

## Chairpersons Report

<b>Chairpersons Name</b>	Neil Campbell		
<b>Committee Name</b>	Workforce Committee		
<b>Date of Meeting</b>	08.02.17		
<b>Name of Receiving Committee</b>	Trust Board		
<b>Date of Receiving Committee meeting</b>	February 2017		
<b>Strategic Items for referral to Trust Board</b>	Na.		
<b>Items for escalation?</b>	<b>Yes</b>	<b>No</b> x	<b>If yes, to which Committee</b>

### Please detail up to 3 key successes or achievements discussed at the meeting

1. The excellent staff story
2. The presentation and discussion around Go Engage
3. The continuing reduction of temp spend
4. The nursing establishment review and update on the consultation
5. Opportunities around apprentices
6. Steps for Wellness

### Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning

1.	Temp staffing and the breaching of the agency cap	A Balson
2.	Issues around the perceived negative messages and impact on performance	A Balson
3.	Engaging with staff on future transformations and clarity of vision	A Balson

<b>Attendance at the meeting (please highlight):</b>	<b>Excellent (well attended)</b>	<b>Acceptable (some apologies)</b>	<b>Unacceptable (quorate)</b>	<b>Unacceptable (not quorate)</b>
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<b>Was the agenda fit for purpose and reflective of the Committees terms of reference?</b>	<b>The agenda was excellent agenda well thought out and fully met the requirements of the committee</b>
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### Narrative report of the key issues of the meeting

The meeting opened with Amy Booth and Amanda Ahmed, members of staff from the A&E team providing the Committee with their perspective on the recent pressures in the A&E department and how this had left them feeling. The Committee found the "story" very informative and moving. It was a heartfelt exposition of the pressures the department faces daily and how the excellent staff team rise to the challenge. The story set the theme for the meeting, which was one of escalating workforce pressures and the impact that this has both personally and professionally on our people

The information and analysis provided from the Staff Survey, although still showing the Trust in a good position compared to the NHS nationally did show a dip overall in engagement for the first time in 5 years. The question was how WWL could respond to this and change the culture to one of an optimistic organisation where staff felt valued. The discussion about the drivers of this change was excellent and the committee believe that this survey is a key early indicator of the morale challenges which will need to be addressed and managed in future transformation work.

The issue of recruitment, retention and temporary staffing was considered in detail in 3 papers first a report providing numerical details and actions, secondly risk escalation reports from REMC and finally through the BAF

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

scoring. This facilitated a thorough analysis and discussion of the issues by the committee.

**Key outcomes from the reports taken at the meeting**

The Committee noted the challenges that the Trust is facing with increasing demands and constrained financial and people resources. However, the Committee was told of the excellent high quality and compassionate work undertaken by all staff for the patients. The professional excellence of the clinical staff and also of the range of other professionals who continue to manage the pressures on staffing including; the continuing reduction of temp spend, the nursing establishment review and the opportunities around apprentices.

**Agreed actions from the meeting**

**Name of primary lead for the actions**

Feedback from the Optimistic Hospitals Movement Workshop to be given at the next meeting

A Foster

Detail around mitigating projects and delivery timescales to be added to the escalation templates

A Balson

**MINUTES OF A MEETING OF THE WORKFORCE COMMITTEE HELD ON  
WEDNESDAY 8<sup>th</sup> FEBRUARY 2017 AT 9.30AM AT TRUST HEADQUARTERS**

PRESENT	2017			
	08 02			
Robert Armstrong, NED	√			
Christine Parker Stubbs, NED	√			
Sanjay Arya, Joint Interim Medical Director	√			
Andrew Foster, Chief Executive	√			
Robert Forster, Director of Finance and Informatics	√			
Alison Balson, Director of Workforce	√			
Jon Lloyd, NED	APOLS			
Neil Campbell, NED (Chair)	√			
Mary Fleming, Director of Operations and Performance	√			
Pauline Law, Director of Nursing	APOLS A Edis			
Richard Mundon, Director of Strategy	APOLS			
<b>In attendance</b>				
David Evans, Associate Director of E&F	APOLS I Bradley			
Jean Heyes, Staff Side Lead	APOLS			
Karen Doyle, Associate Director of Communications and Engagement	APOLS			
Lorraine Hesketh, Communications Manager	√			
Surinder Kumar, Consultant in Occupational Health	APOLS			
Lynda Hancock, Corporate Services Administrator	√			
Sarah Montgomery, Head of Learning and OD	√			
Vikki McManus, Head of HR	√			
Nicole Ferguson, Staff Engagement Lead	√			
Rebecca Lyon, DDoP Specialist Services	√			
Duncan Armfield, DDoP Medicine	√			
Shaun Curran, DDoP Surgery	√			
Bill Greenwood, Governor	√			
Bill Anderton, Governor	√			
Vicky Bateson, HR Business Partner	√			
Zoe Garnett, OD Manager	APOLS			
Lyndsay Wallwork, Senior HR Business Partner	APOLS			
Amanda Montford, Senior HR Business Partner	√			
Laura Pope, HR Business Partner	√			
Lorraine Woods, Senior HR Business Partner	√			

## 1. STAFF STORY

N Campbell welcomed Amy Booth and Amanda Ahmed to the meeting. They were members of staff from the A&E team and had attended the meeting to give their perspective on the recent pressures. A round of introductions were made around the table.

A Booth introduced herself as one of the senior nurses in the A&E department and A Ahmed introduced herself as the lead nurse in A&E. Both had worked in the A&E team for a number of years.

They described the day to day experience of working in the department:

- A&E was changing – more complex and poorly patients were bringing additional demand to the service
- The team was excellent and committed but all were struggling with the increased workload
- The team did their utmost to provide an excellent patient journey but this was not always possible due to the obstacles in the way
- If the services that link into A&E aren't functioning well, the pressure cascades back into A&E
- There were occasions where shift resources were overstretched and patients had to be prioritised

N Campbell thanked A Booth and A Ahmed for their honest presentation. He advised that this had given the Committee food for thought and would feed into Board discussions. He advised that those with Board responsibility felt accountable for what was happening although the solution was not proving easy to identify. He felt it was important that the team understood that they had to the full support and appreciation of the Board.

C Parker Stubbs noted that she had attended a walkabout in A&E on Monday and had witnessed how busy the department was. She queried what they would change if they could. A Booth advised that the department needed a formal enhanced rapid assessment area. A Ahmed advised that she would like to meet the A&E target for each patient.

A Foster noted that there was a lot of discussion both inside and outside the Trust as to how to resolve these issues. He asked what motivated and what concerned them on a busy shift. Both responded that working as part of an excellent team motivated them but it was a concern when patients couldn't be treated in the way they would want.

B Anderton thanked both for their story. He noted that he had recently attended A&E and had received excellent care.

S Arya queried whether they felt supported by the medical teams. A Booth advised that there were no concerns around the support of the medical team; there was a close working relationship in place.

N Campbell thanked both for coming along to the meeting. He advised that it had been humbling to hear their experience and what they had said would be important to the

Board. He thanked them on behalf of the Committee for the difference that they had made.

## **2. GO ENGAGE AND STAFF MORALE PRESENTATION**

N Ferguson gave a presentation to the Committee which identified that there had been a slip in staff engagement scores in 2016. The years between 2011 – 2015 had been very positive with scores around engagement that had consistently improved. But 2016 had been different and there needed to be an understanding as to what had happened at WWL to explain this. It had been a challenging year for the Trust and the question was how WWL could respond to this and change the culture to one of an optimistic organisation where staff felt valued.

A Balson felt that staff didn't have a clear vision of the future and weren't receiving positive messages. She noted the suggestion to put together an interactive journey through the story of WWL for staff although noted that this might require some external support in pulling this together. She also noted the need to tailor internal communications to make these more positive and optimistic in tone.

N Campbell thanked N Ferguson and A Balson and invited comments from those present. He noted that this topic fitted perfectly with the previous item around A&E. WWL was not a failing organisation and there was much to be proud of but this was a warning of a potential issue that could be addressed with appropriate action.

C Parker Stubbs noted that the Trust had been in an upward spiral of success for some time. Rather than now declining, she felt that the Trust had reached a plateau and didn't feel that there was any reason for the Trust to feel pessimistic. She noted the huge opportunities for transformational change associated with the move to a block contract and the need to ensure that staff were fully engaged in this.

M Fleming agreed that performance in the organisation was fantastic and it was not just about A&E and finances, although these were the key pressures. She felt it would be important to get the balance between being supportive but also driving improvements in unscheduled care performance. She felt that engagement would come from using appropriate language and by encouraging autonomy with the message that it was ok to fail as long as staff continued to try.

R Armstrong was keen to stop further decline in staff engagement levels. He felt optimistic about the next year and the move to the block contract. He felt that staff needed a simple and consistent message and needed to understand how things would change. He agreed that, on the whole, the Trust was a high performing organisation and it would be important to ensure this message was out there. He offered his support to assist with this.

R Forster noted that he was not entirely surprised to see a drop in engagement levels given that the Trust was not as successful as in the past. However, he felt that there was every reason to be confident in further successes in the future. He agreed that it would be important to demonstrate to have staff how the vision would be achieved and he felt sure that staff would rise to the challenge.

S Arya felt the presentation had been excellent. He felt that there could be too much focus on unscheduled care and not enough on the other successful areas of the Trust. He liked the idea of an interactive story and felt it important to celebrate successes.

R Lyon highlighted her experiences over at Wrightington and noted that there was a considerable difference in culture between Wrightington and RAEI that needed to be worked on.

A Foster noted his support for the proposals put forward by N Ferguson and A Balson. However, he noted that he had recently attended listening events with admin and clerical staff and junior doctors, both of whom were said to be the least engaged groups. Whilst they had concerns, they also felt WWL was an excellent place to work. He acknowledged that this dip needed focus but didn't feel it was overly concerning. He agreed that the hospital had good reason to be optimistic but felt there needed to also be realism.

B Anderton advised that he felt the Trust to be excellent with great staff. He felt the outcomes achieved by the Trust were clear and still up there as one of the best in the main. He noted that he had worked in communications throughout his career and that it would be difficult for staff to hear the constant messages of an NHS under pressure without it affecting them. He felt the Trust needed to try to counterbalance this message.

A Balson noted that she and the team would continue to look at the options around this and to ensure that successes were celebrated.

### **3. APPROVAL OF THE MINUTES OF THE LAST MEETING – 16.11.16**

The minutes were agreed to be an accurate record

### **4. MATTERS ARISING**

Completed action updates were received and noted.

The work plan was received and noted. A Balson advised that consideration was being given to the appropriate forum for Guardian Reports; whether this would be Workforce Committee or Trust Board.

A Foster advised that he would give feedback from the Optimistic Hospitals Movement Workshop at the next meeting.

**ACTION: Feedback from the Optimistic Hospitals Movement Workshop to be given at the next meeting (A Foster)**

### **5. DECLARATION OF INTERESTS**

None declared.

### **6. FIT FOR PURPOSE REVIEW**

The Committee Fit for Purpose review was received and noted.

N Campbell felt that it had been a positive year for the Committee. Agendas had been structured to enable the meetings to flow with discussions around key workforce issues.

This report would now go to Audit Committee for note.

R Armstrong congratulated A Balson and N Campbell for the joint work undertaken to improve the Committee. He felt it was now moving in the right direction in terms of discussions.

## **7. RECRUITMENT, RETENTION AND TEMPORARY STAFFING**

The Committee received and noted the report provided.

V McManus advised that this was a summary of the work that had been undertaken during the last quarter. The junior doctor changeover had left some gaps across the Trust but these would mostly be covered on the rotas. However, there would be particular pressure in Medicine, A&E and Anaesthetics and temp staffing support could be required in these areas.

Agency spend had continued to reduce but the Trust was spending more than the agency ceiling. The Brookson system had gone live and was anticipated to give a better level of control over agency staffing and spend.

The MCH programme continued to grow as other services looked to expand into this. The Trust would host 18 trainees on the programme. There continued to be challenges around Care of the Elderly recruitment. A new immigration surcharge had been introduced which would impact on overseas recruitment.

The team continued to look at unfunded posts with the finance team. A solution had been found for 50% of the posts and work would continue to resolve the remaining posts.

V McManus queried whether the Committee would like to see more detail around transformation as part of the report.

R Forster highlighted that new rules were being introduced around off payroll arrangements which the Trust would need to be mindful of.

N Campbell thanked V McManus for an excellent report. He agreed that the Committee would like to see an increasing view of the transformation element of workforce and asked that this was included in the report.

### *Nursing establishment review update*

A Edis advised that the consultation had gone live on the 23<sup>rd</sup> January and hadn't been without some initial hiccups. A series of meetings had been set up for staff to attend and, whilst the uptake for these had been poor, the number of staff responding to the consultation had been significant. She noted that the vast majority of staff were moving towards option B which had been surprising. She noted that staff had also been offered the opportunity to put forward their own, alternative suggestions but not many had been received. The outcome of the consultation would be advised on the 24<sup>th</sup> March and it was anticipated that the new way of working would be introduced from 26<sup>th</sup> June.

N Campbell queried what the mood of the staff was like. A Edis advised that the process had begun with a negative feeling but this seemed to have lifted.

N Campbell thanked A Edis for a positive update.

## 8. BAF SCORING AND RISK ESCALATIONS FROM REMC

The risk escalations around recruitment and breaching the agency ceiling were received and noted.

### Recruitment challenges resulting in agency cap breaches and patient experience

N Campbell noted that the Trust continued to breach its agency ceiling but queried what impact this was having on patients. S Arya advised that he was not concerned at impact on direct patient care; he had not been provided with evidence to show that this had been affected. However, he was concerned at the effect on the morale and performance of staff.

A Balson noted that there had been a number of datix incidents submitted which were around the potential for there to be an impact on patient care. She noted that the breach of the agency ceiling would next year impact on the Trusts ability to access S&T funding.

R Armstrong felt that mitigating projects needed to be added to the risk escalation templates. This would enable the Committee to see whether the issues were under control or not. A Balson agreed that this could be added.

N Campbell summarised that, whilst patient care was not currently being affected, there continued to be concerns around the impact on staff morale and performance. The Trust also continued to breach the agency ceiling and next year this would begin to have an impact on access to S&T funding. The Committee therefore agreed that the score of 20 was appropriate.

**ACTION: Detail around mitigating projects and delivery timescales to be added to the escalation templates (A Balson)**

## 9. WWL ROUTE PLANNER

S Montgomery presented the WWL Route Planner report to the Committee. She noted that this had been introduced in response to the decline in personal development that had been flagged. This decline was in part due to inability to release staff for training due to the increased pressures but also due to the reduced level of educational funding from HENW. The team were undertaking work in three key areas: the launch of the route planner, re-launch of the PDR and investment in vocational learning.

N Campbell thanked S Montgomery for her report.

## 10. STEPS 4 WELLNESS

N Ferguson presented the report to the Committee. She advised that the team continued to work to increase awareness around this but again, there were issues around staff being able to be released for initiatives. The Trust was meeting requirements in terms of the CQUIN with the exception of flu and physio. She flagged that the CQUIN next year would be assessed on whether staff survey scores had gone up around health and wellbeing.

N Campbell thanked N Ferguson for her report.

## **11. ITEMS FOR RECEIPT BY THE COMMITTEE**

The Committee received and noted the reports and minutes for information.

## **12. ANY OTHER BUSINESS**

There were no further items for discussion.

## **13. COMMITTEE EFFECTIVENESS FEEDBACK**

N Campbell thanked the HR team for putting together excellent papers and noted that it had been a pleasure to chair the meeting. He felt Committee member participation was excellent too. He thanked all for an excellent meeting and discussions.

## **14. KEY SUCCESSES AND RISKS**

Key successes were agreed to be:

- The excellent staff story
- The presentation and discussion around Go Engage
- The continuing reduction of temp spend
- The nursing establishment review and update on the consultation
- Opportunities around apprentices
- Steps for Wellness

Key risks were agreed to be:

- Temp staffing and the breaching of the agency cap
- Issues around the perceived negative messages and impact on performance
- Engaging with staff on future transformations and clarity of vision

## **15. DATE AND TIME OF NEXT MEETING**

This was noted to be 21<sup>st</sup> June 2017, 9.30am, THQ Boardroom.