Paper Title:	**Board and Committee attention to Workforce, Leadership & Organisation Development issues**
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Agenda Item:	**16**
Presented For:	Approval
Paper Category:	Quality, Strategy & Planning

Executive Summary:

The Board is already clear that a number of workforce, leadership, and organisation development challenges are inherent in the Trust's operating context and service plans. The Chairs of the FBIC and QSC committees have met with the Director of HR and OD and Director of Nursing and Operational Services to discuss these challenges, to identify those which should receive the highest level of corporate governance attention over the remainder of the 2018/19 operating year, and to suggest which structures and senior officers should take lead roles in providing that attention.

The discussion was based on the attached paper which summarises the context, sets out the wide range of relevant challenges, notes the existing assets and approaches in place, and sets out a rationale for four areas of particular focus.

The paper sets out, for each of the four areas, the nature of the challenge and an outline of what needs to be done.

The outcomes of the discussion was a set of proposals for the allocation of each of the four to either FBIC or QSC, or to a purpose-specific Board task group, for more detailed discussion and oversight, and the identification of lead officers.

Proposed allocations

1. Supporting Transformation across the health and social care system and internally (including Workforce Planning and Development: Remodelling, development and up-skilling of the existing workforce and introduction of new roles)

    - Discussion and oversight at FBIC
    - Debra Gilderdale lead Director

2.Talent Management and succession planning

- Discussion and oversight at FBIC
- Sandra Knight lead Director

3. Targeted Recruitment and Retention in areas that are most problematic

- Discussion of associated quality and safety risks at QSC
- Sandra Knight lead Director

4. Leadership development

- Discussion and oversight through a purpose-specific Board sub-group, chaired by a NED, but also involving a diagonal cross-section of officers across the operating structure and managerial levels of the Trust
- Sandra Knight lead director

If these recommendations are approved, the Chair of each committee will meet with the relevant lead director and agree a short proposal for the sequencing and timing of discussions against each of the four challenges.

Recommendations:

Board is asked to:

- Note and endorse the selected priorities for particular governance attention in 2018/19;
- Agree the proposed allocation between committees and lead directors; and
- Nominate NED members, and a Chair, for the proposed Board sub-group

Governance/Audit Trail:

Meetings where this item has previously been discussed (*please mark with an X*):							
Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee	
Executive Management Team	x	Directors		Chair of Committee Meetings	x	Mental Health Legislation Committee	
Council of Governors							

This report supports the achievement of the following strategic aims of the Trust: (*please mark those that apply with an X*):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate	x

STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: (*please mark those that apply with an X*):	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	

Equality Impact Assessment :

DISCUSSION PAPER – WORKFORCE AND ORGANISATION DEVELOPMENT PRIORITIES

1. Background and Context

The Trust is working hard within our own organisation, the Bradford District and Craven Health and Social Care Partnership and within the broader West Yorkshire and Harrogate Integrated Care System to improve the health and well-being of the populations we serve and design integrated, effective, innovative models of care that meet the needs of that population.

The challenge of meeting rising demand within limited resources requires radical solutions that are co-designed with staff, patients, carers and our partners across all sectors and that have the support and confidence of the public, solutions that use the latest technology and the best evidence and research available delivered by a skilled workforce.

The Trust is currently refreshing its organisation strategy, vision and values using a new and exciting crowdsourcing methodology that fully engages and involves the entire workforce, our service users, carers and partners in putting forward their thoughts, views and ideas of what we need to do and how we need to behave to meet the challenge. We are considering again our role in the local and West Yorkshire Health and Social Care economy and our unique offer and contribution whilst at the same time ensuring we continue to deliver high quality, safe care within a challenging cost improvement and transformation programme. At the same time we are reformulating and rebasing our relationship with our staff and service users within an equal partnership in which responsibilities are clear and where we are listening to what is needed and responding creatively.

2. Project/Proposal

Workforce and Organisation Development

The workforce and organisation development are recognised as critical enablers to the radical reform and transformation required and the delivery of outstanding care that meets the standards set by our regulators. There are however well rehearsed challenges to delivering the workforce with the right skills, behaviours and in the right numbers to deliver integrated care and support the health and well-being agenda.

Examples of the workforce and OD Challenges

The shortage of qualified staff and the slow pipeline of new graduates entering the market for which there is fierce competition from other providers.

The high level of turnover of support staff attracted by better pay, terms and conditions offered by other providers and sectors.

Staff whose skills are designed for the existing system of care not the new models that are emerging and who require upskilling and support to work in new ways, enabled by technology sometimes in new and developed roles across organisational and professional boundaries to meet the often complex health and social care needs of the population. Staff who through the staff survey are signaling a level of disengagement in parts of the Trust and who don't feel involved, empowered and supported.

Leaders who are under pressure to deliver and who are working hard to meet the needs of their staff and the managers above them and often trying to balance the broader whole system work with a challenging internal agenda.

Variability of leadership and approach in managing staff in new ways linked to more agile ways of working across the Trust impacting on staff levels of motivation and feeling valued.

Increase in administration and bureaucracy that is taking time from clinical work, reducing headspace and time to forward plan and reducing levels of job satisfaction whilst increasing workload pressures.

High volume of complexity and demand in all services but particularly in the inpatient environments where vacancy, absence and special observation levels have driven elevated use of bank and agency and levels of stress mean it is difficult to recruit and retain staff.

High levels of MSK in our community physical health services where there is an ageing workforce and across the agile workforce some of whom feel unsupported to work in this way.

High levels of sickness due to stress (a combination of work and non-work-related) and MSK across the Trust and some evidence of presenteeism that is likely to be impacting on productivity and effectiveness.

The CQC results, staff survey results and the external health and well-being charter assessment all indicated that these challenges are impacting on quality and staff experience.

Assets

At the same time as the above, we have excellent examples of innovation and brilliant award winning service developments including the freeing up of staff to come forward with their ideas through iCare, 90 day improvement cycles to support the introduction of e-rostering and new shift systems across services, the development of nurse champions, care ambassadors and new models of learning and preceptorship, the introduction of new service models such as First Response and My Wellbeing college and partnership working with the police, fire service and social care supporting integrated ways of delivering care and managing risk. Other examples across the system include the work with teams to support multidisciplinary working to deliver the Home First model/ Primary Care Home, the establishment of the West Yorkshire Centre of Excellence for Support Staff Development and work programmes to increase the capacity, contribution and skills of the workforce and attract in new entrants. External assessors and visitors to the Trust compliment our staff, their commitment, values, caring and person centred approach.

What do We Need to Focus on that will Make the Most Difference?

The Trust has agreed a 3 year Workforce Strategy that sets out in some detail the key deliverables up to 2021. However the agenda is broad ranging and challenging so it is important to focus at Board and in Committees on those areas that will make the most impact within the organisation over the coming years, perhaps where strategy implementation and resourcing is less clear, and to ensure that discussions at the FBIC and QSC focus on these areas. Initial discussions have identified the following areas:

- **Supporting Transformation across the health and social care system and internally (including Workforce Planning and Development: Remodelling, development and upskilling of the existing workforce and introduction of new roles)**
- **Talent Management and succession planning**
- **Targeted Recruitment and Retention in areas that are most problematic**
- **Leadership and management development**

There are other areas of great importance including Staff Health and Well-being and Engagement, Creating a Diverse Workforce and an open, learning culture that tackles bullying, harassment and victimisation and promotes equality, however there are significant programmes of work in each of these areas including the launch of crowdsourcing technology to reach out to the whole workforce and the development of a quality improvement programme that will involve all staff and those they work in partnership with.

The above areas are also suggested because making progress in them is likely to impact positively in each of the other areas above by ensuring we are working optimally in systems of care and partnerships that deliver for patients, that we have a plan to get people with the right skills, behaviours and experience in place at the right time and have a sustainable future workforce, that we are attracting and retaining high calibre individuals and developing excellent leaders who empower and support their staff to deliver outstanding care and that we are planning for and developing the workforce in the right numbers and combination of skills to ensure we are delivering effective care now and into the future .

Assessment of the Situation in Each of the Proposed Priority Areas

Supporting Transformation across the health and social care system and internally

Challenge There is a big agenda to support the workforce to work in new ways – working together in integrated teams across organisational boundaries and sectors to deliver new models of care such as the Primary Care Home model in our community services.
To ensure the best possible chance of success dedicated OD input is required to help support the development of this new care model including bringing staff together in these teams to shape the vision of the service and how they will work in each locality to deliver that vision. A start has been made with this but further resource and focus is required - on a bigger scale we need to be "warming up" the workforce across the health and care system to work in new ways and to be comfortable developing new skills, extend roles and delegate where appropriate. There needs to be a joint OD programme that is shared across the system to accompany new service models or support their articulation.

What we need to do/are doing, need to consider With the CCGs and other providers we need to identify what ongoing investment can be made to support the OD work that needs to take place including work to design the workforce and roles required to make the new models of care effective. Where the care models are not yet clear the OD work should focus in the first instance on supporting teams to come together to map these out. There is an acknowledged lack of progress or slow progress where resourcing is an issue. Within our own organisation workforce planning needs to be consciously and systematically undertaken in each business unit linked to new models of service delivery assuming the new service models are clear – where they are not, headspace and time

needs to be created for managers and clinicians to come together to do this and consider the impact and role of technology in supporting care, the impacts for the workforce and the changes required in the workforce to enable the new models. This includes the introduction of new roles e.g. Advanced Clinical Practitioners, Physician Associates, Peer support workers and extension of skills/blended roles to ensure a workforce able to support integrated physical and mental health care. The use of apprenticeships and development of career pathways falls into this area Some good work is taking place but this is not systematic and in every area and is often reactive e.g. to a tender coming up or problems emerging.

Talent Management and succession planning

Challenge Currently the organisation does not have a systematic approach to succession planning and talent management or oversight of risks within the system.   Directors and Deputies have either been promoted into new roles or are in an acting up position, whilst new structures are developed. Below that level there has been no systematic assessment of the potential of people to progress into roles or formal programme of development. Many senior staff are approaching retirement age. An external review of spans of control has not yet reported which will potentially impact on any restructuring.   The structures however are probably less important than knowing we have strong performers in place capable of taking on challenging roles particularly in areas that are strategically important internally and across the system, and that we understand what talent we have in the organisation, where it is and what its potential is, alongside a programme of support, placement and development that will enable us to capitalise on that talent and ensure we have people in the right place at the right time.

What we need to do/are doing/need to consider A talent map needs to be developed for all key leadership and strategically important roles that indicates people who are ready to progress to the next level now, in 2-3 years' time and beyond. For each individual there needs to be a programme that matches the needs of the organisation with the individual's ambitions and potential.   A talent board could oversee the talent map and be a place where talent discussions occur.

We also need to explore options to work with other partners where this makes sense for example developing a talent pool with the other Mental Health and Community Trusts in West Yorkshire to open up opportunities for staff and provide organisations with a wider talent pool.

Targeted Recruitment and Retention in areas that are most problematic
Challenge We are all aware of the scarcity of qualified staff, and difficulties in retaining staff.   The particular areas facing recruitment difficulties are District Nursing where there is also an ageing workforce many of whom are retiring or coming up to retirement and band 5 nurses in inpatients. These are highly pressured areas where retention is also problematic. In addition whilst we can recruit band 2 workers, the quality can be variable and they often move on quickly attracted by better terms and conditions. One consequence of this as we are aware, is high levels of bank and agency usage and sickness absence due to stress. District nursing however does not have the luxury of a supply of such staff due to their scarcity.   Band 5 and 2 workers are also the groups most prevalent in the list of staff who leave within the first year of employment.

What we need to do/are doing/need to consider There is a wide programme of work in place in the Trust to address these challenges including ongoing rolling recruitment and targeted careers events for those roles where we struggle to attract and retain and where

interested attendees are often interviewed and appointed on the day. Retaining staff when recruited is as important and there are many positive initiatives linked to the NHSI Retention Collaborative including such things as the development of a staff nurse development programme in inpatients to support the rapid acquisition of skills to enable progression from a band 5 to a band 6 post, (often staff leave inpatients attracted by band 6 community posts). Other initiatives include a structured, formal preceptorship programme for newly qualified nurses with the Director of Operations and Nursing meeting staff at induction and 3 months later. Other initiatives include career change workshops, easy internal transfer processes and flexible retirement and working opportunities.

For band 2 workers a proposal is being drafted that suggests the minimum band for support staff in the Trust should be band 3- in line with other local Trusts who are therefore better able to attract and retain good quality support staff and are maximising their investment in the skills of such a workforce.

Recruitment and Selection systems and processes - Quality and Safety walkabouts and complaints have highlighted that there are issues in our current systems which means sometimes we lose good people; once interviewed successful candidates sometimes go elsewhere due to the length of time it is taking to process all checks and make an unconditional offer with confusion regarding who needs to progress what.   An HR Business Partner is now overseeing a redesign process and performance in this vital area of the business, including clarifying roles and responsibilities and training staff in customer skills, but it is likely investment will also be required in tracker software.

The impact of these steps in addressing the current and future problems is something that the committees may want evidence of.

Leadership development

Challenge The Trust has a number of nationally recognised, award winning leadership development programmes in place that receive excellent feedback from those who attend, and one – the Engaging Leaders Programme is open to partners from across sectors, however it is not clear how those programmes have made a difference in increasing leadership capability and capacity across the Trust.   The staff survey results over the last 2 years have seen staff reporting dissatisfaction in the level of support from their line manager and the degree to which they have a say in improvements at work. Grievances suggest a lack of empathy and people skills in some managers and poor levels of engagement with their staff with perhaps some people in the wrong job and poor performance tolerated rather than addressed.   Equally whilst the Moving Forward Programme has had some impact on career progression for BAME participants, the scale of the programme means that the impact has been small across the organisation in terms of increasing diversity at senior levels. The level of corporate resource is such that the organisation can no longer sustain such large scale interventions but needs to focus on work in the areas of most need including whole systems working where there is a lack of capacity and resource currently.

What we need to do/are doing/need to consider The benefits delivered by the two key internal leadership programmes (Engaging Leaders and Moving Forward) need now to be reconsidered; recent internal developments have focused more on targeted interventions in areas that require most upskilling and support e.g. the launch of the recent Ward Managers' Programme and a fundamental Management Skills 2 Day Programme for new Managers or those that need a refresher. These will need full evaluation to ensure they deliver the intended benefits. Significant work has been done to extend the range of

coaches available and to provide leaders with toolkits and on line resources to help them develop their knowledge and understanding and access support materials alongside provision of specific skills development programmes that managers require e.g. appraisals, sickness absence and performance management.

Recently we have invested in a new Lumina Spark Programme, initially focused on developing directors and deputies as individuals but also as a cohesive team. Lumina Spark is a diagnostic tool which supports insight and understanding whilst avoiding labelling or stereotyping which enabled the senior leadership team individually and collectively to increase our level of awareness of ourselves, each other and the balance of preferences in the team so that we could use this knowledge to improve how we work together and support each other.

The Board is now using this diagnostic and will need to determine whether this tool is something we would like to use more broadly across the Trust to support leadership development and create a level of awareness of self and others and personal impact that will change how we work and support achievement of our vision and values.

The Board and broader organisation will need to understand what we mean by leadership, informed by the views of those being led, with the Board clearly articulating the leadership behaviours and focus crucial to delivering our new organisation strategy. Another key line of enquiry relates to the proposed development of a Quality Improvement Strategy. This will require a skilled and developed Board and workforce; able to lead and shape improvement activity. Establishing an appropriate coaching and or champions network is a further anticipated (imminent) requirement.

Systems leadership is also an area that needs some attention, we are expecting leaders to lead in very different contexts managing staff across organisational boundaries where the ability to engage, inspire and influence will be crucial. This requires a different set of skills so the current Engaging Leaders offer needs to be reviewed with a more system-owned multi-faceted approached developed that focuses on the areas of service transformation and brings together a variety of approaches, methodologies and support systems.

The recent work across Mental Health and Community Trusts in West Yorkshire has already started this process with partnership approaches in place for delivering locally the Mary Seacole and Shadow Board Programmes alongside developing new coaches to increase leadership capacity and capability.

Points for Consideration

The above areas may or may not be the final list of agreed priorities, however for the areas that are, there will be further decisions to be made e.g.

For each priority area do we have the data we need and what does it tell us in terms of validating the specific areas of focus or re-directing our work to where it is most needed.

Who do we need to involve in mapping out the specific work required, implementing the actions and agreeing the desired outcomes and related KPIs for Committee oversight.

What type of reports do the committees and the Board require, how often and in what sequence

The nature of the interventions means that the work needs time to embed and develop and whilst some improvements should be apparent quickly others will take time before the full impact is felt.

3. Implications

3.1 Legal and Constitutional

None

3.2 Resource

It is anticipated that this work will be implemented within existing work programmes, any additional funding required would be supported by a business case or by accessing other available funding streams.

3.3 Quality and Compliance

This work supports achievement in the Well-led domain of the CQC inspection process.

4. Risk Issues Identified

The outcome of the work and proposed committee/Board focus on each of the four areas should mitigate the workforce risks contained within the Board Assurance Framework and the Corporate Risk Register.

6. Monitoring and review

The relevant Committee or the Board will determine the points at which a review of progress would be most appropriate in the forward programme

7. Timescales/Milestones

Timescales and milestones for the work and the phasing for reporting into committees will be agreed with the relevant Committee Chair or the Board