

## Chairpersons Report

<b>Chairpersons Name</b>	Neil Campbell		
<b>Committee Name</b>	Workforce Committee		
<b>Date of Meeting</b>	20.09.17		
<b>Name of Receiving Committee</b>	Trust Board		
<b>Date of Receiving Committee meeting</b>	September 2017		
<b>Strategic Items for referral to Trust Board</b>	Na.		
<b>Items for escalation?</b>		<b>No x</b>	<b>If yes, to which Committee</b>

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

1. The development of a career pathway for nursing
2. The successful recruitment of 4 middle grade posts in A&E
3. The successful recruitment open day
4. The good progress being made against the agency ceiling
5. The identification of the risk around training records and the potential for a centralised location for recording

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

1.	Nurse staffing	PL
2.	Reduction in CPD funding	AB
3.	The lack of clarity on clinical job planning	SA
4.	The plateau of the pulse check results	AB
5.	Supervision of Midwives	PL

<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>	Yes, comprehensive agenda and supporting papers
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### Narrative report of the key issues of the meeting

Given the challenges faced by the Trust in relation to the recruitment and retention of clinical staff the context for the meeting was well established for the Committee through the inspirational staff story presented by a new apprentice working in the Trust. He spoke with passion about his learning and development, and the tremendous opportunity offered to him through the apprenticeship scheme. This was followed by a presentation setting out for the committee the broad career pathway available for nursing recruits using the apprentice levy.

The Committee discussed the analysis of junior doctor change over vacancies, the review of nursing vacancies following the Nursing Establishment Review and the progress that the Trust had made in relation to Job Planning compliance. The information and discussion was important for the Committee to fully appreciate the risks in relation to recruitment of clinical staff as set out in the BAF.

The Committee considered the latest quarterly pulse check report which appears to indicate that the

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

levels of staff engagement across the Trust has stabilised at the level achieved last year when the Trust experience an important decline in engagement. The Committee recognised the positive message in the stabilisation but remain concerned that the latest survey has stabilised at a lower level than historically achieved. In this context, the Committee welcomed the refreshed Communications and Engagement Strategy and its focus on People, Patients, Performance and Partnerships.

Having received these reports and discussed the workforce challenges the Committee reviewed the BAF objectives and was quickly able to determine that the weightings given to the Corporate Objectives had not changed. The Committee was assured that the Executive was progressing the right work in relation to these objectives.

**The Committee considered the item escalated from the Audit Committee regarding Training records and training for medical devices.** Following a thorough discussion, it was concluded that all mandatory training is now correctly recorded and that the records are maintained in one location. However, there is professional and other training which is important but not mandatory and these records are not maintained centrally. The Committee instructed the Director of Workforce to consider if it possible to address this issue and what the implications might be for doing so. A report will be provided back to the next meeting in January 2018. In relation to medical device training these records are held by health and safety, not workforce. The Committee asked the Workforce Director to provide a report at the next meeting detailing the desirability and other implications for centralising these records.

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

The Committee

- confirmed the terms of reference for the Committee for the next 12 months
- noted the increasing challenge faced recruiting and retaining nursing staff
- welcomed the successful recruitment of 4 middle grade posts in A&E
- received the report on appraisal and revalidation of medical staff
- noted the challenges the Trust faced going forward with supervision of Midwives

#### **Agreed actions from the meeting**

#### **Name of primary lead for the actions**

Opportunities for collaborative work with neighbouring Trusts to be considered for Supervision of Midwives	Associate Director of Nursing for Professional Practice
Consideration to be given to the development of a single, centralised location for training records	HR team
Further risks to be added to the Workforce objectives on the BAF as described in the minutes	Director of Workforce / Trust Secretary

**MINUTES OF A MEETING OF THE WORKFORCE COMMITTEE  
HELD ON 20 SEPTEMBER 2017, 9.30AM  
AT ROYAL ALBERT EDWARD INFIRMARY, WIGAN LANE, WIGAN WN1 2NN**

**Members' attendance record**

		08.02.2017	21.06.2017	20.09.2017	24.01.2018
Mr Robert Armstrong	Chairman	√	A	√	
Dr Sanjay Arya	Medical Director	√	A	√	
Mrs Alison Balson	Director of Workforce	√	√	√	
Mr Neil Campbell (Chair)	Non-Executive Director (Chair)	√	√	√	
Mrs Mary Fleming	Director of Operations and Performance	√	√	√	
Mr Robert Forster	Director of Finance and Informatics / Deputy CEO	√	√	√	
Mr Andrew Foster	Chief Executive	√	√	√	
Mrs Pauline Law	Director of Nursing	A	√	A	
Mr Jon Lloyd	Non-Executive Director	A	√	√	
Mr Richard Mundon	Director of Strategy and Planning	A	√	A	
Mrs Christine Parker Stubbs	Non-Executive Director	√	√	A	

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

**In attendance**

Mr B Anderton – Public Governor for Wigan  
 Mr A Beatty – Directorate Manager, Specialist Services  
 Mrs A Cheesman – Associate Director of Nursing, Professional Practice  
 Mr S Curran – Deputy Director of Operations and Performance, Surgery and Medicine  
 Ms N Ferguson – Staff Engagement Lead  
 Mrs A Forrest – Learning and Development Manager  
 Mr D Hall – Senior HR Business Partner  
 Mrs L Hesketh – Communications Manager  
 Mr J Howarth – Digital and Creative Media Apprentice

Mrs R McGrory – Senior Communications and PR Officer  
 Mrs V McManus – Head of HR  
 Mrs A Montford – Senior HR Business Partner  
 Mrs S Montgomery – Head of Learning and Organisational Development  
 Dr N Naqvi – Responsible Officer (item 4 only)  
 Mrs L Pope – HR Business Partner  
 Mr D Smith – Directorate Manager, Surgery  
 Mrs L Wallwork – Senior HR Business Partner  
 Mrs L Woods – Senior HR Business Partner



## **1. Committee chairs opening comments**

The chair welcomed all to the meeting of the Workforce Committee and opening introductions were made.

## **2. Apologies for absence**

Apologies for absence were received as noted in the above attendance record.

## **3. Declarations of interest**

There were no interests declared.

## **4. Minutes and actions of the previous meeting**

The minutes of the Workforce Committee meeting held on 21 June 2017 were agreed to be a true and accurate record.

Completed action updates were received and noted.

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

The work plan was received and noted by the Committee.

## **6. Terms of reference**

The Committee received and approved the terms of reference.

## **7. Medical Revalidation annual report**

Dr N Naqvi, Responsible Officer, was in attendance to present the Medical Revalidation annual report to the Committee for approval.

This was the 5<sup>th</sup> year of medical revalidation as introduced by the General Medical Council (GMC). The policies in place at the Trust were felt to be working well and robust monitoring was undertaken to remind Consultants of their obligations. Appropriate escalation processes were in place for non-compliance.

The Committee accepted the report and approved the statement of compliance confirming that the organisation was abiding to regulations.

The Committee extended its appreciation to Dr Naqvi for his efforts in the role of Responsible Officer.

*Dr N Naqvi left the meeting*

## **8. Staff story**

Mr Jake Howarth, Digital and Creative Media Apprentice, was in attendance to present his experience of working at the Trust to the Committee.

The Committee received and noted the contents of the verbal report.

## **9. WWL route planner – apprenticeship career paths and the levy**

The Learning and Development Manager and Associate Director of Nursing for Professional Practice delivered a presentation to the Committee regarding apprenticeships.

Work had taken place with partners across Greater Manchester to agree a joint strategy and procurement process. Internal progress had also been positive with a number of apprentices already in post and opportunities for further roles being explored with local colleges. Consideration had also been given to the development of a career pathway for those individuals wishing to become a nurse that were unable to follow the traditional, academic pathway. Similar pathways would be developed for all roles in the future.

The Committee noted the contents of the presentation and welcomed the positive progress and opportunities described.

## **10. Employment essentials**

The Head of HR presented a paper to the Committee which outlined the current position in terms of staffing.

Medical staffing remained a concern and the HR team continued to work with the divisions around recruitment opportunities and alternative workforce models. Nurse staffing was similarly under pressure due to a number of vacancies and rota gaps. Mitigating actions were in place and the HR team were working closely with Senior Nurse colleagues. In terms of employment transformation, reducing agency spend and improving the use of Consultant time by job planning were key areas of focus. An electronic job planning system would be piloted to assist this.

The Committee noted the contents of the report and recognised the considerable efforts of the HR team.

## **11. Go Engage – The WWL Way**

The Staff Engagement Lead presented papers to the Committee which outlined the key matters for report from Go Engage.

### *Quarterly Pulse check*

Whilst there had been improvements on some individual scores, the majority of scores remained unchanged from the last year. Questions relating to the adaptability of staff had declined and it would be important to focus on this given the potential changes within the organisation in the future. Areas showing particularly lower levels of engagement would receive additional support.

### *Internal communications and engagement strategy*

The report contained proposals to improve and strengthen engagement and gave consideration to the approach to internal communications. This would be a key enabler to the launch of the WWL Way 4ward. The Committee were asked to support the four objectives outlined within the report.

The Committee were pleased to note the stabilisation in pulse check scores but were mindful that these were lower than previous years. The strategy was considered to be a positive and

systematic approach to take and the Committee confirmed their support for the objectives as outlined.

*The Chief Executive left the meeting.*

## **12. NHS QUEST – developing the employer brand**

The Director of Workforce provided the Committee with a verbal update in relation to the development of standards for quality employment practices amongst the organisations involved in QUEST.

The Committee received and noted the contents of the verbal update.

## **13. Inclusion and Diversity**

*Inclusion and Diversity annual report*

The Director of Workforce presented the Inclusion and Diversity annual report to the Committee for approval.

The Committee recognised the significant level of work invested by Debbie Jones and Philip Makin, the two leads for Inclusion and Diversity, to deliver the outcomes.

The Committee approved the annual report.

*Equality delivery system assessment and plan*

The Director of Workforce presented the Equality delivery system assessment and plan to the Committee for approval.

The Committee approved the Equality delivery system assessment and plan.

## **14. Supervision of midwives**

The Associate Director of Nursing for Professional Practice provided the Committee with an update on the progress being made following the removal of Supervision of Midwives.

It was noted that Greater Manchester was considering a standard approach to the implementation of Professional Midwife Advocates. Internal work was being undertaken to understand the appetite of existing Midwife Supervisors to move into these roles and the implications from an on-call perspective. The new roles would require a period of training and consideration needed to be given to whether this was a Continuous Professional Development (CPD) funding priority.

The Committee received and noted the content of the report. It was suggested that opportunities for working with local Trusts be explored.

**ACTION: Associate Director of Nursing for Professional Practice**

## **15. WWL route planner**

The Head of Learning and Organisational Development presented a report in terms of the WWL route planner.

It was noted that the Audit Committee had formally escalated concerns around the accuracy and completeness of training records to the Workforce Committee for consideration. The concerns were primarily around Safeguarding and Medical Device training. The report looked to address the concerns raised.

#### *CPD funding*

This was an area of concern for the Trust due to the reduction in the availability of national CPD funding. It was noted that flexi-cash funding had been received to cover statutory training requirements, however there were still likely to be gaps in other areas of training. Divisions had been tasked with identifying such gaps.

#### *Training records*

It was noted that the Trust had an electronic learning system in place for the majority of mandatory training modules, including safeguarding training at levels 1 and 2. This provided a good level of assurance in terms of accuracy and completeness of records.

Level 3 safeguarding training was more complex as it was mandatory only for staff with certain roles and responsibilities. A process had been undertaken to align the level 3 training records and there was assurance around accuracy.

Medical Devices training records were currently held by the Quality Improvement team. There was no formal system in place for recording compliance and it had been suggested that the team develop a business case to seek funding for this.

The Committee received and noted the contents of the report. The assurance provided with regard to electronic mandatory training was welcomed but there was concern at the lack of assurance for other training records. It was agreed that consideration should be given to developing a single, central location for the storage of all training records. It was also felt that consideration should be given to the departmental management of known areas of training non-compliance. A report outlining the resource requirements and implications around developing a centralised system for the recording of training would be brought to a future meeting.

**Action: HR team**

## **16. Steps 4 Wellness**

The Head of HR and Staff Engagement Lead presented a report to the Committee which outlined the programme of work in place to increase the health and wellbeing of staff and reduce sickness absence.

A number of initiatives had been implemented with a particular focus on mental health issues. However, uptake needed to be improved and this would require a shift in staff behaviours.

The Committee received and noted the contents of the report.

*The Director of Finance and Informatics, Medical Director and Governor representative left the meeting.*

## **17. 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 noted that progress against the agency ceiling was on trajectory. It was agreed to retain the score at  $5 \times 3 = 15$ .

*National shortage occupations and inefficient use of available resources*

The Committee had discussed and noted the continued challenges in nurse recruitment. However, actions were being taken in mitigation. It was agreed to retain the score at 20

*Sickness absence impacts on safe staffing levels and ability to reduce pay bill*

The Committee noted the initiatives in place to assist staff with health and wellbeing but levels of uptake needed to be increased. It was agreed to retain the current score of 12.

*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 noted the positive progress that was being made in terms of apprenticeships however it was agreed to increase the score to  $4 \times 5 = 20$  given the ongoing pressures around CPD funding and the risk this presented to recruitment and retention.

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

The Committee noted the work being undertaken in relation to staff engagement but noted that the pulse scores remained at a low level when compared to previous years. It was agreed to retain the score of 12.

The Committee agreed to add further risks around CPD funding, centralised training records and flu vaccine uptake to the Workforce objectives.

**Action Trust Secretary and Director of Workforce**

## **18. Escalation from REMC**

There were no escalations from REMC this time.

## **19. Items for receipt by the Committee**

The Committee received and noted the minutes and chairs reports of reporting meetings for information.

## **20. Any Other Business**

There were no further matters raised for discussion.

## **21. Committee effectiveness feedback**

The Committee reflected on the excellent quality of papers prepared by the HR teams which had enabled clear and focused discussion on key matters.

## **22. Key success and risks**

Key successes were agreed to be:

- The development of a career pathway for nursing
- The successful recruitment of 4 middle grade posts in A&E
- The successful recruitment open day
- The good progress being made against the agency ceiling
- The identification of the risk around training records and the potential for a centralised location for recording

Key risks were agreed to be:

- Nurse staffing
- Reduction in CPD funding
- The lack of clarity on clinical job planning
- The plateau of the pulse check results
- Supervision of Midwives

## **23. Date, time and location of the next meeting**

A meeting of the Workforce Committee will be held on 24 January 2018 from 9.30am at Royal Albert Edward Infirmary, Wigan Lane, Wigan WN1 2NN.