

Agenda item 2.i

Report to:	Board of Directors	Date: 09 January 2025
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 742, 1853,1854 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

The committee was observed by Claudia Iton, Chief People Officer at the C&P ICS and Dr Sarah Hughes, Chair of People Board & Rem Comm at the C&P ICS, who joined Part 1.

1.1 Review of the BAF Risks

BAF 742, Safer Staffing, had been transferred from the Quality and Risk committee, following a review by the Executive Directors it was recommended that the risk be de-escalated from the BAF. Whilst this action was supported by the committee members were concerned that the committee had not had oversight of the risk previously but was being asked to support the de-escalation. The committee also supported the reduction of the BAF 1854 risk rating from 16 to 12.

1.2 Staff Story

Frida Kinoti-Ronoh and Jacqui Renwick shared their experience of being partners as part of Cohort 2 of the Transformational Reciprocal Mentoring programme. The presentation spoke to the power of the programme, Frida shared how her partner and her experience on the programme had given her confidence, a sense of belonging and a connection with someone in another part of the organisation. The partners invested in their partnership beyond the programme committing to regular meet ups which have continued post their graduation from the course.

1.3 Workforce Report.

The workforce report presented the usual KPIs and updates with a particular focus on Appraisals which despite being a priority for focus and intervention had not seen an

improvement in compliance. The reasons for the deterioration and the failure to improve is not obvious as roster fill rates have improved over this period and sister/charge nurse supernumerary time has been gradually increasing. Sickness absence has remained above KPI but departments have been using temporary staff to mitigate this. It was disappointing to see such low compliance in non-clinical areas where it would be expected that it was easier to allocate time for appraisal meetings. Only two Divisions/Directorates have improved compliance since the last deep dive analysis; Nursing Clinical and Thoracic Medicine and Ambulatory Care. Work is underway to secure a better understanding of the root cause, and a series of focus groups have been established to help do this. The workforce committee has requested a further plan in January that gives a clear position on the next steps and a decision on whether to move appraisals to an annual cycle.

A deep dive into the Time to hire which has been in a state of fluctuation for a number of years, the current average is 49.9 days, national KPI is 48 days. The paper provided a breakdown and a deeper understanding of the issues impacting on our time to hire and a focus on next steps.

Partial Assurance provided on progress across all areas

1.4 Career and Talent Pathways

The committee received a comprehensive and thoughtful paper on the work that was initiated to review the banding of our HSCW job descriptions. The work identified that we were not correctly banding many roles. We immediately remedied this by moving our HSCWs to Band 3 and negotiated with our Trade Unions to back date to July 2021. This highlighted the potential risk that this problem could be more widespread across other roles/bands. This and the national and local picture of concerns regarding the operation of the JE process coupled with our emerging strategy to better manage talent and map career pathways led us to invest in a new project to map nursing career pathways. A project was initiated with 8 clear ambitions. The project started in Q1 2024/5 with the intention to initiate and complete a pilot reviewing nursing roles in Cardiology by the end of Q2 2024/5. This project was called the Nursing Careers Pathway Project. The project commenced with a review of all nursing job profiles which identified that many job descriptions were out of date which in turn triggered the development of a new generic Trust Template for nursing bands 4-7. The next task, once we were confident that the roles were described accurately within the job descriptions, was to consider everyone in post and assign a *development-stage reference*. Phase 2 is commencing, the committee asked for a report to come back at the end of Phase 2 but in the meantime there were key areas of consideration which included: aligning to system and national work, the financial impact and consequences, the implementation and roll out.

Assurance provided on the work undertaken to date but further details required on the next stage of the project

1.5 The Q2 Education report

The committee received the Q2 report which covered details of the following key areas.

- Review of some Clinical Education vacancy portfolios to ensure delivery of BAU and attraction to post
- Annual NHSE Education Contract Self Assessment submitted – broadly

positive submission, action plans in place in areas of incomplete compliance

- Long term plan for clinical training space to form standalone Project following closure of Facilities Optimisation Project. Continued positive impact for education staff and learners with interim solution
- National CPD funds received for 2024/5 (c£256k) – mitigates Risk ID1930
- Significant improvement in mandatory training compliance for manual handling and resuscitation – overall compliance continued improvement to 86.76% (KPI 90%).
- Select number of innovative cross campus collaborations being established. Working group initially chaired by respective Chief Nurses from RPH and CUH

Assurance provided

1.6. Junior Doctors Working Lives Gap Analysis and LED survey.

Three surveys have identified areas of concern with regards the working lives and training experience of Resident Doctors in addition to specific areas that NHSE has asked Trusts to focus on:

- Local survey of Locally Employed Doctors undertaken earlier in 2024
- The GMC national training survey published in July 2024.
- The National Education and Training Survey 2023 (NETS) which is a multiprofessional education survey for learners in placement was undertaken October 2023 – November 2023
- Self assessment against NHSE recommendations for improving the working lives of doctors in training

The paper highlighted that there is a degree of overlap with the actions plans that have been developed in response to the surveys and the purpose of the paper was to provide an overview of the various action plans, areas where progress was being made and where further improvement is required.

Partial Assurance

1.7. The Guardian of Safe Working report and the Freedom to Speak Up Guardians report was on the agenda and noted given that it had been to Board at the beginning of November

Assurance provided

2.0 Other reports received

The committee received the Audit report on PIPR and agreed the extension of the current workforce strategy to align to the timetable of the refresh of the Trust Strategy.

3.0 Issues for Escalation

The committee recommends that a board seminar is held on the national workforce challenges, the work underway on the Career and Talent Pathways to understand the risks and issues for the Trust.



4.0 Recommendation

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