

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

**Held on 28th of September 2023, 11.00-13.00
Via Microsoft Teams**

MINUTES

Present	Ahluwalia, Jag (Chair)	(JA)	Non-Executive Director
	Howard-Jones, Lorraine	(LHJ)	Deputy Director of Workforce and Organisational Development
	Jarvis, Anna	(AJ)	Trust Secretary
	Leacock, Diane	(DL)	Associate Non-Executive Director
	McEnroe, Harvey	(HM)	Chief Operating Officer
	Hotchkiss, Marlene	(MH)	Public Governor
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
In attendance	Angie Atkinson	(AA)	Public Governor
	Bush, Liz	(LB)	Executive Assistant (minutes)
	Halstead, Abigail	(AH)	Lead Public Governor
	Lonsdale, Jonathan	(JL)	Assistant Director of Clinical Education
	Patrick-Redhead, Onika	(OPR)	Head of EDI
	Radwell, Adam	(AR)	Head of Workforce Information
Apologies	Bage, Luke	(LB)	Head of Resourcing
	Fadero, Amanda (Chair)	(AF)	Non-Executive Director
	Glenn, Tim	(TG)	Deputy Chief Executive and Chief Finance Officer
	Mann, Kuljit	(KM)	Workforce Business Partner

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.		

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3	<p>Committee Member Concerns</p> <p>No concerns reported.</p>		
4	<p>Minutes of the Previous Meeting – Part 1 – 10 August 2023</p> <p>The minutes from the Workforce Committee meeting dated 10 August 2023 were agreed to be a true and accurate record of the meeting and signed.</p>		
5	<p>Matters Arising and Action Checklist – Part 1 – 10 August 2023</p> <p>The action log was updated.</p>		
6	<p>Board Assurance Framework (BAF)</p> <ul style="list-style-type: none"> • There were no changes to the risk rating this month. • Staff engagement was highlighted as the most significant risk, as well as turnover, recruitment, and delays with occupational health impacting the time to hire. • JA drew attention to low levels of staff engagement being marked as 20 for the last 3 months, and asked whether it should be moved to 25 to reflect increased concern in this area. OM advised that she had not moved the score to 25 because she does not see the issue as catastrophic at present. If it were catastrophic, and requiring a score of 25, they would be seeing correspondingly worrying scores in other areas, such as patient experience. • MS agreed that there is currently no correlation between negative staff engagement/experience and patient experience. She was mindful that staff may be paying a personal price for maintaining the high patient experience scores. OM replied that this is why the area was marked as 20, as there is concern for the low engagement. • JA asked if this was articulated in the description of the risk. OM said that she was concerned about articulating such a concern as it could lead to an imbalance between staff and patient satisfaction scores. • JA suggested it would be beneficial to have a justification as to why the risk score was where it is. AJ agreed, saying there is justification for the risk score in the description, however more detail may be required in the second paragraph. 		
7	<p>Staff Story <i>Given by Gerrie Powell-Jones, co-chair of the Disability, Difference and Working Carers Network.</i></p> <ul style="list-style-type: none"> • The Disability, Difference, and Working Carers Network started in 2019 and has gradually grown in membership. • It is chaired by Gerrie Powell Jones, and Trevor McLeese. • The lead role is a voluntary and unpaid position. It can be a challenging role because of the high workload, the emotional 		

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	<p>responsibilities that come with it, and balancing it alongside a paid position.</p> <ul style="list-style-type: none"> • GPJ first became involved following a conversation with her line manager about her hidden disability and long-term health condition. She reflected on how her personal experiences motivated her to want to give back to others and support them in the same way she had been supported by the Finance Directorate. • GPJ went on to become chair as she wanted to help her fellow colleagues by influencing and improving how staff with disabilities, health conditions, and caring responsibilities are supported by the Trust. • Some of the Network’s proudest achievements over the last 4 years include the introduction of ‘Purple Passports’, supporting staff with disabilities and health conditions to have conversations with new line managers. Having a working document such as this acts as a starting point for effective conversations. The Network have also been involved in developing and influencing Trust policies, and have introduced Sign Live to Outpatients, providing access to sign language for patients and staff. They have worked with Estates to improve door access into Outpatients, introduced sunflower badges and ordered wheelchair friendly outdoor benches for the area outside the café. • 1 in 11 people in work having caring responsibilities and greatly benefit from support given to them by their line managers, colleagues, and the Trust. <p><u>Questions from the Committee</u></p> <ul style="list-style-type: none"> • LD asked if GPJ had felt unsupported by Royal Papworth in regard to her disability, and if she knew of other colleagues who have felt this way. GPJ replied that she had felt unsupported at times, perhaps because people lack an understanding of her condition or the challenges she may face at work because of it. She knew of people who had negative experiences with the Trust and had made herself available to them to provide additional support when having difficult conversations with line managers. • MS acknowledged that being a chair brings significant responsibilities and can conflict with paid work. She asked if chair are given restorative supervision for their time as she was unsure if the Trust has equity in terms of the time staff are afforded to do other roles besides the ones they are employed to do. GPJ replied that she is given restorative supervision by the Head of EDI and is often offered opportunities to train and develop techniques to help deliver network responsibilities alongside her paid job. GPJ suggested there is scope for improvement and a need to recognise that the chairs are performing such a role on a voluntary basis. • JA asked how much time was given to chairs to spend on their responsibilities to the network. GPJ replied that she was permitted one afternoon a month for her chair responsibilities. In reality, 3.5 hours does not go far, and she often spends between 		

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	<p>6-7 hours a month on the network.</p> <ul style="list-style-type: none"> • JA asked if it would be suitable for these voluntary roles to be formalised, giving more definition to their responsibilities and the time they can spend on the network. OM replied they had such discussions with network leads and line managers in the past. There was concern among the Execs that formalising the roles and giving a responsibility allowance would change the nature of their responsibilities and accountability. The current agreement was a result of such conversations. • JA raised his concern with the discrepancy between allotted and actual time spent on network responsibilities and suggested that this Committee keeps tabs on how much additional work is being put in by the leads. 		
8	<p>Workforce Directors Report</p> <p><i>Presented by Oonagh Monkhouse, Director of Workforce.</i></p> <ul style="list-style-type: none"> • Turnover to date is below the KPI for the first time in the last couple of years. • There is an improving uptrend in mandatory training, time to hire, and appraisal compliance. Vacancy rates are slowly decreasing; however, it is still above the KPI. • The report includes a spotlight on appraisal compliance. It was highlighted that the number of appraisals in the Corporate Directorate has deteriorated and so they will be encouraged to address this. A recent internal audit on appraisal compliance indicated that, whilst there is an overall improving trend in the number of appraisals taking place across the Trust, there is still significant improvement needed in the quality, particularly in regard to career development and objective setting. • Q2 of the Pulse Survey received a limited staff response, mostly responded to by clerical and admin staff. The report indicated a continuation of low staff engagement, with no sign of recovery from the decreased engagement seen in the 2022 Staff Survey. • OM advised that there are concerns with Occupational Health in regard to overseas clinical staff recruitment. She is considering bringing TB chest scanning in-house to resolve the current issues. • The Oleo rollout is progressing well. The Trust is not fully transferred over. The company is flexible and open to our feedback. • Wagestream was launched this month with the aim to help staff with financial management and allow them access to a proportion of their pay sooner. • Strike action is dominating the efforts of the Workforce Directorate, taking time away from strategic developmental work. • The Employee Relations department are making progress, launching the Flexible Retirement Policy, and the Abuse, Violence, and Aggression Procedure. • Liz Taylor is working on a Conflict Resolution strategy to reduce heavy workloads. LHJ commented that the Conflict Resolution 		

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	<p>piece was far reaching, encompassing early training, and intervention before the need for formal processes. OM illustrated that they had been working in conjunction with trade union reps and members of staff.</p> <ul style="list-style-type: none"> DL asked if the Employee Relations team had diffused any conflicts early on after implementing this preventative approach. LHJ replied that they are attempting to channel potential issues towards mediation, however, often these conversations are taking place too late. LHJ highlighted that more needs to be done with the training of managers, so they feel comfortable having difficult conversations early on. This is often not occurring, and cases are regularly escalated to formal proceedings. Staff should be informed of the expectation that they work with their team informally in the first instance before escalation. JA questioned what the catering provisions were for Kingfisher House as they did not get the same half priced lunches that staff get on site. OM replied that they did not have the facilities there to provide lunch daily, however the team have constructed a plan around staff preferences to have a free monthly meal provided for staff. HM said that the staff enjoy the monthly lunches, and the overall comments reflect on their feelings of being valued. JA, referring to the Trust KPI data, if the data in the table could indicate how far the Trust is away from the target as it can be challenging to remember where that data point is from previous months. AR said that he could add this to the next Workforce Report. JA asked if the infographics could include arrows to show trends across months as it can be challenging to effectively use a single month snapshot. OM advised that the reports can be too long, but they would add arrows to show change from the previous month. DL asked about how STA overpayments were being managed. OM suggested the issue be raised in performance meetings as the issue often arises because forms are not completed in a timely manner. 		
9	<p>Equality, Diversity, and Inclusion</p> <p><i>Presented by Oonagh Monkhouse and Onika Patrick-Redhead.</i></p> <p><u>EDI Improvement Plan</u></p> <ul style="list-style-type: none"> The EDI Improvement Plan was published in June 2023. The Trust have already incorporate priority areas into the workforce strategy. The Trust’s workforce strategy should hold strategic objectives and the EDI Improvement Plan will be used to feed into annual action plans. The plan has been broken into high impact actions deliverable by year to bring about meaningful change. Clinical and non-clinical have been separated as they have different pathways and issues to address. 		

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	<ul style="list-style-type: none"> 30% of the Royal Papworth workforce is from a BAME background. This percentage should be seen proportionately throughout the workforce, however, a vast majority of BAME staff are band 5. The EDI Improvement Plan shows the goal to improve representation across the bands over the next 2.5 years. JA commented that it is promising to see work to have more BAME staff in senior positions. Whilst targets have been set, he asked what would be done differently this time to deliver on these. OM replied that she would like to target efforts on Band 7 as there is a much larger gap in the proportion of staff here compared to the lower bands. Line managers are having good conversations with staff on their career aspirations and development. Fair recruitment practices are in place, and a link will be made to talent management and succession training next year when there is more capacity to explore this area. JA inquired about the implications of the Kline report for interview panels, and whether it would be worth considering an approach similar to 'Dear Tom', writing an explanation as to why a particular candidate was hired over others. OM advised that they had been looking into this and discussed diversity on interview panels. It had not yet been implemented because the department did not feel the recruitment structure was ready for this step, and they were concerned about overloading panels. However, she will be keeping it under review and is keen to pilot it when the new recruitment processes have been fully implemented. DL asked what the department was doing to support staff who intend to apply for promotions who do not feel confident or are uncertain in how to go about applying. JA affirmed that the goals are sufficiently ambitious enough at this stage and indicate an appropriate starting point. He would like to see the progress towards these goals and review. OM confirmed that progress was tracked on a quarterly basis, and through the PIPR. 		
10	<p>Education and Training</p> <p><i>Presented by Maura Screatton and Jonathan Lonsdale.</i></p> <p><u>HEE Education Self-Assessment 2023, NHSE</u></p> <ul style="list-style-type: none"> The online format of the HEE Education Self-Assessment remains the same as previous years. This year there was an opportunity to meet with NHSE representatives and discuss the submission. The key achievements of the Trust have been highlighted in the report, found in the pack. Oversight in Critical Care has now closed thanks to the hard work of the staff. There have been reports of a number of occasions where staff felt they did not fully meet the contractual obligations. This has been treated as separate to the self-assessment process and was fully investigated by the East of 		

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	<p>England region</p> <ul style="list-style-type: none"> The main relates to both undergrad and postgrad education. The team did not feel wholly certain on the LDA funds that came into the organisation and their allocation to educational needs. Work is underway to investigate the flow of funds with Finance. JA welcomed the importance of honesty for this submission as it was a self-assessment. He asked what the consequences would be following this assessment, particular on training numbers and future funding. JL replied that it is primarily a health check and to provide assurance to NHSE. The Trust has a contract with NHSE, where they provide funds through LDA and we will be held to account for how these funds will be used to deliver education, and so it may have consequences for financial and action planning. DL asked if there was an estimated date for the conclusion of the optimisation project so junior doctors could be provided with a dedicated learning space. JL confirmed that the Investment Committee granted approval for the first stage of this project, which is a feasible study into converting an identified space in the HLRI into a simulation suite. Moving forward, it depends on the remaining capital budget of the Trust. The team are not certain how much this is going to cost and where it will lie within the Trust's budgetary requirements. They have a master plan which describes what they wish to achieve, which is subject to understanding the picture as a whole. HM replied that the education team's plan, as a whole, had not been fully approved and so parts of it would not appear on the financial ledger. The Junior Doctor's mess has been treated as separate and the plans are significantly more advanced as it is not a capital or revenue investment. JA inquired if any comments for the self-assessment were made by end users, such as the junior doctors. JL replied that they have not received any direct feedback from end users, however, indirect soft intelligence and conversations with users had taken place. The survey does not lend itself well to end user feedback but there are other opportunities for feedback from end users. JA asked if the Workforce Committee were happy to endorse the self-assessment to the Board. No disagreements were raised. JA advised that it would be beneficial to get the educational finances clarified as this is also part of the building blocks for the Royal Papworth School going forward. <p><u>Mandatory Training Compliance Requirements</u></p> <ul style="list-style-type: none"> Engagement work has been carried out on what training should be considered mandatory at the Trust. It was concluded that there is a need to get back to using a risk-based assessment approach. Once CQC is informed of what the Trust requires, we are then held to account so there should be careful consideration of what works, what could be done more of to increase staff compliance. The Performance Committee had asked that progress on reviewing our mandatory training requirements was fed back to 	MS	

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	them in six months' time.		
11.	<p>Papworth Integrated Performance Report (PIPR)</p> <p><u>People Management and Culture M05 2023/24</u></p> <ul style="list-style-type: none"> Concern was raised for the rising incidence of sickness absence. There are 3 specific areas of concern: Critical Care, Clinical Admin, and Digital. Critical Care sickness absence is worrying as this has a direct impact on availability, activity, and recovery of the Trust. The team are investigating the details, believing there may be a link with good line manager processes and staff engagement. DL raised concern that MSK issues was the cause of the high sickness absence rate, and questioned whether staff may be injuring themselves through taking shortcuts with heavy equipment. MS advised that she had recently spent time with the moving and handling experts and the Critical Care staff. They had suggested that staff may take short cuts because of the balance between registered and unregistered staff on shift as registered staff cannot leave patients and are dependent on unregistered staff to bring them equipment for heavy lifting. <p><u>Safe M05 2023/24</u></p> <ul style="list-style-type: none"> MS triangulated concerns for sickness and engagement, as previously discussed. Fill rates noted on PIPR are continuing to show in red. This is being mitigated by reducing action. Staff are more regularly getting redeployed to different areas of the Trust, which many do not enjoy as they like working in their own areas. JA commented on the sustainability of moving staff. 		
	<p>Nursing and Midwifery Council Revalidation Submission</p> <p><i>Presented by Maura Screator.</i></p> <ul style="list-style-type: none"> There is a requirement to have sight of the number of revalidations that the Trust does to ensure that not too many are being deferred. MS was happy where the revalidation rates are sitting, and it has been taken to this Committee for information. JA asked if there were any issues caused by not recommending nursing staff for revalidation. MS replied that there was not and typically it was only done when the member of staff was on maternity leave. The Committee endorsed the submission. 		
	<p>Patient Safety Incidence Response Framework</p> <ul style="list-style-type: none"> The annual policy has been to Q&R so it was brought here to answer a request made to link up how the Trusts' cultural work will link up with PSIRF. MS suggested that she facilitates a briefing or workshop for NEDs around the PSIRF new framework as they made not have 	MS	

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	had as much of an opportunity to be involved.		
	<p>Policies</p> <p><i>No policies raised.</i></p>		
	<p>Sub Committee Minutes</p> <p><u>EDI Steering Committee minutes</u> <i>To note.</i></p> <p><u>Resourcing and Retention Programme Board minutes</u> <i>To note.</i></p> <p><u>Health and Safety Committee</u> <i>To note.</i></p> <p><u>Health and Safety Action Plan 2023-24</u> <i>To note.</i></p>		
16	<p>Committee Dates and Business Forward Planner</p> <p><i>For information.</i></p> <ul style="list-style-type: none"> • OM stated that this Committee had not seen a quarterly report for employee relation cases because the team do not have an electronic case management system in place yet. She is aware there is a gap in assurance and has been in discussions with LHH on time scales and will bring to the next Committee a better understanding on when they will be able to bring a report. • JA confirmed this would be beneficial as it would reflect the commitment to early conflict resolution objectives. • AJ stated a further report on this was due to go to Board in December. • AJ raised that the Progress Report on Workforce Quality Priorities had not come to this meeting. The paper is due to go to Q&R next month and should come through this Committee in November to ensure alignment. 	OM	
17	<p>Any Other Business</p> <p><i>No other business.</i></p>		
18	<p>Issues for escalation and Emerging Risks</p> <p><i>No issues for escalation.</i></p>		

Agenda Item		Action by Whom	Date
	Date & Time of Next Meeting: Thursday 30 November 2023, 11.15-13.15, via Microsoft Teams		

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust
Workforce Committee**

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