

MINUTES - WORKFORCE COMMITTEE

Date:	Thursday 18 December 2019	Time:	11:00 – 12:30
Venue:	Conference Room, Field House, BRI	Chair:	Mr Jon Prashar, Non-Executive Director

Present:	Non-Executive Directors: <ul style="list-style-type: none"> - Mr Jon Prashar, Non-Executive Director (JP) - Mr Amjad Parvez, Non-Executive Director (AP) Executive Directors: <ul style="list-style-type: none"> - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Dr Bryan Gill, Chief Medical Officer (BG)
In Attendance:	<ul style="list-style-type: none"> - Ms Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Mr David Wilmshurst, Non-Executive Director (Observing) - Mr Barrie Senior, Non-Executive Director (Observing)

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W.12.19.1	Apologies for Absence <ul style="list-style-type: none"> - Ms Selina Ullah, Non-Executive Director (SU) 	
W.12.19.2	Declarations of Interest There were no interests declared.	
W.12.19.3	Unconfirmed Minutes of the meeting held on 7 November 2019 The minutes were accepted as an accurate record of the 7 November 2019 meeting.	
W.12.19.4	Matters Arising The following actions were closed: <ul style="list-style-type: none"> - W.9.19.6 BAF Pensions update is included within the December Workforce Report (item W.12.19.8) - W.11.19.19 Matters to Escalate to the Board of Directors. PC presented the Reciprocal Mentoring proposal to the Board of Directors on 7 November. The training session will take place at the January Board Development day. - W.11.19.19 Items for Corporate Communications regarding the WOS. It was confirmed to the December IGRC that the associated risks would be closed since the decision to not proceed with the WOS on the 22 November - W.11.19.18 Matters to Escalate to the Strategic Risk Register. As above, IGRC confirmed the associated risks with the WOS are to be closed. 	
W.12.19.4.1	Matters Arising from the Board of Directors There were no matters arising.	
W.12.19.4.2	Matters Escalated from the Sub Committee There were no matters escalated to this Committee although JP noted that TC would be making a presentation to the Quality Committee from a	

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	discussion that took place at the Health and Safety Committee he had attended.	
W.12.19.5	<p>Strategic Risks relevant to the Committee</p> <p>The following items were mentioned for the Committee to be mindful of throughout discussions:</p> <ul style="list-style-type: none"> - 2968, 3369 (microbiology and infectious diseases) are reported on in the workforce report - 3263 (training on use of medical devices) was discussed at the H&S Committee an update is awaited and a report due to the Workforce Committee in January. - 3359 (EU exit) is being looked at again. - 3350, 3349 (WOS) is not proceeding. 	
W.12.19.6	<p>Board Assurance Framework</p> <p>The Board Assurance Framework would be reviewed in light of the reports presented at the meeting.</p>	
W.12.19.7	<p>Workforce Committee Dashboard</p> <p>PC presented the Dashboard to the Committee and highlighted the following points:</p> <ul style="list-style-type: none"> - There is no update to Staff Friends and Family data as this is not run in Q3 due to the NHS Staff Survey. - November Appraisal rates were similar to October rates at 90.61% against an end of December target of 95%. - Frontline Staff Flu Vaccination is ahead of progress last year and on track at this moment in time to meeting the February 2020 target. - Short term sickness absence remains a challenge, JP asked what is being done to tackle this and PC described the challenge of getting back to work interviews being done soon enough after a staff member has been off sick. Sick rates remain particularly high amongst Health Care Assistants and Estates and Facilities staff. AP asked if there were identifiable trends and what is being done to tackle them? PC stated an increase in D&V has been a particular trend over the last 4 weeks which has also been seen with a number of school closures. <p>AP asked what the Trust was doing to ensure appropriate pathways for the BAME workforce to progress into Senior Leadership roles. PC confirmed that this would be answered in the Equality & Diversity report (W.12.19.9).</p> <p>The Committee noted the contents of the Dashboard, the controls that are in place and the work being undertaken.</p>	
W.12.19.8	<p>Workforce Report</p> <p>PC presented the report to the Committee and highlighted the following points that weren't discussed when reviewing the Dashboard (W.12.19.7):</p> <ul style="list-style-type: none"> - Recruitment of nurses has improved significantly overall but a small number of areas such as the Stroke Unit and Theatres remain a challenge to fill vacancies. KD described how a focus on leadership development and organisational culture had resulted in better recruitment and retention rates in areas that had previously been challenging. - Recruitment of Speech and Language Therapists was currently 	

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	<p>managed and undertaken by Bradford District Care Trust. Three staff had left at the same time who have now been replaced but further discussion will be necessary to determine whether BTHFT should consider direct employment.</p> <ul style="list-style-type: none"> - A new appointment for Microbiology and Infectious Disease services is starting in January, but service remains a regional problem. BG stated that working with Harrogate may help attract the right talent. - NHSI and the BMA published advice and guidance regarding new pension flexibility. Early feedback has demonstrated little impact so far. Ongoing discussions to resolve the problem paused due to Purdah. AP asked what the clinical impact would be for BTHFT. BG stated that work to recruit a higher number of consultants has helped, as has a closer look at matching capacity to demand with the pension tax liability having demonstrable negative impact on waiting times but not on clinical safety. PC added that BTHFT was working to a common approach across the WYAT partnership. <p>The Committee noted the contents of the report.</p>	
W.12.19.9	<p>Equality & Diversity Update:</p> <p>PC presented her report to the Committee and highlighted the following key points:</p> <ul style="list-style-type: none"> - A Head of Equality and Diversity has been appointed who will start in February 2020. - Workforce Disability Equality Standard. A staff survey showed a high level of staff disaffection amongst those who identify with a disability or long health condition. A virtual group of nearly 100 are engaging in the development of the Trust's Disability Equality and Disability Leave Policy and Action Plan. NHSE has commended the Trust on its Action Plan. - Workforce Race Equality Standard. The Trust has targeted the NHS leadership academy program with staff on the 'Stepping Up' and 'Ready Now' programs. On its current trajectory, the Trust will miss its target for senior BAME representation despite an improvement in the number of BAME candidates being recruited for Band 8a posts and above. AP asked how the Trust could ensure the plan is devolved down. PC stated that modelling the required change is having a broader impact. The Committee agreed to consider how the Trust can raise its level of engagement and influence with the BAME agenda locally and nationally through initiatives such as the City of Culture bid. - The Trust is undertaking an NHS Employers self-assessment survey to identify what more can be done to reduce the gender pay gap. - A review of Equality Objectives from 2020 to 2024 is being undertaken. - An investigation is underway to understand whether the reduction in band 6 and 7 BAME promotions crosses the whole Trust or is an individual staff group area. <p>The Committee noted the contents of the report.</p>	PC
W.12.19.10	<p>Freedom to Speak Up quarterly report</p> <p>KD presented her reports to the Committee and highlighted the following points:</p>	

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	<ul style="list-style-type: none"> - Laura Stroud, Non-Executive Director, completed her Freedom to Speak Up (FTSU) training in London which led to more enlightened discussion with NHSI and an idea for future development of having a story of someone who has spoken up in way similar to how patient's stories are currently heard. Care would need to be taken to protect the identity of the individual. - In the last month, three associate guardians have been recruited. - Sue Franklin will be a FTSU guardian for a dedicated 2 days a week which meets the recommendation of an internal audit report and action plan. <p>AP stated that the FTSU function is picking up on problems that have arisen due to staff veering from the Trust's values. He asked whether appraisals are picking up on how well staff are operating from those values. KD responded that the FTSU is an additional safety system as a last resort for when staff feel unable or insufficiently protected to speak up and has limited value as a measure of how well Trust values are being adhered to. Most issues raised through FTSU are either related to HR processes or patient safety concerns. It is common that patient safety concerns being raised are pre-known issues but that the planned actions have not been sufficiently communicated back.</p> <p>The Committee noted the contents of the report.</p>	
W.12.19.11	<p>Nurse Staffing Data Publication Reports – October 2019</p> <p>KD presented her report and described the ongoing undercurrent of anxiety amongst some staff with regard to nurse staffing levels that is not supported by the available data. There are known issues with short term absences and with staff being asked to move to different wards to cover those absences. No incidents support a view that staffing levels across the Trust have detrimentally impacted patient safety. The most significant impact to staff is associated with being asked to move to a different unit in order to cover. It was noted that other Trusts have incentives for covering staffing gaps with Costa vouchers; prize draws etc. that positively change the perception of being asked. It was recognised how responsive the Trust is due to the high level of awareness of staffing levels, being proactive is operationally effective but exacerbates the perception of low staffing levels. The nurse staffing data doesn't indicate how well a ward or unit is performing with their level of staffing. Care needs to be taken to not overly target the same people or same units for temporary staff moves.</p> <p>The Committee noted the contents of the report.</p>	
W.12.19.12	<p>Guardian of Safe Working Hours Q2 Report</p> <p>BG presented his report to the Committee and drew attention to the anticipated rise in exception reports for general medicine. Also to note was the funding received to improve mess facilities for Junior Doctors with final plans expected in January 2020.</p> <p>The Committee noted the contents of the report.</p>	
W.12.19.13	<p>Board Assurance Framework</p> <p>The Committee reviewed the Board Assurance Framework in the context of papers and reports received and determined that it was assured that the</p>	

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	<p>necessary controls and measures were appropriate to the risks and strategic objectives.</p> <p>The Committee was asked to reaffirm or review the risk appetite statement for submission to the Board of Directors in January 2020. Discussion centred on what 'mature' would look like and how the Committee viewed the positive progress over the year. In the interest of time it was agreed that PC, KD, BG, and TC would review the wording and circulate it virtually before it goes to Board.</p>	TC
W.12.19.14	<p>Any Other Business</p> <p>There was no other business discussed.</p>	
W.12.19.15	<p>Matters to share with other Committees</p> <p>The Committee agreed the following matters to share with other Committees:</p> <ul style="list-style-type: none"> - A suggested Board Development Session to outwardly communicate and relate to the equality agenda (W.12.19.9). 	
W.12.19.16	<p>Matters to Escalate to the Strategic Risk Register</p> <p>No matters were raised for escalation to the Strategic Risk Register</p>	
W.12.19.17	<p>Matters to Escalate to the Board of Directors</p> <p>The Committee agreed that the key matters to be escalated to the Board are:</p> <ul style="list-style-type: none"> - Freedom to Speak Up - Equality and Diversity Update 	
W.12.19.18	<p>Items for Corporate Communications</p> <p>The Committee agreed the following items for Corporate Communications:</p> <ul style="list-style-type: none"> - Positive examples of BAME workforce 	
W.12.19.19	<p>Agenda items for the Workforce Committee scheduled 29 January 2020</p> <p>The agenda was reviewed and accepted by the Committee.</p> <p>PC to consider item for development sessions for the next meeting.</p> <p>TC will be working with SU to add Appendix 1 of the Terms of Reference</p>	<p>PC</p> <p>TC</p>
W.12.19.20	<p>Date and time of next meeting</p> <p>29 January 2020 11:00-13:00</p>	



Bradford Teaching Hospitals

NHS Foundation Trust

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

ACTIONS FROM WORKFORCE COMMITTEE – December 2019.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
27.03.19	W.3.19.17	<p>Committee Review</p> <p>The following should be noted and form part of the review.</p> <ul style="list-style-type: none"> - The necessity of having monthly meetings of the Workforce Committee - The disproportionate level of detail contained within papers for monthly meetings – given the level of update provided. - If meetings remain monthly - should consideration be given to holding one longer meeting, then one shorter meeting the following month? - Committee might also like to consider holding quarterly transactional meetings and then have a 'subject-based' approach for additional monthly meetings. - Committee would benefit from wider membership. It would be beneficial for deputies to attend and present particular items <p>These points would be shared with the Director of Governance and Corporate Affairs and the BTHFT Chair to support the review when it takes place.</p>	Head of Corporate Governance	Workforce Committee 29 January 2020	<p>26.6.19 – Board Committee reviews being considered by the Chair and Director of Governance & CA. Verbal update to be provided to August meeting</p> <p>New Chair in post early May. <u>Update to Committee 29 May 2019:</u> Date for all Board Committee Reviews being considered by the Chair and Director of Governance and Corporate Affairs. Committee to note that further update will be provided to Workforce Committee in June 2019.</p> <p>Feedback gathered from Committee in July regarding terms of reference. The review of all Board Committees to be scheduled once new CEO in post. Action to be revisited in January 2020.</p> <p><u>29 Jan update.</u> Board Committee review to begin on 27 January. Outcomes to be reported to Committee at end of February and to Board in March 2020. TORs and Workplan to be updated in line with outcomes from review.</p>

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25.9.19	W.9.19.5	Risk ID 3263 Medical Devices H&S Training There is further action to be completed.	Chief Nurse	Workforce Committee 29 January 2020	Item added to the agenda. Action concluded.
18.12.19	W.12.19.13	Board Assurance Framework TC to work with PC, KD and BG on the wording of the risk appetite statement and circulate virtually before being submitted to the Board of Directors January meeting.	Director of Governance and Corporate Affairs	29 January 2020	Action completed.
18.12.19	W.12.19.19	Agenda Items for the Workforce Committee 29.1.20 PC to consider item for development session for the next meeting.	Director of Human Resources	29 January 2020	Item on CBU Engagement added to the agenda. action completed
18.12.19	W.12.19.19	Agenda Items for the Workforce Committee 29.1.20 TC to work with SU on Appendix 1 of the Terms of Reference	Director of Governance and Corporate Affairs	29 January 2020	Action completed.
18.12.19	W.12.19.9	Equality & Diversity Update To consider how we work with other organisations to raise the profile of the BAME work undertaken at BTHFT.	Director of Human Resources	29 April 2020	To be taken forward with the new Head of Equality and Diversity
7.11.19	W.11.19.9	7 Day Service Self-Assessment Board Assurance Update Further work is needed to review those specialties below the 90% target and report back to the Workforce Committee on achievability and impact assessment.	Chief Medical Officer	27 May 2020	