

<b>Purpose</b>	This report summarises the assurances received, approvals and decisions made by the Workforce and OD Committee.
<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Workforce and OD Committee Assurance Report to Board
<b>Date of meeting:</b>	6 <sup>th</sup> September 2016
<b>Status:</b>	For Discussion/Upward Reporting
<b>Chairperson:</b>	Kate Truscott (Non-Executive Director)
<b>Author:</b>	Karen Taylor (Assistant Director of HR )
<b>Background</b>	This assurance committee meets bi-monthly and takes scheduled reports from all Trust operational committees with a Workforce and OD brief according to an established work programme.
<b>Business undertaken</b>	<p><b>1. Staff Engagement</b></p> <p>The Committee was informed that a number of departments within ULH came together to discuss the relationship between patient experience and staff engagement. These departments formed a virtual department ( Patient Experience, Staff Engagement, Organisational Development and Health and Wellbeing) and agreed an aim to develop a way of monitoring staff engagement and patient experience to understand the correlation between the two and aid improvement in both areas.</p> <p>NHS England and Coventry University have joined forces to explore and better understand the relationships between staff experience and patient experience. They are using the 'Frontier Framework' to look at the possibility that improvements in productivity can be at the expense of patient and staff welfare. The work by NHS England and Coventry University will also look to explore the potential positive impact that investment in staff experience can have for organisational productivity and performance.</p> <p>A webinar is being held on 14 July 2016 to further refine the potential scope for this work and to agree the best way forward. Following the webinar, NHS England and United Lincolnshire Hospitals NHS Trust will agree more specific steps and plans for application and development of the Frontier.</p> <p><b>2. ULH Pulse Check</b></p> <p>The Committee was assured on progress of the Pulse Check</p> <ul style="list-style-type: none"> <li>• Over 1,400 staff views obtained (September 15 to March 16).</li> <li>• Response rates are not currently achieving the statistically recommended 30%.</li> <li>• Levels of engagement are being maintained (current score 71.82%).</li> <li>• Main drivers for staff engagement are the level to which staff feel trusted to do their role and work relationships amongst teams.</li> <li>• Improvement needs to be seen to ensure we appreciate and thank staff for their hard work, particularly from line managers and those in senior roles.</li> <li>• Benefits to be gained by actively involving staff in decisions being made.</li> </ul>

	<ul style="list-style-type: none"> <li>• A statistically significant decrease has been noted at Pilgrim Hospital during this last quarter in relation to the level of support from line managers and immediate managers acting fairly.</li> <li>• The workforce is becoming increasingly tired and at risk of burnout.</li> </ul> <p>It is recommended that work is continued to encourage managers to thank their staff and share ideas on how they celebrate and appreciate the work of individuals and teams. It is also important for line managers to look at the best ways to involve their teams in decisions made and the direction of their ward or department, asking for ideas and feedback.</p>
	<p><b>3. International Recruitment</b></p>
	<p>The committee was advised of the current status of the INR and that there was still a significant part of the cohort that had not passed or been tested for their ILTS qualification and this was a concern. The committee was informed that in September the first 2 of the Philippine applicants would be moving to England.</p> <p>A paper was shared on the lessons learnt from the previous recruitment campaign had taken place and actions implemented to ensure that this was avoided.</p>
	<p><b>4. Employee Relations the perfect process</b></p>
	<p>The Committee were informed of the implementation of the ER perfect process as an aim to identify the current workflow processes for Grievance; Capability; Flexible Working; Dignity at Work; Disciplinary.</p> <p>The project will establish a new process workflow for these 5 areas that reduces the working days to complete thereby streamlining these processes.</p> <p>Such actions will require the support of operational management and those engaged in investigations. Processes apportion responsibilities on staff to assist ownership and thereby timescale delivery.</p> <p>The committee were advised that savings should be made by reducing time staff members may be suspended, reduce time staff are awaiting an outcome (could be off work), allow realistic timeframes including hearing dates, reducing investigation time by structuring process and planning for outcomes.</p> <p>The above will be supported by the introduction and implementation of the proposed ER Tracker (business case refers).</p>
	<p><b>5. Talent Academy</b></p>
	<p>The committee was updated on the Nurse apprentice that ULHT are now included on the national Nursing Degree Apprenticeship trailblazer group and are supporting in its development.</p> <p>The Apprenticeship “standard”, which incorporates the Nursing Degree, is currently being finalised and is due to be issued for</p>

	<p>consultation shortly, working towards a scheduled approval</p> <p>date of 1<sup>st</sup> April 2017. It should be noted that this group has also been granted BIS approval to extend its remit to include the development of standards for both the Children’s Nurse and Mental Health &amp; Learning Difficulties Nurse professions.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• Nursing Degree Apprenticeship development</li> <li>• NMC specification for role to be supernumerary</li> <li>• Workforce planning requirements</li> </ul> <p><b>Risks/barriers:</b></p> <ul style="list-style-type: none"> <li>• Nursing Degree Apprenticeship – financial implications caused by supernumerary staffing requirement of post</li> <li>• Impact of lack of workforce plans on management of future apprenticeship delivery and allocation of levy finances</li> <li>• Need for placement capacity plans across the Trust to support plethora of placement requirements for various clinical education programmes (Student nurses, OU, Asst Practitioner, Nurse Degree apprentices)</li> </ul>
	<p><b>6. HR &amp; OD Monthly Board Report</b></p> <p>The Committee expressed their support for a revised Workforce &amp; OD Board Report Template which is being developed. The proposed ‘template’ will be tabled at a future Board Development session for discussion.</p> <p>The committee were informed of the headlines:</p> <ul style="list-style-type: none"> <li>• Nursing T/O down Month on Month</li> <li>• Agency usage down 8.86% to 8.06%</li> <li>• Sickness down both year on year and month on month</li> <li>• Appraisals up by 2% to 66%</li> <li>• Core learning up 1% to 82%</li> <li>• Vacancy Rate for nursing/midwifery up month on month.</li> <li>•</li> <li>• Committee asked for an assurance paper to understand what the issues are regarding the differences in establishment between the financial log and the ESR System which is live and can change from day to day.</li> </ul>
<p><b>Issues to escalate to Board</b></p>	<ol style="list-style-type: none"> <li>1. <b>Talent Academy</b> – the committee asked for this to be added to the BAF</li> <li>2. <b>Health &amp; Wellbeing</b> – The Committee asked for a detailed report at the meeting in September a report was not submitted the committee remain unassured in respect of appropriate actions being taken</li> <li>3. <b>Recruitment Action Plans (WFP)</b> - WFP to be placed as an agenda item, Lack of Business Operational Plans identifying what actions they are taking to actively recruit to vacancies. The Committee</li> </ol>

	<p>was not assured in this instance and has asked for assurance on plans going forward (Director of Nursing). The Committee asked for assurance on WFP and for an agreement for a simplified template to ensure that there are plans and actions for vacancy gaps.</p> <ol style="list-style-type: none"> <li>4. <b>Vacancy analysis</b> – The committee asked to continue the vacancy analysis as presented at previous meetings, so they could be assured on current actions as well as understanding the all high vacancy areas, concerns were raised around leavers in radiology and asked for exit information</li> <li>5. <b>Representation at Workforce &amp; OD Assurance Committee</b> – Representation from Nursing and Medical Directorate was raised as an ongoing concern.</li> <li>6. <b>Electronic Employee forms (EF's) &amp; ESR</b> – The committee asked for an update on manager self-service and electronic forms at the next meeting.</li> <li>7. <b>Equality and Diversity</b> – the committee asked for E&amp;D to become a standing item on the agenda</li> </ol>
<b>Challenges and exceptions</b>	
<b>Future exceptional items</b>	

**Attendance date: 6<sup>th</sup> Septmeber 2016**

*Present:*

*Penny Owston (NED/Chairman)*

*Kate Truscott (NED)*

*Ian Warren*

*Elaine Stasiak*

*Helen Nicholson*

*Karen Taylor*

*Kyri Kyriacou*

*Tina White*

*Tim Couchman*

*Claire Flavell (part meeting)*

*Russell Outen-Coe (part meeting)*

*Vanessa Treasure (part meeting)*

*Stephen Kelly (part meeting)*

*In Attendance:*

*Lily Dady (Note taker)*