

Meeting Title	Board of Directors		
Date	07/03/2019	Agenda item	Bo.3.19.21

A report from the Chair of the Workforce Committee

Presented by	Selina Ullah, Non-Executive Director
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Lead Directors	Pat Campbell, Director of Human Resources
Purpose of the paper	This paper is to provide the Board of Directors with an overview of the work of the Workforce Committee in January and February 2019.
Key control	This paper is a key control for the strategic objective to deliver our financial plan and our key performance indicators
Action required	To note
Background	
The purpose of the Workforce Committee is to provide the Foundation Trust Board with an objective and independent review (including relevant strategic risks and associated assurance) of the effectiveness of the workforce management arrangements for the Trust.	
Key Matters Discussed	
1. Strategic Objective 3: To be in the top 20% of NHS Employers	
1.1 Risk: Strategic risks relevant to the Committee	
The Committee reviewed strategic risks related to the strategic objective for which it has an assuring role at both meetings, and was assured that the mitigation described was proportionate and appropriate.	
1.2 Workforce Dashboard	
The Workforce Dashboard is reviewed at every meeting and the Committee considers specific areas of workforce performance and risk. The Committee noted that a review of the elements of the Integrated Dashboard are currently under review and a refreshed version will be in use from April 2019. The Committee are sighted on any changes related to the performance indicators which they review.	
<ul style="list-style-type: none"> The Committee noted the position of the Trust in relation to appraisal rates and the steps being taken to ensure a sustainable approach in the future. The Committee were sighted on a new appraisal/pay progression policy is being developed in line with the terms and conditions changes in Agenda for Change. The Committee were concerned to note that the Trust is performing below the average for staff recommending the Trust as a place to be treated and a place to work in Yorkshire and Humber. The Committee were informed that steps were being taken to identify ways to improve the Trust's response rate. The Committee noted that there had been no real difference in sickness absence trend up to the end of December, although there had been a slight decrease compared to October. The Committee were assured that this is an area under close review, particularly short-term sickness. The Committee noted that the nursing shift fill rate has stabilised. The Committee noted the reduction in use of agency staff across the Trust The Committee noted first the progress with (January) and more latterly the success of the flu vaccination campaign (February). 	
1.3 Strategy: Workforce plan	
The Committee reviewed the draft Workforce Plan, and noted how it had been developed through triangulation of risks on the strategic and divisional risk registers and in conjunction with development of the financial plan, particularly in relation to contracting activity and including projections in relation to the revised staffing model for urgent care, which is subject to a proposal to be received by the Board of Directors. The Committee approved the draft plan, noting subject to final review.	

Meeting Title	Board of Directors		
Date	07/03/2019	Agenda item	Bo.3.19.21

1.4 Strategy: Strategic Nurse and Midwifery Staffing Review 2019

The Committee received the Nurse Strategic Staffing Review, and noted the assurance contained within the paper that the Trust plans safe nurse and midwifery staffing levels across all wards and other departments. The paper confirmed that there are appropriate systems in place to manage the demand for nursing and midwifery staff. The Committee acknowledged the limitations of this document (in its mandated format) in understanding the totality of staffing required to manage a ward optimally. The Committee intends to develop this focus during 2019/2020.

1.5 Risk: Nurse Staffing Data Publication Report

The Committee received updates relating to Nurse Staffing at each meeting, and received assurance in relation to how risk is being understood (through the use of the heat-map) and mitigated. The Committee was informed that any specific risk related to a ward or department which was not being effectively mitigated at a divisional level would be escalated to the Integrated Governance and Risk Committee.

1.6 Risk: Mandatory Training

The Committee received a specific report, at their request, following consideration of the workforce dashboard, focusing on the delivery of mandatory training in the Trust. The Committee considered the implications of the issues reported in the context of personal responsibility, and prioritising collaboration between health care organisations to facilitate staff transitioning between organisations.

1.7 Committee Business

The Committee reviewed its revised Terms of Reference, as agreed by the Board of Directors, and approved its work-plan to enable the delivery of its objectives. In addition the Committee considered

- the Board approved Risk Appetite statement in relation to the strategic objectives for which it has an assuring role. As a result will be considering a revised statement at their March meeting.
- the need to realign measures being used to monitor progress in relation to the achievement. As a result a revised suite of key performance metrics to support the assurance in relation to the Strategic Objective will be proposed to a future Committee meeting.

Recommendation

The Board of Directors is requested to note the work of the Workforce Committee in scrutinising the Trust's relevant strategic risks and associated assurance with respect to the effectiveness of the workforce management arrangements for the Trust.

It is also asked to note the assurance level and statement agreed by the Committee which is provided on the Board Assurance Framework.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated.	Low		Moderate	High	Significant	

Meeting Title	Board of Directors		
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Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Risk (*)
Explanation of variance from Board of Directors Agreed General risk appetite (G)	

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	▪	
Quality implications	▪	
Resource implications	▪	
Legal/regulatory implications	▪	
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual
Care Quality Commission Domain: <i>Safe, caring, effective, responsive, well led</i>
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	▪				