

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

**Held on Thursday 25 July 2024, 11.00-13.15
Via Microsoft Teams**

MINUTES

Present	Fadero, Amanda (Chair)	(AF)	Non-Executive Director
	Harrison, Sophie	(SH)	Chief Finance Officer
	Howard-Jones, Lorraine	(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
	Paddison, Charlotte	(CP)	Associate Non-Executive Director
	Norman, Claire	(CN)	Assistant Director of Workforce and OD
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
In attendance	Atkinson, Angie	(AA)	Public Governor
	Bage, Luke	(LB)	Head of Resourcing
	Hall, Rosary	(RH)	Executive Assistant (minutes)
	Hotchkiss, Marlene	(MH)	Public Governor
	Jones, Nicola	(NJ)	Director of Clinical Education
	McClellan, Josevine	(JM)	Staff Governor
	Patrick-Redhead, Onika	(OPR)	Head of EDI
	Pettitt, Jackie (left at 11.41)	(JP)	Estates
	Taylor, Elizabeth	(ET)	Head of ER
Apologies	Oonagh Monkhouse	(OM)	Director of Workforce and OD

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.		
3.	Committee Member Concerns <i>No concerns reported.</i>		

Agenda Item		Action by Whom	Date
4.	<p>Minutes of the Previous Meeting – Part 1 – 30 May 2024</p> <p>The minutes from the Workforce Committee meeting dated 30 May 2024 were agreed to be a true and accurate record of the meeting and signed.</p>		
5.	<p>Matters Arising and Action Checklist – Part 1 – 30 May 2024</p> <p>The action log was updated.</p>		
6.	<p>Pharmacy Recruitment Update.</p> <p><i>Update given by Lorraine Howard-Jones, Deputy Director of Workforce and OD.</i></p> <ul style="list-style-type: none"> • This update follows Jenny Harrison’s staff story at the May Workforce Committee. • Since that time, there have been significant movement. There are 12 people in the recruitment pipeline. JH has reported her encouragement in this. • JH produced a written report, which details the ongoing work. AF asked for a copy of this to be circulated to the group. LHJ agreed. • The report indicated and addressed the struggle Pharmacy has had retaining staff, particularly in the junior positions due to a lack of obvious career pathway. JH ensured there is a clear path, with development and training attached to it. • LHJ reported this has contributed to an uplift in team morale. • LHJ suggested JH returns in 6 months to give this Committee an update on progress. • MS added that the team have considered how to use their time more effectively, introducing a business service manager to assist in the administration and business tasks of the department. • They have looked at the career structure for the pharmacy technicians and support staff to offer them progression opportunities. • LHJ highlighted this information would feed into the workforce planning for the coming year. RPH is linked to an ICS training initiative to help with this at the later end of the year. • AF praised this approach; workforce planning is important to future proof services. 	LHJ	
7.	<p>Board Assurance Framework (BAF)</p> <p><i>Update given by Kwame Mensa-Bonsu, Associate Director of Corporate Governance.</i></p> <ul style="list-style-type: none"> • The updates to the BAF are highlighted in red. • KMB explained that there have been changes to BAF risks 1853 and 1929, being increased to reflect the changing national environment. • The controls in place have been updated to show the work done to mitigate the risks. • LHJ explained that 1853 and 1929 have been updated to broaden the risk posed by the current employee relations climate. • LHJ proposed Risk 3261 comes to Workforce Committee as it refers to the interplay between changing a pay structure for one group and not others, and how this impacts on engagement and turnover. The changes on this risk relate to the nursing pay bandings and the role profile evaluations. There is a potential for an unknown number of the workforce putting in claims for their roles to be re-banded. AF agreed. • HM agreed to the splitting of Risk 3261, one part on the performance and delivery of the Trust, and the other on what LHJ described. It would be good practice to do this at this stage. 		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • AF agreed, this is something that needs to be discussed at Board. Things have changed since this risk was first constructed. • KMB agreed, it needs to be discussed and recommended to Board. • CN explained the vacancy rate has risen because of the establishment review. The turnover rate is starting to gradually go down. 		
8.	<p>Staff Story</p> <p><i>Staff story from Jackie Pettitt, Co-Chair of the Women’s Network.</i></p> <ul style="list-style-type: none"> • JP told the Committee her story, how she came to work for Royal Papworth, and the confidence she has gained during her time here. • She expressed the importance of compassion and explained that a person’s private life can have a profound impact on their confidence in the workplace. • The Network is intended to be a safe place, where staff feel listened to, and respected. • A recent focus has been on menopause awareness, with the network running a well-attended workshop by staff who had received off-site training. • The Women’s Network has been helping with policy and procedure development. For example, they were instrumental in the removal of the age requirements on staff’s access to leave for fertility treatment. • There are higher reports from staff of sexual harassment. It is unclear if this is because incidents are increasing, or if confidence in reporting has increased. • The Network will continue to raise awareness of its work through comms, stalls in the atrium, and tea trolley discussions on the wards. • AF thanked JP for her courage speaking today. • DL expressed the importance of having a safe space to speak up. • LHJ acknowledged the shift she had seen in her career towards compassion for what people experience in their private lives. • AF agreed, supporting staff through these networks is crucial to wellbeing. 		
9.	<p>Workforce Directors Report</p> <p><i>Presented by Lorraine Howard-Jones, Deputy Director of Workforce and OD.</i></p> <ul style="list-style-type: none"> • The report highlights the work done to bring down vacancy rates, improving the Trust’s strategic position and provide support for staff to do the best in their careers. • There has been a slight increase in vacancy rates, however, the 18 month trend is positive. It has come down from 14% at the end of 2022, to 4% in March 2024. • The Trust is attracting prospective staff, the recruitment measures are effective and there is a healthy pipeline of new people coming in. • The strategy this year will focus on retention. This includes a large piece of work on mapping careers. • Sickness absence is under control. • Yesterday there was a gathering of managers from across the Trust for the Recruitment and Retention Programme Board, kicking off the six workstreams that had been agreed by this Committee. There was a lot of energy amongst the group. • There is a ballooning amount of working going in in leadership management and development, thanks to the investment in the OD team. • OPR highlighted the work being undertaken to fulfil the Trust’s obligations under the Sexual Safety Charter. The team have been in talks since last November to bring in a trainer. They are working with her to finalise dates. • The Trust has approved funding for a third cohort of the Transformational Reciprocal Mentoring Programme. • The emerging issues is the job banding and re-evaluation, working with ICS 		

Agenda Item		Action by Whom	Date
	<p>partners in how they do this. It is a challenge to do this quickly.</p> <ul style="list-style-type: none"> The delay in the pay award is playing into some of the issues with lack of engagement and decreasing staff morale. There is also the issue of the calculation of pay for doctors. <p><u>Questions</u></p> <ul style="list-style-type: none"> DL asked if any of the recruitment audits had been concluded, and what feedback they yielded. LB replied that he and OPR are working through the results of the three that have finished. It is not clear if they asked the right questions as the results do not provide the information they wanted. He hopes there is enough data to show trends and allow for some analysis. AF asked how participants will be selected to attend the sexual safety workshops. OPR replied that there will be three different cohorts, one for just women, one for anyone, and another for managers. Staff can self-select which they would like to attend. DL asked for assurance that the low rates of compliance with appraisals and mandatory training in the corporate nursing team would be addressed. MS replied that this group is low-staffed, and they have recently received more funding which should help them to address these issues by employing more staff. The team leads are aware of their lack of compliance and are working to address it. AF asked if rostering is still a concern. For example, auto-rostering usage by the Clinical Admin team had dropped by 62.6%. MS replied that compliance with e-rostering is sporadic, it is still in development. It is assessed when MS meets with the clinical teams every 6 months. The respiratory wards have strong compliance and are used as a showcase to other areas. AF asked for rostering to be a focus of a future deep dive, looking at how it is used by the different areas. MS agreed. LHJ agreed to take this question away for AR, Head of Rostering, and bring a response to a future meeting. 	AR	
10.	<p>Equality, Diversity, and Inclusion</p> <p><u>Building a Vision of Board Leadership for Inclusion.</u></p> <p><i>Update from Eilish Midlane, Chief Executive Officer.</i></p> <ul style="list-style-type: none"> This work is part of the wider cultural development piece, along the lines of inclusion and belonging. This is building on what has been started by the Compassionate and Collective Leadership Programme. There have been 3 Board workshops, with a small group working to shape the vision, taking from the output of the sessions. This will be a narrative they can talk to the leadership group within the organisation, development of behaviours framework, and the development of some individual staff stories into a format that can be shared. They are developing an agenda for a leadership day, the first of its kind, taking the top 120 leaders, different from managers, for a day to talk then through the new approach and taking some in their teams to shape the next steps on a local level. There have been two positive events this week, one with the first two cohorts of the TRMP, and another with the participants of the system-led Above Difference programme. These groups are being used as reference groups as they develop the materials. This is a sense check and allows for the collection of feedback. More of the development material will be brought back to Board once it is prepared. EM gave thanks to everyone who contributed. AF agreed, it is positive to see the pace this is evolving. CP asked for clarification on the phrase 'the give and the get' and how this was 		

Agenda Item		Action by Whom	Date
	<p>meant in the context of developing inclusive leadership. EM replied they have tried to, where possible, reflect the language that was used in the workshops, rather than put an alternative spin on it. In this context, they were articulating the dynamic in leadership, empowering people to make changes and be held accountable. EM said she would take this back and workshop if there was another way to phrase this.</p> <ul style="list-style-type: none"> • AF agreed to this, the phrase seemed punitive and not as nuanced as it could be. • OPR said that the refined language will come later as it is about people's responses from staff surveys, group meetings, etc. This is not the end result, but a formulation of thoughts at this stage. • AF asked if the modification of Trust values and behaviours has gone through the same process. EM said this is not altering the behaviours, they had feedback that staff would appreciate having the values translated into a leadership context, helping them to understand how they apply when more challenging managerial situations arise. 		
11.	<p>Education and Training Report.</p> <p><i>Update from Maura Scream, Chief Nurse.</i></p> <ul style="list-style-type: none"> • MS explained there are three positive points in this report. first, the CPD funds have come through. There is a positivity around the location for the clinical education team, and there has been an increase in mandatory training compliance, however, some areas still need to improve. • MS highlighted the need to enhance the reporting on the attention to the commitment to medical students. There is a requirement to do ward-to-board quarterly reporting. They do tick the box when there is the annual report, but they will pick this up next time. AF asked how this will be captured. MS replied there is a team, headed by Nicola Jones, who looks after medical students. This team's findings must be integrated into the Education and Training Report. • DL was happy the full-time Freedom to Speak Up Guardian post had been approved, but asked how the result in education gap will be resolved. MS replied that the post was approved through annual planning and so the backfill is there for education to fill that post. They are going through what they want this to look like as it is 0.6 of a post. There is a plan developed for this. • DL was disappointed by the low compliance in infection control mandatory training, and in safeguarding adults level 3. She asked what will be done to improve this. MS replied that the safeguarding training is an area of struggle, it is a new risk on the corporate risk register escalated this month. They have recognised the impact on the safeguarding team in regard to the delivery of level 3 training, as there is an element that needs to be face-to-face. They were struggling with the capacity to do this. There is now 0.5 of a full time equivalent education post dedicated to this, the person is not yet in post, but this is the solution to putting on more training sessions. • The intercalated guidelines around Level 3 Safeguarding Training are about to change, and more people will need to undergo it, so this will hit in the next couple of months in terms of delivery of the training. • MS said that there is a lot of training in infection and control, unfortunately, a lot of it is not recorded. The team need to map so they do not meet the target but miss the point. • AF asked about Oliver McGowan training. MS replied that Tier 1 of the training is online, and everyone is encouraged to complete it. ICB have asked for an organisation to host a funded post to facilitate and set up the second tier. CPFT have gained the funding for this post. 		

Agenda Item		Action by Whom	Date
12.	<p>Junior Doctor Working Lives Gap Analysis</p> <p><i>Update given by Ian Smith, Medical Director.</i></p> <ul style="list-style-type: none"> RPH Junior Doctor's feedback on national survey's has illustrated discontent, not only for pay, but for the working conditions they experience. This has been brought into focus by the Medical Director of NHSE, who wrote a letter on the three areas that contribute to improving the working lives of doctors in training. These areas are rota management, pay errors, and a sense of value and belonging. Rota's for JDs are managed by each team individually. This is done, on the whole, effectively at the Trust. There is some resistance to have a centralised system, however, it is something that is being considered. Pay errors is a concern, particularly for rotating JDs. Compared to peers, Papworth does well, however, it is not a perfect system. There are open discussions on how to improve this with the pay role team. To create a sense of value and belonging, they are making good progress, however, it is taking time to get the rest facilities in place. The gap between what the JD want from the mess and what the Trust can provide is minor. Where JDs feel they do not belong or are valued is during their working day. This forms part of the wider cultural piece discussed by the Trust. There needs to be a focus on improving the welcoming JDs receive to Papworth, and how they are valued. <p><u>Questions</u></p> <ul style="list-style-type: none"> DL asked why there were still issues with the welcoming JDs receive when this cycle occurs each year. She suggested talking with other Trusts who have more positive JD feedback to ascertain what could be improved. JDs not feeling valued will impact their performance and could have a negative impact on patient care. IS agreed. The JDs he has spoken to do not report having any concerns, however, he is aware they are unlikely to speak freely to the Medical Director if they had any. AF asked for an update in 6 months' time. CP agreed. It would be beneficial to understand the results within the national context. IS agreed. 	IS	
13.	<p>23/24 Annual Nursing Inpatient Establishment Review</p> <p><i>Update from Maura Scream, Chief Nurse.</i></p> <ul style="list-style-type: none"> MS thanked those who contributed to the report. As per the establishment setting, a triangulated approach was used, looking at safer staffing in terms of using an evidenced based tool, professional judgement, and patient outcomes to understand if staffing is right. Pleased that a new safer nursing and care tool that NHS England have issued, lots of training has gone on and it has been embraced by staff over the year. Confidence in it has come through in the annual review meetings. Over the year, fill rates have improved across the board, in registered and un-registered. This is mostly due to recruitment, being awarded a lot of funding through the system to hire overseas staff. the Trust has delivered on this. This is down to the 100% success with OSCE training and compliance, thanks to the Education team. The work has allowed for staff to remain on their own wards, boosting morale and enjoyment at work. MS explained that the things that need improvement over the next year are agency and temporary staffing controls, Supervisory Sister/Charge Nurse time, and a model for deployment of Nursing Associates. AF asked now the model of deployment for NA would work. MS replied that 		

Agenda Item		Action by Whom	Date
	<p>this is relating to what the Trust's strategy is for NA, who are registered practitioners.</p> <ul style="list-style-type: none"> • AF asked for more assurance on the red flag issues, as there are still a number on the report. MS replied that the red flags seen recently have been focused on Critical Care, which is where the staffing challenge has occurred in the last couple of months. There have not been any episodes of patients in CC going without supervision. • AF agreed that this report should be recommended to the Board. 		
14.	<p>Papworth Integrated Performance Report (PIPR)</p> <p><u>People Management and Culture M03 24/25</u> <i>For information.</i></p> <p><u>Safe M03 24/25</u> <i>For information.</i></p>		
15.	<p>Sub Committee Minutes</p> <p><u>Health and Safety Committee</u></p> <ul style="list-style-type: none"> • MS said there has not been a meeting recently, it is kept on the agenda to ensure this Committee is up to date on the emerging risks. • DL asked about the department safety inspections, with many areas being overdue. She asked how this impacts on patient safety. MS replied that they have been bringing health and safety much more to the forefront of conversations over the last 18 months. There are now Health and Safety Reps in each department, they know how to do the assessments and there has been training put in place. There is now a Health and Safety Risk Manager in post, which will aid the process. • DL asked what IRMER stands for. EM replied it is the Ionising Radiation Medical Exposure Regulations. • DL asked if there are risks to patient safety if the health and safety inspections are not up to date. MS replied there would be no immediate risk as they are also recorded on the risk register. This applies to the health and safety of staff. • AF praised this focus in this area. • MS said the annual report will come to this Committee, containing more information. 		
16.	<p>Committee Dates and Business Forward Planner</p> <p><i>To note.</i></p>		
17.	<p>Any Other Business</p> <p><i>No other business.</i></p>		
18.	<p>Issues for escalation and Emerging Risks</p> <ul style="list-style-type: none"> • Committee was assured that the right actions were in place in regard to the Workforce Director's Report. • AF was assured that there was progress made for the EDI 'building a vision' paper. The actions and feedback are moving in the correct direction. There can be no assurance that they will have an impact expected at this stage. • Education and training report was noted. • The JD Gap Analysis Report gave partial assurance that some measures were in place. The Committee would like an update in 6 months. DL commented that she was not assured. 		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • AF was assured on the Annual Nursing Inpatient Establishment Review. • AF appreciated the Health and Safety update and said she looks forward to the Annual Review. 		
	Date & Time of Next Meeting: Thursday 26 September 2024, 11.15-13.15, IN PERSON, MR 88+89 HLRI		

.....
Signed

.....
Date

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

DRAFT