

Meeting Title	Board of Directors		
Date	9.1.20	Agenda item	Bo.1.20.16

A report from the Chair of the Workforce Committee

Presented by	Jon Prashar, Non-Executive Director on behalf of Selina Ullah, Non-Executive Director		
Author	Selina Ullah, Non-Executive Director Tanya Claridge. Director of Governance and Corporate Affairs		
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 December 2019.		
Key control	This paper is a key control for the strategic objective to be in the top 20% of NHS employers		
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.			
The Workforce Committee uses the assurance presented throughout its meeting, which is aligned to key controls for identified risks associated with delivering the Trust's strategic objective, <i>'to be in the top 20% of employers'</i> in combination with a review of the relevant risks on the strategic risk register to review the Trust's Board Assurance Framework. At the end of each meeting consensus is achieved in relation to the assurance level and associated statement. This is presented in the Board Assurance Framework.			
Key Matters Discussed			
			Level of assurance
1. Strategic Objective 3: To be in the top 20% of NHS Employers			
1.1	Strategic risks relevant to the Committee		Level 1 operational
	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, but requested a detailed review of the strategic risks related to EU Exit and medical device training at its next meeting, following consideration at the meeting of the Integrated Governance and Risk Committee meeting in January 2020.		
1.2	Key Control: Workforce Dashboard		Level 1 Operational
	The Workforce Dashboard is reviewed at every meeting and the Committee considers specific areas of workforce performance and risk. The Committee noted that due to the timing of the Committee meeting some of the data in the dash board reflected the October 2019 position, some the November 2019 position.		
	The Committee considered the Trust's performance in relation to appraisal rates, it acknowledged the Trust target at the end of December is 95%, with performance currently 90.6% and explored the approach being taken within the Clinical Care Groups and Corporate teams to ensure that the Trust's target is met. The Committee were assured in relation to the Trust's sustained performance in relation to appraisal over all.		
	The Committee noted there were more detailed papers exploring Trust performance, particularly in relation to the equality targets and BAME leadership, and nursing care hours (explored in more depth in the nurse staffing report)		
	The Committee reviewed the new-starter and refresher training targets and were assured in relation		

Meeting Title	Board of Directors		
Date	9.1.20	Agenda item	Bo.1.20.16

	<p>to the plans for 'training transfer' through a streamlining/passport system across the region aimed to begin 1st April 2020 and confident in the impact this change would have on the Trust's performance in relation to new-starter training.</p> <p>The Committee noted the continued issue in relation to short term sickness absence, it was assured that long term absence was being managed appropriately. The Committee noted that Health Care Assistants and Estates and Facilities staff groups were the areas with the highest sickness absence. The Committee were informed of the continued focus on managing short term sickness absence and the new Disability Equality and Leave policy which had recently been approved.</p> <p>The Committee considered the Trusts position in relation to flu vaccination, and noted an escalation from the Health and Safety Committee in relation to communicating with those staff who may have been vaccinated outside of work, to ensure the vaccinated workforce is correctly reflected.</p>		
1.3	Key Control: Workforce Report		Level 1 Operational
	<p>The Committee were in receipt in December of the comprehensive workforce report. This report supports detailed scrutiny of key workforce metrics and trends and provides an update to the Committee on the Organisational Development, engagement and workforce planning agenda for the Trust. Key items of note discussed in December included;</p> <ul style="list-style-type: none"> The Committee noted that the nurse vacancy position had improved, but that this position included some key areas of specific risk (for instance stroke, theatres and respiratory). The Committee explored these in relation to the national context, but also in relation to the mitigation in place Risk around speech and language therapy provision, and the Committee were informed of new starters in relation to this service, but that there is a longer term discussion in relation to directly employing the team. The Committee explored but the changes in demand for the service, for instance in relation to the effective delivery of the stroke service. In relation to recruitment, the Committee were informed that the microbiology service will be in an improved position in January, but the risk continues to be actively mitigated, histopathology was flagged as an emergent risk to the Committee due to vacancies and the age profile of current clinical staff. The Committee were informed national consultation in relation to pensions tax rules and what could be done, specifically in relation to clinicians, the consultation had stalled due to purdah, but NHSI/E have asked the CEO to write to directly affected staff describing proposals in relation to short term changes which would mean that clinicians could take on additional shifts without worrying about an annual allowance charge on their pension in 2019/20. The Committee's view was that this change was unlikely to make a difference to the number of additional sessions being covered over winter. The Committee considered the potential impact of this on patient care, but noted that <ul style="list-style-type: none"> the Trust has a successful track record in relation to consultant recruitment, there was a challenge, particularly in ED over winter, but that there were no concerns being raised from a quality perspective the impact on waiting time had been assessed, particularly in relation to radiologists/anaesthetists but that the Trust was actively using locums/recruitment to mitigate any risk where it could. <p>The Committee noted the place based workforce strategy and the One Workforce programme and agreed it would be useful to discuss further through a committee development session.</p>		
1.3	Key Control: Equality and Diversity Update		Level 1 Operational Level 3 Independent
	<p>The Committee received a summary of the detailed equality and diversity report provided for the Committee's assurance. In relation to the Workforce Disability Equality Standard (WDES), the Committee were assured that there was a clear focus on the Trust's staff with a disability, particularly through the report of the establishment of a group of 100 staff as a consultation forum for matters</p>		

Meeting Title	Board of Directors		
Date	9.1.20	Agenda item	Bo.1.20.16

	<p>related to disability equality.</p> <p>The Committee were informed that NHSI/E had commended the Trust’s action plan and that it was going to be referenced in a national report. The Committee discussed the monitoring of the plan and agreed to receive a six month update as part of the 6 monthly equality update], noting the many qualitative indicators which were being used</p> <p>In relation to the WRES, the Committee referenced the leadership element. It noted the targeted leadership programmes ‘stepping up’ and ‘ready now’, the use of an independent BAME panellist on all recruitment panels for positions with a banding of 8a and above. The Committee noted the small increase, but acknowledged that the Trust will miss the target by 9% if the current trajectory is maintained. The Committee were informed of the appointment of the Trust’s Equality and Diversity lead, who was commencing in February and who would be reviewing our strategy as a priority.</p> <p>The Committee considered how these principles could be devolved effectively to service level, but also how we engage effectively with our strategic partners in relation to this.</p> <p>The Committee were informed that the review of the shared district wide equality objectives is underway, with some key areas of focus identified. The Committee noted the end of march deadline.</p>	
1.5	Key Control: Freedom to speak up quarterly report	Level 1 operational
	The Committee received the report, and agreed it provided operational assurance in relation to the effectiveness of the Freedom to Speak up Programme in the Trust.	
1.6	Key Control: Nurse Staffing Data Publication Report	Level 1 Operational
	The Committee were assured that in respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. The Committee were orientated to oversight and management particularly in relation to reported incidents and how these were responded to.	
1.7	Key control: Guardian of Safe Working Hours	Level 1 Operational
	The Committee noted the rise in exception reports in acute medical care, and that this rise was anticipated. The Committee requested that the report author should specifically address the issues raised in future reports. The Committee noted that national funding had been made available to improve facilities for junior doctors.	
1.8	Committee Business	
	The Committee reviewed its risk appetite statement and the agreed statement is appended to this report.	
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 consider and approve the assurance level and risk appetite 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		

Meeting Title	Board of Directors		
Date	9.1.20	Agenda item	Bo.1.20.16

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
Strategic 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)