

## **CHAIR'S KEY ISSUES**

## ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	People and Organisational Development Committee, 24 November 2022
CHAIR:	Richard Spencer - Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Adrian Marr, Director of Finance Deborah O'Hara, Interim Director of People and Organisational Development

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
1.4 Matters Arising	ESR (Electronic Staff Record) transformation programme update closed a long-standing action. Equipment training competency remains a concern, a hugely complex issue regarding role-based requirements, linked to the Electronic Patient Record and forming part of the digital work plan. There is currently no functionality to recognise those that have served in the armed forces, a legal requirement, and this would be raised externally.	Assurance
1.6 Emergent and Topical Issues	Industrial action update on the work to support staff, depending on their personal decision, and the focus on ensuring that patients are safe. Any quality issues that arise will feed into the Quality and Patient Safety Committee. The Band 2/3 national requirement in relation to provision of clinical care continues to be assessed with further analysis undertaken, review of workforce modelling and career pathways.	Alert
1.7 Board Assurance Framework Risks	Outside of the meeting changes would be made to reflect the sources of assurance presented, a review of the controls and timescale for actions.	Assurance
Deep Dive – Staff experience 2.1 Freedom to Speak Up Report	The Freedom to Speak Up Guardian presented his annual report and thanked leaders for the support he receives. The context of concerns being raised is changing in tone and nature and it is often difficult to identify the concern, rather it appears to represent a member of staff's struggle to cope with what is going on in their lives. Staff experiencing detriment were referenced which was a concern, as this would affect staff confidence in speaking up. To meet new guidance, a revised policy has been	Alert

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	prepared for publication early next year; a link to the Board self-assessment tool was included and the requirements for its completion including development of an improvement plan.	
	Committee members found the content to be of concern, questioned inclusion of benchmarking information for comparison and whether there were emerging trends or patterns. There had been investment in leadership development and trained mediators, equality, diversity and inclusion and the wellbeing hub, but it appeared that there was still a long way to go in developing a freedom to speak up culture. Further work was required on triangulation. The report would be more powerful if it included the current work to improve culture, more on the context and recommendations for next steps. It should be clearer whether the guardian was satisfied that concerns raised have been resolved, especially where staff have raised concerns about possible detriment as a result of speaking up, the learning to be shared. All Board members were recommended to read the new guidance from the National Guardian's Office. The Non-Executive and Executive leads would work with guardian to refine the report prior to presentation to Board in public.	
2.2 Guardian of Safe Working Annual Report	One of the Guardians attended to present their report relating to issues affecting Junior Doctors who exception report when they work extra hours, a Divisional responsibility to resolve, working with other teams. Examples were given of some of the complaints received regarding rota co-ordination and late release of rotas was a recurring theme. All affect a doctor's perception of their working arrangements. Themes were presented by site and assurance was provided that these exception reports have led to improvements. Recommendations were made to develop the training and function of rota co-ordinators and to consider whether there are sufficient HR staff to oversee this and ensure accuracy and timely rota roll out.	Alert
	The Committee recognised the importance of this role and the assurance provided and questioned how the recommendations could be taken forward. The Chief Executive would work with the Interim Director of People and Organisational Development as there was clearly more to be done. Questions were raised on benchmarking and if rotas were resolved whether it would enable guardians to focus on more strategic issues. The immediate safety concern exception reports were discussed, and the Guardian was thanked for all elements of the role including welcoming new doctors.	
2.3 General Medical Council (GMC) Annual Survey results	The results had been considered in detail by the Executive Management Committee with the work of both Guardians feeding into the outcome and action planning. The impact is seen in training number allocations. ESNEFT is placed in the top five Trusts in the region and emphasis was placed on the importance of training being built into rotas, sharing learning and considering how Divisions take this forward so that changes can be implemented to improve for future years. Supervisors have too many	Alert

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Trainees can also exception report on educational elements.  The Committee questioned improvements for locally employ was confirmed that those that are locally employed can exceed development for a local ESNEFT training programme. Learn to staff to ensure they feel valued. For those areas that are redeveloped for the bottom five areas. The Chief Executive we started with the Executive Leadership Team on how the organ expressed by all staff. The Committee confirmed that assurate whilst current discussions with the BMA on job planning was	trainees to manage this effectively and agreement is required on funding and supporting them.  Trainees can also exception report on educational elements.	
	The Committee questioned improvements for locally employed doctors and access for blended roles. It was confirmed that those that are locally employed can exception report and a long-term vision is in development for a local ESNEFT training programme. Learning is focussed on supervision and support to staff to ensure they feel valued. For those areas that are not doing quite as well action plans were developed for the bottom five areas. The Chief Executive would continue the discussion that had started with the Executive Leadership Team on how the organisation responds to the feelings being expressed by all staff. The Committee confirmed that assurance had been provided on the process whilst current discussions with the BMA on job planning was a risk, with the impact on staff goodwill and potentially education, as provision of essential services was the priority.	
3.1 Retention Update	Significant work was presented including recruitment of retention partners to focus on why staff were leaving and to enhance induction and support. Face to face induction will return and improvements are required to local induction. Multiple methods were deployed to support Healthcare Assistants (HCAs), unqualified patient facing roles which have become more technical, to understand lived experience. Pace was required and a task and finish group led this with an excellent response received from a survey. Common themes included a lack of understanding of the role, the induction and expectations, career progression and having a voice in the organisation. Appreciation days, career coaching, peer support and monthly community of practice have been provided, interview questions and recruitment processes have been reviewed, taster days and a video for 'a day in the life of an HCA'.	Assurance
	The Committee discussed this in detail, recognising that retention rates had not yet improved. Gaining assurance on the quality of the local induction was questioned. Describing the HCA role/early support was the key to improvement. The education team in the Faculty of Education would be redesigned to provide consistency of support as an individual's career progresses in nursing. From a corporate perspective the team is linking with specific departments. The Trust was fifth in the country for nurse retention demonstrating some improvement and other positive developments were discussed including support for highly skilled staff not wanting to work set patterns and how they could be retained. The reservists work in SNEE is also enabling staff to return. More communication was required to support staff thinking about leaving to ensure awareness of the flexibility available. The interventions were recognised and good assurance had been received.	

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3.2 Communications and Engagement Update	A six-monthly update on delivery of the strategy included the areas that the team covers, strategic working as a critical element, and the team's selection as the 'go to' Trust for media work, national acknowledgement of their approach. Metrics were provided across all areas and it was confirmed that Facebook followers had doubled in the last year when compared with similar sized organisations. The breadth of work on engagement has seen a huge step forward and a simple toolkit is being prepared. The growth of staff recognition options included Long Service and Commendation Awards and Chair and Board members' lunches as part of a retirement offer. The Committee recognised the importance of the team's support in messaging and the huge benefit of a well-functioning team made possible by co-ordination of resource to specific areas. Measuring impact is difficult and this remains a constant challenge.	Assurance
3.3 Sub Group Key Issues Reports	Two reports were presented from the Wellbeing Steering Group and the Faculty of Education Steering Group. There were two alerts from the latter in relation to roll out of basic life support training; compliance had now increased significantly. Further detail was provided on the super user training and utilising all available opportunities for communication. The second alert set out the impact of structural issues at the post graduate centre at Colchester on training. Plans are in place.	Assurance
3.4 Report on Armed Forces and Veterans Project	An overview of the actions being taken to support the Trust's commitment to this community and the work towards Defence Employer Recognition Scheme gold award as well as three other accreditations. Oversight of workstreams is through the programme board chaired by the Director of Communications and Engagement, the Senior Responsible Officer. Careers Transition Partnership is now included in Trust job adverts and two veterans have recently joined ESNEFT. Work is underway to skill up staff to support personnel and their families. The Committee recognised the progress being made.	Assurance
5.1 Mandatory Training Faculty of Education	A progress report was provided for information on the OLM optimisation project (Electronic Staff Record - ESR - learning management database) and was noted for information.	Assurance