NHS
Royal Papworth Hospital
NHS Foundation Trust

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

Held on 26th January 2023, at 11 am
Via Microsoft Teams

M I N U T E S

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Baldwin, Alex	(AB)	Interim Chief Executive Officer
	Fadero, Amanda (Chair)	(AF)	Non-Executive Director
	Glenn, Tim (left 12.00)	(TG)	Deputy Chief Executive and Chief Finance Officer
	Howard-Jones, Larraine	(LHJ)	Deputy Director of Workforce and Organisational Development
	Jarvis, Anna	(AJ)	Trust Secretary
	Leacock, Diane	(DL)	Associate Non-Executive Director
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
In attendance	Bage, Luke	(LB)	Head of Resourcing
	Brodowski, Naomi	(NB)	Executive Assistant (minutes)
	Halstead, Abigail	(AH)	Public Governor
	Hotchkiss, Marlene	(MH)	Public Governor
	Panesar, Karen	(KP)	Head of Medical Staffing
	Patrick-Redhead, Onika	(OPR)	Head of Equality, Diversity and Inclusion
	Radwell, Adam	(AR)	Head of Workforce Information
	Taylor, Liz	(LT)	Head of Employee Relations

Agenda Item		Action by Whom	Date
1	**Apologies for Absence** The Chair opened the meeting and apologies were noted as above.		
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. A summary of standing declarations of interests are appended to these minutes.		
3	**Committee Member Concerns** No concerns reported.		

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4	**Minutes of the Previous Meeting** *As this is the first meeting of the Workforce Committee, there are no previous minutes.*		
5	**Matters Arising and Action Checklist – Part 1** *As this is the first meeting of the Workforce Committee, there are no previous actions.*		
6	**Terms of Reference** The following feedback was given on the draft terms of reference: • JA – should the terms of reference be more emphatic in terms of Workforce's remit in delivering the Trust Strategy, as well as the Workforce Strategy? • JA – should something around professional and disciplinary matters be included in the data presented at the Workforce Committee as well as the Board, which includes data on revalidation, appraisal, the number of staff in grievance processes, etc. to ensure this stays relevant to the committee. OM responded that the intention is for the Employee Relations reports and validation to come to the Workforce Committee. OM/AJ will review the terms of reference and add these in. • IS and AF raised that 4.9 doesn't make sense and should read – "*to have oversight of the workforce development requirements including metrics for the medical and nursing staff numbers, with the Q&R Committee and with the Performance Committee.*" • The terms of reference will be updated and recirculated to the committee.	OM/AJ	30/03/23

7	**Board Assurance Framework (BAF)**
	
	 • The BAF forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives.
	 • The committee report includes a summary of each risk based on the DATIX BAF report. This report is being used by Executive Directors to review and challenge the assessment of target risk ratings and risk appetites for each risk, to ensure that these are calibrated across BAF risks.
	 • Four committee risks are above their target risk rating and the highest rated committee risks are:
	     o **BAF 1853:** Staff turnover: RRR 20 (C5xL4): Remains above target driven by the national and local pay environment, the ability to provide career development and progression and the capability and capacity of line managers. The relocation of RP House is being closely managed as that could also lead to increased turnover.
	     o **BAF 1929:** Staff engagement: RRR 20 (C4xL5) The inherent level of risk has been increased to reflect the impact of industrial action on our levels of engagement.		

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	Controls include staff communications, the CCL programme, staff wellbeing and support schemes, staff network support and the reciprocal mentoring programme. This is also supported by the line managers development programme. o **BAF 3261:** Industrial Action: RRR increased to 20 (C4xL5) in recognition of strike action by the RCN. The Chartered Society of Physiotherapy (CSP) has confirmed strike action on the 26 January and other health unions are continuing to ballot. The Industrial Action Task Force has agreed derogations, and we have effective lines of communication with staff and TU representatives. • The BAF risk relating to Industrial action will be taken to all of the committees as this impacts on performance and quality, as well as workforce. • All the committee risks are assessed as having adequate assurance. • AF raised that the BAF still refers to the Performance Committee and this needs to be changed to the Workforce Committee. AJ will action this. • JA asked about the implications of the staff survey and how they feed into the BAF. OM responded that this would be under the staff engagement risk entry. • JA asked if turnover itself is a risk or is it the balance between recruitment and leavers. There is a 'good' turnover level which hospitals need to have. OM responded that the turnover could be qualified by the Trust's KPIs. The turnover at the Trust may be higher than some other organisations due to the specialism and the of size of the Trust, which are things that cannot be controlled. • OM said that a number of the risks relate to each other, but it was felt that needed to be separated out to give them appropriate weight. • There were no changes or modifications to the BAF from the committee.	AJ	30/03/23
8	**Staff Story** *Moved to next meeting.*		
9	**Workforce Directors Report** • This is the first time that this report has been produced so the committee needs to ensure that it is meeting the needs of the committee. • Looking at the Trust KPIs, there has been an increase in vacancy rates across all staff groups in the last month. The vacancy rates were at an all-time low during the Covid pandemic and there has been a steep increase since then. • A deeper dive on turnover has been undertaken. Looking at the last four years, it shows the impact of the hospital move in 2019 and from the pandemic (2020 onwards). Many staff left in advance of the move and immediately after.		

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	• The turnover is annualised and only includes voluntary leavers (not Junior Doctors, fixed-term contracts). • The Trust's turnover year to date is 14%. • JA asked if predicted data on what the turnover of current staff would be in the next 5 years, i.e. 70% of the current staff in a certain group will have left in 5 years. OM responded that the Resourcing and Retention Improvement Programme are currently looking at this data, to see which areas/staff groups need focusing on most. • Stability has been added as a metric, which involves looking at the whole-time equivalent in post a year ago and then we look at the number of staff in post with more than one year's service. This then gives the percentage, and the higher the percentage the higher the stability rate. • AF said that within the Trust KPIs, the story is within the section where the staff group is broken down and seeing more detail on this would be more beneficial than seeing the average. OM agreed to add a break down of metrics by staff group to the report. • AF questioned what the 'Workforce Shortfall/Surplus' graph (under Trend Analysis) was showing. OM responded that this shows when temporary staffing is added, what there is in post. AR responded that the green shows the Trust's vacancies that were unfilled by temporary staffing and the blue shows the temporary staffing usage. The Trust has not been able to meet the establishment demand with temporary staffing since it increased in April 2022. • Temporary staffing has been steady and includes agency, bank and overtime. • JA asked if during the timescale shown on the graph, were there any central directives given on agency use/caps and could these be added to the graph to make it clearer where any caps were added. • OM said that there will be update on staff engagement at each meeting, and generally this slide will cover the results of pulse surveys and the staff survey. The results of both will come to the next meeting. • The staff survey results feed into the CQC Well Led inspection and are the basis for the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and the Freedom to Speak Up (FTSU) index. • The Trust chose to participate this year in the bank survey, which is a new survey. There were 84 responses which seemed a good number. It is difficult to get a fixed number on how many regular bank staff the Trust has, but it is somewhere between 100 and 300. • The staff survey response rate was down from the previous to 61%. • The Workforce Directors report also provides an overview of each team within workforce, and the areas that they are focusing on. • In terms of the Operations team, which includes Medical Staffing, Employee Relations and Health and Wellbeing), the big	OM/AR	30/03/23

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	focus is on sickness absence and re-building the team.		
	• For Training and Development, the focus has been on induction and mandatory training and getting these back up and running post Covid as face-to-face.		
	• For Workforce Planning, payroll continues to be a cause for concern and there is a large focus on overpayments at present and these are currently being reported through the Audit Committee.		
	• For Recruitment and Temporary Staffing, the main focuses have been on time to hire and procuring a new recruitment system which should hopefully be implemented from April/May. The new system will cause distribution at first with time to hire for a period time.		
	• AF asked if there is a trajectory model looking forward for the recruitment pipelines. OM responded that a demand and supply model for Band 5 nurses is done, and the reason for the focus on Band 5 nurses is that they are the drivers of opening and closing beds and temporary staffing. OM said that it is difficult to do a similar model for other teams/departments as the numbers are so small. OM will bring the Band 5 nurses activity model and recruitment plan to the next meeting.	OM	30/03/23
	• DL asked what is being done to manage the high level of avoidable overpayments and how the Healthroster upgrade would drive improvements in getting the rosters finalised 6 weeks ahead.		
	• On the overpayments, OM responded that a detailed paper went to the last Audit Committee which explained the work that is taking place and the reasons for any overpayments. Some of the problems are around educating managers and ensuring they are following the processes that are in place and forms are completed in a timely way. The Audit Committee were assured by the line of sight and that the overpayments were being monitored and that there were actions taking place to manage it.		
	• On Healthroster, OM responded that the issues are around the processes that are in place in the areas and not the technology.		
	• MS responded that herself and OM are holding regular Rostering Check and Support meetings to work with staff to get a mindset of working further ahead than the 6-week cut off.		
	• MS asked if under the section 'by Staff Group' under absence, if maternity leave should be called parenting leave, to include paternity and adoption leave, and make the icon more inclusive.	AR	30/03/23
	• OM highlighted the Resourcing and Retention Improvement Programme. The first meeting took place two weeks ago and the programme board is chaired by OM and MS. The programme board's role is to provide the governance for the collective ownership and oversight of the following workstreams: ○ Workforce Planning ○ Resourcing, including attracting staff, onboarding, preceptorship, temporary staffing ○ Recruitment ○ Employee Development and progression ○ Retention and reward		
	• The programme board reviewed the diagnostic report and		

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	established 5 workstreams based on the areas outlined above. Each workstream will use a diagnostic to identify a small number of initial pieces of work to take forward. It is an improvement programme so there is a focus on testing interventions using an improvement methodology and on learning from best practice elsewhere. The programme board will be using the NHSE Improvement self-assessment tool and will complete this as part of the initial diagnostic phase.		
	• AF made an observation that there is a huge amount of work going on and is there the capacity to manage so many priorities, where is the greatest impact going to be made as quickly as possible and is there a simple diagram that describes the activities that are going on.		
	• OM responded that workforce in complex and it is difficult to put things into boxes, but there are 3 main areas – Equality, Diversity and Inclusion (EDI), Compassionate and Collective Leadership Programme (CCL) and Resourcing and Retention. It has been clearly stated what is out of scope for each group as well as in scope.		
	• MS said that alongside this work, the Trust is looking at improving its whole approach to quality improvement. Looking at this as business as usual and not a project. MS has recently appointed a lead for Transformation and Quality Improvement, which will help with the ethos and how things are done at the Trust.		
	• AF asked how the 3 main workforce projects and tied in with the KPIs, and how they can be connected more tangibly.		
	• AF reflected that the report was a really helpful way of presenting the work of workforce and the ongoing challenges.		
	• AF was surprised at where the high turnover of staff was, particularly in Research and Development (R&D) and Workforce. In terms of R&D, AR responded that some of these could be fixed-term contracts, and it depends on what the individual stated on their leavers form as the reason for leaving.		
	• JA said that the infographics and data is very easy to read, but it is difficult to see how the data is compared against each division/department as they are on different pages.		
	• OM responded that some key metrics, such as sickness absence, could be highlighted and compared.		
	• IS thought the data was fantastic, but it is now how more sense is made of it. R&D have high turnover, but their staff survey results are really good, so turnover doesn't always mean an unhappy department. Specifically for R&D, turnover can be good as a lot of the work is project and fixed-term work, which is different to most other departments.		
	• OM and AR will review the comments from the committee and will look at comparative and key data/metrics by divisions.	OM/AR	30/03/23
10	**Papworth Integrated Performance Report** People Management and Culture • The spotlight for this month was the appraisal improvement plans for each areas. Each of the areas have reviewed and now		

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	have trajectories for improvements. This will be monitored through the monthly performance meetings. Safe • The roster fill rate is still showing as red and there are a few things which will be picked up at Quality and Risk Committee (Q&R) this afternoon. This is being mitigated all the time, which is explained under key performance challenges. The Trust is maintaining safety, but the risk is the constant mitigation which feeds into the workforce wellbeing. • Redeployments to other areas – there is now an improved and more organised approach to this, and staff are receiving more notice and redeployment and fixed-term secondments. The new approach is working well so far.		
11	**Education and Training** Quarter 3 Report • The report highlights the work of the Clinical Education Committee, outlining the key areas of progress in the last quarter in terms of business as usual but also the ongoing work with HEE. • The section that MS highlighted was around Mandatory Training Compliance. • Safeguarding Level 3 is the most concerning, at 32% with no movement in the last year. The Trust has an Interim Safeguarding Lead at present who will be bringing a proposal on the Level 3 training to the Safeguarding Committee next week. • Moving and Handling and Resuscitation – key core skills which need keeping on top of. • The team have been doing a sense check on whether there is an increase on incidents in relation to manual handling, etc., deterioration in patients, and any links, and so far there are no links which is good news. It doesn't improve compliance of the training, but it is positive that this isn't causing any extra harm. • AF suggested that the Manual Handling compliance should be a focus of the Health and Safety audit which is being undertaken. • AF raised a concern around the Infection, Prevention and Control (IPC) Level 2 compliance – has there been any analysis done on this and it is specific staff groups that have not undertaken the training, Information Governance, was of concern too. • MS responded that there's always a big push in the year for Information Governance, where the Trust gets to the 95% compliance. It is not the right approach but the target is usually reached, and the Trust does need more consistency on this. For IPC some analysis has been undertaken and it is specific to certain staff groups are not being covered when there are inducted and further work does need to be done on this. • IS questioned the targets for each area of mandatory training, as some are 85% and showing as red, and some are 40% and showing as green. AJ responded that the red and green are showing the increasing and decreasing levels of compliance, not	MS	30/03/23

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	the overall compliance level. All mandatory training has a KPI of 90% compliance.		
12	**Policies and Strategies** Draft People Strategy • The People Strategy is presented to the committee as a first draft, with the aim of having a final version for ratification at the March meeting and then to Board in April. • The strategy has been discussed at Executive Directors (EDs), where there was a big discussion around 'what are we missing?'. The focuses have been on compassionate leadership, increasing the competence and skills of line managers, and a big focus on equality, diversity and inclusion (EDI), which the EDs believe are the right areas of focus, so why is there no improvement being seen through staff feedback. • The discussion then turned to quality improvement and how this needs to be done by managers and given them the skills to do this. • The EDs felt that the strategy needs a focus on what will happen in the first year and the priorities for that year. • AF felt as a framework the strategy was really helpful. There needs to be more the implementation of it, particularly for 2023/24, and how this is done and where the capacity to do it is. • JA fed back that there needs to be timescales, highlights of what the strengths and weaknesses are, and what resources are available. JA asked what options were ruled out. • DL fed back that there needs to be more clarity on what is prioritised and what will be done in each year. • OM will set up calls with AF, JA and DL to discuss their feedback in more detail.	OM	30/03/23
13	**Sub Committee Minutes** *For information.*		
14	**Committee Dates and Business Forward Planner** *For information.*		
15	**Any Other Business** *No any other business.*		
16	**Issues for escalation** • Overpayment issues – Audit Committee.		
	Date & Time of Next Meeting: **Thursday 30th March 2023 at 11.15am to 1.15pm, via Microsoft Teams**		

Amanda Fadero

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Signed
30th March 2023

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Date

Royal Papworth Hospital NHS Foundation Trust
Workforce Committee