

Meeting Title	Board of Directors		
Date	12 March 2020	Agenda item	Bo.3.20.13

## A report from the Executive Lead for the Workforce Committee

Presented by	Pat Campbell, Director of Human Resources		
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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 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, 'to be in the top 20% of employers' 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, and undertook a detailed review of the strategic risks related to EU Exit and medical device training at its 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 any associated risk. The Committee is asked to note the report and determine if any formal escalations should be made to the Board of Directors		
	The Committee considered the Trust's performance in relation to appraisal rates with January performance currently 94.54%. The committee noted that the Trust fell short of meeting its appraisal target by 51 appraisals the end of December 2019. The Committee explored the approach being taken within the Clinical Care Groups and Corporate teams to ensure that the Trust's target is met in a sustainable way and were pleased that performance had not dipped in January as in previous years - they noted the review to be undertaken by the end of March.		
	The Committee considered the continued slight month on month increase in sickness absence until December with a slight improvement in January. The Committee requested a focused discussion in relation to this area of workforce performance [particularly short term sickness] at the April Committee meeting.		
	The Committee noted the positive performance in relation to flu vaccination with us having achieved the target. Flu vaccine uptake amongst frontline staff on 14 February 2020 was 81.6%. [82% on 24		

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	<p>February] Commissioning for Quality and Innovation (CQUIN) target was 80% of frontline staff by the end of February 2020.</p> <p>The Committee received, through its usual business, detailed papers exploring Trust performance illustrated on the dashboard, particularly in relation to nursing care hours (explored in more depth in the nurse staffing report), maternity 1:1 care (within the Maternity Bi-Annual Staffing report) and the outcomes of the NHS staff survey. The committee also received a full workforce report at the February meeting, which is provided to the Board of Directors for information.</p>	
1.3	<b>Key Control: Workforce Report</b>	<b>Level 1 Operational</b>
	<p>The Committee were in receipt in February 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 included;</p> <ul style="list-style-type: none"><li>• Staff in post: The Committee noted that in the last two months the Trust has seen a decrease in staff in post partly due to the TUPE transfer of community pharmacy staff at BDCFT and nursing and midwifery leavers. The Committee discussed the process for capturing reasons for leaving through exit interviews, the offer of face to face exit interviews, and the consistency with which this process was applied.</li><li>• Agency usage The Committee noted that agency usage reduced December with an increase in January, with bank usage in January decreasing following relatively high usage in November and December.</li><li>• Consultant recruitment The Committee noted that consultant recruitment continues to be encouraging with mitigation plans in place where risks were identified. The Committee noted the workforce issues in relation to the Stroke Service and the plans in place to mitigate.</li><li>• Junior doctor fill rates The Committee noted that junior doctor fill rates are good. It was specifically noted that seven rotas continue to have a weekend frequency of 1 in 2, but that plans are in place with the relevant specialities and the CBUs with the involvement of the Guardian of Safe Working reviewing rotas in order to decrease weekend frequency in line with the new contract.</li><li>• Apprenticeships The Committee noted that the number of apprenticeships has fallen this year. Plans are in place for next year apprenticeship roles with a view to increasing uptake again.</li><li>• Sickness absence The Committee noted that sickness rates reduced slightly in January, but as per the discussion related to the dashboard indicator, short term sickness continuing to be the target area for action.</li></ul>	
1.4	<b>Key Control: Nurse Staffing Data Publication Report</b>	<b>Level 1 Operational</b>
	<p>The Committee were provided with an overview of the overall management of nurse staffing and patient safety, with a summary of the continued oversight and escalation processes in place. The Committee were orientated to oversight and management particularly in relation to reported incidents and how these were responded to.</p> <p>The Committee noted the increasing trends in incidents cited in the report in relation to the level of staffing, and also an increasing number of falls on wards 29 and 31 and the community hospitals (areas that have always had a high number of falls due to the patient profile). The Committee were</p>	

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	<p>informed that two exception reports will be considered by the Patient Safety Committee – one with regard to Patient Safety Incidents and one with regard to falls on wards 29 and 31.</p> <p>The Committee were informed of the focus being placed on recruitment and retention, and received a specific report in relation to this. The Committee noted that the Trust was monitoring nursing staff turnover having seen an increase although the Trust still benchmarks well with regard to nursing retention rates.</p> <p>The attention of the Committee was also drawn to the rise in HCA vacancy rates. It was informed that this has been reviewed and that it was concluded that, in line with the apprenticeship routes the entry requirements for HCAs were high. The Committee received a summary of the actions being taken to address this issue.</p> <p>The Committee was informed that the Trust is looking at international recruitment, how we link with the University which is keen to encourage applications from international students, and that a partial bursary will be reinstated from September 2020 for student nurses and midwives which is particularly good news.</p>	
<b>1.5</b>	<b>Key Control: Nursing Recruitment &amp; Retention action plan</b>	<b>Level 1 operational</b>
	<p>The Committee received an overview of the report and noted the work underway with regard to retention. The key points noted by the Committee were:</p> <ul style="list-style-type: none"><li>• The positive retention position when considered in relation to the benchmarking data.</li><li>• The recognition that a step change is required and the Trust is considering an international recruitment drive, with a report being presented to the Executive Team at the end of February.</li></ul>	
<b>1.6</b>	<b>Key Control: Nurse establishment review</b>	<b>Level 1 Operational</b>
	<p>The Committee noted the work undertaken in relation to assurance of safe staffing across the wards as identified in the annual Strategic Staffing Reviews and supported the recommendations and the identified following the staffing reviews in November/December 2019. The Committee noted that the changes proposed to ward establishments will generate a cost pressure of £157,527. The Committee supported the 6 monthly review process in relation to the staffing establishment of nursing and midwifery areas, where there will be an annual in depth review and a 6 monthly table top review to ensure no significant changes have occurred, and supported the revised establishment proposed in the report with a planned implementation from April 2020.</p>	
<b>1.7</b>	<b>Bi-annual midwifery staffing review</b>	<b>Level 1 operational Level 3 Independent</b>
	<p>The Committee were informed that the annual midwifery staffing review was required as a condition of the Maternity Incentive Scheme and that the format of the report received is prescribed as there is a set formula with regard to the reporting to meet the standard to demonstrate that the Trust has a systematic process in place to calculate Midwifery Staffing and, that the Maternity Unit meets best practice on deploying its workforce.</p> <p>The Committee were informed that two key areas of concern were raised by the CQC regarding staffing and 'one to one care' in labour.</p> <p>In terms of staffing, the Trust submitted, in the CQC Provider Information Return, a staffing ratio of 1 to 25 and this seemed to conflict with the outcomes from the conversations the CQC held with Midwives who had reported that they were short staffed and routinely needed to redeploy staff from other areas to make the service safe.</p> <p>The second concern raised by the CQC related to 'one to one care in labour'. The Committee were</p>	

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	<p>informed that 'birth rate plus' was used to derive the data presented and used by the Trust in decision making. The Committee was informed that this tool has not been run in full since 2017 and that currently the team utilises; the table top methodology available from birth rate plus, professional judgement and also 'red flag indicators with regard to measuring 'harm across the service in direct response to staffing levels'.</p> <p>The Committee were informed of the actions being taken to address these concerns, but also discussed the focus on midwifery and not medical staffing, particularly the impact of increased acuity of women using the service. The Committee was informed that a review was currently underway with regard to increasing the Medical establishment.</p>		
1.8	<b>CBU Development Programme update</b>		
	<p>The Committee received a presentation in relation to the Clinical Business Unit (CBU) development programme which designed to understand and meet requirements with regard to the skills, knowledge and capabilities of staff to enable the CBU structure to work and support the development of a high performing culture. The committee were assured by this programme of work.</p>		
1.7	<b>Key control: Guardian of Safe Working Hours</b>	<b>Level 1 Operational</b>	
	<p>The Committee noted the exception report and that the report author had specifically addressed the issues raised in the report to facilitate strengthened assurance</p>		
1.8	<b>Key Control: NHS Staff survey</b>		
	<p>The Committee were provided with a summary of the NHS Staff Survey 2019 results and the proposed priorities for this year's Staff Survey Action plan. With a slightly increased response rate, the Committee were informed that the results were really positive, showing improvements in many areas, which embody 'We are Bradford' and reflect what was experienced at the recent Work as One event, especially around teamwork, taking care of each other and our patients. The Committee noted that the NHS Staff Survey makes it possible to build up a picture of staff experience, compare and monitor changes in staff experience over time, and to identify variations between different staff groups and areas in the Trust, with data now being presented at CBU and corporate department level.</p> <p>The Committee were informed that compared to 2018, we have improved scores in eight of the eleven themed areas: Health and wellbeing; Immediate managers; Morale; Quality of appraisals; Quality of care; Safe environment – bullying and harassment; Safety culture and Team working. Our scores remained the same in two areas: Staff engagement and Equality, diversity and inclusion. Our score decreased for Safe environment – violence, however this remains our top score, just short of the best score for acute trusts.</p> <p>The Committee also noted that we are above average for all themes with the exception of Equality, diversity and inclusion where we are the same as the average score; scores across the majority of areas have shown a steady increase over the last five years however although our aim is to meet the best scores, with the exception of Safe environment – violence. More staff are saying they experienced harassment, bullying or abuse at work from colleagues and it is concerning that there has been an increase in the number of staff saying they experienced physical violence from patients/service users, their relatives or public and from managers.</p> <p>The Committee noted the report and agreed with the priorities identified for the Trust wide action plan which are: Increasing staff engagement with a focus on engagement Improving morale and the 'feel good' factor Health and Wellbeing, particularly work related stress Safe environment – both reducing the experience of harassment and bullying at work and reducing</p>		

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	<p>the experience of physical violence at work</p> <p>The committee noted that holding Care Groups and CBU's to account for improvements to the experience of their staff would be a priority.</p> <p>The Committee noted that equality, diversity and inclusion would be addressed through our WRES, WDES and EDI work plans which our new Head of EDI was reviewing and would present his initial observations/thoughts to Workforce Committee in March.</p>
<b>1.9</b>	<b>Committee Business</b>
	<p>The Committee reviewed its compliance with Appendix 1 of its Terms of Reference and prepared a paper for submission to the Audit and Assurance Committee. It had not received feedback in relation to this report by its February meeting. In addition it received the outcome of the self-assessment of the Committee undertaken during January 2020, and considered its implication in relation to a review of its terms of reference to be received at its meeting in March.</p>
<b>Recommendation</b>	
<p>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.</p>	

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	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)						

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

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

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**Other (please state):**

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

Internal Audit Reports published relevant to the work of the Committee	<i>Chair</i>	To note	W.2.20.7
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