

Workforce Committee Summary

The Board is asked to **RECEIVE** and **NOTE** the Committee Chair's report of the 3-4 issues/key points from the meeting which are needed to be escalated to the Board

Key points from the meeting held on 20/01/2020	
Ward Visit to 25	
<p>The Committee have introduced a Ward visit prior to each full Committee meeting. Committee members visited Ward 25 (RSH) and met with staff and the Ward Manager. The Committee heard about some of the workforce challenges they face particularly in relation to substantive staffing levels. Notwithstanding this the committee heard strong levels of passion and commitment to the Trust and patient safety. The Committee were shown the dedicated secure 'Sepsis Tray' (in addition to the Sepsis box) and use of technology was observed to aid patient management and expedient discharge. The Ward Manager feedback following the visit indicated that they found the visit beneficial and it was a pleasure to accommodate the committee members.</p> <p>The committee also agreed to widen the scope of the visits to include non-ward areas like Estates and IT.</p>	
<i>Level of assurance provided: Moderate</i>	<i>Direction of travel: Same</i>
Staff Survey and OD Plan	
<p>The Committee received a verbal update based on the embargoed initial raw data following the 2019 National Staff Survey.</p> <p>The initial data shows that whilst response rates remain low, there is a marginal improvement in some (but not all) areas. Working groups will be set up to focus on key areas that need addressing in particular patient safety and quality of care, leadership and cultural issues within the Trust. The initial data does not provide any comparison indicators with other Trusts at this stage and more information will be available in due course.</p> <p>The Committee also reflected on the Extraordinary Workforce Committee held in early January 2020 and agreed that this session was extremely informative in gaining an insight into the work which has been carried out in the Care Groups following the 2018 National Survey. It was agreed that a follow-on Extraordinary Workforce Committee will be scheduled for mid-2020 to enable continued review and oversight to take place.</p>	
<i>Level of assurance provided: Low</i>	<i>Direction of travel: Improving</i>
Workforce Reports	
<p>The Committee received the Workforce Assurance Report and Workforce Plan 19/20 monthly update. The key points were highlighted including:</p> <ul style="list-style-type: none"> - Appraisals were reported as being at 90% which is the Trust target. - Statutory Safety Update training is at 88% for the fourth month running which is the highest the Trust has seen against a target of 90%. - Staff absence is currently at 4.94% against a Trust target of 4% and a national target of 3.99%. It was noted that mental health as a reason for staff absence remains high and support is being given to this area. - The Committee received a nationally required update on our organisational self-assessment against provider Flu Campaign best practice template. This was a requirement from NHSE/I to help reduce the variability of provider uptake (average 70.3% rising to >90%) by sharing best practice. Committee noted that this best practice framework was utilised in planning and delivering our campaign through 2019/20. - The Committee discussed the importance of the data accuracy and that it should be presented in a clear, concise and consistent format that is understandable by all. This point was agreed. 	

The Committee discussed the implementation of Medic on Duty system and noted a delay. . The Committee were informed that a revised date for implementation is now expected to be 1st April 2020 following working groups and consultation with clinicians.

The Workforce Plan update shows that we are using more substantive and agency staff than planned and are monitoring all the strategies that impact on staff numbers in each care group.

The Committee also discussed and agreed that a clearer format for the workforce plan would be helpful rather than just a spreadsheet and a refresh of the presentation will be given to ensure the data is more meaningful.

The Finance Director reiterated that we have seen a significant increase in substantive staff and agency staff and expressed concerns around the control of our establishment.

Level of assurance provided: Low

Direction of travel: Same

OSCE Nurses paper

The Committee received a paper by the Director of Nursing in relation to OSCE ready nurses which would be supplied to the Trust through a private company in India who have been introduced to the Trust by the Trust Chairman. The committee heard that these nurses also have ED and Paediatric experience. The committee also heard that additional benefits include reduced supernumerary time (a potential reduction from 12 weeks to 4 weeks). It is proposed that a pilot is undertaken with 30 nurses joining in March 2020.

The Committee acknowledged the potential benefits of using the private Indian Company. The Committee also recognised the Trust's need to increase staffing levels particularly in areas where workforce fragility persists such as ED in order to address Section 31 notice, however, the Committee discussed governance and the financial implications. The Committee noted that they are conflicted and it was agreed that this matter should be discussed at Performance Committee and Trust Board.

Level of assurance provided: Low

Direction of travel: Same

Board Assurance Framework

Review of risks

- a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks:
423 We need positive staff engagement to support a culture of safety and continuous improvement.
859 We need a recruitment and retention strategy along with demand-based rostering for key clinical staff to ensure the sustainability of services.

- BAF 423 - IF we do not have positive staff engagement THEN we cannot support a culture of safety and continuous improvement.

Level of assurance provided: Moderate

- BAF 859 - IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services.

Level of assurance provided: Low

- b) In considering these risks, the Committee can confirm:

The ratings would remain the same. The Committee acknowledged that the Risk Register had not been updated since November 2019 and asked that committee members review their risks and report back in February 2020 on the actions taken against each risk. It was also agreed going forward that the BAF would be moved earlier in the agenda.

check box to confirm

- | | |
|---|-------------------------------------|
| 1 The BAF risks are up-to-date | <input type="checkbox"/> |
| 2 The direction of travel stated is current and correct | <input checked="" type="checkbox"/> |
| 3 The current risk rating is correct | <input checked="" type="checkbox"/> |
| 4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added? | <input type="checkbox"/> |

Completed by: Teresa Boughey, Chair of Workforce Committee

Date: 20-01-20