

Agenda item 2.i

Report to:	Board of Directors	Date: July 2024
Report from:	Chair of the Workforce Committee – Part 1	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Workforce Committee	
Board Assurance Framework Entries	BAF 1853 and 1929	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	To have clear and effective processes for assurance of Committee risks	
Key Risks	None believed to apply	
For:	Insufficient information or understanding to provide assurance to the Board	

1. Issues of interest to the Board

1.1 Review of the BAF Risks

The BAF risks 1853 and 1929 had been amended to reflect the challenging national environment as discussed at Board and Committee. Currently the risk on industrial action BAF 3261 goes to performance but given that the risk has changed, a discussion at board is required to determine whether this should now report to the Workforce committee given the risk to the impact on service delivery is reduced and the risk to workforce is heightened.

1.2 Staff Story

Jackie Pettit shared her personal story and her experience of joining RPH, having recently experienced a significant and traumatic change in her personal circumstances. She described how RPH had enabled her to grow in confidence, find her true value and worth and that her role as Co-chair of the Women’s network had allowed her to further develop. Jackie showed tremendous bravery and courage in sharing her story and left the committee humbled and impacted by the power of her story, her resilience and the support that RPH had provided along the way.

1.3 Workforce Report.

Progress continues to be seen in some of the key indicators There has been a slight increase in vacancy rates, however, the 18-month trend is positive. It has come down from 14% at the end of 2022, to 4% in March 2024. OPR highlighted the work being undertaken to fulfil the Trust’s obligations under the Sexual Safety Charter. The team have been in talks since last November to bring in a trainer. They are working with her to finalise dates. The Trust has approved funding for a third cohort of the Transformational Reciprocal Mentoring Programme.

The emerging issues is the job banding and re-evaluation, working with ICS partners in how they do this. It is a challenge to do this quickly. The delay in the pay award is playing into some of the issues with lack of engagement and decreasing staff morale.

Assurance provided on progress against the 24/25 plan

1.4 Building a vision of board leadership and inclusion

Eilish Midlane described the work that had been undertaken. There have been 3 Board workshops, with a small group working to shape the vision, taking from the output of the sessions. This will be a narrative they can talk to the leadership group within the organisation, development of behaviours framework, and the development of some individual staff stories into a format that can be shared. The leadership day on 17th September will be the first of its kind, taking the top 120 leaders, different from managers, for a day to talk them through the new approach and taking some in their teams to shape the next steps on a local level. More of the development material will be brought back to Board once it is prepared.

Assurance provided that we have a plan to change the experience of our staff

1.5 The Q1 Education report

The report describes three positive developments:

- The CPD funds have come through
- There is positivity around the location for the clinical education team
- There has been an increase in mandatory training compliance, however, some areas still need to improve.

There is a need to need to enhance the reporting on medical students as there is a requirement to do ward-to- board quarterly reporting, in future this will be integrated into the Education and Training Report.

Assurance provided

1.6. Junior Doctors Working Lives Gap Analysis

The committee received a report that detailed the improvement plan for our junior doctors. There is an underlying issue with culture and how junior doctors feel about their experience which is beyond the need for improvements with the doctor's mess but more about how they are received and the sense of belonging and welcoming from consultants and teams. The committee had previously received feedback on our LEDs experience which was similar to the junior doctors in some respects. The committee therefore requested a deeper understanding and assurance on the experience of doctors who are not consultants.

Weak/Partial Assurance

1.7. Safer Staffing

The Safer Staffing report reflects a triangulated approach, using an evidenced based tool, professional judgement, and patient outcomes to understand if staffing is right. There is a new safer nursing and care tool that NHS England have issued, lots of training has been undertaken and it has been embraced by staff over the year. Confidence in it has come through in the annual review meetings.

The safer staffing report reflected the improvements that have begun to be seen in PIPR, namely:

- Improvements in fill rates
- Decrease in deployment to other wards
- 100% OSCE rates
- Funding for overseas recruitment

There are a few areas that need further focus and attention:

- Tighter control on agency usage alongside bank and temporary staffing more broadly
- The need for sisters to have supernumery time
- A model for employment of associate nursing roles

Assurance provided

2.0 Other reports received

The committee received an update from the Health and Safety Committee

3.0 Issues for Escalation

The changes to BAF – It was suggested that Risk 3261 is split with one part on the performance and delivery of the Trust, and the other on the new workforce risk posed by the changing national context.

4.0 Recommendation

The Board of Directors is asked to note the contents of this report.