

Meeting Title	Board of Directors		
Date	09/05/2019	Agenda item	Bo.5.19.21

## A report from the Chair of the Workforce Committee

<b>Presented by</b>	Selina Ullah, Non-Executive Director
<b>Author</b>	Tanya Claridge, Director of Governance and Corporate Affairs and Jacqui Maurice, Head of Corporate Governance
<b>Lead Directors</b>	Pat Campbell, Director of Human Resources
<b>Purpose of the paper</b>	This paper is to provide the Board of Directors with an overview of the work of the Workforce Committee in March and April 2019.
<b>Key control</b>	This paper is a key control for the strategic objective to be in the top 20% of NHS employers
<b>Action required</b>	To note
<b>Background</b>	
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.	
<b>Key Matters Discussed</b>	
<b>1. Strategic Objective 3: To be in the top 20% of NHS Employers</b>	
<b>1.1 Risk: Strategic risks relevant to the Committee</b>	
The Committee reviewed strategic risks related to the strategic objective for which it has an assuring role at both meetings and has considered the strategic risk profile and the assurances received in the course of its business, the Committee confirmed that it was assured that the mitigations described were proportionate and appropriate. In particular a risk relating to the microbiology service was discussed and assurance sought in relation to the effectiveness of the mitigation in place.	
<b>1.2 Workforce Dashboard</b>	
The Workforce Dashboard is reviewed at every meeting and the Committee considers specific areas of workforce performance and risk. Metrics regarding cultural improvement and maturity, specific to the Workforce Committee, will be included when the data is available later in the year.	
The Committee is sighted on any changes related to the performance indicators which they review. The Committee noted the position of the Trust in relation to appraisal rates which are on a slight downward trajectory. The Committee noted the steps being taken to ensure sustainable performance in the future.	
<ul style="list-style-type: none"> <li>The Committee noted key improvements in the Quarter 4 results for staff recommending the Trust as a place to be treated and a place to work in Yorkshire and Humber.</li> <li>The Committee noted that overall the sickness absence rate remains static overall, however noted there had been some improvement in monthly absence rates. The Committee were assured that this area remains under close review, particularly in relation to short-term sickness. The Committee also were assured that the Trust was taking account of the work taking place with Trusts similarly profiled to BTHFT which have achieved and sustained low sickness absence rates. The Committee also confirmed the proposed revised KPIs with regard to sickness absence to be used in the dashboard.</li> <li>The Committee noted that the nursing shift fill rate for registered nurses continues to remain relatively stable. The Committee noted the continued reduction in use of agency staff across the Trust</li> <li>The Committee noted the success of the flu vaccination campaign and commended the work of the Occupational Health Team</li> </ul>	
<b>1.3 Risk: Nurse Staffing Data Publication Report</b>	

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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 Care Group level would be escalated to the Integrated Governance and Risk Committee.

#### 1.4 Key Control: NHS Staff Survey

The Committee received a summary of the NHS Staff Survey 2018 results and agreed a suite of recommendations proposed for the 2019/20 Staff Survey Action plan. The Committee was assured that the staff survey results showed where the Trust had made improvements and reinforced that there should be a continued focus on building on the progress made over the last few years, particularly around increasing staff engagement alongside addressing a new theme: improving morale. In addition the Committee agreed that focus should continue on the following areas:

- Equality, diversity and inclusion
- Health and wellbeing – focusing on reducing work related stress and MSK
- Safe environment – Bullying and harassment –focusing on reporting
- Quality of care – patient care and experience, improving the effectiveness of the use of patient and service user feedback
- Stress (as escalated by the Health and Safety Committee and identified within the staff survey)

#### 1.5 Key Control: Guardian of Safe Working Hours

The Committee received the quarterly Guardian of Safe Working Hours report. It noted that whilst reporting had fallen during Quarter 3, pressures experienced by doctors in obstetrics and gynaecology remain a concern. The Committee were assured that Foundation Doctors receive good clinical supervision, but noted they still struggle to complete their working day on time. The Committee were assured that as physician associate working becomes embedded in the organisation, improvement in this respect is anticipated.

#### 1.6 Key Control: People Strategy Update

The Committee received a comprehensive update in relation to the progress made against the 2018-19 Annual plan and the new 2019-20 Annual plan. They were assured that the steps being taken were proportionate and appropriate.

#### 1.7 Key Control: Medical Appraisal and Revalidation

The Committee received the annual medical appraisal and revalidation report. The Committee was assured that the Trust has effective systems, processes and controls in place to ensure an effective and comprehensive approach to Medical Appraisal and Revalidation, indeed it noted that the Trust performs well in relation to its peers.

#### 1.8 Committee Business

At the meeting in March the Committee confirmed changes to the overall risk appetite with regard to the strategic objective from 'cautious' to 'seeking'. The revised risk appetite statement is included at Appendix 1 for approval by the Board of Directors.

In April the committee confirmed revised measures/KPIs to be consider in relation to the understanding the effectiveness of actions being taken to achieve the strategic objective to be in the top 20% of NHS Employers. The number of measures has been reduced and aligned to the Trust's People Strategy, Strategic objectives and will serve to underpin the Board Assurance Framework.

#### 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.

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The Board of Directors is asked to approve the revised risk appetite statement for the Strategic Objective to be in the top 20% of NHS Employers.

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. 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.	Low		Moderate	High	Significant	
	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
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> Safe, caring, effective, responsive, well led
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b>

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