

Board of Directors (in Public)

Item 6.1.3.2

Subject:	BAF Key Issues Report
Date of meeting:	27th March 2018
Prepared by:	Jo Twist/Director of Workforce Development
Presented by:	Mark Jones/Non-Executive Director/People Committee Chair
PC Meeting Held:	19th March 2018
Purpose of Report :	For Note

Agenda Item	Lead Exec	BAF RAG	Assurance Received	New/Emerging Risks	Actions/Comments
BAF 4.1 Retention	JTw	4x2 = unlikely	The committee welcomed the progress being made with the wide spread data intelligence being gathered from exit interviews, focus groups and improved ESR recording, which highlights high retention within the first three years. The next stage is to focus on actions from this analysis.	Longer serving staff considering leaving due to lack of a career progression	Progress report to be presented at the next People Committee on a clear retention strategy with an understanding of what are the critical roles that we need to focus on with an acceptance that some areas will have a higher area of turnover due to us being a small specialist Trust. Focus of strategy will be on external and internal rotation, secondments, training and development, new ways of working, generational differences and values and behaviours Deep dive paper going to Ops Board in March 18
BAF 4.2 Increased Sickness	JTw	3x3 = Possible	The committee were assured that all sickness is being managed within the divisions and that the majority of sickness is long term. There was a spike in short term sickness in Dec/Jan with flu/colds (M10 5.07%), but this has reduced in month 11 to 3.98%	Sickness may not achieve year to date target of 3.4% (currently at M11 4.04%)	Deep dive paper going to Ops Board in March 18
BAF 4.2 Knowsley Community	JTw	3x3 = Possible	The committee were assured that the concerns raised by this team are being addressed and progress was provided on the away day held with the team in early March. The committee were pleased to note an improvement each month in turnover over the last 12 months. It was noted that the operational risk remains as a 12.		People Committee to continue to monitor to be assured that the agreed measures are having the impact expected

BAF 4.1 Junior Doctor Training programme	RP	4x2 = unlikely	Assurance provided to the committee of the plans in place to support the releasing of the surgical junior trainee doctors to undertake more training. The ANP in Critical Care is being developed but there is a phased lead in time over the next 2-3 years. There is a plan to mitigate the risk with the ANP/ACCP programme and the introduction of the daily consultant ward round, but we are still an outlier and this is a high scoring risk on the operational Trust risk register of 12. The plan has been presented to the Deanery along with a review of the surgical trainee programme, with a report due back in approximately 2 months from HENW.	Potential issue with Certificate of Sponsorship for non EU medical staff not being approved by the Home Office, due to NHS exceeding allocated sponsorships. Review of the BAF rating will be undertaken for March Board	A trial of and ANP releasing a junior doctor one day per week planned shortly and following a review of this moving to 2 days per week, overall intention to go 5 days per week. Need to ensure retention plan in place to keep ANP staff in both Critical care and the wards as critical roles People Committee to continue to monitor to be assured that the agreed measures are having the impact expected
BAF 4.2 Review of organisational change programmes		3x3 = Possible	The committee were concerned that a number of organisational change programmes were pending and/or delayed. Assurance was provided that the delays are required due to service requirements.		Review of the programmes to ensure enough capacity to support change and review value of each change an presentation of the register
BAF 4.2 Staff Survey 2017 and Key Workforce KPIs mapping		3x3 = Possible	The committee welcomed the positive results from the Staff Survey 2017. The next steps now is to consider how this maps to the key Workforce KPIs to see if any correlation.		Review data by areas and map across to this data from key workforce KPIs such as sickness, turnover, agency spend etc Review areas of good practice highlighted in the results to ensure this leaning is embraced in all areas