

Key Issues Report

Issues for referral to reporting Committee/Group

Originating Committee/Group and meeting date:	People and Organisational Development Committee 17 th January 2024
Chair:	Mr John Humpston, Non-Executive Director
Lead Executive Director (as appropriate):	Ms Kate Read, Director of People and Organisational Development

Subject	Details of Issue	Action*
Emergent and Topical Issues	Ms Read provided a summary of topical issues, highlighting forthcoming changes to employment law relating to flexible working and the Trust's preparations for implementing those. There were enhancements to carers leave, and there was work ongoing on promoting sexual safety at work. The outcome of a high profile employment case in the private sector impacted across all sectors, and there was likely to be a legislative response to this. Locally, robust conversations with union colleagues on the terms and conditions for Agenda for Change Band 2 and 3 staff continued, and the Trust was regionally leading on developing acceptable proposals. Ms Read added that work on the apprenticeship programme had progressed to developing a comprehensive local plan, while also growing the Trust's apprenticeship workforce in line with the organisation's commitment to the Anchor Institutions programme. The staff survey showed improvement across all eight domains of the NHS People Promise, and Ms Read acknowledged the positive work managers across the organisation were doing to support this work. Dr Tillet provided an update on industrial action, highlighting that the most recent Consultant ballot had closed and subsequent to that an offer had been made to the group which was currently being considered. She added that Junior Doctors had taken further action in Wales and were considering their next steps in England. The most recent wave of industrial action had had an adverse impact on our ability to maintain good patient flow, particularly within our Emergency Departments, however staff across the Trust had worked very hard to mitigate this impact and had been well supported by management in doing so. Mr Rowe stated that operational planning guidance, which had implications for workforce planning, had been delayed and was likely to be issued later this month. In the meantime the Trust was continuing to progress Business Planning work with all the Divisions. Mr Darby stated that the Department of Health and Social Care was currently gathering evidence as part of developing a nursing pay scale proposal.	Information
Workforce Report	Ms Read introduced the report, highlighting that an Executive Summary had been provided as requested by the Committee which noted the salient, key points in the report. She stated that the Trust's vacancy rate had remained largely static, and that work was ongoing to address a potential over-establishment in the Junior	Assurance

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	<p>Doctor cohort. She added that she was working with Mr Darby to look at rostering in the Trust. Retention performance had improved, and there was an ongoing discussion on whether Accountability Framework sickness absence targets remained at realistic levels. On Education and Training, Ms Read stated that mandatory training and appraisal compliance remained high, with more work to do on basic and advanced life support. On the 360 degree leadership feedback, work with line managers was taking place. At the same time there was more engagement and energy around Equality, Diversity and Inclusion, with significant activity across all staff networks. Ms Read confirmed that unconscious bias training had been offered to all recruitment panel members. The Trust had been approached by SNEE to explore whether our workforce planning expertise could be shared regionally. The Trust was also working across a range of areas identified as key for the coming months, including on EPR, the fundamentals of care, making it easier for patients to communicate with the Trust, and on promoting systematic learning across the organisation.</p>	
<p>Nursing Annual Skill Mix and Acuity Review</p>	<p>Mr Darby stated that as part of the biannual acuity review, the robustness of processes was being reviewed. As part of the review the nursing workforce was using the safer nursing care tool, and looking at the quality of data and degree of professional judgement applied. It was likely that the review would recommend minimal changes in the acute hospital environment, however there was a need to have further discussions internally about community care before coming forward with a final report and conclusions. In response to questions about the usefulness of the tool specifically for use in mental health cases, Mr Darby stated that the tool was looking at all adult inpatient but did not fully reflect the range of services offered within an acute environment.</p>	<p>Information</p>
<p>Electronic Staff Record (ESR) Transformation</p>	<p>Ms Read stated that the Trust had been working on ESR transformation for the last 2 years, and a new ESR was due to be introduced in the future. In the meantime the Trust was looking to make enhancements to the current system used. In response to a query on whether the Trust was monitoring improvements through relevant KPIs, and Ms Read confirmed the routes through which feedback on these was being gathered. Ms Ingle stated that a new mechanism had been launched through which staff were able to ask questions, and offered to bring the most commonly asked questions to a future meeting of the Committee.</p>	<p>Information</p>
<p>Workforce Planning Policy Update SOP</p>	<p>Ms Read presented the revised policy, the development of this meant that the relevant action raised by the Trust's auditors could now be closed. The policy was not sitting in isolation, it was complemented by a number of other embedded internal processes. The Committee approved the policy in principle subject to final approval by the EMC.</p>	<p>Assurance</p>
<p>Armed Forces Group</p>	<p>Ms Ingle presented this report which detailed progress on accreditation and on the work to support veteran patients and staff. The Trust currently held Gold Accreditation from the Ministry of Defence and Silver Accreditation from the Veterans Alliance. There was a need to identify funding for the post which supported this work. The Trust was one of 14 Trusts which took part in an Armed Forces advocate role, only one organisation had decided to not continue with this work at the end of the pilot. The Trust had an Armed Forces staff network which also supported this work. In response to a query on fast-tracking veterans in line with the Covenant, Ms Ingle confirmed that this was routinely done at the Trust and was being expanded to</p>	<p>Information</p>

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	include GP referrals. In response to a query about governance and decision making on this matter, it was noted that this was done through divisional business planning which was in turn reported to the Board.		
Faculty of Education Steering Group	The Committee noted the CKIs as presented by Ms Read. It was agreed that the Board would receive a summary on the ESEOC recruitment plan and progress against trajectory.	Information	
Volunteer Services	Ms Jordan presented this report, highlighting that the number of volunteers in the report reflected a data cleansing exercise to ensure that only active volunteers were reported here. Volunteers were supported through new SOPs and systems, to ensure that all those who had expressed an interest in volunteering were onboarded into the organisation. A dedicated mandatory training system was used for this group. NHS England also had a route through which they signposted volunteers to us. While nationally there was an aspiration to grow the volunteer workforce, there was also a need to evidence the impact of volunteering and ensure that there was a focus on quality too. Norfolk & Norwich NHS Foundation Trust operated a successful model of using volunteers to support discharges, and this was something that the Trust was exploring in terms of rolling out a similar model at ESNEFT. Ms Jordan confirmed that all relevant policies were up to date. In response to a query about links between apprenticeships and volunteering, Ms Jordan stated that discussions between the two teams were at an early stage with a view to offering both options to young people. Ms Jordan took an action to incorporate into future reporting an overview of the impact and results of volunteering, and on expected output and the level of ambition.	Assurance	
Board Assurance Framework	Mr Chalkias presented the latest version of the BAF highlighting that since the last meeting of the Committee Ms Read had continued to review the risk owned by POD, and had updated the key controls and gaps in assurance accordingly. The ESEOC recruitment plan and the positive assurance on staff survey participation and reductions in overall vacancy rate were noted. In response to a query on the risk rating, Mr Chalkias stated that this was reviewed on a monthly basis using the approved methodology and any proposed changes to the score would be presented by Ms Read for Committee approval.	Assurance	
Any other urgent business.	Mr Spencer made a link between the Audit and Risk discussion held recently on the draft internal audit plan, which included workforce related areas. There was a need to ensure that there was alignment with the Committee's work programme.	Information	
*Key:			
Escalation	Support/decision required by reporting committee to resolve an issue within its remit	Approval Alert	Positive action required regarding an item of business or support for a decision Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	Information	No action required. Reporting to update on discussion within a reporting committee's remit