NHS
East Suffolk and
North Essex
NHS Foundation Trust

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, 17 January 2023
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
Matters Arising	A verbal report would be provided to the Performance Assurance Committee regarding the request to examine sickness data. Following further review there were no issues of concern.	Alert
Emergent and Topical Issues	An update was provided on industrial action taking place on 18/19 January. The Committee discussed support to staff, the importance of respecting an individual's difficult personal decision on whether to strike or not and the communications approach. BMA rate card discussions continue, and teaching strikes may impact on staffing.	Assurance
Workforce Transformation	A significant part of the agenda considered the drivers for change: a growing and ageing population, an ageing workforce, complexity of care, low number of beds per 1000 population and increasing escalation bed usage. Changes anticipated over the next 5-10 years, using examples, included new roles, points of delivery, administrative and medical technologies, the Electronic Patient Record and bed numbers may increase. The Committee questioned the definition of productivity. National recommendations, such as GIRFT, indicate the grouping of services in different ways; the biggest volume is outpatient care. Digital literacy and the ability to use information to plan is a skill that may be worth investing in. The following areas were discussed: • **Community outreach programme** - to engage with students in schools and further education and accommodate work experience opportunities. The aim is to generate a more local workforce, providing employment and better economic wellbeing directed into specific communities to bring new opportunities to young people. A longer-term evaluation will be undertaken • **Community diagnostic training academy** - to recruit into non-clinical entry level roles in Clacton Community Diagnostic Centre through a 12-week programme. Funding was secured, targets have been	Assurance

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	met and it has been deemed highly successful with funding from Health Education England (HEE) enabling this to be expanded in Ipswich. Links with the apprenticeship programme and support to the armed forces community are being considered, as are opportunities to replicate the Clacton model across the ICS. The risks for both programmes are capacity to fulfil plans and developing and retaining people once employed • **Apprenticeships** - the Trust is an Employer Training Provider with an in-house delivery team primarily supporting career development for Agenda for Change Bands 2-4. Significant progress had been made with opportunities available to increasing numbers of staff, utilising them in a developmental way as part of a career path. Midwifery and medical apprenticeships are being considered with plans to increase numbers to fully utilise the apprenticeship levy. The impact on individuals was recognised by the Committee, particularly those that are harder to reach, and the opportunities being taken to replicate the academy model elsewhere in the system. This confirms the strategy being pursued and realisation of the Faculty of Education ambition. The support of the organisation for apprenticeships (e.g. supervision) was questioned and there is a need to standardise the approach to how people are enabled to develop the skills they require and to ensure full utilisation of the levy. This work represents a strong commitment made by ESNEFT with substantial benefit for local communities. • **Allied Health Professions (AHPs)** - the third largest workforce in health and care employed across 10 of the 14 professions. Funding enabled a focus on workforce supply, specifically therapies and radiography, and a workforce development role is now funded substantively. The strategy to address areas of imbalance sought to increase the number of local AHPs. There was work to do in ensuring support for those in ethnic minority groups and to understand staff experience to enable improvement, particularly for international recruitment. Apprenticeship opportunities are now available, and plans include ensuring career pathway development, career clinics for all grades, advanced roles and student retention. Risks focus on retention, the longer-term view and changing the narrative on apprenticeships. The Committee recognised that AHPs had previously been an under-valued group. In relation to feedback on the approach being taken, an AHP board takes place monthly and the team is visible to enable learning and sharing of information. • **Pre-Registration Education** - led by the clinical education team, the work with young adults will enable them to identify the professions available and to receive the right guidance. The team supports pre and post registration staff to improve learning confidence and competence and provides direct placement support to practice assessors and supervisors. The number of placements and their management was	Alert

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	described, and the improvements planned to enhance capacity/the learning experience to enable individuals to attain the relevant competency. • **Advanced Practice** has been gaining momentum, delivered by experienced, registered health and care practitioners, characterised by a high degree of autonomy and complex decision making, underpinned by a master's level award or equivalent. It is a major component in meeting the needs of our population. Ensuring that development, training and governance is in place is critical, with a clinical role trajectory to support retention and recruitment. Plans include identifying barriers to implementation, the UEA commissioned CPD programme, ICB advanced practice day and quarterly study days. The advanced practice forum is in place, and this is starting to feel like an identified and critical part of the workforce with more visibility, bespoke mandatory training and induction. The Committee was updated on nurse consultant appointments and the speed with which these are being implemented as roles in their own right. In response to a question regarding clinical excellence and leadership, it was confirmed that consultant level practice and clinical leadership development enables all components to be fulfilled. Building support from other staff into capacity planning is always a challenge for managers. This would continue to be challenged to enable ESNEFT to recognise and respond to the changing career paths of young people, supported by roster and job planning. • **Medical workforce** - a reduction in vacancies, success stories and a 5-10 year vision will support current staff to develop within HEE funded training posts, locally employed doctors, staff and associate specialty doctors and consultants. The priority will be the c200 locally employed doctors likely to work for ESNEFT in the longer-term, enabling them to fill vacancies and utilising some of the programmes mentioned as an innovative approach to meeting Trust/patient needs. Whilst significant progress has been made in the past year, the very hard to recruit to consultant posts remain a challenge. The Committee considered how investment in simulation training had benefitted development of new skills, and progress around non-medical and international recruitment. All programmes demonstrate the learning and development environment giving some assurance with regard to consultant gaps and use of blended skills, linking to the workforce safeguards report. Additional assurance could be provided on whether staff confirm that ESNEFT is a great place to learn and one of the Faculty's key performance indicators is to develop a quality assurance programme. It was not judged that this changed the overall risk profile for the Board Assurance Framework people risk. A five-year view of future workforce would help to develop a more strategic approach to accelerating and balancing the programmes. It would build on the shorter-term comprehensive workforce plan that was in place and a 2-3 year plan under development. A future assessment could also seek to demonstrate improved health outcomes.	

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People Strategy action plan quarterly progress update	A summary of the high-level actions to support the strategy ambitions was considered. Of the 16 open actions, 12 were progressing well, two were identified as off track and two were deemed as completed or business as usual. The Committee confirmed that no escalation to Board was required at this time.	Assurance
Review of Equality, Diversity and Inclusion (EDI) Strategy 2021/24	The strategy had been reviewed by the Head of EDI and shared with key Trust stakeholders. This remained fit for purpose, reflects Trust values and complies with legislative/regulatory requirements. One of the success measures was questioned and whether there was an alternative way of protected characteristics being disclosed, recognising a reluctance to do so. The ESNable network is being re-established and encouragement to disclose should be gentle with a very clear rationale on how this could benefit staff. The Committee confirmed its support with the action plan to be considered at the next meeting.	Assurance
Mandatory training review	The process to deliver statutory/mandatory training was set out with 11 mandatory subjects. Compliance reporting is overseen by the Mandatory and Role Essential Training Steering Group and has fluctuated in year close to the 90% target level. A quality improvement project will test strategies for increasing compliance and sustaining this at target levels. The Steering Group will approve the training matrix setting out requirements prior to communication with staff. The team will seek to improve the user experience to support enhanced compliance and will review the safeguards to address low compliance. The Committee noted the risk and financial implications of a failure to provide appropriate training and questioned how understanding and assurance could be enhanced. It is important to monitor this, whilst it was suggested that identifying risk areas was a priority. Triangulation between training and incidents could be an area for the Quality and Patient Safety Committee to consider.	Assurance Alert
Internal Audits	A verbal update was provided on those relevant to this Committee.	Information
Sub Group Key Issue Reports	Reports were received from the Wellbeing Steering Group and the Faculty of Education Steering Group. There were no items for escalation. It was noted that there was no EDI Steering Group update as the December meeting had been cancelled.	Assurance