey / Stuart Haines / Julie Sutcliffe	
34	Supporting people with caring responsibilities:	Employers should roll out the new <a href="#">working carers passport to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns.</a> We encourage employers to learn from best practice in this area.	Jo Buck / Chris Carvey	

### 3. Belonging in the NHS

35	Recruitment and promotion practices:	By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients. Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).	Jo Buck / Chris Carvey	
36	Health and wellbeing	From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations	Jo Buck / Chris Carvey	

	conversations:	described in the previous chapter, to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.		
37	Leadership diversity:	Every NHS trust, foundation trust and CCG must publish progress against the <a href="#">Model Employer</a> goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.	Chris Carvey	
38	Tackling the disciplinary gap:	Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in <a href="#">A Fair Experience for All</a> , NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.	Chris Carvey	
39	Governance:	By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes. Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.	Chris Carvey	
40	Information and education:	From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.	Chris Carvey	
41	Accountability:	By March 2021, NHS England and NHS Improvement will have	Jenny Lewis /	

		published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.	Chris Carvey	
42	Regulation and oversight:	Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients.	Jenny Lewis / Chris Carvey / Lisa Grant	
43	Building confidence to speak up:	By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.	Chris Carvey	
44	Leadership development:	From September 2020, NHS England and NHS Improvement will provide refreshed support for leaders in response to the current operating environment. This will include expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care.	Chris Carvey	
45	Clinical leadership by March 2021:	NHS England and NHS Improvement will work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. These roles will be based in systems, and will focus on improvement projects across clinical pathways.	Stuart Haines / LETC	
46	Talent management:	By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, and chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress.	Chris Carvey	
47	Digital line management training:	By January 2021, NHS England and NHS Improvement will launch an updated and expanded free online training material for all NHS line managers. For those who seek to progress, a management apprenticeship pathway will be launched.	Jenny Lewis / Chris Carvey / Robyn Swain	

48	Online leadership resources:	All central NHS leadership programmes will be available in digital form, and accessible to all, by April 2021. The curriculum will be updated to be underpinned by the principle of inclusion. It will include practical resources on team effectiveness, crisis management, retention and talent management.	Jenny Lewis / Chris Carvey / Robyn Swain	
49	Accountability:	In October 2020, NHS England and Improvement will publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised, the frameworks will underpin recruitment, appraisal and development processes for these crucial leadership roles.	Jenny Lewis / Jo Bray	
50	Response to Kark review:	Ensuring high standards of leadership in the NHS is crucial – well-led organisations and better-led teams with strong teamwork, translates into greater staff wellbeing and clinical care. NHS England and NHS Improvement have completed the engagement exercise commissioned by government in response to Tom Kark QC's review of the <a href="#">Fit and Proper Persons Test</a> , and are working with the Department of Health and Social Care to finalise a response to the review's recommendations, which will be published shortly.	Jenny Lewis / Jo Bray	
51	Developing our evidence base:	By March 2021, NHS England and NHS Improvement will have launched a new NHS leadership observatory which will highlight areas of best practice globally, commission research, and translate learning into practical advice and support for NHS leaders. The observatory will build on the results of the forthcoming national leadership development survey.	Chris Carvey / Robyn Swain	No information available from NHSE/Leadership Academy

#### 4. New ways of working and delivering care



52	Supporting deployment and redeployment:	Employers should use <a href="#">guidance</a> on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside the existing <a href="#">tool</a> to support a structured approach to ongoing workforce transformation.	Jo Buck / Alison Wilkinson	
53	Upskilling staff:	There should be continued focus on upskilling – developing skills and expanding capabilities - to create more flexibility, boost morale and support career progression. Systems should keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions.	Stuart Haines / LETC	
54	Technology-enhanced learning:	Employers and organisations should use HEE’s <a href="#">e-Learning for Healthcare (e-LfH) programme</a> and a new online <a href="#">Learning Hub</a> , which was launched to support learning during COVID-19. They include resources and training on new ways of working, including GP remote consultations and remote triage; remote learning for colleagues being redeployed to ICU; and content for nurses, midwives, allied health professionals, radiographers, pharmacy staff and those working in the independent and social care sectors.	Stuart Haines / LETC	
55	Developing generalist skills:	In July 2020, HEE published the <a href="#">Future Doctor report</a> , which sets out <u>the reforms needed in education and training to equip doctors with the skills that the future NHS needs and which have been much in demand during the COVID-19 response so far. During 2020/21, HEE will develop the educational offer for this generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.</u>	Stuart Haines / LETC	
56	Primary care teams:	By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.	Kate O’Connell	
57	Training volunteers:	<a href="#">The National Learning Hub for Volunteering</a> has been launched by HEE, and should be used to support the learning, training and <u>development of volunteers across health, social care and the third sector.</u>	Lisa Grant / Krystina Kozłowska	
58	Routes into	Systems and employers should review how volunteers can help support	Lisa Grant /	

	employment for volunteers:	recovery and restoration, and develop plans to enable and support volunteers who wish to move on to employment opportunities across the NHS to do so. This must include a focus on providing opportunities for hard-to-reach groups, such as people with learning disabilities.	Krystina Kozłowska	
59	Inspiring the next generation:	Systems and employers should promote the <a href="#">NHS Ambassadors</a> programme to their people and allow them time to do this valuable outreach work. The scheme supports NHS people to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS.	Kate O'Connell / Michelle Stanley	
60	Maintaining education to grow the future workforce:	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response. For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Stuart Haines / LETC	
61	Continuing professional development:	During 2020/21, employers must make sure our people have access to continuing professional development, supportive supervision and protected time for training. Employers have received new funding to support the continuing professional development of nurses, midwives and allied health professionals, equivalent to £1,000 per person over three years. Employers will need to support this investment through backfilling staff time during training.	Stuart Haines / LETC	
62	Support for clinical placements:	To support employers in educating and training the next general of professionals, HEE is establishing a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Kate O'Connell	
63	Expanding e-learning:	In 2020/21, HEE will further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Stuart Haines / LETC	
64	Investing in	From January 2021, several universities across England will start	Stuart Haines /	

	online education:	<p>delivering a pre-registration blended learning nursing degree programme, commissioned by HEE. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies. HEE will also pursue this blended learning model for entry to other professions.</p> <p>An additional starting point for nursing degrees – making a total of three intakes per year – responds to the surge in interest in, and applications to, nursing degrees as well as the demand from the NHS.</p>	LETC	
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## 5. Growing for the future

65	Mental health:	<p>HEE is prioritising continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. In 2020/21 this will include enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce, including over 100 additional responsible clinicians, 50 community-based specialist mental health pharmacists, nearly 3,000 adult IAPT practitioners, 245 children and young people’s psychological wellbeing practitioners and 300 children and young people’s IAPT practitioners.</p> <p>HEE is also increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (with 734 starting training in 2020/21) and investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.</p>	Jo Buck / RMG	
66	Cancer:	In 2021, HEE is prioritising the training of 400 clinical endoscopists	Jo Buck / RMG	

		and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.		
67	Advanced clinical practice:	In 2020/21, HEE is funding a further 400 entrants to advanced clinical practice training, supported by the Centre for Advancing Practice – to build on the success already seen in using advanced clinical practitioners to greater effect in multidisciplinary teams, both in primary and secondary care.	Jo Buck / RMG	
68	Expanding shortage specialities:	In 2020/21, HEE is investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas – notably cancer, including clinical radiology, oncology and histopathology.	Jo Buck / RMG	
69	Increasing undergraduate places:	HEE is working with universities to support an increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Jo Buck / RMG	
70	Developing clinical pharmacists:	To provide even more patient-centred care, a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills will be created. The key elements of the reform will be replacing the current pre-registration year with a foundation year, and enhancing clinical experience in initial education and training. This continuous, educational programme for pharmacists will still be five years in duration, and will link into advanced practice and research training. Working with stakeholders, and under the leadership of the General Pharmaceutical Council, the aim is to start this new approach from Summer 2021, building on HEE's Interim Foundation Programme that will commence in September 2020.	Jo Buck / RMG	
71	Increasing local recruitment:	Employers must increase their recruitment to roles such as <a href="#">clinical support workers</a> and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Chris Carvey / Robyn Swain	

72	Growing apprenticeships:	Employers should offer more <a href="#">apprenticeships</a> , ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications.	Kate O'Connell / Robyn Swain	
73	Expanding the primary care workforce:	Primary care networks, supported by systems and CCGs, should take immediate action to recruit additional roles funded by the <a href="#">Additional Roles Reimbursement Scheme</a> , which will fund 26,000 additional staff until 2023/24.	Kate O'Connell / Jo Buck	
74	Building local hubs:	Health systems have a key role in helping to resume international recruitment by supporting local international recruitment hubs. As part of NHS England and NHS Improvement's international recruitment nursing programme, we will incentivise trusts to develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Jo Buck / Mark Edwards / Katie Robinson	
75	Increasing international recruitment:	NHS England and NHS Improvement and HEE are working with government to increase our ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. This will include work to remove barriers to recruitment and increasing capacity for induction and support.	Jo Buck / Mark Edwards / Katie Robinson	
76	English language training:	Recognising the high standards required by UK regulators, Health Education England will pilot new English language training programmes for international nurses. These will offer high-quality and cost-effective language training and include new models for online education and assessment, enabling nurses to more rapidly achieve the necessary standards.	Chris Carvey / Robyn Swain	
77	Co-ordinated international marketing:	NHS England and NHS Improvement will work with the government to establish a new international marketing campaign through 2020/21, to promote the NHS as an employer of choice for international health workers.	National	National
78	Health and care	In July 2020 the Government announced the introduction of a new	Katie Robinson	

	visa:	<a href="#">Health and Care Visa</a> , which will launch in August 2020. This visa will make it quicker, cheaper and easier for registered health staff to come from overseas to work in the NHS, the social care sector or for an organisation providing NHS commissioned services. Those applying will be exempt from the Immigration Health Surcharge, benefit from 50% visa fee reductions and can expect a decision within three weeks of their application, following biometric enrolment. Anyone else working in health or social care, who has paid the Immigration Health Surcharge on or after 31 March 2020 will be able to claim reimbursements for time they have worked in the sector, from October 2020.		
79	Encouraging former staff to return to the NHS:	Employers and systems, in partnership with social care, should encourage our former people to return to practice as a key part of their recruitment drive during 2020/21, building on the interest of some of the clinical staff who returned to the NHS to support the COVID-19 response, and have now expressed an interest in staying on in the health and care system (see box below). NHS England and NHS Improvement and HEE will continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register. This will include providing support to staff – to help meet revalidation requirements and ensure they feel confident when returning to practice – as well as helping find placements for them with employers. We will continue to work in partnership with social care to ensure that the thousands of nurses and other healthcare staff who temporarily returned to employment during COVID-19 can continue to support the health and care system.	Jo Buck / RMG	
80	Supporting return to practice:	HEE is exploring the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. This would build on existing return to practice schemes for nurses, allied health professionals, GPs and pharmacists.	Jo Buck / RMG	
81	Varied roles:	Employers should design roles which make the greatest use of	Kate O'Connell	

		<p>each person's skills and experiences, and fit with their needs and preferences. The NHS offers many varied opportunities with non-patient facing roles, including in NHS 111, clinical coaching and mentoring, teaching, research and much more.</p> <p>Systems and employers must make greater efforts to design and offer more varied roles to retain our people.</p>		
82	Retaining people approaching retirement:	<p>Employers must do more to retain staff aged 55 years and over – who comprise over 19% of our workforce. Employers should ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions. Employers must make their people aware of the increase in the <a href="#"><u>annual allowance pensions tax threshold</u></a>, made in March 2020, <u>which means that clinicians can earn an additional £90,000 before reaching the new taper threshold. This was designed to address the issue that some people in the NHS felt disincentivised from taking on additional work and leadership opportunities.</u></p>	Jo Buck / Alison Wilkinson	
83	Facilitating opportunities to retire and return:	<p>Employers must make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.</p> <p>Under the current emergency rules, retired nurses and doctors are allowed to return to the NHS without impacting on their pension, and abatement for special class nurses between aged 55 and 60 years is suspended. This means they can do as much work as they like even after they have taken up their pension. The requirement that people work no more than two days a week for a month after taking their pension has also been suspended.</p>	Jo Buck / Alison Wilkinson	
84	Retaining people in primary care:	<p>Systems should ensure that they are supporting their GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.</p>	N/A	N/A
85	Support for	NHS England and NHS Improvement's People Plan delivery	Jo Buck	

	retention:	programme (launching in summer 2020) will help NHS employers to value and retain their people by making their organisations a better place to work and being a modern and model employer. This will comprise a new online portal of resources, masterclasses and support for systems and organisations.		
86	Systems planning:	Systems must strengthen their approach to workforce planning to use the skills of our people and teams more effectively and efficiently. This includes playing a greater role in planning, fully integrating this with service and clinical strategies and financial plans, and reviewing these plans in-year in response to changes to demand or services. In developing their plans, systems may find it helpful to consider key <a href="#">workforce planning</a> questions.	Kate O'Connell	
87	Support for planning:	Systems should work with HEE and NHS England and NHS Improvement regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it. During 2020/21, HEE will develop an online package to train systems in using the <a href="#">HEE Star model</a> for workforce transformation. This training will equip workforce leads with the capability to lead complex workforce conversations across care pathways, provider organisations and systems.	Kate O'Connell	
88	Data collection:	In 2020/21, NHS England and NHS Improvement and HEE will begin urgent work to improve workforce data collection at employer, system and national level.	Jo Buck	
89	Transformation tools:	In 2020/21, NHS England and NHS Improvement and HEE will refresh tools to support workforce planning and transformation and establish communities of practice for workforce analytics and modelling, workforce design and workforce planning.	Kate O'Connell / Jo Buck	
90	Recruitment:	Systems should make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles. Systems should also make much greater use of secondments and rotational roles across primary and secondary care to improve integration and retention.	Kate O'Connell	



91	Recruiting across communities:	Systems should actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Kate O'Connell	
92	Staff banks:	When recruiting temporary staff, systems, trusts and primary care networks should prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21. Through its Bank Programme, NHS England and NHS Improvement will work with employers and systems to improve existing staff banks' performance on fill rates and staff experience, aiming by 31 March 2021 to increase the number of staff registered with banks.	Chris Carvey / Katie Robinson / Julie Sutcliffe/ Mark Edwards	
93	Movement across organisations:	Systems should develop workforce sharing agreements locally, to enable rapid deployment of our people across localities where appropriate or where possible. NHS England and NHS Improvement has developed <a href="#">guidelines</a> to make it easier, enabling the sharing of information such as HR records and statutory and mandatory training.	Kate O'Connell	
94	Digital staff passport:	Systems are supporting the trial of the COVID-19 digital staff passport during winter 2020, which simplifies the high volume of temporary staff movement between NHS organisations, saves time by providing a verified record of identity and employment, and allows colleagues to carry their credentials and professional registration on their smartphone.	Mark Edwards	

## 6. Supporting our NHS people for the long term

		There are no actions.		
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## Remote Working Steering Group

### Update

23rd September 2021

<b>Presented for:</b>	Information
<b>Presented by:</b>	Jenny Lewis
<b>Author:</b>	Robert Hakin - Associate Director Corporate Planning Kay Lawton - Programme Lead - Remote Working

#### Summary

The paper summarises the benefits & current progress recognised by the Trust and the staff who have adapted to remote & flexible working.

#### Background

The rise in Covid-19 infections in March 2020 led the Government to announce a full lockdown in England, where possible LTHT non patient facing Staff groups were encouraged to work from home. Although this was originally a requirement of the COVID pandemic the majority of CSUs have seen a significant number of positive comments from staff around this initiative; staff stressed the benefit of work life balance and more effective use of time and still feel valued by the organisation.

Given this it was recognised that remote working in LTHT is a success that the Trust will not reverse and one we want to anchor and build upon as part of our standard working. These practices will also support the estates strategy which has the target to reduce non clinical space from 45% to 35% by 2035.

To deliver this the Trust Remote working group was set up with key aims:

- To work with HR to create a guide for the implementation of hybrid working
- To work with organisational learning to develop management tools.
- Engaging with key stakeholder to understand the barriers and challenges for remote working.
- Working up a communication plan to support managers to be empowered to formalise future ways of working.
- To work with DIT to create a bookable hot-desk / collaborative system.
- To deliver a number of remote working projects at pace supporting the reduction in non clinical space.

#### Early Successes

There are a number of early successes in delivering remote working and the benefits identified:

- The DIT team have successfully moved to remote working and have vacated Block 51 office accommodation 520m<sup>2</sup>
- Block 45, Education, Training, Development block – 200m<sup>2</sup> released

## **Next Steps**

### Conversion of Non-Clinical to Clinical Space

To further progress remote working and support the development of Trust clinical services a scheme has been supported by the Executive team to vacate a non-clinical area within level 4 Gledhow wing for clinical use, this area is over 2000m<sup>2</sup> and includes services such as multidiscipline teams including Consultant offices, Junior Doctors Mess, Chaplaincy and Bereavement services. Staff groups are being asked to review the opportunity for teams to work a hybrid model.

To facilitate this each of the services within Trust HQ have been asked to reduce their overall accommodation footprint by 30%.

### Engagement and Communications

In order to ensure that the good progress which has been made in the last 18 months is not lost a communication plan for staff is in development which supports the Trusts vision on remote working.

Robert Hakin - Associate Director Corporate Planning  
Kay Lawton - Programme Lead - Remote Working  
23/09/2021