

## Minutes of the Workforce and Education Committee Meeting

Thursday, 20 March 2014 between 1330 and 1530  
In Meeting Room H5.19

<b>Present:</b>	Stella Pantelides	Non-Executive Director (Chair)
	Peter Kopelman	Non Executive Director, Education Board Chair, Principal, SGUL
	Wendy Brewer	Director of HR and OD
	Rosalind Given-Wilson	Medical Director
	Peter Jenkinson	Director of Corporate Services (part time)
	Jacqueline McCullough	Deputy Director of HR (part time)
	Vikki Carruth	Deputy Chief Nurse
	Diane Morgan	Assistant Director of HR, Education and Development
	Anneliese Weichart	Divisional Representative, Children's & Women's (part time)
	David Gray	Divisional Representative, Surgery
	Fiona Ashworth	Divisional Representative, Medicine & Cardiology (part time)
	Stuart Reeves	Divisional Representative, Community Services Division
	Paul Silke	Head of Nursing Workforce
	Claire Low	Medical HR Manager
	Jeremy Cashman	Assistant Medical Director (HR) – part time
	Di Emmerson	Minutes - In attendance
<b>Apologies:</b>	Jemma Ball	Workforce Efficiencies Project Manager

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### 1 Introduction and Apologies for Absence

Jemma Ball had sent her apologies as she would be on annual leave. Several members were due to arrive late due to conflicts in their diaries.

Stella Pantelides opened the meeting welcoming those present.

### 2 Minutes of previous meeting - WE(M)(14)1

The minutes of the previous meeting were agreed to be an accurate record.

### 3 Matters arising

**Work Experience** - The paper which had been shared with the Workforce Committee would be strengthened and then taken to a future Executive meeting

**Incremental progression** – The Workforce Efficiencies project Manager would be taking forward two stage process proposals. National Pay body recommendations were being reviewed in order to be included and this had caused the originally proposed April rollout to slip. Rollout was now anticipated in the summer.

**Medical workforce Planning** – Ros Given-Wilson will be chairing a small working group to include Judith Hulf and Professor Kopelman amongst others. This group will report back via the Workforce Committee.

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### 4 Workforce Strategy

#### 4.1 Workforce Strategy Implementation Plan (Updated Feb '14)

Recent progress which in the papers was highlighted blue was reviewed. This now concluded the 2013/14 plan.

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by**4.2 Draft Workforce Strategy Implementation Plan 2014/2015**

Wendy Brewer reviewed the draft plan, stating that the rationale was to continue and strengthen the work commenced in the 2013/2014 plan,

- Bullying and Harassment. The Midwifery Teambuilding work had been effective and will be cascaded to Paediatrics. Poster campaign to be launched. This work had commenced. Stella Pantelides referred to recent research work in the NHS on bullying and queried whether the measures suggested were sufficient to effect sustainable organisations shift. Among others, the research showed that sustainable change requires large scale training (to achieve critical mass) and senior commitment.
- Friends and Family Test for Staff. This will be a vehicle for regular staff surveys. Communications work to be undertaken
- Listening into Action had been very successful although the need to keep the momentum and enthusiasm of the inaugural sponsor team was emphasised. Trust will continue and more Big Conversations to be set up for this year
- Health and Wellbeing, Policy will be re-launched and publicity given to the support available to staff and managers.
- Employee Relations. HR to seek feedback from managers on the support offered and needed.
- Succession Planning. Stella Pantelides asked that a plan from each of the divisions be brought to the next meeting
- Leadership Framework to be re-launched and clearer management programmed developed.
- Medical Workforce Planning group to be established

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**4.3 Wellbeing and Engagement  
Staff Survey**

The overall staff engagement score, which is the one used externally, continues to be above average for acute trusts. This is the key score for the trust and is a positive result.

In all other questions there has been no significant change (either good or bad) since the survey took place in 2012.

The trust continues to be in the worst 20% of acute trusts for staff experiencing bullying or abuse from staff, for staff suffering work related stress and for staff experiencing discrimination in the past 12 months.

(From the raw data available through the original Picker survey it appeared that there may be an issue with access to training and a paper has been presented to EMT which identified that the findings regarding mandatory training were real and those regarding access to development were not supported by the evidence. The issue regarding training appears to be limited to health and safety training in the final report).

The following would particularly be addressed this year:-

Bullying:

- To ensure clear publicity for support already in place and those taken in response to CQC inspection.
- To launch a poster campaign re the support available.
- To regularly communicate the results of the FFT staff survey.

Discrimination:

- To roll out midwifery futures work to paediatric nursing.
- To run a series of unconscious bias workshops for all senior staff.

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Work related stress

- To ensure publicity for support available to staff and for resource sessions available to managers

#### 4.4 Listening into Action

Listening into Action would continue into a second year in 2014. Aiming to achieve a fundamental shift in the way we work and lead, putting clinicians and staff at the centre of change for the benefit of our patients, our staff and the trust as a whole. Further Big conversations were planned.

During 2013 we achieved the following:

- Pulse check – March/April, over 1400 responses
- Big Conversations – April/May/October, over 400 attendees
- 8 themes identified
- 10 teams recruited
- 7 longer term projects initiated
- Pass it on Event – December

Of the 1<sup>st</sup> 10 teams, the following had particular successes

Team	Achievement	Outcome
Cardiology (Queen Mary's)	Physiologist-led murmur clinic to speed up reporting and free up consultant time	Same day reporting, reducing waiting times from up to 5 weeks
Portering	<i>Golden Rules</i> for administering portering bank systems	Dedicated bank staff overseeing portering bank
Theatres	Big Conversation involving over 120 theatres staff, looking at theatre efficiency and starting on time	Weekly list lockdown in orthopaedics and plastics
Acute pain management	One service to manage all inpatient pain	Joined up chronic and acute pain management; accessible pain management algorithms for all staff
Pharmacy	Improved communication and information	Improved mentoring programme; introduction of staff forums
Maternity	Defined roles and responsibilities within the maternity workforce	Band 7 Midwives Leadership Development Pack; extended roles for Band 6 Midwives; new role of Midwifery Support Worker
Neurosciences	Values awards for neurosciences teams and individuals	New method of simulation-based values training
Cardiac surgery	Review of all admission criteria, complimented by a new protocol	On the day admission for the 2 <sup>nd</sup> on the list

#### 4.5 Uptake of 'Flu Vaccination

The seasonal influenza campaign for season 2013-2014 saw 43.9% of all patient facing staff being vaccinated against flu. The government target, which was created after all planning had been finalised following months of preparation, advocated that at least 75% of all patient facing staff were to be vaccinated against flu; this target was not achieved by the trust or in many London comparator trusts. One trust with a smaller staff base did achieve the 75% target in London.

Planning for the influenza campaign started early again in 2013, with vaccines being ordered in April 2013 and resources being allocated earlier than previous years. The trust had excelled in 2012-2013 with 57.2% of patient facing staff being vaccinated against flu and an enhanced delivery programme was

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developed for 2013-2014, based upon the lessons learnt from all the previous campaigns.

48.85% of all staff (patient and non-patient facing) across trust were vaccinated this year, compared to the previous year's 43.04%, showing a significant improvement from our non patient facing staff.

This year, areas of previous poor uptakes had senior staff trained as peer vaccinators which delivered a marked improvement in Senior Health, Queen Mary's Roehampton, Emergency Medicine, HMP Wandsworth. Paediatric Oncology and without a peer vaccinator, NNU improved from 25% to 40% by the beginning of January 2014. Maternity had delays in their delivery programme due to significant staffing issues, but their lead vaccinator fully supported the campaign again.

It was proposed to carry out a survey online to establish factually why staff did not respond well to the flu campaign this year. Anecdotally, staff have declined stating that they feel compelled to have it as a management measure to prevent sickness absence; ignoring their professional responsibilities to patients and the trust values. It is aimed to formulate a cohesive buy-in to the flu vaccination, to protect the vulnerable.

## **5 To receive notes and significant items from**

### **5.1 Education Board**

Opening this item Ros Given Wilson gave a brief outline of the Education Report .

The committee were briefed on proposed alterations to the Terms of Reference which would include taking an education report to the Board three times a year, which would be discussed at Workforce & Education committee first.

A Physician Associate Board has been established with the inaugural meeting taking place in February.

Peter Kopelman outlined proposed national changes to more generalist rather than specialist based medical education in the future advising, that this was likely to phased in.

He advised the meeting that Alan Milburn was focused on increasing social mobility to attract students from disadvantaged backgrounds. A paper relating to the Trust's Work Experience scheme would be going to the executive committee about how the Trust should deal with the number of placement requests from staff referrals.

### **5.2 Partnership Forum**

The meeting received the unconfirmed Minutes of the January meeting.

### **5.3 Workforce Efficiency**

The notes of February and March meeting were received.

### **5.4 Workforce Planning Group**

The notes of February meeting was received.

### **5.5 Confidential Report on MHPS Cases**

Ros Given-Wilson updated the meeting and reviewed the confidential report.

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**6 Any Other Business**

Jeremy Cashman asked if the Selection and Recruitment Process could be brought to a future meeting

The meeting closed at 3.35pm

**7 Dates of future meetings**

	<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
W&E	Thurs	22.5. 2014	1330 -1530	G2.2
W&E	Thurs	24.7. 2014	1330 -1530	Rose Centre
W&E	Thurs	18.9. 2014	1330 -1530	Rose Centre
W&E	Thurs	20.11. 2014	1330 -1530	Rose Centre