

Delivering the Cheshire and Merseyside People Plan 2020-2021

September 2020

Foreword by Dr Jackie Bene

Welcome to the People Plan for the Cheshire and Merseyside Health and Care Partnership. This document will provide an overview of some of the staffing challenges facing our health and social care system and describes the actions that are being taken collectively to address these, to ensure that we have a sustainable workforce for the future and that health and social care are regarded as excellent career choices for our future workforce.

We recognise that our staff consistently go above and beyond what is required of them and deliver outstanding care for our communities, irrespective of what part of the service they work in and this has been exemplified over the past few months when staff have met the challenges that COVID-19 brought. Many of our staff are also carers and have to balance the needs of their families and dependents with managing challenging roles. In addition we must acknowledge the work of our many volunteers and the faith sector that assist services and patients and support their communities. We are exceptionally proud of the way our system has worked collectively to manage the COVID pandemic and want to build on this as we move forward.

However, we know that we face an increasing demand for our services as a result of changing demographics and the consequences of the pandemic but we must do this whilst also managing the significant financial challenges across our health and social care economy. To do this, we need to transform how we work to provide the best care we can, ensuring that we tackle the health inequalities within our communities. Our workforce needs to be at the heart of this transformation and be engaged and supported through any changes and we will do this in partnership with our trade unions and professional organisations and all of the partners across Cheshire and Merseyside. The lasting impact of COVID-19 on our staff is not yet fully understood and we must look after our staff and foster a culture of inclusion and belonging.

In July 2020, the NHS People Plan was published which set out its priorities and focus for the next 12 months and accordingly our local People Plan will demonstrate how we will deliver against the commitments and hold ourselves to account for transforming and supporting our staff in Cheshire and Merseyside.

Dr Jackie Bene
Chief Officer, Cheshire and Merseyside Health and Care Partnership



Introduction – how we will respond to new challenges and opportunities

This plan describes how we will support our staff, volunteers and carers to cope with the changes in demand and the pressures facing each town or place whilst ensuring that they feel empowered, valued, developed, trusted and motivated to move towards the future, embracing change and the introduction of technology and digital advancements and endeavouring to improve the quality of care they provide.

Whilst it is a statement often overused, the people who work in and support the health and care system really are our most valuable asset, but they must be appreciated for the difficult and challenging roles that they all undertake, irrespective of their post title, their qualification, their grade or the colour of their uniform.

The national People Plan is clear in its ambition that we need more people, working differently, in a compassionate and inclusive culture, including having more people in training and education and subsequently recruited to ensure that our services are appropriately staffed. They will need to work differently by embracing new ways of working in teams, across organisations and sectors, and supported by technology. Importantly we must foster a compassionate and inclusive culture by building on the motivation to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace.

In this plan we will focus on looking after our people, how we will create a culture where everyone feels that they belong, how we will develop new ways of working and delivering care and finally how we aim to build our workforce of the future, ensuring that the plans are aligned to financial and activity plans.

In response to COVID, the NHS and Care sector significantly changed the way it worked, with many staff working flexibly or remotely, people worked across organisational boundaries. There was a shift to remote consultations and we enhanced our workforce by the welcome return of many staff who had previously left the service, staff who returned to clinical roles from CCG's and Arm's length bodies and the huge numbers of students who kindly entered service earlier than expected.

It is important that we acknowledge that for many staff COVID also brought personal sadness and suffering with the loss of loved ones and colleagues and that our Black Asian Minority Ethnic (BAME) workforce suffer a disproportionate impact of the virus and that the consequences of this will be felt for many years to come. We must therefore ensure that we have the appropriate support for our staffs physical and mental health and wellbeing and ensure that whilst the clapping for carers has stopped, our staff continue to feel valued for the work that they do.

Looking after our people /Our People Promise

The NHS People Promise has been developed following feedback from staff on what matters most to them and what would improve their work experience. In Cheshire and Merseyside we believe that the People Promise should not just apply to NHS staff and aspire to adopt this across all health and care organisations.

The People Promise states:

- We are a team
- We work flexibly
- We are always learning
- We are safe and healthy
- We each have a voice that counts
- We are recognised and rewarded
- We are compassionate and inclusive

In Cheshire and Merseyside we are committed to making the people promise a reality and will work with all of our partners to ensure that the above statements are reflected in staff experiences and through the Cheshire and Merseyside People Board we will monitor staff feedback through the annual staff survey results, analysis of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data, the use of regular feedback from Trade Unions, CQC assessments and analysis of data on turnover and sickness as measures of staff satisfaction.

Where formal processes do not currently exist to gather such data, i.e. in care homes and in Primary Care, we will work with our partners in Skills for Care and through our Care Home Collaborative and Primary Care workforce groups to identify suitable measures and mechanisms to hear the experiences of staff in those sectors.

As a Partnership we commit to the people promise and through our working as a system will ensure that we conduct business in a manner that is true to the above statements and they will form a key element of our engagement strategy.

As an employer, the Cheshire and Merseyside Health and Care Partnership will ensure that our staff have appropriate mechanisms to speak up safely, have the necessary health and wellbeing support and whilst predominantly working in a remote and flexible way we will make sure that our team feel safe and supported and recognised for the contribution that they make and that they have appropriate opportunities for development. All staff will have a health and wellbeing conversation, which will also include discussion on their lived experiences to help us improve.

In addition to the national health and wellbeing offers, all provider organisations offer a wide range of health and wellbeing support packages for staff. The Cheshire and Merseyside Health and Care Partnership developed the ALMA platform which gave staff access to additional physical and mental health support programmes. This platform was also made available to all care homes.

The Cheshire and Merseyside resilience hub is being developed to support health and care staff through the provision of specialist trauma informed therapy provision. The Hub will ensure staff have timely access to psychosocial interventions within a stepped care model which integrates with existing service offers across the C&M footprint. The Hub will promote the holistic approach that staff should have access to ‘the right offer at the right time’ for their individual needs. The Hub will undertake clinical screening, via an online digital tool, identifying mental health need, support and advocate for health, social care and blue light staff to access existing service provision within Cheshire & Merseyside. It will offer specialist clinical interventions where current provision is absent. It will provide system wide clinical leadership and training in trauma informed care and promote resilience strategies to build in sustainability.

In summary the offer to staff will do this by:

- Providing a single point of access to individuals who self-identify or are identified by services to complete an assessment of their needs
- Deliver an electronic NICE compliant screening tool that will facilitate the appropriate response to individuals to address their needs in relation to COVID-19 related distress. The hub will contact individuals scoring as requiring support on the tool and triage to refer on to the appropriate service in C&M.
- Deliver specialist training, advice, consultation and clinical supervision to enhance knowledge and skills amongst professionals in all relevant sectors. To offer staff support across the STP footprint and up skilling local services as part of a systematic response
- Support individuals to prevent relapse and install resilience post-therapy

In Cheshire and Merseyside we have a very proactive Social Partnership Forum and work closely with our Trade Unions Colleagues. Throughout 2020 the Trade Unions have supported Trusts and their members to ensure that staff were safe and that they had appropriate support for their health and wellbeing. We have developed an open, honest and transparent relationship and welcome the support and challenge of our Trade Unions in implementing the national and local People Plans.

Sickness absence:

Historically Cheshire and Merseyside has recorded sickness absence levels higher than those seen across the rest of the North West, with our Mental Health Trusts regularly having significantly higher levels. At the peak of the COVID pandemic, Cheshire and Merseyside Trusts collectively experienced sickness levels in excess of 20% however this is now sitting at circa 7.5% with around 2.5% of the absences being attributed to COVID related absences.

Sickness absence recording processes are robust and there is a high level of confidence that the reported figures are an accurate reflection of absence.

The number of staff available to work has been significantly impacted by the volume of staff who have been shielded and those who have had to self-isolate due to either showing symptoms of COVID or due to a member of their household showing symptoms. In addition a number of staff have been deployed to 'lower risk' areas due to them being risk assessed as high risk of contracting COVID or due to pregnancy and other factors. With the lifting of the shielding arrangements on the 1st August, staff returned to the workplace and have all had risk assessments to understand their needs.

It is recognised that staff will need to have appropriate access to both physical and mental health services to ensure that they are resilient and able to manage the pressures of winter and potential second wave of COVID. All Providers have in place significant health and wellbeing support for staff and these will remain in place throughout winter and beyond.

Directors of Human Resources have agreed that staff health and wellbeing / sickness absence is one of their priority areas for attention during 2020 and a collaborative programme of work has been established under the leadership of one of the HR Directors.

Belonging in the health and care sector in Cheshire and Merseyside

Health and care staff have been challenged by the response to COVID on a scale and at a pace not previously seen but have worked collaboratively, offering mutual aid and support across organisations and sectors, but we also know from our WRES data that as a system we still have considerable work to do to make our workforce representative of the communities we serve, which will, in turn improve the patient experience. The Health and Care Partnership is fully committed to equality, diversity and inclusion. We believe all forms of racism and discrimination are unacceptable and must not be tolerated. There is clear evidence that racism and discrimination cause health inequalities, impacting our communities, patients and colleagues. We are committed to act and do things differently, to work together to make a significant and sustained change and at our Partnership Board in July it was accepted that it is no longer enough for us simply to stand up and condemn racism, we must be actively anti-racist. We must work together with our communities across all sectors to create a better future in which everyone enjoys the same freedoms, rights and opportunities in Cheshire and Merseyside.

We aspire for our Partnership to be recognised for positively promoting and delivering equality and inclusion for all groups in our leadership, our workforce and in the way that we carry out our work. However, the purpose of our pledge /commitment is to set out our ambition to improve equality and the inclusion specifically for BAME staff and communities. Our goal is to create environments where we will constructively challenge one another and sometimes engage in uncomfortable conversations that enable us to arrive at better decisions for our staff and our communities.

We recognise that equality, diversity and inclusion are multifaceted issues and we need to tackle these subjects holistically. The power of our Partnership comes from our ability to

influence beyond health and social care; it is within our gift to also influence the socio-economic factors that are so important to tackling inequalities such as access to employment, education and housing.

As a Partnership, we are collectively pledging consistent attention and actions which are visible and practical to tackle the deep-rooted issues that lie behind systemic racial inequalities. We acknowledge that these pledges are not the complete answer, but we believe they are important, concrete steps toward reducing inequalities, creating an atmosphere of inclusiveness in our workplaces and cultivating meaningful change for our communities.

The Health and Care Partnership team will all have a personal objective focusing on how they will contribute to the equality and inclusion agenda.

Through the Cheshire and Merseyside People Board we will review the WRES and WDES data across the system to better understand the experiences and opportunities of our BAME staff. We will share best practice from those organisations that are excelling and in partnership with NHSE/I regional offices will offer our support to those who require it in line with the requirements of 'A Fair experience for all'. We are committed to hearing the experiences of our leaders and staff and will continue to roll out the Schwartz Rounds and 'human library' approaches to improvement.

LGBTIQ

The Health and Care Partnership are committed to supporting and empowering all those who identify as LGBTIQ. The partnership will initiate a programme for all member organisations to work to attain the NAVAJO Cheshire and Merseyside LGBTIQ Charter Mark accreditation. This will be a phased approach building on the members who have already attained the Charter Mark and those who are applying for re-accreditation, as lead agencies. The remaining members will submit their inaugural applications and a buddy support system will underpin this work programme. NAVAJO is a robust programme, involving more requirements to upgrade policies and support networks for both staff and patient groups and securing evidence of executive sign up and leadership. External assessors will oversee all three stages of application and assessment.

Another component to our commitment to LGBTIQ employees will be the development of an LGBTIQ staff network. This will be built upon best practice models that are due to emerge from the two year NHS LGBTIQ Staff Network Research project which is currently underway. The HR Directors and LWAB have supported the employment of an EDI lead/Consultant working across Cheshire and Merseyside providers and he and a Provider Trusts EDI lead are part of the national NHS LGBTIQ Advisory Board who have commissioned and supervised the research, in partnership with NHS Employers. There will also be the formation of an LGBTIQ Staff Chair's forum.

With regard to the Rainbow Badge Scheme, all participating organisations will be moving from the basic pledge and sign up approaches to developing resource and training packages to support staff and improve awareness and competencies. The Health and Care

Partnership already has a partnership programme to co-ordinate joint working initiatives for LGBT Pride events, throughout the footprint.

The Cheshire and Merseyside approach to talent and succession management will encourage greater diversity for those being considered for director, senior manager or board level appointments and will include those in the care sector, local authorities and Primary care and will encourage our partner organisations to look wider in their search for more diverse leadership.

We are committed to developing all leaders and will continue to deliver our 'Doing things differently' system leadership programme, our registered care home managers leadership programme and will work closely with colleagues in the Leadership Academy, the Innovation Agency and Local Government Association to ensure that our system leadership and compassionate leadership programmes are inclusive.

New ways of working and delivering care

The challenges of the past few months have compelled us to make the best use of our people's skills, experience, knowledge and flexibility to provide the best care in multi-disciplinary teams rather than us focusing purely on grade and job titles.

We now have in place an MOU to facilitate the movement of staff across organisations during the COVID pandemic and whilst initially developed for NHS to NHS transfers we are now in a position to look at mutual aid with our colleagues in social care and the wider care home sector. The MOU will help in the establishment of networked posts and system wide approaches to staffing and skills shortages. To enable this to be even more effective the development of the Digital staff passport will be essential and will provide a verified record of identity and employment, thus safeguarding patient safety and quality of care.

We have established a number of workforce groups in each of our Places and across the Liverpool City Region to look at a wide range of actions that will encourage people to come into health and care careers and to ensure that their experiences are positive.

We have commissioned the Liverpool City Region Combined Authority and the Warrington and Cheshire LEP to work with us on our careers and engagement agenda, ensuring that people from all of our communities are encouraged to consider health and care as a career of choice and that we better understand where people may perceive there to be barriers so that we can facilitate the removal of those barriers. Our staff will also be encouraged to become NHS Ambassadors connecting with young people to showcase careers in the health and care sector.

It is recognised that some care homes are facing significant challenges, one of which is their ability to recruit and retain staff, especially their registered nursing staff. The Partnership are exploring the potential to increase clinical placements in care homes, the use of rotational posts across health and care and the feasibility of deploying our trainee nurse associates into social care settings. In partnership with Halton Borough Council we are supporting the Enhancing Quality in Care Homes' programme. The project will address the

main areas of workforce concern – recruitment and retention, leadership and clinical standards – by focusing on the skills and development of staff within the sector. Although they currently exist within the sector in various guises, a consistent approach to roles such as Nurse Consultant, Nurse Associate and Assistant Practitioners will be adopted across care homes. It is hoped that the perception of careers within care home nursing will be transformed by the development of clear career pathways. This work will build on innovation, leadership and outreach support demonstrated by the centre of excellence to ensure that outstanding care is delivered by six nursing homes in Halton who are part of the programme.

We will work with local partners, further education colleges, and higher education institutes to develop new roles and new entry routes into careers and we will create more apprenticeship programmes. We will provide more high quality placements and listen and act upon what students tell us.

We will provide opportunities to up-skill appropriate staff to ensure that they can provide the knowledge and skills that we need and will work with social care to develop integrated career pathways and ensure that carers and volunteers have access to training via Health Education England's E Learning for Health platform and know where to get appropriate support.

We will promote Cheshire and Merseyside as an excellent place to work and live and building on recent research, will ensure that we are able to create the right culture, behaviours and flexibility to meet the different needs of our multi- generational workforce.

In partnership with HEE (the National learning hub for volunteering) and the North West Voluntary Services we will look to develop further our offer for volunteers, creating development opportunities and routes into employment and ensuring that volunteers can safely and confidently re-enter the workplace following their temporary suspension during COVID.

In the North West we have system facing teams within Health Education England and they are crucial to the workforce and educational transformation programmes, challenging the more traditional relationships with Higher Education Institutes and ensuring that we have access to data on supply and demand for clinical programmes. HEE can also influence the content of educational programmes ensuring that students are job ready on completion of their studies.

We will work across organisations, including primary care to introduce new roles including Physicians Associates and advanced clinical practitioners into the multidisciplinary teams, recognising that we must first create the right environment for organisations to change the way they work for these new roles to be successfully integrated. We will also further develop our approach to deploying volunteers across both Health and Care and where possible and appropriate develop routes into careers for those who want this.

Over the next 2 years we will be developing our approach to workforce planning using population health data to inform our thinking on what a future workforce would look like.

The Local Workforce Action Board has allocated funding to develop this approach so that we can gain a better understanding how the health inequalities in each of the nine places will influence the roles and competencies required in the future. The detailed project plan will be monitored through the People Board.

New ways of working will also require us to look at our systems and technology which can support both staff and service users to deliver care in new and creative ways. In partnership with the Digital programme and our organisational development network, we will be exploring how roles and systems can best use latest technology and will share best practice.

We need to better understand how we can factor into our workforce modelling how digital advancements and technology will impact on our future workforce and how we skill staff to fulfil different or enhanced roles. We have already established a provider workforce modeller forum to start these discussions.

Human Resource Directors are also supporting a joint piece of work looking at how we can optimise the use of the Electronic Staff Record, which will impact on data quality, accurate sickness absence data and this will also facilitate the movement of staff into networked posts, this allowing greater flexibility of the workforce.

Growing for the future

Whilst we have seen considerable support for the health and care sector over the past few months and more people than ever have applied to Universities to undertake clinical programmes of study there is much more work to be done and we still have relatively low numbers of staff in the under 24 age group and we have to be ambitious in our plans to increase the number of apprenticeships, trainee opportunities and to work with our communities to offer employment to those who have been made redundant or furloughed.

We will continue to work with further education and higher education to widen participation in health and care careers offering opportunities based on competencies and skills rather than just focusing on formal qualifications and academic achievements.

We will develop our offer for English language training and will be looking at how we can support our overseas unregistered staff and support them to develop their skills. We will continue to develop our approach through our programme of Enabling Effective Learning Environments which was developed in partnership with HEE.

We will continue to work with the Warrington and Cheshire LEP and the Liverpool City Regional Combined Authority to support employees in other industries seeking job opportunities if they made redundant and will support our colleagues in social care to build on the national and regional recruitment campaigns.

Trusts are engaging with those staff that came into the workforce during the COVID period to encourage them to consider working for the Trust or to join internal banks. We will be working across the North West to develop our approach to reservists and how we can develop appropriate arrangements to engage with those staff that joined the temporary registers and offer flexible working patterns.

It is acknowledged that for youngsters and those entering the workplace for the first time there will be a need for additional support, recognising that they may not be able to physically attend the workplace and accordingly the OD network will be proposing a standard approach to ensure that there is support, training and development available. We will also engage with businesses that are sadly making staff redundant as a consequence of the economic downturn and look to offer them the opportunity to consider health and care careers.

It is important to recognise that as well as recruiting additional staff, we must also consider how we can retain the staff we already have and ensure that they have development opportunities and the ability to expand their experiences. We will also, in partnership with Trusts and social care, look at how we can retain those staff who are approaching retirement and whilst Trusts will ensure that staff have a career conversation with staff we will be looking at a system level how we can offer different career opportunities for those who are entering the later part of their careers and how they can support those who are starting their health and care careers, through mentoring and coaching.

The Doctors in Training collaborative bank has been established and we will build on our experiences to develop collaborative banks for other specialties and disciplines, which will enable greater flexibility for staff, allow experiences in working across organisations, whilst also reducing our dependency on agency staffing. Our next collaborative banks will be focused on Allied Health Professionals and nursing teams.

In partnership with colleagues in Lancashire and South Cumbria ICS and Health Education England we are implementing a new psychology graduate entry programme to increase the number of psychologists and develop a range of new career pathways for psychology graduates. This will support our mental health workforce supply strategy.

International Recruitment

There is a current pipeline of international recruits via the Health Education England International Recruitment Hub and through arrangements developed across Trusts in Cheshire, who were ready to enter the workplace pre COVID but this has been impacted by restrictions and delays to Visa's and travel. Whilst it is anticipated that some international recruits may be able to enter the country later in this calendar year, it will be the next financial year before they have completed all of the required assessments and entered the professional register. There will be support for Trusts and social care who wish to extend their international recruitment campaigns through the HEE offer or via independent arrangements and we will ensure that there is both pastoral care and on-going support for this cohort of staff. The Directors of Nursing are now exploring how best to co-ordinate the various international recruitment routes, utilising the expertise of Trusts who have previously successfully recruited staff. It is understood that additional funding will be available to support international recruitment; ensuring that individuals are supported to pass international English language programmes and that there is appropriate OSCE capacity.

Further work will be undertaken to look at how we can support overseas health care support workers to undertake their professional training and a pilot programme will commence early in 2021.

Our cancer workforce

We have already made good progress in workforce growth, aligned to the commitments in the NHS Long-Term Plan. Between 2015/16 and 2019/2020, there was an increase of 138.5 FTE staff across the seven priority professions for cancer in Cheshire & Merseyside. (Histopathologists, Gastroenterologists, Clinical Radiologists, Medical and Clinical Oncologists, Diagnostic Radiographers & Therapeutic Radiographers)

Working closely with the Cheshire and Merseyside Cancer Alliance and regional HEE team, we will continue to develop collaborations that increase workforce availability, transformation and education for service transformations. With a focus on Early Diagnosis including Head & Neck Cancer Services, Rapid Diagnostic Centres across C&M and upskilling in Primary Care with the roll out of Gateway C - we will continue to promote cross-trust speciality development of staff with support of the staff passport, and collaborate to support an agile diagnostics & support workforce. This will allow us to be able to flex to meet demand & capital investment, across the region. Using the Workforce/HR MoU currently in place to enable cross-organisational working, which has already been successfully implemented for radiologists, radiographers and sonographers, we intend to maximise this opportunity for other professions.

We will continue to embed network approaches and staff banks which will enable qualified and experienced staff from the region to deliver lists across Cheshire and Merseyside. This will be supported by accelerated training as needed and the skill mix reviews to support changes to Cancer screening and manage any delays of patients awaiting screening processes.

We will continue to work with the Cheshire & Merseyside Cancer Alliance to lead the way in development opportunities being provided to Cancer Nurse Specialists (CNS) and Cancer Support Workers (CSW), to support our workforce to provide the best patient care during Cancer diagnosis and treatment. It is recognised that during the pandemic, the uptake of virtual consultations and appointments increased significantly, and we will continue to upskill and develop our staff so they feel confident and competent to deliver quality virtual interactions, health & wellbeing events and personalised / patient initiated follow-ups online as required.

Our Diagnostic and imaging workforce

The C&M Imaging Network have been working with NW regional imaging leads and PA Consultants, to produce a model detailing equipment and staffing requirements to ensure sufficient capacity is available to meet demand during the Covid period, and for the next 12-18 months. The data collected from all the imaging departments throughout C&M clearly indicates that there is a great shortage of both imaging equipment and staff to operate the machines.

Current productivity has been impacted by the following:

- Trust Covid related infection control policies

- Geography of departments including waiting areas to ensure that social distancing is maintained
- Reluctance of patients to attend hospitals for their imaging appointments

As a result, the model has been built including all imaging modalities, incorporating the following assumptions regarding 3 of the modalities that have shown the highest increase in demand over recent years:

- CT – 60%
- MR – 65%
- Ultrasound – 60%

The staffing modelling incorporated numbers and skill mix using the data supplied by NHSE/I, the Royal College of Radiologists and the Society and College of Radiographers, which has been used in the report on diagnostics and screening being prepared by Professor Sir Mike Richards.

Some Independent Sector imaging capacity is provided in Cheshire and Merseyside for CT, MR and Ultrasound via the contracts negotiated with the National IS Cell, NHSE/I Imaging Cell for CT only and individual trust negotiated contracts. This is not a significant amount of the total capacity available, and is operating at similar productivity levels to that of the trust owned assets.

The C&M Imaging Network Workforce Group has established a set of priorities for the next 12 months. The following were agreed by the radiology service managers as the top 3 for immediate action, with HR passport roll-out a prerequisite for:

- Cross- trust speciality development of staff – joint posts for radiologists, radiographers and sonographers
- Leadership/management Band 6 to 7, Band 7 to 8 – development and succession planning
- Development of recruitment and retention strategy
 - Advanced Practitioner/Radiographer apprenticeships
 - Advanced Practitioner scope of practice review
 - Advanced practitioner training and CPD
 - RDA/Support worker development

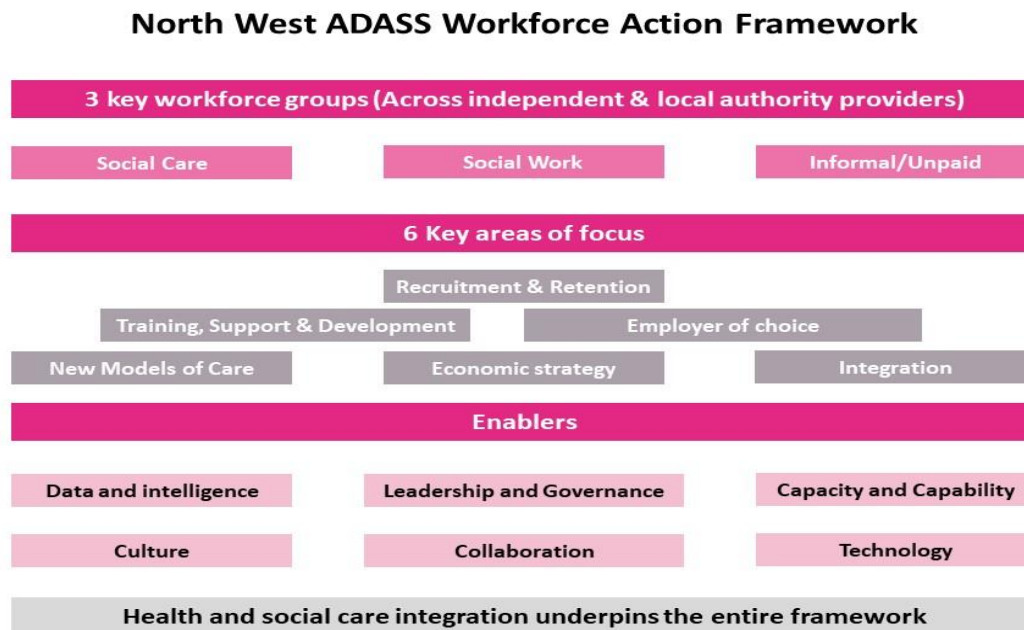
Following publication in November 2019 of the National Imaging Network Strategy, we will be assessing our network against the maturity criteria, and this will support the ongoing development of the workforce strategy.

Integrated workforce

In each of our nine places, there is an ambition to create an integrated workforce which range from working better together through to the development of fully integrated teams and roles.

There are established place based workforce groups, which draw their membership from partners in health, social care, the voluntary sector, independent providers, housing and wider public sector. Work is on-going in partnership with local authorities, North West ADASS, the Liverpool City Region and Skills for Care in understanding the pressures facing the wider care workforce.

We have incorporated the North West ADASS workforce framework as part of our plan.



Through the Care Home Collaborative and the relationship we enjoy with Skills for Care and ADASS, we will encourage greater workforce flexibilities and development of integrated teams, closer working and the ability for all teams to access consistent, high quality training and development.

Cheshire and Merseyside Health and Care Partnership will support the sector with a concerted focus on people and wider workforce issues. Through our system and place based plans we will share information on workforce challenges and opportunities for developing our current and future staff. We will work with our colleagues in Health Education England to develop new roles, understand better the gaps between demand and supply and how we can collectively address the challenges. Recognising the challenges we have in Cheshire and Merseyside with high levels of deprivation and health inequalities, we will work to better understand the impact that this has on our workforce.

Where appropriate, we will undertake collaborative recruitment and seek to maximise the opportunities that we have with our 18 NHS Provider Trusts, Primary Care providers / networks and social care to offer fulfilling, exciting rotational programmes.

Our primary care workforce will be essential if we are to transform the way in which we deliver care and we are working in partnership with the NHSE/I primary care team , the

primary care academy and the training hubs to determine what the primary care workforce of the future will look like and how we will work across organisational boundaries to offer rotational programmes, additional placements in primary care, enhanced opportunities for development and ensure that recruitment to the new additional roles in primary care do not compromise the remainder of the system.

Improving our leadership culture

Our leaders play a key role in shaping the culture of NHS organisations. All NHS leaders, in both providers and commissioners, need to focus on developing a positive, inclusive and people-centred culture that engages and inspires all our people and with a clear focus on improvement and advancing equality of opportunity.

In Cheshire and Merseyside we will support our leaders and colleagues within the Human resource communities to tackle discrepant behaviour, to develop supportive and restorative practice and eliminate unjust practices.

Through the Talent, Leadership and Organisational Development lead we will support our future leaders, develop consistent change management approaches and embed positive behaviours and values.

Summary

Over the next 10 years, health and care will change significantly. We already have a roadmap in the NHS Long Term Plan which sets out a new service model for the 21st century: increasing care in the community; redesigning and reducing pressure on emergency hospital services, more personalised care, digitally enabled primary and outpatient care and a focus on population health and reducing health inequalities. The NHS Long Term Plan also identifies areas where earlier diagnosis, new and integrated models of care, and better use of technology offer the potential to significantly improve population health and patient care. Together, these provide a major opportunity for a multi professional workforce to come together to deliver this 21st century care.

To deliver this vision and keep pace with advances in science and technology will require both continued growth in our workforce and its transformation to one that is more flexible

and adaptive, has a different skill mix and through changes in ways of working, has more time to provide care.

In Cheshire and Merseyside we will support the development of primary care hubs in the integration of primary care and community health services so that staff are working in different ways, with a greater focus on preventative care and establish much stronger links between health and social care. There will be new roles and significant changes to existing roles, requiring an increase in data science and digital skills, as technology and scientific innovation transform care pathways and clinical practice, and enable more efficient ways of working. Our people will need the skills, education and training to realise the potential of these exciting new roles, to extend their practice in current roles and to work in multidisciplinary teams that facilitate more integrated, person-centred care

We also need to transform the way our entire workforce, including doctors, nurses, allied health professionals (AHPs), pharmacists, healthcare scientists, dentists, non-clinical professions, social workers in the NHS, commissioners, non-executives and volunteers, work together. Work will be much more multidisciplinary, people will be able to have less linear careers, and technology will enable our people to work to their full potential as routine tasks (and some more complex ones) are automated. Improved technology will also mean that services are organised and delivered more efficiently, which will contribute to improved productivity.

We will ensure that we have systems and processes in place to avoid staff having to repeat training and other recruitment processes should they move employer. We will have a consistent approach to statutory and mandatory training and development. We will, with the individuals consent, share Occupational Health information to avoid unnecessary tests. We will make the recruitment process a positive employee experience.

To serve our patients and citizens in the best way possible we must improve the experience of our people. At every level we need to pay much greater attention to why many of them leave the health and care sector, taking decisive action in both the short and medium term to retain existing staff and attract more people to join. Our people really are our most valuable asset.

System level action plan (Draft) to be monitored by the C & M People Board

Area	Action	Timescale	Outcomes / Benefits	Measures (TBC)
Health and wellbeing	Establishment of the Resilience hub for health and care staff	November 2020	Timely access to support for staff across health and social care	<ul style="list-style-type: none"> Sickness Absence categories related to MH & stress reduce Improving ESR Data Quality around reporting these details Implementing/drawing on similar collections (usually census or quarterly) from PC and SC, and other public / voluntary sectors
	Training and promotion of Schwartz Rounds methodology	From November 2020	Offer staff a safe environment in which to share their stories and offer support to one another. Reduction of Sickness Absence – particularly stress related. Improved patient safety and quality improvement.	<ul style="list-style-type: none"> Number of Schwartz rounds completed by organisation (aggregate C&M) Survey staff – anonymously – qualitative impact of implementing the methodology
	Health and wellbeing conversations with HCP team	To be completed by 31 December 2020	Emphasise the importance of having regular wellbeing conversations with your staff, ensure all staff are fully supported and can access the right services aligned to their personal requirements	<ul style="list-style-type: none"> Number of organisations / network leads having completed their wellbeing conversations with HCP
Looking after our People	Embed the People Promise in the C&M HCP communications and engagement strategy including mechanisms for feedback	March 2021	C&M HCP People Promise is a recognised commitment across the sector – irrespective of job role, employing organisation or sector.	<ul style="list-style-type: none"> Measures / metrics can be derived from Staff Survey questions monitoring – at a C&M level.
	Share feedback and associated action plan following publication of NHS staff survey results	February 2021	Prioritised & tangible actions that are owned and delivered by organisations/networks within C&M HCP. Sharing best practice & developing a C&M culture for staff working within our system	<ul style="list-style-type: none"> Baseline Staff Survey Results as of 2021, compared to annual change. Focus on prioritised metrics with associated projects – to measure impact of employing organisations actions.

Work with Skills for Care and Primary Care to develop appropriate mechanisms for gathering staff feedback	February 2021	Continuing to embed the culture of integrated health and care, across all sectors. Our 'People Plan' is an enabler for health and care staff to feel a part of C&M – working in their preferred sector – with the same experience.	<ul style="list-style-type: none"> • Appropriate mechanism & metrics defined for Primary Care & Social Care • Metrics agreed, baseline preparation & plan for collection developed.
Create a culture of civility and respect in the way in which the partnership conducts its business	March 2021	C&M HCP People Promise is a recognised commitment and approach across the sector – irrespective of job role, organisation, or sector.	<ul style="list-style-type: none"> • (TBC) Management by objectives approach to be considered and monitored through existing governance structures and networks
Share best practice on retaining and supporting carers in the workplace	January 2021	Workforce who have carer responsibilities are supported, employing organisations are equipped with the mechanisms & best practice to ensure staff can balance their work/career needs with their home/personal responsibilities.	<ul style="list-style-type: none"> • Case study examples of shared initiatives within / across organisations – for staff who have carer responsibilities
Through the Organisational Development network embed a compassionate and inclusive culture	January 2021	Using the expertise of our C&M OD professionals to enable our provider organisations to deliver on their service aims at a team, service, organisation, network or cross-sector level.	<ul style="list-style-type: none"> • OD skills audit • Case study examples of shared initiatives within / across organisations – for supporting teams, services, organisations or networks

Area	Action	Timescale		
Belonging in the health and care sector	Produce a system level analysis of WRES and WDES data with an associated action plan to address the issues	October 2020	C&M HCP and its constituent provider organisations demonstrates & acts upon their People Promise values. We will monitor our action and act according, in collaboration with key partners	<ul style="list-style-type: none"> • Baseline WRES & WDES data for C&M • Annual monitoring of specific metrics (TBC via HRD and ED&I Network Leads)
	Review decision making	January 2021	All decision making groups have input	

	mechanisms to ensure appropriate representation		from appropriately diverse membership / advice	
	Ensure the C&M HCP race equality pledges and associated actions are monitored	Quarterly reviews from January 2021	C&M HCP and its constituent provider organisations demonstrates & acts upon their People Promise values. We will monitor our action and act according, in collaboration with key partners	<ul style="list-style-type: none"> (TBC) With the C&M ED&I lead and monitored/measured through the C&M ED&I network
	Talent management process to be more inclusive and encourage a more diverse range of applicants	January 2021	C&M HCP and its constituent provider organisations demonstrates & acts upon their People Promise values. Ensuring that job opportunities are available to all, and representative of the populations / communities served.	<ul style="list-style-type: none"> (TBC) Collaboration between the C&M HCP Talent Lead & C&M ED&I lead
New ways of working and delivering care	Promote the eLearning for health programme to social care / care homes and primary care	November 2020		<ul style="list-style-type: none"> Survey Primary Care and Social Care provider organisations / networks on their use & suitability of eLearning offers.
	In partnership with Liverpool City Region Combined Authority and Warrington and Cheshire LEP, develop the career and engagement work attracting youngsters in to careers in health and care	November 2020	Grow our health & care training & workforce pipeline and maximise the skills and talents of a younger intake, such as new abilities in technology and a flexible approach to working across professional and cultural boundaries.	
	Through the LWAB/People Board ensure that workforce development funding is	April 2021		<ul style="list-style-type: none"> Baseline WTE Placement Capacity by profession, specialty/branch and training route

appropriately allocated to support staff development and up-skilling and that clinical placement capacity is optimised	<ul style="list-style-type: none"> • using HEE tools • Monitor placement activity
--	---

--

Growing for the Future	Work with further education to maximise the widening participation agenda to encourage more people to enter health and care professions	January 2021	Additional staff entering the workforce
-------------------------------	---	--------------	---

	Increase the number of apprenticeships in health and care across Cheshire and Merseyside including the transfer of levy funding where appropriate	April 2021	New career routes developed. Use of apprenticeship levy maximised
--	---	------------	---

	Work with HEE to embed new roles across Health and Care including Physicians Associates and new roles in Primary Care	April 2021	<p>Workforce growth for clinical and non-clinical workforce across all sectors in C&M. Improved access for patients, career development & enriched work opportunities for C&M staff and population centric services providing local jobs at 'Place'</p> <ul style="list-style-type: none"> • (TBC) – C&M HRD, ADASS & Workforce Planners Network • WTE change for new roles using ESR for NHS Provider Organisations, NHS Digital NWRS collections for Primary Care and working with Skills for Care for LA/Social Care
--	---	------------	---

	Develop the International recruitment hub building on the programmes from HEE/ NHSE/I and local recruitment	April 2021	Increasing clinical workforce availability – particularly for shortage professions or where recruitment of staff is a challenge due to geography/
--	---	------------	---

	processes to maximise the potential for nursing, AHPs and medical staff and ensuring that any national incentives/funding are secured		attractiveness of the area.	
	Through the North West programme develop and embed the approach to reservists volunteers , and former staff who wish to return to the NHS and care sector	November 2020	That the knowledge, skills, and experience of reservists, volunteers and returning staff are valued as part of our workforce, support increased growth and provide a rich background of expertise to the populations we serve.	
	Develop the Cheshire and Merseyside primary care retention scheme with colleagues in primary care / training hubs	November 2020	That the knowledge, skills, and experience of existing Primary Care workforce is valued and will engaged and available to support the growth of newly qualified, new to Primary Care and new roles within the sector.	<ul style="list-style-type: none"> • (TBC) Agreed action plan and ongoing monitoring through existing governance structures within C&M
Workforce planning and transformation	Develop and implement a new health population-based workforce planning tool in partnership with HEE including training of workforce planners	March 2021	Connecting the national and regional workforce agendas, which predominantly focus on clinical/professional workforce with the needs C&M's 9 Places and their communities – which offer opportunities for community assets/new roles to be explored.	<ul style="list-style-type: none"> • Number of sessions/facilitated workshops delivered • Evaluation and feedback • Published 'Place' level plans • Ongoing monitoring, review, and evaluation – within existing C&M governance structures
	Roll out training on the HEE transformation Star tool to support workforce planning	November 2020	Having a consistent narrative as to how C&M HCP and its constituent provider organisations and	<ul style="list-style-type: none"> • Number of HEE Star Workshops completed • Forward plan for future HEE Star

			networks approach workforce transformation, allowing for creativity, collaboration, and flexibility	workshops within organisations / across networks – where there is a workforce challenge in C&M
Recruitment and deployment of staff	Development of system wide rotational programmes / posts and the use of secondments	April 2021	Offer greater flexibility & career enrichment to our workforce in C&M, retaining them within the region whilst increasing the workforce availability for our provider organisations to meet the needs of the patient/client population.	<ul style="list-style-type: none"> • Baseline review of current system wider / rotational programmes and number of secondments • Prioritised plan / professional groups which require a rotational system
	Work with schools and colleges to encourage a more diverse range of people into health and care careers	November 2020	Grow our health & care training & workforce pipeline and maximise the skills and talents of a younger intake, such as new abilities in technology and a flexible approach to working across professional and cultural boundaries.	<ul style="list-style-type: none"> • Number of engagement sessions with schools & colleges • Baseline C&M's age profile and carry out a longitudinal review of any changes
	Further inclusion in the Doctors in Training Collaborative Bank and development of collaborative banks for AHP's and nursing teams	April 2021	Offer greater flexibility to our workforce in C&M, retaining them within the region whilst increasing the workforce availability to our provider organisations to meet the needs of the patient/client population.	<ul style="list-style-type: none"> • Number of professions / workforces enrolled on the Collaborative Bank • Derived measures from the staff survey and local survey / evaluation of staff as needed specifically to the collaborative bank offer in C&M
	Roll out of the Digital passport to facilitate the easier movement of staff across organisations to allow greater flexibility and	April 2021	Reduced HE / administrative burden on transfer of staff between NHS organisations when there are requirements to flex service delivery, an	<ul style="list-style-type: none"> • (TBC) C&M HR Systems network (linked to the C&M Workforce Planners Network) will be able to advise and develop suitable metrics

alignment of supply and demand of staff	attractive and streamlined approach for NHS employees to be supported in their career development & progression	and measures for this action
---	--	---------------------------------