

MINUTES OF THE WORKFORCE, DEVELOPMENT AND EDUCATION COMMITTEE
Held on Monday 23 April 2018
DSR, Trust HQ
The Ipswich Hospital NHS Trust

Present: Laurence Collins, Non-Executive Director (LC) – Chair
 Clare Edmondson, Director of Human Resources (CE)
 Neill Moloney, Managing Director (NM)
 Helen Taylor, Non-Executive Director (HT)

In Attendance: Tom Fleetwood, Freedom to Speak Up Guardian (TF)
 Shane Gordon, Director of Integration, Colchester Hospital (SG)
 Steve Hayes, Finance Manager – Corporate (SH)
 Michelle Appleby, Interim Risk Manager (MA)
 Leigh Howlett, Interim Deputy Director of Human Resources and OD (LH)
 Nesta Williams, Interim Equality and Diversity Lead (NW) (for items 94/18 and 95/18)

Minutes: Ruth Cullingford, Executive Assistant

Minute	Subject	Action
76/18	Welcome LH was welcomed to her first meeting of the Committee in her role as Acting Deputy Director of Human Resources and OD.	
77/18	Apologies for Absence Apologies were noted from Rob Brierly, Marianne Inkpen, Crawford Jamieson, Richard Kearton, Hanne Ness, Sue Pettitt, Alison Smith, Claire Thompson, Derry Tucker and Jo Wood.	
78/18	Minutes of Previous Meeting The minutes of the meeting held on 14 March 2018 were agreed as a correct record.	
79/18	Action chart The action chart was reviewed and would be updated as required.	
80/18	Workforce Report <ol style="list-style-type: none"> 1. LH presented the Workforce Report and advised there were no issues of particular concern. 2. The HR team were currently focussing on supporting the restructures occurring throughout the Trust and ensuring the processes implemented were correct and fair. Morale was currently an issue as some staff were concerned about their future roles. 3. This was an exceptionally busy period for the team and much time was being devoted to supporting staff. 4. CE advised of the Committee's role in maintaining oversight on turnover and sickness absence and to ensure the organisation continued to keep its focus on appraisals and mandatory training. The metrics presented suggested that these requirements were being maintained and there were no major changes since the previous report. The number of employee relations cases and issues around sickness management had not increased. 5. CE felt this reported a positive position and gave assurance that stability was being maintained during this period of change. 6. HT requested detail on the timeline relating to the restructure and LH advised that recruitment to posts in Tiers 1-4 (bands 8a and above) would be completed by 30th April 2018 and where it was not possible to slot staff into roles, then these posts would be 	

	<p>advertised.</p> <ol style="list-style-type: none"> 7. Consultation for Tiers 5 and below would commence at the end of this month with the ambition to be completed by the end of June. 8. HT questioned the position of the unallocated Apprenticeship Levy and CE advised that two years were available to use the funding and this would therefore not be lost. 9. LC noted the Trust's target was for 98 apprenticeships and as at 31st March 2018 104 were in post. 10. LH advised that IHT was the only acute Trust who had achieved this target and this had been recognised at the regional HRD network the previous week. LC commended this achievement and asked that the Committee's thanks were relayed to SP and her team. 11. NM advised of the need to reach a decision as to when to go ahead with the transaction and individual roles and when best to mitigate the associated risks. Discussions with the executive team had resulted in the view to proceed as early as possible as it was recognised that some people were very anxious. 12. CE advised that it was not possible to appoint to joint roles prior to the date of transaction but that honorary contracts could be put in place for those undertaking joint roles. NM wished to recognise and thank the HR team for the excellent support they were providing. 13. CE advised on discussions with the Trade Unions which had been largely successful. No major controversial issues had been raised. 14. Work was underway to ensure that policies were harmonised for Day 1 and the Joint Mobilisation Group were involved in these discussions. 15. A challenge had been posed by Unison members questioning why TUPE would not apply to Colchester staff given the number of likely changes. HT asked what the advantage of this would be and CE gave an example of pay protection whereby each Trust had its own policy and the new policy was likely to reflect a middle point of both but given that Colchester pay grades were generally higher due to the difficulties faced in recruiting this could be an issue. 16. The majority of terms and conditions were guided by AFC and it was only local policies which were being reviewed. 17. LC asked at which other forums the workforce transaction issues were reported and was advised that the Partnership Programme Board would receive updates in May and June. 	
81/18	<p>Recruitment Update</p> <ol style="list-style-type: none"> 1. LH was pleased to report that an additional 45 staff, 39 of which were clinical had been recruited since the previous report. 2. Discussions were underway as to how to revitalise the recruitment and retention offering going forward for the new organisation. 3. Referring the HRD Network meeting the previous week, LH advised that discussion had ensued regarding the new Terms and Conditions and she agreed to bring a paper to the next meeting setting out details. 4. The Acting Deputy Director of Human Resources advised of a proposal for the STP to review the option of flexible working and an initiative had been launched called 'Work What you Want'. The Trust will be involved as part of the LWAB in these discussions and the Committee Chair confirmed the Committee's support of this. 5. LC was pleased to note this and reiterated his wish for the new organisation to be more open to people with family commitments to work including the option to work on a term time only basis. 6. LH advised that a number of staff were currently in the Philippines for the next phase of international recruitment. 7. Regarding agency expenditure, NHSi were aware of the Trust's plans but there remained a need to reduce the current forecast. LH advised that more intelligence was now available on the different rates being paid and the London documentation would be made available to trusts. LH was confident that traction would be achieved relating to the reduction in agency spend which she hoped would be realised in the next two months. 8. CE advised that it had been envisaged to be in this position two years ago whereby regional rates would be payable but this piece of work had proved more difficult than originally anticipated. She was pleased that the HRD network was now working collectively on this matter. 9. The agency expenditure ceiling for the current year was discussed and concern was expressed that the current forecast exceeded the NHSi ceiling. The Managing Director advised of the need to manage expectations in this area as the current forecast was clearly unacceptable. For the coming year the agency workstream will focus on agency and other 	LH

	<p>premium pay expenditure</p> <p>10. LC noted the underspend achieved by Divisions 1 and 2 for the previous year, and that the current forecast for spend during 2018/19 was £10,668,961 against the NHSI ceiling of £7.4m.</p> <p>11. LH advised that there would be a single bank offering from Day 1 of merger which would include medics which should assist in reducing agency spend across both trusts.</p> <p>12. NM reiterated the need to formulate a more realistic expectation and CE drew attention to the premium pay update at item 3.1. It was essential that work with divisions as to how they managed their pay budgets were undertaken.</p> <p>13. NM stressed the importance of setting a clear and ambitious target for IHT and advised that he had challenged some of the issues included in budget setting.</p>	
82/18	<p>Workforce, Development and Education Committee Annual Report</p> <ol style="list-style-type: none"> 1. The Committee reviewed the draft annual report prepared by the Trust Secretary and requested the following changes/additions: <ol style="list-style-type: none"> a. At 6.1 only five priorities are noted – Equality and Diversity and Innovation to be added. b. More detail around innovation to be included at the end of section 6.1. 2. The Committee noted the comments stated at section 7.1 which related to the outcome of the Committee Effectiveness Review. HT referred to the comment regarding the length of the agenda which she recognised was an issue for all assurance committees. 3. HT expressed surprise at the comment regarding the link to the POD Strategy as she believed there had been a good link between the Strategy and the Committee’s agenda and that the Committee had been involved in the development of the Strategy. 4. Regarding the length of the agenda, CE felt that this was partly due to quality of sub-committee reports and if these provided the required assurance to the Committee then much more could be noted for information only and all agreed this was an area for improvement in the coming year. 5. LC was unclear as to the reference to the comment regarding the lack of clarity over services provided by the GP Federation as this did not appear to relate to this Committee. 6. The Committee approved the report subject to the above amendments and requested that their thanks were relayed to Ann Alderton for her work in producing the report. 	CE
83/18	<p>Freedom to Speak Up Update</p> <ol style="list-style-type: none"> 1. TF was welcomed to the meeting and presented his quarterly update report to the Committee. 2. TF felt that knowledge of the Freedom to Speak Up Guardian was improving throughout both trusts but it was clear that this needed to be consistently reiterated. 3. The poster advertising the availability of the FTSU service would be relaunched and leaflets were being produced which would be distributed during induction sessions. The staff bulletin would also be used to promote the service. 4. TF advised of the difficulties in obtaining feedback from those using the service which appeared to be a national issue. HT asked what the feedback route was for cases raised and TF advised that any issues concerning patient safety were relayed to the Medical Director or CE and that TF also reported back further on conclusion of his investigations. 5. CE commended the progress achieved by TF and LC was keen to ensure the Joint Board received an in-depth report into the service. TF was keen to progress this and proposed to invite the national guardian to attend. 6. CE felt it would be positive to hear how other organisations approached raising concerns to ensure no opportunities were missed for staff to speak up. 7. LC thanked TF for his report. 	
84/18	<p>Internal Audit Report – Cross-Trust Review of Recruitment</p> <ol style="list-style-type: none"> 1. CE was pleased to note that no major issues had been raised in the report although suggestions for improvement had been made. An action plan would be drawn up and this would help inform negotiations in developing the new HR service. 2. HT noted one of the findings that references were being taken up too early in the recruitment process and CE explained that in order to comply with the recruitment KPIs it was better commence this process early as staff were unable to commence employment 	

	without references. This was an area which would be reviewed.	
85/18	<p>Committee Effectiveness Review</p> <ol style="list-style-type: none"> 1. The Committee noted the outcome of the recent Committee Effectiveness Review and was pleased to note that no particular concerns had been raised. 2. One of the comments raised was around having less on the agenda to allow more detailed discussion of relevant issues and CE repeated her view that reports submitted to the Committee should provide the relevant assurance to enable them to be received for information. 3. HT noted the comment regarding missed deadlines for ED and felt this had been incorrectly reported as this issue was an area of focus for the Quality Committee. 	
86/18	<p>IHT Premium Pay Update</p> <ol style="list-style-type: none"> 1. LH presented the report detailing premium pay for March 2018 and advised that the Trust's submission to NHSI was due by 30th April. This was currently being reviewed as the previous submission lacked ambition. 2. CE requested that for future updates narrative was included in order to provide clarity and assurance and LH would ensure this was available for the next meeting. 	
87/18	<p>Clinical Education Group including KPIs</p> <ol style="list-style-type: none"> 1. SP's apologies had been noted and no report had been provided to the Committee. 2. LC expressed concern that the Committee had not been sighted on the CEG's KPIs despite requesting this at a previous meeting and SP would be asked to ensure a full report was made available to the next meeting. 	SP
88/18	<p>JCNG/LNC Update</p> <ol style="list-style-type: none"> 1. LH presented the summary of discussions within both the JCNG and LNC groups. 2. CE advised that the focus for the JCNG would be the TUPE transfer and formal consultation would commence on 1st May 2018. Colchester Hospital would formally write to Ipswich Hospital setting out the intention for the merger to proceed. 3. HT requested details of the approach to be taken with community staff given that they had recently transferred into IHT. CE advised that the HRBPs were working closely with the team and that they were aware that one more TUPE transfer would be necessary but for most this would only be a paper exercise. 	
89/18	<p>Policy Schedule</p> <ol style="list-style-type: none"> 1. The policy schedule was noted. 	
90/18	<p>Workforce Risk Report</p> <ol style="list-style-type: none"> 1. MA presented the Workforce Risk report and advised there were currently 24 risks with a score of 12 or above. Two risks had been escalated, both relating to Division 1 concerning the lack of experienced registered nurses and the lack of medical staffing. 2. The risks had been escalated due to the financial impact on the division rather than any patient safety issues. MA advised that since the report had been prepared, a further Risk Oversight Committee had taken place and it was possible that these may have been de-escalated. 3. In relation to the lack of experienced registered nurses, LC noted the reason for the escalation from 15-20 was due to the prolonged use of escalation areas and NM advised that Waveney and Bramford wards had since been closed. He was unclear if this constituted a risk as this was an issue requiring day to day management and requested a further detailed review in order to identify if it this was a workforce and recruitment issue. 4. Regarding the new risk 146 concerning the inability to achieve the NHSi agency ceiling for 2018/19, NM was unclear as to whether this constituted a financial risk, and felt that the over reliance on agency staff may be a risk rather than failing to achieve the target. 	MA

91/18	<p>Health and Wellbeing Update</p> <ol style="list-style-type: none"> 1. MG was welcomed to the meeting and presented the update on Health and Wellbeing initiatives. 2. The Emotional Needs Audit was due to be launched that week and a meeting was scheduled with Suffolk Mind at the end of the week to review the initial findings. 3. As part of the Employee Assistant Programme, CiC (Counselling in Companies) would maintain a presence at both Ipswich and Colchester Hospitals during May and June and the service would be promoted to staff. 4. MG advised that a review of the tobacco-free sites initiative had taken place the previous month to review the progress since the initial implementation. A reduction in people smoking on site had been realised but further progress was required and more signage would be placed on both sites. 5. CE advised of the need to ensure line managers were competent and enabled to address how they could support their staff to stop smoking. 6. The initiative would be reviewed on an annual basis in order to maintain a focus. 	
92/18	<p>CiC Update</p> <ol style="list-style-type: none"> 1. MG provided an update on the Employee Assistance Programme which had been introduced the previous year. <p>It had been recognised that staff were accessing counselling services following a consultation with the Occupational Health team and the service had been introduced as a way of being more proactive whereby staff were given assistance before reaching the point of referral by their line manager or being absent from work due to sickness.</p> <ol style="list-style-type: none"> 2. The major support accessed by staff was counselling. 3. CiC also provided an extensive online resource for managers who frequently approached the ER team for advice. 4. The most frequently reported reason for accessing assistance was personal reasons. 5. The Committee noted the update and MG agreed to provide further detailed information to a future meeting. 	
93/18	<p>Innovation</p> <ol style="list-style-type: none"> 1. The Director of Integration provided an update on innovation and advised of the following developments: <ul style="list-style-type: none"> • Creating capacity & structures to support innovation in the new Trust • Increasing bidding for grant funding to stimulate and support innovation • Strengthening relationship with innovation partners 2. The Committee were advised of the following active bids: <ul style="list-style-type: none"> • NHS TestBeds bid re lung cancer (with the Trust as lead-bidder) has successfully passed the expression-of-interest stage. This would be an STP-wide programme and is supported by Dr Chris Scrase (IHT oncology lead and STP cancer lead). The Trust is also exploring two other NHS TestBeds as supporting partner. • Longitudinal Health and Care Record Exemplar (LHCRE) bid membership with STP support. This is led by Eastern AHSN and aims to create a joined up care record for patients. • MedTech accelerator bids x3 in development for innovations identified by Trust staff. Capacity to support these has been secured for 2 months, from Enable East. • Charity-funding business case for AI in Colorectal cancer image analysis ready for May (via CHUFT or IHT). 3. The Committee were further advised that the Anglia Ruskin University medical school were supportive of on joint academic appointments and had some specialty expertise in Vision/Eye and Cardiology. The University of Essex were interested in exploring Knowledge Transfer Partnership opportunities and the Trust attended the UCL partners board to represent the Suffolk & North East Essex STP. 4. Three members of the Integrated Therapies Team were welcomed to the meeting – Louise Kenworthy, Service Lead (LK), Louise Dunthorne, Clinical Specialist (LD) and Anna Waters, Clinical Placement Facilitator (AW). 5. LC reiterated his hope that ESNEFT would maintain a strong focus on innovation and had invited the team to the meeting to share their approach to recruitment and retention. 6. LK passed round the publication 'Allied Health Professions into Action' which had been 	

published in January 2017 by the Chief Allied Health Officer for England. The document suggested that AHPs could be used in a different way to transform healthcare.

7. National AHPs and leaders were asked for their views as to what was needed and the document had been developed through crowd sourcing.
8. The document supports and complements the five year forward view to transform care and improve services and is aimed at leaders and decision makers. The Trust's FAB unit is used as an example within the document.
9. The first part describes the AHP potential and impact, and the second part is a framework to guide leaders.
10. The impact and effectiveness of AHPs was divided into four parts – improve the health and wellbeing of the population, support and provide solutions to general practice, support integration and deliver evidence based practice to address unexplained variances in service quality.
11. LD advised that consultation commenced on the proposal to merge physiotherapy and occupational therapy into one service. The combined service is a unique selling point and is promoted at university recruitment fairs.
12. The services complement each other throughout the patient journey.
13. There had been much interest in the service from other organisations and the team had been asked to present to the NHSi medical and nursing directors group.
14. HT asked if the new integrated service had had an impact on recruitment and retention. AW advised she had only been in post since February but a piece of work had been undertaken to understand what attracts Band 5s to IHT.
15. Of the 11 who responded, 8 did not have a placement here, 2 cited family geography as the reason for applying to Ipswich. One person reported they had such a good placement that they moved here.
16. LC asked if there were any reasons that those who did do their placements here did not remain in the area, AW advised this was mainly due to family geography.
17. Placements were offered to students from UEA, University of Essex and University of Herts, but UoS did not currently offer the course.
18. LC asked if any external funding had been applied for and advised the team of the Local Enterprise Partnership which may be able to assist.
19. LK advised that the team regularly 'over-recruited' when a budget underspend was realised which in turn reduced the need for locums and bank staff later in the year.
20. The team explained their approach to attendance at student fairs, email addresses of anyone expressing interest in receiving vacancy details were collected and recruitment days were attended by clinicians.
21. The interview format appeared to be successful in that the morning comprised of a series of workshops and problem solving and dependent on the candidate's performance a formal interview took place in the afternoon. Guided walks around various departments were offered to meet the team leaders and provide an opportunity to see the workplace.
22. Another area of focus was the provision of work experience opportunities for return to practice candidates and one example was cited whereby someone who had been out of work for nearly 20 years returned to work a few days per week to gain experience – the opportunity to return to an acute sector had been really valued.
23. Return to practice was an area in which the team would like to take a proactive lead.
24. LC asked if the team had any apprentices and was advised that they did not as yet but this was imminent.
25. LK further advised the team was involved in the Carter initiative and was one of 10 sites identified for developing productivity measures for AHPs.
26. HT commended the teams' approach to joining the services and felt this should be promoted more widely.
27. SG responded to the team's presentation and commended the work they had undertaken. He asked if the team had any link with postgraduate training/Masters' courses and LK advised that this had been the subject of discussion with colleagues at Colchester and there was a view to linking with the University of Essex as it was recognised that staff should be encouraged to undertake Masters' degrees where possible and appropriate. With regard to the time and cost involved with this SG felt the LEP may be willing to provide assistance. SG and LC agreed to discuss this matter separately.
28. SG asked if there was an Associate Therapist post and LK advised that Band 4s were being developed via a competency led approach and they were able to access a foundation degree course.
29. SG asked if any thought had been given to exporting the training offered and advised of a

SG/LC

	<p>presentation given to the Colchester Trust Board from the Nursing OSCE team who had achieved 100% pass rate for their students, which provided an opportunity to create a business by selling their idea to other organisations. LK advised that as the training was done on the job by clinicians in the workplace this was not something which had been considered. SG felt the return to practice programme also had the potential to be marketed.</p> <p>30. SG asked how the team were linking with Colchester and LD advised that monthly discussions were underway to review how the teams could work together in future.</p> <p>31. SG felt that technology needed to be used more efficiently to assist in the team's vision for success and LK agreed and that discussion regarding the use of apps had commenced. SG suggested linking with the research team as they may be able to provide assistance with developing the app.</p> <p>32. LC asked SG to raise the possibility of UoS offering a Therapy course.</p> <p>33. LC thanked the team for joining the meeting and undertaking their presentation.</p>	SG
94/18	<p>Equality and Diversity Objectives and Action Plan Update</p> <ol style="list-style-type: none"> 1. NW joined the meeting and provided an update on the Trust's compliance with the Equality and Diversity objectives and was pleased to report that good progress was being made. 2. The Committee were pleased to note that the Director of Nursing would be leading on the EDS2 sub group. 3. NW advised that work was progressing well within the EDI Steering Group and that several key priorities had been identified, each of which had an executive sponsor and delivery leads identified. 4. Accessible information standards remained challenging but IT colleagues had been present at the last steering group meeting to identify the assistance they could offer. LC asked if NW felt there had been sufficient focus from IT and was advised that she felt this was now the case as recent discussions had clarified expectations. 5. Referring to the merger, HT asked if AIS would be embedded and was advised that this responsibility was with the Director of ICT and the Transformation team. 6. NW advised that an E&D web page would be developed, LC referred to previous discussions at the Committee that the current websites were not fit for purpose and NW agreed to relay this to the current Director of Communications. 7. NW was pleased to report that the Equality Impact Assessment process had been very well received and the toolkit was being used for consultation meetings. 8. With regard to bullying and harassment, a health and safety representative will assist with the issue of reporting incidents on Datix and will feed into the EDI Steering Group. 9. On a scale of 1-10 LC asked NW for her view on the Trust's current overall compliance with the E&D requirements and NW felt this was at around 6/7. 10. With regards to what action was needed next, NW advised that assistance needed to be provided to all staff to enable them to recognise the importance of E&D in all aspects of their work. 11. The Committee were advised that the Trust had been approached by both Suffolk County Council and Norfolk and Norwich Hospital to ask about the approach taken to E&D. 	NW
95/18	<p>Equality and Diversity Annual Report</p> <ol style="list-style-type: none"> 1. NW presented the draft E&D annual report and explained that much of the data was still awaited. This was proving difficult to obtain given that it was not accessible via a centralised point. 2. NW had also experienced difficulties in identifying what should be celebrated and felt this should be the starting point for the report. Work was needed to enable such information to be retrieved more easily. 3. It was recognised that the Communications team needed to be involved in assisting with this piece of work and HT agreed that this was clearly an issue in relation to innovation and as well as celebrating success. LC agreed that this was an area which could be progressed better, as it was important for staff to receive positive feedback and praise where it was due. LH advised that this was a key strand of the OD strategy. 4. As this was NW's last meeting, the Committee thanked her for the work she had undertaken and stressed the importance of retaining the momentum. LH advised that a permanent E&D Lead would be recruited to ESNEFT and in the interim she would ensure this work continued. 	

96/18

Any Other Business

There was no other business.

