

PEOPLE & ORGANISATION DEVELOPMENT COMMITTEE - MINUTES

Venue: via WebEx

Date: 26th June 2020, 09:30 – 10:45

Members:

Mr M Laverty (ML) Non-Executive Director (Chair)
Mr R Samuda (RS) Trust Chairman

Mrs R Goodby (RG) Director of People & OD
Mr L Kennedy (LK) Chief Operating Officer
Dr D Carruthers (DC) Medical Director

In Attendance:

Ms H Cope (HC) Interim Associate Chief Nurse
Ms R Biran (RBI) Associate Director of Corporate Governance

Apologies:

Mr T Lewis (TL) Chief Executive
Prof. Kate Thomas (KT) Non-Executive Director

1. Introductions [for the purpose of voice recording]	Verbal ML
The Committee members introduced themselves for the purpose of the meeting recording.	
2. Apologies for absence	Verbal ML
Apologies were received from Toby Lewis, Chief Executive Officer and Prof. Kate Thomas, Non-Executive Director.	
3. Minutes of the previous meeting, held on 24th April 2020	POD (06/20) 001
The Committee reviewed the minutes of the meeting held on 24 th April 2020. The minutes were ACCEPTED as a true and accurate record of the meeting with no amendments.	
4. Action log and matters and actions arising from previous meeting	POD (06/20) 002
<p>The Committee reviewed the action log.</p> <ul style="list-style-type: none"> • <i>POD (01/20) 02/2a</i> RG to provide an update on the desktop review of market analysis data to the group. Analysis paused due to COVID-19 response. Anticipated completion by August Committee meeting if appropriate resourcing can be made available. • <i>POD (03/20) 004</i> Explore ways to make mandatory training leaner and shorter for 2021. Mandatory training has been completed by 86.3% staff; focus will be on improving the completion rate in the next couple of weeks. This is now closed • <i>POD (04/20) 003</i> Review COVID 19 Workforce assurance again at next meeting. For discussion at Item 5, and linked to resourcing in People and OD Directorate • <i>POD (04/20) 004</i> All colleagues to be encouraged to complete mandatory training as soon as they are able. RG to write to non-compliant staff at end of June, which will be the first stage of disciplinary action, then this item can be closed • <i>POD (04/20) 005</i> RG to produce recruitment recovery plan. Recruitment and interviews appear to be back on track. The workforce assurance standards score is not impacted in terms of the NHSI and the Government's requirements as the Trust is within that score for this year. RG said that further work needs to be undertaken in developing a workforce plan that considers the impact of the COVID-19 pandemic which has provided a lot of learning and 	

revealed workforce gaps.

LK pointed out that one of the action items was missing from the minutes. The ratio of nurse staff to patients during COVID-19 was incorrect and the Committee was to receive a revised ratio to provide assurance.

Action: RG to provide an update on the desktop review of market analysis data to the Committee at the August meeting, depending on resourcing available.

Action: KF to provide an update on nursing model parameters regarding nursing staff to patient ratios at the next meeting.

DISCUSSION ITEMS

5. Workforce assurance standards: Compliance plan

POD (06/20) 003

The Trust Board reviewed the NHSI workforce toolkit in depth in February 2019 and through the People and OD Committee in January 2020 and March 2020. The four key areas for review are: 1) effective workforce planning; 2) deploying staff effectively; 3) maintaining a clearly governed approach to “hard to fill” roles and developing new roles where appropriate; and 4) responding to unplanned workforce challenges.

RG said that the paper set out the requirements of the workforce assurance plan for March 2020 and progress made, as well as what is required by October 2020 to accelerate assurance levels outlined in the Strategic BAF. The assurance will be sought from across clinical disciplines and will be brought together through this Committee. It will also need to align to the CQC inspections and domains and the learning from the Good Governance Institute. The significance of October is that supervisors ask staff in September what learning and professional development courses they will undertake and then think about how the training needs analysis budget will be allocated.

The New Ways of Working Conference, which was cancelled due to the COVID-19 pandemic, needs to be rescheduled and delivered virtually depending on resourcing and Covid recovery.

In terms of developing a clearly governed approach to “hard to fill” roles and developing new roles where appropriate, as well as responding to unplanned workforce challenges, HC commented that although there is a lot of data available, it needs to be pulled together to answer questions around measuring professional judgement in the workplace.

ML sought clarification on what aspects of workforce assurance were included in the Annual Governance Statement. RG said that TL had written in the AGS for the annual accounts, that the Trust has assurance on effective workforce planning and responding to unplanned workforce challenges, but limited assurance around deploying staff safely and effectively, which remained a challenge. RG said that there were no consequences for the Trust in not having developed a clearly governed approach to “hard to fill” roles and developing new roles where appropriate, or for not responding to unplanned workforce challenges, but that this should remain a priority for MMUH and high on the agenda.

Discussion took place regarding different types of data including:

- Quality indicators regarding the impact of late shift changes and their impact in different areas

of the hospital.

- Acuity data is a 50/50
- The different types of data need to be linked together.

There was discussion regarding the development of a new 3-5-year workforce plan including:

- Details of staffing requirements to meet the needs of the care being provided.
- The Trust is lagging national and regional benchmarks and there is a need to act quickly to get back on a level playing field.
- The plan should include Midland Met, whose current workforce plan is out of date and requires a review of data to ensure that it is accurate and relevant.
- The results of the market analysis will inform the long term workforce plan.
- Realistic timeline to complete the workforce plan linked to MMUH resourcing.

It was **agreed** that a draft 3-5-year workforce plan would be presented to the Committee at the end of 2020 for discussion.

LK said that it was important for the Committee to be committed to focusing on, and investing time now, to develop the workforce plan in order to reap the rewards in three to five years.

Action: RG or colleague to provide a draft 3-5-year workforce plan to the Committee by December 2020 for discussion.

6. Workforce guidance library: Stocktake

POD (06/20) 004

RG informed the Board that the 'Workforce Guidance Library' would be set up to enable new guidance from relevant professional bodies. This would be a central repository for all workforce standards, with a central process and assurance that the Trust is responding quickly to changes in national or regional staffing guidance and standards. This will be discussed in depth at the People and OD Delivery committee meeting on 13 July, with clinical group operational leaders and professional leads, so that a cross organisation approach to assurance and standards can be taken.

ML requested that information on the security of the database, regarding who has access and which security levels, be included in the guidelines and reported back to the Committee.

Action: RG to ensure security database details are included as part of the Workforce Guidance Library guidelines and present update to the next committee.

7. Psychological wellbeing scorecard

POD (06/20) 005

RG commented that everything was evolving quickly, with several developments having taken place since the last Committee meeting, including:

- Workplace Stress Risk Assessment is referred to as a Mental Health Stress Risk Assessment. The focus is on workplace stress, with all questions related to work. If someone scores below 50%, they will receive a proactive call from the Wellbeing Hub and workplace stresses will be discussed. Another risk assessment, specifically related to mental health and clinical evidence on anxiety, stress and depression is being developed. Here Health and Wellbeing Hub staff can make a proactive call regarding pathways staff might need (e.g. counselling, mindfulness, GP) which provides a holistic assessment.

ML queried whether there had been successful engagement of the volume of people necessary and

whether was there sufficient capacity to cope with a higher volume if required. RG informed the Committee of a very high level of engagement in Health and Wellbeing intervention. Additional counsellors have been employed and most people accessing a Health and Wellbeing facilitator want someone to talk to, to know where to go for information. RG warned that it is important to not over-medicalise normal reactions to stressful situations, such as losing a patient or being overwhelmed from working at home with the children. Some data is included in the score card but there are also informal conversations that cannot be measured. Capacity has increased with many staff being trained as mental health first aiders as well as Trauma Risk Management (TRiM) practitioners.

ML asked each manager for their feedback on the effectiveness of the Health and Wellbeing program:

- LK commented that he had received a lot of positive feedback and that having the mental health first aiders in ward areas had been great for staff, where they could have conversations with a local colleague. LK agreed with ML that it would be useful to understand how many staff in the high-risk categories have accessed some type of intervention or risk assessment, to reassure the Committee that staff are being supported appropriately.

RG said that there is data for each area on how many staff have completed the stress risk assessment, including how many of those have scored below 50%, and how many have received proactive intervention.

- HC suggested that it would be valuable to have data for staff returning from a redeployment, as their stress levels would be quite significant and they would benefit from these interventions. This will be useful if there is a second surge, and there is a level or redeployment, so that as an organisation the Trust knows what to provide. It would also be useful, for staff undertaking training to upskill for critical care, to make the interventions very accessible for them.. Many staff members access the Health and Wellbeing program in their day jobs and are leaving their early shift to access the program.
- DC said that it would be useful to know staff groups are accessing the different types of support that is available. He said that the Trainees have had other environments to go to for debriefing, promoted by Health and Wellbeing support. The medical workforce and consultant staff and palliative care teams all have a few debriefing sessions each week. As some of those components of support reduce, it will be interesting to see if the medical staff are also accessing the Health and Wellbeing program resources or still relying on peer support. It was proposed that education supervisors across the organisation would be upskilled to ensure that there is a medical staff perspective. It would be interesting to know whether the Health and Wellbeing program is being accessed by predominantly nursing staff and whether medical staff are also accessing the resources.

ML commented that the overall impression is that the Health and Wellbeing program is achieving the intended outcome of supporting staff through a stressful period.

RG commented that it is important to consider funding the continuation of these services post-COVID-19, otherwise staff may say, “you only had those services during COVID-19 you don’t really care about us”. The Health and Wellbeing program needs to be implemented as business as usual. RS commented that the feedback was very encouraging and there are several tools to support any

leader that feels they are not trained to support staff.

8. Training plan: Releasing time to care

POD (06/20) 006

HC reported that there is insufficient study leave allocated to nursing and midwifery staff to complete mandatory training, Trust requirement training and professional requirement training that support the needs of the role. Nurses are also required to be supervisors of students which requires additional training outside the workplace.

HC sought clarification regarding why she was required to undertake this analysis and enquired about the next steps. RG said that, when the paper had originally been requested, TL wanted it to focus on enabling staff being released from bedside care to focus on professional development and to complete the required training. This was to be linked to improving rostering as well as the financial plan. The budget needs to factor in staff absences due to sick leave and mandatory training as many staff are constantly overspent on their rosters.

LK said that it is important to question why there is a shortfall, because the Trust is unable to fully fund the shortfall. There needs to be an analysis of the duties nurses currently perform and determine which duties are administrative and which are nursing. Administrative tasks should be reallocated to administrative staff to establish the true role of nurses then a mechanism can be developed to either fund training requirements or allocate time for training.

It was **agreed** that HC would present a paper at the next meeting providing advice on the minimum cost for staff to be released to complete mandatory training through to a series of options including other training that are costed.

Action: HC to provide a report listing a series of options detailing training requirements which have been costed to the next Committee meeting.

9. Medical revalidation: Annual report

POD (06/20) 007

DC spoke to the Annual report stating that the medical appraisal was an annual process, and revalidation is a five yearly cycle based on previous annual appraisals and 360-degree appraisals and assessments from colleagues and patients. These are undertaken every five years and usually occur 6-12 months prior to the revalidation process. The COVID-19 pandemic has resulted in some appraisals and revalidations being suspended by the GMC. This report is reviewing 2019/2020 and confirming that the Trust is compliant. Specific points in the Report were discussed:

- *Section 2 Effective Appraisal:* There are currently 105 trained appraisers and 592 connections on GMC connect. This is a ratio of 1 appraiser to 5.6 appraisees and within the recommended 1 appraiser to 5-8 appraisees.
- *Section 3 Recommendations to the GMC:* From April 2019–March 2020, 151 revalidation recommendations were required for submission of which 143 revalidation recommendations were submitted within the required timeframe. Other appraisals indicated that it is important that revalidation checks, including 360-degree recommendations, are completed at least six months prior to the revalidation due date.
- *Section 4 Medical Governance:* There are a number of doctors who have failed to complete an overdue medical appraisal and who are now part of the escalation process where they are required to meet with the Responsible Officer (RO) to discuss their overdue appraisal.
- Appraisal compliance for the previous 12 months shows 100% compliance in February and

March 2020 due to GMC suspending the need to do appraisals. The Trust has almost 95% compliance with the annual appraisal.

- The only outstanding issue is related to a medical appraisal in process in recruiting a new individual to undertake training, audit and support of individuals within the appraisal process.

ML queried whether there was any consequence of not having a peer review for 24 months. DC requested the opportunity to take the question on notice and report back to the Committee.

ML queried how 100% compliance could be achieved when it is known that some medical colleagues have not completed job planning or mandatory training. DC replied that, during annual appraisals, job plans are provided although they may not have been approved. Additionally, mandatory training is reviewed, and staff are requested to provide a plan to progress their mandatory training.

DC stated that work is required to be clear on how annual job planning, Trust PDR and GMC requirements of appraisal all link together which then tie in with other aspects of educational supervision and declaration of private practice.

LK sought clarification regarding the outstanding issue of recruitment. DC replied that the doctor who supported the appraisal process had stepped down. The position has been advertised internally, for a consultant to be appointed (with 0.25 pa of time) to provide oversight of the appraisal process.

DC stated that recommendations regarding private practice procedures had been sent to all consultant staff for comment. The aim is to tie their input into the appraisal process rather than just provide a record that they undertake private practice. They are also assuring us they are undertaking private practice in a way that it doesn't breach any conflict of interest issues of their confirmed scope of practice.

It was recommended that the 'Statement of Compliance' to the Trust Board be approved. It was noted that the 'Statement of Compliance' would be shared externally to the regional Responsible Officer.

Action: DC to report back to the Committee on whether there is any consequence for not having a peer review for 24 months.

10. Nursing revalidation

POD (06/20) 008

HC spoke to the report highlighting the following points:

- The Nursing and Midwifery Council (NMC) provide guidelines for registrants to revalidate every three years to continue with their registration. Registration is a pre-requisite for any nurse, midwife or nursing associate to be employed within the Trust.
- Registrants can only remain on the NMC Register if they have a verifier who is 'confirmed' by another NMC registrant, who is ideally their line manager. The Trust's policy states that the verifier should be the line manager. Over the previous two years there have been audits of confirmers to identify if they were line managers. Of the 800-1,300 registrants due for revalidation, 68% of confirmers were the registrant's line manager and there were appropriate reasons for why the remaining confirmers were not the registrant's line manager.
- It is expected that the line manager be the confirmer for revalidation.
- Future random audits will be conducted in November/December because most people are due for revalidation in September/October or January/February depending on when the academic

year finishes.

- It is anticipated that this type of audit will also be rolled out with Allied Health Professionals (AHP) colleagues because the HCPC also require revalidation, and this will ensure consistency.
- HC commented that there is no central repository of colleagues who are going through an NMC investigation who have left the organisation. HR has records of those who remain employees of the organisation who have been suspended based on clinical grounds. A project is required to identify those who have left the organisation and have investigations in progress who are registered with the NMC and HCPC.
- HC informed the Committee that, through conversations with her peers and colleagues in other organisations, she has learned that they do not undertake an audit of the revalidation process.

MATTERS FOR INFORMATION/NOTING

11. Vacancies versus budget

POD (06/20) 009

ML commented that it appeared that the level of vacancies on 18 June at 508 had reduced from 554 at end of March.

RG commented that vacancies were reducing steadily, with 149 people who had not completed the pre-employment checks having been offered a role. An additional 158 people have passed all pre-employment checks and have a confirmed start date.

ML commented that although the report stated that the level of vacancies has stalled because of the COVID-19 pandemic, it appears that there is movement in right direction.

LK commented that he was unclear on how to interpret the recruitment to vacancy data and was concerned that medical wards and the Emergency Department seem to have the largest number of vacancies.

RG agreed to discuss the data with LK.

Action: RG to meet with LK to discuss Vacancies versus Budget data.

12. Matters to raise to the Trust Board

Verbal

The following topics were agreed by the Committee members:

- Mandatory training
- Support for staff and the psychological wellness program put in place
- Workforce planning – need to do bigger piece of work
- Recruitment status

13. Agenda items for the next meeting

Verbal

The following items were identified for the next meeting:

- Workforce Analysis
- Training
- Workplan

14. Any other business

Verbal

HC informed the Committee that she is hoping that the UNITY optimisation will come to fruition over the next few months even though she is aware that a lot of nurses still use workarounds. At this stage, UNITY is being optimised for the nurses' benefit but not for reporting benefits. Retraining is

required for many nurses on how to use the system to reach optimisation.

The Chair thanked everyone.

Details of next meetings:

The next meeting will be held on 28th August 2020 from 9:30 to 10:45 in Room 13, Education Centre at Sandwell General Hospital or WebEx.

Signed

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Date