# WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE

## 22 NOVEMBER 2016
## Room 1 Chertsey House, St Peter's Hospital

## Minutes of meeting

**Attending**

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| Mike Baxter (MB) | Non-Executive Director (Chair) |
| Hilary McCallion (HMcC) | Non-Executive Director |
| David Fluck (DF) | Medical Director (for items 1-4) |
| Heather Caudle (HC) | Chief Nurse (for items 1-5) |
| Neil Hayward (NH) | Non-Executive Director |
| Lorraine Knight (LK) | Interim Chief Operating Officer (for items 1-4) |
| Louise McKenzie (LMcK) | Director of Workforce Transformation |
| Suzanne Rankin (SR) | Chief Executive |

**In attendance**

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| Phil Spivey (PS) | Deputy Director of Workforce |
| Colleen Sherlock (CS) | Head of Workforce Planning & Resourcing |

**Apologies**

## PART I

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| **1.** | **Welcome & Apologies**<br>No Apologies. Noted people have to leave | |
| **2.** | **Minutes of Last Meeting**<br>The minutes of the last meeting were agreed. | |
| **3.** | **Matters Arising (Action Log)**<br>There were two items to reword | CS |
| **4.** | **Discussion Item:**<br>**Medical Workforce Strategy**<br>DF outlined the three primary drivers for the strategy: understanding the demand for medical workforce; effective deployment; and filling the resource gap. The strategy has been discussed at Executive and TEC committee to agree the drivers and what are the most urgent areas to start working on. The strategy will also use guidance from NHSI for Medical Directors on examples of best practice to reduce reliance on medical locums.<br>Examples of some of the work to be addressed include:<br>- The consultant of the week model has been introduced; the impact on the rest of the medical workforce, such as the structure of junior doctors in the wider team, needs to be examined;<br>- The role of the medical workforce within the wider MDT.<br>- The effect on absence cover of fragmented groups of clinicians compared with larger functional units that may give better cover and support, eg Jonathan Robin is looking at the emergency care pathway to see if there is more resilience in working as a larger group to provide better cover and care to patients. | |

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| | DF explained that an action plan will be developed to deliver the three priorities, the actions included were by way of an example from one meeting addressing agency reduction.<br><br>There was a discussion on<br><br>- methodologies for assessing staffing levels for medical staff, noting the lack of a formally recognised model, and the requirement to look at different staffing models in practice, understanding any impact on the rest of the workforce and our workforce demand. Different approaches include considering the workforce in a multi-professional way; start the planning with the model of care, and then describe the workforce that will deliver that model along the whole pathway; or challenging the efficiency in the model to identify who is the best practitioner to deliver that care.<br><br>- Expectations of the current generation of doctors and understanding what they are looking for from us as the employer and the benefit of using tools such as "Iwantgreatcare" to support and engage with the junior doctor workforce.<br><br>- What will need to happen to make the strategy real? DF feels it is an iterative approach - that we will only learn the effect of actions when we start making changes.<br><br>DF concluded that he wanted to bring the strategy to the meeting for input from the committee and to note the early actions, and the longer term work to be done. He thanked the committee for endorsement.<br><br>It was agreed that the next step for the strategy is to review the drivers, and to road-test it further with a wider medical audience. An action plan supported by project plan, timescales, and milestones, will be developed, and reporting mechanisms will be included. A dashboard is being developed to track the staffing costs, and in particular agency spend. | DF |
| **5.** | **Workforce Report**<br><br>CS noted new requirements for agency reporting to NHSI, and the Trust's position within the South East Coast Trusts in terms of agency spend as % of paybill.<br><br>The report included a more detailed analysis of turnover and it was noted that reporting on turnover is being reviewed, in terms of voluntary and involuntary leavers, as some Trusts are only reporting on voluntary leavers.<br><br>CS fed back from the NHS Employers Retention programme, with examples of good practice from other Trusts, for example one Trust has developed 'Stay conversations' in place of exit interviews and this is improving retention. Further discussion included looking at:<br><br>- Simplifying the process for transferring within the organisation and<br><br>- Reviewing the shifts and opportunities available to staff as they near retirement age and may wish to maintain long hours or shift working. | |
| **6.** | **Workforce Risks – Review**<br><br>PS reported that the Risk Scrutiny group has agreed that we can downscale the following three risks provided this is approved at WOD committee:<br><br>- Staff satisfaction – it was agreed that the evidence would be provided that the rating is no longer catastrophic, and is under control, by way of reviewing workforce indicators such as turnover, and then this risk could be downgraded to moderate;<br><br>- Nurse agency rules and cap – it was agreed to rename this risk as Agency Rules as this applies to all staff groups and to describe the | PS |

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| | measures in place;<br>- Non-EU nurses and immigration – downgrade.<br>It was agreed to add Brexit implications as a risk to W&OD risk register, and for the next meeting to review the Workforce risk register. | PS |
| **7.** | **Guardian of Safe Working – Junior Doctor contract**<br>PS explained that the paper presented had been prepared for the September meeting which had not taken place.<br>The new contract for Junior Doctors requires the Trust to have this appointment in place. Paul Murray, Respiratory consultant has been appointed. Paul will review concerns raised, based on data recorded by juniors, and he will have an assurance role to provide periodic reports on his work, to provide board assurance, and the ability to levy fines. His role is to be independent, and he will be required to produce an annual report to be included in the Quality Accounts.<br>PS explained that the new version of DRS has an escalation process for junior doctors to log excess hours or lack of training time. There will be a flowchart to explain the processes to be followed. Conflict of interest was discussed.<br>It was agreed that:<br>• The paper will be presented to Board with a flow chart and a proposal for reports to be considered at W&OD committee<br>• Annual report in quality accounts which will go to Board<br>• Escalation will go to Board | LMcK |
| **8.** | **Horizon Scanning**<br>**1. Brexit**<br>NH fedback on an event with Vince Cable speaking on the impact of Brexit on the economy and employment, and that Brexit whether hard or soft has implications for employees in the UK.<br>Soft Brexit which continues to allow free movement of people will have less impact on the NHS and ability to recruit. Whatever the exit terms are, it will take a significant time to put in place, and likely impact won't hit for around 10 years. Assumption that we will continue to use EU employment legislation eg TUPE, WTD.<br>**2. Director of Clinical Education**<br>SR updated on progress that recruitment has resulted in two finalists, both internal candidates. She has discussed with both candidates what the programme of work looks like in terms of both internal delivery of education and training, and external model of workforce redesign based on education, and is considering how we might benefit from a partnership way of working.<br>It was noted that some Trusts are developing their own workforce and educational models and ASPH is exploring this through the STP and with other educational bodies. There was a brief discussion on the possibility of offering student placements to other educational bodies or focusing resource on engaging effectively with one or two strategic partners.<br>It was agreed to keep Horizon Scanning on the agenda as an informal item, and include a note as a reminder with the agenda and papers for all members to bring items. | ALL<br>CS |

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| **9.** | **Any Other Business & Contingency Time**<br>An update of the leadership and OD strategy will be diarised for a future meeting in 2017 | LMcK |
| **10.** | **Date of Next Meeting**<br>**Tuesday 24th January 2017, Room 1 Chertsey House** | |

**WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE**

**MINUTES**
**PART II - Confidential**

**22 NOVEMBER 2016**

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**St Peter's Hospital**

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| **1.** | **ER Report and Professional Referrals**<br><br>PS presented the report to review current ER activity reflecting the activity by division and type of case, highlighting any that have been running for more than 100 days at formal stage. The report includes professional referrals and MHPS cases for doctors.<br><br>PS confirmed the Trust currently has no ET cases.<br><br>The Managers toolkit programme was launched earlier this year, with good attendance, and the courses have received positive evaluation. A rolling programme will continue through the year.<br><br>It was noted that nurses were now included in the report, although the information on lapsed registrations was confusing. It was agreed that PS and HC would discuss how this should be presented with clearer data on process. It was also noted that AHP data should be included, if there are any cases.<br><br>No suspensions were listed and it was agreed that this would be checked to ensure that the report is accurate and able to provide assurance to the committee. It was agreed that a little more narrative would be helpful to address some of the questions raised.<br><br>It was confirmed that a report on assaults in the workplace are reviewed at the Health & Safety committee. It was requested to have the report considered at WOD committee. | PS/HC<br><br>PS |
| **2.** | **Any Other Business**<br><br>None | |