

Board of Directors – 25 July 2018 Workforce & Organisational Development Committee minutes - 19 June 2018

Attendance: Libby Raper, Non-Executive Director (Chair) (LR),
Brian Golding, Director of Estates and facilities (BG)
Jenny McAleese, Non-Executive Director (JM)
Mike Proctor, Chief Executive (MP)
Anne Devaney, Deputy Director of Applied Learning & Research (AD)
Dianne Willcocks, Non-Executive Director (DW)
Melanie Liley, Deputy Chief Operating Officer (ML)
Lorraine Boyd, Associate Non-Executive Director (LB)
Lynda Provins, Foundation Trust Secretary (LP)
Sarah Brown, Senior HR Lead (SB)
Chrystal Richardson, PA to Deputy Director of Workforce (minutes)

1 Apologies for Absence: Polly McMeekin, Deputy Director of Workforce (PM)

2 Minutes of the meeting held on the 22nd May 2018

The minutes of the last meeting held on 22nd May 2018 were accepted as a true record and ratified with the following amendments.

Page 4: Regarding the size of the current panels both MP and JM felt that the more people on the panel the less of a test the interview is and JM felt that you are less able to probe the candidate.

It was clarified that smaller panel sizes would enable deeper probing of the candidate, therefore a greater test and a preferred approach;

Page 7: LR raised an issue regarding nursing apprenticeship needs and BG said that although he would like to bring this in-house there is no capacity at the moment to do this – healthcare posts are done but not registration posts.

It was clarified that capacity was needed in the Learning team for this. Hull University had started Nurse Apprenticeships and we are looking at working with them through the STP, sharing best practice. BG requested this point to be reviewed in three months.

3 Risk registers

HR Risk Register:

HR1a:

SB confirmed that 18 Physician Associate Trainees had been booked to be interviewed with the Trust, of which we were hopeful of appointing 12.

DW suggested including the use of the Locum Tap app should be included as part of the mitigation.

HR1b

SB told the meeting that a paper had been submitted to the Corporate Directors to appoint a post which would concentrate on targeting medical recruitment and specifically in the Scarborough area.

AD proposed that we may want to include alternative hard to recruit roles.

LR questioned if there'd be a more joined up approach to this type of recruitment and SB confirmed this to be true

Corporate Development Risk Register:

LR shared feedback from HYMS and assured that it had been very well received. AD asked if there may be a restructure and teaching fellows are being recruited quickly. One strategy for curtailing accommodation costs is not to move students and have them remain in one place for the entire year.

4 Minutes from Education Review Group

AD assured that a more proactive approach would be implemented into achieving results in relation to the HCA certificates. Jenny asks if the lack of HCAs without certificates is a matter to be concerned about. AD insisted that the proactive approach and the contact made with each HCA's manager is showing results and there's no need for concern. AD adds that looking at how we are addressing the item and providing support has shown results with completion of HCA certificates.

5 Monthly Information Pack

DW suggested that HR might place numbers recruited as well as numbers of leavers and Research and Development input annual targets on the front page to create more clarification and ease of view.

JM said how pleasing it is to see sickness rates fall and is encouraged to hear that SB reported HR had started Absence Challenge Meetings with the Directorates to look at what else can be brought in to target sickness.

DW acknowledged that since the last meeting, reports of sickness due to stress and anxiety had increased and questioned if there'd be any merit in breaking down the data as a way of better understanding the reasons behind the absence in more depth. SB said that this may be possible but that the data would need to be found manually. DW asks if it would be initially possible to carry out a one month study. SB said this is something that can be looked at further and she would take forward.

Research Strategy – Added Agenda Item

LH reported that the research department is moving in the right direction and building on 63 collaborations in the past year. DW asked if support is received from York St. John University and reported that Rob Aitken has now left. LH agreed that there had been little response but work is underway to reconnect. DW offered to help and asked, if work is spread across specialties, can any gaps be seen that may need help.

LH noted that it can be difficult when approached for a specialty we don't have someone in. LH stated the support she had received from HR has been fantastic with the recruitment fair showing positive results adding that York have very few clinical academics, being 3 or 4, compared to Sheffield who have 110.

LH went on to say that funding would be a struggle for 1 in each area without published academics. DW proposed LH builds a business case for this. MP noted that although we have the skills as a teaching hospital with consultants and we could work more proactively with the University when shown interest, difficulties arise when attempting to set targets.

LH confirmed that the PhD support officer is now in situ and the research is not just clinically based. MP agreed that historically our focus had understandably been on care yet we must be open to this. LH assured him that the department is definitely open. DW recommended the Trust celebrates any published material for greater research reputation adding nurse studies and the new national model means low risk being helpful for activities if headlined together.

6 Staff Survey Action Plan

SB reported some work is still ongoing from the 2016/2017 action plan to make sure the changes needed are embedded properly. An example of this is implementing a new Challenging Bullying and Harassment Policy. The new policies are written with a focus on early intervention and a more proactive approach. The Challenging Bullying and Harassment Policy is currently still under negotiation with the Unions. JM asked if feedback to staff about where we are with the policy changes may be useful and SB said that she would take this forward.

The Trust is currently out to tender for the Employee National Staff Survey and Staff Friends and Family Test. We want to see these surveys being used differently in the future with more of an emphasis on 2 way communication through an online forum.

DW highlighted that 450 respondents disagreed that informed decisions were made and suggested it would be helpful to ask staff what they'd need to see to change that perspective, with focus groups. SB agreed that focus groups along with the online forums would allow us to get this feedback and engage properly with the Employee Voice.

LR asked if we would continue with Staff Friends and Family test. SB confirmed that we would use it as a pulse check with real time discussions, creating engagement and a thread through from the Staff Survey. LR said that she felt it was a perfect change in how we work. JM said that she liked the suggested title of Employee Voice.

The Schwartz Rounds were discussed and AD confirmed that a contractor managed the meetings so the support was provided by an external company. The first had been very

positively received with 55 from York and 55 Scarborough attending and a view to rolling out further.

7 Apprenticeship Update

BG highlighted that the data shown in paragraph 3 showed an overlap in the financial and academic year and that the nursing degree data showed it as a national problem. The intention is to increase steering group meetings.

BG went on to report that the nursing task and finish group for apprenticeships had identified 3 routes into band 2 posts; route 1 would be the apprenticeship option. MP has written to managers of each directorate to divvy up 200 trainees with significant response. BG said that the new monitoring system is not yet ready but should be finished in July.

A significant area of work identified will be the closing Band 1 of the pay scales for all new staff and the training up to the skills for a Band 2 role. We are currently working with Selby college on this training and development program. JM asked if those not wanting to progress would be able to remain Band 1. BG confirmed that training to band 2 will not be mandatory.

STP

LR stated that the STP, through the excellence centre, is starting to pull through valuable data which is useful given the range of external providers.

8 Line Management Competency Training

SB explained that the training was being created in recognition of the importance of supporting managers with soft skills and empowering them to use their discretion, creating a more people focused approach.

MP asked if the training will be compulsory for all managers. SB stated that it was recommended to be mandatory. MP raised concerns around the loss of 1,000 working days for all line managers to attend and the potential to offend those managers already with the skills. SB emphasised the importance of creating the training around the Trusts values and the merit of interaction between managers at different levels within this big piece of work which was also about a cultural shift in some areas. MP recommended careful planning with regards to the training and suggested a voluntary approach. SB agreed to take this back to the working group with a view to thinking how managers could be exposed to the ethos of the training without attending.

9 Organisational Transformation Initiatives

MP to bring presentation regarding working abroad to the next meeting.

It was suggested that Lisa Smith, Freedom to Speak Up/Safe Working Guardian should attend a future meeting to discuss her ongoing work.

10 BAF Action Plan

All items were under review and refreshed.

11 Any other Business

MP confirmed that, with his new appointment, he will not attend off of the meetings going forward. He would speak to PM and discuss with her about who should be in attendance.

BG also confirmed that Apprenticeships now comes under PM's portfolio.

12. Attention to the Board

The Risk of Medical Staffing on the East Coast

The Staff Survey and Employee Voice Paper

Workforce & Organisational Development Committee minutes - 17 July 2018

Attendance: Libby Raper, Non-Executive Director (Chair) (LR)
Jenny McAleese, Non-Executive Director (JM)
Dianne Willcocks, Non-Executive Director (DW)
Melanie Liley, Deputy Chief Operating Officer (ML)
Lorraine Boyd, Associate Non-Executive Director (LB)
Lynda Provins, Foundation Trust Secretary (LP)
Polly McMeekin, Acting Director of Workforce and OD (PMc)
Siân Longhorne, Senior HR Lead (minutes)

Lisa Smith, Freedom to Speak Up/Guardian of Safer Working (LS) –
For item 3

Neil Wilson, (NW) Head of Partnerships and Alliances; Bhavesh Patel,
(BP) Consultant in Obstetrics and Gynaecology; Andrew Grace, (AG)
Consultant in Head and Neck – To deliver a presentation on Global
Health and Philanthropy

1 Apologies for Absence: None received

2 Minutes of the meeting held on the 19th June 2018

The minutes of the last meeting held on 19th June 2018 were accepted as a true record and ratified with the following amendments.

ML asked that her job title be corrected to Deputy Chief Operating Officer.

Page 2: DW clarified the suggestion relating to the Monthly Information Pack was hers. The initials DH were a typo.

Under the heading Research Strategy, DW said that the minutes should read, “DW asked if support is received from York St. John University and reported that Rob Aitken has now left”.

It was noted that the action list was not attached with the minutes. DW said that she had asked for the trial of the LocumTap app to be included as mitigation on the HR risk register in response to the risks around medical workforce.

Reference was also made to the previous discussions around Line Management Competency Training. LS said that she was part of the working group and the plan was to deliver the training as bite sized chunks and work would be undertaken to identify areas where it is most needed. It is expected to launch in October. JM requested an update on the pilot and it was agreed that an update would be provided to the Board via the HRD report after three months.

3 Freedom to Speak Up Guidance

LS spoke about guidance for Boards on Freedom to Speak Up issued by NHS Improvement and the National Guardian's office, this guidance includes a self review tool to help identify areas to develop and improve. LS explained the importance of the Board engaging with the completion of the self review tool.

LS confirmed that the self review tool was to be completed by the beginning of September and whilst DW agreed that she would be the non-executive link for the work, JM agreed to provide cover for DW and work with PMc due to DW's unavailability during August.

There was a discussion around some of the challenges in operationalising the learning from concerns raised via LS and ML asked how the six monthly Board report that LS produces is fed back across the whole organisation. LS said that the Board report is currently shared with Deputy Directors, JNCC and JLNC. ML said that it would be good to be added to the Operations Steering Group and she would brief to Wendy Scott that was a recommendation.

LS commented that she was concerned about the self review being completed within the timescales. The committee was keen that the self review highlighted the work that is being done.

LR asked that this was brought to the attention of Board to trigger a discussion around priorities.

The committee agreed to LS attending another meeting to bring a paper on Junior Doctor working hours.

4 Risk registers

Corporate Learning Risk Register:

It was agreed to add utilisation of the apprenticeship levy to the risk register.

HR Risk Register:

DW commented that the quality of the comments on the risk register were very helpful.

HR1b:

DW suggested adding new clinical leadership as a mitigation to this risk.

PMc stated that she had added the work on our employer brand with Jupiter as a mitigation to this risk. LR said that Mike Keaney is involved in engaging with the community in Scarborough about the employer brand and PMc confirmed that Georgina Michulitis is meeting with him linked to the work she has been released to undertake around medical workforce vacancies on the East Coast.

Research Risk Register

DW commented that the research risk register includes some low rated risks which should be removed from the register that is presented to the committee. The committee agreed that the current status and to be completed by columns shouldn't be completed with 'ongoing issue', rather it should be something more specific.

5 Monthly Information Pack

The committee's discussion around the monthly information pack focused on how pleased they were to see such a reduction in the sickness absence rate in the May to 3.95%.

DW also commented that the quality of data within the report was good.

6 Medical Workforce Report

PMc presented the report and highlighted the trust vacancy rate at the end of June was 11.6%. The report generated a discussion by the committee relating to time to hire and whilst the Trust's metrics compare favourably, the committee asked what scope there was to improve this process.

PMc said that the current vacancy control (VC) process adds 12.5 days to the time to hire and so there was a review of this process underway to improve this whilst also maintaining appropriate grip and control.

The committee discussed the unintended consequences of long time to hire periods including increased temporary staffing spend to fill gaps or shifts being left unfilled and the impact on performance. PMc said that under the current VC process where posts are ultimately approved by the Corporate Directors, only five posts in the last 12 months have not been approved. JM stated that the committee gave their support to develop a swifter process.

PMs also said that often the speed at which references are received can have a big impact on time to hire. JM asked if during the recruitment process candidates could be reminded that they needed to let their referees know to expect a request. PMc said this could perhaps be added to the invite to interview letter.

PMc updated about recruitment initiatives including working with recruitment communications experts, Jupiter and a proposal to partner with Global Medical Careers to extend our reach to potential candidates.

PMc confirmed that of 21 shortlisted candidates for the new Physician Associate roles, 15 had been made offers. Priory Medical Group are keen to jointly employ with the trust four Physician Associates, however these need financial approval.

PMc reported concerns around registered nurse recruitment with concern arising particularly from the University of York retaining their entry requirements of 2 x A grades and 1 x B grade. A number of nurses who had been offered posts have given backward and consideration is now being given as to what incentives could be offered, including being paid at band 4 until newly qualified nurses receive their PIN (rather than at band 2 as is currently the case), cash incentives for introduce a friend, golden hellos.

The committee agreed that there is a need to increase our engagement with Coventry University.

DW asked whether it was anticipated that the trust would lose nursing staff when TEWV open the new mental health facility in Spring 2020. The committee agreed that it was worth considering and anticipating some losses particularly in community and amongst the unregistered workforce.

PMc briefed the committee on the work being undertaken by Georgina Michulitis (Medical Workforce Manager), initially for a six month period to specifically look at innovative ways of addressing the medical vacancy position on the East Coast.

PMc also briefed that medical staffing are processing a significant number of doctors to join the trust at changeover on 1st August. PMc reported that fill rates in the region are slightly better than in recent year, with the exception of Scarborough. However, with parallel recruitment activity, the fill rate at York is currently 94.6% and at Scarborough is 82.4% which is much better than in 2017.

The committee asked that the work being undertaken by Georgina Michulitis is brought to the attention of the Board.

7 Apprenticeship Update

PMc highlighted to the committee her concerns that as an organisation we are behind on the apprenticeship agenda. A training needs analysis has been undertaken through which it has been identified that we need to provide a minimum of 122 apprenticeships.

HEE have circulated a financial modelling tool for organisations to use.

It was agreed to add apprenticeships and utilisation of the apprenticeship levy to the risk register.

PMc confirmed that an update on apprenticeships would be provided monthly to the Board.

ML advised that within the AHP workforce, although a specific number of apprenticeship opportunities had not yet been identified, this was partly due to the fact there are no AHP national profiles available yet. There is also a workforce review underway within the AHP workforce which will allow the team to identify apprenticeship roles and opportunities.

8 Workforce Metrics Report

PMc highlighted some of the key points from the report. The committee had already commented on the improvement in the sickness absence rate and PMc attributed this to the interventions and targeted actions particularly linked to mental health and MSK absence. It appears from the reductions in absence that these interventions are having an impact.

PMc also highlighted the relaxation of tier two visa rules which is positive for us as an organisation.

PMc stated that her team have received positive feedback from the staff benefits fair.

Statutory and mandatory compliance rates were included in the report and PMc explained that core training are those elements that all staff must undertake whilst essential training is role specific.

PMc highlighted the trust's intention to sign the armed forces covenant and it was agreed to bring this to the attention of the Board.

PMc said that the changes to the NHS terms and conditions for staff have now been formally ratified. It was agreed to bring this to the attention of the Board. One key issue in the changes is the closure of band 1 and PMs explained that we need to develop a mechanism to upskill staff currently in those roles. LR asked about the impact of this on the estates and facilities ADM. PMc confirmed that this has been factored in. PMc stated that there may be an impact on sickness absence as a result of the changes due to the removal of enhancements for sickness.

Global Health and Philanthropy

NW, BP and AG attended the committee to give a presentation on Global Health and Philanthropy.

The committee thanked the group for their presentation. LR asked how assured they were that the work was linked into HR and more traditional workstreams. NW confirmed that he has met jointly with stakeholders and is linked in with directorates. ML suggested that going forward PMc's workforce reports could cover some of this work.

DW said that she found the work very impressive though was concerned that the committee hadn't already been aware of it and felt it important to ensure that it was brought into the mainstream to improve engagement.

9 Arts Report

Provided to the committee for information only

10 Out of Hospital Care Board Sub Committee Report

Provided to the committee for information only

11 Young Persons Programme

PMc said that this was brought to the meeting as it was worth raising to the committee that the programme was in place.

12 BAF Action Plan

LP updated the committee that the Board agreed the organisation's strategic risks in June and there was a plan to produce a position statement in July and score the BAF in August.

13 Any other Business

WRES – PMc said that the completed WRES action plan is to be submitted by 10th August. Within the plan there are lots of actions linked to management training and unconscious bias.

DW commented that the WRES is starting to tell a slightly improved story but was concerned that an opportunity has been missed to improve self reporting of diversity information and asked if ways to encourage staff around this could be found.

LR reported that nursing appraisal targets had been discussed at the Quality and Safety committee with a request to reduce nursing targets to 85% from the current trust target of 95%. PMc said that she has had discussions regarding this and disagrees with this approach and feels that appraisals are vitally important in demonstrating our appreciation to staff and how we value their work and contribution. The committee agreed and gave their support to maintaining a target of 95%.

LR suggested that the committee did not have a meeting in August and this was agreed.

LR also thanked the committee as this was to be her last meeting and commented that she had enjoyed having the opportunity to sit on and Chair the committee. The other members also thanked LR for her contributions to the committee.

DW commented that it was important under the new arrangements for Board meetings that the three sub committees get sufficient air time. JM said that more work was needed to the Board reports to ensure that only true exceptions were being reported.

14. Attention to the Board

Freedom to Speak Up guidance and self review tool

Role of Medical Workforce Manager and work programme to improve vacancy position on the East Coast

Intention to sign the armed forces covenant

Formal ratification of the revised NHS terms and conditions for staff

Action Log: Workforce & Organisational Development

Month	Action	Responsible Officer	Due date	Completed
March	Discuss action plan and measures of success in Developing people strategy post-Board approval.	All	TBA	
July	Additions to the risk registers; Corporate Learning Risk Register – add utilisation of the apprenticeship levy HR Risk Register HR1b – add new clinical leadership as mitigation HR Risk Register HR1a and HR1b – add LocumTap pilot as mitigation	PM	August	