

## Workforce Committee

Key summary points from the Workforce Committee held on Friday 9<sup>th</sup> December 2016:

### 1. Workforce Assurance Report

The Committee received the Workforce Assurance Report which continues to highlight the workforce challenges facing the organization with a particular focus on recruitment. The Committee were assured that the Agency Task and Finish Group, who meet fortnightly, are discussing the use of agency and locums in detail. The Committee asked that a summary is provided in future.

The Committee discussed how to ensure managers prioritise appraisals and were notified that from April 2017 all managers will be required to have all their staff appraised in order to receive a satisfactory appraisal themselves. The Committee were concerned with the compliance rates amongst medics. The Committee asked the Medical Education Committee to work up a plan to improve compliance.

The Committee received a presentation on the Workforce profile and risk which highlighted a number of areas in the Trust with high vacancies and also high numbers of staff close to retirement age. It was agreed that the specific risk relating to the demography of the nursing workforce would be added to the Risk Register and an update would be circulated to the Committee monthly.

The Committee were advised that a large amount of work was being focused on improving the medical recruitment package and that collectively we need to work with other organisations like the Council, schools and the University of Shrewsbury to make the area more attractive as a place to live and work.

### 2. Organisation Development Plan

The Committee received the draft Organisation Development Plan and agreed the importance of linking this in with the People Strategy and approved the continual development of the finalised plan to be brought back to the Committee.

### 3. Junior Doctors

The Committee received an update on the implementation of the Junior Doctor contract and the exception reporting process and implication. The Committee thanked the team for their work in this area and the successful progression of the agenda. The Committee requested that Junior Doctors remain a standing agenda item.

### 4. Apprenticeship Levy

The Committee received an update on the apprenticeship levy and its implications for the Trust. The Committee asked that further work was undertaken to fully explore the opportunities of the levy which included the production of a business case. The Committee were advised that a number of roles including Nurse Associates could be delivered through an Apprenticeship route offering a further opportunity to the Trust.

## Workforce Committee

Key summary points from the Workforce Committee held on Monday 16<sup>th</sup> January 2017:

### 1. Board Assurance Framework

**Risk 1: 423** If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve.

The Committee received an update on staff engagement throughout the discussion of the Committee. This included Health and Wellbeing and flexible working. However, the Committee remains of the view that this rate is rated amber.

**Risk 2: 859** Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in Critical Care, ED and Emergency Medicine, nursing.

The Committee received an update regarding sustainability of clinical services and the range of measures that the Trust is taking to support this which includes the Agency Task and Finish groups work. The conclusion of the Committee is that this risk rating remains red.

### 2. Workforce Budgets

The Committee reviewed this report and asked for further information. The Committee felt that the feedback from the Confirm and Challenge meeting was helpful; however, the Committee has requested a summary to provide further assurance that the people agenda is being discussed and managed through Confirm and Challenge.

The Workforce Committee formally noted the communication from the Chief Executive in December highlighting the issues around sustainable finances. Difficult decisions have been made including extending payment periods for invoices resulting in the withdrawal of some supplies.

### 3. Training

The Committee received a paper that highlighted the importance of ensuring that as many clinical staff as possible should be supported to deliver care to our patients during this difficult winter period. This includes a risk based assessment regarding training. This will mean for most staff, their training will be paused until April 2017. The Committee were advised of the impact of this and the mitigation that is in place to support it. The Committee discussed this matter in great detail and concluded that they requested that the recovery plan be reviewed to see if training compliance could be accelerated. It was noted that this was a difficult decision and the Committee requested to be fully sighted on the progress of this matter.

### 4. Staff Survey

The Committee received an update on the staff survey results which are under embargo. The Committee discussed the importance of responding to the staff survey and asked for monthly progression against the plan.

### 5. RPIW

The Committee received an update on the RPIW Recruitment Value Stream 3 which has reduced the average process time of when the recruitment team receive the post information form to the candidates getting their confirmation letter with the start date from 42 days and 90 minutes to 12 days which is a fantastic achievement. The improvements are monitored at 60 and 90 days to ensure consistency and further improvements will continue.

## 6. Junior Doctors

The Committee received an update on the junior doctor's transition to the new contract which started in December 2016. To date no exception reports have been received and a monthly update will be presented to the Committee. The importance of doctors in training having a positive experience at SaTH was emphasized and they are more likely to consider a substantive post if their experience is positive. This was highlighted as critical for future rotations.

Paul Cronin  
16<sup>th</sup> January 2017