

Board of Directors: 12.7.18

Agenda Item: Bo.7.18.32

Confirmed Workforce Committee Minutes
28 March 2018

Presented by:	Selina Ullah, Chair	Author:	Sheridan Osbourne, Corporate Governance Officer
Previously considered by:	Workforce Committee		

Key points	Purpose:
Workforce Committee minutes 28 March 2018	To receive

Executive Summary
Workforce Committee minutes 28 March 2018

Financial implications:
No

Regulatory relevance:

Monitor:	
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Equality Impact / Implications:	Choose an item.
	Choose an item.
	Choose an item.
	<p>Is there likely to be any impact on any of the protected characteristics? (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>

Other:	
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	Choose an item.
	Choose an item.

WORKFORCE COMMITTEE MEETING MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 28 March 2018	Time:	11:00-13:00
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Selina Ullah, Non-Executive Director
Present:	Non-Executive Directors: <ul style="list-style-type: none"> Ms Selina Ullah, Non-Executive Director (SU) Mr Jon Prashar, Non-Executive Director (JP) Executive Directors: <ul style="list-style-type: none"> Ms Tanya Claridge, Director of Governance and Corporate Affairs (TC) Mr Bryan Gill, Medical Director (BG) 		
In Attendance:	<ul style="list-style-type: none"> Mrs Sally Scales, Deputy Chief Nurse (SSc), deputising for Ms Karen Dawber, Chief Nurse (KD) Ms Janette Sharp, Deputy Director of Human Resources (JLS) deputising for Ms Pat Campbell, Director of Human Resources (PC) Ms Jacqui Maurice, Head of Corporate Governance (JM) Mrs Samantha King, Minute Taker (SK) 		

No.	Agenda Item	Action
W.3.18.1	Apologies for Absence	
	Apologies were received from: <ul style="list-style-type: none"> Ms Karen Dawber, Chief Nurse (KD) Ms Pat Campbell, Director of Human Resources (PC) Ms Sandra Shannon, Acting Chief Operating Officer (SSh) Ms Pauline Vickers, Non-Executive Director (PV) SU welcomed JP to the meeting and noted this is the third Committee meeting and any suggestions are welcome. TC to observe the meeting and take notes.	
W.3.18.2	Declaration of Interests	
	There were no declarations of interest.	
W.3.18.3	Minutes of the meeting held on 31 January 2018	
	Minutes of the meeting held on 31 January 2018 were accepted as an accurate record following the amendment to item W.1.18.8 to read: SU and PV supported this and are happy to go with the Physicians Associates.	
W.3.18.4	Matters Arising	
	HCA – Increased sickness rates – JLS advised that further information is provided in the workforce report. Harassment and Bullying Dashboard information – SU asked if this had been updated. JLS advised this has not been completed.	Deputy Director of Human Resources

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W.3.18.5	Board Assurance Framework	
	<p>The Committee discussed BAF key topics which were:</p> <ul style="list-style-type: none"> • New initiatives – risk assurance. • Corporate risk register restructure. • Risk Tolerance. • Risk Appetite. • Acceptance level - to be discussed at future meetings. • Metrics. <p>TC advised the Corporate risk register is under restructure with the aim to support BAF in going forward.</p> <p>There was a discussion on the challenges of capturing the information across the Trust to provide qualitative information and greater understanding. SS advised that some reports do capture information but how does the Trust demonstrate improvement. TC advised that the implementation needs embedding more, and the Datix report is being reviewed. A further update will be provided at the next meeting.</p>	<p>Director of Governance & Corporate Affairs</p>
W.3.18.6	Workforce Committee Dashboard	
	<p>The Committee reviewed the dashboard, key topics were:</p> <ul style="list-style-type: none"> • Sickness - SU noted this remains at red. • Appraisals – SU noted this remains at green, given the results are 78.52% should this not be amber. • Nursing Shifts Filled– SU noted a decrease in shifts filled between December 2017 and February 2018. SSc advised that this is due to an outturn of nurses and is reflected in the National position. The plan is for more Nursing Associates and to provide a greater skill mix of training. SSc advised the outcome of the NHSI meeting was good and they have confidence that the Trust is doing everything that they can. <p>JLS advised the Friends & Family surveys have been completed and the results will be provided at the next meeting.</p> <p>SU asked if the dashboard could be reviewed as it is very repetitive and perhaps could include more details allowing the Workforce report to provide the strategic details.</p>	<p>Director of Human Resources</p>
W.3.18.7	Workforce Report	
	<p>JLS provided an update to the Committee the key topics were:</p> <ul style="list-style-type: none"> • Staffing – Overall increase across all staff groups of 21.54 FTE. SU noted the Trust had more leavers than joiners since 2017, JLS said there were a number of reasons why staff leave the Trust. One of the criteria on the leavers form is “unknown” which is used in a large number of cases. Stay interviews with newly qualified nurses take place every 2/3 months to make sure all is okay. There is continued growth in internal bank and admin bank within Divisions. Medical locum usage is reviewed month to month, AHP overall vacancy rate has gone down to 8.47% with the main concern at band 5 level Physiotherapist’s 	

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	<p>and band 5 – 8 level Radiographer's.</p> <ul style="list-style-type: none"> • Social Media – SSc advised that the nursing recruitment campaign via Facebook is now well established. Each month there is a specific focus on a particular area or specialty. SU asked if Instagram and Snapchat were also being considered. SSc advised that these are not part of the current programme, however specific advertising expertise being utilised to target specific staff groups. • Overseas Nurses – JLS advised the appointment of overseas nurses continues with 3 more nurses still going through the process. The barrier can be the exams for some applicants as the students go through the OSCE process. SU asked if we could recruit via Universities, BG stated that this is a difficult process due to VISA quotas. • Retention – A transfer register to gain more experience has been created. NHSI attended a meeting at Trust HQ on 8 March 2018 feedback from the meeting was good, the Trust has been asked to take part in a pilot study for 6 months and an update will be provided at the next meeting. • Agency – Substantive appointments in Radiography has reduced agency spend in this area. Overall AHPs employed via agency has gone down and there is an opportunity to widen the skill mix. • Pharmacy – SU asked if a separate update could be provided on the area. • Consultants – JLS asked for this section to be taken as read. BG queried the pending section and advised on the struggle for recruitment across West Yorkshire and Humber in Medical Oncology, Dermatology and Rheumatology. In Medical Microbiology there is a possibility of a consultant returning to the Trust and a decision on Vascular Surgery will be made the last week in April. • Apprenticeships – There is ongoing work to bring the levy down with more opportunity to appoint across the Trust within lower/higher bands. • Flu jabs – There was a discussion around the uptake of the flu jabs, it was noted that nursing staff had the lowest level. Target for next year will roll over from 2017/18. • Sickness – Absence increased between December 2017 and January 2018 but remained stable in February. Sickness review meetings continue and attendance officers are reviewing the most recent reports looking at reasons for absence against staff groups. HCAs remain a high area of concern and detailed work is being undertaken to investigate this. JP asked if return to work's are being reviewed, JLS confirmed that Managers should conduct return to work meetings with anyone who has been on sick leave and use the form provided in the toolkit. SU asked for Turnover/reasons for leaving results to be split between Clinical and non-clinical staff. • Appraisals – The Committee discussed the appraisal performance, it was noted that work continues to promote the use of ESR Manager Self Service to improve recording and reporting of appraisals and to make sure ESR is the only database used. <p>The Committee noted the report.</p>	<p>Director of Human Resources</p> <p>Director of Human Resources</p> <p>Director of Human Resources</p>
W.3.18.8	Nurse Staffing Data Publication January and February 2018	
	SSc provided an update to the Committee and asked for both reports to be	

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	<p>taken together.</p> <p>The information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards. The report details the mitigation that is in place to maintain safety. Appendix 1 of the report provides details of the fill rates per ward along with head map of related safety metrics. SU asked about staffing concerns on a number of the wards and SSc said that Heads of Nursing and matrons have an overview of the wards on a daily basis to ensure that staffing levels are safe.</p> <p>The Committee noted the reports.</p>	
W.3.18.9	People Strategy Workplans – Quarter 3 update	
	<p>JLS advised the Committee that the updates of workplans are ongoing. SU asked for a governance structure chart between each of the Committees to provide how they all fit together and the hierarchy.</p> <p>The Committee noted the workplans.</p>	Director of Human Resources
W.3.18.10	Gender Pay Gap	
	<p>JLS advised the Committee the paper was presented to EMT on the 6 March 2018.</p> <p>The paper includes detailed information about calculating GPG. Our headline figures are as follows:</p> <ul style="list-style-type: none"> • GPG is 27.26% • Bonus pay gap is 45.76% <p>Males are slightly over-represented in quartile 1 (lowest paid staff) but females are significantly under-represented in quartile 4 (highest paid staff)</p> <p>The following are under review:</p> <ul style="list-style-type: none"> • Estates and Facilities department – bands 1 and 2 posts. It was noted that a number of Trusts are supported by external resources in this area. • Voluntary Living Wage – further work on this to complete. • Bonus Pay Gap – JLS advised that the only group of staff who receive a bonus are consultants, through Clinical Excellence Awards (CEA). The average pay gap between women and men who receive CEA is 45.76%. Men are slightly more likely to apply for the award compared to overall percentage in the cohort of consultants. There has been a significant increase in the number of female consultants over the past few years. Therefore, the difference in bonus payments may be because more men have been eligible for the payment for a longer period of time compared to women. <p>JP said the narrative on the Trust website was useful. BG suggested that the Trust website could be amended to advise that in future CEA's will be for one to three years only and not for life. The bonuses are pensionable at the moment but in going forward will not be.</p> <p>JP asked for the front cover sheet section Equality Impact/implications to be</p>	

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	<p>amended as follows:</p> <p>Disability – ensuring attendance management strategies protect against disability discrimination as far as is reasonably possible.</p>	Deputy Director of Human Resources
W.3.18.11	Annual staff survey results 2017	
	<p>JLS advised the Committee the paper was presented to EMT on the 6 March 2018.</p> <p>The Committee approved and noted the paper.</p>	
W.3.18.12	Board Assurance Framework – Top 20% of NHS employers	
	<p>JLS asked the Committee to agree in principle the proposed measures to meet our key performance indicators.</p> <p>SK noted on page 4, section 7 the reference to annex three needs to be removed.</p> <p>The Committee approved and noted the paper.</p>	
W.3.18.13	Board Assurance Framework	
	The Board Assurance Framework was discussed in item W.3.18.5	
W.3.18.14	Workforce Committee business workplan 2018-19	
	<p>SU proposed the 2018/19 workplan for the Workforce Committee.</p> <p>The Committee approved and noted the paper.</p>	
W.3.18.15	Any Other Business	
	There were no items to be discussed.	
W.3.18.16	Matters to share with other committees	
	There were no matters to share with other Committees.	
W.3.18.17	Matters to Escalate to the Corporate Risk Register	
	There were no matters to escalate to the Corporate Risk Register.	
W.3.18.18	Matters to Escalate to the Board of Directors	
	There were no matters to escalate to the Board of Directors.	
W.3.18.19	Items for Corporate Communications	
	The Committee noted Gender Pay Gap.	
W.3.18.20	Date and time of next meeting	
	Wednesday 30 th May 2018, 11.00 am to 1.00 pm, Conference Room, Field House, Bradford Royal Infirmary.	



BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM WORKFORCE COMMITTEE – 28th March 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
28.03.18	W.3.18.4	Matters Arising: Provide update on Harassment and Bullying Dashboard	Director of HR	Workforce Committee 30 May 2018	Included with Workforce Committee dashboard
28.03.18	W.3.18.5	Board Assurance Framework TC advised that the implementation needs embedding more, and the Datix report is being reviewed. A further update will be provided at the next meeting	Director of Governance & Corporate Affairs	Workforce Committee 30 May 2018	
28.03.18	W.3.18.6	Workforce Committee Dashboard: Provide update on the Friends and Family surveys.	Director of HR	Workforce Committee 30 May 2018	Include in workforce committee dashboard – action concluded.
28.03.18	W.3.18.7	Workforce Report: Provide update on the following items - <ul style="list-style-type: none"> NHSI pilot study. Pharmacy – to add as a separate item. Sickness/Turnover – separate results for clinical and non-clinical. 	Director of HR	Workforce Committee 30 May 2018	Included in workforce committee report – action concluded
28.03.18	W.3.18.9	People Strategy Workplans – Quarter 3 update: Provide governance structure chart between each of the Committees.	Director of HR	Workforce Committee 25 July 2018	Add to Q4 report
28.03.18	W.3.18.10	Gender Pay Gap: Revise wording of front cover sheet under Equality Impact/Implications.	Deputy Director of HR	Workforce Committee 30 May 2018	
31.01.18	W.1.18.3	Minutes of the meeting held on 29 November 2017: Minutes of the meeting held on 29 November 2017 were accepted as an accurate record following	Director of HR	Workforce Committee 30 May 2018	. Action concluded.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		the amendment to item W.11.17.6			
31.01.18	W.1.18.3	Future staff roles – (Minutes of the meeting held on 29 November 2017): PC/BG/KD to produce a paper on future roles to be presented to the Workforce Committee	Director of HR	Workforce Committee 25 July 2018	
31.01.18	W.1.18.5	Workforce Committee Dashboard: PC agreed to investigate the increased sickness rates in HCAs and provide an update at meeting on 28 March 2018.	Director of HR	Workforce Committee March 2018	Included in the Workforce Report. <u>Item concluded</u>
29.11.17	W.11.17.6	People's Strategy Workplan Q2: A quarterly update to be presented to the Committee on progress in relation to the Workplan - with Q4 providing the annual summary of what has been achieved, the milestones and targets linked back into the BAF.	Director of HR	Workforce Committee 28 March 2017	Q3 report has been added to the meeting agenda <u>Item concluded</u>