

Meeting of Workforce and Education Committee of 4 December 2014- Chair's Report

Workforce action plan

Members reviewed progress against the work plan and welcomed the progress that was achieved in the last two quarters, especially in the areas of tackling poor behaviours, reinforcing the values and also in the education arena. It was acknowledged that the areas of most challenge are around resource planning, recruitment/retention and extracting efficiencies from the workforce. A great deal of activity is being undertaken across all areas of the plan, as evidenced by the Q1 and Q2 actions which are expected gradually to begin to be reflected in improved workforce KPIs.

It was agreed that the presentation and content of the work plan had improved significantly over the last six months. Further alignment of objectives to actions would, however, be welcome. It was agreed that this will be undertaken as part of a rethink of the balance between the plan's various components, especially given recent shifts in the labour market that have made workforce planning and resourcing such a critical issue.

Education

As the meeting had a focus on Education a number of individuals with educational portfolios attended the meeting to update us on progress with various initiatives and programmes.

MAST

Wendy provided the Committee with an update on those core skills that require face to face learning (safeguarding, resuscitation, manual handling) and whose MAST compliance rates have been relatively low. As this was the subject of a fuller paper and presentation to the Trust Board in November no further details are provided here.

Broadening the Foundation Programme

Sarah Hammond explained that her portfolio included three different aspects: safe medical staffing, alternative workforce and junior doctors. Her focus for the meeting was the progress made in reconfiguring the entire foundation programme to ensure a greater breadth of experience and exposure to community specialties in the foundation programme. As a result, the Joint Education Board had endorsed 3 new community based posts (psychiatry, dermatology) as well as the (consequent) loss of a number of posts in surgery and medicine where performance on a number of measures had been poor.

The Committee welcomed the progress with the broadening of the foundation programme. This was entirely consistent with the trust's strategy and compliant with HEE's recommendation that 100% of all foundation doctors rotate into a 4 month community post by 2017. The Committee also discussed the implications for 'poor performing' areas that will be losing posts. Sarah explained how these areas are being supported to replace these posts with more suitable types of staff (e.g. PAs). The Committee was also assured that Consultants in receipt of consistently poor feedback have this issue raised in their appraisal.

Acclimatisation Pilot/Inter-professional simulation programmes

Members of staff who have been developing these programmes 'show cased' the benefits of both. The acclimatisation programme is intended to support the integration and to improve the retention of staff who join from overseas while the various inter-professional simulation programmes enhance the efficiency and effectiveness of multi-disciplinary teams with a view to improving safety and

strengthening professional relationships and mutual respect between different staff groups . The trust is a leader in this type of training.

Successful HESL bids

The Committee congratulated all those who were involved in securing funding from HESL (over £400K) for a number of programmes that are in critical areas of staff development (genomics, women's services, developing nurses with dual skills in acute and mental health nursing).

SIFT Funding

Cleave Gass shared with the Committee the disappointing cut of SIFT funding (by £3m) in this year and advised of the national cap on medical students which, for St George's means a reduction in the number of medical students from 300 to 260. The reduction for St George's is said to be no worse than that for other London teaching hospitals. The funding appears to be deliberately shifting away from London.

GMC Trainee Survey feedback

Cleave shared with the Committee the disappointing feedback from the GMC survey regarding three specialties that were red outliers for bullying and harassment. Efforts are being made to triangulate the very limited information that is available from the GMC with what is known about behaviours in these areas.

Recruitment

The paper presented to the Trust Board on 27 November regarding Nursing and Midwifery Workforce Recruitment was discussed in some detail. All divisional representatives confirmed that this was the issue highest on their workforce risk register.

The adoption of a programme management approach with well-defined workstreams (Marketing and Communications, Forward Planning, Substantive Recruitment, Retention and Temporary Staffing) was welcomed as it provided a disciplined approach to monitoring progress and ensuring that there is coherence between the various strands of work.

The size of the task ahead (recruitment of 900 nurses in 12 months) was however such that questions were raised as to whether doing more of the same but in a more co-ordinated way would be enough. A proposal was tabled (to be developed further following consultation with Jennie Hall - the Programme Owner) that we should be looking for a **step change** especially in the area of attraction and marketing. Kate Leach suggested that members of the Committee could take part in workshops (as part of the Marketing and Coms workstream) which could help define a distinctive 'employment offer' that could set St George's apart from the competition. The suggestion was enthusiastically received.

In parallel to any contribution to specific work streams, it was reiterated that the Workforce and Education Committee's primary role was one of governance, i.e. overseeing, on behalf of the trust board, the entire programme and assessing month-by-month progress against the planned numbers.

Workforce Efficiency

Two updates were provided, the first on existing workforce schemes and the second on downside mitigations.

Existing schemes

The update provided valuable qualitative insights into the degree of maturity of the workforce schemes and the extent to which these have been drawn down by divisions. The quantitative analysis was, however, not entirely clear and the team was asked to revise and present more clearly:

- initial savings targets for each scheme for 14/15;
- any subsequent revisions to those targets; and
- actual drawdowns to date.

From work conducted as a follow up to the meeting, it would appear that the savings opportunity was gradually reduced from £4.6m at the beginning of 14/15 to £1.2m by Q4.

The key insight from the qualitative analysis was this: Despite the fact that the Workforce Schemes are arguably very well developed, draw down has been disappointing essentially because of the reluctance to upset staff and challenge deeply rooted (and potentially inefficient) working practices, at a time when there is so much pressure on staff.

Examples include:

- The Medical Secretary review has been closed with £0 benefit realised in 14/15;
- The Electronic Rostering project is due to close in May 15 with £0 draw downs year- to-date;
- The Job Planning project had a relatively modest aspiration of saving 1 PA per Care Group in 14/15. Yet only 6 Care Groups have accomplished that with only a trivial contribution to the overall savings target.

Of the initial £4.6m savings target across all workforce schemes for 14/15, it would appear that only £0.76m had been drawn down year to date. This is just over 2/3 of even the latest revised target of £1.2m. These savings are primarily down to improvements in processes that the HR team is largely in control of (Time to Recruit and Bank Development Projects).

As an even more ambitious savings target is planned for 15/16 (£5.8 m) some thought needs to be given as to how divisions are supported and challenged to tackle some of the behaviours that potentially prevent the unlocking of efficiencies.

Downside Mitigations

A paper was tabled that had been considered by EMT setting out the assessed risk of all the workforce related (extreme) downside mitigations that had formed part of various board discussions and Monitor submissions. The Committee was told that EMT's steer was to continue the dialogue with other HR directors at national or a pan- London basis. No further work is planned on developing these schemes on our own.

SP 4.12.14