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| **Workforce Committee – 21 November 2017** |
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Attendance: Libby Raper, Non-executive Director (Chair) (LR)

 Dianne Willcocks, Non-executive Director (DW)

 Jenny McAleese, Non-executive Director (JM)

 Michael Proctor, Deputy Chief Executive (MP)

 Brian Golding, Director of Estates & Facilities (BG)

 Polly McMeekin, Deputy Director of Workforce (PM)

 Melanie Liley, Deputy Director of Out of Hospital Care (ML)

 Cheryl Gaynor, CEO Manager (Minutes)

Anne Devaney, Deputy Director of Applied Learning & Research (AD)

Apologies for Absence: Lynda Provins, Foundation Trust Secretary

## Education Review Group Terms of Reference

AD reported on the Education Review Group developed to provide assurance to the Workforce and Organisational Development Committee about education, learning and research provision within the Trust.

JM highlighted the roles and functions of the groups terms of reference and suggested that the word ‘’effects’ in paragraph 5.4 should be amended to read ‘affect’. JM also suggested that 5.9 (Monitor Statutory and Mandatory Training requirements on an annual basis) should be identified as ‘Agree and Monitor’.

ML highlighted paragraph 5.10 in relation to the group providing headlines on educational matters relating to specialties and enquired whether the term ‘specialties’ included professionals as well. AD Confirmed that the term specialties applied to all.

BG stated that the Apprenticeship Levy was outside of the Educational Group. AD noted this and agreed to include with the Committee’s agreement.

Under paragraph 5.12, MP stated that it would be more effective to receive any escalation/action points raised at the group meetings rather than receiving the minutes. AD agreed and also reported that an activity report will be submitted through the annual report prepared for the Committee as per the terms of reference. This was likely to be the March 2018 meeting.

## Minutes and action log of the meeting held on the 17th October 2017

The minutes of the last meeting held on 17 October 2017 were agreed as a correct record.

## Matters arising from the minutes and action log

MP referred to item 4 of the action notes in relation to the Talent Management Strategy and reported that this was around different strategies that already exist and bring them together (such as; Talent Management, Leadership and Organisational Development). He suggested that the Trust has an overarching approach for developing people with links to the 5 year view. There may also be other strategies that could be incorporated but it was felt that an overarching framework would be a better approach that several strategies. He advised that this would also be a precursor to the Institute.

JM expressed her contentment with the prospect of an overarching strategy and expressed the sense that this would give a focus to the strategies.

PM stated that she felt the Culture and Engagement strategy which is just being finalised (of which an update was provided in the papers) would be a key work stream. Work is already commencing with staff being invited to focus groups. This work is collaboration between HR and the Freedom to Speak Up Guardian.

LR clarified that the upcoming Dec meeting of the committee was scheduled to focus on people development including line management issues. It will be important to consider these within the context of the proposed overarching developing people strategy as outlined by MP. ML reported on item 8 of the action plan around discussions with nursing workforce and stated that there had been further exploration with Kay Gamble, Deputy Lead for Patient Experience, as she was looking at growing the volunteering in Dementias. There was work going on around supporting volunteers on training to feed patients and are developing a training package/programme around this. ML also reported that there was also development around ‘move it or lose it’ linking with the deconditioning strategy. ML expressed that the work around volunteers will not likely reduce HCA activity nor was it possible at the current stage, to identify WTE data to compare however, it will help in other ways.

## Risk Registers

PM reported that a new risk had been identified in relation to e-roster Allocate software moving to The Cloud. She highlighted that the risks identified were around delays in the service, potential loss of access. However, the risk was only anticipated to be noted on the register for approximately one month.

LR observed that the risks were not yet fully structured and that the Risk and Legal team were reviewing the risk register with Fiona Jamieson, Deputy Director of Healthcare Governance, taking a more active role.

Further comments were raised around the structure and content of the risk register such as; not clear on who initials are in responsible office, ‘hope’ should not be a word that appears, the term ‘ongoing’ is unhelpful.

## Monthly Information Pack

LR highlighted the workforce development element of the information pack and that all programmed delivery had been postponed until after April 2018. MP clarified that this referred to the regular training. JM requested that MP clarify with contextual comments to the Board.

## Action: MP to report to the Board clarifying the postponement

**Workforce Board Report**

PM presented the workforce board report which provided an overview of work being undertaken to address workforce challenges; it also detailed key workforce metrics. She reported on the CQUIN target of 70% of frontline staff vaccinated against flu. She advised the Trust had circulated a survey (via the computer log-in) to staff who had not yet received the vaccine to obtain to prompt them to get the vaccine. The survey also asked for feedback in relation to why staff did not want to receive the vaccine. PM expressed that she was confident that the Trust would meet the 70% CQUIN target. ML clarified that the Community staff were not picked up as an issue area in relation to obtaining the vaccination.

PM provided an update in relation to recruitment. She reported that the Trust was continuing to improve its recruitment process and had chosen recruitment communications experts Jupiter, to help develop the employee value proposition. PM reported that currently BMJ adverts cost the organisation around £6,000 per advert and following a research exercise, lack of applications submitted from BMJ gave good reason for change.

PM reported that the number of Domestics recruited recently was 48 which represented significant progress.

DW highlighted the Trust recruitment process and challenged whether the process could be better in terms of a financial/performance perspective. PM advised that the recruitment process was appropriately challenging (through Vacancy Control and Corporate Director meetings).

JM reported that sickness was a concern as it was rising and whilst the Trust is better than average, the gap is narrowing between the Trust and the average performers. PM assured that a new sickness policy had been approved which provided more options for managers amongst a number of other interventions to reduce absence.

**Medical Staffing Report**

The Committee welcomed the medical staffing report and felt that the revised format was helpful. (JM, LR, DW)

JM enquired if there was any information from exit interviews with consultants that were leaving. PM responded by saying that the numbers leaving were very low as the Medical and Dental staff group had the lowest turnover of all staff groups. She advised that the Trust had implemented salary flexibility as an option to retain staff directly impacted by the revised pension Lifetime Allowance. It was agreed that continued encouragement to use the Retire and return flexibilities were important.

**Out of Hospital Quarterly Report**

ML – Archways – all staff had been successfully redeployed vast majority to first their first choice roles.

Mobile working – had led to improving work/life balance for staff

Integrated Discharges hub – was developing relationships with partners and help ward staff in complex discharges which was considered a difficult area for them to understand and spend the required. In its review the CQC had commented on good relationship with partners but were concerned that there was no system wide approach to workforce planning.

**Issues arising from Data Quality Group**

PM introduced. DW noted the improvement on agency usage specifically in relation to the eradication of off-framework nursing agencies.

PM advised that medical agencies were more challenging as they tend to be specialty specific and as such it was easier to deal with and eradicate expensive nursing agencies.

**Culture and Engagement Strategy Update**

Discussed earlier in the meeting.

**Internal Audit Reports**

3 recommendations taken forward

Limited assurance meetings with Chief Executive and further report in 12 weeks

**Item identified to highlight to the full Board were as follows:**

* Developing People Strategy
* Workforce development comments explained
* Concerns regarding the increasing sickness trend.