

## Key Issues Report

### Issues for referral to reporting Committee/Group

<b>Originating Committee/Group and meeting date:</b>	People and Organisational Development Committee, 15 November 2023
<b>Chair:</b>	John Humpston - Non-Executive Director
<b>Lead Executive Director (as appropriate):</b>	Kate Read, Director of People and Organisational Development

Subject	Details of Issue	Action*
Emergent and topical issues	The Committee was updated on Trust and national plans relating to workforce. The use of artificial intelligence (AI) was being considered as part of the workforce tools, particularly around Chat GPT, to make the department as efficient as possible. The first clinical lead for AI is confirming governance processes; the same issues will apply in other areas, so it is likely to be a single process for the whole Trust. Members reflected on the Trust's position in relation to workforce planning in comparison with peers and questioned how implementation of a fixed agile working policy linked with empowering managers to agree what works for their teams, whilst ensuring equity.	Assurance
Workforce assurance and strategic reports	<p>The first workforce report was presented, elements of performance were brought to members' attention and comments were sought on the format and content. Members welcomed this comprehensive report drawing all elements together to provide significant assurance, representing positive performance and significant achievement, whilst recognising the work that was still required on diversity. Providing the evidence to support safe staffing required further development to include a genuine understanding of views expressed by some staff that there were insufficient resources in place. Triangulation of detailed data and the format of presentation would generate the right discussion to understand the impact on patients.</p> <p>The Nursing and Midwifery Annual Skill Mix and Acuity Review was deferred, for presentation to Committee in January 2024 and Board in February. The Workforce Safeguards Toolkit six monthly review was received. Members questioned how actions are embedded and tracked and whether there was a risk that tools undertaken by profession didn't consider the potential shortage in other staff groups and the actions required to address that. The potential of a deep dive would be considered outside the meeting, and the Committee approved the Executive Team's assessment of assurance against the workforce safeguard indicators for reporting to the Board.</p> <p>Progress on the work as an anchor institution was presented to Committee for the first time, prior to reporting to the Board in January. This included the work to widen participation in employment from local communities, a refresh of the work experience programme involving children from every school and close to 700 in the last academic year. The Next-Medic Programme embraced and enthused young students to pursue careers when medical school hasn't previously been a consideration, the ambition to offer medical doctor apprenticeships from</p>	Alert

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	<p>September 2024 was described as was the work to enhance avenues for care leavers and opportunities for adults with learning disabilities to help people into employment. A suite of 40 metrics has been confirmed to enable reporting from existing data. Members thanked the team for this innovative work and the energy and determination demonstrated to support local communities. The Committee was encouraged by this coherent plan for change, questioned how it could be communicated, how we work with those that influence young people, and the benefit of being able to understand the ambition for this programme for five years' time.</p>	
<p>Fair and Inclusive workplace</p>	<p>National Staff Survey Theme 4, Valuing our staff and staff wellbeing, detailed the response from the 2022 survey. Adoption of the national health and wellbeing framework, progress in relation to the diagnostic tool and wellbeing hub was described, the plans to expand and the longer term aim for wellbeing ambassadors to be in place in all areas, enhancing visibility and staff experience. Data and outcomes for wellbeing are difficult to assess with ongoing work to review the impact from the investment made. Clear KPIs will be set for each of the seven areas of the framework. Concern was raised that despite significant interventions, this had not had the desired impact on staff sickness levels and musculo-skeletal issues. The group of ambassadors, our staff experience committee, will make a difference and a future deep dive will focus on what the data is telling us. Members welcomed use of the national framework and the opportunity to question the future focus for support to staff. It provided a more coherent view of activities whilst concern was raised regarding the number of psychology referrals. The Non-Executive Lead confirmed that he meets monthly with the wellbeing lead.</p> <p>Freedom to speak up, civility and respect and civility saves lives detailed progress against the six national high impact actions for equality, diversity and inclusion (EDI): measurable objectives on EDI for Chairs, Chief Executives and Board members; overhaul recruitment processes and embed talent management processes; eliminate total pay gaps with respect to race, disability and gender; address health inequalities within their workforce; comprehensive induction and onboarding programme for international recruited staff; eliminate conditions and environment in which bullying, harassment and physical harassment occurs. It is important to maintain a balance between plans and collaborative listening to understand lived experience, linking closely with the patient experience lead and regional teams to work more effectively together. Members welcomed the report, which felt different to previous action plans, and sought assurance on recruitment. An update was provided on the recent round table discussion, key learning and next steps including roll out of the civility and respect toolkit over the next year, team by team, giving assurance on the work underway.</p> <p>The Guardians of Safe Working for Colchester and Ipswich Hospitals attended to present their annual report and the work to support junior doctors. Members welcomed the clear and robust reporting whilst concern remained that this national process relied on junior doctors making exception reports which may mean that the full picture is not available. Regular communication confirms the message that exception reports indicate a good culture where junior doctors feel confident to raise issues. The potential impact of different experiences in other trusts was recognised. The Guardians were thanked for their support to colleagues.</p>	<p>Assurance</p>
<p>Executive Group reports</p>	<p>Received from the new EDI Strategic Reference Group. An attendance review was requested for both the strategic and operational group as engagement in the new structure is an indication that this is being taken seriously. A report from the Faculty of Education Steering Group was received.</p>	<p>Assurance</p>

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<p>Annual Reports: General Medical Council (GMC) survey</p> <p>Communications and Engagement Strategy</p>	<p>The annual survey of trainees' experience covers the quality of training received and how the organisation is perceived in supporting trainers. Performance is within the normal distribution with a static or improving picture in all domain areas. Areas of concern were identified. Performance is monitored in-year with regular surveys of trainees and a wide range of support is in place, including the Guardians of Safe Working. The depth of information by department and benchmarking was welcomed, whilst the effectiveness of action planning in driving change was questioned.</p> <p>ESNEFT's first Communications and Engagement Strategy was delivered in 2020 and was substantially revised and updated post-pandemic. The strategy will be revised for consideration and approval in early 2024 to run for a further two years. The report provided an update on current performance and progress against priorities, feedback from a recent staff communications survey, identified next steps and the key areas of focus for the new strategy. The legal requirement to make documents accessible was highlighted. The strategy review was welcomed by the Committee and the update identified the span of work. ESNEFT and the NHS being a great place to work could be an important strand of work that wasn't included in the current plan. There would be further development of performance measures and particularly to weave the clinical strategy into delivery.</p>	Assurance
Governance	A full revision of the work programme was approved with some amendments. The positive changes were recognised, enabling the Committee to focus on priority issues. The Board Assurance Framework strategic risk 5 was received.	Assurance

<b>*Key:</b>		<b>Approval</b>	Positive action required regarding an item of business or support for a decision
<b>Escalation</b>	Support/decision required by reporting committee to resolve an issue within its remit	<b>Alert</b>	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
<b>Assurance</b>	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	<b>Information</b>	No action required. Reporting to update on discussion within a reporting committee's remit