

**TRUST BOARD**

**31<sup>st</sup> July 2014**

<b>TITLE</b>	<b>Workforce and Organisational Development Committee Minutes</b>
<b>EXECUTIVE SUMMARY</b>	The minutes of the Workforce and Organisational Development Committee meeting held on 13 <sup>th</sup> May 2014 are enclosed.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	The Board is assured by the scrutiny provided by the Workforce and Organisational Development Committee.
<b>LINK TO STRATEGIC OBJECTIVE</b>	<b>SO2:</b> Skilled, motivated teams
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	None obtained.
<b>EQUALITY AND DIVERSITY ISSUES</b>	The Committee will look into equality and diversity issues as they arise.
<b>LEGAL ISSUES</b>	None that we are aware of.
<b>The Trust Board is asked to:</b>	Note and receive the minutes of the Workforce and Organisational Development Committee meeting.
<b>Submitted by:</b>	Sue Ells, Non-Executive Director and Committee Chair
<b>Date:</b>	24 <sup>th</sup> July 2014
<b>Decision:</b>	For Receiving

**WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE  
MINUTES OF MEETING HELD ON 13<sup>th</sup> MAY 2014, ST PETER'S HOSPITAL**

**Present**

Philip Beesley	Non-Executive Director
Sue Ells	Non-Executive Director (chair)
Louise McKenzie	Director of Workforce Transformation
Suzanne Rankin	Chief Nurse
Carolyn Simons	Non-Executive Director

**In attendance**

Danny Hariram	Deputy Director of Workforce
Colleen Sherlock	Head of Workforce Planning and Intelligence

**Apologies**

Andrew Liles	Chief Executive
David Fluck	Medical Director
Simon Marshall	Director of Finance & Information
Valerie Bartlett	Deputy Chief Executive

**PART I**

<b>1.</b>	<b>MINUTES OF THE LAST MEETING</b>  Minutes from the previous meeting were agreed as an accurate record.	
<b>2.</b>	<b>MATTERS ARISING</b>  <b>(i) MANDATORY AND STATUTORY TRAINING TARGET</b>  Danny Hariram confirmed that the target for Mandatory and Statutory training has now been amended to 90% and is now reflected in the Trust balance scorecard.	
<b>3.</b>	<b>EDUCATION AND TRAINING</b>  <b>3.1 APPRAISAL STRATEGY</b>  Danny Hariram described the implementation of a new appraisal strategy for the Trust that meets a number of internal and external requirements. These are: <ul style="list-style-type: none"> <li>• The implementation and alignment of our values based behaviours that will now form part of the appraisal process.</li> <li>• The need to develop a performance management culture that effectively aligns individual performance with organisational requirements and clear objectives.</li> <li>• Local implementation of the new Agenda for Change pay progression arrangements, which requires NHS organisations to have in place a robust appraisal system that clearly defines the mechanism for the evaluation of employee performance.</li> </ul>	

	<p>Danny Hariram said that the principle of the new system would be to ensure an improvement in the quality of the annual process and that this becomes a more meaningful discussion undertaken between the Line Manager and the member of staff. It was also noted that the process would help to develop improved career pathways for staff.</p> <p>Danny Hariram said that the significant change with the new scheme would be the implementation of a rating system where staff would be assessed against the Values Based Behaviours and their agreed work objectives that they have been set and this would be linked to achievement of the annual incremental pay progression</p> <p>The Committee discussed the timescales for implementation and that a pilot would be undertaken with staff at bands 8C, D and 9. Full roll out of the pay progression element would take place from April 2015. The committee discussed the proposal and were supportive of approach but said that it was important that Managers were trained and understood the process that would need to be followed.</p> <p>Danny Hariram informed the Committee that the implementation would require wide spread training for managers and staff and a communications plan would be developed.</p> <p>It was agreed that a discussion would take place with Royal Surrey County Hospital about the work we are undertaking and whether this was something we could now develop together to avoid duplication in the future.</p>	
4.	<p><b>NURSING WORKFORCE</b></p> <p><b>(i) NURSE REVALIDATION</b></p> <p>Suzanne Rankin provided the Committee with an update on Nurse Revalidation and circulated a copy of a consultation slide pack from the Nursing and Midwifery Council (NMC).</p> <p>The Committee discussed the requirements of revalidation and what registered Nurses and Midwives would be expected to declare in the future as part of the new requirements, which will include that they are fit to practice, they have undertaken the required hours of continuing professional development, received third part confirmation of their continuing fitness to practice &amp; adherence to the code from someone well placed to comment, and to have used practice related feedback from patients, colleagues &amp; others to improve their quality of care. The Committee acknowledge that the process would require a range of practical interventions in particular due to the number of nurses within the Trust. The Committee briefly discussed the implementation process and this would in practice.</p> <p>Suzanne Rankin informed the Committee that NMC guidance on Revalidation was expected to be published by the end of December 2014 and that all Nurses who are required to re-register from December 2015 would start to go through the revalidation process. Suzanne Rankin said that she is currently considering whether the Trust should be an early implementer for revalidation which would take place from Spring 2015.</p> <p>The Committee asked to be updated on the Trust plans for implementation.</p> <p><b>(ii) TOGETHER WE CARE STRATEGY</b></p>	SR

Suzanne Rankin informed the Committee that work has commenced on implementing the Nursing and Midwifery strategy 'Together We Care' and shared a copy of the strategy and vision. The strategy has been developed through an engaging process and has encompassed the views of Nurses and Midwives. The Committee were informed that the strategy and vision is being developed around the following values ensuring safe care, competent and capable nursing staff, accountability and innovation. The Committee asked questions on how the strategy would be implemented and how this work is being shared with RSCH. The Committee asked if there was an opportunity to undertake this work together.

Suzanne Rankin said that the undertaking of the programme will support the modernisation of the Nursing and Midwifery workforce and would lead to maximising utilisation, efficiency and quality. A copy of the programme and leadership structure was shared with the Committee. The Committee discussed the opportunities that the strategy would bring with the development of career pathways and improved ward leadership.

### **(iii) NURSE STAFFING LEVELS**

Suzanne Rankin briefly described to the Committee the Trust requirements for the publishing of nurse staffing levels. This is a national requirement for NHS Acute Trusts and that all Boards will receive an update containing details and a summary of planned and actual staffing on a shift by shift basis. The Committee received information on how shifts were being documented and the complexity of how difficult it is to present the information. Currently there is no set template or guidance available and Trusts are all presenting their information differently, which means that there is no ability to benchmark against peers.

The data illustrated from April 2014 that the Trust has been recording planned and actual staffing levels of all in-patient areas across the Trust with a view to providing assurance that staffing levels were as required or where staffing levels fell short of the planned establishment the shortfall did not present a risk to quality and safety.

It was confirmed to the Committee that the Trust has undertaken a piece of work to put in place appropriate staff ratio numbers.

Suzanne Rankin said that we are currently reviewing the data but would expect to publish for the June Board.

The Committee asked a number of questions and agreed to devote more time to this agenda item given the importance of trying to present the data accurately and reflect the Trust current position. The Committee discussed some of the options for presenting the data.

The Committee were happy with the approach being taken to work out how best to report and present the data and agreed that this was clearly a complex piece of work.

The Committee asked for a progress update for the next Committee meeting, and also asked for clarification as to IGAC's governance and assurance role in this matter.

### **(iv) NURSING RECRUITMENT AND RETENTION PRIORITIES**

Colleen Sherlock updated the Committee on the approaches being developed to

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	<p>support Nurse recruitment and retention, for both permanent and bank staff. This included an approach of hiring ahead for nursing staff based on the number of projected leavers within specific areas. This ensures that there is a steady supply of recruits in the pipeline. It was confirmed that the next Nurse Recruitment Open day was being held on Saturday 17<sup>th</sup> May.</p> <p>Colleen Sherlock informed that a second overseas recruitment campaign for Portuguese nurses had been undertaken with 36 offers made to date with likely start dates of July/August. The Committee discussed how the current Portuguese Nurses have settled in to the Trust and were informed that only a couple have left since joining the Trust in the Summer. A post induction has been held for this group to find out how they are settling in to the organisation.</p> <p>Colleen Sherlock said that the new nursing bank rates were implemented from 1 April 2014 to match the grade for substantive staff working bank shifts. In addition, all nursing bank shifts are now paid weekly, as an incentive for staff to work bank.</p> <p>Colleen Sherlock said that as part of the work to improve retention a two year, band 5 rotation programme for Newly Qualified Nurses will commence in September/October. This will give a newly qualified nurse a guaranteed rotation programme through the specialties of a surgical, medical or orthopaedics rotation. This would include a mentorship course, and 2 year commitment to their learning and development. The Trust is anticipating about 30 nurses to be on the programme.</p> <p>The Committee were informed that the Trust is exploring other rotation possibilities to include RSCH in the programme, and acting as pipeline to London Trusts either during the programme or at the end of the 2 year programme (enabling staff to gain experience in a London hospital). Once the nurse has completed the 2 year rotation programme, and is prepared to commit to a further 2 years, then they would receive support in their 3<sup>rd</sup> year to complete a specialist module and become a band 6. There is a plan to develop a Band 6 rotational programme, within each division, to support band 6 Nursing staff to gain extended experience and skills to help in their career progression.</p>	
<p><b>5.</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p><b>(i) REWARDING EMPLOYEES</b></p> <p>Following a previous discussion at Trust Board, Sue Ells asked if there were any plans to reward exceptional contributions from staff, in particular as the Trust over the next 12-18 months proceeds through the proposed merger transaction. It was agreed that this item should be discussed at a future meeting.</p> <p><b>(ii) WORKFORCE DIRECTORATE RISK REGISTER</b></p> <p>Following a recent discussion at Trust Board Philip Beesley asked if the Committee could discuss the Workforce Risk Register. It was agreed that this would be circulated and discussed at the next meeting of the Committee.</p>	<p>LMcK</p> <p>DH</p>
<p><b>6.</b></p>	<p><b>DATE, TIME AND VENUE OF NEXT MEETING</b> 8<sup>th</sup> July 2014 – 3:00 p.m. – 5:00 p.m. Room 4, Chertsey House</p>	

**PART II CONFIDENTIAL**

1.	<b>HIGH LEVEL EMPLOYEE RELATIONS SUMARRY</b>  Danny Hariram presented to the committee on the current Employee Relation (ER) trends within the Trust and updated on live cases of suspensions and doctors Maintaining High Professional Standard (MHPS) cases. The Committee noted that there had been a reduction in live ER cases.	
2.	<b>ANY OTHER BUSINESS</b> No items were raised by the Committee	