

Workforce Committee Summary 18 June 2018

Culture, Behaviours and work environment

The committee has reviewed a range of data sources relating to staff experience of the work place. These have included the:

- Staff Survey
- Leavers Questionnaire
- Feedback from the Freedom to Speak Up Guardians
- Staff Friends and Family test.

There are strong and consistent messages in these data sources regarding how we work, the impact of high patient demand in the face of staffing shortages and our resulting treatment of one another. The consistent narrative recognised by the committee is that:

1. There are significant levels of stress and pressure upon our staff whilst they are attempting to continue to deliver high quality care to a large number of patients, often with less than ideal numbers of permanent staff
2. Our staff find the use of boarding to manage high volumes of patient need, particularly stressful and undermining of their desire to deliver high quality care
3. The overriding message is that we are living our stated values consistently.

The Staff Survey tells us that one in four of our staff cite experiencing bullying and harassment. This is unacceptable and not the experience we want for our people, ourselves or those wider members of our community that will inevitably feel the impact of stressors on our staff. The committee are deeply concerned by this feedback. The committee has acknowledged that this is how staff feel, has then sought to better understand this through a series of staff engagement events and has then developed its response. The committee now wish to ensure that this matter is addressed.

The response is as follows:

1. To directly address the felt issues of bullying, harassment and abuse in order to try improve the collective living of our stated values and also the impact of any negative behaviours on individuals and teams (see table below)
2. To continue to support cultural development and staff engagement in our organisation
3. To continue to support the organisation in addressing the underlying issues that make our organisation harder for staff to work within and consistently deliver the high quality patient care that they wish to do i.e. Boarding, Staffing shortages in A+E and on wards. The committee will continue to seek assurance on delivery of such a critical element.

The committee will continue to seek assurance on delivery of a better working environment for our staff. Of note to the Board, in addition to the usual data sources the committee will monitor levels of 'boarding' in our organisation as it so clearly has an impact upon the well-being of our staff in addition to that impact upon our patients.

KF 26. Reducing staff experiencing bullying, harassment and abuse by other staff

Focus on listening and creating the opportunity to problem solve – Values Based Conversations (VBC) Course

Trust wide communications of 'Respect Me' – to include what to do if you think you're being bullied

Launch of the z-card behaviours – what we expect and what we don't expect to see

Regular off site meetings 'Time to Talk'

Revision of policies to focus on resolution

Board level commitment to increase the Freedom to Speak Up Guardian hours – increased presence (face to face)

Emergency Department

Through the Board Assurance Framework the committee discussed the staffing situation in both departments, in particular the risks sitting at middle grade level and the frequency that temporary cover is required. The committee heard of a range of actions being explored to support this including Fellow and CSER programmes along with a discussion with other NHS providers. This risk is high sitting at 20 (To be checked) on the risk register.

The committee also heard of the impact fragility has on the team, in terms of pressure, hours worked and Health and Wellbeing. An organisational Development Plan is being created to support staff, progress will be shared on a regular basis.

People Priorities

The committee has developed its People Priorities for this year which is attached at Appendix 1.

This work provides the committee with a strategic overview regarding the People agenda and allows delivery to be monitored. This information will be routinely shared with the board in future reports. The committee is also developing a dashboard of metrics that will be routinely be available to the Board in the future too.

Chris Weiner
Workforce Committee Chair

R	Outstanding
A	In Progress
G	Complete
U	Not yet started/due

People Priorities - Project Plan

1. Development and growth of Team Sath 2. Our people feeling supported		Lead	Status
1	Ward Model	Paula Dabbs	
	Agreement to utilise TCPS Methodology	DF	G
	Agree concept with HEE, NHSI etc.	DF	G
	Proposal and Update to Workforce Committee	PD/HJ	G
	RPIW complete	PD/HJ	A
	Ward 1 implemented	PD/HJ	U
	Ward 2 and 3 Commenced	VM	U
	Pause and Learning including benefits released.	PD/HJ	U
2	New Roles	Victoria Maher	
	Stock take of all developments to Workforce Committee in July 2018	PP	U
	Hold different 'new ways of working' workshop	VM	A
	Develop ACP Strategy	PD	G
	Finalise case for acceleration of new roles	VM	U
	Rotational apprenticeship programme for system	PD	G
	Hold conference - Workforce Transformation supported by HEE	VM	U
	Contact other NHS organisations to share learning and experience	PP	U
3	Leadership Academy		
	Appoint Prof Chair	SW	G
	Review Syllabus - Prof Chair	PD	G
	Understanding of Leadership development needs	VM	A
	Leadership Academy Evaluation to date	VM	A
	Set up Leadership Academy Steering Group (led by Prof Chair)	DM	A
	Management workshop - improving staff survey	VM/PD	G
	<i>Launch new offer</i>	PD	U
	<i>Leadership Conference</i>	VM	A
	Set up stakeholder scoping meeting	DM	A
	Organisational Talent Maps	PD/DM	U

Identify	Type of Risk	Title	What could go wrong?	Causes?	Consequences?	Controls already planned / implemented	Risk Ranking (High, Medium or Low)				Comments	
							Healthcare	Timely	Cost	Reputation		
		Identify that should describe incident that including root causes	Identify the main events. The wrong things that go wrong?	What causes the probability of the problem occur?	What patients received and what not? What services are affected? Patient care							

Technical
Critical Almost Certain Insignificant

Operational Possible Minor
Moderate

Lessons Learned

Date	Issue	Learning