

## Chairpersons Report

<b>Chairpersons Name</b>	Neil Campbell		
<b>Committee Name</b>	Workforce Committee		
<b>Date of Meeting</b>	21.06.17		
<b>Name of Receiving Committee</b>	Trust Board		
<b>Date of Receiving Committee meeting</b>	June 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 reduction in the use of agency staff
2. The positive opportunities being progressed in recruitment
3. The refresh of the workforce strategy and the simplicity of the messaging
4. The positive progress made by internal staff in developing the strategic narrative
5. The positive assurances around nurse revalidation

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

1.	Agency staffing and breaches of the agency cap	AB
2.	Recruitment and retention of medical staff	AB
3.	The end of continuous professional development funding nationally, the reduction in internal funding for staff development and how apprenticeship levy opportunities could be maximised	AB

<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>	Well organised and complete agenda
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### Narrative report of the key issues of the meeting

The committee agenda closely reflected the risks outlined in the BAF and the thread running throughout the meeting was on how to address the challenges presented to the organisation of achieving a stable workforce. A stable workforce was seen as the driver for improved quality outcomes and financial balance and was central to the discussion held by the committee on the work to date to address recruitment of clinical staff, and the reduction of the use of agency staff. The positive opportunities being progressed in recruitment were discussed and the committee recognised the efforts to-date. However, it was recognised that this remains a very challenging issue for the Trust.

The committee welcomed the comprehensive, but simple, refresh of the workforce strategy and considered how this would drive the work of the committee over the next several years. In particular the committee recognised how this strategy linked with the mood of the organisation and the positive progress made by internal staff in developing the strategic narrative. This was seen by the committee as critical in engaging staff across the organisation with the vision and mission of the Trust.

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

Reviewed December 2016, next review December 2017

<b>Key outcomes from the reports taken at the meeting</b>	
<p>A recognition that staff recruitment will continue to be a priority and that the committee will need to continue to pay attention to this.</p> <p>A recognition that although the workforce continues to be motivated and positive about the Trust that this cannot be taken for granted. There is much work to be undertaken around the health and wellbeing of the workforce, their professional development, and career progression.</p> <p>It was evident from the reports received that funding for professional development will have to be used creatively and new and innovative approaches to development of the workforce will need to be found.</p> <p>The work to date to manage the challenges regarding agency staff use has shown some success but the challenge remains very high. It is clear that this work will have to continue.</p>	
<b>Agreed actions from the meeting</b>	<b>Name of primary lead for the actions</b>
Consideration to be given to the suggestions made by the Committee in relation to agency staffing, recruitment and retention	Director of Workforce and HR team
A detailed report on the NHS Quest Employment Brand to be scheduled for a future meeting	Trust Board Secretary Office
The Committee to be provided with trend analysis of junior doctor changeover vacancies	Head of HR
The communications team to engage with patients / public and staff to produce options for a strap line for consideration by the Executive team	Communications Manager
A risk assessment in relation to lack of funding for training to be undertaken for theatre staff	Assistant Director of Nursing for Professional Practice
The potential for external training sponsorship to be explored	Director of Strategy
The staff engagement team to consider the suggestions put forward by the Committee in relation to Steps 4 Wellness	Staff Engagement Lead

## MINUTES OF A MEETING OF THE WORKFORCE COMMITTEE HELD ON WEDNESDAY 21 JUNE 2017 AT 9.30AM AT TRUST HEADQUARTERS

		2017			
<b>PRESENT</b>		08 02	21 06		
Mr Robert Armstrong	Non-Executive Director	√	A		
Dr Sanjay Arya	Medical Director	√	A		
Mrs Alison Balson	Director of Workforce	√	√		
Mr Neil Campbell	Non-Executive Director (Chair)	√	√		
Mrs Mary Fleming	Director of Operations and Performance	√	√		
Mr Robert Forster	Director of Finance and Informatics	√	√		
Mr Andrew Foster	Chief Executive	√	√		
Mrs Pauline Law	Director of Nursing	AE	√		
Mr Jon Lloyd	Non-Executive Director	A	√		
Mr Richard Mundon	Director of Strategy	A	√		
Mrs Christine Parker Stubbs	Non-Executive Director	√	√		
<b>IN ATTENDANCE</b>					
Mr Bill Anderton	Public Governor for Wigan	√	√		
Mr Duncan Armfield	Deputy Director of Performance Medicine	√	A		
Ms Vicky Bateson	HR Business Partner	√	*		
Mrs Amanda Cheesman	Assistant Director of Nursing for Professional Practice	-	√		
Mr Shaun Curran	Deputy Director of Performance Surgery	√	NJ		
Mrs Karen Doyle	Associate Director of Communications and Engagement	A	*		
Mr David Evans	Associate Director of Estates and Facilities	IB	GL		
Ms Nicole Ferguson	Staff Engagement Lead	√	√		
Mrs Anne Forrest	Learning and Development Manager	-	√		
Ms Zoe Garnett	Organisational Development Manager	A	*		
Mr Bill Greenwood	Public Governor for Wigan	√	A		
Mrs Lynda Hancock	Corporate Services Administrator	√	√		
Mrs Lorraine Hesketh	Communications Manager	√	√		
Mrs Jean Heyes	Staff Side Lead	A	*		
Mr Paul Howard	Trust Board Secretary	-	√		
Dr Surinder Kumar	Consultant in Occupational Health	A	*		
Mrs Rebecca Lyon	Deputy Director of Performance Specialist Services	√	FH		
Ms Rachel McGrory	Senior Communications and PR Officer	-	√		
Mrs Vikki McManus	Head of HR	√	√		
Mrs Sarah Montgomery	Head of Learning and OD	√	√		
Ms Lyndsay Wallwork	Senior HR Business Partner	A	√		
Ms Amanda Montford	Senior HR Business Partner	√	√		
Ms Laura Pope	HR Business Partner	√	√		
Ms Lorraine Woods	Senior HR Business Partner	√	A		

Key: √: attended | A: apologies sent | \*: did not attend | --- not a member at the date of the meeting

## 1. CHAIR'S OPENING REMARKS

The Chair welcomed the Trust Board Secretary to his first meeting of the Workforce Committee.

## 2. STAFF STORY

Mrs G Rowlands was in attendance to provide the Committee with a reflection on her personal experience of coaching.

The Committee noted that this had been a positive experience and felt it was testimony to the commitment of the Trust to invest in its staff to the benefit of the individual and wider patient care.

*Mrs G Rowlands left the meeting.*

## 3. PRESENTATION: AGENCY – OUR PERFORMANCE, PLANS, OPPORTUNITIES AND CHALLENGES

The Head of HR delivered a presentation to provide the Committee with an update on agency staffing. Her presentation highlighted the following key points:

- Following the introduction of rules by NHS Improvement, a number of steps had been taken to reduce the level of agency spend
- The implementation of the IR35 regulations had brought further challenges which the Trust was actively addressing
- There had been a year on year reduction in the level of temporary spend but agency spend, whilst reducing, was still above the ceiling
- The reduction in temporary staffing levels had benefits for both patients and staff
- There would be a focus on improving the health and wellbeing of staff and enhancing recruitment and retention
- Future challenges would be around medical staffing and staff retention

The Committee was pleased to note the positive progress that had been made to date whilst acknowledging the areas of challenge outlined. It was suggested that the team may wish to consider the following points:

- Expediting the development of the medical bank of staff
- Consideration of recruitment and retention best practice external to the NHS and the potential to partner with a local organisation
- Introducing more meaningful ways to celebrate long standing staff members
- Consideration of areas in the Trust with longstanding members of staff and if there was good practice to be shared

The Committee received the report and noted the content.

**ACTION: Director of Workforce and team**

## 4. APOLOGIES FOR ABSENCE

Apologies for absence were received as indicated in the members' attendance record.

## 5. APPROVAL OF THE MINUTES OF THE LAST MEETING

The minutes of the Workforce Committee meeting held on 8 February 2017 were agreed as a true and accurate record.

## **6. MATTERS ARISING**

### **a. Actions from the last meeting**

Completed action updates from the Workforce Committee meeting held on 8 February 2017 were received and noted.

The Chief Executive provided the Committee with a brief update on the NHS Quest Employment Brand which aimed to create an employment brand and set of standards for Quest affiliated Trusts to use in their recruitment campaigns. A more detailed report would be presented to a future Committee meeting.

**Action: Trust Board Secretary Office**

### **b. Work plan 17/18**

The Committee received and noted the work plan for 2017/18.

## **7. DECLARATION OF INTERESTS**

There were no opening declarations of interest.

## **8. WORKFORCE STRATEGY REFRESH**

The Director of Workforce presented a report outlining the proposal to refresh the workforce strategy. The Committee were asked for their approval; this would then be launched across the organisation and locality as part of the strategic narrative.

The Committee approved the workforce strategy as presented.

## **9. SAFE AND FLEXIBLE WORKFORCE – RECRUITMENT, RETENTION AND ORGANISATIONAL CHANGE**

The Head of HR presented a report which described the various work streams and projects being undertaken to enhance recruitment, retention and organisational change.

The Committee received the report and noted the contents. It was suggested that consideration could be given to providing trend analysis of junior doctor changeover vacancies.

**Action: Head of HR**

## **10. GO ENGAGE – THE WWL WAY**

The Staff Engagement Lead presented a report which detailed the progress being made in terms of staff engagement and developing a strategic narrative. It was noted that the strategic narrative was a significant piece of work which would require the support and sponsorship of the Committee.

The Committee noted the contents of the report and agreed full support and sponsorship. The importance of simple messaging in communicating the strategic narrative was noted.

## **11. PUBLIC RELATIONS PLAN**

The Communications Manager presented a report which outlined proposals around a new public relations plan designed to increase the positive public profile of the Trust. The Committee were

requested to give consideration to the proposals and to consider the suggested new strapline of 'Better Together'.

The Committee endorsed the plan but felt that further work was required in the development of a strap line. It was suggested that the communications team engage with patients / public and staff to produce options for consideration by the Executive Director team.

**Action: Communications Manager**

## **12. WWL ROUTE PLANNER**

The Head of Learning and Organisational Development presented a report which highlighted the risks facing the Trust as a result of Health Education England (HEE) ending funding for continuous professional development (CPD). It also described the work that was being undertaken with training providers to develop appropriate career pathways and flagged the challenges around the readiness of healthcare apprenticeship standards.

It was noted that there were particular concerns around theatre staffing and it was suggested that an individual risk assessment may be appropriate. The potential for external sponsorship of training could also be explored.

The Committee received and noted the contents of the report.

**Action: Assistant Director of Nursing for Professional Practice  
Director of Strategy**

## **13. NURSING REVALIDATION**

The Director of Nursing presented a report which provided assurances to the Committee that the appropriate processes were in place for nurse revalidation.

The Committee received and noted the contents of the report.

## **14. STEPS 4 WELLNESS**

The Staff Engagement Lead presented a report which provided a progress update on the initiatives currently being undertaken to improve the health and wellbeing of staff members. Feedback from staff had been positive and it was hoped that there would be some correlation in the sickness absence figures by the next Committee meeting to support this. There was concern that mental health awareness initiatives were not achieving the same uptake as others and this would be an area for focus.

The Committee were pleased to note the continuing positive progress being made with Steps 4 Wellness. It was agreed that it would be important to focus on improving the uptake of mental health awareness initiatives and the recommendation was made to consider re-branding. Further suggestions were made for the team's consideration around strengthening the involvement of senior leadership, increased recognition of National days and exploration of the commercial opportunities around the initiative.

The Committee received and noted the contents of the report.

**Action: Staff Engagement Lead**

## 15. BAF SCORING

### a. Have a safe and flexible workforce that meets the needs of the service now and for the future

*Failure to stay under agency ceiling, impact of IR35 and associated impact on safe staffing levels* - the Committee agreed to score the risk at  $5 \times 3 = 15$ . This was on the basis that the risk could impact on the provision of safe staffing levels. However it was noted that the Trust had successfully reduced its agency spend and pro-active work was being undertaken to enhance recruitment, retention and improve wellbeing of staff.

*National shortage occupations and inefficient use of available resources* - the Committee agreed to score this risk at  $5 \times 4 = 20$ . While significant work had gone into rostering and nurse shift patterns, these would not be implemented until July. Good progress had been made with the Mch programmes but there were still uncertainties in certain specialties and around apprenticeship standards.

*Sickness absence impacts on safe staffing levels and ability to reduce pay bill* – the Committee agreed to score this risk at  $4 \times 3 = 12$ . Positive work was being undertaken to improve sickness levels but there remained pockets of high absence.

*Failure to utilise available resources to improve personal development opportunities, which impacts on retention and does not mitigate the cost of the apprenticeship levy* - the Committee agreed to score this risk at  $4 \times 4 = 16$ . The significant risks around the lack of CPD funding internally and nationally were noted and the potential impact on recruitment and retention. There was also concern at the delay in developing apprenticeship standards.

### b. To improve levels of staff engagement, developing a culture of confidence and optimism where staff can directly influence change

*Engagement does not improve – direct correlation between staff engagement and patient satisfaction / outcomes* - the Committee agreed to score the risk at  $4 \times 3 = 12$ . There was a significant amount of positive work being undertaken around the strategic narrative. There had been positive results from the Friends and Family test recommending WWL as a good place of work. However, there had been a dip in engagement levels in the corporate division.

## 16. RISK ESCALATIONS FROM REMC

The Director of Workforce presented a report which provided an update on the ongoing risk around recruitment.

The Committee were content that the risk was being managed appropriately. There would be continued monitoring at the Committee with no requirement for higher escalation at this time.

The Committee received and noted the contents of the report.

## 17. ITEMS FOR RECEIPT BY THE COMMITTEE

The Committee received and noted the minutes from the reporting meetings.

The Committee noted a concern in relation to the attendance levels at the Education Governance meetings. The Assistant Director of Nursing for Professional Practice provided an assurance that monitoring was in place and a refresh of the meeting membership was planned.

## 18. ANY OTHER BUSINESS

There were on further items of business submitted for discussion.

## **19. COMMITTEE EFFECTIVENESS FEEDBACK**

Committee effectiveness feedback was sought and it was noted that the meeting had been well chaired with a good level of discussion and strategic debate. Authors of papers were congratulated on providing informative and accessible papers which had effectively shaped discussion.

## **20. KEY SUCCESSES AND RISKS**

Key successes were agreed to be:

- The reduction in the use of agency staff
- The positive opportunities being progressed in recruitment
- The refresh of the workforce strategy and the simplicity of the messaging
- The positive progress made by internal staff in developing the strategic narrative
- The positive assurances around nurse revalidation

Key risks were agreed to be:

- Agency staffing and breaches of the agency cap
- Recruitment and retention of medical staff
- The end of continuous professional development funding nationally, the reduction in internal funding for staff development and how apprenticeship levy opportunities could be maximised

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

The next meeting of the Workforce Committee will be held on 20 September 2017, 9.30am at Royal Albert Edward Infirmary.