

NHS Trust

TB 98.2/13

Workforce Committee Meeting 9 September 2013 Estates Meeting Room

Present:

Robin Douglas Non Executive Director (Chair)

Mahdi Hasan Interim Trust Chair
Chris Green Non Executive Director
Mark Vaughan Director of Workforce

Louise Gaffney Director of Strategy & Infrastructure

Maxine McVey Deputy Director of Nursing

Sue Whiterod Head of Leadership & Organisational Development

Clare Mooney Deputy Director of Workforce

Apologies:

Samantha Jones Chief Executive
Jackie Ardley Interim Chief Nurse
Mike van der Watt Medical Director

Agenda Item	Comment	Action
1	Chairman's Introduction	
	RD confirmed that the purpose of the committee was to be an assurance body on behalf of the Board on workforce issues. RD stated that there were some very interesting papers being presented to the committee but that there was a danger of getting into too much detail whilst the committee needed to keep an overview. RD reported that he had discussed the committee's purpose with SJ and MV and agreed that it needed a framework/dashboard of issues that represent the various strands of work that are being carried out in the Trust in relation to workforce risks and that there should be an update at each meeting to be able to assure the Board. RD asked	MV
	MV to ensure the framework shapes the agenda of the future meetings and to think about how a scorecard could demonstrate an assurance on progress on the workforce strategy.	

2	Declarations of Interest		
	There were no new interests declared.		
	A signing sheet is required for each meeting.	MJ	
3	Minutes of the Workforce Committee held on 8 July 2013		
	It was identified that MH's name was spelt incorrectly in the minutes and it was noted that this should be corrected.		
	Minutes agreed as an accurate record of the meeting on 8 July 2013.		
4	Terms of Reference		
	The terms of reference were agreed.		
5	Nursing		
	Recruitment Plan MM confirmed that a paper had been agreed at TLEC regarding recruiting to nursing inpatient vacancies. It is planned to recruit 160 nurses in Spain & Portugal to commence from January 2014, to cover vacancies and winter pressures surge staff. The budget to cover agency costs, and candidates' flight & accommodation costs has been agreed.		
	MM confirmed that the agency would be testing language and maths (drug calculations) skills using our standard trust tests and that Trust representatives would be checking language skills at interview.		
	RD asked what we would be doing regarding cultural issues and MM confirmed that these overseas nurses would be actively supported during and following a comprehensive tailored induction programme.		
	MM stated that there were currently discussions taking place as to whether midwives could also be recruited in Spain/Portugal.		
	CG asked about the establishment reviews including whether the Trust was following national guidance. MM confirmed that establishment reviews had taken place in all in patient areas, Paediatrics & Maternity; and had been conducted in line with national recommendations.		
	Paediatrics MM reported that the Paediatric establishment review had highlighted that the band 7 nurses should be supervisory and that this meant an additional 3.6 wte band 5 nurses should be recruited. In addition 1.06 wte band 4s and 0.24 band 6 posts are needed for the Neonatal Unit. TLEC had agreed to support this cost pressure.		

Maternity

MM reported that the Maternity establishment review had indicated that an additional 3.6 wte band 6 posts were required to make the band 7 management posts supervisory. Current staffing is based on 1:30 ratio however there are plans to move to 1:29 ratio (SHA recommendation) in early 2014. The Birthrate Plus information is being used to undertake some further analysis to ensure 90:10 ratio of skill mix (trained/support worker).

MM stated that this work was being conducted alongside work on the medical staff establishments in relation to labour ward cover.

LG confirmed that, as part of the clinical strategy discussions, reviews were being conducted o0n what is need going forward

Fundamentals of Nursing Care

This report was commissioned by the CEO to make an assessment of nursing to clarify and better understand the quality of care provided by the Trust.

The report concluded that workforce indicators should be used alongside nursing quality indicators to give a complete picture of the quality of patient care. Currently data is collected manually which is very labour intensive. It has therefore been agreed at TLEC to fund the purchase of an IT tool to enable the Trust to generate a Quality scorecard for each ward/department.

6 CQC Staffing Action Plan

MV confirmed that, following the CQC visits in February 2013, the Trust had produced an action plan to address the issues raised around staffing. This action plan has been monitored at TLEC and now forms part of the Risk Summit Response action plan

The key areas addressed are recruitment, monitoring staffing levels, skill mix and additional supervisory staff.

RD asked about issues with medical staffing. MV reported that recruitment was about to take place in India for middle grade A & E doctors. In relation to junior doctors there had been good deanery visits in Paediatrics and Medicine; and that the Trust was working hard to resolve issues identified from an Anaesthetics visit.

7 Mandatory Training Compliance/Streamlining

MV reported that TLEC had agreed to streamline mandatory training to the 10 UK Core Skills Framework developed by Skills for Health. Work is also underway to increase the compliance rates and the CEO

	has written to staff reminding them of the importance of infection control training. MH expressed concern that the compliance figures did not identify who was outstanding on the original training rather that those needing an update only. RD suggested that there should be a structure of 'rules' i.e. which pieces of training should be undertaken before staff are allowed to start work on the ward/department. MV confirmed that there are plans to link incremental pay progression to mandatory training compliance.	
8	Organisational Development Plan	
	LG presented plans for the Trust's OD programme which had developed from the People Strategy. This is a 3 year plan which has been supported at TLEC and would be going to the Board; and proposes a practical approach, based on behavioural change, sustainable performance and delivery improvements.	
	MH asked what the main risks to this programme were. LG stated that she felt the challenges included the amount of change going on at one time and embedding changes into practice. SW added that it was important that all staff saw this as a fundamental part of their role and not just an add on.	
	CG expressed concern that the funding needed was insufficient.	
9	Date of Next Meeting	
	It was agreed that the next meeting would be held on Monday 11 November 2013 between 12 – 1.30 pm in the Estates Meeting Room, Watford General Hospital	
	It was agreed that Mark Vaughan & Mark Jarvis would book meeting dates for 2014.	MV/MJ

Signed:	Date:
Committee Chair	