Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Workforce Committee (Part 1)
(Sub Committee of the Board of Directors)

Held on Thursday 30 January 2025, 11.15-13.15
Via Microsoft Teams

M I N U T E S

Present	Fadero, Amanda	(AF)	Non-Executive Director (Chair)
	Harrison, Sophie	(SH)	Chief Finance Officer
	Howard-Jones, Larraine	(LHJ)	Deputy Director of Workforce and OD
	Leacock, Diane	(DL)	Non-Executive Director
	Mensa-Bonsu, Kwame	(KMB)	Associate Director of Corporate Governance
	McEnroe, Harvey	(HM)	Chief Operating Officer
	Midlane, Eilish	(EM)	Chief Executive Officer
	Oonagh Monkhouse	(OM)	Director of Workforce and OD
	Eilish Midlane	(EM)	Chief Executive Officer
	Norman, Claire	(CN)	Assistant Director of Workforce and OD
	Paddison, Charlotte	(CP)	Associate Non-Executive Director
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
In attendance	Abdoul, Ali	(AA)	Head of EDI
	Billur, Sunanda (left 11.35)	(SB)	Co-Chair, REN Network
	Brodowski, Naomi	(NB)	Executive Assistant (minutes)
	Butler, Jade	(JB)	Workforce Retention Lead
	Fofana, Adama (left 11.35)	(AF)	Co-Chair, REN Network
	Galen-Bisping, Rikki	(RGB)	Observer
	Hotchkiss, Marlene	(MH)	Public Governor
	Iles, Steve	(SI)	Recruitment and Temporary Services Manager
	Lonsdale, Jon	(JL)	Assistant Director Clinical Education
	McClean, Josevine	(JM)	Staff Governor
	Preston, Stephen (arrived 12.15, left 12.40)	(SP)	Guardian of Safe Working
	Radwell, Adam	(AR)	Head of Workforce Information
Apologies	Atkinson, Angie	(AA)	Public Governor
	Taylor, Elizabeth	(ET)	Head of Workforce Operations

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1.	**Apologies for Absence** The Chair opened the meeting and apologies were noted as above.		

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2.	**Declarations of Interest** There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda.		
3.	**Committee Member Concerns** No concerns reported.		
4.	**Minutes of the Previous Meeting – Part 1 – 28 November 2024** The minutes of the previous meeting held on 28 November 2024 were **approved.**		
5.	**Matters Arising and Action Checklist – Part 1 – 28 November 2024** Action checklist updated.		
6.	**Board Assurance Framework (BAF)** • All BAF risks have been reviewed. • BAF 3261, which was transferred from the Performance Committee to the Workforce Committee, has been comprehensively updated. • BAF 1853 will be re-reviewed once the Staff Survey benchmarked results are available.		
7.	**Staff Story** *Given by Sunanda Billur and Adama Fofana, Co-Chairs of the Race Equality Network (REN)* • SB jointed the Trust in 2018 and has been involved in the REN for the last 3 years. SB is a specialist nurse in Critical Care. • The network has been a great platform to have a voice and SB decided to become a co-chair to help others to share their experience and break down barriers for them. It has also been a great way of celebrating different cultures and festivals. • AF joined the Trust in 2007 and is currently working as the Equality and Diversity project manager in Research and Development and in Health Inequalities. • Being a co-chair of the network will enable promoting and engaging meaningful work across the Trust and it is good to see the Trust is fostering an environment for those from different cultures and parts of the world. • SB raised that it is difficult for her to be involved in things when rostered for a clinical shift. MS said that she supports giving SB and AF protected time to be able to undertake their work for the network, and that it has been raised by staff numerous times in the Behaviour and Leadership Framework masterclasses that staff are struggling to have the time to attend things outside of their clinical roles.		

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	• OM has been working with AA on looking at protected time for network leads, and once this is confirmed OM and AA will meet with the network leads' managers to put a plan in place for them.		
8.	**Workforce Directors Report** • Turnover has been on an improving trend over the last 12 months. • There were additional induction sessions run in 2024, which meant more staff could be onboarded during some months. • The focus on JB's role has helped focus on some drivers for turnover. • The Trust will likely always be slightly above the average for turnover due to the size and nature of the hospital. • The Trust is working to the national standard of 48 days with regards to time to hire. November's time to hire decreased to 40.8 days and a total of 69 candidates were given unconditional offers in November, with over 56 people waiting to come onto Trust inductions. • AF raised the starter/leaver net deterioration as a concern, especially with a large number of leavers moving to CUH. OM responded that it wasn't a surprise to her and MS responded that she doesn't have a problem with it as it means staff get different experience from doing this and gaining contacts and often then returning to RPH. • DL asked that from the recruitment auditing, with has now been going on for around 6 months, what is the information saying about the Trust's recruitment practices. OM responded that is has been a resource intensive process. Some of the practice around shortlisting has been poor, often due to time restraints, and the full panel aren't always involved in the shortlisting due to lack of time/availability. OM and AA have also been discussing the representation of the panels, in terms of diversity, and whether this is being meaningfully engaged or employed by managers. OM, MS and Judy Machiwenyika (Head of Nursing, STA) have been discussing building confidence for staff, particularly those who English is not their first language and the impact this can have, and they have been working on a new approach on Level 5. <u>Appraisal Process Review</u> • Following the Staff Survey results in 2023, a workstream around appraisals started in August 2024, specifically looking at the quality of the discussions and how meaningful they are to staff. • The first month was spent speaking with managers, staff-side representatives, general staff, transformational reciprocal mentoring programme cohorts and staff networks, to collate feedback on the current process and how it could be improved. There were also additional focus groups held for staff to partake in. • The team also did some benchmarking against different appraisal processes, both nationally and regionally, and it was clear from this than many NHS organisations are facing the same difficulties as RPH when it comes to appraisals. • From all the conversations, it is clear that what people want to get out of their appraisal process is different from everyone,		

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	depending on their life and career goals. • It was felt that there needed to be more input from the appraisee to be able to lead the conversation and focus on the factors that are most important to them, and then to allow the manager to tailor that conversation accordingly. • In order to do this, an additional part to the appraisal process has been added, an appraisee self-assessment form. This form will be completed in advance of the appraisal and give the manager chance to tailor the conversation to that particular individual. • For 360 feedback, all Band 8A+ roles will need to complete 360 feedback every 2 to 3 years, and for those Band 7 and below this will be optional. • There will be a big focus on training for managers, using a hybrid approach including a bitesize training, giving 360 feedback and objective setting. • The appraisal process will eventually be made digital, to allow data to be taken from appraisals. • Protected time needs to be put in for this. • The recommendation for the new appraisal process is to stick with the current approach but add in these additional tools for the appraiser and appraisee, particularly the pre-assessment form. • CP suggested that the Trust values should be imbedded into the pre-assessment form, as the work around the values and really important to the organisation. • CP asked about the data on appraisals, and why cardiology have 81% completed but finance, estates, and facilities only 64%, as surely it is harder for clinical staff to undertake due to time factors. SH responded that finance, estates and facilities are all together but they show very different pictures, and it is a particular challenge for the housekeeping team which sits within estates and facilities as there are also out and about across the hospital and part of the ward teams and therefore face the same challenges as clinical staff. The team are looking to take a different approach for them and are looking are trialling a more grouped model for them. • OM raised that protected time for appraisals does need to be thought through and giving time for this as it is important for staff and the organisation. OM will take this to the Executive team for further discussion. <u>Violence prevention and reduction standard</u> • A revised standard has been published, alongside new legislation, with a big focus on sexual violence. • OM, MS and Steve Rackley have joint responsibility for this across their different areas and have been working the way through the frameworks and legislation, ensuring that the Trust policies align with the changes. • OM and MS will bring this back for further discussion/assurance once the documentation has been fully reviewed, to the July meeting.	**OM/MS**	**31.07.25**

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9.	**Equality, Diversity, and Inclusion** <u>2023/24 WRES and WDES reports</u> • The reports are prepared for Trusts by NHSE. • The current reporting year for the purpose of the reports are 2024. The reports are helpful but they are always a bit delayed in terms of using them to put together plans for improvement. • There has been some improvement in the data, particularly around career progression and bullying, but not around discrimination.		
10.	**Modern Slavery Statement** • Under the Modern Slavery Act of 2015 all NHS Bodies are required to advertise their Modern Slavery statement in a prominent place on the Trust external website and to register the statement on the Modern Slavery Statement Registry. • DL asked how the Trust checks it's supply chain makes sure the suppliers are compliant with the act. SH responded that the Trust has a number of provisions within existing NHS contracts and contracts that are put in place with other suppliers which talk to modern slavery around the Trust's direct relationship. Beyond the immediate supply chain, we don't have obligations and don't do due diligence beyond that immediate relationship. The vast majority of things are from the NHS supply chain, but the chunk that sit outside of this is tricky. • EM added that is some work going on led by the Chamber of Commerce in Cambridge, who are working on Cambridgeshire and Peterborough pledge that all organisations would sign up to. This will go through the Board once in place. • The statement was RATIFIED and AGREED with the caveat that most suppliers come through NHS routes.		
11.	**Workforce Committee self-assessment 2024-25 report** • DL raised that the question around the Board considering and discussing workloads of the committees is a bit ambiguous in some cases, and the Board doesn't really look at individual committee workloads. • AF agreed- should the question be re-written or does the Board need to start discussing the workload of committees to ensure the distribution of committees is the right distribution. • EM agreed and said that the summary assessment needs changing as people interpreted it as a qualitative rather than quantitative assessment. • AF said that if the Workforce Committee is going to remain as bi-monthly, which seems right, then more needs to be done on the balance of the assurance elements and what's information or reassurance. • DL said that the Workforce Directors report is really rich in content and DL is keen that this is not lost. Perhaps this could be moved into a reference pack if necessary. • AF suggested that there is a reflective piece at Board on the self-assessments, and will feed this into Part 2 of Board, and then AF		

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	and OM will look at agenda setting and report content at their bi-monthly sessions.		
12.	**PIPR M09 PM&C** • DL asked why there is no pipeline for Theatre ODPs and what the Trust is going on recruitment for these roles, or is it too specialist. MS responded that it is a national problem in terms of workforce. The Trust are looking at the skill mix, and towards a model of recruiting nurses with an interest in anaesthesia, who can then undertake further training towards becoming an ODP. This will take time as the nurse would then need to undertake a course to be able to go into this role.		
13.	**Update on the role of Anaesthetic Associates at RPH** • An independent review of physician associates (PA's) and anaesthetic associates (AA's) has been launched by the Health and Social Care Secretary to consider how these roles are deployed across the health system, in order to ensure that patients get the highest standards of care. • The review will look into the safety of these role, how they support wider health teams, and their place in providing patients with good quality and efficient care. It will also look at how effectively these roles are deployed in the NHS, while offering recommendations on how new roles should work in the future. • The outcome of the review is due in be published in Spring 2025. • Whilst awaiting this review, the Association of Cardiothoracic, Anaesthetists and Critical Care produced a statement which clearly says that there isn't a role for AAs in cardiothoracics. The Trust has 3 AA's in post at present, and there is a good governance framework around their practice currently. • This statement is with the theatres and anaesthetics business unit to review and come up with a set of recommendations moving forward. There is assurance that they will have a job at RPH as they have qualifications in other areas.		
14.	**Job Planning review** • Job planning is a focus of attention for NHSE who have recently published a job planning guide with input from NHS Impact and GIRFT. The guide identifies goals and challenges and provides a self-assessment methodology for Trusts to assess their processes against an aspirational model. • Against this background, the East of England Regional Team organised a day long job planning event at Duxford on 12 December 2024 hosted by the EoE Medical Director Eddie Morris and led by the national Medical Director for Secondary Care, Stella Vig. • As a benchmark Stella Vig said that 55% of consultants across the NHS have a job plan. The ambition from the centre is that each hospital will have an electronic system for job planning. A move to team job plans is encouraged. There should be a job planning		

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	committee chaired by the Medical Director (MD) for transparency and consistency across speciality groups. There will be reports presented to Trust Boards. There is a target for 95% of consultants to have a job plan by 04 April 2025. • The national Medical Director said that Trust's should be aiming for a limit of 14 PAs and the Trust's limited is currently 15. • RPH established a Job Planning Committee several years ago. This has been MD led with oversight from the Board. Team job planning is the norm within sub-specialty groups. The last report to the Workforce Committee was in May 2024, that is shortly after the watershed of the new financial year when there is a drive to update all job plans. Compared to that high point there has been a deterioration in some of the statistics, but it is anticipated that by April we will have made good that decline. There are 129 consultants currently working at RPH. In the Allocate system there are a few people still registered who no longer work in the hospital. 126 have a job plan (98%). • The call for applications for/recognition of research and educational sessions will be circulated imminently with a plan to update job plans in the next 2 months. The goal is to achieve 100% of consultants with a job plan and for > 95% to be < 12 months old. • The new Clinical Director in the Thoracic and Ambulatory Directorate, Chris Johnson, has piloted closer scrutiny of delivery against plan looking at available data for, in particular, delivery of outpatient sessions both the number attended by the consultant and the number of patients seen as measured by outcoming in Lorenzo. After some initial questioning from the Thoracic consultants this has been widely accepted and has shown that commonly consultants are delivering 44 to 46 weeks of clinical work against a 42-week plan. This year surgical job plans are being reduced in year where annualised delivery targets will not be met. The closer linkage of job plans to delivery will be the norm going forwards. • For the National Clinical Impact Awards, the final tally was 8 applications including 2 women from RPH. Five of the applications were successful including one of the women such that the proportion of female consultants with awards has risen from 5% to 12.5% in the last 2 years. The ethnic diversity of the consultant workforce has also been increasingly reflected in the NCIA process over the last couple of years. Three of the 5 consultants recognised this year were from ethnic minority backgrounds and none were 'White British'. • DL said it was good to see the diversity of the successful applicants for the awards, and that a female consultant has been awarded.		
15.	**Guardian of Safe Working Hours Q2 report** • The biggest issue at present is exception reports. These have increased since the last quarter but remain at a low level. • The most common reason to exception report is hours of working and it appears a number of people aren't getting TOIL and paid for		

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	the additional. SP is working through this to action and close them, and into possible automatic payments. • The doctors' mess is progressing, and plans are in place for the refurbishment. Resident doctors have been closely involved with the design, so it is hoped that it will meet their needs and provide a boost to this staff group. • SP doesn't have information on what proportion of the Trust's locum shifts are getting filled. SP is going to look into the possibility of starting to record this. • OM said that there isn't a rostering system for locum shifts and this are allocated by individual teams. OM will speak to Karen Panesar (KP), Head of Medical Staffing, to look at options. We are moving to the ePay system for paying bank shifts so this should give a better oversight. • DL asked about the automatic payment for exception reports and how this would affect the budget. OM responded that a process needs to be put in place to validate the hours claimed. OM, KP and SP to meet to discuss further. • AF asked how the resident doctors are feeling and what has the mood during inductions been. SP responded that the inductions are quite low mood and it is difficult to get interactive engagement from them. Some of the things we are doing locally, like a good mess facility, demonstrates value, but they are quite difficult to motivate. • EM said that as a group of staff within any NHS organisation, they are quite nomadic. One of the things that has been identified if that the flow of information doesn't always get picked up as it does through other staff groups. There is going to be electronic signage in the new mess to give them a chance to see messaging that they have missed elsewhere.	**OM,SP**	**27.03.25**
16.	**Policies and Strategies** <u>Progress report 24/25</u> • Resolution Policy – it is expected to be ready by the end of February and LHJ will bring the policy to the March meeting.	**LHJ**	**27.03.25**
17.	**Sub Committee minutes** <u>EDI Steering Committee</u> For information.		
18.	**Committee dates and business forward planner** For information.		
19.	**Issues for escalation and Emerging Risks** There were no issues for escalation or emergency risks.		
	Date & Time of Next Meeting: **Thursday 27 March 2025, 11.15 to 1.15pm, via MS Teams**		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Workforce Committee