

Council of Governors: 19.4.18

Agenda Item: CGo.4.18.14

## Report from the Chair of the Workforce Committee

<b>Presented by:</b>	Selina Ullah, Non-Executive Director	<b>Author:</b>	Jacqui Maurice, Head of Corporate Governance
<b>Previously considered by:</b>	Board of Directors held 8 March 2018		

<b>Key points</b>	<b>Purpose:</b>
This paper provides a brief summary of the key matters that were discussed at the meeting of the Workforce Committee held on 31 January 2018.	To discuss and note

<b>Executive Summary:</b>	
<b>1. Key matters discussed at the meeting held on 31 January 2018</b>	<ul style="list-style-type: none"> <li>• Workforce Committee Dashboard</li> <li>• Risk Appetite and Board Assurance Framework</li> <li>• National Workforce Strategy</li> <li>• Workforce Report</li> </ul>
<b>2. Agenda items</b>	
<b>3.1 Workforce Committee Dashboard:</b>	The Committee noted that sickness rates had increased slightly over the last two months and the Foundation Trust would not achieve the target to reduce sickness absence to 4% by the end of March 2018. Attendance advisers were supporting the divisions and a plan of work was in place.
<b>3.2 Risk Appetite and Board Assurance Framework:</b>	The Committee agreed to revisit the Corporate Risk Register and ensure the correct level of risk was captured.
<b>3.3 National Workforce Strategy:</b>	The Committee received a presentation on the proposed national workforce strategy.
<b>3.4 Development of a Region Wide Medical Staff Bank:</b>	The Committee noted that the Medical Director was the sponsor for this WYATT piece of work.
<b>3.5 Guardian of Safe Working Hours Report:</b>	The Committee received an update on the Guardian of Safe Working Hours Report which reports on junior doctors frequently working beyond contracted hours. They noted that ongoing support was required to ensure Consultant engagement with the 2016 Junior Doctor contract requirements.
<b>3.6 Review of Education and Workforce Sub-Committee Terms of Reference:</b>	The Committee approved the Education and Workforce Sub-Committee Terms of Reference.
<b>3.7 Equality and Diversity Update:</b>	The Committee noted that although the latest BAME data was positive, if we continued on the current trend the Foundation Trust would not meet the ten year target in relation to

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BAME staff employed at Band 8a+ Senior Management levels. A summary of the work underway was given.

**3.8 AHPs: The Workforce and the Service they provide:**

The Committee received and noted a comprehensive guide to the Allied Health Professions workforce and the services they provide.

**3.9 Nurse Staffing Data Publication November 2017 and December 2017:**

The report provided an update on the mandatory nurse staffing data for November and December 2017. It was noted for November that:

- At BRI the average fill rate for registered nurses and midwives were 83.1% during the day and 93% during the night. The average fill rates for care staff were 108% during the day and 125.2% during the night.
- At SLH and the Community Hospitals the average fill rates for registered nurses and midwives was 82.3% during the day and 102.9% at night. The average fill rates for care staff were 108.3% during the day and 97.6% at night.

It was noted for December that:

- At BRI the average fill rate for registered nurses and midwives were 79% during the day and 89% during the night. The average fill rates for care staff were 101.5% during the day and 117.3% during the night.
- At SLH and the Community Hospitals the average fill rates for registered nurses and midwives was 86.6% during the day and 103.6% at night. The average fill rates for care staff were 115.6% during the day and 113% at night.

A situation report had been escalated to the Chief Nurse team regarding the staffing concerns on Ward 22 Cardiology but the Committee was assured that the Chief Nurse was monitoring the situation.

**3.10 Workforce Report:**

The Committee discussed the key workforce trends over the last two months in relation to the following areas:

- **Staff in post and Agency / Bank staff usage:** The report showed a decrease in staff in post for the first time in 12 months and a decline in registered nurses and HCAs. There had been an overall increase in agency usage.
- **Turnover:** There has been a slight increase in turnover. Turnover for all staff groups is currently 12.18% compared to 11.80% in October 2018. The Committee noted that in December 2016 the Foundation Trust reported turnover at 11.41% so turnover has increased. Nursing turnover showed a slight increase from 14.13% in October 2018 to 14.71% in December. The Committee noted that across Yorkshire and Humber turnover rates over the 12 months to October 2017 ranged from 8% to 17%.
- **Nurse Recruitment and Retention:** A detailed update was provided on recruitment and retention activities in line with the agreed work plan.
- **AHP Recruitment:** Despite the national challenges with regard to the recruitment of AHPs, the Foundation Trust has been proactive in terms of recruitment and has been able to attract candidates.
- **Consultant Recruitment:** The Committee noted the overall position and the services identified where there were pressures.
- **Sickness Absence:** The year to date absence percentage rate in November 2017 was 4.46% which showed a reduction on the same time last year where sickness absence was recorded at 5.00%. The Committee noted the most common reason for absence is 'Other known Causes' this is a national ESR standard category and cannot be filtered to

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	enable more accurate recording.
	<ul style="list-style-type: none"> <li>• <b>Flu Update:</b> The Committee noted that the target for 70% of BTHFT frontline staff to be vaccinated by the end of February 2018 had been met. 71% of frontline staff had been vaccinated.</li> <li>• <b>Staff Survey:</b> Results of the 2017 Staff Survey will be available during the week of 19 February 2018 with an embargo until 6 March 2018. The final response rate for the survey was 35.3% which was significantly lower than the average response rate for Acute Trusts at 45.5%. The Committee noted the efforts and initiatives undertaken to maximise the return rate.</li> </ul>
<b>3.11</b>	<p><b>Update on a Review of the National Quality Board (NQB) Safe, Sustainable and Productive Staffing Resource Document:</b></p> <p>The Committee noted the self-assessment undertaken by the Chief Nurse, which highlighted 14 areas had changed from amber to green, with 3 areas remaining amber. Plans are in place to reach a green rating within the remaining 3 amber areas.</p>
<b>3.12</b>	<p><b>Education and Workforce Sub-Committee Minutes: 15 December 2017:</b></p> <p>The Committee noted the minutes of the Education and Workforce Sub-Committee meeting held on 15 December 2017.</p>
<b>4.</b>	<p><b>Escalation to the Corporate Risk Register:</b></p> <p>There were no items to escalate to the Corporate Risk Register</p>

**Financial implications:**

**Regulatory relevance:**

**Monitor:**

<b>Equality Impact / Implications:</b>	<p><b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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**Other:**

<b>Strategic Objective:</b>	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	To be a continually learning organisation
	To be in the top 20% of NHS employers
	To deliver our financial plan and key performance targets