

Agenda item 3.i

Report to:	Board of Directors	Date: 01 May 2025
Report from:	Chair of the Workforce Committee – Part 1 Meeting in March 2025	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the March 2025 Part 1 Workforce Committee Meeting	
Board Assurance Framework Entries	BAF 1853, 1854, 1929 and 3261	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	To have clear and effective processes for assurance of Committee risks	
Key Risks	N/A	
For:	Discussion	

Issues of interest to the Trust Board

1. BAF

The Committee reviewed the assigned risks from the BAF.

- a. Risk 1853 there is no change to this rating, although it was noted that the turnover rate improvement had been sustained over a period of time and a recommendation would come back to the May 2025 Committee about whether or not the risk could be reduced.
- b. Risk 1854 the risk remained at 12 with no change.
- c. Risk 1929 the risk has been reduced to 12 to reflect the improvements in the recommender scores in the 2024 staff survey.
- d. Risk 3261 the risk remains at 20 but will be reviewed in June after the work on nurse role evaluation and the national review concludes in June.

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2. Staff story

The Committee received a presentation from Emma Foltynie who leads the professional nurse advocates at RPH. Emma has been a member of the RPH team for the last 20 years spending the majority of her career in critical care where she led a programme of well-being for staff. Alongside being a qualified nurse Emma is also a qualified counsellor. The nurse advocacy programme was introduced to the NHS by Ruth May with a recommendation that for every 20 nurses employed there is one nurse advocate. Currently at the RPH the ratio is one nurse advocate to 46 nurses. Emma leads a team of 16 nurse advocates, and she has been in post for nine

months. In that time Emma has led the team, implemented the programme of nurse advocacy, been the point of contact for advocacy, has overseen the upskilling of the team and also ensured that there was data collection and reporting as well as evaluation of the programme. The feedback from the recent evaluation was overwhelmingly positive, with 95 people responding. Emma was joined in her presentation by Nikki Speed who shared the experience of the PV DA team who had benefited from a Restorative clinical supervision team session which had helped the team significantly following a very difficult time. The Committee was truly impressed and inspired by the presentations and endorsed the work of this important team in supporting staff. Although the focus was on clinical supervision for nurses the programme is also open to other staff such as allied health professionals.

3. Workforce Committee Terms of Reference

The Workforce Committee reviewed the Terms of Reference and endorsed the current format

4. The Workforce Director's Report including a report on the Career Progression Project

The Committee had previously received a paper outlining the nurse careers pathways programme and the pilot that was running in cardiology, with the plan that this would be rolled out across the organisation and to other role types. Given the national work being undertaken the Committee supported the recommendation that the programme should be refocused on reviewing all nursing profiles and ensuring that they are correctly banded to ensure that we were on the front foot and prepared for the newly published national profiles which are due in June or July of this year. This is a significant piece of work which will hopefully avoid the workforce team becoming overwhelmed with requests for reviews of job evaluations and it would also help to quantify the impact and the profile of risk that we may be facing in a structured and processed way. There was also a detailed conversation about e rostering for medical staff, this had been raised as an action in relation to supporting resident doctors, but its value for more senior consultants was questioned. Given that there had been several discussions in different meetings it was agreed that we needed to reach a conclusion on whether E rostering was a useful and is economically viable. Dr Ian Smith reflected that a review had been initiated a few years ago looking into the value of a E rostering for doctors and he proposed that he worked with Dr Stephen Webb to bring back a paper to the Committee that concluded a review and made recommendations on the way forward.

Partially Assured

5. 2025/26 Draft Workforce Action Plan

The Committee received the draft workforce action plan for 25/26 which was the list of continued programmes from 24/25, priorities for 25/ 26 and a few new areas of focus. The report was well received and generally supported, however Committee members suggested that it was ambitious and was concerned that the team resources

were not adequate to deliver the wide range of programmes. The Director of workforce said that these were essential to the organisation and the majority were the continuation of work that was underway with one or two minor exceptions. A sense of prioritisation and timing of each of the programmes of work would be presented to the next Committee meeting in May 2025.

Partially Assured

6. Equality diversity and inclusion

Under this item the Committee approved the WRES and WDES action plans for 25/26 and recommended them to the Trust Board for final approval. The Committee also reviewed the EDS 2 report and the review of last year's progress and recommended the action plan for 25/26 to the Trust Board for approval. It was noted that more consideration and thought needed to be given to the priorities and the governance for health inequalities and that the seminar scheduled in June 2025 should help to address the outstanding actions highlighted in the EDS 2 report. The Committee also reviewed the gender pay gap audit and supported the focus for 25/26 and recognised the progress in 24/25, the report was recommended to the Trust Board for approval.

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7. Staff Survey Results

Across the nine themes of the survey, our results are slightly better for 2024 when compared with 2023, continuing a trend of steady improvement over the past few two years. Our improvement is in contrast to the overall national results, which shows a slight deterioration in most scores.

a. Significant improvement

- Recommender as a place to be treated
- Enough staff
- Satisfied with pay
- Have realistic time pressures
- Can approach immediate manager to talk openly about flexible working
- Immediate manager takes a positive interest in my health and wellbeing
- I can eat nutritious and affordable food at work

b. Significant deterioration

- Not experienced physical violence from manager

The survey results are being shared with staff and with managers, staff and staff side colleagues through the normal communication channels and in specific briefings. They will also be shared and discussed with Staff Networks and they form part of the second Inclusive Leadership event on 1 April 2025. Last year the Chief Executive and Director of Workforce conducted a number of online sessions to present and discuss the results with staff in online sessions, which will be rolled out this year.

8. Education and Training

The Committee received the quarter 3 Education Report. The report brought to the attention of the Committee the significant work that has been undertaken and the positive impact across a broad range of areas. Key highlights of the report included:

- Very high interest in Education posts with high calibre applicants.
- Fit for purpose clinical training space remains through ward 3NW – continued positive impact for education staff and learners
- Continued improvement in mandatory training compliance with focus on L3 resuscitation – overall compliance continued improvement to 88.39% (KPI90%).
- OSCE training developed 10 new overseas staff with 100% pass rate (national average 57%)

The Chief Nurse, while celebrating the success of the Education Team, highlighted 2 areas of concern within the mandatory training fields namely:

- Cardiac Surgery Advanced Life Support (CALS) training was experiencing some vulnerabilities, due to capacity, and
- Level 3 Safeguarding - while some improvements had been seen over the year there remains concern about Level 3 training for doctors. Work was underway and a plan will be brought back to Committee via the quarter four report.

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