

<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>	11 <sup>th</sup> October 2016
<b>Status:</b>	For Discussion/Upward Reporting
<b>Chairperson:</b>	Kate Truscott (Non-Executive Director)
<b>Author:</b>	Elaine Stasiak (Head of Workforce Intelligence)
<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.
	<p style="text-align: center;"><b>1. Review of Terms of Reference (T.O.R) for the WF &amp; OD Assurance Committee &amp; HR Programme Board)</b></p> <p>The Committee discussed the need for a review of the T.O.R for both Committees/Meetings.</p> <p>An additional WF &amp; Assurance Committee has been scheduled for the 8<sup>th</sup> November and the meeting will be dedicated to specifically discuss the T.O.R. including membership going forward and the Annual Meeting Plan. It's imperative that the role of both Committees are established and communicated to key stakeholder to ensure participation and engagement.</p> <p>The Director of HR &amp; OD will 'draft' a Programme of Work (Annual Meeting Plan) for discussion and agreement at the meeting. The discussions will include review of the WF &amp; OD Trust Board Report, Sickness Absence Review Reports, HR Policies etc.</p> <p>The chair highlighted the importance to ensure that 'Agenda' papers are submitted in a timely manner to the HRD's PA for onward distribution at least 5 working days in advance of the meeting dates. The dates for submission will be included in the T.O.R. for assurance.</p> <p>The discussion included the Board Assurance (BAF) and HR Risk Register, which will form part of the meeting on the 8<sup>th</sup> November.</p>
	<p style="text-align: center;"><b>2. Workforce Planning Arrangements</b></p> <p>The Committee was briefed on the process and progress of the Workforce Plan. The Head of Workforce Intelligence provided a general overview including:</p> <ul style="list-style-type: none"> <li>• Outline of Strategic Planning Steering Group – The Workforce Plan 'feeds' into the Two Year Operational and Annual Plan. The Two Year Operational Plans are the first two years of delivering the STP and is the 'route map' of how ULHT and its partners will deliver the Five Year Forward View</li> </ul>

	<ul style="list-style-type: none"> <li>• Workshops have been arranged with CDs and BU Managers across all sites/Directorates to discuss service changes, service needs, potential new roles, different working practice and workforce ‘challenges’ and requirements.</li> <li>• The objective of the Workshops (first at ULHT) is to support Directorates/BU Managers and CDs to develop their Two Year Operational Plan cover all areas of planning incl. Workforce.</li> <li>• Follow-up session will be arranged for early November to assess progress and to offer any additional support to develop the plans.</li> </ul> <p>The Committee was assured that the Workforce Plan will include Recruitment &amp; Retention, Change Management, Staff Engagement etc.</p> <p>The Committee was reminded that the 24<sup>th</sup> November is the submission date for the full ‘Draft’ Two-Year Operational Plans.</p> <hr/> <p><b>3. Apprenticeships/Talent Academy</b></p> <p>Claire Flavell reported that staff briefings had been delivered on all sites to raise awareness, resulting in 44 expressions of interest in the Apprenticeship Programme from staff. However, the staff briefings and individual meetings with department managers have not initiated the level of response received from Facebook.</p> <p>79 members of staff are currently on the Apprenticeship programme.</p> <p>Claire reported on the development work still taking place in relation to the Nursing degree. Conversations had been taking place with Debrah Bates, Deputy Chief Nurse regarding how the nursing degree apprentices could be incorporated into the future workforce.</p> <p>Discussion was also taking place with LWAB regarding a new AHP Apprenticeship degree.</p> <p>Claire shared ULHT’s current actions in exploring how to become a training provider in its own right.</p> <p>In terms of future workforce engagement, Claire shared details of recent discussions regarding a 6<sup>th</sup> form medical programme for students who wish for a career in medicine.</p> <p>Claire related details of the work being done with organisations such as Job Centres, Princes Trust, NACRO - a workshop would be taking place the following Monday at Boston. Claire highlighted that the diverse range of stakeholders was constantly changing. It was agreed that Sarah Dunnett and Claire would meet to discuss further outside of the meeting.</p>
--	--

	<p>Claire shared concerns regarding the integrated apprentices, level 2, who are funded through the Talent Academy Programme Board. The model is hosted at Boston for 3 months in 4 different areas. However, because of funding issues this programme may not be able to continue unless another solution can be found.</p>
	<p><b>4. International Nurse 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 IELTS qualification and this was a concern. The committee was informed that in September the first 2 of the Philippine applicants started their employment (LCH) and a further 3 arrived during October (LCH). Two additional Nurses are expected to travel in November &amp; December (Shuttleworth Ward &amp; Pilgrim A&amp;E)</p> <p>The committee was provided with the following update on Nurses in the 'pipeline':</p> <ul style="list-style-type: none"> <li>• X 5 are at NMC stage 4 waiting a decision so may be ready for 4th November arrival (2 for LCH, 2 for PH and 1 GDH)</li> <li>• X 4 are at NMC stage 3 application so aiming for January arrival (Candidates for LCH)</li> <li>• X 9 have passed IELTS and are now booking for CBT test before NMC application so these will not be ready until Jan/Feb 2017 (5 for PH and 4 for LCH)</li> <li>• X 11 waiting IELTS results</li> <li>• X 24 Have a date to sit IELTS</li> <li>• X 43 Pre booked IELTS payments to be authorised</li> <li>• X 61 Failed IELTS and are required to resit</li> <li>• X 49 still Revising for IELTS</li> <li>• X 4 retracted</li> </ul> <p>The Committee asked whether we could expect a 'group' influx in the new year and was informed that this could not be guaranteed and it is expected to take up to a year from the start of the recruitment for staff to be in post, due to the process involved.</p> <p>Concerns were raised regarding the large numbers of applicants which continue to fail the IELTS exams.</p>
	<p><b>5. Equality, Diversity &amp; Inclusion</b></p>
	<p>The Committee was provided with an update and advised that the Equality, Diversity and Inclusion Committee had been established and the first meeting held on the 9<sup>th</sup> September.</p> <p>The Committee was assured that the Equality Objectives 2016-17 were published on the Trust Website during August 2016. In addition, monthly publication of 'Equality Matters' Staff Newsletter commenced during August as well.</p> <p>The committee was advised that the Quarterly Assurance Report was</p>

	<p>submitted to the CCG Equality Assurance Lead and feedback received was the Lead confirmed satisfaction with progress and plans being undertaken at ULHT, to support the organisation in achieving and demonstrating compliance in relation to statutory and mandatory equality duties.</p>
	<b>6. Occupational Health</b>
	<p>The Committee was reminded that the main Health and Wellbeing initiatives at present are been driven by the NHS England 'CQUINS', which include the provision of the Flu vaccines, Mental Health First Aid and Mindfulness.</p> <p>A general update was provided on a number of Wellbeing areas, more specifically, that:</p> <ul style="list-style-type: none"> <li>• The Trust has in place a number of policies and initiatives already to support staff such as a free confidential Counselling Service an Occupational Health Service, and a Self-referral to physiotherapy</li> <li>• The OH Team have introduced Mental Health First Aid and Mindfulness training this year with further courses planned for 2017</li> <li>• The service will be looking to increase the number of trained Mediators available to the Trust, early next year. The course will be delivered by external trainers and there is an agreement for service delivery mediators have to commit to.</li> <li>• The flu campaign commenced on the delivery of the vaccines in early October, the plan has been approved by the Trust and NHS England. Last year OH achieved 64% of front line staff and the Trust has to increase that by 11% to achieve 75%. OH are putting in place peer to peer vaccination this year to support the Trust in gaining the further 11%.</li> <li>• The service has vaccinated 2218 employees to date, which is just below the midway point at 48.9%. The OH Team has to vaccinate 4533 to meet the target of 75%, which leaves the Team with a further 2315 to vaccinate over the next 8 weeks</li> </ul> <p>The Committee was advised that the 'Fast Track Paper' for expediting staff for treatment and investigations will be going to the executive for a decision on a way forward.</p>
	<b>7. Clinical Supervision Policy</b>
	<p>The 'Clinical Supervision for Nurses, Midwives and Allied Health Professionals' Policy was 'tabled' for discussion.</p> <p>In brief, Clinical Supervision supports the Clinical Governance Agenda by bringing practising healthcare staff together to reflect on practice and learn from experiences in the workplace. It promotes the development of professional practice, support for change and delivery of new roles, which enhances quality and delivers improvements in patient care. It fosters a culture of openness.</p>

This policy provides a framework for delivering Clinical Supervision in ULHT to enable staff to have the opportunity to discuss individual cases to improve their practice and consequently the patient experience

The Policy also outlines the 'Role & Responsibilities' of key individuals to fully implement and embed in day to day practice.

Due to the fact that the Committee was no longer 'quorate' when the item was discussed, the Policy was 'agreed' in principle, subject to final approval from the Director of HR & OD.

#### **8. Public Sector Payments**

The Committee was provided with a brief, following the publication of the Governments response to the Consultation on the Public Sector 'Exit Payments'.

In summary:

The changes introduced in 2015 were:

- An earnings floor of £23,000 to be used to calculate payments for those earning less than £23,000
- An earnings ceiling of £80,000 to be used to calculate payments for those earning more than £80,000 (maximum redundancy entitlement of £160,000)
- Removal of the employer top-up arrangements for those over 50.

Initial proposals were made to limit public sector exit payments:

- Introducing a cap on all public sector exit payments of £95,000 (down from the current £160,000 maximum)
- Clawback of redundancy compensation for those earning over £80,000 when they return to the public sector within 12 months of receiving an exit payment (currently clawback applies for Trust VSMs via the NHS Standard Contract).

Additional proposals which will impact on the NHS:

- a maximum tariff for calculating exit payments of three weeks' pay per year of service
- a ceiling of 15 months on the maximum number of months' salary that can be paid as a redundancy payment
- a taper on the amount of lump sum compensation an individual is entitled to receive as they get closer to their normal pension age.

Next Steps:

The Department of Health will give NHS Employers a remit to negotiate the additional changes to terms and conditions for NHS terms and conditions, to be delivered within 9 months (by the end of June 2017).

	<p>The committee inquired whether the Clinical Supervision, if reviewed (quarterly) would have any impact on reducing Sickness Absence and improvement on performance. It could not be confirmed at this stage.</p>
<b>Issues to escalate to Board</b>	<ol style="list-style-type: none"> <li>1. <b>International Nurse Recruitment</b> – The Committee was not satisfied with the low number of ‘starters’ following the two Cohorts of Recruitment this year. The committee has raised this as a risk and does not feel assured that the ‘pipeline’ of Nurses coming through at the ‘current’ pace, would reduce the ‘risk rating’</li> <li>2. <b>Medial Recruitment Plans</b> – The Committee is concerned as there is no form of assurance on Medical Recruitment and lack of awareness/overview of currents risk associated with low staffing numbers and potential impact on service delivery.</li> <li>3. <b>Representation at Workforce &amp; OD Assurance Committee</b> – Representation from Medical Directorate was raised as an ongoing concern. The committee highlighted that it can’t be assured on progress if key individuals are not in attendance.</li> <li>4. <b>Workforce Planning</b> – The committee has asked for further/additional assurance in this regard.</li> </ol>
<b>Challenges and exceptions</b>	
<b>Future exceptional items</b>	

**Attendance date: 11<sup>th</sup> October 2016**

**Present:**

*Kate Truscott (NED/Chairman)*

*Sarah Dunnett (NED)*

*Gillian Ponder (NED)*

*Martin Rayson – Director HR & OD(part meeting)*

*Steve McGowan - Deputy Director HR & OD*

*Elaine Stasiak – Head of Workforce Intelligence*

*Karen Taylor – Head of HR*

*Tim Couchman- Equality, Diversity & Inclusion Lead*

*Steph Tod – Communications Officer*

**In Attendance:**

*Angela Leggett (Note taker)*

*Stephen Kelly – Occupational Health Nurse/Business Manager (for item 7)*

*Claire Flavell – Strategic Lead, Lincolnshire Talent Academy (for item 6)*

*Xanthe Prior – Clinical Education Lead Nurse (for item7)*

*Samantha Goy– International Nurse Programme Co-ordinator(attending on behalf of Russell Outen-Coe) (for item 6)*

*Jayne Warner – Board Secretary (Observer)*