

Report to:	Trust Board
Title of report:	Workforce & OD Committee Report to Board
Date of meeting:	June 2017
Status:	For Discussion
Chairperson:	Kate Truscott, Non Executive Director
Author:	Martin Rayson, Director of HR & OD

Purpose	This report summarises the assurances received, approvals and decisions made by the Workforce & OD Committee (WOD).
Background	<p>This assurance committee meets bi-monthly and seeks to assure itself around the two main workforce risks:</p> <p>Failure to sustain adequate workforce Failure to sustain engaged workforce</p> <p>The Committee have agreed an assurance framework to support management of those risks. Papers presented to the Committee will reflect the elements of the framework.</p>
	<p>Matters Arising</p> <p>The Committee were concerned about a lack of representation from Nursing and the Operations Directorate at the meeting. The Director of HR/OD agreed to follow this up with the Director of Nursing and the Chief Operating Officer to ensure there was representation at the July meeting.</p> <p>The Committee were appraised on the on-going impact of IR35, particularly on Urgent Care. The Committee members had valued the representation of this visually in the graph showing fill-rates for shifts and asked that this be updated and brought back to the Board.</p>
	<p>Staff Levels in Nursing</p> <p>In order to gain assurance, the Committee wanted more information on:</p> <ul style="list-style-type: none"> - The roll-out of Safe Care Live - The use of care hours per patient day to determine staffing levels and the registered/unregistered mix. <p>They wanted an update on action taken to date and the impact of that action.</p>

	<p>Medical Recruitment Plan</p> <p>The Committee were pleased to receive the plan. For assurance purposes they wanted regular updates on the extent to which the plan was being delivered. The Committee also look forward to reviewing the Agency Cost Reduction Plan, to understand the part job planning and other actions will have on reducing overall medical locum spend. In particular the Committee wanted to understand the timetable for speciality reviews and workforce planning alongside this, reflecting the challenge of recruiting to medical posts and the need to review whether vacant posts were actually needed or services could be provided with a different skill mix.</p> <p>Staff Health and Well-Being</p> <p>WOD welcomed the approach being taken to staff health and well-being, which was outlined at the meeting and the way it links to the overall People Strategy. The Committee wanted additionally to understand the impact that the actions that were being taken, which would be evidenced through improvement in the relevant indicators in the People Strategy.</p> <p>The Committee were concerned about capacity to deliver and suggested that managers should seek to access charitable funds to support delivery of priorities in this area.</p>
	<p>Assurance on Staffing Numbers</p> <p>The Committee asked for further assurance in the quality of data being presented. It was agreed that this assurance would be given in the Bi-Monthly Workforce Report, which would be circulated outside the meeting and was based on April data.</p>
	<p>Deep Dive Into Therapy Data</p> <p>The Committee reviewed a range of indicators relating to the therapy service (sickness, turnover etc.). The Committee have asked that there is further exploration of why staff are leaving the service, to see if there are any common issues driving turnover that might be addressed</p>
	<p>Risk Register</p> <p>WOD were concerned about the content of the Corporate Risk Register, particularly the extent to which mitigating actions were in place. The lack of any updates on progress, suggested that there was a lack of ownership of the process by service managers and it was not being used in a dynamic way to manage risk.</p>
<p>Risks to refer to risk register</p>	<p>No additional risks highlighted.</p>
<p>Key decisions taken</p>	

<p>Issues to escalate to Board</p>	<p>1). The need to expedite specialty reviews to determine whether all vacant medical posts were required, given the on-going challenge around recruitment, despite the improvements proposed in the Medical Recruitment Plan.</p> <p>2). Resourcing available in the Communications Team to support staff engagement work</p> <p>3). Concerns about degree of ownership and quality of content (particularly around mitigating actions) in the risk register</p>
<p>Challenges and exceptions</p>	<p>None</p>
<p>Future exceptional items</p>	<p>None</p>

Attendance

Voting members

Kate Truscott – Non Executive
 Sarah Dunnett – Non Executive
 Gill Ponder – Non Executive
 Martin Rayson – Director HR & OD
 Neil Hepburn – Medical Director

Non Voting members

Steve McGowan – Deputy Director of HR
 Helen Nicholson – Head of Transformational Change
 Elaine Stasiak – Head of Workforce Intelligence
 Sharon Kidd – Patient Experience & PALS Manager