

**Agenda item 2.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 December 2023</b>
<b>Report from:</b>	<b>Chair of the Workforce Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board on discussions at the Quality &amp; Risk Committee</b>	
<b>Board Assurance Framework Entries</b>	1853, 1854, 1929	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	To have clear and effective processes for assurance of Committee risks	
<b>Key Risks</b>	None believed to apply	
<b>For:</b>	Insufficient information or understanding to provide assurance to the Board	

**1. Significant issues of interest to the Board**

- 1.1 No change to the BAF reported but a request to ensure that the current executive led review includes details of the risks, controls, and mitigations.
- 1.2 Ms. Hassiba Smail shared her experience of being a Cardio thoracic surgeon in Transplant at RPH. Ms Smail was a locum at RPH before securing her current substantive appointment, and she has been in post for just over a year. She shared that her experience of being a locum and substantive member of the team was consistent and she was enthusiastic and described her experience as “wonderful” and very different from the other centers in which she had worked. Ms Smail celebrated the environment of the new hospital and how important this was for staff and importantly for patients. Ms Smail however referred to the lack of facilities for surgeons to rest and recuperate between or after surgery which was of concern for herself and her other colleagues. Ian Smith confirmed that this was acknowledged, and work was underway to resolve. Ms Smail felt motivated, empowered, and respected by her colleagues. She felt that across the organization communication was good and that she was able to speak with colleagues and managers to raise issues. Ms Smail also highlighted a concern about retention of senior nurses and used an example of a recent conversation with a senior nurse in transplant who is leaving. Maura Screamton offered to explore this further with Ms Smail outside the meeting. Ms Smail also articulated the impact of cancellations on patients and staff.
- 1.3 The Workforce directors report acknowledged the improvements in vacancies. Our average vacancy rate is now half the rate it was in December 2022; 320wte down to 160 wte which is a substantial improvement. SPC analysis demonstrates an improving trend and indicates that the processes linked to recruitment and retention are proving effective. The reduction in vacancy rates is because of reducing turnover and increased rates of recruitment. In 2022 we had 257wte new starters and in 2023 we had 340wte – a 33% increase. In 2022 we had 313wte leavers and in 2023 there were 217wte – a 31% decrease. In ten of the last twelve months, we were a net gainer of staff.

- 1.4 There has been a deterioration in the time to hire which has slipped to 77 days, it was shared that the change over to the new HR system was impacting on this measure, but a report had been shared with the executive and an improvement in this measure is expected by March.
- 1.5 A Wellbeing bid was submitted and has been supported in principle, the recommendation being that this is funded on a recurrent basis and brought into budget.
- 1.6 The committee received the EDS 2 report which was acknowledged and recommended for approval.
- 1.7 A paper on Fair recruitment was received and welcomed. It supports our goal to increase the diversity of our senior leadership the plan is to introduce several measures to increase the transparency and accountability of the decisions made in senior recruitment processes.
- 1.8 An update was provided on the move of the clinical education team into temporary accommodation in the HLRI (approx. 2 months) this was recognized as being extremely challenging and the impact on our education team remains a concern. The committee recognized the professionalism of the team and the team leader specifically.
- 1.9 An update paper on the Oliver McGowan training was provided, which exposed the challenges of rolling out the training.

**2 Policies etc, approved or ratified:**

No policies received for ratification.

**3. Matters referred to other committees or individual Executives**

No referrals to committees

**4. Recommendation**

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