

Date of meeting	16 th January 2018
Paper number	F1

People and Culture Report

For approval:		For assurance:	X	To note:	
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Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts, Director of People and Culture	Author	Tina Ricketts, Director of People and Culture

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	X	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	X
Ensure the Trust is financially viable and makes the best use of resources for our patients	X	Develop and sustain our business	X		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	X	Operational Performance		Quality of Care	
Finance and use of resources	X	Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	
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Level of assurance and trend				
			↑ ↓ →	
	Significant			
	Limited	√		
	None			
	Not applicable			

Recommendations	The Board is asked to note the report which is provided for assurance.
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Executive Summary

The purpose of this report is to provide the Board with an overview of the effectiveness of the Trust's people and culture strategy.

Since July 2017, the Trust has made good progress with regard to medical appraisals, mandatory training compliance, turnover, agency spend and medical staffing vacancies but requires continued focus in these areas to ensure targets are met and performance is maintained.

The Trust scores below average in the following areas:

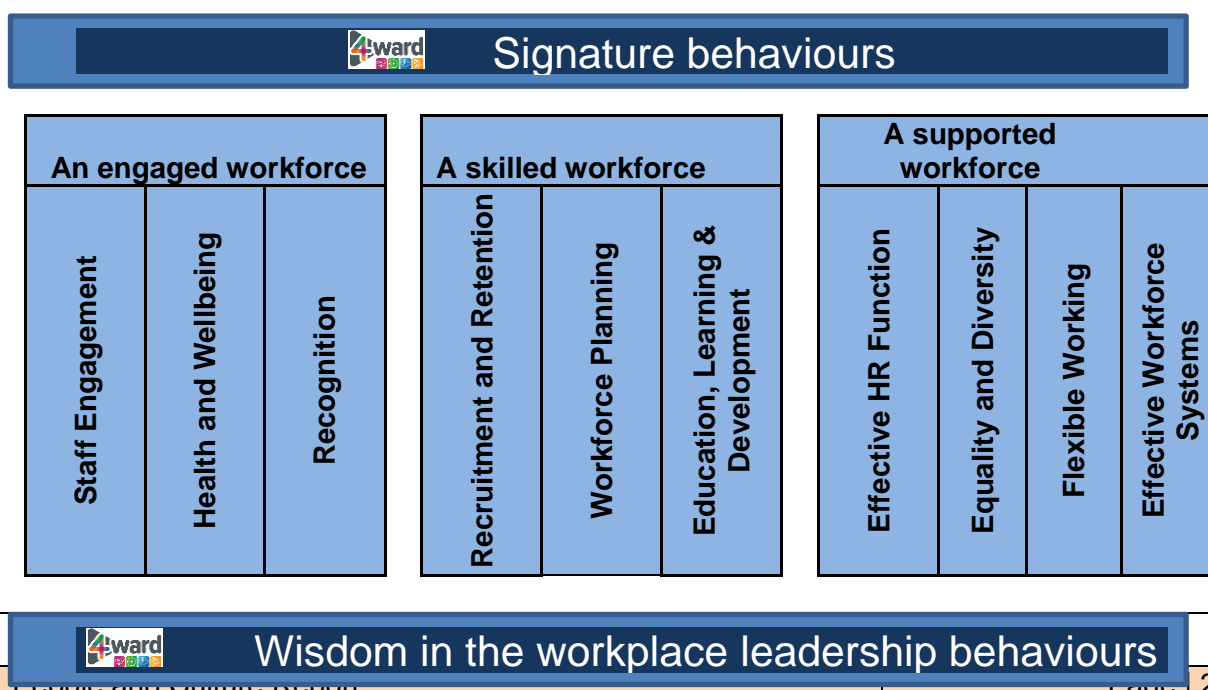
- Colleagues recommending the Trust as a place to work
- Non-medical personal development review (PDR) compliance
- Up to date job plan compliance
- Sickness absence rate
- Nursing and midwifery vacancy rates

The people and culture strategy is supported by an implementation plan which is targeted at improving performance in these areas. A new governance structure has been introduced to oversee the implementation of the plan which includes the establishment of a recruitment and retention steering group and three working groups. Furthermore, a new workforce scorecard will be introduced to the trust leadership group this month which will allow the identification of areas of underperformance and will enable relevant managers to be held to account for improved performance. Relevant data will be incorporated into the integrated performance report from March 2018.

Background

The people and culture strategy was approved by the Board in November 2017 and is structured under the following model:

Diagram 1: People and culture model



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The effectiveness of the strategy is monitored through the people and culture committee. The committee is supported by two steering groups which have been set up to take forward priority areas of work:

- The 4ward steering group is responsible for the *engaged workforce* strands
- The recruitment and retention steering group is responsible for the *skilled workforce* strands (and reports to the model hospital programme board as well as to the committee)

The *supported workforce* strands are directly overseen by the committee. Working groups have been set up to support the steering groups and these will vary according to the priority area of work.

Issues and options

Current Performance

The Trust has developed a scorecard to monitor the effectiveness of the strategy and this can be seen in appendix 1.

From the scorecard it can be seen that the Trust scores below average with regard to the friends and family test with only 50% of colleagues recommending the Trust as a place to work. This metric will be used to monitor the effectiveness of the 4ward programme and other organisational development activities (leadership plan, Trust's approach to flexible working, staff engagement plan) which are aimed at improving the Trust's position as an employer of choice.

Personal Development Review (PDR) compliance has improved for the medical workforce which has been driven by the requirement for revalidation. However, the Trust has seen a decrease in the compliance for the non-medical workforce. In January 2018 a new scorecard has been introduced to the trust leadership group which will allow the identification of areas of underperformance and will enable managers to be held to account for improved performance. Managers are also able to view their PDR and Training compliance through ESR Self Service.

The Trust has consistently underperformed with regard to up to date job plans. This not only impacts on the alignment of individual job plans to Trust priorities but also on the ability to set accurate budgets for additional personal activity (PAs). To address this each division has been asked to submit an action plan to achieve 100% compliance by 31st March 2018.

A significant programme of work has been undertaken to improve mandatory training compliance. This includes the uploading of competencies on the central record of training on the Electronic Staff Records (ESR) system to replace the corporate dashboard. This has involved the breakdown of all 11 mandatory topics into levels identified in the core skills competency framework and the respective Intercollegiate documents. This programme has entailed the roll out of employee self-service to enable colleagues to have immediate access to their training records and e-learning facilities. The central training record on ESR is currently being validated against manual records maintained in the wards and direct

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engagement from staff having viewed their own records. ESR information is now available at home via smart phones and tablets. An action plan has been developed for each subject area to ensure 90% compliance is achieved by 31st March 2018. It should be noted that the PDR and training data excludes bank colleagues and those who have not active assignments (maternity leave, paternity leave and career breaks). The scorecard is being updated to include bank staff from 1st February 2018.

The Trust has seen continued improvement with regard to the overall turnover rate and now performs better than its peer groups at under 12%.

The rolling 12 month sickness absence rate has increased to just under 4.5% for November but this is in line with seasonal trend and is lower than the same period last year. Sickness absence continues to be managed through divisions with support from the HR Operations Team.

The Trust continues to see improvement in medical vacancy rates with the overseas recruitment campaign contributing to a reduction in both consultant and middle grades. Current recruitment campaigns will see further improvement in the Trust's position by 31st March 2018.

Nursing and Midwifery vacancy rates have remained consistent during 2017 and it has been recognised that a similar approach to that of the medical workforce is needed if the Trust is to see improvement in this area. The first step is to establish an accurate baseline across all directorates and this will be completed by 31st January 2018.

The reduction in medical vacancy rates has had a positive impact on agency spend and the Trust continues to see an improved position. A priority area of work is the review of the effectiveness of the Trust's e-rostering system and this is being taken forward through a working group reporting to the Trust Leadership Group.

Recommendations

The Board is asked to note the report which is provided for assurance.

People and Culture Scorecard as at 30th November 2017			DATA FROM CORPORATE DASHBOARD				DATA FROM OLM BI/DISCOVERER - run 4 January		
Metric	Description	Data Source	31/03/2015	31/03/2016	31/03/2017	30/11/2017	30/11/2017	Data Source	Target
Staff FFT - Recommend Trust as a place to Work		CHATBACK AND SOS REPORTS	58%	51%	48%	50%	n/a	Staff Survey	60 % QH average
PDR Compliance	Medical	MEDICAL STAFFING	85%	82%	82%	90%	90%	Discoverer	85%
PDR Compliance	Non Medical	DISCOVERER	78%	80%	76%	70%	70%	Discoverer	85%
Up to date Job Plans		MEDICAL STAFFING	not available	68%	61%	63%	63%	Medical Staffing	100%
Mandatory Training Compliance	Information Governance	CORPORATE DASHBOARD	73%	87%	90%	87%	86%	BI Competencies	95%
Mandatory Training Compliance	Fire	CORPORATE DASHBOARD	78%	85%	82%	78%	81%	BI Competencies	90%
Mandatory Training Compliance	Moving & Handling L1	CORPORATE DASHBOARD	80%	90%	88%	89%	89%	BI Competencies	90%
Mandatory Training Compliance	Moving and Handling L2	CORPORATE DASHBOARD	not available	not available	not available	not available	82%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Children L1	CORPORATE DASHBOARD	75%	88%	80%	99%	99%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Children L2		not available	not available	not available	not available	61%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Children L3		not available	not available	not available	not available	54%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Children L4		not available	not available	not available	not available	100%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Children L5		not available	not available	not available	not available	100%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Adults L1	CORPORATE DASHBOARD	83%	96%	96%	92%	94%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Adults L2		not available	not available	not available	not available	50%	BI Competencies	90%
Mandatory Training Compliance	Safeguarding Adults L3		not available	not available	not available	not available	not available	Discoverer	90%
Mandatory Training Compliance	Safeguarding Adults L4		not available	not available	not available	not available	100%	Discoverer	90%
Mandatory Training Compliance	Safeguarding Adults L5		not available	not available	not available	not available	33%	Discoverer	90%
Mandatory Training Compliance	Resuscitation L1		not available	not available	not available	not available	83%	BI Competencies	90%
Mandatory Training Compliance	Resuscitation L2 Basic Life Support	CORPORATE DASHBOARD	82%	85%	85%	83%	75%	Discoverer	90%
Mandatory Training Compliance	Health & Safety		not available	75%	85%	85%	86%	BI Competencies	90%
Mandatory Training Compliance	Conflict Resolution		not available	81%	87%	89%	89%	BI Competencies	90%

People and Culture Scorecard as at 30th November 2017

			DATA FROM CORPORATE DASHBOARD				DATA FROM OLM BI/DISCOVERER - run 4 January		
Metric	Description	Data Source	31/03/2015	31/03/2016	31/03/2017	30/11/2017	30/11/2017	Data Source	Target
Mandatory Training Compliance	Equality & Diversity		not available	74%	69%	70%	70%	BI Competencies	90%
Mandatory Training Compliance	Infection Control L1	CORPORATE DASHBOARD	79%	85%	77%	81%	89%	BI Competencies	90%
Mandatory Training Compliance	Infection Control L2		not available	not available	not available	not available	68%	BI Competencies	90%
Mandatory Training Compliance	Preventing Radicalisation L1		not available	not available	not available	not available	83%	Discoverer	85%
Mandatory Training Compliance	Preventing Radicalisation L1		not available	not available	not available	not available	74%	Discoverer	85%
Mandatory Training Compliance	Preventing Radicalisation L3 (WRAP)		not available	not available	not available	not available	28%	Discoverer	85%
Mandatory Training Compliance	Preventing Radicalisation L4 (WRAP)		not available	not available	not available	not available	100%	Discoverer	85%
Mandatory Training Compliance	Preventing Radicalisation L5 (WRAP)		not available	not available	not available	not available	100%	Discoverer	85%
Turnover		CORPORATE DASHBOARD	10.42%	12.97%	12.57%	11.16%	11.16%	Discoverer	10-12%
Sickness Absence		CORPORATE DASHBOARD	4.11%	4.06%	4.06%	4.47%	4.47%	Discoverer	3.50%
Medical Vacancy Rate	Medics Overall	CORPORATE DASHBOARD	not available	16%	20%	18%	18%	Discoverer	10%
Medical Vacancy Rate	Consultant	CORPORATE DASHBOARD	not available	11%	15%	13%	13%	Discoverer	15%
Medical Vacancy Rate	Other Medics	CORPORATE DASHBOARD	not available	20%	24%	21%	21%	Discoverer	10%
Qualified Nursing & Midwifery Vacancy Rate*		FINANCE	2.51%	7.13%	8.38%	8.12%	~	Finance	~
Qualified Nursing Vacancy rate*		FINANCE	2.76%	7.83%	9.97%	9.17%	~	Finance	~
Qualified Midwifery Vacancy rate*		FINANCE	0.59%	1.66%	-4.16%	-0.25%	~	Finance	~
Agency as a % of Gross Cost*		FINANCE	7.72%	13.12%	9.36%	8.23%	~	Finance	~
Bank as a % of Gross Cost *		FINANCE	2.59%	3.56%	4.01%	6.85%	~	Finance	~

*Vacancy rate is an in month value only - the March value has been used for previous years and for this financial year the Novembers figure has been used

Gross Pay Costs = Gross staff costs

Qualified nursing and midwifery vacancy rate includes Nurses & Midwives Band 5 and above

Agency as a % of gross pay cost = this is for all staff groups

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Safer Staffing

For approval:		For assurance:	x	To note:	
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Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris, Chief Nursing Officer	Author	Jackie Edwards, Deputy Chief Nursing Officer

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	√	Design healthcare around the needs of our patients, with our partners	√	Invest and realise the full potential of our staff to provide compassionate and personalised care	√
Ensure the Trust is financially viable and makes the best use of resources for our patients	√	Develop and sustain our business		Not applicable	

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	√	Operational Performance	√	Quality of Care	√
Finance and use of resources	√	Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture Committee	October report and data	Received

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	R1.1
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Level of assurance and trend			
	√	↑ ↓ →	
Significant			
Limited	√		
None			
Not applicable			

Recommendations	The Board are asked to note the paper for assurance.
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Executive Summary

From the detailed analysis undertaken each month on Nursing and Midwifery staffing, the following information provides an over view of staffing across the Trust:

- The November nursing and midwifery vacant posts is 158.33 WTE (148.85 WTE registered, 9.48 WTE non registered)
- The Safer Staffing App has been further improved this month to allow for the recording of patient acuity along with an improved escalation process. Further work is underway with ward managers developing an understanding of processes for escalation, mitigations and accurate reporting.
- The Trust has declared 17 red flagged shifts where wards been below the national standard of 80% fill rate at some point in the month of November 2017. This is prior to mitigating action either through cross ward cover or bank or agency.
- Assessment of patient acuity and patient needs are undertaken on all shifts as part of the triangulation and professional view gained by the ward manager/shift coordinator as to what support is required to make the staffing safe and deliver patient care. This will have been considered in the red flagged shifts.
- On a shift by shift basis, these have been reviewed by the Matrons responsible for those ward areas and escalation of staffing levels and risks after mitigating actions where staffing levels are still below 80% shift by shift has been considered by the divisional nurse directors. The divisional nurse directors are required to report the status to the Chief Nursing Officer and discuss options for safe staffing levels.
- In each case, the professional judgement was that the shift was safe, post mitigation. We are working to ensure that all the functions available on the safer staffing app are utilised which includes a clear audit trail to review comments and narrative related to actions taken to mitigate the staffing levels.
- This paper is being submitted to the Board as the People and Culture committee did not meet in December.

Background

Following the Francis Report (2014), all NHS Trusts are required to submit monthly data, detailing ward nursing and midwifery staffing fill rates against a benchmark of 80% fill rate. This information is presented to a Board Committee and published on the Trust website.

The integrated score card (see appendix 1) is reporting for November 2017.

The staffing level fill rates are RAG rated as green 90% and above, amber 80-89% and red 79% and below. The numbers of “falls in hospital with serious harm” and “hospital acquired pressure ulcers, graded 2-4” are correlated with the safer staffing levels in order to identify whether lower staffing levels are leading to patient harm.

Issues and options

Vacancy rates

The data below highlights the current nurse/midwifery vacancy rates which was 148.85 WTE qualified posts, a vacancy rate of 8.1% for November 2017. In comparison with other organisations, the Trust is not an outlier, although this is above the Trust target of 7%.

This is an improved position from the October position of 156 WTE. The Trust has a specific challenge of registered vacancies as opposed to non-registered. Medicine and surgery

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divisions have over established for non-registered nurses, as a means of mitigation by extra support for patient care.

Position as at 30 Nov 2017 - Registered Nursing				
Division	Funded WTE	Contracted WTE	Vacant WTE	Vacancy Rate
Medicine	617.34	545.60	71.74	11.62%
S.C.S.D.	598.62	529.78	68.84	11.50%
Surgery	260.87	262.89	-2.02	-0.77%
Women & Children	343.34	333.05	10.29	3.00%
Grand Total	1,820.17	1,671.32	148.85	8.18%

Position as at 30 Nov 2017 – Unregistered Nursing				
Division	Funded WTE	Contracted WTE	Vacant WTE	Vacancy Rate
Medicine	295.83	325.07	-29.24	-9.88%
S.C.S.D.	200.06	161.29	38.77	19.38%
Surgery	149.14	161.48	-12.34	-8.27%
Women & Children	103.93	91.64	12.29	11.83%
Grand Totals	748.96	739.48	9.48	1.27 %

Recruitment and retention

The current number of new employees waiting in the recruitment pipeline totals registered 37 and non-registered 29, a total of 66. Of the 37 registered nurses, 7 are in training and will not commence until September 2018 on qualifying.

Further planned work includes:

- Incentives that encourage those staff in the recruitment pipeline to continue to have Worcester as the employer of choice.
- A proposal for overseas recruitment is being explored.
- Attendance at local, regional and international recruitment events.
- The Trust has signed up to being a pilot site for NHSI retention work stream. A site visit by NHSI support team is scheduled for January 2018 that will develop an action plan for quarter 4 2017-2018. This action plan will lead into the development of a recruitment and retention plan which will be completed for submission by the end of the financial year.

Safe staffing levels

The integrated scorecard (appendix 1) highlights that across the Trust, ward areas have recorded 17 red flags in month. No shifts were found to be unsafe upon escalation to Divisional Nurse Directors as actions had taken place with the assessment of actual patient acuity or resolved with the redeployment of nursing staff from another ward area. A review needs to take place as to how the red flag shifts are going to be reported and de-escalated going forward, using the safer staffing app.

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RN day	RN night	HCA day	HCA night	Red flagged shifts	Trust Staff % fill
97.64 %	96.52%	148.26%	128.61%	17	85.57 %

The table above demonstrates that the average of staffing across the Trust in the month of November is above 90%. It must be noted that our HCA workforce is reporting as above 100% however, this includes band 4 workforce who cannot be reported in our qualified workforce and HCAs are utilised to backfill qualified staffing gaps. Band 4s are Associate Practitioners who support our qualified workforce in assessment, intervention and evaluation of care.

Incident reporting

Work is in progress with matrons and divisional nurse directors to develop a reporting process whereby triangulation of reported incident of pressure ulcers, grades 2, 3 and 4 and falls that results in harms with staffing is reflected in staffing report.

Recommendations

The Board are asked to note the paper for assurance.

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Appendix

Ward	Avg Registered Nurse Day Fill Rate %	Avg Registered Nurse Night Fill Rate %	Avg Care Staff Day Fill Rate %	Avg Care Staff Night Fill Rate %	Red flagged shifts	Mitigation
Alexandra Hospital						
Coronary Care	95.83	100	500	N/A	0	The establishment for planned care staff hours is zero. HCAs were required to support the area
MAU	97.46	104.44	94.63	N/A	1	Oversight by DDN shift deemed as safe.
Ward 12	95.42	110	101.25	96.67	0	
Ward 14	103.33	105	101.67	110	0	
Ward 2	99.44	100	111.11	143.33	5	Oversight by DDN shift deemed as safe.
Ward 5	85	86.67	98.89	108.33	0	
Ward 6	89.44	103.33	115.33	116.67	0	
Critical Care	75.28	76.11	46.67	N/A	0	Staffing flexed to meet patient acuity and dependency/ activity.
Ward 10	95	101.67	103.33	98.33	0	
Ward 11	72	100	85.83	100	0	Oversight by DDN shift deemed as safe
Ward 16	91.25	82.22	99.52	123.33	1	Oversight by DDN shift deemed as safe.
Ward 17	95.83	97.78	99.58	105.83	2	Oversight by DDN shift deemed as safe.
Ward 18	85.56	96.67	83.81	101.67	1	Oversight by DDN shift deemed as safe.
Kidderminster						
Ward 1	108.33	96.67	111.67	1300	0	The establishment for planned care staff hours is zero for the night shift. HCAs were required to support area
Worcestershire Royal						
EGAU/AN W Gynaecology	94.17	91.67	93.33	86.67	0	
Lavender Suites	78.93	93.02	77.96	77.41	0	Staffing flexed to meet activity demands. Matron deemed area as safe. No harm acquired.
Neonatal/T CU	103.67	98.67	86.67	88.33	0	
Riverbank	92.96	97.22	85	113.33	1	Oversight by DDN shift deemed as safe.
Acute Stroke Unit	91.94	98	98.67	95.83	0	

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Avon 2	98.89	66.67	95	98.33	0	Oversight by DDN shift deemed as safe
Avon 3	101.11	70	96.67	103.33	0	Oversight by DDN shift deemed as safe
Avon 4	97.78	101.67	111	103.33	0	
Evergreen	87.95	96.67	95.54	101.11	0	
Laurel 1	100	100	127.78	120	0	
Laurel 2	113.33	97.41	108.33	98.28	1	Oversight by DDN shift deemed as safe.
Laurel CCU	104.17	100	2400	N/A	0	The establishment for planned care staff hours is zero. HCA's were required to support area
Medical Assessment Unit	100.67	95.33	104.44	71.11	1	Oversight by DDN shift deemed as safe.
Medical Short Stay	96.67	96.67	90.67	86	0	
Silver Assessment Unit	100	95.56	85	98.89	3	Oversight by DDN shift deemed as safe.
Critical Care	91.67	92.33	55	N/A	0	HCA support minimal in areas which affects the overall %
Laurel 3	81.67	76.67	76.11	100	1	Oversight by DDN shift deemed as safe.
Beech A	102.22	66.67	97.78	100	0	Additional qualified staff in place to backfill HCA shortages.
Beech B	100	125	62.5	100	0	Oversight by DDN shift deemed as safe
Beech C	82.78	100	72.78	88.33	0	Oversight by DDN shift deemed as safe
Beech HDU	100	100	N/A	N/A	0	
Head and Neck	134.17	100	89.17	105	0	
SCDU	96.67	100	97.5	113.33	0	
Trauma and Orthopaedic A	90.56	94.64	100	101.79	0	
Trauma and Orthopaedic B	119.3	100	81.58	96.55	0	
Vascular Unit	94.67	95.83	68.33	95	0	Oversight by DDN shift deemed as safe

RAG rating;

Green above 90%, Amber 80-89%, Red 79% and below. National standards expect our fill rates to be above 80%

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People and Culture Committee Report

For approval:		For assurance:	x	To note:	
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Accountable Director	Chris Swan Non-Executive Chair		
Presented by	Chris Swan Non-Executive Chair	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business		

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability	x	Operational Performance	Quality of Care	
Finance and use of resources		Strategic Change	Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	R3.1 R3.2 R4.3
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Level of assurance and trend				
	√	↑ ↓ →	Please see individual items within the report	
Significant				
Limited				
None				
Not applicable				

Recommendations	The Trust Board is requested to receive the report for assurance.
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Executive Summary

Items discussed at the November meeting included:

- **People and Culture Strategy:** Progress on the implementation of the 50 priority actions was discussed. Further refinement of the action plan, associated metrics and a timeline was agreed. **Limited assurance**
- **Childcare:** As part of the *Timewise* programme as detailed in the November board report, a detailed report on childcare facilities across the sites was presented. Whilst the opening hours were longer compared to other local facilities, it was agreed to survey the users of the service to ascertain whether longer opening hours would be utilised.
- **Nursing workforce review:** This review had been undertaken in June 2017. There had been no changes to the establishment following the review. The Committee requested amendments to the report and asked that the next safer staffing level review be brought forward to February 2018. A nursing workforce strategy is being developed which will be informed by the reviews undertaken. **Limited assurance**
- **Engaging medical workforce:** Whilst the survey presented had been undertaken in 2016, the results were felt to still be valid. The results showed on the whole poor clinical engagement across the Trust. It was confirmed that the 4ward programme would be key in addressing this issue. An action plan was requested for presentation at the next meeting. **Limited Assurance**
- **People and Culture scorecard** was discussed in detail. The committee are very concerned with the amount of time spent between the offer of a job and the taking up of a position. This will be reviewed as a deep dive at a future meeting. Concern was also expressed about the amount of spend on medical and nursing locums/agency staff when the numbers of vacancies has decreased. This was being addressed through the weekly challenge meetings.
- **Recruitment and Retention:** concern was expressed with the lack of progress on the e-rostering project which is a key project relating to the financial recovery plan. It was confirmed that a working group had been set up to take this forward.
- **Guardian for Safe Working:** Members of the Board will remember that Miss Blackwell, the Guardian for Safe Working presented to the board at the July meeting. She will now present her quarterly reports to this committee. The report concerned the 300 junior doctors on new terms and conditions. She was unable to present a comparison to the last report as the trainees had changed. She was concerned however at the lack of reporting of exceptions which has been highlighted as a national issue rather than specific to the Trust. She confirmed that immediate safety issues were addressed by the consultant on call. She confirmed that the volume of fines had decreased significantly. She was unable to provide benchmarking as there was no national data collection in place currently. **Moderate assurance**
- **Safer Staffing:** The November data were presented. Some acuity data were presented which will be expanded in the coming months. There were 22 areas flagged as 'red' but assurance was given that no patients were left with unsafe care. **Limited assurance**
- **Items for noting:**
 - Board Assurance Framework (People and Culture risks)
 - Workforce risk register
 - 4ward steering group
 - JNCC minutes
 - Workplan

Background

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The People and Culture Committee is set up to ensure that the Trust attracts and retains a high performing workforce capable of delivering the Trust strategic objectives. This report covers items discussed at the November 2017 meeting.

Issues and options

The Committee were unable to endorse the proposed changes to the BAF risk ratings due to inadequate information.

Recommendations

The Trust Board is requested to receive the report for assurance.