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| Workforce & Organisational Development Committee – 20th March 2018 |
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Attendance: Libby Raper, Non-executive Director (Chair) (LR)

Dianne Willcocks, Non-executive Director (DW)

Jenny McAleese, Non-executive Director (JM)

Michael Proctor, Deputy Chief Executive (MP)

Polly McMeekin, Deputy Director of Workforce (PM)

Brian Golding, Director of Estates & Facilities (BG)

Melanie Liley, Deputy Chief Operating Officer (ML)

Tracy Astley, PA to Workforce Directorate (Minutes)

Apologies for Absence: Lynda Provins, Foundation Trust Secretary (LP)

## The Chair extended a warm welcome to John Lester, Head of Investigations at NHSI, as observer to the meeting.

## Minutes of the meeting held on the 20th February 2018

The minutes of the last meeting held on 20th February 2018 were accepted as a true record and ratified.

## Action Log

Operational Review

MP advised that directors have debated it and will take it forward with the Directorate Managers. There is nothing more to report at this stage.

## Risk Registers

HR Risk Register

LR asked PM for an update on the relevant splitting of the two medical workforce risks. PM advised that she had a discussion with the Medical Director, and the risk register reflects the outcome. She has also made a point of reporting the consequences. The risk rating for HR15 regarding staff sickness has also been amended to reflect the discussion at the last WOD committee meeting in February.

Education Risk Register

LR commented that her only observation is the completion date of 2023. MP advised that the issues with junior doctors are long term. Medical training places are increasing nationally starting in 2018 but it will be 2023 before the Trust sees the impact from that.

Occupational Health

DW was concerned about how much was within the Trust’s control.

OH2 – PM confirmed that she had checked with the Operations Lead regarding the completion date of 2019 and confirmed that this was when the whole project should be completed by.

OH1 - PM advised that there was a debate regarding the costs of services O.H. provides and the strategy going forward. Is it better to consolidate and provide a service just to the Trust. This depends on whether the Trust can secure larger contracts. There is a new Service Level Agreement (SLA) for O.H. and a level of service provision.

JM commented on whether there might be a reputation issue with regard to a sense that O.H. always came down on the side of the employee. PM advised that the perception of O.H. is not unique. It is fair to say, out on the front line manager’s perception is that O.H. do take sides with the employee.

JM remarked whether it was worth exploring if the Trust would get a better service elsewhere. PM commented that there is a mixture of in-house and external provisions. The SLA had been seen by the Corporate Directors team and the issue had been debated. There is no discontent with the current O.H. service and there are huge benefits with having the service in-house.

OH3 - the committee suggested if this could this disappear off the risk register for a period of time until the problem occurs again in the future. PM advised that it was down as a financial risk as O.H. has had to obtain Hepatitis B vaccine from another supplier at a significant cost but not being able to provide the Hepatitis B vaccine would affect their income generation.

Research

DW commented that one of the risks in this area is attracting staff to do research. People need to be convinced that the Trust are able to support them. It was agreed the Head of Research & Development be invited to a future meeting where a more focused discussion could take place on the whole research agenda.

JM commented that consistency is needed across the risk registers. The committee needed assurance that the risks are kept under regular reviews and the registers were live documents.

The committee asked that the risk ratings be split on the other risk registers between likelihood and severity to give an overall score.

## Action: PM to pick up with KO regarding re-scoring OH3.

## Action: MP to discuss with LH regarding attendance at a future meeting.

## Monthly Information Pack

Nurse Appraisals

LR highlighted the issue with nurse appraisals. She stated that at the recent Q&S meeting a discussion took place around the low level of data reporting of nurse appraisals, one aspect of not having all data on line. The data being received in PMMs was different from the ODIL records. PM advised that the data is pulled from the Learning Hub and the discrepancy may be the perimeters being set when the report is run. The reports are meant to give an overview and then can be drilled down as appropriate. PM advised that the staff survey reported appraisals at 88%. It is definitely not lower but could be higher. It is a common theme that directorates are not putting them on the electronic system as managers believe the system is not user friendly. In addition, the problem the directorates have is that the access is given to the manager, and the manager uses admin support who cannot access it. The managers need to delegate access.

Bank

DW commented how helpful she found the workforce summary sheet. In temporary staffing, nursing and midwifery had 81% of unfilled places covered via bank and only 48% of medical and dental places. She asked that lessons be learnt from one and translated to the other as it is well known that growing the nurse bank has made a huge impact on the bank bill. MP stated that many individuals in nursing roles work part time and this enabled them to be available on the nurse bank but medical workforce is significantly different, this rendered direct comparisons more difficult.

ML asked if there was a view as to what the increased use of staff through the bank was. She commented that it was a really positive step but there should be recognition to protect the Trust’s workforce from fatigue, etc. PM commented that the bank comprises of individuals who are part-time staff, only bank staff, etc., and assured the committee that all staff adhere to the working time directive. Compared with other Trusts within the STP our Trust does really well with bank including offering bank incentives at 5% and the winter incentive.

JM queried why the sickness rate is not closer to the bank fill rate. PM advised that it would never balance as the ward may not choose to replace that shift plus substantive staff are moved around when necessary. This is one of the advantages of having an in-house team that can maintain relationships with ward managers and staff.

Sickness

DW commented that the Trust used to be exemplar in the region for the lowest level of sickness absence but now the Trust is struggling to thwart sickness rates and asked what is being done about this. PM advised that a health & wellbeing team had been set up in 2010/11 and is still in place. A new Health & Wellbeing Lead has recently been put in place. The challenge has been that the work environment has been much tougher. The staff survey results responded that life is harder than in 2014. There are a number of interventions taking place. Certainly, a big part of the work that is being undertaken is supporting managers to implement the sickness policy in a really supportive way and not to be punitive and turn people away.

In the 2016 staff survey the Trust increased Presentism by 10%, from 51% to 61%, and there was a number of measures why that was but was seen as a negative. On the last survey this had dropped 10% but this is played out in the Trust’s sickness figures because staff are more comfortable with staying off. JM understood that if all Trusts were moving in the same direction. It has cost this Trust an extra £2m over forecast. She commented that this had been increasing since joining this committee and questioned whether managers were deploying the sickness policy and managing individuals’ sickness appropriately.

PM commented that in January York Hospital was pointed out as a hotspot for influenza. To give a comparison, in September the sickness figure for colds, flu, coughs was 189, but in January this had risen to 759.

MP voiced his concern about the Trust’s sickness rate and noted this was a regional problem rather than contained within York Hospital Trust. Setting up the health & wellbeing team in 2010/11 was a large project and those things have an impact in their own way. Everybody is focused on it and there is refreshed attention that is being given. Managers will be made aware of this. PM advised that when activities are high in ward areas the completion of return to work forms is delayed.

PM advised that York Hospital Trust was a leader in health and wellbeing initiatives but many Trusts have taken these on board and used them and the Trust is no longer ahead of the pack.

JM commented that gastrointestinal sickness was in the top three for both days lost and episodes. She had seen where demanding samples for laboratory testing reduces this. PM stated that implementing this is quite hard as for the test to be valid it has to be fresh and staff would argue that it is unreasonable to get in a car when they were unwell. MP commented that he suspected the bullying percentage would increase if this was implemented.

DW remarked that it was inextricable the amount of time that is lost through anxiety and stress increasing from 19% this time last year to 23% at present. She is aware that the Schwartz rounds are to commence, there are the Fairness Champions and the Employee Assistance Program (EAP), but does the Trust encourage people to return to work early and provide support at the same time. PM replied that if the stressor is local then the individual could be moved elsewhere. If someone is deemed fit to return in some capacity then this is explored with the individual.

JM asked if best practices were shared by those directorates with low absence rates to those with high absence rates. PM confirmed that she uses her team to share best practices amongst directorates.

JM commented that at the audit committee they had a report from the counter fraud lead stating that the biggest fraud was people working whilst they are off sick. This indicates that they are off sick when they should be at work in the Trust.

Research

DW commented that looking at the stats on page 97 of the Board pack there are missing variations of individuals’ performance and targets. Is there anything that can be learnt at this committee that will help the Trust?

**Action: Invite Lydia Harris to committee meeting to give presentation.**

**Action: Committee to give MP points of interest for Lydia Harris to report on.**

**Action: PM to investigate discrepancies in appraisal rates on Learning Hub with data being received in PMMs.**

## Workforce Metrics Report

Flu CQUIN

PM advised that the Trust reported on 28 February 2018 a final flu vaccination uptake of 74.5% of frontline staff. The Trust was therefore successful in maintaining the required 70% vaccination rate to achieve the full ‘Flu CQUIN target. Feedback to staff was given through Staff Room.

DW commended the campaign with regard to encouraging staff engagement and how it captured staff imagination. Maybe some learning from that could go into other areas. PM advised that next year the Trust will use the more expensive 4 strain vaccination. ML stated that partner organisations had used this as one of their winter offers. The Trust had not incentivised staff this year like other organisations had done. LR asked if this will be reported into Board and understand lessons learnt for next year’s campaign.

Staff Survey 2017

PM advised that she has produced a more detailed report and will circulate once this has been to Corporate Directors. The Trust’s scores have been benchmarked against 43 other Combined Acute and Community Trusts. There was a 49% uptake, 1% higher than the previous year. 10 of the 32 key findings had deteriorated from the 2016 staff survey. Overall, 14 of 32 findings were below average when compared with the benchmark group; 13 were average; and five were above average.

Bullying and harassment was similar to the 2016 survey with 51% of respondents saying that the role of the Freedom to Speak Up Guardian made them feel more confident about reporting any concerns.

Incident reporting continued to be one of the Trust’s weakness areas. When asked a local question about whether they believed that it was now easier to report an error, incident or near miss in the Trust compared with 12-months ago 26% of respondents said it had improved.

In relation to patient care, all three of the findings in this area were below average, with two of them (staff satisfaction with the quality of work and care they are able to deliver, and % of staff agreeing that their role makes a difference to patients and service users) showing deterioration from the Trust’s scores in 2016.

Two out of three findings themed around ‘Managers’ (% of staff reporting good communication between senior management and staff; and support from immediate managers) received scores which were below the average for Acute and Community Trusts.

Surprisingly work related to stress was one of the Trust’s better scores.

With regard to equal opportunities for promotion scored high amongst with 91% white respondents and 79% BME respondents feeling the same.

JM stated that one of the things she had picked up on is that the Staff Survey does not explore opportunities with flexible working. The Trust has got a workforce now who are keener to work more flexibly. PM agreed that this tallied with the deep dive work that is being carried out with the eRostering team and Assistant Director of Nursing. The intention is to pilot ward 34 on the York site to do self-rostering. Whilst staff want flexibility they also want rigidity. They do not want the inflexibility of a rolling roster.

PM stated that the first deep dive was in the ED on both sites. There were 44 flexible working agreements at Scarborough although nurses say they do not have any.

JM commented she will be interested to see how self-rostering goes as in her opinion it works really well.

DW commented that she sometimes wonders if when discussing Community and Acute are the committee missing some issues that are specifically within the Community. ML explained that from a staff survey perspective it is broken down into staff groups and they will develop their own action plan.

JM asked PM what her response is to the staff survey. PM advised that it was what she expected. She places a lot of emphasis of where the Trust stands within the benchmark group. It is with the Chief Executive at the moment.

PM stated that the Trust is designated a Fast Follower. However, the Learning Hub is becoming a challenge as it does not “talk” to ESR and other Trust systems. Hopefully it will be a positive experience for doctors rotating.

## Medical Workforce Report

Currently there are over 50 medical positions available. 2 consultants have been recruited to work in ED in YH, but they will work at both sites and their job plans will reflect that agreement.

An individual was appointed in the Summer to Scarborough ED. PM has written to him to agree a start date. He is locuming at the moment.

4 offers have gone to radiologists.

2 appointments above are from HYMS graduates.

MP advised that the other ED consultant appointed came through the CESR program which should encourage others to consider that route.

JM asked if PM was confident the recruitment process was as slick as it can be. PM confirmed she is very confident.

DW asked if such large appointment panels were needed. PM said she would need to pick this up with the Deputy CEO. Some of it is about getting staff engaged in the process.

The Chief registrar role in medicine that the Trust is recruiting will consist of 40% dedication to leadership and management. The role will be working closely with specialty doctors to determine what it is that will retain them and what it is about recruitment.

The Trust has been approached by HEE to be the employer host for approximately 100 GP trainees at any one time and the Trust will receive £40k. The Trust has agreed to this.

**Action: PM to discuss with MP regarding size of appointment panels for medical workforce.**

## Out of Hospital Care

## ML explained that this report concentrated on the findings of the recent CQC review of the health and social care interface in the City of York and highlighted key points from a workforce perspective. The CQC recognised that there were capacity constraints in home care and the care home market which meant that people were spending prolonged periods of time in hospital. From a workforce perspective there is full employment in York and recruiting into the care workforce is challenging.

ML gave reassurance to the committee that the recommendations relating to the Trust are identified within the work programme of the complex discharge task and finish group (sub group of the A&E Delivery Board).

MP highlighted that at a recent LWAB meeting it was acknowledged that home care is an issue within the Trusts STP and a big element of that is around supporting staff and the Excellence Centre will be part of that. It is about the Trust taking ownership of what is happening in the community.

LR stated that she took some assurance that ML had mapped out and aligned the recommendations with existing work programmes.

ML confirmed that the CQC report and action plan supported the Complex Discharge task and finish group work programme and gave greater emphasis to the work around care home provision and continuing health care (CHC). ML acknowledged that the task and finish group had not achieved as much in these areas as other organisations are the lead. ML reported having greater confidence that these areas would now be addressed by the system as they have been identified as areas for improvement by the CQC.

DW asked how the Trust would report on progress. ML advised that future Out of Hospital Quarterly Board Sub-Committee reports would update on the Trust progress and would be part of the reporting to Health & Wellbeing Board.

## Developing People Strategy

MP stated that this was the third time the strategy had come to the committee. He would like to take this to the Board at the end of this month. The focus has been on recruitment, retention and development of staff, to attract people and make them feel good about what they do, to have that reputation, to have that culture, for being patient focused. The Trust needs to maximise the abilities of people within the organisation and attract newcomers with what the Trust can offer.

LR commended the action plan.

DW commented that MP had really taken on board their comments. Of the three workstreams talent management is a concern to her. She would like to see some more specific activities but also a commitment to monitoring it and evaluating it as well. KPIs need to be set. She commended the progress made to date. Regarding the delivery plan, she suggested that the headings be clustered into a sub group under one of the key workstreams. MP commented that this would be a piece of work the committee could do subsequent to Board approval.

JM thought it was very good but maybe too supportive rather than expecting high expectations.

ML asked that measures of success are included so that we will know that this strategy has made an impact.

MP stated that a lot of people had put a lot of effort into this strategy and wanted to ensure the committee were made aware of this.

**Action: Committee to discuss action plan and measures of success post-Board approval.**

## Gender Pay Gap

## PM advised that Trusts across the region had decided to publish on the 8th March. The Trust’s workforce profile consists of 79% female, 21% male. In terms of the mean agenda pay gap, male employees receive 28.7% (£5.65 p/h) more on average than women, and the median figure standing at 9.51% with males earning £1.32 per hour more than women.

When the medical and dental staff are removed then the figures are different. The profile consists of 38% women and 62% men. The mean is 0.02% in favour of women and the median figure stands at 0.01% in favour of women.

With regard to CEA awards more men tend to apply than women. Proportionally more men receive bonuses than women.

This report has been to the LNC and will go to the JNCC in March. It is reassuring that the Trust is not out of kilter with other NHS Trusts.

LR felt that the committee was assured. She recalled a discussion some time ago with the medical director to encourage a broader range of people who are operating at that level in the Trust to encourage women.

DW recalled a conversation she and LR had with ODIL about various development programs that are available. The impression they got were that people put forward requests rather than having programs available.

The Gender Pay Gap paper is to go to Board.

## BAF Action Plan

## DW commented that the Trust does really well with the ratings on the issues raised at this committee. However, a lot more is done within Recruitment & Retention than is stated. Onboarding and communication is not mentioned in Controls/Response column.

With regard to wellbeing of staff, the committee very rarely talk about the charity and some of the charity monies are used to support staff wellbeing and learning.

DW stated that what was really important was that the committee be enthusiastic about refreshing the BAF and getting it right.

At the last meeting the committee were asked to send their comments to LP. The committee did this and LP will attend the next meeting with a revised BAF action plan.

**Action: DW to send wording to TAA.**

## Focus for next meeting

* E-rostering – projected impact/ benefits (WT)
* Research (LH)
* Review of the Terms of Reference (LP)
* Health & Wellbeing Strategy (ST)
* Line Management Training update (SB)
* Apprenticeship Update (BG)
* BAF Action Plan (LP)

## Any other business

HYMS Expansion Bid Outcome

MP advised the committee that 75 additional places have been agreed. That is a 60% increase which makes HYMS quite a large medical school. It is a really positive step.

## Attention to the Board

* Flu CQUIN and learning
* Gender Pay Gap paper
* HYMS expansion bid outcome.

## Time and date of next meeting

The next meeting will be held on 22nd May 2018, 16:00 – 17:30, YH Boardroom.